

## Diversity, Equity and Inclusion challenges in Healthcare Sector

Workforce Integration Network (WIN)

### INDUSTRY OVERVIEW

The healthcare sector in London is central to the well-being of one of the world's most diverse urban populations. Serving over 8 million residents from various cultural, ethnic, and socio-economic backgrounds, the sector must navigate complex health needs, operational and strategic challenges. This diversity presents both an opportunity and a challenge when working to align health and social care delivery with EDI principles. Systemic inequities continue to present several challenges. For instance, disparities in leadership representation mean that Black, Asian, and Minority Ethnic (BAME) staff comprise 22.4% of the NHS workforce but hold only 10% of senior management roles.

Similarly, disparities are evident in the quality of healthcare provisions. Reports from NHS Race and Health Observatory highlight inequalities in patient care, with BAME individuals often experiencing poorer health outcomes and delayed access to treatment. For instance, Black Caribbean and African populations are disproportionately affected by conditions such as diabetes, cardiovascular disease, and chronic kidney disease, leading to poorer health outcomes and reduced access to healthcare services. These disparities were further highlighted during the COVID-19 pandemic, which exposed deep-rooted inequalities within the healthcare system. According to the Office for National Statistics Black males had the highest mortality rate from COVID-19, with 255.7 deaths per 100,000 population, compared to 87.0 deaths per 100,000 among White males.

The Nursing and Midwifery Council (NMC) has conducted research highlighting these disparities, particularly affecting Black women in the UK. These disparities in maternal care mean Black women in the UK are nearly four times more likely to die during pregnancy and childbirth compared to white women. These alarming statistics are not limited to patient care; they are prevalent amongst healthcare practitioners from minority backgrounds. The NMC's "Ambitious for Change" research program revealed that systemic inequalities are driving disparities in regulation and healthcare outcomes. The findings indicate that Black and minority ethnic (BME) nurses and midwives are disproportionately referred to the NMC's fitness to practise processes, suggesting underlying biases within the system.

### CHALLENGES

#### Commitment and Collaboration

The healthcare sector in London faces significant challenges in embedding Equality, Diversity, and Inclusion (EDI) as a core part of its operations. While frameworks like the NHS Constitution emphasise fairness and respect, translating these principles into sustained action has proven difficult. One primary issue is inconsistent leadership commitment.

Despite the introduction of initiatives like the Workforce Race Equality Standard (WRES), only 10% of senior NHS management roles are held by Black, Asian, and Minority Ethnic (BAME) individuals, despite this group representing 22.4% of the NHS workforce. This disparity highlights a lack of diverse decision-makers to champion EDI effectively. Collaboration across the sector also remains fragmented. Many NHS Trusts operate independently, which limits the sharing of best practices and collective efforts to address systemic inequities. For instance, a 2020 report by The King's Fund highlighted that organisations with more integrated EDI policies tended to have better patient care outcomes, yet such integration is not widespread.

Additionally, data collection on diversity is often inconsistent. Without accurate workforce and patient demographic data, it is challenging to identify disparities and measure progress. Case studies, such as Barnet, Enfield, and Haringey's joint EDI strategy, show the potential of collaborative approaches. However, scaling such efforts requires robust leadership, standardised metrics, and sector-wide accountability.

### **Engagement and recruitment**

The healthcare sector in London faces persistent challenges in achieving fair and inclusive engagement and recruitment practices, which are critical for fostering a diverse workforce. A significant issue is underrepresentation of minority groups in senior roles. Recruitment pipelines often fail to address systemic biases, leading to fewer opportunities for progression among underrepresented candidates. For example, job postings may use language that unintentionally deters applicants from diverse socio-economic or cultural backgrounds.

The overreliance on informal networks in recruitment is another barrier. A 2020 NHS Employers report found that many roles, particularly at senior levels, are filled through referrals or internal promotions, which can exclude diverse external candidates. In addition, a lack of targeted outreach to underrepresented communities limits the sector's ability to attract diverse talent. Initiatives like the Widening Participation Strategy have shown potential by engaging with local schools and communities to promote healthcare careers, but such programmes are not universally implemented.

### **Retention and Progression**

Retention and progression in the healthcare sector face significant challenges, particularly for underrepresented groups. Although the NHS is one of London's largest employers, systemic barriers continue to hinder equitable career advancement. A 2022 report by the NHS Race and Health Observatory found that employees from BAME backgrounds are more likely to experience career stagnation, workplace discrimination, and a lack of mentorship opportunities, all of which contribute to higher turnover rates.

The healthcare sector also struggles with biases in progression pathways. A study by The King's Fund highlighted that promotion decisions often lack transparency, disproportionately affecting women and minority groups. For example, some Trusts have no standardised processes for identifying high-potential employees, which allows unconscious bias to influence leadership appointments. Retention challenges are further exacerbated by poor workplace culture. Surveys from NHS Employers reveal that staff from underrepresented backgrounds frequently report feeling undervalued and excluded from decision-making processes.

Initiatives such as mentoring schemes and return-to-work programmes for career break returners have shown promise. However, their implementation is uneven. To retain and advance diverse talent, the healthcare sector must establish transparent promotion processes, prioritise leadership development programmes, and foster inclusive workplace environments that address discrimination and unconscious bias effectively.

### **Building an inclusive culture:**

Creating an inclusive culture within London's healthcare sector is a critical challenge, given the diverse population it serves and employs. Despite significant efforts, systemic barriers and ingrained biases continue to hinder progress toward true inclusivity.

One key issue is the persistence of workplace discrimination. A 2022 NHS Staff Survey revealed that 15% of employees experienced bullying, harassment, or abuse from colleagues, with a disproportionate impact on Black, Asian, and Minority Ethnic (BAME) staff. These experiences often lead to a sense of exclusion, reducing morale and productivity. Another challenge is the lack of representation in leadership roles. With only 10% of senior management positions held by BAME individuals, many employees feel their perspectives are undervalued, creating a disconnect between leadership and the broader workforce. Inclusive workplace practices, such as Employee Resource Groups (ERGs), are not consistently adopted across Trusts. ERGs can foster a sense of belonging and provide a platform for underrepresented voices, yet many organisations lack the resources or commitment to sustain them.

Moreover, social and team-building activities often fail to consider the diverse cultural, religious, and accessibility needs of employees. For example, events scheduled without accommodations for dietary restrictions or religious observances may unintentionally exclude some staff.

### **Supplier Diversity:**

Supplier diversity is an essential yet underdeveloped aspect of EDI within London's healthcare sector. Despite the sector's significant purchasing power, diverse suppliers—particularly those owned by underrepresented groups—often face systemic challenges that limit their participation. NHS organisations manage extensive procurement budgets, yet diverse suppliers, including those owned by underrepresented groups, often face barriers to entry.

One challenge is the complexity of NHS procurement processes. Smaller, minority-owned businesses often lack the resources or expertise to navigate these systems, which are tailored to larger, more established suppliers. A report from NHS Supply Chain highlighted that less than 5% of contracts are awarded to small or diverse suppliers, despite their ability to bring innovation and community-specific insights. Another issue is the lack of proactive outreach to diverse suppliers. Many NHS Trusts do not have targeted strategies to identify or engage minority-owned businesses. This limits the diversity of suppliers in critical areas, such as medical equipment, catering, and IT services.

**References and further reading:** GOV.UK, NHS England, CQC, NMC, GMC, GLA, ONS, BMJ