NHS England

Sharing the Learning – Implementing the
Equality Delivery System for the NHS – EDS/EDS2

Your details	
Organisation: *Name and type of organisation*	North East London Foundation Trust
Job title:	Equality and Diversity Manager
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What are your organisation's Equality Objectives? If published, please include the web link:	These are published on the Trust website http://www.nelft.nhs.uk/about_us/E_and_d_/key_objectives_

Title of Case Study:
Staff Networks for BME, Disabled and LGB&T Staff

Which EDS Goal does your case study relate to? *Please tick all that apply*	**Which protected characteristic(s) are covered by your case study?** *Please tick all that apply*
☐Better health outcomes ☐Improved patient access and experience ☒A representative and supported workforce ☒Inclusive leadership	☐Age ☒Disability ☐Gender reassignment ☐Marriage and civil partnership ☐Pregnancy and maternity ☒Race ☐Religion or belief ☐Sex ☒Sexual orientation

Background information about EDS activity in your organisation:
Include a brief summary of how EDS/EDS2 is implemented in your organisation, including positives and challenges, e.g. joint grading with local interests etc.
In 2011, when the EDS was launched, the E & D team presented a brief to the Trust Board and its Executive Team, encouraging the Trust to implement the EDS as a way

of showing compliance with the Equality Act, and supporting the Trust in identifying gaps in workforce issues and service provision. The Trust Board agreed to pilot the implementation of the EDS as accountable to the Board on a 6 monthly basis, and on a quarterly basis to the Trust Equality and Diversity Group.

An implementation plan was agreed by the EDS Steering Group, consisting of representatives from: Links (now known as HealthWatch leads), Service users and carers from mental health and community services, with at least (8 of the protected characteristics – Age, gender, disability, religion, sexuality, transgender, marriage/civil partnership and race), E & D leads from MHS services, local authority and Acute Hospitals and a member from the London Ambulance Service. Each public sector organisation, carried out a self-assessment and we held a stakeholder event and reported our position against the 4 objectives and its goals.

Positives: Engagement from stakeholders across the different public sector organisations, in particular from the service user and carer groups. Engagement from staff in NELFT in the consultation process. The EDS implementation also improved partnership working with partner organisations and sharing of good practices e.g. we developed an E & D training pack for managers which was a joint initiative with PCTS, NELFT and local authority.

Challenges:
- At the very early stages of the implementation there were changes to the provider and commissioning services, and the withdrawal of CCGs in taking a lead in the implementation of the EDS. In NELFT, to manage this constraint, we decided to carry on without CCG input.
- Range of services managed in NELFT, and where they are based geographically (all over!). To manage this, we decided to focus on mental health services across the 7 boroughs, and improving access for Learning Disability patients.
- Time constraints – The Equality and Diversity Team, had one WTE manager and 1 WTE E & D officer. To manage this, rather than the development of a separate action plan, we aligned our existing E & D workplan against the goals and outcomes of the EDS. (see link; Equality and Diversity Action Plan 2014/15 Making the EDS more manageable, for us to identify what evidence was required against each of the goals and its outcomes, and ultimately, being able to identify gaps, lack of senior managers at Bands 8 and above who are from ethnic minority groups lack of confidence from LGBT and disability staff in improving access of services and workforce issues.

What are you proud of and how has this benefited patients and/or staff?
Include any outcomes for patients, communities or staff.

The EDS supported the Trust in identifying a number of key priorities for the organisation, and these are published on the Trust website, the objectives were evidence based.

We were able to give evidence to the Board, that:

- The organisation did not have ethnic minority staff at bands 8 and above in the organisation, and that there have been no action plans or strategies to improve the glass ceiling effect. Every year we were reporting on this, with no outcomes. There were various audits and reports, including those at national level, but what these reports did not have are recommendations of improving this outcome for ethnic minority staff.
- When we carried out the stakeholder consultation with staff, where staff were able to report on issues affecting their health, and performance, due to them having some form of disability.
- Lack of confidence was reported by LGBT staff, and feeling there was a lack of openness of staff at senior levels who were LGBT, and lack of support services.

And hence the development of the three actions below that we are really proud of are the development of:

- an Ethnic Minority Staff Network Strategy [EMN Staff Network Strategy](#)
- a disability staff network
- an LGBT staff network

Benefits:

The benefits of having these 3 staff networks, which we have advertised on the intranet, and will be promoting these through the NHS jobs, gives a supportive and positive picture of the values of the Trust. It highlights the gaps in workforce provision and putting in actions to mitigate this. The objectives are set and agreed by staff who are from one of these protected characteristic, and ultimately, will impact positively for patients too in the care that they receive, staff awareness and informed of key issues to make decisions about their care and culturally aware on how to work positively with ethnic minority groups, those with disabilities and from the LGBT groups.

The Ethnic Minority Staff Network will share its learning with the Disability and LGBT group, in order to have consistency on the way networks are developed in the Trust, and for these groups to have a strategy in place to ensure that actions are implemented and monitored to evidence a positive impact for staff.

All of the networks have clear accountability and support from senior management teams across all services. The networks are very transparent and share the work that they do through weekly updates and information on the intranet.

How was this achieved?
Include any challenges or barriers to overcome, any partnership working or creative and innovative approaches.

- Ethnic Minority Staff Network and Strategy

A EMN steering group was set up which consisted of a member of staff from each of the Integrated Care Directorates, and representation from the following professional

groups and an open forum for all to attend;
- Medical rep (we have a consultant on this group)
- 2 HR representatives
- 1 training and development
- 1 union representative
- E & D Manager

(membership of the steering group) (attached)

This is a very active group that monitors the implementation of the strategy. In the 1st year, we focused on breaking the glass ceiling, by having panels that include someone from the ethnic minority network, training of staff on interviewing skills, mentoring and coaching. We now have 6 IC directors/assistant directors from ethnic minority groups at Band 8c. Staff and managers are beginning to openly talk about issues of race and racism, without feeling "scared" or "afraid" to do so, as the culture and behaviours are beginning to shift.

- Disability Staff Network:

We were not able to report on how many staff we had who had a disability, as staff were not disclosing this information to HR, even when there were issues of long term sickness (due to stress, or mental health), and referred to occupational health. Greater efforts on improving our data quality will enable us to adopt a greater understanding of our workforce needs. We identified this information as a gap, and began to raise this as part of the equality and diversity training, and requested for the diversity form to be included as part of the stress audit forms. We began to see results, and we were able to identify staff who had a disability were more likely to be stressed and have high rates of sickness absence. Staff raised a couple of issues that affected their health and caused stress, and these included, staff who had reasonable adjustments, when moving from one job to another internally within the Trust, did not have their reasonable adjustments carried forward with their move and required another assessment. Lack of awareness within the management group of how to manage, make reasonable adjustments and support staff with a disability was another key issue raised. The Disability Network group is accountable to the Health and Wellbeing Group and the Trust Equality and Diversity Group, and the network will focus on 4 key objectives going forward this year:

- Guidance for managers on how to manage staff who are "differently able" (A term being used by members of the network).
- Developing an e-learning training package for managers (to be developed in-house with real life stories, on reasonable adjustments, communication and support)
- Formal launch of network with an Executive Champion and discussion on name (differently able).
- Staff training – venues to be accessible where possible and to be checked for by example loop systems, Trainers to be checked to ensure there deliver and provide materials in alternate formats when required and are aware to ensure training is provided with disability awareness (examples: use of mikes, physical activates, video clips).
- Positive Action plan by managers on reasonable adjustments for staff with

disabilities, and to include ensuring positive outcomes for staff member concerned.

LGBT Staff Network

Since 2011, The Trust has not been able to identify how many staff work for NELFT from the LGBT community. Staff has been ambivalent to do so, and when this has been raised at the Equality and Diversity Training, we have been informed that staff do not wish to "come out". This raised concern, as we were aware of a couple of cases that had been raised directly to the E & D team. We empowered the staff who raised concern to develop an LGBT network, and requested for an Executive Director lead to champion this.

1) Executive champion appointed, formal launch has taken place.
2) To sign up to Stonewall, to work together on an action plan.

Stonewall comment from Launch 'I just wanted to email to say thanks again for inviting me to the launch the Network on Tuesday. I think it went well and all your colleague seemed very engaged and sincere in their willingness to start taking action. It was also very encouraging to see the Executive Director for London and Transformation (Jacqui) there and express her support for the group and the Trust to start do more around LGB inclusivity as a whole'.

Barriers:

- Anonymity is a real issue currently for the group.
- Time allowed for staff to attend the network meetings – There is agreement from the Executive team, and if staff identify this need as part of their personal development, than staff will be able to attend the networks (and that patient/clinical care would be given priority). The network chairs intervene where managers make is difficult for staff to attend.
- Budgets: These networks do not have a budget to launch their networks or have events to promote the work they do, apart from the Ethnic Minority Network, which comes from the E & D budget.
- Access to training. Currently working with Training and Development to have a more transparent process for recording training of staff broken down by the three protected characteristics.

Top tips:
What learning could other organisations take from your example above?

These are good forums for staff to have a voice, and the networks should be seen as empowering staff to make changes and shift organisational culture. Allows better understanding of some of the key issues which are important as these not only support how you work with staff, but supports clinical staff on how to engage with patients.

Organisations need to have SMART strategies for networks in order for them to work and needs buy-in from senior staff within the organisations, and engagement of staff

and all levels.

Celebrate when things are working! We are celebrating our work around the ethnic minority strategy on the 22nd of October, with a conference title "Living our values, working together and celebrating diversity". We have invited some key speakers from the BBC, Royal Free Hospital and Guys and St Thomas' Hospital to come and share the work they are doing in embedding values and the impact on staff morale and behaviours.

Keep everyone well informed of what you are doing, can't do things in silo. Be inclusive rather than exclusive!