

RACE
EQUALITY

Welcome

Empowering the workforce
to challenge discrimination

February 2024



Welcome and introduction

Facilitated by chair

Miriam Deakin – director of development and engagement, NHS Providers

Addressing discrimination through data and accountability + Q&A

Olivia King – deputy director for Workforce Race Equality Standard, NHS England

Leicester, Leicestershire and Rutland's Active Bystander Programme + Q&A

Fiona Kilpatrick – Active Bystander Programme lead & OD specialist, NHS Leicester, Leicestershire and Rutland ICB

Bina Kotecha – deputy chief officer for culture, organisation development and inclusion, NHS Leicester, Leicestershire and Rutland ICB

Panel Q&A

Summary and close

Facilitated by chair

Close of event

- Please note, this event is being recorded
- Please keep your camera on wherever possible
- If you lose connection, please re-join using the link in your joining instructions or email race.equality@nhsproviders.org
- Please ensure your microphone is muted during presentations to minimise background noise
- We will come to questions after each speaker and during the panel Q&A
- Please feel free to use the chat box for questions and sharing examples of what has addressed health inequalities for your workforce within your organisation.
- If you would like to ask a question audibly, please use the raise hand function during the Q&A sections and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.



Race Equality webinar: Empowering the workforce to challenge discrimination

V 1.0 16/02/2024

For further information or to speak to me about an issue raised by this presentation
please contact me via email:

Olivia.King6@nhs.net

Olivia King, National Deputy Director, WRES

NHS England

Discussion areas

1. What does the data tell us about racial discrimination for NHS staff?
2. What is the impact of racial discrimination for staff, both personally and professionally?
3. How does the EDI improvement plan aim to tackle discrimination and empower the workforce to challenge discrimination? (referencing HIA6)
4. How can trusts establish data driven accountability that is scrutinised at every level?

WRES Team evidence: basis of recommendations

1. Almost a decade of data, analytics and reviews of WRES action plans.
2. Regular stakeholder engagement : NHS (national, regional, local), ICS', ALBs, research institutions, professional bodies.
3. Survey and consultation with NHS staff in England (e.g. 3000+ people in 2021/2022).
4. Ongoing consultation with WRES Experts (100+ in England).
5. Race and wider EDI guidance for the EDI Improvement Plan, research for Ethnicity Pay Gap, International Recruitment, Maternity and Neonatal workforce, Social Care, Mental Health, Primary Care, CQC Framework and other areas.
6. Research and evaluation of global healthcare workforce EDI initiatives.

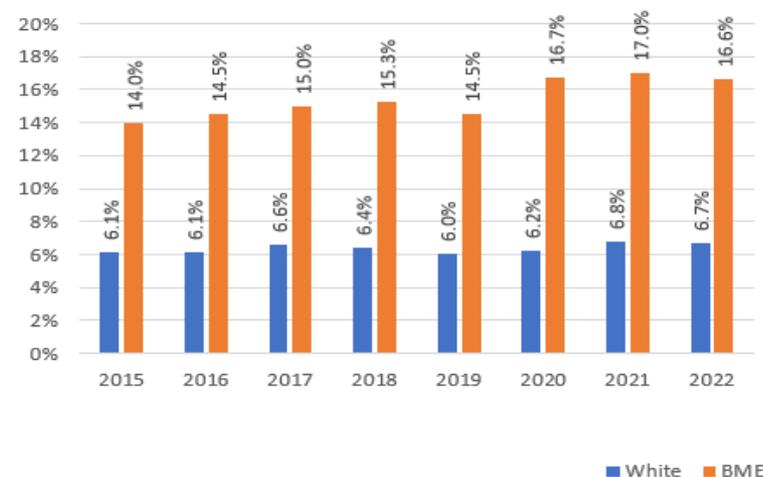
1. What does the data tell us about racial discrimination for NHS staff?

WRES indicator 8

Percentage of staff experiencing discrimination at work from other staff in the last 12 months

At all trusts, a higher percentage of BME staff than white staff experienced discrimination from a manager/team leader or other colleagues in the last 12 months (an identical picture to that seen in 2021).

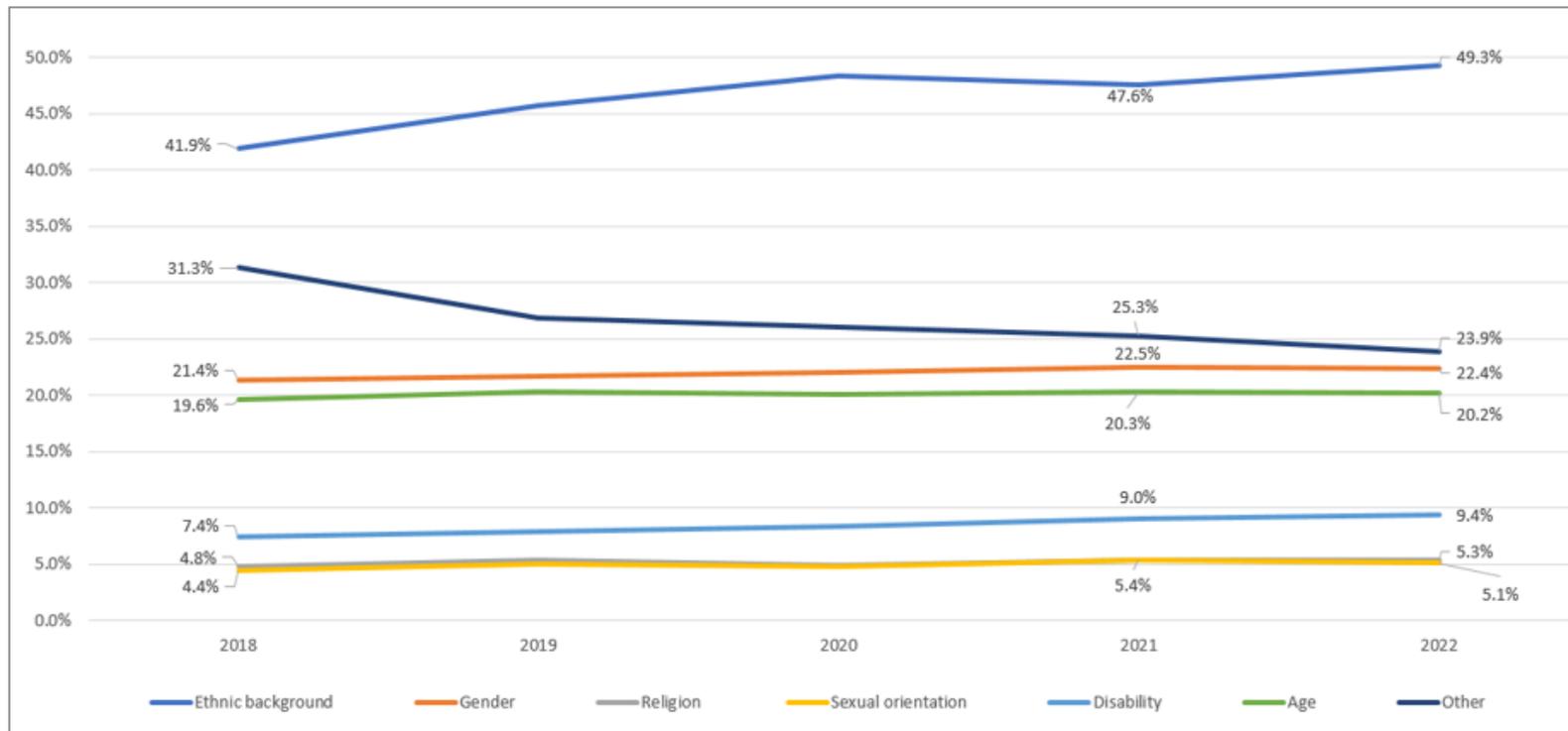
Figure 20: Indicator 8, staff experiencing discrimination at work from other staff in the last 12 months, national and regional, 2015 to 2022



Including other protected characteristics

2022 NHS Staff Survey findings:

Nationally: % of staff saying they had experienced discrimination on each basis, from those who reported personally experiencing discrimination at work in the last 12 months (q16c)



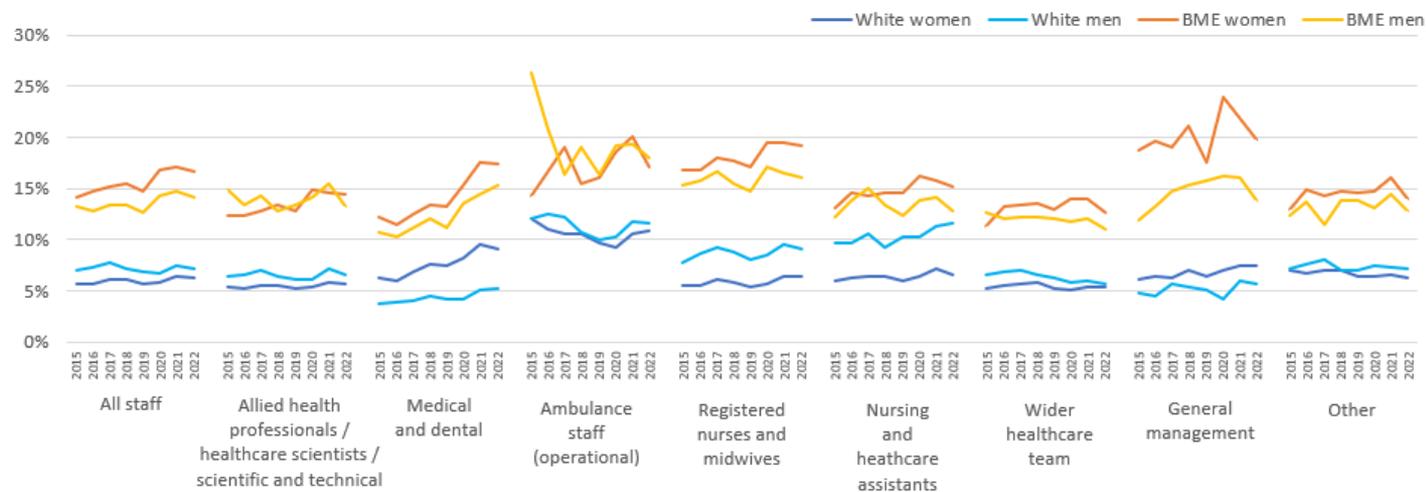
Source data: public facing NHS National Staff Survey findings

Data source: NHS Staff Survey, NHS trusts only

Percentage of staff experiencing discrimination at work from other staff in the last 12 months by gender, ethnicity and profession

BME women (16.6%) were most likely to have experienced discrimination from other staff in the last 12 months, a trend that has been evident since at least 2015. However, rates were also high for BME men (14.1%). Rates of discrimination from other staff were especially high for BME women in general management (19.8%) and for BME women in registered nursing and midwifery (19.3%).

Figure 22: Indicator 8, staff experiencing discrimination at work from other staff in the last 12 months by ethnicity, gender and profession, 2015 to 2022



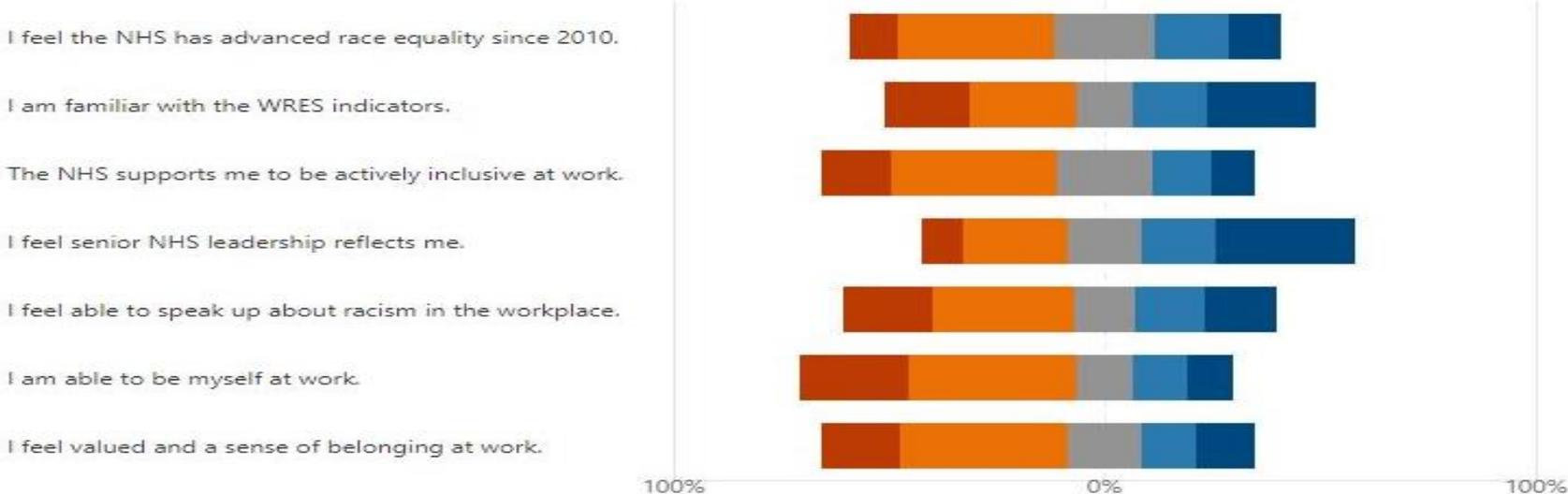
2. What is the impact of racial discrimination for staff, both personally and professionally?

Staff feedback to WRES team (n=3000)

7. To what extent do you agree or disagree with the following statements about the NHS

[More Details](#)

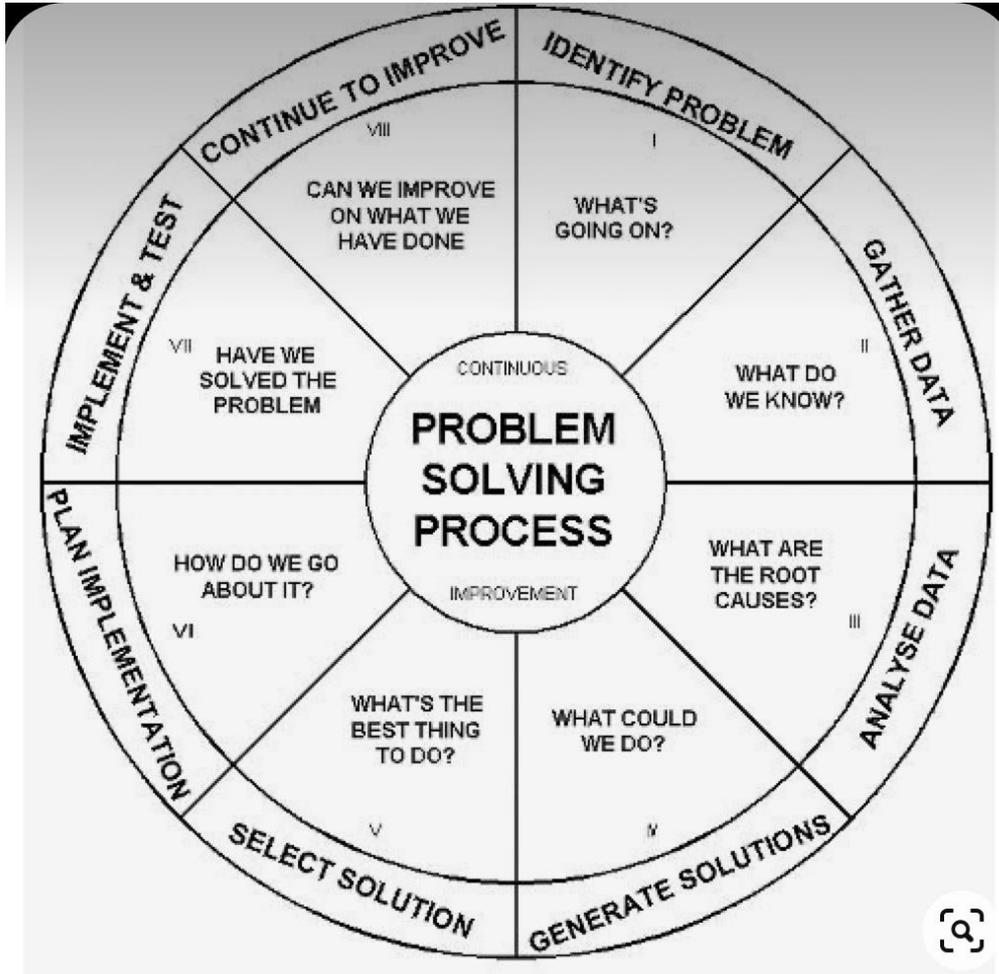
Strongly agree Tend to agree Neither agree nor disagree Tend to disagree Strongly disagree



Gap analysis

You have the data but ...

- Do you know what your root causes are?
- Have you evaluated HR/OD and FTSUG qualitative and quantitative information on reports on discrimination?
- Do you know in which teams or departments discrimination is more likely to occur?
- Have you evaluated your interventions?
- Are staff networks involved in designing your interventions?



Impact on staff: why don't staff speak up?

- 1. Fear of Retaliation:** Employees often fear negative consequences if they speak out about discrimination. This can include loss of job opportunities, demotion, or even termination. The fear of retaliation can be a powerful deterrent against reporting discriminatory behaviour.
- 2. Belief That Nothing Will Change:** Many employees may feel that speaking up won't lead to any meaningful change. This belief can be due to past experiences where issues weren't adequately addressed, or a perception that management is indifferent to such concerns.
- 3. Lack of Trust in Reporting Systems:** If the organisation's system for reporting discrimination is viewed as ineffective or biased, employees may not trust it to handle their complaints appropriately. Confidentiality concerns can also contribute to this lack of trust.
- 4. Social and Peer Pressure:** Workplace culture and peer pressure can play a significant role. If there's a culture of silence or complicity regarding discrimination, individuals may feel pressured to conform and not speak up.
- 5. Lack of Awareness or Understanding:** Some employees may not recognize certain behaviours as discriminatory. There can also be a lack of awareness about the rights of employees and the legal obligations of employers regarding discrimination.
- 6. Cultural and Personal Reasons:** Cultural background, personality, and past experiences can influence whether an individual feels comfortable speaking out. For instance, some cultures may place a high value on harmony and avoiding conflict, which can discourage individuals from raising concerns.
- 7. Fear of Being Labelled or Misunderstood:** Employees might worry about being labelled as troublemakers or overly sensitive. There's also the fear of not being believed or having their experiences minimised or misunderstood by others, which can be particularly daunting.

Summary of barriers to reporting



WRES Team survey on race equality

E3. Online form responses: discrimination and reporting



Q11. In the NHS, have you personally experienced any of the following (Tick all that apply)

- $N = 2318$
- The 'Other' category covers 'heard about incidents', 'sat on hearing panel'.
- There was a free text box for people to leave further comments. The following themes stood out. 201 people used the free text facility.

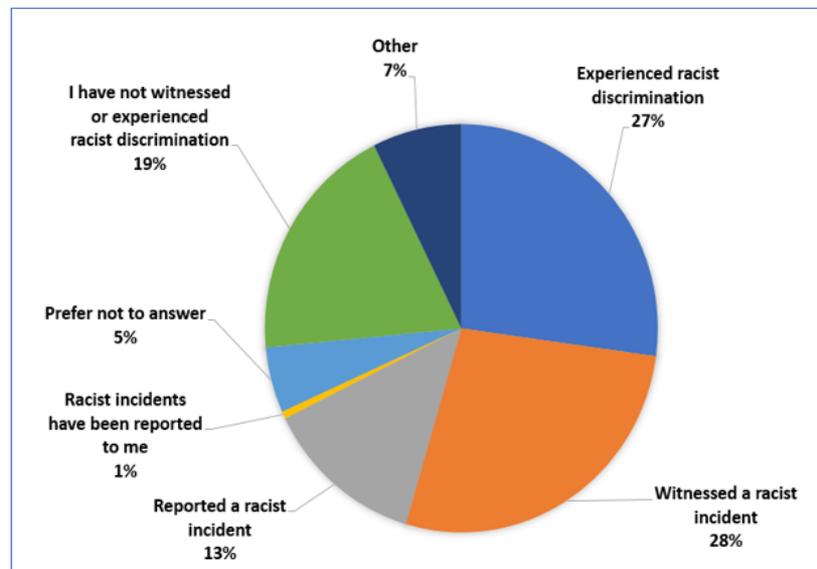
Themes from free text box

Ten reports of homophobia, two of sexism, three of Islamophobia

Confusion about direct and indirect discrimination and whether the latter counted as discrimination.

Uncertainty about whether microaggressions experienced and witnessed (e.g. repeated undermining of B.A.M.E people, being questioned about seniority, 'routine humour/banter', treating B.A.M.E patients differently) constituted race discrimination.

Uncertainty whether racism from patients (e.g. refusal to be treated by B.A.M.E consultants) was something that should be reported.



Impact on staff: why don't staff speak up?

Bystander reporting : Studies show that personal characteristics such as age, race or ethnicity, and veteran status, as well as occupational variables such as supervisory status and duration of employment, significantly impact bystander reporting after witnessing race-based discrimination.

These findings are important because a different mode of reporting may increase agency accountability for acts of workplace discrimination or retaliation.

Bystander apathy (reasons): (1) diffusion of responsibility (e.g., the diminution of personal responsibility when more people are present); (2) evaluation apprehension (e.g., the fear of negative or critical public judgment while helping others); and (3) pluralistic ignorance (e.g., the belief that the situation is not actually an emergency because no one is helping) (4) the fear of embarrassment on the person who requires help and (5) the fear of negative consequences or retaliation against the bystander.

3. How does the EDI improvement plan aim to tackle discrimination and empower the workforce to challenge discrimination?

EDI Improvement Plan (High Impact Action 6)

Expectations of NHS organisations: (in red are those responsible for driving the work)

1. Review data by protected characteristic on bullying, harassment, discrimination and violence. **Data and analytics**
2. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year. **Board**
3. Review disciplinary and employee relations processes. **HR/OD**
4. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. **HR/OD**
5. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (by March 2024). **Data and analytics and HR/OD**
6. Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024). **Staff networks and Board**
7. Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024). **Occupational Health and HR/OD**
8. Have mechanisms to ensure staff who raise concerns are protected by their organisation. **HR/OD, legal, staff networks, staff side**

FutureNHS

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Equality, Diversity and Inclusion National EDI Repository

National EDI Repository

The **National EDI Repository** has been developed as part of the [NHS Equality, Diversity and Inclusion Improvement Plan](#) and provides a gateway to a 'one-stop-shop' of a broad range of resources aligning to the **six high impact actions (HIAs)** within the plan, in addition to **Protected Characteristic areas**.

The EDI Repository offers a body of knowledge and evidence for you to utilise and adapt at local level.

Watch the short introduction video providing an overview and guidance for using the National EDI Repository (voiceover accompaniment to the introductory video to be added shortly).

Explore the national EDI Repository resources by High Impact Action (HIA)

HIA 01: Measurable objectives on EDI for Chairs, Chief Executives and Board members

HIA 02: Overhaul recruitment processes and embed talent management processes

HIA 03: Eliminate total pay gaps with respect to race, disability and gender

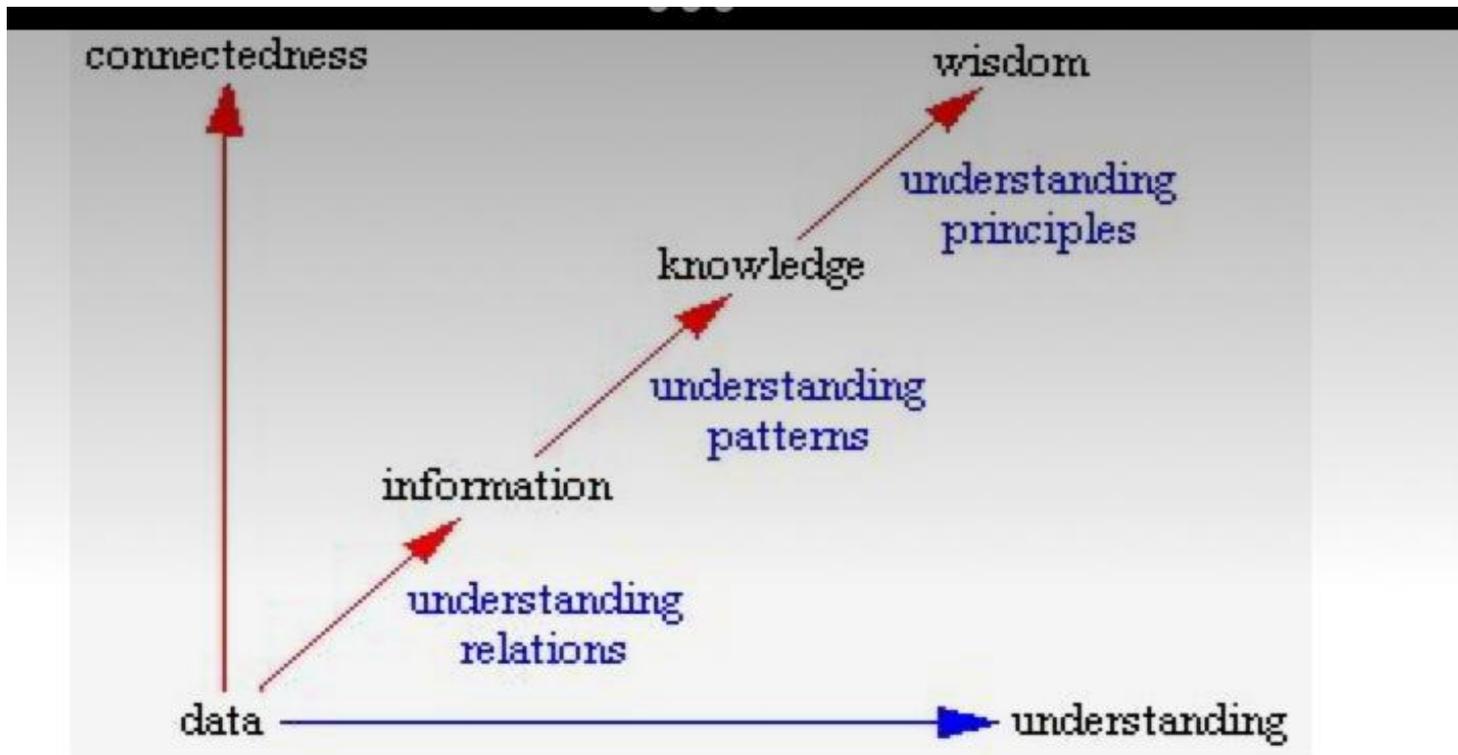
Support

- Examples of actions and measures for all HIA areas are available on the FutureNHS

<https://future.nhs.uk/NationalEDITeam/view?objectid=41622032>

4. How can trusts establish data driven accountability that is scrutinised at every level?

Beyond the first step

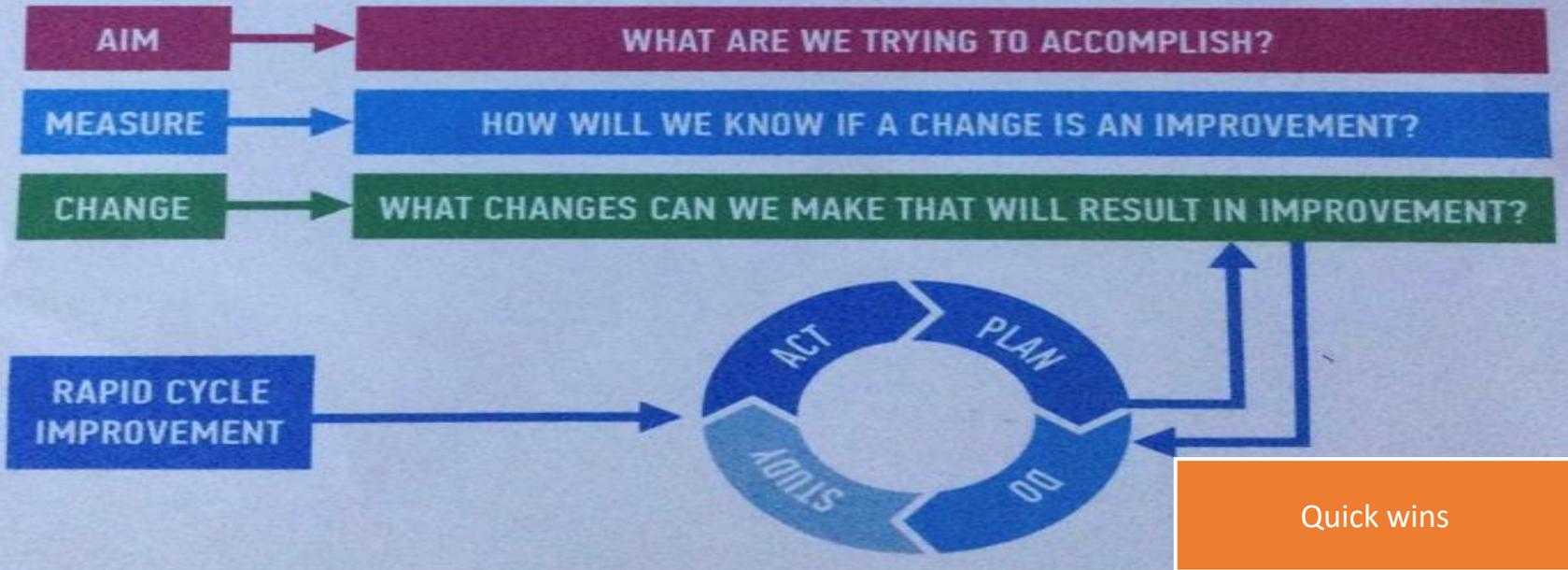


Beyond the first step: what have you considered?

1. Who is at the heart of decision-making? That's where accountability rests - the reported data is the start, who is assessing the landscape in which a person reports being discriminated?
2. Who has defined what discrimination is or what it looks like?
3. Have staff networks (all) and wider BME people across professional groups been at the table with HR to describe what their experiences look like and how this can be integrated into policies or is how someone feels about discrimination authorised or given the green light by someone who has not experienced it?
4. WRES team experience of working with those who have wanted to raise the issue of discrimination is that the person deciding that it is in fact discrimination has not consulted those who are most likely to face it. This does not just apply to race, it applies to disability, gender identity, sexual orientation, sex, age and all their intersections.
5. While analytics can give you the figures of those reporting their experiences or saying something happened to them, where are your analytics on what happens next? Who was it reported to? Was that person trained to understand and manage discrimination reports?
6. Who decided what went into your policy? How are your policies reviewed for efficacy?

Using different models to evaluate your data and evidence

Figure: Model for improvement



¹ The model for improvement was created by Associates in Process Improvement and now serves as the QI methodology shared by the Institute for Healthcare Improvement

Different models to evaluate your data and evidence



Analysis, evaluation and feedback
What does the engagement tell us? Have we met the outcomes? How has this work influenced the overall project?
What needs to happen next?

Planning and engaging
Using a range of methods to connect with people and communities and work with them.



Understanding
Understanding people and communities, including those who will be most affected by the policy (very often also those who are historically least likely to be engaged with); understanding health inequalities that the policy needs to address. Drawing on a range of existing data for insight. Identifying key partners, including people, communities and the voluntary sector.

Building consensus

Example of Evaluation framework

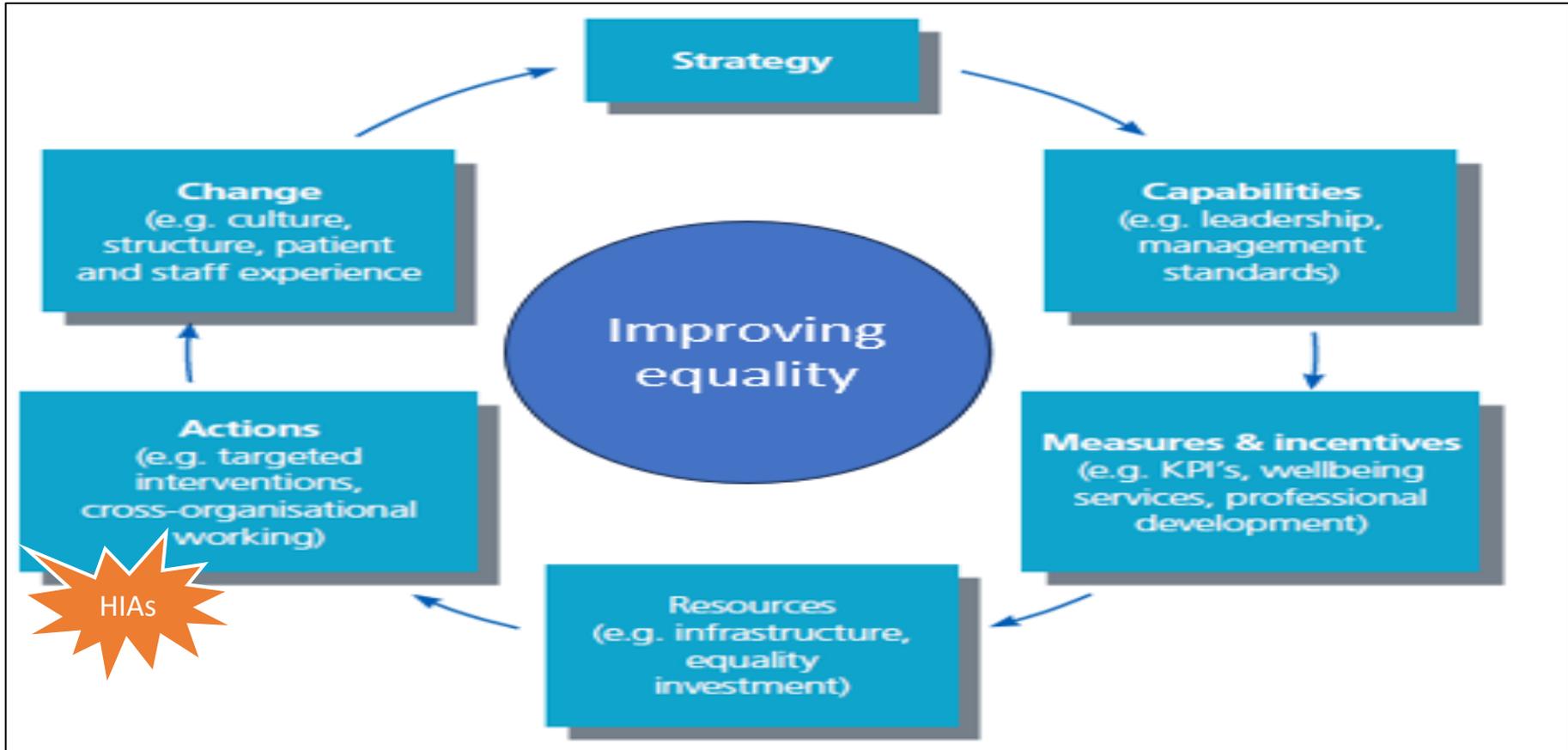
Area	Questions	Questions
1. Overall effectiveness	How well did the programme achieve its stated objectives and goals?	What measurable outcomes or results were achieved?
2. Relevance	Is the programme still relevant to the current needs and priorities of the organisation or community?	Have there been any changes in circumstances that affect the programme's relevance?
3. Efficiency	Were resources allocated efficiently and effectively to achieve the desired outcomes?	Were there any inefficiencies or resource bottlenecks?
4. Implementation	Was the programme implemented according to the planned timeline and budget?	Were there any unforeseen challenges or obstacles during implementation?
5. Stakeholder engagement	How well were stakeholders involved in the programme's planning and execution?	Did the programme meet the expectations of key stakeholders?
6. Participation and accessibility	To what extent did the target audience or beneficiaries participate in the programme?	Was the programme accessible to all intended participants?
7. Quality of outputs	How would you rate the quality of the outputs or deliverables produced by the programme?	Were there any issues with the consistency or accuracy of the work?
8. Learning and adaptation	What lessons were learned during the programme, and how were they incorporated into decision-making?	Was the programme adaptable to changing circumstances or feedback?
9. Sustainability	Is there a plan for sustaining the positive outcomes of the programme over the long term?	What factors contribute to or hinder the programme's sustainability?
10. Impact on target cohort	How did the programme impact the lives or well-being of the target cohort?	Are there any unintended positive or negative consequences?
11. Collaboration and partnerships	How well did the programme foster collaboration and partnerships with other organisations?	Were there any challenges or successes in working with external partners?
12. Communication effectiveness	How well was information about the programme communicated to the intended audience?	Were there effective channels for feedback and communication?
13. Cost-Benefit analysis	What were the overall costs of the programme, and how do they compare to the benefits achieved?	Was the programme cost-effective?
14. Monitoring and evaluation processes	How robust were the monitoring and evaluation processes throughout the programme?	Were data collection methods and indicators appropriate for assessing the program's success?
15. Long-term impact	What is the potential long-term impact of the programme on the community or organisation?	Are there mechanisms in place to track and assess long-term outcomes?
16. Recommendations for improvement	Based on the evaluation, what recommendations can be made for improving future	How can the lessons learned be applied to enhance future initiatives?

Thank you for listening and for your time.

Appendix

I have included a range of resources that you can use to supplement the information in this slide deck. I have tried to include diverse models that may align with the different teams and departments that work in the area.

Other elements surrounding HIAs



Example of one year plan to address discrimination



1. Preparation and Assessment Phase (Months 1-2)

Conduct a Baseline Survey: Begin with an anonymous, organisation-wide survey to understand the current state of racial discrimination, including types, frequency, and areas/departments where it's most prevalent.

Review Existing Policies: Examine current policies and procedures related to discrimination, harassment, and diversity to identify gaps and areas for improvement.

Establish a Steering Committee: Form a committee with diverse representation to oversee the initiative, including members from various levels and backgrounds.

2. Awareness and Education Phase (Months 3-6)

Launch an Awareness Campaign: Use posters, emails, and internal social media to raise awareness about racial discrimination and its impact on individuals and the organisation.

Create Safe Spaces: Organise facilitated discussion groups or forums where employees can share experiences and discuss racial issues in a safe environment.

HR/OD: Run a series of workshops and talks about how the organisation is working to reduce discrimination and engage stakeholders. This is to build trust and a sense of belonging.

3. Policy Development and Implementation Phase (Months 7-9)

Revise Policies and Procedures: Based on the initial assessment, update or develop policies related to non-discrimination, harassment, and grievance procedures. Ensure these policies are clear, accessible, and enforceable.

Implement a Reporting Mechanism: Establish a confidential and easy-to-use system for reporting discrimination. Consider using an anonymous app or developing a reporting and engagement platform that employees can use rather than approaching HR or FTSUG directly.

Accountability Measures: Set clear consequences for discriminatory actions and ensure they are consistently applied. This could include training, suspension, or termination, depending on the severity.

4. Engagement and Empowerment Phase (Months 10-12)

Mentoring and Sponsorship Programmes: Launch programmes that pair employees from underrepresented groups with senior leaders to foster career development and inclusion.

Feedback Loops: Create mechanisms for ongoing feedback on the effectiveness of the implemented actions, such as follow-up surveys, meetings with staff networks and regular check-ins with the steering committee.

5. Evaluation and Adjustment Phase (End of Year and Beyond)

Measure Impact: Conduct a follow-up survey to assess changes in the prevalence of racial discrimination and the effectiveness of the implemented measures.

Review and Adjust: Based on the feedback and data collected, review the initiatives and adjust the strategy as needed. This could involve intensifying successful actions or rethinking less effective ones.

Ongoing Commitment: Communicate a long-term commitment to diversity and inclusion, indicating that the effort to reduce racial discrimination is ongoing, beyond the initial one-year plan.

HR/OD Accountability and Transformation

To address past failures and ensure future success in reducing racial discrimination, it's essential for HR to consider accountability and transform its approach. This includes:

1. HR development: Implement specialised development offer on handling discrimination complaints, conducting investigations, and applying anti-discrimination policies fairly and effectively. This training should also cover empathy, cultural competency, emotional intelligence, interpreting WRES reports and how to support affected employees appropriately.
2. Revamping HR practices: HR should lead by example and be role models in adopting and enforcing the updated policies. This involves a thorough review and overhaul of recruitment, promotion, and performance evaluation processes and others to eliminate biases and barriers that could potentially contribute to racial discrimination.
3. Transparent reporting and resolution processes: HR must establish clear, transparent, and timely processes for reporting and resolving discrimination complaints. This includes regular updates to complainants about the status of their complaints, ensuring a fair investigation process, and providing support to affected individuals.
4. Monitoring and reporting: HR should be responsible for monitoring the workplace environment and reporting on diversity and inclusion metrics, including incidents of racial discrimination, to the steering committee and management regularly. This accountability mechanism should include specific benchmarks for improvement and consequences for failing to meet these benchmarks.
5. Stakeholder engagement: HR should actively engage with employees, particularly those from underrepresented racial groups, to gather insights and feedback on the effectiveness of HR practices and policies in addressing racial discrimination. This can help in identifying gaps and areas for further improvement.

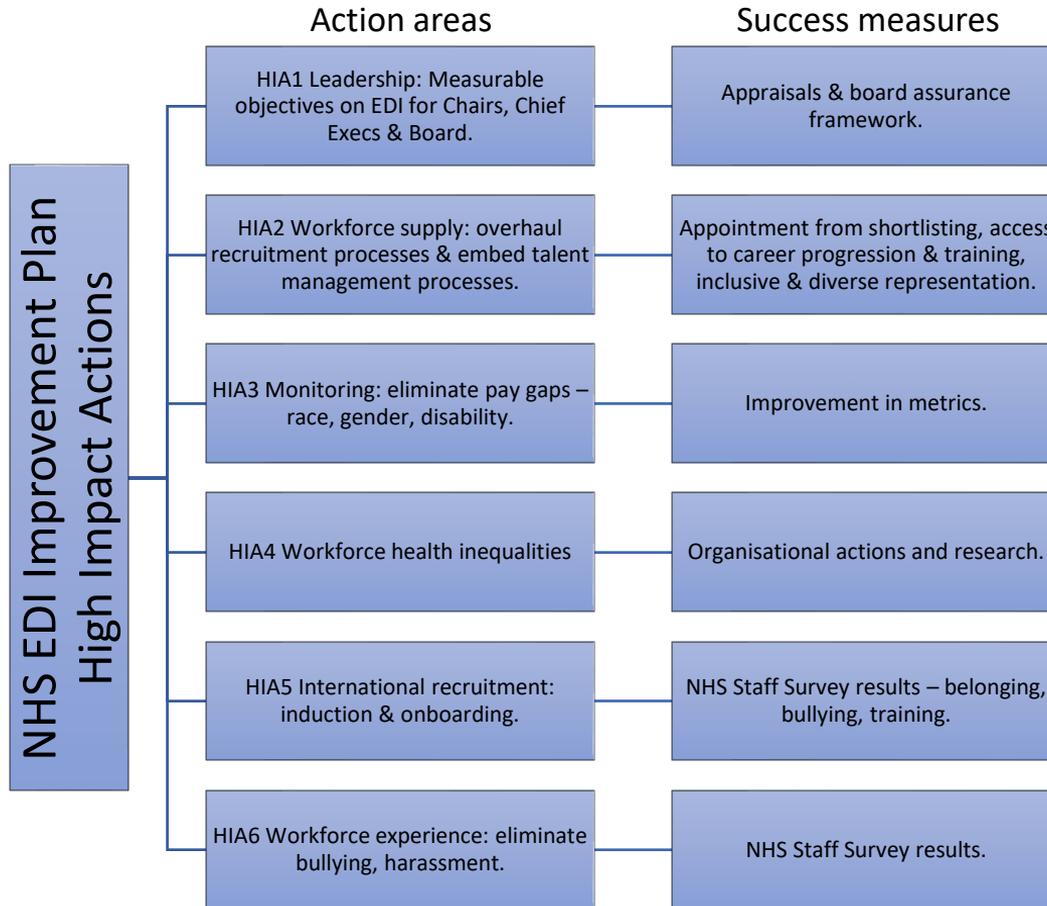
By embedding these actions into the wider plan to empower employees and reduce racial discrimination, HR can transform into a proactive, accountable department that not only addresses racial discrimination more effectively but also fosters a culture of inclusivity and respect across the organisation. This approach highlights the pivotal role HR plays in driving change and underscores the importance of accountability at every level of the department.

Discrimination & employer liability

What is the difference between discrimination, harassment and victimisation?

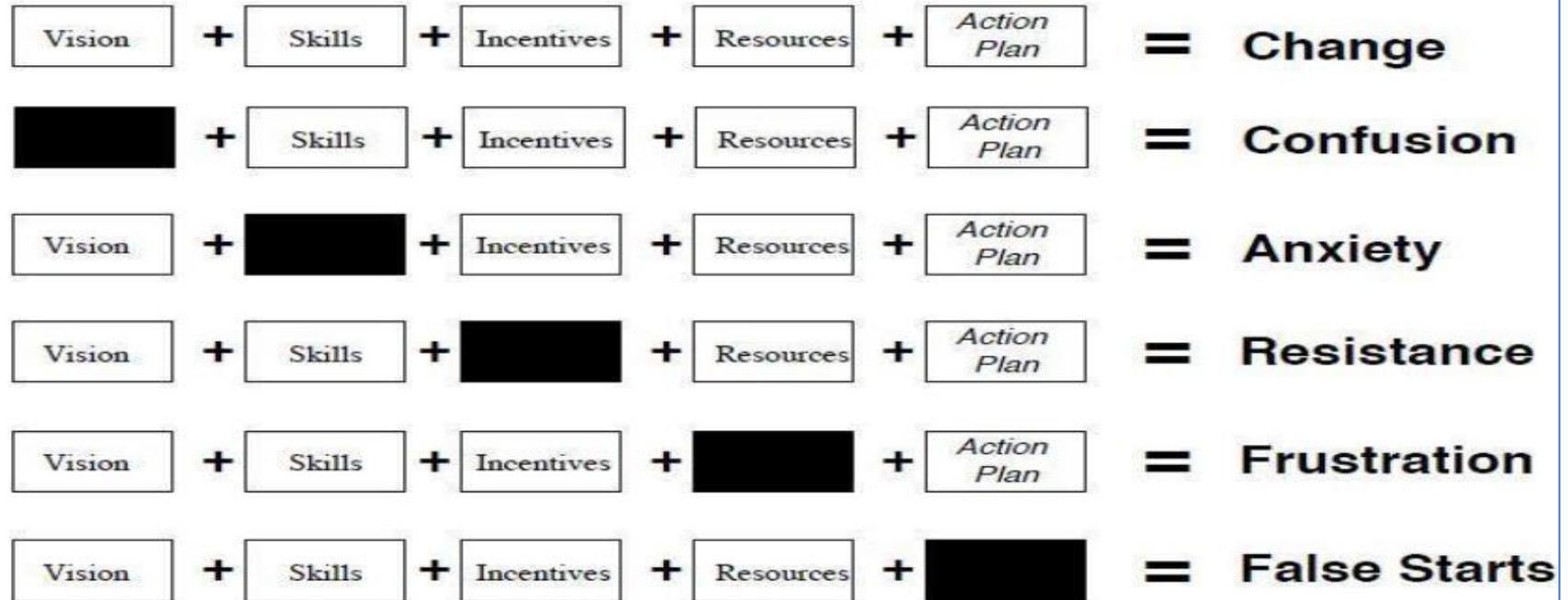
- An employer is liable for an act of an employee which is done in the course of employment even if the employer did not know about it or approve it (EqA s.109)
- The employer can also be liable for discrimination and harassment against employees at work-related events outside the workplace, as these may still be in the course of employment.
- The employer will need to prove that it took such steps as were reasonably practicable to prevent the employee doing the thing. Even with this the employer can be held personally liable.

NHS EDI Improvement Plan – action areas



Theoretical model to implement change

Managing Complex Change



Adapted from Knoster, T., Villa R., & Thousand, J. (2000). A framework for thinking about systems change. In R. villa & J. Thousand (Eds.), *Restructuring for caring and effective education: Piecing the puzzle together* (pp. 93-128). Baltimore: Paul H. Brookes Publishing Co.

Gap Analysis



Current
State

GAP



Key factors for change



Desired
State



Action Plan

Resources

- [NHS England » Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates](#)
- [Commit, understand, act: our anti-racism strategy | NHS Confederation](#)
- [Tackling racism in the workplace | Royal College of Psychiatrists \(rcpsych.ac.uk\)](#)
- [Tackling bullying in the NHS infographic | NHS Employers](#)
- [Race equality in the NHS workforce | The King's Fund \(kingsfund.org.uk\)](#)
- [NHS England — London » London's Workforce Race Strategy](#)
- [Eliminating the Disciplinary Ethnicity Gap - Equality, Diversity and Inclusion - FutureNHS Collaboration Platform](#)
- [Types of race discrimination - Race discrimination – Acas](#)
- Too Hot to Handle: Why concerns about racism are not heard or acted on by Roger Kline and BRAP, 2024 (Available at [27aa99_4d4e620e6889408d926dad142839c0f3.pdf \(usrfiles.com\)](#))



Leicester, Leicestershire
and Rutland

LLR Active Bystander Programme

February 2024



NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:



Leicester, Leicestershire
and Rutland
Health and Wellbeing Partnership

Our LLR Journey



Overview

LLR Active Bystander Programme (ABP) Pilot Year Oct 2022 – Oct 2023 & Beyond

- Sought to address Bullying, Harassment & Discrimination, improve and exceed outcomes in WRES/WDES, EDS 2022, Ockenden Review and NHS Long Term Workforce Plan Actions
- Sought Pump Prime/Seed Funding: NHSE Civility & Respect, NHSE 'Be Well Midlands' & LLR ICB 'Project Launch' Funding
- LLR ICB workforce providing programme leadership for design, development and implementation *because it is the right thing to do*
- 231 Active Bystanders developed as network of champions (Oct 22 – Jan 24) & Midlands scale up in test phase (62 Midlands colleagues included in the total)
- National BAME Health and Care 'Outstanding Corporate Achievement of the Year' (2023) Award

Our **Vision** is to establish a proactive organisational culture approach to address harmful behaviours, promote an inclusive and compassionate culture, and role model our system values and expectations, making LLR a great place to work and provide services for people who draw on our support.



Overview – The LLR Way



Programme Elements

1. Active Bystander Workshops
2. Senior Leadership Development
3. Train the Trainer Sessions
4. Evaluation

Active Bystander Delegate Journey for Behaviour Change

1. Face Face Workshops (1.5 days for theory & practical 'learning by doing' skills)
2. Five Virtual Action Learning Sets (Monthly 90 minute ALS embeds learning over time)
3. Vibrant Community of Practice (Monthly Virtual 'Coffee Catch Ups', Future NHS platform & annual Celebration Event)

Conditions for LLR Success

Explicit 'whole system' approach across ICS

- **Leadership:** Strong Senior System Leader Support, Dedicated ABP leadership resource, cross-organisation 'Internal Sponsor' meetings (weekly to monthly) & monthly Line Manager information and support webinars
- **Engagement:** key influencers passionately promoting the programme across the system and Active Bystander community promoting & role modelling their learning
- **Governance:** Steering Group with clear lines of accountability through to LLR ICB Board

Overview – The LLR Way

Active Bystander Delegate Feedback

Thank you for being so inclusive

I feel more confident in my approach. I consider and use the 5 Ds as appropriate

I will also empower others to address bad behaviour at our work place

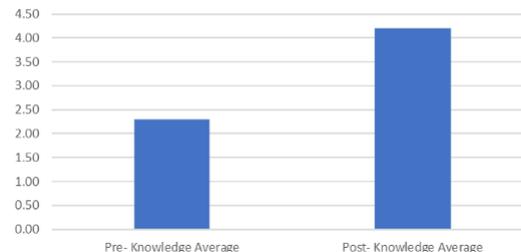
This has been a really good experience and I think this course should be available to all!

Brilliant facilitators and made it a safe space for us to be vulnerable and open



Programme Impact

Confidence to intervene and de-escalate a situation when it is safe to do so



Based on pre and post programme evaluation (98 responses)



Active Bystander Voices



<https://www.youtube.com/watch?v=8NyZnuGr8gQ>

How to find out more

Contact us:

<https://leicesterleicestershireandrutlandhwp.uk/active-bystander-programme/>

LLRAcademy@nhs.net
@LLRAcademy



Book now:

Can we talk about race?

Thursday 21 March 2024 | Virtual event via Zoom

In this webinar, our panel of trust leaders will explore:

- The importance of sponsorship in developing diverse talent, considering the role of white and ethnic minority leaders in this space.
- Local approaches to embedding race equality.
- White allyship and developing psychologically safe spaces.



Scan here to access our
upcoming events

Tell us what you think



Scan here to access
our evaluation

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

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



Scan here to access our website

Thank you!



Scan here to access
our evaluation