

# Innov8 NHS

## Reframing Diversity Leadership

Phase 1 Final Report  
Executive Summary





SHAPIRO



This report was commissioned by NHS Yorkshire and the Humber and prepared by Shapiro Consulting Limited in partnership with the Diversity Practice.

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# Innov8 NHS: Reframing Diversity Leadership

Innov8 NHS aims to increase the representation of Different Leaders (those from Black and Asian Minority Ethnic -BAME- backgrounds) in leadership. It also aims to improve the capability of all leaders to manage inclusion and diversity in meeting the 21<sup>st</sup> century healthcare opportunities and challenges that face their organisations.

Innov8 is being developed across the Yorkshire and the Humber NHS region and is being led by the Strategic Health Authority Leadership and Organisational Development team. It is sponsored by Simon Morrill, Chief Executive of NHS Bradford and Airedale. Innov8 is part of a wider suite of action called Leaders for Change, which is led by the SHA to promote inclusive leadership.

**Phase 1 of Innov8 was carried out from November 2008 to November 2009. It focused on preparing the region for change and succeeded in:**

- Creating commitment, interest and support in around 130 senior leaders and Different Leaders, who have contributed to Innov8 either through events, interviews or survey consultations.
- Building an Emerging Leaders network of BAME staff.
- Identifying levers for change to enable the region to build a more diverse leadership that can more effectively respond to 21st century NHS opportunities and challenges.

- Beginning to develop and prepare Different Leaders to progress into more senior roles and to help influence and shape the change process to achieve an inclusive leadership approach across the region.

## **A New Methodology for Change**

Innov8 represents a departure from the deficit approach to equal opportunity, which tends to focus action on the minority group - in this case, Different Leaders. Instead, it has developed a methodology that recognises the complexity of achieving real and sustainable change in creating an inclusive approach to leadership. It acknowledges that the benefit of true inclusion and diversity cannot be realised without creating a partnership between the organisation and Different Leaders. The methodology, which can be replicated in health organisations across the region and other NHS regions, comprises four steps:

- 1. Establish the strategic context for change.**
- 2. Identify key change agents.**
- 3. Increase shared understanding between change agents.**
- 4. Prepare for change.**

## Reframing Diversity Leadership

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Innov8 is taking a fundamentally different approach to creating an inclusive and diverse leadership across the region. This approach is based on research conducted by Innov8's consultants that has demonstrated the added value, strategies and attributes that diverse leaders bring to the workplace<sup>1</sup>. It also shows how leaders that understand the relevance of diversity to their roles are able to draw on its strengths to improve

the quality and impact of the areas of work they lead<sup>2</sup>. NHS research also shows that approaches to increasing diversity at senior levels that only focus on short-term interventions targeted at developing the potential of, for example, under-represented BME colleagues are limited in their impact. It argues that wider organisational changes required to facilitate greater diversity in leadership need to be addressed<sup>3</sup> too.



Wider organisational changes are required to facilitate greater diversity in leadership

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## The Strategic Imperative for Change

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Guided by this research, Innov8 set out to establish the strategic imperative for change. This was made clear when the challenges laid down by The Next Stage Review were examined. The Review recognised the importance of tackling health inequalities when it set out a vision for the NHS that has quality, innovation and improvement, and meeting the clinical and care needs of patients and the public, at its core. This vision needs to be achieved while also reducing costs and responding to the healthcare challenges raised by changing demographics and lifestyles. In terms of

inclusion and diversity, the challenge is two-fold. First, there is a critical need for leaders to develop a strategic response to meeting the varying health and health service needs of different groups within our society, where significant health inequalities already exist. Secondly, there is a need to develop a strategic organisational approach that considers the diversity implications of developing a workforce and future leadership that can realise the high standards of quality, innovation and improvement being sought.

1. 'Different Women Different Places: A study of the Lives and Experiences of Black and Minority Ethnic Women Leaders', The Diversity Practice in Association with Katalytik Ltd, 2007.
2. 'Reframing Diversity: Board Executives and Senior Diversity Professionals Working Together for Strategic Impact', Dr Gillian Shapiro and Melanie Allison, December 2007.
3. 'Access of BME Staff to Senior Positions in the NHS', NHS Institute for Innovation and Improvement, January 2009.

## The Change Agents

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Innov8 has identified five key change agents in Reframing Diversity Leadership and meeting the 21st century NHS leadership challenge:

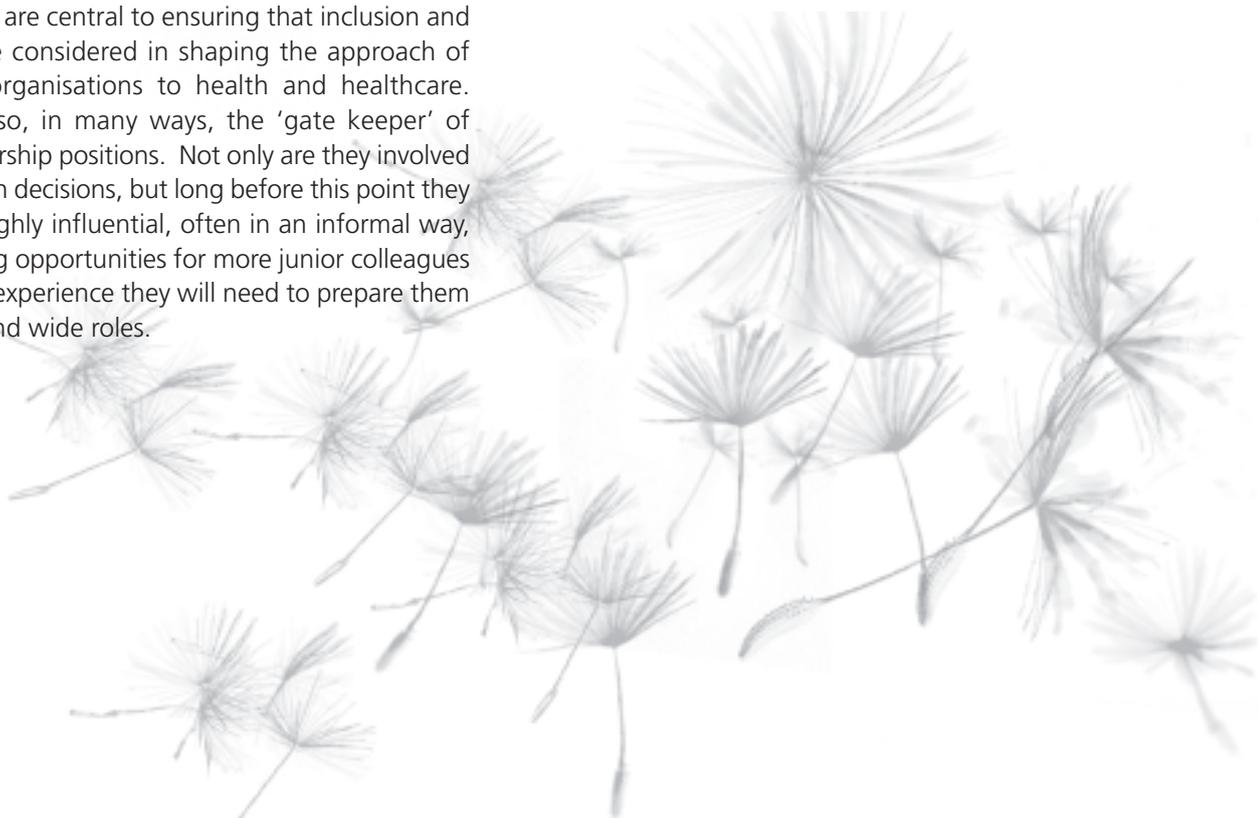
1. **Different Leaders - the aspiring BAME leaders of the future.**
2. **Gateleaders – current senior leaders.**
3. **Diversity professionals.**
4. **Talent management professionals.**
5. **The SHA Organisational Development & Leadership team.**

Different Leaders obviously have a key role to play in Reframing Diversity Leadership. Yet, Innov8 found that little was known about where these individuals were and what their experiences were within the region.

While Gateleaders could be identified more readily, it was clear that their role in Reframing Diversity Leadership had not yet been fully explored. Gateleaders are central to ensuring that inclusion and diversity are considered in shaping the approach of individual organisations to health and healthcare. They are also, in many ways, the 'gate keeper' of future leadership positions. Not only are they involved in promotion decisions, but long before this point they are often highly influential, often in an informal way, in facilitating opportunities for more junior colleagues to gain the experience they will need to prepare them for senior and wide roles.

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## Shared Understanding

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In order to begin to build greater understanding and connections between the change agents, Innov8 undertook a consultation exercise, involving each of them in the process.

This began with one-to-one interviews with eight Gateleaders and 13 Different Leaders. It went on to include a survey sent to members of each change

agent group, which yielded 133 responses (40% response rate).

The consultations aimed to generate a greater understanding of the experience of Different Leaders within the region in developing their careers and the capabilities of senior managers to build inclusion and diversity into their leadership approach.

## The consultation identified the key barriers preventing greater representation of Different Leaders in senior roles as lack of:

- **Access to development opportunities, support and information.**
- **Senior level leadership and responsibility for developing Different Leaders.**
- **Value placed on Different Leaders.**

Few BAME (28%) and White (31%) respondents to the survey agreed that senior leaders in their organisations are well-skilled at managing inclusion and diversity issues in service delivery. While more White respondents (69%) agreed that their leaders treated inclusion and diversity as an important issue, only 20% of BAME respondents believed this to be the case.

This difference in perception between BAME and White respondents was quite typical of many areas of the consultation. However, there was a greater shared view on the actions that change agents believed would have the greatest impact in increasing the representation of Different Leaders in senior roles.

These included:

- **Greater involvement of senior leaders in supporting BAME talent.**
- **Better communication of role models to support BAME talent.**
- **Development of a culture that values Different Leaders.**
- **Improved, formal approach to talent management.**

## Preparing for Change

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For the first time, Innov8 brought members from each of the change agent groups together to hear and consider the results of the consultations. They were asked to put forward their view on the most effective approach to responding to the key issues it raised. This included:

- **A partnership between all key change agents (continuing after this event).**
- **Personal ownership for achieving change being taken.**
- **Development of senior leaders to effectively lead diversity by increasing their cultural competence, awareness of implicit bias and their role in nurturing and supporting Different Leaders.**

- **Improved and more transparent career information and support for Different Leaders.**
- **A focus on replicating success (moving away from focusing on barriers), e.g. successful role models, successful career strategies, successful development programmes etc, from within and outside this region and the NHS.**
- **Rigour in evaluating impact.**

Based on the results of this event, Innov8 then ran a pilot one-day programme specifically for Different Leaders. This provided an opportunity to address some of the issues raised in the consultations and develop the skills of Different Leaders as agents of change, working in partnership with other key change agents.

The workshop drew on the Factor 8 model, using its associated self assessment tool, developed by the Diversity Practice, to enable participants to identify their strengths as Different Leaders and their development needs. In particular, it focused on the need for three core strengths to be effective as a partner in the change process, namely:

### **Bi-cultural competence**

The ability of a person to lead effectively across two or more ethnic cultures, easily switching between different cultures and skilfully merging the unique attributes and behaviours from this diverse context.

### **Multiple perspectives**

The ability to look at issues from a wide variety of different perspectives.

### **Presence, passion and power**

The ability to communicate with conviction, authority and impact.



## Conclusions, Recommendations and Next Steps

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The first phase of Innov8 has found that, unless health organisations value and are able to draw on the breadth of diverse talent within their organisations, and build this into their strategic approach to leadership, it is unlikely that the core objectives of quality and improvement will be realised.

Key levers for change in achieving this have been identified as:

- **Improving, increasing transparency of, and accessibility to, formal approaches to talent management.**
- **Developing a culture that values Different Leaders.**
- **Increasing senior level responsibility for ensuring Different Leaders reach their full potential.**

The levers clearly show that change will not be achieved through action being taken by, or focused on, a single group, such as the Different Leaders themselves. A More system-wide approach, involving all key change agents, is required.



A vehicle is needed that will enable the change agents to work together effectively

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A vehicle is needed that will enable the change agents to work together effectively, and that will support them in achieving change in their own health organisations within the region and enable them to demonstrate the progress and impact achieved. The **Innov8 NHS Alliance** is the vehicle recommended to facilitate this. The Innov8 NHS Alliance should be **action oriented** in its approach. It should not be a committee and it should be supported by the SHA.

It is also important that each change agent group is prepared and equipped to work effectively and productively together. The first phase of Innov8 worked with Different Leaders to develop their ability to influence change, both within their own organisations and as a member of the Alliance.

We used the Factor 8 model and assessment tool to help Different Leaders develop the skills critical for achieving a successful Alliance. It is important the Gateleaders also benefit from this development approach to increase their inclusive leadership skills.

Over the past year, Innov8 has used a mix of one-to-one conversations, workshops and events, as well as a consultation survey to achieve engagements and results. However, the challenge of co-ordinating and working across a number of different health organisations within a single region has not been small. We have learnt much along the way and our

experience has highlighted the importance of strong, high profile communication and a constant pace of actions and interventions in supporting such a complex change process. Without this, we have experienced how engagement and progress once gained, can still be lost.

Our recommendations for next steps, therefore, include a specific focus on communications and engagement:

1. **Raise the profile of Innov8 and the results of phase 1 across the Yorkshire and the Humber Region.**
2. **Provide a workshop for senior leaders to develop the competencies needed as an 'Inclusive Leader' to work effectively in the Alliance and as a partner in the change process.**
3. **Launch the Innov8 Alliance.**

**This should:**

- a. **Create energy and commitment across Gateleaders and Different Leaders and other change agents to work together in the Alliance and separately in their own organisations to help create a**

**more diverse leadership that is well equipped to respond to 21st century NHS opportunities and challenges.**

- b. **Be specific in its objectives and actions with clear mechanisms to report impact and ensure accountability.**
- c. **Provide a forum for creating shared knowledge of key issues and successful approaches to change.**
- d. **Create a platform for communicating and celebrating Different Leaders' and Gateleaders' role models.**
- e. **Be co-ordinated and supported by the Strategic Health Authority.**

# Building a more diverse and senior leadership

Innov8 is not being implemented in isolation across the region. It is part of a wider suite of action, which is called 'Leaders for Change', and is led by the SHA to promote inclusive leadership. Innov8 provides the methodology and forms the engine for change that helps to connect each of these actions together.



## Accelerate and Leaders for Change Programmes

Development programmes for ambitious staff to accelerate their career progression. Both programmes offer access to coaches and a mentoring partnership based on a 'transcultural model' of experience, learning and appreciation.

## i-lead

A programme supporting existing senior leaders to develop their inclusive leadership vision and understanding.

## The team behind Innov8 NHS and building a more diverse and inclusive leadership is:

### Sponsor

Simon Morritt

### Chief Executive

NHS Bradford & Airedale

Andrea Overton

### OD & Leadership Facilitator

NHS Yorkshire and the Humber

Paul Harrison

### Associate Director of OD & Leadership

NHS Yorkshire and the Humber

## Diversity Leaders

A professional development programme and support for those leading diversity in organisations.

## SHA Programme Review

A diversity review of the content and approach of SHA development programmes is being undertaken.

## Connect

A pilot programme aimed at enabling boards to leverage the strategic contribution of diversity.

For more information about the wider work stream please contact:

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