Breaking barriers for better health



NHS Race and Health Observatory Newsletter

Autumn Edition
Issue 1, October 2026

Welcome from the Chief Executive



Welcome to this edition of the NHS Race and Health Observatory newsletter. As Chief Executive, I am pleased to share updates from across our work at a moment of real significance for the RHO, for our partners, and for everyone committed to building a fairer healthcare system.

Five years on from our launch, the need for our mission remains urgent. Ethnic and racial inequalities in health and healthcare are not abstract concepts. They are reflected in people's lives, in their experiences of services, in the quality and safety of care they receive, and in the outcomes they face. When Black women remain significantly more likely to die during pregnancy, when communities experience poorer access to mental health support, when technologies and clinical tools fail to work equitably for everyone, we are reminded that these inequalities are avoidable – and therefore unacceptable.

Our task has always been to move beyond awareness into action. That means shining a light on evidence, listening deeply to communities and staff, and translating insight into practical recommendations that help change systems. It means naming racism and bias where they exist, whether in policy, data, pathways, training, digital innovation or everyday decision-making. Most importantly, it means working in partnership so that fairness is designed into healthcare from the outset, not added later as an afterthought.

Across the Observatory's work, we continue to see what is possible when evidence is matched by courage and implementation. Over the recent period, we have supported change in areas including clinical guidelines, neonatal testing, health checks for people with learning disabilities, maternal care, sickle cell services, genomics, clinical trials, workforce race equality, and the regulation of emerging technologies such as Artificial Intelligence. These are not simply reports or frameworks. They are evidence-based tools for improvement, catalysts for accountability and, in many cases, excuse removers.

Partnership remains central to our approach. We are proud to work alongside NHS organisations, national bodies, regulators,

researchers, clinicians, voluntary and community organisations, and people with lived experience. Through this collective effort, we are helping to shape national policy, strengthen research inclusion, improve guidance, support leaders, and co-produce solutions that meet communities where they are. This work is complex and sometimes uncomfortable, but it is also profoundly necessary.

We also know that a fair healthcare system cannot exist without a fair workforce. Staff must feel valued, supported and able to thrive. Leadership must be diverse, inclusive and accountable. The experiences of NHS staff are inseparable from the experiences of patients, because the culture of our workplaces shapes the care people receive. Our work on pay and progression, bullying and harassment, leadership and anti-racism is therefore central to improving outcomes for everyone.

As you read this newsletter, I hope you will see both the progress being made and the scale of the work still ahead. We should take pride in the impact achieved so far, but we should not mistake progress for completion. The challenge before us is to sustain momentum, deepen accountability, and ensure that change reaches the people and communities who need it most. Our independence and focus on the evidence are critical enablers for this.

Thank you to our partners, our excellent Board, advisory groups, communities, colleagues and supporters for your continued commitment. None of this work happens in isolation. It is only through shared purpose, honest challenge and sustained action that we can build a health and care system where outcomes are not predicted by ethnicity or race.

Equity does not happen by chance. It happens because we choose it – and because, together, we act.

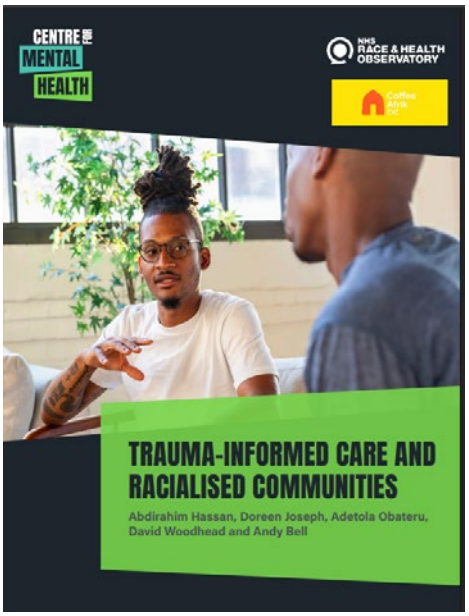
Professor Habib Naqvi MBE
Chief Executive,
NHS Race and Health Observatory



From evidence to action



Recent Publications



Trauma Informed Care and Racialised Communities

Racialised communities in the UK face disproportionately high levels of trauma linked to racism, discrimination, socio-economic inequality, migration experiences, and structural injustice. Although interest in trauma-informed care is growing within the NHS, current provision remains fragmented and inconsistent. Trauma-informed approaches are rarely adapted to the realities of racial trauma, meaning that people from racialised communities often do not experience care that acknowledges the cultural, historical and structural conditions shaping their lives. To address these gaps, the RHO commissioned this research, delivered by the Centre for Mental Health and Coffee Afrik CIC. The project explored the nature of trauma for racialised communities, the experiences people have with public services, and the changes required to deliver trauma-informed, culturally grounded and anti-racist care.



REACH-OUT: Caring for the Healthcare Workforce Post-COVID-19

This study aimed to estimate the prevalence of long COVID among healthcare workers (HCWs), characterise the syndrome, and understand the impacts of medium-term and post-acute/long COVID illness on the mental, physical, and occupational health of diverse communities of HCWs in the UK, and their work and home lives.



Improving Race Equality in Your Organisation: An Evidence Based Guide for NHS leaders

Produced by the RHO's International Experts Group, this guide is aimed at NHS leaders [add hyperlink to the words here to the guidance], highlighting the critical influence senior decision-makers have on shaping policy, practice and organisational culture across health and care.

The international group was established to exchange knowledge and identify responses to shared global challenges related to racism and ethnic inequities in health and healthcare. The group was co-chaired by Professor David R. Williams of Harvard University's School of Public Health and Yvonne Coghill CBE, former Director of the NHS Workforce Race Equality Standard. The group brought together experts from Australasia, South America, North America, Africa and Europe.



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

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. The document, uses the RHO's '7 Principles of Anti-Racism for NHS Staff', as a foundation to help leaders and teams create cultures where all staff feel safe, respected, and empowered to thrive.

Highlights from our Work

Advancing Workforce Race Equity in Health and Social Care: Shared Principles Across Regulators

The RHO brought together England's major healthcare regulators to align their approach to race equality around a shared set of key principles. Building on a roundtable event held in June 2025 and driven by the RHO's anti-racism principles, the regulators pledged their commitment to advancing race equity and more inclusive working environments across the health and care sector and beyond. Together, they signed up to nine regulatory principles to support this ambition.



Lord Mann Review of Antisemitism and other Forms of Racism in the NHS and Healthcare Regulatory System

Lord Mann's review sought to examine how the regulatory system for healthcare professionals, from employment through to national oversight and professional regulatory bodies, recognises and supports the reporting of antisemitism and other forms of racism.

The review set out the need to address racism at every level, with the following recommendations which specifically mention the RHO to support this ambition:

Recommendation 1: the Department of Health and Social Care and the NHS should adopt the 7 RHO workforce principles and encourage wider NHS organisations to do so.

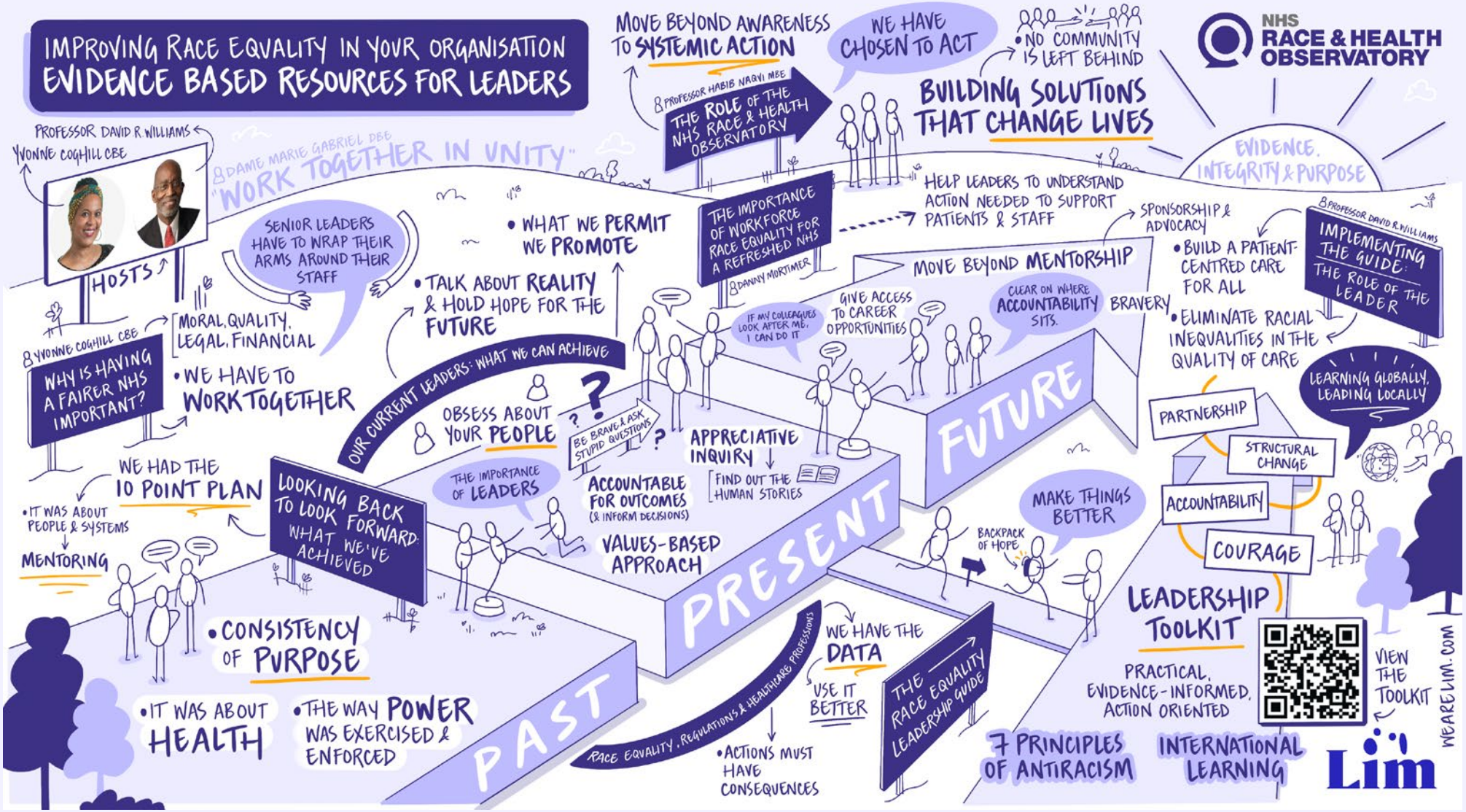
Recommendation 6: NHS England should work with system partners, such as the RHO, to strengthen how it supports and celebrates organisations that make positive progress in the anti-racism agenda.

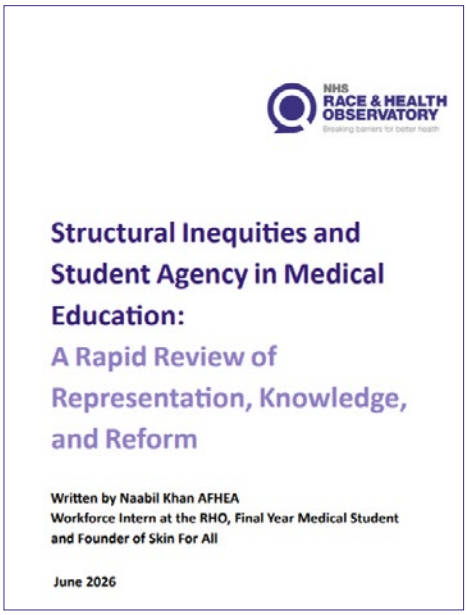
Recommendation 7: all NHS board members and senior leaders should have explicit, measurable equality, diversity and inclusion objectives embedded within their performance goals. Assessment against these objectives should reference the themes in the RHO's 7 anti-racism principles as a framework for evidencing delivery.

Recommendation 22: on 13 May 2026 the national UK health and care professional regulators signed up to the RHO principles of antiracism to help tackle racism. Each regulator should report back within 6 months of the publication of this report on how they propose applying and embedding these principles.

The review also referenced other RHO projects and tools listed below:

- Review of NHS health communications with (and for) the Jewish community
- 7 anti-racism principles for workforce
- The Power of Language: A Consultation Report on The Use Of Collective Terminology At The NHS Race and Health Observatory


IMPROVING RACE EQUALITY IN YOUR ORGANISATION
EVIDENCE BASED RESOURCES FOR LEADERS
PROFESSOR DAVID R. WILLIAMS
YVONNE COGHILL CBE
HOSTS
DAME MARIE GABRIEL DBE
"WORK TOGETHER IN UNITY"
MOVE BEYOND AWARENESS TO SYSTEMIC ACTION
PROFESSOR HABIB NAQVI MBE
THE ROLE OF THE NHS RACE & HEALTH OBSERVATORY
WE HAVE CHOSEN TO ACT
NO COMMUNITY IS LEFT BEHIND
BUILDING SOLUTIONS THAT CHANGE LIVES
NHS RACE & HEALTH OBSERVATORY
EVIDENCE, INTEGRITY & PURPOSE
THE IMPORTANCE OF WORKFORCE RACE EQUALITY FOR A REFRESHED NHS
DANNY MORTIMER
HELP LEADERS TO UNDERSTAND ACTION NEEDED TO SUPPORT PATIENTS & STAFF
SPONSORSHIP & ADVOCACY
PROFESSOR DAVID R. WILLIAMS
IMPLEMENTING THE GUIDE: THE ROLE OF THE LEADER
SENIOR LEADERS HAVE TO WRAP THEIR ARMS AROUND THEIR STAFF
WHAT WE PERMIT WE PROMOTE
TALK ABOUT REALITY & HOLD HOPE FOR THE FUTURE
MOVE BEYOND MENTORSHIP
BUILD A PATIENT-CENTRED CARE FOR ALL
ELIMINATE RACIAL INEQUALITIES IN THE QUALITY OF CARE
BRAVERY
IF MY COLLEAGUES LOOK AFTER ME, I CAN DO IT
GIVE ACCESS TO CAREER OPPORTUNITIES
CLEAR ON WHERE ACCOUNTABILITY SITS.
YVONNE COGHILL CBE
WHY IS HAVING A FAIRER NHS IMPORTANT?
MORAL, QUALITY, LEGAL, FINANCIAL
WE HAVE TO WORK TOGETHER
OUR CURRENT LEADERS: WHAT WE CAN ACHIEVE
OBSESS ABOUT YOUR PEOPLE
BE BRAVE & ASK STUPID QUESTIONS
APPRECIATIVE INQUIRY
FIND OUT THE HUMAN STORIES
THE IMPORTANCE OF LEADERS
ACCOUNTABLE FOR OUTCOMES (& INFORM DECISIONS)
VALUES-BASED APPROACH
WE HAD THE 10 POINT PLAN
IT WAS ABOUT PEOPLE & SYSTEMS
MENTORING
LOOKING BACK TO LOOK FORWARD: WHAT WE'VE ACHIEVED
PARTNERSHIP
STRUCTURAL CHANGE
ACCOUNTABILITY
COURAGE
LEARNING GLOBALLY, LEADING LOCALLY
MAKE THINGS BETTER
BACKPACK OF HOPE
FUTURE
PRESENT
PAST
CONSISTENCY OF PURPOSE
IT WAS ABOUT HEALTH
THE WAY POWER WAS EXERCISED & ENFORCED
RACE EQUALITY, REGULATIONS & HEALTHCARE PROFESSIONS
ACTIONS MUST HAVE CONSEQUENCES
WE HAVE THE DATA
USE IT BETTER
THE RACE EQUALITY LEADERSHIP GUIDE
LEADERSHIP TOOLKIT
PRACTICAL, EVIDENCE-INFORMED, ACTION ORIENTED
VIEW THE TOOLKIT
WEARELIM.COM
7 PRINCIPLES OF ANTIRACISM
INTERNATIONAL LEARNING
Lim



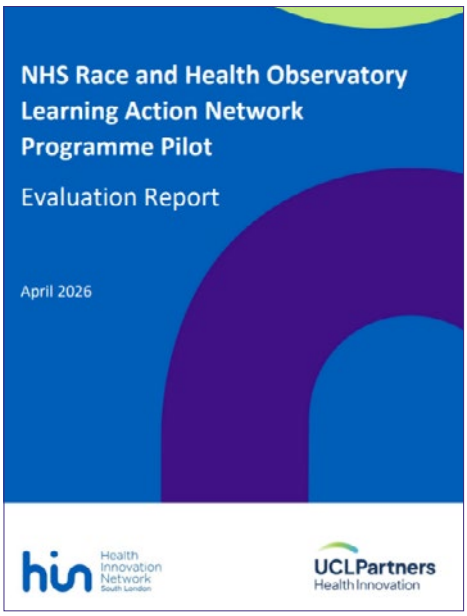
Structural Inequities and Student Agency in Medical Education: A Rapid Review of Representation, Knowledge, and Reform

This review sought to dissect the broader landscape of equity in medical education through a series of focused themes and discussion points. While it does not attempt to cover every dimension of the topic, it is intended to serve as both a trigger for continued dialogue and a catalyst for actionable change within medical education systems.



The Anti-Racism Model for Improvement Framework

The Anti-Racism Model for Improvement is a practical, equity-centred adaptation of the widely used quality improvement approach. Developed by the RHO and the Institute for Healthcare Improvement through the RHO Maternal and Neonatal Learning Action Network, it helps teams to recognise and address how racism shapes data, decision making, and service improvement.



RHO Learning and Action Network: Impact and Achievements

Discover the impact and achievements of the RHO Learning and Action Network, along with a range of supporting resources, including change packages and blogs, on our website.

Race and Health Matters Podcast



Race and Health Matters is RHO's new podcast which cuts through complexity, translating research and insight into practical, actionable steps to build a fairer, more inclusive health and care system. Hosted by paediatrician, broadcaster and researcher, Dr Guddi Singh, the first series offers a comprehensive look at what racial inequality in the NHS workforce really looks and feels like, drawing on lived experience and insights from diverse experts, leaders, and changemakers. With evidence-based interventions for leaders to practical guidance for allies and ethnic minority staff alike, each episode is a platform for education, honest conversation, and actionable change — not just awareness. Available on major streaming platforms, including Apple Podcasts, Spotify, and YouTube.

Guest speakers



Felicia Kwaku OBE
Associate Director of Nursing,
King's College Hospital NHS Foundation Trust



Professor David R. Williams
Florence and Laura Norman Professor of Public Health and of African and African American Studies and of Sociology,
Harvard University



Dr Nabeela Kajee
Consultant,
Delta



Dr Nandi Simpson
Director – Implementation,
NHS Race and Health Observatory



Professor Habib Naqvi MBE
Chief Executive,
NHS Race and Health Observatory



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Founder and Chief Executive,
Delta



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Dr Ashok Patnaik
Research Fellow,
University of Birmingham



Dr Azar Alexander Sefre
Research Fellow,
University of Aberdeen



Professor John Appleby
Former Director of Research and Chief Economist,
Nuffield Trust



Dr Heidi Green
Health Equity and Patient Involvement Specialist



Professor Carol Woodhams
Professor of Human Resource Management, *University of Surrey*



Sim Scavazza
Vice Chair, *Imperial College Healthcare NHS Trust*



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Medical doctor and co-author of 'Mind the Gap'



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Assistant Director – Research and Evidence, *NHS Race and Health Observatory*



Dr Naabil Khan
Author and Resident Doctor, *Medway NHS Foundation Trust*



Ras I. Martin
Governor, *Chelsea and Westminster Hospital NHS Foundation Trust*



Reflections from the host Dr Guddi Singh

Guddi has written two thought-provoking blogs reflecting on the conversations, insights and challenges explored during series one of the Race and Health Matters podcast.

1 Five leadership lessons from hosting a podcast on race inequality in the NHS workforce

Drawing on discussions with guests from across the health sector, Guddi reflects on what the podcast taught her about leadership:

1. Listening alone is not action
2. Data matters, but only if it disrupts the system
3. Lived experience is organisational intelligence
4. Workforce equity is not separate from care quality
5. Future leaders are being shaped, or misshaped, today

Read the full blog first published for the BMJ Leader

2 Beyond mandatory training: why Race and Health Matters should be required listening across the NHS

Writing for the Q community, Guddi explores how the podcast is creating a new way to discuss race and inequality in the NHS. She argues that those involved in quality improvement and leadership should engage with these conversations as part of their ongoing learning and development.

Read the full blog



Recent Engagement Events

Our steering group for the 'ethnicity pay and progression gap review' met in London during the Summer to review some of the early qualitative and quantitative findings and start to formulate appropriate recommendations.

The RHO has recently presented at events including:

- The Shuri Network Digital Fellows events
- HSJ Reducing Health Inequalities Forum
- LaingBuisson Sustainability in Health and Social Care Conference
- UK Global Health Summit
- NHS ConfedExpo

The RHO hosted a roundtable that brought together voices from healthcare, academia, policy, regulation, technology and community organisations to explore how AI can be implemented in ways that advance anti-racism, trust and equity across the NHS.

As AI becomes increasingly used in healthcare, discussions focused on addressing concerns around bias, transparency, accountability and racial health inequalities, while identifying practical actions to ensure AI-enabled care delivers equitable outcomes for ethnically minoritised communities.

A huge thank you to co-chairs Professor Habib Naqvi MBE and Dr Chaand Nagpaul CBE, speakers, Mark Wong, Rachel Power and Richard Stubbs and all attendees for their valuable contributions, thoughtful discussion and commitment to advancing equitable and accountable AI in healthcare. This expertise and perspectives helped make this an engaging and impactful conversation that will inform the Observatory's position and recommendation on the equitable, transparent and accountable use of AI in healthcare.





The key learnings from the roundtable were:

Without deliberate action, AI will reproduce and amplify existing inequities.

To prevent this, anti-racist principles must be embedded from the very beginning, in how problems are defined, how data is collected, how algorithms are designed, and how tools are evaluated.

This means:

- Datasets that genuinely reflect the diversity of our population
- Algorithms tested across different patient groups and ethnicities
- Transparent reporting of model performance across ethnic groups
- AI tools that are accessible, multilingual and culturally competent
- Communities involved as co-designers, not afterthoughts

Ultimately, we need an NHS where every patient - regardless of background - can trust that the technologies shaping their care are designed for them, tested for them, and safe for them.

How do we move from "tick-box" diversity to genuinely inclusive, high-quality health research?

In July the RHO and The George Institute for Global Health (TGI) hosted the first Policy Lab in a series for the landmark project Equity by Evidence: Race & Ethnicity Inclusion in Research, funded by the NIHR.

Ethnic minority groups remain underrepresented in health and care research, and studies are rarely designed to account for race and ethnic diversity. The Policy Lab brought together diverse stakeholders, academics, regulators, funders, publishers, research participants and community advocates, to discuss the benefits and challenges of existing UK and international health research inclusion guidance and to begin to co-design a unified framework which will lead to practical, systemic changes across the entire research ecosystem.

The key takeaway – sustainable progress requires a coordinated effort with clearly defined roles and shared accountability across funders, editorial journals and research institutions. Together with stakeholders, we are committing to drive these changes forward.

Learn more about our project



Ongoing research



The Cost of Racism

A wide-ranging programme of work to more deeply explore the cost of racism. This ambitious new initiative will seek to examine the costs of racism both at a national level, exploring the many ways in which racism can lead to economic cost, and also at a more granular level, working with specific services to conduct cost-benefit analyses for efforts to tackle racism at a patient level.

Review of anti-racism in NHS leadership training

The project will review how anti-racism is embedded within NHS leadership development programmes and to assess the effectiveness of this in addressing structural ethnic inequalities.

NHS Bullying, Harassment and Abuse

The research project will use a mixed-methods study to analyse NHS staff survey data and create a series of recommendations and resources aimed at reducing overall levels of bullying, harassment and abuse as well as closing the ethnicity and race gap.

Ethnicity Pay and Progression Gap

Will focus on examining the differences in pay, career progression, pension contributions and potential impact on cumulative financial earning between staff from different ethnicities. It will also explore potential explanations for any differences and provide recommendations, and evidence-based solutions, to reduce and eliminate unwarranted inequities where they are found to exist.

Dementia care

The NHS Race And Health Observatory will be working with The Strategy Unit, a specialist internal consultancy team within NHS Midlands and Lancashire Commissioning Support Unit will work on a major review to tackle barriers in dementia care. Long standing barriers that prevent Black, Asian and ethnic minority communities from accessing timely NHS dementia care and support will be examined.



Useful links and resources

Health Action Resource Platform - Driving Racial Equity in Health and Care

Developed by the RHO, the Health Action Resource Platform (HARP) allows users to explore NHS performance data broken down by ethnicity across regions, systems, or providers. It aims to illustrate racial inequalities in health through data visualisation in an attempt to drive action in both policy and practice.

Blog Listing

The RHO hosts blogs from diverse writers covering diverse topics around race and health related issues. Browse the latest blogs.

Recent blogs



South Asian Heritage Month: Celebrating communities and confronting the past for an equitable NHS



Building personalised digital care plans for better sickle cell crisis care



Tackling inequalities in perinatal mental health



Model for Improvement:
Anti-Racism Framework Guidance

The Anti-Racism Model for Improvement (MFI-AR) is a practical, equity-centred adaptation of the widely used quality improvement (QI) approach. Developed by the RHO and the Institute for Healthcare Improvement through the RHO Maternal and Neonatal Learning Action Network, it helps teams to recognise and address how racism shapes data, decision-making, and service improvement. By embedding anti-racism principles throughout the QI process, the MFI-AR can help ensure efforts do not reinforce inequities to drive safer and more equitable care for minoritised ethnic communities.

THE ANTI-RACISM MODEL FOR IMPROVEMENT (MFI-AR) FRAMEWORK

Institute for Healthcare Improvement

NHS RACE & HEALTH OBSERVATORY
Breaking barriers for better health

MFI-AR supports organisations and teams to centre racial equity, examine structural harm, and co-create quality improvement activities with those most affected.



DEMONSTRATE LEADERSHIP BY NAMING RACISM

- Explore how racism is operating in this context and identify where it can be named.
- Shape the aim to explicitly address racial equity.

UNDERSTAND AND ACKNOWLEDGE

- Reflect on how team composition and personal biases may influence the work, and who else should be involved.
- Map key drivers of racial inequity in your service, organisation or system.
- Identify the drivers your team is positioned to influence or improve.

IDENTIFY RACIAL BIAS

- Review relevant policies, processes and services to surface where racial bias may be present.
- Identify elements of institutional racism this improvement effort can address.

COLLECT AND PUBLISH DATA

- Disaggregate outcome, process and balancing measures by race and ethnicity to reveal disparities.
- Identify who is missing in the data and other ways to understand their experiences.
- Combine quantitative and qualitative data to reflect realities of racially minoritised staff and service users.

APPLY A RACE-CRITICAL LENS

- Define indicators that signal progress in reducing racial inequities.
- Use balancing measures to monitor for unintended consequences that may deepen disparities.

MEANINGFULLY INVOLVE RACIALLY MINORITISED INDIVIDUALS AND COMMUNITIES

- Create opportunities for racially minoritised staff and service users to shape the work in ways that build trust, removing barriers to their involvement.
- Use their priorities to guide change testing and adaptation.

EVALUATE AND REFLECT

- Assess the impact of the change on racially minoritised groups using disaggregated data.
- Involve those most affected in evaluating the change and shaping next steps.
- Use learning to adapt, adopt or abandon the change, and share insights to inform future improvement.

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