

Improving through inclusion

Supporting staff networks
for black and minority
ethnic staff in the NHS



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Foreword

The greatest resource that the NHS has is its staff. It is the fifth largest employer in the world with almost one in five of its workforce being of black and minority ethnic (BME) origin. At the same time, research and evidence strongly suggest that BME staff in the NHS are treated less favourably, have poorer experience and progression opportunities. This in turn has significant implications for the efficient and effective running of the NHS, including adverse impacts on the quality of care received by all patients.

We know that engaging with staff in a meaningful and sustained way is important in helping to make continuous improvements on the workforce race equality agenda. Amongst other benefits, this engagement provides the organisation with the opportunity to make sure that staff feel valued and respected for the outstanding contribution they often make, and that BME staff in particular, are fully involved in the organisation's work.

All NHS organisations are encouraged to help introduce and support BME staff networks – alongside networks for other equality characteristics – as an important source of knowledge, support and experience. As this report suggests, such an approach can contribute towards the overall success of many organisations' work in general, and specifically upon the equality, diversity and inclusion agenda.

For many NHS organisations across England, the introduction and effective running of a BME staff network is an important part of putting into practice the Workforce Race Equality Standard (WRES) and associated action plans to continuously improve in this area. Some organisations and parts of the NHS are embracing this challenge well, but there are other employers that still have much progress to make.

We simply cannot afford the cost to staff and patient care that come from inequalities and lack of opportunities for a large section of the NHS workforce. As co-directors of the NHS England Workforce Race Equality (WRES) Implementation Team, we recommend this essential report in helping the NHS to make the difference that our diverse staff need and deserve.

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Introduction

For many patients, there is no alternative to the NHS. They place their trust, healing and their lives in the hands of the healthcare staff. However, if staff are unable to give their best because they are unfairly treated, this will ultimately have a negative impact on the organisation and more importantly on the quality of care provided to patients. A more supported and engaged workforce leads to better patient care ¹.

What we already know

Unfortunately, there is plenty of evidence showing that if you are a black or minority ethnic member of staff, you are less likely to be treated favourably, have poorer experience and progression opportunities, which impacts on the patient experience. There is a clear link between discrimination and aggression against staff to patient satisfaction. The greater the proportion of staff from a black and minority ethnic background who report experiencing discrimination at work, the lower the levels of patient satisfaction ². The statistics show that:

- In recruitment and progression, black and minority ethnic candidates are 1.74 times less likely than white shortlisted candidates to be appointed ³;
- A report commissioned by NHS Employers ⁴, found that black and minority ethnic staff were almost twice more likely to be disciplined than white staff.
- The Royal College of Midwives examined disciplinary procedures for midwives in London and found a similar pattern of disproportionate disciplinary action against black and minority ethnic midwives ⁵.
- Higher percentages of black and minority ethnic staff report the experience of harassment, bullying or abuse from staff, than white staff regardless of trust type or geographical region ⁶.

1 Leading by Example: The Race Equality Opportunity for NHS Provider Boards (2014)

2 West et al (2012) NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and Related Data (West et al)

3 Kline, R. (2014) The "snowy white peaks" of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England.

4 Archibong, U et al (2010) Archibong U. and Darr A. 2010 The Involvement of Black and Minority Ethnic Staff in Disciplinary Proceedings, Centre for Inclusion and Diversity, University of Bradford

5 Lintern, S (2012) Black midwives disproportionately disciplined, Nursing Times

6 <https://www.england.nhs.uk/wp-content/uploads/2014/10/WRES-Data-Analysis-Report.pdf>

We know from research that: “The experience of black and minority ethnic NHS staff is a good barometer of the climate of respect and care for all within the NHS. Put simply, if black and minority ethnic staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received” ⁷

Workforce Race Equality Standard

A number of important initiatives and recommendations are in place to help support NHS organisations respond to the challenges of equality and diversity. For example:

- The Equality Delivery System for the NHS (EDS2) ⁸
- Leading by Example: Race Equality Opportunity for NHS Provider Boards ⁹
- TRUST: An essential ingredient for effective and inclusive leadership in the NHS ¹⁰

Perhaps the most effective tool introduced to highlight and help tackle the discrimination against black and minority ethnic staff, in particular, is the Workforce Race Equality Standard (WRES).

The WRES was introduced in April 2015 and requires organisations providing a NHS service to demonstrate progress against nine indicators of workforce race equality. The WRES applies to all types of providers of non-primary healthcare services operating under the full length version of the NHS Standard Contract ¹¹.

The WRES seeks to better understand why black and minority ethnic staff often receive much poorer treatment than white staff in the workplace and to understand why the gaps exist. Although the WRES aims to improve outcomes for individuals (namely black and minority ethnic staff), it is a tool designed to tackle systemic attitudes deeply rooted within the organisation. To achieve this requires 'collective leadership' i.e. high levels of engagement between leaders at all levels ¹².

The ultimate aim of the WRES is to increase awareness of the differences in experience for black and minority ethnic employees in the NHS. The WRES is a strategic tool geared at helping organisations understand the systemic issues inherent in the race equality agenda and to develop plans to help improve the experiences of BME staff. Despite its strategic nature, for the WRES to be successfully implemented, its spirit needs to be embraced by all employees and workers in the NHS.

7 West et al (2001) NHS Staff management and health service quality

8 <https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

9 Leading by Example: The Race Equality Opportunity for NHS Provider Boards (2014)

10 TRUST: an essential ingredient for effective and inclusive leadership in the NHS. Royal College of Nursing

11 <https://www.england.nhs.uk/nhs-standard-contract/17-18/>

12 Leadership and Engagement for Improvement in the NHS - The Kings Fund Leadership Review 2012

Black and minority ethnic voices

Although there are pockets of good practice and progress across the country, the findings of the 2015 WRES data analysis report for NHS providers highlight that there is still much more work to do to narrow the gap in experience and outcomes between white and black and minority ethnic NHS staff.

Engagement with all employees, and in particular, with those from a black and minority ethnic background is an important part of the WRES. The voices of black and minority ethnic staff within the NHS should play more of a critical role especially considering staff from black and minority ethnic communities are made up of different backgrounds and have different experiences. For example the experience of staff from a Chinese or Filipino background may differ to those from a Caribbean one. Therefore it is important to identify what exists to enable those voices to be heard.

Staff networks can be effective mechanisms of workforce engagement. Acting as a collective discussing the different experiences of their members, staff networks can provide insight into unseen barriers and devise practical, creative and commercially workable solutions to help close the gap between white and black and minority ethnic staff treatment.

We know that when staff feel they are valued and fairly treated, they are more likely to be engaged, motivated and ultimately more productive at work. This is the real business benefit of inclusive workplaces, one that all employers, including the NHS, can unlock. Having a trusted source of information that is willing and able to act as a critical friend and bring solutions to the issues facing their members and the business is an asset in any organisation. Especially when those solutions can help the organisation advance, provide access to services that are sensitive and reflect different cultural realities, recruit and retain the best talent, and provide excellent patient care.

That being said, it has to be acknowledged that where black and minority ethnic staff networks do exist, not all will have the necessary capacity, capability and support to be heard. Therefore, it is essential to understand how best to equip staff networks with the tools they need to be clear about their offer, and how to empower them to bring a positive and measurable difference for the NHS.

Defining staff networks

The primary purpose of a staff network (also known as employee networks or diversity networks) is to assert equity for their members (employees) within the organisation. Using a formal structure, they support their individual needs as it relates to specific identifying characteristics, including visible and invisible identities or qualities¹³. They come together around a shared purpose where members act as peers on the basis of exchange and reciprocity, based on trust, respect, and mutuality¹⁴.

Successful staff networks offer a supportive and safe space to have discussions on issues around inequality and discrimination. They have slowly developed from providing informal networking opportunities to becoming business partners in support of the business mission. The 21st century staff networks are very aware of their purpose, position and level of influence. They recognise that they are in a key position to use their human capital (e.g. the skills, knowledge, experience, and education), and influence (e.g. resources, creativity, and connections) to lead a social movement of change and innovation. They do this by:

- Making sure their aims and objectives are aligned with the organisation.
- Using evidence and analysis to provide important challenge on the existing systemic problems that affect their members.
- Influencing the organisation to make sure that all staff have the opportunity to be involved in shaping the culture. Seeing themselves as internal advisers to the organisation and patients where necessary.
- Providing opportunities for development, networking, recruiting, or feedback, among other benefits to the organisation.

Staff networks by their nature aim to make a difference. They can help the organisation make positive use of difference and encourage individuals to bring their true self to work. A survey¹⁵ of Fortune 500 companies in the USA found that nearly one out of every two respondents cover at least one identity. Covering is an approach through which individuals manage or downplay their differences. Covering can stop an individual being themselves in the workplace and in the long run stops an organisation from creating a true culture of inclusion. Staff networks help the employer to develop a 'cover-free' workplace and understand that an authentic workforce means a more committed workforce.

13 Canadian Centre for Diversity and Inclusion, 2015

14 Health Foundation 2012

15 Uncovering talent A new model of inclusion, Deloitte University - Leadership Centre for Inclusion, 2015

When they remain focused, work together and get support from the organisation, staff networks can be an important forum for all staff and play an important part in helping to deliver the goals of the business. They have a significant role in helping to safely challenge existing conditions in organisational development. This challenge helps to reduce gaps in workforce representation and in processes and systems that may unintentionally favour certain groups. Effective staff networks can provide a way to offer support and solutions to some of the barriers employees face in the work place - be they a 50+ white male in a junior grade, a female executive with a disability or a black and minority ethnic nurse on the front line ¹⁶.

The project

Central to the implementation of the WRES by NHS organisations is engagement with their workforce, and in particular, with their black and minority ethnic employees. Staff networks are an effective mechanism of workforce engagement and can help deepen the understanding of the employee experience. This is important to identifying the challenges in making continuous improvements against the WRES indicators.

NHS England's WRES Implementation Team commissioned a mapping exercise with two aims:

1. Share good practice of black and minority ethnic staff networks operating across the NHS.
2. Identify what specific support might be needed for staff networks to be more effective.

This report will share the findings of the mapping exercise and provide a picture of staff networks serving black and minority ethnic staff in the NHS. It will also offer case studies of good practice from networks across the NHS and provide recommendations to help organisations in assuring that their staff networks are as effective as they can be.

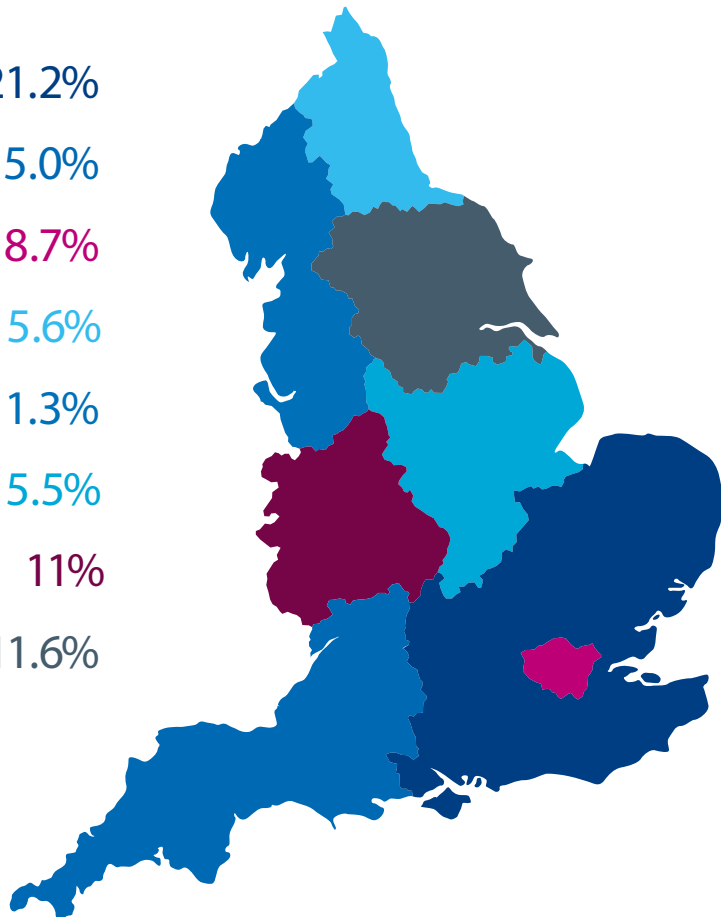


The survey methodology

A survey was designed to identify where NHS black and minority ethnic staff networks are operating across the regions in England. Using a combination of open and discrete questions, the survey sought to assess the effectiveness of black and minority ethnic staff networks. The survey was open to all NHS employees and in particular, those involved in running or supporting black and minority ethnic staff networks. Mindful of data protection issues, and to encourage openness, the survey did not ask respondents to disclose their ethnicity or to name their organisation. Instead, the survey was anonymous but respondents had the option to share contact details (the majority did not disclose their details).

1423 respondents participated in the survey across the following regions:

South East	21.2%
South West	15.0%
London	18.7%
North East	5.6%
North West	11.3%
East Midlands	5.5%
West Midlands	11%
Yorkshire & the Humber	11.6%



Occupational background of respondents was:

Administrative	Clinical	Other support services
36%	42%	22%

Over half of the survey respondents (59%) said that their NHS organisation had a staff network for black and minority ethnic staff. These organisations also had the following staff networks operating:

LGBTI ¹⁷	82.8%	Disability	67.9%
Faith group	27.2%	Parents & carers	21.5%
Gender	18%	Part-time/Flexible workers	12.3%

Of the 41% that did not have a black and minority ethnic staff network:

69% believed that their organisation would benefit from a black and minority ethnic staff network

24% had other staff networks operating in the organisations, including:

LGBTI	65%	Disability	49%
Parents & Carers	17%	Faith Groups	17%
Part-time/Flexible workers	12%	Gender	10%



Findings

Benefits of black and minority ethnic staff networks

"Staff networks offer a place for staff to come together, share experiences and facilitate learning and development. They assist in the shaping and delivery of organisational strategy and policy, working to improve staff experience on specific issues relating to each network" ¹⁸

With all the benefits that staff networks can produce, it needs to be recognised that where they do exist, not all staff networks are created equally. How they are seen in each organisation and the quality of support provided to them do vary depending on the culture and leadership of the organisation and of the staff network. Uncertainty, lack of trust and understanding about the purpose and impact of staff networks is made worse when matters around race [or other diversity issues like gender] take time to be established and the noticeable absence of diversity at senior levels continues.

Perhaps the most worrying opinion of a separate staff network for black and minority ethnic staff in the survey is the view that they exist to 'stir up trouble'. However, there is no evidence to support a connection between separate staff networks and an unhealthy workplace culture (in fact, it is the opposite). However, some of the responses in the survey reflected a lack of understanding regarding the value of black and minority ethnic staff networks.

Of the responses to the question: "Do you think that your organisation would benefit from a staff network for black and minority ethnic staff?" nearly a third (31%) of people said that the organisation would not benefit from a staff network specifically aimed at black and minority ethnic staff. One respondent wrote: "Going by the recent political events and immigration being high on the agenda - I feel a group that is overtly black and minority ethnic would attract unwelcome attention."

Others believed that because of their segregated nature, black and minority ethnic staff networks could be divisive entities that go against the grain of inclusivity.

What people said

"Why??? It splits the workforce, singling out a group of people. We are all trying to be one but stupid ideas like this separate the workforce."

"Isn't that a form of segregation and racism in itself?"

"I think all staff should work together, and network together in an integrated manner regardless of race, creed, religion or anything else. If we have a network for black and minority ethnic, are we also going to have one for females? For LGBT? Where will it end? These things do not affect a person's ability to do their job and should not be mandatory."

"Will there then be a network for short/tall people/fat/slim/male/female"

There was also strong sense that a network created specifically for black and minority ethnic staff would incite feelings of discomfort and in some cases, resentment.

What people said

"Why should black and ethnic minority staff be treated any differently from me as a white British citizen? I don't have a special network. I am what I am. I do what I do and I get on with my job irrespective of my race or colour."

"We don't have a white staff network"

"In the past, white colleagues were resentful when black and minority ethnic colleagues attended the meetings as they felt those black and minority ethnic colleagues were treated more favourably."

In addition, some staff viewed a staff network with suspicion and were keen to avoid being seen as needing 'special treatment' as this could inadvertently have a detrimental impact on black and minority ethnic staff.

What people said

"I personally would not join this group as I want to be defined by my talent not my colour. I am against positive discrimination."

"I don't feel differentiated against and by creating such a network we may send the message that we're different and want to be treated differently"

"We should not be providing support for staff based on their race or ethnicity. This adds to the sense of isolation and difference that would already be felt"

Other reasons given:

We only have a small number of black and minority ethnic staff:

"Some don't think there is a problem and we don't want to upset people" OR
"the number of staff reflects the local population"

Poor Leadership:

"Black and minority ethnic staff network exists but there is so much in fighting. Black and minority ethnic leaders block other good black and minority ethnic leaders from progressing."

Geography:

"The geographic spread has meant that staff are not able/willing to travel together for this kind of network."

Lack of appetite:

"The trust has promoted opportunities for our black and minority ethnic workforce to meet to share views and experiences, but these open networking events were not well-attended." OR "We did previously have a black and minority ethnic staff network but there was little appetite for it and it has been discontinued."

We don't have a problem

"All staff are treated exactly the same, there is no need for a separate network"

Points to note:

- A small proportion of the respondents that did not see the benefit of a black and minority ethnic staff network did have staff networks in place for other minority groups. So one can assume that they're not against the concept of staff networks, rather one specifically aimed at supporting black and minority ethnic staff: "This is segregation according to colour. Black and minority ethnic should access existing networks not have a separate one due to the colour of someone's skin."
- It was also suggested that instead of creating a black and minority ethnic staff network, BME staff should join staff networks that already exist and raise any issues in that arena.
- Others believed that having one group covering all the protected characteristics was more productive than having separate networks: "We feel that having a group of individuals who work across the protecting characteristics rather than with specific groups will make it easier to understand the key issues and move initiatives forward than to have a network for each of the nine characteristics."

It must be highlighted that these are the opinions of a minority of survey respondents. However, having an awareness of these views will help organisations consider how best to lessen some of the challenges they may meet when setting up a staff network to support black and minority ethnic staff. It is also important to consider how to establish effective working relationships and links between staff networks for the different equality characteristics. This will help to develop good relations between the protected characteristics and highlight common areas of interest.

The added value for NHS organisations

...cultures of engagement, positivity, caring, compassion and respect for all – staff, patients and the public - provide the ideal environment within which to care for the health of the nation. When we care for staff, they can fulfil their calling of providing outstanding professional care for patients" ¹⁹

Research ²⁰ shows that employers have reported many benefits to enabling staff networks including:

- Greater commitment, engagement, and satisfaction from their employees.
- Higher external application rates for open positions and greater retention levels of employees that engage in staff networks
- A shift in the public image of the organisation (e.g. caring employer).
- Improvement to the perceived inclusiveness of the organisation.
- Greater competitive advantage for attracting talent within the sector or industry.
- More connections to diverse community stakeholders, and improved development of community presence ¹⁹.
- A more personalised workplace in which employees are able to engage their work with their whole identity ²⁰.

When viewed as a body of internal advisers that already understand the business, procedures, customers and patients, staff networks, with the right support and investment, can provide an opinion and insight on business decisions that will prove invaluable. They can draw on the skills and understanding of their community to help employers have a strategy to manage and harness the potential of an increasingly diverse workforce. Through their collaboration, 'entrepreneurship', and innovation, successful staff networks help to shape the diversity landscape in the organisation.

The good news is that some progress is being made regarding introducing and effectively implementing black and minority ethnic staff networks. They are starting to be recognised for their added value - receiving internal support, and in some cases external recognition, for their impact. For example both the Ethnic Minority Staff Network (North East London NHS Foundation Trust) and the Black and Minority Ethnic Staff Development Network (Northamptonshire Healthcare NHS Foundation Trust) have received an award by Inclusive Networks 2015.

¹⁹ West et al, NHS Staff Management and Health Service Quality (2009)

²⁰ Canadian Centre for Diversity and Inclusion (2013)

²¹ "Aboriginal Peoples: Practices in the Area of Aboriginal Employee Networks," Canadian Centre for Diversity and Inclusion (2013)

²² Geren, C (2015). "Why Employee Resource Groups Need Support," Web Long Post

In addition, the eight case studies in this report show that while organisations are at different stages of their staff network journey, they have one thing in common; a real wish for change. They understand that staff networks can drive transparency and a unified culture within the NHS. It is also a way of alerting leaders to possible problems that need to be addressed.

Encouragingly, over half (60%) of survey respondents rated their black and minority ethnic staff network as either effective or very effective.

What people said

"The staff network is instrumental in raising awareness of the WRES and applying for funding from NHS England in partnership with the trust to develop a staff development programme for female and black and minority ethnic staff across the trust"

"Our black and minority ethnic staff network meetings and activities has made working and developing of black and minority ethnic staff to be very inclusive and has given us a voice to share our concerns, celebrate our achievements, support each other and motivate each other"

"A very proactive network, championed by the chief executive of the trust. Have a strategy in place that we are signed up to deliver on"

"The network has a direct link to the senior leadership team. There is an executive director who leads at Board level too"

"Have managed to productively interact with management to raise black and minority ethnic issues and now we have a quarterly catch up with the MD and HR director. Number of cases with MHPS and doctors investigated has reduced considerably"

The benefits of effective staff networks in the NHS can be broadly grouped into four categories:

1. Voice and engagement
2. Pipeline of talent and development.
3. Empathy & collaboration
4. Innovators and business aligners

Voice and employee engagement

A staff network with a strong credible voice increases employee engagement, enables effective decision-making and raises issues of concern. Nita Clarke (Engaging for Success)²³ says: 'Often employee voice is the cheapest smoke alarm you can ever install in an organisation. Things often go wrong in organisations; the issue is whether you catch them before they build up to a major crisis and do significant or lasting damage.'

Employee engagement is defined in a range of ways. One definition that draws together the range of factors covered by the concept is: 'Being focused in what you do (thinking), feeling good about yourself in your role and the organisation (feeling), and acting in a way that demonstrates commitment to the organisational values and objectives (acting)' ²⁴.

Employees that believe the organisation is supporting them to achieve their goals, allows them to work in decent jobs and has their wellbeing at heart are most likely to respond in a positive way. In what is often referred to as the 'psychological contract', the employment and human resource policies of an employer organisation are considered to help shape staff attitudes and behaviour, their satisfaction and wellbeing ²⁵.

Staff networks sharing concerns, experiences and providing solutions as a collective and credible voice will not only help to strengthen employee engagement but will help to keep race equality as an important topic on the agenda.

When people are engaged and feel that their voice is being listened to and acted upon, there is a boost in productivity.

- Staff are developed by improving their knowledge of the business and wider social issues.
- Positive investment in members leads to better motivated staff.
- Members feel empowered to seek out opportunities to grow and be ambitious.

[Learning from others: University Hospitals of Morecambe Bay NHS Foundation Trust](#)
[Click here to view case study](#)

23 Macleod, D and Clarke, N (2009) Engaging for Success: Enhancing performance through employee engagement

24 Lewis, Donaldson-Feilder and Tharani, 2011, p4

25 Guest, D (2007) Towards a new psychological contract. Human Resource Management,

Pipeline of talent

The importance of finding, developing and making use of the best talent will need to be a key part of any race equality strategy. Yet talent management is not always a well-established practice in the NHS. Getting to grips with how to identify and develop high potential black and minority ethnic staff should be welcomed as an opportunity to review how organisations do this for all groups with protected characteristics, and indeed, staff across the board ²⁶.

Staff networks are a potential pool to develop and harness talent in the organisation - developing a bank of inclusive leaders that interpret how strategic intentions impact at grassroots level. Staff networks should provide the notable opportunity for continuing professional development, not least for the members on the management team. The additional responsibility within the staff network should allow members to develop a range of skills and competencies that may not be afforded to them in their day-to-day jobs but could prove useful for future roles.

"I would love to see rapid changes for black and minority ethnic staff in NHS England and solid commitments to make things happen."

(Merleen Frank, NHS England - Midlands and East region)

Empathy and culture

Empathy (understand and share) is the starting point for creating a community and taking action. "It's the impetus for creating change"²⁷. Staff networks foster empathy by helping the organisation to understand where their members are coming from. They help find common ground and bridge connections with others on a deeper level resulting in an increase of compassion and emotional intelligence. All of these elements help to build a sense of community which enhances a willingness to communicate, collaborate, and support each other²⁸.

A report by NHS Providers found that: 'Engaging staff, and finding ways to get beyond what can be a culture of defensiveness or reticence in talking about race and racism, is an essential part of the journey.... And crucially, it means listening to black and minority ethnic staff...In many trusts it has been the black and minority ethnic network, working collaboratively with the board and focused on a set of agreed priorities, which has also been the most powerful driver of change'

Innovation and alignment

Staff networks through the collective knowledge, contacts, intelligence and creativity, can diversify and exhibit ways of working that will benefit the business. This is why it is crucial that their activity is aligned with the goals of the organisation. Given the constraints on finances, time, and other resources, staff networks can be leading lights in 'frugal innovation'²⁹ - the need to seek other less expensive ways to achieve desired outcomes with fewer resources. This is a skill that the NHS will want to improve as it works to deliver better patient care with less money.

Influence policy/culture

Staff networks are also viewed as a critical friend that could help challenge inequity within the organisation. "Black and minority ethnic staff network would be helpful and supportive for staff and the trust in order to create a better understanding and strategic/operational direction for staff and the trust"

If this trust had a staff network made up of procurement specialist working hard to help identify ways to successfully procure services in a frugally innovative manner, they would be seen as a valuable (and necessary) asset. How much more valuable then is a staff network that is working hard to identify innovative solutions to closing the gap between white and black and minority ethnic staff treatment? We should be supported to increase our potential, and have a 'seat at the table' because we contribute to the bottom line; improving patient care. I don't want to give my name in case of backlash (sorry)."

27 Carver, M - American actor

28 Stincelli, E, (2015) Help Employees Find Their Voice,

29 Frugal Innovation, Prabhu, J (2012)

[Bradford District Care NHS Foundation Trust Learning from others](#)

[Click here to view case study](#)

The added value for NHS staff

The Royal College of Nursing ³⁰ found that some staff have gained recognition and visibility as a consequence of their involvement with black and minority ethnic networks. For others, confidence has surged and soared. The blossoming of black and minority ethnic staff networks in the NHS uncovered a number of additional individual and organisational benefits:

- Develop a culture of helping others to experience learning, growth and an increasing influence.
- Lessen feelings of frustration and failure
- Increase visibility, audibility and fluency leading to a new reality – promotion and the ability to positively shape services
- Develop a culture of nurturing and reciprocal dignity

These findings were also seen in the survey. Nearly 70% of respondents who had a staff network operating in their organisation or wanted to start one, clearly saw the benefits - for both staff and the wider organisation. The survey highlighted that many employees are becoming increasingly aware of the real benefits that can be gained from membership of, and contribution to, networks.

What people said

“Improved employee engagement - by valuing and supporting the diversity of people’s backgrounds and lifestyles. A culture of respect in the workplace indicates that an organisation values its workforce which can improve staff engagement and morale, leading to increased motivation and productivity”

“Having a diverse workforce running throughout the organisation at every level means staff bring different perspectives, styles and approaches to problem solving, different viewpoints, skills and varied knowledge to the business”

“BME staff, especially the non-clinical staff feel isolated and very demoralised at work due to changes and devolution taking place in the North West. Having a strong Network would help to overcome some of the challenges they face as individuals”

What people said

"There are issues that black and minority ethnic staff raise that may not be experienced by other groups, in the same way that someone who has a disability may experience and face certain challenges that people without a disability will not face"

The benefits for staff can be categorised into four groups:

1. Vehicle for voice
2. Platform for progression
3. Eliminating isolation
4. Influencing policy/culture

Vehicle for voice

One of the strongest messages that came out was the need for a safe space where staff could share the challenges they face and identify practical and constructive solutions. Racism often remains underreported for fear of making matters worse, belief that nothing will be done, concerns regarding confidentiality, fear of victimisation, and concern about being labelled as a troublemaker³¹. In addition the individual may fear being regarded as having a "chip on their shoulder".

Challenges include:

- Indirect discrimination in recruitment and/or job selection
- Daily micro aggressions (from staff and patients)
- The constant battle to prove their worth or handle organisational culture

"Over the last few years there had been an increase in staff from the black and minority ethnic background but no real support for them to voice their concerns. Some would disagree however having staff talk about their concerns and no voice means they let things go. There is always the fear of repercussion. People fear for their jobs because they are earning to send money back home."

31 Bullying: a growing workplace menace. Mistry M and Latoo J (2009). Available from: <http://www.bjmp.org/content/bjmp-march-2009-volume-2-number-1>

Moreover, some respondents said that they couldn't bring their 'real' selves to work e.g. their cultural/religious aspects of their lives. There is a view that these should be left at the front door because, according to the managers of one respondent: "there is no place for these [cultural/religious aspects] in the workplace".

Platform for progression

A number of respondents said that there was a lack of opportunities for development. "In my opinion there is a clear glass ceiling for progression in the company [organisation] and this is evident in the racial makeup of many if not most of our teams." It was suggested that the staff network could be a possible place that could hold discussions on programmes available as well as arrange special sessions or master classes for members.

"This is not asking for tokenistic management roles for black and minority ethnic staff, but a request for them to be on a level playing field when others are often offered opportunities black and minority ethnic staff never get to hear about, simply due to the lack of interaction between management and black and minority ethnic staff who tend to be innovators in their field of work as frontline clinical or supportive staff"

Eliminating isolation

Some black and minority ethnic staff reported feeling marginalised, excluded and overlooked in their workplace (especially those working in geographical areas where there are small BME populations). They saw the network as a source of support and a chance to create a sense of camaraderie or community with those who may have gone through similar situations. People valued being connected to a bigger group where they could network and get to know others in the organisation.

"Sometimes as a lone voice it is easier to be misunderstood and misinterpreted and even victimised. Having a staff network work would present a forum through which one can be heard. The black and minority ethnic network can help educate colleagues on cultural awareness and other issues."

Staff networks can bring mutually beneficial outcomes for both black and minority ethnic staff and the wider organisation which can positively impact patient care.

Creating effective black and minority ethnic staff networks

The existing black and minority ethnic staff networks rated as either very effective (23%) or effective (77%) all had two things in common.

1. A framework (terms of reference, governance, leadership structure, aims/objectives)
2. Good working relationships with other stakeholders in the organisation (other networks, Trade Unions, equality teams, champion).

The survey also uncovered the need for three further requirements to help black and minority ethnic staff networks be effective.

3. Real commitment from senior managers
4. Time and investment to undertake work of the staff network and its leaders
5. Accountability

What people said

"We have a real good structure of the network, and are regularly informed about events or opportunities through emails"

What people said

"Have managed to productively interact with management to raise black and minority ethnic issues and now we have a quarterly catch up with the MD and HR director"

What people said

"A very proactive network, championed by the chief executive of the trust. Have a strategy in place, that we are signed up to, deliver on"

What people said

"I say 'very effective' as the black and minority ethnic network and its executive team are well known, respected and recognised by the trust, and the black and minority ethnic network has directly raised profile and challenged the organisation around its delivery of race equality"

What people said

"The network has a direct link to the senior leadership team. There is an executive director who leads at board level too"

What people said

"The trust executive team will positively engage the input of the black and minority ethnic network in some key areas however many key decisions / board papers arrive at the black and minority ethnic network long after they have been ratified not having received any input from those key stakeholders within the black and minority ethnic network"

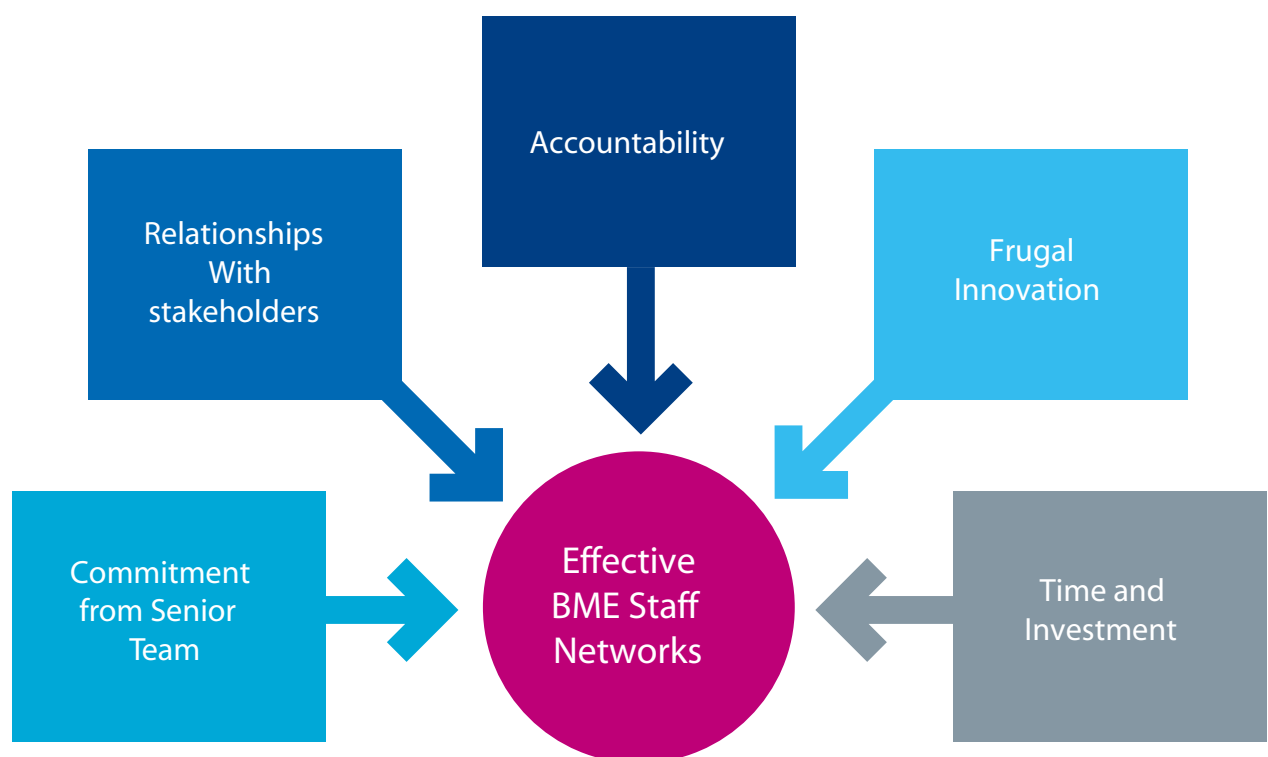
What people said

"Network needs friends to help break down and share understanding of things like unconscious bias with the larger ethnic groups at the trust"

Supporting effective staff networks: The CRAFT approach

There are a number of strategies that can be used to promote positive outcomes for a black and minority ethnic staff network (or indeed any staff network).

The CRAFT approach ©³² offers five key areas that contribute to the success of an effective staff network.



Consistent commitment from senior team

"It is the trust that needs to understand its purpose and mission. There needs to be ownership of the senior leadership's 'snowy white peaks' and the fact that societal racism does not cease at our hospital door. Patients and relatives need to be reminded that there is no excuse to express detrimental comments about black and minority ethnic staff and the staff should be empowered to speak out in our trust"

(Sophie Jenkins, University Hospital Bristol NHS Foundation Trust)

The lack of engagement with the existing black and minority ethnic staff networks, led many respondents to believe that the staff network existed solely to a tick box.

"Senior managers just pay lip service" was a common statement in the survey. In addition, the lack of commitment from managers at all levels contributed to a view that, despite the evidence, addressing race inequality was not seen as a priority.

Staff networks led by staff at grassroots level are fundamental to its effectiveness and sustainability. However, having active, informed and engaged sponsors at the executive level is equally important. Senior managers will need to both embody and embrace the power of difference and build inclusion into employee engagement. To help them achieve this, staff networks can serve as a cultural competency engine to fuel better intelligence for the executive team who may not always be as informed as they should be. Members must become "thought leaders" and their voices must be given the opportunity to be heard to help cultivate business innovation and growth opportunities ³³. By using their leadership skills executive sponsors or board champions can be powerful catalysts in accelerating the value of staff networks.

[Learning from others: North East London NHS Foundation Trust](#)

[Click here to view case study.](#)

Relationships and allies

"Regular meetings attended by senior managers staff side and members from all black and minority ethnic networks create a harmonised and equal footing for comment"

(Neil Sherwood, Kent Community Hospitals NHS Foundation Trust)

Once a staff network has been established it should be encouraged to define and cultivate strategic relationships internally and externally with key groups and individuals whose expertise and voices can contribute to accelerating their goals. The survey illustrated that black and minority ethnic staff networks that were regarded as either 'very effective' or 'effective' had strong working relationships with:

Other staff networks in the organisations	59%
Trade Unions	57%
Diversity and Inclusion lead/team	79%
Human Resources	66%
Board members	57%

Other stakeholders included black and minority ethnic staff networks in other trusts, local community groups and the regional leadership academy.

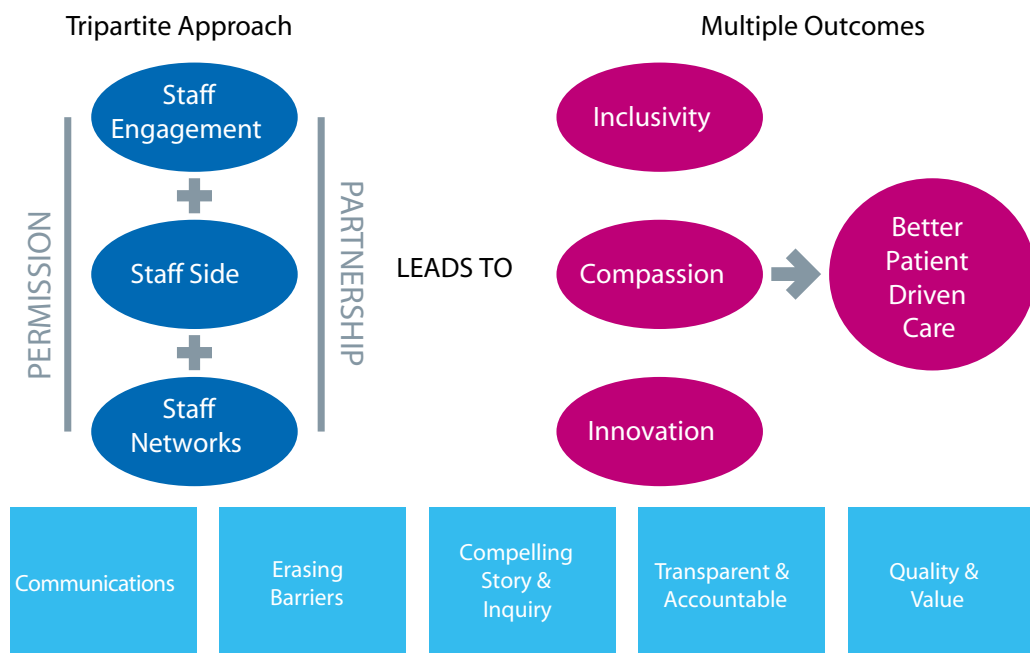
These figures are encouraging. However, with 53% of respondents unsure about how the staff network works or could work with others in the organisation, further work needs to be done to underline the importance of strong working relationships.

Working collaboratively is an essential element for a successful staff network. Liaising with other staff networks can help unlock synergies to support mutually beneficial innovations; while an alliance with the corporate centre (HR, Inclusion team etc) can assist the organisation to gain an improved understanding of how their endeavours, transactions and relationships, impact on staff and ultimately their patients. However, it is important that the responsibility for all policy matters relating to race equality is not placed on staff networks. They should be given the choice as to which policies they believe their input would be most effective and the necessary time and resources to contribute.

Creating an environment which encourages and supports staff to work collaboratively across organisational boundaries, to become citizens in the delivery of care, will become a business critical feature in the success of delivering the aspirations of the NHS. Staff networks can be at the forefront of this. However, they will require the necessary tools to do this competently and successfully.

Building better relationships

The Permissions and Partnership (P&P) Model³⁴ is designed to foster improved working relationships and support the delivery of joined up high quality care.



This simple yet powerful model is a tool designed to build the foundations necessary to develop inclusive partnerships. It allows staff networks to recognise and adopt the behaviours, mind-set and skills necessary to support transformational change capable of responding to modern demands, through engaged partnerships. These strategic partnerships can together make the most of resources, reshape care delivery, and ultimately improve outcomes; for staff, patients and the organisation.

Black and minority ethnic allies

Working together can help break down stereotypes, and provide valuable support to black and minority ethnic (and other) staff networks that may not yet have the positional power, status, or opportunity to influence institutional and systemic change.

Acting as a supporter and catalyst for social change, means that an ally can make a big difference through small day to day actions. An ally can provide either guidance or clear support by offering challenge, the benefit of their experience, highlighting key network activities within a senior arena, trying to unconditionally regard the network's perspective from a positive viewpoint and consider with understanding – this approach can make the greatest impact, both personally and across the organisation³⁵.

³⁴ ©Inko-Tariah, C and Williams, N (2016)

³⁵ Alexander, N (2016) The Importance of Allies

Accountability

“Any organisation that has a diverse group of people will only benefit from the rich seam of individuals if there is a collective and specific engagement with all of its workers. However the danger with having a group is that, it either becomes a group for the sake of having a group, and/ or becomes a body of self importance. To have a black and minority ethnic group, there has to be a clear accountable structure, as well as ensuring that the views expressed by its membership are actively taken into consideration. As such any black and minority ethnic group needs to have clear accountability, clear terms of reference, clear notion of position of power to enable effective change in policies / practices arising (not as a result of bias and its outcomes) but rather an understanding that some practices / procedures may have subtle inferences whereby black and minority ethnic groups are not engaged in a proactive manner (and have the same level of engagement). As such a black and minority ethnic group - if it exists/ or is set up - needs to have CEO input, collective responsibility across the structure, imbedded into the process and not as an add on. Otherwise it will be seen as being tokenistic and will fail.”

(Kuldip Sohanpal, Airedale NHS Foundation Trust)

A universal aspiration for all staff networks is the ability to influence change be it small changes for their members or institutional change for their organisation. What requires consideration is that in all circumstances where influence can be wielded, a certain amount of accountability is necessary. Accountability typically refers to a relationship involving answerability, an obligation to report, to give an account of, actions and non-actions ³⁶.

Accountability begins by understanding the exact roles and responsibilities, and managing expectations. Members should be clear about their role and the role of those leading the staff network. Chairs should have a clear understanding of how the staff network helps the organisation improve outcomes for its members and contributes to the bottom line; high quality patient care for all.

³⁶ Accountability in the NHS: Implications of the government's reform programme, Maybin J, Addicott R, Dixon A, and Storey J - Kings Fund (2011)

Senior management accountability

Accountability helps to reduce the view of managers paying 'lips service' to race equality. Accountability creates trust so senior leaders must be prepared to take stock and demonstrate appreciative inquiry of the issue. They also need to respect the findings of that inquiry. This, according to the NHS Leadership Academy³⁷, consists of respecting the evidence and information that has been gathered. It is important to acknowledge that for many, the evidence may make for difficult and uncomfortable reading. Yet those skills needed to generate and sustain trust such as communication and perspective-taking will be vital in tackling these issues properly. Use the skills of your employee group to build a plan to make changes.

Staff network accountability

The governance outlines the specifics of the staff network. It is much more than a set of guidelines about how the staff network can function. It is the plan which the staff network refers to on a regular basis in order to ensure that its work is leading to measurable outcomes for members. It also explains what the staff network will do and equally importantly, what it is not able to do.

The governance should include details about the rationale, terms of reference, structure, work plan, and goals. In addition, it should reflect the direction of travel of the organisation. Aligning goals with the organisation is crucial to encourage buy in and investment from the executive board and other stakeholders.

The terms of reference should cover the main elements so that members, stakeholders and successors are clear about the purpose and intended outcomes.

See Annex B for some top tips for staff networks.

37 TRUST: an essential ingredient for effective and inclusive leadership in the NHS, NHS Leadership Academy and Royal College of Nursing (2014)

Innovation and resources

"If diversity is the breeding ground for innovation, employee networks are the incubators" ³⁸

Continued financial limits mean that the NHS will need to identify ways to work with less money to deliver services. Being smart with money helps reduce the pressure.

Research provides strong evidence that diversity unlocks innovation and staff networks are well placed to demonstrate frugal innovation. Having to deliver their goals using limited resources and time, staff networks identify ways to do better with less. They can embrace a business enthusiasm using their skills and passion to create ideas through their collective knowledge, contacts, intelligence and creativity. Their reach enables them to include marginal groups to help find solutions to the real challenges staff encounter and be proactive in their delivery; leading from the edge.

Staff networks demonstrating frugal innovative characteristics can model a new way of delivering better patient care.

Time and investment

"What our network leaders need is to be effective when engaging with top management is the political cover under which to operate and the support to bring out their soft political and leadership skills."

(Jide Odusina, Barnet, Enfield & Haringey Mental Health Trust)

As outlined earlier in this report, the treatment of black and minority ethnic staff is a good measure of the climate of respect and care for all within the NHS. Therefore any time spent delivering and participating in black and minority ethnic staff network activities should be considered as business critical for the organisation.

Staff networks comprise of committed employees who participate in network activities often in challenging conditions. It is therefore important that the NHS formally recognise that activities connected with the staff networks are corporate NHS duties.

When asked about specific support required to help increase the efficiency of the black and minority ethnic staff network, over 80% of survey respondents either 'strongly agreed' or 'agreed' that allocated time would benefit black and minority ethnic staff networks.

What people said

"In an environment where most staff are working at capacity allocating time for this activity can create resentment amongst colleagues and have a negative impact."

"Ensure that ALL staff in the trust have the ability to attend meetings, irrespective of where they work; even if it means cancellations or evening meetings. If you do not allow ALL staff the ability to attend then it can be construed to be a deliberate attempt to exclude a large section of ethnic minority staff in the trust, THE ONES THAT ACTUALLY DO THE WORK"

"If we could be given time or time back for attending the meetings so then people could engage better."

"I feel there is a need to have protected time to attend these meetings. By not giving protected time it is easier for the fragmentation of these organisations which serve a very important function for black and minority ethnic groups to take place. I am not convinced that this is not deliberate. Protected time has to be either government or NHS England mandated for it to be effective. People have been subtly threatened or pressurised because of their involvement in the black and minority ethnic network and because there does not appear to be mandated protected time managers get away with it."

Allocated time, resources, investment and support are usually provided to any leader expected to plan and deliver a strategy about the work experience of a group of employees, develop meaningful relationships and make sure that their aim and actions contribute to the central goals and outcomes of the organisation. The same should be applied to those expecting to lead effective staff networks in the NHS.

The type of activities that staff networks may want to consider include:

- A newsletter for members or regularly contributing to an existing one in the organisation to shine a light on the activity of the network and its members
- Delivering (or make arrangements for) competency based or personal development masterclasses
- Skills exchange programme
- Coffee and conversation / support surgeries
- Peer to peer coaching

Investment in staff networks

There were also comments about the importance of investment - both in terms of building capacity and offering access to resources.

A course/programme aimed specifically at developing existing or potential staff network leaders would help identify (or improve) the skills and abilities needed to lead an effective staff network and boost confidence of the leaders.

There is also a need to consider a budget or access to resources for the staff network as they push ahead with their important programme of work. Undertaking a cost benefit analysis of its work and submitting a business case will help to justify spend. Equally important is measuring the cost and impact should an effective staff network cease to exist.



Conclusion

The UK workforce is changing. The Confederation of British Industry (CBI) ³⁹ has found that people aged 16-19 from black and ethnic minority backgrounds make up the fastest growing population in the UK. People aged 16-24 are more than twice as likely to identify as lesbian, gay or bisexual as 35-49 year olds. And, the largest age group at work is set to shift from 44-46 year olds in 2014 to people aged 54-56 by 2020. The NHS will need to adapt to these workforce changes as it endeavours to serve the many needs of its diverse patient population. Understanding and valuing that change will help the organisation be more agile, flexible and successful; both nationally and globally.

The NHS is rich with talented, committed and passionate staff who want to bring their best to work. Staff need to feel able to be themselves at work, feel valued for their contribution and believe that they are given opportunities irrespective of who they are or where they are from. When they do, they are more likely to be engaged and motivated at work, less likely to take time off for sickness, and more likely to put forward new ideas. These are all reasons that higher levels of engagement contribute to employees being more productive at work ⁴⁰. However, systemic challenges are preventing some employees from engaging and showing their full potential.

If the NHS is to truly achieve its aspiration of better patient care for all, it must improve outcomes for black and minority ethnic staff. The rigorous nature of the Workforce Race Equality Standard (WRES) will go some way in helping to address this. However, as this report has highlighted, strong and effective staff networks for black and minority ethnic staff that lead from the edge, broker crucial conversations, demonstrate innovation, and work collaboratively can also help the NHS value its people, embrace inclusion and improve the patient experience.

39 Inclusion, engagement and productivity: the fundamental business case for inclusive workplaces, Glendenning, S (CBI North East) (2016)

40 Inclusion, engagement and productivity: the fundamental business case for inclusive workplaces, Glendenning, S (CBI North East) (2016)



Recommendations

FOR SENIOR MANAGERS

1. Chief executive officers (CEOs) to write to all staff and managers ensuring that they are made aware that activities connected with the staff networks are corporate duties and should be agreed as such when setting work objectives supported whenever possible and reflected in appraisal reports and moderation discussions.
2. All black and minority ethnic staff network chairs and vice/deputy chairs and executive committee members are allocated an average of half a day a week (as a minimum) facility time to conduct activities aimed at running the network and delivery of their business plans.
3. All black and minority ethnic staff networks to have a champion at board executive level with a clear outline of their role expectations and how they will hold each other to account.
4. Diversity data and analysis should be made available to staff networks.
5. Sign up to investing in black and minority ethnic staff networks e.g. access to funding and resources encouraging them to attend the staff network leaders programme.

FOR EXISTING BLACK AND MINORITY ETHNIC STAFF NETWORKS	<ol style="list-style-type: none"> 1. Be clear about your purpose. 2. Review your accountability documents including terms of reference and work plan ensuring that it is aligned to the organisation's objectives. 3. Undertake a skills audit of those leading the staff network. 4. Review the communication with members – are all the minutes of meetings up to date? Do members know when the meetings are? Are details about the staff network available on the website? 5. What personal development opportunities exist for members? 6. Read <i>The Incredible Power of Staff Networks</i> ⁴⁰. 7. Review your relationship with the staff network champion/sponsor. If you don't have one, invite someone to take in the role, highlighting the mutual benefits. 8. Consider how much time you spend on network activities i.e. cost benefit analysis.
FOR EQUALITY & DIVERSITY LEADS	<ol style="list-style-type: none"> 1. Identify ways for staff networks to work more collaboratively with a common objective - for example National Day for Staff Networks (second Wednesday in May). 2. Are there any synergies between the networks? How can you utilise these to push forward the equality agenda? 3. Share information especially analysis of data and help staff networks think through how to effectively use the data in their narrative.



Acknowledgements

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- Bradford District Care NHS Foundation Trust
- Kent Community Health NHS Foundation Trust
- NHS England
- Northamptonshire Healthcare NHS Foundation Trust
- North East London NHS Foundation Trust
- Royal Cornwall Hospital NHS Trust
- South West London and St Georges Mental Health NHS Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust

Thank you to the following for granting their permission to use their name in this report:

- Merleen Frank, NHS England - Midlands & East region of NHS England
- Sophie Jenkins, University Hospitals Bristol NHS Foundation Trust
- Jide Odusina, Barnet, Enfield & Haringey Mental Health NHS Trust
- Neil Sherwood, Kent Community Hospital NHS Foundation Trust
- Kuldip Sohanpal, Airedale NHS Foundation Trust



Annex A: Case studies


Name of organisation	Northamptonshire Healthcare NHS Foundation Trust (NHFT)
Author(s)	Judith Glashen Chair, NHFT Black and Minority Ethnic Staff Development Network
Contact details	judith.glashen@nhft.nhs.uk 07920 849361 or BMENetwork@nhft.nhs.uk
Summary and background	<p>The NHFT Black and Minority Ethnic Staff Development Network (BME Network/the Network) was formally re-launched in October 2014.</p> <p>The BME Network has been established to help Northamptonshire Healthcare NHS Foundation Trust (NHFT/ The trust) meet its statutory duty to promote racial equality and eliminate discrimination. The network is open to all disciplines, and staff with an interest in promoting racial and cultural equality within the workplace.</p> <p>The Executive Sponsor for the BME Network is Angela Hillery, Chief Executive Officer, NHFT. The Network along with the Equality and Inclusion Team wanted to ensure the Race Equality Agenda received high-level buy-in and Executive sponsorship to reflect not only National imperatives but also to address on-going internal challenges on Race Equality and outcomes for Staff and Service Users.</p>


Name of organisation	Northamptonshire Healthcare NHS Foundation Trust (NHFT)
Challenge	<p>We engaged the trust and trust Executive Team around a shared agenda of improving the experiences and outcomes for BME Staff where their experiences and outcomes were less positive than for white staff, the under-representation of BME Staff at Senior Levels of trust aligned to the findings of the Roger Kline research 'Snowy White Peaks of the NHS'. We utilised direct outcomes of the Staff Survey where for BME Staff:</p> <p>Some key themes highlighted:</p> <ol style="list-style-type: none"> 1. Disciplinary – over-represented 2. Grievance (Formal) – under-represented 3. Recruitment – less likely to be appointed following interview 4. Learning & development – less likely to access Non-mandatory training 5. Organisational change/Redundancy of Senior BME Staff – over-represented – anecdotally shared with the BME Network trust requested to explore 6. Harassment & bullying – less likely to report <p>We also acknowledge that BME Service Users had less positive experiences, ease of access and outcomes when engaging with Trust Services. Our Chief Executive was approached by the Chair of the National NHS BME Network who identified 5 pilot sites to participate in the Reverse Commissioning project and in March 2015 NHFT became the first trust in the United Kingdom to pilot the project. The National NHS BME Network conducted an equality analysis of data covering a period of 3 years (2011/12, 2012/13 and 2013/14) and shared the results of the analysis with NHFT.</p>

Name of organisation	Northamptonshire Healthcare NHS Foundation Trust (NHFT)
Challenge	<p>Some Key themes from the data highlighted BME inequalities:</p> <ol style="list-style-type: none"> 1. Seclusion – proportion higher than expected 2. Detention under the Mental Health Act – proportion higher than expected overall, and for Sections 2, 3 and 37 3. Referral to Services – higher than expected for a number of agencies including the police, the courts and lower than expected for others including GPs 4. Community Treatment Orders – proportion issued higher than expected 5. Psychological Therapies – lower than expected for one year
Action taken	<p>An audience held with Chief Executive, trust Chair, Director of Human Resources & Organisational Development, Deputy Director of Mental Health, Learning Disabilities & Specialty Services, Director of Nursing, Quality and AHP's</p> <p>Paper and presentations made to the trust Board, Equality and Governance Sub-Committee the Inclusion Assurance Board.</p> <p>BME Network took the lead in inviting Roger Kline to present to the BME Network, Trust Executive Team, Staff, Community Partners and Stakeholders. Workforce Race Equality Standard Workshop held April 2015.</p> <p>Active Engagement and involvement of Community Partners to co-produce and deliver the Service User/Patient BME Health Inequalities through:</p> <ul style="list-style-type: none"> • Phase 1: 'BME Reverse Commissioning Project' • Phase 2: 'Moving Ahead: Delivering Equality in Mental Health Services for BME Communities.'

Name of organisation	Northamptonshire Healthcare NHS Foundation Trust (NHFT)
Action taken	<p data-bbox="464 584 687 622">Delivery model:</p> <ul style="list-style-type: none"> <li data-bbox="512 656 935 694">• Project Manager identified <li data-bbox="512 719 995 757">• Assurance Framework devised: <li data-bbox="512 781 1350 949">• Task & Finish Group – formed to focus on the areas of concern. Each Task & Finish group has BME service user and community representation who have worked collaboratively with NHFT staff to formulate action plans <li data-bbox="512 974 1342 1189">• Assurance Group – Membership comprises the NHFT BME Network and Task & Finish Group leads. This group reviews and challenges the action plans for each Task & Finish Group and reports progress into the overarching Steering Group <li data-bbox="512 1214 1334 1653">• Steering Group – chaired by Deputy Director of MH/ LD & Specialty Services. Other members include: BME Community representation, NHFT Staff, NHFT BME Network, Medical Director, Deputy Director of Nursing, MIND, Healthwatch, Northamptonshire Police, Mental Health Advocates and Public Health. Progress of the project is reported to the NHFT Equality & Inclusion Assurance Board. The Steering Group is also instrumental in identifying the key deliverables for the next 3 years. <li data-bbox="512 1677 1350 1800">• Commitment of Trust Board – for the project to succeed it is crucial that it received the backing of Trust Board and Non-Executive Directors; buy-in at a senior level is essential

Name of organisation	Northamptonshire Healthcare NHS Foundation Trust (NHFT)
Obstacles and issues	<p>Resistance and denial that there is an issue</p> <p>Lack of knowledge and understanding of 'how to tackle Race Inequality'</p> <ol style="list-style-type: none"> 1. Why do we need a specific BME Network? 2. Why can't white people be a member of the Network? 3. "There is not a problem" 4. "Perhaps Black people are just not good enough" 5. Dilution of messages / toning down 6. Assimilation within the wider Equality Framework 7. Lack of expertise and competency around analysis and interpretation of data highlighted through WRES submissions <ol style="list-style-type: none"> a. Equality Data Analysis Workshop delivered b. Bespoke Learning and Development opportunities for BME staff trialled 8. Competing priorities – no dedicated resource to support development of the Network and delivery of Race Equality relevant activities – found this became ad-hoc and in 'addition to the day job' 9. Staff attendance at meetings – impacted by not being enabled to gain release from duties 10. BME Staff apathy and willingness to engage and support development events and development opportunities

Name of organisation	Northamptonshire Healthcare NHS Foundation Trust (NHFT)
<p>Actual outputs</p> <p>(e.g. events, cross-dept meetings, masterclasses)</p>	<ul style="list-style-type: none"> • 'Big Conversations' – cultivation of honest and authentic relationships and an open approach to raising concerns of Race Inequality and Discrimination directly with Chair and Chief Executive • Chief Executive Invitation to speak directly to and with Trust Executive and Senior Managers at the NHFT Leadership matters Conferences • Constructively challenged utilising Employment Relations and HR processes, transparency • Amendment to Recruitment information pack • BME Network Members now part of Stakeholder Consultation Group for appointment of Senior Roles (Band 8+/Director Level) within the trust • BME Network - invitations to meet Network Members, to attend Open Forum Meetings, encourage active participation in events • Embedding the Race Equality Agenda and Moving Ahead Project as 'business as usual' 3-5year Strategy • 'Moving Ahead' Training package devised to directly challenge stereotypes, assumptions, culture and Organisational Culture moving away from 'tick box E & I Training' • Communications Team and E & I Team – co-produced BME Network information leaflets and articles for internal newsletters, actively engage with local radio stations to promote the Network, Moving Ahead Project and Community involvement and engagement in the life of the trust • Nomination to National Awards (2015): <div data-bbox="523 1935 699 2101">  <p>PROUD TO BE SHORTLISTED INCLUSIVE NETWORKS AWARDS 2015 WINAWARDS2015</p> </div> <p>NHS Leadership Academy Recognition Awards – Winner East Midlands Region: NHS Leader of inclusivity</p>

Name of organisation	Northamptonshire Healthcare NHS Foundation Trust (NHFT)
<p>Actual outputs</p> <p>(e.g. events, cross-dept meetings, masterclasses)</p>	<div data-bbox="552 589 703 741">  </div> <p>NHS Leadership Academy Recognition Awards – Winner East Midlands Region: NHS Leader of inclusivity</p> <ul style="list-style-type: none"> • Joint/partnership work with key stakeholders
<p>Actual outcomes</p> <p>(What has changed as a result)</p>	<ul style="list-style-type: none"> • Raised Profile: Race Inequality, disparity of experience and outcomes for BME Staff and Service Users • Active participation and BME representation: BME Community member supported to become a Governor for the trust • Recruitment information template: Amended to reflect the trust ambitions for Equality now appears on all job adverts • Actively involved by the trust and Executive Team as a Key Stakeholder – which is by no means perfect but in comparison with pre- BME Network re-launch 2014 – there is a wider recognition within and external to NHFT of the viewpoints, experiences and value added through engagement with the NHFT BME Network • Engagement in and with widened Networks
<p>Lessons learned</p> <p>(List of key learning points from your activity)</p>	<p>Communicate – clearly and at regular intervals:</p> <p>“Don’t’ assume that we are all on the same page and even if we are on the same page we still may not be on the same paragraph or sentence...”</p> <p>Appeal to hearts and minds:</p> <p>Maintain an appropriate balance between facts, must-do’s, the law, lived and personal experiences.</p>

Name of organisation	Northamptonshire Healthcare NHS Foundation Trust (NHFT)
<p>Lessons learned</p> <p>(List of key learning points from your activity)</p>	<p>Empathise:</p> <p>The challenge that I use are:</p> <p>“Think for a moment – what does it feel like to be on the receiving end of me?” or</p> <p>“What does it feel like to be on the receiving end of the Organisation – NHFT?”</p> <p>I find that this often does lead one to reflect on a deeper level on what the experience of ‘the other’ may actually be like rather than what I assume it is or should be like after they have had an encounter with me as an individual and as a recipient of Services that the trust delivers.</p>
<p>Next steps</p>	<p>Following a period of Organisational change the NHFT BME Network is exploring how we maintain viability by working across the Health (and Social Care) and academic Communities</p>
<p>Further information</p>	<p>As Co-Chair of the East Midlands Leadership Academy Visible Leaders’ Network #EMLAVLN there are wider opportunities for networking and potential for BME staff in the NHS to have a ‘safe place to talk’, gain peer support and to link individual personal and professional development opportunities and ambitions.</p> <p>I am happy to have a discussion and exchange of ideas and mutual visits to other BME Networks BMENetwork@nhft.nhs.uk</p>

Name of organisation	North East London NHS Foundation Trust
Author(s)	Harjit K Bansal (Equality and Diversity Manager) & Wellington Makala (Deputy Director, Acute and Rehab Integrated Care Director)
Contact details	Goodmayes Hospital, Barley Lane, IG3 8XJ. Tel: 0300 555 1201
Summary and background	<p>The name of the network is “The Ethnic Minority Staff Network (EMN)”. The Ethnic Minority Staff Network was first established in 2010 with strong board support and has been critical in driving change.</p> <p>At a Network conference and subsequent workshops, BME staff raised a number of issues some of which were barriers to BME staff working in the NHS. One of the main concern was lack of BME role models at senior positions within the trust.</p> <p>To begin to address this feedback, an action plan was developed which included the concerns raised. We focused on the review of the recruitment process. It was agreed that a member of the BME network would be involved at all recruitment stages for positions at band 8 and above. Network members were given training to support their involvement, including HR good practice and interviewing skills</p> <p>Following discussions with staff across the organisation it devised a three year strategy, endorsed by the board and overseen by a steering group including staff from each directorate. Tackling the glass ceiling for BME staff was the clear priority for the first year.</p> <p>The EMN strategy was launched in 2011, and has been reviewed in 2015. The strategy is championed by the chief executive (the only CEO in the NHS ever to champion an ethnic minority strategy).</p>

Name of organisation	North East London NHS Foundation Trust
Challenge	<p>Members of the network identified a wide range of barriers for progression including:</p> <ul style="list-style-type: none"> • staff feeling excluded from the organisational culture • lack of confidence among BME staff in applying for jobs and need for interview skills training • lack of transparency by interviewing panels • failure to provide constructive criticism to unsuccessful applicants • access to training, including continued development programmes for lower bands • lack of appropriate mentoring and coaching. • lack of role models at senior positions from Black, Asian and ethnic minorities. • lack of awareness of staff that BME staffs are a diverse group with different cultures, backgrounds, languages and ethnicities. • lack of confidence in BME staff, to apply for jobs. • lack of interviewing skills • Staff not been allowed to attend the network meetings. • lack of transparency by interviewing panels • lack of constructive criticism • lack of appropriate mentoring and coaching facilities • access to training and consistency across the business units • lack of skilled staff identified as mentors • lack of continued development programmes for lower bands (5 – 7) • lack of role models within the organisation

Name of organisation	North East London NHS Foundation Trust																																			
Challenge	<p>In addition to this, and prior to the Workforce Race Equality Standards, the trust already scrutinised data for BME for the following:</p> <ul style="list-style-type: none">• Banding• No of applications, shortlisted and appointed• Disciplinary and bullying and harassment cases• Sickness rates• Appraisals• Access to CPD training• Leavers• Referrals to occupational health <p>Our staff survey results showed the following results:</p> <p>1. % of BME Staff in Bands 8 – 9 compared with the % of BME (Black and minority ethnicity) staff in the overall workforce</p> <table><tr><th></th><th>2013</th><th>2014</th><th>2015</th></tr><tr><td>BME Staff</td><td>18.4%</td><td>19.4%</td><td>25.6%</td></tr><tr><td>White Staff</td><td>81.5%</td><td>83.6%</td><td>74.4%</td></tr></table> <p>The evidence to this improvement is the development of the EMN strategy and action plan in having a member of the EMN sitting on interview panels for Band 8 posts. However, there are still concerns that this is not consistent across all directorates.</p> <p>2. % of BME staff being appointed from shortlisting compared to White staff.</p> <table><tr><th></th><th></th><th>2013</th><th>2014</th><th>2015</th></tr><tr><td rowspan="2">Shortlisted</td><td>BME Staff</td><td>52%</td><td>55.6%</td><td>59.2%</td></tr><tr><td>White Staff</td><td>48%</td><td>43.3%</td><td>40.8%</td></tr><tr><td rowspan="2">Appointed</td><td>BME Staff</td><td>37%</td><td>41.0%</td><td>38.7%</td></tr><tr><td>White Staff</td><td>63%</td><td>58.9%</td><td>63.1%</td></tr></table>		2013	2014	2015	BME Staff	18.4%	19.4%	25.6%	White Staff	81.5%	83.6%	74.4%			2013	2014	2015	Shortlisted	BME Staff	52%	55.6%	59.2%	White Staff	48%	43.3%	40.8%	Appointed	BME Staff	37%	41.0%	38.7%	White Staff	63%	58.9%	63.1%
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Name of organisation

North East London NHS Foundation Trust

Challenge

Therefore the likelihood is that there is a high number of applications and those shortlisted, compared to White staff, but a lower number of those appointed compared to White groups. However, the data also indicates that there has been an increase of BME staff appointed in 2014 by 4% when compared to figures in 2013.

3. % of BME staff entering the formal disciplinary process

	2013	2014	2015
BME Staff	52.8%	60%	35.3%
White Staff	47.2%	40%	64.7%

4. % of BME staff accessing non-mandatory training and CPD compared to white staff

The report for 2014 did not break down the data by mandatory and non-mandatory training. Going forward, mechanisms have been put in place to breakdown the training matrix by mandatory and non-mandatory training. In addition to this, the Equality and Diversity manager is currently exploring processes of recording monitoring data for CPD applications.

	All Training (including Mandatory Training 2014)	2015
BME Staff	31.6%	39.7%
White Staff	63.6%	60.3%

5. % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (KF 18) (Staff Survey Results)

	2014	2015
BME Staff	16.3%	36%
White Staff	16.3%	32%

Name of organisation	North East London NHS Foundation Trust																											
Challenge	<div>6. % of staff experiencing harassment, bullying or abuse from staff in last 12 months (KF 19)</div> <table><tr><th></th><th>2014</th><th>2015</th></tr><tr><td>BME Staff</td><td>49.9%</td><td>22%</td></tr><tr><td>White Staff</td><td>39.8%</td><td>17%</td></tr></table> <div>7. % believing that trust provides equal opportunities for career progression or promotion (KF 27)</div> <table><tr><th></th><th>2014</th><th>2015</th></tr><tr><td>BME Staff</td><td>37.8%</td><td>71%</td></tr><tr><td>White Staff</td><td>56.7%</td><td>87%</td></tr></table> <div>8. In the last 12 months have you personally experienced discrimination at work from any of the following: Manage/team leader or other colleagues?</div> <table><tr><th></th><th>2014</th><th>2015</th></tr><tr><td>BME Staff</td><td>24.3%</td><td>16%</td></tr><tr><td>White Staff</td><td>3%</td><td>9%</td></tr></table> <div>9. Do the boards broadly representative of the populations they serve</div> <p>As we currently have a appointed BME at board level the trust has taken steps to address this, since 2015 we have had the NELFT BME Ambassador sitting at the board as an Associate member. This arrangement will continue till we have an appointed person from a BME background at board level. This action forms part of the ethnic minority strategy.</p>		2014	2015	BME Staff	49.9%	22%	White Staff	39.8%	17%		2014	2015	BME Staff	37.8%	71%	White Staff	56.7%	87%		2014	2015	BME Staff	24.3%	16%	White Staff	3%	9%
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Name of organisation	North East London NHS Foundation Trust
Action taken	<p>In order to change the status quo, the Network developed “The Ethnic Minority Strategy”, which was launched in 2011, and addressed a number of barriers to progression for BME staff.</p> <p>In order to break those barriers, the strategy comes with an action plan which is aimed at:</p> <ul style="list-style-type: none"> • Increasing the number of BME staff at Executive Director Level • Increasing the number of BME staff at 8c level and above • Improve outcome for BME in disciplinary, grievances, bullying, capability, tribunals and dismissal cases • Mentoring and coaching for BME staff • Training focusing / supporting non-BME managers with focus on diversity and culture. <p>The strategy has been reviewed and now called the Stronger Together Strategy 2020. In addition to this, we already have in place Strategic BME Ambassadors, who are allocated to work in partnership with each of the executive directors, to support and address any issues at a strategic level (e.g. review of policies...). We are in the process of recruiting ICD BME ambassadors who will work with the ICD directorate to link with local issues in the boroughs.</p>
Obstacles and issues	<p>Buying in at all levels of the organisation. It was vital to get the executive management team to endorse the Strategy. Previously we knew what the issues were, but had no clear vision on how to move forward. As an organisation we have delivered at the very top, but our concern is how we ensure this at the lower bands, so that they are able to work on their development to reach higher levels. We are in the process of recruiting ICD directorate BME Ambassadors who will have a workplan in place to explore local issues and support local managers.</p>

Name of organisation	North East London NHS Foundation Trust
<p>Actual outputs</p> <p>(e.g. events, cross-dept meetings, masterclasses)</p>	<p>Two years on, progress has been made, with nine assistant or associate directors employed at band 8c from a BME background out of a total of 26 staff at this level in the organisation and two VSM posts. Staff reports a more open culture where people feel more able to talk about issues of race and racism not just in relation to staff, but how they impact on the care provided to patients and service users.</p> <p>The trust is clear that there is still a long way to go to ensure BME staff are proportionately represented amongst the senior leadership team. HR procedures have been amended to ensure the changes to the recruitment process are sustained and further work is taking place, including ongoing monitoring of the number of BME applicants who are then shortlisted and appointed, and a focus on developing and supporting BME staff at bands 6 and 7.</p> <p>The chair of the Ethnic Minority staff network sits on the NELFT board as the Ethnic Minority network chair, the first in the country and a constant reminder to members of the importance of inclusion and equality. Meanwhile, the trust leadership is proactively identifying BAME local community members who may wish to become non-executive members so the board better reflects the makeup of the population it serves.</p> <p>Following on from 2011, with the breakout of Ebola, the EMN group were asked to support staff, and hence in the new strategy, we have included support for national events, that may impact on BME people. This month, we supported our nursing team, to run awareness sessions for sickle cell to engage with the local BME community in Barking and Dagenham and raised funds for the national sickle cell society.</p>

Name of organisation	North East London NHS Foundation Trust
<p>Actual outcomes</p> <p>(What has changed as a result)</p>	<p>Ownership of the BME agenda, accountability, clear roles and responsibilities of the ambassadors (we have a job description drawn up), reduction in the number of bullying and harassment and grievance cases (local resolution and input from the ambassadors), ultimately, patients having better outcomes and an inclusive organisation.</p>
<p>Lessons learned</p> <p>(List of key learning points from your activity)</p>	<p>That things will not change unless we involve all staff in the vision. The network has to work with both white and black staff in order to achieve tangible results, hence our strategy Stronger Together. Leadership is crucial.</p>
<p>Next steps</p> <p>(Brief description of any future activities)</p>	<p>The strategy has been reviewed and now called the Stronger Together Strategy 2020. The focus this year is on reducing the number of bullying, harassment and grievance cases for BME staff, embedding the values of the trust, and aligning these with behaviours. It's no longer just about NELFT we plan to make a difference in the whole NHS so next year we are planning a national conference " Changing the Narrative – Stronger Together BME Conference " we are targeting 1000 staff 50% BME and 50% non BME.</p>
<p>Further information</p> <p>(Anything else to add)</p>	<p>The focus this year is on reaching out to lower bands in the organisation, so that they can also benefit from having a EMN strategy in place, and how we can support them to reach their potential.</p>

Name of organisation	South West London and St Georges Mental Health NHS Trust
Author(s)	Darren Fernandes & Elicia Mollineau
Contact details	Darren.fernandes@swlstg-tr.nhs.uk / Elicia.mollineau@swlstg-tr.nhs.uk 07525903047
Summary and background	<p>Evolve Staff Group</p> <p>This network was initially the BME staff group which we rebranded. The group started in 2007 (ish)</p> <p>The primary aim of the Evolve Staff Group is to support the trust to address challenges and reinforce its commitment to implementing equality policies and practices that support patients and staff. The remit is:</p> <ul style="list-style-type: none">• To help create an environment where all staff feels valued and supported.• To influence and contribute to policy and practice development, thereby enhancing service delivery.• To provide support to staff in the trust to create a workplace that welcomes and benefits from diversity.• To promote organisational and cultural change, working towards race equality and promoting all equality issues
Challenge	<p>The challenge was how we engage people across all levels of the organisation (including the Executive team) in being part of the solution to address BME issues – Barriers to career progression, bullying, harassment, lack of training, racism, etc. The evidence has been available for years and simply reiterated in staff surveys, research reports and audits.</p>

Name of organisation	South West London and St Georges Mental Health NHS Trust
Action taken	<ol style="list-style-type: none"> 1. Create a space that is warm, friendly and non-threatening and exciting 2. Gather people who are like minded around the table that share the same values, beliefs and drive to see sustainable change 3. Engage senior figures with positivity and charm 4. Using the evidence, support senior figures to start having conversations about issues of discrimination affecting BME staff. 5. Raise awareness of these issues and create a safe space that does not apportion blame but encourages senior colleagues and frontline staff to engage in open honest debate that is focussed on doing better and on delivering sustainable change for the organisation 6. Create a series of programs that have Board, community and staff endorsement and associated funding. 7. Support staff within the network that are able to move between the lines and grey areas 8. Have staff network members who can influence and bring board members on the journey as well as knowing how to strategize and get the outcomes desired politically 9. Demonstrate successful programs of change and delivery 10. Support staff in challenging situations and supporting their career development

Name of organisation	South West London and St Georges Mental Health NHS Trust
Obstacles and issues	<ul style="list-style-type: none"> • We pride ourselves in supporting staff moving to new roles and promotions. With this comes an increased need and drive to get new people involved and committed to making the changes required. • Changes in Board members • Resources and commitment from board level • Lack of real understanding of the issues at senior and board level
Actual outputs	<p>Evolve has:</p> <ul style="list-style-type: none"> • Run 8 staff annual conferences • Three bespoke experiential learning programmes for bands 5-7 staff to help progress their careers – Achieving Success Program • Developed and run the trust football tournaments • Supported local communities for the past x years and continues to drive changes for reducing the over representing of BME people in mental health services • Run master classes to support staff development- i.e. developing emotional intelligence, understanding the hidden culture • Links to the London leadership academy and external BME NHS pioneers for change- E.g. Dr Eden Charles, Valerie James • Developed a trust wide mentoring scheme for all staff • Development of a community led mentoring scheme • Development of a bullying and harassment task group • Advocating and articulating challenges the organisation faces and the solutions we have to support the change • Development of a skills bank

Name of organisation	South West London and St Georges Mental Health NHS Trust
Actual outputs	<ul style="list-style-type: none"> • Have staff in the network that can influence and bring board members along on the equality duty set up and ensured unconscious bias training is now mandatory for all recruiting managers • Personal Presence and impact training for staff bands 6-7 • Run Black History Month Celebrations • Coproduced Black mental health conference with local communities (8 years) • Co run the Happy Soul Film Festival- Supporting BME communities to improve awareness of mental health issues through film and art • Informal coaching programme for staff Interview prep training
Actual outcomes	<ul style="list-style-type: none"> • Staff career progression- mostly out of the organisation (internal promotions) • Greater confidence in staff • Greater understanding in staff of this complex issue • Ability for staff to operate at more senior levels
Lessons learned	<ul style="list-style-type: none"> • Keep driven and focussed on the vision • Sustaining the network requires times, passion and drive • Ensure there is a varied set of skills within the network to influence internally & externally and help each other to grow and develop • Resources are required but not necessary to achieve some of the goals • Ability to strategically navigate organisational systems to get buy in

Name of organisation	South West London and St Georges Mental Health NHS Trust
Lessons learned	<ul style="list-style-type: none">• Require the network to be embedded in the organisation is essential• Collective leadership is a requirement to make change• Need to be able to operate and make connections at all levels of the organisation
Next steps	We are embedding our processes and deliverables in organisational structures to ensure they are everyone's business not just 'black staff business'. We are also ensuring all key committees and decision making groups have people on them that can influence the agenda with commitment from senior executive members
Further information	<p>The Evolve message and mission statement is as follows:</p> <p>Leading in diversity through innovation and engagement - everyone matters</p> <p>'Leading in innovative thinking, empowering values to inspire staff to be their best'</p>

Name of organisation	Royal Cornwall Hospital NHS Trust
Author	Debby Lewis: Human Rights, Equality & Inclusion Lead
Contact details	Debby.lewis@nhs.net
Summary and background	<p>The Minority Ethnic Group (MEG) started in 2015 as a focus group for the Workforce Race Equality Standard being introduced. The request for volunteers was advertised through the trust's daily electronic bulletin. As not all staff regularly have access to this, posters were also put up around the hospital to encourage attendance.</p> <p>There was a very small attendance at the first meeting but by a diversity of job roles from Consultant to band 2 technician. The group decided to call themselves MEG as this name was thought to cover all non-white British people.</p>
Challenge	<ul style="list-style-type: none"> Initially the group was very small with only five people attending the first meeting. The data that had been collected for the Workforce Race Equality Standard (WRES) was discussed and the group were invited to give their personal experiences and thoughts on the data. Through discussion it was revealed that BME staff were regularly experiencing racial discrimination from patients but were not effectively challenging this behaviour. The WRES evidence showed that there was only one band 8 staff member from a minority ethnic group in the trust. This led to a discussion on career progression opportunities within the Organisation and how this could be addressed. A Survey Monkey questionnaire was then devised and advertised in the electronic bulletin asking all staff about access to learning and development and career progression. The questionnaire also asked for the person's equality data to enable identification and comparisons across ethnic backgrounds etc.

Name of organisation	Royal Cornwall Hospital NHS Trust
Action taken	<ul style="list-style-type: none">• To raise awareness that discrimination should not be tolerated a “zero tolerance to discrimination” campaign was launched. Through consultation with the different areas of the hospital, concerns were raised about how confident managers may be to challenge discriminatory situations effectively and consistently, this led to a managers protocol being developed and agreed. This protocol is now available via the Sisters Shelf, an electronic folder holding useful and easily accessible information for managers to access. A similar system is being introduced for non-clinical areas, which will also contain the Zero Tolerance protocol.• During the recent National Hate Crime week a local police officer was invited to the a MEG meeting to talk about what constitutes a Hate Incident or Crime and the support available.• Ethnic minority Band 5 nurses were sent a letter informing them of the opportunities available for development, including training, coaching, mentoring etc. and offering a new approach, a career buddy. If a member of staff requested a buddy they were paired up with a volunteer from the band above so they could advise them on what/how they had achieved promotion.
Obstacles and issues	<p>The group was established primarily to consult with regarding the WRES evidence but decided to continue for support for each other, the wider workforce and as a general consultation group for the trust. As the Network just evolved, the structure, specific purpose and responsibilities of the group and individual members was not clearly defined from the beginning. Attendance at the group, although the membership has grown, has dwindled. Information, contacts, awareness of external events, requests for information etc. are emailed to the group when they arise.</p>

Name of organisation	Royal Cornwall Hospital NHS Trust
Obstacles and issues	Cornwall is not as ethnically diverse as other areas with 98.2% of the population declaring themselves as White British in the last census. This has an impact on how relevant people feel this is in Cornwall, nonetheless, teams will be affected if their colleagues are victims of discrimination, direct or indirect.
Actual outputs	<p>Useful group to consult with on Trust initiatives.</p> <p>A BAME Community worker (Black, Asian and Minority Ethnic) is a member of the group which supports communication across the sectors.</p>
Actual outcomes	There is a protocol in place to challenge discriminatory language and behaviour directed towards staff. The protocol includes the possibility of an "Aggression Risk Alert" to be raised. This is a letter which is sent to the offending patient stating that they must not behave in a discriminatory way and that an alert will be placed on their records. This alert informs staff of previous behaviour if they return for future treatment. This has raised awareness of the issue.
Lessons learned	<p>Have a clear view of the expectations and responsibilities of the network from the outset.</p> <p>Use as many methods of communicating as possible i.e. meetings, emails, virtual chat rooms, social media etc.</p>
Next steps	I intend to agree more formal outcomes and individual responsibilities with the network members. Raise the profile by encouraging a Board member or non-executive to join/ chair the group.

Name of organisation	NHS England
Author(s)	Gaynor Walker
Contact details	gaynor.walker1@nhs.net
Summary and background	NHS England BME Staff Network – started in Summer 2015, current Exec Team is interim, led by two co-chairs, who have been stable. 50% turnover of Exec Team
Challenge	<ul style="list-style-type: none"> • BME issues are not identified as any different to those issues experienced by other protected characteristic groups • People within the organisation do not recognise the issues suffered by BME staff, for various reasons • Issues suffered by BME staff are suffered by others within the organisation, albeit not to the extent or on the same levels • The organisation is not a racist organisation – the country is a racist country. People attitudes are allowed to be played out within the work place and is then ingrained into the culture of the organisation, which is reinforced by a continuous lack of BME staff in senior positions • Staff having time to manage the Network and deliver outputs – Exec staff have one day a month to work on the network. The Co-Chairs have two days. It has become clear that this is not sufficient • Understanding what interaction should be taken with external people and BME networks that have shown interest in collaborating/taking part

Name of organisation	NHS England
Action taken	<ul style="list-style-type: none"> • Ensure the objectives of the network align with the objectives of the organisation • Provided a workshop to assist those senior managers who are not BME and wish to have an understanding of BME issues to open a dialogue in a hope to start changing the culture
Action taken	<ul style="list-style-type: none"> • Working alongside the organisation to provide opportunities for skills use, upgrade and exposure, educational and training opportunities, apprenticeships and support to BME staff • Contribute to the development of the organisation; assisting it to be cost effective, inclusive and diverse • Providing positive images of BME staff by celebrating their success via the organisations intranet
Obstacles and issues	<ul style="list-style-type: none"> • Changing the attitudes of those who want to change • Working alongside those who do not wish to change their attitude • Helping the organisation understand the size of the issue, how deep the issue is and the impact of the issue • Budget and obtaining funding • Time allocated to administer, govern and deliver outputs from the network
Actual outputs	<ul style="list-style-type: none"> • “BME specific” mentors and coaches • Representatives on interview panels for senior and middle management roles • Senior Management Workshop with specific action plan • All contractors signing up to Equality and Diversity when working for the organisation • Specific intranet page for celebrating BME staff

Name of organisation	NHS England
Actual outcomes	<ul style="list-style-type: none">• Input and changes to policy and procedure• Increase in career development support available to BME staff• Increase in membership, awareness and support• Building relationships with senior managers – BME and other
Lessons learned	<p>We are still going through a learning process – I do not think any comment would be a fair reflection at this time.</p> <p>It would have been helpful (in many ways) if the network was viewed as a project with intentions to turn the outcome into business as usual</p>
Next steps	<p>Complete full strategy with action plan for following fiscal year</p> <p>Scope strategy for working alongside affiliate members</p> <p>Grow and increase opportunities for skills, training, support and exposure to senior environments</p>

Name of organisation	University Hospitals of Morecambe Bay NHS Foundation Trust
Author	<p>Marwan Bukhari, Rheumatology Consultant & BME network Convener</p> <p>Muhammad Naseem, Consultant & BME network Chair</p> <p>Shyam Kumar, Consultant & BAPIO local branch lead</p> <p>Amit Kochhar, Associate Specialist & local BAPIO network member</p> <p>Karmini McCann, Head of Workforce Futures</p>
Contact details	<p>Marwan.bukhari@mbht.nhs.uk</p> <p>Karmini.mccann@mbht.nhs.uk</p>
Summary and background	<p>UHMBT BME network</p> <p>Formed November 2015</p> <p>Executive Sponsor: Foluke Ajayi, Chief Operating Officer</p>
Challenge	<p>Relationships with some groups of BME staff in our medical workforce (of whom approx. 40% are from a BME background) were strained. There had been some difficult employee relations cases and concerns were being voiced regarding the employee experience of BME staff,</p> <p>Our employee experience data (WRES 2015) was clear that we had a problem:</p> <ul style="list-style-type: none"> • BME staff were nearly 3 times more likely to undergo a formal disciplinary investigation • BME staff were less likely to be appointed once shortlisted for a job • We had under-representation of BME staff in leadership roles • BME staff were reporting • significantly more bullying, harassment and abuse from both patients and fellow colleagues than their white colleagues

Name of organisation	University Hospitals of Morecambe Bay NHS Foundation Trust
Challenge	<ul style="list-style-type: none"> • Greater discrimination than their white colleagues • Greater perceptions of unfairness in career progression opportunities compared to white colleagues.
Action taken	<p>In early 2015, the trust started working with local members of the British Association of Physicians of Indian Origin (BAPIO), an already established group of BME doctors at the Trust through regular meetings with the trust's Medical Director and Director of Workforce, and also through reviewing and developing our first years improvement plan in relation to the Workforce Race Equality Standard (WRES). In November 2015, the trust Board signed a formal partnership agreement with BAPIO nationally, to support our Towards Inclusion improvement programme. At the same time UHMBT's BME staff network was launched, with full involvement of local BAPIO members, led by two consultants. Initial terms of reference were agreed (mirroring the trust's LGBT and disability networks).</p> <p>The network has been primarily medical staff focussed until more recent months (due to the focus on issue with this group) when it has proactively encouraged membership from all staff groups. In July 2016, Foluke Ajayi, the trust's Chief Operating Officer became the sponsor for the network ensuring a direct link with the executive team.</p>
Obstacles and issues	<p>Engagement with BME staff across the organisation, enabling network meetings to be at appropriate times, and venues to meet the needs of staff. Particular challenge working across five sites, up to 46 miles apart.</p> <p>Building trust and confidence in senior management. BME staff were raising concerns prior to this new way of working and it has been important to work together and demonstrate improvements.</p> <p>Ensuring staff across the organisation know about the network and what it is working to achieve.</p>

Name of organisation	University Hospitals of Morecambe Bay NHS Foundation Trust
Obstacles and issues	<p>Different priorities of different staff groups – initially focussed on medical staff to resolve specific problems. Now working to open up to wider membership across Agenda for Change staff groups.</p> <p>Engagement with medical students and trainee doctors is identified as important, again working to promote the network amongst these groups</p>
Actual outputs	<p>Actions as a result of the local BAPIO and BME network working with the trust include:</p> <ul style="list-style-type: none"> • Proactive promotion of leadership academy schemes (2016 3 BME staff on the Ready Now Programme, 1 on Nye Bevan) • Developing WRES action plans in partnership • Jointly hosted the trust's first 'Towards Inclusion' conference in 2015, with the theme of Race Equality • Review of Maintaining High Professional Standards Policy in partnership, including protected characteristic advisors for investigating officers, panels and support for staff via the network • BME medical staff survey to explore some of the employee experience data further • 3 members of the network attending ACAS Mediation and Investigation training, now working with the trust to resolve issues • Behavioural Standards Framework developed with the involvement of BME staff • Promotion of the Personal Fair Diverse campaign (almost 200 champions across the trust) • Involved in the development of the trust's long term Inclusion & Diversity strategy

Name of organisation	University Hospitals of Morecambe Bay NHS Foundation Trust
Actual outputs	<ul style="list-style-type: none"> • Supporting new recruits from BME backgrounds (including international recruits). • 2016 WRES data presented in partnership at Trust Board (member of the BME network, with Trust lead for Employee Inclusion & Diversity)
Actual outcomes	<p>Our actions are visible and meaningful for staff. We are hearing about employee relations issues earlier, being given the heads up by staff to link in for early intervention and resolution.</p> <p>You can see and feel the change in relationships between senior leadership and BME medical staff. This year's employee experience (WRES) data shows significant improvement in a number of areas:</p> <ul style="list-style-type: none"> • Overall BME workforce % has increased to 5.45% (local context – census data 4% BME) • Medical leadership – our recent appointment process for all posts has resulted in – 41% BME representation (our medical workforce is 40%) • BME staff are now slightly more likely to be appointed from shortlisting than White staff • BME staff are now less likely to enter the formal disciplinary process than White staff <p>In the staff survey undertaken in September 15, there had been a reduction in BME staff reporting discrimination however this, and other staff survey indicators, particularly relating to bullying and harassment remain a concern</p> <p>Our recent medical staff survey to better understand BME employee experience has highlighted undermining as a key issue facing BME staff. These results are being presented at the Inclusion Steering Group with proposed actions for the trust to take to address this.</p>

Name of organisation	University Hospitals of Morecambe Bay NHS Foundation Trust
Actual outcomes	<p>We are clear that we are at the start of a journey. We have evidenced impact in a number areas, and we want people to be telling us (the BME network and Trust leadership) where there is a problem. For the first time UHMBT is opening the staff survey to all of our staff this year, rather than a sample (following WRES best practice guidance), which should give us really good data to understand where we need to focus for future years.</p>
Lessons learned	<ul style="list-style-type: none"> • Really work at developing relationships – building trust takes time, particularly where staff have previously felt that their voices were not being heard. • Trust Board support and leadership is key – and don't be afraid to ask for support or raise concerns. • Networks need to be led by staff, not by management. • Not all staff will want to get involved / will want to see outcomes before engaging – and this is ok. Sometimes it is better to start small and grow.
Next steps	<ul style="list-style-type: none"> • Further development of the network, to encourage representative membership across all staff groups • Following a local BME staff survey, presenting the results and proposed actions (some additions to the WRES action plan) to the Inclusion & Diversity Steering Group • BME and BAPIO representation on the trust's Inclusion & Diversity Steering Group • Towards Inclusion Conference 2016 – hosted by the BME, LGBT and disability staff networks

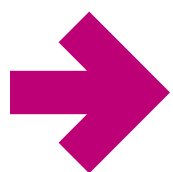
Name of organisation	Bradford District Care NHS Foundation Trust
Author(s)	Leeroy Golding Maxine Brook
Contact details	Aspiring.cultures@bdct.nhs.uk
Summary and background	Aspiring Cultures Staff Network (formerly known as BMESN) Started 2003
Challenge	Member of staff was racially abused by a service user whilst carrying out their duties. I spoke to Human Resources regarding the incident as I could not find the policy that dealt with racist incidents. The organisation did not have a policy
Action taken	The staff network had a meeting about the incident and staff shared their experiences The network along with a senior manager formed a focus group to develop a policy
Obstacles and issues	The discussion at the network meeting revealed that incidents were unreported Staff felt that managers did not support them,
Actual outputs	The policy will be presented at the next policy meeting
Actual outcomes	Staff will now have a policy that deals with racist incidents Managers will have guidance on how to deal with it
Lessons learned	The staff network identified a gap in the service And the whole trust will benefit from the networks input
Next steps	Staff who report incidents will complete an evaluation form Regarding the outcome

Name of organisation	Kent Community Health NHS Foundation Trust
Author(s)	Pramod Selkar and Karen Edmunds
Contact details	pselkar@nhs.net and karenedmunds@nhs.net
Summary and background	<p>The trust's BME Staff Network was established in 2002 when it covered East Kent Hospitals and Primary Care Trust. After organisational changes, the BME network was transferred to the respective trusts. KCHFT was formed in 2011 and the BME network was extended to cover KCHFT's boundaries. From 2014 each staff network has had an exec team champion. THE BME Staff Network exec team champion is Louise Norris, Director of HR, OD and Communications.</p>
Challenge	<p>The network finds it difficult to engage staff to attend BME network meetings.</p> <p>It is difficult to know the exact reasons for this, however anecdotal evidence suggests that some line managers are reluctant to release staff to attend meetings due to work pressures. There is also some concern among a number of BME staff that joining the network could mean they are seen as troublemakers.</p> <p>Furthermore, due to staff working across a large geographical area of Kent, East Sussex and some London boroughs, it is difficult to find the best venue to enable as many staff as possible to get to the meetings.</p> <p>The trust's current Board does not have any representation from people of BME background. We realise this is not just an issue for Kent, but a national NHS issue. However, the trust is demonstrating positive action and working towards improvement, as other trusts in Kent have made some progress and have BME representation on their boards</p> <p>While the network actively engages with reviewing trust policies and procedures, it needs to be better embedded in the process and see its input taken on board more consistently.</p>

Name of organisation	Kent Community Health NHS Foundation Trust
Action taken	<p data-bbox="461 586 660 622">Actions so far:</p> <p data-bbox="461 656 1337 958">Our executive champion and Director of Workforce, Organisation Development and Communications has blogged about attending network meetings and its importance. This included allowing employees to attend in work time. The trust's new CEO has spoken about the importance of the staff networks and encouraging staff to attend. This support from senior leaders is essential.</p> <p data-bbox="461 992 1326 1435">A Workforce Equality Group has been set up, initially to review actions needed to meet the WRES as per the NHS England requirement. The BME Network is represented on this, along with other staff networks. Issues for staff with all protected characteristics are now being discussed in these meetings using the same approach as the WRES. The workforce equality data is also scrutinised and where issues are identified the group discusses these and agrees actions. The network chairs are able to bring issues from their networks to this meeting.</p> <p data-bbox="461 1469 1305 1594">The trust's recruitment training for managers was reviewed by Network chairs who provided feedback on some positive changes. Feedback was taken on the board.</p> <p data-bbox="461 1628 1284 2020">The three staff networks held their first joint event on 27 October 2016. This was supported by the trust, with senior leaders, including the CEO, two Non-Executive Directors and the Director of Workforce, OD and Communications attending, as well as Staffside, network members and supporters. The event was very successful and will form an action plan for the networks and trust to take forward in partnership. The organisation has also committed to supporting this event next year.</p>

Name of organisation	Kent Community Health NHS Foundation Trust
Obstacles and issues	<p>See challenges outlined above.</p> <p>We have identified the need for the trust to provide more support for managers and frontline staff in cultural competency and unconscious bias. We believe this would help tackle some of the issues that BME staff report of not having their skills and experience valued by white colleagues and we also know that positive staff experience, will mean a better experience for our patients too. There were a number of positive suggestions coming out of the staff networks event, and we will be discussing how we take these forward at the Workforce Equality Group. At the staff network event, staff did talk about the positive experience of working for the trust and praised their line managers, the opportunities they have for personal development and the value of being part of a network.</p> <p>In network meetings, BME staff are able to share their stories in a safe space, but are often reluctant to raise concerns formally.</p>
Actual outputs	<p>The BME network organised and hosted a black history month event on 14 October 2016. This was attended by over 100 staff during the course of the morning.</p> <p>Networks chairs came together this year to plan an event to invigorate recruitment and retention for all protected characteristics. This event was held on 27 October 2016 and attended by Board members, including the CEO and non-executive directors, network members and supporters. Workshops were held on a range of topics around recruiting and retaining a diverse workforce and the ideas from the event will form an action plan to be implemented by the trust and networks in partnership.</p> <p>Network has been involved in formatting the trust's WRES action plan.</p> <p>Network members also being encouraged to be part of disciplinary hearings panels.</p>

Name of organisation	Kent Community Health NHS Foundation Trust
Actual outcomes	<p>It is still early days. There does seem to be a better understanding among senior HR managers because of the Workforce Equality Group. This needs to be embedded more widely across the trust, but with the support of the trust's CEO and Executive Champion we are more confident that there will be real change.</p>
Lessons learned	<p>Recognising the strength that networks bring to the trust, it is important that networks keep working on issues, work with trust exec/board.</p> <p>A separate specific communication to managers and employees highlighting the benefits of attending staff networks might have helped raise awareness as blogs are not widely read.</p> <p>It is important to recognise your champions in the trust and work with them to negotiate issues as they have voices at different forum and highlights issue in different forms.</p> <p>Our Head of Engagement is a key champion for the network and its members issues and always helpful and supportive. Therefore it benefits the network to have people like this in the trust to provide energy to take issues to an organisational level.</p>
Next steps	<p>The network chairs (BME, Disability and LGBTQ) will meet to draft an action plan based on ideas from the event held on 27 October 2016</p> <p>Quarterly network meetings</p>
Further information	<p>The trust's new CEO leadership demonstrates a positive development and appreciates diversity and an inclusive workforce. Furthermore acknowledging its strength and benefits to the patient experience for the trust. He has echoed the same on 27 Oct 2016 and demonstrated good support for networks and its activities. The trust is now aiming to hold similar event next year for a wider audience of workforce to increase awareness of diversity and inclusiveness.</p>



Annex B: Top tips for starting a staff network

Starting a staff network takes careful thought and strategic planning. The six step guide aims to help you consider those crucial questions at the start the staff network journey.

Stage	Things to consider
Step 1 - Establish the need	<ul style="list-style-type: none"> • Who is it for? (a specific equality group? anyone?) • What do you want the staff network to achieve? • What are your goals? • What is your strategy for achieving your aim/goals? • How will the organisation and members benefit from your staff network? • What is your legacy?
Step 2 - Gather evidence	<ul style="list-style-type: none"> • Does your organisation have a business strategy? • What does the annual report say about diversity? • Look at the staffing figures • Is there a concentration of your target group at a particular grade/ range? How does this compare with similar organisations? The national picture? • If there is a trade union representative? Could they help?

Stage	Things to consider
Step 3 - Test out the waters	<ul style="list-style-type: none">• Invite people (of all levels in the target group) to a meeting with the aim of exploring whether there is a need for a staff network.• Set out your concerns, share the evidence gathered and have a discussion.• Remember that just because you convened the meeting, doesn't mean that (a) people will agree with you; and (b) that you will lead the staff network.• Who can form part of the project team (to help get things started)?
Step 4 - Learn from others	<ul style="list-style-type: none">• Speak to other staff networks in the business about their approach. Are there opportunities to collaborate on a project?• Speak to staff networks in external organisations representing the same target group and learn from them
Step 5 - Business case	<ul style="list-style-type: none">• Contact the corporate team that deals with the business strategy about your proposals.• Be ready to set out the business case for the staff network.• What resources can they provide? (e.g. facility time, budget)• Is there someone senior that is empathetic to your aim? Champion material?
Step 6 - Build on the foundation	<ul style="list-style-type: none">• Nuts and bolts of the staff network e.g. aim, purpose, Terms of Reference, communications, work/action plan,• Choose the team to lead the network• Promote the staff network to all staff