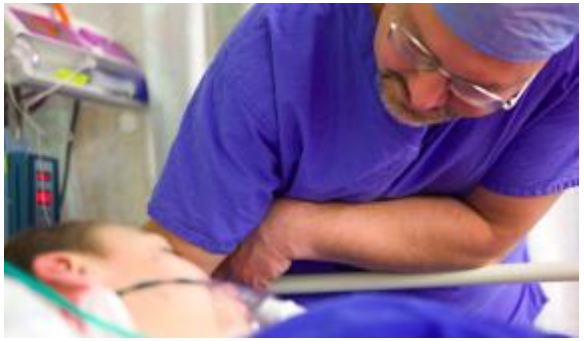
Race Equality in the NHS

Why the NHS Workforce Race Equality Standard is being introduced



Yvonne Coghill OBE
WRES Implementation

NHS England

THE NHS CONSTITUTION
the NHS belongs to us all

The English NHS

- Born out of a long-held belief that good healthcare should be available to all, regardless of wealth
- The NHS was founded in July 1948 by Aneurin (Nye) Bevan
- It is the largest publicly funded healthcare system in the world
- 64.1 million people in the UK have access to the NHS
- The NHS remains free at the point of use for anyone who is a UK resident.
- The NHS in England deals with over 1 million patients every 36 hours. It covers everything from antenatal screening and routine screenings and treatments for long-term treatments to transplants, emergency treatment and end-of-life-care.
- The NHS budget is currently £110billion

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.

A bit about me

However…

As a black woman living in a predominantly white society the evidence is that I am

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

Explaining levels of wellbeing in BME populations in England

Professor Dr Mala Rao July 2014

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*

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

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

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**
- People from a lack 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)**
- BME patients report receiving a poorer service **(NHS patient satisfaction surveys)**

“The Snowy White Peaks” found…

- 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 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 and Jeremy Dawson – 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.**

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

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.

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

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**

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

Evidence based approach to implementation

Leadership
- Leadership and direction

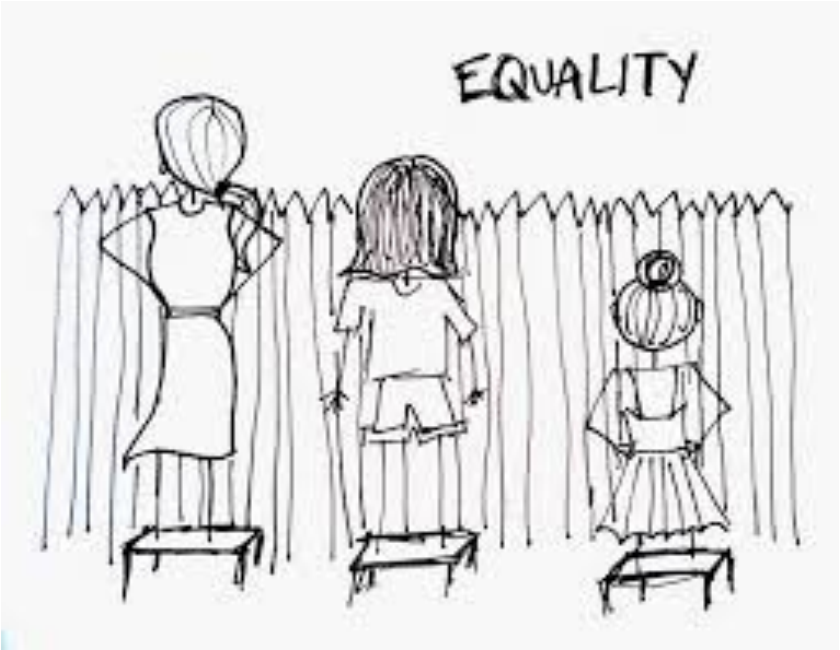
Measurable Outcomes
- Mandatory metrics which are performance managed

Communication
- Consistent and persistent messages

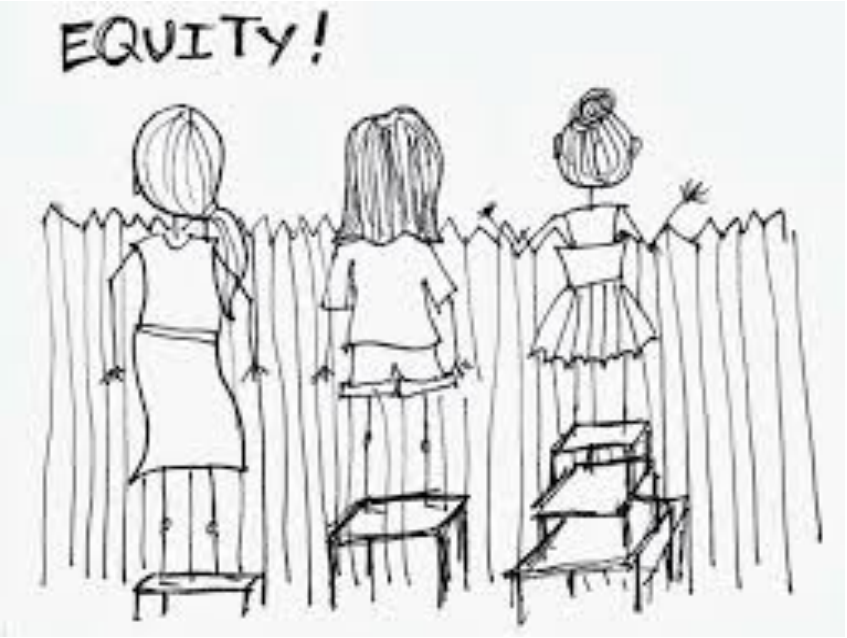
Resources
- Resources

Role Models
- Role models

Celebration of success
- Celebrating and highlighting successes



Fairness = Doing the same thing for everyone regardless of who they are



Justice= making allowances and adjustments for certain people