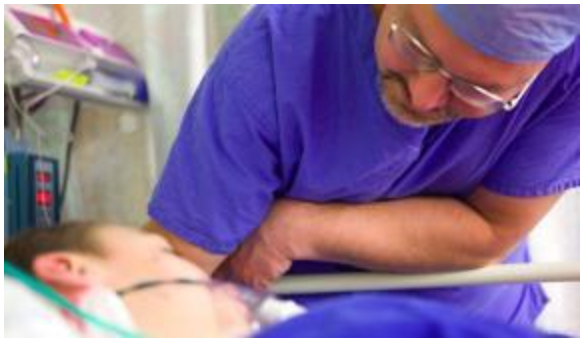
Workforce Race Equality Standard (WRES) – The Ambulance Leadership Forum



Yvonne Coghill

Director – WRES Implementation

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

THE NHS CONSTITUTION
the NHS belongs to us all

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.

The reasons why the NHS needs WRES

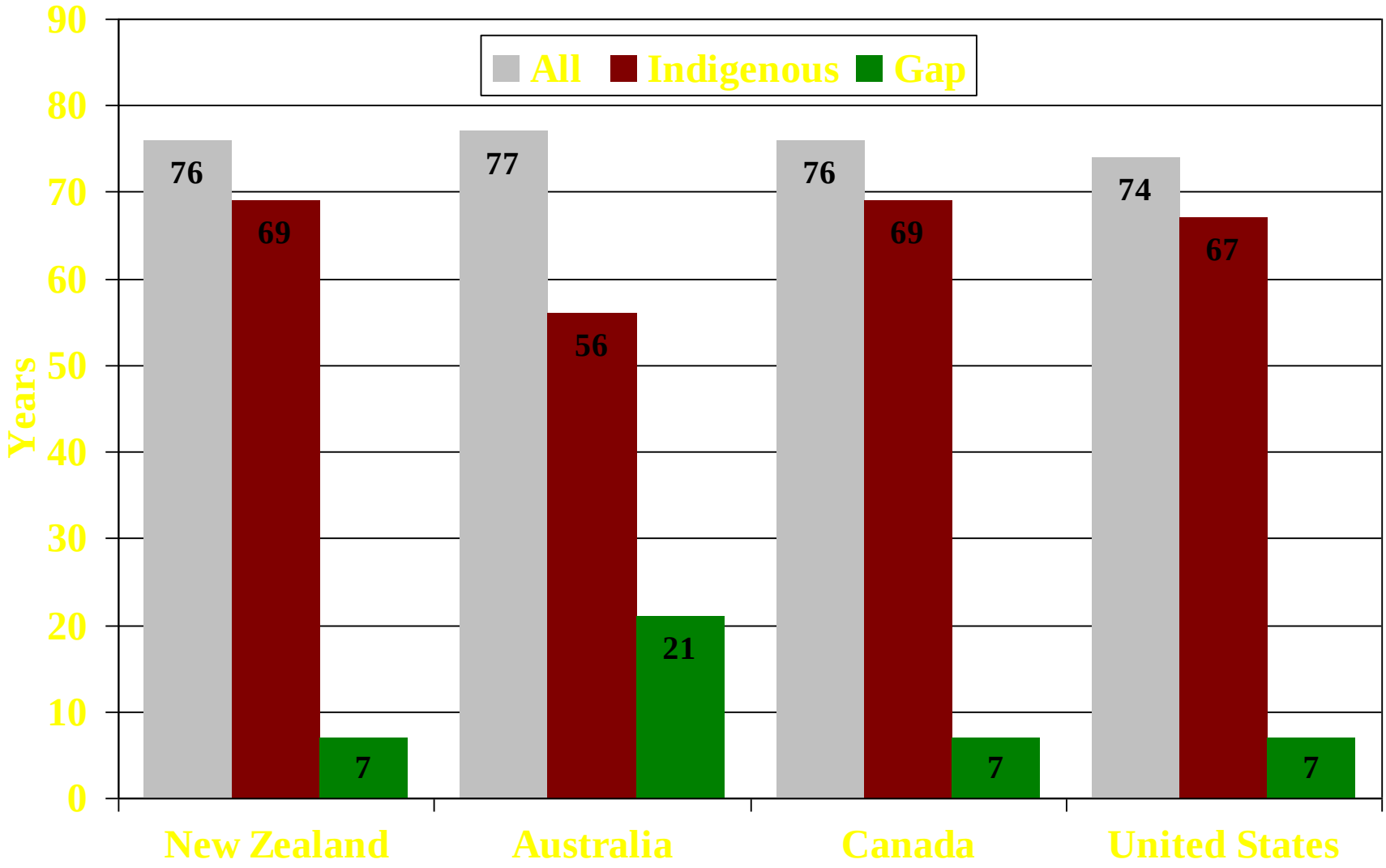
- **THE MORAL CASE** – It's the right thing to do
- **THE LEGAL CASE** – The law says that we should
- **THE FINANCIAL CASE** – it makes good business sense

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*

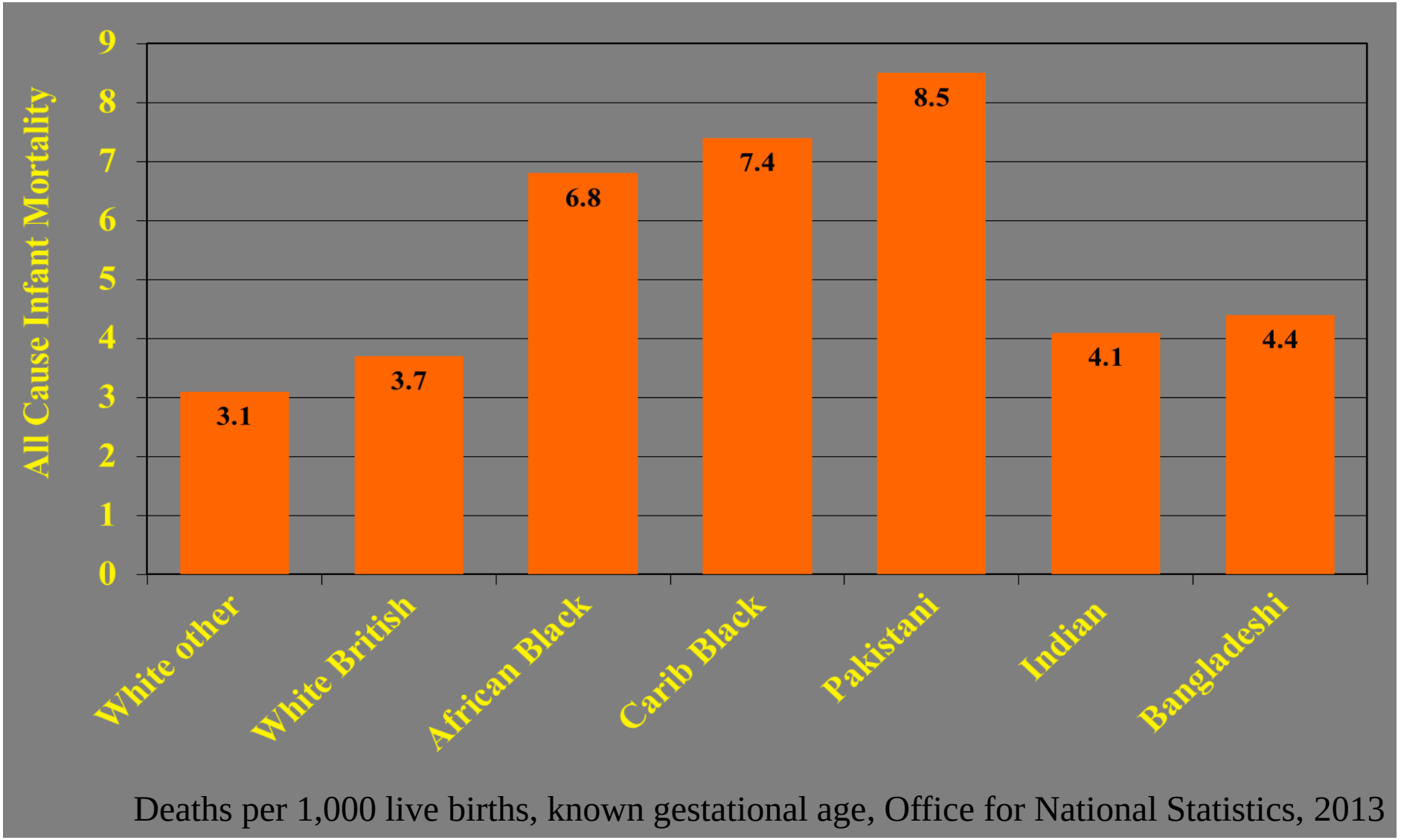
Life Australian Indigenous Men



Maori, Aboriginal, First Nation, Am Indian & Alaskan Native; Bramley et al. 2004

Infant Mortality by Ethnicity
England and Wales, 2011 Birth Cohort

NHS England



Deaths per 1,000 live births, known gestational age, Office for National Statistics, 2013

Biological Weathering – Arline Geronimous

- Chronological age captures duration of exposure to risks for groups living in adverse living conditions
- Blacks are experiencing greater physiological wear and tear, and are aging, biologically, more rapidly than whites
- It is driven by the cumulative impact of repeated exposures to psychological, social, physical and chemical **stressor**s 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

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 looks 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 your lived experience

Black and Minority Ethnic (BME) Staff

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

Source: Health and Social Care Information Centre (2015)

Where are our BME role models?

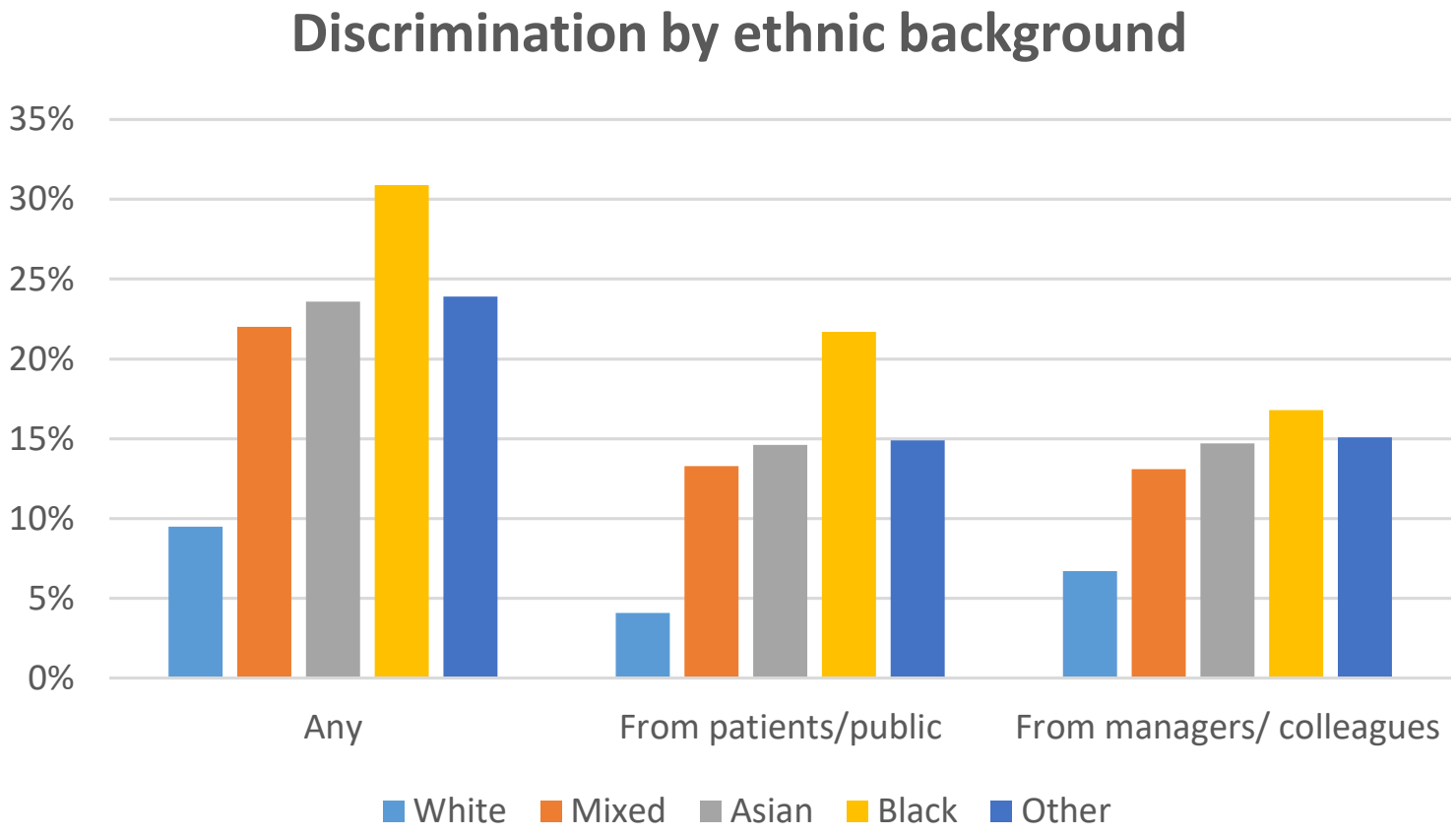
FOR HEALTHCARE LEADERS HSJ 100

The *HSJ 100* list for 2016 shows **no** change in diversity across the senior healthcare leadership in England – still just 4 BME in the 100 list.

NHS workforce 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**
- People 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)**
- 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)**

Differences by ethnic group



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
- Potential poor performance

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.

	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.

WRES – why?

- Fairness and equality in the system
- NHS Constitution values and principles
- Equality Act 2010 and the public sector Equality Duty
- Improved patient satisfaction and outcome:

  *For every 1 s.d point of increased engagement there are 2.4% less deaths in acute hospitals

- Improved patient safety and organisational efficiency:

  *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**

A report by Sir Robert Francis QC *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 the outcome of investigations
- 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% BME 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

All Discrimination by Trust Type

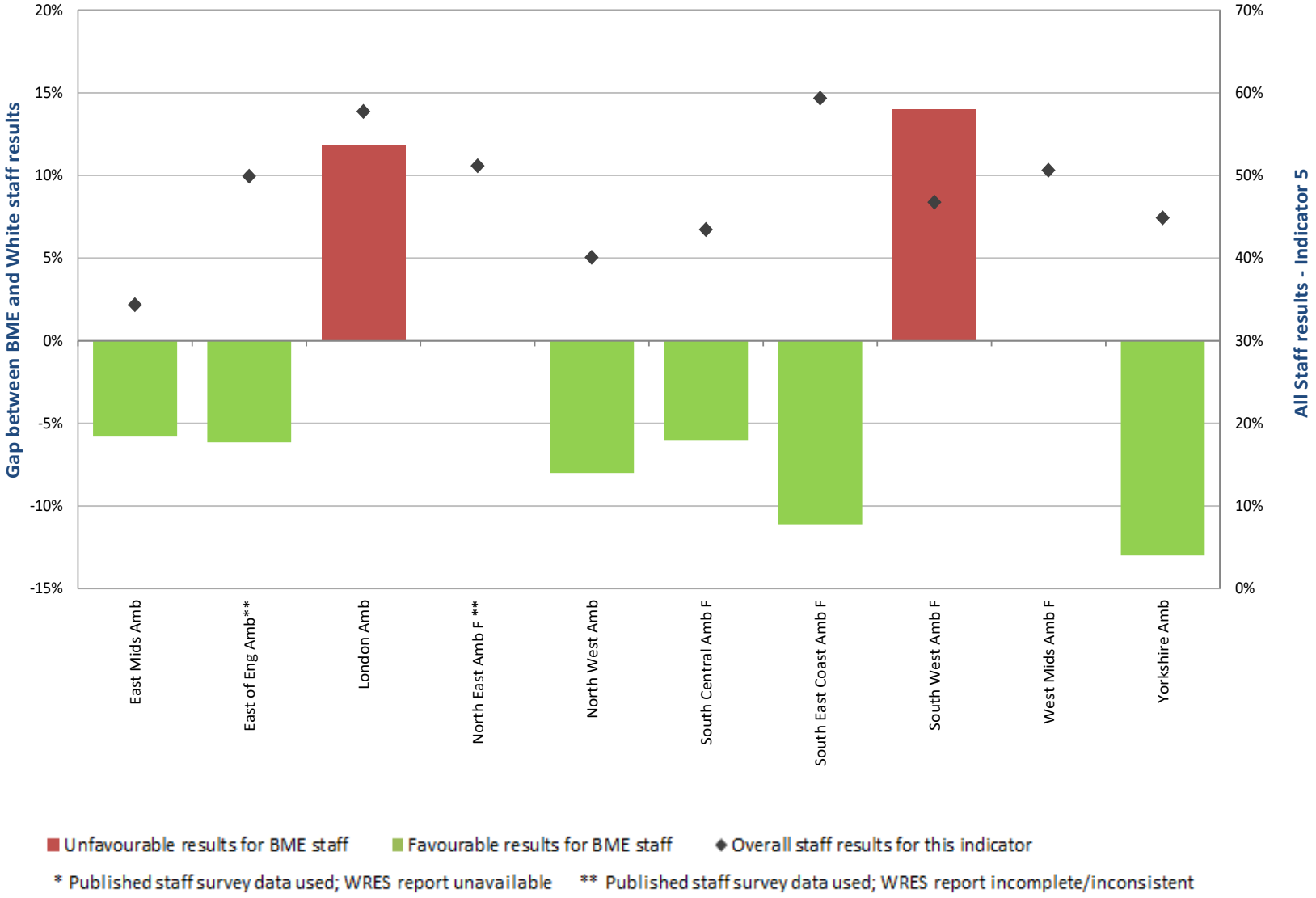
		Overall (%)	Acute (%)	Community (%)	MH/LD (%)	Ambulance (%)	Other (%)
	Any discrimination	11.9	11.7	8.9	12.9	**19.7**	5.3
Discrimination from…	…patients/relatives/public	5.9	5.6	3.7	7.1	**10.9**	1.5
	…manager/team leader/other colleagues	8.0	8.1	6.3	7.7	**12.6**	4.3

Discrimination by characteristic

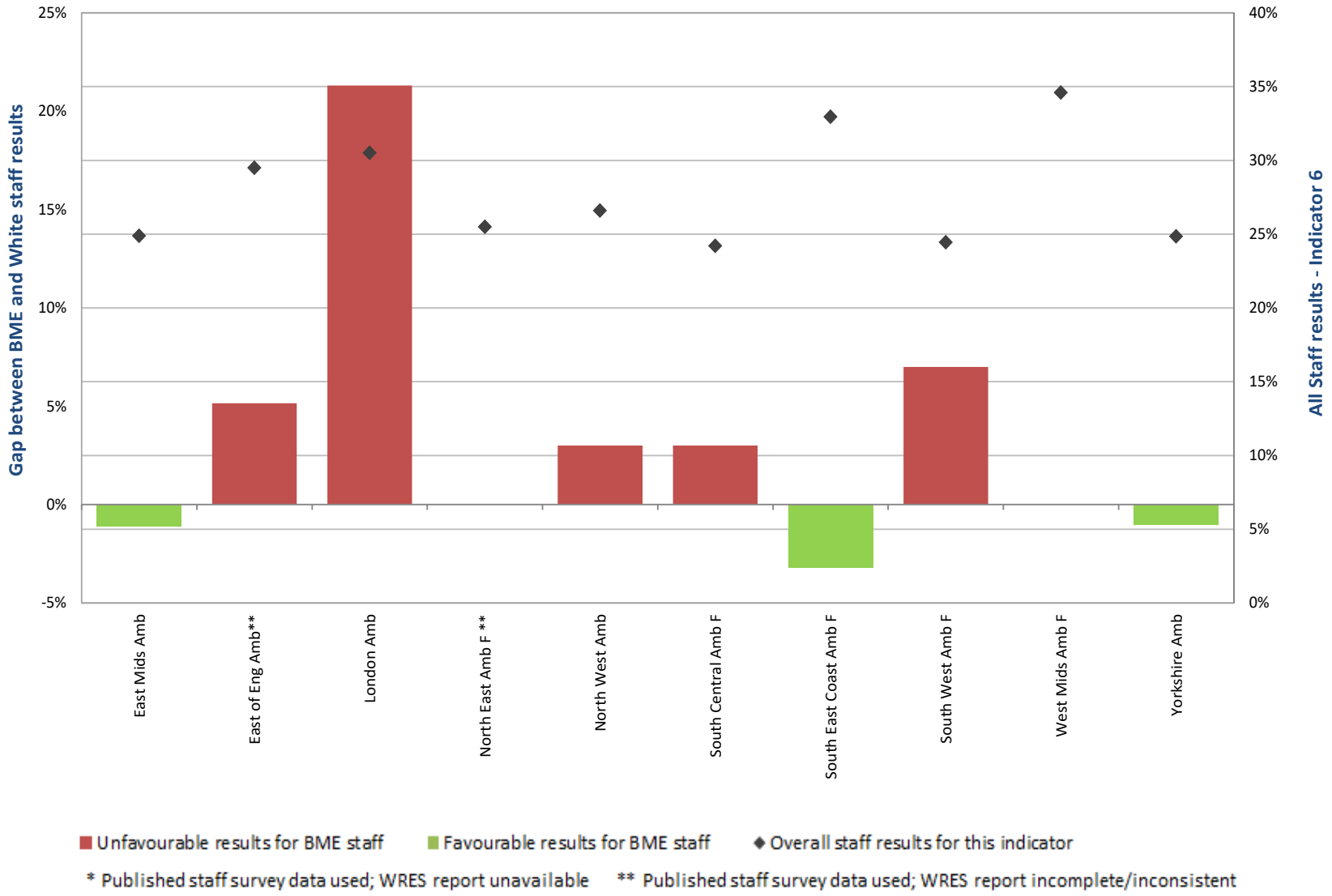
		Overall (%)	Acute (%)	Community (%)	MH/LD (%)	Ambulance (%)	Other (%)
Discrimination on the basis of…	…ethnic background	4.3	4.5	2.3	4.8	**3.0**	0.8
	…gender	2.2	2.0	1.6	2.7	**6.1**	1.1
	…religion	0.6	0.6	0.3	0.7	**0.8**	0.1
	…sexual orientation	0.6	0.5	0.3	0.8	**2.1**	0.2
	…disability	0.9	0.8	0.9	1.1	**1.4**	0.6
	…age	2.2	2.1	1.5	2.5	**5.4**	1.2

Making the Difference - Professor Michael West, Professor Jeremy Dawson, Manjit Kaur

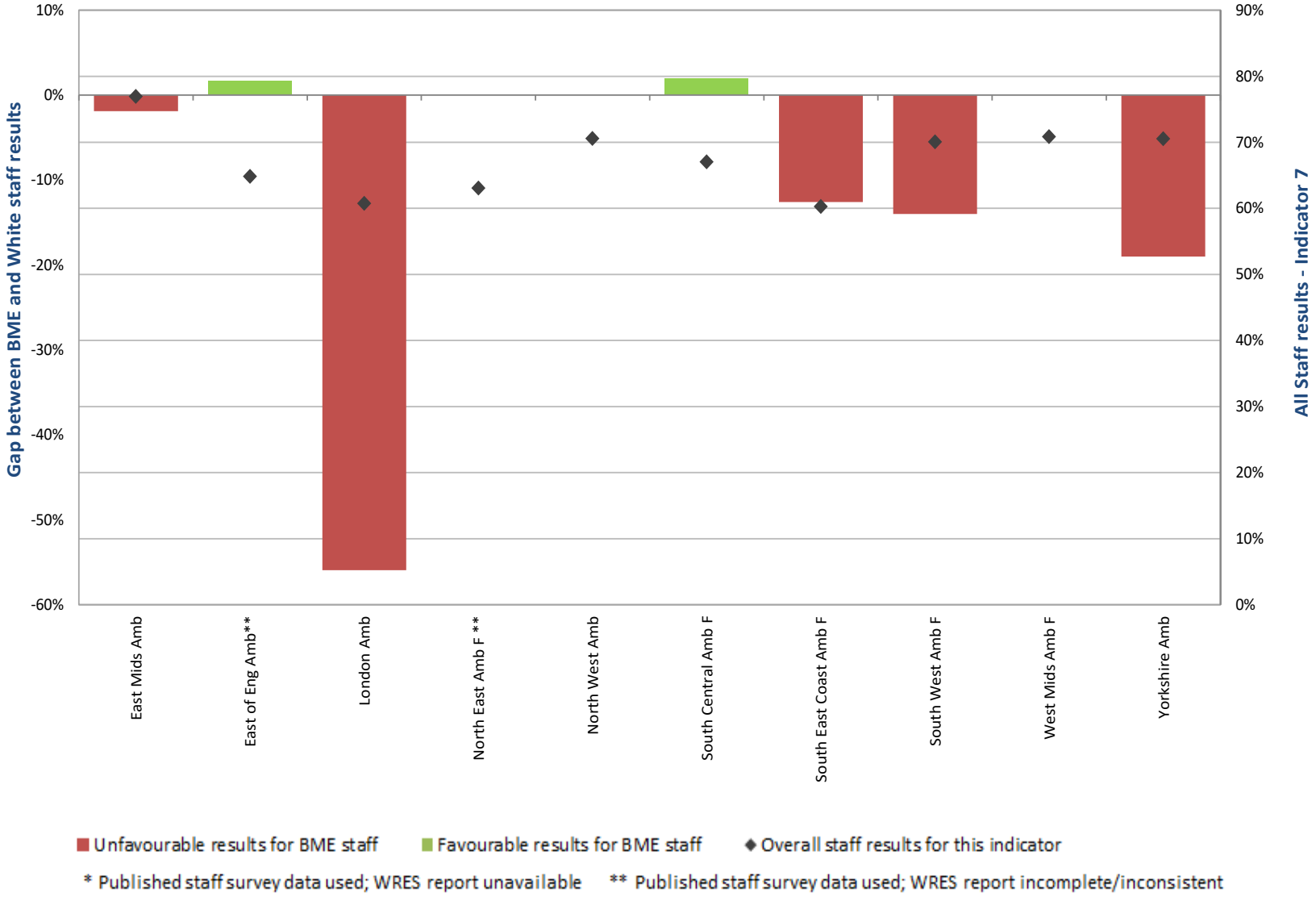
Indicator 5: Percentage of staff who report experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



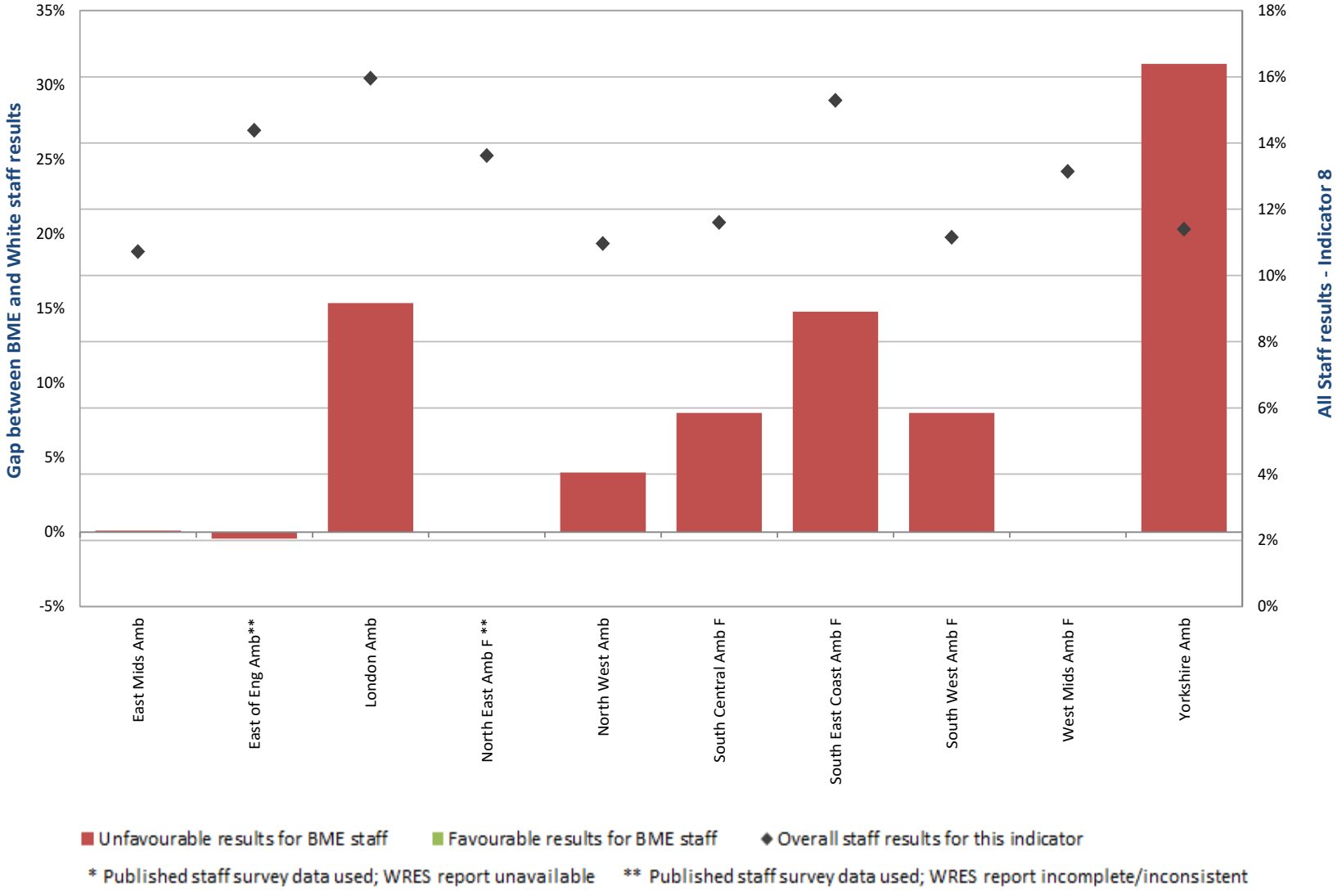
Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



Indicator 7: Percentage of staff who believe that trust provides equal opportunities for career progression or promotion



Indicator 8: 'In the last 12 months have you personally experienced discrimination at work from any of the following? - Manager / team leader or other colleagues'



MASLOW'S HIERARCHY OF NEEDS APPLIED TO EMPLOYEE ENGAGEMENT

1 HIGHLY ENGAGED

On average less than 15% reach this level

HIGH FLYER

- What can I do for others?
- I inspire others to do their best
- I love it working here
- I'm a high flyer

2 ENGAGED

- I'm a vital part of the business
- I feel important at work
- I'm really busy and very likely I'm highly stressed
- I'm an achiever
- I'll leave if something much better comes along

3 ALMOST ENGAGED

- I know I'm part of something bigger
- I'm almost engaged but there are times when I'm not
- I'm proud to work here but I wouldn't necessarily shout it from the rooftops
- I might leave if I'm tempted
- There are no career development prospects here

4 NOT ENGAGED

- I'm interested in overtime
- I have more sick days than I should
- I have poor working conditions
- I don't like my manager or working in my team
- I don't like my job much, but I get on with it
- I read job ads

5 DISENGAGED

- I'm here for the money
- I'm leaving when I can
- I'm not satisfied with the job I do
- My work doesn't excite me
- I'm a clock watcher
- I'm a jobs-worth

2 and 3 have a direct impact on engagement and can be moved up by the 4 enablers of engagement

Motivators

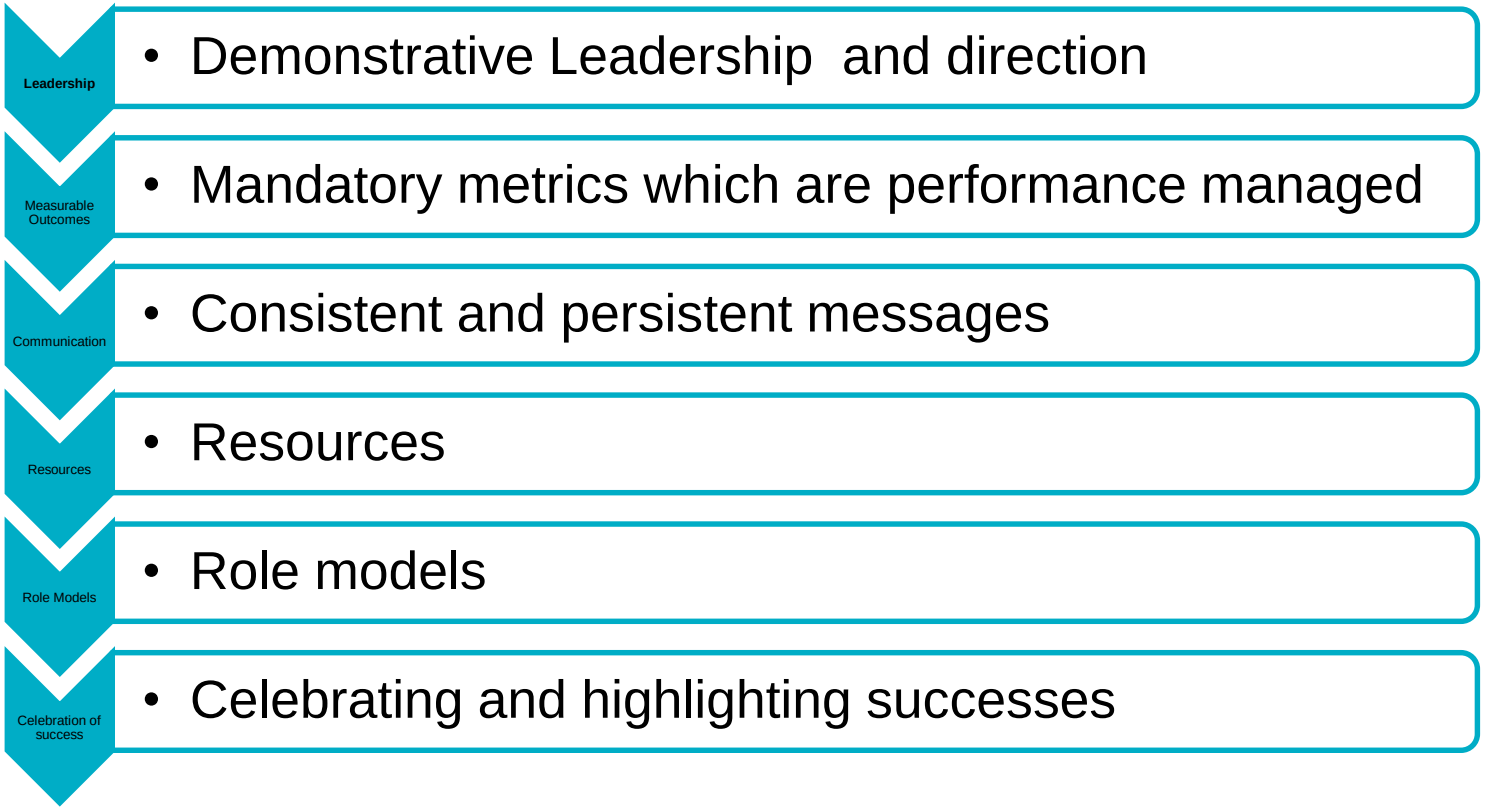
De-motivators

NHS Quality and Staff Engagement - Professor Mike West

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.**

Professor Mike West – NHS Quality and Staff Engagement 2009

Evidence based approach to implementation



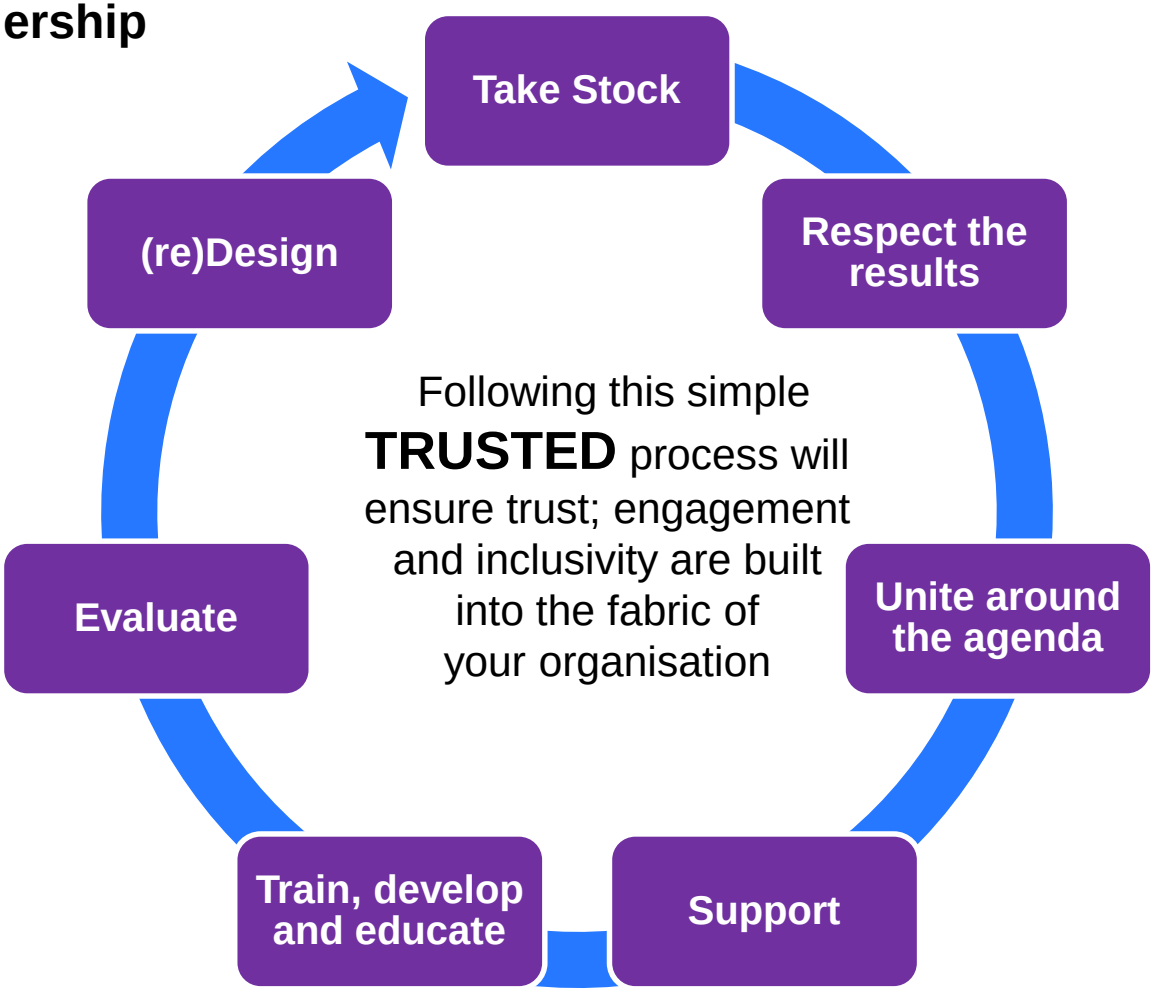
Dr David Williams Harvard University

Lessons learned at Sheffield

- Employ a credible knowledgeable senior lead that has access to the board and particularly the CEO and chair
- Have a good analyst to drill down into and interpret the data
- Take time to thoroughly understand the data by directorate and area.
- Make plans to tackle issues in bite size chunks
- Develop a robust comms strategy and build a great relationship with the comms department.
- Develop a narrative as to why the work is important
- Don’t expect all BME staff to be allies, embrace the work or be grateful
- Plan to keep your white allies and colleagues on board (<u>really really</u> important)
- Be systematic and realistic in your approach
- Do not expect immediate change, a marathon not a sprint

TRUST – An essential guide for effective and inclusive leadership

NHS England



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

NHS England

EQUALITY VERSUS EQUITY

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.