



# BNSSG Equality, Diversity and Inclusion Interview Questions for Executives and Senior Leaders

## Recruiting Managers Question Bank

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## Background

As part of the BNSSG Equality, Diversity and Inclusion (EDI) work led by the BNSSG EDI Leads Group, more inclusive recruitment policies and practices is a key priority. These suggested interview questions for executive and senior leader roles are provided as good practice examples. All executive and senior leader roles should have at least one core EDI competency (or criteria where competency is not used) in the job description, and this should be tested at interview.

The NHS Leadership Academy suggest that selection panels should be looking for prospective Chief Executives /Executive Directors who are able to build EDI considerations into the core business of the Board, rather than approach it as a separate or parallel issue. In addition to the EDI question/s, panel members should note candidate's response to core/generic questions where EDI competency has been demonstrated and also where candidates have made demonstrable links between EDI and health outcomes.

Summarised below are some competencies that panels might assess a candidate's EDI capability against, examples of the evidence that panel members should look and listen for, and some supplementary questions that they might consider using to draw this out. Examples of negative indicators are also provided.

Recruiting managers are encouraged to select question/s most suitable to the role and their organisation.

These questions seek to explore individual's behaviour/ attitudes/ competencies towards equality, diversity and inclusion and the expectations of leaders in the NHS. Questions, competencies and indicators have been drawn from guidance set out in the NHS Leadership Academy report; [Building Equality, Diversity and Inclusion into the NHS Board Selection Process](#), incorporates questions suggested by NHSE&I South West EDI Team and those currently used by BNSSG system partner organisations. The questions are framed to ensure they are values-based and situational and have been mapped against competencies and negative indicators set out in the NHS Leadership Academy's [Healthcare Leadership Model](#).

These Suggested interview questions for all other roles (other than executives and senior leaders) will be included in the BNSSG Inclusive Recruitment Framework.

## Suggested use of these questions

- Use this document specifically for senior recruitment as an addition to any other bank of regular questions.
- Use one or two of the questions in each senior recruitment.
- Use the suggested competencies to score against each question.



Example Questions	Examples of evidence	Competency	Negative Indicators
<b>Theme: Developing the vision, direction &amp; strategy for the organisation, Demonstrating personal qualities.</b>			
<b>The candidate should:</b>			
<p>Please give an example of how you have demonstrated your personal commitment to equality, diversity and inclusion.</p> <p>How would you foster an 'inclusion' culture or encourage diversity? How would you measure success?</p>	<p>The candidate demonstrates personal insight into their actions, experience and behaviours that illustrate awareness and appreciation of Equality, Diversity and Inclusion.</p> <p>The candidate demonstrates an awareness of Equality, Diversity and Inclusion influences on &amp; implications for shaping organisational culture.</p>	<p>Demonstrates personal commitment to Equality, Diversity and Inclusion the ability to make a positive influence on the agenda within the wider health and social care system.</p> <p>Healthcare Leadership Model – Influencing for results Deciding how to have a positive impact on other people; building relationships to recognise other people's passions and concerns; using interpersonal and organisational understanding to persuade and build collaboration.</p>	<ul style="list-style-type: none"> <li>-Being insular</li> <li>-Thinking only about your own measures or experience</li> <li>-Reluctance to change</li> <li>-Collecting data without responding to indicators and ignoring evident disparities</li> </ul>
<p>Please give an example of a time when you have engaged diverse service users and other stakeholders in creating a compelling vision of the future direction of the organisation.</p> <p>What role do you think diverse service users and other stakeholders played in this situation?</p>	<p>Reference to the patient experience, including those of diverse patients / service users is made when the candidate responds to questions about vision and strategy.</p> <p>The candidate demonstrates awareness of the type of Equality, Diversity and Inclusion data that</p>	<p>Demonstrate the ability to integrate and embed Equality, Diversity and Inclusion into the vision and strategy of the organisation</p> <p>Make connections between the diverse needs of service users and the workforce and the role and implications of these in achieving</p>	<p>Overall negative indicators:</p> <ul style="list-style-type: none"> <li>-Putting own agenda first and impression of superiority</li> <li>-Failing to identify opportunities for diversity and not responding to diverse needs of team, thinking only about your own measures or experience</li> </ul>

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	<p>could be used to inform Board strategic decisions.</p> <p>The candidate demonstrates understanding of who our diverse service users and stakeholders are.</p> <p>The candidate raises the need for an Equality, Diversity and Inclusion vision, strategy and governance structures to underpin the organisation's core objectives and achievement of equality goals.</p>	<p>core organisational vision, strategy &amp; objectives.</p> <p>Understand the importance of an Equality, Diversity and Inclusion vision &amp; strategy to support the achievement of core strategic objectives.</p> <p>Healthcare Leadership Model – Evaluating information Seeking out varied information; using information to generate new ideas and make effective plans for improvement or change; making evidence-based decisions that respect different perspectives and meet the needs of all service users.</p>	<ul style="list-style-type: none"> <li>-Lack of accountability, compassion and/or understanding of individuals needs</li> <li>-Lack of understanding of health inequality and workforce inequality</li> <li>-Failing to look beyond the obvious</li> <li>-Collecting data without responding to indicators and ignoring evident disparities</li> <li>-Reluctance to look for better ways of doing things</li> <li>-Using research as a weapon</li> </ul>
<p>Tell us about a time when you developed or contributed to developing a strategy involving Equality, Diversity and Inclusion.</p> <p>How did you influence stakeholders to accept the strategic vision?</p>	<p>The candidate demonstrates awareness and understanding of the Equality Act 2010 and the general and specific Public Sector Duties and the Human Rights Act 1998.</p>	<p>Demonstrate the ability to make a positive influence on the Equality, Diversity and Inclusion agenda within the wider health and social care system.</p> <p>Demonstrate the ability to deploy leadership to meet the legal and NHS requirements.</p> <p>Healthcare Leadership Model – Influencing for results</p>	<ul style="list-style-type: none"> <li>-Being insular</li> <li>-Pushing own agenda without regard to other views</li> <li>-Only using one influencing style</li> <li>-Being discourteous or dismissive</li> </ul>

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		Deciding how to have a positive impact on other people; building relationships to recognise other people's passions and concerns; using interpersonal and organisational understanding to persuade and build collaboration.	
Please give an example of a time when you influenced stakeholders that Equality, Diversity and Inclusion is relevant to a strategic decision that is about organisational change?	The candidate demonstrates understanding of the Equality, Diversity and Inclusion standards for Board members embodied in the NHS Constitution and the Council for Health Care Regulatory Excellence. Reference to NHS Long Term Plan, People Plan and health inequality.	Values differences: regards people as individuals and appreciates the value of diversity in the workplace. Healthcare Leadership Model: Influencing for results - Deciding how to have a positive impact on other people; building relationships to recognise other people's passions and concerns; using interpersonal and organisational understanding to persuade and build collaboration.	<ul style="list-style-type: none"> <li>-Being insular</li> <li>-Pushing your agenda without regard to other views</li> <li>-Only using one influencing style</li> <li>-Being discourteous or dismissive</li> </ul>
Describe engagement strategies that you have used or with which you are familiar, to seek the views of stakeholders from diverse backgrounds.	The candidate understands and refers to the need to engage with people from diverse backgrounds in the workforce and in the community when formulating vision & strategy.	Healthcare Leadership Model – Evaluating information Seeking out varied information; using information to generate new ideas and make effective plans for improvement or change; making evidence-based decisions that respect different perspectives and meet the needs of all service	<ul style="list-style-type: none"> <li>-Failing to look beyond the obvious</li> <li>-Collecting data without responding to indicators and ignoring evident disparities</li> <li>-Thinking only about your own measures or experience</li> <li>-Reluctance to look for better ways of doing things</li> </ul>

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<p>Tell us about a time when you identified opportunities to advance a culture of Equality, Diversity and Inclusion and meet the Public Sector Equality Duty in a climate of organisational change.</p> <p>What suggestions did you offer to take advantage of the opportunities?</p>	<p>The candidate demonstrates an awareness of Equality, Diversity and Inclusion influences on &amp; implications for shaping organisational culture. Refers to Equality, Diversity and Inclusion issues when considering strategic options.</p>	<p>users.</p> <p>Healthcare Leadership Model – Influencing for results Deciding how to have a positive impact on other people; building relationships to recognise other people’s passions and concerns; using interpersonal and organisational understanding to persuade and build collaboration.</p>	<p>-Using research as a weapon -Being insular -Pushing own agenda without regard to other views -Only using one influencing style -Being discourteous or dismissive</p>
<p>Give an example of a time of how you have ensured the positive changes and developments on EDI (and not made) are not lost during organisational change?</p>	<p>The candidate suggests ways that gains can be made whilst referencing the NHS Long Term Plan, People Plan, health inequalities and formation of ICS/ICB.</p>	<p>Healthcare Leadership Model – Inspiring shared purpose Valuing a service ethos; curious about how to improve services and patient care; behaving in a way that reflects the principles and values of the NHS.</p>	<p>-Using values to push a personal or ‘tribal’ agenda -Hiding behind values to avoid doing your best -Self-righteousness -Misplaced tenacity -Shying away from doing what you know is right</p>
<p>What information or data in relation to Equality, Diversity and Inclusion do you think we need to help us influence senior leadership?</p>	<p>The candidate demonstrates awareness of the type of Equality, Diversity and Inclusion data that could be used to inform Board strategic decisions. Demonstrates awareness and understanding of the Equality Act 2010 and the general and specific Public Sector Duties and the Human Rights Act 1998.</p>	<p>Healthcare Leadership Model – Evaluating information Seeking out varied information; using information to generate new ideas and make effective plans for improvement or change; making evidence-based decisions that respect different perspectives and meet the needs of all service users.</p>	<p>-Failing to look beyond the obvious -Collecting data without responding to indicators and ignoring evident disparities -Thinking only about your own measures or experience -Reluctance to look for better ways of doing things -Using research as a weapon</p>

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<p>Tell us about a time when you have worked with or developed governance structures to ensure progress in achieving positive Equality, Diversity and Inclusion outcomes for service users and staff?</p> <p>What governance structures do you think are needed to further progress in achieving this?</p>	<p>The candidate raises the need for an Equality, Diversity and Inclusion vision, strategy and governance structures to underpin the organisation's core objectives and achievement of equality goals. Clearly communicates the vision in a way that inspires and encourages shared ownership and inclusion.</p>	<p>Healthcare Leadership Model – Connecting our service Understanding how health and social care services fit together and how different people, teams or organisations interconnect and interact.</p> <p>Healthcare Leadership Model – Holding to account Agreeing clear performance goals and quality indicators; supporting individuals and teams to take responsibility for results; providing balanced feedback.</p>	<ul style="list-style-type: none"> <li>-Being rigid in your approach</li> <li>-Thinking about only my part of the organisation</li> <li>-Believing only your view is the right one</li> <li>-Thinking politics is a dirty word</li> <li>-Failing to engage with other parts of the system</li> <li>-Focusing solely on the depth of your area at the expense of the broader service</li> <li>-Setting unclear targets</li> <li>-Tolerating mediocrity</li> <li>-Making erratic and changeable demands</li> <li>-Giving unbalanced feedback (too much praise or too little)</li> <li>-Making excuses for poor or variable performance</li> <li>-Reluctance to change</li> </ul>
<p>Please give an example of how you have personally committed to leading Equality, Diversity and Inclusion in the wider health and social care system?</p> <p>What do you think our health and social care system will need to do to</p>	<p>The candidate positions responses in the context of the wider health and social care system and demonstrates how they would seek to make a positive Equality, Diversity and Inclusion impact.</p>	<p>Healthcare Leadership Model – Influencing for results Deciding how to have a positive impact on other people; building relationships to recognise other people's passions and concerns; using interpersonal and organisational understanding to</p>	<ul style="list-style-type: none"> <li>-Being insular</li> <li>-Pushing own agenda without regard to other views</li> <li>-Only using one influencing style</li> <li>-Being discourteous or dismissive</li> </ul>

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<p>continue to improve on our approach to Equality, Diversity and Inclusion, and what would be your role in that?</p>		<p>persuade and build collaboration.</p>	
<p><b>Theme: Managing and Improving Services, Working with others.</b> <b>The candidate should:</b></p>			
<p>Tell us about a time when you have contributed to the commissioning process to help to improve health equality?</p> <p>What data or feedback would you expect to see from providers that you are commissioning to assist you in assuring equality and inclusion in health service delivery and structures?</p>	<p>Inspires and supports leaders to mobilise diverse teams that are committed to and aligned with the organisation's values and goals. Engages with and influences senior leaders and key stakeholders to deliver joined up services to tackle health inequality.</p> <p>Ensures patient safety, using an Equality, Diversity and Inclusion perspective in assessing risks to patients associated with service developments, balancing economic considerations with the need for patient safety.</p>	<p>Healthcare Leadership Model – Inspiring shared purpose Valuing a service ethos; curious about how to improve services and patient care; behaving in a way that reflects the principles and values of the NHS.</p> <p>Healthcare Leadership Model – Holding to account Agreeing clear performance goals and quality indicators; supporting individuals and teams to take responsibility for results; providing balanced feedback.</p>	<ul style="list-style-type: none"> <li>-Using values to push a personal or 'tribal' agenda</li> <li>-Hiding behind values to avoid doing your best</li> <li>-Self-righteousness</li> <li>-Misplaced tenacity</li> <li>-Shying away from doing what you know is right</li> <li>-Setting unclear targets</li> <li>-Tolerating mediocrity</li> <li>-Making erratic and changeable demands</li> <li>-Giving unbalanced feedback (too much praise or too little)</li> <li>-Making excuses for poor or variable performance</li> <li>-Reluctance to change</li> </ul>
<p>Describe a situation when you have influenced a Board to take specific actions to ensure NHS resources are allocated in a fair and equitable way?</p>	<p>Considers the equality implications to different groups of service users and staff in decision making.</p>	<p>Healthcare Leadership Model – Influencing for results Deciding how to have a positive impact on other people; building relationships to recognise other people's passions and concerns; using interpersonal and organisational understanding to</p>	<ul style="list-style-type: none"> <li>-Being insular</li> <li>-Pushing own agenda without regard to other views</li> <li>-Only using one influencing style</li> <li>-Being discourteous or dismissive</li> </ul>



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<p>Tell us about a time when you identified evidence to validate that Equality, Diversity and Inclusion is successfully embedded and integrated into mainstream processes?</p>	<p>Understands and anticipates the impact of health trends with an Equality, Diversity and Inclusion lens and develops strategic plans that will have a significant impact on the organisation and wider healthcare system.</p>	<p>persuade and build collaboration. Healthcare Leadership Model – Holding to account Agreeing clear performance goals and quality indicators; supporting individuals and teams to take responsibility for results; providing balanced feedback.</p>	<ul style="list-style-type: none"> <li>-Setting unclear targets</li> <li>-Tolerating mediocrity</li> <li>-Making erratic and changeable demands</li> <li>-Giving unbalanced feedback (too much praise or too little)</li> <li>-Making excuses for poor or variable performance</li> <li>-Reluctance to change</li> </ul>
<p>Give an example of a time in your previous role/s of something you have done to improve Equality, Diversity and Inclusion and what difference and outcomes did you achieve?</p>	<p>Ensures strategic objectives are translated to operational plans that are informed by input from a diverse range of frontline professionals and practitioners. Clearly outlines performance management tools and strategies to engage all staff.</p>	<p>Healthcare Leadership Model - Developing capability Building capability to enable people to meet future challenges; using a range of experiences as a vehicle for individual and organisational learning; acting as a role model for personal development.</p>	<ul style="list-style-type: none"> <li>-Focusing on development for short-term task accomplishment</li> <li>-Supporting only technical learning at the expense of other forms of growth and development</li> <li>-Developing yourself mainly for your own benefit</li> <li>-Developing only the 'best' people</li> </ul>
<p>Describe a situation when you have assured yourself that the strategic objectives and plans signed off by the Board are being delivered in line with their strategic Equality, Diversity and Inclusion objectives?  How did you assure yourself?</p>	<p>Monitors the effects and outcomes of change by the equality impact on Services as well as other Key Performance Indicators. Demonstrates commitment to taking ownership and accountability of EDI objectives.</p>	<p>Healthcare Leadership Model - Holding to account: Agreeing clear performance goals and quality indicators; supporting individuals and teams to take responsibility for results; providing balanced feedback.</p>	<ul style="list-style-type: none"> <li>-Setting unclear targets</li> <li>-Tolerating mediocrity</li> <li>-Making erratic and changeable demands</li> <li>-Giving unbalanced feedback (too much praise or too little)</li> <li>-Making excuses for poor or variable performance</li> <li>-Reluctance to change</li> </ul>



## Questions to avoid:

What does diversity mean to you?			
How would you implement inclusion in your strategy to be as inclusive as possible?			

Useful reads:

No More Tick Boxes - [ICS Board Appointments: Interviews and EDI.](#)

NHS Leadership Academy [Building Equality, Diversity and Inclusion into the NHS Board Selection Process.](#)

NHS Leadership Academy [Healthcare Leadership Model.](#)

If you have any questions in relation to this document, please e-mail Noor Nixon (BNSSG EDI Workforce Project Manager): [noor.nixon@nhs.net](mailto:noor.nixon@nhs.net)