Devon & Cornwall and Dorset & Somerset HR Network
Employing BME People in the NHS in the South West

Implementation Plan

Introduction

This implementation plan has been developed to support delivery of the recommendations in the report produced by the Devon & Cornwall and Dorset & Somerset HR Network; 'Employing BME People in the NHS in the South West.

The plan refers to the conclusions and recommendations in the report and identifies specific actions that would lead to effective implementation. Each action has been allocated to specific organisations.

It is recognised that in many instances some organisations will already have or will be implementing certain of the actions identified. However the report has identified that this is not the case across all organisations and therefore these actions have been included.

Implementation Leads

Many of the actions identified require a collaborative approach. The Steering Group that oversaw the activity to produce the report believe that these actions will only be implemented if they are coordinated. A further recommendation has therefore been included to identify a lead HR Director for each county to coordinate implementation.

Implementation Timescale

It is recognised that in the current climate collaborative working on a large scale is particularly difficult particularly as many organisations are still being formed and do not yet have executive teams in place. It is therefore recommended that in respect of the work that involves significant collaboration implementation does not commence until the start of the 2007/2008 financial year.

This should not stop individual organisations implementing individual work streams in accordance with this plan.

	Recommendation Summary	Action	Who	Comments
1.	9.4.1.1 & 9.4.1.2 Projecting future demographic	Develop methodology and regularly predict future population nationally and in the SW by ethnicity, working population, retired population etc	NHS SW or other central body working with lead HR Directors	The SW Observatory already has information that could be developed

	Recommendation Summary	Action	Who	Comments
2.	9.4.1.1 & 9.4.1.2 Setting and monitoring targets	Identify, agree and monitor targets for BME workforce representation that will ensure a sustainable workforce that do not just reflect the local population	Lead Directors in collaboration with NHS SW	It should be possible from 1 above to identify potential gaps in the workforce
3.	9.4.2.1 Promoting the SW as a place for BME people to live as well as work	Launch campaigns which actively promote the SW as an area where BME people would want to live as well as work including in existing processes eg recruitment materials	Lead Directors seeking support from NHS Employers	This would need to be done in collaboration with those that work closely with BME people including networks and bodies identified in this report
4.	9.5.1.1 Monitoring the workforce by ethnicity and grade	Enhance existing arrangements to ensure all organisations can monitor and benchmark across the SW	Individual organisations with benchmarking by NHS SW or other central body	This would enable effective sharing of good practice and targeting more difficult areas
5.	9.5.1.1 Monitoring of recruitment and selection	All organisations should seek to bring their practice up to and beyond the level of existing best practice.	Individual organisations & networks	If existing networks cannot support this alternative mechanisms will need to be identified
6.	9.5.1.2 Impact Assessments	Recruitment and selection policies and procedures in accordance with RES should be robustly undertaken and monitored.	Individual organisations	As for 5 above this would benefit from effective sharing of good practice
7.	9.5.1.3 Competence to participate in recruitment and selection	Ensure all those involved in recruitment and selection are competent in accordance with the KSF levels outlined in the recommendation	Individual organisations	
8.	9.5.1.4 Review of development opportunities for BME people	Undertake a review of all existing development activity aimed specifically at BME people both nationally and locally	Simple surveys via existing networks & dialog with NHS Employers	If existing networks cannot support this alternative mechanisms will need to be identified
9.	9.5.1.4 Strategy to support development of BME people	Develop a strategy that seeks to use existing and develop further processes to ensure BME people are able to advance more senior levels	Lead Directors working with networks and NHS Employers	It should be possible to identify from 8 above what is currently happening and what more needs to be done including possible initiatives that use economies of scale

	Recommendation Summary	Action	Who	Comments
10.	9.6.1.1 Lead executive and non executive director for ethnicity	If not already the case these leads should be identified and appropriate performance management arrangements put in place and competence assured in accordance with the KSF levels outlined in the recommendation	Individual organisations	
11.	9.6.1.1 Performance management of ethnicity	Set up performance management arrangements for managing ethnicity that is cascaded through the management structure via the appraisal, objective setting and appraisal process	Individual organisations	This should be from senior (in accordance with 10 above) to junior levels in the organisation
12.	9.6.2.1 Enhance race and faith awareness training	All organisations should seek to bring their practice up to and beyond the level of existing best practice.	Lead directors, individual organisations & networks and NHS Employers	If existing networks cannot support this alternative mechanisms will need to be identified. In addition advice should be sought from BME groups and consistent training that secures economies of scale considered.
13.	9.6.2.2 International days & social events	Consider setting up international days or social events learning from those organisations that already do this	Individual organisations & lead directors	This could be done in 'patches' and could also be interagency with advice and support from BME groups
14.	9.6.2.3 All staff appraised	Ensure KSF competence for 'support equality and value diversity' is robustly monitored	Individual organisations	
15.	9.6.2.4 Clear messages in respect of discrimination	Develop and share materials and strategies that are aimed at leaving no doubt that race discrimination will not be tolerated	Lead directors and individual organisations	Advice and support from BME groups and NHS Employers
16.	9.7.1.1, 9.7.1.2 & 9.7.1.3 Effective networks for BME people	Review existing arrangements as set out in the report with a view to identifying the most effective	Lead directors working with networks	If existing networks cannot support this alternative mechanisms will need to be identified. Advice and support from BME groups

	Recommendation Summary	Action	Who	Comments
17.	9.7.1.1, 9.7.1.2 & 9.7.1.33 Effective networks for BME people	Identification and setting up of what are considered to be the most effective arrangements	Lead directors working with individual organisations	Advice and support and possibly involvement of BME groups. Report suggests networks could cover numbers of organisations including non NHS
18.	9.7.2.1 BME networks to inform wider strategy	Once developed network business to be extended beyond pure BME issues to inform wider strategy to the benefit of all groups	Networks and individual organisations	
19.	9.7.3.1 Develop strategic partnerships	Develop partnerships with BME networks as a wider community with a view to developing shared strategies and aims	Lead directors	Further support from NHS Employers