

West Midlands

Going Beyond the Conversation

Post Event Report:

3rd October 2019, Novotel Hotel, Birmingham













Contents

Int	roduction			Speaker 3: WRES & WRES Experts Monica Jacot	15
Μe	essage of support				
Pre	rana Issar, Chief People, NHS England		3:	Showcasing support available to NHS	
and NHS Improvement		03		Trust Boards	
				Speaker 1: NHS Employers Partners	
Co	ntext and background			Programme Mohamed Jogi, NHS Employers	16
Jag	rtar Singh, Chair Coventry and Warwickshire				
Partnership NHS Trust		04		Speaker 2: RCN Cultural Ambassadors	
				Bruno Daniels, RCN	17
Structure of the report		06			
				Speaker 3: Joan Saddler, National BAME	
Reflections of the event				Network, NHS Confederation	18
Sue	e Harris Leadership Academy West Midland				
Leadership Academy			Su	mmary of the day	
James McLeod, Badenoch + Clark		07			
			А	Articulate the leadership story of D&I and	
Ex	ecutive Summary	10		the West Midlands experience	19
Sessions			В	Activate and refine the system and the way	
				things are done round here	19
1:	Setting the context: NHS Long Term				
	People Plan and Diversity and Inclusion		C	Embed D&I through leadership, strategy,	
	Speaker 1: Tracie Jolliff, Director of Inclusion,			culture and brand	19
	NHS Leadership Academy	12			
_	F(();)		In	e event in images	
2:	Effective tools, regional support and		۸ -		2.0
	inclusive practice for NHS Boards		AS	election of illustrations summarising the day	20
	Speaker 1: Formulating strategy for the				
	organisation Crishni Waring, Chair,				
	Northamptonshire Healthcare NHS Foundation Trust	13			
	INTO FOURIDATION TRUST	15			
	Speaker 2: Shaping a healthy culture				
	internally Ifti Majid, Chief Executive,				
	Derbyshire Healthcare NHS Foundation Trust	14			

Introduction

Message of support for the event

Prerana Issar, Chief People Officer, NHS England and NHS Improvement

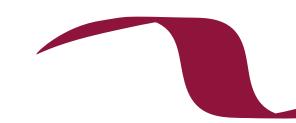
Prerana due to National committments could not attend and sent a positive message that focused on diversity and inclusion as a main stay of the long-term plan and the interim people plan. She offered support through these documents to enable senior leaders in the system to ensure through effective leadership our NHS Trusts and NHS Trust Boards put equality, diversity and inclusion at the heart of all they do.

Prerana's message was to attempt to impress upon delegates the need to view diversity and inclusion within the lens of Inclusion as a universal human right. She highlighted the moral, public and legal duty to meet the leadership responsibility for equality diversity and inclusion. She wanted to emphasise the moral case for 'doing the right thing'.

Prerana believes we must collectively work harder to create a workplace were everyone feels they belong irrespective of protected characteristics and emphasised the need for clarity of focus to remove discrimination and health inequalities by using all the tools available to us by removing barriers that slow our progress.

Furthermore, she wanted the NHS senior leaders to remain focused on providing equality of access, equality of experience and equality of outcomes for all. She ended by wishing the event success and affirming her commitment to the agenda





Context and background

Jagtar Singh, Chair Coventry and Warwickshire Partnership NHS Trust

The 3rd 'Going beyond the conversation event 2019' was held within the context of the 10-year plan for the health service in England published on 7 January 2019. The audience was primed before the event to ensure that discussions focused on how diversity and inclusion should feature within some of the key areas of focus in the NHS Long Term Plan: improving outcomes for major diseases, boosting access to mental health services, ensuring all children get the best start in life by continuing to improve maternity care, supporting primary medical and community health services, supporting older people through more personalised care and making digital health services a mainstream part of the NHS.

In addition, it was highlighted that NHS leaders had pledged to the workforce that "respect, equality and diversity" would be at the heart of a major new interim people plan for the health service in England, which is set to be published later this year.

We also wanted the audience to note the importance of the long standing Public sector equality duty, the Well Led Framework and the more recent Tom Kark Review and the NHS Leadership compact, all of which are designed to support executive behaviours.

During the planning for the event it was recognised that highly effective NHS Trust Boards remain a fundamental driver for organisational performance, particularly in times of change. The event was an opportunity to explore what good looks like in terms of equality, diversity and inclusion for health organisations and boards in their three key roles:

- Formulating strategy
- Ensuring accountability
- Shaping a positive culture for their organisation.

The West Midlands Leadership Academy has led the work on inclusion and brings the latest research, evidence and thinking together for the region. At the outset delegates were invited to acknowledge that Boards must put quality and equality, diversity and inclusion at the heart of all they do. This workshop was designed to support Boards to exercise that responsibility, share good practice, share existing tools in the system that support Boards and build a toolkit to make quicker progress.

Sue Harris, Director Leadership Academy, West Midlands and the chair of the event Jagtar Singh confirmed that during the workshop they wanted to capture the experience of both Board members and experts in the system to understand better:

- The collective role of the Board and equality diversity and inclusion
- The role of the Board within the wider health system
- Activities and approaches that are most likely to support and improve organisational success and the equality diversity and inclusion agenda

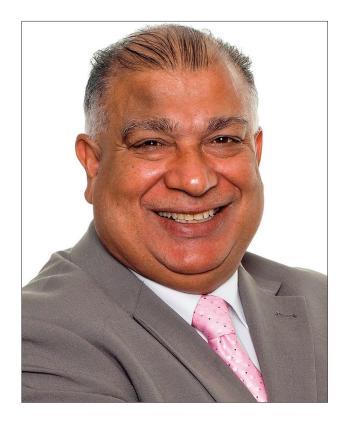
- The contribution expected of Board members to improve policy and practice
- What successful Boards, in public and in private, were doing
- What practical support existed for boards within the NHS system
- What tools could be shared to help Boards raise their awareness and then understanding and moving this from talking to action to improved outcomes.

It was hoped that participants would find the event useful and that the post workshop report would become a vehicle to help them help spark change in their organisation.

In addition, the support of sponsors Badenoch + Clark was invaluable. Their insights from the front line of Board recruitment during the workshop provided the event with focus and challenge. This in turn gave the audience a good overview of the pivotal role executive recruiters should play in driving forward diversity and inclusion.

I am pleased to report that Paul Devlin reflected on the seminar that, despite missing much of the day, he had found the event very informative. He went on to say that this was due in part, to the valuable content, but also for the sharing of experience, perspective and challenge that came from others in the room. This was very welcome. He said that the day had informed his actions from a Lincolnshire NHS Race Equality conference which have been taken to the Trust's Board. He said he had already added the event to his calendar for next year.

Finally, the artist Graham Ogilvy captured the learning, the stories and the challenges in a most inspiring and creative way throughout. His illustrations are included at the end of this report.



Jagtar Singh,
Going Beyond the Conversation - Event Chair



Structure of the report

This report has been structured to provide the reader with insight into the latest evidence-based policy and practice that Board members are either using or could use in the future.

It has been designed to share not just ideas and practice but also the often forgotten personal and emotional experiences of being a Board member trying to promote and advance the diversity and inclusion agenda.

Each section will attempt to share a personal glimpse of the critical role that the Board collectively and individual Board members play in shaping and exemplifying an organisational culture that is open, accountable and compassionate and that puts patients and staff first.

Crucially, through the bringing to life of personal stories you will find inspiring accounts of how individual Board members have played an important role in supporting their organisation to articulate and begin to make real their vision of diversity and inclusion for patient and staff, as well as how they have triggered the system through staff and leadership engagement to help develop a culture of respect and improvement within their Trusts and beyond.

The workshop and the report are all about storytelling.

As Stephen Denning once said "a story is something that comes from outside. But the meaning is something that emerges from within. When a story reaches our hearts with deep meaning, it takes hold of us. Once it does so, we can let it go, and yet it remains with us. We do not weary of this experience".

Look upon each section as a story that offers new insights into how diverse Board members have ensured that the organisations they lead are building transparent, accountable relationships and partnerships with patients, staff and the public as well as with key partners and stakeholders.

We encourage readers to use the sections as a framework for discussion at Board level and examples as a means of sharing practice and insights. Use this resource as a means of sharing the experience of Board members with your peers, and we hope this in turn will inspire others to be bold in their approach towards equality, diversity and inclusion now and in the future.

Reflections of the event

Sue Harris, Leadership Academy West Midlands Leadership Academy

This was our third annual 'Going beyond the conversion event' for CEOs, chairs and HRDs held in the West Midlands. The day was planned as an integral part of the region's commitment to supporting positive, compassionate and inclusive leadership. Our aim is that delegates leave the event better equipped to provide support and clear leadership on equality, diversity and inclusion to their Trust Board. The core aims are that delegates who attend gain a better understanding of the importance of the issues and pick up and share tools that they can use for building a pipeline of compassionate, inclusive and engaging leaders to deliver on the ambitions set out in the NHS Long term plan and the People strategy.

We started the day with a seminar with some truly inspiring keynote speeches from Crishni Waring, Chair, Northamptonshire Healthcare NHS Foundation Trust who spoke on formulating a strategy for the organisation and across the region for establishing effective tools for NHS boards. Ifti Majid, Chief Executive, Derbyshire Healthcare NHS Foundation Trust, then opened a discussion around shaping a healthy internal culture via developing BAME staff networks and reverse mentoring. We had great showcasing from colleagues at NHS Employers, Royal College of Nursing and NHS Confederation on the support that is available to Boards. As the day progressed more CEOs and chairs joined the seminar for a roundtable discussion. The evening roundtable was brilliantly opened by Tracie Jolliff, Director of Inclusion, NHS Leadership Academy and Joan Saddler, NHS Confederation.

For me the day was inspiring and an honour to have so many distinguished guests with such brilliant knowledge and expertise come to the West Midlands for our event from all over the country. Our Chair, Jagtar Singh OBE, and I enjoyed facilitating the conversations with delegates to ensure we came

out of the event with some real tangible outcomes and targets for the year ahead.

During the day we looked at what practical actions at board level we should take to support D&I activities within our own organisations and as a region, how we can learn from the best organisations, ensure that good practice is spread and how we can promote and advance positive, compassionate leadership.

These conversations will give us great impetus in driving this work forward over the next 12 months and we are already planning our next steps following the excellent feedback and suggestions we received and the intelligence we gathered from our colleagues on what is required in our region with some really exciting work already planned for organisations and boards in the West Midlands.

We are currently instigating conversations with a number of chief executives, chairs and HR Directors across the region who expressed an interest in board development at the event to explore how we can support their boards in ways that are bespoke and specific to the needs of their organisations. This is an



Post Event Report:3rd October 2019, Novotel Hotel, Birmingham

absolutely imperative agenda and we want to do all we can to support and positively progress this work for our NHS staff and patients.

Our view, and I am sure you will all agree, is that we can never afford to rest on matters of inclusion and diversity in the workplace, and beyond, and by holding these events we are helping to progress this.

We have already set the date for next year's event (8th October 2020) and if you are interested in attending or hearing more about this year's event and the positive work and actions that have evolved from it, please do not hesitate to contact me.

I very much endorse this report and hope it captures the essence of the day and provides some tools for everyone to benefit from.

See you next year.



Sue Harris, Leadership Academy, West Midlands

James McLeod, Badenoch + Clark

My colleague David Hunter and I welcomed the opportunity to partner with Jagtar Singh and Sue Harris in support of our work with the NHS to promote and realise the benefits of Board diversity. Equality, diversity and inclusion are at the heart of our work at Badenoch + Clark and we are constantly challenged by Trusts to provide diverse outcomes for their Board recruitment. In return we often challenge Boards to look beyond the rhetoric of diversity and focus on measurable outcomes. We know that progress has stalled and even gone into reverse in recent years, so this event was a well-timed opportunity to get us all back on track in the West Midlands. The commitment to this vital agenda was demonstrated on the day by the number of delegates, the range of organisations represented and, most importantly, the input and passion shown by everyone in the room.

Trusts always impress upon us the need to address their diversity challenges within the work that we deliver for their Boards. Most take a skills-led approach and bolt on a diversity imperative, which misses an opportunity and risks crossing the line into tokenism. It was so refreshing to hear such commitment in the room to true diversity, with Chairs and Chief Executives sharing personal stories and lived experiences as well as successful outcomes founded upon measurable actions to create a more engaged, productive and diverse workforce. Open dialogue such as this removes all hiding places and challenges us to be flexible and open-minded when it comes to the skillset and background of potential candidates.

Diversity, in its broadest sense underpins all the work that we do – diversity by characteristic, skill set and cognitive diversity. Whenever we meet with Trusts, we ask the question 'Why do you want Board diversity?'. It still surprises us how often we are directed to the Board of Directors pictures on the Trust website as a key driver and end in itself. We have a moral and public duty to have diverse leaders at all levels within the NHS; leaders who represent their workforce and population, so we at Badenoch + Clark feel that there is an opportunity to go so much further than simply addressing the "stale, pale, male" stereotype.

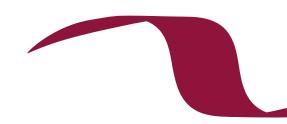
We are all beginning to redress some of the inequalities around gender, ethnicity (e.g. WRES) and

now disability (e.g. WDES) however this can often be to the detriment of those who hold one of the six other non-visible protected characteristics. So much more needs to be done here. Diversity by skill set is commonplace around an NHS Board Table and looks at how a blend of skills and backgrounds perhaps within healthcare and clinical expertise are often coupled with sound financial knowledge, good governance and corporate assurance. Should we not also be including diversity as a skill set? A passion for diversity isn't a skill (and neither is being diverse!). We should be looking for evidence from potential candidates of their experience of shifting the dial on EDI.

Finally, we should not ignore cognitive diversity; having a network which includes candidates who have a range of intellectual heritage – those whose education, upbringing and culture is varied and therefore increasing the chance of opposing views, sharing a broad range of ideas and decreasing the likelihood of unconscious bias.

So, we would ask Trusts to ensure that their recruitment partner has a rigorous and evidence-based approach, that when role descriptions are being written that they aren't a generic cut and paste, that the message to the market is clear about the reasons for EDI being at the heart of the exercise. Some simple steps to make sure that we don't stumble on our journey towards a diverse workforce delivering improved outcomes for patients.





Executive Summary

The day was both inspiring and productive. Board members from the outset expressed a strong desire to raise their awareness and understanding of equality, diversity and inclusion. They wanted to hear about the support and tools that exist across the NHS system to help them make change happen.

At the start of the day all delegates were informed that five Board development sessions were on offer from JSA Ltd supported by the Leadership Academy.

By the end of the day the following organisations and representatives agreed to worked with JSA Ltd and the Leadership academy:

- 1. Richard Kirby, Chief Executive of Birmingham Community Healthcare NHS,
- 2. Jan Ditheridge, Chief Executive of Shropshire Community Health NHS Trust,
- 3. Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion, North Staffordshire Combined Healthcare,
- 4. Rano Bains, Coventry and Warwick Partnership NHS Trust,
- 5. Paul Devlin, chair of Lincolnshire Partnership NHS Foundation Trust,
- Roisin Fallon-Williams, Chief Executive at Birmingham and Solihull Mental Health NHS Foundation Trust
- 7. Jo Williams Chief Executive Officer at the Royal Orthopaedic Hospital.

Key messages from the audience and speakers on the days included:

- a) NHS Trust Board members are in a unique position to shape positive culture for both the Board and the Trust. To do this means ensuring that that good governance flows from a shared ethos and culture, as well as from systems and structures. This includes Board members taking the lead in establishing and promoting values and standards of conduct for the organisation and its staff.
- b) The Board must focus on giving clarity of purpose and vision and not just process. This will enable the Board to ensure the agenda is mainstreamed and part of the whole process of strong governance and not simply seen as an add on.
- c) When we talk about equality, diversity and inclusion we must think about what this means in terms of 'quality' and link that discussion with patient safety, effectiveness of care and patient experience. Ensuring these three elements of quality for patients should be central to the work of everyone when talking about equality and diversity.
- d) Workforce representation must be addressed within the context of both staff experience and voice to ensure inclusion is seen and felt in the organisation. Also, lived experience should be valued and used to drive quality and better outcomes for all staff and patients.

Finally, the following key challenges were highlighted that organisations should look to address:



Strategy and leadership:

Equality, diversity and inclusion should be one of the key drivers of the Trust's overall business strategy and all Board members should be sufficiently aware of potential risks of failure to comply with equality standards and how they relate to the quality agenda and staff experience. It should also play a crucial role in the Trust's work in meeting the requirements of the CQC – Well Led Framework.



Capabilities and culture:

NHS Board members must audit and ensure they have the necessary leadership, skills, experience and knowledge to ensure that they can deliver equality, diversity and inclusion to enable them to promote the agenda of an EDI focused culture throughout the trust. The Tom Kark Review makes recommendations on developing competencies for directors, making a central database of directors' qualifications, training and appraisals and expanding the definition of serious misconduct. In addition, the plan to develop an NHS Leadership compact within the system: people detailing an explicit set of behaviours that unequivocally describe the acceptable standards required of all leaders in the NHS - irrespective of role or seniority - that is hoped will lead to positive culture change that can be measured.



Processes and structure:

There should be clear structure, roles and accountabilities in relation to the different equality strands and standards that NHS Boards need to meet, and Board members should actively engage with patients, staff and other key stakeholders on EDI. Regular reports should be scrutinised with clear debate and actions and not just passed through committees.



Measurement:

The appropriate equality data and information should be analysed and challenged by the Board and Board members should look to ensure that the equality data presented is understood and used effectively. This could include an equality, diversity and inclusion dashboard.





Session 1

Setting the context: the Interim People Plan and the NHS Long Term Plan and diversity and inclusion

Speaker 1: Tracie Jolliff, Director of Inclusion, NHS Leadership Academy

Tracie delivered an inspiring session. Her key points included:

- We need to raise the level of ambition on inclusion and quicken the pace of change towards inclusion;
- Ensure that NHS leadership is equipped to achieve and leave an ever increasing and sustainable legacy of inclusion.

She also highlighted the Leadership Academy's strategy and ambitions of the Building Leadership for Inclusion (BLFI) programme:

- Addressing system development that enables service improvement across health and care;
- Enabling, convening and supporting whole system talent management;
- Developing the right leaders with the right knowledge and skills to meet the needs of the service;
- Building capability and capacity to do work on inclusion and setting out new inclusive approaches to learning.

Tracie stressed:

- The importance of working together to ensure that every leader in the NHS has the mindset, behaviours, knowledge and skills to create and sustain positive, inclusive cultures of person-centred leadership;
- The importance of updating leadership development practices in ways that sharpen and clarify what NHS leadership is for and progress the social justice purpose of the NHS constitution through leadership;
- The need for a focus on processes, structures and ways of working that are more flexible, responsive and reflective of the needs of communities, as identified in the NHS Long Term Plan. In addition, managers and leaders acting as co-creators of inclusive cultures.

Finally, she highlighted the importance of placing lived experience at the centre of all strategies for inclusive change and going beyond the single lens of equality, understanding and applying intersectionality and diversity of thought.

Session 2

Effective tools for NHS Boards, regional support and inclusive practice for NHS Boards

Speaker 1: Formulating strategy for the organisation, Crishni Waring, Chair, Northamptonshire Healthcare NHS Foundation Trust

Crishni spoke with candour of her experience as Chair of the Foundation Trust. She emphasised the importance of leadership, taking responsibility and valuing our people. She stressed that if an individual doesn't feel valued, they won't get the sense of belonging needed for them to thrive. This applies to every person in the organisation, including those in the leadership team; all must feel that their individuality is appreciated and brings something to the table that no other individual could.

She agreed that metrics such as the staff survey, Workforce Race Equality Standard (WRES) and the Workforce Disability Standard (WDES) are key because 'we know that what gets measured gets done and is essential for good governance'. She shared her organisation's experience of supporting staff networks and working with them to act as strategic influencers and using their lived experience to impact on policy and practice.

Crishni highlighted how the organisation's BME network co-produce the WRES action plan and present it to the Board. She shared their "reverse mentoring' work with SMT members being mentored by less senior colleagues, advancing their knowledge and understanding of a topic, using the mentor's unique experience and insight.

One of her key messages was very poignant -

"Data takes time, don't get too hung up on the data get the culture (how it feels to work here), and the data will follow".

She described the key role of 'Speak Up Guardians' operating in the Trust to ensure that the organisation is aware of anything that gets in the way of providing good care.

Interestingly, she also highlighted the important role of the organisation's behavioural framework. This was developed in recognition that **how** we do our jobs is at least as important as **what** we do. We know that organisations with a positive culture and good behaviours perform better. The Behavioural Skills Framework outlines the behavioural skills staff need to develop to carry out their jobs in the best way possible.

Crishni concluded with the view that an inclusive culture has been articulated and good practices are now emerging. The Board was now setting the tone for the organisation's culture by demonstrating a commitment to inclusion - meeting with staff and staff networks and pointing the way. This has helped their organisation attract and develop the best, most diverse talent, giving them the edge they need to succeed. They are rated "Outstanding' by the Care Quality Commission and it was no surprise to her that they were impressed with their work on equality, diversity and inclusion.





Speaker 2: Shaping a healthy culture internally, Ifti Majid, Chief Executive, Derbyshire Healthcare NHS Foundation Trust

Ifti shared his personal journey and how he has worked to embed diversity and inclusion across the Trust he leads.

He began by stating that he had worked to 'redefine leadership and give permission to talk about diversity and inclusion', placing a strong focus on values and the role of individuals and the organisation. He stressed from the outset that training was not enough to get staff to appreciate the value of inclusion.

He argued that like any form of behavioural change, inclusion requires individuals to identify the key moments in which to build new habits or "micro-behaviours" (daily actions that can be practiced and measured). When these habits are put into action in an environment that supports honest conversations and healthy tension, real change becomes possible.

He shared how he invested time and effort to listen to staff from all backgrounds to talk about diversity and inclusion, discrimination and unacceptable behaviour. This was achieved by supporting staff networks led by executive directors, the annual conference and holding board members to account.

His key point was focused on the need to recognise that for real change to happen, he as the chief executive needed buy into the value of belonging - both intellectually and emotionally. He shared his own story using empathy as the cue: he remembered times when he had felt excluded due to his ethnicity and worked towards applying those lessons across the organisation. He argued that now that he was equipped with his own story he is better able to feel it within himself and to explain why he cares, why

equality, diversity and inclusion matters and why it should matter to fellow senior colleagues.

Ifti also focused on having a strong assurance model and not relying solely on top-down approaches to drive compliance instead of commitment. He shared his experience of spending time with over 750 leaders across the organisation to help them understand their roles and responsibilities for taking forward the diversity and inclusion agenda. In practice, this has meant spending time identifying differences in employee experience and values across the Trust so that change can be made relevant for each person, knowing that lasting change must activate different parts of the system -top down, bottom up, and middle out - in different ways. He also stressed that these sessions enabled staff to have the space to be open and talk about the difficult issue of inclusion.

Finally, Ifti shared with the audience the Trust's work around 'reverse mentoring'. His personal story and passion were clear for all to see. This has involved bringing together pairings between two members of an organisation, from different teams and at different levels of experience. His Trust had paired all executive directors with junior staff and this had been very powerful experience for both parties. Mentors and mentees were supported by the Trust through development on how to formally work through this process He shared his own experience of working with a mentor who had helped him learn so much about himself and others including how his leadership behaviours impact on others both positively and negatively. By the end of his presentation everyone in the room was convinced about the approach.

Speaker 3: Workforce Race Equality Standard and Workforce Race Equality Standard Experts Programme, Monica Jacot

Monica shared the key lessons from her involvement as part of the NHS Workforce Race Equality Standard experts programme. The program has been developed to provide Trusts with champions who can help them make faster progress on WRES metrics and to reduce inequality.

She outlined how she was now one of 42 new WRES experts drawn from across the NHS helping to address inequalities between different groups of staff, bringing the total number of ambassadors for the WRES programme to more than 80. She stressed that WRES experts were voluntary roles. The newly qualified experts are employed in positions from HR and equality, project management and medical teams and now form part of an existing network of specialists working across the NHS in England.

Her own journey and the progress of her organisation, Cambridge University Hospitals NHS Foundation Trust, allowed her to reflect in the following ways:

- The norms, power structures, and inequities in society can easily become embedded in an organisation and it is significant in creating and maintaining the disparate outcomes that characterise the landscape of racial inequality;
- The importance of data driven, and evidence-based practice was important. The reporting of WRES metrics shed important light on the organisation. This has meant the Trust now transparently measures diversity, and managers are being held accountable for outcomes as well as their own behaviour;
- The efforts of her organisation led by the Executive team has meant diversity and inclusion is becoming embedded in the organisation, leaders have pursued changes in processes and systems;
- Looking at diversity and inclusion beyond just training and looking deeper and how best to 'debias' business systems processes and hold leaders accountable for inclusive behaviour.





Session 3

Showcasing support available to NHS Trust Boards

Speaker 1: NHS Employers Partners Programme, Mohamed Jogi, NHS Employers

Mohamed outlined the key tenets of the annual NHS Employers diversity and inclusion partners' programme which supports 30 Trusts to progress and develop their equality performance and capacity. The programme has now been running over 10 years and it has supported some 300 organisations. It has supported Board and non-members to develop their awareness, understanding and application of D&I practice. Partners are supported to achieve this in several ways:

- Continuous improvement around equality and diversity within their own organisation;
- Raising awareness of what constitutes sustainable, outcome-focused improvement in managing equality and diversity across their region.

The programme is underpinned by several well researched pillars:

DEVELOP

Experience has indicated that people work best if they can develop and identify best practice for themselves.

SPREAD

Crucially spreading good practice is a key part of the programme.

SUSTAIN

The work of the Institute of Healthcare Improvement referred to above shows that sustainability and spread are closely linked.

The partner's programme is delivered in four modules:

- Standards, capacity, delivery, evaluation NHS Employers work closely with partners and support them to embed equality and diversity in their organisation. There are several other key benefits for NHS organisations in becoming a partner:
- Increased profile of your organisation at network events, conferences and through the NHS Employers website and communications.
- Free access to training, development, coaching and mentoring for the partner lead person on the use of the tools and techniques within the programme.
- Opportunities to discuss, network and test out new concepts within the safe environment of partner meetings.
- Opportunities to influence national policy direction.

Speaker 2: RCN Cultural Ambassadors, Bruno Daniels, **RCN**

Bruno outlined the Cultural Ambassadors project for the West Midlands that was designed to tackle disproportionate rates of disciplinary action among black and minority ethnic (BME) staff, led nationally by the Royal College of Nursing (RCN).

He shared the example of Birmingham and Solihull Mental Health NHS Foundation Trust whose data showed that members of staff from a BME background were 1.4 times more likely to be disciplined prior to taking up the RCN cultural ambassador program. The organisation's staff survey results indicated that a disproportionate number of BME staff experience bullying and harassment. Many incidents went unreported, due to a lack of confidence in the reporting process and resulted in high levels of sickness absence and some poorly performing and divided teams.

The Trust was approached by the RCN to participate in the Cultural Ambassador project. The project aimed to improve the experience of staff during the employee relations process and reduce the number of BME staff being investigated or disciplined inappropriately.

He outlined that to get the project fully implemented it was vital to get complete commitment and support from key internal partners to the project. Once this was done, the team asked for volunteers to receive training to become cultural ambassadors. This involved demonstrating certain competencies through an application and interview process. Out of 29 applicants, 10 were selected for the project. The volunteers undertook a three-day cultural awareness training

programme specifically designed for the project and a HR-led investigation training day to support their learning.

THE OUTCOMES

As a result of the project, the Trust has seen a reduction in the levels of sanctions imposed in comparison to 2014. There has also been a reduction of investigations from 32 to 26 cases involving BME staff. In addition, the Trust has seen reductions in sickness absence.

TOP TIPS

- Engage with the RCN and use the template developed to train and implement cultural ambassadors.
- Use as many communication channels as possible so that all relevant staff are fully aware of new projects and initiatives.
- Continue to work in partnership throughout the whole project, from development to implementation to evaluation.
- Collect evidence, feedback and intelligence to inform a full evaluation of the initiative.
- Make sure that the aims and objectives of the project relate to the wider trust and departmental objectives.





Speaker 3: Joan Saddler, National BAME Network, NHS Confederation

Joan reminded the audience that diversity in leadership is important for the future of the NHS, particularly considering the need to implement the new NHS Long Term Plan, which promotes greater integration between staff and expresses the need for transformational change across health services.

In addition, equality, diversity and inclusion (EDI) is about having best practice in the governance of organisations and better engagement with staff. For the NHS, this will lead to significant improvements in the standards of care delivered within its institutions. However, EDI is an area that the NHS needs to make significant progress in to reflect the spirit of the equality and diversity legislation and the NHS's stated ambition to create a more diverse leadership.

She highlighted how a critical part of the solution to these challenges is ensuring the chairs and non-executives on the Boards of NHS organisations are competent and reflect the communities they serve and the workforce they govern. A diverse and inclusive leadership among those appointed to these Board roles will provide the tone of governance that is needed to:

- Address the issue of staff feeling bullied and harassed.
- Develop the culture recommended by Sir Robert Francis and Professor Don Berwick.
- Motivate NHS staff to be caring and productive and to provide more efficient and sensitive patient care.

Session 4

Key Summary of the day

During the final session a range of delegates shared their reflections on the day - Mr David Howell (NHS), Shajeda Ahmed (Coventry and Warwickshire Partnership NHS Trust), Sir Graham Meldrum (West Midlands Ambulance Service NHS Foundation Trust), Ifti Majid (Derbyshire Healthcare NHS Foundation Trust), Danielle Oum (Walsall Healthcare NHS Trust) Mohamed Jogi (NHS Employers) Simon Gilby (Coventry and Warwickshire Partnership NHS Trust), Barry Henley, Chair Birmingham Community Healthcare NHS Foundation Trust

A. Articulate the leadership story of D&I and the West Midlands experience

- It is imperative we focus on the legal, ethical and business case for diversity and inclusion
- The importance of board diversity is vital
- Commitment from the top but need to walk the walk
- The enormity of the challenge of inclusion will not go away
- The 'will and 'intent' exists at the top
- Leadership is important together with the key people you surround yourself with
- You need to earn the right to be regarded as a leader to make things happen. You need to develop followers – 'Stand up. Walk. Talk. And show the way", Chris Keeble
- Think Public sector equality duty, Well Led Framework and the Tom Kark Review in particular recommendations relating to developing NH Leadership compact

B. Activate and refine the system and the way things are done round here

- Challenge recruitment panels to go beyond safe choice appointments and look outside the obvious choices
- Review processes are they fit for purpose
- Promote challenge

C. Embed D&I through strategy, leadership, culture and brand

- We need to call out everyday racism when it happens and ask organisations how they comply with the public sector equality duties
- The value of culture and networks is important
- Workforce modelling, we need to look at linking BME development opportunities with future roles like how we do so for general management trainees
- Challenge recruitment panels to go beyond safe choice appointments and look outside the obvious choices
- Review processes are they fit for purpose
- Promote challenge

D: Use equality standards and development programmes to support you

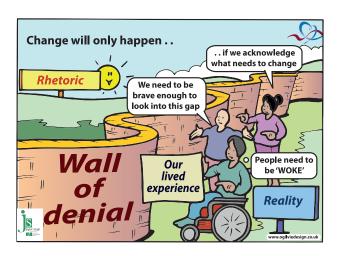
- Use equality standards such as workforce race equality standard, workforce disability standard, gender equality pay gap reporting to keep track.
- Take part in development programmes such as NHS Employers diversity and inclusion partners programme and RCN cultural ambassadors programme.

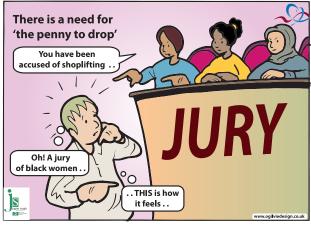


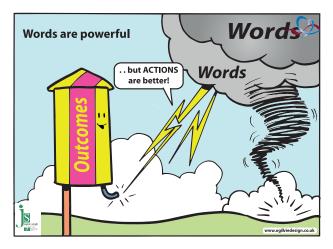


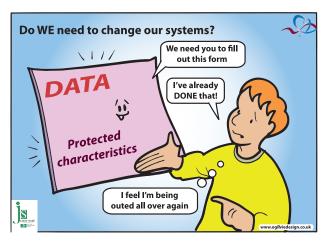
The event in images

A selection of illustrations summarising the day:



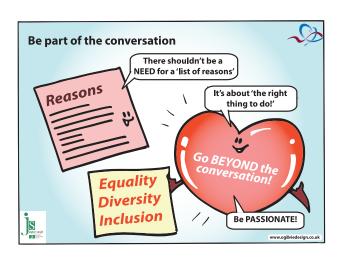
















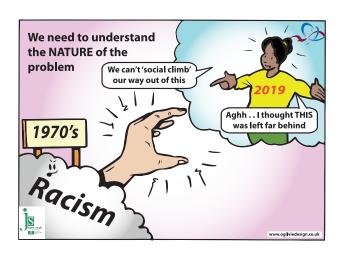




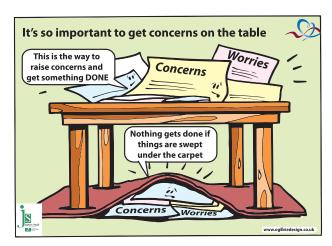








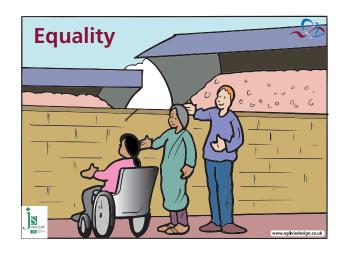


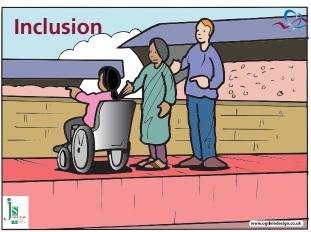


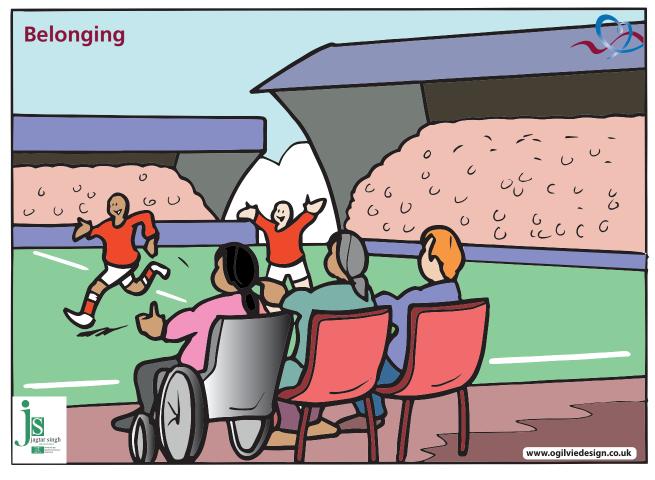


















West Midlands

BEYOND

The CONVERSATION

If you find this document
useful please contact the NHS Leadership Academy,
Jagtar Singh from Jagtar Singh Associates
or our sponsor James McLeod from Badenoch + Clark



wm@leadershipacademy.nhs.uk



0121 695 2368



@HEWMLeadership