



NHS England Deep Dive BME Staff Survey

Report based on data received by 24.03.2017

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Introduction

This Deep Dive BME staff survey is part of a series of reports developed by the NHS England BME Staff Network Executive committee. In [September 2016](#), the network collaborated with a team of senior managers to create agreed action plans across 4 key work areas:

These included:

- Positive Action in Talent Management led by Stephen Moir and Michelle Mello
- Creating a Culture of Accountability led by Karen Wheeler, Khadir Meer and Cathy Francis
- Fair and Transparent Recruitment Processes led by Helen Bullers and Yvonne Coghill
- Using Workforce Data to Drive Improvement led by Anu Singh and Richard Jeffery

The network developed the following vision for NHS England as an “Employer of Choice” for people from a BME background.



In [January 2017](#), BME Staff Network members had the opportunity to hear about progress across all 4 workstreams and were able to make suggestions for further improvements. The overall conclusion from the day confirmed that, “We have some excellent ideas, tools and structures in place – but we now need to move towards more tangible actions supported by the whole organisation.”

However, results from the NHS England Staff Survey and the Workforce Race Equality Standard continue to indicate inequalities between white and BME

respondents which include under-representation of people from a BME background in senior roles and BME staff disproportionately experiencing bullying and harassment.

Furthermore, multiple studies produced by researchers including Arline Geronimus¹, David R Williams² and the NHS Leadership Academy³ highlight the concept of 'weathering'; the impact that ongoing experiences of discrimination and inequality can have on the health and wellbeing of BME populations. A study published in 2009 states that 'Personal experiences of discrimination and institutional racism are added pathogenic factors that can affect the health of minority group members in multiple ways'.⁴ The collective message from these studies demonstrate that racial discrimination can be a fundamental cause of disparities in health and wellbeing outcomes and confirm that the accumulative impact of inequality and unequal treatment can lead to poorer health outcomes and shorter life expectancy.

The purpose of the Deep Dive BME Staff Survey is to gain a better understanding of the perspective of BME staff employed by NHS England, to identify the views of BME staff on how inequalities can be addressed and to gather suggestions about what changes need to happen within NHS England to improve the working lives of BME Staff. The survey was designed in the context of the concept of 'weathering' and is therefore not intended to be directly comparable to the NHS England Staff Survey. One key difference was a decision by the BME Executive to ask people about their experiences since joining NHS England to get a sense of the accumulative impact of inequality and discrimination. A notable feature of this survey was the opportunity for staff to provide free text responses to create a rich narrative through the voices of BME staff.

Method and Results

NHS England's Policy Support Unit worked collaboratively with the BME Staff Network and the Analytical Services team to create and analyse this survey. The survey was created in Citizen Space and available to respondents from 27th February until 24th March 2017. The quantitative data was cleaned and analysed in Excel and the qualitative responses were analysed in the Consultation Response Tool to identify key themes and quotes. A copy of the survey is available in [Appendix 3](#).

In total 187 colleagues responded to the survey, 163 of these from BME backgrounds, which represented approximately 29% of all BME staff at NHS

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470581/>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3712789/>

³ <http://www.leadershipacademy.nhs.uk/wp-content/uploads/2014/07/Explaining-levels-of-wellbeing-in-BME-populations-in-England-FINAL-18-July-14.pdf>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3442603/>

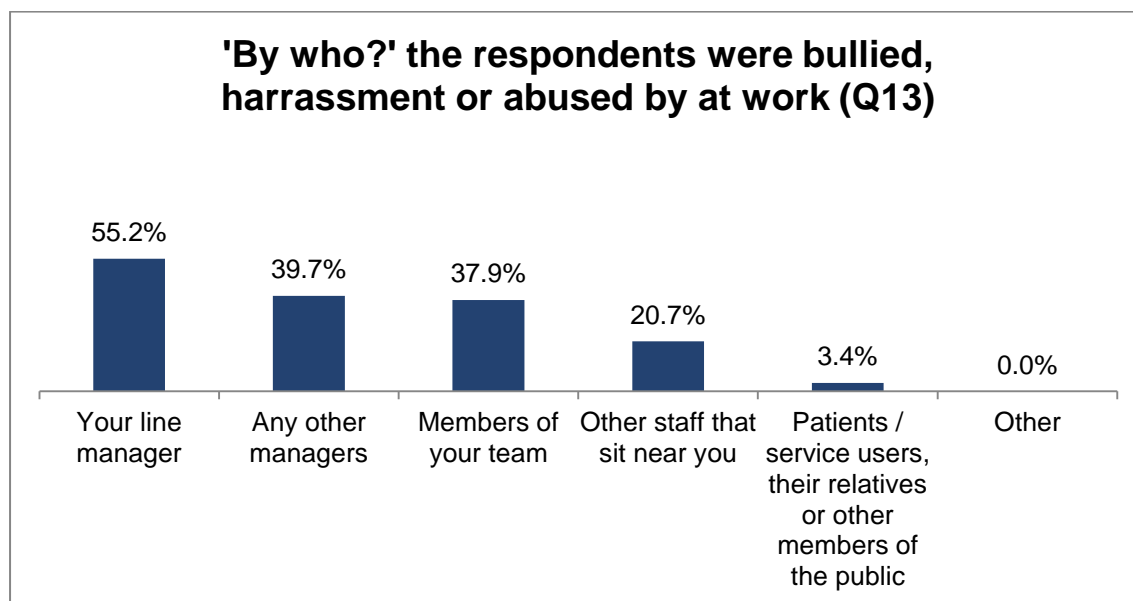
England (based on 15/16 NHS England [Annual Report](#))⁵. A high level breakdown of respondents is also provided ([page 22](#)). In this report we do not attempt to breakdown question responses by demographics due to small numbers that would result and the sensitivity of information provided.

PART ONE: Bullying, Harassment and Abuse

Question 12: Since joining NHS England, have you personally experienced Bullying, Harassment or Abuse at work based on your race?

1.1 Quantitative data

36% of respondents to the BME Staff Survey reported personally experiencing bullying, harassment or abuse at work, based on their race⁶, since joining NHS England⁷. The Deep Dive BME staff survey asked additional questions to explore these issues in more detail. The chart below shows that 55.2% of respondents confirmed that they were bullied by their line managers. Other managers and team members were also prominent sources of bullying.



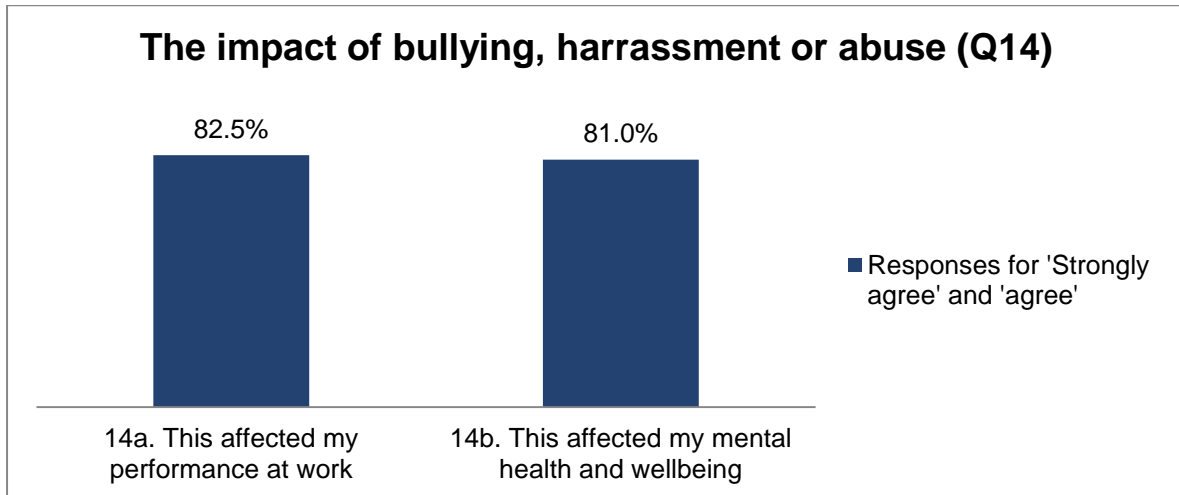
⁵ It is important to note that, unlike the NHS England Staff Survey, respondents were not given the option of *I would prefer not to say* for their ethnic background therefore results are not directly comparable with the NHS England Staff Survey.

⁶ The 36% figure represents 58 out of 163 BME staff who responded to the survey. Just over 1 in 3 of the BME survey participants.

⁷ The NHS England Staff Survey reported that in total 26% of BME colleagues responded to say they had experienced bullying and harassment in the last 12 months. This question is not intended to be directly comparable to the NHS Staff Survey as the data relates to “since joining NHS England”, rather than just the last 12 months.

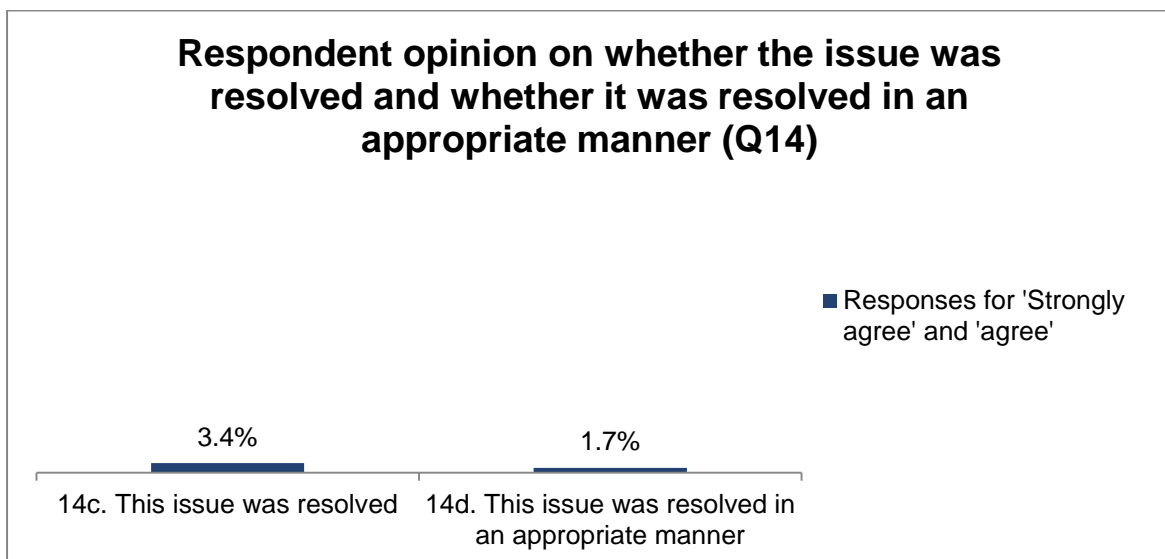
Note: responses are a proportion of those answering 'yes' to Q12.

Bullying, harassment or abuse clearly have a significant impact on the wellbeing of the BME staff involved, with 82% of respondents reporting that this had affected their performance at work and 81% that it has affected their mental health and wellbeing.



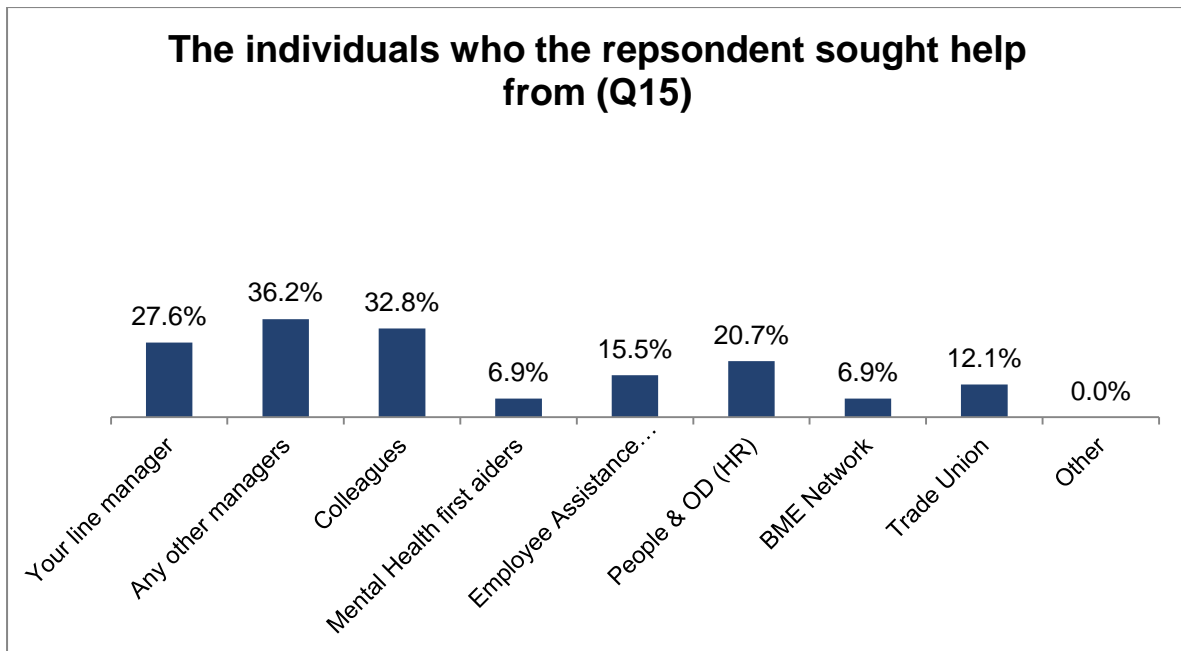
Note: responses are a proportion of those answering 'yes' to Q12

Only a small proportion of staff believed that their issue had been resolved and an even smaller proportion believed it had been resolved in an appropriate manner.



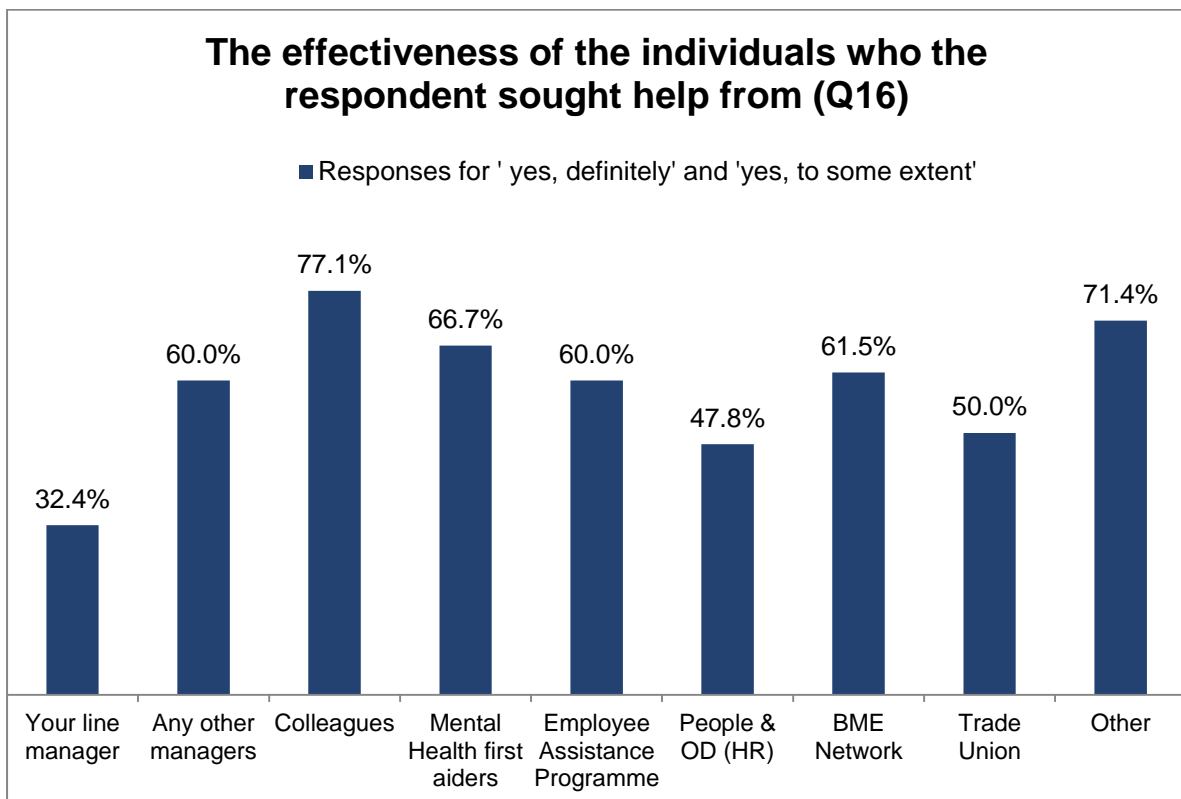
Note: responses are a proportion of those answering 'yes' to Q12.

Of those who experienced bullying, harassment or abuse, they were most likely to seek help from any other managers and their colleagues. Respondents could select more than one option and many reported seeking help from multiple sources. In particular staff who sought help from line managers and other managers also sought help from colleagues and from the BME network.



Note: responses are a proportion of those answering 'yes' to Q12.

Those who accessed help from multiple sources confirmed that support from colleagues was the most effective. Although few respondents reported using the mental health first aid service; those that did, largely agreed that it had been helpful.



1.2 Quotes from free text comments

Free text responses confirm that many respondents believe that the organisation does not take complaints of bullying seriously. Respondents suggest that existing processes which are led by senior managers will only work if managers are prepared to believe the bullying complaint and to hold their own colleagues to account.

Participants reported that:

‘Senior managers seem to have a "brush under the carpet" approach’ and it is often the victim of bullying that is blamed. ‘..... the victim is made to feel they are actually the problem and sometimes senior managers can use their position to influence the rest of the team.’

Staff said that in many cases managers are not prepared to hear the informal feedback about bullying behaviours until they are escalated, **‘...it doesn't appear that much is done to tackle the initial rumblings from staff who are experiencing bullying until something catastrophic happens...’**

One particular comment confirms that some respondents feel disempowered, **‘I felt powerless to take appropriate action to defend myself’.**

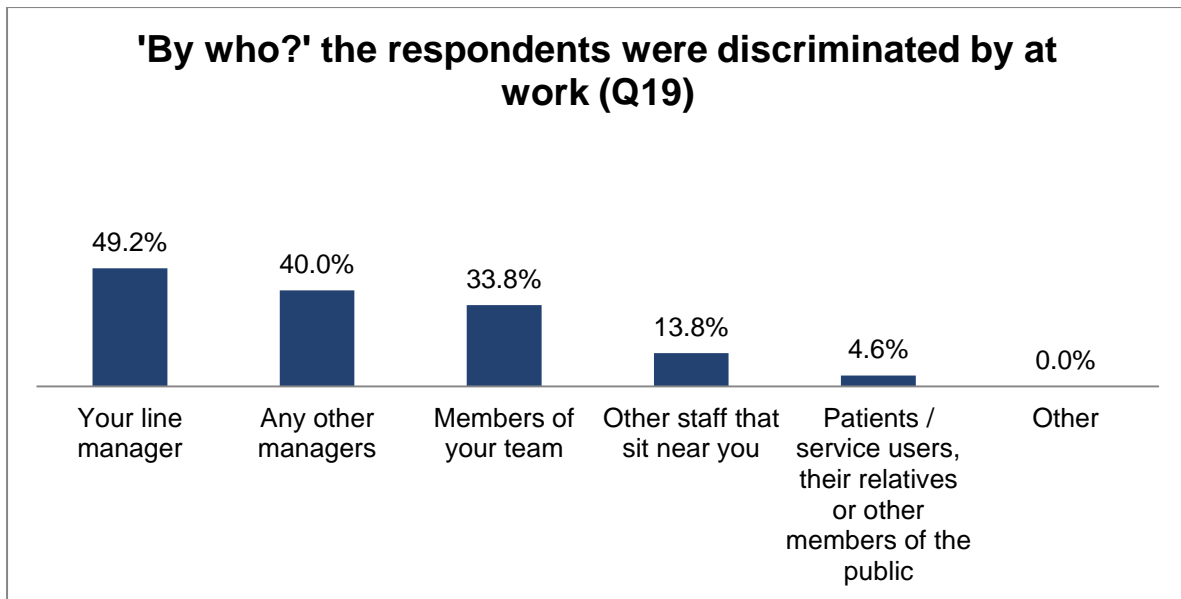
PART TWO: Discrimination

Question 18: Since joining NHS England, have you personally experienced discrimination based on your race?

2.1 Quantitative data

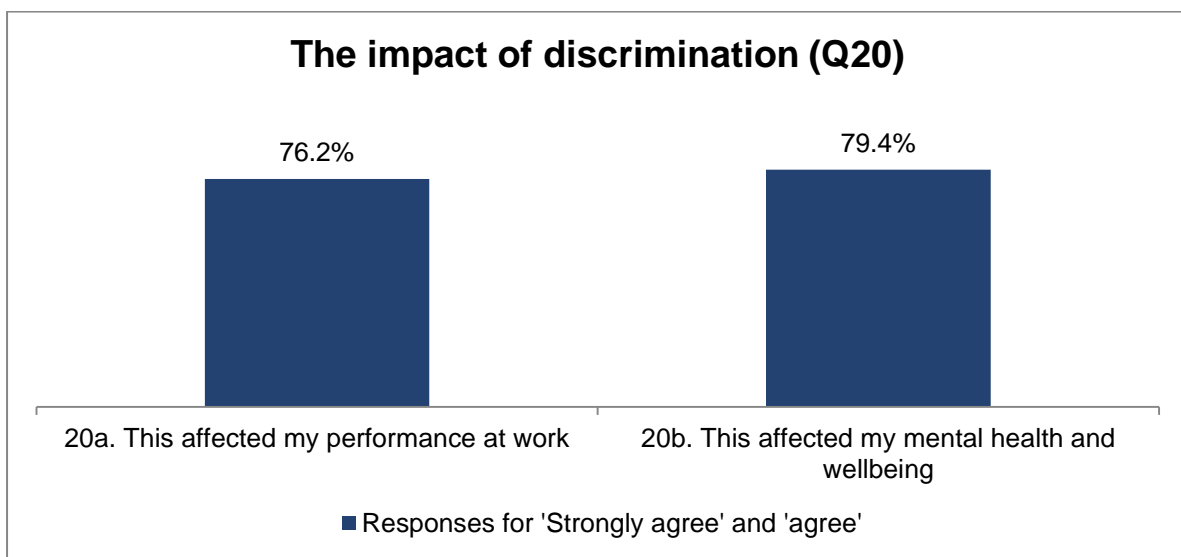
40% of BME respondents felt they had personally experienced discrimination based on their race⁸. When this question was explored, responses indicated that the discrimination had come from line managers (49%) or other managers (40%). Other members of the respondents' team were also highlighted with 33% of people saying that team members had been involved.

⁸ The 40% figure represents 65 out of 163 BME respondents. This is greater than 19% from the staff survey, but these questions are not intended to be directly comparable as the NHS England staff survey asked respondents about the last 12 months rather than their experiences since joining NHS England.



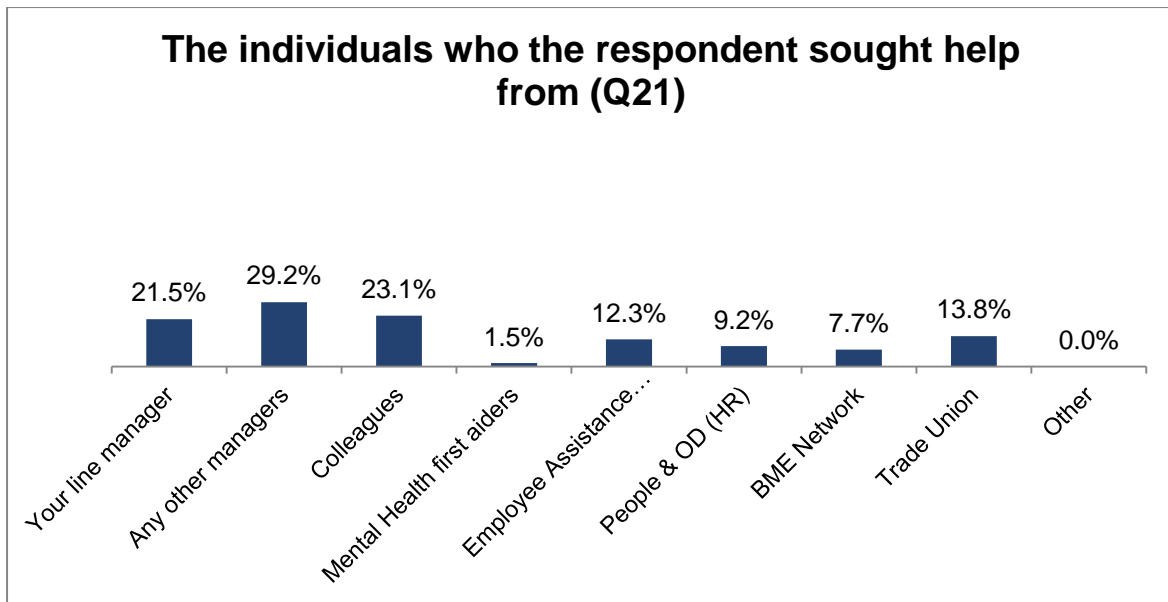
Note: responses are a proportion of those answering 'yes' to Q18.

As with bullying, harassment and abuse, discrimination also has a large impact on the wellbeing of those subjected to it. Of the respondents who had been subject to racially based discrimination, 76% said that it had affected their performance at work and 79% confirmed that it had affected their mental health and wellbeing.



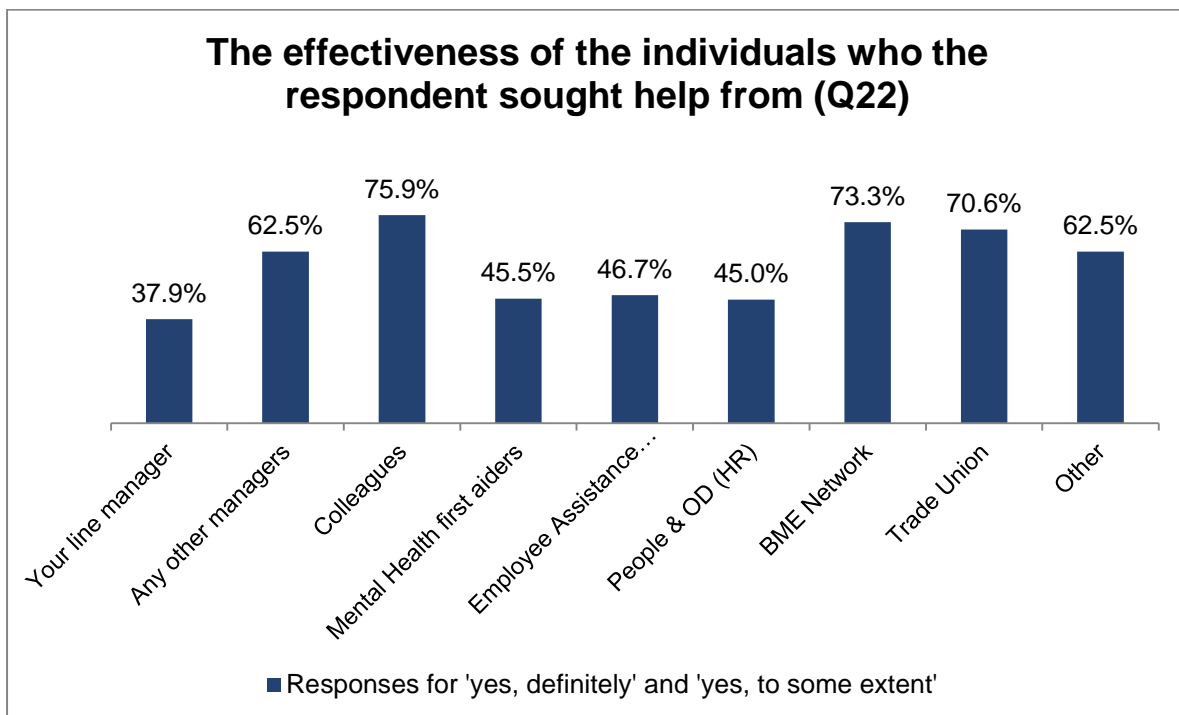
Note: responses are a proportion of those who answered 'yes' to Q18.

As with bullying and harassment, very few respondents thought that the issue had been resolved (11%), with even fewer (10%) agreeing that it had been resolved in an appropriate manner. When compared to bullying and harassment a smaller proportion of staff sought help from others in any category, with the exception of the BME Network and Trade Unions.



Note: responses are a proportion of those who answered 'yes' to Q18.

Respondents reported that colleagues had been the most helpful when they had faced discrimination, with the BME network and Trade Unions and other managers also perceived to be helpful.



Note: responses are a proportion of those who answered 'yes' to Q18.

2.2 Quotes from free text comments

Some staff commented that to speak up about discrimination is a risk, **'Most BME staff experience discrimination, the vast majority just live with it. Most know that making an allegation of racism is career limiting'**.

Another member of staff commented that people are unaware of their own prejudices and find it hard to accept that the organisation may be biased against minority groups. **'I think the NHS as a whole believes they act fairly, but employees are not as open minded as they would like to think they are and have a bias against those people who are different'**.

Several respondents described how they dealt with low level stereotyping from time to time such as **'people making unacceptable stereotypical statements - like expecting I am in a meeting room to bring/check on tea, coffee or refreshments'**.

It was a question of 'my face not fitting hence I believe that this had something to do with my minority status.'

'I felt excluded and treated differently from thegroup and was often singled out.'

When speaking about being part of a visible minority group, one respondent stated **'There is nothing more disempowering than being treated unfavourably for something that you cannot change.'**

There were a number of accounts and stories of prejudice, stereotyping and discrimination. To avoid breaching confidentiality it is not possible to share the details of each account but the themes include incidents where a person was made to feel that their presence would increase the risk of staff catching an infectious disease, comments about a person's appearance, size and 'perceived' sexual activity and stereotypical views about people who were born in or whose heritage is linked with certain countries. One respondent described the impact of the discrimination they experienced.

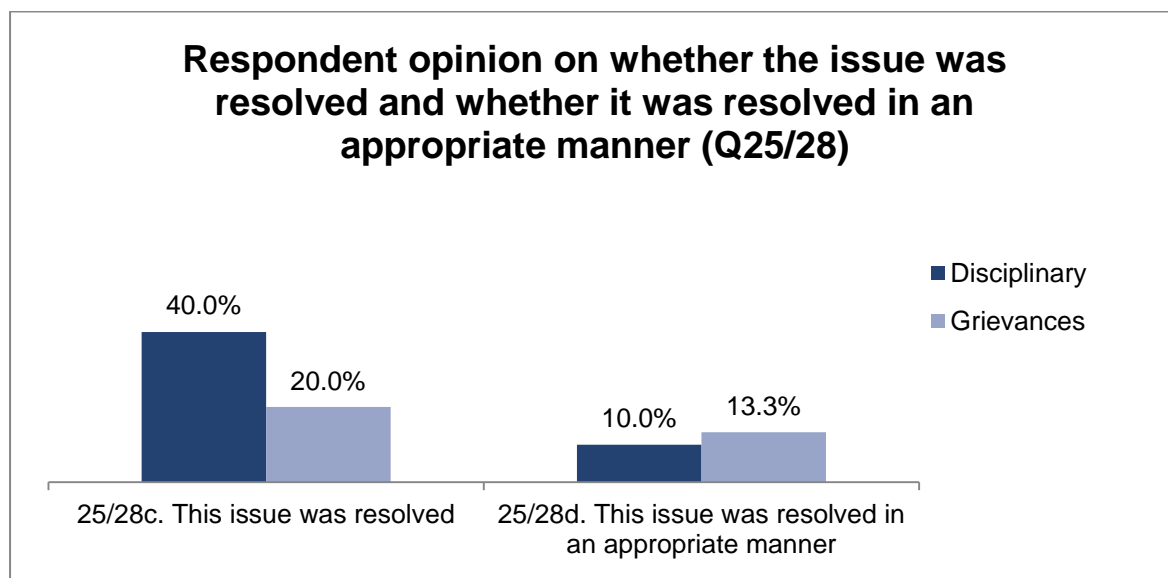
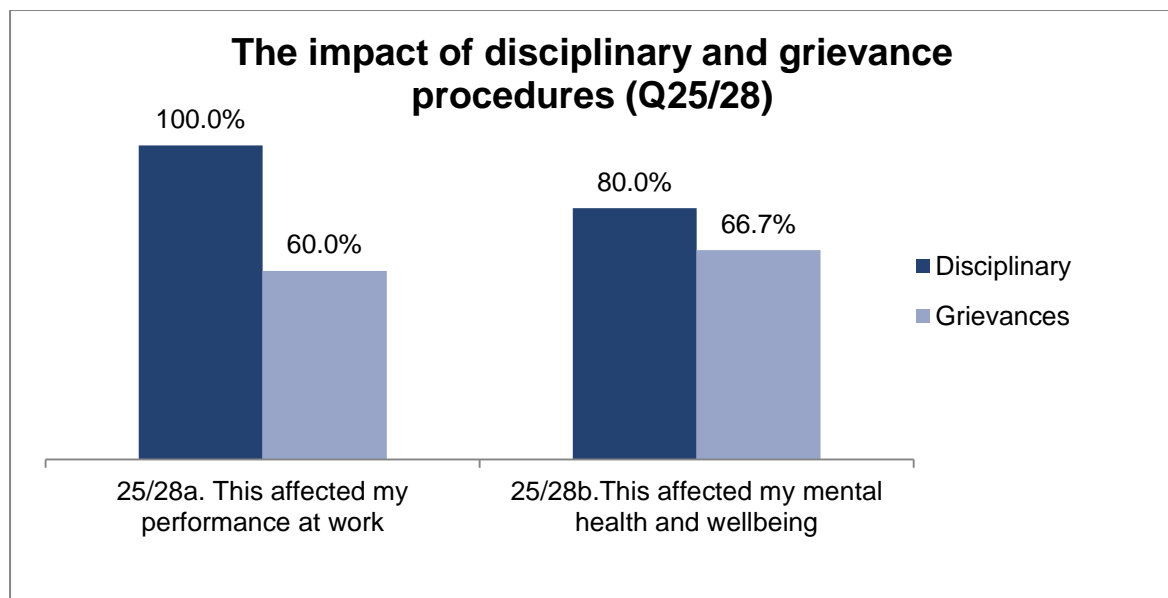
'I walked away feeling overwhelmed with shock and feeling startled. The remark made to me was physically intimidating.'

PART THREE: Disciplinary and Grievances

Questions 25/28: Since joining NHS England, have you been subject to a disciplinary procedure or submitted a grievance?

3.1 Quantitative data

Since joining NHS England, 6% of survey participants confirmed that they had been subject to a disciplinary procedure and 9% had submitted a grievance. Perhaps unsurprisingly, all respondents who said they had been involved in a disciplinary procedure said it had affected their performance and 80% believed that it had affected their wellbeing. 60% of people who reported a grievance said that this had affected their performance and 67% stated that it had affected their wellbeing.



Note: responses for disciplinary are a proportion of those who answered 'yes' to Q24 and responses for grievances are a proportion of those who answered 'yes' to Q27.

40% of respondents who had been involved in disciplinary procedures and 20% of those who reported grievances agreed that this was now resolved.

3.2 Quotes from free text comments

Staff confirmed their reluctance to make formal complaints suggesting that, **'Raising a grievance is detrimental and seen as career suicide'**. Another respondent confirmed, **'I have not submitted a grievance as I am terrified it would affect my job, and maybe even I could lose my job'**.

There was a view that the organisation should offer more support to staff.

'..... not enough cases about these issues do become formal. Every case should be taken very seriously'.

'There was no acknowledgement that to get to the point of lodging a grievance... I was absolutely desperate and the decision to take formal action not taken lightly'.

People commented that existing systems work in favour of the senior manager perspective than the view of staff: **'The entire organisation appears to be driven to protect the senior manager'**.

PART FOUR: Career Progression

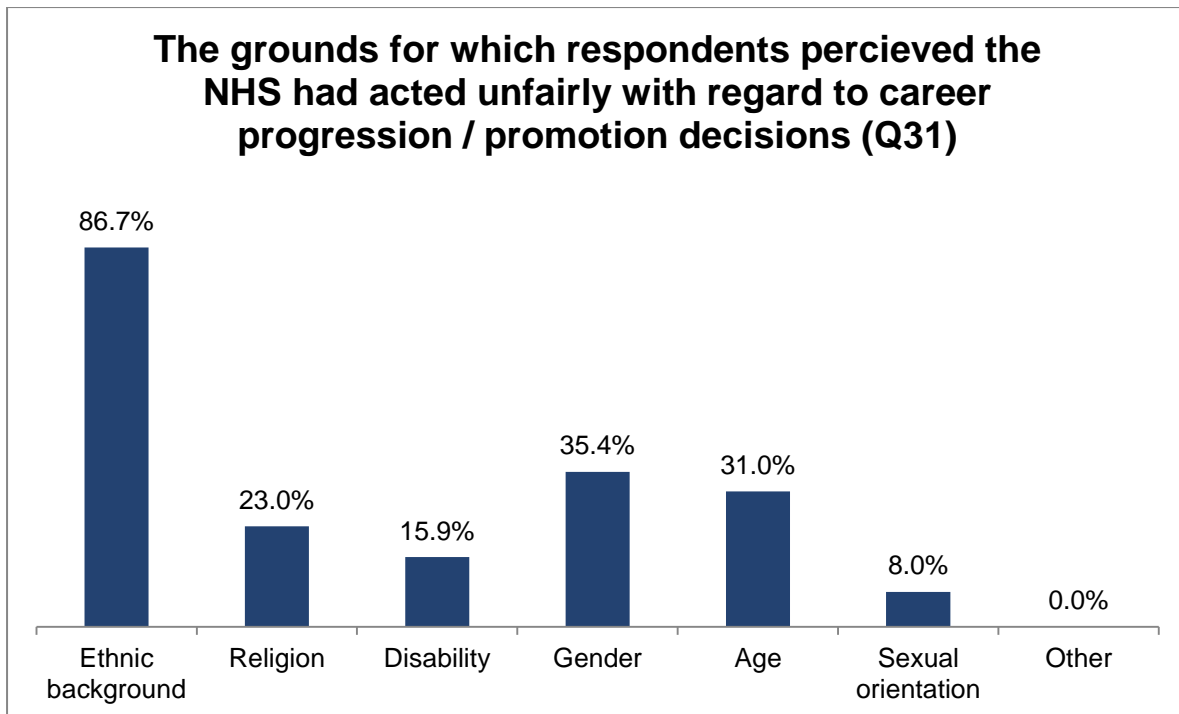
Question 31: Do you think NHS England acts fairly with regard to career progression / promotion decisions, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

4.1 Quantitative data

30% of respondents to the BME Staff Survey agreed that NHS England acts fairly with regard to career progression/promotion decisions⁹. 20% reported they have been turned down for a post that remained unfilled. When asked on what grounds respondents believed NHS England act unfairly, 87% responded that ethnic background was a factor.¹⁰

⁹ 30% represents 49 out of 163 BME staff who responded to the survey.

¹⁰ 87% represents 98 people – approximately 1 in 5 BME staff.



Note: responses are a proportion of those answering 'No' to Q30.

It is useful to note that the mainstream NHS England Staff Survey reported that BME staff perceive that NHS England promotes diversity less (56%) than their non-BME colleagues (67%).

4.2 Quotes from free text comments

There were a range of responses to the question of career progression and promotion. This included the view that BME staff feel that they are well qualified and experienced but they believe that recruitment processes are not equitable as job offers are based on personal contacts and connections. One response stated, **'The colour of my skin does not influence my knowledge or what I am capable of. I am very qualified to do what I am doing. Some colleagues here are promoted based on who they know and not what they can do'**.

Staff confirmed that **'Decisions are not based on ability but on who you know' and suggested that this approach is ingrained in the NHS culture'** and commented that, **'The NHS has a history of recruiting from their friends.'**

Another response stated,

'From what I have seen yes, I would say that NHS England acts fairly. However despite being advertised externally there is usually someone "already in mind" for the job so sometimes I feel that it is a waste of others time apply and interview if they have already decided on a candidate, just because they have to be 'seen' to be following recruitment processes.'

Some respondents felt that lack of career progression was due to managers wishing to recruit people in their 'own image' which often meant people with similar backgrounds and cultures, suggesting, **'I felt there was subconscious bias when I applied for the job in the team and my Manager was looking for a white middle class corporate look.'** Another response confirmed the view that **'Clearly if your face does not fit and you have a different upbringing you have no chance of going upwards'**.

There was also a view that NHS England does not make the best use of the talent and skills available in the organisation. **'BME staff with the same qualifications, experience and length of service as some of my white colleagues appear to be trailing behind them in the bandings. Of course that doesn't mean that they are always necessarily applying for the same posts but there is very obviously a lack of BME staff at the higher band jobs. I honestly don't believe that is all down to suitability for the job. Seems a shame to me because there is a lot of talent out there'**.

Some staff felt that it is not only BME staff who experience unfair recruitment: **'I have been here a short time, but I do feel that 'being in the know' or 'in favour ' helps. This however, can work for anyone regardless of ethnicity, gender or religion'** and a concern expressed that **'too much intervention in promotion/career progression based on race/gender could be detrimental'**.

Other staff confirmed that they felt that recruitment can be open and fair with one commenting, **'Yes from what I have experienced it is pretty open market, so career progression is down to the individual.'** There was also a suggestion that we need to provide more mentoring opportunities.

'I haven't experienced discrimination & I think the intent to act fairly is there. More encouragement and especially mentorship is required to encourage career progression (for all our staff not just BME - we don't do enough of it)'

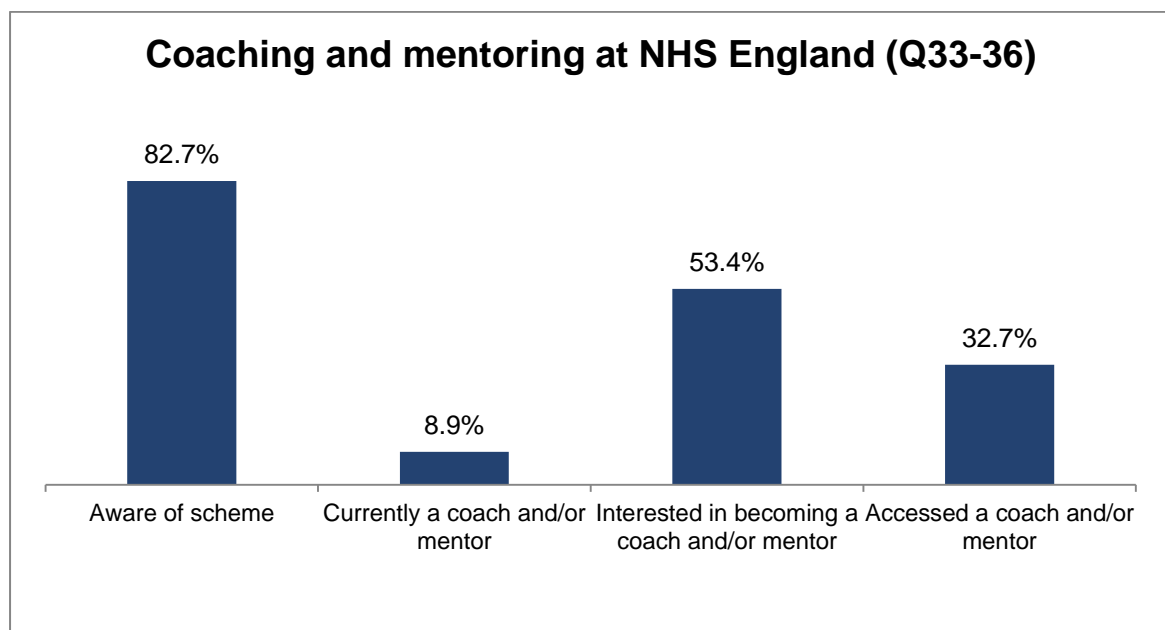
One participant suggested that it is important to move away from the race and gender debate as this will be detrimental to BME staff. **'I believe that meritocracy should be a driver and not race and gender. There should be a focus on Emotional Intelligence to combat the barriers to race and gender and other forms of discrimination'**.

PART FIVE: Personal Development, Coaching and Mentoring

Question (33/36) Are you aware of the NHS England coaching and mentoring scheme?

5.1 Quantitative data

The BME Staff Survey also asked respondents about coaching and mentoring. A high proportion of respondents were aware of NHS England coaching and mentoring schemes (83%)¹¹ but only a small proportion of respondents are currently coaches or mentors (9%).



This suggests that the scheme has good awareness and people would be interested in being involved but there may be barriers in the way, such as clarity over the process to become a mentor or availability of mentor training.

5.2 Quotes from free text comments

A number of respondents commented specifically on the PDR process and access to career development opportunities. Some responses suggested that managers are focusing on following a process rather than creating genuine development opportunities for staff. For example, one response describes PDR as a 'tick-box' exercise.

A high proportion of respondents believed that racial background is a barrier to accessing development opportunities. **'I feel the lack of opportunity for progression relates to being different. Within my team I know I would not be**

¹¹ 83% represents 134 people out of the 163 staff who responded to the survey.

pushed to progress, whereas other colleagues that fit the mould would be. I am more than capable but my capabilities are not appreciated or valued’.

There was a consistent theme of some staff being given preferential treatment and having better access to training and development opportunities. One person shared their perspective on this, **‘In my experience senior management have preferred team members that are elevated and offered more opportunities - it's rarely the ethnic minority counterparts (even if they are more skilled or experienced in the role)’.**

Some staff stated that they would like to have the opportunity to develop their skills by covering unfilled vacancies, which would also save the organisation from hiring temporary staff. One person discussed their concern that we have **‘A continuation of using agency staff to potentially fill roles someone in the team could be doing and developing in’.**

There was also a request for the organisation to pay attention to staff operating at less senior bands, including the less visible roles which are essential for the smooth running of any team or department. There was a view that staff at lower bands do not have the same access to development opportunities. **‘lower banded staff continue to cite difficulties in accessing training and opportunities over and beyond the requirements of their role and we need to be more aware of this and mitigate the impact of this’.**

PART SIX: Health and Wellbeing

Question 7: In general, how do you feel about working for NHS England?

6.1 Quantitative data

The BME Staff Survey shows that 53% of BME colleagues have a good or very good experience working for NHS England¹², with 53% also recommending the organisation as a place to work.

Overall 67% of BME colleagues were aware of the Health and Wellbeing Initiative with 26% having used an initiative since joining the organisation. Of these initiatives, respondents frequently mentioned using the free Weight Watchers trial and the Headspace mindfulness app, as well flu shots and mental health first aid training.

Despite this, 45% of respondents reported that they had experienced time off due to sickness as a result of wellbeing issues. When asked about specific causes of sickness, a large number of respondents identified anxiety as a lead cause. Note

¹² The 53% figure represents 87 out of 163 BME staff who responded to the survey.

that this may be in combination with other causes below as respondents were able to select multiple options.

Responses to Q9	% BME respondents (head count) experiencing time off due to sickness as a result of;
Abuse	4.9% (8)
Anxiety	27.6% (45)
Bullying	14.1% (23)
Depression	11.0% (18)
Discrimination	16.0% (26)
Harassment	11.0% (18)
Insomnia	12.9% (21)
Work Related Stress	31.3% (51)
Other	0.0% (0)

Of those experiencing time off work due to sickness 60% sought help. In many cases this was from line managers (44%), other managers (31%) and colleagues (31%). 10.8% of respondents also reported making use of the Employee Assistance Programme.

Where respondents had sought help for wellbeing related illness they broadly reported having a positive experience. Over 87% of respondents who had sought help from colleagues had found this helpful, compared to 60% for line managers and 73% for other managers.

6.2 Quotes from free text comments

Some responses highlighted positive team cultures where they felt supported through a crisis. One participant confirmed, '**There was real care and consideration for my health, and a sense of duty and genuine responsibility to see that I am ok**'.

Several respondents confirmed that they had time off sick as a direct result of bullying, '**[I was off work] due to sickness which I believe was brought on by the stress and bullying at work**'.

Further responses confirmed that support is helpful if combined with the opportunity for the staff member to be managed by someone else when they return to work, '**The first session of EAP helped and I was fine back at work as I was no longer working with[the person who bullied me]**'

Staff also expressed concern about the cultural awareness of Employee Assistance Programme and HR services, **'Had a meeting with HR regarding my anxiety and[the person I spoke to] made a number of assumptions regarding my race.'**

PART SEVEN: Responses from non-BME respondents

22 of the responses received came from staff who identified themselves as being from a non-BME background, Due to the small number of respondents in this category, care has been taken not to breach the confidentiality of respondents. A few generic quotes have been recorded as follows. One response stated the following view, **'I have never been aware of any practice, conversation, policy, etc that would be deemed unfair and indeed I think the organisation goes above and beyond to ensure fairness and equity'**.

Another free text response on this section contradicts this view concluding, **'I have seen BME females being held back in other teams.'**

Other respondents made the point that the issues of unfairness relate to all staff in the organisation, **'there is very little career progression available regardless of protected characteristics'** and added that **'progression is based on face fitting rather than anything else'**.

PART EIGHT: Recommendations

The survey included specific questions which prompted staff to share their ideas about what NHS England could do to tackle discrimination, bullying, harassment and abuse. Respondents were also asked to identify what actions could be taken to improve disciplinary and grievance processes.

Proposed actions have been grouped into 6 themes and prioritised on the basis of the frequency of suggestions:

Theme	Number of respondents proposing this recommendation
Demonstrating Zero Tolerance	21
Training	16
Mediation/ complaint resolution team	15
Safe space to speak out champions	14
Move from blame to support	12
Values based recruitment	10

The survey included specific questions which prompted staff to share their ideas about what NHS England could do to tackle discrimination, bullying, harassment and abuse. Respondents were also asked to identify what actions could be taken to improve disciplinary and grievance processes. This part of the report summarises the suggestions that staff have made and includes updates from the NHS England People and Organisation Development team on progress so far.

8.1 Demonstrating Zero Tolerance

There was a perception amongst survey respondents that although NHS England policies expect Zero Tolerance of bullying behaviours, they do not believe that this translates into actual practice. Respondents suggested that anonymised case studies should be created to demonstrate that actions have been taken by the organisation to tackle bullying as these would indicate that complainants of bullying have been believed and that the organisation has responded with workable solutions. Other responses confirmed the expectation that all staff should act as positive role models to demonstrate what Zero Tolerance means in practice.

8.2 Training

Building on the professional conduct workshops that take place in some directorates, it was suggested that an anti-bullying module should be introduced as part of mandatory training for all staff. It would be important for this training to be co-designed by BME staff to ensure it is culturally and racially sensitive.

Staff wanted to see an improved Line Management Development Programme to ensure that training actively addresses the organisation's zero tolerance approach to discrimination and bullying and harassment, including tackling unconscious bias and stereotyping.

8.3 Mediation and complaint resolution

Survey respondents acknowledged the complexity and resource requirement of tackling internal grievances and wanted to see more independent mediation to resolve complaints at an early stage. The purpose would be to address bullying behaviours through feedback and dialogue with all parties involved to avoid time consuming grievances that can also be damaging to the health and well-being of all involved.

There was a further suggestion that being able to request the presence of a third person in a line management meeting can often lead to an immediate change in the behaviour of a perpetrator of bullying so having access to a 3rd party observer was

recommended. Respondents confirmed that supporting absolute confidentiality would be an essential requirement for this role.

8.4 Creating a safe space

Respondents described the importance of finding a safe space to speak out about bullying when it happens and described what they were looking for in some detail. They asked for a confidential space where they could talk through their concerns about bullying at an early stage. Proposals included ensuring that safe space champions were drawn from a range of backgrounds and, received cultural and race awareness training prior to appointment. Staff would need to access support at short notice so having a wide pool of champions would be essential.

Some participants suggested that this work should be linked to the Freedom to Speak up (whistle blowing) programme. Others acknowledged that creating a safe space is only a first step and ideally wanted to see NHS England become the sort of organisation where people can speak openly about concerns and improvements without fear.

8.5 Move from blame to support

More than one personal account confirmed that in many cases BME staff feel that they are not believed when they raise grievances about bullying and discrimination. A number of staff confirmed that they also felt victimised as a result of raising concerns. Suggestions included a commitment from NHS England to move away from a culture which blames the victim and complainant to a place where support is put in place. People were looking for an acknowledgement from NHS England about how hard it is to raise a grievance about discrimination and an acknowledgement of how isolating and lengthy this process can be. Survey participants agreed that this cultural shift will take time but emphasised that the theme of moving from 'blame to support' needs to be part of all emerging People and Organisation Development policies and programmes.

8.6 Values based recruitment

Responses included the view that one way of improving the culture would be to move towards Values Based Recruitment. This would involve specific tests for the values of potential candidates rather than just focusing on technical skills. There was also a suggestion that contracts for the Employee Assistance Service should be reviewed to ensure they demonstrate diversity, cultural awareness and a strong values base. A related report on High Quality, Fair, Engaging and Transparent recruitment process explores the concept of values based recruitment further.

Theme	Existing actions (confirmed by the People and Organisation development team)	Recommendations for next steps
Zero Tolerance	<p>NHS England have produced data about bullying and harassment based on the NHS England Staff Census Survey (October 2016).</p> <p>There is a commitment that Regions and Directorates should work to reduce levels of bullying and harassment reported in each of their areas by 10% by October 2017. This was a requirement of refreshed Regional and Directorate Organisation development Plans submitted to the Corporate Executive in March 2017.</p>	<ol style="list-style-type: none"> 1. Create anonymised case studies to demonstrate that actions have been taken by the organisation to tackle bullying. 2. Create anonymised statistics broken down by regions to demonstrate action taken in response to complaints of bullying. 3. Blogs led by NHS England leadership and all staff messages to confirm the expectation that all staff should act as positive role models to demonstrate what Zero Tolerance means in practice.
Training	<p>NHS England have made a commitment to ensure that all new Line Managers, as part of their induction, must undertake the existing three respect at work e-learning modules on values, feedback and dealing with difficult conversations.</p>	<ol style="list-style-type: none"> 4. Ensure that anti-bullying module is co-designed by BME staff to ensure it is culturally and racially sensitive. 5. Improve Line Management Development Programme to ensure that it actively addresses the organisation's zero tolerance approach to discrimination and bullying and harassment, including tackling unconscious bias and stereotyping.

<p>Mediation and complaint resolution</p>	<p>At the moment one off mediation can be requested and paid for through the Employee Assistance provider, in circumstances where the situation is so challenging that resolution through usual NHS England processes won't work.</p> <p>NHS England are exploring access to external independent trained investigators for the organisation to call upon when there is a complex issue that needs investigation and resolution.</p> <p>The existing respect at work policy and procedure enables individuals to seek the involvement of a third party in such meetings.</p>	<p>6. Improve awareness of existing support services for all staff.</p> <p>7. Ensure that the Respect at Work policy and commitments are better understood and consistently implemented including clear examples about how the policy should be implemented in practice.</p>
<p>Creating a safe space</p>	<p>NHS England are developing a programme of Respect at Work Contacts, whose role will complement the work of the Freedom to Speak Up Guardians to provide a place where staff can raise concerns.</p> <p>This work was developed by the Culture of Accountability Task and Finish Group that was established as a result of the meeting in September 2016 of the BME Network and key senior Managers.</p> <p>The aim is to launch this in September 2017.</p>	<p>8. Share detailed proposals for Respect at Work contacts including a timetable for implementation.</p> <p>9. Involvement of BME Network members in selecting who should be respect at work contacts.</p> <p>10. Ensure Line Manager support for this work with a commitment to releasing time for individuals to fulfil this role.</p>

Move from blame to support	The NHS England Respect at Work policy already includes statements to support this approach.	11. Develop a targeted communications campaign to remind people about how the Respect at Work policy should be implemented and ensure that staff are aware of the routes for support. Would be helpful to disseminate this at the same time as the launch of the respect at work contacts programme.
Values based recruitment	NHS England took a values based approach to recruiting senior staff when NHS England was first established and used this approach during the organisation alignment and capability programme when the organisation was restructured.	12. Build on the existing Values Based recruitment approach to ensure that the processes are better developed and implemented more consistently during recruitment processes.

PART NINE: Analysis of Demographics

Overview

Demographic variables below have been analysed to show the breakdown of the sample (163 respondents) from the 2017 BME Staff Survey. Proportions shown add up to 100%.

Note: Banding has been used to combine multiple responses to a survey question to form a demographic category.

BME

Ethnicity	%
Mixed	10.4%
Asian/Asian British	35.0%
Black/Black British	43.6%
Chinese	3.7%
Other	7.4%

Age

Age	%
16-30	17.8%
31-40	33.7%
41-50	30.7%
51-66+	17.8%

Gender

Gender	%
Male	27.0%
Female	68.7%
Other	1.2%
Prefer not to say	3.1%

Pay Band Breakdown

Band	%
1-4	6.2%
5	20.5%
6	13.7%
7	25.5%
8a	13.0%
8b	11.8%
8c	3.1%
8d	3.1%
9	1.9%
Medical	1.2%

Directorate

Directorate	%
Commissioning Strategy	20.2%
Finance	3.7%
Medical	18.4%
Nursing	12.9%
Patients & Information	3.7%
Operations and Information	25.2%
Transformation Corporate Operations	16.0%

Region

Region	%
Central	29.4%
North	14.7%
South	8.0%
Midlands and East	15.3%
London	32.5%

Further information and annexes

Appendix 1: Report and vision from 26th September BME Staff Network workshop



26th September
2016 BME Staff Netw

Appendix 2: Report from 30th January BME Staff Network workshop



30th January 2017
BME Staff Network W

Appendix 3: Copy of the BME Staff Survey



Final Questions.docx

Appendix 4: Analysis of Staff Survey Results [October 2016]



Paper A - Analysis of
staff survey results.p