

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: NELFT NHS Foundation Trust																											
Your name and job title: Harjit K Bansal, Head of Equality, Diversity & Inclusion																											
Contact details: 07985813684 or 0300 555 1201 Ext: 64231																											
What are your organisation's WRES objectives?																											
NELFT's objectives were based on the NELFT ethnic minority staff network (EMN) Strategy 2013 and 2016 and the reviewed strategy 2018 to 2020).																											
<ul style="list-style-type: none">• To increase the percentage of BME Staff at bands 8 and above• Reduce the percentage of BME staff entering the formal disciplinary process• Reducing the percentage of BME being bullied and harassed by their manager																											
Which WRES indicators has your organisation improved on? Please provide details of the progress made.																											
WRES indicator 4: Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff																											
<table border="1"><thead><tr><th></th><th>2014</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th></th></tr></thead><tbody><tr><td>BME staff</td><td>31.60%</td><td>39.70%</td><td>40.90%</td><td>47.80%</td><td>49%</td><td>37.8</td></tr><tr><td>White staff</td><td>63.60%</td><td>60.30%</td><td>51.10%</td><td>52.20%</td><td>51%</td><td>60.1</td></tr></tbody></table>							2014	2015	2016	2017	2018		BME staff	31.60%	39.70%	40.90%	47.80%	49%	37.8	White staff	63.60%	60.30%	51.10%	52.20%	51%	60.1	Overall staff profile
	2014	2015	2016	2017	2018																						
BME staff	31.60%	39.70%	40.90%	47.80%	49%	37.8																					
White staff	63.60%	60.30%	51.10%	52.20%	51%	60.1																					
Although nationally, it is still relatively more likely for white staff to access non-mandatory and CPD training, NELFT is unique in that BME staff are more likely to access CPD training when compared to the overall trust BME profile. A number of																											



BME staff have had access to NHS Leadership Academy training which is specially for BME staff. This indicator has improved year-on-year.

The percentage of EMN staff who access CPD training is 49%, compared to the overall BME staff profile which is 37.8%.

77% of BME staff believes that the trust provides equal opportunities for career progression. In contrast, 89% of white staff reported the trust provides equal opportunities, which is an increased from 86% in 2017. The percentage for NHS trusts in England for BME staff is 72%.

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

The aims of the WRES initiative were:

- BME staff are provided with opportunities for professional training, secondments and shadowing for career developments.
- Under representation of the uptake of professional training by BME staff are being addressed at all levels.
- Processes are in place for tracking the career progression of BME staff

It was important firstly to look at the data and there was no surprise at we realised that training and development did not have a systematic way of recording who was applying and who was accepted.

The first step was to develop a system for recording. The application form that staff were required to fill in, was amended to record diversity information, e.g. race, disability, gender.

Secondly, the CPD panel membership was reviewed to ensure an EMN representative. In addition to this, the following steps were undertaken;

- The application form was amended to record the reasons why the applicant was not successful.
- When we met with the EMN network, we explored some of the reasons why BME staff were not accessing CPD training, and it became obvious that they were not always aware of the training opportunities, and secondly, what the process was.
- Through the EMN network database, we would share all training that was made available including the Leadership Academy training for BME staff.
- The EMN ambassadors and champions offered support to BME staff to complete their applications and to explore how this was going to benefit them in the long run.



- Staff members were offered support via mentoring or coaching throughout the time that they are engaged in the training programme. They were supported with the various projects / audits or research that BME staff would undertake as part of the training. This process is ongoing and embedded in the EMN strategy.
- Quarterly monitoring process of BME staff who had applied for CPD monitoring via the EMN ambassadors steering group.
- Support for BME whose application forms were not successful to ensure that the process was fair and transparent. And how they could be supported when they next applied.
- Raising awareness of the benefits of access to training on retention and progression internally. (The trust currently has 27% from BME groups at bands 8 and above compared to 18% in 2013).
- Identify these staff through PDP and appraisal process. Any CPD training was included as part of their appraisal and monitored via training and development. The link to this training was directly inputted into an ATL (learning system). This allowed the training need for the EMN member to be addressed during the 1 to 1 session with their managers.
- Set a target for BME staff to access programmes such as the Ready Now, Stepping Up, Mary Seacole, of having at least five EMN colleagues from NELFT attending these sessions.

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.

Barriers:

- Recording systems was not consistent and information on diversity of staff was not recorded.
- Staff were questioning how fair and transparent the process was.
- When a CPD application is declined, staff were not given feedback on their applications.
- Managers refusing their applications if not agreed as part of their appraisal or developmental plan.
- Lack of awareness of the process to apply and what courses were available.



Outcomes

- In the second year of the implementation of the processes, we saw an increase from 31% of BME staff accessing CPD training in 2014 to 50% in 2018.
- Percentage of BME staff believing the trust provides equal opportunities to career progress or promotion also increased from 37.8% in 2014 to 81% in 2017 and 77% in 2018 (data from staff survey results).
- Our partnership with the Leadership Academy and the East of England Leadership Academy (ensuring that I am on their global circulation list).
- Asking EMN staff to take ownership of their own development has been crucial in the increase in percentages for BME CPD training.

Enablers and supportive partnership

- Accountability: monitoring of action on the EMN strategy at board level.
- Leadership: support from CEO, board and integrated care directorates.
- Data: regular monitoring of data on a quarterly basis.
- Communication: through EMN, generic email, attendance of ambassadors and EDI leads at senior leadership teams and local leadership forums, and in weekly news round.
- Resources: volunteer EMN ambassadors and champions with clear job descriptions, role commitment and time released for activities, links with NHS Leadership Academy.
- Celebrating success: weekly newsletter, NELFT awards, EMN general meetings, national awards.
- Clear governance structures for the network and the EMN strategy.

Who was helped and how?

- All staff

Top tips:

What learning could other organisations take from your example above?

- Leadership is crucial; our leadership for the EMN strategy sits with our chief executive.
- Accountability is vital. The trust has governance structures in place on report on progress and where there are challenges to progress.
- Work in partnership with the lead for training and development.
- Have a clear action plan that is SMART.
- Trends data; present this over the years, to really show impact.
- Empowerment of EMN staff to take ownership of their own development – is the first hurdle to get out of the way!

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.





NELFT Ethnic
Minority Strategy Fin:

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

Thank you

National WRES Implementation team

