# Workforce Equality, Diversity and Inclusion Strategy

# 2026-2029

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# Foreword

**Our Equality, Diversity, and Inclusion (EDI) Strategy**

Our vision is to be an organisation where equality, diversity, and inclusion are at the heart of everything we do. We aim to create an environment where every colleague can reach their full potential, and every patient receives the highest standard of compassionate care.

Our mission is to embed EDI into our core business. We are committed to building a diverse workforce and an inclusive culture not just because it is the right thing to do, but because it makes us stronger. We will achieve this by making EDI a natural part of everyone's every day, ensuring that the quality of our colleague experience directly enhances the quality of our patient experience.

Across both Tameside and Glossop and Stockport, we serve wonderfully diverse communities, a rich tapestry of different backgrounds, experiences, and cultures. This diversity is our strength, but we also recognise that it comes with a responsibility to address the significant inequalities that persist.

This joint strategy sets out our ambitious plan to tackle these inequalities head-on. It is our roadmap to becoming truly inclusive organisations.  For our colleagues, it means fostering a culture where everyone feels they belong, where they can bring their whole selves to work, and where they have the opportunity, to thrive and develop, regardless of their background.

Achieving our shared vision will not be easy, and it will require the dedication of every member of our team. This joint strategy is a call to action for all of us to champion diversity, challenge discrimination, and work together to build a fairer and healthier future for everyone across Stockport and Tameside and Glossop.

We are confident that by working together with our colleagues and our community partners, we can make a real and lasting difference. We look forward to the journey ahead and to the positive changes we will achieve together.

**Amanda Bromley**
Director of People and
Organisational Development.

**Karen James OBE**
Chief Executive Officer.

# 1. Introduction

This Equality, Diversity, and Inclusion (EDI) Strategy is our public commitment to cultivating that environment. It is more than a policy; it is a cornerstone of our organisational identity, directly supporting the ambitions of the 10-year NHS plan, and developed alongside the new joint Trust strategy. We firmly believe that the quality of patient experience is intrinsically linked to the experience of our staff. Therefore, creating a workplace where every colleague feels a true sense of belonging is not just the right thing to do – it is essential for patient safety, quality of care, and our success as leading local employers.

We embark on this strategy with honesty and a clear sense of purpose. Our own data from the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), and the annual NHS Staff Survey highlights where we must improve. We know that colleagues with protected characteristics can experience greater inequality in career progression and are more likely to face bullying, harassment, or abuse. This is a reality we will not ignore.

This document sets out our vision and our high-impact actions to accelerate change. It details our commitment to dismantling barriers, promoting compassionate and inclusive leadership, and ensuring equity of opportunity for every member of our team. By embedding EDI into the heart of everything we do, we will create a fairer, more inclusive organisation that celebrates diversity and enables all our people to thrive.

For Tameside and Glossop, this represents a third EDI strategy, and for Stockport, our second. Through both Trust's previous iterations, we have seen some initial successes and improvements in the diversity of our respective workforces.

Building upon the foundational successes we have already achieved we recognise that now is the time to accelerate our journey. We cannot be complacent. Our ambition is to move forward with renewed vigour and determination – to go further and at pace. This next phase of our strategy is about increasing the pace and deepening the impact of our equality, diversity, and inclusion work, ensuring that inclusivity is not just an initiative, but is systemically embedded into the core of our organisational culture, our practices, and the everyday experiences of our staff and the patients we serve.

# 2.    The Strategic Context

The Trust is subject to a number of legal and contractual obligations in relation to equality, diversity and inclusion. These provide some of the evidence base and backdrop to our approach to developing our action plan.

**Our Legal Requirements:**

**Human Rights Act 1998**

The Human Rights Act aims to give further effect in UK law to the rights contained in the European Convention of Human Rights. In particular, public authorities have a duty under the Act not to act incompatibly with rights under the European Convention of Human Rights (ECHR).

**Equality Act (2010)**

The Equality Act (2010) prohibits discrimination because of a protected characteristic. In addition, the Public Sector Equality Duty (PSED) requires public bodies to have due regard to the need to:

- eliminate discrimination, harassment, and victimisation
- advance equality of opportunity
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Specific duties require public bodies to :
- publish information to demonstrate compliance with the PSED annually
- prepare and publish equality objectives at least every four years

**NHS Workforce Race Equality Standard**

The NHS Workforce Race Equality Standard (WRES) was introduced in 2014/2015 and included in the NHS Standard Contract for NHS Providers in 2015/2016. It comprises of nine metrics covering staff diversity, black and minority ethnic (BME) recruitment relative likelihoods, career development, disciplinary, responses to the national staff survey on equal opportunities, in career development, experiences of harassment, bullying and diversity.

**The NHS Workforce Disability Equality Standard**

The Workforce Disability Equality Standard (WDES) comprises a set of metrics that enable us to compare the experiences of our disabled and non-disabled staff, to develop an action plan, and to demonstrate that all NHS Trusts will be required to comply with reporting and action planning each year.

**The NHS National EDI Delivery Plan**

The EDI Improvement Plan aims to tackle prejudice and discrimination – both direct and indirect – within NHS workplaces. It supports the NHS 10 year plan by improving workplace culture and staff experiences, ultimately enhancing retention and attracting diverse talent. The high impact and specific actions within the plan are incorporated into this strategy and our priorities and objectives.

# 3.  Anti-Racism

Both organisations strive to be unequivocally anti-racist institutions. We recognise that simply being "not racist" is insufficient. Instead, we are actively committed to identifying, challenging, and dismantling the systemic and structural racism that exists within our organisation and the wider society. This commitment is fundamental to our core mission of providing equitable care for all our patients and creating a just and inclusive environment for every member of our workforce.

We understand that racism, in all its forms – from overt discrimination to subtle microaggressions – causes profound harm. It creates barriers to career progression for our ethnic minority colleagues, negatively impacts health outcomes for our diverse patient populations, and undermines the very principles of the NHS. Our goal is to create a culture where every individual feels safe, valued, and empowered to thrive.

## Our Framework for Action: The NW BAME Assembly

To guide our journey, we have formally adopted the principles and methodologies outlined in the NHS North-West Black, Asian and Minority Ethnic (BAME) Assembly's Anti-Racism Framework. This evidence-based framework provides a clear and robust roadmap for creating meaningful and sustainable change. It moves beyond performative gestures to embed anti-racist practices into our policies, processes, and organisational culture.

Our adoption of this framework is a public declaration of our intent. It holds us accountable to a recognised standard and connects us to a regional movement dedicated to eradicating racial inequality in the NHS. The framework's key pillars will shape our strategic actions, focusing on:

- **Leadership and Accountability:** Ensuring senior leaders are visible champions for anti-racism.
- **Data and Measurement:** Using data to identify disparities and measure the impact of our interventions.
- **Organisational Culture:** Fostering an environment where conversations about race are encouraged and staff feel psychologically safe to speak up.
- **Recruitment and Progression:** Creating equitable pathways for career development for our ethnic minority colleagues.
- **Patient Care:** Ensuring our services are culturally competent and tackle health inequalities, by ensuring that all of the communities we serve are able to access our services in an equitable way.

## Building on Our Foundation: The Bronze Award

We are proud to have achieved the Bronze Award from the NW BAME Assembly. This award formally recognises the foundational work we have undertaken to acknowledge the existence of systemic racism and our commitment to beginning the process of dismantling it. It signifies that we have successfully:

- Established senior leadership sponsorship for anti-racism.
- Begun the process of analysing our data to understand racial disparities.
- Initiated crucial conversations about race and racism across the organisation.
-

However, we view this Bronze Award not as a destination, but as the starting point of our journey. It is the solid foundation upon which we will build a more ambitious and impactful programme of work.

Our strategy is now focused on embedding the actions required to progress towards the Silver and Gold awards, demonstrating a deeper, more mature, and more effective anti-racist culture. We will use the feedback from our Bronze assessment to target areas for improvement and accelerate our progress.

By aligning our EDI strategy with this respected framework and building on our Bronze Award status, we are making a clear, measurable, and sincere commitment to becoming a truly anti-racist organisation.

# 4.    Our Values

At the heart of our Joint EDI Strategy lies a deep alignment with our values: Compassion, Accountability, Respect, and Excellence. These values are not just guiding principles – they are the foundation of how we create an inclusive, equitable and supportive environment for our staff, patients, and communities.

**Compassion:**  We treat everyone with kindness, empathy and understanding. Compassion drives our commitment to recognising and responding to diverse needs of individuals and communities. It means actively, valuing lived experiences and ensuring that our services and workplaces are welcome and inclusive for all – especially those who may face barriers due to inequality or discrimination.

**Accountability:**  We take ownership of our actions and their impact. In the context of EDI, accountability means being transparent about where we are, where we need to improve, and how we will get there. We will monitor progress, report openly, and hold ourselves to high standards in tackling inequality, addressing bias, and promoting fair access to opportunities across both organisations.

**Respect:**  We value every person's dignity, identity and voice. Respect is central to fostering a culture where differences are celebrated and everyone feels safe to be themselves. We are committed to challenging discrimination, promoting inclusive behaviours, and ensuring that respect is embedded in every interaction – whether among colleagues, with patients, or in our wider community engagement.

**Excellence:**  We strive to be the best in everything we do. Excellence in EDI means going beyond compliance – it means being pro-active, innovative and ambitious in creating equitable systems and inclusive cultures. We will invest in training, leadership, and continuous improvement to ensure our Trust is a place where diversity thrives and everyone can reach their full potential.

| Compassion | Accountability | Respect | Excellence |
|---|---|---|---|
| We show kindness, caring and willingness to help others. | We take responsibility for our actions, behaviours, performance and decisions. | We value people's lived experience, feelings, qualities and views. | We support research, innovation, improvement and learning. |

# 5.  Our Local Communities

## Stockport
# 294,800
Total Population (2021)

## Tameside
# 231,100
Total Population (2021)

### Population Age Structure Comparison
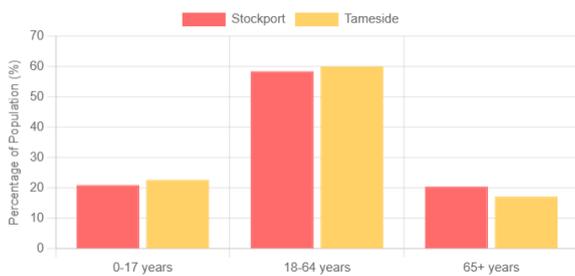


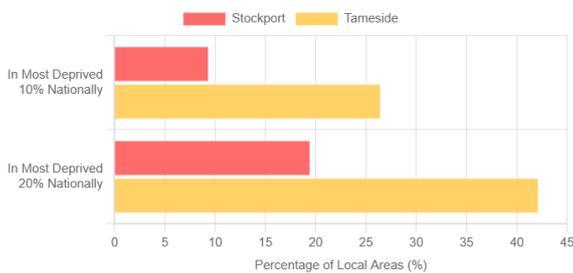Stockport has a higher proportion of residents aged 65 and over, while Tameside has a larger percentage of its population in the 0-17 age group.

While geographically close, Stockport and Tameside have distinct population sizes and demographic profiles. Stockport is the larger of the two boroughs, with a noticeably older population structure compared to Tameside's younger demographic base.

### Deprivation Levels



This chart shows the percentage of each borough's local areas (LSOAs) that fall within the most deprived 10% and 20% of areas in England.

Socio-economic conditions vary significantly between the two boroughs. The Index of Multiple Deprivation (IMD) reveals that Tameside faces greater challenges with deprivation compared to Stockport, which impacts various aspects of life for its residents.

While both Stockport and Tameside are becoming more ethnically diverse, they exhibit different patterns and proportions. Tameside generally has a higher percentage of non-White residents, reflecting a more established diverse community, while Stockport is experiencing rapid growth in its minority ethnic populations from a traditionally less diverse base.
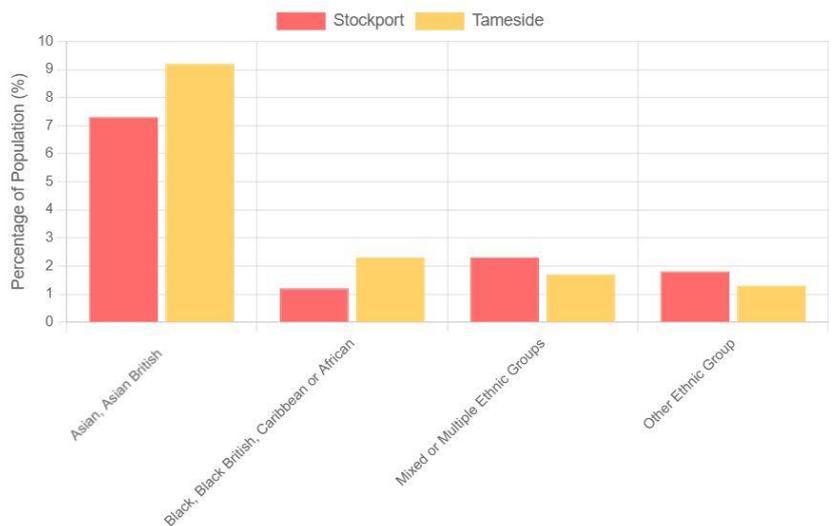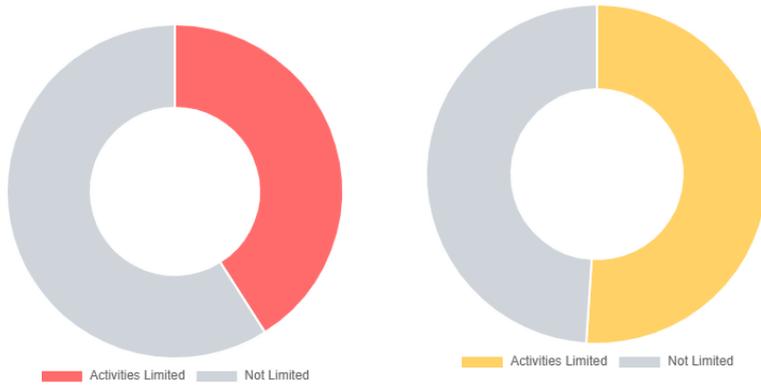
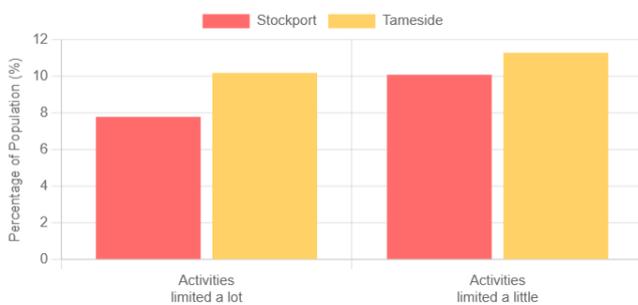For the population aged 65 and over, the impact of limiting long-term illness is stark. A significantly higher proportion of Tameside's older residents are affected by disability (51%) compared to Stockport (41%), highlighting a greater need for health and social care support services.

## Population with a Limiting Long-Term Illness



Tameside has a higher proportion of residents whose day-to-day activities are limited by a long-term health problem or disability (Census 2021).

Health outcomes are closely linked to socio-economic factors, creating noticeable health inequalities between the boroughs. Life expectancy and the prevalence of limiting long-term illnesses highlight this disparity. The proportion of residents with a disability or limiting long term illness is higher for residents across Tameside than it is for residents across Stockport.



Across both boroughs, Christianity was the most frequently reported religion, with Tameside having a higher proportion of Christian residents than Stockport. Of the minority represented faith across both boroughs, Islam was the second most frequent faith, with Tameside having a slightly higher proportion of Muslim residents compared to Stockport.

# 6. Our Workforce at a Glance

**Sex**

At Stockport, 71% of the workforce are women, and 29% are men, whereas at Tameside 78% of the workforce are women and 22% men.
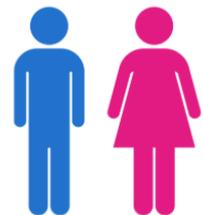
**Ethnicity**

At both Trusts, around 30% of the entire workforce are from Black, Asian or Minority Ethnic (BAME) backgrounds.

**Disability**

At Stockport 6% of the workforce have a disability or long-term health condition, compared to 7.2% at Tameside. We know the figures to be higher than this, as they are reported through the staff survey at closer to 20%.

**Sexual Orientation**

At both Trusts, around 3% of the workforce identify as Lesbian, Gay or Bisexual. This equates to the known national census data.

**Religion or Belief**

We know that all major religions are represented in our workforce, as well as those who have no specific religion or belief. From the workforce, Christianity is the largest represented religion, with around half of the workforce identifying with the Christian faith.

# 7.   Our Journey So Far

The Stockport NHS FT strategy ran from 2022-2025 whilst the Tameside and Glossop ICFT EDI strategy ran from 2023-2026. Each strategy, along with specific objectives, set a number of ambitious targets in relation to workforce equality.

Before we set out our future ambitions, it is important to reflect on and celebrate the progress we have made together. The following section provides highlights of our key achievements and activities, showcasing some of the progress to date:

## In strengthening our approach to recruitment, we have:

- Created stronger links with local community groups and are continuing to enhance our reach around recruitment. We have an ongoing relationship with Active Tameside, Stockport One, both local authorities, local offices of the Department of Work and Pensions and others in improving our reach in terms of recruitment.

- Enabled candidates to apply for a job vacancy using an alternative method to Trac.

- Started to provide all candidates with additional information about the interview they are invited to attend and supplied the questions that will be asked, prior to the day of the interview. The aim is to help individuals with a neurodivergent condition to prepare meaningful responses to the questions and alleviate any feelings of anxiety about the interview. So far, we have received positive feedback from candidates about this approach.

- Continued to maximise our social media presence to promote careers and job vacancies.

- Introduced processes to enable our job adverts to reach marginalised groups.

- Enhanced the support for volunteers who are seeking paid employment.


## In improving the culture and behaviours of both organisations, we have:

- In partnership with our staff network, we have developed an organisational anti-racism statement, appointed Board level leads for our work on anti-racism, established a cross divisional group looking at WRES data, and successfully achieved a Bronze award in the NW Anti-Racism Framework.

- Held listening events with all our staff networks. Their feedback has shaped the focus/theme of their network meetings for the 12 months ahead.

- Continued to deliver the  Big Conversation Programme to elicit additional information about the lived experience of our colleagues. This is triangulated with data from the staff survey, Freedom to Speak Up (FTSU) reports and other workforce metrics.

- Continued to roll out training on workplace adjustments to improve the lived experience of disabled colleagues.

- Launched the  refreshed values and behaviours – Compassion, Accountability, Respect and Excellence – and embedding them into everything we do.

- Appointed a network of FTSU champions to support the work of the FTSU Guardian.

- Held curiosity cafes with employees that provided the opportunity for individuals to share their experiences of bullying, harassment and incivility.

- Rolled out sexual safety training, using a targeted approach.

- Launched the online anonymous reporting tool for colleagues to report unwanted conduct.

**Recognising the career progression remains an area of inequality that requires addressing, we have:**

- Established a Career Progression Task Group to add additional pace to this element of our work. We have developed a mechanism to identify specific inequality within promotion and progression. This data will routinely be reported in the annual EDI monitoring report and is being proactively used by the career progression for all working group, to ensure that interventions are appropriately targeted.
- The group has set an ambitious program of delivering interventions to ensure that progression is available to all who seek it.

Against some of the targets set out in the previous strategies, each Trust has made some significant progress, which is summarised in the tables below for each organisation:

**Tameside**

| Target by Dec 2026 | Jan 2023 | Jul 2023 | Oct 2023 | May 2024 | Oct 2024 | May 2025 | Oct 2025 | Direction of Travel |
|---|---|---|---|---|---|---|---|---|
| Within the clinical workforce we will increase the proportion of BAME staff at Band 7 from 7% to 8% | 7% | 9% | 10.2% | 11.3% | 11.6% | 11.5% | 12.0% | Target achieved (will be continually monitored) |
| Within the clinical workforce we will increase the proportion of BAME staff at Band 9 from 0% to 5% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | Target not achieved |
| **Target by Dec 2026** | **Jan 2023** | **Jul 2023** | **Oct 2023** | **May 2024** | **Oct 2024** | **May 2025** | **Oct 2025** | **Direction of Travel** |
| Within the non-clinical workforce we will increase the proportion of BAME staff at Band 7 from 7% to 8% | 7% | 14% | 12.1% | 10.8% | 12.5% | 13.6% | 12.9% | Target achieved (will be continually monitored) |
| Within the non-clinical workforce we will increase the proportion of BAME staff at Band 8A from 4% to 8% | 4% | 6% | 5.9% | 20.7% | 21.4% | 16.7% | 15.6% | Target achieved |
| Within the non-clinical workforce we will increase the proportion of BAME staff at Band 8C from 6% to 8% | 6% | 6% | 7.1% | 6.7% | 13.3% | 13.3% | 8.8% | Target achieved (will be continually monitored) |
| Within the non-clinical workforce we will increase the proportion of BAME staff at Band 8D from 0% to 8% | 0% | 0% | 0% | 0% | 0% | 0.0% | 0% | Target not achieved |

| Within the non-clinical workforce we will increase the proportion of BAME staff at Band 9 from 0% to 8% | 0% | 0% | 25% | 25% | 20% | 20% | 14.3%[1] | Target achieved |
|---|---|---|---|---|---|---|---|---|
| There will be an improvement in the relative likelihood of BAME applicants being appointed from shortlist, with the figure being less than 1.5 | 2.39 | 1.09 *(taken from our 2023 WRES submission)* | | 1.68 ↑ *(taken from our 2024 WRES submission)* | | 1.58↓ *(taken from our 2025 WRES submission)* | | Improvement on the previous year, and still above target. |

## Stockport

| Objective | Baseline | Target | May 2023 | Oct 2023 | May 2024 | Oct 2024 | May 2025 | Oct 2025 | Progress |
|---|---|---|---|---|---|---|---|---|---|
| **Increase in the BAME diversity (non-clinical)** | | | | | | | | | |
| Bands 1-4 | 10.5% | 12.5% | 12.5% | 13.1% | 13.9% | 15% | 16.5% | 16.6% | Target exceeded |
| Bands 5-7 | 6.9% | 8% | 9.3% | 11.1% | 10.5% | 10% | 10.2% | 10.2% | Target exceeded |
| Bands 8A+ | 3% | 8% | 3.8% | 4.8% | 4.5% | 4.0% | 4.0% | 5.2% | Improvement on baseline, however no change in 12 months |
| **Increase BAME diversity (clinical – non M&D)** | | | | | | | | | |
| Bands 1-4 | 18.4% | 20.4% | 24.7% | 29.2% | 29.8% | 30.6% | 35.1% | 35.6% | Target exceeded |
| Bands 5-7 | 17.7% | 19.7% | 20.5% | 26.7% | 27.3% | 28.4% | 30.4% | 48.1% | Target exceeded |
| Bands 8A+ | 5.1% | 8% | 6.4% | 6.3% | 5.7% | 6.4% | 6.3% | 6.8% | Improvement on baseline |
| **Increase disabled/LTC diversity** | | | | | | | | | |
| Whole Trust | 3.2% | 8.2% | 3.4% | 4.7% | 5.2% | 6.1% | 6.4% | 6.4% | Improvement on baseline |
| **Increase disabled/LTC diversity (non-clinical)** | | | | | | | | | |
| Bands 1-4 | 4.4% | 8.8% | 5.2% | 6.3% | 6.7% | 7.3% | 8.0% | 8.4% | Improvement on baseline |
| Bands 5-7 | 3.7% | 7.4% | 3.5% | 4.0% | 5.0% | 6.5% | 6.8% | 6.5% | Improvement on baseline |
| Bands 8A+ | 2.6% | 5.2% | 1.4% | 5.8% | 4.5% | 6.3% | 7.1% | 6.9% | Target achieved |
| **Increase disabled/LTC diversity (clinical – non M&D)** | | | | | | | | | |
| Bands 1-4 | 3.4% | 6.8% | 3.7% | 4.5% | 5.5% | 6.1% | 6.4% | 6.1% | Improvement on baseline |
| Bands 5-7 | 2.9% | 5.8% | 3% | 4.9% | 5.3% | 5.8% | 6.3% | 6.6% | Target achieved |
| Bands 8A+ | 2% | 4% | 1.4% | 3.6% | 4.0% | 3.4% | 4.6% | 5.1% | Target achieved |
| **Increase in disabled representation on the Board** | | | | | | | | | |
| Min 1 person | 0% | 6.1% | 0% | 0% | 0% | 0% | 0% | 0% | No improvement |
| **Address gender pay gap (GPG)** | | | | | | | | | |

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[1] It should be noted that the numbers within this group are very small.

| Objective | Baseline | Target | May 2023 | Oct 2023 | May 2024 | Oct 2024 | May 2025 | Oct 2025 | Progress |
|---|---|---|---|---|---|---|---|---|---|
| Reduce mean GPG in line with public sector economy | 23.77% | GPG as per 2026, or 15.5% whichever is smaller | 22.79% | 22.79% | 16.96% | 19.96% | 17.8% | 17.8% | Significant reduction on baseline figure |
| Reduce mean bonus GPG | 51.45% | <10% | 53.08% | 53.08% | 31.31% | 31.31% | 34.0% | 34.0% | Significant reduction on baseline figure |

| Objective | Baseline | Target | Oct 2023 | May 2024 | Oct 2024 | May 2025 | Oct 2025 | Progress |
|---|---|---|---|---|---|---|---|---|
| **Reduced relative likelihood disparity regarding entry into disciplinary processes (BAME) to parity** | | | | | | | | |
| | 1.14 | 1 | 1.14 | 1.85 *(taken from our 2024 WRES submission)* | | 0.75 *(taken from our 2025 WRES submission)* | | Target exceeded |
| **Reduced relative likelihood disparity regarding entry into capability processes (disabled / LTC) to parity** | | | | | | | | |
| | 1.22 | 1 | 4 | 9 *(taken from our 2024 WRES submission)* | | 13.9 *(taken from our 2025 WRES submission)* | | Worsening position compared to baseline[2] |
| **Reduced relative likelihood disparity regarding shortlisting and being appointed from shortlisting (BAME)** | | | | | | | | |
| | 2.43 | <1.5 | 2.49 | 1.24 *(taken from our 2024 WRES submission)* | | 1.62 *(taken from our 2025 WRES submission)* | | Target was achieved in 2024, but since fallen below target |
| **Reduced disparity regarding discrimination from managers / team leaders in staff survey (BAME)** | | | | | | | | |
| | 18.1% | <12% | 15.4% | 13.5% *(taken from our 2024 WRES submission)* | | 15.3% *(taken from our 2025 WRES submission)* | | Worsening position from the previous year |
| **Reduced disparity regarding harassment, bullying or abuse from managers/team leaders in staff survey for (disabled / LTC)** | | | | | | | | |
| | 24% | <10% | 19.9% | 14.78% *(taken from our 2024 WRES submission)* | | 16.8% *(taken from our 2025 WRES submission)* | | Improved position on baseline, but worsening over the last 12 months |
| **Proportion of BAME staff across each of the AfC clusters (All AfC staff)[3]** | | | | | | | | |

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[2] It should be noted that a figure of 13.9 is a result of 1 disabled person and one non-disabled person entering capability, and demonstrates the mathematical limitations of this metric with such small numbers
[3] Metric reviewed in 2023 to establish the proportions of BAME staff in each AfC range, as a proxy for career progression.

| | Jan 2022 | May 2023 | Oct 2023 | May 2024 | Oct 2024 | May 2025 | Oct 2025 | Progress |
|---|---|---|---|---|---|---|---|---|
| Bands 1-4 | 15.6% | 21.1% | 21.0% | 21.7% | 22.6% | 25.9% | 26.2% | Since the start of the strategy, there has been a 10.6% growth in the proportion of BAME staff in this group |
| Bands 5-7 | 19.3% | 25.2% | 25.2% | 25.7% | 26.7% | 28.6% | 29.8% | Since the start of the strategy, there has been a 10.5% growth in the proportion of BAME staff in this group |
| Bands 8A+ | 5.3% | 5.6% | 5.8% | 5.3% | 5.8% | 5.7% | 6.8% | Since the start of the strategy, there has been 1.5% growth in the proportion of BAME staff in this group |
| **Proportion of BAME staff across the medical workforce** | | | | | | | | |
| | Jan 2022 | May 2023 | Oct 2023 | May 2024 | Oct 2024 | May 2025 | Oct 2025 | National data sets |
| Foundation Trainees | 27.3% | 42.1% | 43.4% | 41.6% | 48.1% | 47.4% | 38.5% | 46.2% |
| Specialist and Associate Specialists | 70.9% | 76.8% | 77.3% | 60.3% | 76.1% | 80.1% | 75.3% | 57.5% |
| Consultants | 45.5% | 44.7% | 44.2% | 45.6% | 46.3% | 45.2% | 45.9% | 39.0% |

# 8.  Developing this Strategy

The following chart provides a timeline of the steps undertaken in the development of this strategy, identifying the key themes, stakeholder and all staff engagement, through governance and approval.

## Identification of Key Themes

Through the presentation of key workforce and staff survey data, the combined EDI steering group identified key consistent challenges where inequality persists:

- Inclusive recruitment
- Career progression
- Culture and behaviours

## Staff Consultation

Building on the key themes identified by the Combined EDI Steering Group, a Trust wide survey was carried out to capture the views and ideas of staff. A total of 435 responses were analysed, through both quantitative and qualitative analysis.

## Developing Our Draft Strategy

Utilising existing organisational and divisional workforce data, survey feedback, and mandated requirements, the strategy was drafted to set out a clear set of both organisational and divisional priorities. These were presented back to key stakeholders, including:

- Staff Networks
- People Board (TGH) / People Engagement and Leadership Group (SFT)
- Combined EDI Steering Group
- Workforce Committee (TGH) / People Performance Committee (SFT)

## Finalising the Strategy and Approval

The finalised strategy was presented to the Joint Executive Management Team and Board of Directors for approval and publication.

# 9.   Our EDI Strategic Priorities for 2026-2029

| Our EDI Strategic Priorities *(Linked to our C.A.R.E. values)* | | Our Key Areas of Focus |
|---|---|---|
| **Compassion:** | **Priority 1:**<br><br>**Foster a culture of belonging and psychological safety and inclusive career development** | • Ensuring that our people policies are co-designed with stakeholders, and promote belonging and psychological safety.<br>• Strengthening leadership and management approaches and fostering and improving working relationships within teams and across the organisation. Promote inclusive and quality career conversations and mentoring to support aspirations and progression. |
| **Accountability:** | **Priority 2:**<br><br>**Embed EDI into leadership, governance and workforce development** | • Integrate specific, measurable EDI performance objectives into the annual appraisal process for all leaders and managers. Promote continuous learning and development to build inclusive leadership capabilities.<br>• Ensure that we utilise our EDI workforce data (as with other workforce metrics) locally to identify disparities, track improvements and create actionable insights. |
| **Respect:** | **Priority 3:**<br><br>**Eliminate inequalities in experience, opportunity and access to career pathways** | • Implement the Anti-Racist Framework Silver Level actions.<br>• Strengthen allyship and anti-discrimination training across all levels, including the development of anti-racism training.<br>• Ensure equitable access to training, development, leadership pathways, with a focus on career progression for underrepresented groups.<br>• Through our inclusive recruitment practices and career progression work, effectively remove barriers to recruitment and progression for disabled people.<br>• Creating an inclusive and systematic approach to talent management and succession planning, plus taking positive action to eliminate discrimination and under representation. |
| **Excellence:** | **Priority 4:**<br><br>**Build a diverse, skilled and inclusive workforce through fair recruitment and talent development** | • Review and reform recruitment, promotion, and disciplinary processes to remove/mitigate potential bias.<br>• Improve leadership diversity and invest in targeted talent development for underrepresented groups.<br>• Embed career progression and succession planning into workforce development, ensuring all staff have opportunities to grow and thrive. |

# 10. Mainstreaming and Divisional Priorities

This strategy development represents a shift from viewing EDI as a separate, 'specialist' function to one where it is an embedded part of all our decisions, processes, and service delivery – a principle known as mainstreaming equality.

This mainstreaming approach recognises that every team, every service, and every individual within our organisations play a critical role in shaping our culture and outcomes. The following objectives, informed by our comprehensive EDI data, provide specific objectives for each division. These are not prescriptive directives, but rather evidence-based opportunities for each division to take ownership and lead change. The data provides a mirror, allowing us to see where disparities may exist within our workforce, and empowers divisions to address them proactively.

Ultimately, the responsibility for EDI does not sit with a single department or an EDI lead. It belongs to every member of our workforce. The collective sum of individual and team-level actions is what will turn this strategy from a document into a reality, driving meaningful improvements for our staff.

The objectives provided in the following section offers a starting point for dialogue, planning, and action. It is an invitation for every division to reflect on their data, understand their unique context, and develop and deliver tangible plans that will contribute to a more equitable and inclusive organisation. By working collaboratively, we will create an environment where everyone feels valued, respected, and empowered to deliver their best, and where health and care outcomes are truly equitable for all we serve.

Divisional objectives are presented in **appendix one** of this document.

In addition, recognising that the corporate functions have a critical role in enabling and supporting the delivery of divisional priorities, each corporate services function is provided with key priorities in the delivery of this strategy. These are provided in **appendix two.**

# 11. Governance Arrangements

The Director of People and Organisational Development ultimately holds accountability for the EDI work programme. However, all colleagues have a responsibility to ensure we achieve our EDI ambitions.

The diagram below highlights the overall governance structure of how the delivery of this plan will be monitored actioned:

> **Inclusion and Colleague Experience Team**

Lead and co-ordinate the co-production of the EDI plan and deliver assigned activities in support of the Joint EDI Strategy being delivered.

> **Combined EDI Steering Group**

Set the strategic direction of EDI related activity, commission task and finish/working groups and monitor the delivery of this strategy and its' associated action plan.

> **Workforce Committee (Tameside)**
>
> **People Performance Committee (Stockport)**

Set the direction, approve quality and provide oversight and assurance.

> **Board of Directors**

Achieving the objectives set out in the EDI Plan to ensure compliance with legal, contractual and regulatory requirements and allocation of resources.

Will continue to support the Board level EDI champion to fulfil their responsibilities.

# 12. Measuring Impact and Performance

To ensure we are not only making progress but also achieving a positive impact, we have established the following framework for monitoring and evaluation. The end point from our existing strategy provides the baseline for our work moving forward. It is against this starting point, and with our values as our guide, that we will measure our progress, hold ourselves accountable, and drive the continuous improvement necessary to build a truly inclusive culture for our colleagues.

| Strategic Priority | How Will We Measure Progress | Specific Targets |
|---|---|---|
| **Foster a culture of belonging and psychological safety and inclusive career development** | • NHS staff survey results on inclusion, psychological safety, and belonging.<br>• Staff network meetings: attendance numbers and meeting effectiveness feedback.<br>• Evaluation outcomes of mentoring and career development initiatives / programmes.<br>• Uptake of career conversations and progression support across all staff groups, ensuring that career conversations are of the highest quality for all colleagues. | • BAME staff will score 60% (or more) positively in relation to career progression through the national staff survey.<br>• Disabled staff will score 60% (or more) positively in relation to career progression through the national staff survey.<br>• An increase in the proportion of disabled and non-disabled staff reporting the last instance of abuse by 10% by the end of the strategy.<br>• An increase in the proportion of disabled staff who report that adjustments have been made by 10% by the end of the strategy.<br>• A reduction in the proportion of BAME staff who have experienced discrimination by 10% by the end of the strategy. |
| **Embed EDI into leadership, governance and workforce development** | • Inclusion of EDI objectives in leadership appraisals – via the annual audit of appraisal performance objectives.<br>• Completion rates of leadership training. | • Ensure EDI objectives are included in all leadership appraisals (Band 8A and above). |

| | | |
|---|---|---|
| | • Evidence of utilising EDI data in workforce planning and decision-making. | • Ensure 95% of newly appointed and promoted line managers complete the 'C.A.R.E. Leadership Way Workshop within 3 months of starting in role.<br>• We will be able to see evidence of EDI discussed at Board and senior leadership meetings. |
| **Eliminate inequalities in experience, opportunity and access to career pathways** | • WRES and WDES indicators (e.g. representation, experience, access to development).<br>• Training completion rates for anti-racism and allyship programmes.<br>• Analysis of access to leadership programmes by protected characteristics.<br>• Monitoring of internal promotions rates and progression by protected characteristics. | • Improvement by 5% in the proportion of BAME staff at Band 8A+.<br>• Improvement in the proportion of Disabled staff at Band 8A+ by 5%.<br>• Improvement in the proportion of BAME staff at Band 8B+ by 5%. |
| **Build a diverse, skilled and inclusive workforce through fair recruitment and talent development** | • Diversity of applicants, shortlisted candidates and successful hires.<br>• Audit outcomes of recruitment and promotion processes.<br>• Representation of underrepresented groups in leadership roles.<br>• Evaluation of targeted talent development programmes / initiatives.<br>• Exit interview themes and retention data by demographic group. | • Both Trusts will have a WRES relative recruitment ratio of 1.0.<br>• Both Trusts will have a WDES relative recruitment ratio of 1.0. |

# 13. Our EDI Strategy Action Plan/Priorities: Organisational Objectives

Our action plan outlines the year one priorities for advancing EDI at both Trusts. It is built on the requirements, both locally and nationally, and has been co-created through consultation with our colleagues and key stakeholders.

| Source | Action | Responsibility | Link to our Strategic priorities |
|---|---|---|---|
| Consultation feedback | Implement a structured "Return to Work" support package for those returning from parental leave to ensure career momentum is maintained. | Operational HR | 1, 3, 4 |
| Consultation feedback | Overhaul existing training to focus on practical, scenario-based learning. Use interactive, face-to-face workshops as the primary delivery method, supplemented by bite-sized digital refreshers. | Inclusion and Colleague Experience Team | All |
| Consultation feedback; NW Anti-racism framework (Silver) | Create and roll out specific training modules on unconscious bias, microaggressions, anti-racism, neurodiversity to build deeper understanding. | Inclusion and Colleague Experience Team | All |
| Consultation feedback | In partnership with staff networks, develop and widely publicise an annual calendar of events, awareness days, and cultural celebrations (e.g., Pride, Black History Month, Diwali, Eid). Ensure all celebrations have an educational component, sharing stories and information to foster understanding and empathy. | Inclusion and Colleague Experience Team, Communications Team | 1 & 4 |
| Progression data; NW Anti-racism framework (Silver); National High Impact Action | Design and implementing a Talent Management & Succession Planning Framework | Talent, Leadership and OD Consultancy | 2 & 4 |

| | | | |
|---|---|---|---|
| Progression data; NW Anti-racism framework (Gold); | Creation and implementation of talent development and pipeline plan for BAME directors or associate non-executive director programme. | Talent, Leadership and OD Consultancy | All |
| Consultation feedback | Partner with the NW BAME Assembly to create a mentorship programme for BAME talent within our organisations. | | |
| Progression data | Implement a Mentoring Programme Pilot for newly appointed band 7 & 8A nursing, AHP, and midwifery staff at both organisations. | Talent, Leadership and OD Consultancy | 2, 3 & 4 |
| Progression data | Create a Women's network that empowers female employees, both clinical and non-clinical in their career progression. | Inclusion and Colleague Experience Team | All |
| Progression data; NW Anti-racism framework (Silver) | Establish a Trust-wide reverse mentoring programme and ensure that 75% of Executive and Non-Executive Directors and their direct reports have been part of a racial equality reverse mentoring programme over the past three years. | Talent, Leadership and OD Consultancy | 2, 3 & 4 |
| NW Anti-racism framework (Silver) | All leaders at Band 8A and above must have an appraisal/ personal development plan goal agreed around equality, diversity and inclusion, and a process to report annually the percentage of these goals that have been met. | Talent, Leadership and OD Consultancy | 2, 3 & 4 |
| WDES, National delivery plan | Take proactive steps to address the disproportionate levels of bullying and harassment experienced by disabled staff. Progress can be measured by the annual NHS staff survey results. | Operational HR | All |
| National delivery plan | Create and implement a talent management plan to improve the diversity of executive and senior leadership teams. | Talent, Leadership and OD Consultancy | 2, 3 & 4 |

| | | | |
|---|---|---|---|
| NW Anti-racism framework (Silver) | Ensure BAME talent is intentionally included across organisational talent programmes. Numbers should reflect the need for positive action to increase diversity within leadership roles.<br><br>Must have set targets and a published talent trajectory for BAME representation across every level of the organisation. | Talent, Leadership and OD Consultancy | 2, 3 & 4 |
| Legal changes | Implement any recommendations, as a result of NHSE guidance, following the Supreme Court judgement in the case of *FWS v Scottish Ministers.* | Inclusion and Colleague Experience Team | 2, 3 & 4 |

# Appendix One: Our EDI Strategy Action Plan/Priorities: Divisional Objectives.

| **Division: Women's Services, TGICFT** | | | | | |
|---|---|---|---|---|---|
| **Ref** | **Source** | **Issue Identified** | **Action(s)** | **Timeframe** | **Lead** |
| WS1 | Workforce data | Limited progression of BAME staff into band 4 roles and above. | Identify talent pools of BAME staff at Bands 4 and above for promotion/career progression from and provide the relevant support.<br><br>Identify future leaders to undertake the BAME Leadership Development Programme.<br><br>Work with the OD Service to promote opportunities, encouraging BAME people to apply. | January to December 2026 | Michelle Treanor, Deputy Divisional Director |
| WS2 | Workforce data | Low representation of disabled staff in Bands 5, 7, 8A and above roles. | Identify talent pools of disabled staff at Bands 4 and above for promotion/career progression. Actively promote existing career development opportunities and leadership development programmes.<br><br>Work with the OD Service to promote opportunities, encouraging disabled people to apply. | January to December 2026 | Michelle Treanor, Deputy Divisional Director |
| **Division: Urgent Care, TGICFT** | | | | | |
| **Ref** | **Source** | **Issue Identified** | **Action(s)** | **Timeframe** | **Lead** |

| UC1 | Workforce data | Low representation of BAME staff in Band 7 and above roles. | Identify future leaders to undertake the BAME leadership development programme. | January to December 2026 | Dan White, Lead Nurse Urgent and Emergency Care & Chris Lomax, Deputy Divisional Director |
|---|---|---|---|---|---|
| UC2 | Workforce data | Low representation of disabled staff in Bands 5, 7, 8A and above roles. | Identify talent pools of disabled staff for promotion/career progression from and provide the relevant support.<br><br>Actively promote existing career development opportunities and leadership development programmes. | January to December 2026 | Dan White, Lead Nurse Urgent and Emergency Care & Chris Lomax, Deputy Divisional Director |
| UC3 | NHS staff survey data | Greater proportion of BAME staff experiencing discrimination from managers compared to White staff. | Examine granular data in relation to the staff survey to identify individual areas of concern and take appropriate action in those teams. | January 2026 to December 2029 – *year on year reduction measured by the annual NHS staff survey.* | Dan White, Lead Nurse Urgent and Emergency Care & Chris Lomax, Deputy Divisional Director |

| Ref | Source | Issue Identified | Action(s) | Timeframe | Lead |
|---|---|---|---|---|---|
| UC4 | NHS staff survey data | Greater proportion of BAME staff experiencing discrimination from patients compared to White staff. | Examine granular data in relation to the staff survey to identify individual areas of concern and take appropriate action in those teams. | January 2026 to December 2029 – *year on year reduction measured by the annual NHS staff survey.* | Dan White, Lead Nurse Urgent and Emergency Care & Chris Lomax, Deputy Divisional Director |
| **Division: Surgery, TGICFT** | | | | | |
| **Ref** | **Source** | **Issue Identified** | **Action(s)** | **Timeframe** | **Lead** |
| S1 | Workforce data | No BAME staff in Band 8A and above roles. | Identify future leaders to undertake the BAME leadership development programme. | January to December 2026 | Michelle Treanor, Deputy Divisional Director |
| S2 | Workforce data | No disabled staff in Bands 7, 8A and 8B roles. | Identify talent pools of disabled staff for promotion/career progression from and provide the relevant support.<br><br>Actively promote existing career development opportunities and leadership development programmes. | January to December 2026 | Michelle Treanor, Deputy Divisional Director |

| Ref | Source | Issue Identified | Action(s) | Timeframe | Lead |
|---|---|---|---|---|---|
| S3 | NHS staff survey data | Greater proportion of disabled staff experience bullying from managers compared to non-disabled staff. | Examine granular data in relation to the staff survey to identify individual areas of concern and take appropriate action in those teams. | January 2026 to December 2029 – *year on year reduction measured by the annual NHS staff survey.* | Michelle Treanor, Deputy Divisional Director |
| S4 | NHS staff survey data | Greater proportion of BAME staff experience bullying from managers compared to White staff. | Examine granular data in relation to the staff survey to identify individual areas of concern and take appropriate action in those teams. | January 2026 to December 2029 – *year on year reduction measured by the annual NHS staff survey.* | Michelle Treanor, Deputy Divisional Director |
| **Division: Medicine, TGICFT** | | | | | |
| **Ref** | **Source** | **Issue Identified** | **Action(s)** | **Timeframe** | **Lead** |
| M1 | Workforce data | Low representation of BAME staff in Band 8A and above roles. | Identify future leaders to undertake the BAME leadership development programme. | January to December 2026 | Ian Davies-Marland, Lead Nurse, Medicine & Carly Lamb, Directorate Manager |

| Ref | Source | Issue Identified | Action(s) | Timeframe | Lead |
|---|---|---|---|---|---|
| M2 | Workforce data | Low representation of disabled staff in Band 5 and above roles. | Identify talent pools of disabled staff for promotion/career progression from and provide the relevant support.<br><br>Actively promote existing career development opportunities and leadership development programmes.<br><br>Encourage completion and refresh of ESR data. | January to December 2026 | Ian Davies-Marland & Carly Lamb, Directorate Manager |
| M3 | NHS staff survey data | Greater proportion of disabled staff reporting bullying from patients than non-disabled staff. | Reduction in the disparity in the experience of disabled staff compared to non-disabled staff. | January 2026 to December 2029 – *year on year reduction measured by the annual NHS staff survey.* | Ian Davies-Marland, Lead Nurse, Medicine & Carly Lamb, Directorate Manager |

**Division: Integrated Tier Services, TGICFT**

| Ref | Source | Issue Identified | Action(s) | Timeframe | Lead |
|---|---|---|---|---|---|
| ITS1 | Workforce data | Low representation of BAME staff at in Bands 8A and above roles. | Identify future leaders to undertake the BAME leadership development programme | January to December 2026 | Grace Wall, Divisional Director of Operations |
| ITS2 | Workforce data | Low representation of disabled staff in Bands 8A and above roles. | Utilising appraisal sessions to encourage completion of ESR data. Work with OD Service to promote opportunities, encouraging disabled people to apply. | January to December 2026 | Grace Wall, Divisional |

| Ref | Source | Issue identified | Action | Timeframe | Lead |
|---|---|---|---|---|---|
| | | | Actively promote existing career development opportunities and leadership development programmes. | | Director of Operations |

**Division: Estates and Facilities, TGICFT**

| Ref | Source | Issue identified | Action | Timeframe | Lead |
|---|---|---|---|---|---|
| EF1 | Workforce data | Low representation of BAME staff in Bands 8A and above roles. | Identify future leaders to undertake the BAME leadership development programme. | January to December 2026 | Mike Veale, Deputy Director of Estates and Facilities |
| EF2 | Workforce data | Low representation of disabled staff in Bands 4, 5, 8A and above roles. | Identify talent pools of disabled staff for promotion/career progression from and provide the relevant support.<br><br>Work with Talent and recruitment teams to promote opportunities, encouraging Disabled people to apply.<br><br>Actively promote existing career development opportunities and leadership development programmes. | January to December 2026 | Mike Veale, Deputy Director of Estates and Facilities |

**Division: Children's Services, TGICFT**

| Ref | Source | Issue Identified | Action(s) | Timeframe | Lead |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| CS1 | Workforce data | Low representation of BAME staff in Band 4, 6 and above roles. | Identify talent pools of BAME staff for promotion/career progression from and provide the relevant support.<br><br>Identify future leaders to undertake the BAME leadership<br><br>Individuals to be identified in specific teams within Children's services. | January to December 2026 | Michelle Treanor, Deputy Divisional Director |
| CS2 | Workforce data | Low representation of disabled staff in Band 7, 8A and above roles. | Identify talent pools of disabled staff for promotion/career progression from and provide the relevant support.<br><br>Individuals to be identified in specific teams within Children's services. | January to December 2026 | Michelle Treanor, Deputy Divisional Director |
| CS3 | NHS staff survey data | Greater proportion of BAME staff experiencing bullying or harassment from patients compared to White staff. | Examine granular data in relation to the staff survey to identify individual areas of concern and take appropriate action in those teams. | January 2026 to December 2029 – *year on year reduction measured by the annual NHS staff survey.* | Michelle Treanor, Deputy Divisional Director |
| CS4 | NHS staff survey data | More BAME staff feeling the Trust doesn't act fairly in respect of career progression. | Identify talent pools of BAME staff for promotion/career progression and provide the relevant support. Individuals to be identified in specific teams within Children's services. | January to December 2026 | Michelle Treanor, Deputy Divisional Director |

**Division: Clinical Support Services, TGICFT**

| Ref | Source | Issue Identified | Action(s) | Timeframe | Lead |
|---|---|---|---|---|---|
| CSS1 | Workforce data | Low representation of disabled staff in senior leadership positions (Band 8B and above). | Identify talent pools of disabled staff for promotion/career progression from bands 6 and 7 and provide the relevant support.<br><br>Promote existing leadership development programs for disabled staff at Bands 7 and 8A | January to December 2026 | Katherine Cullen, Divisional Director of Operations |
| CSS2 | NHS staff survey data | Greater proportion of BAME staff reporting discrimination from other colleagues. | Examine granular data in relation to the staff survey to identify individual areas of concern and take appropriate action in those teams. | January 2026 to December 2029 – *year on year reduction measured by the annual NHS staff survey.* | Katherine Cullen, Divisional Director of Operations |

| Division: Medicine and Urgent Care | | | | | |
|---|---|---|---|---|---|
| Ref | Source | Issue identified | Objective | Timeframe | Lead |
| MUC1 | Workforce data | Low representation of BAME staff above band 8A | Identify future leaders to undertake the BAME leadership development programme | January to December 2026. | Ruth McNulty, Divisional Director of Operations |

| Ref | Source | Issue identified | Action | Timeframe | Lead |
|---|---|---|---|---|---|
| MUC2 | Workforce data | Low representation of disabled staff at Band 5 to 7 | Identify talent pools of Disabled staff for promotion/career progression from, and provide the relevant support.<br><br>Work with Talent team to promote opportunities, encouraging disabled people to apply. | January to December 2026. | Ruth McNulty, Divisional Director of Operations |
| MUC3 | Staff survey | The proportion of disabled staff saying that they have received the necessary adjustments to do their job | Increase the proportion of managers who have undergone the Trust Reasonable adjustments training | January to December 2026. | Ruth McNulty, Divisional Director of Operations |
| MUC4 | Staff survey | Greater proportion of disabled staff experiencing discrimination from managers compared to non-disabled staff | Examine granular data in relation to the staff survey to identify individual areas of concern, and take appropriate action in those teams | January to December 2026. | Ruth McNulty, Divisional Director of Operations |
| **Division: Surgery** | | | | | |
| **Ref** | **Source** | **Issue identified** | **Action** | **Timeframe** | **Lead** |

| S1 | Workforce data | Representation of BAME staff in leadership positions | Identify future leaders to undertake the BAME leadership development programme | January to December 2026. | Karen Hatchall, Divisional Director of Operations |
|---|---|---|---|---|---|
| S2 | Staff Survey | Low representation of BAME staff that experience discrimination from managers | Reduction in the disparity of BAME staff experiencing discrimination | January 2026 to December 2029 – *year on year reduction measured by the annual NHS staff survey.* | Karen Hatchall, Divisional Director of Operations |
| S3 | Staff survey | Lower proportion of disabled staff that feel valued compared to non-disabled staff | Reduction in the disparity of the experience of disabled staff compared to non-disabled staff | January 2026 to December 2029 – *year on year reduction measured by the annual NHS staff survey.* | Karen Hatchall, Divisional Director of Operations |
| S4 | Staff survey | Lower proportion of BAME staff that feel the organisation acts fairly in respect of career progression | Identify talent pools of BAME staff for promotion/career progression, and provide the relevant support | January to December 2026.To be reviewed monthly at the Divisional Workforce meeting | Karen Hatchall, Divisional Director of Operations |

| Division: Women and Children's | | | | | |
|---|---|---|---|---|---|
| **Ref** | **Source** | **Issue identified** | **Action** | **Timeframe** | **Lead** |
| WC1 | Workforce data | No BAME staff in Band 8A+ roles | Identify talent pools of BAME staff for promotion/career progression from, and provide the relevant support.<br><br>Identify future leaders to undertake the BAME leadership<br><br>Individuals to be identified in specific teams. | January to December 2026. | Janine Cartner, Divisional Director |
| WC2 | Workforce data | No Disabled staff in Band 8A+ roles | Identify talent pools of Disabled staff for promotion/career progression from, and provide the relevant support.<br><br>Individuals to be identified in specific teams. | January to December 2026. | Janine Cartner, Divisional Director |
| **Division: Estates and Facilities** | | | | | |
| **Ref** | **Source** | **Issue identified** | **Action** | **Timeframe** | **Lead** |

| EF1 | Workforce data | Lower proportion of BAME staff at Band 7+ (43% at Band 6) | Identify talent pools of BAME staff for promotion/career progression from Band 5 pools, and provide the relevant support.<br><br>Work with Talent and recruitment teams to promote opportunities, encouraging disabled people to apply. | January to December 2026. | Dan Reason, Deputy Director of Estates and Facilities |
|---|---|---|---|---|---|
| EF2 | Workforce data | No disabled staff at Band 5 and above | Identify talent pools of disabled staff for promotion/career progression from Band 4 pools, and provide the relevant support.<br><br>Work with Talent and recruitment teams to promote opportunities, encouraging disabled people to apply.<br><br>Encourage completion and refresh of ESR data. | January to December 2026. | Dan Reason, Deputy Director of Estates and Facilities |
| EF3 | Staff survey | The proportion of disabled staff saying that they have received the necessary adjustments to do their job. | Increase the proportion of managers who have undergone the Trust Reasonable adjustments training | January 2026 to December 2029 – *year on year reduction measured by the* | Dan Reason, Deputy Director of Estates and Facilities |

| Ref | Source | Issue identified | Action | Timeframe | Lead |
|---|---|---|---|---|---|
| | | Lower proportion of disabled staff who feel pressured to come to work when unwell, compared to non-disabled staff. | | *annual NHS staff survey.* | |

| **Division: Clinical Support Services** | | | | | |
|---|---|---|---|---|---|
| **Ref** | **Source** | **Issue identified** | **Action** | **Timeframe** | **Lead** |
| CSS1 | Workforce data | Low representation of disabled staff at Band 4 | Identify talent pools of disabled staff for promotion/career progression from Band 2-3 pools, and provide the relevant support.<br><br>Work with Talent and recruitment teams to promote opportunities, encouraging disabled people to apply. | January to December 2026. | Mike Allison, Divisional Director |
| CSS2 | Workforce data | Low representation of disabled staff at Band 7+ | Identify talent pools of disabled staff for promotion/career progression from Band 6 pools, and provide the relevant support.<br><br>Work with Talent and recruitment teams to promote opportunities, encouraging disabled people to apply. | January to December 2026. | Mike Allison, Divisional Director |

| | | | | | |
|---|---|---|---|---|---|
| **Division: Integrated Care** | | | | | |
| **Ref** | **Source** | **Issue identified** | **Action** | **Timeframe** | **Lead** |
| IC1 | Workforce data | Low representation of BAME staff at Bands 5 - 7 | Identify talent pools of BAME staff for promotion/career progression from, and provide the relevant support.<br><br>Work with recruitment colleagues to target recruitment campaigns with vacancies at Band 5-7. | January to December 2026. | Janine Cartner, Divisional Director |
| IC2 | Staff survey | Greater proportion of BAME staff who experience bullying/harassment from patients | Examine granular data in relation to the staff survey to identify individual areas of concern, and take appropriate action in those teams | January 2026 to December 2029 – *year on year reduction measured by the annual NHS staff survey.* | Janine Cartner, Divisional Director |
| IC3 | Staff survey | Greater proportion of BAME staff who experience bullying and harassment from other colleagues | Examine granular data in relation to the staff survey to identify individual areas of concern, and take appropriate action in those teams. | January 2026 to December 2029 – *year on year reduction measured by the* | Janine Cartner, Divisional Director |

| | | | | *annual NHS staff survey.* | |
|---|---|---|---|---|---|

# Appendix Two: Our EDI Strategy Action Plan/Priorities: Corporate Objectives.

| Corporate Function | | Progress (RAG) |
|---|---|---|
| People & Organisational Development (OD) Directorate | In addition to the specific actions within the corporate plan assigned to People and OD, act as the custodians of the corporate and local actions for reporting through to the relevant assurance committee. | |
| | Implement the core messages of Civility Saves Lives will be integrated into the People Management Excellence strand of the 'Our C.A.R.E. Leadership Way' to help embed civility into everyday management practices. | |
| | Relaunch an inclusive coaching and mentoring offer, to expand the scope of the Reverse Mentoring Scheme and increasing the confidence and motivation of staff to take part. | |
| | Design an inclusive framework for talent management and succession planning for use across both organisations. | |
| | Through the work of the pathways into employment group, and in consultation with the EDI Steering Group, undertake a range of initiatives in relation to inclusive recruitment, and report progress and successes quarterly. | |
| Finance and Procurement | **Implement a Supplier Diversity Programme.** Develop a framework to increase the proportion of Trust spending with local, small-to-medium-sized enterprises (SMEs) and businesses owned by individuals from | |

| | | |
|---|---|---|
| | underrepresented groups by 10% within two years. This supports the Trust's role as an anchor institution and promotes local economic equality. | |
| Service planning and Performance | **Integrate EDI into Strategic Planning.** Ensure the Trust's annual planning guidance includes references to reducing inequality, and that plans are appropriately subject to Equality Impact Assessment. This will embed EDI as a core component of operational and strategic delivery. | |
| IT Services | **Improve Access to Assistive Technology.** Streamline the process for staff with disabilities to request and receive assistive technology and software. Aim to reduce the average waiting time from request to delivery by 50%, enabling all divisional staff to perform their roles effectively. | |
| Corporate Nursing (Governance and Quality) | **Strengthen the Equality Impact Assessment (EIA) Process.** Implement a new quality assurance process for EIAs, requiring all 'high-impact' EIAs (for major service changes or policies) before going to the relevant governance meeting. | |
| Transformation Team | Ensure that the principles of equality, diversity and inclusion are **systematically embedded** across all transformation programmes. A comprehensive Equality Impact Assessment (EIA) will be undertaken for each initiative to evaluate whether any groups may be disproportionately or adversely affected by proposed changes. Findings from these assessments will inform decision-making processes, strengthen governance, and promote equitable outcomes for all staff, patients, and service users. | |

# Find out more

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