NHS Improvement

Clinical leadership – a framework for action

A guide for senior leaders on developing professional diversity at board level

collaboration trust respect innovation courage compassion

We are pleased to say this framework document has been endorsed by:

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

A new framework for action on clinical leadership

Contents

1. Introduction

This guide addresses The NHS Long Term Plan[1] priority around nurturing the next generation of leaders and supporting all those with the capability and ambition to reach the most senior levels of the service. It was developed in response to the 2018 recommendations to the Secretary of State for Health and Social Care to ensure more clinicians from all professional backgrounds take on strategic leadership roles.[2]

It is also an invitation to start new conversations about clinical leadership in organisations at all levels, and to share that learning with colleagues, between organisations and with NHS Improvement and NHS England. Please email us with your responses at enquiries@improvement.nhs.uk or via the Improvement Hub.

At the most senior levels of healthcare organisations, leaders face increasingly complex strategic and operational problems arising from the demands of an ageing population, shortages in key workforce groups and ongoing financial constraint. These challenges demand:

- effective **team-based working** within and across traditional organisational and sector boundaries
- **innovation** and **experimentation** to find new ways of delivering care
- **collaborative and compassionate** leadership to enable health and care staff to do their best work.

Evidence suggests that professionally diverse teams[3,4,5] and clinicians at board level[6,7] increase the likelihood of meeting these challenges. Drawing on this, the NHS Long Term Plan highlights the importance of visible **senior clinical leadership** in enabling and assuring the delivery of high quality care, both within organisations and in the new system architecture.

Building on clinical leadership work by professional and national NHS bodies, NHS England, NHS Improvement, NHS Leadership Academy and NHS Providers are working together to respond to the 2018 recommendations. Our particular focus is increasing the number of people with clinical backgrounds involved in strategic leadership.

Traditionally, doctors and nurses have a seat at the provider board table. However, there are a host of other clinicians – allied health professionals (AHPs), pharmacists, healthcare scientists, midwives, psychologists – who also have great leadership contributions to make but, because of career structures or expectations, may be less able to find their way to strategic roles that maximise their contribution.

> "Clinicians from all professional backgrounds have a lot to offer as senior leaders. Supporting these talented people, who are already working in our organisations, to make the most of their potential is an opportunity too important to neglect."
>
> Dido Harding, Chair, NHS Improvement

We hope this guide helps senior leaders recognise that all professions can provide high calibre candidates for senior roles – particular when new senior teams are coming together to lead integrated care systems as part of delivering the Long Term Plan. We also hope it shows future leaders with clinical backgrounds what their journeys to senior positions could be like.

We are pleased to say this guide has been endorsed by:

- Academy for Healthcare Science www.ahcs.ac.uk
- Academy of Medical Royal Colleges www.aomrc.org.uk
- Allied Health Professions Federation www.ahpf.org.uk
- Association of Clinical Psychologists CIC www.acpuk.org.uk
- Faculty of Medical Leadership and Management www.fmlm.ac.uk
- The British Psychological Society www.bps.org.uk
- The Royal College of Midwives www.rcm.org.uk
- The Royal College of Nursing www.rcn.org.uk
- The Royal Pharmaceutical Society www.rpharms.com

2. How to use this guide

Our work shows that organisations and circumstances are too different from each other for it to be possible to prescribe ‘high impact actions’ with a promise that they will make a difference in all cases. Much of what succeeds in one context will be down to a passionate leader, a history of success, or even a significant failure that sparked new interest in clinical leadership.

We have tried instead to set out the range of barriers our work suggests can hamper people with clinical backgrounds in gaining senior roles, along with examples of how these have been overcome. Although, of course, there are differences by profession, we were surprised to find there were many more similarities. We also came across organisations and individuals tackling these barriers in innovative ways.

This guide therefore contains:

- **Key questions** for chairs, chief executives and senior leaders about common barriers to clinicians taking part in senior organisational management. In naming these, we hope leaders working to increase the professional diversity of their teams will gain new perspectives. These questions appear throughout the guide and are listed in Annex 1.
- **Vignettes** of how people are already tackling these issues in innovative ways, which link to **detailed case studies.** We hope these will provide new ideas for leaders and aspiring leaders about what their leadership journeys could be like.

Approach

In creating this guide, we modelled the good practice we are suggesting, bringing together a professionally diverse stakeholder group and together carrying out the reviews, scoping, analysis and sourcing of case studies. Group members represented a range of clinical and non-clinical professions, which meant we were easily able to access a wider network of stakeholders. Though it was not always easy, working together and keeping our shared goals in mind, we were able to bring ideas and to challenge each other constructively. Further information is provided in Annex 4.

3. What do we mean by clinical leadership?

What we mean by ‘clinical’

In a changing service landscape, the term **‘clinical’** can be ambiguous: narrowly defined as traditional NHS clinical professions or widely defined as anyone trained to deliver frontline care. As this guide is primarily for NHS organisations, we have started with clinical professions in health:

- allied health professionals (AHPs) [1]
- doctors
- healthcare scientists (HCS) [2]
- midwives
- nurses
- pharmacists
- psychologists
- social workers.

We have included social workers in our definition because, as the Long Term Plan signals, frontline health and care professionals will be working together more and more in all aspects of the system. We acknowledge that we have less information about this profession at this stage, so we invite people with experience from a social work perspective, particularly recognising the strong history of joint work between health and social care in the mental health sector, to get in touch and add to our bank of case studies.

The list above is also not exhaustive – the information is intended to support all professions.

[1] AHPs include art therapists, drama therapists, music therapists, chiropodists/podiatrists, dietitians, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, prosthetists and orthotists, radiographers and speech and language therapists. Find out more at: www.england.nhs.uk/ahp/role/
[2] Healthcare scientists include biomedical scientists and clinical scientists. Find out more at: www.england.nhs.uk/healthcare-science/

What we mean by ‘clinical leadership’

Clinical leadership can mean different things in different contexts. These meanings are often conflated, which can make participating in senior organisational management more difficult for people with clinical backgrounds.

One common use is professional leadership, ie leading or having responsibility for those who share a common training route or set of qualifications.

In this guide, we focus on another common use, which is about **participating in senior leadership teams**, such as unitary boards, that have a collective responsibility for enabling and assuring organisations to deliver the whole range of their functions. In this context, bringing a different perspective to team conversations and strategic decisions, the outcomes of which are jointly owned, is as important as representing a profession.

4. What are the legal or policy considerations?

When thinking about how to increase the participation of people with clinical backgrounds in senior organisational leadership, questions often arise about the legal and practical restrictions on what is allowed or desirable. The key legal/policy considerations for **NHS trust and foundation trust boards** are set out below.

For NHS trust boards

For most NHS trusts[3] Regulation 2 of the National Health Service Trusts (Membership and Procedure) Regulations 1990/2024 specifies a maximum of 12 directors, excluding the chair. Of these, there can be no more than seven non-executive directors (excluding the chair) and five executive directors which must include: a chief executive officer, a chief financial officer, an executive director who is a registered doctor or dentist, and an executive director who is a registered nurse/midwife. This leaves at least one additional executive director position that could be filled by someone with a clinical background.

Non-executive directorships, being part-time strategic leadership roles, can also be filled by people with clinical backgrounds. This offers another opportunity to increase professional diversity at board level.

For foundation trust boards

Foundations trust boards are subject to the requirements of the NHS Act 2006 – Schedule 7, which require boards to include: a chief executive officer, a chief financial officer, an executive director who is a registered doctor or dentist, and an executive director who is a registered nurse/midwife.

Foundation trusts are able to alter the number of board members but cannot alter the requirements of Schedule 7 above and must take account of the Foundation Trust Code of Governance, which specifies that:

[3] There are some variations/exceptions for mental health trusts, care trusts and trusts that do not provide services directly to patients or principally provide ambulance or transport services.

- The board is required have the appropriate balance of skills, experience, independence and knowledge to enable them to discharge their respective duties and responsibilities effectively.
- The board must be of sufficient size to discharge its functions and such that changes to the board's composition and that of its committees can be managed without undue disruption, but it should not be so large as to be unwieldy.
- There should be an appropriate combination of executives and non-executives, ensuring that there is no one dominant 'group' and at least half the non-executives should be independent.
- Further, the council of governors should take into account the value in having a non-executive director with a clinical background.

For both

The importance of diverse boards and good succession-planning processes is set out in the well-led framework under the leadership key line of enquiry (KLOE).

Chairs and chief executives should recognise that senior leaders who are maintaining their professional registrations will have obligations to their professional regulator as well as the board and may need time to ensure they are meeting all these requirements.

Implications for board roles

While the relevant legal and policy provisions do not prevent the appointment of clinicians to board roles, the opportunity to do so may be limited given the requirement to maintain boards of manageable sizes.

Non-board roles can provide opportunities to involve senior clinicians, as can the formation of leadership teams for sustainability and transformation partnerships (STPs), integrated care systems, and new care model structures signalled in the Long Term Plan. Working in regional or national bodies can also provide further opportunities.

5. The framework for action

There is a growing interest in clinical leadership and how more clinicians at the board can support organisations to be more effective. We wanted to understand some of the barriers clinicians perceive to moving into senior leadership roles, so we reviewed a set of key papers relating to a range of clinicians across this area. These were provided by our stakeholder group and through discussions with professional bodies.

We analysed the papers and coded the content to build an initial set of themes. This was useful in identifying the major barriers but also some of the solutions that have been tried and tested. We then used the themes to guide discussions with senior clinical leaders and so to identify the most frequent barriers and enablers. This resulted in the creation of the framework below, which is explored further in the rest of this guide.

These themes may not all apply to all professions, but this guide is not aimed at one specific professional group. We want it to provoke new thinking and action about what organisations can do to break down these barriers and make it easier for clinicians to participate in senior leadership teams.

Building confidence

- **Perceived and/or actual lack of competence for the role** – many people feel a lack of confidence, competence or like an impostor when applying for roles for which they have not been specifically trained; this may coincide with an actual skills gap. Support and development can help them address these issues, including appreciating the politics and power dynamics of senior roles.
- **Anxiety, uncertainty and fear of unknown** – uncertainty is often a source of anxiety and can stop people even considering opportunities that deviate from their current practice. Providing encouragement, role models and support, as well as clarifying expectations about what roles involve and recognising how people are already leading, could help to reduce anxiety.

Key questions for leaders

How are you helping build clinicians' **confidence** in their ability to manage and lead?

For example: showcasing leader journeys, role-modelling, access to specialists (eg finance, project management), access to senior leaders

How are you helping clinicians to gain leadership and management **skills**?

For example: development forums, encouraging taking up local and national development programmes, inviting people to present at board or committees

How are you helping clinicians to gain 'low risk' leadership **experience**?

For example: stretch assignments, supported trial periods, job shadowing or paired learning, preceptorship, "shadow" board meetings.

How are you preparing clinicians as they **take on new roles**?

For example: clarifying expectations, workload monitoring, high quality line management

How are you supporting clinicians to **develop** as leaders 'on the job'?

For example: building peer networks, action learning sets, coaching and mentoring, Schwartz rounds*

How have others tackled these issues?

Dr Claire Fuller, Senior Responsible Officer, Surrey Heartlands STP | General Practitioner | @clairefuller17
Whenever Claire has seen opportunities to improve, she fully embraced these choosing to 'seek forgiveness, not ask permission'. In her current role she is keen to develop inclusivity across organisational systems encouraging leaders form all levels and professions to get involved in strategic and senior leadership.

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Shane DeGaris, Group Deputy Chief Executive Officer, Barts Health NHS Trust
Physiotherapist (not practising) **| @shanedegaris**
Shane's clinical background is just one part of his career journey. He highlights the importance of moving sideways and diagonally to develop operational and strategic skills. Shane recommends talking to key/influential people who have followed similar journeys and considering the mainstream leadership programmes.

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Widening perspectives

- **Meeting obligations for professional practice** – losing professional registration can stop people from considering moving into management and leadership roles. Providing time for individuals to keep up professional registration and highlighting the different ways that this can be done can help.
- **Negative role assumptions** – some people see moving into management or leadership roles as a move away from their professions – 'going to the dark side'. Loss of identity, threats to values and clinical credibility may all be concerns so promoting leadership roles as part of (rather than alternatives to) clinical careers can help to overcome some of these negative assumptions.
- **Seeing role models from all clinical professions across all areas of the NHS** – some professions are under-represented at senior levels, which can lead people to think that opportunities don't exist. Clinicians working in these roles can promote their work to encourage others, especially as new models of integrated care become established. All senior leaders can regularly test who is missing from the table.

Key questions for leaders

How are you helping clinicians to **understand the breadth** of available career options?

For example: career advice, discussing transferability of clinical skills, information about ways to maintain registration, myth-busting about roles and remits

How is your senior leadership team **creating or identifying opportunities** for clinicians to develop leadership careers?

For example: innovative appointments, mentoring, job shadowing, monitoring progress, professional leads reporting to board members

How are you supporting clinicians to **network** outside your organisation?

For example: enable attending local, regional or national strategic meetings, contribute to STPs, encouraging fellowships

How have others tackled these issues?

Rachel McKeown, Director of AHPs, Midlands Partnership NHS Foundation Trust | Physiotherapist | @rachel66mckeown
Taking on responsibilities beyond AHP professional and operational leadership was instrumental to Rachel's progression to Director of AHPs. This included opportunities in senior operational and transformational leadership roles and networking with national bodies such as NHS England and NHS Improvement.

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Michael Witney, Director of Therapies and Executive Lead for patient experience, Oxleas NHS Foundation Trust
Consultant Clinical Psychologist | michaelwitney1@nhs.net
Michael influences decisions and represents his portfolio through active work in board sub-committees. He maintains his practice to keep patients and their experience at the heart of his decision making. His advice to aspiring leaders is to be personable and collaborative while "fighting your corner".

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Kay Fawcett, Non-Executive Director, Derbyshire Community Health Services NHS Foundation Trust | Nurse| @fussy1958
Having worked as an executive board member for many years as part of her career in nursing, Kay had seen first-hand what non-executive directors bring to organisations. Keen to continue to contribute to the NHS after she retired, Kay sought out non-executive director roles both inside and outside the NHS, as a way of making the most of her experience and continuing to learn.

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Talent management

- **Inclusive talent management** – either because they are already considered to have a specific professional route, or because they are rotational, clinicians are sometimes excluded from strategic talent management systems. This decreases the likelihood of their taking on management or leadership roles due to lack of access or visibility of opportunities. Inclusive talent management and succession planning approaches that provide flexibility and appropriate support, can help people play to their strengths. These approaches should take account of opportunities in STPs, integrated care systems, and regional or national bodies.
- **Perceived and/or actual lack of training for the role** – where clinicians aren't included in talent management strategies, they may not gain access to relevant leadership development, coaching/mentoring, and safe, supported training opportunities that enable them to participate credibly in recruitment processes.
- **Lack of time for development in current role** – having specialist skills in times of operational pressure can lead to the perpetuation of silos and limited opportunities to gain new skills. Maintaining flexibility and commitment to development during these times, though difficult, can help to make sure diverse talent pools are created and maintained.

Key questions for leaders

How are your senior leaders **spotting and nurturing** clinicians who show interest or ability in management and leadership?

For example: mentoring, creating stretch assignments, work shadowing, prioritised by all senior leaders

How are you making sure that clinicians get **high quality line management**?

For example: appraisal training for senior clinicians /supervisors, role-modelling 'from the top', promoting skills development

How are clinicians part of your **talent management** and **succession planning** systems for leadership roles?

For example: multi-organisation approaches for people on rotations/placements

How have others tackled these issues?

Pippa Nightingale, Chief Nurse, Chelsea and Westminster NHS Foundation Trust | Midwife | @pippanightinga3
Pippa describes the importance of leadership training and formal coaching/ mentoring as essential for career progression along with a good supporting career network. Having a professional voice at the board means she can represent and influence the professions and the quality of patient care.

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Amar Shah, Chief Quality Officer, East London NHS Foundation Trust | Consultant Forensic Psychiatrist | @DrAmarShah
Amar attributes an important aspect of his success in becoming a non-voting board member leading on quality improvement (QI), to having a senior sponsor who believed in his ability, championed his work, unblocked barriers and gave him license to disrupt the system as he developed East London Foundation Trust's QI capability.

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Practical levers

- **Recognition and reward** – this includes both financial and non-financial reward – the change or reduction of reward when moving into leadership positions may deter people from moving away from clinical work. Creative use of reward and pay schemes can go some way to maintaining pay levels and creating cultures where taking on these responsibilities is specifically valued.
- **Structural biases** – recruitment panels encountering candidates without traditional strategic/management experience during shortlisting and interview may be risk averse. This may therefore lead to unconscious bias against clinicians. Processes can be adapted to account for these potential biases.

Key questions for leaders

How are you **encouraging** and **rewarding** clinicians who take on and excel in leadership roles?

For example: using clinical excellence awards, pay protection to maintain pay levels, recognition in staff awards

How are you helping clinicians to **continue their clinical practice** as they take on leadership roles?

For example: offering flexible working arrangements, job shares, part-time roles, providing time for maintaining professional registration

How are you making sure that **human resources** and **recruitment processes** aren't biased against clinicians?

For example: addressing unconscious bias and risk aversion, clinicians on recruitment panels, positive action where appropriate

How have others tackled these issues?

Arlene Wellman – Chief Nurse, Epsom & St Helier University Hospitals **Nurse | @arlenewellman64**
Arlene credits the various leadership opportunities she has been fortunate to have studied for as key to her success. Secondments and coaching/mentoring support are also critical to help you identify gaps in your knowledge/experience and how to expand your breadth of experience.

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Dr Jagjit Sethi, Clinical Director, Berkshire Healthcare NHS FT
Consultant Clinical Scientist (Audiology) | @JagjitSethi
Jagjit's drive and determination, despite 'structural biases', have allowed her to progress up through the ranks. Recognising transferable skills and experience and the importance of diversity are key to reducing barriers that are unconsciously built into routine processes.

READ CASE STUDY

Organisational culture

- **Lack of trust/negative environment** – without messages to the contrary, it is easy for clinicians to believe that they are not relevant or welcome in management and leadership teams. The histories of professions may create certain expectations and a lack of willingness to innovate, provide appropriate support or resources to individuals, or test and retest assumptions, perpetuating assumptions about exclusion. Promoting the professional diversity agenda takes ongoing work but can transform organisational culture, levels of trust, and perceptions of the value of clinical leadership.
- **Leading from the top** – a lack of obvious emphasis on prioritising the value of clinicians taking part in the management and leadership of organisations – and diversity more generally – can reinforce negative assumptions. This could be through no visible ownership of the agenda, the absence of data and monitoring, or lack of a strategic plan. Leaders can change this rapidly if they are prepared to put in the time and effort on an ongoing basis to promoting these priorities. New and developing STP and integrated care system leadership teams provide good opportunities to accelerate this further.

Key questions for leaders

How are you creating a **flexible**, **supportive** and **trusting** culture?

For example: compassionate and inclusive leadership, promoting staff health and wellbeing, creating role flexibility, enabling development.

Who is **championing the involvement of clinicians** in organisational leadership?

For example: encouraging participation in strategic work, including rotational staff in surveys and initiatives,

How are you developing teams who value **professional diversity**?

For example: valuing difference, team development, role modelling by the senior team

How have others tackled these issues?

Clare Boobyer-Jones, Director of AHP & Psychology Professions, Somerset Partnership and Taunton & Somerset NHS Foundation Trusts
Occupational Therapist | @clareboobyerMPH
Not a board member herself, Clare cites good relationships with her executive and senior nursing colleagues as a key mechanism for her to discuss and influence the organisations' strategy. Clare works closely with the Chief Nurse to ensure the contribution of AHPs and psychologists is maximised and recognised.

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John Quinn, Chief Operating Officer, Moorfields Eye Hospital NHS FT | Pharmacist @john-quinn-68b97029
John suggests getting involved in wider projects as part of your role within your trust will help you understand what you do and may not like and can help you decide whether you would prefer to follow an operational, strategic or governance route. This will support your professional profile in your current role and your profession's visibility within the organisation.

READ CASE STUDY

6. Next steps

We want this guide to help you and your organisation think of new approaches to increasing the involvement of clinical leaders in senior leadership, to help address the health and care challenges of the future.

The most useful next steps will depend on what you are already doing, but some ideas are:

- Find out at what levels different clinical professions tend to ‘hit a ceiling’ in your organisation and exploring why that might be.
- Hold a board or system leadership workshop using this framework to agree your priorities and strategy for increasing professional diversity at senior levels.
- Nominate executive and non-executive leads at organisation and system level to champion the clinical leadership agenda.
- Run internal multiprofessional meetings or focus groups to explore this framework and what staff think are the greatest opportunities.
- Discuss this framework with your line manager or head of profession to see what opportunities may be available to you and you colleagues.
- Share good practice about what you’ve already been doing, or what you learn as you experiment with making changes.

We are keen to hear about your experiences – about what works and what doesn’t – so that we can progress, together, in making the most of the talent in the NHS, from all professional backgrounds.

Document review: this document will be reviewed annually for updated resources and changes to legislation. Next review due: January 2020

Annex 1: Key questions

Building confidence

- How are you helping build clinicians' confidence in their ability to manage and lead?
- How are you helping clinicians to gain leadership and management skills?
- How are you helping clinicians to gain 'low risk' leadership experience?
- How are you preparing clinicians as they take on new roles?
- How are you supporting clinicians to develop as leaders 'on the job'?

Widening perspectives

- How are you helping clinicians to understand the breadth of available career options?
- How is your senior leadership team creating or identifying opportunities for clinicians to develop leadership careers?
- How are you supporting clinicians to network outside your organisation?

Talent management

- How are your senior leaders spotting and nurturing clinicians who show interest or ability in management and leadership?
- How are you making sure that clinicians get high quality line management?
- How are clinicians part of your talent management and succession planning systems for leadership roles?

Practical levers

- How are you encouraging and rewarding clinicians who take on and excel in leadership roles?
- How are you helping clinicians to continue their clinical practice as they take on leadership roles?
- How are you making sure that HR and recruitment processes aren't biased against clinicians?

Organisational culture

- How are you creating a flexible, supportive and trusting culture?
- Who is championing the involvement of clinicians in organisational leadership?
- How are you developing teams who value professional diversity?

Annex 2: Useful resources

Profession-specific development resources

- **Allied Health Professionals:** AHPs into Action is a national framework and programme of work focusing on the role of AHPs in transforming health, care and wellbeing. Individual professional bodies also have a range of offers.
- **Doctors:** Leadership and management standards articulated as a set of core values and behaviours designed to work across all career levels.
- **Healthcare scientists:** the Chief Scientific Officer's clinical leadership programme
- **Midwives:** the Royal College of Midwives has a range of development offers.
- **Nurses:** the Royal College of Nursing range development offers and the Florence Nightingale Foundation offers leadership programmes and scholarships.
- **Pharmacists:** the Royal Pharmaceutical Society has a range of development offers.
- **Psychologists:** The British Psychological Society has a leadership development. framework for clinical psychologists and a more general guide to leadership.
- **Social workers:** Skills for Care has a range of leadership and management development offers.

General development resources

- Barriers and enablers for clinicians moving into senior leadership roles: review report sets out the findings of Faculty of Medical Leadership and Management's review into how we can increase the numbers of clinical professionals taking up the most senior NHS leadership roles.
- The NHS Leadership Academy's Healthcare Leadership Model describes key leadership behaviours and demonstrates how leader at all level can develop
- The NHS Leadership Academy offers a range of leadership programmes, including:
  - the Clinical Executive Fast Track scheme designed to engage and harness the talent of clinicians as leaders of the health and care systems of tomorrow.
  - the Nye Bevan Programme designed to develop senior leaders looking to move into board roles.
- The NHS Leadership Academy's talent management hub provides resources to support organisations to create compassionate inclusive workplaces through helping people to do the best they can in their careers.
- The FMLM fellowship programme recognises clinicians who demonstrate a high-level of leadership competence and acknowledges their contribution to and impact in healthcare.

NHS Improvement

- Developing People – Improving Care is an evidence-based national framework to guide action on improvement skill-building, leadership development and talent management for people in NHS-funded roles.
- Culture and leadership programme: Phase 1 'discover' Resources to help you diagnose your current culture using existing data, board, staff and stakeholder perceptions and knowledge, and workforce analysis. Phase 2 'design' Describes a wide range of interventions with which to respond to the findings of phase 1.
- The 2018 provider board diversity survey, which includes findings about clinical leadership and protected characteristics.
- The Improvement Hub gives access to improvement tools, resources and ideas from across the health sector. Use the hub to collaborate and explore your ideas with colleagues, share your own improvement stories (lessons learned and successes) or tell us about improvement resources you've seen elsewhere.

NHS England

- Resources on the Workforce Race Equality Standard which aims to support the NHS to understand the nature of the challenge of workforce race equality, leaders to recognise that it is their responsibility to help make the necessary changes, and enable people to work comfortably with race equality.
- The Improvement Hub brings together a wealth of improvement knowledge, information and tools from across the NHS to support the delivery of sustainable service improvement.

Annex 3: Development team

This guide was created by the following team:

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