

# Equality, Diversity, and Inclusion

## Annual Report

March 2024





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## Foreword

In Frimley, we are proud that everything we do is driven by equality, fairness and social justice for all. Addressing inequalities remains a core purpose of all our work.

Our Equality Diversity & Inclusion (EDI) strategy has helped us focus on understanding where our highest inequalities lie, so we can implement the relevant actions and strategies to help address these and invest in efforts to improve the lives of our people and the communities we serve.



We have delivered a number of initiatives over the last year to help us achieve our ambitions. We have broadened opportunities for staff to share their lived experiences as well as increased the number of external speakers delivering on wide range of EDI topics. Our staff networks have been supported to influence policies and processes and we have launched the Mirror Board Programme to help bring an EDI lens into key strategic issues.

We know we have much more to do and we will continue to listen to our people and our communities to ensure Frimley is the best place to work, live and receive care.

Fiona Edwards  
**Chief Executive,  
NHS Frimley**

## Introduction

Frimley ICS covers five main 'Places': Bracknell Forest, North East Hampshire and Farnham (comprising Hart, Rushmoor and Waverley Local Authority Districts), Slough, Surrey Heath, and Windsor and Maidenhead.

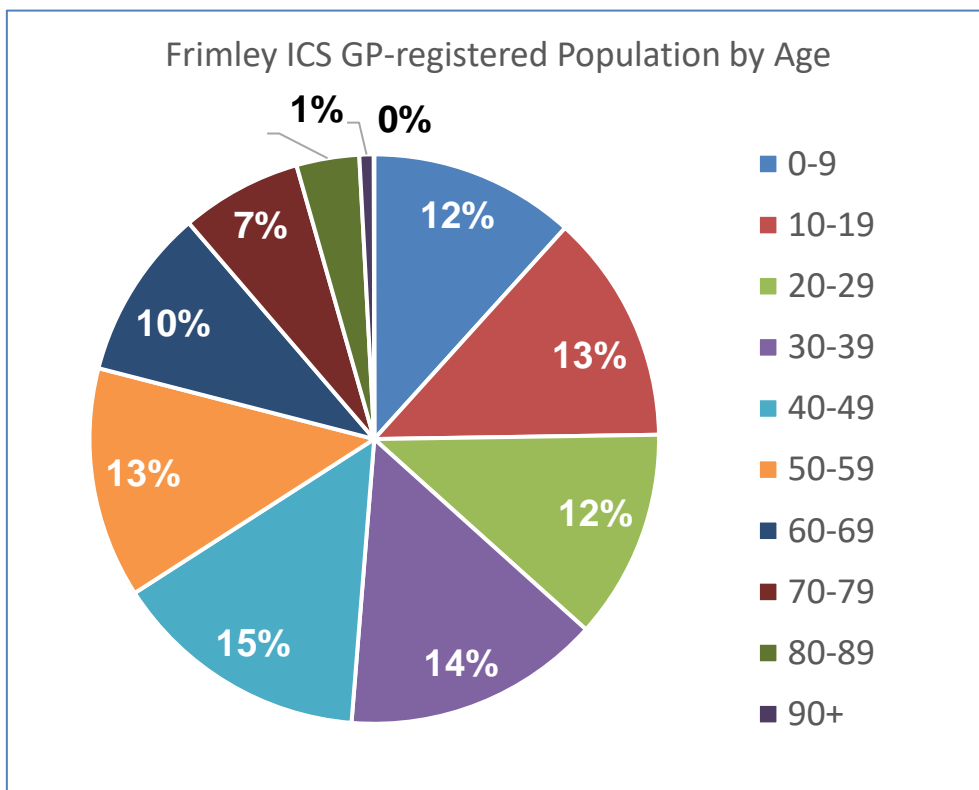
Data used in this report for our population is taken from two main repositories. The Census gives data relating to people living within our Frimley ICS geography, while our internal ICS data records information for patients registered with a GP surgery in our System.

In interpreting this data, it is important to understand that some of our residents may access GP services in other Systems. Equally, some residents from other Systems may be registered and receiving care with Frimley ICS. Furthermore, internal data does not reflect patients who have opted out of secondary data usage

This Annual Report provides an overview of the work we have delivered this year through our EDI strategy, for the people who work for us and the communities we serve. It also describes how we have delivered our [Public Sector Equality Duty](#).

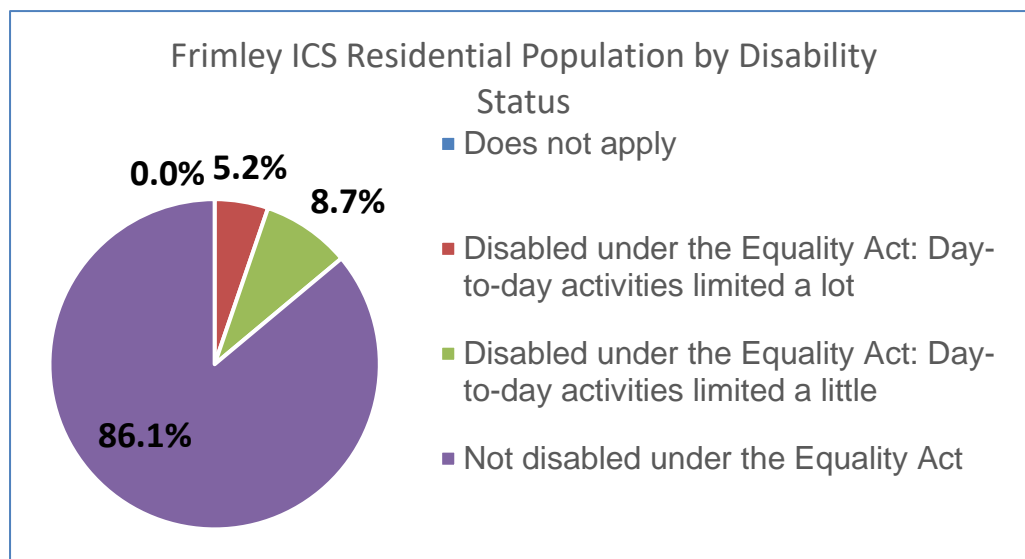
## Our Communities

### Age



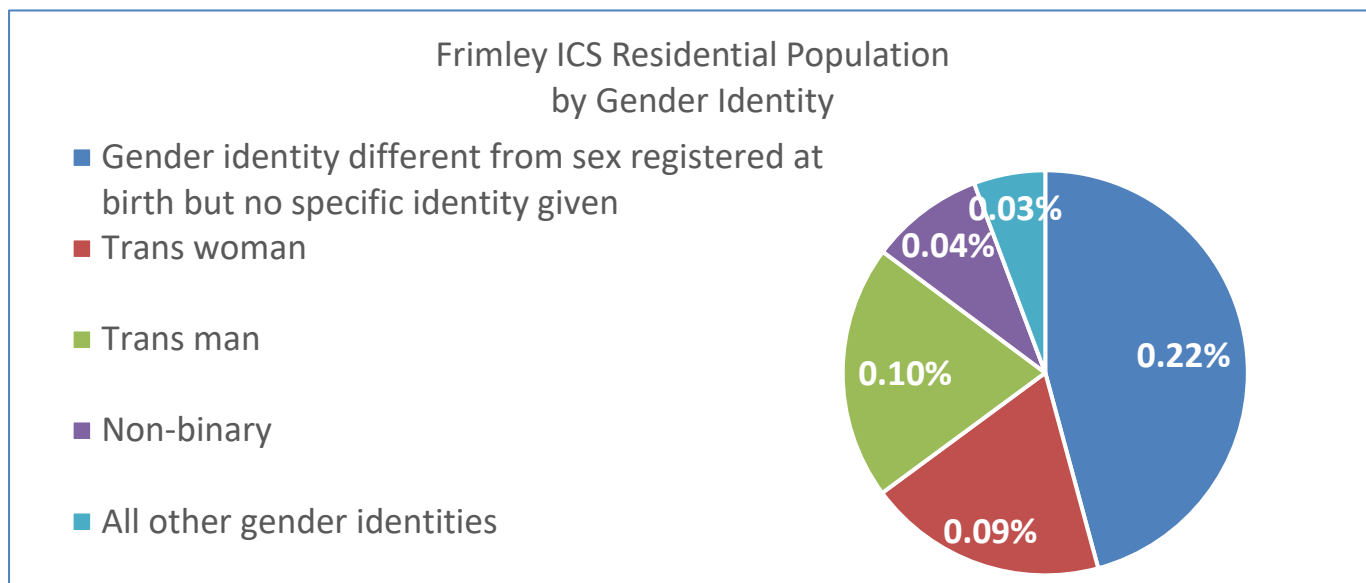
Our average life expectancy is 84 years for females and 81 years for males, while *healthy* life expectancy is 67.4 years and 66.8 years respectively.

### Disability



Census data finds 9% of our residential population registered that they have a disability that limits their daily activities a little, while 5% stated they have a disability that limits their daily activities a lot.

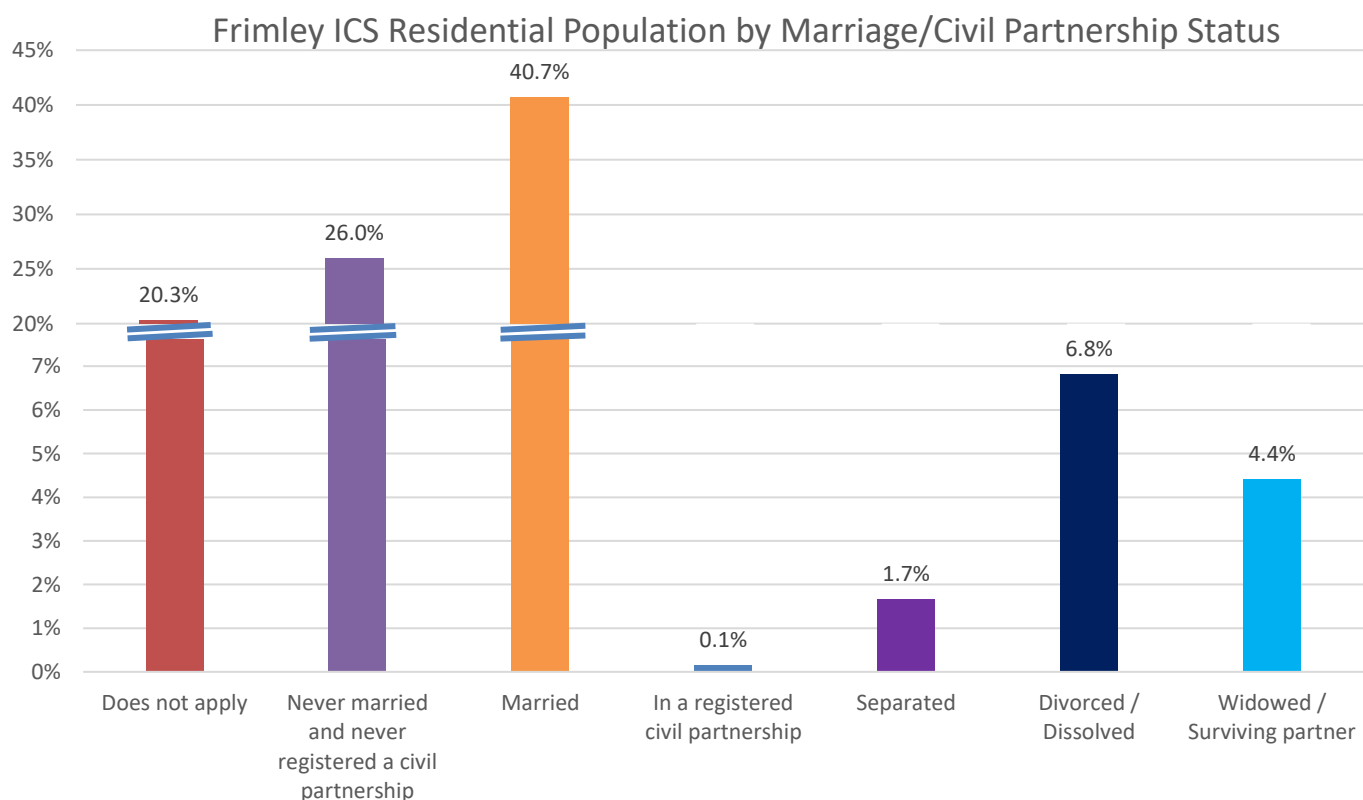
## Gender



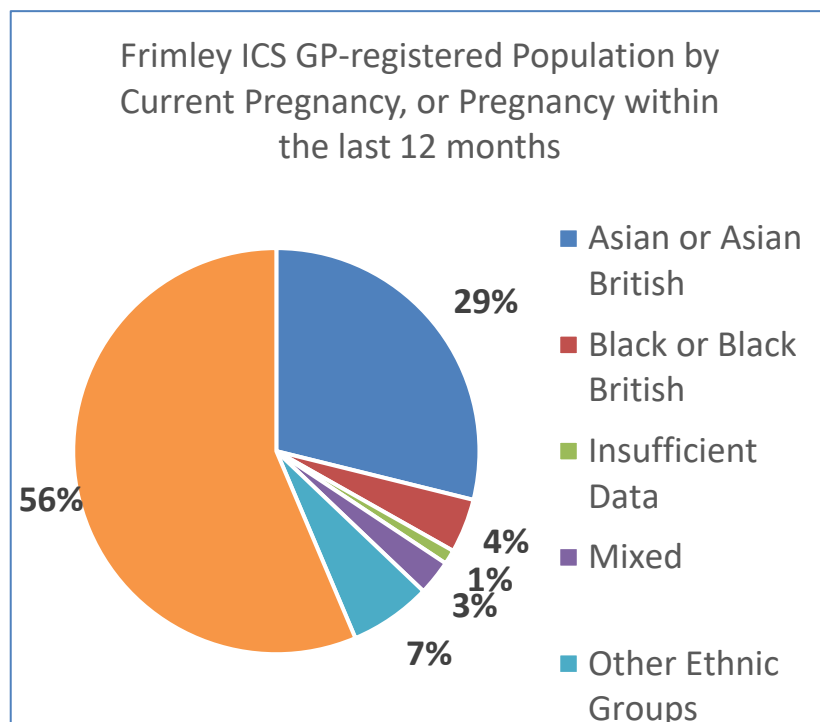
From the Census data 93.5% of our residents stated their gender identity was the same as the sex they had registered at birth. Of the remaining 6.5% of our residents, 5.94% did not answer. The split of our gender-diverse residents is above.

## Marriage or civil partnership

Census data shows that the majority of our residents are married. 26% have never registered a marriage or civil partnership, and a further 20% of our residential population stated that this metric 'does not apply'.



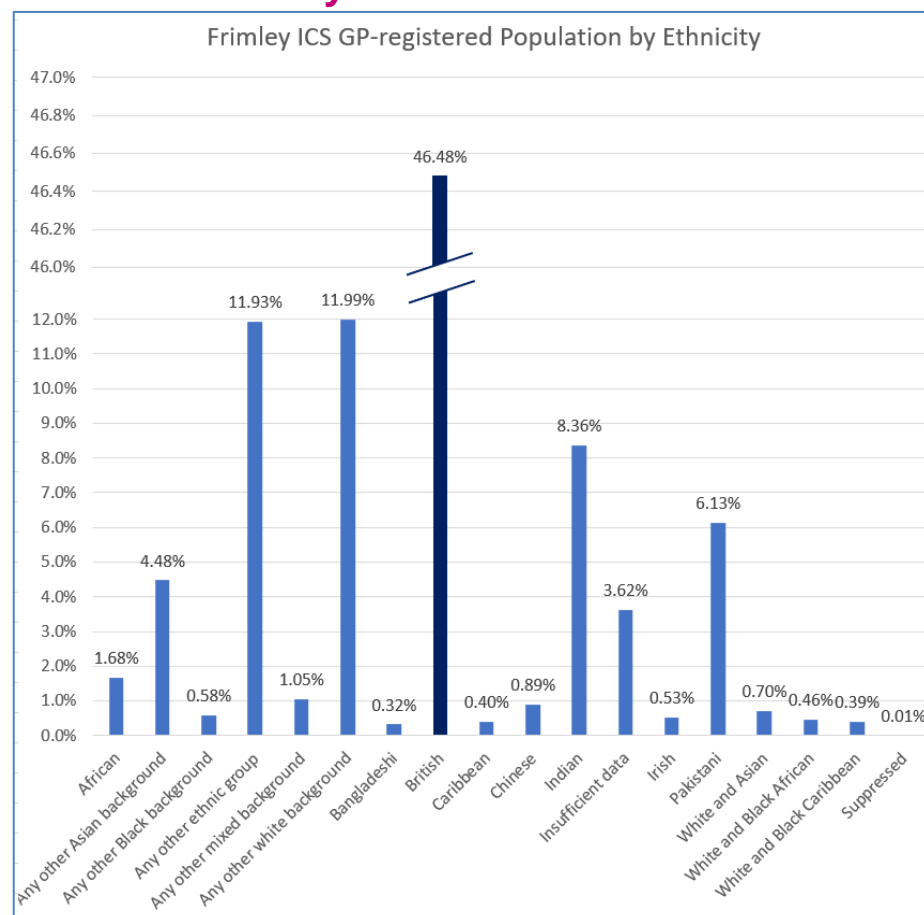
## Pregnancy and maternity



Internal data from GP-registered patients shows that 1.92% are pregnant or have been pregnant within the last 12 months of the data retrieval on 19<sup>th</sup> January 2024.

This data also shows that just over half of these pregnancies were White patients, while just under one third were Asian or Asian British patients.

## Race & Ethnicity

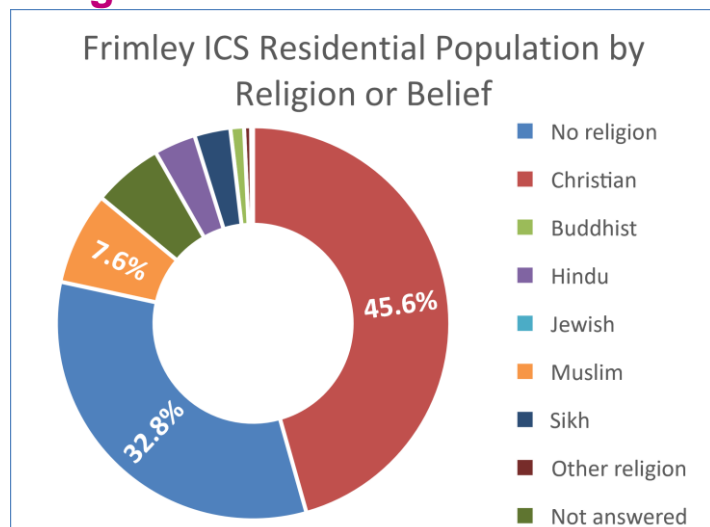


Reviewing our internal data by ethnicity, 46.5% of our GP-registered patients are 'White British'. The broken bar chart below demonstrates this alongside our other populations, which shows 'Any other white background,' 'Any other ethnic group' and 'Indian' as our next largest demographic groups respectively.

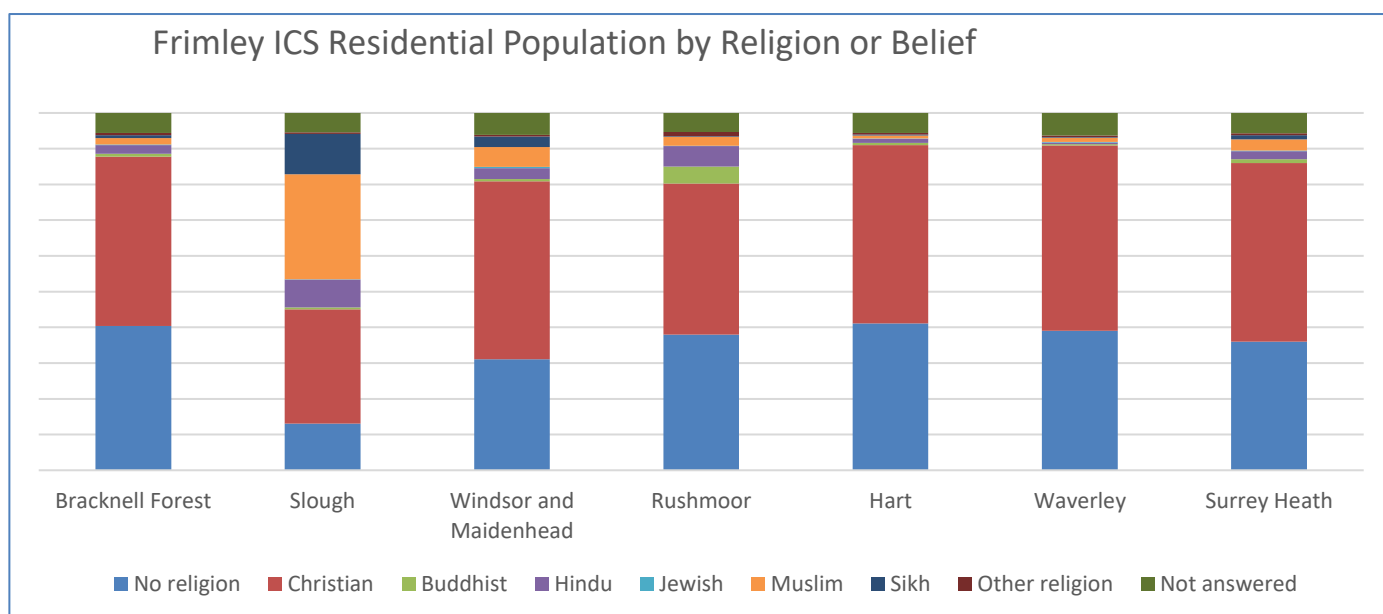
Nearly 100,000 of our resident population do not speak English as their main language, with over 122 languages spoken, including Urdu, Polish, Punjabi, Nepali and Hindi.



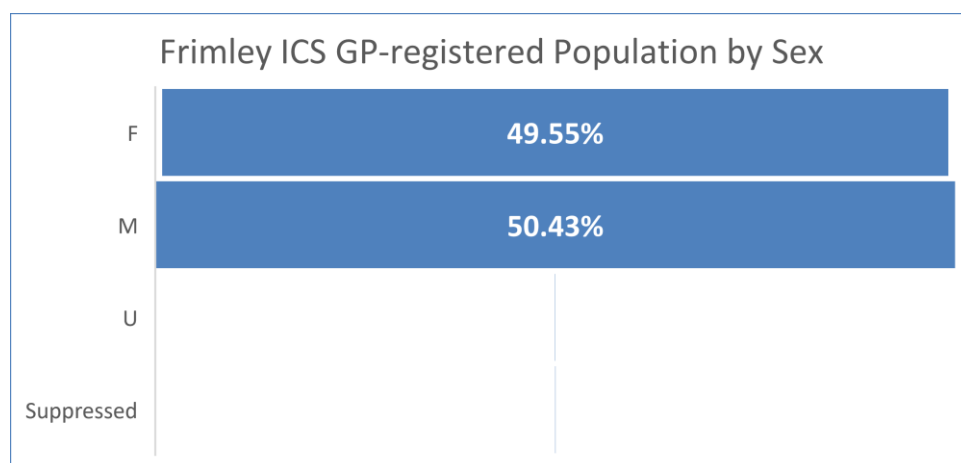
## Religion or belief



45% of our population stated their religion as Christian and just under 33% said they had no religion. We have a higher than national average of Muslims living in Frimley, many of which live in Slough but also in other area. Slough also has more of our Sikh residents and most of our Buddhist population live in Rushmoor. We have low numbers of Jewish and 'Other Religion' groups across our places.

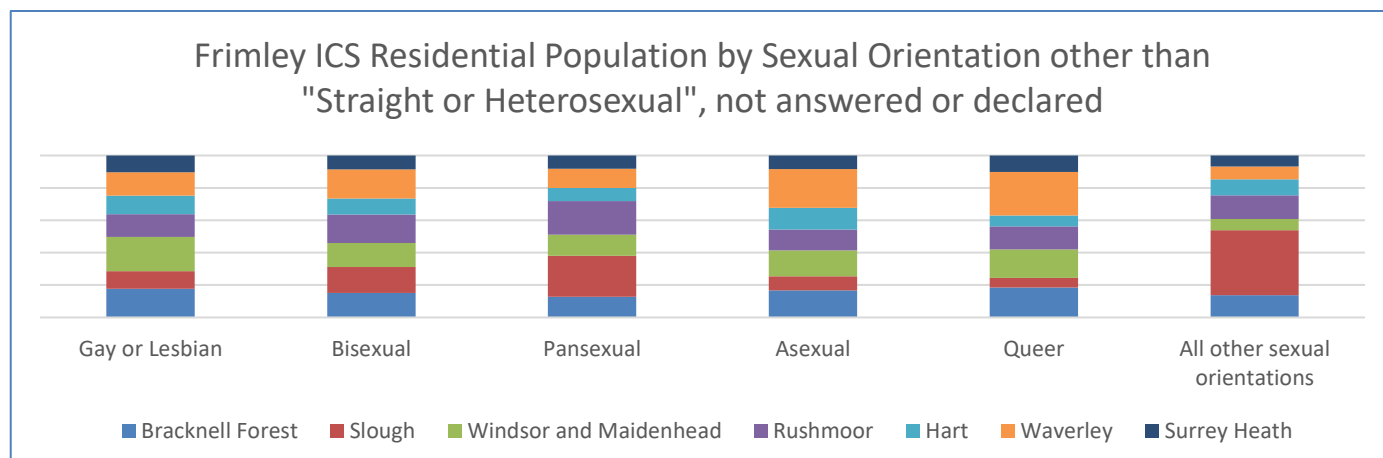


## Sex



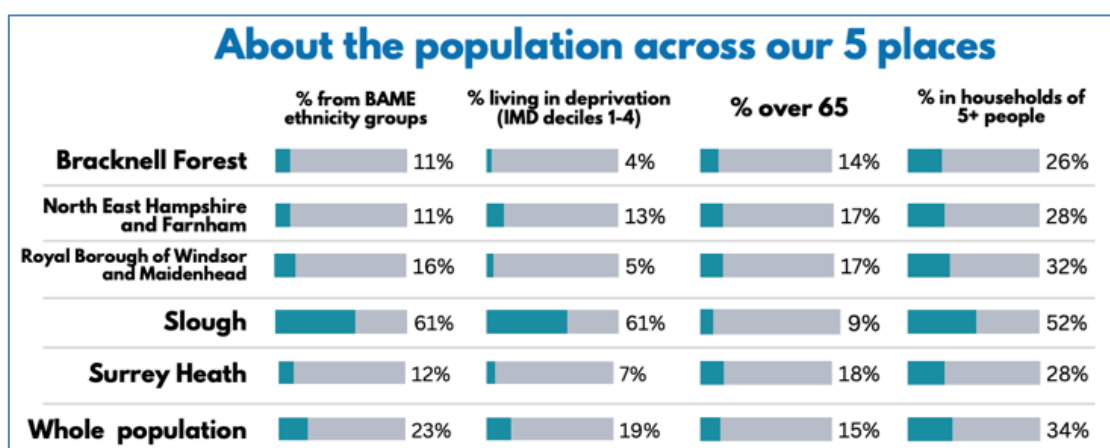
Internal data shows we have slightly more male patients registered with our GP services than female. Combining patients with suppressed data and unknown Sex are 0.02% of our population.

## Sexual Orientation



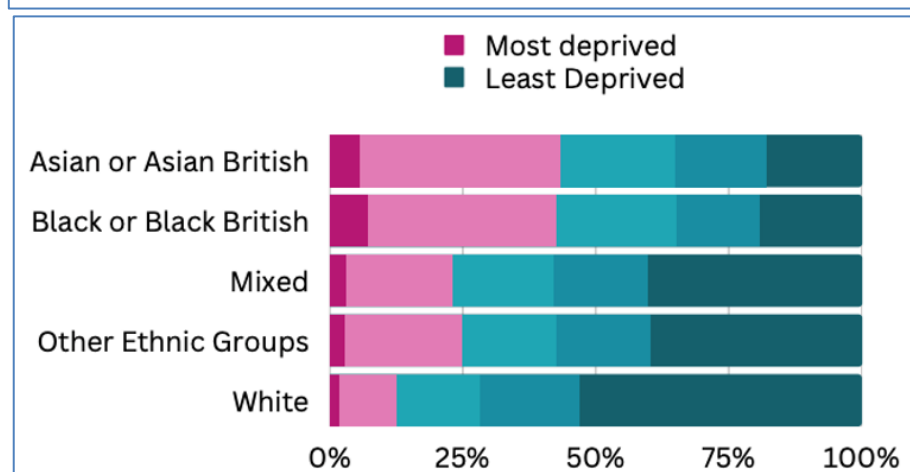
Data from the 2021 Census revealed that 90% of our residential population are Heterosexual, while a further 7.3% of our residential population did not answer or declare their sexual orientation. The remaining 2.4% of our residential population identified as above. Our largest demographics in this chart sit within the "Gay or Lesbian" and "Bisexual" categories. Windsor and Maidenhead Place hosts the largest population of people who are not heterosexual, followed by Rushmoor and Bracknell Forest Places respectively.

## Socioeconomic vulnerabilities and deprivation



Around 3% of our population live in the most deprived areas of England. Of those living in deprivation, over 30% of residents are from Black,

Asian and Minority Ethnicity backgrounds.



Our Gypsy Roma Traveler community are seven times more likely, and our Nepalese community are three times more likely to live in deprivation than our white community.

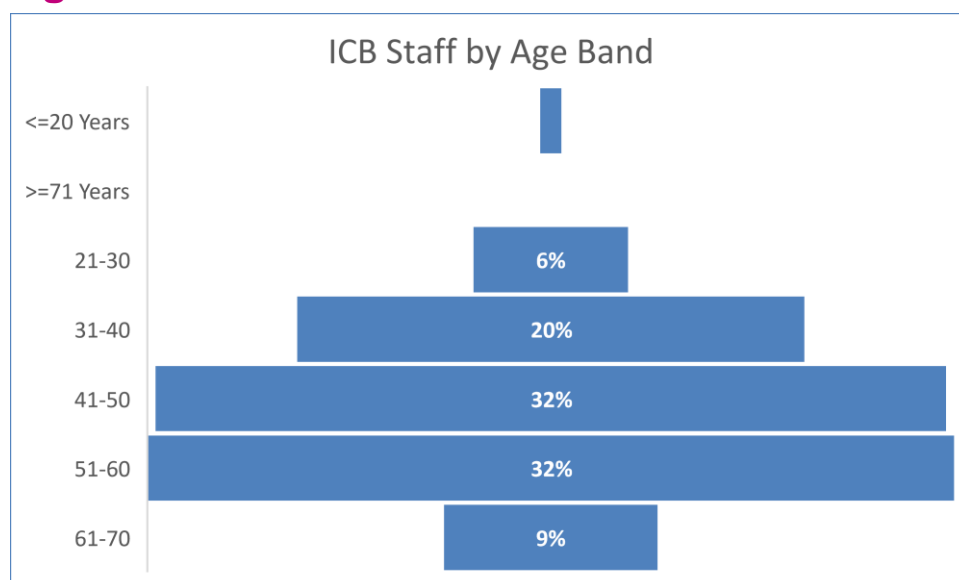


We have 56,000 residents living in deprived areas who are at risk of fuel poverty due to poorly insulated homes; nearly one third of our population are in some form of rented accommodation.

## Our Workforce

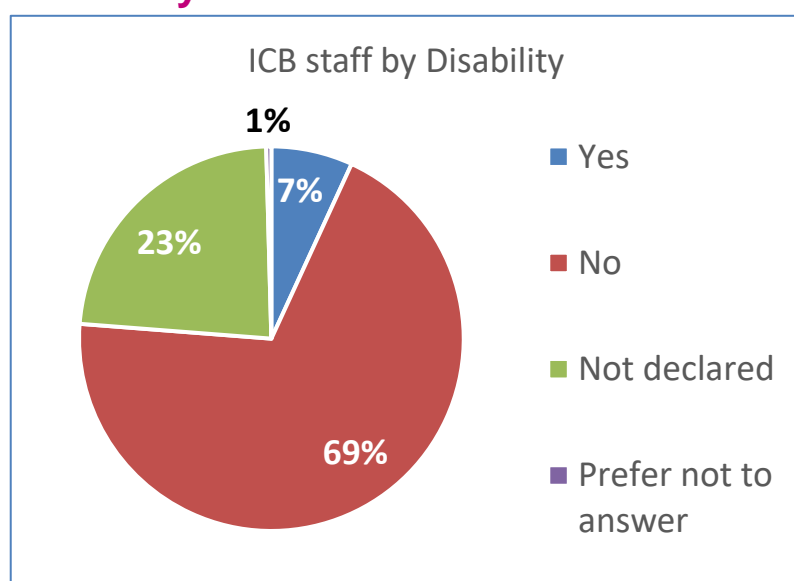
Our workforce data on 30<sup>th</sup> January 2024 includes 467 staff who are full and part time, as well as those employed on permanent, bank and temporary bases. It includes staff on active assignments, career breaks, secondments and acting up, maternity and adoption, as well as those who are inactive or suspended. By each protected characteristic, our data showed:

### Age



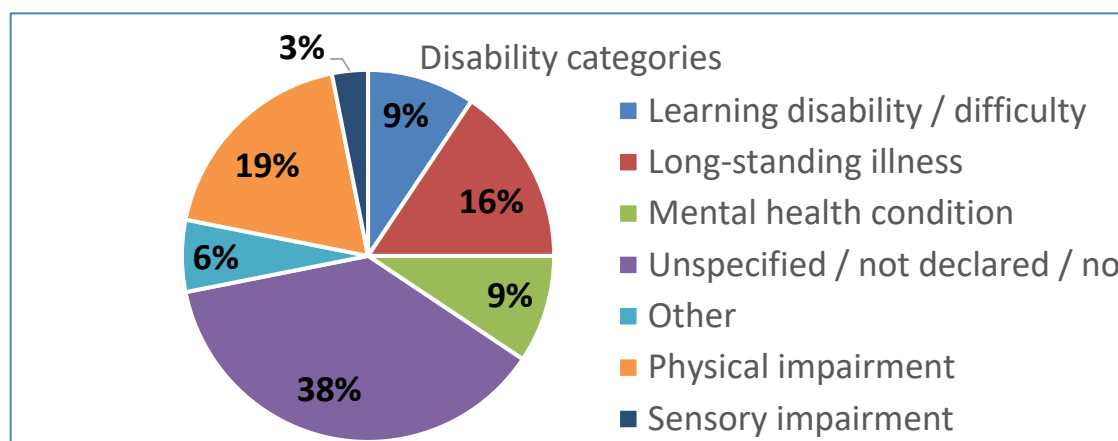
64% of ICB staff are between 41 - 60 years

### Disability



7% of staff have declared that they have a disability.

It is noteworthy to mention that almost a quarter of our staff have not declared their disability status. There is ongoing work across the ICB to understand why and improve declaration rates.

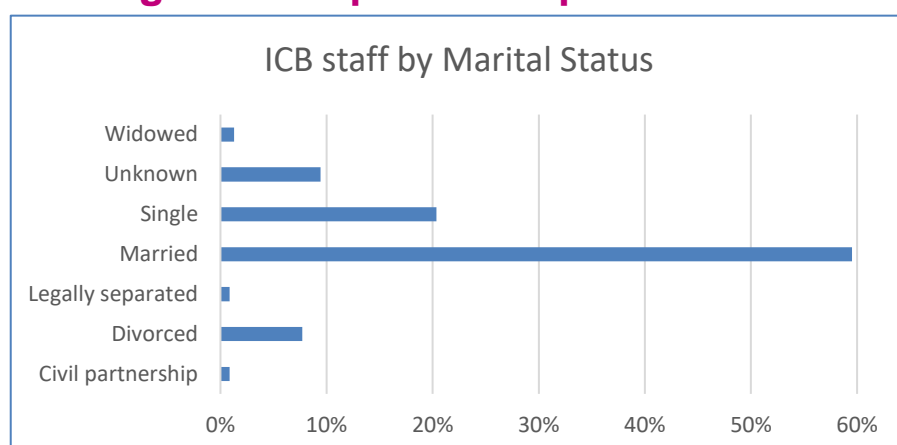


Of the disabilities that have been identified, the two largest groups of declared disabilities were physical impairments and long-standing illnesses 38% of ICB staff have not specified the type of disability they have. This can make it difficult to understand issues for staff and impact on their work experiences. We are continuously working with our disability staff network to understand what support our disabled colleagues need to ensure they have the right support and adjustments in the workplace.

## Gender Reassignment

The data that is collected on our Electronic Staff Record (ESR) does not record gender identities outside of the male/female binary. Equally, it does not record whether a staff member's gender identity is the same or different from what was assigned at birth. We work closely with our LGBT staff network to create safe spaces for colleagues to raise issues.

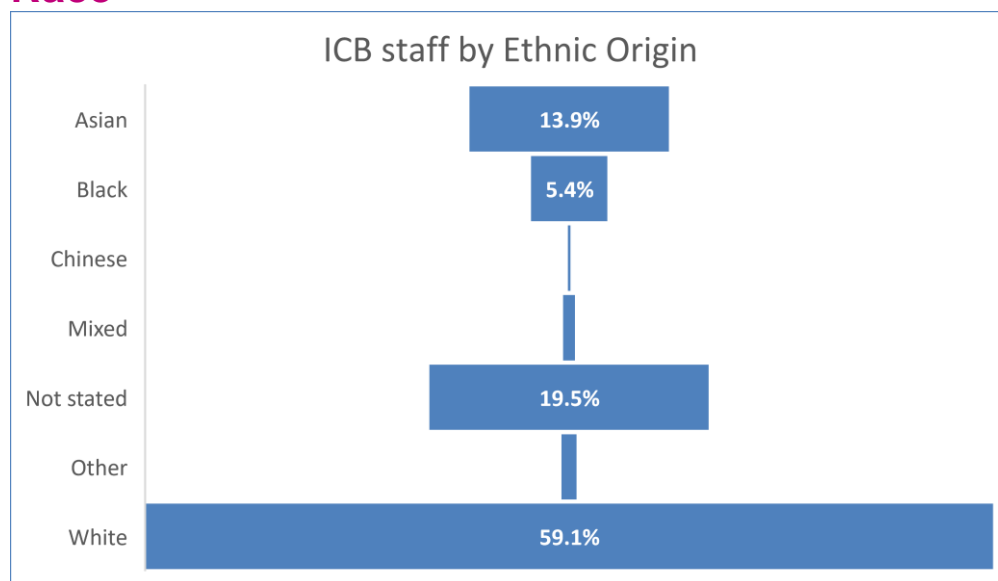
## Marriage or civil partnership



The majority of our ICB staff are currently married or in a civil partnership.

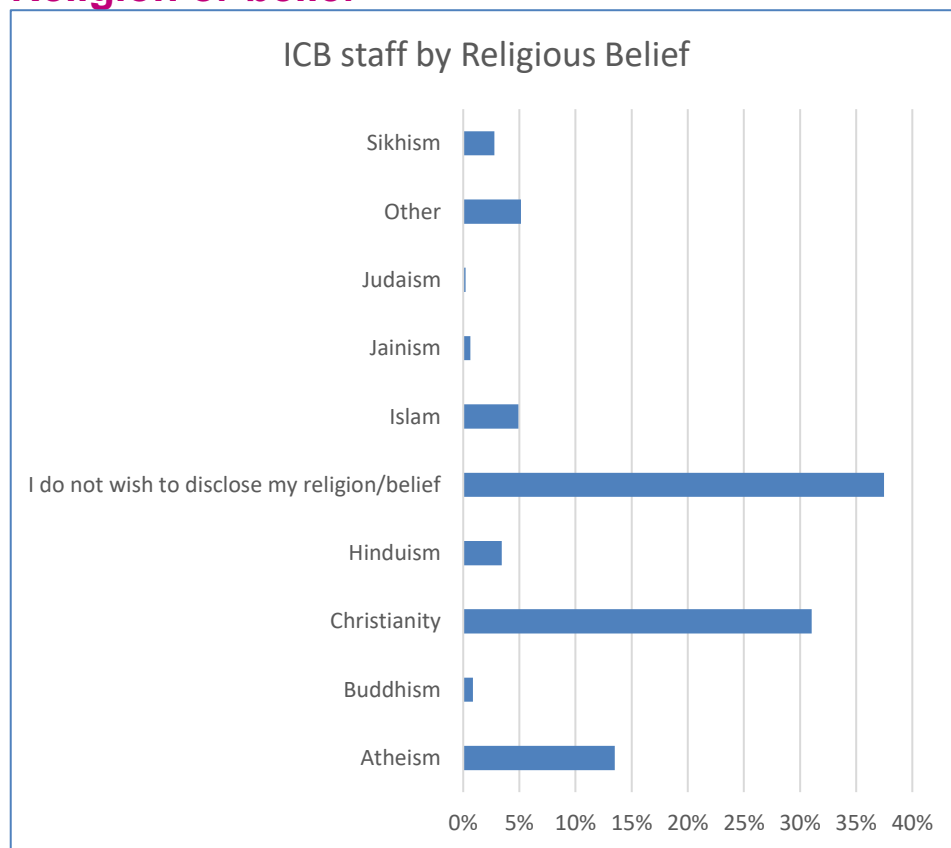
Around 30% of our staff are single, separated or widowed, and around 10% have not declared their marriage/civil partnership status.

## Race



Data shows that 59% of our staff are White, and 19.3% Asian and Black staff. Work is ongoing to increase declaration of ethnicity and other protected characteristics so that we can understand who is employed at the ICB, and embed fair recruitment processes to increase representation from colleagues from Black, Asian and Minority staff (BAME) backgrounds.

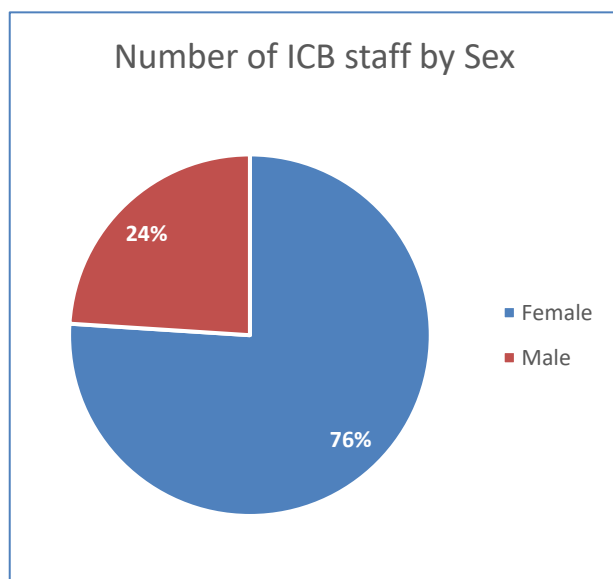
## Religion or belief



Over 30% of staff who have declared their religion are Christian and over 10% are Atheist. We have 5% of colleague who have stated they are Muslim and have small numbers of staff across a wide representation of religions and beliefs such as Sikh, Judaism and Hinduism. We have a significant number of staff who have not declared their religion and continue to work with our staff networks to improve this.

## Sex

Our staff split between female and male colleagues is as follows:

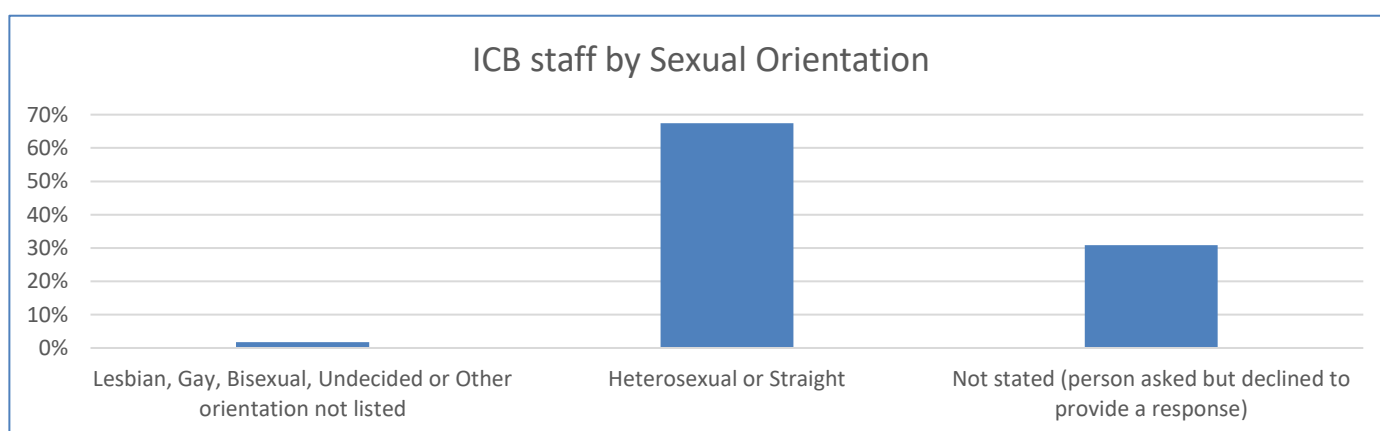


|        | Total | Part time | Full Time |
|--------|-------|-----------|-----------|
| Female | 76%   | 28%       | 48%       |
| Male   | 24%   | 8%        | 16%       |

Of all our ICB staff, 63% of females and 67% of males are employed on full time contracts.

Compared to 2023, this shows that slightly less staff in both female and male groups are working full time in the ICB.

## Sexual Orientation



Nearly 70% of our ICB staff identify as Heterosexual or Straight. Around 1.7% identify as Lesbian, Gay, Bisexual, Undecided or another orientation not listed, which has reduced from 2.71% in 2023 and is below the Census 2021 findings of 3% of the general population of the United Kingdom. It is noteworthy to mention that over 25% of our staff have not stated their sexual orientation.

## Pregnancy & Maternity

At the point of our data collection, less than 2% of ICB staff were classified with the assignment status “Maternity & Adoption”. This is a snapshot, and does not allow or consider for staff whose circumstances may have changed to other assignment statuses such as ‘career break’ or ‘inactive not worked’.

## ICB EDI Ambitions and Objectives

### NHS Frimley ICB EDI Strategic Equality Objectives

The following objectives have been developed for the Frimley ICB and will be reviewed this year.

| OBJECTIVE |   |
|-----------|---|
| 1         | To create an environment where staff feel valued, respected and included                              |
| 2         | To improve staff awareness, understanding and implementation of EDI including their legal obligations |
| 3         | To provide equality of opportunity in our employment practices  |
| 4         | To provide learning and development opportunities for staff   |
| 5         | To continually improve what we do based on equality   |

As part of our OD Strategic action plan, we have included the following objective:  
**Embed an open, inclusive, compassionate and learning culture that doesn't tolerate discrimination.**

#### What we know

NHS Frimley scores at or above average when compared to other ICBs on diversity and equality, and particularly highly in the organisation respecting individual differences. *However*, detailed review by protected characteristics shows differential experiences amongst staff.

- Higher % of BAME staff experienced harassment, bullying or abuse from other staff
- Higher % of BAME experienced discrimination at work
- Higher % of disabled staff experienced bullying, harassment or abuse from patients, managers or colleagues
- 78% of staff feel their line manager and senior managers support and encourage challenging discriminatory practices, but this is lower for BAME staff
- NHS Frimley scores well compared to other ICBs for line management and compassionate leadership, with significant improvements since 2021
- All staff groups report lack of consistency across the organisation about the compassion with which they're treated and how personal circumstances are accounted for.

Findings from NHS Staff survey 2022.

#### What we want to achieve

NHS Frimley values and behaviours are embedded into working life

Our people are well led and managed

A diverse workplace where everyone feels included

Zero tolerance of racism and other discrimination, bullying and harassment



## ICB Staff Survey

The 2023 NHS national Staff Survey analysis results has been undertaken. Due to the demographics of NHS Frimley staff who answered the Survey, detailed breakdown of results could only be determined for BAME staff and / or staff with a Disability or Long-Term condition. This is because staff from other groups, such as LGBTQ+, are too small in number to report without being identifiable.

The standout Staff Survey results are included with the Workforce Race and Disability Equality Standards below.





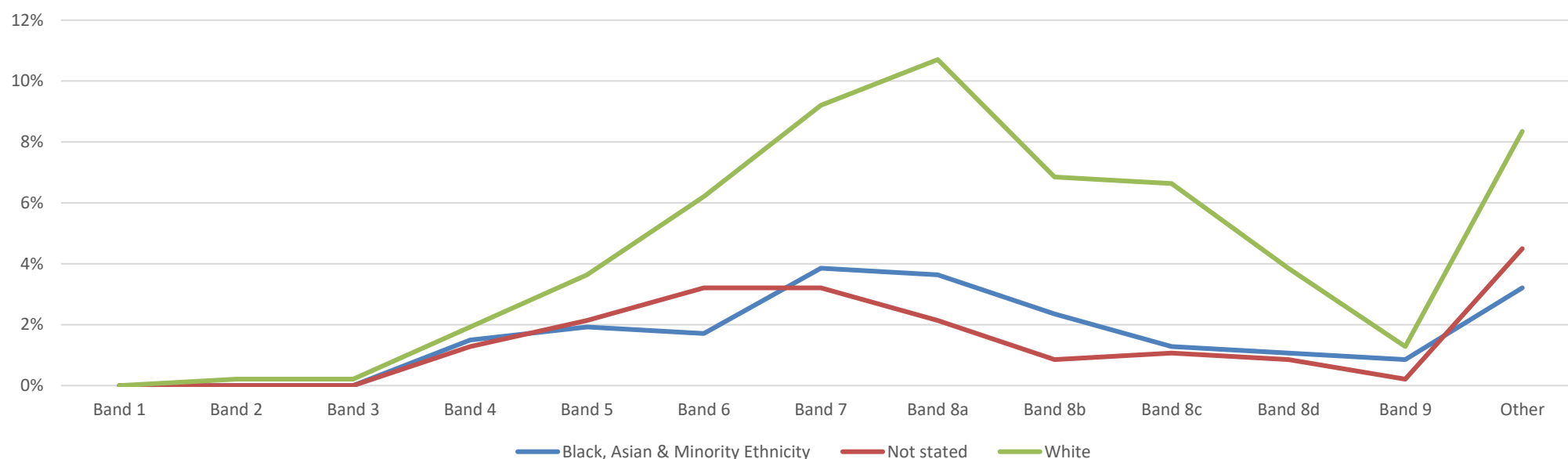
## ICB Workforce Equality Standards

### Race (WRES)

The ICB has remained committed to BAME staff since its' formation in June 2022. It is currently undergoing a restructure, but data at 30<sup>th</sup> January 2024 showed the following breakdown of staff by pay band and ethnicity:

|            | Band 1 | Band 2 | Band 3 | Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c | Band 8d | Band 9 | Other |
|------------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|--------|-------|
| BAME       | 0.0%   | 0.0%   | 0.0%   | 1.5%   | 1.9%   | 1.7%   | 3.9%   | 3.6%    | 2.4%    | 1.3%    | 1.1%    | 0.9%   | 3.2%  |
| Not stated | 0.0%   | 0.0%   | 0.0%   | 1.3%   | 2.1%   | 3.2%   | 3.2%   | 2.1%    | 0.9%    | 1.1%    | 0.9%    | 0.2%   | 4.5%  |
| White      | 0.0%   | 0.2%   | 0.2%   | 1.9%   | 3.6%   | 6.2%   | 9.2%   | 10.7%   | 6.9%    | 6.6%    | 3.9%    | 1.3%   | 8.4%  |

ICB staff by Ethnic Origin at each Pay Band



The data finds that we continue to employ less BAME staff at all levels within the ICB. Most of our BAME staff sit within Band 7, whereas the highest number of White staff sit in Band 8a.

It is noteworthy to find that staff who have not stated their ethnic origin tend to sit in Band 6 and Band 7 roles. The reason for this is unclear, but one hypothesis could be that staff feel declaring their ethnic origin may impact their ability to progress into senior or higher banded roles. Similarly, there is an unexplained increase in staff who have not stated their ethnic origin in the 'Other' category.

The ICB are dedicated to understanding the workforce it employs and ensuring there are fair and equitable processes in place for recruitment, progression and retention of its' staff.

## WRES by indicator for 2023

The ICB completed its' WRES submission in June 2023 using data from Frimley Clinical Commissioning Group as this was the only information available at the time of writing. The ICB have since received and reviewed WRES data. This showed:

| Indicator | Key findings   |
|-----------|--|
| 1         | There is a greater number of BAME staff in bands 1-4 and above band 6.   |
| 2         | White staff are 2.66 times more likely to be appointed from shortlisting than the BAME community. This is worse than the national average (1.54 times more likely) and has implications on our Organisational Change Programme, which we are addressing by implementing equality representatives on job matching panels and in interviews. |
| 3         | No staff within the ICB entered a formal disciplinary process. We know from the staff networks that microaggressions are continuing but are not being reported. We are addressing this by working with staff networks and equality advocates to understand experiences, reporting thresholds and barriers to reporting.                    |
| 4         | Non-mandatory training and continuing professional development isn't formally recorded within the ICB. We are working to include this information in future.   |
| 5         | White staff are reporting experiencing more physical violence, harassment, bullying or abuse than BAME staff. The reason for this is unclear; it could be experiential, reporting, or a combination.   |



|   |  |
|---|--|
| 6 | BAME staff experience more harassment, bullying or abuse from colleagues than their White counterparts. We are working with staff networks and equality advocates to understand experiences, reporting, and developing training around workplace culture and microaggressions.   |
| 7 | BAME staff feel that there are less opportunities for career improvement than their White counterparts.  |
| 8 | A greater percentage of BAME staff experienced and reported harassment, bullying or abuse from managers and colleagues. This is significant for the Organisational Change Programme as it may impact staff welfare, managing change programme, career decision making, workforce retention and the quality of decisions being made across the ICB. |
| 9 | Our Senior Leadership Team has 19% representation from the BAME; we are improving diversity by having an EDI Lead advisor to the SLT, as well as implementing a Mirror Board to our ICB Board.   |

## NHS Frimley Staff Survey Results: Race

For Staff Survey Results only, 'minority' refers to staff who are "Mixed/Multiple Ethnic Groups" or "Asian/Asian".

| Metric / Question  | 2022/23                               | 2023/24   |
|--|---------------------------------------|---|
| Demographic of respondents   | 25% Minority staff<br>75% White staff | <b>22% Minority staff</b><br><b>78% White staff</b> |
| Minority staff who have experienced harassment, bullying or abuse from colleagues in past 12 months                                      | 28.1%                                 | <b>28.6%</b>  |
| Minority staff who believe NHS Frimley acts fairly with regard to career progression / promotion, regardless of Protected Characteristic | 40.4%                                 | <b>32.7%</b>  |
| Minority staff who have experienced discrimination from work manager, colleague or other member of staff                                 | 17.2%                                 | <b>24.5%</b>  |

This data shows that fewer BAME staff chose to participate in the Staff Survey this year. We have found:

- Increase in BAME staff experiencing harassment, bullying or abuse and discrimination from colleagues in the past 12 months
- Fewer BAME staff feeling that NHS Frimley is acting fairly regarding career progression or promotion.



## **WRES Action Plan 2022-2024**

Our WRES Action Plan considered workforce data available at the time, and had input from the BAME Staff Network alongside the Equality, Diversity and Inclusion Working Group. The plan was reviewed and approved by the Senior Leadership Team.

Our WRES Action Plan is currently working on the following key goals:

### **Recruitment**

- Review of recruitment and selection policies and procedures
- Put diverse recruitment panels in place
- Produce a method which reports on the interview process
- Create consistent wording for recruiting to vacancies
- Develop recruitment and selection training for line managers
- Improve the exit interview process
- Campaign to improve reporting and data capturing of ethnicity

### **Career Progression**

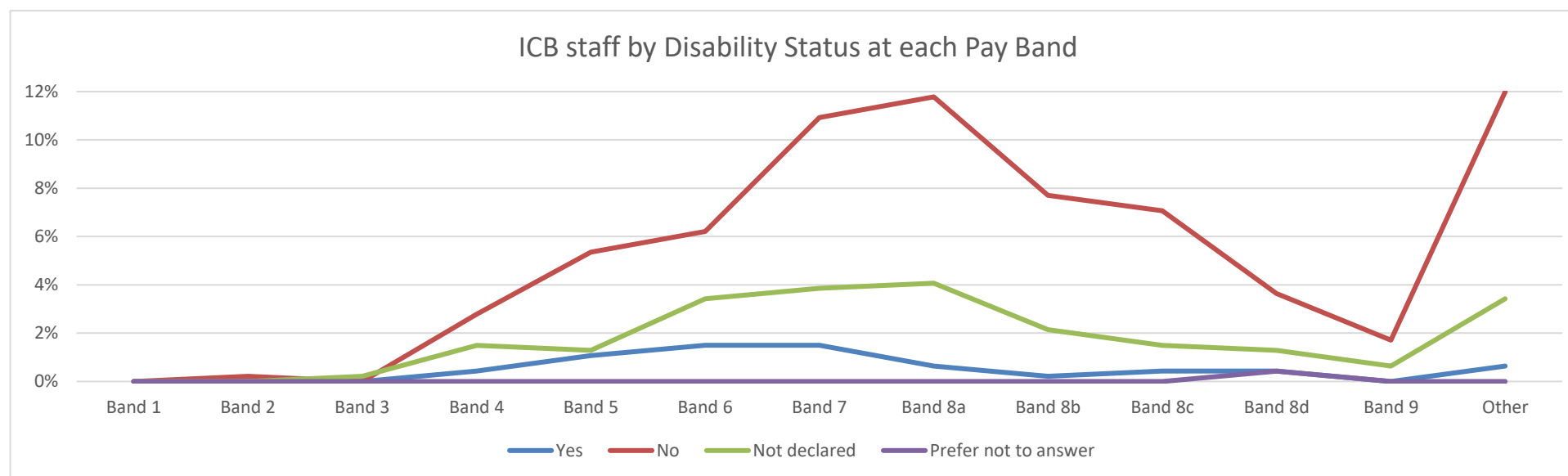
- Implement focused career conversations with BAME Staff
- Increase representation of BAME Staff at Bands 6, 8a and above
- Deliver specific actions for BAME Staff, e.g. development programmes for Bands 4, 5 and 8a
- Capturing non-mandatory training and continuing professional development for all staff members.



## Disability (WDES)

As for our BAME staff, the ICB has remained committed to staff with Disabilities since its' formation in June 2022. Data at 30<sup>th</sup> January 2024 showed the following breakdown of staff by pay band and disability:

|                      | Band 1 | Band 2 | Band 3 | Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c | Band 8d | Band 9 | Other |
|----------------------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|--------|-------|
| Yes                  | 0.0%   | 0.0%   | 0.0%   | 0.4%   | 1.1%   | 1.5%   | 1.5%   | 0.6%    | 0.2%    | 0.4%    | 0.4%    | 0.0%   | 0.6%  |
| No                   | 0.0%   | 0.2%   | 0.0%   | 2.8%   | 5.4%   | 6.2%   | 10.9%  | 11.8%   | 7.7%    | 7.1%    | 3.6%    | 1.7%   | 12.0% |
| Not declared         | 0.0%   | 0.0%   | 0.2%   | 1.5%   | 1.3%   | 3.4%   | 3.9%   | 4.1%    | 2.1%    | 1.5%    | 1.3%    | 0.6%   | 3.4%  |
| Prefer not to answer | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%    | 0.0%    | 0.0%    | 0.4%    | 0.0%   | 0.0%  |



This data shows that the majority of our Disabled staff are within Bands 6 and 7, while the majority of staff who have not declared their Disability status sit within Bands 6, 7 and 8a.



## WDES by indicator for 2023

| Indicator | Key findings  |
|-----------|---|
| 1         | At the time of writing, less than 4% of staff had declared a disability.<br>This is lower than the national average, but continues a year-on-year improvement trend.  |
| 2         | We have a higher likelihood of disabled staff being recruited from shortlisting than non-disabled staff.  |
| 3         | There is a higher likelihood of disabled staff going through a formal capability process than non-disabled staff.<br>Our data is aligned with the national average for the NHS.   |
| 4         | Until 2022, disabled staff experienced a slight reduction in harassment, bullying or abuse from their manager.  |
| 5         | Over half our staff believe that the ICB provides equal opportunities to disabled and non-disabled staff.   |
| 6         | Until 2022, the trend of presenteeism has been falling year-on-year.<br>Our rate is very slightly higher than the national average.   |
| 7         | Until 2022, staff are more satisfied that their work is valued year-on-year.<br>Our rate is higher than the national average.   |
| 8         | Until 2022, facilitation of reasonable adjustments has fluctuated for our workforce; this could have been impacted by the Pandemic.<br>Data has shown that ICB staff are more likely to have their adjustments facilitated than the national average in 2022. |
| 9a        | From 2020 to 2022, year-on-year data shows disabled staff have been less engaged.<br>Despite this, all staff remain more engaged than the national average.   |
| 9b        | The ICB and CCGs have always reported that they were putting mechanisms in place for the voices of Disabled staff to be heard.  |
| 10        | The ICB has less Board representation of Disabilities than the national average.<br>We have more representation of Disabilities at executive level than the national average.   |



## NHS Frimley Staff Survey Results: Disability / Long-Term Condition

For the purposes of Staff Survey Results only, DLTC refers to staff who are Disabled or have a Long-Term Condition.

| Metric / Question   | 2022/23                  | 2023/24                                |
|---|--------------------------|--|
| Demographic of the 95% respondents who answered DLTC questions  | 16% DLTC<br>84% non-DLTC | <b>23% DLTC</b><br><b>77% non-DLTC</b> |
| DLTC staff who have experienced harassment, bullying or abuse at work   | Suppressed               | <b>33%</b>                             |
| DLTC staff who have felt pressure from their manager to attend work when feeling unwell                                 | 18.5%                    | <b>14.7%</b>                           |
| DLTC staff who feel the organisation values their work  | 50%                      | <b>46.8%</b>                           |
| DLTC staff who say NHS Frimley have made reasonable adjustments to enable them to carry out their work                  | 90.5%                    | <b>85.7%</b>                           |
| DLTC staff who have experienced harassment, bullying or abuse from patients and members of the public in past 12 months | 28.9%                    | <b>26.6%</b>                           |

This data shows that:

- More DLTC staff chose to participate in the Staff Survey this year
- We are unable to prove any changes in the rate of harassment, bullying or abuse from work colleagues as the 2022/23 rate was suppressed
  - o We *do* know that a third of our colleagues are currently experiencing poor behaviours from colleagues at work
- DLTC staff are feeling less pressure to attend work when they are unwell
- DLTC staff are feeling less valued for the work that they do at NHS Frimley
- Less DLTC staff feel that reasonable adjustments have been made for them.

## WDES Action Plan

Our WDES actions include:

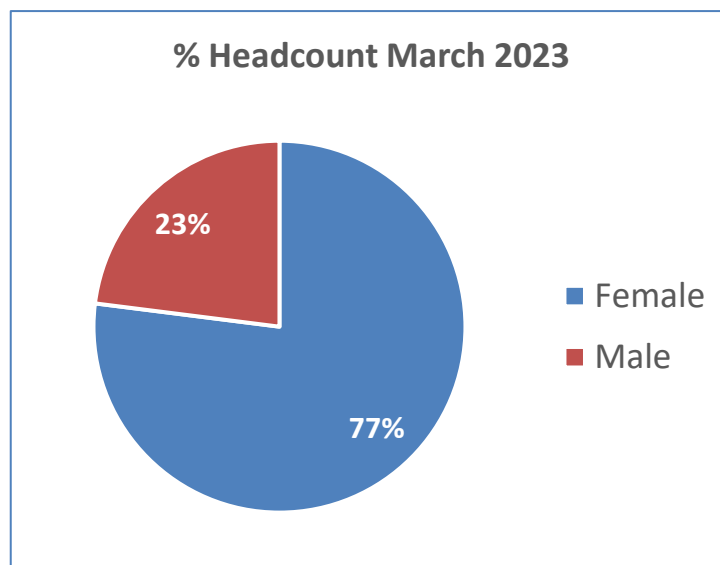
- Improving declaration rates of disability to reduce 'unknown' data
- Optimising the recruitment process to increase representation of disabled staff and improve feedback methods around the recruitment process
- Reviewing the capability process to reduce disparity of disabled staff entering the process
- Improve Board-level representation, and therefore understanding and lived experiences of barriers faced by disabled staff.

## Pay Gap Reporting

### Gender

The data reported here has been prepared in accordance with guidance published by the Government Equalities Office and the 'snapshot' information includes staff holding an employment contract on 31<sup>st</sup> March 2023, based on our Employee Staff Records (ESR). The gender pay gap is the difference between the average earning of men and women, expressed relative to men's earnings.

Based on data gathered in March 2023, Frimley ICB's mean pay gap was 20% and median pay gap was 25%. We are unable to directly compare this to previous years, as the ICB was only established in July 2022.



Having reviewed the Frimley CCG data to identify consistent themes, we can see that the ICB employs 2% more men than the CCG workforce in 2022. Despite this, the ICB continues to employ 77% women.

The ICB are addressing the Gender Pay Gap findings by:

#### 1. Ensuring an equitable Organisational Change Programme

- Created a consistent template to ensure that job descriptions for new roles would be developed with inclusivity and accessibility in mind
- Completed ongoing Equality Impact Assessments, ensuring that anonymized ESR data was reviewed at each decision-making point
- Reviewing the original consultation report through an inclusion lens to support use of inclusive language and highlight ICB ambitions to improve workforce and health inequalities
- Embedded messages about inclusion into 'Managing Change' sessions delivered to line managers, highlighting equality themes from post-consultation responses to ensure they were amplified
- Reviewing job matching and interview processes from an equality perspective, constantly asking whether we are doing enough to ensure that people will feel equally and fairly treated and know that their needs will be considered.

## 2. Sexual Safety in Healthcare Charter

- The ICB has made a commitment to meeting the requirements of this Charter by July 2024.

## 3. Gender Pay Gap proposed actions

- Staff survey is reviewed from a gender equality perspective and key themes are reported on
- Engagement sessions with staff facilitated to understand the employee perspective on barriers to progression and pay for women
- Gender focused sessions held with staff networks to identify intersectionality issues
- Gender development of an action plan.
- Agree a senior executive sponsor

## Ethnicity

The ICB are planning to produce and ethnicity and disability pay gap in the near future.

## Frimley ICS EDI Ambitions

Our ICB equality objectives align closely with the wider ICS Ambitions:

Examples of progress on the equality objectives and ambitions include:

- Training and embedding Equality Advocates throughout the ICB to act as active bystanders, listen to and signpost colleagues to support.
- Development and implementation of an Inclusive Recruitment Toolkit, which provides best practice from writing the job description through to appointing to roles and giving constructive feedback to unsuccessful applicants.
- Provision of educational webinars with Staff, Lived Experience and Professional speakers including Simon Steel, Peju Abuchi and John Amaechi OBE
- Fortnightly newsletters to embed EDI as 'business as usual' and influence cultural change.
- Delivery of a 'Virtual Roadshow EDI Conference' to foster cross-System working, learning and development.

## Anti-Racism in Frimley ICS

Agreed as a key System Ambition in June 2022, Frimley ICS has been working towards being an Anti-Racism system

The ICB has supported BHFT, who have developed and agreed their Anti-Racism action statement as follows:

*Berkshire Healthcare is committed to becoming an Anti-Racist organisation, in a purposeful and impactful way as part of our corporate strategy.*

*We take an active role in identifying and addressing all types and impacts of racism, not just when it is obvious.*

The ICB have also developed a zero-tolerance statement which fits with all work undertaken by and with our staff:

*Frimley Integrated Care Board is committed to a strict policy of zero tolerance. We believe all forms of diversity contribute to a positive and enriching experience, and will never ignore, tolerate or condone bullying, harassment or victimisation of any kind in any form.*

*We strongly encourage and support anyone who has experienced or witnessed this to come forwards; no act is too small to be addressed.*

BHFT have worked with their Staff Race Equality Network to design and launch their ongoing Anti-Racism work at both workforce and service user levels. This included their Anti-Racism CommUNITY Forum Launch event, which held an in-person panel event to hear community organisations' hopes and plans for delivering effective action together.



The Forum will continue to scope year one activity and develop Terms of

Reference, as well as being involved in steering projects and improving services. Feedback from the CommUNITY Forum so far has included:

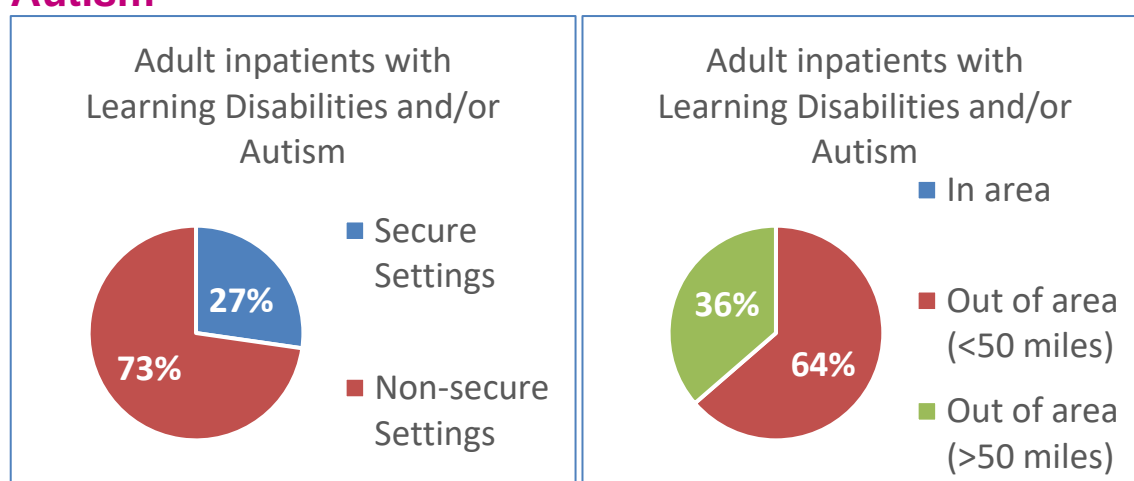
***“You have to bend the stick before it grows into a tree.”***

***“This is such an engaging, energizing space to be in. There will be so much learning to do, but that’s what will make the best outcomes for our communities.”***

BHFT are also in the process of launching a Multi-Faith Education Programme across both East and West Berkshire. This aims to improve staff training through online modules, videos and workshops, build partnerships and a directory of local businesses, and form a staff network that will offer student placements.

The plan is for the ICB to work with Partners across the System to convene an Anti-Racism Alliance. This aims to collaborate and cross-apply learning and strategies from BHFT across Partner Organisations in the ICS to improve working experiences of staff across Health and Social Care providers. It will therefore improve equity and equality of services being delivered to patients and service users across the System.

## The inappropriate detention of people with Learning Disabilities and Autism



NHS Frimley comply with regulatory requirements to report data on inpatients with Learning Disabilities or Autism.

The ICB currently has 22 adult inpatients with Learning Disabilities and/or Autism (NHS England’s target is 20). Of this group:



- 16 are in non-secure settings and 6 are in secure settings
- All are classed as being 'out of area', but 8 are a significant distance (over 50 miles) from their home address
- 11 are ready for discharge but facing barriers including sourcing suitably skilled providers, funding panel approvals, engagement of hospital teams, lack of clarity on roles and responsibilities across health & social care, social care caseloads, legal representation and views of the person, their family and / or advocates.

L was admitted to hospital in October 2020, and was transferred from Prospect Park Hospital in Reading to Mild May Oaks in Hampshire in February 2021 following an escalation in challenging behaviour.

L was ready for discharge for over 1 year but it was challenging to identify a provider with the necessary skills and experience as L had a history of fire-setting.

The ICB worked with the Local Authority and found a provider in Kent who had the skillset to support L, as well as a vacancy near to L's extended family.

L was discharged in mid-December 2023 and spent Christmas at their new home. Things are going really well for L and there have been no subsequent incidents.

The ICB have found a recent increase in reporting from Mental Health inpatient services of autistic adults without Learning Disabilities being admitted – this could be due to previous under-reporting or lack of awareness rather than being a marked increase. At the time of writing, 73% of our inpatients are Autistic but do not have a Learning Disability.

As a result of ongoing data and needs analysis, several workstreams have commenced in an attempt to better support our patients following discharge, and to prevent unnecessary readmission. These include but are not limited to:

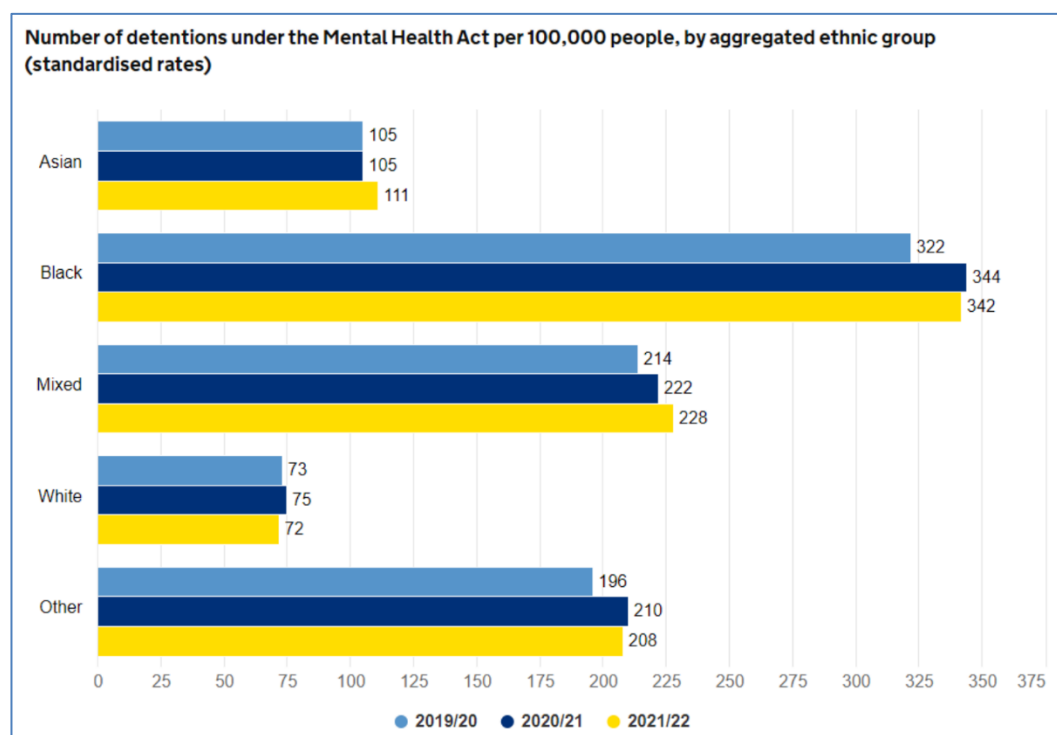
- BHFT have an Intensive Support Team, who work with adults with Learning Disabilities in the community
- Improving inpatient settings for Autistic adults, for example by delivering training to Acute and Mental Health Hospital staff, and auditing by Autism Berkshire
- 8-weekly Commissioner Oversight visits to all inpatients in Mental Health wards from East Berkshire, working closely with other ICBs and Providers who oversee inpatients residing in North East Hampshire, Farnham and Surrey Heath
- Close Multi-Disciplinary Team working by the ICB's Head of Learning Disabilities and Autism to facilitate complex discharges.



As an ongoing commitment to this work, in the operational planning for 2024/25, the ICB intends to prioritise Community Services for Autistic Adults that reduce the likelihood of Mental Health relapses requiring future admission.

## The disproportionate detention of people from ethnic minorities under the Mental Health Act

In the year to March 2022, [National Government Ethnicity Facts and Figures](#) showed Black people were almost 5 times as likely as White people to be detained under the Mental Health Act.



BHFT have analysed their local data from April 2020 to January 2023, which shows that Black people are more likely than White people to be detained under the Mental Health Act across East Berkshire.

| Locality                              | Representation of Black people sectioned compared to Census representation |
|---------------------------------------|--|
| Bracknell Forest                      | <b>2.95</b> times more likely  |
| Royal Borough of Windsor & Maidenhead | <b>2.99</b> times more likely  |
| Slough                                | <b>1.07</b> times more likely  |
| Berkshire Wide (East and West Berks)  | <b>2.43</b> times more likely  |

BHFT have implemented four main workstreams to address this disparity, including:

1. Case reviews of detentions under Section 2 of the Mental Health Act
2. Mapping holistic mental health offerings across localities
3. Engaging with local communities and learning their lived experiences
4. Understanding the drivers leading to detentions.

Outcomes of their work so far can be found [on their webpage](#).

## Ethnic disparities in maternity care

In September 2022, the [Frimley Local Maternity and Neonatal System \(LMNS\) Perinatal Equity and Equality 5-Year Plan](#) was published. This recognised multiple challenges, such as:

- Poor uptake (lower than national average) of folic acid from BAME service users
- High rates of close relative marriage (consanguinity) linked to high risk of autosomal recessive disorders
- Rates of service users at risk of developing Gestational Diabetes Mellitus

Since its publication, the LMNS has constructed an Action Plan to prioritise and clearly define workstreams. These include:

- Improving knowledge around Folic Acid, and making it more widely available to service users (See [Healthwatch Slough report here](#)).
- NHS England-funded pilot project to offer an enhanced genetics service and improve genetic literacy in the community, including appointing a Close Relative Marriage Midwife to the Screening Team and regular data analysis and submission to National Teams
- Steering Group to improve education around Gestational Diabetes Mellitus and its' impacts on pregnancy, birth and future health, including patient-facing information about competent diet and lifestyle for those 'at-risk'

This work cuts across many teams and steering groups and an Equity and Equality Steering Group has been established to oversee the plan's implementation and monitor progress of key areas. Equity in maternity care has been established as a standing agenda item at the quarterly LMNS Board Meeting, allowing the opportunity for projects and improvements to be widely shared.

## Race equality in NHS recruitment and retention

### Inclusive Recruitment Toolkit

Launched in September 2023, the Inclusive Recruitment Toolkit provides a guide on how to recruit diverse teams and covers best practices at each step of the recruitment process, from writing a job description to appointing to post. It considers what inclusive recruitment is and why it is important to consider.

To support our ambition of having more BAME staff at senior levels, we have included a structured feedback form to improve the quality of feedback, and to gather experiential feedback from the candidate in order to keep improving our processes.

Copies of the Inclusive Recruitment Toolkit are available on request by emailing: [FrimleyICB.EDI@nhs.net](mailto:FrimleyICB.EDI@nhs.net)

| Frimley Health and Care  |  | BAME Candidate Feedback Form  |  |
|--|--|---|--|
| Candidate Name:  |  | Date of Birth:  |  |
| Ethnicity:   |  | Contact number(s):  |  |
| Other protected characteristic(s):   |  | Date of call:   |  |
| "How did you find the interview process?"  |  |   |  |
|  |  |   |  |
| "As a panel, what were our strengths? What were our gaps?"   |  |   |  |
|  |  |   |  |
| "How can we improve our interview process?"  |  |   |  |
|  |  |   |  |
| Strengths identified (with specific example):  |  | Ways to leverage this strength in the future:   |  |
| <i>Example: We were impressed with your ability to work in a team through project A.</i>   |  | <i>We felt like we didn't get the full picture of Project A, maybe next time you could elaborate more on the way your teamwork impacted project outcomes.</i> |  |
| 1.   |  |   |  |
| 2.   |  |   |  |
| 3.   |  |   |  |
| Areas for improvement (with specific example):   |  | Opportunities for development:  |  |
| <i>Example: We liked your approach to answering the question about X and appreciate that you haven't had working experience with this.</i>                   |  | <i>We believe that looking into courses about X or Y might give you a deeper understanding to develop your answers with lived experience.</i>                 |  |
| 1.   |  |   |  |
| 2.   |  |   |  |
| 3.   |  |   |  |
| Stretch assignments offered:   |  |   |  |
| Would the candidate like to be included in our Talent pool? Yes / No   |  |   |  |
| <input type="checkbox"/> Candidate unable to take the call, please contact on:   |  |   |  |
| Concluding your conversation: Remain empathetic and understanding. You might choose to say something like:   |  |   |  |
| <i>"I understand that this may be disappointing, but I hope this feedback has given you some ideas for development and success in future opportunities".</i> |  |   |  |

The document has been well received across health and social care providers. Some of our System partners have been reviewing their recruitment processes following circulation of this document, and are embedding concepts into their new policies and procedures. BHFT have implemented the following interim steps:

- Adding equality and anti-racism questions to their bank of interview questions
- Introducing recruitment stage outcomes to their 'people' dashboard so that services can review disparities at local levels
- Sharing requirements for teams to add health inequalities and anti-racism to their annual 'plan on a page'
- Discussing a number of other countermeasures in anti-racism workstreams led by their Deputy Chief Executive.

## International Recruitment Workbook

Our System Allied Health Professionals Team utilize Padlet to centralise their resources. They have a specific page (available publicly [here](#)) consolidating information about their Buddying System, overall recruitment guidance, and a Welcome Booklet.

The Welcome Booklet is a comprehensive document that gives staff information about how "Allied Healthcare Professionals" are grouped within the UK, the organisation, and how it fits into the wider UK healthcare system. It explores how the financial system operates, how local government services such as waste collection are arranged, and where places of worship can be located.

The document is available freely to staff at any stage in their recruitment process.

Clicking the image will take you to the page directly.

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## LGBTQ+ Healthcare

### Supporting our adult LGBTQ+ community

Within the System, HIV services provided by Thames Valley Positive Support identified the disparity in adult community support services between Reading (with over 20 different offers) and Slough, which had no offers.

They now provide monthly 'safe space drop-in' evenings for the LGBTQ+ community under the name "BeYOU". The networking opportunities provided by this group have allowed members to arrange additional informal coffee meetings, walks and lunches. This service is well received, and feedback has included 100% of people who attend BeYOU feel more supported with their sexuality or identity and 90% feel they have built a network of support.

### Supporting our LGBTQ+ children and young people

The need to support LGBTQ+ children and young people (CYP) was identified through extensive experience working with them in other groups. CYP support, and professional development, are areas that have been consistently mentioned as a need by professionals, CYPs and their patients/carers. A core cohort of LGBTQ+ CYPs was formed and extensive consultation to shape the project, develop understanding of their needs and inform the funding bid were completed.

The LGBTQ+ support project, now called Spectrum, will initially include a regular LGBTQ+ youth group and a professionals training programme. Moving forwards it will develop an Allies' Network of professionals and patients/carers across Slough. All of this will be informed by a panel of LGBTQ+ Young Governors, whose meetings will be overseen by an independent chair.

In the first 12 months, Spectrum is hoping to:

- Grow attendance within the Youth Group and provide a safe space for LGBTQ+ CYPs
- Develop and roll out a comprehensive professionals training programme
- Create an Allies Network
- Support the Young Governors to develop their leadership and project management skills.

### PRIDE

We understand that the LGBTQ+ Community have had a challenging year, with political threats to education and gender identity at national news levels, as well as the murder of Brianna Ghey in February 2023 and subsequent offender sentencing in 2024.

The System have worked across partners, charity and voluntary sector organisations to strengthen the LGBTQ+ support provided at staff and population levels. One way we supported both groups was attending PRIDE events across the Frimley ICS geography, as well as joining with events hosted in other System areas but for whom we provide some health and social care services.



The EDI System Programme Coordinator supported the planning and delivery team of Bracknell Forest's first PRIDE event, which was hugely successful and well attended. Partner organisations such as BHFT (via the Talking Therapies team), Thames Valley Police, Berkshire Fire and Rescue and South Central Ambulance Service (via Community First Responders) were present alongside charities and volunteers. Community members valued the opportunity to learn about the newly formed Integrated Care Board and wider System, as well as a safe space to ask about personal questions and receive signposting advice from the Talking Therapies team.



A dual-System attendance was supported by the EDI System Programme Coordinator at Pride in Surrey. This saw Frimley and Surrey Heartlands ICS' NHS organisations join Surrey County Council to support the community, offer signposting and recruitment opportunities. Our colleagues in BHFT also supported their local PRIDE in Reading (as per image above).

## AI & Digitisation

### Frimley Academy: Wavelength Leadership Programme

There is a need to embed ways of working that embrace joined up digital transformation across our System. One of the ways we support this is the delivery of 'Wavelength', a 5-month leadership programme to develop the skills, mindset, knowledge and relationships that support joined up digital transformation at a System level.

This provides a highly collaborative development journey that is cross-functional (for frontline clinical, operational and digital staff), cross hierarchical (for any level of experience) and cross geography (for providers, commissioners, community, voluntary, local authorities, police, fire and ambulance services from across Frimley ICS). This helps enable a positively disruptive conversation around digital innovation and population health analytics, without needing to have a technical background. As a result, any leader thinking about how we can do things differently is empowered to positive digital and data at the core of their transformation effort.

[Click here for more information.](#)

### Optimizing Hypertension Care using Digital Tools

Our Slough Place Team found that over 3500 patients with diagnosed hypertension had not formally captured a blood pressure (BP) reading within the preceding 12 months. Without a recorded BP, clinicians aren't able to offer treatment and optimize management, especially in those who are not achieving control or are out of range and may not be aware.



A Place-wide programme of work, led by Primary Care Networks and implemented by multi-disciplinary teams of Pharmacists, Public Health, Voluntary Sector Organisations and other Leads, was established to improve measurement of BP in our communities. The aim was ensuring patients had access to clinical advice and support, including medication titration, adopting lifestyle measures to improve overall control of BP.

Patients accessed BP monitors themselves or within a community pharmacy. Their readings were regularly reviewed by clinicians who then advised patients, either via a phone call or face-to-face consultation. The use of the digital tools and text messages streamlined patient access to support, and in some cases improved uptake of clinical services and patient understanding. Patients from all ethnicities have improved their BP reporting by 8% (at December 2023) from the previous year. The success of this work means we will cross-apply learning to other types of reviews, for example Asthma, Diabetes and Weight Management.

## NHS England Priorities

### Sexual Safety in Healthcare

Colleagues in SCAS undertook a campaign that highlighted issues related to sexual safety; this was initiated by the leadership agreeing to a sexual safety charter to make clear the behavioural expectations and cultural change. The campaign has, through co-production (with the Women's network and FTSU guardians) defined expected behaviours, this also helped to distinguish the intention and severity of any particular concern and help to develop an adequate response.

The campaign has upskilled the workforce in recognising, challenging and reporting poor behaviours through poster, intranet resources, webinars and podcasts. Staff networks have supported the EDI and FTSU teams to embed the charter, and Sexual Safety is included in mandatory training including SCAS' trust induction.

SCAS are producing a pack for managers on handling disclosures sensitively, and are upskilling them to have difficult and uncomfortable conversations. The campaign is ongoing, and is looking to work with a theatre company to create scenarios for staff training.

The ICB, as well as Partner NHS Organisations, have signed up to the Sexual Safety Charter.

## Additional EDI Workstreams across the ICB and ICS

### Equality Delivery System & EDI Improvement Plan

NHS England published the refreshed [Equality Delivery System](#) in 2022, which uses Services, Workforce and Leadership Domains to drive improvement for patients, staff and leaders. It was complimented by the publication of the [Equality, Diversity and Inclusion Improvement Plan](#) in June 2023. This body of work set six High Impact Actions for NHS organisations to address between its' publication date and March 2026. In recognising the duality of this reporting we are showcasing workstreams that demonstrate our ongoing efforts side-by-side in this section.

### Language Project

This Language Project has been created to support GP Practices and other Healthcare Services communicate via text messages in other languages to their patients. Patients receive many messages from the NHS, but given the wide range of languages spoken, many patients cannot understand them. It is hoped that by having a simple process for translating messages this will improve patients' understanding, reduce the number of Did not Attends, thereby improving health outcomes and reducing missed appointments.

The ICS provides a list of professional resources, which includes generic translated text message templates for patients with messages kept to under 500 characters where possible.



### Working with our Gypsy and Roma Traveler (GRT) Communities

Our System welcomes both permanent and transient members of the GRT community, and recognizes that this community has challenges in accessing support within health and social care.

One of our care coordinators within a GP practice has built a strong working relationship with the local GRT community. Liaising between the community and the ICB to strengthen collaborative working, one notable area of concern was support for young mothers and the health outcomes for their children. Our services came together to offer two different times and venues per week for the community to meet with Children's Services and discuss any issues they had. This project has been hugely successful in strengthening trust between the GRT community and service providers.

Following the ongoing success of building trust and providing services to the GRT community, the team delivered an educational webinar for staff as part of the 2023

Equality, Diversity and Inclusion System conference. This was gratefully received by both health and social care staff.

### Working with our Asylum Seeker Communities

210 asylum seekers (residents) are currently accommodated in a local hotel in NEHF; some have been waiting 15 months waiting for the outcome of their asylum claim. Residents have come from war-torn countries, some having faced persecution and others coming via unauthorized and unsafe trafficking routes. Countries of origin include Syria, Iraq, Albania, Hong Kong, Eritrea and Guatemala.

Living on only £8 per person per week, individuals and families found it hard to find activities that would stimulate children or themselves.

These residents are some of the most vulnerable people in our community and would be destitute without their accommodation. Language barriers and differences in their experiences of health and care systems mean navigating our local services is difficult. Young families have isolated children with dental decay and disheveled presentation in comparison to the local general population.

Staff and residents have reported feeling isolated, lacking connection with the local community, and unable to access some health and care services.

Working with hotel staff, a Health Day was arranged at the hotel. It included talks and discussion groups with professionals and interpreters to advise on primary care access, family planning advice and support, screening advice, the Healthier Together App (advising on the ability to translate information) and community offers for children and their families including Bernardo's, The Woodland Trust, Aldershot Football Association, Citizen's Advice Rushmoor and local offers from Churches like Stay and Play. Children had the opportunity to play football with the Aldershot Football Association and craft activities with the Woodland Trust while their parents took part in the talks. Sessions were rated with attendees using face symbols.

The outcome identified the high and complex needs of asylum seekers. It was clear that Asylum seekers' experiences were varied, but all were challenged by living at the hotel. The accommodation provider has complete access to food, which is repetitive and poorly balanced. Residents had access barriers to basic advice and information, entitlements and payments. Some had no school places or uniform, while others weren't accessing essential health and care services.

One high-risk case was a lady who wasn't registered with a GP and hotel staff described her as being in a "catatonic state". They were unsure how to support her or what to do.

Children were concerningly exceptionally excited by the Health Day and the ability



to partake in activities. They told us this was “the best day of the whole summer”. Staff running the event found it emotionally challenging as they hadn’t anticipated such high needs. Some requested further cultural awareness due to the differences in expectations and communication; for example, some interactions were met with frustration and desperation, crying and shouting, which was unfamiliar to staff.

The lady was supported several times by SaBP, and following a period of time at the hospital, staff have reported her mental state is completely different and vastly improved.

A female Welfare Officer was appointed to work with mothers and their children to ensure they have access to care and school places, while an audit now shows all residents are registered with a GP. Access to HC2 certificates was assessed to ensure they receive free NHS prescriptions and dental treatment (children with tooth decay were offered priority appointments). Residents were supported with travel costs to receive treatment.

Voluntary services were engaged throughout and reported ‘not being able to access or engage’ with the hotel staff or residents. They are now introduced and offering support to the residents’ community. They have organized second-hand winter coats, toys and children’s clothes. Some of the residents have registered to volunteer with local groups, because the hotel doesn’t allow families to cook, one center has offered cooking facilities for families to access.

There is now a multi-agency welfare group, jointly chaired by NHS Frimley and Rushmoor Borough Council, and including the voluntary sector, Home Office, schools and statutory services. The group coordinates welfare and safeguarding support, and is involved in planning for further residents who are arriving in a neighbouring town.

Learning has been shared across the System to benefit residents in SHP. Working with Bartlett Group Practice and Children’s Services at Surrey Heath Family Centre to ensure the Health & Wellbeing needs of people seeking asylum were met in a systematic way. A template was designed for the family centre liaison staff to gather information from people at the asylum hotel to ensure they were registered with the GP practice and then for services to be activated either at the GP practice or on site if available and appropriate.



As an Anti-Racist organisation, NHS Frimley has prioritized and spoken up for residents and demonstrated how partnership and collaboration can support the health outcomes and life chances of some of the most vulnerable in our communities.

## Workforce

### Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity

Frimley ICB leads a System of organisations committed to inclusive recruitment, talent management and retention of staff. As detailed above (see section on EHRC Monitoring Project), we have developed and circulated an Inclusive Recruitment Toolkit.

### Frimley Academy Leadership Programmes

Across the Frimley System, talent across our leadership workforce is developed through the Frimley Academy **20/20** and **Wavelength** Leadership Programmes, Frimley System **Cultural Intelligence (CQ) Network and Community of Practice**, and Frimley System **Mirror Board**.

The Frimley Academy has continued to build on the support it provides to the System delivery of our collective strategic Leadership, Culture, Equality, Diversity and Inclusion ambitions and objectives, fusing delivery of its flagship Academy programmes and opportunities, with support and development on a range of ambitious partnership initiatives working with partners locally, cross system and regionally with our partner health and care systems, our service is about whole system connectorship – system wide focused, person-centered, community led partnership working in its widest sense.

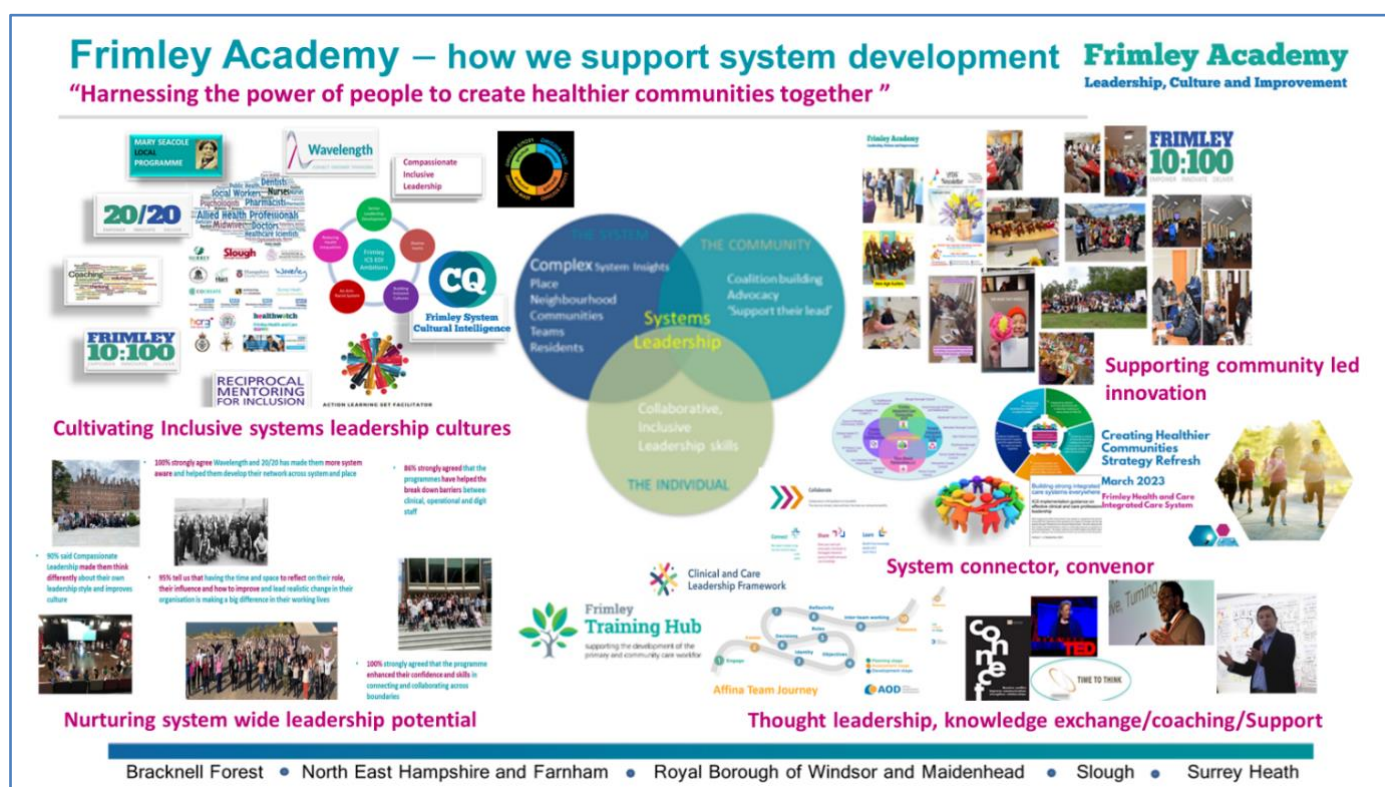
For a third successive year we have successfully increased transparency, visibility and access to hundreds of leadership, development support and opportunities that truly harness the leadership potential of all of our people, citizens, partners. In 2023 the Academy offered almost 200 places on their 20/20 and Wavelength leadership programmes. Both programmes bring together professionals from all parts of the System, including Health and Social Care, Local Government and Voluntary Sector. The Academy continues to be seen as pioneering catalysts for leadership and culture change, and creates networks of leaders committed to building capacity for inclusive system leadership to deliver joined up transformation and create healthier communities together.

In such challenging times, never more so has the spotlight shone so brightly on the need to embed inclusive system leadership cultures, networks of collaboration and partnership working across boundaries; building our collaborative leadership

capacity and shared commitment is vital to tackling the deep-rooted system inequalities and complex challenges of our health and care system essential to transform health and care outcomes.

Support and access has also been extended across the System. The Academy have launched additional initiatives ranging from Team Development Support, Peer Support, Action Learning Sets and Coaching. The Academy have piloted the globally successful 4D Leadership Programme developed by NASA, which equips teams with the skills to create enhanced psychological safety and achieve higher overall team performance.

For more information, [click here](#).





### Frimley ICS Mirror Board

Launched in 2023, as part of our system's drive to develop a diverse pipeline of future leaders across Frimley Health and Care, the Academy has supported the design and development of this exciting initiative working in collaboration with partners across the system to provide the opportunities for our people with leadership aspirations to have real influence and bring a diverse perspective to the decision making of Frimley Health and Care System.



### Targeting under-representation and lack of diversity at BHFT

BHFT continue to collaborate with Staff Networks to promote intersectionality, They provide a platform for employees with common interests, backgrounds or identities to connect, support and empower one another. This includes campaigns such as "What's in a name?" and other Anti-Racism projects, which promote inclusion and equality within the organisation.

In October 2023, BHFT celebrated Black History Month (BHM) with their Race Equality Network. The theme, "Dig Deeper, Look Closer, Think Bigger," reflected their commitment to unity and diversity. BHM is a time to learn, unite and honour the rich history, culture and achievements of the Black community, and colleagues were invited to share inspiring personal stories, including a panel discussion with Gold'ers from the Windrush Generation and a BHM quiz.

Engagement and leadership presence was strong throughout the event, with CEO Julian Emms discussing the importance of having a diverse Trust. Speakers also discussed their lived experiences and upcoming Trust EDI objectives to tackle racism and inequality.

Combining this with the Anti-Racism CommUNITY and task force ensures that BHFT will continue to work closely with their BAME staff and Race Equality Network to tackle racism. The Race Equality Network supports and promotes a

diverse range of cultural events and projects for staff and provides a safe space for all members to discuss difficult conversations, by promoting a sense of belonging and inclusivity and raising cultural awareness among the workforce.

### Talent Management at SaBP

In proactively addressing talent management, our System Partners at SaBP used their WRES and WDES data to identify longstanding themes that were not improving for staff with disabilities, long-term conditions and from BAME backgrounds. Themes included staff feeling they had less positive opportunities for career progression, and staff being disproportionately referred to the disciplinary process. They further found the Staff Networks felt they had a high degree of responsibility without much structural support from the Trust.

SaBP developed and recruited an EDI Business Partner in conjunction with their Health and Wellbeing Team. They developed an EDI Strategy and restructured their Staff Networks to provide protected time for co-chairs, defined leadership roles, terms of reference and codes of conduct. Outstanding goals from the Staff Networks were linked to the EDI Business Partner, and were delivered over the course of 2023, including a 'BME Leadership Programme', regular Menopause Cafés, attendance at Pride in Surrey, launching a Disability and Wellness Passport, Living Library and a Women's network annual celebration event.

Additionally, the EDI Business Partner developed and embedded several tailored trainings to address the issues identified from staff feedback and reporting. This included a module on Inclusive and Compassionate Management in Leadership training, Unconscious Bias in Recruitment for all recruiting managers, Cultural Competency training across team away days, and Intercultural Conversations workshops for teams with reported communicative diversity. They hosted an internal EDI Conference and signed up to two the Apprenticeship Diversity Network and Pride in Veteran Standards Network accreditation schemes. Regular reflective sessions are facilitated with new cohorts of internationally recruited nursing staff, which has helped identify themes and issues being experienced. The International Recruitment team, Education Department and EDI Business Partner have worked together to develop tailored support to address these issues, for example extending subsidized accommodation in the first 6 months of staff joining SaBP.

This cohort of work has seen EDI become the highest scoring area of priority in the 2024 staff survey results. SaBP continue their EDI journey by developing a reverse mentoring programme, diversity champions for recruitment panels, supporting and developing their Staff Networks and collect experiential feedback to understand and address their workforce needs in talent management and workstreams.

Wellbeing Champions, Mental Health First Aiders and Equality Advocates have also been established within the ICB. Staff can approach any of these colleagues to discuss and be signposted regarding health inequalities that they may be facing.

### Reviewing reasonable adjustments at NHS Frimley

Over the last year, The ICB have reviewed the process for providing reasonable adjustments to staff. Feedback included that the process was unclear and complex. The process was therefore reviewed and a clear flow established. A briefing was developed and delivered to line managers, and a presentation was provided to all staff on Access to Work.

### Addressing Health Inequalities at FHFT: Giving Voice to the Seldom Heard

At FHFT there are an estimated 2,000 working carers and 800 disabled employees in the organisation (according to the NHS Staff Survey response count in 2022). Disability disclosure in the Trust is currently 2.7% which suggests there is under reporting of disability.

In 2022, the Staff with Disabilities and Carers Network designed a survey aimed at working carers in the Trust, in order to establish their experiences in the organisation. Overall carers were having positive experiences overall in the organisation. However some felt their health and well being needs were being affected by having to use annual leave for accompanying dependents to hospital appointments. Some of the appointments were often at short notice due to the impact of the pandemic, therefore carers had little choice other than to take the appointments when offered. Carers were using annual leave as they felt taking carers leave would be looked down upon or even not granted. A package of support was needed for working carers.

The Equality and Diversity Manager chairs the Staff With Disability and Carers Network and as part of the network's ambition to achieve Level One of the Carers Confident Kitemark, the Carers Survey was developed by the network to understand the experiences of working carers. The survey also aligns with the kitemark's priority of "Develop and implement your package of support for carers".

The staff network is sponsored by the CEO of FHFT and the CEO attends meetings to listen to staff experiences and provide support for interventions which improve outcomes for disabled staff and carers. A conversation took place at a network meeting where the CEO endorsed the networks proposal to increase carers leave to ten days from six days. In Sept 2022 the Board received the annual Equality report and approved the proposal for increasing carers leave contained within it. During 2023 work began to amend the policy in consultation with internal stakeholders.

The relevant policy has been updated with up to 10 days carers leave being available; an implementation plan for this change is being developed and will be launched within FHFT. Allied to this change, a carers passport is being trialed with carers on the network which aims to support better understanding for managers of their staff needs that are carers. This passport is due for review in April 2024.

### **Develop a comprehensive induction, onboarding and development programme for internationally recruited staff**

Some examples of how we are achieving race equality in recruitment and retention have been given in the section “EHRC Monitoring Project”.

#### **Working with Internationally Recruited Staff at BHFT**

Further in-depth work has been developed by colleagues within BHFT over the last 2 years. In the last 12 months, there has been specific focus on cultural transition, onboarding support and development opportunities for International Staff. This has included:

- Supporting booklets and documents, such as “Onboarding Recruitment”, “Practice Differences”, “Cost of living” and a “Manager Guide”
- Holding a tri-annual International Connect Event, and
- Recruitment of Cultural Transition Champions.

BHFT have achieved the NHS Pastoral Quality Care Award for this work. They have seen 100% pass rate in their OSCE results and seen International Staff retained and promoted. Networking opportunities provide solid connections to staff and there is better engagement from managers about recruiting and retaining international staff. BHFT are finding they have high referral rates and their survey feedback is very positive. They are intending to further develop and focus on internal and external PIN candidates.

#### **Equality Advocates in NHS Frimley**

Within NHS Frimley we reviewed Staff Survey results and identified that staff did not feel confident in raising concerns, and that BME staff were disproportionately affected by bullying and harassment in the workplace. We recruited 9 staff and delivered 3x 2-hour training modules with the aims of:

- Raising awareness of EDI in their local teams and directorates
- Helping identify and constructively challenge poor behaviours
- Signposting staff who may be struggling to appropriate resources
- Feed back in to, and therefore influence, the ICB’s EDI journey.



## Cultural Intelligence Trainers across the System

Cultural Intelligence (also known as Cultural Quotient, or CQ) is the ability to relate to others and interact effectively across cultures and is vital component, contributing to psychological safety, staff well-being a healthy workplace and thriving inclusive cultures. Directly supporting System EDI strategic objectives, the Academy has provided training opportunities to create our first cohort of trained Cultural Intelligence facilitators from across the Frimley ICS. We formed the Frimley system CQ network and community of practice in November 2023, with planning underway for a series of workshops planned through 2024-25 designed to spread and embed CQ at the heart of everything we do.

## Frimley ICS EDI Conference

In October 2023 we have held a System-wide 'EDI Conference Virtual Roadshow' entitled "Let's act on Equality, Diversity and Inclusion! Turning our words into real action". The conference saw 10 webinars delivered over a 2-week period. Our aims were to:

1. Understand where we have got to as a System since the last EDI Conference (October 2022)
2. Understand and explore the lived experiences of Frimley ICS staff
3. Have tangible "top tips" for participants to implement following the conference
4. Provide networking opportunities across the System

The webinars covered a breadth of topics, including but not limited to Cultural Intelligence, Race & Racism, Sexual Safety, the Gypsy and Roma Traveler Community and Neurodiversity. They were recorded for those unable to attend on the day or colleagues who wanted to revisit topics.

Feedback about the conference included:

Great to see a face in a leadership role who looks like me!  
Brilliant to see such progress in NHS Leadership sectors.

It's important to make sure that progress is sustained.

It genuinely feels like progress is being made.  
Are there more opportunities for us to get together and share all our work to learn from each other?

## Next steps in 2024

### Integrated Care Board

1. Working to improve staff declaration of protected characteristics.
2. Optimising recruitment practices to improve BAME representation within the ICB, particularly in senior positions.
3. Empowering staff to understand Microaggressions, actively challenge them and positively influence working culture.

### Integrated Care System

1. Developing membership of the Anti-Racism Alliance beyond Staff Network Chairs, to include key Stakeholders from across the System.
2. Working to analyse and submit Ethnicity Pay Gap data and improvement plans where required in 2025.
3. Collaboration to organize, promote and deliver 2024 EDI Conference.