

NHS BME Network

# Operating Framework 2010/11

## Foreword by Dr Vivienne Lyfar-Cissé & Lord Herman Ouseley

The last year has seen the publication of an unprecedented number of reviews and surveys which have highlighted the failure of the NHS to deliver on its Race Equality Duty to the detriment of BME staff, BME patients and BME service users.

The time for transformational change is well overdue and the vision is for the NHS BME Network to be an independent and effective voice for BME people to ensure the NHS delivers on its legal obligations regarding this important agenda.

We are delighted that this National Operating Framework, which has been created from discussions with BME people from across the country, sets out the priorities for the NHS BME Network and outlines how the Network intends to deliver on its Vision.

It is evident from the events on the world stage that there has never been a better time to champion change and that race equality is not a luxury but a necessity. The Framework recognises the fact that BME people need to take control of their own destiny, but also appreciates that the most effective way to deliver on this important agenda is for BME people, senior managers, regulators and all relevant stakeholders to work together in the true spirit of partnership. The Framework therefore highlights what stakeholders can expect from these partnerships and we do sincerely hope that all involved will seize this opportunity to change the status quo.

Whilst we do not underestimate the challenge it is critical that we get this right. Delivering the priorities outlined in this Framework will not only improve the experience of the NHS BME workforce, but will also help to remove the barriers which so often have resulted in BME communities having a far less than satisfactory experience of the NHS.

Finally, on behalf of the NHS BME Network we would like to thank everyone in the Regions who were involved in developing this Framework; the many CEOs and senior NHS managers who attended the regional meetings in support and Cynthia Bower, CEO, Care Quality Commission for sponsoring these events.

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# Section One Hope



“ If my mind can conceive it, and my heart can believe it, I know, I can achieve it. ”  
Jesse Jackson

The NHS Black & Minority Ethnic (BME) Network recognises that in tackling racism in the NHS there is a huge mountain to climb - but, we are undaunted. We will scale the heights with **Hope** in our hearts, a dedication to beneficial **Change**, and a membership guiding our journey from the **Bottom Up**.

This National Operating Framework sets out the priorities for the NHS BME Network for 2010/11. It will also outline “how” we intend to deliver on our Vision.

Ten years after Stephen Lawrence Inquiry a creeping pessimism was beginning to place a chokehold on our collective resolve. The frustration created by a foot dragging, bureaucratic ditch digging inch-war was beginning to overwhelm us. So much of our effort had been squandered for so little gain. Many had lost hope that race equality could become a reality in the public service sphere in our lifetime.

In 2009 two landmark events generated fresh hope. In the United States Barack Obama an African-American transformed electoral history by becoming the first US Black President. During a powerful and poignant speech marking the tenth anniversary of the Macpherson Report, Mrs Doreen Lawrence highlighted the impact of the

election of Barack Obama by saying: “It is one of the many events I would like my son to have lived to see. There is a saying that when America sneezes, Britain catches a cold. This is one occasion when I would like to see Britain catch pneumonia if needs be.” Barack’s rallying cry “Yes We Can” resounded around the world and in the Black community restoring hope and energising us all.

Here at home a movement that had begun quietly in one hospital in Brighton spread organically across the whole NHS South East Coast region. The movement fuelled by the injustice visited upon BME individuals in their NHS organisation was strengthened by the indignation generated by the discovery that their experience was widespread across the region. The Race Equality Service Review undertaken by the South East Coast BME Network served to remove any doubt from claims that racism is alive and well in the NHS. When the Health Service Journal published its own findings showing racial discrimination was rife nationally, the South East Coast leadership were moved to take the initiative and organise a National Conference to assess the mood for the establishment of a NHS BME Network.

The Inaugural NHS BME Network Conference held on 5th June 2009 was attended by over 400 BME professionals and Senior Leaders. The Conference gave a mandate to the Network leadership to proceed with the establishment of a NHS BME Network based on the tripartite principles of **Hope, Change, and Bottom Up**.

## An Independent Voice on Race Equality

During August and September 2009, BME staff in all 10 Strategic Health Authority Regions (**the Regions**) were consulted on the NHS BME Network's organising principles and what should be contained in its National Operating Framework.

It was agreed that what makes the NHS BME Network a distinct movement is that it provides:

**'an independent and effective voice for BME staff, BME patients and BME service users to ensure the NHS delivers on its statutory duties regarding race equality'.**

The Regions were clear and unanimous that whilst the National Network will seek to work in partnership with Government, Department of Health (DH), Care Quality Commission (CQC), Equalities and Human Rights Commission (EHRC), Strategic Health Authorities (SHAs), NHS Organisations, other BME networks, BME patients and a variety of other stakeholders, it is our independence that gives us a distinct voice and must be safeguarded all cost.

## The Organising Principle of the NHS BME Network

The Regions recognise the importance of equal opportunities and support the pursuit of equality for all. But, whilst gender, disability, sexuality, religion and age affect all people, race discrimination is particularly damaging to our situation in the NHS and will therefore be the over riding concern for the NHS BME Network.

**'Race Equality is the overarching organising principle of the NHS BME Network'**

Hope that is not backed by action is likely to remain an unfulfilled dream. We therefore intend for the National Network to be the vehicle that harnesses the collective will and energies of BME people determined to bring about beneficial change. This Operating Framework sets out the NHS BME Network's change priorities and its plan of action for 2010/11.

# Section Two Change



“ In the middle of difficulty lies opportunity  
Albert Einstein ”

## Ringing the Change

The NHS BME Network will be a metanoic organisation that has the respect of BME staff and communities and can raise their aspiration to be free of racial discrimination. A metanoic organisation is one that has undergone a fundamental shift of orientation from the individual and collective belief that people must cope with life and in the extreme are helpless and powerless, to the conviction that they are individually and collectively empowered to create their future and shape their destiny. In a metanoic organisation people help to create the collective vision not merely to make money but because it is consistent with their own life's purpose. Consequently the vision held in a metanoic organisation is worthy of each member's highest personal ideals and commitment.

In ringing through change, the NHS BME Network will strive to avoid repeating the mistakes of the past by learning from other movements and will seek only to do the things that empower people and lead to an improvement in their lives. In driving through change we draw upon the wisdom of Mahatma Gandhi and seek to **'be the change we want to see in the world'**. In stating this we are not merely reaching for high ideals, but expressing a way of working that inspires the best in anyone who wishes to

share our journey. In view of the enormity of the task before us only our best will do.

The objectives set out below outline the NHS BME Network's strategic vision and goals for 2010/11. In the interim the NHS BME Network will focus on developing its regional infrastructure, establishing membership criteria and strengthening its relationships with regulators.

## Promoting Race Equality

The Race Relations (Amendment) Act 2000 (RR(A)A2000) places a statutory duty on NHS organisations (SHAs, PCTs, NHS Trusts, NHSFTs and Special Health Authorities) to promote race equality. This duty covers all aspects of an organisation's activities - policy and service delivery, as well as employment practices. Ten years after the publishing of the RR(A)A2000 it is time to take stock. During this coming period the NHS BME Network will make a major contribution to understanding what progress has been made by conducting a comprehensive review of the situation since the RR(A)A enactment in 2000. The publication will detail the State of Race Equality in the NHS, quoting serious case reviews in commissioning, acute services, mental health and ambulance services.

There is a widespread consensus in the Regions that NHS organisations are consistently failing to comply with the letter and spirit of the law. The Regions overwhelmingly expressed the view that most important factor contributing to this state of affairs is the absence of sanctions for non-compliance with the RR(A)A2000. In this period the NHS BME Network will undertake to apply pressure to influence Government, DH and Regulatory bodies to agree and apply deterrent sanctions to NHS organisations that fail to obey the law of the land.

It is to the shame of the NHS leadership that each organisation is left to pursue its own course of action in promoting race equality. This is akin to allowing learner drivers loose on the roads to drive in any manner they choose and expect there not to be chaos on the highways of England. Undoubtedly there have been small pockets of good practice but this unregulated climate has generated an unacceptable level of inconsistency in approach across the NHS nationally. This has caused most of the efforts directed at challenging racism to disappear in a blizzard of meaningless box-ticking. The NHS BME Network therefore amplifies the Regions' call for the introduction of a minimum performance standard requiring NHS organisations to demonstrate progress in eliminating racial discrimination. This standard must go far beyond the current requirements to produce Race Equality Schemes and impact assessments. We in the National Network are prepared to show leadership by working with Government, Department of Health and Regulators to bring forward a fit-for-purpose common race equality performance standard.

## Commitment and Race Equality in the NHS

The NHS BME Network places high importance upon ensuring the NHS and the DH giving greater prominence to race equality as part of the drive to improve health. We want to see this tackled in a systematic way and BME staff, patients and families' needs made an explicit priority and handled professionally. Our object in this period is to have Race Equality acknowledged and treated as integral to all NHS corporate strategies. In pursuance of this the NHS BME Network will lobby NHS managers to:

- give race the importance it deserves and establish it as 'core-business', in the NHS Operating Framework as a key priority alongside other high priority healthcare issues;
- pay proper attention to meeting the service needs of ethnic minority people. This should be linked to the NHS drive to meet the standards both for improved services and health outcomes in the long term and to hit short term targets;
- ensure Chief Executives take responsibility for providing evidence of action.

The Regions share the view that senior managers and line managers lack commitment to race equality and don't appear to be taking BME staff seriously. Furthermore, they are not supportive of BME 'risers'. The NHS BME Network therefore calls upon the Department of Health and SHAs to include race equality competence criteria in the selection specification for all managerial positions. We also call for action to be taken to incentivise more Chief Executives and Directors to take a lead in mentoring future BME leaders.

## Eliminating discrimination in the workplace

The Regions confirm the findings of the SEC BME Network's *Race Equality Service Review* where it describes racial harassment, victimisation, discrimination and bullying as commonplace in the NHS. The NHS BME Network refuses to accept the continuation of this situation – it is a breach of human rights - it must be stopped. It is our highest priority to campaign for zero tolerance on harassment and intimidation of BME staff and we will engage in a campaign of legal prosecutions and naming of perpetrators until we see abatement.

# Section Two Change

## Making NHS Organisations Accountable

The experience in the Regions is that current race equality related policies and procedures are being treated as a 'box ticking' exercise and are therefore ineffective. As a precursor to inspection the NHS BME Network intends to address the weak linkages between policy, clinical care and service delivery. This will mean campaigning for the establishment of SMART Performance Indicators to link policy and delivery. We will campaign for specific race equality targets to be built into SHAs' target setting cycles.

The CQC is the independent regulator of all health and adult social care in England. From April 2009 independent healthcare and adult social care services are registered with CQC under existing rules. From 2010 a new registration system means that health and adult social care providers must be registered to show they meet a wide range of essential, common quality standards. As part of the annual health check, the Commission requires all NHS trusts to assess their performance against the Government's core standards for NHS healthcare. The NHS BME Network will seek to develop a Memorandum of Undertaking (MOU) with the CQC in a drive to ensure there is effective regulation and inspection of NHS organisations' performance on race equality.

During 2010/11 the NHS BME Network will seek to develop similar MOUs with DH, EHRC, Monitor and other regulatory bodies.

The Regions wish to see the partnership with the CQC result in a more credible assessment of NHS organisations and for the views of BME Networks and staff to form an integral part of the assessment process. As part of the new inspection regime the NHS BME Network will campaign for local Performance Management Systems to be audited by the CQC, to ensure they are fit for purpose.

Senior managers occupy a special place in the NHS hierarchy and should therefore be held accountable for delivering their organisation's race equality objectives. The National Network will campaign for an assessment of managers' performance to be included in all self assessment regimes and in the external inspections undertaken

by the CQC. Where the outcome of an assessment shows individual culpability for failure there should be serious consequences for the continued career of the manager responsible.

## Delivering Quality Services to BME people

During 2008/09, the NHS was engaged in a major process of developing a vision for the future. The NHS Next Stage Review led by Professor the Lord Darzi of Denham KBE had a wide scope and sought to set out a new direction for the NHS. Across the country, throughout each of the ten regions, thousands of clinicians, patients and stakeholders were involved in a process to produce a local vision for their area. High Quality Care for All was the final publication, responding to the ten SHA visions and setting out a range of enablers to help to make them a reality.

High Quality Care for All made clear that quality should be the organising principle for the NHS, at the heart of all we do. Most significantly for the NHS BME Network, Darzi places a high importance on 'personalising services' which he describes as:

"making services fit for everyone's needs, not just those of the people who make the loudest demands. When they need it, all patients want care that is personal to them. That includes those people traditionally less likely to seek help or who find themselves discriminated against in some way".

The National Network will campaign to ensure the vision and plans published in each NHS region make crystal clear what specific support will be provided for BME people to help them stay healthy and improve the health of those most in need. As well as general concerns about health inequalities the Regions were specifically concerned about the over-representation of BME people in mental health institutions and the cultural appropriateness of care in those NHS organisations.

It is the view in the Regions that service users are not receiving appropriate or relevant services and this is made worse by a lack of user-friendly complaints procedures. The NHS BME Network will be calling for a Review of the complaints procedures to ensure it is culturally appropriate.



# Section Three Bottom Up



“ If you send up a weather vane or put your thumb up in the air every time you want to do something different, to find out what people are going to think about it, you’re going to limit yourself. That’s a very strange way to live. **Jessye Norman** ”

## Bottom Up Action

The success of the NHS BME Network is strengthened by receiving clear messages from the BME staff and service user population and remaining faithful to them. From the outset we have made a firm commitment to a bottom up approach as a means of achieving our objectives.

We consulted with the Regions, we took soundings from stakeholders, and we laid out the results in this framework to stimulate further debate. During 2010/11 we will continue our groundings with our sisters and brothers to maintain their respect and stay grounded in their reality.

This is the source of our legitimacy and the driving force for all our efforts; we intend to nurture it, develop it and protect it, but we will not shy away from leading it.

## Developing Regional Networks

A number of National Officers will be responsible for facilitating the implementation of the National Operating Framework within the Regions under the direction of the National Transitional Committee. The work undertaken will be the engine for transforming the practice of race equality on the ground.

### In supporting the development of our Regional Networks in this period, we will:

- launch a development programme to empower Regional BME members to be able to challenge confidently and influence NHS policy locally;
- engage with local NHS CEOs to secure their support for the development of Regional BME objectives;
- provide technical assistance to the Regions to ensure they are adequately funded and effectively administered.

## Strengthening the Partnership between BME Staff and NHS organisations

The foundation of this partnership has to be based on mutual respect and open dialogue. But of course, honest dialogue cannot take place on equal terms where BME members are fearful of speaking out, or if they are not allowed to attend Network meetings. We will campaign for the NHS to support the establishment and adequate resourcing of local BME Networks.

The NHS BME Network will also impress upon CEOs the importance of releasing staff to provide that necessary voice needed to articulate beneficial change.

The NHS BME Network will appoint two National Leads in each NHS organisation whose role it will be to both support local BME Networks and to engage with National Officers working in their regions to facilitate the effective implementation of this National Operating Framework.

## Developing Talent & Inspiring BME Leaders

The Regions are calling for the NHS BME Network to 'identify people with the passion to drive progress forward'. They see a real value in more BME individuals attaining top positions in the NHS and contributing new perspectives to the way the NHS organisations are led. The NHS BME Network will therefore promote positive action programmes to increase the number of BME staff in senior management positions in the NHS.

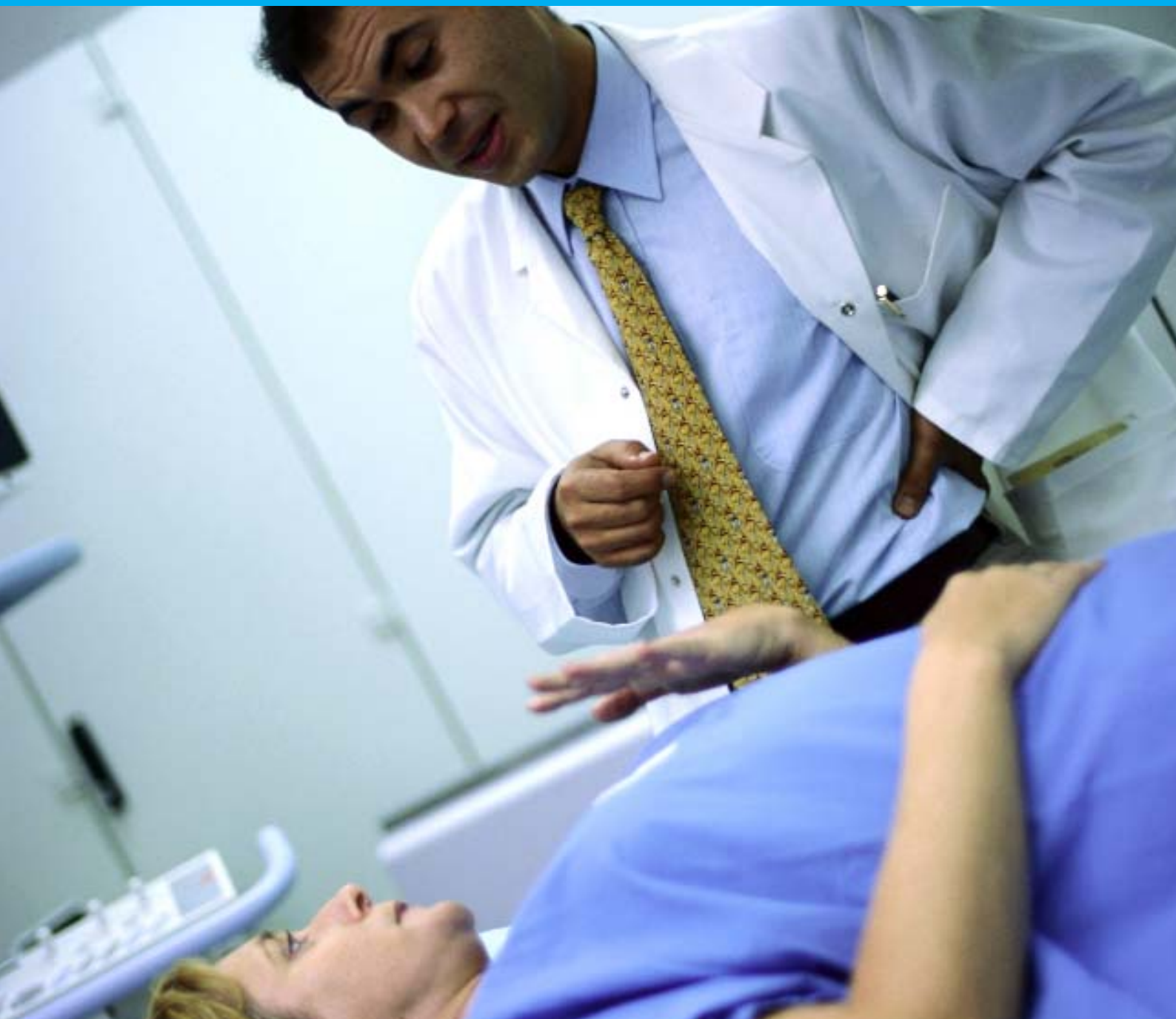
The NHS BME Network will campaign to remove the barriers BME people face in recruitment, development and promotion. The experience in the Regions supports the evidence that BME people are less likely to be appointed to NHS posts and are under-represented at senior levels. The Regions consider the key barrier to be the lack of transparency in promotions and career progression. Opportunities are not always advertised but instead are filtered through informal and social networks, in which BME staff are rarely included. 'Face fits' recruitment and promotion practices appear to be widely used. There is also a strong perception that BME staff are treated differently; that their skills and qualifications are less likely to be recognised, and that the goalposts are constantly being moved in order to deter or exclude them from progression opportunities. The under-representation of BME staff in senior positions also acts as a discouragement to BME staff progression and goes some way to explaining the 'lack of motivation' the Regions reported as being commonplace among their colleagues.

# Section Four Conclusion



Those who have come together to form this movement have come through a lot. We have seen initiatives come and go in the name of race equality. We are not critical of all those who have tried to bring about change in the past, because we know how difficult it is to do.

We acknowledge that we are building upon the efforts of those brave souls who have made a mark against the pernicious cancer of racism and we are determined to make their struggles count for something in the NHS. We are strong in the belief there's nothing that can't be done if we raise our voice as one.



# Section Five Summary of Action



“ The strongest democracies flourish from frequent and lively debate...YES WE CAN! ”  
Barack Obama

## Regulation

1. The NHS BME Network will seek to develop a Memorandum of Undertaking (MOU) with the CQC, DH, EHRC, Monitor and other regulatory bodies in a drive to ensure there is effective regulation and inspection of NHS organisations' performance on race equality.
2. The NHS BME Network amplifies the Regions' call for the introduction of a minimum performance standard requiring NHS organisations to demonstrate progress in eliminating racial discrimination. We in the National Network are prepared to show leadership by working with Government, DH and Regulators to bring forward a fit-for-purpose common race equality performance standard.
3. The NHS BME Network will apply pressure to influence Government, Department of Health and Regulatory bodies to agree and apply deterrent sanctions to NHS organisations that fail to obey the law of the land.

## Promoting Race Equality

4. Ten years after the publishing of the RR(A)A2000 it is time to take stock. During this period the NHS BME Network will make a major contribution to understanding what progress has been made by conducting a comprehensive review of the situation since the RR(A)A enactment in 2000. The publication will detail the State of Race Equality in the NHS; quoting serious case reviews in commissioning, acute services, mental health and ambulance services.
5. The NHS BME Network undertakes to apply pressure to influence Government, DH and Regulatory bodies to agree and apply deterrent sanctions to NHS organisations that fail to obey the law of the land.

## Commitment and Race Equality in the NHS

6. Our object in this period is to have Race Equality acknowledged and treated as integral to all NHS corporate strategies. In pursuance of this the NHS BME Network will lobby NHS leaders to:

- give race the importance it deserves and establish it as 'core-business', in the NHS Operating Framework as a key priority alongside other high priority healthcare issues;
  - pay proper attention to meeting the service needs of ethnic minority people. This should be linked to the NHS drive to meet the standards both for improved services and health outcomes in the long term and to hit short term targets;
  - ensure Chief Executives take responsibility for providing evidence of action;
7. The NHS BME Network calls upon the DH and SHAs to include race equality competence criteria in the selection specification for all managerial positions.
  8. The NHS BME Network calls for action to be taken to incentivise more Chief Executives and Directors to take a lead in mentoring future BME leaders.

## Making NHS Organisations Accountable

9. The NHS BME Network will campaign for the establishment of SMART Performance Indicators to link policy and delivery.
10. We will campaign for specific race equality targets to be built into SHAs' target setting cycles.

## Eliminating discrimination in the workplace

11. It is our highest priority to campaign for zero tolerance on harassment and intimidation of BME staff and we will engage in a campaign of legal prosecutions and naming of perpetrators until we see abatement.

## Delivering Quality Services to BME people

12. The NHS BME Network will campaign to ensure the vision and plans published in each NHS region make crystal clear what specific support will be provided for BME people to help them stay healthy and improve the health of those most in need.

13. The NHS BME Network will be calling for a review of the complaints procedures to ensure it is culturally appropriate.

## Developing Regional Networks

14. In supporting the development of our Regional Networks the NHS BME Network will:
  - launch a development programme to empower Regional BME members to be able to challenge confidently and influence NHS policy locally;
  - engage with local NHS CEOs to secure their support for the development of Regional BME objectives;
  - provide technical assistance to the Regions to ensure they are adequately funded and effectively administered.

## Strengthening the Partnership between BME Staff and NHS organisations

15. We will campaign for NHS to support the establishment and adequate resourcing of local BME Network
16. The NHS BME Network will impress upon CEOs the importance of releasing staff to provide that necessary voice needed to articulate beneficial change.

## Developing Talent & Inspiring BME Leaders

17. The NHS BME Network will promote positive action programmes to increase the number of BME staff in senior management positions in the NHS.
18. The NHS BME Network will campaign to remove the barriers BME people face in recruitment, development and promotion.

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