Executive Summary

Report to the Board of Directors

Being Held on 30th June 2020

Subject	Workforce Equality
Supporting TEG Member	Kirsten Major, Chief Executive
Author	Paula Ward, Organisational Development Director
Status[1]	Note and Debate

PURPOSE OF THE REPORT

Having been presented to and discussed at the HR & OD Committee members of the Board of Directors are asked to a) note the activity and b) note that reverse mentoring will be recommencing and this will be open to all Board of Directors members.

KEY POINTS

Following a comprehensive review of the Equality, Diversity and Inclusion (EDI) arrangements at STH in 2018/19 and the creation of the new EDI Board the same year we believe we have shown a commitment to and understanding of the EDI priorities for our staff and patients. The programme of work pre and during COVID-19 has been clearly articulated and agreed by the EDI Board which has continued to run throughout the pandemic.

The letter sent to all Chairs and Chief Executives, attached at Appendix 1, from Prerana Issar, Chief People Officer for the NHS and Dido Harding, Chair of NHS Improvement sets out the call to action for organisations to review how they ensure diverse representation in decision making and workforce equality. This paper provided the HR & OD Committee with an update on how we have already and plan to further strengthen our workforce equality in our COVID-19 command and governance structures in order to enhance levels of diversity representation in leadership and decision-making.

In addition data collections, including those which contribute to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), had to be paused as part of the initial national response to COVID19, however, WRES and WDES implementation including associated data collections is now resuming. STH will prioritise this work through the EDI Board.

IMPLICATIONS[2]

AIM OF THE STHFT CORPORATE STRATEGY 2017-2020		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATIONS

Members of the Board of Directors are asked to note the actions and will be invited to participate in the new reverse mentoring scheme.

APPROVAL PROCESS

Meeting	Date	Approved Y/N

A long list of 27 suggestions on how we can enhance, improve and strengthen levels of diversity representation in leadership and decision-making was generated. The list included ideas from colleagues who work at STH together with some ways of working that are active in other organisations both in Sheffield and across the wider health and social care system.

A short list of ideas has been presented to and discussed at TEG and shared with our Staff Side Chair and core members of our EDI Board. The criteria for shortlisting incorporated:
- maximising the reach across groups, teams, networks and communities of staff
- being based on the principle of being inclusive (not exclusive or divisive)
- hearing first-hand the views, opinions and voices of our staff
- assurance we have the ability to implement the idea at pace
- shared belief that the approach would be meaningful, have gravitas and make a difference.

The approaches that have been agreed and are being adopted are:
1. In addition to the regular meetings with Staff Network Chairs and our Staff Side Chair focusing exclusively on EDI matters, members of TEG will run a series of Staff Listening Sessions for specific / mixed staff groups who identify with protected characteristics or staff who are allies of groups and communities. The Staff Networks are being consulted with to identify how best to establish these Staff Listening Sessions in order to create safe spaces for productive and meaningful conversations about what matters to them. The invitation to attend the sessions will be extended to all staff. These will be scheduled across June – September 2020 and feedback will be sought and then a decision made with our staff about next steps moving into the second half of the year

2. TEG Meetings will now have a monthly agenda item focusing exclusively on EDI. This will be informed by the outputs from the regular meetings with Staff Network Chairs and Staff Side Chair, the outputs from the Staff Listening Sessions, the emerging themes from the new reverse mentoring scheme and the key programmes of work through both the EDI Board and the People Strategy Programme Board. It is likely that members of staff will be invited to attend TEG to present and discuss important topics and support will be given to ensure this is a positive experience for all involved. TEG may decide that specific agenda items need to be raised at Gold Command and this will continue, as it has been, to be actioned as required. The new approach at TEG Meetings will be effective from June 2020

3. We will re-establish the reverse mentoring scheme and extend the scheme to all Staff Network groups and increase the number of Mentors. The Mentees encouraged to participate will also be extended to members of our Management Board as well as our Board of Directors. The initial focus of the mentoring relationships will be based on the impact of COVID-19 on the Mentors and what matters most to the Mentors that STH leaders need to take into account when making decisions and leading the organisation. Although unfortunately the University of Nottingham research programme has never concluded with a final report, our new scheme will be designed incorporating our own internal learning from this previous pilot scheme. The new wider scheme will launch in July 2020

4. We are commencing a corporate and local communications campaign which seeks to *change the EDI conversation*. We are committed to co-producing this with our staff and this will be a topic for discussion at our early Staff Listening Sessions. In the meantime we are already working hard to ensure our communications are more accessible and inclusive following feedback we have received. This work has already started for example with the QRISK3 programme and the COVID-19: Individual Staff Impact Assessment programme and our efforts to continuously improve communication with our staff about their views, ideas and experiences and about EDI and what this means at and for STH will run throughout 2020

5. STH will continue to be proactive in connecting with and leading EDI endeavours across Sheffield, South Yorkshire and Bassetlaw. This currently includes for example membership of the Impact of COVID-19 on BAME Communities - Strategic Group in Sheffield and the Yorkshire and Humber Equality and Diversity Leads Network. We are also firmly connected with national events, communications and toolkits.

The remaining suggestions from the long list and any new suggestions for how we can improve will be regularly reviewed through the work of the EDI Board.

NHS

Publications approval reference: 001559

To: Chief executives of NHS trusts and
foundation trusts
Chairs of NHS trusts and foundation trusts and
CCG Accountable Officers
Chairs of ICSs and STPs

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

Copy to: NHS Regional Directors

19 May 2020

Dear colleagues

Diverse representation in decision making and workforce equality

Firstly, we would like to thank you for all that you and your colleagues are doing to respond to COVID-19 in these incredibly challenging times – we sincerely appreciate the continued dedication and commitment of all **our NHS people** working in organisations across the country.

On Wednesday 29 April, Sir Simon Stevens and Amanda Pritchard wrote to you regarding the second phase of the NHS response to COVID-19. As noted in that letter, there is emerging evidence that the virus is having a disproportionate impact on our black, Asian and minority ethnic (BAME) colleagues.

One of the areas we are focusing on is representation in decision making, which will ensure that BAME and disabled staff have influence over decisions that affect them. Data collections, including those which contribute to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), had to be paused as part of the initial response to COVID19, however, **WRES and WDES implementation** including associated data collections is now resuming

Organisations are also being asked to **review COVID-19 command** and governance structures, for levels of diversity representation in leadership and decision-making.

We know that chairs and non-executive directors are expected to lead internal scrutiny and assurance at all levels, but we would strongly encourage you to tap into the immense talent and resource that already exists within our organisations. This includes equality, diversity and inclusion leads and, where they exist, trained WRES experts.

On Thursday 30 April, we hosted a webinar for more than 240 **BAME staff network leads** from across the NHS. Key themes included:

- **better resourcing of staff networks**
- **giving more power to the networks**
- **ensuring robust connections between staff networks and their boards**

We also hosted a virtual meeting of over 200 disabled staff network chairs and disabled leaders. We will be following up with attendees as a priority to identify what we can all do – both individually and as a collective. Annex A summarises some of the actions that are being taken following this session.

These networks, along with others, are critical to our organisational and system-wide response to the virus. We encourage you to engage and fully utilise the vast wisdom that they hold – and to develop such forums where they do not exist.

By embracing and implementing the key recommendations cited above – as well as our collective passion and commitment to health equality for all, we will be better able to respond to the virus – now and in the months to come.

Over the coming days, the WRES and WDES Implementation teams will be in touch with your organisations regarding the collection of this years' data, as well as obtaining data for your virus response structures.

In the meantime, please accept once again our personal thanks and support for the remarkable way in which you and all **our NHS people** have risen to this exceptional health challenge.

Best wishes,
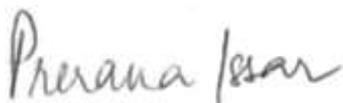
Prerana Issar
Chief People Officer for the NHS

Dido Harding
Chair of NHS Improvement

Annex A

Actions arising from the BAME staff network webinar 30.04.20	
Theme	**Actions** (undertaken or planned)
Health and wellbeing of BAME Staff	• Webinar reaching out to over 1000 staff to explore health and wellbeing needs was hosted - data will be used to tailor and improve the current offer. • A tailored bereavement service for colleagues in the Filipino community will be established within next 10 days.
Disproportionate impact of COVID-19 on BAME community	• Liaising with multidisciplinary group of experts on practical risk assessment tool; considering ethnicity as a factor in conjunction with other conditions (w/c 4 May) • PHE's review of COVID-19's impact on BAME communities commission by Chief Medical Officer (ongoing) • Work is underway to bring together race and health work, research and practice (ongoing) • Webinar with academics on the impact on BAME community scheduled (12/5)
Staff networks and support	• Letter from NHS England and NHS Improvement to NHS organisations highlighting the importance of staff networks (w/c 4 May) • Sharing of resources from the staff network webinar and generally about staff networks, with NHS organisations (w/c 4 May) • NHS England and NHS Improvement to link with Equality and Diversity Council (EDC) to focus on regional BAME staff networks for the purpose of sharing good practice (w/c 4 May)
Data, research and evidence	• Work is underway to bring together race and health work, research and practice (ongoing)
Diversity in decision making	• WRES and WDES implementation (including data submission and publication) will continue in 2020 – letter to the system outlining this (w/c 4 May)

	• Extension of WRES and WDES data collections to include data on the make-up of COVID-19 response structures (goal command and Nightingale hospitals) – letter to the system outlining this (w/c 4 May)
Board diversity	• WRES implementation (including data submission and publication, and implementation of the Model Employer strategy) will continue in 2020 – letter to the system outlining this (w/c 4 May)
Protection of BAME Staff	• NHS Employers risk assessment guidance published (29/4) • Liaising with multidisciplinary group of experts on practical risk assessment tool (w/c 4 May) • Examining evidence from 2 trusts on fit testing processes to inform how to update risk guidance further (w/c 4 May) • Will continue to update guidance as further evidence emerges including PHE's review of COVID-19's impact on BAME communities (ongoing)
Listening and engaging with BAME staff	• Importance of BAME staff networks – letter to the system (w/c 4 May) • Sharing of staff network resources to attendees of the webinar (w/c 4 May) • Collaborative work between WRES team and the FTSU Guardians Office (5 May)
Board leadership and advocacy	• NHS England and NHS Improvement to link with ongoing NHS Confederation and NHS Providers work re: the role of boards, leadership and advocacy (w/c 4 May)
Comms and media	• Comms and media strategy developed • Proactive pieces now on social media, BAME leaders, influencers, radio, television and communication channels • Thank-you video to our BAME workforce, blogs by senior BAME leaders and a range of webinars.