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BME Forum Chairs’ foreword

Since its inception in 2003, the goal of the NHS Black and Minority Ethnic Leadership Forum has been to aim high. Our purpose is to:

✦ influence policy
✦ promote a diverse leadership within the NHS
✦ disseminate good practice.

We undertook to do this through the people recruited to the Forum; the relationships we have developed along the way (in government, the private and public sectors); and in the opportunities we have tried to create for Forum members and more broadly. The Forum develops an annual programme in order to deliver against our key objectives above.

The journey over the past four years has taken us from a fledgling forum to a mainstay with a good track record in helping to identify, promote and develop potential leaders and managers within the health service. This report sets out our main achievements over the years, which include:

✦ following a discussion with the Forum the NHS Institute will look into ways of incorporating the equality and diversity measures into the productivity indicators they have developed
✦ the Forum has completed detailed consultation with the Healthcare Commission to influence the priority of race equality within the new core and development standards to be brought forward to 2005/2006
✦ NHS employers, with contribution from the BME Forum, explored the link between mentoring and career development for BME staff specifically. This project identified good practice in this field and explored the extent to which mentoring contributes to leadership development among BME staff
✦ the BME Forum contributed to the King’s Fund publication Working to sustain progress: black and minority ethnic non-executive directors in London, which explored the current situation for non-executive directors from BME communities in London’s NHS trusts and health authorities.

We are proud of what we have achieved to date, but we are equally clear that there is no room for complacency. There remains a huge amount of work still to do to help ensure that gains in improving the numbers of BME leaders and managers are not lost in the continuing reconfiguration within the NHS. The picture of BME leaders at assistant director level and above remains patchy. The loss of a number of executive and non-executive directors due to reorganisation means there is ground to be made up. In addition, the rapid moves toward Foundation Trust status for NHS trusts must take account of and acknowledge the contribution that BME leaders and managers can make from a range of perspectives.

The Forum has done much to help raise the profile and the competencies of people from BME communities. We will continue to do so, as we build upon past success and face the future with renewed determination to grow and succeed.

We would like to take this opportunity to thank all of those who have given and continue to give their support – the NHS Confederation; the Royal College of Nursing; and a host of significant supporters within the Department of Health. We could not have got this far without your help.

Last, but by no means least, we would like to thank the Forum members who have taken part in the programme over the years. Without their commitment and dedication and willingness to participate there would be no Forum. With this as a basis to build upon, we know the Forum will continue to go from strength to strength.

Joan Saddler; Melba Wilson (stepped down April 2007); Michael Parker  
May 2007
About the BME Forum

The national NHS Black and Minority Ethnic Leadership Forum was launched with the support of the NHS Confederation and the Royal College of Nursing (RCN) in 2003 and led by Joan Sadler, Chair of Waltham Forrest PCT and Melba Wilson then Chair of Wandsworth PCT. Michael Parker, Chair of King’s College Hospital was asked to join the team of Chairs on the steering group in 2005. Chairs took up this position to provide leadership to the Leadership Forum. This forum drives the development of black and minority ethnic (BME) leadership and ensures a stronger voice for BME leaders and managers in the NHS.

The BME Forum’s aims are to promote leadership and more equitable access to services by BME communities through:

✦ providing a conduit to key policy makers and opinion formers from a range of sectors to influence policy
✦ providing peer networking as a conduit for new leaders
✦ acting as a resource to others in recruiting BME talent
✦ promoting and sharing good practice.

Forum membership

✦ A steering group was drawn from the membership of the Forum (see Appendix A).
✦ A forum of 75 BME individuals, comprising managers, nurses and non-executives.
✦ A wider network of interested others, including both BME and non-BME individuals.
Key work areas

There are three key work areas in the Forum work plan:

1. Influence policy
   The Forum has influenced policy formulation from a variety of positions including that of equality and diversity. These representations were verbal as expressed by members during meetings and in writing, examples of which are highlighted in the tables overleaf.

2. Leadership and diversity
   The Forum links with other programmes and organisations to promote leadership among BME staff.

3. Communication and networking, good practice dissemination
   Regular Forum meetings and e-bulletins, as well as publications allow Forum representatives to enhance individual high-level networking experience and contribute to the equalities and diversity agenda.

Forum achievements

Some of the Forum achievements have been mapped to the table overleaf representing the Leadership Race Equality Action Plan (LREAP). This plan was made up of 10 key action points separated into two key areas: health service and outcomes, and developing people. The plan was developed by Sir Nigel Crisp (now Lord), former Chief Executive of the NHS. Trevor Phillips chaired the independent panel up until 2006. The Forum has established relationships with Anne Watts who is currently chair of the Independent Panel on Race Equality for the NHS and has recently been appointed Chair of the Appointments Commission.
**LREAP performance area: Health service and outcomes**

**Strategic direction:**
Through the forthcoming planning guidance, embed race equality into future local delivery plans to enable more personalised care, reduced chronic disease and health inequalities, increased capacity and community regeneration

**Align incentives:**
Build race equality into local performance management systems and inspection framework

<table>
<thead>
<tr>
<th>BME Forum outcomes and achievements (highlighted)</th>
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<tbody>
<tr>
<td>✦ The BME Leadership Forum is working through its members to ensure that BME issues are incorporated into local delivery plans and race equality schemes.</td>
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<td>✦ Forum representatives work to ensure comprehensive service delivery and fair employment practices; procurement in accordance with Mosaic principles (see Appendix B); and that research and development strategy accurately reflects demographics.</td>
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<td>✦ Following the discussion with the Forum the NHS Institute will look into ways of incorporating the equality and diversity measures into the productivity indicators they have developed.</td>
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<td>✦ The Forum has made representation to the strategic health authorities to incorporate race equality standards to the Performance Framework and encourage local organisations to use their race equality scheme as a framework for incorporating diversity strategies into their performance management framework.</td>
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<td>✦ The Forum has completed detailed consultation with the Healthcare Commission to influence the priority of race equality within the new core and development standards to be brought forward to 2005/2006.</td>
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<td>✦ Nigel Crisp and Bill Moyes were invited to the King's Fund BME Conference on 18 July 2005 to raise the profile of BME issues.</td>
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**Development:**
Provide practical support to help NHS organisations make service improvements for people from minority ethnic groups

| The Forum provides regular workshops on leading service development issues for its members. Forum representatives feed back on DH consultations and wider policy issues. Representatives are also encouraged and actively provide grassroots intelligence on the implications of equality and diversity issues, and best practice. |

**Communications:**
Encourage fresh approaches to communications to engage people from minority ethnic groups more effectively in improving outcomes

| The Forum supported the commissioning of the NHS Employers project to collate a comprehensive NHS database of BME staff networks, training courses and consultants. |

**Partnerships:**
Work with other national and local agencies to promote the health and wellbeing of people from minority ethnic communities

| Regular representations with the following bodies to raise and maintain the priority of race equality issues: |
| Appointment Commission |
| Royal College of Nursing (founder supporting organisation) |
| NHS Institute (Breaking Through) |
| King's Fund |
| Commission for Racial Equality |
| DH Equalities & Human Rights Tsar |
| NHS Employers |
| NHS Confederation (founder supporting organisation) |
| Other NHS trusts and the private sector. |
**LREAP performance area: Developing people**

**Mentoring:**
Senior leaders to show their commitment by offering personal mentorship to a member of staff from a minority ethnic group

**Leadership action:**
Senior leaders to include a personal ‘stretch’ target on race equality in their 2004/2005 objectives

**Expand training, development and career opportunities:**
- Enhance training for all staff in race equality issues
- Develop more entry points for people from minority ethnic groups to join the NHS and take up training.
- Improve access for BME staff to the full range of development programmes, support networks and professional training.
- Encourage appropriately qualified leaders from minority ethnic groups in health and other sectors to consider and apply for executive positions.

**BME Forum outcomes and achievements (highlighted)**

- **NHS employers, with the contribution of the BME Forum, explored the link between mentoring and career development for BME staff specifically.** A jointly funded project with the DH identified good practice in this field and explored the extent to which mentoring contributes to leadership development among BME staff.
- **The Forum works in conjunction with the NHS Institute, in particular with the Breaking Through programme to provide input to training courses and mentoring at both local and national level.**

- **A cohort of 30 BME participants took part in a pilot INSEAD programme that recognised the crucial need to develop non-executives and executives as corporate board members.** The one-week course entitled ‘Leading strategic change: breaking through’ was sponsored by the NHS Institute as part of the Breaking Through’ programme. One of the forum Chairs, Michael Parker, lectured on this course.
- Forum members are charged with responsibility of stretching their respective boards, peer trusts within their region and community groups within their personal local networks to raise the profile of the race equality scheme objectives and their performance management.

- **NHS Employers with the help of the BME Forum has held a workshop to explore some of the key issues and learning from experiences of setting up support networks for BME staff in NHS organisations.**
- **The Forum continues to provide workshops on a range of NHS policy and strategic management issues so as to ensure health inequalities and staff representations are incorporated in joined-up policy working.**
- **The BME Forum contributed to the King’s Fund publication Working to sustain progress: black and minority ethnic non-executive directors in London, which explored the current situation for non-executive directors from BME communities in London’s NHS trusts and health authorities. It examined their experiences, levels of satisfaction and impressions of the impact of organisational changes, and asks what can be done to ensure BME representation among non-executive directors is sustained.**
- **The BME Forum was also integral in organising the conference that launched this report, along with the King’s Fund, the Appointments Commission and the NHS Confederation.**
- **The Royal College of Nursing has further expanded its clinical and political leadership programmes to ensure that BME members are included and benefit from these programmes.**

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- The BME Forum contributed to the King’s Fund publication *Working to sustain progress: black and minority ethnic non-executive directors in London*, which explored the current situation for non-executive directors from BME communities in London's NHS trusts and health authorities. It examined their experiences, levels of satisfaction and impressions of the impact of organisational changes, and asks what can be done to ensure BME representation among non-executive directors is sustained.
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- The Royal College of Nursing has further expanded its clinical and political leadership programmes to ensure that BME members are included and benefit from these programmes.
<table>
<thead>
<tr>
<th>LREAP performance area: Developing people</th>
<th>BME Forum outcomes and achievements (highlighted)</th>
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<tbody>
<tr>
<td><strong>Systematic tracking:</strong> Build systematic processes for tracking the career progression of BME staff including local and national versions of the NHS Leaders scheme</td>
<td>✦ The Forum is working with the Breaking Through programme and the Department of Health equality and human rights team to track the career progression of senior BME staff.</td>
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<td><strong>Celebrate achievements:</strong> Acknowledge the contributions of all staff in tackling race inequalities and promote opportunities for BME staff to celebrate their contribution to the NHS</td>
<td>✦ The BME Forum works with the NHS Confederation and the RCN to provide a platform to publicise best practice and contributions of NHS BME staff. ✦ Over the past two years, BME managers, nurses and non-executive directors have had access to a subsidised rate to attend the NHS Confederation’s annual conference and exhibition. This has had a real impact with over 50 representatives attending last year’s event and has significantly increased the number of BME staff able to participate at this flagship event in the NHS calendar and contribute to and influence the debate, as well as network with colleagues. Forum members attended the BME Forum reception with Sir Nigel Crisp in 2005 and Sir Ian Carruthers in 2006.</td>
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Forum meetings

The BME Forum holds three forum meetings per year on a wide range of policy issues and our members have met and heard from the following senior national speakers:

✦ Surinder Sharma, National Director for Equalities and Human Rights, Department of Health
✦ Gareth Cruddace, Programme Director PCTs – Fitness for Purpose, Department of Health (currently Chief Executive of Hampshire Primary Care Trust)
✦ Juliet Alexander, Senior Lecturer, Thames Valley University
✦ Duncan Selbie, Director General of Commissioning, Department of Health
✦ Dame Gill Morgan, Chief Executive, NHS Confederation
✦ Beverly Malone, RN, PhD, FAAN, General Secretary, Royal College of Nursing (until January 2007)
✦ Neil Dhruev, Director of Adult Mental Health Counties, Leicestershire Partnership NHS Trust
✦ Yvonne Coghill, Nursing Officer, Department of Health (now National Director of Breaking Through Programme)
✦ Marcia Saunders, Chair, North Central London SHA (currently Chair of Brent Primary Care Trust)
✦ Dr Safina Islam, Acting Head of Equality and Human Rights, Healthcare Commission
✦ Stephen Humphreys, Director of Communications, Monitor
✦ Dame Yve Buckland, Chair, NHS Institute for Innovation and Improvement

BME newsletter

The BME Forum produces a quarterly newsletter to update its members on the work of the Forum and provides signposts to relevant events; training; scholarships or involvement opportunities.

To sign up to the newsletter please email BMEForum@nhsconfed.org
## Financial statement

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<td>Grant/contract funding</td>
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<td>Department of Health</td>
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<td>NHS Confederation</td>
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<td>NHS Leadership Centre (Breaking Through)</td>
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<td>Health Foundation sponsorship (NHSC conference)</td>
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<td><strong>Expenditure:</strong></td>
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<td>Consultant costs</td>
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<td>(accrued to 2007/08)</td>
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<td>Forum member meetings</td>
<td>£3,000</td>
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<td>NHS Confederation conference delegates fees</td>
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<td>Annual Forum reception</td>
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<td>Printing/marketing materials</td>
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<td><strong>Total expenditure</strong></td>
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<td><strong>Net income/(expenditure)</strong></td>
<td>£2,800</td>
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**Note:** Staff (estimated value of in kind NHSC apportionment of staff time)

- £10,000 (0.3 x WTE + involvement of manager)
- £10,000 (0.3 x WTE + involvement of manager)
- £10,000 (0.3 x WTE Head of Membership)
What the members say

“I believe that being involved in the Forum has increased my confidence in expressing myself on matters relating to BME issues in a wide range of contexts. This is primarily due to the information obtained from attending the various meetings and networking with other members.”

Mo Nowrung, Lecturer, University of East Anglia (RCN member)

“I believe that the Forum can support BME colleagues to deliver, as competent people, quality services for service users. We need to influence policy agenda to achieve this.”

Donna Kinnair, Director of Nursing/Head of Children’s Commissioning, Southwark PCT (RCN member)

“I have been an active member of the Forum and attended most of the meetings since I joined from the start. This has given me an opportunity to actively voice views to be able to directly influence changes upwards and back into my organisation. The networking opportunities have been great but still feel we need to be more powerful to effect future change in Equality and Diversity. I have equally been able to share good practice, experience and benefit, and help others through being mentored myself and mentoring others.”

Geeta Pankhania, Head of Ethnicity and Health, Peterborough Primary Care Trust

“I have enjoyed the networking opportunities the Forum has offered as well as the insight into the political agenda as it relates to BME progression. Speakers at the Forum meeting generally have been very good, providing another opportunity to learn and grasp the complexities of the NHS and the challenges facing BMEs in striving to attain senior positions.”

Marvelle Brown, Non-executive Director, Milton Keynes PCT

“It is critical for the development and credibility of the NHS that we succeed in attracting a rich cohort of directors into the NHS from BME backgrounds. The Forum has a key role to play in delivering this outcome.”

Tom Sandford, Director for England, Royal College of Nursing Race Equality Champion
How to get involved

✦ Visit our websites for updates:
  www.nhsconfed.org/specialist/specialist-1934.cfm
  www2.rcn.org.uk/diversity
✦ Attend BME Forum meetings
✦ Receive BME e-bulletins and updates
✦ Attend the BME reception at the NHS Confederation Annual Conference and Exhibition.

Contact information

Contact Oksana Mallett, Membership Officer on 020 7074 3243 or email: BMEForum@nhsconfed.org
Appendices

Appendix A: Steering group members

Current steering group members

1. Michael Parker, Chair, King’s College Hospital NHS Foundation Trust
2. Joan Saddler, Chair, Waltham Forest Primary Care Trust
3. Robina Shah, Chair, Stockport NHS Foundation Trust
4. Zeba Arif, Team Leader – Forensic Psychiatry, Barnet, Enfield and Haringey Mental Health NHS Trust
5. Deborah Harris-Ugbomah, Non-executive Director, Barnet, Enfield and Haringey Mental Health NHS Trust
6. Bernell Bussue, Director, Royal College of Nursing, London
7. Carol Baxter, Head of Equality and Diversity, NHS Confederation
8. Wendy Irwin, Head of Diversity and Equality, Royal College of Nursing
9. Jacynth Gillespie, Independent Consultant
11. Mo Nowrung, Lecturer, University of East Anglia

Previous steering group members

✦ Maisie Allen, CHI Review Co-ordinating Manager, Ipswich PCT
✦ Noel Nanton, Manager, North Central London Strategic Health Authority
✦ Lynette Phillips, Business Manager, Sutton and Merton Primary Care Trust
✦ Melba Wilson, Director of Race Equality, London Development Centre
✦ Asha Day, National Institute for Mental Health in England, East Midlands, Associate Director/Regional Race Equality Leader
✦ Ram Gidoomal, Non-executive Director, Epsom and St Helier NHS Trust
Appendix B: Mosaic project

The Mosaic project was established by the Department of Health in early 2004 to promote race equality through and in procurement.

Basic principles

The key principles that apply to the procurement guide are:

✦ **Relevance** – considering the Race Relations Act (RRA) in your contract processes. Promoting race equality will be more relevant to some goods, services and works than others.

✦ **Proportionality** – the impact of a specific contract. Proportionality is about the nature and purpose of the contract and the effect it could have on different racial groups.

✦ **Accountability** – compliance with the RRA must be clear. You should know who will be responsible for ensuring compliance with the duty at each stage of the procurement process.

✦ **Transparency** – EC rules and UK law make transparency, or openness, a fundamental principle of public procurement. Transparency is also a key element in the duty to promote race equality.

✦ **Mainstreaming race equality** – this is not an ‘extra’ that you can choose to add to your procurement process, it has to be embedded into your policies, plans and processes.

✦ **Appropriateness** – you should tailor the recommendations of this guide to suit your circumstances and the way you procure within your organisation.

✦ **Complying with the law** – the way you meet your duties under the RRA must be consistent with the requirements of the EC rules, UK laws and government policy.

✦ **Risk assessment** – the risk is proportionate to the relevance and significance of the contract to your duty under the RRA.

If you would like to obtain a copy of the Race Relations Act 1976 and the Race Relations (Amendment) Act 2000 please visit the TSO bookshop (www.tso.co.uk/bookshop).

Further information on Mosaic can be found at www.mosaic.nhs.uk