South West Yorkshire Partnership Teaching NHS Trust (SWYPTFT)

Equality Diversity and Inclusion (EDI) Annual Report for Trust Board 2025/2026

1. Background and introduction

At South West Yorkshire Partnership Teaching NHS Foundation Trust (SWYPTFT), equality, diversity, inclusion and health inequalities are not standalone programmes; they are embedded within the way we lead, plan, deliver and improve services.

On 1st October 2024, the Trust Board formally agreed the new trust strategy to take the organisation up to 2030. Reducing inequalities and addressing EDI is a key component in achieving our strategy.

We have refreshed our EDI strategy, and this was approved by Trust Board at the meeting on the 25th March 2025. This is our first annual report following the approval of the new EDI strategy and it therefore provides a report on the first year of the delivery of the strategy and covers the period April 25 until March 26. It is a summary of the work that has been undertaken over this time period, further details on all items can be provided if requested.

The delivery of our EDI strategy is based within our Trust Values which provide the foundation for our EDI Strategy, shaping decision-making, leadership behaviours and service improvement across the organisation. These commitments are translated into action through our annual planning processes, organisational priorities and strategic programmes, ensuring that inclusion remains central to both workforce and patient care outcomes.

The leadership and accountability for delivery of our EDI strategy is demonstrated through executive sponsorship and Senior Responsible Owners (SROs) for key programmes aligned to our strategic priorities. Progress is monitored through metrics within each of our Priority Programmes but also on a Trust level with our Integrated Performance Reporting (IPR) framework, which includes equality, diversity, inclusion and health inequalities measures that are routinely reviewed at Board level. This provides robust oversight of delivery, performance and impact, ensuring that inclusion is considered alongside quality, safety and performance across the Trust.

2. Public Sector Equality Duty (PSED)

We are committed to the EDI agenda and to publishing our work on EDI in line with our Trust mission, strategy and values. In addition the public sector equality duty (PSED) requires us to

- Publish one or more equality objectives at least every 4 years. **These are set out in our EDI strategy**
- Publish information on general duty compliance with regard to people affected by our policies and practices every year. **This report, along with the other reports referenced within it, covers this for the period of 2025/26.**

- Publish information on general duty compliance with regard to our employees every year. **This report, along with the other reports referenced within it, covers this for the period of 2025/26.**
- Publish gender pay gap data by 31.03 every year. This is a separate process led by the Chief People Officer and reported to the Trust Board. **We can confirm this has been done for 2025/26.**

3. Our EDI strategy

3.1. Purpose

Our refreshed EDI strategy is the key driver of our EDI agenda across the Trust. It sets out how we will ensure that EVERYONE is helped to live well in their community. It describes how we will work to actively understand our communities and colleagues so that all of us reach our potential, identity does not predict outcome, and this is the best place to work and learn for all. Explicitly, the strategy sets out our EDI approach and plans for our community of colleagues (our colleagues) and also the communities we serve (our public). An important part of the communities we serve are our service users, patients and carers.

Figure one: graphic of EDI strategy

3.2. Strategic aims

Our EDI strategy consists of six strategic aims with underpinning work plans and visions for 'what will be different if we get this right.' This is set out in the table below:

Table one: Strategic aims of EDI strategy

Strategic aims	
Strengthen our approach to EDI	One: We will strengthen our approach and weave EDI through everything that we do so it is easier to do the right thing
Embrace Equality	Two: Consistently address health inequalities across our services, ensuring we are inclusive and working to minimise the impact of deprivation and the wider determinants of health
	Three: We will actively address equality for the people we serve and our colleagues
Recognise Diversity	Four: We will ensure we recognise and value diversity through the systematic collection and analysis of data (both numbers and voice) according to protected characteristics. We will use this to develop understanding and as the basis for our decisions
Deliver inclusivity	Five: We will ensure inclusive practices with #allofusinmind so that our colleagues feel they belong, are proud to work here and want to stay
	Six: We will truly listen to all our communities and demonstrate the difference we make to those we serve

3.3. What we will see if we are getting this right

In the development of our strategy document we used the evidence from our engagement and analysis to set out, under each strategic aim, what we will see if we are getting this right. This report uses these outcomes as a guide as we continue to build our measurement systems to more easily demonstrate the impact that we are having.

4. Our progress in 2025/26

This progress report covers the period April 2025 to March 2026

4.1. Our approach

In the development of the strategy and the subsequent engagement we have always been clear that we must measure the EDI strategy by the impact it has to the people we serve. This includes our service users, patients, carers and communities as well as our colleagues. We need to understand whether we are moving forward on the EDI agenda and making the difference we set out to make for all people and specifically those from marginalised and minoritised groups.

However we are aware that

- this impact is often not immediately evident in data, even when we consider both the numbers and voice

- we are on a journey to develop detailed understanding of the data to interpret it fully and therefore coproduce meaningful measures of impact
- we are only at the end of the first year in the delivery of our five year strategy.

Consequently in this report we have considered progress against our strategic aims in terms of the actions we have taken and included a section on the impact we have had which we will continue to develop over the next 12 months.

Actions and achievements: Consideration of the areas we identified in the strategy and what we have done over the 12 month period. This is set out with the structure of the strategy as the framework.

Impact: Consideration of the areas we identified in the strategy and how we use data (numbers and voice) to measure our progress. This work is under development and we have set out our progress so far.

Table two Measuring impact

Area	Rationale
EDI Data (numbers) in relation to the areas identified	How have our key metrics changed over time and what is this telling us about our impact?
EDI Data (voice)	What are the key themes from our involvement activity and what is this telling us about our impact?
Triangulation	If we look at both data and voice together, what is this telling us about our impact?

4.2. Actions and achievements

4.2.1. Strategic aim one

One: We will strengthen our approach and weave EDI through everything that we do so it is easier to do the right thing

In 2025/26 we have:

- Established new governance and architecture from Board to operational level to ensure we deliver the EDI strategy which includes:
    - Refocused Board level governance for EDI to be a responsibility of all Board level committees with clear objectives, rather than the focus of a standalone committee to ensure at Board level that the EDI agenda is business as usual
    - A new ‘allofusinmind insight group’ whose purpose is to develop our active understanding of different elements of the EDI agenda and therefore deliver our EDI strategy and, most importantly, have a demonstrable and positive impact for our communities and colleagues. This means that Board committees can directly hear voice on issues relevant to their committee
    - A new EDI operational group whose purpose is to drive activity which makes the EDI strategy real, ensures we deliver it and importantly achieves the impact we want. This group provides a connection between the EDI agenda for service users, carers and community with the EDI agenda for our colleagues. It is jointly chaired by the Director of Strategy, Inclusion and Change/Deputy Chief Executive and the Chief People Officer.

- Established monthly reporting into EMT on the EDI agenda to provide regular reports into the executive team on progress and issues and enable the regular frequent discussion of EDI alongside other items of Trust business
- Ensured that EDI and inequalities have been central to discussions throughout our Annual Planning process and therefore as an integral part of our published plan. This was achieved by
    - ensuring that all directorates had a clear and consistent focus on how plans for 2026/27 will contribute to reducing health inequalities, improving equitable access, and ensuring that services are both inclusive and responsive to the needs of underserved groups. Each stage of the planning cycle included explicit consideration of how proposed priorities, workforce decisions, quality improvements, and financial allocations will support the Trust's EDI ambitions and our overarching strategic aim to reduce inequalities. Examples of work include sessions on the Health Inequalities Toolkit; bespoke Care Group specific meetings and checklists designed to aid reflection within the process.
    - Developing a Trust Equality Impact Assessment (EIA) to inform the final annual plan
- Considered EDI and health inequalities in the finalisation of the Trust priorities and improvement areas of focus for 2026/7
- Agreed the terms of reference for an internal audit into the processes that we have in place to deliver on our Public Sector Equality Duties (PSED)
- Developed a single operational plan for 2026/27 which sets out the key activities we will undertake in line with the EDI strategy and which covers elements in relation to our workforce as well as those in relation to our communities
- Woven our work on Culture of Care into everyday practice. The Culture of Care is an NHS England Quality Transformation Programme developed to transform inpatient wards into safe, therapeutic, and equitable environments for everyone. It centres on 12 core commitments and three cross-cutting equity principles: anti-racism, trauma-informed care, and autism-informed practice. As a Trust we aligned these national standards into our existing six-step Quality Improvement (QI) methodology across four pilot wards. Our approach emphasised strong ward-to-Board governance, ensuring lived experience insights directly informed decision-making and changes on the ward system. Our alignment successfully connected Culture of Care principles into Trust priorities, including the Patient Carer Race Equality Framework (PCREF) and Inpatient Improvement Priority Programme. Key achievements include co-producing Care Plan Approaches processes within Ward setting with patients, implementing sensory-safe environments through the Neurodiverse Connections SPACE (Sensory; Processing; Acceptance; Communication; Empathy) concept, and strengthening staff support through reflective practice. The National programme ended on 31st March 2026 but we have committed to continuing our approach to embed a Culture of Care.
- Improved quality and consistency of Equality Impact Assessments (EIAs) through the further embedding of our EIA processes across policy and service change activity, with a continued focus on quality, assurance and meaningful consideration of impact on people experiencing inequality. All policy EIAs have maintained as compliant, with increased emphasis on translating identified impacts into actions and mitigations. A review of the whole EIA process has started in January 2026 to continue through 2026/2027 with the aim of robustly streamlining core aspects, building in proportionality and creating a culture of engagement with the process.

4.2.2. Embrace Equality

Two: Consistently address health inequalities across our services, ensuring we are inclusive and working to minimise the impact of deprivation and the wider determinants of health

During 2025/26, the Trust continued to strengthen its approach to reducing health inequalities by embedding equity, inclusion and community engagement across a range of programmes and improvement initiatives. Our work has focused on understanding where inequalities exist, listening to the experiences of underserved communities, and taking action to improve access, experience and outcomes. Our Board Integrated Performance Report has dedicated health inequalities metrics which are considered as part of the Performance review alongside quality, safety and performance.

We have developed the foundations for a dedicated health inequalities approach with tools such as the Health Inequalities Toolkit and a clear alignment of the approach to our already established Quality Improvement Methodology within the Trust. We have supported directorates to explicitly consider health inequalities, deprivation and inclusion within service planning, improvement priorities and resource allocation so for example the development of the Case Management tool has deprivation indicators built into its architecture. This has helped ensure that reducing inequalities is woven into mainstream decision-making rather than being a standalone activity.

We have several outstanding examples of services that have addressed Health Inequalities as a core approach such as the work undertaken within our PATHS (Maternal Mental Health) service in West Yorkshire and our Health Inclusion Team in Barnsley.

Key to this has been our EDS 2022 submission to NHSE. The Trust achieved an overall rating of Developing. A breakdown of the domain outcomes shows:

- Domain 1 (Commissioned/Provided Services): Rated Developing overall. While services (such as Inpatient Learning Disability and Early Intervention in Psychosis) actively accommodate diverse patient characteristics, improvements are targeted for data tracking and access.
- Domain 2 (Workforce Health & Well-being): Mixed outcomes, ranging from Developing (for managing long-term health conditions, tackling abuse, and staff recommendations) to Achieving for providing staff with independent support and advice.
- Domain 3 (Inclusive Leadership): Rated Achieving for Board-level commitment to health inequalities and tracking risks in official papers. It was rated Developing regarding the robust performance-monitoring levers used by leaders

Three: We will actively address equality for the people we serve and our colleagues

In 2025/26 we have:

- Continued the introduction and embedding of the Patient and Carer Race Equality Framework (PCREF) as a Trust wide programme. Our work has focused creating connectivity into the Priority Programmes and supporting colleagues to understand their roles within the PCREF commitments. We have initiated the development of an

external PCREF Advisory Group in close collaboration with ten diverse community groups across the Trust footprint. This group models true co-production as we sit side by side with individuals discussing work within the Trust and shaping how we respond to the voices within our communities. It ensures we maintain a highly reflective, culturally sensitive community voice while working alongside place-based partnerships to eliminate local inequalities

- Reviewed and developed our Accessible Information Standards (AIS) Approach through a Quality Improvement methodology centred on lived experience. Key achievements include
    - A comprehensive AIS Policy update (February 2026)
    - The successful remediation of website accessibility standards
    - Technical integration progresses with a clear workstream on implementing the Reasonable Adjustment Digital Flag (RADF)
    - Targeted workstreams to improve inclusivity for Deaf, blind, and neurodivergent service users, supported by new staff resources and "Deaf Champion" roles
    - Production of an Easy Read Intranet suite of resources to allow accessibility of language and information
    - A review of the Interpreter contract we hold with Word 360.
- Strengthened place based and community led approaches to tackling health inequalities. We have built on previous investment, to continue to support grassroots and voluntary sector initiatives that address isolation, inequality and exclusion, particularly around the utilisation of our carers fund, which has allocated small grants to carers, but with a massive impact on the support our carers receive.
- Provided continued assurance against the NHS Equality Delivery System (EDS2022). The Trust has moved to an EDS 2022 developing rating, but with clear actions supported by improved triangulation of workforce, patient experience and involvement data.
- Undertaken work to improve outcomes for patients and reduce detentions under the Mental Health Act. This involved targeted engagement to explore the lived experiences of Black, Asian and Mixed Ethnic men, alongside carers, families, and community leaders to inform opportunities for improvement. The clinical focus areas were:
    - Males with a Black, Asian and Mixed ethnic background.
    - Aged between 18 – 65
    - Based in the following postcode areas – HD1/HD2, HX1 and WF13
    - Have, or experience of, a serious mental illness

  Questions/insight were codeveloped with a clinical reference group and with the Patient carer race equality community advisory group members. The engagement included focus groups, questionnaires and individual/targeted conversations, using a mix of guided questions and appreciative enquiry in conversation. From the information gather we are developing a work programme within the Trust to support shaping systemic opportunities to improve patient outcomes and safely reduce detentions under the Mental Health Act.

4.2.3. Recognise Diversity

Four: We will ensure we recognise and value diversity through the systematic collection and analysis of data (both numbers and voice) according to protected characteristics. We will use this to develop understanding and as the basis for our decisions

In 2025/26 we have:

- Had a focus on building a strong foundation for insight led action, focusing on understanding the current position, establishing baselines, building capability, and creating the foundations for change.
- Commenced the work for this foundation work to be included in the Integrated Performance Report for 2026/27
- Collected, analysed and submitted our workforce race equality data and our workforce disability equality data
- From our analysis we have developed an improvement plan which includes actions on:
    - Inclusive recruitment and career progression
    - Tackling harassment and discrimination
    - Staff engagement and wellbeing
    - Representation and visibility in senior roles
    - Governance and accountability
- Refreshed our previous Insight Report and introduced the *Nothing About Me Without Me – Involving People Report* to strengthen the connection between community voice, governance and action. While the former approach successfully captured feedback from service users, carers, staff, partners and communities, it was less effective at ensuring that themes and experiences consistently informed decision-making, service improvement and organisational priorities. The revision has taken place through 2026 and reporting which will go LIVE in October 2026 is designed to move beyond collecting feedback to demonstrating how experiences influence change. It provides a structured framework for identifying themes, escalating priorities, and embedding learning within annual planning, governance and improvement processes. Recognising that “insight” encompasses clinical, performance and qualitative information, the new report focuses specifically on lived experience and community voice gathered through Trust involvement activity. Aligned to the Trust’s revised Involvement Approach and underpinned by the Involvement Ladder, the report ensures that involvement is purposeful, meaningful and action-oriented—supporting the principle that people should be actively involved in shaping the services they use, rather than simply being consulted about them.

4.2.4. Deliver inclusivity

Five: We will ensure inclusive practices with #allofusinmind so that our colleagues feel they belong, are proud to work here and want to stay

Six: We will truly listen to all our communities and demonstrate the difference we make to those we serve

In 2025/26 we have:

- Ensured that meaningful engagement and co-production are central to our approach. Internally we have four established staff networks, REACH, Carers, Disability and

LGBTQ+, which are supported centrally by our People Directorate and provide invaluable insight, challenge and lived experience perspectives. Following a recent review, all networks have refreshed their leadership arrangements, with new Chairs and members appointed to strengthen representation, increase engagement and support the continued development of an inclusive organisational culture.

- Used a quality improvement methodology to refresh and improve our involvement approach. This approach has been co-designed with Lived Experience and a range of Colleagues, taking learning from other Trusts to shape an approach that understands the importance of Involvement, and provides opportunities embed this within Quality Improvement Methodology. Sitting within this there are numerous ways in which we involve people from ward based community panels through to an external mental health panel and an external advisory group of community members.
- Adopted an EMT approved Ladder of Involvement, a conceptual tool that sits as central to our Involvement Approach demonstrating that participation ranges from sharing information to full co-production. By utilising this model, we are actively shifting our practice from "doing to" people to "doing with" them in reciprocal partnerships.
- Developed a new involvement guide which has been co-designed with a number of stakeholders (internal and external to the Trust) in line with our agreed Involvement Approach . We have called the guide “Nothing about me without me,” it sets out the Trust’s commitment to meaningful involvement of people with lived experience in shaping, delivering, and reviewing services. It promotes partnership, co production, and equity, while providing colleagues with the practical tools, guidance, and reflective prompts needed to involve people well, ethically, and consistently, so services are truly person centred rather than organisation led.
- Continued to develop our support for carers, including our accreditation for this work under triangle of care. We have made significant progress towards achieving Triangle of Care Star 2 accreditation by July 2026. We have noted strong developments in carer inclusive practice and positive momentum in areas such as forensic services, carer awareness training, young carer pathway development and the refresh of the Carer Champion Network.
- We have recognised the increasing organisational and National recognition of the need to be neurodivergence aware in both our clinical practice and the way we support our workforce. Neurodivergent people often experience disproportionate barriers when accessing services, navigating environments, or communicating their needs, and it is essential that our approach reflects this. We have used learning from a critical incident as a catalyst to identify specific actions to strengthen staff capability, improve reasonable adjustments, and ensure care is delivered in ways that are responsive to sensory, communication and processing differences.

  We have also:

  - Delivered a Neuroaffirming Language Session, aimed at helping staff understand the importance of identity affirming, strengths based and non pathologising language when working with neurodivergent people. These sessions have been positively received and are contributing to a broader cultural shift, helping staff feel more confident in using language that respects lived experience and promotes psychological safety.

        - Aligned this work into the Culture of Care programme – Developing an Autistic Approach equity principle.
- Continued to develop our Connecting people programme as a core delivery mechanism for inclusion and involvement. This programme helps the Trust move from isolated examples of engagement toward meaningful involvement and serves as the vital engine for this culture shift. We have successfully trained over 138 Connectors across partner organisations, our internal workforce, and third-sector communities. These Connectors are embedded across the Trust's geography, bridging the gap between NHS providers and diverse local communities. This model leverages community assets and supports the robust social networks that heavily influence long-term health and wellbeing. Alongside this we have maintained our connection with external service user groups and Mental Health Alliances structures in place to make sure voice comes not from those just in our services but also those who may be facing the biggest challenges and barriers to access.

4.3. Impact

4.3.1 Increased understanding

Our focus during 2025/6 has been to develop a deeper understanding of our data and to increasingly ensure that we consider our EDI data alongside other measures in a meaningful way. We have aligned our data to improvement methodology so it helps us to format it in a way that helps to guide insight and action. It allows us to identify where inequalities exist, understand who is affected, plan and generate ideas to target resources effectively, and measure whether our actions are making a difference and support better outcomes for our communities.

Year one of the EDI strategy and this annual report aligns closely with the Trust data culture and intelligence work that we are undertaking within the organisation so we increasingly use our data and information to inform all that we do. Building a strong foundation for insight led action has been the priority throughout 25/26 and has helped us to focus on understanding the current position, establishing baselines, building capability, and creating the foundations for change. This foundation work is now visible in our IPR and therefore presented on a quarterly basis into key Trust meetings and the Trust Board. Examples of the dashboards are shared below

Figure two: examples of information in the IPR

This work has helped us to have a better understanding of:

- Who makes up our workforce, service users, and communities?
- Where are the inequalities?
- Which groups have poorer experiences or outcomes?
- What data do we currently collect?
- What data gaps exist?

We are creating a robust baseline against which progress can be measured. The new reporting framework collaboratively configured for our IPR, helps us to provide and strengthen the action required to make a difference. Our focus in 26/27 will be to embed this methodology across all the work we do.

4.3.2 Identifying priority inequalities in 26/27

Strengthening the data culture and intelligence across the organisation leads us into 26/27 in an improved position to accurately identify:

- The greatest disparities
- Highest-risk groups
- Areas where intervention is likely to have the most impact

This ensures our EDI priorities are evidence-led rather than assumption-led and means we can develop the insight needed to target action, measure progress, and hold ourselves accountable for reducing inequalities

4.3.3 What do we hear from people?

Key Themes from Our Involvement Activity & What It Tells Us About Our Impact

We have undertaken analysis from our involvement activities so that we can understand how our practices directly impact on service user/patient experience. This thematic analysis includes consideration of feedback from ward community meetings, targeted health inclusion initiatives, and service user life stories.

The overarching message from Service Users is clear. We want you to move from simply "managing" individuals to truly "understanding" them, making sure we not only see the person in the room but understand in a truly trauma informed approach why we are seeking your support. By making these improvements we believe we will create further momentum for recovery, build increased trust, and reduce distress.

We have undertaken detailed analysis and identified themes from our involvement activity which are set out below, along with the approach we have taken to respond to these:

Theme 1: Environmental Adaptations and Sensory Vulnerabilities

- **The Feedback:** Clinical and ward environments can inadvertently trigger severe distress if they fail to account for neurodiversity, trauma, or physical health conditions. For instance, loud noises and busy ward settings have historically led to autism-related meltdowns being misidentified as acute psychiatric panic or psychosis. Similarly, standard clinical environments can feel unwelcoming or unsafe for trauma survivors and migrant communities.
- **Our Action:** We understand that when we make targeted environmental adjustments (such as introducing neuro-affirming supports or creating trauma-informed clinical spaces), we significantly reduce patient anxiety and lower appointment "Did Not Attend" (DNA) rates.
  We have therefore commenced work to:
    - Test out change ideas through the Culture of Care methodology following from the learning in our Sandal Ward environment.
    - Use the findings from our Culture of Care programme to inform the work we are doing to improve our Women's Pathway
    - Develop a specific programme reviewing the feedback from people who have been detained under the MH Act based upon the findings from the Empowering Partnerships in Communities (EPIC).

Theme 2: Communication, Clarity, and Relational Consistency

- **The Feedback:** Service users report extreme vulnerability when communication is broken or inconsistent. Non English speaking service users have historically experienced gaps in care, such as being given medication without explanation or consent due to inconsistent interpreter provision. Furthermore, standard administrative communication (such as official brown envelopes or complex language in letters) can trigger intense anxiety or fear for asylum seekers and refugees.
- **Our action:** We have
    - implemented tools like "About Me" flags on SystmOne to redefine how we respond to Reasonable Adjustments and will continue to embed this through 2026
    - utilised consistent communication methods through a review of our interpretation services contract, and co-designed simplified, accessible information materials.
    - Reviewed our Accessible Information Standards Policy (AIS) in February 2026.

Theme 3: Patient Care vs. Operational Pressures

- **The feedback:** Service users consistently praise the care, kindness, and therapeutic relationships built with ward staff and Occupational Therapy (OT) teams. However, staffing shortages and use of Agency or Bank heavily impact this, with patients noticing that staff are often "always running around and really busy," which directly limits access to therapeutic activities and outdoor time. The lack of consistency gained from non-directly employed staff is also noted as a concern within feedback

- **Our action:** The Trust has significantly reduced our use of agency staff. The reduction in the use of Bank staff is currently a key priority within the Trust alongside a key commitment to recruitment into fixed roles throughout 2026/ 2027.

Theme 4: Food Quality as a Clinical Intervention for Recovery

- **The Feedback:** Patient feedback strongly demonstrates that poor food quality in previous healthcare settings directly causes clinically significant, unintentional weight loss and reliance on oral nutritional supplements.
- **Our Action:** We have improved the quality and variety of meals and seen a subsequent impact on individual patients who have been able to completely discontinue prescribed supplements, progress to eating full portions, and resolve long-standing dietetic complications.

Theme 5: Culturally Inappropriate Models vs. Culturally Informed Support

- **The Feedback:** Our service users report that sometimes traditional clinical structures do not accommodate different cultural paradigms of mental wellness. This can mean we have systemic biases, make unconscious assumptions, and have an over-reliance on coercive practices or involuntary detentions under the Mental Health Act.
- **Our Action:** We are actively involving individuals in alternatives to detention and designing culturally appropriate care models. We have a Trust focus on personalised care, which we measure though Co-produced care plans which at date is at 95%. Our investment in our Community Connector model is helping to bridge the gap between services and community voice. Our work into 2026/2027 will further drive forward our approach aligned to our PCREF commitments as an organisation.

5. Our plans for delivery of the strategy in 2026/7

We have developed an integrated EDI plan for 2026/7 which is driving our work and discussions within the EDI Operational Group. A copy of this plan is included at Appendix A for reference

Alongside this the embedding of our Involvement Approach, and our review of integral processes such as our EIA approach, and Insight Approach will be key to further embedding our EDI approach into all that we do and maintaining a clear identification and focus on our impact for those we serve.

6. Conclusion and recommendations

This report sets out the headline achievements on our EDI agenda in 2025/6 and an outline of our plans for 2026/7capturing the first year of delivery under our refreshed 2025–2030 Equality, Diversity, and Inclusion (EDI) Strategy.

Over the past 12 months, the Trust has made significant progress from viewing EDI as a standalone initiative to weaving it directly into our leadership, governance, and annual planning architecture. We will continue this work into 2026 as it is a key strategic aim of our strategy.

We highlight the following key achievements for this year:

- **Strengthened Governance:** The establishment of the allofusinmind insight group and the EDI operational group has bridged workforce and community agendas under executive oversight. We are already seeing the advantages of this more integrated way of working

- **Tangible Service Improvements**: Responding directly to patient "voice" has driven meaningful changes, including reducing agency staff usage, launching the reflection on sensory-safe ward environments, updating Accessible Information Standards (AIS), and achieving a 95% completion rate for co-produced care plans.
- **Data Culture Foundation:** We have established robust data baselines within our Integrated Performance Reporting (IPR) framework to better understand disparities across protected characteristics. This enables us to further develop the measures to demonstrate our impact

While year one focused heavily on establishing these baselines, building capability, and embedding foundational tools like the Health Inequalities Toolkit, the Trust recognises that true equity is a journey.

We enter 2026/27 with a clear, unified operational plan, positioned to use our quality improvement methodology, data intelligence and Involvement approach to move from assumption-led practices to targeted, evidence-led interventions that actively reduce health inequalities. This work is fundamental to ensuring that we are the Best we Can Be for our patients, service users, carers and colleagues.

6.1. Recommendations

The Trust Board is asked to:

- Receive and approve the EDI Annual Report for 2025/26 for formal publication, noting compliance with our Public Sector Equality Duties (PSED).
- Note the integrated EDI single operational plan for 2026/27 (detailed in Appendix A) to drive accountability across both workforce and clinical directorates.
- Support the continued embedment of the EDI and health inequalities metrics within the monthly Integrated Performance Reporting (IPR) framework to track ongoing systemic impact.
- Support the embedding of strategic priority frameworks, specifically the Patient Carer Race Equality Framework (PCREF) commitments; Our Triangle of Care Standards and the legacy elements of the Culture of Care programme.