

# Workforce Race Equality Standard

## Annual Report 2023



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## Executive Summary

The Trust has submitted WRES data since 2015 and has a quarterly programme of reviewing progress against the nine indicators contained within the WRES dashboard. This report shows the latest dataset from 2023 and explores whether there have been any significant improvements or deterioration compared with the results from 2022.

An updated WRES action plan is also within this report (Appendix 1), which shows the areas of focus for the Trust in the coming year.

### **The key findings from the 2023 submission show:**

1. BME staff represent 26.3% of the workforce, which is a 2.8% increase from the 2022 data submission. There continues to be an overall improvement in proportionate representation in most of the bands since 2022 and especially so amongst the clinical workforce.
2. There is a fairly equal likelihood of appointment from shortlisting for BME and white applicants. (Data from Trac automatic download into ESR).
3. Despite a slight increase in numbers, BME staff continue to be less likely than white staff to be entered into a formal disciplinary process.
4. BME staff are less likely than white staff to access non-mandatory training and continued professional development opportunities.
5. BME staff continue to experience more harassment, bullying or abuse from patients, relatives or the public than white staff, with the gap of inequality continuing to widen.
6. BME staff report a higher level of experiencing harassment, bullying or abuse from other staff compared with white staff.
7. The perception around the equal opportunities for career progression or promotion within the Trust is lower amongst BME staff than it is for white staff.
8. BME staff are more than twice as likely as white staff to report personally experiencing discrimination at work by a Manager/Team leader or other colleagues.
9. The representation of BME staff on the Trust Board is 14% with a disparity of -12.3% compared to organisational representation.

It is reassuring to see improvements across indicator 1, 2 and 4. The data suggests that indicator 9 remains static with no improvement or decline, whilst indicator 3 has declined in one sense but as a hole remains more positive for staff from Black, Asian and under-represented backgrounds.

Unfortunately, there is a noticeable decline in indicators 5, 6, 7 and 8 which are relating to staff experience where results are sourced from the annual staff survey.

The action plan sets out in detail the priorities and programmes of work agreed as part of the Trust's Inclusion and Belonging Strategy which will drive improvements against these indicators. The action plan will continue to be reviewed by the EDI council, EDI committee and People and OD Committee.

**The outcomes of the WRES does not alter the themes contained in our strategy, and the action plan is aligned to these themes:**

- 1. Inclusive recruitment practices and equal opportunities:** Large scale review of current recruitment practices to eliminate bias from the systems and promote inclusivity. The Inclusive Recruitment Programme will ensure that recruiting managers are trained in inclusive recruitment techniques and criterion based methods will ensure bias is removed. We will align with the national programme for overhauling recruitment and promotion and contribute to this work wherever possible. The implementation and embedding of processes that ensure inclusive recruitment and equal opportunities for all. This will be in line with the National 6 high impact actions. Our talent management programme will provide further opportunities for people from BME backgrounds to access development and the review of processes for data collection in terms of training, development, recording as part of the data dashboard workstream will ensure the intelligence is available to correctly measure whether we are improving access or if there is more action required.
- 2. Workforce reflecting our wider communities:** In line with the Inclusive Recruitment programme, we will be increasing efforts to make recruitment processes inclusive and therefore not post any barriers to the community in terms of applying for roles at UHS. We are anticipating the showcasing of a specific project we have collaborated with Black History Month South on exploring a multi-generational view from current and previous staff members at UHS. Our next steps will be focusing on outreach to the black communities in Southampton to promote roles and careers within UHS. Our recruitment outreach will also work more with local communities to attract people from the city from diverse backgrounds. We will be implementing positive action talent programmes that will enable people from black and ethnic backgrounds to access development, networking, and coaching to confidently apply and be successful at roles when they become available. We will provide career toolkits for all people who are unsuccessful at interviews to help them to succeed next time. We will continue to strive to meet the national target of 19% representation in band 7s and above.
- 3. Safe and healthy working environments:** Our Inclusion and Belonging strategy states a clear intent for UHS to become an anti-racist and anti-discriminatory organisation. We aim to decrease disparity of experience by 5% across all indicators in the WRES which will either reduce by half or eliminate disparity altogether. We will be working closer with colleagues who lead on hate crime, violence and aggression to ensure robust mechanisms for reporting of incidence and the data is used to steer accountability and meaningful action. We will identify mechanisms and root causes of the disproportionality of BME staff experiencing discrimination, harassment, bullying and/or abuse and in turn whether there are trends within the Trust that need targeted action. The link to the leadership and management work programme is a critical enabler of creating safe and healthy work environments.
- 4. Inclusive leadership and management:** Ensure leaders and managers are clear on their accountabilities with regards to EDI and the responsibilities they hold to deliver the actions within the Inclusion and Belonging strategy. To have development opportunities in supporting BME staff and those who may identify with a protected characteristic. That all leaders and managers understand their own bias and can access learning in terms of how they lead and make decisions. To support leaders and managers to understand their role as allies and role models, and how to challenge behaviours or actions that are not in line with Trust policy or values. To support leader and managers to develop greater awareness of the legal aspects of their roles in relation to equality, and how diversity and difference can enhance their team delivery and performance.

## Introduction

Research and evidence strongly suggest that less favourable treatment of Black, Asian and staff from under-represented backgrounds in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients. The NHS Workforce Race Equality Standard (WRES), introduced in 2015, seeks to prompt inquiry to better understand why it is that BME staff receive poorer treatment than White staff in the workplace and to facilitate the closing of these gaps.

This is the 2023 annual WRES Data report. Data has been directly compared to 2022 data providing a clear picture on the indicators where the Trust is performing well and those that require our focus in the year ahead.

Despite an improvement in the overall representation of BME staff in the workforce, the data highlights that the experiences and opportunities for BME staff are not the same as for White staff, and more action and focus is needed to close the gap in experience between these two staff groups.

The focus of this report is to present the Trust's performance against the WRES indicators for the past 12 months and provide recommendations and an action plan by which to better our performance and ultimately improve the experience and opportunities for our BME staff in the coming years.

## WRES Data Submission 2023

The WRES submission is comprised of 9 indicators which compare the experience of White and BME staff in an employment context. The submission for 2023 is broken down below and compared with data from the 2022 submission, with a summary of whether there has been an improvement or deterioration in the data. It is important at this point to note that indicators 5 to 8 are measurements taken from the 2022 staff survey and therefore are percentages of individuals who took part and not of the total workforce which is the case for indicators 1 to 4 and indicator 9, which are taken directly from the trusts electronic staff records system (ESR).

**Indicator 1: Percentage of staff in each AfC Band 1-9 and VSM compared to overall workforce**

**Non-Clinical**

Non Clinical Workforce	2022					2023					Change from 2022/23 in BME
	White		BME		Total	White		BME		Total	
	#	%	#	%	#	#	%	#	%	#	
Band 1	32	86.48%	5	13.51%	37	22	91.7%	2	8.3%	24	-5.2%
Band 2	660	87.18%	97	12.81%	757	636	83.5%	126	16.5%	762	+3.7%
Band 3	590	87.79%	82	12.20%	672	641	84.1%	121	15.9%	762	+3.7%
Band 4	371	91.60%	34	8.39%	405	386	89.6%	45	10.4%	431	+2.1%
Band 5	255	84.15%	48	15.84%	303	253	82.4%	54	17.6%	307	+1.8%
Band 6	215	89.21%	26	10.78%	241	216	88.5%	28	11.5%	244	+0.8%
Band 7	163	88.10%	22	11.89%	185	188	87%	28	13%	216	+1.1%
Band 8A	124	94.65%	7	5.34%	131	138	93.2%	10	6.8%	148	+1.5%
Band 8B	61	92.42%	5	7.57%	66	66	93%	5	7%	71	-0.5%
Band 8C	42	95.45%	2	4.54%	44	42	93.3%	3	6.6%	45	+2.1%
Band 8D	23	100%	0	0%	23	22	100%	0	0%	22	0%
Band 9	13	81.25%	3	18.75%	16	13	86.7%	2	13.3%	15	-5.5%
<b>Total</b>	<b>2,549</b>	<b>88.5%</b>	<b>331</b>	<b>11.49%</b>	<b>2,880</b>	<b>2623</b>	<b>86.1%</b>	<b>424</b>	<b>13.9%</b>	<b>3047</b>	<b>+2.4%</b>

**Clinical**

Clinical Workforce	2022					2023					Change from 2022/23 in BME
	White		BME		Total	White		BME		Total	
	#	%	#	%	#	#	%	#	%	#	
Band 1	0	0.00%	0	0.00%	0	0	0	0	0	0	0
Band 2	984	78.97%	262	21.02%	1246	920	71%	377	29%	1297	+7.98%
Band 3	416	87.94%	57	12.05%	473	408	85.9%	67	14.1%	475	+2.05%
Band 4	452	71.97%	176	28.02%	628	437	70.3%	185	29.7%	622	+1.68%
Band 5	1277	56.78%	972	43.21%	2249	1153	48.8%	1208	51.2%	2361	+7.99%
Band 6	1545	81.48%	351	18.51%	1896	1508	78.4%	415	21.6%	1923	+3.09
Band 7	876	87.33%	127	12.66%	1003	990	87.6%	140	12.4%	1130	-0.26%
Band 8A	272	90.96%	27	9.03%	299	297	89.7%	34	10.3%	331	+1.27%
Band 8B	76	92.68%	6	7.31%	82	81	91%	8	9%	89	+1.69%
Band 8C	20	95.23%	1	4.76%	21	24	88.9%	3	11.1%	27	+6.34%
Band 8D	13	100%	0	0.00%	13	13	100%	0	0%	13	0%
Band 9	2	100%	0	0.00%	2	2	100%	0	0%	2	0%
Consultants	647	76.38%	200	23.61%	847	693	74.5%	237	25.5%	930	+1.89%
Non-Consultant Career Grades	283	71.46%	113	28.53%	396	356	67.8%	169	32.2%	525	+3.67%
Trainee Grades	548	55.57%	438	48.88%	986	542	51.6%	508	48.4%	1050	-0.4%
<b>Total</b>	<b>7,411</b>	<b>73.27%</b>	<b>2,703</b>	<b>26.72%</b>	<b>10,114</b>	<b>7,424</b>	<b>69%</b>	<b>3,351</b>	<b>31%</b>	<b>10,775</b>	<b>+4.28%</b>

The 2023 data submission indicates that 26.3% of the workforce are individuals from black, Asian and under-represented backgrounds, which is a 2.8% increase from the 2022 data submission. The disparity between the organisational average for BME clinical (31%) and non-clinical (13.9%) at various grades is now 17.1% and has widened further (2%) as more BME staff joined clinical posts and likely to be directly attributed to the international recruitment programme.

The most notable increases for the non-clinical workforce were at Band 2 (increase of 3.7%), Band 3 (increase of 3.7%) and Band 8C (increase of 2.1%). However, there was a significant decrease of 5.5% of BME staff within Band 9 positions.

In the clinical workforce, there were increases across a number of pay bands, with significant increases within band 2 of 8%, Band 5 of 8% and band 8C of 6.3%. It is notable that 51.2% of BME staff compared to 48.8% of white staff work in Band 5 clinical roles throughout the organisation.

### **Indicator 2: Relative likelihood of BME staff being appointed from shortlisting**

Relative likelihood of staff being appointed from shortlisting across all posts	2022		2023	
	White	BME	White	BME
	#	#	#	#
Number of shortlisted applicants	6273	1845	6599	2346
Number appointed from shortlisting	1957	605	1665	803
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	0.94		0.74	

The 2023 data collection identifies the relative likelihood of white applicants being appointed from shortlisting in comparison to BME applicants. The data continues to suggest a broadly equal likelihood of BME and white applicants will be appointed from shortlisting, with a relative likelihood of 0.74 in favour of BME applicants, remaining below a measurement of 1. This continues to be a positive improvement.

### **Indicator 3: Relative likelihood of staff entering a formal disciplinary process**

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal process	2022		2023	
	White	BME	White	BME
	#	#	#	#
Number of staff entering the formal disciplinary process	76	15	49	16
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0.65		0.87	

BME staff are less likely to enter a formal disciplinary process compared with white staff. Although there has been a slight increase this year from 0.65 to 0.87, the relative likelihood remains below 1.

**Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD**

Relative likelihood of staff accessing non-mandatory training and CPD	2022		2023	
	White	BME	White	BME
	#	#	#	#
Number of staff accessing non-mandatory training and CPD	791	172	1167	332
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.33		1.31	

BME staff are less likely to access non-mandatory training and CPD as compared with White staff, although this likelihood score has improved since 2022 from 1.33 to 1.31, this is arguably not a significant enough improvement in reducing the disparity and achieve a relative likelihood score that is closer to or equal to 1.

**Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public**

2022 – White: 21.8%, BME: 25.1%  
 2023 – White: 24.6%, BME: 27.7%

In contrast to last year, the percentage of white staff experiencing harassment, bullying or abuse from patients, relatives or the public is reported at 24.6% and has increased by 2.8%. The percentage for BME staff is reported as 27.7% and has increased by 2.6%. There is a noticeable decline in this year's results for both BME and white staff. Although the disparity of experience has lessened this year, there is a disparity of 2.6%.

**Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff**

2022 – White: 18.2%, BME: 22.7%  
 2023 – White: 18.5%, BME: 25.3%

This year's data indicates that BME staff experience more harassment, bullying or abuse by staff than White staff. The experience for BME staff is reported at 25.3% in comparison to white staff which is reported at 18.5%. This year the experience for white staff increased by 0.3% and experience for BME staff increased by 2.6%. although there is a disparity in experience, this year's data indicates the disparity of experience is widening with a difference of 6.8% compared to 4.5%.



***Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion***

2022 – White: 64.6%, BME: 53.7%  
2023 – White: 65.2%, BME: 52.4%

This year's data indicates the perception of white staff and the opportunities for career progression is now 65.2% and has increased by 0.6%, however the view of BME staff has decreased by 1.3% to 52.4%.

The disparity between people from white backgrounds and those from BME backgrounds relating to opportunities for progression is 12.8% compared to 10.7% in 2022.

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

2022 – White: 5.9%, BME: 14.7%  
2023 – White: 5.8%, BME: 15.7%

This year's data submission shows that 15.7% of BME staff experienced discrimination at work by a manager/team leader compared to their white counterparts. This has worsened by 1%, and the experience of white staff remains lower at 5.8%. The percentage for BME staff is more than double.

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

The representation of individuals from Black, Asian and under-represented ethnicities within the Trust board is currently 14% and is therefore not representative of the wider organisation and could be seen as a gap of 12.3%.

## Conclusion and Next Steps

Based on a comparison to the 2022 data we have seen improvements in some indicators, however the disparity gap is still large across a number of indicators, the following indicators have been identified as those that must be prioritised:

- **Indicator 1:** Percentage of staff in each AFC band
- **Indicator 4:** Number of staff accessing non-mandatory training and CPD.
- **Indicator 5:** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public
- **Indicator 6:** Percentage of staff experiencing harassment, bullying or abuse from staff
- **Indicator 7:** Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
- **Indicator 8:** Percentage of staff experiencing discrimination at work by a manager/team leader or other colleagues

These indicators are inextricably linked so it makes sense that they should be tackled alongside each other.

The action plan (Appendix 1) sets out in detail the actions the Trust will take to achieve improvements against these indicators.

## Appendices

Appendix 1: WRES action plan 2023

**Appendix 1: WRES Action Plan 2023**

WRES Themes / Areas	Proposed actions	Responsible for Actions	Deadline / review date
<p><b>1: Workforce reflecting our communities, at all roles, at all levels; ensuring those who are underrepresented groups can access support to thrive, excel and belong within their roles.</b></p>	<p>a) Achieve 19% BME representation through all levels in both the clinical and non-clinical workforce. This is aligned to National target set and we will remain focused on increasing representation within senior leadership roles within the organisation which currently remain lower in representation of BME staff members.</p>	<p>Chief People Officer / Director of OD &amp; Inclusion</p>	<p>September 2024</p>
	<p>b) To continue to develop positive Action Programmes both UHS and HIOW system wide; for BME staff and/or other protected characteristics. Acknowledging individuals experience of barriers to promotion, development and career progression.</p>	<p>Workforce Inclusion &amp; Belonging Consultant / Head of EDI / Head of OD</p>	<p>August 2024</p>
	<p>c) UHS partnership with Maaha people in roll out of a second cohort of the positive action leadership programme which will enrol a further 24 individuals who identify with a protected characteristic and will be designed to support individuals looking to move into, or those who are moving through senior leadership roles within the organisation, building on individuals personal identity, power and influence within the organisation.</p>	<p>Workforce Inclusion &amp; Belonging Consultant</p>	<p>March 2024</p>
	<p>d) Programme initiated with the Florence Nightingale Foundation; Nurse leadership programme aimed at aspiring nurses from backgrounds that are under-represented in our nursing workforce and ensuring that opportunity for individuals is equal and representative of wider society. Due to complete December 2023.</p>	<p>Deputy Chief of Nursing &amp; Workforce Inclusion &amp; Belonging Consultant</p>	<p>December 2023</p>
	<p>e) Talent development programme for individuals supporting the career development pathways, training and development of individual's, ensuring talent workstreams and pipelines that encourage opportunity at earlier stages than current and will include long-term career planning. Develop a talent pipeline/talent management plan to include stretch activities, secondments, shadowing, specialist training, qualifications, coaching and mentoring. This will look at strengthening as well as unearthing our current talent within UHS and</p>	<p>Lead for Talent Management / Head of EDI / Workforce Inclusion &amp; Belonging Consultant</p>	<p>September 2024</p>

WRES Themes / Areas	Proposed actions	Responsible for Actions	Deadline / review date
	ensuring that individuals continue to thrive, excel and belong and we support them to do this.		
	f) Continue to build on newly found working relationship with Southampton job centre. Continue to liaise, attend and promote UHS as an employer of choice, the support that is offered and the career opportunities that are available including volunteering roles.	Workforce Inclusion & Belonging Consultant / HR Recruitment team	April 2024
	g) Partnership with Black History Month South to outreach into schools with high BME pupil populations, aiming to positively influence young people from BME backgrounds into NHS careers.	Head of EDI / Workforce Inclusion & Belonging Consultant	June 2024
<b>2: Safe and healthy working environments, free from aggression, hate and discrimination</b>	a) Creation of a behaviour framework to bring to live our Trust Values and more clearly describe the expected behaviours relating to equality, diversity and inclusion that impact BME staff and/or those with a protected characteristic.	Director of OD & Inclusion / Head of EDI / Workforce Inclusion & Belonging Consultant	August 2024
	b) Continue to support divisional EDI Steering Groups to drive actions and improvements derived from race specific metrics throughout all teams, care groups and divisions.	Director of OD & Inclusion / Head of EDI	April 2024
	c) Creation of EDI data and information dashboard to evidence improvements and scrutinise themes that impact individuals and determine actions required.	Director of OD & Inclusion / Head of EDI	September 2024
	d) Developing a culture of Allyship: All staff to participate in Actionable Allyship training by 2024. The actionable allyship – stop.start.continue programme will continue on the statutory and mandatory matrix for all staff to complete. This will provide individuals with the insight, knowledge and skill and to be active allies within a moment of challenging non inclusive behaviours and supporting our statement in becoming an anti-racist and anti-discriminatory organisation. In turn decreasing the disparity of experience between BME and white staff within the organisation. Compliance target of 80% by September 2024.	Workforce Inclusion & Belonging Consultant	September 2024
	e) Continue conversations on race, sharing of lived experience, building on fostering a culture of inclusion where allyship is exemplified and individuals feel welcomed, respected, valued and heard to bring their whole and authentic selves to work.	Head of EDI / Workforce Inclusion & Belonging Consultant	August 2024

WRES Themes / Areas	Proposed actions	Responsible for Actions	Deadline / review date
<b>3: Recruitment processes which are free from bias and are inclusive</b>	a) Continue to implement a work programme to review and improve the equity of recruitment processes and practices that impact all individuals. Working group to include partnership with the chairs of the staff network and representation from our diverse workforce. The working group will look at each stage and deliver on recommendations from engagement within the process. Aligning to the NHS People Plan England/Improvement High Impact Actions and Inclusive Recruitment Programme.	Workforce Inclusion & Belonging Consultant	September 2024
	b) Inclusive training, learning and development for all people involved in recruitment and attraction.	Head of Talent attraction / HR Recruitment Team	April 2024
	c) Deliver a truly inclusive process with equitable practices as standard. This will include processes from pre-employment to recruitment, through to employment and the onboarding process.	Head of HR / Head of EDI / Workforce Inclusion & Belonging Consultant	September 2024
<b>4: Inclusive leadership and management</b>	a) Inclusive Leadership content in all UHS leadership & management programmes to include personal learning, personal action and accountability. This will move us to a place where equality, diversity and inclusion is the golden thread that runs through all our processes at UHS.	Head of OD / Head of Leadership & Development / Head of EDI / Workforce Inclusion & Belonging Consultant	April 2024
	b) Board and Senior leadership programmes to include the element for all leaders plus strategic and cultural responsibilities for equality, diversity and inclusion.	Head of OD / Head of EDI	July 2024
	c) Inclusive leadership and management as part of the UHS Managers Induction Programme.	Head of Leadership & Development / Head of EDI / Workforce Inclusion & Belonging Consultant	April 2024
	d) Implementation of ongoing learning and development opportunities to enable leaders and managers to role model inclusive behaviours every day. For example:  - Inclusive meetings  - Agile working  - Equality impact assessment	Head of EDI / Workforce Inclusion & Belonging Consultant	September 2024

WRES Themes / Areas	Proposed actions	Responsible for Actions	Deadline / review date
	<ul style="list-style-type: none"> <li>- Adjustments required to enable people to thrive and be at their best at work</li> <li>- Creating environments for people to succeed</li> <li>- Support the development of reciprocal mentoring</li> <li>- Inclusive leadership behaviours aligned to our values</li> </ul>		
<b>5: Networks and partnerships that thrive and support creation of an inclusive and safe place to work.</b>	a) Development programmes for Networks and Network Chairs clearly identifying roles to enable leadership of highly active networks, clarity of purpose and future plans.	Head of EDI / Workforce Inclusion & Belonging Consultant	May 2024
	b) Heightened focus to re-engage active membership of the one voice network and to support the newly appointed chair. Development opportunities will include; coaching, mentoring, influential leadership skills and recognising their contributions as career development opportunities.	Head of EDI / Workforce Inclusion & Belonging Consultant	April 2024
	c) Continue to develop the Equality, Diversity and Inclusion Council; A place for network leads and members alongside the equality, diversity and inclusion team to dialogue with one another, bring forward ideas or concerns from the networks and a place for the voices of all individuals within the organisation to be recognised and heard. This will also offer a place for future projects and funding to be discussed and where a decision on what risks and/or assurances need to be raised within committee meetings.	Director of OD & Inclusion / Head of EDI / Workforce Inclusion & Belonging Consultant	April 2024
	d) Network chairs to remain a standing member and integral voice for diverse individuals at all people committees and board meetings	Chief People Officer / Director of OD & Inclusion	September 2024