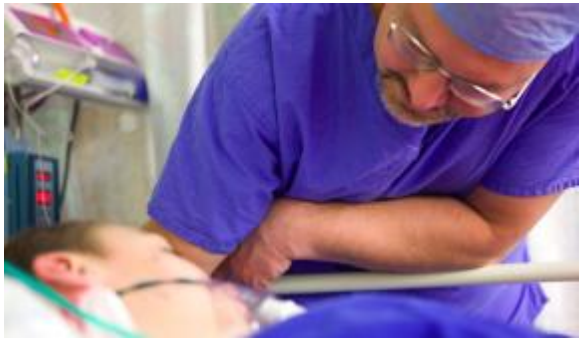
Race Equality in the NHS

Why the NHS Workforce Race Equality Standard is important to the NHS



“There is nothing more unfair than the equal treatment of unequal people.” - Thomas Jefferson

Yvonne Coghill OBE

Director – Wres Implementation

THE NHS CONSTITUTION

the NHS belongs to us all

The reasons why the NHS needs WRES

- **THE MORAL CASE** – It's the right thing to do
- **THE LEGAL CASE** – The law says that we should
- **THE FINANCIAL CASE** – it makes good business sense

THE QUALITY CASE – it ensures high quality care, better satisfaction and a safer service for our patients.

The NHS Constitution

The NHS belongs to the people.

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

The 1st Principle of the NHS Constitution

The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to diagnose, treat and improve both physical and mental health. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

Global overview

- There is irrefutable evidence globally that people from black and minority ethnic backgrounds (BME) that live in white majority countries like the US, UK, Canada, Australia and New Zealand have poorer life chances and experiences compared to their white counterparts. Across all indicators this is true
- *Health – More likely to get chronic diseases and die sooner*
- *Wealth – make less money over their life course*
- *Employment – Less likely to be promoted*
- *Housing - live in poorer areas*
- *Judiciary – more likely to be imprisoned*

Micro assaults or stressors

- Being the only BME person in a room
- Not being able to readily get the products for your hair and skin
- Not seeing many people that look like you on billboards, magazines and Journals or on TV, few role models
- Feeling ‘other’ as your cultural norms are different
- Receiving a reduced service in healthcare and in society generally
- Knowing that you have to be twice as good to go half as far
- Your children more likely to be stopped by the police
- People not believing you or your lived experience

The consequences for people

- Disillusionment
- Unhappiness
- Depression
- Lack of confidence
- Anger/Rage
- Lack of belief in the system
- Depression
- Sadness
- Lack of engagement and buy in
- Resentment

Black and Minority Ethnic (BME) Staff

- 1.4 million people work in the NHS
- 20% staff from BME Backgrounds
- 28% Drs from BME backgrounds
- 40% of Hospital Drs
- >5% senior managers from BME backgrounds
- 20% Nurses and Midwives (qualified and unqualified) Rising to 50% in London
- 2 BME CEOs (300)
- 2 Exec & 4 Director of Nursing (450k nurses)
- >3% Medical Directors

Source: Health and Social Care Information Centre

The evidence of NHS Inequalities

- Nursing students from a BME background (particularly black Africans) 50% less likely to secure a first job first time than white nurses – **Professor Ruth Harris, Kingston University**
- Nurses from a black or ethnic minority background are less likely to be selected for development programmes **(Bradford University Report – Dr Udy Archibong)**
- More likely to be performance managed **(Diversity Issues Among Managers - Juliette Alban-Metcalfe)**
- Less likely to be shortlisted and appointed if you are from a BME background **(Discrimination by Appointment, Roger Kline)**
- More likely to be in the lower bands of AfC **(HSCIC)**
- More likely to disciplined and dismissed - **Royal College of Midwives Freedom of Information Request: Midwives and Disciplinary Proceedings in London**

Making the Difference – Prof Michael West and Jeremy Dawson

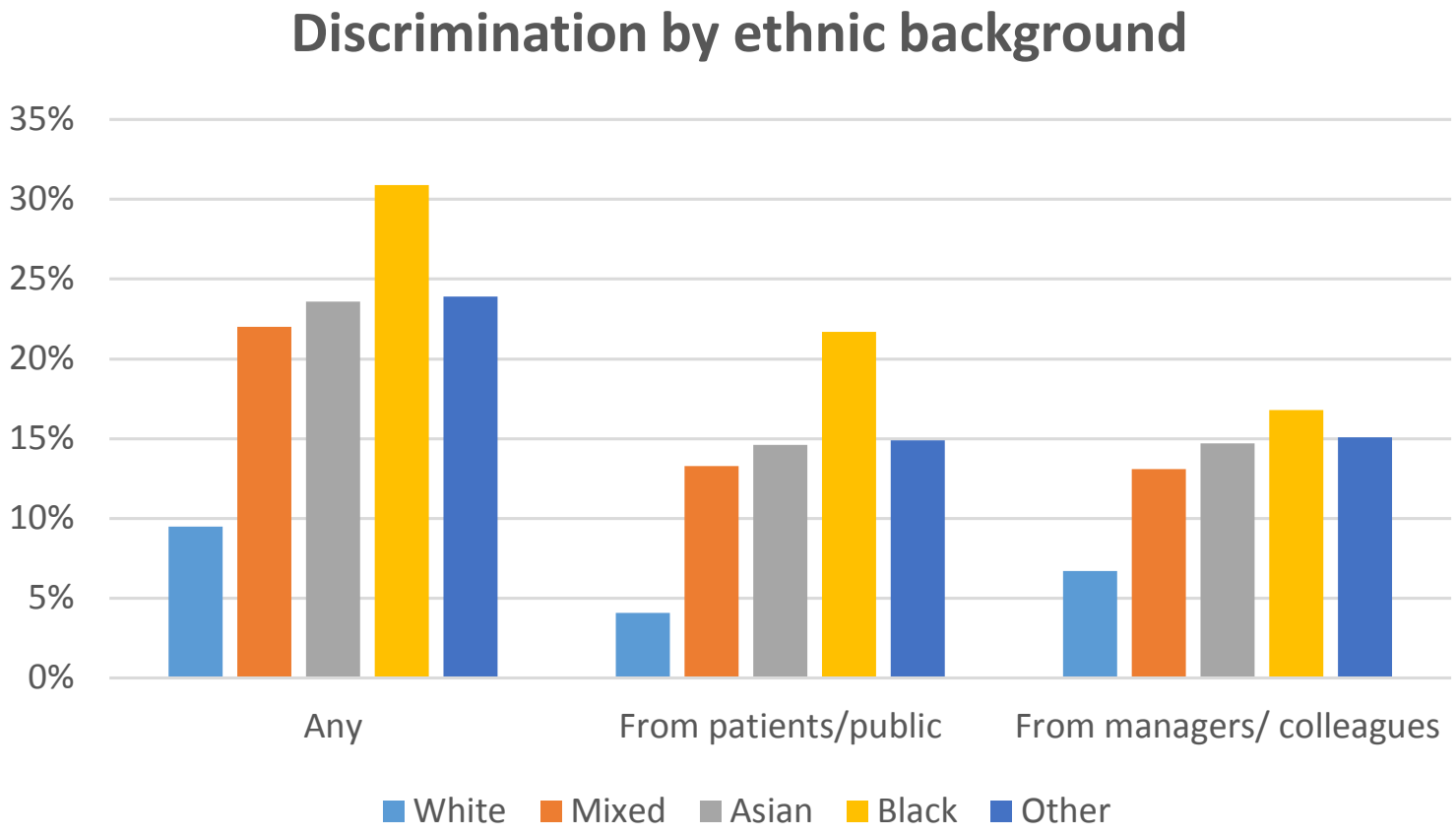
- The report looked at how prevalence of discrimination amongst NHS staff varies by background characteristics
- As well as comparing raw percentages, the authors conducted analysis controlling for all background factors simultaneously
- NHS staff survey 2014
- 255,150 responses across 284 organisations
- Survey asks about discrimination from…

  - patients, their relatives, or other members of the public

  - managers, team leaders or other colleagues

- And on the grounds of ethnic background, gender, religion, sexual orientation, disability, age

Differences by ethnic group



Summary

- Most differences persist even when other factors are taken into account – some even increase
- More discrimination from colleagues than from patients
- Positive cultures of care can help reduce levels

	Workforce Race Equality Standard indicators
	Workforce metrics **For each of these three workforce indicators, the Standard compares the metrics for white and BME staff.**
1.	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce
2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.
3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation* Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.
4.	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to white staff
	National NHS Staff Survey findings. For each of these five staff survey indicators, the Standard compares the metrics for each survey question response for white and BME staff. For 4. below, the metric is in two parts
5.	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
	Boards. Does the Board meet the requirement on Board membership in 9.
9.	Boards are expected to be broadly representative of the population they serve.

Caveats

- Data of varying degrees of quality
- Use of staff satisfaction survey indicators 5,6,7,8 as they are the most robust
- Number of responses from BME staff in some organisations low skewing results
- Analysis does not take into consideration sample sizes and response rates
- Data used in this analysis has not been compared against NHS Staff Survey results but we know there are some discrepancies between scores reported through WRES returns and the published results.
- Indicator 5 shows BME staff are reporting lower levels of harassment & bullying from patients then White staff. Results maybe skewed due to response rates
- BME engagement at each trust (e.g. BME networks, focus groups etc.) has not been factored into the analysis

Example

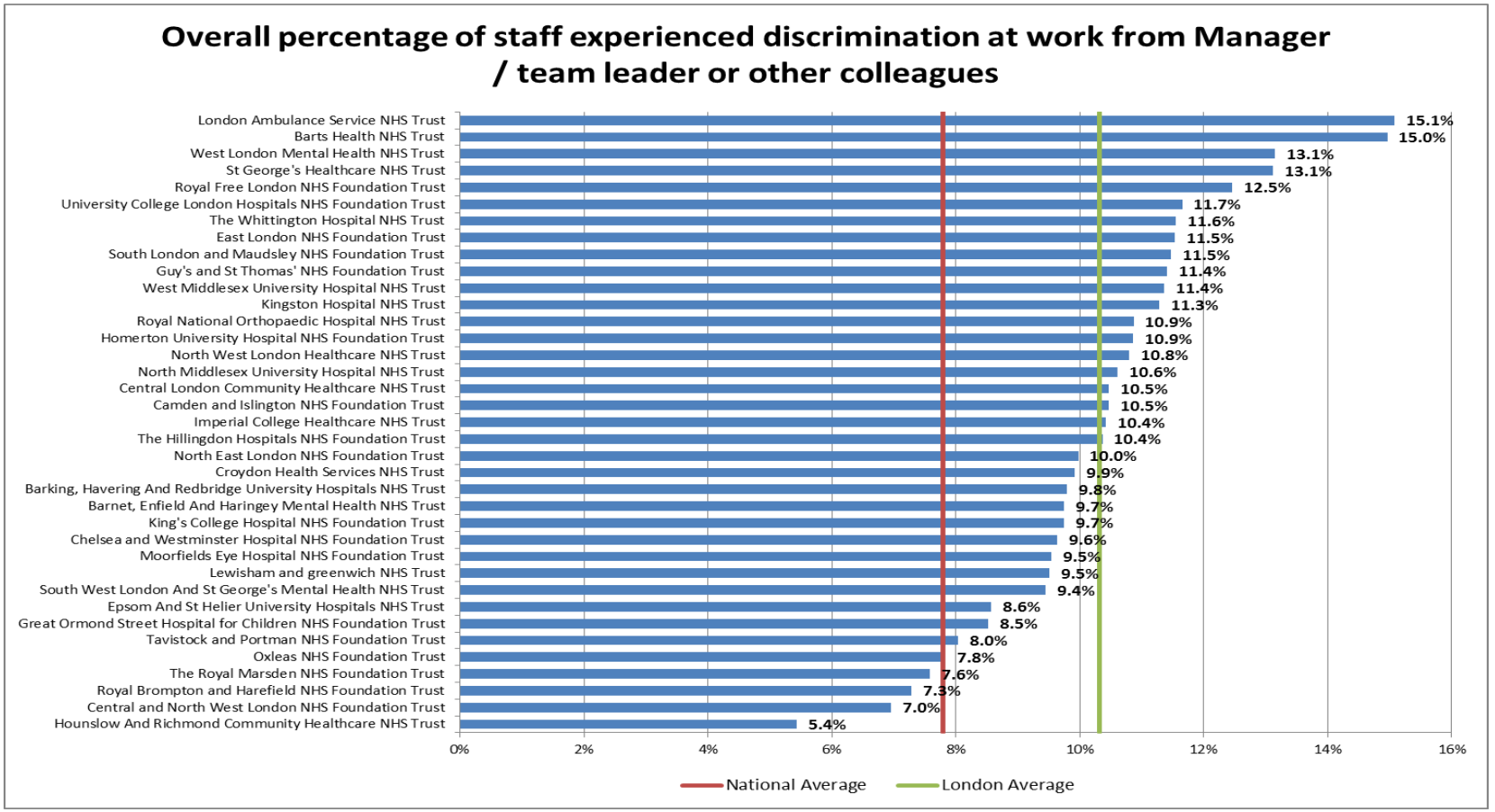
- A Trust has 4500 members of staff
- The local population has over 50% BME people
- BME staff are 7% (315) of the workforce
- Only 11 responded to the staff satisfaction survey
- The organisation could not report, due low numbers of BME responses

WRES Results – Initial results in London

- 2015 Workforce Race Equality Standard results show that across the NHS white staff report less bullying and harassment than BME staff
- The percentage of BME staff believing that their Trust provides equal opportunities is lower than White staff in all London Trusts.
- For BME groups, the reported experience of harassment, bullying or abuse and discrimination at work is higher than the National average
- In 36 out of the 37 London Trusts over 20% of staff reported experiencing harassment, bullying or abuse from other staff.
- In comparison to the National average the results for all staff in London Trusts in harassment, discrimination and providing equal opportunities were worse.
- London averages are worse for BME staff on each of the indicators in comparisons to National average.

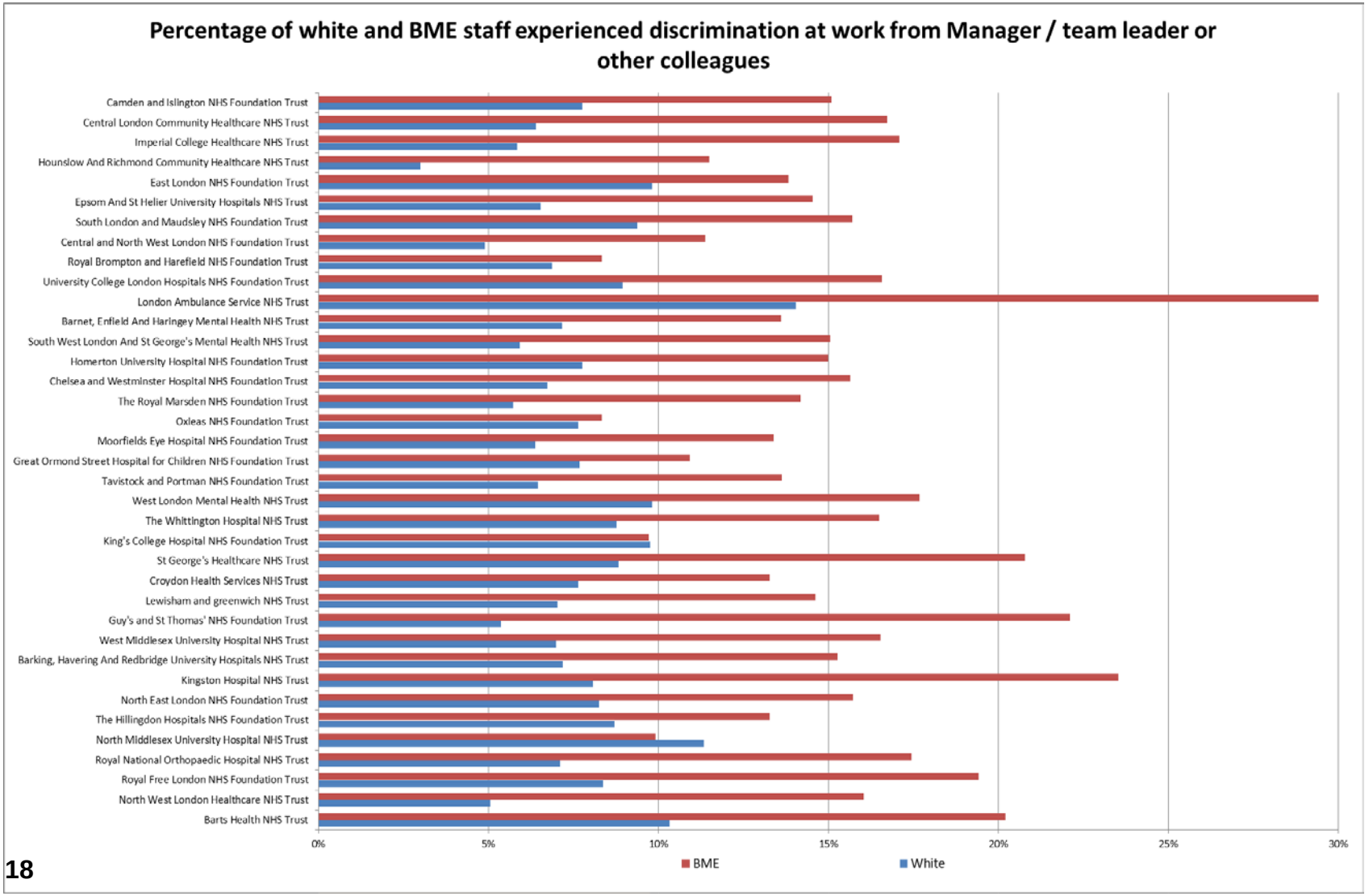
Discrimination by staff/managers

Staff Satisfaction Survey Q23b (All staff)



Discrimination by staff/managers

Staff Satisfaction Survey Q23b (BME/White)



WRES Results

- 85% of all NHS provider organisations produced data
- Much more work needs to be done with private providers, where data and information is poor.
- BME staff are much less likely to be harassed and experience discrimination from patients than their colleagues
- BME staff do not believe they are afforded the same opportunities as their white colleagues
- The 1st WRES report will be published in April.

WRES – Why.

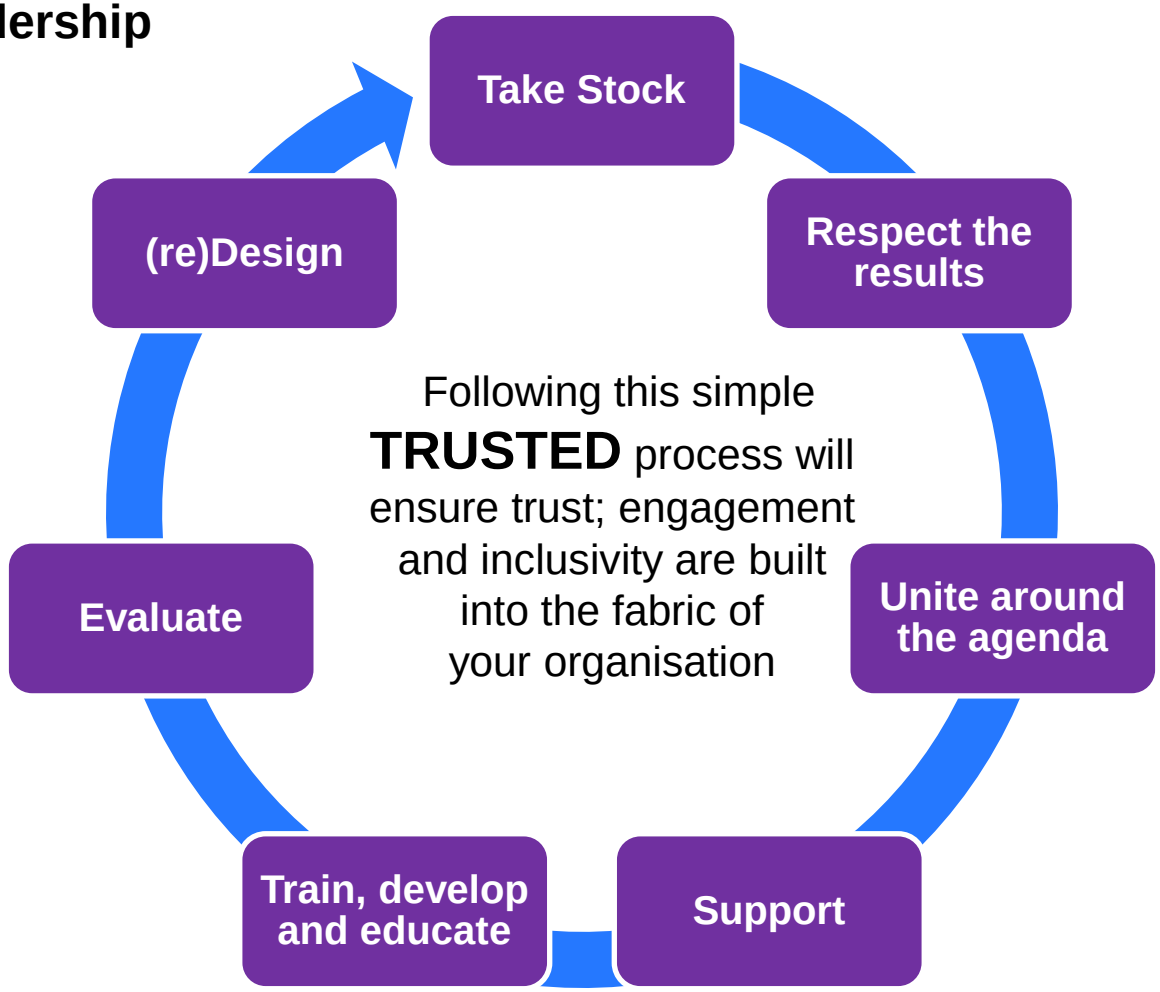
- Fairness and equality in the system
- Improved patient satisfaction
- NHS constitution objective
- Public Sector Equality Duty (PSED)
- *For every 1 s.d point of increased engagement there are 2.4% less deaths in acute hospitals
- Improved patient safety
- *For every 1 s.d point of increased engagement there is a saving of £150k in terms of agency and absenteeism costs

- The NHS needs **all** its talent
- The population is becoming more diverse
- Included and engaged staff give better, safer and higher quality care
- Disciplinary hearings ETs cost (human and financial)
- Discrimination makes staff sick! They take time off, leave the organisation, not give discretionary effort
- Diversity and inclusion encourages people to be creative innovative & improves teamwork and cohesion

- *Source: Culture and Behaviour in the English NHS

TRUST – An essential guide for effective and inclusive leadership

NHS England

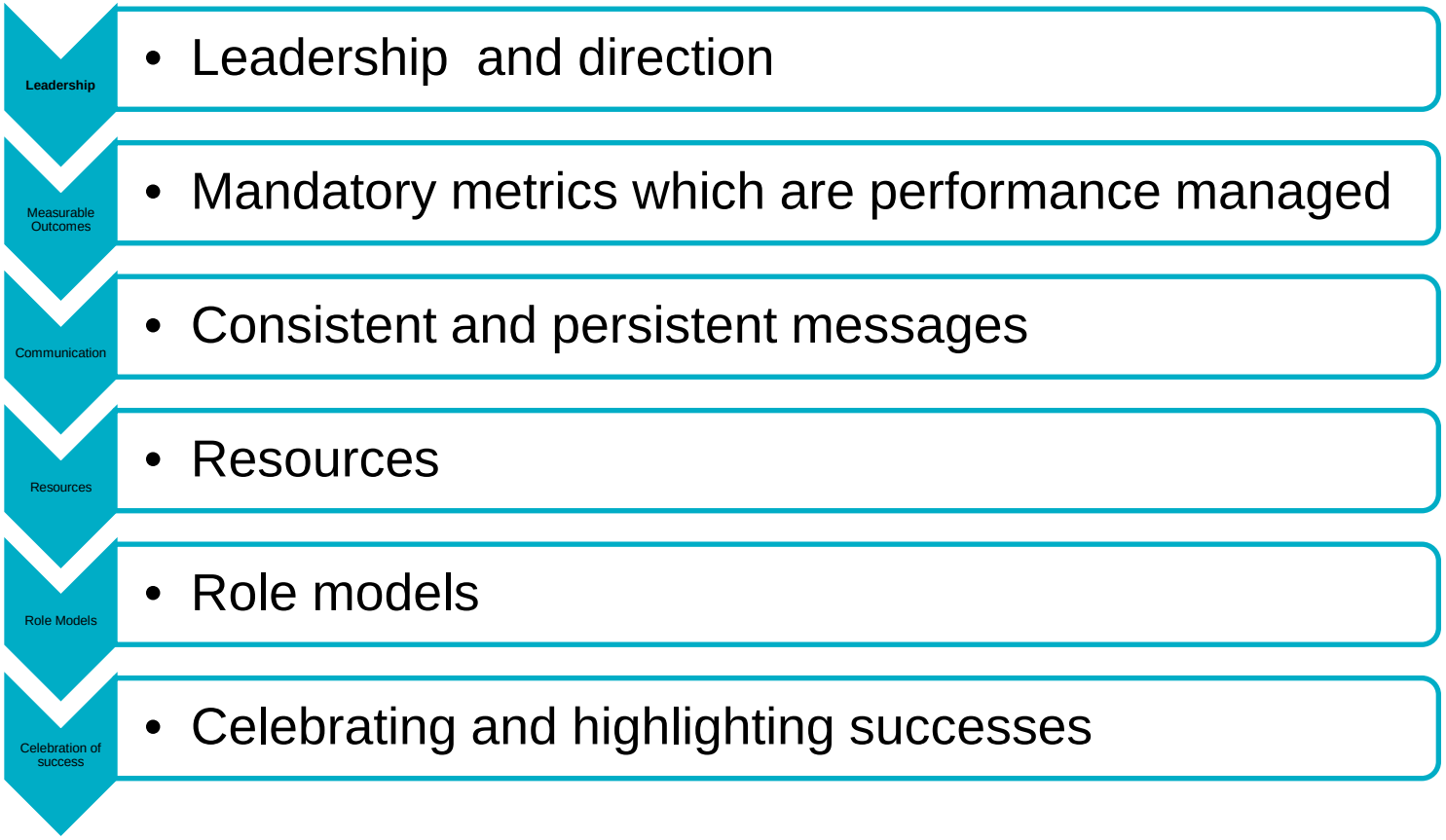


http://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/

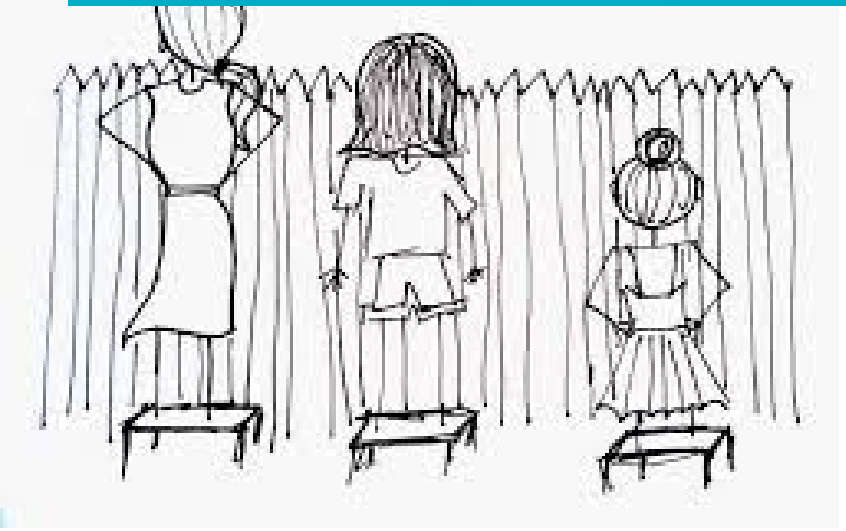
What to do.

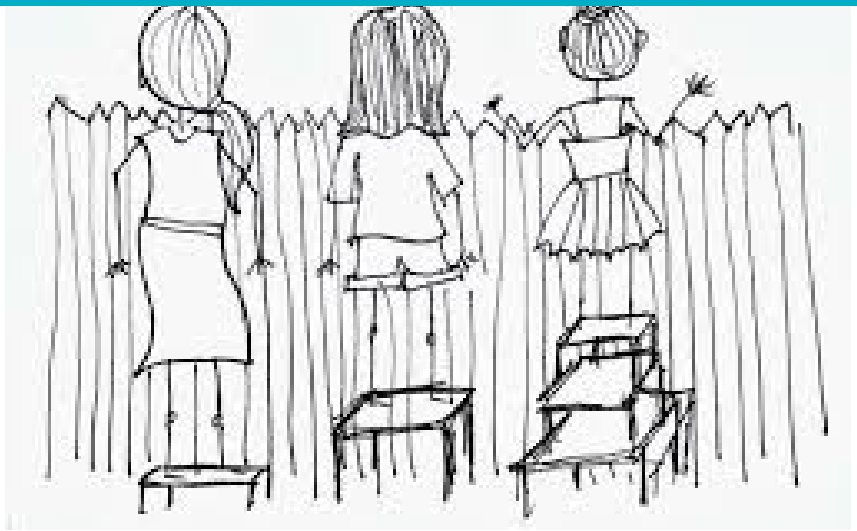
- Understand the data and know what it means
- Board level development on the complex issue of race equality
- Having a BME person on every interview panel
- Reverse mentoring
- Have an independent panel assess all potential disciplinary cases
- Have a senior experienced and well qualified E&D lead
- Have a BME network that is supported by senior leaders
- Leadership from the front on the issue
- Zero tolerance of inequality and unfairness (and mean it)
- Grow your own develop your staff internally
- Revise your policies and processes in partnership with BME staff network

Evidence based approach to implementation



Equality





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- Thomas Jefferson 1743 - 1826