NHS Leadership Academy

North West

Cheshire and Merseyside Health and Care Partnership

Equality, Diversity and Inclusion Project

Background

In 2017 research into equality, diversity and inclusion (EDI) across Cheshire & Merseyside Health and Care Partnership was carried out which identified many challenges. Within the research it proposed that the Cheshire and Merseyside footprint may wish to consider developing a systems approach to:

- *Shifting the governance of EDI from a sole deficit model of operational compliance to an appreciative inquiry model, utilising EDI approaches as deliberate enablers for strategic business planning and improvement in healthcare quality and efficiency for improved healthcare outcomes*
- *Injecting EDI expertise from cross sectoral spaces into the leadership of Boards at regular intervals / points to ensure a) leadership spaces are equipped to bring the necessary challenge and support to EDI activity and b) the integration of the lived experience of diverse groups in shaping, reviewing a developing EDI strategies for improved patient care*
- *Developing system wide strategies that are as deliberately important about creating governance for achieving the fundamental and necessary cultural conditions and climate for EDI realisation equal in stature to regulatory compliance, that offer more robustness than existent mechanisms including values based work, staff satisfaction surveys, etc*

Following this a bid was submitted into the 'In Place' Leadership Innovation Fund by Mersey Care NHS Foundation Trust in 2017 which presented the case for the project:

'EDI (Equality, Diversity and Inclusion) work is by no means an easy journey for any NHS organisation. It is not just about *what* is done but *how* it is done and so there must be a balance between the technical and cultural dimensions of EDI work embedded into organisational priorities and performance. EDI work is paramount because it is the substance that has the potential to really support plugging the gap in healthcare, quality and finance identified by the 5 Year Forward View. Time and time again, research has shown that the richness in equality, diversity and inclusion practice will deliver more than the ethical and moral duties of the NHS constitution and will first and foremost, drive improved healthcare outcomes for patients, provide more sustainable healthcare solutions in the long term and support stabilising the austerity faced by the NHS system.

This proposal therefore, will seek to consider where and how EDI efforts are currently deployed by organisations within the self-nominated organisations within the Cheshire and Merseyside (C&M) healthcare footprint, with a view to exploring the potential for consolidating best practice and diversifying EDI efforts at a system level to achieve a leaner approach towards achieving the ambitions of the 5 Year Forward View.'

Based on this bid the following deliverables were agreed for the project for 2018-19:

- Identification of similarities and commonality between the vision, mission, aspirations and approaches of the participating C&M Trusts – EDI strategies (linking to leadership development), policies and plans.
- Consolidation of best practice and diversification of EDI efforts at a system level to achieve a leaner approach towards achieving the ambitions of the 5 Year Forward View, the Developing People, Improving Care strategy in terms of leadership development, and now the NHS Long Term Plan.
- Scoping of a shared operating model for equality, diversity and inclusion across partners which encompassed how we collectively look at governance, capacity and capability of our workforce, talent management and succession planning and inclusive leadership.

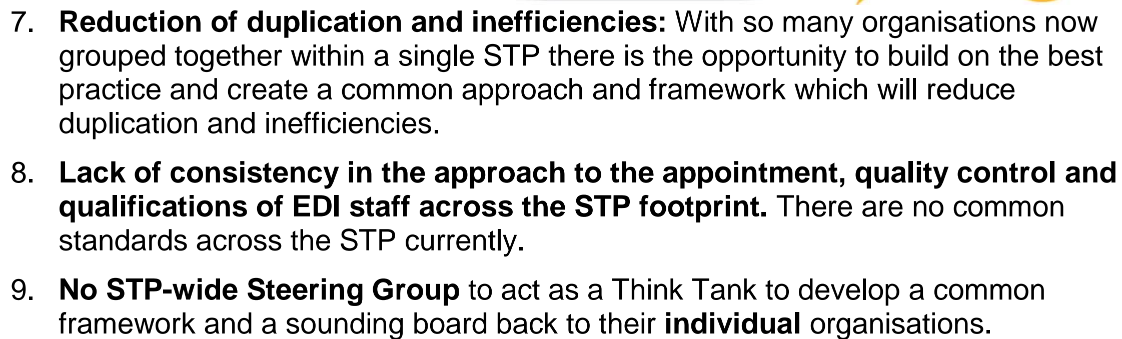
This has been refined into the following **Project Objectives**:

- Introduce a framework for standardising the 7 versions of EDI strategies/policies across the C&M healthcare system to create cohesion and consistency in EDI mission, vision, approach, direction, intention and aspiration for the workforce and health populations of Cheshire and Merseyside.
- Develop a systems approach to EDI strategising to eliminate duplication of effort and achieve efficiencies in time and resource at an organisational level.
- Standardising a baseline of agreed KPIs to measure EDI performance at a systems level that can be also flexible enough to allow for adding bespoke KPIs to meet individual organisational need, to improve the quality of EDI provision overall and how it is measured, monitored and reviewed.
- Develop a regional EDI steering group on behalf of the C&M healthcare system that provides thought leadership, expertise, latest thinking and research, connectivity to healthcare reform, sharing of best practice and dedicated management oversight to each of the 2 specific domains of EDI work: the technical component and cultural component.
- Identify and share any emergent efficiencies from systems approaches to EDI work, as advised by the steering group and collective priorities, to areas of particular EDI challenge and vulnerability in achieving the EDI strategy across the C&M healthcare system.
- Design a systems approach to EDI compliance to achieve improved efficiency and quality through the opportunity for economies of scale, standardisation and benchmarking and baselining.

Challenges

Over the last 12 months the following challenges have been identified:-

1. **Creating a common understanding of what EDI is, and what EDI staff do** - this is the fundamental challenge. There is also a need to get across how it can benefit each organisation.
2. **Sheer geography of the area** covered with very different demographics and culture across Merseyside, the Wirral and Cheshire.
3. **Complexity through the multiple organisations involved**: 20 NHS Provider Trusts, 8 Clinical Commissioning Groups (CCGs), and 2 Commissioning Support Units (CSUs). Each with different systems and cultures across the multiple organisations; and contractual differences across the 2 CSUs (Liverpool CCG / CSU and Lancashire & Midlands CSU).
4. **Problems created by governance across the various organisations** with no common EDI governance framework to underpin the sustainability and transformation partnership (STP), workforce and health plan.
5. **Under representation of Black and Minority Ethnic (BAME) and staff with disabilities at senior and mid management levels** (grades 6,7,8) i.e. lack of visible senior management; and the need for staff to reflect the demographics of patients.
6. **Encouragement of BAME and disabled people to access services:** This requires a proactive approach from the delivery organisations both in its representation and also its communication and outreach.



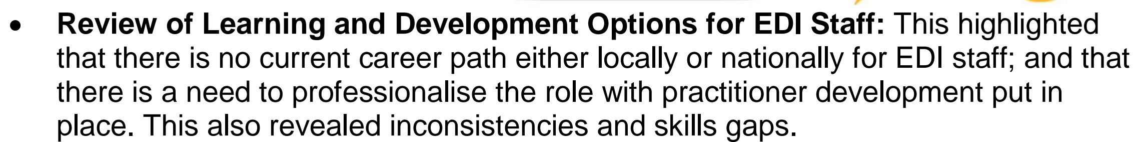
7. **Reduction of duplication and inefficiencies:** With so many organisations now grouped together within a single STP there is the opportunity to build on the best practice and create a common approach and framework which will reduce duplication and inefficiencies.
8. **Lack of consistency in the approach to the appointment, quality control and qualifications of EDI staff across the STP footprint.** There are no common standards across the STP currently.
9. **No STP-wide Steering Group** to act as a Think Tank to develop a common framework and a sounding board back to their **individual** organisations.

Initial Actions

- **Mapping of EDI representatives in each organisation within C&M has been completed:** this comprised 30 interviews and looked at many aspects including: capacity, skills, qualifications, current approach, stakeholders, staff networks, BAME, disabled and LGBT networks.

  Of concern from the mapping interview findings is the very low establishment of staff networks for employees from the protected characteristics, in particular BAME, LGBT and staff who have a disability or long term condition. Equally, finding that only 3 Trusts have an EDI Practitioner who is leading or co-leading on the NHS Staff Survey further places constraints on how Trusts can try to improve on engagement with employees from protected groups.

- **Best Practice Review:** This has been completed as a mapping with NHS and independent organisations external to Cheshire & Merseyside Health & Care Partnership. In several cases, more than one meeting (or teleconference) took place:
  - NHS North West Leadership Academy
  - Manchester University NHS Foundation Trust
  - Taira Shaffi, Original CMS EDI report author (GM Together)
  - Northern Care Alliance NHS Group
  - Stockport NHS Foundation Trust
  - Irish Community Care
  - University Hospitals of Morecambe Bay NHS Foundation Trust
  - Tameside and Glossop Integrated Care NHS Foundation Trust
  - NHS England CNO BME SAG
  - Blackpool Teaching Hospitals NHS Foundation Trust
  - Heywood, Rochdale & Middleton CCG
  - Pennine Care NHS Foundation Trust
  - Cheshire East / West Health Watch
  - NHS England (North) Quality, Safety & Risk team
  - NHS England (North) Health Inequality & Equalities Lead
  - NHS Transformation Team (North)
  - Cheshire Equality Leads Forum
  - Professor Udy Archibong, Bradford University
  - Royal College of Nursing (North West)



- **Review of Learning and Development Options for EDI Staff:** This highlighted that there is no current career path either locally or nationally for EDI staff; and that there is a need to professionalise the role with practitioner development put in place. This also revealed inconsistencies and skills gaps.

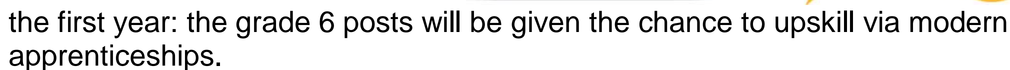
Key Lessons Learnt

1. **STP is in name only**: What does it really mean to staff and patients?
2. **It takes time to build the partnerships**: It took six months to complete the mapping and build the basic partnership across the STP.
3. **EDI is not on the radar:** It is not treated as mainstream and needs embedding in reporting.
4. **Needs more local ownership and accountability:** EDI is currently workforce led at a high level in the region. It needs more local ownership and accountability at an organisation (trust) level. There needs to be a stronger link with patient experience, health inequalities and quality
5. **Lack of investment in developing EDI workers:** There has been negligible investment in EDI workers which impacts on the quality of EDI and the lack of EDI interface on decision making.
6. **Inconsistent Communications:** There is a lack of consistency in the approach, language used, and standards monitored.

Progress and Next Steps

Progress to date is as follows:-

1. **Presented a summary report to the STP:** This looked at the all the results of the mapping and:
    - Education options
    - Links to the STP-wide Workforce Strategy
    - Cross referenced to health inequalities for the region
    - Linked it to public health
2. **Recruitment to a regional EDI steering group:** On behalf of the C&M healthcare system that provides thought leadership, expertise, latest thinking and research, connectivity to healthcare reform, sharing of best practice and dedicated management oversight to each of the 2 specific domains of EDI work: the technical component and cultural component. Also to set up a common governance to be applied across the STP.
3. **Developed a shared operating model:** Designed a systems approach to EDI compliance to achieve improved efficiency and quality through the opportunity for economies of scale, standardisation and benchmarking and baselining. This is based on the development of a shared operating model for equality, diversity and inclusion across partners which encompasses how we collectively look at governance, capacity and capability of our workforce, talent management and succession.
4. **Build internal capacity rather than relying on external consultants:** This will save money as it aims to eradicate the need to bring in external expertise, within



the first year: the grade 6 posts will be given the chance to upskill via modern apprenticeships.

5. **Modern Apprenticeships**: It is apparent under-skilling exists across lower banding. An option being explored to address this is by introducing modern apprenticeships which are funded via the apprenticeship levy to upskill the identified staff. This upskilling is intended to develop EDI practitioners in a sustained manner and professionalise the EDI role for the North West region as a whole.
6. **Develop harmonised communications support**: Using the Merseyside best practice model and extending it across Cheshire to harmonise approach of communication support teams and roll out across the C&M footprint bringing together EDI practitioners aiming to establish a more integrated approach.
7. **Engaged NHS England health and inequalities team:** Linked this to also using the NHS RightCare Equalities and Health Inequalities pack to look at a ward level analysis of the C&M region.
8. **Work in parallel with the Better Together programme:** Investment in NHS Health Inequalities Action Plan programme runs parallel with the *Better Together* programme and is formulating an equality metrics compendium for anyone to access. The *Better Together* initiative recognises that organisations are at different places on equality and diversity with different priorities and resources. The programme is designed to support greater collaboration and to work on projects to build up shared practice and pool resources to address challenges across the region.
9. **Engagement portfolio:** A toolkit is being developed to roll out to all boards to provide resources for staff, patients, carers, and the public.
10. **EDI steering group priorities to be ratified by STP and Healthwatches:** Key work streams have been identified to be led by the steering group members who will practically implement steps to achieve outcomes using EDI staff across the region:
    - Equality assurance and metrics
    - Workforce standards
    - Patient participation and engagement
    - Quality, risk and assurance
    - Board development to integrate EDI into decision-making and strategy
    - Develop integrated staff networks for protected groups
    - Support health and inequalities strategies working with commissioners and public health, using the NHS RightCare reports at a local and STP level
11. **Trailblazer of a pilot apprenticeship programme:** For band 5 and 6 roles, utilising levy funds as a career development programme from pre-grad and upwards to masters level for grade 7 and 8s.
12. **Implement an EDI Operating Model:** Building on the options developed and pooling STP wide resources.

Project Status

It is still very early days as year one has focused on mapping the challenges and putting in place the structures to drive change. Overall this is a cultural change project and it will need time to embed.

Outcomes Planned	Progress to Date
1. Consolidation of best practice and diversification of EDI efforts at a system level to achieve a leaner approach towards achieving the ambitions of the 5 Year Forward View and NHS Long Term Plan	• Mapping completed to understand current position • Best Practice mapping completed • Proposal developed
2. Development of a shared operating model for EDI across partners which encompass how we collectively look at governance, capacity and capability of our workforce, talent management and succession	• Shared Operating Model developed • EDI Steering Group established and work streams identified and due for ratification by C&M footprint
3. Formalisation of Equality, Diversity and Inclusion across organisational structures	• Approach identified also linked to Better Together programme
4. An increase in the number of senior leaders from a BAME background or with a disability across C&M footprint	• Too early yet to see this impact. However the framework for capturing this change/impact is now being put in place
5. An increase in the positive scores in 2018 Staff Survey pertaining to staff from a BAME or with a disability and other protected groups feeling that they have an equal opportunity to career progression and development opportunities	• Too early to gauge this impact. Also questions within the Staff Survey may need some refining to allow this level of analysis.

Contact

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