

Enabling BME Nurse and Midwife Progression into Senior Leadership Positions

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1 Foreword

1.1 Points of note

Enabling BME Nurse and Midwife Progression into Senior Leadership Positions

As Chief Nursing Officer for England it has been my pleasure to meet many nursing, midwifery and care staff and see the skilled and compassionate care that this hugely diverse group of staff deliver across all healthcare sectors in England. The passion and pride they take in delivering care is truly remarkable.

I am proud to say that Nursing and Midwifery staff form the largest professional grouping within the NHS. At least one in every five nurses and midwives come from a Black and Minority Ethnic (BME) background. Yet, very often, the opportunities and experiences that BME nurses and midwives receive do not always correspond to the values which we all wish to aspire to in our caring professions.

The [Workforce Race Equality Standard \(WRES\)](#) programme of work is focussed upon closing the gaps in white and BME staff experiences and opportunities across the NHS and health and social care settings. In April 2017, the NHS Equality and Diversity Council [published WRES data](#) on the workplace experiences and opportunities for BME and white staff, for every NHS organisation across England. The data showed that BME nurses and midwives were, in general, poorly represented in the higher Agenda for Change (AfC) pay bands. This has unfortunately been the case for many years.

As a result of this report and my increasing concern about these data, I asked for an appreciative enquiry to take place to help identify what the best performing trusts in this area were doing. The following report summarises the learning from this engagement work.

As Chief Nursing Officer for England and on behalf of other senior professionals in England, I am delighted to launch [Enabling BME Nurse and Midwife Progression into Senior Leadership Positions](#).

As a framework for improvement, with examples that outline best practice approaches, I commend all leaders who can impact on enabling a culture of diversity and inclusion, to encourage all talent to thrive within health and social care setting. The evidence of effectiveness will, in part, be the progression of BME staff into the higher agenda for change pay bands and Director level positions. We all have a part to play in making that happen.

Professor Jane Cummings

Chief Nursing Officer for England

The evidence from the recent WRES shows that action is required to help healthcare organisations to develop strategies to assist BME staff progression into the higher Agenda for Change pay bands. Although some progress has been made there is still a lot to do. I am therefore delighted that this work has been undertaken as it gives senior leaders simple actions that have been proven to be effective. I fully endorse this initiative and I'm committed to ensuring its implementation.

Dr Ruth May

Executive Director of Nursing, NHS Improvement and Deputy Chief Nursing Officer for England

Enabling BME staff into senior leadership positions is essential. We need leaders who not only represent the populations we work with but leaders who will shape services and organisation cultures that will deliver good outcomes and experiences for staff and people.

Nursing and midwifery represents the largest collective professional group in the NHS so it is vital that we do more to ensure that staff from BME backgrounds have the same opportunities as others to become leaders of the future. The 2016 WRES data shows we are making improvements and I am pleased to see progress across the country. However, there is more to be done and I would encourage commissioners and providers to build on the work to date and at pace to ensure we support our BME colleagues to become the great leaders they can and want to be.

Hilary Garratt

Director of Nursing, NHS England and Deputy Chief Nursing Officer for England

2 Purpose

This report sets out the findings following an appreciative enquiry into improving the representation of Black and Minority Ethnic (BME) nurses and midwives across the higher 'agenda for change' pay bands. This report sets out the current picture of representation in the higher pay bands, and describes key areas of replicable good practice.

2.1 Aim

To inform the development of an improvement resource that will support organisations to promote BME nurse and midwife progression in senior positions across healthcare organisations.

2.2 Introduction & Background

- 2.2.1** Nurses and midwives form the largest single professional group within the NHS. One in every five are from BME backgrounds, rising to much higher levels (up to 40%) in some regions and parts of the country, such as London. Yet, very often, the opportunities and experiences that BME nurses and midwives (and BME staff in general) receive do not always correspond to the values upon which the NHS proudly stands.
- 2.2.2** The link between the treatment of staff and patient care is particularly well-evidenced for BME staff in the NHS; this is an important issue for patient care, as well as for the workforce. The “business case” for workforce race equality in the NHS is now also a powerful one. Organisations with diverse workforce and leadership are more likely to be sensitive to local health needs, including those linked to reducing health inequalities linked to ethnicity.
- 2.2.3** The [Workforce Race Equality Standard \(WRES\)](#) programme of work is focussed upon closing the gaps in white and BME staff experiences and opportunities across the NHS. In April 2017, the NHS Equality and Diversity Council [published WRES data](#) on the workplace experiences and opportunities for BME and white staff, for every NHS trust across England. The data showed that whilst BME nurses and midwives were, in general, poorly represented in the higher Agenda for Change (AfC) pay bands, there were some early signs of slight improvement. This report aims to help accelerate this improvement.

Table 1: BME staff headcount (change in headcount from previous year) by AfC band within nursing and midwifery: 2013 – 2016

	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9
Sept 2013	39532	17174	5727	827	149	44	7	3
Sept 2014	39143 (-389)	17656 (482)	5980 (253)	858 (31)	160 (11)	51 (7)	7 (0)	3 (0)
Sept 2015	38328 (-815)	18719 (1063)	6444 (464)	929 (71)	185 (25)	55 (4)	7 (0)	3 (0)
Sept 2016	38370 (42)	19892 (1173)	6896 (452)	1050 (121)	208 (23)	55 (0)	11 (4)	6 (3)

Source: [NHS Workforce Race Equality Standard: 2016 Data Analysis Report for NHS Trusts](#)

- The increases between 2014 and 2016 (Table 1) came during a period when concerns about the serious under-representation of BME nurses and midwives above AfC Band 5, and concerns about race equality more generally, became a policy priority for the NHS. Another milestone to note was the introduction across the NHS of the WRES in April 2015. Recent initiatives to improve the position, including educational agendas targeted at identifying BME leaders, talent management programmes and establishing BME forums to support staff should also be noted.
- Alongside the introduction of the WRES, these initiatives seem to have had some impact. However, what we do know from workforce data is that there was an impact that had some positive influence on representation for these staff groups. Certainly the cumulative increase in the number of BME nurses and midwives at AfC Bands 6 to 9 is significant, and demonstrates that improvements in the career progression for BME nurses and midwives across the NHS is entirely possible. This report aims to support trust boards to improvement in these areas.
- Following the publication of the 2015 (published in 2016) WRES data, an overarching BME group was established on behalf of Jane Cummings, Chief Nursing Officer (CNO) for England, to support BME progression. The group, chaired by Dr. Lynne Wiggins, Regional Chief Nurse (NHS England, Midlands and East) has representation from: NHS England including the WRES team; NHS Improvement; The NHS Leadership Academy/Health Education England; The Royal College of Nursing; The Royal College of Midwives; the CNO BME Strategic Advisory Group.
- This group is undertaking a number of initiatives to improve BME progression including commissioning an appreciative enquiry into what the best performing trusts' are doing to ensure that BME nurses and midwives were better represented in the higher AfC pay bands. We know that behavioural and cultural change are critical aspects of making continuous improvements on this agenda; together with the WRES programme, this enquiry and the

suggested actions stemming from it, are important steps towards facilitating that change. The findings of that enquiry are set out below.

2.3 Methodology of the Appreciative Enquiry

2.3.1 The appreciative enquiry was undertaken in three parts:

- Literature review and review of the WRES data
- Meetings with senior BME nurse leaders from NHS England, NHS improvement, the RCN, and a number of provider sites
- Semi structured interviews with executives from six provider organisations who performed well in the WRES

2.3.2 The organisations selected included large and small acute healthcare providers; a mental health trust and a community services provider. The organisations were situated as follows: one in London, one in the South, three in Midlands and East, and one in the North. Therefore all types of provider and all regions were included. The organisations were: Bradford Teaching Hospitals NHS Foundation Trust, Nottingham University Hospitals NHS Trust, Black Country Partnership NHS Foundation Trust, East London NHS Foundation Trust, Portsmouth Hospitals NHS Trust, and Basildon and Thurrock NHS Foundation Trust (see appendix one).

2.3.3 The findings from all of the above have been analysed and key areas of best practice identified. A thematic analysis of best practice has been carried out, six areas of best practice identified together with six priority areas for organisations to act on.

2.4 What are the best performing trusts doing?

2.4.1 Board leadership

Strong leadership at trust board level and a focus on the WRES is a key feature of all better performing trusts. All of the trusts visited saw the progression of BME staff as a priority for the organisation. Key features in these trusts included:

- The WRES being signed off and understood by the trust board
- Boards setting targets for improvement and monitoring them
- Having an identified board lead for BME
- Reviewing workforce and staff survey data to identify any specific areas where BME staff are poorly represented
- Undertaking an ethnicity audit for the last 2-3 years to ensure fair processes had been applied.
- Developing a Race Equality Task and Finish Group to consider the findings of the WRES report and create an action plan that is owned by the trust and monitored by the board.

In East London Foundation NHS Trust (ELFT) both the chair and chief executive are from a BME background, the only such trust in England. The ELFT Leadership Conference in February 2016 sought to start a dialogue about Collective Leadership within the organisation. The trust is one of three national pilot sites working with NHSI and the Kings Fund to develop a collective leadership strategy. One of the key drivers for this work is to ensure that BME staff members are well represented in senior leadership positions. The trust is currently testing various diagnostic tools to assess the current leadership capacity and capability across various protected characteristics.

*Bradford Teaching Hospitals NHS Foundation trust board regularly monitors (**every six months**) the employment position of BME staff in relation to overall staffing numbers, senior manager numbers, promotion and turnover.*

Priority One: Ensuring trust boards review their WRES data and know how well they are performing

2.4.2 Create an Improvement Strategy and Set Aspirational Targets

The creation of an improvement strategy and the setting of aspirational targets was seen by a number of boards as a key component of improving BME representation. Examples of best practice include:

- Creating an improvement strategy that engages staff and is easily monitored by the board
- Setting an aspirational target to increase BME representation at bands 8a - 9 and VSM by 10% in following three years. Progress with this target was monitored at trust board every six months.
- Ensuring that the recruitment team provide equal opportunities recruitment reports on a 6 monthly basis that includes equal opportunities monitoring at application, shortlisting, appointment, and rejected applications
- Initiating a quality improvement project for BME leadership with the aim of reducing the differential between BME and white staff in band seven posts from 16% to 8%.

Priority Two: Create an improvement strategy and set aspirational targets that are owned by the trust and monitored by the board

2.4.3 An emphasis on stretch projects, shadowing opportunities and reflection

Developing People – Improving care reports that “according to research, senior executives report their sources of key development as learning from experience in role and on the job (70%), learning from others, especially mentors, coaches and learning sets (20%), and formal coursework and training (10%).”

There have been a number of highly successful BME focussed education programmes. These programmes have helped to make some impact with BME progression. Feedback from many BME staff interviewed was that in addition to these current programmes access to: stretch projects, shadowing opportunities, action learning sets, and mentoring were now required as these were seen as key enablers to BME progression. Examples of these include:

- Many organisations have introduced talent management and succession planning programmes including shadowing and secondment opportunities
- One trust offers a “temporary transfer window” which enables staff to try out different jobs for one day a week for a short period, thereby gaining new skills
- Creating secondment and acting up policies to formalise such opportunities
- Setting up of action learning sets for BME staff on learning programmes
- Setting up of action learning sets for those considering further development
- Setting up of a BME Mentorship programme aimed at providing mentorship opportunities to BME staff at Band 7 and above
- Creation of job shadowing and secondment opportunities
- Setting up a formal programme of mentorship to new recruits prior to and post registration
- Establishing a programme of “on boarding” for new recruits

Nottingham University Hospitals NHS Trust (NUH) has an extensive programme of development including the Nottinghamshire Future Leaders programme; a new ‘Liberating the Talents’ development programme for staff from under-represented staff groups. They provide project opportunities for aspiring leaders to utilise skills learned on programmes once they have completed the programme (stretch targets / projects should be developed with line managers support in advance) for NUH to capitalise upon investment and track the career progression of participants on development programmes year on year (as part of all talent management programmes)

Priority Three: Set up a programme of development that includes: stretch projects; shadowing opportunities; coaching sessions; and, action learning sets. Consider opportunities other development opportunities outside of the trust

2.4.4 Ensure all managers understand the rationale and importance of improving career progression for BME nurses and midwives

All trusts interviewed have briefed their middle and junior managers to ensure that they have a clear understanding of the relevant data and the issues it raises. For example:

- The chief nurse to have face to face discussion with all their nursing and midwifery managers
- A comprehensive set of equality briefings to be developed for managers responsible for managing teams, chairing recruitment panels, undertaking disciplinary action, grievance or investigation processes.
- A number of trusts run unconscious bias training
- One trust is considering measuring managers’ attitude to prejudice and discrimination in conjunction with a local university.

Black Country Partnership NHS Foundation Trust's appraisal process includes clear guidance to ensure that all staff members have opportunities to develop and that this is recorded. This is complemented by a six monthly audit by ethnicity of levels of access to training in order to understand fully if BME staff is accessing development opportunities.

- Reverse mentoring has been introduced in a number of trusts which would see BME staff pair up with a senior leader to discuss what it's like 'to be in my shoes'
- A number of trusts are working with BME staff in senior positions to raise their profile and invite them to share personal stories of career success and challenges to inspire and encourage others.
- Many trusts are reviewing their trust appraisal process to ensure that appraisal discussions are based on trust values
- Provide opportunities for staff to have a 'talent conversation'
- Introducing coaching opportunities for BME staff at all levels throughout the organisation
- In one trust all staff have an annual personal development plan with additional support for managers on how to conduct meaningful appraisals. This Trust is also looking to invest in an on-line system that could be used to record appraisal discussions and monitor progress against set objectives.

*Nottingham University Hospitals NHS Trust is improving the quality of appraisals **and** providing opportunities to discuss problems/barriers and opportunities for career progression with BME staff.*

Priority Four: Ensure middle manager engagement by incorporating targets in their objectives

2.5 Shortlisting, Interviews and Appointments to Positions

2.5.1 The WRES data, literature and interviews with BME staff tells us that BME staff are often not shortlisted for interview or when they are fail at the interview stage. A number of organisations have focussed on attempting to improve this by implementing a number of innovative initiatives at the heart of which is ensuring accountability of decision making by panels i.e. analysing patterns of appointment to ensure they meet the trust's aspirational targets. The initiatives include:

- Assistant Director of Human Resources (or equivalent) sitting on all interview panels for posts 8a above for to ascertain whether there was any evidence of discriminatory practice.
- The Head of Equality contacting BME candidates who did not attend the interview to ascertain any trends in non-attendance.
- Including a BME member (often from the BME network) on all interview panels.

East London Foundation Trust have developed innovative approaches to values based recruitment practice using action research methodology to engage with staff members and find out how they bring the trust values (we respect, we care, we are inclusive) to life. The examples of behaviours that they have provided informed the Trust Behaviour Framework, which is currently in draft format. This framework will also be used to support the recruitment and selection practices of the trust.

- Provision of unconscious bias training for middle and senior managers
- Ensuring that advertisements are placed in locations accessible to BME staff
- Getting local BME Network to offer informal support to BME applicants via the NHS Jobs website
- Implementing “positive action” initiatives to support under represented candidates through the recruitment process
- Meeting with BME staff and talking about their experiences of recruitment, shortlisting and interviewing processes
- Analysing reasons for not shortlisting or appointing to a post

Priority Five: Review recruitment processes to ensure full equal opportunities are being adhered to and innovative initiatives to improve BME progression are established

2.5.2 Listening to the views of BME staff

Setting up mechanisms for the trust board to hear the voice of BME staff is a key component to helping to promote BME progression. Setting up a BME advisory board that has direct access to the board is an excellent example of this. Other examples of best practice include:

- Running workshops to get a broader view from BME staff
- Establishing focus groups with BME nurses initially focused on perceived unfairness in opportunities for both promotion and development.
- Sharing WRES with staff
- Working with the trust’s BME staff network and engaging them with the developing action plans following the WRES
- Establishing diversity champions
- Ensuring that the BME staff network had direct access to the trust board

Priority Six: Set up a BME inclusion group that has a direct line to the board

3 Next Steps

- 3.1** An appreciative enquiry has been completed into what the best performing trusts’ are doing to ensure that BME Nurses and Midwives were better represented in the higher AfC pay band.
- 3.2** The findings have been summarised into six key priority areas. It is anticipated that the findings, the key priority areas and the improvement plan outlined

below will be applicable to all healthcare organisations across the healthcare system.

- 3.3 It is expected that Nurse Directors will take this report to their trust boards for discussion and implementation.
- 3.4 The CNO BME Strategic Advisory Group will review this report and support its implementation through their regional leads. The regional leads will be on hand to support trusts and local BME inclusion groups, working closely with regional senior nurse leaders.
- 3.5 A co-ordinated work programme is in development including; NHS England and the WRES team; NHS Improvement; The NHS Leadership Academy/Health Education England; The Royal College of Nursing; The Royal College of Midwives; and the CNO BME Strategic Advisory Group.

4 Conclusions

- 4.1 The NHS Five Year Forward View clearly sets out a direction of travel for the NHS which depends on ensuring innovation, engagement and respect for all staff – drawing on the immense talent in our workforce.
- 4.2 Introduction of the WRES programme of work, and in particular, the publication of WRES data by individual NHS organisations, has acted as a strong catalyst for transformational change on the workforce race equality agenda in many organisations.
- 4.3 Gathering evidence from a wide range of sources, this enquiry has drawn upon aspects of that change in organisations, including on the key examples of replicable good practice initiatives from organisations where data and information suggest performance in this area is better.
- 4.4 The findings of this enquiry will help assist organisations to develop and implement evidence-based responses to the challenges of BME nurse and midwife representation at senior levels, which the WRES data reveal for so many organisations across the country.
- 4.5 Effective, evidence-based interventions will help organisations meet the aims of the NHS Five Year Forward View and will compliment other NHS policy frameworks such as Developing People – Improving Care and the Equality Delivery System for the NHS. The steps needed to tackle this challenge are ones that will benefit all staff and patients, and will help us to meet the values and principles set out in The NHS Constitution.

5 Guide Action Plan for Improvement

Priority Area	Objective	Suggested actions	Target date
Target One: Ensuring trust boards review their WRES data and know how well they are performing	Ensure board commitment to programme of improvement	Undertake review of your WRES data Identify key areas of poor performance Review best practice outlined above Prioritise areas of focus Obtain trust board sign off	
Priority Two: Create an improvement strategy and set aspirational targets that are owned by the trust and monitored by the board	Ensure staff are aware of plans and board monitoring progress	Share WRES data with organisation Share areas of focus with organisation Set up working group to develop improvement strategy Consult widely with trust Agree timelines with trust board Agree monitoring process with the trust board	
Priority Two: Create an improvement strategy and set aspirational targets that are owned by the trust and monitored by the board	Set aspirational targets for improvement. The targets must be meaningful	Set aspirational targets for improvement that are derived from strategy Agree with trust board Agree monitoring and reporting processes	
Priority Three: Establish development programmes that include: stretch projects; coaching sessions; and action learning sets	Set a series of activities that are meaningful to BME staff and support established education programmes	Review your staff and talent spot Develop programme of: stretch projects; shadowing opportunities; coaching sessions and action learning sets for identified talent pool Consider programme of reverse mentoring Consider programme of on boarding for new staff	
Priority Four: Ensure middle manager engagement	Drive change through middle and senior managers	Build this improvement programme into the objectives of middle managers Monitor performance against agreed strategy and aspirational targets	

<p>Priority Five: Review recruitment processes to ensure full equal opportunities are being adhered to</p>	<p>Ensure all processes are fair and equitable. Reduce unconscious bias</p>	<p>Review shortlisting process Review list of those who were not shortlisted to ensure robust systems are in place Consider unconscious bias training Involve BME staff in interview processes Consider positive action Evaluate non-attendance at interview</p>	
<p>Priority Six: Set up a BME inclusion group that has a direct line to the board</p>	<p>Ensure BME voice is heard at trust board</p>	<p>Ensure that your strategy includes the setting up of BME inclusion group (seek support from the CNO advisory group or NHS I if needed) Agree terms of reference Agree reporting processes this must include direct access to the trust board Agree executive director lead Appoint a chair of the group</p>	

6 Appendices

Appendix One: The six sites visited

Bradford Teaching Hospitals NHS Foundation Trust

Bradford Teaching Hospitals is a large acute hospital that employs 1770 nurses with 38.26% coming from a BME background. Interviews were held with the Chief Nurse, the Head of Equality and Diversity and the Director of HR. A focus group was held with 17 BME nurses and midwives. Bradford had a Board level strategy which mapped the likelihood of BME candidates being appointed before the implementation of the WRES and have put in place a number of initiatives.

Nottingham University Hospitals NHS Trust

Nottingham University teaching hospitals is the 4th largest teaching hospital in the UK. 14,000 staff including 4,000 nurses 14.6% staff are from a BME background. Interviews were held with the Chief Executive, Chief Nurse, Director of HR, Equalities Lead, the Deputy Director of Nursing, Assistant Director of Nursing and focus group with 12 BME nurses and midwives. Following a year of reporting on the WRES, Nottingham commenced a comprehensive programme of initiatives.

Black Country Partnership NHS Foundation Trust

Black Country Partnership is a community and mental health trust based in the West Midlands. It has 2000 staff with 29% being from a BME background. The Director of Nursing and Quality Governance is the board Member responsible for the WRES. Interviews were held with her, the Chief Executive the Assistant Director of HR and a focus group of BME nurses that included the Equality and Diversity lead.

East London NHS Foundation Trust

East London NHS Foundation Trust (ELFT) is one of the UK's largest specialist NHS providers. It has multiple sites in London and has recently added sites in Luton and Bedfordshire to its portfolio. It provides mental health and community health services. Interviews were held with the Chair, Chief Executive, Director of HR, the Director of Nursing, the Deputy Director of Nursing and the Director of Organisational Strategy who was responsible for the WRES. The Trust promotes a range of national and in house development programmes and other initiatives from Band 5 upwards. It recently received an Excellent CQC rating. It is the only trust in England with both a BME chair and chief executive.

Portsmouth Hospitals NHS Trust

Portsmouth Hospitals is in the south of England has 6,300 full time employers of whom 16% are BME. Interviews were held with the director of HR, Head of professional development, the chief nurse and a small focus group of BME staff. Portsmouth had a comprehensive programme of inclusion and development for nurses. The trust has a comprehensive staff engagement programme. The trust has Equality Impact Groups and Equality Standards are embedded throughout the trust from the board to ward level.

Basildon and Thurrock NHS Foundation Trust (BTFT)

BTFT provides healthcare services in Essex. Interviews were held with Director of Nursing, The Head of Nursing for Recruitment and Retention and the Director of Workforce and Organisational Development who is responsible for the implementation of the WRES. 26.6 % of the staff at the trust is BME. Most of the BME staff are either Band 5-6 nurses or Doctors. The trust has an Equality and Diversity Steering Group. The trust promotes a number of internal development programmes.

Appendix Two: References and Bibliography

Allan, H. (2010) Mentoring overseas nurses: Barriers to effective and non-discriminatory mentoring practices. *Nursing Ethics*, 17(5), 603-613.
doi: 10.1177/0969733010368747

Alexander, C. (2015) **Catalyst 2 Report on the second Midwifery Leadership and workforce summit** NHS England London

Alexis, O. (2015) Internationally recruited nurses' experiences in England: A survey approach. *Nursing Outlook*, 63(3), 238-244.
<http://dx.doi.org/10.1016/j.outlook.2014.10.005>

Alexis. O. Vydelingum. V. (2009) Experiences in the UK National Health Service: The overseas nurses' workforce. *Health Policy*. No. 90. pp 320-328

Archibong, U. and Darr, A. (2010) **The Involvement of Black and Minority Ethnic Staff in NHS Disciplinary Proceedings.**

www.nhsemployers.org/.../Disciplinary%20Report%20Final%20with%20

Audit Commission (2004) **The Journey to Race Equality** . London : Audit Commission

<http://webarchive.nationalarchives.gov.uk/20150421134146/http://archive.audit-commission.gov.uk/auditcommission/subwebs/publications/studies/studyPDF/3159.pdf>

Blass E (2007) **Talent Management. Maximising Talent for Business Performance.** London: Chartered Management Institute and Ashridge Consulting

Coles, J., 2014. Appreciative inquiry: an emerging approach to delivering quality nursing care. *Kentucky Nurse*, 62(1), p.7.

CIPD, (2015). **A head for hiring: The behavioural science of recruitment and selection.** Research report August 2015. [online] London: Chartered Institute of Personnel and Development. Available at: https://www.cipd.co.uk/binaries/a-head-for-hiring_2015-behavioural-science-of-recruitment-and-selection.pdf

Clutterbuck, D and Ragins, B (2002) ***Mentoring and diversity: an international perspective.*** Oxford: Butterworth-Heinemann

Department of Health (2004) Race Equality Action Plan Department of health London

Esmail, A., Kalra, V., and Abel, P. (2005) ***A Critical Review of Leadership Interventions Aimed at People from Black and Minority Ethnic Groups. A Report for the Health Foundation.*** The University of Manchester.
<http://www.aneezesmail.co.uk/PDF%20files/HealthFoundReport.pdf>

Fay, D., Borrill, C., Amir, Z., Haward, R. and West, M.A., 2006. Getting the most out of multidisciplinary teams: A multi-sample study of team innovation in health care. *Journal of Occupational and Organizational Psychology*, 79(4), pp.553-567

Freire, P. (1986) *Pedagogy of the Oppressed*. New York: Continuum.

Francis, S.R., (2015). **Freedom to Speak Up: An Independent Review Into Creating an Open and Honest Reporting Culture in the NHS; a Report.** <http://webarchive.nationalarchives.gov.uk/20150218150343/http://freedomtospeakup.org.uk/the-report/>

Geronimus, A.T., Hicken, M., Keene, D. and Bound, J., 2006. "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. **American journal of public health**, 96(5), pp.826-833.

Giga, S and Archibong, U. (2007) **The Health Effects of Racism on Black and Minority Ethnic (BME) Nurses and the Early Onset of Retirement.** Available at: www.bradford.ac.uk/research/media/Briefing-4-Health-Effects

Guillaume, Y.R., Dawson, J.F., Otaye-Ebede, L., Woods, S.A. and West, M.A., (2015). Harnessing demographic differences in organizations: What moderates the effects of workplace diversity?. **Journal of Organizational Behavior**. doi: 10.1002/job.2040

Harris, R., Ooms, A., Grant, R., Marshall-Lucette, S., Chu, C.S.F., Sayer, J. and Burke, L. (2013) 'Equality of employment opportunities for nurses at the point of qualification: An exploratory study', **International journal of nursing studies**, 50 (3), pp. 303-313

Health and Social Care Information Centre (2014) **NHS Workforce Statistics in England, Non-Medical staff 2014, as at 30** September. Available at: <http://www.hscic.gov.uk/catalogue/PUB16933>

Health and Social Care Information Centre (2015) **NHS Workforce Statistics in England, Non-Medical staff 2015,**

Health and Social Care Information Centre (2016) **NHS Workforce Statistics in England, Non-Medical staff 2016**

Jarvis, D., (1997). Transcultural nursing. Seeing things in black and white. **Nursing Times**, 94(42), pp.32-33.

Kalra, V.S., Abel, P. and Esmail, A. (2009) Developing leadership interventions for black minority ethnic staff: A case study of the National Health Service (NHS) in the UK. **Journal of Health Organisational Management**. No. 23. pp.103-118

Kalev, A., Dobbin, F.Kelly, E., (2006). Best practices or best guesses? Assessing the efficacy of corporate affirmative action and diversity policies. **American Sociological Review**, 71(4), pp.589-617.

Kaminski J (2012). Appreciative Inquiry Theory. **Canadian Journal of Nursing Informatics**, 7(1),.

Kline, R. (2015) **Executive search agencies- another set of “snowy white peaks”**
<http://www.leadershipacademy.nhs.uk/blog/executive-search-agencies-another-set-snowy-white-peaks/>

Kline, R. (2014) **The “snowy white peaks” of the NHS: a survey of discrimination in Governance and leadership and the potential impact on patient care in London and England.** London: Middlesex University.

Kline, R., (2013). **Discrimination by appointment: how black and minority ethnic applicants are disadvantaged in NHS staff recruitment.** Public World, pp.1-20.
http://www.publicworld.org/files/Discrimination_by_appointment.pdf

Leathwood. C., Maylor. U. and Moreau. M-P. (2009) **The experience of black and minority ethnic staff working in higher education.** Institute for Policy Studies in Education, London Metropolitan University. Equality Challenge Unit. www.ecu.ac.uk

Lewis, T.T., Yang, F.M., Jacobs, E.A. and Fitchett, G., (2012). Racial/ethnic differences in responses to the everyday discrimination scale: A differential item functioning analysis. **American Journal of Epidemiology**, 175(5), pp.391-401 DOI: 10.1093/aje/kwr287

Likupe, G. and Archibong, U.E. (2013) Black African Nurses' Experiences of Equality, Racism, and Discrimination in the National Health Service. **Journal of Psychological Issues and Organizational Culture**. Vol. 3 No.1. pp. 227-246.

Likupe. G., Baxter. C, Jogi. M. and Archibong. U. (2014) Managers' perspectives on promotion and professional development for black African nurses in the UK. **Diversity and Equality in Health and Care**. Vol.11. No. 2. pp. 113-23.

Makwehe, P. (2015) **Factors affecting leadership and development and career progression for black and ethnic minority nurses** Mary Seacole Development Award 2014-15 Nottingham University Hospitals Trust, Heath Education England

Munir, F. Mason, C. McDermott, H. Morris, J. Bagilhole, B. Nevill, M (2014) **Advancing women's careers in science, technology, engineering, mathematics and medicine: evaluating the effectiveness and impact of the Athena SWAN Charter.** Loughborough University.)

Murphy, W.M. (2012). Reverse Mentoring at Work: Fostering Cross-generational Learning and Developing Millennial Leaders. **Human Resource Management**, Vol. 51, no. 4, pp. 549–574

NHS Equality and Diversity Council (2017) **The Workforce Equality Standard Report**

National Improvement and Leadership Development Board (2016) **Developing People – Improving Care A national framework for action on improvement and leadership development in NHS-funded services**
https://improvement.nhs.uk/uploads/documents/Developing_People-Improving_Care-010216.pdf

Nazroo, J., Falaschetti, E., Pierce, M., Primatesta, P. (2009). Ethnic inequalities in access to and outcomes of healthcare: Analysis of the Health Survey for England." **Journal of Epidemiology and Community Health** 63, 1022-1027.

NHS England (2017) NHS Staff Survey
<http://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2016/>

NHS England (2016) **Leading Change, Adding Value—A Framework For Nursing, Midwifery And Care Staff.** <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>

NHS England (2016a) **Workforce Race Equality Standard (WRES)**
<https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

NHS England (2015) **NHS Workforce Race Equality Standard.**
<https://www.england.nhs.uk/about/gov/equality-hub/equality-standard/>

NHS England (2013) **A refreshed Equality Delivery System for the NHS – EDS2.**
<https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>
NHS Equality and Diversity Council (2017) **The Workforce Race Equality Standard Report**

Phillips, Katherine. W.D. L., Lloyd. (2006) "When surface and deep-level diversity collide: The effects on dissenting group members." **Organizational Behavior and Human Decision Processes** 99: 143-160
<https://www8.gsb.columbia.edu/researcharchive/articles/6419>

Pike G, Ball J. (2007) **Black and Minority Ethnic and Internationally Recruited Nurses: Results from the RCN Employment /Working Well Surveys 2005 and 2002.** Royal College of Nursing

Policy Exchange (2016) ***Bittersweet Success? Glass Ceilings for Britain's Ethnic Minorities at the Top of Business and the Professions.*** Policy Exchange London
<https://policyexchange.org.uk/publication/bittersweet-success-glass-ceilings-for-britains-ethnic-minorities-at-the-top-of-business-and-the-professions/>

Priest, N., Esmail, A., Kline, R., Rao, M., Coghill, Y., Williams, R.D., Norman, S.F. and Norman, S.L. (2015) Promoting equality for ethnic minority NHS staff-what works? **British Medical Journal**:350:h3297
[Promoting equality for ethnic minority NHS staff – what works?](https://doi.org/10.1136/bmj.h3297) BMJ 2015; 351: h3297).

Rafferty, A.M., Philippou, J., Fitzpatrick, J.M. and Ball, J., 2015. **Culture of care barometer. Report to NHS England on the Development and Validation of an Instrument to Measure 'Culture of Care' in NHS Trusts.** England: King's College London.

Salway, S., Turner, D., Mir, G., Bostan, B., Carter, L., Skinner, J., Gerrish, K. and Ellison, G.T.H., (2013). Towards equitable commissioning for our multi-ethnic society:

a mixed-methods qualitative investigation of evidence utilisation by strategic commissioners and public health managers **Health Services and Delivery Research, No. 1.14**

Salvage, J., (1985). **The politics of nursing**. Butterworth-Heinemann

The Royal College of Midwives. (2012). Freedom of information request: Midwives and disciplinary proceedings in London. London, UK: The Royal College of Midwives. <http://www.byrsubgtunes.bet.Hiyrbaks.2012/11/12/i/d/l/RCM-report.pdf>

West, E, Nayer, S. (2016) **A Review of the Literature on the Experiences of Black, Minority and Internationally Recruited Nurses and Midwives in the UK Healthcare system** University of Greenwich London
[http://gala.gre.ac.uk/16282/7/16282%20WEST Progress and Outcomes BME NM C Final Report 2017.pdf](http://gala.gre.ac.uk/16282/7/16282%20WEST%20Progress%20and%20Outcomes%20BME%20NM%20C%20Final%20Report%202017.pdf)

West, M., Eckert, R., Steward, K. and Pasmore, B., (2014). **Developing collective leadership for health care**. London: The King's Fund.

West, M., Dawson, J., Admasachew, L. and Topakas, A., (2011). **NHS staff management and health service quality**. London: Department of Health.

Williams, D.R. and Collins, C., (2001). Racial residential segregation: a fundamental cause of racial disparities in health. **Public health reports**, 116(5), pp.404-416.