Good Governance because it's time to think again

2020

COVID-19
19 June 2020

Good Governance Institute

Systemic racism

The tragic death of George Floyd has reignited the debate on systemic racism in the US and across the world. The NHS must not be exempt from scrutiny.

Black, Asian and minority ethnic (BAME) staff report some of the poorest workplace experiences in the NHS. Recent NHS Workforce Race Equality Standard data reveals that 29% of BAME staff have experienced bullying, harassment or abuse from colleagues in the past year. That's a third higher than the figure for all staff.

At the same time, the proportion of BAME staff who feel that their trust provides equal opportunity for career progression has declined since 2016. Indeed, it is still the case that white staff (across all grades) are 1.6 times more likely than BAME staff to be appointed to a role, even once shortlisted.

A lack of BAME representation in board and senior management positions is both a symptom and a cause of these issues. Despite BAME staff making up over 20% of the NHS workforce, recent research conducted by NHS Improvement indicates that just 7.4% of NHS board members were from BAME backgrounds and the majority of these are in non-executive rather than executive positions. Worse still, up to 45% of NHS trusts have no BAME board members at all.

These figures make depressing reading; there is a clear and urgent need to move the dial on diversity and inclusion within the NHS.

The Seacole Group

One of the groups already engaged in this difficult conversation is The Seacole Group, which comprises BAME NHS non-executive directors. The group's purpose is to strengthen BAME non-executive representation and voice on NHS boards. GGI has been working with the Seacole Group, hosting meetings and webinars to provide a platform for this important debate.

Beyond the obvious moral imperative, GGI's recent work with Diversity by Design has also reinforced the need for boards to look beyond the diversity deficit to consider the dividend that can be realised from more inclusive and diverse workforces.

As NHS CEO Sir Simon Stevens put it: "The chronic lack of non-white faces in senior positions means the NHS is missing out…. diversity in leadership is associated with more patient-centred care, greater innovation, higher staff morale, and access to a wider talent pool."

Diversity matters

Others too have made the case. McKinsey's *Diversity matters* programme has demonstrated that companies in the top quartile for gender and ethnicity outperform those in the bottom quartile by 15% and 35% respectively, while a recent study by the US National Institute of Health convincingly argued that 'it is evident that we can't accelerate our pace of change without diversifying racial/ethnic, socioeconomic, or otherwise culturally monolithic learning environments'.

These issues, particularly around voice and representation, have been exacerbated during COVID-19 where research indicates disproportionate mortality and morbidity amongst BAME staff – issues GGI has explored in previous bulletins.

NHS boards have specific duties under the Equality Act to eliminate unlawful discrimination, harassment and victimisation and must report their performance through both the Workforce Race Equality Standard and the Equality Delivery System. However, it is clear that not all boards are meeting their duties. The evidence implies that, although though regulatory and statutory support is important, it's certainly not enough alone to make a difference.

We also know that there are many instances where boards have the will and appetite to make improvements but are not always sure how to effect lasting change.

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Tools for change

Roger Kline recently published an important article in the BMJ, making a number of vital recommendations to ensure faster progress to tackle workforce discrimination. We would commend these to all NHS boards.

Kline's recommendations included:

- Making equality, diversity and inclusion core board business.
- Every leader seeking out local challenges, looking for risk, not comfort.
- Not signing off on 'action plans' that are unlikely to work
- Being more proactive and preventative
- Embedding real accountability among managers and staff
- Modelling inclusive behaviours

Additionally, we think it is important to highlight some of the key recommendations made in our own report *Diversity: the new prescription for the NHS* – notably that boards should:

1. Commit to debate, agree and articulate why an increase in the diversity of their staff will increase the trust's ability to deliver its strategic aims, including:

    - safe, personal and effective patient-centred care and enhanced health outcomes
    - innovation both in medicine and in the design and delivery of services
    - staff career success

2. Create an approach to talent development, which shows how greater diversity will meet the ambitions of the NHS Long Term Plan.

3. Commit to detailed discussions, as the precursor to any action, on the exact nature of the diversity deficits in their organisation and then to understanding exactly why that is happening.

4. Review and, where necessary, amend their processes for recruitment, promotion and succession planning to ensure that these are fair, transparent and create teams and groups of staff based on diversity of experiences, identity, background and skills.

5. Move away from 'diversity awareness' training to mandatory leadership training for all those who lead teams and groups.

6. Set clear and measurable goals and objectives focused on the delivery of the above recommendation.

It is GGI's position that boards work better when members have a diversity of life-experience. Practically, representation of minority groups or hard-to-reach groups on boards offer opportunities for the organisation to be trusted by and connected to the entire community, saving lives and resources.

Call to action

Now is the time for action; now is the time to bring our collective minds, energy, resources and investment to bear on this important cause.

We have known for some time about the data, regulatory requirements and our responsibilities as outlined by various statutory instruments. Now we must harness our collective energy and define measurable outcomes, supported by tangible outputs.

Is your board ready to accept this challenge? Are you ready to break the silos and the glass ceiling and create genuine inclusion?

Then set a 12-month target to increase the percentage of BAME representation in all staff groups – particularly in leadership roles – and deliver it.

If you're interested in discussing these and similar issues in a peer-to-peer forum, join us for our weekly *Good governance because it's time to think again* webinar. Register by email for **events@good-governance.org.uk** to join the conversation.

We are keen to hear your views. If this briefing prompts any questions or comments, please call us on 07732 681120 or email us at **advice@good-governance.org.uk**.