NHS
Harrogate and District
NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report 2021

Harrogate and District NHS Foundation Trust

**1.0 Executive Summary**

    1.1   HDFT is working to become an anti-racist organisation.

    1.2   The report establishes why this is important, explains the journey we have taken so far, describes our ambition and vision, and outlines six areas of focus – with actions for each. The areas of focus are:

        1.2.1   Governance
        1.2.2   Leadership and Management
        1.2.3   Recruitment
        1.2.4   Learning and Development (including Induction)
        1.2.5   Career Development
        1.2.6   Communications

    1.3   It concludes with a description of how we will implement the work and the indicators we will monitor to know if it has been successful.

2.0   Introduction: Why are We Doing This?

    2.1   HDFT is working to become an anti-racist organisation. This forms part of our ambitious At Our Best programme, which works to improve culture within HDFT, and will help to further embed the behaviours we value around kindness, integrity, teamwork and equality.

    2.2   There are overriding moral reasons why we are seeking to become and anti-racist organisation. We also know that diverse teams, where members feel a sense of belonging, are more likely to be able to provide high quality care. There are legal reasons why this is important, too, including our general duty under the Public Sector Equality Duty to have due regard to the need to eliminate discrimination; to advance equality of opportunity; and to foster good   relations.

    2.3   There is evidence that racism (both direct and indirect) affects people throughout their time with HDFT, starting from the time that they apply to work here. HDFT data shows us that Black, Asian and Minority Ethnic Group (BAME) applicants are less likely to be shortlisted for jobs, and, if shortlisted, then even less likely to be recruited. This is illustrated in the graphs shown over the page:
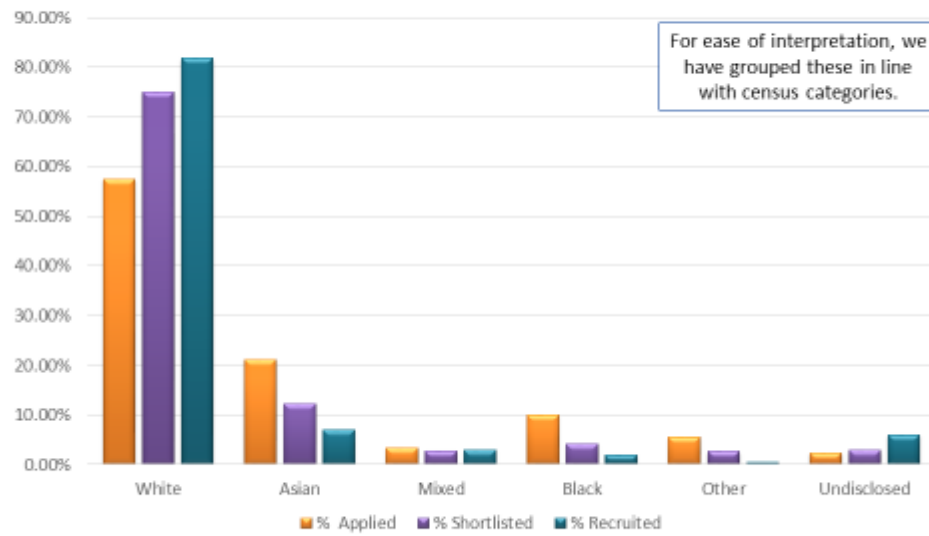
# Snapshot – Recruitment - Inequalities in shortlisting and recruitment
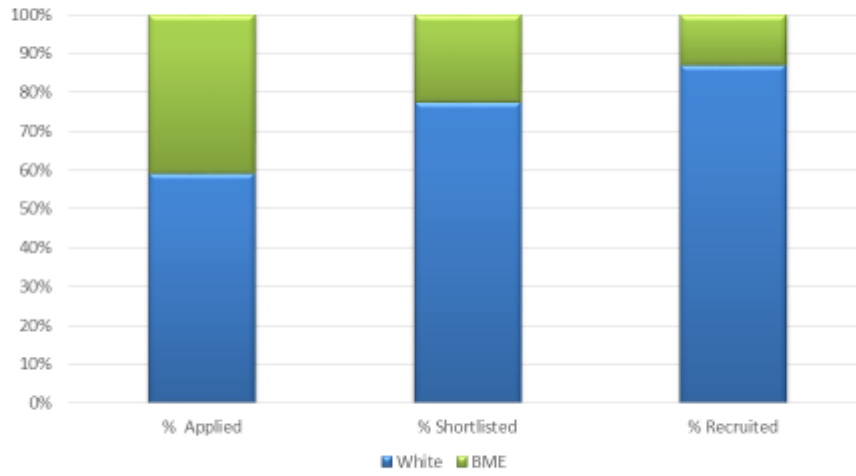
Snapshot - Recruitment- Inequalities in shortlisting and recruitment

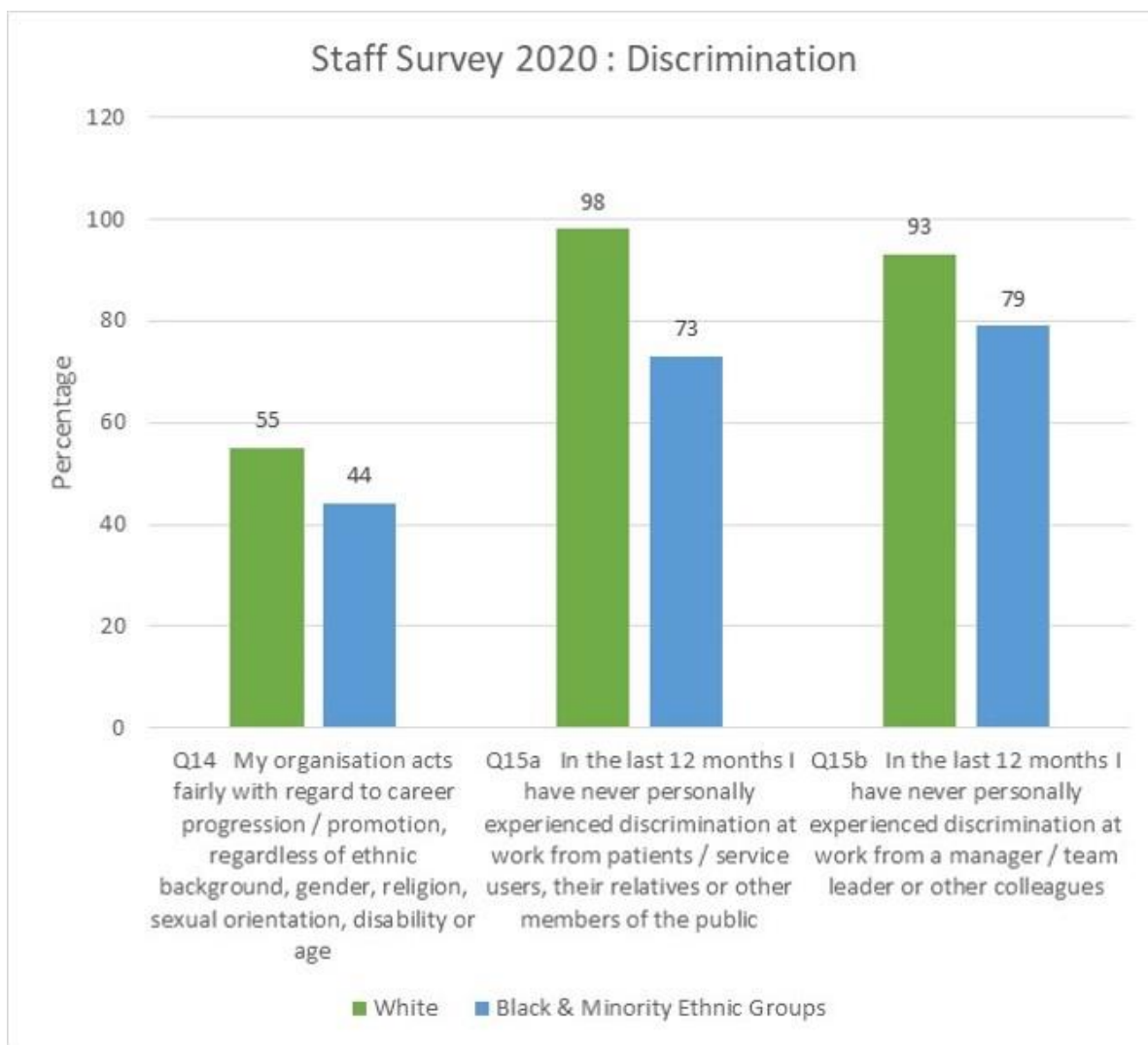For ease of interpretation, we have grouped these in line with census categories.

2.4 Racism at HDFT goes beyond just recruitment. Colleagues from BAME groups are significantly more likely to experience discrimination as well as harassment, bullying, and abuse from other colleagues as well as from patients, patients' relatives or members of the public. BAME colleagues also experience significantly higher levels of discrimination from managers, team leaders, and other colleagues. You are more likely to experience physical violence as a BAME colleague. This is illustrated in the graph shown below:
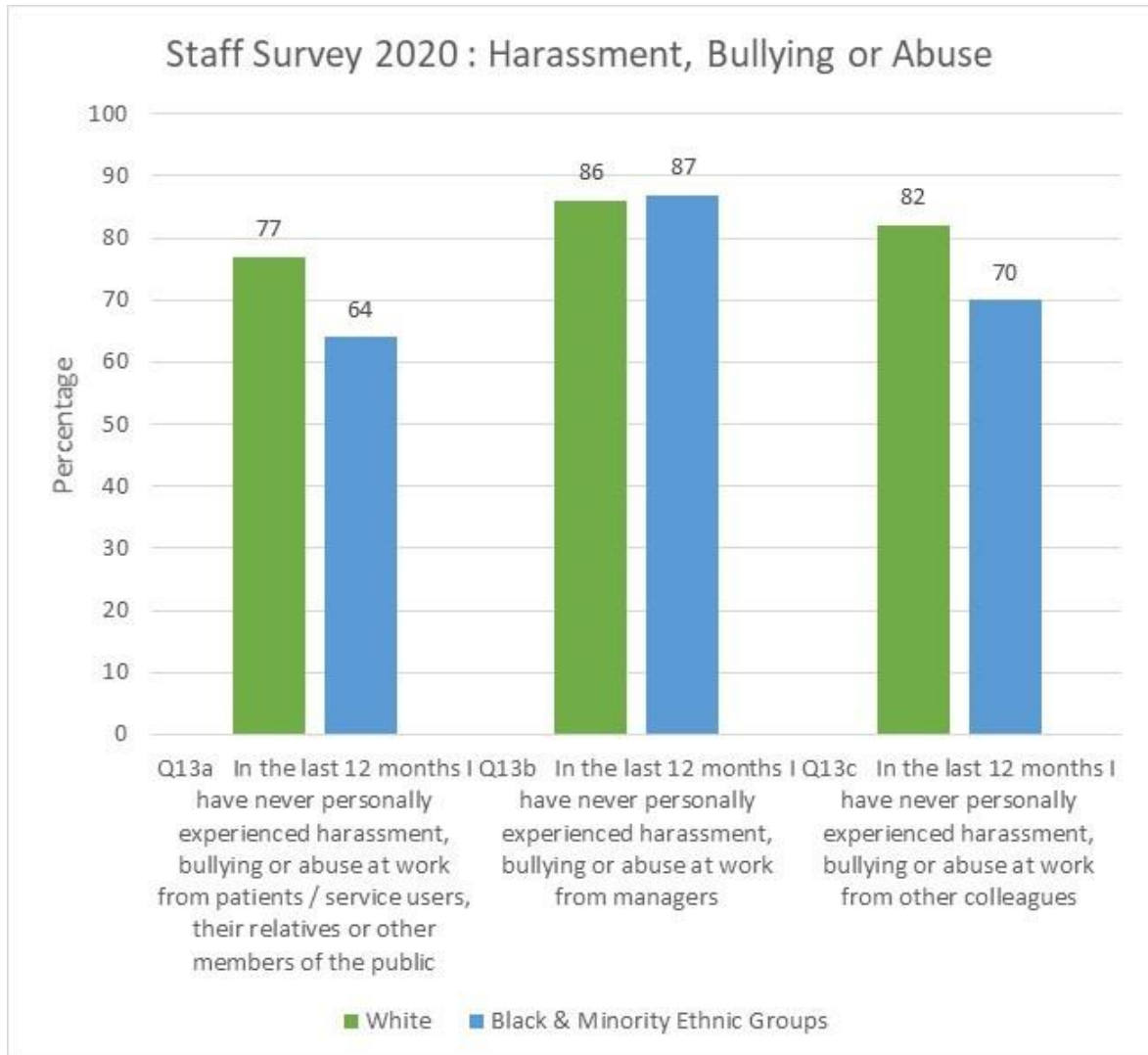
2.5 Evidence indicates that less than half of our BAME colleagues (44%) feel that the organisation behaves fairly in relation to remuneration, promotion and career progression compared to white colleagues (55%). These data are further reinforced by the personal experiences of BAME colleagues, some of whom have told us how they have come to expect to face discrimination as part of their work at HDFT. This is illustrated in the graph shown over the page. There is also evidence showing that there is an ethnicity pay gap at HDFT – see Appendix 1 for the HDFT Ethnicity Pay Gap Report – 31.03.21.

Staff Survey 2020 : Discrimination

- Q14 My organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age — White: 55, Black & Minority Ethnic Groups: 44
- Q15a In the last 12 months I have never personally experienced discrimination at work from patients / service users, their relatives or other members of the public — White: 98, Black & Minority Ethnic Groups: 73
- Q15b In the last 12 months I have never personally experienced discrimination at work from a manager / team leader or other colleagues — White: 93, Black & Minority Ethnic Groups: 79

Legend: White, Black & Minority Ethnic Groups

2.6 The case for change is not yet widely enough understood at HDFT, with some white colleagues insisting that the unequal experiences had by BAME colleagues "wouldn't happen here". The evidence shows that they do happen here. And they are happening now. The message from the Board of Directors is: "We have to be honest with ourselves: Black, Asian and Minority Ethnic people aren't treated equally, and without ally-ship, and thinking about equality and diversity in everything we do, there will be another moment when we become outraged at an injustice because we haven't made enough change."

3.0 The Journey so far

3.1 In recent years we have fulfilled statutory reporting requirements with regard to our Workforce Race Equality Scheme and Equality Delivery System 2 and delivered related action plans, but this has not achieved the step-change in the reduction of racism which we require. The Workforce Race Equality Scheme Report and Action Plan (shown in Appendix 2) has informed the development of the re-prioritised actions proposed later in this report.

3.2 In late 2019 The EDI Lead role was re-established following a number of years of disestablishment.

3.3 We have an active BAME Staff network which, including allies, now has 59 members. It provides HDFT with a fantastic opportunity to drive forward race equality and to change the lived experiences of its BAME colleagues. The network has had good involvement in meetings and campaigns (e.g. Black History Month, cultural calendar to raise awareness of diversity), and has made links and shared learning with the LGBT+ and Disability networks at HDFT.

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3.4   In 2020 equality, diversity and inclusion was identified as a workstream within the Trust's At Our best culture improvement programme. This led to a clear articulation of our ambitions and some key priorities for this agenda, including an aim to become an anti-racist organisation, "a place where we are more than just not racist – we are actively anti-racist… We will gather clear evidence of our progress as an anti-racist organisation and this will set the standards for all other equality, diversity and inclusion agendas."

3.5   This year, work has progressed on making our recruitment processes fairer from the moment the need for a role is identified, through how the job role and person specification is designed to how the job is advertised and how the selection process is managed. These changes are necessary but not sufficient in themselves to address the inequalities currently evident, so work is progressing now to identify bolder, targeted actions that will accelerate the improvements we need in the way we recruit.

3.6   On 31st March 2021, 20 colleagues joined our first Becoming an Anti-Racist Organisation workshop. 52 ideas for strengthening our approach were brought forward and 12 of these progressed on the day. There was particular interest in improving the representation of the voices of BAME colleagues within existing governance structures. Subsequently, colleagues from this workshop were invited to attend the HDFT Board workshop at the Pavilions, Harrogate on 28th April, during their discussion of the Board's role in helping us to become an anti-racist organisation. Powerful personal experiences were shared and contributions to roundtable discussions by BAME colleagues have informed the further development and prioritisation of our plans for this area of work, as set out later in this report – see Appendix 3 for our Equality, Diversity and Inclusion – Vision and Scope.

3.7   A useful model in terms of assessing individual and organisation maturity is shown in Appendix 4.

4.0   Our Ambition

4.1   Truly anti-racist organisations realise that it is not enough for each who work there to say "I am not racist". We need to fully support and engage with the anti-racism movement, and listen to colleagues' experiences in order to learn. More specifically, we will:

   4.1.1   Create and secure support for the compelling case for change
   4.1.2   Level the differences between BAME and White colleagues in access to employment, progression and remuneration and in their experience of inclusion across Harrogate & District NHS Foundation Trust (HDFT) and Harrogate Integrated Facilities (HIF). Evidence suggests that improving the lived experience of BAME colleagues improves the lived experience for all colleagues regardless of race
   4.1.3   Reject cultural stereotypes and standards
   4.1.4   Identify and change policies, processes and practices that reinforce race inequalities
   4.1.5   We want all colleagues to become allies so that we can all be courageous and bold in speaking up against all racist behaviours and practices and taking action for change
   4.1.6   Look to ourselves in understanding how our own behaviours and actions make an impact on anti-racism
   4.1.7   Be curious in seeking to see the world through others' perspectives
   4.1.8   Look after our people so that we all feel that we belong to teamHDFT and teamHIF
   4.1.9   The impact of race-related micro-aggressions is understood by all and reduced to zero
   4.1.10 Reduce racism from colleagues and patients/ service users to zero.

5.0   5 year Vision

5.1   By 2026, TeamHDFT will know we are taking steps towards achieving our ambition of being an anti-racist organisation when:

5.1.1 There is a 30% improvement in BAME colleagues progressing from short list to securing employment, meaning over 100 additional BAME colleagues work for teamHDFT.

5.1.2 A BAME colleague sits on all recruitment panels for roles at band 8a and above.

5.1.3 Through the Listening At Our Best programme, BAME colleagues feel confident that their voice is heard. They feel able to bring their whole selves to work and have a strong sense of belonging at teamHDFT.

5.1.4 There is no glass ceiling for BAME colleagues preventing their career progression at teamHDFT, for example, SAS Grade Doctor securing Consultant level and Band 5 nurses being able to progress through Bands 6 and 7.

5.1.5 BAME colleagues work in a least 10% of Band 8a and above roles.

5.1.6 Cultural diversity is evident through our communications, celebrations and daily catering provision. The physical environment accommodates different cultural needs.

5.1.7 Direct racism is a "never" event; indirect racism is something allies are working to eliminate.

6.0 What will we do next?

6.1 At the Becoming an Anti-Racist Organisation workshop in March, conversation repeatedly returned to the six areas that participants felt would make the biggest difference to anti-racism. These went on to be considered by the Board. Informed by work to date, our current equalities performance, learning from what other organisations have done to tackle racism, and discussions in the two workshops mentioned, below is a proposal for the top 20 actions that should be prioritised in each of these areas in Year 1.

Action	What difference will it make?	Who?	When?
Governance			
1. Include anti-racism performance/ progress on **directorate Boards and HIF Board agendas**.	Ensures that teams are regularly discussing their work on anti-racism. Helps to address the problem that some colleagues "don't quite get it."	Jonathan Coulter, Kat Johnson, Matt Shepherd, Natalie Lyth	July 2021
2. **Protected time for BAME colleagues** who wish to participate in events, networks and meetings.	Being "on shift" is currently cited by some colleagues as a barrier to their involvement. Ensures that BAME colleagues who wish to participate in and/or influence work on anti-racism are supported by their line manager to do so.	Angela Wilkinson and Executive Committee	July 2021
3. **Representation from BAME colleagues in key decision-making forums**, including where temporary incident command arrangements are in place.	Diverse groups make better decisions. Diverse organisations are more likely to deliver higher quality of care and achieve better patient/ service user outcomes.	Jackie Andrews, Claire Jones, Lynn Hughes	October 2021
4. **Create an Equality, Diversity and Inclusion Guardian and a Steering Group** to guide the work.	To further raise the profile of the work at HDFT meets the national NHS requirement to have an EDI guardian and to provide consistent direction on the EDI agenda.	Shirley Silvester	July 2021
5. Undertake a thorough assessment against EDS2 as required.	To comply with statutory requirements and to provide a neutral review across the 4 EDS domains.	Emma Nunez, Shirley Silvester	September 2021

Leadership and Management			
6. **Recognise and/or reward anti-racist behaviour** by theming our approach to the Chairman and Chief Executive's Team of the Month and Making a Difference awards.	By highlighting the practice that we want to encourage, more colleagues are likely to behave that way.	Steve Russell, Angela Schofield	Starts July 2021, with a quarterly theme based on KITE behaviours
7. **Deliver a reciprocal mentoring programme** involving 12 BAME colleagues as mentors and 12 members of Board and SMT as mentees.	To build greater understanding in a bottom up way of the daily lived experience of BAME colleagues to enable senior leaders to take positive action. To expose BAME colleagues to a wider breadth of knowledge, gained from partnership with their mentee.	Shirley Silvester	July 2021-July 2022
8. Deliver a programme of training on **how to be an ally.**	To educate non-BAME colleagues in the challenges BAME colleagues face, and how to support colleagues experiencing direct and indirect discrimination.	Shirley Silvester	First programme runs: 14 July – December 2021
9. Launch a programme to support line managers in developing their **generic coaching skills.**	To support high quality well-being conversations (using the RECOVER model) and to embed the behaviours we value in the KITE model.	Shirley Silvester	Starts 1st June then ongoing
10. Ensure all **discretionary pay** is managed and distributed fairly e.g. clinical excellent awards, locum shifts and waiting list initiatives	To ensure that no colleague suffers financial detriment on the basis of their race.	Jackie Andrews, Sarah Sherliker	September 2021
Recruitment			
11. Take **bolder short-term measures** to improve the fairness of recruitment processes.	To propose bolder action to tackle long-standing inequalities more quickly.	Angela Wilkinson, Matt Shepherd	July 2021 - July 2022
Learning and Development			
12. To change the **corporate induction programme** to incorporate clear and strong messaging about our commitment to anti-racism and our KITE behaviours.	To clarify expectations of colleagues' behaviour from on-boarding onwards.	Shirley Silvester	September 2021
13. **Refresh mandatory EDI training** to create a compelling and engaging programme, which includes the voice of BAME colleagues.	To improve the quality of training to make it more impactful so that it improves collective understanding of the wider EDI agenda, the lived experience of BAME colleagues, including micro-aggressions.	Shirley Silvester	TBC
14. Ensure equality of access to **learning and development** for BAME colleagues.	To support fairness in career development.	Shirley Silvester	TBC
Career Development			
15. **To deliver bespoke leadership development** for BAME colleagues.	To ensure better representation of BAME people in leadership roles.	Shirley Silvester	Threshold programme launches

			18ᵗʰ May 2021
16. **Confirm aspirational targets** Set aspirational targets for the number of BAME colleagues in band 8a and above positions, and SAS grade doctors being promoted to a more senior level.	To improve decision-making across strategic and operational issues by bringing in diverse views and perspectives.	Steve Russell, Angela Wilkinson, Jackie Andrews, linking to People and Culture Committee	TBC
17. **Deliver development centres** for BAME colleagues.	To provide a supportive process for BAME colleagues to help them stand a fair chance of securing their next career step.	Shirley Silvester	January 2022
Communications			
18. To clarify expectations about **patient and service user behaviours** towards BAME colleagues.	To show that we do not tolerate racist behaviours and to support cultural shift – this is everyone's issue – we all have a role to play in making HDFT a safe, welcoming, inclusive Trust to work in.	Shirley Silvester	August 2021
19. To create and communicate a compelling **case for change,** including the use of directorate/ team/ profession level data.	To "shout from the rooftops" the reasons that we need to act on anti-racism.	Shirley Silvester, Paul Widdowfield	July 2021
20. To promote an **annual diversity calendar**, celebrating key events in different cultures, e.g. Ramadan, Eid.	To enable all colleagues to bring their whole selves to work by sharing and celebrating important events and therefore help to build cultural understanding among non-BAME colleagues.	Shirley Silvester	Ongoing
21: Enhance our understanding of BME employee experience in HDFT by analysing leaver rates and reasons for leaving by grade and ethnicity.	Understand how BME employee experience differs beyond the standard reporting required by the WRES.	Shirley Silvester	March 2022
22: Contact all BME leavers in the last two years and request the completion of a BME experience exit questionnaire.	Understand recent BME employee experiences (positive and negative) from people who have left HDFT in the last two years.	HR Operations	March 2022
23: Design and deliver a series of tackling bias in recruitment workshops for all HDFT. managers.	Tackle the risks of bias in our recruitment processes. Reduce the disparity between applicant success rates for BME and non BME job applicants.	Shirley Silvester	Dec 2021

24: Design and implement a specific BME experience survey which would be sent to all current BME HDFT staff (possibly hosted by an external organisation). This would extend beyond the standard questions included in the annual NHS survey and would give employees the opportunity to provide more detailed feedback relating to their experiences in HDFT. The survey would be supplemented by voluntary discussion / buzz groups hosted by an external specialist provider.	Detailed exploration of the perceptions of BME staff with the aim of identifying specific areas of future development in HDFT.	Shirley Silvester	March 2022
25: Repeat the above exercise in 2022-2023 to measure / chart progress.			On-going

7.0   Quality Implications and Clinical Input

7.1   The changes outlined in this report are designed to improve workforce experience by tackling discrimination. We know that happy and engaged teams are more likely to provide high quality care.

8.0   Equality Analysis – Year 1: How will we know the anti-racist organisation programme has made a difference

8.1   The proposal of action to tackle racism will contribute to improving our performance on equalities, diversity and inclusion, particularly in relation to the experience of BAME job applicants and colleagues. The following outputs, outcomes and targets are in development:

Measure	Outputs/Targets/Outcomes in development
Improvement against WRES indicators	TBC
EDS2	Review across all 4 domains
Colleague feedback from Listening At Our Best	30% improvement against base line for equalities questions
Recruitment indicators	Short-term bold measures TBC
BAME colleagues accessing education, learning and development (beyond MEST)	% of BAME colleagues accessing
BAME representation within clinical and corporate governance structures	Meetings to be defined
No. of BAME colleague in Band 8a and above positions	Target to be agreed
Celebration of Diversity events	Identified cultural events celebrated
Equality based Making a Difference Awards made	10 in a 3 month period
Number of BAME development centres run	1 per quarter
Number of BAME colleagues being promoted internally	Target to be agreed

9.0   Risks

9.1   This risks to this programme are:

9.1.1   Ability to make a compelling case for change that colleagues believe in
9.1.2   Embedding ownership of the need to change culture amongst all our senior leaders
9.1.3   Ambitious programme of work, involving sensitive content (white fragility) and the need for difficult conversations about race equality and behaviours, which we have a poor track record of tackling in the past
9.1.4   Incomplete baseline picture for outcome measures – making it difficult to track progress
9.1.5   Alignment between Board of Directors' high expectation and internal capacity to deliver simultaneous actions at pace.

10.0   Conclusion

10.1   By developing and implementing a robust anti-racist organisation programme teamHDFT and HIF can make a positive difference to the lived experience of BAME colleagues and help create a more diverse and inclusive culture. Improvements gained by implementing the action plan will be directly linked to stronger race equality performance which is directly linked to the quality of care provided to our patients, service users and wider community.

11.0   Recommendation

11.1   The Board of Directors is asked to comment on and approve the contents of this paper.

12.0   Supporting Information

12.1   The following papers are Appendices to this report:

12.1.1   Appendix 1: HDFT Ethnicity Pay Gap Report – 31.03.21
12.1.2   Appendix 2: Workforce Race Equality Scheme Report and Action
12.1.3   Appendix 3: Equality, Diversity and Inclusion – Vision and Scope
12.1.4   Appendix 4: The Maturity Model