

NHS Board Meeting
29th July 2020

Lanarkshire NHS Board
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SUBJECT: ENGAGING WITH AND SUPPORTING BLACK, ASIAN AND MINORITY ETHNIC (BAME) STAFF

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

The paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Corporate Management Team

3. SUMMARY OF KEY ISSUES

This paper seeks to provide an update on actions and progress relating to letters received from John Connaghan, Interim Chief Executive, NHS Scotland on 23rd June 2020 and more recently Gillian Russell, Director, Health Workforce, Leadership & Service Reform Directorate (Scottish Government), 13th July 2020.

3.1 Background

A letter was received from John Connaghan (Interim Chief Executive, NHS Scotland) on 23rd June 2020, stating that ‘The pandemic has further highlighted inequalities at every level of society, including an increased risk of death from COVID-19 for some minority ethnic communities in England and Wales. The Black Lives Matter movement has also brought to the fore a reconsideration of institutional racism and inequality of opportunity for people of colour. This includes race employment and the lack of visible role models in senior positions within organisations in Scotland, including the NHS’ (2020:2)

NHS Boards were asked to address two immediate issues in relation to ethnicity data for patients and risk assessments for our Black, Asian and Minority Ethnic (BAME) staff.

An SBAR was presented at the Corporate Management Team on 29th June 2020 which provided details of the actions identified to address these issues. All of the actions required have been considered in this paper. A copy of the letter and SBAR is attached for information (Appendices 1 & 2). It should be noted that this work builds on the existing Equality Outcomes identified and developed through the use of local and national evidence by the Equality and Diversity Steering Group.

The Equality and Diversity Steering Group aims to mainstream the equality agenda throughout all areas of NHS Lanarkshire's health improvement, healthcare and employment practice activity by influencing the effective development of Strategy and Policy on behalf of the Board. A yearly action plan is developed by the Equality and Diversity Steering Group with mid-year and end of year reports presented to the Staff Governance Committee.

3.2 Staff

3.2.1 Supporting BAME Staff

The disproportionate impact of the Covid-19 on NHS workers from Black, Asian and Minority Ethnic (BAME) backgrounds has received attention both locally and nationally. Given the systemic issues and experiences of discrimination which makes it more difficult for BAME colleagues to raise concerns and be heard within their organisations, there is a need to identify approaches that enables and empowers our BAME staff.

A recent letter dated 13th July 2020 from Gillian Russell, Director, Health Workforce, Leadership & Service Reform Directorate (Scottish Government) highlights the need for staff networks to be established and whilst the initial focus will be to engage BAME staff there is a recognition that Boards should '...establish a network of champions, including at senior and executive team levels on race, disability and LBGTQ with the involvement of staff networks, trade unions and professional organisations'. As the development of further networks emerge, it will be essential to ensure these align to our existing governance structures such as our Staff Governance Committee to ensure continuous learning and mainstreaming throughout the organisation.

It is also important to highlight that resources will require to be addressed as success and ongoing engagement of current BAME networks in NHS Scotland has been attributed to ensuring protected learning time for participation.

A copy of the letter is attached for information (Appendix 3).

As an organisation, NHS Lanarkshire has a legal duty to and is committed to eliminating race inequality and we want our staff to influence change. We value all staff and recognise that Covid 19 has brought additional challenges specifically for members of the BAME community. In order to understand the experiences of BAME staff working in the organisation, NHS Lanarkshire is seeking to host a series of interactive, online, engagement forums. The forums will seek to understand how inequalities are experienced by staff in their personal or professional working lives, including the impact of COVID19. Discussions will be focused on a range of issues and may include risk assessment, professional development, policies and guidance and identifying opportunities to develop new networks which are both empowering and engaging, but fundamentally designed by staff.

The online engagement forums will be facilitated (via MS Teams). In order to ensure that we provide BAME staff with a safe space to openly discuss and voice their experience, registration for the forum will be required. This will enable an email invite to be sent.

The online engagement forums will last for around 1 hour for each session, with a number of sessions offered to ensure attendance (morning, midday, afternoon and evening sessions

will be offered) and will be hosted by the Board Chair of NHS Lanarkshire Neena Mahal, supported by Lillian Macer, Employee Director, Kirsty Cole, Head of Organisational Development and Hina Sheikh, Equality and Diversity Manager.

Feedback from the online engagement forums will not be captured verbatim, but key points will be used to generate themes for a subsequent questionnaire which will be sent more widely to BAME staff across NHS Lanarkshire.

Phase 2. Commencing August – October 2020

To ensure that learning from the online forums is enacted, a second phase will be undertaken to engage with BAME staff more broadly. The design and development of a short questionnaire will be generated from the themes of the online engagement forum. Participants will be identified from staff communication responses combined with using current staff data held by human resources. Questionnaires will be issued with a closing date 2 weeks later. A reminder email sent to all potential participants after 7 days. The questionnaire design cannot be determined at this stage, instead evolving from the themes generated in stage 1, however exploring opportunities for a BAME network, risk assessment completion and identifying any current barriers expressed would form part of the questionnaire.

Stages by timescales (detailed overview)

Stage	Action	Indicative times
1	Communication in Staff Brief inviting BAME staff participation in online engagement forum – including a joint statement by the Chair and Interim Chief Executive	August
	Online engagement forum events take place capturing key discussion themes	August/September
	Review of discussion themes from online forum used to design and develop questionnaire to be sent out more widely across the organisation	September
	Communication in Staff Brief advising of questionnaire being issued following feedback from online engagement forum and notification of questionnaire being sent providing rationale and context to why the organisation are seeking engagement. Ongoing Staff Brief communication to encourage and engage with BAME also requesting staff to update details in the unknown' category as part of the equalities data in EESS. Email distribution of questionnaire ready to send	September
2	Questionnaire sent to all responses received following communication and identified BAME staff for completion (not compulsory)	September
	Reminder email sent to staff to complete questionnaire	September
	Questionnaire close at 5pm	October

3	Questionnaire data reviewed, report on findings produced and actions agreed	October
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3.3 Staff Data – Action Plan

In terms of staff, NHS Lanarkshire have a relatively small number of identified Black Asian and Minority Ethnic staff, 437 out of around 13,500 headcount. The current data held within the HR system suggests that we do not have ethnicity data for around 1 in 4 staff (currently unknown) and this is an area of action for the organisation.

In order to support the improvement of data collection the following areas of actions have been identified:

1. Undertake a communications activity to encourage staff to update eESS via self-service with protected characteristics information.
2. Complete a retrospective analysis of recruitment candidates' ethnicity to understand the trends in % of applicants who are ultimately successful.
3. Complete a review of the NHS Lanarkshire workforce v local population in terms of BAME representation.

A baseline of data will be taken in July 2020 to measure improvement following communication encouraging staff to update EESS. Combining this information with the data sets from actions 2 and 3 will be used to create an action plan to address any findings, monitored as part of an ongoing basis and reported through our governance structures.

The intended timescales to conclude these actions would be by September 2020.

3.4 Risk Assessment – BAME Staff

The aim would be to continue to evidence proactive approaches to risk assessment for BAME staff, including physical and mental health through three specific actions:

1. Provide Bi-monthly Communication regarding Risk Assessment requirement – commencing in August 2020.
2. Report on BAME related queries received through our Helpline on quarterly basis with the first report to be provided in September 2020
3. Report COVID19 specific BAME OH consultations (including Physical & Mental Health) with the first report to be provided in September 2020

4. Patients/Service Users Data

In order to ensure patient's records are as complete as possible, we will:

- Change the current format of 'unknown' status for patient ethnicity to be a mandatory question asked at all presentations.
- Staff will be supported, through training and support tools, to ensure we reduce the collection of 'unknown' numbers. This action has been progressed since the original SBAR provided to CMT on 29th June 2020

Further details of the processes and measures that will be applied will be provided in a separate SBAR by September 2020. This paper will be presented at the Equality and Diversity Steering Group meeting on 14th September before being distributed more widely.

This work will be monitored and progressed through the Staff Governance Committee, the Population Health Primary Care and Community Services Committee and the Healthcare Quality Assurance and Improvement Committee, and clear lines of accountability established for each workstream.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	Achieving Excellence/ local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input type="checkbox"/>
Best use is made of available resources. (Effective)	<input type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

A key vehicle for maximising the NHS contribution to reducing health inequalities and mitigating the impact of COVID will be through our continued commitment to the delivery of the outcomes set in the Chief Medical Officer (CMO) letter (2018: 3) Health Promoting Health Service (HPHS). This settings-based approach aims to embed health improvement into the culture and practice of NHS settings. This focus aims to improve healthy life expectancy and address health inequalities for staff and patients alike.

NHS Lanarkshire as a Board has already committed to undertaking development in Equalities with an initial development session focusing on 'Unconscious Bias' taking place in March 2020. Further events were in development, but were paused due to COVID and will be reconsidered as appropriate.

Equality Impact Assessments (EQIA) are one of the ways that NHS Lanarkshire ensure inclusivity. The EQIA enables us to understand the potential differential impacts on different groups and applies to both our staff and our community. This is why the EQIA process is applied to our organisational policies, service changes and new ways of working, ensuring that staff are considered in any changes that affect them.

7. FINANCIAL IMPLICATIONS

Financial costs may be required and will be identified as the work progresses. Financial costing and resources will be brought back to the Board for consideration

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Board must address the short term instruction from Scottish Government in relation to Covid-19 impacts and build upon this to create wider engagement and dialogue with Black, Asian and Minority staff and patients. In addition, the Board has a legal duty under the public sector equality duty to take steps to meet the needs of and minimise disadvantages of people that are covered by the protected characteristics.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability Management	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

NHS Lanarkshire Equality Impact Assessment (EQIA) has incorporated the Fairer Scotland Duty, to ensure social inequalities are also considered as part of any services redesign plans submitted to the Response, Recovery & Redesign group.

Lanarkshire and community planning partners take forward a range of inequalities focused population health programmes in response to the six national public health priorities. These are summarised in the draft Integrated Population Health Plan (IPHP) which was developed in late 2019.

In order to address the widening inequalities as a result of the direct and indirect impacts of COVID-19, NHS Lanarkshire will review delivery of the IPHP and agree joint priorities with partners with a focus on addressing wider determinants of health.

11. CONSULTATION AND ENGAGEMENT

As set out in the paper.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input checked="" type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The Board are asked to:

1. Note the information and approve the actions described in this paper;
2. Agree the format and timescales of the engagement forums which will initially focus on BAME staff;
3. Acknowledge the requirement for further resources to develop and support further networks;
4. Confirm their support to develop this engagement work with other staff groups with protected characteristics;
5. Reaffirm their commitment to undertake Equalities training and development which was being planned pre- Covid; and
6. Confirm appropriate routes reporting of the networks through existing governance committees by working with the Staff Governance Committee, the Population Health Primary Care and Community Services Committee and the Healthcare Quality Assurance and Improvement Committee, with clear lines of accountability established for each workstream.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

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