

# Building Leadership for Inclusion

Progressing Equality Across  
Health and Care

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# This afternoon

An overview of

- What *'Building Leadership for Inclusion'* is about
- Our ask from you – EDC as sponsors of this work



# Context

- Previous efforts to address inclusion and diversity in the NHS have failed to secure the sustainable change we need
- This work will be complementary to the work on WRES and support existing efforts and ambitions
- This work will equip everyone in the NHS with the skills, knowledge and behaviours to make real and lasting change



# Our three strategic aims

Our strategic aims in relation to inclusion are to:

- Raise the level of **aspiration** on inclusion
- Quicken the **pace of change** towards inclusion
- Ensure that **leadership is equipped** to **achieve and** leave an ever increasing and **sustainable** legacy of inclusion



# How will we do this?

- Involving leaders across the NHS in the work from day one
- Building on work in progress with WRES and working in partnership with a broad range of stakeholders
- Using rigorous research and intelligence alongside stories and narratives to inform change.
- Learning as we go – from lived experience, knowledge, reflection, reviewing and taking action.
- Creating plans for change at all levels of the system.



# What we need from you

- Your input, support and engagement
- Your buy-in and advocacy
- Your adoption of this as a key work stream to secure your own strategic aims
- Your sponsorship - a platform from which to launch this important work
  
- *What we don't need – money!*



- Any questions?



# Further detailed - Introduction

*“The NHS is committed to making substantial progress in ensuring that the boards and leadership of NHS organisations better reflect the diversity of the local communities they serve, and that the NHS provides supportive and non-discriminatory ladders of opportunity for all its staff, including those from black and minority ethnic backgrounds” (Five Year Forward View, 2014).*



**Yet, over two years later..**

It is clear historical and many existing approaches to addressing equality, diversity and inclusion across the NHS have failed to bring about change.

And it's getting worse..

For example, evidence suggests negative trends on BME inclusion and little or no progress on disability for some years.



# Despite legislation...

- Women still do not have equal respect, equal pay and equal opportunities for progression – **Equal Pay Act 1970**
- BME staff are increasingly dissatisfied with the current status of inequality and want action that changes things – **Race Relations Act 1965**
- LGBTQ staff report significant levels of bullying and harrassment – **Equality Act 2010**
- Staff with disabilities and LGBTQ staff do not feel able to be open about their status, thus monitoring progress is challenging – **Disability Discrimination Act 1995**

**So...**

**It is time for a fresh approach, and for leadership to play a significant role in shaping a more inclusive and equal future in health and care.**



# The Academy approach to equality, diversity and inclusion



*Leadership Academy*

The Academy aspires to be a thought leaders and change driver for inclusion **in leadership and leadership development**. Our aim is to learn and develop pioneering work and lead innovation across the wider health and care systems.

We will collaborate with experts and key partners nationally and internationally, becoming known for our expertise and exemplary practice.



# Making Leadership for Inclusion a reality

In response to the current levels of equality across the NHS, the Academy has pledged, via the recently published (Dec 2016) *Framework for Action and Improvement and Leadership Development*, to drive forward a new system wide programme of work – **Building Leadership for Inclusion**



# Our three strategic aims

Sustainable transformation on equality, diversity and inclusion across the system can only happen if we

- raise the level of **aspiration** on inclusion
- quicken the **pace of change** towards inclusion
- ensure that **leadership is equipped to achieve** and leave an ever increasing and **sustainable** legacy of inclusion



# **The Building Leadership for Inclusion programme of work**



*Leadership Academy*

**...is the vehicle through which we will gain the knowledge that we need to inform effective leadership development - equipping leaders with the conceptual knowledge, practical skills, psychological awareness and resilience necessary to achieve transformed cultures that are truly inclusive.**



# How?

By working directly with the NHS workforce and international experts to **create new knowledge, tools and interventions which will transform leadership and leadership development** so that the NHS' ambitions for inclusion at the most senior levels can be realised.



# It's about knowing *how to* make equality, diversity and inclusion happen through Leadership

- Understanding *how to* re-think our approaches to inclusion in order to make change happen at pace.
- *How to* create cultures in which the WRES, the work of the EDC and other strategic inclusion interventions will be more successful.
- Informing us *how to* further develop leadership capabilities and qualities for inclusion.

**This work is about taking action that creates change**



# How does this connect to WRES?

The WRES was created to address racial inequality by implementing mandatory metrics. This is a significant development on previous approaches.

**However, it is widely acknowledged that for the aims of the WRES to be achieved in sustainable ways, it needs to be supported by deeper cultural change**

- to create a positive paradigm shift which transcends the factors that lead to a 'box ticking', 'compliance' approach in which diversity, inclusion and equality is still seen as secondary to the main business of organisations.
- cultural change - a requirement for leaders to 'get it', to understand the critical importance of the NHS living up to its values, and who are able to skilfully integrate this knowledge into every facet of their practice and work.



# How does this connect to WRES? Cont..

In many ways, the work of Building Leadership for Inclusion is to provide the NHS with knowledge that will inform and develop the **values driven, skilled leadership core**, critical to ensuring that the deeper ambitions of the WRES can be realised and sustained.



# **The key elements of this work**



# The building blocks

The work is based upon re-designing some key building blocks, which if adopted over time and across the system, will bring about lasting and significant shifts in this area of work.

These building blocks are upheld by individual, yet interconnected work streams which are the vehicles through which progress will be made, sustained and evaluated.



# Leadership for Inclusion building blocks



Leadership Academy

Developing new approaches for inclusive leadership  
across the NHS through **lived experience**

## Pedagogy

New  
inclusive  
approaches  
to learning

## Facilitation

Re-skilling  
and up-  
skilling

## Leadership development

Fresh  
Knowledge  
Content  
approaches

## Leadership practice

Shifting  
mind-sets  
and  
behaviours

***Learning through the lens of lived experience***

# Leadership for Inclusion building block 1



*Leadership Academy*

## Lived experience

- Learning through the lens of lived experience
- The work must be led by lived experience, and its results positively felt by those who are most negatively affected by the current NHS culture



# Leadership for Inclusion

## block 1



*Leadership Academy*

### Lived experience

This is the most significant building block. Ensure that the voices of those with protected characteristics are at the heart of this programme of work. The work must be positively felt by those who are most negatively affected by the current NHS culture - thus those with **lived experience will be empowered to collaboratively shape and lead the changes that affect them.**

Embedding this approach into how we work, should ensure that interventions continue to be relevant, effective and sustainable.



# Leadership for Inclusion blocks 1 cont....

**Bringing together different groups to collaborate for change in new and more focused ways, informed by theories of intersectionality** (recognising similarities and experiences which occur due to overlapping identities and related systems of oppression – i.e. a Lesbian woman also with a disability)

- Making sense of differences in ways that progress the ambition of empowering those who have been traditionally excluded.
- Learning how to collaborate effectively across differences and address power imbalances.
- Building upon the collective intentions and aspirations that already exist amongst those in positions of power, who do not have protected characteristics.



# Leadership for Inclusion blocks 2 &3

## Pedagogy

- The assumptions upon which approaches to learning are built
- The work aims to create an inclusive leadership pedagogy and to translate this into practice

## Facilitation

- Equipping high quality facilitators with a depth of new knowledge and skills required to support inclusive leadership development

# Leadership for Inclusion blocks 4 & 5

## Leadership development

- Bringing up-to-date knowledge and approaches to transform how leadership is both developed and understood

## Leadership practice

- Increasing equality - continuous learning which shifts mind-sets and behaviours through practice



# And...

The NHS will refresh and update the thinking which drives leadership and leadership behaviours for inclusion. **This work will challenge many of the long held assumptions, that have contributed towards a lack of significant progress in this area of work.** We aim to update approaches to leadership development in ways that ensure that leadership can deliver inclusion through its ideas, plans, actions and behaviours going forward.



# Senior Influencers Stakeholder Groups

Stakeholder groups will form a key strand of the work with lived experience. They will be key influencers with regards to working within the system and across the system for change, as well as being initial recipients and commentators on the new knowledge and approaches as they emerge.

**Disability**

**LGBTQ**

**BME**

**Women**





# **A closer look at one of the stakeholder groups**

## **BME Senior Influencers Group**



# BME Senior Influencers Group

A core aim of this programme of work is with the WRES and other strategic interventions to progress racial equality across the NHS 17% of the NHS workforce are BME.

There is an established body of evidence which supports this emphasis, signalling why this work should happen **now, at pace** and for this change to be **cumulative** and **sustainable**. The next slide outlines a few reasons to support this stance.



# If those who care are not cared for, then patients and service users will suffer

- An established link between the treatment of BME staff and the care patients receive.
- *“Research suggests that the experience of black and minority ethnic (BME) NHS staff is a good barometer of the climate of respect and care for all within the NHS.*
- *“Put simply, if BME staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received”.*

NHS Staff Management and Health Service Quality Results  
from the NHS Staff Survey and Related Data West, M et al,(2012)



# Senior BME Influencers Group



## Draft objectives

*Leadership Academy*

- Speaks strategically and with a powerful collective voice, in service of inclusion.
- Address issues of *pace*, increasing diversity at the most senior levels.
- Policy influencers.
- A **talent pool that is very visible** to the system, and connected to the pending system wide talent management strategy.
- Addresses issues of BME isolation at senior levels.
- A test bed for new initiatives and development interventions for impact and influence.
- Potential participants for the Ready Now programme which will incorporate new knowledge from this programme of work.



# Other groups

Additional stakeholder groups will follow a similar model. These will include the following:

- Senior Women Influencers
- Senior LGBTQ Influencers
- Senior Disability Influencers



**So from the building blocks, what does  
the big picture look like**



# Leadership for Inclusion building blocks



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***Learning through the lens of lived experience***



**Lived experience led initiatives via various collaborative stakeholder groups**

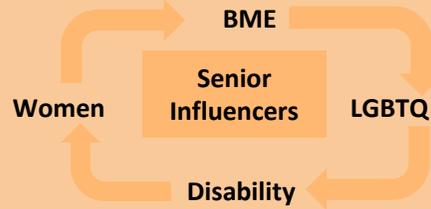
**A dynamic relationship between the building blocks – each element informs the development of the others**



**Lived experience led initiatives via various collaborative stakeholder groups**

**Knowledge creation through the engagement and leadership of those with protected characteristics**

- Intersectionality approaches
- Visible talent pools for talent management initiatives



- Modelling new and more collaborative ways of being
- Talent Management pipeline



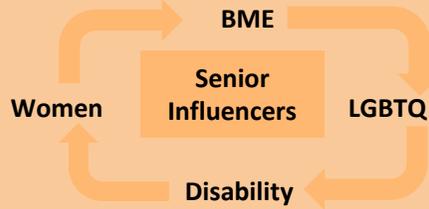
Continuous dialogue and co-creation of knowledge



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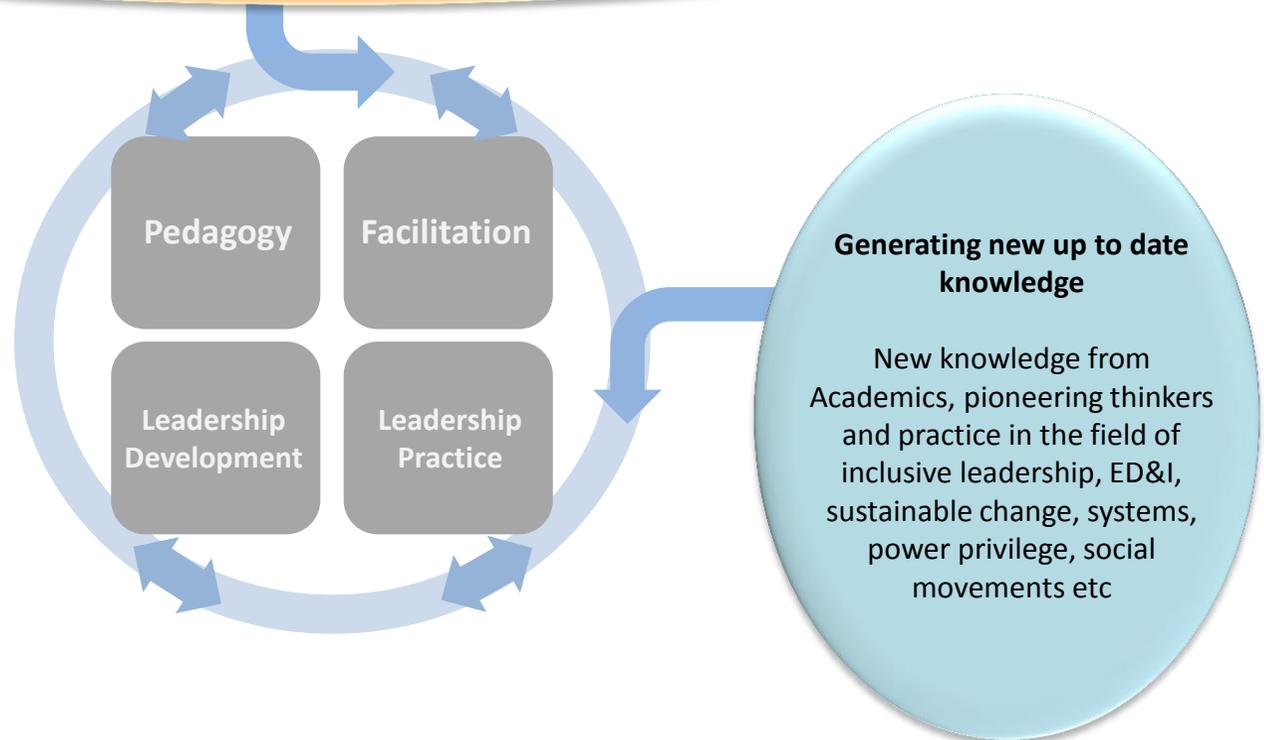
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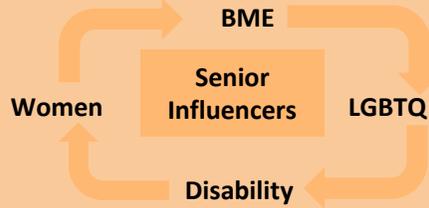
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# Creating a credible evidence base

**Knowledge creation through the engagement and leadership of those with protected characteristics**

- Intersectionality approaches
- Visible talent pools for talent management initiatives

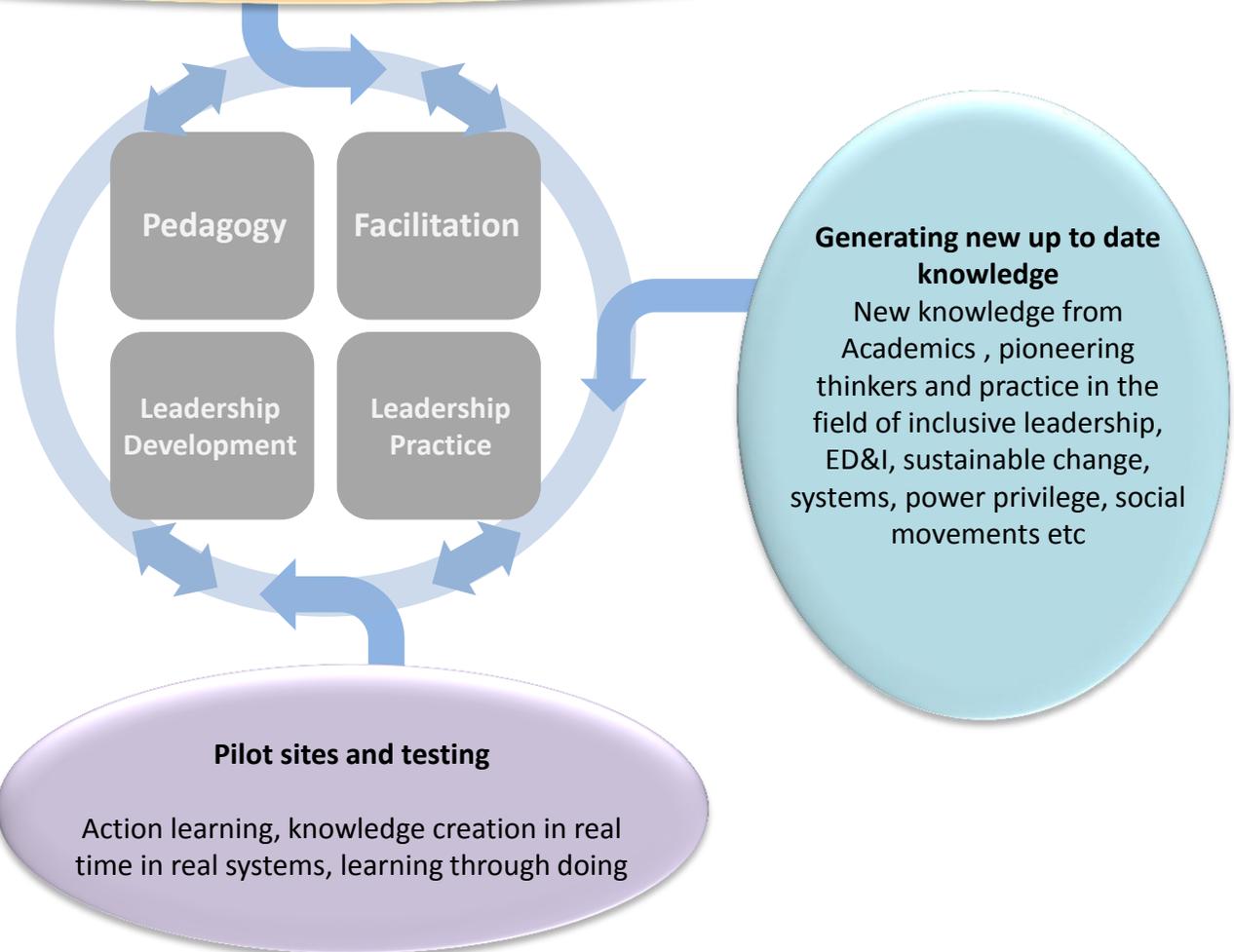


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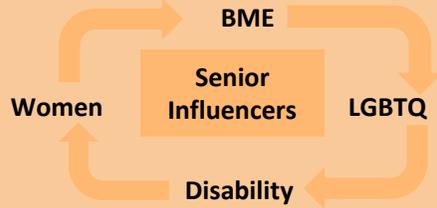
Continuous dialogue and co-creation of knowledge

# Making it work in practice



**Knowledge creation through the engagement and leadership of those with protected characteristics**

- Intersectionality approaches
- Visible talent pools for talent management initiatives



- Modelling new and more collaborative ways of being
- Talent Management pipeline



Continuous dialogue and co-creation of knowledge



**Powerful Senior Stakeholders**

Unprecedented levels of collaboration with power – senior leadership without protected characteristics



**Generating new up to date knowledge**

New knowledge from Academics , pioneering thinkers and practice in the field of inclusive leadership, ED&I, sustainable change, systems, power privilege, social movements etc

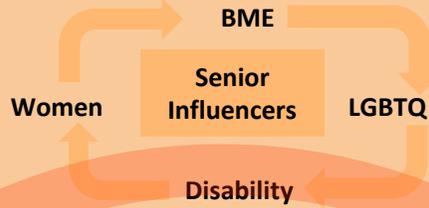
**Pilot sites and testing**

Action learning, knowledge creation in real time in real systems, learning through doing

**Building and imbedding learning with influential stakeholders**

**Knowledge creation through the engagement and leadership of those with protected characteristics**

- Intersectionality approaches
- Visible talent pools for talent management initiatives



- Modelling new and more collaborative ways of being
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Continuous dialogue and co-creation of knowledge



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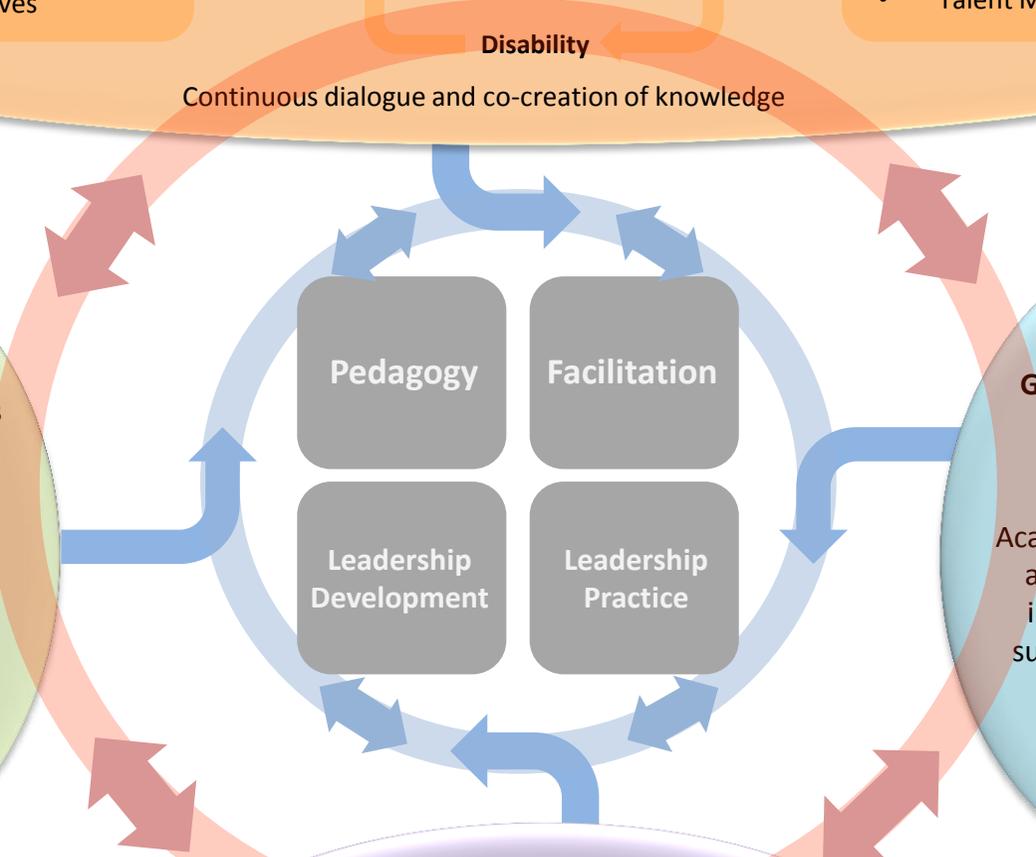
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**Pilot sites and testing**

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# Supporting the strategic ambitions of the EDC

Building Leadership for Inclusion supports the EDC five key goals -

1. Creating inclusive workplaces
2. Reducing bullying
3. Eliminating discriminatory practice
4. Improving organisational performance on equality
5. Improving access and outcomes particularly for protected and disadvantaged groups



# Building Leadership for Inclusion creates an opportunity for a future NHS that...



*Leadership Academy*

- Lives the values of the NHS Constitution.
- Delivers great care for patients and service users
- Develops and embodies inclusive and compassionate leadership.
- Values diversity, promotes equality and is representative of the community it serves at all levels
- Makes best use of its talents and resources.
- Progresses at pace towards discrimination being a thing of the past.

