Welcome

RACE EQUALITY

August 2022

NHS Providers

Housekeeping

- Please note this session is recorded and the recording will be available on our website post event. Please feel free to turn your camera off for GDPR reasons, although we encourage cameras to be kept on
- If you lose connection to the session, please re-join using the link in your joining instructions email.
- There will be presentations and opportunities for interaction during this meeting. During the interactive Q&A sections, we ask that you that you keep your camera switched on if possible.
- We kindly ask to ensure your microphone is muted during speakers' presentation to minimise the background noise.
- You can submit a question by typing through the chat box or by using the raise hand function in Zoom.
- 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.

Building boards accountability for WRES

Chair: Miriam Deakin, interim deputy chief executive, NHS Providers

Speakers:
Prof. Anton Emmanuel, head of WRES, NHSE
Ingrid Barker, chair, Gloucestershire Health and Care NHS Foundation Trust
Junior Hemans, non-executive director, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS, chair of Workforce committee and Seacole Group member
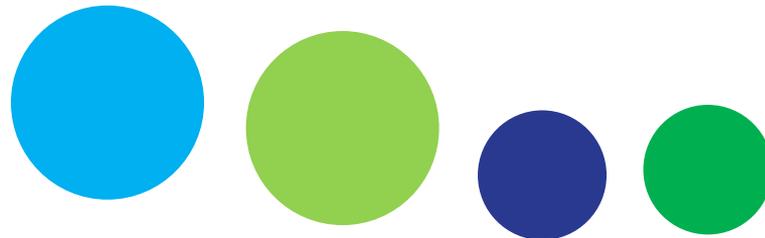
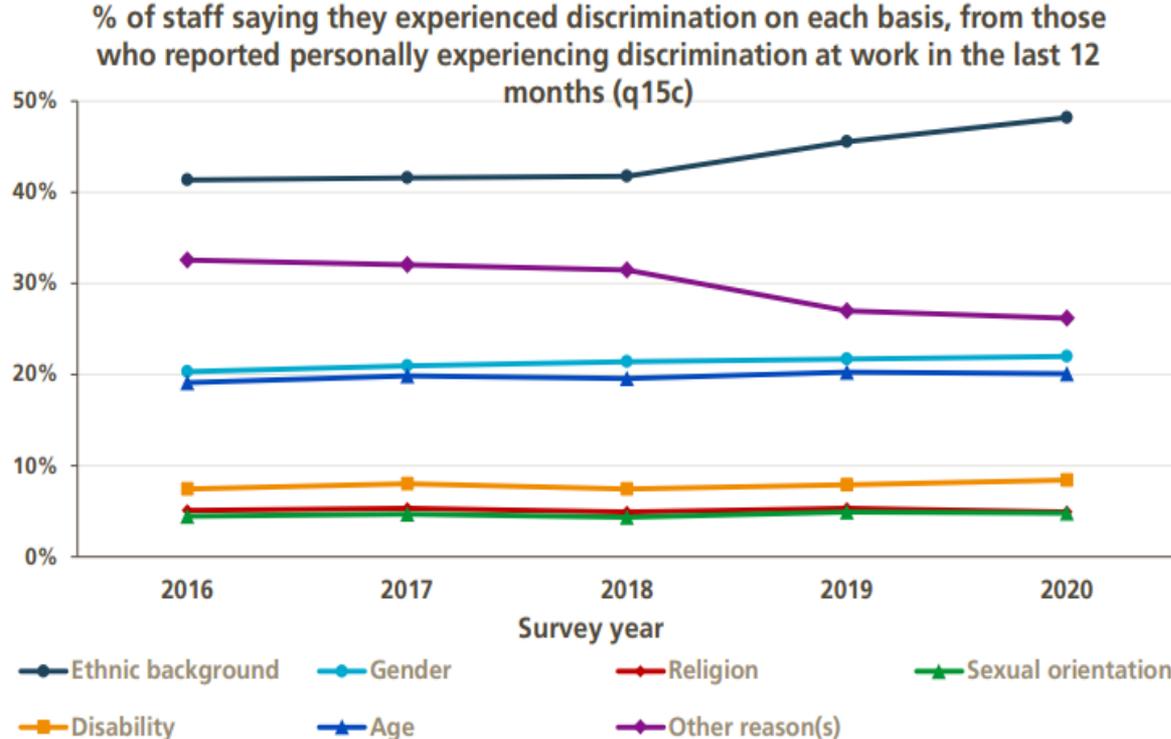# Microaggressions

@AntonEmmanuel2

June 2022

Microaggressions are defined as the everyday, subtle, **unintentional** interactions or behaviours that communicate some sort of bias toward historically marginalized groups

As opposed to **intentional** harm in discrimination

We can all commit them...and we can all be allies

On what grounds is discrimination experienced?

NHS

% of staff saying they experienced discrimination on each basis, from those who reported personally experiencing discrimination at work in the last 12 months (q15c)

Legend:
- Ethnic background
- Gender
- Religion
- Sexual orientation
- Disability
- Age
- Other reason(s)

Ethnic background continues to be the most common reason cited and was mentioned by
48.2% of staff who claimed to have experienced discrimination at work.

Trends in WRES Indicators 2016-2021

WRES indicator		Year							Trends over time
			2016	2017	2018	2019	2020	2021	
1	Percentage of BME staff	Overall	17.7% *	18.1% *	19.1%	19.9%	21.1%	22.4%	⬆ ⬆ ⬆ ⬆ ⬆
		VSM	5.4% *	5.3% *	6.9%	7.6%	7.9%	9.2%	⬌ ⬆ ⬆ ⬌ ⬆
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.57	1.60	1.45	1.46	1.61	1.61	⬌ ⬌ ⬌ ⬌ ⬌
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.56	1.37	1.24	1.22	1.16	1.14	⬇ ⬇ ⬌ ⬌ ⬌
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.11	1.22	1.15	1.15	1.14	1.14	⬌ ⬌ ⬌ ⬌ ⬌
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	29.1%	28.4%	28.5%	29.7%	30.3%	28.9%	⬌ ⬌ ⬌ ⬌ ⬌
		White	28.1%	27.5%	27.7%	27.8%	27.9%	25.9%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	27.0%	26.0%	27.9%	29.3%	28.4%	28.8%	⬌ ⬆ ⬆ ⬌ ⬌
		White	24.0%	23.0%	23.4%	24.4%	23.6%	23.2%	
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	BME	73.4%	73.2%	71.9%	69.9%	71.2%	69.2%	⬇ ⬇ ⬇ ⬌ ⬇
		White	88.3%	87.8%	86.8%	86.3%	86.9%	87.3%	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14.0%	14.5%	15.0%	15.3%	14.5%	16.7%	⬆ ⬆ ⬆ ⬌ ⬆
		White	6.1%	6.1%	6.6%	6.4%	6.0%	6.2%	
9	BME board membership		7.1%	7.0%	7.4%	8.4%	10.0%	12.6%	⬌ ⬌ ⬆ ⬆ ⬆
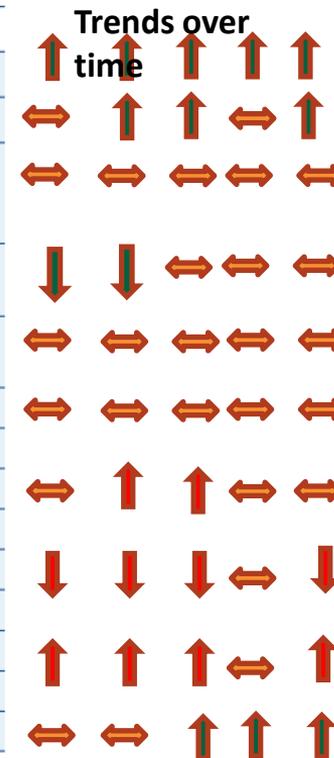
Over the course of the first 6 years of the WRES there has been a documentation of the problem, and as seen above little has improved. As such, there is a need to change the programme of work to move to create local accountability by identifying the targets to address. This will be done in 4 domains.

Domain 1: Using KPIs to improve BME representation at senior bands

- We are using disaggregated data to support local organisations to identify areas for improvement in BME representation at senior bands.

Very Senior Managers BME

Planned trajectory
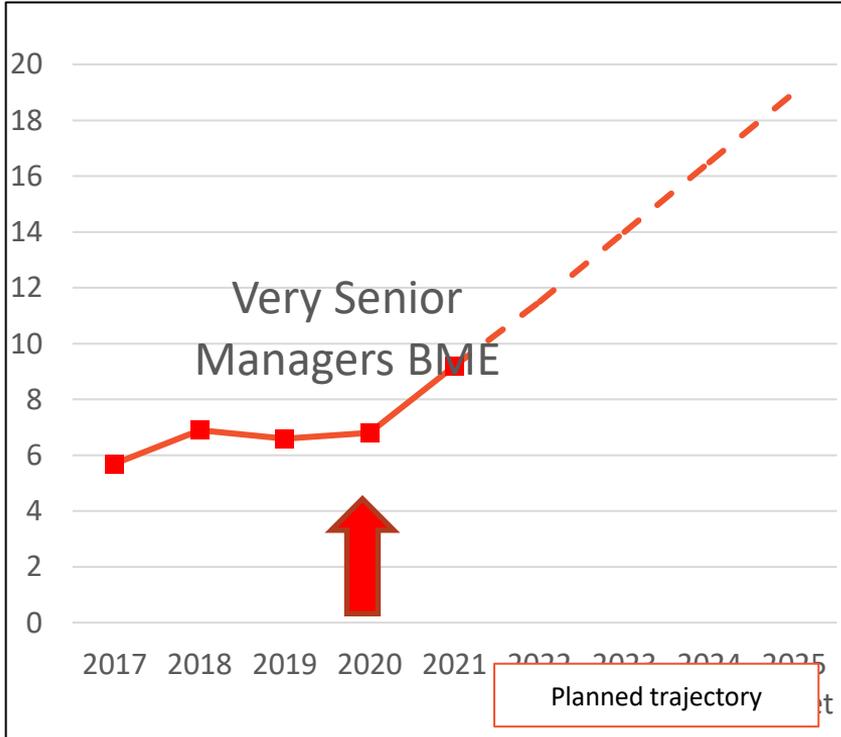
A	VSM	Band 9	Band 8d	Band 8c	Band 8b	Band 8a
2017	5.7	7.1	7	8.4	10.3	12.4
2018	6.9	7	7.3	8.4	10.4	12.5
2019	6.5	7.4	7.3	9.6	11.3	13.5
2020	6.8	8.4	8	10.5	11.9	14.3
2021	9.2	9.4	9.4	10.7	12.5	15.1

By 2025, we are aiming to have achieved alignment across the service with NHSEI's own internal aspiration of 19% BAME representation at all AfC bands.

In parallel with targeted local actions, work is ongoing work with national regulatory bodies to embed and sustain the national EDI team's data analysis and subject matter expertise with their supervisory and interventional functions. This twin approach out to trusts is helping to embed and sustain best practice, while minimising the burden placed on them.

GMC / NMC

- Joint work to align trust-level disciplinary disparity WRES actions with processes in these organisations

CQC

- Data cohesion with WRES indicators.
- Inclusion of risk assessment of WRES action plans in CQC evaluation
- Introduction of system WRES datasets for ICS

Domain 2: Using disaggregated data to set targets for recruitment and promotion

Midwives: Representation by ethnicity in NHS Trusts, overall an...

1) Percentage representation by ethnicity within pay bands

		National				
		White	BME overall	Asian	Black	Mixed / Other
Pay bands grouped	Overall	84.14%	12.48%	2.29%	7.33%	2.86%
	Band 5 and under	77.86%	15.52%	3.16%	7.94%	4.42%
	Band 6	84.83%	11.92%	2.27%	6.96%	2.69%
	Band 7	85.76%	12.31%	1.81%	7.96%	2.54%
	Band 8a and over	78.81%	18.96%	2.23%	13.75%	2.97%
Pay bands in detail	Overall	84.14%	12.48%	2.29%	7.33%	2.86%
	Band 1	20.00%	0.00%	0.00%	0.00%	0.00%
	Band 3	63.64%	36.36%	18.18%	18.18%	0.00%
	Band 4	100.00%	0.00%	0.00%	0.00%	0.00%
	Band 5	77.95%	15.51%	3.12%	7.93%	4.45%
	Band 6	84.83%	11.92%	2.27%	6.96%	2.69%
	Band 7	85.76%	12.31%	1.81%	7.96%	2.54%
	Band 8a	79.72%	18.43%	2.30%	12.90%	3.23%
	Band 8b	75.00%	18.75%	3.13%	12.50%	3.13%
	Band 8c	66.67%	33.33%	0.00%	33.33%	0.00%
	Band 8d	100.00%	0.00%	0.00%	0.00%	0.00%
	Band 9	100.00%	0.00%	0.00%	0.00%	0.00%

	Midlands			
White	BME overall	Asian	Black	Mixed / Other
87.36%	9.49%	3.11%	3.75%	2.63%
77.43%	13.76%	4.02%	5.26%	4.48%
88.37%	9.06%	3.14%	3.41%	2.52%
89.91%	8.41%	2.52%	4.10%	1.79%
94.44%	5.56%	0.00%	2.78%	2.78%
87.36%	9.49%	3.11%	3.75%	2.63%
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
77.43%	13.76%	4.02%	5.26%	4.48%
88.37%	9.06%	3.14%	3.41%	2.52%
89.91%	8.41%	2.52%	4.10%	1.79%
96.15%	3.85%	0.00%	0.00%	3.85%
83.33%	16.67%	0.00%	16.67%	0.00%
100.00%	0.00%	0.00%	0.00%	0.00%
-	-	-	-	-
100.00%	0.00%	0.00%	0.00%	0.00%

		Midlands		
White	BME overall	Asian	Black	Mixed / Other
White	BME overall	Asian	Black	Mixed / Other
-64	28	6	10	12
37	-16	1	-13	-4
24	-10	-6	3	-8
3	-1	-1	0	0
-	-	-	-	-
-	-	-	-	-
-64	28	6	10	12
37	-16	1	-13	-4
24	-10	-6	3	-8
2	-1	-1	-1	0
0	0	0	1	0
0	0	0	0	0
-	-	-	-	-
0	0	0	0	0

As part of a WRES project on maternity unit equality indices, we have extracted data on BME representation of midwives specifically, stratified by banding and split by ethnicity type (for the latter, separating Asian from Black from mixed staff)

This representation data can then be looked at by region, specifically in this example in the Midlands.

The difference between **observed** numbers of staff at each band and ethnicity can then be subtracted from the **expected** number to identify KPIs to progress equality of representation in that region. This can also be done by ICS.
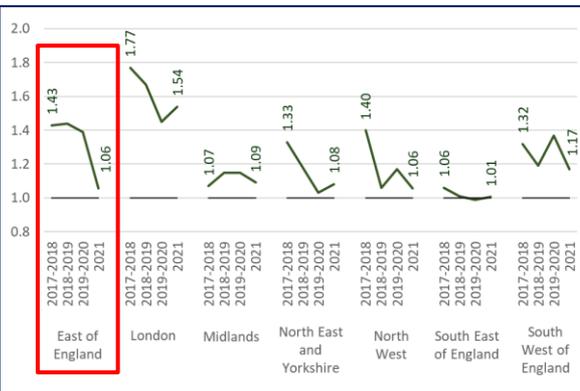
Domain 3: Using disaggregated data to reduce disparity in the use of the disciplinary process

Joint work between the national team and regional EDI teams has begun as a way of linking the knowledge of how data compares across the country with the knowledge of the local nuances and opportunities, respectively. Certain regions have developed their own race equality strategies, and East of England's has had a particular focus on correcting race disparity in disciplinary referrals through targeted actions such as independent panels, adoption of a decision tree pre-referral and structured feedback following regulator decision.

Action taken: Working with regions and networks to understand local needs and support the implementation of evidence-based actions to improve data

Likelihood ratio of BME staff undergoing disciplinary referral

Actions:

1. Establish **independent panels** at several trusts to advise referring officers.

2. Implement **decision tree tool** (developed by the National Patient Safety Agency), comprising an algorithm which poses a series of structured questions to standardise pre-disciplinary process.

3. **Post-action audit**: all decisions to place staff through formal disciplinary process will be reviewed on a quarterly basis using robust information on each case to discern any systemic weaknesses, biases or underlying drivers of adverse treatment of any staff group.

While the national picture on race disparity in referral into the formal disciplinary process has only improved slightly (left graph), the regional work in East of England (right) shows how targeted actions can rapidly improve this metric.

Improvement in this indicator in East of England following concerted action on debiasing disciplinary referrals

Domain 4: Disaggregating data to better understand staff experience and intersectionality

It is clear that the lived experience of staff cannot be reflected in simplistic blocks of 'white' and 'BME'. Making data granular allows better understanding of culture and targeting of actions. Intersecting this with gender brings out this disparity, and offers bespoke targets for monitoring

Action taken: Provide disaggregated data to all trusts and systems to allow them to set and monitor specific local KPIs, once bespoke programmes have been enacted
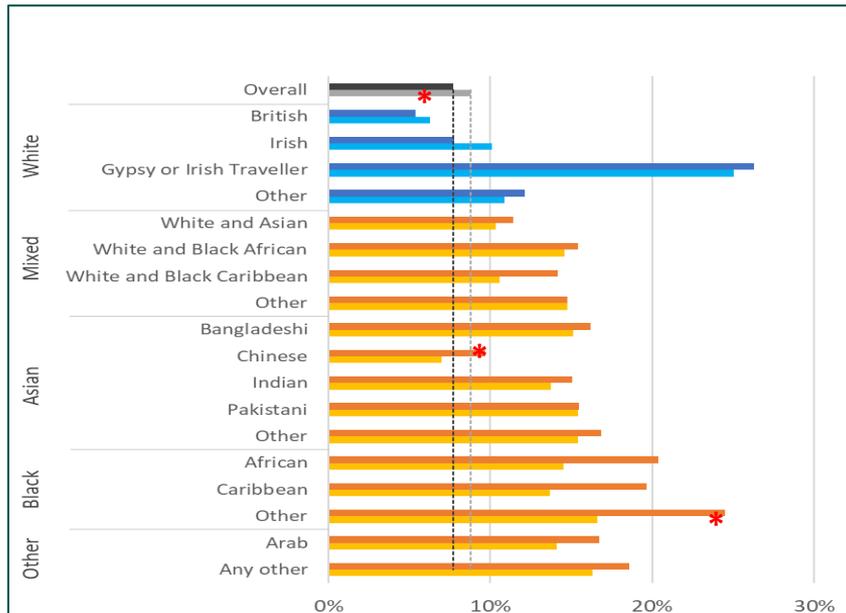
Display from this year's WRES data report for % of staff experiencing discrimination, disaggregated by ethnicity and gender showing * for example that black women experience discrimination 1.5x more than black men, 1.6x more than Indian women and 4x more than white British women
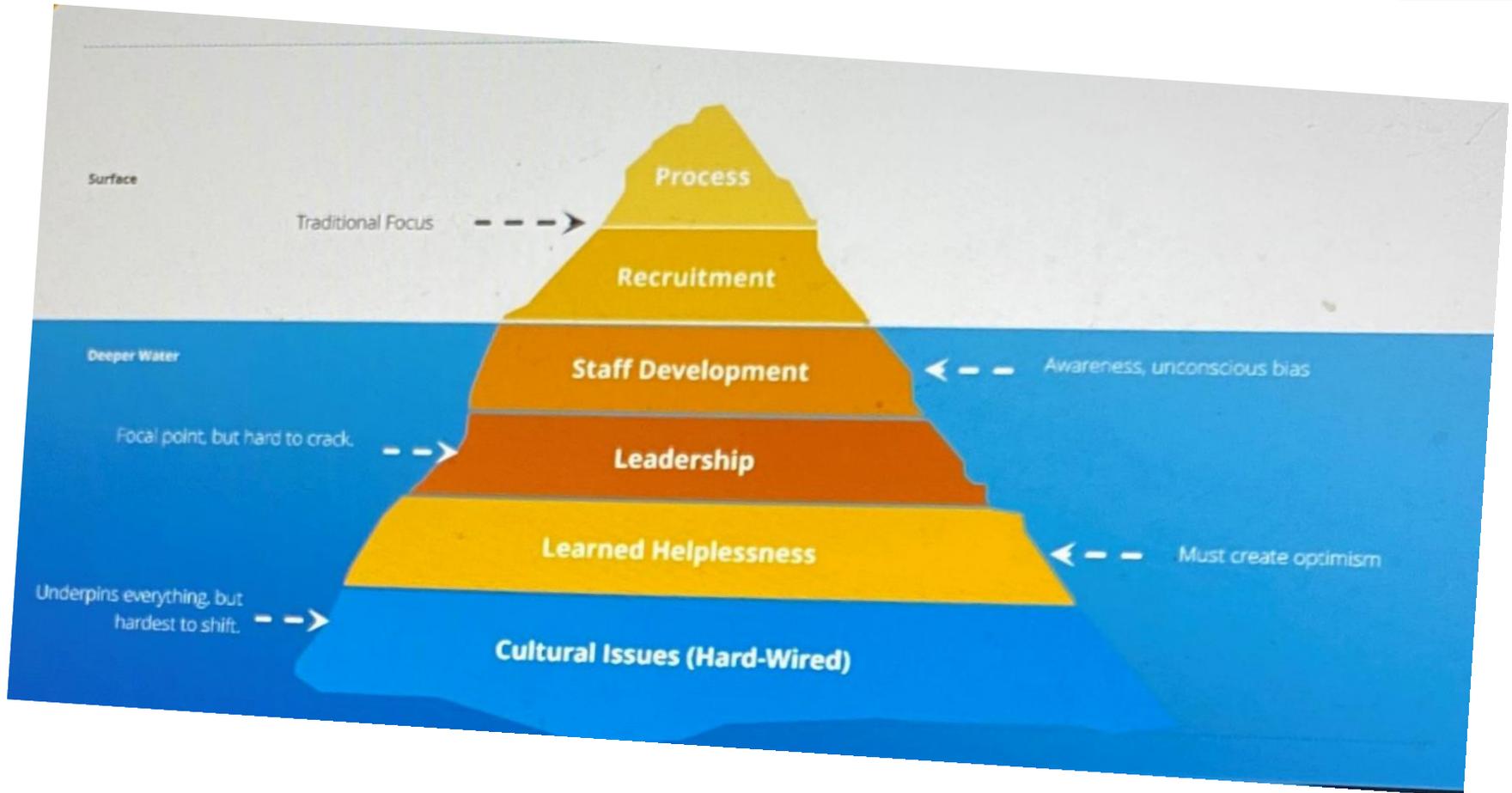
Case Study: Dorset County Hospital Culture Change programme

- Completed a discovery phase to understand the lived experience of staff.

- Ambition was to go further than the transactional approaches taken to date.

- Created staff networks with an Executive Sponsor

- Used culture discovery feedback and lived experience to inform redesign of people practices – covered recruitment, appraisal and succession planning, and disciplinary approaches.

- The principle of *'Seeing Differently, Thinking Differently, Leading Differently'* was adopted

- Programmes started: a) Recruit to values, not experience, for entry level positions; b) Inclusive leadership development for all Band 7 and above; c) Executive sponsor for all networks; d) Just and learning culture as a foundation for a refreshed approach to performance management and a new disciplinary policy

Results

- **Likelihood of appointment of BME staff from shortlisting more than four-fold improved**

- **Disparity ratio for appointment of international educated nurses (Asian and African) especially improved (a two-fold improvement over 3 years)**
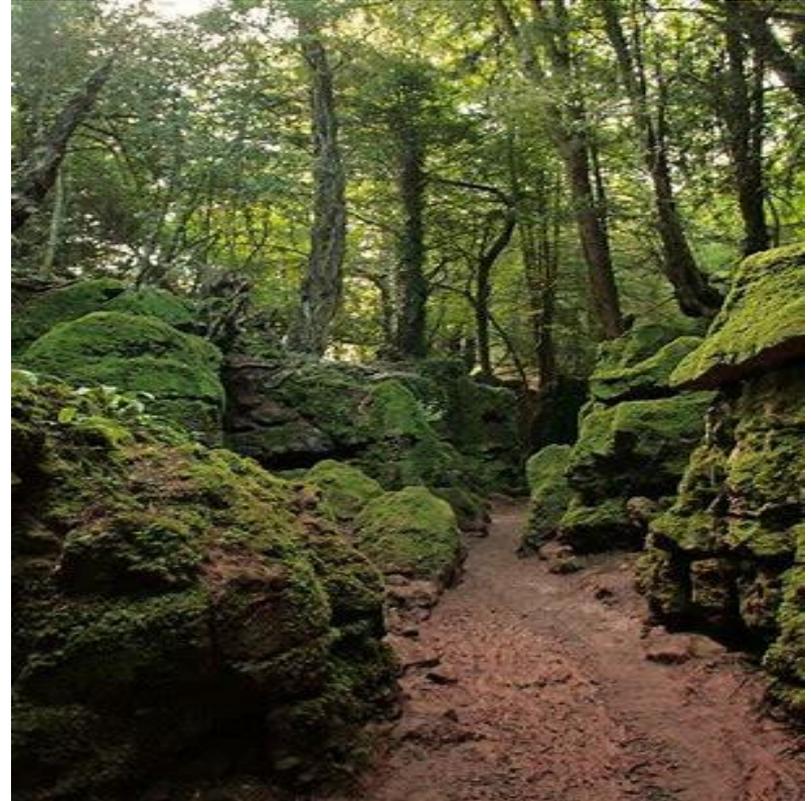
Barriers to progress: 'Culture change'…

NHS

Pyramid diagram (iceberg):

- Surface — Traditional Focus →
  - Process
  - Recruitment
- Deeper Water — Staff Development ← Awareness, unconscious bias
  - Focal point, but hard to crack → Leadership
  - Learned Helplessness ← Must create optimism
  - Underpins everything, but hardest to shift → Cultural Issues (Hard-Wired)

CONTEXT

Ethnic Minority population of Gloucestershire 4.6%.
Trust Ethnic Minority colleagues 8.4%

Merger 2019 – vision and values, tackling inequalities

Diverse Board
= better decisions, fosters innovation
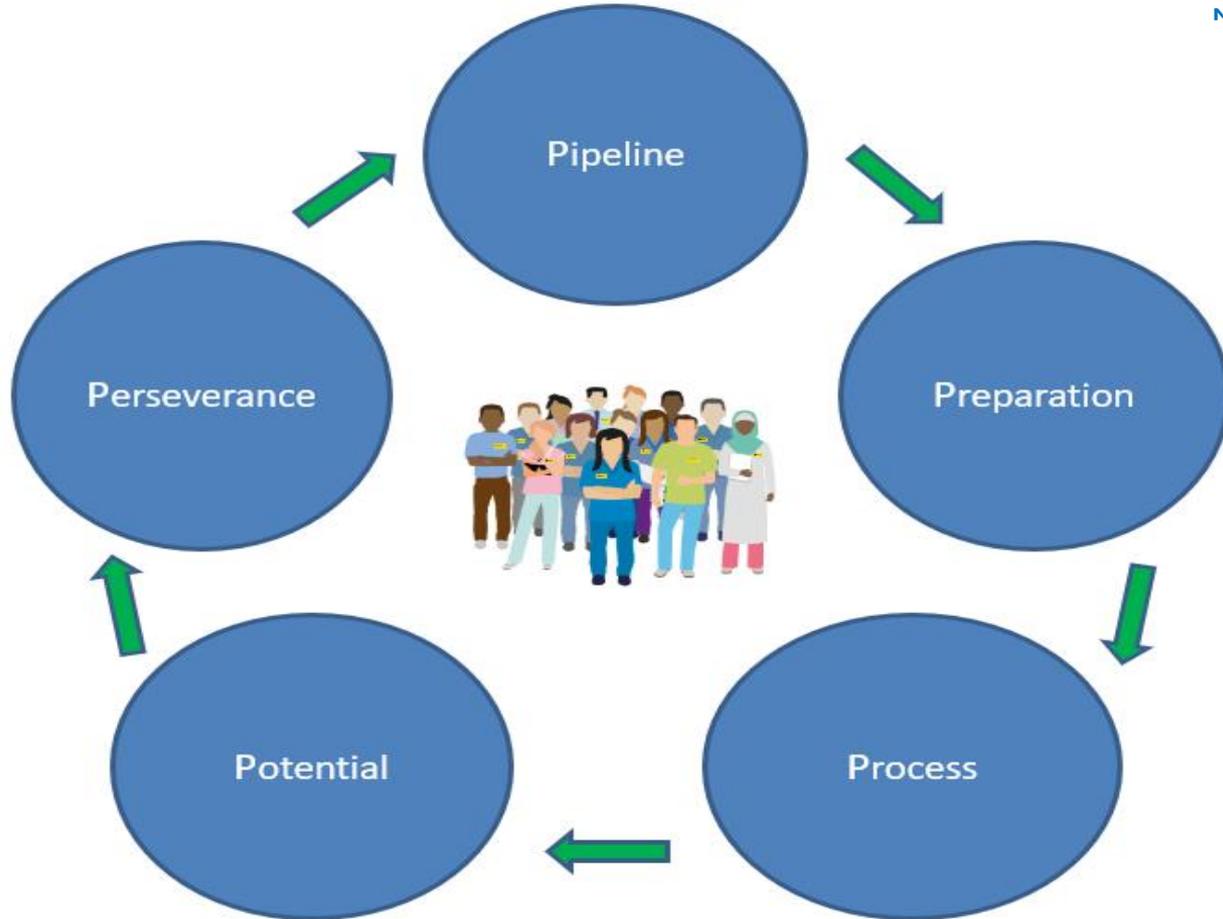= models culture and behaviours to underpin EDI

Our Board and Governors

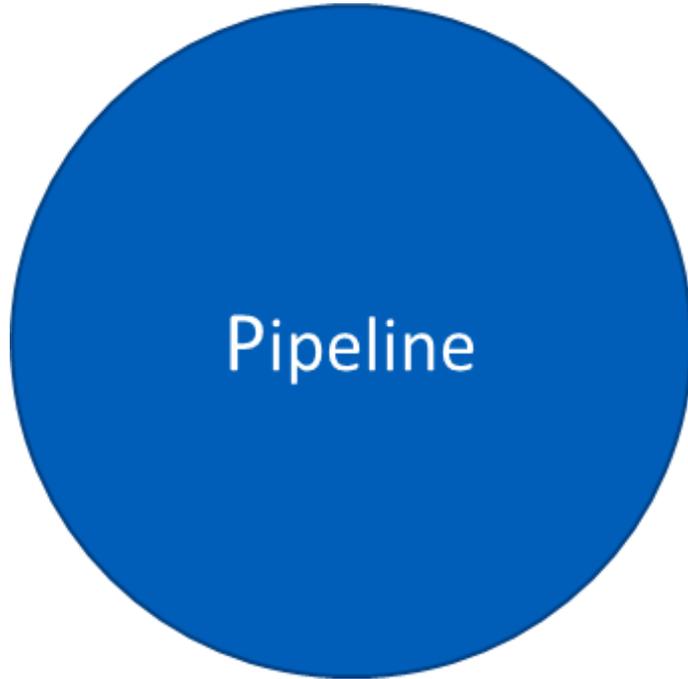|	Pre-merger	Now
Council of Governors	1 EM public governor	3 EM public governors 1 EM staff governor
Governors' Nomination and Remuneration Committee	All white men	2 EM governors 2 women
Board	1 EM Executive Director	1 EM Executive Director 1 EM NED 1 LGBTQ NED 7 women

Our Workforce Race Equality Standard 2020/2021 (WRES)

Indicator number and description			Trust	South West	National	Percentile rank*
Indicator 1: BME representation in the workforce by pay band						
	BME representation in the workforce overall		7.1%	11.2%	22.4%	
Pay band at which BME under-representation first occurs	Non-clinical	Band 4 and under	Band 3	Band 3	Band 3	
		Band 5 and over	Proportional	Band 8A	Band 8B	
	Clinical	Band 4 and under	Proportional	Band 3	Band 3	
		Band 5 and over	Band 6	Band 6	Band 6	
	Medical		Proportional	Consultant	Consultant	
Race disparity ratios	Non-clinical	Lower to middle	1.51	1.23	0.91	52%
		Middle to upper	1.85	1.86	1.39	61%
		Lower to upper	2.79	2.28	1.27	79%
	Clinical	Lower to middle	2.07	2.60	1.59	53%
		Middle to upper	2.76	1.51	1.36	92%
		Lower to upper	5.70	3.93	2.16	91%
Indicator 2: likelihood of appointment from shortlisting						
	likelihood ratio White / BME		1.01	1.50	1.61	0%
Indicator 3: likelihood of entering formal disciplinary proceedings						
	likelihood ratio BME / White		2.23	1.17	1.14	77%
Indicator 4: likelihood of undertaking non-mandatory training						
	likelihood ratio White / BME		0.75	0.96	1.14	97%

Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months				
BME	33.0%	28.4%	28.9%	76%
White	24.5%	26.0%	25.9%	44%
Indicator 6: harassment, bullying or abuse from staff in last 12 months				
BME	24.7%	28.0%	28.8%	23%
White	21.0%	22.2%	23.2%	35%
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion				
BME	74.1%	71.7%	69.2%	39%
White	87.8%	87.5%	87.3%	53%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months				
BME	10.2%	17.4%	16.7%	4%
White	5.0%	5.8%	6.2%	24%
Indicator 9: BME representation on the board minus BME representation in the workforce				
Overall	+5.4%.	-5.4%.	-9.8%.	27%
Voting members	+4.0%.	-5.7%.	-10.0%.	18%
Executive members	+4.0%.	-7.9%.	-13.5%.	13%

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

Data 2021

working together | always improving | respectful and kind | making a difference

Pipeline

Governors: Communities, trust relationships

NED development programme (Insight)

Our future colleagues (university, apprenticeships, healthcare ambassadors)

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Preparation

Train and educate key players (business case and positive action) - Board
- Governors

Legal advice on do's and don'ts of positive action

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Process

'Rooney Rule' re shortlist

Positive action 'all things being equal'

Diverse panel and discussion groups (with trained person present)

working together | always improving | respectful and kind | making a difference
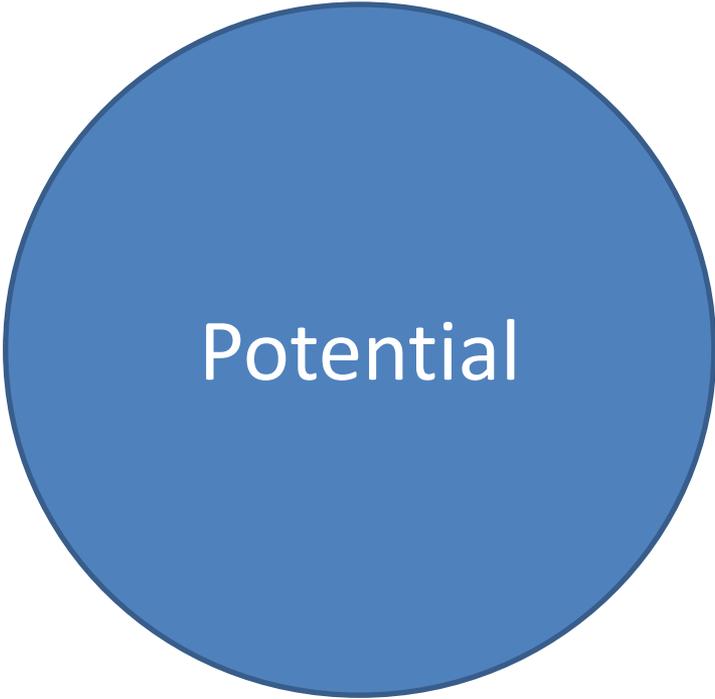
Potential

Coaching / mentoring new appointments

'Flourish' for bands 4-7

Visible Board participation in Diversity Networks and Reciprocal Mentoring

Positive action re development and 'stretch' opportunities

working together | always improving | respectful and kind | making a difference

Perseverance

The critical ingredient throughout

working together | always improving | respectful and kind | making a difference

Junior Hemans, non-executive director,
The Royal Wolverhampton NHS Trust and Walsall
Healthcare NHS, chair of Workforce committee and
Seacole Group member
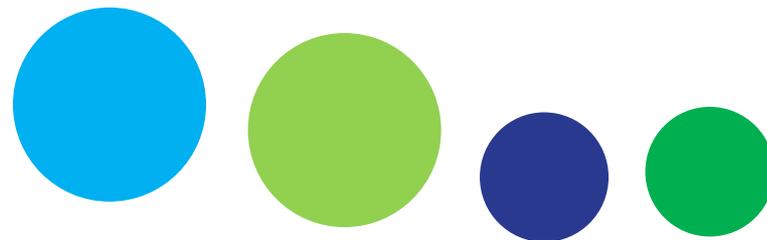
The **WRES** and the **RACE** Equality Code 2020

Junior Hemans – non-executive director and Chair of both PODC

Board development session

At the time of the Black Lives campaign, Royal Wolverhampton Hospital under Equality & Diversity Training – 9th July 2020

Hidden language

- Chip on the shoulder
- Difficult to manage
- Unconscious bias – maintaining the status quo - appointments in likeness
- Sour grapes
- It was only a joke
- Tip-a- knod

This language / practices has to be stopped.

Is this language, are these practices preventing the Trust from becoming excellent?

Intergenerational experience

Overview of the Race Code

- The Governance Forum was an independent governance and equality think tank, led by Dr Karl George MBE

- The Race Code 2020 is a framework to tackle race inequality and discrimination in the boardroom and the workforce.

- Focus is how we deal with race inequity in the boardrooms and senior leadership teams

- Following a Joint Board Development session in April 2021 both RWT and Walsall HealthCare have achieved Race Code Charter Mark Status in 2021

How we are promoting race equality in our Trusts:

Walsall Health Care:

- Inclusive Recruitment
- Reach Higher – A positive action leadership programme for managers, team leaders, and supervisors
- Reciprocal Mentoring for Inclusion
- Cultural Ambassadors
- Called to Coach

Royal Wolverhampton NHS Trust:

- Cultural Ambassador Programme
- Black Internship Programme
- Positive Action in recruitment and Inclusive Recruitment Toolkit & e-learning
- Diversity Mentoring Scheme
- Civility and Respect Programme
- Cultural Competence Training for Senior Leadership Group & Equality, Diversity and Inclusion integral to all leadership development programmes

Race Equality Week 2022

- Royal Wolverhampton NHS Trust and Walsall Health Care NHS Trust launched our new Zero Tolerance to Racism Campaign.

- Our ambition is to create an environment for staff and patients that is free from any form of racial discrimination, abuse, or racist language. We are committed to the Race Code and will not tolerate any form of abuse against our staff or our patients.

- Lunch and Learn MS Teams session on Thursday 10 February 2022
  - ✓ Marcus Riddell, Director of Strategic Partnerships at NHS Professionals and
  - ✓ Anton Emmanuel Head of WRES at NHS England and NHS Improvement

Joint Zero Tolerance to Racism Campaign

- Future Work:

- Developing our joint anti-racism statement with Staff and Joint Board

- Exploring how both Trusts report on the ethnicity pay gap

- Our Joint Board consider equality as part of all decision-making

- BAME Staff networks and employee voice groups work collectively to promote progressive change for BAME staff

How is PODC challenging and monitoring?

- Monthly analysis of the workforce data is used to identify departments that we would like to target for a Deep Dive review.

- Developed a template report against which departments report, they must include staff/department surveys, current WRES, implementation of Trust initiatives, such as the Race Code.

- Keen to identify issues and understand what departments are doing to address the concerns, as well as identify and share good practice.

and finally from me…

https://fb.watch/7Yl1HEoZq9/

RACE EQUALITY

NHS Communicate Conference, 14 September '22
A chance to explore the impacts of the pandemic on the reputation of the NHS and the role of communications in supporting and helping to build and sustain its profile and reputation.
Visit our website to book your ticket!

Can we talk about race?, 15 September '22
A deep dive session where we will discuss the role of regulators within Trusts.
Registration closes on the 8 September, **book now!**

NHS Providers Annual Conference & Exhibition, 15-16 November '22
Visit our website for agenda, tickets and further info. For any questions, please email
events@nhsproviders.org

August 2022

NHSProviders

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

- Race 2.0 report
- Podcast
- Aha videos
- Blogs

Thank you!

NHS Providers