"Why leadership matters - a black woman's journey in the NHS"
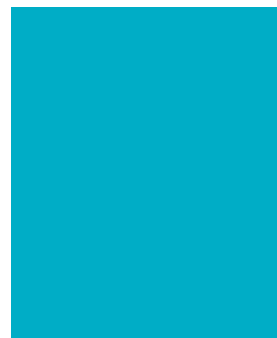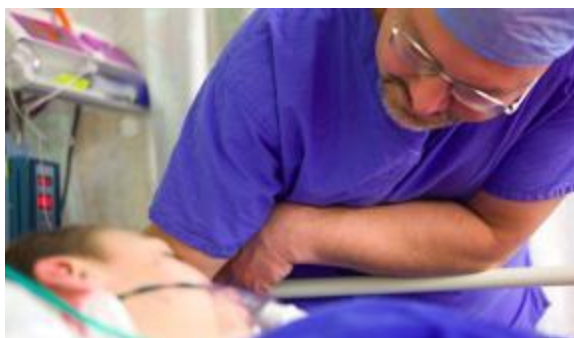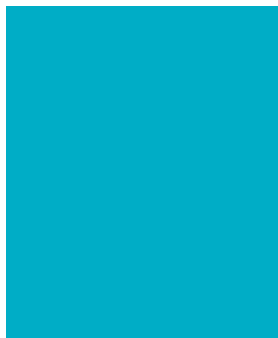
Yvonne Coghill OBE

WRES Implementation Team

NHS England

THE NHS CONSTITUTION
the NHS belongs to us all

The session will focus on the importance of strong demonstrable leadership and how it can make a difference to improve race equality in an organisation.

Using my personal story we will explore the behaviours that should be exhibited and how leaders can feel comfortable discussing the thorny and complex issue of race.

A bit about me

African Caribbean

Play

Work

Family

Friends

Nurse

My story

Staff Nurse
Ward sister
Health Visitor
Locality Manager
Primary care development manager
Designated nurse
Board Nurse
Head of Primary care services
Primary Care Lead (London)
Private Secretary
Professional officer (DH)
National Lead, BT
Senior Programme Lead
HSJ Top 50 Inspirational woman
HSJ top 50 BME pioneer (2 years)
Nursing Times 50 top nurse

Lord Crisp KCB

Getting on against the Odds - 2003

Launch of the Leadership Race Equality Plan 2004

Mentor programme

Breaking Through programme

Appointment of a director of equality

Many discretionary attempts to change things

The NHS Constitution

The NHS belongs to the people.

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

THE NHS CONSTITUTION
the NHS belongs to us all

Leadership from the front

- **THE MORAL CASE** – It's the right thing to do

- **THE LEGAL CASE** – The law says that we should

- **THE FINANCIAL CASE** – it makes good business sense

THE QUALITY CASE – it ensures high quality care, better satisfaction and a safer service for our patients.

Race equality

- There is irrefutable evidence globally that people from black and minority ethnic backgrounds (BME) that live in white majority countries like the US, UK, Canada, Australia and New Zealand have poorer life chances and experiences compared to their white counterparts. Across all indicators this is true

- *Health – More likely to get chronic diseases and die sooner*

- *Wealth – make less money over their life course*

- *Employment – Less likely to be promoted*

- *Housing - live in poorer areas*

- *Judiciary – more likely to be imprisoned*

WRES – why?

- Fairness and equality in the system

- NHS Constitution values and principles

- Equality Act 2010 and the public sector Equality Duty

- Improved patient satisfaction and outcome:

  *For every 1 s.d point of increased engagement there are 2.4% less deaths in acute hospitals

- Improved patient safety and organisational efficiency:

  *For every 1 s.d point of increased engagement there is a saving of £1.7m in terms of agency and absenteeism costs

Black and Minority Ethnic (BME) Staff

- 1.4 million people work within the NHS

- 20% staff from BME backgrounds

- 28% Drs from BME backgrounds

- 46% of Hospital Drs

- Less than 5% senior managers from BME backgrounds

- 20% Nurses and Midwives Rising to 50% in London

- 3 BME CEOs (300)

- 5 Exec Nursing

- Less than 3% Medical Directors

Source: Health and Social Care Information Centre (2015)

Dr David Williams and Professor Michael West

Employee engagement, sickness absence and agency spend in NHS trusts - Professor Michael West and Professor Jeremy Dawson

- There are clear associations between employee engagement and sickness absence; and between employee engagement and agency staff spend

- 1sd increase in engagement is associated with a drop of 0.9 per cent in spend on agency staff

- 1sd change in overall engagement represents a shift of 0.12 units on the staff survey1 to 5 scale.

- For an average trust this works out at approximately £1.7 million in savings

- There is clear evidence that trusts with higher engagement levels have lower levels of sickness absence among staff, and also have lower spend
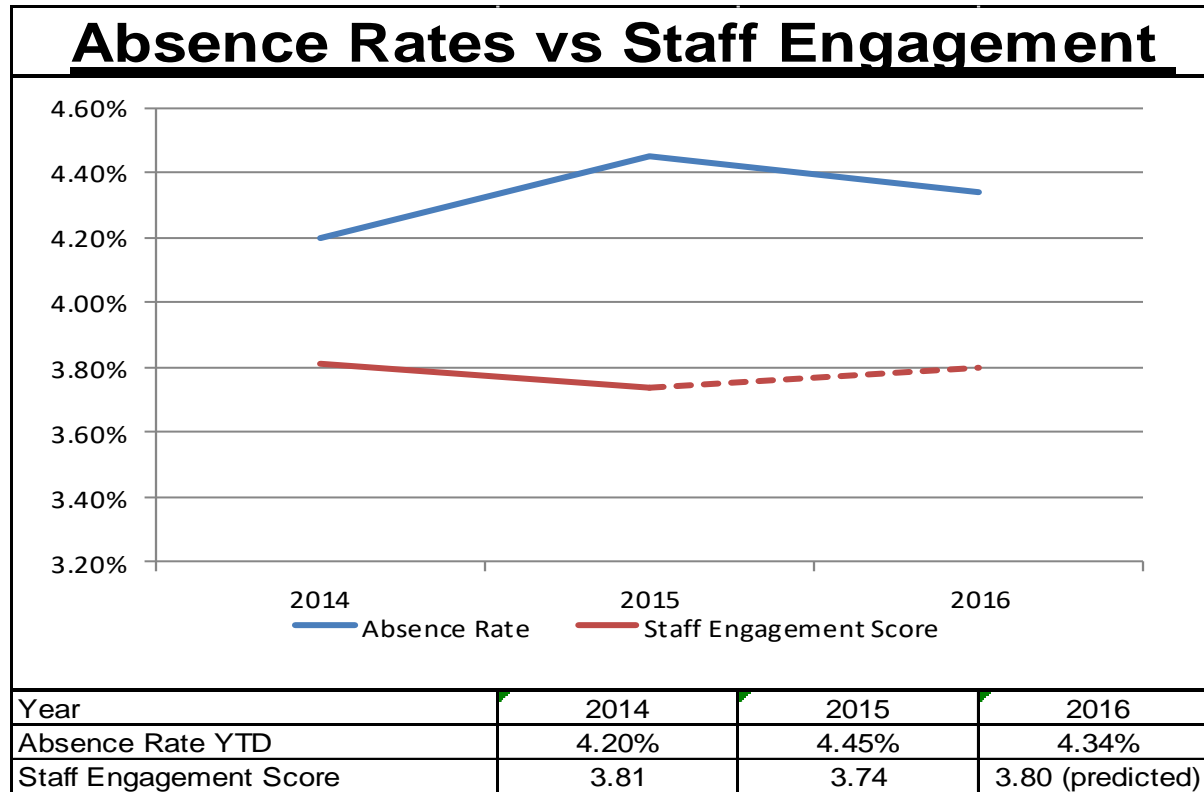
on agency and bank staff

Professors Dawson and West

The greater the proportion of staff from a black or minority ethnic (BME) background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction.

The experience of BME staff is a very good barometer of the climate of respect and care for all within NHS trusts. – **Professor Mike West and Professor Jeremy Dawson – NHS Quality and Staff Engagement 2009**

The effects for BME staff specifically indicate that the extent to which an organisation values its minority staff is a good barometer of how well patients are likely to feel cared for – **Links between NHS staff experience and patient satisfaction: Analysis of surveys from 2014 and 2015**

Regression analysis

Absence Rates vs Staff Engagement

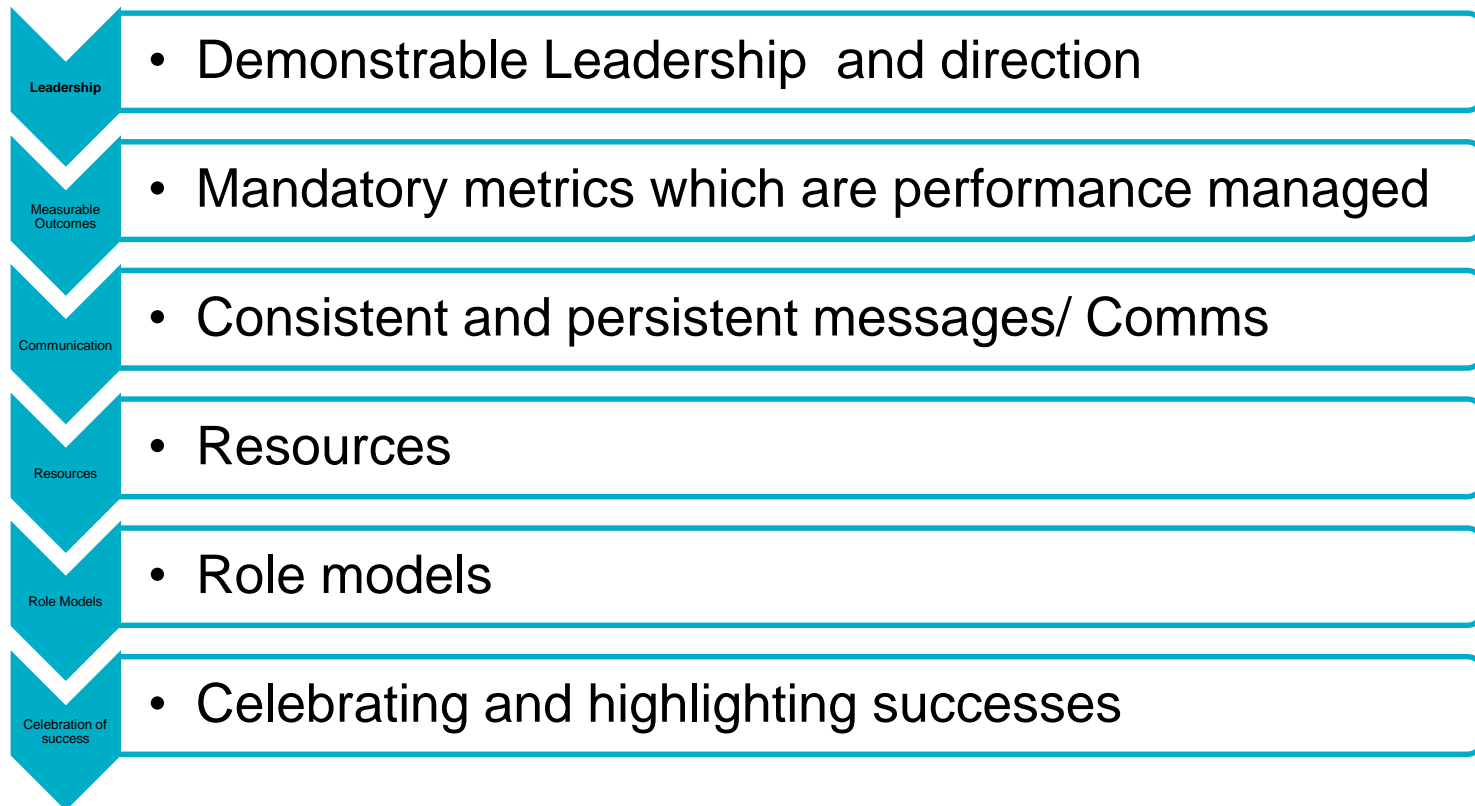| Year	2014	2015	2016
Absence Rate YTD	4.20%	4.45%	4.34%
Staff Engagement Score	3.81	3.74	3.80 (predicted)

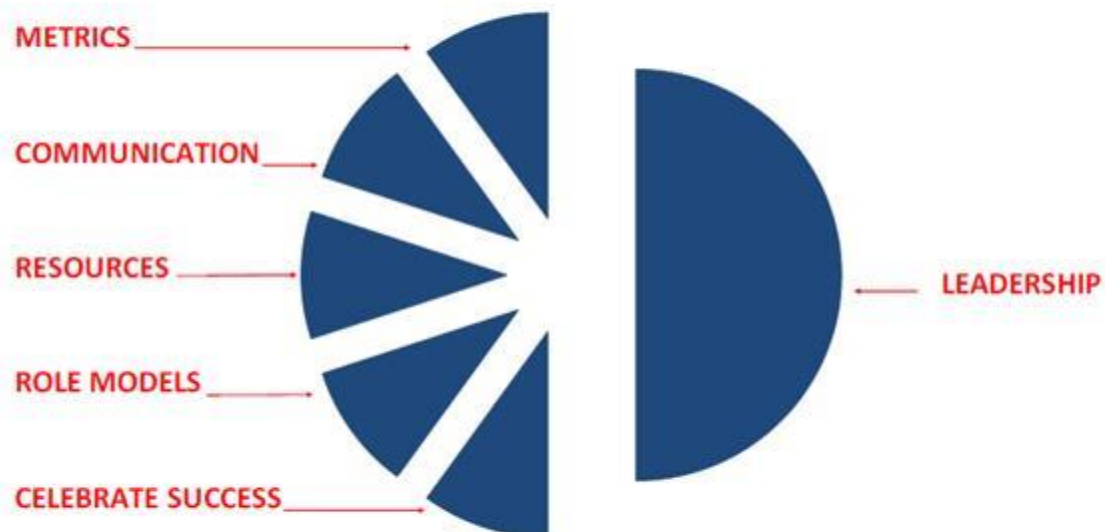# The consequences for people

- Disillusionment

- Unhappiness

- Depression

- Lack of confidence

- Anger/Rage

- Lack of belief in the system

- Depression

- Sadness

- Lack of engagement and buy in

- Resentment

- Potential poor performance

Evidence based approach to implementation

- Leadership — • Demonstrable Leadership and direction
- Measurable Outcomes — • Mandatory metrics which are performance managed
- Communication — • Consistent and persistent messages/ Comms
- Resources — • Resources
- Role Models — • Role models
- Celebration of success — • Celebrating and highlighting successes

Dr David Williams, Harvard University

Demonstrable Leadership

- Gain a deeper understanding of the different people and cultures within your sphere of control (bring people together, talk to them, get to know them as people)

- Demonstrably promote a supportive, learning and enabling culture (be open, honest and fair)

- Use more carrot and less stick (less use of disciplinary process and more encouragement to learn and improve)

- Tell everyone that will listen that engagement improves patient care, patient satisfaction patient safety (be an engagement, inclusion and diversity champion)

- Be a REAL champion of an enabling and empowering culture (live the change you want to see)

Compassionate Leadership

- *Attending:* paying attention to staff – 'listening with fascination'

- *Understanding:* shared understanding of what they face

- *Empathising, feeling for, sympathising*

- *Helping:* taking intelligent action to serve or help

![NHS England logo]

The Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard is a set of metrics that would, for the first time, require all NHS organisations with contracts, to demonstrate progress against a number of indicators of race equality, including a specific indicator to address the low levels of BME Board representation.

WRES indicators

NHS England

Indicator 1
- Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce

Indicator 2
- Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts

Indicator 3
- Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process

Indicator 4
- Relative likelihood of BME staff accessing non mandatory training and CPD as compared to white staff

Indicator 5
- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Indicator 6
- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Indicator 7
- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

Indicator 8
- Q17. Percentage of staff experiencing harassment, bullying or abuse from manager/team leader or colleague

Indicator 9
- Percentage difference between the organisations' Board membership and its overall workforce

WRES Data 2016 & 2017 Comparison

NHS England

Indicator Type	WRES Indicator	Metric Description		2016 Score	2017 Score	Direction
W O R K F O R C E	1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	All	17.70%	16.30%	▼
			8-9 VSM	11.10%	10.40%	▼
	2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts		1.57	1.60	▲
	3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.		1.56	1.37	▼
	4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff		1.1	1.22	▲
S T A F F S U R V E Y	5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.		28.8%	28.7%	▼
	6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.		26.5%	26.3%	▼
	7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.		73.8%	75.5%	▲
	8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?b) Manager/team		13.6%	13.8%	▲
BOARD	9	Percentage of BME Board membership		7.10%	7.00%	▼

WRES Phase one: progress and achievements

- Identified the challenge at organisation, sector and regional levels (data)

- Amplified the narrative – including the link with patient outcomes

- Effective system alignment for all NHS organisations and beyond

- Started sharing of replicable good practice

- Created strong working relationships and collaborations

- Robust communications and engagement

- Gained considerable traction and profile

- 100% return for 2016 data

WRES phase two

Enabling sustainable accountability – improving patient care for all

NHS England

Aim: Closing the gaps in workforce race equality across the NHS

Cross cutting themes:
Leadership & accountability, engagement, cultural change, outcomes, sustainability

Enabling People

- Meaningful engagement
- Understanding narrative
- Focused improvement
- Resource and support

Embedding Accountability

- System alignment
- Regulation and scrutiny
- New healthcare architecture

Evidencing Outcomes

- Data and intelligence
- Replicable good practice
- Evaluation and sustainability

NHS Constitution values

10 steps to Demonstrable Leadership 1

1. Preferably the CEO should be the SRO responsible for the WRES (and equality) leading from the front.

2. Positively discussing race equality at the board

3. Ensuring the organisation has completed and published its annual WRES data return

4. Demonstrably and visibly include BME staff and local social partnership bodies involved in discussions regarding the data. Know your organisation

5. Making sure a robust action plan is produced and published that everyone has bought into and wants to take forward.

Ten steps to Demonstrable Leadership II

6. Top of the office support for a BME staff group or network, ensuring there are formal arrangements to meet organisations HR team regularly

7. Ensuring robust systems are in place to ensure there is workforce ethnicity monitoring. Make sure there is a full staff census

8. Leading from the front on workforce race equality, and equality in general, making sure it is embedded and mainstreamed within the organisation

9. Finding other organisations to link with to share learning and replicable good practice

10. Meaningful discussions should have taken place on proposed actions in relation to key emerging issues

"There is nothing more unfair than the equal treatment of unequal people."
- Thomas Jefferson 1743 - 1826

EQUALITY VERSUS EQUITY

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.