

Exploring racial equality, diversity and inclusion initiatives in the London pharmacy workforce

Pharmacy London, Workforce, Training and Education Directorate – NHS England

Umeh Ali, Pharmacy Clinical Fellow

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Contents

Exploring racial equality, diversity and inclusion initiatives in the London pharmacy workforce	1
Table of figures	3
Table of tables	3
Glossary	4
Executive summary	6
1. Background	8
2. Introduction	9
2.1 Aims and objectives	9
3. Methodology	10
3.1 Study design	10
3.2 Recruitment	10
3.3 Data analysis	10
4. Results	11
4.1 Quantitative data	11
4.2 Qualitative insights	17
4.3 Summary	24
5. Discussion	24
6. Limitations and considerations	26
7. Conclusion	26
8. Recommendations	27
9. Next steps	29
References	30
Appendices	32
Appendix 1: Acknowledgements	32
Appendix 2: EDI survey	33

Table of figures

Figure 1 EDI survey respondents according to ICS and pharmacy sector	11
Figure 2 Adoption of EDI initiatives across pharmacy sectors	12
Figure 3 Presence of FTSUG across pharmacy sectors	13
Figure 4 Methods used to measure the success of racial equality EDI initiatives.....	14
Figure 5 Organisations with ethnic minority representation targets for senior pharmacy roles.....	15
Figure 6 Distribution of inclusive recruitment practices by pharmacy sector	16
Figure 7 Emergent themes of EDI initiatives in pharmacy sectors across London	17
Figure 9 Challenges and barriers in implementing EDI initiatives.....	19
Figure 10 Challenges and barriers in implementing EDI initiatives breakdown by pharmacy sector.....	20
Figure 11 Summary of the key challenges in implementing EDI initiatives.....	21
Figure 12 Opportunities and facilitators in implementing EDI initiatives breakdown by pharmacy sector	22
Figure 13 Summary of the key opportunities in implementing EDI initiatives	23

Table of tables

Table 1 Number of survey respondents by pharmacy sector	11
Table 2 Organisations with ethnic minority representation targets for senior pharmacy roles breakdown pharmacy sector	15

Glossary

The glossary contains abbreviations and definitions used in this report.

Abbreviation	Details
AfC	<p>Agenda for change</p> <p>Definition: is a pay system in the UK NHS that standardises pay scales and career progression for all NHS staff except doctors, dentists, and very senior managers.</p>
EDI	<p>Equality diversity and inclusion</p> <p>Definition: ensuring equal opportunities for all, regardless of an individual's protected characteristics. It aims to eradicate prejudice and discrimination by identifying our workforce aspirations and establishing support for all members of staff.</p>
EIA or EqIA	<p>Equality impact assessment</p> <p>Definition: a process used to help organisations ensure that their policies, procedures and decisions are fair and do not unlawfully discriminate against any protected characteristics.</p>
ESR	<p>Electronic staff record</p> <p>Definition: a digital system used by NHS organisations to store and manage employee information, which helps streamline HR processes within the NHS.</p>
FTSUG	<p>Freedom to Speak Up Guardian</p> <p>Definition: identified individual who supports workers to speak up when they feel that they are unable to do so by other routes.</p>

Abbreviation	Details
ICS	<p>Integrated care system</p> <p>Definition: a partnership that brings together a group of hospitals, primary care providers and social care services to work collectively in delivering coordinated care for a defined population. There are 5 ICSs in London: 1) North Central, 2) North East, 3) North West, 4) South East and 5) South West.</p>
Senior role	<p>Senior role</p> <p>Definition: in the NHS, this refers to positions within Agenda for Change pay bands 8a to 9. For non-NHS managed sectors like community pharmacy or primary care, a senior role is typically held by a Pharmacy Manager, reflecting a similar level of responsibility and leadership.</p>

Executive summary

Background

The report is based on a comprehensive analysis of Equality, Diversity, and Inclusion (EDI) and presents a summary of initiatives within the pharmacy workforce in London. It recognises the diverse nature of the pharmacy profession in England and the underrepresentation of Black and Minority Ethnic (BME) backgrounds in senior roles, despite their significant presence at lower levels.

Aims and objectives

The project's primary aim is to identify and share current EDI initiatives influencing racial equality and diversity in London's pharmacy workforce. It focuses on exploring current EDI initiatives, raising EDI awareness, and facilitating knowledge sharing.

Methodology

A cross-sector survey was conducted across London's pharmacy workforce. The survey, designed by the NHS England London Pharmacy EDI Regional Working Group, aimed to gather both qualitative and quantitative data on EDI initiatives.

Key findings

- A total of 30 responses were received from various pharmacy sectors across London.
- 63% of respondents had implemented EDI initiatives, with secondary care leading in implementation.
- Five key themes were identified from the qualitative data about the EDI initiatives implemented:
 1. cultural and religious inclusivity
 2. inclusive recruitment practices
 3. education and training
 4. safe spaces
 5. mentoring and coaching.

- The barriers to EDI initiative implementation included: progression inequalities, organisational complexity, internal self-censorship, and a lack of awareness about EDI.
- The enablers to EDI initiative implementation included: promotional and educational resources, as well as EDI champions.

Recommendations and next steps

1. **Racial diversity targets:** Encourage organisations to set racial diversity targets and report progress annually.
2. **Regional EDI priorities:** Develop a set of EDI priorities for the London pharmacy workforce.
3. **Regular monitoring and evaluation:** Collaboratively create standardised metrics across the system to monitor and evaluate the success of EDI initiatives.
4. **Share knowledge:** Establish a central platform for sharing EDI resources and practices.
5. **EDI champions:** Appoint trained EDI champions within each organisation.
6. **Safe and supportive environments:** Establish a London BME pharmacy support network.
7. **Coaching and mentoring:** Develop mentorship and coaching programmes to support BME staff in achieving career goals.
8. **Further research:** Commission research to explore EDI initiatives with a more granular view.

The report concludes by suggesting next steps for the NHS England London Pharmacy EDI Regional Working Group, including prioritising recommendations and identifying responsible parties for actioning high-priority recommendations.

1. Background

London has the most diverse NHS workforce, with 44.9% of its employees coming from a BME background. However, this diversity is not reflected at the leadership level, as only 14.7% of board positions are held by individuals from a BME background (NHS England, 2022). This imbalance raises questions about the current EDI initiatives, particularly in the pharmacy sector, which itself demonstrates significant diversity.

The disparities between BME staff and their White counterparts are evident:

- The NHS Workforce Race Equality Standard (WRES) report revealed that 27.6% of BME staff encountered bullying, harassment, or abuse from colleagues in the last 12 months, compared to 22.5% of White staff (WRES, 2023). This pattern has been evident with minimal change since the first WRES publication in 2015.
- The Pharmacy Workforce Race Equality Standard (Pharmacy WRES) report shows BME pharmacist representation decreases from 37.5% at band 8a to 20.3% at band 9, compared to their level of representation in the overall pharmacist workforce (43.3%). For pharmacy technicians, the report shows that, while BME representation in NHS trusts is 19.2%, there is an overrepresentation in the lower bands, with 23.7% in band 4 and below (NHS England, 2023a). Roger Kline's 'Snowy White Peaks of the NHS' similarly highlights BME individuals are underrepresented in senior roles within London's NHS, despite their significant presence in lower levels of the workforce (Kline, 2014).
- In 2019, General Pharmaceutical Council (GPhC) presented a similar narrative in pharmacy across Great Britain, with 44% of pharmacists and 13% of pharmacy technicians from BME backgrounds, yet little to no representation in senior NHS roles (GPhC, 2019; Burns, 2022).

While NHS England has expressed commitment to addressing these issues in secondary care, the lack of comprehensive data in primary care remains a significant barrier to fully understanding and addressing these disparities. Nevertheless, Health Education England, NHS England and Improvement and the London Primary Care School Board collaboratively launched a London-wide survey of discrimination and harassment in primary care. The findings from this survey will be used to review the London's Primary Care Workforce Race and Equality Strategy priorities and workstreams (Health Education England, 2022).

The Joint National Plan for Inclusive Pharmacy Practice (IPP) was co-produced by the Chief Pharmaceutical Officer's team and other national pharmacy organisations (NHS England, 2021). Despite this initiative, there is a notable lack of evidence regarding the actions taken

from the data provided by WRES, Pharmacy WRES, and GPhC. This gap in information raises questions about the real impact of EDI initiatives on improving racial equality and diversity in the pharmacy workforce.

Research shows that a diverse and inclusive pharmacy workforce offers unique perspectives and experiences, leading to innovative solutions and better patient care (Hemmings et al., 2021; Gomez and Bernet, 2019). Diversity fosters innovation and creativity through a greater variety of problem-solving approaches. McKinsey and Company (2020) identified that diverse companies are more likely to outperform their industry peers on profitability.

NHS England is committed to promoting EDI in its workforce and in service delivery. It published the first ever NHS England EDI Improvement Plan, which prioritises six high impact actions that will help ensure the NHS continues to make progress on tackling the prejudice and discrimination that some staff experience, building on the progress made to date (NHS England, 2023b).

2. Introduction

This report recognises the diverse nature of the pharmacy profession in Great Britain and aims to identify and share current EDI initiatives influencing racial equality and diversity in London's pharmacy workforce. The primary objective is to explore, raise awareness, and facilitate sharing information about EDI initiatives across London's pharmacy workforce.

The report is informed by a cross-sector survey designed by the NHS England London Pharmacy EDI Regional Working Group, encompassing both qualitative and quantitative data from different pharmacy sectors. It seeks to provide insights into the current state of EDI initiatives and ends with a set of recommendations based on the survey findings, aimed at improving racial equality and diversity in the London pharmacy workforce.

2.1 Aims and objectives

Aim:

This project aims to identify and share current EDI initiatives influencing racial equality and diversity in London's pharmacy workforce.

Objectives:

- **Explore EDI initiatives:** Identify the current EDI initiatives in place across London's pharmacy workforce.

- **Raise EDI awareness:** Promote understanding of the value of EDI across the London pharmacy workforce, emphasising its role in supporting racial equality.
- **Facilitate knowledge sharing:** Share findings and examples of EDI practices, activities and initiatives.

3. Methodology

3.1 Study design

A cross-sectional survey design was used to explore the EDI initiatives in use across the London's pharmacy workforce. The survey, hosted on the JISC online survey platform, was created by the NHS England London Pharmacy EDI Regional Working Group, and was designed to collect both qualitative and quantitative data for analysis (see appendix 2). Using the Health Research Authority's decision tool, it was determined this project was a service evaluation and, therefore, did not need ethical approval (Health Research Authority, 2020).

3.2 Recruitment

The target audience for the survey was pharmacy professionals accountable for the pharmacy workforce across London, encompassing community pharmacies, general practice, and NHS Trusts.

The JISC survey was sent to chief pharmacists across London and Integrated Care System (ICS) workforce leads. It was also shared with key pharmacy organisations across London such as Local Pharmaceutical Committees (LPCs), including Pharmacy London LPC and North East London LPC, Community Pharmacy Clinical Leads (CPCL), London Primary Care Training Hubs, Primary Care Pharmacy Association (PCPA), National Pharmacy Association (NPA), Company Chemists Association (CCA) and Association of Independent Multiple Pharmacists (AIMP). All organisations sent the survey were asked to either complete the survey directly or disseminate the survey to pharmacy colleagues in their networks.

The survey was open for a total of six weeks, from 6 June 2023 to 18 July 2023.

3.3 Data analysis

The responses were exported from the JISC online survey platform for analysis. Both qualitative and quantitative data were analysed. The quantitative data was examined to identify which pharmacy sectors responded to the survey and to detect trends related to EDI initiatives across these sectors. For the qualitative data, thematic analysis was used to identify common themes and insights about EDI practices. By using a mixed-methods

approach for the data analysis, this report aims to provide an understanding of the breadth and depth of EDI initiatives across London's pharmacy workforce.

4. Results

The results section presents the findings from the survey, categorising them into quantitative and qualitative data.

4.1 Quantitative data

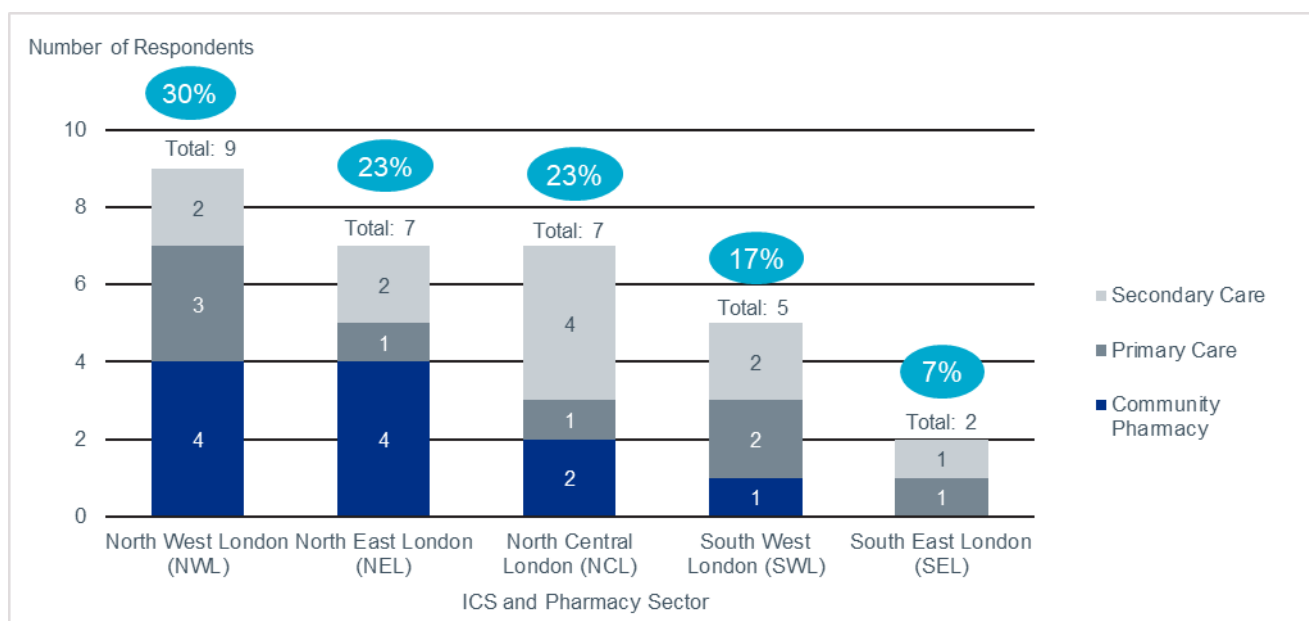
4.1.1 EDI survey respondents

In total, there were 30 responses received for the survey. Table 1 and Figure 1 below provide a breakdown of the survey respondents according to which pharmacy sector and ICS they belong to.

Table 1 Number of survey respondents by pharmacy sector

Pharmacy sector	Number of respondents
Community pharmacy	11
Primary care	8
Secondary care	11
Total number of survey respondents	30

Figure 1 EDI survey respondents according to ICS and pharmacy sector



The data shows:

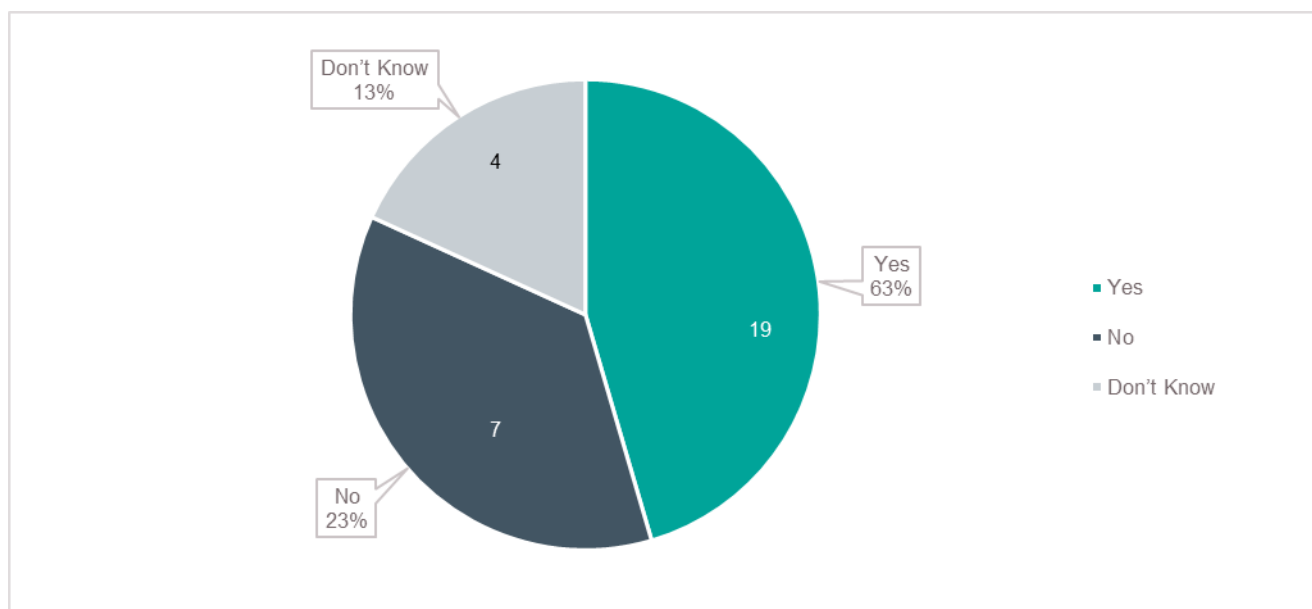
- **North West London (NWL):** had the highest number of responses, with 9 respondents comprising 30% of the total survey responses.
- **North East London (NEL) and North Central London (NCL):** both received 7 responses, accounting for 23% of the total, respectively.
- **South West London (SWL):** had 5 respondents, making up 17% of the total survey responses.
- **South East London (SEL):** had the lowest number of responses, with 2 respondents, representing 7% of the total.

It is important to note that these numbers are raw counts and do not reflect the relative size or scope of the organisations represented in each ICS.

4.1.2 Adoption of EDI initiatives

The survey asked if respondents had knowledge of any EDI initiatives or activities promoting racial equality within their pharmacy teams.

Figure 2 Adoption of EDI initiatives across pharmacy sectors



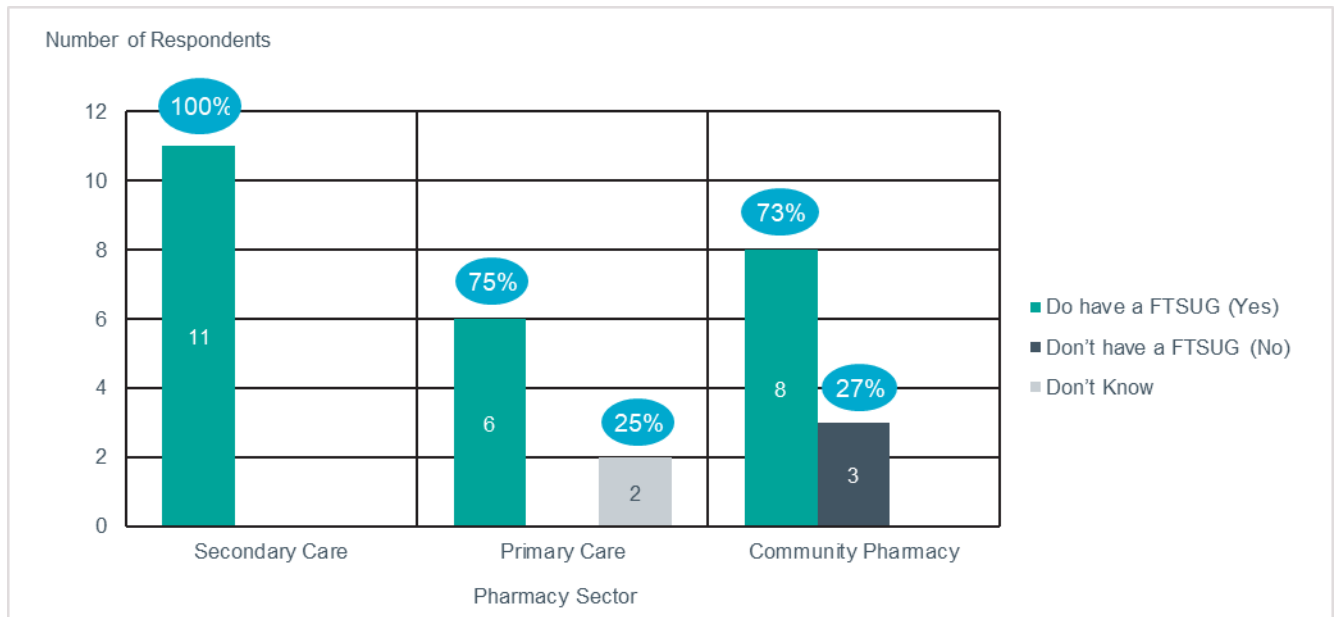
The data shows 63% (19 out of 30) of respondents have implemented EDI initiatives in their pharmacy settings. 23% (7 out of 30) have not implemented any EDI initiatives, and 13% (4 out of 30) are uncertain about their EDI status. The highest rate of implementation is seen in secondary care, with all 100% (11 respondents) indicating EDI practices are in place. In

contrast, community pharmacy and primary care sectors show mixed levels of implementation.

4.1.3 Presence of Freedom to Speak Up Guardian (FTSUG)

The survey asked whether respondents had a designated FTSUG in place within their organisation.

Figure 3 Presence of FTSUG across pharmacy sectors

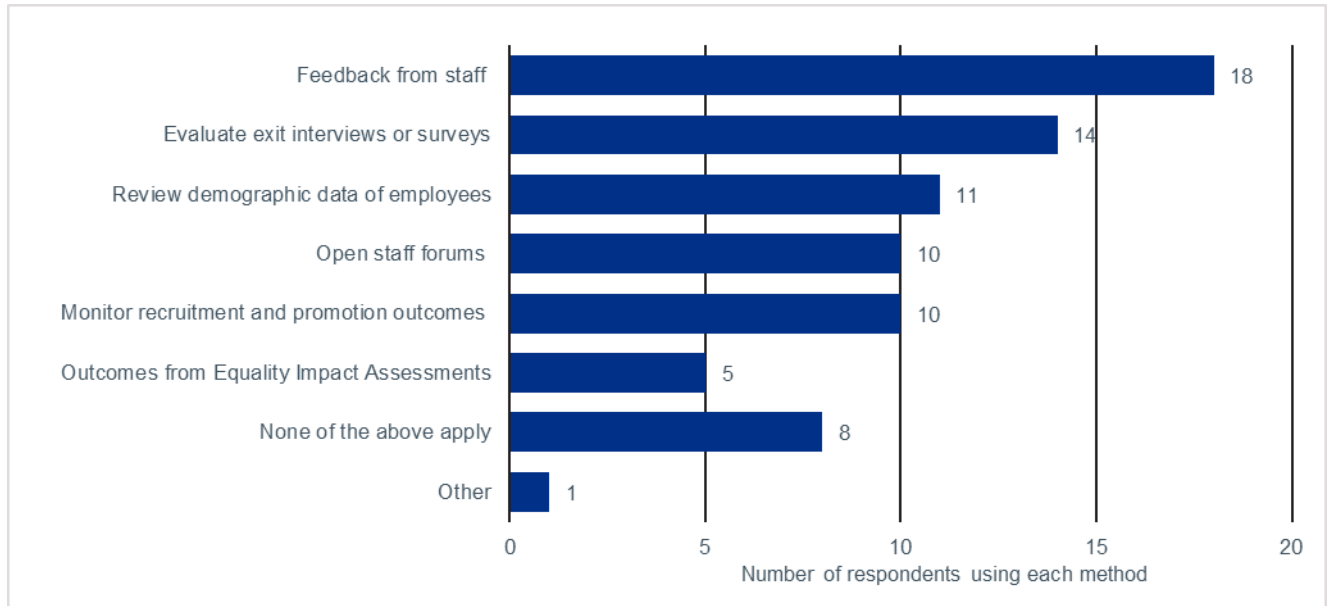


The data provides valuable insights into how widely adopted FTSUGs are across different pharmacy sectors. Secondary care leads in adoption of FTSUG initiative, with all 11 respondents indicating they do have a FTSUG in their organisation. Primary care shows 6 respondents confirming FTSUGs' presence and 2 respondents were uncertain. Community pharmacy had 8 respondents say they have a FTSUG, while 3 respondents said they do not have one. Overall, FTSUG adoption is highest in secondary care, followed by community pharmacy and then primary care.

4.1.4 Measuring the success of EDI initiatives

The survey asked how organisations measured the success of their EDI initiatives with respect to racial equality.

Figure 4 Methods used to measure the success of racial equality EDI initiatives



The data shows the various methods employed by organisations to measure the success of their racial equality EDI initiatives. Several organisations use a multi-pronged approach, using four or more measures.

The most used method is 'Feedback from staff', indicated by 18 respondents. The least utilised approach is 'Outcomes from Equality Impact Assessments', with only 5 respondents.

Notably, of the respondents who selected 'None of the above apply', 3 were from community pharmacy and 5 from primary care, highlighting sector differences in EDI evaluation. Only 1 respondent chose 'Other'.

Overall, this data reveals that employee feedback and exit interviews or surveys are the predominant method that has been utilised to measure the success of EDI initiatives.

4.1.5 Targets for increasing ethnic minority representation in senior pharmacy roles.

The survey asked respondents if their organisation have set any targets to increase ethnic minority representation for senior pharmacy roles.

Figure 5 Organisations with ethnic minority representation targets for senior pharmacy roles

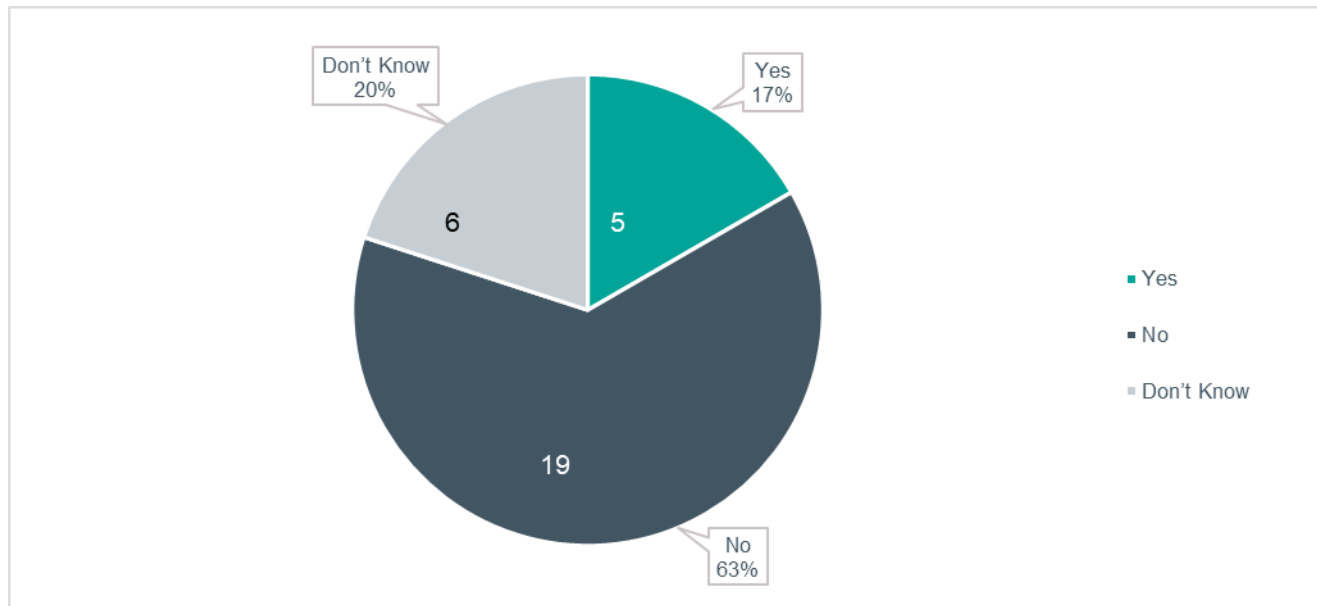


Table 2 Organisations with ethnic minority representation targets for senior pharmacy roles breakdown pharmacy sector

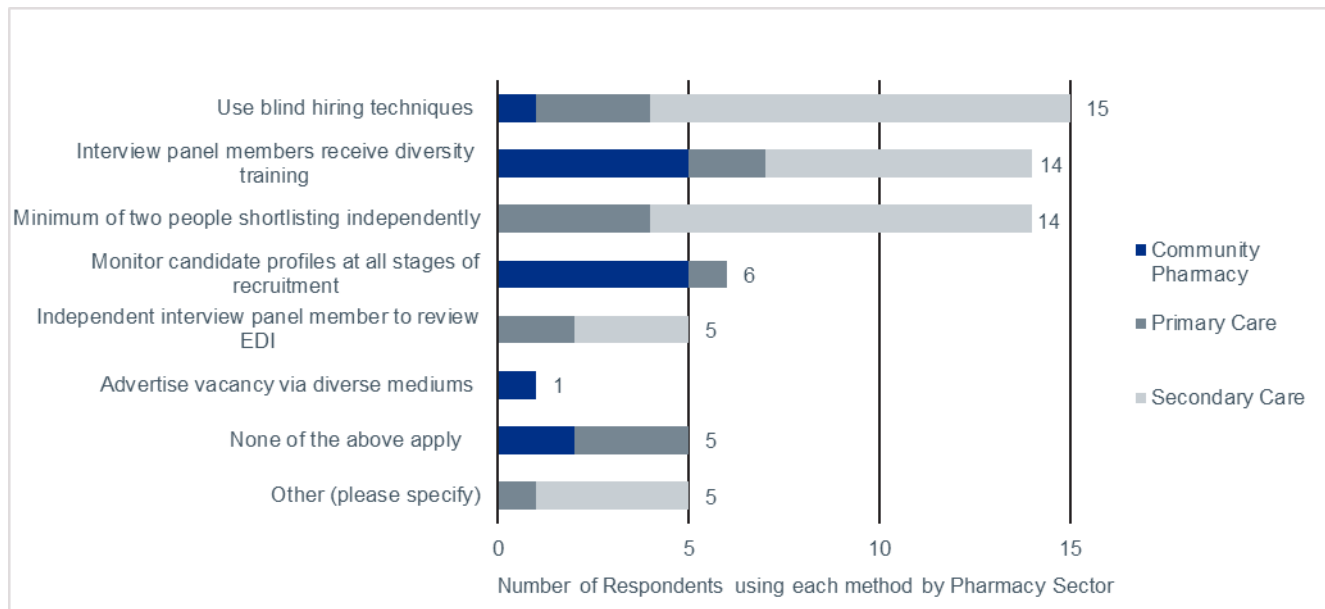
Pharmacy sector	Yes	No	I don't know
Community pharmacy	1	9	1
Primary care	0	4	4
Secondary care	4	6	1

The data shows that 17% (5) of organisations have targets to increase ethnic minority representation in senior pharmacy roles. Conversely, 63% (19) have no such targets, and 20% (6) are uncertain. This indicates that diversity targets for senior roles are not commonly adopted among the responding organisations.

4.1.6 Inclusive recruitment practices across pharmacy sectors

The survey asked respondents about the methods they employ to ensure their recruitment practices are inclusive.

Figure 6 Distribution of inclusive recruitment practices by pharmacy sector



The data shows:

- The most common practice across all sectors is the use of “blind hiring techniques”, with 15 total respondents endorsing this method, particularly favoured in secondary care.
- Having a “Minimum of two people shortlisting independently” and ensuring “Interview panel members receive diversity training” are also popular, each chosen by 14 respondents. These methods seem to be more prevalent in secondary care and primary care sectors.
- The least commonly used practice is “advertising vacancy via diverse mediums” and “Independent interview panel member to review EDI” with only 1 and 5 respondents respectively.
- “Monitoring candidate profiles at all stages of recruitment” is notably only endorsed in community pharmacy and primary care, with a total of 6 respondents.
- 5 respondents, primarily from community pharmacy and primary care, indicated that “None of the above apply” to their recruitment practices.

Overall, while some inclusive recruitment practices are relatively widespread, others are scarcely employed, suggesting room for improvement and standardisation across sectors.

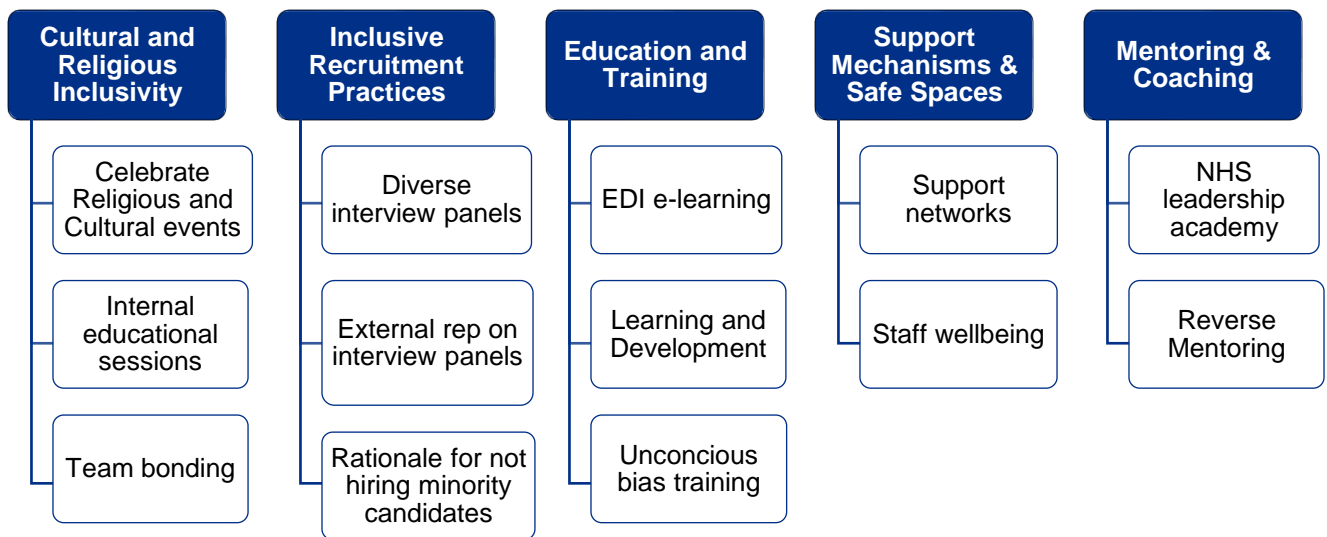
4.2 Qualitative insights

This next section presents qualitative data from the EDI survey. It captures insights on EDI initiatives implemented by various organisations and highlights the associated successes and challenges.

4.2.1 EDI initiatives implemented by different organisations.

Respondents who confirmed implementing EDI initiatives provided details about the measures they have put in place. Five key themes emerged from the data, as listed below:

Figure 7 Emergent themes of EDI initiatives in pharmacy sectors across London



Key themes and evidence (quotes) from the data:

1. **Cultural and religious inclusivity:** Pharmacy teams focused on acknowledgment and celebration of various cultural and religious events to promote understanding and inclusivity.

Evidence:

- ☞ When there is a cultural festival, this is acknowledged at the dept meeting. People are also encouraged to share details of the purpose of festivals and celebrations. Sometimes all members are asked to be involved with the celebrations e.g. Diwali lunches.
- ☞ Joint staff lunches to celebrate cultural diversity... celebrating all religious festivals within the dept.
- ☞ Festivals of different religious groups and /or cultures acknowledged/celebrated.
- ☞ Have after work meet ups with all staff engagement openly discussing heritage and culture and their experiences.

2. **Inclusive recruitment practices:** Many respondents highlighted a drive to ensure that recruitment processes are unbiased. Some organisations mentioned having an external representative on the interview panel such as an EDI champion or lay member.

Evidence:

- ☞ Non-discriminatory hiring practices.

- ☞ Inclusion of equality advocates/champions on recruitment panels.

- ☞ For band 7 upwards we have a diversity in recruitment champion on interview panels. For band 8a upwards we have a patient/service user on interview panels.

- ☞ Inclusive recruitment panel including a service user.

- ☞ Ensure diversity on recruitment panels, rationale if BAME applicant not appointed to be sent to CEO (for posts 8a & over).

3. **Education and training:** There was emphasis on continuous learning, raising awareness, and training around EDI.

Evidence:

- ☞ E-learning completed regularly.

- ☞ LD support programmes.

- ☞ The Trust is introducing antiracism action learning sets which some of my team will be taking part.

- ☞ Engage my team to also join activities such as South Asian Heritage Month, Black history month, Windrush day etc.

- ☞ People & Culture team to deliver an unconscious bias training to the department.

4. **Support mechanisms and safe spaces:** This theme highlights the importance of creating environments where employees can freely express concerns, seek guidance and discuss sensitive topics, serving as a sanctuary for open dialogue and support.

Evidence:

- ☞ Set up of staff networks to support with diversity and inclusion. Inclusion of 'embedding a culture of inclusion and well-being' into the SEL Workforce Strategy.

- ☞ Promoting the activities of ELFT networks within the department including Ability, BAME, Intergenerational, LGBTQ & Women.

- ☞ Reflective space for pharmacy staff set up to discuss issues of race when George Floyd was murdered by police officer. On the back of that regular reflective space for individual teams initiated.

Employee assistance programme (offers financial & personal support and information).

5. **Mentoring and coaching:** Many demonstrated their commitment to professional growth and staff development through mentoring and coaching.

Evidence:

Reverse mentoring.

Leadership programmes (based on the NHS leadership framework) and Coaching programmes.

These themes show the range of EDI initiatives in London's pharmacy sectors and offer insights into the nuances of EDI efforts across various organisations.

4.2.2 Challenges and barriers in implementing EDI initiatives.

The survey explored the challenges and barriers faced by pharmacy organisations when implementing EDI initiatives. The survey asked, “are there any challenges or barriers to implementing EDI activities or initiatives in your pharmacy organisation?” (see appendix 2 for EDI survey questions). The respondents were given yes or no options with a section to expand on yes answers.

Figure 8 Challenges and barriers in implementing EDI initiatives

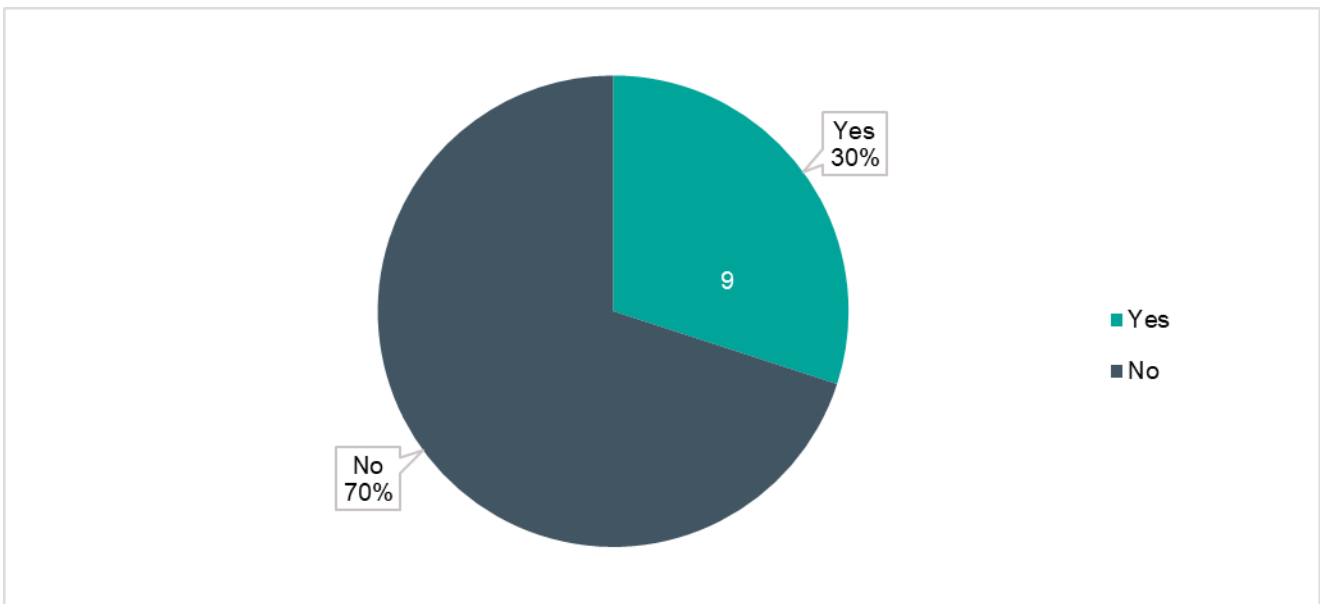
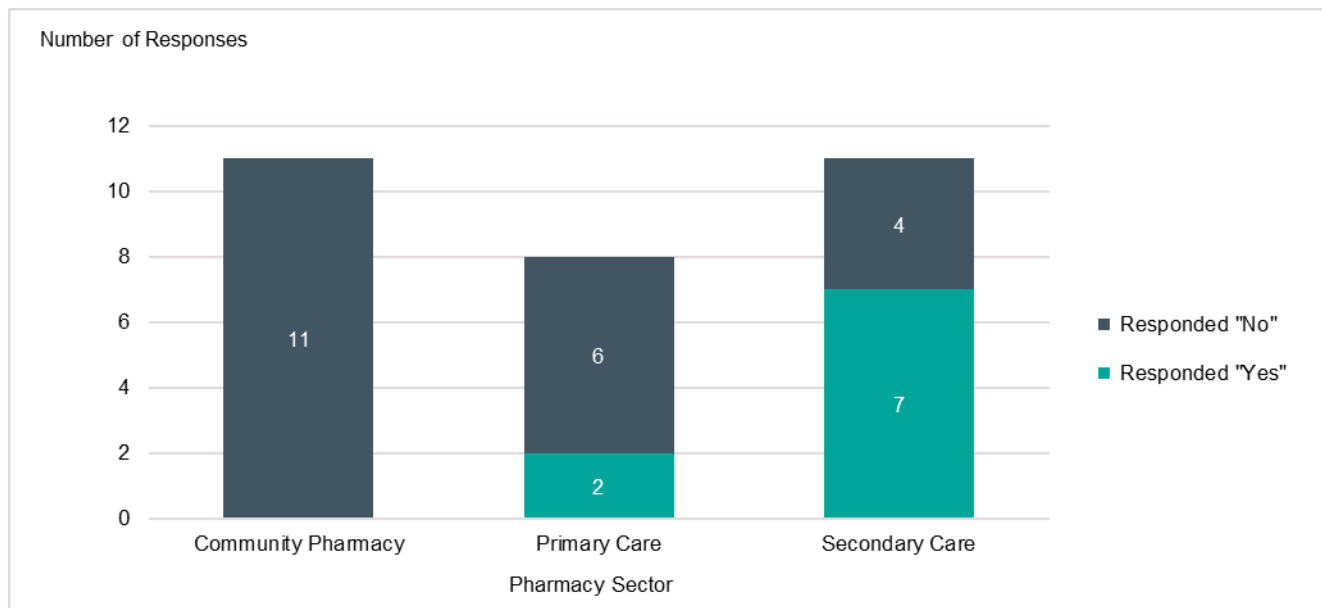


Figure 9 Challenges and barriers in implementing EDI initiatives breakdown by pharmacy sector



Overall, 30% of respondents reported that they experience challenges or barriers to implementing EDI initiatives in their organisation, while 70% reported no such challenges. The community pharmacy sector had the highest number of respondents who did not experience challenges.

The qualitative data highlighted key challenges in implementing EDI initiatives within pharmacy teams, as evidenced by the following themes:

1. **Progression inequalities:** There is a noted difference in the distribution of BME and non-BME staff across different levels in the organisation. There is mention of potential barriers to progression.

Evidence:

☞ Staff above 8b are 90% non-BME. Those under 8b are 80% BME. Something is happening which means they cannot progress in our organisation.

2. **Organisational complexity:** Multiple interconnected organisations can make it challenging to maintain transparency and consistency in EDI initiatives.

Evidence:

☞ The ICS is comprised of multiple organisations therefore to ensure there is transparency and consistency is challenging to achieve but also measure.

3. **Internal self-censorship:** There seems to be a hesitancy among people from BME backgrounds to promote EDI activities and champion EDI, due to concerns about negative reactions from others.

Evidence:





FF Internal barriers- as a person of colour self-censorship as not want to be seen promoting too much EDI activities!

4. **Lack of EDI awareness:** There is a need for heightened awareness and the success of EDI initiatives often depends on the presence of committed staff who are willing to lead these efforts.

Evidence:

FF Need to have interested staff employed who are willing to champion initiatives.

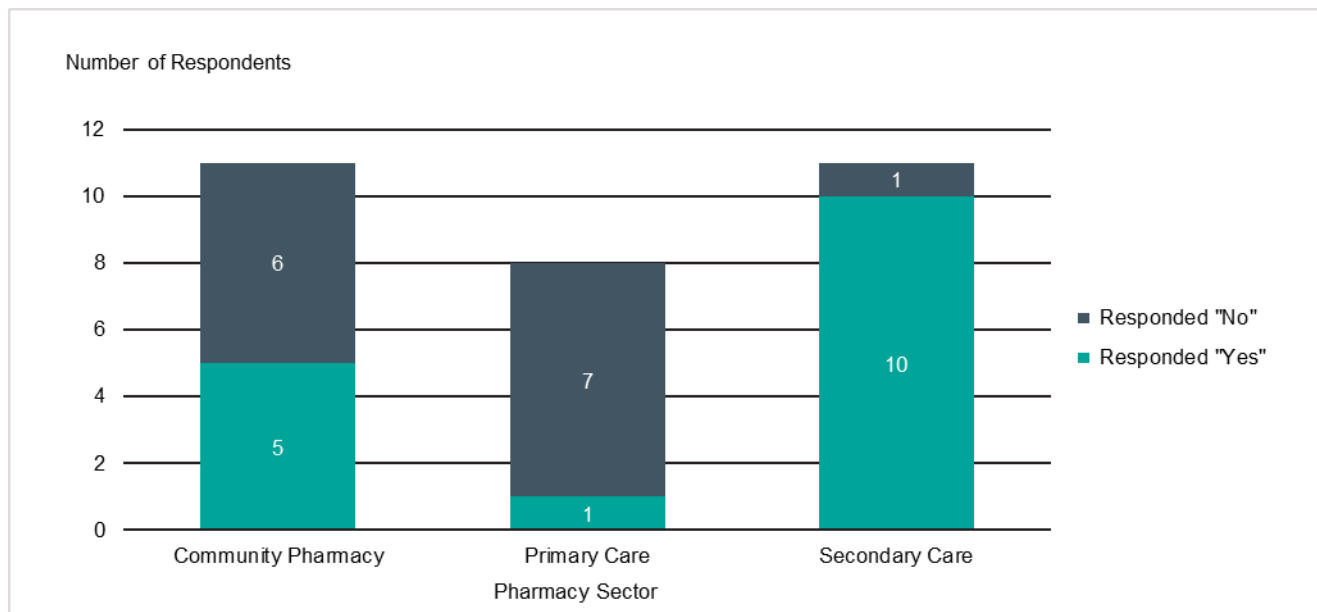
Figure 10 Summary of the key challenges in implementing EDI initiatives

Progression inequalities	Organisational complexity	Internal self-censorship	Lack of EDI awareness
			

4.2.3 Opportunities and facilitators in implementing EDI initiatives.

The survey also delved into understanding the positive enablers that can help facilitate EDI implementation. The survey asked, “are there any facilitators or opportunities that have helped promote EDI activities or initiatives in your pharmacy organisation?” (see appendix 2 for EDI survey questions). The respondents were given yes or no options with a section to expand on yes answers.

Figure 11 Opportunities and facilitators in implementing EDI initiatives breakdown by pharmacy sector



Overall, 47% (14) of respondents said “no” to having any opportunities or facilitators, while 53% (16) answered “yes”. Secondary care has the most “yes” response, signifying this sector is more proactive or aware of the facilitators for EDI implementation compared to the other sectors.

The qualitative data shows the facilitators and opportunities that have helped promote EDI initiatives in the pharmacy sector. The insights are summarised into the following themes:

1. **Promotional materials:** Some use various promotional methods, such as leaflets, banners, flyers, and posters, to advocate for inclusivity.

Evidence:

“Leaflets, banners”, “Our flyers and posters welcome all groups” and “National programmes which have attracted staff to primary care”.

2. **Support and resources:** Some secondary care organisations mention having an EDI lead to support EDI initiatives and one organisation mentioned the Inclusive Pharmacy Practice (IPP) resources being useful.

Evidence:

“EDI leads, FTSUG etc attend staff meetings and talk directly to staff about their roles” and “Inclusive Pharmacy Practice resources are useful”.

3. **Champions and representatives:** Some organisations report having designated champions who support EDI initiatives and ensure representation at important EDI-related discussions.

Evidence:

“We have a rep that attends the WRES committee to ensure equality in recruitment.”

“Pharmacy champions, wellbeing reps & peer reps”, “Our well-being champion arranges various events for all staff” and “Individual staff members who have an interest in EDI”.

Figure 12 Summary of the key opportunities in implementing EDI initiatives

Promotional Materials	Support and Resources	Champions and Representatives
		

4.2.4 Additional insights from the EDI survey

The survey concluded on an open-ended question aimed to collect further insights from respondents regarding their experiences on implementing EDI initiatives. Several key themes emerged:

1. **EDI resources:** A secondary care respondent highlighted several EDI initiatives like “Walk in my shoes” and “Race & Privilege”, directing attention to the recent WRES action plans as a resource. Another response from primary care pointed out that their current EDI efforts align with overarching business processes, hinting at potential specific pharmacy initiatives in the pipeline.
2. **Future of EDI initiatives:** There is a note of caution from primary care that certain funded EDI initiatives might face challenges due to the prevailing financial climate. Conversely, a secondary care respondent voiced optimism, expressing the potential positivity in sharing effective EDI practices across the system.

4.3 Summary

In summary, the results from this survey provide an overview of the current state of EDI initiatives within the London pharmacy workforce. The quantitative data reveals progress in the adoption of EDI practices, particularly in secondary care. The qualitative insights highlight the diverse approaches and challenges faced by different sectors in implementing these initiatives. Notably, the survey highlights the need for ongoing commitment to promoting EDI and the pivotal role of proactive measures and dedicated champions in driving these efforts forward. This study not only reflects the current landscape but also points towards future directions for enhancing EDI in the pharmacy sector.

5. Discussion

The results provide valuable insights into the range of EDI initiatives in London's pharmacy workforce. These findings allow us to draw inferences that can inform our next steps for future EDI improvement efforts.

Adoption of EDI initiatives

The results show that 63% of respondents have implemented EDI initiatives within their pharmacy settings, with secondary care leading in implementation. Given the considerable variation in EDI implementations across London pharmacy sectors, it is imperative to acknowledge that a 'one-size-fits-all' approach may not cater to individual sector needs (Ross et al., 2020). Any strategy or action plan must be informed by data, insights, and engagement with relevant stakeholders.

EDI resources

An indirect finding from our study is that many pharmacy colleagues expressed uncertainty in locating relevant EDI information, with some highlighting the overwhelming number of resources available. This anecdotal evidence accentuates the challenges in navigating and staying up to date with EDI news and practices. This may highlight the need for a central, user-friendly platform to streamline access to clear and relevant EDI information and guidance.

Methods for measuring success

The survey shows that the predominant methods organisations use for evaluating their EDI initiatives is through direct employee feedback and surveys or exit interviews. Organisations are using different methods to measure EDI initiative success, leading to inconsistent comparisons. It is not clear whether these methods are employed solely for the purpose of

collecting data on EDI initiatives, and therefore they cannot be used to draw strong conclusions. Therefore, to review effectiveness of individual EDI initiatives, there is a need for a standardised set of metrics to measure implementation or uptake, behavioural change and then tangible results. This standardisation will allow for clearer and more consistent assessments of both the implementation and overall impact of EDI initiatives.

Targets for increasing ethnic minority representation in senior pharmacy roles

Only 17% of respondents set targets to increase ethnic minority representation in senior pharmacy roles, which may be linked to the low number of BME pharmacists in senior positions in London as mentioned at the start of this report. This finding shows that there may be a need for organisations to set clear diversity targets to ensure leadership teams reflect their local demographics. This can lead to better decision-making and improved patient care, as evidenced by Kline (2019). When incorporating diversity targets within a wider change strategy, organisations can foster genuine inclusion and avoid tokenism. Although the NHS WRES does not mandate national diversity metrics, some local Trusts are proactively setting their own recruitment goals to enhance diversity.

Challenges and opportunities

Secondary care respondents showed the highest presence of EDI initiatives and reported a large number of challenges. This could be due to a higher level of engagement with the EDI process, which brings more issues to light. It could also indicate that secondary care is further along in the EDI journey and may provide a learning platform for other sectors. The reported internal self-censorship indicates a need to create safe spaces to support and empower staff to champion EDI and speak up against its absence.

The existing data, particularly the WRES metrics, indicate a lack of significant progress, suggesting that the current EDI initiatives may not be achieving their intended outcomes. Despite these initiatives appearing robust on paper, the empirical evidence implies a need for a thorough reassessment. It is imperative to critically evaluate the efficacy of these initiatives and consider implementing more impactful strategies to ensure meaningful change in our EDI efforts.

Over 50% of respondents recognised enablers for EDI initiative implementation, including promotional tools, resources, and EDI champions, especially in secondary care. In contrast, primary care and community pharmacy sectors report a lack of such facilitators.

Further research is needed to explore the specific opportunities and barriers affecting EDI implementation, particularly in primary care and community pharmacy sectors. By

understanding the root causes of these disparities, it will enable a value-added approach to adopting successful EDI strategies across all sectors.

6. Limitations and considerations

The limitations of this report are detailed as follows:

- The survey was sent out during the junior doctors' strikes (14 to 17 June 2023), which likely contributed to the low response rate.
- The survey distribution differed between primary care (survey disseminated indirectly via training hub newsletters and LPC leads) and secondary care (survey emailed directly to chief pharmacists). These factors may have influenced sample size and introduced response bias.
- The lack of a guide for survey terminology could mean respondents interpreted questions differently. As an example, the question regarding success measurement may have been ambiguous, leading to less meaningful data.
- Further review of the literature needs to take place to quantify the amount of qualified research and evidence exists on how to measure the impact of introducing an EDI strategy.

7. Conclusion

The survey has provided insights into existing EDI initiatives across the different pharmacy settings in London. This lays the groundwork for strategic enhancements in EDI practices and the requirement for future research.

Supporting EDI positively impacts employee retention and belonging as well as drives performance across an organisation (McKinsey and Company, 2020; Kline, 2019). Therefore, moving forward, the implementation of EDI strategies is essential to strengthen the pharmacy workforce, diversify senior leadership, and ensure EDI principles are an integral part of pharmacy service delivery in London. The challenge now lies in assigning responsibility and determining effective methods for implementing change. It is imperative that we identify who will lead these efforts and outline actionable steps to achieve a meaningful impact in the realm of EDI within London's pharmacy workforce.

8. Recommendations

Recommendations for improving EDI in the pharmacy workforce in London:

1. Racial diversity targets

The NHS Long Term Plan recommended that each NHS organisation should set its own target for BME representation across its leadership team (NHS England, 2019). Building on this, organisations should be encouraged to set clear racial diversity targets for senior roles to reflect the demographics of London's population and monitor progress towards achieving them. These targets should be specific, measurable, and time-bound, and organisations should report their progress annually. Targets will help eliminate the disparity in progression between BME and White colleagues, as well as reinforce accountability.

2. Regional EDI priorities

Develop a set of EDI priorities specifically for the London pharmacy workforce. This will provide EDI champions in each organisation with clear goals, guiding their efforts towards tangible outcomes. The creation of a London-wide EDI plan will have a greater impact due to large scale implementation and may lead to other cities following this example.

3. Regular monitoring and evaluation

Collaboratively create standardised metrics across complex systems to be able to monitor, compare and evaluate the success of EDI initiatives. This can include Pharmacy WRES, community pharmacy workforce survey, regular internal audits, regional surveys and EDI dashboard data.

4. Share knowledge and practice

Establish a London-wide centralised platform to showcase successful pharmacy EDI initiatives, share examples of practice and highlight useful resources for pharmacy organisations and individuals to access.

5. EDI champions

Appoint EDI champions within each organisation who report to the regional Chief Pharmacist for London. Senior leadership must provide protected time to empower champions. Champions must be appropriately trained and have the authority and autonomy to enact change.

6. Safe and supportive environments

Create safe spaces where all members of the pharmacy team can openly discuss issues related to racial equality, diversity and inclusion. This could take the form of a London-wide BME pharmacy support network that encompasses all pharmacy sectors and provides access to a FTSUG. This may provide a structured way for employees to voice concerns and escalate where appropriate, especially for smaller organisations. Evidence shows inclusive environments create psychological safety and this can result in improved staff engagement, retention, and wellbeing (NHS England, 2023b).

7. Coaching and mentoring

- Develop and promote career focussed mentorship and/or coaching programme to support BME staff in achieving career goals, leadership roles and developing key skills.
- Regularly evaluate the effectiveness of the programmes through participant feedback, adapting the approach as necessary for continuous improvement.
- Conduct further research to determine the percentage of BME staff who have accessed NHS Leadership Academy coaching or mentoring services and use this data to benchmark our programme's success.
- Strongly recommend allocating protected time within work hours for staff to engage in the mentor and coaching sessions, highlighting organisational commitment to EDI.
- **Pharmacy mentoring programme:** Implement a pairing scheme where senior pharmacists or pharmacy technicians (such as band 8a equivalent and above) mentor BME pharmacy colleagues with leadership ambitions. This programme aims to facilitate the sharing of knowledge, skills, and experiences, thereby fostering growth and diversity in leadership positions within the pharmacy sector.
- **Cross-sector mentoring programme:** Offer programmes that allow professionals from different pharmacy sectors to mentor each other. The report has shown differences across the pharmacy sectors, cross-sector mentorship has the potential to promote collaboration and the sharing of good practices in EDI.

8. Further research

To commission research to explore EDI initiatives with a more granular view than that of this report, in collaboration with a research organisation or institute of higher education.

9. Next steps

Following this report, the next steps are for the NHS England London Pharmacy EDI Regional Working Group to review the suggested recommendations and prioritise work to be started in the short and long term. Considerations of next steps and outputs should be aligned with the NHS EDI Improvement Plans. Group members are asked to identify responsible parties for actioning high-priority recommendations.

To date, the project has been shared with relevant stakeholders and presented at the Pharmacy Show 2023. The clinical fellowship which enabled this project to be completed, is due to end in January 2024. Therefore, capacity to undertake identified next steps will need to be built.

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Appendices

Appendix 1: Acknowledgements

Thank you to all survey participants for sharing insights on EDI initiatives within their organisation. Also, thank you to the NHS England London Pharmacy EDI Regional Working Group for their support, group members include:

Name	Role	Organisation
Janaki Chitsabesan	Pharmacy Technician, Specialised Commissioning	Medical Directorate, NHS England – London
Kulpna Daya	Pharmacy Programme Facilitator	Workforce, Training and Education Directorate NHS England – London
Jon Hayhurst	Regional Chief Pharmacist	Medical Directorate, NHS England – London
Champa Mohandas	Chief Pharmacist/Clinical Director	Lewisham and Greenwich NHS Trust
Andrea Okoloekwe	Deputy Chief Pharmacist	East London NHS Foundation Trust
Samantha Quaye	Head of School (Pharmacy)	Workforce, Training and Education Directorate NHS England – London

Appendix 2: EDI survey

Survey title: Workplace equality, diversity, and inclusion (EDI) initiatives

Introduction

To explore the workplace equality, diversity, and inclusion (EDI) initiatives implemented by the pharmacy workforce in London.

The aim of this survey is to identify current EDI practices and resources [link: <https://www.nhsemployers.org/case-studies/inclusive-culture>] that have contributed to improving racial equity and diversifying the Pharmacy workforce. We ask you to share examples of successful EDI activities that you and/or your Pharmacy team have implemented. Your input is crucial in helping us understand the existing programmes, policies, or practices aimed at promoting EDI within the Pharmacy sector in London. The knowledge and learnings derived from the results will be shared with survey participants and stakeholders.

This survey should be completed by the person accountable for the Pharmacy workforce within the employing organisation. We kindly request one survey response per Pharmacy organisation. The survey consists of open-ended and multiple-choice questions designed to draw out information about current EDI activities.

Please attempt to answer all questions and use the spaces to provide as much detail as possible. Even if you do not currently have any EDI initiatives in place, we still encourage you to complete the survey, as it will help us understand the trends, challenges, and opportunities associated with implementing EDI within the workplace.

The estimated time to complete the survey is around 10 minutes.

NHS England Privacy Policy: We keep the amount of information we hold about you to a minimum, and we'll always keep your data safe and secure. Please confirm you are happy to share the details in this form with NHSE. Information supplied will be stored in line with NHSE Privacy Statement. For more information visit: <https://www.england.nhs.uk/privacy-policy/>

Glossary of terms

- **Equality, Diversity and Inclusion (EDI):** ensuring equal opportunities for all, regardless of an individual's protected characteristics. It aims to eradicate prejudice and discrimination by identifying our workforce aspirations and establishing support for all members of staff.

- **Electronic Staff Record (ESR):** is a digital system used by NHS organisations to store and manage employee information and helps streamline HR processes within the NHS.
- **Integrated Care System (ICS):** Is a partnership that brings together a group of hospitals, primary care providers and social care services to work collectively in delivering coordinated care for a defined population. There are 5 ICSs in London: 1) North Central, 2) North East, 3) North West, 4) South East and 5) South West. For more detail about London ICS visit: <https://www.england.nhs.uk/integratedcare/ics-leadership/#london>
- **Ethnic minority:** all ethnic groups except White British. Includes White minorities, such as Gypsy, Roma and Irish Traveller groups.
- **EDI Recruitment Champions:** a designated person who will ensure equality, diversity and inclusion is an integral element of recruitment and will help highlight where it may need attention and improvement.
- **Freedom to Speak Up Guardians:** identified individuals who support workers to speak up when they feel that they are unable to in other ways.
- **Equality Impact Assessments:** is a process used to help organisations ensure that their policies, procedures and decisions are fair and does not unlawfully discriminate against any protected characteristics.
- **Senior roles:** for the purpose of this survey senior roles refers to people working at NHS agenda for change band 8a and above or equivalent in other sectors for example: Pharmacy Manager.

Section 1: Your Organisation Information

1. Please indicate which ICS in London you belong to?
2. Which Pharmacy sector does your organisation belong to?
 - a. Community Pharmacy
 - b. Primary Care (excluding community Pharmacy) e.g. General Practice, Primary Care Networks, Care Homes
 - c. Secondary Care e.g. Hospital
 - d. Integrated Care Board
 - e. Other (please specify)
3. What is the name of your organisation? [free text]

4. How many Pharmacy staff members are currently working in your organisation?
 - a. 0 – 10
 - b. 11 – 50
 - c. 51 – 100
 - d. 101 – 200
 - e. More than 200
5. Approximately, what percentage of your total Pharmacy workforce comprises of people from an ethnic minority group? Free text (optional, participant can leave blank)

Section 2: EDI Information

6. Do you have a Freedom to Speak Up Guardian?
 - a. Yes
 - b. No
 - c. Don't know
7. Have you or your organisation implemented any EDI activities or initiatives to promote racial equality within your Pharmacy teams?
 - a. Yes
 - b. Don't know
 - c. No
8. If yes to question above, please provide details about the recent or current activities or initiatives that have been implemented?
9. How do you measure the success of the racial equality EDI activities or initiatives? [multiple selections allowed]
 - a. Review demographic data of employees e.g. ESR data
 - b. Monitor recruitment and promotion outcomes e.g. those appointed or interviewed versus those who applied
 - c. Evaluate exit interviews or surveys
 - d. Feedback from staff e.g. Staff surveys or focus groups
 - e. Open staff forums e.g. Drop-in sessions

- f. Outcomes from Equality Impact Assessments
 - g. Other (please specify)
 - h. None of the above apply
10. Do you complete Equality Impact Assessments within your team?
- a. Yes – if yes, how do you ensure that it is completed to a satisfactory level
 - b. No
 - c. Don't know
11. Do you have any targets for increasing the representation of ethnic minorities in senior roles in the Pharmacy team within your organisation?
- a. Yes
 - b. No
 - c. Don't know
12. How do you ensure your recruitment practices are inclusive? [Select all that apply]
- a. Advertise vacancy via diverse mediums e.g. specialist groups such as UK Black Pharmacist Association (UKBPA)
 - b. Use blind hiring techniques e.g. Remove name, gender, race, age from applications
 - c. Minimum of two people shortlisting independently
 - d. Interview panel members receive diversity training e.g. Unconscious bias
 - e. Independent interview panel member to review EDI e.g. EDI Recruitment Champion
 - f. Monitor candidate profiles at all stages of recruitment
 - g. Other (please specify)
 - h. None of the above apply
13. How do you involve colleagues from ethnic minority groups when developing and implementing EDI activities or initiatives? [free text]

Section 3: Additional Information

14. Are there any challenges or barriers to implementing EDI activities or initiatives in your Pharmacy organisation addressing racial inequalities within the Pharmacy workforce?
15. Are there any facilitators or opportunities that have helped promote EDI activities or initiatives in your Pharmacy organisation?
16. Is there anything else that you would like to share about your Pharmacy team and/or organisations EDI initiatives?
17. If you are happy to be contacted by a member from the NHS England London Workforce Training and Education Directorate to provide better understanding of your answers, please specify your contact details.