What will it take to deliver BME equity in the NHS?

Dr Vivienne Lyfar-Cissé
Associate Director of Transformation
Brighton and Sussex University Hospitals NHS Trust

Chair
NHS BME Network
What is the evidence for the case for change?
Sir 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.”
Whistleblowers - Sir Robert Francis’ Report

“The genuine pain and distress felt by contributors in having to relive their experiences was every bit as serious as the suffering I witnessed by patients and families who gave evidence to the Mid Staffordshire inquires… After raising a concern, BME (Black and Minority Ethnic) staff were more likely to be victimised by management than staff from a white background.”
“To avoid being called racist we say we don’t notice colour and don’t treat people differently based on colour. However, we all notice colour in just about every situation we’re in. It is not useful or honest for us to claim that we don’t.”

Uprooting Racism - How White People Can Work for Racial Justice
Paul Kivel
Minority staff get worse deal on jobs, pay and grievances

EXCLUSIVE Regional study reveals NHS organisations falling on race equality duties

Charlotte Levy
charlotte.levy@network.com

Widespread breakdowns in black and minority ethnic (BME) staff have been laid bare in a stark analysis of recruitment, bullying, grievance and disciplinary issues.

In the first report of its kind, shared exclusively with Network, 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 (SE Coast) NHS at the end of 2016 to complete, at times finding a hostile work environment.

The findings are seen by managers as broadly representative of other parts of the country.

They reveal BME people across the region are five times less likely to lodge an employment tribunal claim than white colleagues, while just 1 per cent of BME staff were among the top 2 per cent of all employees.

Health charities have called for decisive action to close the gap on racial inequality and racial disparity.

Manager in Partnership chief executive Jon Maynard said the system must do better to address the problem.

"The results are striking and make difficult reading. We're looking at the way the recruitment system works compared and whether it's become depersonalised and not individually focused enough to maximise opportunities for everyone," he said.

Black and minority ethnic staff are asked to work in an environment where their ability to provide good services is questioned, he added.

Although BME people comprise 20 per cent of the workforce, they are involved in more than half of all bullying and harassment cases in the region's mental health trusts.

Overall, they are involved in 30 per cent of all investigations.

"NHS employers are recognising the wider impact of BME staff and discrimination," 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.

The region's 24 acute trusts, mental health trusts and PCTs, collated data on the progress they were making in complying with the Healthcare Commission's requirements to challenge discrimination, promote equality and respect human rights in 2004-05.

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

But the NHS Network was also working to collect ethnic monitoring data for patients, even though it is only currently legally required to do so.

Managers in Partnership chief executive Jon Maynard said: "We found that 10 per cent of the organisations were failing to collect ethnic monitoring data for patients, even though it is only currently legally required to do so.

"It is our view that the NHS must work to collect ethnic monitoring data for patients, even though it is only currently legally required to do so.

"We call on NHS employers to make decisive action to close the gap on racial equality and racial disparity.

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**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 Saxton
chatsaxton@empow.com

The bleak plight of black and minority ethnic staff across the NHS has been exposed in an exclusive HSJ analysis of recruitment, retention and workplace figures.

The survey of every NHS trust and primary care trust in England finds BME workers are gradually under-represented among senior managers, disproportionately involved in disciplinaries, grievances, bullying and harassment cases and capability reviews.

Responses from the figures provided for HSJ show BME staff make up around 17 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 and bullying cases taken by BME staff are “racially motivated”.

In nearly half of cases, BME staff are targeted by fellow workers.

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**Local populations not reflected**

Healthcare Commission to seek action from boards

Local populations not reflected

Charlotte Saxton
chatsaxton@empow.com

BME bodies are largely representative of the communities they serve but some are drastically failing to reflect local populations, HSJ figures show.

A comparison of populations data shows the discrepancies with primary care trust workforce figures shows an average PCT employs around 23 per cent more people from black and minority ethnic backgrounds than are living in local populations.

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

For example, 25 per cent of people living within Bradford and Airedale working PCTs boundaries are black, but only 14 per cent of staff.

The proportion of BME staff in Kirklees PCT is even less than half that of the population. According to the figures, 7 per cent of employees compared with just 1 per cent of the population are BME staff.

There are also PCTs where the proportion of BME staff is significantly more diverse than the areas they serve, such as Herefordshire and Worcestershire, where only 23 per cent of staff are BME.

However, even boards are rarely represented: among organisations responding to HSJ’s survey, 5 per cent of executive directors and 8 per cent of non-executive directors are BME.

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Sharma called on health care providers to work together with their BME staff to address discrimination.

The issue would be addressed by a new government health board being set up, he said. “We’ll be chaired by NHS chief executive, and there will be a taskforce to work with our BME staff to address the discrimination.

Sharma said the number of BME doctors in England has increased from just six in 1980 to 4,000. But the number of BME doctors in England has increased from just six in 1980 to 4,000.

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1998 Acheson Report

Three recommendations for reducing ethnic health inequalities:

1. Policies on reducing socioeconomic inequalities should consider the needs of BME group

2. Services should be sensitive to the needs of BME groups and promote awareness of their health risks

3. The needs of BME groups should be specifically considered in providing and planning healthcare
Policy Failures Concerning Ethnic Health Inequalities

1. Assumption that ethnic health inequalities is addressed solely by dealing with socio-economic status

2. Failure to consider ethnicity or ethnic diversity specifically

3. Targeting risk behaviours and health damaging “life choices”

4. Failure to recognise the impact of racism and/or fear of racism
The NHS Response to Institutional Racism

• Positively Diverse
• Improving Working Lives
• Breaking Through Programmes
• Leadership Academy
• Valuing Diversity
• Inclusion Programme
• Lord Crisp’s Ten point Race Equality Plan
• Equality Delivery Systems 1 and 2
• Workforce Race Equality Standard
Features of System Leadership

• Vision and recognition that the system needs to be led

• An act of persuasion that needs to have an evidence base for change

• Leadership which is “shared”; “distributed” and “adaptive”

• A focus on systems of care and engaging staff in delivering results

• Bringing people and organisations together to try and get more than the sum of the parts out of them
Features of System Leadership

- Building relationships with others to improve outcomes for local populations served
- Recognition that patients and carers are crucial in designing the changes
- Requires the best, most diverse group of clinical leaders
- Accountability for performance
- The ability to “walk in other people’s shoes” (empathy)
What will it take to deliver BME Equity in the NHS?

Implementing System Leadership which accepts:

• The case for change based on evidence is well established

• BME people (staff and patients) as the beneficiaries need to be directly involved

• There is a need to eliminates discrimination at all levels within the NHS including the Trust Board

• Racial discrimination of staff adversely impacts the quality of care to patients
• There is a need to promote equality of opportunity

• There is a need to foster good relations between people from different ethnic groups

• There must be accountability for failure

• The NHS has a legal obligation to deliver race equality
NHS BME Network

The aim of the NHS BME Network is to be an independent and effective voice for BME staff, BME patients, BME carers and BME service users to ensure the NHS delivers on its statutory duties regarding race equality.
Race Equality and the NHS
Seizing the Opportunity

Friday 12 June 2015
09.00 to 17.00 hours
with an evening dinner event

London Hilton, Park Lane, London W1K 1BE
THANK YOU