

# Public Sector Equality Duty (PSED) Report 2023/2024

Publication for Information



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## Foreword

In 2024 we launched our [Great Together Strategy](#) 2023-2028, which was widely coproduced with over 2000 services users, carers, staff and partners. Within Great Together we have made a clear and unwavering commitment to advance equity and tackle inequalities for people who use our services, their carers, and our staff. Ensuring equality and promoting diversity are fundamental principles that shape our approach to delivering exceptional mental health and learning disability services. The Public Sector Equality Duty (PSED) report, provides a comprehensive account of how we have met the legal obligations, enshrined within the Equality Act 2010, and moved towards delivering on our strategic commitments.

During 2023/24 we have moved forward in our continuing work to eliminate discrimination, and proactively tackle discriminatory practices, to ensure that every individual has equitable access to care and support and is treated with dignity and respect, regardless of their background, ethnicity, gender, sexual orientation, disability, or any other characteristic. Eliminating ethnic inequalities in mental health has been driven forward by the implementation of the Patient and Carer Race Equality Framework (PCREF), which was introduced to support NHS Trust in eradicating longstanding disparities in mental health service provision for ethnic communities. The Trust has responded by working in partnership with community organisations and people with lived experience to develop new approaches to service delivery, alongside training and practice development.

Our [Belonging and Inclusion Strategy](#) was launched in 2023, and made explicit commitments to advance equity of opportunity for our workforce and tackle discrimination, ensuring everyone has the opportunity for personal and professional growth. Our wide range of staff networks provide an important forum for staff from diverse communities to connect and provide a voice that informs and challenges the Trust. This has supported us to better understand the needs of our diverse workforce and actions we can take to provide a more inclusive workplace. In demonstrating our commitment to provide high quality care for our diverse population and an inclusive workplace, eliminating unlawful discrimination, the Trust has signed up to Unison's Anti-Racism Charter and the Sexual Safety Charter. These commitments underscore our dedication to fostering a safe, respectful environment where everyone feel a sense of belonging and inclusion.

I would like to extend my sincere appreciation to all who have contributed to the progress we have made in 2023/24, including our staff, partners and Experts by Experience, for their unwavering support on our journey towards a more inclusive and equitable future



**Sandra Brookes**  
Deputy Chief Executive and Chief Operating Officer

## 1. Introduction

This report serves the purpose of assuring compliance with the Public Sector Equality Duty (PSED) for the 2023/24 at Hertfordshire Partnership University NHS Foundation Trust (the Trust).

In accordance with legal obligations, the Trust is required to monitor, analyse, and annually publish data related to equality, diversity, and inclusion, aligning with its commitment to the Public Sector Equality Duty (2018). This commitment necessitates compliance by March each year. The data encompasses protected characteristics outlined in the Equality Act 2010, including Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy & Maternity, Race (Ethnicity), Religion & Belief, Sex, and Sexual Orientation.

Organisations subject to the general equality duty must, in their operational capacities, consider the imperative to:

- Eliminate unlawful discrimination, harassment, victimisation, and other conduct prohibited by the Act.
- Advance equality of opportunity between individuals with protected characteristics and those without.
- Foster good relations between individuals with protected characteristics and those without.

The Act specifies that advancing equality of opportunity entails giving due regard to the necessity to:

- Remove or minimise disadvantages faced by individuals due to their protected characteristics.
- Address the distinct needs of individuals with specific protected characteristics.
- Encourage the participation of individuals with specific protected characteristics in public life or activities where their participation is disproportionately low.

This report will exemplify HPFT's adherence and progress in fulfilling the obligations of the Public Sector Equality Duty (PSED) through:

- Reporting the Gender Pay Gap within the organisation.
- Complying with the General Equality Duty by presenting a breakdown of employee demographics.
- Outlining objectives to further the goals of the PSED.
- Implementing steps to meet the needs of disabled persons that differ from the needs of non-disabled persons, including considerations for disabilities.
- Having due regard to the need to foster good relations by tackling prejudice and promoting understanding.

The report will cover data from April 2022 to March 2023, encompassing staff, service users, and our experts by experience. Annually, this information is mandated to be published on our public website by March 31st.

## 2. The Equality Delivery System and our Equality Objectives

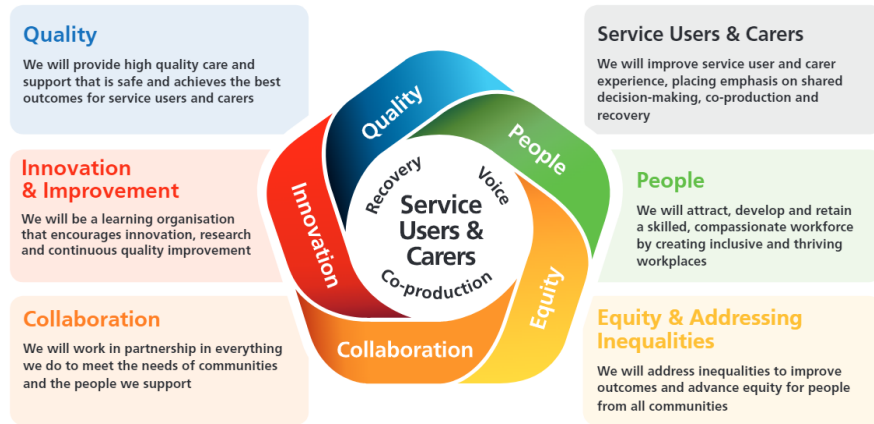
The Equality Delivery System (EDS) serves as a valuable tool for NHS organisations, facilitating improvement in services provided to local communities and fostering discrimination-free working environments within the NHS. Aligned with the requirements of the Equality Act 2010, the EDS aims to enhance both service provision and working conditions.

Mandated by the NHS Equality, Diversity, and Inclusion Council, the NHS Equality Delivery System (EDS) stands as an optional yet integral tool for NHS organisations. Its purpose is to support both existing and emerging NHS entities in fulfilling their General Public Sector Equality Duties, outlined in Section 149 of the Equality Act 2010, across the nine protected characteristics.

In adhering to these duties, the scope extends to two additional domains through established standards: the Workforce Race Equality Standard (WRES) addressing Race, and The Workforce Disability Equality Standard (WDES) focusing on Disability. This comprehensive approach underscores our unwavering commitment to promoting equality and inclusion within our organisation and throughout the broader healthcare landscape.

### 3. Our Great Together Strategy

Launched in July 2023, our 5-year strategy, Great Together, is a collaborative effort with input from service users, carers, staff, partners, and local communities. This strategy underscores our commitment to tackling inequalities, striving for equity in the services we provide to communities, and extending this commitment to our workforce.



Following the launch of Great Together, we have been proactively engaged in developing initiatives to improve access, experience of using services and outcomes for communities which includes ethnically diverse communities and LGBTQ communities. Our Belonging and Inclusion Strategy further amplifies our commitment to create an inclusive and thriving workplace which will enable the

Trust to attract, develop and retain a skilled and compassionate workforce.

The Great Together Strategy document can be accessed here: [Great Together 2023-2028](#).

### 4. Our Belonging and Inclusion Objectives and Priorities

NHS organisations have a statutory requirement to formulate and publish Equality Objectives in alignment with the Public Sector Equality Duty (PSED) every four years, as stipulated by the Equality Act 2010 (Specific Duties) Regulations 2011.

The Trust launched its Belonging and Inclusion Strategy in November 2023. The strategy is a commitment for the People priority in the overarching Trust Strategy (Great Together).



#### Inclusive Culture

We will embed our just and inclusive culture in compassionate and caring teams where everyone feels valued, respected and able to thrive

#### Diverse Workforce

We will build a diverse workforce representative of our service users and local communities, encouraging and recruiting candidates with different backgrounds

#### Eliminate Discrimination

We will eliminate discrimination, bullying and harassment at work through education, training, and targeted actions

The Belonging and Inclusion Strategy document can be accessed here: [Belonging and Inclusion 2023-2028](#)

The Belonging and Inclusion Strategy was co-developed following our EDS2 assessments in 2022. EDS2 is a national tool,

strategically designed for NHS organisations to engage in comprehensive evaluations and improvement of their performance for individuals with protected characteristics. This process is a collaborative effort with local stakeholders, including service users and staff, to meet the objectives of the Public Sector Equality Duty. EDS2 is imperative and must be employed in conjunction with other pertinent information to inform the Trust's equality objectives.

The EDS report and relevant documents can be accessed here: [EDS REPORTS](#)

## 5. Advancing Equity and Addressing Health Inequalities

HPFT has proactively undertaken initiatives to tackle health inequalities by fostering strategic partnerships with the voluntary sector. These collaborations have significantly contributed to a nuanced comprehension of unmet needs within key protected and inclusion groups, thereby addressing the three public sector equality duty aims: eliminating discrimination, advancing equality, and promoting good relations.

In collaboration with our voluntary sector partners, HPFT has embarked on various initiatives:

1. **Ethnically Diverse Communities Pilots:** We have initiated pilots in Watford and Stevenage targeting ethnically diverse communities. These pilots aim to ensure the accessibility of services to these communities by providing culturally tailored interventions, addressing wider determinants, building trust, and reducing stigma.
2. **Research on LGBTQ+ Mental Health:** Collaborative research with the voluntary sector has been conducted to enhance our understanding of mental health issues, barriers to access, and experiences of LGBTQ+ individuals in Hertfordshire.

3. **Active Involvement in Key Events:** HPFT has actively participated and been represented in key events such as Pride Month, Black History Month, Stephen Lawrence Remembrance, Asian Heritage Month, and others. This involvement underscores our commitment to inclusivity and diversity.
4. **Implementation of the Patient and Carer Race Equality Framework (PCREF):** The Trust has taken significant steps in implementing the Patient and Carer Race Equality Framework (PCREF), emphasising our dedication to promoting racial equality within patient and carer experiences.

Looking ahead to 2024, HPFT remains committed to advancing these efforts. Detailed information on our ongoing and upcoming initiatives is available in Section 10, providing comprehensive insights into the Trust's ongoing commitment to addressing health inequalities through collaborative partnerships with the voluntary sector.

## 6. The Workforce Race / Disability Equality Standards

Our progress around Race Equality and Disability Equality are documented in two distinct reports, produced on an annual basis, delineating our performance across various metrics.

The most recently published reports are available here: [WRES Report](#) and [WDES Report](#)

## 7. Gender Pay Gap Report

Gender Pay Gap reporting unveils the disparity in average earnings between all male and female employees within a workforce. A substantial gender pay gap may signify underlying issues, and a detailed examination of individual calculations can pinpoint these

challenges. It is crucial to emphasise that the Gender Pay Gap differs from Equal Pay.

Equal pay pertains to rectifying salary discrepancies between men and women engaged in similar roles, equivalent tasks, or work of commensurate value. Paying individuals disparately based on their gender is legally prohibited. We remain unwavering in our commitment to fostering a diverse workforce and ensuring equitable treatment and compensation for all employees, irrespective of gender.

For detailed insights, please refer to our latest Gender Pay Gap reports, accessible here: [Gender Pay Gap](#)

## 8. Reporting

This document covers the period from 1 April 2022 – 31 March 2023, herein referred to as the reporting period. The workforce data presented here has been sourced from various channels, including the Electronic Staff Record (ESR), OLM Learning and records, and the NHS Jobs system. The staff profile represents a snapshot captured on 31 March 2023.

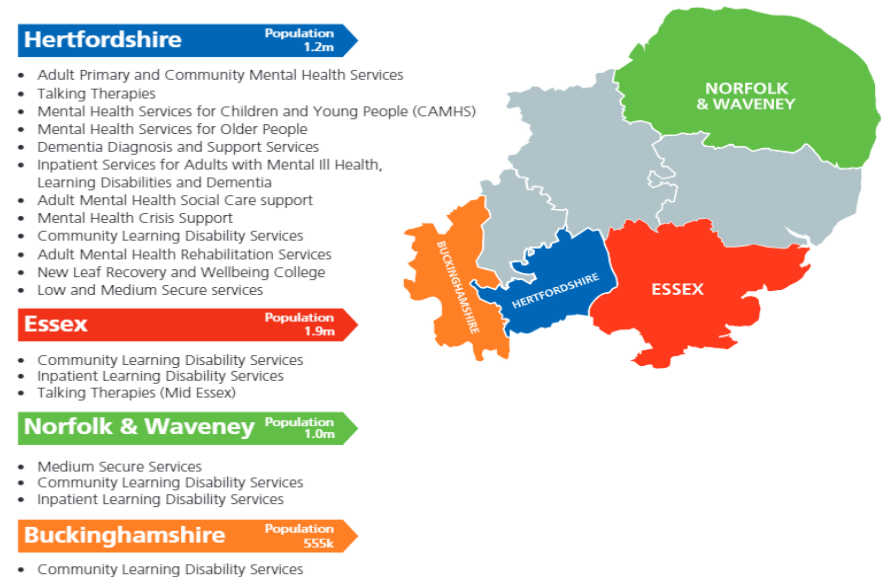
Inclusive of all pay bands and staff groups, ranging from Agenda for Change (AfC) bands 1-9, Director and Senior Manager pay scales, Trust pay scales, and Medical Staff pay scales, the data also encompasses bank staff. A small minority of staff falls outside these pay bands and is categorised under "other".

The involvement, experience, service users and carers data are taken from various data sources including Paris (EPR), Better Impact, Datix and IQVIA.

## 9. Local demographics

### i. Population across 4 counties

We are proud to provide mental health and learning disability services across Hertfordshire, Essex, Norfolk, and Buckinghamshire.



### ii. Gender

	HERTS	ESSEX	NORFOLK	BUCKS
MALE	48.8%	48.7%	49%	49.0%
FEMALE	51.2%	51.3%	51%	51.0%

**iii. Gender Identity**

	HERTS	ESSEX	NORFOLK	BUCKS
Trans Woman	0.1%	0.1%	0.1%	0.1%
Trans Man	0.1%	0.1%	0.1%	0.1%
Non-Binary	0.0%	0.0%	0.1%	0.0%
Others	0.0%	0.0%	0.0%	0.0%

**iv. Ethnic Groups**

	HERTS	ESSEX	NORFOLK	BUCKS
White	81.8%	90.4%	94.7%	79.9%
Asian	8.6%	3.7%	2.1%	12.4%
Black	3.7%	2.5%	0.9%	2.6%
Mixed	3.8%	2.4%	1.6%	3.5%
Others	2.1%	1.0%	0.7%	1.6%

**v. Religious Beliefs (Top 5)**

	HERTS	ESSEX	NORFOLK	BUCKS
Christian	46.5%	47.8%	47.0%	47.2%
No Religion	36.6%	41.6%	44.2%	34.2%
Muslim	4.0%	2.1%	0.9%	7.0%
Hindu	3.0%	1.1%	0.4%	2.7%
Jewish / Sikh	2.2% (J)	0.6% (J)	0.6% (S)	1.6% (S)

**vi. Sexual Orientation**

	HERTS	ESSEX	NORFOLK	BUCKS
Straight or Heterosexual	90.7%	91.3%	89.3%	90.7%
Gay or Lesbian	1.1%	1.1%	1.4%	1.0%
Bisexual	1.0%	0.9%	1.4%	0.9%
Asexual	0.1%	0.0%	0.1%	0.0%
Others	0.2%	0.2%	0.2%	0.2%

**vii. Age Profile**

	HERTS	ESSEX	NORFOLK	BUCKS
0-24	29.5%	27.9%	25.9%	28.8%
25-44	27.0%	24.9%	23.0%	20.6% (25-39)
45-64	26.5%	26.5%	26.6%	32.2% (40-64)
65+	17.2%	20.6%	24.4%	18.4%

**viii. Marital Status**

	HERTS	ESSEX	NORFOLK	BUCKS
Married	48.4%	46.9%	46.3%	52.3%
Not Married	35.3%	34.8%	33.6%	31.5%
Divorced	8.5%	9.7%	10.7%	8.4%
Widowed	5.7%	6.5%	7.2%	5.9%
Separated	2.1%	2.2%	2.2%	1.9%



## 10. Staff in Post

Within our current staff of 4,278 members, over 75% identify as female, 9.2% have declared a disability, more than 37% are from BAME backgrounds, and our staff identify with over 9 different religions. The majority, 79%, identify as heterosexual, and we observe a well-distributed representation across various age groups. Among our staff, a significant portion, 2,052, are married, while 1,562 are single.

For a comprehensive breakdown of our staff profile, please refer to [Appendix 1](#).

## 11. Promotions

Reporting on promotions poses challenges attributed to the intricacies of the data quality. The nuanced nature of promotions and their recording introduces a layer of complexity during data analysis. Several factors contribute to the limitations in reporting:

1. Not all changes in banding can be solely attributed to promotions.
2. Banding adjustments sometimes result from the reclassification of a staff group. For instance, we recently re-banded our lived experience workers from Band 3 to Band 4.
3. Certain staff members are currently awaiting their pins and will subsequently be moved to higher bands upon receiving their registration.

In the upcoming year, a primary focus for us will revolve around configuring our systems to enhance our ability to report on promotions, and this commitment will be reflected in our objectives.

## 12. Leavers

Among our current staff of 616 members who have left the Trust, 11% identify as female, 1.6% of those with declared disabilities have departed, and over 4.8% are from BAME backgrounds.

For a comprehensive breakdown of leavers, please refer to [Appendix 2](#).

## 13. Disciplinary

Presented here is a comprehensive overview of cases brought before the decision-making panel during the period spanning April 2022 to December 2023.

This section aims to provide a detailed update on the proceedings and outcomes associated with these cases.

The cases presented to the Panel are anonymised with no reference made to ethnicity. The cases presented are those where the manager is requesting a formal investigation.

Of the 94 cases presented to the Decision-Making Panel from April 2022 to December 2023, 75 cases resulted in formal action and 18 informal actions. There was one case with no further action required.

The breakdown in terms of outcomes by ethnicity is as follows:

Outcome	Number	BAME	White	Not stated
Local Management Action	18	8	8	2
Formal Investigation	69	37	31	1
Agreed Outcome	6	1	4	1
<b>Total</b>	<b>93</b>	<b>46</b>	<b>43</b>	<b>4</b>

Of the 37 people of BAME ethnicity who were investigated:

- 23 are within Healthcare Support Worker / Star Worker roles Band 2 – 3.
- 5 are within Practitioner or Administrative roles Band 4.
- The remaining 9 are in more senior roles such as nursing, senior administration, management roles Band 8a and above.

Of the 31 people of White ethnicity investigated, the breakdown in terms of roles is:

- 17 are within Healthcare Support Worker / Admin roles Band 3.
- 2 are Support Worker or Administrator roles Band 4.
- The remaining 12 are in more senior roles such as nursing, senior administration, management roles Band 8a and above.

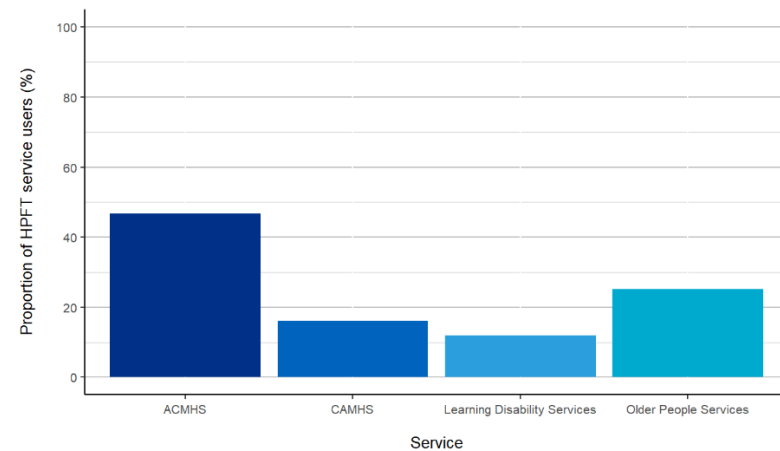
Overall, the numbers presented to Panel and the outcomes are comparable in terms of the ethnicity of those involved. However, it is significant that such a high number of cases involve Healthcare Support Worker roles, particularly within the BAME community.

## 14. Service User Profile

A total of 36,840 were known to the service between 2022-04-01 and 2023-03-31. In that period, 20,630 individuals were received into the trust as new referrals. The service with the most known individuals was ACMHS with 46.74% of users.

### HPFT Service Users

All unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Service	Unique Individuals	Proportion of Users
ACMHS	17,450	46.74%
CAMHS	6,025	16.14%
Learning Disability Services	4,450	11.92%
Older People Services	9,410	25.2%
Total	37,335	

A predominant portion of our service user demographic falls within the 0-24 age bracket, constituting nearly 32% of the unique individuals associated with HPFT services during the reporting period.

Among these service users, those identified as White British/White Irish make up 66%, while individuals of Black and Asian descent account for 5%. It's essential to note that the data quality for ethnicity stands at 76.5%, indicating that these figures may not entirely represent the complete ethnicity profile of service users.

In terms of gender distribution, approximately 58% of service users identify as female, 41.5% as male, and 0.45% as Trans and Non-Binary.

The data quality for sexual orientation is 55.4%, resulting in varying confidence intervals for the service user profile by sexual orientation at different service levels. Notably, heterosexual identification is predominant, exceeding 50%.

The data quality for marital status and religion displays variability, emphasising the need for cautious interpretation of the figures in these categories.

For a comprehensive breakdown of the service user profile based on specific services, please refer to [Appendix 3](#).

## 15. Accessible Information Standards & Interpretation Service

### i. Accessible Information Standard

The Accessible Information Standard (AIS) applies to service users and carers who have information/communication needs because of a disability, impairment, or sensory loss. It covers the needs of people who are deaf/Deaf, blind, or deafblind, or who have a learning disability. It includes interpretation/translation for people whose first language is British Sign Language (BSL); and can be used to support people who have aphasia, autism or a mental health condition which affects their ability to communicate.

It does not cover interpretation/translation for other languages or website accessibility.

The 5 steps of AIS are:

1. Identify (How do we assess need? How do we plan how to meet those needs?)

2. Record (How do we record need? What systems are in place as part of the assessment and care planning process?)
3. Flag (How do we flag needs in people's records?)
4. Share (How do we share information about people's information or communication needs as required (and consent is given)?)
5. Meet (How do we ensure we meet people's needs?)

### Accessible Information Standard at HPFT

#### **Identify**

Our staff have received training on AIS, its importance and how to meet it. We are now moving forward with the review and development of reports to monitor compliance.

#### **Record and Flag**

We have made adaptations to our patient record systems to facilitate the recording of disabilities and other reasonable adjustments, which encompass accessible communication needs. Now, when staff access patient records before contact, they receive prompts to ensure these adjustments are appropriately considered.

#### **Share**

We have implemented Shared Care Records, so that relevant consented information is shared between providers.

#### **Meet**

We meet the information/communication needs of service users and carers in several ways, including:

- a. Provision of interpretation and translation services, including:
  - Face to face and telephone interpreting services.

- British Sign Language interpreters and other modes of communication for deaf people such as Speech-to-Text Reporting and Lip speaking.
- Sight translation when requested during an oral face to face interpreting, provided the written material is brief, legible, and straightforward.
- Proof reading and verification process of all written translations and to format the text as requested; and
- Translation of text documents or information leaflets.

At present we are also evaluating the feasibility of acquiring an advanced digital solution to bolster our information sharing and communication capabilities. This platform is set to elevate engagement during both virtual and face-to-face appointments, and it additionally offers features to facilitate virtual British Sign Language (BSL) interpretation.

- Alternative contact solutions, which encompass video consultations, text messages, letters, and emails. Our systems have been optimised to enable patients to choose their preferred method of contact.
- Introduction of the Shared Care Record has meant that patients are able to access their own records and make amendments to their accessible communication needs, in person or via NHS Health Access/Online portal.

## ii. Translation & interpreting service

HPFT's translation & interpreting service is provided by HITS (Herts Interpreting and Translation Service). This includes face-to-face and telephone interpreting services; dedicated British Sign Language interpreters and other modes of communication for deaf/Deaf people such as

STTR and Lip speaking; translation of text documents and information leaflets.

Refer to [appendix 4](#) for more detail.

## 16. Involvement and Experience (Equality Monitoring)

### i. Involvement Approach

Co-production with service-users and carers sits at the heart of HPFT's 5-year strategy, *Great Together*. Building on strong foundations our involvement approach is evolving to ensure that the Trust and service-users and carers work in partnership from the early stages of designing projects right through to implementation and evaluation.

We are co-developing an improved process for the recruitment of service-users and carers with recent lived experience to join our growing number of registered Experts by Experience who offer us their expertise to improve our services; in return we offer training, fair remuneration and support.

Our involvement approach recognises that bringing together different forms of lived or learnt experience both personal and professional leads to better outcomes and mutual benefit. We also understand that historically certain groups and communities have been excluded or underrepresented both within our services and within our registered Experts by Experience and consequently have had less opportunity to contribute, influence and design the work of the Trust. We are actively developing our partnership working with key community groups to understand the barriers to involvement and to enhance the recruitment of a more diverse group of Experts by Experience.

We have active Service-Users and Carers Councils providing an overarching governance structure. As coproduction and involvement become the default setting within services there is a

growing number of more specialist Experts by Experience councils for example within the Primary Care Mental Health Service and the Young Peoples Council.

Some examples of involvement work:

- Programme of environmental audits of wards and Trust premises
- Community Transformation Programme (with a number of sub-groups)
- Development and roll out of clinical pathways such as the Depression Pathway

We have trained 3 cohorts of service-users and carers in continuous quality improvement methodology, and all are now involved in several improvement projects some of which have been initiated and are co-led by our Experts by Experience:

- New Experts by Experience Payments System
- Improvement of physical health assessment in CRISIS Teams
- QuITT project on inpatient wards
- RESPECT training evaluation

## **ii. Experts by Experience Profile**

Within our current registry of Experts by Experience, a detailed breakdown reveals that 70% are service users, 14% are carers, and 16% fall into the unknown category, encompassing volunteers, service users, and carers. The gender distribution among these experts shows that 66% identify as female, while 30% identify as male. Efforts are underway to enhance data quality for age, considering that 54% of experts by experience currently lack recorded age information in our system.

In terms of ethnic background, 89% of our experts by experience identify as White, while 8% come from Black and Asian

backgrounds. Christianity stands out as the predominant religion among our experts; however, there is a well-distributed representation across various other religions. Notably, 66% of our experts by experience have declared a disability.

For a comprehensive breakdown our Experts by Experience profile, please refer to [Appendix 5](#).

## **iii. Formal Complaints**

The Trust received 524 formal complaints in 22/23, and 26 of these complainants completed equality monitoring information (5%). The following charts display equality monitoring information for these individuals.

For a comprehensive breakdown our equality monitoring information, please refer to [Appendix 6](#).

## **iv. Having your Say**

The Trust captures regular patient experience information via its 'Having your Say' survey programme. Data is captured separately for community services, acute community services, inpatient services, and carers.

For 22/23 total responses received for each of these were:

- HYS Acute Community: 501
- HYS Carer: 131
- HYS Inpatient: 495
- HYS Community: 318

For a comprehensive breakdown our equality monitoring for these respondents, please refer to [Appendix 7](#).

## 17. PSED Objectives for 2024

HPFT's equality objectives for 2024 will constitute the benchmarks against which our performance will undergo measurement and subsequent reporting.

In the year 2024, our priorities will centre around:

1. **Development of equality objectives** for Executive leads to encourage shared responsibility and accountability.
2. A key element of the Belonging and Inclusion Strategy involves the **retention of staff across all demographic groups**, reflecting a commitment to cultivating an environment where all individuals feel a sense of belonging.
3. Intensify efforts to **strengthen diversity with the Trust's pool of Experts by Experience**. This involves actively seeking individuals with diverse experiences, skills, and insights to create a more inclusive and comprehensive pool of experts by experience.
4. Enhance the **reporting mechanisms for promotions and disciplinary actions** to provide a more detailed breakdown of how various groups are represented in these aspects. This improvement aims to establish a transparent and comprehensive system that scrutinises the data to identify any disparities or inequities. By refining these mechanisms, we can gain a nuanced understanding of the promotion and disciplinary processes and foster a more inclusive and equitable environment for all staff.
5. **Enhance the quality of data** for service users and carers by refining data collection processes, ensuring accuracy,

completeness, and relevance. The aim is to have a robust and reliable data that facilitates informed decision-making, promotes accountability, and supports the delivery of personalised and effective services to service users and carers.

6. **Implement reporting mechanism for volunteering** to improve data collection and enable robust reporting on demographic information by the next PSED reporting cycle.

These priorities emphasise HPFT's dedication to fostering an inclusive and equitable environment, characterised by data-informed decision-making and ongoing improvements in various facets of organisational practice.

We have incorporated specific metrics on the following page to support the achievement of these priorities. The next PSED report will provide updates on the progress made in relation to these objectives.

## 2024 Objectives

#	Objective	Action	Lead (s)	Date
1	Development of Specific and Measurable Equality Objectives for Executive Leads	Formulate and agree distinct and quantifiable equality objectives for Executive Leads, who will be held individually and collectively accountable for their realisation.	Sandra Brookes / Kate Linhart /	Jul 2024
2	Support for Staff Networks by Executive Leads	Executive Leads to provide ongoing support to Staff Networks, serving as sponsors to guide these groups.  Executive Leads to champion inclusion within the workforce, reinforcing the commitment to fostering a diverse and inclusive organisational culture.  <b>The number of staff in the networks will be reported by demographics in the next reporting cycle.</b>	Executive Leads  Executive Leads  <b>Jo Humphries / Louise Thomas</b>	Ongoing  Ongoing  <b>Dec 2024</b>
3	Staff Retention Across Demographic Groups	Reduce the number of leavers across all demographic groups.  <b>Figures in this report will be used to measure improvement in the next reporting cycle.</b>	Jo Humphries / Louise Thomas	Jul 2024
4	Strengthen diversity with the Trust's Experts by Experience Pool	Expand the pool of Experts by Experience across all demographics.  <b>Figures in this report will be used to measure improvement in the next reporting cycle.</b>	Sandra Brookes / Kate Linhart	Jul 2024
5	Optimise reporting systems for promotions and disciplinary	Improve systems to report promotions and disciplinary data by demographics by the next reporting cycle.  <b>Figures in this report will be used to measure improvement in the next reporting cycle.</b>	Jo Humphries / Louise Thomas	Jul 2024
6	Volunteer recording system reconfiguration	Reconfigure systems to improve recording and identification of volunteers.  <b>The number of volunteers will be reported by demographics in the next reporting cycle.</b>	Sandra Brookes / Kate Linhart /	Jul 2024
7	Improve Data Quality for service user and carer data	Improve ethnicity data recording for service users. Data quality currently at 76.5%.  <b>For the PSED report, target for 2024 is set at 85%.</b>  Improve identification of carers.  <b>The carer data by demographics will be reported in the next reporting cycle.</b>	Phil Cave / Hakan Akozek	Aug 2024

## 18. Conclusion

The improvement in declaration rates across various protected groups is a promising development, serving as an encouraging signal within our organisational landscape. This positive trajectory suggests an evolving workplace culture where our valued staff members increasingly feel empowered to express their identities openly. This shift is a testament to the concerted efforts dedicated to Equality, Diversity, and Inclusion and Staff Engagement during the reporting period, underscoring a workplace ethos that not only appreciates diversity but actively cultivates an atmosphere of openness and inclusivity.

Our organisational data reveals a commendable alignment between the composition of our workforce and the diverse communities we diligently serve. This alignment reaffirms our unwavering commitment to representation, emphasising the imperative of mirroring the broader community within our staff. However, this data also prompts a sober acknowledgment of the challenges inherent in our journey. While our dedicated team has proactively addressed these challenges during the reporting period, the data underscores the persistent nature of our commitment, aligning with the multifaceted efforts encapsulated in Sections 10-16 of our PSED report.

As we transition into the new financial year, FY 2024-25, our organisational focus intensifies on leveraging and advancing the foundational improvements we have implemented to strengthen Equality and Inclusion within our workforce. The proactive initiatives and strategic measures already in progress serve as a robust framework upon which we will continue to build an inclusive and equitable workplace. This commitment extends beyond sustaining the positive momentum evident in declaration rates; it involves a nuanced exploration of the data to uncover deeper insights.

Our path forward involves a comprehensive approach that spans every facet of our organisation. From supporting underrepresented groups to access our services, enabling our workforce to thrive to refining data-driven decision-making processes, we are steadfast in our commitment to an ongoing journey of improvement. Our dedication to equality and inclusion transcends mere compliance, representing a dynamic commitment to continually enhance the fabric of our organisation.

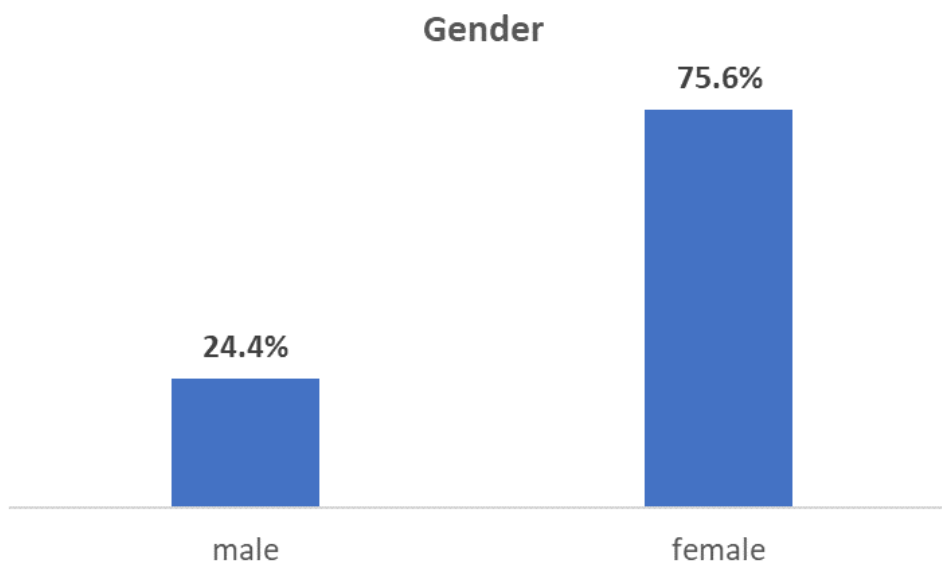
The upcoming year marks a continuation of our collective endeavours, providing an opportunity to capitalise on the progress achieved and address the intricacies unveiled by our data. It reaffirms our unwavering commitment to cultivating a workplace that not only mirrors the diversity of the communities we serve but actively champions a culture of inclusivity, openness, and respect for every individual within our workforce. Through collaborative efforts and an unwavering focus on our objectives, we aspire to foster an organisational ethos that stands as a beacon of progress and inspiration within the broader health landscape.



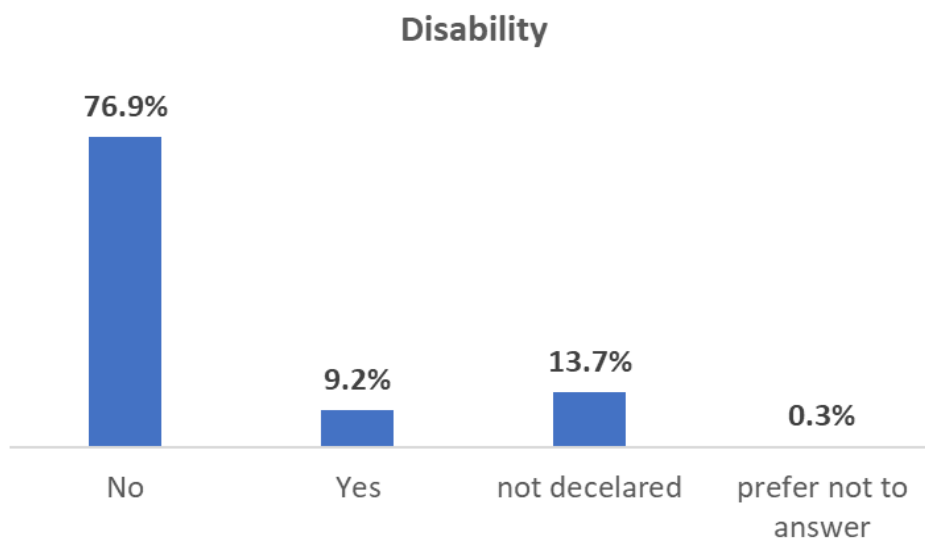
# Appendices



## Appendix 1 – Staff Profile

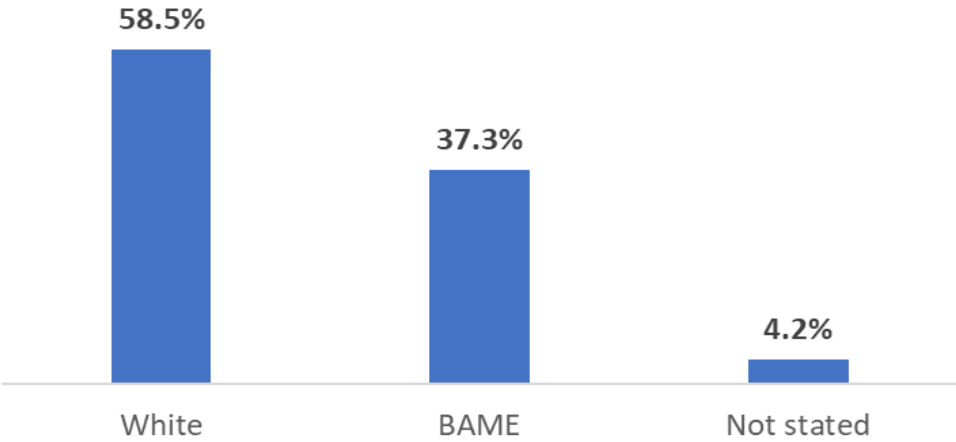


A total of 3,235 staff members, constituting 75% of our workforce, identify as female.



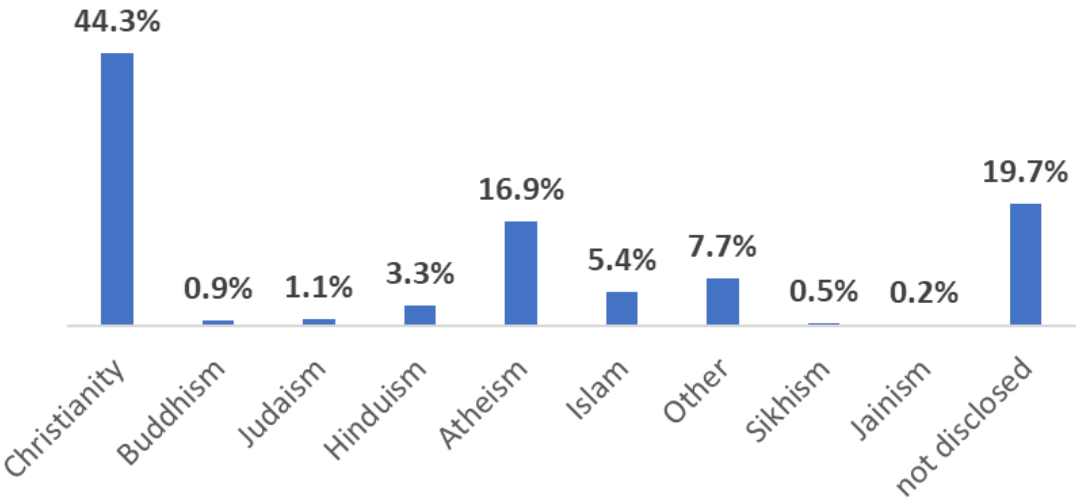
393 staff members declared a disability, while 584 did not provide a declaration, and 13 chose the option of preferring not to say.

### Leavers - Ethnicity



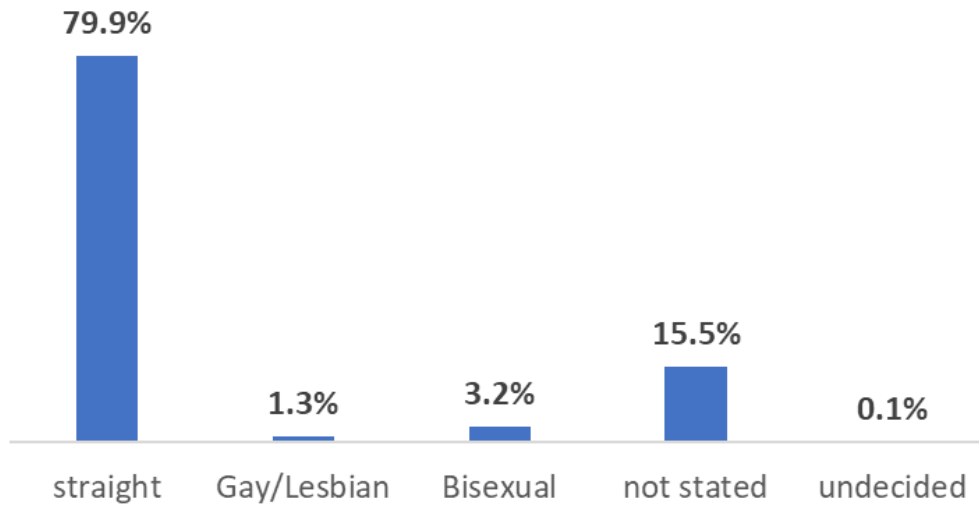
A total of 1,595 staff members, constituting 37% of our workforce, identify as BAME.

### Religion



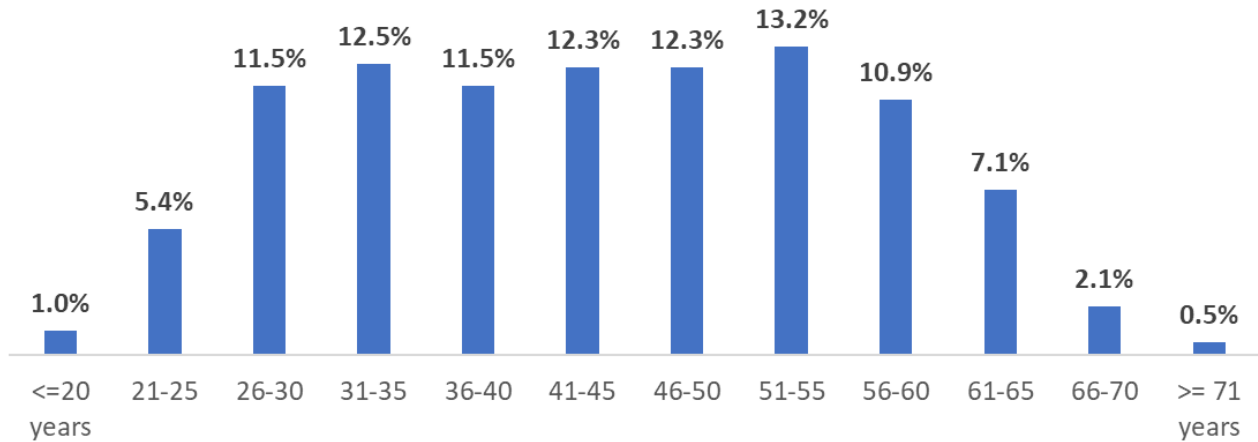
Christianity stands as the predominant religion within our workforce, with a total of 1,895 staff members identifying with this faith. Atheism follows as the second most prevalent, with 724 staff members, and Islam is the third, represented by 232 staff members.

## Sexual Orientation



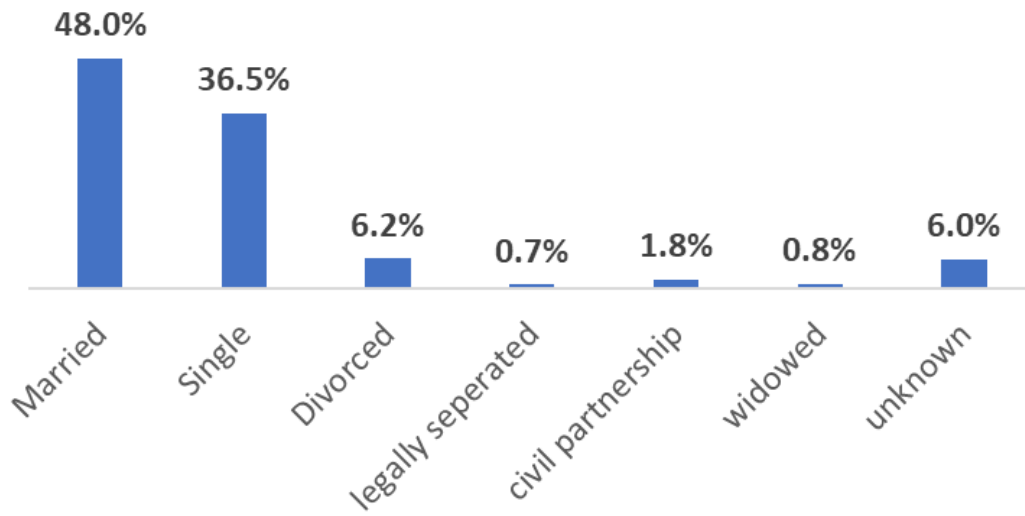
A notable portion of our workforce, totalling 662 individuals, did not disclose their sexual orientation. Conversely, 190 of our staff identify with the LGBTQ+ community.

## Age Groups



The largest percentage of staff falls within the 51-55 age group, comprising a total of 565 individuals. In contrast, only 23 members of the staff are 71 years and older.

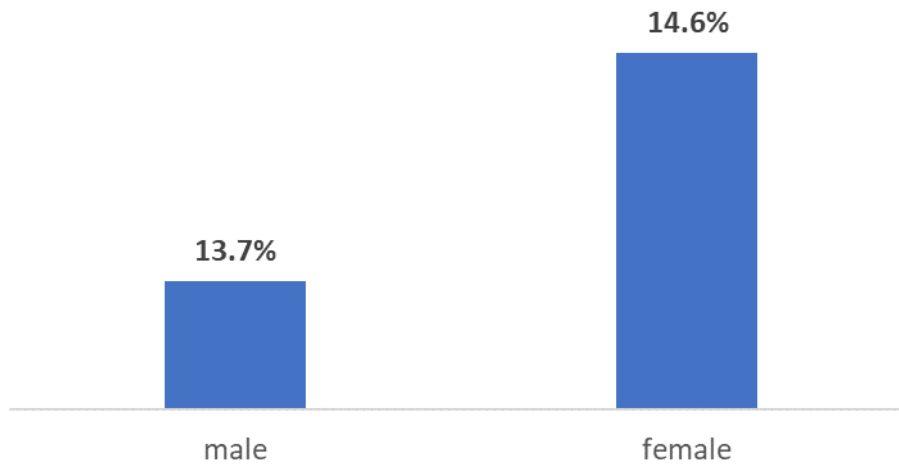
### Marital Status



A considerable portion of our staff is either married or single, with a total of 2,052 and 1,562 individuals, respectively.

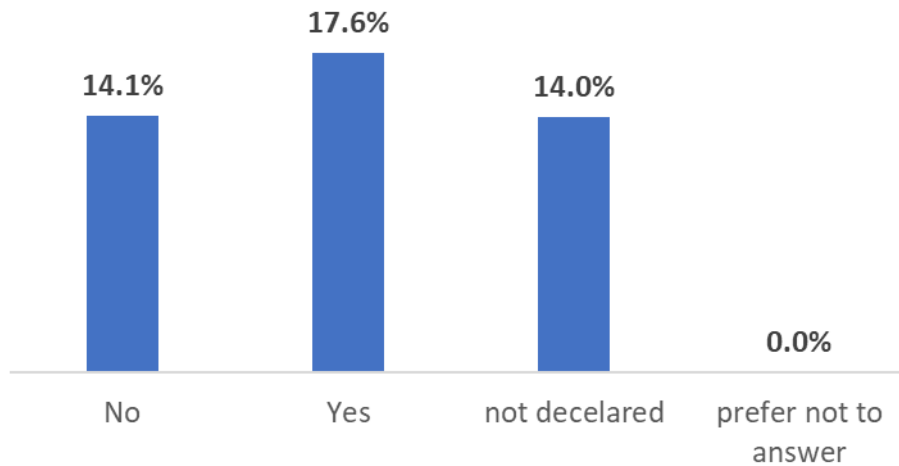
## Appendix 2 – Leavers Profile (Staff)

### Leavers - Gender



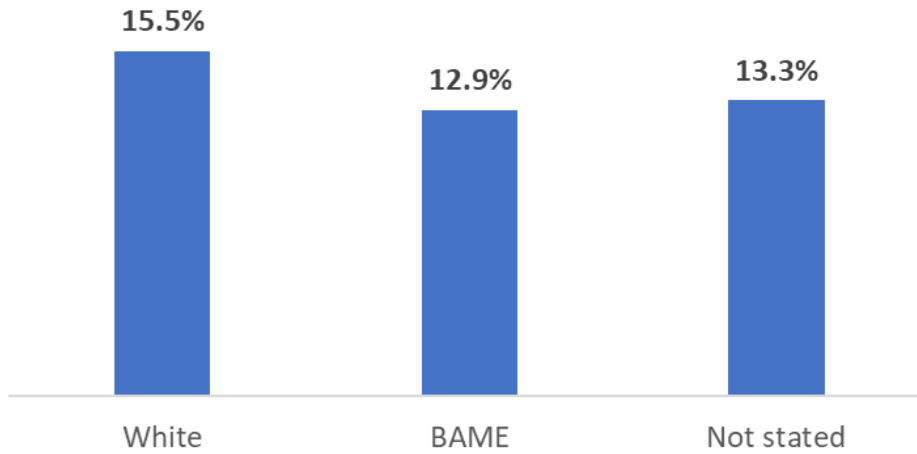
A departure of 13.7% of the male-identified staff in their current positions represents 3.3% of our total workforce. Additionally, 14.6% of female-identified staff in their current positions have left the Trust, constituting a total of 11.1% of our workforce.

### Leavers - Disability



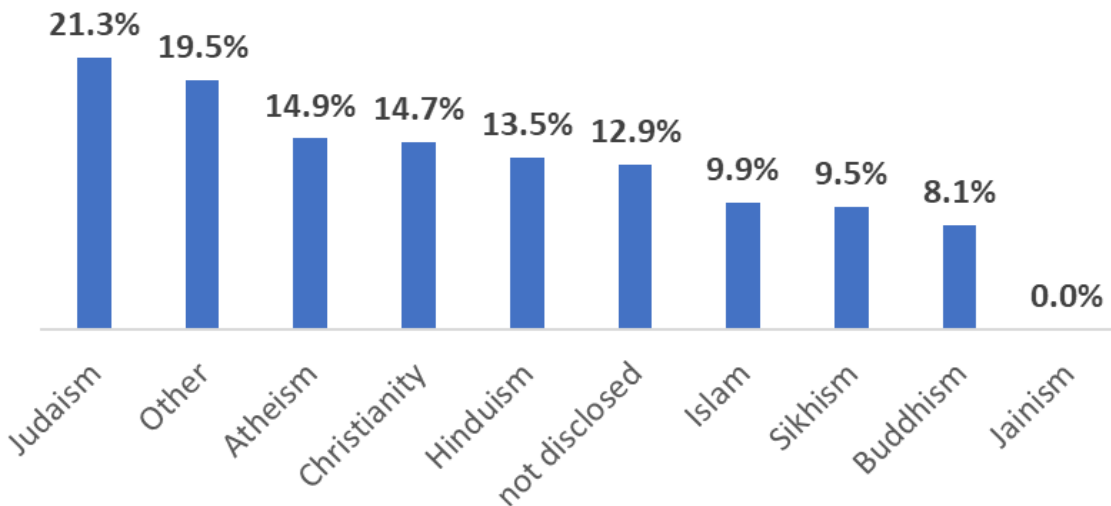
A departure of 17.6% of the staff in current positions with declared disabilities accounts for 1.6% of our total workforce. Additionally, 14% of the staff in current positions who have not declared any disability have left the Trust, constituting a total of 1.9% of our workforce.

### Leavers - Ethnicity



A departure of 15.5% of the staff in their current positions who identified as White represents 9% of our overall workforce. Additionally, 12.9% of the staff in their current positions who identified as BAME have left the Trust, constituting a total of 4.8% of our workforce.

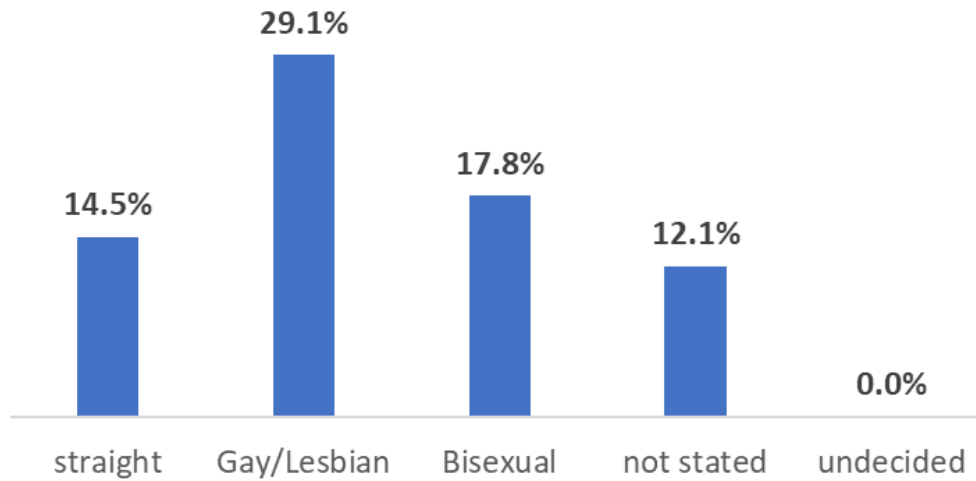
### Leavers - Religion



Although 21.3% of the staff currently in their positions practicing Judaism have left the Trust, it is vital to highlight that this represents only 10 individuals out of the 47 who identify with the religion, constituting 0.2% of our overall workforce. It is likely that some of the 19.7% of staff who have not disclosed their religion may also be practicing Judaism.

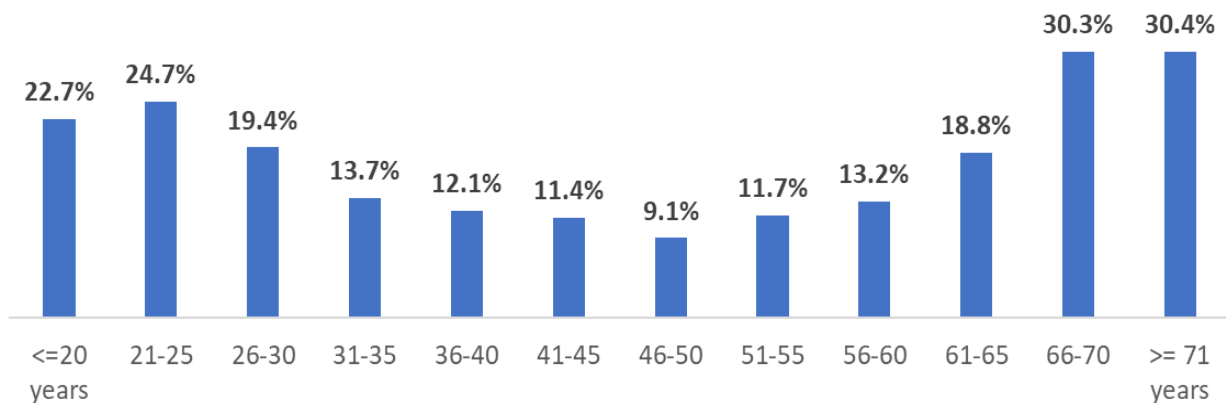
Christianity and Atheism comprise the highest number of staff who have left the Trust, with 278 individuals (6.5% of our total workforce) and 108 individuals (2.5% of our overall workforce), respectively.

### Leavers - Sexual Orientation



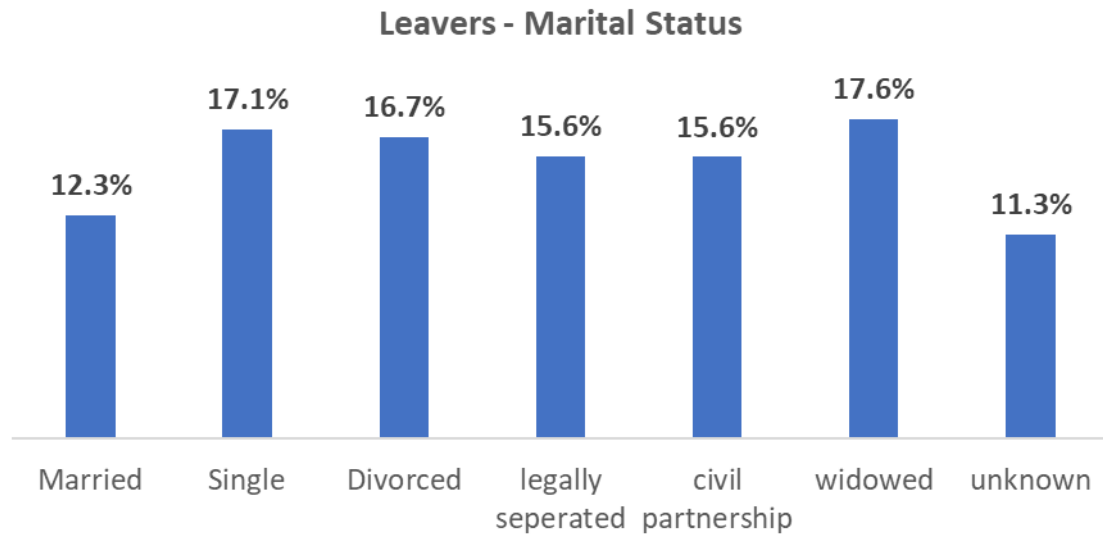
The highest number of staff departing from the Trust in terms of sexual orientation identified as Heterosexual, totalling 495 individuals, which accounts for 11.6% of our overall workforce. The percentage regarding the departure of LGBTQ+ staff is calculated based on the number of known LGBTQ+ staff in their current positions. Additionally, 15.4% of our workforce has not disclosed their sexual orientation.

### Leavers - Age



The highest number of staff who have departed from the Trust falls within the age range of 26-30, totalling 96 individuals, representing 2.2% of our overall workforce. Conversely, the smallest number of staff leaving the Trust are aged 71 and over, comprising only 7 individuals.



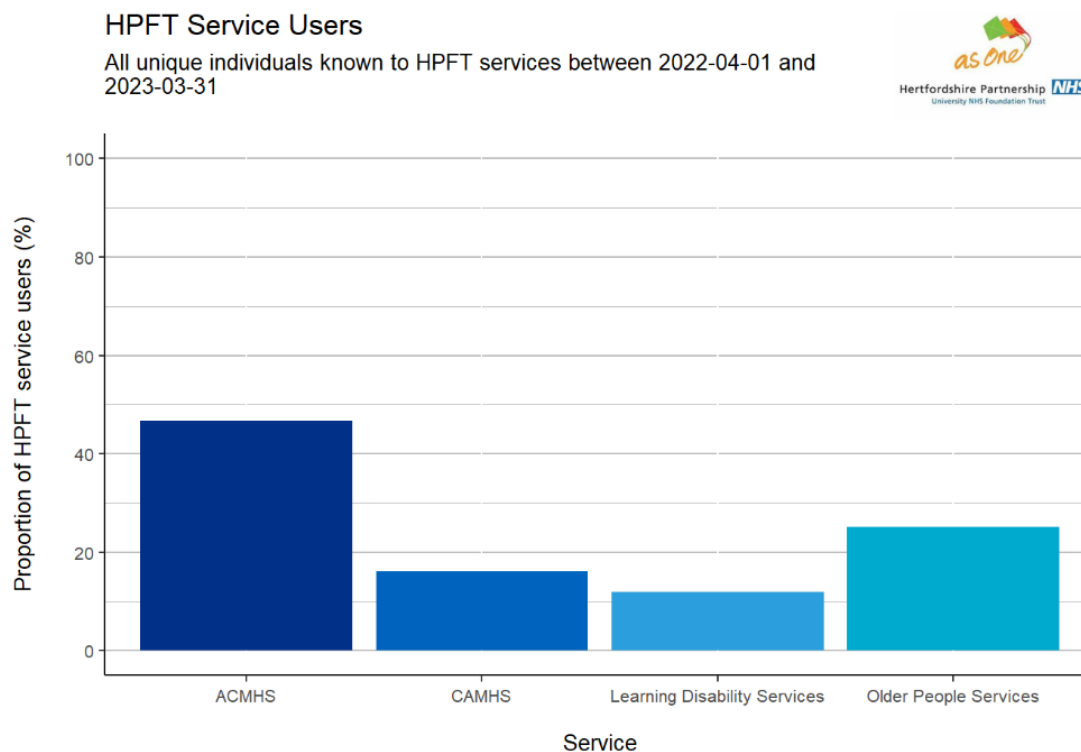


The highest number of staff who have departed from the Trust identified as single, totalling 267 individuals, accounting for 6.2% of our overall workforce. The second-largest group comprises staff who identified as married, with 253 individuals, representing 5.9% of our overall workforce. The smallest number of departures was observed among staff who identified as legally separated, consisting of 5 individuals.

## Appendix 3 – Service User Profile

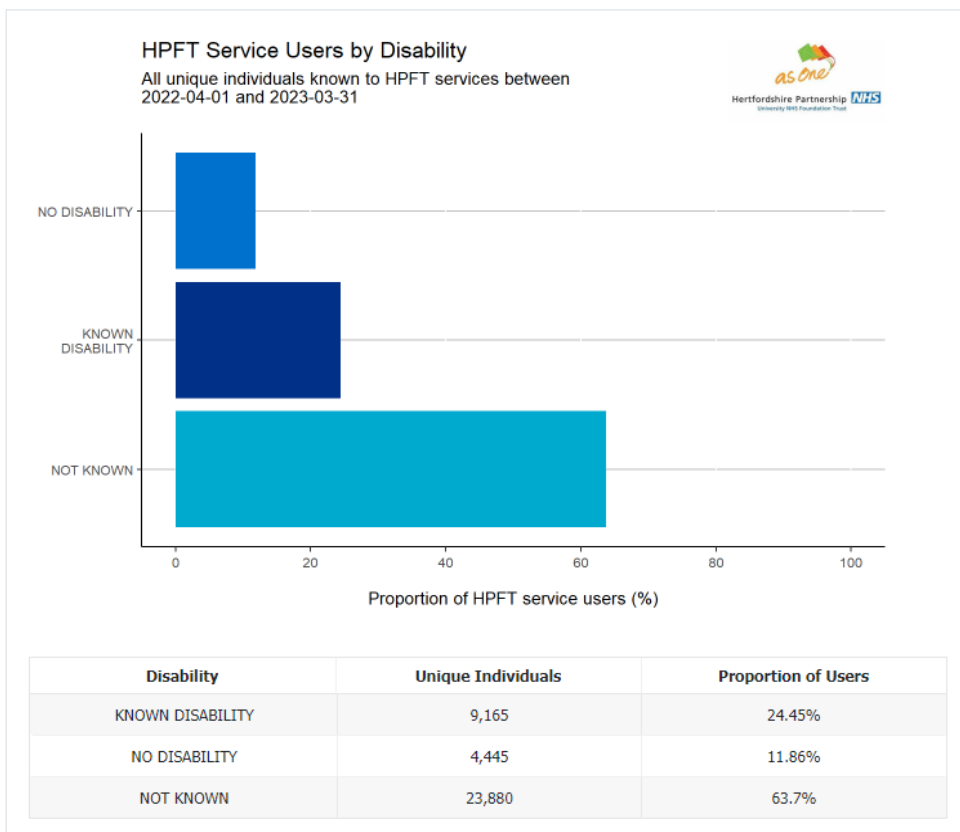
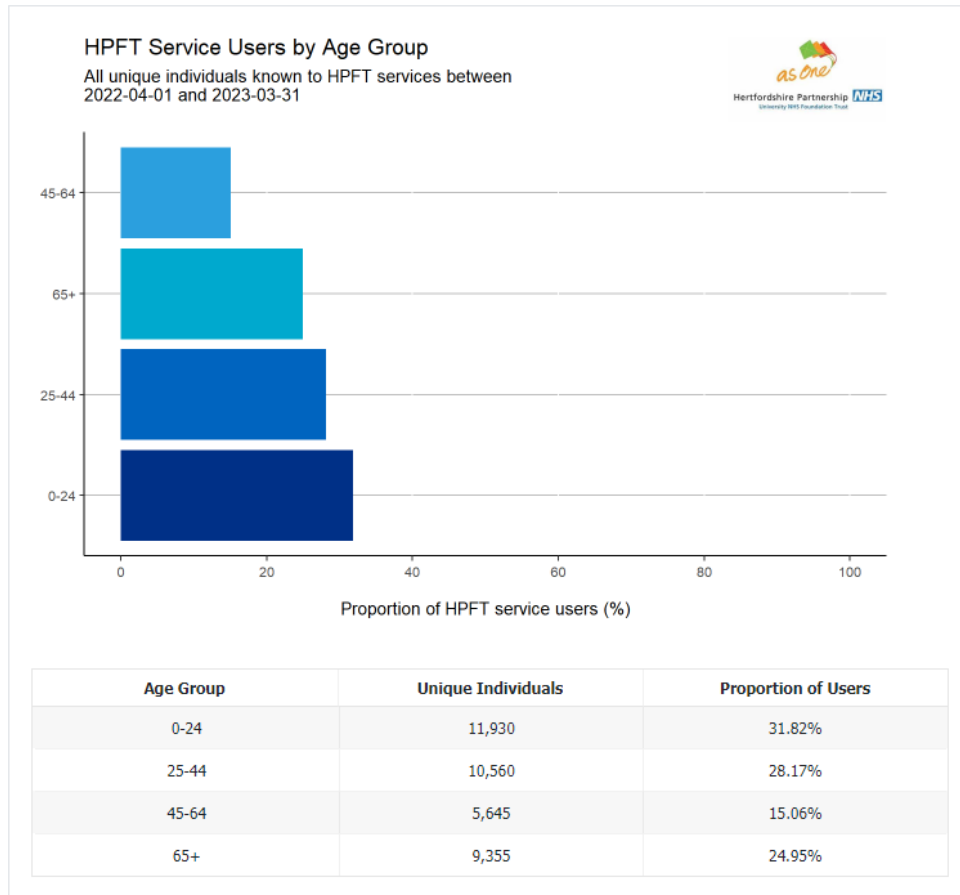
A total of 36,840 were known to the service between 01/04/22 and 31/03/2023. In that period, 20,630 individuals were received into the trust as new referrals.

Within the trust, individuals known to the Trust were split by service.



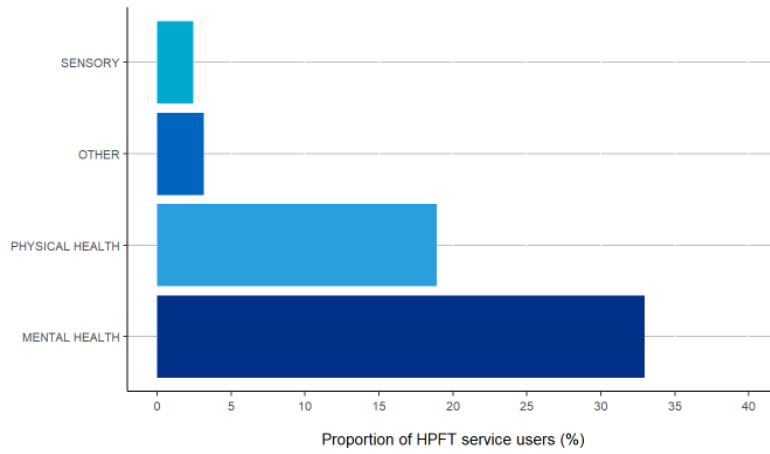
Service	Unique Individuals	Proportion of Users
ACMHS	17,450	46.74%
CAMHS	6,025	16.14%
Learning Disability Services	4,450	11.92%
Older People Services	9,410	25.2%
Total	37,335	

## Users by demographics



### HPFT Service Users by Disability

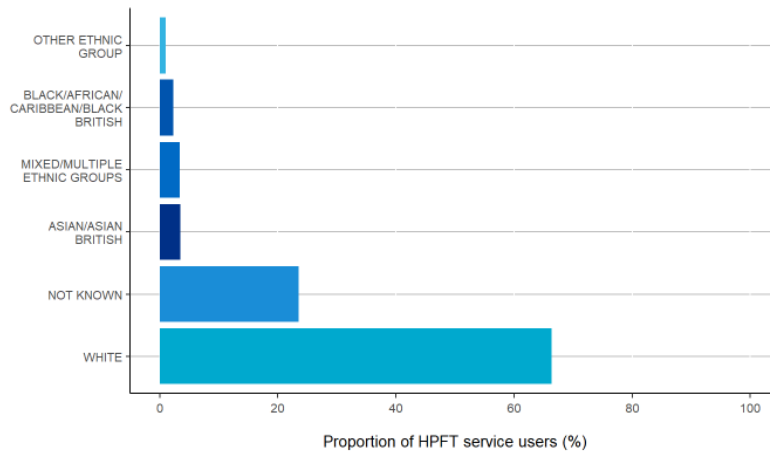
All unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Disability	Unique Individuals	Proportion of Users
MENTAL HEALTH	3,020	32.95%
OTHER	290	3.16%
PHYSICAL HEALTH	1,735	18.93%
SENSORY	225	2.45%

### HPFT Service Users by Ethnic Group

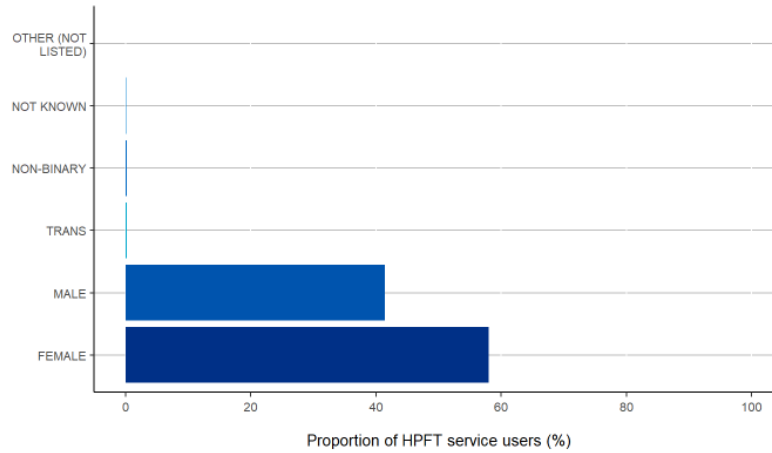
All unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Ethnic Group	Unique Individuals	Proportion of Users
WHITE	24,855	66.31%
NOT KNOWN	8,800	23.48%
ASIAN/ASIAN BRITISH	1,295	3.45%
MIXED/MULTIPLE ETHNIC GROUPS	1,290	3.44%
BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH	860	2.29%
OTHER ETHNIC GROUP	385	1.03%

### HPFT Service Users by Gender

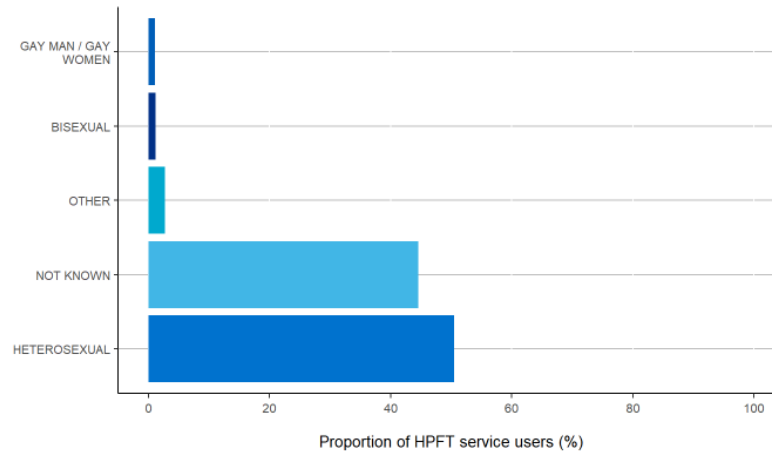
All unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Gender	Unique Individuals	Proportion of Users
FEMALE	21,740	57.98%
MALE	15,545	41.46%
TRANS	90	0.24%
NON-BINARY	80	0.21%
NOT KNOWN	30	0.08%
OTHER (NOT LISTED)	10	0.03%

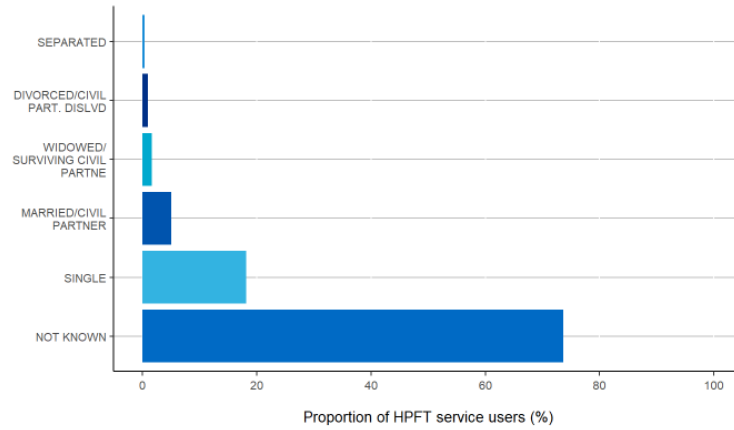
### HPFT Service Users by Sexual Orientation

All unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Sexual Orientation	Unique Individuals	Proportion of Users
HETEROSEXUAL	18,905	50.43%
NOT KNOWN	16,705	44.56%
OTHER	1,010	2.69%
BISEXUAL	450	1.2%
GAY MAN / GAY WOMEN	420	1.12%

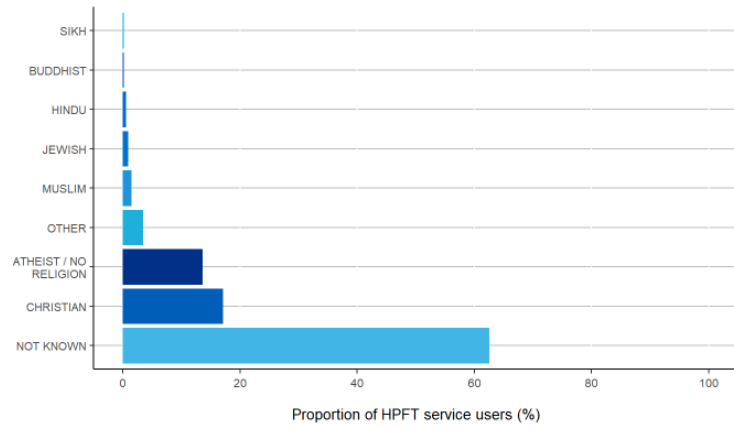
**HPFT Service Users by Marital Status**  
 All unique individuals known to HPFT services between  
 2022-04-01 and 2023-03-31



Marital Status	Unique Individuals	Proportion of Users
NOT KNOWN	27,625	73.68%
SINGLE	6,810	18.16%
MARRIED/CIVIL PARTNER	1,895	5.05%
WIDOWED/SURVIVING CIVIL PARTNE	615	1.64%
DIVORCED/CIVIL PART. DISLVD	380	1.01%
SEPARATED	170	0.45%

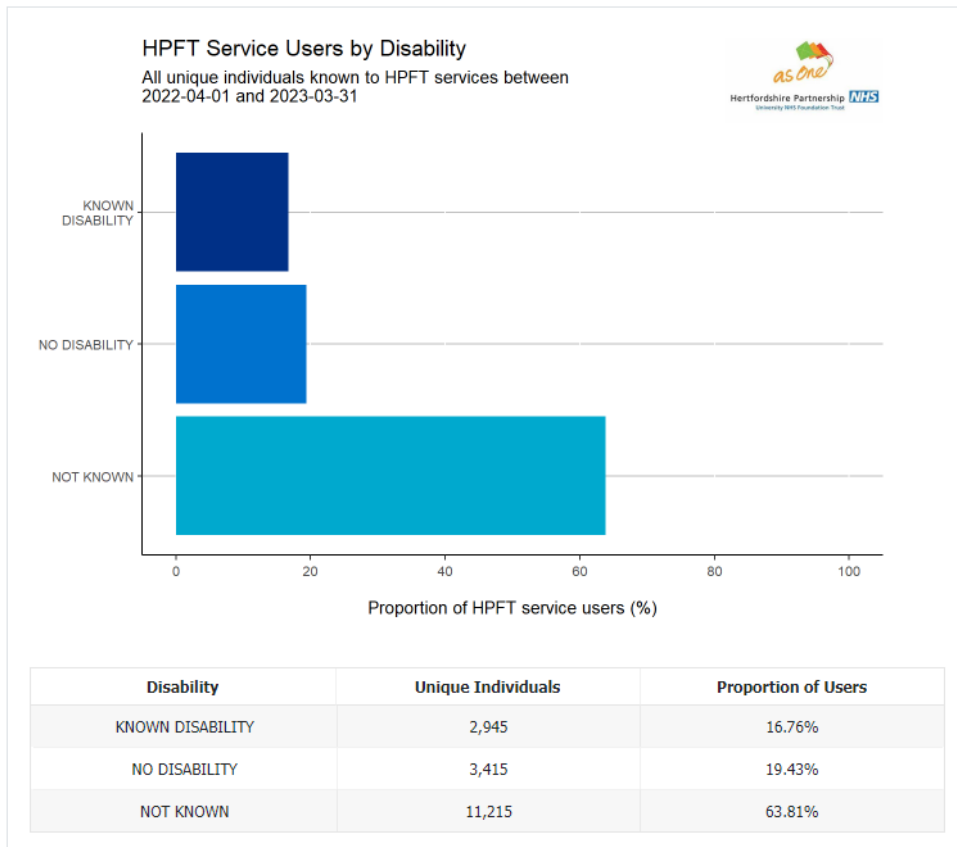
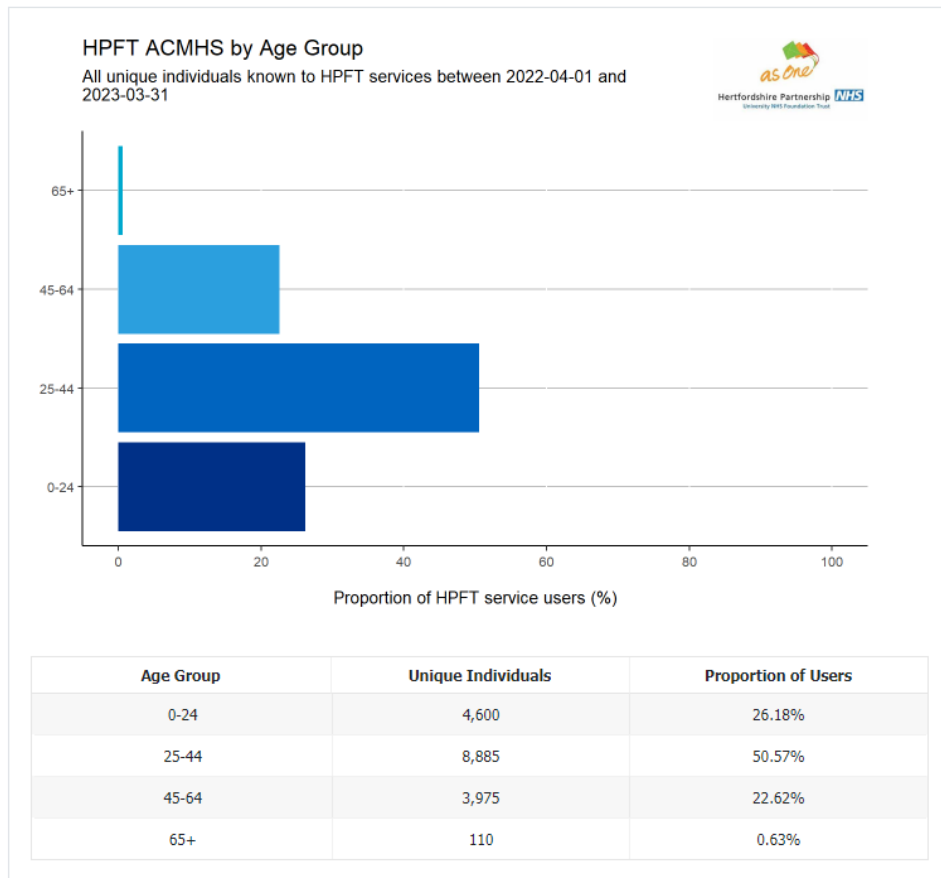
**HPFT Service Users by Religion**

All unique individuals known to HPFT services between  
 2022-04-01 and 2023-03-31



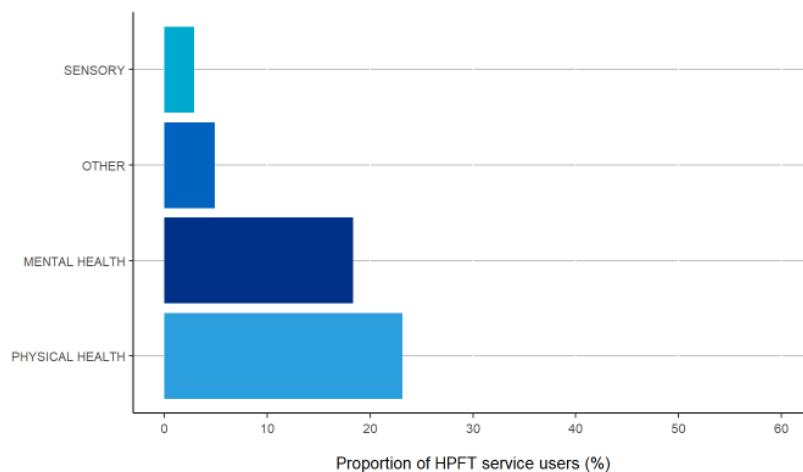
Religion	Unique Individuals	Proportion of Users
NOT KNOWN	23,460	62.57%
CHRISTIAN	6,425	17.14%
ATHEIST / NO RELIGION	5,100	13.6%
OTHER	1,310	3.49%
MUSLIM	545	1.45%
JEWISH	345	0.92%
HINDU	190	0.51%
BUDDHIST	65	0.17%
SIKH	55	0.15%

## Adult Community Mental Health Services



### HPFT Service Users by Disability

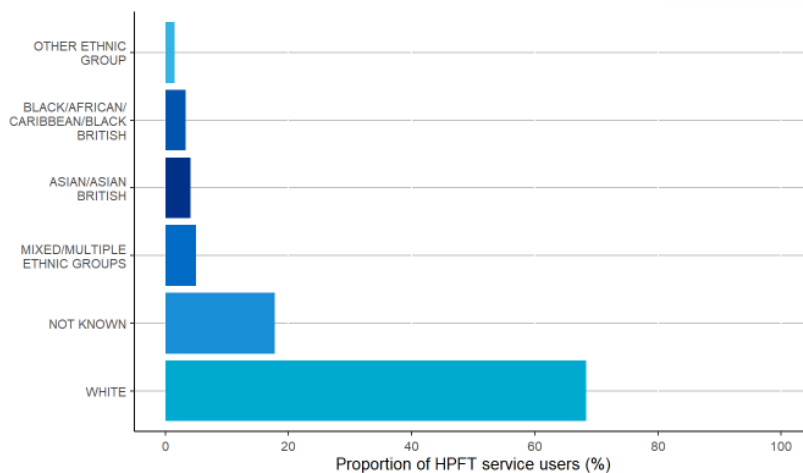
All unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Disability	Unique Individuals	Proportion of Users
MENTAL HEALTH	540	18.37%
OTHER	145	4.93%
PHYSICAL HEALTH	680	23.13%
SENSORY	85	2.89%

### HPFT ACMHS by Ethnic Group

All unique individuals known to ACMHS between 2022-04-01 and 2023-03-31

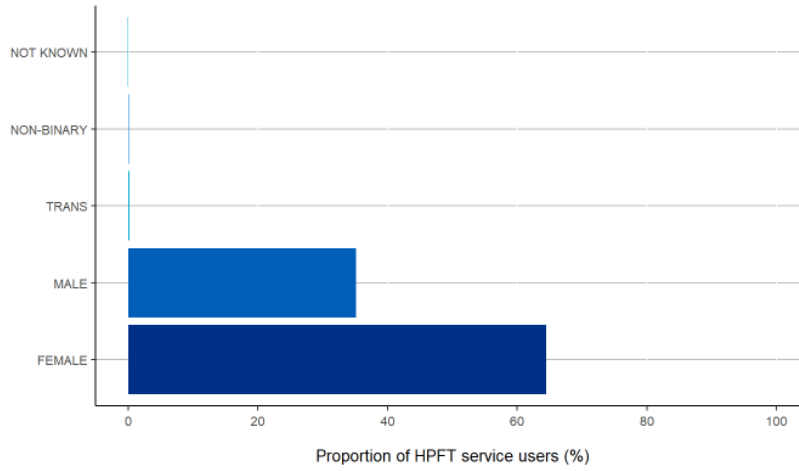


Ethnic Group	Unique Individuals	Proportion of Users
WHITE	12,015	68.34%
NOT KNOWN	3,125	17.78%
MIXED/MULTIPLE ETHNIC GROUPS	875	4.98%
ASIAN/ASIAN BRITISH	725	4.12%
BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH	575	3.27%
OTHER ETHNIC GROUP	265	1.51%



### HPFT ACMHS by Gender

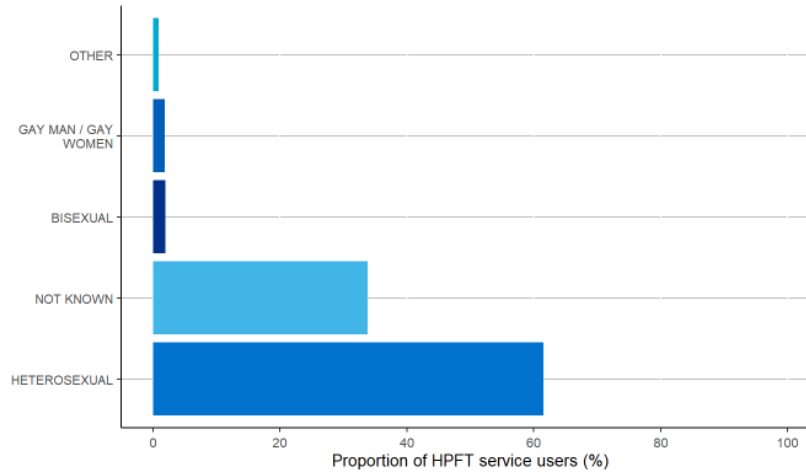
All ACMHS unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Gender	Unique Individuals	Proportion of Users
FEMALE	11,320	64.43%
MALE	6,170	35.12%
TRANS	45	0.26%
NON-BINARY	25	0.14%
NOT KNOWN	10	0.06%

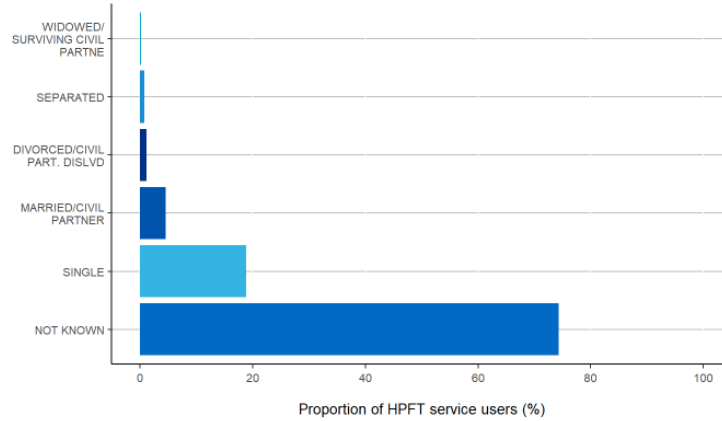
### HPFT ACMHS by Sexual Orientation

Unique ACMHS individuals known to HPFT services between 2022-04-01 and 2023-03-31



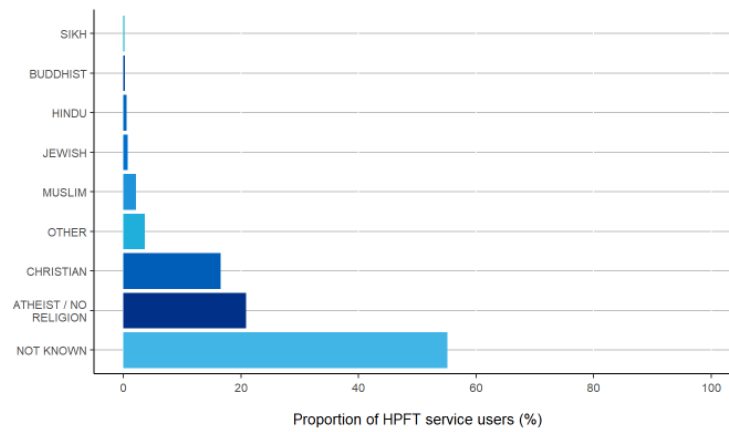
Sexual Orientation	Unique Individuals	Proportion of Users (%)
HETEROSEXUAL	10,815	61.54%
NOT KNOWN	5,940	33.8%
BISEXUAL	335	1.91%
GAY MAN / GAY WOMEN	330	1.88%
OTHER	155	0.88%

**HPFT Service Users by Marital Status**  
 All unique individuals known to HPFT services between  
 2022-04-01 and 2023-03-31



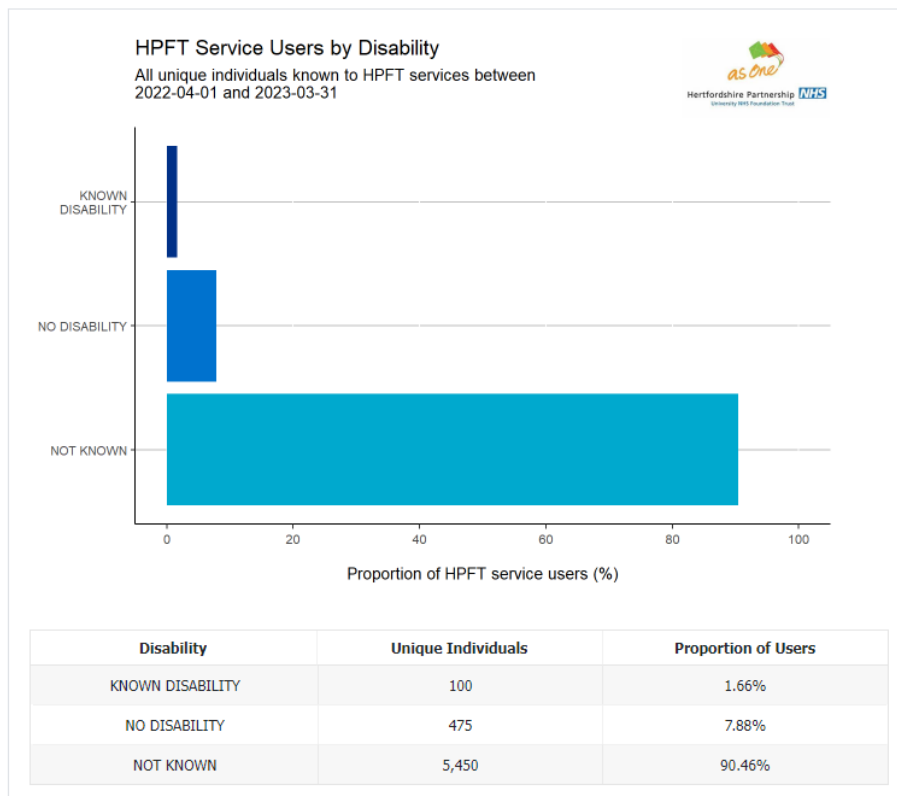
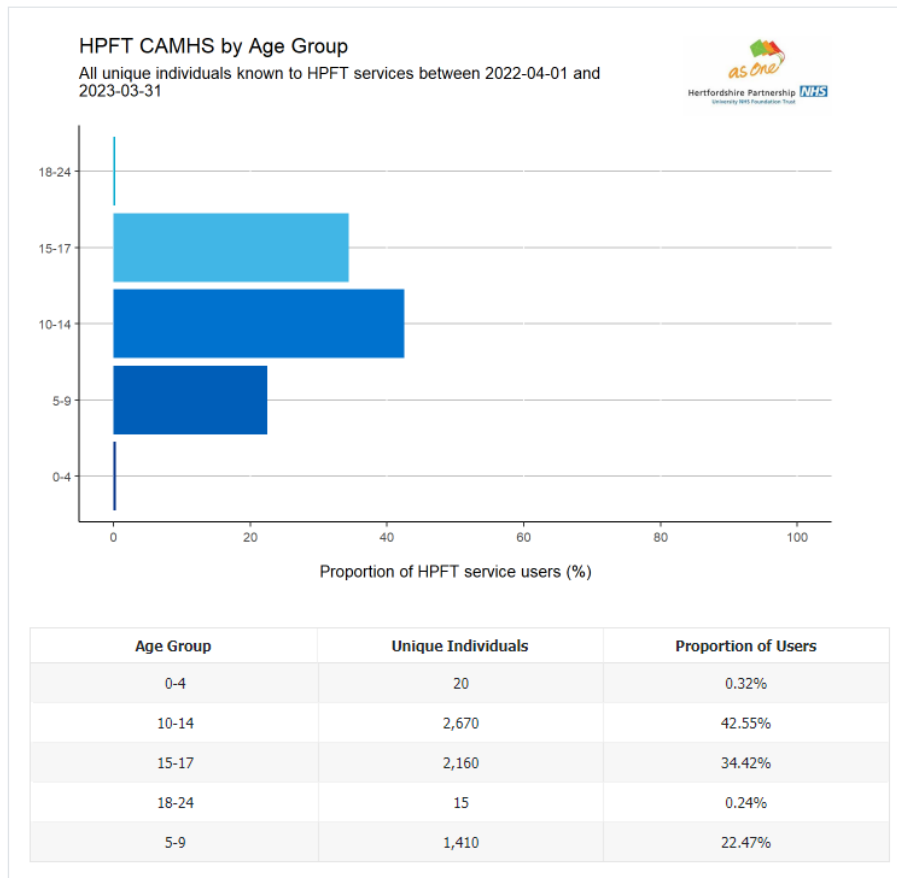
Marital Status	Unique Individuals	Proportion of Users
NOT KNOWN	13,065	74.36%
SINGLE	3,320	18.9%
MARRIED/CIVIL PARTNER	805	4.58%
DIVORCED/CIVIL PART. DISLVD	210	1.2%
SEPARATED	135	0.77%
WIDOWED/SURVIVING CIVIL PARTNE	35	0.2%

**HPFT Service Users by Religion**  
 All unique individuals known to HPFT services between  
 2022-04-01 and 2023-03-31



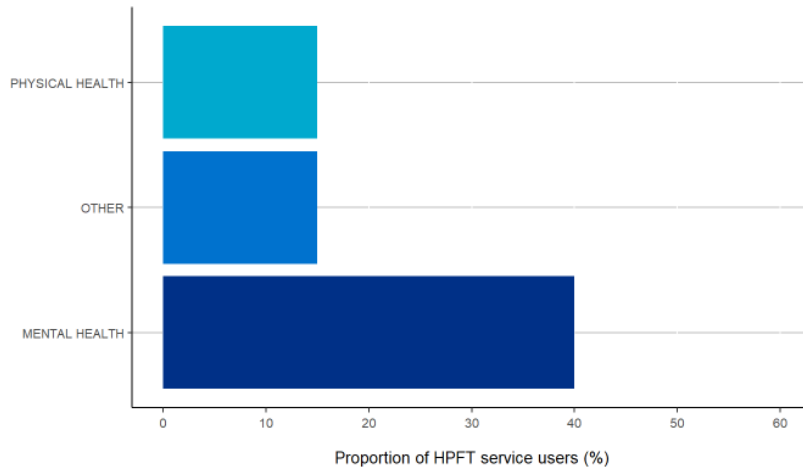
Religion	Unique Individuals	Proportion of Users
NOT KNOWN	9,690	55.12%
ATHEIST / NO RELIGION	3,665	20.85%
CHRISTIAN	2,905	16.52%
OTHER	645	3.67%
MUSLIM	370	2.1%
JEWISH	130	0.74%
HINDU	100	0.57%
BUDDHIST	45	0.26%
SIKH	30	0.17%

## Children and Adolescent Mental Health Services



### HPFT Service Users by Disability

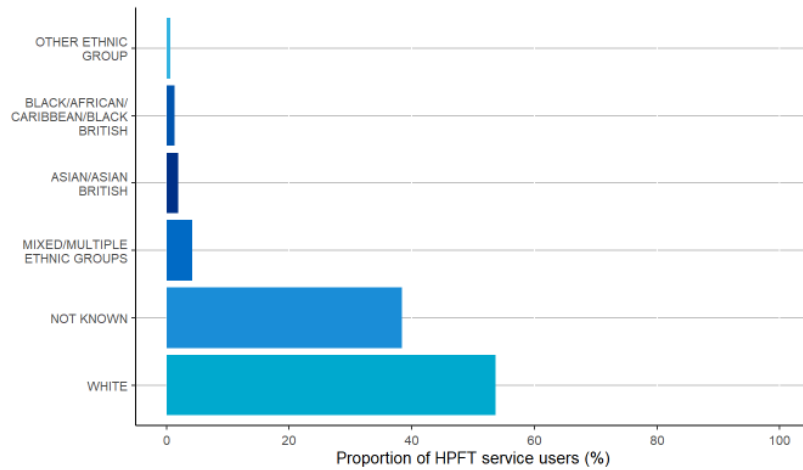
All unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Disability	Unique Individuals	Proportion of Users
MENTAL HEALTH	40	40%
OTHER	15	15%
PHYSICAL HEALTH	15	15%

### HPFT CAMHS by Ethnic Group

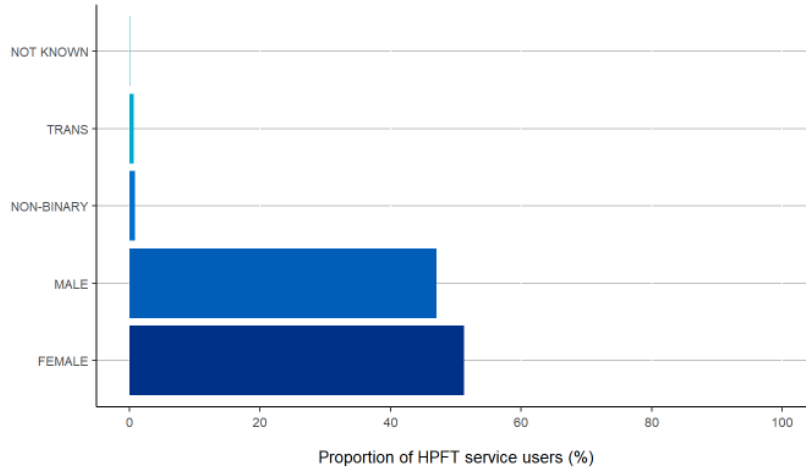
All unique individuals known to CAMHS between 2022-04-01 and 2023-03-31



Ethnic Group	Unique Individuals	Proportion of Users
WHITE	3,230	53.65%
NOT KNOWN	2,310	38.37%
MIXED/MULTIPLE ETHNIC GROUPS	250	4.15%
ASIAN/ASIAN BRITISH	115	1.91%
BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH	80	1.33%
OTHER ETHNIC GROUP	35	0.58%

### HPFT CAMHS by Gender

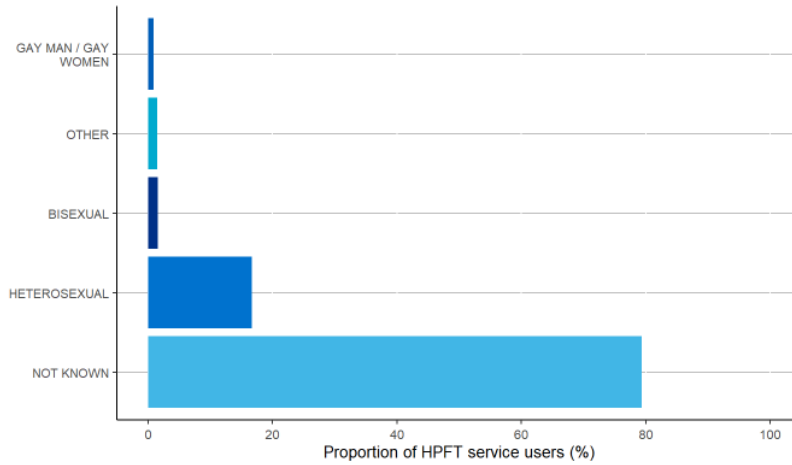
All CAMHS unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Gender	Unique Individuals	Proportion of Users
FEMALE	3,085	51.29%
MALE	2,830	47.05%
NON-BINARY	50	0.83%
TRANS	40	0.67%
NOT KNOWN	10	0.17%

### HPFT CAMHS by Sexual Orientation

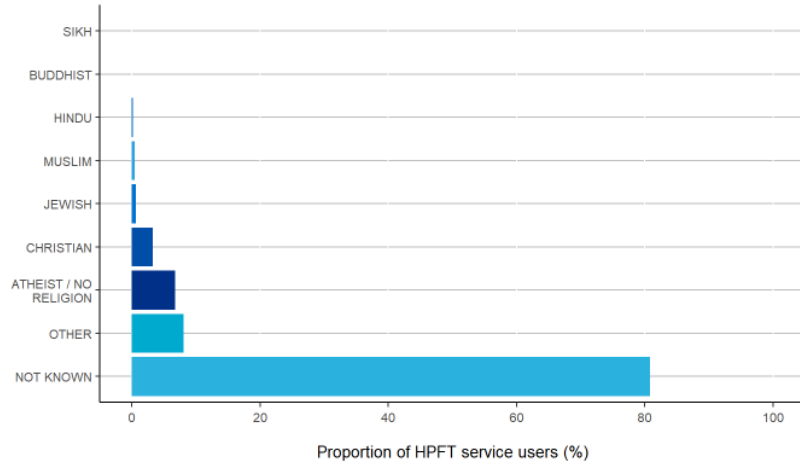
Unique CAMHS individuals known to HPFT services between 2022-04-01 2023-03-31



Sexual Orientation	Unique Individuals	Proportion of Users
NOT KNOWN	4,780	79.34%
HETEROSEXUAL	1,005	16.68%
BISEXUAL	95	1.58%
OTHER	90	1.49%
GAY MAN / GAY WOMEN	55	0.91%

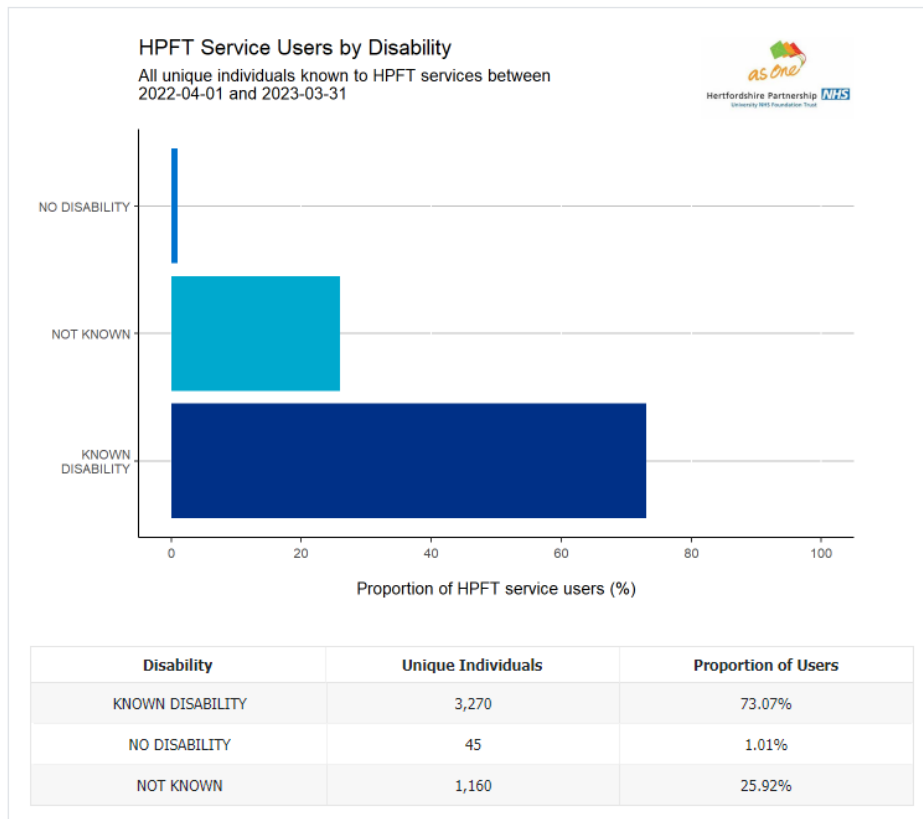
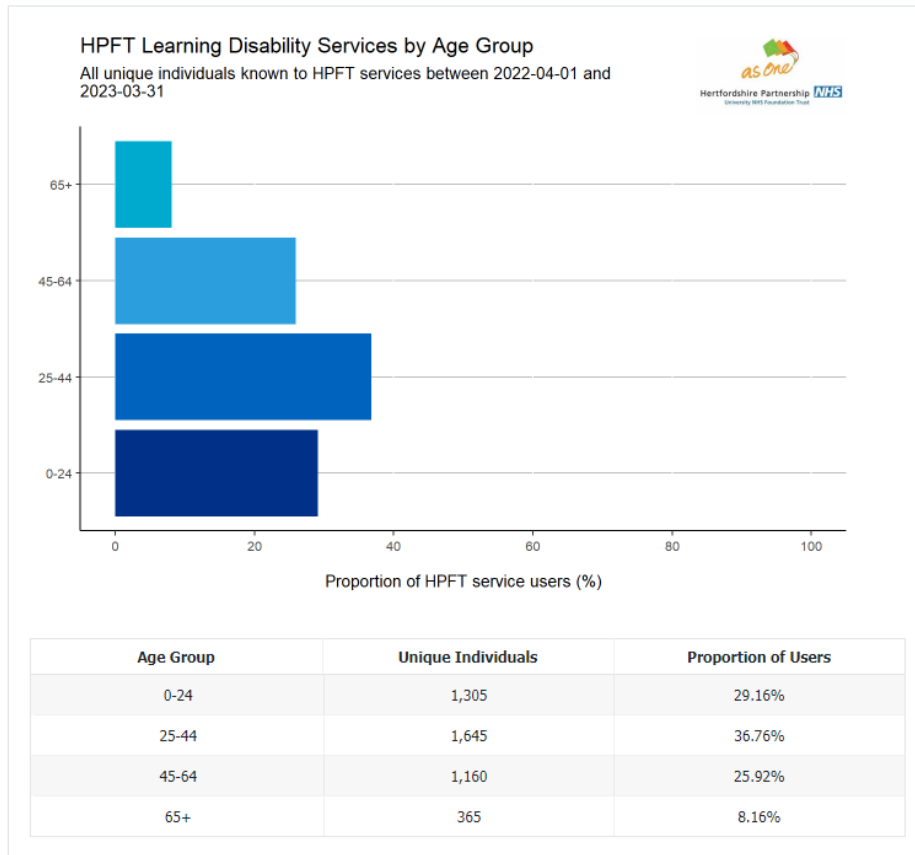
### HPFT Service Users by Religion

All unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



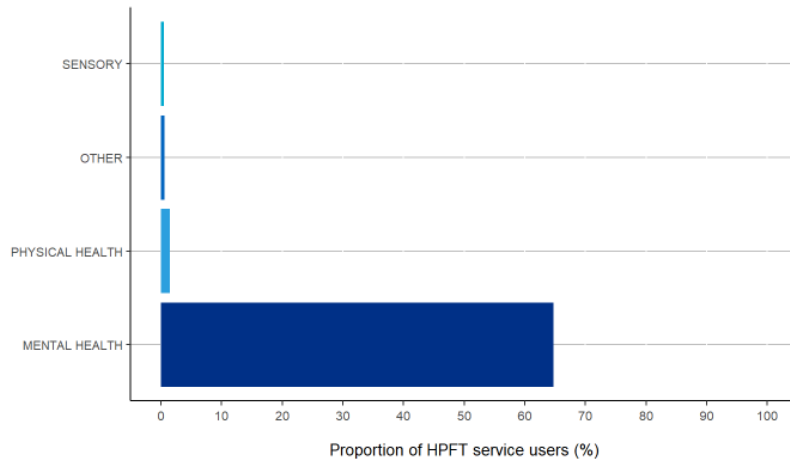
Religion	Unique Individuals	Proportion of Users
NOT KNOWN	4,860	80.8%
OTHER	485	8.06%
ATHEIST / NO RELIGION	405	6.73%
CHRISTIAN	195	3.24%
JEWISH	35	0.58%
MUSLIM	25	0.42%
HINDU	10	0.17%
BUDDHIST		NA%
SIKH		NA%

## Learning Disability Services



### HPFT Service Users by Disability

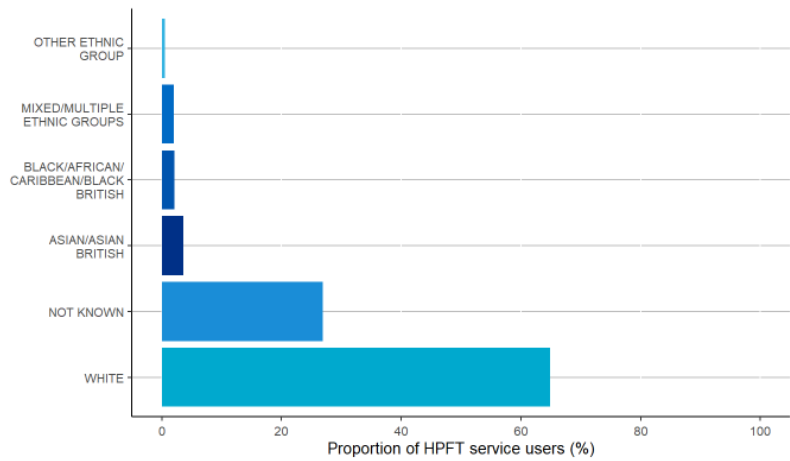
All unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Disability	Unique Individuals	Proportion of Users
MENTAL HEALTH	2,125	64.79%
OTHER	20	0.61%
PHYSICAL HEALTH	50	1.52%
SENSORY	15	0.46%

### HPFT Learning Disability Services by Ethnic Group

All unique individuals known to Learning Disability Services between 2022-04-01 and 2023-03-31

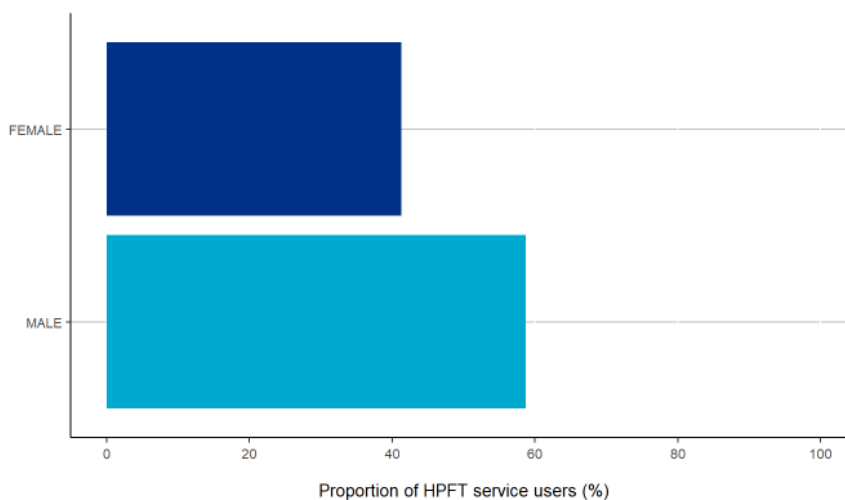


Ethnic Group	Unique Individuals	Proportion of Users
WHITE	2,905	64.84%
NOT KNOWN	1,205	26.9%
ASIAN/ASIAN BRITISH	160	3.57%
BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH	95	2.12%
MIXED/MULTIPLE ETHNIC GROUPS	90	2.01%
OTHER ETHNIC GROUP	25	0.56%



### HPFT Learning Disability Services by Gender

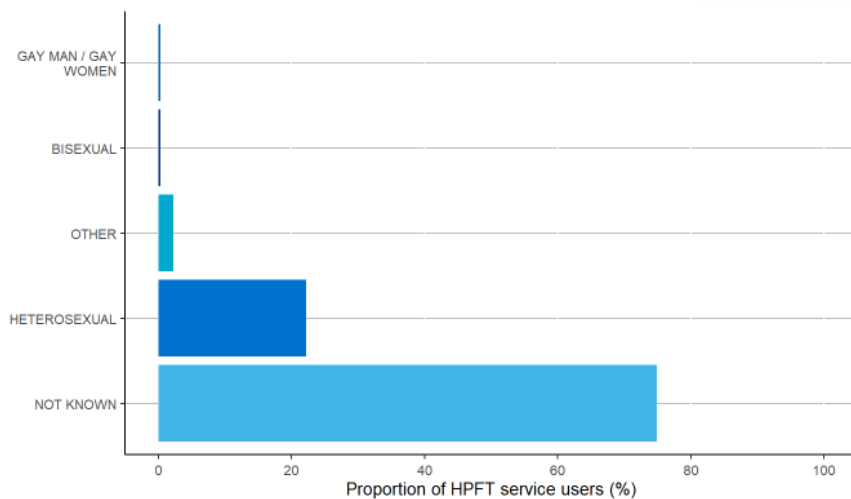
All Learning Disability Services unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Gender	Unique Individuals	Proportion of Users
MALE	2,625	58.72%
FEMALE	1,845	41.28%

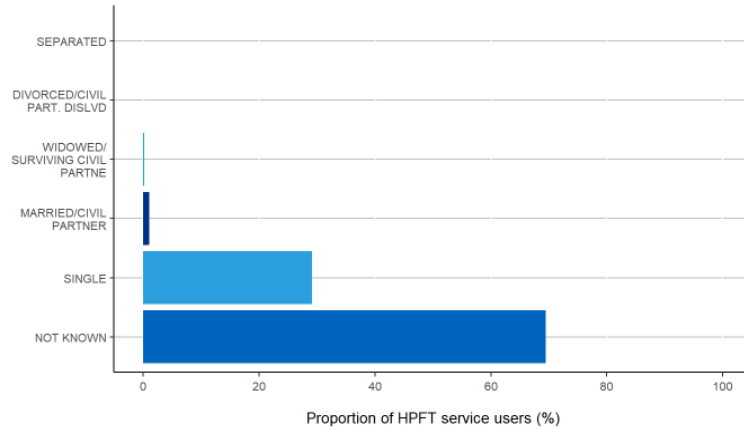
### HPFT Learning Disability Services by Sexual Orientation

Unique Learning Disability Services individuals known to HPFT services between 2022-04-01 and 2023-03-31



Sexual Orientation	Unique Individuals	Proportion of Users
NOT KNOWN	3,350	74.86%
HETEROSEXUAL	995	22.23%
OTHER	100	2.23%
BISEXUAL	15	0.34%
GAY MAN / GAY WOMEN	15	0.34%

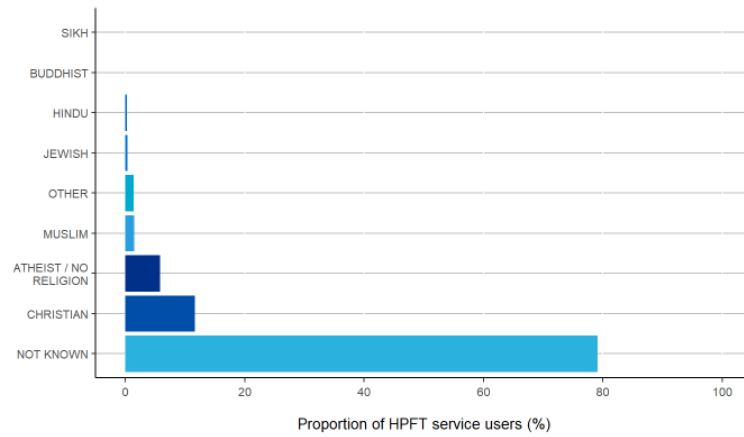
**HPFT Service Users by Marital Status**  
 All unique individuals known to HPFT services between  
 2022-04-01 and 2023-03-31



Marital Status	Unique Individuals	Proportion of Users
NOT KNOWN	3,110	69.5%
SINGLE	1,305	29.16%
MARRIED/CIVIL PARTNER	50	1.12%
WIDOWED/SURVIVING CIVIL PARTNE	10	0.22%
DIVORCED/CIVIL PART. DISLVD		NA%
SEPARATED		NA%

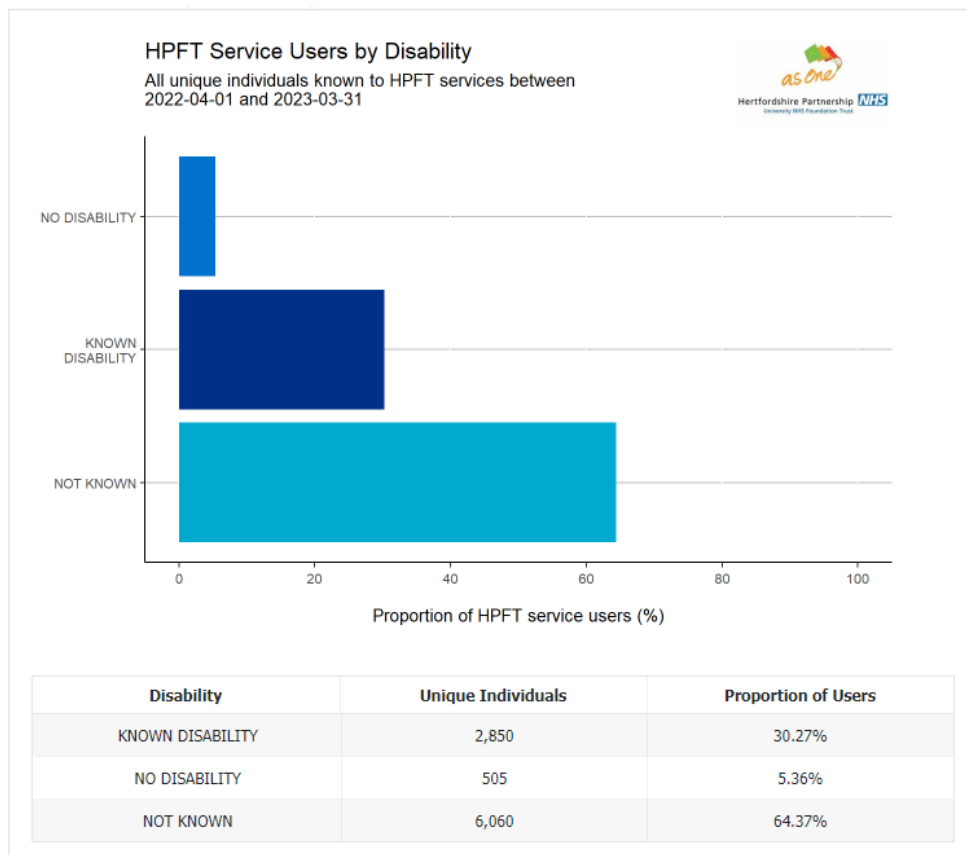
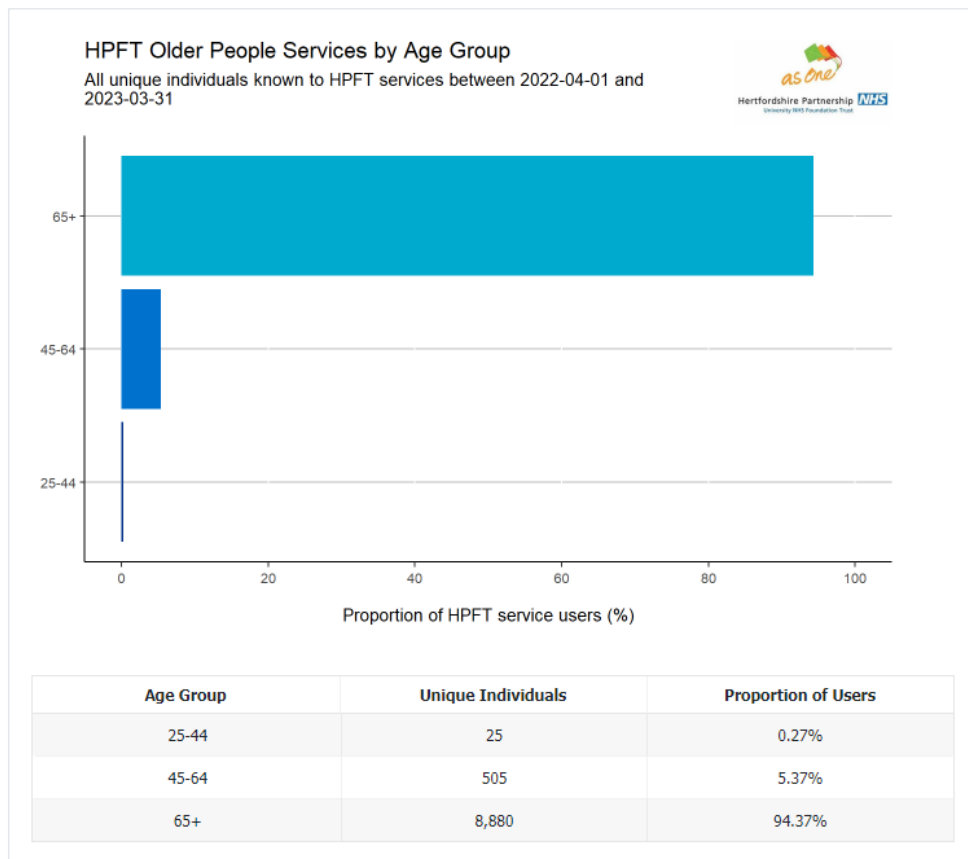
**HPFT Service Users by Religion**

All unique individuals known to HPFT services between  
 2022-04-01 and 2023-03-31



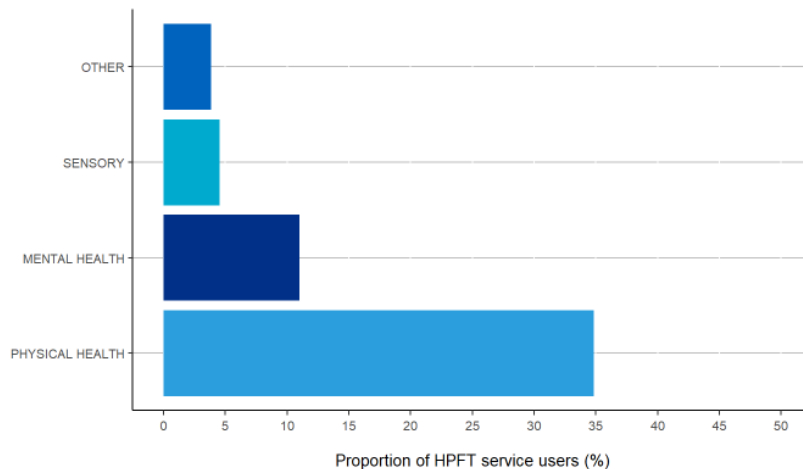
Religion	Unique Individuals	Proportion of Users
NOT KNOWN	3,535	79.17%
CHRISTIAN	520	11.65%
ATHEIST / NO RELIGION	260	5.82%
MUSLIM	65	1.46%
OTHER	60	1.34%
JEWISH	15	0.34%
HINDU	10	0.22%
BUDDHIST		NA%
SIKH		NA%

## Older People Services



### HPFT Service Users by Disability

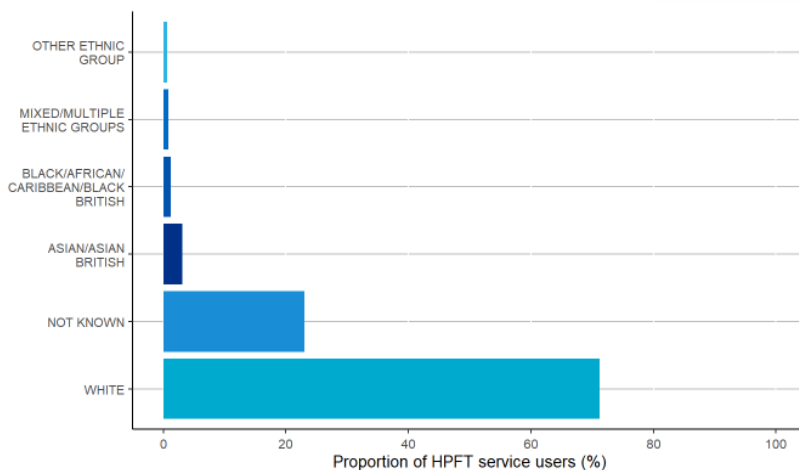
All unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Disability	Unique Individuals	Proportion of Users
MENTAL HEALTH	315	11.03%
OTHER	110	3.85%
PHYSICAL HEALTH	995	34.85%
SENSORY	130	4.55%

### HPFT Older People Services by Ethnic Group

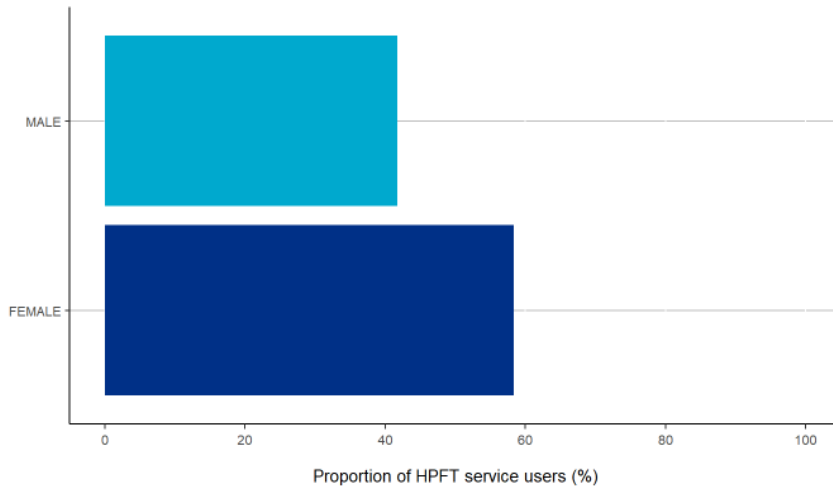
All unique individuals known to Older People Services between 2022-04-01 and 2023-03-31



Ethnic Group	Unique Individuals	Proportion of Users
WHITE	6,705	71.18%
NOT KNOWN	2,165	22.98%
ASIAN/ASIAN BRITISH	295	3.13%
BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH	115	1.22%
MIXED/MULTIPLE ETHNIC GROUPS	80	0.85%
OTHER ETHNIC GROUP	60	0.64%

### HPFT Older People Services by Gender

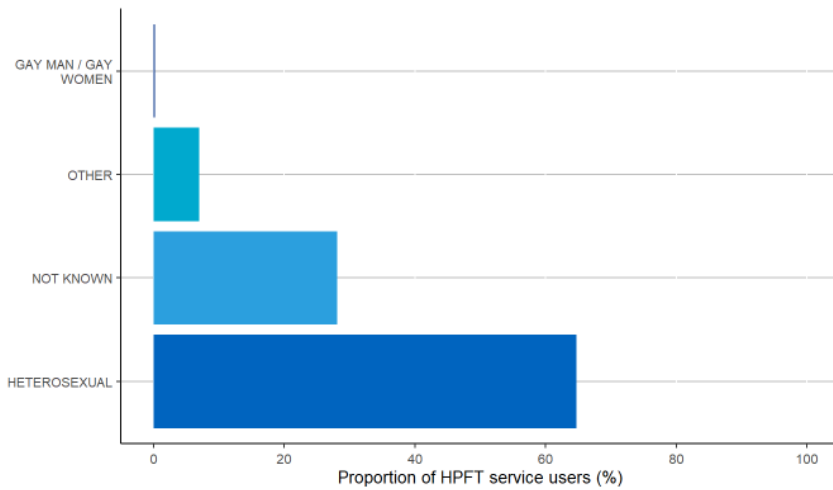
All Older People Services unique individuals known to HPFT services between 2022-04-01 and 2023-03-31



Gender	Unique Individuals	Proportion of Users
FEMALE	5,490	58.31%
MALE	3,925	41.69%

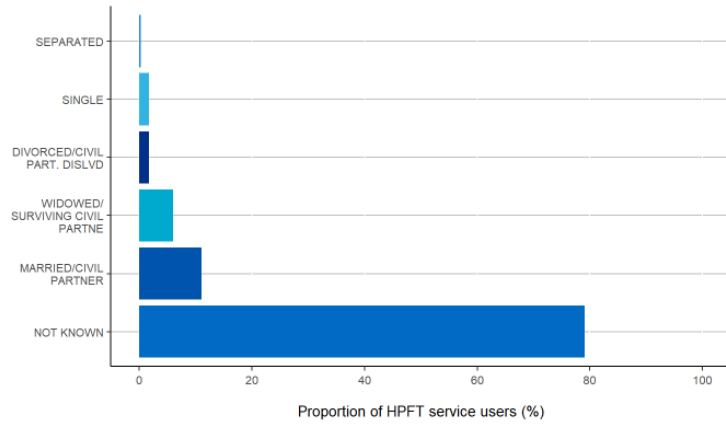
### HPFT Older People Services by Sexual Orientation

Unique Older People Services individuals known to HPFT services between 2022-04-01 and 2023-03-31



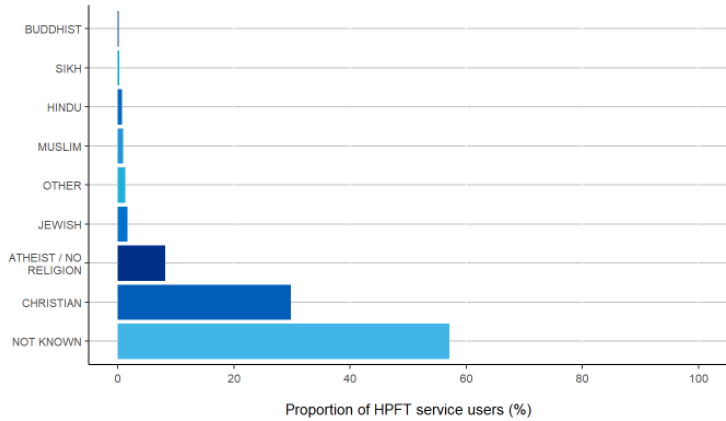
Sexual Orientation	Unique Individuals	Proportion of Users
HETEROSEXUAL	6,090	64.72%
NOT KNOWN	2,640	28.06%
OTHER	660	7.01%
GAY MAN / GAY WOMEN	20	0.21%

**HPFT Service Users by Marital Status**  
 All unique individuals known to HPFT services between  
 2022-04-01 and 2023-03-31



Marital Status	Unique Individuals	Proportion of Users
NOT KNOWN	7,445	79.12%
MARRIED/CIVIL PARTNER	1,040	11.05%
WIDOWED/SURVIVING CIVIL PARTNE	565	6%
DIVORCED/CIVIL PART. DISLVD	165	1.75%
SINGLE	165	1.75%
SEPARATED	30	0.32%

**HPFT Service Users by Religion**  
 All unique individuals known to HPFT services between  
 2022-04-01 and 2023-03-31



Religion	Unique Individuals	Proportion of Users
NOT KNOWN	5,375	57.09%
CHRISTIAN	2,805	29.79%
ATHEIST / NO RELIGION	765	8.13%
JEWISH	160	1.7%
OTHER	120	1.27%
MUSLIM	85	0.9%
HINDU	70	0.74%
SIKH	20	0.21%
BUDDHIST	15	0.16%

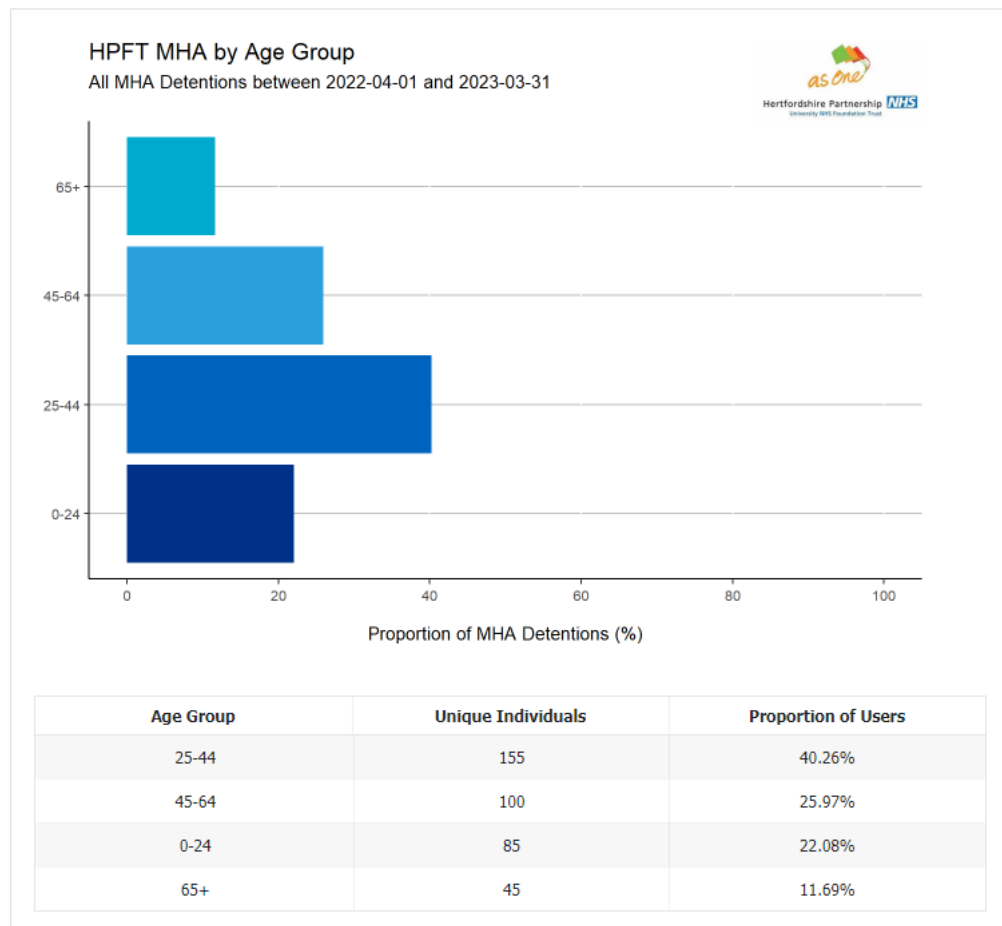
## **Mental Health Act**

The following section looks at the demographic breakdown of those that were detained under the Mental Health Act (MHA) between 01/04/2022 and 31/03/2023.

The extract for this data was taken on 30/10/2023. Individuals classed as being detained under the MHA satisfied any of the following criteria:

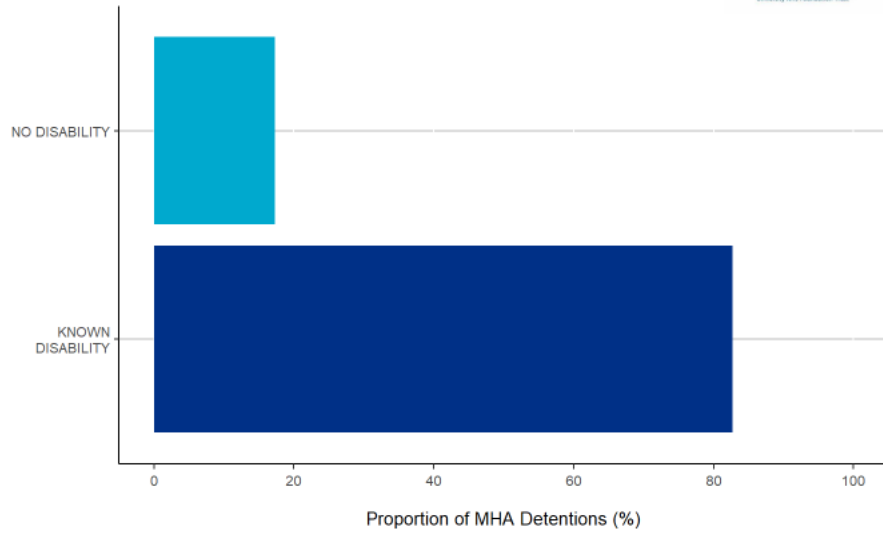
- Section start date between 01/04/2022 and 31/03/2023.
- Section end date between 01/04/2022 and 31/03/2023.
- A section start date before 01/04/2022 but no section end date, indicating the individual was under detention at the time of extract.

A total of 381 individuals were under detention between 01/04/2022 and 31/03/2023. Of those individuals, a total of 161 were under detention for the entire financial year.



### HPFT MHA by Disability

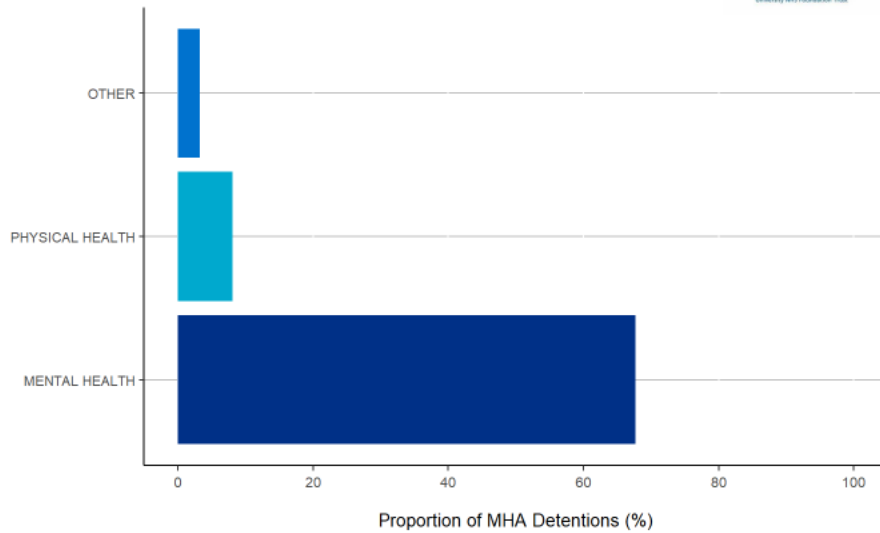
All MHA Detentions between 2022-04-01 and 2023-03-31



Disability	Unique Individuals	Proportion of Users
KNOWN DISABILITY	310	82.67%
NO DISABILITY	65	17.33%

### HPFT MHA by Disability

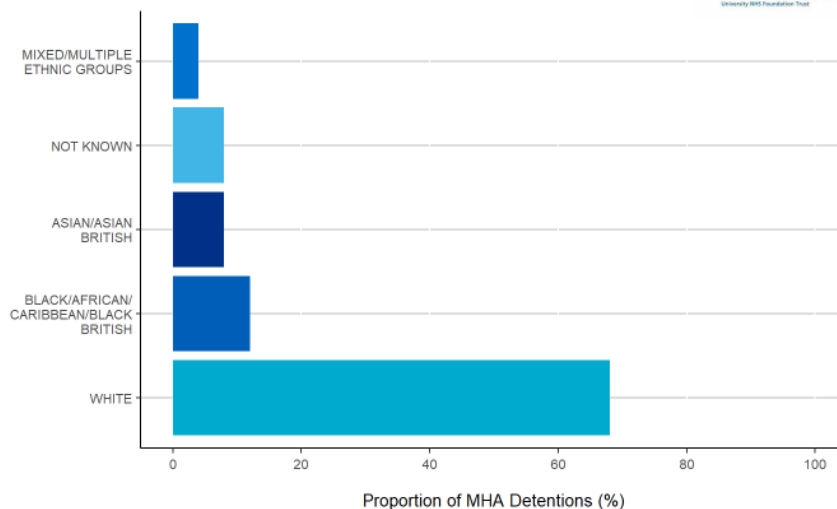
All MHA Detentions between 2022-04-01 and 2023-03-31



Disability	Unique Individuals	Proportion of Users
MENTAL HEALTH	210	67.74%
PHYSICAL HEALTH	25	8.06%
OTHER	10	3.23%

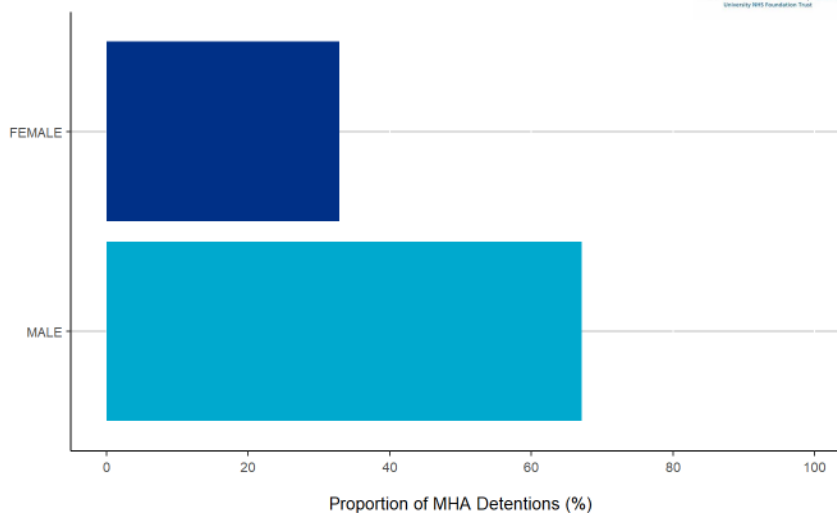


**HPFT MHA Detentions by Ethnic Group**  
All MHA Detentions between 2022-04-01 and 2023-03-31



Ethnic Group	Unique Individuals	Proportion of Users
WHITE	255	68%
BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH	45	12%
ASIAN/ASIAN BRITISH	30	8%
NOT KNOWN	30	8%
MIXED/MULTIPLE ETHNIC GROUPS	15	4%

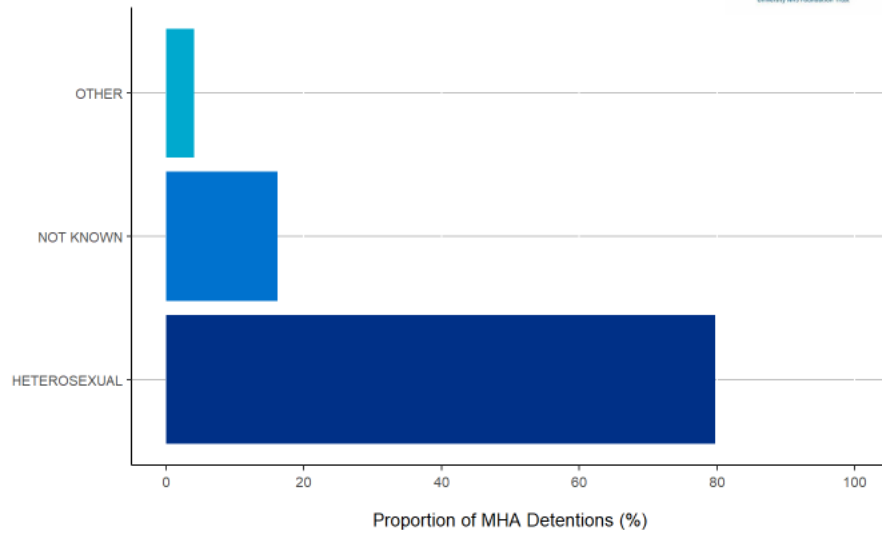
**HPFT MHA by Gender**  
All MHA Detentions between 2022-04-01 and 2023-03-31



Gender	Unique Individuals	Proportion of Users
MALE	255	67.11%
FEMALE	125	32.89%

### HPFT MHA by Sexual Orientation

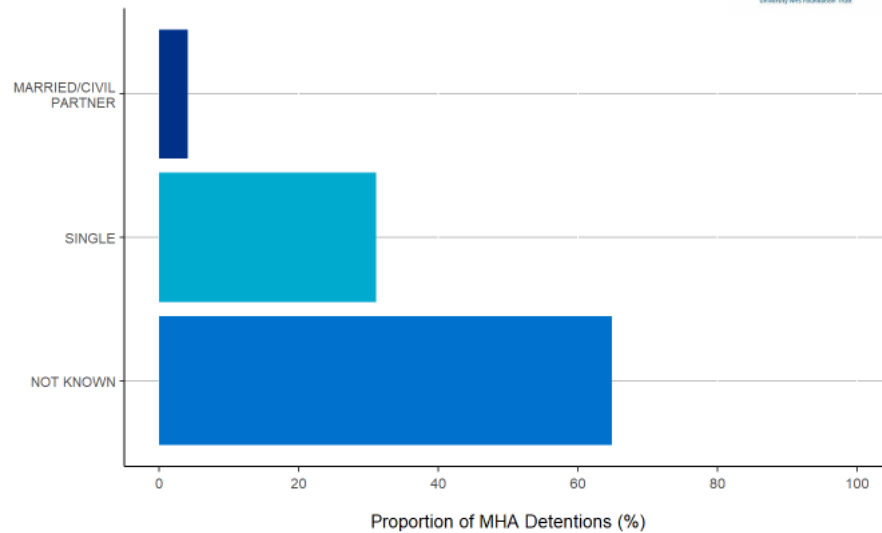
All MHA Detentions between 2022-04-01 and 2023-03-31



Sexual Orientation	Unique Individuals	Proportion of Users
HETEROSEXUAL	295	79.73%
NOT KNOWN	60	16.22%
OTHER	15	4.05%

### HPFT MHA by Marital Status

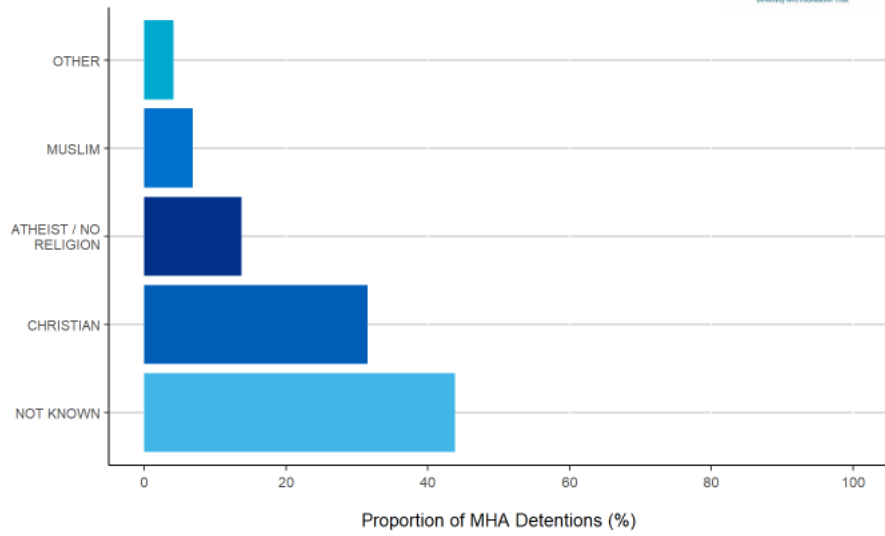
All MHA Detentions between 2022-04-01 and 2023-03-31



Marital Status	Unique Individuals	Proportion of Users
NOT KNOWN	240	64.86%
SINGLE	115	31.08%
MARRIED/CIVIL PARTNER	15	4.05%

### HPFT MHA by Religion

All MHA Detentions between 2022-04-01 and 2023-03-31



Religion	Unique Individuals	Proportion of Users
NOT KNOWN	160	43.84%
CHRISTIAN	115	31.51%
ATHEIST / NO RELIGION	50	13.7%
MUSLIM	25	6.85%
OTHER	15	4.11%

## Appendix 4 – Translation & interpreting service

The table below shows the numbers of contacts and languages used in the service in 2022/23.

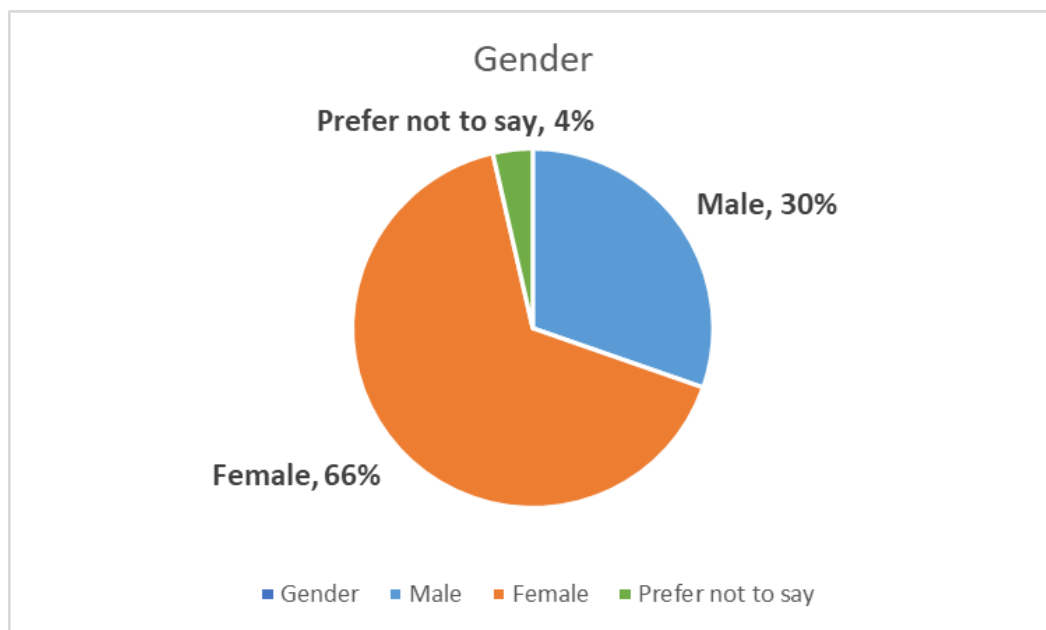
Language	Total Bookings
Farsi / Persian	341
Polish	238
Turkish	182
Tamil	162
Bangla / Bengali	147
Albanian	145
Portuguese	142
Spanish	117
Romanian	116
Urdu	113
Arabic	104
BSL / British Sign Language	89
Panjabi	62
Bulgarian	59
Afghani Pashto / Northern Pashto	45
Twi	42
Russian	38
Chinese-Mandarin / Mandarin Chinese	30
Ukrainian	29
Dari	26
Vietnamese	25
Italian	24
Slovak	23
Sinhala	23
Modern Greek (1453-)	21
Cantonese / Yue Chinese	21
Gujarati	20
Thai	20
Central Kurdish	20
Hungarian	16
Sylheti	14
Lithuanian	13
French	13
Amharic	12
Kurdish Sorani / Kurdish	11
Nepalese / Nepali	10
Tigrynian / Tigrinya	6
Tagalog	6
Greek languages	5
Czech	4

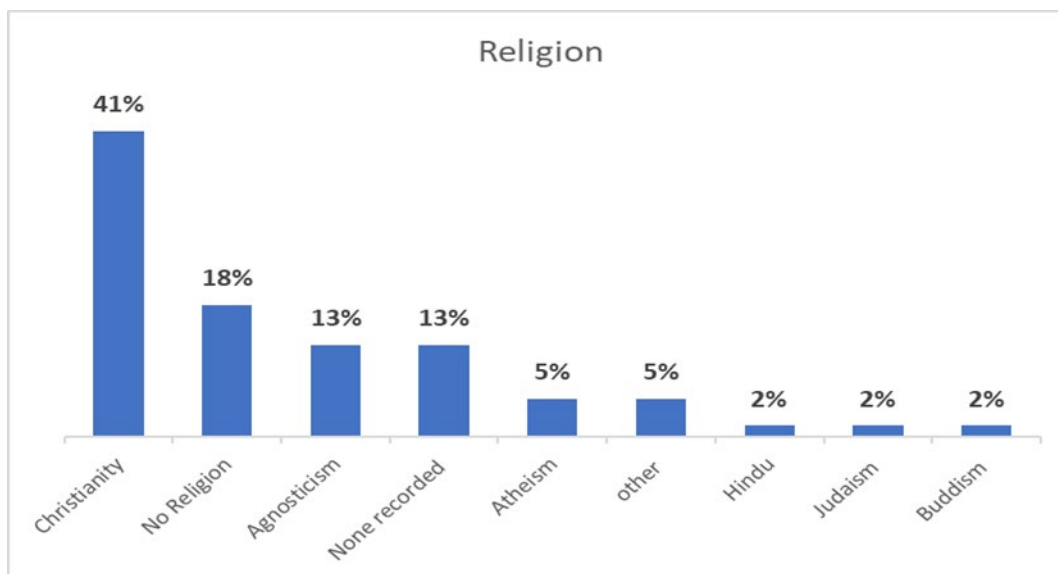
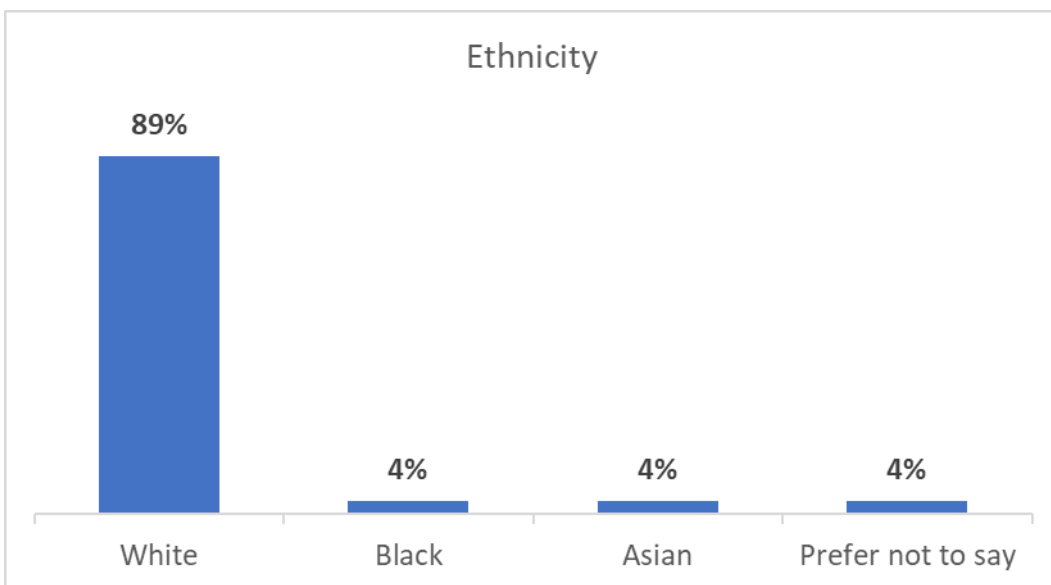
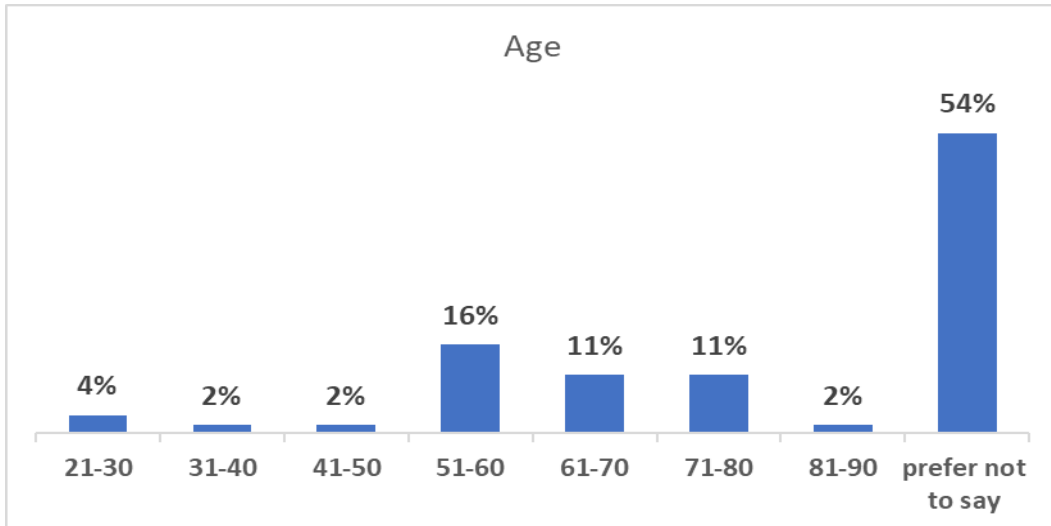
Pahari-Potwari	3
Hindi	3
Syrian Arabic	3
Hebrew	2
Iranian Persian	2
Bosnian	2
Central Pashto	2
Deaf Relay	1
Swahili	1
Malayalam	1
<b>Grand Total</b>	<b>2554</b>

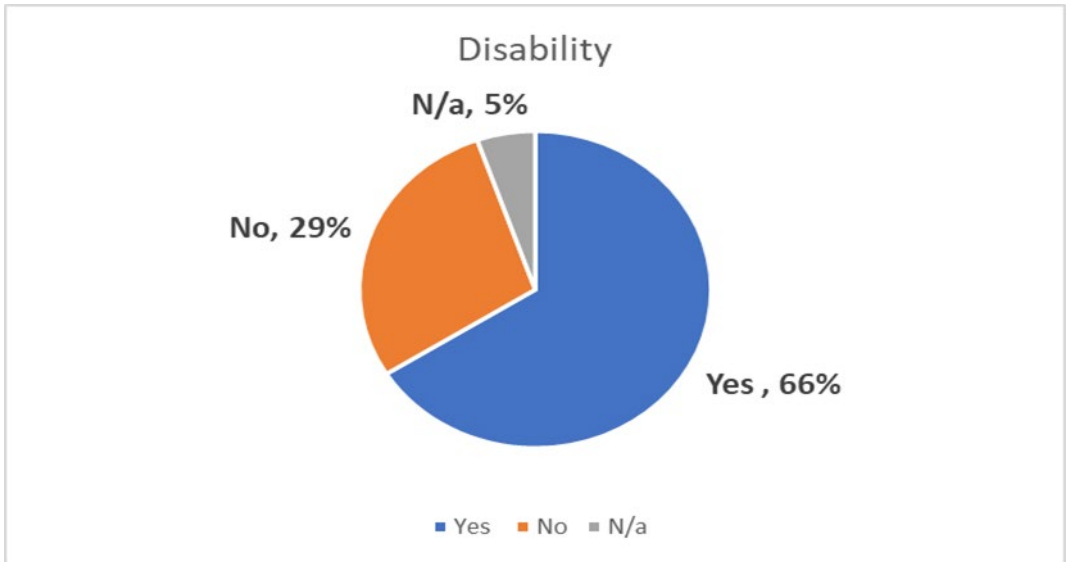
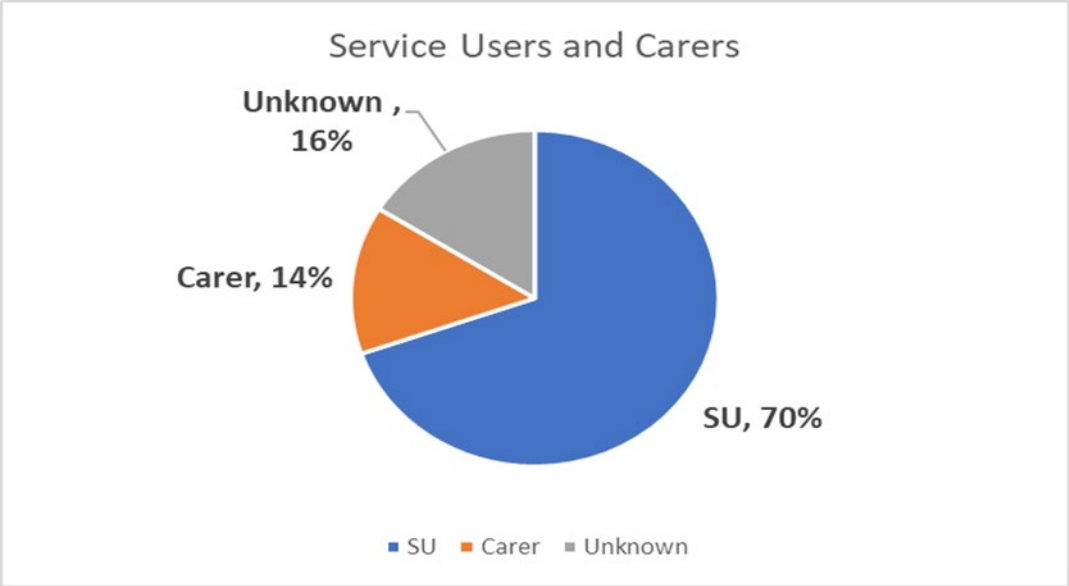
## Appendix 5 – Experts by Experience Profile

Our analysis of the experts by experience profile reveals areas that require focused efforts to enhance inclusivity and diversity. Key findings include:

- **Gender Diversity:** The gender profile exhibits a significant binary split, with 4% of experts by experience opting not to confirm their genders. Notably, a minute percentage of service users, approximately 0.5%, identify beyond the traditional male and female categories.
- **Age Distribution:** Despite suboptimal data quality for age distribution, it is discerned that only 8% of experts by experience fall within the age bracket of 50 and below. Further refinement of age-related data is warranted for a more accurate representation.
- **Ethnicity Representation:** The data quality for ethnicity stands at an impressive 96%. However, it highlights a notable gap, with only 8% of experts by experience identifying with Black and Asian backgrounds. Addressing this discrepancy is essential to foster greater ethnic diversity.
- **Religious makeup:** The distribution across faith and religious beliefs aligns relatively consistently with local population data, indicating a balanced representation of experts by experience across different religions.

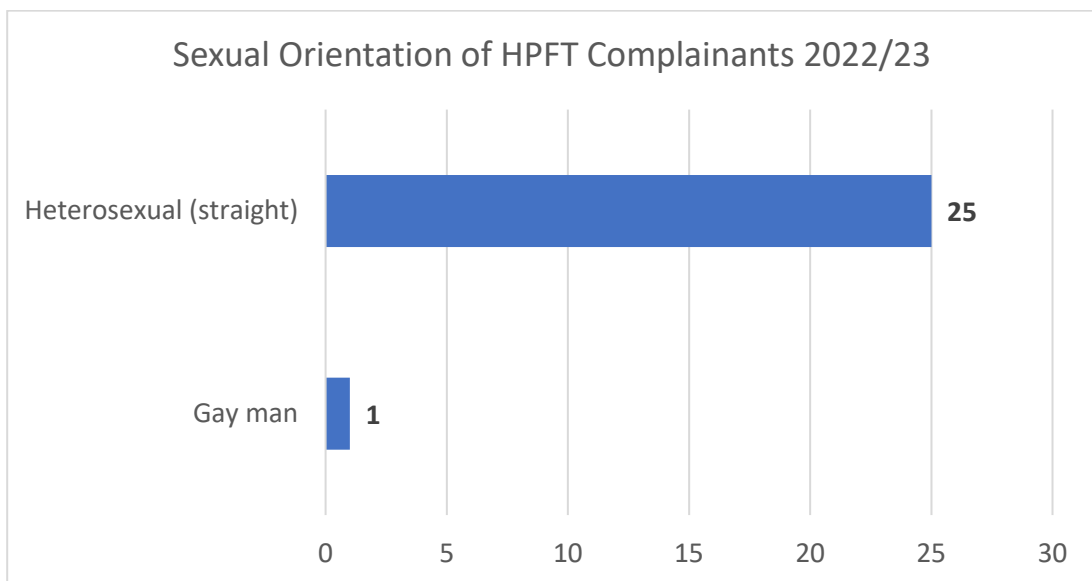
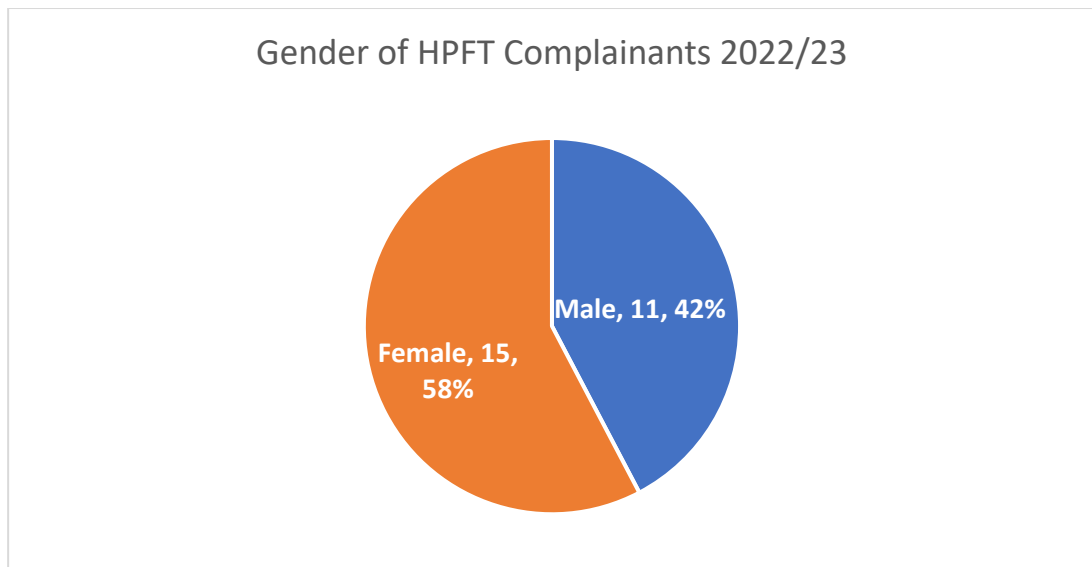
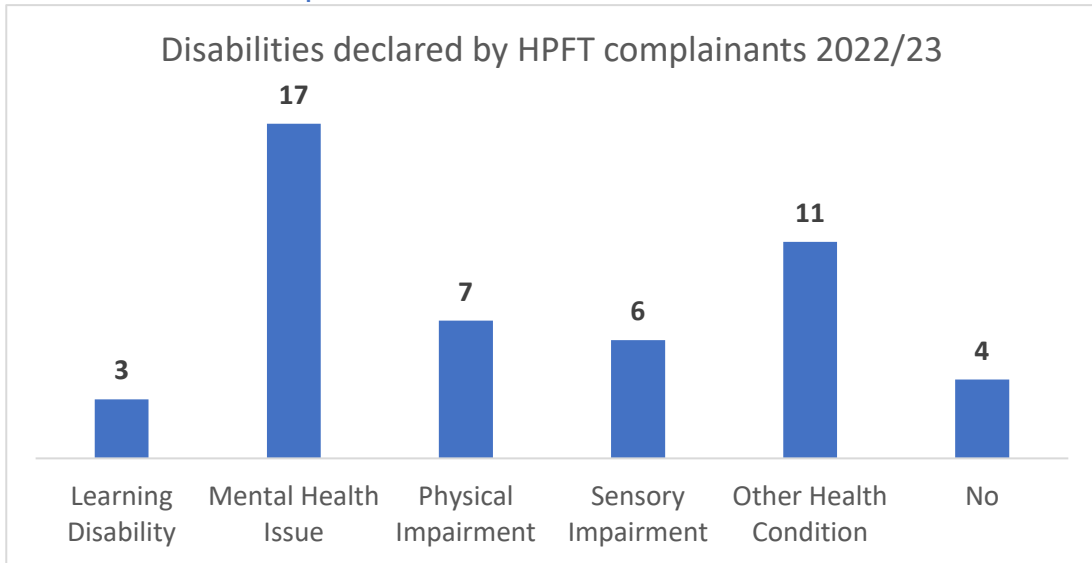


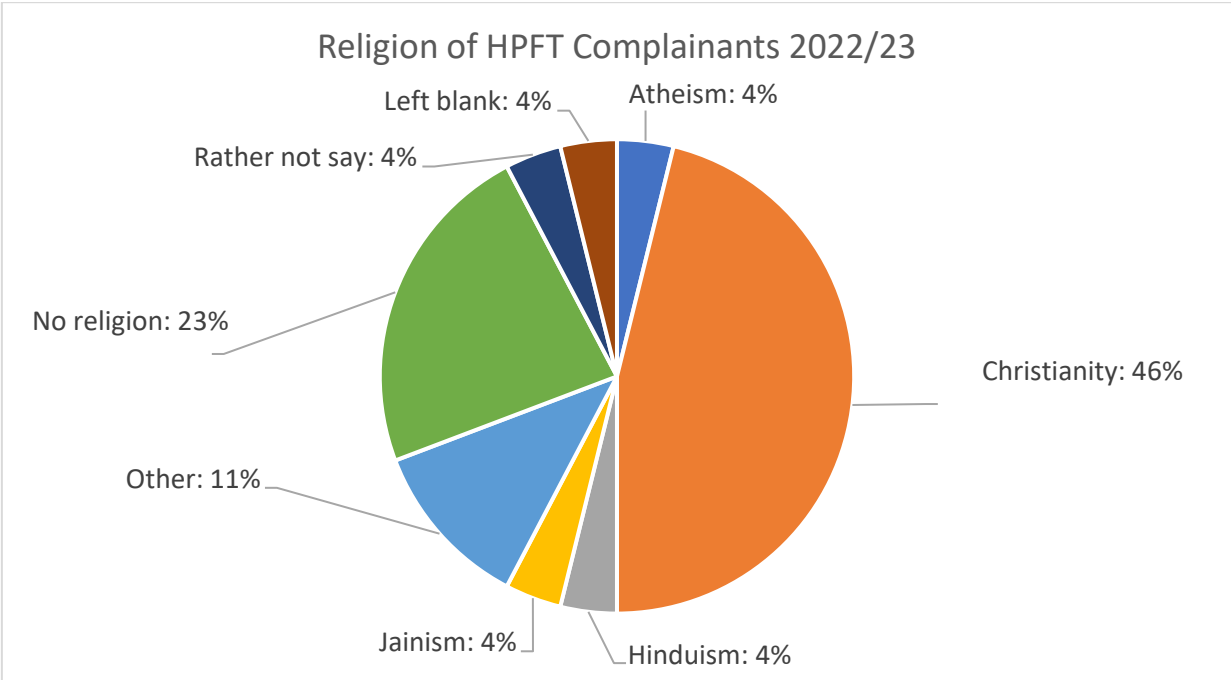
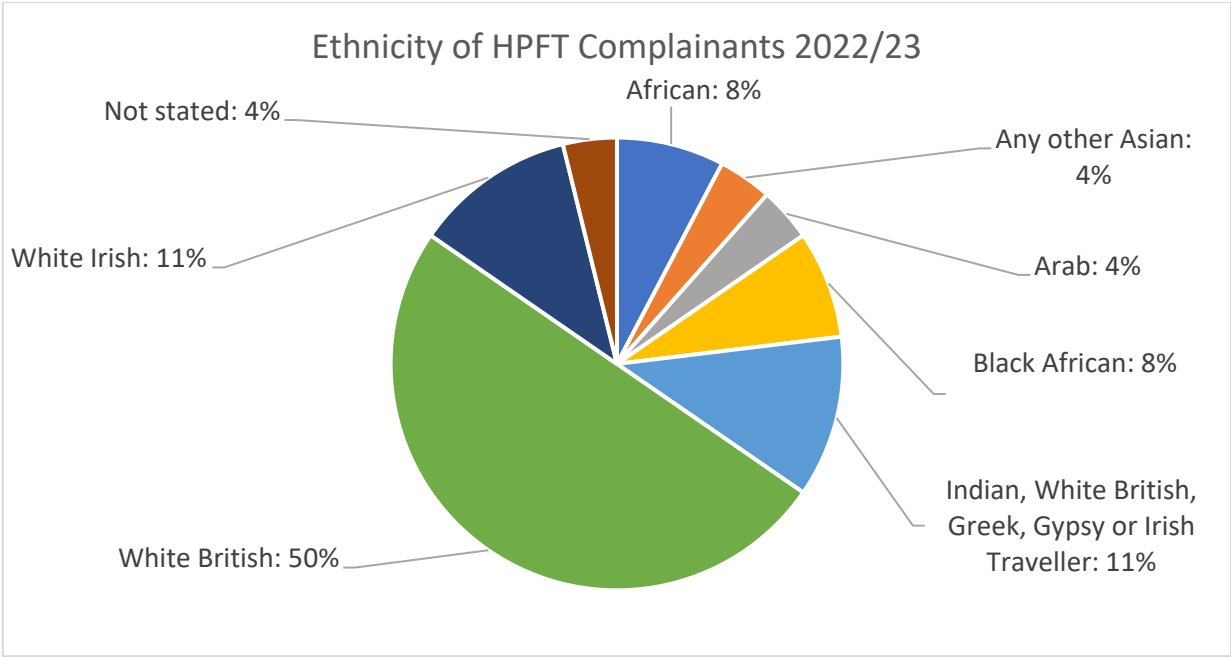






## Appendix 6 – Formal Complaints





## Appendix 7 – Having your Say

