

**RACE**  
**EQUALITY**

# Welcome

Developing your EDI action  
plan for race

July 2023

  
NHSProviders

## Welcome and introduction

Facilitated by chair – Nadine Pemberton Jn Baptiste – Member of the Seacole Group  
– Lay council member and trustee, The Nursing and Midwifery Council  
– Non-executive director – University Hospitals Derby and Burton NHS Foundation Trust

## Presentation from Olivia King + Q&A

Olivia King – Deputy director, Workforce Race Equality Standard; NHS England

## Presentation from Harjit Bansal and Stephen Singh-Khakhian + Q&A

Harjit Bansal – Head of EDI, North East London NHS Foundation Trust (NELFT)  
Stephen Singh-Khakhian – senior nurse and staff network vice chair, NELFT

## Panel Q&A

Facilitated by chair

## Summary and close

Facilitated by chair

## Close of event



*Creating hearts  
and minds  
change  
for leaders*



*Giving leaders  
the confidence  
and capability to  
act*



*Encouraging  
leaders  
to take  
accountability*

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- Please feel free to use the chat box for questions
- If you would like to ask a question audibly, please use the raise hand function during the Q&A section and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.

# Developing EDI Action Plans for Race

For further information, contact:

**WRES team inbox ([England.WRES@nhs.net](mailto:England.WRES@nhs.net))**

# Introduction

The WRES, MWRES and upcoming BWRES are instrumental in highlighting the difference in workforce experience in healthcare and in driving improvements in workforce equality. Fundamentally it is about all our workforce who have agency and are resilient and come from all over the world to share their skills and specialisms. Using data and analytics to monitor experiences serves to set deliverables and monitor progress, enable greater listening, compassion and employer duty of care about how to make continuous improvements so that NHS organisations are employers of choice and so we can deliver the best for our patients and wider stakeholders.

*Note: WRES is covered in the NHS Standard Contract 2023/24 (see Appendix 2 for specific information)*

# Overview: Purpose of EDI action plans

1. The purpose of EDI action plans is to demonstrate the General Equality Duty since WRES and WDES indicators (along with gender and ethnicity pay gap) are to evidence the Specific Duties (see Equality Act 2010).
2. The WRES action plans also compliment the Equality Delivery System (EDS2) – both of which are included in the NHS Standard Contract 2023/24 (see Appendix 2).
3. Regional action plans that use KPIs, routine audits and comparison across providers on efficacy of interventions are useful to build system knowledge of what works and level up the standard and progress entire regions (e.g. London and Midlands).
4. Local action plans of individual providers are aligned with strategic priorities of the organisation itself. This may include recruitment and retention and reducing disciplinarys. There is one national guide that all providers can use to structure and frame their race equality action plans – Model Employer 2019 (includes leadership, accountability, monitoring and benchmarking). There are also examples of best practice on the national EDI repository website (via Futures Platform).
5. Employers should also refer to the 2023 NHS Equality, Diversity and Inclusion Implementation Plan with 6 high impact action areas.
6. The quality and efficacy of local action plans are generally determined by the resourcing for EDI teams, other intersectional work on workforce, the knowledge-base of executives. It is always useful to have oversight and input from the Board and engagement with stakeholders (e.g. staff networks, staff side, professional bodies, patient quality leads).

# NHS EDI Improvement Plan (2023)

## High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

**Measurable objectives on EDI for Chairs Chief Executives and Board members.**

**Success metric**

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).



**Overhaul recruitment processes and embed talent management processes.**

**Success metric**

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training



**Eliminate total pay gaps with respect to race, disability and gender.**

**Success metric**

3a. Improvement in gender, race, and disability pay gap



**Address Health Inequalities within their workforce.**

**Success metric**

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2



**Comprehensive Induction and onboarding programme for International recruited staff.**

**Success metric**

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff



**Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.**

**Success metric**

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)



# NHS EDI Improvement Plan - Race

Protected characteristic	Interventions	Corresponding high impact actions
Race  	Boards should be able to demonstrate their understanding of and progress towards race equality, an essential criterion in job descriptions for board members and all very senior manager (VSM) grades. Appraisals of senior executives will include a focus on EDI, as recommended by the Messenger Review.	1
	Board will use the EDI dashboard to establish internal data driven accountability and scrutinise progress at an organisational, divisional, departmental, occupation, and site level to address under-representation and pay gaps.	2,3
	To tackle race discrimination effectively, Boards must give due consideration to national policies and recommendations from other Arms Lengths Bodies such as the <a href="#">Equality and Human Rights Commission inquiry</a> <sup>48</sup> and <a href="#">General Medical Council</a> <sup>49</sup> In addition, boards must proactively raise awareness of their commitment with patients and public.	1,6
	Boards should ensure concerns raised about race discrimination are dealt with in a proactive, preventative, thorough and timely manner, including encouraging diversity in Freedom to Speak Up Guardians <sup>50</sup> .	6

# The essentials of action plans for improvement

An action plan for improvement is a detailed document that outlines the steps necessary to achieve a specific goal or objective. The main elements typically include:

1. **Objective:** The specific goal or outcome that we want to achieve.
2. **Tasks:** The specific activities or tasks that need to be completed in order to achieve the objective.
3. **Timeline:** The timeline for completing each task and achieving the overall objective.
4. **Resources:** The resources needed to complete each task, such as personnel, equipment, or funding.
5. **Responsibility:** The individuals or teams responsible for completing each task and achieving the overall objective.
6. **Metrics:** The measures that will be used to evaluate the success of the action plan, quality of improvement and determine whether the objective has been achieved.
7. **Contingencies:** The backup plans or contingency measures that will be put in place in case of unexpected setbacks or obstacles.
8. **Communication:** The communication plan for keeping all stakeholders informed about the progress of the action plan and improvements.
9. **Policy:** Information on policy that supports improvement objectives and processes that derive from it.
10. **Iteration:** regular iterative review of action plans for improvement and routine EIA for gap analysis and highlighting intersectional areas.
11. **Accountability:** aspirations

Overall, an action plan for improvement should be a clear, concise, and provide a roadmap for achieving a specific goal or objective.

# What do good race action plans for improvement have?

1. KPIs against specific initiatives which are monitored and reported to the Board.
2. Alignment with national priorities such as recruitment and retention, education and training, and reducing the number of resource-intensive formal disciplinarys.
3. Board level sponsor of action plan and routine updates to the Board and all staff rather than annual reviews.
4. Action plan oversight committee consisting of staff side, staff networks, executives, FTSUGs, patient feedback and quality team and other stakeholders.
5. Sustainable and resourced framework used for each iteration of the plan.
6. Attempt to raise the overall standard of race equality across all indicators rather than focussing on one or two.
7. Accompanying briefing summary of action plan and Board level statement displayed clearly on website and promoted by Communications Teams regularly. This is especially important to improve the number of BME staff who participate in national staff surveys which feeds into data. It also reduces the perception that race equality is about 'ticking boxes' since routine inclusive communication demonstrates consistent, sustained and regular opportunities being taken at very senior level and across the organisation to advance race equality and comply with the three aims of the Public Sector Equality Duty.

# Key features of less impactful action plans

1. No monitoring or audits and lack of triangulation of data and evidence with staff and patient experience.
2. Aspirational interventions to improve indicators with no quantitative or qualitative assessment of efficacy.
3. Lack of use of value for money framework against interventions and evidence that interventions are delivering results across pay bands.
4. Scatter-gun approach to interventions rather than alignment with overarching healthcare and national workforce priorities.
5. Lack of sustainable approach to transformation and siloed work in terms of race equality – no attempt to mainstream race equality in operations, policy, strategy and process.
6. Lack of oversight committee or group of senior executives and managers guiding the implementation and process of action plans.
7. Lack of named person (s) accountable for governance and delivery of action plan.
8. Lack of policy and process structures to support action plans and implementation.

# Review of WRES action plans for 2022/23: what we did

- We reviewed WRES action plans for 2022/23 and by and large these were progressive and pro-active in trying to set up sustainable interventions to progress staff race equality.
- The action plan review result was shared with the organisation and was not published. Meetings were held with organisations that needed more input.
- Examples of what good actions for improvement look like can be seen in the Appendix One.

# Next steps: EDI approach

- NHS England will support systems with the national EDI repository, the national EDI dashboard and data for WRES and WDES.
- There is upcoming work on Gender Pay Gap and Ethnicity Pay Gap.
- NHS England will explore developing mandated standards for sexual orientation and gender identity.
- NHS England will support work on leadership development taking the steer from the Messenger Review (2022).
- By March 2024 organisations will need to have started on the 6 high impact action areas.
- There will be regional support to help organisations look at the best way to level-up their work in equality across the protected characteristics.

## Accountability framework

Providers	ICBs / ICSs	Regional	National
<ul style="list-style-type: none"> <li>✓ Delivery of high impact actions and interventions by protected characteristic at trust level.</li> <li>✓ Measure progress against success metrics consistently within the organisation.</li> <li>✓ Engagement with staff and system partners to ensure that actions are embedded within the organisation.</li> <li>✓ Effective system working and delivery to ICS strategies and plans</li> <li>✓ Compliance with provider licence, Care Quality Commissions standards and professional regulator standards.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Effective system leadership overseeing NHS delivery of EDI improvement plan, ensuring progress toward achievement of high impact actions and Long-Term Plan priorities.</li> <li>✓ Ensuring delivery of ICB statutory functions of arranging health services for its populations and compliance with statutory duties.</li> <li>✓ Measure progress against success metrics consistently and coordinate a system view.</li> <li>✓ Compliance with Care Quality Commissions assessment frameworks.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Primary interaction between national and systems</li> <li>✓ Translate national policy to fit local circumstances, ensuring local health and workforce inequalities are addressed</li> <li>✓ Agree 'local strategic priorities' with individual ICSs and provide oversight and support.</li> <li>✓ Measure progress against success metrics consistently and coordinate a regional view.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Set expectations for equality and inclusion through the NHS EDI improvement plan</li> <li>✓ With regions, facilitate supportive interventions to implement the high impact actions, improve EDI performance and outcomes</li> <li>✓ Measure progress against success metrics consistently and coordinate a national view.</li> </ul>

# References

- NHS EDI Improvement Plan 2023 <https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/>
- Model Employer 2019 <https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf>
- London Workforce Race Strategy and Action Plan <https://mcusercontent.com/ec5dea9536bde16d5a3153530/files/3a95fd88-c47b-43de-983e-3dead58398ee/LWRS.pdf>
- Midlands Workforce Race Equality and Inclusion Strategy and Action Plan <https://www.england.nhs.uk/midlands/wrei/>
- WRES best practice and exemplars <https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/case-studies/>
- NHS Standard Contract 23/24 <https://www.england.nhs.uk/wp-content/uploads/2023/04/03-nhs-standard-contract-fl-scs-2324.pdf>
- EDS2 template <https://www.england.nhs.uk/wp-content/uploads/2015/04/eds2-summ-rep-temp-mar15.pdf>
- EDS support documents <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/eds2/>

# Appendix 1 : examples of outstanding actions and KPIs to support improvement in race equality

- The list of potential actions and KPIs for improvement listed in the next two slides are examples that have been used to progress structural change for race equality and improve the daily experience of BME staff.
- Individual organisations tend to focus on key actions, rather than a suite, so that there is a gradual, sustained build up in momentum for change that gets embedded and becomes business as usual.
- For 2022/23 recruitment and retention (in relation to the indicators) featured strongly in terms of immediate actions.
- In deciding what works and what should be continued it is important to undertake appreciative enquiry so that you can do more of what is already working and build on it – this is a key technique to embed change and progress.

# Examples of actions for improvement across WRES indicators

Indicator	Action 1	Action 2	Action 3	Action 4	Action 5	Action 6	Action 7
1	Distribution by bands 1-9 and VSM: BME staff are over represented in AfC band 5 and significantly underrepresented in AfC 8a +	<b>BME staff network:</b> framework for development, assurance and operations.	<b>Project:</b> Bands 8a and above BME staff to be encouraged to mentor and coach - given training opportunities to do so.	<b>Project:</b> talent spotting and sponsorship project. All 8b+ bands to be involved in both.	Appraisals and competency audit: all staff to have competency and skills audit during appraisal to identify areas for development to progress.	<b>Project:</b> Executive managers must mentor and coach at least one BME staff member Band 8a+. This will be part of their job description.	<b>Project:</b> Executive sponsorship programme, with psychological wrap around.
2	Relative likelihood of White applicants being appointed from shortlisting compared to BME applicants	<b>Positive action:</b> All interview panels to have training and awareness of BME experience of recruitment process - use WRES Experts and EDI leads.	<b>Training:</b> All interviewers must be trained in anti-discriminatory interviewing and values-based recruitment. Have a non-bias member/someone from a different department of the interview panel for balance.	<b>Audits:</b> All interview results to be audited by HR to check for bias. Interviewers to be assessed if questions arise.	<b>Audits:</b> All acting up roles to be monitored for BME/White representation and applicants.	<b>Positive action:</b> For underrepresented roles, shortlisting to include at least one BME candidate before interviews go ahead. This action should be monitored and cleared by HR legal before being implemented.	<b>Aspirations:</b> set diversity goals for recruitment shortlisting and position being filled.
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	<b>Audit:</b> FTSUG to report on number of cases revealed to them ahead of disciplinary. Join up work with HR mediators & WRES experts. Investigator <b>training</b> for all involved.	<b>Post:</b> HRDs to bring in BME experts - critical friends to audit and advice on disciplinary process. BME experts to be recruited. Work on the project to go towards CPD.	<b>Project:</b> managers and HRD to raise the profile of exit questionnaires, impact assess the questionnaire and assess why BME staff leave. Figures to be discussed at Board level.	<b>Monitoring:</b> HRD to provide breakdown of figures: disciplinary, grievances, bullying, capability, tribunals, dismissals by race.	<b>External:</b> joined up work with NMC, RCN and GMC to reduce referrals from trusts to professional bodies - this is the largest single source of referrals. Lead is HRD and EDI leads.	<b>Audit:</b> evaluate and assess number of cases that do not go through the formal process.
4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	<b>Project:</b> L&D to audit training programme and target BME staff for training opportunities.	Appraisals and competency audit: all staff to have competency and skills audit during appraisal to identify areas for development to progress.	<b>Project:</b> open sessions online on educational opportunities and networking for training/shadowing/upskilling.	<b>Aspirational targets:</b> L&D director to publish targets for BME and White staff accessing non-mandatory training and increase the range of training on offer.	<b>Documentation:</b> ensure all training and additional study is listed on ESR to ensure it supports auditing of skills set.	<b>Recruitment and retention:</b> triangulate learning and development opportunities with retaining BME staff and improving offer during recruitment.
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	<b>Campaign</b> on improving staff and patient relations working with NHS Employers, CCGs and patient groups, HRDs and security.	<b>Project:</b> EDI Leads to work with local patient groups and representatives to improve understanding and build communication channels	<b>Training and communication:</b> HR business managers to be trained as mediators and to work monthly with ward managers on de-escalating conflict until embedded.	<b>Quality team, patient voice team and communications:</b> report on incidence of bullying towards staff at regular meetings with BME staff network and staff side.	<b>Documentation:</b> ensure all incidents are reported, documented and logged on DATIX systems	<b>Allyship:</b> launch allyship programme to support BME staff and wider and ensure that structure supports reporting and reduce bullying.
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Regional <b>campaign</b> on improving staff relations working with NHS Employers, CCGs and patient groups	<b>Post:</b> HRD to roll out bullying and harassment tzar post (BME clinical staff) and HRD to be ambassador. The person will work on mediation, campaigns and incivility projects.	<b>Training and communication:</b> HR business managers to be trained as mediators and to work monthly with ward managers on de-escalating conflict until embedded.	<b>Communication:</b> staff side and BME network	<b>Allyship:</b> launch allyship programme to support BME staff and wider and ensure that structure supports reporting and reduce bullying.	<b>Documentation:</b> ensure all incidents are reported, documented and logged on DATIX systems
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	<b>Audit:</b> Breakdown of career opportunities and progression of BAME staff by age group.	<b>Accountability:</b> allies and BME role models to take the lead in promoting career progression & raising confidence in equal opportunities for progression.	<b>Communications:</b> raise awareness of career progression and promotion with case studies and staff stories online. Invite BME senior staff from other NHS organisations to speak about their journey.	<b>Leadership offer and talent management:</b> triangulate findings for this indicator with offer for training and access to it.	<b>Staff networks:</b> work with networks to improve understanding of what limits BME people from progressing and triangulate work with talent management and HR guidance.	<b>Audit:</b> triangulate exit interviews with attrition of BME staff to assess whether lack of career progression opportunities impacts the decision to leave.
8	In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues?	<b>Ambassador:</b> CEO to be ambassador on behavioural excellence.	<b>Training:</b> Managers to attend intercultural and emotional intelligence workshop. Follow-up 6 monthly.	<b>Post:</b> HRD to roll out bullying and harassment tzar post (BME clinical staff) and HRD to be ambassador. The person will work on mediation, campaigns and incivility projects.	<b>Communications:</b> stories from staff about how discrimination made them feel, how they see themselves in the organisation, how they built resilience.	<b>Policy and violence reduction:</b> ensure there is an up-to-date policy with requisite fair process to address issues.	<b>Leadership offer:</b> triangulate findings for this indicator with offer for training that follows national standards for management behaviour and care.
9	BME board membership	<b>Campaign:</b> target BME organisations, recruiters and community groups to publicise NED roles.	<b>Project:</b> Offer shadowing opportunities for BME staff to be NEDs. BME staff network to help select candidates.	<b>Interviews &amp; audits:</b> all to be trained in anti-discriminatory interviewing. Results to be audited and discussed at Board level with input from WRES Experts & EDI leads.	<b>Training:</b> all Board members to have annual training on inclusive leadership.	<b>Communications:</b> All Board members to write opinion pieces throughout the year on race equality and general inclusion. To be publicised internally and externally.	<b>Recruitment:</b> ensure that there is sufficient representation of BME people in voting roles on Board. This may need targeted recruitment programmes.

# Examples of KPIs across WRES indicators

Indicator		KPI 1	KPI 2	KPI 3	KPI 4
1	Distribution by bands 1-9 and VSM: BME staff are over represented in AfC band 5 and significantly underrepresented in AfC 8a +	% difference in time taken by white staff and minority ethnic staff to progress through pay bands	% interventions to improve parity of distribution by pay band	% of engagement sessions with staff networks, staff side and other stakeholders to improve indicator	% improvement in indicator by staff group and area of work
2	Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants	Number of times positive action used in interview tie-break to appoint to posts Bands 6 and above.	Number of internal Comms about positive action. Number of staff queries about positive action initiatives.	% of people trained in inclusive and diverse recruitment	% of feedback to BME candidates checked and audited
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	% accessing different HR disciplinary services by ethnic group.	% of staff by ethnicity who use exit interviews Reasons given for refusing exit interviews.	% of informal disciplinarys and people involved by ethnicity	Number of race equality interventions and cost. Year on year analysis of budget for race equality interventions
4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	Number of staff accessing talent interventions by ethnicity. % of staff with improved career outcomes following interventions.	Percentage of staff applying for leadership, apprenticeship and training opportunities by pay band and ethnicity.	% of BME staff and white staff who progress into a higher pay band or senior role following training	% of funds allocated to supporting international workforce to settle in the area and organisation and access training
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Number of times race related incidents reported on DATIX and result. Percentage of incidents according to clinical and non-clinical area.	Number of meetings with different networks and staff groups to address issues.	Percentage of staff (including international staff) accessing wellbeing support, counselling, FTSUG, PTSD support due to racism	Number of patient and staff engagement messaging about zero tolerance.
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Number of times race related incidents reported on DATIX and result. Percentage of incidents according to clinical and non-clinical area.	Number of guidance/training sessions run by EDI lead, FTSUG and HR manager.	Percentage of staff (including international staff) accessing wellbeing support, counselling, FTSUG, PTSD support due to racism	Percentage of line managers trained in recognising race-related abuse, harassment and victimisation.
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	% of BME staff and white staff who access coaching and mentoring services	Click rate for articles on race equality. Number of times race equality has been on social media accounts, main web page.	Number of times HR has audited policies for inclusion. Number of times HR has informed staff in all areas about policies.	% of BME staff who access secondment opportunities
8	In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues?	Number of investigators working in discrimination, harassment and victimisation who have received race awareness training.	Number of times race related incidents reported on DATIX and result. Percentage of incidents according to clinical and non-clinical area.	Percentage of line managers trained in recognising race-related abuse, harassment and victimisation.	Percentage of staff (including international staff) accessing wellbeing support, counselling, FTSUG, PTSD support due to racism

## Appendix 2 The NHS Standard Contract 23/24

*SC13.7 The Provider (if it is an NHS Trust or an NHS Foundation Trust) must ensure that it has in place effective procedures intended to prevent unlawful discrimination in the recruitment and promotion of Staff and must publish:*

- 13.7.1 a five-year action plan, showing how it will ensure that the black, Asian and minority ethnic representation a) among its Staff at Agenda for Change Band 8a and above, and b) on its Governing Body will, by the end of that period, reflect the black, Asian and minority ethnic representation in its workforce, or in its local community, whichever is the higher; and*
- 13.7.2 regular reports on its progress in implementing that action plan and in achieving its bespoke targets for black, Asian and minority ethnic representation amongst its Staff, as described in the NHS Model Employer Strategy.*

## Appendix 2 The NHS Standard Contract 23/24

13.5 The Provider (if it is an NHS Trust or an NHS Foundation Trust) must implement EDS.

(Note: EDS2 template has sections that triangulate with findings of WRES indicators. This should also prompt and guide action plans.)

## Appendix 2 The NHS Standard Contract 23/24

S 13.6 The Provider must: 13.6.1 in accordance with Schedule 6A (Reporting Requirements), submit to the Co-ordinating Commissioner an annual report on its performance against the National Workforce Race Equality Standard and an action plan setting out any steps it will take to improve its performance, in each case in a form previously approved by the Provider's Governing Body; and 13.6.2 at the same time publish both the report and the action plan on its website

# Evidence-based model for improving BME representation across the NHS workforce: structuring action plans



Source: Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS (2019) NHS England. (Model Employer is listed as guidance in the NHS Standard Contract 2023/24 and the one preceding it).

# NELFT's Ethnic Minority Staff Network On delivering on the WRES

**Harjit Bansal – Head of EDI**  
**Stephen Singh –Khakhian – EMN**  
vice chair.



**NELFT NHS Foundation Trust**

**Changing the Narrative**



# Who was listening?

- **Professor Oliver Shanley (CEO) sponsor of the EMN Strategy and the EMN Network**
- **Requires buy-in from Senior Leadership Teams and Integrated Care Directorate**
- **National WRES Team**
- **Inequalities Agenda – Commissioning Groups, Equality and Human Rights Commission, Public Health and CQC**



# Understanding the problem

- **Barriers to progression:**
- **Staff felt excluded from organisational culture**
- **Lack of BME role models at senior positions**
- **Lack of awareness of different cultures, backgrounds of staff**
- **Lack of confidence in staff to apply for jobs**
- **Lack of transparency and fair process by interviewing panels**
- **Lack of appropriate mentoring and coaching facilities.**
- **Lack of access to training and development**



# WRES key findings

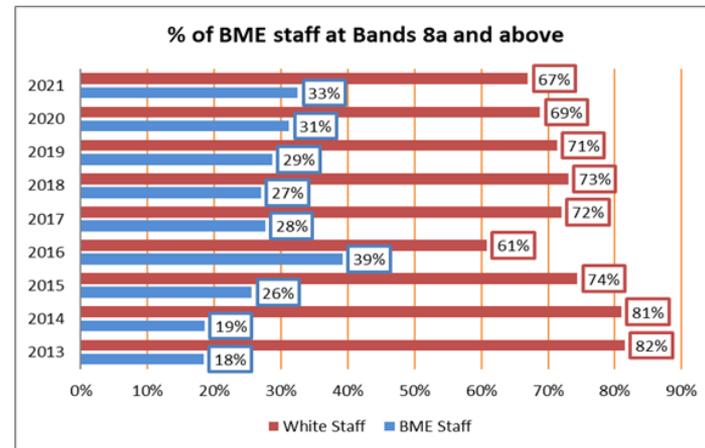
## Overall BME workforce in NELFT

43% of the workforce in NELFT is from the BME background, and 54.2% are White. (2.6% have not identified their ethnicity.) The **national average** of BME staff in the NHS is **19.7%**

	2017%	2018%	2019%	2020%	2021%
White	60.6	60.1	58.9%	53.1%	54.2%
BME	36.9	37.8	39.0%	40.5%	43.2%
Not Stated	2.5	2.0	2.1%	6.4%	2.6%

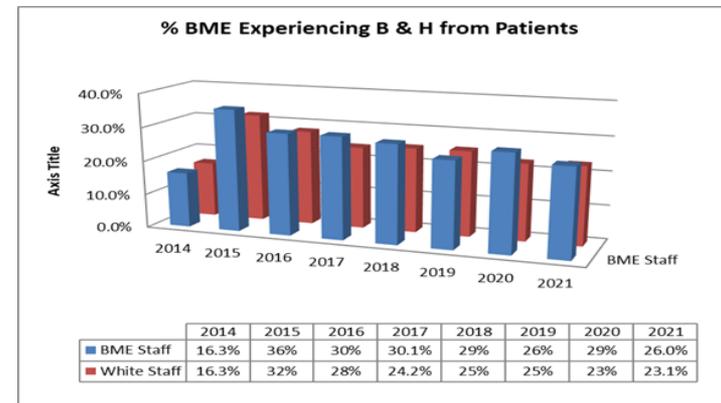
## BME staff banding

There has been an increase in the proportion of BME staff across all bandings, but in particular for Band 8 and above from 27% (2018) to **33% (2021)**.

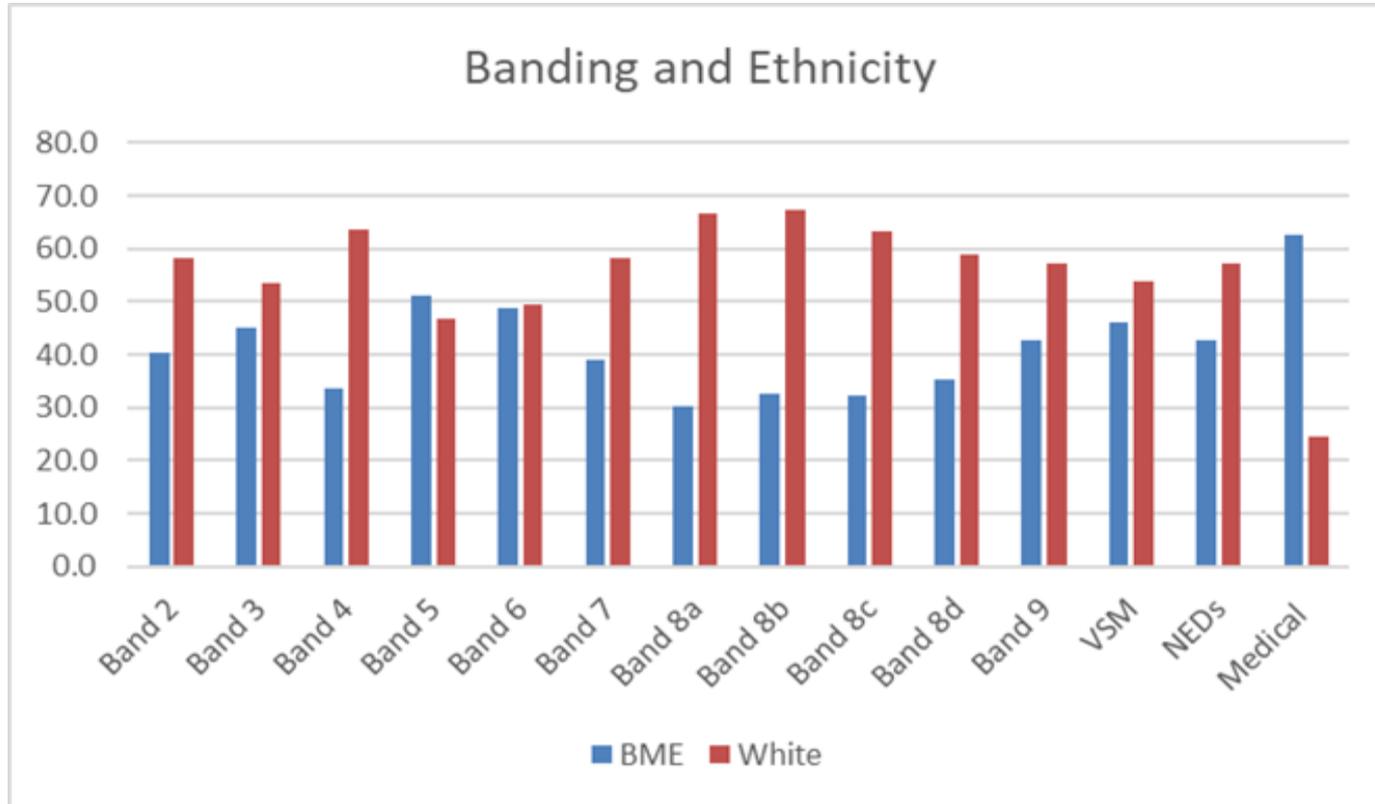


## BME staff experiencing harassment, bullying or abuse from patients, relatives or the public

This WRES indicator (from staff survey results), **decreased to 26% (29% 2020)** and remained the same for White groups at 23% (**national average is 33.5%**)



# Banding and Race

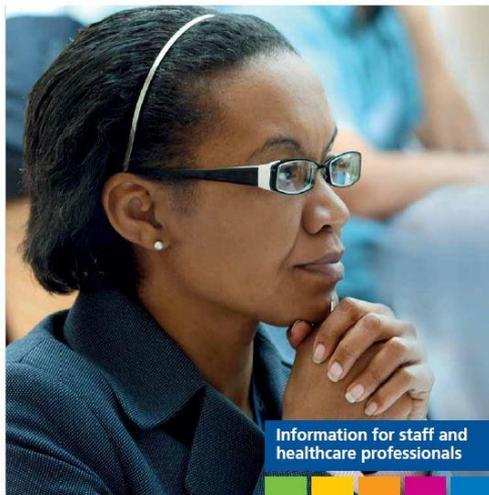


# Our strategy

North East London **NHS**  
NHS Foundation Trust

## Ethnic Minority Network (EMN) Strategy 2013-2016

North East London NHS Foundation Trust



Information for staff and  
healthcare professionals

**NELFT**

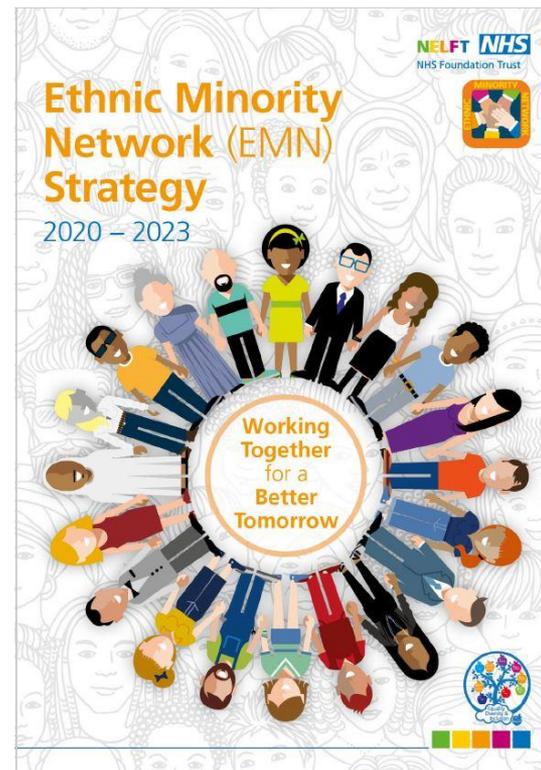


**NELFT** **NHS**  
NHS Foundation Trust

## Ethnic Minority Network (EMN) Stronger Together Strategy 2020



[www.nelft.nhs.uk](http://www.nelft.nhs.uk)



	EMN Key Objective	WRES Metric
1	Increase in NED posts	Metric 9
2	Increase in ED posts	Metric 9
3	Increase in Band 8b and above posts	33% (Metric 1)
4	Decrease in Employee Relation cases	3.1 X (Metric 3)
5	Recruitment (EMN Rep at Interview panels)	45.4% (Metric 2)
6	LEAP Programme for Bands 3 – 4, 5 – 6 & 7 – 8b	140 EMN (Metric 4)
7	Mentoring and Coaching Programme	Metric 1
8	Lift as you Climb	Metric 1
9	EMN Rep on CPD Panels	Metric 4
10	Implementation of Just Culture, Civility and Respect Workstream	Metric 5 & 6
11	Anti-discrimination Policy, Hate Crime posters	Metric 8 &
12	Culture Intelligence Training (Trust Wide)	Metric 5 & 6
13	Reciprocal Mentoring	Metric 1
14	Medical EMN Leadership Programme	Medical WRES



- **Key staff members with the passion for the agenda to lead on local EMN meetings.**
- **Local leadership teams in collaboration with the EMN Network would be responsible for the implementation of the Strategy locally.**
- **Identified an executive lead at local level.**
- **Set up regular intervals of reporting on the strategy to the leadership teams and to the Board by the chairs of the network.**
- **Very early on, agreed that the steering group required more staff and not just BME but White allies**

# NELFT EMN Ambassadors

## NELFT Leadership Structure

- Chief Executive
- Executive Director IC London
- Executive Director IC Essex
- Executive Medical Director
- Executive Director of Finance
- Executive Director HR
- Trust Secretary
- 7 Directorates
- Cooperate , Nursing and Allied Health



## NELFT EMN Structure

- NELFT EMN Chair/Vice
- EMN Ambassador London
- EMN Ambassador Essex
- EMN Ambassador Medical
- EMN Ambassador Finance
- EMN Ambassador HR
- EMN Ambassador Strategic
- 7 EMN Locality Ambassadors
- EMN Ambassadors to cover Cooperate , Nursing and Allied Health



# Milestones in Numbers



## % of BME Staff in Bands 8 – 9 compared with the % of BME (Black and minority ethnicity) staff in the overall workforce

	2013	2014	2015	2016	2017	2018	2019	2020	2021	Overall %
BME	18%	19%	26%	39%	28%	27%	29%	32%	33%	<b>43.2%</b>
White	82%	81%	74%	61%	72%	73%	71%	69%	67%	<b>54.2%</b>



# % of BME staff being appointed from shortlisting compared to White staff.



		2013	2014	2015	2016	2017	2018	2019	2020	2021
<b>Shortlisted</b>	BME	52%	55.6%	59.2%	57.1%	59.1%	57.4%	49.7%	48.8%	49.7%
	White	48%	43.4%	40.8%	36.8%	40.9%	42.6%	50.3%	45.8%	44.7%
<b>Appointed</b>	BME	37%	41%	38.7%	40.6%	51.3%	45.4%	51.1%	45.5%	45.4%
	White	63%	58.9%	63.1%	41.9%	48.7%	54.6%	48.9%	44.1%	44.6%



# % BME staff entering the formal disciplinary process.

	2014	2015	2016	2017	2018	2019	2019	2020	2021	Overall %
BME	53%	60%	35%	50%	43%	59%	67%	60%	65%	43.2 %
White	47%	40%	65%	50%	57%	41%	33%	40%	27.9%	54.2 %



# % Accessing CPD training

	2014	2015	2016	2017	2018	2019	2020	2021	Overall 1%
BME	32%	40%	41%	48%	49%	47%	57%	54%	<b>43.2%</b>
White	64%	60%	51%	52%	51%	47%	43%	45%	<b>54.2%</b>



# % experiencing B & H from patients, relatives and public

	2014	2015	2016	2017	2018	2019	2020	2021	Overall %
BME	16.3%	36.0%	30%	30.1%	29%	26%	28.7	26%	<b>43.2%</b>
White	16.3%	32%	28%	24.2%	25%	25%	22.7	23%	<b>54.2%</b>



## % B & H from staff & Managers

	2014	2015	2016	2017	2018	2019	2020	2021	Overall %
BME	49.9%	22%	28%	15.9%	20%	22%	21%	20%	41.1%
White	39.8%	17%	21%	12.1%	19%	19%	16%	16%	58.9%



10% difference between BME/White in 2014  
4% difference between BME/White in 2021



# % believing that trust provides equal opportunities for **career** progression or promotion

	2014	2015	2016	2017	2018	2019	2020	2021	Overall 1 %
BME	66%	71%	74%	81%	79%	78%	78%	52%	<b>43.2%</b>
White	86%	87%	87%	86%	89%	88%	89%	65%	<b>54.2%</b>



13% difference between BME/White staff in belief of career progress in 2021.



# % experiencing discrimination at work

	2014	2015	2016	2017	2018	2019	2020	2021	Over all %
BME	24.3%	16%	15%	10.6%	10%	12%	14%	12%	<b>43.2%</b>
White	3%	9%	7%	4.6%	6%	6%	6%	5%	<b>54.2%</b>



Consistent & Persistent difference of about 6% most years.



# Our Challenges

**Reduction in bullying and harassment from both patients and staff**

**Formal Disciplinary Cases**

**Senior Leadership from EMN at Board Level.**

**These identified as key priorities for 2021/2022.**



# 2020-2023 Strategy Working Together for a Better Tomorrow

- Increase senior leadership at Board and Executive Level
- White Ally Scheme
- Reverse Mentoring
- Leadership Programme for Bands 4, 5 6 & 7
- Leadership Programme (Ready now) Band 8a and 8b
- Reduce the number of formal disciplinary for BME colleagues
- Cultural Competency Training across all levels
- Just Culture Programme
- Something Bold and challenging – to move from good to outstanding!
- Recurring Budget for the staff Networks



# What we did....

- **Just Culture programme**
- **Review Core HR Policies in partnership with EMN Networks and Staff side**
- **Roll out of Cultural Intelligence training**
- **Leadership development programme**
- **Reciprocal Mentoring/ reverse mentoring.**
- **Dedicated Post to support the implementation of the Strategy**
- **A recurring budget for the Staff networks £70k**
- **Review of the all disciplinary cases over the last 2 years – using the restorative practice principles**
- **4 priorities for this year to deliver on**

# NELFT's EMN work praised by NHS chief



## BREAK DOWN THE BARRIERS





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# Book now

## Can we talk about race?

Webinar | Tuesday 12 September 2023 | 1pm - 2.30pm

In our regular series of 'Can we talk about race?' events, we continue to explore how leaders are enabling conversations about race in their organisations, fostering safe spaces and developing allyship.



Scan here to access our upcoming events

# Tell us what you think



Scan here to access  
our evaluation

## Visit our website for further topics on race equality, including:

- Inclusive recruitment and talent management
- Data and accountability
- Allyship
- Health inequalities
- Internationally educated workforce



Scan here to access our website

# Thank you!



Scan here to access  
our evaluation