Peer learning event: Leading EDI transformation - accountability and action for board members

NHS England published the NHS equality, diversity and inclusion (EDI) improvement plan (the plan) in June 2023, building on the NHS People Plan, and the People Promise. The plan proposes six high impact actions (HIAs) for implementation by NHS organisations, with the aim that these will help NHS trusts and integrated care boards (ICBS) achieve greater accountability and strategic outcomes.

The event explored one organisation's approach to the practical implementation of high impact action one of the plan alongside key insights from NHS England (NHSE). Trust leaders also participated in facilitated breakout spaces to share and discuss what interventions have worked in creating an environment that fosters inclusion, and to share evidence-based practice on how this is being done in other organisations.

Plenary presentation, Ian Holmes, director of strategy, NHS West Yorkshire ICB (WYICB)

Ian outlined the approach being taken across WYICB, stating that this work began in 2020 before the ICB was formed in light of disparities highlighted by Covid-19. Key workstreams include:

- the establishment of a Strategic Race Equality Network to ensure the representation of ethnic minority staff in their work,
- development of their anti-racist movement #RootOutRacism,
- embedding of inclusive recruitment blueprint to counteract systematic barriers experienced by ethnic minority and disabled staff,
- establishing an inclusion health unit which reviewed how health services are commissioned to reflect the needs of the community, and
- a data-driven approach to understand variation in patient experience by protected characteristic.

Ian reflected that whilst 2020 had been a catalyst for a significant amount of work, which has begun to demonstrate measurable impact, the work is ongoing and significant challenges persist. WYICB has now launched their Fairness and Equity strategy for 2025-2030. Ian stressed a core part of the strategy is the need to, 'embed equality, equity, diversity, fairness, inclusion and social justice as everyone's business,' and provided an overview of the strategic objectives it contained.

Watch Ian's presentation here

Plenary presentation, Ali Aslam, deputy director EDI training and education, NHSE

Ali spoke of the impact of what is happening in the wider world seeping into organisations, for example following the Islamophobic and anti-immigration riots of 2024, and the need to develop workplace cultures within organisation must support diverse workforces. Alongside the established and well-known arguments around the benefits of focussing on EDI for the workforce and patients, Ali noted the importance of recognising the role of EDI in driving economic growth.

Ali shared a model of how leaders can utilise data-driven insights to develop the desired culture within a culture of continuous improvement and the support available to trust leaders and those leading EDI within their organisations.

Watch Ali's presentation here

Q&A

Within the Q&A session, further guidance was sought on the following points:

- Will NHSE fund the Henley Business School EDI apprenticeship?
  - Funding will need to come from individual organisation's
- How are race and anti-racism addressed within WYICB? Are you able to advise if your organisation addresses race as a social construct?
  - WYICB's approach has been to create as many opportunities for conversations on race as possible, and for the leadership to play an active apart within these. Ian also advocated for the importance of listening to stories and lived experience, as well as training for the board.

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Breakout discussion key themes

Delegates were invited to join breakout groups to discuss the questions below:

1. How do you see HIA1 enabling organisational EDI transformation?
2. What do you think are the key challenges, barriers or opportunities for advancing equality, diversity, and inclusion within your organisation?

Leadership and accountability for EDI

Many felt HIA1 and mandated EDI objectives are being treated as a 'tick-box exercise' rather than driving meaningful commitments.

There was recognition that in some boards, having a mandated requirement for EDI objectives at least forced a minimum level of conversation that may not otherwise have taken place. Thus HIA1 and the plan as a framework was perhaps a step in the right direction. However, participants felt that board objectives alone were not sufficient to drive forward the systemic culture change that is required. There were observations that those who understood the business case for EDI did the work regardless of any objective.

"It has become too tick-box. People who would have done it anyway are doing it, but those who are required to have it as an objective put in the least effort."

Trust chair

Delegates also noted the lack of oversight on progress against the plan and the individual HIAs. While many leaders now have EDI objectives in their appraisals, there is little enforcement or accountability to hold those who have resisted to account or to ensure actions committed to will enable tangible change for staff or patients. For objectives to have impact they must be smart, evaluate what is being achieved and linked to the wider EDI work of the organisation.

Ahead of a national meeting later in the week, some delegates shared concerns that the importance of EDI in developing inclusive and compassionate organisations, supporting staff and delivering better patient care and outcomes may be lost within coming changes and reprioritisation. If so, the board's role in embedding and maintaining a focus on EDI will become more important than ever but progress and prioritisation is likely to become more inconsistent.

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Overall, delegates said there would be benefit to additional guidance, support and central expertise on how these objectives could be set and agreed at an organisational level.

EDI and organisational culture

Delegates shared concerns of a disconnect between board and staff experience and that this means leadership discussions on EDI do not translate into real change. They discussed the need for honest conversations and vulnerability from leaders.

There is also continued discomfort when it comes to having conversations on race, as well as a fear of saying the wrong thing. Some leaders struggle to navigate the lexicon on EDI and what the term 'privilege' evokes. All of these present barriers to progress.

"As a white middle-aged man, I need to show vulnerability. People struggle to have honest conversations because they fear saying the wrong thing".

Trust chief executive

EDI work is often also pushed onto EDI leads or staff network leads who are most likely volunteers, rather than being embedded into collective leadership accountability – starting with the board. Lack of board leadership on the EDI agenda also leads to a lack of embedded support for staff and failure to address issues as well as discrimination from patients or workplace harassment.

"I was horrified at the last meeting. We looked at micro-abuse, and it was so common that no one even bothers to report it anymore".

Non-executive director

Challenges in measuring EDI progress

Many organisations struggle to evaluate the impact of their EDI initiatives and whether they are in fact making a difference. Some delegates suggested looking beyond traditional reporting metrics and measuring changes in lived experience and relying more heavily on qualitative feedback.

Delegates shared that they find it difficult to prioritise EDI due to competing pressures, such as financial and resource limits, whilst others reflected that capacity and resource should not be used as an excuse.

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It was also noted that the EDI agenda has a number of frameworks including the Workforce Race Equality Standard, Workforce Disability Standard, the plan, gender and ethnicity pay gap reporting and the Equality Delivery system, with unaligned and frequent reporting mechanisms. This acts as a barrier to progress, eating into the already limited time and capacity for driving action. However, they also highlighted the need for accountability and oversight of frameworks such as the plan.

Opportunities and potential solutions

Many suggested that governors could play a more active role in holding leadership accountable on the EDI agenda and their objectives. One trust reported they were establishing a buddying system between governors and non-executive directors to enable them to understand board discussions better.

Delegates discussed the need for structured national guidance, to ensure EDI initiatives are implemented effectively. One solution would be replicating successful models such as the Making Data Count training programme for boards which provides a standardised level of education for boards.

The power of lived experience and staff and patient voice to inform EDI work was emphasised. They highlighted the value of creating spaces for leaders to learn from staff and patients with diverse backgrounds. Alongside this, there were calls to focus on addressing systemic issues rather than individual's experiences and behaviours.

"When Care Quality Commission reviewed our board, they highlighted what was said in staff networks – this has sparked a shift in focus for our board".

Non-executive director

The discussions across all breakout groups reflected a common struggle to move beyond surface level EDI commitments and creating change.

The main challenges include:

- EDI being treated as a tick-box exercise rather than an embedded culture.
- Lack of accountability in leadership structures.
- Difficulty in measuring impact beyond data reporting.

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- Systemic barriers such as inequity in recruitment processes, overrepresentation of ethnic minority staff within disciplinary processes and regulatory referrals, underrepresentation at senior levels.
- Financial constraints.

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