Advancing Workforce Race Equality in Sheffield Teaching Hospitals NHS Foundation Trust: A Precursor Paper

Purpose

This paper is a pre-cursor for the development of a final comprehensive strategic approach to advancing workforce race equality as part of the overall organisational strategy for Sheffield Teaching Hospitals NHS Foundation Trust. It will reflect the national strategic approach for the NHS Workforce Race Equality Standard (WRES), which was established 1st April 2015.

Background

Advancing equality is at the heart of the NHS Constitution values – ensuring that NHS organisations exercise fairness, social justice and equity in all that they do, and that no community or group, whether staff or patient, is left behind in the improvements that are made to workforce improvements, health access and outcomes across local, regional and national level.

These values are at the heart of the NHS Five Year Forward View which sets out a direction of travel for the NHS which depends on ensuring that NHS organisations are innovative, engage and respect staff, and draw on the immense talent in our diverse workforce.

Research and evidence strongly suggest that less favourable treatment of Black and Ethnic Minority (BME) staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients. That is why the WRES was introduced in April 2015 – to help support NHS organisations make the necessary structural and cultural changes needed to advance workforce race equality.

Alongside with 82% of Trusts across England, Sheffield Teaching Hospitals NHS Foundation Trust submitted their WRES baseline data return in July 2015. We know from the WRES 2015 Data Analysis Report for NHS Trusts that no one organisation is doing well across all indicators for BME staff experience and opportunities, and Sheffield Teaching Hospitals NHS Foundation Trust is no different.

However, as a Shelford Group Trust with committed leadership, this Trust has strong foundations for leading the way on continuous improvement on this agenda. This paper will focus specifically upon where Sheffield Teaching Hospitals NHS Foundation Trust currently is with regard to WRES performance and will make recommendations for the strategic approach to help establish and maintain the cultural and transformational change required in this area.

Sheffield

Sheffield sits in the metropolitan area of South Yorkshire and at the last count there were 563,749 people living there. Sheffield is an ethnically diverse city, with around 19% of its population from black or minority ethnic groups, 107,112 people. The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities. In recent years Sheffield has seen an increase in the number of overseas students and economic migrants from within the enlarged European Union

Key Issues: the data

Sheffield Teaching Hospitals NHS Foundation Trust's WRES data for 2015 presents an accurate and realistic picture on the Trust's positioning with regard to (i) the comparative experience of its BME and White staff, and (ii) the comparative opportunities for its BME and White staff. In particular, the WRES data show the following summary points:

Sheffield Teaching hospital has just over 16,000 staff working in the organisation

- **12.6% of the total workforce is of BME origin**, which is just under 2000 members of staff (compared to 19.0% of general BME population of Sheffield.

- Within the Trust, **5.0% staff in Bands 8-VSM are BME**. This figure is likely to be due to be skewed by senior clinical staff of BME origin.

- The relative likelihood of **BME staff are 1.35 times more likely to enter the formal disciplinary process**, compared to that of White staff.

- BME staff (17.0%) are **less likely to experience harassment from patients, relatives or the public**, as compared to White staff (23.0%).

- BME staff are **more likely to report harassment from other staff** (24.0%:19.0%); **and discrimination from manager** or work colleague (15.3%:6.9%) compared to White staff.

- BME staff are **less likely to report that the Trust provides equal opportunities** (68.0%:93.0%).

- The Trust has established a **"*BME Listening into Action Group*"** which seeks to develop and promote best practice across the organisation.

- There are **no BME executive Board members**. External relationships with partner NHS organisations with regard to 'equality' are very good.

Accessing data and evidence by ethnicity for each of the 9 WRES Indicators should not be a challenge for the Trust. Typically, data required for WRES indicators 1-4 and 9 can be sourced from the Electronic Staff Record. The Trust needs to develop a mechanism for collecting data and information with regard to non-mandatory

training and CPD opportunities by ethnicity (WRES Indicator 4); however, the Trust acknowledges this gap and this is part of its action plan going forward.

The NHS Staff Survey (or local equivalent) presents the data required for WRES Indicators 5-8. It is increasingly stressed that organisations should move from conducting the NHS Staff Survey with a sample of their workforce, to carrying out a full survey across the whole of their workforce. Sample surveys often result in data reflecting small sample size, especially when this is further disaggregated by ethnicity, thus questioning the validity of the data. Data also indicate BME staff as being less likely to take part in staff surveys; the Trust is therefore strongly encouraged to increase response rates amongst all staff, and to have a concerted focus upon BME staff groups.

As noted above, Sheffield Teaching Hospitals NHS Foundation Trust already has good relations with external partner NHS organisations and has established an internal BME staff group. The Trust's WRES data and draft action plans can, in the first instance, be reported to its local interests including:

- Governors and members of Foundation Trust;
- Staff, BME staff networks/groups, local unions and other organised staff groups;
- Local equality groups including Race Equality Councils or Equality Councils;
- Peer-reviewed by other, similar, NHS Trusts.

With regard to the final bullet-point above, Sheffield Teaching Hospitals NHS Foundation Trust should look to compare not only its own progress in reducing the gaps in treatment and experience over time, but to make comparisons with similar types of organisations on the overall level of such progress. Being a member of the Shelford Group of NHS Trusts will be an advantage to the Trust and an opportunity that it should look to exploit.

Key Issues: culture and learning from the data

We know that work on the WRES, and race equality in general, will only make an impact when it is located within mainstream business and governance structures, and when NHS Boards and senior leaders lead the way through not only what they say but also what they do within and outside of their organisations. Without any exception, this must apply to every member of Sheffield Teaching Hospitals NHS Foundation Trust's Board. Indeed, this is a precursor to any kind of success on this agenda.

Board-level sponsorship and support of this work, allied with shared ownership across the organisation, is essential if organisations are to meet their contractual and legal equality requirements, the expectation of regulators, the aspirations of staff and the best interests of their patients. However, for this to happen the Trust will require a transformational and cultural shift. This is particularly important as the WRES is designed to challenge the leadership of the organisation to positively demonstrate their own commitment to equality and inclusion, and in particular, to race equality.

The organisation will need to work hard and extensively to move towards the cultural shift. An open mind and an honest heart will be needed on the journey – but more than that, resources will need to be invested by the leadership of the Trust. The resources should be spent on (i) engaging the organisation on this agenda; (ii) supporting the organisation; and (iii) embedding within the organisation. These 3 core strands will be at the heart of the strategic approach to implementing workforce race equality within Sheffield Teaching Hospitals NHS Foundation Trust.

1. <u>Engaging the organisation</u>

1.1 Communications – ensuring timely and effective communications throughout Sheffield Teaching Hospitals NHS Foundation Trust. This will help ensure that Trust staff, at all levels of the organisation, are fully informed and updated on the agenda and programme of work.

   Proposed deliverables:
   ➢ Cross-organisational communications and engagement plan for the agenda
   ➢ Ensure effective and timely communications messages are delivered across the Trust

1.2 Champions – empowering staff within the Trust to become 'champions' on the agenda – creating a thriving network of ambassadors that will help embed the agenda across Trust directorates.

   Proposed deliverables:
   ➢ Train and develop 'champions' within each of the Trust's directorates
   ➢ Creating and improving means through which the voice, opinions and views of the workforce, from all backgrounds and situations, can be accessed and heard by the Board

1.3 Social movement – developing a meaningful social movement on the agenda across the Trust. This will be important in helping to create the cultural shift on the race equality agenda; it will help ensure that the agenda is developed and owned by Trust staff.

   Proposed deliverable:
   ➢ Develop and support social media tools to help drive organisation-wide social movement on the agenda

2. <u>Supporting the organisation</u>

2.1 Research, data and intelligence – the Trust should lead the way in supporting the development of innovative research and development. This will help the Trust to establish relevant and needed tools and resources for WRES implementation and for the race equality in general.

   Proposed deliverable:
   ➢ Commission and/or help contribute to research on the relationship between diversity of workforce and patient outcomes within the Trust

2.2 Advice, knowledge and guidance – ensuring all parts of the Trust are provided with appropriate and relevant guidance, advice and knowledge to be able to contribute towards the organisations' implementation of the WRES.

Proposed deliverables:
➢ Develop and support social media tools to help drive organisation-wide social movement on the agenda
➢ Hold themed workshops and seminars to support the organisation – helping to impart advice, knowledge and guidance

2.3 Effective system alignment – ensuring that the Trust's key policies have WRES and workforce race equality embedded at their core and that there is meaningful alignment between the policies on this agenda.

Proposed deliverables:
➢ Embed the WRES, and the agenda as a whole, within the organisation's key policy levers and documents: Annual Report; Corporate Governance Statement etc.
➢ Infuse key themes within leadership speeches and messages to the Trust workforce

3. Embedding within the organisation

3.1 Identifying and sharing good practices and processes – exploiting opportunities for radical change in workforce race equality by identifying replicable good practice and processes that advance the agenda. This will include working with peer NHS organisations and the national WRES Implementation Team.

Proposed deliverables:

➢ Identifying and establishing good HR practices and processes that help to advance BME experience and opportunities at all levels
➢ Creating a talent pipeline – a development programme which supports diverse talent to thrive, develop and realise its potential at all levels of the organisation
➢ Identifying approaches that will help with the recruitment of BME executive (and non-executive) members on the Trust Board

3.2 Benchmarking levels of progress – ensuring that the Trust's level of continuous improvement against the WRES indicators, and on this agenda in general, is understood and monitored over time. Benchmarking against similar NHS organisations, including where appropriate, the Shelford Group of Trusts.

Proposed deliverables:
➢ Develop effective benchmarking within and beyond the Trust – ensuring a robust methodology that supports continuous improvement over time
➢ Establishing links with similar 'peer' NHS organisations across the country, including with the Shelford Group

3.3 Evaluation and sustainability – assuring that the agenda and programme of work is evaluated and that learning is taken from the evaluation to help sustain and

embed the work within then architecture of the organisation. Sharing learning across local, regional and national level will be important.

Proposed deliverables:
➢ Establishing a robust methodology to evaluate the programme of work to advance workforce race equality, to help ensure learning and sustainability
➢ Ensuring that the WRES is built into the future business planning of the organisation

Timeframes and next steps

The above draft programme of work has been scoped for a period of implementation across a 3-year period, in the first instance. In order for it to be further developed and crystallised, the Sheffield Teaching Hospitals NHS Foundation Trust Board is asked to consider the above approach and agree in principle, with the knowledge that the exact detail of the approach is open to discussion.