NHS
Sheffield Teaching Hospitals
NHS Foundation Trust

Improving workforce race equality:

A system wide approach

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01 Foreword

I am privileged and proud to be the Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust. As one of the largest NHS foundation Trusts in the country, we employ over 16,500 people, of which one in eight is from a black minority ethnic (BME) background.

As well as wanting to provide our patients with the best possible care, we want our staff to feel valued, included and respected. Over the past few years we have invested time in listening to our staff, encouraging them to get involved in making change for the better and improving staff health and well being services.

We know from this work, and by looking at our workforce race equality data that we can also make further improvements to the experience of our BME colleagues. For example we are particularly keen to see a difference in the make up of our leadership community and indeed Board membership where currently we do not reflect the diversity of the communities we serve. Common sense and decency, backed by research tells us that a representative and fully inclusive workforce will lead to higher staff satisfaction as well as quality patient care, patient satisfaction and patient safety.

It was with this in mind that we invited our BME colleagues to give us their views on how we take this work forward and I am delighted that we have had the invaluable support of Yvonne Coghill, Director of the NHS Workforce Race Equality Standard (WRES) Implementation team to guide us on this very important journey. This document highlights the work that has been done so far in helping us to achieve our strategic ambition.

Sir Andrew Cash OBE
Chief Executive,
Sheffield Teaching Hospitals NHS Foundation Trust

02 Preface

On 20 June 2016 at the WRES conference in his keynote speech on race equality, Lord Prior of Brampton, Minister for Health said, "fine words butter no parsnips".

In other words paying lip service to an issue is easy, demonstrably doing something about it is another matter. The 'doing' in the case of race equality is steeped in complexity, and means people often move outside of their comfort zone in order to make others aware of their stance on the issue and their intentions to make a positive change for the better.

This is why I particularly admired Sir Andrew Cash when he invited me to work with him and colleagues at Sheffield Teaching Hospitals NHS Foundation Trust to explore how how they could listen and respond to their BME colleagues and make positive change which would impact on staff satisfaction and patient care.

Sir Andrew Cash and his Chair Tony Pedder, acknowledge there is work to be done in improving workforce race equality within the organisation.

I was delighted to work with staff to develop the system-wide strategy and put evidence based best practice into place.

Although it is still early days, this report sets out, in detail, the interventions being undertaken in order to progress the agenda in what is a large acute Trust. I would like to thank Sir Andrew Cash, Tony Pedder and the wonderful staff at Sheffield Teaching Hospitals NHS Foundation Trust for giving me the unique opportunity to work with them to help develop a strategy to take this important work forward.

Yvonne Coghill OBE
Director of NHS WRES Implementation,
NHS England

03 Introduction

Change is challenging. With all the good intention in the world it is never easy. But the change we are working towards, on workforce race equality, is not a change for the sake of it; there is a moral, legal, financial and quality case for change. In Sheffield Teaching Hospitals NHS Foundation Trust we are aiming to make a real difference when it comes to race equality and inclusion.

Advancing equality is one of the foundations of the NHS Constitution – ensuring that the NHS exercises fairness, social justice and equity in all that we do. No community or group, whether staff or patient, should be left behind in the improvements that are made to the workforce, health access and outcomes across local, regional and national levels.

These values and principles are also at the heart of the NHS Five Year Forward View which sets out a direction of travel for the NHS. In present times NHS organisations need to be even more innovative than ever before. They need to engage with and respect staff, and draw on the immense talent within our diverse workforce and across our communities.

Research and evidence strongly suggest that the less favourable treatment of black and minority ethnic (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 Workforce Race Equality Standard (WRES) was introduced in April 2015 – to help support NHS organisations make the necessary structural and cultural changes needed to advance workforce race equality.

Along with all other NHS Trusts across England, Sheffield Teaching Hospitals NHS Foundation Trust submitted their WRES baseline data return in July 2016.

We know from the WRES 2015 Data Analysis Report for NHS Trusts that no one organisation is doing well across all WRES indicators for BME staff experience and opportunities, and Sheffield Teaching Hospitals NHS Foundation Trust is no different. With this in mind, the need for organisations like ours to have a real focus in this area is not just about improving the worklife experience and opportunities for our BME colleagues but equally as important, it is about providing the best possible care for the community and people we are duty and vocationally bound to care for.

The best NHS boards understand and are beginning to act on this powerful evidence. The work being carried out at Sheffield Teaching Hospitals NHS Foundation Trust is the first step towards that goal.

This report will look at the evidence-based approach we have developed. As we continue to implement it, we believe we can facilitate continuous improvement on the workforce race equality agenda, and in doing so, improve the experience of our colleagues as well as the care of our patients and service users.

04 Approach to implementation

Our locality

Sheffield is a city and metropolitan borough in South Yorkshire. At the last count there were 563,749 people in the area. Sheffield is an ethnically diverse city, with around 19% or 107,112 people of its population from black and minority ethnic groups. The largest BME group is the Pakistani community.

The rest of the BME population is made up of 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.

The Trust's WRES data for 2015/16 show that:

WRES indictaor	Indicator Description	Ethnic Group	2014/15	2015/16	National average 2015/16
Indicator 1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	White	12.75%	12.61%	7%
		BME	5.02%	5.00%	
Indicator 2	Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	White	1.35	1.56	1.57
Indicator 3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	BME	1.60	1.35	1.56
Indicator 4	Relative likelihood of white staff accessing non mandatory training and CPD compared to BME staff	White	1.22	Not Available	1.11
Indicator 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	22%	23%	28%
		BME	28%	17%	29%
Indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	20%	19%	24%
		BME	24%	24%	27%
Indicator 7	Percentage believing that Trust provides equal opportunities for career progression or promotion.	White	93%	93%	89%
		BME	61%	68%	74%
Indicator 8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager, team leader or other colleagues?	White	5%	7%	6%
		BME	19%	15%	14%
Indicator 9	Percentage difference between the organisations' board voting membership and its overall workforce	White	100%	100%	7.10%
		BME	0%	0%	

4.1 Methodology

As with anything that needs to change or to improve, evidence is the foundation for success. A number of organisations and researchers over the years have published reports that have highlighted a need for change in the NHS: to be more inclusive and to improve on workforce race equality.

There is a rich evidence base on what works in order improve workforce race equality in organisations. Dr David Williams, Harvard Professor, cites work undertaken at the University of Michigan, the outcome of which state that in order for the culture in organisations to improve on workforce race equality, organisational attention needs to be paid simultaneously to ensure that there exists:

- Demonstrable and robust leadership
- Accountability
- Mandated metrics (e.g. WRES indicators)
- Meaningful and sustained communications
- Visible role models
- Resources and support

Research tells us that the implementation of a strategy that covers the cited areas across the whole organisation, over a sustained period of time (a minimum of five years), can produce continuous and system-wide improvements in the workforce race equality and in doing so improve the experiences and opportunities for all staff.

The work at Sheffield Hospitals NHS Foundation Trust is underpinned by the international evidence from major change programmes on workforce equality, focussing upon what works and mirroring the strategic approach illustrated.

05 Leadership

5.1. Inclusive leadership

Work on the WRES, and on the race equality agenda generally, will only make a difference when it is positioned within the mainstream business and governance of the organisation. Sheffield Teaching Hospitals NHS Foundation Trust is committed to ensuring that the Board and senior leaders of the organisation lead the way in what they do within, and beyond, the organisation. The WRES has helped the organisation encompass an evidence-based approach with good intentions to make a real impactful difference on this agenda.

We know that successful equality, diversity and inclusion work, including work to implement the WRES, requires specialist advice and support. It is increasingly recognised that without good leadership, work on this agenda is very often short-lived, or at best, has little organisation-wide impact. This is particularly important as the WRES may well challenge the leadership of the organisation to positively demonstrate their own commitment to equality and inclusion, and in particular, to race equality.

Without a doubt, leadership and direction are the most important components when trying to make a positive impact on the culture in an organisation with regards to race equality. The effort and energy put into ensuring that senior leaders in an organisation are aware of the issues and the complexity of race equality is time well spent. Demonstrable and committed leadership on the issue of race is a key component for success of any implementation plan to improve race equality in an organisation, therefore the relationship between the equality and diversity lead in a Trust and the senior leadership of the organisation is a critical one.

A subject matter expert that is knowledgeable in the area of workforce race equality is essential to help the Trust devise and deliver a successful strategy. The individual must be able to influence and have the ability to work comfortably with board members and senior leaders. We know that knowledge and credibility is a prerequisite for anyone supporting an organisation to make positive changes on this complex agenda.

5.2. Gaining the support of Board members and the senior leadership team

The first meeting with members of the Board was a pivotal moment on this agenda. Strong leadership and support at the top is, and always will be, a prerequisite for a strategic plan to improve race equality in the organisation.

Over a six month period, Yvonne Coghill attended two Board meetings and two Trust Executive Group (TEG) meetings. These meetings were designed to introduce the subject of race equality to the Board, present the evidence for change and to take questions about the development of a race equality strategy

In July 2016, the Trust Executive Group was presented with the organisation's WRES results as evidence for why a new race equality strategy was needed. With both decision making bodies in the Trust in agreement for a need for change, the next meetings were used to discuss strategy and gain consent and endorsement of the proposed plans.

These meetings took place in February 2017.

Individual meetings also took place with Board and Executive Directors for input and views and the expression of honest and frank opinions. This did not just prove useful and gain endorsement, but it gave a chance to build and solidify relationships.

The next step was to discuss the WRES agenda and emerging strategy with the senior leadership team within the Trust. Dedicated sessions were included on the Trust's Operational Board and Clinical Management Board meetings. The teams were provided with clear data and analysis to support their understanding of the issues and feedback was gathered in terms of required next steps and actions.

After all the proposals were reviewed, the strategy to improve workforce race equality was endorsed by the Board with a key recommendation that the work is led by the Chief Executive. Having the Chief Executive as the senior responsible officer for the work sent a strong message to the organisation that the subject is being taken seriously and that there was support for the work from the very top of the organisation.

The WRES data has enabled Sheffield Teaching Hospitals NHS Trust to focus on what "good" looks like and on how "good" may be achieved and maintained. WRES data helps to point towards the direction of focus and attention required to make continuous improvements on the workforce race equality agenda. Implementing the WRES is not an academic or "tick-box" exercise at the Trust. Instead, the WRES action plan and strategy, strongly reliant on data underpin the operational focus for the organisation.

Balbir Bhogal
Performance and Information Director
Sheffield Teaching Hospitals NHS Foundation Trust

06 Accountability

6.1. Internal accountability

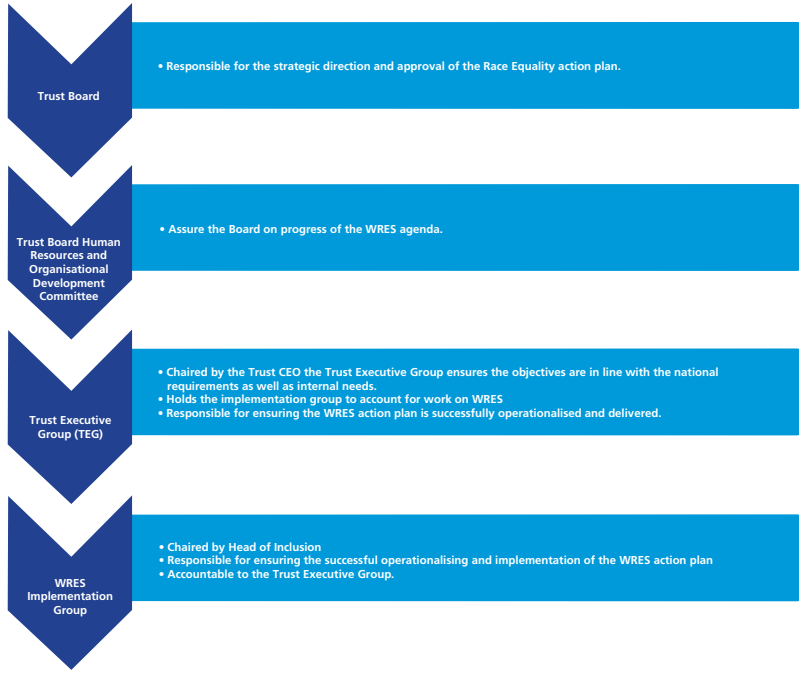
The WRES is mandated by NHS England and this means providers of NHS services are required to report annually against the nine WRES indicators. Alongside the Equality Delivery System for the NHS (EDS2), the WRES can help contribute towards organisations in their response to the Public Sector Equality Duty of Equality Act 2010.

Sheffield Teaching Hospitals carries out this process using the UNIFY 2 system of central data returns. As part of that process, the Trust ensures that the WRES data are correct and accurate.

In order to begin to take the WRES work forward a number of internal governance mechanisms are being put in place. The Chief Executive is the lead for this agenda within the Trust. The governance and the accountability for ensuring objectives are met lies within his portfolio.

The Trust has set up a WRES implementation group which is responsible for ensuring the objectives in the action plan are carried out. This group will take responsibility to report regularly to the Trust Executive Group. The Trust Executive Group report upwards to the Human Resources and Organisational Development Committee of the Board, which in turn provides assurance to the Trust Board.

A series of quantative and qualatative metrics are being devised to measure and evaluate progress against the objectives set out in the action plan.



6.2. External accountability

NHS Trusts are held accountable by mandates, commissioners, regulatory authorities, and are bound by legislation. The WRES features in a number of policy levers, including the NHS standard contract, and like other NHS providers, Sheffield Teaching Hospitals NHS Foundation Trust also has external accountabilities for the WRES.

6.2.1. NHS Standard Contract

Since April 2015, the WRES has been included in the full length NHS Standard Contract, which is mandated for use by NHS commissioners when commissioning non-primary health services. Service Condition 13.6 of the NHS Standard Contract 2017/18 and 2018/19 states the following in relation to the WRES:

The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.

6.2.2. Care Quality Commission inspections

Since April 2016, progress on the WRES is considered as part of the "well led" domain in the Care Quality Commission's (CQC) inspection programme for NHS hospitals.

The organisation's completed WRES Reporting Template and accompanying action plan are analysed as part of the evidence used in the inspections. In addition, CQC inspectors also engage with the hospital's BME staff.

In 2016, Sheffield Teaching Hospitals NHS Foundation Trust was inspected by the CQC and was rated as 'Good' overall in all five domains. This included a 'Good' rating for the 'well-led domain'.

6.2.3. CCG Improvement and Assessment Framework

The CCG Improvement and Assessment Framework requires clinical commissioning groups (CCGs) to give assurance to NHS England that their providers are implementing and using the WRES. Implementing the WRES, working on its results and subsequent action plans is part of contract monitoring and negotiation between the CCG and the Trust.

The CCG Improvement and Assessment Framework requires the CCG, in their role as commissioners of NHS services, to provide data from the Trust in relation to reported harassment, discrimination and equal opportunities between white and BME groups in the workforce. The data are based upon responses to the NHS staff survey (KF25, KF26, KF21, Q17b).

6.2.4. The Public Sector Equality Duty

A number of characteristics are protected by the Equality Act 2010; these include the characteristic of race (plus nationality and ethnic origin). The WRES itself seeks to focus upon that particular aspect of equality.

In conjunction with other equality tools such as the Equality Delivery System for the NHS (EDS2) – an initiative that helps NHS organisations improve their performance for patients, communities and staff in respect to all characteristics protected by the Equality Act 2010 – the WRES helps organisations to respond to the Public Sector Equality Duty (PSED).

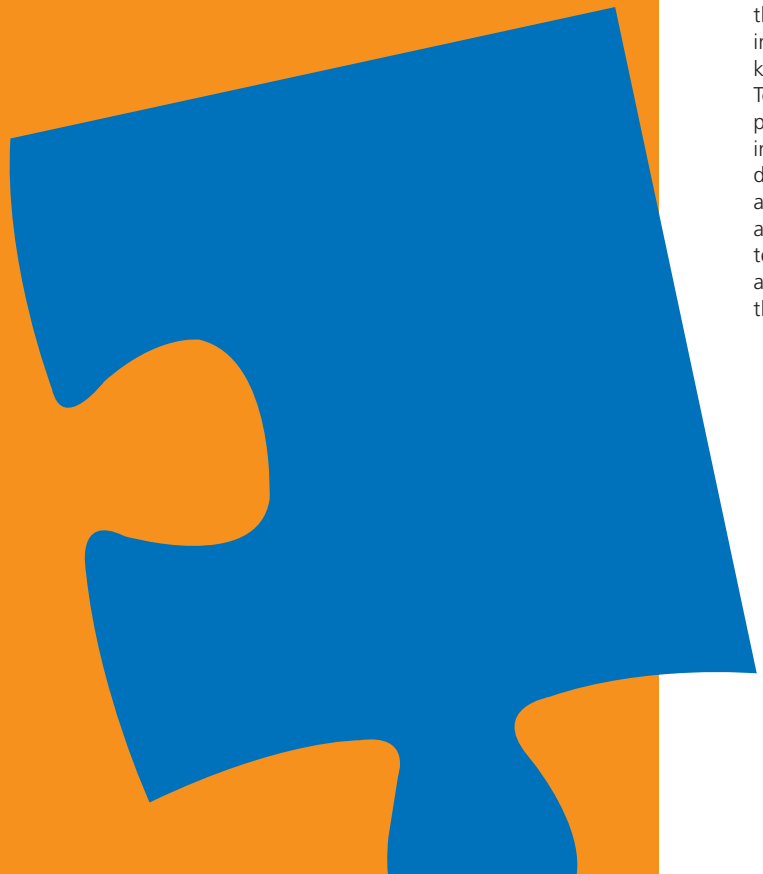
Together with data and information covering the other characteristics given protection by the Equality Act, the WRES helps the Trust meet the general duty: to eliminate discrimination, harassment, and victimisation; advance equality of opportunity; and foster good relations. Its use also contributes towards the Trust's response to meeting the specific duties of the PSED, namely to:

- Publish equality information (including that of the workforce) at least annually
- Prepare and publish specific and measurable equality objectives at least every four years

We aim to embed the work on the WRES within the Trust's mainstream business and governance structures. The Board and senior management are committed to leading the way through not only what they say, but also what they do within and outside of the organisation. Internal governance, as well as external regulation through the CQC inspection of the Trust's performance against the WRES indicators, will help the organisation to improve its performance in relation to workforce race equality. Improving our performance on these metrics will be to the benefit not only of our staff but will ensure we deliver better services for our patients and within our communities.

Kirsten Major
Deputy Chief Executive
Sheffield Teaching Hospitals NHS Foundation Trust

07 Data & evidence



7.1. Understanding the organisation' context

Sheffield Teaching Hospitals NHS Foundation Trust has a financial budget of over £1 billion, over 16,500 employees and is one of the largest employers in the Yorkshire and Humber region. The local population of Sheffield consists of 19% BME, but compare that figure to the Trust BME workforce of 12.75% and we see an underrepresentation. This is unusual in the NHS as the majority of other organisations have a larger BME workforce than in the local population it serves.

7.2. Importance of the analyst role

The Trust has an analyst who leads on equality and diversity and is passionate about the WRES. He has been involved from the start in the work around the WRES and is extremely knowledgeable on the content of the WRES Technical Guidance 2017. From an organisation perspective, it is important that the analyst is involved in all WRES matters and not just the data, as this gives contextual understanding and an awareness of current issues facing the agenda. The analyst must also have proficient technical skills to allow them to effectively analyse the data in great detail, this is paramount.

7.3. Analyses of the data

For the purpose of analyses, a good starting point would be to analyse the data by directorates, staff groups and pay bandings. An example of how the Trust has done this can be seen in annex 1. This report is useful because by using conditional formatting to highlight where BME percentages fall below a set target we can see at a glance where there are differences. This kind of report could prompt further investigation in order to explain those differences. This level of detail is available for most NHS organisations via ESR reports.

Some people find it more useful to have data in a graphical format, so at the Trust they used horizontal bar charts to show the percentage of BME staff in each pay banding, for clinical and non-clinical. An example of how the Trust has done this can be seen in annex 2. This can also be done for directorates or staff groups.

7.4. Benchmarking

The Trust has internally benchmarked WRES data for each directorate in order to highlight areas with low/high BME numbers. An example of how the Trust has done this can be seen in annex 3.

7.5. Monitoring and accountability

The dashboard has directorate level detail and has three distinct sections, these being:

Section 1 - WRES variances and score

Shows data for indicators 1-8 and gives an overall WRES score, which is based on the summation of the variances between white and BME staff. The idea is that as you start to close the gap on the variances the WRES score will change. The Trust would be looking for a WRES score of 0.00%. Indicators 1-4 could be refreshed periodically, but as indicators 5-8 are taken from the staff survey this can only be done annually.

Section 2 - Trend analysis

The WRES score and BME staff in post percentage are monitored over a retrospective twelve month period to show a trajectory. This is useful because it will highlight the direction of travel, both negative and positive.

Section 3 - BME percentage

BME staff in post percentage by staff groups and pay banding. Conditionally formatted to highlight where BME staff are underrepresented.

It should be noted that these examples are not exhaustive by any means; they are there to give an understanding of the issues faced at Sheffield Teaching Hospitals NHS Foundation Trust. For data protection purposes dummy data has been used.

7.6. Understanding the audience

Sheffield Teaching Hospitals NHS Foundation Trust is a large and complex organisation, which includes, 10 care groups and 37 directorates. In order to ensure there is system-wide progress on the WRES relevant detailed reports will be presented the management teams of each Care Group. The plan is to meet with all 37 directorates, talk about their WRES data with a view of developing individual action plans that fit vertically with the organisation's WRES strategy.

7.7. Internal systems and data sources

Sheffield Teaching Hospitals NHS Foundation Trust has robust systems in place to ensure that data is captured and the quality is continually improved. The main system for recording information is ESR. However, other systems such as NHS Jobs or internal Microsoft Access databases are used. The following table shows the data sources used for each WRES indicator and a broad description of how the sources are derived:

WRES indicator	Data Source	Notes
AFC band / VSM	ESR	Uses a staff list from DISCO/BI that links to a mapping table using ESR pay scale to produce a WRES banding group.
Recruitment	NHS Jobs	Uses standard pre-set reports from NHS Jobs. Directorates must be used effectively.
Disciplinary	MS Access Database	Uses internal databases to record casework information (includes equality and diversity data).
Training	ESR/PALMS	Uses a combination of ESR and internal databases. Developments are underway to ensure we are capturing more training data
Culture / experience	NHS Staff Survey	Uses data from the full staff survey results. Uses Investigate (via Capita) to access data. Investigate was designed collaboratively with the Trust and Capita and further development have continued. Ensures directorate structures are consistent when the initial staff list is sent to Capita.
Board BME representation	ESR	Ensures staff are coded correctly on ESR.

Below is a summary of the common challenges that analysts working on the WRES may encounter:

- Having senior leaders that are reticent to explore data because it may paint a negative picture towards BME employees and/or the organisation (but we cannot improve what we do not know)
- Not knowing the context for the reporting or data analysis required. (without context reporting is less effective)
- Poor data quality. (quality data is the truth, the whole truth, and nothing but the truth and without it your reports are useless. Capture it, cleanse it and maintain it)
- Protected time to develop reports and dashboards (without protected time analysts will not be able to deliver dashboards or reports that are useful)
- Not using ESR to record information like recruitment, training or disciplinary data (if systems are not in place to record the correct information these should be developed)
- Not issuing the NHS staff survey across the entire workforce (organisations should survey all of their workforce in order to get a more accurate picture of staff experience)

7.8. Quality Improvement (QI) methodology

Sheffield Teaching Hospitals NHS Foundation Trust is proud to be one of five NHS Trusts selected to develop and implement a Quality Improvement (QI) initiative which impacts positively on the Workforce Race Equality Standard (WRES). This work began in January 2017. Although the WRES contains a number of indicators, the focus for this particular QI exercise is upon recruitment. In 2016, the Trusts data for this specific indicator confirmed that white applicants were 1.35 times more likely to be successful after shortlisting than BME counterparts.

7.9 Getting started with QI

A Working Task Group was established with represetatives from HR and Service Improvement. It was agreed at the early stages, that a multidisciplinary team would help the work progress at pace.

This group was formed to include different views from colleagues involved in recruitment and more importantly to include colleagues from a BME background. The group members were drawn from service improvement, recruitment, learning and development, workforce information and representation from the Nurse Directors group.

To maintain the momentum, group meetings were scheduled weekly. To improve productivity and effective use of time, we enlisted the support of a microsystems coach from service improvement.

Their team have used effective meeting skills to allow all participants having the opportunity to have a role in the meeting at some point.

The team use three roles to help structure the meeting – Leader, Timekeeper and Note-taker. This is agreed at the beginning of the meeting with an evaluation at the end scoring the actual meeting on a scale of 1 – 10 (10 being the best). This allows the facilitator to ensure that the meetings are achieving their objectives and the team are happy with the progress and pace. A Sharepoint site has also been set up to collaborate with colleagues and partners, to store data, documents, meeting minutes and any other information that needs to be shared with the team.

7.10 What are we trying to accomplish?

Using the Institute for Healthcare Improvement Model for improvement (Figure 2) as a framework, the team considered the question: 'What are we trying to accomplish?' Due to the short time frame of the project, it was decided that the group would initially focus on WRES indicators 1 – 4, as these were more process driven and therefore timely progress could be made in the short term.

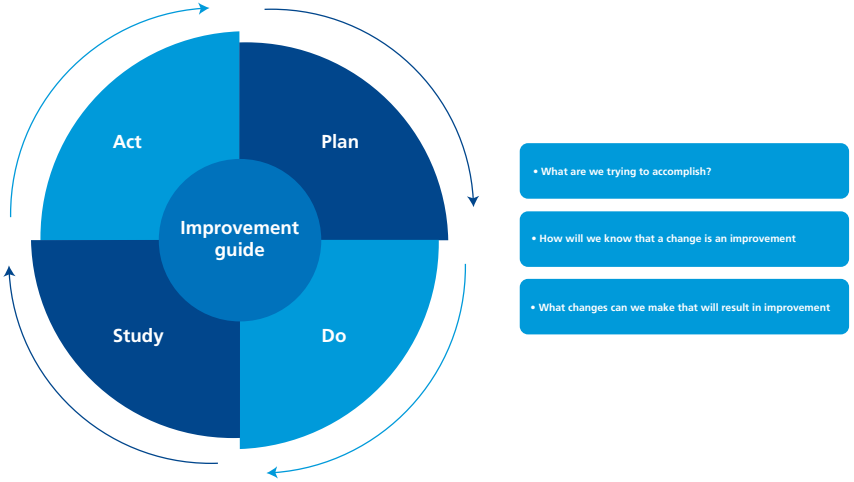


Figure 2

Langley J, Nolan K, et.al. The Improvement Guide. 2nd Edition. San Francisco: Jossey-Bass.

By following QI methodology, the team have reviewed the data (Figure 3) to gain a better understanding of the problem they were trying to improve.

From the graphs it is clear that white candidates have a higher likelihood of being appointed.

The group then decided to focus on WRES indicator 2 – *Relative likelihood of staff being appointed from shortlisting across all posts.*

This indicator was chosen for a number of reasons, primarily because it is an area that both employees and managers can relate to, there are already a number of controls in place which will allow us to examine process carefully, recruitment is a regular event which provides opportunity for frequent review and finally if the Trust are to improve overall in terms of the WRES and is it critical that we establish a diverse workforce, respectful of nationality which means that recruitment patterns must be considered.

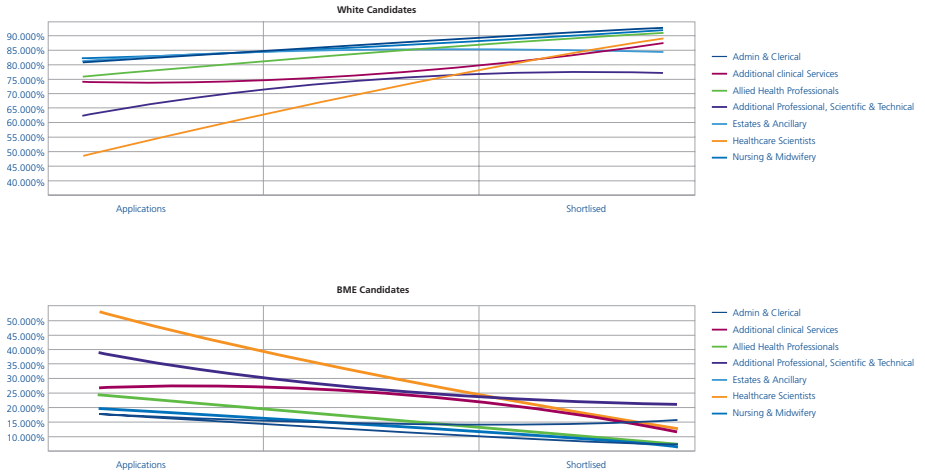


Figure 3

The group considered options and agreed to focus attention on the assessment centres for entry level staff, clinical support workers and administrative and clerical, Agenda for Change band 2 roles. This defined group provides regular activity and opens the process to a wide range of candidates as their roles naturally attracts a high proportion of external candidates.

It is important to remember that analysts are responsible for taking raw data and transforming it into meaningful information in order to improve business performance. Sometimes that information will be contentious, but we cannot improve what we don't know and what we don't show.

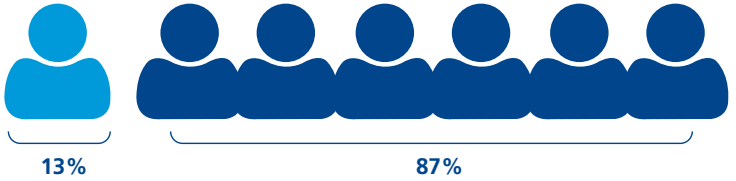
Richard Watson
Workforce Analyst
Sheffield Teaching Hospitals NHS Foundation Trust

7.11. How will we know a change is an improvement?

After agreeing on the areas for improvement, key milestone were set:

- To ensure that our workforce at Sheffield Teaching Hospitals is representative of the population we serve (19%).

Present workforce



Representative workforce

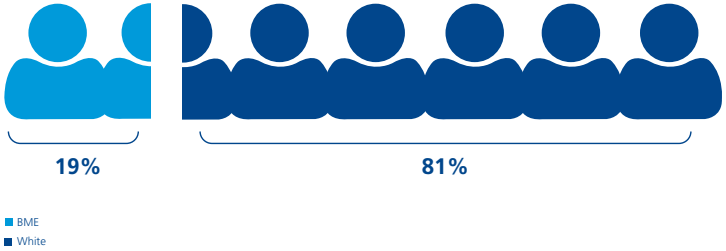


Figure 4

The team do acknowledge that this will not be achievable within the scope of the project; however the group were clear that they wanted to use the opportunity to create a legacy and wanted to set a global aim that they want to achieve over the coming years. The group then agreed on a specific aim that fitted within the time constraints of the project and also provided a measureable outcome.

- We aim to have the same proportion of BME staff appointed as are short listed from each Agenda for Change band 2 assessment centre at Sheffield Teaching Hospitals by January 2018.

By setting a specific aim has helped the team to focus on changes of practice that can show an impact in a relatively short space of time.

7.12. Initiating continuous improvement

Before starting to consider ideas for improvement, it was important that the team understood the issues and problems within the recruitment process. Therefore the first step was a meeting dedicated to understanding the process that the candidates go through from application to appointment.

This session helped the team to gain a deeper understanding of the process, and also raised some questions that may have not been highlighted without the group input. Following on from the process mapping session, the team then started to think about the problems that they felt could be impacting on the likelihood of BME candidates being appointed at Sheffield Teaching Hospitals NHS Foundation Trust. In order to generate as many ideas as possible the team brainstormed the issues/problems (secondary drivers) using post-it notes, which they then grouped into themes (primary drivers).

Following this session the team then went onto brainstorm change ideas. From this information they then constructed a driver diagram (figure 6.) which has helped them to understand the breadth of the problems, and also links it back to the overall aim, in addition it has provided them with a tool to track the progress of the project.

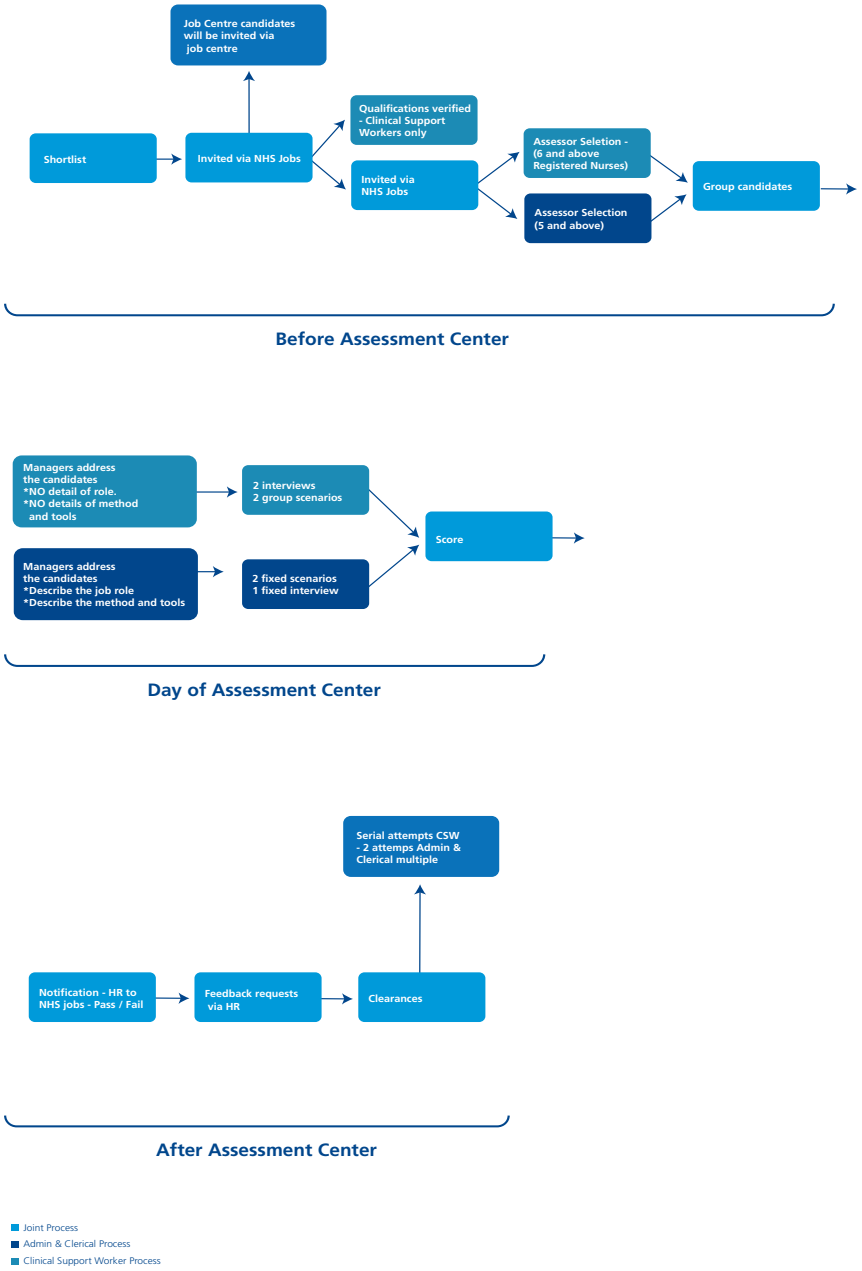


Figure 5

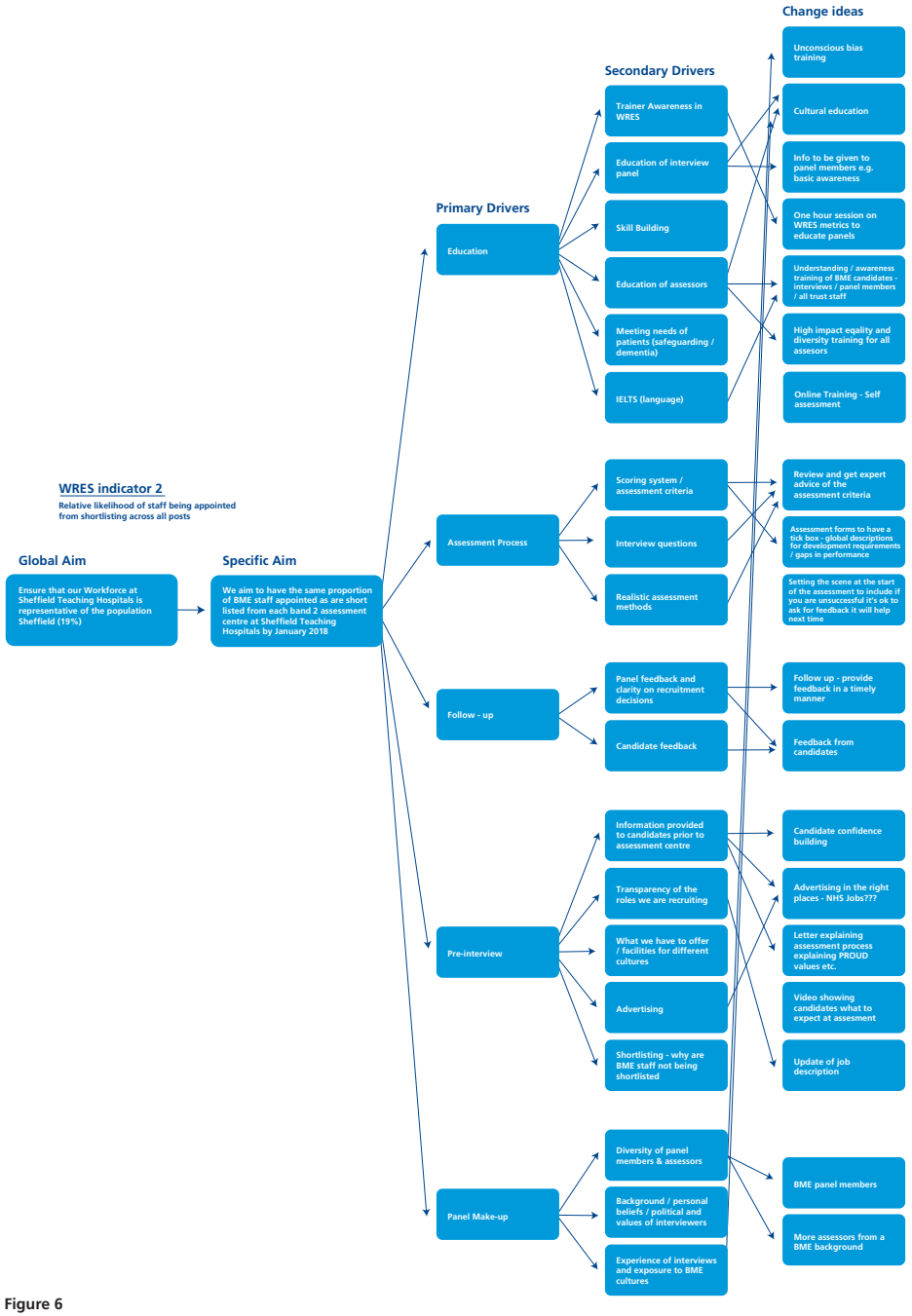


Figure 6

The next step was to agree on an the intervention(s) to start working on. The team voted on the change ideas that had been generated on the driver diagram. These results (Figure 7.) were reviewed with the team and it was agreed that the assessment process and education would be the first two drivers that they would start to work on. The decision to start with these two areas was based on the financial limitations of the project and what they felt was in their control.

	Change idea	1st choice	2nd choice	3rd choice
Education	Information to be given to panel members e.g. basic awareness	4	1	1
	Cultural education	1		
	One hour session on WRES metrics to educate panel		2	1
	Understanding / awareness training of BME candidates - interviews / panel members / all Trust staff			
	Hight impact eqality and diversity training	2		1
Assessment Process	Assessment forms to have a tick box - global description for development requirements / gaps in performance	2		1
Follow-up	Follow-up - provide feedback in a timely manner			1
Pre-Interview	Candidate confidence building		1	
	Advertising in the right places - NHS Jobs??		2	
	Video showing candidates what to expect at assessment		1	
Panel Make-up	BME panel members		1	
	More assessors from a BME background	2	2	3

Figure 7

7.13. Plan Do Study Act (PDSA)

The team's first test of change was to amend the candidate assessment form used at the Clinical Support Worker assessment centre, with the intent of ensuring that assessors apply consistency when marking and also providing a clear framework for more detailed feedback whether successful or unsuccessful. The team utilised the meetings to look at the original form (Figure 8.) and devised a new form (Figure 9.) that could be initially be tested on one of the smaller assessment centres.

Admin & Clerical Band 2 Assessment Scoring - Station A Group Exercise

Candidate Name:		Assessor Name:	
Assessment Date:		Assessor Signature:	

This guide provides scoring structure for the assessment day; its purpose is to provide a framework through which the assessors can measure the performance of each candidate against set/agreed competencies and behaviours.

Some examples of positive and negative behaviours that could be observed are listed under each competency / behaviour, but the list is not comprehensive and therefore is just a guide, so please add as required.

Consider how frequently each of the behaviours is observed / discussed in the exercise / activity, highlighting specific examples or actual quotations where possible, as specific evidence is very powerful.

Finally, using the rating below, sore each of the competencies observed.

5	Exemplary / Best Possible	Clearly stands out as the very best of their peers, exceeds meeting the positive behaviours.
4	Significant Strength	A significant strengh of this individual, not quite exemplary but almost fully meets all the requirements with many of the positive behaviours seen.
3	Competent	Meets most of the requirements, capable of the level required, a few negative behaviours evident.
2	Development needed	Some room for improvement either in particular situations or more generally in order to reach a competent level. Little evidence seen of the positive indicators required.
1	Significant Development needed	Significantly falls short in this respect. Shortcomings either negatively impack the way a person behaves or are significant through the absence of these behaviours when the situation demands it.

Figure 8

Candidate Name: _____

Candidate Score:	1 Significant Development Needed	2 Development Needed	3 Competent	4 Significant Strength	5 Exemplary / Best Possible

Assessment Criteria	Candidate Score	If the candidate scored less than 3 please explain why?	What can the candidate do to improve this score for future assessments?
Participated actively in group discussion			
Supported and contributed to discussion with peers			
Spoken language clear with well structured points			
Demonstrated respect for their peers / patients			
Understands and explains concept of dignity			
Able to clearly and fully explain the role and resposibility			
Provide examples of personal qualities relevant to the role			
Candidate Score:			

Candidate Name: _____

Figure 9

The first PDSA cycle (Figure 1.) was with a small cohort of eight candidates, and feedback from assessors was quite positive with only minor changes to be made and a suggestion to add guidance notes to the back of the form. The second PDSA cycle with the revised form was with a larger cohort of thirty candidates, the results of which the team are still waiting for.

7.14. Next steps

- Review the results of the assessment form pilot, and decide whether to standardise or plan PDSA number three.
- A review of a suite of learning materials by the group and colleagues outside the group relating to working with unconscious bias and appreciating diversity. If a decision to purchase the material is agreed then the initial target group will be assessors for the assessment centres albeit the material could be used for other areas of recruitment.
- Look to learn from other organisations to understand their practice with regard to recruitment and feedback from employees who have left the organisation.
- Formulate this work so it can develop beyond its current remit and be used to establish a strong platform for interactive education in relation to diversity and inclusion.

09
Role models

Role models

In modern society we hear the term 'role models' often. Role models tend to include celebrities and athletes, including footballers. Closer to home, these can include teachers, coaches and parents. In basic terms, these are people we aspire to be; people that are usually successful in what they do and what they have achieved – aspects that give others the belief that they can go on to achieve the same.

A role model is a person whose behaviour, example or successes can be emulated by others. The term has been adopted by main stream businesses that promote the role model as an individual which less experienced people in an organisation could aspire to be like.

In the paper written by Naomi Priest et al which highlighted the areas that need to be focused on to achieve sustainable change with regards to the race equality agenda, role models in an organisation were highlighted as being of critical importance.

Seeing people who look like you in senior level positions encourages others to strive for similar positions and gives them the belief that it is possible to get there.

In the current leadership structure of Sheffield Teaching Hospitals NHS Foundation Trust, we know there is little diversity. No member of the Board is of a BME background plus senior and middle management does not reflect the BME workforce nor the community served.

In many NHS organisations across the country, there are few senior people from BME backgrounds; and so Sheffield Teaching Hospitals is not unusual. However, what is different is that we want to try and change this. By having a more diverse senior leadership team we will create new role models to encourage and inspire others to attain the same success.

10 Communication & engagement

10.1. Strategic approach to communications

The WRES communications strategy is built on clear and consistent messaging, staff engagement and raising awareness, through specific and accessible channels. Promoting the WRES and Sheffield Teaching Hospitals NHS Foundation Trust commitment to it is not a one way conversation.

It is seeking meaningful input from the senior leaders and the wider workforce to identify and act on workforce race inequalities over the short, medium and long term.

One of the key components to successful communications is the narrative.

As simple as it may sound, it has to clearly define the message, why the message is needed and most importantly who the message is for. To borrow a phrase from Dr David R. Williams, Sociologist and Harvard Professor, *"a steady drumbeat of communication is necessary over a long period of time in order for the messages to take affect"*.

To be successful in this work, the communications and engagement team will play, and are already playing, a pivotal role.

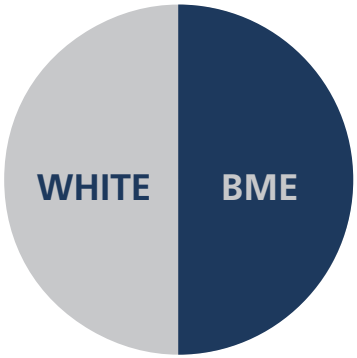
In order for there to be successful implementation of the WRES strategy and action plan in the Trust, it is essential there is a clear process of two way communication and active engagement of all staff in the organisation. Enabling all staff to understand what we are trying to achieve and to be part of the change is vital if we are to reap the benefits for staff, patients and our local communities. the importance of the WRES and how it benefits patients is key to its success.

Julie Phelan
Director of Communications
Sheffield Teaching Hospitals NHS Foundation Trust

10.2. Strategic approach to communications

The workforce race equality communications strategy is designed to:

- **Raise awareness** - of the WRES, why the organisation wants to make positive change and the benefits of change for staff, patients and our local communities.
- **Give advice knowledge and guidance** - to provide the organisation with relevant guidance, information, tools and advice on the WRES and its implementation – tailored to the needs of departments and service units.
- **Engage** - Actively engage with senior leaders, the workforce and stakeholders. A tailored engagement approach can be in the form of; team or divisional meetings, seminars, workshops case studies of colleague experiences or successes, social media messaging supported by open and frank staff forums where views can be shared.
- **Promote senior leadership on the issue** - Empower, encourage and enable senior leaders in the organisation to be confident about discussing race equality.
- **Build partnerships** - cohesive working and exchange of ideas across teams, departments and business units. Celebrate pacesetters and those leading by example, making progress, developing and sharing best practice. Work with external organisations and partners to train colleagues and learn from each other.
- **Help spark cultural and behavioural change on this agenda** - The vision for Sheffield Teaching Hospitals NHS Foundation Trust is for equality not to be an objective to be achieved, but hardwired as business as usual.



10.3. Tone and positioning

The key message is change. Race, like many other inequalities, is generally an awkward and difficult subject matter, and this is no different in the NHS. It is either difficult for many people to understand and comprehend and/or stirs passion in those that do or are affected by it. However it is an issue that needs to be discussed.

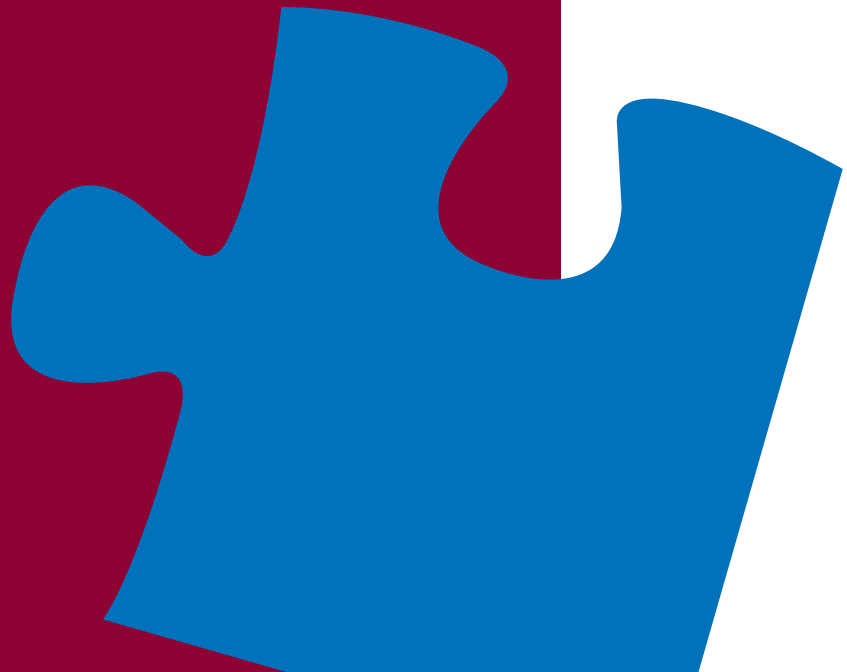
The key to change communication is awareness and clear messaging:

- Increase awareness of the WRES and its purpose
- Highlight key messages
- Ensure that senior leaders, partners and stakeholders are fully engaged
- Engage with the WHOLE workforce
- Promote good practices and processes
- Establish or improve access to BME networks

10.4. Key messages

- We are committed to cultivating a culture change
- The vision for Sheffield Teaching Hospitals NHS Foundation Trust is for equality not to be an objective to be achieved, but hardwired as business as usual. We need to work together to achieve this.
- The WRES is there to help organisations like ours, identify where we are right now, where we need to be, and how we can get there.
- We want all staff to have a positive experience of working for the Trust and have access to development and training opportunities should they wish to progress their career.

11 Resources



Probably one of the most difficult aspects of the overall strategic approach for workforce race equality is to identify the funding for work that is not often seen as a priority. Historically in the NHS, equality and diversity (E&D) work has been carried out by an E&D lead, often located within a workforce team. The main focus of such work was on compliance with equality legislation – and upon doing things because they had to be done. Often, the work was carried out by junior members of staff who did not have the authority to induce some of the changes necessary to make any equality strategy successful. Equality is perhaps, along with other hard to measure initiatives, one of the first things to be considered as 'non-essential' in times of such austerity within the NHS.

At the Trust's board meeting in February, the Board endorsed the workforce race equality strategy and the suggested action plan for the organisation going forward.

As part of the action plan, it was agreed that appropriate resources to support delivery of the plan would need to be identified. Having a dedicated team to lead the work on race equality is important; for both patients and our workforce.

In addition to dedicated resource allocated to the WRES work plan it is important to include the discretionary effort from other members of staff which has already been hugely valuable in progressing the agenda. Members of staff at Sheffield Teaching Hospitals NHS Foundation Trust have shown their commitment to this work by supporting its development over the last six months, during their own personal time and as an addition to their day jobs. Working with people across the wider organisation to support the delivery of the work will be instrumental in its success.

Learning from our journey so far:

The issue of race inequality has been grappled by society for many years; the NHS is not alone in this regard. Many initiatives have been tried and most have failed to address the key issues.

One of the reasons for this is perhaps that many of the more difficult issues and challenges with regards to this agenda are either not discussed at all, or are brushed off as not being relevant.

Such issues will indeed challenge the leadership of any organisation; but these must be dealt with openly, with an open mind and an honest heart so that meaningful action can be taken to continuously improve on this agenda.

Sheffield Teaching Hospitals NHS Foundation Trust is at the very beginning of its journey to make a real positive improvement to the experience of its BME staff and patients. Whilst the Trust is in the early stages of implementing its strategy, the organisation has already gained valuable insight and learning which will guide the work moving forward.

In summary, the Trust's aim is for equality not to be considered as an objective to be achieved, but moreover that it becomes hardwired into the organisation and is considered 'business as usual.'

The NHS employs 1.4 million people and many of these staff are BME. In Sheffield we have a BME population of around 20%. Sheffield Teaching Hospitals employs over 16,500 staff, 12.75% of whom are BME so at the moment we are not reflecting the Community we support.

UNISON and the other Staff Side organisations in Sheffield Teaching Hospitals recognise that a lot needs to be done to close the gap in terms of employment, training and opportunities available for BME staff in the NHS. As a Staff Side we have worked in partnership with the Trust and Yvonne Coghill, Director of Equality, NHS England, to ensure that we are able to put forward and deliver the Workforce Race Equality Standard agenda we all strive for.

John Campbell
Unison Chair Person
Sheffield Teaching Hospitals
NHS Foundation Trust

Key principles:

- **Leading from the top**

  Board and senior leadership support is vital. The importance of leadership on this agenda from the top of the organisation will help tackle some of the issues of race inequality. Without senior leaders that understand the issues of race, or at least believe something needs to be done about them, it is hard to see how race equality will improve in any organisation. The implementation of the WRES is one of a series of actions that senior leaders need to take in order to improve workforce race equality in the NHS. They have to demonstrably show they care. This can be demonstrated in many ways, but leadership from the Board over a sustained period of time is the best way of showing commitment to the agenda. Ensuring there is fairness and equality in the organisation and promoting well-trained and qualified BME people into senior level positions will also help people to believe in the organisation's commitment. Leaders must lead the way through not only in what they say but also what they do within and outside of their organisation.

- **Data collection and analysis**

  Investing in data capture and analysis is key to be able to track progress and provide assurance. However ensuring your data analysts are also part of the wider strategic conversations on WRES is central to ensuring the data is meaningful and useful.

- **Sustained communication about the work on the WRES agenda to all staff and active staff/patient engagement is critical to long term success**

  Ensuring there is good awareness of race equality issues for all staff will in itself create a greater understanding of changes which need to be made and why they are important. Active staff and patient engagement, listening and responding to views and acting upon that feedback is important to achieve a shared understanding, commitment and delivery of positive change.

- **Training and development**

  We recognise that continuous training and development of both managers and staff at the Trust is important. We aim to ensure everyone is aware of the importance of this issue and how ultimately it will improve patient care, patient safety and satisfaction.

- **Consistency of behaviours**

  It should be made clear that everyone has come to work for the same reason: to strive towards providing high quality patient care. At the same time, it is essential that one staff group does not feel it is being favoured over another. All employees, regardless of their background are expected to conduct themselves professionally at all times when at work, no exceptions should be made. Any deviation from managing this situation robustly can lead to difficulties. National statistics show that BME staff are 1.60 times more likely to be disciplined compared to their white counterparts. It is therefore important that there is transparency and clarity about performance issues and that processes are applied consistently regardless of the person's background or position. Managers must be conscious of their behaviours with all staff and strive to be seen to be fair and equitable to all.

- **Fair, equal and transparent processes**

  Across the country, white staff are 1.5 times more likely to get a post from shortlisting than BME staff. In some areas this figure is even higher. This situation leads to a demoralised and disillusioned group of staff that ultimately lose their enthusiasm for applying for jobs or even putting themselves forward for secondments, stretch assignments and other opportunities. There is often a belief that there is no point as they will not get the job anyway. This situation leads to a lack of engagement and enthusiasm amongst BME staff and becomes a self-fulfilling prophecy, or a vicious circle. A solution to this situation is to have fair open and honest selection processes. This is sometimes easier said than done. Work being carried out at Sheffield Teaching Hospitals using Quality Improvement (QI) methodology aims to ensure that there exist fair, transparent and open policies and processes for all staff. Many organisations are experimenting with mixed selection panels, name blind application forms, and group interviews, as part of the recruitment process. The organisation must make an effort to encourage applications from all members of staff, so as to dilute the belief that jobs have been ear marked for certain people. This is not as easy as it sounds as it might take a while for staff to believe that processes have changed and that they have a fair and equal chance of being successful.

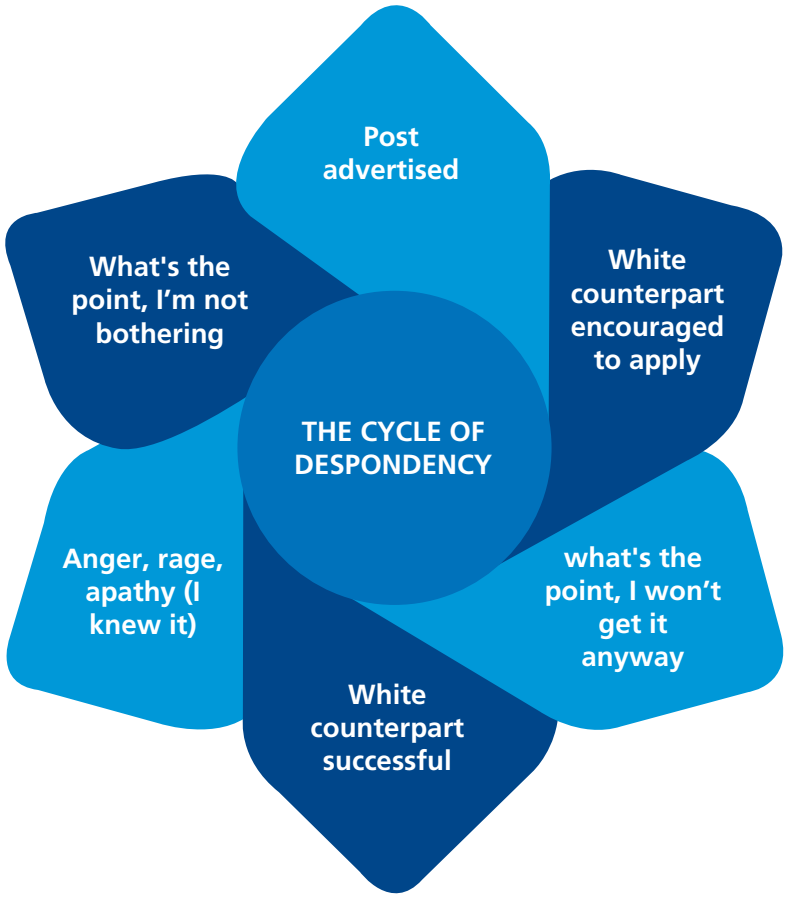


Figure 10

13 Annexes

For data protection purposes dummy data has been used in all of the illustrations in these annexes.

Allied Health Professionals

			Headcount								Percentage							
Directorate	BME/White	Staff in Post	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9
Emergency	BME	0%									0%	0%	0%	0%	0%	0%	0%	0%
	White	100%									0%	0%	100%	0%	0%	0%	0%	0%
	Total																	
Integrated Community Care	BME	9%									0%	14%	5%	0%	0%	0%	0%	0%
	White	91%									100%	86%	95%	100%	100%	100%	0%	0%
	Total																	
Integrated Stroke & Geriatric	BME	3%									0%	3%	0%	0%	0%	0%	0%	0%
	White	97%									100%	95%	100%	100%	0%	0%	0%	0%
	Total																	
Medical Director	BME	0%									0%	0%	0%	0%	0%	0%	0%	0%
	White	100%									0%	0%	100%	0%	0%	0%	0%	0%
	Total																	
Medical Imaging & Physics	BME	13%									33%	9%	4%	11%	0%	0%	0%	0%
	White	87%									67%	91%	96%	89%	100%	0%	0%	0%
	Total	215																
Musculoskeletal Services	BME	3%									8%	5%	0%	0%	0%	0%	0%	0%
	White	97%									92%	95%	100%	100%	100%	100%	0%	100%
	Total	146																
Neuroscience	BME	0%									0%	0%	0%	0%	0%	0%	0%	0%
	White	100%									0%	0%	100%	0%	0%	0%	0%	0%
	Total																	
Ophthalmology	BME	8%									0%	13%	0%	0%	0%	0%	0%	0%
	White	92%									0%	88%	100%	0%	0%	0%	0%	0%
	Total																	
Primary Care & Interface Serv	BME	4%									8%	3%	0%	0%	0%	0%	0%	0%
	White	96%									92%	97%	100%	100%	100%	100%	0%	0%
	Total																	
Specialised Cancer Services	BME	7%									17%	5%	0%	0%	0%	0%	0%	0%
	White	93%									83%	95%	100%	100%	100%	100%	0%	0%
	Total																	
Specialised Rehabilitation	BME	0%									0%	0%	0%	0%	0%	0%	0%	0%
	White	100%									0%	0%	0%	100%	0%	0%	0%	0%
	Total																	
Therapeutics & Palliative Care	BME	6%									18%	14%	0%	0%	0%	0%	0%	0%
	White	94%									82%	86%	100%	100%	100%	100%	0%	100%
	Total																	
Directorate Grand Total	BME	6%									16%	7%	1%	2%	0%	0%	0%	0%
	White	94%									84%	93%	99%	98%	100%	100%	100%	100%
	Total	888																
Trust Trust	BME	12	< 6.76%								> = 6.76%							

Percentage in Band (Non-Clinical Statff)		
BME		WHITE
15.07%	Apprentice	84.93%
0.00%	Band 1	100.00%
10.26%	Band 2	88.55%
5.37%	Band 3	94.11%
6.21%	Band 4	92.24%
18.04%	Band 5	81.06%
9.18%	Band 6	89.72%
5.13%	Band 7	94.17%
4.76%	Band 8a	94.56%
3.16%	Band 8b	95.79%
7.41%	Band 8c	88.89%
0.00%	Band 8d	100.00%
7.14%	Band 9	92.86%
30.77%	M&D Staff	67.91%
0.00%	VSM	100.00%

Percentage in Band (Non-Clinical Statff)		
BME		WHITE
21.74%	Apprentice	78.26%
18.21%	Band 1	80.17%
7.57%	Band 2	90.56%
5.16%	Band 3	93.22%
3.68%	Band 4	95.05%
5.32%	Band 5	94.68%
7.56%	Band 6	90.70%
7.07%	Band 7	91.30%
1.16%	Band 8a	97.67%
0.00%	Band 8b	100.00%
0.00%	Band 8c	100.00%
0.00%	Band 8d	100.00%
3.57%	Band 9	92.86%
0.00%	M&D Staff	0.00%
0.00%	VSM	100.00%

At Sheffield Teaching Hospitals NHS Foundation Trust among the values we strive to foster is an environment of fairness and equity for all our staff. This most definitely includes workforce race equality and, to this end, we are committed to pursuing vigorously the further development of the WRES.

Tony Pedder OBE
Chair
Sheffield Teaching Hospitals NHS Foundation Trust

Directorate	BME Number	BME %
Chief Executive		0.00%
Estates		3.36%
Chief Nurse		4.55%
Integrated Community Care		5.11%
Human Resources		6.32%
Finance		6.41%
Primary Care & Interface Serv		6.70%
Therapeutics & Palliative Care		7.37%
Department Of Health		7.69%
Strategy & Operations		8.47%
Specialised Cancer Services		8.66%
Hosted Services		9.38%
Balance Sheet		10.00%
Comm Diseases & Spec Medicine		10.16%
Informatics		10.85%
Ophthalmology		10.94%
Charles Clifford Dental Service		11.14%
Obs Gynae & Neonatology		11.38%
Medical Imaging & Physics		11.96%
Specialised Rehabilitation		12.11%
Emergency		12.11%
Urology		12.20%
Laboratory Medicine		12.31%
General Surgery		12.66%
Musculoskeletal Services		13.66%
Critical Care		13.67%
Integrated Stroke & Geriatric		13.92%
Ear Nose & Throat		13.99%
Projects		14.29%
Diabetes & Endocrinology		14.84%
OP Services & Anaes		15.29%
Neuroscience		15.48%
Vascular Services		15.70%
Respiratory Medicine		16.17%
Cardiothoracic Services		16.45%
Hotel Services		16.47%
Pharmacy		16.82%
Gastroenterology		16.94%
Plastic & Breast Surgery		17.56%
Clinical Research Facility		19.18%
Medical Director		24.65%
Renal Services		26.27%
Total		13.01%