

Improving lives **together**

Norfolk and Waveney Integrated Care System



Debiasing Recruitment and Retention across Norfolk & Waveney



Shimul Haider – Head of Equality Diversity & Inclusion

Why is this important?



- First impressions count!
- The recruitment process is the front door to any organisation
- Candidates' experiences during hiring processes could be the difference between a job offer being accepted or rejected
- Every candidate must be given a fair opportunity to showcase their fit for roles through more transparent and structured recruitment processes
- The approach should be skills based and free from bias (conscious or unconscious)

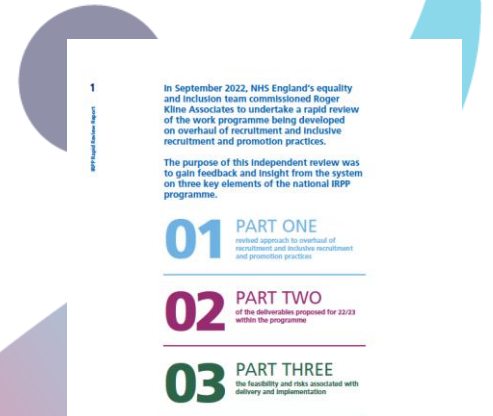
Context

The debiasing recruitment and selection work was developed in partnership with equality, diversity and inclusion leads and heads of resourcing in NHS London trusts following 15 key recommendations outlined in the London Workforce Race Equality Strategy in 2020.

The work has been designed alongside the Roger Kline, *No More Tick Boxes* report which provides evidence to support more effective and equitable recruitment practice.

It builds on the recent rapid review of the 22/23 work programme of the NHS Overhaul of Recruitment (OHR) and Inclusive Recruitment and Promotion Practices (IRPP) workstreams. This also comprises the National EDI Team's response to the recommendations in the report **(click on the images to the right)**

The purpose of the toolkit is to ensure all those involved in recruitment and selection of NHS staff are aware of how bias exists within these processes and what actions they can take to reduce or eliminate such bias.



What's the problem with Workforce at N&W?



In Summary.....

- **Age profile:** 7% of the general practice and secondary care & 11% social care workforce are aged under 25. While those aged 55 and over take up the highest proportion of 29% (general practice), 27% social care and 16% in secondary care.
- **Growing your own:** 80% apprenticeships are for developing existing workforce, >50% are for level 5 and above apprenticeships. Total system underspent levy c.£83k per month. This could be used to fund 500 plus assistant/associate roles. At the same time need to have a pipe line of younger workforce coming into health and care roles. System investment to make this happen, apprenticeships moving into roles.
- **Diminishing workforce:** vacancies, sickness, retirements & supply continue to be ongoing challenges which have worsen in some areas.
- Demand will go up further over the next 10 years and this will require a different workforce model.
- **Retention:** low morale, leavers, burnout/sickness – at times more people leaving than joining.
- **Positive & inclusive culture:** a number of high priority (EDI) areas for improvement within the ICS e.g. harassment, bullying or abuse from staff in last 12 months against BME staff. Critical to address now and linked to international recruitment being successful in the long-term.

What can we do now?

- Overhaul recruitment practices to ensure that our staff reflect the diversity of our community, and regional and national labour markets
- Create consistency in how we address bias in our systems and processes
- Aim to create a culture where all staff can thrive

N&W ICS picture

#WE CARE TOGETHER

Health

Staff in Post (System FTE) 22,081



New Starters

347



332

Leavers

- System Vacancy Rate: 8.8%
- System Turnover Rate: 21.6%
- System Absence Rate: 5.8%
- 78% female : 22% male

Care sector



Filled posts at 2020/21 were 28,000 (FTE filled posts 20,500)

- System vacancy rates for adult social care 6%
- System turnover rate 33%
- 27% of staff are aged 55 and over, 11% below 25yrs
- 6% workers are BAME ethnicity
- 90% of workers are British nationality
- 43% of workers with a relevant social care qualification (lowest of ICS)
- 82% female : 18% male
- 50% workforce work full time



Workforce projections for N&W: 36% increase in roles (10, 000 filled posts) by 2035




Total vacancies across health and care sectors 3,600 excluding primary care – increased since 2020

N&W WRES Summary 2020/21

* ranks the ICS from 0% (best in the country) to 100% (worst in the country) on each indicator

Workforce Race Equality Standard (ICS summary 2020/21)	ICS	EoE	National	Percentile Rank *
Indicator 1: BME representation in the workforce overall	11.8%	23.9%	22.4%	
Indicator 2: likelihood of appointment from shortlisting (likelihood ratio White / BME)	1.28	1.73	1.61	15%
Indicator 4: likelihood of undertaking non-mandatory training (likelihood ratio White / BME)	0.96	1.03	1.14	17%
Indicator 7: belief that the organisation provides equal opportunities for career progression or promotion	BME 67.4% White 80.2%	BME 70.4% White 85.4%	BME 69.2% White 87.3%	BME 78% White 98%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months	BME 21.1% White 8.8%	BME 17.1% White 7.1%	BME 16.7% White 6.2%	BME 100% White 100%
Indicator 9: BME representation on the board minus BME representation in the workforce	Overall -8.3% Voting Member -7.8% Exec Members -9.2%	-15.7% -16.2% -18.1%	-9.8% -10% -13.5%	61% 59% 46%

Debiasing Self-Assessment Diagnostic Tool

- This [diagnostic tool](#) enables organisations to undertake a self- assessment against all aspects of their recruitment and retention policies and practices.
 - The aim of this diagnostic is to provide your organisation with a baseline from which you will be able to identify areas for improvement in order to eliminate any bias from your systems and processes.
 - Our workforce are our greatest asset. Ensuring they are treated fairly, with dignity and respect is important if we are to recruit and retain the best talent. We know that a happy and a motivated workforce, are the best advocates for a career in our health and care sector. Supporting our staff to thrive through enhanced job satisfaction will help reduce staff sickness, improve performance and quality of care. Our People Plan strives to enable a positive and inclusive culture across our integrated care system, with compassion at its heart. This is as much about our individual behaviours as it is the environment we work in.
 - Organisations are encouraged to use the information gathered in the dashboard to develop and implement their local improvement plans around de-biasing and creating an inclusive work climate.
 - The tool has been developed in collaboration with the James Paget University Hospital Trust and system wide HR Recruitment and Inclusion Leads.
- 

Who should complete the self-assessment diagnostic

- It is recommended that all recruitment leads and hiring managers complete the self-assessment alongside your respective OD & EDI leads
- The implementation plan should be agreed collaboratively with clear lines of accountability, governance, and performance management



How to use the tool

To complete the [self-assessment](#) process, you will need to work through the questions in each of the tabs listed along the bottom of the tool. The tabs can be completed separately or as a whole. Within each tab, you will be prompted to find appropriate evidence, answer a number of questions and rate your organisation using the drop-down menu

- Results from the self-assessment are compiled within a dashboard which provides an overarching score for each element. Each organisation is requested to identify their top 5 areas of focus, which should form part of your implementation plan. A template implementation plan is found [here](#)

- ***The debiasing self-diagnostic assessment tool covers 9 areas of assessment:***

JD & Advertising	Appraisals
Longlisting and Shortlisting	Talent Spotting
Interview	International recruitment
Decision-making	Culture
Induction & on-boarding	

- Each area asks a series of questions that have been deconstructed from various guidance documents such as 'No More Tick Boxes', 'Skills for Care' and the 'International Recruitment Toolkit'
- All resources to support you in completing the diagnostic can be found in the debiasing toolkit [here](#)

Useful links:

<https://improvinglivesnw.org.uk/our-work/equality-diversity-and-inclusion-resource-hub/>

<https://improvinglivesnw.org.uk/our-work/equality-diversity-and-inclusion-resource-hub/de-biasing-toolkit/>

Case study

James Paget University Hospitals

Project Outcomes

- Recruitment and selection systems and processes are equitable, accessible and free from bias
- Recruitment & selection decisions are transparent, and individuals and panels are accountable for the decisions they make
- All individuals involved in the Recruitment and Selection process are trained including understanding about bias and how to avoid it
- We see a further reduction in **Indicator 2, WRES Report** which measures the likelihood of White staff being appointed from shortlisting compared to BME staff. The 2022 WRES report shows a reduction from 0.39 in the previous year to 0.31. We aim to further reduce this figure.

Debiasing Self-assessment

- The aim of the diagnostic is to provide the organisation with a baseline from which we can identify areas for improvement in order to eliminate any bias.
- JPUH has worked in partnership with ICS colleagues to develop the tool and at the end of last year, have worked as a test-site for completion of the tool.
- Results from the self-assessment are compiled within a dashboard which provides an overarching score for each element. Each organisation has been requested to identify their top 5 areas of focus
- ***The debiasing self-diagnostic assessment tool covers 9 areas of assessment:***

JD & Advertising	Appraisals
Longlisting and Shortlisting	Talent Spotting
Interview	International recruitment
Decision-making	Culture
Induction & on-boarding	

Top 5 Areas of Focus

The top 5 areas of focus identified from the self-assessment tool are:

- 1) Job descriptions and Adverts
- 2) Long-listing & Short-listing
- 3) Interviewing
- 4) Decision-making
- 5) Induction and on-boarding

	Action	Start By	Completion By	Status
1	Development of self-assessment diagnostic tool	Sept 2022	Nov 2022	Complete
2	JPUH to test completion of self-assessment tool	Nov 2022	Dec 2022	Complete
3	Share completed self-assessment tool with ICS, staff networks and Recruitment leads for feedback	Dec 2022	Dec 2022	Complete
4	Draft project implementation plan	Jan 2023	Jan 2023	In progress
5	Establish project working group	Jan 2023	Jan 2023	Complete
6	Create sub-groups for the 5 focus areas	Jan 2023	Jan 2023	In progress
7	Sub-groups to develop and agree project delivery plans	Feb 2023	Feb 2023	
8	Development and project implementation to fully commence	Feb 2023		
9	Project Completion		June 2023	
10	Project review & evaluation	June 2023	June 2023	

Next Steps

- First project group meeting due to be held on 26 Jan 2023
- Project implementation plan to be agreed and finalised
- Sub-groups to develop individual plans
- Working group to meet monthly
- Regular updates to be presented to Hospital Management Group, People & Culture Steering group & Staff Network groups