Scrutiny

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

1st December 2022

Leicester City Council

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Task Group Membership – Scrutiny Review

Councillor Patrick Kitterick (Chair of the Task Group)
Councillor Luis Fonseca
Councillor Elaine Pantling
Councillor Geoff Whittle
Councillor Deborah Sangster
Councillor Padmini Chamund (previous Member of the Commission 2020-21)
Councillor Paul Westley (previous Member of the Commission 2020-21)

Evidence to the Commission was given by the following organisations and officers:

Clinical Commissioning Groups (CCGs)

Richard Morris
Alice McGee
Bina Kotecha

University Hospitals of Leicester (UHL) Trust

Aloma Onyemah
Hazel Wyton
Peter Wiklo

Leicester Partnership Trust (LPT)

Haseeb Ahmad
David Bhebe
Judy Eggett

Leicester City Council

Ivan Browne
Ruth Lake

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Chair's Foreword

In 2020, the growth of the Black Lives Matter movement, along with the disproportionate effect that the COVID19 pandemic had on ethnic minority groups, demonstrated the inequalities that black people face in their daily lives.

As Chair of the City Council's Health and Wellbeing Scrutiny Commission until May 2022, I was keen to lead on strands of work that could probe into the reasoning behind such inequality and to look at how it can be addressed. It was with this in mind that scrutiny commission colleagues and I felt that it was fundamental to examine the experiences of black people working within the local health sector by setting up a task group comprising local councillors and supported by a range of witnesses and stakeholders.

Over a series of several meetings, the task group gained an understanding of the workforce in the local health sector, examined the existing working practices and engaged with a number of staff groups.

I'm extremely grateful to those within the local health sector that both presented directly to the task group and facilitated the involvement of staff throughout the review. This was critical in developing our understanding of the issues that were interested in. My thanks goes to many within the local Clinical Commissioning Groups, University Hospital of Leicester, Leicester Partnership Trust and Leicester City Council. I must also thank my fellow elected members who formed part of the task group and supported me in developing this work over many months.

It's clear that there are large elements of good practice in place, and I cannot question the overall intentions of those in position of authority to enhance equality across their workforces, but from the evidence the task group gained, I'm confident that much more can be done to make progress and to address issues of disparity. The report sets out the range of information that we examined and includes eleven recommendations to local leaders and decision makers in terms of taking some steps to improve inclusion and to ensure that those from different ethnic groups, particularly from an African Caribbean background, should have the same experiences and opportunities as all staff in our health services. At the very centre of this are our recommendations, which include suggestions in terms of improving workforce monitoring systems, considering alternative delivery mechanisms for mandatory training and for organisations to consider how development opportunities are better facilitated.

I dearly hope that our work and these recommendations can help to serve as a platform for some fresh ways of working across health sector organisations and that in several years to come, we can see seem genuine improvement in experience and opportunity for black people working in our health services.

Councillor Patrick Kitterick, Chair of the Health and Wellbeing Scrutiny Commission *(until May 2022)*

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Executive Summary

Introduction

In 2020, the Health and Wellbeing Scrutiny Commission initiated a review into 'The experience of black people working in health services in Leicester and Leicestershire'.

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 wanted to explore the picture locally. This involved the analysis of employment trajectories, progression, outcomes, as well as the disciplinary practices experienced by black people while working across the health sector in Leicester and Leicestershire.

Past research conducted in 2014 study called 'The "snowy white peaks" of the NHS'[1] showed the people in the most senior positions are white and male. Analysis conducted in mid-2019 showed this was still the case, with 8% of NHS chief executives and chairs identifying as being from an ethnic minority background.

The three organisations that provided evidence to the Commission consisted of the Clinical Commissioning Groups (CCGs), University Hospitals of Leicester (UHL) Trust and Leicester Partnership Trust (LPT).

The evidence gathering sessions for this report took place virtually throughout the COVID19 pandemic, with workforce pressures due to rising infection levels impacting on the frequency of meetings. In total, the Task Group held four meetings to gather evidence from partner organisations and their employees, with substantial workforce information provided at the first and second meetings. Subsequent meetings focused on progressing particular actions, and also examined the programmes and policies in place to achieve parity in areas where staff from black or African Caribbean / Heritage groups were disproportionately affected.

[1] https://eprints.mdx.ac.uk/13201/1/The%20snowy%20white%20peaks%20of%20the%20NHS%20final%20docx%20pdf%20(3).pdf

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Recommendations

At the task group meeting on Thursday 21 April 2022, Members endorsed the following set of proposed recommendations:

a. Following initial discussions on the current data systems and the limitations around tracking workforce information and progression, it was recommended that existing systems are either improved or systems that facilitate such data collection are procured to identify and monitor this. It was noted that it is difficult to change practices if they cannot be measured. There was also a wider discussion on how NHS systems should also be used to capture information/issues around inequalities and protected characteristics.

b. To compare the journeys of substantive staff against bank staff. This is because bank staff can often enter and leave the organisation in 'freer and looser' terms compared to substantive staff, which may result in the danger of contributing to unconscious bias. This recommendation was made in response to the disciplinary statistics, where it was acknowledged that there is an issue with bank staff from an ethnic minority background being subjected to a higher instance of formal disciplinary proceedings.

c. Regarding the use of mandatory training for equality, diversity, and inclusion, it was recommended that organisations look to use different channels to deliver this training that encourages interaction, rather than the use of e-learning modules.

d. A key problem for the progression of employees from an ethnic minority is the lack of development opportunities which are often arranged on an informal basis. Organisations should look at how such development opportunities are filled and facilitated. The lack of such opportunities means that when these employees arrive in interviews for promotion, they have less experiences to discuss, and less opportunity to display their abilities compared to other interviewees.

e. With regard to the use of data and monitoring in relation to progression and training, organisations should track shadowing opportunities and training, to challenge their counterparts on how they are progressing with their own initiatives.

f. The existing work and attitude on diversity and inclusion should be embedded across the organisation, to ensure there is a form of succession planning, should key staff individuals leave.

g. To consider the wider response to EU recruitment and staff from overseas, who may not be able to take leave due to management pressure and whether guidance to management can be issued to clarify leave arrangements and concerns. This is because staff from these cohorts are often from an ethnic minority background, and this may be a further adverse effect.

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h. Relating to disciplinaries and reporting, the impact of bias training and bystander support should be shared with the Health Scrutiny Commission once completed, along with consideration of how widely this is being delivered across the organisations. This was following the support given from the Chair of the Task Group in facilitating contact with other organisations that have successfully implemented bystander training.

i. The Task Group reiterated the need for the experiences of bank staff and their journey through the organisation to be recorded, to ensure there are no adverse outcomes suffered. This also included the treatment of temporary bank staff, who are often from an ethnic minority background, as well as the need for the City Health and Wellbeing Scrutiny Commission to understand the implications this will have on local staffing and whether this could lead to any new ways of working.

j. In relation to the Mersey Trust – Just and Learning Culture, the Task Group recommended that local agencies should reflect on this model as an example of good practice due to the positive impact on wellbeing.

k. The Task Group commented positively on the commitment and engagement of senior health staff to racial inequality in the workforce, and how transparent they were with sharing workforce information.

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Main Report

Introduction

At the Health and Well-being Scrutiny Meeting on 16th December 2020, the Scrutiny Review Scoping Document titled; "The experience of black people working in health services in Leicester and Leicestershire" was approved. This would consider the employment trajectories, outcomes as well as the disciplinary practices experienced by black people while working across the health sector in Leicester and Leicestershire.

The structure of the review was agreed as follows:

1. To track the journey of those from different ethnic groups, particularly those from an African Caribbean Heritage/background, from:

    - Arrival into the organisation
    - Probation
    - Achieving stable contract status
    - How they are encouraged to progress and grow; and
    - If so, how they leave the organisation and is this due to moving on / progression.

2. This was conducted through a blend of quantitative data via existing statistics, with an underpinning narrative provided by qualitative data in the form of stories shared by those who wished to talk about their experiences.

The Task Group gathered evidence on the following:

- A summary document shared prior to the first meeting that gathered information on the national exploration of these issues by the NHS, including what issues were identified and any programme of actions created because of this.

- Datasets on the demography of the local workforce in relation to race.

- A breakdown of the ethnic background/workforce data as far as possible for the CCGs, UHL and LPT – for different ethnic groups, particularly those from an African Caribbean/Heritage background.

- The lived experiences of black people working in the health sector locally

- The Employment/or contractual status of these staff (including agency staff and any whether any volunteering schemes have led to paid employment)

- The likelihood of the probationary period being extended for African Caribbean / Heritage groups

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- The length between an individual joining the organisation, to promotion and how progression occurs
- The disciplinary histories and experiences
- Any information on practices that may act as a precursor to disciplinary proceedings and any support individuals may receive, for example, Professional Development Plans and the use of a Performance Management Framework and how this intersects with race and gender
- The use of exit survey information to understand why those from different ethnic groups, particularly those from an African Caribbean / Heritage background, leave the organisation
- Understanding how services in healthcare settings are tiered within the organisation, particularly the 'agenda for change pay bands 2-9', the number of staff in each pay band and how staff may progress through this.
- Further information on the use of the 'reverse mentoring' initiative
- Information on any headline programmes that have been developed to address what was being done to focus on progression for different ethnic groups, particularly those from an African Caribbean / Heritage background (with a focus on apprenticeships and increased training to speed up progression to senior roles)
- Further information in relation to a prediction from the organisations on how long it will take to achieve parity in this area, as well as considering any programmes currently in place to speed up this process.
- Workforce equality information provided by organisations including the number of staff in post, NHS staff survey information, WRES delivery plan information and submissions. Key sources of local workforce information that were shared by Health Partners are attached to Appendices B and C.

National Picture
Prior to the first Task Group meeting, further sources of information that were available online were shared to inform Members of the Task Group of the existing workforce monitoring requirements at a national level, and these included:

- Public Sector Equality Duty
- The Workforce Race Equality Standard (WRES)
- Equality Delivery Systems (EDS2)
- The NHS Long Term Plan
- NHS Interim People Plan
- The founding of the NHS Race and Health Observatory
- WE ARE THE NHS: People Plan 2020/21 – action for us all (August 2020)

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- The People Promise

Areas such as the WRES and the NHS People Plan were regularly referred to by Health Partners throughout the subsequent Task Group meetings.

In summary, the main NHS national requirements for local organisations in relation to workforce equality are:

- Organisational WRES implementation data must be shared. The WRES reporting template must be published on the organisation's website using a unique URL.

- As a minimum, all systems should develop a local People Plan in response to 'We are the NHS: People Plan 2020/21 - action for us all'. Many organisations may also wish to complete one for their individual organisations, and this is encouraged. These should be reviewed by regional and system People Boards and be refreshed regularly in response to changes in demand or services.

- NHS England and NHS Improvement and Health Education England (HEE) will work with non-NHS employers and their representatives to agree how they support delivery of these People Plan principles in their organisations. Local systems and clinical commissioning groups (CCGs) need to do the same for services they commission.

The Impact of COVID

It was acknowledged that the continued effects of the COVID19 pandemic would affect Health Partners' abilities to engage with the review on a prompt basis. This was particularly the case during the increase of infections relating to the Omicron variant, where Task Group meetings were rescheduled to accommodate this. The use of virtual meetings for this review was particularly beneficial.

In May 2020, NHS England and NHS Confederation launched the NHS Race and Health Observatory[2]; a new expert research centre to investigate the impact of race and ethnicity on people's health. This was following significant concerns about the specific impact COVID19 had on people from ethnic minority backgrounds. The NHS Race and Health Observatory works towards reducing ethnic and racial inequalities in healthcare amongst patients, communities, and the NHS workforce. It supports, where appropriate, aspirations in these areas as outlined in national healthcare policies, including the NHS Long Term Plan.

[2] Home page - NHS - Race and Health ObservatoryNHS – Race and Health Observatory (nhsrho.org)

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Local Workforce Equality Information

In preparation for the first meeting, workforce equality information was provided by the CCGs,and this included:

- LPT and UHL staff in post
- NHS staff survey information
- WRES delivery plan information and submissions across the three organisations, which included data by ethnicity and information submitted as part of the NHS Single Data Collection Service (SDCS)

The Task Group asked for further information in relation to staff pay bands and staff disciplinary data, which was provided at the subsequent meeting. This provided an insight into the disciplinary process and whether this disproportionately impacted staff from an ethnic minority background. There were several actions created following this discussion, which included contacting staff unions about their perspective on disciplinary procedures.

A further percentage breakdown into ethnicity information and workforce information was also requested, so far as possible for the organisations for different ethnic groups, particularly those from an African Caribbean / Heritage background.

The final meetings focused on linking the programmes and plans in place and included the lived experiences of staff members, as well as receiving insights from union representatives about the experiences of black people in healthcare settings which were highlighted after the first meeting.

All initial workforce information shared by the Health Partners is available in Appendix B of the report and is predominantly broken down by organisation (LPT, CCG or UHL), with additional national data in relation to benchmarking.

The Use of Data and Tools to Monitor Progression

From the initial meeting, members of the Task Group agreed that current data systems across the organisations were not suitable for tracking workforce information and more importantly, the progression of staff. There was also a need to have further breakdown for ethnicity data relating to African Caribbean / Heritage groups.

Although this information was collected though individual organisational WRES data, a holistic approach for all organisations across LLR would be beneficial to ensure the journey of an individual can be tracked, particularly how they are encouraged to progress in the organisation.

Following these discussions on the current data systems and the limitations around tracking workforce information and progression, it was recommended that existing systems are either improved or systems that facilitate such data collection, are procured to identify, and monitor this. It was noted that it is difficult to change practices if they cannot be measured. There was also a wider discussion on how

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NHS systems should also be used to capture information/issues around inequalities and protected characteristics.

Health Partners explained that an inequality dashboard was being developed across LLR, which would help capture information around inequalities, but it also was acknowledged that the procurement of a single data system to track workforce information would be the ideal approach.

Benchmarking

a) **Just and Learning Culture – Mersey Trust**

The details of the Mersey Trust case study were explored by the Task Group, and Health Partners explained that it is a good example of outcome tracking in relation to metrics that matter. This is a similar approach to what is being undertaken by organisations across LLR, with the Access and Inclusion (AIM model) and NHS Toolkit being used, which will be extended to the wider work of the organisations.

Members of the Task Group reiterated the importance of looking to this model for examples of good practice, given the positive impact this had on staff well-being, levels of absence and grievances. Information on the case study is available on Appendix C.

b) **Equality, Diversity, and Inclusion Strategic Plan (Case for Change)**

In relation to the 2021 WRES data, the Chair questioned whether this was representative of the population in relation to the diversity of LLR and East Midlands. UHL explained as part of their EDI Strategic Plan (Case for Change), population comparison /benchmarking for the city will be undertaken and this can be shared.

Lived Experiences

Staff from LPT, who were part of the equality/diversity inclusion group and the reverse mentoring scheme, were invited to the third meeting to share their experiences of working in the organisation.

The following points were made by staff:

a. It was felt there was a lack of exposure and representation at recruitment level and being stuck at specific salary banding was a common feature.

b. Limited chances at attending senior meeting/shadowing opportunities and fewer chances at gaining experience were cited as examples.

c. Staff praised the work of the reverse mentoring programme and commented that this has been beneficial, particularly with the positive changes with

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leadership in the organisation. This includes extensive support from senior management to members of the equality/diversity inclusion group regarding access to progression opportunities.

d. However, there needs to be a focus on speaking up and empowering people to do so to encourage change, which is in relation to the lack of pay progression for staff members beyond Band 8.

Health Partners explained how they would be addressing the points raised, including any existing actions that are in place:

a. Interview panels across the organisation will be diverse, with feedback provided. This will have a tangible impact in increasing the recruitment those from ethnic minority groups. There will also be a reporting dashboard which will be used to monitor and track progression.

b. Work will also be conducted on closing the ‘experience gap’, which can prevent progression and promotion opportunities for those from ethnic minority groups. This is dependent on access, networking, and correct support from senior management. Associated issues with the experience gap include hidden/attribution bias, where greater value is placed on the experiences of white colleagues compared to those from ethnic minority groups.

c. In relation to retaining staff and supporting progression, line management development would be a key area of focus, with the organisational staff survey showing where learning and development opportunities and training is being taken up. There are also national interventions such as ‘freedom to speak up’ champions, which the organisations are encourage staff to take up.

d. It was mentioned that leadership training for those at lower specific bands appears to have less representation for those from ethnic minority groups. It was also acknowledged that there is still some resistance from some managers in relation to allowing staff to attend ethnic minority working groups within the organisation.

When the scope of the review was decided, it was reiterated that representation of black staff in leadership positions in the health sector should also be a focus of the review as many black employees will be in either non-managerial roles or in middle management roles. Early on, Health Partners highlighted that the NHS has set each health organisation aspirational targets in this area. Even though the focus of the targets is on pay bands 8a and above, meeting the targets requires them to look more widely at the talent pipeline to establish where the ‘frosted glass ceiling’ is located.

Succession Planning

Based on the lived experiences shared by staff, the Task Group commended the commitment of leadership and senior management to promoting equality, diversity, and inclusion, as well as their efforts towards mitigating the barriers black and African Caribbean / Heritage staff may face.

Given this progress, there was interest in how the organisations, particularly LPT, would continue to develop the existing work and attitude towards diversity and inclusion across the organisation, to ensure succession planning should key staff leave the organisation.

Since the lived experiences shared were exclusively from LPT staff, the Task Group also queried how data and monitoring in relation to progression, shadowing opportunities and training are being tracked across the LPT and whether this could be used to challenge fellow organisations (including the CCGs and UHL) on their own initiatives.

Health Partners explained that the focus would be on talent management and leadership through partnership work with local authorities to lead the system level 'Inclusive Culture and Leadership Workstream', which will support all LLR organisations with programmes regarding equality, diversity, and inclusion. This includes embedding these systems and monitoring the strategic plans in place, to ensure that the existing work is continued even if key individuals move on.

Bank Staff

Over the course of the Task Group meetings, it was noted that there was little information recorded the experiences of bank staff who are black or from an African Caribbean / Heritage background.

Bank staff are individuals that organisations can call on as and when work becomes available, which provides them with a degree of flexibility with workforce arrangements. This is a common feature in healthcare services, where the amount of work can vary. However, this group of staff may not receive similar employment security and protection compared to contracted staff.

As a result, the Task Group reiterated the importance of organisations being able to record workforce information from start to finish for this group, with a recommendation for organisations to look at the experiences of bank staff in closer detail.

This would involve comparing the journeys of substantive staff against bank staff, as bank staff can often enter and leave the organisation in 'freer and looser' terms compared to substantive staff, which may result in the danger of contributing to unconscious bias.

This recommendation was made in response to the disciplinary statistics mentioned in section e, table 2 of the LPT data available in Appendix C, where it was acknowledged that there is an issue with bank staff from an ethnic minority background being subjected to a higher instance of formal disciplinary proceedings.

Health Partners explained that a national staff survey was conducted in February 2022, which can be shared with the Task Group once completed and will provide further insight into the experiences of bank staff. There is also a report and support tool being developed, to be used across all three organisations.

Disciplinaries, Reporting and Reasons for Leaving the Organisation

During the third meeting, a range of evidence was provided by Health Partners regarding the number of black or African Caribbean / Heritage staff who were subject to disciplinary proceedings, in relation to LPT and UHL. The data provided is available in Appendix C and contains information on why staff who have left the organisation chose to do so.

There was also discussion on the relaunched initiative of ‘Cultural Ambassadors’, who are independent reviewers of disciplinary or grievances cases, involving staff from an ethnic minority background. Details of this are contained in Appendix G. It was noted that a Cultural Ambassador identifies and challenges any cultural bias, unconscious bias, less favourable treatment, or discrimination and ensures that these issues were taken into consideration in the decision-making process. This programme was established due to staff from an ethnic minority background being significantly more likely to be involved in grievance/disciplinary processes than other colleagues.

The Task Group questioned the number of disciplinaries for those that led to a tribunal for those from an ethnic minority background, including further information on whether work was being completed to identify the specific numbers, the reasons for disciplinary action and how this is being reviewed.

Health Partners explained that they are required to monitor the number of disciplinaries as part of their Workforce Race Equality Standard (WRES) information. The latest WRES 2021 data showed there was no disproportionate impact on colleagues from an ethnic minority background. It was added that staff who are going through a disciplinary are also offered support from cultural ambassadors within the organisation.

It was noted that it was difficult to make interpretation on the grievance case data provided as it was a small number. However, the Task Group were concerned that despite this, the grievance data for those from an ethnic minority background was still higher than white staff, with more formal written warnings issued. It was questioned whether it was a possibility that staff from an ethnic minority background may be encouraged to accept a formal written warning to avoid further disciplinary proceedings being pursued.

Subsequently, the Task Group expressed interest in engaging with relevant staff unions, to get their perspective on the disciplinary procedures in place.

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Staff Unions Perspective on Disciplinary Proceedings

Given recent organisational changes, there were problems in securing a detailed response from the UNISON Leicestershire Healthcare Branch. However, partners were able to facilitate a written summary from the staff unions, which is available under Appendix E. This particularly related to LPT, where the Task Group noted the grievance data for those from an ethnic minority background was still higher than white staff, with more formal written warnings issued.

Upon the completion of the organisational changes, further comments from UNISON are welcomed.

Initiatives that Encourage Progression

Alongside the workforce information provided, there was focus on looking at the policies and initiatives in place to mitigate the adverse experiences black or African Caribbean / Heritage staff may face, which were raised by the Task Group.

Alongside WRES Action Plan monitoring, there were also several initiatives in place, details of which can be found in Appendix F. UHL also provided information on how they were tracking progress against their Just Culture Action Plan in Appendix F, where the use of Cultural Ambassadors was explained, in relation to providing advice on disciplinary and grievance processes.

A summary of the initiatives discussed, included:

- Women in Clinical Leadership Conferences
- An Inclusive Decision-Making Framework
- The LLR Reverse Mentoring Framework (currently on its second cohort)
- Cultural Intelligence Training
- The Active Bystander Programme
- The 'Your Voice' Tool

There was interest from the Task Group in the Active Bystander Programme and what this would constitute, given many organisations were already operating a similar initiative. It was also seen as a way to benchmark if there were any initiatives or programmes that staff entering the organisation from their very first day, could be encouraged to join and whether an absence of this may restrict progression.

UHL explained that this would encourage a proactive organisational culture approach to address harmful behaviours, promote an inclusive and compassionate culture, and role model their system values. It will adopt an early intervention approach which can prevent negative behaviours from escalating and facilitate learning. At this point in time, the Programme was still in early stages of development and the Chair of the Task Group offered to facilitate contact between the Racial Equality team at his place of work, who were delivering an effective Bystander Programme on racial equality, where lessons learnt could perhaps be shared.

Regarding further information on early initiative or programmes for staff entering the organisation, UHL confirmed they are working an initiative regarding implicit bias and 'Race at Work', with all the above planned to be embedded into the organisation, alongside mandatory training.

The Task Group recommended that where mandatory training was in place for equality, diversity and inclusion, organisations should look to use different channels that deliver this training that encourages interaction, rather than the use of e-learning modules. Details of the implicit bias training and bystander support to be shared with the Task Group once this has been developed.

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Contacts

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Implications; Financial, Legal, Equalities and Other Implications

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Financial Implications

There are no immediate direct financial implications arising from this report, although the costs of any specific initiatives that may arise would need to be considered at the time.

Rohit Rughani, Principal Accountant

Legal Implications

There are no direct legal implications arising from the Task Group Report

Kamal Adatia, City Barrister, ext 37 1401

Equality Implications

All public bodies must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In doing so, they must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

This report highlights several equalities issues particularly related to the protected characteristic of ‘race’ in relation to people working for health services in the city. The recommendations in the report may lead to positive outcomes for black staff and if proposals are developed, there needs to be greater consideration given to the impacts with the need to give due regard to how it will affect people who share a protected characteristic.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Kalvaran Sandhu, Equalities Manager, Ext 37 6344

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Climate Emergency Implications

There are no climate emergency implications directly associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

Summary of Appendices

Appendix A – Review scoping document

Appendix B – Workforce Data (Meeting 2)

Appendix C – Disciplinary Data (Meeting 3)

Appendix D – Just Culture Mersey Case Study

Appendix E – Staff side collective views regarding the experience of Black staff members within LPT

Appendix F – UHL Report Extract: Measuring Progress against Just Culture Action Plan

Appendix G– Policies and Initiatives

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Appendix A - Review scoping document

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

A review of the Health and Wellbeing Scrutiny Commission

October 2020

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Leicester City Council

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

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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?	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. 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.
4.	**Purpose and aims of the review** What question(s) do you want to answer and what do you want to achieve? (Outcomes?)	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. The review would look to achieve the following outcomes: • Explore how this has been investigated 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)

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5.	**Links with corporate aims / priorities** How does the review link to corporate aims and priorities?	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 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/
6.	**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.	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.
7.	**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?	This will include: • 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 And if available: • Workforce profile and information relating to Employment and retention of staff by ethnicity

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	Witnesses Set out who you want to gather evidence from and how you will plan to do this	Potential witnesses may include: • Health Partners (CCG, UHL and LPT) • Local universities • Local Nursing Colleges • Public Health Team • Executive Leads for Public Health • Carers • Pharmacists
8.	**Timescales** How long is the review expected to take to complete?	**November 2020** Scoping document to be agreed the upcoming Health and Wellbeing Scrutiny meeting, scheduled in November 2020. **December 2020 – March 2021** • Take evidence from partners • Task Group meetings (hybrid and/or virtual) • Draft findings and conclusions to be established. **April 2021** The final review report to be agreed at an upcoming Health and Wellbeing Scrutiny meeting.
	Proposed start date	December 2020
	Proposed completion date	April 2021
9.	**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.	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.
	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.

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10.	**Review recommendations and findings** To whom will the recommendations be addressed? E.g. Executive / External Partner?	It is likely the review will offer recommendations to Health Partners such as the CCGs, UHL and LPT.
11.	**Likely publicity arising from the review -** Is this topic likely to be of high interest to the media? Please explain.	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.
12.	**Publicising the review and its findings and recommendations** How will these be published / advertised?	There will be a review report that will be published as part of the commission's papers on the council's website.
13.	**How will this review add value to policy development or service improvement?**	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.
		To be completed by the Executive Lead
14.	**Executive Lead's Comments** 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.	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 **Councillor Sue Hunter - Assistant City Mayor, Black Lives Matter response**

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<table>
<tr><th colspan="3">Comments from the relevant Director from NHS partners</th></tr>
<tr><td>15.</td><td>Observations and comments on the proposed review</td><td>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

Considerations:
• 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

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.

• 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.</td></tr>
</table>

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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 opposed 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.

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	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

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Appendix B - Workforce Data (Meeting 2)

CCGs

LLR CCGs FINAL WRES report 2019-20

WRES LLR Data by Ethnicity.xlsx

Individual CCG Workforce Data - Pay

UHL

210226 UHL Staff in Post.xlsx

UHL WRES Submission 2018-19.p

UHL WRES Delivery Plan 2020-2021.pdf

LPT

LPT WRES March-2020.pdf

210226 LPT Staff in Post.xlsx

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WRES metrics 2019-20 for QAC sep

National

WRES 2019 - SDCS Information.xlsx

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Appendix C – Disciplinary Data (Meeting 3)

LPT

LPT - Further Data.XLSX

UHL

UHL - Further Data.xlsx

UHL - Further Data 2.xlsx

UHL -Black heritage diversity - Dec 2020.xl

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NHS Employers
Part of the NHS Confederation

OCTOBER 2020

IMPLEMENTING A JUST AND LEARNING CULTURE

MERSEY CARE NHS FOUNDATION TRUST

Overview

In 2016, Mersey Care NHS Foundation Trust began to implement a 'just and learning culture' within their organisation. The culture fundamentally changed the way it responded to incidents, patient harm, and complaints against staff. After seeing the benefits in their own organisation, the trust partnered with Northumbria University to create a just and restorative learning training package for other organisations to follow.

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Key benefits and outcomes

Mersey Care NHS Foundation Trust estimates the economic benefit of a just and learning culture in their organisation to be roughly £2.5 million. This is made up of:

1. A reduction in suspensions by 95 per cent and disciplinary investigations by 85 per cent since 2014. At the same time the trust has increased its workforce by 135 per cent.
2. An increase in reporting of adverse events.
3. An increase in staff who felt encouraged to seek support.
4. An increase in staff who felt able to raise concerns about safety and unacceptable behaviour.

What the organisation faced

Mersey Care's reliance on HR processes and practises which focused on rules, violations, and consequences were not seen to be working for its employee relations disciplinaries.

Costs associated with suspensions were rising. So too were legal costs, agency costs for backfill absenteeism, and staff turnover.

The organisation decided on a new approach. Steps to implement a just and learning culture were taken. This type of culture involves creating an environment where staff feel supported and empowered to learn when things do not go as expected, rather than feeling blamed.

What the organisation did

So far, the trust has trained over 400 individuals at Mersey Care in the just and learning culture way. The trust intends to provide further training across the organisation during the autumn. There has also been appetite from other trusts to learn from Mersey Care and in collaboration with Northumbria University, it has developed an accredited programme to enable other organisations to take part in the training too.

Typically, training is provided face-to-face. This year, due to the COVID-19 pandemic, the trust plans to deliver the training via a blended digital learning approach. Mersey Care worked closely with Northumbria University to develop engaging training in a virtual setting to help learners to get the most out of the new way of training,

The programme is aimed at managers, patient safety leads, operations managers, staff side colleagues, OD and HR. It is requested that a board member commits to supporting those who attend the training and provides an opening comment or letter to attendees to endorse their attendance and permission to enact their learning.

The programme includes four days of facilitated teaching over three weeks. It is delivered through a variety of live speaker and group facilitated sessions, self-directed learning through workbooks and filmed role plays and presenter sessions. This blended digital learning approach aims to retain an authenticity that could have been lost via an e-learning package.

Considerations have also been given as to how to ensure that those who attend the training feel psychologically safe. This is more challenging in an online setting, so adaptions such as shorter days and less days per week of virtual training have been factored in. Training online is tiring and having no more than eight learners and a tutor is considered best practice to ensure meaningful engagement.

The course material can be completed individually or in small groups. Reflective learning is built into the programme. Upon completion of the third week, participants

take three actions back to their organisations to work on. Six weeks after that, participants complete a post-programme action learning set. This is a new step to enable the trust to evaluate and understand what is working well with the programme, and what might need to be adapted to work better for learners.

The aim of the programme work is to allow participants to implement what they have learnt into their own organisations and accelerate the transition from Mersey Care's experience.

Mersey Care's staff survey shows safety, morale and performance have all improved.

Results and benefits

Research the trust commissioned shows staff feel more engaged, open and able to speak up. There have been increases in staff morale and job satisfaction, staff engagement among senior leaders has increased and so has staff motivation. The research found there is an increased feeling from staff that they work in an 'open and accommodating work environment that facilitates honesty and learning'. This is directly linked to the just and learning culture and training the trust provides.

The trust continues to assess the economic benefit of a just and learning culture (estimated to be roughly one per cent of turnover) and look at the impact it has on women, black, Asian and minority ethic (BAME) staff and other underrepresented groups.

Mersey Care NHS Foundation Trust's vacancy rate currently stands at 3.5 per cent. They have a waiting list for district nurses in some areas and other professions. The organisation's just and learning culture is seen to be a large part of that pull.

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Overcoming obstacles

Great strides have been taken at Mersey Care, but the trust admits it do not always get it right. When things do not go to plan, they take ownership and apologise for it, and they learn from it.

The goal of the culture is ultimately to restore faith, but this is not always possible. This can lead to difficult conversations.

Takeaway Tips

1. When training online, use smaller groups of up to eight or nine people (including the presenter), this way everyone's face can be seen on the software and it makes the session more interactive.
2. Get board support to show the organisation's commitment to the training.
3. It is easier to create a psychologically safe environment when everyone is in the same room, it is harder to do online, but just as important to the success of the training.
4. Giving people the chance to analyse a situation with hindsight and by asking the question 'what happened and how can we understand it?' can be powerful as they understand all of the factors and context behind a decision.

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Further information

Example:
For more information about the work in this case study, contact Amanda Oates, Executive Director of Workforce, Mersey Care NHS Foundation Trust: amanda.oates@merseycare.nhs.uk or Kristina Brown, Northumbria University: kristina.brown@northumbria.ac.uk

Watch Mersey Care's Just Culture journey, as told by the staff themselves.

Further details on Mersey Care's Just and Learning culture can be found on their website, and you can register your interest in attending Northumbria University's Principles and Practises of Restorative Just Culture course on their website.

Appendix E - Staff side collective views regarding the experience of Black staff members within LPT

Staff side has a Unison Equalities Lead as part of its membership.
It was felt that there were more difficulties for staff within the Mental Health Directorate but there was no data to support this. Experience suggested that black staff felt more blamed for issues and felt that they were not listened to. It was also noted that patients could be more negative towards black staff in terms of being racist. This was felt to be particularly so from patients suffering from dementia. There were specific issues identified relating to black staff since the pandemic commenced.

Examples were given relating to Black staff with family members that had died abroad since the commencement of Covid. There were also other important family events that staff wanted to attend. Whereas people in the UK with families here could fairly easily support their families in these instances this was not the case for some black staff. Policy does not allow for the carry-over of annual leave beyond 5 days excepting in exceptional circumstances. With the effects of lockdowns, travel restrictions and increases in flight prices due to Covid it was not possible for some staff to travel home as planned or to carry over the total accrued leave in excess of five days to be used at a time when this was possible. This was felt to disadvantage them.

It was felt that black staff were less likely to be taken seriously when raising issues and that they were more likely to be “fobbed off”.

It was noted that some staff were extremely supportive when dealing with relevant management issues. Other staff had not been so supportive. This highlighted a potential training issue. One instance was identified where concerns had been raised regarding how issues were being dealt with in a very negative way. When this was pointed out staff side found that the comments were taken on board and a positive outcome was able to be achieved.

In our experience black staff generally felt committed to and enjoyed their work. They were genuine in their concern when they felt that race/ethnicity was an issue.
The staff side equalities lead has supported people with pertinent issues. She has worked with the Unison lead rep to identify where she might be able to offer support and has found this process to be very effective.

The Trust has recently welcomed overseas nurses to its workforce. We are looking forward to supporting, getting to know and to working with them. They are viewed as a positive asset.

As a staff side team, we work to support any staff member on a day-to-day basis. As part of our role, we support staff where there is injustice, inequality or unfairness in any way. We work inclusively with all staff.

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Appendix F – UHL Report Extract – Measuring Progress against Just Culture Action Plan

Case work data shared with the Executive People and Culture board in August 2020.

Please note that this extract is part of a report developed to review progress against the action set out in the just culture action plan.

The data covers the period up until May 2020.

EQUALITY & DIVERSITY

Cultural Ambassadors

UHL has a group of seven 'Cultural Ambassadors' who are able to advise on disciplinary and grievance processes. They have been trained by the Royal College of Nursing (RCN) to act as an independent reviewer of cases involving BAME (Black, Asian and Ethnic Minority) colleagues. The programme was established after recognition that staff within the NHS from a BAME background were significantly more likely to be involved in grievance/disciplinary processes than other colleagues. Whilst trained by the RCN, a Cultural Ambassador is available to any member of staff or bank worker. The remit of a Cultural Ambassador is not to represent the individual, but to identify and challenge any cultural bias, unconscious bias, less favourable treatment or discrimination and ensure that these issues are taken into consideration in the decision making process, as well as share any learning amongst colleagues.

Our Cultural Ambassadors were trained in 2018 but in recognition that they are under-utilised, we have re-launched the initiative to ensure individuals are well-informed about their purpose:

- The ER team was trained again in Summer 2019 on the role and remit of CAs and how best to offer them to people from a BAME background.
- Leaflets are given to everyone who is under investigation, outlining the process in simple terms and introducing the CA initiative to them.
- CAs are offered at multiple steps in the process to maximise the chance that individuals take up the offer: in the notification letter, at the initial meeting, and prior to the hearing if applicable.
- However, it remains a voluntary programme so cases only involve a CA where the individual agrees to this.

Cases starting 1st June 2019 – 31st May 2020	Total number of cases involving staff member from BAME background*	CA offered*
Disciplinary & MHPS	51	32 (63%)
Anti-Bullying & Harassment	27	8 (30%)
Capability	10	2 (20%)
Grievance	7	1 (14%)

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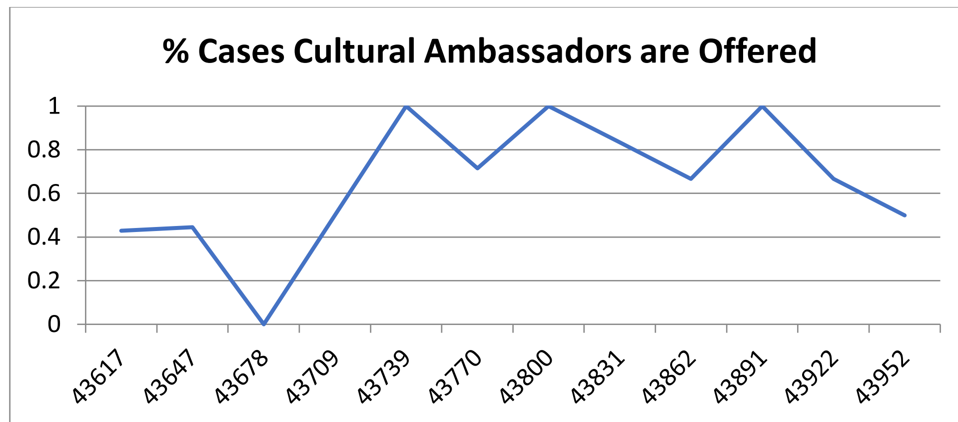
**For this paper, BAME includes anyone not listed as White British (and all derivations) or White Irish*
***For anti-bullying & harassment cases, CAs may be offered to the complainant and/or accused as appropriate*

Cases where a Cultural Ambassador has not been offered are typically those which are withdrawn before formal investigation, or more recent cases for which the ER team is still awaiting further information before progressing.
It is also likely that Cultural Ambassadors have been offered in more cases as there are prompts in our template letters and meeting crib sheets, but there is under-reporting through ER Tracker. This is being addressed with the Employee Relations team.



Disciplinaries, MHPS cases, and Anti-Bullying & Harassment cases where a Cultural Ambassador has been offered to either the accused, the complainant, or both

There has been a clear increase in the percentage of cases where individuals are being offered a Cultural Ambassador, since the importance of this programme was re-emphasised to the ER team in June and July 2019.
No cases were offered a Cultural Ambassador in August 2019. This appears to be an anomaly and is because during this month 3 cases were resolved at the preliminary stage without the need for a formal investigation.
There appears to have been a decrease in the past two months, however this is because some cases are still at early stages, before formal meetings/letters have been sent offering a Cultural Ambassador.

3 offers of Cultural Ambassadors have been accepted by staff between June 2019 and May 2020.

Feedback from some staff going through a formal process has been that they do not feel they need a Cultural Ambassador because they are satisfied with their union representation, or they feel the process is being handled fairly.

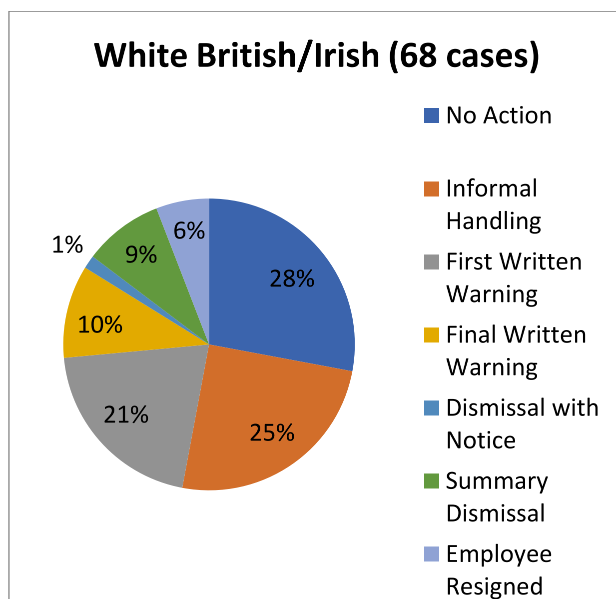
Since March 2020, we have also been offering Cultural Ambassadors to individuals involved in formal performance management and grievances to increase their reach and maximise opportunity to embed this approach in all our casework.

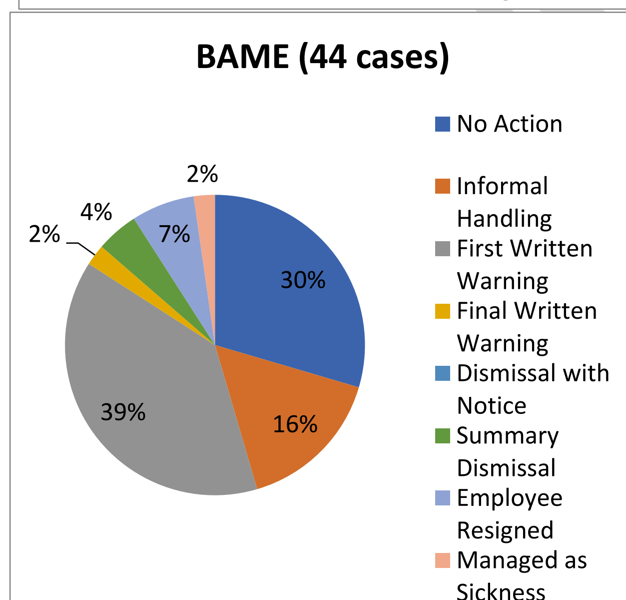
There is further work to do:
- Update HR Insite pages, including information about Cultural Ambassadors and examples where they may be useful, and communicate this to managers
- Further embed communications (leaflets at EDI events, investigation meetings) to support the HR team to explain the role and purpose of Cultural Ambassadors

Outcomes for BAME staff and White British/Irish staff

For the purposes of this report, BAME is taken to mean anyone who is not White British/English/Scottish/Welsh/Northern Irish or White Irish. Cases where ethnicity is Not Stated have been excluded from these figures.

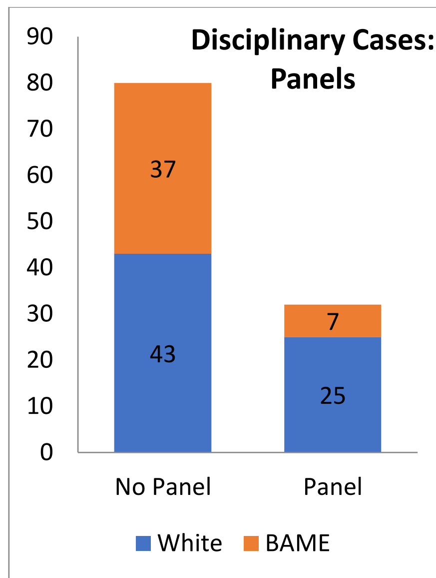
<u>Disciplinaries & MHPS Cases</u>





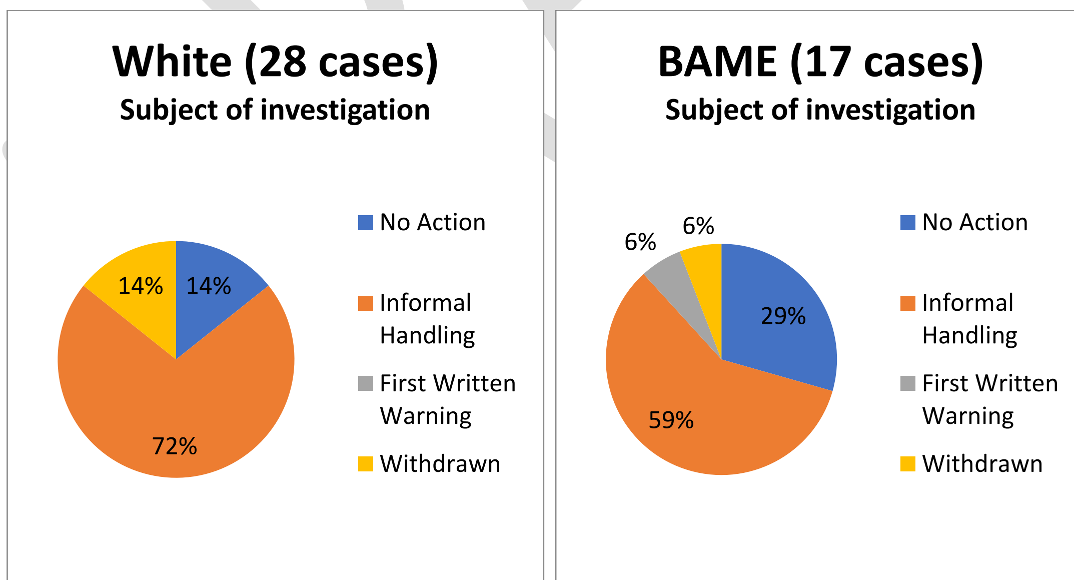
For disciplinaries/MHPS cases, the number of investigations into BAME staff are fewer than those into White British/Irish staff, but BAME staff are more likely to receive a formal warning. However, of those receiving formal warnings, BAME staff are less likely than White British/Irish staff to receive the higher levels of sanction: Final Written Warnings and dismissals.

White and BAME staff are approximately equally likely to receive an outcome of No Action.



Similarly, disciplinary cases involving BAME staff are far less likely to proceed to a panel hearing than those involving White British/Irish staff. This is concerning as one explanation may be if most cases involving BAME staff are resolved without the need for formal action, it raises questions about why a formal investigation was launched. However, considering the outcomes graph which shows over half of BAME staff do receive a formal warning, it appears BAME staff are more likely to accept Agreed Outcome Sanctions than White staff. This may be because they are more likely to accept an AOS as the facts are not in dispute, or perhaps because the allegations against them are more likely to be at a misconduct, rather than gross misconduct, level.

Anti-Bullying & Harassment

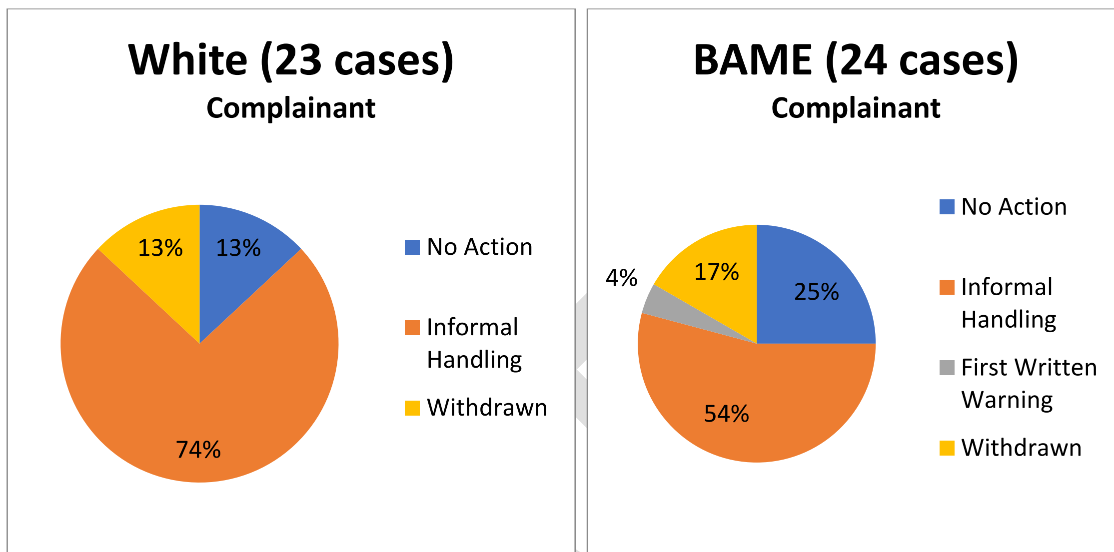


**Subject of investigation is recorded as BAME if at least one person under investigation was BAME*

BAME staff are overrepresented as subjects of bullying and harassment investigations. This may be because of certain cultural factors which should be taken into account before deciding to proceed to a formal ABH investigation, or in consultation with a Cultural Ambassador. Equally, it is a concerning possibility that BAME staff are more likely to be the

subject of such concerns because of bias and discrimination from their colleagues. This is not limited to White British/Irish colleagues are over half of concerns submitted by BAME staff are also against BAME staff.

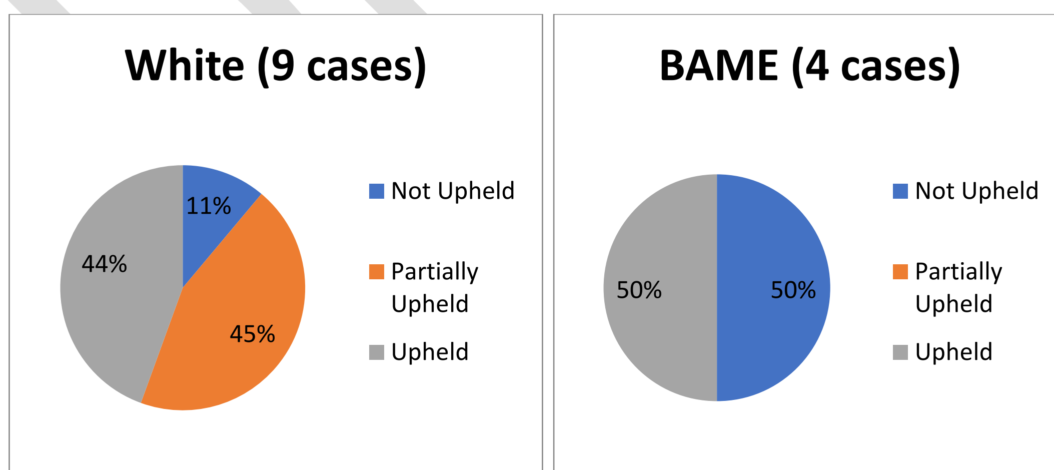
Investigations into BAME staff behaviours are more likely to result in no action than those into White British/Irish staff's behaviour. This suggests there may be other steps which need to happen, such as an independent preliminary review of the facts, before formal investigation is considered necessary.



Complainant is recorded as BAME if at least one person raising the concern was BAME

BAME staff raise approximately half of all ABH concerns, meaning they are overrepresented as complainants in ABH cases when compared to the ethnicity proportions in our workforce. Concerns raised by BAME staff are more likely to result in No Action than those raised by White British/Irish staff. This may reflect biases, unconscious or otherwise, of investigators and this is being explored in the Managers' Investigations training.

Grievances



White British/Irish staff are more likely to have their grievances upheld, even partially, than BAME staff. However, as numbers are so small it is difficult to draw convincing conclusions.

Appendix G – Policies and Initiatives

CLG presentation 09032021.pptx

LPT - Microaggressions & /

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