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Innovation In Inclusion

Promoting inclusion in the workplace is about recognising and valuing of difference. It encompasses creating a workforce culture and practice that recognises respect, value and difference.

Breaking Through was launched in 2003 to tackle poor representation of BME staff at senior levels in the NHS. To date in excess of 500 people have been trained and developed, and there has been celebrated success for the individuals, Breaking Through and the NHS.

As co-creators of this initiative, we have both worked for Breaking Through as Regional Coordinators for the last 2 years and are deeply committed to promoting the agenda and working towards making change through the programmes we commission.

In order for difference to be recognised as a strength within organisations and that in future, staff must be able to progress without barriers, as such the culture within NHS organisations needs to shift.

Our views led us to develop the ‘Innovation in Inclusion’ project which, alongside programmes and initiatives like Breaking Through, will give the NHS a real opportunity to create systemic and sustainable change, a social movement working towards an inclusive workforce.

We would like to thank Yvonne Coghill OBE (National Breaking Through Lead) and Prem Singh (National Leadership Council Inclusion Lead) for the opportunity to deliver this project and to our Transformational Leadership Colleagues who participated in the diagnostic, in particular Alison Wilson-Shaw and Martin Bleazard without whom, none of this would have been possible.

Kate Calder and Jason Nair

1. Foreword
2. Executive Summary

Introduction
The challenges for the NHS of the current climate are stark. Our long held approaches to service delivery are being challenged. Innovation and efficiency are critical. The need to sharpen our leadership capacity to deliver is becoming evident. Not only do we have to do less with more, we have to think radically and act differently. The opportunities afforded by these changes will be driven by individuals in the system whose resources and talents are yet to be fully realised. Central to these endeavours will be the promotion of inclusion: efforts which seek to identify and recognise the skills of colleagues from our diverse communities, and realise the resources they bring. This will only be achieved by openly engaging and supporting all our colleagues with the task ahead.

Promoting inclusion is a broader enterprise than securing implementation of equality and diversity legislation, which relates in practice to designing policy and providing mandatory training. Promoting inclusion is a transformational endeavour, which builds new ways of working and secures shifts in organisational cultures. It seeks to engender respect, honesty and fairness for colleagues and patients alike. It demands high levels of interaction and reflection, as well as a deep commitment to act.

The NHS made significant progress, notably in relation to patient care. However, if promoting inclusion was to focus purely on the needs of the population the NHS serves, we would have good reason to be proud. However, when faced with the challenge of promoting inclusion in relation to staff, significant progress has yet to be made.

Achieving the goal will not be easy or comfortable. It will entail difficult and uncomfortable conversations. Leaders will require the nerve to question the most embedded of practices which serve - though do not necessarily seek - to exclude colleagues. Concerted effort to secure cultural shift across the NHS will demand focus and vision. The challenge is not for the faint hearted, but its rewards will be immense.

Innovation in Inclusion
Innovation in Inclusion is a project funded by the NLC through the Breaking Through Transformational Leadership Programme (TLP) which seeks to identify the needs – and the potential solutions – to addressing the barriers to promoting inclusion in the NHS. Breaking Through has commissioned an independent evaluation of its key programmes and the one which has emerged as the one delivering the most results is TLP.

The project aimed to:
- provide a blueprint for change across the health service
- give a greater understanding of what is needed to succeed
- enable targeting and support of currently non achieving organisations and gain commitment to achieving progress in the future
- provide evidence how to support the transformational change in relation to inclusion

The project was well received. It stimulated discussions about how to nurture inclusive and effective leaders in health services. As a result, the project secured a valuable return on investment. Its success lay in the fact that it was an initiative ‘for the NHS by the NHS’. Participating organisations and delegates at the National Inclusion Summit indicated that there is an appetite for further work. A number of NHS organisations have asked to extend the project beyond the 6 initial sites.

Method
Appreciative Enquiry (AE) is a method for understanding and improving complex systems. It encompasses high levels of interaction with rigorous analysis. It comprises four main stages:
- recognise the best of what currently exists
- determine what the very best might involve
- explore what needs to be done to construct the ‘dream’ and make it a reality
- ascertain what needs to happen to ensure that achievements are sustained

AE enables organisations to benefit from a range of stimulating discussions in the organisation to identify problems and solutions and, critically, to explore the differences in perception of how inclusive the organisation is. It allows participants to reflect and build on their organisations’ strengths rather than deficits, enabling constructive challenge which also elicits potential solutions. In so doing, it minimises resistance to change.

At its core, AE seeks to work with the values and energy at the heart of an organisation and strengthens its positive characteristics. It enables individuals to have difficult and honest discussions about topics which might otherwise be avoided, such as issues relating to inclusion and diversity. Critically, AE secures deep improvements in the way organisations go about their business.
The need to sharpen our leadership capacity to deliver is becoming evident. Not only do we have to do less with more, we have to think radically and act differently.
Key Findings

The lessons emerging from this project have the potential for far reaching results – beyond the agenda for inclusion. The project has shown that innovation in managing change has significant possibilities for many of the new challenges facing the NHS. The government challenges will require increasingly sensitive leadership and adept ways of managing the inevitable resistance to change.

TLP has had a life beyond itself: the creation of this project and a community of 73 practitioners who have the extra skills necessary to augment AE methods with a skilled set of interviewers with the skills to deal with the resistance they encountered in the organisations they worked with.

There were common challenges in all of the six participating organisations, characterised by required shifts in local cultures:

- Distrust to trust
- Fear to empowerment
- Collusion to valuing diversity
- Restrictive and stifled to empowered and ambitious
- Data compliance to valuing individuals

A number of themes emerged:

1. Participants wanted their organisations to be inclusive and innovative and sought leadership from senior management, particularly their CEO in promoting inclusion.

2. Many staff stated that they were isolated in their organisations and opportunities to be heard and identify support were few.

3. Constructive discussion about diversity and inclusion was lacking. Opportunities to have frank and open discussions would be welcomed.

4. Across the health service there are staff who are committed to promoting inclusion, eager to support their organisation to move forward. Many saw themselves as champions for change.

5. Managers and frontline staff often felt that Boards required support and development in understanding how to promote inclusion and realise the benefits - clinical and financial - of an inclusive organisation.

6. A systematic and transparent leadership development programme linked to the Inclusion Agenda did not commonly exist. These organisations were unable to demonstrate a system which identified, at all levels of the organisation, the development of staff linked to the Inclusion Strands. Therefore it was not possible to identify the number of men or women, BME, or clinical staff who had undertaken leadership programmes.

7. Some staff voiced their concerns that promotion within organisations was based on “who you know”, rather than skill, knowledge and equal opportunity.

8. In a number of organisations, promoting inclusion was not discussed or viewed as a challenge. Such an approach reinforced the organisational status quo and some staff colluded with the idea that they were not different because difference was not valued.

9. Examples of good practice, particularly related to patient care, exist and should be celebrated. However, there is little evidence that this exists for staff. Staff do not appear to treat themselves and their colleagues with the same level of enthusiasm, commitment and passion as they do the services they provide to the public.

10. Demonstrable benefits had been recognised by participating organisations and individuals; examples included staff side and board members agreeing to jointly implement recommendations.

11. As a result of the project, participants expressed relief that they could now make constructive suggestions which would be heard; they welcomed opportunities to openly discuss challenges. They were confident that improvements could be secured.
Innovation In Inclusion

Recommendations

A number of recommendations have been made:

1. NLC should make this methodology available to NHS organisations across England and consider as part of the refocusing of responsibilities and accountabilities in the NHS

2. The programme should be commissioned nationally to build capacity to face the organisational challenges we face

3. This methodology should be targeted through efforts to develop Board Leadership; Board level support is crucial

4. All organisations need to address the following:
   - Boards need to have open and constructive dialogue about inclusion in a safe environment, with external support where necessary to understand their roles and responsibilities
   - Champions of this agenda in local organisations need to be networked, supported and effectively developed in order to strengthen their ability to make change stick
   - Organisations need to collect information about access to and uptake of development opportunities as well as promotion and recruitment outcomes by each of the equality strands and review progress regularly
   - Chief Executives should be actively and visibly involved in leading on this agenda
   - Organisations should use the powerful questions set out in the assessment checklist as tool to help them regularly take stock of where they are.
   - Coherent and embedded plans should be developed and used to monitor progress
   - Approved facilitators working to a set of well-defined standards should be identified to support change

Examples of the good practice from which we can learn:

1. NHS North Lancashire won a Social Care Innovation bid and used this funding to develop a Mental Capacity Act assessment tool, which is now used nationally.

2. University Hospital Coventry and Warwickshire NHS Trust developed an antenatal service for asylum seekers, which were provided in Sure Start Centres and faith centres in order to engage with the community. This reduced health inequalities in the area. Newham University Hospital NHS Trust developed ‘Doctor.com’, a mentoring scheme, whereby Trust doctors support local teenagers in pursuing a medical career.

3. Northampton Healthcare NHS Foundation Trust established a working group to engage the local BME, gay and lesbian communities with the aim of shifting the focus from medication to well-being in mental health. This resulted in 2 members from these communities joining the Trust.

4. Basingstoke and North Hampshire NHS Foundation Trust made excellent use of online training to enable the ‘percentage of staff having equality and diversity training in the last 12 months’ (National NHS Staff Survey) to increase from 16% in 2008 to 61% in 2009.

5. NHS South East Coast made excellent use of secondment to develop and grow staff.
3. The Project – Innovation In Inclusion

Innovation in Inclusion is a project funded by the NLC through the Breaking Through Transformational Leadership Programme which seeks to identify the needs – and the potential solutions – to addressing the barriers to promoting inclusion in the NHS. The project aimed to:

- provide a blueprint for change across the health service
- give a greater understanding of what is needed to succeed
- enable targeting and support of currently non achieving organisations and gain commitment to achieving progress in the future
- provide evidence how to support the transformational change in relation to inclusion

The key priorities and work streams of the NLC are:

- Clinical Leadership
- Board Development
- Top Leaders
- Inclusion
- Emerging Leaders

This project considered the following inclusion strands:

- Race and ethnicity
- Gender
- Sexual orientation
- Religion or belief
- Age
- Disability
- Transgender

A team of six people visited each of the selected organisations, to meet with staff and patients to understand the culture of the organisation, the attitudes and behaviours of its staff and the practices which characterised it. Teams were created from the alumni of Breaking Through’s Transformational Leadership Programme (TLP), experienced in, and committed to, consulting and Appreciative Enquiry to achieve transformational change.

Team members have a deep understanding of the Inclusion Agenda. As such, participants were able to use skills they developed on the programme, representing solid return on investment.

Each site visit lasted five working days. Teams helped organisations explore what would constitute high quality for their organisations in relation to inclusion.

There was a diagnostic phase which included the following elements, depending on local context:

- Appreciative Enquiry
- 360° consultancy
- Focus groups with staff and patients
- Interviews with Patients, the Public, and the Board and Senior Management Team
- Use of best practice checklists

Organisations were provided with a final report, recommendations and support. Progress will be re-evaluated after 6 months.

The approach allowed organisations to receive an external perspective on how they were progressing in relation to inclusion. It provided organisations with a starting point for taking action to improve. Critically, it built enthusiasm and capacity within organisations to make progress and achieve long term, sustainable change.
Breaking Through Transformational Leadership Programme which seeks to identify the needs – and the potential solutions – to addressing the barriers to promoting inclusion in the NHS.
4. Method

Appreciative Enquiry Overview

The Teams engaged between 60-70 people in each organisation – staff and patients – through a series of one-to-one meetings or focus groups. To ensure that the findings were focussed on securing improvements through discovering best practice or developing guideline, Appreciative Enquiry (AE) was employed. AE is a method which enables distillation of positive aspects of an organisation and as is a means of building on what is good.

Appreciative Enquiry (AE) is a method for understanding complex systems. It encompasses high levels of interaction with rigorous analysis. It comprises four main stages:

- recognise the best of what currently exists
- determine what the very best might involve
- explore what needs to be done to construct the ‘dream’ and make it a reality
- ascertain what needs to happen to ensure that achievements are sustained

Appreciative Enquiry

![4-D Cycle of Appreciative Enquiry](image)

AE enables organisations to benefit from a range of stimulating discussions in the organisation to identify problems and solutions and, critically, to explore the differences in perception of how inclusive the organisation is. It allows participants to reflect on their organisations’ strengths rather than deficits, enabling constructive challenge which also elicits potential solutions.

At core, AE seeks to work with the values and energy at the heart of an organisation and strengthens its positive characteristics. It enables individuals to have difficult and honest discussions about topics which might otherwise be avoided, such as issues relating to inclusion and diversity. Critically, AE secures deep improvements in the way organisations go about their business.

Appreciative Enquiry Process

Depending on the size and type of organisation, Teams met with the following people during the week (amongst others):

- Chief Executive Officer
- Patients and the Public
- Director of HR
- Equality and Diversity Lead
- Commissioning Lead
- A Non-executive Director
- Director of Nursing
- Frontline Staff
- Medical Director
- Performance/IT Director
- Staff-side/Union Representative
- Complaints/PALS Manager

Focus Groups of 6-8, including staff members and patient representatives lasted one hour and included Diversity Leads/Groups (where established), and staff from all levels.

Diagnostic Toolkit Employed

During the project, a diagnostic toolkit was developed. It contained documents for team training, organisational communication, staff and patient questionnaires, and self-assessment checklist. The full contents are listed below:

- Inclusion Diagnostic Proposal
- Organisational Briefing Communication Document
- Team Awayday Agenda
- Background Information for Interviewees
- Appreciative Enquiry - Staff Questionnaire, Patient and Public Questionnaire
- Organisational Assessment Checklist
- Proposed Timetable for Site Visits
- Welcome Meeting Presentation
- Local Staff Communication Document
- Final Presentation Meeting

These documents focussed on the Inclusion Strands of the NLC’s work, but could be used in the other Strands to ensure inclusion is a cross cutting element.
The Teams engaged between 60-70 people in each organisation – staff and patients
## Example Appreciate Enquiry Documentation

The Organisational Assessment Checklist used before site visits attempted to ensure that organisations had already considered issues relating to inclusion. These questions are set out below:

### Board
- Who is the identified sponsor of the diversity/inclusion agenda on the Board?
- How is that person visible to the organisation?
- How does the Board communicate its commitment to the agenda to staff and service users?
- Are all Board papers submitted with properly completed EIAs?

### Resources
- Who is in the dedicated, permanent E&D post and is it at an appropriate level to influence within the organisation?
- How does E&D link effectively with those responsible for Learning and Development, Leadership Development, Recruitment, service delivery and the Board?

### Data
- Is the organisation compliant with statutory data obligations (including publication), or where non-compliant working to resolve outstanding difficulties?
- Are general population changes monitored and compared with internal demographics?
- Has workforce data been analysed by occupation / pay band / leavers etc.?
- Is staff survey data used to identify any differences between Equality Strand groups / non-Equality Strand groups?
- Is exit interview data used to identify any problems?
- Do identified problems lead to actions?

### Commissioning/Procurement
- Are diversity and inclusion values and specific requirements/expectations written into contracts?

### Recruitment
- Are recruitment statistics (especially shortlist to appointment) regularly examined?
- Are internal recruitment processes monitored to ensure consistency for all?
- Is selection and interview training ensuring that all interviewers understand how to ensure fair processes?
- Are efforts made to make up diverse interview panels?
- Does advertising and publicity placement (including open days) take account of diverse populations?

### E&D Learning and Development
- Is sufficient time and weight given at induction?
- Have all staff received training?
- Do all staff receive refresher training?
- Do managers receive additional training?
- Is training content/style evaluated and regularly reviewed? By whom?

### Equality Impact Assessments
- Are staff confident in conducting EIAs?
- What opportunity is there to ask for advice?
- Is a regular review or audit of EIAs conducted?
- Are they considered in sufficient depth to make a difference?

### Performance and Development Reviews
- What proportion is achieved in the Trust?
- Is there a difference in % between Equality Strand and non-Equality Strand groups?
- Do staff feel they are valuable?
- Do managers feel confident in conducting them?
- Is training (initial or refresher) available for managers?
- How many staff have a PDP?
- How many staff understand the career paths open to them?
Learning and Development
- Is inclusion an integral part of management/leadership programme content?
- Has training needs analysis been conducted for Equality Strand staff?
- Are there any differences in training taken up by Equality Strand/non-Equality Strand groups?
- Are staff satisfied with access to training and development?
- Has a skill audit been undertaken – are staff able to flag up existing / new skills?
- Is there language training available for staff with poor spoken / written English?
- Are there equal opportunities to act up / undertake projects outside current responsibilities / undertake internal or external local secondments?
- Is mentoring available to all and common place in the organisation?

Talent management
- Is there a system for identifying and encouraging potential amongst all groups?
- Does succession planning take place?
- Does the organisation work with other local Trusts to facilitate health community talent management?

Networks
- Are there BME or other inclusion networks?

Other
- Do regular team briefings (fully inclusive) take place?
- Are organisation publications used to communicate inclusion message (e.g. are there role models or success stories that are regularly published)?

Sample questions used with interviewees, and example responses are also given below, to give a flavour of the types of issues raised in interview.

Discovery
Q: What have been the Inclusion Agenda achievements that you are most proud of?
A: “I’m proud of my involvement in arranging Master Classes for BME staff in the region for Bands 5-7. We sent questionnaires to all BME staff and had 350 responses – a good response rate for this method of feedback, approximately 5% of BME staff employed in these bands.”
A: “A considerable amount of time is given to ‘inclusion’ training (in its broadest sense).”

Dream
Q: If your organisation were operating at its peak, being the best that it could be, what would it be like?
A: “My dream is for leadership to be out in the community more with better engagement. For example, attending local AGM meetings and inviting communities to get more involved. They would then be achieving greater engagement and local links in the community.”

Design
Q: If you want your dreams to become reality what do you need to do?
A: “We need improved Inclusion training for managers.”
A: “Improved quality and quantity of appraisals; and informal meetings.”
A: “Training on how to overcome barriers.”
A: “We need to establish various staff networks – to allow ‘a voice’, and for the organisation to get a real (subjective) view of what’s happening.”
A: “We need to see staff being taken seriously as individuals.”

Destiny
Q: What would need to happen to ensure that your achievements were sustained?
A: “We need Networks – maybe co-creating an Academy with surrounding Trusts. This would allow shadowing or training opportunities within other Trusts and organisations.”
A: “Directors need to ask about E&D regularly.”
A: “All work would include strands of E&D.”
Theme Analysis

Theme analysis was employed to identify the common themes which emerged from the interviews. These themes were then used to support the creation of recommendations and feedback from the project.

Report of Findings and Local Recommendations

At the end of the week, presentations based on initial findings were given to all those involved in the project (those who were interviewed or participated in Focus Groups). Some organisations also encouraged attendance from a broader group of staff, patients and members of the public.

Two months after the initial visit, organisations received a final report, including findings and recommendations for action. Several organisations published the report. On-going support from the Breaking Through Regional Co-ordinators was also offered. Progress by each organisation will be evaluated after six months.

Recruitment of Inclusion Team Members

In order to implement this pilot it was crucial that all team members were skilled and knowledgeable in the use of Appreciative Enquiry (AE). Team members were alumni of the Transformational Leadership Programme (TLP) commissioned by Breaking Through. There were 73 people, in three cohorts, who completed this programme.

TLP is a challenging development programme, encompassing an analysis of the culture of the NHS. Each cohort consisted of 23 carefully selected people (25% were white people) and created a temporary microcosm of the NHS, replicating its dynamics and challenges. Participants were tasked to perform for real, not simply attend skills workshops or engage in role-play, common in other programmes.

The approach to learning was highly personalised; each person’s experience was unique. This high-challenge experience strengthened participants’ self-belief, clarified their values and encouraged them to realise their potential as leaders.

TLP was an organisational development programme for transformation, not a transactional training course. Team members engaged with pilot had the self-belief to challenge organisations they worked with, as they themselves had had to confront the issues of inclusion and diversity with each other as a black and white community, and work through the inevitable conflict and prejudices. They were themselves examples of change. TLP therefore provided the NHS with the human resources to make this project a success.

Importantly, teams were visible representations of inclusion and diversity and had the qualities necessary to enable organisations to face issues constructively, making transformational change possible, removing punitive elements from the change equation.

The Transformational Leadership Programme

The purpose of TLP was to bring about an increase in the number of people from black and ethnic minority communities in senior roles in the NHS in order to improve health services. It challenged participants and assisted them to become skilled and confident at systemic interventions that result in sustained high performance. It is more than a ‘training course’ that ‘teaches’ skills, knowledge and ‘correct’ behaviours and integrates the learning into existing practice. It assisted participants to learn, through experiential processes, what lies beneath the surface of systems. Critically, it helped participants understand their own role in contributing to existing discrimination. TLP provided rigorous processes through which participants learnt how to work as change agents within the changing personal, political and professional aspects of their organisations. They became more effective at working with others, promoting greater fairness and equality.

TLP focused on issues that participants faced at work, as well as what they could change in themselves. It explicitly required participants to engage in change in their organisations during TLP. Participants developed their understanding of how to enhance the skills of colleagues who are currently blocked from realising their potential in leading transformational change.

TLP provided a safe space in which the cohorts could work as a microcosm of the wider NHS. Participants’ understanding the experiences and perspectives of people from different backgrounds had a deep impact on work colleagues. All gained deeper understanding and increased their capacity to collaborate. It equipped them to work constructively with a diverse workforce.

TLP stands in marked contrast to most other leadership programmes for black and minority ethnic staff, which have traditionally sought to teach participants management skills, increase their self-belief and give them prescribed models about how to effect change. The consequent rate of progression of black and minority ethnic staff into more senior levels as a result has been deeply disappointing. TLP differs in that it provides a unique return on investment.

TLP taught participants how to think, as well as how to think differently. It challenged standard approaches by
encouraging participants to take multiple perspectives, appraise the systems in which they operate and achieve greater effectiveness by actually changing behaviour. TLP was intended to increase individual maturity, and promote personal responsibility to affect systemic change, on several counts. It challenged participants to learn how to:

1. be effective leaders in the NHS
2. appreciate the needs of all parties in a complex environment and develop their skills in holding multiple perspectives at any one time – critical when making decisions about change
3. work constructively with the tensions and opportunities that arise when leading a culturally diverse workforce through change
4. work with the difficult issues of difference, particularly gender, disability, race and ethnicity
5. be aware of their own responses to situations and that of others
6. take a step back and make clear headed decisions, establishing a critical and functional distance between their responsibilities as leaders and their own personal prejudices and judgements
7. ‘hold their nerve’ in the face of considerable opposition and recognise the complex dynamics in a system, such as collusion and scapegoating
8. balance personal integrity with the demands of a challenging and fast moving system
9. reflect critically on their role in creating and contributing to problems as well as resolving them
5. Project Evaluation

Participating organisations were positive about the effects of the project. It stimulated discussion in the organisation about inclusive leadership. It also deepened understanding about organisational culture was experienced by staff and patients alike.

Appreciative Enquiry allowed organisations to consider their cultures from a strength basis rather than from deficits, enabling constructive challenge of the status quo, identifying potential developments from within the organisation itself.

All organisations welcomed the opportunity to gain external perspective and saw value in that perspective coming from NHS staff. They therefore felt able to receive honest feedback about the challenges facing their organisations and the potential changes required. This intervention provided an immediate change within all organisations as participants felt empowered and had trust in the interviewers and were fully aware the information provided would be fed back to CEO and boards, yet they had confidence in the anonymity of the process.

This was an overt process where CEOs were presented with an organisational challenge which was co-created and owned by the organisation and viewed as a project to be championed by the CEO. Therefore staff could hold the CEO and themselves to account.

Participants’ Testimonials

“*The feedback from staff who took part in the interviews/focus groups has been very good with many staff from BME groups saying how they now feel inspired to take on more leadership roles and are interested in the Breaking Through programme. This has been eye-opening for many staff and they felt your approach was calm and created trust.*”

Ann Crowder
Equality and Diversity Manager
Northamptonshire Healthcare NHS Foundation Trust

“*Issues of diversity and inclusion are not always easy to discuss honestly and openly in organisations. The team engaged sensitively with our staff and successfully enabled positive and creative conversations to take place despite the challenging agenda they were addressing.*”

Damian Gardner
Head of Organisational Development
Northamptonshire Healthcare NHS Foundation Trust

“I felt the process was very valuable – particularly as I was very new to the role of Equality and Human Rights Officer at the time. It provided me with very useful insight into what we need to put in place which, coupled with the insight from EPIT, will help us drive up the quality of how we deliver this agenda. The report has been discussed with the senior team in the PCT and will result in a broader discussion with the Board in the near future to identify how we will embed the Inclusion Agenda within core corporate business.

On a personal level, I particularly appreciated the advice, support and encouragement of the BT team in helping to shape my perspective of what we need to do.”

Hilary Abernethy
Equality and Human Rights Officer
NHS North Lancashire
All organisations welcomed the opportunity to gain external perspective and saw value in that perspective coming from NHS staff.
Follow-up Evaluation

The six month evaluation in each organisation will consist of interviewing key staff within the organisation in order to answer the following questions:

- **Six months on what is different for:**
  - you
  - your team
  - your organisation
  - your patients/public?

- **Based on the report and the recommendations:**
  - What has happened? (Dream/Design/Destiny/Recommendations)
  - Who has been involved?
  - How has the project/recommendations been championed?
  - Do the recommendations link into the systems of the organisation and how?
  - Can this be improved and how?
  - How are patients and the public as well as staff at all levels of the organisation involved and updated?
  - Can this be improved and how?

- **What do you feel has been achieved because of this project?**
  - How do you know this?
  - What could have been improved throughout the whole process?
  - What is needed to continue the work which has started?
  - How could this be sourced?
  - What are the challenges to taking forward your suggestions?
  - How could these be overcome?

- **What would you like to happen next and how could this be done?**

  The evaluation will focus on how each of the 6 organisations have addressed their own specific goals, for example:-

  - Executive level championship of the Inclusion Agenda
  - Board level development which focuses on the cultural shift required – to be supported by an external facilitator
  - Diversity represented throughout the organisation to Board level
  - Inclusion is a standing agenda item at all meetings
  - Empower frontline staff and managers to address the culture of the organisation in a constructive, open and honest environment
  - Identify external skilled facilitators to prepare organisation/teams for difficult conversations which will facilitate the systemic cultural change desired
  - Collectively develop a clear plan to address the Inclusion Agenda
  - A shift in culture from “we treat everybody the same” to an open culture of “we treat everyone as individuals”
  - Talent management and succession planning which is open, transparent and linked directly to the Inclusion Strands/Agenda.
  - A champion for the Inclusion Agenda at every level of the organisation
  - Review and use of existing structure and working groups across the organisation in order to support the findings of the report
  - Collectively develop communication systems which are transparent and understood by staff within the organisation
  - Develop leadership skills in all staff, particularly within senior and middle managers, focusing on the softer skills of leadership, in order to facilitate the cultural shift required.
  - Identify and provide protected dedicated time for individuals and organisational reflection in order to support the cultural shift required
The project has enabled the NHS to secure a valuable return on investment by utilising the knowledge and expertise of participants from the Breaking Through Transformational Leadership Programme (TLP) who both understand the Inclusion Agenda and have received training in consulting and the use of Appreciative Enquiry.

Having presented the findings of the diagnostic to the National Inclusion Summit, delegates (all senior leaders across the NHS) were impressed with the approach used by the team and welcomed this as an initiative ‘for the NHS by the NHS’. Some of the evaluations received were:

- “Inspiring and closest to what we should be doing”
- “Excellent, enthusiastic and passionate piece of work”
- “This should be linked to the Board Development Work”
- “Great examples of good practice and very ‘Can Do’”
- “Good to see use of Alumni, very easy to follow and great VFM”
- “Real world and Practical!”

Following the Summit, the project creators have been approached by a number of other organisations and SHAs to see if this work could be extended beyond the 6 initial sites.

This work has the potential to spread nationally, with little investment, to create a possible movement for fundamental change in how we value difference and in how ‘difference can make the difference’ in delivering the quality services that the population deserves.
6. NLC Inclusion Summit Feedback

Discovery – the best of what currently exists

“Change from writing policies to delivering.”

Examples of the good practice found within the participating organisations are listed below:

- NHS North Lancashire won a Social Care Innovation bid and used this funding to develop a Mental Capacity Act assessment tool, which is now used nationally.
- University Hospital Coventry and Warwickshire NHS Trust developed an antenatal service for asylum seekers, which were provided in Sure Start Centres and faith centres in order to engage with the community. This reduced health inequalities in the area.
- Newham University Hospital NHS Trust developed ‘Doctor.com’, a mentoring scheme, whereby Trust doctors support local teenagers in pursuing a medical career.
- Northampton Healthcare NHS Foundation Trust established a working group to engage the local BME, gay and lesbian communities with the aim of shifting the focus from medication to well-being in mental health. This resulted in 2 members from these communities joining the Trust.
- Basingstoke and North Hampshire NHS Foundation Trust made excellent use of online training to enable the ‘percentage of staff having equality and diversity training in the last 12 months’ (National NHS Staff Survey) to increase from 16% in 2008 to 61% in 2009.
- NHS South East Coast made excellent use of secondment to develop and grow staff.

Design – how to make it a reality

“Look at opportunities that arise which present ideas of how these values can be embedded in all functions of the organisation.”

- A consistent theme which persisted throughout this project was the request that the Inclusion Agenda be championed by the Chief Executive Officer (CEO). Staff in the participating organisations respected and had faith in their CEO to support and take forward the Inclusion Agenda and the findings of the project.
- The Inclusive Agenda needs to be supported by allowing dedicated time for staff and managers to focus upon personal and professional development. This would result in good quality appraisals (which would include discussions about development opportunities), succession planning linked to the Inclusion Agenda, and a transparent talent management system.
- Future staff employment should focus on recruiting from a diverse population and the training of managers in the softer skills of leadership to promote the proactive management and cultural shift required through experiential learning.

Dream – the best what could be

“To win hearts and minds of staff, where all cultures are celebrated and respected.”

We discovered that staff want:

- to work in a leading edge, innovative NHS organisation, which is viewed as employer of choice, where diversity is integrated at every level and embedded in everyday culture

Destiny – sustaining the achievements

“Encourage the spirit of inclusion within the organisation.”

- To ensure that the achievements are sustained organisations recommended that the Inclusion Agenda is a standing agenda item in all high level meetings.
- Quality measurement and performance planning should be linked to a systematic talent management process.
• The Inclusion Agenda must be continually championed by the CEO, with robust ongoing accountability mechanisms.

• Each organisation should undertake the 360 degree feedback which was employed in this project, to drive the action plan.

• One organisation suggested that in addition to internal networking, the six organisations should develop a network in order maintain the momentum and support for the Inclusion Agenda within their individual organisations.

• All organisations identified the importance of celebrating and sharing good practice.
7. Key Findings

There were common challenges in all of the six participating organisations, characterised by required shifts in local cultures:

- Distrust to trust
- Fear to empowerment
- Collusion to valuing diversity
- Restrictive and stifled to empowered and ambitious
- Data compliance to valuing individuals

A number of themes emerged:

1. Participants wanted their organisations to be inclusive and innovative and sought leadership from senior management, particularly their CEO in promoting inclusion.

2. Many staff stated that they were isolated in their organisations and opportunities to be heard and identify support were few.

3. Constructive discussion about diversity and inclusion was lacking. Opportunities to have frank and open discussions would be welcomed.

4. Across the health service there are staff who are committed to promoting inclusion, eager to support their organisation to move forward. Many saw themselves as champions for change.

5. Managers and frontline staff often felt that Boards required support and development in understanding how to promote inclusion and realise the benefits - clinical and financial - of an inclusive organisation.

6. A systematic and transparent leadership development programme linked to the Inclusion Agenda did not commonly exist. These organisations were unable to demonstrate a system which identified, at all levels of the organisation, the development of staff linked to the Inclusion Strands. Therefore it was not possible to identify the number of men or women, BME, or clinical staff who had undertaken leadership programmes.

7. Some staff voiced their concerns that promotion within organisations was based on “who you know”, rather than skill, knowledge and equal opportunity.

8. In a number of organisations promoting inclusion was not discussed or viewed as a challenge. Such an approach reinforced the organisational status quo and some staff colluded with the idea that they were not different because difference was not valued.

9. Examples of good practice, particularly related to patient care, exist and should be celebrated. However, there is little evidence that this exists for staff. Staff do not appear to treat themselves and their colleagues with the same level of enthusiasm, commitment and passion as they do the services they provide to the public.

10. Demonstrable benefits had been recognised by participating organisations and individuals; examples included staff side and board members agreeing to jointly implement recommendations.

11. As a result of the project, participants expressed relief that they could now make constructive suggestions which would be heard; they welcomed opportunities to openly discuss challenges. They were confident that improvements could be secured.
8. Recommendations

A number of recommendations have been made:

one. NLC should make this methodology available to NHS organisations across England and consider as part of the refocusing of responsibilities and accountabilities in the NHS.

two. The programme should be commissioned nationally to build capacity to face the organisational challenges we face.

three. This methodology should be targeted through efforts to develop Board Leadership; Board level support is crucial.

four. All organisations need to address the following:

• Boards need to have open and constructive dialogue about inclusion in a safe environment, with external support where necessary to understand their roles and responsibilities.

• Champions of this agenda in local organisations need to be networked, supported and effectively developed in order to strengthen their ability to make change stick.

• Organisations need to collect information about access to and uptake of development opportunities as well as promotion and recruitment outcomes by each of the equality strands and review progress regularly.

• Chief Executives should be actively and visibly involved in leading on this agenda.

• Organisations should use the powerful questions set out in the assessment checklist as tool to help them regularly take stock of where they are.

• Coherent and embedded plans should be developed and used to monitor progress.

• Approved facilitators working to a set of well-defined standards should be identified to support change. From our findings in addressing all or sections of the Inclusion Agenda within six organisations, each organisation revealed their hidden systemic organisational culture, which hindered the development of staff.

The programme should be commissioned nationally to build capacity to face the organisational challenges we face.

Approved facilitators working to a set of well-defined standards should be identified to support change.
9. Appendix A

Project Team

Alison Wilson-Shaw
Participated in the Breaking Through’s Transformational Leadership Programme (Cohort 2) in 2008/2009. Currently Alison holds an honorary contract with NHS Salford and is undertaking her doctorate in Public Policy and Professional Practice, focusing on clinicians’ and publics’ understanding of commissioning. She is also a member of the NHS Northwest Emerging Leaders Cohort as well as the Clinical Leaders Network.

Alison entered the NHS in 1987 as an Assistant Occupational Therapist, qualifying as an Occupational Therapist in 1992. In 2000, Alison became the project lead for the development of the Single Assessment Process in Birmingham, in which she brought together 12 various health and social care organisations to agree and implement a single assessment process for older people across Birmingham. Alison has adapted her clinically skills, knowledge and expertise to develop her career into multi-agency/cross boundary management and leadership particularly with her role as Intermediate Care Co-ordinator and Clinical Lead for Rehabilitation Services.

Alison’s roles have also included that of National Occupational Therapy Network Advisor to the Department of Health’s, Chief Health Professions Officer, as well as National Facilitator for the ‘Leading an Empowered Organisation’ programme in 2002.

Jason Nair
Joined the National Breaking Through Programme in May 2008. His role is to support BME staff in reaching very senior levels within the NHS that enables them to work effectively at director level. In doing this he is heavily involved in supporting people through mentoring and career pathway guidance, he also acts as an ambassador to the programme and actively promotes Breaking Through at local/national conferences and events, as well as engaging with senior colleagues in the NHS, Department of Health and other sectors both public and private.

In his previous role he worked for a London PCT specialising in Primary Care Contracting. He brings with him senior experience of leading people and delivering on major organisational objectives such as the implementation of the national GMS Contract.

Kate Calder
Joined the National Breaking Through Programme in January 2009 as Regional Coordinator for the North West and North East having supported the Breaking Through initiative locally from her role as Associate Director for Leadership and Talent Management within the North West Leadership Academy. An HR professional, Kate uses her knowledge and expertise of HR and Organisational Development, to support participants on the Breaking Through Programmes and with organisations, to assist them in their thinking about how they might support the Inclusion Agenda.

Having worked in the NHS for 24 years in primary care and mental health, Kate has spent the last 6 years supporting national initiatives at a regional level, having worked with the former WDC and SHA and Leadership Academy.

Martin Bleazard
Participated in the Breaking Through’s Transformational Leadership Programme (Cohort 2) in 2008/09—delivered through The King’s Fund. He has held senior management posts in both the private and public sector. Most recently, he was employed as Deputy Director of Operations at Ashford and St Peters NHS Trust, Chertsey. He has extensive experience of working within Treatment Centres (both NHS and Independent Sector) and Acute Trusts, to bring about improvements and efficiencies, relating to both financial and national targets.

Acknowledgements

We are grateful for the time given to us by the interviewees and participants in this project, and the commitment shown by host organisations to the Inclusion Agenda by whole-heartedly participating in the project. We are also grateful to the team members, recruited from Breaking Through’s Transformational Leadership Programme, who gave their time and energy to this Agenda. Our thanks also go to their employing organisations who enabled team members to be released for the project.
Host Organisations

This project involved the participation of six NHS organisations. These were selected to give a wide geographical and organisational sample. We are grateful for their commitment to the project and the support which was given.

- Newham University Hospital NHS Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- Basingstoke and North Hampshire NHS Foundation Trust
- NHS South East Coast
- NHS North Lancashire
- Northamptonshire Healthcare NHS Foundation Trust

Participation allowed host organisations to receive an external view of the existing culture that exists and an understanding of how it impacts on the organisations’ ability to progress work around the inclusion agenda. This project will enable the Trusts to develop action plans for improvement and lead to capability and capacity being built within the Trusts to enable long term, sustainable change.

Team Members

The team visiting the host organisations consisted of up to six members, all recruited from Breaking Through's Transformational Leadership Programme (TLP) alumni. We acknowledge and remain grateful for the time and commitment they invested into the project, and to their employers who released them to participate.

<table>
<thead>
<tr>
<th>Name</th>
<th>Employing Trust</th>
<th>TLP Cohort</th>
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</thead>
<tbody>
<tr>
<td>Alison Wilson-Shaw</td>
<td>Project Director</td>
<td>TLP II</td>
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<tr>
<td>Martin Bleazard</td>
<td>Project Director</td>
<td>TLP II</td>
</tr>
<tr>
<td>Ashy Shanker</td>
<td>NHS Doncaster</td>
<td>TLP III</td>
</tr>
<tr>
<td>Catherine Hutt</td>
<td>Papworth Hospital NHS Foundation Trust</td>
<td>TLP II</td>
</tr>
<tr>
<td>Darren Fernandes</td>
<td>SW London and St George’s Mental Health NHS Trust</td>
<td>TLP III</td>
</tr>
<tr>
<td>Herbie Alley</td>
<td>The Princess Alexandra Hospital NHS Trust</td>
<td>TLP III</td>
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<tr>
<td>Itai Nyamator</td>
<td>Buckinghamshire Primary Care Trust</td>
<td>TLP I</td>
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<tr>
<td>Janice Omar</td>
<td>NHS Institute for Innovation &amp; Improvement</td>
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<tr>
<td>Judith Fairweather</td>
<td>SW London and St George’s Mental Health NHS Trust</td>
<td>TLP II</td>
</tr>
<tr>
<td>Kate Calder</td>
<td>NHS Institute for Innovation &amp; Improvement</td>
<td>TLP III</td>
</tr>
<tr>
<td>Marcia Pinnock</td>
<td>NHS Hounslow</td>
<td>TLP II</td>
</tr>
<tr>
<td>Meera Kapadia</td>
<td>North East London Foundation Trust</td>
<td>TLP III</td>
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<tr>
<td>Nesta Williams</td>
<td>NHS Redbridge</td>
<td>TLP II</td>
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<tr>
<td>Nick Dent</td>
<td>Kent and Medway NHS and Social Care Partnership Trust</td>
<td>TLP III</td>
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<tr>
<td>Nilli Williamson</td>
<td>NHS Salford</td>
<td>TLP II</td>
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<tr>
<td>Shirley Lendor-N’guessan</td>
<td>University College London Hospitals Trust</td>
<td>TLP III</td>
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<tr>
<td>Shola Ajayi</td>
<td>Self Employed Consultant</td>
<td>TLP I</td>
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<tr>
<td>Sue Gittins</td>
<td>Rotherham Community Health Services</td>
<td>TLP I</td>
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<tr>
<td>Sue Lee</td>
<td>Berkshire East Community Health Services</td>
<td>TLP II</td>
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<tr>
<td>Tinu Rodney</td>
<td>NHS West Essex</td>
<td>TLP II</td>
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<tr>
<td>Tunde Ishola</td>
<td>Winchester and Eastleigh Healthcare NHS Trust</td>
<td>TLP III</td>
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</table>

Team Member comments (via email to other TLP alumni members):

“Meeting new people, capitalising on combined strengths, making anything happen, participating in challenging yet stimulating debates and working with a team of people who share the same values and equally as passionate about the Inclusion Agenda. What more could I have asked for?”

“I would truly recommend that you take up the opportunity to participate in the Inclusion Agenda project! I had a great experience despite the challenges and obstacles. It’s your chance to prove that TLP really does work even in the ‘unknown’ situations.”
10. Appendix B – Toolkit Documentation

Pilot Inclusion Diagnostic Proposal

Proposal for Inclusion Diagnostic Pilots

Rationale
The Breaking Through programmes serves to provide opportunity to BME staff from across the NHS to participate in development activities that will prepare and assist them in securing senior leadership roles. Programmes and initiatives like these will only ever scratch the surface of what is a much deeper and well rooted problem for these individuals to progress, NHS organisational culture whether at National, Regional or Local level.

This proposal aims to demonstrate how culture exists in organisations currently and to create a shift in these cultures in order that any BME staff may thrive and progress to become the best that they can be but will also look at other aspects of the wider inclusion agenda.

This approach would take the proof of concept work to the next stage, enabling best practice to be developed and a blueprint for change to be created and shared service wide with a view to similar diagnostic work to be undertaken with organisations going forward, linking to accountability of organisations to their talent and leadership plans.

Proposal
It is proposed that 6 pilots be run between January 2010 and April 2010 within NHS organisations who are identified as underperforming on the Inclusion agenda as determined through any red flagged organisations as a result of the Department of Health talent and leadership plans, or self selected Trusts.

Each pilot would run as a project team, entering an organisation as consultants who would undertake a diagnosis and then offer ongoing development support to the organisation to build capacity and enable transformational change around the inclusion agenda.

The diagnostic phase would include all or some of the following:

- Appreciative Inquiry
- 360 consultancy
- Focus groups with staff and patients
- Work with the Board and Senior Management Team
- Use of best practice checklists

Organisations will be provided with a report and suggested action plan and support.

Progress will be re-evaluated after 6 months

How will this help Trusts?
This approach will allow organisations to receive an external perspective of the current cultural reality that exists and an understanding of how this is helping or hindering them in progressing work around the inclusion agenda. It will provide organisations with a starting point for taking action to improve in this area and will enable capability and capacity to be built within the Trust to progress activity going forward for long term, sustainable change.

How will this help BT?
This will enable BT to raise its profile in terms of the programmes run and also re-enforce the need for work on organisational culture to take place if any of the programmes are truly going to be able to make a difference to the senior leadership demographic in the NHS.

This project aims to:

- Provide both the organisations and the NHS as a whole, with a blueprint for change across the service
- Give a greater understanding of what participants need to succeed and thereby will influence our commissioning of future programmes.
- Enable targeting and support of currently non achieving organisations and gain further buy in and commitment to the Breaking Through agenda.
- Provide evidence to secure the need for a team of experienced, substantive inclusion professionals to support the transformational change agenda around inclusion.

Measurables

- Breaking Through will see:
- Increased support for BME staff to participate in programmes
- Development of an audit tool for organisations
- Portfolio of best practice for organisations
Innovation in Inclusion

Organisations will see:

- Delivery on T&L plans
- Delivery on WCC competencies linked to the equalities agenda
- Delivery on QIPP
- Individuals will see:
  - Better appraisals
  - Mentoring, secondment and shadowing opportunities
  - Leadership development
  - Internships
  - Coaching
  - Career management support

Resources

To run 6 pilots across the country it is proposed that each existing RC heads up a team of 6 individuals to go in and consult with each pilot Trust.

The team of 6 would be made up of TLP graduates who have been schooled in consulting and appreciative Inquiry for the purpose of transformational change. These individuals also have a deep understanding of the inclusion agenda. This would enable these participants to utilise their skills and would enable BT to gain some return on investment. Team members should be expected to give 2 weeks to this project with a view that the initial consultancy would take a week with a further week available for the purpose of supporting the Trust and for any report writing that is required.

In order to enable these individuals to participate, it is proposed that their organisations be reimbursed the expenses for the time that they spend on the project in relation to travel, accommodation, meals etc.

Timescales

It is suggested that RCs work up a plan for implementing this by January 2010, with pilot organisations and teams identified and ready to consult by February 2010.

Reports, findings and any guidance will be written up and presented to the SHA Chief Executives whose organisations participated, John James at the DH, Prem Singh, NLC Inclusion workstream lead and the Chair of the NHS Employers Equality and Diversity Council by the beginning of April with a view to this work being adopted more widely.
TLP Recruitment Email

Email to TLP Alumni notifying them of project and offering opportunity to be involved

Dear TLP Alumni,

The National Leadership Council has commissioned Breaking Through to complete a national piece of work around the Inclusion Agenda.

Breaking Through has recommended that this work be done by TLP alumni, on the basis that you have the knowledge and skills to apply the Appreciate Enquiry (AE) approach into organisations. This opportunity will support the TLP alumni to give something back to the NHS based on experience, and at the same time raise the profile and impact of TLP and us, as participants, within the NHS.

We will be visiting 6 NHS organisations and loosely repeating week 2 of TLP, by undertaking AE in each organisation to identify best practice in regards to E&D and what is needed to increase diversity within senior roles within NHS organisations. (3 Organisations in the North and 3 Organisations in the South have been identified).

We are looking for 26 participants in total, to be available for a minimum of 1 week. Anticipated dates for these visits are:

- Team Training Away Day – 12th and/or 17th February. Participants will need to attend one date. Venue (tbc): - Institute of innovation and Improvement, Warwickshire

Appreciate Enquiry in NHS Organisations will take place:

- 01 - 05 March Organisation 1 (North or South) One team at work
- 8 – 12 March Organisation 2 (North or South) One team at work
- Compare findings from experience of North and South organisations and then complete the remainder of the visits:
  - 22 – 26 March Organisation 3 & 4 (North and South)
  - 29 Mar – 2 Apr Organisation 5 & 6 (North and South)

Each visit will have a team of 6 people

The proposed outcome of this work is to produce guidance of best practice and role out the findings nationally, therefore it’s an opportunity for participants to be involved in a national piece of work which is supported by the National Leadership Council.

We hope this opportunity excites you and that you can be available to take part- in making the difference we want to see in the NHS actually happen.

We look forward to hearing from you.

Warmest regards

Alison Wilson-Shaw & Martin Bleazard
Project Directors (and TLP Cohort 2)
## Team Training Day Agenda

**Breaking Through Innovation in Inclusion Project Team Day - Friday 19th February 2010**

### Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>9.30</td>
<td><strong>COFFEE AND REGISTRATION</strong></td>
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<tr>
<td>10.00</td>
<td>Welcome, Project Introduction, Overview, Outcomes &amp; Seven Strands of Inclusion</td>
<td>JN</td>
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</tbody>
</table>
| 10.20 | Project Update:  
- Sites  
- Dates  
- Accommodation  
- Travel  
- Expenses  

Sample Timetable for Week On Site | MB           |
| 10.30 | Project Structure  
- Team/Site Selection  
- Team Expectations  
- Team Dynamics/Structure | AWS          |
| 10.45 | Stages of Personal Development | AWS          |
| 11.05 | Blocks and Enablers to Diverse Staff Progressing and Thriving in Organisations | AWS          |
| 11.30 | **TEA AND COFFEE BREAK**                                                  |              |
| 11.45 | Groupwork to explore and devise questions to be used on site | MB           |
| 12.20 | Culture “Water Lily”                                                      | MB           |
| 12.30 | **LUNCH**                                                                |              |
| 1.00  | Appreciative Enquiry Refresh                                              | MB           |
| 1.20  | Tips for Conducting Appreciative Enquiry Interviews                       | MB           |
| 1.45  | **TEA AND COFFEE BREAK**                                                  |              |
| 2.00  | Consulting Skills (sample questions)                                       | AWS          |
| 2.20  | Appreciative Enquiry Exercise                                              | AWS          |
| 2.35  | Feedback from exercise                                                    | AWS          |
| 2.45  | Closing Remarks/Final Questions                                            | MB/AWS       |
| 3.00  | **FINISH**                                                                |              |

Please note: all timings are flexible. We hope that the day will be as interactive as possible - with lots of opportunity for open discussion, debate and shared learning/experience.
Trust Assessment Checklist For Equality Strands

Trust checklist for staff regarding the 7 equality strands:
Race, Disability, Gender, Trans, Age, Sexual Orientation, Religion and Belief.

Board
- Who is the identified sponsor of the diversity/inclusion agenda on the Board?
- How is that person visible to the organisation?
- How does the Board communicate its commitment to the agenda to staff and service users?
- Are all Board papers submitted with properly completed EIAs?

Resources
- Who is in the dedicated, permanent E&D post and is it at an appropriate level to influence within the organisation?
- How does E&D link effectively with those responsible for Learning and Development, Leadership Development, Recruitment, service delivery and the board?

Data
- Is the organisation compliant with statutory data obligations (including publication), or where non-compliant working to resolve outstanding difficulties?
- Are general population changes monitored and compared with internal demographics?
- Has workforce data been analysed by occupation/payband/leavers etc?
- Is staff survey data used to investigate any differences between Equality Strand groups/ non-Equality Strand groups?
- Is exit interview data used to identify any problems?
- Do identified problems lead to actions?

Commissioning/Procurement
- Are diversity and inclusion values and specific requirements/expectations written into contracts?

Recruitments
- Are recruitment statistics (especially shortlist to appointment) regularly examined?
- Are internal recruitment processes monitored to ensure consistency for all?

- Is selection and interview training ensuring that all interviewers understand how to ensure fair processes?
- Are efforts made to make up diverse interview panels?
- Does advertising and publicity placement (including open days and roadshows) take account of diverse populations?

E&D Learning and Development
- Is sufficient time and weight given at induction?
- Have all staff received training?
- Do all staff receive refresher training?
- Do managers receive additional training?
- Is training content/style evaluated and regularly reviewed? By whom?

Equality Impact Assessments
- Are staff confident in conducting EIAs?
- What opportunity is there to ask for advice?
- Is a regular review or audit of EIAs conducted?
- Are they considered in sufficient depth to make a difference?

Performance and Development Reviews
- What proportion is achieved in the Trust?
- Is there a difference in % between Equality Strand and non-Equality Strand groups?

Do staff feel they are valuable?
- Do managers feel confident in conducting them?
- Is training (initial or refresher) available for managers?
- How many staff have a PDP?
- How many staff understand the career paths open to them?

Learning and Development
- Is inclusion an integral part of management/leadership programme content?
• Has training needs analysis been conducted for Equality Strand staff?
• Are there any differences in training taken up by Equality Strand/non-Equality Strand groups?
• Are staff satisfied with access to training and development?
• Has a skill audit been undertaken - are staff able to flag up existing/new skills?
• Is there language training available for staff with poor spoken/written English?
• Are there equal opportunities to act up/undertake projects outside current responsibilities/undertake internal or external local secondments?
• Is mentoring available to all and common place in the organisation?

**Talent management**
• Is there a system for identifying and encouraging potential amongst all groups?
• Does succession planning take place?
• Does the organisation work with the other local Trusts to facilitate health community talent management?

**Networks**
Are there BME or other inclusion networks?

**Other**
• Do regular team briefings (fully inclusive) take place?
• Are organisation publications used to communicate inclusion message (eg are there role models or success stories that are regularly publicised)?
Trust-wide Briefing Document

(NHS Trust Name) selected to participate in the NHS National Leadership Council’s “Innovation in Inclusion” Project

or

(NHS Trust Name) agrees to participate in the NHS National Leadership Council’s “Innovation in Inclusion” Project

Background

In January 2010, the NHS National Leadership Council commissioned Breaking Through (part of the Institute for Innovation and Improvement) to undertake a pilot project to work with six NHS organisations to investigate how organisational culture can affect how inclusive its behaviour is, for both patients and staff.

This project aims to demonstrate how culture exists in organisations currently and to create a shift in these cultures in order that staff may thrive and progress to become the best that they can be, and that patients can access high quality services. This project will look at all aspects of the wider inclusion agenda, but with a particular focus on race and ethnicity.

The strands of inclusion identified by the National Leadership Council are:

* Age
* Disability
* Gender
* Transgender
* Sexual orientation
* Race and ethnicity
* Religion or belief

A team of six people will visit each of the selected organisations, to meet with staff and patients to understand the organisational culture, behaviours and practice. It is hoped that (with help from the visiting team) individuals will explore what the very best inclusive organisation would look like. These visits, as part of this exciting project, will result in national guidelines and the development of ‘best practice’ for use across the NHS.

Our Involvement

(NHS Trust Name) has been selected to participate in the “Innovation in Inclusion” Project. (NHS Trust Name) has agreed to participate in the “Innovation in Inclusion” Project. We will be hosting a visit by the national team for the week beginning 22 March 2010.

We will be arranging a series of meetings - either with individuals or groups of staff/patients – who we believe will provide a valuable contribution to this project. Due to the tight timescales involved, please help to accommodate these meetings in your diaries.

We hope that your participation will allow (NHS Trust Name) to receive an external perspective of the current culture that exists and an understanding of how this is helping or hindering the Trust in progressing work around the inclusion agenda. It will provide the Trust with a starting point for taking action to improve in this area and we hope enable capability and capacity to be built within the Trust to progress activity going forward for long term, sustainable change.

Add internal contact details
Interviewee Briefing Document

NHS NATIONAL LEADERSHIP COUNCIL
INNOVATION IN INCLUSION PROJECT

BACKGROUND INFORMATION FOR INTERVIEWEES

Thank you for agreeing to be included in part of the Inclusion workstream of National Leadership Council.

The Breaking Through Programme have been commissioned to deliver new guidance which will enable NHS organisations to create a shift in culture in order that staff from all backgrounds may thrive and progress to become the best that they can be. This project will enable best practice to be developed and a blueprint for change to be created and shared service wide. It will help hold organisations accountability for the performance of their talent and leadership plans.

The Project

This project is a six week intense consultancy project, one week within six NHS organisations across England. During the consultancy exercise with your Trust our team will focus on applying their transformational consultancy skill, using the highly effective Appreciative Enquiry Method of organisational development. This key assumption of this method is that organisations can create greater effectiveness by identifying and analysing what already works for them and doing more of it. This is in contrast to more traditional methods of looking for problems and then solving them. The traditional method can amplify difficulties. Appreciative Enquiry aims to increase commitment and confidence and is a highly practical and participative process.

We will be meeting people either one to one, in focus groups or using informal conversations throughout the organisation. Our team is made up of six experienced Appreciative Enquiry Consultants, from within the NHS; this is to help minimise impact on normal service delivery.

Your Involvement

You are one of the people that your Trust has chosen to meet with us. Our Team’s purpose is to work with you to identify what works really well and how to increase success. We intend the benefit to you is that your organisation will be receiving consultancy from highly committed health professionals and both sides would learn about what works well. It’s impossible for a participant to get anything “wrong”.

The Process

The Appreciative Enquiry approach to interviewing is the opposite of any notion of “inspection” or finding problems and telling people what the solutions should be. It is strongly collaborative and confidence building all parties. Our team will make a presentation to the organisation on the final day about their findings and learning.

They will be asking you questions about what has and is working well, current strengths, the values that underpin them and what they are helping you achieve. They will then ask for your dreams for the future of your organisation if it were to perform at its optimum and live its values. After spending some time on this they will move on to asking you for your thoughts as to what needs to happen to assist the Trust practically and realistically move towards the ‘dream state’.

In your 45 minute meeting there will be a summary record of the key themes that emerge during your conversation. This will provide the basis for a report that embodies and synthesizes the views of all those that we will be meeting.

NHS organisations in England have participated in this kind of event for several years. They say it has been a great way of learning about themselves. Individuals who have experienced this ‘appreciative’ approach frequently comment on the usefulness of the meeting in helping them clarify their thinking and that this has been of considerable value in its own right.

We look forward to working with you and appreciate your help in this project.

Inclusion Project Directors

1 Document adapted from Transformational Leadership Programme by Valerie James and Dr Eden Charles, 2008
2 Adapted from Appreciative Inquire: Change at the Speed of Imagination by Jane Magruders Watkins and BERNARD J. Mohr. Jossey-Bass Pfeiffer, 2001
## Sample Site Timetable

### Breaking Through Inclusion Project Proposed Trust Timetable for Site Visit

<table>
<thead>
<tr>
<th></th>
<th>am</th>
<th>pm</th>
<th>4pm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
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</tbody>
</table>
| 10.00-10.45am | Kick off meeting (to include BT Team plus representatives from Trust due to be seen during the week) | 2.00-3.00 | • Focus Group B  
• Focus Group C  
• 1:1 Meeting B |
| 11.15-12.15am | • 1:1 Meeting A  
• Focus Group A |                   |                   |
| **Tuesday** |                 |                   |                   |
| 10.00-11.00 | • 1:1 Meeting C  
• 1:1 Meeting D  
• Focus Group D | 2.00-3.00 | • 1:1 Meeting E  
• 1:1 Meeting F  
• Focus Group E |
| **Wednesday** |                 |                   |                   |
| 9.00-10.00 | • Programme Directors to meet with Link Person | 2.00-3.00 | • 1:1 Meeting J  
• 1:1 Meeting K |
| 10.00-11.00 | • 1:1 Meeting G  
• 1:1 Meeting H  
• 1:1 Meeting I |                   |                   |
| **Thursday** | Report Writing | Report Writing |                   |
| **Friday** | 9.00-10.00 | • Programme Directors to meet with Link Person & CEO | 2.00-3.00 | • Team Presentation |

The above timetable endeavours to give a flexible structure around which 1:1 Meetings and Focus Groups will be arranged. The times are deliberately planned to allow local adjustment/arrangements. Additional meetings can also be inserted if required.

### Possible/Suggested 1:1 Meetings

Depending on the size and type of organisation, the team will endeavour to meet with the following people during the week:

- CEO
- Chair and or Non-executive Director
- Director of HR
- Equality and Diversity Lead
- World Class Commissioning Lead
- Director of Nursing
- Medical Director
- Performance/IT Director
- Staff-side/Union Representative
- Complaints/PALS Manager/Patient and Public
- Engagement
Focus Groups

Groups of 6-8 staff members (and patient representatives) will hold 1 hour focus group meetings. These groups will include staff from all levels and Diversity Leads/Groups (where established).

Accommodation and Refreshment Requirements during site visit.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>am</td>
<td>10.00-10.45am</td>
<td>10.00-11.00</td>
<td>9.00-10.00</td>
<td>Report Writing</td>
<td>9.00-10.00</td>
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<tr>
<td></td>
<td>• Seminar Room</td>
<td>• 2 x small meeting rooms</td>
<td>• Programme Directors to</td>
<td></td>
<td>• Programme Directors to</td>
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<tr>
<td></td>
<td>11.15-12.15</td>
<td>• 1 x Meeting room to</td>
<td>meet with Link Person</td>
<td></td>
<td>meet with Link Person &amp; CEO</td>
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<tr>
<td></td>
<td>• 1 x Meeting room to</td>
<td>accommodate 8 people</td>
<td>10.00-11.00</td>
<td></td>
<td>2.00-3.00</td>
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<tr>
<td></td>
<td>accommodate 8 people</td>
<td>2.00-3.00</td>
<td>10.00-11.00</td>
<td></td>
<td>• Seminar Room</td>
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<td>pm</td>
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</tbody>
</table>

Team office base: To accommodate 6 people
Desks, chairs, telephones, computer, printer, power point presentation facilities.

Refreshments:
Tea, Coffee, Milk, Water
Lunch

Access:
Parking

Meeting rooms:
Where small meeting rooms are identified these can be changed to Director’s office as appropriate.
Sample Staff Interview Questions

BREAKING THROUGH INNOVATION IN INCLUSION DIAGNOSTIC PROJECT

APPRECIATIVE CONSULTING: INTRODUCING AND CLOSING AN INTERVIEW

The pattern of your time with the interviewee is:

• 10 minutes introduction.
• 40 minutes interviewing.
• 10 minutes closing.

Introduction

Good morning, (name)…………….
My name is…………………
I’m on the inclusion project that you will have heard of:
(Age, religion/beliefs, gender, disability, sexual orientation, race/ethnicity).
I understand from your manager that you’ve been really generous in giving your time in assisting your organisation and the NHS to hone our understanding of the requirements to embed the inclusion agenda within organisations.

We have 1 hour for the interview. Is that your understanding? (This is checking time boundaries).
I’d like to check that you’ve got the handout that explains the purpose of what this is about from our point of view.

If you’ve not had it - here’s a copy. Would you like a few minutes to look at it?

We think that this is an exciting opportunity for us to capture your views about what’s really valuable to you and in your area of the Trust that might otherwise get lost or remain unheard.

Is there anything you’d like to ask me before we go any further?

This is how I think you could help us. I would like to ask you questions in 3 areas.
1. We know that the Trust is eager to understand the changes required and we’re here to help you capture the best of previous and present practice.
2. Secondly we’ll ask you about your dreams for what this Trust could look like in the future - “being the best that it can be”.
3. And lastly we’ll be asking you questions about what would need to happen now or shortly in order that your dreams for the Trust can come true.

How does that sound to you?

Ok, before we begin, may I just check that it would be OK if we/I took notes? We’re happy to show them to you when we’ve finished and you can take out anything that you’re not happy with.

Do you have any concerns that you have about the process that you’d like to express before we begin, confidentiality for example?

We have the 3 areas to cover that I mentioned earlier and I will move us along during the interview to ensure that we get something under each heading.

Is there anything else before we kick off? Then let’s begin.

Commence Interview Questions

Discovery Phase Questions

What have been the inclusion agenda achievements that you are most proud of?
What difference did they make?
What is it about your achievements that are important to you?
What do you celebrate about it?
Why is that important to you?
What stories do you enjoy telling about the past/that experience?
What does this tell you about your values?
What are the things that you are most proud about your team/department/organisation/forum?
What does that tell you about you and your community?
What are the strengths of your organisation that you are most proud of?
What does that tell you about its strengths and talents?
Dream Phase Questions
In asking the questions give deep attention to creating the condition in which the speaker can externalise, clarify and refine their thinking. You need to be summarising – but not using the exact words they have – so that you clarify your own understanding and by doing so inviting the speaker to improve how s/he communicates things that are important to her/him.

What is your dream for your team/department/organisation/forum?
If you/your team/department/organisation/forum were operating at your/their peak, being the best that you/they could be, what would it be like? What would you (your organisation) be doing?
What would you be achieving?
What would you see?
How would you feel?
What kinds of conversations would you have with colleagues?
What is giving you the greatest supply of joy?
What stories would you tell each other as you relaxed together?

Design Phase Questions
If you want your dreams to become reality what do you need to do?
What needs to happen – what action needs to take place
Who needs to do what, by when? (Identify some SMART goals based on assessment of current resources)
Which of your identified strengths can most help in this achievement of this dream?

How do you know what you propose can work?
What do you need to do to strengthen the forces that can help and reduce the reasons for existences of the forces that would prevent you/your organisation from achieving your dreams?

Destiny Phase Questions
What would need to happen to ensure that your achievements were sustained?

Closing
We’ve got just 10 minutes to close now.
These are the things that we’ve recorded. (Quick read through of key points that you’ve recorded)
Would you like to have a look at what we’ve recorded?
Anything that you think is major that we’ve missed?
Are you happy with us including this with the other information that we’ve collected?
Do you have any feedback for us on this interview process? How did you find it?
Would you be willing for us to contact you again if there’s anything that we need to clarify? May we have your number? Will you be at the presentation on Friday? If not then – Thank you very much.
If you are coming then we’ll see you soon.
Patient and Public Questionnaire

NHS NATIONAL LEADERSHIP COUNCIL INNOVATION IN INCLUSION PROJECT

INTRODUCTORY TEST FOR USE WITH PATIENTS/THE PUBLIC

(NHS Trust Name) is taking part in a national project commissioned by the NHS, and we would value your thoughts and opinions as part of the project.

The NHS is committed to provide fair and equal access to its services, and recognise that it can improve. It wants to hear the views of its patients and the general public.

We are looking at how changing the culture and behaviour of an organisation can enable it to be more inclusive and accessible for the communities it serves.

Would you mind if we ask you four questions. Your views and comments will remain confidential, but will be used to form an overview of (NHS Trust Name). At the end of this week, the senior managers in this Trust will receive a feedback about how it is perceived.

Please tick as appropriate:

Age        Disability        Gender        Transgender        Race and Ethnicity        Sexual Orientation        Religion and Belief

1. From your experience, what is it like receiving services from (NHS Trust Name) as a (include strand from above) person?

2. In the future, what would you like your experience or service provided to be like, that we do not have today?

3. Do you have any suggestions of how this could be done/achieved?

4. Would you like to be informed of the things we have discovered from this project. Yes/No

How:

Thank you for your time.
Poster - Encouraging Staff Participant

What are you most proud of?

What are your dreams?

What does the Trust do well?

How can the Trust include you more?

DO YOU FEEL INCLUDED?

COME AND MAKE YOUR VOICE HEARD

The National Leadership Council in partnership with the Trust invites you to our Focus Groups to share your views.

Venue:

Date:

Please contact any of the following to book a place:

Local contact number: on Ext. or alternatively @The Organisations Name .nhs.uk
Dear Colleagues

The National Leadership Council Inclusion Project Team has been invited to work in the Trust this week as part of the Inclusion Agenda for the NHS. This work is the first step which will enable this organisation to jointly agree how we support the development and leadership of staff.

The project team will pull their findings together and be presenting your views, your opportunities and your challenges in taking this forward.

The presentation is on:

Friday 30th April in Board Room 2 from 2.00-3.00pm

Each division is encouraged to send a representative from all grades of staff to this presentation.

Thank you for your cooperation and we look forward to working together on the outcomes of the project.

Project Director
on behalf of the Inclusion Team
Welcome Presentation

**Breaking Through**

**Innovation In Inclusion**

- Welcome
- Team Introduction
- Project Introduction and Overview

**Innovation In Inclusion**

- NHS National Leadership Council
- NHS Institute of Innovation and Improvement
- Breaking Through
- Transformational Leadership Programme
- Top Talent Programme
- Tackling Strategies for Success

**Innovation In Inclusion**

- Project Introduction and Overview
  - Age
  - Disability
  - Gender
  - Mental health
  - Race and ethnicity
  - Religion or belief

- Focus for this week will be Race and Ethnicity

**Innovation In Inclusion**

- How?
  - Focus Group Meetings
  - Individual Meetings
  - Ad hoc, informal discussions with staff, patients and public

- Using “Appreciative Enquiry”

**Innovation In Inclusion**

- Our aim is to help you identify the behaviours that exist in your environment
- To understand and act upon the cultures that exist in your organisation and bring about improvement
- Most people have a constructive intent to improve things but need help identifying what and how to improve
- Most organisations can be more effective if they learn to diagnose and manage their own strengths and weaknesses
Welcome Presentation

Innovation in Inclusion
Appreciative Enquiry

Welcome Presentation

Innovation in Inclusion
Appreciative Enquiry

Discovery Phase

What is the thing that you are most proud about your work/renovation organisation?

Dream Phase

If you were operating at your peak, being your best, what would it be like? What would you (your organisation) be doing?

Design Phase

If you were able to do what you wish you could do, what would you choose to do?

Delight Phase

What would need to happen to ensure that your achievements were sustained?

Innovation in Inclusion
Appreciative Enquiry

4-D Cycle

Innovation in Inclusion
Appreciative Enquiry

There are no right or wrong answers!

Innovation in Inclusion
Project Outcomes

- Network. A learning community focused on key leadership and improvement priorities to ensure that these are not just captured in annual reports but roll over into new term plans and become a genuine leadership commitment at all levels.
- Leadership Development. Development of leaders to ensure they are not just visible to the public but also underlying the day-to-day operation of the trust.
- Data. Sharing data to drive improvement, whether it be internal or external, and to ensure that all learning is captured and shared.
- Innovation in Learning. Continued development of the learning framework to ensure that it is fit for purpose and relevant to the organisation.

Innovation in Inclusion
Project Outcomes

- External and internal perspectives of the current culture
- An understanding of how this helps or hinders the inclusion agenda
- Starting point for taking action to improve the capability and capacity to build within the Trust to progress activity for long term, sustainable change
- Blueprint for change – best practice
- National guidelines and learning