The NHS Workforce Race Equality Standard
Next steps: why and how?

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Leadership and race equality

- Exclusion of BME presence on Boards e.g. London
- No BME exec directors in Monitor, CQC, NHSTDA, NHS England, HEE
- Decrease in proportion of BME Board members, senior managers and nurse managers in recent years
The treatment of BME staff

• White staff 1.74 times more likely to be appointed once shortlisted than 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)
• RCM: Midwives and Disciplinary Proceedings (2012)
• Black nurses take 50% longer to be promoted (RCN) and are less likely to access national training courses (NHSLA)
• Correlates to staff survey returns on bullying, career progression/promotion and discrimination
7 reasons why workforce race equality benefits patients

• Prevents patients getting best staff
• Impact diverts resources from patient care
• Discrimination makes staff ill
• Diversity improves innovation + teamwork
• Poor treatment of BME whistleblowers hits patient safety
• Unrepresentative Boards less likely to provide patient focussed care
• How staff are cared for impacts on care provided:
  • “The staff survey item that was most consistently strongly linked to patient survey scores was discrimination, in particular discrimination on the basis of ethnic background.”
  • Dawson (2009)
Data and discourse

• In other NHS patient care challenges we
  ➢ collect and analyse the data,
  ➢ listen to patients and staff,
  ➢ find good practice,
  ➢ take action, monitor and learn
• Best employers accept there is a problem on workforce race inequality and are taking action
• But some Boards
  • don’t understand the business case is now driven by patient care, or
  • remain in denial or don’t think it’s a priority, or
  • just think it is all too difficult
NHS Workforce Race Equality Standard

• Evidence (e.g. Athena Swann) suggests we need to
  ➢ encourages and supports but also mandate
  ➢ no central targets but has measurable outcomes

• Workforce Race Equality Standard does this
• Expects progress on closing 9 key metrics between white and BME experience and treatment
• Published measurable outcomes
• In Standard Contract and CQC well led domain
• Metrics seek to drive inquiry and sustained change
<table>
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<tr>
<th><strong>NHS Workforce Race Equality Standard</strong></th>
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<td><strong>Workforce metrics</strong></td>
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<td>For each of these four 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 [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 four NHS Staff Survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.

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<td>5.</td>
<td>KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</td>
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<td>6.</td>
<td>KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</td>
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<td>7.</td>
<td>KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion</td>
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<td>8.</td>
<td>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</td>
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**Does the Board meet the requirement on Board membership in 9 below.**

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<td>9.</td>
<td>Boards are expected to be broadly representative of the population they serve.</td>
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Process and timescale

• September: Informal stakeholder consultation
• October: Formal consultation
• April 2015: Agreed approach introduced and guidance, support. Sharing of good practice and resources and benchmarking developed
• 2015-16 CQC pilots its approach to using the Standard in inspections. Trusts inspected in 2015-2016 will also be asked how they are developing plans to address any issues arising from Standard data.
• July 2015 Deadline for publishing baseline data
• April 2016: CQC formally begins role
• EDS2 is being mandated in parallel – they complement each other
A serious challenge, and opportunity, for:

• Commissioners
• Regulators
• National bodies will apply Standard to themselves
• HR and Boards
• Trade unions
• Essential BME voice is heard loud and clear

• NHS has started to understand WHY
• Now we need to consider HOW
Other equality initiatives

• The Snowy White Peaks has highlighted the need for action on race equality.
• It is intended that this approach on race equality will lead to more robust efforts on all equality strands.
• Work on some new initiatives for other equality strands already agreed and starting in parallel.
• EDS2 mandating is intended to complement this work around other protected characteristics
Thank you


• @rogerkline