01

NHS Board Leadership for Equity and Inclusion

National Survey Results ahead of wider publication, July 2024

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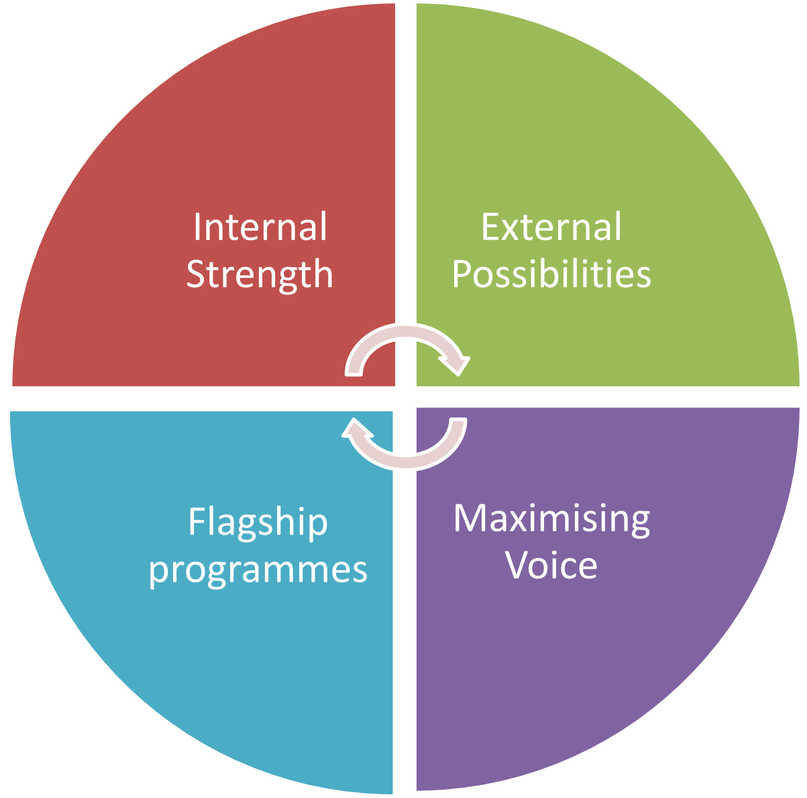
- **Cross-sector 'Implementation tank'**
- **Started properly in July 2023**
- **14 associates (and growing)**
- **Helping to create a better and more equal future by**
- **Supporting others**
  - Developing leaders
  - Improving lives.
  - Creating equity
- **AND by being the change we wish to see**
  - working together as equals
  - creating ladders
  - shift power to staff and communities
  - Focus on those more under-served



For more information about Centre for Population Health, please visit www.centreforpopulationhealth.co.uk

Partnership Approach

- **This survey was led by Centre for Population Health by Professor Dr Durka Dougall and Dr Joanne Beckmann, in partnership with several key individuals and organisations who contributed to the design and dissemination of this important piece of work, particularly Dr MaryAnn Ferreux, Mr Roger Kline and Ms Randeep Kular. Our thanks to NHS Providers for their informal guidance and support for this work and others who contributed to this also.**

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Transforming lives through innovation

Formerly Kent Surrey Sussex Academic Health Science Network

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Middlesex University London

THE SEACOLE GROUP The Network for BAME NEDs in the NHS

APNA

South Asian Heritage NHS Leaders Staff Network

1. Context & Terms

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Tackling health inequalities is a core priority for the health and care system in England. So is **equality, diversity and inclusion** (EDI). These are different concepts. We heard from health and care leaders we work with that there is confusion about these terms, different understanding and confidence, and variation in the approaches taken by NHS Boards to lead on their delivery which is having an impact on progress.

Health Inequalities – These are the unfair and avoidable differences in health outcomes across the population, and between different groups within society. E.g. how long people are likely to live, health conditions they may experience, or the care available to them. The NHS has set priorities for its efforts to tackle health inequalities including CORE20PLUS5, there are many tools and resources – including Centre for Population Health blog on what trusts can do to tackle health inequalities What can hospitals do to tackle health inequalities? (centreforpopulationhealth.co.uk), plus an NHS Confed has produced a Framework and Board Assurance Tool to support this.

Equality, Diversity and Inclusion are three inter-related concepts that together focus on ensuring fair treatment and equal opportunity for everyone.

Equality is about creating a fairer society where everyone has equal opportunity to fulfil their potential.

Diversity is about recognising and valuing difference in its broadest possible sense.

Inclusion is about an individual's experience of being in a workplace or wider society, and how much they feel valued and included. EDI approaches should include a proactive focus on anti-racism for example as outlined in NHS Providers Anti-racism statement - NHS Providers.

1. National Survey

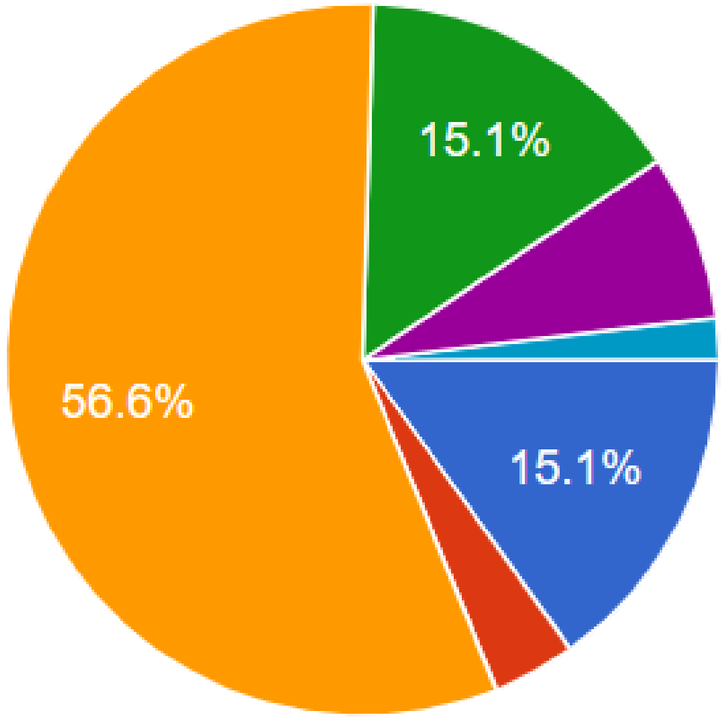
To establish greater clarity about this, the Centre for Population Health teamed up with Health Innovation Kent Surrey Sussex, Roger Kline from Middlesex University London, Seacole Group, APNA and others to undertake this **survey to better understand the approach that NHS Boards are taking to leadership for tackling health inequalities, EDI and safety**.

In the 3-month period mid-January to mid-April 2024, we ran this survey for ICB and NHS Provider Boards to get their perspectives on practice as it is and needs to be. We shared the survey link through various networks and social media channels to optimally reach the target audience, including reminders. Of note there were other surveys (eg NHS Providers) undertaken at the same time, and this may have impacted potentially on both – hence we spoke with the NHS providers team in May 2024 to consider the merits of joining forces to either collate the findings in part or full, or enhance dissemination of findings.

This pack includes headline findings ahead of wider publication. There are lots of things that we can all do – this pack contains 10 actions that NEDs can take to support this agenda. Much can be achieved by just being aware of these findings and using the questions just to better understand the practice in your board and encourage improvements to support progress.

2. Survey Reach

We had engaged from 97 trusts – we obtained responses from a total of 42 organisations in the original survey - varying depth with 1-2 members per board completing, some on behalf of the wider group following board discussion. We followed this up with NEDs across 55 organisations to verify the findings.



- Chair
- CEO
- Non-Executive Director (non chair)
- Executive Director (non CEO)
- Other Role in the organisation - with some involvement in the working of the Board
- Prefer not to say

2. Survey Reach

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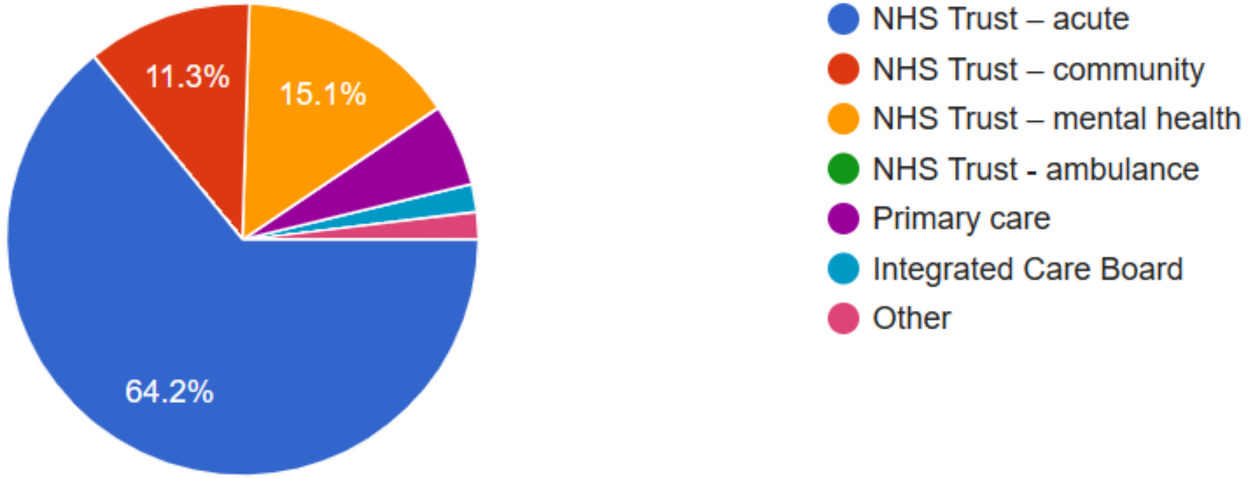
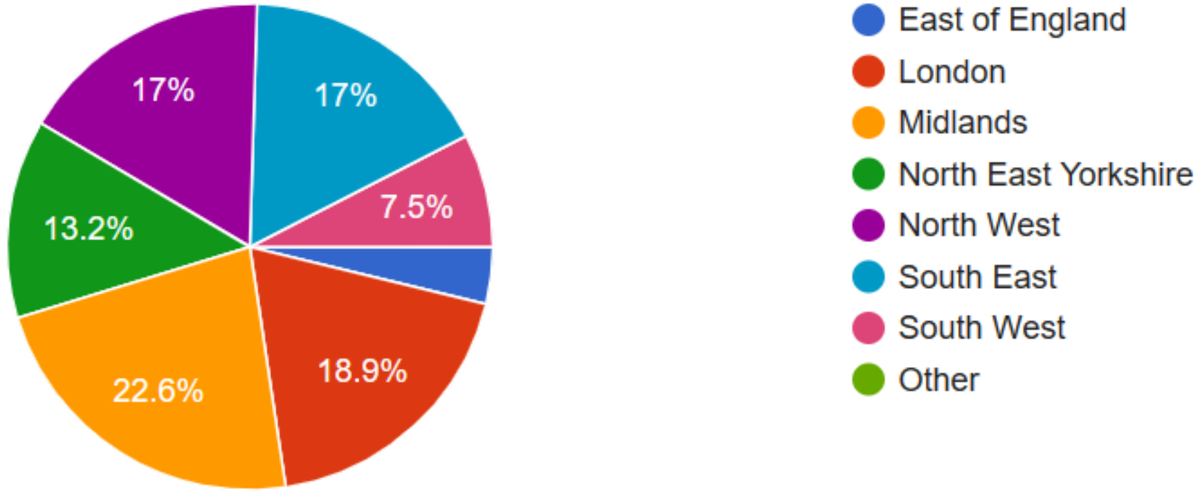
Organisation breakdown:



Geographic reach:



2. Survey Reach

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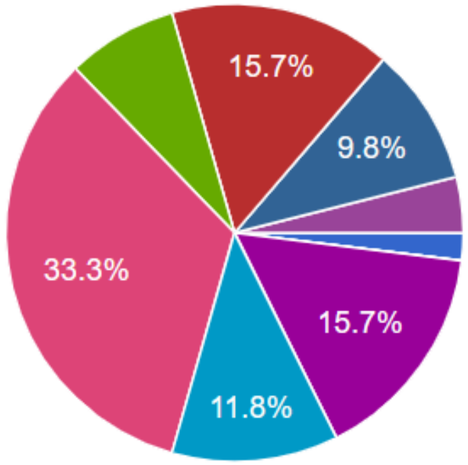
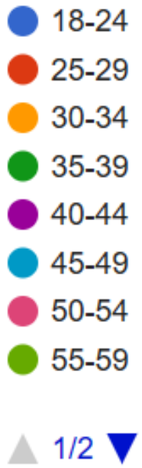
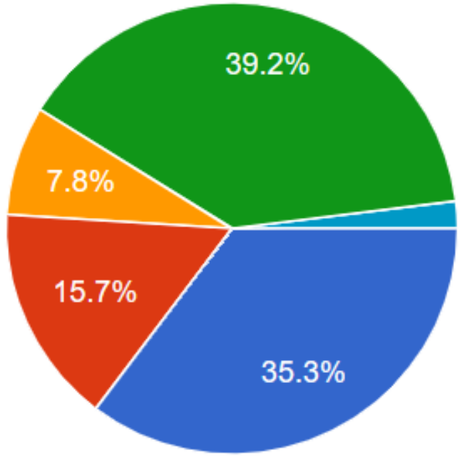
Gender 2/3 women, 1/3 men

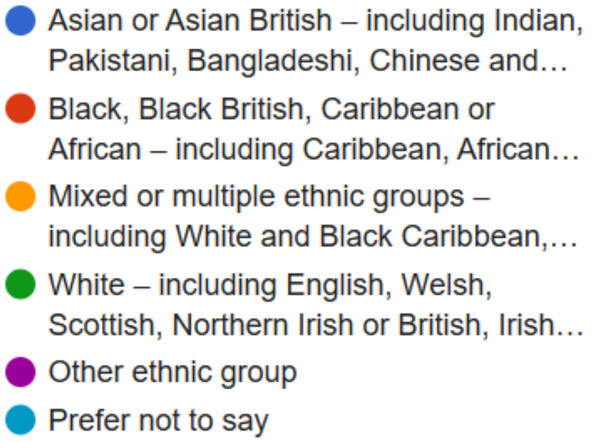
Age:





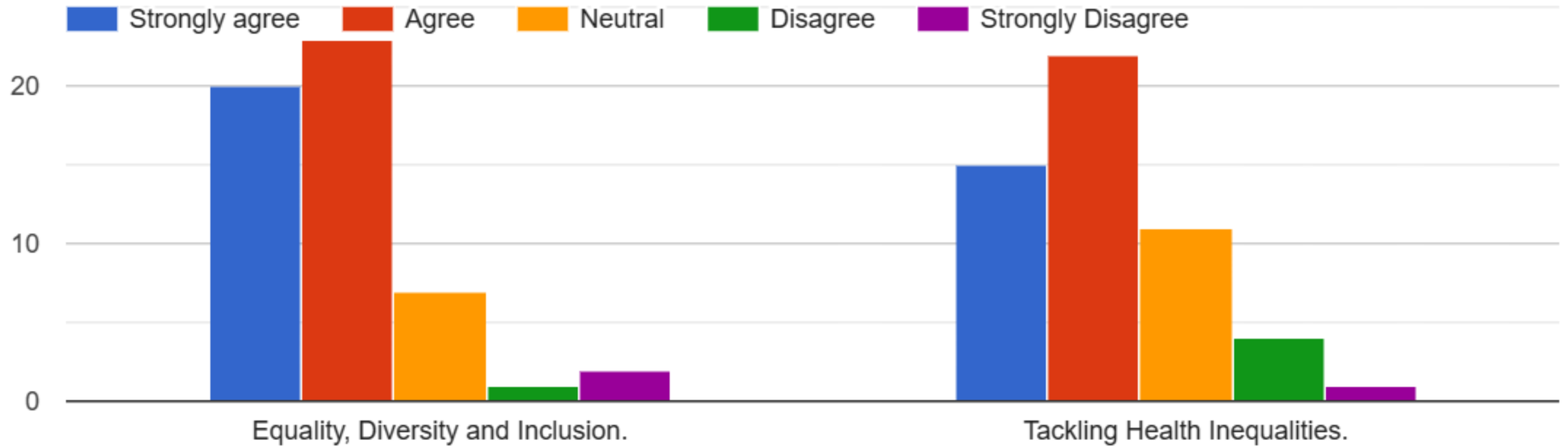
Ethnicity:





3. Findings – a) Good commitment

Our Trust/organisation is **committed to**:



b) But varying skill & quality of approach

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Our Trust/organisation is **currently performing well** in

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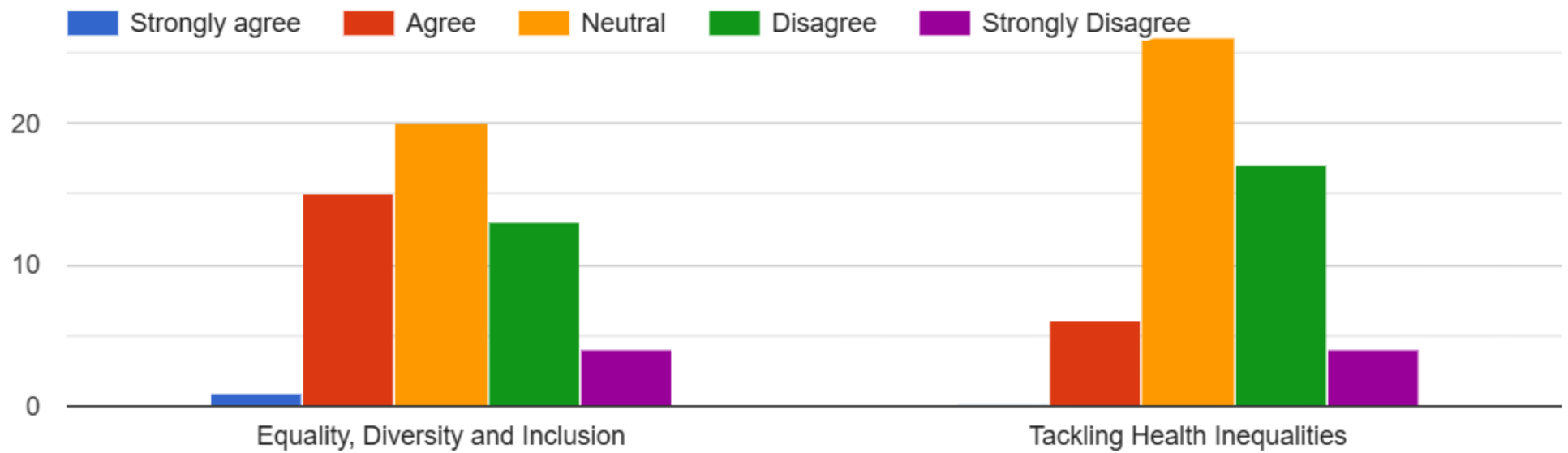

1. As NEDs it is worth checking & ensuring proper governance plus training and access to resources – eg What can hospitals do to tackle health inequalities? (centreforpopulationhealth.co.uk)

c) Much good practice

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There are examples of good practice and insights about enablers to share (high level and varied) –

- Some clinical work areas have a targeted focus on under-represented groups.
- link with primary care and local work on this and focus
- We work with the ICB to support delivery of the ICB strategy which has health inequalities focus
- Starting to have a conversation at Board and Exec
- gathering population data
- working as a system
- Linking into system working / strategy, some areas there are areas of progress - pockets of innovation and good practice.
- Not seen as a Trust responsibly in ‘leadership’ terms other than to work with others to play a part.
- driving improvement in data analytics, pushing for corp objectives to address population health (not just

2. As NEDs it is worth checking whether the good practice in your trust is effectively recognised, celebrated and supported by your board + learning from elsewhere

d) But more needed

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Many shares about barriers, things that need addressing, ideas for doing things better and asks for support -

Senior buy-in – whole board, chair & CEO

More explicit focus on these

More proactive approach

Governance

Investment

Long term approach

Clarify vision, approach, outcomes and metrics

Exec diversity

Standing agenda item

Include on performance scorecard

External challenge

Experience

3. These are helpful areas for NEDs to seek assurance about and support improvements / growth to optimise practice

– Review Governance to ensure it is fit for purpose

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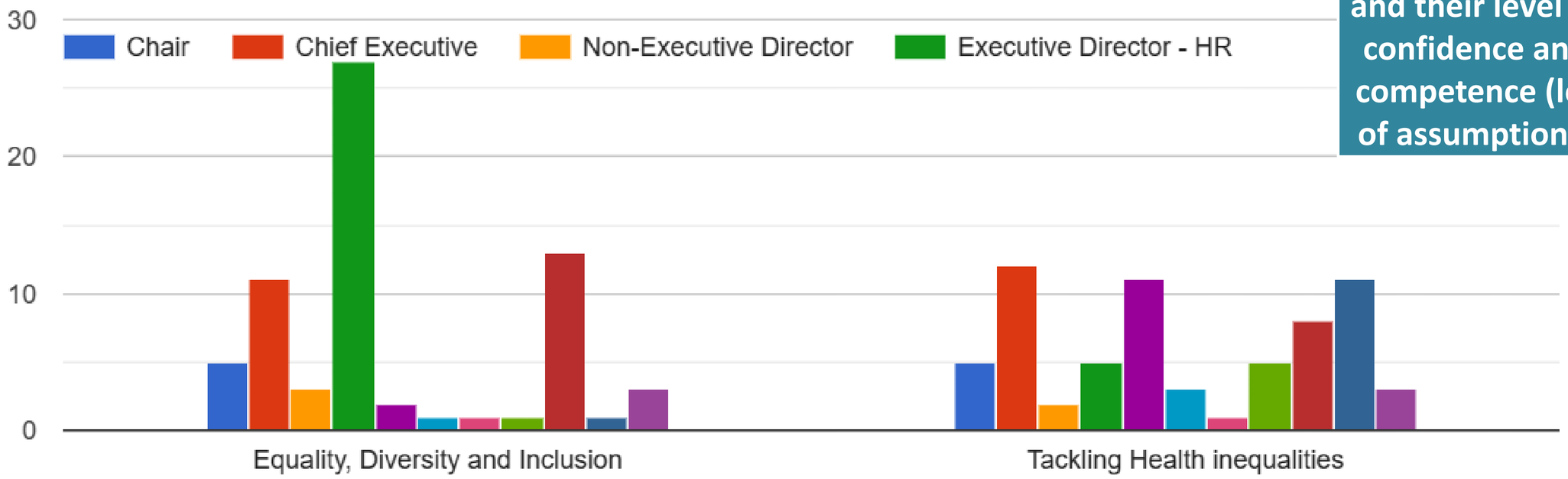
2c. Who in the Trust **at present has overall responsibility and accountability** for:



4. It is worth checking who is leading on these in your trusts and their level of confidence and competence (lot of assumptions)

Current risks exist

Detrimental impact of the wrong person leading needs much greater awareness … lots of qualitative inputs

Discrimination in practices with HR having power over EDI and discipline. Someone speaking up to a bad or discriminatory HR manager has no where to go and faces double risk. Esp if they're BAME.

A belief what is happening is ok, and the boxes ticked. This can add to risk of patient safety and staff retention

It amounts to nothing more than a tick box exercise and we do not tackle the persisting inequalities

Lack of meaningful change

The risk/harm as I see it now in my Trust is that people work actively to suppress talking about it. And the Board doesn't ask questions about it and just goes with the flow of whatever they're told. If you speak truth about it people get uncomfortable and you're labelled.

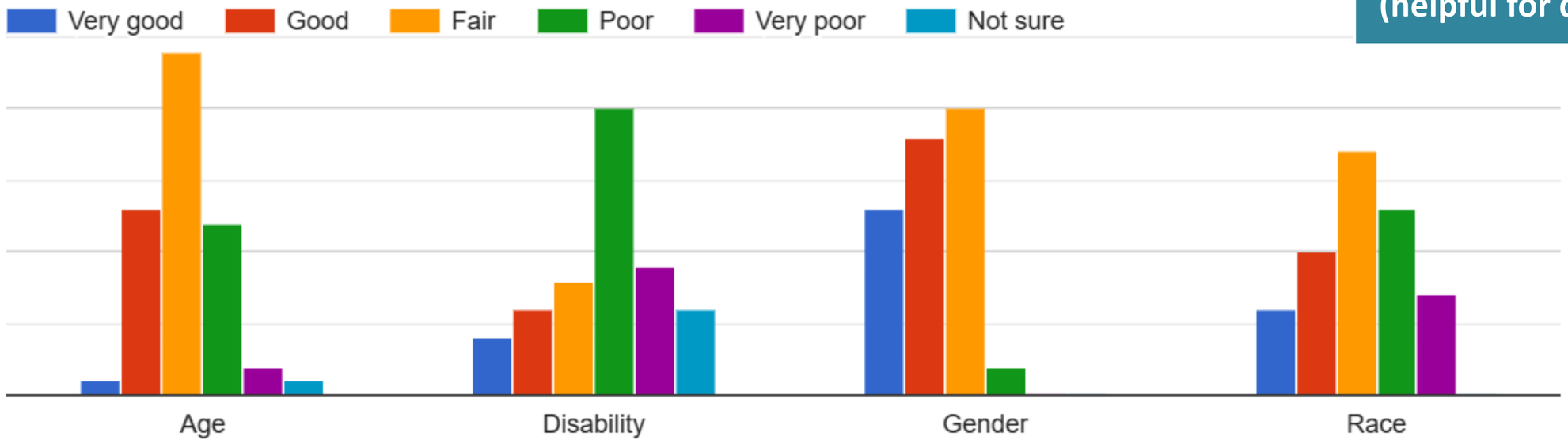
Lack of focus - random project approach - inability to take whole organization with them

5. As NEDs, it is worth ensuring adequate training and support for board members, particularly those leading – plus checking the quality of practice – staff experience and on outcomes as well as approach

– Review Exec diversity to ensure optimal

Generally needing more work – fair / poor and varied, especially at executive level -

4b. How **diverse is your board** overall in the following characteristics?



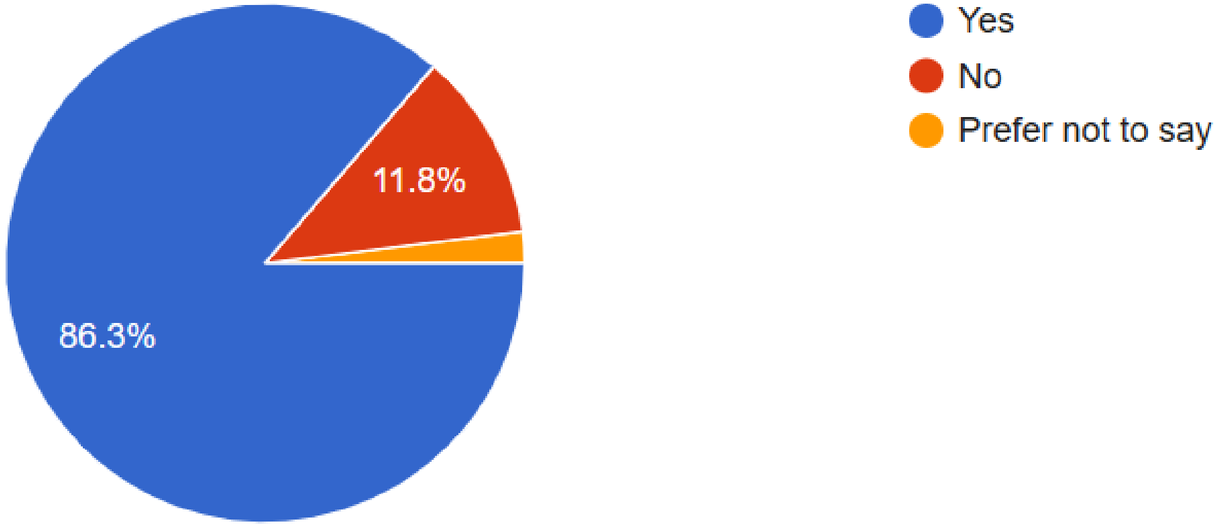
6. As NEDs it is worth also reviewing board diversity especially at Exec level and asking if it is representative of staff and patients (helpful for quality)

↓

– Utilise experience

Most people have seen or personally faced EDI issues -

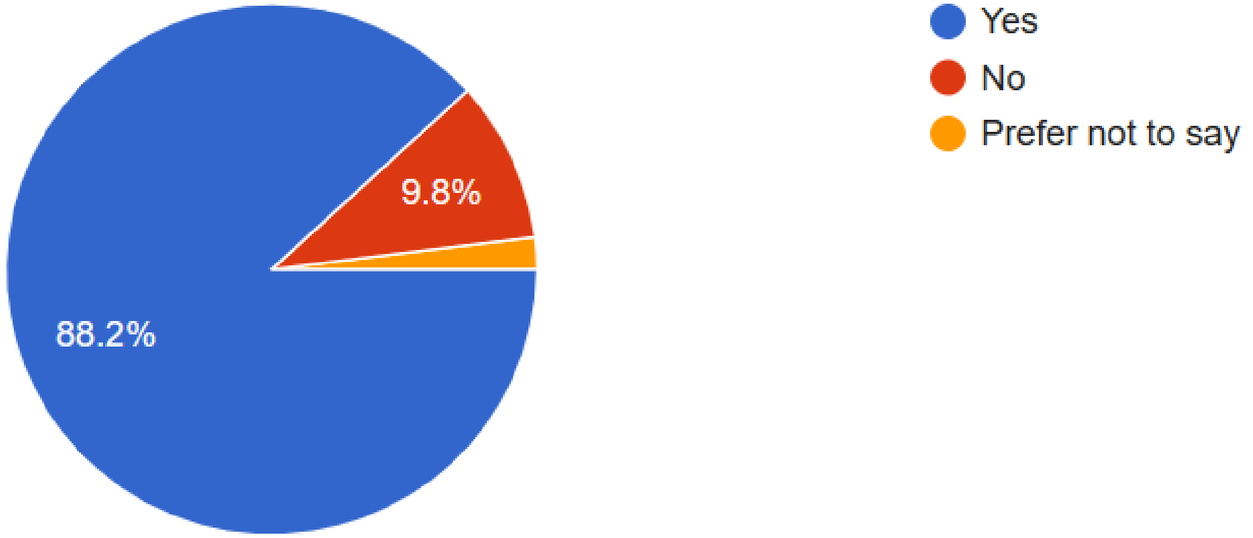
5g. **Have you faced, or seen others face, personal challenges** regarding Equality, Diversity and Inclusion in your senior role in the NHS?



– Utilise experience

And issues relating to health inequalities -

5h. Do you have **lived experience of facing, or witnessing others facing, Health Inequalities**?



7. As NED check how satisfied that your board understands and uses lived experience – including from the board itself, but also staff and patients for EDI and tackling health inequalities. Eg cultural competence, tailoring care, good access, creating equity, psychological safety

– Lived experience

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This work has also generated many quotes and stories shared by individuals such as the below leaving us with the question – where in the health and care system is the outlet for this and asking whether there needs to be national work done to focus on the trauma associated with work and experience in a health and care system that is still not optimally focussed on EDI and tackling health inequalities. **Our recommendation is that this receives more attention and dedicated focus to run in parallel with EDI and tackling health inequalities efforts at board level and as part of EDI and tackling health inequalities workstreams at every level – something that is currently missing.**

"I have had personal experiences of racism, discrimination and harassment in the workplace. I have also tried to call this out and had to leave one role as a result when the perpetrators remained in their positions - and as I understand it continue their behaviours."

"I feel that my appointment may have been influenced by the need to have a visually diverse Board, and it felt a bit of a tick box exercise. I do wonder how many NED roles, esp. Associate NEDs, are appointed on this basis and what the progression is to full NED. Is this representative and is this a common experience?"

"It is really important to stress that the NHS is influenced by the practices that the organisations supporting it or working closely with it demonstrate also - for example politicians, think tanks, national bodies. It is not sufficient to just focus on board leadership of NHS Trusts for these topics - it is imperative therefore that these organisations also face the same level of scrutiny and challenge. Otherwise those exhibiting the worst of these behaviours are most likely to get away with it - and the problem therefore continues."

8. As NED review your understanding about trauma informed care and its relevance for staff and patients (eg under-represented groups, clinical frontline pressures, pushing through linked boundaries for progress)

e) Need more, risk is less: our leadership can really make a difference

I'm grateful you are doing this study. Pressures on everyone I work with seems to mean they see this area as something for later

I am now more conscious of the need for objectivity and the benefits of having different perspectives.

These agendas are key but seem to be lost in the firefighting operational leadership vision and mission. It takes proactive effort to keep in visible and keep people talking about this.

I've become aware of the impacts on self-confidence of a lack of inclusion and conscious of social dynamics that can deliberately or accidentally reinforce this, particularly with gender equality.

My work in this has made me more proactive in supporting others and actions to develop support networks.

We as NEDs can actually play a very important role in this.

9. As NED how well do and your board act proactively to lead this agenda?

f) A Framework to help …

Health Innovation
Kent Surrey Sussex

Health Equity and Cultural Safety Framework

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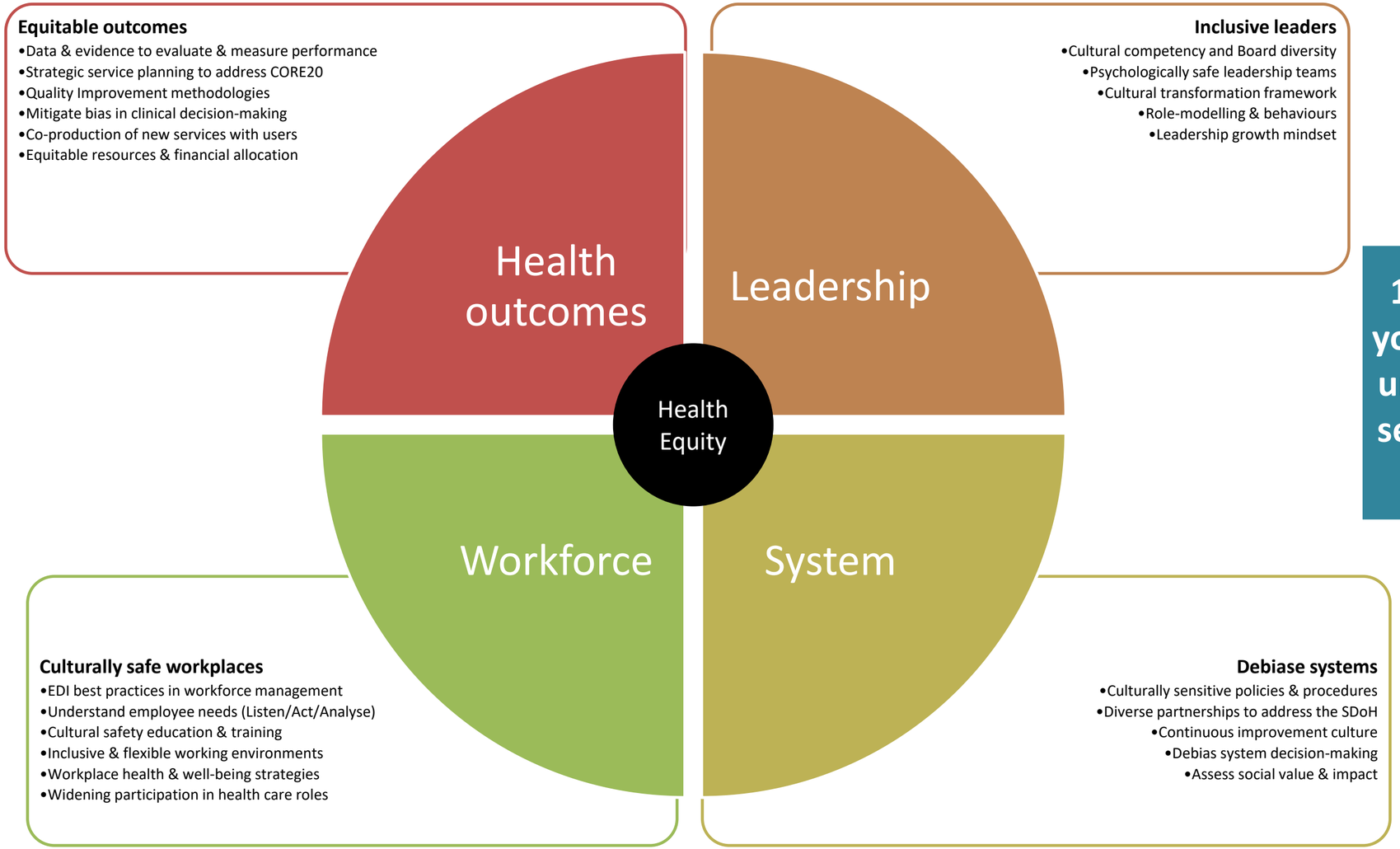

10. As NED could you use this tool to undertake a board self-assessment as step 1?

Population Health Conference 2024

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If you want to find out more about population health, we are running our first ever conference in Bradford bringing together health and care leaders across UK to:

- find out more about practical approaches to population health and equity
- Share ideas and insights about what works
- Connect with like-minded others
- Build your own network and plans for implementing a better and more equal future for all.

Join us on 27th November 2024 at our Population Health – Making It Happen conference. Early bird tickets are available using this QR code – heavily subsidised to promote access, inclusion and reach.

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