

Race Equality-Past, Present & Future

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Sir William Macpherson defined
institutional racism as:-

“the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be detected in processes, attitudes or behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people.”

The Race Relations (Amendment) Act (RRAA) 2000

General Duties

- eliminate unlawful discrimination
- promote equality of opportunity and
- promote good relations between people of different racial groups



RICHARD VIZE
EDITOR

DISCRIMINATION

Management must do more to ensure the NHS is free of racism

Apart from legal and moral obligations to its own staff, there is an even more powerful reason why the NHS needs to be sure it is free of discrimination. If it cannot treat its own employees fairly it has no hope of providing ethnic minority patients with the service they have a right to receive.

Data in this week's *HJSJ* reveals a consistent pattern of a worse deal for black and minority ethnic staff compared with white colleagues (news, page 4). The data covers an entire region, and there is every chance it broadly reflects the employment pattern in the wider NHS.

BME staff are less likely to be appointed from a shortlist, more likely to be disciplined, involved in a grievance, be involved in a bullying or harassment dispute or pursue a case through an employment tribunal.

The appointment figures are the most striking, the proportion of BME staff employed is, on average, less than half the proportion on the shortlist.

At board level too, BME representation is neither a reflection of the workforce nor the diversity of the local population.

The only time BME staff appear to be better off is when it comes to redundancies. At first glance, relatively few losing their job might seem to be good news, but a more challenging interpretation is that white staff tend to get first pick when it comes to pay-offs.

The data does not provide explanations of the underlying causes. It is possible,

for example, that in some trusts the skewed appointment figures are caused by well intentioned managers trying to encourage BME advancement by pushing candidates through to the shortlist who are not good enough to be appointed - although this in turn would raise questions about whether BME staff are getting the training and support needed to succeed.

But it is the consistent picture painted

'Each SHA and trust needs to look to its own record and procedures, be honest about its failings and robust in its determination to change'

by the data of BME staff across an entire region having a tougher time at work than white colleagues which is so troubling.

These difficulties are not apparent if one reads only the trusts' self-declarations on race equality core standards for the Healthcare Commission. The majority claim to comply with the need to "challenge discrimination, promote equality and respect human rights", as well as address under-representation of minority groups. Whatever the returns to the commission say, the detailed data indicates many trusts are to be found wanting.

A Healthcare Commission survey has revealed scandalously poor compliance with race equality legislation. As *HJSJ*

highlighted last year (news, page 8, 22 November 2007), the commission found fewer than one in 10 trusts had honoured their duties under the Race Relations Act 1976 to publish workforce data, race equality schemes and race equality impact assessments. Just one in three trusts appeared to be monitoring the ethnic makeup of their workforce and fewer than one in six had published equality impact assessments. Almost a quarter had not even published a race equality scheme.

And last month chief medical officer Sir Liam Donaldson used his annual report to highlight racial discrimination in medicine (news, page 7, 17 July).

Taking the Healthcare Commission findings and the figures revealed in this week's *HJSJ* together, there is *prima facie* evidence that the NHS is failing to ensure it is free of racism.

Each strategic health authority and trust needs to look to its own record and procedures, be honest about its failings and robust in its determination to change.

To their great credit, several trusts involved in this study have already declared their intention to do just that.

Far from just meeting basic requirements, the NHS should be an exemplar of best practice on equality. The values of the institution itself and the overwhelming mass of its staff support equality, yet many parts of the NHS are failing to ensure this translates into fair and equitable treatment for all its staff, whatever their race. ●

Minority staff get worse deal on jobs, pay and grievances

EXCLUSIVE Regional study reveals NHS organisations failing on race equality duties

Quintus Survey
quintus.surveygroup.com

Widespread disadvantages faced by black and minority ethnic NHS staff have been laid bare in a stark analysis of recruitment, bullying, grievance and disciplinary rates.

In the first report of its kind, shared exclusively with *HJSJ*, figures extracted from every trust in one region show the difficulties BME people face getting NHS jobs, and the disproportionate number involved in grievances once they are employed.

The Race Equality Service Review has taken the South East Coast BME Network eight months to complete, at times spanning a hostile reaction. The findings are seen by managers as broadly representative of other parts of the country.

They reveal BME people account for 31 per cent of those shortlisted for acute trust jobs but only 16 per cent of appointees. At mental health trusts only around a third of shortlisted BME candidates get jobs and for PCTs it is half as many as are shortlisted.

Surrey and Borders Partnership trust chief executive Fiona Edwards said: "The results are striking and make difficult reading. We're looking at the way the recruitment system uses computers and whether it's

become de-personalised and not individually focused enough to maximise opportunities for everyone."

White managers need to ensure they are "culturally competent" and link equality in the workplace with their ability to provide good services to communities, she said.

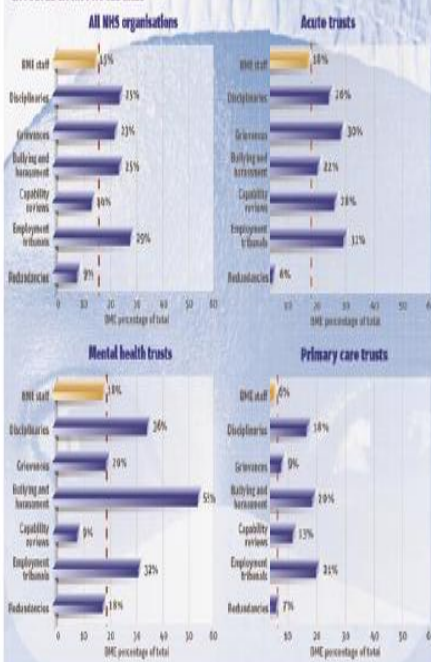
Although BME people comprise 15 per cent of the workforce, they are involved in more than half of bullying and harassment cases in the region's mental health trusts. Overall, they are involved in 25 per cent of disciplinary cases.

NHS Employers is researching the link between BME staff and disciplinary rates. Head of equality and diversity Carol Butler said: "Our feedback from managers has been that dealing with cultural differences is an issue they need support and guidance on."

BME workers in acute trusts are 70 per cent more likely to lodge an employment tribunal claim than would be expected from their proportion of the workforce, but 65 per cent less likely to be made redundant.

Managers in Partnership chief executive Jon Rensell said not being selected for redundancy may be seen as a disadvantage, as there will often be a lot of money on offer. He said "determined leadership" was needed to address the problem.

SOUTH EAST COAST BME STAFF INVOLVED IN HR PROCEDURES



"Chief executives need to be seen as owning workforce and diversity" has said, adding that the figures were likely to reflect those in London and parts of other regions.

The research shows major failings by NHS organisations on their race equality duties.

Of the region's 24 acute trusts, mental health trusts and PCTs, 16 claimed to be complying with the Healthcare Commission's core requirement to challenge discrimination, promote equality and respect human rights in 2006-07.

An in-depth analysis carried out by the BME Network, using the Healthcare Commission's own assessment criteria, suggested all the organisations were failing.

All but nine organisations were failing to collect ethnic monitoring data for patients, even though only those officially admitted to failing the related standard in self-declarations for the health check ratings.

Just four provided evidence of engaging with BME communities in healthcare. Commission chief executive Anna Walker said: "SHA's need to ask themselves where their trust is on race equality, as it's such an important issue."

She called for trusts to recognise problems around race equality and to systematically collect workforce data. This year the commission will assess 20 per cent of trusts on race equality and human rights.

But now, evidence on the number of managers and trust board members from BME back-

BME STAFF IN THE NHS SOUTH COAST REGION

	% BME shortlisted	% BME appointed
Acute	31	16
Mental	37	13
PCT	16	8

Figures are arithmetic mean of all organisations in region that provided information

grounds has been positive ("The same old faces", page 22, 6 March).

In the South East Coast, the network found 3 per cent of the region's 160 executive directors and 2.5 per cent of the 160 non-executive directors were BME. In the SHA area, 10.5 per cent of residents are estimated to be BME. Only 6 per cent of senior managers are BME and the higher proportion of BME staff are clustered at Agenda for Change band five.

Ken and Medway Partnership trust social care director James Sinclair, responsible for equality and diversity, said: "At the beginning of the management ladder you see a drop-off of people from ethnic minorities getting going." The report identified "real weaknesses", he said.

The trust is now doing its own in-depth analysis, investing in a new post focusing on equality and diversity, and donating £10,000 to the BME Network. The local PCT Alliance has also pledged £40,000.

Rob Berkeley, deputy director of the Runnymede Trust, a think tank

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Sally Gainsbury has won news reporter of the year at the prestigious Press Gazette magazine awards, beating stiff competition from the best magazine journalists. The judges said: "In Sally Gainsbury, Hsj found themselves a gem. Her style is firm, factual and above all dedicated to the one thing that news reporting relies on most – on-the-record quotes." They praised the "ruthless attention to detail" in her exclusive story revealing the £1.8bn NHS surplus last November, and her scoops on the overfunded GP practice at Buckingham Palace and private patients' unpaid hospital bills.

Charlotte Santry was shortlisted for business reporter of the year.

RACE EQUALITY

Survey shows 'racism alive in NHS'

EXCLUSIVE National analysis of trusts and PCTs finds BME staff missing from top jobs – but disproportionately involved in grievance hearings

Charlotte Santry
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The bleak plight of black and minority ethnic staff across the NHS has been exposed in an exclusive Hsj analysis of recruitment rates, employment relations and workforce figures.

The survey of every NHS trust and primary care trust in England proves BME workers are grossly under-represented among senior management but disproportionately involved in disciplinary, grievance, bullying and harassment cases and capability reviews.

Responses from the 231 organisations that provided figures show BME staff make up around 16 per cent of the workforce but are involved in more than twice as many bullying and harassment cases and capability reviews.

In addition, nearly a third of grievances are taken out by BME staff. Unison BME lead Dave Godson said: "These statistics are strikingly high and show that unfortunately racism is alive in the NHS. People should be encouraged to report and confront racist and bullying behaviour."

He said the findings backed up a Unison survey last year in which two thirds of black members reported they had experienced racism and racist abuse in their job.

University College London Hospitals foundation trust workforce director David Amos said many human resources procedures involved staff in Agenda for Change bands three to five, in which the largest proportion of BME staff were concentrated.

He said more research was needed into whether the figures

revealed a problem with staff working in those types of roles, or were related to people's ethnicity.

"Everyone has a legal duty to be monitoring this data. There's no doubt that everyone could do better," Mr Amos said.

He pointed out that race legislation was designed to protect people with diverse backgrounds and therefore provided more opportunities for non-white staff to take out grievances with employers.

"It's clearly the case that some

'These statistics are strikingly high and show that unfortunately racism is alive in the NHS'

staff... use the legislation to defend themselves when they're being performance managed," he said.

Trusts also need to invest in professional development for staff around diversity issues, he said. At his trust, staff induction programmes contain a section on equality.

Many BME staff also appear to face barriers when it comes to applying for jobs. On average, BME people make up 39 per cent of job applicants, 24 per cent of those who are shortlisted, but only 17 per cent of appointed candidates.

At some organisations the figures are particularly stark: at Havering PCT, 37 per cent of people interviewed for jobs were BME but this translated into only 15 per cent of offers made.

A spokeswoman said: "All candidates who apply for interviews are

selected against the person specification for the particular post for which they have applied.

"As with all organisations, the person who is offered the job is the person who best meets the person specification and who best performed at the interview on the day."

At Lancashire Care foundation trust, 21 per cent of shortlisted candidates were BME but only 13 per cent of successful applicants.

NHS Employers head of equality and diversity Carol Baxter said: "Managers need to develop their interviewing skills regarding diversity. It's a legal obligation to train staff in equal opportunities."

Impact assessments also reduced the risk of discrimination, she said, but trusts did not always carry them out.

NHS Employers is working with 11 trusts that have identified patterns of BME under-representation among managers and over-representation in disciplinarys.

It is also carrying out research with Bradford University into why BME staff account for such a large proportion of disciplinarys and capability reviews.

Hsj's figures, collated using the Freedom of Information Act, show the national picture reflects a report published by the South East Coast BME network in August (news, page 4, 7 August). This caused a stir in the region but led to the strategic health authority committing itself to addressing the problems and trusts offering to fund local BME forums.

The report's author, Vivienne Lyfar-Cissé, said Hsj's analysis showed managers needed to be held more accountable for the experiences faced by their BME staff.

See leader, page 3.

BME RECRUITMENT

Average % BME applicants
39

Average % BME shortlisted
24

Average % BME appointed
17



RACE IN NUMBERS

At the 231 organisations that responded to Hsj's information request, BME staff make up:

- 16%** of the workforce
- 8%** of non-executive directors
- 5%** of executive directors
- 34%** of capability reviews
- 44%** of bullying and harassment cases
- 31%** of grievances
- 29%** of disciplinarys



REPRESENTATION Healthcare Commission to seek action from boards Local populations not reflected

Charlotte Santry
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NHS bodies are largely representative of the communities they serve but some are drastically failing to reflect local populations, Hsj's figures show.

A comparison of population data from the Office for National Statistics with primary care trust workforce figures shows on average PCTs employ around 22 per cent more people from black and minority ethnic backgrounds than are living in local communities.

But others are failing to recruit people from similar ethnic backgrounds to residents.

For example, 25 per cent of people living within Bradford and Airedale teaching PCT's boundaries are BME, compared with 14 per cent of staff. The proportion of BME staff at Kirklees PCT is less than half that of the population it serves: 7 per cent of employees compared with 16 per cent of BME residents.

There are also PCTs where the workforce is significantly more diverse than the areas they serve, such as Hammersmith and Fulham, where only 22 per cent of residents but 41 per cent of staff are BME.

However, trust boards are rarely representative: among organisations responding to Hsj's survey, 5 per cent of executive directors and 8 per cent of non-executive directors were BME, based on a mean average.

Many said they had no BME directors at board level at all, such as Central Manchester and Manchester Children's University Hospitals trust, which serves a population in which nearly one in four people are from a BME background.

Healthcare Commission chief executive Anna Walker said the unrepresentative nature of NHS senior leaders meant "the NHS tends not to offer personalised care".

The commission is carrying out a race equality review, due to be published in January, in addition to its annual web audit that checks whether trusts have published race equality schemes. She said: "Cultural competency isn't being ticked as proactively as it needs to be, either in relation to patients accessing services or the needs of BME staff."

"Our report will be seeking very clear actions from boards to promote leadership around race equality."

But she highlighted some "outstanding practice" in the NHS, including PCTs providing surgeries in a wide range of languages, and hospitals focusing on the healthcare needs of difference communities.

BME staff often required extra support and encouragement, she said, but interviewers were not always taking into account cultural differences that might adversely affect the chances of job applicants.

DH TO ENFORCE PROPORTION OF BME BOARD MEMBERS

Managers will be given a target on the proportion of trust board members coming from black and minority ethnic backgrounds under new plans being drawn up by the Department of Health.

DH director for equality and human rights Surinder Sharma (pictured) told Hsj the issue was being treated as a priority to make boards more representative of their local populations.

He said: "We're working with the Cabinet Office to set a target for a public service agreement... and looking at how they'll be set locally."

It would not be treated as a centrally imposed quota, he said. Responding to Hsj's survey of NHS trusts and primary care trusts, he said: "The figures speak for themselves. We have got some work to do but we're going down the right road and we need to work together with our BME staff and managers to find the solutions together."

The issue would be addressed by the new diversity and equality board being set up, which will be chaired by NHS chief executive David Nicholson.

Mr Sharma said the number of BME managers had leapt by 67 per cent since 2006-07, disproving the "myth" that non-white senior managers had disproportionately lost out as a result of reconfigurations.

Mr Sharma said the number of BME managers had leapt by 67 per cent since 2006-07, disproving the "myth" that non-white senior managers had disproportionately lost out as a result of reconfigurations.

In fact, the number of BME executive directors

dropped by 7 per cent, compared with 9 per cent of those who were white.

Overall, the NHS is the largest employer of BME communities in Europe, he said, and 30 per cent of medical students come from non-white backgrounds.

Mr Sharma called on strategic health authorities to hold trust managers to account over their race equality duties, and praised NHS North West for sending strategic plans back to PCTs if they lack equality impact assessments.

Monitor also has a role to play, he said, by ensuring foundation trusts comply with race equality legislation.

"It's just as important as any other duty that trusts have," he said.

"It's not just a 'to do' list, it's the responsibility of the whole board. It's part of world-class commissioning and should be part of everything we do."



What is the Evidence Based Reality?

BME Staff

- BME staff make up 15 per cent of the workforce
- BME staff disproportionately represented on disciplinarys; grievances; bullying & harassment; capability and employment tribunal
- BME staff are less likely to be appointed from a shortlist
- BME staff grossly under-represented at senior management level, and over represented at AfC Band 5
- Failure to collect, record and analyse workforce data or undertake race equality impact assessments

What is the Evidence Based Reality?

BME Communities

A failure to:-

- Collect ethnic monitoring data for patients and service users
- Engage and consult BME communities
- Address the health needs of BME communities
- Address barriers to access

The Vision

NHS BME Network

"an independent and effective voice for BME staff, BME patients and BME service users to ensure the NHS delivers on its statutory duties regarding race equality"

Hope, Change and
Bottom Up



Naaz Coker Racism in Medicine (2001)

describes racism as:

"one of the most difficult and painful words in the English language. It is a word that inspires fear, anger and revulsion in equal measures from all manner of people. It both describes and creates barriers between people. It is a word associated with conflict, with power and ideology. Not surprisingly then it is a word that gets a great deal of use but which is rarely discussed openly, dispassionately and

Hope, Change and
Bottom Up



Background



Hope Change and Bottom

NHS BME NETWORK

Operational Framework 2010/11



NHS BME NETWORK

- An independent and effective voice for BME staff, BME patients and BME service users
 - Active Partner in the elimination of racism in the NHS
 - Bottom up approach-empowering of BME staff
 - Making NHS organisations accountable
 - Delivery of quality service to BME people
-
- Memorandum of Understanding with the Care Quality Commission
 - Memorandum of Understanding with the Department of Health??
-
- Developing Talent and Inspiring BME Leaders



Changes Required

- Elimination of discrimination in the workplace
- Delivery of quality services to BME people
- NHS organisation to be held accountable

Criteria for Change

- Leadership
- Commitment from senior managers
- BME people (staff, patients & service users are equal partners)
- Adequate resources

Hope, Change and
Bottom Up



Hope

“Hope that is not backed by action is likely to remain an unfulfilled dream”

Hope, Change and
Bottom Up

