Becoming an anti-racist trust – an NHS trust's journey to dismantling systemic causes of racism and racial inequality

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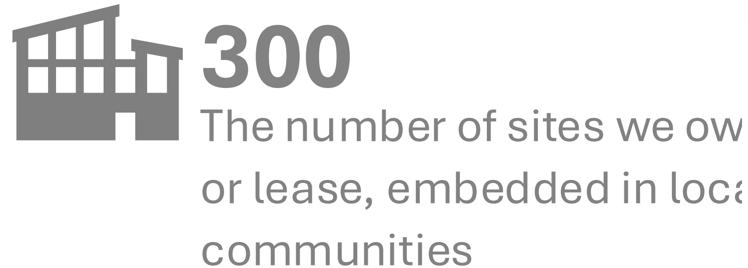
Key facts and figures

Over
400,000
Patients supported

Over
300,000
Occupied bed days

Over
3.3 million
Community contacts each year



We CARE through:

Compassion

Accountability

Respect

Excellence

One Trust, many nationalities

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Figures are based on self-reported nationality data recorded in the Electronic Staff Record (ESR) as of 22 September 2025. Nationality is self-reported and may not always reflect cultural heritage or country of birth. Data accuracy depends on individual record updates and reporting completeness.

Why is important to us to become an anti-racist trust

https://youtu.be/a1uzUAwb4o?si=q5HVdl42bsRpLu2m

Recognising that racial inequality and racism exists

Workforce inequalities

Population health inequalities

Who we spoke with

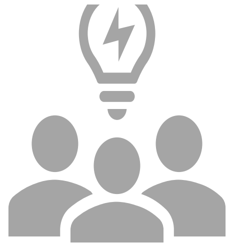
Our approach: Creating a movement

- Engagement
- Learning
- Co production

- Let's learn together
- Let's develop actions together
- Let's take action together

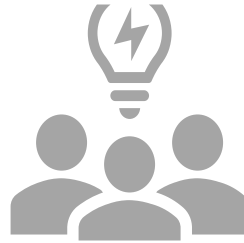
Our approach to gathering the feedback and learning

500 people in community and 1500 staff



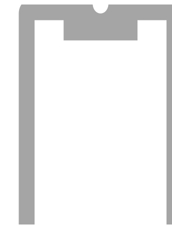
Set up a Community Steering Group to provide oversight

Hosted three workshops: Southampton Portsmouth and Basingstoke

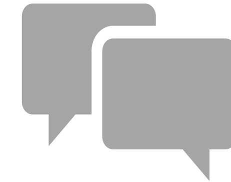


Joined community events

Online MS Teams sessions and staff networks



Survey – both digital and paper versions

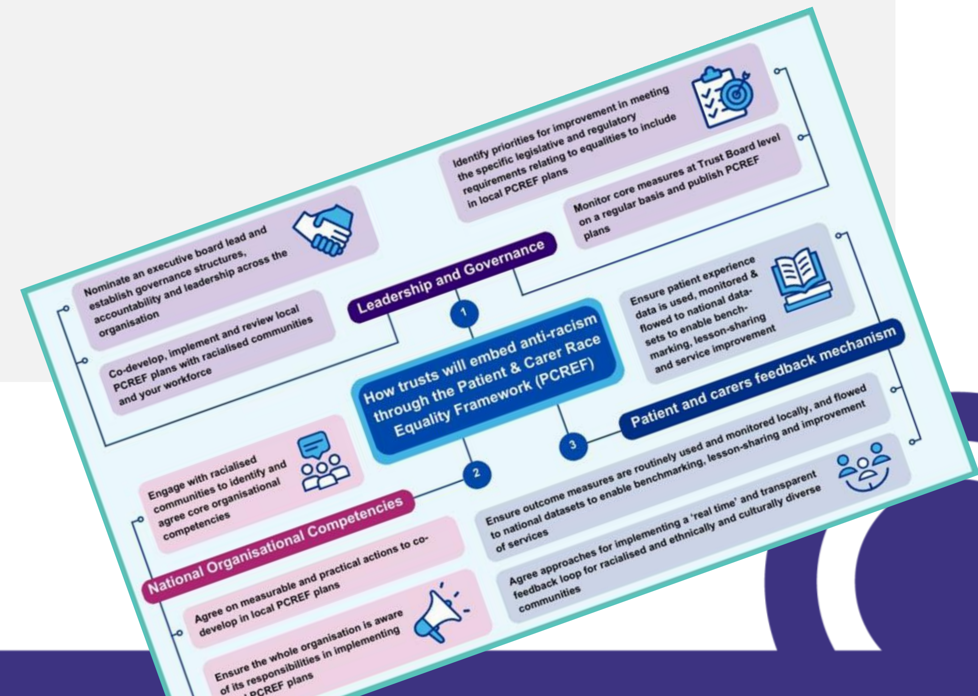


One to one and small group conversations and structured interviews

- Face to face in the community: Portsmouth, Southampton and Basingstoke
- Online sessions and survey open to HIOW, with structured interviews across seven sites
- African, Afro-Caribbean, South East and North Asian and Eastern European backgrounds
- These people represented carers, the elderly and young as well as mental health service users, people with physical learning difficulties and veterans from all parts of the Trust – both corporate and clinical.

Discovery and co-design sessions across the workforce and in the community

1. What it is to be anti-racist ?
2. What must we prioritise, to support individual and workforce development, so we have the right skills, knowledge behaviours and competence to be an anti-racist trust ?
3. How can we do this together?
4. Who else should be round the table?



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Structured interviews

Learning from lived experience

- Person-centred qualitive data

Structured interviews - Research into understanding staff experiences of discrimination and workplace racism

The Importance of researching lived experience

- Understanding, analysing, and documenting people's direct experiences of the world is critical to deepening knowledge
- Lived experience research provides nuanced insights into people's personal and subjective realities.

This form of research is valuable because it sheds light on the complexities of human life, making invisible issues visible.

This research respects the individuality of human experiences, recognising that each person's story offers valuable knowledge that can inform policy, practice, and organisational attitudes.

Methodology

Seven sites and 116 interviews

The research focuses on the perceptions, emotions, support and ensuing actions of those who have experienced discrimination whilst working within the Trust

Questions of culture, staff experience, social exclusion, management, workplace conflict, trust in reporting and recording of incidents, debriefing, and fear of safety and security are analysed using the perspectives of staff within the Trust

The research focuses on the personal/individual experiences of these workplace interactions

One principal research instrument used within this research: semi-structured, open ended qualitative interviews

Ethical approval was sought and acquired from both the University of Leicester and from within the Trust

Findings and themes from structured interviews

The lived experiences of discrimination are not reflected in the data currently captured by the Trust.

Staff experiences of discrimination was a near universal phenomenon within the cohort of the study.

Some staff experiences of racial discrimination were daily, this discrimination was mostly concentrated towards racial discrimination.

Issues of sexual threats and violence towards staff from patients, also misogyny, xenophobia, and sizeism were also present.

Themes

- Culture
- Staff experience
- Management
- Reporting and recording
- Incident debriefing

Root causes

Addressing systemic causes

- Dismantling causes of racism and racial inequality

Root cause analysis that is driving our action plan

- **Data - We have many gaps in our data** – ethnicity for example is not consistently recorded. This is in part due to our systems and in part due to lack of confidence to ask.
- We don't measure impact well enough due to inconsistent or inaccurate data sets – we don't always use it intelligently.

- **Structural inequity** - There is inequity across the pay bands with some bands showing clear over or under representation.
- Employee relations and employee experience for colleagues who are from Black, Asian and other minority back grounds have a less favourable experience.
- Patients and service users from those who are from Black, Asian and other minority backgrounds have a less favourable experience and health outcomes are poorer as a result of structural racism and social determinants.
- Power imbalances can further bias decision making.

Root cause analysis that is driving our action plan continued...

Mistrust and power dynamics

- There is mistrust and weathering from colleagues from Black, Asian and other minority backgrounds as result of years of inequality and social pain.
- There is stigma and issues relating to trust from patients and service users from Black, Asian and other minority backgrounds, limiting equitable access to services.
- Commitment to doing things differently and acknowledging racism remains inconsistent.
- There is a perceived lack of accountability and in some cases whitewashing and denial.
- Reporting incidents and abuse is seen as complex and unsupportive, leading to low confidence in the process

Cultural appreciation and awareness

- There is a lack of confidence and understanding around supporting each other to be curious and compassionate when considering the impact on people's heritage, cultural background and faith.
- There is fear of getting it wrong, so silence happens.
- White silence is seen as apathy.
- There is insufficient time prioritised to support cultural curiosity and self-reflection.

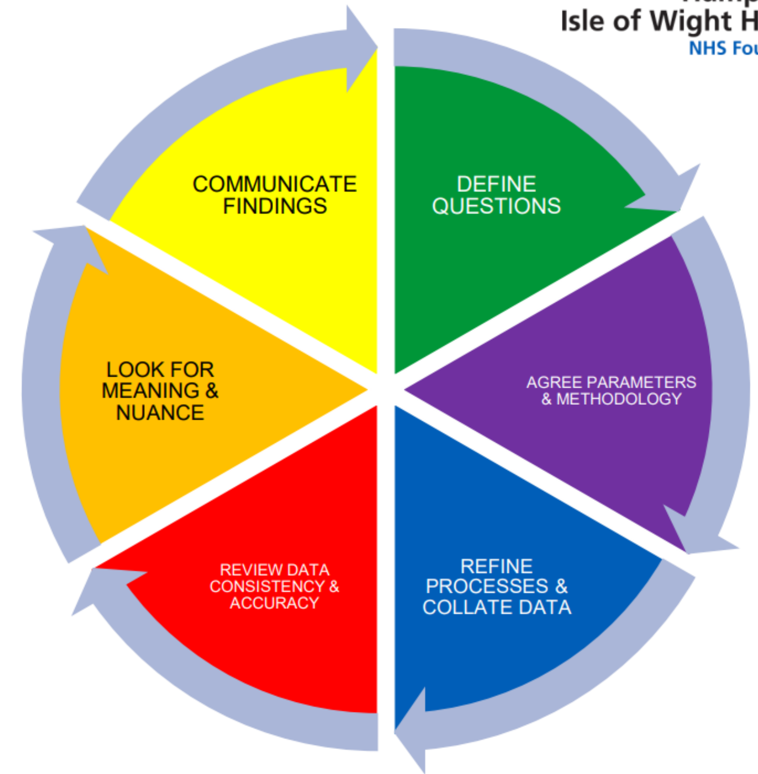
Using the data intelligently

Action planning with data

- Collecting the data
- Using the data

PCREF quarterly reports

- **Aim to answer specific questions** and acknowledge the complexity and multi-factorial influences for outcomes.
- Draw **on information from multiple sources** such as Office of National Statistics Census data, workforce data, and patient outcomes.
- Include **measures to evaluate racial equality** at Trust and Divisional level
- Highlight importance of accurate, consistent and thorough collation and **recording of service user ethnicity group.**
- Support our people and the population we serve to generate more **conversations for promoting racial equality.**
- Support the Trust in being **accountable** for implementation of its Anti Racist Plan.
- **Strong governance** - Will be shared with the Trust Board, Trust Divisional Directors and the PCREF Community Advisory Board.



Supporting teams to ask the right questions

Measure name	Measure question
Physical health check compliance for adults (18+) with Severe Mental Illness (SMI) - by ethnicity	If I am a mental health patient from a minority ethnic background, would there be any difference in the probability for completion of my physical health checks, in comparison to white patients?
Use of Restraint/Restrictive Practice - by ethnicity, age and gender	If I am from a minority ethnic background and need to be admitted on a mental health ward, would there be any difference in the probability for me experiencing restraint and/or restrictive practice, in comparison to white patients admitted on the same ward?
Application of Mental Health Act - by ethnicity	If I am resident within HIOW and from a minority ethnic background, would there be any difference in the probability for me to experience application of the Mental Health Act in comparison to white persons resident in my area?

Action and accountability

Taking action

- Action planning
- Accountability governance

Our journey to becoming an anti-racist Trust

Our actions

Elton Dzikiti – Head of Inclusion

Taking action to dismantle causes of racism and racial inequality

Becoming an anti-racist Trust is the active process of identifying and eliminating racism by changing systems, organisational structures, policies practises, procedures and attitudes so power is distributed and shared equitably.

We are achieving this by actively confronting racism and its effects, going beyond simply avoiding racist behaviour.

It's not about just reacting to racism but by taking concrete actions that dismantle it and prevent it in the first place.

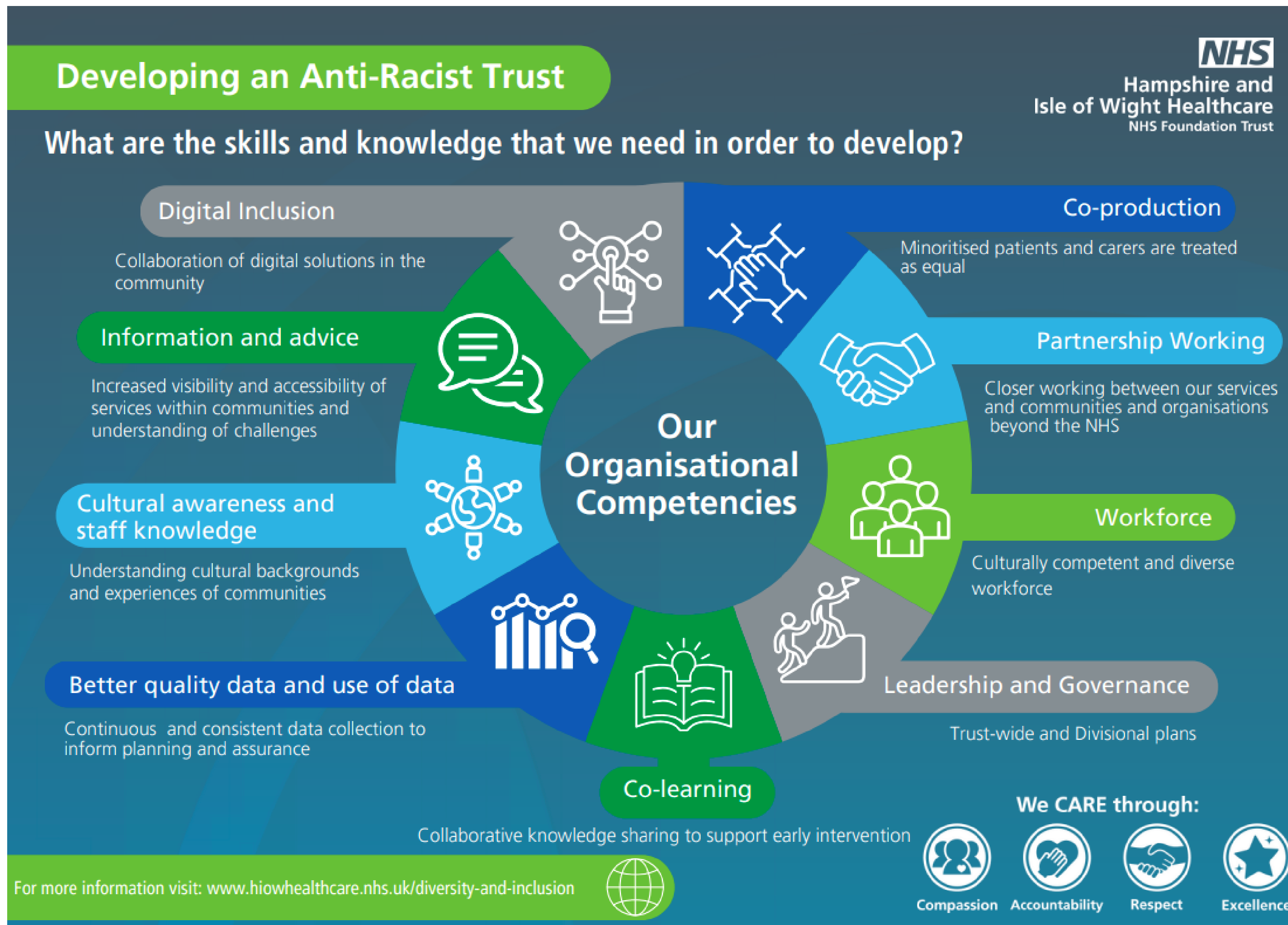
What do we mean by ‘being anti-racist’?

- Actively working against racism and its effects, rather than simply not being racist.

- It is not just about avoiding racist behaviour or reacting to incidents – it is about having a culture that prevents such incidents in the first place.

- It is about recognising the systems, structures and policies that perpetuate racial inequalities and taking concrete actions to dismantle them.

What we are doing about it



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Board commitment to becoming an anti-racist Trust

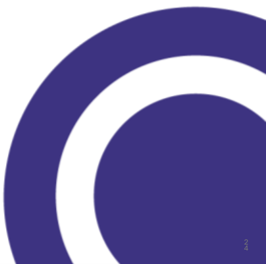
"We are committed to being an anti-racist Trust.

We have a no tolerance policy for racism in any form towards our staff, patients, or the communities we serve.

Everyone has the right to feel safe, respected and valued, when receiving care and in our workplaces.

We are taking active steps to challenge discrimination, remove barriers and build an inclusive culture where diversity is celebrated, and equity is at the heart of everything we do.

We stand up against racism, we listen to those affected by it, and we hold ourselves accountable, ensuring our actions lead to real, lasting change."



Communicate, communicate communicate!

- SMART comms plan launched
- Internal/external campaigns featuring press releases, staff portal, posters and social media
- Video storytelling and staff engagement sessions

Governance structure for delivering PCREF

Board of Directors

PCREF Community Advisory Board

People Committee, Quality and Performance Committee

Quality Committee

WF , OD and EDIB Exec Mgmt. Group (EMG)

Oversight Anti Racism / PCREF Programme Group

Population Health Management Steering

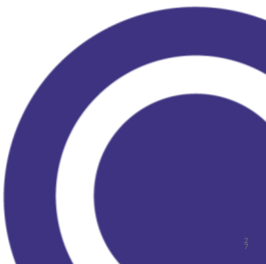
Divisional People Plan / PCREF Anti Racist /Inequality/ Culture of Care Plan
** one plan that covers all*
Divisional People Plans that have been developed to deliver Culture of Care and PCREF / Trust Anti Racist Action plan
Reporting to People Boards through People Business Partners and the Lived Experience Leads through Culture of Care Programme

People Plan, Anti Racist (PCREF) and Inequalities - Trust Wide Action Plans

Measured by minimum data set dashboard / people metrics

What are we asking people to do?

Call to Action	
	Build your own action plan – Reflect on personal learning and contributions
	Develop a team action plan – Identify goals, training needs and service improvements
	Embed anti-racism in values – Make it part of everyday behaviours, decisions and culture



Early signs of impact

Steady stream of requests from divisions/teams to talk about PCREF/anti-racism

Action plans from divisions in development

Scrutiny from Community Advisory Board and People Committee

Detailed work with community partners, including engagement of community champions

Simplification of reporting process and increased visibility of support pathways

Initiatives to make the recruitment process more inclusive e.g. recruitment allies on panels, prominent narrative on values and anti discrimination on adverts, and socialising of adverts in communities etc.

Pilot project by security team to implement body worn video technology to enhance safety and wellbeing and supporting incident de-escalation

Workshops on ethnicity data collection have highlighted staff challenges and informed the development of patient-facing materials and training videos

Collection of ethnicity data have revealed staff gaps around confidence so training in development; posters and leaflets have been distributed across services

Co-development of cultural awareness workshop co-designed with community

Review of how we managed ER cases and avoid bias – first six-month review is showing an improvement of our WRES likelihood ratio