

Welcome

Deep dive:
Applying an evidence based
approach to inclusive
recruitment

Welcome and introduction

Cherron Inko-Tariah MBE – Seacole group member and non executive director, Homerton Healthcare NHS Foundation Trust

Recruitment and talent management interventions

Roger Kline – research fellow, Middlesex University Business School

Case study from Imperial College Healthcare NHS Trust

Kevin Croft – chief people officer, Imperial College Healthcare NHS Trust

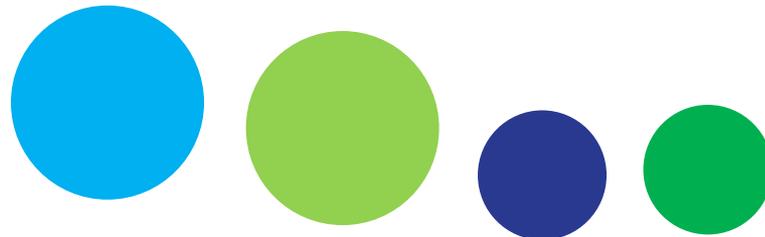
Q&A

Facilitated by chair

Final reflections

Facilitated by chair

Close of event



- Please note this session is recorded
- Please keep your camera on wherever possible
- If you lose connection, please re-join using the link in your joining instructions or email race.equality@nhsproviders.org
- Please ensure your microphone is muted during presentations to minimise background noise
- We will come to questions once we have heard from all our speakers
- Please feel free to use the chat box for questions and sharing examples of what has delivered sustained progress in your organisation
- If you would like to ask a question audibly, please use the raise hand function during the Q&A section and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.

NHS Providers

Applying an evidenced based lens to inclusive recruitment

Roger Kline

Research Fellow, Middlesex University Business School

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Preliminary principles

- We should base EDI decisions on whether there is confidence that what is proposed has a reasonable likelihood of bringing about the change we want to see.
- On average, over time, the outcomes for staff in appraisals, access to stretch opportunities, and interviews are the same for staff irrespective of their protected characteristics
- Policies, procedure and diversity training may be helpful but, in isolation, they will not bring about the change we need
- Early progress on tackling discrimination is possible but sustainable change takes time to embed

Small differences in race discrimination can make a big difference (2021 data)

| Current pay band | Pay band promotion sought | Cumulative effect |
|------------------|---------------------------|-------------------|
| Band 5 | Band 6 | 1.61 |
| Band 6 | Band 7 | 2.59 |
| Band 7 | Band 8a | 4.17 |
| Band 8a | Band 8b | 6.71 |
| Band 8b | Band 8c | 10.81 |
| Band 8c | Band 8d | 17.41 |
| Band 8d | Band 9 | 28.04 |

The current NHS scorecard on race, recruitment and career progression

- Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants – no sustained improvement
- Twice as likely BME staff will **not** believe there are equal opportunities for promotion and career progression
- Board members in NHS trusts from a BME background – a significant improvement though more so amongst NEDs than execs
- Where data exists, BME staff are under-represented in “very good” appraisal ratings and over-represented in “poor” appraisal ratings and disadvantaged by informal access to “stretch opportunities”
- **But there are Trusts where the data is very significantly better**

The preconditions for improvement in recruitment and career progression

- Clarity of narrative on tackling racism
- **An alternative model:**
 - **Debiasing processes - not just people**
 - **Inserting accountability in thoughtful ways**
 - **Leaders who are seriously inclusive allies**
- An improvement lens

Precondition 1: an effective narrative

- **Improvement.** In hospital settings, managing staff with respect and compassion correlates with improved patient satisfaction, infection and mortality rates, Care Quality Commission (CQC) ratings and financial performance. (*Dixon Woods et al 2014*)
- “there is widespread evidence of considerable inequity in experience and opportunity for those with protected characteristics, of which we would call out race and disability as the most starkly disadvantaged” (**Messenger Review** June 2022)
- Where organisational leadership better represents the **diversity** of staff, there is more trust, stronger perceptions of fairness and overall better morale of staff. (*King (2014)*)
- **Demographic diversity improve performance so long as underpinned by inclusion.** (Guillaume 2017)
- **Wasted talent if** candidates are chosen who “fit in” rather than have the best potential
- Discrimination impacts both **staff mental and physical health**
- Discrimination impacts **patient safety** – team working, raising concerns, admitting mistakes
- Discrimination undermines **social justice** contrary to NHS values and NHS Constitution
- and
- The **forthcoming CQC rating criteria may** attach more importance to staff experience of EDI

Precondition 2: debiasing processes

Debiasing processes is more effective than relying on debiasing people (Iris Bohnet (2018), Daniel Kahneman (2021), Dobbin, Kalev, Schrage (2006). Unconscious bias training has major limitations (Atewologun 2018). So:

- Understand local data and opportunities for bias
- Debias appraisals
- No informal recruitment to stretch opportunities (local examples)
- How jobs are created and advertised
- In shortlisting and assessment focus on future potential not past opportunities
- Well structured interviews (as per HEE advice (2016)) with debiased decision making
- Do not rely on one data point – use work samples, in-trays, SJTs etc too
- Batch recruitment (as per nursing intakes)
- Multiple data points with key biases mitigated
- Remove future line manager as prime decision maker (cf Google and local examples)
- Positive action can help level playing field but no substitute for mitigating institutional barriers

Precondition 3: inserting accountability

- Awareness of accountability acts to pre-empt the introduction of bias into hiring decisions before it happens and helps challenge stereotypes when making decisions *Valian (1999)* . Individuals required to justify their decisions to a more senior person are likely to undertake more thoughtful evaluations *Foschi (1996)*. Leaders tasked with accomplishing diversity goals were more likely to be effective when clear accountability existed. (Dobbin et al (2016)) NHS examples include:
 - Data dashboard and transparency using ESR and survey data to drive improvement and challenge
 - Shortlisting (protocol)
 - Stretch opportunities – monitor/control access
 - Interview accountability for outcomes and support – and random Board checks
 - Appraisals – monitor and peer review
 - Panel challenge and interviewee feedback
 - Staff networks

Precondition 4a: inclusive leadership (why)

- Evidence of links between psychological safety, supportiveness, positivity, empathy, leadership and innovation is deep and convincing. (West M, Eckert R, Collins R. (2017))
- Inclusive leadership is needed to manage the psychological responses of individuals arising from social categorisation processes and can enable effective team working in diverse teams. (Ashikali, T. et al (2021)).
- Support from top management is a key factor in determining the success of diversity programmes. (Rynes, S. et al 1995))
- Where diversity interventions lack the involvement of top managers and fail to address overall work processes, their long-term effectiveness in transforming organizational culture is likely to be limited. (West. M. (2015))
- Leaders tasked with diversity goals were more likely to be effective when clear accountability existed. (Dobbin et al (2016))
- Relational intelligence (kindness, emotional intelligence) can be as important as rational intelligence (regulation, measurement and efficiency) (Unwin J. (2018)).

Precondition 4b: inclusive leaders (how)

- Understands challenging disadvantage should not be left to the disadvantaged – be a proactive ally actively preventing disadvantage not just responding to it
- Have honest conversations about using our power and privilege
- Is clear that inclusion crucial to sustainable improved representation.
- Model the behaviours expected of others, personally challenging, supporting and ensuring accountability – reflected in , own appraisals and through a Board led EDI dashboard
- Operational EDI leadership rests with CPO but Board must visibly lead
- Relational intelligence (kindness, emotional intelligence) can be as important as rational intelligence (regulation, measurement and efficiency) (Unwin J. (2018)) .
- **Ask why there is a reasonable likelihood that proposed interventions will achieve their stated goal**

A new paradigm: key interventions include.....

| | |
|---------------------------------|--|
| Process | On average, over time, the interview outcomes of men and women, white and BME staff should be about the same |
| Appraisals | Bell curve with even distribution |
| Stretch opportunities | No informal access. Accountability for access. |
| Interview outcomes | Panel chairs to justify decisions and put talent plan in place for unsuccessful candidates |
| Patterns of disadvantage | Dashboard enables check, challenge, accountability and support with an improvement lens |
| Positive action | Helpful but must accompany dismantling institutional bias |

Very senior recruitment: a case study

- The **job description and advert** analysed for gendered and non-inclusive language
- A bespoke application form to measure candidate responses against **four work sample questions** which enable employers to see how candidates think through a problem, and give candidates a taste of what the role involves.
- A highly structured **blind shortlisting then completed based on candidate answers to the four questions only** and scores given. Set number of candidates with highest cumulative scores from shortlisting invited to interview.
- After shortlisting, **short-listers review CVs for each candidate (independent of their answers to the four questions)** and rank them in order of suitability for the role. CV evaluation is likely to be quite different to the shortlisting outcomes with candidates who scored least in blind shortlisting being ranked highest based on their CV.
- A **structured interview** with a full set of questions for the interview and a marking framework is provided and each candidate asked the same questions and scored based on their answers to those questions only.
- The panel to be asked to **score each candidate independently without conferring with the other panellists** and then submit their scores to the Head of Inclusivity. Only then could the scores be discussed with other panellists. Scoring to be done for each candidate's answer on a scale of 1-5 based the specified criteria, not against the previous candidate's answers.
- Panel members **reminded of the risk of bias** and to stick tightly to the structured scoring system.
- Post-interview, once interviews are concluded and all scores received, **interview scores are weighted 60% and shortlisting scores weighted 40% of total score giving two reference points for marking.**
- The Trust Head of Inclusivity provides the cumulative scores for each candidate to the hiring panel, and **the candidate with highest score is appointed by the Trust Chair** (Hiring Manager).

Our goal: inclusive and psychological safe workplaces

- **Inclusion** is the extent to which staff believe they are a valued member of the work group, in which they receive fair and equitable treatment, and believe they are encouraged to contribute to the effectiveness of that group. Inclusive workplaces and teams value the difference and uniqueness that staff bring and seek to create a sense of belonging, with equitable access to resources, opportunities and outcomes for all, regardless of demographic differences. It is crucial to the trust which underpins effective team working. *Shore et al (2018)*
- Inclusive organisations are more likely to be '**psychologically safe**' workplaces where staff feel confident in expressing their true selves, raising concerns and admitting mistakes without fear of being unfairly judged. *Shore et al (2018)*.
- **Inclusive and compassionate leadership** helps create a psychologically safe workplace where staff are more likely to listen and support each other resulting in fewer errors, fewer staff injuries, less bullying of staff, reduced absenteeism and (in hospitals) reduced patient mortality. *Carter, West, Dawson (2008)*

Summary: what should Boards prioritise?

- Make selves uncomfortable - and then confident - about race and why tackling discrimination is important
- Lead by example – listen, be proactive and preventative
- Expect EDI to feature in all Board reports and make EDI a key feature of Board recruitment and appraisals
- Be as curiously active about the EDI dashboard data as about other data
- Expect an explanation of why proposed interventions on recruitment and career progression have a reasonable likelihood of working –and ensure Trust uses forthcoming NHS Repository of good practice
- Actively and personally support staff networks
- Be aware of the overlap between the forthcoming national EDI workplan and the revised CQC well led criteria

Inclusive Recruitment

Kevin Croft
Chief People Officer

Launched in September 2021 we made a step change to fully embed our inclusive recruitment approach

- **Band 7+ campaigns:**

- Interview panel to be diverse in terms of ethnicity and gender as a minimum
- Hiring Manager to send Dear Tim letter to CEO Tim Orchard providing details of their shortlisted candidates, outlining their selection process and providing rationale for the hiring decision before offer letter can be sent to successful candidate (target 2 days)
- Compliance management and monthly reporting to CEO, CPO and key Committees
- Part of divisional and directorate performance scorecard
- Ensure support mechanisms for development in place for internal candidates
 - Responsibility of hiring manager to provide constructive feedback
 - Responsibility of line manager to support development
 - Signposting to the career focus tool <https://focus.careercentre.me/members>
 - Support from Learning & OD team to understand what is available

- **Medical Appointments**

- The inclusive recruitment approach initially started with senior non-Medical roles but has now been extended to Consultant appointments (AACs) and senior medical leadership roles e.g. clinical director

The approach requires support from the People & OD team including:

- Adapting process and paperwork to incorporate the extra requirements
- Tracking and reporting compliance to CEO, CPO and other Committees
- Refresh list of BAME panellists and provide training for BAME panellists / staff new to interviewing
- Support AACs and provide training for chairs and panel members
- Effective Recruitment & Selection Training for Recruiting Managers
- Obtain and review feedback from candidates on how we can improve their experience around inclusivity as part of our overall recruitment process
- Continue to review and analyse data from the Dear Tim process to understand issues and identify actions

Inclusive Recruitment Performance: Non-medical staff Band 7+

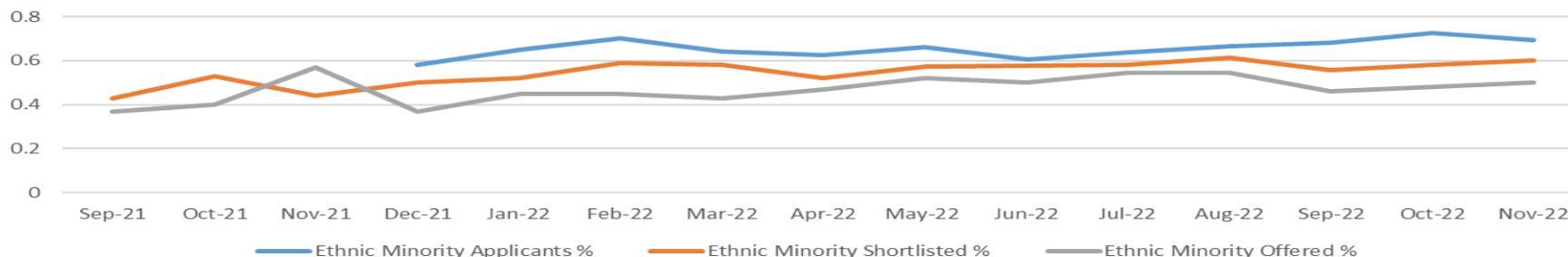
The report covers the period since the programme started September 21 to November 22

- 972 campaigns for new band 7 or above leaders have been advertised, shortlisted and a hiring decision made between September 2021 and November 2022
- The % of BAME applicants for jobs has increased over the year, with 64% of applications from BAME candidates in the first six months which increased to 67% of applicants in the second six month period.
- Shortlisting of BAME candidates has increased with an average of 57% of candidates shortlisted over the 12 months; this increased from 55% of shortlisted candidates in the first six months to 58% in the second six month period.
- 930 offers of employment were made in the last 12 months with 48% of offers made to BAME candidates. This has increased from 45% in the first six months to 50% in the second six month period.
- 847 interview panels were held with 93% of panels were confirmed as diverse for gender and 96% of panels were diverse for ethnicity.
- 592 CEO letters have been recorded - a process change was introduced in July 2022 to require a Dear Tim report to be submitted before an offer letter is sent out. Since that date compliance has significantly improved and 98.3% compliance was achieved in the last three months.

Inclusive Recruitment Oversight and Accountability: Non-medical Recruitment (Sep 21-Nov 22)

| Sept-Nov 22 | No of interviews | No of applicants | Applicants BAME | BAME Applicants % | No shortlisted | No Shortlisted BAME | BAME Shortlisted % | No offered | No offered BAME | BAME Offered % | No of offers Internal | No of offers external | Dear Tim letters received | Dear Tim letters received % |
|--------------|------------------|------------------|-----------------|-------------------|----------------|---------------------|--------------------|------------|-----------------|----------------|-----------------------|-----------------------|---------------------------|-----------------------------|
| Dec-21 | 60 | 533 | 309 | 58% | 202 | 101 | 50% | 59 | 22 | 37% | 35 | 24 | 30 | 50% |
| Jan-22 | 68 | 680 | 439 | 65% | 225 | 117 | 52% | 51 | 23 | 45% | 28 | 23 | 36 | 53% |
| Feb-22 | 74 | 683 | 479 | 70% | 274 | 162 | 59% | 67 | 30 | 45% | 44 | 23 | 38 | 51% |
| Mar-22 | 85 | 657 | 421 | 64% | 273 | 158 | 58% | 75 | 32 | 43% | 54 | 21 | 9 | 11% |
| Apr-22 | 67 | 457 | 285 | 62% | 226 | 118 | 52% | 68 | 32 | 47% | 44 | 25 | 32 | 48% |
| May-22 | 84 | 530 | 350 | 66% | 232 | 133 | 57% | 73 | 38 | 52% | 42 | 30 | 45 | 54% |
| Jun-22 | 81 | 584 | 353 | 61% | 283 | 163 | 58% | 94 | 47 | 49% | 54 | 40 | 48 | 59% |
| Jul-22 | 74 | 557 | 355 | 64% | 268 | 156 | 58% | 68 | 37 | 54% | 33 | 37 | 61 | 82% |
| Aug-22 | 68 | 594 | 399 | 67% | 257 | 157 | 61% | 64 | 35 | 55% | 33 | 32 | 57 | 84% |
| Sep-22 | 74 | 700 | 477 | 68% | 287 | 160 | 56% | 76 | 35 | 46% | 40 | 36 | 73 | 99% |
| Oct-22 | 59 | 527 | 383 | 73% | 226 | 131 | 58% | 62 | 30 | 48% | 40 | 22 | 55 | 98% |
| Nov-22 | 53 | 386 | 260 | 67% | 182 | 108 | 59% | 50 | 25 | 50% | 27 | 23 | 52 | 98% |
| Total | 847 | 6888 | 4510 | 65% | 2935 | 1664 | 57% | 807 | 386 | 48% | 474 | 336 | 539 | 64% |

% Ethnic Minority in Selection Process

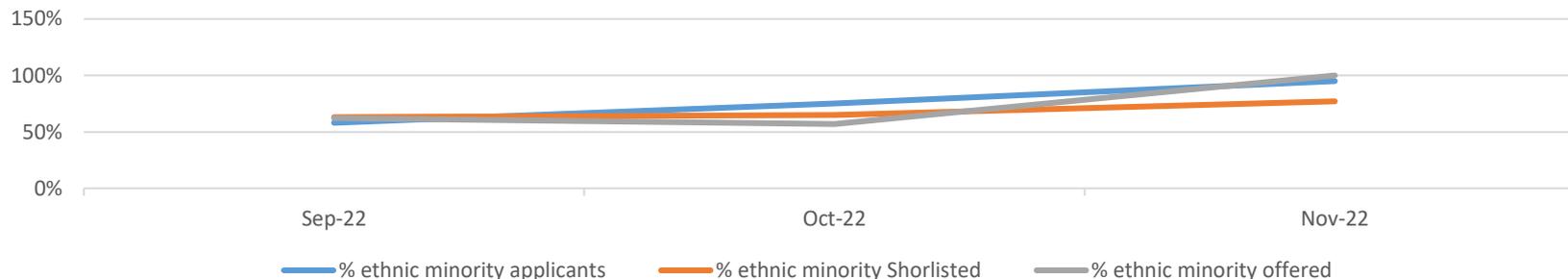


Inclusive Recruitment Performance: Medical staff

- 58 campaigns for new Consultants (locum and substantive) are included in the report for September to November 2022.
- During the period there were 378 applicants and 85% of applications were from BAME candidates.
- 92 candidates were shortlisted and 68% of shortlisted candidates were from a black, asian or minority ethnic background
- 29 offers of employment have been made with 72% of offers made to BAME candidates
- In September 9 of the 14 panels were compliant for Gender (77%) and 13 were compliant for Ethnicity (91%), in October 8 out the 9 panels were compliant for both Ethnicity and Gender (90%).
- The process will include Dear Tim letters from 01 December 2022, following communication to panel members.

| Sep-Nov | No of Interviews | Applicants | | | Shortlisted | | | Offers | | | Successful candidates Internal | Successful candidates External | Dear Tim letters |
|--------------------|------------------|------------|-----------------|-------------------|-------------|-----------------|-------------------|-----------|-------------------------|-------------------|--------------------------------|--------------------------------|------------------|
| | | Applicants | ethnic minority | % ethnic minority | Shortlisted | ethnic minority | % ethnic minority | Offers | Offered Ethnic Minority | % ethnic minority | | | |
| MIC | 16 | 63 | 28 | 44% | 31 | 16 | 52% | 11 | 7 | 64% | 4 | 7 | N/A |
| SCC | 31 | 268 | 254 | 95% | 39 | 31 | 79% | 10 | 9 | 90% | 1 | 9 | N/A |
| WCCS | 11 | 47 | 40 | 85% | 22 | 18 | 82% | 8 | 5 | 63% | 2 | 6 | N/A |
| Pathology | 0 | 0 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | 0% | 0 | 0 | N/A |
| Grand Total | 58 | 378 | 322 | 85% | 92 | 63 | 68% | 29 | 21 | 72% | 7 | 22 | N/A |

% Ethnic minority in medical selection process

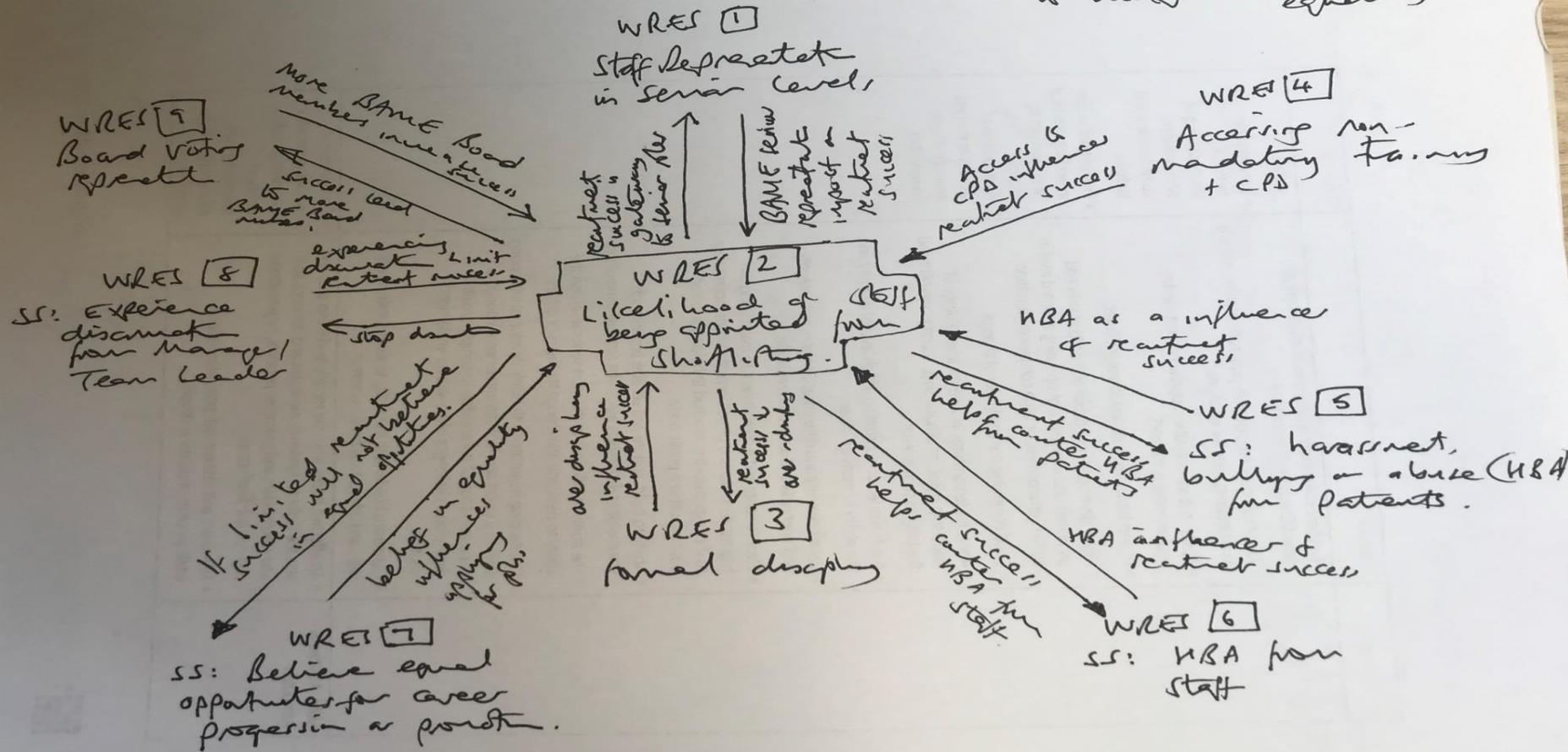


Inclusive Recruitment: Sustaining diverse panels and panel members

- Inclusive Recruitment panel members
 - Panel members have been contacted to check if they are active/ wish to continue on the list/would like a refresher
 - 40 staff registered as inclusive recruitment panellists – 14 confirmed they wish to remain as panellists/ 9 leavers / awaiting confirmation from 17 employees
- Dates for Refresher training for panellists are planned for February 2023 and further dates for new panellists to be scheduled on a rolling basis
 - This will include written guidance for inclusive recruitment panel members
- Community of good practice to be established
 - Quarterly meetings to enable panellists to raise issues, provide feedback and share good practice
 - First meeting to be held in March
 - Membership to include representatives from Recruitment, EDI Team
- Estimate of how many BAME panellists we might need against number of interviews held
 - 972 Band 7+ panels between December 2021 – December 2023. Approximately 85% were automatically diverse. We will aim to have enough BAME panellists trained to cover 15% - 20% of anticipated interviews in the year ahead
 - Carry out an internal advertising campaign in February / March 2023

The multiple impact of improving WRES 2

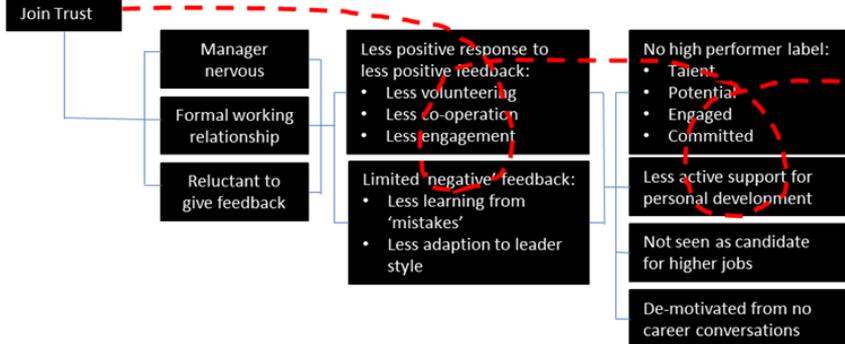
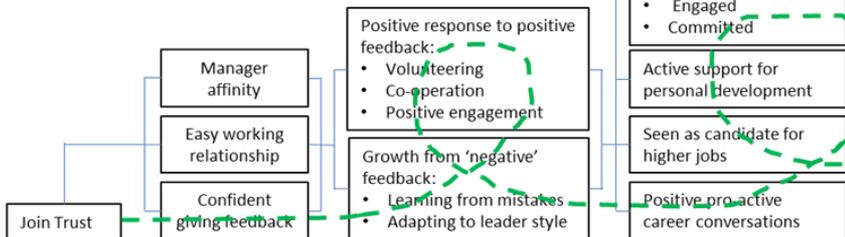
WRES 2: the gateway
to workplace race equality



-
- WRES 2 can be measured down to dept/specialty level and is within our control to influence.
 - It can be affected in the short term as well as being the foundation of our longer term strategic goals of having a more representative senior workforce (WRES 1) and more representative Board (WRES 9).
 - As the gateway to more senior representation WRES 2 is influenced and influences access to CPD (WRES 4) and will eventually impact on tolerance and handling of harassment, bullying and abuse from patients (WRES 5) and staff (WRES 6).
 - Recruitment success is impacted by over-representation in disciplinary procedures (WRES 3), experiencing discrimination from manager/team leader (WRES 8) and lack of belief that there is equal opportunity (WRES 7).
 - Recruitment success is the gateway for more BAME senior managers that will better address disciplinary over-representation, discrimination from managers and feelings of equal opportunity.

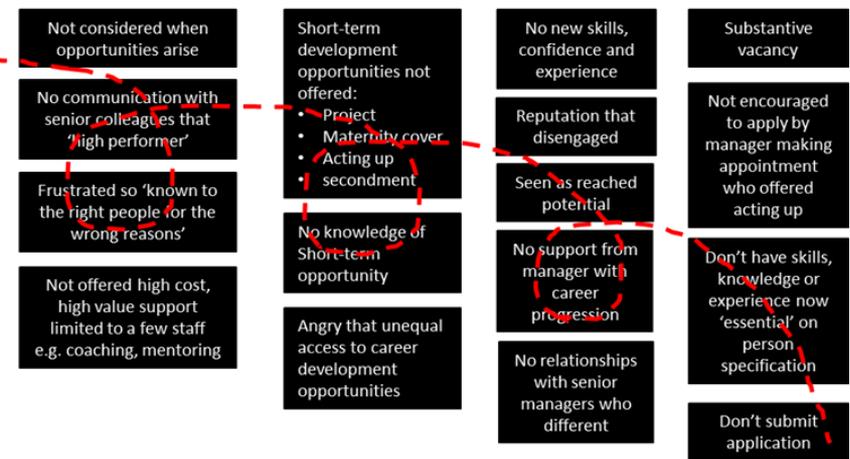
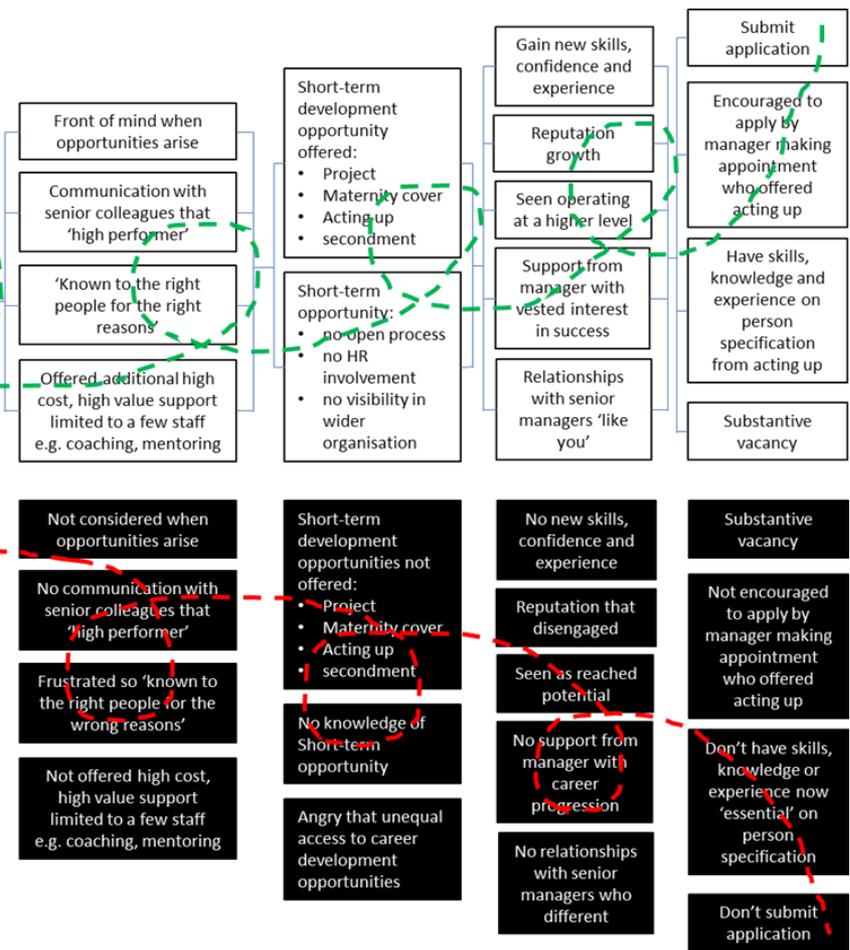
...not just about the recruitment process

Virtuous cycle of engagement and progression



Vicious cycle of disengagement and regression

Imperial College Healthcare NHS Trust

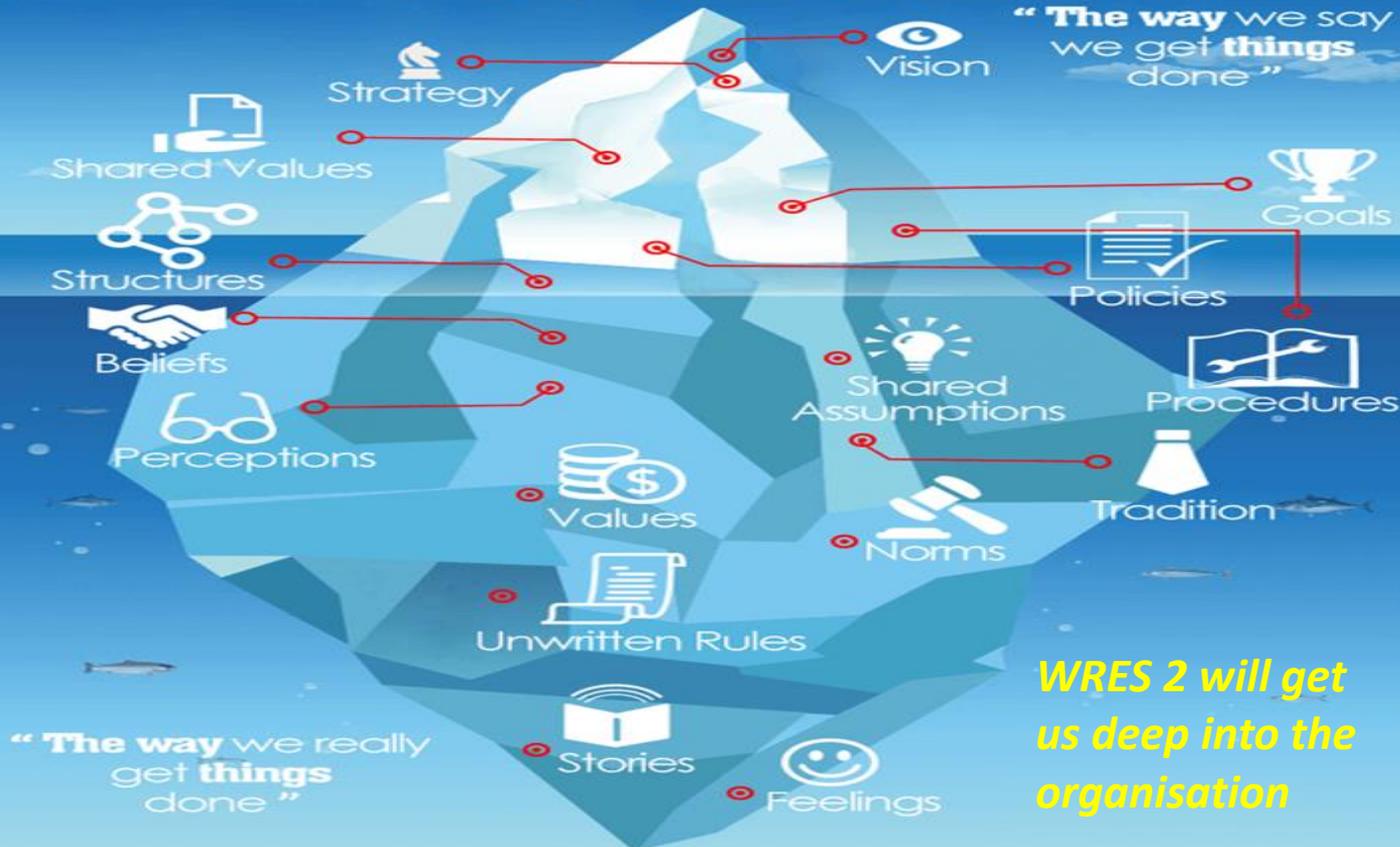


THE ICEBERG

that sinks organizational change

Visible Organizational Culture

"The way we say we get things done"



"The way we really get things done"

WRES 2 will get us deep into the organisation

Invisible Organizational Culture

Inclusive Recruitment: Next steps

1. Feedback data to be analysed by research team at Imperial College to understand selection decisions and provide guidance on how support managers to make fair and inclusive recruitment decisions
2. Directorate analysis now available and will be shared in February 2023
3. We are working with the Corporate BI team to ensure that Inclusive Recruitment data available to divisions as part of standard reporting through the IMIS (Imperial Management and Improvement System) reports
4. Engage divisions in improving there inclusive recruitment inputs (e.g. number of BAME applicants) and outcomes as well as understanding how more inclusive people management and leadership affects pipeline profiles and motivation of potential candidates
5. Link with L&OD teams / Nursing Education to connect internal candidates with the Get On/Go Further programmes and understand professional education routes
6. Survey of diverse panel members to improve experience and impact of role
7. Education of panel members to understand the role of diverse panel members
8. Review best practice for interview panels to reflect other characteristics of diversity e.g. visibility of rainbow badge

Trust People Scorecard



Imperial College Healthcare
NHS Trust

| Section | Metric | Watch or Driver* | Target | YTD Target | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 |
|--------------------------------------|---|------------------|--------|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Workforce Size, Strength & Stability | Trust Post Establishment (WTE) | Watch | | | 14,610 | 14,670 | 14,799 | 14,832 | 14,790 | 14,781 | 14,820 | 14,790 | 14,859 | 14,898 | 14,909 | 15,033 | 15,060 |
| | Trust Staff Inpost (WTE) | Watch | | | 12,717 | 12,776 | 12,803 | 12,839 | 12,803 | 12,736 | 12,771 | 12,803 | 12,939 | 12,969 | 13,043 | 13,198 | 13,218 |
| | Vacancies (WTE) | Watch | | | 1,893 | 1,894 | 1,996 | 1,993 | 1,987 | 2,045 | 2,049 | 1,987 | 1,920 | 1,928 | 1,866 | 1,835 | 1,842 |
| | Vacancy Rate (%) | Driver | <=10% | | 13.0% | 12.9% | 13.5% | 13.4% | 13.4% | 13.8% | 13.8% | 13.4% | 12.9% | 12.9% | 12.5% | 12.2% | 12.2% |
| | Voluntary Turnover (%) | Driver | <=12% | | 12.1% | 11.9% | 12.0% | 12.2% | 12.6% | 12.9% | 13.2% | 13.2% | 13.0% | 13.0% | 13.2% | 13.1% | 13.0% |
| Workforce Productivity | Temporary Staffing Spend (£'000s) per month | Watch | | | £7,995 | £8,518 | £8,867 | £9,132 | £7,736 | £8,858 | £8,078 | £8,721 | £8,441 | £8,550 | £7,978 | £8,297 | £9,097 |
| | of which Agency Spend (£'000's) | Watch | | | £2,467 | £2,389 | £2,675 | £2,876 | £2,195 | £2,748 | £2,586 | £2,446 | £2,246 | £2,040 | £2,099 | £2,231 | £2,203 |
| | of which Bank Spend (£'000s) | Watch | | | £5,528 | £6,129 | £6,192 | £6,256 | £5,541 | £6,110 | £5,492 | £6,278 | £6,195 | £6,510 | £5,879 | £6,066 | £6,894 |
| | Agency Spend as % of Total Paybill | Watch | <=2% | | 3.4% | 3.3% | 3.0% | 4.3% | 3.0% | 3.6% | 3.5% | 3.2% | 3.0% | 2.8% | 2.8% | 2.9% | 2.6% |
| Performance & Skills | Core Skills Compliance Rate (%) excl. Doctors in Training | Driver | >=90% | | 90.9% | 89.4% | 90.5% | 90.4% | 92.2% | 92.3% | 93.5% | 92.8% | 92.4% | 91.9% | 91.7% | 91.4% | 91.5% |
| | Core Clinical Skills Compliance Rate (%) excl. Doctors in Training | Driver | >=90% | | 92.6% | 90.6% | 91.9% | 91.0% | 92.9% | 92.6% | 94.2% | 93.8% | 93.6% | 93.3% | 92.6% | 91.4% | 92.4% |
| | Doctors in Training Core & Core Clinical Skills Compliance Rate (%) | Driver | >=90% | | 87.3% | 75.4% | 87.2% | 87.3% | 87.8% | 90.8% | 89.7% | 82.7% | 84.9% | 80.3% | 83.7% | 86.5% | 87.1% |
| | Personal Development Reviews Completion Rate (%) | Watch | >=95% | | n/a | n/a | n/a | n/a | 4.1% | 13.3% | 37.1% | 78.2% | 82.3% | 78.6% | 83.3% | 83.6% | 83.6% |
| | Local induction Completion Rate (%) | Driver | >=95% | | 71.3% | 71.4% | 69.0% | 66.1% | 76.4% | 80.4% | 82.6% | 82.2% | 79.6% | 81.7% | 81.1% | 82.1% | 82.7% |
| | Doctors Appraisal Completion Rate (%) | Watch | >=95% | | 85.8% | 88.4% | 91.2% | 92.4% | 93.1% | 94.1% | 94.3% | 94.3% | 93.9% | 89.7% | 91.4% | 89.5% | 91.5% |
| Health, Well-being & Safety | In-Month Sickness Absence Rate (%) | Driver | <=4.0% | | 6.1% | 6.4% | 5.0% | 5.5% | 5.1% | 4.0% | 4.4% | 5.2% | 4.3% | 4.2% | 4.5% | 4.5% | 4.8% |
| | Rolling 12-Month Sickness Absence Rate (%) | Watch | <=4.0% | | 4.2% | 4.3% | 4.4% | 4.6% | 4.7% | 4.8% | 4.9% | 5.0% | 5.0% | 4.9% | 4.9% | 4.9% | 4.8% |
| | New Referrals to Contact (per month) | Watch | | | 66 | 86 | 64 | 60 | 61 | 59 | 66 | 45 | 65 | 69 | 68 | 81 | 55 |
| | Annual Leave Booked as a % of Expected Annual Leave to be Booked | Driver | | | 84% | | | | 84% | | | | | | | | |
| Equality, Diversity & Inclusion | BAME % of workforce band 7 and above | Driver | tbc | | 41.7% | 40.4% | 41.0% | 41.0% | 42.8% | 41.9% | 41.4% | 42.0% | 42.5% | 42.4% | 42.7% | 42.6% | |
| | Vacancies WTE at band 7 and above | Watch | tbc | | 326 | 322 | 338 | 345 | 352 | 340 | 332 | 335 | 342 | 344 | 346 | 327 | 329 |
| | BAME leaders appointed to Band 7+ positions (%) | Watch | tbc | | 37.0% | 45.0% | 45.0% | 43.0% | 47.0% | 52.0% | 50.0% | 54.0% | 55.0% | 46.0% | 48.0% | 50.0% | tbc |

BAME representation and proportion of BAME appointments to Band7+ tracked at Trust, Divisional and Directorate level along with the number of posts vacant to reinforce the opportunity available.

Inclusive Recruitment as part of improving representation

Figure 1: Evidence based model for improving BME representation across the NHS workforce



| Representative workforce at all level | Progress | Ensuring sustainability |
|--|--|--|
| <p>1 Leadership and Cultural transformation</p> | <ul style="list-style-type: none"> We are continuing to embed our educational offering throughout the Trust, including use of our toolkits that cover microaggressions, being an ally, and talking about race, as well as training on being an active bystander, and promotion of the Career Focus platform. We have completed training hundreds of managers through our work with SEA-Change consultancy, and are looking to roll out the training to more managers and non-management staff in 2023/24. We have published our second ethnicity pay gap and have developed Trustwide anti-discrimination and anti-racism statements; the statement will be published in draft and engagement will continue with staff and patients | <p>We are developing a development directory of internal and external opportunities to ensure transparency and information sharing</p> |
| <p>2 Positive action and practical support</p> | <ul style="list-style-type: none"> A pilot fellowship for Black, Asian and minority ethnic healthcare professionals, <i>Creating a Powerful Leadership Presence</i>, connected 40 talented leaders with RADA in Business, run in 2022/23. Talent development for Black, Asian and minority ethnic registered healthcare professionals which incorporates apprenticeships, shadowing, stretch projects and mentoring will launch in 2023/24. We supported several senior nurses on national programmes including <i>Getting to Equity</i> | <p>The Healthcare Leaders' Fellowship incorporates a qualification funded by the apprenticeship levy Successful graduates from the Healthcare Leaders' Fellowships are to mentor future cohorts Capacity to support 80 people through the fellowships each year</p> |
| <p>3 Accountability and assurance</p> | <ul style="list-style-type: none"> Recruiting managers are to complete an inclusive recruitment report that is addressed and sent to the Chief Executive. In 2022/23, we are focussing on compliance in all aspects of the process. We continue to support inclusion at board level as part of the Inclusive Leadership Board Development Offer (ILDBO) We have EDI action plans for four of our clinical areas, including Model Employer Goals, and in 2023 all corporate areas will provide EDI action plans to the EDI committee. We have four WRES Experts including the NED who chairs our People Committee We now have six senior manager trained as White Allies | <p>Compliance to our inclusive recruitment policy is reviewed by the Chief Executive within the role as Chair of EDI Committee Offer letters are not sent to candidates until the inclusive recruitment report is completed, providing an incentive to complete the report</p> |
| <p>4 Monitoring progress and benchmarking</p> | <ul style="list-style-type: none"> Monitoring of progress through the workforce race equity steering group with a specific focus on race equality actions, bi-monthly EDI Committee is chaired by the Trust's chief executive officer, Professor Tim Orchard, as well as our People Committee We have four nationally trained WRES experts at the Trust, including the Chair of the People | <p>We have monthly workforce race equity steering group The EDI Committee includes representatives from our clinical divisions, staff networks and staff side. It also</p> |

Important elements, not mentioned

- More diverse (Non-Executive) Board membership
- Establishment, leadership and accountability through a dedicated People Committee
- EDI Committee chaired by CEO with divisional leadership accountability
- Visible CEO and senior leadership – e.g. Black History Month listening, all staff briefing statements
- Strong Race Equality Staff Network
- Critical and compelling failure – tragic death of Amin Abdullah
- Investment in, and high quality, EDI team (from 0.5 WTE in 2018 to 4 WTE in 2022)
- Number of internal WRES Experts and White Allies
- Race Equality Steering Group and WRES Experts group providing sub-board and experiential accountability and discomfort
- Excellent workforce information function and use of data
- Some excellent critical experts (friends)

Talent Management

Black Asian Minority Ethnic Talent development programme for healthcare professionals - Health Leaders' Fellowship: get on and go further

The fellowship is for BAME registered healthcare professionals in nursing, midwifery, AHP and science at two key points in their career, **Get on** for Band 7 where BAME staff are less successful than white peers in making the transition to Band 8a+ and **Go further** for Band 8a-8d to support BAME staff continue their career progression to executive level.

- Get On - Stench project - These projects focus on the practical delivery to help fellows transition their thinking from clinical to operational management.
- Go further - up to five days allocated to a specific project outside of the fellows' usual work that will give them hands-on experience of a Trust-wide/strategic activity.



Go further health leader's delivery plan

| Go further (8a+) | | | |
|---|---|---|--|
| April 23 Unit 1: Personal effectiveness Personal brand masterclass 1-1 executive coaching Step change bands 8-9 Introduction to immediate manager | May 23 Unit 1: Personal effectiveness Responsible leadership m/c 1-1 executive coaching Allyship @ Imperial Career coaching - planning | June 23 Unit 2: Inspirational leadership Organisational culture m/c 1-1 executive coaching Empowering future leaders Session 1 with exec mentor | July 23 Unit 2: Inspirational leadership Leading in a tech driven world 1-1 executive coaching Alumni mentoring skills Career coaching |
| Aug 23 Unit 3: Strategy and change management Design thinking m/c 1-1 executive coaching Big picture thinking Assign stretch project | Sept 23 Unit 3: Strategy and change management Value in a digital world m/c 1-1 executive coaching Session 2 with exec mentor Career coaching | Oct 23 Unit 4: Driving business performance Sustainable business model m/c 1-1 executive coaching Writing winning business cases | Nov 23 Unit 4: Driving business performance Cybersecurity m/c 1-1 executive coaching Session 3 with exec mentor Career coaching |
| Dec 23 Unit 5: Leadership and the external environment Digital transformation m/c 1-1 executive coaching Career coaching – getting ready for next role | Jan 24 Unit 5: Leadership and the external environment Understanding risk m/c 1-1 executive coaching Presentation – stretch project learning | Feb 24 Unit 6: Implementing business solutions Business analytics m/c 1-1 executive coaching A spotlight on... | Mar 24 Unit 6: Implementing business solutions Social impact of business m/c 1-1 executive coaching |

Comdel/IC Internal
Equality Diversity Inclusion

Get on health leaders' delivery plan

| Get on Band 7 | | | |
|---|--|--|--|
| June 23 Unit 1: Personal and professional development 1-1 coaching Stepping into leadership roles Introduction Improvement through People Management | July 23 Unit 1: Personal and professional development 1-1 coaching Allyship @ Imperial Career coaching - planning | August 23 Unit 1: Personal and professional development 1-1 coaching Session 1 with mentor | Sept 23 Unit 2: Managing others 1-1 coaching Immediate manager Career coaching |
| October 23 Unit 2: Managing others 1-1 coaching Assign stretch project Active bystander | Nov 23 Unit 2: Managing others 1-1 coaching Session 2 with mentor Career coaching | Dec 23 Unit 3: Operational planning and project management 1-1 coaching Improvement in action Career coaching | Jan 24 Unit 3: Operational planning and project management 1-1 coaching Session 3 with mentor Career coaching |
| Feb 24 Unit 3: Operational planning and project management 1-1 coaching Interview skills – getting ready for next role | Mar 24 Unit 4: Data, information and decision making 1-1 coaching Using Qlikview | April 24 Unit 4: Data, information and decision making 1-1 coaching A spotlight on... | May 24 Unit 4: Data, information and decision making 1-1 coaching Presentation – stretch project learning |

Comdel/IC Internal
Equality Diversity Inclusion

The Calibre Programme

What is Calibre ?

Calibre is a **talent development and leadership programme for disabled people**. It is developed and delivered by Dr Ossie Stuart, an international disability consultant and academic.

The Calibre programme has been designed to **transform how disabled staff think about themselves** and their disability, and to show them how to take control of the discussion in a constructive way.

Its foundations are in the **Social Model of disability**, which says that disability is created by barriers in society, rather than caused by an individual's health condition or difficulty.

You **don't already need to be a leader** to benefit from Calibre – instead, disabled staff can use the skills commonly associated with leadership to become actors who affect change and improve the

Course structure

| | |
|-----------------|---|
| Core Workshop 1 | Introduction to Calibre; what is disability? |
| Core Workshop 2 | Actors not victims; leadership and disability |
| Core Workshop 3 | Disability and Law; our rights and responsibilities at your NHS Trust |
| Core Workshop 4 | Building Confidence; personal project design |

Calibre concludes with a personal project. Projects can either be a self-reflective piece, or they can identify a current workplace issue and propose a solution

Impact

- Increase in disability declaration from 2% to 3% data
- 36 participants across the Trust
- 4 internal promotion
- Centralised reasonable adjustment funding

London programme

Participating Trusts and their dates

| | | |
|----------|---|--|
| Cohort 1 | Imperial College Healthcare NHS Trust and Chelsea and Westminster Hospital NHS Foundation Trust | 15 September to 16 November (2021/2022) |
| Cohort 2 | Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust | 13 October to 17 February (2021/2022) |
| Cohort 3 | Royal Free London NHS Foundation Trust, North Middlesex University Hospital NHS Trust and Oxleas NHS Foundation Trust | 10 November to 24 February (2021/2022) |
| Cohort 4 | Guy's and St Thomas' NHS Foundation Trust and Royal Brompton and Harefield Hospitals and South London and Maudsley Foundation Trust, and South West London & St George's Mental Health NHS Trust | 14 February to 13 April (2021/2022) |
| Cohort 5 | The Royal Marsden NHS Foundation Trust, Epsom and St Helier University Hospitals NHS Trust and St Georges University Hospital NHS Foundation Trust | 2 February to 6 April (2021/2022) |
| | London Graduation 2022/2022 | |

- 90 participants across London

Regional Programme

Participating Trusts and their dates 2022/2023

| | | |
|----------|---|---|
| Cohort 1 | Avon and Wiltshire Mental Health Partnership NHS Trust | 19 October 26 October 1 November 8 November |
| Cohort 2 | Leeds and York Partnership NHS Trust | 16 November 23 November 30 November 7 December |
| Cohort 3 | East of England Ambulance Trust | 15 February 22 February 8 March 15 March |
| Cohort 4 | Northern Lincolnshire and Goole NHS Foundation Trust Disability Network Chairs across the UK | 29 March 5 April 19 April 26 April |

- 65 participant to date with one programme left to deliver

Focused talent intervention

Creating a Powerful Leadership Presence (pilot 40 participants)

Programme components

Module 1: Building personal presence (3.5 hours)

- Identifying personal habits and behaviours and how they shape our communication with others
- Unpacking the internal and external barriers that prevent us from showing up at our best
- Exploring status and how it plays out in our workplace interactions
- Developing the five pillars of presence: the body, breath, voice, ground and space

Module 2: Influencing others (3.5 hours)

- Influencing, negotiating and managing: the team, peer to peer and upwards
- Position the Influencing Framework: Credible; Curious; Dynamic
- Explore behaviours to unlock meaningful relationships
- Work with actors to develop deep listening and questioning skills

Module 3: The leader I want to be (3.5 hours)

- What does being a leader mean to me: discovering an authentic leadership identity
- Speaking with intention: what do I want my audience to think, feel and do?
- Sharing a final declaration: the leader I am and the leader I want to be
- Receiving feedback from the tutor/facilitators and their peers

Review of attraction strategy and inclusion with our **apprenticeship** programmed 2022/2023 which has lead to

- 55% of people enrolled on our apprenticeship programmes are from a Black, Asian, Minority ethnic
- 15 Healthcare support work complete the registered Nurse Apprenticeship
- 87% of 15 are for a Black, Asian, Minority ethnic

National Programmes

- 20 participants CaptialNurse
- 4 participant on Equity Now: Understanding Sponsorship Programme between 2021/2022 and 2022/2023

Next Steps

- The Calibre Programme
 - Cohort 3 at Imperial
 - Awaiting up date on bid with London for second cohort of Calibre in London
- Black Asian Ethnic Minority Talent development programme for healthcare professionals - Health Leaders' Fellowship: get on and go further Healthcare leaders - recruitment underway
- Continued up take on engagement on national talent programme
- Continued review of Equality data on leadership programmes and apprentice take up
- Creation of a robust approach to talent management.

Workshop Repository of Materials

Recruitment team report and presentation to the CEO and CPO covering:

- Post-by-post analysis against inclusive recruitment elements and criteria:
 - Advertised for at least 14 days
 - Diverse panel
 - Diversity (race and gender) of applications
 - Diversity of shortlisted
 - Diversity of appointed
 - Dear Tim letter completed
 - Dear Tim letters
 - Outcome data by division
-

Outcome Data (December 22)

- 57 campaigns for new band 7 or above leaders have been advertised, shortlisted and a hiring decision made in December 22
- 58 offers of employment made
- 67% of applicants (67% in November), 61% of shortlisted applicants (59% in November) and 57% of the successful candidates (50% in November) were leaders from a black, asian or minority ethnic background
- 98% of panels in December are confirmed as diverse for ethnicity and 98% for gender
- 57 CEO letters have been recorded

Table One: number of candidates shortlisted and appointed

| Dec-22 | No of Interviews | Applicants | Applicants ethnic minority | % ethnic minority | Shortlisted | Shortlisted ethnic minority | % ethnic minority | Dear Tim letters | Offers | Offered Ethnic Minority | % ethnic minority | Successful candidates Internal | Successful candidates External |
|--------------------|------------------|------------|----------------------------|-------------------|-------------|-----------------------------|-------------------|------------------|-----------|-------------------------|-------------------|--------------------------------|--------------------------------|
| MIC | 18 | 102 | 70 | 69% | 58 | 36 | 62% | 18 | 14 | 9 | 64% | 7 | 7 |
| SCC | 14 | 180 | 115 | 64% | 76 | 41 | 54% | 14 | 15 | 7 | 47% | 6 | 9 |
| WCCS | 14 | 112 | 87 | 78% | 50 | 31 | 62% | 14 | 18 | 9 | 50% | 14 | 4 |
| Pathology | 3 | 25 | 21 | 84% | 8 | 7 | 88% | 3 | 3 | 2 | 67% | 3 | 0 |
| Corporate | 8 | 156 | 90 | 58% | 40 | 26 | 65% | 8 | 8 | 6 | 75% | 6 | 2 |
| Grand Total | 57 | 575 | 383 | 67% | 232 | 141 | 61% | 57 | 58 | 33 | 57% | 36 | 22 |

Chart One: number of candidates in selection process

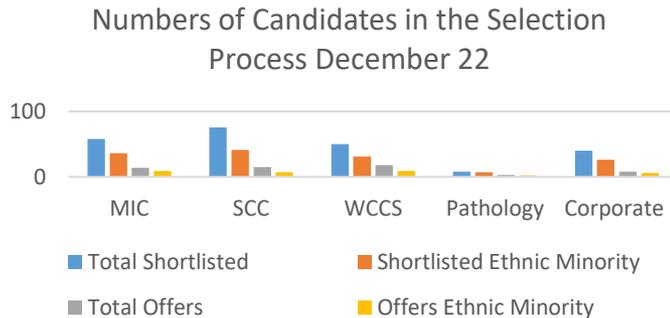
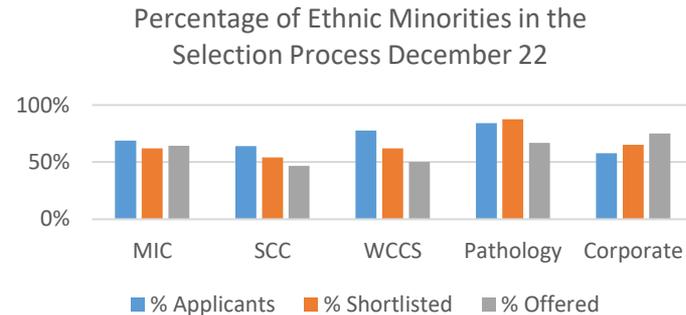


Chart Two: percentage of ethnic minority candidates in selection process



Outcome Data (Sept 21 – Dec 22)

- 1026 campaigns for new band 7 or above leaders have been advertised, shortlisted and a hiring decision made between September 2021 and December 2022
- 988 offers of employment made
- 66% of applicants, 56% of shortlisted applicants and 49% of the successful candidates were leaders from a black, asian or minority ethnic background
- 93% of panels, where information has been supplied, are confirmed gender diverse and 96% of panels are ethnically diverse.
- 649 CEO letters have been recorded

Table One: number of candidates shortlisted and appointed

| Sept 21 -Dec 22 | No. of Interviews | Total shortlisted | Shortlisted (ethnic minority) | % ethnic minority | Total offers | Offers (ethnic minority) | % ethnic minority |
|-----------------|-------------------|-------------------|-------------------------------|-------------------|--------------|--------------------------|-------------------|
| MIC | 256 | 865 | 541 | 63% | 244 | 115 | 47% |
| SCC | 242 | 951 | 469 | 49% | 243 | 124 | 51% |
| WCCS | 258 | 1008 | 611 | 61% | 248 | 119 | 48% |
| Pathology | 50 | 236 | 141 | 60% | 47 | 32 | 68% |
| Corporate | 220 | 1008 | 519 | 51% | 206 | 90 | 44% |
| Total | 1026 | 4068 | 2281 | 56% | 988 | 480 | 49% |

Chart One: number of candidates shortlisted and appointed



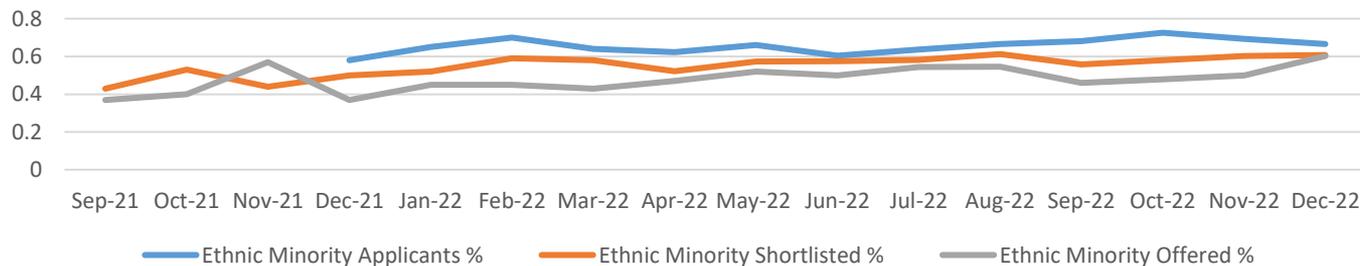
Summary of Inclusive recruitment process since December 2021

- Offers made - the average over five months Dec-Apr 22 was 43% of candidates offered posts were black, Asian or minority ethnic. This has increased to 51% in the last five months (Aug 22-Dec 22).
- Shortlisting has also increased, with 54% of applicants shortlisted from a black, Asian or minority ethnic background Dec-Apr 22 and this has increased to 59% in the last five months (Aug 22-Dec 22).

| Dec21-Dec 22 | No of interviews | No of applicants | Applicants BAME | BAME Applicants % | No shortlisted | No Shortlisted BAME | BAME Shortlisted % | No offered | No offered BAME | BAME Offered % | No of offers Internal | No of offers external | Dear Tim letters received |
|--------------|------------------|------------------|-----------------|-------------------|----------------|---------------------|--------------------|------------|-----------------|----------------|-----------------------|-----------------------|---------------------------|
| Dec-21 | 60 | 533 | 309 | 58% | 202 | 101 | 50% | 59 | 22 | 37% | 35 | 24 | 30 |
| Jan-22 | 68 | 680 | 439 | 65% | 225 | 117 | 52% | 51 | 23 | 45% | 28 | 23 | 36 |
| Feb-22 | 74 | 683 | 479 | 70% | 274 | 162 | 59% | 67 | 30 | 45% | 44 | 23 | 38 |
| Mar-22 | 85 | 657 | 421 | 64% | 273 | 158 | 58% | 75 | 32 | 43% | 54 | 21 | 9 |
| Apr-22 | 67 | 457 | 285 | 62% | 226 | 118 | 52% | 68 | 32 | 47% | 44 | 25 | 32 |
| May-22 | 84 | 530 | 350 | 66% | 232 | 133 | 57% | 73 | 38 | 52% | 42 | 30 | 45 |
| Jun-22 | 81 | 584 | 353 | 61% | 283 | 163 | 58% | 94 | 47 | 49% | 54 | 40 | 48 |
| Jul-22 | 74 | 557 | 355 | 64% | 268 | 156 | 58% | 68 | 37 | 54% | 33 | 37 | 61 |
| Aug-22 | 68 | 594 | 399 | 67% | 257 | 157 | 61% | 64 | 35 | 55% | 33 | 32 | 57 |
| Sep-22 | 74 | 700 | 477 | 68% | 287 | 160 | 56% | 76 | 35 | 46% | 40 | 36 | 73 |
| Oct-22 | 59 | 527 | 383 | 73% | 226 | 131 | 58% | 62 | 30 | 48% | 40 | 22 | 60 |
| Nov-22 | 53 | 386 | 260 | 67% | 182 | 108 | 59% | 50 | 25 | 50% | 27 | 23 | 52 |
| Dec-22 | 57 | 575 | 383 | 67% | 232 | 141 | 61% | 58 | 33 | 57% | 36 | 22 | 57 |

Chart Two: percentage of ethnic minority candidates applied, shortlisted and appointed

% Ethnic Minority in Selection Process



A click-view App on the Trust's intranet allows visibility of diversity data down to department level for managers, directorate and divisional management teams to view their diversity data updated monthly. This data is used in directorate oversight and performance meetings to trigger dialogue on actions being taken to improve representation.

Infographic - TRUST - level

Current Selections

Fiscal Month: May

GENDER

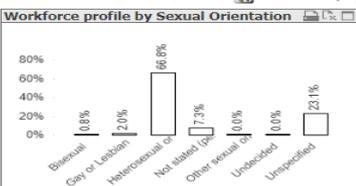
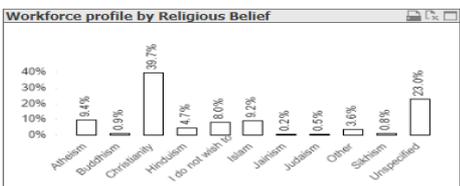
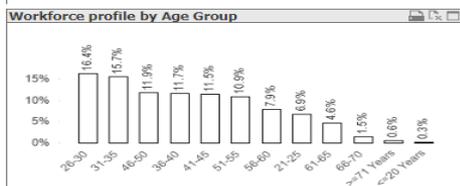
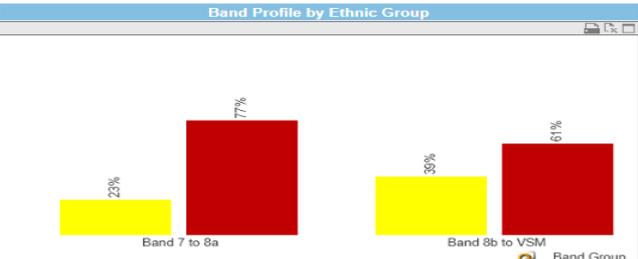
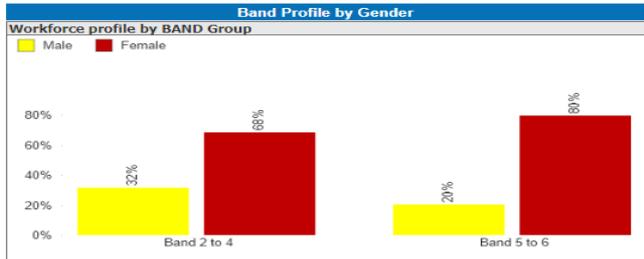
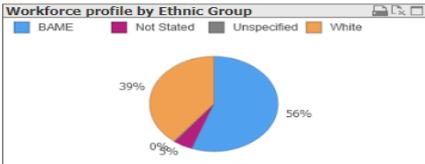
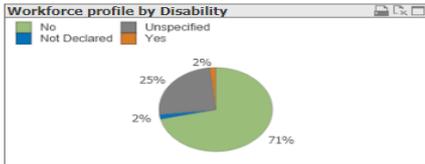
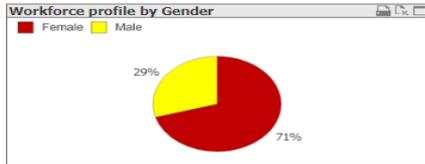
Female
 Male

DIVISION

- Capital Summary
- Centralised maternity
- Direct Recharges Expend/Income
- Division of Medicine & Integrated Care
- Division of Surgery, Cancer & Cardiovasc
- Division of Women's, Children's & Clinical
- Estates Directorate
- Finance Directorate
- Human Resources
- Ichtnt Balance Sheet
- Information & Comms Technology

DIRECTORATE

- Administration R&D
- Blood Sciences
- Business Partnering
- Capital Summary
- Cardiac
- Cellular Pathology
- Centralised maternity
- Charina Cross Pp
- Chief Executive
- Chief Nurse Directorate



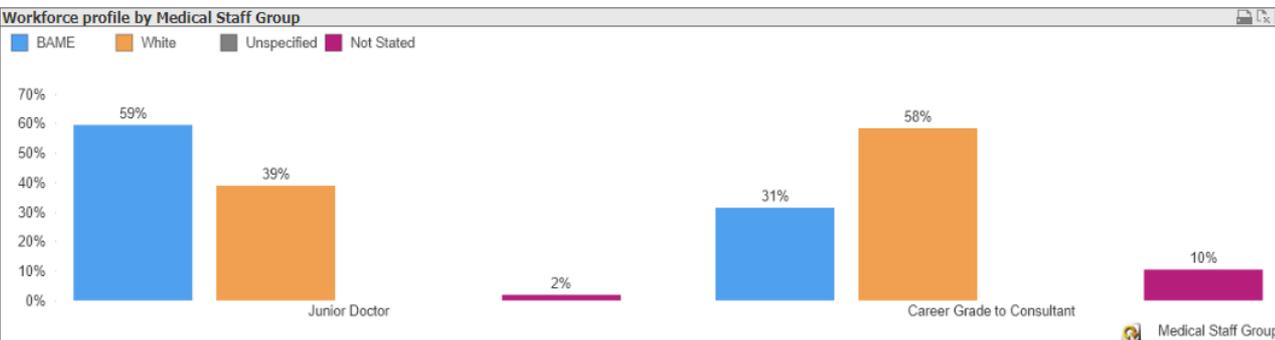
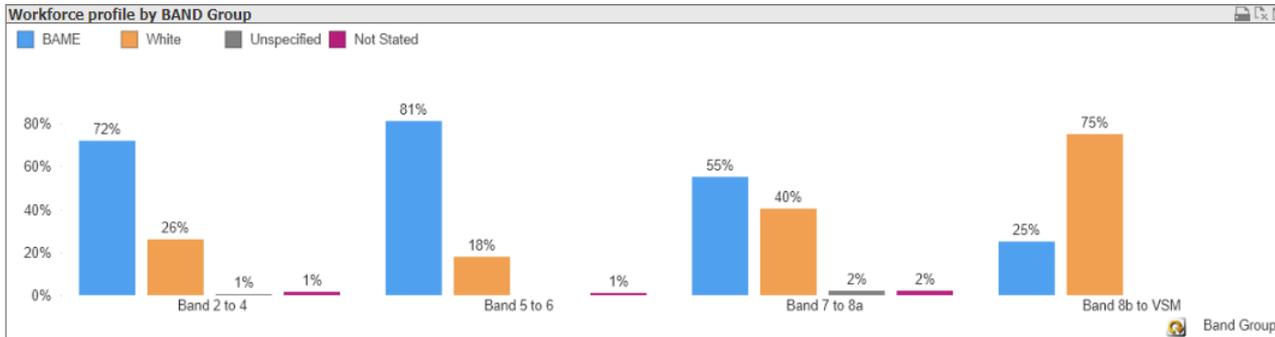
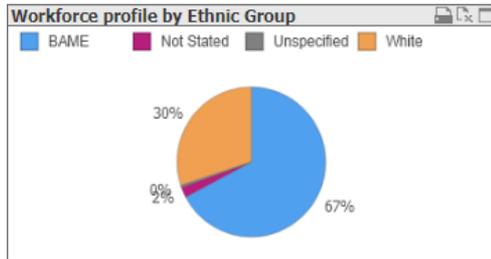
Ethnicity profile by Staff Group

| Staff Group | BAME | White | Unspecified | Not Stated |
|--|-------|-------|-------------|------------|
| Admin & Clerical | 59.5% | 37.3% | 0.1% | 3.0% |
| Allied Health Professional (Qualified) | 35.9% | 63.0% | 0.0% | 1.0% |
| Allied Health Professional (Unquali... | 63.2% | 34.0% | 0.0% | 2.8% |
| Ancillary | 58.3% | 13.4% | 0.3% | 28.0% |
| Doctor (Career Grade) | 51.4% | 43.2% | 0.0% | 5.4% |
| Doctor (Consultant) | 36.2% | 59.4% | 0.1% | 4.3% |
| Doctor (Training Grade) | 47.8% | 45.2% | 1.3% | 5.7% |
| Nursing (Qualified) | 60.8% | 37.5% | 0.0% | 1.7% |
| Nursing (Unqualified) | 71.6% | 26.8% | 0.5% | 1.1% |
| Pharmacist | 60.1% | 39.2% | 0.0% | 0.7% |
| Physician Associate | 66.7% | 33.3% | 0.0% | 0.0% |
| Scientific & Technical (Qualified) | 53.7% | 40.6% | 0.0% | 5.7% |
| Scientific & Technical (Unqualified) | 66.6% | 27.1% | 0.0% | 6.3% |
| Senior Manager | 37.5% | 60.3% | 0.0% | 2.1% |

Ethnicity profile by Division

| DIVISION | BAME | White | Unspecified | Not Stated |
|---|-------|--------|-------------|------------|
| Capital Summary | 68.0% | 32.0% | 0.0% | 0.0% |
| Centralised maternity | 66.7% | 31.9% | 0.0% | 1.4% |
| Direct Recharges Expend/Income | 0.0% | 100.0% | 0.0% | 0.0% |
| Division of Medicine & Integrated Care | 57.1% | 40.1% | 0.3% | 2.5% |
| Division of Surgery, Cancer & Cardiovascular | 55.2% | 42.3% | 0.2% | 2.3% |
| Division of Women's, Children's & Clinical Sup... | 54.0% | 43.3% | 0.3% | 2.4% |
| Estates Directorate | 59.1% | 17.6% | 0.3% | 23.1% |
| Finance Directorate | 57.4% | 38.7% | 0.0% | 3.9% |
| Human Resources | 45.8% | 51.0% | 0.7% | 2.6% |
| Ichtnt Balance Sheet | 0.0% | 80.0% | 0.0% | 20.0% |
| Information & Comms Technology | 58.0% | 38.1% | 0.0% | 3.9% |
| Medical Director Summary | 41.3% | 55.6% | 0.0% | 3.1% |
| Nhs Elect | 15.4% | 80.8% | 0.0% | 3.8% |
| Nursing Directorate | 32.9% | 67.1% | 0.0% | 0.0% |
| Office Of Chief Executive | 32.1% | 66.1% | 0.0% | 1.8% |
| Other | 0.0% | 100.0% | 0.0% | 0.0% |
| Pandemic Planning | 64.6% | 32.8% | 0.5% | 2.1% |
| Pathology | 61.4% | 29.7% | 0.0% | 8.9% |
| Press & Communications | 32.6% | 63.0% | 0.0% | 4.3% |
| Private Patients Directorate | 61.8% | 28.7% | 0.0% | 9.6% |
| Rd Medical Directorate | 45.6% | 52.2% | 0.0% | 2.2% |
| Rd Medicine Division | 42.0% | 56.0% | 0.0% | 2.0% |
| Rd Surgery & Cancer Division | 45.5% | 50.0% | 1.5% | 3.0% |
| Rd Women And Children Division | 46.2% | 46.2% | 0.0% | 7.7% |

Directorate EDI Data: Workforce profile (by ethnicity)



A workshop with a selection of Executive and Non-Executive Directors, external experts, Staff Network Chairs and members of the People and OD team to review our race equality approach, programmes and impact before finalising our priorities for 2022/23.

27 April 2022

MS Teams

Welcome and Introduction

Kevin Croft

Chief People Officer

Agenda

| Time | Activity | Lead |
|-------------|---|--------------------|
| 9.30-9.45 | Introductions Session Aims Structure and format Our ambitions and approach – an overview | KC |
| 9.45-11.25 | <i>EDI Programme Review</i> <ul style="list-style-type: none">- Recruitment- Talent- Awareness, education & allyship- Disciplinary & Conflict- Voice & Engagement- Improvement through data- Anti-racism approach <p>During each presentation – Padlet responses After each theme - Roger Review, Padlet Summary (SG); Group discussion</p> | POD SMT All |
| 11.25-11.30 | Way forward and next steps | RK/All |

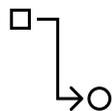
Session Aims



Review our current strategy and interventions



Identify the priorities for future work



Understand the impact of those interventions

Our Ambition

- Proud of our workforce diversity – it is a huge strength
- Ensure that everyone has an equal chance to succeed so that we can harness that potential for everyone's benefit
- Real and meaningful progress in challenging inequality and prejudice
- People reflect the society that we serve and we bring diverse attitudes and opinions to our work
- Raise awareness of diversity and improve the way we recognise and value differences in our people
- Promote and embed inclusive behaviours to develop an inclusive and collaborative culture
- An organisation where diversity is welcomed, the benefits understood and there is strong evidence of equality, belonging and psychological safety
- An organisation where everyone feels they are treated equally, fairly and can achieve their ambitions

Our Approach

- Visible, and increasingly diverse, executive and non-executive leadership, committed and focused on achieving our ambitions
- The growth and support of our staff networks holding us to account and partners in decision making
- The use of data to raise awareness, improve understanding, design interventions and target investment
- Improving our HR processes to eliminate bias and support the resolution of conflict
- Engaging and educating our senior leaders, managers and teams on race equality
- Developing Black, Asian and Minority Ethnic staff to support their development and progression
- Investment in an infrastructure to support our programmes



Our Operating Environment

Gender Pay Gap

Workforce Race
Equality Standard
(WRES)

Workforce
Disability Equality
Standard (WDES)

NHS People Plan

National NHS
WRES
Recommendations

National NHS
WDES
Recommendations

Equality Delivery
System 2 (EDS2)

Public Sector
Equality Duty

National NHS Staff
Survey

Gender Pay Gap
Recommendations
(Equalities Office)

NHS London Race
Workforce Strategy

ICS NW London
Strategy

NHS Model
Employer Goals

Ethnicity Pay Gap
(optional)

Due 2022/2023 -
NHS Workforce
Race Equality
Strategy

Reporting Requirements

Influencing Strategies

People practices – Recruitment

Resourcing

Colleen Sherlock, People and Organisational Development Directorate

Our race equality interventions – people practices (recruitment)

| Intervention | Why? | Desired Impact | Measures of improvement | Impact so far | Next Steps |
|---|--|--|---|--|--|
| <p>September 21 ~ launch of the new inclusive recruitment approach. Line managers are asked to do two things: <i>*Ensure they have a diverse panel</i> <i>*Write an outcome letter to the Chief Executive, providing details of their shortlisted candidates, outlining their selection process and providing rationale for the hiring decision made</i> <i>*Feedback to candidates</i></p> <p>Community partners ~ Widening access and improving routes to employment</p> <p>Diverse Panel Training ~ trained c50 BAME panel members</p> <p>NHS Jobs refresh~ More accessible to applicants e.g. role profiles</p> | <p>Our people should look at their colleagues and leaders and see themselves represented</p> <p>Candidates should feel they have experienced a fair and open process and as a Trust we are known to be an inclusive employer</p> <p>Our patients should see themselves represented in those that care for them</p> <p>Inclusivity in recruitment and promotion are key factors in driving cultural transformation and retention</p> <p>Recruitment practices are a key workforce objective</p> <p>Staff Survey responses NHS London Race Workforce Strategy Model Employer Goals</p> | <p>To evidence a robust and inclusive recruitment approach that is visible to all parties from advertising through to decision making</p> <p>To develop inclusive and innovative resourcing methods for all our senior leadership roles to continue to attract a diverse range of candidates</p> <p>To evidence commitment to growing our own talent through inclusive recruitment practice and feedback</p> <p>To evidence local recruitment and impact on population health</p> <p>Role modelling inclusive resourcing practice throughout the Trust</p> | <p>% of diverse panels for senior leader recruitment (AACs and Band 7+)</p> <p>Proportion of BAME leaders (Consultant and Band 7+) being recruited, externally and internally</p> <p>Racial diversity composition of our leadership community</p> <p>Model Employer targets</p> | <p>September 21 ~ February 22 327 campaigns for new band 7 or above leaders have been advertised, shortlisted and a hiring decision made between September 2021 and February 2022 300 offers of employment made 62% of applicants, 51% of shortlisted applicants and 45% of the successful candidates were leaders from an ethnic minority background</p> <p>Proportion of our BAME Leaders (Band 7+) 38.4% Feb 21 to 41.7% Mar 22</p> <p>WRES Metric 2 In 2021 was 1.39 (national 1.61, South East 1.48)</p> | <p>Refresh training for effective selection and assessment to: - Hiring Managers - BAME panel members (identifying additional BAME panel members)</p> <p>Identify system for capturing candidate feedback</p> <p>Identify method of capturing experience of BAME panel members</p> |

Our race equality interventions in design – people practices (recruitment)

| Plans 2022/2023 | Why? | Desired Impact | Suggested measures of improvement | Timescales | Anything else? |
|--|--|---|---|---|--|
| <p>Improvements in resourcing</p> <p>Embedding inclusive recruitment practices launched in 2021</p> <p>Implement Effective Recruitment & Selection Training for recruiting managers and panel members</p> <p>Review the current job description template</p> <p>Launch inclusive consultant recruitment process</p> <p>Review and implement robust selection of immediate managers</p> <p>De-bias Toolkit ~ use as a self assessment in 22/23</p> | <p>Our people should look at their colleagues and leaders and see themselves represented</p> <p>Our patients should see themselves represented in those that care for them</p> <p>Inclusivity in recruitment and promotion are key factors in driving cultural transformation and retention</p> <p>Recruitment practices are a key workforce objective WRES Metric 2 in 2021 was 1.39 (national 1.61)</p> <p>Staff Survey responses NHS London Race Workforce Strategy</p> <p>Model Employer Goals</p> | <p>To evidence a robust and inclusive recruitment approach that is visible to all parties from advertising through to decision making</p> <p>To develop inclusive and innovative resourcing methods for all our senior leadership roles to continue to attract a diverse range of candidates</p> <p>To evidence commitment to growing our own talent through inclusive recruitment practice and feedback</p> <p>To evidence initiatives undertaken to debias the process of recruitment and promotions</p> <p>Role modelling inclusive resourcing practice throughout the Trust</p> | <p>Number of managers trained on new Effective Recruitment and Selection Training programme</p> <p>% of diverse panels for senior leader recruitment (AACs and Band 7+)</p> <p>Proportion of BAME leaders (Consultant and Band 7+) being recruited, externally and internally</p> <p>Racial diversity composition of our leadership community</p> <p>Model Employer targets</p> <p>Turnover of our BAME senior leaders and positive reasons for leaving</p> <p>Experience of new starters</p> | <p>25% of recruiting managers trained by Sept 22</p> <p>50% of recruiting managers trained by Dec 22</p> <p>100% of recruiting managers trained by Mar 23</p> <p>Maintain >95% of panels are diverse by Sept 22</p> <p>Model Employer goals timeline - measured annually</p> | <p>Review of our advertising – both through social media and NHS Jobs</p> <p>Ensuring inclusive recruitment approaches are adopted in large scale, collaborative recruitment events</p> <p>Measuring impact of local recruitment, widening access and routes to employment programme</p> |

Talent

Equality, Diversity and Inclusion Team

Satnam Sagoo, People and Organisational Development Directorate

Our race equality interventions in design – talent

| Plans 2022/2023 | Why? | Desired Impact | Suggested measures of improvement | Timescales | Anything else? |
|--|---|--|--|--|--|
| <ul style="list-style-type: none"> • BAME Development and progression • Increase diversity of new apprentices recruited in 2022-23 • Healthcare support worker workforce strategy • Roll out new digital platform "career focus" and associated career development support sessions • Roll out new digital programme " Teams and leadership" to provide greater material accessibility • Increase diversity of participants in work experience schemes | <p>To reduce health inequalities in our community we must look at delivering equality internally for the people we employ</p> <hr/> <p>10 WTE NA role, 92% of BAME background.</p> <p>Staff survey feedback WRES metrics WRES expert feedback</p> <p>Model Employer Goals</p> | <p>Increase diversity at entry level roles and at Band 8 and above</p> <p>Increase number of staff who have successful internal career development and progression</p> <p>Increase NHS wide (and cross sector) mobility.</p> | <p>% Apprenticeship applications from BAME staff</p> <p>% acceptances from BAME staff</p> <p>Retention rate of BAME staff on apprenticeship Programmes</p> <p>Number of staff from BAME groups who have internal promotion</p> | <p>Apprenticeship recruitment campaigns will run throughout the year</p> <p>Pilot BAME development programme with RADA (external to be launched Q2/3 2022)</p> <p>Digital platform "career focus" & " Team & Leadership" will be implemented by June 2022 and career development sessions to commence by July 2022. Quarterly data on use from September 2022</p> <p>New work experience scheme to commence in July 2022</p> | <p>The Talent Strategic Focus will be based around:</p> <ul style="list-style-type: none"> • Engage • Enhance • Enable • Empower |

Awareness, education and allyship

Equality, Diversity and Inclusion Team

Gemma Glanville, People and Organisational Development Directorate

Our race equality interventions so far – awareness, education and allyship

| Intervention | Why? | Desired Impact | Suggested measures of improvement | Impact so far | Next steps |
|---|--|---|--|--|--|
| <p>Race awareness, education and allyship</p> <p>A) awareness raising and communication B) Executive reverse mentoring (closed) C) board development programme D) white allies programme E) race equality toolkits F) team race equity training G) immediate manager programme</p> | <p>create an organisation where diversity is welcomed, the benefits understood</p> <p>promote and embed inclusive behaviours in order to develop an inclusive and collaborative culture</p> <p>_____</p> <p>Staff survey feedback WRES metrics WRES expert feedback Patient and staff complaints on race discrimination</p> | <p>Changing behaviours and decision making in managers <i>Leaders understanding of experiences of BAME staff and valuing diversity</i> Managers setting own EDI objectives <i>Raise awareness of micro-aggressions and how to challenge it (and lessen burden on BAME staff)</i> Resource to educate staff who have been identified as needing to alter their behaviour <i>Self-educational tool for staff</i></p> | <p>More Vs Less complaints (HR freedom to speak up) <i>Higher staff survey satisfaction levels BAME staff</i> Managers taking positive actions to make local changes</p> | <p>Rise in disciplinary and/or grievance discrimination complaints</p> <p>Evidence in directorate performance reviews of GM leading on agenda, including use of dashboard metrics, local actions</p> <p>13 teams booked onto race training (140 individuals) - further being scheduled 3 white allies participants shared learning</p> <p>2021/2022 - 265 attended active bystander</p> | <p>Embedding and utilising education tools - masterclasses</p> <p>Implementation, evaluation of race equity training & ILDBO</p> <p>Building a coalition</p> <p>Annual communication cycle</p> |

People practices – Disciplinary & Conflict

Employee Relations

Melanie Briggs , People and Organisational Development Directorate

Our race equality interventions so far – people practices (disciplinary & resolution)

| Intervention | Why? | Desired Impact | Suggested measures of improvement | Impact so far | Next Steps |
|---|--|--|--|---|---|
| <p>Improving and de-biasing our disciplinary and conflict resolution practices</p> <ul style="list-style-type: none"> - Plurality of decision making/ peer review at all stages, including triage and hearings - External panel member for potential dismissals - Tone and language review to debias and simplify all our correspondence - Centralised processes to debias bullying, harassment, discrimination and complex misconduct investigations - Proactive cultural review process piloted | <p>To reduce health inequalities in our community we must look at delivering equality internally for the people we employ</p> <p>Tackling workforce race inequality improves staff experience, patient outcomes and organisational efficiency</p> <p>WRES metric 3 Internal disciplinary data Veritas report & Dido Harding National Recommendations Trade union feedback & staff network, WRES experts feedback</p> | <p>Overall reduction in formal cases over time – just and learning culture</p> <p>Improved race bias advice from ER advisors</p> <p>Diversity in thinking on disciplinary panels</p> <p>Proportionate decisions on misconduct cases</p> <p>Increase manager and POD understanding and awareness of race equality in ER processes</p> | <p>Improvements in WRES 3 metric</p> <p>Employee relations annual reports and updates to EMB People</p> <p>A lower percentage of grievances raised by BAME staff</p> <p>Staff survey scores around bullying and harassment</p> | <p>Reduction in disciplinary hearings (2020/2021 36 - vs 2021/2022 - 20) - more than half of misconduct cases resolved informally</p> <p>Decrease in disciplinary investigations 2021/2022 numbers (35 in 2021/2022 (v 58 and 50 in two previous years)</p> <p>70% disciplinary cases 2020/2021 Band 2/3 , 61% BAME</p> <p>61% of grievances in 2021/22 raised by BAME staff (compared with 94% previous year)</p> <p>Acknowledging wrongdoing – more than half of grievances upheld/ partially upheld in 2021/22</p> <p>42.9% grievances resolved informally in 2021/22 (v 19.2% and 5.7% in two previous years)</p> | <p>Embedding just and learning culture</p> <p>Embedding new Resolution Framework</p> <p>Proactively identify and address bullying, harassment, discrimination and other behaviour that disproportionately affects marginalised groups</p> |

Our race equality interventions in design

– people practices (employee relations)

| Plans 2022/2023 | Why? | Desired Impact | Suggested measures of improvement | Timescales | Anything else? |
|--|---|--|---|--|--|
| <p>Embedding just and learning culture</p> <ul style="list-style-type: none"> - Warning by agreement - More compassionate AWOL approach - Peer review/ case study learning for POD – debias - More cultural reviews <p>Embedding new Resolution Framework</p> <ul style="list-style-type: none"> - Diverse, wider pool of mediators - Facilitated conversations <p>Accept, embrace and respond to temporary increase in bullying, harassment and discrimination concerns being raised/ addressed as people feel more confident in speaking up</p> | <p>to reduce health inequalities in our community we must look at delivering equality internally for the people we employ</p> <p>tackling workforce race inequality improves staff experience, patient outcomes and organisational efficiency</p> <hr/> <p>WRES metric 3 Internal disciplinary data Veritas report & Dido Harding National Recommendation Trade union feedback & staff network, WRES experts feedback</p> | <p>BAME staff no more likely than their white colleagues to go through a disciplinary or grievance process</p> <p>Concerns around bullying, harassment and discrimination addressed proactively and appropriately, without employees having to raise a grievance</p> | <p>Improvements in WRES 3 metric</p> <p>Feedback from race networks on staff experience of raising race related concerns</p> <p>A lower percentage of grievances raised by BAME staff</p> <p>Staff survey scores around bullying and harassment</p> <p>Reduction in % of band 2/3 disciplinary sanctions</p> <p>Increase in mediation referrals and shorter timescales between referral and mediation</p> | <p>Ongoing , monitored and reported bi-annually to EMB</p> | <p>Apply same focus and improvement to our other main ER processes (sickness and performance management) in 2023</p> |

People practices – Voice & Engagement

Equality, Diversity and Inclusion Team

Olayinka Iwu, People and Organisational Development Directorate

Our race equality interventions so far – voice, engagement and influence

| Intervention | Why? | Desired Impact | Suggested measures of improvement | Impact so far | Next Steps |
|--|--|--|---|---|---|
| <p>Building and strengthen networks</p> <ul style="list-style-type: none"> - guidance framework - developed terms of reference -co-ordination with external race networks -funding for network events - communications support and guidance for events | <p>understand the needs of all our workforce, understand their lived experience</p> <p>Support bringing diverse attitudes and opinions to our work to improve decision making</p> <p>Network voice to improving inclusivity and tackling discrimination at work</p> <hr/> <p>Staff survey feedback (WRES metrics) WRES expert feedback FTSU national reports</p> | <p>provide a voice to staff to raise concerns</p> <p>Provide internal challenge on our decisions and practices</p> | <p>Reduced number of complaints</p> <p><i>Positive feedback from BAME staff on decisions and way organisation works</i></p> <p>Large number engaged in network activities</p> <p><i>Positive communication about value of network (from inside and out)</i></p> <p>Visibility of network in decision making</p> | <p>320 (2020) Vs 438 (2021) race network members</p> <p>15 (2020) Vs 22 (2021) race network events</p> <p>Network presentations at executive meetings</p> <p><i>Increased representation of network members at people workstreams (e.g. retention group)</i></p> <p>Network information included in corporate welcome from March 2022</p> | <p>Explore how to protect volunteer time for networks including benchmarking</p> <p>Succession planning for network key positions</p> <p>Review survey feedback from individual networks</p> <p>Support network collaboration</p> |

Improvement through data

Equality, Diversity and Inclusion Team

Gemma Glanville, People and Organisational Development Directorate

Our race equality interventions so far – diversity data

| Intervention | Why? | Desired Impact | Suggested measures of improvement | Impact so far | Next steps |
|--|--|---|--|--|--|
| <p>Creating a suite of divisional and directorate-level diversity data to guide improvement</p> <ul style="list-style-type: none"> - model employer goals at Trust and divisional level - x 2 measures on IMIS scorecard (directorate performance review) - diversity workforce composition infographic -ESR promotion animation - ESR HR data historical cleanse and mail out | <p>Tackling workforce race in equality improves staff experience, patient outcomes and organisational efficiency</p> <p>Visibility and focused on achieving our ambitions</p> <p>The use of data to raise awareness, improve understanding, design interventions and target investment</p> | <p>Sensible and agreed frequency measures to move conversation into action</p> <p>Provides information to assess progress on performance</p> <p>Accountability for those responsible for making improvements</p> <p>Recognition and reward for improving areas</p> <p>Shaping the design and direction of where improvement is needed</p> <p>Transparency</p> | <p>Correct and complete data sets</p> <p>Data sources specific and sophisticated enough to distinguish impacts by protected characteristics</p> <p>Data being actively used in discussions and decision making</p> <p>Ability to track and progress and performance challenges</p> | <p>HR data cleanse – 845 records updated ethnicity , 3316 disability status - 2022 all records have data for both</p> <p>Examples of GM's having objectives, discussing directorate data in team meetings</p> <p>Examples of local awareness – e.g. finance area of focus 8b-VSM, AHP predominately white – exploring apprenticeship</p> | <p>HR data cleanse on other elements (sexual orientation, religion and nationality)</p> <p>Continue model employers at divisional level</p> <p>Embed IMIS scorecard into directorate reviews, including WRES likelihood to recruit</p> |

Anti-racism (statement, strategy, organisation)

Equality, Diversity and Inclusion Team

Gemma Glanville, People and Organisational Development Directorate

Our race equality interventions in design - anti-racism approach

| Plans 2022/2023 | Why? | Desired Impact | Suggested measures of improvement | Timescales | Anything else? |
|---|--|---|--|--|---|
| <p>Anti-Racist Statement</p> <p>- Publicly stipulate the organisation's position of anti-racism to all stakeholders, including employees, investors, suppliers, partners, and patients</p> <p>-Commit to sustained action through visible leadership and a willingness to change</p> <p>-starting with statement</p> | <p>create an organisation where diversity is welcomed, the benefits understood</p> <p><i>promote and embed inclusive behaviours in order to develop an inclusive and collaborative culture</i></p> <p>_____</p> <p>Staff survey feedback Patient and staff complaints on race discrimination Ethnicity Pay Gap</p> | <p>Creating a culture where prejudice is actively challenged</p> <p><i>Shared accountability with equality embedded throughout decision making</i></p> <p>Better workforce understanding of everyday racism (including micro inequities/aggressions and incivilities)</p> | <p>Rising number of complaints and datix raised (ER, FTSU) Staff survey scores <i>Feedback at CEO briefings</i></p> <p>Examples of disciplinary action to address racist behaviour</p> <p>More diverse workforce in senior AFC roles</p> <p>Ethnicity Pay Gap</p> <p><i>Evidence of leaders and senior managers developing their knowledge and confidence to talk about diversity and inclusion in their internal and external engagements</i></p> | <p>To co-design by end of 2023</p> <p>Expect to see changes in national staff survey by 2024</p> <p>ILDBO in 12 months</p> <p>Model Employer – measured annually</p> | <p>Separate workstream needed to address patient on staff racism to align with any anti-racist strategy</p> <p>How to be authentic?</p> |

EDI Trust objectives 2022/2023 (Pre-Workshop)

Objectives

Objective 1: (Dashboard) To utilise the suite of divisional and directorate-level diversity data to guide areas for measured improvement

Objective 2: (People practices) To review our talent management processes, practice and policy to create a fairer and more inclusive place to work

Objective 3: (Networks) To consolidate the governance arrangements for our staff networks and future planning

Objective 4: (WRES2) To deliver the WRES 2 focused improvement on improving the likelihood of black, Asian minority ethnic staff being appointed from shortlisting

Objective 5: (Education) To implement a range of equality education tools and interventions for all staff

Objective 6: (WDES) to focus on improving knowledge, access, information and internal implementation for reasonable adjustments

Today's focus: Race Equality

Way Forward, Next Steps and Closing Comments

RACE
EQUALITY

Q&A

Please use the chat box or the raise hand function

Save the dates:

Peer learning event: Race Equality and inclusive recruitment

Monday 27 February - virtual event via Zoom

Join us to explore actions taken within the NHS to improve talent pipeline, senior management and board diversity.

Peer learning event: Inclusive recruitment and supporting our internationally educated workforce

Tuesday 7 March - virtual event via Zoom

This event will share examples of how trusts have improved experiences for their internationally educated workforce.

Can we talk about race?

Tuesday 14 March 2023 - virtual event via Zoom

Join us to hear how leaders are enabling conversations about race in their organisations.

Visit our website for further information on the Race Equality work:

- Race 2.0 report
- Podcasts
- My journey as a White ally videos
- Blogs
- Previous events and additional resources



Scan here to access our website and book onto upcoming events

RACE
EQUALITY

Thank you



Scan here to access
our survey


NHSProviders