

Leicester City Council Scrutiny Review

‘The experience of black people working in health services in
Leicester and Leicestershire’

A review of the Health and Wellbeing Scrutiny Commission

October 2020

Background to scrutiny reviews

Determining the right topics for scrutiny reviews is the first step in making sure scrutiny provides benefits to the Council and the community.

This scoping template will assist in planning the review by defining the purpose, methodology and resources needed. It should be completed by the Member proposing the review, in liaison with the lead Director and the Scrutiny Manager. Scrutiny Officers can provide support and assistance with this.

In order to be effective, every scrutiny review must be properly project managed to ensure it achieves its aims and delivers measurable outcomes. To achieve this, it is essential that the scope of the review is well defined at the outset. This way the review is less likely to get side-tracked or become overambitious in what it hopes to tackle. The Commission's objectives should, therefore, be as SMART (Specific, Measurable, Achievable, Realistic & Time-bound) as possible.

The scoping document is also a good tool for communicating what the review is about, who is involved and how it will be undertaken to all partners and interested stakeholders.

The form also includes a section on public and media interest in the review which should be completed in conjunction with the Council's Communications Team. This will allow the Commission to be properly prepared for any media interest and to plan the release of any press statements.

Scrutiny reviews will be supported by a Scrutiny Officer.

Evaluation

Reviewing changes that have been made as a result of a scrutiny review is the most common way of assessing the effectiveness. Any scrutiny review should consider whether an on-going monitoring role for the Commission is appropriate in relation to the topic under review.

For further information please contact the Scrutiny Team on 0116 4546340

To be completed by the Member proposing the review

1.	Title of the proposed scrutiny review	The experience/ development of Black People working in health services in Leicester and Leicestershire.
2.	Proposed by	Councillor Patrick Kitterick Chair, Health and Wellbeing Scrutiny Commission
3.	Rationale Why do you want to undertake this review?	<p>The recent Black Lives Matter movement together with the disproportionate effect COVID19 has had on ethnic minority groups, specifically people of Black heritage, has highlighted the inequalities Black people face in their day to day lives.</p> <p>Whilst nationally the NHS has set up the NHS Race and Health Observatory and has the Workforce Race Equality Standard (WRES), the Health and Wellbeing Scrutiny Commission would like to explore the picture locally. This would consider any the employment trajectories, outcomes as well as the disciplinary practices experienced by black people while working across the health sector in Leicester and Leicestershire.</p>
4.	Purpose and aims of the review What question(s) do you want to answer and what do you want to achieve? (Outcomes?)	<p>The purpose of this review is to map and highlight the experiences of black people working in the health sector and explore practices, trajectories and outcomes for Black staff managers and directors, and how this are being mitigated going forward if they exist.</p> <p>The review would look to achieve the following outcomes:</p> <ul style="list-style-type: none"> • Explore how this has been looked into nationally by the NHS and to what extent any national issues identified, are reflected in Leicester. • Understand the demography of the local workforce, particularly in relation to race. • Gain an understanding of the experiences outcomes and trajectories of black people working in the health sector locally • Identifying practices that may disadvantage black health workers; and • How health services and partners can work together to mitigate this (focus on policies and programmes)

<p>5.</p>	<p>Links with corporate aims / priorities How does the review link to corporate aims and priorities?</p>	<p>This review links to the City Mayor’s Black Lives Matter statement (June 2020) which states the Council is ‘committed to working with young people to reflect their concerns and shape their future city’, as well as the recent appointment of a lead member with the responsibility for developing an agenda in response to the Black Lives Matter Campaign. https://leicestercitycouncil.sharepoint.com/sites/communications-and-marketing/SitePages/Cllr-Sue-Hunter.aspx?utm_campaign=1817628_All-staff%20email%2030%20September%202020&utm_medium=email&utm_source=Leicester%20City%20Council&dm_i=36CU,12YHO,4LNECS,45GTE,1</p> <p>This review also links to Sir Simon Stevens’ (NHS Chief Executive) statement on Black Lives Matter and health inequalities. https://www.england.nhs.uk/2020/06/personal-message-from-sir-simon-stevens-on-black-lives-matter-and-health-inequalities/</p>
<p>6.</p>	<p>Scope Set out what is included in the scope of the review and what is not. For example which services it does and does not cover.</p>	<p>The review will look at information from the public health team, health partners in relation to; general workforce profile, employment and retention of staff by ethnicity, pay band data and HR information relating to dismissals and redundancy. It will also focus on profiles, policies and programmes in place.</p>
<p>7.</p>	<p>Methodology Describe the methods you will use to undertake the review. How will you undertake the review, what evidence will need to be gathered from members, officers and key stakeholders, including partners and external organisations and experts?</p>	<p>This will include:</p> <ul style="list-style-type: none"> • Profiles, policies, guides and programmes of health partners; collective data and action plans available on public websites of all health partners. Existing work such as - https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/ • Relevant supporting research reports and documents • Virtual round table discussions with NHS partners • Information from health regulators such as CQC and NHS England – publicly available information including new requirement for Health Partners to provide assurance against the NHS People Plan <p>And if available:</p> <ul style="list-style-type: none"> • Workforce profile and information relating to Employment and retention of staff by ethnicity

	<p>Witnesses Set out who you want to gather evidence from and how you will plan to do this</p>	<p>Potential witnesses may include:</p> <ul style="list-style-type: none"> • Health Partners (CCG, UHL and LPT) • Local universities • Local Nursing Colleges • Public Health Team • Executive Leads for Public Health • Carers • Pharmacists
8.	<p>Timescales How long is the review expected to take to complete?</p>	<p>November 2020 Scoping document to be agreed the upcoming Health and Wellbeing Scrutiny meeting, scheduled in November 2020.</p> <p>December 2020 – March 2021</p> <ul style="list-style-type: none"> • Take evidence from partners • Task Group meetings (hybrid and/or virtual) • Draft findings and conclusions to be established. <p>April 2021 The final review report to be agreed at an upcoming Health and Wellbeing Scrutiny meeting.</p>
	Proposed start date	December 2020
	Proposed completion date	April 2021
9.	<p>Resources / staffing requirements Scrutiny reviews are facilitated by Scrutiny Officers and it is important to estimate the amount of their time, in weeks, that will be required in order to manage the review Project Plan effectively.</p>	<p>The review can be conducted within the resources of the scrutiny team. Scrutiny Officers will support the review process by capturing information at the meetings, facilitating the people to give evidence and writing the initial draft of the review report based on the findings from the review.</p>
	Do you anticipate any further resources will be required e.g. site visits or independent technical advice? If so, please provide details.	Virtual meetings instead of site visits (if any) due to COVID19 pandemic.

10.	<p>Review recommendations and findings</p> <p>To whom will the recommendations be addressed? E.g. Executive / External Partner?</p>	<p>It is likely the review will offer recommendations to Health Partners such as the CCGs, UHL and LPT.</p>
11.	<p>Likely publicity arising from the review - Is this topic likely to be of high interest to the media? Please explain.</p>	<p>It is expected that this review will generate considerable to medium media interest but the relevant partners, the Executive lead and the council's communications team will be kept aware of any issues that may arise of public interest.</p>
12.	<p>Publicising the review and its findings and recommendations</p> <p>How will these be published / advertised?</p>	<p>There will be a review report that will be published as part of the commission's papers on the council's website.</p>
13.	<p>How will this review add value to policy development or service improvement?</p>	<p>This review will support health partners to mitigate any discriminatory practices identified and strengthen policies and practices in place. It will contribute to ongoing actions and approaches that are already being conducted by health partners and may help identify a number of metrics to measure progress, and demonstrate and evaluate impact.</p>
<p>To be completed by the Executive Lead</p>		
14.	<p>Executive Lead's Comments</p> <p>The Executive Lead is responsible for the portfolio so it is important to seek and understand their views and ensure they are engaged in the process so that Scrutiny's recommendations can be taken on board where appropriate.</p>	<p>The findings from this review would be complementary to the work we are doing in the Council around Black Lives Matter and I am supportive of this review</p> <p>Councillor Sue Hunter - Assistant City Mayor, Black Lives Matter response</p>

Comments from the relevant Director from NHS partners

<p>15.</p>	<p>Observations and comments on the proposed review</p>	<p>We welcome the review of the experiences of black people as part of the scrutiny review process. The equality, diversity and inclusion agenda is something that is particularly important for LLR health and social care partners at present and many of our actions for this agenda are collective actions across health and social care partners</p> <p>Considerations:</p> <ul style="list-style-type: none"> • The resources required of Health partners to participate in the review, including any additional data we would be required to produce during a time where our energy and resource is focussed on action. Please note that much of our collective data and action plans are available on public websites of all health partners. Understanding of the witnesses required to attend scrutiny committee would also be helpful • Health partners are monitored and scrutinised by our health regulators – mainly CQC and NHS England but also our new requirement to provide assurance against the NHS People Plan, please consider using data already available for this scrutiny <p>Through our learning and actions that have been particularly focussed in the last few months we would also encourage you, dependent on the considerations noted above, to consider the following areas within your scoping document.</p> <ul style="list-style-type: none"> • Attraction and recruitment of black people into clinical and professional corporate roles at the system level and how we minimise and mitigate the impact of racial bias and stereotyping at all stages of the selection process. • A focus on how we retain black people in our local health system by creating a sense of belonging at the team, directorate, organisational and system level by developing interventions to promote improved rates of racial literacy and cultural intelligence within our workforce. • Performance management and appraisal is a key determinant of eligibility for progression and should be considered in the review, within the context of career progression of Black staff in the health sector and our local system. Research indicates that people from BAME communities, and particularly those from a Black British background, are performance appraised differently to their white peers. Kandola (2018) suggest a 'pro-white bias' in appraisal ratings because of 'attributing success bias' i.e. When a black leader is seen as successful, their success is attributed to factors other than their decision-making or leadership skills, e.g. they just have a great team working with them.
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- **Representation of Black people in leadership positions in the health sector** should also be a focus of the review as many black colleagues will be in either non-managerial roles or in middle management roles. The NHS has set each system and each health organisation aspirational targets in this area. Even though the focus of the targets is on bands 8a and above, meeting the targets requires us to look more widely at the talent pipeline to establish where the ‘frosted glass ceiling’ is located.

Current actions:

Below are some of key actions and approaches we are taking to address issues we have identified and may be of interest

- **Fulfilling our aim to create a zero-tolerance approach to racial bias, prejudice, harassment and discrimination**, by addressing not only overt forms of these attitudes and behaviours, but also addressing more subtle forms e.g. micro-agressions. UHL is developing a intervention initiatives called the ‘Active Bystander Programme to intervene early and /or prevent bully and harassment.
- **Ensuring that Black people can bring their whole selves to work by addressing ‘Code Switching Behaviours’**. Code Switching involves adjusting your style of speech, appearance, behaviour and expression in ways to fit in with the dominant culture. Many Black people will engage in this behaviour to be seen as talented and eligible for career progression by white colleagues.
- **Developing a culture which is ‘anti -racist’ as oppose to non-racist**. An ‘anti-racist’ culture involves people making an active and conscious effort to work to address the multidimensional aspects of racism i.e. structural, cultural, and institutional. A non-racist culture is one where people say that they do not tolerate racism but do not take action to address incidents when they occur, it is a more passive approach. Developing allies for and sponsors of BAME colleagues is considered one of the best practice interventions which can support wellbeing and a sense of belonging. We could also highlight the LLR reverse mentoring programme as a key programme we have already initiated.
- Research suggests that **leadership and stereotyping** is a significant issue as the prototype for leadership in many organisations if white and male i.e ‘The Snowy White Peaks of the NHS’. Black women are often stereotyped as not good at people or thought leadership, but great for roles involving task leadership. Black men tend to be stereotyped as not good at either people, thought or task leadership.
- The review could also set out the vision for **what success would look like and how we will measure our success**. Adopting a whole employee lifecycle approach and identifying a number of metrics to measure progress would be advised, so that we could demonstrate and evaluate impact.

	Name	Richard Morris
	Role	Director of Operations and Corporate Affairs for NHS Leicester City Clinical Commissioning Group (CCG)
	Date	02/12/20
To be completed by the Scrutiny Support Manager		
16.	Will the proposed scrutiny review / timescales negatively impact on other work within the Scrutiny Team?	It is anticipated that there will no adverse impact on the scrutiny team's work to support this review, but it must be anticipated that there may need to be some prioritising of work done during the time of this review.
	Do you have available staffing resources to facilitate this scrutiny review? If not, please provide details.	The review can be adequately support by the Scrutiny Team as per my comments above.
	Name	Kalvaran Sandhu, Scrutiny Support Manager
	Date	08/12/20