The 8th Annual London NHS Partnership Conference

“Building Inclusive and Integrated Cultures in Partnership”

March 27th 2019
DIVERSITY BY DESIGN

DIVERSITY
THE NEW PRESCRIPTION FOR THE NHS

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www.good-governance.org.uk
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A WIDER REASON TO PURSUE DIVERSITY

While the diversity deficits must be tackled, the motivation to enhance diversity can be widened beyond compliance and tackling injustice to delivering greater health and wellbeing to all who care and are cared for in the NHS.
PURPOSE OF THE REPORT:

To give Boards and Exec teams a framework to:

1. link diversity to (i) patient health  
   (ii) staff success  
   (iii) innovation

2. understand in local detail the reasons for their Trust’s diversity deficits

3. develop practical changes to the processes of recruitment, promotion and retention —to reap the diversity dividends

4. set different measurements of success in diversity
HOW CAN WE BE OPEN AND TRANSPARENT ABOUT WHEN EFFORTS ON DIVERSITY FAIL?

Robert Francis 2013 Mid Staffs report
“There lurks within the system an institutional instinct which, under pressure, will prefer concealment, formulaic responses and avoidance of public criticism.”
DIVERSITY – THE LACK OF PROGRESS OVER THE LAST 25 YEARS........NOT JUST IN THE NHS
BLAH BLAH BLAH

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Diversity solutions to strategic questions
As it happens none of these companies have any black people in their Exec teams.
DEFICITS

and

DIVIDENDS
SOME STRIKING NHS DEFICITS

*only 2% of NHS trusts are chaired by people from a BME background, while 15% of England’s population is of BME heritage.
*80% of NHS staff are women, yet women make up just 28% of trust chairs, outnumbered three to one by men.
*staff with bme backgrounds are twice as likely to believe their employer does not provide equal opportunities for career progression or promotion.
*white job applicants are 1.57 times more likely to be appointed from shortlisting than applicants from bme backgrounds.
*staff from bme backgrounds are significantly more likely to be disciplined than white staff.
WHICH DEFICITS TO FOCUS ON IN THE NHS

The major deficits in the NHS are in promotion and appointments to mid and senior level

In Wards, Theatres, Surgeries, Clinics.... there are many examples of diversity working well
NHS DEFICITS must be understood and tackled **locally in your Trust**

The approach to tackling them must be one that **benefits ALL staff**.
ACTIONS TO REDUCE DEFICITS
*Refer all disciplinary files up before initiating (cf Rooney Rule)
*INSIGHT
*formal process for ALL recruitments
NHS approach to Diversity is frequently ‘MEASURE AND PUNISH’
QUESTION ONE

One **top-down immediate solution** to a significant deficit
MEASUREMENT ON DEFICITS

eg Exec to take immediate action to reduce numbers of staff from BME backgrounds put into formal disciplinaries.

Report progress to Board
THE DIVIDENDS

Why an increase in the diversity of their staff (and what kind of diversity) will increase a Trust’s ability to deliver on its strategic aims.
BE SPECIFIC
Recently BHP Billeton, the largest mining company in the world, set, in the words of its CEO, Andrew Mackenzie, “an ambitious and aspirational goal.. to achieve gender balance globally by 2025”
BOARD TO AGREE

A

(1) SPECIFIC,
(2) HEALTH AND NHS STRATEGY RELATED
(3) LOCAL

RATIONALE FOR INCREASING

(4) APPROPRIATE DIVERSITY
QUESTION TWO

THE SPECIFIC REASON(S) FOR PURSUING THIS DIVERSITY IN YOUR TRUST TO ACHIEVE THE GOALS ABOVE

USE AN ACTUAL EXAMPLE OF A SERVICE

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DECIDE ON EFFECTIVE MEASUREMENT OF THE SUCCESS OF THAT DIVERSITY
MEASUREMENT

Trusts to develop measurement of their progress in diversity at all levels paying attention both to demographic measurement and proxies for progress like:

* **patient** experience satisfaction scores/health outcomes
* deep focus work with newly constituted teams on their satisfaction at work,
* levels of safety and reporting
* clinical effectiveness
* retention
* successful and equal promotion of staff
HOW CAN THE TRUST CREATE THE APPROPRIATE DIVERSITY IN THEIR STAFF TO ACHIEVE THE TRUST’S GOALS?
PUT IN THE CURTAIN

CHANGE THE PROCESS AND BASIS OF RECRUITMENT AND PROMOTION

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1 RECRUIT INTO TEAMS

DITCH THE SUPER HERO
no one achieves change on their own
WHAT MAKES GREAT TEAMS?
Conclusions

the crucial norms are:

an equal sharing of contributions to the work and discussions – no-one dominates;

the sensitivity of the groups towards one another – that they get to know and understand each other;

and the presence of women (and, by extension, others who bring difference).
TEAMS – the big challenge in the NHS

Michael West

“.....while “91% of people in the NHS say they work in a team....the true estimate is probably nearer 40% at best”

“NHS team work - apple pie in the sky”
BUT....IT CAN BE DONE

*teams that operate as teams – clinical, admin / exec and services

*groups of people - middle and senior management for instance
*Boards

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"Making sure everybody knew each other's name produced what they called an activation phenomenon. The person, having gotten a chance to voice their name, let speak in the room — were much more likely to speak up later if they saw a problem."

Atul Gawande’s Checklist

IT IS BEING DONE
The work often feels harder, but the outcomes are better.

In fact, working on diverse teams produces better outcomes precisely because it’s harder.
2 RECRUITING FOR DIFFERENCE

DEVELOP THE RED CRITERIA:
  Role Criteria
  Essential Criteria
  Difference Criteria
FIRST: THE VIRTUOUS CIRCLE OF RECRUITMENT AND PROMOTION

1 WHAT ARE YOU TRYING TO DO?

2 WHAT KIND OF DIVERSITY WOULD ENABLE YOU TO DO IT BETTER?

3 WHO HAVE YOU GOT?

4 WHO WILL BRING THE DIFFERENCE YOU NEED?

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Role Criteria
What is the job really about? Not the official JD but agree on what you actually need this person to do?

Essential Criteria
Interrogate assumptions about the essential – Degree? Length of service? Already working in health?
Difference Criteria

Our Checklist:

WHO YOU ARE AT WORK (Protected Characteristics)
HOW YOU ARE AT WORK (adapted Belbin)
Please show us (with evidence from your work and, if appropriate, your home life) how:

1. you are confident in giving explicit honest advice about health to a member of staff
2. you are a solution focused individual who enjoys the challenge of working in different ways
3. you thrive under pressure, sometimes working on problems that may arise in unconventional ways.
you can demonstrate your ability, from your background and experiences at home and at work, to bring insights into the health needs of:

- men
- black colleagues
- those staff who are religious
- those younger staff under the age of 40
- staff who are LGBT.
The OH&WS provides support and empowerment to the staff of ELHT to help them to be as healthy as possible. We believe that, to do this really well, we need the widest combination of people in our team of 18 who can understand the wide range and increasingly complex health needs of our staff.
SELECTORS TO ASSESS CANDIDATES ONLY ON THE EVIDENCE AGAINST THE CRITERIA – HORIZONTALLY LIKE A PRIMARY SCHOOL TEACHER MARKING MATHS

CANDIDATES

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**C R I T E R I A**
WHAT YOU BRING
THROUGH WHO YOU ARE.
RETURNING TO WORK AFTER MATERNITY LEAVE
TO RECAP – 6 THINGS

(i) CHANGE

(ii) BE SPECIFIC ABOUT WHY DIVERSITY IN YOUR TRUST

(iii) PUT IN THE CURTAIN TO GET THE BEST – DESIGN OUT THE BIAS

(iv) SELECT ONLY ON EVIDENCE AGAINST CRITERIA

(v) MAKE THE INVITATION/SEARCH EXPLICIT

(vi) THINK BIG .. TRIAL SMALL – CREATE MOMENTUM
THINK BIG – TRIAL SMALL

TRIAL THE CHANGE IN RECRUITMENT, PROMOTION

DESIGN OUT THE BIAS
SEE DIFFERENCE
VALUE IT AND
MANAGE IT JOYFULLY
SIMON FANSHAWE OBE

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