North East London NHS Foundation Trust
“Equality must lie at the heart of the NHS – its values, processes and behaviours – if we are to create a service that is personal, fair and diverse, that meets the needs of every patient and all staff”

Sir David Nicholson, NHS Chief Executive
In line with our values NELFT is ambitious for the success of our own staff and also the population we serve. Through our corporate and social responsibility we commit to supporting people to experience NELFT as a positive and encouraging place to work in. This strategy now provides some new ideas that further challenge us to move beyond our current ambitions and be even more representative of the local population. We welcome these ideas and will seek to test and, where relevant, implement them within our business.

In order to embrace equality and diversity we must be both sensitive to individuals needs as well as be encouraging and supportive of groups and communities that are under-represented across the business teams, management and executive hierarchies. It is a more than reasonable expectation that local people should be supported to join the local care and health workforce and through promotion, advancement and training that the future senior managers of NELFT will in turn become more representative of the communities we serve.

This strategy represents our corporate aspirations and we are pleased to take the opportunity to embrace it publicly.

John Brouder
Chief Executive
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NELFT Ethnic Minority (EMN) Network Strategy

1. Introduction

In 2002 the Commission for Black Staff in Further Education (CfBSFE) published a report on the under-representation of black and minority ethnic staff in the sector. The report made a series of recommendations designed to empower black and minority ethnic staff to aspire to leadership positions and to enable the sector to address the issues in relation to the under-representation and career progression of black and minority ethnic staff.

Recent data (Lifelong Learning UK, 2010) suggests that despite the implementation of equalities legislation and various initiatives to support the progression of black and minority ethnic groups, black and minority ethnic staff are still under-represented in management and leadership roles in Education and the NHS, despite often being more qualified than their white counterparts.

The National Health Service (NHS) is one of the largest employers in the world. In 2012, there were some 193,000 staff from black and ethnic minority backgrounds in the NHS constituting some 14% of the total 1,358,295 staff in the NHS workforce (HSCIC, 2013).

Between the existing initiatives, frameworks and legislation, (such as, Race Equality Performance Framework (2004), Equality and Diversity Scheme (2005), Positively Diverse – NHS Employers, Sex Discrimination Act 1975, Sex Discrimination (Gender Reassignment) Regulations (1999) and Disability Discrimination Act (1995)) the NHS strives to gain equality throughout lower and senior leadership roles.

However, in terms of senior leadership positions relatively few are occupied by women, black and minority ethnic (BME) or disabled people. In 2012, just 1% of NHS chief executives were from a BME background, whilst there was just one non-white face in the 2012 Health Service Journal list of the 100 most influential people in healthcare.

The ‘National Breaking Through Top Talent Programme’ was part of the NHS Institute for Innovation and Improvement top talent programme aimed at developing senior black and minority ethnic staff and help them break through the glass ceiling.

The trust had signed up to this for the Breaking Through Programme, and had six members of staff participated in the training. As part of the strategy, the journey of these six staff will be explored and shared.

The lack of diversity in senior management is striking and has especially being highlighted in the Annual Workforce Equality and Diversity Report, which gives a clear indication that gaps in staffing levels exist for Black, Asian and Ethnic Minority staff.
The under-representation of people from black and minority ethnic backgrounds in senior management positions was discussed at the February 2013 trust Board Meeting and highlighted the need for the development of a BME strategy.

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2. Values

We have a commitment to ensure that equality and diversity are integrated at the core of our business and respond to the needs of our staff, stakeholders and service users/carers and patients and foster a level playing field for career development regardless of colour, creed or race.
3. Why focus on diversity

The signals point to inclusion as the new paradigm and the inclusive leader is someone who seeks out diverse perspectives to ensure that insights are profound and decisions robust. This does not mean returning to a homogeneous team as an avoidance strategy, rather it means understanding how diverse teams can operate to their full collaborative potential so they bring out adaptive breakthrough thinking and contribute to high performance. Linda Tarr-Whelan (Demos) argues ‘the evidence is compelling that when all voices are heard companies have better financial performance’.

Valuing diversity could:
- enhance staff motivation
- improve performance
- release potential
- deliver improved quality of service to patients services
- increase and improve productivity
- develop Innovation
- increases cultural awareness at every level
- stronger and more positive outcomes for patients and BME staff

It is recommended by the Royal College of Nursing that promoting diversity should be treated as a mainstream issue, all organisational processes and systems should include the positive management of diversity and all business projects should be developed and audited to ensure that they do not discriminate and actively promote diversity.

The inclusion of BME staff in senior leadership roles was highlighted as a significant issue although there are wide variations in reported progress. Leaders emphasised the importance of BME role models and recognised a need for better representation of BME staff in senior leadership roles, particularly, at Board level.

The Proof of Concept report revealed that people from ethnic minorities have a fear of being labelled ‘difficult’ for raising issues or concerns about discrimination, while the identified biased recruitment processes seen as a barrier to inclusion for BME staff were not the issues raised by ethnic minority groups. However, raising cultural awareness amongst leaders and the wider NHS workforce was perceived as important in the inclusion of people from BME groups, as was the creation of personalised development plans and mentoring schemes.
4. Aims and objectives

As the Equalities Act 2010 takes effect, the implications for Public Sector duty layered on developments like the NHS Staff Constitution, CQC Standards, Equity and Excellence Framework, The Equality Delivery System, NHS Outcomes Framework, are the key drivers for leadership in this area and likely to intensify.

There is evidence to show public sector organisations that have an inclusive diversity workforce are seen as an asset to the organisation (staff increase their awareness of the different cultures and communities), increases productivity, creativity, performance (reduces number of complaints and incidents) and motivation amongst staff. Staff feel listened to and able to relay innovative ideas, because they feel comfortable.

It also provides role models within the organisation for BME staff who might be able to support them or become their mentors.

The aims of the strategy are to build a comprehensive means of supporting Black, Asian and Ethnic Minority staff, to break the glass ceiling effect and have BME staff in senior positions within the organisation. It is crucial to build and develop aspirations and personal goals so they feel they have achieved their goals in a system that is transparent and fair.

5. Ethnic Minority Staff Network

The prime purpose of the Ethnic Minority Network is to:

- provide a platform for sharing ideas and experiences of black and ethnic minority staff
- explore ways of bringing the shared issues, problems or recommendations to the senior management of the Trust so that both can work in partnership (giving and receiving resources of information and guidance)
- encourage links with other groups within the Trust as well as national and other BME networks
- celebrate and promote success

Following the launch of the BME network in 2012, a series of workshops for BME staff have been held, followed by a conference in November 2012. These events have not only helped to explore and identify issues relevant to BME staff, but they provided direction for the group, giving emphasis to practical skills development in line with trust priorities. The events have included:

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- interviewing skills
- mentoring and coaching
- appraisals
- personal development plans
- feedback from leadership development programmes
6. Barriers to progressions

The NELFT Ethnic Minority network highlighted the following, when the members attended set workshops and the feedback received at the last BME conference last year, as barriers to progression in the trust:

- staff feeling excluded from organisational culture
- some work has been done to implement the equalities legislation, but more needs to be done to implement a more consistent culture
- 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 from BME backgrounds at senior level within the organisation
- general lack of role models for BME staff
- lack of systems in place to explore transferrable skills of BME staff
- lack of communication on what is available from senior staff
7. National and local employment data

Nationally the Department of Health and Equalities Commission and Human Rights, report the following figures for ethnic minority staff in the NHS. Below are some figures of BME staff in NELFT.

- 16% is workforce
- 1% Chief Executive
- 8% Non-executive
- 5% Executive Directors
- 34% Capability reviews
- 44% bullying and harassment cases
- 31% grievances
- 29% disciplinaries

Currently there are a total number of 404 members of staff at Corporate Level. 67% are White, 3.4% are White Other, 13.3% are Asian and 9.6% are Black. 3.9% are those who have not stated their ethnicity. Of the Asian groups, 1.4% are currently at Band 8b position and 0.5% are Band 8c position. Black groups are currently 0.2% of Band 8b.

2010, Health Service Journal
In mental health services, a large number of the black, Asian and ethnic minority groups are at bands 5 & 7, particularly from Black groups (6.9% at Bands 5 & 7.5% at Band 6). The numbers for ethnic minority groups seem to decrease when moving to higher bands. E.g. for Black groups, 2.6% at Band 7, 0.6% at Band 8a, 0.4% at Band 8b, 0.1% at Band 8c.
In South West Essex, 0.9% of the staff group have not stated ethnicity. SWECS has a 7.3% of its staff group who have identified their ethnicity as Black, and 2.0% are Asian. When comparing this to the local population, SWECS is over-represented by Black groups and under-represented by Asian groups in terms of staffing levels. There is 0.1% of Asian and 0.1% of Black at Band 8b and 8c in SWECS. SWECS predominately has a staff group that is White and this reflects the population it serves. However, it does represent a staff group of 13% who are from ethnic minority groups.
In NELCS, 3.4% of staff have not stated their ethnicity. The number of staff at Bands 8b, C and D are small compared to Mental Health Services. NELCs has 35.9% of its workforce from Black groups and 16.6% from Asian groups. 5.7% of the Black groups are at Band 5, 5.4% are Band 6, 4.0% at Band 7, 0.8% at Band 8a, 0.1% at Band 8b, and 0.1% at Band 8c. Overall there is an over-representation of Black Groups compared to the local population and under-representation of Asian groups.

The data highlights the fact that although there has been some progress since the development of the BME network, the trust has a long way to go in terms of ensuring BME staff at Bands 8 and above.
8. Implementation process

Based on the feedback from the EM network, the Steering Group of the EM network has developed an action plan to implement the strategy which is attached. The strategy will be circulated for consultation for the trust via Team brief, Weekly news and various other forum meetings. The feedback from the consultation will form the basis of the review of this strategy.

The strategy will initially be agreed by the leadership teams in the three business units before a wider consultation.

Once finalised, the strategy will be launched, to be signed by the chief executive and agreed by the executive management team.

9. Monitoring arrangements

The implementation of the strategy will be monitored via the following groups:

- Equality and Diversity Groups in the Business Units
- EM Network
- Trust Equality and Diversity Group
- Annual Basis to the Trust Board, via the Annual Equality and Diversity Group to monitor progress.
- Monitoring on a quarterly basis, BME staff at all Bands, through the directorate Audit groups and Quality and Safety Directorate Meetings
- The trust Ethnic Minority Network to make exception reports to the trust Equality and Diversity Group.
- Reporting of BME staff by banding through Performance Group to be monitored by directorates in the business units.
- Random audits on interviewing process, panels, questions to see if they are job specific or person specific, scoring process, who was appointed and their ethnicity.
**Vision**

Ensure equality and diversity is integrated at the core of our business and responds to the needs of our staff, stakeholders and service users and patients and to help foster a level playing field on career development and progression for ethnic minority staff.

**Objective**

- Inclusive diverse leadership at senior level
- Enhance motivation
- Break the glass ceiling
- Improve performance
- Release potential
- Improve quality of service – positive outcomes
- Increase productivity
- increase innovation from BME staff
- Improve cultural awareness

**Work stream**

- Appointment of a NED from a BME background
- Increase the number of BME staff at Executive Director level
- BME staff at Bands 8C and above
- Improve outcomes for BME in disciplinary, grievances, bullying, capability, tribunals and dismissal cases
- Training BME staff on interviewing skills
- Monitor BME staff by application, short listed and appointment
- Supporting BME staff at Bands 6 and 7
- Mentoring and coaching for BME staff
- Training /supporting non-BME managers with a focus on diversity and culture
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions Required</th>
<th>By Whom</th>
<th>By when</th>
<th>Resources</th>
<th>Desired outcomes</th>
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</thead>
<tbody>
<tr>
<td><strong>NELFT needs to</strong>&lt;br&gt;<strong>address the under-representation of:</strong>&lt;br&gt;<strong>1 BME Non-Executive Directors (NEDs)</strong></td>
<td>i) Target BME organisations, community events and gatekeepers to publicise opportunities to become NED  ii) Consider “Open Days” and “Road Shows” at trusts for potential candidates  iii) Use BME Staff Networks as partners in all actions  iv) Encourage NELFT staff to recommend potential candidates  v) Target the next vacancy to be BME NED</td>
<td>Communications manager and board managers</td>
<td>Next available vacancy</td>
<td>NELFT Board to increase the number of BME NEDs by 1</td>
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<tr>
<td><strong>2 BME Executive Directors</strong></td>
<td>i) Review selection &amp; recruitment process against “good practice”.  ii) Ensure staff on interviewing panels are trained in anti-discriminatory interviewing techniques  iii) NELFT should consider taking positive action to target BME appointment to the Board.</td>
<td>Board</td>
<td>Next available vacancy</td>
<td></td>
<td>The trust to increase the number of BME Executive Directors by 1  The ethnic profile of trust Board reflects the proportion of BME staff in the workforce as a minimum requirement  All panel members are trained in nondiscrimination</td>
</tr>
<tr>
<td><strong>3 BME Staff at Pay Bands 8C+</strong></td>
<td>i) Review selection &amp; recruitment process against “good practice”.  ii) Ensure staff on interviewing panels are trained in anti-discriminatory interviewing techniques  iii) All interviewing panels MUST include diversity by inclusion of a BME member who has the experience of working in the service, for Band 8a and above, achieved through having BME Network representative or through specific training as required.  iv) Engagement with a BME staff from the beginning of the process of recruitment (from advertising, shortlisting, interview questions, interviewing).  v) NELFT has an under-representation of BME at Bands 8C+, trust should take positive action to target BME appointment through talent-spotting and supporting the BME Staff Network to build individual capability</td>
<td>HR Business Unit Associate Directors of HR and Managing Directors</td>
<td>Next available vacancy</td>
<td></td>
<td>The ethnic staff profile reflects the proportion of BME staff in the workforce at pay band 8c and above as a minimum requirement  Measures are agreed for addressing the over-representation of BME staff at lower Bands  All panel members are trained in non-discrimination</td>
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| **4 NELFT needs to address the reasons for a disproportionate number of BME staff involved in:** | For each of the 6 HR procedures, the trust:  
i) The network to support non-BME managers in disciplinary and grievances cases.  
ii) Training for BME and non-BME managers on managing disciplinaries and grievances with a specific focus on diversity and culture.  
iii) Managers to review exit questionnaires to determine why BME staff leave the organisation to report on a quarterly basis to Equality and Diversity Groups.  
iv) Training for investigating officers to be able to confidentially report on discriminatory practices and for the trust to take further action.  
v) Monitor and report on all 6, broken down by ethnicity on a quarterly basis to review trends. | Associate Director of Training and Development, Managing Directors Chair of BME network E & D Managers | | | i) Detailed outcomes of any actual or perceived discrimination in each HR procedure  
ii) Action plan for the trust to limit the impact of any discriminatory practices  
iii) Reduction of the number of BME staff involved in any of the HR procedures  
iv) Reduction in the number of litigation cases involving BME staff |
| **5 NELFT needs to determine the proportion of BME staff:** | i) Ensure staff on interviewing panels are trained in anti-discriminatory interviewing techniques. Training for staff to be provided by MHS and NELCS HR leads.  
ii) All interviewing panels MUST include one BME member, achieved through having a BME Network representative or through inclusion of specially trained BME staff.  
iii) The above process to be included for internal secondments and acting positions.  
iv) Monitor number of BME staff who have applied for jobs, have been shortlisted and recruited on a quarterly basis through HR performance group and reported to various forums.  
v) Staff training in performance management and staff appraisals to include race equality dimension. | Associate Directors of HR and  
Associate Directors of Training and Development  
E & D Managers  
EM network Leads | | | i) All staff likely to be involved in staff recruitment are trained in anti-discriminatory interviewing techniques.  
ii) Sufficient trained BME staff and Diversity Advisors are available to sit on interviewing panels.  
iii) BME staff are provided with opportunities for professional training, secondments and shadowing for career developments.  
iv) Under-representation of the uptake of professional training by BME staffs is being addressed at all levels.  
v) Processes are in place for tracking the career progression of BME staff. |
| **6 Supporting BME Staff at Bands 6 and 7** | i) Management training  
ii) Identify these staff through PDP and appraisal process  
iii) Access to such programmes as the Breaking Through programme (minimum 5 staff from each business unit)  
iv) Explore transferable skills for Bands 5, 6 and 7  
v) Application forms and interviewing skills training (specific for BME staff) | Associate Directors of HR and Associate Directors of Training and Development  
HR and Training and Development  
E & D Managers  
BME network Leads | | | An increase in BME at Bands 8. |
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</table>
| 7 Mentorining and Coaching | i) Executive management team to mentor and coach at least one BME staff member  
ii) All NELFT senior managers (Band 8C+) should be asked to provide mentoring for BME staff  
iii) Mentors at executive and senior level to be trained to become mentor for BME staff focusing on inclusive leadership  
v) BME staff at Bands 8 and above to mentor and coach BME and non-BME staff at bands 4, 5, 6 & 7 | Board  
Associate Directors of Training and Development  
Senior Leadership Teams (across the trust)  
E & D Managers  
BME network Leads | | | | i) To have all members of the Board mentor one BME staff.  
ii) Mentoring scheme provided by senior leaders for BME staff.  
iii) Sharing experiences and being more inclusive. |
| 8 Reviews terms of reference of the EM network group | i) Members of the steering group to review the terms of reference of the group | EM network Leads | September 2013 | | |

This action plan should feed into the following action plans:

- Equality and Diversity Action plans
- Framework of Care
- Training and development action plan
- Leadership Development Programmes (both local and national)
- Appraisals and PDP
- Audits

Strategy updated on: 14th October 2013  
Agreed and signed on: 13th November 2013  
To be reviewed in: November 2016
For further information contact:

Chair of the NELFT Ethnic Minority Network
Wellington Makala Assistant Director, MHS
Tel: 0300 555 1201 Mob: 07765 242 614
Email: wellington.makala@nelft.nhs.uk

Deputy Chair
Vivienne Okoh Interim Team Manager, MHS
Tel: 0300 555 1215
Email: vivienne.okoh@nelft.nhs.uk

Mick Beackon Equality and Diversity Officer
Tel: 0300 555 1201 Ext 5076
Email: michael.beackon@nhs.net

Harjit K Bansal Equality and Diversity Manager
Tel: 0300 555 1201 Ext. 64231 Mob: 07985 813 684
Email: harjit.bansal@nelft.nhs.uk

For copies of this information in a different language, or a different format such as braille, audio or larger print, please phone 0300 555 1201 Ext. 64231