Equality, Diversity & Inclusion Strategy 2022/2025

Making a
DIFFERENCE
every day

1. Executive Summary

Our Equality Diversity and Inclusion (EDI) Strategy has been developed following the evidence deriving from our Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap, and results from the NHS Staff Survey 2020. These collective metrics show that inequalities exist for our staff with protected characteristics[1], reporting higher levels of poorer experience, including harassment, bullying or abuse at work; greater inequalities in access to employment, development, and progression; lack of equitable representation across entry, middle and senior level roles and lack of diversity in leadership positions.

To this end, our focus for 2022/25 will be on the delivery of four key aims:

1. Current employees and future talent with protected characteristics are offered equality of opportunity and fair access to jobs, development and career progression

2. Employees with protected characteristics are enabled to work free from discrimination, and bullying and harassment, in an inclusive work environment that embraces diversity

3. Current employees and future talent with protected characteristics are enabled into leadership positions, to drive lived experience into the heart of decision-making and to ensure services are designed, developed and delivered with inclusivity

4. We are compliant with our responsibilities under the relevant legislation and our data and resulting reports are consistent and accessible, as are the calculation and data analysis methodologies

Our plans are ambitious; we will achieve our aims through the development of four organisational priorities:

Priority 1 Workforce

Increased **BAME** diversity in:

Non-clinical:
- Bands 1-4 current 10.5%, target 12.5%
- Bands 5-7 current 6.9%, target 8%
- Bands 8A+ current 3%, target 8%

Clinical (non-medical and dental):
- Bands 1-4 current 18.4 %, target 20.4%
- Bands 5-7 current 17.7%, target 19.7%
- Bands 8A and above current 5.1%, target 8%

Increased **Disability** diversity by:
- Average across Trust: Current 3.2%, min target 8.2%

Non-clinical:
- Bands 1-4 current 4.4%, target 8.8%
- Bands 5-7 current 3.7%, target 7.4%
- Bands 8A+ current 2.6%, target 5.2%

Clinical (non-medical and dental):
- Bands 1-4 current 3.4%, target 6.8%
- Bands 5-7 current 2.9%, target 5.8%
- Bands 8A+ current 2.0%, target 4.0%

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[1] Protected Characteristics include race, sex, disability, age, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion, and belief

Increased Disability/LTC Representation on the Board by 6% (1 Person)

Reduction in **Gender** Pay Gaps:
- Reduction in mean gender pay gap in line with latest available Public Sector Economy mean pay gap in 2026, or current figure of 15.5%, whichever is the smaller
- Female / Male parity in % application to Clinical Excellence Awards (CEA) -when process has recommenced
- Reduction in mean bonus gender pay gap current 51.4% to target <10%

Priority 2 Culture

Improve the experience of all staff with protected characteristics so that by April 2025, we have:

- Reduced disparity regarding entry into disciplinary processes to achieve parity for BAME staff: current (2021)1.14, target 1 (2025)
- Reduced disparity regarding entry into capability processes to achieve parity for disabled / LTC staff: current (2021) 1.22, target 1 (2025)

- Reduced disparity regarding shortlisting and being appointed from shortlisting
    - BAME: current relative likelihood 2.43 to target <1.5 relative likelihood

- Reduced disparity regarding bullying and harassment from managers / team leaders in the staff survey for BAME staff: current 18.1% to target <12%
- Reduced disparity regarding discrimination from managers / team leaders in the staff survey for disability / LTC staff: current 24% to target <10%

- 50% reduction in the career progression ratios across all bands for BAME staff
    - Lower to middle 2.1 (Bands1-4 moving up to Bands 5-7)
    - Middle to upper 2.0 (Bands 5-7 moving up to Bands 8A and above)
    - Lower to upper 4.3 (Bands 1-4 moving up to Bands 8A and above)

Priority 3 Assurance and Compliance

- Continued compliance with WRES / WDES data submissions
- Assurance methodology for WRES / WDES data submissions
- Implementation and development of Accessible Information Standard (AIS) and Equality Delivery System (EDS) and compliance with a minimum of 'Achieving'
- Continued compliance with the Equality Act 2010

These outcomes will be overseen by the EDI Steering Group assured through to the Performance People Committee (PPC) and reported at People Engagement and Leadership Group (PELG).

Contents

1. Foreword by Karen James, Chief Executive, Stockport NHS Foundation Trust

I am thrilled to be introducing our new Equality, Diversity, and Inclusion (EDI) Strategy 2022/25. which has been developed to support our ambitions to become an employer of choice in a forever changing and competing environment. We want to attract, develop and retain the best, diverse talent and offer an inclusive, vibrant place of work all of which are essential ingredients for driving and delivering improved patient experience and outcomes.

As Chief Executive my personal ambition is for our staff to work together to deliver outstanding care. We can only achieve this if we actively create a culture which continually challenges us as individuals, and as an organisation we remain true, to our core values of We Care about our people, support them, and deliver on our promises. We Listen, act and learn from what we hear, We Respect, we are kind and helpful and expect the same in return.

I am proud to be leading an organisation where our staff actively uphold our values and behaviours. Like all NHS organisations however, we are on a continual improvement journey, at the heart of which, is the fundamental drive to deliver fair and inclusive services for all. This EDI strategy is an enabler of our efforts to raise the bar for staff and for our journey for our patient experience.

Karen Kames
Chief Executive

2. Introduction

This strategy sets out our high-level approach to delivering Equality, Diversity and Inclusion (EDI), for the benefit of our local health economy and the people we work with in line with our obligations, aims and objectives of the Equality Act 2010 and the Public Sector Equality Duty 2011.

We recognise that EDI is a central feature of delivering compassionate care and maintaining a quality driven highly-skilled workforce. Achieving diversity within our workforce and embedding inclusivity is a core requirement for all NHS health and care providers. The quality of patient experience cannot be separated from the quality of staff experience. Inequalities in workforce diversity cannot be divorced from inequalities of health outcomes, there maintains an interdependency and correlation.

We have an aspiration to ensure EDI is at the heart of everything we do. We believe that the EDI agenda is critical to building a sustainable workforce that is truly reflective of the diverse communities we serve. We also believe that in building a diverse workforce, we will increase the talent pool from which we recruit and build services that are responsive to the needs of the local community.

Our EDI Strategy has been developed in response to the findings of our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and in conjunction with results from our NHS Staff Survey 2020. These collective metrics show that inequalities exist for our staff with protected characteristics, reporting higher levels of poorer staff experience and inequitable diversity within leadership and across elements of the workforce.

We are ambitious providers of emergency and secondary care services for people of all ages. We provide extensive community services, integrated health and social care, early intervention, and prevention programmes, as well as highly specialised therapies and treatments. Our care focuses on enabling people to live well with their conditions and to work towards recovery.

3. Our EDI Legislative Context

Our strategy has been designed to enable our organisation to develop a place of work that is diverse and inclusive, where all current and future staff with protected characteristics are treated with fairness and equity, free from discrimination, bullying and harassment. The strategy is a direct response to our commitment to the delivery of our Public Sector Equality Duty (Equality Act 2010), to:

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

4. How our EDI Strategy was developed

This EDI Strategy has been primarily developed in response to our NHS Staff Survey Results, the evidence contained within our Workforce Race Equality Standards and Workforce Disability Standards. Insights from the latest available data from these sources is utilised to develop the focus areas for the strategy and subsequent operating and action plans.

Additional consultation with key stakeholders was considered, including:
- Our senior leaders
- Our people working for the Trust
- Engagement with Unions

- Partners across the wider health and care system
- The Voluntary and Community Sector

Further, through a variety of conversations and using different evidence sources we asked people to contribute their views as to what an EDI Strategy should consider, respond to and priorities over the next four years. These conversations are informed through the various intersectional meetings across wide ranging audiences and our staff networks for our BAME colleagues, who currently make up 17.5% of our workforce and our disabled staff and staff with long term conditions, who currently make up 3.2% of our workforce.

This strategy takes account of local population demographics to ensure that our people targets are consistent with the population we serve, and performance is relevant and achievable, rather than using national benchmarks, which may be higher or lower than those within our region. However, recognition is given to some limitations in these datasets, such as the latest published date for census data.

Key themes have emerged, shaping the direction of our EDI Strategy and our future focus upon supporting the delivery of *'a great place to work'* with the ambitions contained within the Trust Strategy 2020-2025, 'Making a difference every day' which is to improve health outcomes for our local populations and wider health economy. Our EDI Strategy has been designed to facilitate the delivery of inclusive care with fair access to our services.

Finally, this strategy aligns where possible and practical to be consistent with the approach adopted by Tameside and Glossop ICFT and East Cheshire NHS Trust in support of shared learning and benchmarking across our Partnership arrangement, whilst still ensuring the strategy is tailored to the needs of our people and the population we serve.

5. NHS Staff Survey Results 2020 and other Key metrics

Whilst the 2020 National Staff Survey results have highlighted some improvements there are still significant areas of improvement required:

- Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives of members of the public had fallen by 2.4% from 2019 to 2020 but remains 1.8 % **higher** at 25.8% in comparison to white staff at 24%.

- Disabled staff experiencing harassment, bullying or abuse from patients, relatives of members of the public is **higher** at 28.5% in comparison to 23.2% for non-disabled staff

- Percentage of BAME staff experiencing harassment, bullying or abuse from other staff or colleagues has **reduced** by 1.5% from 2019 to 2020 but remains 3.9% **higher** at 27.6% in comparison to white staff at 23.7%.

- Disabled staff experiencing harassment, bullying or abuse from staff or other colleagues is **higher** by 8.9% reported at 25.4% in comparison to 16.5% for non-disabled staff

- Percentage of BAME staff experiencing discrimination at work from a manager / team leader or other colleague has **risen** by 3.8% from 2019 to 2020 and is 11.7% higher at 18.1% in comparison to white staff, at 6.4%

- Percentage of disabled staff personally experiencing discrimination at work from a manager / team leader has **risen** by 3% in 2019 to 2020 and at 24% is 12.8% higher than for non-disabled staff, at 11.2%

- With regards to the staff survey results relating to the organisation acting fairly regarding career progression/ promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age, the table below highlights that SNHS Trust is performing above the national average and has improved on the 2019 result by 1%

Key finding 2020	2019 score	2020 score	National average score	Best performing score 2020	Worst performing score 2020
Q14 Does your organisation act fairly with regard to career progression/ promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age?	85.4%	86.4%	84.9%	94.3%	66.5%

However, the WDES reported that disabled staff felt **6.2% less** likely to have access to equal opportunities for career progression and promotion in comparison to non-disabled colleagues.

The WRES reported that BAME staff felt **15.3% less** likely to have access to equal opportunities for career progression and promotion in comparison to white colleagues.

The evidence for inequity and inequality identified between staff with protected characteristics and staff overall in accessing jobs, developing to progress and being promoted lays a firm foundation for the work streams within this Strategy.

Additional to the staff survey, there are number of key insights from the WRES, WDES and GPG reporting metrics that inform and shape our EDI strategic response, as below:

WRES:
- The organisation is broadly exceeding the local population representation figures for BAME, but there is under-representation of BAME staff at higher bands across both clinical and non-clinical roles
- Within medical roles, BAME staff are significantly over-represented against the local population
- BAME staff feel less fairly treated with regards progression and this is borne out by the progression ratio data
- BAME persons are over 2 times less likely to be appointed to a role following shortlisting
- BAME staff report experiencing abuse, bullying or harassment by managers, team leaders, or other colleagues at over nearly three times the rate of their white counterparts

WDES
- The organisation is significantly under-represented against the local population in regards disability / Long Term Conditions (LTC) at all grades: more so at higher bands and in clinical roles
- There is minimal disabled / LTC representation in medical roles
- There is no disabled / LTC representation at board level
- Significant improvements have been made with regards the appointment of disabled LTC persons being appointed following shortlisting and in the likelihood of members of disabled staff entering the capability procedure
- Disabled staff reported experiencing abuse, bullying or harassment by managers, team leaders, or other colleagues at over double the rate of their non-disabled counterparts

Gender:

- The distribution of female staff across quartiles is such that the mean gender pay gap is significant, whereas the median gender pay gap, still exists, but is less significant
- There is under-representation of female staff within the highest percentile and a significant male skewing within this area
- A significant difference exists in the bonus gender pay gap, where there are large disparities both in terms of % awards made and the value of those awards.

6. The Scope of our EDI Strategy

We are keen to progress an intersectional approach to Equality, Diversity & Inclusion by addressing the inequalities and disparities faced by all groups with protected characteristics, whilst responding to national and regional race (WRES) and disability (WDES) agendas and this is reflected in the five aims of the Strategy.

This EDI strategy is ambitious and dedicated to improving the experiences of our people with protected characteristics. Our EDI Strategy is an enabler to elements of our People Plan Pillars:

- Strategic Workforce Development, Planning & Performance: We will support decision making through improved EDI data
- Culture, Engagement and Retention: We commit to 'secure inclusion for everyone'
- Resourcing: We will utilise EDI data to support 'targeted and streamlined recruitment'
- Training, Education & Practice Development: We will further develop the apprenticeship schemes and links to work placements, particularly for disabled candidates
- Leadership Development: We will support under-represented groups to progress to 'make staff voice even stronger in our leadership and governance'

This EDI Strategy has been designed to support the above objectives from an equality perspective as each have direct impact on our people with protected characteristics. EDI actions will feature in the overarching work programme of our People Plan. This way the EDI strategy should be seen as the foundation that runs through all actions and is central to everything we do.

Wider EDI workstreams including work on the Accessible Information Standard (AIS), 'All Equals Charter' and improving patient experience, will sit outside the scope of this strategy. However, they remain an interconnected driver for our patient experience programmes. The EDI Lead and Patient Experience Lead will work collaboratively to support both workstreams and further to ensure that the inequalities and barriers faced by staff are addressed to improve patient quality, patient safety, patient outcomes and reduce health inequalities and access to care.

To this end, four specific EDI priorities have been developed to progress the EDI agenda. Priorities 1 - 3 detailed below are in scope for this Strategy; Priority 4 will be progressed in partnership with the Patient and Service Engagement team and key partners and across Commissioning areas and the Greater Manchester Inequalities programmes.

PRIORITY 1 WORKFORCE

This priority workstream will seek to ensure we take positive action to close the inequality gaps faced by our existing and future staff with protected characteristics in response to the findings of the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap (GPG) reporting outcomes.

PRIORITY 2 CULTURE

This priority workstream will seek to ensure we cultivate a culture of equality, diversity, and inclusion, eradicating all experiences of discrimination based on race, sex, disability, age, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief experienced by staff.

PRIORITY 3 COMPLIANCE

This priority workstream will seek to ensure continues compliance with the regulatory and statutory, processes and policies that protect the rights and interests of all staff and patients with protected

characteristics in accordance with the Equality Act 2010. This workstream will ensure compliance with Gender Pay Gap, WRES and WDES reporting and EDS3 assessments.

PRIORITY 4 HEALTH INEQUALITIES

This priority workstream will seek to ensure we take positive action to close the inequality gaps faced by patients with protected characteristics and patients facing mental health, social isolation, or social deprivation.

To deliver on these priorities, Section 8 describes our objectives with a high-level action plan against each. Section 9 contains the overall targets that we aim to achieve by enacting the action plan. These shall be the performance metrics reported annually throughout the strategy implementation period.

7. EDI Objectives

Priority 1 Workforce

Objective 1: Recruitment

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.'

We will ensure current employees and future talent with protected characteristics are offered equality of opportunity and fair access to.

	What we will do:	How we will know we have had impact:	Timescales - to be achieved by:	Targets
1.	We will build relationships with local organisations supporting people with protected characteristics into employment to ensure our vacancies reach a diverse audience, with a particular focus on disability/Long Term Condition (LTC)	We will see an increase in the number of people shortlisted/appointed from people with protected characteristics and individuals with disabilities /LTC	Y1 Establish recruitment networks and processes Y2-3 Maintain and progress to Y2/3 target	2021 baseline – 134 interviewed disabilities Y1 – 10% increase on baseline (147) Y2 – 20% increase on baseline (161) Y3 – 30% increase on baseline (174) 2021 baseline – 26 offers disability Y1 – 10% increase on baseline (29) Y2 – 25% increase on baseline (33) Y3 – 35% increase on baseline (35) Data source: applications and appointments for disability

2.	We will routinely share our vacancies to ensure our advertising efforts for new vacancies reach people with protected characteristics such as Job Plus, GM EDI Network, RNIB, Black History Recruitment, Pink News and Voice	We will see an increase in the number of people shortlisted / appointed from people with protected characteristics	Y1 Establish directory Y2-3 Maintain and track success	Disability as above 2021 baseline – 575 interviewed BAME Y1 – 10% increase on baseline (633) Y2 – 25% increase on baseline (719) Y3 – 55% increase on baseline (891) 2021 baseline – 85 offers BAME Y1 – 10% increase on baseline (94) Y2 – 25% increase on baseline (106) Y3 – 35% increase on baseline (132)
3.	We will undertake mandatory implicit and association bias awareness training as part of the recruitment training for all mangers with responsibility for current and future recruitment and selection This will form part of our adoption of the CURE model linking with the anti-racism framework. CURE Model • Cultural competency - ensuring we are able to understand, communicate and consider the needs of people from all diverse communities. • Unconscious bias - ensuring we have approaches or take actions that tackle bias, removing the ability for it to impact or minimising in decision making. • Representation - seeking to improve and increase representation from those within underserved communities within selection processes. • Empowerment - ensuring applicants from underserved communities are encouraged and supported to apply for roles	We will see an increase in job offers made to people with protected characteristics from shortlisting and a reduction in the shortlisting to success relative likelihood ratio for BAME and disabled / LTC, tracked within WRES / WDES	Y1 Implement awareness training package Y2 Track impact Y3 Continue tracking impact and review	Disability and BAME increases as per 1 and 2

	and promotions.			
4.	We will work with managers to reduce barriers into employment by reviewing and drawing up role descriptions which are more accessible and user friendly and therefore targeted to a wider audience. To facilitate applications from our local population/community We will work with 'Pure Innovations', those on apprenticeships and Guaranteed Interview schemes to ensure people with protected characteristics can transition to employment following initial work experience and training programmes.	We will see an increase in job applications from people with protected characteristics	Y1 Pilot an area? Y2 -Y3 Implement random quality assurance	Disability and BAME increases as per 1 and 2
5.	We will work closely with our leadership teams to reinforce flexible working opportunities to remove barriers of access to employment for people with protected characteristics	We will see an increase in flexible working across our workforce	Y2 Track impact via WDES, GPG and flexible working data Y3 Continue tracking impact and review	2021 baseline – 1.15% of workforce in flexible working pattern (69). Y2 – 50% increase on baseline (104) Y3 – 100% increase on baseline (138)
6.	We will continue to work closely with our recruiting managers across Divisions to build competency in the Two Tick employment practice (Disability Confident Employer Accreditation Scheme) to remove barriers to employment for Disabled people. Working towards becoming a Level 3 Accreditation: Disability Confident Leader	We will see an increase in employment of disabled staff in our organisation, tracked within WDES	Y2 Gap analysis of progress to date against standard and create action plan Y3 implement action plan	Disability increases as per 1
7.	We will work with our recruiting managers to identify existing talent and proactively develop staff for internal promotion and progression opportunities for with protected characteristics when appropriate new vacancies arise towards equality of opportunity and support development and succession planning	We will see a reduction in the BAME progression disparity ratio	Y1 Create BAME talent pool Y2 Actively promote to recruitment managers to ensure they approach suitable candidates	BAME increases as per 2

			proactively Y3 Review and continue	
8.	We will develop staff conducting interviews and selection for all Band 7 and above vacancies by providing appropriate toolkits for recruiting managers. E.g., offering maternity / paternity and returner's scheme support packages; more flexible work patterns: part-time; job share or compressed hours.	We will see an increase in the success rates of people with protected characteristics in the recruitment process at senior grade levels and a rebalance of gender within quartiles 3 and 4, with associated reduction in mean and median gender pay gaps, tracked within WDES and GPG reports	Y1 Review employment packages, identify improvements and create recruiting manager tool kits Y2 Educate interviewing staff with new employment packages Y3 Track implementation and success	Disability and BAME increases as per 1 and 2 GPG baselines - Mean GPG 23%, Median GPG 4% Y1 – Mean GPG 22%, Median 3.5% Y2 – Mean GPG 19%, Median 2% Y3 – Mean GPG 15.5% Median <1% Quartile baselines - Quartile 3: 86% female Quartile 4: 71% female Y1 - Quartile 3 85% female Quartile 4 72% female Y2 - Quartile 3 83% female Quartile 4 74% female Y3 - Quartile 3 80% female Quartile 4 78% female
9.	We aspire to introduce diverse interview panels for selection processes for all Bands 8A and above. To manage the potential for any unconscious bias in recruitment processes. This may include people on the interview panel from below Band 8A and discharged using the pool EDI Champions network across the Trust.	We will see an increase in the success rates of people with protected characteristics applying for jobs successfully at senior levels and a rebalance of gender within quartiles 3 and 4, with associated reduction in mean and median gender pay gaps	Y1 Create pool of EDI Champions and promote to recruiters Y2-3 Track impact and use of resource	Disability and BAME increases as per 1 and 2 GPG impacts as per 9 Board of Directors diversity demographics increase by end of Y3.

Objective 2: Retention

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.' We will ensure current employees and future talent with protected characteristics are treated with equability and stay with the organisation as 'a great place to work', as per the 2022-2025 Trust Strategy.

		What we will do:	How we will know we have had impact:	Timescales - to be achieved by:	Targets
10.		We will work in partnership with our medical leaders to offer coaching to female consultants to improve rates of successful female applications for the Clinical Excellence Awards (CEAs)	We will see an increase in the number of female applicants securing a Clinical Excellence Award and a reduction in the mean and median bonus pay gap	Y1 Establish senior clinical coaching support for CEA	Baseline – 29% female; 42% male receiving bonus Y1 – 32% female Y2 – 37% female Y3 - 42% female
11.		We will ensure reasonable adjustments are in place, insofar as operational requirements allow for staff with disabilities / LTC to maximise the time they are available to perform, without feeling pressured to attend work if unwell. Where operational requirements mean staff must attend site, all reasonable adjustments shall be made to assist our staff in performing their duties. Training and support to line managers on these adjustments to be provided, with a particular focus on clinical environments	We will see a reduction in lost working hours from staff with disabilities / LTC and a further reduction in these staff being taken through the capability process	Y1 Brief managers on reasonable adjustment guidance Y2 Track impact via WDES and flexible working data Y3 Continue tracking impact and review	Baseline capability disparity ratio 1.22 Y1 – 1.15 Y2 - 1.07 Y3 – 1.0
12.		We will re-establish the Reciprocal Mentoring Scheme for BAME and Disabled Staff to support making applications for leadership roles	We will see an increase in internal successful applications for senior roles	Y1 Establish senior mentor network for BAME talent Pool and disabled / LTC staff Y2 Track impact via WDES BAME progression ratios Y3 Continue tracking impact and review	Baseline BAME middle to upper progression disparity ratio – 2.03 Y1 – 1.9 Y2 – 1.7 Y3 – 1.5

Objective 3: Progression

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.'

We will ensure current employees and future talent with protected characteristics are enabled into senior leadership positions to drive lived experience into the heart of decision-making to ensure services are designed, developed, and delivered with inclusivity

	What we will do:	**How we will know we have had impact:**	**Timescales - to be achieved by:**	**Targets**
13.	Through our approach to Talent Management and our people plan, we will target female, BAME and disabled staff on development programmes and support managers with succession strategies to enable diversity and inclusion	We will see more staff with protected characteristics progressing and being promoted internally. Increased equality of progression on staff survey score and the progression ratio metric	Y1 Create a protected characteristic talent pool Y2 HR succession planning aligned to predictable churn/staff exit and talent pool skills match Y3 Management support to fulfil targeted roles	BAME progression disparity ratios between band clusters as per 13. Lower to upper progression disparity ratio baseline 4.3 Y1 – 3.5 Y2 – 2.9 Y3 – 2.1
14.	We will actively create and promote developmental opportunities including access to leadership courses, secondments, shadowing, work experience and mentoring to BAME and disabled / LTC staff operating to optimise readiness for senior leadership roles. We will ensure that the mentorship programme is reciprocal such that senior leaders can appreciate the specific issues encountered by staff with protected characteristics	We will see more staff with protected characteristics progressing and being promoted. Increased equality of progression on staff survey score and the progression ratio metric	Y1-2 Establish mentoring programmes for people with protected characteristics Y2 Establish training requirements for leadership courses Y3 Implement	As per 14

Priority 2 Culture

Objective 1: Staff Experience

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'foster good relations between people who share a protected characteristic and those who do not'. We will ensure employees with protected characteristics are able to work, free from discrimination, bullying and harassment in an inclusive work culture that embraces diversity.

To address the disparity evident in the poorer experience of staff with protected characteristics as evidenced above, there needs to be a renewed leadership focus to ensure all managers and team leaders are trained and aware of their responsibilities to create the necessary conditions for a more diverse and inclusive place of work for all staff with protected characteristics:

	What we will do:	How we will know we have had impact:	Timescale- to be achieved by:	Targets
15.	We will relaunch the Staff Networks, Equality Champions and Allies network. The Board Members shall be nominated as Sponsors and one member aligned to each group.	We will see an increase in staff joining staff networks. Clear leader ownership to empower the network with network members having direct access to Sponsors providing a platform for peer-to-peer confidence. Improvement in National Staff Survey (NSS) reporting.	Y1-2 Review staff networks identify improvements, refresh process, brief managers and relaunch Y2-3 Track implementation and effectiveness	Membership growth Y1 5 new members per group Y2 7 new members Y3 10 new members
16.	We will embed EDI capability and competence for inclusive leadership and management practice into all current and future leadership and management development programmes for all managerial staff and team leaders	Improved staff experience of management reported in the NSS, WRES and WDES	Y2 Review leadership programmes and identify how to integrate Y3 Implement	Y2 determine baseline for amount of programmes and identify how to integrate Y3 Implement and measure how many staff receive training
17.	Using the Anti Racism Framework (ARF), we will incorporate the 'Hate Crime and Respect' campaign that is currently focussed on reducing abuse towards staff from patients and visitors, to extend this internally to drive a zero-tolerance culture. This shall be	Greater incident reporting and an overall reduction in staff reporting Bullying Harassment and Abuse in the NSS over the three-year period.	Y1-2 Review existing programmes and incorporate ARF. Develop process and implement	Y1 determine baseline of reported incidents Y2/3 Increased staff

	included in staff / team briefings and other literature available to all staff and linked to FTSU process		Y3 Implement and track impact	reporting
18.	Using the Cure Model as our platform we will build into our existing leadership programme (clinical and non-clinical) equality Masterclasses to develop staff competence around EDI and Protected Characteristics	We will see improvements in staff experience evidenced in the NSS	Y1 Create leadership training package Y2 Implement and track impact Y3 Continue tracking impact and review	Increases as per 19.
19.	We will develop a rolling events calendar to align with national and local campaigns/events such as PRIDE, Black History Month, Disability Awareness Week which will raise awareness of the discrimination faced by people with protected characteristics and to foster good relations between protected and non-protected characteristics	Shouldn't the impact be about seeing an improvement in staff experience, by raising the awareness	Y1 Roll out calendar of events and programme schedules Y2 review and continue	Y2 Develop events calendar and promote. Establish baseline of attendance Y3 establish % increase in attendance

Priority 3 Assurance and Compliance

Objective 1: Data Assurance, Conformity and Continuity

Ensure that SNHSFT fulfils the Public Sector Equality Duty in response to the Equality Act 2010 to Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. We will ensure all data sources and calculation methodologies shall be logged, stored and consistently applied across all compliance areas to ensure that we are providing information that is compliant with the full requirements of the Act and is free from duplication, error, and is replicable year-on-year.

	What we will do:	**How we will know we have had impact:**	**Timescale- to be achieved by:**	**Targets**
20.	We will produce complete the annual WRES, WDES, Gender Pay Gap and Equality Annual Reporting reports, highlighting the results through the governance framework and building in action plans into the EDI programme.	Data submissions completed in line with reporting requirements.	Y 1 -Y3	Y1-Y3 Complete all reports and submissions in a planned and timely way. .
21.	We will ensure all EDI grievances and or concerns raised are reported appropriately either informally or formally e.g., equality champion network are logged; for the purposes of identifying trends throughout the organisation. Review on a minimum of a basis and to capture other metrics which are not currently reported under WRES / WDES e.g., abuse / harassment based upon religion, LBGT	Increased reporting volumes initially, with a subsequent reduction in staff grievances through application of learning from reviews	Y1 Define system and process Y2 Launch and implement reviews. Outcomes incorporated into action plans Y3 Reassess effectiveness	Y2 Obtain a baseline of incoming grievances outside of those formally reported and recorded (Trend analysis) Y3 Assess effectiveness

Objective 2: EDS2 Framework Adoption

Ensure that SNHSFT fulfils the Public Sector Equality Duty in response to the Equality Act 2010 to Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Using EDS self-assessment framework, we will reassess the organisation using the EDS2 Framework to help our organisation, in discussion with local partners including local populations, review and improve our performance for people with characteristics protected by the Equality Act and align outcomes with our requirements for the CQC.

	What we will do:	How we will know we have had impact:	Timescale- to be achieved by:	Target
22.	Complete the Equality Delivery System (EDS) process including stakeholder consultation as defined within the standard	We will demonstrate 'Achieving' status or above	Y1 Establish position on maturity matrix Y2 Gap analysis and plan to reach achieving status in all domains Y2-3 Implement plan	Y1 To complete process

8. 2022/25 Destination

The journey ahead is no doubt complex. For decades, research has shown that staff from Black, Asian and Minority Ethnic (BAME) backgrounds, disabled staff and staff with protected characteristics experience discrimination, harassment, and exclusion in the workplace and in in the NHS. This discrimination is not only harmful to employees but also potentially to our population as 94% of our workforce are also local residents.

Evidence has also shown time and time again that having a more representative workforce and diversity at senior leadership levels results in better outcomes for the public and creates a more inclusive, engaged and efficient workforce. It is to this end that SNHSFT will increase the focus on equality, diversity and inclusion agenda aiming to deliver the following outcomes over the next three years,

Priority 1 Workforce

Increased BAME diversity in:
- Non-clinical: Bands 1-4 current 10.5%, target 12.5%
- Non-clinical: Bands 5-7 current 6.9%, target 8%
- Non-clinical: Bands 8A and above current 3%, target 8%
- Clinical (non-medical and dental):   Bands 1-4 current 18.4 %, target 20.4%
- Clinical (non-medical and dental):   Bands 5-7 current 17.7%, target 19.7%
- Clinical (non-medical and dental):   Bands 8A and above current 5.1%, target 8%

Increased Disability diversity by:
- Average across trust: current 3.2%, min target 8.2%
- Non-clinical: Bands 1-4 current 4.4%, target 8.8%
- Non-clinical: Bands 5-7 current 3.7%, target 7.4%
- Non-clinical: Bands 8A and above current 2.6%, target 5.2%
- Clinical (non-medical and dental):   Bands 1-4 3.4%, target 6.8%
- Clinical (non-medical and dental):   Bands 5-7 2.9%, target 5.8%
- Clinical (non-medical and dental):   Bands 8A and above current 2.0%, target 4.0%
- Increased Disability / LTC diversity on our Board by 6% (1 person)

Reduction in Gender Pay Gaps:
- Reduction in mean gender pay gap in line with latest available Public Sector Economy mean pay gap in 2026, or current figure of 15.5%, whichever is the smaller
- Female / Male parity in % application to Clinical Excellence Awards (CEA)
- Reduction in mean bonus gender pay gap current 51.4% to target <10%

Priority 2 Culture

Improved the experience of all staff with protected characteristics so that by 2026, we have:

- Reduced disparity regarding entry into disciplinary processes to achieve parity for BAME staff: current 1.14, target 1
- Reduced disparity regarding entry into capability processes to achieve parity for disabled / LTC staff: current 1.22, target 1

- Reduced disparity regarding shortlisting and being appointed from shortlisting
  - BAME: current relative likelihood 2.43 to target <1.5 relative likelihood

- Reduced disparity regarding bullying and harassment from managers / team leaders in the staff survey for BAME staff: current 18.1% to target <12%
- Reduced disparity regarding discrimination from managers / team leaders in the staff survey for disability / LTC staff: current 24% to target <10%

- 50% reduction in the career progression ratios across all bands for BAME staff
  - Lower to middle 2.1 (Bands1-4 moving up to Bands 5-7)
  - Middle to upper 2.0 (Bands 5-7 moving up to Bands 8A and above)
  - Lower to upper 4.3 (Bands 1-4 moving up to Bands 8A and above)

Priority 3 Assurance and Compliance

- Continued compliance with WRES / WDES data submissions
- Assurance methodology for WRES / WDES data submissions
- Implementation and development of Accessible Information Standard (AIS) and EDS
- Continued zero enforcement actions / prosecutions under the Equality Act 2010

These outcomes will be overseen by the EDI Steering Group and reported through to the People in Performance Committee (PPC) and People Engagement Leadership Group (PELG)

The objectives relating to compliance will be overseen by the EDI Steering Group.
The Patient Engagement and Service User group will oversee Priority 4, Health Inequalities, representatives from the EDI group will attend the Patient Engagement and Service User Group and the Head of Patient Engagement will attend the EDI Steering Group.

9. Governance Arrangements

The work of the EDI Strategy will be governed in line with the current arrangements for workforce performance monitoring, assurance and accountability:

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                    │ Trust Board  │
                    └──────┬───────┘
                           │
                 ┌─────────┴──────────┐
                 │ People Performance │
                 │    Committee       │
                 └─────────┬──────────┘
            ┌──────────────┴──────────────┐
    ┌───────────────────┐       ┌────────────────────┐
    │ People Engagement │       │ Equality Diversity │
    │ Leadership Group  │       │ & Inclusion        │
    │                   │       │ Steering Group     │
    └───────────────────┘       └─────────┬──────────┘
            ┌─────────────────────────────┤
    ┌───────────────────┐       ┌────────────────────┐
    │ ED&I Co-ordinators│       │  Staff Networks    │
    │ group             │       │  LGBT/Disability/  │
    │ Equality Advocates│       │  Carers            │
    └───────────────────┘       └────────────────────┘
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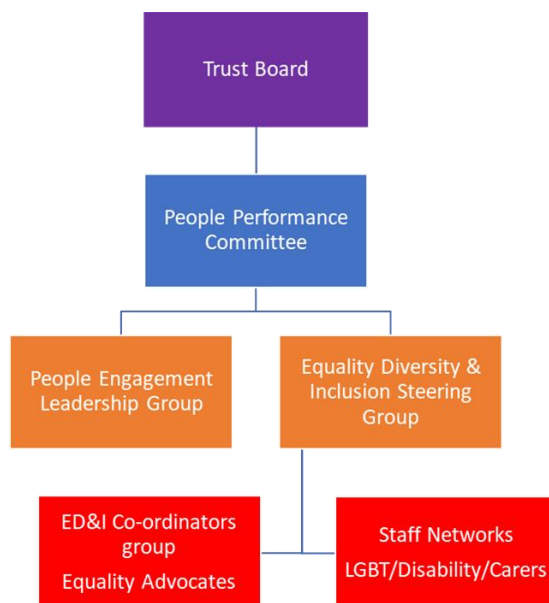
Group	Function	Meets	Accountable officer
People Performance Committee	Performance scrutiny/ assurance	Bimonthly	Chair of PPC Committee
EDI Steering Group (Membership TBA)	Operational oversight	Bimonthly	Director of People & OD
PELG	Decision	Monthly	Deputy Director of People & OD
Subgroups	Delivery	Monthly	EDI Workforce Associate Director of Workforce Delivery EDI Culture Head of Learning and Development EDI Compliance & Assurance EDI Manager EDI Health Inequalities Matron for Patient Experience

References

Fair Experience For All	NHS England & NHS Improvement, 2019
Project SEARCH	DFN Project SEARCH
Diversity and Inclusion are not optional extras if the NHS wishes to improve	Rodger Kline, 2018
Stockport JNSA	Stockport Local Authority
NHS Staff Survey Results	SNHSFT 2020
Equality Act 2010	
Human Right Act 1998	
Health and Social Care Act, 2012	
Equality Diversity System (EDS) 2014	
Gender Pay Gap Information 2020 - 2021	SNHSFT
WRES, 2020 - 2021	SNHSFT
WDES, 2021	SNHSFT
Interim People Plan 2019	NHSI
Anti- racism Framework	North West BAME Academy
CURE Inclusive Recruitment Approach and Toolkit	North West BAME Academy