Royal College of Nursing

NHS Leadership Academy

TRUST: an essential ingredient for effective and inclusive leadership in the NHS

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Foreword

I am delighted to write the foreword for TRUST: an essential ingredient for effective and inclusive leadership in the NHS. In my opinion, this is a useful and pithy guide to improving inclusion within NHS organisations.

We know that trust is an important component in all relationships, both in our private and in our working lives. In the healthcare industry trust is fundamental to working well with our patients and clients. As healthcare professionals we need our patients to trust that we will always have their best interests at heart and that we will do everything in our power to ensure they have the best possible care.

As leaders, we have a responsibility to engender trust in our staff, in our colleagues and in our stakeholders.

This handy guide highlights the importance of trust in organisations and describes how we can go about creating a trusting and inclusive work environment for all members of staff.

Great in its simplicity, the model within this document is easy to use and needs very little additional resource to implement it. It will help organisations think through the steps needed to ensure they have a robust and effective strategy for engaging with all members of their workforce. It will highlight areas of best practice and areas for improvement and give information that will act as a baseline for improving engagement and inclusivity within organisations.

We are proud to have worked with colleagues from the RCN to produce this guide and hope you find it as easy to use and effective as we have designed it to be.

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Trust: new frontiers for effective and inclusive leadership in the NHS

> *It can't be right, for example – as Roger Kline's recent research has pinpointed – that ten years after the launch of the NHS leadership race equality plan (LREAP), while 41% of NHS staff in London are from black and minority ethnic (BME) backgrounds (similar in proportion to the Londoners they serve) only 8% of trust board directors are, with two-fifths of London trust boards having no BME directors at all. Similar patterns apply elsewhere, and have actually been going backwards.*
>
> *Yet diversity in leadership is associated with more patient-centred care, greater innovation, higher staff morale, and access to a wider talent pool. In my own career, I reflect on the fact that down the years I've benefited from having had three black bosses and a woman as my line manager, but in each case that's been when I've been working outside the NHS. That needs to change.*
>
> Simon Stevens – CEO, NHS England, May 2014

Rapid, dramatic change and organisational restructuring amid a context of financial austerity across the health and social care sector are purportedly amongst the factors that have triggered a crisis of trust in workplaces. In recent times, we have also seen the publication of a number of reports that point to the lack of progress in improving the representativeness of the senior leadership population of the NHS.

Many commentators point to the quality of leadership within organisations as the determining factor in shaping and sustaining organisational culture. Whilst this crisis of trust may not be an issue faced by all leaders and senior managers, it is critical that they take stock of the leadership behaviours they model.

According to a series of research papers produced by the Chartered Institute of Personnel and Development (CIPD)[1] the issue of trust is moving up higher in the workplace agenda. Trust within a workplace setting drives stronger staff engagement and discretionary effort and ultimately produces better patient outcomes when combined with inclusive behaviours.

Whilst trust ratings tend to increase with seniority within organisations there is a marked difference with more junior staff. Fewer senior employees tend to be of the view that trust between employees and senior management is weak. This trend was particularly noticeable with public sector employees.

The recent King's Fund survey entitled 'Culture and Leadership in the NHS'[2] further underlines the differential perspectives of senior managers and frontline staff. Their survey found that executive directors tended to feel more positive about the working environment and culture within their organisations than other staff, particularly nurses. For the King's Fund, the lack of a shared perspective in this arena is a cause for concern.

Lack of trust within organisations may create and support the maintenance of an adversarial and fearful culture which is likely to have a significant impact on the engagement of employees and ultimately impact negatively on patient care.

The King's Fund survey found that only 39% of staff felt that their organisation was characterised by openness, honesty and challenge; some of the key vectors needed to generate and sustain organisational trust. With 43% feeling that swift and effective interventions were not taken to deal with inappropriate behaviours and performance.

Discrimination in the workplace has a significant impact on trust and there is a wealth of evidence that demonstrates that lack of inclusion plays a factor in this. The publication of the Snowy White Peaks[3] report earlier this year, as well as other research by Bradford University[4] in 2010 has shown the prevalence of organisational behaviours that undermine trust and prevent NHS organisations from effectively reaping a tangible trust dividend. Research from Professor Mike West[5] has strengthened the link between poor treatment experienced by BME staff and lower levels of patient satisfaction. This is perhaps an important, though largely unexplored element of collective leadership.

Key attributes of leadership

When it comes to critical senior management attributes that employees are believed to actively value, competency, communication and trustworthiness are amongst the top three listed by employees.

How to create a culture of trust

According to the CIPD creating a climate of trust doesn't require senior leaders to do extraordinary things. On the contrary, feedback from employees suggests that characteristics of being open and approachable are part of the portfolio of skills and attributes needed by senior managers. Leaders who treat staff fairly and with respect were particularly valued by employees.

The BME Leadership Forum echoes the CIPD's view that senior leaders need to respond to concerns about the climate of trust within the NHS by placing the NHS constitutional values at the heart of their activities. Part of these leadership behaviours must also demonstrate action in tackling workforce equality issues generally with a specific focus on race equality.

Having established that trust is an essential ingredient in enabling staff to feel valued, included and perform to the best of their ability. The TRUSTED model has been developed to address these issues, which is briefly explored within this document on page six.

[1] CIPD, 2013: Megatrends: The trends shaping work and working lives. Are organisations losing the trust of their workers? www.cipd.co.uk/binaries/6413%20Megatrends%20provocation_WEB.pdf [accessed 25.2.14]

[2] Kings Fund, 2014: Culture and Leadership in the NHS. The Kings Fund Survey 2014. www.kingsfund.org.uk/publications/culture-and-leadership-nhs [accessed 22.5.14]

[3] Middlesex University, Kline, R, 2014: The 'snowy white peaks' of the NHS: A Survey of discrimination in governance and leadership and the potential impact on patient care in London and England. www.mdx.ac.uk/Assets/The%20snowy%20white%20peaks%20of%20the%20NHS.pdf.pdf [accessed 20.4.14]

[4] University of Bradford, Archibong, A, Darr A, 2010: The involvement of BME staff in NHS disciplinary proceedings www.bradford.ac.uk/health/media/CfID-Briefing-9-BME-disciplinaries.pdf [accessed 2.6.14]

[5] Lancaster University Management, Work Foundation, Aston Business School, West M, Dawson J, 2009: NHS staff management and health service quality www.gov.uk/government/uploads/system/uploads/attachment_data/file/215454/dh_129658.pdf [accessed 14.2.14]

The Workforce Race Equality Standard

The Equality and Diversity Council (EDC) have agreed on a proposal for a Workforce Race Equality Standard (WRES) to be consulted on, with a view to it being included in NHS contracts 15/16. We expect the WRES to be a topic of discussion in the wider health and social care system going forward.

The regulators – the Care Quality Commission and Monitor – will consider using the standard to help assess whether organisations are 'well-led'. The proposal would be applicable to providers, and extended to clinical commissioning groups (CCGs) through the annual CCG assurance process.

The move follows recent reports, which have highlighted the relative absence of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population.

The proposal put to the EDC on 29 July 2014 was that there should be a National Workforce Race Equality Standard, built from a small number of indicators for which most Trusts already collect data (a mix of NHS national survey data and local workforce data).

In addition there would be one board membership metric linked to the diversity of the board. There may also be a metric linked to the patients' survey. This standard would then be used to gauge the current state of race equality within NHS organisations and track what progress is being made to identify and promote talented BME staff as well as helping to eliminate discrimination in the treatment of BME staff and improving the quality of service for BME patients.

The crucial element of the proposal is that it takes a small number of indicators and requires NHS organisations to close the gap between the BME and white staff experience for those indicators. For example, currently the likelihood of BME staff being appointed from shortlisting is much less than the likelihood of white staff being appointed from shortlisting.

Similarly there are significant differences in many trusts between the likelihood of BME and white staff accessing non-mandatory training – the kind that improves career development and promotion opportunities.

Organisations will be expected to do what the best ones already do, which is to scrutinise data and act on it, and then work towards a level playing field with fair measurable outcomes. NHS Employers found it is twice as likely that BME staff will enter the disciplinary process as white staff yet whilst some trusts seek to understand this and reflect on how to change it, others do not. One consequence of potentially discriminatory recruitment and promotion processes may be the imbalance in the representation of BME staff within grading processes, irrespective of the balance of the workforce within individual occupations.

All NHS organisations would be expected to collect this data as many already do. However they would then be required to do what many NHS organisations do not currently do, that is to analyse the data and work out how to reduce the differences in treatment for which there is no objective justification.

Some organisations have already made strides in doing this and it shows in their data. Others are starting on this journey. What the national Workforce Race Equality Standard will do is to require all organisations to not just collect such data, but to analyse and act on it, seeking to narrow the metrics gap between the treatment of BME and white staff.

This document will support organisations to think systematically about how to go about collecting and collating the data necessary to make improvements to how staff from different backgrounds perceive they are being treated.

Organisations could use the TRUSTED model to 'take stock' using the following key indicators from the staff satisfaction survey, which are known to have very different response rates between BME and white staff.

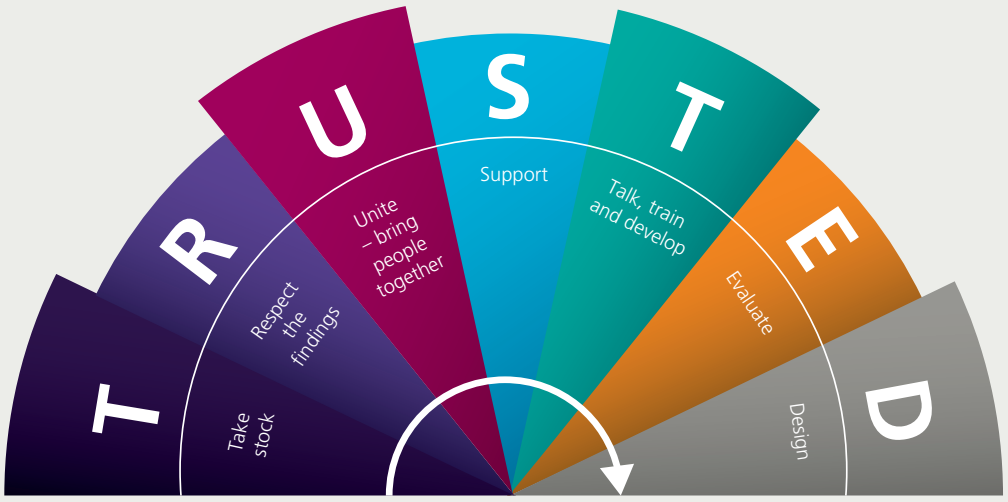
- Key Finding 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- Key finding 27. Percentage believing that trust provides equal opportunities for career progression or promotion
- Key Finding 28. Percentage of staff experiencing discrimination at work in the last 12 months

Having put systems in place to improve the difference in staff perceptions from the different groups, organisations can 'evaluate' and 'redesign' processes for improvement if necessary.

This simple and easy to follow model will enable organisations to show what work they have done to improve and close the gap between different groups for KF 19, 27 and 28.

TRUSTED

This model outlines seven steps to support organisations better understand their approach to inclusion:



Take Stock

This is an essential part of the process and should be approached carefully; taking stock will inform the organisation as to what the issues or concerns are with regards to trust in the organisation. There are a variety of ways to achieve this.

The process begins with appreciative inquiry and asking:

- What is the makeup of our organisation and does it reflect our local population at all levels?
- What picture do the results from staff surveys tell us about the experience of BME staff and other staff who are unrepresented at senior levels in the management structure?
- Is there a pattern emerging with regards to the characteristics of staff who face disciplinary and other employment relations processes?
- Are there patterns and trends that emerge with regards to those awarded clinical excellence awards, being promoted or receiving developmental assignments?
- What kind of talent pipeline has your organisation generated, is it representative of the skills and talents that exist across your entire workforce?

Respect the findings

This consists of respecting the evidence and information that you have gathered. It is important to acknowledge that for many, these findings may make for difficult and uncomfortable reading. Yet those skills needed to generate and sustain trust such as communication and perspective-taking will be vital in tackling these issues properly. Use the skills of your employee cohort to build a plan to make changes.

- The board may find it useful to spend some time looking at these issues and the implications for the organisation.
- A lead board member (preferably the CEO) should take responsibility for implementing through the change programme and commit to managing through any difficulties that may emerge.

Unite around finding a solution

Sustained and meaningful dialogue is essential to building and generating organisational trust. This stage of the work pivots on the implementation of a robust engagement and communications strategy within the organisation which aims to find solutions to the issues raised. Employees, staff-side and employee networks as well as other vehicles for employee voice should be fully engaged in this process. It may be useful to speak to your equality lead as well as your communications team for more information about how to do this skilfully. Care needs to be taken in explaining the findings, particularly if there are significant differences in the perceptions of how different groups view the organisation. Sensitivity in acknowledging there might be issues for some groups but not for others and ensuring that people who are content with the organisation are kept enthused and motivated is important.

Talk, train and develop

Changing the conversation about workplace culture and in particular discrimination is vital to the TRUSTED model. Engagement with all members of staff is a facet of the collective leadership model that focuses on conscious cultural change. There may be scope at this stage to develop TRUST champions who may be seen as skilful and committed agents of cultural change. There are critical and perhaps rather uncommon skills to be utilised at this stage, which focus on the ability to have conversations about workplace culture and organisational trust that are both candid and respectful and orientated towards delivering tangible outcomes. Core to generating and sustaining organisational trust must be the knowledge that these issues may take a considerable period of time to meaningfully resolve. Authenticity and energy will be needed to sustain a long-term culture change across the organisation.

Support

Be prepared to invest some resources into tackling the issues raised. Critical stakeholders in this work need to be fully engaged at the outset. You may find it particularly useful to talk to organisations and individuals who are able to provide support. Expertise and a sound knowledge base on these issues can be found throughout the health and social care sector and particularly:

- NHS Leadership Academy and its Local Delivery Partners
- Royal College of Nursing and other royal colleges
- NHS Employers
- NHS England
- Public Health England

Evaluate

Evaluation is important to test whether the intervention you have implemented creates the impact intended.

- 19% of employees experiencing harassment, bullying or abuse from staff in the last 12 months
- 27% of employees believing that the organisation provides equal opportunities for career progression or promotion
- 28% of employees reporting that they have experienced discrimination at work in the last 12 months.

Design

To complete the quality improvement loop, an evaluation and redesign to improve the model is recommended at this stage. It is recommended that organisations should work with key stakeholders to determine what worked well, what could be improved and what are useful components to building the TRUSTED process into all aspects of the organisation's business.

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