Sharing good practice: case studies

Examples of Workforce Race Equality Standard (WRES) improvements

The WRES Implementation team are keen to learn about the improvements and outcomes that have been achieved as a result of your organisation's WRES action plan.

We may publish your case study as an example of good practice on the NHS England website, as a guide to other organisations seeking to improve.

Your case study will enable good practice to be shared across the NHS.

Your details
Organisation name: Chesterfield Royal NHS Foundation Trust
Your name and job title: Ian Siara, Deputy Director of Workforce & OD
Contact details: ian.siara@nhs.net   Tel: 01246 512618
What are your organisation's WRES objectives?   • Form a group to discuss, share, promote equality, diversity and inclusion (EDI) agenda   • Embed equality, diversity and inclusion in all leadership development   • Deliver unconscious bias awareness to front line staff   • Pilot the development of black and minority ethnic (BME) colleagues to participate in recruitment and selection of interview panels   • Complete 2019 WRES analysis   • Hold a 'what does good EDI look like' session with our Leadership Assembly
Which WRES indicators has your organisation improved on?   Please provide details of the progress made.
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?   We have had an overall improvement in scores for white (5.0% to 4.4%) and BME (8.1% to 7.1%) staff since the previous year and the gap between the white and BME scores has narrowed in the same period. We continue to score below (better) than the acute benchmark (6.6% for white staff and 7.1% for BME staff) this gap has increased in the last 12 months.

Please describe your WRES initiative, its aims and any outcomes so far.

Our equality, diversity and inclusion agenda this year has had a more general focus, and our staff survey results have been positively influenced by:

a) Improving overall return rate (several initiatives meant we achieved a response rate of 71%, which was the second highest acute trust in the country)
b) A number of wider staff engagement initiatives
c) Leadership initiatives (including 'Leading the Chesterfield Way') and leadership development activity.

a) Survey return rate

Preparation
*   Staff data checking and cleansing was carried out to a higher standard than previous years.
*   Focus on local rather than central communications (following feedback from staff) and did a bit less communications from a central point – leaving local teams to do own communications
*   Central support for managers to encourage their teams to participate
*   Centrally produced posters and guidance and hot drink vouchers

Survey deployment
*   Decision to use a paper survey which was hand delivered to divisional offices. Surveys distributed through managers / team leaders, who were expected to hand deliver to individuals. We believe this reduced the number of surveys which did not reach the intended recipient.
*   Coffee vouchers were distributed with the surveys.
*   Weekly check in of response by team was circulated to the leadership assembly.

Incentives / rewards
*   We rewarded teams who gave us 100% return rates

b) Wider staff engagement activities

We ran a number of 'Be Yourself' events with the intention of engaging staff from minority groups, although these were poorly attended (see section on challenges below).

The trust has adopted 'Listening into Action' as a way of engaging staff to make improvements across the organisation. Our initial 'Be Yourself' events were part of Listening into Action.

c) Leadership initiatives

We have recently completed a programme of unconscious bias training which covered over 200 staff, including our Leadership Assembly.

Our recruitment training has been refreshed to include unconscious bias.

Our 'Leading the Chesterfield Way' was rolled out to around 100 senior leaders and is currently being rolled out more widely.

Equality and diversity has been embedded into our 'SkillsLab' suite of management training, rather than being a standalone topic.

We have refreshed our induction for all new starters to include a session on 'understanding and appreciating our differences'

What challenges or barriers have you had to overcome to achieve this progress. And what supports, enablers or valued partnerships have helped. And please describe any creative and innovative approaches you have adopted that have enabled you to make progress.

Actual or intended outcomes
We ran a number of 'Be Yourself' events with the intention of engaging staff from minority groups. While these were poorly attended, a number of staff subsequently approached members of the Workforce and OD team to describe personal issues they had faced. From this the 'Be Yourself' group was established.

Planning and preparation
The 'Be Yourself' group is still in its early stages. This group started after the survey was completed and the initial focus has been on asking individuals what they think our issues are and how we can deal with them, consistent with our Listening into Action approach.

Who was helped and how?
The group was set up by our organizational development (OD) lead, with support from members of patient experience and workforce and OD teams. Membership is open and has included representatives from those with a particular interest in the equality agenda. We still wish to encourage better attendance from individuals representing minority groups.

Top tips:
What learning could other organisations take from your example above?

- We recognise our local demographic will not been in line with many other organisations. Our relatively low number of BME staff is broadly reflective of our wider population.

- We need to be creative and open minded in finding new ways to reach out to members of underrepresented groups – we need to be prepared to listen to allies of these groups and are open to ideas for how to achieve this.

If you have a local template in which the initiative or case study is set out –a board or senior management team (SMT) report in which the initiative is set out or summarised with an assessment of progress or impact please attach a copy.
n/a

Please complete and return to england.wres@nhs.net .

Thank you

National WRES Implementation team