

# 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
<p><b>Organisation name:</b></p> <p>Nottingham University Hospitals (NUH) NHS Trust</p>
<p><b>Your name and job title:</b></p> <p>Lucindy Acheampomaa – Project Support Officer</p>
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<p><b>What are your organisation's WRES objectives?</b></p> <p>NUH's WRES objectives include ensuring employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities, training and development, receive fair treatment in the workplace, and increase the BME representation at leadership and senior management levels. This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.</p>
<p><b>Which WRES indicators has your organisation improved on? Please provide details of the progress made.</b></p> <p><b>WRES Indicator 1: Percentage of staff in each of the Agenda for Change (AFC) Bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce</b></p> <p>The key ambition of the trust is to increase the BME representation at leadership and senior management levels. NHS England has defined these levels as bands 8a - 9 and VSM.</p> <p>We have seen an improvement / increase in the number of BME staff in the following bands:</p>



Non-clinical BME staff at bands 8a - 9 and VSM:

BME 20

White 212

**= Positive + BME increase from 17 to 20**

Clinical BME at bands 8a - 9 and VSM:

BME 28

White 349

**= Positive + BME significant increase from 19 to 28**

Consultants / non-consultants / trainee grades:

Regarding BME consultants, we see improvements, up from 199 to 230

(White consultants 446)

Non-consultant BME career grades have gone up from 66 to 82.

(White Non-consultants 60)

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

NUH has a long-term aspirational goal to recruit and develop a workforce that reflects the diverse communities we serve on the basis that increasing our people diversity will improve our performance and patient care. As a direct response to the feedback received from staff, and being the first trust to pioneer this, the Positive Action Scheme was introduced to try and help achieve greater diversity and improve workforce equality at all levels of the organisation and to provide opportunities for career progression within the trust for BME members of staff. This Positive Action Scheme is implemented via two means:

- widen the pool of talent at interview through operating a positive action scheme for internal BME staff, similar to the 'Disability Confident' (formerly two-ticks) scheme
- Improve the diversity on recruitment panels to include BME representation for posts where there is likely to be a BME candidate (or not). This will require recruiting managers to consider the interview panel members to avoid so called 'white walls' where there is no BME representation on the panel and to address any unconscious bias.

In support of the positive action scheme, the equality diversity and inclusion team have organised a series of recruitment and selection training for BME members of staff to enable become fully equipped, qualified appointing officers who are able to sit on recruitment / interview panels when requested for.

A process of rebuilding trust and confidence with BME staff at NUH has led to the creation of the BME shared governance council, supported by both HR and nursing development leads. It was formed in April 2018 to help NUH with the development of interventions and actions to promote racial equality and close the gap in many of the findings of the WRES report, which also aligns with the board and trust's aim to become the first acute hospital in the UK to achieve Magnet Excellence Accreditation. NUH is determined to consistently demonstrate *"we listen to and care"* for our patients and staff. Everyone gets to have their say and influence our strategy, including our patients, system partners and our staff (including our clinical leaders).

The BME shared governance council acts in an advisory capacity for improvement on issues within NUH trust such as improving inclusiveness, with a particular focus on improving representation of



BME on committees involving patients, staff and public. The council supports closer working with BME staff and the local community to ensure BME communications and involvement plans are a result of genuine patient, staff, and public and carer involvement.

**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**

The intended outcome of Positive Action Scheme when it was initially rolled out was for NUH to be in a position where:

- All or most interview panels across the various divisions, both clinical and non-clinical, would have diversified panel members and avoid a situation where interviewees face a “white wall” during their interviews. This was also of course to be reflective the diverse community that we serve.
- To have as many trained BME members of staff who will be qualified appointing officers and are able to sit on interview panels when requested for.
- To have a monitoring system whereby we are able to track how many interviews are being held in a particular division and of those, how diversified the panels are.

The scheme however hit a road block because the pilot had used BME shared governance members, who are predominantly clinical members of staff, that we risked causing a strain on their clinical duties. Patient care must come first at all cost and so we had a few issues with staff being released both for the recruitment and selection training. We also anticipated the potential risk of their availability to sit on interview panels should requests come in.

We therefore considered the possibility of extending the training to members outside the shared governance council who are still BME but non-clinical, and therefore the issue of time constraint and clinical pressures would be resolved.

### **Planning and preparation**

The planning and preparation process involved a range of stakeholders such as:

- The director of HR who offered her full support to this scheme and provided the equality, diversity and inclusion team with an official letter that could go out to managers encouraging them to release staff for the recruitment and selection training, as part of their development.
- The head of HR operations who also personally organised separate recruitment and selection training for BME members in various cohorts and trained over 30 BME members who are now fully qualified appointing officers and are ready and able to sit on any interview panel.
- The EDI team also worked with the recruitment team to identify where the interviews are happening in the trust, and have now included in the pack that goes out to recruiting managers, information on positive action, what it entails, and encourage them to ensure that their interview panels are as diversified as possible.
- The EDI team also made use of our communications department to send information through our various channels that go out both to all members of staff and senior managers, again



raising awareness on the scheme. The scheme is also a standing agenda at the people experience group (PEG) meeting which is made up of divisional leads and representatives from all divisions across the trust who are then encouraged to cascade information down in their respective divisions.

- There has also been a revision of the trust's values and behaviours and equality and diversity has now been included in the values.
- There are also various training programs happening within the trust including the managers' standards which involves providing support to managers on how to effectively and efficiently manage their teams, have difficult conversations etc. There is also the culture and leadership program which looks at changing or influencing the culture using a top down approach and creating an environment and culture where Team NUH enjoy coming to work and where delivering the best care every day for our patients is the norm. We believe in inclusion and that all members of Team NUH make valuable contributions every day and develop the culture within which we work.

### **Who was helped and how?**

NUH is founded on a core set of principles and values that bind together the diverse communities and people it serves – the patients and public – as well as the staff who work in it. We have put in place measures to ensure that our BME members of staff get the right opportunities to development, coaching on how to fill out application forms and interviews as we recognise that sometimes the barriers to their progression could be as a result of them not selling themselves enough both in their applications and at interviews. We have had good feedback on this with some members of the BME network group progressing to higher banded jobs, etc.

We have also been able to send some BME members of staff on programs such as Liberating the Talents which is a sort of self-awareness program that helps BME members of staff who may be experiencing barriers to career progression to have a look at what these barriers are and how they can be addressed, sometimes through changing our own attitudes and perception of the problem. There's also the Future Leaders of Nottingham which is a professional development programme making leadership in Nottinghamshire more diverse and representative – by creating a network of talented people to inspire others and drive change.

People who have gone through this programme have enormously benefited from it and developing an understanding of their potential to influence change but also provided staff with the confidence to aspire to senior positions and importantly, to be themselves.

### **Top tips:**

*What learning could other organisations take from your example above?*

In regards to what learning other organisations can take from our example it is a case of paying close attention to the WRES metrics and comparing these with the data from the NHS Staff Survey and drawing out any disparities present. Most times we get carried away by the 'overall' improvements made in areas regarding BME and other protected characteristics without probing further, question by question to ensure that indeed there has been an improvement.

Also, it is very important to recognise the importance and benefit of positive action as a means to address the challenges regarding equal opportunities for BME and to improve representation across the board. Including positive action in jobs ads encouraging more people from BME backgrounds will



help widen the pool of applicants and talent that comes through the door. It will of course come with its challenges but you have to be brave and believe in the change you would like to see happen.

Most importantly, encouraging everyone to recognise, acknowledge and celebrate diversity. We do a lot of staff celebration days, Black History Month celebrations, and other international nursing events which have seen people from all protected characteristic groups coming together, networking and sharing their stories.

**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.**

Please complete and return to [england.wres@nhs.net](mailto:england.wres@nhs.net) .

Thank you

National WRES Implementation team

