



North Central London
Integrated Care Board

23/24 Workforce Race Equality Standard Report

nclhealthandcare.org.uk

31 March 2024

1. Introduction

This report provides information about North Central London Integrated Care Board's (NCL ICB) performance against each of the nine Workforce Race Equality Standards (WRES) indicators for the period 23/24. This WRES report is the ICB's second assessment against the WRES indicators since its inception on 1 July 2022.

The report provides an overview of the ICB's performance against the WRES indicators and the key activities that have been undertaken during 23/24 to achieve greater race equality. The key priority areas that have been identified to focus on over the next year, including the NHS Equality, Diversity and Inclusion improvement plan are outlined in this report.

2. Key Activities/Achievements during 23/24

Our performance against the WRES indicators shows that there has been an improvement in the following areas in comparison to 23/24:

- ✓ A workforce profile of White and BME staff that is broadly representative of the North Central London population demographic.
- ✓ A slight increase in the proportion of staff from a BME background.
- ✓ A slight overall increase in the proportion of staff from a BME background in roles at band 8a – Very Senior Manager (VSM) level.
- ✓ Whilst there continues to be a higher number of staff from a White background at band 8b level, the representation gap has reduced.
- ✓ The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has declined.
- ✓ A reduction in staff from a BME background reporting feeling discrimination from managers, team leaders or colleagues.

A number of programmes of work have been undertaken during 23/24 to support our organisation to become more inclusive. In view of the change programme that has spanned the full 23/24 financial year, most of the equality work related to the change programme.

Change Programme - Equality Impact Assessment

Throughout the change programme, Equality Impact Assessments (EQIAs) were completed both pre and post consultation to determine the impact of the changes to the organisational structure on staff in accordance with the ICB's EQIA framework and principles to ensure 'due regard' to the public sector equality duty.

To support and inform the equality impact assessment work during the organisational change programme and following support by the staff networks, all staff were invited to update their equality information between August -September 2023. This provided staff with an opportunity to provide/update their equality information and enabled staff who hadn't declared or provided equality information to be reduced for each protected characteristic.

A number of actions were undertaken to mitigate any potential negative impact on any protected characteristic group. In turn, the outcome of the EQIAs, together with the outcome of the 22/23 Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) determined the ICB's equality, diversity and inclusion activities during 23/24.

Key equalities work included making reasonable adjustments for staff with input from occupational health at all stages of the change programme, a robust and comprehensive Inclusive Recruitment (IR) Programme, opportunity for staff to take voluntary redundancy subject to meeting the eligibility criteria, health and wellbeing webinars and career transition support.

Inclusive Recruitment Programme

One of the key programmes of our equalities work during 2023/24 was the development of an Inclusive Recruitment (IR) Programme to support the requirement of a fair and equitable process throughout the selection processes to fill

roles in the new structure at different stages of the organisational change programme. Over 50 Recruitment Inclusive Advisors - representing all protected characteristics - have been trained and every single interview panel has included an Recruitment Inclusion Advisor (RIA) to ensure a fair process, with a particular focus on the EQIA outcomes regarding the potential for discrimination. The RIA's are supported on an ongoing basis via regular coaching circles.

All interview panels following the consultation outcome were required to have a diverse membership of 3 panel members that included the Recruitment Inclusive Adviser. All panel members were required to have completed a three-stage inclusive recruitment training programme before they can partake in the training programme.

Mayor of London Workforce Integration Design Lab

To show its commitment to reducing the inequalities that young black men, older black men, black women and Pakistani and Bangladeshi women face within the workplace, the ICB joined the Mayor of London's Workforce Integration Network (WIN). Inclusive leadership remains at the core of our workforce priorities and as part of this network, the ICB also took part in the WIN Design Lab programme, which was a 10-month EDI programme supporting large businesses to tackle the underrepresentation of Black, Asian and Minority Ethnic groups in London's labour market. The work on this programme was linked to the ICB's approach to inclusive recruitment via the Inclusive Recruitment programme that was rolled out during 23/24. The ICB has been offered continued support as part of the WIN Lab legacy programme and therefore this will continue into 24/25.

In addition, our Chief People Officer has completed a 6-month Anti-Racist Leadership Programme to increase the competence and confidence in tackling racism at an individual, team and organisational level.

BME Staff Network

The ICB BME staff network plays a critical and key role to drive the equality, diversity and inclusion priorities for the organisation and staff. Key activities that have been led by the BME staff network include safe space conversations that provide psychological safety for staff to come together to discuss their experiences; Black history 365 which provided regular events throughout the year, an NCL

Diversity and Inclusion book club, Cultural conversations and events, See ME First campaign, celebrating the 75th anniversary of Windrush and the NHS, supporting Ramadan in the workplace and contributing to equality related programmes of work that have been led corporately.

Golden Thread - Equality, Diversity and Inclusion

Diversity and inclusion has been a golden thread that has run through many of the key high impact programmes have been developed and rolled out including the High Performing Teams (HPT) programme to bring teams together and agree ways of working and the development of a Leadership framework and senior leadership programme.

3. ICB Performance Against the WRES Indicators

WRES Indicator 1: Percentage of staff in each of the Agenda for change Bands 1 - 9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by: non-clinical staff/clinical staff

	All workforce	Band 1 - 7	Band 8a – VSM	Clinical leads on sessional rate
White	47.7%	36.6%	56.7%	37.8%
BME	45.0%	56.7%	37.3%	37.8%
Unknown ethnicity	7.3%	6.7%	6.0%	24.4%

WRES Indicators 2-9

WRES Indicator		Assessment
2	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	5.23 times higher
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	0.53 times higher

4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.09 times higher
5	Percentage of staff personally experiencing harassment, bullying or abuse at work from...Patients / service users, their relatives or other members of the public in the last 12 months	BME staff: 6.7% White staff: 7.6%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME staff: 24.1% White staff: 19.4%
7	Percentage of staff feeling the organisation provides equal opportunities for career progression or promotion	BME staff: 32.3% White staff: 41.1%
8	Percentage of staff experiencing discrimination from staff in the last 12 months	BME staff: 14.9% White staff: 11.1%
9	Percentage of BME voting board members in comparison to the overall workforce	BME voting board members: 17.4% BME overall workforce: 45%
	Percentage of BME Board executive membership in comparison to overall workforce	22.2% BME board executive members: BME overall workforce: 45%

4. 24/25 Equality, Diversity and Inclusion Plan and Priorities

The assessment against the 9 indicators shows that the ICB has made improvements in the indicators regarding representation of BME staff in the ICB workforce, the relative likelihood of BME staff entering the disciplinary process and slightly better experiences of staff experiencing harassment, bullying or abuse from staff.

In contrast, there has been a decline in performance in the indicators regarding the relative likelihood of white staff being appointed from shortlisting compared to BME staff and accessing non-mandatory training. There has also been a decline in both staff from a white and BME background feeling that the organisation acts fairly with regards to career progression opportunities. There continues to be a significantly higher proportion of staff that are from a white background than a BME background in roles at Band 8C, 8D, 9 and VSM level.

It was disappointing to see that the ICB's performance against some of indicators have declined over the past year, particularly that relating to recruitment because the inclusive recruitment programme that was undertaken by the ICB to strengthen fairer and equitable recruitment practices mirror the approaches taken by NHS other organisations.

It is important to note the following information regarding the data that has been used to determine the ICB's performance against the EDI standards:

- The ICB advertised very few posts via open recruitment over the past year (18% of the data sample analysed in 23/24) and the posts that were advertised were very senior and/or specialist posts.
- Most of the posts in the new structure were filled via the internal processes in accordance with the Change Management Policy and did not require shortlisting or selection processes. This in turn affects how staff feel about access to career development opportunities.
- The disability representation data in comparison to 22/23 has significantly changed with more staff declaring their status and a reduction in the proportion of staff declaring the 'not stated' status. Whilst this change represents staff feeling safer to declare their status, this will impact our performance against the WDES indicators when comparing to last year.
- Most of the learning and development training programmes centred around the organisational change programme with a focus on training for managers to lead change and inclusive recruitment. With our data showing more staff from a White background in more senior managerial roles, this group of staff would have had more access to training than BME staff.

Many of the areas of our EDI performance for example those relating to access to career progression, learning and development opportunities and experiences of bullying and harassment also correlate to a decline at an organisational level.

The results regarding the increase in the relative likelihood of BME staff being appointed from shortlisting compared to White staff was particularly disappointing

with the inclusive recruitment programme that was rolled out during 23/24. Despite the implementation of the inclusive recruitment training programme for managers and the introduction of recruitment inclusive advisers, it was disappointing to see the decline in equality standards relating to recruitment. Whilst the ICB adopted inclusive recruitment approaches that are currently undertaken in other organisations, the ICB will get expert external support to review the effectiveness of the training programme and focus on the interview stage of the selection process.

Whilst some of these areas correlate to a decline at an organisational level, there are clearly some areas that we need to pay greater attention and focus to during 24/25 with engagement and input from our staff networks, specifically improving the likelihood of individuals with a BME background being appointed from the shortlisting stage, access to career progression opportunities and experiences relating to bullying and harassment.

Over the coming 12 months, we will continue to develop our culture towards becoming more inclusive and equitable by focusing on the following areas:

- ✓ Support with reasonable adjustments at work, particularly for staff with a long-term condition/disability.
- ✓ The need for well-being conversations at a local level.
- ✓ Greater support provisions for staff with long term conditions including mental health, diabetes, COPD and stress.
- ✓ Access to learning and development opportunities, including non-mandatory training for staff at all levels, in both clinical and professional roles.
- ✓ Fairer access to career progression opportunities.
- ✓ High quality appraisal discussions with an emphasis on career and wellbeing conversations.
- ✓ The need to improve the relative likelihood of individuals with a BME background/ a disability or long-term condition being appointed from the shortlisting stage.
- ✓ Bullying and harassment behaviours experienced by staff.
- ✓ Communication and engagement of the workforce EDI programme.

Recognising the ICB needs to significantly improve the equality, diversity and inclusion performance in some key areas, the equity and inclusion part of the ICB's phase 2 action plan will now move beyond the scope of the initial 3-year OD plan in this area. The ICB will get more expert external support to improve practices in our approach to inclusive recruitment and further closing the gender gap, particularly at senior levels.

The ICB will look to develop an EDI programme with specific and tangible actions and set targets in line with the **NHS Equality, Diversity and Inclusion (EDI) improvement plan**¹ with engagement and input from the staff networks, People & Culture Oversight Group, Trade Unions and external expert support.

The EDI improvement plan sets out targeted actions to address the prejudice and discrimination (both direct and indirect) through behaviour, policies practices and cultures and will focus on the following key areas:

- Board and Executive Management Teams to have EDI objectives that must be assessed as part of the annual appraisal process.
- Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
- Develop and implement an improvement plan to address gender, ethnicity and disability pay gaps
- Develop and implement an improvement plan to address health inequalities within the workforce.
- Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

The North London Partners Shared Service (NLPSS) provide a recruitment service to many of the NHS organisations across the North Central London. NLPSS recently undertook an inclusivity audit and will be taking forward recommendations to strengthen inclusive recruitment. The ICB is planning to join NLPSS in early 2025 and will be able to take forward these recommendations as part of our EDI programme.

¹ [NHS equality, diversity, and inclusion improvement plan \(england.nhs.uk\)](https://www.england.nhs.uk/equality-diversity-and-inclusion-improvement-plan/)

Please see the 23/24 Equality Information Report and People & Culture Annual Report for further information. The priorities and actions linked specifically to the WRES indicators are set out in the People & Culture Annual Report.