RACE EQUALITY

Welcome

A data driven approach to tackling workforce inequalities

14 October 2024

NHS Providers

Agenda

Welcome and introduction
Facilitated by chair

Plenary presentation
Sandra Eismann, head of EDI policy implementation unit, NHS England
Gugu Ndebele, implementation unit lead EDI policy, NHS England
Riyaz Patel, EDI mandate principal lead, NHS England
Khalida Wilson EDI policy development principal lead, NHS England

Plenary Q&A
Facilitated by chair

Breakouts

Feedback and reflection

Summary and close
Facilitated by chair

Close of event

Housekeeping

- Please keep your camera on wherever possible
- Please note Chatham house rules apply
- If you lose connection, please re-join using the link in your joining instructions or email race.equality@nhsproviders.org
- Please ensure your microphone is muted during presentations to minimise background noise
- We will come to questions once we have heard from all our speakers
- Please feel free to use the chat box for questions and sharing examples of what has delivered improvement in your organisation
- If you would like to ask a question audibly, please use the raise hand function during the Q&A section and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.

A data driven approach to tackling workforce inequalities

NHS England

The session today will include:

- An overview of the EDI Improvement Plan and 6 High Impact Actions.
- A summary of the data available on the EDI Dashboard on Model Health System as well as EDI Data sources such as WRES and WDES.
- Demonstration of the National EDI Dashboard and other data sources available to Board members such as WRES and WDES.
- A focus on how you as the Board can utilise this data from the dashboard to track EDI performance, outcomes, and areas of improvement.
- Links to the EDI Repository which offers a body of knowledge to support NHS organisations to implement the six high impact actions as set out in the National NHS EDI Improvement.

Presenters

Sandra Eismann
Head of EDI Implementation Unit
NHS England

Gugu Ndebele
EDI Implementation Unit Lead
NHS England

Riyaz Patel
EDI Mandate Principal Lead
NHS England

Khalida Wilson
EDI Policy Development Principal Lead
NHS England

The NHS must welcome all, with a culture of belonging and trust.

We must understand, encourage and celebrate diversity in all its forms

NHS People Plan, 2020

Why is addressing EDI in the workplace important?

EDI should not be seen as an optional extra, it is crucial for:

- Creating a working environment and culture where every individual can feel safe and a sense of belonging, to achieve their full potential.
- Enabling us to better serve a diverse range of patients and improve clinical outcomes.
- Ensuring compliance with the Equality Act 2010 - a legal requirement.
- **Preventing** serious or legal issues arising, such as bullying, harassment and discrimination.
- Attracting and **retaining** good staff.
- Improving innovation and profitability.
- Cultivating awareness and the evolution of attitudes, behaviours, and operational methodologies.

National NHS EDI Improvement Plan

- Published in June 2023
- Co-created with system leaders to address the widely-known intersectional impacts of discrimination and bias, by defining:
  - Six high-impact actions to reduce discrimination and bias, with:
    - Actions for change
    - Success metrics
    - Further information and case studies
- Supports the achievement of strategic EDI workforce outcomes
- Includes a clear accountability framework for national, regional and local groups

National EDI improvement plan:
High impact action statements

High impact action 1:

Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

High impact action 2:

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

High impact action 3:

Develop and implement an improvement plan to eliminate pay gaps.

High impact action 4:

Develop and implement an improvement plan to address health inequalities within the workforce.

High impact action 5:

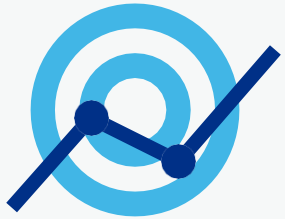
Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

High impact action 6:

Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

High Impact Action 1

Chief executives, chairs and board members must have **specific and measurable EDI objectives** to which they will be individually and collectively accountable.



NHS organisations and ICBs must complete the following actions:

- Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024).
- Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).
- NHS boards must review relevant **data** to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).

Success metric	
Annual chair and chief executive appraisals on EDI objectives.	Board Assurance Framework (BAF)

High Impact Action 3

Develop and implement an **improvement plan to eliminate pay gaps.**

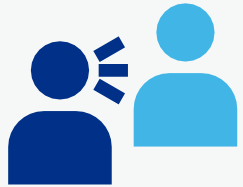
NHS organisations are to complete the following actions:

- Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce (by March 2024).
- Analyse **data** to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.
- Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (March 2024)

Success metric	
Year-on-year reductions in the gender, race and disability pay gaps	Pay gap reporting

High Impact Action 6

Create an environment that **eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.**



NHS organisations should complete the following actions:

- Review **data** by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year.
- Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (by March 2024).
- Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it. (By June 2024)
- Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024).
- Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024).
- Have mechanisms to ensure staff who raise concerns are protected by their organisation.

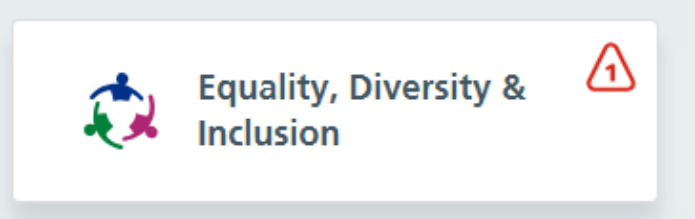
Success metric	
Year-on-year reduction in incidents of bullying and harassment from line managers or teams.	NHS Staff Survey
National Education and Training Survey (NETS) bullying and harassment score metric (NHS professional groups)	NETS survey data
Year-on-year reduction in incidents of discrimination from line managers or teams.	NHS Staff Survey

Accountability framework

Providers	ICSs / ICBs	Regional	National
✓ Delivery of high impact actions and interventions by protected characteristic at trust level. ✓ Measure progress against success metrics consistently within the organisation. ✓ Engagement with staff and system partners to ensure that actions are embedded within the organisation. ✓ Effective system working and delivery to ICS strategies and plans ✓ Compliance with provider licence, Care Quality Commissions standards and professional regulator standards.	✓ Effective system leadership overseeing NHS delivery of EDI improvement plan, ensuring progress toward achievement of high impact actions and Long-Term Plan priorities. ✓ Ensuring delivery of ICB statutory functions of arranging health services for its populations and compliance with statutory duties. ✓ Measure progress against success metrics consistently and coordinate a system view. ✓ Compliance with Care Quality Commissions assessment frameworks.	✓ Primary interaction between national and systems ✓ Translate national policy to fit local circumstances, ensuring local health and workforce inequalities are addressed ✓ Agree 'local strategic priorities' with individual ICSs and provide oversight and support. ✓ Measure progress against success metrics consistently and coordinate a regional view.	✓ Set expectations for equality and inclusion through the NHS EDI improvement plan ✓ With regions, facilitate supportive interventions to implement the high impact actions, improve EDI performance and outcomes ✓ Measure progress against success metrics consistently and coordinate a national view.

The EDI Dashboard

- The EDI Dashboard is hosted on Model Health System. It provides a suite of **twelve aggregated metrics and indicators aligned to the high impact actions** in the EDI Plan, enabling NHS organisations to track the impact of specific actions. Metrics aligned to High Impact Action 1 and High Impact Action 3 are still being developed.
- We are taking an agile approach to development of the dashboard. We have been collaborating with organisation and system leads to co-create and test metrics as part of this development.
- The dashboard aggregates and triangulates multiple workforce datasets, including:
    - NHS Staff Survey (NSS)
    - Workforce Race Equality Standard (WRES)
    - Workforce Disability Equality Standard (WDES)
    - Gender Pay Gap
    - National Education and Training Survey (NETS)



- The Care Quality Commission and the Equalities and Human Rights Council will also be reviewing the metrics on the dashboard to support their regulatory assessments and investigation.
- Organisations will be able to benchmark themselves and compare performance with peers at organisation and system level using data and insights into staff experience and organisational culture for all NHS providers and systems.

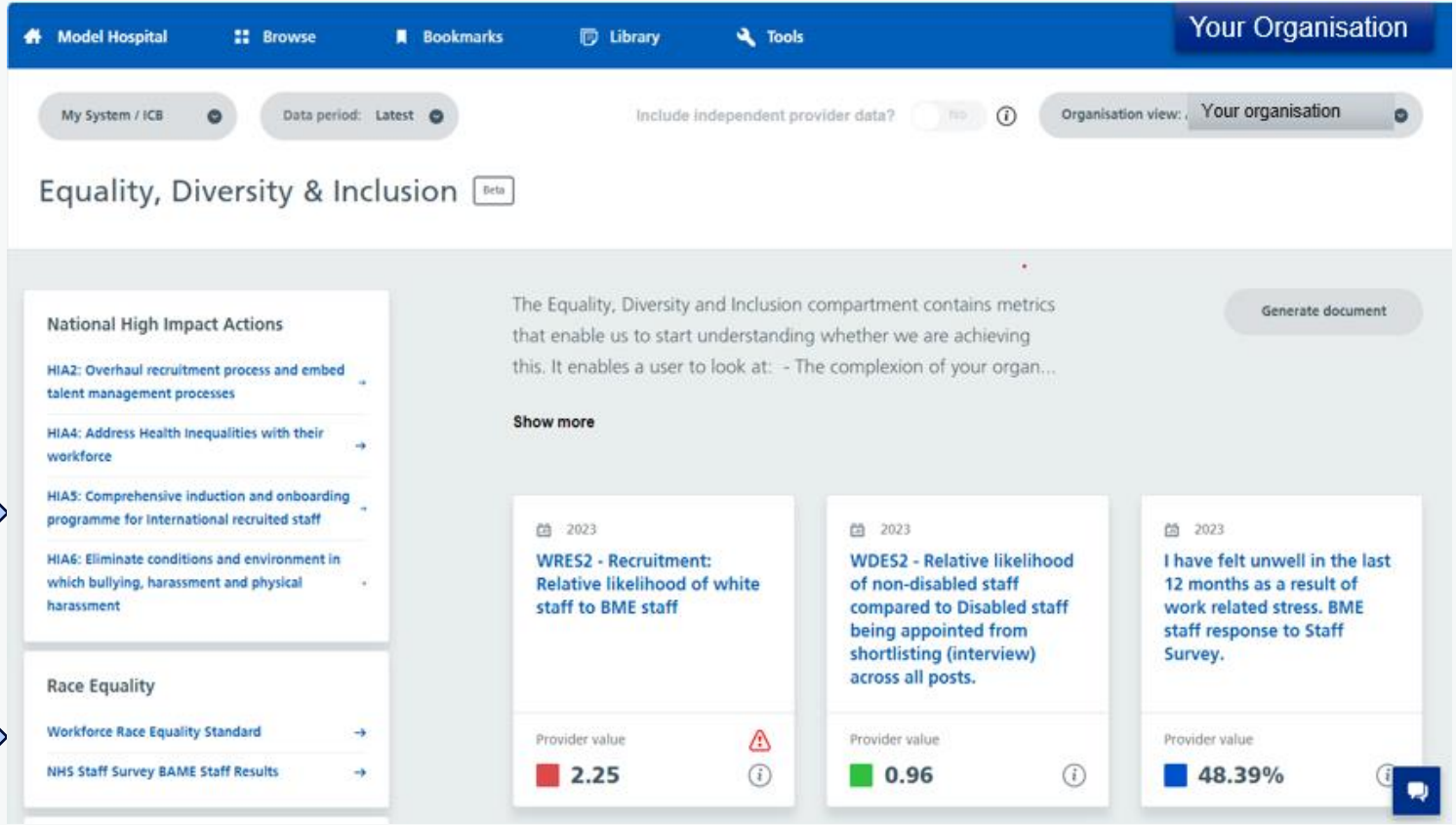
National EDI Improvement Plan: Success metrics

HIA	Success metric	
1	Annual chair and chief executive appraisals on EDI objectives	**BAF** (Board Assurance Framework)
2	Relative likelihood of staff being appointed from shortlisting across all posts	**WDES & WRES** (NHS Workforce Race Equality Standard & NHS Workforce Disability Equality Standard)
2	Year-on-year improvement in race and disability representation leading to parity over the life of the plan	
6	Year-on- year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	
2, 4	Quality of training	**NETS** (The National Education and Training Survey)
5	Quality of training for internationally recruited staff	
6	Bullying and harassment (NHS professional groups)	
3	Year-on-year reductions in the gender, race and disability pay gaps	**Pay Gap Reporting**
2	Access to career progression, training and development opportunities	**NHS Staff Survey**
4	Organisation action on staff health and wellbeing	
5	Sense of belonging for internationally recruited staff	
5	Reduction in instances of bullying and harassment from team/line manager experienced by (internationally recruited staff)	
6	Year-on-year reduction in incidents of bullying and harassment from line managers or teams.	
6	Year-on-year reduction in incidents of discrimination from line managers or teams	
2	Diversity in shortlisted candidates	To be developed in year two

An example of the EDI Dashboard

Here you can select each HIA to understand the data in more detail

Here you can explore your results for each data source in more detail



The NHS People Pulse

The NHS People Pulse is a national online pulse survey, developed to support local listening and employee engagement activities in the NHS. Results provide a national, regional, system and local view of employee experience, and inform actions to improve the experiences of our people and patients.

Benefits of signing up include:

- Personalised to local organisations
- Benchmarking
- Voluntary and offers full anonymity
- Low burden and easy to implement Quick to complete
- Quick results and response numbers Prompts and enables action

Ambulance Trusts that were signed up to the July 2024 People Pulse:

By Organisation

Trust ↑	Responses
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST (EMAS)	311
LONDON AMBULANCE SERVICE NHS TRUST (LAS)	201
NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST (NEAS)	79
SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST (SCAS)	250
SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST (SECAMB)	448
SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST (SWASFT)	3
WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST (WMAS)	494
YORKSHIRE AMBULANCE SERVICE NHS TRUST (YAS)	981

You can express your interest in taking part by contacting the NHS England via email england.peoplepulse@nhs.net.

Using Data to influence change

NHS

Amockedup NHS Trust

Organisation Code: A0A

Region: North West

Workforce Race Equality Standard
2019 - 2024

Amockedup NHS Trust
North West

Summary for the 2023/24 reporting year A0A

Trust type: Acute with or without Community

Indicator number and description			Trust	North West	Acute	National	Rank*
1: BME representation in the workforce by pay band							
Workforce BME representation			37.1%	18.6%	31.0%	28.5%	
Pay band at which %BME drops off	Non-clinical	Band 4 -	Equitable	Band 3	Band 4	Equitable	
		Band 5 +	Equitable	Band 8A	Band 8A	Band 8A	
	Clinical	Band 4 -	Band 3	Band 4	Band 3	Band 3	
		Band 5 +	Band 6	Band 6	Band 6	Band 6	
	Medical		Consultant	Consultant	Consultant	Consultant	
Gap: %BME 8c to VSM - workforce overall		Non-clinical	-8.0%	-3.1%	-5.9%	-5.1%	60%
		Clinical	-36.8%	-13.0%	-19.8%	-16.7%	82%
Race disparity ratios	Non-clinical	Low:mid	0.89	1.03	0.89	0.90	20%
		Mid:upper	1.41	1.42	1.41	1.35	28%
		Low:upper	1.26	1.47	1.26	1.22	23%
	Clinical	Low:mid	1.68	2.52	1.99	1.92	12%
		Mid:upper	1.88	1.40	1.63	1.45	56%
		Low:upper	3.15	3.52	3.25	2.79	32%
2: Likelihood of appointment from shortlisting							
ratio White / BME			1.10	1.81	1.54	1.61	4%
3: Likelihood of entering formal disciplinary proceedings							
ratio BME / White			2.74	1.06	0.98	1.11	85%
4: Likelihood of undertaking non-mandatory training							
ratio White / BME			1.31	0.97	1.09	1.05	64%
5: Harassment, bullying or abuse from patients, relatives or the public in last 12 months							
BME			28.8%	25.8%	28.0%	27.8%	59%
White			24.3%	21.5%	24.0%	24.1%	59%
6: Harassment, bullying or abuse from staff in last 12 months							
BME			25.3%	23.4%	25.5%	24.9%	67%
White			20.3%	18.8%	21.6%	20.7%	51%
7: Belief that the trust provides equal opportunities for career progression or promotion							
BME			47.9%	47.8%	48.9%	48.8%	62%
White			58.7%	59.7%	59.3%	59.4%	60%
8: Discrimination from a manager/team leader or other colleagues in last 12 months							
BME			15.1%	15.8%	15.7%	15.5%	51%
White			7.1%	5.9%	6.7%	6.7%	63%
9: BME representation on the board minus workforce							
Overall			-30.0%	-6.0%	-16.7%	-12.0%	90%
Voting members			-28.0%	-5.2%	-17.6%	-11.9%	86%
Executive members			-26.0%	-10.7%	-22.1%	-16.7%	73%

* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator, based on effect size.

Using Data to influence change

Areas for Improvement

A maximum of three high priority areas for improvement have been identified for the Trust. These are the areas from amongst the Trust's indicators with the worst percentile rankings against other Trusts (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be significantly worse than that for the other ethnic group.

High priority areas for improvement within the Trust (to a maximum of three):
Indicator 9: Board representation (overall and voting members)
Indicator 3: likelihood of entering formal disciplinary proceedings
Clinical: Gap: %BME 8c to VSM - workforce overall

Areas of Best Performance

A maximum of three areas of best performance have been identified for the Trust. These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is not different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be similar to that for the other ethnic group.

Areas of best performance within the Trust (to a maximum of three):
Indicator 2: likelihood of appointment from shortlisting

Please note, this area of best performance is intended to highlight a potential example of good practice that could be further built upon within the organisation, and also shared with other organisations. Nonetheless, there may remain the need for further improvement in this indicator. The mandated standards team will analyse for, and look to celebrate areas where good performance is maintained or further improved, year-on-year.

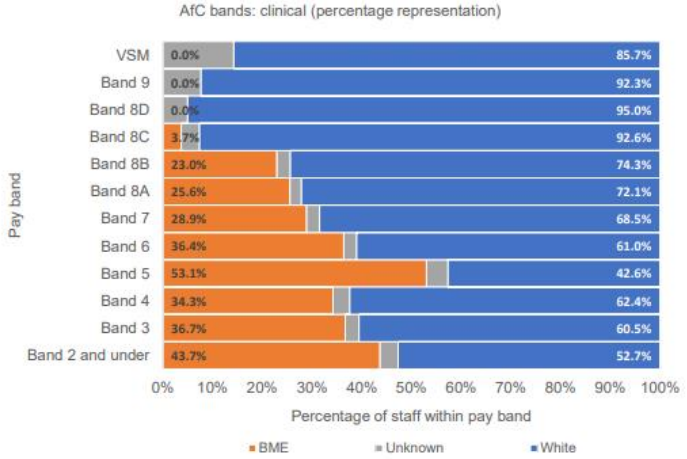
Clinical staff on AfC paybands

BME staff were represented at 38.3% across all clinical AfC roles.
At Band 4 and under (e.g., clinical support workers and healthcare assistants):

- BME representation was 38.3%, overall.
- BME staff were underrepresented at Band 3 and above, 35.8%.

At Band 5 and over (e.g., clinical roles requiring professional registration including nurses):

- BME representation was 38.3%, overall.
- BME staff were underrepresented at Band 6 and above, 31.1%.



AfC bands: clinical (headcount)

Pay Band	BME		Unknown		White	
VSM	0	0.0%	1	14.3%	6	85.7%
Band 9	0	0.0%	1	7.7%	12	92.3%
Band 8D	0	0.0%	1	5.0%	19	95.0%
Band 8C	1	3.7%	1	3.7%	25	92.6%
Band 8B	17	23.0%	2	2.7%	55	74.3%
Band 8A	66	25.6%	6	2.3%	186	72.1%
Band 7	210	28.9%	19	2.6%	497	68.5%
Band 6	378	36.4%	27	2.6%	633	61.0%
Band 5	564	53.1%	46	4.3%	453	42.6%
Band 4	112	34.3%	11	3.4%	204	62.4%
Band 3	211	36.7%	16	2.8%	348	60.5%
Band 2 and under	180	43.7%	15	3.6%	217	52.7%

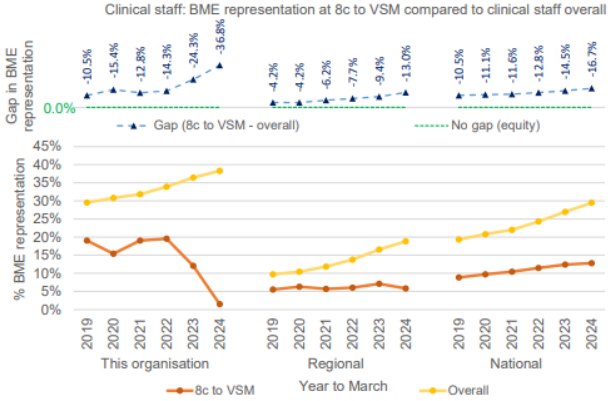
Percentages are calculated by row

Using Data to influence change

The representation of BME staff at clinical pay bands 8C to VSM

BME staff were represented at 1.5% in senior clinical AfC roles (pay bands 8c to VSM); significantly lower than the 38.3% observed across all clinical AfC roles.

- Amongst clinical AfC staff at 8C to VSM, 6.0% did not declare their ethnicity; therefore the actual level of BME representation amongst senior clinical AfC staff could be anywhere between 1.5% and 7.5%.
- Overall 3.2% of clinical AfC staff did not declare their ethnicity; therefore the actual level of BME representation amongst all clinical AfC staff could be anywhere between 38.3% and 41.5%.



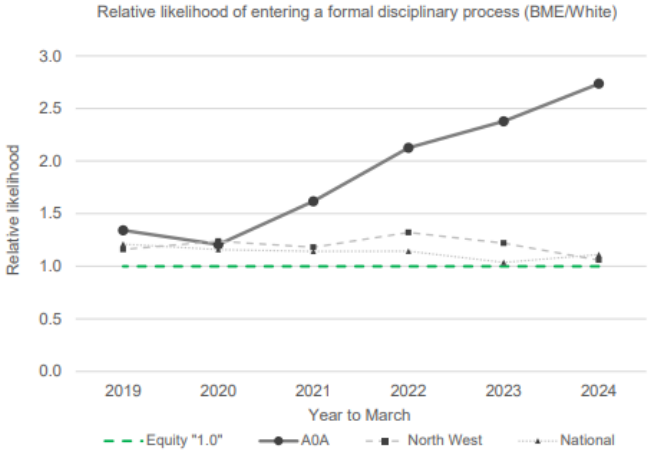
Number of BME staff observed at 8C to VSM level in clinical roles: 1
Number of BME staff expected at 8C to VSM level in clinical roles: 25 to 26

		Reporting year					
		2019	2020	2021	2022	2023	2024
This organisation	8c to VSM	19.0%	15.4%	19.0%	19.6%	12.1%	1.5%
	Overall	29.5%	30.8%	31.8%	33.9%	36.4%	38.3%
	Gap	-10.5%	-15.4%	-12.8%	-14.3%	-24.3%	-36.8%
North West	8c to VSM	5.5%	6.3%	5.7%	6.0%	7.1%	5.8%
	Overall	9.7%	10.4%	11.9%	13.8%	16.5%	18.8%
	Gap	-4.2%	-4.2%	-6.2%	-7.7%	-9.4%	-13.0%
National	8c to VSM	8.8%	9.7%	10.4%	11.5%	12.4%	12.8%
	Overall	19.3%	20.8%	22.0%	24.3%	27.0%	29.5%
	Gap	-10.5%	-11.1%	-11.6%	-12.8%	-14.5%	-16.7%

Indicator 3

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff

At March 2024 the likelihood ratio was 2.74; higher than "1.0" or equity to a medium degree. Specifically, 50 out of 2588 BME staff entered formal disciplinary proceedings (1.93% of the BME workforce) compared to 29 out of 4106 white staff (0.71% of the white workforce).



Example: a value of "2.0" would indicate that BME staff were twice as likely as White staff to enter a formal disciplinary process, whilst a value of "0.5" would indicate that BME staff were half as likely as White staff to enter a formal disciplinary process.

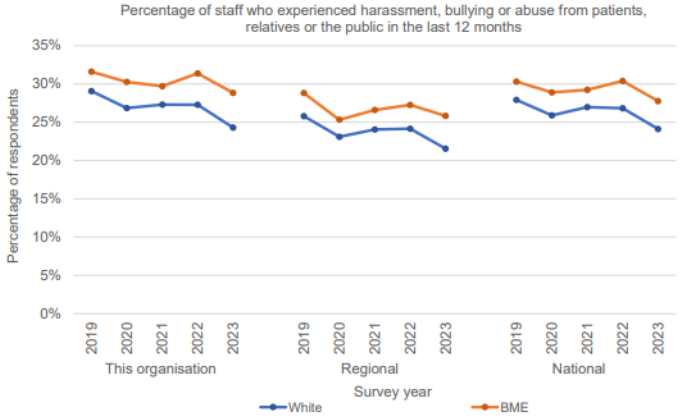
	Reporting year					
	2019	2020	2021	2022	2023	2024
This organisation	1.34	1.21	1.62	2.13	2.38	2.74
North West	1.16	1.24	1.18	1.32	1.22	1.06
National	1.21	1.16	1.14	1.14	1.04	1.11

Using Data to influence change

Indicator 5

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was significantly higher for BME staff, 28.8%, than for White staff, 24.3%.



Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2019	2020	2021	2022	2023
This organisation	White	29%	27%	27%	27%	24%
	BME	32%	30%	30%	31%	29%
North West	White	26%	23%	24%	24%	22%
	BME	29%	25%	27%	27%	26%
National	White	28%	26%	27%	27%	24%
	BME	30%	29%	29%	30%	28%
This organisation, detailed breakdown	White British	28%	26%	26%	26%	23%
	White "other"	38%	36%	36%	36%	33%
	Asian	31%	30%	29%	31%	28%
	Black	32%	31%	30%	31%	30%
	Mixed/other	35%	31%	31%	32%	29%

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2019	2020	2021	2022	2023
Overall	30%	28%	28%	29%	26%
White women	29%	27%	27%	28%	24%
BME women	32%	31%	30%	32%	29%
White men	29%	27%	27%	26%	24%
BME men	29%	29%	28%	29%	27%

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and occupational group

Occupation	Ethnicity	Survey year				
		2019	2020	2021	2022	2023
Allied health prof.	White	24%	22%	22%	22%	20%
	BME	24%	21%	22%	24%	22%
Medical and dental	White	39%	36%	38%	39%	35%
	BME	35%	33%	33%	37%	35%
Ambulance (operational)	White	61%	59%	56%	55%	51%
	BME	SUPP	SUPP	SUPP	55%	53%
Nurses and midwives	White	40%	37%	39%	39%	34%
	BME	43%	43%	40%	42%	38%
Healthcare assistants	White	38%	36%	37%	39%	35%
	BME	43%	41%	42%	43%	40%
Wider care team	White	16%	14%	15%	15%	13%
	BME	17%	16%	15%	17%	14%
General management	White	14%	10%	13%	12%	10%
	BME	12%	18%	12%	16%	13%
Other	White	19%	18%	18%	18%	16%
	BME	19%	18%	19%	20%	20%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

Benchmark
Very high
High
Quite high
Similar to benchmark
Quite low
Low
Very low

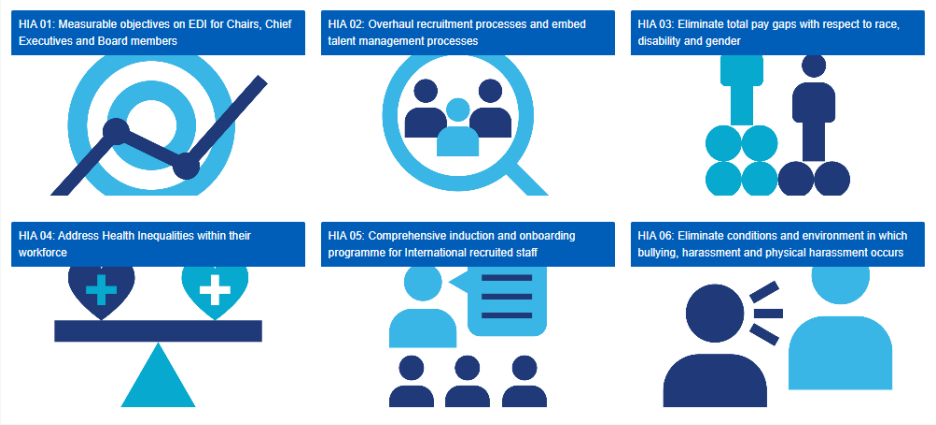
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

National EDI Repository

The National EDI Repository (the Repository) has been developed as part of the National NHS EDI Improvement Plan and provides a broad range of resources aligning to the six HIAs within the plan.

The EDI Repository offers a body of knowledge to support NHS organisations to implement the six high impact actions as set out in the National NHS EDI Improvement.

It consists of three distinct types of content under each of the HIAs: case studies, resources and toolkits and research and evidence. Case studies are unique to the repository and should help NHS organisations to develop a continuous improvement approach.



Thank you all for attending today.

Please feel free to contact our team for any support you and your organisations require.

Breakout discussion

- Please remember Chatham house rules apply.
- There will be facilitators in each room, they will take notes as part of the post event resource
- The breakout question is:

- **What does the data tell you about the risks/impact/successes within your organisation to support your strategic decision making/influence as a board?**

- **What support would help you have a deeper conversation around your data to support your strategic decision making/influence as a board?**

RACE EQUALITY

Breakout feedback

Please use the chat box or the raise hand function

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Upcoming events

Book now | Thursday 31 October 2024 | Using data dashboards and tools to reduce health inequalities

- This interactive online event will:
- Explore the role of data as a key enabler for reducing health inequalities.
- Share case studies of trusts that have developed data tools and dashboards to understand and monitor inequalities in patient outcomes.
- Discuss how data tools can be used to inform actions in service design and delivery to reduce health inequalities.
- Provide an opportunity for delegates to share their own experiences and challenges of using data to inform action on inequalities.

Save the date | Tuesday 10 December 2024 | Can we talk about Race?

In our regular series of 'Can we talk about race?' events, we continue to explore how leaders are enabling conversations about race in their organisations, fostering safe spaces and developing allyship

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ACC Liverpool 12-13 November

NEXT GENERATION

ANNUAL CONFERENCE AND EXHIBITION 2024

Event partners HEMPSONS Newton

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Tell us what you think

Scan here to access our evaluation

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Visit our website for further information on the Race Equality work:

- Race 2.0 report
- Podcasts
- My journey as a White ally videos
- Blogs
- Previous events and additional resources

Scan here to access our website

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Thank you!

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