NHS
North Staffordshire
Combined Healthcare
NHS Trust

Inclusion and Belonging Annual Report 2025

Our Activity, Achievement and Ambitions

Version 1.0

(Reporting period 1 April 2024 – 31 March 2025)

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This report should be read in conjunction with

our 2025 Trust Inclusion and Belonging Data Book

1.0 EXECUTIVE SUMMARY

2025 has been a year of strong progress and renewed focus for Inclusion and Belonging at North Staffordshire Combined Healthcare NHS Trust. We have continued to demonstrate our commitment and passion for creating a workplace and service environment where equity, fairness and belonging are at the heart of everything we do.

Aims of this Report

This report sets out our activity, achievements and ambitions on Inclusion and Belonging in line with our Strategic Plan 2024–28. It details the progress made against our Equality, Diversity and Inclusion (EDI) responsibilities and shows how we are embedding these principles across our workforce and services.

Highlights

We are proud of the progress achieved this year in advancing Inclusion and Belonging and how it is increasingly becoming part of the fabric of the Trust. Representation across various diversity categories met or exceeded benchmarks, while greater transparency was achieved through ethnicity and disability pay gap reporting. Leadership accountability has been strengthened, with inclusion firmly embedded as a core priority through Board-level objectives and programmes.

Our clinical and non-clinical services have delivered a wide range of activities to advance inclusion for both staff and service users. This has included providing support to both staff and service users, improving accessibility and contributing to wider transformation and inclusion work. Staff networks have continued to influence policy and culture through cultural events and awareness campaigns which have further reinforced a culture of belonging.

Challenges and Risks

Despite real progress, challenges remain. Representation at senior levels requires further focus and gaps in workforce and service user data, limit our ability to fully understand and act on inequalities. Underrepresentation in wellbeing service use is also a concern. National and local events, including rising racism and discrimination reports in the community, remind us of the urgent need to maintain momentum and demonstrate that the Trust is a safe and inclusive place for all.

Opportunities / Solutions

The Trust recognises the need to consolidate and deepen its focus to deliver greater impact. We will prioritise a smaller number of schemes with clear, measurable outcomes, scaling up those already making a difference such as inclusive recruitment. Strengthening data quality and transparency will be a key enabler, alongside embedding inclusion into core Trust processes. We will continue to challenge bias, reduce inequalities and communicate our anti-racist and anti-discriminatory stance widely. Education, awareness-raising and leadership accountability will underpin this work, ensuring we maintain our ambition of becoming one of the NHS’s most inclusive employers by 2028.

2.0 INTRODUCTION

At NSCHT, building a culture of inclusion and belonging is central to everything we do. It underpins the delivery of a stable, skilled and enthusiastic workforce and ensures that all 2263[1] colleagues (1,775 WTE) have a positive experience at work. This is why being *inclusive and representative* is the first and most important pillar of our Combined People Plan. We know that becoming the best place to work in the NHS can only be achieved when everyone feels pride, inclusion and a true sense of belonging. Our commitment is to create an environment where every colleague can flourish, thrive and bring their best self to work.

As a leading provider of mental health, social care, learning disability and substance misuse services in the West Midlands, we care for people across Stoke-on-Trent and North Staffordshire, with some services extending across Staffordshire, the wider region and beyond. We are proud to be one of only five mental health trusts in England rated *Outstanding* by the Care Quality Commission (CQC) — a recognition of the excellent, compassionate and responsive care our staff deliver every day.

A Small Trust with Big Ambitions

Our vision is clear: to be *Outstanding in all that we do and how we do it*. This ambition is made possible only through inclusion and respect, which sit at the heart of compassionate care. We provide essential services to people with a wide range of mental health and learning disability needs. While some of our service users require hospital care, the majority receive support in community settings and their own homes. Our specialist teams also deliver Child and Adolescent Mental Health Services (CAMHS), substance misuse services, psychological therapies and support for University Hospitals of North Midlands NHS Trust (UHNM). Operating from around 30 community-based sites, we serve a population of roughly 464,000 people from diverse backgrounds.

Embedding Inclusion in All We Do

Inclusion and belonging run through every part of our organisation as evidenced in our Combined People Plan (2023-2028) and ourInclusion and Belonging Strategic Plan (2024-2028). These commitments are reinforced by our *Proud to CARE* Trust Values and our SPAR Quality Priorities, driving us to deliver effective, inclusive and compassionate experiences for staff, service users, carers and partners alike.

This 2025[2] Inclusion and Belonging Annual Report sets out our progress, achievements and ambitions on equality, diversity and inclusion (EDI) and demonstrates how we have delivered against our responsibilities in this vital area.

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[1] Data may differ slightly from our Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard. (WDES) and Pay Gap reporting data due to variations in the reporting requirements and date of pulling of information. N=2263 includes Bank, Fixed Term Temp, Non-Exec Director/Chair and Permanent.

[2] 2025 refers to the reporting period from 1 April 2024 to March 31, 2025.

3.0 INCLUSION & BELONGING STRUCTURE, GOVERNANCE AND REGULATION

3.1 Inclusion Structure

3.1.1 Trust Board

Figure 1: NSCHT Trust Board and others in attendance

Our Trust Board remains deeply committed to inclusion.

- Under the leadership of our Chair, Janet Dawson, we have continued in 2025 to build a more inclusive culture, with a clear focus on actions and outcomes that '*speak louder than words*'.
- Dr Buki Adeyemo, Chair of our Trust Inclusion Council, continues to set a high standard for driving inclusion across the organisation. In 2024, she was ranked 8th in the annual list of top NHS CEOs. In 2025, Buki was also named on the 2024 Empower Executives Role Model List, part of the Empower Role Model Lists supported by YouTube and run by Involve, a global consultancy and network that helps leaders and change makers build more inclusive organisations where everyone can thrive.
- Kerry Smith, our Interim Chief People Officer, is committed to creating a more inclusive future for all our Combined people. Drawing on her extensive HR and People leadership experience within the Trust and the wider NHS, she serves as the Senior Responsible Officer for system-wide inclusion and belonging across SSOT.
- Dr Dennis Okolo is our Chief Medical Officer. He also serves as the Executive Sponsor for ENRICH, the Trust's Equality Network for Race Inclusion and Cultural Heritage.
- Our Chief Operations Officer, Ben Richards, is the Executive Sponsor for the Trust LGBT+ Network and contributes to the national LGBT+ Leaders Network.
- Chief Nursing Officer, Kenny Laing, is the Executive Sponsor for the Combined Ability Network, championing inclusion for colleagues with disabilities and long-term conditions.
- Our Chief Finance Officer, Eric Gardiner, plays a key role in embedding inclusion into the Trust's financial decision-making, supply contracts and the work of our Finance, Information and Estates functions.

- Alongside the Executive Team, Staff Side Chair and Trust Board attendee, Jenny Harvey, is a strong advocate for workforce inclusion. She is particularly active in championing trans inclusion through her Trust, system and UNISON roles and also serves as a trustee of the charity Beyond Reflection.

3.1.2 Trust Inclusion Structures and Roles

The Trust has a Diversity and Inclusion Lead who works 3 days a week to coordinate this agenda across both service user and workforce responsibilities. Between January and July 2024, the Diversity and Inclusion function was also supported by a 0.2 WTE Internal OD Consultant.

The Diversity and Inclusion Lead offers expert guidance to a range of Trust steering and working groups, including those focused on the Patient and Carer Race Equality Framework (PCREF), Sexual Safety and Anti-Harassment and Bullying. The Diversity and Inclusion Lead is supported by three dedicated Staff Network Leads, who bring enthusiasm, commitment and strong leadership to their roles. Network Leads are funded for two days per month to carry out their duties, working flexibly to deliver maximum impact for their members.

3.2 Trust Committee and Group Structure

Both service user and workforce inclusion matters are considered at the Trust's Inclusion Council, chaired by the Chief Executive and deputised by the Chief People Officer. Membership includes key leadership roles and representatives of different workforce groups and characteristics. To ensure the voice of minoritised staff is heard, our Staff Network Leads hold seats on the Council, providing feedback on issues raised, actions taken and support needed.

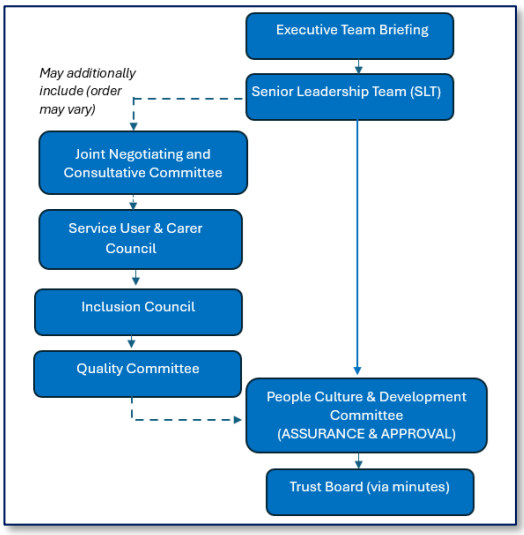


Figure 3: Inclusion and Belonging governance reporting through Trust Committees at NSCHT

Inclusion-related reports and emerging issues are reviewed and quality assured through the People, Culture and Development Committee (PCDC), a sub-group of the Trust Board which meets bi-monthly (except August). Key reports are also shared with the Senior Leadership Team, while workforce inclusion matters are discussed with staff and staff-side representatives at the Joint Consultative and Negotiating Committee (JNCC).

The Trust's inclusion work is coordinated through the Inclusion Council and assured via the People Cultural Development Committee. Each year, we review, report on and take action in relation to key equality priorities, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Pay Gaps and the NHS Equality Delivery System (EDS). We also support and embed staff networks and staff groups and encourage engagement with system-wide staff networks to further strengthen collaboration and belonging.

PCDC approves meeting notes and key papers from the Inclusion Council, including this Inclusion and Belonging Annual Report, the Equality Delivery System (EDS), the

Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), the annual Gender Pay Gap report and other related publications. These documents are published on the Trust's external Inclusion and Belonging webpage.

Alongside this, the Patient Advisory and Liaison Service (PALS) gathers feedback from patients, service users and carers, including compliments, complaints, the Friends and Family Test, the Discharge Survey and other surveys. This feedback is shared into the above governance routes to support continuous improvement.

3.3 Freedom to Speak Up (FTSU)

The Trust has built a strong Freedom to Speak Up (FTSU) structure, promoted through induction, team sessions and events, to give staff a safe space to raise concerns about safety, wellbeing, or workplace culture. All concerns are investigated, acted on and followed up with feedback.

Use of FTSU has risen steadily, growing by more than 50% in the past four years. In 2024, the service expanded with an anonymous reporting option, making it easier for staff who may feel less safe to speak up. In 2025, most concerns came from White British colleagues (74%), reflecting the largest workforce group. Importantly, there was a 50% increase in concerns raised by Black African staff, suggesting greater confidence in using the system. Support has also been strengthened through 31 FTSU Champions across teams and directorates, 12 of whom hold a protected characteristic, providing confidential, local advocacy. A further 4 to 5 champions are planned for 2025-26, including two with a protected characteristic, to deepen and diversify the network.

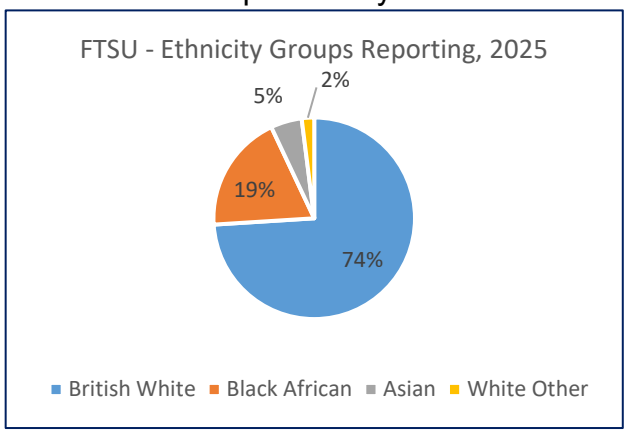


Figure 5: FTSU reporting based on ethnic groups

The steady growth in use, the rise in anonymous reporting and the increase in concerns raised by under-represented groups all show that FTSU is becoming more trusted and inclusive. This signals real progress towards a workplace culture where all staff feel safe to speak up.

3.4 Staff Networks

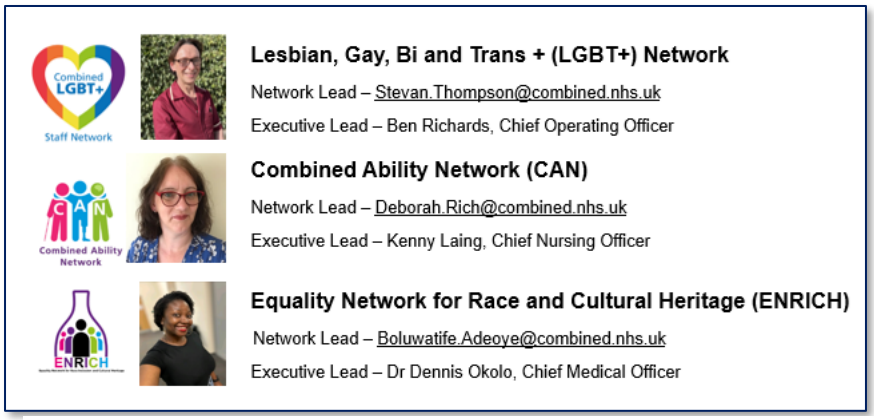


Figure 7: Trust Staff Networks and Leads (during the reporting period)

The Trust supported three active staff networks that provided safe and inclusive spaces for minoritised colleagues to connect, share experiences and influence organisational change. Linked to wider Integrated Care System (ICS) networks, they delivered member-led activities including webinars, training sessions and social events.

Network Leads, supported by deputies and Executive Sponsors, served fixed terms with dedicated time for their roles, with a leadership refresh planned for 2025–26 to strengthen sustainability and impact. Over the year, the Trust focused on deepening collaboration between Network Leads, improving joint working across all networks and developing shared communications for key inclusion days and months. Network Leads also played an active role in the Trust's Inclusion Council, ensuring staff voices directly influenced the organisation's wider equality, diversity and inclusion priorities.

In addition to our 3 Staff Networks, the Trust has 2 staff groups.

1. The **Menopause Café** continues to grow as a supportive space, bringing colleagues together each month for open discussions and guest speakers on peri- and post-menopause topics. The group has also driven practical support, including free period products in staff toilets.
2. The **Men's Health Group** is now established as a safe, supportive environment where men can share experiences without judgement. It offers a collaborative space to discuss challenges, build connections and strengthen community bonds.

4.0 STAFF ENGANGEMENT

Staff engagement has been central to fostering and enhancing inclusion and belonging across the Trust. Colleagues have contributed through surveys, focus groups, listening events, staff networks and system-wide programmes, ensuring their voices directly shape policies, priorities and cultural change. From participating in leadership development to engaging with career workshops, mentoring, staff have helped co-design solutions that remove barriers and promote equity. Regular feedback through initiatives such as Staff Survey, network-led events and targeted listening sessions has strengthened understanding of lived experience and guided actions to create a workplace where all colleagues feel safe, supported and able to thrive.

4.1 Supporting our colleagues after the Stockport attacks, Summer 2024

In response to the heightened tensions following the Stockport attacks, the Trust took action to support colleagues, particularly those from affected communities.

In direct response, Trust leadership held a listening and talking session with members of the ENRICH staff network, ensuring that the voices and experiences of colleagues from our Global Majority workforce were heard and helped shape our actions. A staff guide was also produced, signposting to the available support services, guidance and policies. These actions demonstrated our organisation's commitment to standing against racism and hate and ensuring that all staff feel safe, valued and supported during challenging times.

4.2 Staff Survey

The annual NHS Staff Survey is a vital opportunity for colleagues to share their experiences of working at the Trust, covering leadership, teamwork, health and wellbeing and inclusion. The feedback helps us understand what is working well and where improvements are needed, including monitoring the effectiveness of anti-discriminatory practices and addressing negative experiences such as harassment or abuse.

Engagement with the survey is consistently strong, reflecting our staff's commitment to shaping the Trust's culture and future. Insights from the survey directly inform our improvement work, supporting projects that strengthen inclusion, civility and respect across the organisation. We are proud of the progress made so far and have plans to extend this focus throughout 2025 and beyond. (See Sec 7.3 for further details)

4.3 ESR Self-declaration engagement

The Trust actively encourages staff to self-declare their equality information on the Electronic Staff Record (ESR), recognising that accurate data is essential to understanding and supporting our workforce. In 2025, we reinforced this through our Annual Reminder to Check Your Personal Equality Information and by sharing direct links to the ESR Equality Information portal via CAT. A targeted screensaver campaign further promoted the message and encouraged colleagues to update their records.

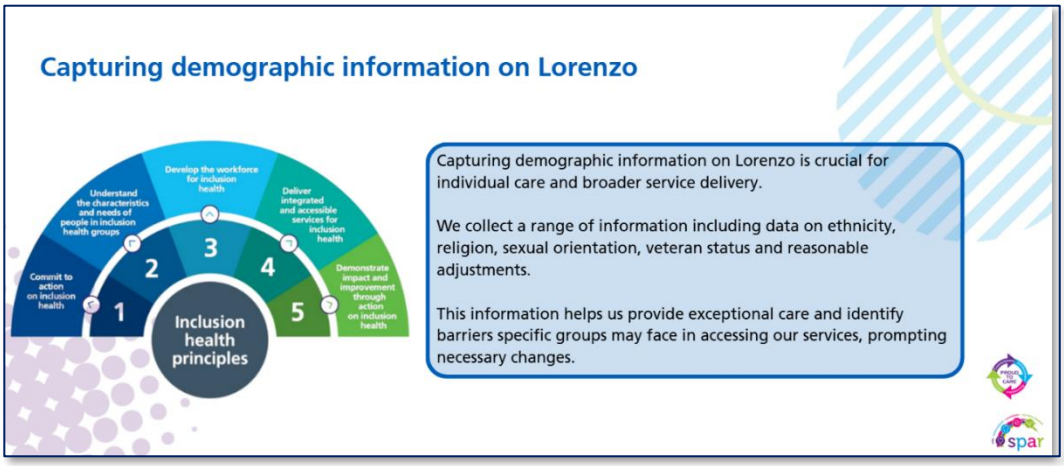


Figure 9: Capturing demographic information on Lorenzo

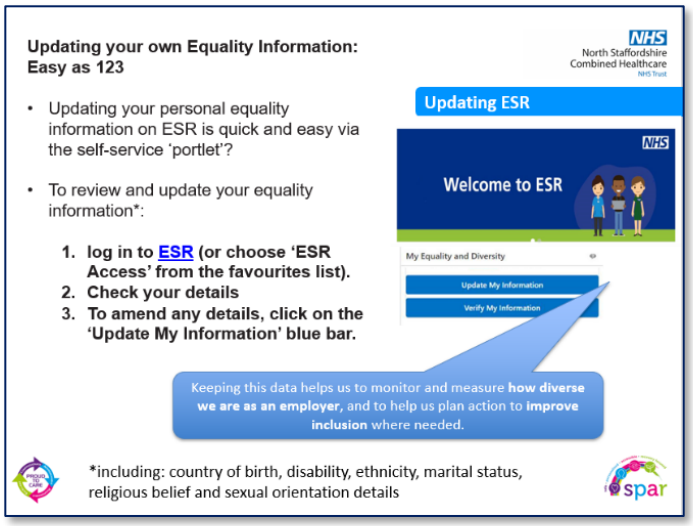


Figure 11: Guiding staff to update their personal equality information on ESR

Improving declaration rates enables the Trust to monitor workforce diversity more effectively, identify gaps and ensure that policies and support are inclusive and responsive to the needs of all staff. This remains a key priority in advancing equality, diversity and inclusion across the organisation.

4.4 Dear Buki - Supporting staff to speak up

Aligned with Sir Robert Francis QC's Freedom to Speak Up recommendations, Dear Buki offers a confidential route outside formal processes or line management, helping staff speak up in confidence. Usage has continued to grow, with 81 submissions in 2025 compared with 59 in 2024 reflecting increasing trust in the service and the value staff place on having multiple options to raise concerns.

Accessible from any device, at work or at home, Dear Buki ensures colleagues can share issues quickly and safely, without providing personal details unless they choose to. By offering this trusted channel, we are embedding openness and trust, empowering staff to speak up for the benefit of each other, our patients and the wider Trust.

4.5 Building inclusion and belonging through communication and awareness

In 2024, we relaunched the external website to meet full accessibility standards, with pages designed to ensure information is clear, easy to understand and simple to navigate, including links to AccessAble for detailed visitor access information.

We also provided communications and promotional support for key inclusion and belonging initiatives, including the System stall at Stoke Pride, the Physical Health Psychology event, the Parade of Flags across CTV screens and Black History Month events.

5.0 PROGRESS IN DELIVERING AGAINST THE TRUST EQUALITY OBJECTIVES

We are proud to have delivered another year of tangible progress in embedding Inclusion and Belonging at the heart of our organisation. While recognising that improvement has slowed in some areas, the Trust continues to strengthen a culture where everyone feels valued, supported and motivated. Our aim is to create a workplace where all colleagues can thrive, take pride in their contribution and be their authentic selves. This commitment is reflected in the measurable progress achieved against our 2024–2028 Equality Objectives, supported by stronger leadership accountability and a shared focus on sustaining momentum. These are highlighted below:

Objective 1: Deliver overall continuous improvement in our actual and benchmarked performance on our Equality, Diversity and Inclusion Core Annual Responsibilities 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.

- ✓ The #InclusiveHR programme was launched with the People Directorate to integrate inclusion within leadership and HR practice.

- ✓ Board Development Conversations were introduced, with all executive directors committing to EDI objectives for 2025 focused on race inclusion and progression.
- ✓ Professor Michael West delivered a keynote on Compassionate and Inclusive Leadership, reinforcing the value of evidence-based, people-centred leadership.
- ✓ The Anti-Racist Leadership Toolkit was introduced to help leaders model inclusive behaviours, alongside Developing Inclusive Cultures modules across all leadership programmes.
- ✓ Recruitment and Inclusion teams worked with external experts to strengthen Values-Based Recruitment and reduce bias.
- ✓ Insights from the Inclusion Trailblazers Project were embedded into the Trust's wider inclusion strategy.
- ✓ The Feedback through the Lens of Inclusion course built psychological safety and confidence to share diverse perspectives.
- ✓ Coaching, mentoring and leadership programmes were expanded, with targeted support for Global Majority, LGBTQ+, disabled and neurodiverse staff.
- ✓ The Career Development CAT page and Inclusion Learning Hub improved access to growth tools and learning opportunities.
- ✓ New Equality Impact Assessment (EIA) guidance strengthened equity in decision-making.
- ✓ The Trust advanced national frameworks including Disability Confident, NHS Rainbow Badge (Phase 2), RACE Equality Code, NHS Sexual Safety Charter and Veteran Aware, achieving the Silver ERS Award.
- ✓ Hate crime reporting and restorative response processes were enhanced, supported by partnership with Uniting Staffordshire Against Hate.
- ✓ Collaboration with AccessAble led to full site audits and online accessibility guides.
- ✓ Digital access improved through Recite and translation tools in Office 365, while neuroinclusive software such as MindView supported diverse learning needs.
- ✓ The Flexible Working Policy and toolkit were updated to encourage open dialogue and practical implementation.
- ✓ The Combined Ability Network (CAN) continued to offer buddying and peer support, sustaining connections beyond the former Differently Abled Buddy Scheme.
- ✓ Inclusion School sessions, cultural events and visibility campaigns further strengthened belonging and allyship across the workforce.

Objective 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.

The Trust took clear steps to reduce health inequalities, improve access and promote equity in service delivery.

- ✓ Supported service users through Individual Placement and Support (Step On), helping 914 people to access employment opportunities, including 253 who moved into paid work.
- ✓ Advanced the Community Mental Health Transformation Programme and Health Inequalities Co-Lab to address disparities in access, experience and outcomes for local people.
- ✓ Strengthened community connections through recruitment fairs, Pride, Armed Forces Day, stakeholder engagement and Wellbeing College sessions.
- ✓ Reduced barriers to access through site audits, web accessibility improvements, digital translation tools and expanded neuroinclusive software.
- ✓ These interventions strengthened fairness and inclusion in both service design and delivery, helping to improve outcomes and build trust within local communities.

Objective 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.

- ✓ The Trust continued to improve staff and service user experience through inclusion-focused initiatives and stronger networks.
- ✓ Delivered fairer recruitment processes and clearer access to career tools, mentoring and CPD for underrepresented groups.
- ✓ Expanded leadership and development opportunities through Combined Connects, Foundations in Leadership and Inclusion Trailblazers.
- ✓ Empowered staff networks to influence culture, policy and support, ensuring lived experience informs decision-making.
- ✓ Strengthened visibility and belonging through events marking International Women's Day, Race Equality Week, Pride, Disability History Month, LGBT+ History Month, South Asian Heritage Month, Diwali, Ramadan and Eid.
- ✓ Promoted allyship and safety through expanded Rainbow Badge and See Me First schemes and participation in the first ICS Sexual Safety Conference, which showcased bystander training as best practice.

Objective 4: Deliver on our ambition to become truly an inclusive, anti-racist and anti-discriminatory organisation by 2028.

The Trust continued to make tangible progress towards becoming an anti-racist, anti-discriminatory organisation through transparent reporting, accountable leadership and system-wide learning.

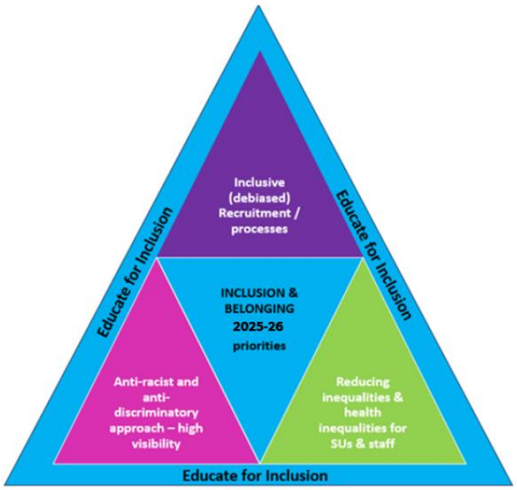
- ✓ Maintained strong workforce representation and narrowed the gender pay gap, with transparent reporting on ethnicity and disability pay gaps.
- ✓ Strengthened leadership accountability through executive-level EDI objectives, mentoring and use of the Anti-Racist Leadership Toolkit.

- ✓ Enhanced safety and inclusion through a new hate crime reporting system, restorative post-incident support and progress on national standards including the NHS Sexual Safety Charter and Veteran Aware.
- ✓ Completed three internal reviews on racial inequalities, resulting in a unified action plan and the establishment of a Working Group to monitor impact and embed long-term cultural change.

Further details of our achievements and progress on Inclusion and Belonging in 2025 are set out in Appendix 1 and 2.

5.1 Inclusion and Belonging Action Plan 2025-26

A detailed action plan has been developed to bring together our Inclusion and Belonging workstreams, including those arising from core EDI requirements (PSED, EDS, WRES, WDES, PCREF, Gender Pay etc.), alongside our wider commitment to advancing Inclusion and Belonging for staff, service users and carers. The plan is aligned with the Trust's four-year Inclusion and Belonging Strategic Plan and objectives (2024–2028), with progress monitored and reported annually. This Action Plan is included at Appendix 3.



6.0 HEALTH INEQUALITIES AND UNDER-SERVED GROUPS

Health inequalities are unfair, systematic and avoidable differences in health across the population and between groups in society. They stem from the conditions in which people are born, grow, live, work and age, which shape health and wellbeing throughout life. Healthcare inequalities are a key part of this picture, relating to differences in access to services, the experiences people have and the outcomes they achieve. Tackling these inequalities in outcomes, experience and access is one of the four core purposes of Integrated Care Systems. NHS England's vision is for the NHS to deliver "*exceptional quality healthcare for all, ensuring equitable access, excellent experience and optimal outcomes*."

NHS trusts have statutory duties to report on and address health inequalities as part of their legal and operational responsibilities. This includes taking proactive steps to identify and address systematic barriers, while implementing targeted interventions to reduce disparities. These duties are grounded in the Equality Act 2010 and the Health and Social Care Act 2012, which require public sector bodies, including NHS trusts, to have due regard to reducing health inequalities.

At Combined, we continue to strengthen our focus on identifying and tackling inequalities that leave some groups under-served, using data-led and inquisitive approaches to understand where barriers exist. We are also mindful of the higher-than-average levels of deprivation across parts of Staffordshire, particularly in Stoke-on-Trent and the additional pressures created by the ongoing cost of living crisis.

6.1 Population Health Management and Health Equity Framework (HEF)

Population Health Management and Health Equity

We continue to use Population Health Management to bring together data that helps us understand which groups in our communities need greater support. This approach ensures that our services are targeted fairly and that people with the greatest need have equitable access to care.

Our Health Equity Framework is a key tool in monitoring how effective our actions are in reducing inequalities. Regular reports draw on both national research and local evidence, highlighting where people face different levels of access, experience and outcomes in mental health care.

Since the introduction of quarterly monitoring in 2024, we now have a stronger picture of progress across the Trust. The framework continues to grow as new pathways and improvement initiatives are introduced, ensuring we can track and respond to inequalities as they emerge.

Trust Services and Tackling Health Inequalities

In 2025, the Trust has further embedded health equity into its services. Teams across the organisation are actively addressing inequalities through targeted programmes and closer collaboration with partners. Community teams, working with our local Integrated Care System (ICS) and community partners. This initiative has deepened understanding of the barriers faced by under-represented groups in accessing mental health services and shaped practical solutions to improve experience and outcomes.

The wider Community Health Transformation Programme continues to reshape local mental health care. By integrating health, social care and voluntary sector teams and working alongside people with lived experience, the programme is building more responsive services tailored to the needs of local communities.

Delivery of this transformation remains a partnership effort, with Midlands Partnership University Foundation Trust and local organisations, including Stoke City and Port Vale Football Clubs, playing a central role in engaging communities and supporting sustainable change.

6.2 Community Grants

To help meet the rising demand for Child and Adolescent Mental Health Services (CAMHS), the Trust will launch a grant-funded programme in 2025-26 to develop a Community Youth Lounge model. This will use existing local youth provision and apply a stepped-care approach, offering intensive, targeted support where needed.

In summer 2025, our Community Grants programme awarded funding to fifteen local youth organisations to expand mental health and wellbeing support. Building on this investment, the NHS Charities Innovation Grant will strengthen the stepped-care model, linking with these organisations to create a joined-up and cost-effective network that avoids duplication. The Community Youth Lounge model will ensure consistent and accessible support across the city.

A key feature of the programme will be the recruitment of two Youth Mentors to provide strengths-based one-to-one and group support for young people aged 12–19 who are

waiting for CAMHS assessment or intervention, or who are transitioning to Adult Mental Health Services (AMHS). The mentors will offer regular check-ins, practical guidance and mentoring, while connecting young people to safe, inclusive community spaces that provide tailored mental health support, peer connection and meaningful opportunities.

Planned deliverables and outcomes include:

- Stepped pathway: Early intervention and tailored support through Youth Mentors and local youth organisation staff.
- Youth-led design: Co-produced with young people, shaped by 157 survey responses and input from the Elevate Youth Council.
- Added value: Builds on the 15 existing grant-funded youth provisions, extending reach and sustainability.
- Safe, inclusive spaces: NHS-linked resources offering peer support, wellbeing activities and social opportunities.
- Education, careers and outreach: Mentoring and targeted engagement to strengthen community links and pathways.
- Reduced CAMHS demand: Early support may prevent some young people from needing formal CAMHS interventions.

By embedding this stepped-care approach and working in partnership with local youth organisations, the Community Youth Lounge model will increase access, reduce waiting times and provide a scalable, sustainable system of mental health support for young people.

6.3 Voluntary and Community Sector Enterprise (VCSE)

As part of the Community Transformation Programme, North Staffordshire Combined Healthcare (NSCHT) has contracted arrangements with Voluntary and Community Sector Enterprise (VCSE) commissioned providers and has also funded a number of Community Grants. There are now three services successfully implemented and in operation.

- Health & Lifestyle Service (H&L) delivered by Everyone Health to promote health, weight management, nutrition and wellbeing via an 18-week programme.
- Peer Recovery Coaches (PRC) delivered by Changes seeks to provide a lived experience support offer to individuals where an expert by experience input would be of benefit for recovery.
- Financial Wellbeing (FWB) delivered by Potteries Moneywise provides bespoke financial and benefit advice for individuals known to our adult community teams.

Each partnership is founded on shared values and the mutual aim to improve service users' life. Many of the staff within the PRC services bring lived experience to their roles which has strengthened the service offer. The Health & Lifestyle service recognises the link between and importance of good physical health promoting good mental health. The Financial Wellbeing service has supported service users' mental health by helping work through financial difficulties.

The three services regularly receive compliments and share positive case studies from service users. Social value information is collected on an annual basis via TOMs light.

6.4 Preparing for Adulthood (PFA)
The Preparing for Adulthood (PFA) project, part of the Community Mental Health Transformation Programme, continues to focus on improving transitions for young adults across three key pathways:

1. Young adults moving from Child and Adolescent Mental Health Services (CAMHS) into Adult Mental Health Services (AMHS).
2. Young adults in CAMHS who do not meet the threshold for AMHS.
3. Young adults with emerging mental health needs at the age of transition.

Earlier consultation with young people and clinicians highlighted that transitions could sometimes feel inconsistent, with challenges such as waiting times, unclear communication, limited awareness of available services and gaps in joined up working between teams. Since 2024, the PFA Project Group has been working to address these areas through its action plan. This has helped to strengthen communication and relationships between CAMHS and AMHS, leading to a clearer understanding of service provision. Transition discussions with young people are now starting earlier, supporting timely identification of needs, more integrated planning and clearer expectations. The importance of smooth transitions remains a shared focus, shaping how services plan and prioritise support for young adults.

6.5 Veteran Inclusion
North Staffordshire Combined Healthcare NHS Trust is proud to be recognised as

Veteran Aware, reflecting our ongoing commitment to high-quality care for the Armed Forces community and to sharing best practice across the NHS. In June 2024, this commitment was further acknowledged with the Trust receiving the Silver Award under the Defence Employer Recognition Scheme. their families and demonstrates how our values align with the Armed Forces Covenant. The Scheme encourages employers to support defence and inspire others, with Bronze, Silver and Gold levels awarded to organisations that pledge, demonstrate and advocate this support.

In 2025-26, the Trust will build on its Veterans work with a focus on achieving Gold Award accreditation in the Defence Employer Recognition Scheme, which includes embedding advocacy within procurement. We will continue to improve veterans' access to primary care, expand community support through stronger VCSE partnerships including a new free Angling group for veterans and use the Combined Charity to enhance training and awareness programmes. Veteran Mental Health training will be extended to all clinical staff across the Community Directorate and we will further strengthen collaboration with Op Courage to broaden and integrate our support offer.

6.6 Community engagement work

In April 2024, Combined colleagues joined the Eid Pool Party at Dimensions Leisure Centre, an event funded by the Premier League Fans initiative and supported by the Port Vale Foundation. The evening was well attended by women and children, creating a positive space for fun, connection and health and wellbeing promotion. It also provided an opportunity for open conversations about mental health, supported by a short survey to understand barriers to accessing services. Insights gathered will help us address key issues and make our services more inclusive. In partnership with Port Vale, we have also launched a women's-only netball tournament with Combined Health. Two friendly matches have already taken place successfully, with further tournaments planned for the autumn.

Recognising the unique challenges faced by those working in agriculture, we are also focusing on health inequalities within the farming community. Farming can be a 24-hour, often isolated job, which can negatively affect both physical and mental health. To address this, we are working with farming networks to reduce inequalities, supported by the launch of a dedicated wellbeing portal providing targeted information and access to support. The portal will be launched at a local farmers' market alongside our Staffordshire social prescribers, ensuring farmers can access tailored advice and resources.

6.7 Psychology Project

The Physical Health Psychology service, based at the Bennett Centre, provides specialist psychological support for people living with long term physical health conditions, chronic pain and cancer across Stoke on Trent and North Staffordshire, offering evidence-based therapies including CBT, EMDR, ACT and CFT through in person, telephone and online delivery.

In 2024, the team identified a significant access inequality, with referrals from Global Majority communities at around 2 percent compared with a local population where over 20 percent identify as non-White and up to 40 percent in some catchment areas. This was particularly concerning given high local need, Stoke on Trent sits within the 20 percent most deprived areas in England, has higher rates of common mental health conditions at up to 20.3 percent compared with a national average of 16.9 percent, higher premature mortality at 215 per 100,000 versus 142 nationally and rising suicide rates at 16 per 100,000 compared with 10.3 nationally.

Following £13,000 Dragons Den funding, a six-month project ran from October 2024 to March 2025, including recruitment of a Band 4 Assistant Psychologist and extensive community engagement with over 15 local and regional partners. Key actions included rebranding the service to improve clarity, delivering an Equity and Equality event

attended by 68 delegates from 10 NHS teams and 4 third sector organisations and strengthening links with community networks.

The work highlighted low awareness of the service as a major barrier alongside stigma, language, trust, digital exclusion and accessibility issues. The project has established strong foundations for improving equity of access, with clear next steps focused on improving referral routes, deepening community collaboration, strengthening communication and increasing flexibility and accessibility of service delivery.

6.8 Trust Recognition for work to tackle health inequalities

Awards and Winners

Diversity and Inclusion Award – sponsored by Stoke City FC
This award recognises the contribution of staff and volunteers who have made a positive difference in developing greater diversity and inclusion. This might be improving access and experience to services or employment for people in disadvantaged or minority groups, improving quality of life or quality of working life.

- Winner: Abdullah Shariff, Trainee Mental Health and Wellbeing Practitioner
- Highly Commended (joint winners): Simon Bratt, Senior Mental Health Practitioner; Stevan Thompson, Activity Worker/LGBT+ Network Lead

The annual REACH (Recognising Excellence and Achievement in Combined Healthcare) Awards, running since 2015, remain a highlight in our calendar. The event celebrates staff, teams, volunteers and service user representatives who go above and beyond to promote compassion and quality in everything we do. The 2024 ceremony took place in November 2024, recognising outstanding contributions across the Trust.

6.9 Inpatient Quality Transformation

Over the past year, the Inpatient Quality Transformation work has continued to progress, driving forward our three-year quality improvement strategy. The programme remains focused on improving outcomes related to health inequalities, race and ethnicity and the care of patients with a Learning Disability or Autism (LDA).

To support this ambition, we have placed greater emphasis on co-production and engagement. A series of inpatient co-production events have been held, creating opportunities for service users, staff and carers to work together to identify ward-based areas for development, improve the care planning process and strengthen the use of reasonable adjustments.

Key developments this year include:

- Introducing peer support roles within the inpatient workforce to enhance lived-experience input.
- Embedding trauma-informed care practices across wards to improve safety, trust and recovery-focused approaches.
- Expanding the use of reasonable adjustments to better meet individual needs and reduce barriers to care.
- Shaping care planning through co-production to ensure that patient voice and choice are central to decision-making.

6.9.1 Stoke Attrition Project

The Stoke Talking Therapies team has launched the Stoke Attrition Project to examine attrition rates and trends within the local patient population. A series of recommendations have been identified for development during the year, aimed at improving access, engagement and data quality:

- Deliver a targeted marketing plan, mapping local services and promoting the offer through GP practices, CMHT, Access Teams and voluntary sector partners.
- Strengthen community outreach, with a focus on health-related groups such as older people.
- Explore a pilot scheme using text messages or mail drops via GP practices to raise awareness among relevant patient cohorts.
- Adapt leaflets and posters to better reflect the reading age of the Stoke population.
- Enhance the website, including improved online self-referral options, consent to contact via email/SMS and automated acknowledgement emails to set clear expectations on response times.
- Improve the accuracy of demographic data recording in IAPTUS, reducing gaps and better reflecting the local population.
- Update triage procedures in line with the project's findings.
- Conduct a deep dive into referral data to identify themes behind non-attendance.
- Develop a qualitative study to contact non-attenders directly and better understand barriers to engagement.

These actions are designed to make services more accessible, user-friendly and reflective of the needs of the Stoke community.

7.0 PERFORMANCE AGAINST MANDATED INCLUSION DUTIES

This section outlines how the Trust meets its statutory responsibilities under key NHS inclusion frameworks. It evidences compliance with national standards and demonstrates the actions taken to advance equity, diversity and inclusion for staff, service users and the wider community. Each year, the Trust reviews, publishes and acts on requirements under the Public Sector Equality Duty (PSED), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap and Patient and Carer Race Equality Framework (PCREF). Together, these frameworks reflect our commitment to meeting and exceeding legal duties while building a fair, inclusive and equitable environment for everyone.

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

The Public Sector Equality Duty (PSED), under Section 149 of the Equality Act 2010, requires public bodies to eliminate discrimination, advance equality of opportunity and foster good relations between groups. NHS organisations must publish equality information annually and set equality objectives every four years.
In 2025, the Trust remains fully compliant with these duties, demonstrated through Equality Impact Assessments for policies and service changes, regular publication of equality data, embedding EDI across services and active community engagement with the Integrated Care System. This approach supports both statutory requirements and the wider aims of improving health outcomes, tackling inequalities and contributing to social and economic wellbeing.

7.2 Pay Gap Reporting 2025

Pay gap reporting helps identify inequalities in average pay between staff groups and drives action towards a fairer workplace. In line with statutory requirements and best practice, the Trust reports on gender, ethnicity and disability pay gaps. This is the Trust's second year of reporting on ethnicity and disability pay gaps, strengthening our ability to

track trends and target interventions. The results underline the importance of linking pay gap analysis to WRES and WDES priorities and ensuring that inclusion, fairness and equity remain central to the Trust's workforce strategy and delivery plans.

1. **Gender:** Between 2017 and 2025, the Trust's gender pay gap reduced significantly. The average (mean) gap narrowed from 15.6% to 11.45%, while the median gap shifted from 4.5% in favour of men to 1.23% in favour of women, showing clear progress toward pay equality. Women make up most of the workforce across all pay quartiles, particularly in lower and middle bands (over 80%), though their representation drops to around 74% in the highest pay quartile. This concentration of men in higher-paid roles continues to influence the average pay gap, but increased female representation in mid-level roles has helped close—and slightly reverse—the median gap.

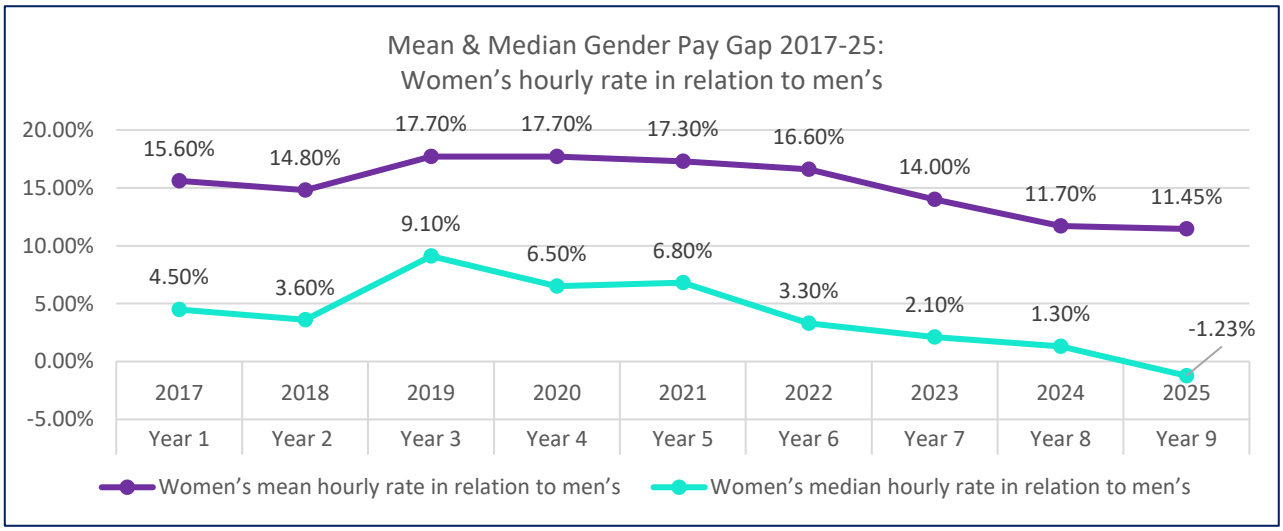
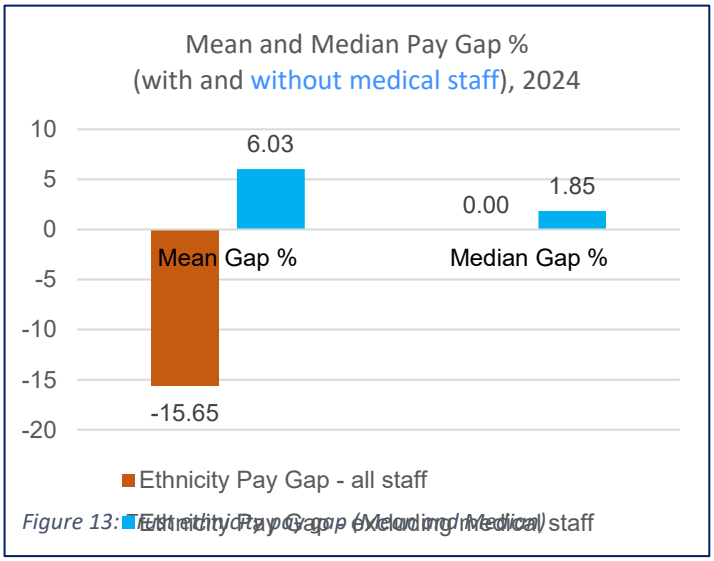


Figure 12: Mean and media gender pay gap

Our 2024 Gender Pay Gap can be found on the government website. Our 2024 Gender Pay Gap Report is on our public website.

2 **Ethnicity**: In 2025, the overall ethnicity pay gap narrowed slightly from –15.65% in 2024 to –13.06%, meaning that staff from Global Majority heritage backgrounds continued to earn more on average than White staff.



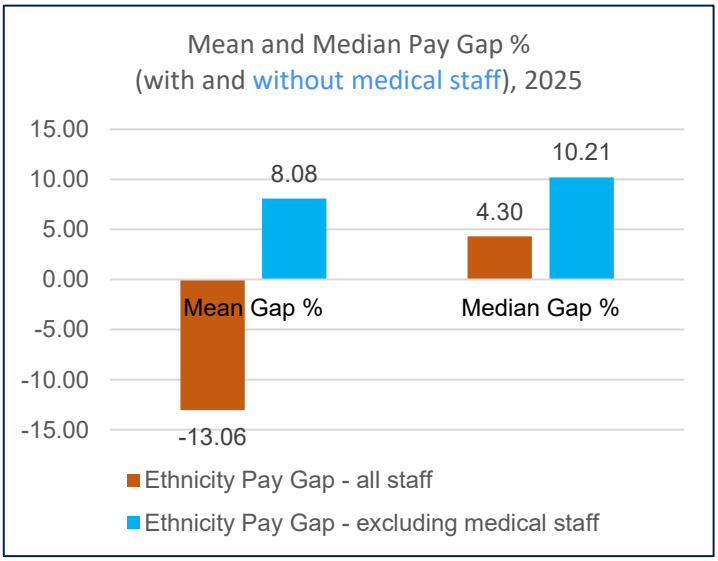


Figure 13: Ethnicity Pay Gap (Mean and Median)

However, when medical staff are excluded, the gap widens: the mean increased from 6.03% to 8.08% and the median from 1.85% to 10.21%, showing that in non-medical roles, Global Majority staff are paid less than their White colleagues. This reflects how the high proportion of Global Majority staff in higher-paid medical posts significantly influences the overall figure and masks inequalities in the wider workforce.

3. **Disability:** In 2025, staff with a declared disability earned an average of £19.30 per hour compared with £21.33 for non-disabled staff, a gap of £2.03. The median gap was £1.37 per hour. Both gaps have widened since 2024, when they were £1.19 and £0.41 respectively, indicating growing inequality. Although pay has increased overall, disabled staff have seen smaller gains, suggesting they may have less access to progression or development opportunities. Targeted action is needed to ensure fair pay and improve representation of disabled staff in higher-banded roles.

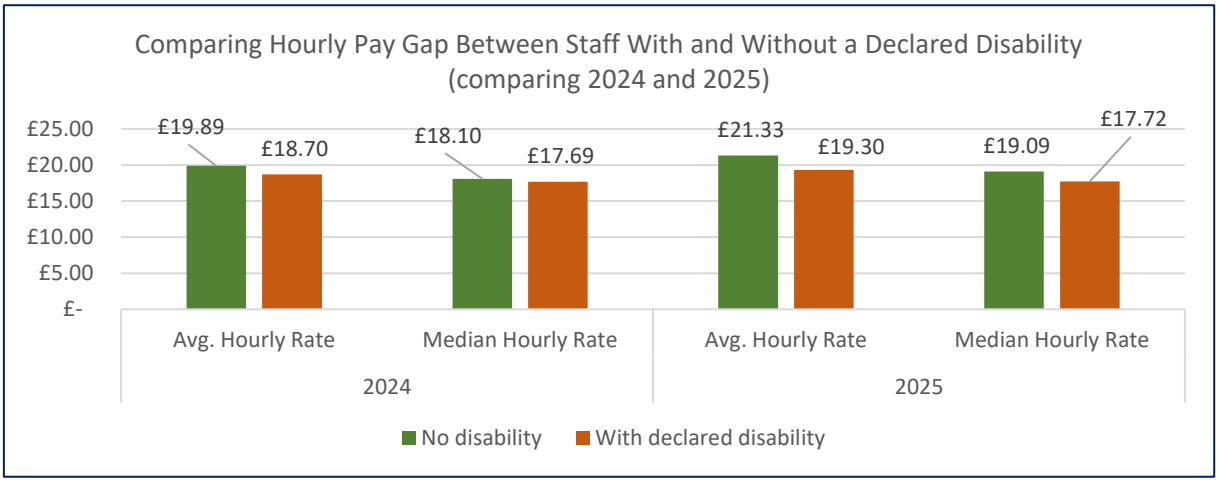
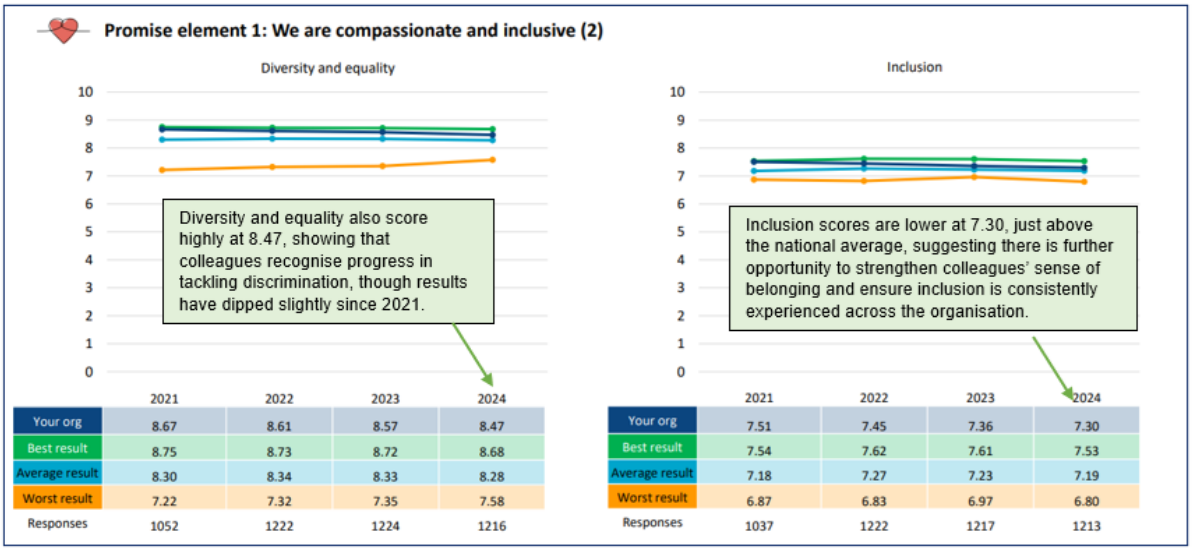


Figure 14: Hourly Pay Gap: With vs Without a Declared Disability

7.3 NHS Staff Survey

The Trust achieved strong 2024 NHS Staff Survey results, with most NHS People Promise scores holding steady and a 10% higher response rate than the sector average (1,223 responses). Of 109 questions, 53 improved, 2 stayed the same and 50 declined. Inclusion and belonging results were mixed. Positively, discrimination fell sharply – disability (-6.4%), religion (-4.7%) and sexual orientation (-3.9%) – and all People Promise scores remained above sector averages, led by “We are compassionate and inclusive” (7.72). Compassionate culture stayed steady at 7.56 and compassionate leadership rose slightly to 7.55. While compassionate culture and leadership results have stabilised and most People Promise scores show little movement, measures of diversity, equality and inclusion have slightly declined over the past four years. This suggests that, although the Trust continues to promote a compassionate culture, experiences of fairness and inclusion remain inconsistent. The priority now is to turn high-level commitments into everyday reality, strengthening morale, belonging and trust in 2025–26. (see Appendix A1.2, A1.3 and A1.4)



	2021	2022	2023	2024
Your org	8.67	8.61	8.57	8.47
Best result	8.75	8.73	8.72	8.68
Average result	8.30	8.34	8.33	8.28
Worst result	7.22	7.32	7.35	7.58
Responses	1052	1222	1224	1216

	2021	2022	2023	2024
Your org	7.51	7.45	7.36	7.30
Best result	7.54	7.62	7.61	7.53
Average result	7.18	7.27	7.23	7.19
Worst result	6.87	6.83	6.97	6.80
Responses	1037	1222	1217	1213

Figure 15: NSCHT Staff Survey 2024 results: 'We are compassionate and inclusive' sub-theme scores

7.4 Implementation of the NHS Equality Delivery System (EDS) 2024

The Equality Delivery System (EDS) 2024 review rated the Trust as Achieving, reflecting steady progress across all domains.

1. **Inclusive Services**: Strong practice was found in Specialist Perinatal Mental Health and Health & Justice Services, with good access, personalised care and culturally inclusive approaches. Communication accessibility has improved. Gaps remain in equality data on gender identity, religion and sexual orientation and engagement with underrepresented groups will be strengthened.
2. **Workforce Health and Wellbeing**: Staff benefit from a wide range of wellbeing support, though disparities persist for disabled, Black, LGBT+ and non-disclosing staff. Planned actions include targeted interventions using survey data, co-produced campaigns with staff networks and greater visibility of independent support services.
3. **Inclusive Leadership**: Leadership commitment to EDI is strong, with progress in compassionate leadership and inclusion metrics. Future priorities include embedding EDI impact assessments in governance papers, improving senior-level diversity and developing real-time dashboards to track progress.

Overall, the Trust demonstrates a solid foundation for inclusion and equality, with focused actions to close remaining gaps and align with ICS priorities. Our 2024 EDS report is published on the Trust Inclusion and Belonging page.

7.5 Implementation of the Workforce Race Equality Standard (WRES) 2025

The Workforce Race Equality Standard (WRES) shows mixed progress. Positively, Global Majority representation rose to 13.2%, board representation increased to 30.8% (well above the NHS average), access to training improved and the likelihood of

disciplinary action for Global Majority staff dropped. However, recruitment equity worsened slightly and reports of harassment and discrimination against Global Majority staff increased. While perceptions of career progression decreased for Global Majority staff (51.75% in 2025 vs 62.77% in 2024), they improved slightly for White staff (68.03% in 2025 vs 67.33% in 2024), highlighting ongoing challenges in ensuring fair and inclusive experiences across the workforce.

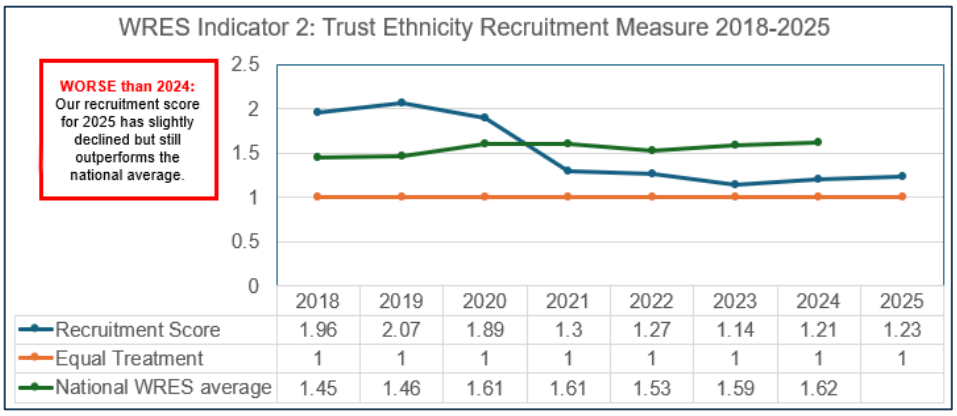


Figure 16:Trust WRES Recruitment Measures by Ethnicity, 2019–2025

7.6 Implementation of the Workforce Disability Equality Standard (WDES) 2025

The Workforce Disability Equality Standard (WDES) shows strong progress overall. Positives include record disability representation at 10.16% (well above the 5.7% national average), improved perceptions of career opportunities (64.5%) and feeling valued (53.5%), reduced harassment and abuse and increased board representation (23.1%). Challenges remain in recruitment equity, which worsened and a drop in staff reporting harassment and abuse incidents. Other measures, such as presenteeism, engagement and access to workplace adjustments, showed slight improvement.

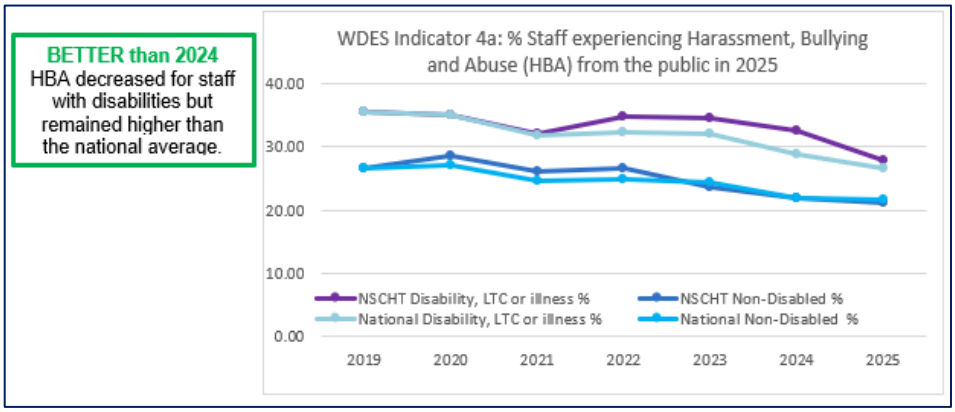


Figure 17:Harassment and Abuse from the Public, 2019–2025

Overall, the Trust is making strong progress in representation, inclusive leadership and reducing disciplinary disparities. Ongoing work focuses on improving workplace culture, staff confidence and access to support. Priorities for the year ahead include fairer recruitment, clearer career pathways, consistent reasonable adjustments and proportionate disciplinary processes. Efforts to tackle bullying and harassment will centre on better reporting and psychological safety. The diverse Board will continue to model inclusive leadership and drive accountability across the system. The 2025 WRES and

WDES reports will be published on the Trust's website, shared with the ICB and used to inform future CQC reviews.

7.7 NHS Accessible Information Standard (AIS)

The AIS outlines five key responsibilities for NHS providers to meet the communication and information needs of service users with disabilities. A 2024 review across 23 Trust services found good understanding of general accessibility principles but limited awareness of the AIS's specific five steps. In response, the Trust promoted awareness and education materials later that year. In 2025, the AIS was integrated into the wider programme supporting the rollout of the new Electronic Patient Record (EPR) system, alongside the Reasonable Adjustments Information Standard.

7.8 Reasonable Adjustments

Under the Equality Act 2010, the Trust must remove barriers for disabled people, one of the Act's nine protected characteristics. It provides a wide range of reasonable adjustments for staff with disabilities, health conditions or caring responsibilities, such as flexible hours, phased returns, adapted duties, rest breaks and specialist equipment. Adjustments are identified through discussions with managers, occupational health or HR, and can be formal (e.g. equipment or redeployment) or informal (e.g. flexible working). To improve fairness and consistency, new Access to Work guidance is being developed to support managers and HR in applying adjustments effectively.

For patients and carers, adjustments include longer appointments, quiet areas, accessible spaces, interpreters, easy-read materials, alternative formats and carer involvement where appropriate. These needs are recorded and reviewed regularly. Work through the Mental Health Quality Transformation Programme has strengthened understanding of reasonable adjustments across services. A key priority for 2025–26 is to embed these consistently across all settings to ensure accessibility and equity.

7.9 Mandatory Equality, Diversity and Inclusion (EDI) Training for all Trust Staff

The Trust uses the mandatory Skills for Health Equality, Diversity and Inclusion (EDI) e-learning package, which must be refreshed every three years. As of 31 March 2025, 1,957 employees were compliant and 125 non-compliant, giving an overall compliance rate of 94%, above the Trust's wider statutory and mandatory training compliance rate of 90%. Among senior managers, 106 of 110 (96%) had completed the Public Sector Equality Duty and EDI for Managers e-learning. This high level of compliance is important as senior leaders play a key role in embedding equality, diversity and inclusion across their areas of responsibility.

7.10 Patient and Carer Race Equality Framework (PCREF)

From March 2025, all NHS mental health trusts must fully implement the Patient and Carer Race Equality Framework (PCREF), which will be reviewed by the CQC. The Trust is progressing well, with the Chief Nursing Officer appointed as executive lead, a PCREF steering group established and core measures in development for board oversight. Training to strengthen cultural and spiritual competence has been identified as a key need.

Priorities for 2025–26 include embedding consistent monitoring and board-level reporting, co-producing PCREF plans with racialised communities and staff, and co-designing training to build cultural competence. The Trust will also introduce real-time feedback mechanisms for ethnically diverse patients to inform continuous improvement. Embedding PCREF into governance, staff development and patient engagement will ensure equality remains central to mental health care delivery.

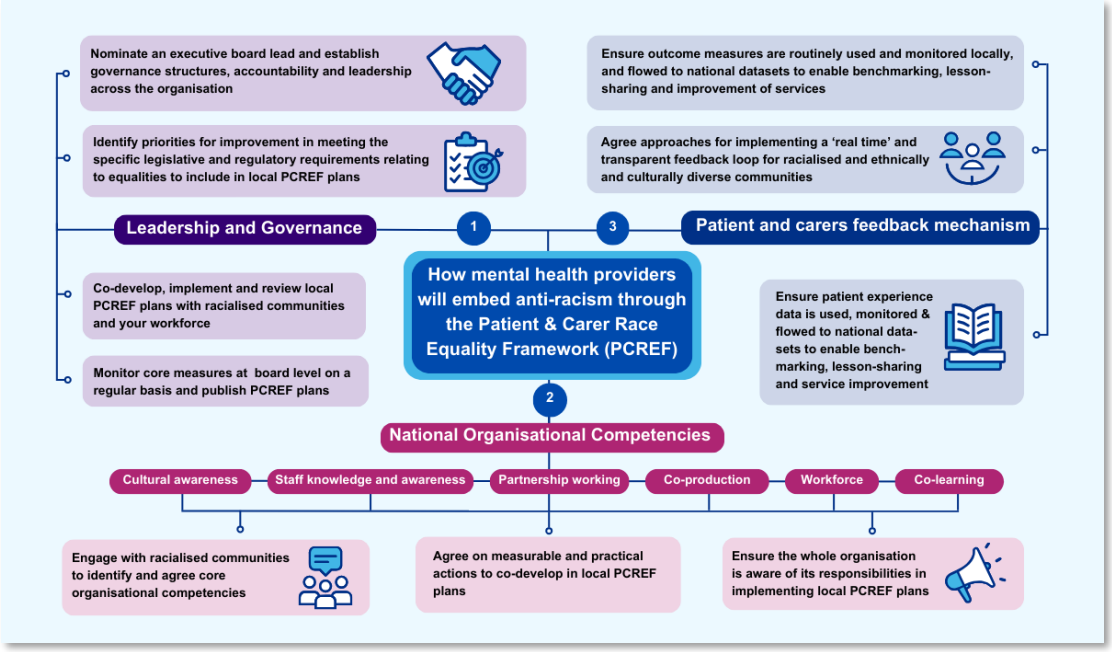


Figure 18: Embedding Anti-Racism in Mental Health Care: The PCREF Approach

7.11 Provision of Interpretation and Translation[3] Services

Access to interpretation is vital for inclusion, helping patients and carers engage fully in their care. Telephone interpreting remains the most reliable, meeting over 90% of requests and reaching 99.3% in 2024. Face-to-face interpreting has improved to 94.5% in 2025 after earlier challenges, while video interpreting has declined to 75.9%, showing it still needs targeted improvement to provide a consistent service.

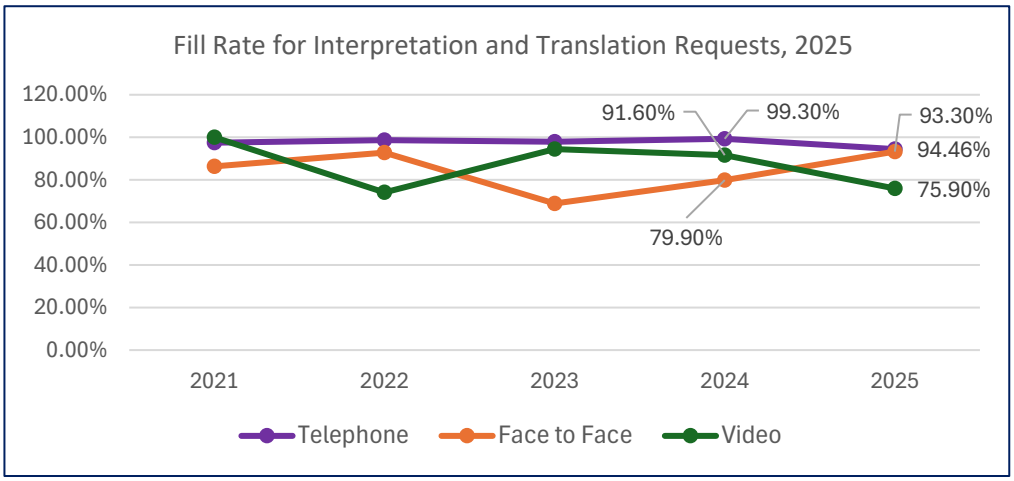


Figure 14: Fill rate for interpretation and translation requests

[3] Digital written translation is available through Office 365. As this service is part of the Microsoft Office suite, usage data is no longer available

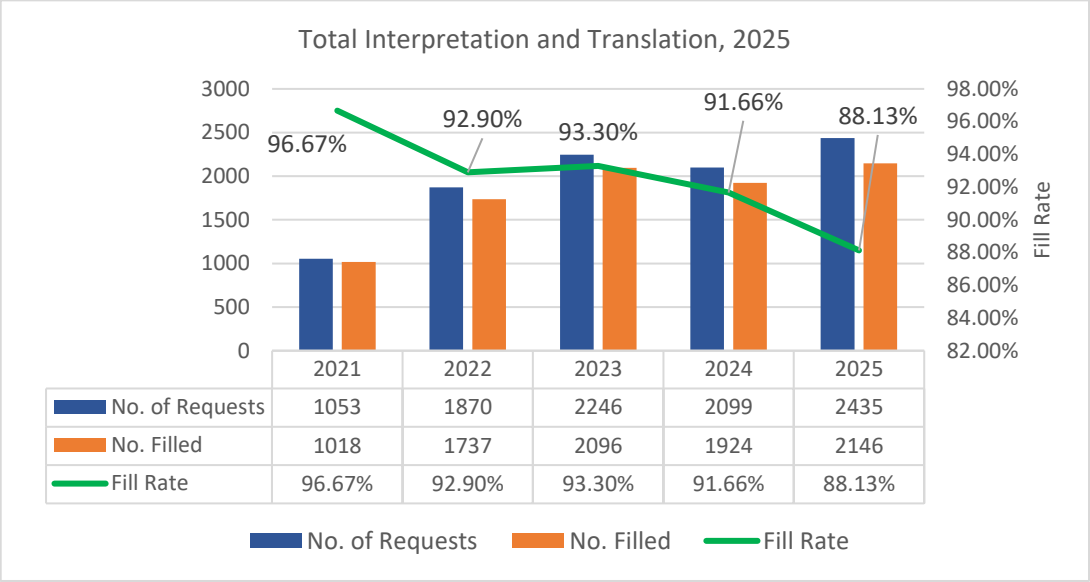


Figure 19: Yearly comparison of requested and filled interpretation and translation requests

Telephone interpreting supports a wide range of communities, with Farsi, Urdu and Polish accounting for most use. Face-to-face interpreting is more concentrated, with Polish making up 40% of requests. This highlights the need to balance resources between both methods to reflect community preferences and ensure equitable access. Demand patterns continue to shift, such as a 26% drop in face-to-face requests in 2024 and a sharp rise in Turkish requests in 2025. Accessibility is further strengthened through partnerships with Deaflinks and ASIST, which provide BSL interpretation and advocacy, ensuring people with disabilities or communication barriers are heard and supported.

Top 5 - Over the Phone		Top 5 - Face to Face	
Language	**No. Serviced**	**Language**	**No. Serviced**
1.Farsi	221	1. Polish	60
2. Urdu	210	2. Romanian	25
3. Polish	194	3. Farsi	23
4. Sorani	152	4. Bengali	22
5. Arabic	145	5. Urdu	20

Table 1: Over the Phone and Face to Face Interpretation – top 5 Languages

7.12 Sexual Safety in the NHS

The Sexual Safety Charter, launched by NHS England in 2023, sets out 10 principles to promote safety, respect and accountability. A dedicated working group was formed across Staffordshire and Stoke-on-Trent ICB and NHS Trusts to embed these principles and meet the requirements of the Worker Protection Act 2023. Three staff conferences in 2024, with more planned for 2025, provided guidance, encouraged open dialogue and shared best practice. Clear routes are in place for staff to raise concerns through managers, Freedom to Speak Up Guardians, unions or HR. The working group continues to oversee progress, aiming to build a culture where staff feel safe, supported and confident to speak up, strengthening trust and ensuring safer care environments.

7.13 Modern Slavery Statement

Our NHS Trust is committed to preventing modern slavery and human trafficking in all aspects of our operations and supply chains. We uphold the principles of the Modern Slavery Act 2015 by ensuring robust policies, staff training and due diligence processes to identify and mitigate risks. We work collaboratively with partners and suppliers to promote ethical practices and safeguard vulnerable individuals. Our full Modern Slavery Statement is available on our website.

7.14 Anti Racism Statement

In declaring our intention towards becoming an anti-racist organisation we:

- Commit to developing understanding by colleagues, service users or carers of the scale of institutional racism new sentence.
- Challenge race discrimination and create a fair and equitable workplace where all our colleagues can thrive.
- Act to build the personal and organisational leadership capability and accountability needed to tackle racism.

7.15 Sexual Orientation Monitoring (SOM) Information Standard

The national Sexual Orientation Monitoring Standard was introduced to help health and care organisations better understand the needs of lesbian, gay, bisexual and other sexual minority communities. Having reliable information is important to ensure fair access, improve experiences and address any inequalities.

In 2025, sexual orientation was recorded for just over one in five service users. Most records (78.5%) were marked as Not Known, with a further 0.6% where people chose not to declare their sexual orientation. This means nearly four out of five records have missing information. Of those who did share, 20.3% identified as heterosexual/straight, while small numbers identified as gay or lesbian (0.35%), bisexual (0.20%) or another orientation (0.07%).

Current data gaps limit understanding of service use and outcomes for LGBTQ+ people. Closing these gaps relies on fostering trust, confidence and sensitivity when collecting information. Strengthening transparency will enable the organisation to use this data to improve inclusivity and better tailor care.

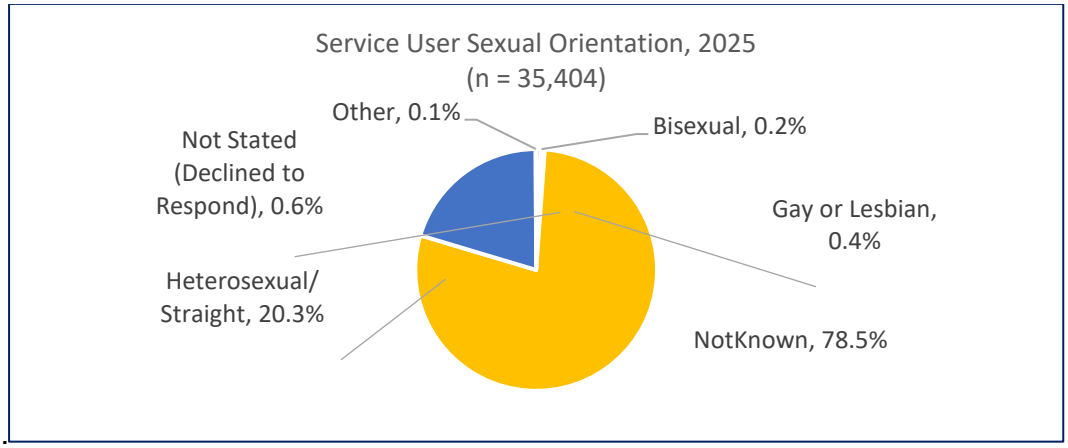


Figure 20: Individual User Sexual Orientation, 2025

Directorate-level position[4]

Similarly, when viewed, across all three directorates, a majority of records are marked as Not Known. This remains the biggest data quality challenge, though the proportions differ.

- In Acute & Urgent Care (85%) and Specialist Services (86%), "Not Known" rates are particularly high, while in Community services this figure is lower at 70%, suggesting comparatively better practice in recording.
- Community services also record a higher proportion of service users as heterosexual or straight (31%) compared with Acute & Urgent Care (14%) and Specialist Services (11%). This indicates that staff in Community settings may be more consistent in asking and capturing this data.

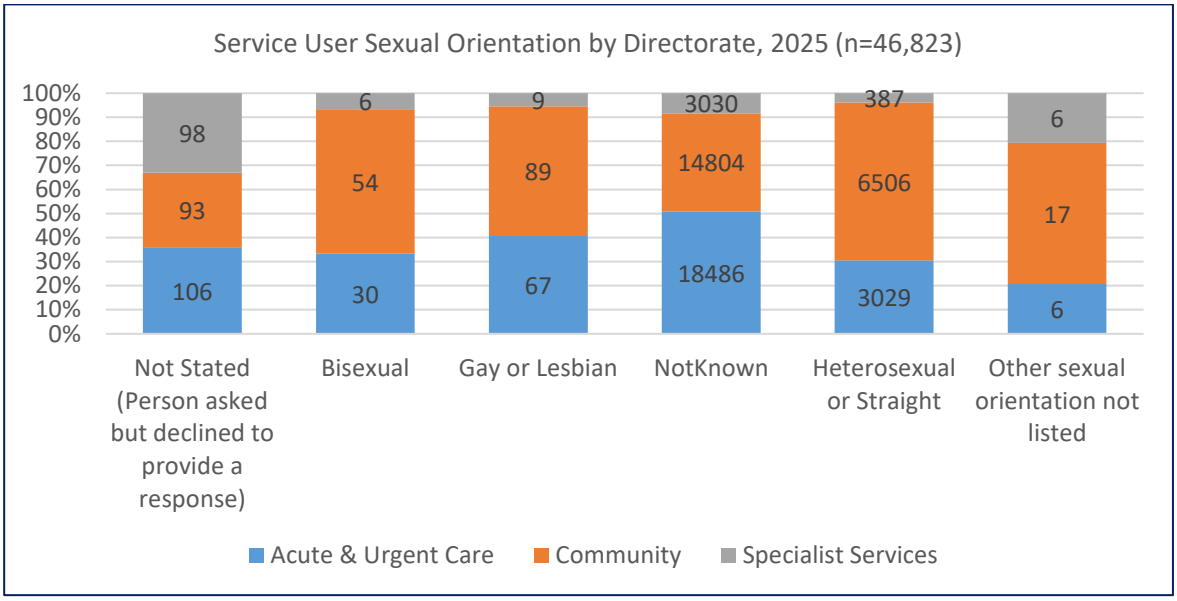


Figure 21: Service User Sexual Orientation by Directorate, 2025

The proportion of service users recorded as gay or lesbian, bisexual, or another sexual orientation remains very low across all directorates and well below local or national (3.2%) estimates. This suggests under-recording rather than reflecting the true population using services. "Not Stated" responses, where people were asked but declined to answer, are small and consistent across directorates, which reinforces that the key gap is in the "Not Known" category.

This shows that while Community services are making progress, further work is needed across all directorates to reduce "Not Known" responses and build a clearer picture of the sexual orientation profile of our service users. When compared to wider population data, LGBTQ+ identities (2.5%) appear under-represented in our services.

[4] The Diversity Data Book presents both the number of individual service users (n = 35,404) and the directorate-level total (n = 46,823). The individual service user figure ensures accuracy by showing how many unique people access services, avoiding double-counting. However, the directorate-level total reflects service demand and workload more fully, as some individuals are referred multiple times across different services or points of entry. By including both, the report offers a balanced view: one figure highlights the reach of services to distinct individuals, while the other captures the true scale of activity, resourcing and pressures faced by directorates. This distinction helps understand both the breadth of service access and the operational demand.

To address this, the Performance Team have strengthened data quality processes. An automated report (DQ Master) tracks missing demographic information at Directorate, Team and Keyworker level, enabling targeted monitoring. In addition, Data Quality meetings with Associate Directors and senior service managers take place to raise awareness of gaps such as sexual orientation monitoring and to drive improvement at service level.

8.0 CONCLUSION

During 2025 we made strong progress across the three People Plan workstreams – 'Inclusive and Representative', 'A Great Place to Work' and 'Achieving Potential' – moving closer to our ambition of Outstanding Inclusion and Belonging. These activities have helped create a more inclusive and supportive workplace, strengthened leadership, developed system-wide talent and ensured our people feel valued. While proud of the progress, we recognise more remains to be done. Our focus on continuous improvement and excellence will guide us into the year ahead

8.1 Our People Plan priorities

Our People Plan priorities over the next 3 years will include a continued focus on:

1. Creating a diverse, inclusive and representative workforce where all our people are comfortable and psychologically safe to be their authentic selves
2. Becoming one of the best NHS workplaces, where all our people are treated with kindness and compassion, feel they belong and are valued and supported to flourish in the workplace
3. Improving the health and wellbeing of all our workforce and addressing health inequalities
4. Delivering equitable Talent Management and Career Development and Progression for all
5. Ensuring Inclusive People Systems and Processes by Design

8.2 Our 2025-26 Inclusion and Belonging priorities

Our Inclusion and Belonging priorities for 2025-26 will include a focus on:

Focus area	Leading to	Key metrics
Debiasing our Trust recruitment processes	Greater representation and parity and more inclusive talent management.	Improvement in Recruitment Scores at service, directorate and trust levels by ethnicity, disability and LGB and particularly in relation to outlier scoring services.
Reducing inequalities & health inequalities for service users and staff	Measurable reduction in gaps in access (focus on access to services in year 1, experience year 2, outcomes year 3).	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.

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.	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.

END

This report should be read in conjunction with our

2025 Trust Inclusion and Belonging Data Book, which should be seen as an

Addendum to this report and our EDS, Pay Gap reports,

WRES and WDES reports for the period 1 April 2024-31 March 2025

as published on the Trust's Diversity and inclusion webpage:

North Staffordshire Combined Healthcare Inclusion and Belonging

APPENDIX 1: Progress with Inclusion and Belonging Workstreams in 2025

A1.1 Background to key Inclusion & Belonging Workstreams

Inclusion is at the heart of everything we do at Combined and we continually strive to strengthen it. We are committed to fostering a culture of belonging where all staff and service users feel safe, supported, valued and able to flourish.

Inclusive and Representative Great & Healthy Place to Work

- Our intention is to create a **diverse, inclusive & representative workplace**, where all our people are comfortable and psychologically safe to be their authentic selves. One of the best NHS workplaces, where people feel they belong and are supported to flourish.

Key Metrics:

- Equitable representation at all levels across key inclusion areas
- Recommendation as a place to work 85% or more from key inclusion groups
- Presenteeism score <46% 2028 and 'We are safe and healthy' score 7+ across inclusion groups
- Violence and abuse towards staff equitable across key inclusion groups
- Harassment, Bullying and Abuse from managers <5% across inclusion groups
- Discrimination from managers / other colleagues <5% across inclusion groups
- My organisation takes positive action on health and wellbeing, equitable across key inclusion groups
- Staff Engagement Score >8 across key inclusion groups

Inclusive Leadership, Talent Management & Career Development for All

- Our aim is to deliver equitable and **inclusive Talent Management and Career Development and Progression for all,** in which all groups can achieve their potential and aspirations. One of the ways we achieve this is through role modelling and developing inclusive and compassionate leadership.

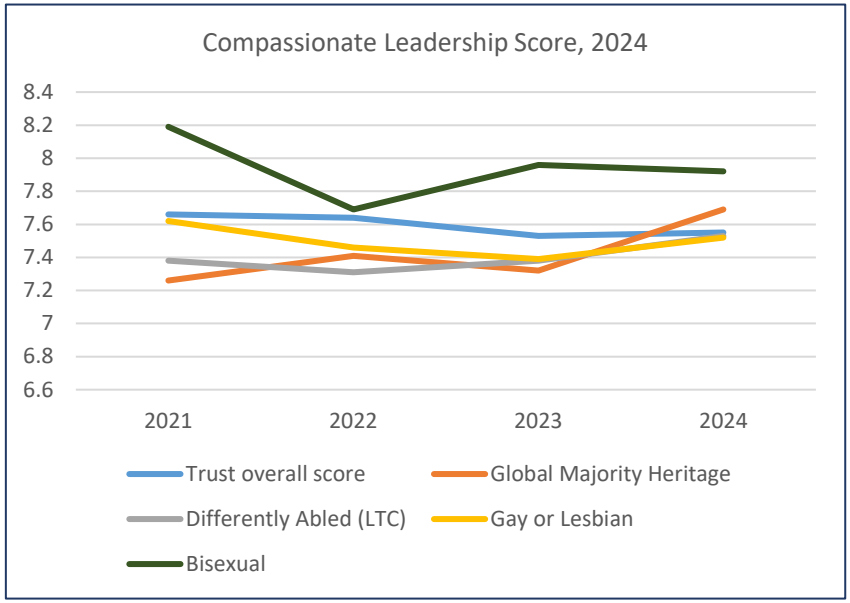
Key Metrics

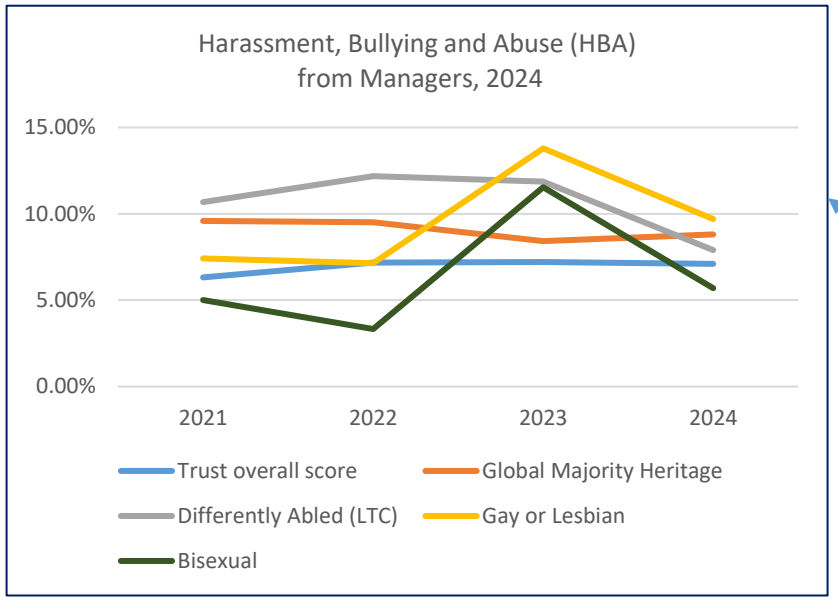
- Equitable workforce representation across staff groups and all levels, including senior roles
- Compassionate leadership score 8+ across inclusion groups
- Belief in equality of opportunity for development and career progression score 8+ across inclusion groups
- My organisation takes positive action on health and wellbeing, equitable across key inclusion groups
- Staff Engagement Score >8 across key inclusion groups
- Reducing Gender Pay Gap annually and minimal pay gaps across other groups (race, disability, LGBT)
- Recommendation of the Trust as a Place to Work 85%+ across inclusion groups

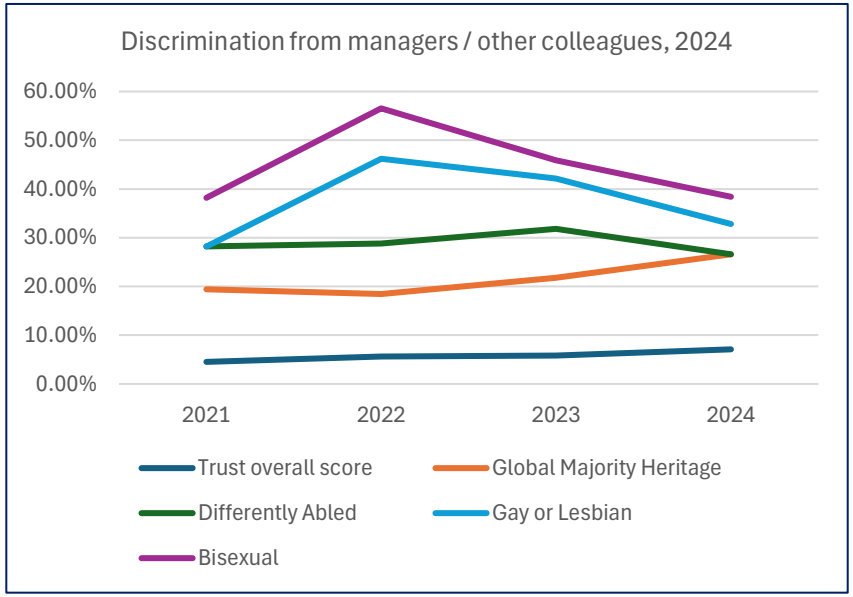
Outstanding (Inclusive) People Systems and Processes

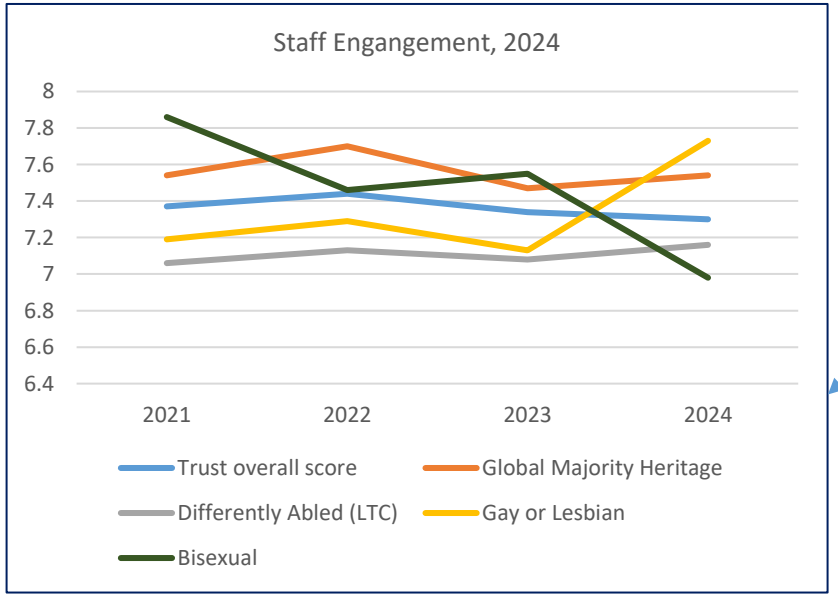
- We understand that it is more effective to focus primarily on **debiasing our processes** and secondarily on debiasing our people.
- We are working to debias our people processes to ensure that we have truly Outstanding People Systems and Processes that are **Inclusive by Design**, through which all groups are equitably supported to flourish and succeed.
- We are developing a new Inclusive Recruitment Toolkit and new monitoring processes to ensure inclusive process and outcomes.
- We recognise that inclusive systems are built through action, not intention. That's why we're strengthening our People Systems by focusing on practical enablers—like our Inclusion Council, inclusive leadership training, and meaningful staff engagement.
- Our 2025 Annual Reports highlight the results of partnership efforts to embed fairness, psychological safety, and equity at the heart of how we work.

A1.2 Key Leadership Performance Indicators, 2024



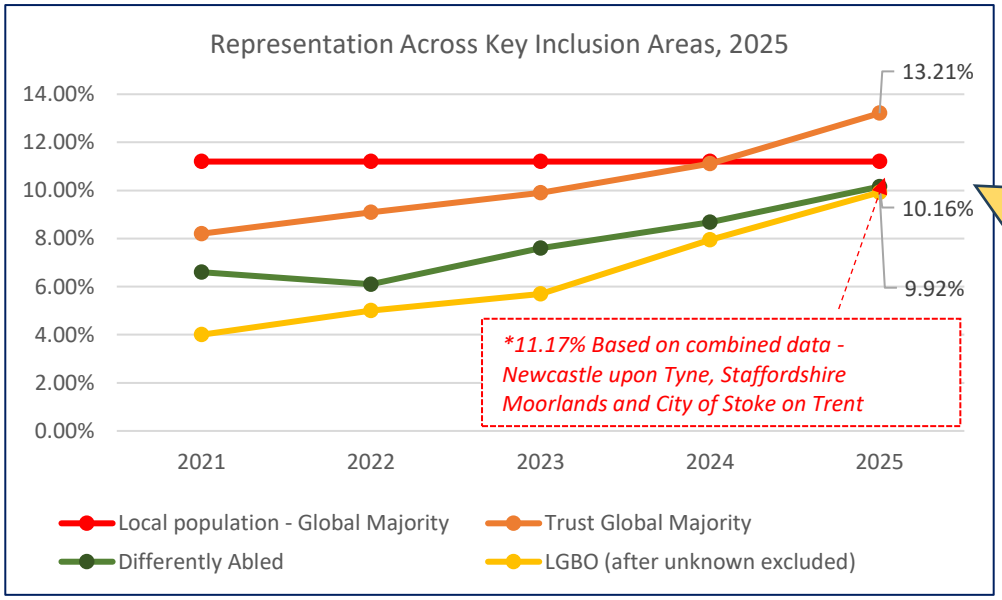






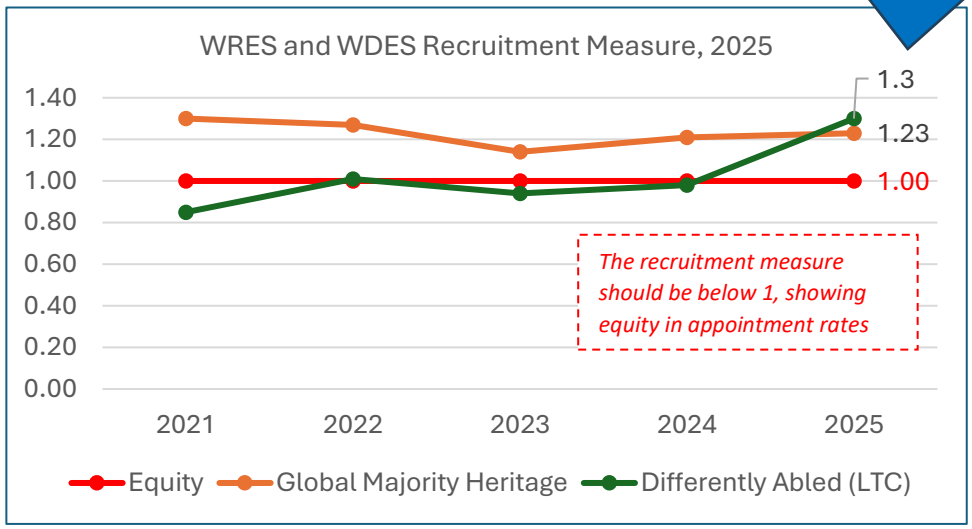
The data shows that leadership is making progress, especially in tackling harassment and discrimination, but experiences are inconsistent. The challenge is ensuring compassion, fairness and engagement are felt equally by all staff.

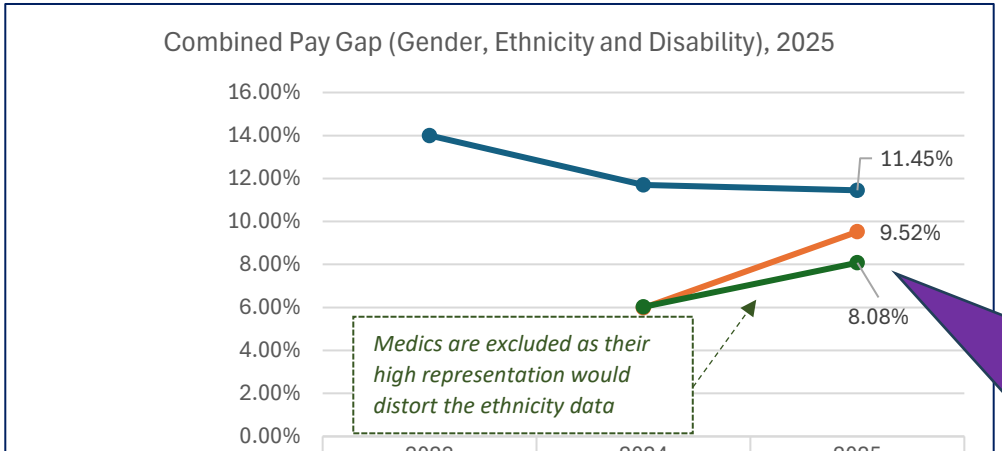
A1.3 2025 Key EDI Performance Indicators (1)



Improved across all groups, with the strongest progress seen in Global Majority surpassing local population representation (*11.17%) signalling meaningful gains in equity.

In 2025, the measure was 1.23 for Global Majority applicants and 1.3 for disabled applicants, meaning both groups were less likely to be appointed than their White or non-disabled peers.

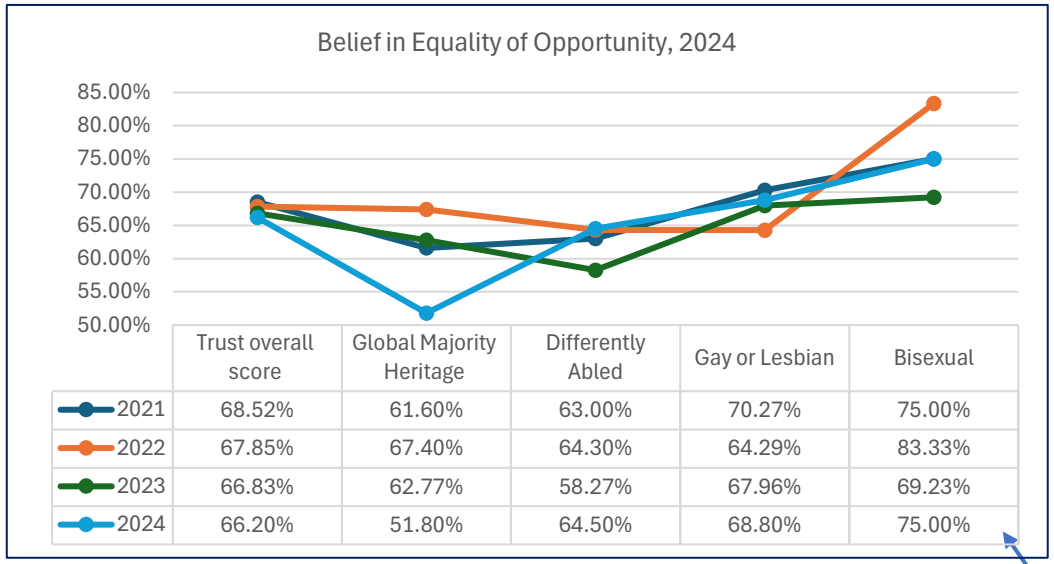




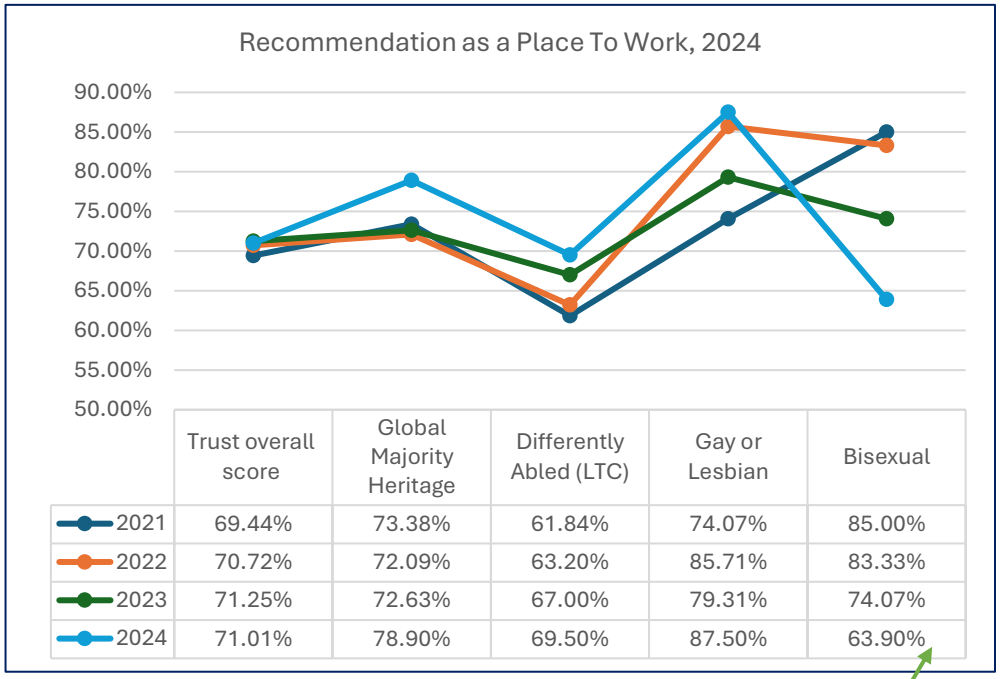
	2023	2024	2025
Gender	14.00%	11.70%	11.45%
Disability	*No data available for disability & ethnicity*	5.98%	9.52%
Ethnicity exc. Medics		6.03%	8.08%

The gender pay gap shows steady improvement. However, the disability pay gap has widened from 5.98% in 2024 to 9.52% in 2025 and the ethnicity pay gap (excluding medics) has also increased from 6.03% to 8.08% over the same period. While work to close the gender gap is showing results, the widening gaps for disabled staff and those from minority ethnic backgrounds highlight the need for ongoing targeted action on progression, representation at senior levels and fair pay practices to ensure equality across all groups.

A1.4 2025 Key EDI Performance Indicators (2)



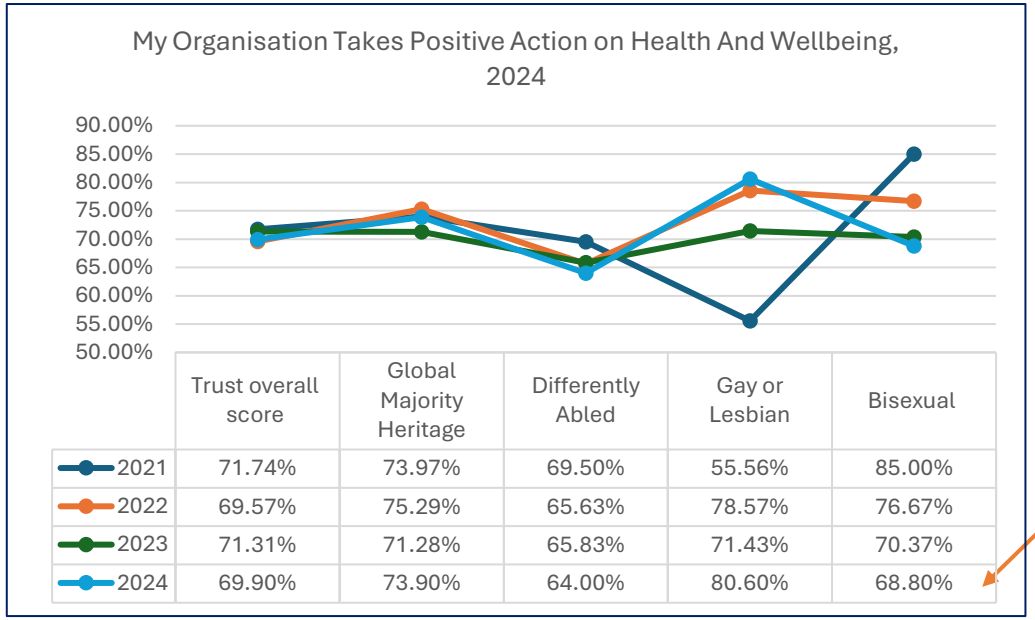
	Trust overall score	Global Majority Heritage	Differently Abled	Gay or Lesbian	Bisexual
2021	68.52%	61.60%	63.00%	70.27%	75.00%
2022	67.85%	67.40%	64.30%	64.29%	83.33%
2023	66.83%	62.77%	58.27%	67.96%	69.23%
2024	66.20%	51.80%	64.50%	68.80%	75.00%



	Trust overall score	Global Majority Heritage	Differently Abled (LTC)	Gay or Lesbian	Bisexual
2021	69.44%	73.38%	61.84%	74.07%	85.00%
2022	70.72%	72.09%	63.20%	85.71%	83.33%
2023	71.25%	72.63%	67.00%	79.31%	74.07%
2024	71.01%	78.90%	69.50%	87.50%	63.90%

Confidence has dipped slightly, with Global Majority colleagues reporting fewer positive views. We need a stronger focus on closing gaps and building trust in fair

Most colleagues continue to recommend the Trust, though experiences differ. Addressing areas of declining satisfaction will help us maintain momentum and strengthen engagement.



	Trust overall score	Global Majority Heritage	Differently Abled	Gay or Lesbian	Bisexual
2021	71.74%	73.97%	69.50%	55.56%	85.00%
2022	69.57%	75.29%	65.63%	78.57%	76.67%
2023	71.31%	71.28%	65.83%	71.43%	70.37%
2024	69.90%	73.90%	64.00%	80.60%	68.80%

Support is valued but not experienced equally across all staff. Ensuring greater consistency will help everyone feel included and cared for.

A1.5 Developing Inclusion and Belonging at NSCHT

We continue to support and lead EDI activities across the SSOT system. Our achievements for this year have focused on changing mindsets and culture, positive action and delivering change

Changing Mindsets and Culture

Overview

- Deepening understanding of inclusion remains central to creating lasting and meaningful change.
- Over the past year, our Trust and System workforce and leaders have engaged in learning and reflection to challenge blind-spots and established ways of thinking.
- The Inclusion School and Comfortable Being Uncomfortable programmes continue to grow, giving colleagues the confidence to hold important conversations on race, equity, and allyship.
- We are embedding inclusive language across the organisation, moving away from outdated terms and ensuring our communications reflect respect and belonging.
- Our Inclusive Recruitment approach is evolving, with a continued focus on batch recruitment and reducing bias in recruitment processes.

Taking Positive Action on Inclusion

Overview

- Stepping Up / New Futures alumni group have continued to be part of our approach to communicating support and opportunities.
- Expanded the Differently Abled Buddy Scheme and other disability-focused programmes, with more staff taking part in education and confidential discussions.
- Continued to strengthen our WRES Champions and Reciprocal Mentoring initiatives.
- Worked closely with our local communities through recruitment fairs, stakeholder events and awareness campaigns.
- Grew participation in the Rainbow Badge and See ME First Badge schemes, showing our visible commitment to inclusion.

Delivering Change

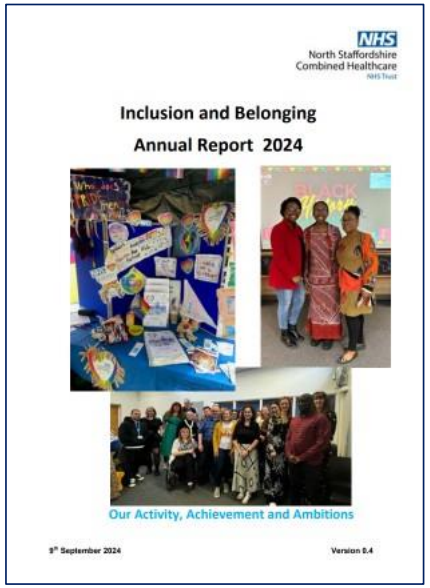
Overview

- Growth in the proportion of colleagues confident to declare disabilities or neurodivergence.
- An increase in representation from Global Majority Heritage colleagues.
- Progress against our WRES and WDES priorities has been delivered through the RACE Code and other action plans.
- Accessibility for both colleagues and service users continues to improve through digital tools such as AccessAble and our web accessibility upgrades.
- Our Inclusion and Belonging Strategy 2025–2028 was launched, setting out a clear roadmap for the next three years

Our EDI priorities and deliverables for 2025 -26 are identified in our Trust Inclusion and Belonging Strategy

A1.6 Publications, Reports and Resources

Publications and Reports
During 2025 we published a number of plans and reports to set and track our intentions and objectives, report on our progress and ensure we continue to meet our statutory obligations.

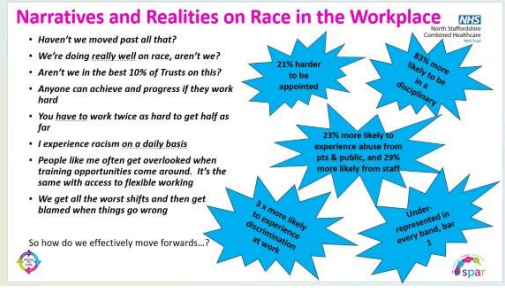


We ensured our **website was compliant with web accessibility standards** and committed to ensuring that this continued to be built in by design going forward.

Diversity, inclusion and belonging **learning resources** provided for staff on CAT covering allyship, belonging, civility, cultural awareness

We progressed our four-year **EDI action plan,** which underpins delivery of the 2024–28 Inclusion & Belonging Strategic Plan. Our WRES, WDES and Pay Gap actions are aligned to this plan, ensuring a joined-up approach.

The Trust took a brave step **in reviewing racial bias in recruitment** after staff raised concerns. The review confirmed inequitable practices and validated staff experiences. Key recommendations were made to improve fairness, training, and accountability. A co-produced action plan is now in place. Leadership commitment is crucial to rebuild trust and drive lasting change.



We continued to support our staff networks to grow their influence and engagement.

79 '**See Me First**' badges have been distributed to staff since the inception of the scheme in October 2023.

Updates were made to the **EDI Dashboard** in March 2025. Monthly metric report updates are made at service and Directorate level.

Leadership Academy focusing on driving inclusive leadership within the Trust.

37 Trust **AccessAble** Detailed Access Guides published and updated, and Recite Accessibility Tool published on Trust website and intranet

Additional core annual reports delivered:

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES);
- Equality Delivery System (EDS);
- Combined Pay gap report feat. Gender, Disability and Ethnicity Pay Gap;
- Accessible Information Standard (AIS)
- Patient and Carer Race Equality Framework (PCREF);
- Public Sector Equality Duty (PSED).

272 '**Rainbow**' badges have been distributed to staff since the inception of the scheme in 2021.

2024 Staff Survey - Our overall results for all the People Promise themes were higher than the average for its comparator group.

APPENDIX 2: Inclusion and Belonging Highlights

A2.1 Celebrating Diversity

Celebrating South Asia Heritage Month (August – September 2024)

Raising awareness and celebrating key EDI events across the system, including Black History Month, Diwali, Ramadan, and Eid. Planning is underway for system-wide recognition of Pride, South Asian Heritage Month, and Black History Month.

Sexual Safety in Healthcare

The first ICS Sexual Safety virtual conference was held in October 2024. As an ICS partner, we are committed to working jointly and sharing resources and approaches to strengthen sexual safety across the system.

Children's Learning Disability team hold coffee morning with Together For Stoke

We are working to develop an anti-racism toolkit in conjunction with our ICS partners

RACE EQUALITY MATTERS

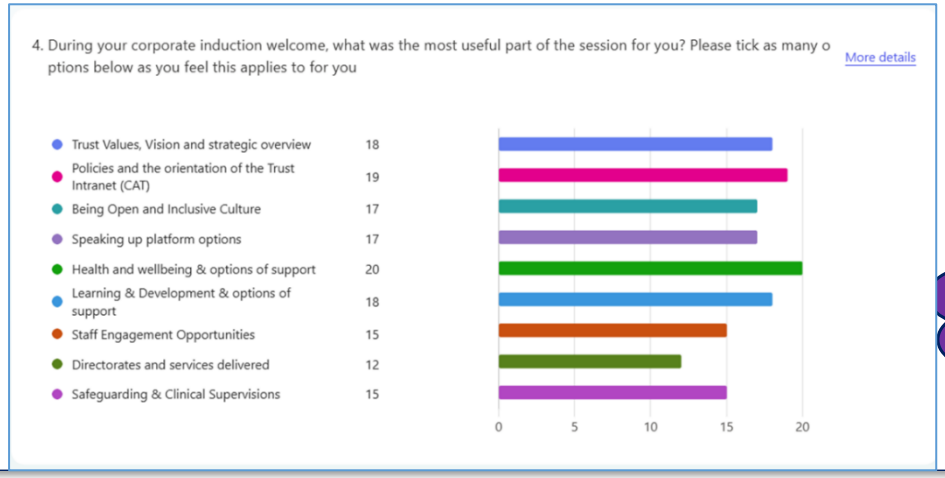
Ward 6 celebrating World Food Culture Day (October 2024) and Eid (March 2025)

Sutherland Centre and Lyme Brook teams celebrated Diwali

Community event on improving equality of access to psychological services by ethnic minorities (October 2024)

A2.2 Corporate Induction

- Our corporate induction is a key part of welcoming new colleagues and embedding our inclusive culture from day one. It emphasises the importance of belonging and ensures all staff feel valued and supported as they begin their journey with us. Each session opens with a welcome from a member of the executive team, providing both a strategic overview and a named senior contact to support colleagues as they settle in.
- Induction also highlights the Trust's commitment to inclusion, introducing staff to our staff networks and providing details on how to connect with them. As part of the programme, colleagues take part in discussions exploring scenarios linked to our Trust Values, with a dedicated focus on inclusion and belonging.
- In addition, all new starters follow a five-stage engagement model during their 90-day probation period, which strengthens the sense of belonging and provides space for colleagues to share both positive experiences and areas for improvement.
- Feedback from induction remains very positive, with staff recognising the value of this early focus on equality, diversity and inclusion in shaping a welcoming and supportive culture.



»Loved.induction.thank.you¡ So.very.well.delivered.and engaged.all‹

»Induction was.very thorough.and.well delivered‹

»The.break.away rooms.were.fun.I would.love.more‹

"Facilitators were very knowledgeable and enthusiastic about the trust and that came through with their presentation of the Induction".

»It.was.a.good.balance.of.discussion.and delivery.of.important.information¡.Good.to send.links.to.important.documents.after so.it.all.doesn't.have.to.be.delivered.at once.too¡.Facilitators.were.very.warm.and friendly.in.their.delivery.too¡.Thank.you‹

»The.welcome.has.been really.well presented and.information.was emailed.after.in.a.timely manner‹

»What.a.great.induction¡ Thank.you¡.I.had.lots.of opportunity.to.talk.and.it was really.useful and Informative‹

A2.3 Celebrating Pride Month (June 2024)

The Darwin Centre created rainbow bunting, flying the Pride flag, and displaying 'gingerbread persons' to help educate about gender identity, expression, biological sex, and attraction.

Ward 5 marked Pride Month with a 'Cakes and Shakes' afternoon, where patients baked cupcakes and made a variety of milkshakes together.

Mike Groden, Senior Advanced Nurse Practitioner and author under the pen name *Max Austin*, shared his bio-fictional memoir *How Can We Be Wrong?* at the 2024 Stoke Pride. He hosted two book readings, donated signed copies and bookmarks, and spoke about giving a voice to silenced LGBTQIA+ groups.

The A&T team created a Pride board featuring Pride history, rainbow bunting, and a collage of LGBTQ+ icons and allies.

Staffordshire & Stoke-on-Trent Integrated Care System:

PROUD to be

disability confident

As Disability Confident organisations, we play a leading role in **changing attitudes** towards ability and disability for the better. We're **changing behaviour and cultures** in our local organisations, networks and communities, and reaping the benefits of inclusive recruitment practices.

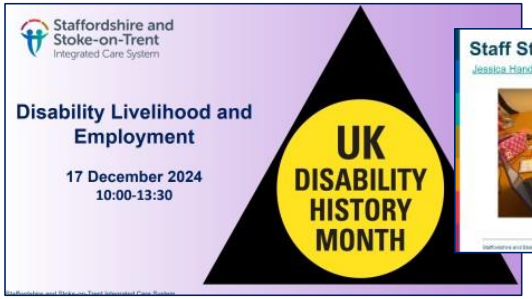
We are proud of our diverse workforce, up to a third of whom have **long term health conditions, disabilities and neuro-differences**.

Ask about working with us and the support we offer for people who are **differently abled**.

The Staffs and Stoke Wellbeing Hub launched an LGBTQ+ toolkit for Pride month, co-produced with LGBTQ+ colleagues and allies across the system.

A2.4 Celebrating Learning Disabilities Week (17 - 23 June 2024) and Disability History Month (14 November – 20 December 2024)

The Learning Disability Health Team hosted a well-attended Healthy Me Day at the Indi Club in Sneyd Green, bringing together Trust staff and local health partners. The event raised awareness of health checks, screenings and wellbeing support, while offering interactive activities such as chair yoga. It was a strong example of partnership working to promote better health for people with learning disabilities across Staffordshire and Stoke-on-Trent.



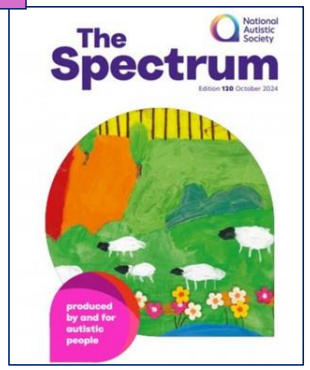
The Trust took part in the first SSOT ICS Disability History Month virtual conference on 17 December, themed **"Disability, Livelihood and Employment."** The event brought together leaders, staff networks, inclusion allies and differently-abled individuals from across the Trust and partner organisations.

The Talk and Change group marked the week with a coffee morning at Broom Street and launched a new video showcasing their achievements and experiences.

Guidance on supporting colleagues with disabilities was shared in organisational comms to help line managers in their role.

CAN Lead shared her neurodiversity story in Spectrum magazine, October 2024 issue.

The Differently Abled Buddy Scheme Programme Manager featured in NHS Employers podcasts on workplace adjustments, highlighting their importance, how to request them, and the barriers and benefits.



AccessAble leaflets and stands to raise awareness.

APPENDIX 3: Inclusion and Belonging Action Plan 2025-26

The key actions to advance Inclusion and Belonging in 2025–26, spanning all workstreams, are part of the Trust's four-year Inclusion and Belonging Strategic Plan (2024–2028), aligned with the Trust's Equality Objectives. Progress is monitored and reported annually and the actions are set out in the table below.

Action	Links to Equality Objectives 24-28	Links to 25-26 EDI Goals	Must / Should / Could	Action Lead	RAG rating (as at 08.25)
1. Deliver key milestones to implement, ensure and embed an effectively debiased inclusive recruitment process change programme					
1.1 Develop **Inclusive Recruitment Toolkit and Inclusive Recruitment Development** package utilising theory / approach of No More Tick-Boxes' and 'If Your Face Fits' (Kline, 2023).	4	1	Must	Recruitment Manager	Oct 2025
1.2 Undertake analysis of applications-shortlisting/interview-appointment for posts at band 8A and above to better understand the issues / reasons behind lack of diversity in appointments at this level and implement action based on findings.	4	1	Should	People Team	Dec 2025
1.3 Respond effectively to feedback from staff about experiences of recruitment process from a protected characteristics perspective.	4	1	Should	Deputy Director of Operations	Oct 2025
1.4 Develop a plan to roll-out of Inclusive Recruitment development (considering the nee.ds of both new recruiting managers and existing recruiting managers)	4	1	Should	Recruitment Manager	Dec 2025
2. Reducing inequalities and health inequalities for our service users and staff					
2.1 All services to undertake a **review of service user ACCESS** analysed with a race lens in 2025-26 and present findings to Directorate committee (3 services to do deeper review via EDS framework – see 2.5 below)	2 & 3	2	Should	All Service Leaders	March 2026
2.2 Equitable access to **health and wellbeing offers for all staff** (our workforce as a microcosm of our local population). Review take-up by diverse characteristics colleagues.	2	2	Should	OD Programme Manager	Dec 2025
2.3 Implement new guidance on **recording gender codes** in Electronic Patient Record (Lorenzo) and in Electronic Staff Record when available. When in place, action needed to analyse the data and identify next steps.	1	2	Must	Associate Director of Performance / Head of Clinical Systems	Dec 2025
2.4 Launch and embed new guidance and approach to **RADF (Reasonable Adjustment Digital Flag)** as mandated through ISN re-recording disability/ accessible information needs in Electronic Patient Record.	1	2	Must	TBC	Dec 2025

2.5 **Three services to be reviewed and rated under the EDS framework** for 2025-26 (detailed review of Access, Experience, Safe from Harm, Outcomes).	1	2	Must	Identified Service Mgrs / Inclusion and Belonging Lead	March 2026
2.6 Review business case for **AccessAble** and make decision on potential extension for years 4 and 5 (if approved, commission inclusion of Keele Medical Practice and consider inclusion of Lawton House into surveyed premises).	4	2	Should	Inclusion and Belonging Lead	Nov 2025
2.7 Support **inclusive talent management and career development / progression for all,** through promotion of our career development workshops and career conversations - see Career devt link. This offer to be specifically targeted to staff with diverse characteristics (focus on race and disability. Encouraging take-up of coaching and mentoring by diverse characteristics colleagues.	4	1 & 2	Should	Talent & Leadership Manager	Mar 2026
2.8 All executive directors to agree and deliver against personal and Directorate **EDI objectives** in 2025-26.	1-4	1 - 4	Must	CEO/ Execs	Oct 2025
2.9 Introduce and embed an **HR / EDI Dashboard** for all services and Directorates Monthly, Quarterly and Annual Monitoring and RAG rating of good / poor performance of (minimum by Dec 24), supporting identification of issues, ownership, prioritisation of action and progress monitoring of action in each service: • Workforce ethnicity, LGB+ and disability profile • Snr leadership representation. (Band 8A,8C upwards) – ethnicity, disability, LGB+, & gender • Diversity in shortlisted candidates (Global Majority / Differently Abled / LGB+ candidates) • WRES / WDES and LGB+ Recruitment score by service (x2 annually TBC) • Bullying & Harassment (NSS) rates from line mgrs/colleagues.	2 & 3	2 & 3	Should	CIO with Inclusion and Belonging Lead	Phase thru' 25-26
2.10 Publish and monitor annual **Ethnicity, Disability and Gender Pay Gap** reports (data to end March 2025), with targeted action plans to address findings	1	2	Must	Inclusion and Belonging Lead	Dec 2025
3. To progress our high-visibility anti-racist and anti-discriminatory approach, delivering against tangible key milestones including:-					
3.1 Development and delivery of a targeted high-profile and impactful **communications plan around anti-racist and anti-discriminatory approach** (including refreshed posters & promotional campaign). To include anti-abuse message in conjunction with Craig Stone work.	4	1-4	Should	Comms team with Inclusion and Belonging Lead	March 2026
3.2 Share outcomes and taking meaningful action from **learning emerging from staff speaking up reviews**, including FTSU, Dear Buki etc.	4	2 & 3	Must	Associate Director of OD	March 2026

3.3 Review application of **Trust Disciplinary Procedure and Trust Supporting Staff to Improve Performance Procedure** through case review, taking a critical race and disability perspective. Propose and implement changes to debias process based on findings.	4	1 & 3	Should	People Operations Lead / People Ops Team	March 2026
3.4 Begin work to review and debias access to **Flexible Working and Flexible Retirement** with an EDI lens.	4	1 & 3	Should	People Operations Lead / People Ops Team	March 2026
3.5 Review **Workplace Adjustments and Access to Work** process to eliminate delays and barriers to support for differently abled colleagues i. Ensure all job applicants are aware of the Trust's approach to supporting differently abled colleagues and workplace adjustments. ii. Share guidance and awareness raising around 'This is Me' Health Passport. Consider implementing a timeframe whereby all new staff have a discussion with their line manager about the 'This is Me' health passport within x weeks of commencing work.	4	3	Could	People Operations Lead, Workforce Business Partner & People Operations Lead	Jan 2026
3.6 Continue to embed **EDI as everyone's responsibility**, core to Trust & NHS Values.	4	1-4	Should	Inclusion and Belonging Lead	March 2026
3.7 Continue to encourage and support **culture of inclusion, openness, authenticity and psychological safety at work** through development of the Trust as a **great place to work for all** & celebration of diverse talent	4	3	Should	OD & Inclusion Team	Ongoing
3.8 Establish Working group to drive achievement of the 6 key recommendations of the **Learning Review.**	1 & 4	1 - 4	Should	Associate Director of OD	Sept 2026
3.9 People Ops Team to proactively seek to **review protected characteristics** at the outset of all employee relations processes and to gain agreement for these to be updated where applicable.	2	1 & 3	Should	People Operations Lead, People Ops Team	Jan 2026
4. Educate for Inclusion					
4.1 Shift of focus away from positive action development programmes, & towards:- i. Ensuring **equitable access / positive skew for take-up of development and leadership development opportunities** for diverse talent ii. Development programmes focussed on **creating an inclusive working environment,** ie educating wider workforce for deeper understanding of inclusion and the reality of experience for minoritised groups	4	1-4	should	OD & Inclusion Team / service managers	Ongoing

iii. All trust leadership offers to include core inclusion component geared to audience level of responsibility					
4.2 Programme of education around **responding effectively to incidents of abuse, discrimination, incivility, understanding race & racism**, including the need for active bystander/upstander response and the mechanisms available for reporting and addressing such behaviours.	4	1-4	Could	TBC	
4.3 Deliver an **Executive development session on the learning from NHS discrimination cases** and setting EDI objectives	3, 4	1-4	Should	Associate Director of OD & Inclusion and Belonging Lead	Feb 2026
4.4 **Trust Leadership Academy inclusion-themed session**	3, 4	1-4	Should		Ongoing
4.5 Programme of activities to **celebrate and educate around inclusion, following national/international awareness calendar**, particularly (link to Newsround, Exec Exchange, Combined TV, podcasts, Inclusion School, Trust/system conferences and other comms opportunities):	3, 4	1-4	Should	Staff Network Leads with Inclusion and Belonging Lead	Ongoing
4.6 **Build on investment in established programmes** (HPMA Anti-Racist Leadership Programme, WRES Champions, Reciprocal Mentoring, etc). This might involve enlisting these individuals to support design and delivery of planned interventions.	1-4	1-4	Could	TBC	Mar 26

Race Inclusion:	
18 Jul -17 Aug 2025:	South Asian Heritage Month
September	East and South Asian Heritage Month
October	Black History Month
3-9 February 2026	Race Equality Week
Disability Inclusion:	
14 Nov – 20 Dec	Disability History Month
17 -23 Mar/April	Neurodiversity Celebration Wk/Awareness Mth
LGBT+ Inclusion:	
February	LGTB+ History Month
June	Pride Month
Gender Equality:	
8 March	International Women's Day

Equality Objectives 24-28 and EDI Goals 2025-26

The numbers in columns 2 and 3 in the table above relate to the below.

Our Inclusion and Belonging Strategic Plan Equality Objective Priorities 24-28

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 truly become an inclusive, anti-racist and anti-discriminatory organisation by 2028.

Our Inclusion and Belonging Priorities for 2025-26

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

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

3. ‘High visibility’ focus around anti-discriminatory approach

4. Educating for inclusion