Chairman's Note

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Trust Board paper C

Dear Board Member,

As a Board we will continue to operate within an environmental context of ambiguity, complexity and uncertainty in dealing not only with the ongoing consequences of Covid 19 but also the quality, safety and financial challenges facing Trusts such as ours as we seek to restore our services. I believe we will need to have a fundamental rethink of how we operate in the future rather than an incremental approach.

We have to focus our minds (and those of our system partners) on what kind of health services we want to deliver in the next decade which meet the needs of our patients and communities. The key priority coming out of the Covid 19 experience for all of us has to be addressing health inequalities and achieving measurable outcomes. We all know that Covid 19 has brought these issues into sharp relief and we have to demonstrably move beyond the aspirations to achieving real gains.

As an anchor institution we have an important corporate social responsibility for addressing the needs of hitherto under served communities. An increasingly important aspect of Board leadership within the NHS will be working in collaboration with others within local systems, engaging in meaningful terms with a wide range of different voices within communities whilst being held to account in legal and fiduciary terms for their resources in the absence of any legislative changes. This will also add another dimension to the risks which we as a Board will have to manage and mitigate. Apart from thinking about the future, our Board will have to focus on delivering services as efficiently as possible within the resources available to us without compromising on safety and quality. We also have to ensure that the reconfiguration funding (when it is formally approved) supports this future focus on population health and appropriate service provision as well as taking into account the consequences of Covid 19.

Another theme emerging from the Covid 19 impact on the NHS has been the disproportionate impact which it has had on BAME staff and local communities. Within this Trust it should be amongst our key priorities given the makeup of our staff and local communities. Our informal Trust Board meeting this month will be discussing health inequalities, including the impact on BAME communities. In relation to our BAME staff I attach a recent publication by NHS Providers which I believe focuses attention on the key issues that we should be thinking about as a Board. I would like to see a report coming to this Board (via the PPPC committee) every six months and gives a clear account of the issues and what our leadership community (in its various forms) is doing to address them within the Trust .

I want to pay tribute to the contribution that Kiran Jenkins has made to Leicester Hospitals both during the four year period to 2014 and in the twenty months to the end of last month. Myself and colleagues are sorry to see her leave and we will miss her lucid contributions and forensic analysis of issues during our Board deliberations. As we enter a new phase in this organisation's life cycle and with a major capital reconfiguration programme hopefully soon to be formally approved, the demands on our Board members' time will inevitably increase. As such I entirely understand Kiran's decision to resign. On behalf of myself and the Trust we would want to thank Kiran for her commitment and contributions to focusing on unequal access to health and quality in the patient experience as well as wishing her every success for the future.

I look forward to seeing you at our forthcoming Board meeting on 6 August 2020.

Regards

Karamjit Singh
Chairman, University Hospitals of Leicester NHS Trust

"Not just more words" - addressing racial inequalities in the NHS

A summary of roundtable discussions with trust chairs and chief executives

Introduction

As it became clear that COVID-19 disproportionately affects Black, Asian and minority ethnic (BAME) people and the impact of the killing of George Floyd in the US was made manifest by the global protests led by the Black Lives Matter movement, awareness and concern about racism and racial injustice has been heightened across the NHS, which employees 1.3 million staff.

Structural racism is not new. Rather, recent events have thrown it into sharp relief and remind us that this is the latest in a series of "moments" that should push us to take more far-reaching action which will have a lasting impact. Against this backdrop, NHS leaders and staff have sought to understand what action they can do to address these issues within our sector.

NHS Providers held a series of five virtual roundtable sessions this month with trust chairs and chief executives to discuss the impact of racial inequalities in the NHS and share views on how to address these. The virtual meetings were convened in response to a growing sense of urgency from trust leaders to meet the challenges posed by racism and racial injustice, both within the NHS and in wider society. Over a two-week period during the pandemic, over 70 trust chairs and chief executives came together to participate in these discussions, each of which was chaired by a member of the NHS Providers director team.

A note on the term 'BAME': we have used the term 'BAME' throughout this briefing to describe people from Black, Asian or other ethnic minority backgrounds as a collective group for the purpose of contextualising racism and racial inequality in the NHS and wider society. We understand that this and other collective terms are not always used appropriately and do not serve to address the specific injustices and different experiences of individuals or individual groups within these communities.

Emerging themes

A number of common themes emerged during the course of the five conversations, which are set out below:

- The need for uncomfortable and challenging conversations
- Allyship and active anti-racism
- What the data tells us
- Wider inequalities

Confronting through conversation – fear of speaking up and psychological safety

The importance of trusts enabling uncomfortable and challenging conversations on racial equalities issues was emphasised. The need to listen to the concerns and lived experience of BAME staff was highlighted above all else, with listening events a key focus for trusts since the outbreak of the pandemic and particularly over the past two months.

Several trust leaders spoke about the need to create a sense of psychological safety for staff, to encourage frank and honest reflections on experiences of racism within the NHS. There is also a need for leaders to expose their own vulnerabilities and admit mistakes, or a lack of concerted action to address institutional inequalities in the past where this has been the case. A number of attendees said revealing their own vulnerabilities and imperfections has enabled a more open conversation with staff, many of whom are frustrated by the persistence of racial injustice within their organisations, the wider NHS, and society as a whole. Other similar discussion points included:

- *The need to engage sceptical staff* – trust leaders have experienced push back from certain sections of the workforce, but it was felt that an open forum to engage all, including a minority of staff not convinced by the importance of addressing racial inequalities, is an essential step towards a programme of concerted action to affect change.
- *Avoiding empty gestures and tokenism*– some trust chairs and chief executives admitted a sense of fear in publicly addressing racial inequalities, given the importance of getting communications right and avoiding empty gestures, or statements which will not achieve much by themselves.
- *Importance of messaging* – participants spoke about how effective board-level or 'corporate' messaging needs to be complemented by showing leaders as compassionate individuals, led

by their values and communicating their own experiences and understanding of racial inequalities in the NHS and wider society.

- *Overcoming fears of offending* – some leaders and staff have felt constrained in their efforts to engage effectively on these issues due to fears of unintentionally offending others. Trust leaders discussed the importance of seeking to 'get the language right' but also the need not to become 'frozen around terminology'. A Black trust leader emphasised that he would much rather colleagues admit their limitations upfront and state that they may not always say the right thing, instead of abstaining from conversations altogether.

Allyship, promoting diversity and active anti-racism

Allyship was a key theme of discussion, with trust leaders underlining the point that issues of racism and racial inequality in the NHS are concerns for everyone to confront, not just BAME leaders and staff. Trusts have sought to ensure their BAME networks are strong and able to engage effectively with the board and wider workforce. However, it is important BAME staff and networks are not called on 'to do all of the heavy lifting' in creating change:

- *Allyship and education* – participants discussed the importance of allyship from white leaders, with BAME staff emphasising the need for this in discussions with trust chairs and chief executives. Some staff have expressed frustration over a sense that it is the job of BAME staff to 'educate the dominant majority' about racial injustice, whereas this clearly must be a priority for all senior leaders in the NHS.
- *Creating space to learn about culture and difference* – issues between members of staff can often occur when people make assumptions about others based on their perceptions of race or ethnicity, leading to experiences of discrimination. Leaders need to oversee the creation of forums for people to share their personal stories and experiences, so that differences between individuals and groups are understood and assumptions and stereotypes challenged.
- *Active anti-racism* – many spoke about the need for their organisations to move on from simply 'not being racist' towards active anti-racism. It starts with acknowledging that institutional and structural racism exists, and that accountability for change rests with all senior leaders and the entire trust board. Participants spoke about the challenges of seeking to move beyond initial communications to, and conversations with, staff in response to the Black Lives Matter protests and the racial injustice the movement has once again brought to light. There is understandable anger among staff within some organisations, with chairs and chief executives accepting that they need to respond urgently to this through carefully considered action and 'not just more words'.

Using data – what racial inequality statistics tell us

The use and usefulness of the NHS Workforce Race Equality Standard (WRES) was widely discussed. A few trust leaders expressed a view that the WRES focus on 'targets' does not enable necessary wider programmes of cultural change within organisations and the NHS as a whole. Others felt more positively about its purpose, arguing it is a benchmarking tool but was not a solution in and of itself. One trust leader called on trusts to look more closely at their obligations in relation to public sector equality duties and the Equality Act, while others discussed the need to delve deeper into local statistics and scrutinise discrepancies between different sources of data:

- *Focus on unequal opportunities at all levels* – WRES reporting highlights the lack of progression for BAME staff to senior levels and between pay bands. Several participants highlighted the issues seen in the lower bands, which can often be overlooked within the context of discussions about the underrepresentation of BAME staff on trust boards. Participants spoke about the importance of being clear where the blockages to progress are, for example where improvement programmes have increased BAME promotions overall but there is no change higher than band 6, or where BAME staff are being underrepresented as first-time line managers as they are not receiving the development opportunities of white colleagues at the same level.
- *Interrogating local data for a clearer picture* – a number spoke about the need to constantly interrogate what their staff data is telling them. One chair spoke about the concern he had developed from seeing no internal reports of discrimination from BAME staff in his organisation. This was more likely a sign of a broken or ineffectual internal reporting system, rather than a suggestion staff are never experiencing discrimination. Other trust leaders mentioned a common discrepancy between staff survey findings for their trust showing higher levels of discrimination than formal internal reporting mechanisms, which highlighted the need to discover why people do not feel comfortable coming forward.
- *Data needs to spur action* – there was a common feeling, however, that there has been a tendency for decision-makers in government to constantly call for more data and evidence in the name of better understanding, while seemingly avoiding responsibility to take action and promote meaningful policy change. In the NHS, better collection of local data has helped but there is also a need here not to get stuck in a loop of needing more before action is taken. Some felt the WRES data has created a clear picture and the issue has been in the failure to effectively change processes in response.

Addressing wider inequalities

Addressing racism and inequalities faced by NHS staff at work goes hand in hand with the need to consider wider inequalities experienced by the communities they serve, including in health, housing, employment and other areas affecting life chances. There was also a focus on understanding the experiences and injustices faced by staff beyond their working lives:

- *Understanding experiences of racism in the community* – Leaders emphasised the fact that issues for staff 'don't stop at the trust door'. Experiences of racism or discrimination outside of work are constantly felt and very likely to affect how that person works and interacts with their colleagues. Participants discussed the need to embed a shift towards whole-person management at all levels: effective supervision and development of staff involves strong pastoral care, embracing the idea that staff are people with lives outside of the trust and not just 'workers'.
- *Responsibility for addressing wider racial inequalities as 'anchor institutions'* – It is important for trust leaders to look outside of their walls to consider how racism is affecting schools, local councils, other institutions and services, and more broadly the communities they serve. As anchor institutions in many areas, NHS trusts and foundation trusts have a key role in building a healthier, more equal society.
- *Shifting the balance of care* – some trust leaders also raised questions about whether current, common approaches to service delivery are properly geared towards creating population health improvements for BAME people. One leader spoke about his desire to purposefully move investment away from demand management to meeting the needs of underserved communities and addressing wider determinants of inequality. This is particularly important in areas with larger BAME populations, but it is also essential for providers everywhere that their strategic delivery reflects diversity: different communities will interact with services differently and be affected differently – sometimes more severely – by certain diseases and medical conditions.

Trust actions and initiatives

A number of trust chairs and chief executives presented case studies from their organisations, and discussed initiatives and programmes that have been put in place, are in development, or could help to address racial inequality in the NHS encompassing:

- Board representation
- Training and development
- Local and system oversight

- Mentoring
- Proactive anti-racism

Creating a path to board representation

- *Associate director positions* – the creation of associate director or NED positions, with an emphasis on BAME recruitment, can be a route to a more diverse board and ensuring BAME representation on the board alongside other board 'shadowing' programmes.
- *Using national and system-level programmes* – the NeXT director programme was set up as a 'board apprenticeship' scheme for BAME people by NHS Improvement and has made some strides, while other similar initiatives – including a scheme for NED and aspiring NED rotation within STPs – can help provide a space for development towards influence at board level. More data to show the success of these schemes would help enable greater deployment of these schemes.
- *Adjusting strict criteria for roles* – positions at director level and below can have strict 'essential' criteria within the person description/job profile, and adjusting these where they are not always necessary, e.g. the requirement to have a masters degree, could help to increase diversity among applicants.

Targeted training and development

- *Investing in middle management improvement programmes* – it is essential that equality, diversity and inclusion are embedded into management practice throughout organisations. A lack of education and understanding among middle managers ("the frozen middle") of the barriers impeding progression of BAME staff can hinder trust efforts to support career development. Specifically, some trust leaders have found white managers at this level can fail to appreciate or engage with issues around racial inequality, which makes them hesitant to consider different ways of supporting BAME staff working in their teams, or properly reflect stated priorities from the board in their approach to management. Investment in management training and development at this level has helped some trusts to make initial progress in increasing promotion of BAME staff into higher bands.
- *Pay and management benchmarking for BAME staff* – one trust is taking forward a dedicated programme of work to review the banding and pay of all BAME staff, to ensure everyone is being adequately recognised and rewarded for their competencies and performance. The programme is also reviewing whether BAME staff are being offered line management responsibilities at the first available opportunities, to ensure equality in career development prospects.

- *Improved training environments for migrant staff* – highly specialist nurses and other well-trained staff coming into the NHS from overseas are sometimes unable to flourish or fully translate their skills into a new environment. Investment in better training and induction programmes for staff recruited from abroad could help to ensure a better transfer of skills and experience into practice and improve career development for migrant staff.

Improved local and system oversight

- *Improved criteria for CQC ratings* – several trust leaders supported the view that local accountability for change can improve and called for CQC 'outstanding' ratings to be reserved for providers with improved WRES performance or tangible programmes to address racial inequality within their organisations.
- *Improved appointment processes from national bodies for trust and system leadership* – NHSE/I has become increasingly involved in steering senior level trust appointments. Feedback suggests that this has not necessarily served to improve BAME representation. Similarly, there's a lack of BAME people being appointed by the centre to ICS leadership roles and in CCG or trust mergers. There is a need for a reflection on the national-level processes affecting appointments in both of these contexts.

Mentoring

- *Reverse and reciprocal mentoring* – the benefits of these approaches were repeatedly emphasised. Suggestions to expand the reach of reverse and reciprocal mentoring within trusts included a focus on bringing in reverse mentors from outside of the NHS, and for BAME leaders to ensure they continue to participate in the programmes as 'mentees'.

Proactive anti-racism

- *Appointment of anti-racist allies* – allies for tackling racism throughout an organisation can be named and trained to step in and take responsibility for reporting and seeking resolution on instances of discrimination. A measured 'name it, say it, deal with it' approach provides a framework for allies to be effective, and will be preferred by some organisations to a top-down approach of placing sole responsibility with a director or someone in a senior role.
- *Provision of anti-racist symbols throughout the NHS* – the NHS should create and provide badges, lanyards and/or other wearable items to show support in tackling racism. Trust leaders felt this could shift the narrative around racism and racial inequality and have a similar effect to rainbow badges widely worn to support LGBT+ colleagues.

Contributions from BAME leaders

The five sessions were introduced by powerful contributions from BAME leaders, who each shared stories detailing their own personal experiences of racism and racial injustice. While sharing their different and unique perspectives, these contributions all emphasised the institutional racism within British society and underlined the long-term commitment required to overcome this. The issues raised by our BAME leaders are reflected in the key themes and actions outlined above, while the impact of their articulated lived experience was valued tremendously by other trust leaders and NHS Providers staff participating in the sessions:

Navina Evans, chief executive, East London NHS Foundation Trust; chief executive, HEE
Raj Jain, chief executive, Salford Royal NHS Foundation Trust and Northern Care Alliance
Patricia Miller OBE, chief executive, Dorset County Hospital NHS Foundation Trust
Danielle Oum, chair, Walsall Healthcare NHS Trust
Jagtar Singh, chair, Coventry and Warwickshire Partnership NHS Trust

Next steps

Members have made it clear that they would like NHS Providers to prioritise work in this area and play a key role in efforts to address racism and racial inequality in the NHS. This briefing provides a resource for trusts by feeding back the key themes and considerations discussed at five valuable and insightful virtual events this month, while also helping to set the context for ongoing work for the organisation. This will take further shape in our forthcoming *inclusive leadership* series focusing predominantly on how trust leaders can make a difference within the NHS, but there is also a need for national policy change to address these issues and we will be seeking member feedback to inform our influencing efforts.

As ever, our work will seek to add value to existing activity from stakeholders within and outside the NHS on racism and racial inequality, and endeavour to create a supportive environment for trusts to enact positive change. If you have any feedback or questions on this programme of work please email NHS Providers workforce policy advisor Finn O'Dwyer-Cunliffe: finn.o'dwyer-cunliffe@nhsproviders.org

We would like to thank all contributors to the roundtables, particularly those chairs and chief executives from BAME backgrounds who shared invaluable insights and personal stories of the racism and racial inequalities they've experienced throughout their lives.