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NHS England

NHS Equality Delivery System 2022

EDS Reporting Template

January 2026

Contents

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	**South West Yorkshire Partnership Teaching NHS Foundation Trust (SWYPFT)**		**Organisation Board Sponsor/Lead**	
Name of Integrated Care System	West Yorkshire Health and Care Partnership (West Yorkshire ICB)		Dawn Lawson	

EDS Lead	Sharon Kennedy / Heather McKnight		**At what level has this been completed?**	
				***List organisations**
EDS engagement date(s)	Domain 1 stakeholder panels held on 20 October 2025 and 19 January 2026 Domains 2 + 3 – (October 2025) Peer Review and stakeholder event (November 2025)		**Individual organisation**	South West Yorkshire Partnership Teaching NHS Foundation Trust (SWYPFT)
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	

Date completed	23 January 2026	**Month and year published**	February 2026
Date authorised		**Revision date**	

Completed actions from previous year	
Action/activity	Related equality objectives
Single Point of Access (SPA) ▪ We meet regularly with our P&BI as part of the Data Quality Improvement Group with an agenda item specifically focusing on waiting time data intelligence. This continues to be a work in progress. ▪ We have strong links with our colleagues in the PCMHT (ACPs and ARRs) and are involved in the community improvement and productivity project with a working group specifically focusing on strengthening the placed based approach/ community care. ▪ The use of digital technology to improve ease of access to secondary care services is progressing and a project group has commenced, tasked with the successful implementation of an E-referral from primary care and a web-based self-referral. ▪ We have identified specific goals in EIA based around PCREF. ▪ We have completed the ToC self-assessment tool and identified areas for development. ▪ We have adopted the PSIRF framework of learning from incidents and integrated this into team meetings. This is a standing agenda item on the team meeting agenda.	***1A: Patients (service users) have required levels of access to the service*** ➢ We will work with our P&BI colleagues to further tailor our data collection to provide data intelligence such as waiting times, breakdown of DNA's by ethnicity ➢ Strong emphasis on a placed based approach/ community care to improve access and remove barriers ➢ Use digital technology to improve ease of access ***1B: Individual patients (service users) health needs are met*** ➢ Integrate PCREF into our EIA and culture ➢ Triangle of Care Star 2 ➢ Emphasis on a learning culture as part of PSIRF

▪ We have amended our job advert to encourage individuals from diverse backgrounds to apply for positions in SPA. ▪ Continue to receive feedback through friends and family survey and this is discussed with the team when appropriate. ▪ We plan to use expert by experience forums in the trust to support in the development of a web-based referral form.	***1C: When patients (service users) use the service, they are free from harm*** ➢ We aim to increase and diversify our workforce through active recruitment ***1D: Patients (service users) report positive experiences of the service*** ➢ We will continue to involve people who use our services and listen to feedback so we can improve our services
Suicide Prevention ▪ Actions are being taken to update Datix recordings to reflect barriers to access services within learning ▪ Data will be pulled yearly to explore customer services concerns/complaints where suicide is referenced ▪ This is a standing agenda item for the prevention forum which is now quarterly ▪ The data for diagnosis suspected and confirmed is now being collected within Datix, patient safety learnings for this area will be shared within the patient safety information group ▪ Data options for collecting information on Gypsy, Romany, Traveller populations remain	***1A: Patients (service users) have required levels of access to the service*** ➢ Patient Safety Incident response will include exploration on any barriers to accessing services. ➢ Review concerns/complaints raised that relate to access to services or care/treatment. ➢ Review customer service data for suicide risk, access to services, quality of care, patient safety in the suicide prevention strategic forum. ➢ Data review of significant challenges with waiting lists across ASD/ADHD/Autism services. ➢ Increase knowledge on Gypsy, Romany Traveller populations access to services.

▪ Actions have been taken to collect and review any available data, connections to the 'culture of care programme' have been established. ▪ Tier 2 training plan has been written, and front line staff have been identified to attend from October 2025. ▪ Family Liaison Officer acts as a conduit to the concerns from families, regular meetings take place between customer services and the FLO. Surveys have been created to obtained feedback in a consistent manner from families affected by suicide as well as all patient safety related incidents. ▪ Strategy relaunch is delayed and due for sign off by end of September, present strategy already includes minority populations and long term health conditions as affecting patient populations and suicide. ▪ Trust public facing internet page is established, suicide prevention information is visible, booklets for carers of those with suicide risk have been created and paper versions are in print. A poster supporting access to the booklet with a QR code has been completed and is in print	***1B: Individual patients (service users) health needs are met*** ➢ In 2025 to align the Trust strategy with the National Strategy (2023) identifying individuals with neurodiverse conditions as being high risk – further analysis is required. ➢ Priority for the Trust to be alerted of concerns expressed from service users/families regarding responses from NHS to a suicidal crisis – expand the knowledge through present workstreams. ➢ Ensure the 2025-2027 strategy has increased understanding of long-term physical health conditions, co-existing substance misuse, LGBTQ+ and Trans population needs, to prevent loss of life to suicide. ➢ Review and improve public information on services to ensure inclusivity and accessibility, including minority groups.
▪ Information is routinely reviewed and include in the apparent suicide report.	***1C: When patients (service users) use the service, they are free from harm*** ➢ Review present understanding on the suicide risk to ethnic minority populations across the Trust to

	inform aims and objectives to prevent loss of life to suicide.
▪ Area of action outstanding, currently utilise the carers champion network are a source of consultation into any developments, this requires expanding to ensure service users with lived experience of suicidal actions or thoughts are contributing to the strategic aims of the organisation. ▪ Presentation/representation of lived experience at drop in educations sessions for the suicide prevention champions network	***1D: Patients (service users) report positive experiences of the service*** ➢ Increase the involvement of people with lived experience of suicidal thoughts/actions and those bereaved by suicide, in shaping the aims and ambitions on the organisation, in reducing the loss of life to suicide.
BREATHE ▪ Data options for collecting information on Gypsy, Romany, Traveller populations remain ▪ Work with Local Authority Partners through current Suicide Prevention Alliance meetings to ensure equal access to services for all and flag any concerns directly ▪ Information sharing agreements are now in place in some areas to enable discussions on near real time suicide surveillance ▪ Add to the list for drop in education session on Gypsy, Romany, Traveller population suicides.	***1A: Patients (service users) have required levels of access to the service*** ➢ Increase knowledge on Gypsy, Romany Traveller populations access to services.
▪ Data options for collecting information on Gypsy, Romany, Traveller populations remain ▪ Work with Local Authority Partners through current Suicide Prevention Alliance meetings to ensure equal access to services for all and flag any concerns directly ▪ Information sharing agreements are now in place in some areas to enable discussions on near real time suicide surveillance	***1B: Individual patients (service users) health needs are met*** ➢ Review present understanding of the impact and risk to ethnic minority populations including Gypsy, Romany Traveller

▪ Recent training offers through South Yorkshire ICB on LGBTQ+ shared for access to increased knowledge on risk in this patient population. ▪ Action taken to add to the list of drop in events for suicide prevention champions network	populations, and asylum seekers and refugees. ➢ Improve knowledge, skills and confidence through uptake of additional training opportunities on diversity in relation to gender reassignment and sexual orientation
▪ Data will be pulled yearly to explore customer services concerns/complaints where suicide is referenced ▪ This is a standing agenda item for the prevention forum which is now quarterly	***1C: When patients (service users) use the service, they are free from harm*** ➢ Review formal and informal concerns/complaints raised that relate to access to services or care/treatment
▪ Surveys are in place but not yet live, for evaluation at a further date.	***1D: Patients (service users) report positive experiences of the service*** ➢ Capture and recording of equality monitoring questions through Friends and Family tests to better measure outcomes and experience

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Inpatient learning disability service** • Age: Service is available to all adults who have learning disability over the age of 18 who have been detained under the mental health act and whose needs cannot be met in mainstream mental health inpatient services. • Gender: The service is accessible to all genders. Within the workforce we have male and female staff members should a patient request to specifically see them. • Disability: The building is on one level and accessible to people who have physical disabilities. We have adapted bathrooms and hoists for those that need them. Assessments are adapted to meet the needs of adults who have learning disabilities and autism. • Marriage & civil partnership: Patients' marital status is recorded at initial assessment although a patient does not need to disclose this if they do not wish to. • Ethnicity: The number of patients seen by the service in the last 12 months that are of a non-white background is approximately 33 % which is higher than that of the population we serve which is 15.9% • Pregnancy & maternity: The service have never admitted a pregnant patient. The risks from other patients would be too high.	Developing	Fareena Rasaq Amy Downs

		• Religion: Patient's have access to a prayer room. Patients' religious dietary requirements are met. Patients have access to the pastoral team. • Gender reassignment: Patients' gender is recorded at their initial assessment should they wish to disclose it. There are no perceived barriers to accessibility. • Sexual orientation: Patients' sexual orientation is recorded at their initial assessment should they wish to disclose it. There are no perceived barriers to accessibility. • Carers: Carers are encouraged to visit their relatives and attend the weekly multidisciplinary team meetings and other meetings. **Calderdale Early intervention in psychosis (EIP)** • Gender: The service is accessible to all genders. Within the workforce we have male and female staff members should a patient request to specifically see them. In Calderdale EIP, we are aware that we have an over population of females in the work force which is reflective of the Calderdale population. We do not currently have any transgender/non-binary staff members which is something we are mindful of during recruitment drives. We currently have 17 female staff and 7 male staff substantive in post. • Disability: Laura Mitchell has wheelchair access should service users have appointments be made at base. Most appointments aim to take place in the community at mutually convenient place. This aids reduction in stigma and promotes recovery in the community away from secondary care services. Easy read leaflets are available. Access to BSL interpreters are also available. • Age: Our service is available to young people and adults, from age 14-65 experiencing their first psychotic episode or at risk of	Developing	Laura Ellis

		developing psychosis. We have a varied age range of staff; it is important to have a youth focus to build rapport with our younger service user cohort. • Religion: Patients' religion is recorded at their initial assessment should they wish to disclose it. Appointments can be made at the patients request to avoid prayer times or other religious practices (see case presentation for example). • Ethnicity: EIP access to an interpreter service available to patients who do not speak English as a first language. EIP take referrals from all sources including self referral. Letters and leaflets are and can be translated to other languages to be sent out to patients. We have staff members who are multilingual. • Pregnancy and Maternity: Joint assessments can be offered in collaboration with the perinatal team if required. Any service user who becomes pregnant on the caseload will have joint working with perinatal to manage post partum psychosis risks. • Gender reassignment: SUs gender is recorded at their initial assessment should they wish to disclose it. There are no perceived barriers to accessibility. Service user will be signposted to additional service to support their transition needs. • Carers: EIP offer carer support through offering 1-1 support with EIP practitioner, carer support groups and systemic family therapy interventions. It is recognised that Carers play vital role in service users recovery from Psychotic Episode. All Carers are entitled to a carers assessment. – Triangle of care. Carer support and education delivered by EIP service is audited by NCAP.		

		Barnsley Epilepsy service • Age: Service is available to all children and young people between the ages of 0-19. We continue to see children and young people beyond this if they are transitioning to adult services in some cases. • Gender: The service is accessible to all regardless of gender. • The workforce is made up of two female staff one of which is paediatric trained, and the other is learning disability trained with additional certificate in epilepsy care. • Disability: All of the buildings where clinics take place have wheelchair access. Home visits can take place for those patients that are unable to attend clinic. Access to interpreters if required. • Marriage & civil partnership: Patients' marital status is not usually recorded as we mainly support children and young people. Disclosing this does not affect or impair treatment. • Race: The ethnicity of patients accessing the service who are recorded as non-white is 8.66%.We have an interpreter service available to patients who require this and access to a service email. • Pregnancy & maternity: We monitor patients who are of child-bearing age due to specific treatments and risk assessments. • Religion: Patients' religion is recorded at their initial assessment should they wish to disclose it. Reasonable adjustments can be made should these be required. • Gender reassignment: Patients' gender is recorded and aligns to the biological sex at birth. We do not have any children and young people with gender reassignment. • Sexual orientation: Given the majority of the caseload is under 16yrs and that this is not relevant to how we deliver the service, it is not an essential question that needs to be documented.	Developing	Claire Sidebottom

		• Carers: Carers are involved in patients' care. Carers can self-refer into the service for patients. Some children are registered as carers so reasonable adjustments can be made if required.		
	1B: Individual patients (service users) health needs are met	**Inpatient learning disability service** • Age: Service is available to adults with learning disability over the age of 18 who are detained under the mental health act and cannot be treated in a mainstream mental health inpatient service. • Gender: The service is accessible to all genders. Within the workforce we have male and female staff members should a patient request to specifically see them. • Disability: Patients all have individual plans of care to target their specific physical, communication, mental health, behavioural, and occupational needs. This is continually reviewed to ensure treatment remains personalised. The ward has disability champions. • Marriage & civil partnership: None of the patients admitted in the last 12 months were married or civil partners. • Ethnicity: We have an interpreter service available to patients who do not speak English as a first language. We have REACH champions. • Pregnancy & maternity: The service have never admitted a pregnant patient. The risks from other patients would be too high. • Religion: Patients' religion is recorded at their initial assessment should they wish to disclose it. The staff team is ethnically diverse. The ward had REACH champions • Gender reassignment: Patients' gender is recorded at their initial assessment should they wish to disclose it. There are no perceived barriers to personalised care		

		• Sexual orientation: Patients' rarely express their sexual orientation. There are no barriers to personalised care. The Ward has an LGBTQ+ champion. • Carers: Carers participate in some of the assessments carried out. We have a carer champion. **Calderdale Early intervention in psychosis (EIP)** • Age: EIP Service is available to young people from the age of 14 and all adults over the age of 18 up to 65 years of age. • Gender: The service is accessible to all genders. Within the workforce we have male and female staff members should a patient request to specifically see them. • Disability: Patients are all given an individual plan of care to target their specific needs. This is continually reviewed to ensure treatment remains personalised. There is a field on the clinical record keeping system to record communication preference. The Team has Occupational Therapist who can provide Interventions to enable service users overcome disabilities to lead a functional life. • Marriage & civil partnership: Patients' marital status is recorded at initial assessment although a patient does not need to disclose this if they do not wish to. There are no perceived barriers to personalised care. • Pregnancy & maternity: There is no perceived impact on pregnant patients, each patient is treated as an individual and encouraged to raise a concern if they have a problem. We can offer joint appointments with the perinatal team if identified appropriate. • Religion: Patients' religion is recorded at their initial assessment should they wish to disclose it. The service ensures that they		

		accommodate appointments during cultural celebrations and consider the taking of medications during same. • Gender reassignment: Patients' gender is recorded at their initial assessment should they wish to disclose it. There are no perceived barriers to personalised care. • Sexual orientation: Patients' sexual orientation is recorded at their initial assessment should they wish to disclose it. There are no perceived barriers to accessibility. **Barnsley Epilepsy service** • Epilepsy is the most common significant long-term neurological condition of childhood and affects an estimated 100,000 (approximately 1 in 200) children and young people in the UK. • Epilepsy can significantly impact the quality of life for children and young people, affecting their social, educational and future employment opportunities. • Seizures and epilepsy account for about 5% of all childhood emergency admissions. • Children and young people in the most deprived areas of England are more likely to have epilepsy than those in less deprived areas. • 1 in 5 CYP with epilepsy also have a learning disability. Children with epilepsy are more likely to have neurodevelopmental disorders including a diagnosis of learning disability, autism and ADHD. • Epilepsy is one of the 5 key clinical areas within the CYP Core20PLUS5 framework		
	1C: When patients (service users) use	**Inpatient learning disability service** Horizon staff ensure that all service users remain free from harm considering their protected characteristics:		

	the service, they are free from harm	• Undertake risk assessments with the service user/ significant other on admission. • Staff are all up to date with mandatory training to they know when to identify if there are any safety issues and how to report them. • Staff are trained in Restrictive physical interventions which are used as a last resort to ensure patient and staff safety • If any incidents or near misses do occur, they are reported using the DATIX system and any learning needs identified. • An open honest culture is promoted, This is a lessons learned and not a Blame. Safeguarding's are reported and investigated with action plans of learning. **Calderdale Early intervention in psychosis (EIP)** • EIP ensures that all patients remain free from harm considering their protected characteristics. • Risk assessments are undertaken in line with policy, and quality and governance audits are in place to provide assurance. • EIP utilise an MDT team approach to monitor and manage risks • If any incidents or near misses do occur, they are reported using the DATIX system and any learning needs identified (see section of PSIRF). • Supervision is completed in line with Trust policy and governance processes are in place to monitor. **Barnsley Epilepsy service** Epilepsy services ensure that all patients remain free from harm considering their protected characteristics: • Implement care plans for School Staff, parents and carers to follow.		

		• Ensure that they have contact information for epilepsy specialist nurses and Staff are all up to date with mandatory training to they know when to identify if there are any issues and how to report them. • If any incidents or near misses do occur, they are reported using the DATIX system and any learning needs identified.		
	1D: Patients (service users) report positive experiences of the service	**Inpatient learning disability service** ✓ Our family want to thank you for the hard work you have delivered to our son. ✓ The ward staff have involved the family every aspect of my son's treatment and taken on board everything we have suggested. ✓ My experience with you all has been incredible. Every interaction has left me with a smile on my face. This has left me with a strong sense of mutual respect. ✓ The leadership style was commended for being compassionate person centred and trauma informed. **Calderdale Early intervention in psychosis (EIP)** ✓ Saved my family. Brought our daughter back and literally saved her life. ✓ They offered help and advice. ✓ Very good support. ✓ Think you are doing a marvellous job – thank you! **Barnsley Epilepsy service** ✓ Our nurse always helps us understand everything to do with L epilepsy in a friendly helpful manner. ✓ Our epilepsy nurse has been amazing! She is an asset to the epilepsy team. On a number of occasions, she has been ther to		

		listen to me when I have needed it, its so nice to know that she is not only there for my baby but also us as a family too. ✓ The team are always friendly, knowledgeable and reassuring. ✓ M is always place in the centre of staff care and our nurse has been there from the beginning of M's infantile epilepsy journey. She is always in kind spirits and is a great listener, as well as giving the best advice when it comes to M's medical needs. ✓ I really liked how I am always looked after and listened to when I come here. ✓ The nurse is kind to everyone, she is the best.		
Domain 1: Commissioned or provided services overall rating			**Developing**	

Domain 2 & Domain 3
2. Workforce health and well-being & 3. Inclusive leadership

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Health and wellbeing resources are available through occupational health and other wellbeing resources / support is available including physical, mental, financial, and social wellbeing. Staff health and wellbeing support - Home (sharepoint.com) The occupational health (OH) MDT team includes general nurses with an OH qualification, RMN's, occupational therapists, physiotherapists and a health and wellbeing advisor. Appointments are available via management referral or self-referral in terms of advice around managing long term conditions at work. On the OH database, figures can be extracted in terms of how many appointments have obesity, diabetes, asthma, COPD and mental health conditions as the primary cause of referral. Staff can book for a Physical Health check which offers, blood pressure, BMI, blood sugar levels and Cholesterol levels check. Staff can obtain lifestyle and health coaching if requested too. Physical wellbeing checks (sharepoint.com) The Staff Health and Wellbeing Champion roles have been created with the ambition to have an identified Champion in every team and service. These roles aim to elevate staff health and wellbeing as a core agenda item, helping to connect colleagues with appropriate support, including signposting to staff wellbeing providers, e.g. Occupational Health and Wellbeing. Currently, there are 135 Staff Health and Wellbeing Champions across the organisation. Equality monitoring data shows a lower representation of racially	Developing	Diversity Inclusion and Belonging Lead and wider People Directorate / Head of OH Clinical Lead.

		marginalised and male colleagues among Champions. Efforts are underway to improve diversity and representation, including outreach to staff networks to support engagement and inclusion. Staff Health and Wellbeing Champions meet quarterly to share information of what wellbeing related activity is taking place in their areas and as a space to learn and grow. Staff Health and Wellbeing Champions (sharepoint.com) The Trust currently has 4 staff networks all working with the same operational framework. In particular our DisAbility staff network fundamental aim is to empower and support staff with a disability and/or ongoing long term health condition to achieve and/or maintain their potential, maximise the contribution of staff in delivering Trust mission, values, and strategic objectives and to help shape the influence policies and procedures within the Trust to ensure that equality is proactively considered. Psychological interventions on offer are currently, Critical Incident Staff Support Pathway (CrISSP), Group Support, Reflective Practice Groups, and individual counselling sessions. Welfare checks are also in place. Additionally, Schwartz Rounds are offered to staff working for the Trust too. Wellbeing resources now integrated into 'My SWYFT' employee app, with a dedicated icon to take users directly to the resources. App is available on iOS app and Android devises. Staff app - South West Yorkshire Partnership NHS Foundation Trust Stress Management Pathway had been created by OH to help support members to identify sighs of stress and offer confidential support, help and guidance to manage stress. The guidance helps navigate staff to the appropriate support.		

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Active Bystander Principal project plan is underway which aims to launch these principals in 2026 Trust wide. Microaggression guide has been produced and now available on Trust Intranet All of You Film has been produced and on Trust intranet. All of you - Home Continue to evolve the Trust's 'All of You, Race Forward' group and support the implementation of actions to reduce cased and support staff experiencing B&H or abuse from patients, relatives, or the public. All of you: Race Forward (sharepoint.com) Equity Guardian (EG) support staff throughout the Trust who are experiencing racial B&H from service users and cares. They also offer support to management in handling of such cases and support in guidance cases through Trust processes. Equity guardians (sharepoint.com) The Trust is adopting the NHSE sexual misconduct policy framework, and we are in the process of producing a video to support the launch of the sexual safety charter. We have publicised the NHSE sexual safety awareness e-learning and uploaded into ESR. We are amended our disciplinary procedure to align with the NHSE sexual misconduct framework. Sexual safety charter As part of Workforce Disability Equality Standards (WDES), Metric 4a, b and c aim to measure the percentage of disabled staff experiencing bullying and harassment from patients, staff, and managers which were gathered as part of NHS staff survey. Our survey results for 2024 were as follows, patient 27.03%, staff 16.34% managers 7.29%. Trust performance is better than last year from managers and staff and compared to benchmarking group. However, our staff survey results for from	Developing	Diversity Inclusion and Belonging Lead and wider People Directorate / Head of OH Clinical Lead / Head of People Relations.

		patients is slightly worse from 2023 results and worse compared to benchmarking group. As part of Workforce Race Equality Standards (WRES), data from NHS staff survey is used to report on metric 5 which measures our BAME staff % of experiencing bullying and harassment from patients and from staff. Our survey results for 2024 was as follows, patient 34.97%, staff 24.12%. Our results for B&H from patients is better than last years performance but worse compared to benchmark group. Our results of B&H in 2024 from staff is better than 2023 results however still worse compared to benchmark group. Metric 6 of WRES measures BAME staff experiences discrimination at work from managers. In 2024 staff survey results, this was reported at 16.76%. This is better compared to last years results and benchmark group. Our WRES and WDES report and action plans can be found by visiting this link Workforce equality information - South West Yorkshire Partnership NHS Foundation Trust		
	2C: Staff have access to independent support and advice when suffering from	All staff have access to an in-house Occupational Health multi-disciplinary team (MDT) including an in-house counselling service offering a range of therapies including Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation Reprocessing (EMDR) . The MDT consists of Occupational Health Advisors (OHA's), Registered Mental health Nurse's, Occupational Therapist's, H&W practitioner, physios, counsellors, psychotherapists, clinic nurses and Musculoskeletal advisors who provide impartial support and advice.	Achieving	Diversity Inclusion and Belonging Lead and wider People Directorate Freedom to Speak Up

	stress, abuse, bullying harassment and physical violence from any source	All input via counselling is accessed via self-referral. Other occupational health input can be arranged through management referral but is also available via self-referral if confidential advice is required or if management referral is not possible for any reason. Figures can be extracted from the OH database in terms of what percentage of appointments are linked to self-referral versus management referral. Freedom to Speak Up Guardians (FTSUG) & Civility & Respect Champions are alternative routes for staff to raise concerns. A total of 83 concerns were raised with the FTSUG in 2024/20245. A confidential Independent and impartial service for staff. Freedom to speak up guardians (sharepoint.com) Equity Guardians are also available to offer support and advice on cases involving abuse, bullying harassment if they are racially motivated. Equity guardians (sharepoint.com) Staff networks are also available to offer independent support on advice and currently the Trust has 4 staff networks, DisAbility Staff Network, LGBTQ+, Race Equality and Cultural Heritage network and Staff Carers Network. All forms of employee resource groups. Staff networks (sharepoint.com) Learning and Development wellbeing page build to support colleagues access self-serve and facilitated wellbeing learning. https://swyt.sharepoint.com/sites/Learning-and-development/SitePages/Employee-Health-and-Wellbeing.aspx?csf=1&web=1&share=EexAN6zIjuNBtTnY-aCkU78BXJMXf6EsmPVEIDFK5O_CBg&e=oGSdZO&cid=6c73df2a-9e98-4a0d-a497-38363159413e		Guardians

	2D: Staff recommend the organisation as a place to work and receive treatment	The 2024 staff survey data shows that: The percentage of staff recommending the Trust as a place to work was 70.3% (previous year 70.5%) This is above the national average of 65.2%. Staff being happy with the standard of care provided by the Trust was 71.5% (compared to the previous year's figure of 72.2%). This is above the national average of 65.2%. Performance reports - South West Yorkshire Partnership NHS Foundation Trust Performance reports are separated into geographical districts and forensic services. The report features the latest figures on information such as finances, staff sickness absence rate, bed occupancy rates and staff turnover and ethnicity data.	Developing	Diversity Inclusion and Belonging Lead and wider People Directorate
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitme	In September 2024 the Trust launched its new strategy. This sets out the Trust's commitment to equality and addressing health inequalities. Our strategy was developed through #allofus conversations with over 1500 people in the Trusts communities and hosted over 65 face-to-face conversations with our colleagues, including workshops and drop-in sessions hosted by our Board members, ensuring our strategy was informed by the voice of our communities. The new strategy outlines our strategic aims. Strategic aim 1 is that 'we will live our values including 'putting the person first and in the centre'. Our commitments identified in the strategy include. include: • "We will be equitable, diverse and inclusive and support culturally and spiritually appropriate care. • We will be compassionate, trauma informed, and recovery focussed and make safeguarding everybody's business. • We will involve people, listen and respond to feedback from service users, patients, carers and staff.	Achieving	Andrew Lister Corporate Governance Team

	nt to, equality and health inequalities	Our strategic aim 2 sets out how 'we will be the best we can be' including how we will consistently address health inequalities across our services, ensuring we are inclusive and working to minimise the impact of deprivation. Strategic aim 3 outlines how we will be ambitious for the communities we serve. In April 2025 as part of the Trusts implementation of the new strategy the Trust's Board Assurance Framework was re-aligned to the new strategy. All strategic risks are reviewed on a quarterly basis and presented to Trust Board for approval. The following strategic risks are included in the Trusts Board Assurance Framework: Risk 1.1 - Measures are not taken to identify and address discrimination across the Trust resulting in poor patient care and staff experience. (DSC) Risk 2.1 - Services are not accessible to, nor effective, for all communities, especially those who are most disadvantaged, leading to inequality in health outcomes or life expectancy. Risk 4.2 - Differing roles and levels of influence across our places and systems could lead to inequity in service provision and service user outcomes across the Trust. Risk 4.3 - Lack of or ineffective co-production, involvement and engagement with our communities, service users and carers could result in poor service delivery that does not meet the needs of the populations we serve Dawn Lawson, Deputy Chief Executive and Director of Strategy, Inclusion and Change is the Trusts lead director for Health Inequalities. The Trust has an Equality, Inclusion and Involvement (EIIC) sub-committee of the Board. This is chaired by the Trust Chair, and Dawn Lawson Deputy Chief Executive and Director of Strategy, Inclusion and Change is the lead director.		

		A process is in place whereby Case Studies/Dashboard are presented every quarter at Equality Inclusion & Involvement Committee regarding Health Inequalities. These outline how services are using our understanding of health inequalities to improve service delivery. Following EIIC quarterly meeting a triple A report (Assure, Alert, Advise) is presented to Trust Board by the Chair of the Committee updating the Board on matters covered by EIIC and any items to be brought to their attention. Enhanced Equality, Diversity and Inclusion Training is available to senior members of staff. Executive director sponsors are in place to support all of the Trusts staff networks. These include the REACH (Race, equality and cultural heritage) network, disability network, carers network and LGBTQ+ network. The Trust has introduced the form, perform and thrive framework for its staff networks. The workforce race equality standard and workforce disability standard annual reports were presented to Trust Board on 28 October 2025 in public. The reports were scrutinised, discussed and approved prior to submission to NHS England. The Trust's reporting processes (including our Integrated Performance Report) considers in detail the impact of health inequalities, supporting Board members and leaders to have a clear understanding of our service users, staff and communities. Reports to our Equality, Inclusion and Involvement Committee ensure the voice of our communities and service users received from independent sources such as Healthwatch and also from our community connectors. Patient experience reporting considers variation in experience of those with protected characteristics.		

		Leading Well for Wellbeing: Employee Health and Wellbeing is part of the 15 Expectations of Line Managers in Relation to People Management. Leadership and Management Development, Organisational Development and Wellbeing and Learning and Development Leads, have come together to develop an interactive workshop for our leaders which looks at the importance and benefits of check ins, our corporate wellbeing offer, connecting and relationship building; really leaning into those leadership behaviours with a primary focus on emotional intelligence and psychological safety. Intranet pages have also been designed and resources built to support our leaders lead well. https://swyt.sharepoint.com/sites/Staffhealthandwellbeingsupport/SitePages/The-Expectation-of.aspx		
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	The Board Assurance Framework and organisational risk registers both include risks, controls, and actions in relation to equality and health inequalities, and these are sent to Board on a quarterly basis. This includes BAF risks as referenced in section 3:A above. The organisational risk register (ORR) also includes a health inequalities risk: Risk 1689 - Risk that the Trust cannot evidence that it has mitigated against or addressed health inequalities in the provision of services potentially exacerbating existing health inequalities for our service users. The lead director for this risk is the Deputy Chief Executive/Director of Strategy, Inclusion and Change and the risk is affiliated to EIIC and is reviewed by the Committee on a quarterly basis. There also a number of controls and actions relating health inequalities included in the ORR. All Trust Board and Committee front sheets reference relevant Board Assurance Framework risks they address as part of their presentation to Trust Board. All public board papers and minutes can be accessed at the following link:	Achieving	Andrew Lister Corporate Governance Team

		Meetings and papers - South West Yorkshire Partnership NHS Foundation Trust In March 2025 Trust Board received the strategic overview of business and associated risks. This is an annual paper presented in public that demonstrates the process of determining the Trust's strategic objectives for the year ahead. Equality and health inequalities are golden threads running through our Trust strategy which can be found at the link below: Why we're here - South West Yorkshire Partnership Teaching NHS Foundation Trust Trust Board equality data is up to date and is published as part of the annual report. Members Council equality data has been obtained including new governors appointed on 1st May 2025.		
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff	The Policy on policies states that before any policy is reviewed/written, an update Equality Impact Assessment (EIA) should take place. Any policy or strategy which required Board approval must have a robust EIA in place which has been signed off prior to submission. The Trust constitution has been updated as per the NHS England Code of governance for NHS provider Trusts (April 2023). The integrated performance report (IPR) includes health inequalities data. This data is cross referenced with key areas of focus such as waiting lists. The IPR is available on the public website monthly. Equality Inclusion and Involvement Committee meets with staff groups and staff networks throughout the year including the staff disability network, race equality and cultural heritage (REACH) network, LGBT+ network and staff	Developing	Andrew Lister Corporate Governance Team

	and patients	carers network. Chairs of these networks also attend Equality Inclusion and Involvement Committee quarterly. In March 2025 the Trust launched the patient and carer race equality framework (PCREF) which includes a equality impact assessment being carried out for all Trust teams, including corporate teams.		

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s):	**Independent Evaluator(s)/Peer Reviewer(s):**
The content for Domain2 and 3 was captured throughout October 2025 so no set date has been provided. The stakeholder and peer review were not held as a meeting this year, but rather the evidence was sent for colleagues within SWYPFT to score and respond back. Internally it went to Peoples services; Freedom to Speak up Guardians, Corporate Governance; staff side and our Staff Networks. Externally it was sent through to EDI and Peoples Services colleagues Bradford District Care Foundation Trust (BDCFT) and Leeds and York Partnership Foundation Trust and Sheffield Health and Social Care Trust as part of our Peer review.	

EDS Organisation Rating (overall rating): Developing
Organisation name(s): South West Yorkshire Partnership NHS Foundation Trust
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	**Year(s) active**
Dawn Lawson	2026 -27
EDS Sponsor	**Authorisation date**
Heather McKnight	February 2026

INPATIENT LEARNING DISABILITY SERVICE

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	➢ We will continue to foster a diverse workforce, ensuring a safe culture and staff retention.	We will work with our Staff Networks; Champions and Community Connectors to build our inclusive approach.	March 2027
	1B: Individual patients (service users) health needs are met	➢ We will ensure that the needs of any individuals protected characteristic are met whist using the service, sharing our knowledge and learning. ➢ Continue to foster our REACH Champions on the ward to monitor and strengthen the wards culture.	- Strengthen the ward's inclusive culture by ensuring that protected characteristics are consistently identified and supported through: * personalised care plans, * Reasonable Adjustment Digital Flags recording and actions	Ongoing

	1C: When patients (service users) use the service, they are free from harm	➢ We will look to embed the Culture of Care and Safe Wards in the service	• There are actions within the Acute Pathways and Inpatient Improvement Priority Programme that address this Objective such as a focus on Neurodiversity and our approach to Lived Experience on the wards.	Ongoing
	1D: Patients (service users) report positive experiences of the service	➢ We will recognise that the voice of our service user group can at times be difficult to capture, we will ensure that we continue to listen to significant others in people's lives to support the service development	• Implement the Trusts Involvement Guide aligned to the Ladder of involvement and Involvement approach	September 2026

CALDERDALE EARLY INTERVENTION IN PSYCHOSIS (EIP)

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	➢ We aim to increase and diversify our workforce through active recruitment	- Introduce targeted recruitment and retention initiatives—such as outreach through staff networks, diverse interview panels, and career-development pathways - Work with the EDI team on their Community Connector Programme to provide inclusive opportunities and feedback	March 2027

	1B: Individual patients (service users) health needs are met	➢ We will continue to involve people who use our services and listen to feedback so we can improve our services ➢ Ensure peoples Protected characteristics are being better documented	- We will work with our P&BI colleagues to further tailor our data collection to provide data intelligence specific to Equality - Implement the Reasonable Adjustment Digital Flag within our SystmOne Unit	September 2026
	1C: When patients (service users) use the service, they are free from harm	➢ Continue to deliver EIP interventions to First episode and those identified as being at risk of developing psychosis	• Ongoing service expectation and commissioning responsibility	Ongoing
	1D: Patients (service users) report positive experiences of the service	➢ Increase feedback from collected from service users – family and friends tests ➢ Emphasis on a learning culture as part of PSIRF	• Undertake an involvement activity to understand barriers to use of FFT • Implement PSIRF learning reviews within the service	March 2027

BARNSLEY EPILEPSY SERVICE

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	➢ Increase knowledge on Learning disability and neurodevelopmental populations to support better access to services. ➢ Improve transition to adult services with transition tool with improved nurse to adult nurse clinics. ➢ Improve communication with partner organisations.	- Work with PB&I colleagues to develop an understanding of data - Work with EDI team colleagues to support our involvement approach - Create a Transition tool and develop the pathway in	September 2027

			collaboration with colleagues and service users - Create a structured MDT for partner service and SWYPFT to increase opportunities for communication and impact	
	1B: Individual patients (service users) health needs are met	➢ Capture and recording of equality monitoring questions through Friends and Family tests to better measure outcomes and experience.	- Review with FFT service how to undertake this	September 2027
	1C: When patients (service users) use the service, they are free from harm	➢ Improve knowledge and skills in relation to epilepsy by way of Paediatric Epilepsy Training (PET) 1, 2, 3 and where needed 4 courses from British Paediatric Network Association (BPNA) for specialists in epilepsy.	- Register on Learning Needs Analysis for the team - Undertake training	March 2026 March 2027
	1D: Patients (service users) report positive experiences of the service	➢ Implement regionally agreed mental health questionnaire to better understand and signpost to appropriate services.	- Implement regionally agreed mental health questionnaire	June 2026

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Monitor access by protective characteristics	Create and set up new ways to monitor the access of OH and H&W offers by staff by protective characteristic.	Q1 2026
		Analysis of sickness data	Using staff sickness data to gather insight which could inform OH provision and marketing of offers with the aim to prevent staff sickness and support early intervention.	Aim to make this routine practice
		Ensure reasonable adjustments are effectively implemented by training leaders to proactively support staff with health conditions. (EDI action plan 25-26)	This will be done by offering a series of drop-in workshops with occupational health and people relations services to help with this education piece	Training design and pilot delivery Q1 2026 Aim for full sign off and roll out for Q2 2026

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Analytics of B&H cases by service line and protective characteristic (EDI action plan 25-26)	Develop a monitoring structure of B&H cases by protective characterises and service line. This insight will help form appropriate support to address any trends.	Q1 2026
		Active Bystander Principles	Roll out Active Bystander Principals across the trust via OMG stakeholder group to ensure staff are able to adopt principals in line with living our values and Trust behaviours.	Q2 2026
		Design anti-bullying and discrimination training for our leaders. This will be part of manager orientation and ongoing manager recurrent training programmes. (EDI action plan 25-26)	Commence training design by January 2026. Pilot training March 2026. Full sign off and rollout Apil 2026.	Training design and pilot delivery Q1 2026 Aim for full sign off and roll out for Q2 2026

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Map out independent support within the Trust	Co-create and co-design a clear diagnostic flow chart to illustrate and define access to the right independent support when needed based on the support required. (interdependencies between FTSUP, staff networks, EG and PD)	Q1 2026

	2D: Staff recommend the organisation as a place to work and receive treatment	NHS staff survey results analytics by protective characteristics	A deep dive into the results of this question, *Staff recommend the organisation as a place to work and receive treatment,* in the NHS staff survey by protective characterises.	Q1 2026
		Men's Mental Health Wellbeing internet page resource building	Connect with Wider Trust to pull on resource available for men's health which includes physical health conditions.	Through 2026
		Mens Health – Strategic vision for England – Department of Health & Social Care.	Insights will be gathering from England first ever Men's Health Strategy to see how we can adopt its vison and objectives to support men in work with both mental and physical health conditions.	Q4 2025
		Men's health drop-in sessions.	Co-design and co-create session focusing on men's health to be delivered for each staff network within the trust. Insights gathered from these sessions will be used to support men's health in the workplace and address any barriers to access.	Session design completion by Q4 2025. Delivery throughout 2026.

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Embed staff network executive director sponsors	Continue to assign an executive director sponsor to each staff network and gain a better understanding of the role of the executive sponsor	November 2027
		Appraisals	Executive and Non-Executive Directors appraisals to include responsibilities for EDI and health inequalities.	November 2027
		Understanding of Trust EDI metrics	Review, monitor and discuss EDI metrics as presented in the Trust integrated performance report	November 2027
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Embed equality and health inequalities in everything we do	Consider the addition of health inequalities/EDI sections to Trust Board and Committee front sheets	November 2027
			Consider adding a summary item to Committee agenda where they consider the impact of any papers received during the meeting on EDI/Health inequalities	November 2027
			Receive, review and discuss annual EDI annual report including progress against EDI strategic objectives	November 2027

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Monitoring of EDI/health inequalities performance	Review and discuss outcomes of the NHS staff survey. Review, discuss and comment upon organisational and strategic risks that relate to EDI and health inequalities. Review, discuss, and comment upon Board and Committee reports: WRES/WDES EDS2 EDI annual report EDI Strategy progress report	November 2027 November 2027

Patient Equality Team
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