The NHS Workforce Race Equality Standard

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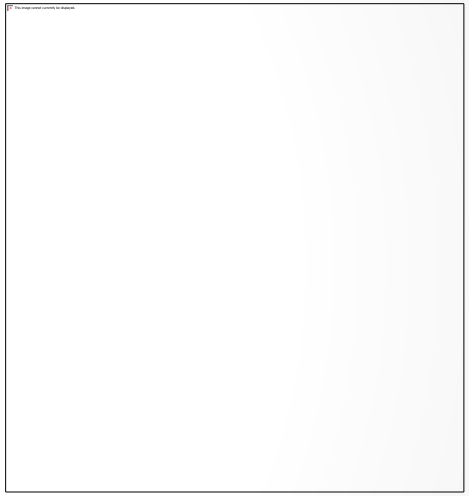
National Ambulance Diversity Forum
Excellence in Equality

A beacon of best practice and centre of excellence

The NHS Constitution

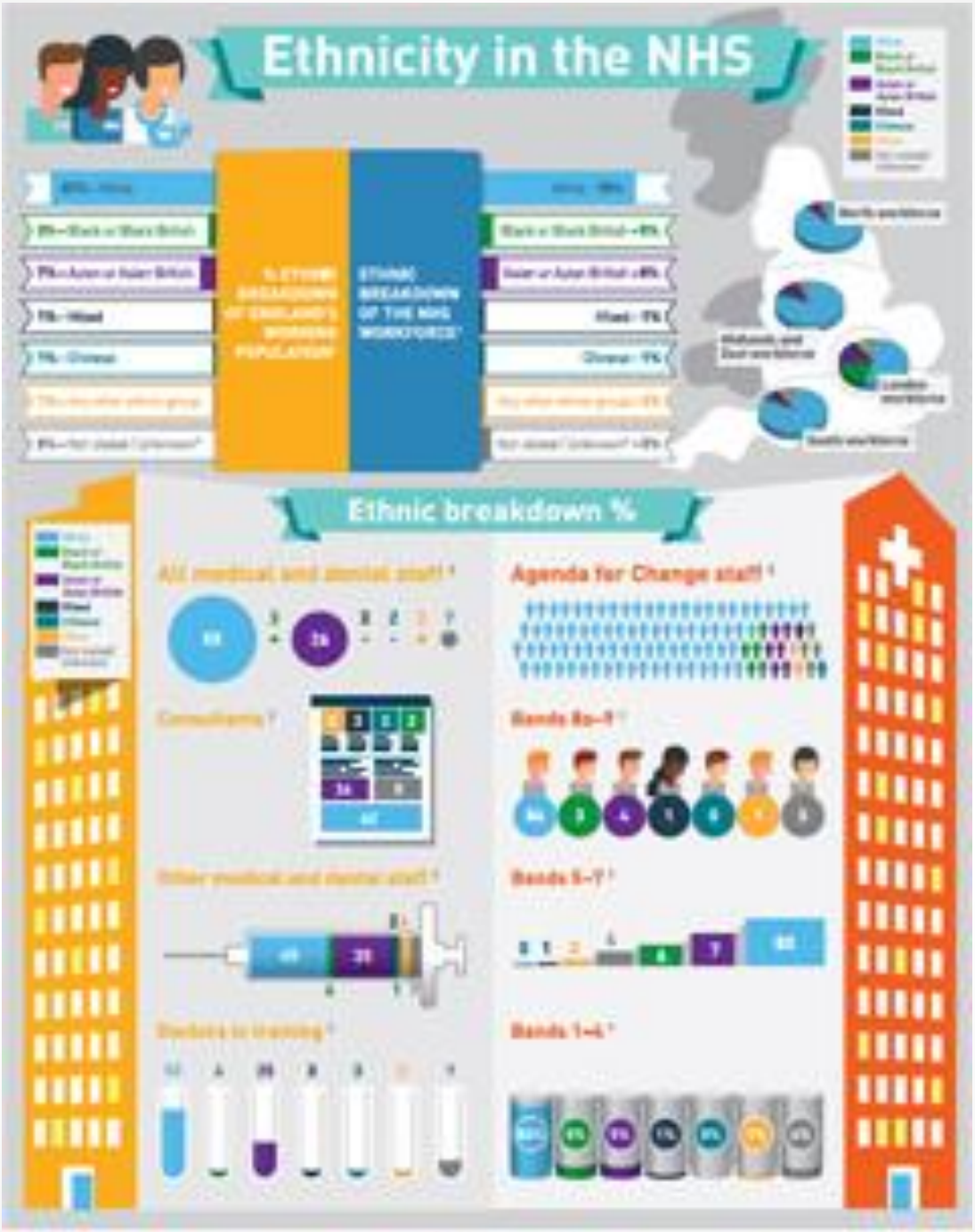
The NHS belongs to the people

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 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**.


Ethnicity in the NHS
Ethnic breakdown %
All medical and dental staff
Agenda for Change staff
Consultants
Bands 8a–9
Bands 5–7
Bands 1–4
Doctors in training

How far have we moved?

- Race for Health,
- Delivering Race Equality,
- Race Equality Action Plan - Ten point plan
- Positively Diverse
- Improving Working Lives
- Breaking Through Leadership Programme
- Valuing Diversity
- Inclusion Programme
- EDS 1&2
- Workforce Race Equality Standard

"The Snowy White Peaks"

- 1 in 40 chairs and no CEO in London is BME
- 17 of 40 Trusts have all white Boards but over 40% of workforce and patients are BME
- Decrease in BME Board members
- No BME exec directors in Monitor, CQC, NHSTDA, NHS England, NHSLA, HEE
- Decrease in BME senior managers and nurse managers in recent years

The treatment of staff…..

- White staff 1.74 times more likely to be appointed once shortlisted than are shortlisted BME staff (Kline 2013)
- BME staff twice as likely to enter disciplinary process and more likely to be disciplined for similar offences (Archibong et al 2010)
- Black nurses take 50% longer to be promoted (RCN) and are less likely to access national training courses (NHSLA)

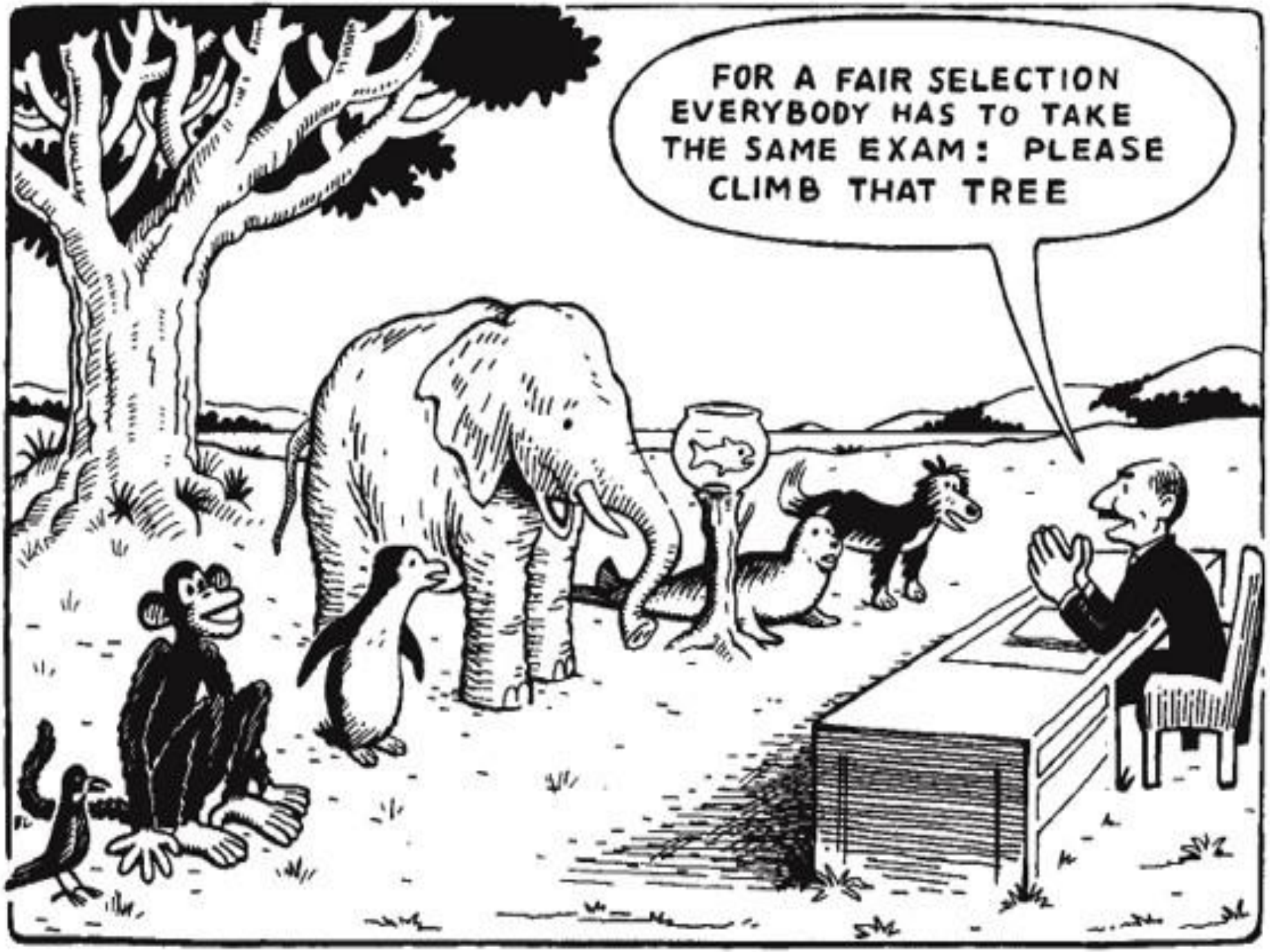
Evidence shows

- Nursing students from a BME background (particularly black Africans) 50% less likely to secure a first job first time than white nurses *(Prof. Ruth Harris, Kingston University)*

- People from a BME 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)*

- You are less likely to be shortlisted and appointed if you are from a BME background *(Discrimination by Appointment, Roger Kline)*
- You are more likely to be in the lower bands of AfC *(HSCIC)*
- Over your career you will be paid less and afforded fewer opportunities
- BME doctors are more likely to be struck off. *(GMC E&D Group)*
- BME patients report receiving a poorer service *(NHS patient satisfaction surveys)*

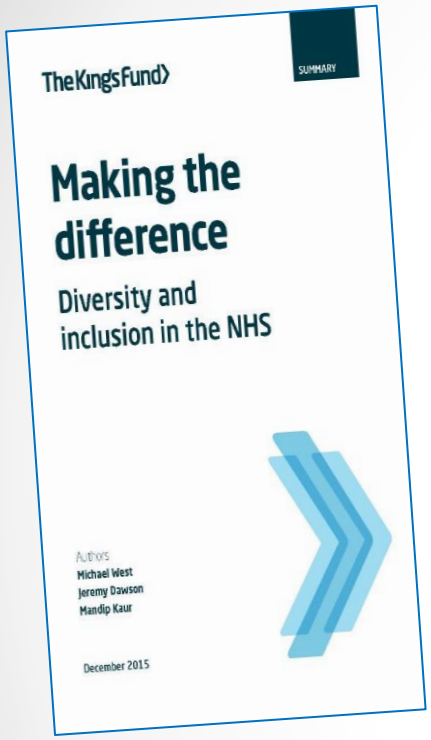

FOR A FAIR SELECTION EVERYBODY HAS TO TAKE THE SAME EXAM: PLEASE CLIMB THAT TREE

Freedom to speak up - a report into whistleblowing in the NHS

- **Further confirmation that discrimination against BME staff directly impacts patient care and safety**.
- BME staff are more likely to be ignored by management 19.3%in comparison with their white colleagues 14.7%.
- 40.7 % BME staff compared to 27% less satisfied with if they are white
- BME staff are more likely 21% to be victimised by management than white staff 12.5%
- The number of both BME and white staff who are praised by management after raising a concern is 3% 7.2 per cent for white staff.
- **24% of BME staff compared to 13% of white staff did not raise a concern for fear of victimisation**

The Kings Fund report

Key findings



Older staff are less likely to report experiencing discrimination than younger staff.

Reported levels of discrimination are highest for Black employees and lowest for White employees; all other non-White groups are far more likely to report experiencing discrimination than White employees.

People from all religions report discrimination on the basis of their faith, but this is by far the highest among Muslims.

Disabled staff report very high levels of discrimination; levels of reported discrimination are highest among all the protected characteristics groups.

LEVELS OF DISCRIMINATION HIGHEST IN THE AMBULANCE SERVICE

Reported levels of discrimination highest in Ambulance Service

Women more likely to report of experiencing discrimination compared to men

Ambulance staff reported discrimination is **1.5** times greater compared to acute Trust

Staff in ambulance trusts again have higher odds of experiencing **discrimination on the basis of religion** than other trust types. The odds of ambulance staff reporting discrimination on the basis of religion are 2.28 **times** those of medical and dental staff (for example)

The consequences for BME staff

- 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

BME people are…

- More likely to get a long term disease (Diabetes, CHD, Stroke, mental illness)
- Be more stressed
- Be less satisfied with life
- Earn less
- Likely to die earlier

Explaining levels of wellbeing in BME populations in England

Professor Dr Mala Rao July 2014

If those who care are not cared for then patients will suffer…

- An established link between the treatment of BME staff and the care patients receive.
- **“Research suggests that the experience of black and minority ethnic (BME) NHS staff is a good barometer of the climate of respect and care for all within the NHS.**
- “Put simply, if BME staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received”.

NHS Staff Management and Health Service Quality Results from the NHS Staff Survey and Related Data West, M et al,(2012)

The Five Year Forward View

Simon Stevens, Chief Executive of NHS England

The Five Year Forward View sets out a direction of travel for the NHS – much of which depends on the health service embracing innovation, engaging and respecting staff, and drawing on the immense talent in our workforce.

"**We know that care is far more likely to meet the needs of all the patients we're here to serve when NHS leadership is drawn from diverse communities across the country, and when all our frontline staff are themselves free from discrimination**.
These new mandatory standards will help NHS organisations to achieve these important goals."

So what is the solution?

The evidence is that if the following is put into action then change will occur

- Leadership
- Measurable outcomes
- Communications (a steady drum beat of..)
- Role models
- Resources
- Celebration of success

Source: Dr David Williams

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
- Metrics seek to drive inquiry, behaviour attitudinal and sustained change
- Some Trusts already making progress but from April 2016 onwards, progress on WRES will be considered as part of the “Well led" domain in CQC inspections

Engagement with BME staff

Networks - BME people need to be able to talk about the issues they face which are very different from the issues that the majority population face

WRES Technical guidance for providers. Para 8.3 BME staff have to be part of the process

CQC inspection. Include progress against the WRES against the 9 metrics. Part of the well led domains. CQC have met with BME networks to ascertain their views.

How will Trusts leverage BME networks to monitor and evaluate the WRES?

Leadership

- Leadership and accountability at Board level – executive and non-executive director
- Formal arrangements for BME staff to meet with Board members
- Staff survey – response from BME staff
- Talent Management
- Succession Planning
- Senior leadership and Board representation

Data, listening, learning action

- Collect and analyse the workforce data,
- Listen to patients and staff,
- Be open about shortcomings and publicise good news (but without spin)
- Identify specific challenges
- Take action, monitor and learn
- Best employers accept there is a problem on workforce race inequality and are taking action

But some

- don't understand the **business case** is now driven by patient care, or
- are in **denial** or don't think it's a **priority,** or believe it is all **too difficult**

Culture may be difficult to define but not difficult to recognise

Stop saying we need to change the culture – build on the good and resolve the bad
Rob Webster

Thought Diversity

Need to be outraged

Changing the conversation. Diversity as an asset

Create an energy and desire to make a better NHS.

Leaders and organisations must let go of the idea that there is one right way.

“Challenging race discrimination should not be an extra in the NHS but integral.

Need to move from processes and policies and focus on outcomes.

Collect and analyse the data
Listen to patients and staff
Find good practice
Take action, monitor and learn

This is part of the solution”

Roger Klein

Equality is about Sameness

Equality promotes fairness and justice by giving everyone the same thing.

It can only work if everyone starts from the same place.

Equity is about Fairness

Equity gives people access to the same opportunities.

Our differences and/or history can create barriers to participation, so we must first insure equity before we can enjoy equality.