

# “What else am I not appreciating here?”

How do we make meaningful change  
for Black Asian and Minority Ethnic Staff  
through mentoring?



# Setting the scene...

# 2013 – SHSC BME Strategy Agreed



Sheffield Health & Social Care NHS Foundation Trust

# July 2014- NHS England Introduce The Workforce Race Equality Standard (WRES)

*'A new NHS initiative to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace'*

Reporting from July 2015 for the first time

# Trust WRES performance...

# NHS Pay Scale – Agenda for Change

## Agenda for Change pay bands and spine points from 1 April 2016 (England)

The table below shows the values of the Agenda for Change pay spine points from 1 April 2016. Full details of the Agenda for Change pay arrangements are available in the *NHS terms and conditions of service handbook*.

Spine point	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Band 1	REMOVED	£15,251	£15,516																											
Band 2		£15,251	£15,516	£15,944	£16,372	£16,800	£17,351	£17,978																						
Band 3						£16,800	£17,351	£17,978	£18,152	£18,653	£19,217	£19,655																		
Band 4											£19,217	£19,655	£20,348	£21,052	£21,692	£21,909	£22,458													
Band 5																£21,909	£22,458	£23,363	£24,304	£25,298	£26,302	£27,361	£28,462							
Band 6																					£26,302	£27,361	£28,462	£29,333	£30,357	£31,383	£32,407	£33,540	£35,225	

Spine point	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	
Band 7	£31,383	£32,407	£33,540	£35,225	£36,250	£37,403	£38,683	£40,028	£41,373																					
Band 8																														
Range A								£40,028	£41,373	£43,038	£44,703	£46,625	£48,034																	
Range B													£46,625	£48,034	£50,467	£53,285	£56,104	£57,640												
Range C																	£56,104	£57,640	£59,606	£62,397	£66,582	£68,484								
Range D																					£66,582	£68,484	£71,338	£74,825	£78,629	£82,434				
Band 9																								£78,629	£82,434	£86,390	£90,537	£94,883	£99,437	

Annually earned pay points – see the *NHS terms and conditions of service handbook*.

[www.nhsemployers.org](http://www.nhsemployers.org)

[@nhsemployers](https://twitter.com/nhsemployers)

[LinkedIn: nhs-employers](https://www.linkedin.com/company/nhs-employers)

Published March 2016.



As of the 31st of March 2015 there was a difference of 8.98% between BME staff in the overall workforce and BME staff in Bands 8-9 (or equivalent) and Very Senior Managers (WRES Metric One )

Number of BME staff In Bands 8-9 and Very Senior Managers	4
Total number of staff in Bands 8-9 and Very Senior Managers	193
Percentage of BME staff in Bands 8-9 and Very Senior Managers	<b>2.07%</b>
Number of BME staff in overall workforce	313
Total number of Staff in overall workforce	2833
Percentage of BME staff in overall workforce	<b>11.05%</b>

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**WRES Metric Seven - *Percentage believing that the trust provides equal opportunities for career progression or promotion***

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	SHSC 2015 STAFF SURVEY	AVERAGE (MEDIAN) MENTAL HEALTH	SHSC 2014 STAFF SURVEY
White	90%	88%	91%
BAME	67%	75%	86%

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This metric is taken from the NHS Staff Survey. In 2014 less BAME staff than White staff (who completed the staff survey) believed that the trust provided equal opportunities for career progression or promotion however at 86% this was near to the White score of 91%. In 2015 this score for BAME staff had worsened to 67% which was also below the median for Mental Health

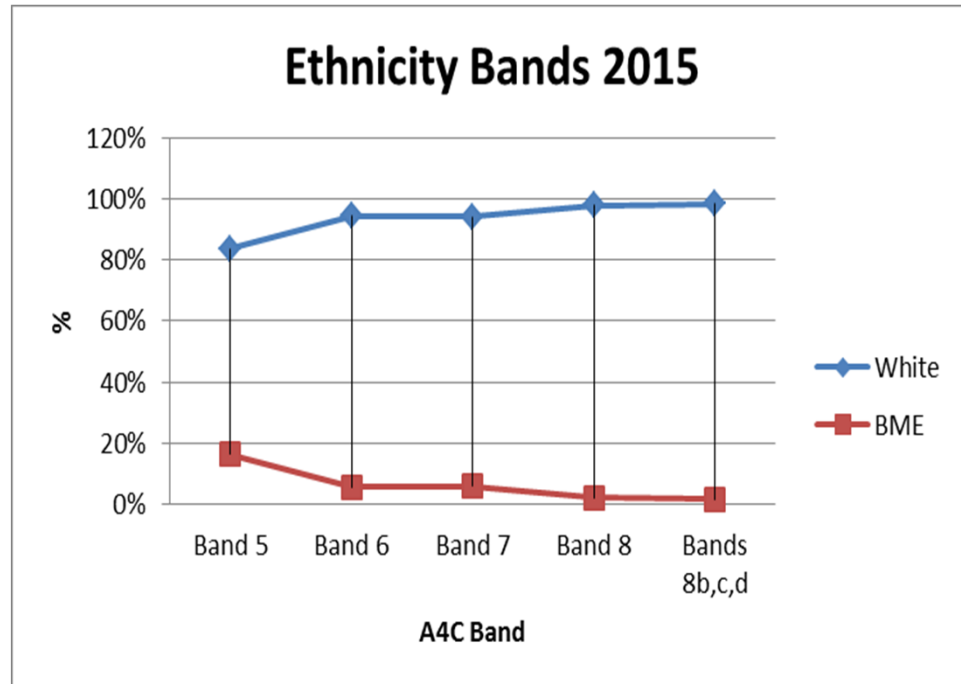


## Ethnicity in NHS Agenda for Change Bands 5 – 8d 2015

The chart opposite shows the percentage of staff in Agenda for Change pay bands 5 – 8d, from White or BME groups - (grouping as defined in the Workforce Race Equality Standard Technical guidance)

In 2015 there were 16% of staff from BME groups in Band 5 but only 2% in band 8a and 1% in Bands 8b – d

(Not Known 7%)



# 2015



As part of a package of action to support the Trust Strategy and respond to the WRES the Trust applied for funding from Health Education Yorkshire and the Humber Leadership Academy 'Innov8 Fund'.

# What did we aim to do?

Undertake a mentoring programme that would:

- Develop 'cultural competence' amongst Board Members by being involved in reciprocal mentoring with a BME member of staff
- Offer a development opportunity for 5 (bands 6-8a or equivalent) BME members of staff to be involved in reciprocal mentoring with Board Members
- Offer the opportunity for 5 (bands 5-6 or equivalent) BME members of staff to receive mentoring from a more senior BME member of staff
- Offer the opportunity for one BME member of staff to lead on a Trust wide project, developing leadership skills

5 Board Members

Reciprocal  
mentoring

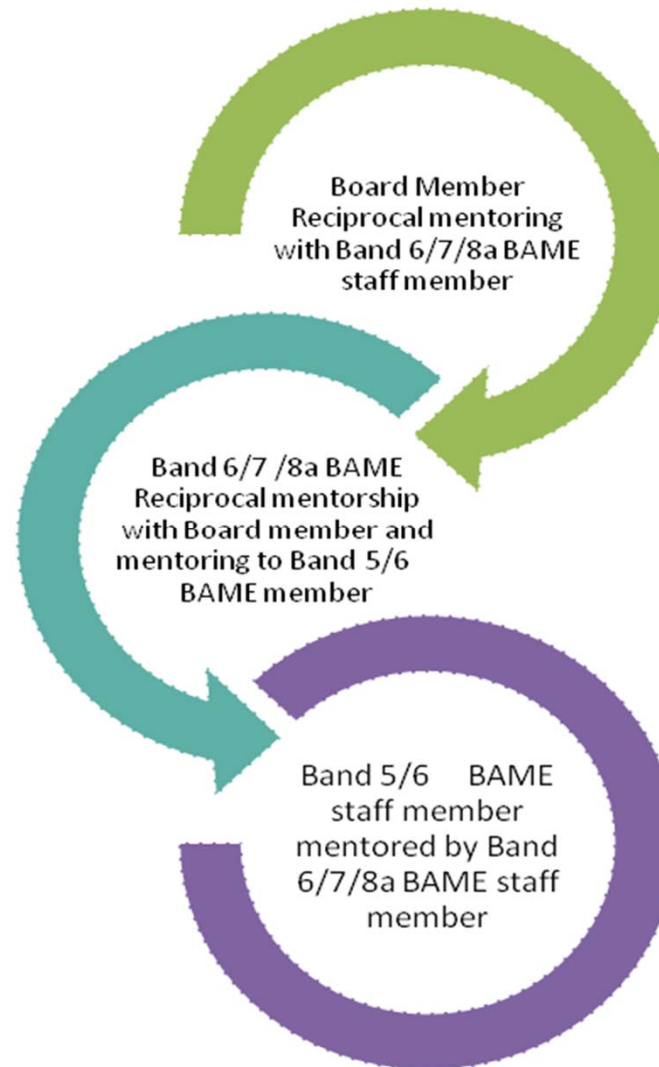
5 Bands 6/7/8a or equivalent  
(BME staff)

Mentoring

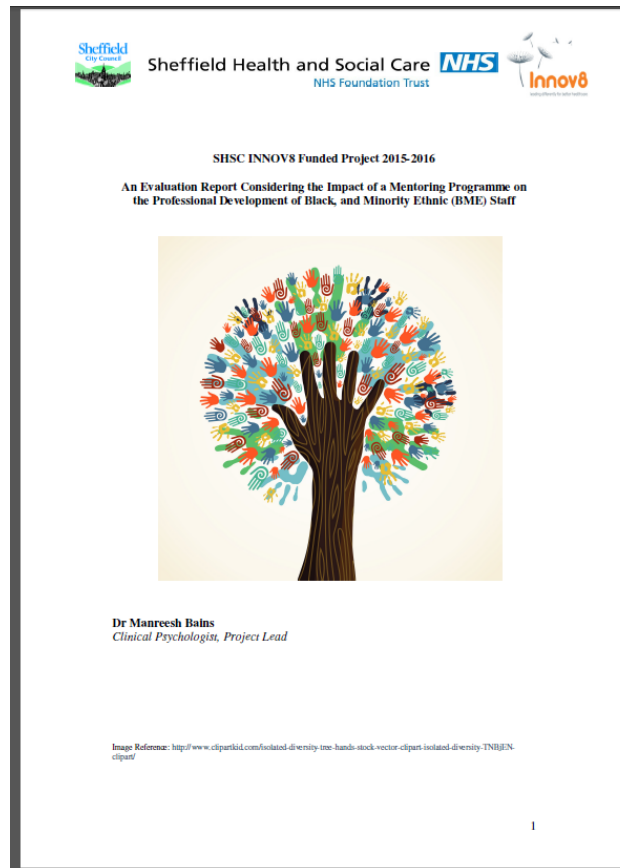
4 Band 5 (BME staff)

## Model

- Chief Executive
- Deputy Chief Executive
- Director of Organisation Development/Board Secretary
- Non Executive Director
- Executive Director of Finance
  
- Clinical Psychologist (8a)
- Health Visitor (7)
- Social Worker (6 equivalent)
- Community Psychiatric Nurse (6)
- Deputy Manager – Care Home (6)
  
- Information Analyst (5)
- Community Psychiatric Nurse (5)
- Community Development Worker (5)



# Were there any changes?

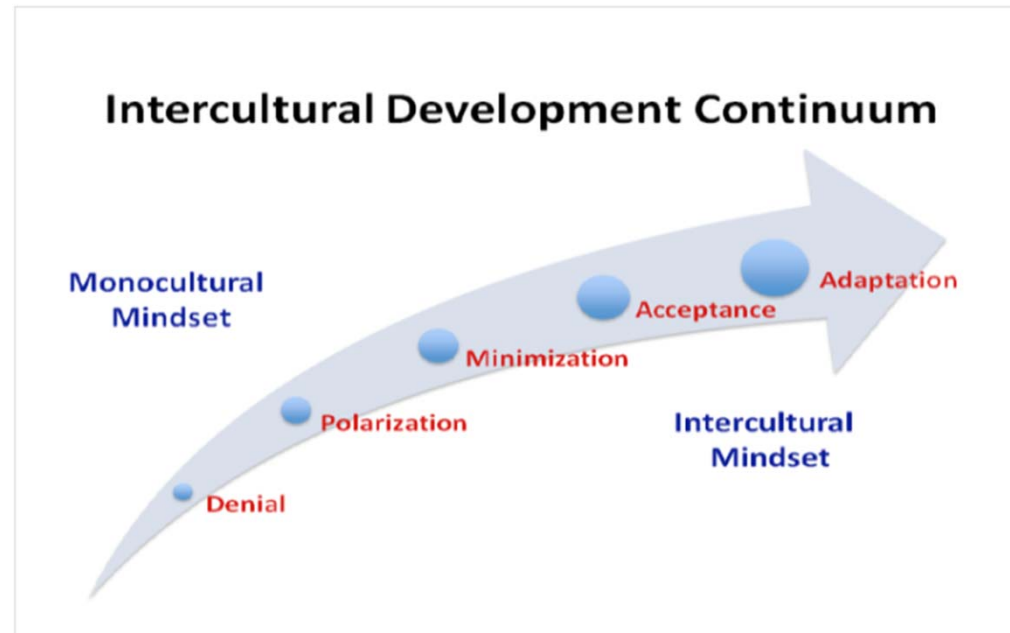


Sheffield Health & Social Care NHS Foundation Trust

## Evaluation – Board Members

*'The Intercultural Development Continuum (IDC™) describes a set of knowledge/attitude/skill sets or orientations toward cultural difference and commonality that are arrayed along a continuum from the more monocultural mindsets of Denial and Polarization through the transitional orientation of Minimization to the intercultural or global mindsets of Acceptance and Adaptation'*

- Text and Image Hammer Holdings, Inc  
<https://idiinventory.com/products/the-intercultural-development-continuum-idc/>



# Results – Board Members

Board Members completed the Intercultural Development Inventory (IDI) before mentoring commenced, and at the end of mentoring. It was agreed as part of the project development plan that the results of the IDI would be fed back to the Board Member group within their established Board development programme.

The outputs from the workshop were:

- It was agreed that the project had raised the profile of this work in the Trust.
- It was agreed that the project was important and that it should be developed and continued. The Project Lead and the Trust Head of Equality and Inclusion were tasked with developing a business case for funding; this was subsequently agreed by the Trust Business Planning Group.
- Some Board members were committed to continue their mentoring relationship.
- It was agreed that other Board members should be involved in the future.



# Evaluation – BME Staff



## MENTEE MCA

**Mentoring Competency Assessment (MCA)**  
*[Adapted for use in the Innov8 project]*

**Please note: This is intended for self-reflection.**

Mentoring Skills

**Please rate how skilled you feel your mentor is in each of the following areas:**  
*[We understand that you can only speak from your personal experience. Please try to rate a skill whenever possible, reserving the "not observed" category for cases where you have no basis for assessment.]*

	Not at all		Moderately			Extremely		Not observed
	1	2	3	4	5	6	7	N/A
1. Active listening								
2. Providing you constructive feedback								
3. Establishing a relationship based on trust with you								
4. Identifying and accommodating different communication styles								
5. Employing strategies to improve communication with you								
6. Working with you to set clear expectations of the mentoring relationship								
7. Aligning his/her expectations with your own								



## MENTOR MCA

**Mentoring Competency Assessment (MCA)**  
*[Adapted for use in the Innov8 project]*

**Please note: This is intended for self-reflection.**

Mentoring Skills

**Please rate how skilled you feel you are in each of the following areas:**  
*[Think about your skill generally. Please only choose "not applicable" (NA) when a skill cannot be applied].*

	Not at all skilled		Moderately skilled			Extremely skilled		
	1	2	3	4	5	6	7	N/A
1. Active listening								
2. Providing constructive feedback								
3. Establishing a relationship based on trust								
4. Identifying and accommodating different communication styles								
5. Employing strategies to improve communication with mentees								
6. Working with your mentee to set clear expectations of the mentoring relationship								
7. Aligning your expectations with your mentees'								

## Mentoring Questionnaire - Pre

*Please complete these questions before commencing any mentoring for the Innov8 project, and try and be as honest and open as you can.*

How would you describe a good mentor? Any key skills?

How would you describe a good mentee? Any key skills?

What are the potential advantages of being part of this mentoring programme?

What are the possible challenges of this mentoring programme?

# Results – Mentoring Competency Assessment

Mentees were able to see improvements in all six domains of mentoring when considering their Mentors:

- Effective communication
- Aligning expectations
- Assessing understanding
- Fostering independence
- Addressing diversity
- Promoting professional development

These findings were echoed by Mentors (bands 6/7/8a) reflecting on their own mentoring skills. There were some scores for individuals that indicated a poorer interpretation of the mentoring relationship at the end of the mentoring, however this was an infrequent finding and the interpreted deterioration was minor (never more than one point).

# Results – Qualitative (Board Members)

*“It is a great opportunity for two-way learning.”*

*“Go bigger – go for it! We’ve done this; this is what everyone’s saying now what are you going to do about it?”*

*“I would recommend it to people either to be mentors or mentees. I think it connects Execs with the front line.”*

*“It did make me question whether I have done as much as I should have. (...) It certainly left me thinking about myself and my role.”*

*“It made me aware of the unconsciousness of our race.”*

*“We got through our difference quite quickly and focussed on also what we had in common. (...) It isn’t about suppressing the concept of difference; it is about finding a way to make a strong human connection whilst recognising that there are clearly differences of experience.”*

# Results – Qualitative

## (Bands 6/7/8a or equivalent)

*“I think it has made me think a lot more about the organization as a whole”.*

*(My mentor) “Has given me a lot of food for thought about the way my progression is going and, do I want to progress?”*

*“We are both from a [similar] background so we could identify barriers that perhaps stopped us progressing and I think because we were able to have a frank and open discussion that was helpful”.*

*“I think sometimes being a minority you’re in a team you may not hold the same views as the majority that you can move forward. Having Board Members believing in you is very good in terms of you thinking, right, if the board member thinks that, then I should believe in myself and yes I can move forward. That is the difference for me now. Whatever doubts I had, they are not there now.”*

*“I get supervision with my manager and they are good but they may not recognize the culture differences, my background and the way I may feel about things. I’m not the majority, I am the minority and yes there are some times where I may be confident but I may not be confident as the majority in certain things.”*

*“It really helped me to think outside the box and think about what I can do to go up to leadership. For example, I will look for more leadership roles within my team, whereas before, I thought well that’s not my job, it’s more managerial. I am thinking differently now, I can develop myself and get myself to a better position to apply for certain roles.”*

# Results – Qualitative (Band 5)

*“I understand myself now. I have done a lot of self evaluation over the last 3-4 months now. I know where I am lacking and it's just to brush up on those issues and some of those things. (...) Actually realising your skill set is not quite as narrow as you might think”*

*“It has made me reflect a bit more on my actions and thinking about which way is better to reach my career goal, which I couldn't decide before.”*

*“Our voice was being heard”.*

*Knowing that I could trust the person I was talking to was great. (My mentor) was a really good listener”.*

*“If it was someone who was not from a BME community, I don't think we would have done anything because I don't think that the person who is not from the BME would understand why the person doesn't progress.”*

*it's that relationship that you develop”*

*“It gave me time to reflect on my practice, on my ability to work or to move up.*

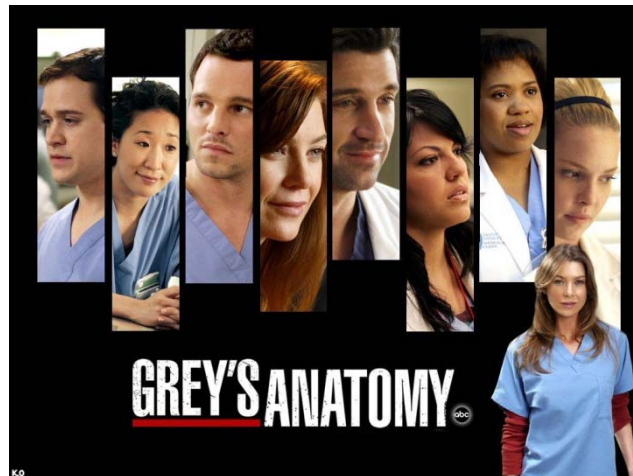
# Personal Reflections – Project Lead

- Learning more – WRES, Trust’s strategy
- Liaising with staff across the Trust (that I probably never would have met otherwise!)
- Expanded my network of BME colleagues
- Noticing the challenge of capturing ‘diversity issues’ and how we make changes
- Moving away from a deficit model – BME staff can “give/share” knowledge, rather than “need” to be treated differently

# Next Steps

- The project has led to a wider development of a business case for this type of work i.e. positive action for BME staff across the organisation to carry out recommendations such as:
  - Developing the mentoring programme
  - Following up with the first cohort of the project to monitor how the programme has/has not impacted their development. Depending on the success of this model, this could be adopted by other known minority groups in leadership e.g. women, disabilities.
  - Focusing on increasing access to non-mandatory training for BME staff. Linking up with other developing forums within the Trust e.g. BME staff network group. Developing a dedicated page on the Trust intranet.
  - Trialling development workshops for BME staff in the Trust e.g. interview skills.
  - A theme that has emerged from the mentoring project is that work from the Trust BME strategy is not fully communicated to staff at different levels, therefore, we are developing a proposed Trust BME conference later this year (with the potential to become an annual event).

# Personal Reflections



Sheffield Health & Social Care NHS Foundation Trust



# Summary

- Mentoring project gained positive feedback – some relationships continue
- Evaluation would suggest that BME staff did access a development opportunity
- Raised greater awareness Trust wide, organisational change – Board level engagement
- Subtle (unintended consequences!) – greater networking of BME colleagues, importance of Project Lead role, opportunities that have arisen from the project e.g. linking up regionally

# Contact Information

Dr Manreesh Bains

Senior Clinical Psychologist

[Manreesh.bains@shsc.nhs.uk](mailto:Manreesh.bains@shsc.nhs.uk)

Liz Johnson

Head of Equality & Inclusion

[Liz.johnson@shsc.nhs.uk](mailto:Liz.johnson@shsc.nhs.uk)