

In this article...

- Explanation of what constitutes a shared-governance leadership model
- How one acute hospital set up a Black, Asian and minority ethnic shared-governance council
- How the council can provide clear benefit to patients, staff and the wider trust

Setting up a Black, Asian and minority ethnic (BAME) shared-governance council in an acute hospital trust

Key points

Shared governance is a leadership model that places frontline staff at the centre of the decision-making process to improve practice and patient care

A Black, Asian and minority ethnic shared-governance council was successfully set up at Nottingham University Hospitals NHS Trust

The aim of the council is to focus on patient experience and outcomes

Support from all levels of management are key to forming and sustaining such a council

There have been demonstrable benefits to patients, staff and the trust

Authors Aquiline Chivinge is clinical lead shared governance and leadership, Onyi Enwezor is shared governance educator, Sue Haines and Joanne Cooper are assistant director of nursing, all at Nottingham University Hospitals NHS Trust.

Abstract The Black, Asian and minority ethnic shared-governance council at Nottingham University Hospitals NHS Trust has encouraged personal and professional development of staff from these ethnic groups through involvement in both projects that raise awareness of their positive contributions and culturally sensitive decisions around patient care. In this article, we explain the differences between such a shared-governance council and a Black, Asian and minority ethnic staff network. We describe, step-by-step, how we set up the council in 2018 and the training and structures needed. We provide examples of opportunities for collaborative work in which the council has been involved, with feedback from staff, and identify common challenges faced and potential solutions.

Citation Chivinge A et al (2021) Setting up a Black, Asian and minority ethnic (BAME) shared-governance council in an acute hospital trust. *Nursing Times* [online]; 117: 7, 18-22.

Nottingham University Hospitals NHS Trust (NUH) is one of the biggest and busiest acute hospitals in England, employing more than 17,000 people. The trust, based over three main sites, provides care to more than 2.5 million residents of Nottingham and its surrounding communities, and specialist services cover a further 4 million people from neighbouring counties.

The trust started using a shared-governance model of leadership in 2012, with the first shared-governance unit practice council established on an acute medical admissions ward (Dinning et al, 2014). Shared governance is a model of leadership that brings responsibility for decision making to frontline clinical staff (Porter-O'Grady, 2004); its core principles are equity, accountability, partnership and ownership (Swihart and Hess, 2018).

There are several models of shared-governance councils (SGCs) but, in response to staff consultation, NUH opted for the councillor model, supplemented with specialist and themed councils (Bit.ly/NUHShareGovn). This model consists of councils that focus on clinical practice, quality assurance, management, research, advocacy, and staff development and education (Swihart and Hess, 2018). One of the themed councils set up to support this model is NUH's Black, Asian and minority ethnic (BAME) SGC, which has averaged 15 members since it began in April 2018.

The approach of shared governance can be used to develop sustainable culture change and an inclusive approach to talent development (Haines, 2013). Jones et al (2015) noted that different generations need to be managed differently to get the best out of them, and shared governance is

Clinical Practice Innovation

a potential model for this. NUH defines shared governance as, “staff having collective ownership to develop and improve practice, to ensure patients receive caring, safe and confident care” (Taylor, 2016).

Representation

In 2018, the trust’s shared-governance leadership council conducted a review and identified that there was limited representation of nurses and midwives of BAME groups in the existing 50 unit practice councils; specific action was taken to increase the diversity of involvement and representation. An analysis of NUH’s 2017-2018 workforce race equality standard (WRES) data and staff survey responses showed limited involvement and negative experiences of nurses and midwives of these ethnicities in the trust, which was in line with the national picture (NHS Equality and Diversity Council, 2019; Picker



Table 1. Differences between NUH’s BAME shared-governance council and BAME staff network

	BAME shared-governance council	BAME staff network
Membership structure	Multidisciplinary, but chair or vice chair must be a nurse or midwife to ensure professional voice is heard. Membership limited to agreed terms of reference, typically up to a maximum of 20	Any member of staff can be part of this group. Membership numbers not limited
Terms of reference	Well defined and in line with the nursing and midwifery strategic plan	Well defined and in line with BAME staff network strategy
Governance structure	Reports to: <ul style="list-style-type: none"> ● Leadership council chaired by chief nursing officer ● Nursing and midwifery board ● Trust board 	Reports to: <ul style="list-style-type: none"> ● Equality and diversity action group ● NUH’s people experience board ● Trust board
Executive sponsor	Chief nursing officer	Human resources director
Work plan aim	<ul style="list-style-type: none"> ● To improve patient experience and outcomes through staff training and involvement in patient improvement programmes ● Improve staff wellbeing 	Supporting the organisation to meet workforce race equality standards by: <ul style="list-style-type: none"> ● Improving staff experience ● Improving career progression ● Improving training and development ● Improving wellbeing of staff ● Increasing engagement of staff from BAME backgrounds
Projects	Improving patient experience and clinical outcomes, resulting in staff job satisfaction and staff empowerment	Bettering staff experience to improve patient outcomes
Sustainability	Embedding shared governance as leadership model for culture change to help achieve <ul style="list-style-type: none"> ● Local accreditation ● Pathway to excellence accreditation ● Magnet accreditation 	Embedding actions from the NHS People Plan (Bit.ly/NHSStaffPlan) to support and nurture networks
Areas of collaboration	<ul style="list-style-type: none"> ● Interview panels ● Different committees ● Intelligence on staff and patient experiences ● Can be member of BAME staff network 	<ul style="list-style-type: none"> ● Interview panels ● Different committees ● Intelligence on staff and patient experiences ● Can be a member of BAME shared governance council

BAME = Black, Asian and minority ethnic. NUH = Nottingham University Hospitals NHS Trust.

Institute, 2018). As a result of these findings, a trust-wide BAME SGC was launched as a proactive voice for change, empowerment and engagement of frontline staff from BAME backgrounds. Its members identified that the core mission was to unite, empower and inspire.

SGC versus staff network

There are distinct differences between a BAME staff network and a BAME SGC. The latter is a themed council empowering frontline staff to have the confidence to voice, and be involved in, decisions affecting patient care and staff wellbeing; NHS England note that their staff network focuses on encouraging, promoting and embedding key equality, diversity and inclusion drivers to influence levels of engagement and satisfaction in the workplace ([Bit.ly/NHEBME](https://bit.ly/NHEBME)).

When the SGC was formed at NUH, a staff network for staff from BAME backgrounds existed, but was limited by a lack of staff engagement and relevant representation. After the success of the SGC, the network was relaunched in May 2020. Table 1 shows the main differences between the two.

Setting up the SGC The process

The proposal for a BAME SGC was sponsored by the chief nursing officer. It was formed with the help of an assistant director of nursing and shared-governance educators. All SGC members received specialist training in shared governance and the process started with 12 to 15 staff volunteers.

Efforts were made to represent all divisions so everyone could benefit from projects or work done by the SGC. This was done by highlighting to staff that representing their clinical areas would give them the opportunity to have a voice in decision making about the clinical care they provide to patients and, at the same time, potentially could improve job satisfaction.

The first few meetings were spent advertising the SGC and establishing a strategy, terms of reference and group conduct rules; the roles of chair, vice chair and secretary were also decided on. The people to hold these positions were nominated and confirmed through voting. SGC members agreed on the terms of reference, including meeting time and frequency, and venue booking. Once this had been arranged, staff could request shared-governance time on the e-roster. At NUH, staff have six hours per month for projects, including time to attend leadership councils.

Box 1. Supporting patients from minority ethnic groups who experience hair loss

In April 2018, soon after the Black, Asian and minority ethnic shared-governance council began, it started working with different multidisciplinary teams to improve patient and staff experiences. A year later, the council chair was successful in getting a National Institute for Health Research 70@70 Senior Nurse Research Leader three-year fellowship.

Through this work and reaching out to the community, a connection was made with Sistas Against Cancer, a local group that highlighted issues for patients who experience hair loss and are from minority ethnic groups. The fact that some patients did not have access to the products they needed, or those that were appropriate for them, was presented to the trust's board with the support of the divisional nurse for cancer and associated specialties. The collaboration resulted in a new approach, which began with a survey of the current service. A patient hair-loss information leaflet with a hair-care page for people of colour and white minority ethnic groups was produced along with a factsheet providing details of hairdressers, wig providers and support organisations to help patients and suppliers. The project is ongoing.

This process happened in a culture in which some senior staff already knew about shared-governance leadership and its impact on staff morale, job satisfaction, patient experience and clinical outcomes. The chief executive team, including the chief nursing officer, were already supporting the shared-governance approach.

From the outset, the BAME SGC had the assistant director of nursing as a member to help guide and support it through professional issues, such as career development, mentoring and coaching.

Training

The training was overseen by a shared-governance clinical educator and included quality, service improvement and redesign ([Bit.ly/NHSQuality](https://bit.ly/NHSQuality)). To help with the strategy of diversifying interview panels, SGC members were given extra training in recruitment and retention processes. All new council members are expected to attend training together as this helps to establish team dynamics.

Meetings

SGC members meet once a month to:

- Discuss projects;
- Share ideas and best practice;
- Provide support.

Meetings are chaired with agendas, while minutes and formal monthly reporting are sent to the shared-governance shared area where they are selected by shared-governance team for discussion at the leadership council chaired by the chief nursing officer. The nominated secretary provides administration support and meeting notes are circulated to the SGC members.

Everyone on the shared-governance or leadership council gets the opportunity to

discuss current challenges and successes in an informal, relaxed environment.

Additional important messages and learning are summarised and communicated via the chief nurse of the trust's newsletter and video blog.

Setting priorities

The first few meetings focused on listening to staff and feedback from patients; after this, the SGC agreed to prioritise the following areas of action:

- Highlight the positive contribution of staff from minority ethnic groups to patient outcomes in the organisation;
- Listen to staff and produce anonymised staff story videos to highlight their negative experiences before sharing these with managers, patient groups and the trust's people experience board;
- Consider patient feedback about reduced choices of culturally sensitive dishes on menus and different needs in end-of-life care due to cultural and religious beliefs for all patient groups across the trust;
- Work collaboratively with other health professionals to improve patient experience and outcomes.

Actions

Patients

There were several ways in which the SGC had a positive impact on patients, including:

- Establishing outreach programmes in communities to increase information giving and use of NHS resources;
- Coproducing patient pathways and information for hair loss in patients from minority ethnic groups with cancer, a national project supported by NHS England and the Cancer Experience of Care Improvement

Clinical Practice Innovation

Box 2. Award-winning memory menu

In 2019, the dietetics department worked closely with Nottingham University Hospitals NHS Trust (NUH) patient groups and the Black, Asian and minority ethnic shared-governance council (SGC) to incorporate patient views about the dishes they love to eat when they are not at their best. The SGC used social media and feedback sheets at NUH sites to collect feedback from a diverse patient population, including different ethnicities and religions in the communities covered, adding hundreds of suggestions into the mix.

NUH serves 1,800 meals each day to patients on wards using fresh, local ingredients. Chris Neale, assistant head of facilities, said: "What we have been doing here is really unique – so much so that we have received national award recognition. The engagement we've had has been fantastic and it's enabled the team to come up with some diverse ideas – the SGC added 342 dish suggestions alone and we will use this information to develop more ideas in the future. We're also developing a menu for the children's hospital based on feedback from children and young people, which will be called the Robins Menu."

Trish Cargill, chair of NUH's Patient Partnership Group, said: "The memory menu is a fantastic initiative, which helps patients and the people of Nottingham let us know what food they would like to see on our menus. It is great to see social media being used so effectively to help [us] engage and update our menus."

- Collaborative (Box 1);
 - Developing a memory menu for nutrition and dietetics (Box 2);
 - Working closely with chaplains and the end-of-life team to help on sensitive cultural issues, such as conforming to specific religious ritual after death;
 - Raising awareness of research by having regular meetings and webinars with staff and communities of minority ethnicities.
- The SGC feeds back to the trust board on issues affecting patients.

Staff

The SGC has given training opportunities to some staff who might not have accessed it due to work roles. Being a member of the BAME SGC has also led to opportunities to present work at conferences, local events and meetings, regionally at the Royal College of Nursing's East Midlands Region Black History Month conference and nationally at the 5th Commonwealth Nurses and Midwives Conference 2020 in London. These opportunities:

- Helped members grow their confidence;
- Made them feel that their voice was now being heard;
- Raised the profile and awareness of contributions from staff from minority ethnic groups. Box 3 provides a personal account of how one nurse benefited from involvement in the council.

Feedback from staff involved in the SGC includes:

"[The] BAME SGC has given me an identity and purpose."

"[The] BAME SGC has given me a voice I never knew I had."

"Since joining the [SGC], my confidence to apply for opportunities has grown and I am now able to network with other staff from other divisions and departments."

"We now believe our voices are being heard by the organisation, as minor incremental changes are occurring in the right direction."

There has also been recognition for the staff involved in the SGC who won the

NUH Honours Award 2018 in the equality, diversity and inclusion category, as well as those who were shortlisted for the NUH Team Awards 2019 in the respect and inclusion for everyone category.

The NHS is actively recruiting from overseas; having international nurses involved in the BAME SGC helps these new recruits settle into their new working environment with a sense of belonging and contribution, while gaining autonomy and job satisfaction, as well as professional development.

The trust

The BAME SGC is part of an ongoing culture change and is providing a foundation for improvements via different work-streams. It promotes culture change by:

- Being involved with a reverse mentoring scheme – the first cohort was launched in June 2019;
- Improving inclusiveness on committees involving patients, staff and the public;
- Increasing diversity on interview panels across the trust;
- Raising awareness of research among minority ethnic communities;
- Fostering partnerships and collaborations with other minority ethnic group networks in the integrated care system and nationally;
- Increasing participation of staff from minority ethnic groups on professional

Box 3. Empowerment through involvement with the SGC

My name is Onyi Enwezor. I qualified as a nurse and midwife from the University of Nigeria Teaching Hospital and, in 2003, I moved to the UK. I joined Nottingham University Hospitals NHS Trust (NUH) two years later as a band 5 staff nurse. In 2011, I obtained a BSc (Hons) degree in Healthcare Studies (Nursing) from the University of Nottingham and I progressed to a deputy sister role. Having worked for the same trust for 15 years and only moving up a band, I felt disempowered when I saw students I mentored become my bosses. There was a lot of nepotism and I felt I was just a tick box for interviews. I was at the point of giving up when the Black, Asian and minority ethnic shared-governance council (BAME SGC) was formed. Before becoming a council member, I was very shy and terrified of public speaking. Shared governance has really empowered me as an individual to be able to speak up to improve staff experience, and put myself forward to carry out improvement projects.

As the vice-chair of the council, I was also expected to present at leadership councils and conferences. Initially, it was nerve-racking due to cultural differences: in Nigeria, looking a senior nurse in the eye is disrespectful. I was determined to overcome this setback and have done so with encouragement from the chief nurse and the SGC chair and colleagues.

Feeling empowered, I was keen to support others, so I worked hard to develop the skills needed to become a shared-governance clinical educator. This role allows me to coach, mentor, talent manage and talent spot colleagues, and encourage them to develop their own career pathway. I have learned to pay very close attention not only to the story being told, but also to *how* it is told – tone of the voice, body language – and have become an active listener. I have gone from the nurse who would not look at the chief nurse to being the first deputy chair vice-chair, then chair of the SGC – and, in October 2020, I received a British Empire Medal from the Queen.

Clinical Practice Innovation

Table 2. Setting up an SGC: considerations and solutions

Considerations	Suggested solution
Organisational readiness	<ul style="list-style-type: none"> ● Buy in from the executive trust board members ● Secure a commitment to have a shared-governance team
Structural changes	<ul style="list-style-type: none"> ● Put communication structures in place, reporting to the leadership council
Individual changes	<ul style="list-style-type: none"> ● Use structured risk-taking projects to improve patient and staff experience ● Provide access to professional-development programmes to increase staff confidence
Cultural change	<ul style="list-style-type: none"> ● Initiate reward and recognition programmes, such as local and external awards

SGC = shared-governance council.

Table 3. Setting up a BAME SGC: challenges and recommendations

Challenge	Recommendation
Staff not stepping forward to join the group for fear of being labelled trouble makers	Provide people with reassurance and offer support until they feel confident
Managers not allowing staff to join the group for fear of being exposed or labelled as racist	Engage with the manager, reassure them, keep them informed of what goes on in meetings and share the leadership report with them
Staff being reluctant to speak up due to fear or lack of trust in the system	Reassure them and listen to their concerns. One option is to produce an anonymous staff story video and share it with senior management to help staff feel listened to and involved in finding solutions to move forward on the BAME agenda in the trust
Staff not having the skills to carry out shared-governance duties and roles	Make sure all staff are trained and equipped with the knowledge they need to be a council member

BAME = Black, Asian and minority ethnic; SGC = shared-governance council.

- fellowship and internship programmes;
- Being a reference point for other NHS organisations, thereby also raising NUH's profile;
- The BAME SGC was one of the 12 exemplars of good practice mentioned in the MAGNET report.

Lessons learned

As previously identified, setting up a BAME SGC was supported by the existing organisational commitment to the four structural changes described by Swihart and Hess (2018). Table 2 shows some considerations and suggested solutions for an organisation setting up a BAME SGC based on our experience.

Support from the chief nursing officer and senior nurses is crucial – it helps bring on board the trust chief executive and trust board of directors and creates senior management buy-in. Everyone has to know

from the start that shared governance is not a project but a culture change and so will be part of the trust's long-term strategy. It is also important to:

- Understand that the SGC is not just a leadership model that involves nurses but is something that relies on the collaboration of all professionals and care staff across the organisation;
- Be aware that SGCs are established using voluntary participation – this has worked well at NUH, as shown by the amount of work covered in the three years since the BAME SGC was launched;
- Understand, and start with, the aspects of service improvement and professional practice about which members are passionate;
- Know that patient and public involvement is key to improving the experience of patients from BAME groups;

- Have continuous support from the shared-governance clinical educators and open communication in all forms to ensure the success and sustainability of the SGC;
- Set up training for new members at the earliest opportunity so they can understand the roles, responsibilities and objectives of the SGC, and gain confidence in contributing;
- Have a monitoring process in place to track and record SGC reports, meeting attendance, minutes and registers, terms of reference, and so on – this will help produce measurable outcomes.

Challenges and recommendations

Challenges may arise when setting up a BAME SGC. On the basis of our experience, Table 3 lists some, with possible solutions.

Conclusion

In this article we have described the principle of shared governance and how we used it to put in place a BAME SGC. Although there were challenges, in just a few years, the SGC has produced demonstrable positive impacts for staff, the patient experience and the trust. The experiences of NUH may differ from those of other trusts and local situations must be taken into account, but we hope the basic steps and fundamental considerations outlined here prove useful to others when discussing how to make these changes in their organisation. **NT**

References

- Dinning A et al (2014) *Knowing Why We Do What We Do: Establishing A Unit Practice Council to Improve Evidence Based Nursing Practice in Acute Medicine using Appreciative Inquiry*. Foundation of Nursing Studies.
- Haines S (2013) Applying talent management to nursing. *Nursing Times*; 109: 47, 12-15.
- Jones K et al (2015) *Mind the Gap: Exploring the Needs of Early Career Nurses and Midwives in the Workplace*. Health Education England.
- NHS Equality and Diversity Council (2019) *NHS Workforce Race Equality Standard: 2018 Data Analysis Report for NHS Trusts*. NHS.
- Picker Institute (2018) *National NHS Staff Survey in England*. PI.
- Porter-O'Grady T (2004) Overview: shared governance: is it a model for nurses to gain control over their practice? *The Online Journal of Issues in Nursing*; 9: 1.
- Swihart D, Hess RG (2018) *Shared Governance: A Practical Approach to Transforming Interprofessional Healthcare*. HCPro.
- Taylor K (2016) Using shared governance to empower nurses. *Nursing Times*; 112: 1/2, 20-23.

Useful resources

- **How to chair a meeting**
Bit.ly/RCChair
- **How to write an agenda**
Bit.ly/IndeedAgenda