





## Trust Board

<b>Title of the paper:</b>	<b>Workforce Race Equality Standard (WRES) 2022/2023</b>						
<b>Agenda Item:</b>	<i>Leave blank for admin</i>						
<b>Presenter:</b>	Andrew McMenemy, Chief People Officer						
<b>Author(s):</b>	Alex Paice, Associate Director of OD & Culture						
<b>Purpose:</b>	<p><i>Please tick the appropriate box</i></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"><i>For approval</i></td> <td style="width: 33%;"><i>For discussion</i></td> <td style="width: 33%;"><i>For information</i></td> </tr> <tr> <td>X</td> <td>X</td> <td></td> </tr> </table>	<i>For approval</i>	<i>For discussion</i>	<i>For information</i>	X	X	
<i>For approval</i>	<i>For discussion</i>	<i>For information</i>					
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<b>Executive Summary:</b>	<p>The purpose of this report is to inform the Trust Board of the results of Trust performance on the nine Workforce Race Equality Standard (WRES) metrics for 2022/2023. It also provides assurance that the Trust is actively striving to reduce the inequalities in the workplace.</p> <p>Notable positives include:</p> <ul style="list-style-type: none"> <li>Indicator 1: Population of multicultural employees has increased from 45.4% to 47.6%;</li> <li>Indicator 2: A significant improvement has been seen in the relative likelihood of white applicants being appointed from shortlisting compared to multicultural applicants;</li> <li>Indicator 3: Relative likelihood of multicultural colleagues entering the formal disciplinary process compared to white staff has decreased;</li> <li>Indicator 4: Higher level of equitability being seen in regards to access to non-mandatory training and continuous professional development (CPD).</li> </ul> <p>Areas where metrics have deteriorated in comparison to 2022 include:</p> <ul style="list-style-type: none"> <li>Indicator 5, 6 &amp; 8: Bullying and harassment from patients, colleagues and managers have increased for multicultural colleagues;</li> <li>Indicator 7: Percentage of multicultural colleagues believing that the Trust provides equal opportunities for career progression or promotion has fallen by 3% and is nearly 10% lower than for White colleagues.</li> </ul> <p>The action plan accompanying this report focuses on all nine of the WRES indicators, under the themes of:</p> <ul style="list-style-type: none"> <li>Advance equality of opportunity;</li> <li>Foster good relations between those who share a protected characteristic and those who do not, and;</li> <li>Eliminate unlawful discrimination, harassment and victimisation.</li> </ul> <p>Many aspects of the priorities align with the People Strategy, recruitment and HR practices to support the wide scale cultural transformation needed to make the Trust a truly inclusive and positive place to work.</p>						

<p><b>Trust strategic aims:</b></p> <p><i>(please indicate which of the 4 aims is relevant to the subject of the report)</i></p>	<p><b>Aim 1 Best care</b></p>  <p><b>Objectives 1-4</b></p>	<p><b>Aim 2 Great team</b></p>  <p><b>Objectives 5-8</b></p>	<p><b>Aim 3 Best value</b></p>  <p><b>Objective 9</b></p>	<p><b>Aim 4 Great place</b></p>  <p><b>Objective 10-12</b></p>		
		X		X		
<p><b>Links to well-led key lines of enquiry:</b></p>	<p><input type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care?</p> <p><input type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p> <p><input type="checkbox"/> Is there a culture of high quality, sustainable care?</p> <p><input type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p> <p><input type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance?</p> <p><input type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on?</p> <p><input type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p> <p><input type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation?</p> <p><input type="checkbox"/> How well is the trust using its resources?</p>					
<p><b>Previously considered by:</b></p>	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #cccccc;">Committee/Group</td> </tr> <tr> <td>PERC</td> </tr> </table>				Committee/Group	PERC
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PERC						
<p><b>Action required:</b></p>	<p>The Trust Board is asked to receive this report for information and approve this report for publication on the Trust website in line with statutory requirements.</p>					

**Please keep this report concise, i.e. no more than 4 pages. If necessary, signpost to further sources of information, but do not embed documents**

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## Trust Board

**Title of paper** Workforce Race Equality Standard (WRES) 2022/2023

**Presented by:** Andrew McMenemy, Chief People Officer

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### 1. Purpose

There is an annual requirement for NHS Trusts to assess their performance against nine specified indicators of workplace experience. This enables organisations to identify areas for further development and an opportunity to implement robust action plans to support meaningful improvement.

Implementing the Workforce Race Equality Standard (WRES) is one of the mandated evidence-based standards that is a requirement under the NHS standard contract.

The main purpose of the WRES report is:

- to enable the Trust to review their workforce data against nine mandatory metrics to compare the workplace and career experiences of BAME and white colleagues;
- to track progress in reducing disparities and identify areas for further improvement;
- to support the development of specific, meaningful action plans to further reduce the disparities in workplace experience multicultural and white colleagues;
- to support in improving multicultural representation throughout the organisation, with particular focus on senior leadership roles.

The report and associated action plan will be shared on the Trust website in line with statutory requirements.

### 2. Background

Enabling our diverse workforce to be healthy, motivated and feel both included and valued is crucial to delivering high quality patient care, increased patient satisfaction and improved patient safety.

Historically, reports developed have used the acronym BAME (Black, Asian, Minority Ethnic) however to increase inclusivity, “multicultural” was voted by our staff network members to be the preferred terminology to use moving forward. Consequently, this report will use this term to refer to this group of colleagues however the ‘BAME’ acronym will be used within charts, and graphs due to enable comparison of indicators with historical and national metrics.

Since 2017, all NHS healthcare providers have been required to publish WRES reports to support organisations with improving understanding of multicultural colleagues' experiences and enable positive change through creating a more inclusive environment for individuals working, or seeking employment, within the NHS.

This provides the Trust with an opportunity to review progress against workforce equality indicators year on year and build on progress achieved by developing further plans to support improving the lived experiences of multicultural colleagues. It also enables the opportunity to compare performance on a national and regional level.

Of the nine WRES indicators, five focus on workforce data and associated organisational practices, four come via the national NHS Staff Survey, with questions exploring the themes around bullying and harassment and perceptions of equal opportunities for career progression or promotion. The last indicator focuses on representation at board level.

## **2.1 Connect Staff Network**

The Trust's multicultural Staff network, *Connect*, provides a pivotal route in the organisation for colleagues to come together, share experiences and enable voices to be heard in a psychologically secure environment. The network has gone from strength to strength with 600 members from a wide variety of backgrounds and cultures as well as allies from across the Trust.

*Connect* have developed an active and engaged steering committee with clearly developed objectives, identified priorities and areas of focus in order to provide a collective voice for the workforce to support real and meaningful change within the organisation.

The Trust senior leadership have worked collaboratively with *Connect* to deliver transformational change and provide assurance of the organisations' commitment to the EDI agenda. It has done this through:

- Quarterly meetings scheduled with *Connect* steering group and the Chief Executive. These meetings are also attended by the Chief People Officer, Associate Director of OD & Culture and Associate Director of Operational HR.
- The Staff Network Guardian for *Connect* is the Chief Nurse (who recently commenced at the Trust). In addition, the interim Chief Operational Officer has pledged to support and act as an advocate for the network.
- Operational support is provided by the Associate Director of OD & Culture who meets monthly/six weekly with the *Connect* Chair to discuss progress on key actions, identify themes arising from safe spaces and plan future approaches to salient workstreams.

In 2020, a fixed term (0.6 WTE) *Connect* Coordinator role was funded by Raise, the Trust's charity, as a dedicated admin resource for the network. This has significantly enabled the network to develop and progress a number of meaningful achievements.

To ensure there are sustainable provisions to support *Connect*, a business case was developed in October 2022 to build the substantive EDI provision by:

- 1 WTE Engagement and Inclusion Advisor
- 1 WTE Staff network coordinator

Funding has been agreed from April 2023, and as such both of these roles will play a critical role in supporting the EDI lead role and the *Connect* Chair moving forward as well as working collaboratively with the wider staff networks. Moreover, a non-pay budget for all staff networks and Trust wide EDI initiatives have been confirmed, with £10,000 being specifically allocated to *Connect* to enable the continuation of the number of engaging, informative and celebratory events and initiatives.

### 3. Analysis of our performance against the WRES 2022

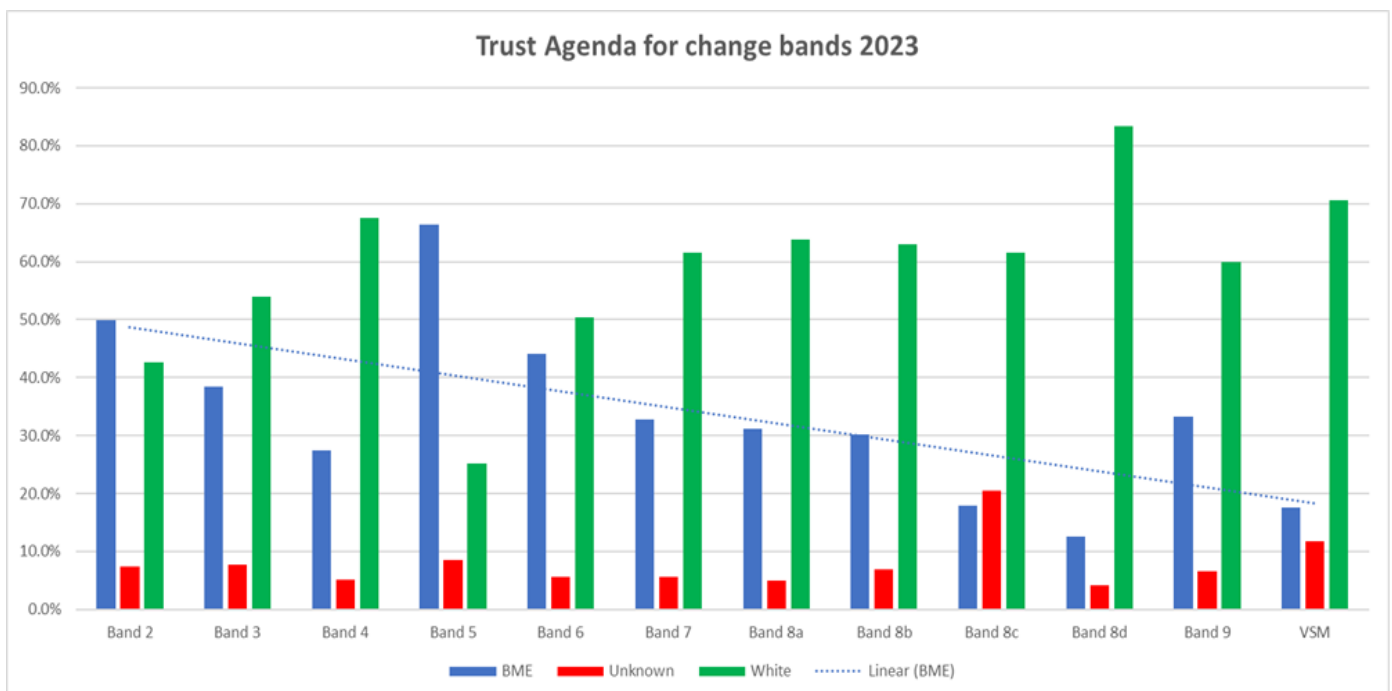
**Indicator 1:** Staff from a multicultural background represent 47.6% of the workforce. This increase also represents year on year growth of multicultural colleagues joining the Trust, a 7.6% increase since 2020 and 2.6% between 2022 and 2023.

**Table 1. Year on year overall ethnicity breakdown**

	2020	2021	2022	2023	Change from 2022 to 2023
BAME	40%	42%	45%	47.60%	2.6%
White	53%	50%	48%	45.50%	- 2.5%
Not Known	7%	8%	7%	6.90%	- 0.1%

The overall multicultural representation at the Trust is significantly higher compared to the local community which is approximately 22% as well as the Hertfordshire and West Essex Integrated Care Board. Whereby multicultural colleagues comprise 28% of the secondary care workforce. Instead, the Trust is more comparable to London (49.9%) rather than to the East of England (25.3%)

**Figure 1. Percentage representation by ethnicity at each Agenda for Change (AfC) pay band.**

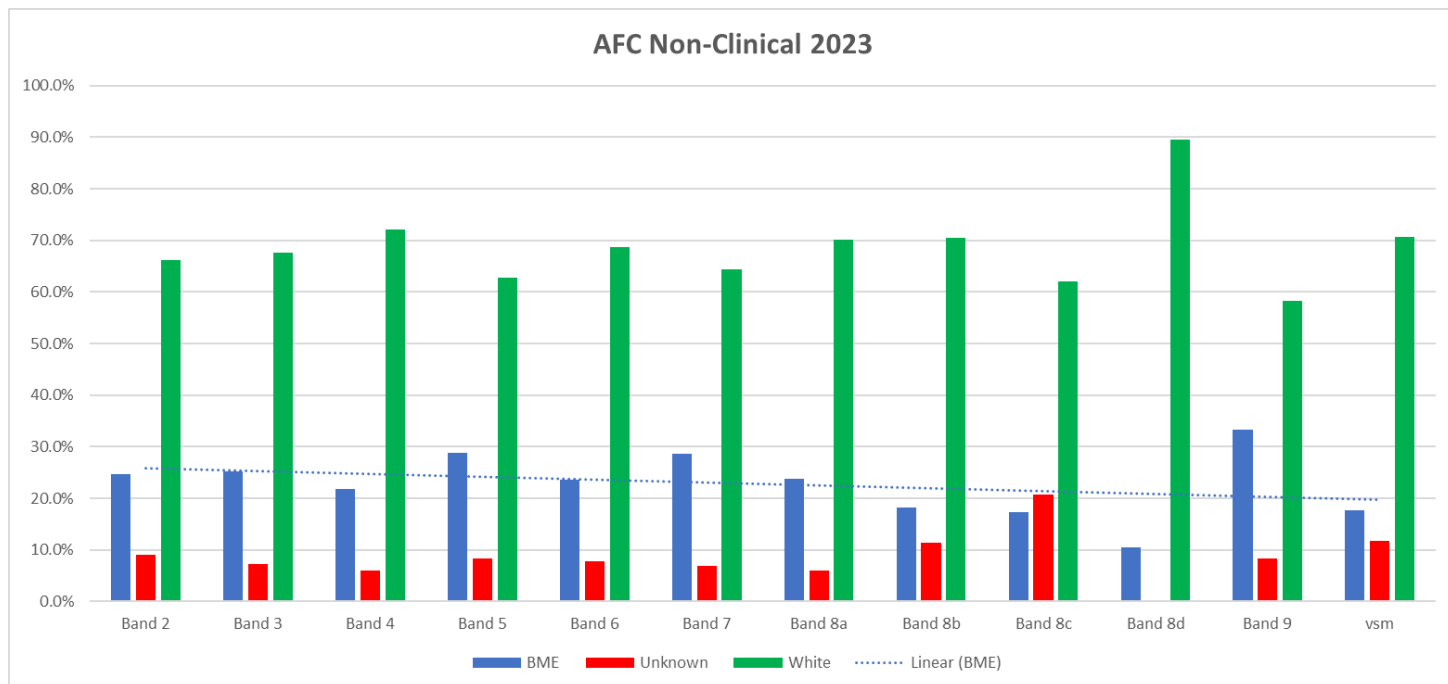


From the graph above:

- BAME colleagues at AfC Band 5 represent 66.4% – this is attributed to the large cohorts of internationally educated nurses that join the organisation. Our data also indicates that BAME employees are underrepresented at more senior roles from AfC band 6 onwards.
- There is considerably lower representation of BAMEs at Band 4 (27.4%) and Band 7 (32.8%)

- While there has been an increase in representation of multicultural colleagues within Band 8a to VSM roles over the past few years the 'ceiling effect' is still apparent where proportional representation has yet to be achieved.
- Unknown ethnicity information is particularly high around the lower bands and some of the higher post (8c and VSM). This is an especially notable variance which could potentially skew the data further.

**Figure 2. Percentage representation by ethnicity at each AfC pay band, amongst non-clinical staff.**



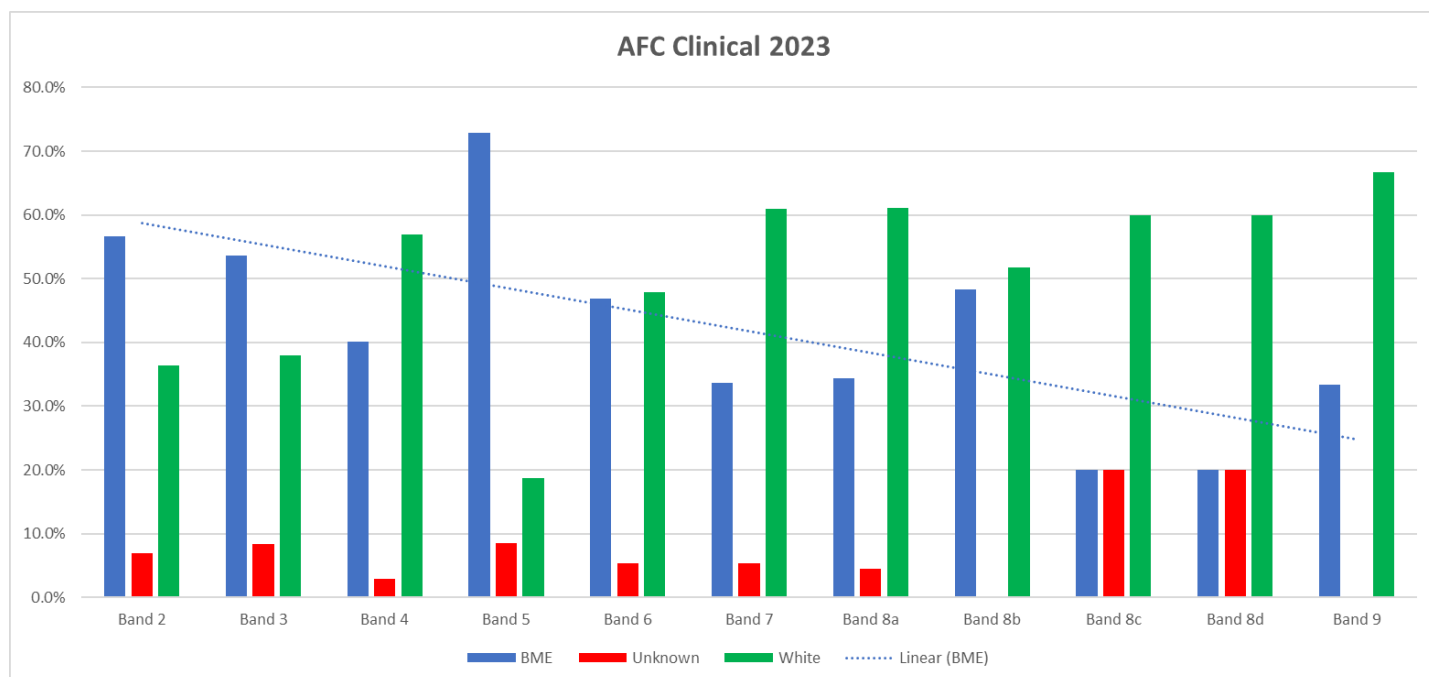
The overall multicultural representation for non-clinical roles is 24.1% which is a significant variation on the overall workforce across all AfC roles.

Consequently, fig.2 above does not demonstrate the ceiling effect to the same extent as the proportional representation of 24.1% is being achieved across a number of bands including bands 2 (24.7%), 3 (25.2%), 5 (28.8%), 7 (28.7%), 9 (33%). Nevertheless, overall representation still tapers off in relation to the higher bandings, as seen below, with the exception of band 9.

**Table 2. Non-clinical senior leader posts by ethnicity**

Non - clinical	BAME	Unknown	White	Total	BAME	Unknown	White
Band 8a	16	4	47	67	23.9%	6.0%	70.1%
Band 8b	8	5	31	44	18.2%	11.4%	70.5%
Band 8c	5	6	18	29	17.2%	20.7%	62.1%
Band 8d	2	0	17	19	10.5%	0.0%	89.5%
Band 9	4	1	7	12	33.3%	8.3%	58.3%
VSM	3	2	12	17	17.6%	11.8%	70.6%

**Figure 3. Percentage representation by ethnicity at each AfC pay band, amongst clinical staff.**



The overall multicultural representation for clinical roles is 53.2%, higher than the overall workforce percentage.

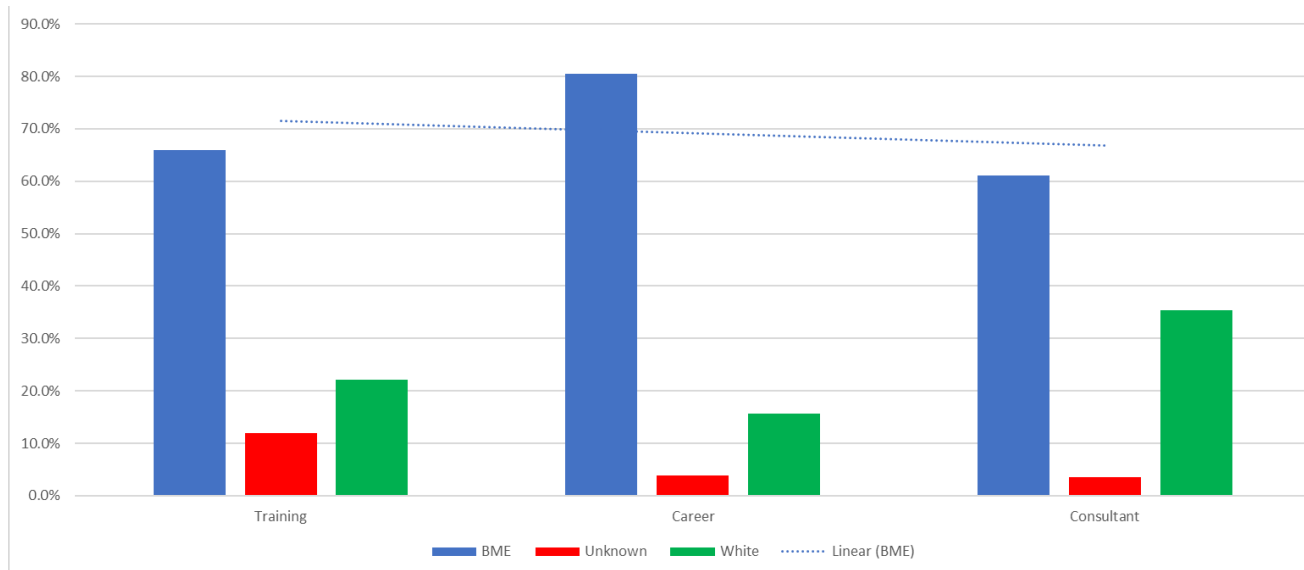
The graph shows:

- Multicultural colleagues are overrepresented in the band 2 (56.7%) and particularly band 5 (72.8%).
- As mentioned previously, the very high number of multicultural colleagues in Band 5 roles is largely attributed to international nurses. This also indicates a lack of career development/progression for this group of colleagues. This picture aligns with the national picture whereby multicultural representation is highest in this banding, which is the base grade for registered nurses.
- Proportional representation is only being achieved in band 3 with significantly less representation being seen from Band 7 onwards.

**Table 3. Clinical senior leader posts by ethnicity**

Clinical	BME	Unknown	White	Total	BME	Unknown	White
Band 7	162	26	293	481	33.7%	5.4%	60.9%
Band 8a	53	7	94	154	34.4%	4.5%	61.0%
Band 8b	14	0	15	29	48.3%	0.0%	51.7%
Band 8c	2	2	6	10	20.0%	20.0%	60.0%
Band 8d	1	1	3	5	20.0%	20.0%	60.0%
Band 9	1	0	2	3	33.3%	0.0%	66.7%

**Figure 4. Percentage representation by ethnicity and level of seniority for Doctors**



The overall multicultural representation for all medical roles is 66.4%, with 7.1% unknowns and the remaining 26.5% being white.

**Table 4. Medical posts by ethnicity**

Doctors	BME	Unknown	White	Total	BME	Unknown	White
Career Grade	103	5	20	128	80.5%	3.9%	15.6%
Consultant	192	11	111	314	61.1%	3.5%	35.4%
Training	209	38	70	317	65.9%	12.0%	22.1%

Multicultural representation is highest for doctors who are not in a formal training programme or in consultant posts. Further data cleansing exercises within ESR is needed in order to really understand this trend, as career grade doctors is a very broad category. It comprises of locally employed (previously referred to as Trust doctors) as well as specialist doctors who are very experienced and are in senior roles. There is a wide range of reasons behind why individuals may be in these posts including:

- Chosen to 'step off' a training programme (i.e., F3 equivalent posts) to work more flexibly, work in a specific geographical location without having to rotate to different Trust etc;
- Gain experience to enhance applications for a specialty training post;
- Internationally educated graduates who may not be able to enrol onto deanery lead training programmes;
- To focus predominantly on providing direct patient care and less on the other clinical and non-clinical responsibilities required of a consultant or trainee.

To provide these doctors with continued professional development, the Trust provides a series of developmental sessions through HEE and Miad. As well as providing opportunities to attend Simulation and Human Factors training, which provides a safe and supportive environment within which they can develop their skills. Moreover, in line with consultants, they have access to a study budget of £1,000 per year and 30 days over a 3-year period.



The Trust also has an LED Tutor lead who supports these doctors through the appraisal process and provides additional career advice.

## Overview of Indicator Performance

Reviewing the Workforce Race Equality Standard (WRES) Data for 2022/ 2023 against each of the key metrics have highlighted several notable improvements:

- **Indicator 1: Percentage of multicultural /White staff and VSM.**

Multicultural representation has increased further from 2022 and as such is higher than the national average (24.2%). Proportion of VSM roles being undertaken by multicultural colleagues have also increased (17.65%). As highlighted above there is still further work needed to obtain proportional representation across all bandings however year on year improvements are being seen.

- **Indicator 2: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants.**

While multicultural applicants remain less likely to be appointed following shortlisting across all posts, the extent of the inequity has improved significantly compared to 2022 (reduced from 3.33 to 1.34). Moreover, this is below the national average of 1.54. This could be due in part to differing methodology of data collection. In 2022 all shortlisting and appointment data was drawn from Trac however it is important to note VSM, doctors and executive posts along with all international recruitment does not go through this system. Consequently, to support in mitigating this, 2023 data was obtained from TRAC for shortlisting and ESR for appointments. 75% of trusts have this imbalance where white applicants are more likely to be appointed and is considered the most difficult metric to change.

- **Indicator 3: Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff.**

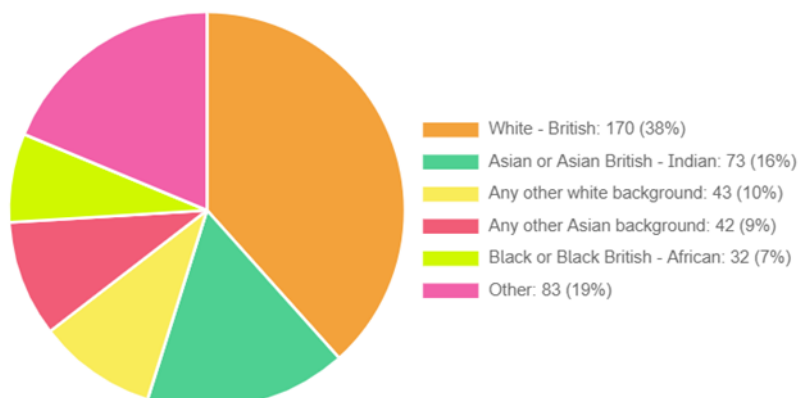
Similarly, to indicator 2, multicultural colleagues have an increased likelihood of entering a formal disciplinary process though the extent of the inequity has improved significantly compared to 2022 (reduced from 2.00 to 1.53). However, this is still higher than the national average. These figures include maintaining high professional standards (MHPS) cases in relation to doctors. While operational HR have progressed a number of key actions in relation to this metric, as highlighted within Appendix A, this will remain a focus within the 2023/2024 action plan to further reduce this inequity.

- **Indicator 4: Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff.**

Again, multicultural colleagues are less likely to access non-mandatory training and continuous professional development (CPD), though year on year improvements are being seen and this aligns to the national average. However, while the data utilised is more insightful than previous reports, caution is needed with this data set as it is comprised of only individual CPD applications and does not incorporate apprenticeships, internal leadership courses and other internally run development sessions (i.e., simulation). To improve data collection moving forward all internal training that utilises CPD funding will need to capture demographic information to be eligible for future funding. Moreover

apprenticeships are now being processed by an online portal so ethnicity will be recorded for all applicants moving forward as well.

**Figure 5. Percentage representation by ethnicity of approved continuous professional development training**



While there is undoubtedly additional work required to further improve the indicators above, the results regarding the below indicators have showed a decrease since 2022.

- **Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.**

Compared to 2022 there has been an increase across all ethnicity groups in the amount of bullying and harassment received from patients however multicultural colleagues are still more likely to receive such treatment compared to their white counterparts; a pattern that has been evident year on year. The score obtained in the 2023 survey is 1.4% higher than the national average.

- **Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.**

93.5% of trusts, have a higher proportion of multicultural colleagues experiencing harassment, bullying or abuse from staff and our 2023 scores on this metric all demonstrate this (by 4.1%). Although we are below the national average, it remains a concern that more than 1 in 4 staff colleagues such behaviour.

- **Indicator 7: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion.**

The trust is 1.7% higher than national average in regard to the percentage of multicultural colleagues believing that the trust provides equal opportunities for career progression or promotion however there is a significant difference of 9.6 % compared to white colleagues. Moreover, the fact this score is less than 50%, is particularly concerning.

- **Indicator 8: Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues.**

Similarly, to indicator 6, multicultural colleagues are still more likely to receive such treatment from managers than their white counterparts by 8.6%. The national average of multicultural colleagues is 17.3% compared to our local score of 15.1%.

- **Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce.**

Multicultural representation in regard to Board voting membership is 25%, this is a 27.6% variance compared to the overall workforce demographics (47.6%). The variation since last year is due to a change in one unknown voting member, while multicultural and white number of voting members remains consistent. Despite being below the Trust average there are processes in place to encourage equality of outcome. These include:

- Advertised in the same way as usual roles, via NHS jobs and where necessary advertised using recruitment agencies that utilise best practices in regards to EDI;
- Interview panels are representative and robust stakeholder's panels with diverse on all panels;
- Non-executives are recruited in liaison with NHS Improvement (NHSI), who encourage diversity on interview panels;
- A 'pre-recruitment' process where people can put themselves forward as Associate Non- Exec, shadow for six-months before applying for a full role. This supports people who do not have previous experience of Board membership.

**Table 2. WRES Data (Workforce Race Equality Standard) Data 2022/23**

	<b>WRES Indicator</b>	<b>21/22 White</b>	<b>21/22 BAME</b>	<b>22/23 White</b>	<b>22/23 BAME</b>	<b>National Averages</b>		<b>Comment</b>
1	Percentage of multicultural /White staff and VSM (please see figures on next page for details) <ul style="list-style-type: none"> <li>Overall</li> </ul>		45.4%		47.6%		↑	There has been year on year growth of multicultural colleagues joining the Trust. Overall multicultural representation at the Trust is significantly higher compared to the local community
	<ul style="list-style-type: none"> <li>VSM (3 of 17)</li> </ul>		15%		17.65%		↑	Each VSM who joins and leaves equates to approx. 5.9% There is increased representation compared to last year, however this is still not proportional. 5 more VSM posts would need to appoint colleagues to achieve equitability that aligns with overall multicultural workforce percentage.
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants	-	3.33	-	1.34	1.54	↓	This is significantly lower than 2022 but still above the non-adverse range of 0.8-1.2.
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	-	2.00	-	1.53	1.14	↓	While this is an improvement on 2022, BAME colleagues are still 1.3 times more likely to enter the formal disciplinary process
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff	-	1.5	-	1.1	1.12	↓	Again, this is a positive difference compared to 2022 however this data is comprised of only individual CPD training data and does not include apprenticeships and internal leadership development.
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	28.1%	29%	28.9%	32.2%	30.8%	↑	Multicultural colleagues are still more likely to receive such treatment from the public compared to their white counterparts and 3.3% increase since 2022. This is also above the national average
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	23.4%	23.6%	22.8	26.7%	28.8%	↓	Multicultural colleagues are still more likely to receive such treatment from staff and increase 3.1% since 2022 but is below the national average.
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	58%	50.3%	58.3%	48.7%	47%	↓	The trust is 1.7% higher than national average in regards to the percentage of multicultural colleagues believing that the trust provides equal opportunities for career progression or promotion but is significantly lower than white colleagues

8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	6.9%	14.2%	6.5%	15.1%	17.3%	↓	Multicultural colleagues are still more likely to receive such treatment from managers (8.6%) than their white counterparts, though remains below the national average.
9	Percentage difference between the organisations' Board voting membership and its overall workforce	-	-26.6%	-	- 27.6%	-	↓	This variation from last year is due to a change in one unknown voting member. Multicultural and White number of voting members remain the same to last year.  Compared to overall workforce multicultural representation (47.6%) there is a 27.6% variance compared to the 25% multicultural representation within the Board.

Notes on data sources:

Indicators 1 and 9 - produced via the Electronic Staff Record (ESR) system from the reporting period of 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023;

Indicator 2 – Shortlisting was obtained via Trac, the recruitment system which is used for the majority of recruitment, with ESR used for appointments;

Indicator 3 – collated and provided by the operational HR team;

Indicator 4 - figures from the Healthcare Academy and CPD Portal;

Indicators 5 and 8 - 2022 staff survey.

National averages obtained NHS Workforce Race Equality Standard (WRES) 2022 data analysis report for NHS trusts as well as the National Staff Survey Benchmarking report 2022

## 4. 2021/2022 Action Plan & Progress Review

The action plan developed last year was built on the progress made in previous years and was aligned to the Public Sector Equality Duty (PSED) themes of:

- To advance equality of opportunity;
- To foster good relations between those who share a protected characteristic and those who do not, and;
- To eliminate unlawful discrimination, harassment and victimisation.

Appendix A provides details on each individual action identified last year. A good proportion of the actions have been completed, although the extent of progress with some have been impacted by the changes within the EDI team. Moreover, two actions have extended over this reporting period due to the size of the body of work involved and to align with their 'launch' dates. These are:

- The Trust-wide inclusive recruitment processes;
- Embedding key EDI topics throughout the leadership programmes.

Any outstanding aspects will be incorporated into the 2023/2024 plans.

Beyond the specified actions there has been a variety of relevant activities that align to the aims of the WRES report. These include but not limited to:

### **Raising Awareness**

Since the last report, a variety of different of events and campaigns have been facilitated to support raising awareness, understanding and fostering good relations between those who share a protected characteristic and those who do not. Examples include:

- Black History Month;
- Global Workforce Celebrations;
- Windrush 75<sup>th</sup> Celebrations;
- South Asian History Month;
- All Stars.

These events are for all ethnicities, to not only celebrate the heritage of colleagues but also to build understanding and insight into different cultures. A prominent aspect of these events is enabling the voices of our multicultural colleagues through 'Stories to tell' - panel discussions.

### **Facilitating the voices of Multicultural staff and actioning feedback**

A key priority within 2023 was to conduct an extensive review of HR processes and policies in order to support facilitating a just and compassionate culture. This piece has been undertaken collaboratively with staff network colleagues but particularly with Connect to ensure multicultural colleagues are not disproportionately impacted. Insights and feedback from 'themed' safe space sessions from the wider membership have also fed into this work.

Following from discussions with Connect steering group, a diversity dashboard has been developed to provide transparency and to explore workforce data at a divisional level. This will be produced on a 6 monthly basis to enable the analysis of themes and trends in 'real time' to enable divisional focus and action to be taken. Metrics include proportion of multicultural colleagues in senior leadership roles as well as other key metrics around access to training and HR procedures. This divisional EDI focus will be further reinforced with related quarterly KPIs. This work will contribute to ensure principles of EDI become embedded as the personal responsibility of every leader within the organisation.

Our ever-developing Freedom to Speak Up (FTSU) service has proactively undertaken an extensive engagement campaign in order to encourage those from multicultural backgrounds to use the service. Aspects included specifically designed communications, attending staff network meetings on a regular basis and ensuring that FTSU champions were representative of the workforce in order to foster openness and create psychological safety.

## 5. Priorities for 2023/2024

The Trust has recently been accepted on to the Diversity in Health and Care Partners Programme which will help to support improving practice, frameworks and governance. The Trust has been accepted onto the programme based on our intent to develop our EDI Agenda.

The action plan below has been similarly developed to ensure alignment with the PSED. Many of the actions depicted, transect across the entirety of the HR division and as such a collaborative approach was essential in order to ensure a transformational impact. Therefore, a WRES working group will be created in order for leads to discuss progress on their assigned actions and work more cohesively.

Objective(s)	Indicator and Action	Lead/s	Timeline
<b>To advance equality of opportunity &amp; eliminate unlawful discrimination, harassment and victimisation</b>	All Indicators: Ensure that every board and executive team member have EDI objectives and are assessed against these as part of their annual appraisal process	CPO / & Associate Director of People – OD + Culture	March 2024
	All Indicators: Protected time for network chairs	Associate Director of People – OD + Culture	April 2024
<b>To advance equality of opportunity</b>	Indicator 1 & 7: Develop a process to provide protected secondment opportunities for 6 to 12-month to support colleagues to gain exposure, experience, and ‘on the job’ development & education.	Talent Manager	June 2024
	Indicator 1&7: Train a minimum of 10 multicultural colleagues to become career coaches to support career progression for other multicultural colleagues, acting as mentors/ role models and creating a psychologically safe environment.	Head of L&D	March 2024
	Indicator 1, 4 & 7: Launch training offer for the cohort of multicultural colleagues to further develop their skills to apply and interview for roles particularly focusing on obtaining roles 8a and above.	L&D Lead & Talent Managers	November 2023
<b>To eliminate unlawful discrimination, harassment and victimisation</b>	Indicator 2: Redesign recruitment and selection training, with a focus on incorporating EDI related aspects, with the view to mandating for all recruiting managers.	Head of L&D, Head of Recruitment & EDI lead	November 2023

Objective(s)	Indicator and Action	Lead/s	Timeline
<b>To eliminate unlawful discrimination, harassment and victimisation</b>	Indicator 2: Update Recruitment and Selection Policy, being more explicit around selecting and appointing procedures in line with EDI best practice principles.	Head of Recruitment & EDI lead	January 2024
	Indicator 2: Further widen recruitment opportunities within local communities by attraction and recruitment events.	Head of Recruitment & Talent Managers	March 2024
	Indicator 3: To implement a more robust process to capture data for both informal and formal cases in order to establish relative likelihood for informal processes and triage panels.	HRBP – Corporate & Emergency Medicine	November 2023
	Indicator 3: Further develop triage panels through designing and implementing templates to support decision making as well as implementing cultural ambassadors.	Associate Director of People – Operational HR	February 2024
<b>To foster good relations between those who share a protected characteristic and those who do not</b>	Indicator 3: Working with colleagues across the Trust to equip and empower them to undertake difficult conversations and to manage conflict locally in the first instance	Head of L&D	August 2024
	Indicator 3: Launch a campaign to elevate awareness around the mediation service available.	HRBP of Clinical Support	January 2024
<b>To eliminate unlawful discrimination, harassment and victimisation</b>	Indicator 3: Implement regular case reviews with staff side to promote routine learning lead by the HR Business Partners <ul style="list-style-type: none"> <li>Particularly involving those cases involving multicultural colleagues to determine if the action was appropriate or to identify any underlying issues</li> </ul>	Employment Solicitor	December 2023
<b>To advance equality of opportunity</b>	Indicator 4: Improve data collection by ensuring demographic information is captured for all internal training that utilises CPD funding.	Talent Manager	April 2024
	Indicator 4 & 7: Improve communications and publicity across the Trust around education and development opportunities to increase transparency as well as key EDI workstreams, network and achievements.	Head of L&D and Talent Manager	January 2024
<b>Eliminate unlawful discrimination, harassment and victimisation</b>	Indicator 5: Evaluate the trial of body worn cameras for staff.	Head of Security	January 2024
<b>To advance equality of opportunity &amp; eliminate unlawful discrimination,</b>	Indicator 6 & 8: Key board members and Divisional triumvirates to demonstrate their commitment to anti-racism and highlighting what actions will be taken through an Anti-racism pledge.	Associate Director of People – OD + Culture	October 2023



Objective(s)	Indicator and Action	Lead/s	Timeline
<b>harassment and victimisation</b>	Indicator 6 & 8: Develop an Antiracism Policy	Associate Director of People – OD + Culture	January 2024
<b>To eliminate unlawful discrimination, harassment and victimisation</b>	Indicator 6 & 8: Develop and implement an Anti-Racism Toolkit	EDI Lead	March 2024
	Indicator 6 & 8: To redesign through co-creation and launch Trust wide values and behaviours	Associate Director of People – OD + Culture	April 2024
	Indicator 6 & 8: Implement effective EDI training to support understanding across EDI outcomes, through <ul style="list-style-type: none"> <li>• Refreshed online modules;</li> <li>• Further Cultural awareness sessions;</li> <li>• Embedded EDI + Wellbeing sessions for managers.</li> </ul>	Head of L&D & EDI Lead	January 2024
	Indicator 6 & 8: Increased focus on civility in the workplace including; <ul style="list-style-type: none"> <li>• Roll out of a Trust wide campaign on Civility in the Workplace;</li> <li>• Implement findings of the NHS England Civility and Respect diagnostic tool;</li> <li>• Develop and embed new behavioural framework;</li> <li>• Encourage staff to report instances of discrimination and micro-aggression;</li> <li>• Implement a clear zero-tolerance approach to bullying through the delivery of actions plans, guidance and a Trust wide 'Big Conversations'</li> </ul>	Associate Director of HR Ops  People Promise Manager	July 2024
<b>To advance equality of opportunity</b>	Indicator 7: Further explore the reasons behind the deterioration of the perception of equal opportunities and career progression compared to the relative improvement in the recruitment metric.	Talent Managers and Network Chairs	December 2023
	Indicator 7: Launch Talent-based appraisal documentation, incorporating new values and transferring on to Acorn	Talent Managers and People Promise manager	April 2024
<b>To advance equality of opportunity</b>	Indicator 9: Trust Board to consider whether any positive action can be undertaken in order to improve ethnic diversity when further Board positions arise.	Chief People Officer	June 2024

## 6. Conclusions

While it is important to recognise the achievements that have been made over the period of this report, it is vital to note that there is still a great amount of work needed to be undertaken to achieve the Trust's strategic goals and truly embed EDI throughout the organisation.

Further progressing the elements identified in the people strategy alongside strengthening values-based recruitment and HR practices will be fundamental in achieving the wide scale cultural transformation needed to make the Trust a truly inclusive and positive place to work.

## 7. Risks

The above paper supports meeting the requirements of the standard NHS contract. The developed action plan for 2023 / 2024 help support mitigating the following risks:

- Risk of not attracting and appointing a diverse range of individuals with the right skills and personal values that align with the Trust;
- Risk of being unable to develop an inclusive and equitable organisation. As demonstrated by the gender/race pay gap, the workforce race and disability equality reports, disparities remain and whilst some progress has been made, it has been slow and is not consistent across all areas of the workforce;
  - This in turn could negatively influence the perceptions of prospective and current employees;
- Risk in the ability that the Trust will be able to comprehensively support its diverse workforce, impacting staff experience/moral and ultimately negatively impacting turnover;
- Risk in the Trust being able to meet the depicted Equality Delivery System criteria satisfactorily;
- Risk that the Trust is unable to demonstrate to employees a serious commitment towards EDI, engagement and wellbeing.

## 8. Recommendation

Trust Board is asked to receive this report for information and approve this report for publication on the Trust website in line with statutory requirements.

**Name of Director** Andrew McMenemy, Chief People Officer

**Title** Workforce Race Equality Standard (WRES) 2022/2023

**Date:** 31 August 2023

## Appendix A - Workforce Race Equality Standard (WRES) – 2022/2023 Action Plan

Theme	Indicator and Action	Lead/s	Timeline	Update	RAG
Advance equality of opportunity	Indicator 4: Include data on unsuccessful CPD applications in 2022/23 WRES report.	EDI Lead & Talent Manager/s	Summer 2023	<p>More demographic and banding details are now available on the system which will enable more detailed analysis of the data from 23/24.</p> <p>The current configuration of the CPD application portal means that the majority of individuals who have used the system have already had their training approved via the Training Need Analysis process. However, where applications were unsuccessful, in the majority of cases these were due to:</p> <ul style="list-style-type: none"> <li>- Duplicate applications;</li> <li>- Managers hadn't approved before course start date;</li> <li>- Request not aligned to the financial year;</li> <li>- The funding exceeded departmental funding allocation;</li> <li>- redirecting to an apprenticeship route.</li> </ul>	Completed
Advance equality of opportunity	Indicators 5, 6, 7, 8, 9: Submit proposal for Staff Network Chairs protected time and budgets, including Connect. NB Connect's charity budget due to be spent by Dec 2022.	EDI Lead, in liaison with all Staff Networks Chairs	November 2022	<p>EDI staff network non-pay budget has been allocated (£45,000). Budget utilisation have been developed and approved by EDI steering group.</p>	Completed
				<p>Working with finance to establish steps to secure funding to enable protected time.</p>	Protected time outstanding
Advance equality of opportunity	Indicator 7: Ensure higher take up of targeted coaching sessions to BAME staff employed at Band 8b-8ds.	Head of L&D	Oct-Dec 2022	<p>L&amp;D have commenced regular reporting of the uptake of coaching by different groups of staff. There are currently 46 clients being career coached (as opposed to clients of other types of coaching) of which 21 are from an ethnic background.</p> <p>Multicultural colleagues who are in roles ranging from 8b-8ds have all be directly contacted to invite them to be career coached.</p> <p>There are plans in place to raise Coaching Service capacity across the Trust in the medium term (Q3/Q4 23/24). However, in</p>	Ongoing targeted approach needed

Theme	Indicator and Action	Lead/s	Timeline	Update	RAG																																																		
				the interim if the demand overwhelms the Coaching Service's capacity, then a coaching circle will be developed (train those requiring coaching in coaching skills and have them coach each other, overseen by group coaching provided by Head of L&D).																																																			
Advance equality of opportunity	<p>Indicator 7: Explore the reasons for the pattern of Bands 5-7 Nurses from India and the Philippines, particularly retention and career progression:</p> <ul style="list-style-type: none"> <li>Analyse data on recruitment, promotion and leavers;</li> <li>Analyse formal or informal information about leaving reasons.</li> </ul>	EDI Lead, Workforce Information Manager, Head of Recruitment, AD of HR Ops	Autumn 2022	<p>Deep dive was undertaken with Recruitment &amp; Workforce Information teams. An overview of this was:</p> <ul style="list-style-type: none"> <li>Within the last reporting period 56 Filipino and 103 Indian nurses left.</li> <li>The main reason for both Filipino (62.5%) Indian (71.8%) nurses was relocation. This has been linked to cost of living in regards to cost of housing and the ability to get higher London weighting at Trusts not that far away.</li> <li>Followed by promotion (12.5%, 4.9%), work life balance (5.4%, 6.8%), dependents (7.2%, 1.9%)</li> </ul> <table border="1"> <thead> <tr> <th>Filipino - leavers</th> <th>2020/2021</th> <th>2021/2022</th> <th>2022/2023</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Band 5</td> <td>9</td> <td>20</td> <td>20</td> <td>49</td> </tr> <tr> <td>Band 6</td> <td></td> <td>3</td> <td>4</td> <td>7</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>9</b></td> <td><b>23</b></td> <td><b>24</b></td> <td><b>56</b></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Indian - Leavers</th> <th>2020/2021</th> <th>2021/2022</th> <th>2022/2023</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Band 3</td> <td></td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Band 5</td> <td>12</td> <td>31</td> <td>45</td> <td>88</td> </tr> <tr> <td>Band 6</td> <td></td> <td>5</td> <td>7</td> <td>12</td> </tr> <tr> <td>Band 7</td> <td></td> <td></td> <td>1</td> <td>1</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>12</b></td> <td><b>37</b></td> <td><b>54</b></td> <td><b>103</b></td> </tr> </tbody> </table>	Filipino - leavers	2020/2021	2021/2022	2022/2023	Total	Band 5	9	20	20	49	Band 6		3	4	7	<b>Grand Total</b>	<b>9</b>	<b>23</b>	<b>24</b>	<b>56</b>	Indian - Leavers	2020/2021	2021/2022	2022/2023	Total	Band 3		1	1	2	Band 5	12	31	45	88	Band 6		5	7	12	Band 7			1	1	<b>Grand Total</b>	<b>12</b>	<b>37</b>	<b>54</b>	<b>103</b>	Completed
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Advance equality of opportunity	Indicator 7: Explore the reasons that BAME staff make up 59% of Consultants compared to 75% of Non-Consultants.	EDI Lead	November 2022	<p>A number of non-consultant doctors who are from multicultural backgrounds are SAS doctors or LED doctors (both non-training posts) and a high number of these doctors have graduated and trained overseas (International Medical Graduates - IMG). Due to the competitive nature of specialist training programmes it is not always possible for IMG doctors to immediately join training programmes and they will undertake SAS or LED posts</p>	Completed																																																		

Theme	Indicator and Action	Lead/s	Timeline	Update	RAG
				<p>to give them valuable NHS experience. The trust gets approached by doctors from these groups who would like to undertake clinical attachments/work shadowing to gain more experience. A process has been developed and where feasible these are facilitated.</p> <p>Moreover, the Trust provides these doctors with the opportunity to undertake development programmes through HEE. The Trust also has a LED Tutor lead who supports these doctors through the appraisal process and offers career advice. The Trust provides the opportunity to attend Simulation and Human Factors, providing a safe and supportive environment within which they can develop their skills.</p>	
Advance equality of opportunity	Indicator 7: Targeted skills development and assessment days for BAME staff employed in Bands 7-8a (Medical and Non-Medical).	Head of L&D	February 2023	<p>Connect Chair has liaised with the Talent team in order to develop and schedule targeted skill days to support developing interview and assessment as safe spaces have indicated that is a significant area which is impacting on career progression. These have been scheduled and will become business as usual</p> <p>Moreover, L&amp;D team have also relaunched interview and assessment sessions and those currently enrolled mirror Trust demographics.</p> <p>Lastly, VR training focusing on developing interview preparation and practice which took place in June for band 6s and above.</p>	Scheduled and so will be part of 2023/2024 action plan
Advance equality of opportunity	Indicator 7: Develop a new Talent-based appraisal content.	Talent Team	Summer 2023	<p>Draft of a new Talent-based appraisal content been developed which also includes more reference to wellbeing and flexible working.</p> <p>A support guide has been developed to support both the appraisee and the appraiser. Inclusion of sign posting to ESR self-service to encourage sharing demographic information.</p> <p>Divisional, HRBP, staff side and staff network representatives to review and provide feedback before formalising and launching.</p>	Good progress but has yet to be launched and so will be part of 2023/2024 action plan

Theme	Indicator and Action	Lead/s	Timeline	Update	RAG
				<p>Moreover, since the 2022 WRES report the Trust has invested in an online software to facilitate appraisals through Acorn – L&amp;D and talent to work collaboratively to design format with software designers.</p> <p>Revised timeline developed to enable transfer across to an online system with alignment with the values refresh</p>	
Advance equality of opportunity	Indicator (several): Establish whether any ethnicities within the BAME demographic are over-represented in the most recent WRES report (indicators 1-4 and 9).	Workforce Information Manager & EDI Lead	Autumn 2022	<p>2021/2022 data was reviewed and in regard to overall workforce the 3 highest ethnicities excluding white British were Asian or Asian British – Indian colleagues (16.6%) followed by Asian or Asian British - Any other Asian background (9.6%) &amp; Black or Black British – African (6.4%).</p> <p>Asian British – Indian &amp; Pakistani and any other Asian background along with Black British – African are overrepresented in clinical Band 2 &amp; 5 roles.</p> <p>In terms of Metric 9 – no ethnicity within the multicultural demographic was overrepresented.</p>	Completed
Advance equality of opportunity and  Eliminate unlawful discrimination, harassment and victimisation	Indicators 1, 3, 4, 9: Evaluate WRES indicators at divisional level: <ul style="list-style-type: none"> <li>Indicator 1 and 9, seniority</li> <li>Indicator 3, disciplinary</li> </ul>	EDI Lead, supported by Workforce Information Mgr, AD of HR Ops and Head of L&D	Autumn 2022	<p>EDI dashboard has been created for the EDI steering group that provides more of a divisional focus of the distribution of where formal HR cases are arising from, and the seniority of multicultural in more detail.</p> <p>This will be updated, shared and reviewed on a 6 monthly basis to inform insight, discussion and next steps.</p> <p>Moreover, the following two elements have been added to the main IPR:</p> <ul style="list-style-type: none"> <li>- Multicultural staff wte as % of staff in post</li> <li>- Multicultural staff wte as a % of staff in post specifically band 8a and above.</li> </ul> <p>Quarterly KPIs now include:</p> <ul style="list-style-type: none"> <li>- Likelihood of participating on leadership development programmes – Multicultural /Disability</li> </ul>	Completed

Theme	Indicator and Action	Lead/s	Timeline	Update	RAG
				- Metric 2 and Metric 3 to track variation through the year	
Foster good relations	Indicator 6 and 8: Increase the number of staff participating in the bitesize Cultural Awareness training.	EDI Lead and Head of L&D	Ongoing	<p>The trust wide cultural awareness programme launched in September. Following initial launch content will be further reviewed and used as a basis for redesigning the online cultural awareness module to roll out such training in a variety of mediums.</p> <p>L&amp;D facilitators have attended train the train the trainer courses which has enabled cultural awareness session to be incorporated in to the new leadership courses (band 2 to 8b) as well as essential line management training.</p>	Ongoing – Key EDI Objective and so will be part of 2023/2024 action plan
Foster good relations	Indicator 9: Extend the Trust’s reciprocal mentoring programme, to at least a further 10 BAME staff and senior staff, using training such as the NHS Leadership Academy.	EDI Lead	Jan 2023	<p>Reciprocal mentoring programme relaunched in July with 42 colleagues (22 pairs). Programme plan has been consolidated and will be regularly reviewed. A second cohort will be launched later in the year in order to extend the opportunity to others who have heard of the positive experiences staff network have had so far.</p> <p>The pilot focused on staff network members across protected groups – with the majority of the members coming from CONNECT.</p>	Ongoing
Foster good relations and  Eliminate unlawful discrimination, harassment and victimisation	Indicator 5: Review and update training to support EDI outcomes in patient services, such as domain 1 of EDS and <i>Making Local Healthcare Equal: Healthcare concerns in Black and Asian communities</i> . This may include: cultural competency; unconscious bias; anti-racism; understanding	EDI Lead and EDI Steering Group Chairs	March 2023	<p>Leadership Development Review Editorial Board has been established to facilitate co-creation of the new leadership programmes (bands 2 - 8b) and has provided the opportunity to embed and entwine key EDI elements throughout the programmes.</p> <p>Online training EDI resources have been obtained via Skill Boosters that cross-sect across all protected groups but has many relevant aspects that align with supporting improving the a number of the WRES Metrics – Further advertisement of these and embedding them into processes are needed to ensure they are impactful as possible.</p> <p>Moreover, elements will be incorporated within the essential line management training</p>	Good Progress being made – extent of redesign extends beyond this reporting period and so will be part of 2023/2024 action plan

Theme	Indicator and Action	Lead/s	Timeline	Update	RAG
	disparities and health inequalities.				
Eliminate unlawful discrimination, harassment and victimisation	Indicators 2, 3, 4, 5, 6, 7, 8: Confidential themes from Staff Network's safe space sessions to be fed back to EDI Steering Group at least twice a year.	Connect and all Staff Networks	Bi-annually	<p>Safe Space session feedback has been shared in CEO + CONNECT Quarterly meetings. HR linking in with key representatives to inform learning and process</p> <p>Staff networks provide regular reports to the EDI steering group and include key themes that have arisen from safe space sessions.</p>	Ongoing
Eliminate unlawful discrimination, harassment and victimisation	Indicator 2: Review and update Recruitment Policy. Consider diversity of panels for Band 8b and above; Inclusion Ambassadors; training for all panel members, current and future.	Head of Recruitment	Winter 2022	<p>The policy will be reviewed later this year – extension obtained in order to ensure all the developments to the Value Based Recruitment process is incorporated and is accurate. This will include enabling diverse representation for recruitment of all posts. However, this will not be in the form of an inclusion advisor/ambassador, as this doesn't always add value and other trusts have reported a lack of divisional ownership. Instead to embed EDI practices, recruiting managers will need to seek a diverse panel from their area whether that be internally or externally. As part of this there will be an element of scrutiny from the recruitment team to work with divisions to ensure it is as inclusive as possible.</p> <p>Currently, 8b and above posts have panels which compositions are diverse and stakeholder panels are also strongly encouraged.</p> <p>Moreover, the aim is to make training mandatory for all recruiting managers which would focus on supporting to reduce bias further.</p> <p>Pilots of VBR practices have been conducted for health care support workers, roles within clinical support and new EDI team members. Recruitment plan roll this out more widely after the process is further refined shortly.</p>	Good Progress being made – extent of redesign extends beyond this reporting period and so will be part of 2023/2024 action plan



Theme	Indicator and Action	Lead/s	Timeline	Update	RAG
Eliminate unlawful discrimination, harassment and victimisation	Indicator 3: Embed Connect proposed changes to disciplinary process from September 2021.	AD of HR Ops	August 2022	<p>Disciplinary process have been reviewed and the policy has been developed collaboratively with many members of Connect and other networks.</p> <p>Triage panels are more diverse and are now comprised of EDI rep, HR rep, senior manager(s) and staff side rep.</p> <p>HR meeting with Connect chair to review feedback from safe spaces in order to also inform the HR processes. These will take place reguallrly moving forward.</p>	Ongoing – further refinements necessary to support reducing metric 3
Eliminate unlawful discrimination, harassment and victimisation	Indicator 3: Identify relative likelihood of entering the triage process for BAME employees.	AD of HR Ops	Autumn 2022	In the process of exploring this action it became apparent that there is currently no central database that concisely records both informal, triage panels and formal processes in order to establish relative likelihood across every stage.	Outstanding
Eliminate unlawful discrimination, harassment and victimisation	Indicator 5: Evaluate the trial of body worn cameras for staff.	Head of Security	Autumn 2022	<p>There were 12 BWC's (Body Worn Cameras) allocated for the trial period:</p> <ul style="list-style-type: none"> <li>• CED</li> <li>• A&amp;E in TAMS Majors and Resus</li> <li>• Casio</li> <li>• AAU Lvl1</li> <li>• Bed Managers</li> </ul> <p>Only staff in AAU Level 1 were using them correctly -so to ensure they are provided the best opportunity for success in the use of the BWC's, the team will be moving them all to ED before committing to going further. Going forward, new Security Service provider will supply all their own BWC's (though all data captured is owned by the Trust).</p>	Yet to be evaluated and embedded
Eliminate unlawful discrimination, harassment	Indicator 6 and 8: Enhance FTSU partnership working with staff networks and Staff Side colleagues.	Freedom to Speak Up Guardian	Autumn 2022	The guardian of FTSU attends staff network meetings, a minimum of once a year, and has supported with the facilitation of safe space forums the networks have run.	Ongoing

Theme	Indicator and Action	Lead/s	Timeline	Update	RAG
and victimisation				<p>The demographic composition of the champions aligns approximately with the workforce as a whole with 60% being female and 40% being male, 45% BAME and 55% white and other non BAME, groups such as Polish, Filipino etc. Moreover, recruitment of champions have also taken place from within 2 of the network groups (CONNECT +LGBT).</p> <p>The FTSU strategy has provided the opportunity to underpin our commitment to ensuring Equality Diversity and Inclusion is at the heart of this provision, where every member of the Trust has a voice that counts, through our FTSU service.</p> <p>The trust launched the 'Difference Matters' project in the Autumn of 2022 based on the National Guardian Office model, all staff from ethnic backgrounds received a questionnaire designed to establish what they knew about FTSU and whether they would feel safe to use it as a way of raising concerns. The feedback highlighted that a high proportion of staff responding have a good knowledge of the service and how to use it. The narrative feedback from the Difference Matters Questionnaires indicates that these staff feel that it is important but further work is underway to raise the profile for BAME colleagues:.</p>	