

# Turning hierarchy on its head: are parallel learning partnerships the solution to creating inclusive cultures in healthcare?

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## ABSTRACT

**Background** It is important that NHS Trusts create inclusive and compassionate organisational cultures in which black and minority ethnic (BME) staff can progress equitably. Race equality and development initiatives can be implemented to address this. The introduction of reverse and reciprocal mentoring programmes in numerous organisations has had varying levels of success. These programmes can emphasise and perpetuate hierarchical differences in pairs, causing barriers to creating mutually beneficial partnerships. **Objectives** This paper reports the evaluation findings of a race equality and professional development initiative: the Parallel Learning Partnerships (PLP) Programme. Launched in April 2021, 27 of the Trust's Executive and senior leadership team members were paired with 27 BME colleagues for 1 year. The authors aimed to determine the efficacy of the initiative's design and implementation, and partner experiences and outcomes, particularly in relation to learning and any evidence of genuinely equal partnerships.

**Participants** Twenty-six programme participants responded to an online survey. One-to-one semistructured interviews were conducted with 12 programme participants.

**Results** Findings revealed that the majority of participants developed effective and highly valued non-hierarchical learning partnerships. This was despite impacts of the COVID-19 pandemic creating additional pressures and affecting partnership meetings and activities. Partner outcomes included greater understanding and awareness around race equity matters, improved confidence and motivation, and enhanced leadership skills in relation to inclusivity and compassion.

**Conclusion** The pilot programme has been largely successful in providing an effective mechanism for BME staff to engage and connect with the Trust's executive and senior leaders on a reciprocal, equal and mutually beneficial basis. PLP resulted in a variety of beneficial outcomes for both groups of partners which may not have been possible within comparable mentoring models. Additional positive impacts to the wider organisation are anticipated to be evident in time with the programme's continuation.

## INTRODUCTION

Recent public attention has shed light on the numerous inequalities experienced by people of black and minority ethnic (BME) heritage in all areas of life. Particularly evident in relation to health outcomes, and for those employed in healthcare,

## WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Racially minoritised staff continue to experience considerable disadvantage and discrimination as healthcare professionals. Mentoring models used to facilitate professional development opportunities and to address equality, diversity and inclusion issues do not always mitigate the hindering impacts of professional hierarchy within pairs.

## WHAT THIS STUDY ADDS

⇒ Findings indicate that equal and reciprocal learning partnerships between senior leaders and black and minority ethnic (BME) staff are possible.

## HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ By introducing Parallel Learning Partnerships Programmes to NHS organisations, the development of more inclusive and equitable organisational cultures could be possible, ultimately creating positive workplace experiences and reducing systemic barriers to career progression for BME colleagues.

concerning discrimination incidents and stunted career progression.<sup>1–5</sup> Recognising the need to take positive action to address these issues, colleagues at Nottinghamshire Healthcare NHS Foundation Trust developed the Parallel Learning Partnerships (PLP) Programme as a combined race equality and leadership development initiative.

The PLP Programme involves BME colleagues and members of the Trust's executive and senior leadership teams paired together to work as equal learning partners engaging in discussions to share experience, knowledge and skills. Based on a foundation of 'reciprocity, equality and mutuality', its aims focus on the holistic development of all participants (box 1).

## Background

Within UK and international healthcare settings, mentoring is identified as a highly effective means to facilitate continuing professional development opportunities.<sup>6–10</sup> However, traditional mentoring relationships are generally hierarchical in nature, with the mentor acting to share professional experience and knowledge with the often younger, less experienced mentee.<sup>11 12</sup> The PLP Programme



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sought to move away from initiatives that highlight and perpetuate status imbalances.

Reverse mentoring models that flip the traditional top-down hierarchy in pairings have now become favourable within organisations.<sup>13 14</sup> They are also used as part of equality, diversity and inclusion (EDI) initiatives, and in supporting the development of cultural competency and intelligence in employees.<sup>13–17</sup> Within the National Health Service (NHS), the Reverse Mentoring for Equality, Diversity and Inclusion programme<sup>18</sup> was introduced in Guy's and St Thomas' and Derbyshire Healthcare NHS Foundation Trusts in 2018. This successfully enabled BME staff to act as mentors to white senior leader mentees, exposing them to diverse perspectives through insightful conversations, aiming to influence change by probing attitudes, practices and understanding of racial EDI issues.<sup>18–20</sup> Whether reverse mentoring initiatives focus on intergenerational learning, intercultural learning, or otherwise, partners' unequal statuses remain a key feature—both within the mentoring dyad and organisational hierarchy.<sup>15</sup> This presents barriers to inclusion and openness by disproportionately focusing on the mentee's learning outcomes.<sup>20–22</sup>

Recently gaining in popularity, reciprocal mentoring has the potential to offer rich learning experiences by harnessing diversity to encourage inclusive cultures.<sup>23</sup> Piloted programmes have been found to be successful at UK higher education institutions.<sup>24</sup> In UK healthcare settings, such programmes have been running since at least 2013.<sup>25</sup> Since the PLP Programme commenced in April 2021, comparable reciprocal mentoring programmes have been introduced within the NHS.<sup>22 26 27</sup> These vary according to participant eligibility and the area of EDI focus.<sup>22</sup> However, the ultimate goals remain largely the same; to build awareness by enabling colleagues to be heard by senior leaders, encourage compassionate, inclusive and equitable cultures, and to support the professional development of all involved.<sup>22 26 27</sup>

While the literature on more traditional forms of mentoring frequently explores positive outcomes in relation to work-related development, participants' holistic development is often not fully considered or meaningfully captured. Conversely, the PLP Programme was predominantly developed as a means for all participants to develop universally by considering lived experiences of advantage and disadvantage through a racial lens, challenging existing beliefs, and building new diverse networks.

## EVALUATION METHODOLOGY

The evaluation was conducted by the Trust's Research and Evidence Department. An exploratory qualitative narrative approach was taken to evaluate partnership experiences, impacts and programme insights. The programme facilitators and partner attendees at the group check-in sessions contributed to developing the evaluation objectives. Informal observations and notes were made by the authors during these meetings to inform the evaluation and interpretation of the data. Attendees were aware and reminded of this each time.

Data were collected through an online Microsoft Forms survey and virtual one-to-one interviews (online supplemental materials). At the programme's 10-month mark, the survey was open for 33 days, including an extension of 16 days. Reminder emails were sent to encourage a variety of responses. All staff members who were or who had been participants of this initial cohort were invited to respond to the survey and participate in interviews. The interview invitation remained open to all until sufficient representation within respondents was achieved.

Prior to commencing the survey, a participant information sheet was displayed informing respondents that by completing

the survey they were consenting to the use of their data within the evaluation. Interviews were structured using topic guides encompassing key questions and prompts based on the evaluation aims. Written consent was received prior to interview. Interviews were conducted and recorded via Microsoft Teams.

Patterns and themes within both datasets were identified by concentrating on addressing the evaluation aims and drawing on aspects of thematic analysis.<sup>28</sup> Familiarisation of the data commenced during the reviewing and amending of the auto-generated transcripts. The first three transcripts were then coded line-by-line to establish recurring patterns. These codes were subsequently used to identify similar patterns in the remaining transcripts and survey responses. Where interesting and useful pieces of data did not fit into these codes, new codes were applied. Themes were developed using the codes. Although mindful of the questions posed to respondents throughout this process, codes and themes were established through solely examining the data.

### Box 1 Structure and implementation of the PLP Programme

#### Participant eligibility

- ⇒ All members of the Trust's executive and senior leadership teams, that is, those working at associate director level and above.
- ⇒ All staff members from a BME background.

#### Recruitment

- ⇒ The initiative was advertised within EMBRace, the organisation's BME Staff Network, the intranet and the chief executive's regular Trustwide briefing emails.
- ⇒ Prospective participants submitted a short matching profile consisting of three questions or statements to respond to.

#### Matching process

- ⇒ Matching was conducted by the programme facilitators and co-chairs of the EMBRace Network.
- ⇒ Pairs were created using the matching profiles combined with the matchers' personal knowledge of the participants' personalities and interests from prior professional encounters.

#### Implementation and roll-out

- ⇒ Participants received their partner's matching profile to view and a digital 'Guide for Learning Partners' with information, advice and practical resources included to support the development of bespoke parallel learning journeys.
- ⇒ Partnerships were advised to last for a minimum of 12 months and a maximum of 15 months to allow for the formation of meaningful and well-founded relationships.
- ⇒ The launch included two virtual group sessions for participants to meet each other, clarify the objectives and expectations of the programme and troubleshoot any queries or concerns.
- ⇒ Optional quarterly virtual 'check-in' sessions were available which allowed the facilitators to monitor the progress of pairs in the programme and offer input and support where necessary.

BME, black and minority ethnic; PLP, Parallel Learning Partnerships.

**Table 1** Identified themes and subthemes

Theme	Subtheme
Partnership experiences	Building and maintaining relationships
	Partnership activities
Impacts	Holistic development outcomes
	Organisational and wider outcomes
Programme insights	Mechanisms of support
	The originality of the PLP Programme
	The future of the PLP Programme

## RESULTS

### Respondents

Twenty-six participants (49.1%) responded to the survey, including eight pairs. Respondents comprised 34.6% from the senior leaders' group, 53.9% from the BME partner group and 11.5% identified as belonging to both groups, resulting in a total of 65.4% BME respondents (n=17). Six senior leaders and six BME staff (including five pairs) were interviewed at the end of the programme.

We identified three main themes and seven subthemes in the survey and interview responses (table 1).

Reported findings are summarised narratively and supported by data where appropriate, with additional quotes presented in tables according to themes. Executive and senior leader partners are referred to as 'SLT' partners throughout alongside the 'BME' partners.

### Partnership experiences

#### Building and maintaining relationships

Partners identified a range of actions that supported the development and maintenance of mutually beneficial learning partnerships. These consisted of getting to know each other separately from professional roles, prioritising the partnership, agreeing on mutual aims and establishing psychological safety and trust. Helpful behavioural characteristics in partners included being approachable, open to showing vulnerabilities, and willing to actively listen and learn.

I think initially I went in like, 'Ooh! This person's quite senior!'. But you know, she was—she just put me at ease. She just made herself a human being straight away, shared her vulnerabilities, shared lots of lived experiences, and I think that made me just then stop seeing job titles, and saw a person. (BME P3)

All interviewees felt that the matching process had been successful for them, including the few who experienced unimpaired partnerships.

[...] at the end of the day, I couldn't have been matched, to me, with a better person [despite not feeling much benefit]. (BME P5)

Despite apprehensions relating to hierarchy, most established trusting and highly valued relationships in which various development activities were undertaken.

#### Partnership activities

Partnership activities followed two formats: meetings for discussion and those offering mutual professional development opportunities. The former was the most commonly undertaken, involving frank conversations centred on sharing experiences relating to racial inequity and privilege, the seeking and offering of advice and support between partners, reflecting on inclusive language and practices and respectfully challenging assumptions.

Yeah, we had some quite ... in depth conversations about ... I'm going to say unconscious bias—I don't think it is unconscious, I think it's conscious bias, around how [my partner] is sort of viewed by society. (SLT P4)

Scheduling regular protected time designated for meaningful discussion was a particularly valued element. For some BME partners, this allowed for cathartic personal reflection on the lasting impacts of witnessing or experiencing incidents of racial discrimination.

Mismatched expectations and no mutual aims were noted to be barriers in the pair that did not find their activities useful. One respondent felt that their expectations had not been met due to their partner not being sufficiently supportive with their career development aspirations:

But I just ... I didn't feel it was of any benefit. Not really. There was even some positions where ... She could have easily sent me a Teams and I didn't even know they were there until they'd gone. (BME P5)

Having been launched during the COVID-19 pandemic, the resulting restrictions impacted on in-person meetings and profession-related activities to varying degrees. Although lockdown and social distancing restrictions may have fluctuated throughout this period for the general public, restrictions remained in place within the Trust, particularly when outbreaks occurred within services. Those who were able to meet in person and facilitate insight opportunities for each other found this activity helpful for mitigating hierarchical imbalances.

So, actually that—they being on unknown territory and me kind of, showing them new sites, meeting different people, was really beneficial to *them*. And made me feel useful! [laughs]. (BME P2)

It was also acknowledged that the pandemic had affected getting to know fellow participants better and driving forward the programme's collective aims. Nevertheless, the quarterly group check-in sessions were described as an effective enabler for sharing programme experiences more widely, which reportedly instilled confidence in pairs (table 2).

### Impacts

#### Holistic development outcomes

Respondents provided a range of positive personal outcomes felt to be a direct result of involvement. Hearing and exploring lived examples of actions and mechanisms that contribute to perpetuating racial disparities were reported to have significantly broadened the SLT partners' perspectives. Most notably for BME partners, at least five individuals had been successfully promoted during the programme.

I wasn't going to go for it because I didn't feel that I had enough experience and I didn't feel like I had the confidence, but it was having conversations with my parallel partner that sort of made me go, 'Actually, you've, you know—I have got the skills!'. (BME P3)

For those not yet progressing professionally, a renewed determination to succeed or the chance to explore unconsidered career opportunities were valued outcomes. Some participants also reported greater confidence, improved motivation at work and a greater sense of belonging and feeling valued by the Trust.

Participants unable to name any development outcomes recounted not being able to achieve any goals with partners, being unable to continue when a partner left the Trust, and feeling that nothing had changed within or as a result of their partnership.

**Table 2** Additional quotes addressing the theme ‘partnership experiences’

Partnership experiences		
Subtheme	BME partners	SLT partners
Building and maintaining relationships	[...] she was very open because I think she wanted to learn things from a BAME perspective. I think she wanted to learn and understand and then, you know, because again it takes a lot of trust and confidence to just be open with people regarding those type of topics and issues. I wouldn't really [usually] speak to anyone about that. (BME P4)	We're both very busy. There have been times when we've needed to rearrange. But I feel we've both been completely committed to the process. And to each other. (SLT P2)
	I think, sometimes the reason that there isn't psychological safety is because of that hierarchical barrier. Whether it's real or perceived by the individual. It is there and it <i>is</i> real to that person. [...] you need to break down the hierarchy and treat them as an individual and make them feel valued whatever skill set or pay band that they are. (BME P2)	We spent a long time talking about what we both wanted to get out of it, to make sure it was properly joined up. (SLT P3)
Partnership activities	[...] all of them [our meetings] was on MST [Microsoft Teams]. We did plan maybe just to meet up in the cafe one day. But again, because of lockdown, we wasn't able to do that. [...] [However] We talked all we needed to talk about, and we discussed, we challenged, we provoked, and everything else you wanna say. And we did all that and that felt comfortable. (BME P6).	Both of us preferred to meet face to face. And so, we have done that the majority of the time. But obviously we've been through COVID, so we weren't always able to do that. I remember once, we met face to face and we were in like a <i>massive</i> big Board room! She was one end of the table, and I was the other! But we were keen to be face to face. (SLT P2)
	And I guess one of the other things [impacted by COVID-19] was, sort of working with other people in terms of the peers that were also parallel partners and sort of seeing what their experiences were. (BME P3)	[...] in part, there were some good coaching that went on. But it was <i>career</i> coaching. And I was <i>very</i> , very happy to do that. And I mean, one session was all about me preparing her for an interview. So, it wasn't that time was wasted. It wasn't <i>that</i> . But it wasn't what the PLP programme was supposed to be. (SLT P5)

I suppose it's consolidated what I knew, but I don't think that I necessarily learnt anything new. But that doesn't mean to say I'm less—I'm no less engaged in the issues. (SLT P5)

Motives for taking part in the programme were linked to the concept of ‘understanding’. This was in relation to furthering one's own understanding, sharing knowledge to improve the understanding of others, and ultimately harnessing this enhanced collective understanding to positively impact the wider organisation. Findings confirm that these aims were generally accomplished.

### Organisational and wider outcomes

Although anticipated to be difficult to identify, within the survey, some participants acknowledged how initial learning had already translated into wider improvements in patient care.

I have a better understanding of Trust organisational structure and strategy. This helped me in raising issues regarding patient care with the right staff. (BME survey partner)

Greater understanding of issues related to [redacted] patients which has helped to support me in my clinical visits. (SLT survey partner)

Many partners reported being keen to share their learning and information about the PLP experience with colleagues and wider teams, suggesting that wider improvements in race equality within the Trust may emerge in time. BME partners were hopeful when considering how the programme and their inputs may come to influence organisational culture in future (table 3).

### Programme insights Mechanisms of support

Respondents gave their perspectives on the programme's design, implementation and facilitation. Participants felt supported throughout, by partners, programme peers and the facilitators. The main mechanism of support was the check-in sessions, highly valued by the two-thirds of survey respondents, and interviewees, who attended. This included those reporting less positive partnerships.

**Table 3** Additional quotes addressing the theme ‘impacts’

Impacts		
Subtheme	BME partners	SLT partners
Holistic development outcomes	I did give up, but I'm getting my confidence back now and I think I will push forward [with career progression goals]. (BME P6)	I just felt lucky because I have learned a lot about, you know, somebody's experience, but also their career pathway, and more about the services that they work in that I didn't understand. (SLT P3)
	[...] [I've done] a little bit of like, repairing, you know, I've faced lots of challenges in my career and sort of personal life that have been related to my race. It's helped me sort of reflect on those and think about what impact that's had. (BME P3)	For me, as I said, it's just been a really good experience. So, I think it will stick with me and hopefully just be that little bit in my conscience all the time, you know, that, you know, to remind me about things. (SLT P1)
	I mean, let me backpedal on that slightly [their negative viewpoints of the partnership and programme] because we did, whilst this was going on, I think it made me step up a little bit more, in terms of my development, but nothing else came from that. (BME P5)	The course [PLP Programme] has given me some of that strength to do it, rather than sit there and think, 'Well I'm not gonna ask that because I might offend somebody, or I might say something I shouldn't'. So, I say it in a diplomatic way, but if I'm unsure, being really open and transparent. (SLT P7)
Organisational and wider outcomes	So, I know it's early to say, and we haven't got any—it's only anecdotal, we haven't got any evidence to prove that yet. However, I like to think that this has paved the way to make things better for the organisation. (BME P6)	I have a degree of influence and responsibility, and can you know, get things moving! And I can bring <i>that</i> into it instead of, you know, just my, you know, what I've experienced or heard, because I can hear more now. (SLT P3)
	[...] and I hope that what I brought to it will be passed on to people at the top. And to future cohorts of people. Because I think this is the beginning, I think this is a process that will develop. (BME P1)	It's really made me think about, 'Have we got the right stakeholders in the room? Who else do we need?', etc, and bring that to the fore and really make sure that everybody's voice is heard. [...] it <i>does</i> matter. Because there are <i>reasons</i> why it matters. So that's what it's brought home really, that understanding. (SLT P7)



Each time we met it allowed us to learn from each other and see what was happening with other people and so on. So, it was just, it was just a good opportunity to learn and hopefully contribute. So that people could also see what we were doing and how it was working for us and what—and so on. (BME P1)

The 'Guide for Learning Partners' resource pack was also largely found to be helpful by most participants, particularly at the beginning of their PLP journeys.

### The originality of the PLP Programme

Key differences of the PLP Programme in comparison to other initiatives were the largely successful removal of hierarchical imbalances between pairs, the primary focus on personal development with organisational improvement as a secondary outcome, and the programme's flexibility. For some of those who had experienced mentoring previously, participation was seen to be a refreshing and innovative change.

[...] mentoring is fantastic, but ... Parallel Learning Partnership makes you feel valued for *your* individual needs, you don't need to try and be anything else than what you actually are. And *that* is key. (BME P2)

Several respondents mentioned having felt unsure of mutual expectations and apprehensive around how partnerships would function in reality. However, the lack of overly prescriptive structure, and freedom to make the experience their own was a highlight for many, seen to be a key element in fostering psychological safety in partnerships.

These differences in the programme's approach to encouraging inclusive and compassionate leadership skills were appreciated by many participants, but not all.

One BME partner divulged preferring more traditional mentoring approaches as a current mentor to junior colleagues. Interestingly, this perspective was shared by their partner:

Maybe in some ways, in my situation it might have been easier if she'd have had more of a role that this was how she was to mentor me? That would have given her the permission that she needed. Whereas, because I think of my position within the Trust, it's very difficult for her to think she could tell me. (SLT P5)

### The future of the PLP Programme

Most survey respondents (n=23; 88.5%) reported that they would recommend participation to colleagues. Importantly, the majority of those surveyed and all who were interviewed stressed the need for continuation of the programme, with the

potential to open participation more widely to colleagues from other minoritised groups and to more senior leaders in the Trust.

I like to think if people are truly concerned about addressing and tackling racism, I'd like to think that PLP will do that, will help that process. (BME P6)

Further improvement suggestions included offering more group sessions to enhance the shared learning aspect of the programme, facilitating these in person and providing further clarity around the aims of the programme itself to ensure that individuals' expectations are aligned (table 4).

### DISCUSSION

Fostering meaningful inclusivity within organisations involves creating equitable access to development opportunities and resources, enabling contribution to strategic decision-making and ensuring career progression for those from marginalised groups.<sup>29 30</sup> These were key aims of the PLP Programme for its BME participants, and for most partners, appear to have been successfully achieved. Colleagues felt more engaged and valued within the Trust while being their authentic selves.

Race equality initiatives such as this necessitate that senior leaders and junior staff members step outside of their comfort zones, are prepared to confront challenging truths, and commit to engaging in frank discussions about race and racism.<sup>31</sup> Overall, the design and implementation successfully enabled psychological safety and trust within pairs, frequently mentioned in interviews as being imperative for positive outcomes. As with reverse mentoring, partners were required to exhibit vulnerability and build trust via ongoing open dialogues to allow each to make their developmental needs known, and align expectations and goals.<sup>15</sup> Those who felt little or no benefit from programme participation reported having incompatible expectations and aims with their partner. However, whether these factors influenced the development of trust or whether it was a lack of trust that hindered partners' candour in making their needs known is unclear.

Most participants were able to find common ground on which to base their relationships, allowing for the creation of positive and valued equal relationships. It has been suggested that participating in diversified mentoring relationships can be especially challenging due to a lack of common social identities and shared experiences,<sup>23</sup> and for a small number of participants, this appeared to be true. Individuals who experienced little impact from the programme were less likely to have established

**Table 4** Additional quotes addressing the theme 'programme insights'

Programme insights		
Subtheme	BME partners	SLT partners
Mechanisms of support	I think having that pack at the start just helped each of us think about where we were coming from, and what we wanted to get out of the experience, and also how we work and process information as well and what the similarities and differences were. (BME P3)	I don't think our partnership really worked for a number of reasons. But, those sessions were—enabled us, because she went to some different ones, but the messages were the same really, to try and regroup and try and be a bit more structured. Because you heard how other people had been moving things on and, but, yeah ... (SLT P5)
The originality of the PLP Programme	So, it's a level playing field rather than the hierarchy system, which is in other mentoring type of processes. (BME P6)	[...] me attending it as a senior leader in the organisation, I can see the potential for my own teams and their development. I feel it's a really strong leadership skill that perhaps is not tapped into in your 'standard' courses. It's more humanistic, it's more real. (SLT P7)
	[...] if it had been very—more, much more formal, I think it might have stifled some of the discussion because nobody knew what was gonna happen, not really. (BME P1)	[...] what I really liked about it was the fact it was this collaboration rather than coaching or mentoring [...] this wasn't a mentoring thing, it was a partnership thing. (SLT P1)
The future of the PLP Programme	One person at a time! Breaking down barriers! Giving understanding! Yeah, absolutely! This should carry on and on and on and on, because I would love the thought of somebody coming in the next cohort having an experience that I've had. (BME P2)	There's loads of senior people who have a lot of influence. [...] I feel like we need to stop thinking leadership is just the execs and the layer below. Because the people, the layer below that are actually the people who are running the wards, and are actually the ones who provide the experience and, you know. So they're the ones who set the culture in the clinical areas, and [who] the front line staff actually see. So, I feel like we should cast the net a bit wider. (SLT P4)

psychologically safe partnerships, reportedly due in part to having little in common. In addition, these partners divulged meeting less frequently and having no shared goals.

The PLP Programme's ethos of reciprocity, mutuality and equality maximised opportunities for two-way reciprocal benefits. Including regular check-in sessions enhanced experiences by facilitating informal peer support, the wider sharing of lived experiences, and ensured that continuous monitoring methods were employed to assess the integrity of the initiative.<sup>32</sup>

Historically, tackling racism and discrimination in healthcare settings has centred on employees raising concerns, often in the knowledge that complaints would not be upheld or dealt with effectively.<sup>30</sup> However, this strategy has repeatedly failed to result in meaningful changes to root causes or improvements in key indicators of race equality.<sup>5</sup> Introducing programmes where individuals are partnered with senior members of organisations could be an innovative and effective way to make progress via frank and productive discussion rather than blame and accountability. Showing a curiosity for learning, being transparent when mistakes have been made, and championing key qualities of compassionate and inclusive leadership ensured that SLT involvement was not perceived as being merely tokenistic.<sup>29 31</sup>

In effective mentoring relationships, emotional support and encouragement is often a key feature.<sup>17</sup> A much-appreciated aspect included the opportunity for regular reflective discussions. Empowering busy and often pressured employees to reflect in a supportive and open environment can lead to enhanced individual and team performance and high-quality leadership development, ultimately resulting in service improvements that positively impact on patients and colleagues alike.<sup>10 33</sup>

NHS England's recent 'Listening Well Guidance' reinforces the importance of senior leaders regularly hearing from a diverse range of wider colleagues. First-class patient care, improved staff satisfaction, development and retention, and genuinely inclusive cultures are reportedly achievable in organisations that prioritise introducing measures to listen and respond to staff feedback.<sup>34</sup> The overall positivity towards the programme alongside the identified benefits and value described by participants is analogous with findings from comparable initiatives.<sup>19 20 22 26</sup> A similar programme implemented at a higher education institution asserted that while the wider organisational impacts may not be evident immediately, the clear short-term benefits reported by participants served as justification for continuation of the programme in the organisation and for implementation within the wider sector.<sup>24</sup>

### Limitations

Although responses shared within the survey appear to indicate mutually beneficial experiences for both partner groups, these responses account for just under half of all participants remaining in the programme at the time. Programme facilitators received verbal feedback throughout the programme from attendees at the quarterly check-in sessions. However, participation in these and the evaluation was not mandatory. It is possible that there was sample bias in that those in the programme with the strongest views or with something positive to say were more likely to participate in the evaluation. There were fewer respondents to the survey from the SLT group. Although reminders were sent, the survey may not be as representative as it could have been. We were also not able to include the few participants who left the Trust, for reasons not related to the programme, prior to the evaluation.

One author was a participant in the programme. This was unavoidable as the evaluation project was allocated to the research assistant post before the post was appointed to. All partners were aware of the author's participation in the programme and the evaluation. However, this may have influenced others and, while there was no evidence to support this, it is a limitation. To mitigate this, the non-participant authors attended the check-in sessions, survey data were collated by a non-participant author, and the author participant was not interviewed. Analyses were performed collaboratively and under supervision.

### CONCLUSION

This evaluation has investigated the impact of a new initiative based on reciprocity, equality and mutuality—PLP—which paired BME staff with senior leaders. The experiences of learning partners were mainly positive and beneficial for both groups of participants. The impacts identified so far in this first cohort have led to the Trust committing to continue the programme for the foreseeable future. Additionally, although not explicitly captured as part of the evaluation, subsequent anecdotal evidence suggests that learning gained by participants is now being translated into practice and has helped set the pro-equity and antiracist cultural expectations and norms of the Trust.

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**Contributors** NC: evaluation design, conducting the interviews, data analysis, writing up the findings, drafting the paper from the internal full evaluation report, and is the guarantor accepting full responsibility for the work. MC: evaluation design, survey data collection, supporting analysis of the interview data, critical commenting and drafting of the paper. CC: implementing the programme, evaluation design and critical commenting on drafts of the paper.

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**Competing interests** NC was also a participant of this programme. An evaluation was planned prior to the author changing substantive roles after beginning the programme. This potential conflict of interest was discussed and agreed to be mitigatable by supervision and guidance from MC. Fellow participants of the programme were informed at the earliest opportunity and enabled to raise queries or concerns. No concerns were noted at the time or expressed afterwards. No other competing interests are declared for the authors.

**Patient consent for publication** Not applicable.

**Ethics approval** This service evaluation was reviewed and approved by Nottinghamshire Healthcare NHS Trust's Research and Evidence Department. It did not require formal ethics approval. Patient and public engagement was not applicable; however, programme facilitators and partners contributed to the development of the evaluation aims and objectives. Participants gave informed consent to participate in the study before taking part.

**Provenance and peer review** Not commissioned; externally peer reviewed.

**Data availability statement** No data are available. This is due to participants not having provided consent for this.

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