

Under-representation in health careers

Analysis to support Workforce Integration Network Skills Academies

Introduction

The Greater London Authority (GLA) has commissioned research on workforce diversity and inclusion research in the Green Economy, Creative and Cultural Industries, Digital & Tech, Health and Social Care and Hospitality. This is intended to support the London recovery programme and the mission to help Londoners into Good Work. The findings will inform the development of the Mayor's sector skills academies and Workforce Integration Network (WIN) employer toolkits, along with wider skills and employment policy.

This output reports on the evidence review, which is developing a source evidence report for each of the selected sectors, covering baseline information as well as messages from the existing evidence on diversity and inclusion challenges, and strategies in place to address these. This will build towards a fuller understanding of the barriers and opportunities for underrepresented groups in general and the issues Londoners face, as well as strategies that academy hubs could set in place related to getting in and getting on in work in these sectors. The source information for each sector will be summarised within final reporting. The information collated here can help shape the focus of the planned stakeholder consultations.

Approach

The approach to the review uses three stages:

- Collating GLA and London intelligence on each of the key sectors at baseline
- Searching for research and insights on under-representation and strategies to address this from relevant sectoral and equalities bodies
- Providing draft content to inform final reporting.

This source reports covers health careers.

Health careers: summary

Health and social care are amongst the largest employment sectors in the country, offering in excess of 350 job types. These jobs cover a wide range of occupations and include agency workers as well as those working directly for NHS trusts and local authorities. NHS jobs fall within one of two main categories: clinical and non-clinical roles. In 2019 the health sector accounted for approximately 10 per cent of London's employment.

The Covid-19 pandemic has had a marked impact on London's labour market and on the health sector and is likely to have implications for employment and skills in the years to come. The pandemic has also had a direct effect on equality in the workplace, with higher proportions of Black and minority ethnic staff working in Covid-19 roles compared with all staff. Ethnic minority health care staff were also disproportionately likely to have died from Covid-19.

Sub-sector(s) of focus and suggested key occupations

The key challenge for the NHS is retention and training of staff. There are huge workforce pressures in the health sector, with workforce shortages being particularly acute in a range of roles including medical practitioners, pharmacists, nurses, paramedics, nursing and auxiliary assistants. The Institute for Apprenticeships and Technical Education (IfATE) provides a number of routes into some healthcare careers including ambulance support worker, associate ambulance practitioner, healthcare support worker, pharmacy services assistant and pharmacy technician. From these it may be possible to progress into healthcare professions or allied or associate healthcare roles.

Key diversity intersections

The NHS has one of the most ethnically diverse workforces in the public sector, and reasonable gender representation across the whole workforce (45 per cent women and 55 per cent men). However, ethnic minority staff report worse experiences in terms of their lives and careers when compared with white staff, and are under-represented in senior positions in the NHS. Gender inequalities are also apparent within these overall NHS figures; for example, female representation begins a steady decline from Band 7 up. The mean gender pay gap, currently 10.5 per cent, has decreased by an average of two percentage points since 2017. This means that for every £1 that the average man earned, the average woman earned £0.89. To date, there has been relatively little research on protected characteristics among NHS staff other than gender and ethnicity. In part, this has been due to obstacles faced in collecting viable data. The importance of intersectionality has been highlighted but it has not yet been possible to explore this.

Evidence source report: Health

UK context

Health and social care are among the largest employment sectors in the country, offering in excess of 350 job types. In London alone, together both sectors are responsible for employing over 425,000 people. These jobs cover a wide range of occupations¹ and include agency workers as well as those working directly for NHS trusts, local authorities (GLA, 2020e).

In 2019 the health sector accounted for approximately 10 per cent of London's employment, which is a slightly lower proportion than for England (12 per cent) (GLA, 2021f).

NHS jobs fall within one of two main categories: clinical and non-clinical roles. An overview of the many clinical roles within the NHS is set out on the Health Education England website,² and covers the many higher-level roles including specialists, doctors and nurses, as well as allied health professionals, such as dieticians and paramedics. These roles require very high level skills, which are mainly outside the remit of the adult education budget (AEB), meaning the focus on any gaps found here may be best served by higher education study. There are however some higher level apprenticeship opportunities which could be explored through the London Progression Collaboration (LPC) – an existing GLA programme designed to increase apprenticeship take up in London.

An overview of many of the non-clinical roles, including entry level opportunities – the training for many of which would be funded by the adult education budget through the further education system - can be found in the Wider Healthcare Teams section of the NHS website.³

Impact of Covid-19

The Health sector faces skills shortages, high staff turnover and workforce development challenges. Covid-19 has increased the demand for workers in this sector (GLA, 2021a).

The Covid-19 pandemic has already had a marked impact on London's labour market and on the health sector in particular, and is likely to have implications for employment and skills in the years to come. However, given the evolving nature of the crisis, and limitations

¹ <https://www.healthcareers.nhs.uk/explore-roles>

² Health Education England (HEE) is an executive non-departmental public body of the [Department of Health](#). Their function is to provide national leadership and coordination for the education and training within the health and public health workforce within England

³ <https://www.healthcareers.nhs.uk/explore-roles/wider-healthcare-team>

in terms of the availability and robustness of data, it is not possible to comprehensively capture the full impact of the coronavirus pandemic (GLA, 2021f)

The Covid-19 pandemic has also had a direct effect on equality in the workplace. The 2020 NHS Staff Survey suggested that Black and ethnic minority staff bore the brunt of Covid-19, with 47 per cent working in Covid-19 roles compared with 31 per cent of all staff (Nuffield Trust, 2021). Research suggests these staff were more likely to take frontline roles on Covid-19 wards ‘due to fear that their contract may not be renewed or shifts reduced, especially if they were agency staff or had a vulnerable immigration status’.

Ethnic minority health care staff were also disproportionately likely to have died from Covid-19. A survey of health and care staff found that 80 per cent of women respondents reported that their job had a greater negative impact than usual on their emotional wellbeing as a result of the pandemic, and 65 per cent said their job has caused a greater negative impact on their physical health” (Hemmings et al, 2021). Discrimination has also reported during the pandemic by NHS workers:

- More than one in eight NHS staff (13 per cent) reported experiencing discrimination at work in 2020
- The proportion of NHS staff experiencing discrimination at work from their colleagues varies, from seven per cent among administration and ancillary staff to 11 per cent among ambulance staff (Hemmings et al, 2021).

Workforce and skills shortages

The Home Office’s UK Visas and Immigration department lists current occupations where there are shortages; ie migrants can be paid up to 80 per cent of the usual going rate to qualify for a Skilled Worker Visa⁴ and this includes health services and public health managers and directors. However, reflecting the huge workforce pressures in the health sector, there is a supplementary healthcare list⁵ to manage a special pathway for migrants into the following jobs where workforce shortages are particularly acute:

- Medical practitioners
- Pharmacists
- Medical radiographers
- Physiotherapists
- Psychologists

⁴ <https://www.gov.uk/government/publications/skilled-worker-visa-shortage-occupations/skilled-worker-visa-shortage-occupations>

⁵ <https://www.gov.uk/government/publications/skilled-worker-visa-shortage-occupations-for-health-and-education/skilled-worker-visa-shortage-occupations-for-healthcare-and-education>

- Occupational therapists
- Speech and language therapists
- Nurses
- Paramedics
- Nursing and auxiliary assistants.

Careers and progression pathways

This section outlines some examples of NHS assistant or allied health profession roles, career paths and some of the relevant Institute for Apprenticeships and technical Education qualification routes.

Emergency Care Assistant⁶ – potential progression to paramedic

Emergency care assistants (ECAs) work with paramedics as part of emergency ambulance crews attending 999 calls.

An emergency care assistant responds to emergency calls alongside a paramedic, helping them to provide patients with potentially life-saving care and, where needed, getting patients to hospital. They attend every kind of accident and emergency, sometimes covering considerable distances, using expert emergency driving skills to get to the scene with the greatest speed possible.

Entry route

All ambulance service trusts offer initial training for new ECAs, usually around six to nine weeks covering moving and handling techniques, emergency first aid, basic patient skills and safe driving techniques.

Training includes practical assessments and written exams. Once passed, ECAs are allocated to an ambulance station, firstly to work under the guidance of a trained supervisor before working unsupervised.

Progression opportunities

Some ECAs train to be paramedics, after passing entrance exams and meeting other requirements. Others progress to become team leaders or supervisors, in charge of a team of ECAs, responsible for allocating work and drawing up shift rotas.

⁶ <https://www.healthcareers.nhs.uk/explore-roles/ambulance-service-team/roles-ambulance-service/emergency-care-assistant>

Apprenticeships of relevance

- Ambulance Support Workers (emergency, urgent and non-urgent)⁷. Apprentices will need to complete two mandatory qualifications covering ambulance care and ambulance driving (emergency or non-emergency), with the combination being selected based on the specific role (this standard supports four different role types). This apprenticeship leads to a Level 3 qualification typically lasts 13-18 months.
- Associate Ambulance Practitioner.⁸ Apprenticeship leads to a Level 4 qualification and typically lasts 12 to 18 months. There is potential progression to Health and Care Professionals Council Paramedic.
- Paramedic apprenticeship degree. Apprentices will have to meet the entry requirements set by the university. They must also have achieved English and maths prior to starting this apprenticeship. This apprenticeship lasts 3 years and leads to a Level 6 occupational qualification. The occupation is regulated by the Health and Carer Professions Council

Paramedic career pathways

Health Education England developed a new pathway to help paramedics advance their careers which was launched in January 2021. The 'roadmap to practice' outlines the skills and attributes needed to help paramedics become first contact practitioners (FCPs) or advanced practitioners (APs).⁹

Healthcare Support Worker¹⁰ – potential progression to healthcare professional

Healthcare support workers work across a variety of settings, from mental health to children's services. Healthcare support workers, are supervised by a healthcare professional, supporting them and helping patients on their journey back to full health. In some trusts, healthcare support workers have slightly different job titles such as healthcare assistant (or HCA), nursing assistant or midwifery assistant, depending on the setting.

Entry route

There are no set entry requirements to become a healthcare support worker, but good literacy and numeracy skills are expected, and in some cases GCSEs (or equivalent) in

⁷ <https://www.instituteforapprenticeships.org/apprenticeship-standards/ambulance-support-worker-emergency-urgent-and-non-urgent-v1-0>

⁸ <https://www.instituteforapprenticeships.org/apprenticeship-standards/associate-ambulance-practitioner-v1-0>

⁹ [https://www.hee.nhs.uk/sites/default/files/documents/Paramedics-FINAL_per_cent20\(002\).pdf](https://www.hee.nhs.uk/sites/default/files/documents/Paramedics-FINAL_per_cent20(002).pdf)

¹⁰ <https://www.healthcareers.nhs.uk/explore-roles/healthcare-support-worker/roles-healthcare-support-worker/healthcare-support-worker>

English and maths are required too. Some roles also require a healthcare qualification such as a BTEC or NVQ.

For some roles, some experience of healthcare or care work may be beneficial – this could be from paid or voluntary work, or through experience you bring in from previous roles.

Progression opportunities

Healthcare support workers can progress to a Senior Healthcare Support Worker, and/or choose to specialise in a particular setting or train to qualify as a healthcare professional, such as a nurse or midwife. Healthcare support workers, have access to world-class training and opportunities to learn basic nursing skills. They can work towards gaining qualifications such as the Care Certificate¹¹, developed by Skills for Care, Skills for Health and Health Education England and launched in 2015, and may have the opportunity to do an apprenticeship.

After a period of working and gaining experience, Senior Healthcare Support Workers may be able to work towards an Assistant Practitioner or Nursing Associate post or, providing the entry requirements are met, apply to university to become a registered healthcare practitioner.

Apprenticeships

- Healthcare Support Worker¹² Apprenticeship typically lasts 12 to 18 months, and results in a Level 2 qualification.
- Senior Healthcare Support Worker.¹³ Apprenticeship options include adult nursing support, maternity support, theatre support, mental health support, children and young people support, allied health profession – therapy support. When recruiting, employers may select apprentices with prior experience as a support worker. This apprenticeship leads to a Level 3 qualification and typically lasts 18-24 months.

Pharmacy assistant

Pharmacy assistants help pharmacists and pharmacy technicians order, prepare and dispense medicines. They work as part of a pharmacy team under the direction of a registered pharmacist, working with patients every day, helping with their prescriptions and answering their questions, either face-to-face or over the phone. They help to ensure the pharmacy has the necessary stock by ordering items and receiving deliveries. If working in a hospital or health centre, pharmacy assistants may deliver medicines to other wards or healthcare professionals and might help manufacture medicine for individual patients where needed, such as for those needing cancer treatment.

¹¹ <https://skillsforhealth.org.uk/info-hub/category/the-care-certificate/>

¹² <https://www.instituteforapprenticeships.org/apprenticeship-standards/healthcare-support-worker-v1-0>

¹³ <https://www.instituteforapprenticeships.org/apprenticeship-standards/senior-healthcare-support-worker-v1-2>

Entry requirements

Vacancies in the NHS are advertised on the NHS Jobs website. Some jobs may be advertised as a pharmacy assistant or a Level 2 pharmacy services assistant apprentice.

There are no set entry requirements, but most employers will expect good literacy, numeracy, and IT skills. They may ask for GCSEs or equivalent qualification and some relevant work experience, such as experience in a customer service role.

Progression opportunities

The NHS careers website has an interactive PDF providing insights into the range of roles available in pharmacy.¹⁴ Progression opportunities from the pharmacy assistant role include:

- Undertake further training to become a pharmacy technician
- Lead a team responsible for the receipt and delivery of medicines and medical gases in a hospital or an aseptic unit to help prepare cancer drugs
- Become a health living champion working in a community pharmacy.

Apprenticeships

- Pharmacy Services Assistant Apprenticeship¹⁵ leads to a Level 2 qualification and typically last 12-15 months.
- Pharmacy Technician Apprenticeship¹⁶ – a two-year accredited pharmacy technician course involving a mix of practical work experience and study, usually while employed by a pharmacy as a pre-registration trainee pharmacy technician. This leads to Level 3 qualification. On completion, registration is required with the General Pharmaceutical Council (GPhC) to practise as a qualified Pharmacy Technician.

Health workforce trends in London

Workforce and skills

London's 36 NHS Trusts operate across five different geographical areas: North West; North Central; North East; South East and South West. There are continuing recruitment

¹⁴ <https://www.healthcareers.nhs.uk/career-planning/resources/career-pharmacy>

¹⁵ <https://www.instituteforapprenticeships.org/apprenticeship-standards/pharmacy-services-assistant-v1-0>

¹⁶ <https://www.instituteforapprenticeships.org/apprenticeship-standards/pharmacy-technician-integrated-v1-0>

challenges which is of particular concern given the sharp rise in health-related vacancies in the last year (GLA, 2021f)

Health Education England Annual Report and Accounts 2019-20 references nursing as the largest workforce gap; there are more than 51,000 nurses in London, but a nursing vacancy rate of 13.5 per cent, which is higher than the rest of the country. HEE is addressing this by developing new accessible routes into education and training through apprenticeships¹⁷ and converting nursing associates after further education and training (GLA, 2021e; GLA, 2019).

Nursing was cited as one of the top posted vacancy occupations online, and that this had become more acute from 2019 to 2020, and online job postings for health professionals and health and social care associate professionals had both seen an increase from 2019 to 2020 (GLA, 2021f).

According to NHS stakeholders the key challenge for the NHS is retention and training of staff. A key challenge for colleges is high number of learners taking health and social care BTECs ending up in non-health and social care destinations. A key strength has been the local authority job brokerages being able to do some of the selection 'donkey work' on behalf of the NHS, driving up local recruitment numbers (Skills for Londoners, 2020; GLA 2021b).

The recruitment of non-UK nationals has been a common way of responding to hard-to-fill vacancies in London, with 51 per cent of employers facing hard-to-fill vacancies reporting that they use this recruitment route (38 per cent nationally). This suggests that skills deficiencies in the capital could be compounded by the withdrawal from Europe and the coronavirus pandemic both resulting in a significant reduction in the supply of migrant workers.

These aggregate level statistics also hide more troubling data for particular sectors and occupations, with health and social work having the second largest share of skill shortage vacancies in 2019 at 32 per cent. (Only Construction was higher at 40 per cent.) (GLA, 2021f)

Opportunities

Forecasts produced prior to Covid-19 included health and social work as one of the five industry groups with the highest levels of projected growth in London from 2017-2027 (GLA, 2021f). Over the same time period, the occupations with the highest forecast growth rate in London to 2027 include those within Health and social care associate professionals and Health professionals (GLA, 2021f).

Despite increases, the volume of apprenticeships remains lower in London than in other parts of the country. And while the overall profile of apprenticeship achievements is similar to the national picture, there are some notable differences by subject area. Health, public Services and Care is one of the most popular apprenticeships, accounting for 25 per cent

¹⁷ <https://www.instituteforapprenticeships.org/occupational-maps/health-and-science/>

of apprenticeship achievements 2019 in London, and 23 per cent in England. This is second only to Business, administration and the Law a 39 per cent and 29 per cent respectively (GLA, 2021f).

Medicine and dentistry is one of the capital's HE specialisms with five per cent of all those gaining HE qualifications in London in 2019 doing so in health subjects (compared with just two per cent nationally).

Workforce trends

The NHS has one of the most ethnically diverse workforces in the public sector. However, year after year, ethnic minority staff report worse experiences in terms of their lives and careers, when compared with white staff. For example, ethnic minority staff are more likely to report bullying, harassment and abuse from patients and colleagues; and they are more likely to enter into the formal disciplinary process. People from an ethnic minority background are also under-represented in senior positions in the NHS (WRES Implementation Team 2020; Ross et al, 2020).

In their 2021 report on attracting, supporting and retaining a diverse NHS workforce, Hemmings et al (2021) note that to date, there has been relatively little research on protected characteristics among NHS staff other than gender and ethnicity. In part, this has been due to obstacles faced in collecting viable data (NHS Employers, 2015). Key protected characteristics, as well as other factors such as national origin, are often not recorded in existing data sources, including the NHS Staff Survey. Similarly, the published data on apprenticeships – a key government policy to promote inclusion – only include broad categories for ethnicity and health-limiting conditions or disabilities.¹⁸ It is striking that socioeconomic status is typically not collected for inclusion monitoring purposes, with one obvious exception being university data (although this is difficult to access).

Obstacles to getting in

UK

The moral and legal cases for NHS trusts to increase the diversity and inclusivity of their workforce are indisputable. There is also a robust evidence base demonstrating the benefits, including: improved quality of care for patients; a more sustainable workforce supply; and increased efficiency of services. A new report funded by NHS England and Nuffield Trust (Hemmings et al, 2021) highlights the urgent need to improve the experience of all parts of the health service's workforce.

¹⁸ <https://www.gov.uk/government/statistical-data-sets/fe-data-library-apprenticeships>

However, discrimination and other forms of unfair treatment are evident within the NHS – at every stage of the career pipeline – despite efforts to identify and eradicate them (Hemmings et al, 2021).

Gender

Snapshot data across whole of the NHS in 2020 shows that 55 per cent of the workforce are men and 45 per cent are women (NHS Digital, 2020). Nonetheless, inequalities are apparent within these overall figures:

- Men account for 12 per cent of the nursing and health visitor workforce but 62 per cent of medical consultants
- Male nurses with nine years' continuous service are twice as likely to have progressed up two pay bands (41 per cent) than female nurses (20 per cent) (Hemmings et al, 2021).

Ethnicity

NHS (2021) Workforce statistics on ethnicity published in January 2021¹⁹ show that around 1.3 million people, (or one in 19 of the total Workforce in England) were employed by the NHS at the end of March 2020.

- White people made up 77.9 per cent of all NHS staff (out of those whose ethnicity was known)
- Asian people made up 10.7 per cent of NHS staff, compared with 7.2 per cent of working age people
- Black people made up 6.5 per cent of NHS staff, compared with 3.4 per cent of working age people
- People from 'Other' ethnic groups made up 2.6 per cent of NHS staff, compared with 1.1 per cent of working age people (NHS, 2021)
- Candidates with Bangladeshi ethnicity are, on average, half as likely to be appointed from an NHS shortlist than a white British person (Hemmings et al, 2021)
- Black and ethnic minority staff are more than twice as likely to experience discrimination at work from a colleague (Hemmings et al, 2021).

Hemmings et al (2021) looked at data on people applying, being shortlisted and being appointed for NHS jobs. Covering the two years to June 2019, the data include some 8.2 million applications and 160,000 appointments. There was a clear signal that those with white ethnicity were more likely than those from ethnic minority groups to be both shortlisted and appointed. However, there was considerable variation when the data were disaggregated into more specific ethnic groups. For example:

¹⁹ <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest>

- Those with Bangladeshi, African or white and Black African ethnicities appeared to have lower success rates.²⁰²¹
- Turning to religion, the likelihood of Sikhs, Muslims and Hindus being shortlisted or appointed are all significantly below the average.

Ethnicity and role

- People from each of the Asian, Chinese, Mixed and Other ethnic groups made up a larger percentage of medical staff than non-medical staff
- A higher percentage of junior doctors than senior doctors were from the Black, Chinese and Mixed ethnic groups
- Among non-medical staff, there was a higher percentage of people from Asian, Black, Mixed and Other ethnic backgrounds in ‘support’ and ‘middle’ grades compared with ‘senior’ and ‘very senior manager’ grades (NHS, 2021)
- Black and ethnic minority staff are just a quarter as likely to be a senior manager than White staff (Hemmings et al, 2021)
- Recent research also points to continuing pay inequities, with considerable variation in pay between ethnic groups across all NHS staff (Appleby et al, 2021).

Ethnicity and board representation

Overall, the proportion of board members in NHS trusts is 88 per cent white, seven per cent Black or minority ethnic, and five per cent unknown. This is not reflective of the NHS workforce as a whole where 19 per cent of staff is from a Black or minority ethnic background. The proportion of Black or minority ethnic members on NHS Trust boards also varies by geographical region.

In London, 16 per cent of NHS Trust board members are Black or minority ethnic. Whilst this is a comparatively larger proportion when compared to all other regions, there remains a significant disparity with the overall Black or minority ethnic workforce in London trusts, which is 44 per cent.

In the South region, Black or minority ethnic board members comprise only four per cent of the total Trust board membership – lower than the national average of seven per cent, and

²⁰ Such analysis needs to be treated with a degree of caution, however, given, for example, that some groups may be more likely to apply for competitive roles, which may bias the results to some degree.

²¹ Many have noted that aggregated data (for the Black ethnicity group, for example) can mask differences in outcomes for detailed ethnic groups (the Black Caribbean and Black African groups, for example).

more importantly, lower than the 14 per cent figure of Black or minority ethnic workforce in NHS trusts across the South region.

(WRES Implementation Team, 2019)

Ethnicity and grade – non-medical staff

- People from Asian, Black, Chinese, Mixed and Other ethnic backgrounds made up 19.7 per cent of non-medical staff overall
- Within every non-medical grade, people from Asian backgrounds made up the highest percentage of ethnic minority staff, including 13.4 per cent of the lowest graduate entry grade (Band 5)
- In graduate entry grades, staff from the Asian, Black, Mixed and Other ethnic groups made up a smaller percentage of senior than junior grades – for example, Black people made up 1.3 per cent of staff in the ‘very senior manager’ grade (the most senior band), compared with 8.8 per cent of staff in band 5 (the most junior)
- In non-graduate entry grades, staff from the Asian, Black, and Other ethnic groups made up a smaller percentage of senior than junior grades – for example, Asian people made up 7.3 per cent of staff in band 4 (the most senior band), compared with 9.8 per cent in band 1 (the most junior) (NHS, 2021).

Ethnicity and grade – medical staff

- Senior doctors were more likely to be white (56.2 per cent) or Asian (31.4 per cent) than junior doctors (50.5 per cent and 29.3 per cent)
- A higher percentage of junior doctors were from Black, Chinese, Mixed or Other ethnic backgrounds compared with senior doctors
- White doctors (59.9 per cent) made up a higher percentage of consultants (the highest senior doctor grade) compared with the other senior grades
- Doctors from the Mixed ethnic group made up a higher percentage (5.3 per cent) of doctors at staff grade (the most junior of the senior grades) than they did the other senior grades
- Asian doctors (42.9 per cent) made up a higher percentage of specialty doctors compared with the other senior grades
- 74.8 per cent of hospital practitioner or clinical assistant roles were filled by White employees – the highest percentage of white staff in any specific medical grade (NHS, 2021).

The inaugural Medical Workforce Race Equality Standard (MWRES) notes that while the number of ethnic minority doctors has increased by 21 per cent since 2017, these doctors remain underrepresented in consultant-grade roles and in academic positions (Hemmings et al, 2021).

Disability

Only two in five deaf health care professionals report having had their reasonable adjustments met during the Covid-19 pandemic (Hemmings et al, 2021).

London focus

Table 1: Underrepresented groups in Health compared to London as a whole

In Health sector compared to London as a whole	Underrepresented at managerial level in London
Ethnicity: White	Ethnicity: White
Gender: Male	Age: 35-64
Age: 16-24	Religion: No religion
Religion: No religion	Nationality: Foreign national
NS-SEC: Lower social class	
Qualification level: Education below degree level	
Nationality: UK born	

Source: GLA (2021b & d)

Obstacles to getting on

UK

Gender

Female representation in the NHS begins a steady decline from Band 7 up (NHS Digital, 2020). Analysis of the data suggests that there has been more change at the top and bottom of the grade structure and less movement in the middle:

- The mean gender pay gap, currently 10.5 per cent, has decreased by an average of two percentage points since 2017. For every £1 that the average man earned, the average woman earned £0.89
- The median pay gap, currently 13.9 per cent has remained more static. For every £1 that the median man earned, the median woman earned £0.86

The gender pay gap continues to be impacted by levels of basic pay and the differences in senior representation, followed by allocation of a Recruitment and Retention Premium (RRP) and distribution of on call pay.

Ethnicity

Analysis of NHS Digital (2020) data suggests that the gap has increased since 2017 but levelled off in 2020:

- The mean ethnicity pay gap is 7.7 per cent, showing a decrease since 2017. For every £1 that the average white colleague earned, the average Black, Asian and minority ethnic colleague earned £0.92
- The median pay gap is 8.0 per cent, having risen since 2017, but remaining static this year. For every £1 that the median white colleague earned, the median Black, Asian and minority ethnic colleague earned £0.92.

The ethnicity pay gap is impacted by levels of basic pay and the differences in senior representation, followed by allocation of RRP and distribution of on call pay. The higher proportion of Black, Asian and minority ethnic staff being based in London is reflected in the positive effect London weighting has on the overall pay gap.

Disability

The mean disability pay gap is 7.9 per cent and the median pay gap is 5.5 per cent. Both gaps have increased since 2017 but have levelled off in 2020. The disability pay gap is impacted most significantly by basic pay.

Notably, the proportion of staff declaring a disability and in receipt of additional pay such as RRP and London weighting and on-call is much lower than that for women and Black, Asian and minority ethnicities, which is why this does not factor as a significant impact. It is also useful to note that currently non-disclosure rates are higher within the more senior pay bands (NHS Digital, 2020).

London focus

As shown in Table 1 above, those of white ethnicity, people aged 35-64, of no religion or foreign nationals are most likely to be under-represented at managerial levels in the health workforce (GLA, 2021b & d).

Intersectionality

The concept of intersectionality acknowledges that people's identities are not one-dimensional, but that social categories (for example, sex, ethnicity, religion and socioeconomic status) simultaneously overlap. Individuals can be discriminated against on the basis of not just one of these characteristics but a combination of them. Even when published data are available for different characteristics, it is rarely possible to explore, for example, the interplay between them. Yet recent research by Hemmings et al (2021) pointed to the importance of intersectionality.

Some limited analysis of compounded discrimination has been possible through, for example, the NHS Staff Survey.²² Other research from the Nuffield Trust explored the pay gap by gender and age (Appleby and Schlepper, 2018). Examining the combined impact of gender and ethnicity on pay and position in the workforce will lead to a deeper understanding of pay inequalities and actions to address them (Appleby and Schlepper,

²² For example, Bolden and others (2019) found that only 68 per cent of disabled ethnic minority staff reported that adequate adjustments had been made for them, compared with 75 per cent of disabled White staff.

2021). Yet NHS Trusts spoke of the continued difficulty of extracting sufficient nuance from the electronic staff records to explore these issues (Hemmings et al, 2021).

Initiatives to tackle under-representation

Diversity standards and commitments

The NHS People Plan 2020/21²³

This plan sets out actions to support transformation across the whole NHS. It focuses on the importance of staff continuing to look after each other and foster a culture of inclusion and belonging, as well as action to grow the workforce, train staff, and work together differently to deliver patient care. The principles underpinning this action through 2020/21 must endure beyond that time. These include:

- From September 2020, line managers should discuss equality, diversity and inclusion as part of health and wellbeing conversations.
- By October 2020, employers, in partnership with staff representatives, should overhaul recruitment and promotion practices to make sure their staffing reflects the diversity of their community, and regional and national labour markets.
- By March 2021, competency frameworks for board-level positions in NHS providers and commissioners will reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion.
- Every NHS trust, foundation trust and clinical commissioning group must publish progress against the Model Employer goals to ensure that, at every level, the workforce is representative of the overall Black, Asian and ethnic minority workforce.
- By the end of 2020, 51 per cent of organisations to have eliminated the gap in the relative likelihood of entry into a disciplinary process.

How different elements of the plan are implemented will vary across these different settings, but the principles it sets out apply across all organisations, and to all of our people involved in providing or commissioning NHS care. NHS England and NHS Improvement and Health Education England (HEE) will work with non-NHS employers and their representatives too, to agree how they support delivery of these principles in their organisations. Local systems and clinical commissioning groups (CCGs) need to do the same for services they commission (NHS England and NHS Improvement, 2021).

Much policy attention has been focused on staff networks, with all Trusts now required, through the People Plan 2020/21, to have governance processes for their networks in place so that they can contribute to decision-making. Networks are also encouraged to

²³ <https://www.england.nhs.uk/ourhsp/online-version/introduction/>

look beyond the boundaries of their organisation to work with colleagues across systems, including those working in primary care. However, scaling initiatives to new settings can present challenges. The effort and process of establishing a staff network where no similar forum existed before, and maintaining engagement, should not be underestimated (Hemmings et al, 2021).

NHS Race and Health Observatory

NHS England and NHS Improvement, with the NHS Confederation, has now established the NHS Race and Health Observatory.²⁴ This body will bring together experts from the UK and internationally, to provide analysis and policy recommendations to improve health outcomes for NHS patients, communities and the NHS workforce. This will be crucial for building evidence and driving progress.

Workforce Race Equality Standard Model Employer guidance

The closest policy paper to a national strategy regarding the recruitment of ethnic minority staff was first published in 2019 in the Workforce Race Equality Standard Model Employer guidance. This strategy forms part of the overarching WRES programme of work, supporting organisations to meet the workforce equality commitments set out in the NHS Long Term Plan (WRES Implementation Team, 2019).

Since its introduction in 2015, the WRES has required NHS trusts and clinical commissioning groups (CCGs) to self-assess, annually, on nine indicators of workforce race equality; these include indicators related to Black and minority ethnic representation at senior and board level.

A national WRES team has been established to provide direction and tailored support to NHS trusts, and increasingly to the wider healthcare system, enabling local NHS and national healthcare organisations to:

- identify the gap in treatment and experience between white and BME staff
- make comparisons with similar organisations on level of progress over time
- take remedial action on causes of ethnic disparities in WRES indicator outcomes.

Whilst much more work is to be done, this approach is leading to continuous improvement for parts of the NHS and for individual organisations – eg at North East London NHS Foundation Trust, where data indicate that the concerted focus on workforce race equality is having a beneficial impact upon the entire workforce (WRES Implementation Team, 2019; Ross et al, 2020).

²⁴ <https://www.england.nhs.uk/2020/05/nhs-england-and-nhs-confederation-launch-expert-research-centre-on-health-inequalities/>

Workforce Disability Equality Standard

NHS Digital have submitted Workforce Disability Equality Standard (WDES) data return alongside other participating NHS arm's-length bodies.²⁵

Commitment to employing a diverse and inclusive workforce

One of the London Workforce Board's proposed six commitments in 2019 was a commitment to employing a workforce that reflects the city's diversity and fosters inclusivity of cultures. The London Workforce Board pledged to support partners and employers in achieving best practice in equality and diversity so that the health and care workforce is reflective of London's rich diversity. Opportunities to learn, develop and work in health and care will be open to all, the experience of working in health and care will be a positive one and particular support will be provided to individuals in underrepresented groups. Progress in achieving these aims will be monitored using measures appropriate to the sector, acknowledging the multitude of employers and employment methods.

(GLA, 2019)

Health and social care workforce review

HEE has been commissioned by the Minister of State for Care to review long term strategic trends for the health and social care workforce. This will review, renew and update the existing long term strategic framework for the health workforce, HEE's Framework 15, to help ensure the right numbers, skills, values and behaviours to deliver world leading clinical services and continued high standards of patient care. For the first time, the framework will also include registered professionals working in social care, like nurses and occupational therapists.

The first stage will build on the engagement established as part of the NHS People Plan and develop an ongoing conversation with partners and stakeholders about long term workforce planning for health and care. Achieving the required level of expertise and professional training can take more than a decade in the NHS. It can take fifteen years to train a consultant, and typically three years for a nurse to qualify, so investment in the workforce must reflect the needs of tomorrow as well as today.

This work will look at the key drivers of workforce demand and supply over the longer term and will set out how they may impact upon the required shape of the future workforce, to help identify the main strategic choices.

²⁵ <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/how-we-support-diversity-and-inclusion/annual-inclusion-report-2019-20/a-look-at-the-diversity-of-our-workforce#taking-action-to-close-our-pay-gaps>

Measuring diversity

There is general consensus that one of the key conditions for being able to address discrimination is good-quality data and the ability to monitor progress and benchmark. The Equality Act 2010 and the NHS Equality Delivery System created structures to support data gathering, which enabled some degree of benchmarking and further research. However, shortcomings remain in our understanding: at local, system, regional and national levels; for some aspects of the career pathway; and for some characteristics (Hemmings et al, 2021).

The Workforce Race Equality Standard Model Employer guidance (WRES Implementation Team, 2019) highlights that data will be an essential element of assessing organisational progress, as well as the progress of the NHS as a whole, against the goal for BME staff representation at senior levels across the NHS. Through the existing collection and publication of annual WRES data at local and national level, organisations will be able to ascertain where they are, where they need to be and, with robust action planning, how they will get there.

Benchmarking and progress will be established and published as part of NHS Improvement's Model Hospital hub and WRES annual data reporting, through which the monitoring of progress against set aspirations over time will be undertaken, and good practice shared.

Due to the changing nature of Black and minority ethnic workforce composition across the NHS, the assessment of the overall progress that has been made on meeting the aspirations will need to be periodically updated (WRES Implementation Team, 2019).

Getting in

Diversity initiatives

NHS Employers Inclusive Recruitment report 2021

This report by NHS Employers and commissioned by NHS England and NHS Improvement comprises a compilation of case studies is a resource for HR leaders and managers. It contains examples of good practice across six aspects of recruitment and promotional practices:




- Job creation
- Person specification and job descriptions
- Adverts
- Interviews
- Onboarding
- Talent management.

Many of these case studies are drawn from within the NHS (and some are included as case studies in this paper) some are drawn from other sectors and employers such as

Google, National Rail and West Midlands Police to provide wider best practice examples (NHS Employers 2021).





Figure 1 outlines the range of initiatives which have or are taking place within the NHS across the UK to increase equality and diversity amongst the health workforce.

Figure 1: Examples of initiatives to address inequalities in the NHS workforce

 <h3>Governance and oversight</h3>	
Recruitment strategy	'Recruiting for difference' programme for key senior posts
Roles and responsibilities	Clear line of sight from EDI managers to CEO; board adoption of Yvonne Coghill's 7 A's of Allyship model
Capacity	Work with experts/charities/consultancies
Priority	Dedicated sessions at Operational Board and Clinical Management Board meetings
Monitoring and data	Task groups using QI methods (eg Plan Do Study Act approach)
 <h3>Attraction (pool of candidates)</h3>	
Outreach	Partnerships with higher education institutions/schools/FE academies
Campaigns	Social media channels
Job preview resources	Shadowing
Incentives	Refer a friend/golden hello and monitor usage by groups sharing protected characteristics
Developing own pool	Pre-employment programmes
 <h3>Job design, advertising post and applications</h3>	
Medium for job advertising	Social media postings and use of trade publications that may reach wider or underserved pool
Job advert wording	Offer (hybrid) flexible working; Embracing Difference campaigns with existing staff biographies
Experience and qualification requirements	Years of experience not dates on CV
Accessible format for applications	Paper application forms in easy read or large print

Source: Various authors cited in Hemmings (2021)

Figure 1 (continued): Examples of initiatives to address inequalities in the NHS workforce

 <h2>Shortlisting</h2>	
Scoring and decision-making	Monitor effectiveness of positive action initiatives, such as the Disability Confident Employer (ie. Guaranteed Interview Scheme) and Model Employer targets for minority ethnic representation at band 8a and above
Number shortlisted	Ensure more than one woman is shortlisted
Demographic data collected and reviewed	Internal HR checks on whether guaranteed interview scheme met and challenges brought to recruiting line manager if needed
 <h2>Interviews/assessment process and selection</h2>	
Encourage and support requests for reasonable adjustments	British Sign Language interpreter; allow interviewee to bring their own interview answer cards
Scoring and decision-making	Standardised scoring forms for assessment centres, to offer candidate feedback
Approach and exercise types	Values, strength-based; group-based, role play, work sample tests and verbal and numerical reasoning
Training, standards and tools used	Diversity training and cultural competence training for recruiting managers
Panel composition	Diversity of panel; Inclusion Ambassador on panel
 <h2>Appointment</h2>	
Agree pay level	If salary is negotiable, communicate the salary range on offer
Agreeing conditions	Work patterns
Feedback	By panel and by candidates, provided in a timely manner
 <h2>Induction/'onboarding'</h2>	
Support	Buddying/mentorships/preceptorships
Regular interviews	To seek feedback and offer support, at 3 and 6 months to identify any issues
Data collection	Self-service ESR

Source: Various authors cited in Hemmings (2021)

Case Study: South Warwickshire NHS Trust – Recruiting a diverse workforce.

One of South Warwickshire NHS Trust's (SWFT) local equality objectives defined in its equality and inclusion strategy was to recruit a diverse workforce that is representative of its local communities. SWFT capitalised on the robust community and voluntary networks in place and with these undertook a review of its systems and processes openly and transparently.

The trust worked with EQUIP, the equality and inclusion partnership in Warwickshire, which did an audit and developed recommendations for the trust to consider. The remit of the review included: identifying areas of improvement concerning recruitment processes and procedures, to increase a more diverse and reflective workforce applying for and securing promotions within SWFT ; highlighting the cultural barriers that candidates applying for positions within SWFT may experience when applying for promotions and training opportunities and to make recommendations to address them; determining the culture of the recruitment teams and personnel and to determine and address any unconscious biases that may exist, and: highlighting areas of improvement concerning the internal and external communication of training, promotion, and job opportunities, ensuring that they are culturally accessible.

The audit methodology included a review of the recruitment process, recruitment documentation and recruitment personnel interviews, and undertook qualitative and quantitative research with existing staff. The trust implemented a holistic approach to enhance its existing policies and practices following the audit, namely a review of job descriptions and person specifications to ensure that there are no equality or cultural barriers from the outset. The trust ensured a member of the panel or the assessment process had the necessary skills and experience to identify any equality or cultural barriers and it rolled out cultural awareness training.

To ensure that no protected characteristic would be at a disadvantage resulting from any policy or its contents, all service leads are offered equality impact assessment training. All vacancies are promoted in the local community or through community channels, to ensure the adverts reach a diverse pool of potential candidates. The trust changed its documentation to be able to identify overseas applicants from those applying from the UK. This gives a clearer picture as to how many overseas applicants are failing the process due to the Right to Work rules. The trust ensures all panels are diverse and members have appropriate training.

Following this work, the National NHS Staff Survey showed an improving picture in terms of the experience of people from a BME background or those with a disability. Fewer people said that they had experienced discrimination at work and more people said that the trust had made adjustments to help and support them while at work.

(NHS Employers, 2021)

Case Study: Lincolnshire Partnership NHS Foundation Trust – Job adverts

Following a turnover of several executive and non-executive roles, the Lincolnshire Partnership NHS Foundation Trust decided to review its recruitment processes. The Trust wanted a values-based recruitment process that resulted in a board that reflected the organisation's values and behaviours and reflected the communities it served in terms of gender and ethnicity.

The Trust reviewed its job adverts and focused on the traditional, equal opportunities employers' statement that the organisation often included in job adverts and other recruitment material. The Trust concluded that the way it was phrased, 'we strive to be an equal opportunities employer', needed addressing, and decided it needed to be more explicit that diversity was important. This resulted in a new advert that stated: 'We welcome applications from these under-represented protected characteristics,' and then listed them accordingly, identifying BME and LGBTQ+ groups as priorities.

Feedback from candidates indicated that this sort of intervention convinced prospective candidates that the organisation was serious about workforce diversity and equality, and diversity and inclusion more generally. For the non-executive director (NEDS) roles, the Trust did an analysis of what skills, knowledge and experience it already had around the board table and worked out what the gaps were for the kind of board they needed for the next few years.

Within the job description and specification, the Trust emphasised inclusivity and in terms of working as a part of a complex team, they were explicit around the Trust's commitments on equality and diversity.

Following this work, the Trust had a much broader field of applicants, for both executive and NED posts. Feedback from the candidates revealed that one of the things that really attracted them to the organisation was the commitment to values. At board level, the representation of staff is now 42 per cent female and 25 per cent BME.

(NHS Employers, 2021)

Case study: Yeovil Hospital – International recruitment and onboarding

In March 2017, the Trust's nursing vacancies were reaching crisis levels. The Trust had 82 staff nurse vacancies within a headcount of 547 and was spending £2.8 million per year on agency nurses. This was exacerbated by an ageing workforce with 22 per cent of nurses aged over 50, a figure which would have reached 28 per cent by 2021.

An overseas recruitment team was created, with the specific aim of not just filling posts but doing so in a way which was focused on the wellbeing and experience of the nurse. Work starts at interview and continues with regular contact to check progress and answer queries. The team's responsibility extends to ensuring staff immediately feel part of the Yeovil Hospital team. The team proactively supports travel arrangements and actively settles staff and their families into the area, including securing appropriate accommodation, creating bank accounts, shopping, and creating a new network of friends. Yeovil now also supports other Trusts with international recruitment. Results include:

- In the last 18 months, more than 1,000 international nurses have been supported on their journey into work across trusts in the UK.
- The turnover rate has dropped from 23 per cent to 15 per cent.
- Sickness absence has dropped from 4.4 per cent to 2.2 per cent.
- Agency costs have decreased from £250,000 per calendar month to £33,000.
- The trust recruits on behalf of 16 NHS trusts and is proud to employ a diverse workforce which represents 62 nationalities.

In 2020 the Trust was awarded the inclusive employer of the year by ENEI – the Employers Network for Equality and Inclusion (NHS Employers 2020).

Case study: Bradford District Care NHS Foundation Trust – Race equality and inclusion

The strategic aims and vision for race equality and inclusion at BDCFT have emerged over time. In 2016, the trust's objectives were derived from the NHS Equality Delivery System (EDS) process and spanned race, disability, age, sexual orientation and gender. An equality, diversity and inclusion workforce strategic reference group was launched in 2018, chaired by the Director of Human Resources and Organisation Development, to oversee the delivery of the three-year strategy, with the aim of being an outstanding organisation that recognises the 'direct link between outstanding care and good staff satisfaction and experience and equal opportunities' (source: internal BDCFT strategy document shared with the research team). The group uses data from the WRES, the Workforce Disability Equality Standard (WDES), the gender pay gap regulations and the Stonewall Unhealthy Attitudes survey (Somerville 2015) to inform its approach and to track progress. Objectives include:

creating a diverse and inclusive culture – for example, delivering 'Sharing Perspectives' workshops to teams to help people understand each other, drawing out insights about diversity and opening up conversations among staff reviewing and improving policies and procedures and introducing new ones – for example, launching a policy on managing racial abuse from patients.

Looking forward, BDCFT is targeting schools with high numbers of ethnic minority pupils to talk to them about careers in health and care to encourage future applicants from a range of ethnic and socio-economic backgrounds. Also, BDCFT is part of the Bradford Health and Social Care Economic Partnership, which is engaging the local community with an aspiration to create 'One Workforce'. Part of this involves engaging local women from South Asian backgrounds who might

The Trust acknowledges that there is still much for them to do with regard to workforce inclusion (Ross et al, 2020)

Case study: Project SEARCH at Barts Health

Barts Health operates across four major hospitals in East London serving 2.5 million people. The Trust wanted to support people with a learning disability to become part of the Barts workforce. The Trust was aware that six per cent of people with a learning disability who are known to their local authority were in employment, and only 17 per cent of people with a learning disability in England are in employment. As a major employer the Trust decided to host the Project SEARCH programme, which is an international training programme aimed at supporting young people with learning disabilities into paid employment.

The Trust used the Project SEARCH principles to develop an internship programme. It focused on providing work experience, combined with training in employability and independent-living skills, to help young people with significant disabilities to make a successful transition into a productive adult life. The Project SEARCH model involved an extensive period of skills training

and career exploration, innovative adaptations, long-term job coaching and continuous feedback from teachers, skills trainers, and employers. Six interns were recruited in the first year, which gradually rose over a period of five years to 24 interns. These interns were recruited at the Mile End Hospital and The Royal London Hospital. Due to its success, Newham University Hospital has recruited 36 interns. The programme employs participants and provides a coach, mentor and supervisor to support employees throughout their journey. As a result:

- 85 interns in total have successfully completed the programme since it began in 2013.
- 46 interns have secured employment, many within the trust. Job roles include ward clerks, housekeeper, catering, porters and ward hosts. Some of the interns have taken roles outside the health sector in retail, education, and construction.
- 60 per cent of interns are now in paid employment and 35 per cent are with Barts Health or its contractors.

In 2019, the organisational development team at Barts Health were winners of the best diversity and inclusion practice category at the Nursing Times Workforce Summit and Awards, and the best coaching and mentoring initiative at the CIPD People Management Awards (NHS Employers, 2021).

General recruitment initiatives

CapitalNurse

The CapitalNurse scheme supports the recruitment and retention of health and care staff in London.²⁶ CapitalNurse was established in July 2015 and is funded by Health Education England. It is jointly lead by Health Education England and NHS England and NHS Improvement. CapitalNurse's vision is to 'get nursing right for London'; ensuring that London has the right number of nurses, with the right skills in the right place, working to deliver excellent nursing wherever it is needed.

CapitalNurse has the vision highlight the benefits of nursing in the capital, developing career pathways in collaboration with the city's higher education institutions (HEIs); and creating nurse-friendly employment opportunities.

It aims to grow London's nursing workforce by more than 8,000 by 2024, and to reduce London's nursing vacancy rate by 5 per cent by 2028. This will ensure London has the right number of nurses, with the right skills, in the right place, working to deliver excellent care wherever it is needed. The outputs of CapitalNurse are designed specifically for London nurses, but many of these also have the potential to be used with positive impacts for other workforce groups, and in other geographies.

(GLA, 2019)

²⁶ <https://www.hee.nhs.uk/our-work/capitalnurse>

Mitigate the impact of the cost of living for health and care staff in London

Another proposal by the London Workforce Board – which is made up of partners from across health, local government and employer organisations is mitigating the impact of the cost of living on the recruitment and retention of health and care staff. The cost of living in London impacts on the recruitment and retention of health and care staff. For example, 40 per cent of London nurses say that the cost of housing means they expect to leave the capital in the next five years. The London Workforce Board's commitment is to review the impact of the cost of living, specifically transport and housing, on recruitment and retention rates, and explore the options for mitigating this. This will be followed by a series of cost of living pilots across London which will be evaluated before support is provided to roll these out across the capital, and it complements existing work to support employers to meet London's Good Work Standard.

(GLA, 2019)

Online resources to support pharmacy careers

Health Education England (HEE) has launched a new set of online resources to advise people who are considering a career in pharmacy. A Health Careers animation and interactive PDF can be found on the HEE website and include a range of useful information for anyone considering a pharmacy career. The information covered includes the variety of pharmacy job roles, different working environments such as primary care, hospitals or public health, and future career opportunities and development.²⁷

Pharmacy professionals combine an expert knowledge of medicines and health to provide care to patients with all types of health conditions. They advise on minor ailments, help patients manage long term conditions and ensure medicines are safe, appropriate and work effectively.

Using Adult Education Budget (AEB) Funding to meet national and regional skills priorities

HCUC (a merger of the former Harrow College and Uxbridge College) is a general further education college with a significant proportion of its provision delivered in London's priority sectors. These include engineering, health and care, construction, science, computing, motor vehicle, art and design, education, SEND, ESOL and security.

HCUC's contract with the GLA supports a range of regional skills needs that aligns with the national skills agenda. HCUC is one of the three leading players offering higher technical skills in London, being part of the initial rollout of DfE's Institutes of Technology (IoTs) across England. The West London IoT (WLIoT) covers local priorities, focussing on engineering, construction and digital sectors, with business and professional occupations

²⁷ <https://www.hee.nhs.uk/news-blogs-events/news/new-resources-launched-support-pharmacy-careers>

as a cross-cutting theme. Any future expansion of the WLIoT would be in health sciences and hybrid electric vehicles, to enable AEB funded level 3 students to progress to higher levels of learning in these sectors or into employment. This would include blended / flexible learning delivery to better support not just the west London economy, but London more widely, meeting increasing demand. HCUC was the first FE College in London to be involved in the national rollout of T levels.

The achievement rate for adults has been above 91 per cent for the last 2 years, and the college has used AEB funding to tailor vocational programmes for ESOL adults in science, health and care, education, construction, IT and business, ranging from entry 3 level to wider employability skills development programmes. HCUC is proud to support meeting national and regional priorities of getting individuals into work and enabling more adults in low paid jobs to progress or to change their careers. Its successful application to the GLA for additional AEB innovation funds has enabled the college to support specialist skills development and the design and online delivery of qualifications, further demonstrating how HCUC is reaching more of its learners by increasing its capacity for remote delivery.

(GLA, 2021e)

AEB Procured – Back 2 Work Complete Training

Back2Work Complete Training (B2W) deliver pre-employment training programmes. Learners are supported to gain valuable sector knowledge, employability skills and a qualification to prepare them for interviews and employment.

B2W deliver a 'jobs first' model, identifying job opportunities in key sectors across London through working with stakeholders such as employers and Job Centres. Once vacancies are identified, B2W set up local training programmes to recruit unemployed and economically inactive Londoners to take part in training to improve their chance of being successful in an application for work. Training is delivered in local community settings to encourage local unemployed people to take part in training and in the knowledge there are local job opportunities.

B2W is currently responding to the extra demand for pre-employment training programmes in key sectors such as Healthcare, Food Production and Transport and Logistics, which is linked to the COVID-19 outbreak.

In the short term, B2W adjusted its delivery to direct resources to supporting employer vacancies. Responding to recruitment needs from employers such as the NHS, Bupa, Sainsburys, Tesco and Morrisons to meet their workforce demands within the Greater London Authority area. It also includes supporting other industries such as construction as soon as building sites were open again.

Following the rise in unemployment and job displacement during COVID-19, B2W is receiving a growing number of applications by Londoners that have been displaced from industries such as hospitality and business services. Maintaining strong relationships with employers and stakeholders will be crucial with the potential for a sharp rise in unemployment, with further sectoral displacement of the labour market as some sectors recover more quickly than others. Working with stakeholders, B2W is forecasting a 40 per

cent increase in demand for provision in 2020/21 to meet the expected pipeline of demand (GLA, 2021e).

Inspiring the Future

Inspiring the Future is a collaboration between NHS Health Education England and the charity Education and Employers. Through the Inspiring the Future initiative, NHS Ambassadors have interacted with 400,000 young people since 2019, educating them in the vast range of careers in health and care by sharing their experiences. Even throughout the Coronavirus Pandemic, virtual sessions were set up to replace the usual in-person events.

More health and care professionals are being asked to sign up as NHS Ambassadors to volunteer their time sharing their experiences of work with young people and inspiring them to pursue a career in health and care.

ESF 2019-2023 Careers Cluster

ESF careers clusters were established to help schools tap business expertise and labour market intelligence in broadening their students' aspirations and access to opportunities.

The Covid-19 pandemic significantly affected employers' ability to offer work experience and with restrictions in place for many months. Careers clusters have adopted new, agile, and responsive thinking on ways for young people to gain knowledge, skills, and experience without being physically present. They designed, developed, and trialled with employers a series of 'virtual employer encounters' to enable interaction with employers and to present opportunities to learn more about different types of businesses.

Additionally, the project has been used as part of wider continuing professional development (CPD) programmes, inviting careers advisers working across several other contracts to join sessions to hear what leading employers are saying and how they are responding to challenges of the current employment landscape.

Virtual work experience and employer encounters allow students to access different aspects or departments of companies, where they may have been restricted to one department, site, or location in a traditional placement. Virtual delivery can also take place outside of traditional time constraints such as specific weeks allocated by a school or college. Questions, projects and feedback can be logged on shared online platforms for convenient (asynchronous) access, complimented by regular virtual meetings or calls.

At time of writing 12 employers, from health & social care as well as engineering, business, law, construction, and finance sectors, are working with Virtual Work Experience and have delivered 134 placements reaching out to 12 schools across the two boroughs of Croydon and Hillingdon (GLA, 2021e)

Apprenticeships and technical education

NHS Apprenticeships

NHS apprenticeships²⁸ offer routes into many of the more than 350 NHS careers through a mix of on-the-job training and classroom learning. They take between one and five years to complete, and open to anyone over the age of 16, typically consist of four days on work placement and one day or at a training centre or college, each week, include English and maths for those who need it, and lead to a competence qualification and a knowledge qualification, or a qualification combining both.

NHS apprenticeships are available at four levels:

- Intermediate apprenticeships - equivalent to GCSEs or other level 2 qualifications
- Advanced apprenticeship - equivalent to A-levels or other level 3 qualifications
- Higher apprenticeships - equivalent to a foundation degree and above
- Degree apprenticeships - equivalent to a full bachelor's or Master's degree.

Examples of jobs which can be done through an apprenticeship are:

- Allied Health Profession Support (Advanced Level)
- Apprentice ambulance practitioner (level 4)
- Care, Leadership and Management (level 5 Higher Apprenticeship)
- Dental Nursing (Advanced Level)
- Informatics (Intermediate and Advanced Level)
- Health and Social Care (Intermediate and Advanced Level)
- Healthcare science assistant (Intermediate - level 2)
- Maternity and Paediatric Support (Advanced Level)
- Nursing degree apprenticeships
- Operating department practice degree apprenticeship
- Pharmacy services assistant (level 2)
- Podiatry degree apprenticeship.

²⁸ <https://www.healthcareers.nhs.uk/career-planning/study-and-training/apprenticeships/nhs-apprenticeships>

Traineeships

Traineeships²⁹ are education and training programmes combined with work experience which aim to give young people the skills and experience they need to help find an apprenticeship or a job. They can last from six weeks to six months, and may be suitable for those aged 16-18 with little work experience and without a Level 3 qualification, or for those aged 19-23 without a Level 2 qualification.

Getting on / retaining staff

General initiatives

Ensure the health and wellbeing of the NHS workforce

One of the London Workforce Board's proposed six commitments in 2019 was to ensure the health and wellbeing of the health and social care workforce so they can feel valued, and be happy. Workforce shortages, rising patient demand, and workplace bullying and harassment are putting health and care staff under extreme pressures. This inevitably affects both patient care and the mental health of staff, and highlights a clear duty to care for the workforce. The Board pledged to support organisations and systems, over the next five years, to develop staff health and wellbeing improvement strategies that recruit and retain a healthy and happy workforce that is built around a culture of care. They also committed to measuring this through staff surveys, monitoring staff sickness and benchmarking the 'Freedom to Speak Up' marker for organisational health.

(GLA, 2019)

Health Education England's eLearning for healthcare

Two million registered users are now accessing essential health and care training through Health Education England's eLearning for healthcare (HEE elfh) online platform.³⁰

Users can access more than 450 elfh programmes, free of charge, 24 hours a day and seven days a week, and are able to explore the platform and study when it is most convenient for them. HEE elfh launched in 2007, offering online training sessions, to support and enhance traditional learning and teaching methods, and which are cost and time effective for learners and educators.

The platform proved essential during the COVID-19 pandemic when some training was paused or cancelled because elfh learners were still able to access programmes remotely using their laptop, tablet, or phone. For the first time, learners from the social care sector

²⁹ <https://www.healthcareers.nhs.uk/career-planning/study-and-training/apprenticeships/nhs-apprenticeships>

³⁰ <https://www.hee.nhs.uk/news-blogs-events/news/two-million-users—hee's-elearning-programme-reaches-major-milestone>

were granted free access to elfh courses to support their work and education and are continuing to use platform resources. Overall, access during the pandemic rose from approximately 500,000 sessions a month to 200,000 sessions a day.

The HEE Find Your Way Guide

There is access to additional support for healthcare workers who are disabled, or have a disability, learning difference, or long-term health illness, including long-term effects of COVID-19 and mental health conditions. However, the process of applying for, and accessing support can feel confusing and overwhelming.

In partnership with HEE, the Find Your Way guide 31 has broken down the process so users know exactly to access the support through the Access to Work grant scheme or the disabled students' allowance.

Pharmacy Integration Programme for professional career development

Pharmacists and pharmacy technicians are set to benefit from a further investment of up to £15.9m from 2021 to 2025. This investment will allow for the expansion of frontline pharmacy staff in primary and community care, to meet the needs of patients and local communities.

Pharmacy Integration Programme³² funding will enhance registered pharmacy professionals' skills, through a range of training and development opportunities. It is part of a wider education reform for pharmacy professionals. Work is also underway to identify and map career pathways for pharmacy professionals as they work across sectors and increasingly within multi-professional integrated health and care teams. HEE and NHSE will work in partnership to deliver the Pharmacy Integration Programme

These changes – which started in 2021 – will ensure that pharmacists, pharmacy technicians, their teams and pharmacy services are better equipped to support wider healthcare delivery and provide even safer clinical care to patients.

The HEE Return to Practice programme

Former nurses and midwives wishing to re-join the Nursing and Midwifery Council (NMC) register and return to practice are being offered £1,000 to help with studying and living expenses.³³

Previously those looking to return to the NMC register and NHS roles were offered a £500 incentive to help pay for expenses such as childcare, books and travel costs. The rise in the incentive offered to nurses and midwives is aimed to encourage more former

³¹ <https://diversityandability.com/nhs-toolkit/>

³² <https://www.hee.nhs.uk/news-blogs-events/news/pharmacy-integration-programme-invests-£159-million-pharmacy-professional-career-development-0>

³³ <https://www.hee.nhs.uk/news-blogs-events/news/nurses-midwives-offered-increased-incentive-return-practice>

practitioners return to the professions. Return to Practice course fees will continue to be paid by Health Education England. Returners will also be able to attend the courses and undertake their clinical practice learning on a flexible or part-time basis.

The HEE Return to Practice programme also includes enhanced offers in some specialty areas, for returners to mental health, learning disability, cancer nursing as well as midwifery, these can be offered as a salaried role while they complete their training. Local NHS Trusts are recruiting for these roles now.

The programme has supported 7,978 nurse returners since it began. Currently 25 universities across England offer Return to Practice nursing and midwifery courses.

The Post Graduate Medical Education (PGME) Recovery Programme

The Post Graduate Medical Education (PGME) Recovery Programme was launched in April 2021 to lead system-wide efforts to mitigate the impact of the pandemic on the 55,000 doctors in training in England.

Trainee doctors are an essential part of the health service and deliver increasingly complex healthcare interventions as they progress through their medical education. The pandemic has had a significant impact on their training, so HEE has had to act to minimise any subsequent impact on individual doctors or the services they provide to patients.

The programme has been supported with £30 million investment, which is being used for a tailored approach, based on the individual needs of postgraduate trainees, many of whom put their training on hold to work on the frontline.

The recovery work is a joint effort involving NHS England & NHS Improvement (NHSEI) and NHS Employers, the Department of Health and Social Care (DHSC), the General Medical Council (GMC), the Academy of Medical Royal Colleges (AoMRC), and others.

HEE Population Health Fellowship for NHS clinical staff

Health Education England launched the first national Population Health Fellowship³⁴ for NHS clinical staff in England in 2020 and the 2021 cohort is already full. The Fellowship aims to develop and grow a workforce of professionals who will incorporate population health into their everyday jobs.

The pilot programme was created to distribute population health skills amongst the wider clinical workforce where population health competencies development is a recognised need. The programme supports clinical back fill whilst promoting local ownership of skills development that may not have otherwise happened.

³⁴ <https://www.hee.nhs.uk/news-blogs-events/news/national-population-health-fellowship-huge-success>

For the first cohort 16 Fellows were selected from a wide range of backgrounds including nursing, midwifery, pharmacy, medicine, speech and language therapy, dietetics, orthotics and physiotherapy. They were seconded part-time (for two days per week) to the fellowship, alongside their permanent post, and experienced a mix of blended and on the job learning in population health. The second cohort will have 28 Fellows and HEE expects the interest and numbers to keep rising.

New programme to boost critical care workforce

More Nurses and Allied Health Professionals will receive specialist training in critical care as a new blended learning package, aimed at strengthening the workforce in intensive care units, is rolled out across England.³⁵ The funding was announced in March 2021 and HEE has worked with a national Critical Care Education and training subgroup to commission this nationally recognised critical care programme.

Health Education England (HEE) secured £10m to deliver this specialist training starting in autumn 2021, to support as many as 10,500 nursing staff to further their careers in critical care. It is being delivered as a blended learning course, offering more flexible access to participants so they are able to balance commitments such as having a family, being a carer or not being able to travel.

The training will be delivered by a mixture of HEIs, Critical Care Skills Network and Acute Trusts which were awarded contracts on the HEE national critical care training framework. The framework ensures quality and consistent critical care training provision across England.

Training for the standardised qualification is expected to take up to 12 months and will provide a nationally recognised pathway for a career in Adult Intensive Care Units (ICU) whether that is becoming a pod or shift leader, becoming a clinical educator or leading nursing research.

HEE e-learning portfolio for the health and care workforce

Health Education England (HEE) has boosted its e-learning portfolio for the health and care workforce, by partnering with FutureLearn.com to provide short courses to the NHS for free.³⁶ The partnership means fees are waived for all NHS-authored courses on FutureLearn. HEE is the lead partner, though all NHS organisations in the UK have the option to create courses and then make these available via the FutureLearn platform.

The new partnership consolidates several existing partnerships between different NHS organisations and FutureLearn, to provide a unified experience for learners and making it easier for health and care organisations to create courses.

³⁵ <https://www.hee.nhs.uk/news-blogs-events/news/new-programme-boost-critical-care-workforce-launches>





³⁶ <https://www.hee.nhs.uk/news-blogs-events/news/partnership-offers-free-e-learning-resource-uk-nhs-organisations>

Health Education England's TEL team is already providing high quality education at scale including more than 400 elearning programmes via the elearning for healthcare Hub, the Learning Hub hosts a variety of resources that have been contributed by the health and care workforce and the Digital Learning Solution supports over 300 health and care organisations with a focus on clinical systems training and generic IT skills learning. The addition of the FutureLearn partnership to the existing offer strengthens the catalogue of online learning opportunities for the health and care workforce.

Diversity initiatives

Figure 2 (overleaf) outlines the range of initiatives which have or are taking place within the NHS across the UK to increase equality and diversity amongst the health workforce across all roles and grades.

Figure 2: Examples of initiatives to address inequalities in the NHS workforce

 On-going support	
Clarity on expected behaviours and support available	Regular reviews of zero tolerance policies and social media policies
Service-wide	Dignity at work campaigns; anti-racism influencers groups
Individual	'Gold standard' risk assessment tools to support organisations to undertake meaningful occupational health assessments; staff-side chair
Group based/specific characteristics	Staff networks
Ad hoc	<i>BAME Covid-19 Speak Up</i> ambassador
 Pay and conditions	
Appraisal	EDI content in appraisal training and EDI element to talent management training for managers
Pay progression	Organisational reporting on ethnicity pay gap in line with gender pay gap reporting
Flexible work opportunities	Flexible leave for carers
Review disciplinary cases/ formal capability processes	Just Culture approach and accountability nudges; Cultural Ambassadors program
 Staff development and progression	
Training and CPD	Analysis of uptake of CPD by demographic groups
Leadership opportunities	Bespoke talent management schemes; succession planning (including review of demographic projections)
Reward and benefits	Transparency over promotion, pay and reward processes
 Leavers	
Opportunities for older staff or those who have taken extended career break	Return to work schemes
Understanding reasons	Review of exit interviews

Source: Various authors cited in Hemmings (2021)

The following case studies are examples of NHS Trust activity to address inequalities with regard to opportunity, progression and representation.

Case Study: Inclusion Ambassadors at Barts Health NHS Trust

In 2019, Barts Health piloted an Inclusion Ambassadors programme in its nursing and midwifery service. It started training inclusion ambassadors to sit as equal members of recruitment panels for all nursing and midwifery appointments at Band 8 and above. These individuals were trained to identify bias or discrimination, and where necessary to clarify and challenge decisions that the interview panel made. While the chair of the panel has the final say regarding appointment, the inclusion ambassador role offers an opportunity and route to flag any concerns.

After one year of the programme, the Trust saw increased movement for ethnic minority staff compared with White staff for clinical Bands 8b and 8c. After two years, the trust deemed the intervention successful in helping to address longstanding disparities in the likelihood of the appointment of ethnic minority staff. Recognising that there is still much more to do, there was an appetite to scale the intervention further within the trust, and it was therefore adopted into the standard operating procedure for the trust for all appointments at Band 8a and above. To date, 170 inclusion ambassadors have been trained and two challenges have been made during recruitment processes, resulting in two changes to recruitment decisions.

The Trust has not yet independently evaluated the programme but considers there to be limited repercussions in the event that the inclusion ambassador disagrees with the senior officer in charge of recruitment. However, Barts Health recognises that this is only one lever, which it believes must be complemented by mandatory training on equality and inclusiveness in recruitment practice, for any staff sitting on a recruitment panel.

(Barts Health, cited in Hemmings et al, 2021).

Case study: North East London NHS Foundation Trust – talent management and inclusive culture

East London NHS Foundation Trust (ELFT), wanted to prioritise supporting diversity across the organisation: for board effectiveness, because diverse boards make better decisions; so that the workforce reflects the communities served; and to effectively manage talent. In both talent management and external appointments, the chair took a very practical and robust approach, and while it took the Trust a while to get inclusive talent management right, but the chair feels the Trust is now proactive and robust in its succession planning.

When considering new talent for executive board roles, the Trust not only looked at the next layer down but the next layer beneath that. This meant that for each executive directors' role, two or three people were developed, who are diverse in terms of gender and ethnicity and ready to take up these posts. These employees have undertaken the National Leadership Academy's Nye Bevan programme, have had coaching and are ready to be interviewed. Being representative of staff is both about legitimacy and talent management. The Trust board now has 40 per cent women and 53 per cent BME.

Since 2017, ELFT has implemented five separate staff networks: one for staff from an ethnic minority background (called the 'BAME network'); one for staff identifying as lesbian, gay, bisexual or transgender; one for staff identifying as having a disability; one for female staff; and,

late in 2019, an 'intergenerational' staff network. Network leads have protected time (approximately one day a week) to focus on co-ordinating the network meetings and activities.

There is a multifaceted approach at ELFT to developing safe spaces in which members of staff are encouraged to raise concerns (for example, via the Freedom to Speak Up Guardian). Linked to this sense of safety is fostering a sense of mutual respect and understanding among staff. To address issues around staff experiencing bullying, harassment and abuse from patients, the public and other staff, ELFT launched an internal 'Respect and Dignity @ Work' campaign. Stories have been shared at executive meetings and with the joint staff side committee, leading to executive pledges being made. Part of the project is to work with line managers in sessions called 'Through Someone Else's Eyes'.

Across the Trust, staff are reassured that they have people at board decision-making level that are reflective of them and their communities and understand their experiences. The Trust was recognised at the ENET awards in 2020 for its work on developing an inclusive culture

(NHS Employers 2021; Ross et al, 2020).

Case Study: South East Coast Ambulance Service NHS Foundation Trust –Supporting and celebrating LGBT+ staff

South East Coast Ambulance Service NHS Foundation Trust (SECamb) has pioneered a number of initiatives to support and celebrate its LGBT+ staff. The Trust's LGBT+ network, Pride in SECamb, was established ahead of the Brighton & Hove Pride Parade in 2008. That first event in 2008 was attended by 15 members of staff. In 2018, SECamb's Brighton & Hove Pride Parade entry boasted more than 187 people, making it the largest Pride group in the whole of Europe.

SECamb's LGBT+ staff network has a strong focus on education and awareness, with input into the appointment of board members and Trust consultations. One early area of work in the trust was an educational programme on transgender awareness with experts by experience, which included myth-busting and increasing understanding and empathy, leading to more than 100 managers being successfully trained.

The Trust and its LGBT+ network have also been key to the development of the National Ambulance LGBT Network (NALGBTN) (see the website at: www.ambulancelgbt.org). In 2015, the then deputy chair of Pride in SECamb approached the inclusion team to request their support in relaunching a national ambulance network. The team agreed and brought together 30 colleagues from across UK ambulance trusts to scope a relaunch of the NALGBTN. The network was funded, supported by and co-chaired by SECamb until the election of its own chair and deputy chair in May 2016. The support provided by SECamb in administration, funding of the first

UK NALGBTN conference (South East Coast Ambulance Service NHS Foundation Trust, 2016) and other large-scale events was instrumental in establishing the national network. SECamb also hosted the second conference for the national network in 2017 and worked with sector partners to co-produce the Trans Z-card resource, with initial rollout of this also part-funded by SECamb (National Ambulance LGBT Network, 2018). The Trust has capitalised on being geographically close to Brighton, which has helped drive its equality, diversity and inclusion efforts in a number of ways, including in seeking public engagement in the development of this resource. The cards were launched at the 2018 conference. They have captured the attention

and interest of health professionals in the UK and abroad, and have been published in Polish and Dutch as well as dyslexia-friendly versions.

SECAMB, as part of the national network, participates in a 10-step pyramid toolkit to support its members to establish and monitor the progress of their staff networks. The Care Quality Commission (CQC) has praised this as excellent practice and has expressed an interest in making the toolkit accessible to trusts in other sectors.

Lastly, The trust has developed continuing professional development training on transgender awareness, delivered by the network's deputy chair. Staff and volunteers from within the trust have completed the course, which has also been delivered to external organisations, including the CQC (South East Coast Ambulance Service NHS Foundation Trust, cited in Hemmings, 2021).

Calderdale and Huddersfield NHS Foundation Trust – Race equality strategy

Calderdale and Huddersfield NHS Foundation Trust (CHFT) provides acute care from its two hospital sites in west Yorkshire. According to the most recent data, CHFT employs more than 6,000 people and 15 per cent are ethnic minority members of staff. Ethnic minority staff are employed in all non-clinical bands; however, very few are employed in clinical bands above 8a or in very senior manager roles. The highest proportion of ethnic minority staff are employed in 'other' medical roles, followed by 'career grade' medical roles. One executive director (the Chief Executive) and one non-executive director are from an ethnic minority background.

The Chief Executive started a frank dialogue about race inequalities in the workforce, which proved to be a turning point, leading to a series of actions for board members and other staff, including setting up a staff network for ethnic minority staff in 2016 (referred to within CHFT as the 'BAME network'). Momentum continued to build around race equality and inclusion (and the wider equality, diversity and inclusion agenda) and, early in 2019, CHFT created a new dual role for an equality, diversity and inclusion manager and 'Freedom to Speak Up Guardian' (Freedom to Speak Up Guardians offer an independent and confidential alternative to raising concerns directly with line managers or supervisors and can 'escalate' any concerns to the appropriate person or department in the organisation). This has led to the development of a five-year equality, diversity and inclusion strategy, combining the trust's aims for race equality with its aims to make the trust more diverse and inclusive of all minority groups, so that ultimately the workforce reflects the local population it serves and is responsive to its needs.

As well as the ethnic minority network, CHFT has implemented various other initiatives in order to advance its equality, diversity and inclusion agenda:

- Developing routes for staff to raise concerns – for example, 'Talk in Confidence' groups (linked to the Freedom to Speak Up function) and 'Ask Owen', which is a direct way for members of staff to ask the Chief Executive any question
- Encouraging colleagues from ethnic minority groups who are aspiring for leadership roles to take part in leadership programmes such as Stepping Up (run by the NHS Leadership Academy) or Moving Forward (run by neighbouring BDCFT)
- Strengthening in-house training to include cultural awareness

- Ensuring that 70 per cent of decision-makers have participated in the unconscious bias 'Stand in their Shoes' programme
- Adopting a training programme for line managers about addressing bullying, harassment and abuse concerns
- Introducing diverse interview panels for all posts above Agenda for Change pay band 6.

(Ross et al, 2020)

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