A Model Employer:

Increasing black and minority ethnic representation at senior levels across King's College Hospital NHS Foundation Trust

Implementing the NHS Workforce Race Equality Standard (WRES) leadership strategy

Background

There exists a huge reservoir of talent which is not being tapped into by the barriers that are often placed in the way of staff development and opportunities. Greater diversity and inclusion improves opportunities to tap into that diverse talent pool. The NHS is at its best when it reflects the diversity of the country and where the leadership of organisations reflects its workforce.

Research shows that organisations that have diverse leadership are more successful and innovative than those that do not. Employees who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. Such organisations are better placed to reduce health inequalities of our diverse communities and leads to better patient care, satisfaction and outcomes.

This document sets out the ambitious challenge of ensuring black and minority ethnic (BME) representation at all levels of the workforce. This includes leadership being representative of the overall BME workforce by 2028. The document outlines both the aspirational goals for your organisations as well as a comprehensive and holistic set of objectives to support the NHS, as part of the existing Workforce Race Equality Standard (WRES) programme of work.

This content of this document presents an example of a commitment to meet the aspirations on improving BME representation across the workforce and at leadership positions in the NHS, as set-out in the in both the NHS Long Term Plan[1] and within the WRES 'Model Employer' leadership representation strategy[2].

NHS trusts are encouraged to work with the national WRES Implementation team to agree and finalise the detail of the aspirational goals and action plans.

1. The need for accelerated improvement

Since its introduction in 2015, NHS England's WRES programme has been providing direction and tailored support to the NHS, enabling organisations to continuously improve their performance in this area.

The WRES has required NHS trusts to annually self-assess against nine indicators of workplace experience and opportunity, and to develop and implement robust action planning for improvement.

WRES data for the last three years shows year-on-year improvement for BME staff on a range of indicators. Increasing the representation of BME staff at senior and leadership levels across the NHS is an area that requires further accelerated support.

The overall BME workforce in the NHS is increasing, however this is not reflected at senior positions where there is an acute under-representation of BME staff. Aspirational goals to increase BME representation at leadership levels, and across the pipeline, will reinforce the existing WRES programme of work.

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[1] https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/
[2] https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf

2. The 10-year ambition modelling

Table 1. King's College Hospital NHS Foundation Trust workforce by ethnicity: March 2018

	Total headcount	Overall %	% known ethnicity
BME workforce	5681	46.2%	48.5%
White workforce	6037	49.1%	51.5%
Unknown workforce	568	4.6%	
Total	12286		

The table above shows organisation staff breakdown by ethnicity for King's College Hospital NHS Foundation Trust as at 31 March 2018. The staff are split into three broad ethnic categories: 'BME' (Black and Minority Ethnic), 'white' and 'unknown'. The ethnic categorisation follows the national reporting requirements of Ethnic Category as outlined in the NHS Data Model and Dictionary, and as used in NHS Digital data.

Table 2. Goal setting for bands 8a-VSM BME recruitment for King's College Hospital NHS Foundation Trust

	Proportion of BME workforce (n)	Additional BME recruitment over the next 10 years to reach equity[1]	Total BME staff in AfC band by 2028 to reach equity[1]
Band 8a	29.1% (141)	94	235
Band 8b	22.1% (42)	50	92
Band 8c	15.2% (12)	26	38
Band 8d	33.3% (11)	5	16
Band 9	12.5% (3)	9	12
VSM	5.6% (1)	8	9

[1] Reaching the value in column "Proportion of BME workforce" (note: by 2028 this may have changed)

The table above shows the additional recruitment of BME staff required, in Agenda for Change (AfC) bands 8a to VSM, to achieve equity of representation at King's College Hospital NHS Foundation Trust by 2028.

Table 3. Goal setting trajectory for bands 8a-VSM BME recruitment for King's College Hospital NHS Foundation Trust

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	141	150	160	169	179	188	197	207	216	226	235
Band 8b	42	47	52	57	62	67	72	77	82	87	92
Band 8c	12	15	17	20	23	25	28	30	33	36	38
Band 8d	11	11	12	12	13	13	14	14	15	15	16
Band 9	3	4	5	6	6	7	8	9	10	11	12
VSM	1	2	3	3	4	5	6	6	7	8	9

The table above shows the 10-year trajectory to reach equality by 2028 for AfC bands 8a to VSM. The numbers show the required staff in post for each year.

Progress against the data in the above table will be looked at by the WRES team and national regulators, and therefore should also be focussed upon by the respective organisation, on an annual basis.

3. Current performance: 2019 update

Table 4. 2019 staff in post compared to 2019 trajectory ambition for King's College Hospital NHS Foundation Trust

	2018 actual	2019 actual	2019 ambition	Gap
Band 8a	141	151	150	1
Band 8b	42	47	47	0
Band 8c	12	13	15	-2
Band 8d	11	11	11	0
Band 9	3	3	4	-1
VSM	1	0	2	-2

There has been an increase in the number of BME staff in AfC bands 8a, 8b and 8c. The trust is on track to deliver equity by 2028 for AfC bands 8a, 8b and 8d. However, for AfC bands 8c, 9 and VSM, the trust is behind schedule.

As the proportion of BME staff in the trust changes, the 10-year trajectory will change as well. It is strongly recommended that the trust regularly monitors its progress against its respective aspirational targets. The WRES team will work with the trust to review the aspirational targets and trajectories every three years.

4. Key points of consideration

- The data source for the above modelling is the trust workforce data 2018 WRES submission.

- Modelling assumptions:
    - Assumes no change in the number of staff in the organisation over the next ten years.
    - Assumes constant number of employees and leavers per year based on data between March 2017 and March 2018.
    - The model considers the number of BME recruits to replace leavers and increase representation up to equality by 2028.
    - BME proportions are recorded as a total of known ethnicities.

- The above model presents the aspirational goals relating to managerial staff on the agenda for change pay scale. The trust will need to replicate this approach for its **medical** workforce.

- Staff and staff-side within the trust, and other key stakeholders, should be engaged in a meaningful way regarding the strategic direction of travel.

- Commitment and accountability regarding the aspirational goals and supporting plans should lay with the trust board.

5. Supporting delivery of the ambition

The WRES team will support the wider system to focus on driving improvements in BME representation at senior levels across the NHS – building a sustainable talent pipeline for the future. A clear focus will be upon both growing and supporting existing BME talent from within the NHS, as well as attracting talent from outside of the NHS.

To help meet the aspirations set-out above, dedicated support to individual organisations, and parts of the NHS, will be provide by the WRES Implementation team. This support is presented under four broad headings, as outlined below.

Figure: WRES model of support for improving BME representation across the NHS workforce
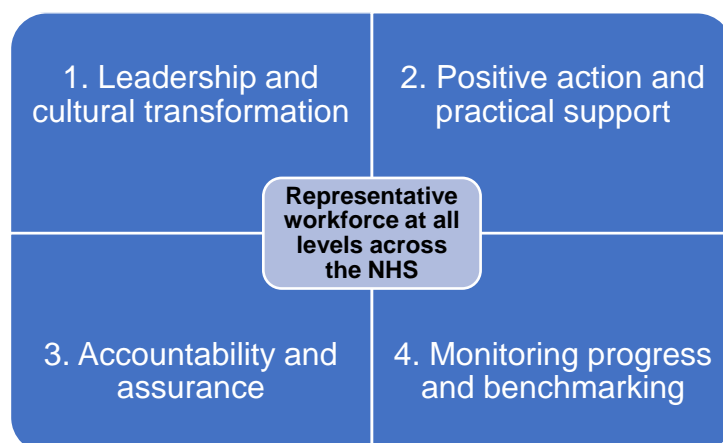
5.1 Leadership and cultural transformation

- <u>Demonstrate commitment to becoming an inclusive and representative employer - role modelling on race equality</u> – **work will be carried out to transform deep-rooted cultures of workforce inequality via organisational leadership strategies** – a focus here will be upon NHS Improvement's Culture and Leadership Programme; engage supporters and including stakeholders in the planning process and in helping to share messaging, rationale and process.

- <u>Require VSMs and board members to mentor/reverse mentor and sponsor at least one talented ethnic minority staff at AfC band 8d or below</u> – coaching skills and structured support will be made available to senior staff to carry this out. **Mentoring, reverse mentoring and sponsoring will be part of the senior leader's performance objectives** that will be monitored and appraised against.

- <u>Recruitment drive on BME non-executive directors (NEDs)</u> – as a starting point, **a drive to appoint BME NEDs will be encouraged**. Existing NEDs will be encouraged to play an active role in mentoring and sponsoring BME staff that have the potential to get to an executive role within three years.

5.2 Positive action and practical support

- <u>Talent management</u> – to meet set aspiration, concrete measures to remove barriers to our most talented ethnic minority staff succeeding, will be put in place. To enable this to happen, there needs to be a consistent narrative within organisations, based on a **fit-for-purpose national approach to effective talent management across the NHS**.

- <u>Diverse shortlisting and interviewing panels</u> – **recruiting managers will be held accountable for institutionalising diverse shortlisting and interview panels**. There would seldom, if ever, be acceptable exceptions for not having a BME member on shortlisting and interview panels; this is firmly within the organisation's control. Where BME interviewees are not appointed, justification should be sent to the organisation's chair setting out, clearly, the process followed and the reasons for not appointing the BME candidate.

- <u>Batch interviews should be considered where appropriate</u> – panel interviews of single applicants may not always provide the optimum assessment of a candidate's skills and capabilities, and can contribute towards creating conditions for bias. **Organisations will be encouraged to examine the merits of interviewing a batch of candidates** for a number of different roles/positions.

- <u>Technical WRES expertise at regional levels</u> – the WRES Experts Programme aims to develop cohorts of race equality experts from across the NHS to support the implementation of the WRES within their organisation. Participants become part of **a network of professionals across the NHS that advocate, oversee and champion the implementation of the WRES** at regional and local level. The work on meeting leadership aspirations at local level will be built into the existing WRES Experts Programme.

- Promote success and share replicable good practice – **identification and dissemination of models of good practice, evidence based interventions** and processes from across the NHS – from the wider public, private, voluntary and charitable sectors – will help support NHS organisations to achieve the required outcomes.

5.3 Accountability and assurance

- Build assurance and accountability for progress – NHS organisations across the country will be supported to **develop workforce race equality strategies and robust action plans that are reflective of their WRES data**. These action plans provide an ideal vehicle to continuously improve on the issues that, the data show, are of key concern for the organisation. Progress against the aspirations will form part of an organisation's action planning for the WRES. This work will be included in the Single Oversight Framework; Care Quality Commission (CQC) inspection; and the CCG Assurance and Improvement Framework.

- Senior leaders and board members will have performance objectives on workforce race equality built into their appraisal process – senior leaders should be held accountable for the level of progress on this agenda. Working with national healthcare bodies, **progress on workforce race equality will be embedded within performance reviews of chairs and chief executives** – including emphasis on WRES implementation and on progress in meeting the set goals for their respective organisation.

- Building the capability and capacity of BME staff networks across the NHS – to play a key part of the accountability and transparency approach will play a key role. There will be a concerted effort towards **supporting leaders of BME staff networks and trade union representatives, across the NHS to raise the visibility of their work**, and to provide a source of meaningful and sustained engagement with the WRES programme of work.

5.4 Monitoring progress and benchmarking

- Benchmarking progress – **benchmarking and progress will be established and published as part of NHS Improvement's Model Hospital hub and WRES annual data reporting**, through which the monitoring of progress against set aspirations over time will be undertaken, and good practice shared.

- Periodic update – due to the changing nature of BME workforce composition across the NHS, the right approach will be to **periodically update the assessment of the overall progress that has been made on meeting the aspirations** – starting at the end of 2020, and local organisations will be supported via the national WRES team to do the same.

- Oversight – the lack of BME leadership is a system-wide issue that requires a system-wide response. CEOs within a regional healthcare footprint are encouraged to come together on this agenda regularly. **Collaborative working between healthcare organisations at local level, and with key partners, will be essential.** This will require all relevant organisations to focus resource on workforce race equality in a more intentional manner.

6. Further information

Further information and support will be available from the NHS England WRES Implementation team.

Email: england.wres@nhs.net