The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	The Board of Directors (in Public)		
Meeting Date:	4 October 2022	**Agenda item:**	17
Report Title:	Equality, Diversity and Inclusion		
Author:	Chelsea Kirk – Head of Equality, Diversity and Inclusion		
Executive Sponsor:	Jo Humphries - Director of People		

Implications

Link to key strategic objectives *[highlight which KSO(s) this recommendation aims to support]*

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	Modernise hospital and estate	**Staff engagement**	Partnership working, clinical and financial sustainability	Healthy lives staff and patients	Investing in staff

Board assurance framework	SO3 There is a risk that Trust leaders may be unable to strengthen staff engagement and trust impacting on the development of an open culture at the Trust.	
Significant risk register	Risk register providing assurance to point 3 of our People Plan, 'Ensuring inclusion and belonging for all'.	
	N	If Yes state impact/ implications and mitigation
Quality	N	
Legal and regulatory	N	
Financial	N	

Assurance route

Previously considered by:	N/A

Executive summary

Action required: *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review

Purpose of the report:	To provide assurance to the Board that actions are in place to address key areas of concern in relation to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) indicators. Moreover, in terms of delivery of Strategic Objective 3, the activities in the EDI workplan support the development of an open culture and mitigate risks of not doing so as detailed in the Trust risk register.
Summary of Key issues:	The WRES and WDES data is collated as a subset of the National Employee Survey. The data in Appendix 1 & 2, illustrates the feedback from our staff in September 2021. Data insights were received in the main body of the NSS Survey report in March 2022 and have been used to create the QEH Trust Wide EDI Strategy and Action Plan previously approved at Board. Primary area of focus is addressing the deterioration in WRES indicator 6, in which 34% of BAME staff they have been subject to bullying/harassment by another member of staff vs 29% for white members of staff. Each July, the Trust is required to update NHSEI with our workforce statistics in relation to the WRES/WDES reporting which has been completed and, by

	the 31 October 2022, is required to publish our action plan for improvement. The actions we will be reporting are in line with the agreed actions previously confirmed in our EDI strategy. A draft structure of this return is attached in Appendix 3 for reference and an overall summary of our EDI strategy and improvement plan is included here for review. Appendix 4 also illustrates how the EDI action plan supports the People Plan Action 3, ensuring inclusion and belonging for all. Appendix 5 illustrates the recent review of the People Plan risks specifically in relation to this Objective which ensures the delivery of the identified workplan has regular independent scrutiny. As part of improving our data management around our EDI activities, the EDI workplan targets actions with measurable KPIs, or example: • The introduction of our Reverse Mentoring Initiative, in which 54% of our mentors are from an ethnic minority. • Our High Performing Teams, Kings Fund program, in which 19% of the participants are from an ethnic minority. • Our National Quarterly Pulse Survey will, from 2023, incorporate data metrics that are aligned to the WRES/WDES insights for future reporting to ensure a more regular update of staff opinion and revision of action as necessary. • All FTSU and HR raised concerns are subject to EDI monitoring
Recommendation:	The Board is able to find assurance in this summary and action plan that the Trust is committed to, and focussed on, the appropriate initiatives and activities that are measurable in future WRES and WDES reporting schedules, are in direct response to ongoing staff feedback and are in service of ensuring inclusion and belonging for all.
Acronyms:	EDI – Equality, Diversity, and Inclusion WRES – Workforce Race Equality Standard WDES – Workforce Disability Equality Standard BAME – Black Asian and Minority Ethnic REACH – Race, Ethnicity and Culture Heritage BAPIO – British Association Physicians of Indian Origin NQPS – National Quarterly Pulse Survey

EDI Workplan Update

We have successfully launched our first EDI workplan for QEH, underpinned by five principles:

1) Education
2) Leadership
3) Staff networks
4) Data and action
5) Communication

1.0 Education

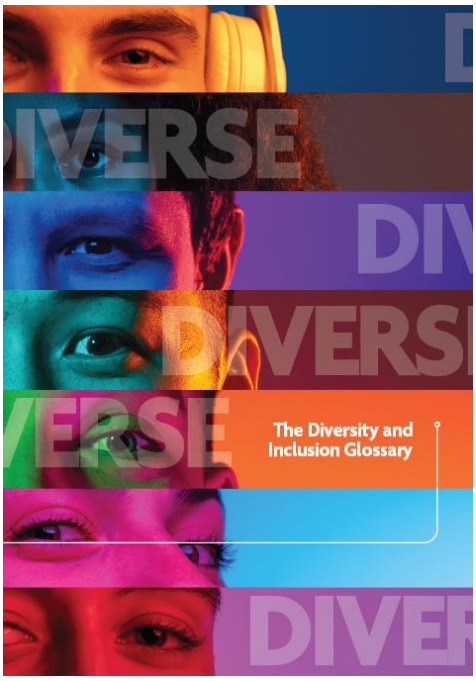
EDI calendar

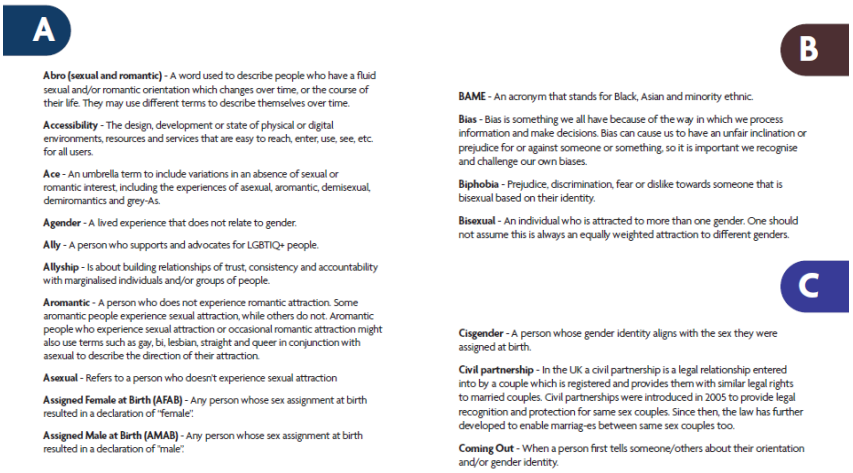
- Our EDI calendar continues to provide awareness, education and a platform friendly to all staff. We have successfully celebrated some key dates within the calendar working collectively with our staff networks, including the celebrations of LGBT History Month, Festival of Colour (Holi), EID, South Asian Heritage and Kings Lynn PRIDE.

EDI Glossary

- We all have a responsibility to be understanding and respectful when talking to each other about diversity. That's why the words we use are so important. Sometimes we can be unsure or worry about knowing which words to use when talking about diversity and inclusion. Sometimes it causes people to not talk about it at all, which means we end up not creating meaningful dialogue about race, gender, sexual orientation and other subjects at work.

The Norfolk and Waveney ICS website prominently displays both the EDI calendar and EDI glossary developed here at QEH.





A

Abro (sexual and romantic) - A word used to describe people who have a fluid sexual and/or romantic orientation which changes over time, or the course of their life. They may use different terms to describe themselves over time.

Accessibility - The design, development or state of physical or digital environments, resources and services that are easy to reach, enter, use, see, etc. for all users.

Ace - An umbrella term to include variations in an absence of sexual or romantic interest, including the experiences of asexual, aromantic, demisexual, demiromantics and grey-As.

Agender - A lived experience that does not relate to gender.

Ally - A person who supports and advocates for LGBTIQ+ people.

Allyship - Is about building relationships of trust, consistency and accountability with marginalised individuals and/or groups of people.

Aromantic - A person who does not experience romantic attraction. Some aromantic people experience sexual attraction, while others do not. Aromantic people who experience sexual attraction or occasional romantic attraction might also use terms such as gay, bi, lesbian, straight and queer in conjunction with asexual to describe the direction of their attraction.

Asexual - Refers to a person who doesn't experience sexual attraction

Assigned Female at Birth (AFAB) - Any person whose sex assignment at birth resulted in a declaration of "female".

Assigned Male at Birth (AMAB) - Any person whose sex assignment at birth resulted in a declaration of "male".

B

BAME - An acronym that stands for Black, Asian and minority ethnic.

Bias - Bias is something we all have because of the way in which we process information and make decisions. Bias can cause us to have an unfair inclination or prejudice for or against someone or something, so it is important we recognise and challenge our own biases.

Biphobia - Prejudice, discrimination, fear or dislike towards someone that is bisexual based on their identity.

Bisexual - An individual who is attracted to more than one gender. One should not assume this is always an equally weighted attraction to different genders.

C

Cisgender - A person whose gender identity aligns with the sex they were assigned at birth.

Civil partnership - In the UK a civil partnership is a legal relationship entered into by a couple which is registered and provides them with similar legal rights to married couples. Civil partnerships were introduced in 2005 to provide legal recognition and protection for same sex couples. Since then, the law has further developed to enable marriag-es between same sex couples too.

Coming Out - When a person first tells someone/others about their orientation and/or gender identity.

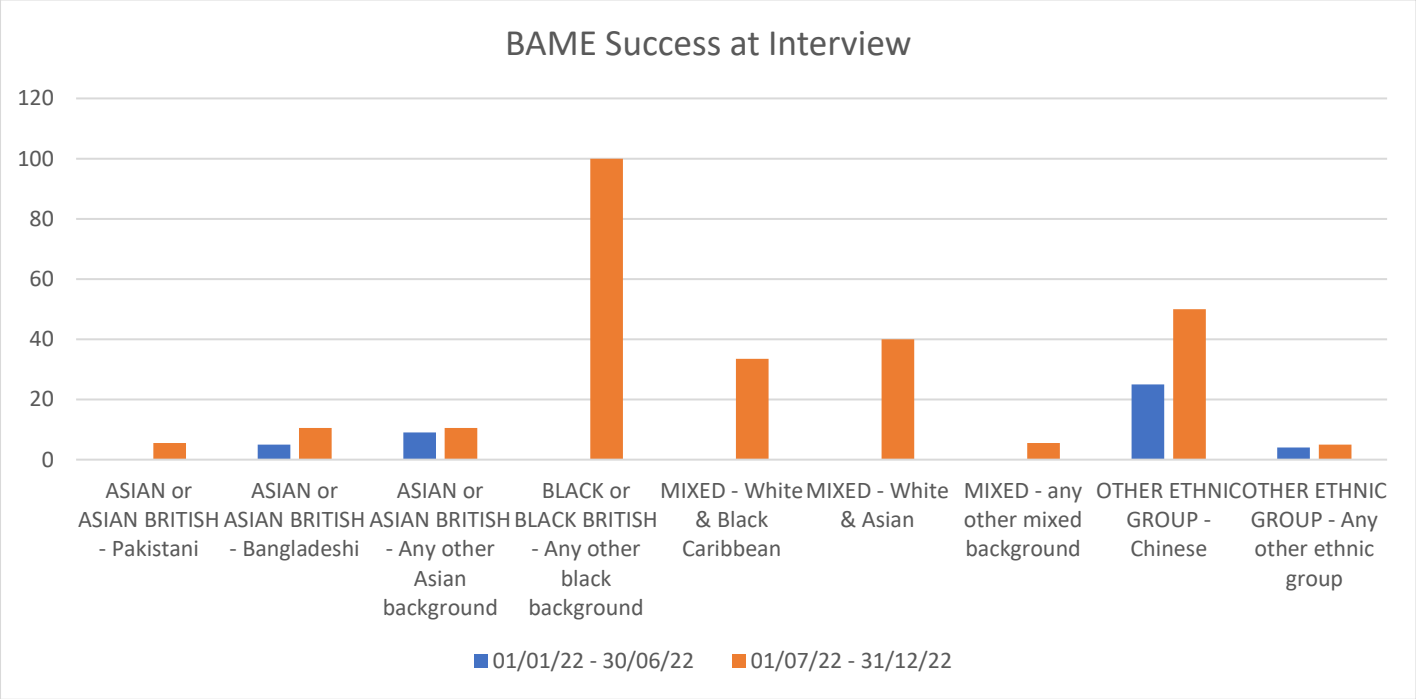
My Reality

- We successfully saw the launch of our platform where we share stories from underrepresented people. The My Reality Series creates dialogue and a safe space for stories to be shared by people from all walks of life with an aim to provide a platform of education, awareness and to challenge stereotypes.
- We were joined by three different speakers all with a different story to share including eating disorders, gender identify and racial discrimination.
- Since podcasts are a well-liked format for many people to listen to brief recordings, we intend to record all speakers in this way moving forward so that staff members can simply and at their convenience access these recordings.

Diverse interview panel B7+

The data below shows a snapshot of recruitment success six months pre introduction and six months post implementation of the Diverse shortlist and interview panels. This data illustrates the inclusion of a member of our REACH staff network (previously BAME) has occurred at the same time as we have seen an increase in ethnic minority staff being appointed to the roles being recruited for. It is too early to tell if there is direct causality here, but initial findings are positive.

In order for us to evolve this commitment to B6+ and ensure ongoing high levels of engagement from our staff, we will be introducing a tailored enhanced interviewing skills training programme for 120 staff. This will be led by an external specialist in unconscious bias, cultural awareness and bias in recruiting processes, MOSES consulting. This will increase our capability and capacity to increase the diverse panels to a greater number of recruitment opportunities from January 2023.



2.0 Leadership

The Trust successfully launched our first cohort with ReMEDI (Reverse Mentoring for Equality, Diversity and Inclusion) project, the onboarding took place in June 2022.

We have a total of 26 staff members involved in our first cohort, the makeup of our mentors are as follows:

Mentors	Mentees
Medical Secretary	Director of Estates and Facilities
Family Liaison Officer	Outpatients booking manager
Ward Clerk	Divisional General Manager
Head of Research	Deputy Director of Finance
Cardiorespiratory Assistant	Non-Executive Director
Paediatric Lead Nurse	Director of People
Junior Doctor	Head of Nutrition and Dietitian
Junior Sister ICU	Head of Spiritual Wellbeing
Junior Sister – Gyne	Deputy Chief Operating Officer
Staff Nurse – Tilney	Divisional General Manager
Junior Sister - Elm	Chairman
Domestic Assistant	Medical Consultant
Junior Sister – Acute Medical	Freedom to Speak Up Guardian

Disability	23%	REACH	54%	LGBTQ+	15%	Carers	8%

3.0 Staff Networks

We recognised and honoured "National Staff Network Day", which promoted intersectionality throughout our Trust. Collectively, all staff networks worked on this to promote the goals of the networks and all accomplishments made to date to improve our service and workplace for staff and patients.

- Our LGBTQ+ staff network attended the Trust Carers event which is an important move to work collaboratively within in the local community. We connected with Shaw Trust who are currently working with two transgender people to support them into employment and share all the activities and initiatives we have in place that support staff within the LGBTQ+ community.
- We attended our first Kings Lynn Pride, where we also had a stall during the event. Our deputy CEO who also acts as our LGBTQ+ staff network executive sponsor spoke on behalf of QEH at Pride, truly representing all the fantastic work happening from our staff network in driving change.
- In February 2022 we saw the successful launch of the Disability staff network, this being ahead of our proposed plans. As we recognised Disability History Month, we received lots of engagement and positive feedback, and using this energy and passion progressed with our plans to focus on a disability agenda within the broader inclusion activities.
- Research details that organisations should move away from using the term 'BAME' and re brand as per a report produced by the Commission on Race and Ethnic Disparities which reviewed the causes for race inequality in the UK. This report, published on 31 March 2021, the Commission found that aggregate terms like 'BAME' (black, Asian and minority ethnic) were no longer helpful and should be dropped, advocating instead a focus on understanding

disparities and outcomes for specific ethnic groups.' As such our REACH network was launched (Race, Ethnicity and Cultural Heritage).

4.0 Data and Action

- We continue to evolve our EDI dashboard working collectively with our Norfolk and Waveney ICS to create a consistent platform that runs through the system, providing regular data. We continue to seek evidence that the action plans in place have demonstrable benefits in the meantime.

5.0 Communication

- We continue to share updates through multiple channels and through different functions, this being through our Communications team, staff Facebook page, intranet and through our EDI newsletter.

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

WRES 2021 Data

Appendix 1

Workforce Race Equality Standard (WRES)		2019		2020		2021	
		WHITE	BME	WHITE	BME	WHITE	BME
1	Percentage of staff in each of the AfC bands 1-9	79%	21%	76%	24%	74%	26%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME	1.36%		0.84%		1.20%	
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	0.29%		1.50%		1.32%	
4	Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff	1.01%		0.95%		0.96%	
Indicators 5 - 8 are from 2021 staff survey		**WHITE**	**BME**	**WHITE**	**BME**	**WHITE**	**BME**
5	Percentage of BME staff experiencing harassment, bullying or abuse form patients, relatives or the public in the last 12 months	28.7%	34%	23.4%	36.9%	25%	36.8%
6	Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months	29.4%	37.2%	27.7%	29.1%	29.2%	34.1%
7	Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion	55.4%	46.5%	56.0%	45.6%	58.5%	39.2%
8	Percentage of BME staff personally experiencing discrimination at work from manager/ team leader or other colleagues	7.5%	17.2%	6.6%	18.7%	6.9%	21.1%

Shows the data submitted in relation to our WRES data for **2021** our actions are currently being worked on and further updates will be provided.

Some actions and deliverables are be aligned to the 2022/2023 EDI workplan that was signed off at board on 03/05/22 some of these are completed or in progress.

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Appendix 2 WDES 2021 Data

Workforce Disability Equality Standard (WDES)		2019			2020			2021		
		Disabled	Non-disabled	Unknown	Disabled	Non-disabled	Unknown	Disabled	Non-disabled	Unknown
2	Relative likelihood of non-disabled staff being appointed from shortlisting across all posts	0.35	0.26	0.54	0.29	0.32	0.45	0.37	0.31	0.33
3	Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process				0	2	0	0	2	0
Indicators 4 - 9 are from 2021 staff survey		**Disabled**	**Non-disabled**		**Disabled**	**Non-disabled**		**Disabled**	**Non-disabled**	
4a	Percent of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:									
	Managers	23.2%	12.2%		17.7%	13.2%		22.6%	12.9%	
	Other colleagues	37.4%	20.2%		27.9%	18.9%		33.0%	20.4%	
	Patients/ services users, their relatives or public	35.6%	28.0%		26.5%	25.0%%		33.8%	24.7%	
4b	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	43.2%	49.1%		49.7%	49.1%		51.5%	43.7%	
5	Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	48.9%	55.6%		49.8%	55.8%		49.7%	57.1%	
6	Percentage of staff experiencing pressure from your manager to attend work when unwell	34.6%	19.1%		29.4%	20.2%		34.6%	24.7%	
7	Staff satisfaction with extent work is valued by organisation	28.1%	41.1%		28.4%	46.5%		24.7%	35.5%	
8	Adequate adjustments made for staff with a long-term condition or illness	73.8%			75.4%			66.7%		
9	Staff engagement	6.2%	6.9%		6.6%	6.9%		6.2%	6.7%	

Appendix 3 – Detailed WRES/WDES Action Plan - DRAFT

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

WRES Indicator	Actions
Indicator 1: Percentage of BME staff in each of the AfC Bands 1-9	• Clinical and non-clinical monitoring – see separate data.
Indicator 2: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME	• We have taken data collated prior to implementing the diverse interview panel (including HR) • Working collectively with and external organisation we have 120 staff members undertaking training that focuses on unconscious bias and cultural awareness ensuring we have a fair recruitment process.
Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	• Work with Head of HR & ER to assess all ER cases and ensure the process is consistent and fair.
Indicator 4: Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff	• The Trust introduced a bespoke 'High Performing Team' developing programme which is being led by Kings Fund, nineteen percent of the delegates are from ethnic minority. • In 2022 the Trust introduced a Reverse Mentoring Programme that has been support by ReMEDI project, in total we have twenty-six participants that are involved in this cohort. The model we used for this was Grace, which encompasses all protected characteristics. We have fifty four percent of those being ethnic minority staff. • With a successful launch of 'MY Reality' this year, where we provided a safe place for our speakers to share their lived experience and provide staff an opportunity to ask question relating to their subject matter. This is being developed into a podcast setting, which will provide staff and the wider community with a platform for education, understand different lived experiences and know more about the people we work with and the community we serve. The podcast will be accessible platform, which will be accessible for our staff and external users.
Indicator 5: Percentage of BME staff experiencing harassment, bullying or abuse form patients, relatives or the public in the last 12 months	• Continue to hold roadshow events raising awareness of the 'See ME First' campaign, encouraging staff to make their personal pledge. • Working closely with our FTSUG, our REACH staff network chair and Head of EDI to continue to offer and create a safe space for our ethnic minority staff on a quarterly basis. • The development of our 'Zero Tolerance' campaign, working collectively with our communications team and key staff to support the relaunch and rebranding of this, engaging with our staff to support this initiative. • During roadshows and staff network meetings ensure we provide wellbeing information to staff and continue to offer safe space sessions.
Indicator 6: Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months	• Change of line management for the 'Pastoral Support Officer' to Head of EDI will support staff with clear alignment and support from different channels. • Developing and embedding an anti-racism culture with the drive from 'See ME First' campaign, encouraging allyship, role modelling and visibility. • Continue to actively use the EDI calendar across the trust to celebrate and recognise dates and events that are important to our staff and patients. • Ensure our EDI glossary is used to support conversations and raise awareness of terminology and terms that staff and patient use.

Indicator 7: Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion	• Staff members have taken part in the ICS Positive Action Programme (currently 7 staff members from QEH) • Launch of 'REACH Development Programme' in Q4 as our first pilot that will include subject matter experts from within the Trust to support this.
Indicator 8: Percentage of BME staff personally experiencing discrimination at work from manager/ team leader or other colleagues	• Hold culture awareness/ Anti-Racism session with UNISON to promote awareness and education • Greater partnership with staff networks with a focus on intersectionality. • Share learnings and findings from the Reverse Mentoring cohort colleagues and react to feedback from the evaluation from ReMEDI project. • Develop a multi-culture toolkit that supports our staff and also the teams they work within.
Indicator 9: Percentage difference between the organisations Board voting membership and its overall percentage of BME staff in the workforce	• Ensure the executive board, governors and non-executive directors' recruit with values and ensure inclusion throughout. • Ensure that EDI is included with all senior recruitment posts and job descriptions.

WDES Indicator	Actions
Indicator 1: Percentage of staff in AfC pay (including Executive Board members) compared with the percentage of staff in the overall workforce	• Our diverse interview panel training session will support 120 staff members with unconscious bias.
Indicator 2: Relative likelihood of non-disabled staff being appointed from shortlisting across all posts	• The Trust is a level 2 Employer for the Disability Confident Scheme, which will increase the likelihood of candidates with disabilities being shortlisted for interview and subsequently appointed.
Indicator 3: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	• Introduction of our Disability staff network ahead of originally planned for 2022/23. With key stakeholders supporting the network.
Indicator 4a: Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from manager, other colleagues, patients and service users	• Twenty three percent of our Reverse Mentoring programme colleagues identify themselves as having a disability.
Indicator 4b: Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	• Staff network to work collectively with our FTSU Guardian to support staff with reporting any concerns.

Indicator 5: Percentage of disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion	• Continue to recognise and celebrate staff through Disability History Month and key dates that are important to our staff.
Indicator 6: Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	• Introduction of piloting 'Health and Wellbeing Passport' working with our disability staff network to support with the Trust pilot.
Indicator 7: Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	• Ensure engagement with our Disability Staff Network, where ideas and suggestions are brought to empower our staff.
Indicator 8: Percentage of disabled staff saying that their employer has adequate adjustments to enable them to carry out their work	• Introduction of piloting 'Health and Wellbeing Passport' working with our disability staff network to support with the Trust pilot.
Indicator 9: The staff engagement score for disabled staff	• Ensure that the recruitment process for Non-Executive Board Members is inclusive and is focussed on representing the communities we serve.

Appendix 4 – Alignment with the Trust People Plan

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

THE TRUST PEOPLE PLAN - Action 3

Ensuring inclusion and belonging for all

We use our expertise and influence to create an inclusive culture, which values and celebrates our diversity. We listen to our people and take action to ensure there is equality for everyone.

YEAR 3 CORPORATE STRATEGY PRIORITY:

- Improving the Trust's performance in the Workforce Race Equality Standard indicator 6, relating to acting fairly with regard to career progression and promotion by 10% on the 2021/22 baseline

1. **Reverse Mentoring Programme**
   ReMEDI project has supported the Trust with its first structured reverse mentoring programme, the training for our mentors and mentees commenced in June with a total of 26 delegates involved this is made up of 13 mentors and 13 mentees. The mentor delegates participating in this cohort represent **fifty-four** percentage of our REACH staff members.
2. **Deep dive analysis of our exit interviews**
   To complete a full review of our exit interviews and recognise themes to better understand the data and how the Trust can address this moving forward to ensure this doesn't impact our labour retention, working collectively with our Head of HR & ER.
3. **Celebrate Success**
   It's important to celebrate 'good news' stories and we will be launching a communication plan that supports the awareness and recognition of our REACH staff successfully accomplishing career development. Sharing their personal story on how they successfully developed.
4. **Diverse Interview Panel**
   Following an analysis of our current diverse interview structure which was introduced in July 2021, the review including six months post introduction and six months following this. The data demonstrates key improvement which has previously been highlighted.
5. **Norfolk and Waveney**
   We have seven staff members that have successfully signed onto the course lead by Norfolk and Waveney 'Positive Action Programme'. The programme is made up of three components:
   a. Building leadership capability and confidence
   b. Strategies for addressing barriers and enhancing levers to progression
   c. Developing individual and collective self-care and resilience
6. **High Performing Teams Programme**
   In total we have 120 staff members who have joined the Trust High Performing Teams of which nineteen percent of those staff are from an ethnic minority.
7. **REACH development programme**
   We are currently designing our own internal 'REACH development programme' consisting of six different modules which enable staff to gain skills that will support them both personally and professional to advance their career. Those modules include:
   a. Self-Awareness
   b. Leadership Foundation Programme
   c. Project Management
   d. Advanced communication skills and self-coaching
   e. Self-confidence
   f. Interviewee and presentation skills

There is a desire those staff involved in this cohort will also participate in our next reverse mentoring programme to support the continuous learning.

Appendix 5 Trust Risk Register

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REASON FOR ASSESSMENT	Inclusion and belonging risk assessment		
LOCATION	People	ASSESSOR	Jo Humphries, Cath Castleton and Doug Woodcock
ASSESSMENT DATE	21/06/2022	REFERENCE NUMBER	

	Description of Hazard (s) / Activity being assessed	Identify who may be Harmed and how	Consequence	Likelihood	INITIAL RISK	Existing Control Measures in place Are these adequate?	Consequence	Likelihood	CURRENT RISK	Additional Control Measure to mitigate hazard / Action Required	Consequence	Likelihood	TARGET RISK	Date risk and controls to be next reviewed
1	There is a risk that the Trust will not create an open and inclusive culture, celebrating our diversity	Failure to eliminate bias from recruitment would impact on potential employees and the Trust's ability to recruit Failure to eliminate bias would also impact on career progression There would also be a higher proportion of ethnic minority members of staff entering formal disciplinary and grievance processes	4	4	16	Band 7 and above recruitment shortlisting and interview panels with balanced representation across groups Dedicated EDI (Equality, Diversity and Inclusion) lead Board-approved strategy and action plan Monitoring KPIs for freedom to speak up and promotion and recruitment EDI calendar of events to educate and raise awareness of difference Memorandum of understanding with BAPIO	4	3	12	Reverse mentoring programme "My reality" safe space/forum to encourage discussions of lived experiences of discrimination Staff network quarterly safe spaces to support speak up culture Deep dive analysis of exit interviews to identify any instances of harassment or discrimination Celebrating success; working	4	2	8	October 2022

						Representation at SING, INK (Indian Nurses of Kings Lynn) BAME (REACH [Race, Ethnicity and Cultural Heritage]) staffing network Disability staff network group Armed forces network group LGBTQ+ staff network group				with staff who have had successful progression to encourage communication Anti-racism and cultural awareness event occurring in September Some QEH Staff attending Norfolk and Waveney positive action programme REACH in-house development programme to support promotion currently being scoped High performing teams programme includes culturally diverse teams Extend existing recruitment and shortlisting for interview reviews to band 6 positions				