



Chairs and Chief Executives Ethnic Minority Network

24 March 2021

Sir Simon Stevens
Chief Executive Officer
NHS England / Improvement

Sent via email to : ce.england@nhs.net

Dear Sir Simon [Open Letter]

Integration and innovation: working together to improve health and social care for all

We are writing to you as Co-Chairs of the Chairs and CEOs ethnic minority network. It is a unique group consisting of 19 people, who have come together to support the NHS to tackle inequalities in service and staffing. We would hope leaders across the NHS are aware of the startling inequalities that exist for people served by and working for the NHS. Ethnic minority communities have for many decades received unequal treatment and experienced significantly worse health outcomes. It is quite shocking to observe that in 2021 women from Black African or Caribbean heritage are still 5 times more likely to die in childbirth than their white counterparts. We also know that those from Bangladeshi and Pakistani communities suffer worse health outcomes across a range of areas. In a recent report published by the House of Commons and House of Lords Joint Committee on Human Rights, a key finding was that over 60% of black people in the UK do not believe their health is as equally protected by the NHS compared to white people. From a workforce perspective the picture is no better. There are 231 NHS Trusts and Foundation Trusts in the NHS in England and only 8 of those are led by ethnic minority Chief Executives.

In this context, whilst we welcome the focus of the ICS Consultation and the White Paper on reducing health inequalities, we also feel a deep sense of disappointment. If the NHS is going to deliver its newly stated aim, there will need to be recognition of and focus on all root causes of inequality not simply the ones we feel comfortable to address. How can the NHS possibly deliver its ambition to reduce health inequalities across ethnic minority communities if the Organisation itself fails to deliver equality internally for the people it employs? If NHS staff are to truly understand the communities they serve, understand their lived experience and how this in turn affects their life chances and health outcomes, they must first work within organisations that are not only diverse, but where diversity is welcomed, the benefits understood and there is strong evidence of equality, belonging and psychological safety.

The recent publication of the WRES report and the staff survey provide clear evidence that very little progress has been made in terms of the creation of positive inclusive cultures since the commencement of the 'Breaking Through' Programme in 2003 or the publication of Roger Kline's report 'Snowy White Peaks' in 2013. In fact, in many areas performance has deteriorated. Only last week the Royal College of Surgeons published a review into the experiences of medics from minority communities. How many more reports or reviews do we need to see before the NHS recognises that EDI is its core business?

As we move forward with the creation of ICSs, there is an opportunity to refocus the NHS with respect to EDI. Integrated Care Systems are likely to be of critical importance to outcomes for the people we serve and lead. This change in direction provides the NHS with

an opportunity to make EDI a clear priority of equal importance to the four stated strategic objectives.

We welcomed your appointment of Prerana Issar as Chief People Officer as this was a clear statement of intent about the importance of NHS people and set a significant example of inclusivity for all NHS boards. We have been heartened by her leadership of world class people strategies and her personal commitment to inclusivity. She has challenged us and other leaders of the service in a manner that gives us optimism for future positive change. Her championing of a renewed focus on equality and inclusion with culture at the centre of the NHS People Plan is an example to all board members. To enable the service to succeed in this aim, we have a clear and concise ask of NHSEI that will be of fundamental importance to the goal of reducing inequalities.

- The first, and the priority as we believe it is the bedrock of significant and sustained improvement, is that leadership of ICSs must be representative of the people that they lead and serve. This must mean executive as well as a non-executive role. The evidence base for the benefits of diversity of leadership is significant. The NHS has made some progress with non-executive roles and little if any progress on executive positions.
- The second is that EDI must be a core part of every Board's business. All Directors must demonstrate a strong competence in the understanding of causes of racism and the impact this has on people's lives. It must no longer be acceptable for a Board to undergo an EDI training session. So much more is needed. Directors must be able to demonstrate what they are doing to tackle racism and other inequalities. We know that organisations and staff within them take account of what leaders see as priorities. With this in mind we are asking you personally, as Chief Executive of the NHS, to be even more explicit about the importance of EDI and continue to restate NHS England's commitment to achieving equality in the work place, by holding Board members to account, just as much as they are held to account for delivery of constitutional standards.
- The third is we would like every ICS to develop a long-term approach to tackling inequalities. We would suggest a 10-year strategy, with annual milestones. An annual plan focused on reducing inequalities should be mandated, as should the requirement for an implementation plan and associated investment.

As experienced leaders of NHS organisations we recognise the challenges with acting on our three asks. But, we believe that overcoming the challenges is a matter of will as much as time and investment.

The benefits in terms of productivity, effectiveness and health outcomes that will undoubtedly accrue should we get this right, will be seen and felt for many generations. For us it is not a question of 'if', it is a question of 'when'

Yours sincerely



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