Race Equality in the NHS
Why the NHS Workforce Race Equality Standard is being introduced

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

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These presenters have nothing to disclose.

Session objectives

• At the end of the session you will have gained an overview of the English healthcare system
• You will understand the consequences of racial discrimination on the workforce and ultimately on patient care
• You will have an in-depth knowledge of the Workforce Race Equality Standard (WRES)
• You will understand how the NHS is taking the issue of race equality forward
Dr Martin Luther King

The NHS today

- Health and social care act 2010
- £101 billion budget
- Headed for a full year deficit of >£8 billion
- Five year forward view
- More fragmented service
- Increase in elderly people
- Increase in chronic diseases
- More demand on the service
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.
### 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
- 1 BME CEOs (300)
- 2 Exec & 4 Director of Nursing (450k nurses)
- <3% Medical Directors

Source: Health and Social Care Information Centre

### Making the Difference – Kings Fund 2015

- Overall levels of reported discrimination vary by type of Trust, location, gender, ethnicity, age, disability sexual orientation and religion
- Reported levels of discrimination highest in ambulance Trust
- Overall women less likely to be discriminated against (except for ambulance Trusts)
- Reported levels of discrimination highest for black employees
- People report discrimination on the basis of their religion, this is far highest amongst Muslims
- Levels of discrimination highest amongst all protected characteristic groups
Why do you believe the NHS needs to pay attention to race equality

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.
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

Life Expectancy, Indigenous Men

Maori, Aboriginal, First Nation, Am Indian & Alaskan Native; Bramley et al. 2004
Infant Mortality in the U.S. 2012


Infant Mortality by Ethnicity
England and Wales, 2011 Birth Cohort

Deaths per 1,000 live births, known gestational age, Office for National Statistics, 2013.
Median Household Income, 2009/10-2012/13

For every £ of weekly income that White majority earns

Other Whites earn 79p
Indians earn 86p
Pakistanis earn 57p
Bangladeshis earn 52p


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Medium Household Income, 2009/10-2012/13

For every £ of weekly income that the White majority earns

Chinese earn 76p
Black Caribbeans earn 77p
Black Africans earn 60p

Unemployment, Men, UK, 2009/10-2012/13


Unemployment, Women, UK, 2009/10-2012/13

Relative Poverty Rates, 2009/10-2012/13

Fisher & Nandi, Joseph Rowntree Foundation, 2015 AHC: Net equalized household income after housing cost

Race and Wealth, U.K. 2009

Source: The Runnymede Trust
Race and Wealth, UK, 2009

For every £ of wealth that Whites have

Caribbean Blacks have 34p

Bangladeshis have 10p

Black Africans have 7p

Source: The Runnymede Trust

What are the consequences for BME people of living in a White dominated society?
Biological Weathering

- Chronological age captures duration of exposure to risks for groups living in adverse living conditions

- U.S. blacks are experiencing greater physiological wear and tear, and are aging, biologically, more rapidly than whites

- It is driven by the psychological, social, physical and chemical in their residential, occupational and other environments, and coping with these stressors

- Compared to whites, blacks experience higher levels of stressors, greater clustering of stressors, and probably greater duration and intensity of stressors

Geronimus et al, Hum Nature, 2010 ; Sternthal et al 2011

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 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

Chronic Stress: Every Day Discrimination

• You are treated with less courtesy than other people.
• You receive poorer service than others at restaurants or stores.
• People act as if they think you are not smart.
• People act as if they are afraid of you.
• People act as if they think you are dishonest.
• People act as if they’re better than you are.
• You are called names or insulted.
• You are threatened or harassed.
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
- POOR PERFORMANCE

Professor Mike West – NHS Quality and Staff Engagement 2009

- Patient satisfaction is highest in NHS trusts that have clear goals at every level of the organisation. Where staff have clarity of purpose they provide good quality care.

- Leadership by senior managers and immediate managers helps to ensure clarity of purpose and it is not surprising that when staff see their leaders in a positive light that this is strongly related to patients' perceptions of the quality of care they receive.

- There is a spiral of positivity in the best performing NHS trusts. The extent to which staff are committed to their organisations and to which they recommend their trust as a place to receive treatment and to work is strongly related to patient outcomes and patient satisfaction. Climates of trust and respect characterise these top performing trusts.
This is best evidenced by the link between ethnic discrimination against staff and patient satisfaction. **The greater the proportion of staff from a black or minority ethnic (BME) background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction.** Where there is less discrimination, patients are more likely to say that when they had important questions to ask a nurse, they got answers they could understand and that they had confidence and trust in the nurses. Where there was discrimination against staff, patients felt that doctors and nurses talked in front of them as if they weren’t there; that they were not as involved as they wanted to be in decisions about their care and treatment; and that they could not find someone on the hospital staff to talk to about their worries and fears. Most importantly, they did not feel they were treated with respect and dignity while in hospital. **The experience of BME staff is a very good barometer of the climate of respect and care for all within NHS trusts.**
As a consequence of what you have heard what would you do to improve the experiences of BME people in the NHS

The Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard is a set of metrics that would, for the first time, require all NHS organisations with contracts over £200k, to demonstrate progress against a number of indicators of race equality, including a specific indicator to address the low levels of BME Board representation.
Why workforce race equality is essential in the NHS

- 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

**Workforce Race Equality Standard indicators**

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<th>Workforce metrics</th>
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<td>For each of these three workforce indicators, the Standard compares the metrics for white and BME staff.</td>
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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

9. Boards: Does the Board meet the requirement on Board membership in 9.

Boards are expected to be broadly representative of the population they serve.
NHS Workforce Race Equality Standard

- Mandatory for all NHS organisations
- Uses key indicators as measures of progress
- Expects progress on closing metrics between white and BME experience and treatment
- Best Trusts already making progress but from April 1st 2015 all NHS organisations will be required to
- Metrics seek to drive inquiry, behaviour attitudinal and sustained change

• For an “ordinary” (1 s.d.) increase in overall engagement, this is equivalent in an average acute trust to a saving of around £150,000 in salary costs alone
Although there appears to be an inverse relationship for “motivation”, this is not statistically significant. The positive relationships are, however.

- For an “ordinary” (1 s.d.) increase in overall engagement, mortality rates are around 2.4% lower, all else being equal.
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

*Source: Culture and Behaviour in the English NHS

How would you implement the WRES strategy in across the English NHS
Evidence based approach to implementation

- Leadership and direction
- Mandatory metrics which are performance managed
- Consistent and persistent messages
- Resources
- Role models
- Celebrating and highlighting successes

TRUST – An essential guide for effective and inclusive leadership

Following this simple TRUSTED process will ensure trust, engagement and inclusivity are built into the fabric of your organisation

Take Stock  (re)Design  Respect the results  Unite around the agenda
Evaluate  Train, develop and educate  Support

http://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/
“There is nothing more unfair than the equal treatment of unequal people.”
- Thomas Jefferson 1743 - 1826