

Diversity and Inclusion

Annual Report 2021-22

Our Activity, Achievement and Ambitions



1. Introduction

At North Staffordshire Combined Healthcare NHS Trust, we provide social care, learning disability, substance misuse and primary care services to people predominantly living in the city of Stoke-on-Trent and in North Staffordshire. The Trust is one of the main providers of mental health, social care and learning disability services in the West Midlands.



We currently work from hospital, GP practice and community-based premises, operating from approximately 30 sites to approximately 464,000 people of all ages and diverse backgrounds in our core area of Stoke-on-Trent and across North Staffordshire. Our main site is Harplands Hospital, which opened in 2001 and provides the setting for most of our inpatient units. A number of our teams provide services across Staffordshire, the West Midlands and beyond.

We provide services to people with a wide range of mental health, substance misuse and learning disability and/or autism needs. Sometimes our service users need to spend time in hospital, but much more often we are able to provide care in community settings and in people's own homes.

We also provide specialist mental health services such as child and adolescent mental health services (CAMHS), substance misuse services and psychological therapies, plus a range of clinical and non-clinical services to support University Hospitals of North Midlands NHS Trust (UHNM).

The Trust has a range of formal and informal mechanisms in place to facilitate effective working with key partners across the local health and care economy. These include participation in partnership boards which bring together health, social care, independent and voluntary sector organisations in the City of Stoke-on-Trent and the County of Staffordshire.

We help drive improvements across the wider health and care economy, through our leadership roles in the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan - Together We're Better.

We work closely with agencies that support people with mental health problems, such as North Staffs Voice for Mental Health, ADS, Approach, ASIST, Brighter Futures, Changes, EngAGE, North Staffordshire Huntington's Disease Association, North Staffs Mind, North Staffs Carers Association, Reach and the Beth Johnson Association. We also work with partners in Substance Misuse services in We Are With You, BAC O'Connor, Humankind and The Forward Trust.



We employed an average of 1,499 employed WTE and 226 other staff during 2021/22. 2021/22 was another strong year for the Trust financial achieving a surplus for the year from continuing operations of £1.5m against income of £149.9m.



In March 2019, we were delighted and proud to announce that the Care Quality Commission had awarded the Trust an overall “Outstanding” rating – the highest overall rating they can award - making Combined Healthcare 1 of only 2 specialist mental health Trusts in England with an overall ‘Outstanding’ rating.

We look to involve our service users in everything we do, from providing feedback about the services we provide, to helping shape our priorities, to helping us find the right people to work for and with us. This work is co-ordinated by our Service User and Carer Council.

Equality, Diversity and Inclusion is fundamentally at the heart of all we do across the Trust. We have an unrelenting desire to be outstanding in the effective, inclusive and compassionate experiences that we provide to our patients, service users, carers and those who work with and for us.

This ambition is supported by our Proud to CARE Trust Values and our SPAR Quality Priorities, by our Workforce and Service User Strategies, our Diversity and Inclusion Strategy and our



the People Promise and Trust People Plan. Increasingly, our work is aligned to our local system People Plan and we closely with system colleagues on inclusion as well as in the delivery of our wider organisation functions.

This report sets out our Trust activity, achievement and our ambitions on Diversity and Inclusion and how we have delivered against the key statutory and NHS responsibilities in this field.

2. Structure, Governance and Regulation of Diversity and Inclusion

2.1 Inclusion Structure

Executive Team and Trust Board

Our Interim Chief Executive, Buki Adeyemo (substantive Medical Director) is passionate about race inclusion and has previously used her personal lived experience to help inform race policy nationally by participating in Medical Advisory Group of the Workforce Race Equality Standard. She has also spoken at national events about inclusion and specifically race inclusion. Buki is the chair of our Inclusion Council.

Our Executive Director of People, Organisation Development (OD) and Inclusion, Shajeda Ahmed, has executive leadership responsibility for Inclusion and has demonstrated herself as a passionate champion and powerful change agent for inclusion in all its forms. Shajeda has spoken at a number of local, regional and national events about her personal lived experience and about race and wider inclusion.

Our Executive Director of Operations, Ben Richards succeeds Jonathan O'Brien in both the role and also as the role of Executive Sponsor for the LGBT+ Network. Speaking in May 2022, on the International Day Against Homophobia, Biphobia and Transphobia (IDAHOBIT), Ben said:

“I am delighted to have been appointed as the Executive Sponsor of the Combined LGBT+ network as I believe passionately that our diversity and inclusivity is central to both employee wellbeing and delivering outstanding care for our patients. It was particularly pleasing for me personally that this occurred during the week of International Day Against Homophobia, Biphobia and Transphobia (IDAHOBIT 2022). I have experience of being involved in LGBT+ networks in previous roles and I am looking forward to engaging with the network's activities here at Combined and with Stevan as Chair. It's an exciting year ahead and I'll do everything I can to help the network achieve its aims.”

Our Executive Director of Nursing and Quality, Kenny Laing, is Executive Sponsor for our Combined Ability Network and has spoken about living with a long term health condition and making inclusion part of day to day practise. Kenny has also acted as Executive Sponsor in 2021-22 for one of our ethnic diverse staff who was fortunate to secure a place on a regional development programme, Developing Aspirant Leaders (Nursing and Midwifery).

Our Staff Side Honorary Board Member, Jenny Harvey, is a true proponent of inclusion. Jenny is an activist for trans inclusion locally and nationally within her Trust, system and UNISON roles. Jenny has delivered Trans Awareness education sessions for the Trust, system and other organisations nationally throughout 2021-22 and plans to develop this programme to cover LGB and Trans Awareness in 2022-23.

Trust Inclusion Structures and Roles

The Trust has a Diversity and Inclusion Lead who works 3 days leading and coordinating this area of work across both patient/service user and workforce responsibilities.

Over the period March 2021 – 2022, the Diversity and Inclusion Lead has received additional support via our OD Talent Bank.

From February 2022, a Differently Abled Buddy Scheme Project Manager joined the team on a fixed term basis (see later).

2.2 Trust Committee and Group Structure

Both service user and workforce-related Inclusion matters and papers are discussed at the Trust's Inclusion Council which is chaired by the Chief Executive and Deputed by our Executive Director of People and Development. Inclusion Council is made up of a membership drawn from pertinent leadership roles together with individuals representing different workforce groups and characteristics. Staff Network Leads have a seat on Inclusion Council and feedback about issues raised, action taken and support needed. Inclusion Council has continued to meet every 2 months throughout 2021-22.

Inclusion related workforce matters and key inclusion reports are discussed, quality assured and approved at the Trust People, Culture and Development Committee (PCDC) which meets monthly (except August). PCDC is a sub-group of Trust Board.

Inclusion related service user matters and reports are additionally discussed in our Trust Service User and Carer Group and in our Quality Committee.

Additionally, our Patient Advisory and Liaison Service (PALS) provides support and gathers feedback from patients, service users and carers about experiences of the Trust and this is fed into the above meetings. This includes coordinating feedback from compliments and complaints, Friends and Family Test, Discharge Survey and other feedback/surveys.

Our Staff Networks are outlined later.

2.3 Freedom to Speak up

The Freedom to Speak Up Review (2015), considered the speaking up culture in the NHS in England and identified groups that faced barriers to speaking up. This included black and minority ethnic workers, trainees, locums and agency workers. Any worker group could potentially face barriers to speaking up. As a Trust we work in partnership with our Freedom to Speak Up (FTSU) Guardian whose roles is to:-

- Seek to identify groups potentially facing barriers to speaking up
- Work towards addressing those barriers.
- Support work to in relation to the Workforce Race Equality Scheme (WRES)

At Combined, we recognise that for some staff who have diverse backgrounds, they may find speaking up more difficult. We encourage all staff to have a voice as we celebrate diversity within our organisation. We support all workers, volunteers, contractors, bank and agency staff and those working different shift patterns to speak up about anything that gets in the way of doing a good job. Our FTSU Guardian works promotes our speaking up routes and offers support to anyone who feels unable to speak up or are unsure about how to.

FTSU is about speaking up about anything that gets in the way of doing a great job. FTSU Guardians support workers to speak up when they feel that they are unable to in other ways. In health, as in all sectors, the best leaders understand the importance of listening to workers who are the eyes and ears of an organisation. FTSU Guardians support workers to speak up when they feel that they are unable to do so by other routes. They also work proactively to support their organisation to tackle barriers to speaking up. Their role is independent and impartial.

As a Trust we believe that speaking up about any concern staff have at work is really important. The Trust has responsibility to have the systems and processes in place to ensure that the staff feel 'free to speak up'. It is the responsibility of the Trust Board of Directors to engender an open culture which invites and encourages both the positive and negative feedback from all who use and work with our services. Service user safety is the prime concern and our staff are often best placed to identify where care may be falling below the standard of our patients deserve.

Zoe Grant was appointed as the Trust's FTSU Guardian in June 2018 with one day per week dedicated to the Guardian role. From 1st June 2022, there is a new guardian in place; Marie Barley. Marie has 3 days per week dedicated to this substantive role, allowing more dedicated time to focus on driving our being open cultural improvement work forward, whilst supporting staff who are raising concerns via FTSU mechanisms.

Since the launch of the FTSU Champions in 2018, the Trust has successfully appointed 22 Champions undertaking this role on a voluntary basis. The Champions comprise of multi-disciplinary professionals and diverse staff groups in addition to being from across all Trust Directorates. In line with the nationally recommended guidance, the Trust's FTSU Guardian now has standalone quarterly reports which are reported through to the People Culture and Development Committee (PCDC) and the Trusts Joint Negotiation and Consultation Committee (JNCC).

The FTSU Guardian received 46 concerns between 1st April 2021 and 31st March 2022. This shows an increase when compared to 36 concerns reported throughout 2020/2021.

- 89% of the concerns raised during 2021/2022 were raised directly to the FTSU Guardian; 11% raised via the FTSU Champions
- The highest main theme of concern throughout 2021/22 was related to line management issues
- 8 cases related to bullying and harassment concerns

- 3 of these 8 concerns were reported to be racially-driven
- No other concerns relating to protected characteristics were identified

The Trust has been actively seeking to recruit FTSU Champions from across different protected characteristics and professional disciplines. We are highly encouraged at the level of take-up across these groups, including a number of people of colour, with disabilities/differently abled and LGBT+ identities. We see this as crucial to enabling honest conversations and reporting of concerns for all who work with and for the Trust.

“Freedom To Speak Up is essential and offers everyone a route for people to speak up safely, if for whatever reason, they feel unable to do so with their direct manager. It is used to raise issues about anything that may concern our staff or for when something just doesn’t feel right or when people don’t feel that their voice is being heard.

“We value and appreciate each and every person that works for, or contributes to the services we provide at Combined. Everyone has the right to feel safe at work, have a positive work-life experience and have that sense of belonging.

“Providing safe spaces for our staff to openly share their voice, raise any queries or share concerns is critical to us at Combined. Speaking up also helps us to get things right where we may not always have seen the opportunity.”

Marie Barley – FTSU Guardian, Being Open and Engagement Lead

Outstanding

Our journey continues...



Supporting a being open culture, enabling people to speak up

3.0 Trust Diversity and Inclusion Delivery and Achievement Highlights 2021-22

Working to advance diversity and inclusion has continued to be a high priority for the Trust throughout the second year of Covid, despite the many and severe operational challenges the pandemic has imposed on our health and care systems and services. We have not relented in our pursuit of a more equitable and inclusive organisation, system and society, taking a high-profile and multifaceted approach as outlined below.

We are extremely proud to have been recognised for excellence in our approach to growing workforce diversity and inclusion throughout this period, being credited with the following national awards received during 2021-22. These awards recognise our unique approach and absolute commitment to the inclusion agenda:

- **Winner of the HPMa Mills and Reeve Award for Leading In Equality, Diversity and Inclusion 2021**
- **Finalist In the HSJ Staff Engagement Award 2021**
- **Finalist In the HSJ Workforce Race Equality Award 2020 (awarded March 2021)**



A key element of our approach to advancing workplace Inclusion is the delivery of our Inclusion Schools programme on behalf of Staffordshire and Stoke-on-Trent Integrated Care System. Inclusion School aims to influence and change behaviours through a 'show not tell' approach, based on powerful personal stories and conversation. These sessions have been delivered online as a consequence of the context of the Covid-19 pandemic. However, this medium has enabled us to reach a much wider audience for these Important and engaging sessions.

In 2021-22 we delivered a series of Inclusion School Summer Masterclasses, well-attended across the system and beyond and still reaching new participants through our shared recordings. Our Summer Masterclasses addressed a range of core inclusion concepts, as below:

- 1. Unconscious Bias and Micro Aggressions/Micro Affirmations**
- 2. Authenticity, True Self and Imposter**
- 3. Privilege and the Power of Allyship**

We then returned to our more In-depth story and conversation-based sessions with our Autumn Inclusion School entitled ***The Colour Purple: Mind the Gap (Understanding and Supporting People with Disability and Neurodiversity)***. More than the sessions themselves, our Inclusion Schools have become a genuine and growing learning community and movement for positive change on inclusion. Our Inclusion School journey will continue into 2022-23.

Another Important element of how we have been changing the culture towards greater inclusion throughout 2021-22 is with our ***'Comfortable Being Uncomfortable with Race'*** cultural education programme. This initiative has been led by the Trust on behalf of the system to challenge institutional and individual biases and micro-aggressions and incivility and encourage leaders particularly to have challenging conversations on race and difference to aid genuine culture change. This powerful approach to educating on racism and race Inclusion uses immersive, drama-based, interactive learning to place participants in a range of uncomfortable scenarios, based on real life events in the NHS.

In a third key element, the Trust has worked hard to establish a fourth local positive action development programme for aspirant leaders with ethnic diverse heritage from across the system. Hosted by the Trust, ***'New Futures'*** works with an external provider with a track record of delivery on this type of learning to deliver a 5-day programme to 40 individuals. The core programme is supplemented with a range of additional development offers, all geared at supporting participants to be 'ready now' when progression opportunities arise.

Our New Futures programme began In February 2022, with the additional elements running over a 6-month period. All participants will become part of our ***'Stepping Up' alumni*** and, as such will receive access to information and development opportunities over the years to come, as well as tracking of their onwards development and career progression.

In addition to these key elements, we are delighted to report the following progress through 2021-22, all despite the very significant operational pressures of the pandemic:

- Placing a strong emphasis on supporting workforce physical and psychological health and wellbeing throughout the ongoing pandemic, including launching a new Psychological Wellbeing Hub for the system, hosted by the Trust;
- Delivered throughout the year a celebratory and awareness-raising programme of diversity and inclusion-themed days, weeks and months, including representing the Trust at Stoke Pride, in a united effort together with local health and care system partners and delivering inclusion-themed Wellbeing Boxes to workforce teams across the Trust on several occasions through the year ;
- Continued to develop and embed the role and impact of our Trust staff networks as well supporting and contributing to the development of our system level networks;

- Continuing to hold bi-monthly Inclusion Council meetings and progressing our four Inclusion Projects (Inclusive Recruitment, Inclusive Development, Preventing and Responding to Abuse Incidents, and Culture of Inclusion);
- Begun our journey to being accredited and benchmarked under the Phase 2 of the NHS Rainbow Badge scheme;
- Made significant progress in our Trust staff survey inclusion measures, Including specifically on the race and disability measures in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), Including quarter-by-quarter Improvements in our workforce representation in relation to ethnic diverse heritage and disability;
- Continued to make progress in addressing our Gender Pay Gap
- Continued with our High Potential Scheme, supporting the development of a diverse cohort of aspirant senior leaders through the first 2 cohorts of this flag-ship programme
- Launched our New Futures development programme, with 40 places across the system to aspirant leaders with ethnic diverse heritage (a proportionate 4 places allocated to colleagues from this Trust) as well as continuing to engage with, share offers with, track and support our 'Stepping Up' BAME Leadership Programme Alumni group;
- A number of our executive directors have spoken at online national events and conferences on inclusion-related topics, including our People Director and our Medical Director / currently Acting Chief Executive
- Developed a highly diverse team of executive directors who are well-informed and growing in confidence on inclusion matters and are engaged and Invested In Inclusion and the work of our staff networks;
- Commenced implementation of an exciting new programme, **AccessAble**, to Improve accessibility across our services to service users, carers and staff with a wide range of disabilities and neuro-difference;
- Won a £15K application for a WDES Innovation Fund Award to Improve Staff Retention with our Differently Abled Buddy Scheme proposal to better support new workers with disability, long-term health conditions and neuro-difference to settle into the organisation and to access reasonable adjustments and supportive equipment and facilities to assist them In becoming effective and empowered In their new roles.

We are proud that our clinical teams place diversity and inclusion firmly within their services and a number have taken exceptional steps to furthering this, including:-

- Ensuring the availability of more accessible COVID-19 vaccination clinics for our local communities, including specifically catering for people with learning disabilities (in conjunction with system partners MPFT)
- Widening participation with local schools, to support growing our future healthcare workforce
- Embedding of annual health checks into the care of our service users with Severe Mental Illness (SMI)

- Working to improve access and engagement from expectant and new parents with diverse ethnic heritage into our pre- and post-partum mental health services
- Community engagement and consultation on health inequalities through Community Health teams and our Transformation team, in conjunction with system partners Midlands Partnership Foundation Trust
- 4 x Experts by Experience posts established supporting 4 service users with learning disabilities into these paid roles with the Trust
- Paid Peer Support Worker roles established in a number of teams (service users into employment) – Step On, Early Intervention, CAST, CAMHS, and the Parent and Baby Unit teams (and Liaison and Diversion Service, hosted by Changes).
- Our Step On team has additionally supported 253 service users (from 579 referrals) into a wide range of employers in the local area through their Individual Placement and Support service. That's 253 lives changed and a 43.7% placement rate.

3.1 How equality of service delivery to different groups has been promoted through the organisation

The Trust works hard to meet and exceed its obligations under the Public Sector Equality Duty. This includes the objectives to (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

. In 2021-22, key supporting programmes of work have been:

- ***Inclusion School*** learning sessions
- ***'Comfortable Being Uncomfortable with Race and Difference'*** programme delivery
- ***'New Futures'*** positive action development programme
- Workforce Health and Wellbeing programme, including our new ***Psychological Wellbeing Hub***
- Work of our Inclusion Council and Trust committees
- Launching of ***AccessAble*** preparations to improve accessibility in our Trust buildings
- ***NHS Rainbow Badge Phase 2*** Assessment Process
- Developing the role and impact of our ***Staff Networks***
- Our ***Observe and Act*** process, and
- ***System transformation work on health inequalities***

3.2 Outstanding Inclusion Examples at Combined Healthcare

AccessAble

We are delighted to announce that, in 2021-22, the Trust was able to agree an implementation plan to work in partnership with AccessAble for a period of 3-5 years. AccessAble are the market leading charitable organisation specialising in all aspects of disability and providing detailed Accessibility Guides to public buildings and spaces across the UK. Our Trust Detailed Access Guides will be published in Summer 2022 at www.AccessAble.co.uk and will be available through the Trust's new website. These Access Guides are created from AccessAble's surveyors' on-site assessments undertaken in March-April 2022.

Our Detailed Access Guides will significantly enhance patient, service user and carer experience by providing the accessibility information they need before visiting. Crucially, AccessAble do not rate or judge the accessibility of a site, but simply explain what is available, so that service users and visitors (and staff!) can be better informed about the facilities across our sites.

In addition to these accessibility guides supporting day to day navigation of our Trust sites, working with AccessAble provides us with annual reports recommendations for improvements to accessibility, ranging from 'quick wins' to larger-scale investment in our buildings and sites.

[Click here](#) to see our Trust Detailed Access Guides. A formal launch is being planned for Summer 2022.

Comfortable Being Uncomfortable With Race and Difference

Our *Comfortable Being Uncomfortable* programme, in partnership with Enact Solutions Ltd, is providing immersive education and development on race and racism for leaders and other colleagues across the Trust and wider system. The programme also includes some discussion regarding neurodiversity.

Since July 2021, approximately 300 colleagues have participated in this programme system-wide, over 80 of whom are from Combined Healthcare. This form of learning was felt to be essential following the media response to the Black Lives Matter movement, Covid-19 and the George Floyd murder in 2020 in an effort to develop greater understanding of racism in all its forms in the workplace, and to engage hearts and minds in bringing about a deeper culture of inclusion and anti-racism.

We developed our project plan for this programme and shared our experiences of it as part of an NHS Employers **100 Days Challenge on Transformation in EDI**.

Inclusion School

Our *Inclusion School* approach has brought personal story and conversation based learning to a growing alumni of over 400 individuals from the Trust, local system, wider NHS and other public and private sector organisations.

The concept is to provide a safe space for the development of deeper understanding of inclusion related issues and concepts, designed to elicit compassionate and inclusive emotions, learning and action in the short and long term.

Five full-length inclusion school sessions have been completed in the 18 month period from November 2020 to May 2022 on topics including: race; LGBT+; women in leadership; disability; and inclusion and intersectionality. In the period 2021-22 we held our disability session: *The Colour Purple*. Understanding and supporting people with disability and neuro-difference, as well as 3 shorter 'bite-sized' Summer Masterclasses on inclusion themes cutting across different equality groups, including microaggressions, imposter syndrome, unconscious bias and allyship.

New Futures / Stepping Up

We are proud as a Trust to have delivered a further cohort of a powerful personal development programme for system colleagues (band 5-7 and equivalent) with diverse ethnic heritage and leadership ambition. Our local programme entitled **New Futures**, delivered in quarter 4 of 2021-22, is built around 3 modules delivered over 5 days of online education. Over 40 offers of places were made, and 34 places were taken up by individuals from across the system. Participants progress an additional suite of further development activities beyond completion of the core programme, and this will continue well into 2022-23.

Stepping Up is the name of the NHS Leadership Academy's personal development programme that our New Futures programme is designed to be equivalent to. The Trust has previously delivered 3 cohorts of Stepping Up in conjunction with the NHS Leadership Academy. Participants of these cohorts form our Stepping Up Alumni (soon to be joined by our New Futures participants) and we continue to engage and support our alumni members on their onwards journeys of development and career progression. Whilst some members of the alumni are lost to tracking, we are aware of a good proportion of the alumni group who have advanced their careers in a variety of ways since undertaking the Stepping Up programme, and we continue to support and offer further development designed to help participants fulfil their career aspirations.

NHS Rainbow Badge Phase 2 Implementation

The Trust is Proud to be an early implementer of the NHS Rainbow Badge Phase 2 programme.

Staff have continued to sign up to be LGBT+ Champions and to wear the NHS Rainbow Badge pin. To date, approximately one third of Trust staff have signed up as LGBT+ Champions and badge wearers.

We signed up to participate in this new phase of the Rainbow Badge scheme in 2021 and began our assessment phase during the final quarter of 2021-22.

The assessment phase is due to complete in July 2022 and we look forward to being rated as either Bronze, Silver or Gold based on our demonstrated level of LGBT+ inclusion for both service users and for our workforce colleagues.

Importantly, an action plan will be formed on the basis of our feedback from the NHS Rainbow Badge Team and our LGBT+ Staff Network and our Inclusion Council will oversee implementation and review of this plan to ensure we continue to improve on how we perform on LGBT+ inclusion, ensuring better experiences for our service users, carers and staff who are LGBT+.

Inclusion Council

Our Inclusion Council has continued to meet on a bimonthly basis to discuss inclusion related matters. To date, no inclusion council meeting has been cancelled since its launch in 2018.

The format of these meetings has changed to online since Covid-19, allowing attendance for people working from a range of venues, including the home office.

Although not a formal Trust Committee, Inclusion Council has the benefit of representation of a range of individuals with lived experience of different protected characteristics, as well as leaders responsible for patient experience, recruitment and HR, education and clinical education, safety and more.

The style of working and discussion is involving and participative, with all members being encouraged to express views, ask questions and share thoughts, ideas and beliefs.

Inclusion Council allows discussion, debate and development of practise in relation to the spectrum of inclusion topics, with dedicated time to focus on the various Trust Inclusion Reports, such as this annual report, the WRES, WDES, gender pay and other mandated reports.

The meeting format allows for discussion around two current topics and progress reports against 4 specific inclusion projects, as well as a range of standing agenda items for updating and development.

3.3 Staff Networks and System Staff Networks

The Trust is proud to support three staff networks, which have been developing and extending their membership and impact since 2019. These networks are mirrored at Integrated Care System (ICS) level with three corresponding system networks.

Our three staff networks are:

- *Combined Ability Network (CAN)* – our disability and neurodiversity network
- *Lesbian, Gay, Bi and Trans+ (LGBT+) Network*
- *Equality Network for Race Inclusion and Cultural Heritage (ENRICH)* – our diverse ethnicities network

Staff networks offer you a place to come together, connect and share experiences. We like to create a safe space to talk where you feel supported and offer advice in a confidential setting.

Being part of a staff network helps you to voice concerns that could go unreported and you are empowered to improve policies and practices to help implement change. It can also help you to feel less isolated, especially if you don't have others who share similar characteristics in your immediate team or service.

The Trust recognises the important role that Staff Networks can have in raising awareness and being a positive force for change within organisations.

Each staff network is run by its members with a range of meetings, sharing upcoming webinars and training events, social events and learning opportunities. Each network has a Network Lead (who assumes the role for one to two years). Each network may additionally appoint a deputy.

Our Network Leads have to date undertaken their roles either within their existing substantive roles or in their own time. It has been recognised that this is increasingly inappropriate and unsustainable. During 2021-22, it was agreed that our Trust Network Leads will be given dedicated time in which to undertake network duties from April 2022. They may also participate in national network activities and support our local ICS network planning and delivery.

Each of our Trust networks have an Executive Lead who provides executive sponsorship, championing and 'unblocking' of issues where required. Our Network Leads and Executives are outlined over the page.

In addition to our Trust Networks, we are delighted to have a strong structure of system-level staff networks replicating those at organisation level. Commencing during the pandemic, our system networks have met roughly 2-3 months through 2021-22. There is a strong core membership and meetings include guest speakers, special topics for discussion and plenty of membership engagement.

We continue to invest in, develop and embed the role of our Staff Networks to enable them to develop their influence and impact for our staff and our patients and service users.



Combined Ability Network

Combined Ability Network (CAN)

Network Lead – Deborah Rich:
Deborah.Rich@combined.nhs.uk

Executive Lead – Kenny Laing, Executive Director of Nursing and Quality



Equality Network for Race Inclusion and Cultural Heritage

Equality Network for Race Inclusion and Cultural Heritage page (ENRICH)

Network Lead – Sarah Wanjiku: Sarah.Wanjiku@combined.nhs.uk

Executive Lead – Shajeda Ahmed, Executive Director of People, OD and Inclusion



Staff Network

Lesbian, Gay, Bi and Trans+ (LGBT+) Network

Network Lead – Stevan Thompson:
Stevan.Thompson@combined.nhs.uk

Executive Lead – Ben Richards, Executive Director of Operations

Expert by Experience Advisors

For over 5 years there has been a drive to enable those with Learning Disabilities (LD) access to meaningful employment within the services that they use as clients. The LD service in North Staffordshire Combined Healthcare NHS Trust has benefitted from service user volunteers who advise and consult on key issues, enabling us to secure views of those with lived experience. Although this group is extremely valuable, the service wanted to champion paid employment of people with LD and challenge the recruitment barriers.

Our Expert by Experience Adviser role project emerged in order to support people with LD into meaningful, paid NHS employment. Four part time (8 hours per week) posts were developed as permanent positions for individuals with lived experience. Funding was secured and a steering group formed to address the challenges the recruitment system posed for people with LD, in collaboration with individuals with LD, and with our HR, OD and other services.

Accessible application forms and job descriptions were devised, posts were advertised to encourage applicants, ensuring a wide and inclusive reach. The interview process was adapted to be supportive yet equitable to comparable posts.

Once the successful applicants were offered posts, we ensured that the existing LD workforce were able to adapt to change their ethos from client centred to facilitators.

Commencement in post for our 4 Expert by Experience Advisors was delayed due to Covid, but commenced during 2021.

The team were shortlisted in an amazing 3 categories at the Recruitment Industry Disability Awards for this innovative work. We plan to resubmit in 2022, when we will be in a better position to demonstrate the impact of this important work programme for those employed in these roles.

Congratulations to our Learning Disabilities Services for their collaborative work to create and commit to the success of these life-changing roles.



Trust Differently Abled Buddy Scheme

Combined Healthcare was successful in being awarded a £15K application for a WDES Innovation Fund Award to Improve Staff Retention with our **Differently Abled Buddy**



Scheme proposal to better support new workers with disability, long-term health conditions and neuro-difference to settle into the organisation and to access reasonable adjustments and supportive equipment and facilities to assist them in becoming effective and empowered in their new roles.

We commenced developing and implementing the buddy scheme from January 2022 with the appointment of a part time Project Manager, Angela Peake.

The aim of the scheme assist staff who are differently abled in becoming settled and established in their new role, and to guide them in accessing appropriate support and adjustments.

A Differently Abled Buddy is someone who is also differently abled and is trained with respect to the Access to Work Scheme and disability. They have agreed to act as an informal and friendly source of support and information who knows about the organisation and helps new staff to settled in, particularly with completion of the (NHS Employers) Health Passport, accessing reasonable adjustments, equipment and/or software (if applicable) and encouraging them to join the Combined Ability Network.

Based on the early success of the programme, the Health Passport and documentation related to the Buddy Scheme is in being embedded in Policy and practise, commencing with the Induction & Appraisal policies. The Final project report to the WDES team at NHS England was submitted at the end of June 2022 and will be published on our Trust Diversity and Inclusion pages in due course.



In March 2019, North Staffordshire Combined Healthcare NHS Trust was proud to be rated as **Outstanding** by the Care Quality Commission. This display was created to recognise and celebrate our magnificent staff and service users on their achievement.

4. Performance Against our Statutory Diversity and Inclusion Duties

4.1 The Equality Act 2010 and Public Sector Equality Duty (PSED)

When the Equality Act 2010 came into statute, it brought together and replaced all previous equalities legislation. The Equality Act 2010 is the primary piece of legislation around equalities.

The Public Sector Equality Duty (PSED) forms part of the Equality Act 2010 (section 149) and is applicable to NHS, and other public sector, bodies. The PSED came into force in 2011.

The Trust is fully committed to caring for all patients, service users, their families and carers, and staff in a manner which embraces, respects, promotes and celebrates inclusion and cultural diversity.

The Equality Act 2010 requires specific provision is made to consider the impact of services and activity for people who identify with one or more of the nine protected characteristics, and for public sector bodies to take proactive steps to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it, and
3. Foster good relations between people who share a protected characteristic and people who do not share it

These are referred to as the three aims of the **General Equality Duty**.

The protected characteristics and other groups

The Equality Act 2010 brought together previous gender, race and disability duties and extended the protection from discrimination to nine protected characteristics.

Over and above the nine equality groups protected from discrimination under the Equality Act 2010, we also have a duty of care to all our service users and staff, which may be vulnerable to potential discrimination for a range of reasons (see box below).

Protected characteristic groups	Other potentially disadvantaged groups, people living with / in
Age	Carer responsibilities
Disability	Military service
Gender reassignment	Homelessness
Marriage and civil partnership	Poverty
Pregnancy and maternity	Geographical isolation
Race	Long-term unemployment
Religion or belief	Stigmatised occupations (for example men and women involved in prostitution)
Sex	Drug use
Sexual orientation	Limited family or social network

The Trust has a duty to engage with the communities it serves and to work with NHS partner organisations to understand, mitigate and remove any potential discrimination and demonstrate its commitment to improving health equalities and removing health inequalities, as articulated in the Health and Social Care Act 2012.

As part of the public sector equality duty the Trust publishes this annual report in relation to equality, diversity and inclusion (this is also known as the 'Specific Duty under the Equality Act 2010'). The equality, diversity and inclusion annual report includes a wide range of information, including the Trusts work with the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS).

Equality Impact Assessment

Equality Impact Assessment (EIA) is the mechanism through which the Trust is able to demonstrate 'due regard' to the Equality Act 2010 and the meeting of its equality duties in relation to all Trust business and activity. EIA ensures that all protected characteristics and other groups at potential risk of health inequality are proactively considered in the Trust's services and business. - and as well as new and updated Trust policies - going to the Trust committees are underpinned by an equality impact analysis, through which the potential equality related impacts are identified, mitigated and removed.

Publication of the Equality, Diversity and Inclusion Annual Report

Once approved this Diversity and Inclusion Annual Report (and associated documents) is published on the Trust's website at: <https://www.combined.nhs.uk/working-together/diversity-and-inclusion/>.

4.2 Gender Pay Gap Reporting

From March 2018 a new statutory requirement in relation to gender pay gap reporting was introduced. Information about the Trust's gender pay gap can be found on the government website at <https://gender-pay-gap.service.gov.uk/Employer/MR7rAEq0/2019>.

The associated report and proposed actions can be located on the Trust's website at [NSCHT Gender-pay-reporting-2020-21](#). A snapshot of our Gender Pay Gap data for 2021 is provided below (2020 figures in brackets). It is noted that there is a lag in the reporting period for Gender Pay Gap according to Government timescales and the Trust will be producing its 2022 Gender Pay report shortly.



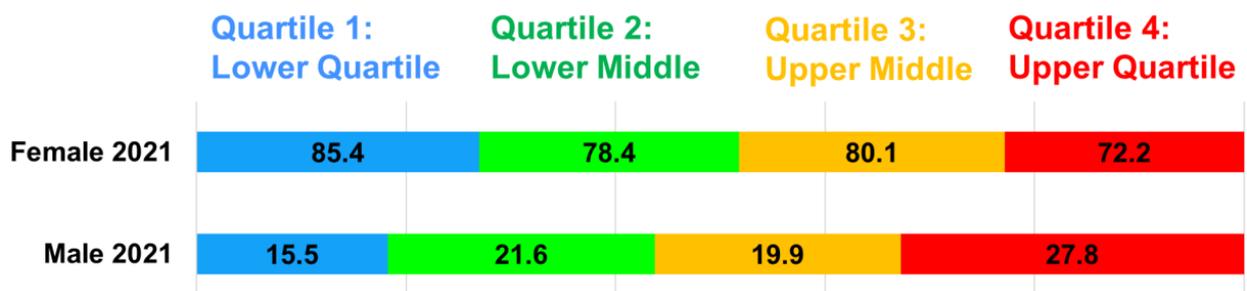
- The Trust's mean gender pay gap is 17.3% (17.7%)
- The Trust's median gender pay gap is 6.8% (6.5%)
- The Trust's mean bonus gender pay gap is 27.2% (23.4%) *
- The Trust's median bonus gender pay gap is -1.4% (-13.1%) *
- Proportion of eligible males receiving a bonus payment: 44% (48%) *
- Proportion of eligible females receiving a bonus payment: 25% (25%) *

*relates only to consultant medical staff; no other staff in receipt of bonus pay

Whilst the Trust has a Gender Pay Gap of 17.59%, which is very close to the National average of 17.9%, it is worth remembering that the gender pay gap is not the same as unequal pay. Our Trust gender pay gap is not because people doing the same jobs are being paid differently according to their gender (which is unlawful), it is because there are more men than women in higher paid roles. Nationally, NHS consultants, for example, are predominately male with only 36% of NHS Consultants being female.

The Trust as a whole has a proportion of 79.3% females 22.8% males and whilst the Trust has a high proportion of female staff overall, as illustrated in the chart below. This is generally in line with National NHS Figures (77%). There are proportionately slightly more female staff than male staff working at lower bands and adversely proportionately slightly more male staff working at higher bands. Nevertheless, this is in line with National NHS Figures where men make up 20% of Band 1 - 4, 18% of Band 5 – 7 and 31% of band 8a – 9.

The number of staff being paid bonuses is very low with a total of 11 people (3 female, 8 male) receiving additional benefits and these are all Clinical Excellence Awards for Medical Staff.



4.3 Health Inequalities and Under-Served Groups

The NHS Constitution states that the NHS has a duty to “...pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population”. This is reflected in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which introduced for the first time legal duties to reduce health inequalities, with specific duties on CCGs and NHS England. By extension, the duty to address health inequalities applies equally to provider Trusts.

During the continuing restrictions of the pandemic, the Trust has continued to increase our focus on health inequalities, particularly those linked to issues raised through the pandemic such as differing access and experience for people in some groups (such as those in some diverse ethnic communities / with diverse ethnic heritage; people who are LGBT+; people with disabilities, long term health conditions, mental health conditions and neurodiversity, and those whose mental and physical health has been adversely affected by the living and working conditions of the pandemic).

Our services are increasingly aware of some of the inequalities experienced by different groups and are becoming more inquisitive about the use of data to identify issues and barriers to care and quality of experience. This professional curiosity is being honed to ask more searching questions about who is and who is not accessing services, and why this may be, with a view to reaching out more effectively to those groups and individuals who are being under-served. We are also mindful of the higher than average levels of deprivation in the Staffordshire and (especially) City of Stoke-on-Trent areas, and that this is likely to have been further exacerbated by the financial and other effects of the pandemic period for our local population and communities.

Health Inequalities
the unjust and avoidable differences in people's health across the population and between specific population groups.



To support this change, members of our Trust Transformation Team as well as dedicated staff within our community directorates are developing practice, to improve and encourage greater health participation, including developing awareness of health literacy levels and

corresponding responses to this. Our clinical teams have also been engaging (mainly via online communication such as Teams, Zoom and telephone) with local community groups and representative organisations.

We continue to foster relationships with a variety of local third sector organisations, including local LGBT+ charities, deaf support organisations, local Black Lives Matter organisation (SABLE), local disability and mental health charities, and local religious organisations. Our list of community partnerships continues to grow. We look forward to more face to face engagement as we move out of the Covid-19 pandemic.

The Trust's Chaplain provides a range of spiritual and pastoral care needs and has knowledge of a range of religious faiths and practices and supports individuals on a variety of issues, often complex and multi-cultural.

The Trust commenced plans to become a Veteran Aware organisation in 2021-22 and this commitment was formally signed in June 2022. A project plan will be progressed through 2022-23 to advance our understanding and action in support of addressing health inequalities for veterans and their families.



We look ahead to enhancing our focus on the development of strategies and measures to effectively address health inequalities at every level in 2022-23 and beyond.

5. Performance against Mandatory Inclusion Duties (NHS Standard Contract)

5.1 Impact of Covid-19 Pandemic on NHS reporting

During 2021-22, the NHS remained subjected to measures to curtail the spread of the virus which were introduced by the UK Government in March 2020, as a response to the international Coronavirus pandemic.

However, a 'business as usual' approach has ensured that despite the restrictions the Trust has maintained its analysis and gathering of WDES, WRES and gender pay gap information and is reported normally.

5.2 NHS Staff Survey

A detailed analysis of the national NHS Staff Survey data confirmed Combined Healthcare to be the **best rated Trust** in the entire NHS.

We were delighted that this year, more of our staff responded to the survey than at any time in our history. It's great that so many of our people feel willing, able and enthusiastic to tell us their experience and their views.

This year, the centre-piece of the staff survey was a series of questions asking all NHS staff across the country how their Trust is performing against the 7 promises and 2 themes in the national NHS People Promise.

Across those crucial promises and themes in the NHS People Promise performed consistently at an outstanding level. Some of our many highlights from the 2021 survey are listed below.

- Combined is the number one, best performing Trust out of all 217 Trusts in the NHS Staff Survey. That's ALL NHS Trusts – not just mental health trusts.
- We are the best performing Trust in the entire NHS for recognition and reward.
- We are the best performing Trust in the entire NHS for flexible working.
- We are the best performing Trust in the entire NHS for staff saying "We are a team"
- We are in the Top 2 Trusts in the entire NHS for staff saying they have a voice that counts.
- We are in the Top 2 Trusts in the entire NHS for staff saying "We are always learning"
- We are in the Top 2 Trusts in the entire NHS for staff morale
- We are in the Top 3 Trusts in the entire NHS for compassion and inclusion
- We are in the Top 4 Trusts in the entire NHS for staff saying "we feel safe and healthy."

These are quite incredible results and a real tribute to all of our people. And in particular how they all treat each other as colleagues and managers.

We could not have been prouder to be able to congratulate and thank them all on what they have told us.

We also use data from the Staff Survey to inform our Workforce Race and Workforce Disability Equality Standards and associated action plans, and also to inform our LGBT+ inclusion action planning. See later sections of this report for more details on these specific areas.

Despite these Outstanding results, we are NEVER complacent. We know that in the details of what our people have told us, there are still some areas of concern for some of our staff and teams. Work continues at Trust and Directorate levels to make sense of and respond to the feedback from the Staff Survey and to make the Trust a better place to work for all.



5.3 Implementation of the NHS Equality Delivery System (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.

Implementation of EDS is mandated for all NHS organisations in the NHS Standard Contract. An exemption on EDS reporting was granted nationally in 2020-21 in response to the extreme operational pressures for the NHS due to the Covid-19 pandemic.

Throughout the pandemic, the Trust and local system have been part of a national test process to develop a new version of the EDS (third version). The Trust will soon be publishing its 2022 EDS (based on data to 31 March 2021) as part of a system report. The test phase required only testing of the first Domain around patient and service user access and experience.

The (third version) EDS is a toolkit designed around three primary goals:

- **Domain 1 – Provided services (Patient access and experience)**
- **Domain 2 – A representative and supported workforce**
- **Domain 3 – Inclusive leadership**

The (third version) EDS focusses on working collectively as a system to review a related set of services. The EDS is implemented in a three-staged process:

1. **Self-assessment (as a system)**
2. **Peer reviewed assessment**
3. **Stakeholder Reviewed assessment**

The Trust's 2022 EDS report will be published as part of a wider system report at <https://www.combined.nhs.uk/working-together/diversity-and-inclusion/> when it has fully completed the cycle of consultation and grading activity this summer.

5.4 Implementation of the NHS Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is designed to help NHS organisations understand and actively address differences in the experience between Black, Asian and Minority Ethnic (BAME) and white staff. Built around nine indicators, the WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

The Trust's 2021 WRES report can be located on the Trust website: ([North Staffordshire Combined Healthcare Diversity and Inclusion](#))

The Trust has been recognised for its outstanding level of improvement and strong national performance on the majority of the WRES indicators in 2021. Early indications are that these improvements have been sustained and further enhanced throughout 2021-22.

The 2022 submission process will commence from 1 July 2022 with a final submission deadline of 1 August 2022 for the last financial year (2021-22). The Trust has been developing and delivering action against a regional action plan to address race inequality at System level, commencing in 2021 and continuing into 2022-23.

5.5 Implementation of the NHS Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

In 2021-22 we have made a small further increase in staff declaring a disability, neuro-difference or long term health condition, increasing from approximately 5%

to 6%. We know that many more Trust staff than this identify as having a disability when asked in the NHS Staff Survey (27.4% of Trust respondents in the 2021 survey indicated they had a physical or mental health condition or illness lasting or expected to last for 12 months or more). We aim to close this gap in 2022-23. The first step to doing this is to seek information on the disability status of the 16.4% of the workforce for whom disability status is not known (either not declared or not recorded).

As with the WRES, the Trust was also noted to be among the best performing Trusts nationally on its 2021 WDES performance across the range of measures.

The Trust's 2021 WDES report can be located on the Trust website: ([North Staffordshire Combined Healthcare Diversity and Inclusion](#))

Also as with the WRES, work is in progress in relation to the 2022 WDES. By 31st August 2022 NHS Trusts and Foundation Trusts must:

- Complete the pre-populated WDES spreadsheet and submit data to NHS England via the Strategic Data Collection Service.
- Complete and submit the WDES online reporting form.

By 31st October 2022 NHS Trusts and Foundation Trusts must publish their WDES 2022 Annual Report.

Again, the early indications are that these improvements in our WDES performance have been sustained and further enhanced throughout 2021-22.

5.6 NHS Accessible Information Standard (AIS)

The AIS came into effect for all NHS organisations in July 2016.

The AIS places 5 responsibilities on NHS providers to ensure that the cater appropriately for the information and communication needs of service users with disability. These are to:

1. Identify (Ask)
2. Record
3. Flag
4. Share, and
5. Meet (Act on)

..the information and communication needs of patients and service users.

In order to ensure that the Trust complies with the standard clinicians identify if a patient or service user has additional communication needs during the initial assessment. The information is captured within the patient record to inform teams of any communication needs. An alert is placed on the patient's record and is visible for clinicians to see.

A review of performance against the AIS across Trust services is proposed for 2022-23.

5.7 Provision of a System for Delivery of Interpretation and Translation Services

As part of our Proud to CARE approach, we're committed to ensuring that our patients receive the support and information they need to access services, communicate with healthcare staff and make informed decisions about their care and treatment.

It is important to offer and arrange interpreter services for service users who require them and it is generally not appropriate to expect carers, relatives or friends to provide this service.

Our teams are asked to allow extra time for appointments where an interpreter will be supporting communication, to ensure that equitable experiences and outcomes are provided, compared to those for service users not requiring interpretation services.

For British Sign Language, face to face or video interpretation may be utilised. The Trust uses 2 local providers for BSL: Deaflinks and ASSIST with **77 BSL requests** in total over the period.

- **Deaflinks Staffordshire:**
66 requests for BSL interpretation were filled via Deaflinks in 2021-22 (compared to just 38 in the previous year). 100% fill rate.
- **ASSIST:**
In 2021-22 there were **11 requests** for BSL interpretation (100% fill) via ASSIST, an increase from just 4 requests in 2020-21. All these were for clinical interpretation support (no corporate events in period).

One service user additionally received treatment through a specialist mental health service for deaf service users (Deaf4Deaf) in 2021-22.

International Language Support

Telephone interpretation is the default service for the majority of international language interpretation needs. Where there are special circumstance face-to-face interpretation may be provided. Our international language interpretation data for 2021-21 is summarised below, with an overall fill rate of 93%. There was an increase in the overall number of requests over the previous year, and a much larger proportion of these was filled by telephone translation (99% fill).

NSCHT International language interpretation NSCHT 2021-22 (previous year in brackets)

	telephone	video	face to face	TOTAL
No. of requests	1480 (967)	139 (6)	251 (80)	1870 (1053)
No. filled	1461 (943)	103 (6)	173 (69)	1737 (1018)
Fill rate	98.7% (97.5%)	74.1% (100%)	68.9% (86.3%)	92.9% (96.7%)

- There were 3 complaints relating to face to face interpretation in 2021-22
- 99% of telephone interpretation requests were connected within 60 seconds
- The average duration of telephone interpretation calls was 28 minutes
- The fill rates for face to face and video were much poorer than for telephone

Translation of documents

The Trust uses a system called Recite TranslateMe to translate written documents into international languages. This service is provided free of charge to our teams and services (paid centrally). In 2021-22 there were 586 documents translated into the following languages. This compared to 205 requests in the previous year. Rarely, human translation may be requested where there is a specific need.

Language	Count
Polish - pl	78
Arabic - ar	52
Urdu - ur	48
Hungarian - hu	46
Romanian - ro	40
Czech - cs	35
French - fr	33
Slovak - sk	33
Kurdish (Kurmanji) - ku	32
Persian - fa	31
Chinese (Simplified) - zh	27
Albanian - sq	17
Sundanese - su	12
Bengali - bn	12
Turkish - tr	11
Spanish - es	10
Afrikaans - af	8
Italian - it	8
Tamil - ta	7
Pashto - ps	7
Punjabi - pa	6
Sinhala - si	4
Indonesian - id	4
Latvian - lv	4
Russian - ru	4
Lithuanian - lt	3
Armenian - hy	2
Somali - so	2
English - en	2
Bulgarian - bg	2
Malay - ms	1
Bosnian - bs	1
Mongolian - mn	1
Dutch - nl	1
Estonian - et	1
Zulu - zu	1
Total : 586	

5.8 Mandatory Equality, Diversity and Inclusion Training for all Trust Staff

The Trust utilises the Skills for Health Equality, Diversity and Inclusion E-learning package and this is mandatory for all employees to complete on a three yearly basis.

As at 31st March 2021, 1,615 Trust employees were compliant with their mandatory Equality, Diversity and Inclusion training. 88 were non-compliant, ie a percentage rate of **compliance of 94.83%**.

95%

6.0 Progress in Delivering Against the Trust Equality Objectives

Our Trust Equality Objectives 2018-23 are set out below

- 1. *Developing our Governance for greater Diversity and Inclusion***
- 2. *Delivering on our Equality, Diversity and Inclusion Requirements***
- 3. *Delivering on reducing Health Inequalities, including for under-served and seldom heard groups***
- 4. *Delivering on our Annual Inclusion Priorities***

Objective 1: Developing our Governance for Greater Diversity and Inclusion:

We undertook to proactively embed diversity and inclusion through all our services (clinical and non-clinical), our governance arrangements, our planning, decision making, and Trust culture. This has been delivered on in 2021-22 through the continuation of our Inclusion Council, through the work of PCDC and Trust Board and through the work of our clinical and non-clinical directorates and the Trust Staff Networks.

Specifically we have:

- Ensured appropriately robust equality impact assessment (EIA) consideration forming part of all reports and proposals considered at Trust committees and discussed as part of decision-making process
- Visible leadership on developing inclusion from all Board Members and Trust leaders at every level
- Strategic challenge, monitoring, development and direction on Inclusion via the Trust's Inclusion Council, including annual review of Diversity and Inclusion Annual Report and other equality-related reports (reporting into our People and Culture Development Committee or Quality Committees as appropriate and into Trust Board)
- Operational action on inclusion through Trust Directorates and services
- Sharing and development of inclusion good practice locally, regionally and nationally
- Development and embedding of the role of Staff Networks and links from these networks into a named Trust Board member
- Improvement of our data collection and use of data in respect of protected characteristics information, from both a service user and workforce perspective

Objective 2: Delivering on our Equality, Diversity & Inclusion Requirements

As set out above, the Trust has undoubtedly continued to ensure that it meets its responsibility under the Equality Act 2010 and associated 'Brown principles' to demonstrate 'Due regard' to meeting the Public Sector Equality Duty (PSED) and other equality legislation, including the Gender Pay Reporting requirement and other requirements that may emerge.

We have also ensured that our senior leadership team is fully understanding of equality and human rights legal and NHSE mandated equality standards and responsibilities including meaningful engagement and compliance with the below as well as being equipped with a deeper understanding of Inclusion through our Trust continual learning approach. We have delivered against the following core requirements in 2021-22:-

- **Accessible Information Standard (AIS)**
- **Equality Delivery System (EDS)**
- **Gender Pay Reporting Requirement**
- **Workforce Disability Equality Standard (WDES)**
- **Workforce Race Equality Standard (WRES)**

Objective 3: Delivering on Reducing Health Inequalities, including for under-served and seldom heard groups

We undertook to ensure that the Trust identifies and addresses health inequalities across local groups including those protected by the Equality Act and other vulnerable populations. This has been supported by:

- Deepening understanding around inclusion and health inequalities across the Trust through our inclusion education programmes
- Appointing to roles specifically focussed on engaging with community groups and underserved populations
- Continuing to tackle racism, discrimination and inequity through our directorates and the work of our Trust Committees, Inclusion Council and our Staff Networks
- Finding new ways to engage with our local communities regarding health careers, including promoting the Trust to under-served and under-represented groups, and resuming face to face engagement when appropriate (see case study example over page) in support of our future inclusive workforce
- Commencing work to become 'Veteran Aware' to help to raise awareness and reduce the impact of the health inequalities affecting military veterans and their families

Objective 4: Delivering on our Annual Inclusion Priorities

Our priority focus in 2021-22 has been educating for inclusion, specifically with a focus on race inclusion and tackling racism in all its forms. This has been delivered predominantly through our Inclusion Schools, our New Futures Programme, our Comfortable Being Uncomfortable Programme, and our Trust and system leadership development programmes.

Our Diversity and Inclusion Strategy and associated Equality Objectives will be revised and refreshed for the period April 2023 – March 2028.

Good Practise Example:

WIDENING PARTICIPATION WITH LOCAL SCHOOLS:

GROWING OUR FUTURE WORKFORCE

Despite the pandemic, we have continued as a Trust, to try and engage with the future workforce within our local schools and also we have come together to look at new and exciting virtual experiences, both in-house and across the system.

Toni Jacques and Bethan Plant led a fantastic virtual session at The Excel Academy High School where they promoted careers at Combined Healthcare and, more specifically, the day in the life of a nurse and an OT within mental health. We received the following feedback from the staff at Excel.

“The talk on careers in nursing/OT was very informative for our students. They were very appreciative of the in-depth information and had the opportunity to ask any questions they had. The majority of the health and social care class have now been inspired to look into a career in nursing/OT.” - Mrs C. Mahil.

The NHS Ambassadors programme encourages people working or studying in healthcare to volunteer one hour per year to speak in schools and colleges about their roles or participate in careers events and activities.

Helen Campbell and Helen Perry, Occupational Therapists from the Community Learning Disability Team, also ran three sessions for a local senior school for Year 7 pupils for their NHS-themed careers day. The sessions were remote using MS Teams and was presented to three classes of around 18–20 children in each class; approximately 54–60 children in total.

The facilitators fed back that the students actively engaged and asked lots of relevant questions the teacher commented on the level of interest raised by the session.



7.0 Conclusion

2021-22 has been another year in which working to advance diversity and inclusion has continued to be a very high priority for the Trust, and we have continued to deliver and excel on this, despite the many and severe operational challenges the pandemic has imposed on our health and care systems and services.

We have not relented in our pursuit of a more equitable and inclusive organisation, system and society, taking a high-profile and multifaceted approach to developing truly Outstanding Inclusion.

We are extremely proud to have been recognised nationally for excellence in our approach to growing workforce diversity and inclusion throughout this period.

Most importantly, we are grateful for the contributions of our increasingly diverse workforce and for the outstanding experiences that they seek to create for our service users and carers.

Key to our approach has been pushing the boundaries on inclusion understanding through our Trust, local system and beyond. Our Inclusion Schools programme, on behalf of Staffordshire and Stoke-on-Trent Integrated Care System, has been pivotal in deepening understanding to influence and change behaviours through a 'show not tell' approach, based on powerful personal stories and conversation, reaching an ever growing multi-sector audience locally and nationally. Additionally, our 'Comfortable Being Uncomfortable with Race' cultural education programme, also on behalf of our local ICS, has been challenging institutional and individual biases, micro-aggressions and incivility, and encouraging leaders to have challenging, culture changing conversations on race and difference. In a third key element, the Trust has worked hard to establish a fourth cohort local positive action development programme for aspirant leaders with ethnic diverse heritage from across the system. Hosted by the Trust, our 'New Futures' works with an external provider with a track record of delivery on this type of learning to deliver a 5-day core programme to 34 individuals. The core programme is supplemented with a range of additional development offers, all geared at supporting participants to be 'ready now' when progression opportunities arise.

Our Trust Board continues to be diverse and strongly united around principles of diversity and inclusion. A number of our executive directors have spoken at online national events and conferences on inclusion-related topics, including our People Director and our Medical Director / currently Interim Chief Executive.

Our Inclusion Council, chaired by our CEO, works hard to ensure that we debate and develop in relation to a wide range of inclusion issues, and continues to seek out and apply the inclusion lessons from the COVID-19 pandemic to influence continued positive change, further 'upping our game' on inclusion. We have also continued to further develop, embed and extend the role, impact and reach of our Staff Networks at Trust and system levels, as well as contributing to national NHS Staff Networks.

This report should be read in conjunction with our 2022 Trust Diversity and Inclusion Data Book (to follow July 2022) and our WRES, WDES and Gender Pay Reports for the period 2021-22 (to be published Autumn 2022).

END