

Inclusive Training within Practice

Project Closure Summary Report - October 2025

1. Executive Summary

The Inclusive Training within Practice project marks a bold and necessary step toward dismantling systemic racism and discrimination in healthcare education and practice. Building on a pioneering initiative funded by Health Education England (HEE), this project directly confronts Ethnicity Awarding Gaps and discriminatory behaviours that undermine the experiences and outcomes of Black, Asian, and Minority Ethnic learners and internationally educated staff.

Led by the University of the West of England, Bristol, with strategic oversight from NHS England South West, the project was shaped by evidence from national research, policy publications, and lived experiences across the healthcare sector. Its mission: to develop sustainable, scalable, and accessible training solutions that drive equity, inclusion, and cultural transformation.

Over two years, the project collaborated with more than 100 professionals from 16 education and healthcare organisations across the South West, fostering a powerful regional alliance. Together, they identified shared systemic challenges and co-created meaningful interventions to address racism and discrimination in practice placements.

With subject matter expert guidance and digital innovation, these insights were translated into a suite of over 16 high-impact training and learning resources, ranging from interactive e-learning packages and videos to toolkits, guidance documents and training slides, now freely available on the NHS Learning Hub. These resources are actively driving a 'Spread and Adoption' movement, with uptake extending across regional and national boundaries. By October 2025, the resource catalogue had been launched nearly 4,000 times by 500 individual users, earning strong endorsements from healthcare and education organisations, learners, and staff. (see [Appendix 1](#) for a full list of published resources).

Early impact measures confirm the successful delivery of outputs and adoption of learning resources, while long-term goals focus on deep-rooted culture and behaviour change, requiring reflection, commitment, and action from individuals and institutions alike. A benefits realisation framework is in place, and a formal evaluation of long-term outcomes is recommended for 2026 to assess sustained impact of the project and published resources.

This project not only delivered practical tools to support inclusive training and learning, but also sparked a systemic movement to confront the root causes of racism and discrimination, driving meaningful culture and behaviour change across healthcare and education.

1.1 Project Background

Black, Asian and Minority Ethnic Healthcare Student Support in Practice (HSiP) Project Summary

Led by UWE Bristol and funded by Health Education England, the HSiP project (Jan 2021–Apr 2022) aimed to improve educational outcomes and reduce discriminatory behaviour in healthcare placements across the South West. Drawing on student lived experiences and ethnicity awarding gaps data, the project identified key challenges including racism, microaggressions, lack of support, and limited diversity in practice settings.

Through multi-stakeholder workshops, the project produced 15 recommendations and launched a system-wide pledge to support Black, Asian and Minority Ethnic healthcare students.

As a direct response to the recommendations of the HSiP project, and to deliver scalable tangible solutions to enable culture and behaviour change, NHS England South West approved continuation of the work with a project titled 'South West approach to inclusive training within practice for healthcare students and international staff'. The project title was abbreviated to 'Inclusive Training within Practice' or ITP for ease of communication.

1.2 ITP Project Design

Project Phase: Pre-Project

Governance and Oversight

A Project Board was established to provide strategic oversight and monitor progress, with quarterly meetings supported by highlight reports detailing achievements, risks, and decisions. Governance was underpinned by agreed Terms of Reference and consistent communication. (See [Appendix 2](#) for board membership and meeting dates.)

Key Areas for Improvement

Launched in October 2023, the ITP project, funded by NHS England South West and led by UWE Bristol, aims to deliver practical, evidence-based solutions to improve learner outcomes and experiences across healthcare education and internationally educated staff. Four priority areas were identified:

1. Enhancing culture in practice placement settings.
2. Fostering inclusive culture in academic education settings.
3. Strengthening training and learning across healthcare and education sectors.
4. Improving learner preparation for practice.

Requirements Gathering

A four-week stakeholder engagement process across the South West using MoSCoW prioritisation framework was used to distil into five core themes:

- Translating HSiP project recommendations into actions.
- Developing Inclusive Strategies.
- Delivering Inclusive Training.
- Promoting Inclusive Wellbeing.
- Sharing Best Practice.

These themes shaped the project's objectives and key results (OKRs), guiding the development of scalable, cost-free and low-cost inclusive training and learning resources. Collaboration groups themed on identified priority areas and supported by consultant trainers, led content design and delivery. (See [Appendix 3](#) for OKRs.)

Design and Delivery Framework

The project collaboration spans multiple South West ICS regions (BNSSG, BSW, Devon, with additional interest from Dorset, Somerset, and Cornwall) to ensure diverse learning contexts. A structured life cycle model combining linear planning and Agile methods was adopted, supported by a four-phase timeline with defined goals, milestones, and activities. (See [Appendix 4](#) for project lifecycle diagram.)

Consultant Subject Matter Experts

Eight consultant trainers from diverse backgrounds were commissioned based on subject expertise, communication, and collaboration skills. Trainers led collaboration groups, developed content based on collaboration insights, and fed into digital prototypes. Trainer demographics included 75% from Black, Asian or Minority Ethnic backgrounds, 63% female, and 25% disabled.

A consultant Digital Learning Designer was appointed based on stakeholder recommendations to lead the development of digital learning packages.

Stakeholder Engagement and Collaboration Design

A RACI matrix was developed to define stakeholder roles and responsibilities, supporting effective communication and coordination across a complex, multi-stakeholder environment ([see Appendix 5](#)).

To aid clarity and secure commitment, a one-page summary outlining project aims, outcomes, and timeline was created and widely shared ([see Appendix 6](#)).

Collaboration was guided by a visual approach map featuring specialist consultant trainers who led targeted working groups across the region.

Stakeholder Collaboration February 2024 - May 2025

A regional call for collaborators was issued to form the South West Stakeholder Collaboration Group and seven Focused Collaboration Groups, with joining criteria shared widely across established networks. NHS England South West also supported dissemination, generating strong regional engagement. 100 individuals from 16 organisations representing three sectors (FE, HE and healthcare) joined stakeholder collaboration to explore shared common challenges in relation to racism and discrimination. [Appendix 7](#) offers a visual overview of the collaboration approach, along with examples of participating organisations

South West Regional Collaboration Group

Formed during the requirements-gathering phase, this group included 32 members from 16 organisations across healthcare, HEIs, and FE, with 31% from Black, Asian or Minority Ethnic backgrounds and 19% internationally educated. Members provided feedback on draft resources to support local relevance and implementation.

Focused Collaboration Groups

Seven groups were established to address priority areas related to racism and discrimination, each led by a specialist consultant trainer. These groups filled 97 collaboration spaces.

Learner and Staff Feedback Panel Pool

A diverse panel of 22 members (13 staff, 9 students) was formed to ensure lived experiences informed resource development. 82% were from Black, Asian or Minority Ethnic backgrounds and 41% internationally educated. Feedback was gathered iteratively to refine digital learning materials.

Project Phase: Deployment / Delivery

Collaboration Findings

Regional collaboration surfaced systemic barriers to addressing racism in healthcare and education, such as performative diversity, limited racial literacy, and weak accountability. Key recommendations include embedding antiracist values into policy and practice, enhancing training and wellbeing support, and fostering inclusive environments through safe spaces for dialogue, strong reporting mechanisms, and a Learner Support in Practice Toolkit aligned with the Safe Learning Environment Charter.

Learning Resource Development, Feedback and Publication

Drawing on insights from the requirements gathering process, as well as learning from all seven focused collaboration groups and the South West Stakeholder Collaboration Group, two golden threads and three key themes were identified as essential to enhancing the experience of Black, Asian, and Minority Ethnic staff and learners. Consultant learning resource developers (trainers) were asked to embed these elements into resources wherever possible.

Critical Race Theory and the Deficit Model take into account the social construct of race and blames Black, Asian and Minority Ethnic people for their experiences and outcomes.

To ensure consistency across all workstreams, three core themes have been agreed upon for inclusion in the narrative of all resources developed as part of this project (Racial Literacy, Power Dynamics, Reflective and Reflexive Practice). These themes serve as a foundational framework were adapted or expanded within individual resources to align with the specific subject matter and context of each development area.

Following the collaboration findings and recommendations, the project team defined clear outputs for each workstream, which were subsequently approved by the project board. These outputs include a comprehensive suite of e-learning packages, videos, training slides, guidance documents, and a supporting toolkit.

Whole Organisations Approach - Collaboration insights highlighted the need for organisation-wide cultural change in practice education, supported by targeted training for educators and comprehensive resources for all staff, reflecting learners' broad interactions across healthcare and education settings; a visual was developed to show how upcoming resources will benefit three key staff groups (see [Appendix 8](#)).

Consultant trainers drew on collaboration insights to shape the content of training and learning resources.

The Digital Learning Designer, Project Manager and Principal Investigator provided pedagogical guidance and oversight throughout resource development, supported by a structured feedback loop involving diverse stakeholders including staff and learners; while some delays and scope expansions occurred, strategic review ensured consistent integration of core themes and alignment across all outputs.

Effective Pedagogy – Clear, learner-centred objectives were central to the design of the three e-learning packages, providing a strong link between learning and assessment and establishing benchmarks for module completion. From the outset, the project applied transformative pedagogical approaches and inclusive instructional design to support diverse learning needs and real-world application. Resources were developed using the Universal Design for Learning (UDL) framework to ensure accessibility and equity across healthcare and education. To drive systemic culture change, three all-staff e-learning packages were created, supported by Theory of Change Logic Models to help managers assess impact and align implementation with local workforce priorities.

Benefits of Regional Collaboration - Collaborators have acknowledged the value and impact of system-wide working and regional collaboration in tackling shared challenges (see [Appendix 9](#) for feedback). For deeper insight into the benefits of multi-ICS and multidisciplinary collaboration, see the three Impact Stories in [Appendix 10](#).

Resources Published - All training and learning resources are published on the [ITP NHS Learning Hub Catalogue](#) and are available to all organisation as Open Source. Published guidance outlines how the resources align with national strategies across all three sectors, supported by a clear value proposition.

Resource Launch – Regional and National

A soft launch in October 2024, attended by 80 delegates, received a 100% usefulness rating, with 90% indicating intent to embed the resources in practice. This was followed by a regional press release in November 2024 and a national launch in June 2025, accompanied by online information sessions.

The project team has presented the resources across regional, system, and organisational networks, supporting continued promotion and adoption. By October 2025, the NHS Learning Hub catalogue had over 4,000 launches by 600 users, with strong endorsements from healthcare and education stakeholders. See [Appendix 11](#) for user feedback.

The resources are now being explored nationally, including by NHS regional teams and ICSs, with ongoing promotion led by the Project Manager.

Appendices

Appendix No.	Document Title
1	List of published training and learning resources
2	Project Board Members
3	Objectives and Key Results
4	Project Life Cycle Approach
5	ITP RACI Matrix
6	ITP Project of a Page
7	Stakeholder Collaboration Approach
8	Whole organisation Approach to Culture and Behaviour Change
9	South West Stakeholder Collaboration Group Feedback
10	Collaboration Impact Stories
11	ITP Resource – User Feedback

Appendix 1: List of published training and learning resources

For All Staff Explore with Learning & Development Leads and EDI Leads	For Healthcare Educators (Education providers and placement providers) Explore with Practice Education Leads	For Specific Roles (i.e. EDI Leads)	For All Learners (healthcare programmes) Explore with Head of School or Programme Leads	For International Learners and International Staff Explore with Head of School / Programme Leads or International Staff Support Team
Be Inspired: Case Stories	Be Inspired: Inclusive Initiatives	Be Inspired: Inclusive Initiatives	Inclusive Learning Resources (for academic education providers as part of programmes of study or Learner Preparation for Practice) Implicit Bias E-Learning	Intercultural Communication: Peer Support Videos for International Learners Intercultural Communication: Peer Support Videos for International Staff
Anti-racism Racial Literacy Guide videos (14 terms and concepts in one video or separate short video clips on each term)	Practice Educator Training Slides (Practice Educators working in healthcare) Academics in Practice Training Slides (Programme teams working in education)	Positive Action Guide (EDI Leads and other roles) Positive Action E - Learning package based on case stories (EDI Leads and other roles)	Intercultural Communication: E-Learning Peer Support Videos Racial Literacy Guide Video	
Anti-racism Anti-racism Train-the Trainer programme (cost-attached) (available to all staff once trainers are trained)	Intercultural Communication: Peer Support Videos for International Learners Intercultural Communication: Peer Support Videos for International Staff	Culturally Appropriate Wellbeing CPD Training Package for clinical Mental Health Practitioners (cost attached)		
Implicit Bias (recommended as an extension to mandatory EDI training) Interactive E-Learning with reflection workbook Trainer-led workshop (cost-attached)	Ethnicity Awarding Gaps and Practice Education (video)	Collection of Diverse Images		
Intercultural Communication Interactive E-Learning with reflection tasks Peer Support Videos for International Staff	Collection of Diverse Images Coming Soon (Sept. 2025): Learner Support in Practice Guidance – a toolkit with best practice examples.			



Appendix 2: Project Board Members

Project Board

The project board offer governance with oversight for the project and enable and empower the project team to deliver against its objectives.

The chair is Marc Griffiths, and the board meet quarterly.

Name	Role and organisation	Project role
Marc Griffiths	Pro-Vice Chancellor and Head of College, College of Health, Science and Society UWE Bristol	Senior Responsible Officer
Antony Hill	Dean of Learning and Teaching, College of Health, Science and Society, UWE Bristol	Principal Investigator
Noor Nixon	Inclusive Practice Project Manager, College of Health, Science and Society, UWE Bristol	Project Manager
Carrie Briddle	Regional Head of Allied Health Professions, Workforce, Training and Education Directorate NHSW SW	Project Sponsor
Sarah Todd	Senior Specialist in Education, Urgent & Emergency Care, Workforce Transformation and Education NHSE SW	Project Sponsor
Zoe Spittle	Staff Experience Senior Manager, NHSE SW	Project Sponsor

Meeting Date	Time	Quarterly Report
31/01/2024	09:30 – 10:00	2023-24 Q3 report (Oct-Dec)
29/05/2024	13:30 - 14:30	2023-24 Q4 report (Jan-Mar)
06/08/2024	16:00 - 17:00	2024-25 Q1 report (Apr-Jun)
25/11/2024	11:00 - 12:00	2024-25 Q2 report (Jul-Sep)
26/02/2025	15:00 - 16:00	2024-25 Q3 report (Oct-Dec)
13/05/2025	15:00 - 16:00	2024-25 Q4 report (Jan-Mar)
17/07/2025	14:00 - 15:00	2025-2026 Q1 (Apr-Jun)

Appendix 3: Objectives and Key Results

ITP Project Benefits Realisation: Objectives and Key Results (OKRs)

Requirements: Wide regional stakeholder engagement to collect requirements followed by requirements validation.

OKRs: Approved by ITP Project Board including NHS sponsors, SRO and Principal Investigator.

Stakeholder Requirements (description)	Objective (O)	Key Result (impact measures)	How this will be measured (and when)	Milestones - Projects and Initiatives (M)	Change (Agile approach)
1a) Recommendations into action for three stakeholder groups developed in collaboration. 2a) Develop best practice templates for inclusive strategies with supporting guidance and examples on how to adopt and embed them within HEI, FE and healthcare settings, with specific guidance for healthcare practice placement settings. Examples: Anti-racism Strategy, Positive Action Guide, Inclusive Communication for staff, EAL for healthcare settings, Inclusive 2b) Inclusive Teaching Resource (Toolkit accessible to placement providers, resource via NHS Libraries for healthcare staff and UWE Library for academic staff. 2c) Develop a visual representation (process map) of effective student reporting and support process whilst on placement. This should be simple enough to be iterated and adopted across local health/education providers across the south west.	O1 has been merged with other objectives (Translate HSSP project recommendation s into clear actions and support HEIs, FE Colleges and healthcare placement providers to embed these). O2. Develop, adapt or extend inclusive strategies for HEIs, FE Colleges and healthcare settings to better support Black, Asian and Minority Ethnic students and international staff to foster a sense of belonging.	Baseline recorded in January 2024, to be benchmarked against 2026 data allowing sufficient time to embed resources and to measure impact on culture and behaviour change. Impact measures are against national datasets, and local datasets for collaborators (HEIs, FE Colleges and healthcare providers): National datasets HEIs - National Student Metrics - student satisfaction improved by 10% (Ethnicity) NHS Workforce Race Equality Standards (WRES) Indicators 3, 6 and 8 reduced and Indicator 7 improved. Local datasets HEIs - Black/White Degree Average Ethnicity Awarding Gaps for health programmes reduced by 50% SW Stakeholder Collaboration Group member organisations: FE & Independent healthcare providers Increased staff Satisfaction (Ethnicity) Reduced attrition rates (Ethnicity) Reduction in staff experiencing harassment, bullying or abuse (Ethnicity)	Most NHS and HEI national data is publicly available but published at different times of the year (2026). FE and Independent healthcare providers to provide data via a survey (2026). National and regional data may be available via Association of Colleges.	O2M1 Develop, adapt or extend inclusive strategies: Anti-racism Train-the-Trainer programme and Racial Literacy Guide, Positive Action Guide with supporting video, Intercultural Communication E-Learning and Peer Support Videos, Implicit Bias E-Learning package with reflection workbook. O2M2 a) Adapt best practice inclusive teaching resource for healthcare programmes: Inclusive Teaching and Practice Guidance (for practice educators and academics), Inclusive Practice Training Slides (for practice educators and academics). O2M2 b) Secure (or make available) an open access platform for both healthcare staff and practice facing academic staff and share resource: NHS Learning Hub catalogue. O2M3 a) Review 'student support in practice' offer and options for students whilst on placement: Learner Support in Practice Guidance with best practice examples O2M3 b) Make recommendations for improvements to reporting process and support offer: Recommendations with best practice examples O2M3 c) Create a process map highlighting support options with guidance for practice facing academic staff, staff in placement settings and for students: Learner journey map	O2M2: NHS Learning Hub is a solution for open-source access however, user data is limited which will have an impact on evaluation. O2M3 a and b: Complexities presented with local variance in policies and approaches to raising concerns and reporting for learners. Top-level best practice examples required.

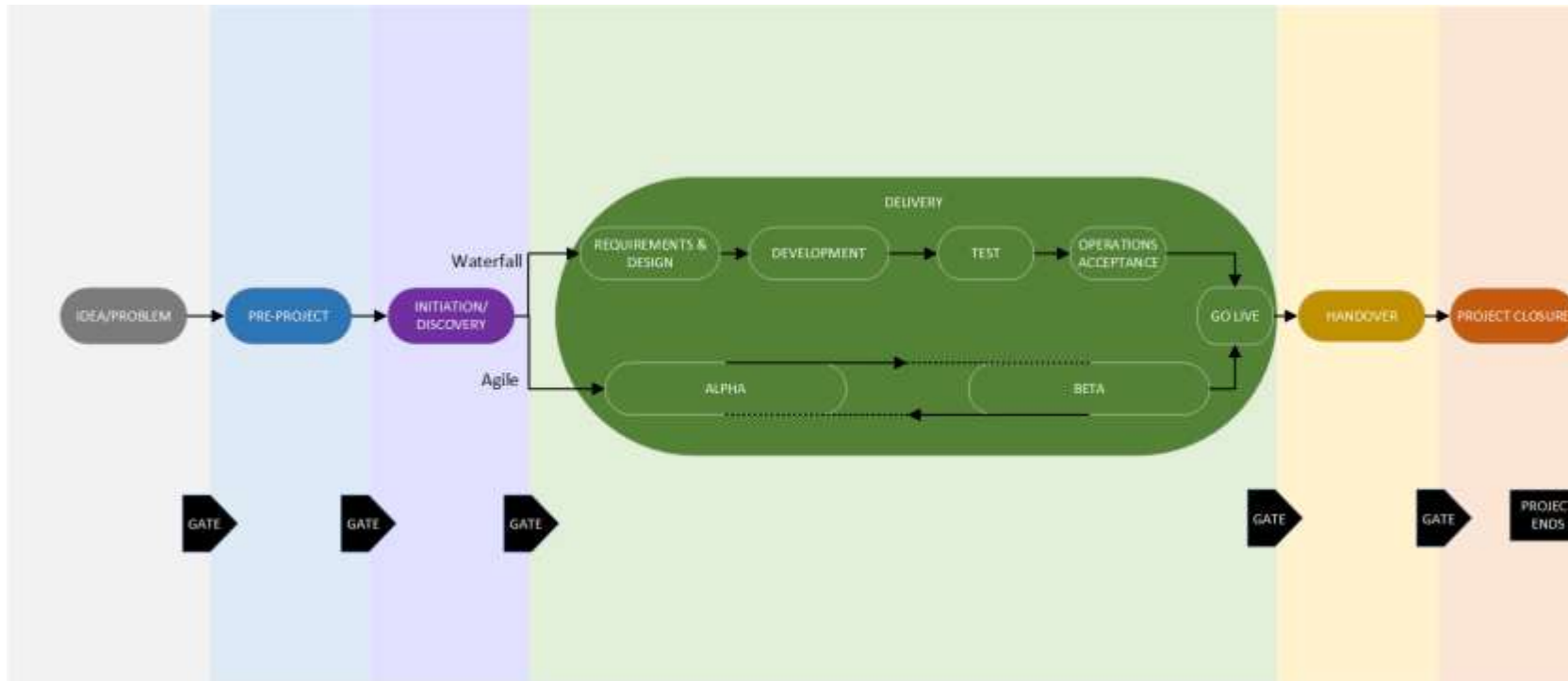
3a) Develop a visual representation (process map) of effective student reporting and support process whilst on placement. This should be simple enough to be iterated and adopted across local health/education providers across the south west. 3b) Additional training packages for Educators in Practice, AiPs, and placement staff. 3c) Student EDI e-learning Practice learning (preparation for practice) in addition to Bystander training, Unconscious bias. 3d) EAL training: How to support students with EAL. 3e) EAL preparing for healthcare placement: Appropriate language for healthcare settings	O3. Develop inclusive training packages to address racism and discrimination in both healthcare settings and education settings to better support learners during practice placements and to support the transition for international staff (aligned to Inclusive Strategies).	Training packages are adopted by at least 70% of South West HEIs, FE Colleges and healthcare practice placement providers.	Survey carried out across three stakeholder groups (FE, HEI & Healthcare) via: NHSE Workforce Training & Education / HEI /Provider network (South West), Association of Colleges South West Network (2026)	O3M1 a) Develop an interactive add-on to standard mandatory online EDI training focussed on implicit bias with guidance on how to embed into healthcare setting and education settings (Basic): Implicit Bias E-Learning O3M1b) Develop additional training packages focussed on healthcare settings for staff in healthcare and academics supporting students in practice (Intermediate): Intercultural Communication E-Learning and Peer Support Videos O3M1 c) Develop an enhanced training package for Educators in Practice, AiPs, and placement staff Intermediate focussed on the student experience and the impact (Advanced): Inclusive Practice Training Slides and Inclusive teaching and Practice Guidance O3M2 Review and make recommendations to improve the student 'EDI Skills for health' module: Implicit Bias and Intercultural Communication E-Learning for learners O3M3 Review and make recommendations to improve the 'Student Support in Practice' e-learning module (preparation for practice in addition to Report and Support, Bystander & Unconscious bias training). O3M4 Develop EAL training for healthcare staff and practice facing academics: How to support students with EAL: Intercultural Communication E-Learning O3M5 Develop EAL training for students: Intercultural Communication E-Learning	O3M1: Recommended as mandatory but cannot be enforced. O3M4 and O3M5: EAL support was considered deficit thinking by learning designers and stakeholders, this has been adjusted to 'Intercultural Communication'
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4a) An interactive virtual wellbeing course for Black and Asian students. 4b) A training programme for wellbeing practitioners to prepare them to offer culturally appropriate support.	O4. Develop scalable and sustainable culturally appropriate wellbeing support training for wellbeing practitioners within healthcare settings and in education settings.	At least two wellbeing practitioners at each HEI and FE College are suitably trained to offer culturally appropriate wellbeing support.	Survey carried out across three stakeholder groups via: NHSE Workforce Training & Education / HEI /Provider network (South West), Association of Colleges South West Network (June 2025 or later)	O4M1 Collaborate with key wellbeing stakeholders to develop 'mental health and wellbeing practitioner training' to equip practitioners to offer culturally appropriate mental health and wellbeing support: Culturally Appropriate Wellbeing national practitioner survey Culturally Appropriate Wellbeing Clinical Practitioner Training	
5a) How EDI requirements from professional bodies are being embedded into programmes. Programme Design - the use of a Continuous Improvement Tool with Annual Programme Review (what does inclusive design look like/bad look like) 5b) Reviewing end of placement evaluation questions to ensure student experience is fully captured, including experiences in relation to undermining, discrimination, bullying or harassment.	O5. Collate best practice from HEI, FE colleges and healthcare practice placement providers from across the South West and shared via a platform accessible to all.	Shared resource is accessed by healthcare and education providers.	NHS Learning Hub catalogue launches, number of individual users and Vimeo video plays. Ongoing periodic engagement evaluation (January 2025 onwards). *NHS Learning Hub (beta) resource download data currently not enabled but may be available in the future.	O5M1 Collate and share best practice examples from HEIs, FE Colleges and healthcare placement providers: Be Inspired Case Stories and Inclusive Initiatives. Be Inspired Case Stories: Learn How Others Are Embedding ITP Resources	It is anticipated that NHS Learning Hub resource download data (including user data) will be available in future versions of the platform.

Appendix 4: Project Life Cycle Approach

ITP Project Life Cycle

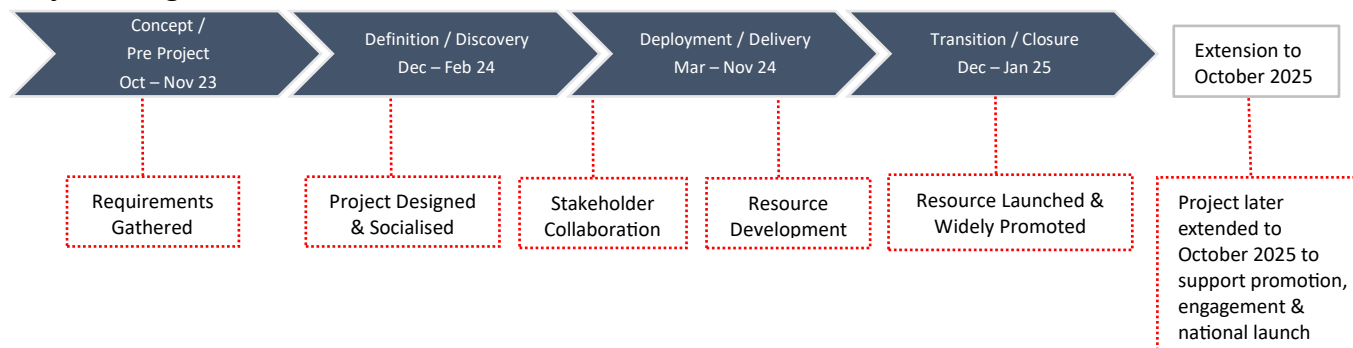
- 15-month project. Linear project plan with Agile (iterative) aspects built in. Multidisciplinary stakeholder groups (practice education leads and training and development leads from education and from healthcare placement settings).
- Governance: UWE core project team to include NHSE SW (remove bureaucracy and enable speed of progress with decision gates).



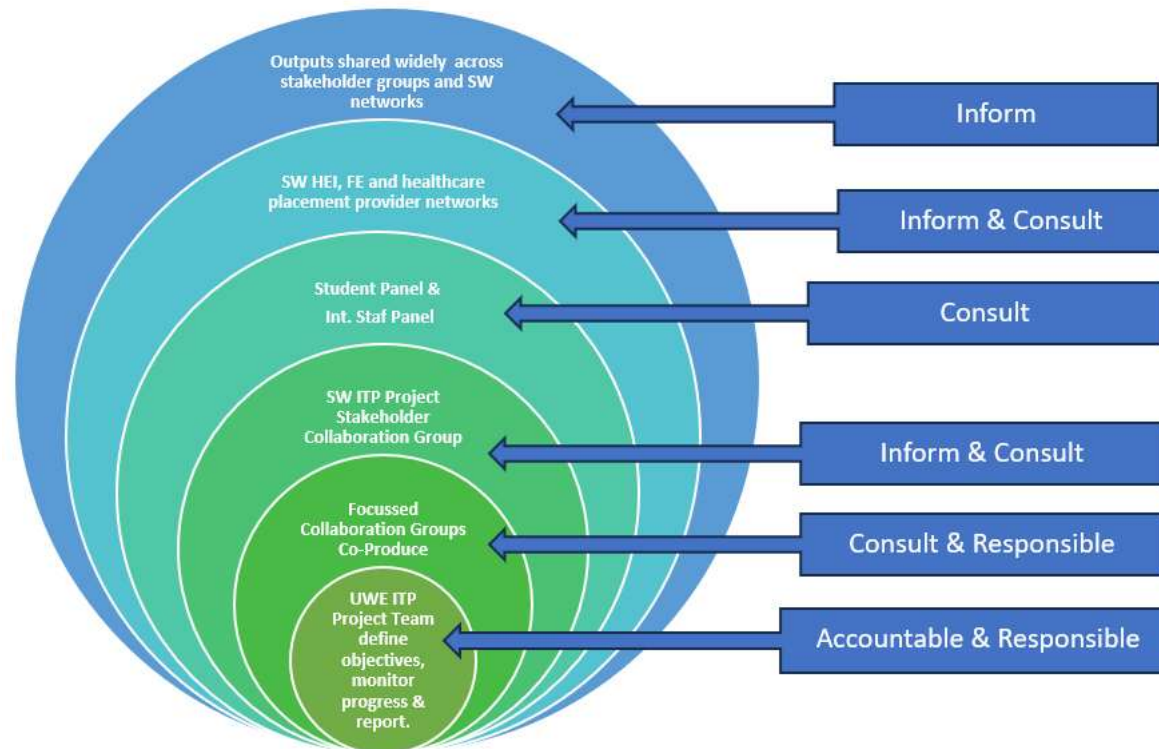
*Rough top-level visual representation of project plan.

*Based on standard project life cycle as outlined in the UWE Project Management Framework. Some elements of this cycle may not be required for this project.

Project Design – From Vision to Execution



Appendix 5: ITP RACI Matrix



RACI Matrix Definitions	
Responsible	Responsible for project design, delivery and reporting.
Accountable	Answerable for delivery of outputs against objectives.
Consult	Those whose input and feedback is sought before an approach, decision or action is taken.
Inform	Those who are kept up to date on progress of the project and publication of resources.

South-West approach to Inclusive Training within practice for Healthcare Students and International Staff

An NHS England South West funded project led by UWE Bristol



The challenge:

- There are specific support needs for Black, Asian & Minority Ethnic Healthcare Students whilst on healthcare programmes in relation to racism, racial bias and/or discriminatory behaviour.
- The university Ethnicity Awarding Gaps and NHS Workforce Race Equality Standards outcomes also support this finding.

Aim:

To improve the experiences and outcomes of Black, Asian and Minority Ethnic students of healthcare programmes, and international staff in healthcare.



Objectives:

- Translate Healthcare Student Support in Placement project recommendations into clear actions for stakeholders.
- Develop scalable and sustainable culturally appropriate wellbeing support training for wellbeing practitioners who support staff within healthcare settings and students in education setting.
- Enhance, adapt, or extend inclusive strategies to better support Black, Asian and Minority Ethnic students and international staff to foster a sense of belonging.
- Share project outputs and best practice resource via a platform accessible to all stakeholders.
- Develop inclusive training packages based on best practice to address racism and discrimination in both healthcare settings and education settings.

Anticipated benefits include:

- ✓ Ethnicity Awarding Gaps reduced.
- ✓ NHS Workforce Race Equality Standards improved.
- ✓ Staff experience improved (incl. independent placement providers).
- ✓ Increase in multi-system, multi-discipline collaboration to address common challenges in healthcare practice education, reducing waste and increasing efficiency.

Key Stakeholders:

- Healthcare Practice Placement Providers (NHS Trusts, Charities and Independent).
- Higher Education Institutions.
- Further Education Colleges.

Healthcare Programme areas in scope:

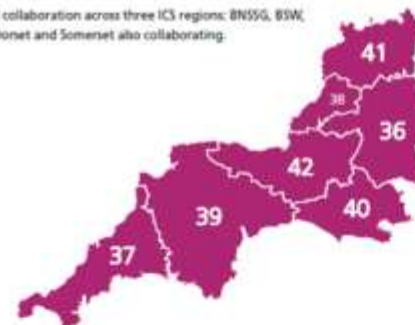
- Nursing, Midwifery, Allied Health Professions.

Deliverables - Inclusive Training Resources include:

- Guidance and training package on inclusive teaching and practice for healthcare settings and education settings.
- Recommendations for improvements to reporting process and support offer.
- Anti-racism training package, resource and guidance.
- Positive Action guidance and complementary resource.
- Culturally Appropriate Wellbeing CPD training package for mental health and wellbeing clinical practitioners.
- An Intercultural Communication training package.
- An implicit bias training package as an add-on to mandatory EDI training.
- An animation video to raise awareness of the Awarding Gaps amongst practice educators and practice facing academic staff.

Collaboration across 7 South West ICS regions

Focused collaboration across three ICS regions: BNSSG, BSW, Devon, Dorset and Somerset also collaborating.



Roadmap

- Concept**
Oct - Nov 23
Requirements gathered
- Definition**
Dec - Jan 24
Project Designed & Socialised
- Development**
Feb - Aug 24
Stakeholder Collaboration
Resource Development
- Deployment**
Sept - Oct
Resource Launched & Widely Publicised
- Evaluation/Transition**
Nov - Jan 25

Project approach closely aligned with:

- Healthcare Student Support in Placement project recommendations (2022).
- Safe Learning Environment Charter.
- Stay and Thrive.
- RePAIR Programme.

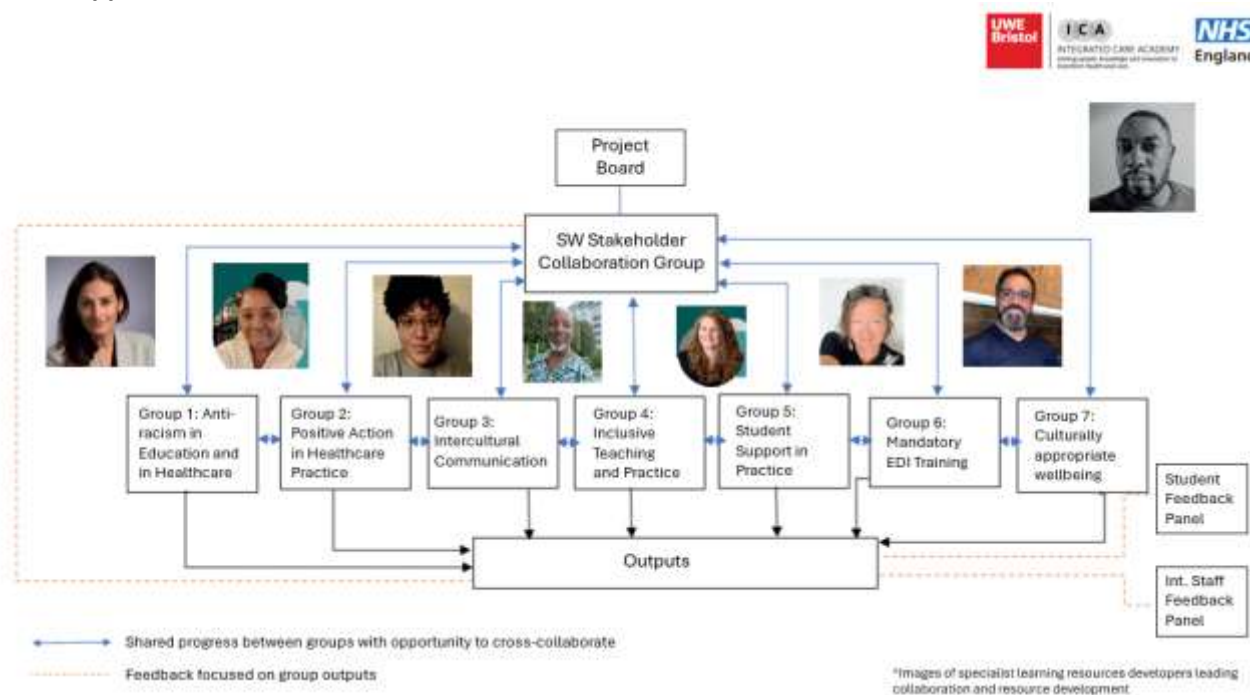
South West multi-system engagement through:

- NHSE Workforce Training & Education / HEI / Provider network (SW)
- SW Local Education Leads Forum
- Practice Learning Academic Network South West
- Association of Colleges South West Network

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Appendix 7: Stakeholder Collaboration Approach

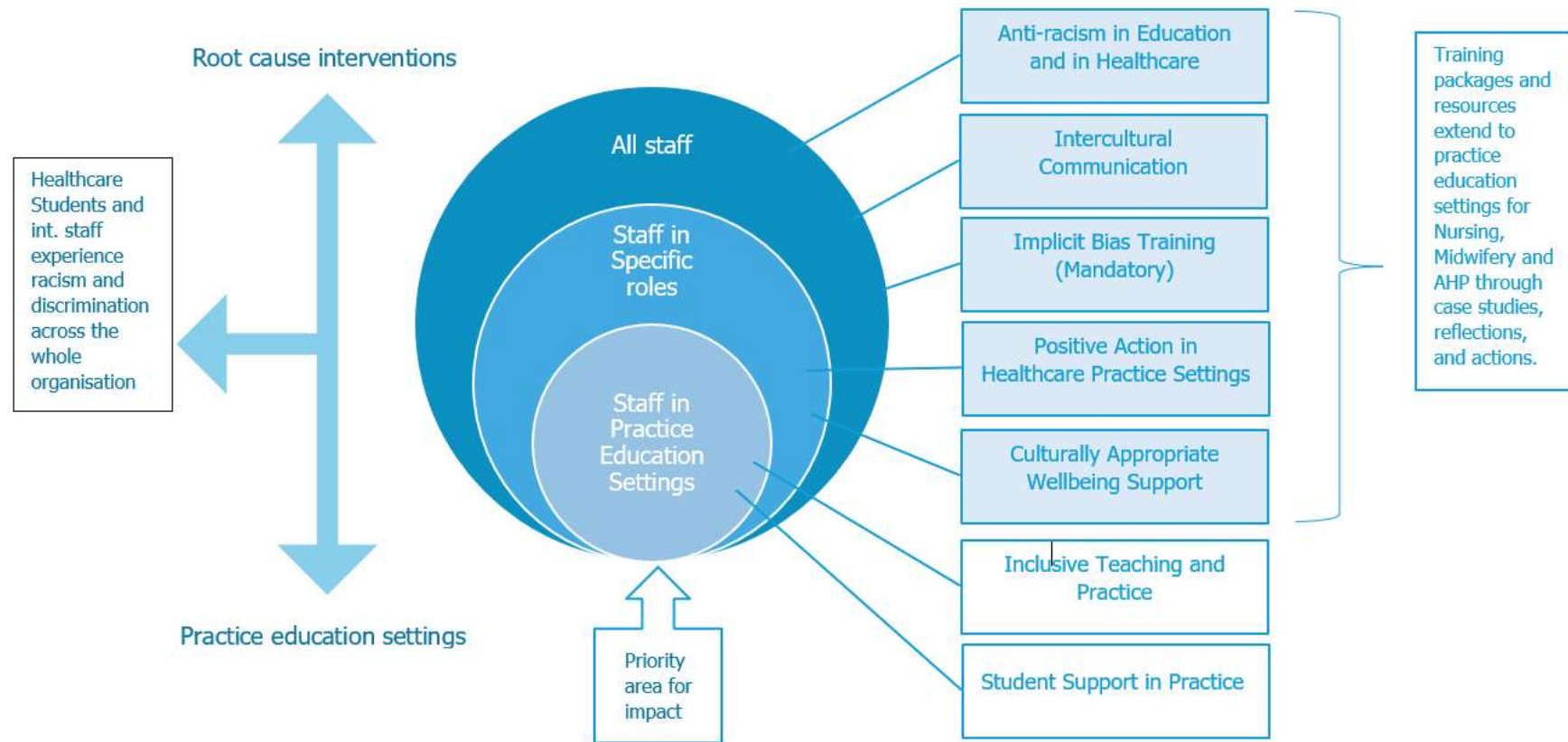


- 100 Individuals from over 16 organisations joined stakeholder collaboration to explore shared common challenges in relation to racism and discrimination in practice education settings and across the whole organisation.
- 97 collaboration spaces were filled.
- Three sectors represented: Further Education (5), Higher Education (5), Healthcare (14).
- ICS regions represented: BNSSG, BSW, Cornwall, Devon, Dorset, Gloucestershire, Somerset.
- **Examples of healthcare organisations include:** University Hospitals Bristol and Weston NHS FT, North Bristol Trust NHS FT, Sirona Care & Health, Bristol Royal Hospital for Children, Great Western Hospital NHS FT, University Hospitals Dorset, Cornwall Partnership Foundation Trust, Devon, BNSSG Primary Care Training Hub, Somerset Training Hub, BSW Training Hub, International Recruitment Alliance (OneDevon), BNSSG ICB, Devon ICS, BSW ICS.

Examples of higher education institutions include: Plymouth University, Plymouth Marjon University, Bournemouth University, Oxford Brookes University, UWE Bristol.

Examples of further education colleges include: City of Bristol College, Weston College, Bridgewater and Taunton College, City College Plymouth, Association of Colleges.

Appendix 8: Whole organisation Approach to Culture and Behaviour Change



Appendix 9: South West Stakeholder Collaboration Group Feedback

Collaboration Feedback: South West Stakeholder Reference Group

Based on the response from group members who completed post-collaboration feedback survey;

- 100% said the collaboration opportunity met their expectations, and that they had the opportunity to discuss shared common challenges related to racism and discrimination.
- 100% said collaboration across sectors and disciplines and across integrated care systems was valuable or very valuable.
- 100% said as a result of joining collaboration, they will take forward actions within your organisation.
- Responding to what actions they will take;
Review policies and processes in relation to international student support.
Overtly commit to exploring concerns raised by learners.
Integrate ITP resources locally.
Prioritise inclusive teaching.
Revise end-of-placement evaluation.
- Responding to what they gained from collaboration;
Shared learning and experiences.
It allowed us to benefit from the diverse experiences and insights of different organisations.
Opportunity to exchange ideas and learn from a diverse group of professionals who share a common goal of supporting inclusivity.
Helped to identify systemic patterns of discrimination that might not be visible within one institution alone.
Much broader insights, knowledge and ability to suggest solutions.
Wider collaboration that supported ICB working.
Listening to the stories of others gave further perspective into how to shape the present offer of support.
The collaboration allowed me to see challenges from different perspectives and helped me access a broader range of strategies and best practices.
- Other comments
Extremely effective and productive project with a clear legacy that I can continue to progress.
The collaboration has been incredibly valuable, and I believe the shared insights and collective efforts will have a lasting impact on our approach to inclusivity and equity. I appreciate the opportunity to be part of this initiative and look forward to continuing the work.

Appendix 10: Impact Stories

ITP Project Impact Story: Funke Adewoye

Immediate Value	Potential Value	Applied Value	Realised Value
What is your experience of joining collaboration? • My experience of joining the collaboration was amazing, I was introduced to it at a point when I was really curious about inclusion and could see that both the Trust and my department were genuinely committed to inclusive Practice. We needed to amplify the voices of our International Students, but we also needed the right toolkit. • Looking back, the sessions were safe spaces to talk about intercultural communication, cultural nuances and unconscious bias. I always looked forward to the meetings though sadly could not attend all due to other commitments. • Stories told on the group about microaggression and hallucination bias in placement have stayed with me and made me more empathetic to the needs of our international learners. • As a stakeholder, I contributed significantly but also learnt a great deal from other participants and the experts/consultants invited did great justice to their allocated domains. • The focused group gave an opportunity for reflection, shared learning and co-production of materials relevant for cross-cultural adjustment for our learners, practice educators, supervisors and assessors. The group was respectful, supportive, and genuinely made a difference.	What have been your main learning or insights? • Main learning and insights included the need for culturally appropriate support, education and positive action in supporting our international learners. • It gave me the opportunity to reflect on the total journey of our learners, their feelings and experiences and also realising we are creating such an important tool that will help to create a more positive experience for them. • There were brave and bold discussions as well on challenging racism and discrimination, really insightful sessions on how to recognise and manage inappropriate behaviour and racial abuse. • In fact, joining the collaboration birthed the listening event series for our International learners such that we could hear their experiences real time. • I must say the collaboration had incredible potential, and many of these conversations continue to influence how I interact with our multiprofessional learners, practice supervisors, assessors, educators and the multidisciplinary team in ensuring a safe learning environment.	What difference has it made to your practice? • A golden thread that runs through my team is psychological safety and I excitedly talk about ITP in our meetings and it's incredible link to psychological safety and wellbeing of our learners. • Joining the collaboration helped me speak up, advocate for our international learners and share experiences. Knowing I was fully supported by my line manager I shared updates from our discussions with vulnerability and authenticity. • Having open and honest communications helped us reflect on our current ways of student support and seek better ways to improve the experience of our learners. • As a direct result of joining ITP collaboration, I was inspired to review the learner cultural journey and start a QI(CASSI). We are now in the design phase of CASSI (Culturally Appropriate Student Support Initiative) Map, a robust resource that can be used to support learners who are in placement with us. • We have found all the ITP resources including Positive Action, Implicit Bias, and Intercultural communication very relevant and will be embedding them within CASSI ensuring they are in alignment with the safe learning environment charter.	What difference has it made to what matters to you and your organisation? • Participating has changed and contributed to my personal and professional development. It has improved my situational and emotional awareness, strengthening my leadership skills enabling me to become a better version of myself as a middle manager. • As an organisation, one of our core values is inclusion, joining the collaboration has deepened my understanding of inclusion, making me bolder and confident in championing inclusion. • As a team we have and continue to review and strengthen our inclusion strategies and policies as a result of so many frameworks including ITP. • The ITP resources also align nicely with organisation level strategies and our EDI strategies such that I have introduced our EDI lead to the Project Manager such that they can discuss ways on how to utilise the resources for our staff. • To summarise it all, the collaboration was such a meaningful, valuable and impactful experience and aligns perfectly with the safe learning environment charter developed by NHS England. I believe the resources developed and if utilised appropriately will impact significantly and positively the overall learning experience of our learners.



Funke Adewoye

Practice Educator, Student Support Team

University Hospitals Dorset NHS Foundation Trust

ITP Project Impact Story: Dr Hyun-Joo Lim

Immediate Value

What is your experience of joining collaboration?

- Being a part of one of the focussed collaboration groups was a very important learning process for me. I really appreciate the experience.
- Collaboration, interacting with people from different professions with different roles including professional services and academics from different organisations, you realise that people have a lot to offer in terms of experiences and knowledge that are practice based.
- It was an eye-opening experience seeing different perspectives of practice education and inequality from a range of people.
- The collaboration enabled me to learn from others about the current climate in the healthcare settings. Discussions around inclusion more broadly and in relation to racism in practice settings was important and valuable. I enjoyed being part of the conversations.

Potential Value

What have been your main learning or insights?

- It became clear that every situation holds multiple perspectives. By listening to the voices of students alongside those of placement and education providers, we gained a more complete and nuanced understanding of the challenges involved. This holistic view was essential in identifying meaningful, effective solutions that work for everyone.
- While it is important to effect change in the practice education space, commitment to embed inclusivity across the organisation needs to come from the leadership, and leadership training is also required.
- Participating has inspired me to continue to enable change and anti-racist practices within my organisation with access to the great resources developed by the ITP project. Influencing change amongst leadership is a challenge but it is something I aim to keep pushing forward.
- Bringing together people from different professional backgrounds and positions created value through richer experiences while learning from one another.

Applied Value

What difference has it made to your practice?

- Participating has changed my practice. I definitely feel more inspired to keep the inclusivity work going, extending from my previous research project on student experience on placement in the NHS.
- One of the most valuable aspects that I enjoyed was creating connections with the people through discussions, it was a gateway to sharing and developing thoughts and ideas between people from different backgrounds, experiences and knowledge to address shared challenges. I would not have had this opportunity if I didn't join the group.
- The ITP resources have been explored by the Practice Learning Team and some of the resources have been embedded for practice educators, as part of learner induction and international student support. One of our placement partners, University Hospitals Dorset, is also embedding the ITP resources suitable for placement providers.
- As the university is going through a restructure, there will be a period of time of instability and the ITP resources appropriate for organisation level all-staff training and learning may be considered at a later stage.

Realised Value

What difference has it made to what matters to you and your organisation?

- By joining the collaboration group, I have a much more acute sense of awareness of what is happening in the practice education space related to racism, bias and discrimination and the impact on student experience. Now that we have some tangible solutions, I'm much more conscious about what is preventing us from making effective change.
- We've made huge progress in awareness and understanding, the ITP resources will be really useful, but the key challenge is how we implement the resources across the faculty, across all programmes and more widely because issues around racism and discrimination actually applies to everywhere and everybody.
- Joining collaboration was helpful for my professional development because I was inspired to develop research project ideas and grant proposals around inclusive practice.
- Coming from a sociological background, my research was not initially health-related. However, my role in inclusivity and my collaboration with the ITP project have inspired me to expand my work to focus on EDI and women's health, which will benefit both healthcare students and practitioners.



Dr Hyun-Joo Lim

Faculty of Health & Social Sciences Inclusivity Lead,
Principal Academic in Sociology
Bournemouth University

ITP Project Impact Story: Frances Bathurst

Immediate Value

What is your experience of joining collaboration?

- Having a space to talk about racism specifically in the Southwest was very valuable, racism presents different in the South West particularly with rural communities and it's very different to tackling racism in other regions such as London or Birmingham.
- It was helpful to hear other organisations share their challenges which were similar to ours, and making local connection enabled us to work together on the solutions.
- Attending the soft-launch event, seeing the developers and the presentation of what was coming brought it all together for me and my peers.

Potential Value

What have been your main learning or insights?

- We had just started our anti-racism journey and knowing that robust resources incorporating lived experience and expertise would be developed that would be ready to embed was a key factor in the organisation engaging with the project.
- We saw the value of the project from the start. We wanted to make sure that the training we were going to offer our Trust wasn't a tick box exercise but to enabled long-term systemic change.
- Being part of collaboration led to a shift in our ways of working, it made us slow down, trust the ITP process and not duplicate work. We prioritised our efforts in other areas while the ITP project developed the key resources we needed.
- NHS South West's backing and weight behind the project has been really helpful in securing colleagues' confidence in the project and resources, we spend so long sometimes talking about anti racism that we don't actually get to do the work.

Applied Value

What difference has it made to your practice?

- It was a no brainer. While we're developing our local initiatives, we have access to high quality ITP resources that we could immediately embed for all staff across the trust. We've embedded the Implicit Bias and Intercultural Communication e-learning packages and the Racial Literacy videos. It's really clear where they fit into our training framework.
- It has enabled me to collaborate more with the ICS, rather than siloed approaches and replicating, we're now working as a system to develop anti-racism approaches and training together.
- Hearing multidisciplinary and multi-sector experiences and different perspectives gave me an insight into the bigger picture of the learner journey, and strengthened my understanding. If I hadn't joined, I would not have had this insight, which is now influencing the approaches I take in my work.
- Being able to see other organisation have the same challenges and talking about them felt the challenges were validated, and then finding a way forward that's specific to us was really helpful. I really felt like organisations in the South West were heard in this space.

Realised Value

What difference has it made to what matters to you and your organisation?

- Having access to those resources and even going on the anti-racism train-the-trainer programme gave me confidence that even though I'm a white woman working on anti-racism, I've had appropriate training from someone with expertise and lived experience, which gives me confidence to move forward.
- Participating has made me a lot bolder - I didn't know that was possible. I've now really stood up and challenged our practice, uplifting the voices of others' lived experience and pushing back. I feel we've now fundamentally changed.
- Collaborating, using the resources and attending training gave me the permission to be brave. Being brave and honest with other people about racism and discrimination, bringing everyone on the journey with you and supporting everyone to talk about anti-racism.
- It encouraged me to look at the wider strategy framework, rather than one-off initiatives, as the resources are broad and it touches everything. - that's been really helpful. If I'm launching training now, I consider how I link in with the rest of the Trust and other organisations.



Frances Bathurst

Equality, Diversity and
Inclusion Manager
University Hospitals
Bristol and Weston NHS
Foundation Trust

Appendix 11: ITP Resource – User Feedback

ITP Resource - User Feedback

"It was a stark reminder of the power dynamics at play and how they can crush someone's confidence and sense of belonging. It made me reflect on times when I might have witnessed, or even unintentionally contributed to such situations, pushing me to think deeply about my role in creating inclusive spaces".

NHS Staff

"As an international staff worked in NHS before and now working as lecturer and need to support students, and internal students in placement, your work means a lot to us".

Healthcare Educator

"Staff found it thought-provoking and are very keen to engage with the training packages".

Staff from a university in the Southwest

"The resources that have been produced are of a high quality and will be a core part of the pro-equity agenda within the trust".

Learning and Development Lead at an NHS Trust

"The "International Student Nurse Case Stories" and the "Anti-Racist Terminology Guide" has been a deeply personal and thought-provoking experience for me. These resources resonated with me on many levels, not only because of the stories they share but also because of the emotions they evoke and the reflections they inspire".

AHP leadership student, NHSE SW

"I watched the intercultural communication peer support videos and shared it within my group. I am really happy to see this, and the videos are great with high picture quality and precision in voice. It's very clear and I also think it will benefit all the upcoming international staff".

Internationally educated staff in healthcare

"I absolutely loved it, it was clear, brave, addressed curious questions and I found it quite enlightening listening to others. I liked the fact that you also linked it to other resources like race, racism and white supremacy (Racial Literacy Guide and Peer Support Videos)".

Pastoral support staff at an NHS Trust

"It was a stark reminder of the power dynamics at play and how they can crush someone's confidence and sense of belonging. It made me reflect on times when I might have witnessed—or even unintentionally contributed to such situations, pushing me to think deeply about my role in creating inclusive spaces (Be inspired: Case Stories)".

NHS Staff

"I learnt a lot about forms of microaggression, privilege, power but most importantly better ways to support our International Students (Implicit Bias e-Learning)"

Pastoral Lead at an NHS Trust

"these resources didn't just provide information - they pushed me to look inward, to question my own biases and actions, and to consider how I can contribute to positive change in my own spheres of influence".

NHS staff

"As an international student from a BAME background, this package has profoundly impacted me by validating my lived experiences and offering actionable insights to address the systemic challenges that individuals like me face in healthcare education and practice settings (Intercultural Communication Peer Support Videos and Be Inspired: Case Stories)".

International healthcare student