HOW TO SET UP A STAFF SUPPORT NETWORK

This guidance is designed to help you set up a staff support network group in your organisation.

It is not prescriptive, but provides ideas based on established good practice, and can be adapted to suit your needs for non-commercial purposes.

1. Aims

Things to consider:

- a name for the group
- its role and responsibilities
- if it support patients and carers (from specific communities) as well as staff
- how the group aligns to your organisation’s vision and values
- how the group aligns to strategic business planning
- what your responsibilities are (if any) under the Equality Act 2010
- how the group reflects the values and beliefs of the NHS Constitution
- formal terms of reference (see appendix)
- implementing a confidentiality clause to:
  - give members assurance that issues can be discussed confidentially
  - to protect membership identity (eg not ‘outing’ LGBT staff)
  - create a forum where staff have the confidence to openly discuss concerns.

2. Membership

Things to consider:

- a process for appointing members
- recruiting specific roles such as a chair/co or vice chair, finance officer and social secretary
- ensuring a good gender balance
- if patient/public members are involved
- if representatives from other organisations are included including trade union representation
- duration of membership
• tiers of membership - 1st tier / 2nd tier / ‘ally’ / or ‘friends’ of the group.
• whether members can be removed from the group

3. Accountability / reporting

Things to consider:
• a structure for reporting on the group’s activities
• internal governance processes
• how the group’s activities will support organisational equality objectives/ frameworks (eg EDS2)
• how often to review the relevance and value of the group’s work and its terms of reference
• producing an annual report
• reporting into the organisational governance system.

4. Logistics

Things to consider:
• a method/ approach to working (eg a shared learning approach)
• secretariat support to organise the meetings
• the regularity of meetings and where will they be held
• a budget to provide refreshments
• whether the meetings will be face-to-face, virtual or a mixture of the two
• if the chair of the meetings will be rotated around the group
• ways to record discussions (eg minutes or an action log)
• generating topics for agendas
• how and when to circulate meeting papers
• the format of meetings
• if non-members can attend meetings
• whether any sub groups are required.
5. Communications

Things to consider:

- methods of sharing information and resources with the group
- dealing with confidential materials and copyright issues
- online functionality for the group (e.g., a web page) and which members will maintain the content.

Appendix 1

Example terms of reference for black & minority ethnic (BME) staff network

(Note: Can be adapted for any type of staff support network)

Empowering BME staff to achieve their potential through creating positive change.

Definition
Black and Minority Ethnic (BME) means everyone who self-identifies their ethnicity as other than White British.

Aims and objectives
The aim of the network is to provide a forum to:

- support black and minority ethnic (BME) staff.
- enable BME staff to feel that they are part of and have a vital role to play in the trust
- discuss issues affecting BME staff with key decision makers
- assist in formulating new and reviewing existing policies and procedures
- assist the trust in meeting its statutory obligations regarding its duty under the Equality Act 2010
- assist in the identification of training needs, advise on the provision of courses to meet those needs, and on the content of courses with equality and diversity implications as they relate to BME staff.
- provide an arena for staff to raise their concerns, in a safe and confidential environment
- provide an opportunity for staff to update each other on local and national policy and developments.
Membership
Membership is open to all permanent and temporary trust staff who define themselves as black and/or minority ethnic. Membership is renewed annually.

The executive committee and officers
An executive committee will be elected for a 12-month period at the annual general meeting (AGM). The role of the executive committee is to undertake the work of the network in between meetings and represent the network within and outside the trust.

The executive committee will consist of the following officers:

Chairperson
Vice chair
Secretary
Communications/membership officer
Officer without portfolio

Frequency of meetings
Meetings will be held bimonthly. The terms of reference include scope for smaller work groups to be identified to drive work programmes forward. In the longer term, there may be a need to review the frequency of the meetings on a quarterly basis.

Annual general meeting (AGM)
One of the network meetings will be an annual general meeting to

- agree list of officers and elect
- review terms of reference
- plan the annual work programme
- present the annual report from the chair of the network.

Quorum
For the staff network meeting to be quadrate, there will be an attendance of five members or a quarter of the membership (whatever is greater) for the meeting to take place. The chair or vice chair must be present.

Reporting
The group will report to the HR equality and diversity steering group.

Review
The terms of reference will be reviewed in six months.
Purpose of network

1.1 To create a supportive working environment and policy framework for black and minority ethnic (BME) colleagues while also encouraging all staff within the trust to understand the needs of BME individuals within the community.

2. Aims

2.1 To work with the trust to eliminate discriminations experienced by BME staff and to promote general equality of opportunity.

2.2 To influence policy making and monitor existing policies to ensure that the BME equality perspective is proactively considered.

2.3 To provide a support function to colleagues, through the development of virtual networks and meetings, where issues can be openly discussed. Some support may involve signposting staff to external services or trade union representatives.

2.4 To develop and maintain a virtual network that provides support and promotes diversity generally within the workforce.

2.5 To support the trust with the training of staff at all levels so they can better understand the perspective and needs of BME staff and service users.

2.6 To gain and share an understanding of the experiences of BME staff and service users, and highlight any health inequalities that influence service delivery.

2.7 To celebrate the diversity of the workforce by participating in national and local events such as community events and Black History Month (October).

2.8 To promote the service as a healthcare provider and employer within the local BME communities.

2.9 To promote opportunities for social networking.

3. Membership and representation

3.1 The network will be open to all BME employees within the trust. Engagement is also welcomed from other employees who are committed to the aims of the network.

3.2 The network will also be open to colleagues who have a role in supporting the work environment for BME colleagues and experience of patients.

3.3 It is expected that the majority of the membership will be made up of people who define themselves to be from the black and minority ethnic (BME)
community. This cohort of people are represented within the trust and it is therefore expected that it will be self-supporting.

4. Roles within the network
4.1 The network will elect a chairperson or chairperson to co-ordinate the activities of the network and fulfil the following tasks:

- chair meetings (on a rotational basis if more than one) or delegate to another individual if not available
- set dates for the meetings and organise a suitable space to be available
- set an agenda for each meeting and send this out to participants in advance
- circulate minutes or notes from each meeting to all participants of the group
- be the link person to the diversity and inclusion advisor for the trust and keep all participants aware of significant changes in the trust between meetings.

4.2 The network will elect an information officer who will have responsibility for supporting the following functions:

- ensuring an information repository is kept for the network and as much information is made accessible to the group through all available medias
- coordinating information being held on the internet and intranet, linking to information technology colleagues as necessary
- keeping an up-to-date record of members of the group so information can be effectively distributed.

4.3 The network will elect a social officer who will have responsibility for supporting the following functions:

- being aware of all events and networking opportunities within the trust that the network can link to
- fostering links between the trust’s BME network and other similar groups, either within services or other parts of the health economy
- linking with the organisation of a limited number of key events which the network will attend and co-ordinate the trust’s response
- providing support to colleagues arranging events that link to the BME community but which the network is not formally involved
- coordinating a limited number of social events around the activities of the group for members of the network and other BME colleagues within the trust.

4.4 The election of people into the above roles will take place every six months, recognising that these roles are voluntary and additional to the main job role of each individual.
4.5 Other roles may be allocated to individuals on a temporary or permanent basis dependant on the activities of the group.

4.6 Individuals assuming specified roles within the network can expect to be supported in their role in negotiation with the trust. This support can take the form of mentorship, relief from normal duties (for a specified number of hours) or expenses.

4.7 The decision making capacity of the group is based on a majority vote being achieved from attendees of any particular meeting. Where it is not possible to apportion a majority, the chairperson will cast the final decision.

5. **Frequency of meetings**
5.1 The network will meet every month and the locations will be moved around the geographical area of the trust to enable individuals to attend. It is recognised that no one location is suitable for the whole group and the trust’s headquarters provides the most central location for ad-hoc events.

5.2 Where it is known in advance that less than four members of the network can attend a meeting, this can be cancelled at the discretion of the chairperson. This is to ensure any decisions made are from a representative sample of the network.

6. **Confidentiality**
6.1 At no point is anyone under any obligation to declare any information about themselves that they do not wish to share.

6.2 The group will operate a safe space approach to meetings and treat all network members with dignity and respect.

6.3 To assist with confidentiality, records will be kept of attendees to each meeting, but names will not be included on notes or minutes that are circulated outside the group.

7. **Records**
7.1 The network will keep notes or minutes of each meeting held. Support may be provided from within the trust to enable this to be complied with. Notes or minutes will be published where members of the trust can access them on the intranet but no names will be included.

8. **Relationships and reporting**
8.1 The BME network will be an autonomous group within the trust and will link with the trust’s diversity and inclusion advisor.

8.2 The network may be required to provide brief reports for the trust’s executive group as and when required. The trust’s diversity and inclusion advisor will provide assistance if needed to individuals concerned.
8.3 Relationships with key functions of the trust may be required, such as with the corporate communications department for any externally facing documentation, and the information technology department for support updating the intranet.

9. **Version Control**

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