

Ethnic Minority Network (EMN) Stronger Together Strategy 2020





“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



Foreword

Diversity and Leadership Commitment in NELFT

John Brouder
NELFT Chief Executive

In line with our new 'Good to Best' Trust-wide vision and strategy we recognise and are committed to the need to continually develop our staff and allow them to achieve their ambitions and successes. We know that a better experience for staff means a better experience for patients so we need to provide a supportive environment and encourage staff to see the Trust as a positive place to work.

This strategy builds on fresh ideas that continue to challenge us to move beyond our current ambitions and be more representative of the local population. The Board welcomes this challenge and sees the strategy as an integral part of our business. We understand that 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 at all levels in the organisation. We also want to develop structures to make sure that our communities are supported in joining the local care

and health workforce and that through promotion, advancement and training the future senior managers and leaders of NELFT will become more representative of the communities we serve.

It is clear that we are making progress and we are now able to point to tangible change since we adopted this strategy and this just underlines the value of our work here.

This strategy continues to represents our ambitious corporate aspirations and on behalf of the Board I am delighted to endorse the continued implementation of this strategy.

A handwritten signature in black ink, which appears to read 'John Brouder'. The signature is fluid and cursive, with a large initial 'J'.

Chief Executive



Wellington Makala
Chair of the Ethnic Minority Staff Network

NELFT is recognised as one of the leading NHS organisations nationally for supporting the BME agenda and a place where diversity is celebrated. Diversity is really important because our country, our communities and our workplace include people from various ethnic groups. We can learn from one another, but first we must have a level of understanding about one another in order to work together effectively. NELFT CEO John Brouder has made clear his personal commitment to this agenda in ensuring that NELFT is fair for everyone, this to him is not an option but a requirement.

The Stronger Together 2020 Strategy gives us the opportunity to reflect on some of our achievements since the launch of our first strategy in 2013. Over the next five years our strategy will challenge us all to move from being good to being the best, we want to be the preferred employer for BME staff nationally. This is not a white or black thing, it's about living our values and the NELFT way of doing things.

As we continue on this fantastic journey of living our values and moving from good to best, it is our hope that the 2020 strategy will support all our staff to be professional and honest at all times and put people first in all that we do. We want all staff to be proud of being part of an organisation that is progressive, innovative and continually improving, always promoting what is possible and prioritising quality.

At the heart of this strategy is NELFT's vision of delivering the best care by the best people.

A handwritten signature in black ink that reads "W Makala". The signature is stylized and written in a cursive-like font.

Wellington Makala
BME Ambassador and Chair of
the Ethnic Minority Network

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NELFT Ethnic Minority (EMN) Network Strategy 2020

1. Introduction

The *Five Year Forward View* sets out the direction of travel for the NHS, which depends on ensuring it is innovative, engages and respects staff, as well as draws on the immense talent in its workforce. Simon Stevens (CEO NHS England) stated when launching the Workforce Race Equality Standards, that there is evidence of a link between the treatment of staff and patient care. This is well evidenced particularly for black and ethnic minority staff, which makes it an issue for patient care and should be of concern to managers too.

On 5 July 2020, the National Health Service (NHS) will celebrate its 73rd birthday. It remains the single largest employer of black and minority ethnic (BME) people in the United Kingdom (UK). A lot has changed since 1948 when the concept of the NHS was that health care should be available to all, irrespective of one's financial status. This change was described by one former NHS Chief Executive as a "fantastic journey, as we move the NHS towards becoming a diverse and responsive system, which can wrap services around the needs of individual patients and communities," Department of Health (DH) 2009. He went on to say how imperative it was that there was an alignment between leadership and quality. He called this leadership with a purpose.

Trevor Phillips, chair of the commission for racial equality, once likened the NHS to a snow-capped mountain where the boss is almost always white. Sir Nigel Crisp, speaking at the human resources in the NHS conference, 5 May 2004, said: "We must improve the ways that services are planned and delivered to meet the needs of our different communities. We stress that understanding and responding to the health needs of all our

communities will determine our progress now in improving health. It is core business. This means a workforce skilled to do this. It also means opening up the workforce to the diversity of the experience from the whole community".

The DH 2013 document equality information and equality analysis – stated it's "our aim as an employer is to attract and retain people who are best in their field, with the right skills and competencies and from a range of diverse backgrounds, and for our staff profile to reflect that of the community we service."

Currently 8.4 percent of the NHS workforce is BME, one percent is in a chief executive position and only three percent are in an executive director position according to NHS workforce statics. In 2010, the Research Centre for Leadership in Action at New York University led a project on Leadership, Diversity and Inclusion. One of the findings from this project was that despite many years of efforts to diversify organisations, people from BME backgrounds, at times called people of colour, remain significantly underrepresented in public service leadership positions.

This they found was partly as a result from structural barriers that BME staff face when it comes to professional advancement, and partly from organisations varying success with diversity efforts. However, one could ask where the leadership is in all of this? The Research Centre argued that BME not being well represented in positions of power was a reflection of a dominant leadership paradigm in which organisations largely marginalise the experience of diverse leaders.

2. National drivers

There are a number of national initiatives and recommendations, some mandatory, in response to the issue of workforce diversity and race equality. Each promote the benefits of an inclusive and diverse culture. These include the following:

- *The Workforce Race Equality Standard (April 2015)* incorporated into the NHS 2015/2016 contract and that will form part of the CQC inspections
- The *Equality Delivery System 2* – which is not a mandatory requirement for all public sector organisations and part of the CQC Inspections
- The NHS Providers report *Leading By Example: The Race Equality Opportunity for NHS Provider Boards (2014)*
- *The Healthy NHS Board (2013)*, English NHS Constitution (2013a)
- *The Equality Act 2010, The Race Equality Action Plan (2004)*
- *Darzi report (2008), Berwick Report (2013), Francis Report (2013)*

The challenge to ensure black and ethnic minority (BME) staff are treated fairly and their talents valued and developed is one that NHS organisations need to meet because:

- Research shows that unfair treatment of BME staff adversely affects the care and treatment of all patients.
- Talent is being wasted through unfairness in the appointment, treatment and development of a large section of the NHS workforce.

- Precious resources are wasted through the impact of such treatment on the morale, discretionary effort and other consequences of such treatment.
- Research shows that diverse teams and leadership are more likely to show the innovation, and increase the organisational effectiveness.
- Organisations whose leadership composition bears little relationship to that of the communities served will be less likely to deliver the patient focussed care that is needed.

Leading by Example: The race equality opportunity for NHS Providers Boards, concluded in their annual report that:

- BME are less likely to be appointed once shortlisted
- Less likely to be selected for training and development programmes
- More likely to experience harassment, bullying and abuse
- More likely to be disciplined and dismissed
- BME are significantly underrepresented in senior management positions and at board level
- In 2012, one NHS chief executive came from a BME backgrounds, compared to 16 percent BME representation in the NHS workforce
- Many key indicators are either static, since the 2004 Race Equality Action Plan, or actually getting worse.

3. NELFT Strategy

NELFT NHS Foundation Trust provides community and mental health services across Essex and north east London. The core aim of the organisation is to improve the health and wellbeing of the local population it serves by continuously developing innovative and more integrated services. The Trust has an annual budget of over £350 million and employs over 6,500 staff. About 1,200 staff are from a black minority ethnic (BME) group; one of our strategic issues is diversity and inclusive leadership.

The lack of diversity in senior management is striking, the population of London is close to 50 percent BME, but still NHS organisations do not have any BME staff from directors (Band 8D) at board level. [have asked E&D team]

It is because of all this that in 2013 NELFT became the first trust in the NHS to develop an ethnic minority strategy aimed at addressing this inequality. NELFT has taken a big step to address the elephant in the room, which includes racism. An organised system premised on the categorisation and ranking of groups into races. [have asked E&D team] It then devalues, disempowers and differentially allocates societal resources and opportunities to groups regarded as inferior.

The Ethnic Minority strategy addressed a number of barriers to help the progression of BME staff and some are not being allowed to attend the network meetings.

More action is needed to implement a more consistent culture. For example, there is a lack of:

- role models at senior positions from black, Asian and ethnic minorities
- awareness that BME staff are a diverse group with different cultures, backgrounds, languages and ethnicities
- confidence in BME staff when they apply for jobs
- interviewing skills
- transparency by interviewing panels
- constructive criticism
- appropriate mentoring and coaching opportunities and facilities
- access to training and consistency across the business units
- skilled staff identified as mentors
- continued development programmes for lower bands (5 – 7)
- role models within the whole organisation

4. First three years 2013 – 2015

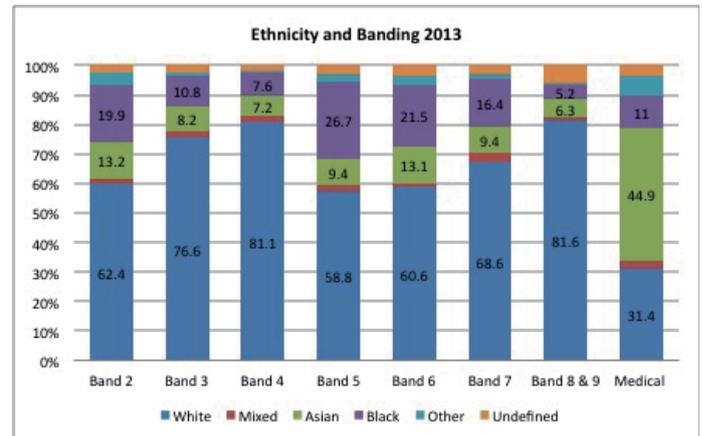
In order to break those barriers listed at the end of the previous section, the 2013-16 strategy included an action plan which is aimed at:

- increasing the number of BME staff at executive director level
- increasing the number of BME staff at 8c and above
- improving outcomes for BME in disciplinary, grievance, bullying, capability, and dismissal cases, and tribunals
- mentoring and coaching for BME staff
- training / supporting non-BME managers with focus on diversity and culture

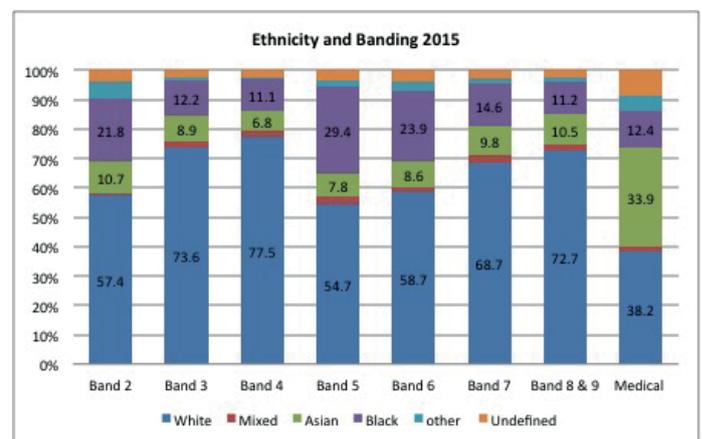
To begin to address the above, the action plan included a review of the recruitment process. It was agreed that a member of the BME network would be involved at all recruitment stages for positions at band 8 and above. Network members were trained in HR good practice and interviewing skills.

Two years on progress has been made. There are nine assistant or associate directors employed at band 8c from BME backgrounds out of a total of 26 staff at this level. Staff report there is a more open culture where people feel more able to talk about issues of race and racism not just in relation to staff, but also in relation to the care provided to patients and service users.

Ethnicity Data 2013



Ethnicity Data 2015



5. Aims and objectives

The Trust is clear that there is still a long way to go to ensure BME staff are proportionately represented amongst the senior leadership team, and it's because of this that we move to phase two of the strategy *Stronger Together 2020*.

The aim of the strategy is to continue to build a comprehensive support system for BME staff to break the glass ceiling and take up senior positions within the organisation. It is crucial to carry on building and developing aspirations and personal goals so that staff feel they have achieved their goals in a system that is transparent and fair.

The strategy has shown our commitment to ensure that equality and diversity is integrated at the core of our business. It responds to the needs of our staff, stakeholders and service users/carers and patients, and helps to foster a level playing field when it comes to career development regardless of colour, creed or race.

NELFT will continue with the development of a culture which embraces diversity, inclusion and equality in the workplace as key to increasing staff engagement, enabling the delivery of quality patient care and services.

The proposed areas of focus and recommended next steps have been developed through reviewing workforce data, meeting with the executive team, staff survey responses, staff feedback from service visits and discussion with the BME staff network.

6. Ethnic minority staff network

There is robust evidence supporting the business case for NELFT to develop a culture of equality, inclusion and diversity in the workplace including the relationship between how BME NHS staff are treated and the links to good patient care (West 2012, Dawson 2009); the positive connection between diverse leadership teams and innovation (Bennington 2010, Cox & Blake 1991); better decision making (Sobieraj 2012); greater productivity, reduced absenteeism and turnover (Kline 2014).

The Ethnic Minority Staff Network established in 2012 with strong board support has been critical in driving change. Following discussions with staff across the organisation, it devised a three year strategy, endorsed by the board and overseen by a steering group including staff from each directorate. Tackling the glass ceiling for BME staff was the clear priority for the first year. At a network conference and subsequent workshops, members identified a wide range of barriers for progression including:

- staff feeling excluded from the organisational culture
- a lack of confidence among BME staff to apply for jobs
- the need for BME staff to have interview skills training
- a lack of transparency by interviewing panels
- failure to provide constructive criticism to unsuccessful applicants
- poor access to training and continued development programmes for lower bands
- a lack of appropriate mentoring and coaching

For the 2020 strategy, the steering group members will now also be EMN ambassadors, which will be a strategic group that will support the executive management team. These EMN ambassadors will also work at integrated care directorate level to support directorates and their managers.

7. Implementation process

The implementation process is based on the strategy action plan and a lead being identified for each objective. The action plan will feed into the following work streams:

- Equality and diversity action plan
- Framework of care
- Training and development action plans
- Leadership development programme (both local and national)
- Appraisals and personal development plans
- Audits
- Ethnic minority strategic group
- Trust workforce strategy
- Well-together work streams
- Culture and values work streams

8. Monitoring arrangements

The monitoring of the strategy links in with the reporting of the mandatory Workforce Race Equality Standards. Other mechanisms of monitoring the strategy will be through the following:

- Trust Board (twice annually)
- 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

9. From good to best action plan 2016-2020

Recommendation	Action required	By whom	Actions to be considered	Current status	Desired outcomes
<p>NELFT needs to address the under representation of:</p> <p>1. BME Non-Executive Directors (NEDs).</p>	<p>i) Target BME organisations, community events and gatekeepers to publicise opportunities to become NEDs.</p> <p>ii) Consider "Open Days" and "Road Shows" at Trusts for potential candidates.</p> <p>iii) Use BME Staff Networks as partners in all actions.</p> <p>iv) Encourage NELFT staff to recommend potential candidates.</p> <p>v) Target the next vacancy to be a BME NED.</p>	<p>John Brouder Chief Executive. Board Chair. Bob Champion Executive Director of HR and Organisational Development. Wellington Makala Chair of the EM network.</p>	<p>Support the advertisement for the next NED position. Advertisement to have a statement of positive action. Have a BME staff member on the interviewing panel. Develop an interviewing question based on diversity with clear indication of what is required of the candidate to be compliant.</p>	<p>Yvonne Coghill, presented to the Board on the 22 April 2014. Yvonne Coghill attended the Board on 26 May 2015. Vacancy for Board Chair: EMN members involved in the recruitment process, however no applications received from BME. Yvonne Coghill will be attending Board May 2016.</p>	<p>NELFT Board to increase the number of BME NEDs by one by 2020.</p>
<p>2. BME Executive Directors.</p>	<p>i) Review selection and recruitment process against "good practice".</p> <p>ii) Ensure staff on interviewing panels are trained in anti-discriminatory interviewing techniques.</p> <p>iii) NELFT should consider taking positive action to target BME appointment to the Board.</p>	<p>John Brouder Chief Executive. Board Chair. Bob Champion Executive Director of HR and Organisational Development. Wellington Makala Chair of the EM network.</p>	<p>Support the advertisement for the next position for an executive director. Advertisement to have a statement of positive action. Develop an interviewing question based on diversity with clear indication of what is required for the candidate to be compliant. Exemplar of NHS England to encourage applications from BME groups.</p>	<p>Boards had a workshop on anti-discriminatory practices April 2015. Since April 2015 the EMN Chair sits at Board as a BME representative. We have a BME staff member on all Executive Directors interviewing panel. Vacancy for Finance Director: EMN members involved in the recruitment process, however no applications received from BME. Vacancy for Director of HR: EMN members involved in the recruitment process, however no applications received from BME. EMN steering group have developed the questions.</p>	<p>The Trust to increase the number of BME Executive Directors to one by 2020. 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 non-discrimination. Values based recruitment .</p>

Recommendation	Action required	By whom	Actions to be considered	Current status	Desired outcomes
<p>3. BME Staff at pay bands 8C and above.</p>	<p>BME Staff – Bands 8C+</p> <ul style="list-style-type: none"> i) Review selection and 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 8 and above, achieved through having a BME Network representative or through specially trained BME staff. iv) Engagement with a BME staff member from the beginning of the process of recruitment (advertising, shortlisting, interview questions, interviewing). v) NELFT has an under representation of BME at Bands 8C+, The Trust should take positive action to target a BME appointment through talent spotting and supporting our BME staff network to build individual capability. 	<p>Jacqui Van Rossum, Stephanie Dawe Executive Directorates and ICD Directorates across the Trust.</p> <p>Yvonne Hood Associate HR Directorates.</p> <p>Harjit K Bansal and Seline Zvoma Steering Group Leads.</p>	<p>Target the next available vacancy.</p> <p>Training to be offered to BME staff on interviewing skills.</p> <p>Develop a fair process for BME staff to sit on interviewing panels for both internal and external posts.</p> <p>Report on the number of interview panels that BME have set on.</p> <p>Number of appointments that BME staff have been involved in from the beginning of the process til the appointment.</p> <p>Develop a statement for positive action.</p>	<p>All Band 8c posts had BME staff representation of a member of staff at interviewing panels.</p> <p>Training needs to be commissioned.</p> <p>30 ethnic minority staff of the EMN already trained. 40 more staff to be trained by March 2016.</p> <p>Dates for training to be set for 2015/16 with the HR department.</p> <p>Interviewing skills training package to be reviewed to address empowerment and cultural issues.</p> <p>From November 2013 the number of BME staff at Band 8C and above has increased.</p> <p>The BME members are not part of the whole system currently. Need to develop a robust system so that BME members are engaged from the beginning and in a consistent way.</p> <p>Need to develop a statement to be included in job advertisements about the Trust taking positive action.</p> <p>Currently, the process has not been included in the recruitment and selection policy.</p>	<p>The ethnic staff profile reflects the proportion of BME staff in the workforce at pay band 8C and above as a minimum requirement.</p> <p>Measures are agreed for addressing the over representation of BME staff at lower bands.</p> <p>All panel members are trained in non-discrimination.</p>

Recommendation	Action required	By whom	Actions to be considered	Current status	Desired outcomes
<p>4. NELFT needs to address the reasons for a disproportionate number of BME staff involved in:</p> <ul style="list-style-type: none"> - Disciplinary - Grievances - Bullying - Capability - Tribunals - Dismissals 	<p>For each of the six HR procedures:</p> <ul style="list-style-type: none"> i) The network to support non-BME managers in disciplinary and grievances cases. ii) Training for BME and non-BME managers on managing disciplinary 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 confidently report on discrimination practices and for the trust to take further action. v) Monitor and report on all six broken down by ethnicity on a quarterly basis to review trends. Case analysis needs to be done for all 2013 and 2014 cases. vi) Cultural Awareness Competency Training for everyone sitting on investigations panels. vii) Investigation training for EM staff sitting on investigation panels. 	<p>ICDs. Yvonne Hood (Associate Directors of HR) Sonya Newby, Training and Development Wellington Makala, Chair of BME network Selina Zvoma and Harjit K Bansal (Steering Group Leads)</p>	<p>Training programme for non-BME on managing diversity and culture of staff. Quarterly report on Exit questionnaire broken down by ethnicity to review trends and target specific teams for training. Training programme for investigation officer empowering them to report cases of discriminatory practice. Quarterly reports from Training and development and workforce HR</p>	<p>Focus for 2016/17 will be on this agenda. Current Workforce Equality and Diversity report shows no discriminatory practice in EM staff accessing training. Conference in October 2014 was on values and bullying and harassment. 2015 General Conference will focus on this expecting ???</p>	<ul style="list-style-type: none"> i) Detailed outcomes on 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 in the number of BME staff involved in any of the HR procedures iv) Reduction in the number of litigation cases involving BME staff

Recommendation	Action required	By whom	Actions to be considered	Current status	Desired outcomes
<p>5. NELFT needs to determine the proportion of BME staff:</p> <ul style="list-style-type: none"> - Recruited. - Promoted. - Trained for professional and personal development. 	<p>i) Ensure staff on interviewing panels are trained in anti-discriminatory interviewing techniques.</p> <p>ii) All interviewing panels MUST include one BME member, achieved through having a BME Network representative or through inclusion of specially trained BME staff.</p> <p>iii) The above process to be used for internal posts, secondments and acting up positions.</p> <p>iv) Monitor the number of BME staff who have applied for jobs, and have been shortlisted and recruited on a quarterly basis through the HR performance group and reported on various forums.</p> <p>v) Staff training in performance management and staff appraisals to include race equality dimension.</p>	<p>Yvonne Hood Associate Director of HR.</p> <p>Sonya Newby Training and Development.</p> <p>Rita Thakaria, Vivienne Okoh and Harjit K Bansal Steering Group Leads.</p>	<p>Training to be provided by HR staff in Essex and London.</p> <p>Have systems in place to ensure a representative of BME is on interviewing panels for both internal and external posts in partnership with HR and managers.</p> <p>Quarterly workforce data on the numbers of applications, shortlisted and appointed broken down by ethnicity, banding, profession and borough.</p> <p>Discuss adding an element of equality on PDP and appraisal. To be monitored and reported via the Equality and Diversity Group.</p> <p>Having a similar system for Band 8A and above posts for internal posts, e.g. secondments and acting up positions.</p>	<p>30 BME staff trained. 34 staff currently on the list for training.</p> <p>Recruitment policy updated stating that all Band 8a posts will have an EMN member on the interview panel.</p>	<p>i) All staff likely to be involved in staff recruitment are trained in anti-discriminatory interviewing techniques</p> <p>ii) Ensuring sufficient trained BME staff and Diversity Advisors are available to sit on interviewing panels.</p> <p>iii) BME staff are provided with opportunities for professional training, secondments and shadowing for career developments.</p> <p>iv) Under representation of the uptake of professional training by BME staff are being addressed at all levels.</p> <p>v) Processes are in place for tracking the career progression of BME staff.</p>

Recommendation	Action required	By whom	Actions to be considered	Current status	Desired outcomes
<p>6. Supporting BME Staff at bands 6 and 7</p>	<ul style="list-style-type: none"> i) Management training. ii) Identify these staff through PDP and appraisal processes. 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). 	<p>Bob Champion, Associate Directors of HR.</p> <p>Sonya Newby Training and Development.</p> <p>Moriam Adekunle, Prosper Mafu and Christina Shodijo Steering Group Leads.</p>	<p>Develop a management training course for bands 6 and 7. These staff to be identified through the appraisal process. Discuss with training and HR leads.</p> <p>Explore national programmes and advertise these through weekly news.</p> <p>Audit skills for bands 5, 6 and 7 for ethnic minority staff in the Trust.</p> <p>Training programme for interviewing and completion of applications forms for EM staff.</p>	<p>Leadership and management programme for Bands 5 & 6 has been agreed by the Board.</p> <p>SB appointed to do coaching for BME staff at band 5,6 and 7 to support this strategy.</p> <p>Addressed in the annual equality and diversity report.</p> <p>To be delivered by the Ethnic Minority steering group.</p>	<p>An increase in BME at bands 8.</p>
<p>7. Mentoring and coaching</p>	<ul style="list-style-type: none"> 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 a mentor for BME staff focusing on inclusive leadership. iv) BME staff at bands 8 and above to mentor and coach BME and non-BME staff at bands 4, 5, 6 and 7 	<p>Bob Champion Executive Director of HR and Organisational Development.</p> <p>Maureen Dods, Associate Directors of Training and Development.</p> <p>Senior Leadership Teams across the Trust.</p> <p>Christina Shodijo, Shirley Baa-Mensah and Paa Otchere Steering Group Leads.</p> <p>Bini Thomas.</p>	<p>Develop a database of staff currently being mentored or coached by the executive management team across the Trust.</p> <p>Write to all Bands 8C and above having a database of staff being mentored. ??</p> <p>Set a training session for these managers with the training and development team.</p> <p>Mentoring and coaching programme for bands 4, 5, 6 and 7 to be set up.</p> <p>Mentoring and coaching programme and training developed for medical staff.</p>	<p>Systems to be set up and identify a lead for this from the steering group.</p> <p>Leads identified to take this forward to the Trust.</p> <p>A post has been created for delivering a coaching programme for Bands 5, 6 and 7. SB appointed.</p> <p>Training dates set to have mentors for medical students/staff.</p>	<ul style="list-style-type: none"> i) To have all members of the Board to mentor one BME staff. ii) Mentoring scheme provided by senior leaders for BME staff. iii) Sharing experiences and being more inclusive.

Recommendation	Action required	By whom	Actions to be considered	Current status	Desired outcomes
<p>8. Review terms of reference of the EM network group in line with new 2020 strategy.</p>	<ul style="list-style-type: none"> i) The members of the steering group to review the terms of reference of the group. ii) Review the terms of reference of the staff network group to reflect representation across the organisation. iii) Review the roles and responsibilities of the steering group. iv) Review the roles and responsibilities of the ambassadors for the EMN Strategy. v) Review the governance structure of reporting and implementation. 	<p>Wellington Makala Chair of the EM Network. Harjit K Bansal Steering Group Lead.</p>	<p>Draft terms of reference to be devised and agreed by the steering group by January 2016 and signed off at a strategic level within the organisation. Draft and define the roles and responsibilities of steering group to be signed off at strategic level.</p>	<p>We currently have terms of reference based on the 2013-2016 strategy which will need reviewing. EMN leaflet has been printed for distribution. All staff to know local EMN representatives. [or have?]</p>	<p>The groups having accountable to governance structures within the Trust. EMN leaflet has been printed for distribution. All staff to know local EMN representatives. [or have?]</p>
<p>9. High percent of BME staff are at bands 5 and 6.</p>	<p>Development programme for bands 5 and 6 BME staff for progression to Band 7 roles to be linked to the Workforce Race Equality Standards.</p>	<p>EMN steering group Bob Champion. Training and Development. ICDS in each service areas.</p>	<p>Leadership and development programme for bands 5 and 6. Four staff from each ICD to be identified for five days of the programme including a two day residential placement.</p>	<p>Proposal has been agreed by EMT. BC and WM to write the business case.</p>	<p>To increase the number of EM staff at band 7.</p>
<p>10. Living our values, best employer for BME staff.</p>	<p>1) Develop behaviours which represent the NELFT way based on the 5Ps through workshops at every level within the organisation: Board. Executive team. Senior Leaders. Managers. Staff.</p>	<p>Strategic EMN Group. BME local Ambassadors Leads. ICDs. EMT. Board.</p>	<p>Develop a set of behaviours based on our values. The Trust Board March 2016. The Executive team April 2016. Leaders workshop in May 2016 – at EMN Conference. Locality ICDS and managers June – September 2016. Launch the behaviour sets in November 2016 at the EMN Conference.</p>	<p>Values embedded in appraisals process. Values embedded in recruitment process.</p>	<p>Embed our NELFT values in everything we do.</p>

Recommendation	Action required	By whom	Actions to be considered	Current status	Desired outcomes
<p>11. Development of the BME Ambassadors roles to support local links across the whole organisation.</p>	<p>New structure needed for the EMN network to separate the strategic and case management work:</p> <p>Development of ambassador strategic roles for the Executive Management Role (4).</p> <ul style="list-style-type: none"> • Medical EMN • London EMN • Essex EMN • Corporate Services EMN <p>These four plus the chair of the EMN will form the Strategic Group of the network.</p> <p>Development of ambassador at Integrated Care Director Levels (8).</p> <p>These ambassadors together with the Strategic group will form the EMN Steering Group and will not take on any case work.</p> <p>The aim of these two groups is the implementation of the Strategy.</p> <p>Development of EMN field work ambassadors who would be neutral to the services, to support individuals going through grievances, disciplinary and any other issues. This will be open to all NELFT staff including non-BME.</p>	<p>Strategic EMN Group.</p> <p>EMT.</p> <p>ICDs.</p> <p>John Brouder Chief Executive.</p> <p>Wellington Makala EMN Chair.</p>	<p>Roles and responsibilities for these roles.</p> <p>Develop similar roles across the organisation.</p> <p>Closer links with unions regarding case management.</p> <p>Development support mechanisms for managers and staff.</p> <p>Develop a business case.</p> <p>Identify 40 field work ambassadors from across services.</p> <p>Develop a training pack for ambassador roles.</p>	<p>We have a very active network.</p> <p>40 staff already supporting the interview process and all will be encouraged to become ambassadors.</p> <p>We have four leads already operating at the strategic level.</p> <p>We have a number of BME staff who can operate at local ambassador leads level.</p>	<p>Reduce the number of formal grievances and bullying and harassment cases, and to support staff through these processes.</p> <p>Support for non BME managers who might be involved in a formal or informal process involving BME staff.</p>

Recommendation	Action required	By whom	Actions to be considered	Current status	Desired outcomes
12. Lift as you climb.	BME staff at band 8 and above to mentor at least one BME staff at band 7 and below. Bringing a friend to NELFT initiative.	All NELFT band 8 and above BME staff. EMN Network.	Set up a process for mentoring. Workshops of mentoring for bands 7 and 8.	We already have a number of senior BME managers mentoring BME staff.	Becoming the best BME employer in NHS.
13. Support Networks, meetings and conferences.	There is a need to decentralise the network meeting and hold them in localities as part of stronger together initiatives. Strategic group to set up engagement events in each locality. Two engagement events in each locality every year. Stronger Together General Conference to be arranged yearly. Stronger Together Leadership Conference to be arranged yearly.	Strategic EMIN Group. BME local Ambassadors Leads . ICDs. John Brouder Chief Executive. Wellington Makala EMN Chair.	Set up meeting arrangements, venues. Communicating the dates in advance.	We have been having conferences both General and Leadership for the past four years. Monthly meetings currently central venues, this will need to change to be more localities focused.	To improve local links and improve attendance at the network meeting. Celebration of our differences. Living our values.
14. Supporting staff from countries affected by natural disasters or epidemics.	The network will be available to respond to any natural disasters by giving intelligence and coordination information and support to staff.	Strategic EMIN group. HR Executive Director.	Develop a database of staff to support this action. Link to the BME local Ambassadors Leads Stronger Together agenda. Arrange and facilitate meetings to support affected staff.	This was brought up as part of the You Said, We Did initiative.	Staff feeling supported during difficult times. Putting People First.

For further information contact:

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