

ACCESSIBILITY STATEMENT

North Staffordshire Combined Healthcare NHS Trust believes strongly in the power and importance of Inclusion and wants our service users, carers, staff and partner organisations to be able to access our services, buildings, information and communication in ways that are most appropriate to their individual needs. This includes identifying and removing 'barriers' to access for patient services and our workplace alike. If you would like this or other documents in an alternative format, please contact us at: Diversity@combined.nhs.uk. We can provide formats including (but not limited to):

- Audio format
- Braille
- British Sign Language (BSL) video
- Clear information
- Easy Read
- International language translation
- Large text
- Video format
- Your other preferred format..

TRUST INCLUSION AND BELONGING STRATEGIC PLAN 2024-28

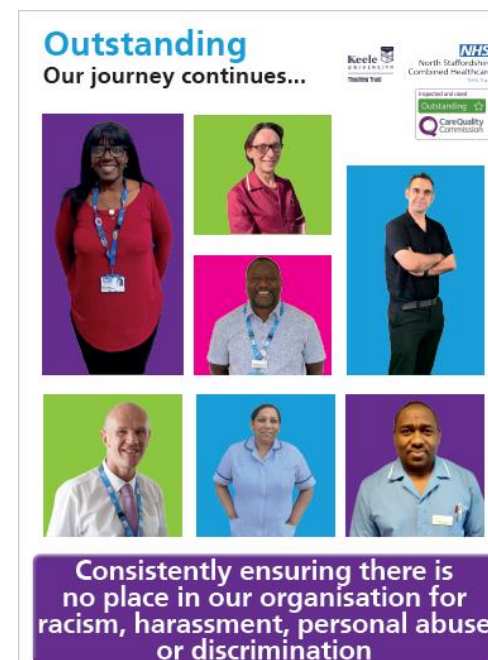
1 Introduction

The Trust is a diverse and inclusive organisation and there is no place for discrimination, harassment or personal abuse. We believe strongly in the powerful and wide-ranging benefits for individuals, organisations and society where inclusion and belonging are prioritised in how we engage with our local communities, our service users, carers and workforce.

This Inclusion and Belonging Strategic Plan 2024-28 is part of the 'Our Combined People Plan', our vehicle for delivering our Trust Workforce Strategy 2023-28. It replaces our previous published Diversity and Inclusion Strategy 2019-2023, setting out our ambitions to maintain and strengthen our approach to Inclusion and Belonging - and desired impact over the next 3-4 years.

2 Strategic Context

This Strategic Plan sets out our approach to Equality, Diversity, Inclusion and Belonging and provides the detail for how our Trust will deliver our People strategy and People Plan EDI priorities.



Trust Strategic Priorities 2023-28 [LINK for more Information](#)



PREVENTION



ACCESS



GROWTH

Supported by 4 strategic enablers:

Quality
We will provide the highest quality, safe and effective services

People
We will attract, develop and retain the best people

Partnerships
We will actively promote partnership and integrated models of working

Sustainability
We will increase our efficiency and effectiveness through sustainable development

Our Combined People Plan 2023-28 (5 pillars)

Our Purpose: To be Outstanding in ALL we do and HOW we do it

Our Plan: To further develop a diverse engaged workforce, outstanding in all that we do

Inclusive & representative
We will be inclusively representative of our communities

- Celebrating and recognising diversity
- Developing a culture of justice, belonging and inclusivity
- Representative of our diverse communities at every level

Great Place to Work
We will provide a great place to work

- Ever increasing levels of engagement and morale across the Trust
- People feel valued and supported
- Really positive team cultures

Health and Wellbeing:
We will ensure our people's health and well-being is supported better than any employer in the NHS

- Coordinated, accessible well-being offer
- More happy, healthy, resilient people
- Flexibility and work life balance

Achieve potential & aspirations:
We will provide the best opportunities for our people to achieve their potential and aspirations

- Enabling people to achieve their career aspirations
- Delivering great Succession Plans
- Demonstrating great leadership

Outstanding systems and processes:
We will ensure our people systems and policies enable the Trust to deliver great services

- Consistently good customer service
- Making systems and processes for our people far easier to use
- Getting the fundamentals right

3 Our Inclusion and Belonging Workstreams 2023-28

Linked to the above, our Inclusion and Belonging Workstreams for 2024-28 are to:

1. Create a diverse, inclusive and representative workplace where all our people are comfortable and psychologically safe to be their authentic selves	2. Become one of the best NHS workplaces , treating our people with kindness and compassion , so they feel they belong , and are valued and supported to flourish	3. Improve the Health and Wellbeing for all our workforce and address health inequalities	4. Deliver equitable and inclusive Talent Management and Career Development and Progression for all	5. Ensure Inclusive People Systems and Processes by Design
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4 Strategic Drivers

Just as Our Combined People Plan is central to delivery of our workforce strategy, our inclusive and representative workstream is central to delivery of this Inclusion and Belonging Strategic Plan. As a Trust, our People are our very essence and working together to create an environment where everyone can thrive is essential in our ability to the deliver on our priorities. Key drivers underpinning this Inclusion and Belonging Strategic Plan include:

- NHS People Plan (2020, as updated – see Appendix 1)
- Messenger Review (2022)
- NHS Midlands Workforce, Race Equality and Inclusion (WREI) Strategy (2022)
- NHS EDI Improvement Plan (2023)
- NHS Long Term Workforce Plan (2023)
- No More Tick Boxes / If Your Face Fits (Kline/ NHS Confed, 2023)
- Too Hot to Handle (Kline and BRAP, 2024)
- And importantly - What we know from our Trust WRES, WDES, Rainbow Badge and other inclusion programmes, from our Staff Networks, Staff Survey and other forms of feedback

5 Our OD, Talent Management and Inclusion Priorities 2024-28

1. Professionalising our managers	2. Inclusive Talent Management lifecycle – from pre-recruitment to post-retirement	3. Inclusive Processes and Systems
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Ensuring **inclusion** and **belonging** for all

We have 3 shared core priorities for OD, Talent Management and Inclusion through the period of this strategic plan, as below:-

1. Professionalising our leaders and managers for inclusion

Leaders set the tone and culture of their NHS organisation. Leaders who demonstrate compassion and inclusion, and focus on improvements, are key to creating cultures that value and sustain a diverse workforce. Staff will in turn feel more empowered to deliver great care and patient experience. As highlighted in the Messenger Review, **principles of Equality, Diversity and Inclusion (EDI) should be embedded as the personal responsibility of every leader** and every member of staff. It is in this context that all chief executives, chairs and board members should have distinct objectives on improving inclusion in their organisation and have a personal commitment to mainstream EDI as the responsibility of all.

CMI Management Standards recognise the importance of 'Being an Ethical and Inclusive Leader' and require managers and leaders to do the right thing, at the right time, and for the right reasons. These Standards (see Figure 1) include the requirement to role model 'championing inclusivity' and relate closely to our Trust Strategic Priorities.



Figure 1: CMI Management Standards

2. Inclusive Talent Management Cycle – from pre-recruitment to post-retirement

It is well-evidenced that diverse boards make better collective decisions for the communities they serve (NHS Improvement, 2018 cited in NHS EDI Improvement Plan, 2023). Whilst the Trust has a track record of having a diverse board in a number of different senses (with strong representation of ethnic diversity, LGBT+ identity, gender and disability equality), our data suggests less equitable representation in more junior leadership roles. Data from the Trust's WRES reports, particularly, illustrate diminishing and inequitable ethnic diverse representation from band 6-9 (with the exception of medical and board positions). Our Trust ethnic diverse colleagues report inequitable experience in gaining progression. Research tells us organisations where the leadership is representative of its workforce and the population it serves, are better able to attract, recruit and retain the very best diverse workforce talent ([McKinsey & Co, 2022](#)).

Our Talent Management approaches and tools must recognise the importance of equitable recruitment and career progression for all staff. If they do not, we risk losing talent if everyone does not see themselves as having the same opportunity, leading to a direct impact on patient care and experience. The national **Inclusive Recruitment and Promotion Practices framework** and **No More**

Tick Boxes report both highlight the principles for an evidence-driven approach, supporting achievement of the aspirations of the NHS Long-Term Workforce Plan by addressing workforce vacancies.

3. Inclusive Systems and Processes

It is increasingly recognised that time, money and energy invested in trying to change individual attitudes and to ‘debias’ their thinking results in time, money and energy that is not rewarded by corresponding changes in thinking and behaviour. Roger Kline, Research Fellow at Middlesex University Business School and author of *Snowy White Peaks* and *No More Tick Boxes*, states that “***it is more effective to debias processes than to debias people***”. Our Leadership and Talent Management processes – as well as day-to-day leadership conversations - need to be built around creating inclusive outcomes **by design**. Inclusive systems will result in equitable outcomes in terms of access to development, stretch opportunities and progression and career advancement for all. Our leadership narrative needs to encourage, inspire and nurture all our people to recognise their individual potential and to believe in and harness their ability to achieve it. This includes coaching-style development conversations both formal and informal.



Creating inclusive systems and processes means ensuring that **every stage** of the process is based on principles of equity and inclusion, and with bias-prone elements removed and replaced with processes that support inclusive decision making. Debiasing process means ensuring inclusive language when discussing recruitment vacancies (ie eliminating language that deters some minoritised social groups whilst giving others a distinct advantage), inclusive Trust imagery (ie images in posters, documents, website and other Trust communications must demonstrate diversity and always include representation of under-represented groups); and tackling known under-representation head-on with positive action. This may range from making positive statements encouraging applications from under-represented groups, through to making a positive action decision in situations where otherwise equitable candidates are competing for a role to avoid perpetuating the status quo (for more information, see Trust Inclusion in the Workplace Policy or the Equality Act 2010).

Accountability for inclusion and measurement of progress must be built in at every level of leadership. Measurement of progress is critical to guide targeted action. Our progress with this Inclusion and Belonging Strategy will be measured at Directorate and Trust levels (and wherever feasible, at individual service level) to inform delivery and improvement development.

6 Terminology

We have used the term Diversity and Inclusion since 2016. This Strategic Plan now updates this to the use of Inclusion and Belonging. This is in line with the increased move towards use of the term 'Belonging' in the NHS over the last 2-3 years. NHS England (2023) state:

'We must continue our efforts to make the culture of the NHS universally understanding, kind and inclusive, through the testing times that lie ahead.'

'The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms. Discrimination, violence and bullying have no place. If we do not role model this culture, then how can our patients expect to be treated equitably, and as individuals?'

'There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. Yet it is also clear that in some parts of the NHS, the way a patient or member of staff looks can determine how they are treated.'

(NHS England, 2023). *Belonging in the NHS*, online, extracted 19.12.23 at:
<https://www.england.nhs.uk/ourhsp/people/online-version/belonging-in-the-nhs/>

In writing this strategic plan for Combined Healthcare NHS Trust, we aim to create an environment that engages the full potential of the individual, where innovation thrives and where views, beliefs and values are respected, supported and valued.

Being Inclusive and fostering a sense of Belonging recognises everyone as individuals, with a diverse range of characteristics as described in the 2010 Equality Act, but also acknowledging a wider range beyond the nine protected characteristics enshrined in law. It is recognised that some characteristics and identities may bring privilege (or potential advantage) whilst others may have become 'minoritised' by society and therefore may bring potential disadvantage or challenges. It is noted that some characteristics are visible and others invisible. Figure 2 illustrates just some of the characteristics that may make up an individual's identity and sense of self.

When we refer to Inclusion and Belonging, we fully recognise and include equity and diversity as key elements within this, as illustrated in Figure 3 which defines the intersection of Equity, Diversity, Inclusion and Belonging using a Venn diagram.



Figure 2: elements of an Inclusive Workplace

7 What do we mean by the terms Equity, Diversity, Inclusion and Belonging?

- **Equity** means ensuring everyone has the same opportunities regardless of any protected characteristics such as their background, where they were born, or religion or belief. This does not mean always treating everyone the same. Sometimes this means treating people differently to ensure they have the same opportunities and making adjustments to accommodate an individual's needs.
- **Diversity** means celebrating, embracing and making space for our differences. Recognising and respecting diversity will enrich the way in which we work alongside and communicate with each other, allowing us to benefit from a range of different perspectives.
- **Inclusion** means creating a culture and environment where everyone feels safe and secure in the knowledge that they can be their whole selves.
- **Belonging** is about everyone feeling valued, accepted and celebrated for who they are, and it is not about having to fit in. People should feel that their contributions are valued and they are able to reach their full potential, no matter their background, identity or circumstances.

As previously stated, a focus on Inclusion and Belonging does not exclude Equity and Diversity, but recognises these aspects are integral to achieving a true sense of Belonging.

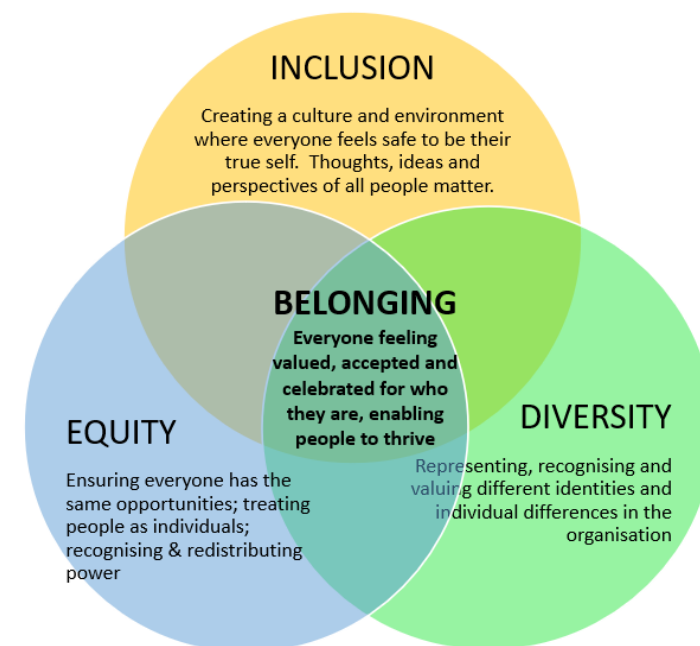


Figure 3: Defining EDI & Belonging (Image adapted from Trent Community Housing Services). Source: Nottingham Trent University, taken from HPMA 2023

8 Measures of Success

Key **Inclusion and Belonging** Measures from Our Combined People '**Inclusive and Representative**' Workstream

- **Equitable representation** measured across Agenda for Change and Medical pay scales and organisational people profile
- An effective support / talent system in place to be representative at all levels
- Equity exists across key inclusion areas

Key Measures from Our Combined People '**Great Place to Work**' Workstream

- Vacancies less than 5%, Turnover less than 8%, 'We are a Team' score over 8 – **overall and for key inclusion groups**
- Recommendation as a place to work 85% or more – **overall and from all key inclusion groups**
- High performers against external **equality** benchmarks and in Top 100 Places to Work

Key Measures from Our Combined People 'Health and Wellbeing' Workstream

- Sickness absence less than 4% - and equitable across key inclusion groups
- Presenteeism score 45% or less by 2028; 'We are safe and healthy' score improved to 7.0 or more – equitable across groups
- Violence and abuse towards staff reduced by 50% (from 2022 Staff Survey rates) - and equitable across key inclusion groups

Key Measures from Our Combined People 'Achieve Potential and Aspirations' Workstream

- Compassionate Leadership score over 8 - and equitable across key inclusion groups
- At least 50% of promotions are from within the Trust, equitably representing key inclusion groups - and we have diverse internal and external pipelines for our vacancies – we never fail to recruit
- Everyone has a supportive conversation at least 6 monthly about where they are in their career and what we can do to support them – equitable participation and experience across key inclusion groups
- Effective Succession Plans in place across the Trust with diverse talent pool identified and 'ready now' for key positions at band 8c+

Key Measures from Our Combined People 'Outstanding Systems and Processes' Workstream

- Support and take up of flexible / agile working - equitable across key inclusion groups
- Policy external accreditation
- Internal feedback and satisfaction scores high – and equitable across key inclusion groups
- Equity in employment relations cases
- Equity in Trust recruitment as measured by recruitment score for WRES, WDES (LGBT+ and gender to be added in 2024)

9. Additional measures of Inclusion and Belonging Progress and Success

To deliver this strategic plan, it is essential to embed the measures that we know are more likely to make a real and lasting difference. The following measures are adapted from the NHS EDI Improvement Plan 2023 as evidenced-based indicators of better staff and service user experience and outcomes, together with a range of other benefits including: better financial performance; higher CQC ratings; greater patient care and satisfaction; reduced staff turnover; fewer discrimination cases; lower movement of substantive staff into bank and agency positions to avoid discrimination at work; better equipped to address key health inequalities in local communities, and where psychologically safe work environments support people feeling they are treated with dignity and respect, and result in more effective and safer patient care (NHS England, 2023).

Metric	Source	Level	Frequency
1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF)	Trust appraisal records / LMS	Trust (AD / SLT level)	Annual / rolling quarterly
2a. Relative likelihood of staff being appointed from shortlisting across all posts - ethnicity and disability.	TRAC	Trust & Directorate	Quarterly
2b. NSS Q on access to career progression and training and development opportunities (broken down by ethnicity and disability)	Staff Survey		Annual
2c. Improvement in race and disability representation leading to parity	ESR		Quarterly
2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity	ESR		Quarterly
2e. Diversity in shortlisted candidates	TRAC		Quarterly
2f. NETS Combined Indicator Score metric on quality of training	NETS		Not yet available
3a. Improvement in gender, race, and disability pay gap	ESR	Trust / Directorate	Annual
4a. NSS Q on organisation action on health and wellbeing concerns	Staff Survey		Annual
4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training	NETS		Not yet available
4c. To be developed in Year 2	Not yet avail.		Not yet available
5a. NSS Q on belonging for Internationally Recruited (IR) staff – not applicable	Staff Survey	Trust & Directorate	Annual
5b. NSS Q on bullying, harassment from team/line manager for IR staff – n/a	Staff Survey		
5c. NETS Combined Indicator Score metric on quality of training IR staff	NETS		
6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff) and from patients and the public	Staff Survey	Trust & Directorate	Annual
6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)	Staff Survey		Annual
6c. NETS Bullying & Harassment score metric (NHS professional groups)	NETS		Not yet available

The measures in **bold** above are to be introduced from 2024. Other measures to follow when available, including patient/service user EDI metrics. A new EDI dashboard is in development within the Trust using Business Intelligence software to support the roll out of these measures at Trust, Directorate and Service levels from early in 2024-25. Embedding these metrics at service, directorate and Trust level are key to assessing and tracking progress against our priorities as we strive to deliver and demonstrate change on inclusion and belonging.

10 Our Trust Equality Objectives 2024-28

NHS Trusts (and other public sector bodies) are required to publish four-yearly equality objectives to meet the general equality duty of the Public Sector Equality Duty (PSED), as outlined in the Equality Act 2010. Progress with our 2019-2023 Equality Objectives is outlined in our Trust Diversity and Inclusion Annual Report 2023 ([Trust Diversity & Inclusion Annual Report 2023](#)) and accompanying [data book 2023](#)). Our new Trust Equality Objectives for 2024-28 will be drawn from the above analysis and also with our local population and communities in mind. These Equality Objectives (to be reviewed annually in our Trust Inclusion and Belonging Annual Reports) will help to ensure that our planning, policy making, decisions and activities are compliant with the PSED.

For our 2024-28 Trust Equality Objectives, we will:



Figure 4: The Protected Characteristics of the Equality Act 2010

1. Deliver overall **continuous improvement** in our actual and benchmarked performance on our Equality, Diversity and Inclusion **Core Annual Responsibilities** (see Appendix 2) to become and sustain our position as one of the best NHS employers in relation to a range of workforce race, disability, LGBT+ and gender inclusion measures, supported by an effective accountability and monitoring framework for leaders at service level and above.
2. Make demonstrable progress in significantly **reducing health inequalities** for our local population, including removing barriers to equitable access, experience and outcomes through all our services and demonstrating improved health outcomes, as measured by a range of patient/service user metrics.
3. Advance our position as a leading inclusive organisation by **improving service user and staff experience and outcomes** on a wide range of inclusion measures, including across key protected characteristics groups.
4. Deliver on our ambition to become truly an **inclusive, anti-racist and anti-discriminatory** organisation by 2028.

In delivering these Equality Objectives, we will give due regard to the nine protected characteristics of the Equality Act 2010 (figure 4) and other equality groups. These Equality Objectives will be supported by further detail and measurable targets and milestones, and performance monitored and reviewed against these annually in our Trust Inclusion and Belonging Report.

12 Priorities in Year One of this Strategic Plan

Our initial priorities to launch this Inclusion and Belonging Strategic Plan are aimed at providing the foundations for long term sustainable change, while promoting movement from the outset on our EDI metrics. It is recognised that dedicated resource for Inclusion and Belonging is extremely sparse (just 0.6 WTE) The areas that we will focus on in 2024-25 will be as set out below.

1. **Debiasing our Trust recruitment processes**
- leading to greater representation and parity and more inclusive talent management

Key metrics – improvement in Recruitment Scores at service, directorate and trust levels by ethnicity, disability and LGB and particularly in relation to outlier scoring services

2. **Reducing inequalities & health inequalities for service users and staff**
– leading to measurable reduction in gaps in access (focus on access to services in year 1, experience yr 2, outcomes yr 3)

Key metrics – introduction of dashboard monitoring of service user representation/participation in all services by ethnic group and religion, with additional focus at trust level on developing awareness and access for people with in particularly marginalised equality groups, including the homeless, traveller community, looked after children and care leavers

3. **'High visibility' focus around anti-discriminatory approach**
- supporting delivery against our RACE Code and Rainbow Badge action plans and associated accreditation, and development of our tangible and unmistakable culture of inclusion and belonging

Key metrics - improvement in a range of EDI indicators around belief in equal opportunities, Trust advocacy scores, reduced experiences of discrimination and HB&A, again at service, directorate and trust levels



13 Conclusion

This paper sets out a strategic approach to further developing, delivering and excelling on Inclusion and Belonging over the next 4 years, as part of our programme of delivering on being ***Outstanding in ALL we do and HOW we do it*** and to further develop a diverse engaged workforce, outstanding in all that we do, delivering outstanding experiences and outcomes for all our service users. This also complements our Trust Values-based approach using our Proud to CARE model.

Our Trust has developed a strong reputation for educating and delivering on diversity and inclusion over the past 4 years through our Inclusion School approach and through our performance in the WRES and WDES. We must now take this to the next level, becoming more inclusive, our leadership more diverse, and creating a workplace and service provision where people of all backgrounds and difference feel that they belong and can expect the highest standard of experience.

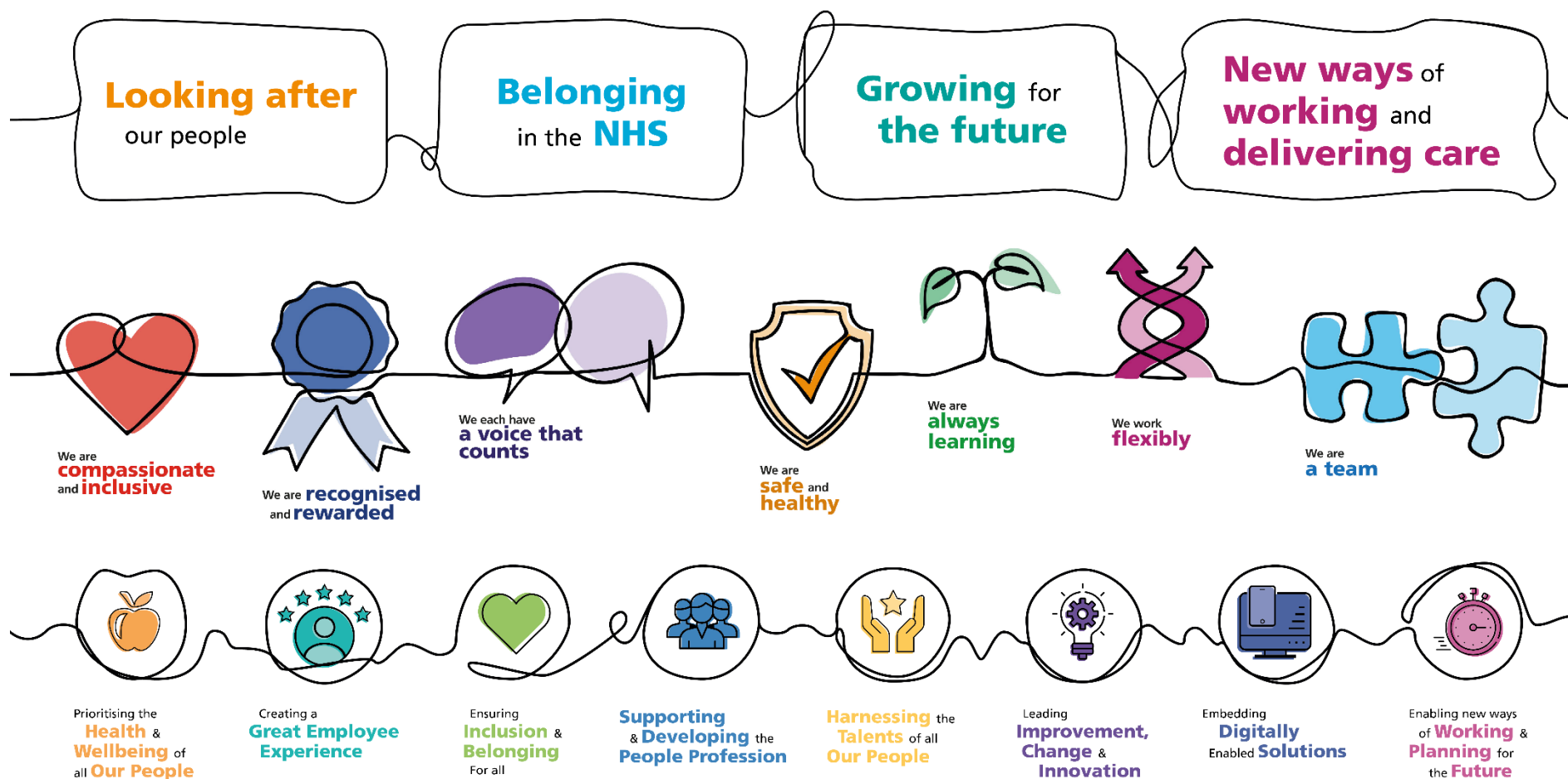
This plan articulates a framework for meaningful action to take place on delivering an improved culture of Inclusion and Belonging over the next 3-4 years. This culture has the power to transform the lived experience of our staff and our service users, and to enable all Trust services – and the individuals within them – to realise the benefits that are well-evidenced to follow from greater equality, diversity, inclusion and greater sense of belonging.

The Trust has a range of existing action plans emerging from national imperatives and established commitments. These actions have been collated into a consolidated plan to facilitate monitoring, progress tracking and ultimately improvement. This will be a data-driven and iterative process, updated and amended over time, as actions are completed, outcomes achieved, and priorities reviewed. Our current Inclusion and Belonging Action Plan for 2024-28 is at Appendix 3.

It is the job of all our leaders to ensure we deliver, taking an active role in ending all forms of discrimination, role-modelling inclusive behaviours and creating an environment in which our workforce feel safe and empowered and where everybody can safely and confidently play their role in supporting, encouraging, promoting, nurturing and delivering inclusion and belonging for all our Combined people.

Becoming an anti-discriminatory inclusive organisation requires significant further cultural change, addressing biases and fostering a sense of belonging. Our Inclusion and Belonging Strategic Plan will provide the framework through which we can monitor progress against the milestones to success over the next 4 years of our continuing journey as an Outstanding Trust.

APPENDIX 1 - NHS England People Plan 2030 vision Infographic



Source: NHS England <https://www.england.nhs.uk/wp-content/uploads/2022/08/NHS-People-Plan-pillars-Our-People-Promise-and-the-future-of-human-resources-and-organisational-development-20.png> Extracted 19.12.23

APPENDIX 2: Equality, Diversity, Inclusion and Belonging Core Annual Responsibilities

Core NHS and Employment Law EDI responsibilities – must do's	Trust Specific Core EDI – must do / core
<ol style="list-style-type: none"> 1. Workforce Race Equality Standard (WRES) - report and action plan delivery - annual 2. Workforce Disability Equality Standard (WDES) – report & action plan delivery - annual 3. Equality Delivery System (EDS) - annual requirement 4. Gender Pay Reporting - annual requirement. 5. Ethnicity Pay Gap Reporting - to commence 2023-24 (would become annual) 6. Disability Pay Gap Reporting - to commence no later than 2024-25 (would become annual) 7. [NB, we plan to do combined report for Gender, Ethnicity and Disability pay gap Jan '24) 8. Annual Diversity and Inclusion plan and annual report & Public Sector Equality Duty 9. Accessible Information Standard (AIS) 10. Patient and Carer Race Equality Framework (PCREF) 11. Sexual Orientation Monitoring Standard (SOM) 12. Gender Identity Monitoring Standard (action forthcoming) 13. Equality Impact Assessment (EIA) - ad hoc (with new policy and service change) advise and reviewing, occasional development of 14. Freedom of Information Act requests relating to EDI - ad hoc (regular e.g., every month or two for an EDI themed one) 15. NHS Workforce Race Equality and Inclusion (WREI) Strategy & high impact actions and ad hoc reporting to NHS England (national/regional teams) 16. NHS Sexual Safety Charter 17. Advice, assistance and trouble-shooting re interpretation and translation services 18. Six high impact actions / NHS EDI Improvement plan / EDI Dashboard 19. Programme of delivery & support for Staff Equality Networks 	<ol style="list-style-type: none"> 1. Inclusion at Work Policy - review 3 yearly 2. Trans Inclusion Policy - review 3 yearly (due by April 2024, start process October 23) 3. Trust and system EDI reporting and committees 4. EDI elements of BAF and risk register reporting - link to NHS People Plan, NHS Long Term WF Plan & NHS EDI Improvement Plan 5. Inclusion Council bi-monthly meetings and associated key inclusion projects 6. Inclusion School programme of delivery 7. Programme of annual EDI awareness days, weeks and months through the year (e.g. key months: Pride month, LGBT+ History Month, South East Asian Heritage Month, Black History Month, Disability History Month) <p>Additional Trust commitments</p> <ol style="list-style-type: none"> 1. NHS Rainbow Badge Phase II framework – going for gold 2. The RACE Equality Code 3. Disability Confident Employer / Leader 4. Veteran Aware programme 5. Inclusion Trailblazer project 6. Positive action on race programmes alumni monitoring, support and progression 7. Application and embedding of WRES Champions, Reciprocal Mentoring & Anti-Racist Leadership programme 8. Contribute to / Participate in Trust Clinical groups from EDI perspective eg Restorative Just Learning Culture, Violence Reduction group project, Restrictive Practises Reduction group

Appendix 3 – Consolidated Trust Inclusion and Belonging Action Plan 2024-28

