

# Workforce Race Equality: What can leaders and staff in the NHS do?

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# A Note on Language

In this document, we avoid broad acronyms such as ‘BAME’ (Black, Asian, and Minority Ethnic), or ‘BME’. While these terms are used in some institutional contexts, they can obscure meaningful differences in identity and experience<sup>19</sup>. Such labels can flatten diversity, mask structural inequities, and reinforce a sense of othering by grouping together communities with distinct histories, cultures, and needs.

Instead, we are guided by our five principles that we will follow when writing and talking about race and ethnicity.

- **Be specific:** being as specific as possible about who we’re talking about.
- **No acronyms or initialisms:** not using acronyms, initialisms or other contractions to refer to groups of human beings.
- **Context:** only using collective terminology where we absolutely must. In this document we will use the term ethnic minority.
- **Transparency:** being up front and open about the approach we have taken to language.
- **Adaptable:** accept that language develops and that terms that are acceptable today may not be in the future.

# 1. Foreword

The NHS stands at a pivotal moment in its history. As one of the largest and most diverse workforces in the world, the ability to deliver safe, high-quality, and compassionate care depends on how well every member of staff is supported, valued, and protected. Yet we know that race inequality continues to shape the experiences, outcomes, opportunities, and well-being of too many colleagues across the healthcare system. These inequities are not abstract – they influence morale, retention, innovation, and ultimately the quality of care delivered to patients and communities.

This document offers a clear, evidence-based framework for NHS organisations, both established and emerging, to advance race equality and foster truly inclusive working environments. It recognises that many organisations have already begun this journey, acknowledging the challenges they face. What follows in this document, and in the NHS Race and Health Observatory's '7 Principles of Anti-Racism for NHS Staff', builds on that foundation – helping leaders and teams create cultures where all staff feel safe, respected, and empowered to thrive.

The framework is rooted in people: the staff who keep the NHS moving, the patients who depend on the staff, and the communities whose health and trust we are responsible for improving. By focusing on the lived experiences of our workforce, and grounding actions in data, insight, and accountability, this framework supports organisations to make meaningful, sustained progress. It moves beyond statements of intent, toward practical interventions that can help change structures, behaviours, and outcomes.

Tackling racism and race inequality is not optional – it is fundamental to delivering an NHS that is fair, effective, and future-ready. A culture that values inclusion enhances patient safety, strengthens leadership, drives innovation, and ensures that the NHS continues to attract and retain the very best talent from around the world. To achieve this, we must be bold, transparent, and unwavering in our commitment to equity.

This document provides a pathway. It invites every NHS organisation, every leader, and every member of staff to play an active role in shaping a system where fairness is the standard and belonging is the norm. The journey requires honesty, courage, and collective responsibility – but the reward is an NHS that truly reflects and serves the diverse communities it was created to care for.

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## 2. Why is workforce race equality important for the NHS?

Tackling race inequality in the NHS is critical for enhancing patient care, ensuring workforce well-being, and fostering organisational productivity and efficiency. Addressing discrimination, such as disparities in career progression and disciplinary actions for ethnic minority staff, improves morale, supports staff retention, and directly links to better, more equitable health outcomes for patients.

### Improves patient safety and quality of care

Evidence consistently shows that the fair treatment of staff is directly linked to better clinical outcomes and patient experiences.

- **Patient satisfaction:** High levels of ethnic discrimination among staff act as a “barometer” for a trust’s overall culture; when staff feel valued and included, patients report higher satisfaction.
- **Safety concerns:** Ethnic minority staff who experience bullying or harassment are often less likely to raise concerns; this can directly compromise patient safety.
- **Cultural competence:** A diverse workforce that reflects its local community can better understand and meet the specific health needs of diverse patient populations, helping to reduce wider health inequalities.

## Helps tackle workforce and retention challenges

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The NHS is currently facing a significant workforce shortage, making staff retention a top priority in the NHS.

- **Leaver rates:** Discrimination and a lack of inclusion are often cited as more significant factors in staff decisions to leave the NHS than burnout.
- **Global talent:** With roughly half of all consultants and resident doctors coming from ethnic minority backgrounds, the NHS relies heavily on international recruitment. Failing to provide an inclusive environment risks losing this essential talent.

## Improves organisational efficiency and innovation

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Diverse leadership and inclusive teams are proven to be more successful and innovative.

- **Financial performance:** Research indicates that organisations in the top quartile for ethnic diversity are significantly more likely to have financial returns above their industry medians.
- **Resource allocation:** High rates of discrimination lead to increased costs related to sickness absence, employment tribunals, and the use of expensive agency staff to fill gaps.

## Supports legal and ethical obligations

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Under the Equality Act 2010, the NHS has a legal duty to eliminate discrimination and promote equality of opportunity.

- **WRES accountability:** The NHS Workforce Race Equality Standard (WRES) supports NHS organisations to monitor and report on nine indicators of race equality, such as representation in senior roles, the likelihood of entering formal disciplinary processes, and on the experience of bullying and harassment in the workplace.
- **Moral imperative:** As the largest employer of ethnic minority people in the UK, the NHS is a microcosm of wider society; it has a moral responsibility to lead by example in creating a culture that is embedded in tackling inequality and promoting inclusion.

# 3. Key policy drivers for an inclusive NHS workforce

The pursuit of an inclusive workforce in the NHS is driven by a combination of legal requirements, performance imperatives, and strategic workforce planning aimed at improving staff experience and patient care.

## 3.1. Core strategic drivers and plans

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- **NHS Equality, Diversity and Inclusion (EDI) Improvement Plan (2023):** The central framework setting out six “high-impact actions” to tackle discrimination, address pay gaps and boost a sense of belonging.
- **The NHS Long Term Workforce Plan:** Connects EDI to sustainability, aiming to attract diverse talent and improve retention to fill vacancies.
- **The NHS People Plan:** Focuses on inclusive recruitment, opening roles to diverse communities, and creating a culture of belonging.
- **The NHS Constitution:** Commits to a service available to all, irrespective of protected characteristics, emphasising a duty to promote equality.

## 3.2. Key equality standards and metrics

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- **Workforce Race Equality Standard (WRES):** A mandatory framework for NHS trusts to measure and close the gap in workplace experience, career opportunities, and fair treatment between white and Black and Minority Ethnic staff.

- **Workforce Disability Equality Standard (WDES):** Enables organisations to understand and improve the experiences of disabled staff, aiming for parity in recruitment, retention, and development.
- **Equality Delivery System (EDS):** A mandatory toolkit used by NHS organisations to assess their equality performance including across workforce domains such as staff health, well-being, and inclusive leadership.

### 3.3. Legal and governance drivers

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- **Equality Act 2010 & Public Sector Equality Duty (PSED):** The foundational legal driver requiring public bodies to eliminate discrimination, advance equality of opportunity, and foster good relations.
- **Messenger Review (2022):** Highlighted the need for inclusive leadership and accountability, leading to mandatory SMART EDI objectives for board members.
- **Care Quality Commission (CQC) Standards:** The CQC assesses EDI within its “well-led” domain, making it a regulatory requirement.

# 4. The NHS Leadership Competency Framework for Board Members

The NHS leadership competency framework for board members establishes “*Promoting equality and inclusion and reducing health and workforce inequalities*” as a core domain, requiring leaders to actively eliminate discrimination, improve outcomes for all communities, foster diverse representation, and embed inclusive, compassionate practices into strategy, governance, and organizational culture.

## KEY REQUIREMENTS FOR BOARD MEMBERS RELATING TO INCLUSION

- **Strategic focus:** Leaders must continuously review plans to narrow health and workforce inequalities, ensuring service improvements reach all communities.
- **Active promotion:** Board members are expected to champion equality, diversity, and inclusion as part of their core business, not just as a side issue.
- **Workforce and culture:** There is a strong push to reduce workforce inequalities, to promote inclusive leadership, and to create a “just and compassionate” culture that feels safe for all staff.
- **Measurable impact:** Actions must lead to tangible improvements in health outcomes, patient experience, and equity.
- **Governance and legal duties:** Boards must operate within the Human Rights Act and adhere to the FRED A principles (Fairness, Respect, Equality, Dignity, and Autonomy).

## **EQUALITY IS INTEGRATED ACROSS ALL SIX DOMAINS OF THE FRAMEWORK, BUT IS SPECIFICALLY HIGHLIGHTED ALONGSIDE**

1. Driving high-quality outcomes
2. Setting strategy
3. Promoting equality and inclusion
4. Providing governance
5. Creating a positive culture
6. Building partnerships

In essence, the framework moves beyond compliance, pushing for inclusive leadership as a driver of quality, safety, and performance.

# 5. The NHS 10 Year Health Plan and workforce equality

The NHS 10 Year Health Plan and related Workforce Plan (expected Spring 2026) aim to build a resilient, diverse, and innovative workforce by widening recruitment, expanding apprenticeships, and tackling systemic discrimination through targeted actions. Key goals include improving leadership diversity, ensuring fair career progression, and enhancing staff belonging to boost retention and care quality.

## KEY WORKFORCE EQUALITY AND INCLUSION AREAS OF FOCUS

- **Diverse leadership:** Implementation of talent management plans to actively improve the diversity of executive and senior leadership teams.
- **Widened recruitment and pipelines:** Creation of career pathways into the NHS for under-represented groups, including expanded apprenticeships and graduate management schemes.
- **Anti-discrimination measures:** Targeted actions to address direct and indirect prejudice in policies, practices, and culture.
- **Support for specific groups:** Focus on fair support and career progression for International Medical Graduates (IMGs), addressing disproportionate disciplinary referrals, and supporting disabled staff.
- **Data-driven accountability:** Continued use of the Workforce Race Equality Standard (WRES) and other metrics to monitor inequalities, with a push for greater transparency and benchmarking.
- **Social Mobility:** Measuring the impact of recruitment on local community social mobility.

The plans aim to ensure the NHS has the right people in the right roles while fostering a culture of belonging to improve overall staff experience and patient outcomes.

The NHS 10 Year Health Plan and its accompanying Workforce Plan place workforce equality and inclusion at the core of their strategy to “fix” the NHS. The plan shifts the focus from simply increasing staff numbers to creating an inclusive culture that improves retention and reflects the communities it serves.

## KEY EQUALITY AND INCLUSION INITIATIVES

- **Reflecting the community:** A central goal is to reorient recruitment away from international dependency (targeting less than 10% by 2035) and toward local recruitment. This includes:
  - » Allocating £5 million across ten Integrated Care Systems (ICSs) to support 1,000 young people from deprived backgrounds into training.
  - » Expansion of medical school places specifically focused on underprivileged backgrounds.
  - » Prioritising training places in areas of high socio-economic deprivation.
- **New “Staff Standards”:** To be introduced in April 2026, these will define minimum modern employment standards, and support NHS organisations to tackle racism.
- **Closing pay gaps:** The plan mandates a review of the Gender Pay Gap for all staff and continues the implementation of the “Mend the Gap” review recommendations for medical and senior non-medical workforces.

In late 2026, the NHS Race and Health Observatory will publish its independent ethnicity pay and progression review for the NHS – making recommendations for change and providing the NHS with practical, evidence-based interventions for improvement.

- **Cultural competency and training:**
  - » A new College of Executive and Clinical Leadership will be established to drive inclusive leadership.
  - » Board members and executives will be required to have health inequalities training as part of their induction, with annual objectives tied to these metrics.

- » Undergraduate and postgraduate curricula are being overhauled to include rigorous training on cultural competency.
- **Personalised career support:** By 2035, every staff member is promised a personalised career coaching and development plan to ensure equitable access to progression opportunities.

# 6. What can the NHS do?

## The 7 Principles of Anti-Racism for NHS Staff

### 6.1 Name racism

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The first step to solving a problem is by acknowledging that there's a problem in the first place. It's vital that staff, and those in positions of authority, demonstrate leadership by naming racism and engaging seriously and continuously with the ways in which racism impacts people's lives.

A driving factor for inaction on tackling racism is the fact that staff are afraid to speak about it, often because they don't want to appear complicit. Many leaders will not acknowledge the existence of racism in their organisation through fear that it will reflect on their leadership and their personal character. The impact of this fear, however, is that racism remains hidden. Where leaders are reluctant to speak about racism, this informs the culture of organisation.

Acknowledging racism exists involves recognising what the data and information about your organisation, system, or service are indicating about the experiences of staff. For example, what does your organisation's Workforce Race Equality Standard (WRES) data report tell you about the culture of your organisation?

People working at all levels of an organisation can demonstrate leadership by naming racism, this responsibility doesn't lie solely with people with 'equality' or 'equity' in their job titles. Everyone can commit to addressing racism wherever they find it and senior leaders have a critical duty to model the culture they expect by explicitly and actively naming racism.

## PRACTICAL TIPS

- If you're a leader, explicitly name racism in communication with your staff and other stakeholders. Make space for potentially challenging conversations by signaling your support for anti-racism work.
- If you're a practitioner, use data and information to understand where racial and ethnic inequalities are, and to monitor progress against initiatives to address these.
- If you're a commissioner, request and review data disaggregated by ethnicity and enable the allocation of resources required to facilitate an understanding of where and how inequalities are being introduced and/or perpetuated.
- There should be an onus on all staff to share their learning about effective approaches to tackle racial and ethnic inequalities in their context. All staff should educate themselves about racism in health, and on evidence-based anti-racism interventions.

## 6.2 Demonstrate leadership

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Leadership is considered the critical, driving factor in tackling workforce race equality, as leaders establish an organization's culture, values, and standards of behaviour. Without active, visible, and accountable leadership, efforts to improve racial equity often remain superficial, failing to address systemic issues such as disparities in recruitment, promotion, and disciplinary processes.

Leadership is therefore the most important component when working towards making a positive impact on the culture of any organisation. Demonstrable leadership in acknowledging and naming it where it exists is the first step towards any subsequent action.

Progress depends on visible, sustained leadership that not only names racism and inequality but sets a clear organisational vision for equity – establishing commitment on the agenda from all leaders and staff. Leaders must articulate not only the “why” but also the “how” when it comes to race equality and inclusion.

Embedding equity into organisational governance, performance management, strategy, and everyday decision-making are some of the key actions that should be undertaken – taking an evidence-based approach with good intentions to make a lasting difference on this agenda.

## PRACTICAL TIPS

- **Establish responsibility and governance:**
  - » **Specific objectives:** Holding board members and senior managers accountable through specific, measurable, achievable, relevant, and time-bound (SMART) equality objectives, integrated into regular staff appraisals – including those of Board members.
  - » **Building Diverse Boards:** Actively taking steps to ensure senior leadership teams reflect the diversity of the wider workforce.
  - » **Support peers:** Ensuring race equality is the responsibility of all leaders and staff, across the Board of the organisation, and with peers across the NHS, with a focus on issues being addressed at the highest level.
  
- **Embed and hardwire change:**
  - » **Organisational strategy:** Ensuring tackling race inequality and promoting inclusion are at the heart of organisational and corporate strategy – being both the “golden thread” as well as having a concerted focus on key interventions.
  - » **Operational interventions:** Supporting the implementation of evidence-based practice to tackle workforce race inequality, including a “comply or explain” approach to race equality standards (e.g. on recruitment and disciplinary decisions) – providing leadership and ensuring oversight and transparency.
  - » **Modeling inclusive behaviour:** Leaders must act as role models, demonstrating inclusive behaviour, naming racism where it occurs and publicly committing to race equality initiatives to tackle it.
  
- **Support and empower staff:**
  - » **Tools and resources:** Ensure staff have the necessary training and resources to progress and succeed within the organisation.
  - » **Delegate authority:** Give employees ownership over their tasks and responsibilities. Encourage co-production and co-design of strategies.
  - » **Recognise and reward:** Offer regular acknowledgment for efforts to boost motivation and confidence.

- » **Encourage open communication<sup>1</sup>:** Create an environment where employees feel safe to speak up, share ideas and feedback.

## 6.3 Focus on data and evidence

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The NHS has a culture of measurement. We know that, in the NHS, what isn't measured tends not to change. Data and insight are therefore essential for tackling workforce race inequality as they help to transform anecdotal experiences into actionable evidence, allowing organisations to identify, measure, and monitor disparities in key areas such as recruitment, pay, and promotion.

Across the NHS, the Workforce Race Equality Standard tracks several indicators that are disaggregated by ethnicity across all NHS trusts in England to identify ethnic inequities experienced by the workforce. This has enabled NHS organisations to act on inequitable career progression practices, the under-representation of ethnic minority staff at senior- and Board-level, and the over-representation of ethnic minority staff in formal disciplinary processes.

There should be a drive towards turning data into insight and insight into meaningful action for change. Robust data and insight enable the development of evidence-based interventions, hold leaders accountable, and track progress over time, supporting a fairer workplace.

### PRACTICAL TIPS

- **Identify disparities:** Workforce data can highlight gaps in representation, such as a lack of diversity in senior leadership, and identify unequal opportunities for career progression. Data from the NHS Staff Survey also highlights the scale of the challenge when it comes to workplace experiences, such as bullying and harassment, and victimisation.
- **Measure impact:** Tools such as the NHS Workforce Race Equality Standard (WRES) use specific indicators and methodological approaches to measure whether Black, Asian, and Minority Ethnic staff have differential workplace opportunities and experiences compared to White colleagues.
- **Set targets:** Setting meaningful targets can be a crucial, evidence-based strategy for accelerating workforce race equality, transforming abstract inclusion goals into measurable, accountable actions. While sometimes debated as potential “tokenism”,

<sup>1</sup> Also refer to 6.4 Value lived experience of staff, and 6.7 Well-being and cultural safety.

evidence suggests that target-driven approaches are essential to overcoming deep-rooted, systemic, and cultural discrimination.

- **Drive targeted action:** Use an anti-racism approach to Quality Improvement (QI) methodology. By disaggregating data by different characteristics and markers, organisations can focus on insight and develop targeted, evidence-based action plans and interventions rather than generic, ineffective policies that do not focus on eliminating the root cause of the bias.
- **Support accountability:** Regular publication of workforce data, action plans and progress, in an open and transparent way, allows for scrutiny and for driving continuous improvement over time. This can help ensure leaders remain focused and accountable for progress.
- **Encourage evaluation:** It's vital that, when we implement new practices or take steps to mitigate or eliminate inequality, we evaluate and reflect on those interventions. These evaluations should be practical, identifying what works well - and what doesn't work - for whom, why, and how. This should be made publicly available so that effective interventions can be spread across the NHS.

## 6.4 Value lived experience of staff

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Creating an organisational culture that has anti-racism at its heart requires the meaningful and sustained inclusion of the voice of ethnic minority staff from the outset. Too often staff are not engaged in the development of interventions and strategies. Where they are involved, their involvement is often tokenistic, transactional, or comes too late to affect real change.

True inclusion means actively partnering with those typically excluded from decisions, ensuring their voices shape priorities, design, and implementation. By embedding them into planning and delivery, organisations can begin dismantling long-standing power imbalances that contribute to racial injustice.

Involvement must not be 'symbolic', but organisation-wide, intentional, and ongoing to ensure equity is ingrained at every level, driving lasting transformation towards a more just and inclusive organisation.

## PRACTICAL TIPS

- **Empower staff networks:** Formally constituting staff networks, providing them with resources, senior-level sponsorship and ensuring they have a voice in decision-making processes and opportunities to feed into the strategic work of the organisation.
- **Engage in reverse mentoring and support:** Providing targeted reverse-mentorship, support, and sponsorship programs to help ethnic minority staff progress into leadership roles. And at the same time, providing educational learning for all staff on identifying and tackling racism and bias.
- **Provide safe reporting mechanisms:** Establishing approaches by which all staff can speak up and raise concerns in a safe way, without fear of reprisal. Fostering a culture of openness where staff feel supported, ensuring lessons are learned and, ultimately, enhancing both staff well-being and patient safety.

## 6.5 Evidence-based interventions

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Evidence-based interventions are essential for tackling racism effectively. Approaches grounded in robust data ensure that actions are targeted, sustainable, and impactful, rather than superficial or shortlived. Without this foundation, efforts often fail to deliver meaningful change and can unintentionally reinforce existing disparities.

Many NHS organisations have introduced initiatives to promote equality, diversity and inclusion; however, these efforts have often lacked an evidence base and have not addressed the underlying drivers of inequity. As a result, their impact has frequently been limited or negligible.

## PRACTICAL TIPS

- **Effective in driving meaningful change**
  - » **Target root causes:** Evidence-based approaches help organisations to move beyond addressing isolated incidents to targeting racism as a root cause of inequity.
  - » **Turn “warm words” into outcomes:** Structured, evidence-based plans are necessary to avoid superficial actions and ensure that anti-racism efforts translate into tangible outcomes, such as improved workforce retention and leadership diversity.

- **Accountability and sustainability**

- » **Data-driven evaluation:** Using data allows organisations to set measurable goals, track progress, and hold leadership accountable, such as through frameworks like the NHS Workforce Race Equality Standard (WRES).
- » **Long-term impact:** Effective strategies are embedded within an organisation’s culture and policy, rather than being “one-off” events, ensuring that progress is sustained over time.

- **Addressing systemic bias**

- » **Structural changes:** Evidence-based strategies focus on de-biasing policy and practice. Biases can be deeply embedded in the day-to-day running of an organisation, even where individuals are working to tackle racism. It’s vital that organisations continuously review long-standing policies and practices to identify where racial bias persists unchecked.
- » **Anti-racism QI approach:** Support continuous improvement and adopt an anti-racism approach to Quality Improvement (QI). Evidence-based interventions must be implemented simultaneously, over time, at structural, organisational, and at individual levels to be effective.

## 6.6 Foster transparency and accountability

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Accountability is essential for addressing racism in the workplace, as it shifts anti-racism efforts from rhetoric to measurable and sustained organisational change. In its absence, diversity initiatives often fail to confront entrenched cultural norms or prevent the recurrence of discriminatory behaviour.

As an enabler of accountability, regulation plays a central role in advancing workforce race equality by setting mandatory standards, ensuring transparency, and strengthening responsibility for fair and equitable treatment. Within the healthcare sector, key regulatory frameworks require organisations and their leaders to take proactive, systematic action to identify and address racial disparities in the workplace.

The NHS Race and Health Observatory is working collaboratively with the major healthcare regulators to establish a common commitment to the advancement of race equity and inclusive working environments across the health and care sector. Based on the Observatory’s work on anti-racism, healthcare regulatory bodies have signed up to nine regulatory principles – progress against which will be supported by the Observatory over time.

## PRACTICAL TIPS

Set targets on tackling racism in the workplace and measure progress against those targets annually. For example, an increase in the proportion of staff from ethnic minority groups in senior roles, or in a particular type of job.

- **Ensure meaningful action and consequences:** Hold individuals accountable for their actions, and inaction. This requires clear, enforced consequences for unacceptable behaviour and for failing to meet organisational values and expectations.
- **Build into staff objectives:** Factor workforce race equality into the corporate objectives of all staff within the organisation (including the objectives of Board members) and monitor progress within the annual appraisal process for staff.
- **Shift from reactive to proactive measures:** Mandatory training on its own does not work. Shift responsibility for tackling racism away from a compliance-only model to one that is proactive and focuses on evidence-based interventions for change – investing time and resources into these interventions.
- **Focus on improvement and communication:** Undertake regular, transparent reporting on workforce metrics, produce evidence-based action plans, and track progress over time. Develop emotionally resonant communication strategies that support structural understanding of the challenges and solutions.

## 6.7 Well-being and cultural safety

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Staff well-being is a critical component of delivering safe, high-quality healthcare. Supporting the mental and physical health of the workforce reduces errors, improves patient outcomes, and contributes to improved patient outcomes.

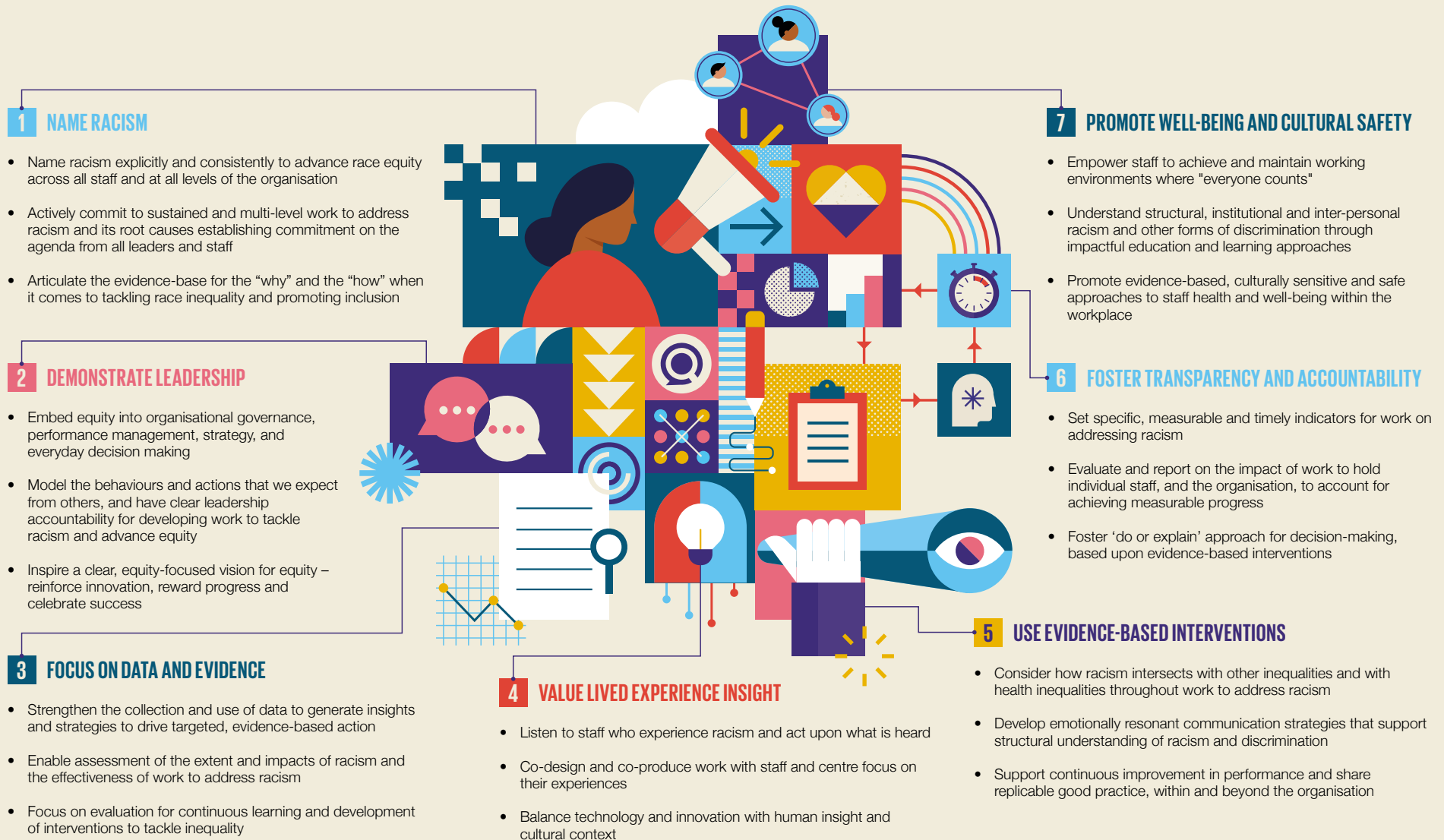
Ensuring a positive working environment, that is free from discrimination, also improves staff engagement, mitigates burnout, strengthens staff retention, and reduces sickness absence. An inclusive culture prioritises well-being and further enhances the capacity of staff to provide compassionate and effective care.

## PRACTICAL TIPS

- **Open communication:** Provide psychologically and culturally safe spaces that encourage staff to raise concerns – whether related to workload, discrimination, or patient safety. This helps to promote early identification of issues and enables timely intervention.

- **Culture of learning:** Encourage an open, learning environment where mistakes are treated as learning opportunities, reducing the likelihood of recurring errors and issues. Such an approach can also contribute to improved trust between staff and leadership, strengthening overall organisational resilience.
- **Flexible working and support:** Address workload pressures and offer resources to manage personal and professional life. Access to targeted support resources, such as occupational health, psychological well-being services, coaching and mentoring, enables staff to manage periods of high pressure.

## Towards Racial and Ethnic Equity Within NHS Organisations





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