FOCUS GROUPS FOR BLACK, ASIAN AND MINORITY ETHNIC STAFF IN 2017

A PLAN TO ADDRESS THE ISSUES RAISED

Introduction

1. The following provides a summary of the plan agreed by the Trust Executive Directors which is designed to respond to the common themes raised by Black, Asian and Minority Ethnic (BAME) colleagues in the focus groups that were led by the Chief Executive across the Trust in January 2017.

Background

2. Appendix A provides the background as to why, how and when the focus groups were organised, how they were structured and what happened to the information gathered.

Main Outputs

3. Details of the feedback captured by the facilitator at the event and all the additional comments taken from the Post-it Notes written by staff at each of the three sessions were summarised under the headings of:

   - Issues and challenges for BAME staff working in MYHT
   - Positive experiences
   - Ideas and suggestions for improvement

   A summary of this information has previously been circulated to all the colleagues who either attended the sessions or expressed an interest in attending.

4. During the sessions BAME colleagues did acknowledge that there are some good things happening across the Trust and they expressed their appreciation for that. Indeed one member of staff commented that:

   "Receiving the focus group invitation letter from the Chief Executive felt strange as I do not see the purpose of feeling different as I have never been subjected to prejudice in the workplace."

5. However, as the Trust's annual Staff Survey results continue to show, this is not true for all BAME staff, with some significant issues and challenges remaining.

From our analysis of all the responses we received, we have drawn the following key themes from the issues raised :

- Inappropriate comments and behaviours by colleagues and patients
- Inaction by line managers in dealing with such matters due to a reluctance or inability to have difficult conversations and/or a lack of cultural awareness
- A lack of accountability for management action/inaction
- A lack of cultural awareness amongst the wider staff group
- Unfair and inconsistent application of Trust policies, such as:
  - ➢ annual leave arrangements for international staff
  - ➢ flexible working arrangements
  - ➢ time away from the workplace for prayers
- Poor or inappropriate support from HR
- Discrimination in recruitment processes locally (nepotism and favouritism)
- A feeling that BAME staff are judged by their colour and that they need to prove themselves 'above and beyond' in order to gain acceptance and advance their careers
- Lack of openness in relation to development opportunities resulting in limited opportunities for BAME staff
- A lack of support from the Trust to prepare BAME staff for development opportunities that may arise
- Lack of BAME role models in senior positions

6. In terms of ideas and suggestions to address these issues, the common themes were:

- Ensuring the Values and Behaviours are properly embedded so staff can challenge colleagues and mangers
- Mentoring or 'buddying' arrangements for BAME staff
- A mechanism to provide peer support for BAME staff
- Mandatory diversity awareness training for managers and staff
- Monitoring of recruitment at divisional level
- Providing a mechanism outside of the line management structure to raise issues such as nepotism, bullying, harassment etc.
- Monitoring of access to development
- Using 360° appraisal for line mangers
- Improved flexibility for staff

What Has Been Agreed?

7. In Appendix B we provide details of the plan that has been agreed by the Executive Team, which is based on the feedback we received at the focus groups and the ideas put forward by staff. The plan:

    - Sets out the issues we plan focus on over the coming year
    - Describes the actions we propose to take
    - Provides an update on recent developments and proposed next steps

8. For ease of reference we provide a summary below of the key issues we plan to focus on and the actions we propose should be taken:

    - **Dealing with inappropriate behaviour, management inaction and unfair and inconsistent application of policies**
        - ➢ Continuing the focus on the use of the Values and Behaviours framework to promote and support the development of a more inclusive workplace culture, building it into management training programmes whenever appropriate
        - ➢ Review our *Policy for Managing Aggression and the Prevention of Violence in the Workplace* introducing a statement setting out the Trust's position on abuse of staff and discrimination by patients and including guidance for managers and staff on how to respond in such circumstances
    - **Networking & Support**
      Establish a virtual 'network' to maintain contact with all BAME staff and raise awareness of relevant matters and opportunities
    - **Development & Support**
      We have already started discussions with SWYFT about options for working in partnership to design a programme to provide support and development for aspiring BAME staff
    - **Mentoring**
      Develop a 'reciprocal' (2-way) mentoring scheme for BAME colleagues involving Executive Directors and Very Senior Managers
    - **Recruitment & Selection**
      Establish Values and Behaviours based recruitment to move away from the previous emphasis on previous NHS experience
    - **360° Manager Appraisal**
      Build 360° Feedback into leadership programmes (e.g. The Band 6/7 Circle of Excellence for Ward Managers and Team Leaders)

- **Monitoring BAME Access to Training and Development**
  Continue to monitor it by using the answer to Q18 in the annual Staff Survey
- **Provide a mechanism outside of the line management structure for staff to raise issues such as nepotism, discrimination, etc.**
  Continue to publicise existing mechanisms such as the Freedom to Speak Up Guardian (for issue that affect patient care) and the My Concerns facility to contact the chief Executive directly which appears on the Trust Intranet homepage

9. At the focus groups staff suggested that diversity training should be made mandatory for staff on a regular basis. However, a recent paper for the Asian Fire Service Association (Dunlevey, D and Kline, R; 2017) states:

   "…..research suggests that diversity training in general, and unconscious bias training in particular, has limited impact and may even be counterproductive, if those taking part don't want to reduce their bias. (Devine et al, 2002).

   …..evidence for the direct effects of diversity training on attitudes and behaviours is limited and its positive impact is primarily on those who are already striving to be egalitarian."

   In view of the research, and bearing in mind the challenges involved in organising a programme of diversity awareness training for all managers and staff and ensuring people are released to attend, it has been decided that we will not introduce such training at this stage.

   Instead, it has been agreed that the main focus should continue to be on promoting and embedding the Trust Values and Behaviours Framework, with diversity awareness training being tailored and built into wider management and leadership training programmes as the opportunities present.

Monitoring Progress on Implementing the Plan

10. Reports on progress with the plan will be incorporated into the quarterly equality. diversity and inclusion updates made to the Resources and Performance Committee and then shared with BAME staff through the virtual network.

APPENDIX A

About the Focus Groups

Why did we decide to organise the focus groups?

1. The Workforce Race Equality Standard (WRES) was introduced as mandatory for providers of NHS Services in spring 2015 as analysis of staff surveys showed that BAME staff regularly reported more negative responses on a range of indicators.

2. The WRES metrics for MYHT reflected the national position in a number of areas and whilst action was being taken to address these matters the new Chief Executive (Martin Barkley) wanted to find out directly from our BAME colleagues, what the issues were and their ideas for how the Trust might improve things.

3. There has been a continuing push at national level in the NHS for Trusts to establish staff networks for 'protected' groups (BAME: Disability; LGBT; etc.) in order to gain a better understanding of the experience of theses staff, involve staff in developing coproduced solutions and provide mechanisms for peer support.

4. Attempts in the past to establish a BAME staff network in MYHT by raising the issue through the Weekly Bulletin had produced a minimal response with only 3 staff responding. However, despite the previous response from BAME staff, the new Chief Executive (Martin Barkley) supported the notion that the most productive way to improve the experience of BAME colleagues was to engage them in identifying the issues and solutions. As such, in October 2016 a plan to hold a focus group meeting for BAME staff on each of our main hospitals sites was instigated

How and when were they organised?

5. After researching approaches taken by other Trust's and discussing the confidentiality issues with HR colleagues and Staff Side, the decision was taken to send a personal letter from the Chief Executive to the home address of each of the 1,269 staff indicated as non-white on ESR, inviting them to sign up to one of the focus groups that best suited them.

6. The letter, which explained why we were taking the unusual step of using personal data to write to staff at home and how the confidentiality of the information had been protected, were sent out in early December 2016 and the FGs organised to run during the second two weeks in January 2017. In the event only three members of staff raised concerns about the use of their ethnicity

information to identify them and they each received a personal response providing further explanation.

How were they Structured?

7. The rooms were organised in cabaret style with 5 seats at each table and staff were allowed to choose their preferred table. After a short presentation, which identified both the positive and negative issues for BAME staff from the WRES and Staff Survey (see attached slides), staff were asked to spend 5 minutes working on their own recording their positive and negative experiences (on different coloured Post-its) of working for the Trust. The next 15 minutes were then spent sharing what they had written with the colleagues on their table and sticking their Post-its on the piece of flip chart paper on their table. After this each table was asked to feedback their top three negative and positive experiences and these were captured by the facilitator. At the end of this first section the flipcharts were collected from each table for analysis later and a new one allocated.

8. In the second section the group were again asked to work on their own for the first 5 minutes, writing each of their suggestions for how things might be improved on a different Post-it, before working on tables for 15 minutes to share their ideas and stick their Post-its on the second piece of flipchart paper. Each table was then asked to feedback its top three ideas and these were captured by the facilitator. At the end of the session the second set of flip charts were collected for analysis.

What happened next?

9. After each focus group the feedback captured by the facilitator was written up and shared with the CEO, the Chairman and the Director of Workforce, who each attended the sessions.

10. After all the focus groups had been completed the three sets of feedback written up by the facilitator were circulated to all those staff who had attended or expressed an interest in attending one of the sessions.

11. Since then the flipcharts collected from the tables at each session have been reviewed and any additional comments not already captured by the facilitator, have been added to the write ups.

The Mid Yorkshire Hospitals NHS Trust

An Outline Action Plan for Addressing the Issues Arising in the MYHT BAME Focus Groups 2017

Issues Raised	Proposed Actions	Recent Developments And Next Steps	Due Date	Lead
Dealing with: • **Inappropriate Behaviour** • **Management Inaction** • **Unfair and Inconsistent Application of Policies**	1. Continuing the focus on the use of the Values and Behaviours framework to promote and support the development of a more inclusive workplace culture	In a discussion at a recent Trust Board Development session the following programme of action was agreed to support embedding the behaviours: • Including new Behaviour questions in the Staff Survey and Staff FFT • Publically recognising, acknowledging and celebrating New Behaviours action • Basing recruitment & selection decisions on Trust Values and Behaviours • Incorporating New Behaviours in the Trust's Leadership Development Programmes • Introducing Talent Management with a New Behaviours component • Using New Behaviours in relevant Workforce Policies The proposed development and introduction of the 'Staff Charter' will provide a continued focus on the importance of an inclusive culture.	September 2017 Ongoing September 2017 Complete October 2017 Ongoing	Sharon Brown Sharon Brown Richard Firth Ellie Valentine Richard Firth Richard Firth Richard Firth Mark White

	2. Review our *Policy for Managing Aggression and the Prevention of Violence in the Workplace*	Introduce a statement setting out the Trust's position on abuse of staff and discrimination by patients Include guidance for managers and staff on how to respond in such circumstances	April 2018	Gordon Smith Iain Brodie
Networking & Support	Establish a virtual 'network' to maintain contact with BAME colleagues and raise awareness of relevant matters and opportunities	A virtual network has already been established with those BAME colleagues who either attended or expressed an interest in attending the focus groups.	Ongoing	Gordon Smith
		The email addresses for all BAME colleagues employed in the Trust in July has been secured to establish a virtual network with them and this distribution list will be updated regularly so that we can contact with this cohort on a regular basis.	August 2017	Gordon Smith
		We will organise informal BAME Focus Groups after we get the results of the 2017 NHS Staff Survey to review progress	March 2018	Gordon Smith
		They will then be held annually, 2 months before each staff survey to feedback the actions taken since the previous Staff Survey so that staff are aware before they complete the next survey and so can rate the progress made.	July Each Year	Gordon Smith

Development & Support	Commission a programme to provide support and development of aspiring BAME staff	Following research by Bradford District Care Trust (BDCT) into the experience of their BAME staff they commissioned the 'Moving Forward' (MF) programme to support and develop aspiring BAME staff. Discussions are continuing to take place with BDCT to see if we can 'franchise' the programme and run it in MYHT. These discussions should be concluded soon. Should this approach prove unsuccessful we will seek to develop a similar programme in house	October 2017 March 2018	Richard Firth Gordon Smith Richard Firth Gordon Smith
Mentoring	Develop a 'reciprocal' (or '2-way') mentoring scheme involving Executive and Non-Executive Directors and Very Senior Mangers	Calderdale and Huddersfield FT recently secured support from the Y&H Leadership Academy to commission a 'reciprocal' mentoring scheme for their BAME staff. This 2-way approach aims to: • Focus on the dynamics in the organisation rather than only focus on the individual's areas for development • Ensure changes take root by encouraging the learning partners to work collaboratively to create a healthy organisation and organisational learning • Provide insight for the mentor into the experiences of the mentee - enabling them to 'walk in their shoes' • Advocate for the mentee and help them gain visibility within the organisation and within		

		relevant networks • Enable both mentor and mentee to explore the behaviours and actions of effective inclusive leaders, providing feedback to each • other on their development as inclusive leaders Within MYHT we plan to use the learning from the CHFT model to develop a suitable programme to sit alongside our current coaching offer.	January 2018	Richard Firth Gordon Smith
Recruitment & Selection	Establish Values and Behaviours based recruitment to move away from the previous over emphasis on previous NHS experience	A programme of work is being undertaken to overhaul our recruitment processes; this involves: • Revising recruitment and selection training for managers to promote inclusive recruitment and a values based approach • Revising the templates for recording interview decisions so that are specific • Ensuring recruiting managers are aware of the importance of welcoming and supporting individuals into the team, taking account of their individual needs • Revising the template for job description and person specifications to emphasise and reflect the Trust's core values and behaviours	July 2017 July 2017 July 2017 October 2107	Ellie Valentine Ellie Valentine Ellie Valentine Mark White

Recruitment Monitoring	We continue to monitor our performance in the recruitment and selection of BAME candidates using the NHS Workforce Race Equality Standard (WRES). Over the last two years we have seen a slight improvement at Trust level in the chance of BAME candidates being appointed from shortlisting	We are currently exploring the possibility of monitoring recruitment performance at a Divisional level using the WRES metrics.	October 2017	Gordon Smith
360° Manager Appraisal	Build 360° Feedback into relevant management training programmes	360° Feedback has already been included in the Band 6/7 Circle of Excellence for Ward Managers and Team Leaders. At this stage, however, there are currently no plans to introduce a system of 360° Feedback as part of the management appraisal process.	Ongoing	Richard Firth

Monitoring BAME Access to Training and Development	We will continue to monitor this using the answer to Q18 in the annual NHS Staff Survey	With Divisions holding the budgets and managing the processes for accessing training external to the Trust it is not possible to monitor whose applications are approved and whose are denied. We therefore continue to use an analysis of the answers to Q18 in the annual Staff Survey as part of the WRES metrics *(% receiving access to job relevant training, learning or development in the last 12 months)* and compare the responses for White and BAME Staff.	September 2017	Gordon Smith
Provide a mechanism outside of the line management structure for staff to raise issues such as nepotism, discrimination, etc.	Continue to publicise existing mechanisms such as the Freedom to Speak Up Guardian (for issue that affect patient care) and My Concerns on the Trust Intranet	Whilst the 'My Concerns' Link appears under the 'My Essentials' Content Heading on the home page of the Intranet Site, it is not easy to find as it is currently in the third panel. Also it does not appear as one of the top selections when a search is conducted. It is therefore proposed to review its listing on the intranet site and raise the profile of this facility amongst staff.	September 2017	Adrian Beddows Gordon Smith