

WORKFORCE RACE EQUALITY STANDARD

Exemplar for embedding and
sustaining continuous improvements

North East London NHS Foundation Trust

July 2019



Foreword

It is not by accident that North East London NHS Foundation Trust is the only organisation in the NHS in England, that has consistently closed the experience gap between its black and minority ethnic (BME) and white staff as measured by the Workforce Race Equality Standard (WRES) indicators over the last three years. It is no surprise to me that the trust does not have a problem with recruitment or that it is oversubscribed by BME people wanting to volunteer there. The answer to how and why this organisation has come to be the number one organisation in our NHS can be explained in one word; leadership.

John Brouder its chief executive is what Professor Michael West describes as a compassionate leader.

- **Attending: paying attention to staff – ‘listening with fascination’**
- **Understanding: shared understanding of what they face**
- **Empathising**
- **Helping: taking intelligent action to serve**

In 2012 when the issue of underrepresentation at the trust was brought to his attention, John decided it was an unacceptable situation and began to work towards improving the culture in his organisation. This document will help people reflect on the work that has been done at the trust, the leadership and commitment that needs to be deeply embedded in the culture of an organisation in order for there to be fairness and equity for all.

Yvonne Coghill CBE
Director, WRES, NHS England

Trust overview

North East London NHS Foundation Trust (NELFT) has proved to be an example of an organisation that has embraced the challenges of tackling workforce race inequality. By having a robust strategy and demonstrable leadership, NELFT has seen sustained improvements across all WRES indicators from 2016 - 2018.

NELFT is a mental health and community services provider covering Barnet, Essex, Kent and north east London. The population it serves is around 4.3 million and it employs 6,000 staff who work across more than 200 sites. The organisation has a Care Quality Commission (CQC) rating of 'Good'. The trust has a turnover of more than £380 million and is financially stable.

Background

The NELFT journey started in 2006, when there was an attempt to set up a staff network. This attempt failed as staff felt disengaged, their managers were not supportive of participation and it became a talking shop that was not viewed as supportive or enabling. In 2010 there was a second attempt to set up the staff network but with no cohesive strategy or direction of travel this was also unsuccessful.

In 2012, Wellington Makala (associate director 2016 - 2018) had an impromptu meeting with John Brouder, the then deputy chief executive to discuss the gaps in the experiences and opportunities between BME and white staff at NELFT. At the time, 18% of staff were from a BME background but only one BME person at Agenda for Change (AfC) pay band 8c and above. This increased to two when the organisation merged with South West Essex Community Health Services.

BME staff representation at AfC pay band 8a was 9% compared to 18% across the trust. Wellington Makala asked the board what actions they were going to take to address this gap in employee relations. The board agreed to invite Yvonne Coghill in the first instance



to have some of these difficult conversations and seek her support on how to take this agenda forward.

In 2013, Yvonne Coghill who at the time was senior programme lead for inclusion at the NHS Leadership Academy was invited to talk to the NELFT board about the challenges faced by BME staff in the NHS. Yvonne reflected on her train journey to NELFT and the diversity she saw when passing by the various schools in east London. She contrasted this with the lack of diversity at board level and poor representation of BME staff in leadership roles. The leadership in the trust was not reflective of the staff or communities the organisation served.

More importantly, Yvonne highlighted the negative impact this can have on patient care, safety and satisfaction. Yvonne's presentation resonated with John Brouder who by then was chief executive. John was determined to make sure that NELFT became a fair and equitable place and for all staff to reach their full potential regardless of their background. He decided he would personally lead on equalities and that his senior leadership team would also see it as a priority.

The board stated that they were aware of the glass ceiling for BME staff, with the data provided by the equality and diversity team. Wellington Makala and Harjit K Bansal (Head of equality, diversity and inclusion) were asked to develop a strategy that would change this narrative and that it would be endorsed by the board. The first step in the development of the strategy was to run focus groups with BME staff across the organisation to explore what the barriers were followed by a literature research to assess what recommendations were made in recent reports.

The first ethnic minority network (EMN) strategy covering the period of 2013-2016 was developed following that board meeting. The objectives for the strategy was based on addressing the barriers that BME staff had identified. It outlined key objectives in relation to the BME staff network, recruitment and the development. By the end of 2013, about six BME members of staff had been recruited to AfC band 8c posts and above and the change in the organisation had begun. In 2016 the EMN strategy was reviewed and Stronger Together Strategy 2020 was developed. The EMN realised that to achieve the action plans, support was required from all staff working in the organisation. The new strategy set the challenge for NELFT to move from being good to be the best, and to be the preferred employer for BME staff nationally.

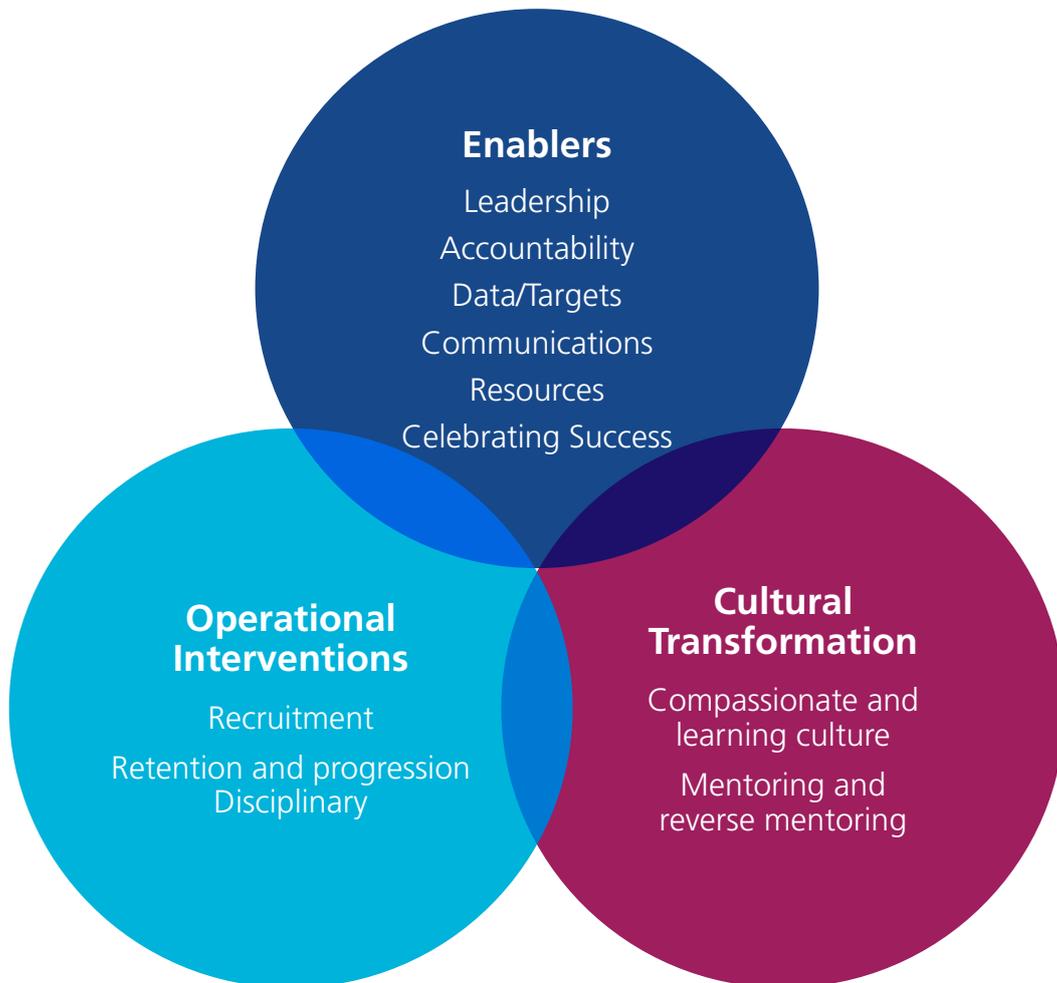


Improving race equality at NELFT

Research by Harvard academic, Professor David Williams has shown that to have sustainable improvements in reducing race inequality, you need to have enablers, operational interventions and cultural transformation.

Over the past six years, NELFT has produced and implemented strategies with actions that covers all three components. These actions have been consistently and constantly monitored for impact and amended or continued depending on the outcomes.

Figure 1: Evidenced approach to reducing race inequality



Enablers

Enablers for improvements are leadership, accountability, data / targets, communications, resources and celebrating success. These are needed to run simultaneously over time to have a sustainable impact.

Leadership

The success for NELFT was built on engaging with leaders and managers at all levels across the organisation. There was a clear message that race inequality was just not a problem for the equality and diversity manager to resolve, but it was an issue that required the concerted effort of everyone in the trust. Equality and WRES related issues were not just discussed at the board and ethnic minority network, but at all meetings and levels in the trust, which include senior leadership teams and corporate inductions for new starters.

Chief executive: Demonstrable leadership and support from the chief executive has been critical to delivering improvements in experiences and opportunities for BME staff at NELFT.

For John Brouder, reducing inequality is a key value and strategic objective for NELFT. This is reflected in both his words and actions. John talks about race inequality at trust induction for new staff and makes it clear that NELFT does not tolerate discrimination. John regularly tweets about the challenges faced by BME staff in the NHS. He also encourages everyone to work together to make NELFT and the wider NHS an equitable place.

Examples of John Brouder's tweets:



John Brouder @JohnBrouder

Did you know many BME nurses choose to work agency because they don't feel valued or safe committing to one organisation. What a disgrace. As a leader in the NHS do you feel ashamed? Speak up and own this institutional failure Leaders have to change NOW.



John Brouder @JohnBrouder

I always attend new staff induction every month so that all new staff hear my personal messages first hand, no place for racism here, no tolerance of bullying here, promote openness and transparency speak up and treat everyone as you would wish to be treated.



John Brouder @JohnBrouder

There is only one place for leaders of the NHS to be and that is at the forefront of the equality and BME agenda. I can't imagine anything more important right now. Stand up and speak out. Own the agenda.



John Brouder @JohnBrouder

Doing nothing promotes inequality. Speak out and make a difference. Do something today and every day and we can make a difference to our NHS and make it a great place for everyone to thrive.



The board: Having the board review and endorse the ethnic minority network strategy was key to making sure that the whole senior leadership team was actively involved in bringing about positive change.

Board level engagement helped to deliver the objectives set and enable accountability. In the EMN strategy, all executive board members were named with specific actions they had to help deliver. This helped send a clear message that equality is everyone's business regardless of role in the trust. Each executive director on the board is linked to a strategic EMN ambassador who work with them to address any challenges or issues raised by EMN staff.

Middle managers: The chief executive invited Yvonne Coghill to lead a session on race inequality for all middle managers. The session helped middle managers understand race inequality and the role they can play to create a more equitable working environment and to enable active participation.

Integrated care directors (ICDs): Before signoff at board level, the EMN strategy was presented, reviewed and signed off by all directorates. The ICDs were crucial in providing support and encouragement to champions and ambassadors in the trust. ICDs helped staff to access appropriate training to enable them to progress in their careers. The EMN strategy update is a standing agenda time for local senior leadership team meetings.

Accountability

NELFT made sure that there was robust monitoring of the EMN strategy delivery. This was done through regular reviews at all levels in the organisation. The monitoring arrangements were as follows:

- Trust board (six monthly)
- Trust equality and diversity group (quarterly)
- Executive strategic group (quarterly)
- Ethnic minority staff network (bi-monthly)
- Ethnic minority strategic steering group (monthly)
- Individual ICD leadership team meetings (monthly)

Regular monitoring helped to see both the long and short-term impact of the strategy. This also helped to keep everyone in the trust aware of and actively involved in helping to deliver the strategy.



Data / targets

The EMN strategy for NELFT has measurable ambitions to be achieved by 2020

- The ethnic staff profile to reflect the proportion of BME representation in the workforce at pay band 8c and above as a minimum requirement.
- NELFT board to increase the number of BME non-executive directors (NEDs) by one (The trust recently recruited two BME NEDs in the most recent recruitment rounds).
- To increase the number of BME executive directors to one (The trust board is stable, and they are still working towards having a BME executive board member. Until that happens, the trust is committed to having the chair of the EMN as part of the board as a non-voting member).
- Reduction in the number of BME staff involved in any HR procedures.
- Reduction in the number of litigation cases involving BME staff.
- To have all members of the board mentor one BME staff.

These targets helped to focus people and have a common purpose.

The trust also uses benchmarking; NELFT compares itself to the best in the country. The trust celebrate the fact that they benchmark well against London and mental health peers, however the aim is to be the best in the country.

Celebrating success

NELFT celebrates its success and shares good news with all staff through various meetings and communications. There are regular events and conferences to celebrate the diversity within the trust and the community.

The trust has held an annual ethnic minority network conference since November 2013. In the first few years, they held two conferences, one to engage with frontline staff and the second half day conference was to engage with senior leaders, to ensure that the messages from the conference were relayed to middle managers.

The conferences are an opportunity to bring staff together, celebrate diversity, share issues, good practice and demonstrate actions taken to deliver the strategy.

The conferences are a chance for both trust wide work and local work to be shared and to continue the conversation about what needs to be done as an organisation to continuously approve.



Communications

NELFT uses multiple communication platforms to highlight the various initiatives that the trust is doing about equality through social media (Twitter, Facebook and Instagram), email, website and physical copies of the EMN strategy. The chief executive, champions and ambassadors all play a vital role in disseminating information. By having a lot of people all working together and making use of all the various platforms, messages cascade across the trust helping to spread the message.

Interventions

NELFT interventions focused on:

- Recruitment
- Career progression
- Formal disciplinary

Challenging traditional recruitment and human resources practices was disruptive and met with resistance and reluctance. Through planning, training, perseverance and leadership, the trust was able to embed new equitable policies and practices.

Recruitment

NELFT changed recruitment practices to make them more transparent, fair and equitable. The trust also came up with new policies and procedures to ensure compliance.

Initially, the trust trained 80 BME staff to be part of diverse interview panels. Currently there are over 150 trained colleagues on the database. The training covered interview techniques, recruitment training, unconscious bias training and information on the Equality Act 2010. They are also made aware of the EMN strategy and its objectives on recruitment. The trained BME staff were viewed as interview experts who would not only help to have diverse interview panels, but also provide expertise that could add value to the recruitment process for both interviewers and interviewees.

There was a change in how interviews are scored, with interviewers independently scoring candidates. If interviewers do not agree on the appointment and scoring, there were processes to escalate and review the interview process.

If interviews and appointments did not follow the trust processes and policies, the appointment was deemed invalid and it would be done again properly. BME panel member were also enabled to overturn interview panel results and escalate for review.

As a result of the changes to recruitment process, the relative likelihood of white applicants being appointed from shortlisting compared to that of BME applicants improved from 3.12 in 2016 to 1.46 in 2018.



Table 1: WRES indicator 2: relative likelihood of white applicants being appointed from shortlisting compared to that of BME applicants 2016 – 2018

WRES INDICATOR	METRIC DESCRIPTION	2016	2017	2018
		SCORE	SCORE	SCORE
2	Relative likelihood of White applicants being appointed from shortlisting compared to that of BME applicants	3.12	1.59	1.46

Career progression

At NELFT, BME staff were not progressing as quickly as expected. The trust invested in training, coaching and better recruitment processes to help BME staff to develop to their full potential. As part of the 2013 - 2016 strategy, there was a commitment to change the recruitment policy and ensure that every post at band 8a and above had a BME representative on the interview panel.

The recruitment policy was updated so that interviews for all band 8a and above posts will have an EMN member on the interview panel. On occasions, interviews for senior roles were postponed and rearranged as the executive team were not prepared for interviews to go ahead without EMN representation.

The staff who have been through the training and have sat on interview panels have said the experience had helped to increase their own confidence and ambitions. The training also demystified the interview process. BME staff who were involved in interviews were able to reflect on the skills and experience needed in senior management interviews. BME staff said they realised senior posts were not out of reach. The experience of interviewing made them realise that the interview questions were not as tough as they thought. It started to shatter the glass ceiling as confidence grew and staff could see what interviews were like for senior leadership roles. Most people who were part of the first cohort trained to interview have since progressed to more senior roles.

Table 2: Staff at Agenda for Change pay bands 8a and above

Band 8a and above	2013	2014	2015	2016	2017
White Staff	81.6%	80.6%	74.4%	60.8%	70.7%
BME Staff	18.4%	19.4%	25.6%	39.2%	29.3%

The percentage of BME staff at band 8a and above increased from 18.4% of BME staff in 2013 to 39.2% in 2016. This dropped slightly in 2017 to 29.3% as NELFT commissioned services in Kent, where the management team consisted of mostly white staff at bands 8 and above. The number of BME staff at band 8c increased from two in 2013 to 32 in 2017.



Formal disciplinary

There was a disproportional representation of BME staff in formal disciplinary cases. This was in part due to managers not feeling equipped to manage BME staff and being afraid of being labelled as “racist”. The focus of interventions was to make the managers feel empowered and supported.

White managers attended a mandatory training session with Yvonne Coghill. The session enabled white managers to understand the differences in opportunities and experiences between BME and white staff in the NHS. Managers were also encouraged to talk about race related issues and see themselves as part of the solution.

BME and white managers were trained on managing disciplinary and grievances with a specific focus on diversity and culture. There was also cultural awareness competency training for everyone sitting on investigations panels. Policies and practices were also reviewed to make sure that they are equitable.

Table 3: WRES indicator 3: relatively likelihood of BME staff entering the formal disciplinary process compared to white staff 2016 - 2018

WRES INDICATOR	METRIC DESCRIPTION	2016	2017	2018
		SCORE	SCORE	SCORE
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	2.02	1.72	1.18

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff improved from 2.02 in 2016 to 1.18 in 2018.



Cultural transformation

To improve the experiences of BME staff in the organisation, the EMN Stronger Together strategy had specific actions that focused on creating an inclusive culture. The strategy aimed to change the narrative on equality and for NELFT to be the preferred employer for BME employees.

NELFT is a value driven organisation and the values had to be demonstrated in everything the trust does including recruitment, induction and appraisals. 'People first' is a core value and there is an expectation throughout the organisation that people come first. The drive for equality is not driven by trying to improve the WRES scores, but rather by trying to do the right thing.

Implementing a strategy and making sure there is accountability at board level and through the staff network has been crucial to focusing the work and ensuring that deliverables are met. Executive and senior directors attend induction and talk about the ambition of having an inclusive culture for all at NELFT.

Compassionate and learning culture

The Stronger Together strategy focused on fairness at work, rather than focusing on the negative aspects such as bullying. This helped to create a positive language when talking about the strategy. Staff in the trust have open dialogues about inequality and race issues. Having that open dialogue helps to support a culture where people feel able to speak out and address issues. This has given staff the courage to speak out and engage with this difficult agenda to make a positive difference for staff and patients.

The key enabler for building an open inclusive culture was having EMN ambassadors and champions. Ambassadors have formal job descriptions that set out the expectations of their role and formal support mechanisms. The ambassadors support local networks across the various directorates to encourage and enable more staff to get on board. The ambassadors take an inclusive approach to what they do and educate staff across the workforce about race and WRES related issues.

Ambassadors operate with integrity and courage, demonstrating political astuteness and emotional intelligence when dealing with issues that are raised with them. Knowing there is senior management buy-in has enabled the ambassadors to feel supported and effective in their roles.

Board members do not have offices or dedicated parking spaces. As such they are readily accessible and get to have the same working experience as all staff in the organisation. By hot desking, senior managers and leaders get the opportunity to interact with staff across all pay bands daily.

Following the successful implementation of the first EMN strategy, BME staff started seeing and feeling the benefits. This made them feel included and empowered, and the staff survey results started to reflect these improvements.



As part of the learning culture in the trust, managers review exit questionnaires to determine why BME staff leave the organisation and they provide a report on a quarterly basis to the equality and diversity groups.

NELFT recognises the impact that international events have on their expatriate staff. There is support for staff from countries affected by natural disasters or epidemics.

Table 4: WRES indicators 5 – 8: BME staff scores 2016 - 2019

INDICATOR TYPE	WRES INDICATOR	METRIC DESCRIPTION	2015	2016	2017	2018	2019
			SCORE	SCORE	SCORE	SCORE	SCORE
S T A F F S U R V E Y	5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	32.1%	37.6%	30.1%	29.8%	28.6%
	6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	29.3%	28.3%	27.8%	19.5%	19.9%
	7	Percentage believing that trust provides equal opportunities for career progression or promotion.	66.7%	71.6%	73.5%	80.7%	78.5%
	8	In the last 12 months have you personally experienced discrimination at work?	15.7%	16.4%	14.7%	10.6%	9.9%



Table 5: WRES indicators 5 – 8: white staff scores 2016 - 2019

INDICATOR TYPE	WRES INDICATOR	METRIC DESCRIPTION	2015	2016	2017	2018	2019
			SCORE	SCORE	SCORE	SCORE	SCORE
S T A F F S U R V E Y	5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	29.1%	31.1%	28.4%	24.2%	25.5%
	6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	22.6%	24.1%	21.0%	16.3%	16.1%
	7	Percentage believing that trust provides equal opportunities for career progression or promotion.	85.7%	87.3%	87.2%	86.4%	88.6%
	8	In the last 12 months have you personally experienced discrimination at work?	8.3%	8.6%	6.7%	4.8%	5.4%

As a result of creating an inclusive culture, NELFT has seen a decrease in the percentage of both BME and white staff experiencing harassment, bullying and discrimination.

Sickness absence rates used to be 6%, they are now consistently below 5%.

It has also been noted that BME staff who leave are returning to NELFT because they have not felt included at other organisations.



Table 6: WRES indicators 5 – 8: BME staff scores 2019

ORGANISATIONS NAME	2018			
	Ind 5	Ind 6	Ind 7	Ind 8
NORTH EAST LONDON NHS FOUNDATION TRUST	28.6%	19.9%	78.5%	9.9%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	38.2%	28.3%	67.9%	12.5%
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	44.4%	31.1%	62.9%	14.7%
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	31.1%	29.2%	68.1%	15.0%
EAST LONDON NHS FOUNDATION TRUST	35.6%	24.5%	71.8%	14.4%
OXLEAS NHS FOUNDATION TRUST	36.7%	29.2%	71.5%	14.6%
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	36.3%	31.6%	57.5%	19.1%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	33.8%	27.1%	59.5%	18.1%
TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	24.5%	27.8%	60.3%	15.3%
WEST LONDON MENTAL HEALTH NHS TRUST	32.5%	25.2%	72.1%	11.2%
Trusts Median	34.7%	28.1%	68.0%	14.7%

Table 7: WRES indicators 5 – 8: white staff scores 2019

ORGANISATIONS NAME	2018			
	Ind 5	Ind 6	Ind 7	Ind 8
NORTH EAST LONDON NHS FOUNDATION TRUST	25.5%	16.1%	88.6%	5.4%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	33.4%	27.1%	83.8%	8.8%
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	36.9%	21.7%	84.5%	6.1%
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	29.2%	28.3%	83.9%	8.8%
EAST LONDON NHS FOUNDATION TRUST	31.7%	23.0%	84.7%	8.4%
OXLEAS NHS FOUNDATION TRUST	27.5%	22.7%	86.0%	7.7%
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	32.7%	25.0%	80.2%	9.8%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	29.6%	22.5%	81.3%	7.2%
TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	20.5%	19.2%	81.7%	9.2%
WEST LONDON MENTAL HEALTH NHS TRUST	30.7%	25.4%	84.4%	10.1%
Trusts Median	30.2%	22.8%	84.1%	8.6%



Compared to other mental health trusts in London, NELFT BME and white staff report the best scores for all the WRES NHS staff survey questions.

NELFT has the second lowest proportion of BME staff reporting experiencing harassment and bullying from colleagues and the lowest proportion for white staff in London.

The trust also has the highest proportion of BME staff reporting that the organisations provides equal opportunities for career progression and the fourth highest for white staff in London

It also has the second lowest percentage of BME staff reporting discrimination and the fourth lowest for white staff in London.

Mentoring and reverse mentoring

A key component of the cultural transformation is built on understanding the lived experiences and stories from BME staff. Supporting and enabling white managers to talk about race related issues has been key to having open and honest dialogue. To enable this, the trust has embarked on a programme of reverse mentoring at board level. All board members have a reverse mentor from a BME background. The reverse mentoring effort will be reviewed and there is a desire to roll out a second phase of this if there are demonstrable successes from the pilot. John Brouder has had two reverse mentees and he has found this exceptionally useful.

Ethnic minority network

The focus of the network meetings is to look at implementation of the strategy and developing the skills of BME staff rather than seeing this as a group that gets together to discuss how bad things are in the NHS.

The staff network has evolved since 2013 and has moved from being the BME staff network to the ethnic minority network. The network has a key leadership role in driving forward the strategy across NELFT. The culture of the of the network is linked to individuals defining themselves and wanting to proactively be part of the movement rather than forcing people to engage in the network. Moving from this being promoted as a BME network to the ethnic minority network had a positive impact on staff from other backgrounds identifying with the work taking place e.g. eastern European staff.



Next steps for NELFT EMN

The trust is constantly reviewing and updating its strategies and actions. In response to recent changes in the organisations, the EMN is updating their priorities.

The priorities for the EMN Network for the coming years include the following:

1. Strategy

- Writing the next five-year strategy ready for publication in 2020.
- Support the trust in the staff retention and recruitment in relation to Brexit
- Identify EMN ambassadors for corporate services

2. Bullying and harassment

- Address the reasons for disproportionate number of BME staff involved in disciplinary, grievances, bullying, capability, tribunals and dismissals.
- Develop a series of workshops on exploring behaviours linked to the values of the organisation.
- Mediation training for EMN ambassadors
- Delivery of cultural intelligence training
- Themed review of disciplinary, grievance and bullying and harassment cases.

3. Recruitment and retention

- Develop a process of shortlisting for bands 8b and above.
- Develop inclusive interview panels for band 7 posts
- Explore a fair and consistent process for internal secondments and interim positions
- Support the board in ensuring it reflect the demographics it serves.



4. Workforce Race Equality Standards

- Maintaining the WRES expertise here at NELFT and preparing future WRES experts. To be a beacon site for WRES implementation.
- Maintain strong links with WRES team and continue to highlight progress at NELFT.
- Invite interested NHS trusts to network meetings – present the WRES data to the network. Spread understanding of the nine WRES indicators.
- To assist NELFT HR deliver on WRES.

5. Accountability

- The EMN steering group will meet on a six-weekly basis.
- The chair and co-chair will meet prior to the EMN Steering Group to steer on direction for the group.
- The EMN General Meeting will take place a bi-monthly basis, with specific focus for each meeting.
- An annual EMN Conference will take place every year in November.
- The EMN Steering Group will report twice to the Board on its progress with the WRES and the EMN Strategy.
- The chair or the Co-chair will present the network at the Trust Equality and Diversity Meeting on a bi-monthly basis.

The network delivers an annual EMN conference, with each year focussing on an objective of the strategy. The rest of the year is spent working on delivery, by ensuring that whatever actions have been developed are embedded in processes and systems.

The membership of the network includes at least one member from the corporate services, e.g. HR representative, finance, transformation, ICT, communications and pharmacy.



Top tips for other organisations

Demonstrable leadership

- As a leader you must show an overt belief in equity and equality. You must give time and pay attention to race inequality issues and put effort in trying to understand the complexities in race inequality issues.
- Develop a full understanding of the ethnic makeup of your trust and the community you serve.
- Actively seeks to educate fellow leaders and increase your knowledge base through reading, discussing and debating the issues with subject matter experts.
- Use social media to highlight issues to do with race inequality and what you are doing to make things better.
- Actively seek BME talent and enable their development.
- Get involved in your BME staff network.
- Reinforce that there is zero tolerance of inequalities, including race.
- Speak openly and confidently about race inequality at board meetings, conferences, induction and interviews.
- Tokenism and copying and pasting 'good practice' without adequate planning will not work.
- Thoroughly plan, implement and monitor your interventions.
- Track progress on a regular basis (bi-monthly or quarterly)
- Embed equality and celebration of diversity in your organisation - include equality in appraisals (not just race).



Staff members

- It is everyone's business and not just the EDI lead and BME network
- Reducing race inequality is a marathon and not a sprint. There are no silver bullets or quick fixes.
- Involving middle managers is key.
- Hardwire WRES and race inequality into corporate objectives and activities.
- Support your leaders.
- Anti – discriminatory training for interviewers.
- Support non BME managers when dealing with grievances and disciplinary cases.



Peer to peer support

If you would like to get in touch with colleagues from North East London NHS Foundation Trust or would like to ask a question to replicate good practice at your organisation, you can get in touch with a colleague or ambassador.

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