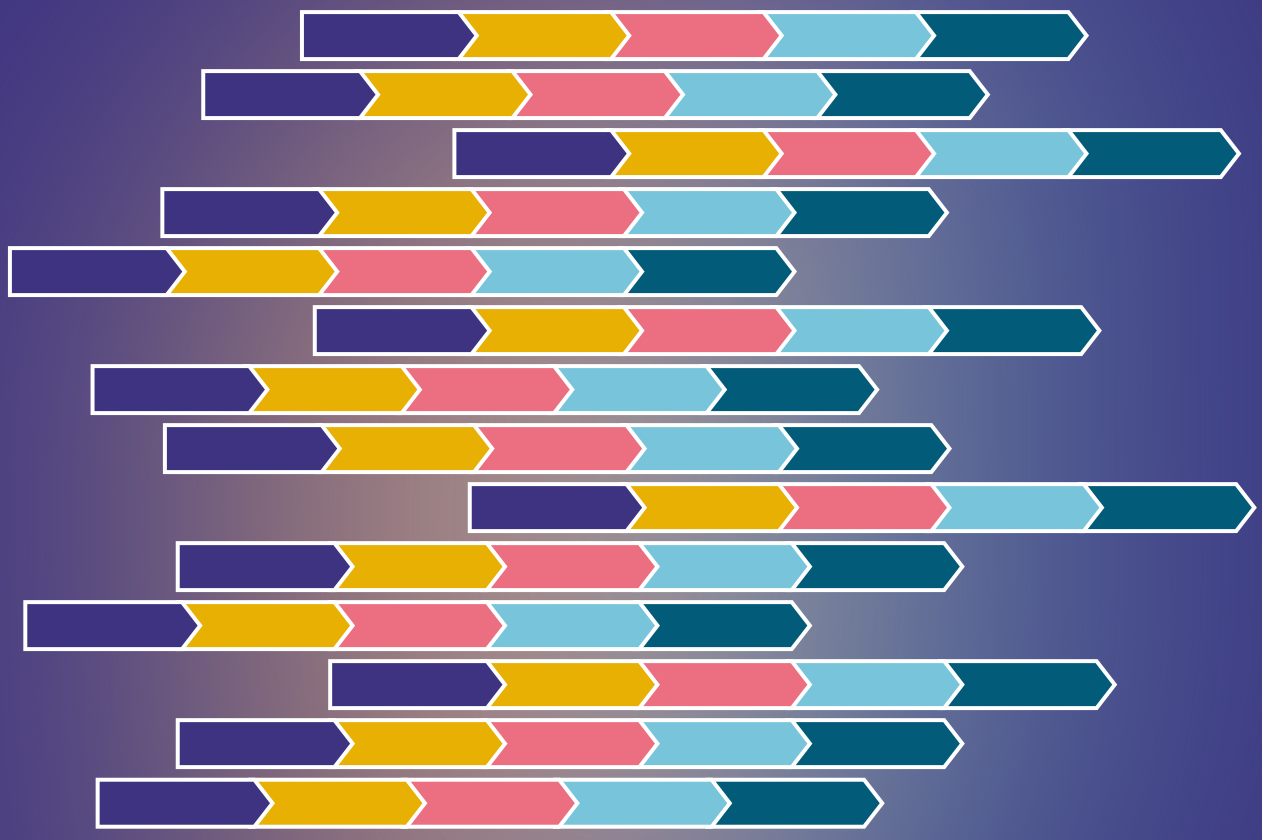
NHS RACE & HEALTH OBSERVATORY

Implementing recommendations for anti-racism and anti-discrimination in healthcare: A clear path towards anti-racism



RHO Implementation Model: Toolkit

NCCMH

Prepared by the NCCMH on behalf of the NHS Race and Health Observatory

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Foreword

The NHS Race and Health Observatory (RHO) is an independent organisation, established to explore ethnic inequalities in access to healthcare, experiences of healthcare, health outcomes, and inequalities experienced by Black and minority ethnic members of the health and care workforce. The NHS RHO collates evidence, commissions research to address evidence gaps, and, importantly, works with stakeholders across the healthcare system to mobilise change and develop tools and resources to address racial and ethnic inequities in health and healthcare.

As a proactive investigator, the NHS RHO commissions research reports that include recommendations for action as standard. The translation of insights into action, via implementation partners, is a critical step in our vision for equitable healthcare access, experience and outcomes for all. The NHS RHO has a strong track record of mobilising change through this approach, and has driven impactful transformations across medical technology, genomics and neonatal testing, among other areas.

This Toolkit has been produced to support organisations commissioned by the NHS RHO to develop clearly targeted, implementable recommendations aimed at addressing ethnic and racial inequities in health. The Toolkit is underpinned by the NHS RHO's Anti-Racism Principles and provides practical guidance and resources to support approaches based on these principles. Guidance in the Toolkit is based on the key building blocks of implementation (evidence and interventions, context and the system, design, infrastructure, and evaluation). Elements of the Toolkit can be applied collectively or individually and are applicable to audiences beyond research teams commissioned by the NHS RHO.

The work of the National Collaborating Centre for Mental Health (NCCMH) has, at its core, an approach that centres lived experience. In keeping with that ethos, the research team that led the development of this Toolkit included lived experience researchers, whose commitment to this work we would particularly like to acknowledge. We extend our sincere gratitude to the whole research team, and thanks also to the many stakeholders who contributed their knowledge and expertise to the development of this resource.

The existence of racial inequities in health call for determined and persistent action. This Toolkit provides a clear path towards anti-racism and anti-discrimination – we hope you find it helpful.

Dr Nandi Simpson

Director of Implementation,
NHS Race and Health Observatory

Preface

Life in the UK can be complicated. Navigating through our NHS, social and primary care systems can feel like being on a rollercoaster ride of ups and downs.

As the lived experience researchers working on this project – one being a woman of colour and one being a person of colour within the LGBTQ+ community – both of us have navigated the NHS with long-term health conditions. During this time, we have collected a heavy load of painful experiences, a 'box' filled with racist experiences, unconscious biases and microaggressions that have marred our journeys. Racism leads to discrimination and oppression, which in turn means poor health outcomes for minoritised and marginalised communities. Even now, each step into healthcare is tinged with apprehension as we brace ourselves for yet more additions to our burdensome box. It is a journey with low expectations and we know that we are not alone in this struggle. That is why we are so passionate about the transformative work ahead.

The work undertaken by the NCCMH, which was commissioned by the NHS RHO, resonates deeply. It is a mission of profound significance, an opportunity for the NHS to confront and dismantle the insidious harms of racism that persist within its very fabric. By using this Toolkit, the NHS and wider system can begin the vital work of redressing the imbalances in access to and delivery of care, particularly within primary care settings.

The implementation model outlined in this paper is not just a blueprint; it is hope, forged through exhaustive research and collaborative engagement with stakeholders, with an emphasis on co-production. The urgency from the NHS RHO to apply a successful implementation model is clear; it recognises that time is of the essence. This Toolkit was tested with teams that had looked into ethnic inequalities in mental health and maternity services commissioned by the NHS RHO and developed recommendations. The Toolkit is a pivotal step forward in addressing the acute disparities and discrimination plaguing our marginalised communities.

Yet let us not be naive; this journey is full of complexities. Alongside the champions of progress lie formidable barriers, from securing adequate funding to navigating entrenched systemic obstacles. But amid the struggle, there is a profound sense of honour and privilege in being part of this transformative process. The journey has been challenging and often painful, but necessary. The stories that have informed the work have shaped the process and made it real. For us, it is more than a commitment; it is a calling. Together, as a dedicated co-production team, we are weaving a new narrative – one of equity, justice and dignity. The approach adopted by the NHS RHO demonstrates the importance of co-production: nothing about us without us.

There is no room for the inequalities bred by racism, and no tolerance for oppression, discrimination or injustice within the NHS. Through our collective efforts, we are forging a path towards a healthcare system in which every individual, regardless of colour or background, can stand on equal ground, embraced by the promise of compassionate care and unwavering support.

During the final stages of the Toolkit's development the world shifted. It feels like the world moved to the political right and with that, for some, the level of intolerance for each other deepened. The UK witnessed a wave of anti-immigration protests and riots in the summer of 2024. In 2025 in the USA, administration action was taken to dismantle equality/equity, diversity and inclusion (EDI) programmes within government organisations and business – a trend we do not want to see in the UK. Despite these recent events, it's essential to recognise and remember that Black, Brown and marginalised ethnic communities have always endured racism. However, the demonstrations in the UK, combined with the move to reduce EDI outside the UK and the ongoing economic crisis affecting the UK population, local governments and charities alike, highlight the critical need to protect those affected by racism and its impacts.

Furthermore, to be clear, the burden of pushing for change has repeatedly fallen on racialised people. We carry much of the weight. We have to speak up. We have to challenge. And, too often, we face harm in return.

The structures we are fighting against are not abstract. They are real. They shape our workplaces, our institutions and our daily lives. Remember, racism is not just about overt hate – it can be hidden power structures, and in systems designed to protect some while exposing others.

This is why allyship cannot be an afterthought. It must be at the heart of this Toolkit, otherwise we are simply reinforcing the very inequalities we claim to dismantle.

This Toolkit must be more than words – it must be a call to action.

The fact that the RHO is actively using this toolkit with commissioned partners means it has a real chance to drive action.

This work is a commitment to continue to focus on health inequalities in the UK. Now, more than ever, the need to provide a tangible path towards anti-racism **urgent**.

Faaria Mohammed

Lived Experience Researcher

Isaac Samuels

Lived Experience Researcher

1. The commitments

As you start to work through this Toolkit, you will read about the steering and stakeholder groups that we recommend are formed to progress the work you are about to undertake.

It is important that, at the outset, everyone involved takes the time to reflect on and discuss the following initial commitments together before any work is undertaken. This is to ensure that the need to address anti-racism is understood by everyone involved, and so groups can work together as constructively and openly as possible, and start to create a safe space for the discussions and work that will follow.

1.1. Initial commitments of the steering and stakeholder groups

The steering and stakeholder groups should start by reflecting on and committing to the project, by:

1. **Creating a safe environment:** Create safety so that people with lived experience can feel confident to speak out without consequences or the need to justify their position.
2. **Ensuring diverse membership:** Have a particular emphasis on including those with lived experience of racism.
3. **Engaging all relevant stakeholders:** Involve all key stakeholders, especially those with lived experience, to ensure a comprehensive perspective on the issues.
4. **Ensuring equal participation:** Agree that all members hold an equal voice in the process, by actively acknowledging and addressing any power imbalances within the group.
5. **Adopting the principle of 'do no harm':** Commit to ensuring that all actions taken as part of the Toolkit process do no further harm to those affected by racism. This requires being mindful of the emotional, psychological, and professional impact on individuals involved, ensuring that anti-racism efforts do not exacerbate existing inequalities.
6. **Recognising and acknowledging racism:** As a group, recognise and reflect on the fact that racism exists within the field of work, both systemically and at an individual level.
7. **Recognising different forms of racism:** Understand that racism can manifest in various forms, including:
    - system-driven unconscious bias
    - individual acts of racism
    - microaggressions.

8. **Acknowledging the impact of racism on services:** Recognise that racism has a detrimental effect on the quality of services and the overall performance of the service.
9. **Committing to reducing racism and improving outcomes:** Pledge to take concrete steps to reduce racism and improve outcomes for marginalised groups. Realise the importance of allyship and everyone's role in this.
10. **Understanding the wider context of racism:** Recognise that the experiences of racism within the organisation are influenced by broader societal structures. The group should consider the historical, cultural and social contexts that shape how racism operates, both inside and outside the organisation.

RHO anti-racism principle:

Understand and acknowledge that structural, institutional and interpersonal racism all impact on health and be clear about where accountability lies for improvement and progress. Create transparent pathways for raising concerns and tangible steps for addressing them.

RHO anti-racism principle 2

This Toolkit is closely aligned with the NHS RHO's Anti-Racism Principles, as above, which are referenced throughout the Toolkit

1.2. Ongoing commitments of the steering and stakeholder groups

Once those initial commitments have been made, the steering and stakeholder groups should move forward by:

1. **Providing resources:** Commit adequate resources, including time, funding and personnel, to support anti-racism efforts.
2. **Following the Toolkit process:** Follow the steps and guidance outlined in the Toolkit to ensure a structured and effective approach to developing recommendations that tackle racism.
3. **Evaluate and adjust actions:** Regularly evaluate the process by listening to all those involved and adjust any actions as necessary to ensure continual progress.

These commitments aim to foster an inclusive, accountable and impactful process for reducing racism and improving outcomes within the steering and stakeholder groups, while ensuring actions do no harm and are grounded in a broader understanding of racism.

Faaria Mohammed and Isaac Samuels, Lived Experience Researchers

2. How this Toolkit was developed

2.1. Introduction

The NCCMH were commissioned by the NHS RHO to produce a Toolkit to aid the implementation of recommendations that aim to reduce racism and discrimination in healthcare.

To do this, the NCCMH reviewed existing implementation models, of which there are many. However, the NCCMH did not find any implementation models specifically related to anti-racism and anti-discrimination.

To inform the development of this Toolkit, the NCCMH used the **key building blocks of implementation** from the literature as the foundation for an anti-racism and anti-discrimination implementation model. Further detail about the evidence base and building blocks can be found in Section 5 of this document.[a]

2.2. Interviews and focus groups

To gain more in-depth knowledge of the perspectives, experiences and beliefs of implementing recommendations for tackling structural racism, the NCCMH carried out semi-structured interviews and focus groups with people with lived experience.

The interviews and focus groups were held between June and December 2023. Full details of the interviews and focus groups can be found in the supplementary report that accompanies this Toolkit.

2.2.1. Five main themes from the interviews and focus groups

A focus of the interviews and focus groups was 'enablers and barriers to implementation'. Participatory analysis found five themes, underpinned by the principle of undoing harm:

4. The approach to implementation
5. Leadership and buy-in at multiple levels
6. An anti-racism approach throughout.
7. Co-production with people with lived and learned experience
8. Experiences of racism and discrimination in quality of access, treatment, care and support.

These themes are integrated into the Toolkit. Insights and quotes from the focus groups and interviews are included throughout.

a Many terms used in this Toolkit (including co-production, discrimination and racism) are defined in the glossary of the Supplementary Report.

Key issues from the focus groups and interviews are summarised in Figure 1, which was developed by the lived experience researchers. Racism can be seen as an umbrella that spans certain institutions, with clear examples of its impact on real-life outcomes. White privilege sits outside the umbrella, casting its influence on racism. The idea of 'no solution without proper funding' looms over any potential actions.

Continuing with the idea of racism being an umbrella, Figure 2 shows some of the potential actions identified in the focus group and interviews that must be taken to reduce institutional racism. This is where following the Toolkit process can make a positive difference.

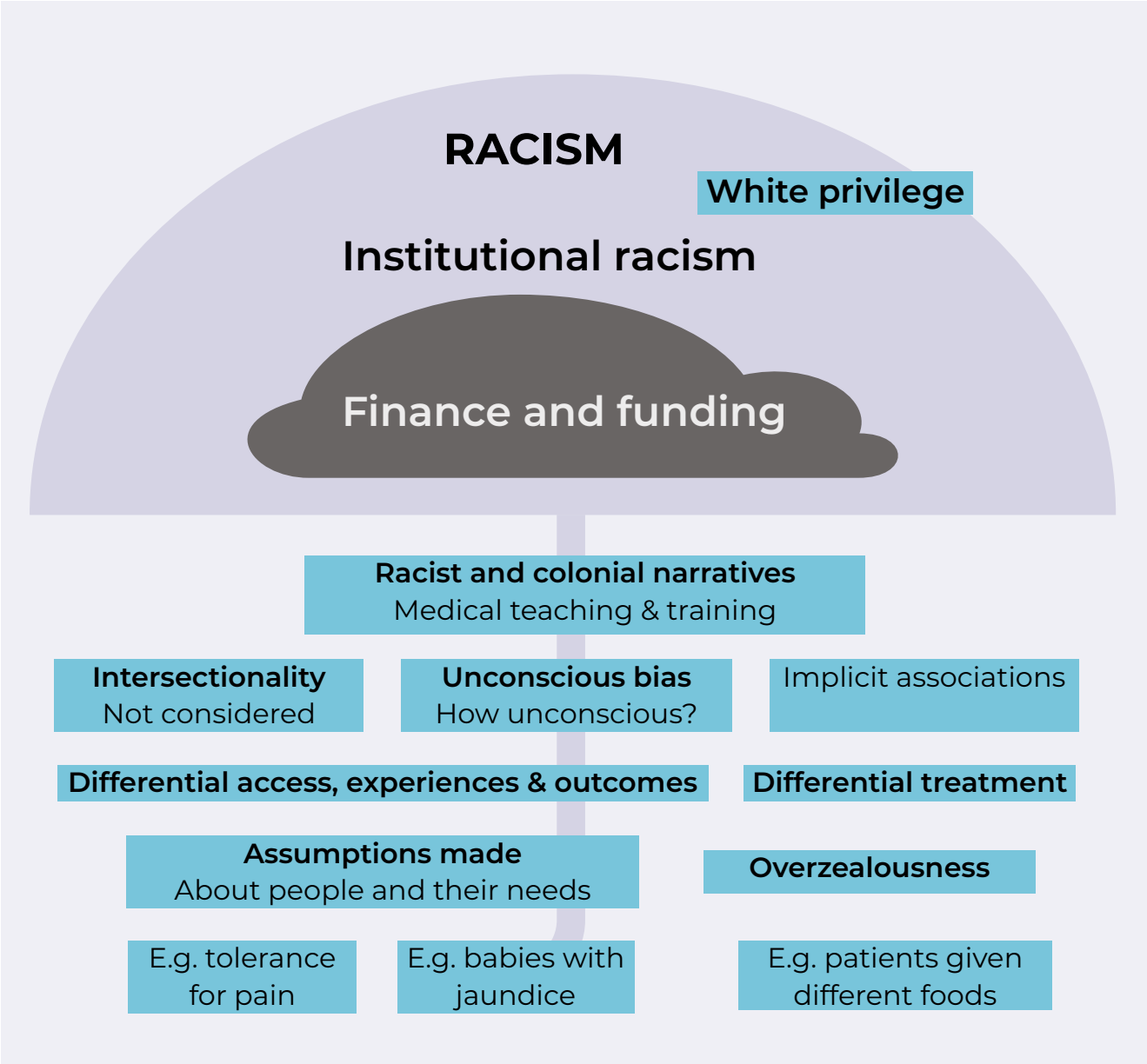


Figure 1: Key issues from the focus groups and interviews

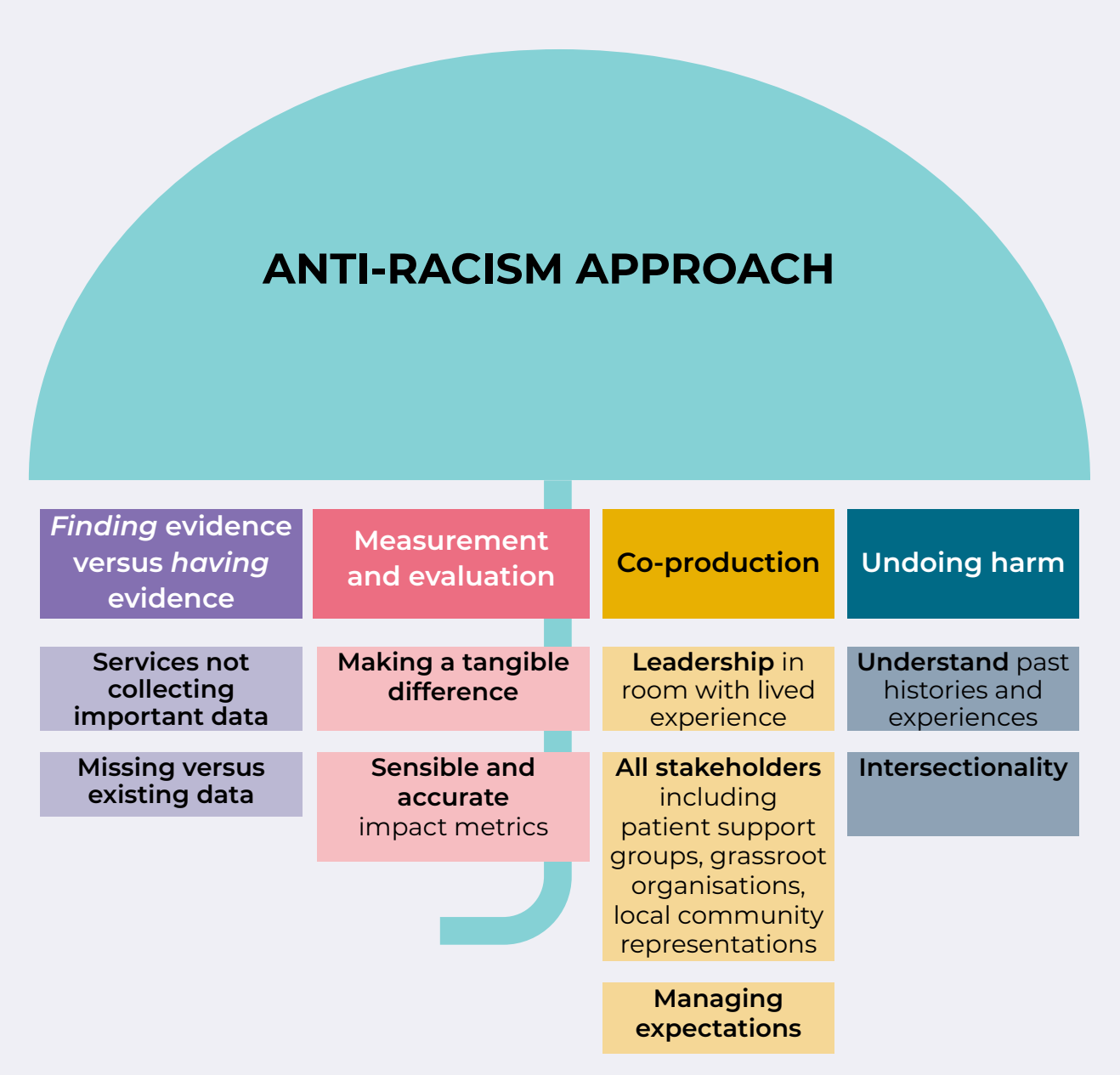


Figure 2: Key points for an anti-racism approach, identified in the focus groups and interviews

2.2.2. Organisational readiness for anti-racism

The focus groups and interviews identified the need for organisational readiness, to:

- hear the message
- acknowledge racism
- take anti-racism action.

To achieve this, readiness involves:

- recognising the different forms of racism (for example, structural, institutional and personal)
- acknowledging that there may be institutional racism, sexism and ableism in systems
- making sure that organisations are ready to accept that change is needed.

2.3. Design workshops and testing

The building blocks of implementation formed the basis of three design workshops. The design workshops were held with people who:

- have lived experience of racism that has led to discrimination when using healthcare services
- have worked in the field of anti-racism and anti-discrimination
- work in organisations responsible for implementation.

In the design workshops, the NCCMH sought feedback on the draft implementation components and Toolkit. Between each workshop, the NCCMH refined the Toolkit based on the feedback.

As the design workshops progressed, it became clear that nearly all elements of implementation need to be considered, first, when the recommendations are being developed (what needs to happen), and, second, when deciding what the implementation activities should be (how it can happen). Therefore, this Toolkit covers the actions needed from the conception of a project commissioned by the NHS RHO, to the development of an implementation plan – and, ultimately, the implementation of the project's recommended actions.

Once there was a final draft of the Toolkit, the NCCMH held two workshops with teams that had previously developed recommendations for the NHS RHO. The workshops were to discuss the practicality of the steps outlined in the Toolkit, and learn from them what helped their work – as well as what, with hindsight, they might have done differently.

- The first workshop was with the team that developed the Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT) report and recommendations.
- The second workshop was with the team that carried out the Review of neonatal assessment and practice in Black, Asian and minority ethnic newborns.

Originally, the draft Toolkit followed the structure of the five building blocks of implementation in the published literature. One notable suggestion from the testing workshops was that a more step-by-step format may be more intuitive. So, a step-wise approach was taken for the final version, with the building blocks of implementation woven throughout. More detail on the evidence base and theory of change can be found in Section 5 of this Toolkit.

3. How to use the Toolkit

3.1. Who this Toolkit is for

This guidance is for the NHS RHO and organisations commissioned by the NHS RHO to follow together, in their development of recommendations for anti-racism and anti-discrimination in the healthcare system, to:

- ensure stakeholders are engaged in the development of recommendations, including people from the community
- develop achievable, tangible actions that will lead to change
- identify the most effective activities for implementation
- track the progress of recommendations
- evaluate the success and impact of implementation.

3.2. Step-by-step approach

This is a step-by-step Toolkit that outlines how to get started, the process of developing implementable recommendations and engaging stakeholders, all the way through to publication and tracking progress.

There is a detailed section for each step of the Toolkit, which is broken down into seven steps:

Step 1 **Form steering group**
Steering group

Step 2 **First meeting**
Steering group

Step 3 **Develop recommendations and map stakeholders**
Steering group

Step 4 **Decide activities and methods for implementation**
Steering and stakeholder groups

Step 5 **Round table to finalise recommendations**
Steering and stakeholder groups

Step 6 **Prepare communications and launch**
Steering and stakeholder groups

Step 7 **Evaluation and track progress**
RHO

3.3. Leadership

Every element of the Toolkit requires leadership, so leadership is implicitly within each of the building blocks.

Leaders at the community, system, organisation and national levels need to **proactively make the case for care that is anti-racist**.

To enable this, the NHS RHO's leadership at a national level is vital, as is that of other key stakeholders (such as Medical Royal Colleges and the Department of Health and Social Care), in providing a safe environment for leaders within communities and healthcare organisations to rise to the challenge.

Tackling racism needs to be a fundamental leadership responsibility for everyone. This is not just about leaders recognising and understanding racism, but owning responsibility to be proactively anti-racist, both individually and collectively. Simple pledges and commitments are not enough, and neither is adopting the notion that this agenda should be 'a golden thread through all that happens' without a concerted and focused effort to tackle this scourge head-on. This means acknowledging and confronting racism in all of its forms – interpersonal, structural, and institutional – and taking explicit, practical steps to eliminate it.

NHS RHO, Open statement from the NHS Race and Health Observatory to the healthcare system on addressing racism in the workplace

3.4. Recommendations Tracker

The **Recommendations Tracker Template** is one of the tools that accompanies this Toolkit. The Tracker is a spreadsheet that can be used by commissioned partners to ensure that all elements of this Toolkit have been considered in the development of the recommendations.

Completing the Tracker, and submitting it to the NHS RHO with a final report, will mean that the NHS RHO have a consistent set of recommendations from each of their commissioned partners. They can then use the spreadsheet to track progress.

Find out more about using the Recommendations Tracker in Section 4.7.1.

RHO anti-racism principle:

Demonstrate leadership by naming racism, engaging seriously and continuously with the ways in which racism impacts the lives of patients and the public, and actively working to dismantle it.

RHO anti-racism principle 1

4. The Toolkit

4.1. Step 1: Form a steering group

Step 1 **Form steering group**
Steering group

4.1.1. Assembling a steering group

To maximise the success of the work and make sure that recommendations have been informed by communities, a small steering group of roughly 10 people should be assembled, with:

- people with lived experience from the community
- those commissioned to undertake the work
- representatives from the NHS RHO.

RHO anti-racism principle:

Meaningfully involve racially minoritised individuals and communities in every stage of developing a service or intervention, including ensuring that teams and decision-making structures themselves are racially diverse and fundamentally inclusive.

RHO anti-racism principle 3

4.1.2. Co-production in the steering group

Co-production, partnership working and collaboration were core features of the interviews and focus group discussions. Participants recommended that the principles of co-production should be met, so that there could be true collective ownership by everyone involved in the development and implementation of interventions.

Allowing time for co-production and co-designed solutions is particularly important with historically underserved communities. In these communities, building trust and relationships is vital. Allowing time to do this can lead to actions that enable ownership by community organisations and associations involved in decision-making and community responses. Increasing the power and influence of people with lived and learned experience by encouraging their involvement and engagement can inspire change, and leave an important legacy.

Once you have good evidence on the problem and the nature of the problem, and you're willing to explore and redefine the nature of that problem in partnership with other people, and then explore solutions in partnership with other people, then you can begin to implement actions that can produce change.

Interviewee A02

4.1.3. Providing support to steering group members

In the focus groups, participants linked past experiences of racism in healthcare to their current emotional responses to healthcare systems and professionals. Their experiences had led people to feel disappointed, frustrated, undermined, devalued and not listened to.

Therefore, support should be provided for, and within, the group, in the following ways:

- People will be sharing their personal experiences, so support should be provided by the partners commissioned to undertake the work.
- Work on anti-racism can take time and this should be acknowledged as a group. Managing expectations may be helpful, and recommendations with short-, medium- and long-term actions can keep momentum going.

Undertaking an exercise, using a tool such as the Social GGRRAAACCEEESSS tool might be particularly helpful for members of the stakeholder group to examine their own social graces, and the things that are important to them and that they do this as an exercise as a group before embarking on using the Toolkit for a given project.

If the stakeholders have an awareness that is discussed at their initial sessions about their own perspectives on those visible and invisible, and voiced and unvoiced aspects, of their own identity and sense of being, this will help inform their project in question and how they may view the identity/ies of the demographic they may be using the Toolkit for.

NCCMH Equality Advisory Group Member

4.2. Step 2: First meeting as a steering group

Step 2 **First meeting**
Steering group

We recommend that the steering group meet when the work is first commissioned, to:

a. talk through this Toolkit

b. discuss the commitment to this work outlined in Section 1 and ensure that all members of the group agree on the work ahead.

The first steering group meeting can include key stakeholders that would be helpful to include early on, such as organisations likely to be responsible for recommendations, and/or stakeholders with whom the steering group already have relationships.

The steering group will undertake the following with the aid of this Toolkit:

1. Draft the recommendations and map stakeholders.
2. Decide the activities for the implementation of the recommendations, together with a wider stakeholder group.
3. Finalise the recommendations with the stakeholder group, with the option of holding a round table.
4. Prepare communications with the stakeholder group and launch the recommendations and implementation plan.
5. Evaluate progress, with the option of a follow-up round-table meeting.

4.3. Step 3: Develop recommendations and map stakeholders

Step 3 **Develop recommendations and map stakeholders**
Steering group

4.3.1. The evidence for recommendations

The steering group, which must include people with lived experience, can use a range of sources as evidence when developing a recommendation, including:

- published literature (peer-reviewed or widely available literature, including consideration of whether it is culturally sensitive)
- systematic reviews
- conversations with people, communities and healthcare professionals[b]
- policy and guidance
- real-world data.

Attendees at our design workshops said that evidence should be from a range of sources, not just published literature, because focusing only on published literature could further inequalities.

RHO anti-racism principle:

Identify racial bias in policies, decision-making processes, and other areas within your organisation.

RHO anti-racism principle 5

4.3.2. Deciding the primary type of intervention

Once the recommendations have been drafted, the steering group should consider the primary type of intervention that is needed for each recommendation to be put into practice. Some recommendations may also have a secondary intervention. The possible interventions are:

- **Improving practice** – if the answer is complex and there is variation, but the answer is within the power of people to change and they can learn from each other, this would be appropriate.
- **Communications** – to generate consensus, raise awareness or mobilise action.
- **Commissioning** – where there is an unmet need, and a need to develop a new model to meet that need, commissioning would be useful.
- **Local/national policy** – for when we know what needs to be done, but it requires legislative and major investment.
- **Research** – if not enough is known about a problem to reasonably take action, then research would be the best intervention.

b This can be through methods such as interviews, focus groups and surveys.

4.3.3. Level of intervention

It will be helpful to consider the scope of each recommendation; for example, will it reach people and communities directly, or influence at a national level? Examples include:

- people and communities
- organisations
- integrated care systems and regional provision (such as voluntary, community and social enterprise organisations)
- national level
- international level.

4.3.4. Developing specific and tangible actions

Ensure each recommendation is distilled to one clear action, and avoid recommendations that need to be split into multiple actions.

4.3.5. What does success look like?

For each of the recommendations, we advise that the steering group discuss and agree on the following:

- What does success look like to people who will be impacted by the change?
- How will the NHS RHO know that the recommendations have been implemented?

4.3.6. What is the timeframe for implementation?

Set a deadline

To aid the NHS RHO with tracking progress of implementation, a deadline should be set for each recommendation.

Plan timescale for actions

We recommend that each set of recommendations is a mix of short-, medium- and long-term actions. Anti-racism and anti-discriminatory work can take time, and therefore long-term recommendations and associated actions will need to be made, as well as short- and medium-term ones.

Implement short-term actions for greater impact

We encourage the steering group to consider what short-term recommendations can be made, so that changes take effect while longer-term actions are being implemented.

4.3.7. The importance of intersectionality

When drafting recommendations, it is important to consider other characteristics that may intersect with race (such as disability, ethnicity, gender, religion and sexuality). One interviewee said that caution should be taken over intersectionality, to avoid it being used as a potential reason not to act:

> *Another thing that people need to [learn about is] this growth in the focus on intersectionality. Intersectionality is an important conceptual tool, but the problem is it often leads to people arguing [that], 'Well, everybody is disadvantaged in some way', and it waters down the focus on race. So, they end up with nothing being tackled properly.*
>
> Interviewee A04

While developing recommendations, it is important to consider the constantly changing political, societal and economic landscape. The stakeholder group should consider whether these factors bring opportunities, as well as any potential challenges, in the wider context that may affect recommendations being implemented.

4.3.8. Identifying key stakeholders

Carrying out a stakeholder mapping exercise can help to identify who the key stakeholders are in influencing the work. It can also identify assets in the system who can help implement the recommendations. The stakeholder mapping exercise can also help identify where the influence is, including:

- Which organisation/body is responsible for overseeing whether those responsible for implementation (such as an organisation) are implementing the recommendation?
- What is the NHS RHO's influence over the organisations?

The stakeholder map should be co-produced with people from the community. Try doing the example exercise in Figure 3 to map your stakeholders.

Stakeholder mapping

Important points to remember: Be mindful of who is missing and how you can add their involvement. Revisit and reflect on the stakeholder map throughout the work

1. The three i's

Identify who the key stakeholders are for your chosen population:

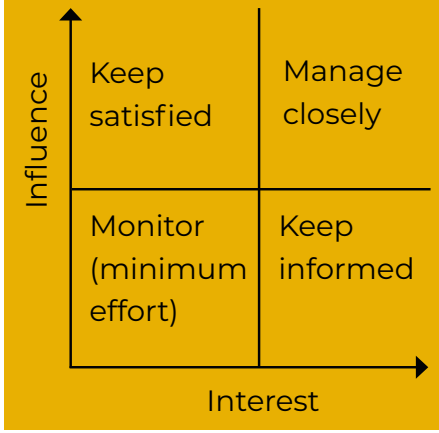
1. Who is **influential**?

2. Who will be **impacted** by the work?

3. Who is/will be **involved** in the work?

2. Stakeholder grid

Plot your stakeholders on the graph. This tool with help you identify the suitable approach.



3. Empathy map

Brainstorm the perspectives of your stakeholders, what could be affecting their thoughts. Map each stakeholder individually.

- Relationships?
- Who influences them?
- Colleagues'/ peers' thoughts?
- Perspectives of those junior/senior?
- Public attitudes?
- Environment?
- Behaviour?
- What do they see, hear, think and feel?
- Worries?
- Frustrations?
- Fears?
- Obstacles?
- Trust?
- Aspirations?
- What matters?
- Motivation?
- Wants/needs?
- Success to them?

4. Stakeholder involvement plan

The table below is an example of how you can log who your stakeholders are, their level of involvement, and how you plan to communicate with them.

The tool will help you review your stakeholders and identify those who may not be involved, but are likely to be highly influential.

Stakeholder	Type	Level of impact	Level of influence	Current commitment	Engagement plan	Communication plan
Name	Influenced Impacted Involved	High Medium Low	High Medium Low	High Medium Low	E.g. invite to next team meeting or next project board	E.g. include in group mailing list to ensure always informed

Figure 3: Stakeholder map template (adapted with permission from East London NHS Foundation Trust)

4.4. Step 4: Decide activities and methods for implementation

Step 4 **Decide activities and methods for implementation**
Steering and stakeholder groups

4.4.1. Convene stakeholder group

At this point, the steering group (and key stakeholders involved from the start) will have identified **what needs to change**. During our testing workshops, participants stressed the importance of being ambitious when identifying what needs to change. The next stage is identifying **how things can be changed**.

For the recommendations to have the highest likelihood of being implemented, the stakeholders who have been identified through stakeholder mapping, and those who may be responsible for implementing the recommendations, should be brought in. This should be done through the formation of a **stakeholder group** to work with the steering group. The stakeholder group will help decide the activities for implementation, as outlined in the following stages.

Other benefits of involving stakeholders early in the process is to utilise their knowledge of which methods of implementation might work best, what is realistic and what might have been tried in the past.

4.4.2. Decide how recommendations will be put into practice

After deciding on the primary types of intervention (improving practice, commissioning and so on – see Section 4.3.2), the steering and stakeholder groups will need to identify the most effective design option. The design options are outlined in Figure 4.

Guidance on the different design options, and when to choose each option, is shown in Table 1. We encourage the steering and stakeholder groups to be creative and think through each option to decide with one(s) will be the best method of implementing each recommendation.

RHO anti-racism principle:

Apply a race-critical lens to the adoption of any interventions or improvements to be tested, and to the design and delivery of services.

RHO anti-racism principle 6

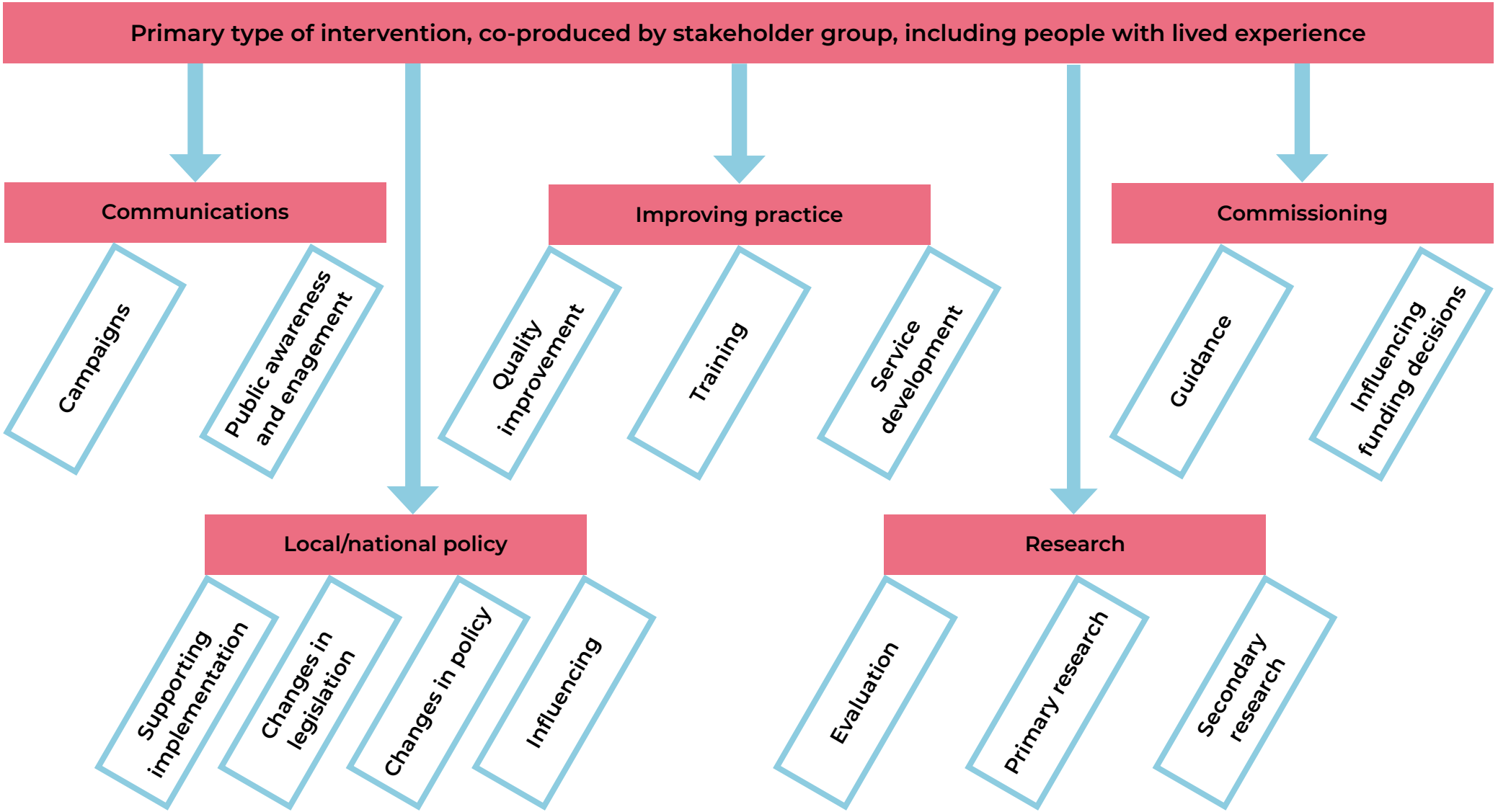


Figure 4: Effective design options for putting recommendations into practice

Table 1: Design options for interventions

Intervention	When to choose this intervention:	Design options for the intervention	Choose this design when...
Improving practice	If the answer is complex or there is variation in practice, but the answer is still within the power of people (receiving and delivering care) to change and they can learn from each other	Quality improvement	You want to harness the power of those receiving and delivering care to collaborate to solve a complex problem
		Training	The skills deficit is the primary issue or a new practice/ intervention needs to be introduced
		Service development	A service delivery model needs to be designed, redesigned or expanded
Communications	To reach a consensus, raise awareness or mobilise action	Campaigns	You want to engage people to do something differently and have a specific aim or target audience
		Public awareness and engagement	You want to increase knowledge or raise awareness of a particular topic
Commissioning	If there is an unmet need, and a need to develop a new model to meet that need	Guidance	There is a lack of knowledge and/or consistency among commissioners on what should be commissioned
		Influencing funding decisions	You want to ensure that national policy is properly implemented and influence commissioning decisions
Local/national policy	You know what needs to be done, but it requires legislative and major investment	Supporting implementation	You want to help local systems implement local or national guidance and recommendations for improvement
		Changes in legislation	Changes in legislation are needed
		Changes in policy	Changes in policy are needed
		Influencing	You need to convince policy makers that change is needed
Research	If not enough is known about a problem to reasonably take action	Evaluation	You have tested ideas, and need to find out what worked and in what context
		Primary research	You want to test something new in a formal way and gather new data
		Secondary research	The data exists, but needs to be analysed and/or synthesised

The aim of identifying the most appropriate design for how each recommendation can be implemented is to avoid the following barrier to implementation, described by one of our interviewees:

> *Centrally driven interventions have been ineffective because they haven't focused on the institutions that they were targeted at. So, they offered stuff to institutions without actually thinking about the ways in which institutions functioned.*
>
> Interviewee A02

An example of implementation activities:

In January 2024, the RHO launched a peer-to-peer Learning and Action Network (LAN) to address the inequalities seen in severe maternal morbidity, perinatal mortality and neonatal morbidity for people from Black, Asian and other ethnic minority backgrounds.

Ten teams from four regions in England are taking part, focusing on four conditions where evidence highlights significant ethnic inequalities in health outcomes:

- post-partum haemorrhage
- preterm birth
- maternal mental health
- gestational diabetes.

The LAN uses a Quality Improvement approach and peer-to-peer learning community through online and in-person sessions.

4.4.3. Readiness for change

It's important to determine whether those responsible for implementing the recommendations are ready for change – and, if they aren't, how to support them to be ready.

The stakeholder group may wish to complete a **Readiness Assessment Tool** (provided with this Toolkit) for each recommendation to determine organisational buy-in and capacity, and to identify what might need to happen for the recommendation to have the best chance of being implemented successfully. Completing the Readiness Assessment Tool will also help set realistic timelines for each recommendation.

A theme from our focus groups was understanding an organisation's context and foundation before implementation, to understand whether they are realistically ready. If they are not ready, a more fundamental rethink is needed about how the organisation operates and could increase their work on anti-racism.

The first steps towards anti-racism for any organisation are:

- to admit and acknowledge racism
- to challenge narratives that perpetuate experiences of racism, including the different forms and definitions of racism.

This approach appreciates and recognises that operationalised inequalities are not standalone issues but are part of the wider context and practices of an institution.

4.4.4. Infrastructure: what will be needed to deliver the activities?

The infrastructure needed to deliver each of the design options will need to be considered when deciding on the activities. Considerations need to include:

- The resources needed to do the work:
  - people with lived experience
  - staff
  - funding
  - experts in the field
  - time to carry out the activities.
- The governance that is needed.
- The data and/or information that will need to be gathered.

4.5. Step 5: Round table to finalise recommendations

Step 5

Round table to finalise recommendations

Steering and stakeholder groups

Attendees at the testing workshops recommended having a round table to finalise the recommendations. This ensures that the key stakeholders who will be responsible for implementation agree with the recommendations and implementation activities.

4.6. Step 6: Prepare communications, launch and publish

Step 6 **Prepare communications and launch**
Steering and stakeholder groups

4.6.1. Preparing communications

As well as identifying tangible actions, we recommend that the steering and stakeholder groups consider how best to bring people along with them. This means getting them invested in being part of an organisation that practises anti-racism and anti-discrimination to improve healthcare.

Participants in our focus groups and interviews expressed that people at all levels should be part of the change and understand why the work is important.

> *This is in part about leadership of institutions owning the problem and being involved in the design of the solution. Another part of it is the people on the ground... being mobilised. Inspired. Also owning their contribution to the problem and what can be done about it.*
>
> Interviewee A02

4.6.2. Values-based leadership

One of the themes of our focus groups and interviews was values-based leadership. This involves leaders:

- showing commitment to anti-racism and anti-discrimination in a way that encourages creativity, health and wellbeing
- recognising the strengths of individuals and their skill sets (for example, EDI)
- practising a tone of leadership that fosters a sense of safety.

Examples include:

- role-modelling by senior staff to influence more junior staff
- acknowledging hardship and admitting that racism, discrimination and bias exist in the organisation, and that these will affect staff and people using services
- taking time to get on-the-ground experience through outreach beyond the boardroom
- building in time to understand the values and beliefs of the workforce, and where any challenges are.

4.6.3. How the pace of change affects people

Focus group participants raised that the pace of change can affect the people involved (for example, people with lived experience, workforce, leadership), particularly if expectations regarding progress are not met.

Change can be difficult to navigate in complex systems like the NHS, and those systems need to be ready for change before they can support implementation.

4.6.4. Communications tools

We have included a **communications tool**, below, with example questions for the steering and stakeholder groups, and further resources for communications that will be helpful.

The communications tool can be used to help people connect with why implementing the recommendations is important and the impact the recommendations will have.

We recommend that any communications are developed by the steering and stakeholder groups, including people with lived experience. By way of an example, please see the Preface of this report, which was written using the Marshall Ganz Public Narrative communications tool below.

A communications tool can be helpful when writing about the report and wider communications, or in the introduction of the recommendations report itself. The tools help to 'humanise' the issues and make them real, evoking empathy and understanding, and are a base from which to work from.

Communications tool:

Example questions for the steering and stakeholder groups:

1. **A story of now:**
   - What urgent challenge do we hope to inspire others to take action on?
   - What is our vision of successful action?
   - What choice will we call on members of an organisation to make if we are to meet this challenge successfully?
   - How can we act together to achieve this outcome?
   - How can we encourage people to be an ally?
2. **A story of us:**
   - To what values, experiences, or aspirations of our community will we appeal when we call on others to join us in action?
   - What stories can we share that express these values?
3. **A story of self:**
   - Why are we called to motivate others to join us in this action?
   - What stories can we share that will enable others to understand?
   - How can we enable others to experience the values that move us not only to act, but to lead?

Adapted from: Ganz M. What Is Public Narrative: Self, Us & Now[c]

c Public Narrative Worksheet. Working Paper. Harvard Library; 2009. Available from: https://dash.harvard.edu/entities/publication/73120378-e9d9-6bd4-e053-0100007fdf3b.

Further communications resources:

- Using people-first language is important – put people before their condition, such as 'people living with X condition'. Examples include:
  - referring to the People First Charter to promote person-first language around HIV and sexual health
  - choosing language that puts people first in diabetes care
  - using person-first language to reduce mental health stigma.

4.6.5. Launching the recomendations

Having an event to launch the recommendations has been helpful for previous reports and recommendations commissioned by the NHS RHO. Launch events have generated media interest and have fostered a sense of accountability, which can increase the likelihood of positive change. The launch event for the review of neonatal assessment and practice in Black, Asian and minority ethnic newborns in July 2023 also served as a public commitment to address the inequalities seen in severe maternal morbidity, perinatal mortality and neonatal morbidity for people from Black, Asian and other ethnic minority backgrounds.

4.6.6. Publishing an implementation plan

We recommend that the steering and stakeholder groups develop and publish an implementation plan that outlines the recommendations and the design or activities for how each recommendation will be implemented.

The working group for the review of neonatal assessment and practice in Black, Asian and minority ethnic newborns held a round table 6 months after its launch, to bring stakeholders together. The round table helped keep momentum during implementation.

The steering group may wish to convene another round table, after a length of time that feels appropriate.

4.7. Step 7: Evaluation

Step 7 **Evaluation and track progress**
RHO

4.7.1. Tracking progress

A **Recommendations Tracker Template** has been developed to:

- Aid the steering and stakeholder groups in ensuring that all elements linked to increased likelihood of implementation have been considered when developing the recommendations
- Enable the NHS RHO to keep track of their progress, by adding the recommendations to their overall tracker.

The following information is to be recorded in the Recommendations Tracker:

- report/work programme
- date of publication
- topic
- the recommendations
- recommendation type
- primary source of information/ evidence
- primary type of intervention
- level of intervention
- design option for intervention
- target and responsible roles/ organisations, plus how the NHS RHO influences the responsible organisation
- what needs to happen for each recommendation to be implemented
- how the NHS RHO will know that each recommendation has been implemented
- the deadline for implementation.

4.7.2. Evaluation

1. **Evaluate individual recommendations**
    - When evaluating recommendations, the NHS RHO will have a clear indication of whether a recommendation has been implemented from the steering and stakeholder groups having identified what indicates success.
    - Feedback on implementation and success should include feedback from people with lived experience.
2. **Evaluate the overall impact of the recommendations**
    - The NHS RHO will be able to review the cumulative change that has occurred at intervals, such as at 1 and 3 years after implementation has started.
3. **Evaluate the implementation plan**
    - The NHS RHO will review the implementation plan for the recommendations, using any learning to inform future implementation and share with future partners.

RHO anti-racism principle:

Evaluate and reflect on interventions using metrics that recognise the role of racism as determinant of health. These evaluations should seek to understand the extent to which interventions might mitigate the impacts of racism.

RHO anti-racism principle 7

4.7.3. Adding to the evidence base

The steering and stakeholder groups and the NHS RHO can tell the story of the implementation and the impact the work has had. This will add to the evidence base, especially where the evidence base for a particular group may be limited. Sharing the work could involve making presentations and publications.

RHO anti-racism principle:

Collect and publish data on race inequity in its entirety, ensuring it directly informs policy, strategy and improvement. Where data is not available, change policies to ensure that data is collected.

RHO anti-racism principle 4

5. Evidence base: The five building blocks of implementation

A review of published implementation models was carried out at the initial stages of designing this Toolkit. The first step in creating an implementation model was to review the published literature on implementation. In one notable paper,

Huybrechts and colleagues (2021)[d] reviewed 17 determinant frameworks to identify the main components and constructs of each model, of which there were 90. Our team categorised these 90 components and constructs, and developed **five building blocks of implementation**:

1. Evidence and interventions
2. Context/the system
3. Design
4. Infrastructure for implementation
5. Evaluation.

We then took these building blocks to the design workshops as the basis for our discussions, to ensure they apply to implementation work on anti-racism and anti-discrimination.

Case study:

In one of our interviews, an interviewee shared an example of best practice from the Canadian Institutes of Health Research:

Integrated knowledge users are people who will embed knowledge at the end of a programme, including people with lived experience and policymakers.

Integrated knowledge users help with implementation by being involved in the work from the outset and by contributing to the evolution of the research. They are a requirement of funding by the Canadian Institutes of Health Research.

Figure 5 shows the theory of change for this Toolkit. It sets out the aim, primary drivers (building blocks) and secondary drivers for the Toolkit. It shows the key elements needed to develop a systematic implementation plan. As mentioned above, we decided to structure this Toolkit using a step-by-step approach, with the building blocks woven throughout the Toolkit.

d Huybrechts I, Declercq A, Verté E, Raeymaeckers P, Anthierens S. The building blocks of implementation frameworks and models in primary care: a narrative review. Frontiers in Public Health. 2021;3:9:675171.

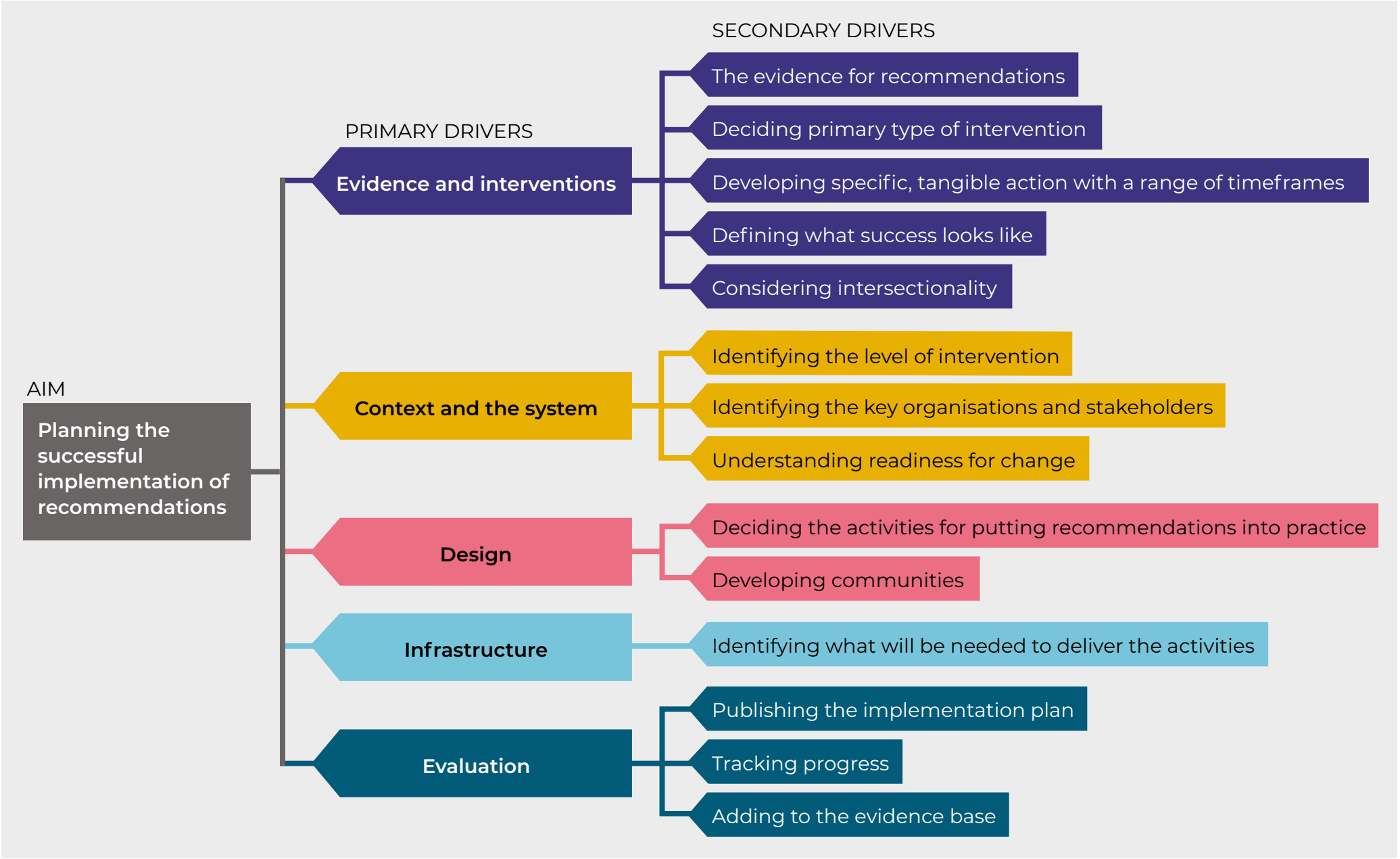


Figure 5: Theory of change for implementing RHO recommendations, showing the aim, primary drivers/building blocks and secondary drivers

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