Together

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

& Equality, Diversity Inclusion Strategy 2021–2024

Excellent care with compassion

Always Safety First

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Sections

Introduction

To achieve our vision statement of providing Excellent Care with Compassion and fulfil our Big Ambitions, we have developed an Equality, Diversity and Inclusion Strategy for 2021 – 2026. Equality, Diversity and Inclusion (EDI) is at the heart of what we do, people caring for people. We commit to treating everyone we come into contact be that patients, their families, carers, colleagues, temporary workers, volunteers and colleagues from other organisations with dignity, respect, kindness and understanding. It is our vision that we make it every colleague's responsibility to be consciously inclusive in everything we do for our colleagues and communities.

This strategy builds on the work already undertaken through the equality and inclusion aim of the Workforce and Organisational Development Strategy, the actions taken as part of the Patient Experience and Involvement Strategy and the previous Trust Equality and Diversity Strategy. We believe we have made progress and are starting to see a culture change; the actions we have taken to date are leading us to being at tipping point. This is a good place to be, meaning we have laid the foundations, raised awareness and now need to transform, align and bring equality, diversity and inclusion to the front and centre, hardwiring diversity and inclusion into everything we do. There is a ground swell within our colleagues and communities who are rightly moving from a 'call to action' to 'insisting' on actions being taken.

However it has been found from the information we collect, the feedback we receive, the national benchmarking and research we participate in, that whilst our data indicates we are making improvements, we still find that there are differences in experience and outcomes for certain groups of patients and staff.

Covid-19 has had a profound impact on all aspects of our lives and amplified inequalities in society. Within the National Health Service (NHS) we have seen the disproportionate health risks for those from ethnic minorities and/or with a physical and/or learning disability, the devastating impact the pandemic has had on the loss of life and the uncertainty surrounding the long-term implications of Covid-19 on the way we work and live.

The Office of National Statistics (2020) found that the rate of deaths involving Covid-19 for Black males was 3.3 times greater than that for White males of the same age, while the rate for Black females was 2.4 times greater than for White females. In a Public Health England review (2020) it was found that the Covid-19 death rate for people with learning disabilities was 2.3 times the rate of the general population for the same period. However, after adjusting for under-reporting the estimated rate was 3.6 times the rate in the general population. The impact on mental health either through shielding due to disability or because they belong to a group which have been unable to connect with other members of their community due to measures such as national lockdown has been evidenced to have had a significantly adverse impact on the LGBTQ+ community; particularly if living at home and not 'out' or unsupported.

We as part of the NHS have a key role to play through the provision of health care and our legal duties to address health inequalities which are defined as unfair and avoidable differences in health across the population, and between different groups within society. As one of the largest employers in the region we have 'layers' of influence within our community. We must take our role as an anchor institution seriously, taking deep, sustained and proactive action which influences the wider determinants of health, including behaviours, social and community networks, living and working conditions and wider socio-economic, cultural and environmental conditions through our staff, patients and communities.

Ethnicity

The killing of George Floyd launched a global Black Lives Matter movement that forced the world to step up and address the issue around race, racism and race inequality. The demand for greater inclusion and authentic representation in all parts of our healthcare systems continues to drive us as an organisation to take a long hard look at itself. Never has there been a greater need to ensure under-represented groups see themselves reflected at all levels and in all professions. The impact of greater representation of BAME in leadership positions will equip us as an organisation to understand and meet the needs of communities who are more likely to experience adverse outcomes and experiences. We want to take joined up, intentional and holistic action to dismantle structural racism (RACE Equality Code 2020).

Physical and Learning Disabilities

In the last 12 months colleagues, patients and family members who are disabled also had their lives significantly affected by the pandemic, with many individuals being required to shield for extended periods of time, living in extreme isolation without access to their normal sources of support or sense of freedom. Given a disability is a condition that effects an individual to carry out normal day-to-day activities, it can include both mental health or physical conditions, can be visible or hidden, tending to last 12 months or longer we do not yet know the implications of long Covid and living through a pandemic may have on the population we serve and our workforce. As described by the Care Quality Commission (CQC) in 2019 in the refreshed equality standards, we must take a person-centred approach, proactively engaging with disabled people to do this, as when we get this wrong it stops individuals from getting the support they need to receive the correct diagnosis, to attend appointments, receive safe and effective care, be treated with dignity and respect along with feeling listened to and involved in their care.

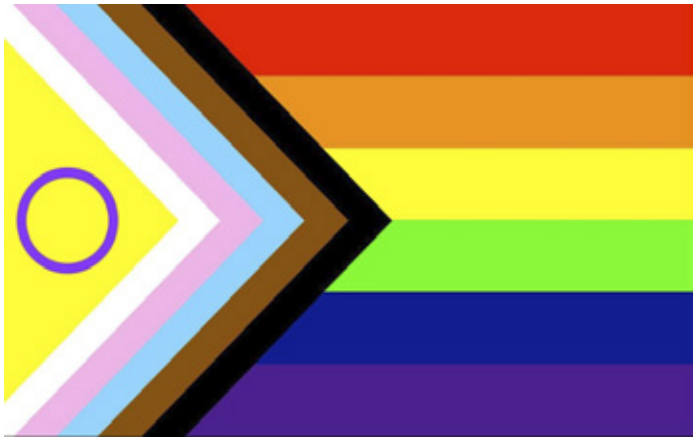
NHS Employers in 2019 reported that 83% of disabled people acquire their health condition during working age, with only 53.6% of working age disabled people in employment compared to 81.7% of working aged non-disabled people. It was further found that disabled people from Black, Asian and Minority Ethnic backgrounds reported greater social inequities compared to disabled people from white backgrounds. As an employer and a health care provider we need to ensure our processes, our ways of working, the accessibility to our services and buildings along with the way we provide care continues to reduce inequities, making disabled colleagues and patients have an effortless experience, where their needs are accommodated.

Sexuality

The boundaries of sexual orientation and gender identity are more fluid today and blur beyond the L, G, B or T. In a relatively recent YouGov survey (2019) only 51% of 18–24 year-olds said they identified as completely heterosexual. Therefore it is essential when we refer to our colleagues as a collective group, we adopt the term LGBTQ+. We want everyone feel included – whether genderqueer, bisexual, gay, lesbian, transgender, non-binary, pansexual, intersex, asexual, queer, questioning or an ally. We must endeavour through our future actions to ensure we do not have a heteronormative culture, as this is not going to cut ice with our communities, patients, current and future colleagues.

The British Medical Journal (BMJ) (2021) reported that there is inadequate monitoring of health in the LGBTQ+ community and from its analysis of data suggests there has been a disproportionate effect of Covid-19 for this minority group. Furthermore the paper reported that in 2018 the UK government set out an action plan to ensure that LGBTQ+ people's needs are at the heart of the NHS, however despite this recognition the UK still does not routinely monitor sexual orientation or gender identity at a national level 3 years on. By not having the data both nationally and locally within our own organisation we will never be able to fully understand the health equalities faced by this group. The BMJ found that the data that is available indicates that trans and non-binary people

are more likely to be disabled and have chronic health conditions, lesbian and bisexual women are more likely to be obese and LGBTQ+ people are more likely to be affected by cardiovascular disease, certain cancers and respiratory illnesses. However without mandatory collection of this data, we will continue to have a blind spot, will be excluding people and unaware of the physical and mental health inequalities in order to take action.



Religion

People belong to a wealth of religions and hold various beliefs, as an employer and health care provider we have an obligation to recognise and support this. Patients and their families deserve and expect to be cared for in line with their faith requirements and should be able to continue to practice their faith whilst as an inpatient in our hospitals. For many religious people, their faith is associated with deeply held values that inform their actions and behaviours at work as well as in their personal lives. We want to create workplaces and clinical environments where colleagues and our communities feel comfortable talking about their religious beliefs, where we understand and value difference and diversity of thought and representation. We want our colleagues and communities to feel able to be their true self when in our organisation and our policies and procedures will reflect this, considering how people wish to dress, their diet, and feel encouraged to share in the joy of religious festivals and occasions. Being respectful towards different religious practices should be straight forward and we must continue to enforce a zero-tolerance approach to harassment on the grounds of religion.

Gender

Within the NHS People Plan published in 2019, one of the key strategic aims is to increase the range of flexible working opportunities for our colleagues to be able to access, we need to do this to support staff to work longer, to meet all of their life ambitions, to recognise all our colleagues are more than just their work and should be able to flourish at both work and home. We need to find new and innovative ways to take action to ensure we continue to reduce the gender pay gap, ensuring that the occupations women choose are valued as much as male counterparts, working care givers and females who have caring responsibilities do not suffer any detriment, or face barriers to progression due to real or perceived barriers and are able to progress their careers to reach the same level of aspiration as male colleagues.

We know those gender inequalities exist equally within healthcare, the Marmot review, 10 years on (2020) identified women are more likely to have a higher percentage of their life spent in ill health and more likely to have their experiences underestimated. Women living in deprived areas can expect a shorter life expectancy, meaning poverty has a significant negative impact on reducing women's lives. Among women in the most impoverished 10% of areas, life expectancy fell between 2010-12 and 2016-18. The experience of poverty is again more prevalent for women from an ethnic minority background, who are the victims of excess poverty. Rates are particularly high for Pakistani and Bangladeshi women, followed by Black African women, Black Caribbean women, Indian women, Chinese women, and White women.

Age and Careers

We know careers in the NHS are demanding yet rewarding, we are committed to finding ways to encourage all age groups to join our teams, the NHS is a highly professionalised organisation which prides itself on having a highly skilled and qualified workforce. This can make entry into our organisation challenging for those individuals who are from more challenged socioeconomic backgrounds, or may not have followed typical career/qualification routes, and have gained valuable work experience in other sectors. Equally we need to find ways to support existing colleagues who may be close to retirement to find ways to transition to a new stage in their lives whilst still maximising their skills, experience and knowledge through providing innovative roles or ways of working which allow individuals to step down or slow down if they wish.

Carers

The number of unpaid carers is rising globally and is anticipated to grow given predictions on life expectancy, morbidities and limitations on care alternatives. The estimated number in England is 5.5 million. The potential negative impact on employment, health and wellbeing which have individual and societal consequences cannot be underestimated. This presents a major public health concern, especially as much of the experience and health consequences remain a largely hidden issue for our colleagues and communities. Unpaid carers are at risk of being exposed to a range of health inequalities which can have individual and societal consequences.

Social Deprivation

It is widely recognised that social and economic factors impact on people's health. Analysis of NHS data demonstrates that areas with more income deprivation are more likely to have a range of health conditions including serious mental illness, obesity, diabetes, and learning disabilities. The chart below shows the percentage gap in prevalence between the most and least deprived areas.

Income deprivation is related to a number of health conditions

Percentage gap in prevalence between the most deprived and the least deprived areas, 2017/18

	Learning Disabilities	COPD	Serious Mental Illness	Obesity	Diabetes	Epilepsy
England	**+65%**	**+58%**	**+57%**	**+51%**	**+45%**	**+32%**
East of Midlands	+58%	+29%	+46%	+18%	+34%	+24%
East of England	+73%	+72%	+51%	+49%	+45%	+39%
London	+70%	+21%	+62%	+78%	+63%	+15%
North East	+59%	+72%	+26%	+37%	+27%	+36%
North West	+51%	+52%	+53%	+34%	+26%	+32%
South East	+52%	+77%	+59%	+39%	+30%	+32%
South West	+72%	+64%	+59%	+44%	+30%	+38%
West Midlands	+73%	+19%	+60%	+34%	+49%	+17%
Yorkshire and Humber	+78%	+62%	+42%	+53%	+54%	+37%

Key	Largest gap between the most and least deprived	Smallest gap between the most and the least deprived

Data from NHS Digital, Quality and Outcomes Framework and MHCLG, Index of Multiple Deprivation; Commons Library Analysis

Setting the Scene – The Wider Context

This is a time of great transition for the NHS nationally and in the Trust locally in terms of cultural change, financial challenges, quality improvements alongside trying to restore and enhance our clinical services back to where they were before the pandemic hit. There are many national, internal and external levers that give us a clear direction for delivery and compliance including the Equality Act 2010, the Health and Social Care Act 2012, the NHS Constitution, NHS Equality Delivery System 2, Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap, NHS Accessible Information Standard, the interim NHS People Plan 2020-21 and associated People Promise and the Care Quality commission (CQC) Equality Objectives for 2019-21.

There are clear themes in the national priorities described by both the NHS People Plan and the CQC Equality Objectives which we must seek to address through transformative actions in this strategy. More specifically the provision of high quality services is dependent on having colleagues who are confident with difference and more able to meet patient needs, the importance of taking a person centred approach in all we do, the need to change cultures, to equip leaders with the skills to tackle equality and inclusion issues along with taking proactive steps which address inequality of access and outcomes for both patients and colleagues.

Internal Progress and Overview

There are 9 characteristics that are protected by law. These are:

Age - This refers to a person belonging to a particular age (e.g. 50 years old) or a range of ages (e.g. 18 to 30 years old). Age includes treating someone less favourable for reasons relating to their age (whether young or old).

Disability - A person has a disability if they have a physical impairment, mental impairment, sensory impairment or learning disability which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Gender Reassignment and Gender Identity – Gender reassignment is the process of transitioning from one gender to another, this can include undergoing some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and the individual living in their self-identified gender. Gender identity refers to the innate sense of a person's own gender, whether male, female or something else which may or may not correspond to the sex assigned at birth.

Marriage and Civil Partnership - The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same-sex partners. Marriage can be between a man and a women, or between partners of the same sex. Civil partnership is between partners of the same sex.

Pregnancy and Maternity - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. Protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a parent unfavourably because of breastfeeding.

Race - Race refers to a group of people defined by their race, colour and nationality (including citizenship), ethnic or national origins.

Religion and Belief - Religion has the meaning usually given to it, but belief includes religious convictions and beliefs, including philosophical belief and lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex (Gender) – Is often expressed in terms of being male or female, it is largely culturally determined (masculinity and femininity) and is assumed from the sex assigned at birth.

Sexual Orientation – Is an umbrella term describing a person's attraction to other people. Along with romantic orientation, this forms a person's orientation identity. These terms refers to a person's sense of identity based on their attractions, or lack of. Orientations include but are not limited to, lesbian, gay, bisexual, ace and straight.

Social Determinants of Health

In addition to the 9 protective characteristics, there is what is referred to as determinants of health. The determinants of health include:

- the social and economic environment,
- the physical environment, and
- the person's individual characteristics and behaviours.

The context of people's lives determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants are things that make people healthy or not and include many factors such as:

- **Income and social statu**s - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- **Education** – low education levels are linked with poor health, more stress and lower self-confidence.
- **Physical environment** – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions

- **Social support networks** – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
- **Genetics** - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- **Health services** - access and use of services that prevent and treat disease influences health
- **Gender** - Men and women suffer from different types of diseases at different ages.

We know that people with protected characteristics are more likely to have poorer outcomes when also exposed to adverse determinants of health. To illustrate this further, if a person is Black and lives in a poor area the risk of poorer outcomes is even higher than if you Black and live in a more affluent area, even though you are still more likely to experience poorer outcomes compared to white people living in the same area.

It is essential that we take an intersectional approach to equality, diversity and inclusion for both our patients, communities and colleagues. Intersectionality refers to recognising and seeking to understand the interconnected and overlapping nature of social categorisations such as having protected characteristics (e.g. being a minority ethnic male who is gay). Social identities are not independent and unidimensional, but multiple and intersecting.

Our Communities

Preston

NHS Greater Preston Clinical Commissioning Group (CCG) is made up of 23 GP practices, who care for around 214,000 patients (June 2020). The majority live in the district of Preston with the remaining patients mainly coming from the districts of South Ribble, Ribble Valley, Wyre and Fylde.

The registered population is relatively evenly split between females (49.5%) and males (50.5%). The population breakdown shows 16% of the population is aged 65 or over and 31% is aged 0-24 years, which reflects the large student population. The remaining 53% of the population is aged 25 to 64. In Greater Preston, the BME population is estimated to account for 14.8% of the population.

Chorley

NHS Chorley and South Ribble CCG is made up of 30 GP Practices, who care for just under 189,000 patients (June 2020). The majority live in the districts of Chorley and South Ribble, with the remaining patients mainly coming from the districts of West Lancashire, Bolton, Preston and Wigan. In Chorley and South Ribble, the Black Minority Ethnic population is estimated to account for 2.9% of the population.

Females make up 50.6% of the registered population, with males making up 49.4%. A fifth of the population is aged 65 or over, 27% are aged 24 or under and 53% are aged between 25 and 64.

Lancashire and South Cumbria

As a tertiary service provider, we not only deliver services to our local communities of Preston and Chorley, we deliver services to a growing population of 1.8 million people across Lancashire and South Cumbria.

Social Deprivation

Nearly a third of Lancashire and South Cumbria residents live in some of the most deprived areas across England. The percentage of people living in fuel poverty and unable to afford to heat their homes, is higher than the national average: 13% for Lancashire and South Cumbria, the national average is 10.6%. A significant proportion of children experience adverse living conditions including child poverty leading to significant variation in their development and school readiness. The percentage of children living in poverty ranges from a low of 12% to as high as 38% in Lancashire and South Cumbria, the national average is 30%.

Life expectancy in Lancashire and South Cumbria is lower than the national average. There is a significant level of unwarranted variation in the number of years people can expect to live a healthy life across Lancashire and South Cumbria. Healthy life expectancy and disability-free life expectancy is predicted to be less than the expected state pension age of 68 years for children born today. In some neighbourhoods, healthy life expectancy is 46.5 years.

Health and wellbeing

Only around a fifth of adults are meeting the recommended levels of physical activity. Much more needs to be done to encourage children to be active: just 15% of young people aged 15 in Lancashire are meeting the recommended levels of physical activity, 14.1% in Blackpool and 12.4% in Blackburn with Darwen.

Approximately 40% of ill-health in Lancashire and South Cumbria is due to smoking, physical inactivity, obesity and substance misuse. Data indicates that 18.5% of adults smoke in Lancashire and South Cumbria, the national average for England is 17.2%.

Furthermore 21,442 people have five or more long term health conditions in Lancashire and South Cumbria. The main causes of ill-health are cancer, cardiovascular, respiratory, mental health, and neurological conditions. Suicide rates are significantly higher than average in Lancashire and South Cumbria, particularly in Barrow in Furness, Blackpool, Chorley and Wyre. The estimated prevalence of common mental health disorders is higher than the England estimate.

A key component of our equality diversity and inclusion strategy is focused on the health and wellbeing of our colleagues and communities.

Experience of Our Services

A review of experiences for our communities has considered information from surveys, complaints and qualitative feedback through the patient experience and involvement group and our Council of Governors has highlighted that our communities are identifying the need to improve services for;

- Deaf and hard of hearing unplanned admissions
- Carers experiences in supporting people attending our services
- Age specific distraction activities
- Access for those with a physical and/or learning disability and autism
- Adjustments for people with autism
- Access to interpreters
- Not enough use of digital options
- Not to exclude people through digital poverty

Being a Diverse and Inclusive Employer

In the last 3 years the foundations have been laid internally to support the workforce equality, diversity and inclusion agenda, this has been driven through the strategic aims contained in the Workforce and Organisational Development Strategy and through localised actions contained in Divisional People Plans. Through this there have had a number of successes particularly in relation to the involvement and engagement of our minority groups in developing productive diversity ambassador forums which provide colleagues from minority groups with a voice to address the issues which will make the difference they need us as an organisation to make to improve the experience of work. On an annual basis we run dedicated equality, diversity and inclusion focussed 'Big Conversations' which invite colleagues to explore the context behind our annual staff survey results and to hear from colleagues who identify as belonging to protected groups about their experience of work.

The data overleaf indicates the experience of work as reported using the staff survey indicators for minority groups, it highlights the differing and more negative experiences of work and lower levels of job satisfaction some of our minority groups may experience.

Experience of Work

(* where -% is used in the data set this is due to the minimum number of responses required for reporting not being achieved. Scores which are highlighted in bold indicate group which is has the worst experience in relation to the staff survey item)

Staff Survey Indicators	Black, Asian and Minority Ethnic	Disability	Gender	Sexuality	Religion
Percentage of staff experiencing harassment, bullying or abuse from patients and their relatives.	20% Black, Asian and Minority Ethnic **22% White**	**27% with disability** 21% without a disability	Male 19% Female 23% **Self-describe 25%**	Bisexual 34% **Gay/Lesbian 35%** Heterosexual 21%	20% Muslim, **29% Any other religion**, 17% Hindu, 25% Buddhist, 22% Christian
Percentage of staff experiencing harassment, bullying or abuse from colleagues	**26% Black, Asian and Minority Ethnic** 24% White	**27% with disability** 17% without a disability	Male 16% Female 19% **Self-describe 27%**	**Bisexual 34%** Gay/Lesbian 21% Heterosexual 18%	20% Muslim, **25% Any other religion**, 19% Hindu, 31% Buddhist, 18% Christian
Percentage of staff believing the organisation provides equal opportunities for career progression or promotion	**74% Black, Asian and Minority Ethnic** 89% white	**83% with disability** 88% without a disability	**Male 84%** Female 89% Self-describe -%	**Bisexual 86%** Gay/Lesbian 91% Heterosexual 88%	**64% Muslim,** 80% Any other religion, 82% Hindu, % Buddhist, 90% Christian
Percentage of staff satisfied with the extent to which the organisation values their work	55% Black, Asian and Minority Ethnic **49% White**	**41% with disability** 51% without a disability	Male 52% Female 50% **Self-describe 29%**	**Bisexual 45%** Gay/Lesbian 47% Heterosexual 51%	54% Muslim, 46% Any other religion, 63% Hindu, **24% Buddhist**, 53% Christian
Percentage of staff experiencing or have experienced discrimination from colleagues	**18% Black, Asian and Minority Ethnic** 7% White	**13% with disability** 6% without a disability	Male 16% Female 19% **Self-describe 27%**	Bisexual 13% **Gay/Lesbian 14%** Heterosexual 7%	**19% Muslim**, 7% Any other religion, 12% Hindu, 6% Buddhist, 6% Christian
Percentage of staff who have felt pressure from their manager to come to work when they are not well.	76% Black, Asian and Minority Ethnic 76% White	**30% with disability** 22% without a disability	Male 23% Female 23% Self-describe -%	**Bisexual 39%** Gay/Lesbian 26% Heterosexual 23%	31% Muslim, **32% Any other religion**, 18% Hindu, % Buddhist, 20% Christian
Percentage of staff who believe the employer has carried out reasonable adjustments to support them to do their work	**80% Black, Asian and Minority Ethnic** 81% White	**81% with disability** 76% without a disability	Male 83% **Female 81%** Self-describe -%	Bisexual -% Gay/Lesbian -% Heterosexual 82%	**64% Muslim**, - % Any other religion, % Hindu, % Buddhist, 84% Christian
Feel safe in my work	80% Black, Asian and Minority Ethnic **79% White**	**72% with disability** 81% without a disability	Male 79% Female 80% **Self-describe 71%**	**Bisexual 68%** Gay/Lesbian 74% Heterosexual 80%	80% Muslim, 78% Any other religion, 83% Hindu, **76% Buddhist**, 82% Christian
Feel safe to speak up about anything that concerns me in this organisation	**65% Black, Asian and Minority Ethnic** 68% White	**61% with disability** 69% without a disability	Male 68% Female 68% **Self-describe 57%**	Bisexual 66% **Gay/Lesbian 64%** Heterosexual 69%	60% Muslim, 65% Any other religion, 71% Hindu, **59% Buddhist**, 71% Christian
Look forward to going to work	70% Black, Asian and Minority Ethnic **55% White**	**48% with disability** 59% without a disability	Male 62% Female 57% **Self-describe 29%**	**Bisexual 38%** Gay/Lesbian 57% Heterosexual 58%	67% Muslim, **46% Any other religion**, 80% Hindu, 53% Buddhist, 60% Christian

The experiences of colleagues from minority groups as evidenced in the table above indicate there is a requirement for targeted work to be undertaken in order to directly impact upon and create tangible improvements. Different focussed and sustained actions will be needed for different minority groups, as there are different perceptions, experiences and levels of satisfaction, a one size fits all approach will not do. The colleague ambassador forums will provide a vital way in which to shape what the future looks like in this regard.

Disclosure and Representation

To support colleagues to feel able to be their full self at work and encourage colleagues to feel confident to disclose their protected characteristics without fear of discrimination, we have made significant efforts to increase our visibility across the local communities and show visible, sustained support to national campaigns and events. To achieve this we have increased the prominence of our dedication to supporting the EDI agenda, this is reflected in how we now have a 'running narrative' around key equality and diversity events, we share information and give feedback from ambassador forums through the Trust communication platforms.

Our current disclosure rate for protected characteristics is as follows

Religion	Sexual Orientation	Ethnicity	Disability
79.9%	**80.56%**	**98.92%**	**81.03%** (of which yes 4.84%)

Further steps we have taken include our active participation in the annual Preston Pride, through to raising the Pride flag to support LGBTQ+ History month and supporting South Asian Heritage Month. We have developed and promoted a guide to support colleagues who observe Ramadan, created a hard hitting mandatory training module covering the concepts of discrimination, privilege and inclusive language, developed and launched a 'call it out campaign' to encourage a culture where colleagues feel able to positively challenge inappropriate or discriminatory behaviour and language. We have developed and implemented the 'Rainbow Badge Initiative' and associated training package, the purpose of which is to show that we are an open, non-judgemental and inclusive place for people that identify as LGBT+.

We successfully work alongside and in partnership with local job centres, schools and colleges to attract individuals from a range of different minority backgrounds who may not have considered taking a career with us previously. We have a progressive widening access offer which helps to level up and reduce the impact of socioeconomic diversity, encouraging people from all walks of life to fulfil their potential and take up a career in healthcare. We are a Disability Confident Employer which means we think differently about disability and take action to improve how we recruit, retain and develop disabled people, by finding ways in which to encourage disabled people to apply for positions or work experience in our teams.

Being Inclusive and Supportive

To support colleagues from minority groups reach their full potential, feel supported to flourish at work and to care for their wellbeing we have taken action to support colleagues to progress to leadership positions and introduced a number of wellbeing interventions. This includes creation of our own in house inclusive leadership programme, which aims to support talented individuals from black, Asian and minority ethnic backgrounds who are not currently in a leadership position to have the opportunity to receive tailored development opportunities

We have and will continue to invest in the wellbeing needs of our minority group colleagues and have introduced a number of specific interventions to support colleagues, which has included securing charitable funding to launch a wellbeing project including health checks, vitamin D screening and antibody testing for black, Asian and minority ethnic colleagues. Provided targeted mental health and psychological support for colleagues who are shielding or who are more vulnerable to Covid-19 due to being part of an at risk group, implemented a risk assessment process to support staff from at risk groups during the pandemic and we are reviewing a number of policies to ensure they are inclusive and supportive such as the supporting disability policy and the maternity and parental leave policy.

Finally whilst our data indicates we still have much more transformational work to undertake to improve the experience of work, remove sources of discrimination and be a more inclusive employer. We have however seen a positive impact of the actions we have taken to date through our benchmarking data, regular reporting and the progress we have made through the Inclusive Companies Top 50 UK Employers assessment, which has led to us as an organisation moving from 42 out 50 in 2018 to 19 out of 50 in 2020.

Our vision and aims of strategy – Overarching Principles

Words count for nothing without action; it is about doing the right things for the right reasons with the aim of being the best place to work and providing excellent care with compassion together. This strategy is an accountability framework, used to inform our focus and ensure all professions, future Trust wide strategies, Divisions and Departments understand their responsibility for ensuring that the principles are implemented in a meaningful and considered manner to achieve our vision of being

"Consciously inclusive in everything we do for our colleagues and communities".

We have not sought to impose a specific regime but create a set of principles to provide framework of ideas and options to encourage systemic change. This cannot be a one-time or fixed solution. It must be dynamic and evolve with time and new learning. This strategy will seek to address the cause, go beyond achieving legal compliance or requirements by aiming to tackle structural inequalities, unjust social power imbalances which negatively impact upon those who are not systemically privileged by our society. We acknowledge that some of the interventions are conceptual and longer term, but these will come to fruition as the organisation seeks to address equality, diversity and inclusion as one system, coming together by creating opportunities for collaboration to collectively take action to be anti-discriminatory organisation and health care provider.

We have engaged and consulted with our Governors and a number of the Ambassador Forums in the drafting of this strategy and plan on co-producing the actions to drive forward improvements and achieve our vision. We have sought feedback and early engagement from over 100 clinical leaders to help us elicit their support in driving forward this strategy. Feedback received as part of the consultation process has included that it is ambitious and would create an organisation which truly values diversity. Furthermore colleagues and Governors fed back that they were optimistic as by taking lots of small, sustained actions in all corners of our organisation it would help to trigger radical change and symbolise the culture we want to create for our workplace and community. This strategy outlines how we plan to achieve this goal.

As highlighted in the diagram overleaf, the principles will be the way in which we deliver the strategy aim of being consciously inclusive; they are the method for focussing our attention on what needs to be delivered across all agendas. The principles will underpin the ambitions contained within in the Big Plan, strong, inclusive leadership will need to be consistently applied with Our Values being the behaviours we demonstrate always when progressing this to delivered sustained cultural change.

Underpinning each of the 5 principles there are a number of high level actions and ways of working we will need to commitment to in order to make the principles come to life. Each principle has a series of detailed, 3 year progress and success measures we intend to achieve through the delivery of this strategy. This will be followed by a detailed action plan and integration of these actions into further strategic programmes of work.The principles which underpin the delivery of this strategy are:

Principle 1 –Demonstrating Collective Commitment to EDI

To make a strong commitment to equality, diversity and inclusion, we need to provide visible support to this agenda through being openly action centred and seeking to hardwire EDI into all aspects of the way we go about our work and provide care. To demonstrate our commitment we need bold, decisive effective inclusive leadership, which focusses on continually improving experience of work and care for all minority groups. Leaders will need to use their position of power and privilege intentionally to ensure all patients and colleagues from minority groups have a voice, are accepted for their whole self, and the work of their teams is continually reviewed to ensure it does not discriminate or disadvantage.

Commitment needs to be demonstrated as dedicated EDI actions which are explicitly integrated into every stream of work, in what we focus on as important within the organisation, are part of our organisational culture, embedded in all aspects of an employee lifecycle and every step of a patient's journey.

To implement Principle 1 and demonstrate our commitment we will:

- Ensure every strategy published within the organisation will contain a section on equality, diversity and inclusion in order to support an increased momentum and collective focus for improvement.
- Demonstrate as part of every strategy published within the organisation the consultation and involvement taken place with minority groups through colleague Ambassador Forums and Patient Involvement Groups.
- Include as part of every Divisional Big Plan patient focussed EDI actions which will bring about improvements for patients from minority groups from each speciality.
- Include EDI measures within the STAR quality assurance process.
- Include as part of every Divisional People Plan dedicated EDI actions which will increase representation of colleagues with protected characteristics in our workforce, proactively improve experience of work and seek to remove discrimination.
- Have a member of the Executive Team or Board sponsor each of the EDI Ambassador Groups.
- Have a member of each clinical and corporate division participate in the EDI strategy group.
- Engage patients, families and carers in all new service developments with a commitment to co-production and continuous improvement plans.
- Ensure all new estate developments incorporate a consciously inclusive approach i.e. always consulting with patient groups and ambassador forums to ensure design principles support patients and colleagues with disabilities to navigate around the site with ease and to ensure facilities have gender neutral toilets as standard.
- Include EDI implications in all Board level, Executive Team and Divisional level meetings as standard part of their terms of reference and cycle of business for their areas of responsibility.
- Include EDI in the cycle of business for divisional board level meetings to ensure local actions are being taken to progress the EDI agenda.
- Review every policy and standing operating procedure to ensure they are consciously inclusive for example they are gender, culturally, disability and LGBTQ+ inclusive.
- Ensure all job titles, communications, publications, patient facing leaflets and internal colleague information is gender inclusive by changing references to gender specific roles to gender neutral terminology specifically using terms such as parent/guardian, you/their/them, people or individuals, siblings, humankind (not mankind), artificial/synthetic (not man-made).
- Use our position within the community as a healthcare provider and as a larger employer to help influence wider community change by actively tackling discrimination and inequality faced by people with protected characteristics when receiving care or working for us.
- Drive to increase the number of patients from diverse backgrounds responding to national patient surveys.
- Continue to work towards the NHS England Accessible Information Standard.
- Increase the diversity of feedback in national surveys to better reflect the experiences of the community demographic.
- Agree the approach to the measurement and analysis of the 9 protected characteristics as part of all Trust defined audits and clinical reviews, so experience, health outcomes and inequalities can be understood and improved.
- Ensure the demographics of patients are gathered for all 9 protected characteristics and placed on patient records to ensure that discrimination is monitored.
- Publish an anti-discrimination statement internally on our intranet and externally on our internet pages which should make clear we have
  - Zero tolerance of any form of discrimination
  - Zero tolerance of any form of bullying, harassment, violence or abuse from members of the public, patients, members of our workforce to our colleagues

The progress and success indicators for this principle can be found in Appendix 1.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Principle 2 – Being Evidence Led and Transparent

To deliver impactful improvements it will be fundamental that interventions we develop are based on evidence, from the outset we need to have clear impact measures in mind, seeking to regularly measure our progress. To demonstrate how we will be transparent we will be honest in communicating where progress may not have been achieved and we will engage internally and externally to address this. We will use colleague feedback mechanisms, patient qualitative and quantitative feedback, alongside national benchmarking and validation to determine our achievements and where further work is required, aligning these actions to our strategic workforce and organisational development strategic aims and clinical service strategic priorities.

To implement Principle 2 and ensure our approach is evidence led and transparent we will:

- Embed EDI measures into our organisational governance arrangements to give us clear oversight of how we are progressing from ward to Board.
- Combine quality and equality impact assessments into business as usual as part of change process across the organisation.
- Improve the documented evidence of mitigations taken where impacts are recognised and confirm these are sufficient with colleague and community groups.
- Increase the routine monitoring of the minority characteristics of our patients to include all protected characteristics.
- Take an intersectional approach to evaluation and reporting, enabling us to identify unwarranted variations in experience for both patients and our workforce.
- Examine structural health inequalities that may exist within services.
- Undertake the annual EDS2 review through engagement with colleagues and our patients.
- Publish through our Annual Report and internally via our intranet our diversity indicators, this should include but is not limited to Board diversity, senior leadership team diversity, and breakdown of staff from minority groups by pay band (e.g. disability, gender, ethnicity, religion, sexuality) and internal promotion of staff broken down by minority group.
- Make EDI workforce data more easily available to managers by producing the architecture for self-service access or through provision to Divisions annually an EDI workforce profile to enable informed discussions to take place, the development of localised interventions and accountability for improvement.
- Externally and internally publish our progress against Equality, Diversity and Inclusion strategy action plans to demonstrate the progress we are making and commitment to bringing about improvements
- Improve our methods of understanding barriers to social mobility and career progression of colleagues from all social class backgrounds by seeking to measure the socio-economic background of our workforce and benchmark our position and progress against the Social Mobility Employer Index.
- Understand inequalities in unplanned hospitalisations and identify the actions which will save unplanned hospitalisations if inequalities are addressed.
- Develop sustained and focussed actions which address the health inequalities faced by the communities who receive care from our organisation, specifically focussing on how following Covid-19 we restore services inclusively, to develop digitally enabled care pathways which increase inclusivity and accelerate preventative programmes which proactively engage those at risk for poor health outcomes (actions taken from NHS England » Action required to tackle health inequalities in latest phase of COVID-19 response and recovery) .
- Have a clear measurement strategy for all patient facing engagement and involvement groups so we are able to understand impact and improvements delivered through this approach, as well as demonstrating to patients how we have taken forward actions to address their views and experiences.
- Each service will develop the ability to view outcome measures through the lens of protective characteristic data.
- Through understanding the system and Integrated Care Partnership 'system' data, approaches to prioritising services will consider health inequalities that affect outcomes for our communities.
- Participate in the Integrated Care Partnership Determinants of Health Board.

The progress and success indicators for this principle can be found in Appendix 1.

Principle 3 – Recognising the importance of lived experience

We cannot bring about continuous improvements to the quality of patient care, the way our services are delivered, nor can we create meaningful careers and a positive experience of work without understanding, valuing and responding to the lived experience of our communities and colleagues. As part of our ambition 'consistently deliver excellent care' we actively promote, what matters to me and no decision about me without me principles, however we recognise, we do not always achieve this for our communities or colleagues. We need to make it easier for colleagues and our communities to be cared for as patients and members of our teams. For example for a disabled colleague who may move teams or experience changes in technology or workspace design, can feel like they have to start all over again each time they join a new team or a new way of working is introduced. For our patients they should not have to as part of our triage processes continually repeat their personal preferences or minority group membership when receiving care, for example a patient who is transgender should not have to repeatedly 'out' themselves. We will refine our admission processes to ensure this repetition is no longer necessary.

To provide excellent services and a great place to work we need to engage with all groups but ensure the voices of minority groups in particular are engaged to co-produce and co-design as equal partners the shape of our services and type of organisation colleagues wish to work within. To achieve this our services need to be consciously and spontaneously considering the needs of all different patients and carers in day-to-day practice at all times, ensuring that where there are gaps in knowledge or differences in experiences they are actively closed. It is important that all of our colleagues work in a well-led, supportive environment and are involved in decision making with visible, value-based inclusive leaders who are able to reflect the demographic of the community and therefore better able to reflect the needs of the communities they serve. Evidence tells us that when we get this right, patient satisfaction and outcomes improve, regulators rate the organisation better, safety improves, colleagues feel more valued and their well-being improves.

To implement Principle 3 and ensure we consciously recognise the lived experience we will:

- For every structural estate change, or new building development we will commit to engaging with individuals with protected characteristics, specifically those patients who are living with the condition in the design and layout of our physical estate from conception stage to build sign off.
- Ensure all our buildings and offices are as accessible as possible through regular Disability Access Audits.
- Work with diverse groups of patients, their families, carers and service users to shape wayfinding and signage to make it easier to navigate when in hospital and transferring care between hospital and community services. This should include accessible interventions for those with additional needs.
- Complete a Supporting Disability in the Workplace Agreement with every colleague who has a disability or long term condition, ensuring it is regularly reviewed and updated.
- Ensure all assistive technology/reasonable adjustments meet the needs and standards of our disabled staff and are correctly resourced, funded and arrive promptly.
- Ensure all new software and equipment goes through a procurement, EIA or accessibility check before it is piloted or purchased.
- Continue to make accessibility a priority across all our procedures, policies, documentation, web sites, internal/external communication and ways of working (e.g. by achieving the NHS England Accessible Information Standard, by producing easy read versions of documentation, considering the needs of deaf, those who have a learning disability and those who are neuro-diverse).
- Ensure all Patient facing policies, guidelines and patient information leaflets are reviewed by the relevant patient involvement groups and patient minority engagement groups are involved in reviewing the diversity impact assessment.
- All pathway and service redesign will involve the patient voice, providing opportunity for co-design and consultation.
- Expand the use of patient experience volunteers in ward, outpatient and emergency care areas as a method to gain real time feedback and understand the lived experience of our patients when receiving care.
- Ensure representation groups are in place for each Division as a method to engage, consult, co-produce improvements and learn from the lived experience of patients with protected characteristics who use our services.
- Demonstrate the active use of lived experiences within governance processes at all levels of the organisation.
- Ensure all Workforce and Organisational Development policies are reviewed by relevant Ambassador Groups and members of the group are involved in reviewing the diversity impact assessment.
- Further develop colleague and community engagement opportunities to ensure voices are heard and part of the approach to co-designing solutions.
- Provide dedicated, tailored health and wellbeing support for colleagues with protected characteristics to reduce health inequalities and help colleagues feel well at work.
- Improve the experience of work for our temporary workforce with protected characteristics to reflect that of our substantive colleagues.
- Utilise the lived experience of colleagues to help educate, shape the content of future learning events and develop others i.e. Core People Management Skills, Living Library, promotional or awareness campaigns.
- Explore the use of social prescribing to promote health and wellbeing in community groups.
- Evidence targeted health promotion interventions in protected characteristic groups to improve outcomes related to obesity, alcohol and tobacco.

The progress and success indicators for this principle can be found in Appendix 1.

Principle 4 – Being Representative of Our Community

To be a fair, inclusive employer where everyone has the opportunity to succeed, progress and be themselves we need to increase the representation of our workforce to broadly mirror that of the community our Trust serves. Colleagues, patients, families and carers along with members of the community want to see, be cared for and work alongside people like them, it sends a message either unconsciously or consciously that we understand you, we honour diversity, there is a place for you here, we value you adopting the principle of what matters most to you.

There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. Yet it is also clear that in some parts of the NHS, the way a patient or member of staff looks can determine how they are treated. Research has shown that where NHS staff experience discrimination, particularly on grounds of ethnicity, (although this is true for other minority groups) patient care suffers (Diversity and Inclusion – The Power of Research in Driving change, NHS Employers 2015).

When considering how we ensure diverse representation we also recognise that a person's identity is not defined in isolation but is made up of multiple dimensions, with overlapping identities all which affect experiences of care and work. It is important that we recognise overlapping identities and that everyone has their own unique experiences in order to be truly inclusive rather than by taking a simplistic approach of only considering diversity representation against the 9 protective characteristics.

The business case for a diverse, representative workforce is clear; it makes for a more vibrant organisation, which leads to greater innovation, higher quality of care, enhanced performance and that in turn means we will attract the best people to join our teams.

To implement Principle 4 and ensure our workforce is representative of the local community we will:

- Review our recruitment and selection processes from end to end, this includes having as standard diverse recruitment panels and the presence of an equality representative who has the authority to stop selection processes if deemed unfair, along with all interviews for roles banded 8a and above will include a requirement for candidates to demonstrate the legacy of past EDI work they have undertaken.
- Take steps to increase the representation of minority colleagues to ensure the diversity makeup across all minority and socioeconomic groups is broadly representative of the communities we serve at all levels of our organisation.
- Develop a talent pool database of individuals across the organisation who are considered to be Rising Stars and agree the positive action we will take to filling promotion opportunities with colleagues from under-represented groups.
- Continue to prioritise and promote the widening access work and programmes in the organisation in order to further enable social mobility through our attraction, recruitment, retention efforts.
- Challenge the barriers that prevent colleagues with protected characteristics progressing (culture, working hours, expectations, flexible working, effectiveness of workplace adjustments) by continually reviewing the effectiveness of our policies, working practices, regular measurement of our organisational culture taking action as required.
- Understand disparities in performance management in colleagues with protected characteristics, specifically in relation to formal performance management processes, appraisal ratings, talent management ratings and ability to access training and development opportunities beyond mandatory training.
- All images, promotional materials, posters, multimedia assets and campaigns will use pictures of individuals from diverse backgrounds as standard.
- Ensure wider engagement from our diverse communities across all services and divisions, in co-production, listening to feedback and taking actions based on feedback.
- Invest resources in clinical areas to support the delivery of high quality care by meeting the breadth of needs of patients with protected characteristics (e.g. distraction therapies).

The progress and success indicators for this principle can be found in Appendix 1.

Principle 5 – Bringing About Change through Education and Development

A lack of knowledge can lead to managers and colleagues unintentionally behaving or acting in a way that excludes colleagues with protected characteristics. Whilst education and awareness alone is not enough to eliminate discrimination and address the causal factors which contribute to structural and institutionalised discrimination, it can when running alongside other more transformative approaches be a positive way in which to inform, involve, education and evolve views and previously held beliefs. Thus leading to a ground swell of like-minded people who all want to work together to take action, acting as allies, creating a force for change.

The education and awareness raising schemes of work we propose to undertake will help us to raise awareness of our commitment to and the benefits of equality, diversity and inclusion, making diversity something that everyone who works here understands and the actions they are required to take. By learning from the lived experience of patients and colleagues with protected characteristics it will provide the most powerful way in which to gain insight, challenge unconscious biases and gain a greater appreciation what it feels like to be on the receiving end of our actions, words, systems, processes, the quality of and personalisation of care we provide.

To implement Principle 5 and support the education and awareness of our colleagues we will:

- Provide training to all colleagues to ensure everyone understands their personal responsibility to promote equality, work in line with inclusive practices, challenge inappropriate behaviours and remove any unfair barriers. This will include raising awareness of expected behaviour, terminology, relevant good practices and where to access further guidance and support.
- Train colleagues and teams who draft policies, guidelines, patient information and colleague communication in equality, diversity and inclusion, including how to complete robust, effective equality impact assessments.
- Equip leaders and managers with the skills, competence and confidence to have conversations with colleagues about ethnicity, religion, disability, sexuality, generational differences aligned to their experience of work, support and additional needs they may have to fulfil their potential.
- Design impactful blended learning opportunities which ensure managers are confident in dealing with concerns and complaints by those experiencing discrimination.
- Develop a Bystander Intervention Kit which includes further values based and civility resources to help colleagues to tackle uncivil behaviours, discrimination, bullying and harassment.
- To ring fence a proportionally representative percentage of apprenticeships, accredited (e.g. Institute of Leadership and Management Level 2, Consultant Leadership Development etc.) non-accredited (e.g. Continuous Improvement Programmes, Core People Management Skills, Senior Leadership Development etc.) taught programmes for colleagues with protected characteristics.
- For all leaders to participate in reciprocal mentoring and/or living library events to experience first-hand the lived experiences of individuals with protected characteristics.
- Provide an inclusive leadership development programme to support colleagues with protected characteristics to reach their full potential and achieve their career aspirations.
- Ensure colleague and patient stories are presented as part of our Board Meetings and relevant Trust wide committees and Divisional meetings reflect the diversity of the communities we serve to ensure the experiences of minority groups are heard and acted upon to bring about improvements.
- To foster a restorative, just and learning culture by integrating learning from concerns and complaints made by patients, families, carers and colleagues into the organisations learning to improve processes.

The progress and success indicators for this principle can be found in Appendix 1.

Accountability Framework - How we will measure and oversee progress

The Strategy will be underpinned by a reporting framework, with the development of future actions being included in the Big Plan planning process and progress of actions reportable using the Equality Delivery System2 (EDS2). The delivery of the Strategy will be overseen by the Equality, Diversity and Inclusion Group, which is a subcommittee of the Workforce Committee and the Safety and Quality committee. A Chairs report from the Equality, Diversity and Inclusion Group will be provided to the Workforce Committee from a colleague perspective and the Safety and Quality Committee from a patient perspective.

Equality, Diversity and Inclusion Group will:

- Be responsible for recommending the strategic direction to the Board and for championing and monitoring its delivery.
- Review progress against the strategic equality, diversity and inclusion objectives and underpinning action plan aligned to the five Principles on a twice yearly basis.
- Report on progress against this strategy as part of the Trust's Annual Report.
- Develop the measures of success for Divisional and Speciality level EDI plans, as a way to determine the principles described in this strategy are being demonstrated across the whole organisation.
- Undertake benchmarking activities and review of data/evidence internally and externally to ensure the progress we are making is in line with best practice and making a measurable impact.
- Hear directly from patients and colleagues through our Colleague Ambassador Forums and Patient involvement Groups about how we are doing and use their views and lived experience as an integral part of assessing the impact and informing the direction of our Strategy. Therefore the Chairs of the Ambassador Forums and a nominated member of the patient experience and involvement group will be members of this group and will provide feedback from patients, the public, colleagues, bank workers and volunteers to ensure the actions we are taken are grounded in the reality experienced by those who use our services and work for us.
- Share and celebrate examples of improvements and changes made as a result of implementation of actions.
- Seek assurance on change occurring through examples of qualitative and quantitative actions to share good practice
- The Equality, Diversity and Inclusion Group will be made up of the following representatives:
- Strategy, Workforce and Education Director
- Head of Equality Diversity and Inclusion
- Head of Patient Experience and PALS
- Deputy Director for Workforce and Organisational Development
- Chairs of Ambassador Forums
- Governor
- Nominated representative from the patient experience and involvement group
- Deputy Nursing, Midwifery and AHPs Director
- Associate Director for Quality, Patient Experience and Involvement
- Patient Experience and Involvement lead
- Associate Director for estates and facilities
- Named lead from each corporate and division
- Capital programme EDI lead

Format

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:
આ માહિતીને સમજવામાં સહાયતા જોઇતી હોય તો કૃપા|કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:
Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

Polish:
Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:
ਜੇ ਤੁਸੀ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਚਿ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਟਿੰ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਚਿ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:
دو سر ی زبـــانوں او ر بـڑ ی اگـر آپ کـو ءی معلومــات ســمجھنے کــے یــےل مدد ی‌ک ضـرورت ہـے تـو
یءجھپا یمں یبــھ ابی‌دست ہو یســکت ہـے بـرا ے مہر یبـان ہــو ےیچھءی. معلومــات

Arabic:
مطبــو عةً بــاُ حر ف كبـــير ة و بلغـــات إذا كنتَ تــر يــد مسا عدةً فـــي فهـم هذه لمعلـــو مات يُر جى أن .تطلـــب
أخر ى يمــكن تــو فـــير هذه المعلـــو مات

Appendix 1
Progress and Success Indicator Timeline

Principle 1 – Demonstrating Collective Commitment to EDI

Year 1	Year 2	Year 3	Big Ambition
Achieve a 3-5% pay difference between males and females as measured through the annual Gender Pay Gap report.	Achieve a 3-4% pay difference between males and females as measured through the annual Gender Pay Gap report.	Achieve less than 3% pay difference between males and females as measured through the annual Gender Pay Gap report.	A great place to work
Reduce the number of staff from BAME backgrounds who have personally experienced discrimination at work to be in line with that of their white colleagues, between a 0.8-1.2 likelihood.	Reduce the number of staff from BAME backgrounds who have personally experienced discrimination at work to be in line with that of their white colleagues, between a 0.8-1.2 likelihood.	Reduce the number of staff from BAME backgrounds who have personally experienced discrimination at work to be in line with that of their white colleagues, between a 0.8-1.2 likelihood.	A great place to work
Reduce the number of disabled staff experiencing harassment, bullying and abuse from managers to be in line with that of the experience of non-disabled colleagues, between a 0.8-1.2 likelihood.	Reduce the number of disabled staff experiencing harassment, bullying and abuse from managers to be in line with that of the experience of non-disabled colleagues, between a 0.8-1.2 likelihood.	Reduce the number of disabled staff experiencing harassment, bullying and abuse from managers to be in line with that of the experience of non-disabled colleagues, between a 0.8-1.2 likelihood.	A great place to work
Reduction in number of employee relation issues with regards to racism, discrimination, bullying, harassment or abuse of minority group colleagues, bank and agency workers.	Reduction in number of employee relation issues with regards to racism, discrimination, bullying, harassment or abuse of minority group colleagues, bank and agency workers.	Reduction in number of employee relation issues with regards to racism, discrimination, bullying, harassment or abuse of minority group colleagues, bank and agency workers.	A great place to work
A 5% increase in the number of Freedom to Speak up concerns raised with regards to discrimination.	A 5% increase in the number of Freedom to Speak up concerns raised with regards to discrimination.	A 5% increase in the number of Freedom to Speak up concerns raised with regards to discrimination.	A great place to work
To increase the number of colleagues from minority background in senior roles (8a and above) to be reflective of our community	To increase the number of colleagues from minority background in senior roles (8a and above) to be reflective of our community	To increase the number of colleagues from minority background in senior roles (8a and above) to be reflective of our community	A great place to work
To reduce the disparity ratio in BAME staff from Band 6 and above to 1.5.	To reduce the disparity ratio in BAME staff from Band 6 and above to 1.5.	To reduce the disparity ratio in BAME staff from Band 6 and above to 1.5.	A great place to work
Develop and implement process and communications to encourage Allies to attend Ambassador Forums including having an Executive/Board level group sponsor, a Chair and Co-Chair.	100% of Ambassador Forums have an Executive/Board level sponsor and Allies as part of their group membership seeing a 5% increase in number of Allies regularly attending.	100% of Ambassador Forums have an Executive/Board level sponsor and Allies as part of their group membership seeing a further 5% increase in number of Allies regularly attending.	A great place to work
100% of Workforce Polices and associated processes are reviewed to ensure they are consciously inclusive, an action plan developed to implement policy transformation.	100% of Workforce Policies and associated processes are consulted with Ambassador Forums to ensure they are inclusive and accommodating of various needs before publication.	100% of Workforce Policies and associated processes are consulted with Ambassador Forums to ensure they are inclusive and accommodating of various needs before publication.	A great place to work
To increase levels of staff satisfaction of minority groups against all indicators.	To increase levels of staff satisfaction of minority groups against all indicators.	To increase levels of staff satisfaction of minority groups against all indicators.	A great place to work
To reduce levels of cultural entropy between 21-30% through annual measure of Culture Values and to see a higher number of positive values reported for levels 1- 3 for current culture.	To continue to reduce levels of cultural entropy between 11-20% through the annual Cultural Values survey and to report a higher number of positive values at level 3, and a greater number of values identified at levels 4-7 for current culture	To continue to reduce levels of cultural entropy to below 10% through the annual Cultural Values survey and to report a higher number of positive values at level 3, and a greater number of values identified at levels 4-7 for current culture.	A great place to work

Year 1	Year 2	Year 3	Big Ambition
To develop an engagement process to ensure minority group consultation and co-production occurs as standard part of all organisational strategy development.	100% of new or refreshed organisational strategies contain details of consultation and co-production with Ambassador groups or patient minority groups along with strategic actions which overtly seek to support a consciously inclusive approach.	100% of organisational strategies can describe and detail tangible/ measurable improvements which have supported the EDI agenda.	All
EDI implications to be included in 100% of in all Board level Committee meetings and Executive Management Group meetings as standard part of their terms of reference and cycle of business for their areas of responsibility.	Include EDI in the cycle of business for 100% of divisional board level (e.g. Divisional Workforce Committee) meetings to ensure local actions are being taken to progress the EDI agenda	Include EDI in the cycle of business for 100% of divisional board level (e.g. Divisional Workforce Committee) meetings to ensure local actions are being taken to progress the EDI agenda.	All
To take a baseline and develop a methodology which engages with and encourages participation from patients with a diverse backgrounds in the national patient survey.	To increase participation and completion of the patient survey by patients with a diverse backgrounds by 5%.	To increase participation and completion of the patient survey by patients with a diverse backgrounds by 5%.	Consistently deliver excellent care
To review all published patient and community facing communications, publications, leaflets or information to ensure it is consciously inclusive (e.g. images, gender inclusive terminology), they are in the appropriate format for those with additional needs or requiring reasonable adjustments and develop action plan to bring about improvements.	100% of patient information leaflets are available in an appropriate format for those with additional needs or requiring reasonable adjustments and it has been reviewed and consulted upon with patients from diverse backgrounds.	100% of patient information leaflets are available in an appropriate format for those with additional needs or requiring reasonable adjustments and it has been reviewed and consulted upon with patients from diverse backgrounds.	Consistently deliver excellent care
To develop, implement and roll out EDI indicators as part of the STAR award criteria.	For 60% of clinical areas to be able to demonstrate evidence of actions and impact with regards to EDI as part of STAR accreditation process.	For 100% of clinical areas to be able to demonstrate evidence of actions and impact with regards to EDI as part of STAR accreditation process.	Consistently deliver excellent care
To undertake a programme of analysis and review of clinical outcome data to understand implications for patients from protective characteristic groups.	Specialty clinical service development plans are in place with targeted actions to close the inequality gap leading to reduction in health inequalities for patients with protective characteristics.	Specialty clinical service development plans have delivered tangible improvements leading to improvements in clinical outcome data which is closer to that of patients who do not have protected characteristics.	Consistently deliver excellent care
To review the Big Plan metrics and identify what EDI related metrics can be included and reliably measured for the 'Consistently deliver excellent care' and 'Fit for the future' Big Ambitions.	Include as part of every Divisional Big Plan patient focused EDI actions which will bring about improvements in line with Big Plan performance measures.	Include as part of every Divisional Big Plan patient focused EDI actions which will bring about improvements in line with Big Plan performance measures.	Consistently deliver excellent care and Fit for the future
To develop standardised process for engaging with colleagues, patients and members of the community with regards to new estate developments of existing reconfigurations.	100% of new estate developments and reconfigurations can provide evidence of direct engagement and consultation with relevant minority groups.	100% of new estate developments and reconfigurations can provide evidence of direct engagement and consultation with relevant minority groups.	Fit for the future

Principle 2 – Being Evidence Led and Transparent

Year 1	Year 2	Year 3	Big Ambition
Develop an intersectional approach to reporting on all workforce and OD data sets e.g. staff survey, turnover, sickness absence, recruitment, talent management and promotion.	All workforce and OD reports to include intersectional reporting as standard.	All workforce and OD reports to include intersectional reporting as standard.	A great place to work
To develop and implement an annual approach to measuring social mobility of colleagues by participating in the Social Mobility Employer Index as a benchmarking tool.	To improve our benchmarking position against the Social Mobility Employer Index.	To improve our benchmarking position against the Social Mobility Employer Index.	A great place to work
For 70% of colleagues to have self-disclosed their protected characteristics.	For 80% of colleagues to have self-disclosed their protected characteristics.	For 90% of colleagues to have self-disclosed their protected characteristics.	A great place to work
To increase the number of patients and colleagues who participate in completing the EDS2 review by developing new ways to engage and seek views.	To increase the number of patients and colleagues who participate in completing the EDS2 review by 5%.	To increase the number of patients and colleagues who participate in completing the EDS2 review by 10%.	A great place to work and Consistently deliver excellent care
To improve the number of colleagues from minority groups who complete the annual staff survey by 10% from 2020 baseline.	To improve the number of colleagues from minority groups who complete the annual staff survey by a further 10%.	To improve the number of colleagues from minority groups who complete the annual staff survey by a further 10%.	A great place to work
To be in the top 15 ranking for the Inclusive Companies Top 50 assessments.	To be in the top 10 ranking for the Inclusive Companies Top 50 assessments.	To be in top 5 ranking for the Inclusive Companies Top 50 assessments.	A great place to work
100% of all Policies have a well completed and robust Equality Impact Assessment.	100% of all Policies have a well completed and robust Equality Impact Assessment.	100% of all Policies have a well completed and robust Equality Impact Assessment.	All
Develop an intersectional approach to reporting on all patient data sets e.g. patient satisfaction, health outcomes, waiting times, complaints, datix incidents, safety concerns or SUIs.	All patient experience and health outcome reports to include intersectional reporting as standard.	All patient experience and health outcome reports to include intersectional reporting as standard.	Consistently deliver excellent care
To take a baseline to establish levels of unplanned hospitalisations for patients who belong to minority groups.	To achieve a proportionally representative reduction in the unplanned hospitalisations for patients who belong to minority groups.	No statistically significant unplanned hospitalisations for across all protected characteristics.	Consistently deliver excellent care
To develop organisational governance processes and systems to provide organisational oversight as to the progress of all actions in relation to EDI.	To achieve all actions in line we predetermined timescales.	To achieve all actions in line we predetermined timescales.	All

Pledge 3 – Recognising the importance of lived experience

Year 1	Year 2	Year 3	Big Ambition
A reduction in the difference in engagement and satisfaction scores for all minority groups as measured by the annual staff survey and benchmarked in this document.	A reduction in the difference in engagement and satisfaction scores for all minority groups as measured by the annual staff survey and benchmarked in this document.	No statistically significant difference in engagement and satisfaction scores across ethnicity, religion, disability, gender or sexual orientation.	A great place to work
Improvement in WDES metric 8 – with 85% of disabled colleagues saying their employer has made adequate adjustments to enable them to carry out their work.	90% of colleagues who have a disability or long term condition indicating employer has made adequate adjustments to enable them to carry out their work.	95% of colleagues who have a disability or long term condition indicating employer has made adequate adjustments to enable them to carry out their work.	A great place to work
To implement into appraisal and establish a baseline in response to the question on number of staff who state they do not have in place but require a Supporting Disability in the Workplace Assessment.	To see a 5% reduction in the number of colleagues selecting "No, I do not have one yet I need one" in response to the Supporting Disability in the Workplace question asked as part of appraisal.	To see a further 5% reduction in the number of colleagues selecting "No, I do not have one yet I need one" in response to the Supporting Disability in the Workplace question asked as part of appraisal.	A great place to work
To make a positive impact on WRES metric 3 – relative likelihood of staff entering the formal disciplinary process to below 2.	To make a positive impact on WRES metric 3 – relative likelihood of staff entering the formal disciplinary process to between 1.6 - 2.	To make a positive impact on WRES metric 3 – relative likelihood of staff entering the formal disciplinary process to between 1.2 - 1.6.	A great place to work
To make a positive impact on WDES metric 3 – relative likelihood of staff entering formal capability process to under 1.6.	To make a positive impact on WDES metric 3 – relative likelihood of staff entering formal capability process to between 0.8 – 1.2.	To make a positive impact on WDES metric 3 – relative likelihood of staff entering formal capability process to between 0.8 – 1.2.	A great place to work
To reduce the number of minority group colleagues reporting harassment, bullying or abuse from colleagues as measured in the annual staff survey to 20%.	To reduce the number of minority group colleagues reporting harassment, bullying or abuse from colleagues as measured in the annual staff survey to fewer than 20%.	To reduce the number of minority group colleagues reporting harassment, bullying or abuse from colleagues as measured in the annual staff survey to fewer than 10%.	A great place to work
To make a positive impact on WRES metric 8 – personally experienced discrimination at work from manager or colleagues to 15% or below.	To make a positive impact on WRES metric 8 – personally experienced discrimination at work from manager or colleagues to 12% or below.	To make a positive impact on WRES metric 8 – personally experienced discrimination at work from manager or colleagues to be in line with experience of white colleagues.	A great place to work
Develop standing operating procedure to ensure patients and colleagues from diverse backgrounds involvement in structural estate changes or new building developments.	For 100% of estate changes or building developments to have consulted with colleagues and/or patients from diverse backgrounds.	For 100% of estate changes or building developments to have consulted with colleagues and/or patients from diverse backgrounds.	Fit for the future
Develop standing operating procedure to ensure patient and colleague minority groups are involved in all pathway and service redesign.	For 100% of pathway and service redesigned to have involved patient and colleague minority groups.	For 100% of pathway and service redesigned to have involved patient and colleague minority groups.	Consistently deliver excellent care and Fit for the future
Develop methodology to split patient satisfaction data as measured through the annual Inpatient Survey, Urgent and Emergency Care Survey, Midwifery Survey, Cancer Survey and Children and Young Peoples Survey by minority group to understand differences in care experiences.	To bring about improvements in the quality of care experiences by patients and their families from minority groups.	To bring about improvements in the quality of care experiences by patients and their families from minority groups.	Consistently deliver excellent care
To develop guidance for corporate document and strategy authors on how to produce an 'easy read' version.	50% of refreshed strategies published on our intranet to include an 'easy read' version as standard.	100% of all corporate documentation and strategies published on our intranet to include an 'easy read' version as standard.	All

Year 1	Year 2	Year 3	Big Ambition
To develop standing operating procedure to enable all patient facing policies, guidelines, equality impact assessments (EIA) and information are reviewed by patient involvement and patient minority groups as appropriate.	70% of all patient facing policies, guidelines, EIA and information are review by patient involvement and minority groups as appropriate.	70% of all patient facing policies, guidelines, EIA and information are review by patient involvement and minority groups as appropriate.	Consistently deliver excellent care
80% of all internally facing policies, guidelines and Equality Impact Assessments (EIA) are reviewed by colleague Ambassador Groups.	90% of all internally facing policies, guidelines and Equality Impact Assessments (EIA) are reviewed by colleague Ambassador Groups.	100% of all internally facing policies, guidelines and Equality Impact Assessments (EIA) are reviewed by colleague Ambassador Groups.	A great place to work
100% of all new software and equipment goes through a procurement, equality impact assessment or accessibility check before it is piloted or purchased.	100% of all new software and equipment goes through a procurement, equality impact assessment or accessibility check before it is piloted or purchased.	100% of all new software and equipment goes through a procurement, equality impact assessment or accessibility check before it is piloted or purchased.	Fit for the future

Pledge 4 – Being Representative of Our Community

Year 1	Year 2	Year 3	Big Ambition
To increase the representation of colleagues with protected characteristics at equal proportions to reflect our local community at all bands, in our volunteer and bank workforces.	To increase the representation of colleagues with protected characteristics at equal proportions to reflect our local community at all bands, in our volunteer and bank workforces.	To increase the representation of colleagues with protected characteristics at equal proportions to reflect our local community at all bands, in our volunteer and bank workforces.	A great place to work
To sustain Disability Confident Employer Level 2 (accreditation lasts for 3 years)	To sustain Disability Confident Employer Level 2 (accreditation lasts for 3 years)	To apply for and be successful at achieving level 3 - Disability Confident Leader	A great place to work
To establish a baseline in order to proportionally increase the number of job applications received from candidates with protected characteristics to be representative of our community.	To proportionally increase the number of job applications received from candidates with protected characteristics to be representative of our community.	To proportionally increase the number of job applications received from candidates with protected characteristics to be representative of our community.	A great place to work
To establish a baseline to proportionally increase the number candidates with protected characteristics who are shortlisted and successful at interview to be representative of our community or workforce.	To proportionally increase the number of candidates with protected characteristics who are shortlisted and successful at interview to be representative of our community or workforce (whichever is higher).	To proportionally increase the number of candidates with protected characteristics who are shortlisted and successful at interview to be representative of our community or workforce (whichever is higher).	A great place to work
Increase the number of 'rising stars' who have protected characteristics to be proportionally representative of our workforce.	Increase the number of 'rising stars' who have protected characteristics to be proportionally representative of our workforce.	Increase the number of 'rising stars' who have protected characteristics to be proportionally representative of our workforce.	A great place to work
To establish a baseline which measures the number of colleagues with protected characteristics who apply for and are successful in achieving an internal promotion.	To proportionally increase the number of colleagues with protected characteristics who apply for and are successful in achieving an internal promotion.	To proportionally increase the number of colleagues with protected characteristics who apply for and are successful in achieving an internal promotion.	A great place to work
Improved WRES metric 4 - Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD) to be within 0.8 – 1.2 required range.	Improved WRES metric 4 - Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD) to be within 0.8 – 1.2 required range.	Improved WRES metric 4 - Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD) to be within 0.8 – 1.2 required range.	A great place to work
Improved WRES metric 7 and WDES metric 5 - Percentage believing that trust provides equal opportunities for career progression or promotion to be within 0.8 – 1.2 required range.	Improved WRES metric 7 and WDES metric 5 - Percentage believing that trust provides equal opportunities for career progression or promotion to be within 0.8 – 1.2 required range.	Improved WRES metric 7 and WDES metric 5 - Percentage believing that trust provides equal opportunities for career progression or promotion to be within 0.8 – 1.2 required range.	A great place to work

Pledge 5 – Bringing About Change through Education and Development

Year 1	Year 2	Year 3	Big Ambition
To capture minority group demographics as part of all training evaluation metrics and methods, in order to understand impact of development by minority group and if there are any differences in experience.	To improve the percentage of colleagues from minority groups who have attended training reporting that their confidence, skills, ability and knowledge has enhanced as a result of attending training and development.	To improve the percentage of colleagues from minority groups who have attended training reporting that their confidence, skills, ability and knowledge has enhanced as a result of attending training and development.	A great place to work
To increase levels of satisfaction experienced by colleagues from all minority groups for the staff survey item 'satisfied with the extent to which the organisation values my work'.	To increase levels of satisfaction experienced by colleagues from all minority groups for the staff survey item 'satisfied with the extent to which the organisation values my work'.	To increase levels of satisfaction experienced by colleagues from all minority groups for the staff survey item 'satisfied with the extent to which the organisation values my work'.	A great place to work
To increase levels of satisfaction experienced by colleagues from all minority groups for the staff survey item 'the organisation acts fairly on career progression'.	To increase levels of satisfaction experienced by colleagues from all minority groups for the staff survey item 'the organisation acts fairly on career progression'.	To increase levels of satisfaction experienced by colleagues from all minority groups for the staff survey item 'the organisation acts fairly on career progression'.	A great place to work
To increase levels of satisfaction experienced by colleagues from all minority groups for the staff survey items 'my immediate manager encourages me at work' and 'satisfied with support from immediate manager'.	To increase levels of satisfaction experienced by colleagues from all minority groups for the staff survey items 'my immediate manager encourages me at work' and 'satisfied with support from immediate manager'.	To increase levels of satisfaction experienced by colleagues from all minority groups for the staff survey items 'my immediate manager encourages me at work' and 'satisfied with support from immediate manager'.	A great place to work
To increase the percentage of staff who select cultural values which reflect the opportunities for development and describe our current organisational culture as inclusive.	To increase the percentage of staff who select cultural values which reflect the opportunities for development and describe our current organisational culture as inclusive.	To increase the percentage of staff who select cultural values which reflect the opportunities for development and describe our current organisational culture as inclusive.	A great place to work
To set up a reciprocal mentoring scheme in the organisation.	To increase the number of reciprocal mentoring relationships by 10%.	To increase the number of reciprocal mentoring relationships by 10%.	A great place to work