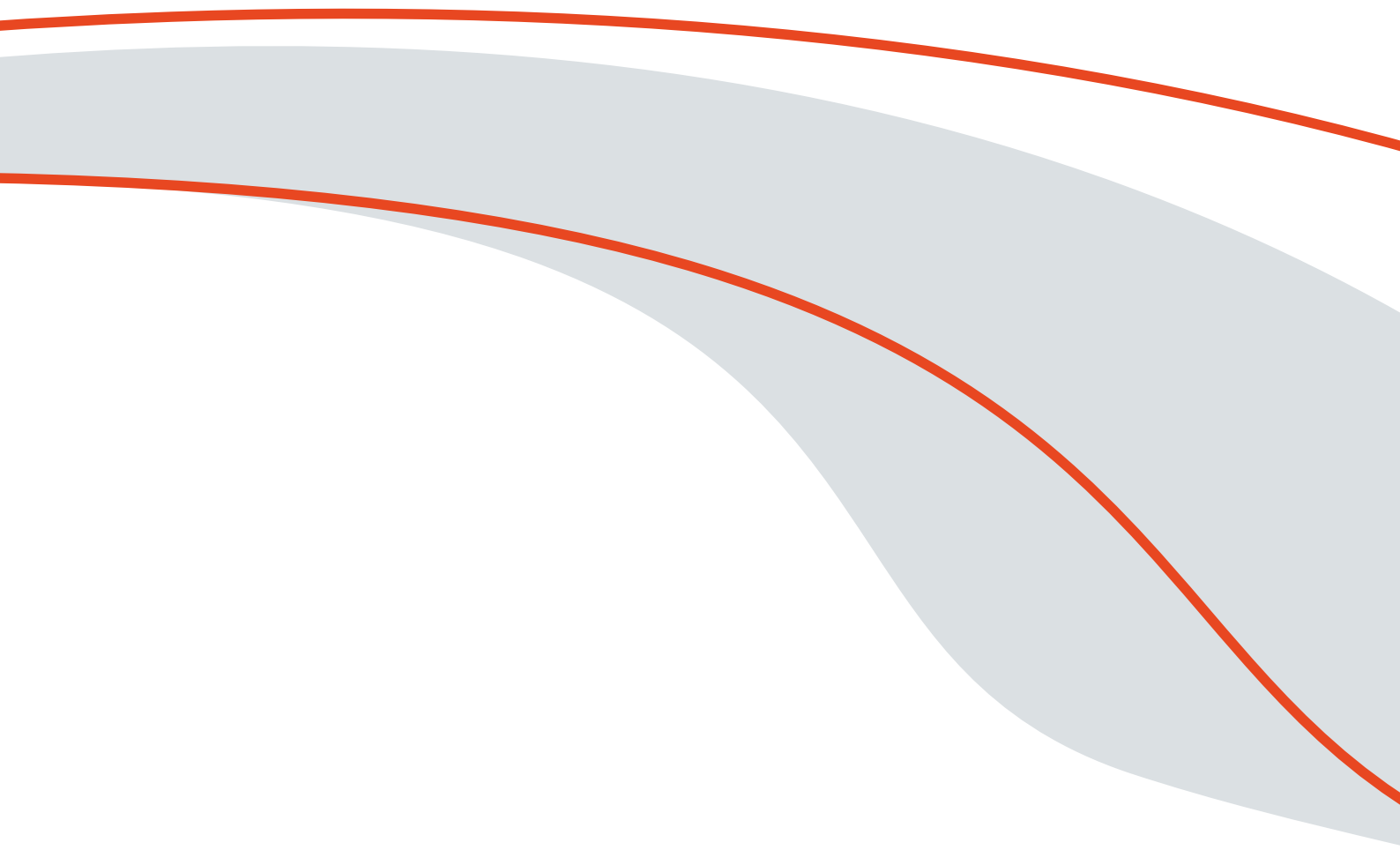




LEADING BY EXAMPLE:
THE RACE EQUALITY OPPORTUNITY
FOR NHS PROVIDER BOARDS

December 2014



CONTENTS

Foreword	4
Race equality in the NHS: at a glance	5
NHS Providers race equality statement	6
Emerging practice	8
Common themes	23
Where do we go from here?	25

FOREWORD

With all providers having to square the circle of transforming care whilst delivering existing services on tightening budgets, race equality may not be seen as a top priority for board agendas. Yet the publication of the 2015/16 contract marks the introduction of a new Workforce Race Equality Standard (WRES) which puts this issue squarely on the must do list for all NHS provider boards.

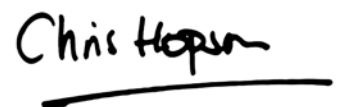
This NHS Providers report seeks to make the case that a new drive on race equality is not a diversion from the urgent strategic challenges facing trusts. Instead, we believe race equality and the wider diversity agenda can and must be a major part of the solution. In the face of our workforce challenges, it can ensure the NHS is capitalising on the best available talent and drawing on the innovation we know diverse teams can bring. And in a context where organisational success will increasingly depend on more personalised care, it can help keep NHS staff connected to the diverse needs of the communities they serve.

NHS Providers' race equality statement sets out this business case for change. The case studies that follow show how trusts are already taking steps to harness these benefits by improving their performance on many of the indicators included in the race equality standard.

Our key message is that real and sustained change will only be made by determined board leadership and commitment. It requires a shift beyond an over-reliance on diversity managers and HR directors to drive change. In short, it means the whole board leading by example and championing race equality not to comply with a newly imposed standard, but as a strategic opportunity to demonstrate their commitment to diversity and to leverage its potential to improve patient care.



Dame Gill Morgan
Chair



Chris Hopson
Chief executive

RACE EQUALITY IN THE NHS

Research on NHS staff and patient surveys in 2012 by Michael West found:

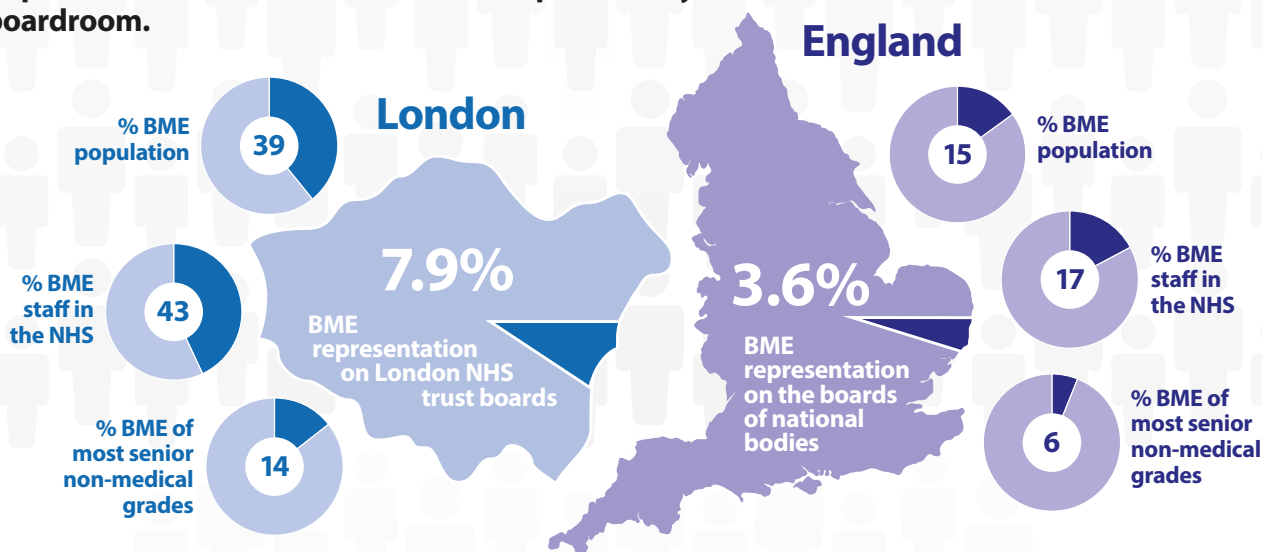


The experience of black and minority ethnic NHS staff is a good barometer of the climate of respect and care for all within the NHS. Put simply, if BME staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received.

Source: NHS Staff Survey and Related Data West, M et al 2012

WORKFORCE REPRESENTATION

Black and minority ethnic (BME) people are significantly under-represented at senior levels in the NHS, particularly in the boardroom.



Sources: National Census 2011, HSCIC 2013/14, Snowy White Peaks, Roger Kline 2014

RECRUITMENT

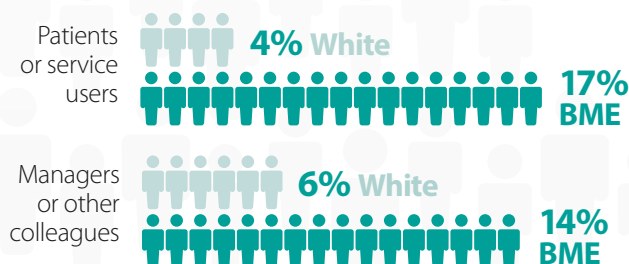
% of shortlisted BME applicants who are then appointed



Source: Discrimination by appointment - Public World 2013. Based on a sample of 30 trusts and data between 2010 and 2013

WORKING CULTURE

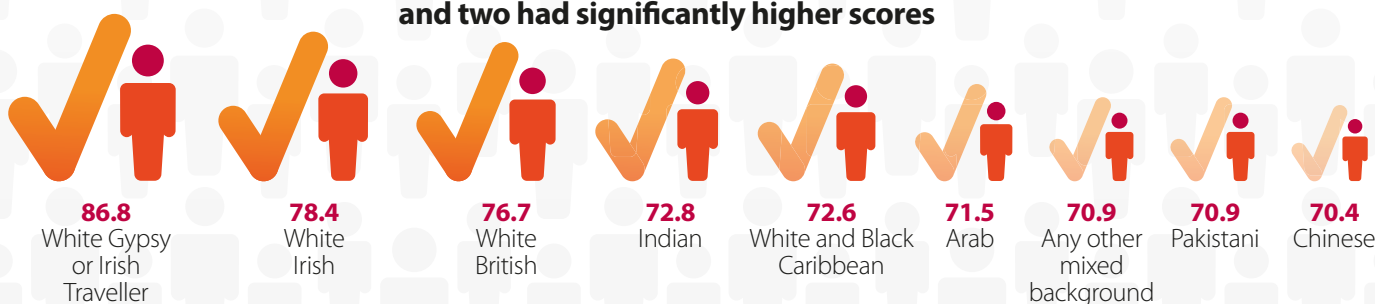
% of staff that have personally experienced discrimination at work from



Source: NHS staff survey 2013

PATIENT EXPERIENCE

In the 2012 adult inpatient survey, of 18 ethnic groups six had significantly lower patient satisfaction scores than white British patients and two had significantly higher scores



Sources: Adult inpatient survey 2012, The relationship between cancer patient experience and staff survey results, Macmillan Cancer Support 2013

NHS PROVIDERS RACE EQUALITY STATEMENT

The context

Recent research on race equality in the NHS workforce makes challenging reading for boards in provider organisations. Evidence shows that if you are from a black and minority ethnic background you are less likely to be appointed once shortlisted, less likely to be selected for training and development programmes, more likely to experience harassment, bullying and abuse, and more likely to be disciplined and dismissed.

Black and minority ethnic staff are significantly under-represented in senior management positions and at board level. Research in London found that the likelihood of white non-medical staff being senior or very senior managers is three times higher than it is for equivalent black and minority ethnic non-medical staff. And in 2012, just 1 per cent of NHS chief executives came from a BME background, compared to 16 per cent BME representation in the NHS workforce.¹

Most worryingly, despite a multitude of race equality initiatives and examples of provider good practice since the 2004 Race Equality Action Plan, many of the key indicators are either static or actually getting worse. In London, where 43 per cent of staff are from BME backgrounds, the proportion of BME chief executives and chairs has decreased from 5.3 to 2.5 per cent and two-fifths of London boards have no BME members at all.²

The National Workforce Race Equality Standard

It is within this context that NHS England took the decision to introduce a National Workforce Race Equality standard as a clause in the 2015/16 contract, alongside the mandating of the refreshed Equality Delivery System (EDS2).

The new national standard by itself clearly won't transform the statistics outlined above and contractual levers are widely accepted as a blunt instrument to drive cultural change. But the standard does present a real opportunity to galvanise the concerted action clearly required across the system.

If this opportunity is to be realised, we believe three things are now essential: greater clarity on the case for change; a renewed focus on leadership from boards; and effective national support to facilitate good practice sharing across the NHS.

The case for change

As values driven organisations, the inherent unfairness and discrimination suggested by the workforce figures alone make a compelling case for change. The current lack of race equality stands in stark contrast to the values of equality, inclusion and access at the very heart of the NHS and embodied in the NHS constitution commitment that 'everyone counts'.

This moral basis for action must stand alongside an equally clear vision for boards which articulates the business case for change. In a context where the priorities of high quality services, financial efficiency and innovation have never been more urgent, the organisational benefits of greater diversity are now supported by a growing body of evidence and experience.

At board level, we know that diverse teams make better and safer decisions.³ More representative leadership bodies are in a better position to engage the diverse communities they serve and to tailor their services accordingly - addressing the consistent evidence that BME patients are more likely to report receiving a poorer service. And at a time when business as usual is not an option for any NHS provider, the proven positive association between board diversity and innovation is compelling.⁴

Looking beyond the boardroom, evidence suggests a focus on race equality and the wider equality and diversity agenda is critical to securing a workforce capable of sustaining an effective NHS. Organisational cultures which support diversity have been shown to harness staff talent more effectively, unlocking greater productivity, reducing absenteeism and turnover.⁵

Most importantly, the strong connection between the treatment of BME staff and the care that patients receive is now beyond doubt. Research on NHS staff and patient surveys in 2012 by Michael West found "the experience of black and minority ethnic NHS staff is a good barometer of the climate of respect and care for all within the NHS. Put simply, if BME staff feel engaged, motivated, valued

and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received.”⁶

In an increasingly diverse Britain, trusts which fail to reflect that diversity risk delivering inappropriate services, maintaining cultures that exclude and becoming disconnected from the people they are supposed to serve. Building organisations able to meet the needs of our diverse communities is not an optional extra, it is now a matter of addressing these harmful consequences on health – and a matter of leadership competence.

The importance of board level leadership

Armed with greater clarity on the business as well as moral case, commitment and action from NHS provider boards is now critical. We need to move beyond an agenda traditionally led by diversity champions to one led by the whole board. This means shifting the focus on ‘making up the numbers’ to one where inclusive leadership is a core competency for all senior staff. And it means delivering race equality not to comply with imposed standards but as a strategic opportunity to leverage diversity and its potential benefits to improve patient care.

NHS provider boards will clearly have different race equality priorities, and different strategies for managing diversity as a guiding business principle. But there is much to learn from existing good practice across the sector. This includes examples of trusts interrogating their workforce data, proactively seeking BME staff understanding of what lies behind the differences they uncover and devising actions plans which have a measurable impact. Learning from other trusts who have effectively implemented the Equality Delivery System (EDS) framework will also help boards address what the new standard leaves out: that BME communities are more than their race.

Critical to success will be each board’s ability to set their own agenda, using the new standard and framework creatively and productively to fit with what works locally. They need to be viewed as supportive tools to deliver each organisation’s values and business objectives. And most importantly, they must be a means of grappling with the difficult challenge of driving cultural change.

Effective national support

To support this determined local leadership, there is much that can be done at a national level. We welcome the recognition by NHS England that we need a coherent approach which aligns all the levers available to support delivery of the new race equality standard, and the commitment to apply the same criteria used to assess providers’ performance to both commissioners and system leaders. It is critical that the different processes work together effectively so that trusts are not overburdened, undermining the impact of the approach.

We need a new focus on what collective national action can be taken - working with government and others across the public, private and third sectors - to broaden the talent pool from which we all draw, recognising that our ability to meet this challenge is tied to wider social injustices and failures to nurture individual talent irrespective of background. This emphasis on the NHS leading beyond its boundaries will support provider boards in recognising that this is a challenge for the whole local economy that similarly requires collaboration with partner organisations as part of a more systematic approach.

There also needs to be practical support. This must include clarity about the best metrics boards can use, not just to understand and benchmark their performance, but to measure the outcomes to be achieved through a greater focus on the equality and diversity agenda. NHS Providers is committed to playing its part. This briefing marks the beginning of our wider programme of work to share emerging practice about which strategies have made the biggest difference. Our aim is to look at the specific role of boards in focusing on this issue.

The NHS has a strong record of tackling discrimination. Thirty years ago women were under-represented in medicine and management. A concerted programme of political and managerial leadership tackled this head on and there have been remarkable changes. We believe the new standard could be an important impetus to build on this track record, not just on race equality, but equality for all those who still experience unfairness and discrimination within our health and care system.

We now need a shared commitment from providers, commissioners and system leaders alike to ensure the focus is not on compliance but a major opportunity to transform the culture of our organisations for the benefit of our staff and patients alike.

EMERGING PRACTICE

The workforce race equality standard will challenge trusts to move beyond a piecemeal approach to devise more comprehensive race equality strategies. It will also provide a new rigour given its focus not on policies and processes but measurable improvements which can be benchmarked with other organisations over time.

Sharing learning on which strategies are having the greatest impact will be vital if boards are to make more rapid progress. The case studies that follow are an initial contribution from NHS Providers to this task. They cover many of the criteria in the standard, from building a diverse board and recruiting a more representative senior leadership team, to creating a working environment free from discrimination. They also look beyond the workforce focus of the new standard to cover what trusts are doing to connect with their diverse communities and to use this engagement to deliver better care.

The case studies have not necessarily been selected as evidence that an organisation is exemplary across the board. Instead, they demonstrate how trusts are beginning to tackle the different dimensions of the race equality challenge in ways which reflect their different priorities and starting points.

Case studies

BUILDING A DIVERSE BOARD AND SENIOR LEADERSHIP TEAM

- Nottinghamshire Healthcare NHS Trust
 - East London NHS Foundation Trust
 - Bradford Teaching Hospitals NHS Foundation Trust
 - North East London NHS Foundation Trust
-

CREATING A MORE INCLUSIVE WORKING ENVIRONMENT

- Southern Health NHS Foundation Trust
 - Wroughtington, Wigan and Leigh NHS Foundation Trust
-

OPENING UP THE TALENT PIPELINE

- The Royal Liverpool and Broadgreen University Hospitals NHS Trust
 - West Midlands Ambulance Service NHS Foundation Trust
-

MEETING THE NEEDS OF DIVERSE COMMUNITIES

- Nottinghamshire Healthcare NHS Trust
 - Derbyshire Healthcare NHS Foundation Trust
-

Building a diverse board and senior leadership team

NOTTINGHAMSHIRE HEALTHCARE NHS TRUST

Nottinghamshire Healthcare's Board Apprenticeship Programme is part of a long standing commitment to talent management and development for all staff, as well as widening the external talent pool on which the organisation can draw.

HARNESSING STAFF TALENT

In 2009, the board established a mentoring scheme for high potential BME employees at bands 6 and above to address the small number of BME staff in the senior leadership team. With evidence that the majority of participants secured a promotion following their involvement, the initiative quickly developed to involve all the executive team as mentors. Training was provided to mentors, and mentees were given one-to-one support, group development sessions and projects to lead which would build their skills and experience.

By 2013, nearly 50 staff had been involved in the scheme and it had widened to include all groups under-represented at senior levels. Executive mentoring was also now complemented by a range of other initiatives to develop talented staff, including a development programme for BME staff in bands 1-4.

In 2013 one mentee went on to win the East Midland and subsequently a national NHS Leadership Academy 'Leadership Award' raising his profile both in and outside of the trust. He, along with others have received promotion internally and externally. As system leaders the board is delighted to support and grow talent for the NHS and their partners not just their own trust.

BUILDING A DIVERSE BOARD

Having prioritised the development of a more diverse senior leadership team, the spotlight then turned to the board. An honest self assessment and look ahead to the skills it would require in the future underlined the importance of broadening the experience and background of board members. It was clear that the status quo would not deliver this diversity: previous non-executive director (NED) recruitment drives had led to fields of only white male candidates despite the diversity of the city of Nottingham and surrounding communities.



Only with balanced boards with diverse capabilities can you ensure that your judgement as a decision making body is sound. This isn't about anything to do with ratios and quotas, it's about what does good governance look like?

**Dean Fathers, chair
Nottinghamshire Healthcare
NHS Foundation Trust**

The Board Apprenticeship Programme was borne from this need to broaden and deepen the talent pool. Led by the chair and vice chair, it aims to develop high potential individuals from minority and diverse backgrounds to be the NEDs of the future, breaking the catch 22 problem of people not being able to get on to a board because they don't have enough board experience.

Local organisations were asked to promote the initiative to their employees and enable chosen mentees to devote time to the programme. Those selected for the scheme are offered a self-directed learning programme, including mentoring by NEDs, an ability to attend board and sub-committee meetings to understand more about the governance of the trust, attendance at trust training events, and a link with the East Midlands Leadership Academy to ensure each participant has a personal development plan. They were also asked to complete a learning project on a strategic priority for the trust.

The scheme has had nine delegates so far. Whilst its full benefits can only be evaluated over the longer term, there is already evidence that the apprentices have progressed with their career goals as a result. Three participants have become governors of the trust, one has become the chair of a voluntary organisation and three others have become trustees of other charities.

Feedback from participants also highlights how the programme has broadened their career aspirations, given them new networks and made the NED role something at least one of the delegates would consider applying for in the future.

The scheme has established a wide network of local partners through which the trust can advertise future posts in addition to the traditional search process. It has also been incorporated into the trust's succession planning programme, along with the BME mentoring scheme for staff at bands 6 and above.

NEXT STEPS

Having helped to grow the talent pool for local partners as well as the trust, the board is now exploring reciprocal arrangements to see if these organisations can offer a similar programme for senior BME staff from the trust to support their progression to executive director positions.

The scheme is undergoing a formal evaluation by the University of Nottingham Business School. In the meantime, the NHS Trust Development Authority (TDA) is working with Nottinghamshire Healthcare to consider whether similar programmes could be rolled out elsewhere given the positive feedback from apprentices and its potential to help build more diverse boards in the future.



Strategically driven organisations also know that people think differently. When developing your strategy you need to think yourself into the minds of others and use these different mindsets to influence your future priorities. Filling current and future gaps around the board table with a more diverse range of individuals is about harnessing these different perspectives to ensure your organisation is fit for purpose in the future.

**Dean Fathers, chair
Nottinghamshire Healthcare
NHS Foundation Trust**

EAST LONDON NHS FOUNDATION TRUST

THE STARTING POINT

East London NHS Foundation Trust (ELFT) serves the most diverse area of the country, with 50 per cent of its population made up of BME people and over 100 different languages spoken in the London Borough of Newham alone.

The trust embraces diversity as a fundamental prerequisite for success and its comprehensive strategy has assisted ELFT in securing a workforce where 55 per cent of staff have a BME background. The board itself is probably the most diverse in the NHS, with 40 per cent BME and 40 per cent female members.

A WHOLE BOARD APPROACH

The trust attributes these achievements to board leadership of this agenda, starting with a clear understanding of the direct link between diversity and innovation, quality of services, business effectiveness and most importantly patient experience and outcomes.

To ensure their equalities strategy is championed and driven forward by the whole board, each director has been given a different lead role. For example, whilst the director of nursing is the overall executive lead on equalities and chairs the monthly equality and diversity strategy monitoring group, the deputy chief executive leads the LGBT staff network and the director of finance leads the BME network with the active involvement of the chair and director of corporate affairs.

RECRUITING FOR DIVERSITY

At board level, a robust succession plan sets out diversity criteria to inform both search and shortlisting. This has been critical in increasing both the number of BME and female board members over the last five years.

The trust prizes a partnership approach. It engages actively with its local communities and has a range of initiatives designed to increase the number of BME candidates in recruitment exercises, including a strong relationship with the East London Business Alliance, which seeks to improve the employment prospects

of local people, alongside work to raise the profile of career opportunities offered by the trust with local authorities, further and higher education institutions and Jobcentre Plus.

This same approach was used to attract a diverse group of foundation trust members and governors. East London now has one of the most diverse councils in the country responsible for the recruitment of their chair and NEDs.

Interview panels for all staff positions include a service user or carer that represents the local population. They also expect diversity to be an assessment criteria in all interview questions, not only the mandatory diversity question.

NEXT STEPS

The board is not satisfied with its success to date, and has recently approved a Workforce Equalities Strategy which sets out actions to ensure further improvements are made.

BME representation at senior manager levels remains a key priority, with the lack of BME staff particularly stark at pay bands 8b and above. To address this, further work will take place to eliminate bias within the recruitment process, an in-house leadership development programme will be devised specifically for BME staff, and the HR directorate will lead on a new talent management and succession planning programme that will include secondment opportunities for staff from BME backgrounds alongside others from protected characteristic groups.



My experience as chair at ELFT underlines my belief that a diverse board is not a 'nice to have': it is a prerequisite for the success of our organisation. Only through this diversity can we deliver the care our local communities need by fostering innovation, harnessing talent and embracing the fact that equality is our core business.

**Marie Gabriel, chair
East London NHS Foundation Trust**

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

GATHERING THE DATA

Evidence in 2012 that BME shortlisted candidates at bands 8 and 9 had a one in 17 chance of appointment compared to one in four for white candidates was one of the catalysts for a major drive on workforce race equality at Bradford Teaching Hospitals NHS FT.

Combined with figures showing BME staff were under-represented in the workforce compared to the wider population, and an entirely white heritage trust board, the directors were clear that things had to change.

RECRUITMENT REVIEW

The board initiated a programme of work to review recruitment practices at the trust, focused particularly on senior management positions and board appointments.

To start to build a more diverse board, the head of equality worked with an external consultant to review and amend NED job descriptions and the accompanying recruitment packs. New briefings were also given to the executive search team to underline the trust's commitment to a leadership team more reflective of Bradford's diverse communities.

To tackle the different recruitment outcomes at bands 8 and 9, equality briefings were devised for all senior recruiting managers. The sessions focused on the workforce and recruitment data and the potential reasons for the disparity in outcomes, including looking at conscious and unconscious bias.

Following evidence in the 12 months to March 2013 that no BME candidates were appointed to posts at band 8 and 9, even though 23 BME candidates had been shortlisted, further action was taken.

It was agreed that wherever possible, all band 8 and 9 posts would be externally advertised to help ensure the widest possible range of candidates. The board also decided that the head of equality or an assistant director of human resources should sit on all interview panels for these posts for a trial period. Whilst no

specific issues were identified by this process, it was considered that the short amount of time given between shortlisting and interview could lead to a perception that there was an internal/local candidate bias. Wherever possible, all adverts now include an interview date at the outset to give candidates time to manage their diaries.

The head of equality also contacted every BME candidate who had been shortlisted but failed to attend interview to see if there were any patterns to non-attendance. One candidate gave permission for a telephone interview and shared her frustrations of working for the NHS as a black woman. It was the first time she had ever been asked about her experience. This was incorporated into the senior manager training as a powerful case study of the consequences for individuals of maintaining the status quo.

MEASURING IMPACT

The concerted action taken over the last two years has had a real impact. The trust recruited a chair from a BME background in July 2014. In autumn 2014, the foundation trust advertised for two additional NEDs and included the following statement:

"We are keen to hear from individuals who can contribute to shaping our organisation's strategic direction, who have strong links to the diverse communities that we serve and who bring a depth of understanding of their different and changing healthcare needs."

All six shortlisted candidates were BME, and two NEDs from minority backgrounds have now been appointed.

Over 300 staff have taken part in the equality briefings, with the majority taking place between April and September 2013. During this same period, BME candidates for bands 8 and 9 had a 1 in 4 chance of appointment - the same as their white counterparts.

The trust also has evidence that their focus on a fair recruitment process is having an impact on BME candidates for all posts:

- In 2013, across all bands, BME shortlisted applicants had a one in eight chance of being appointed. This increased to a one in six chance in 2014.
- The appointment of BME candidates to non-consultant level medical and dental posts has increased from a one in seven likelihood in 2013 (compared to one in three for white people) to an equal chance of appointment for both BME and white shortlisted candidates.
- The likelihood of BME consultants being appointed has also risen from 30 per cent in 2013 to 71 per cent in 2014.

NEXT STEPS

Despite these successes, the latest figures suggest the gap in recruitment outcomes for band 8 and 9 appointments has widened again between April and September 2014.

Faced with this challenge of maintaining the momentum for change, the trust is now considering what else can be done to keep race equality high on the agenda. This includes the board setting targets to ensure the trust is able to demonstrate ongoing improvement, and seeking assurance from authors of all board reports that any employment or service development activity takes account of the agreed equality objectives on improvements in BME recruitment and patient experience. Plans are also being developed to use the new figures as a reminder to recruiting managers that this issue will continue to be prioritised until there is sustained evidence that BME candidates finally have the same opportunities as their white peers.

NORTH EAST LONDON NHS FOUNDATION TRUST

AGREEING PRIORITIES

The challenge of implementing the new Equality and Delivery System proved a turning point in tackling equality and diversity issues at North East London NHS Foundation Trust.

Recognising the need for a more focused approach, the trust board identified tackling the absence of people from black and minority ethnic backgrounds at bands 8 and above as one of three priorities, alongside addressing issues facing LGBT staff and staff with a disability.

TACKLING THE GLASS CEILING

The Ethnic Minority Staff Network established in 2012 with strong board support has been critical in driving change. Following discussions with staff across the organisation it devised a three year strategy, endorsed by the board and overseen by a steering group including staff from each directorate.

Tackling the glass ceiling for BME staff was the clear priority for the first year. At a Network conference and subsequent workshops, members identified a wide range of barriers for progression including:

- staff feeling excluded from the organisational culture
- lack of confidence among BME staff in applying for jobs and need for interview skills training
- lack of transparency by interviewing panels and failure to provide constructive criticism to unsuccessful applicants
- access to training, including continued development programmes for lower bands
- lack of appropriate mentoring and coaching.

To begin to address this feedback, the action plan included a review of the recruitment process. It was agreed that a member of the BME network would be involved at all recruitment stages for positions at band 8 and above. Network members were given training to support their involvement, including HR good practice and interviewing skills.

The chief executive ensured senior staff attended an event to discuss the changes and the workforce and

recruitment data that had prompted the action plan. All recruiting managers were then trained on anti-discriminatory practices.

To increase the chances of promotion for existing BME employees, it became a mandatory requirement for all senior staff, including board members, to mentor a member of the BME network on a six monthly basis. The trust also signed up to the national 'Breaking Through' top talent programme and sponsored BME staff identified as high performers to join the scheme.

All BME applicants not appointed to a senior position were contacted for their views on the process, as well as being offered more in-depth feedback on their performance. Where appropriate, interview skills training was offered, and all BME candidates were given the option of coaching from an existing senior staff member to support their future applications.


A MORE OPEN CULTURE

Two years on progress has been made, with five deputy, assistant or associate directors employed at band 8c from a BME background out of a total of 26 staff at this level in the organisation.

Staff report a more open culture where people feel more able to talk about issues of race and racism not just in relation to staff, but how they impact on the care provided to patients and service users.

NEXT STEPS

The trust is clear that there is still a long way to go to ensure BME staff are proportionately represented amongst the senior leadership team. HR procedures have been amended to ensure the changes to the recruitment process are sustained and further work is taking place, including ongoing monitoring of the number of BME applicants who are then shortlisted and appointed, and a focus on developing and supporting BME staff at bands 6 and 7.



Creating a more inclusive working environment

SOUTHERN HEALTH NHS FOUNDATION TRUST

A NEW EQUALITY STANDARD

At Southern Health, the board's initial focus was to get the organisation to sign up to the business case for equality and diversity, and to create trust-wide ownership of this agenda.

Having set out a new equality plan more clearly aligned to the trust's strategic priorities, the board endorsed a new Equality Standard devised by their equality and diversity lead. Based on the outcomes in the EDS2 and modelled on the NHS Litigation Authority's three levels of assessment, it was designed to enable each directorate to review their progress on equality and diversity and to set stretching goals each year.

The trust launched the initiative with their clinical divisions in March 2012 and with corporate services in March 2013. Performance against the Equality Standard is managed locally at mainstream business meetings and overseen by equality impact leads in each clinical and corporate area. Each service is required to submit evidence against the criteria in the standard to determine whether they are eligible for a bronze, silver or gold award and progress reports are submitted to a trust-wide equality impact group before going to the board.

Evidence that the standard had begun to embed equality and diversity at every level of the organisation came in March 2013 when over 55 individual submissions were made by clinical services to qualify for the bronze award. Each clinical area is now working towards the silver award by February 2015.

A DIVERSITY SCORECARD

Alongside this focus on organisational buy-in was a board commitment to a data driven approach, captured in a new diversity scorecard. This tracks qualitative and quantitative metrics on workforce equality and diversity, analysing the workforce profile across the nine protected characteristics and triangulating this with key employee relations data, such as information on bullying and harassment, grievance, disciplinary, sickness absence, employment banding, and education and development.

The trust also publishes equality information relating to patient access by protected characteristics, with plans in place to further strengthen this reporting.

The scorecard is a powerful tool, bringing the trust's equality and diversity performance into sharper focus, enabling and encouraging greater boardroom challenge, and identifying how actions should be prioritised to address inequalities.

Beyond the boardroom, staff increasingly recognise the importance of better data and feel confident that equality and diversity is now a firm trust priority. The 2013 scorecard showed a 24 per cent increase in staff disclosing disability status, 20 per cent disclosing religion or belief status, and 19 per cent disclosing sexual orientation.

REVIEWING DISCIPLINARY PROCEDURES

A practical example of how the scorecard has driven improvements can be seen in Southern Health's focus on BME staff involvement in disciplinary procedures.

The scorecard highlighted a stark discrepancy in line with national trends: 16 per cent of BME staff had been involved in the disciplinary process despite comprising only 3.4 per cent of the trust's workforce.

Using a more detailed analysis of figures, the equality and diversity lead devised a programme of engagement with band 7 and 8 managers in their mental health division who were unaware of this discrepancy. Each locality manager received training on the trust's values and conscious and unconscious bias and the issue was discussed at a quarterly meeting of the trust's 350 strong diversity champions network - 'Vox Pop' - to raise awareness of the figures and to discuss staff views on the underlying causes.

The equality and diversity lead also conducted an equality impact analysis of the bullying, harassment, disciplinary and grievance policies and reviewed recent disciplinary cases involving BME staff.

As a result of this work, the 2014 scorecard showed a 50 per cent reduction in the number of BME staff subject to a disciplinary. The trust is now waiting for the end of year dataset to see if this trend has continued.

NEXT STEPS

The board continues to use the scorecard to track progress and to oversee the architecture now in place to make equality and diversity firmly part of the mainstream agenda throughout the trust. A review of recruitment and selection to board positions is underway to start to build a more diverse board. And a major programme of patient and public engagement has just been launched with other local NHS providers and clinical commissioning groups to assess how services can be made more responsive to the needs of their diverse communities.



For us, equality and diversity is about understanding everyone's individual needs and it's about really good business - getting it right first time for patients and staff. Looking at the diversity metrics at our board is as natural as looking at the finances, or the number of Serious Untoward Incidents. The scorecard is really important because what gets measured gets done.

**Simon Waugh, chair
Southern Health
NHS Foundation Trust**

WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

A VALUES BASED APPROACH

Agreeing shared values and embedding them throughout the organisation has been at the heart of Wrightington, Wigan and Leigh's journey to create a better working environment for all staff.

This journey started five years ago when regulatory intervention led to an independent governance and leadership review. This revealed concerns about a culture of bullying in some teams, findings supported by the 2009 staff survey which showed the percentage of respondents experiencing bullying or abuse from staff were in the bottom fifth of trusts nationally.

In response, the board decided to embark on a major programme of organisational development. Consulting on a new set of values and behaviours that everyone could connect with was the first step. Following a series of events with staff from across the trust, these were captured in the 'WWL Wheel' – a visual aid to demonstrate how all the elements of the trust's strategic framework fit together and are underpinned by the new values.

Incorporating this WWL Wheel into all aspects of the trust's work has been critical in turning them from paper aspirations to real cultural change. A leadership values questionnaire has been devised as an integral part of the 360 appraisal process which is being rolled out to all band 7 staff and above. The results inform the content of a new leadership development programme for all senior managers.

To drive the message home on behaviours that would no longer be accepted, an anti-bullying and harassment month was established as a focus for all staff communications. This includes zero tolerance messages in the team brief, wage slips, trust newsletter and all staff emails and continued promotion of an HR contact line for staff to speak directly to HR about any concerns.

LISTENING TO STAFF

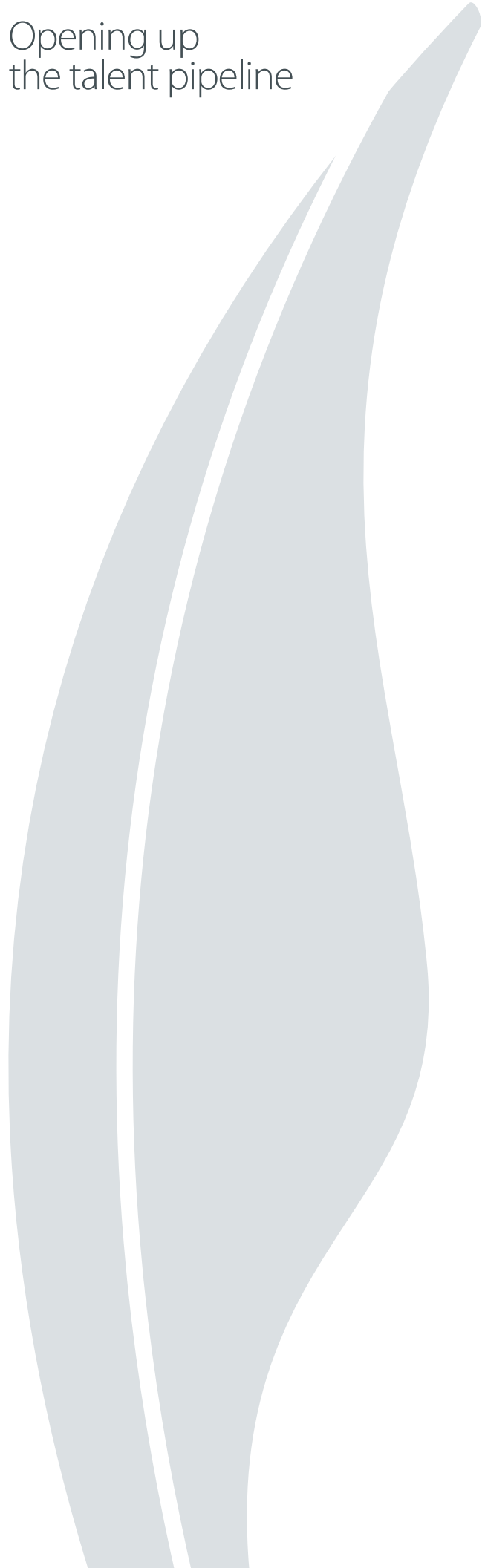
The board also recognised the need to address the poor staff survey scores on internal communications. The response was the creation of 'the WWL way' - an award-winning approach to staff engagement. This includes a new diagnostic tool to take a 'pulse check' of staff views on a quarterly basis and a rolling programme of engagement events, including meetings specifically with BME staff and other diverse staff groups such as the specialty and associate specialist doctors. This has been critical in keeping the board in touch and enabling issues in particular teams to be quickly picked up and addressed.

MEASURING IMPACT

This concerted board drive to change the culture has paid real dividends. Whilst the percentage of staff reporting an experience of bullying and harassment has fluctuated in the staff surveys since 2010, the 2013 results show that the reported rates of bullying of BME staff by colleagues are half those reported by their white counterparts, and overall levels are below average for acute trusts. The work on leadership development has also contributed to a significant increase in the number of BME staff believing the trust provides equal opportunities for career progression or promotion – from 67 per cent in 2010 to 87 per cent in 2013 compared to 91 per cent of staff overall.

The link between a more supported and engaged workforce and better patient care has also been shown. The board has witnessed a significant increase in improvement initiatives led by teams rather than being driven top-down, and six patient survey scores have improved over the period.

The board is clear that this progress doesn't represent the end of their journey. But a consistent focus on values and behaviours and encouraging more open conversations with staff at all levels has given people confidence that things will continue to change – for the benefit of patients and staff alike.



Opening up the talent pipeline

THE ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST

THE STARTING POINT

Analysis of recruitment and selection data at the Royal Liverpool and Broadgreen revealed an all too familiar picture: BME applicants less likely to be shortlisted and appointed than their white counterparts. This was a pattern replicated for disabled and older people applying for work at the trust.

A TWIN TRACK APPROACH

Recognising the moral and business reasons for tackling this waste of talent, the trust took a twin track approach. An internal review of recruitment practices focused on sharing the figures with the general management team and the development of unconscious bias training for all staff.

The trust also looked outwards and worked with other local NHS trusts to discuss the wider employment barriers facing these three groups. Finding that they had similar data on recruitment and selection, a collaborative approach was agreed. As a result, the board initiated a partnership with Skills for Health, Jobcentre Plus and MerseyCare and Liverpool Community Health to devise a health and employment positive action programme to meet its needs.

The programme was tailor made and focused on improving the recruitment outcomes of BME, disabled and older applicants. Delivered in August 2013, individuals were given NHS specific job application support, and help with building their confidence and improving their interview skills.

ACHIEVING RESULTS

The evaluation of the pilot demonstrated rapid results, with 33 per cent securing permanent employment in the health sector within three months of completing the programme. All participants reported increased confidence, with all but one registering with NHS jobs, completing a CV and a career action plan to help them with their future job hunting.

NEXT STEPS

The pilot successfully demonstrated a demand for pre-employment support not currently on offer in the region. Recognising this gap in the market and the potential to significantly increase the diversity of new entrants into the health sector, the trust has developed a business case to take to Health Education North West to secure funding for an ongoing programme of health and employment programmes across the region.

The trust is waiting to complete the roll-out of its training on unconscious bias before evaluating its impact on recruitment and selection outcomes. It will then assess whether additional steps are required within the organisation to ensure equal opportunities for BME, disabled and older applicants compared to their white peers.

WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST

TAKING POSITIVE ACTION

Strong board leadership and a proactive equality, diversity and inclusion manager have been the key ingredients for progress on race equality at West Midlands Ambulance Service NHS Foundation Trust.


With workforce figures showing an under representation of BME communities amongst trust employees, the board established a recruitment review group, chaired by a NED. The group interrogated the trust's workforce data and conducted an equality impact assessment of their recruitment process.

The workforce data revealed low numbers of BME applicants for all roles within the organisation but particularly the student paramedic post. The workforce directorate commissioned research from a local university to better understand the barriers facing BME people in accessing and completing paramedic education. The trust also spoke to BME applicants about their experience of the recruitment process and asked for feedback from local community groups about how they could provide more information about the different roles and career opportunities available within the ambulance service

Based on the data and feedback from local communities, the board took the decision to initiate a positive action campaign focused on the student paramedic role as part of its commitment to build a workforce more representative of the communities it serves as a foundation trust.

A seven week pilot access programme was devised for BME candidates who had the requisite qualifications but had not been successful at all elements of the recruitment process. The course addressed all the requirements of the role, from fitness and driving skills, to literacy and numeracy, as well as interview and application skills. The introductory session included a welcome from members of the board, underlining the trust's commitment to the programme, as well as employees from minority backgrounds to talk about their experiences of working in the ambulance service.

Meeting the needs of diverse communities



The first pilot access course received positive feedback from participants. Over 40 per cent of attendees who completed the course were then successful in the trust's recruitment process and secured a place on a training programme to become a paramedic in the West Midlands region.

The work of the recruitment review group also led to:

- the delivery of positive action, equality and diversity and unconscious bias training to all recruitment panel members, and a written guide on their role
- the launch of a 'staff equality ambassador scheme' to encourage people to champion equality and diversity across the organisation
- a programme of visits by the board of directors and the council of governors to organisations and community groups across the region to build a greater understanding of how existing services might need to be tailored to better meet people's needs.

A PARTNERSHIP APPROACH

While the trust recognises there is still more to do, the board has established a reputation for championing race equality and systems are now in place to improve the comprehensiveness of their data to help identify where further action is required.

To enhance the career opportunities of existing BME employees the access course will be rolled out to staff who have expressed an interest. The trust is also developing a mentoring programme and looking at how it can assist BME staff to have greater opportunities for career progression through the trust's leadership development programme.



I think the business case is this: if we're going to reach out, be understanding, work with the community, if we're going to ensure people call the ambulance service for the right reasons, if when we get there we can show an understanding of their community through the people working for us, then we'll have a greater credibility within the communities we serve.

**Sir Graham Meldrum, chair
West Midlands Ambulance Service
NHS Foundation Trust**

UNDERSTANDING THE BARRIERS

At Nottinghamshire Healthcare, a consistent board championing of equality and diversity and named equality and diversity leads for each directorate has helped to translate this commitment into improvement programmes within every service line of the organisation.

Evidence of the practical impact this has made can be seen in the work of the mental health for older people's directorate. Data showing that older people in BME communities had low levels of engagement with both the trust and interagency dementia services was used as a catalyst for developing new thinking on more culturally appropriate models of care.

A thorough programme of engagement with BME communities across the county underlined the barriers of stigma, fear and lack of understanding that were preventing greater service take up. It also showed the importance of greater cultural competence amongst staff on BME elders and carers' needs.

A PARTNERSHIP APPROACH

The Cognitive Stimulation Therapy (CST) service – providing group activities to stimulate and engage people with dementia - was an obvious starting point for change. A previous project had already developed culturally adapted content for CST for BME elders living with dementia and attending a day hospital. This had demonstrated how this early intervention had received both positive service user evaluations and delivered measurable benefits in maintaining cognitive functioning.

The team felt the next challenge was to go one step further, with a service model that could not just be taken out into the community, but run in partnership with BME communities rather than delivered by healthcare professionals.

Plans for this 'BME Transcultural CST' were discussed with key board members and trust governors. The failure to reach out to a more diverse range of users was recognised as falling short of the trust's aspiration to deliver excellent services, its equality and diversity commitments, and potentially the NICE clinical

guidelines on dementia care. As a result, the project won full board backing and funding for a year long action plan.

Seven months on, a project group involving BME third sector organisations is in place to oversee the work, individuals from the Pakistani, African-Caribbean and Irish communities have been trained to become Transcultural CST group facilitators, and culturally appropriate content has been produced in collaboration with community members. Group work with BME elders will start in community settings in the new year.

Whilst the final report and evaluation of the therapeutic benefits will not take place until March 2015, the project's collaborative and community-based approach has already paid dividends. Not only has the day hospital adopted Transcultural CST principles in running its own service, the dementia outreach services in local nursing and residential homes have begun to use the same approach.

ENSURING EQUALITY OF ACCESS

New levels of trust and engagement have been forged with BME communities as a result of the project. These relationships are now being used by the trust-wide 'Diversity within Dementia Community of Interest', set up to raise awareness and reduce the stigma of dementia in Nottinghamshire's diverse communities. This network is now focusing on encouraging people from a wide range of backgrounds to participate in and influence the design, delivery and evaluation of services to ensure they provide equality of access to culturally appropriate assessments and treatments.

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

THE STARTING POINT

A board development session on the Equality and Delivery System at Derbyshire Healthcare prompted new thinking on the trust's engagement with BME communities and wider diverse groups.

More rigorous board self-assessment underlined that despite evidence that BME people were under-represented amongst the trust's service users, no action plan was in place to proactively reach out to the quarter of the Derby city population from a BME background, or to black and minority ethnic residents across Derbyshire. This gap was underlined by feedback from some community groups that felt they had little contact with the trust or understanding of the services it provided.

The board conducted a stakeholder mapping exercise and used this to devise two initiatives to build stronger relationships in the community and to feed this back into the board and operational services. The first was a set of 'reaching out' visits to be led by the chair, and the second was a 'stakeholder alliance', bringing together a wide range of groups on a regular basis and enabling them to raise issues directly with the chief executive.

REACHING OUT

The chair's visits covered over 24 groups in the first year of the programme. Engagement with members of the Indian community demonstrates the practical impact of this work. Their feedback on the lack of understanding and stigma around mental health led the trust to fund 'mental health first aid training' for 20 volunteers from the Indian community. Focusing on the signs of common mental health problems, and delivered in Punjabi, the training has developed a cohort of volunteers able to raise awareness about mental health and services available in their own communities.

A follow up session on health and wellbeing delivered in five different languages at an Indian community centre attracted over 150 people, and the chair was then invited to speak to an audience of 800 at a local Sikh temple – the first time that mental health had ever been discussed in that forum. They also delivered

an innovative 'Bollywood Blues' event facilitated by medical colleagues which encouraged community members to explore mental illness and stigma through the art of Bollywood films and narrative.

SEEING SERVICES THROUGH NEW EYES

Members of the Indian community were involved, alongside a wide range of other groups, in a new approach to equality impact assessments at the trust. Rather than undertaking a desktop exercise, they were invited to visit and review the older people's service unit, providing an opportunity to identify practical service improvements as well as breaking down myths about dementia care. During a half day event, participants used their five senses to walk through the patient pathway, including reviewing the environment, sampling the food and gathering information on the wards.

The full evaluation of this first year of engagement is still underway. However changes to the physical environment of the older people's service unit have already been made in response to the equality impact assessment. And community leaders and managers are reporting greater confidence in the trust and an increase in self-referrals from the Indian community to the psychological therapies service as an early sign that this awareness raising has made a difference.



We want to make engagement everyone's business so that we reach a better understanding and are more in tune with the different needs of our local population. Only through this reaching out can we deliver more inclusive and compassionate services that we can be proud of, knowing we have the confidence and endorsement of the whole community in all its diversity.

**Steve Trenchard, chief executive
Derbyshire Healthcare NHS
Foundation Trust**

COMMON THEMES

This emerging practice suggests that while many organisations are at the beginning of their journey on race equality, the key steps ahead are becoming clear.

What unites organisations that are making real headway is moving from an agenda led solely by equality and diversity managers to something that commands leadership and support from the whole board. Only the board, from its vantage point, has the ability to demonstrate how race equality and the wider diversity agenda is at the heart of the values espoused by all NHS providers. And only the board can articulate and champion equality and diversity as the golden thread through each organisation's recruitment, development and talent management strategies, quality improvement initiatives and patient and carer engagement.

Clarity on this business case is a vital starting point for board leadership. But vision is clearly not enough. A number of the themes from the case studies highlight what else boards must do to translate this vision into real changes in the experience of black and minority ethnic staff and, ultimately, BME service users. Five building blocks for progress particularly stand out:

UNDERSTANDING THE DATA

In almost all cases, the initial impetus for action was compelling data showing the unequal opportunities and discrimination facing BME staff, or barriers encountered by BME people in accessing services. Systematically collecting, analysing and publishing comprehensive workforce and service user data, and using this to critically assess how the organisation is performing, are the first challenges for NHS provider boards. As the Southern Health case study suggests, pulling this data into a diversity scorecard could bring each trust's race equality priorities into sharper focus, provide a basis for boardroom challenge, and offer transparency to staff and external stakeholders alike on whether progress is being made.

ENCOURAGING OPEN CONVERSATIONS WITH STAFF

Engaging staff, and finding ways to get beyond what can be a culture of defensiveness or reticence in talking about race and racism, is an essential part of the journey. This means chairs and chief executives leading by example and talking with staff and community groups about the race equality challenge and being open about where their organisation is currently falling short. It means looking at how ownership of the diversity agenda can be widened beyond the equality and diversity monitoring group to engage both clinical and non-clinical staff in every directorate. And crucially, it means listening to black and minority ethnic staff. In a number of our case studies, it was only when the board created spaces where staff could talk about their experiences of racism in the workplace that the extent of the problem became clear. In many trusts it has been the BME network, working collaboratively with the board and focused on a set of agreed priorities, which has also been the most powerful driver of change.

DEVisING A COMPREHENSIVE STRATEGY

The new standard will challenge trusts to bring together important but often piecemeal initiatives on diversity training, mentoring or bullying and harassment into a more structured and comprehensive race equality strategy. This will require all trusts to apply the rigour that the most proactive organisations are already using: establishing a baseline for each key indicator; agreeing with staff and stakeholders what targets should be set; and devising implementation plans that reflect an ambition to make tangible, measurable improvements year on year. It will also require organisations to align this strategy with their wider equality and diversity priorities under the umbrella of the EDS, recognizing that BME staff and communities are more than their race.

ESTABLISHING A NEW FOCUS ON TALENT MANAGEMENT

The importance of finding, nurturing and harnessing the best talent will need to be a key part of any race equality strategy. Yet talent management is not always a well established practice in the NHS. Getting to grips with how to identify and develop high potential BME

staff should be welcomed as an opportunity to review how provider organisations do this for all groups with protected characteristics, and indeed, staff across the board.

BUILDING NEW PARTNERSHIPS TO DRIVE CHANGE

The implementation of the EDS has already encouraged many trusts to join forces with other organisations in their patch to benchmark their data and share learning on which strategies have had the greatest impact. The race equality standard will make this outward looking focus more important than ever. Only through collective action with other public, private and voluntary sector organisations can trusts hope to broaden and deepen the talent pool from which they draw. As a values driven employer that is often one of the largest in the local economy, NHS provider boards have a key role to play in leading beyond their boundaries and catalysing these new collaborations to help drive long term change.

The new race equality standard may focus on indicators and targets. But we know that this is ultimately about a difficult and often intangible process of cultural change that doesn't happen overnight. Transformations in organisational culture can only be led by the board. The case studies in this briefing suggest that in many organisations, boards are now starting to assume this leadership role.

The publication of the new workforce race equality standard is an opportunity to build on this momentum. We want to work with our members to seize it, to encourage honest assessments of the progress already made and to share good practice to support organisations on the road ahead.

WHERE DO WE GO FROM HERE?

This report is based on the premise that only local NHS provider organisations can lead this agenda and create lasting change. But national action and support will be critical.

NHS England has already announced its intention to establish dedicated advisory and implementation groups for the Workforce Race Equality Standard. This should focus on practical support for employers to benchmark their data and advice on strategies that already have a track record of success in other trusts.

We also welcome NHS England's request to the Care Quality Commission and Monitor to consider incorporating the race equality standard into their assessment of whether an organisation is 'well led'. It is essential that the new standard's potential to galvanise the sector is not diluted by the failure to align national frameworks so that trusts are over burdened and working to divergent aims.

Equally important will be national guidance which emphasises that despite the contractual underpinnings of the race equality standard, the focus is not on compliance and sanctions but supporting boards to use it creatively and productively to fit with local priorities and the different starting points of each trust.

NHS provider trusts will need to see that responsibility for driving change is being shared across the family of NHS organisations. This means extending the standard's nine indicators to clinical commissioning groups through the annual CCG assurance process. It also means applying the same criteria to our system leaders. With only two BME NEDs on the boards of NHS England, Monitor, the CQC and TDA combined, these national bodies must also collect, publish and act on the same workforce measures and be subject to the same scrutiny.

NHS Providers, as a membership organisation for all NHS public provider trusts, should be no exception. We are committed to building a more diverse board and mainstreaming our focus on race equality – and the wider equality and diversity agenda – throughout our influencing, campaigning and development and engagement work with members. Our programme

for the next Parliament, *Providing for the future*, demonstrates this commitment. It calls for NHS providers to invest in diversity at every level, with boards focused on supporting and engaging their staff to create positive working cultures.⁷

The new standard will rightly focus our energies on closing the gap between the experiences and opportunities of BME staff compared to their white peers given the glaring inequalities that still exist. But evidence suggests significant improvements in the experience of staff with other protected characteristics can flow from a focus on one particular dimension of the equality challenge. At a national level, there is already a welcome recognition that the WRES is a first step, with plans being developed to use it as the basis of a wider equalities drive that will include sexual orientation, disability and gender in the near future.

This is an important reminder of the opportunity facing NHS provider boards if they lead by example on this agenda. We believe the prize is not just an end to a long legacy of discrimination and unequal opportunity for thousands of black and minority ethnic staff. A new spotlight on race equality could create new thinking, behaviours and ways of working that could help unleash the talents of all staff, irrespective of background, to deliver the best patient care.

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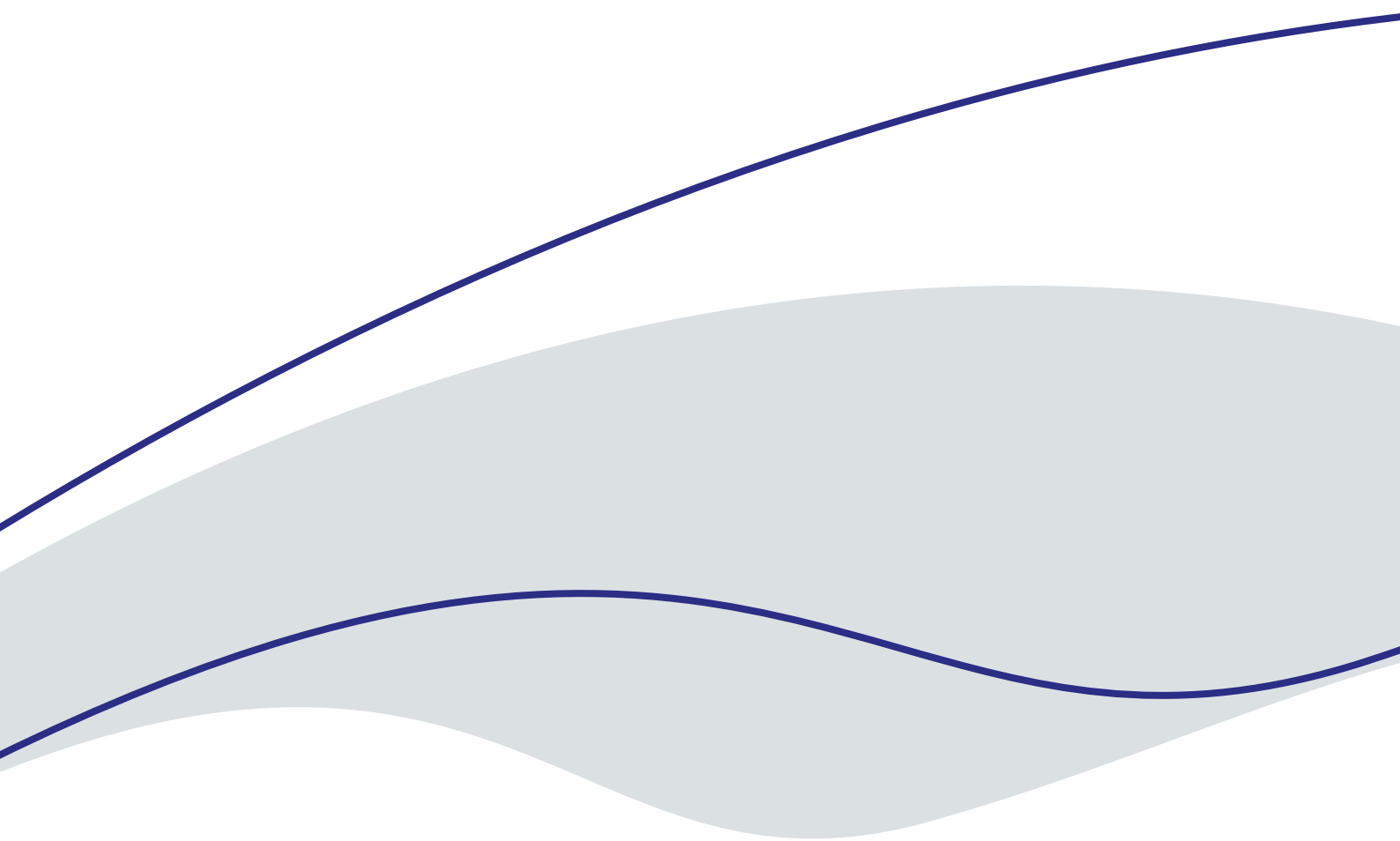
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NHS Providers is the membership organisation and trade association for the NHS acute, ambulance, community and mental health services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high quality, patient focussed, care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has 226 members – more than 94 per cent of all NHS foundation trusts and aspirant trusts – who collectively account for £65 billion of annual expenditure and employ more than 928,000 staff.



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