Board of Directors (in Public)
30 January 2025
Agenda Item: 4.1

Report Title	Board Governance Report
Author (name and title)	David O'Brien, Director of Corporate Services and Company Secretary
Accountable Director	David O'Brien, Director of Corporate Services and Company Secretary
Previous committees/groups	None
Recommended action(s) Approval, Assurance, Information	Information
Purpose of the paper	This report provides an update on issues and developments relating to Board governance.
Recommendation(s)	The Board notes the developments in Board governance outlined in this report.

Executive Summary

This report provides an update on issues and developments relating to Board governance, as follows:

1. Trust Establishment Order
2. Committee Membership
3. Board Meeting Dates 2025/26
4. Board Development Programme
5. NHS Providers Briefings – (1) The Big Picture, (2) NHS England Equality, Diversity and Inclusion Improvement Plan

Strategic ambition(s) this supports. Provide brief bullet point details of link to Trust strategy.	Our Patients	All priorities
	Our People	All priorities
	Our Partners	All priorities
	Our Planet and Pounds	All priorities
Link with the BAF Include reference number. (board and level 2 committees only)		Board governance has implications for all strategic risks

1. INTRODUCTION

1.1 This report provides an update on developments relating to Board governance.

2. BOARD GOVERNANCE UPDATES

2.1 Trust Establishment Order: Non-Executive Directors

2.1.1 The Trust is awaiting approval of its new Establishment Order from the Department of Health and Social Care (DHSC). When approved, this new Establishment Order will increase the number of Non-Executive positions on the Board of Directors from six (Chair plus five) to seven (Chair plus six).

2.1.2 Final Ministerial approval for the new Establishment Order to increase the number of NEDs remains outstanding. This has been delayed by the general election and subsequent change in government. The latest advice from DHSC (received 20 January 2025) is that the Trust 'should not expect' Ministerial approval until early 2025.

2.2 Committee Membership

2.2.1 The retirement of Jeremy Pease as a Non-Executive Director, the appointment of Saghir Alam as a Non-Executive Director, and the appointment of Tabitha Arulampalam, Rebecca Randell, and Katherine Lees as Associate Non-Executive Directors has resulted in some changes in Committee composition, effective from 01 February 2025.

2.2.2 The table at Appendix A presents the composition of Committees for the period from 01 February 2025 and for a period of around six months. The membership of Committees will be revisited as part of the annual review of Committee governance arrangements during May / June.

2.2.3 The retirement of Julian Mark as Executive Medical Director at the end of March 2025 is likely to result in some further short-term changes to Committee membership, ahead of the full annual review of Committee governance arrangements during May / June.

2.3 Board Meeting Dates 2025/26

2.3.1 The dates for meetings of the Board of Directors during 2025/26 have been set. These are presented in Appendix B. All of these meetings will be held in person unless otherwise notified. Additional meetings may be required during the year, some of which may be held virtually and at short notice.

2.3.2 In future, Board meetings will be set on a rolling basis, around 14-15 months in advance. For example, following the meetings held on 30 January 2025 the date will be confirmed for the meetings to be held in April 2026. This will allow Board members to plan their commitments in advance and support them to prioritise meetings of the Trust Board.

2.4 Board Development Programme

2.4.1 The Trust has one day remaining in its Board Development Programme supported by Integrated Development Ltd. The date for this day has been confirmed as 08 May 2025.

2.4.2 The content for this day has yet to be confirmed.

2.5 NHS Providers Briefings

2.5.1 Two briefing documents published by NHS Providers are enclosed for information:

1. The Big Picture: a quarterly update on notable developments

2. NHSE Equality, Diversity and Inclusion Improvement Plan: note the expectations regarding EDI objectives for chairs, chief executives, and board members

3. FINANCIAL IMPLICATIONS

3.1 This report has no direct financial implications.

4. RISK

4.1 Failure to develop and maintain effective Board governance arrangements for the Trust would present risks relating to strategic leadership capacity and capability, compliance with regulatory frameworks and codes (CQC Well-Led Framework, NHS Code of Governance, NHS Provider License), and reputation.

5. RECOMMENDATIONS

5.1 The Board notes the developments in Board governance as outlined in this report.

6. SUPPORTING INFORMATION

Appendix A: Board and Committee Membership, effective from 01/02/2025
Appendix B: Board Meeting Dates 2025/26
Appendix C: NHS Providers – The Big Picture
Appendix D: NHS Providers – NHSE EDI Improvement Plan

David O'Brien
Director of Corporate Services and Company Secretary

January 2025

APPENDIX A: BOARD AND COMMITTEE MEMBERSHIP: Effective from 01/02/2025

BOARD AND COMMITTEE MEMBERSHIP	NON-EXECUTIVE DIRECTORS						ASSOCIATE NEDS			EXECUTIVE DIRECTORS AND CONTRIBUTING DIRECTORS													OTHER TEG	
BOARD / COMMITTEE	Martin Havenhand	Tim Gilpin	Anne Cooper	Amanda Moat	Andrew Chang	Saghir Alam	Tabitha Arulampalam	Rebecca Randell	Katherine Lees	Peter Reading	Nick Smith	Kathryn Vause	Dave Green	Julian Mark	Marc Thomas	Amanda Wilcock	Jeevan Gill	Rachel Gillott	Adam Layland	Carol Weir	David O'Brien	Samantha Robinson	Helen Edwards	Clare Ashby	Glen Adams
Audit and Risk Committee			VC	M	C		A					LE	A		A						A				
Quality Committee			C		VC	M			A				LE	M	A				A		A			A	
Finance and Performance Committee		M		C		VC					M	LE			A		A			A	A	A			A
People Committee		C		VC	M			A			M				A	LE		A			A				
Remuneration and Nominations Committee	C	M	VC	M	M	M	A	A	A	A*						A					A				
Charitable Funds Committee	C		VC				A					LE		M	A						A		A		
Trust Executive Group										C	M	M	M	M	VC	M	M	M	M	M	M	M	M	M	M
Board of Directors: Public	C	M	VC	M	M	M	A	A	A	M	M	M	M	M	M⁺	M⁺	A	A	A	A	A	A	A		
Board of Directors: Private	C	M	VC	M	M	M				M	M	M	M	M	M⁺	M⁺					A		A		
Board as Corporate Trustee	C	M	VC	M	M	M				M	M	M	M	M	A	A					A		A		

C = Chair, VC = Vice-Chair, LE = Lead Executive M = Member, A = Attendee, M⁺ = Non-Voting Board Member

*Remuneration and Nominations Committee: the CEO is an attendee, but is a full Member for items concerning Executive Directors (e.g. appointment, appraisal)

APPENDIX B: BOARD MEETING DATES 2025/26

		BOARD OF DIRECTORS					
		Meetings in Public	Meetings in Private	Annual Report and Accounts	Board Strategic Forum	Corporate Trustee	Annual General Meeting
2025	April		24		24		
	May	22	24				
	June			26	26		
	July	24	24				
	August						
	September	25	25				25
	October		23		23		
	November	27	27			27	
	December		11		11		
2026	January	29	29				
	February		26		26		
	March	26	26				

NHS Providers

December 2024

The BIG PICTURE

National messaging to share with local stakeholders

The BIG PICTURE

This briefing aims to support trusts in building relationships with local stakeholders, including local MPs, by providing a national policy overview of key issues.

We update this every quarter, each time focusing on three high priority topics within the national conversation. In this edition we focus on:

- State of the provider sector
- Change NHS
- Race equality and the ethnicity pay gap

We hope this will complement trust communications on local developments with groups such as staff, patients and service users, the voluntary sector, MPs and councillors.

We hope trusts can supplement this material with their own examples, or use this as a basis for their own briefing in support of their engagement with local stakeholders.

State of the provider sector

Our *State of the provider sector* report 2024 shows the impact of years of squeezed funding, workforce challenges and rising demand for services across the country.

Based on a survey of leaders from hospital, mental health, community and ambulance trusts, key findings include:

- Over 9 in 10 trust leaders (96%) raised concerns about the impact of seasonal pressures over winter on their trust and local area.
- Delayed discharge (57%), social care capacity (49%) and acute bed capacity (43%) were identified as the top three greatest risks to the provision of high-quality patient care over winter.
- Nearly three quarters of trust leaders (71%) and 100% of acute specialist trust and ambulance trust respondents thought it unlikely the NHS can meet the constitutional standards over the next five years.
- Most (79%) trust leaders were very worried or worried about whether their trusts have capacity to meet demand for services over the next 12 months.

The survey results show the trust sector's commitment to achieving the three shifts to prevention, community and digital, as well as concerns about the position we're starting from and what might be needed to make the shifts a reality.

Trust leaders expressed a need for appropriate revenue and capital investment, alongside support to enhance community services, social care and preventative efforts as a way of making progress towards the goal of meeting the constitutional standards within the next five years.

See the full data and insight

Change NHS

The 10 Year Health Plan is part of the government's health mission to build a health service fit for the future.
Our response to the Change NHS consultation to progress this vision emphasises:

- **Making 'the how' and 'the what' equal partners in progressing the three shifts.** This includes enabling a responsive and continuously improving system and establishing cross-departmental accountability for the health and care of the population.
- **The shift to community** depending on a clearly articulated and well-understood vision, underpinned by robust data collection and analysis, enabling funding and resources to follow this ambition.
- **The shift to digital** overcoming barriers around funding and financial constraints, operational pressures impacting technology adoption, inadequate infrastructure and lack of appropriate workforce capability.
- **The shift to prevention** requiring national prioritisation and support to prioritise prevention, including through addressing funding levels and flows and collaborative system working to understand and act on population health needs.

Trust leaders know the NHS needs to work differently and go further and faster to improve care for patients, but this must go hand in hand with sustainable funding and investment. When considering how patient care could be improved, the top three areas trust leaders tell us they would like the new government to prioritise are: capital investment in estates (54%), capital investment in digital (48%) and social care (41%).

See NHS Providers' Change NHS consultation response and our five shared commitments for working with the government, *A picture of health: delivering the next generation NHS*

Race equality and the ethnicity pay gap

The ethnicity pay gap in the NHS affects not only individual employees, but the organisation as a whole and the quality of patient care. Addressing this issue matters for fairness, organisational effectiveness and public health outcomes.

In working towards a more equitable compensation structure, NHS employers must understand the factors driving the gap and learn from good practice, including:

- Transparency, regular reporting and monitoring specific targets to increase accountability.
- Striving to have diverse representation at all levels of leadership.
- Inclusive recruitment practices, talent management and training.
- Inclusive workplace cultures and policies to ensure they consider the iverse needs of employees.
- Community and sector engagement, promoting best practices in diversity and pay equity, and collaborating with local partners and subject matter experts to address systemic inequalities.

See NHS Providers' *Counting the cost: Understanding your ethnicity pay gap*, a guide for trusts on understanding and tackling the ethnicity pay gap.

The ethnicity pay gap is the difference between the average hourly pay of ethnic minority and white British people.

Public bodies are required to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups.

In April 2023, the government encouraged voluntary reporting and published a framework to help employers do this. The government tabled mandatory ethnicity and disability pay reporting for organisations of over 250 people as part of the July 2024 King's Speech.

The BIG PICTURE

We'd love to hear your feedback on this briefing.
If there are any topics you'd like covered, or if another format would be more helpful, please let us know.

Please share any feedback you have with the public affairs team: publicaffairs@nhsproviders.org

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NHS England equality, diversity and inclusion improvement plan

On Thursday 8 June 2023, NHS England (NHSE) published its first equality, diversity and inclusion (EDI) improvement plan. Developed in consultation with diverse staff, staff networks and stakeholders, we were pleased to contribute to this process as part of the working group.

This briefing outlines the context of the plan and summarises the high impact actions and accountability framework. If you have any questions or comments, please contact Oliver Potter, senior policy officer (oliver.potter@nhsproviders.org)

The context of the plan

A foreword by NHSE's chief executive, Amanda Pritchard, and chief workforce, education and training officer, Navina Evans, recognises the central importance of inclusive workplace culture, both for current and future staff, with regard to recruitment and retention, and patient care and outcomes. The plan is further set in the context of the NHS People Plan and People Promise, as well as the 'Leadership for a collaborative and inclusive future' report. Crucially, this plan is framed as a central support to the long-awaited long term workforce plan (LTWP), which is expected imminently.

The NHS workforce is increasingly diverse, with 24.2% of staff from an ethnic minority, 77% of the workforce are women, 23.6% of staff identify as disabled or living with a long-term illness (via the NHS staff survey), and over 5% identify as members of the LGBTQ+ community. Despite these figures, the latest Workforce Race Equality Standard (WRES) data shows that an increasingly diverse overall workforce means the gap between whole workforce and board member diversity is widening, with the largest gap at executive level. Staff are also significantly more likely to disclose a disability or long-term illness in the anonymous staff survey compared to via the Electronic Staff Record (ESR), and 5.1% LGBTQ+ staff report experiences of discrimination in the staff survey. This plan is, therefore, a welcome step forward as we know from the staff survey, WRES and WDES data that too many staff experience structural inequities and unacceptable behaviours in the workplace.

This plan acknowledges intersectionality in its overarching high impact actions but also includes a section on interventions by protected characteristic – this is crucial as survey data, particularly

increasingly granular WRES data, shows that the experiences of staff with multiple and diverse characteristics vary.

It is welcome to see NHS England commit to the same high impact actions directed at trusts and integrated care boards (ICBs). Similarly, we published our anti-racism statement and action plan in November 2022, which contains both internal and external points of action. Further details of our race equality board support offer are included at the end of this briefing.

Intersectional high impact actions

The six high impact actions (HIAs) set out in the plan are summarised below. Each HIA is underpinned by a combination of success metrics. NHSE notes its central role in supporting trusts and ICBs with guidance to implement the actions, also noting the importance of working in partnership with trade unions and staff networks. All HIAs are supported by case studies and resources uploaded to Future NHS, forming a national EDI repository.

1. Measurable objectives on EDI for chairs, chief executives and board members

High impact action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

This builds on the recommendations included in the 'Leadership for a collaborative and inclusive future' review, recognising the importance of whole board accountability and linked to the Board Assurance Framework (BAF). The plan sets out a requirement for NHS organisations and ICBs to complete the following actions:

By March 2024:

- All board members must have SMART (specific, measurable, achievable, relevant and timebound) EDI objectives and be assessed against these as part of their annual appraisal
- Boards must review relevant data to establish EDI areas of concern and prioritise actions, with progress tracked and monitored by the BAF

By March 2025:

- Board members should demonstrate how data and lived experience have been utilised to improve organisational culture

2. Recruitment and talent management processes

High impact action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

This HIA calls for action on embedding fair and inclusive recruitment and talent management processes with the aim of ensuring diversity at all levels, representation of the communities the NHS serves and ensuring that all staff see opportunities within the service for progression. NHS organisations and ICBs are asked to:

By October 2024:

- Implement a plan for widening recruitment opportunities at a local community level, including the creation of career pathway development programmes (underpinned by the upcoming LTWP). Impact should be measured in terms of social mobility across the ICS footprint

By June 2024 and June 2025:

- Create and implement a talent management plan to improve leadership diversity by June 2024, assessing progress by June 2025

The success metrics linked to this HIA include measures across the NHS staff survey, WRES, WDES and the National Education & Training Survey (NETS).

3. Eliminating race, disability and gender total pay gaps

High impact action 3: Develop and implement an improvement plan to eliminate pay gaps.

This HIA is focused on eliminating total pay gaps, with a specific focus on race, disability and gender. NHS organisations are to:

By March 2024:

- Implement the recommendations from the Mend the Gap review for medical staff and further develop a plan for implementation for senior non-medical staff
- Implement an effective flexible working policy to be utilised in recruitment campaigns

2024 to 2026:

- Analyse available data on pay gaps and implement an improvement plan by protected characteristic. Plans for race and sex should be in place by 2024, for disability by 2025 and for other protected characteristics by 2026. This will be tracked and monitored by NHS boards.

The limitations of data currently available are noted and reflected in the staged timelines above, while the success metric is linked to reporting on year-on-year pay gap reductions.

4. Address health inequalities within the workforce

High impact action 4: Develop and implement an improvement plan to address health inequalities within the workforce.

Here the plan references NHSE's CORE20PLUS5 strategy on health inequalities and the role of trusts as anchor institutions. Organisations are to take the following actions:

By October 2023:

- Line managers should have regular wellbeing conversations with their teams supported by national resources, including the health and wellbeing framework

By April 2025:

- Work in partnership with local community organisations, with facilitation supported by ICBs, to improve employment opportunities. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare

The success metrics linked to this HIA include NHS staff survey and NETS results, with further resources from NHSE to be established in partnership with ICBs and stakeholders in 2024/25.

5. Induction and onboarding for internationally recruited staff

High impact action 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

This HIA is focused on the contribution of internationally recruited staff to the NHS, aiming to improve the support they receive as they join the NHS. NHS organisations should:

By March 2024:

- Ensure that internationally recruited staff receive clear communications ahead of starting within an organisation on their employment conditions, government immigration policy (and its impact on accompanying family members), financial commitments and development opportunities
- Develop onboarding programmes based on best practice. Effectiveness should be measured from, for example, direct feedback, staff survey results and turnover rates
- Ensure line managers maintain cultural awareness to create inclusive team cultures that embed psychological safety

- Give internationally recruited staff access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression

The success metrics linked to this HIA are related to the NHS staff survey.

6. Bullying and harassment

High impact action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

This HIA is focused on bullying, discrimination, harassment and incidents of physical violence, noting survey data that shows evidence of these behaviours. NHS organisations are to:

- Ensure mechanisms are in place to protect staff who raise concerns

By March 2024:

- Review relevant data by protected characteristic and set year-on-year reduction targets and improvement plans
- Review disciplinary and employee relation processes and where data indicates inequity, take immediate action to drive improvement. This may require insights from trust solicitors
- Create an environment where staff feel able to speak out about concerns. Boards are asked to review relevant data by protected characteristic and take steps to ensure parity for all staff
- Provide comprehensive psychological support to staff who report being a victim of bullying, harassment, discrimination or violence and ensure staff know how to access this

By June 2024:

- Have effective policies in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it.

The success metrics related to this HIA are within the NHS staff and NETS surveys.

Interventions by protected characteristics

The plan also includes a number of suggested targeted interventions by protected characteristic. These have been grouped across six combined areas to reflect eight of the nine protected

characteristics outlined in the Equality Act (2010). Marriage and civil partnership status has not been included due to limited evidence supporting the need for national workforce intervention.

Age

Suggested interventions centre around recruitment practices, line manager conversations, flexible working and supporting social mobility through recruitment programmes.

Disability

Interventions centre on improvements to disability declaration rates on the ESR, leadership visibility, inclusive and accessible recruitment and talent management, tackling bullying and harassment and ensuring an effective reasonable adjustments policy.

Race

The plan focuses on interventions related to HIA 1, as well as utilising EDI dashboard data to drive accountability, considering reports on race inequalities by arm's length bodies and ensuring race discrimination concerns are dealt with effectively.

Religion or belief

This section focuses on interventions to understand the employment experience and journey, relevant policies and processes and the raising of concerns around discrimination or harassment. It notes this relates to staff with different faiths, as well as staff with no faith.

Sex, pregnancy and maternity

Interventions suggested here include closing the gender pay gap, ensuring flexible working and the implementation of a menopause policy to support staff wellbeing.

Gender reassignment and sexual orientation

This section focuses on interventions to encourage staff to self-identify via the ESR, noting changes required to the system to ensure trans and non-binary staff are able to do this. It also suggests reviewing data to support implementation of tailored support, ensuring mandatory training includes information on gender reassignment and sexual orientation and is co-produced with staff, as wellbeing initiatives should also be. Trust leaders should champion staff networks and demonstrate allyship.

Accountability framework and next steps

The plan directly notes the role of NHS leaders and trusts as employers in embedding the actions outlined in this plan, with the support of NHSE resources available via Future NHS.

Following the principles of the NHS Operating Framework, NHSE will "provide regulatory accountability and oversight through existing mechanisms" including the NHS Oversight Framework and the well-led domain of the CQC's single assessment framework. Progress against the actions in this plan will be monitored by NHSE.

The table below is reproduced from the plan and outlines the accountability framework at provider, ICB, regional and national levels.

Providers
• Delivery of high impact actions and interventions by protected characteristic at trust level. • Measure progress against success metrics consistently within the organisation. • Engagement with staff and system partners to ensure that actions are embedded within the organisation. • Effective system working and delivery to ICS strategies and plans • Compliance with provider licence, Care Quality Commissions standards and professional regulator standards.
ICBs/ICSs
• Effective system leadership overseeing NHS delivery of EDI improvement plan, ensuring progress toward achievement of high impact actions and Long-Term Plan priorities. • Ensuring delivery of ICB statutory functions of arranging health services for its populations and compliance with statutory duties. • Measure progress against success metrics consistently and coordinate a system view. • Compliance with Care Quality Commissions assessment frameworks.
Regional
• Primary interaction between national and systems • Translate national policy to fit local circumstances, ensuring local health and workforce inequalities are addressed • Agree 'local strategic priorities' with individual ICSs and provide oversight and support. • Measure progress against success metrics consistently and coordinate a regional view.
National
• Set expectations for equality and inclusion through the NHS EDI improvement plan

- With regions, facilitate supportive interventions to implement the high impact actions, improve EDI performance and outcomes
- Measure progress against success metrics consistently and coordinate a national view.

Support from NHSE will also include:

- National EDI repository available via Future NHS, including case studies and toolkits
- National EDI dashboard currently in development and available in the coming weeks, with a view to this acting as a single source of EDI data
- Improved access to data as a result of NHSE work with DHSC and other partners in 2023/24. Specifically, this will include:
  - Additional staff survey questions to help understand the experience of internationally trained staff
  - A plan to develop mandated workforce standards on gender identity (gender/sex) and sexual orientation, similar to WRES and WDES

NHS Providers view

Press release

Responding to the publication of the first equality, diversity and inclusion (EDI) plan for the NHS, Saffron Cordery, the deputy chief executive of NHS Providers said:

"Trust leaders are committed to ensuring all their staff are treated with dignity and respect and the publication of the NHS's first ever EDI plan is a welcome step towards that ambition.

"Nobody working for the NHS should be subject to bullying, harassment, discrimination, or violence because of who they are, yet survey after survey shows that that these behaviours are sadly all too common in the health service.

"Trust leaders are determined to stamp out these structural, persistent inequities. They are working hard to instil values and behaviours which create a more equal, diverse and inclusive health service, ensuring fair treatment and opportunity for everyone. This time last year, the Messenger review made the case for why equality, diversity, and inclusion is so important for the health service.

"And one year on, this plan makes it again.

"At a time when the service is grappling with over 112,000 vacancies, falling morale and worrying levels of burnout, it is clear we need to do more to recruit, retain, and invest in our highly valued and diverse workforce. We know that improving and supporting staff experience will also lead to a better experience and outcomes for patients.

"So this national level plan with six clear areas for action and a framework which holds leaders to account is a welcome -and much needed- step forward."

Our view

This is a positive and significant step in the right direction. We welcome the plan's acknowledgement of the importance of embedding EDI to create positive and inclusive work environments to aid retention and recruitment, and improve staff experience, which all result in better patient outcomes.

It is also welcome to see accountability linked to existing frameworks, as well as a repository of resources and toolkits, alongside best practice examples, and commitments to an EDI dashboard.

Some of the actions related to each HIA will require clarification to ensure trusts leaders can ensure they are meeting the requirements outlined in this plan – for example, the action required by April 2025 under HIA 4. HIA 5's focus on internationally trained staff is positive, but it is important to note that pastoral support for internationally recruited, and other staff, must be ongoing and not time-limited to an induction period.

Regarding the suggested interventions by protected characteristic, there is potential for marriage or civil partnership status to be considered under the sections entitled sexual orientation and gender reassignment, as well as under sex, pregnancy and maternity. Additionally, while the mention of menopause policies under sex, pregnancy and maternity is welcome, this could also be considered under and alongside interventions relating to age, and could have been extended to consider menstrual health (as covered in recent guidance published by the British Standards Institution).

Under disability, reference to visibility and representation would have been welcome, acknowledging that not all disabilities are visible. Finally, the section on gender reassignment and sexual orientation is comprehensive with references to allyship and co-production of resources with staff and their networks, however these could have also been included, or cross referenced under the other sections on protected characteristics.

NHS Providers support offer

Our race equality board support offer is designed to help trust leaders tackle structural race inequities and embed accountability. A wide range of resources are available on our website, including recordings of peer learning events and webinars. Future events are also listed here, which will align with the high impact actions outlined in NHSE's EDI plan.

Similarly, our health inequalities board support offer is designed to offer trust leaders resources and events to help move conversations from analysis to action and to provide a forum for discussion of key challenges and opportunities in this arena.