



**Improving through
inclusion: Supporting black and
minority ethnic staff networks in the
NHS part two**



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1 Introduction

NHS organisations are becoming increasingly aware of the benefits that staff networks can bring as an important part of making continuous improvements to the workforce race equality agenda.

The report '*Improving through inclusion*'¹ highlighted the barriers some black and minority ethnic (BME) staff networks encounter as they work to support members. For example, too many organisations view setting up a staff network as a 'tick box exercise' or assume that the problem of racism is solved simply because a BME staff network exists. Encouragingly, the report does identify the many benefits generated when staff networks are provided with the needed support for them to be more effective. In addition, the report cited some examples of good practice by BME staff networks operating in the NHS.

In order to have a better understanding of the breadth (and influence) of BME staff networks, NHS organisations needs to look deeper into where staff networks are and what impact they are making. Not only would this lead to more examples of good practice, it could create more benefits such as:

- Identifying sources of hidden or less visible talent;
- Providing access to a pipeline of leaders;
- Providing access to feedback about areas of strategic success;
- Helping to identify a more consistent approach to how to develop and support staff networks.

These benefits are crucial especially as the Workforce Race Equality Standard (WRES) prepares to move into its next phase. It is important to ensure that the conclusions drawn, and actions proposed by organisations, actually reflect the data published. One of the long term aims of the WRES is to bring about cultural and systemic changes to ensure that all staff have the opportunity to reach their potential and provide the best patient care. BME staff networks can provide a way for engaging staff in the change process, giving them a voice and an opportunity to make contributions in a meaningful way.

¹ Improving Through Inclusion, NHS England, 2016

2 The purpose of this project

Building on the findings of the Improving through inclusion² report, the WRES Implementation team commissioned The Power of Staff Networks to oversee a project with two goals:

1. Attempt to identify where BME staff networks exist in the NHS
2. Assess the status of the networks in terms of their maturity and impact.

The approach had three phases:

- Contact all NHS trusts and clinical commissioning groups (CCGs) to confirm whether or not they had a BME staff network.
- Employees involved in leading the staff network were asked to complete a questionnaire which considered how the staff network operates.
- Those who completed the assessment questionnaire were invited to attend a focus group and share their views on rewards and challenges of leading a BME staff network. Focus groups were held in three regions:

Region	Host
North West	Pennine Acute Hospitals NHS Trust
West Midlands	Sandwell and West Birmingham Hospitals NHS Trust
London	South West London and St George's Mental Health NHS Trust

Staff unable to attend the focus groups, were given the option of contributing electronically.

² Improving Through Inclusion, NHS England, 2016

3 Location of BME staff networks

With over 240 NHS trusts, identifying where staff networks exists is an extensive but necessary piece of work to help embed some of the lessons learnt from the WRES.

BME staff networks can be a ready-made source of WRES 'ambassadors' or 'champions'. While they cannot and should not be responsible for driving the WRES in the organisation, staff networks can certainly take advantage of the increasing interest in race equality both at executive level and in the wider workforce. For some BME staff networks, having accurate and clear data has been a good starting point for a candid discussions on race equality in a way that has not been possible previously. Several participants expressed a strong desire for this to continue beyond the WRES implementation phase.

In answer to the question: Do you have a BME staff network? The following responses were received:

- 66 NHS trusts and five clinical commissioning groups (CCGs) said that they had a BME staff network (see annex A for full list)
- 34 NHS trusts and two CCGs said that they were in the very early stages of setting up a BME staff network (see Annex B)
- 10 NHS trusts and one CCG said that while they did not have what could be described as a BME network, they did have other forums within which BME staff could engage or participate. For these organisations, race equality was part of the wider discussion on matters relating to diversity and inclusion for all protected and non-protected characteristics. (see Annex C)
- 55 NHS trusts and 14 CCGs said that they did not have a BME staff network. (Annex D)
- Six NHS trusts were considering their options (Annex E)

Some organisations are not listed because a response was not received.

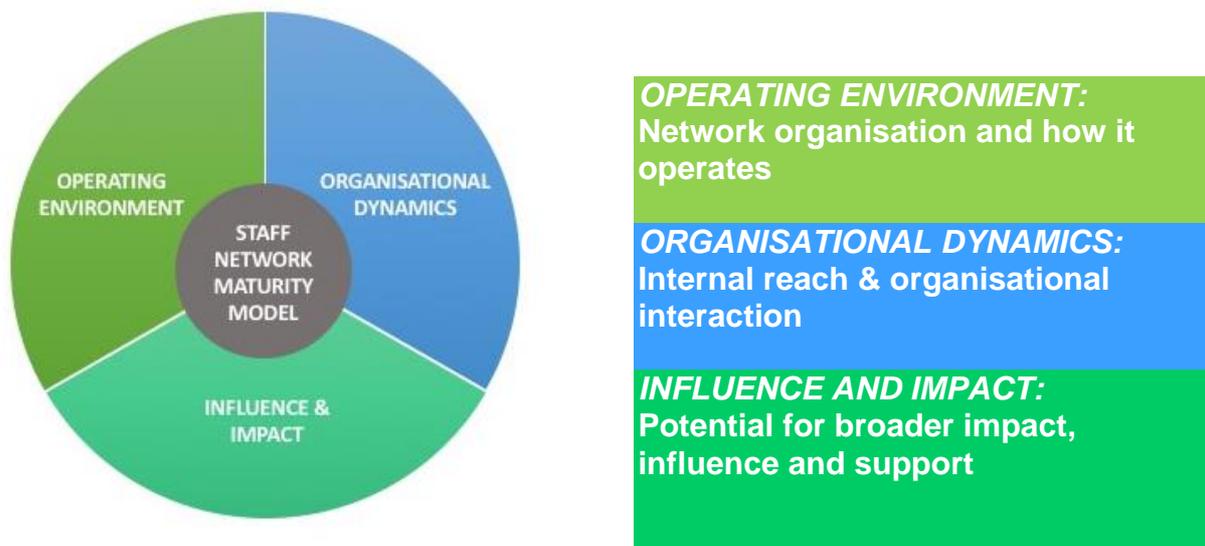
4 Assessment of BME staff networks

As well as identifying where BME staff networks exist, the project aimed to get some insight into their level of scope and effect. A self-assessment tool - the Staff Network Maturity Model³ was designed so that network leaders can review their perceived performance and spot areas from which they can plan and prioritise their activities.

For the purpose of this project, the results have been collected to provide a summarised view of the status for a sample of BME networks across the NHS. The maturity model is also devised in such a way that if network leaders and their support structure (e.g. executive sponsor, human resource (HR) etc.) wish to analyse the results, they will find real evidence. For example, if a network claims to have clearly written objectives, this should be easy to evidence.

The assessment was divided into three sections which consisted of a series of carefully devised questions and scoring criteria. The three sections examine the networks operating environment, the organisational dynamics and the networks broader reach and impact. The total scores were then used to place the network in one of three maturity categories which indicated where the network was on their journey.

Fig 1 - Three sections of the assessment



³ The Staff Network Maturity Model, copyright to Inko-Tariah, C and Greendidge, D, 2017

Overview of results:

- Over 45 networks completed the assessment.
- The age of the networks in the sample ranged from one to 20 years old. Whilst the average age is five years, 41% of networks have been in existence for one year or less and over 50% for three years or less.
- Out of a total score of 178, the average score was 105 which indicated that all the networks had the basics in place but were still evolving in terms of their impact across the organisation.
 - There was no connection between the age of the network and its maturity score
 - Relatively new networks may have a tendency to be more optimistic about their maturity.
 - There was a strong connection between higher scoring networks and their view of the support received from the organisation

5 Aggregated findings by section

5.1 Operating environment: How the BME staff network operates

This section assessed some of the fundamentals of the networks' governance.

Overall:

- All the staff networks had terms of reference (TOR) and a clearly defined purpose.
- The majority had a sponsor or champion
- Membership of the staff network was inclusive i.e. it was open to all staff
- Many did not have a well-documented operating work plan which outlined its activities for the year.

Points to note:

Generally, respondents perceived that they were performing well in terms of the fundamentals of a sound operating environment for their network. All responses were in the majority positive.

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The strongest performance was reported in responses to the questions about having a clear purpose and terms of reference (TOR) with over 90% of respondents stating that these were clearly defined. Respondents also reported that objectives were well written.

Areas worthy of additional scrutiny include the networks' approach to monitoring success and whether the network had a clear communication strategy. The latter yielded a particular weak response. A lot of good work is done by BME networks, but lack of a communication framework can sometimes undermine the level of visibility and impact which could have a knock-on effect on the recognition that the network receives.

Direct responses provided additional context for these results such as:

- The network has been irregular in terms of membership and engagement. This could be because of a change in network leadership and personnel.
- Challenges in working across a wide spread geographical area makes it difficult to encourage participation and involvement.
- Staff networks are limited in what they can achieve as the work is dependent upon the good will of the executive members and in many cases without a budget. All staff network activity is work is done in addition to demanding day jobs.
- Although the BME staff network doesn't have specific network objectives, the work undertaken fits with the trusts overall objectives and equality action plan.
- Some BME staff networks have a number of virtual members, but find it difficult to engage the majority of members in tangible activities i.e. attendance at meetings, driving forward pieces of work etc
- Stigma attached to the BME network - some leaders felt that they had been labelled as "trouble makers" which had detrimentally impacted their careers and, subsequently the reputation of the staff network.

6 Organisational dynamics: The network's reach and how the organisation interacts with it

Section two looked beyond the network setup stage and operating environment. It considered things like network funding and interaction between the network and other areas in the organisation, including support at executive level.

Overall, the networks:

- Had objectives which were aligned with the organisation's direction of travel
- Felt that the organisation promoted the network as part of its broader inclusion strategy

Points to note:

The scores dropped compared with those reported for section one. This was not unexpected given that some of the areas examined are more demanding and require greater capacity and capability to fulfil them.

The strongest performance was seen where respondents felt their network matched with the organisations' objectives, the networks activities and events being offered on an inclusive basis (i.e. not just for BME employees). There was also strong agreement that the networks highlight positive role models from their membership.

The lowest three scores were related to:

- Lack of satisfaction amongst network leaders about the level of participation in events and activities
- Insufficient funding to carry out the network's activities
- Not enough support at executive level to achieve the network's objectives

The level of funding that networks receive is often a contentious topic but an important one. Only 40% of responses to this question were positive.

The answers about the support at executive level showed the greatest variance in this section. Only 11% agreed that there is sufficient support and overall, only 50% of responses were positive. For the most part, networks have an executive sponsor or champion (74%) and suitable representation on a broader diversity group e.g. staff

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equality forum (67%). Finally, many network leaders said that they were clear about the expectations of their executive sponsors (63%) but the support received is not meeting these expectations or requirements.

Further context provided by direct responses included:

- Commitment did not always translate into helping the network achieve its objectives - leading some to conclude that managers were paying 'lip service' to the staff network or merely 'ticking a box'
- A perception that managers like to be seen to do the right things, but this did not necessarily result in the delivery of positive outcomes.
- Efforts to undertake more proactive outreach had not been positively received or management turnover impeded any inroads made.

7 Impact and influence: Opportunities available for building broader and deeper relationships and learning

The final section provided the opportunity for networks to test their performance against some of the characteristics displayed by strong, mature networks. With this in mind, it was not surprising to see that answers given showed the lowest scores.

Overall, the respondents said:

- They actively sought input from its membership to inform its agenda
- Encouraged allies to support the staff network
- Consulted to improve equality practices
- They had a strong relationship with HR

Points to note:

The two strongest areas of agreement were in relation to the active encouragement of allies to take part in the networks' activities and that networks sought input from membership to inform its activities.

Areas where there is greatest room for improvement include (taking the lowest response first):

- Succession planning for the network leadership
- Monitoring performance against similar external networks

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- Leadership development for network leaders
- Relationships with other networks externally

Direct response explanations:

- Relationship with HR has been a slow process due to turnover of HR managers. Accessing and analysing data has been challenging because staff networks are told that they do not have the breakdown/detail and therefore the network cannot target its effort.
- Using drivers and a compelling narrative is crucial for a staff network but this often comes at the expense of an individual. For example, many BME network leaders have fallen ill, become depressed and lost all confidence and hope.
- Whilst management engages with the network, very little gets taken forward by them.

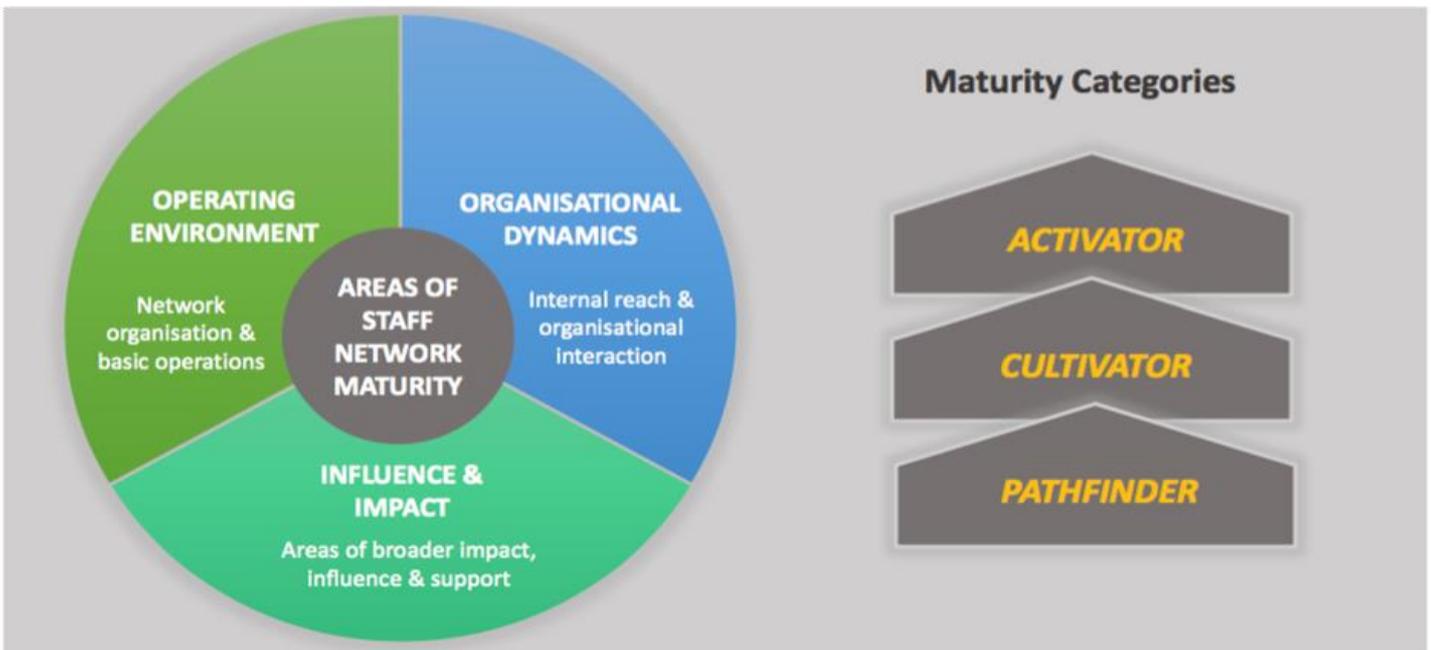
8 The maturity of BME staff networks

The purpose of the tool is to help networks understand the components needed to increase their impact in the organisation. It is important to remember that networks do not mature automatically based on the length of time it has been in existence. It is best referred to as a cycle.

It is also important to remember that staff networks progress at different rates (even if they are serving a similar community of people). The rate of their maturity is determined by a number of internal and external factors. For example, the sample responses suggests that while the network leadership team can do many things to improve and develop the impact of their network's maturity and success, optimum results can only be attained if the organisation also reviews any areas of support and resistance that it provides.

From the sample of BME staff networks that responded to the assessment, three categories of maturity have been identified: Pathfinder, Cultivator and Activator (see fig 2):

Figure 2 Maturity categories



Maturity categories represent scoring levels reflecting network leaders' perceptions of aspects of their BME networks' performance according to their self-assessment. The higher the overall score, the higher the maturity category the network falls in to. The levels are cumulative i.e. to be an Activator requires good scores in each of the areas of staff network maturity. This is a network improvement tool and is founded on the principle that respondents are those best placed to answer the questionnaire openly and with the necessary awareness and perception of performance rather than to score points (e.g. the network Chair).

<p>PATHFINDER <i>Developing direction</i></p> <p>The primary level is very much about the fundamentals such as (re)establishing direction & providing a sound operating environment and governance from which to enable growth. This includes clarity of direction, purpose and objectives & holding effective steering meetings.</p>	<p>CULTIVATOR <i>Broadening scope</i></p> <p>Includes attributes of <i>Pathfinder</i> plus the cultivation of relationships beyond the network leadership & membership including, alignment with the organisation's objectives, quality of interaction with Executive Sponsor, & degree of interaction with other internal EDI networks.</p>	<p>ACTIVATOR <i>Widening collaboration & leadership</i></p> <p>Success at this level requires strong performance at <i>Pathfinder</i> & <i>Cultivator</i> levels plus the activation of leadership qualities that demonstrate the network's value within the organisation e.g. the visibility or activities & role models, extent of partnership with HR, reach to external reach & performance monitoring.</p>
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Of the networks that were assessed:

- 40 were Pathfinders (83.33%)
- Five were Cultivators (10.42%)
- Three were Activators (6.25%)

Annex F provides an outline of the different types of activity and attributes networks demonstrate at different stages of their maturity.

9 Learning from the focus groups

The scoring from the assessment questionnaire combined with the commentary highlighted some interesting qualitative data which needed further analysis. For example, a number of respondents commented that despite the lack of support from the wider organisation, inadequate resources, and the difficulties encountered, they believed that the network was vital in providing challenge to senior managers.

The focus groups provided the opportunity to consider these results in greater depth and to examine constructive ideas for improvement. The focus groups also aimed to explore how leaders found solutions to some of the challenges they faced.

One unexpected additional benefit of the focus groups was that for many staff network leaders, it was the first time that they met their counterparts from other trusts. Having the opportunity and safe space to listen to each other's experiences was in itself an encouragement for attendees and reminded them that they 'were not alone' or helped them to reframe their thinking and adopt a different approach within their organisation. One group formed a WREN (Whatsapp group for Regional Employee Networks) immediately after the focus group to share tips and exchange information. This supports one of the recommendations of the 'Improving through inclusion' report: "to encourage and strengthen collaboration amongst the networks in the regions".

The focus groups were organised to explore a number of topics including:

- What motivates staff network leaders?
- Operational challenges and solutions
- What can the organisations and staff networks do to help improve the effectiveness of the staff network?

The following represents a summary of discussions from the three sessions.

What motivates leaders of BME staff networks?

A desire to listen to the experiences of BME staff and to continually improve the working lives of all our staff

I don't see people from BME backgrounds in senior positions. It's important to have role models and learn from their experiences.

Have seen cases of BME staff not getting development or not realising their potential and wanted to help change that

Helping people understand 'cultural competence'

I want to help the organisation improve patient care

To attempt to address what feels like 'blatant' injustices suffered by ethnic minority staff.

I can see all around me a lot of inequality, both subtle and overt which I believe is just wrong and needs to be changed.

To help a trust that lacks diversity to learn how to engage with BME staff and patients in a way that makes them comfortable

To educate staff and influence change

To improve the balance of diversity at executive level which will in turn improve opportunities to advance for BME staff at lower grades.

10 What operational challenges do staff networks face and what are the solutions?

Challenges	Practical solutions / considerations provided by the focus group
Staff working at multiple sites across a wide geographical area and different shift patterns and job roles.	<p>Moving day/time schedule of meetings to try to meet requirements and ensure people have a chance of attending at least one or two meetings a year.</p> <p>Alternative communication tools e.g. greater use of social media, telephone and video conferencing or virtual networks to allow as many people to participate as possible without having to attend in person.</p> <p>Have network contacts located on each site that feed into the core group</p>
A lack of awareness of how their organisation operates (e.g. HR, executive level).	Networks to ensure that their work plan fits with their organisation. Important for network leaders to understand and recognise how their activities and aspirations will be understood from their executive's point of view. How will network's activities benefit the organisation as a whole?
The middle band of the management structure sometimes presents the most turbulence for BME networks	CEO/board members to write to all managers emphasising their commitment to staff networks and encouraging staff to participate in network activities

Network programmes that have the most impact

As part of building the bank of good practice, staff networks were encouraged to share activities that have started to make a tangible difference to BME staff:

- Involving and training BME staff to participate in recruitment panels (in a purposeful way) has made recruiting managers more aware of their biases.
- Mentoring and sponsorship of BME staff has helped to increase their exposure
- Having a safe space provides an opportunity for BME staff to share experiences but also identify options for a way forward.

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- Proactive outreach to "hard to hear" support staff e.g. laundry or domestic services looking at language, cultural and career development support has helped to reduce misunderstandings

How can organisations help staff networks be more effective?

- Invest in the development and embedding of the staff network;
- To train those leading staff networks gain the necessary tools to engage and influence members and senior managers⁴;
- Highlight the importance of staff networks and encourage staff to get involved in participating in the delivery of its work

11 Points to note

The learning from the maturity model and the focus groups has echoed the findings in previous research about BME staff networks in the NHS. Four core areas stand out:

Funding - The focus group discussions reinforced the level of inequality in levels of funding. For example, given the complexities of the BME challenge, specific support is necessary.

Dedicated resources for BME staff networks - The differences in results presents an opportunity for NHS England to produce a standard BME staff network governance that would support networks with a uniform foundation for success. Currently, each network develops its governance and operations independently. This leads to duplication and may not be the best use of the scarce time that network leaders have.

Investment in leaders - There is an assumption in many organisations that once network leaders step forward, no further support is required. However, there is enormous variation in the skills and experience of network leaders as was demonstrated during the focus groups. Often the more experienced and those at more senior levels are the most comfortable in the role and can bring all their experience to the network's activities. There is an opportunity to help to build the leadership and organisational skills of network leaders to underpin their success.

⁴ See recommendation two of Improving Through Inclusion, NHS England, 2016

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Commitment to ongoing discussion - It is essential that management are aware of the issues facing BME staff networks. There is still a stigma attached to networks focusing on race and ethnicity. In addition, leaders of networks need a safe space to share information with other leaders and explore solutions to sensitive issues they encounter in their organisation as they try to undertake network business.

The learning from the focus groups reinforces findings in the Improving through inclusion report which identified five key enablers (CRAFT⁵) that contribute to the success of an effective BME staff network:

Consistent commitment from senior managers	Active, informed and engaged sponsors at all levels committed to improving outcomes for BME staff
Relationships and allies	Strong working relationships with other stakeholders in the organisation (other networks, Trade Unions, equality teams, champion) and wider community
Accountability (and transparency)	From the staff network - solid framework in place e.g. terms of reference, governance, leadership structure, aims/objectives, comms plan From senior management - Encourage supervisors and managers to support, promote and reward employee involvement in networks
Frugal innovation	Permission and space to demonstrate creativity and identify areas of improvement
Time and investment.	Investment in the leaders and activities of the network especially given the additional challenges and stigma many BME staff networks encounter

12 Conclusion

The WRES, as a strategic tool, has certainly mobilised NHS organisations to address the systemic issues in the race equality agenda. In addition, it has encouraged organisations to develop plans to narrow the gap between the experience for BME employees and their white counterparts.

Nearly half of NHS organisations believe that staff networks can help them realise their ambitions on improving outcomes for BME staff. However, if networks are not properly resourced, fully supported by management or well integrated within the organisation, their ability to help achieve this outcome is limited.

The ultimate purpose of the WRES is to ensure all NHS employees are treated fairly, are fully engaged and encouraged to realise their full potential. Effective BME staff networks can be an asset in helping the organisation achieve this.

However, organisations need to commit to investing in the BME staff networks and provide the appropriate support and intervention. In doing so, the NHS will reap the benefits of the talent of its BME workforce and subsequently, deliver better patient care.

13 Recommendations

1. Encourage all BME staff networks to undertake an assessment of their maturity

The assessment of BME staff networks is critical for both the network and the wider organisation. Undertaking a benchmark exercise will enable networks to identify new ways to meet the needs of their stakeholders. It can also lead to organisations reviewing management practices and policies so that they are coordinated with the efforts of the network.

2. Create regional hubs for leaders of BME staff networks

The focus groups highlighted the value of staff network leaders coming together to share ideas, provide challenge and offer to support to each other. Logistics may prevent regular physical meetings but exploiting video conferencing or online mediums e.g. WhatsApp, Workplace, Yammer, could work equally well.

3. Dedicated resource for staff networks

To bring a consistent approach to staff networks, it is recommended that a dedicated website or webpage is created for all staff networks operating in the NHS. This could hold standard templates, guidance notes, details of support available etc.

4. Build confidence of staff network leaders

Organisations to invest in leaders of BME staff networks through a staff network leadership programme⁶ which is designed to specifically equip staff with the skills and tools required to effectively lead a staff network.

5. Commitment to dialogue

Senior leaders to be aware of and support of the goals of BME networks, and encouraged to actively solicit and utilise their input. They should also ensure that managers at all levels fully understand the important role of BME staff networks and encourage participation.

⁶ For example, the BAME Leadership Programme by Innovations at Work, 2017

14 Acknowledgements

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 - Nathaniel Pamah
 - Safina Nadeem
 - Salman Desai
 - Sher Morris
 - Stephanie Chadwick
 - Vanessa Bryan

The Staff Network Maturity Model is copyright of Cherron Inko-Tariah and Diane Greenidge (2017).

CRAFT Model is copyright of Cherron Inko-Tariah (2016)

15 Annex A: List of NHS organisations with a BME Staff network

NHS Organisation	Region
Alder Hey Children's NHS Foundation Trust	North West
Barking, Havering and Redbridge University Hospitals NHS Trust	London
Barnet, Enfield and Haringey Mental Health NHS Trust	London
Barnsley Hospital NHS Foundation Trust	Yorkshire & Humber
Barts Health NHS Trust	London
Berkshire Healthcare NHS Foundation Trust	South East
Birmingham and Solihull Mental Health NHS Foundation Trust	West Midlands
Birmingham Community Healthcare NHS Trust	West Midlands
Black Country Partnership NHS Foundation Trust	West Midlands
Bradford District NHS Foundation Trust	Yorkshire & Humber
Cambridge University Hospitals NHS Foundation Trust	East of England
Cambridgeshire Community Services NHS Trust	East of England
Central and North West London NHS Foundation Trust	London
Central London (Westminster) NHS Clinical Commissioning Group	London
Central Manchester University Hospitals NHS Foundation Trust	North West
Coventry and Warwickshire Partnership NHS Trust	West Midlands
Derbyshire Community Health Services NHS Foundation Trust	West Midlands
Derbyshire Healthcare NHS Foundation Trust	East Midlands
Devon Partnership NHS Trust	South West
Digital NHS, ALB	National
East Kent Hospitals University NHS Foundation Trust	South East
East London NHS Foundation Trust	London
East Sussex Healthcare NHS Trust	South East
Heart Of England NHS Foundation Trust	West Midlands
Hertfordshire Partnership University NHS Foundation Trust	North West
Hull and East Yorkshire Hospitals NHS Trust	Yorkshire & the Humber
Kent and Medway NHS and Social Care Partnership Trust	South East
Kent Community Health NHS Foundation Trust	South East
King's College Hospital NHS Foundation Trust	London
Kingston Hospital NHS Foundation Trust	London

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Leicestershire Partnership NHS Trust (Currently being re-established)	East Midlands
Lincolnshire Community Health Services NHS Trust	East Midlands
Liverpool Community Health NHS Trust	North West
Maidstone & Tunbridge Wells NHS Trust	South East
Mersey Care NHS Trust	North West
Newcastle Upon Tyne Foundation Trust	East of England
NHS England	National
NHS North East Essex Clinical Commissioning Group	East of England
Norfolk & Suffolk NHS Foundation Trust	East of England
North Bristol NHS Trust	East Midlands
North East Ambulance Service NHS Foundation Trust	North East
North East Essex NHS Clinical Commissioning Group	East of England
North East London NHS Foundation Trust	London
Northamptonshire Healthcare NHS Foundation Trust	East Midlands
Northumberland, Tyne and Wear NHS Foundation Trust	North East
Northumbria Healthcare NHS Foundation Trust	North East
Nottingham University Hospitals University Trust	East Midlands
Nottinghamshire Healthcare NHS Foundation Trust	East Midlands
Oxleas NHS Foundation Trust	London
Pennine Acute Hospitals NHS Trust	North West
Portsmouth Hospitals NHS Trust	South East
Royal Cornwall Hospitals NHS Trust	South West
Royal Devon and Exeter NHS Foundation Trust	South West
Royal Free London NHS Foundation Trust	London
Royal Marsden NHS Foundation Trust	London
Royal National Orthopaedic Hospital NHS Trust	London
Royal Portsmouth Hospitals NHS Trust	South East
Salisbury NHS Foundation Trust	South West
Sandwell & West Birmingham Hospitals NHS Trust	West Midlands
South East Coast Ambulance Service NHS Foundation Trust	East of England
South London and Maudsley NHS Foundation Trust	South East
South West London and St George's Mental Health NHS Trust	London
South West Yorkshire Partnership NHS Foundation Trust	Yorkshire & Humber
Stockport NHS Foundation Trust	North West

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Surrey & Borders Partnership NHS Foundation Trust	South East
Sussex Partnership NHS Foundation Trust	South East
Tees, Esk and Wear Valleys NHS Foundation Trust	North East
The Walton Centre NHS Foundation Trust	South West
Torbay and South Devon NHS Foundation Trust	South West
University Hospital of South Manchester NHS Foundation Trust	North West
University Hospital Southampton NHS Foundation Trust	South East
University Hospitals Bristol NHS Foundation Trust	South West
University Hospitals of Morecambe Bay NHS Foundation Trust	North West
West London Mental Health NHS Trust	London
Western Sussex Hospitals NHS Foundation Trust	South West

16 Annex B: Organisations in the early stages of setting up a BME staff network

NHS Organisation	Region
Aintree University Hospital NHS Foundation Trust	North West
Airedale NHS Foundation Trust	Yorkshire & the Humber
Countess Of Chester Hospital NHS Foundation Trust	North West
Dorset Healthcare University NHS Foundation Trust	South West
Durham Dales, Easington And Sedgefield NHS Clinical Commissioning Group	East of England
East Cheshire NHS Trust	North West
East Lancashire Hospitals NHS Trust	North West
Epsom and St Helier University Hospitals NHS Trust	London
Gloucestershire Care Services NHS Trust	South West
Gloucestershire Hospitals NHS Foundation Trust	South West
Great Ormond Street Hospital for Children NHS Foundation Trust	London
Great Western Hospitals NHS Foundation Trust	South West
Lancashire Teaching Hospitals NHS Foundation Trust	North West
Leeds Community Healthcare NHS Trust	Yorkshire & the Humber
Leeds and York Partnership NHS Foundation Trust	Yorkshire & the Humber
Lincolnshire Partnership NHS Foundation Trust	East Midlands
North Staffordshire Combined Healthcare NHS Trust	West Midlands

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North Tees and Hartlepool NHS Foundation Trust	North East
North West Ambulance Service NHS Trust	North West
Poole Hospital NHS Foundation Trust	South West
Sherwood Forest Hospitals NHS Foundation Trust	East Midlands
Shropshire Community Health NHS Trust	West Midlands
South Essex Partnership University NHS Foundation Trust	East of England
South Tees Hospitals NHS Foundation Trust	North West
South Warwickshire NHS Foundation Trust	West Midlands
South Western Ambulance Service NHS Foundation Trust	South West
Sussex Community NHS Trust	South East
United Lincolnshire Hospitals NHS Trust	East of England
University College London Hospitals NHS Trust	London
University Hospitals Of Leicester NHS Trust	East Midlands
University Hospitals of North Midlands	North West
Walsall Healthcare NHS Trust	North West
West Midlands Ambulance Service NHS Foundation Trust	West Midlands
Wirral University Teaching Hospital NHS Foundation Trust	North West
Warrington, Wigan and Leigh NHS Foundation Trust	North West

17 Annex C: List of organisations that have an alternative to staff networks

NHS Organisation	Region	Describe the engagement available to black and minority ethnic staff
Bedford Hospital NHS Trust	East of England	An established Diversity and Inclusivity Network Group
Birmingham Children's Hospital NHS Foundation Trust	West Midlands	An Inclusivity Action Group. The group focuses on all aspects of diversity, equality and inclusion. They did previously have a specific BME network, however, feedback from staff and the network itself concluded that this should be broader.
Blackpool Teaching Hospitals NHS Foundation Trust	North West	A staff E&D Network and links with BME staff (mainly doctors). They have a BME representative on the ED&I Committee chaired by the Director of Nursing
Croydon Health Services NHS Trust	London	A Diversity Network that covers BME/Disability/LGBT/Religion
Liverpool Heart and Chest NHS Foundation Trust	North West	A BME Listening in Action Group
Royal Liverpool and Broadgreen University	North West	A BME staff focus groups running

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Hospitals NHS Trust		
Royal National Orthopaedic Hospital NHS Foundation Trust	London	An Equality Achievement Network open to all staff
Southern Health NHS Foundation Trust	South	A Diversity Champions network called VOX POP. This network champions all protected characteristics and includes a role profile for members and quarterly champion events. BME staff fed back that they did not want a BME staff group but welcomed the VOX POP
Tavistock and Portman NHS Foundation Trust	London	There are regular meetings of BME staff with the CEO and Chair
Worcestershire Acute Hospitals NHS Trust	West Midlands	Early stages - Has tried a couple of times previously to set up a BME network but have only had one response. They now call it a Staff Equalities Network rather than just BME, and interest is being sought from the Lead Chaplain who has recently taken on a Staff Equalities Engagement role.

18 Annex D: Organisations that DO NOT have a BME staff network

NHS Organisation	Region
Avon and Wiltshire Mental Health Partnership NHS Trust	South West
Birmingham Women's NHS Foundation Trust	West Midlands
Buckinghamshire Healthcare NHS Trust	South East
Burton Hospitals NHS Foundation Trust	East Midlands
Chelsea and Westminster Hospital NHS Foundation Trust	London
Cheshire and Wirral Partnership NHS Foundation Trust	North West
Chesterfield Royal Hospital NHS Foundation Trust	East Midlands
Christie NHS Foundation Trust	North West
Clatterbridge Cancer Centre NHS Foundation Trust	North West
County Durham and Darlington NHS Foundation Trust	North East
Cumbria Partnership NHS Foundation Trust	North West
Dartford and Gravesham NHS Trust	South East
Derby Teaching Hospitals NHS Foundation Trust	East Midlands
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Yorkshire & the Humber

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Dudley and Walsall Mental Health Partnership NHS Trust	North West
East and North Hertfordshire NHS Trust	East of England
East of England Ambulance Service NHS Trust	East of England
Frimley Health NHS Foundation Trust	South East
Gateshead Health NHS Foundation Trust	North East
Hinchingbrooke Health Care NHS Trust	South East
Hounslow and Richmond Community Healthcare NHS Trust	London
Humber NHS Foundation Trust	Yorkshire & the Humber
Imperial College Healthcare NHS Trust	London
Ipswich Hospital NHS Trust	South East
Isle of Wight NHS Trust	South West
James Paget University Hospitals NHS Foundation Trust	East of England
Kettering General Hospital NHS Foundation Trust	East Midlands
Lancashire Care NHS Foundation Trust	North West
Lewisham and Greenwich NHS Trust	London
Liverpool Women's NHS Foundation Trust	North West
Mid Cheshire Hospitals NHS Foundation Trust	North West
Moorfields Eye Hospital NHS Foundation Trust	London
Norfolk and Norwich University Hospitals NHS Foundation Trust	East of England
Northampton General Hospital NHS Trust	East of England
Northern Devon Healthcare NHS Trust	South West
Papworth Hospital NHS Foundation Trust	East of England
Peterborough City Hospital	East of England
Plymouth Hospitals NHS Trust	South West
Princess Alexandra Hospital NHS Trust	East of England
Queen Elizabeth Hospital, King's Lynn. NHS Foundation Trust	East of England
Royal Berkshire NHS Foundation Trust	South East
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	South West
Royal Brompton and Harefield NHS Foundation Trust	London
Royal Surrey County NHS Foundation Trust	South West
Sheffield Children's NHS Foundation Trust	Yorkshire & the Humber
Shrewsbury and Telford Hospital NHS Trust	West Midlands

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Somerset Partnership NHS Foundation Trust	South West
South Central Ambulance Service NHS Foundation Trust	South East
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	West Midlands
South Tyneside NHS Foundation Trust	North East
Tameside Hospital NHS Foundation Trust	North West
Whittington Hospital NHS Trust	London

19 Annex E: List of organisations that are considering options

NHS Organisation	Region
Blackpool Teaching Hospitals NHS Foundation Trust	North West
Bridgewater Community Healthcare NHS Foundation	North West
Homerton University Hospital NHS Foundation Trust	London
Norfolk Community Health and Care NHS Trust	East
Peterborough and Stamford Hospitals NHS Foundation Trust	East
Warrington and Halton Hospitals NHS Foundation Trust	North West

20 Annex F - Attributes of the Staff Network Maturity Model

Category	Activities/Attributes
P A T H F I N D E R (Developing Direction)	<ul style="list-style-type: none"> ▪ Understands its purpose ▪ A clear aim and SMART objectives ▪ Strong governance i.e. Terms of Reference and defined roles of steering committee/leadership team ▪ Strategic workplan of activities ▪ Schedule of meetings for members ▪ Operating communications strategy ▪ Identified a sponsor of Champion ▪ Evaluation mechanism in place
C U L T I V A T O R (Broadening Scope)	<p>Demonstrates all the attributes of Pathfinder plus:</p> <ul style="list-style-type: none"> ▪ Objectives are aligned with the organisation's objectives ▪ Actively engages with other networks within the organisation ▪ Demonstrates innovation ▪ Participates in community outreach activities ▪ Takes a more active role in leading on development programmes for members ▪ Is represented on the Staff Equality Forum or similar type of group ▪ Provides an annual review demonstrating its success ▪ Members understand how they can get involved ▪ Champion / Executive Sponsor is clear about their role and meets with the Chair at least 4 times a year ▪ Details of the network are included in the onboarding / induction process

A C T I V A T O R
Widening collaboration & leadership)

Demonstrates attributes of Pathfinder and Cultivator stages plus:

- Network has a succession planning process for members of Steering Committee / leadership team
- Benchmarks its performance against external networks / other organisations
- Enhances coordination by partnering with business units e.g. HR on recruitment and retention, talent management, acting as a critical friend on policy and processes etc.
- Clear about how to utilise its critical friends, allies and external contacts effectively
- Promotes role models - from within as well as those outside its membership
- Assess its impact e.g. are management practices aligned with the efforts of the networks? What new strategies or alliances have been implemented as a result of the staff network?
- Promotes synergy of effort with other staff networks?
- Evaluates how it is helping to create an engaged and inclusive culture. e.g. Do employees feel that their contributions are valued and making a difference? Is corporate empathy enhanced?
- Shares success: Informs members, organisation and wider community about the network's success.