

Appendix E: Case study information extracted from Sea-Change’s report for NHS Leadership Academy on diversifying pipelines

1. Extracts from Case study 1: Bradford District Care NHS Foundation Trust

1.1. WRES and WDES positive indicators (2021)

Bradford District Care NHS Foundation Trust (Bradford) was selected as a potential case study trust based on the following WRES and WDES indicators.

Indicator	WRES/WDES Data 2021
At least 7 percentage points increase in BME senior clinical roles 2018-2021	BME representation at senior clinical roles has increased from 8.4% in 2018 to 28.2% in 2021
Relative likelihood non-mandatory training White/BME <1 i.e., BME staff are more likely	Relative likelihood for attending non-mandatory training is 0.97 i.e., BME staff are slightly more likely to have attended non-mandatory training
Relative likelihood recruitment non-disabled/disabled <1 i.e., disabled people are more likely	Relative likelihood for recruitment is 0.92 i.e., disabled staff are more likely to be recruited than non-disabled staff
Proportion of disabled senior people is more than 5 percentage points higher than proportion of disabled people in whole staff	12.1% of senior staff are disabled compared to 5.9% of all staff

1.2. Description

Bradford and District Care NHS Foundation Trust is a combined community and mental health trust, with a total workforce of 2,800. Individuals who identify as female make up 80% of staff, whilst those from an ethnically minoritised background make up 24% of staff. The trust serves two very different populations: the very ethnically diverse, urban population in Bradford and the less ethnically diverse and rural population of the wider areas such as Aire Valley and the Craven basin. It is part of the West Yorkshire Health Care Partnership Integrated Care System.

1.3. Data overview

Bradford is not just collecting, but also analysing, its workforce data. This can be seen in its [6-monthly published diversity reports](#) and the comparison analysis that is carried out. From the trust’s data, the key take aways in relation to diversifying its talent pipeline are:

- There has been a consistent increase in the proportion of staff from BME backgrounds over time at Bands 8a and 8b.
- Perceptions on fair career progression have been consistently improving for both disabled staff and those from BME backgrounds.

- The proportion of staff who self-identify as disabled on ESR has increased from 6% to 10% due to a consistent campaign to encourage sharing.
- The proportion of people who have not disclosed their sexual orientation and/or religion and belief limits analysis by these characteristics.

1.4. What Bradford appears to be doing to drive the changes in the data

Talent Management Strategy

The trust does not have a formal talent management system. Currently people are identified through perception of their performance, demonstration of trust values, behaviours and competencies via a manual transaction designed in part to hold on to those people and supporting them to develop. In the future it is hoped that a system will allow potential to be picked up through the appraisal process.

There is, however, a robust Secondment Policy. The focus is on the fair selection of people for development opportunities which includes a selection process and the requirements to review at six months. This is supported by a robust monitoring and reporting process so that exceptions can be identified on a timely basis. Should the secondment go on for longer than six months, the CPO asks for a review as to why. If there is a substantial reason, such as maternity cover, then an extension is approved. Even during the COVID-19 pandemic, when many extra staff were brought in on fixed term contracts, others moved around and many acting up opportunities became available, managers could not just give somebody an acting-up role or a secondment without it going through a recruitment process.

Formalisation of secondment and other similar opportunities could have acted to ensure that there was a more equal opportunity for ethnically minoritised staff to access these opportunities.

Race and ethnicity

As with many other NHS trusts, the principal focus has been on diversification of their talent pipeline in relation to race. In 2012, Bradford commissioned a piece of research, funded by the Leadership Academy, where they surveyed all of their Black, Asian and Minority Ethnic (BAME) staff asking what the barriers to career progression were. This resulted in a comprehensive report which detailed the issues minoritised staff faced from Bradford perspective.

“BAME staff telling us that they had two degrees, you know, a Master's, they were going on and doing more and more study more learning, but actually the progression in terms of banding maybe wasn't aligning.”

Following this report, a target of 35% BAME leadership representation was set, which was close to the proportion of the working age population (36%) at that time. The proportion of the population from BAME backgrounds is now around 47%.

To achieve their ambitious target, the trust set-up the Moving Forward programme which focused on the development of individuals from BAME backgrounds and helping them compete more effectively for career development opportunities. There were various elements to the programme, and it evolved over the years. The Moving Forward programme consisted of:

- Self-awareness (psychometric assessments);
- Contextual awareness (understanding leadership and management theory and practice in the NHS, and understanding discrimination and oppression);
- The application of such insights to being more effective in the recruitment and promotion process.
- A specific job coaching element.

When development programmes are aimed at improving the leadership capacity of ethnically minoritised individuals, and at developing increased competence and confidence to apply for promotion, the program can disappoint individuals. This is because participants' development is not matched by their line managers becoming inclusive leaders, nor are opportunities to progress available once the programme is completed. In these circumstances, the anticipated benefits of the programme in respect to progression are unlikely to be met. This can result in increased frustration and demoralisation, and equipped with their increased confidence and employability skills, participants will vote with their feet and gain promotion elsewhere. Moving Forward was designed from the onset to address both the participant and their line and senior managers, as part of a comprehensive BAME employment strategy. Whilst it has not proved entirely possible to provide promotion opportunities for all participants, the trust accepts that developing ethnically minoritised leaders for the benefit of the whole sector is also a valuable outcome of the programme.

Initially the programme was funded by the NHS Leadership Academy. When this funding ended, the trust found it difficult to replace the funding because it also faced the demand to improve the experience and outcomes for disabled staff and so it was difficult to justify ring fencing funding just for the benefit of BAME staff. That coupled with the disruption to the programme during lockdown has resulted in the discontinuation of the Moving Forward programme.

For ethnically minoritised staff, a reciprocal mentoring programme is now available which is in its second cohort. This programme has had positive results: from the first cohort, 50% of participants went on to apply for and succeed in getting promotion.

The trust's success can be seen in the fact that in 2023, they now have equal representation for ethnicity across the organisation, including in bands 8a and above. The trust is continuing with its ethnicity-based programmes as it has yet to achieve its overall target to match the proportion of the workforce by ethnicity to the composition of the general population. The perception is that it is struggling to sustain momentum on ethnicity as the funding and resources spent on Moving Forward must now also support the disability action plan.

Health and wellbeing

Bradford have developed a disability-friendly culture characterised by a formal disability support process, supportive co-workers and supervisors, and this is what has developed at.

This arose during COVID when the trust introduced health and wellbeing conversations for every single person in the organisation with their manager, using a specifically designed template. That conversation has now been built into the appraisal process. It covers a range

'Moving Forward' - not just a BAME development programme

Strategy elements aimed at ethnically minoritised staff:

- Development programme includes units on developing self-awareness, perceived barriers to career progression, presentational skills, positive thinking – self-limiting beliefs, skills audit and career planning, psychological resilience, CV writing and job applications, interview skills, inspirational leaders and networking, coaching, understanding oppression, negotiating skills and conflict management.
- Participants are sponsored by a board member and their progress tracked

Strategy elements aimed at managers and leaders:

- All band 7 and above staff attend the developing leaders element of the programme.
- Trust specific cultural competence programme, including embedded specifics from the 2012 study, initially delivered to board and senior managers
- Cultural competence programme was expanded and targeted at areas not meeting KPIs and with low representation of BAME staff at senior levels
- A target of 35% of BAME participation in all other elements of the trust's leadership and talent management programmes was set
- Two board champions identified who actively support the process
- A reference group was established to support delivery of the strategy. This group includes BME and white staff from across the organisation, Staff Side and BME Staff Network representation.
- KPIs set and progress against the action plan reported to the board and RAG rated
- 'Different Leaders' identified and trained to facilitate conversations with participants about their career progression and any blockages they faced

Strategy elements aimed at the wider community:

- Support is offered to unsuccessful BME applicants.
- Links strengthened with local schools and education providers with a strategic approach to work experience and career opportunities.
- Partnership working is being set up to develop pathways for university graduates into the

of topics including: how they find working at the trust, caring responsibilities, any issues around flexible working and so on. If there is a need for a more detailed health and wellbeing conversation, there is a link to that template. Bradford believes that ensuring that everyone had a wellbeing conversation, and that it is wider than disability, has made it easier for people who are neurodivergent or have a long-term condition or a mental health condition to share this. The impact of the menopause is something else that has come to the forefront and is no longer 'hidden'.

The wellbeing conversations have acted to create more supportive managers and colleagues, and this cultural shift has been underpinned by more formal policy:

- widening of the definition of disability to include a long-term condition they have had for a year and that affects them day to day – this definition includes the menopause
- encouraging reasonable adjustments to be made where they can be as a pre-emptive preventing conditions deteriorating and keeping people well
- funding a staff support and therapy service
- increasing the safety and confidence of staff to disclose their disability in ESR and with their line manager
- introducing some new categories into absence – disability-related leave and a disability related sickness absence (which is measured separately from other sickness leave)
- clearly indicating that reasonable adjustments might include additional disability-related sickness
- streamlining the reasonable adjustment process and increasing people's awareness and understanding of what a reasonable adjustment is, and how to do go about achieving it
- centrally managed reasonable adjustment budget.

The policy has meant that there are very real and tangible benefits to declaring, plus the support and the narrative around wellbeing, and a very active network with over 100 members has led to a big increase in the level of disclosure.

“I've been amazed at the increase we've seen in people sharing about having a disability because I've seen it go up very gradually. And then it seems to have jumped up this last year. But I think some things that have contributed to that are obviously the networks and the narrative that we shared around the wellbeing of staff and that being such a top priority to the organisation.”

Role of Leadership

In the work of the national WRES team, ‘leadership’ was identified as a key component of any effective workforce equality programme. This appears to be a key factor in the success of Bradford’s approach to both ethnicity and disability.

In 2020, the board made a pledge around being anti-racist in response to the murder of George Floyd, the rise of Black Lives Matter and the COVID-19 death disparities. Making a visible statement, the board took the knee and held a minute’s silence. Bradford leaders highlighted the role former Chair, Cathy Elliott, played in leading the organisation into a pro-active stance on equality, discussing the issues openly and promoting action which symbolised the change.

“She was bold in how she talked about equality. You know, she said things that I've not heard people say before, and she called for action. She was the Chair when they made the statement about being anti-racist”.

The wellbeing conversations that started during COVID were actively monitored by the board.

“Cathy {Elliot} in particular, [was] monitoring on a daily basis, the numbers of conversations that had been taking place, and they absolutely wanted every single member of staff to have had a conversation with their manager within the space of a it felt like a like a couple of weeks.”

Furthermore, the board ensured there was an evaluation of people who were experiencing that conversation to ensure it was having the impact intended.

This level of proactive involvement of the board in EDI matters has continued - there is a weekly exec broadcast, delivered by members of the exec team with support from specialists from different areas. The networks feature quite heavily and there are certain recognition days such as black history month, and so on.

Taken together, this consistent messaging from the board and senior leadership is thought to have produced a level of trust and confidence amongst staff in the organisation so that they are willing to take increased risks to improve their own situations, such as applying for a promotion, or speaking up if they perceive something is not right.

“I think a lot of what makes change is people's perception. So if people feel valued, ... there's a hope you know, there's acknowledgement of the inequality or their discrimination ... I think that is half of the battle because that perception changes and then people start applying for jobs and people start speaking out when things aren't right.”

“I think there's more of a caring approach to staff ... I think COVID has changed a lot of things in terms of sort of being more aware of staff wellbeing but also what contributes to that - people feeling listened to, that problems are acknowledged and taken seriously. So, I think, I think that's been a definite change.”

Staff networks

Bradford has a really thriving set of staff networks. Aspiring Cultures - black and minority ethnic; Beacon Network - staff who have long term health conditions, disabilities or are working carers and Rainbow Alliance, a lesbian, gay, bisexual and transgender (LGBTQ+) network. The Aspiring Cultures network has been active for a long period of time, but both the Rainbow Alliance and the Disability Network had a very low membership initially. Over the last few years, both networks have come to the fore and are now similarly active. Widening the definition of the Beacon network, alongside the organisational widening of the definition of disability, as well as including long-term carers has been a contributing factor, as well as the increase in their organisational influence.

The networks play a pivotal role in enabling the board and senior leaders to engage effectively with staff, with the networks providing a reality check on what is occurring with staff. Networks also play a role in attracting staff to get engaged with programmes such as Moving Forward. During COVID the networks played a vital role with the board and the SLT meeting with the networks every two weeks so that the board could engage with the staff 'voice'. One non-exec director, Andrew Chang, attended every network meeting during this time. He would ask questions and then escalate issues to the Board level. The chief executive and other executive directors also attend meetings.

“They really were kind of a barometer for how staff are feeling I think that had a big impact. The network chairs and SLT met regularly and that two-way kind of respect is now really strong”

Bradford has ensured that there are sustainable and recurring funding streams for the networks. They have £3000 pounds each for the year for promotional materials and hosting live networking events now that this is possible again following the pandemic.

Networks also play a role in attracting staff to get engaged with programmes such as Moving Forward.

2. Extracts from Case study 2: Lewisham & Greenwich NHS Trust

2.1. WRES and WDES positive indicators

Lewisham & Greenwich NHS Foundation Trust (LGT) was selected as a potential case study trust based on the following WRES and WDES indicators.

Indicator	WRES/WDES Data 2021
At least 7 percentage points increase in BME senior non-clinical roles 2016-2021	BME representation at senior non-clinical roles has increased from 22.8% in 2016 to 31.2% in 2021
At least 7 percentage points increase in BME senior clinical roles 2018-2021	BME representation at senior clinical roles has increased from 24.6% in 2018 to 33.9% in 2021

2.2. Description

LGT has over 7,000 staff and provides a comprehensive range of high-quality hospital services to around one million people living across the London boroughs of Lewisham, Greenwich and Bexley. Its community services are used primarily, but not exclusively, by people living in Lewisham.

2.3. Data overview

LGT does a significant amount of data collection and analysis – it actively monitors by as many protected characteristics as possible, and regularly reports analysis to the People and Place Committee. It uses the progression and disparity ratios to identify any differences in probability of staff being promoted, and calculates the ethnicity, disability, LGBTQ+ and faith/religion pay gaps as well as the gender pay gap. From its data, the key take aways in relation to diversifying their talent pipeline are:

1. There has been a consistent increase in the proportion of staff from BME backgrounds over time at Bands 8a and above.
2. Disparity ratios have been reducing over time and for non-clinical staff, the disparity ratio is less than the average for London trusts.
3. Perceptions of fair career progression have been consistently improving for both disabled staff and those from BME backgrounds.

2.4. What Lewisham & Greenwich appear to be doing to drive the changes in the data

Talent Management Strategy

Over the past year the trust has been implementing a structured approach to talent management using the [NHS scope for growth model](#). Using the framework, the individual and their line manager engage in a thorough conversation about where they might want to progress to in their career.

The pilot programme was aimed at those in roles 8A and above for the Directorate and Divisional Triumvirate Leadership pipeline who had both potential and aspiration to progress into directorate and divisional director roles within the following- 24 months.

Scope for Growth

Scope for Growth is a new approach to supporting personal growth and developing talent in the health service. It is designed to provide a framework for high-quality career conversations that help draw out an individual's aspirations as well as their potential. It is a future-focused approach in which everyone is supported and encouraged to take ownership of their own development through coaching-style conversations that prioritise wellbeing, as well as professional development and career aspirations.

Key components of the programme are:

1. Core leadership & management workshops
2. Facilitated action learning sets
3. Executive mentor for each participant
4. Development input from divisional triumvirate
5. Trust-wide project assignments

As part of the Scope for Growth programme, participants worked on one of a number of projects that were of strategic importance to the trust, ensuring that participants had exposure to senior leaders as well as giving them a breadth and depth of experience. It was anticipated that stretch projects would provide participants with the opportunity to expand their skills and their knowledge so that they would be able to demonstrate this at interviews.

Participants received a training and development programme that was tailored to their specific individual needs rather than attending a generic programme. Participants could choose a level seven Master's in leadership, a top-up to an MBA or another specific training programme such as a quality improvement or a project management qualification.

The trust has yet to evaluate the outcomes and impact of the programme formally, but the positive response to the programme so far means that the pilot will be rolled out to the wider trust.

Race and ethnicity - A truly inclusive approach

The trust takes an inclusive approach to all the initiatives it puts in place. Rather than developing individual programmes aimed at specific groups, it ensures that people with protected characteristics are proportionately represented in the programmes that it develops. For every programme it is implementing, the trust carries out a real-time assessment of the demographics of who is applying to be involved in a programme. Where a group is underrepresented, they actively reach out to individuals from those groups to increase participation. Representation is measured not just on the basis of protected characteristics but also by staff group, pay band and so on.

'I mean, I don't currently run a program that is aimed at ethnic minorities. I know that, you know, those programs are often quite popular. But I feel like oftentimes that comes from a deficit model where we believe some groups always need more development than others.'

LGT attributes its success at improving progression of ethnically minoritised individuals to three key factors. Firstly, it has made equalities central to the trust's culture. Secondly, it has acted to address and resolve the issues that staff raise.. Thirdly, it closely monitors its data across multiple indicators; it addresses issues that show up in the data, and is actively held to account for this by its board.

Responding to staff experience of discrimination in recruitment and selection

In the past the trust had a "really difficult" reputation in respect to EDI. Staff had a complete lack of confidence in the whole recruitment process to the point that underrepresented individuals, at all levels of the organisation, felt that there was no point applying for a job or promotion at LGT because the recruiting manager had already identified who it is going to be and *'it's never going to be somebody who is not white'*. Irrespective of the validity of that belief, it also meant that some people weren't applying for *any* jobs at all. For some, that would have been for the whole of the 10 years or more that they had worked in the trust. So, the challenge that LGT faced was not only to ensure that the recruitment processes were fair but that staff believed that it was fair, and would therefore submit applications.

One of the first steps many organisations take when attempting to make their recruitment processes fairer is to mandate that no 'all white all male' interview panels are allowed. LGT

Making ethnically diverse interview panels more than 'window dressing'

Lewisham and Greenwich had an ethnically minoritised individual on each panel, but they had no power, so selection remained unfair. To make that role effective the trust:

- Trained diverse equality advocates to represent EDI on the panel.
- Gave equality advocates the power to veto any decision by any recruiter, however senior.
- Published the details of any recruitment vetoed so that there is public accountability.
- Confirmed that EDI was the responsibility of all panellists so it was not the role of the Equality Advocate to ask an 'EDI question'.
- Trained managers on effective, fair selection processes.
- Followed up on every internal minoritised applicant who did not get the job to put in place a plan for their future success.

had already implemented this, and it was standard practice at this time always to have ethnically minoritised individuals on the panels. The trust therefore needed to understand why it was not having the desired impact of increasing actual and perceived fairness? A survey was carried out to explore the experiences of the ethnically minoritised representatives on the panels, and their insight into the issues. Ethnically minoritised representatives reported that they did not feel they were equal members of the panel, that they had no voice in the process, and that they didn't have the required authority needed to challenge the panel.

To address this the trust has introduced panel members who are specially trained to act as equality advocates. These advocates are not merely advisory. They have the power to veto any recruitment decision. Equality advocates do not have to be from an ethnically minoritised background (and are encouraged to be diverse) but can be any staff member from band six. There has to be an equality advocate on every panel at 8A and above.

“They don't have to be a person of colour they could be from any demographic at all because by being an equality advocate, you are the voice of EDI, you are advocating for a fair process.”

If the advocate feels anything at all is not right, the veto can be applied at any stage of the process. The veto has only been applied three times in three years, including after an offer had been made to a candidate, resulting in the offer being withdrawn. LGT's experience has been that the veto has not had to be used frequently to have impact. Recruiting managers know that a veto could be exercised, regardless of how difficult that might make things for the trust, and this means that they do their utmost to ensure it will not have to be used. For example, in the case where the offer was withdrawn, the trust had to apologise publicly for the wrong decision that was made. A brand new interview panel was then set up to start the process again from scratch. One veto was used in a case where the panel was chaired by an executive director. Sharing this example reinforced the message that the veto could be applied to anyone, however senior in the trust, building credibility in the role of advocates.

The decision that advocates had to be in a band six or above role was a deliberate one. It was hoped that this exposure to the recruitment process and what panels expected from candidates would also normalise the interview process for the advocates, thereby increasing their own confidence to apply for promotion at 8A and above. This has been the case, with many advocates now moving on in their careers. The exposure to senior managers and board members, and conversations they would not have usually been a part of, has been part of the process of raising their confidence to apply. Wider than the interview panels, equality advocates have become enthusiastic advocates for the trust as a whole. The trust is now recruiting and training its second cohort of advocates, around 45 people.

In addition to providing training for equality advocates, the training for recruiting managers was revised. As part of this training, it was made clear that it was *not* the role of the equality advocate to ask the EDI questions. This was to emphasise the message that equality is the responsibility of everyone. The training for managers has also made it clear that the exercise of the veto should be seen as the exception rather than the rule, and it is the manager's responsibility to ensure that the recruitment process is fair. They should be working with the equality advocate right from the outset, ensuring that the implementation of trust policies and processes is appropriate.

“I have made it quite clear to managers that I would be shocked if people had to exercise the veto. You know, so that should not happen at all because you should have worked with the person on the panel well enough in advance so that they feel that they are making decisions along with it.”

The final part of this approach is that where internal minoritised candidates are not successful at an internal recruitment, they are contacted and pulled into coaching and mentoring straightaway. An individualised career development plan is then put in place for that individual.

Staff confidence, as demonstrated in the staff survey, is increasing year on year. Where there used to be complaints once or twice a week about applicants feeling discriminated in selection, the trust get none at present.

Equalities are everyone’s concern

There is continuous messaging about equalities, for example weekly input on equalities from the CEO, the CPO, the EDI team or the networks. This shows up noticeably in the Corporate Induction which only focuses on the four themes that the trust sees as core to all work, one of which is equality and how every employee plays a part in creating workplaces that are truly inclusive. This is combined with a calendar of events which maintains the EDI conversation throughout the year.

The issues and challenges experienced by minoritised staff are explored and discussed openly. For example LGT’s Multicultural Inclusion Network has developed its own [microaggression video](#) that uses real case examples from staff to explore what types of comments are and are not ok when interacting across difference. As a result of this transparency, LGT believe that underrepresented groups feel that they are being listened to, and that the challenges they face are recognised.

LGT argues that the consistent messaging is increasing the awareness and impacting the behaviour of managers. Communicating the experiences of minoritised staff’s experiences widely means that managers start to think about issues such as microaggressions and ask themselves:

‘how’s this showing up for me? Is there anything in my behaviour that I’m doing that might inadvertently be a microaggression or putting people off or demonstrating some level of bias and so on?’

EDI implications also form a consistent ‘golden thread’ through training that managers undergo at the trust.

LGT has what it describes as a good ‘open screen’ (aka open door) policy in which people can contact anybody about anything that they want to. They can go to anyone they feel comfortable with, whether it is the Speak up Guardian, the network or their manager.

Significantly, LGT also has over 150 Wellbeing Champions in the organisation. Wellbeing Champions were not self-nominated. Instead, staff were asked to nominate a colleague that they felt embodied the values and principles of a Wellbeing Champion. Many of these wellbeing initiatives are based on what these champions indicate is an issue in the organisation, as well as those raised with the networks.

When staff raise concerns or explain their lived experience, LGT does not try to explain it away. It is open and curious to explore what happened, and uses data and research to help understand wider, more systemic issues. For example, LGT thinks that it is probably the only trust in the country that shares anonymised outcomes from disciplinary hearings. It does that because it aims to give people confidence that if you raise a concern, it will be dealt with.

“I don't think there is any one single thing that any organisation could do that would start to make the difference. I think it's about consistently doing a series of things and consistently paying attention to it.”

Data-driven interventions to tackle trust-wide staffing issues

LGT monitors data closely, and responds agilely to the issues identified in the data. Every four months, all of the workforce indicators are looked at through an EDI lens, and the trust tries to identify any anomaly anywhere in the organisation. Examples include turnover, access to non-mandatory training, levels of completion of appraisals and PDRs, access to apprenticeship and leadership programs, grievance and disciplinaries.

For example, the turnover rates for nursing assistants were particularly high in comparison to other roles in the trust. Upon investigation the trust identified that the reasons for turnover were different between ethnically minoritised and white nursing assistants. White nursing assistants were leaving because they were promoted, and ethnically minoritised nursing assistants were leaving due to work-life balance. Sickness rates were also higher amongst the ethnically minoritised group.

When the trust looked into the people behind the figures, it identified that this group was largely black, African or Caribbean, largely female, and largely in the age demographic where they had child care and/or other caring responsibilities. They are also junior staff who have no authority and whose voices were very unlikely to be heard in the organisation. So LGT created a group made up of staff (and nurses) from this background which looked specifically at rosters, and they were given the delegated responsibility to design the roster for their team. Group members consulted and identified the specific flexible working requirements of co-workers, and were able to design a roster that met the needs of both staff and managers. Rosters are now approved much further in advance, so that staff know exactly when they are working and can plan their caring arrangements accordingly. Most people get the shifts that they want to work because those rules are agreed in advance, but equally, managers feel that their shifts are covered because base rules have been already agreed. There are also fewer temporary stopping shifts and lower levels of absence. The impact has been huge, so this will now be rolled out to other areas. Although the initiative would not be seen as a typical example of a positive action initiative, because black women are over represented at this grade, any initiative improving things for this grade would disproportionately improve the experience at work for women from this group.

A second pilot that was run, also aimed at Health Care Assistants (HCAs) last year was to look at the impact of providing regular, diarised one-to-ones on job satisfaction and turnover. All managers were asked to diarise a one-to-one with their HCAs and were given a script to follow so that they would have a clear conversation which explored issues such as wellbeing, EDI and any concerns that they might have. The impact has been immense – it's almost been embarrassing to the trust to realise how much a positive conversation with a

manager can mean to staff. The programme is currently being rolled out to all HCAs and new starters. New starters have been selected because the current turnover rate is 25% and the trust wants to try to understand why. It's anticipated that the one-to-ones will provide an early warning of issues and challenges so that the manager is well placed to address them before the individual makes a firm decision to leave. So far, the indications are good in that where they have had one-to-ones, there has been an increase in staff engagement levels.

By focusing on inequitable outcomes and underrepresentation wherever they show up, LGT is able to target resources at issues that not only leverage benefits for underrepresented groups, but for the trust as a whole.

Role of leadership

The data-driven approach is the basis of accountability to the board. As mentioned previously, all of LGT's workforce indicators are looked at through an equality lens every four months. The trust has a comprehensive action plan based on five aspirations developed in consultation with its networks. In total there are 122 actions, with progress reported against key performance indicators.

Whilst performance is accountable to the board, leadership on EDI is dispersed throughout the organisation. Although the Chief People Officer and the Associate Director of Organisational Development and Inclusion play a significant role, network leads play a central and highly visible part in leading the EDI agenda at the trust. They report formally to the EDI steering group and feedback from the steering group goes to the trust's Management Executive with updates going to the People Committee. But it's not just the network chairs, the 200+ staff acting as wellbeing champions and equality advocates also act as dispersed leaders of EDI. Added to that should be the 20% of staff who as members of minoritised groups and their allies are involved in the trusts staff networks.

LGT's approach is to make equality everybody's business. Everybody is urged to have a stake in EDI. The Chief Executive has weekly webinars and in those webinars the topic of equality is raised every time. If staff have seen something that's not right, then they need to be talking about it 'today'.

"I say we have 7500 staff, I expect all 7500 to be in the network because it should matter to you. So you don't have to be black to be in the network, you don't have to be lesbian to be in the LGBTQ+ network. If it matters to you - you should be in the network."

Staff networks

LGT used to have one network covering all the protected characteristics in which only 2% of staff were involved. This model was changed three years ago, and it now has five networks focusing on specific protected characteristics. Network chairs are funded to have one day a month to spend on network business (though the reality is they spend more time than that). But it is not just the chairs that are funded, other key funded roles are: a co-chair, a communications person, a secretary and an events co-ordinator. Because the roles are funded, individuals have to be elected to the posts. As a result, network leads are very prominent in the trust. A regular newsletter ensures that the work of the network is highly visible and there is a budget available to support the organisation of a calendar of events throughout the year.

3. Extracts from Case study 3: West London NHS Trust

3.1. WRES and WDES positive indicators

West London NHS Foundation Trust (West London) was selected as a potential case study trust based on the following WRES and WDES indicators.

Indicator	WRES/WDES Data 2021
At least 7 percentage points increase in BME senior non-clinical roles 2016-2021	BME representation at senior non-clinical roles has increased from 22.9% in 2016 to 36.6% in 2021
Relative likelihood recruitment non-disabled/disabled <1 i.e., disabled people are more likely	Relative likelihood is 0.75 - Disabled people are more likely to be appointed than non-disabled people

3.2. Description

West London NHS Trust is one of the most diverse healthcare providers in the UK. It delivers a range of mental health, physical healthcare and community services for children, adults and older people living in the London boroughs of Ealing, Hammersmith & Fulham and Hounslow. It also delivers a number of regionally and nationally commissioned specialist and forensic mental health services. The trust serves a local population of 800,000 residents and employs over 3,500 staff.

3.3. Data overview

West London uses data collection and analysis to drive its talent management activity – it has chosen to focus on ethnicity, as its evidence suggests that ethnicity is the most accurate predictor of differences in experience. From the data, the key take aways in relation to diversifying their talent pipeline are:

4. There has been a consistent increase in the proportion of staff from BME backgrounds at bands 8a and 8b and the trust has already met and exceeded their Model Employer targets.
5. Perceptions on fair career progression have been improving slightly for those from BME backgrounds.

3.4. What West London appears to be doing to drive the changes in the data

Talent management strategy

Talent management at West London is based around a 'talent pool' approach. There are regular requests to all staff to apply to enter the talent pool. Those who apply are taken through a formal selection process. If successful, they will have regular career conversations with access to additional learning and development. They also work out their desired career pathway, and identify what they need to be successful. West London monitors the talent pool applications by ethnicity, and are aiming for their talent pool to be representative of the relevant department's ethnic makeup. Where the applications are not representative of

the ethnic make-up, managers are contacted to encourage applications from their talented diverse staff members.

In addition to the talent pool, West London has built a level of transparency into secondments and promotions. All secondments are now recorded on Trac¹ and diversity champions (see below) sit on recruitment panels for all secondments at Band 8a and above. The trust has developed a campaign called Promotion and Praise, regularly publishing news of promotions and secondments across the trust. The purpose of this is twofold: to praise those who have been promoted, and to ensure transparency. The trust believes that this has contributed to the increase in agreement in the staff survey question around equal opportunity to progress.

Race and ethnicity

West London is currently focusing its EDI efforts specifically on ethnically minoritised staff. Their justification for this is the evidence – for example on bullying and harassment of staff and (lack of) progression – that ethnicity is the common denominator for a worse experience.

“If you look at all the protected characteristics, ... I've done some work around staff survey - intersectionality analysis, the common denominator when it comes to people with disability, LGBTQ+ , you know, you name it, age, gender is race. So what does that mean? You know, where people from a particular gender have the worst experience, majority will be BAME people ... if you get that right for race and ethnicity, you basically address most of the other [characteristics] at the high level.”

West London has three specific talent management interventions: The BAME leadership programme, BAME transitional lead roles and the leadership ladder (ICS). Informal evaluation of the career progression of previous participants of the BAME leadership programme has led to some changes in its content. Whilst participants appreciated the programme, it was not clear whether it had made a difference to participants' career trajectory. Those who had been promoted since the programme highlighted the need for experience at the relevant, senior level and the importance of building relationships with more senior staff. To this end, the following additions have been made to the current BAME leadership programme:

6. addition of a special project – organised by working with transformation programmes where additional project resource is needed – which gives participants the experience they need as well as a networking opportunity to work with more senior staff;
7. participants will leave with a career plan and relevant roles will be proactively shared with them;
8. all participants will be assigned a mentor, for example one of the Board directors.

The BAME transitional lead roles and the leadership ladder opportunities give staff from BAME backgrounds the chance to fill a role at a more senior level for a 12 months secondment. This then gives staff the experience they need to be able to demonstrate they are qualified for more senior roles. This has been successful so far, and as West London moves into their second cohort, all staff from the first cohort have now been promoted.

¹ <https://apps.trac.jobs/>

Debiasing recruitment

West London has focused in particular on debiasing its recruitment processes. It has followed the 'de-biasing the hiring process through behavioural design'² approach which focuses on behavioural design approaches rather than training in order to minimise biases. Some particular interventions have been:

Diversity champions

Diversity champions exist to promote fairness, and are trained to be able to sit on interview panels and to challenge fellow panellists in a professional manner if they are concerned about an aspect of the way that the selection is being conducted. West London built up a pool of diversity champions from a BAME background who sit on panels and advise in terms of what is fair and appropriate. If sufficient time isn't allowed in order to ensure a diversity champion can be present (2 weeks' notice) there is a requirement for the hiring panel/lead to share their interview notes so that it can be checked over as a fair process. This additional administrative load is usually enough to motivate hiring managers to allow sufficient time to have a diversity champion present.

Blind interviewing

West London also piloted blind interviewing, where there is an AI interviewer. This was not popular with hiring managers so wasn't taken forward.

Using technology - Health and ability e-form

West London realised they had under-reporting around disability, especially staff not sharing whether or not they have a disability. It knew this since 6% of the respondents of the anonymous staff survey said they were disabled as compared with only 4% in ESR. They used a Share don't Declare campaign to encourage more people to share their disability status. Part of the campaign also included individualised emails to all staff who had not yet shared their status. After the campaign, they now have 8% of the workforce sharing that they are disabled or have a long-term health condition.

With the increase in people sharing this information, there was an increase in the need to consider reasonable adjustments. In order to make this a smooth and easy process, West London has implemented a technologically-led solution.

"[In a resource stretched environment] I've had to rely heavily on IT skills. So I used data like our application automated systems"

People felt they couldn't find the information, and didn't know how to inform relevant parties such as IT about their adjustments. West London created an intelligent eform (a page on the Intranet with Power BI in the background) called a 'health and ability passport' for people to share information about their disability. This was the preferred terminology as not all people with a long-term condition feel they are disabled. On completion, the form is automatically shared with the person's manager, and also triggers actions automatically with reminders, based on rules around dates. Actions are passed directly to IT, occupational health and any other relevant parties. This form also signposts people to where they can access relevant support and information, for example to increase their wellbeing.

² [De-biasing the hiring process through behavioral design](#) By Nikoleta Sremachttps

Role of leadership

Work relating to diversifying pipelines is presented at the Tackling Inequalities Board. Getting agreement for positive action and/or other relevant interventions at the most senior level was highlighted by the trust as a key success factor.

Staff networks

Staff networks have a direct connection to leadership – network chairs regularly present to the Board for sign off. Each network also has an Executive Director assigned to them – this has made it easier for the networks to be heard. Work to increase inclusion for disabled staff has been supported by the development of a new staff network for those with a disability or a long-term condition.