The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)				
Meeting Date:	1 September 2020		**Agenda item:**	13	
Report Title:	Workforce Race Equality Standard (WRES) and Disability Equality Standard (DES)				
Author:	Angela Probert, Deputy HRD				
Executive Sponsor:	Laura Skaife-Knight, Deputy CEO				
Implications					
Link to key strategic objectives *[highlight which KSO(s) this recommendation aims to support]*					
KSO1	**KSO2**	**KSO3**	**KSO4**	**KSO5**	**KSO6**
Safe and compassionate care	*Modernise hospital and estate*	***Staff engagement***	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	***Investing in our staff***
Board assurance framework	**Strategic Objective 3** There is a risk that Trust leaders may be unable to strengthen staff engagement and trust impacting on the development of an open culture at the Trust – item is discussed at People Committee. **Strategic Objective 6** There is a risk that Trust leaders are unable to maximise opportunities for staff which could impact on the ability of staff to deliver outstanding care				
Significant risk register	No significant risks aligned				
	Y/ N	If Yes state impact/ implications and mitigation			
Quality	N				
Legal and regulatory	N				
Financial	N				
Assurance route					
Previously considered by:	People Committee - 19 August 2020 Trust Board via CEO Report on Equality, Diversity and Inclusion Report - 7 July 2020				
Executive summary					
Action required: *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review
Purpose of the report:	To share with the Trust Board current data from the WRES and WDES and key areas of activities to support a diverse and inclusive workforce through the development of the QEH People Plan and in response to the NHS People Plan and the Norfolk and Waveney Plan.				
Summary of Key issues:	This report sets out key data linked to the make-up of the QEH workforce and in particular BAME and staff with disabilities in relation to the local population and NHS regional organisations. The				

	report also identifies the key elements set out in the NHS People Plan and Norfolk and Waveney Plan to address inclusion and diversity.
Recommendations:	1. To note the key data and information set out in this report 2. To endorse and agree the action plan and proposed KPIs / indicators *3.* To agree to support and champion diversity and inclusion as Board members
Acronyms	WRES – Workforce Race Equality Standard WDES – Workforce Disability Equality Standard BAME – Black Asian and Minority Ethnic

Introduction

The COVID-19 crisis has exposed a number of uncomfortable truths, including the health inequalities and disparities of risk and outcomes being higher for ethnic minority groups and some adults with disabilities. The 'Black Lives Matter' campaign has also prompted promises to tackle workforce discrimination and prejudice.

This requires a different way of thinking and working at a national, system and employer level to recognise and address these issues as part of equality, diversity and inclusion. We will do this by transforming our local behaviours and working towards creating a positive and inclusive culture, supporting the existing and future workforce that both reflect and meet the caring expectations of the local community.

This report focuses on workforce diversity rather than broader population and health inequalities and builds on the CEO report considered by the Trust Board in July 2020 detailing ten suggestions for Boards and Integrated Care System (ICS) system leaders identified in a speech: 'What now for NHS staff race discrimination?' **(Kline; June 2020):**

1. Equality, diversity and inclusion must finally become core Board business.
2. Every leader must seek out and understand their local challenges, looking for risk not comfort. They must be familiar with Workforce Race Equality Standard (WRES) data and other equality data such as turnover, exit interviews, and absenteeism rates disaggregated by site, occupation, and service. Those challenges include patient and community experience.
3. Boards should stop signing off "action plans" unless those proposing them can demonstrate why they are likely to work.
4. Boards must be proactive and preventative. If they don't use research and data (including lived experience) to drive interventions, inserting accountability at every stage, they will fail.
5. Boards must embed accountability. Start by setting clear measurable time-limited goals, ensuring managers and staff understand why, and then holding themselves (and their managers) to account. There should be consequences and/or incentives when agreed diversity goals are not met, as for any other key performance indicator (KPI).
6. Boards and teams must prioritise psychological safety so they become inclusive, welcoming the difference that BAME staff bring, recognising that when they are really included and valued, able to bring themselves to work, there are immense benefits for all. Boards must understand that whilst improved BAME representation is crucial, the benefits are limited without inclusive behaviours and culturally sensitive psychological support.
7. Boards and leaders must model the inclusive behaviours they expect of others, with consequences if they do not. Culture is largely shaped by what leaders do and don't do. Good leaders put themselves in the shoes of others, listen, enable, polish the skills of others, and are honest about mistakes. They make diversity and inclusion a personal priority, not leaving it to those subjected to poor behaviours to challenge them. Demonstrable values should be a core part of appraisals.
8. Equality, diversity and inclusion are drivers of service improvement so must stop being primarily a matter of compliance delegated to junior staff.
9. The focus of NHS work around race equality must change. Remorselessly challenging racism must go hand in hand with supporting those who want to eliminate discrimination, question their own privilege and be allies. Such

support must tackle the bizarre absence of a properly resourced national good practice repository on diversity and inclusion.

10. Good governance has accountable metrics.

This report sets out how QEH will address inequalities and prejudice linked to data on our local communities and workforce.

'A typical NHS "action plan" on race discrimination consists of improving policies and procedures, introducing better training, and some positive action. Yet research found 'attempts to reduce managerial bias through diversity training and diversity evaluations were the least effective methods of increasing the proportion of women in management'. Similarly, Unconscious Bias Training, may improve cognitive understanding but has limited impact on decision-making. A primary focus on 'policies, procedures and training' will not change institutional discrimination any more than it would vanquish bullying' **(R Kline)**

At QEH we need to heed this advice and put in place a clear intent supported by actions to ensure we reflect the communities we serve - and in doing so **listen and act on the care our patients deserve.**

1. Strategic direction at a national, system and local level

NHS People Plan

At the end of July 2020, the NHS launched its People Plan **'We are the NHS: People Plan for 2020/21'** that sets out what NHS people can expect from their leaders and each other. It builds on the creativity and drive shown by NHS people in their response, to date, to the COVID-19 pandemic and the interim NHS People Plan. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train together differently to deliver patient care. It also sets out practical actions for employers and systems, as well as the actions that NHS England and NHS Improvement and Health Education England will take, over the remainder of 2020/21.

People promise – we make to each other – to work together to improve the experience of working in the NHS for everyone

'We are the NHS: People Plan for 2020/21' sets out four key themes:

1. **Looking after our people** – with quality health and wellbeing support for everyone
2. **Belonging in the NHS** – with a particular focus on tackling the discrimination that some staff face
3. **New ways of working and delivering care** – making effective use of the full range of our people's skills and experience
4. **Growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return

Under theme 2 – '**Belonging in the NHS'** it sets out that the NHS was established on the principles of social justice and equity. In many ways, it is the nation's social conscience, but the treatment of NHS colleagues from minority groups falls short far too often. Not addressing this limits the NHS's collective potential. It prevents the NHS from achieving excellence in healthcare, from identifying and using available best talent, from closing the gap on health inequalities, and from achieving the service changes that are needed to improve population health. It goes on to further state that given recent national and international events, it has never been more urgent for our leaders to take action and create an organisational culture where everyone feels they belong – in particular to improve the experience of our people from black, Asian and minority ethnic (BAME) backgrounds.

Norfolk and Waveney - #WeCareTogether

In response to the national NHS People Plan, Norfolk and Waveney have developed a local plan #WeCareTogether which mirrors the ambitions of the national plan. It was launched in August 2020 and has been developed over 18-months, with engagement from c1,000 people and stakeholder groups. It is in alignment with the Interim NHS People Plan – but with a system wide workforce focus (Health, Social Care and VCSE) and with a goal in five years to be **the best place to work, with a vision to have**; happy, healthy staff providing excellent compassionate care.

It sets out four main objectives:

- Creating new opportunities for our people
- Promoting good health and well-being for our people
- Maximising the skills of our people
- Creating a positive and inclusive culture for our people

QEH People Plan

The draft QEH People Plan 2020/21 in response to both the national and regional plan and summarised in paragraph four reflects the intent and objectives set out in the NHS and the Norfolk and Waveney People Plans – but also picks up the key areas of focus from workforce data set out in paragraph two below and the intent set out in the Patient Experience Work Plan to 'listen to patients worries and fears'.

2. Population and Workforce Data

BAME

The population the QEH Trust serves is 907,760. Norfolk and Waveney have an employment rate for working age population (16 – 64) at 78% is broadly in line with regional and national picture, although there is a higher level of population over age 65 than either East of England and England overall *(source – Norfolk Insights).*

Data relating to ethnicity identifies that the non-white (BAME) population in Norfolk is 3.5%, across the East of England it is 9.2% and across England is 14.6% (*Census 2011 data).*

The non-white (BAME) population of our workforce as at March 2020 (WRES return) is 22%, an increase of 5% compared to the previous year (see below).

Whilst the above data is not strictly comparable given the gap in years, comparing the Trusts in the region as set out below identifies that in all identified categories other than in 'Middle non-clinical roles' the QEH (as at March 2019) has a higher proportion of BAME staff than other Trusts in the region.

2019 WRES Data Trusts

2020 collection:
31st Aug Submission deadline for completed WRES returns
31st Oct Deadline for Trusts to publish annual report and action plans

in good health
The Norfolk and Waveney Health and Care Partnership

Clinical skill mix

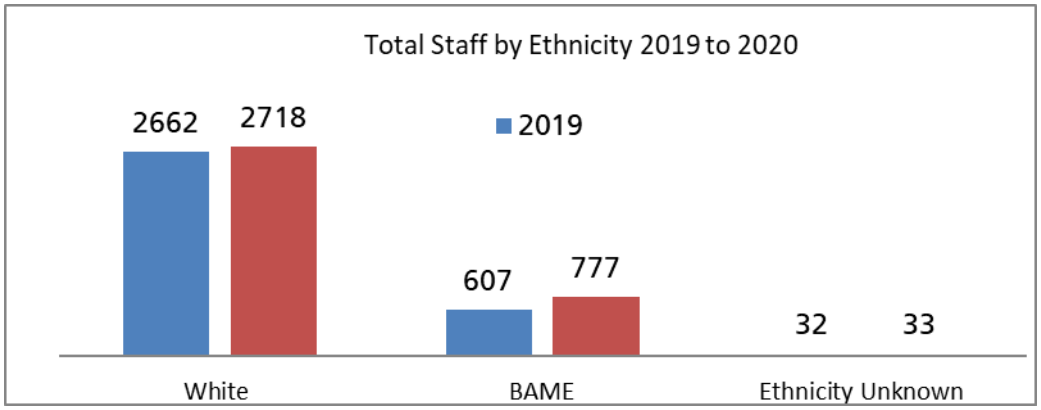
	SUPPORT			MIDDLE			SENIOR			VSM		
Org name	White	BME	Null/Unknown	White	BME	Null/Unknown	White	BME	Null/Unknown	White	BME	Null/Unknown
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.5%	6.0%	1.5%	83.8%	14.9%	1.3%	98.1%	0.0%	1.9%	-	-	-
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	88.8%	6.4%	4.8%	83.6%	11.5%	4.9%	92.7%	3.0%	4.3%	100.0%	0.0%	0.0%
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	82.0%	11.0%	7.0%	87.4%	7.1%	5.6%	92.5%	6.3%	1.3%	50.0%	0.0%	50.0%
NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST	88.0%	5.8%	6.2%	88.7%	2.8%	8.5%	96.7%	1.6%	1.6%	-	-	-
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	87.2%	12.6%	0.1%	78.9%	20.7%	0.4%	93.0%	7.0%	0.0%	100.0%	0.0%	0.0%

Non Clinical skill mix

	SUPPORT			MIDDLE			SENIOR			VSM		
Org name	White	BME	Null/Unknown	White	BME	Null/Unknown	White	BME	Null/Unknown	White	BME	Null/Unknown
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	93.5%	6.4%	0.1%	95.2%	3.4%	1.4%	92.5%	7.5%	0.0%	100.0%	0.0%	0.0%
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	97.0%	2.1%	0.9%	98.1%	0.6%	1.3%	89.5%	5.3%	5.3%	100.0%	0.0%	0.0%
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.7%	3.1%	4.2%	91.5%	3.4%	5.1%	90.6%	2.6%	6.8%	100.0%	0.0%	0.0%
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	92.4%	3.4%	4.1%	94.6%	1.2%	4.2%	87.2%	4.6%	8.3%	100.0%	0.0%	0.0%
NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST	88.9%	3.4%	7.7%	90.7%	5.7%	3.6%	89.8%	1.7%	8.5%	100.0%	0.0%	0.0%

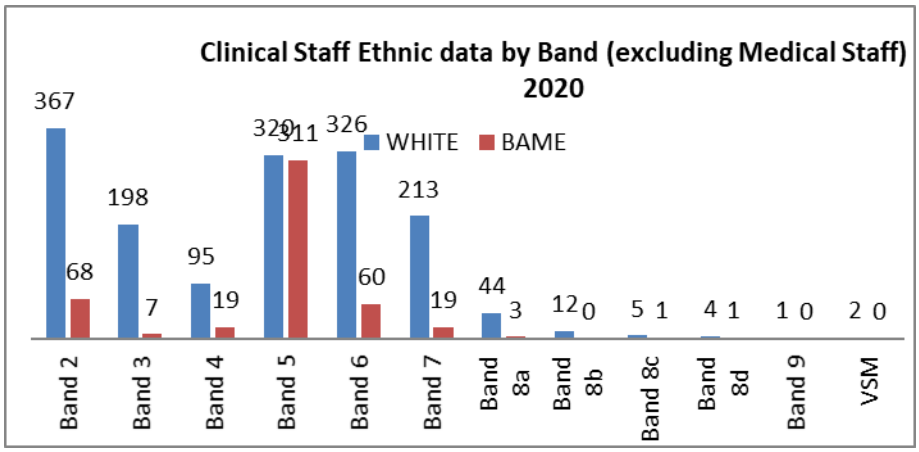
Information taken from 2019 report – unable to drill down further into role specifics Definitions: Support (Bands 1-4), Middle (Bands 5-7), Senior (Bands 8a to 9), VSM -Very Senior Managers
Data Source: Workforce Race Equality Standard 2019 SDCS returns
Time: As at March-19

Whilst the national and regional data for 2020 has not yet been published, the Trust has identified that at 31 March 2020, the workforce BAME percentage was reported at 22% of the total workforce; an increase from 17% in March 2019 as set out in the table below:

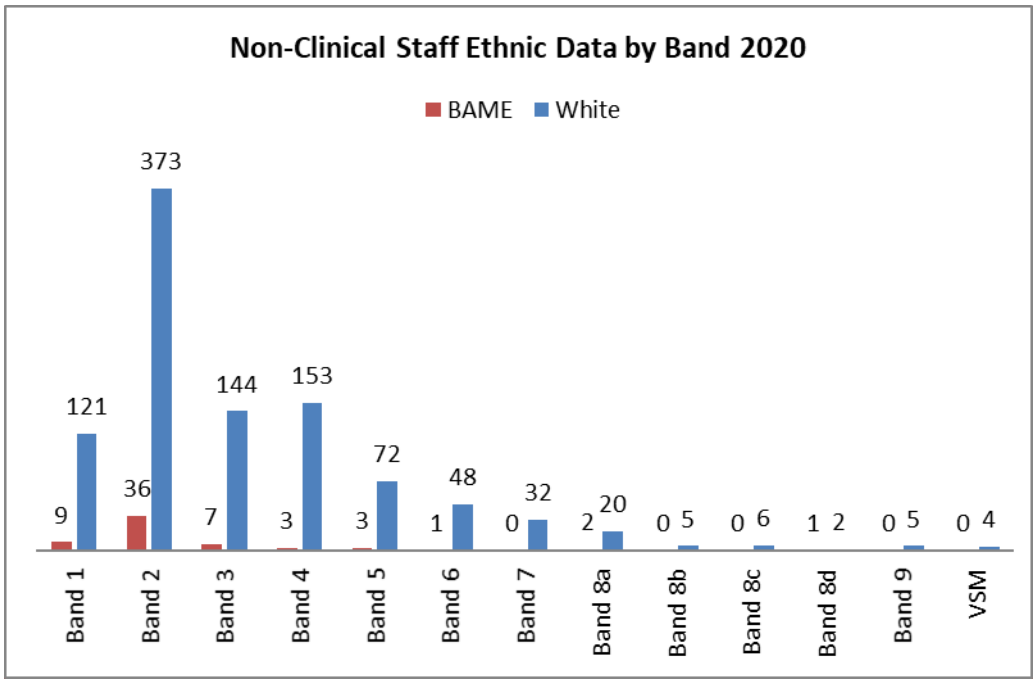


Once we start to break down the workforce by salary band, it starts to identify where the Trust is overly, or under-represented and therefore where we need to focus our attention.

In clinical bands the focus of activity to improve representation needs to be on bands 4, 7, 8, 9 and VSM which are currently below the Trust average of 22% BAME employees against the total make-up.



In non-clinical bands the focus of activity needs to be on all bands other than band 2 which are currently below the Trust average of 22% BAME employees.



National data is available on BAME staff relating to recruitment, disciplinary processes and also to training as at March 2019, but unfortunately QEH data is not included in the return so we are not able to compare our performance presently.

We are, however, able to share that for the Trust there has been improvements from 2019 in the following areas:

- The likelihood of BAME staff being appointed from shortlisting has improved from 1:46 in 2019 to 1:34 in 2020, however there is still work to be done in this area to improve the figure further and reflect the Trust BAME representation of 22%.

- The proportion of BAME staff in formal disciplinary procedures has fallen from 1:0.77 in 2019 to 1:0.29 in 2020.

- Relative likelihood of staff accessing non-mandatory training and CPD from 1:1.03

in 2019 to 1:1 in 2020, meaning non-BAME and BAME staff are equally likely to access non-mandatory training and CPD in 2020.

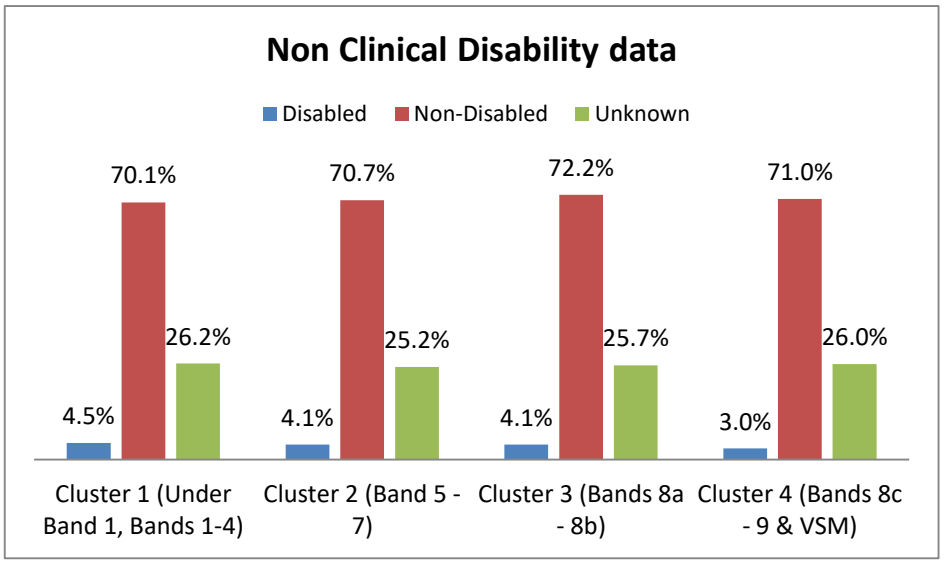
- In recent years, BAME staff have significantly been under-represented at Board level and historically has reported a 100% white Board, however, this year the BAME representation has improved to 1 BAME NED (7.1%) over the last year.

Disability

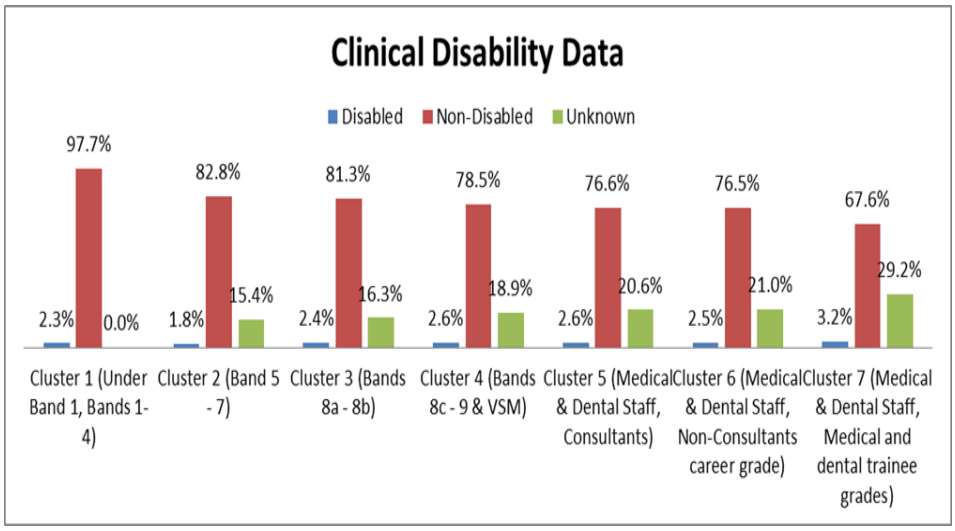
Data identifies that 20% of Norfolk and Waveney working age adults are classified as having physical or learning disabilities against 17.6% across England (*source – Norfolk County Council 'Life Opportunities studies' 2014*).

The Trust reports an overall 2.39% disability declaration rate for all staff as at March 2020 (DES return) in comparison to NNUH at 2.5% and the West Suffolk at 3%. It is concerning however that approximately 25% remain 'unknown' – and this will need to be addressed in the action plan.

When we break this down further, we are able to identify the percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall work-force.



Within Non-clinical staff - Cluster 1 (Bands 1 - 4) have the highest percentage of disabled staff.



Within Clinical staff - Cluster 7 (Medical and Dental Staff, Medical and Dental Trainee Grades) has the highest percentage of disabled staff.

The indicators we submit for the Workforce Disability Equality Standard identifies:

1. The likelihood of being appointed if you declare a disability has improved from 1.18 in 2019 to 0.74 in 2020 indicating that you are more likely to be appointed if you declare a disability.

2. The likelihood of staff entering a formal capability process has improved from 1.25 in 2019 to 1.11 in 2020; however, a figure above 1.00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process.

3. The Trust has taken action to facilitate the voices of staff with disabilities to be heard through the annual staff survey and pulse surveys. Going forward there will be a bespoke Disability Network to engage staff further on a range of issues.

3. Improvements made in 2019/20

The overall improvements set out below have been have been made at QEH in 2019/20; but there is more to do to improve the staff experience for our under-represented staff.

<u>BAME</u>

- A newly-established BAME Network
- An Indian Nurses King's Lynn Staff Network
- An LGBTQ Staff Network
- Commitment to introduce reverse mentoring for the Trust Board
- A greater awareness in the Trust of Equality and Diversity and celebrating our diversity and cultural differences
- Monthly themed food months in The Hub to recognise our international staff

Disability

- An Equality Group for People with disabilities was established however due to resources this was unable to continue
- Values-based questions are incorporated into all interviews to ensure equality and consistency in the recruitment process
- The development of a workshop that reflected the need to challenge the issues resulting from members of staff with a disability feeling pressured to come into work
- Appraisal training for managers was developed

LGBTQ

- Launch of the Trust's first LGBTQ network

4. How do we respond?

The NHS People Plan sets out clearly that the NHS must welcome all, with a culture of belonging and trust and that we must understand, encourage and celebrate diversity in all its forms with discrimination, violence and bullying have no place. It prompts the question that if we do not role model this culture, then how can our patients expect to be treated equitably, and as individuals?

It identifies key actions for Employers to:

- Overhaul recruitment and promotion practices
- Implement health and wellbeing conversations with all staff
- Publish progress against the Model Employer goals to ensure leadership at all levels is representative of the overall BAME workforce
- Tackle the disciplinary gap

The Norfolk and Waveney #WeCareTogether People Plan identifies keys actions at a system level to:

- Embed and develop mature staff networks across N&W
- Work with inclusion leads at Trusts to better understand our workforce
- Collate workforce data for ethnicity, disability and other characteristics across the system
- Review workforce processes to identify and remove any bias
- Work with HRDs Group to review and update policies and processes in line with the NHS People Plan Action Plan for Employers 2020/21
- Use staff's lived experiences, sharing perspectives to support the development and initiatives for ethnic minority groups
- System level workshops and the use of online platforms to start the conversations and develop system wide action plans
- Hold an Executive Leaders workshop with Roger Kline 15 October to consider strategic narrative and commitment to addressing inequalities in our system
- Embed Inclusive and compassionate leadership – getting leadership to share a common vision across the system and to collaborate for the benefit of the system as a whole. It is the leadership that helps shape the positive, inclusive culture

The draft QEH People Plan (to be agreed at People Committee on 23 September 2020) has been developed with key stakeholders and reflects the ambitions and commitments set out in the **'We are the NHS: People Plan for 2020/21'** and also the **Norfolk and Waveney #WeCareTogether People Plan.**

It follows the themes set out in the NHS People Plan:

1. Looking after our people – with quality health and wellbeing support for everyone
2. Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
3. New ways of working and delivering care – making effective use of the full range of our people's skills and experience
4. A dedicated resource will be put in place to support Equality and Diversity in the Trust who want to return

The draft QEH People Plan sets out key actions to tackle discrimination that some staff face as set out in the table below. The Board are asked to endorse and support these actions.

Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face			
Focus	**Action**	**Deadline**	**Measure / KPI (QEH)**
Developing a culture that values diversity and inclusion	Development of a six-month culture transformation programme to bring our values and behaviours to life across QEH Roll out of the new behavioural standards so that we have a clear framework which we can refer to for our values and behaviours and consistently use in our communication with staff	October 2020	Improving scores for staff feeling valued at work from 38% to 45% Improving staff recommending the Trust as a place to work from 51% to 60%
Capacity to deliver equality agenda	A dedicated resource will be put in place to support Equality and Diversity in the Trust Development of key KPIs for Equality and Diversity to enable us measure our progress	January 2021 October 202	Equality and Diversity Manager in post Assurance in the progress being made
The NHS will be open and inclusive	**Recruitment processes** will be revised to: Include value-based questions/selection criteria to ensure all candidates (regardless of success) are clear of the values for QEH, have a positive impression of the Trust and would recommend it to friend/family.	November 2020	Improving staff recommending the Trust as a place to work from 51% to 60%

	Recruitment and promotion practices: We will agree targets and action plans for increasing the representative of BAME and disabled staff in all salary bands where they do not currently reflect the diversity of our community.	October 2020	Action plan in place that identifies targets and plans for bands where under-represented
	Reduce the inequality in recruitment shortlisting Make information available to potential job applicants about the trust's commitment to inclusive recruitment and that we welcome applications from Disabled applicants. Review training offer provided to recruiting managers and panels. Disabled and BAME staff to be appropriately trained to participate on recruitment panels. Undertake quarterly review of recruitment activity and present analysis to senior leaders and the appropriate staff groups	October 2020	Recruitment and promotional material to be reviewed in line with Trust's commitment
	Leadership diversity: We will publish progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce	September 2020	Progress published
	We will work with the national Freedom to Speak Up Team to develop 'success measures' for our Speak Up programme	December 2020	Measures identified and in place
	In conjunction with the BAME Staff Network we will introduce a reverse mentoring programme for Board members	November 2020	All Board members have a mentor
Increase the number of staff declaring their disability status via the ESR	Work with the Disabled staff network to develop a communications campaign highlighting the benefits of declaring. Hold an engagement session with colleagues to explore any challenges that they may have encountered in using ESR.	October 2020 October 2020	Reduction from 25% to 10% in non-declaration

Health and Wellbeing	**Health and wellbeing conversations:** As part of the leadership development programmes to recommence in September 2020 line managers will be encouraged to discuss equality, diversity and inclusion as part of the health and wellbeing conversations to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress.	September 2020	All senior managers and middle managers completing leadership training
	We will support our staff's emotional and mental wellbeing through training Mental Health ambassadors until we have reached our cohort of 20	March 2021	50% less BAME and staff with a disability off with stress, anxiety or depression
Tackling the disciplinary gap	We will identify the make-up of staff who enter the disciplinary process By the end of 2020, the Trust will have eliminated the gap in relative likelihood of entry into the disciplinary process by BAME staff and / or colleagues with a disability.	August 2020 December 2020	Relative likelihood of BAME colleagues / staff with a disability entering the formal capability process, as measured by entry into the formal capability procedure.
	Outstanding and live casework to be concluded in a timely manner in line with the principles set out in the SPF and through the introduction of a case management review system	September 2020	Timelines set out in Agenda for Change and Trust policies to be monitored and adhered to
Staff networks	We will work on re-establishing our long-term ill health and Disability Group identifying opportunities for exposure and developments. We will support the BAME staff network continues to grow and adopt a more formal structure as we extend beyond the initial COVID agenda We will support the LGBTQ network and raise awareness surrounding	Ongoing	Percentage of staff in AFC Pay bands or Medical and Dental subgroups and very Senior Managers (including Executive Board Member) compared with the percentage of staff in the overall workforce

	the pride (rainbow) pin badges to ensure staff understand fully what it means to wear the badge		
Governance	We will review our governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.	December 2020	Appropriate governance in place

5. Monitoring performance and next steps

The QEH People Plan is to be finalised and agreed at the People Committee on 23 September 2020 with an action plan that will be monitored through the People Executive Group on a quarterly basis.

The People Committee will review and agree, as part of the QEH People Plan, the Equality, Diversity and Inclusion actions and KPIs as set out above at its meeting in September 2020.

The Board will continue its work to promote all areas of equality at QEH and review progress of the above action plan on a bi-annual basis as agreed at Board in July 2020.