

Learnings from the equality, diversity and inclusion improvement plan system collaborative

In January 2024, NHS Providers conducted a series of structured interviews with the 12 members of the [equality diversity and inclusion \(EDI\) improvement plan](#) system collaborative¹ to understand the successes, challenges and barriers being experienced by NHS organisations as they implement the high impact actions (HIAs) outlined in NHS England's (NHSE) first [EDI improvement plan](#) ('the plan'), published in June 2023. As part of this project, system collaborative members were also invited to an interim findings webinar on 28 February 2024. We hosted a virtual roundtable on 4 April 2024, focused on [HIAs 6](#) and [1](#).

This document summarises the insights shared by members of the system collaborative as part of structured interviews, as well as the insights collated as part of the roundtable discussion focused on [HIA 6](#) and [1](#), including barriers and enablers to progress and where further support is needed to realise the plan's ambitions.

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NHS England's EDI improvement plan

On 8 June 2023, NHSE [published](#) its first EDI improvement plan, centred on six intersectional HIAs. The plan was developed in consultation with diverse staff, staff networks and stakeholders, including NHS Providers. Each HIA is underpinned by success metrics and was accompanied by a number of time-defined actions, with dates ranging from as soon as possible to 2026 and beyond. As part of this plan, NHSE also launched an EDI resource [repository](#) hosted on FutureNHS.

High impact actions

¹ Members of the system collaborative were a self-selecting group of NHS organisations in England, consisting of NHS trusts and foundation trusts, Integrated Care Boards (ICBs) and a community interest company (CIC). For further details, see Appendix 1.

- 1 Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
- 2 Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
- 3 Develop and implement an improvement plan to eliminate pay gaps.
- 4 Develop and implement an improvement plan to address health inequalities within the workforce.
- 5 Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.
- 6 Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

NHSE have [committed](#) to evaluating progress against the plan’s HIAs in year two and five of the plan – expected to be 2025 and 2028 respectively.

Insights from our conversations with NHS organisations

Many organisations noted that they had already introduced EDI interventions, anti-racism frameworks, EDI policies and strategies before the improvement plan was published in June 2023. They have been working to cross-reference the HIAs included in the improvement plan with the plans they had already developed and set in motion.

Overarching insights

- The plan is a positive start, has provided consistency, and has strengthened the narrative around accountability.
- Organisations feel it is “too early to tell” whether the plan’s HIAs are the right ones.
- The plan has improved board engagement with EDI, but it is not a panacea. It will be important to ensure the plan’s HIAs are embedded in the long term as organisational culture change takes time.
- Support and guidance for middle management could have been more explicit in the plan and retention could have been explicitly referenced in HIA 2 and 5.
- Some organisations reported the plan had fostered greater collaboration with their system partners.
- Organisations would like further clarity on how the plan interlinks with existing EDI reporting requirements, including the Care Quality Commission (CQC) [Well-led framework](#), Equality and Human Rights Commission (EHRC) [public sector equality duty](#) (PSED) monitoring, the Workforce Race and Disability Equality Standards ([WRES](#) and [WDES](#)) and the [Equality Delivery System](#) (EDS).

They have also been working to cross-reference the HIAs included in the improvement plan with the plans they had already developed and set in motion. Additional guidance from NHSE on how to manage this would be appreciated by NHS organisations.

Current enablers of the plan

- Support and buy-in from the organisation's board.
- Connecting with system partners to compare strategies, share interventions and resources (where appropriate).
- Strengthened inclusive recruitment and onboarding processes because they have resulted in greater organisational diversity and have positively contributed to organisational culture change.
- EDI built into organisational governance structures, including an internal 'check and challenge' process.
- Dedicated EDI roles, particularly with expertise in data analysis or public health. A director of EDI and increased EDI and organisational development (OD) resourcing are also beneficial.
- Ongoing work to roll out inclusive leadership training for managers, including modules on microaggressions, LGBTQ+ awareness and neurodivergence.
- Strong and active staff network groups.
- Utilisation of external expertise to help develop interventions, training programmes and policies.

Current barriers to implementation of the plan

- Challenging political environment that questions value and importance of embedding EDI initiatives. This acts as a barrier to increasing funding and resourcing.
- Capacity and resource – there are multiple EDI data reporting requirements, so EDI teams are spread thinly with limited time to focus on embedding broader organisational change.
- Varied ability for teams working to enact the plan to hold trust leaders to account on actions to deliver progress against the HIAs.
- The need to upskill board knowledge and awareness of specific EDI issues.
- On HIA 6 system collaborative members expressed concern the timelines outlined in the plan are short and that cultural change takes time to embed.
- Electronic Staff Record (ESR) had not been updated to allow pay gap reporting outlined in the plan at the insight gathering phase. However, while this has since been addressed, it highlighted the need for cross-team planning and communication within NHSE. Some members had spent a significant amount of time undertaking pay gap reporting manually.

- Challenges specific to coastal and rural communities that affect their ability to recruit and retain internationally educated and ethnic minority staff include a lack of public transport, the risk of social isolation and a lack of community infrastructure.
- It is important to support teams onboarding internationally recruited staff, as well as the internationally recruited staff themselves.
- Lack of clarity on the wording of HIAs 1 and 4, which results in them being too open to interpretation. For example, system collaborative members felt that HIA 1 is not clear whether objectives should be personal or organisational. HIA 4 does not provide clarity on how health inequalities impact staff, as well as patients.
- On HIA 4, some shared that health inequalities are closely linked to wider cultural change and robust evaluation processes are not currently in place around workforce health inequalities. Some felt initiatives to improve EDI and reduce health inequalities need to be better joined up.

Initial successes in implementing the plan

- Some good work being done to strengthen EDI training and awareness as part of corporate induction programmes.
- Good examples of support for internationally recruited staff, across recruitment, pastoral support and onboarding processes. However, concerns were expressed about how this work would be supported once funding comes to an end.
- Staff wellbeing interventions, which are embedded across organisational processes.
- Previous work based on the previous six national high impact actions on recruitment and promotion practices has put organisations on a stronger footing to start implementing the plan.
- Good practice around the use of staff networks to create psychologically safe spaces for staff.
- Some system collaborative members are already producing ethnicity pay gap reports but are unsure what the target end point is and would benefit from additional support.

Black Country ICS is developing an executive development programme that will drive diversity in their talent pipeline. This will be developed using learning from national programmes including the pilot of the 'positive action leadership programme' targeted at ethnic minority colleagues at senior levels that is due to complete across the system in May 2024.

Northern Care Alliance NHS Foundation Trust has created a virtual campus for leaders to engage in discussions together. Attendance at a two-day accelerated leadership development programme is a requirement for all people leaders.

Royal Cornwall Hospitals NHS Trust has monthly meeting with local NHS partners, including their ICB colleagues, and a bi-monthly meeting with the local authority EDI team to align work on the plan's HIAs.

Salisbury NHS Foundation Trust has introduced a 'developing together' training for leaders which focuses on knowing yourself and others, welcoming and respecting difference, leading a team through change and optimising team performance.

Where further support is needed to enact the plan

- Increased EDI resource and expertise, particularly around data analysis.
- Dedicated centralised funding to finance initiatives that relate to the plan's HIAs.
- Centralised systems, with dashboards and templates to support action towards HIAs.
- Centrally developed resources to support delivery of HIAs, with a focus on technical guidance on data collection and analysis, and talent management
- Workshops and peer learning events to share good practice and case studies, and information on how other organisations are progressing against the HIAs.
- Greater support and stronger relationships with trusts and NHSE regional and national teams.
- Greater support for community interest companies (CICs), including forums for them to communicate with peers and other providers.

EDI improvement plan roundtable

On 4 April 2024 we hosted a roundtable with members of the system collaborative and NHSE's EDI directorate, focusing on HIAs 6 and 1. We invited four additional organisations to join this roundtable, to ensure voices from the ambulance sector were heard as part of these conversations.

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) presented on their recently launched '[No abuse, no excuse' campaign](#), aimed at tackling violence and aggression against staff. This initiative has been staff-led, and posters are highly visible across the trust's multiple sites. The organisation has introduced a system of yellow cards (two written warnings) and red cards (time-limited ban on access to non-emergency care), as well as 60 body cameras, which are available to non-security staff and can act as a de-escalation technique. The yellow and red card system will be

assessed after an initial pilot to see what changes may be required to the policy, and to analyse data and any emerging trends.

BHRUT also spoke about their ‘managers’ licence programme’, designed to ensure a base skillset for all members of staff taking on line management responsibilities. The programme is delivered in four stages, including a ‘starting and leading well at BHRUT’ module that is part of their induction, followed by foundation, intermediate and advanced levels. The programme has been developed with senior leaders and subject matter experts.

See Appendix 2 for a full list of organisations that attended this roundtable.

Insights on High Impact Action 6

- Attendees noted that violence and aggression has been a greater concern post-pandemic and discussed the challenges of implementing a zero tolerance approach – particularly in emergency services – and how staff can be supported to ensure incidents are accurately recorded and reported to the police (where appropriate).
- Attendees discussed the use of hard-hitting messages to make clear that these behaviours are “not okay”. They also mentioned the need to help board members understand these experiences and their impact, particularly if they are not something they have experienced themselves.
- There was discussion of red and yellow card policies, and their effectiveness – it is key to ensure relationships are built between staff, patients and the wider local community.
- Attendees also spoke about patient vulnerability – particularly patients who have experienced homelessness, are care leavers or have experience of the criminal justice system. This does not absolve these behaviours, but attendees recognise there is a need to co-design interventions to reduce the number of incidents occurring in the first place.
- The inclusion of questions on sexual safety and unwanted sexual behaviour in the 2023 [NHS Staff Survey](#) have provided a stronger evidence base on these incidents and behaviours and allow for greater targeted action. Many attendees also noted the importance of the recently launched [Sexual Safety Charter](#).
- Some attendees spoke about how their organisation has delivered active bystander training to equip staff with the skills needed to support colleagues who have experienced violence, aggression and/or abuse.
- Participants discussed the challenges of delivering EDI strategies in the current political and cultural environment. There was discussion of how a focus on race and ethnicity has sometimes led to

feedback that other minoritised groups feel under-presented. There is clear evidence of poorer outcomes for ethnic minority staff and patients. There is a need for targeted, data-driven and evidence-based interventions, but the risk of working in silos must also be avoided.

- Attendees spoke of challenges specific to the ambulance sector, which often sees staff reporting worse experiences compared to other trust types across a number of metrics. The Association of Ambulance Chief Executives' (AACE) 'Work without fear' campaign was referenced as a helpful intervention.

Royal Cornwall Hospitals NHS Trust has recently launched new trust values, and as part of this have developed an anti-discrimination statement which is linked to and cross-references their violence and aggression strategy.

Norfolk Community Health and Care NHS Trust has developed a civility and respect toolkit over the last 18 months to help drive forward work to tackle bullying and harassment.

Buckinghamshire Oxfordshire and Berkshire West ICB has engaged system partners on work to tackle violence and aggression from patients, their families and the public. They have created a 'Safer Workplaces partnership' as part of this. The partnership meets monthly to share information, resources, updates and learning on a range of areas, including communications campaigns, such as the Oxford University Hospitals' No Excuses Campaign, Royal Berkshire Hospitals' protocols and policies for managing violence and aggression and training needs analyses and the Sexual Safety Charter and toolkit developed by South Central Ambulance Trust.

Insights on High Impact Action 1

- Attendees shared that the main challenge is ensuring board objectives are SMART (Specific, Measurable, Achievable, Relevant and Time-based) and have impact.
- Organisations have introduced a range of board objectives in support of [HIA 1](#) – some have adopted corporate objectives, others professional, and some personal. It will be important to assess the impact of these objectives over time.
- Some attendees reported that their organisations have shared their board's EDI objectives with all staff, while others who had not, noted there is a need for greater transparency with the wider staff body and not just among those who work closely with the board and are linked to EDI work.
- Many reported their organisations have executive and non-executive sponsors for staff network groups, and that anecdotally some networks have reported feeling better heard by the board since

these relationships were introduced. However, other organisations noted that sponsorship of a staff network should not be the extent of a board member’s EDI objective as part of [HIA 1](#) – if it is, the objective needs to explain what sponsorship achieves.

- One attendee shared that while they are held to account by their ICB, they are concerned this is not robust enough and they would like to see more from NHSE to ensure they are held to account on the plan’s HIAs.

Mid Yorkshire Teaching NHS Trust has introduced objectives by protected characteristic, which means each board member is a champion of a specific characteristic and an objective has been set against this as part of the EDI improvement plan. They have linked these to pay gap data and other metrics to ensure they are measurable. The trust has also introduced board objectives linked to staff networks, which it hopes will result in further action and accountability outside of the board and across the wider organisation.

Black Country ICS has secured commitment from each system trust CEO to support the implementation of one of their six EDI pledges within their ICS EDI strategy which is aligned to HIA 1 and the remaining HIA actions within the EDI improvement plan. They are working in collaboration to ensure they are not working in siloes and to encourage longevity and sustainability.

Next steps

NHS Providers inequalities programme will continue to focus on supporting trust leaders to embed race equality as a core part of board business and linking this work to the HIAs within NHSE’s EDI improvement plan. The insights collated as part of this work will also inform our ongoing influencing work on embedding the plan.

Upcoming EDI improvement plan deadlines

Deadline/Linked HIA	Action details
By June 2024	
HIA 2	Create and implement a talent management plan to improve leadership diversity by June 2024, assessing progress by June 2025 (see below).
HIA 6	Have effective policies in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it.
By October 2024	

HIA 2	Implement a plan for widening recruitment opportunities at a local community level, including the creation of career pathway development programmes (underpinned by the LTWP). Impact should be measured in terms of social mobility across the ICS footprint.
By 2024	
HIA 3	Analyse available data on pay gaps and implement an improvement plan by protected characteristic. Plans for race and sex should be in place by 2024. This will be tracked and monitored by NHS boards.
By March 2025	
HIA 1	Board members should demonstrate how data and lived experience have been utilised to improve organisational culture.
By April 2025	
HIA 4	Work in partnership with local community organisations, with facilitation supported by ICBs, to improve employment opportunities. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare.
By June 2025	
HIA 2	Assess progress of talent management plan to improve leadership diversity (first deadline June 2024).
By 2025	
HIA 3	Analyse available data on pay gaps and implement an improvement plan by protected characteristic, for disability by 2025. This will be tracked and monitored by NHS boards.
By 2026	
HIA 3	Analyse available data on pay gaps and implement an improvement plan by protected characteristic, for other protected characteristics by 2026. This will be tracked and monitored by NHS boards.

Upcoming NHS Providers events and resources

Events

The [Race Equality programme](#) frequently holds events aimed at board members and those leading on race equality. These events support leaders to identify and challenge structural race inequality and embed it as part of core business. To find out more please visit the events section of our [website](#).

Resources

- Guide: [A guide to evidence-based effective recruitment and talent management interventions for race equality](#)

- Guide: [Closing the gap: a guide to addressing racial discrimination in disciplinarys](#)
- Guide: [A guide to supporting your internationally educated workforce](#)
- Briefing: [NHS England equality, diversity and inclusion improvement plan](#)
- Briefing: [NHS Staff Survey results 2023](#)
- Briefing: [NHS Workforce Race Equality Standard report 2023](#)
- Briefing: [NHS Workforce Disability Equality Standard report 2023](#)
- Report: [Providers Deliver – Enabling wellbeing within trusts](#)
- Report: [Race 2.0 – time for real change](#)
- Article: [Why we need to focus on race](#)
- Podcast: [Creating an equal and diverse workplace in the NHS](#)

Further information about our [race equality](#) and [health inequalities](#) member support programmes are available on our website. In November 2022, NHS Providers published its [anti-racism statement](#) and internal anti-racism [action plan](#).

Appendices

Appendix 1 – System collaborative members

Black Country ICB
Buckinghamshire, Oxfordshire and Berkshire West ICB
City Health Care Partnership CIC
Cornwall Partnership NHS Foundation Trust
Northern Care Alliance NHS Foundation Trust
Herefordshire and Worcestershire Health and Care NHS Trust
Mid Yorkshire Teaching NHS Trust
Norfolk Community Health and Care NHS Trust
Royal Cornwall Hospitals NHS Trust
Salisbury NHS Foundation Trust
Sussex Health and Care
West Yorkshire Health and Care Partnership

Appendix 2 – Roundtable attendees

Barking, Havering and Redbridge University Hospitals NHS Trust

Black Country ICB
City Health Care Partnership CIC
Cornwall Partnership NHS Foundation Trust
Northern Care Alliance NHS Foundation Trust
Herefordshire and Worcestershire Health and Care NHS Trust
Mid Yorkshire Teaching NHS Trust
North West Ambulance Service NHS Trust
Royal Cornwall Hospitals NHS Trust
Salisbury NHS Foundation Trust
Sussex Health and Care
West Yorkshire Health and Care Partnership
Yorkshire Ambulance Service NHS Trust