

Let's talk about.....

# NHS equality, diversity, and inclusion improvement plan



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# Sir Gordon Messenger review

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The review recommends that we should agree and **set uniform standards for equal opportunities and fairness**, with more training to ensure that the very best leadership approaches become ingrained.

The Care Quality Commission must support this work by measuring progress through regular assessments.

**This does not mean more people working in diversity**, but fewer. In my view, there are already too many of these roles and, at a time when our constituents are facing real pressures on the cost of living, we must spend every penny with care. **Instead of farming out this important work to a specific group of managers, it must be seen as everyone's responsibility, with everyone being accountable for extending fairness and equal opportunities at work.**



# The plan

- ✓ Co-produced through engagement with staff networks and senior leaders
- ✓ Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS
- ✓ Explains the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery
- ✓ Describes how NHS England will support implementation
- ✓ Provides a framework for integrated care boards to produce their own local plans



# High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

## Measurable objectives on EDI for Chairs Chief Executives and Board members.

### Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).



## Overhaul recruitment processes and embed talent management processes.

### Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training



## Eliminate total pay gaps with respect to race, disability and gender.

### Success metric

3a. Improvement in gender, race, and disability pay gap



## Address Health Inequalities within their workforce.

### Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2



## Comprehensive Induction and onboarding programme for International recruited staff.

### Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff



## Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

### Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)





# High Impact Action 1

Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable

NHS organisations and ICBs must complete the following actions:

- ✓ Every board and executive team member must have **EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART)** and be assessed against these as part of their annual appraisal process (by March 2024).
- ✓ Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).
- ✓ NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).

**Success metric for high impact action 1 - Annual chair and chief executive appraisals on EDI objectives. Board Assurance Framework**

# EDS22 – Domain 3

- ✓3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
- ✓3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed
- ✓3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

## High Impact Action 2

# Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

**NHS organisations and ICBs are to complete the following actions:**

- ✓ Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025)
- ✓ Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan.
- ✓ This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.

### **Success metric for high impact action 2**

- ✓ Relative likelihood of staff being appointed from shortlisting across all posts
- ✓ Access to career progression, training and development opportunities
- ✓ Year-on-year improvement in race and disability representation leading to parity over the life of the
- ✓ Diversity in shortlisted candidates
- ✓ Combined Indicator Score metric on quality of training

## High Impact Action 3

### Develop and implement an improvement plan to eliminate pay gaps

**NHS organisations are to complete the following actions:**

- ✓ Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce (by March 2024).
- ✓ Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.
- ✓ Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (March 2024)

#### **Success metric for high impact action**

- ✓ 3 Year-on-year reductions in the gender, race and disability pay gaps



# Mend the Gap Review

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The independent review into gender pay gaps in medicine in England was commissioned by the Department of Health and Social Care in 2017. It is the largest and most comprehensive review of its kind ever completed in the public sector.

Chaired by Professor Dame Jane Dacre and led by Professor Carol Woodhams, the review takes a comprehensive approach to understanding the structural and cultural barriers affecting the female medical workforce.

## Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England

December 2020

Chair - Professor Dame Jane Dacre  
Lead Researcher - Professor Carol Woodhams



# Main recommendations from Mend the Gap

Following on from the analysis, the main recommendations to minimise pay gaps are to:

## **Review pay-setting arrangements**

- ✓ Among hospital doctors, this means using fewer scale points and greater use of job evaluation. The aim is to ensure that gaps related to grade are justified.
- ✓ More structure and greater transparency is recommended in GP pay setting. Decentralised or local practices in pay setting can increase gender pay gaps.

## **Give greater attention to the distribution of additional work and extra payments**

- ✓ Increase transparency around additional allowances and individually negotiated pay (for example, for locums or waiting list initiatives). An expanded workforce would reduce dependence on these gender-segregated pay elements.
- ✓ Monitor the gender split of applications for CEAs; change the criteria to recognise excellent work in a broader range of specialties; and encourage more applications from women.

## **Promote flexible working for both men and women**

- ✓ Advertise all jobs as available for LTFT.
- ✓ Reconsider the structure of LTFT training, so that it focuses on competency not time served, reducing long-term career penalties

# High Impact Action 4

## Develop and implement an improvement plan to address health inequalities within the workforce.

Organisations are to complete the following actions:

- ✓ Line managers and supervisors should have regular effective wellbeing conversations with their teams, utilising resources such as the national NHS health and wellbeing framework. (by October 2023).
- ✓ Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare (by April 2025).

### Success metric for high impact action 4

- ✓ Organisation action on staff health and wellbeing.
- ✓ NHS Staff Survey National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

# EDS 22 –Domain 2 – Workforce health and wellbeing

- ✓2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions
- ✓2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source
- ✓2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source
- ✓2D: Staff recommend the organisation as a place to work and receive treatment

## High Impact Action 5

### Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

NHS organisations should complete the following actions:

- ✓ Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options (by March 2024).
- ✓ Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback (by March 2024).
- ✓ Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety (by March 2024).
- ✓ Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression (by March 2024). Further information and case studies can be found in the EDI repository.

#### Success metric for high impact action 5

- ✓ Sense of belonging for internationally recruited staff NHS Staff Survey
- ✓ Reduction in instances of bullying and harassment from team/line manager experienced by (Internationally recruited staff)



Supporting  
internationally  
recruited  
people



# High Impact Action 6

**Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur**

**NHS organisations are to complete the following actions:**

- ✓ Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year.
- ✓ Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (by March 2024).
- ✓ Ensure safe and effective policies and processes are 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 June 2024)
- ✓ Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024).
- ✓ Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024).
- ✓ Have mechanisms to ensure staff who raise concerns are protected by their organisation.

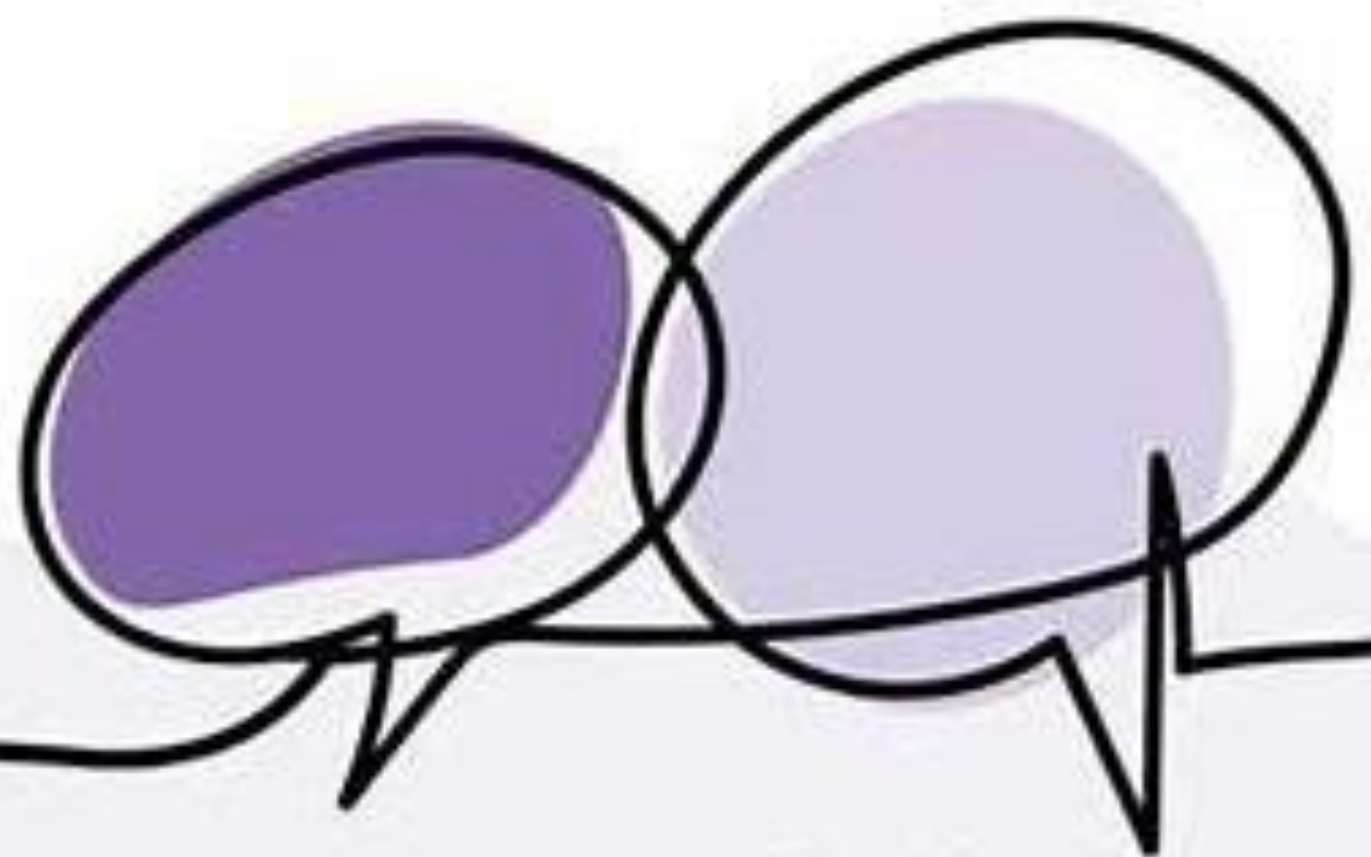
**Success metric for high impact action 6**

- ✓ Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)
- ✓ Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)
- ✓ Bullying & Harassment score metric (NHS professional groups)



# NHS Staff Survey

We each have  
**a voice that  
counts**



*People Promise*

# Evaluation of SEL ICS EDI - Review of the NHS EDI improvement plan (17.04.24)

