

Workforce Race Equality Standard (WRES): sharing good practice case studies

Example of improvements

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

We would be grateful if you could complete this good practice case study template with the WRES indicator themes in mind. These being: recruitment, retention/promotion, reducing disproportionate rates of disciplinary action; reducing levels of bullying and harassment...

To help support continuous improvement in this area and share good practice, we may publish your case study on the NHS England website.

| Your details |
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| Organisation name: Mersey Care NHS Foundation Trust |
| Name and job title: Amanda Oates, Executive Director of Workforce |
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| Which WRES indicators has your organisation improved on? Please provide details of the progress made. Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff Prior to 2016 the trust had a high number of the workforce going through disciplinary investigations post incidents, with lengthy suspensions and investigations, yet more than half ended up with no case to answer. Putting those employees through unnecessary investigations and damaging the psychological safety and trust with staff effected. |
| What did you do? What interventions were put in place? The trust began to pilot a new approach in 2016 as part of its approach to adopting a Just and Learning Culture, based on the renowned safety expert Professor Sidney |



Dekker. We began looking at the concept of second victim, the care giver. When something goes wrong, the first victim is the patient who is harmed, but the care giver is harmed too. We had never fully considered the impact on staff, we got too caught up in processes, and were focusing too much on who did something wrong, rather than who is hurt and who needed our help. Our approach simply was not compassionate enough.

We engaged with staff, managers and staff side, reviewing our systems, support and practices. The aims were used to alter our approach to employee relations to escape the mindset of finger pointing. We also reviewed the language we use in HR which can be quite legalistic and retributive. We piloted the approach in one division and once we saw the impact we implemented it trust wide.

What was the impact/outcome?

The cultural shift has seen a major reduction in disciplinary investigations over the last two years by 54%, yet in the same time our workforce has more than doubled.

Our evidence has documented an estimated £1.7 million savings from clinical suspensions and back fill alone, with further cost savings identified.

We have seen year on year improvements in the staff survey results, particularly in the safety domain.

We are now developing policies to support not punish, developing approaches in partnership and with clinical facing teams, building trust so give people the confidence to raise issues before they become major problems.

Any other information:

We have written a research study with Professor Dekker and colleagues on the economic viability of restorative just culture. We have also worked in partnership with Northumbria University to develop a four-day accredited programme to share our learning with other organisations to give them the skills and practice expertise to accelerate the impact of our lessons.

Please complete and return to england.wres@nhs.net . If you have any questions please contact...

Thank you

WRES team

