NHS BAME Network Chairs in England

Report

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# Introduction

Cavita Chapman, Head of EDI for NHSE/I in the SE, is running various development programs for NHS staff network leads, including one for BAME Staff Network Chairs. As well as seeking feedback and evaluation for the programmes she runs, she wanted to reach out further than the SE, to find out what the BAME Network Chair experience is like throughout England. Are there common areas for development? What kind of support, supervision, development and access do the Chairs get? This report summarises the findings from this work, and makes recommendations for how the next phase of developing the BAME Staff Networks and Network Chairs can be taken forward.

# Context

The South East EDI team supports the six Integrated Care Systems (ICS) and 34 providers in the South East Region.

Over 20% of NHS staff are BAME, and this proportion is the case for NHS in the South East. The NHS is the largest employer of BAME people in England, and there is an urgent need to address race disparity in the organisation. Furthermore, the NHS is constitutionally charged with caring for all population groups and making sure its workforce represents the population it serves, across decision-making levels, is a recognised element to reduce health inequalities that arise due to race.

BAME staff networks have been put in place to address the needs around supporting BAME staff; and raising awareness of BAME related issues to non-BAME staff.

# Methodology

An online survey for the South East BAME Network was set up, asking the Chairs to share their views on the development of their networks and role so far. In the testing phase, the initial survey was open for three days, gathering 15 responses, before feedback on the survey led to the addition of three questions at the end of the survey, and slight amendments to three others. The initial feedback indicated that a greater sample size was required and so the survey was extended to the other network regions (see Appendix 1): The final survey was open for two months. It received an additional 95 responses. The rest of this report reviews the findings from that survey, including the 15 initial responses.

# Findings and Recommendations

The findings and recommendations of this report can be grouped into three themes:

1. The BAME Network Chair Role
2. Impacts of the BAME Networks and BAME Network Chairs
3. Additional recommendations re the BAME Networks

# The BAME Network Chair Role - Findings

The findings in relation to the role of BAME Network Chairs (“NCs”) are mixed. By setting up BAME Networks and appointing NCs, Trusts are setting the foundations to improve the experience of BAME staff in the NHS and there is much opportunity for growth. The findings can be summarised as follows.

First, the managerial support available to NCs is variable. The majority (63%)[[1]](#footnote-1) describe their role as being supported at least to some degree. Further feedback indicates that the NC role is supported so long as the NC’s substantive/primary role is not affected.

Second, when inquiring into time allocated for the role, and related to the basis for managerial support, the majority of NCs (52%) undertake their network duties either in their own time or work ad hoc to complete the role.

The third finding relates to how the NCs perceive their role. This presents a multi layered narrative. On the one hand, 79% of respondents felt inspired by the NC role, and 50% of respondents felt supported by their organisation. On the other hand, 55% of the respondents also felt overwhelmed by the work required; and 83% felt underprepared by their organisations for the role.

Fourth, the majority of NCs (68%) do not receive supervision for their role.

Fifth, in terms of personal career support, the majority of respondents have either received or accessed additional personal career development. Five respondents stated their career development had been self-led, four stated they had not received any development at all.

Sixth, when asked what opportunities they had been given as part of the role, 61% of respondents indicated they had been able to work with their EDI lead and better understand data; 49% had been able work with their HR Directors and present papers at sub-Board level. 22% of respondents had not yet had further opportunities.

Seventh, in terms of support and development for the NC role and the BAME Network:

* 77% of respondents indicated they had other team members to support them in the role;
* 35% had administrative support allocated;
* 74% did not have a defined role when they started;
* 79% did not have a clear remit.

Eighth, in terms of organisational interaction most of the Chairs had access to the Freedom to Speak up Guardian, but 43% did not have regular access to the HR Director, and 38% did not regularly meet with the Executive Board.

Ninth, in relation to redesigning the role the majority of Chairs responded that they would have set time for the role to be done (85%), they would look at the responsibilities of the role (80%) and put a development plan in place (75%). 71% felt it would be important to have payment in place for the role and 61% would review the functions of the role

# The BAME Network Chair Role – Recommendations

The BAME NC findings indicate that a review and possible redesign of the role may be required. However, in order for that to be meaningful, Trusts need to first ensure that their BAME-staff governance is appropriately designed and fit for purpose. Like their NCs, Networks are asked to undertake a wide variety of tasks for their staff and their Trusts: now is an opportunity to look at whether the current asks of networks meets the needs of BAME staff. For example, BAME Staff Networks and Network Chairs have been set up across the regions. Through their membership, such networks have lived experience of racial and discrimination issues. There appears to be an assumption that those networks also have EDI expertise.

# Review ‘Network’ and its Terms of Reference

It is clear that BAME networks are undertaking a number of important and diverse activities to support their staff membership. Trusts may want to review:

* The role of its network, including i) whether current demands on the network are appropriate, and ii) whether the Network should be a function of a more overarching committee or body, such as a Trust Equality Steering group;
* The Terms of Reference. Subject to whether the Network is retained as the main mechanism for addressing BAME-staff issues (as opposed to being part of a wider function), Trusts may want to review the Terms of Reference for areas of development including:
  + Position in the Trust’s governance framework
  + Lines of reporting – what reports to the Network and where the Network reports to;
  + What the Network reports and frequency.

# Review current skill set of the Network

In order to substantiate whether the Network constitutes a body of lived experience or whether it constitutes a body holding both lived experience and EDI expertise, Trusts may want to review matters such as the membership of the Network, attendance, and the skill sets of those involved. This will allow the current offer of its BAME Network can be properly determined; and what other skills and roles are required to take the Network (or revised governance structure forward).

# Implement the NHS Network Support Tools

The NHS is developing tools and interventions to support the development of BAME Networks and Network leads.

# Reviewing and redesigning the NC role

Having ensured that the Network is properly articulated and established in its governance, this should enable the Trust to better define the NC role and resolve the issues being experienced by current chairs. Matters to be reviewed, following the findings set out in section 4.1, must include:

* Clearly defining the roles and responsibilities of the Network Chair;
* Defining the basic skills and competencies required of the Chair and ensuring that organisations provide sufficient support, training, mentoring and coaching for Chairs to undertake their role;
* Ensure that minimum time allocation and support requirements (whether supervision, coaching or mentoring) expectations are set.

# Impacts of Network Chairs – Findings

When asked to identify areas where they had an impact, the NCs identified 11 areas where they had an impact across their organisation. These are:

* Listening to staff;
* Supporting staff (e.g. through HR issues);
* Educating and training staff;
* Coaching and mentoring staff;
* Reviewing policy and process;
* Improving WRES data by focussing on key indicators;
* Helping reduce disciplinaries;
* Helping reduce discrimination;
* Supporting freedom to speak up;
* Sitting on interview panels;
* Other (e.g. providing reverse mentoring, delivering webinars).

The three highest areas of impact identified were: i) listening to staff (94%); ii) supporting staff - e.g. with HR matters 85%; and iii) supporting staff specifically with their freedom to speak up (76%).

In relation to WRES data, half of the respondents felt that they had improved WRES data for their organisations. Of those, 41% felt they had reduced disciplinaries and 61% felt they had reduced discrimination. In this part of the Survey, the NCs did not specific which aspect of discrimination under WRES was being considered.

30 NCs also identified other impacts, which can be grouped into ‘taking action’, ‘improving the staff networks’ and ‘raising awareness’ – see Appendix 2.

# Impacts of Network Chairs – Recommendations

The main focus of these recommendations is on the workload currently being undertaken by the NCs: who can help and where might this work sit.

# Role of Allies

As set out above, the NC activities is broad and diverse. To support the effectiveness of these activities, Trusts may want to consider the capacity of their Allies and the technical skills available to support the NCs.

# Responsibility for the workload

Being heavily involved in listening to staff, supporting staff with freedom to speak up and taking on advocacy/activist activities are appropriate for the NC role. Where NCs are becoming involved in more technical/competency based-areas such as mentoring, reviewing policies, education and training, Trusts may want to review whether NCs should be involved in the actual delivery of these or whether they should be shaping and influencing the delivery of activities through learning from their Networks.

# Conclusions

First, the good news – by setting up the Networks and installing Network Chairs, the regions have set the initial foundations for strategically and sustainably improving the experience of BAME staff.

Second, the better news – from our Network Chairs’ feedback, there is so much learning and room for improvement. This is exactly what we need. We all knew that setting up the Networks and Chairs were just the initial steps. Now we have an idea of some of the things that we can look at and the direction that we might need to go.

As we know, supported and valued staff lead to better patient experiences and outcomes. Thank you for all your efforts so far – let’s keep this momentum going.

If you would like to share your views and contribute to a better experience for BAME colleagues in the NHS, please email: cavita.chapman@nhs.net

1. In this Report, ‘majority’ refers to the majority of respondents to the given question. Please see the appendices for the data. [↑](#footnote-ref-1)