



RACE equality in NHS

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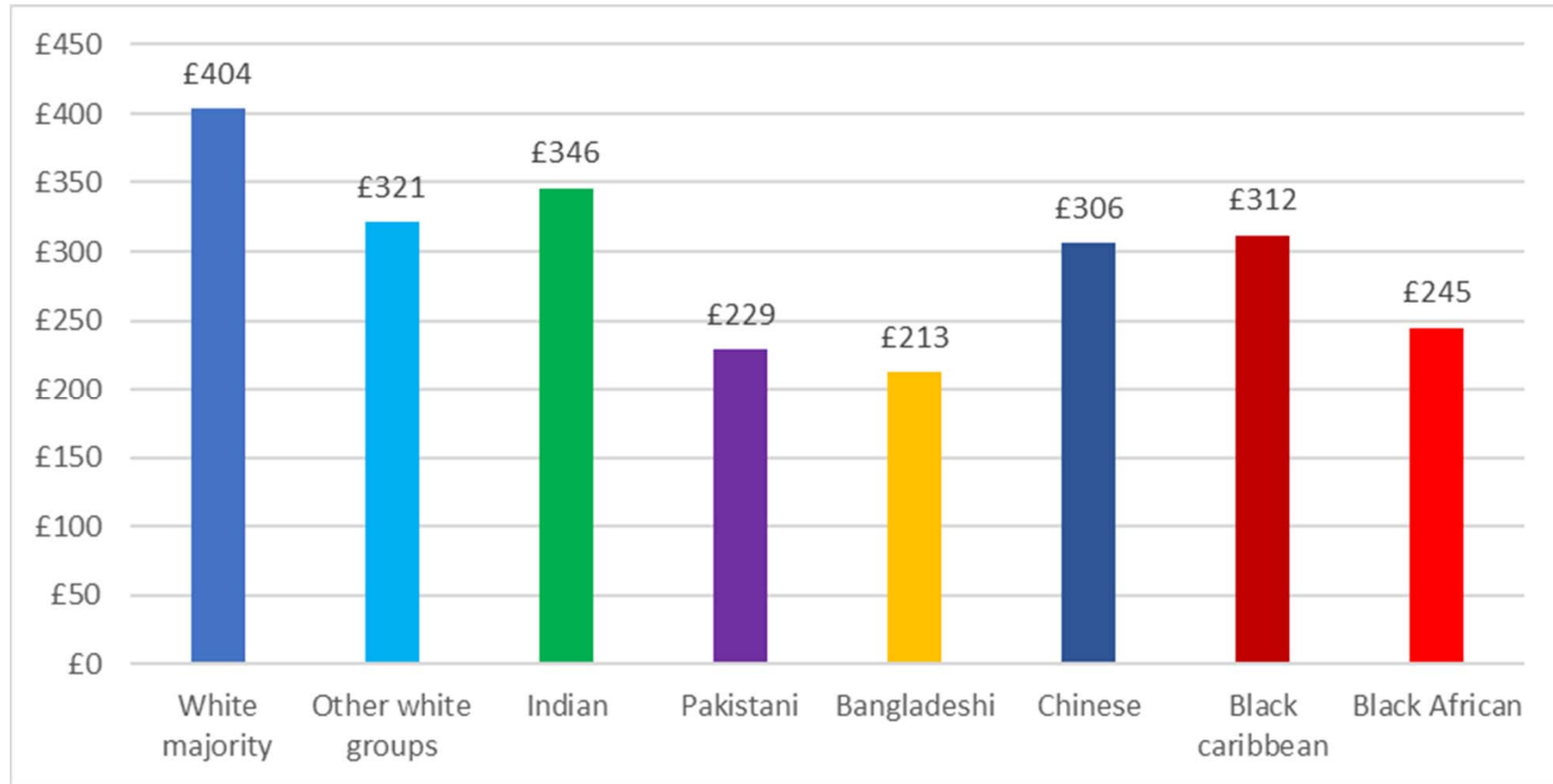
Race inequality: a global challenge

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 BME folk, in general, are more likely to:

- *Health – get chronic diseases and die sooner*
- *Wealth – make less money over their life course*
- *Housing – live in poorer areas and accommodation*
- *Judiciary – to be convicted and imprisoned*
- **Employment** – *have poorer experiences and opportunities in the workplace*

Ethnic inequalities in wealth: UK median household income, 2009/10-2012/13



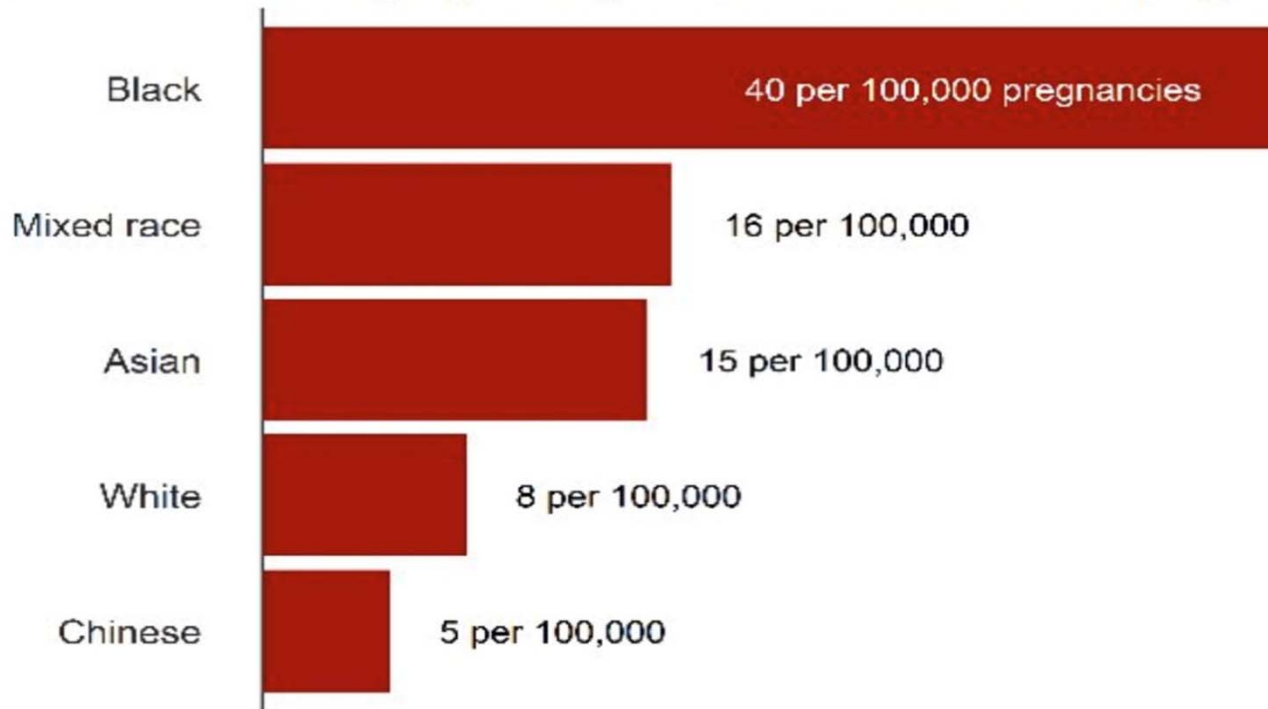
Fisher & Nandi, Joseph Rowntree Foundation, 2015 AHC: Net equalised household income after housing cost

Ethnic inequalities in health: maternal death rates



Maternal death rates in the UK, 2014 to 2016

Race of women dying during or up to six weeks after pregnancy



Note: Researchers used England figures to calculate UK rates

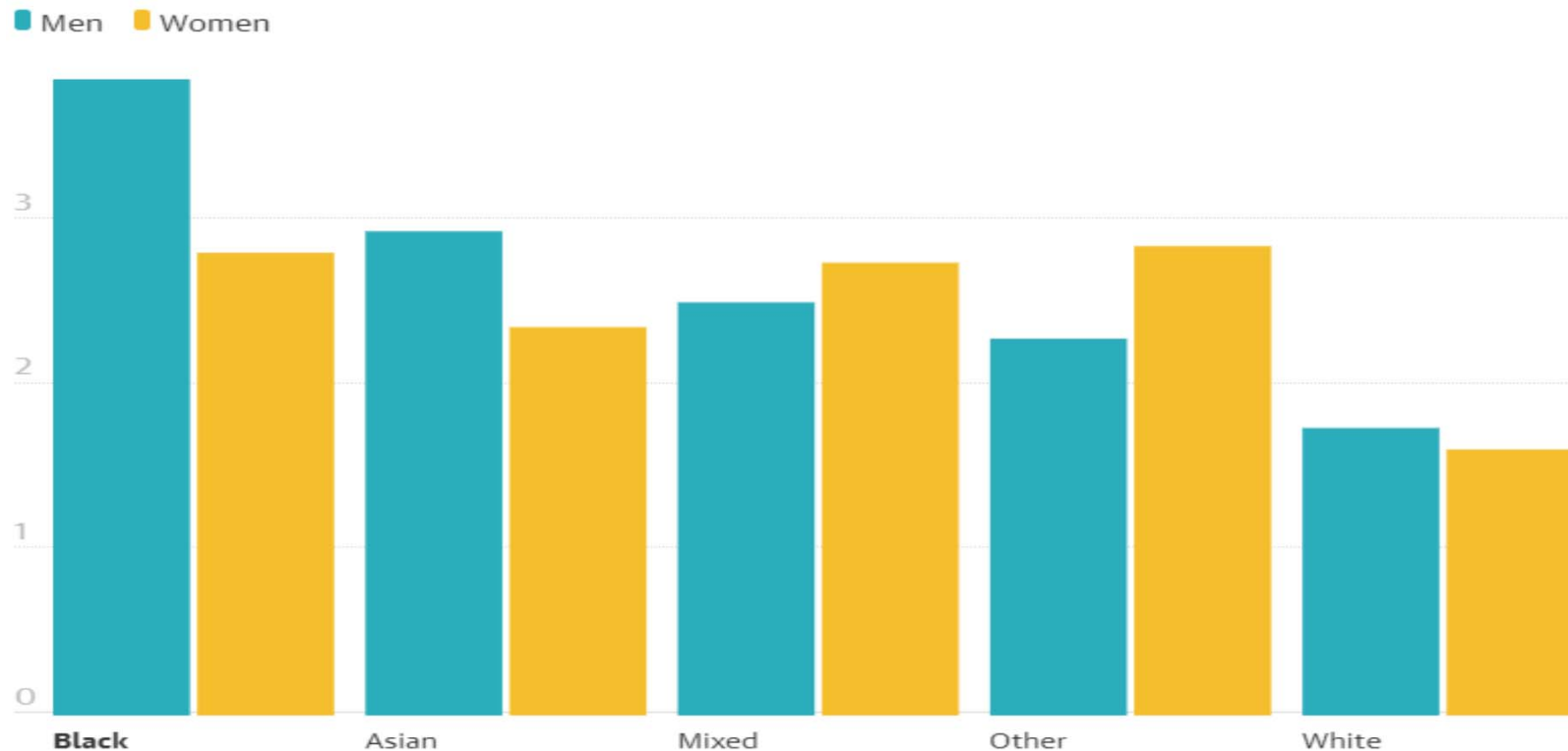
Source: MBRRACE



Covid-19 death rate in England higher among BME people



Deaths among black males were 3.9 times higher than expected between 20 March and 7 May



Source: Public Health England: Covid-19 Specific Mortality Surveillance System. Note: deaths compared with those expected for corresponding dates in 2014 to 2018

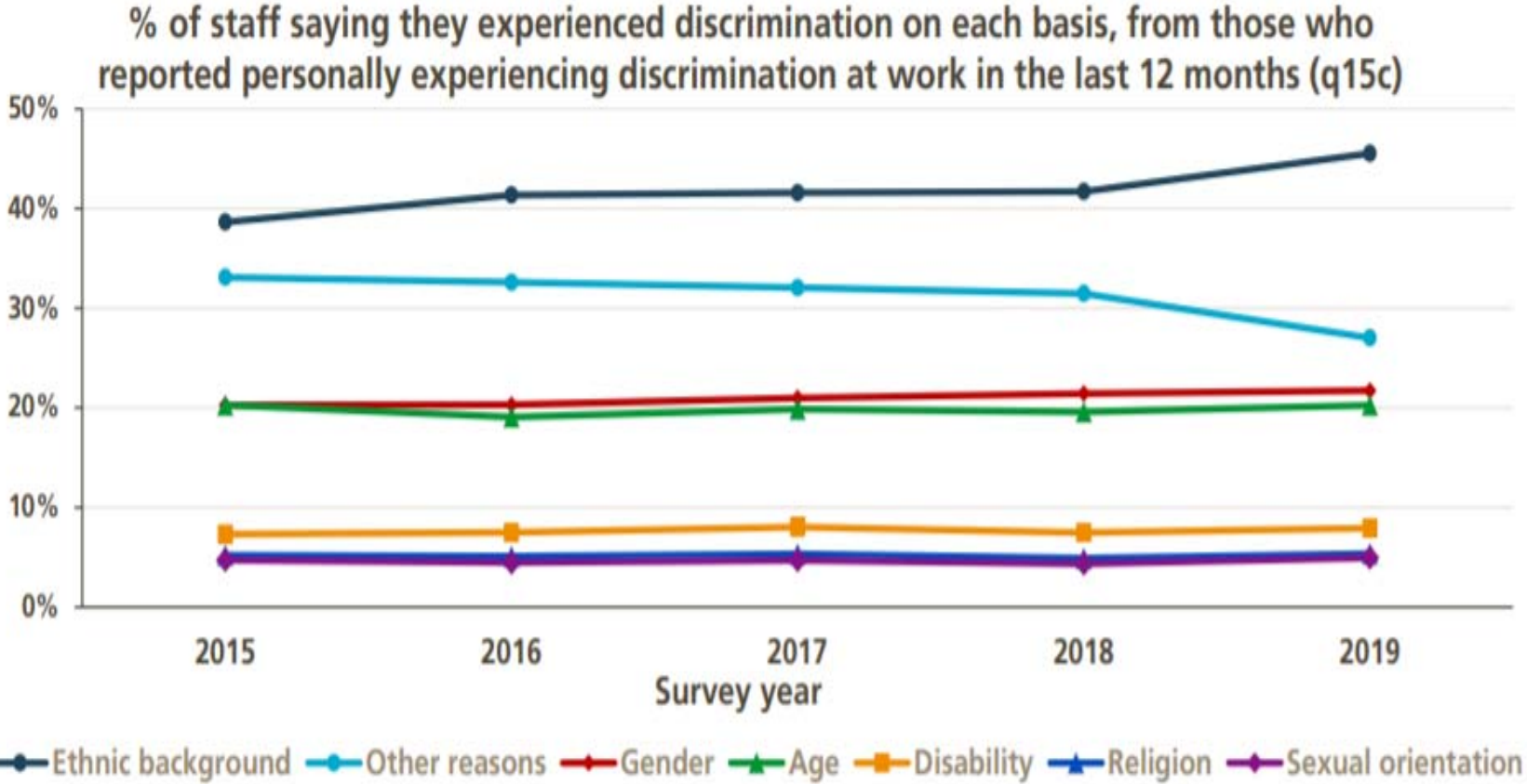
Deaths of UK health and social care workers from Covid-19



	Nurses and midwives	Healthcare support workers	Doctors and dentists	Other staff
Number	35	27	19	25
Age; yrs median (IQR [range])	51 (46-57 [23-70])	54 (42-64 [21-84])	62 (54-76 [36-79])	51 (34-58 [29-65])
Male; %	39	22	94	55
BAME; %	71	56	94	29
BAME workforce; %*	20	17	44	-

Source: <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>

Discrimination in the workplace



Please note:

- Even when accounting for proportionality, ethnicity is by far the biggest issue when it comes to discrimination.

Biological Weathering – Arline Geronimous

- Chronological age captures **duration of exposure to risks** for groups living in adverse living conditions
- Black people experience **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 **stressors** in their residential, occupational and other environments, and coping with these stressors
- Compared to white communities, black communities experience **higher levels** of stressors, **greater clustering** of stressors, and probably **greater duration and intensity** of stressors

Black and Minority Ethnic (BME) staff in the NHS – scale of the challenge



But...

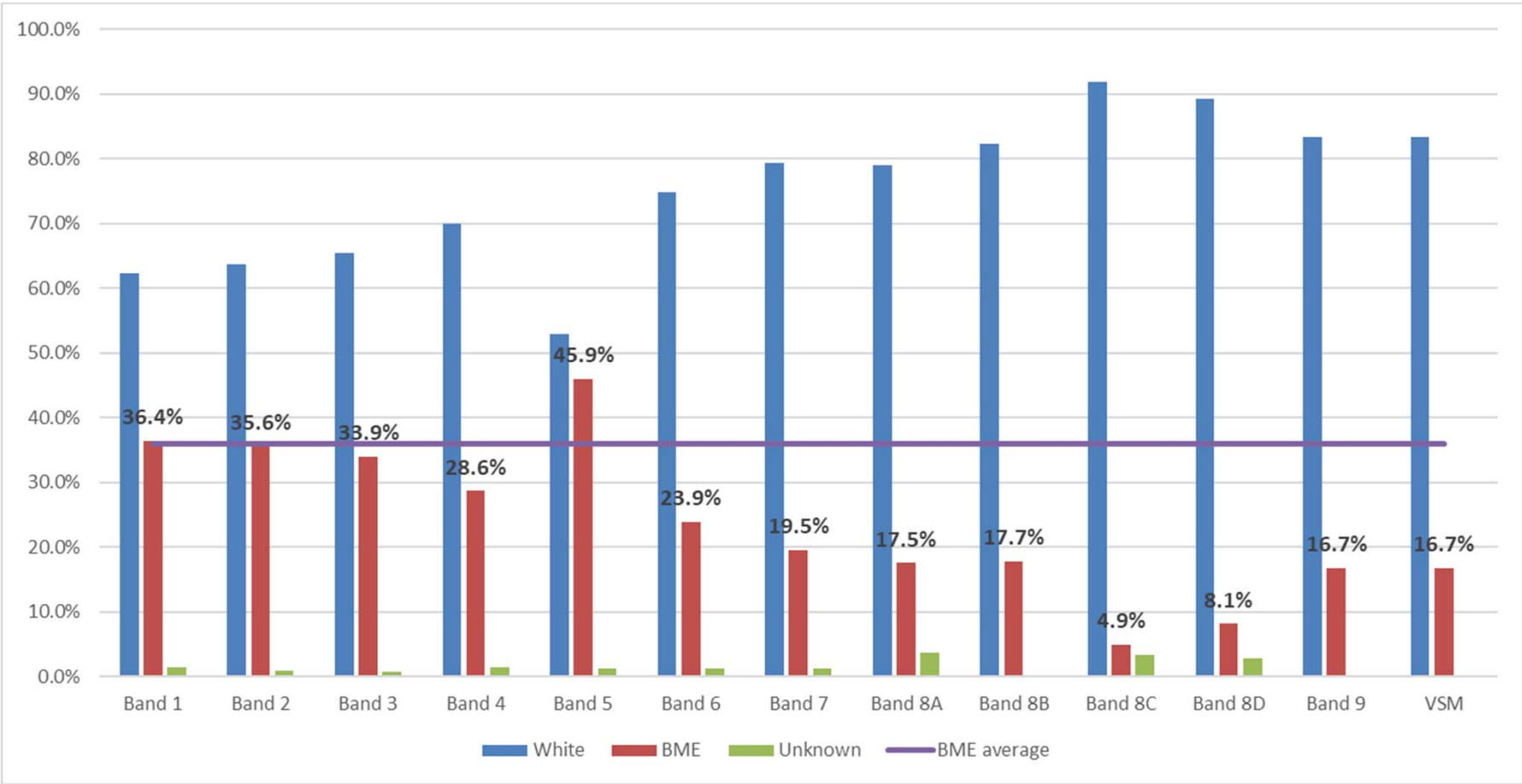
- 1.4 million people work in the NHS
- 20% staff from BME backgrounds
- 28% GPs from BME backgrounds
- 40% of Hospital Doctors are from BME backgrounds
- 21% Nurses and Midwives (qualified and unqualified) rising to more than 50% in London
- 9 BME CEOs (from 222 Trusts)
- 10 BME Chairs
- 12 BME Executive Directors of Nursing
- 37 BME Medical Directors
- Less than 6% very senior managers from BME backgrounds
- 7% BME board representation

This is a significant improvement from 2015

Ethnicity and AfC pay bands, 2020.



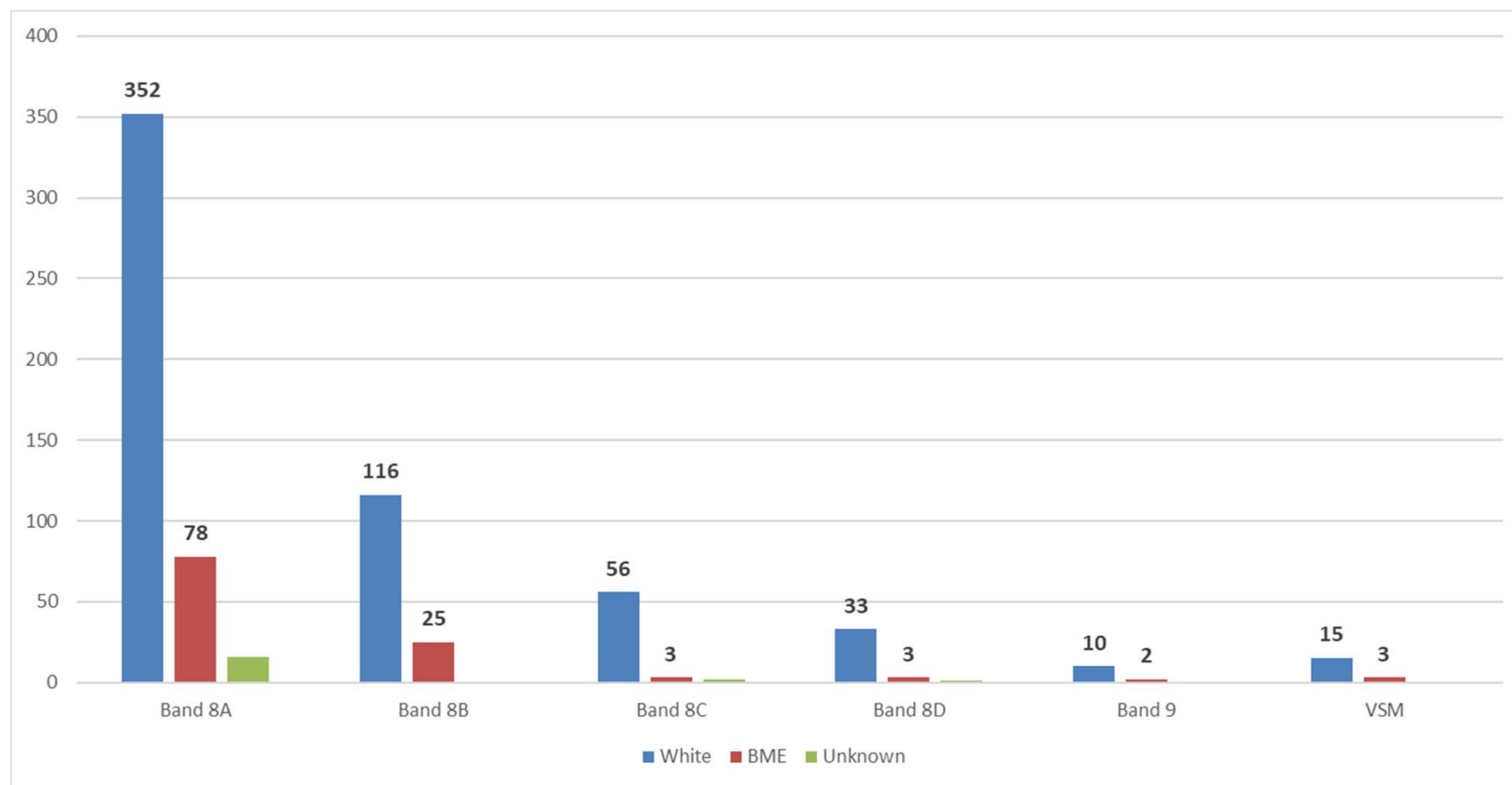
(Source: WRES data submission for 2020).



35.9% (5 716) of staff across the trust are from a BME background.

Ethnicity and AfC Band 8a – VSM, 2020.

(Source: WRES data submission for 2020).



- 11 (8.6%) of staff at Band 8C and above are from a BME background .

WRES indicators 2 – 4 data, 2020

(Source: WRES data submission for 2020)

Indicator Type	WRES Indicator	Metric Description	2016	2017	2018	2019	2020
			Score	Score	Score	Score	Score
	2	Relative likelihood of White applicants being appointed from shortlisting compared to that of BME applicants	-	2.29	1.60	1.80	1.81
	3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	-	1.56	0.82	1.18	0.89
	4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	-	1.75	1.20	0.76	0.90

BME staff were relatively:

- less likely to be appointed from shortlisting.
- less likely to enter the formal disciplinary process.
- more likely to access non mandatory training and CPD.

WRES NHS staff survey questions: 2019



(Source: Staff survey website)

Indicator Type	WRES Indicator	Metric Description	BME	WHITE
S T A F F S U R V E Y	5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	22.4%	27.7%
	6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	25.7%	24.6%
	7	Percentage believing that trust provides equal opportunities for career progression or promotion.	68.9%	86.3%
	8	In the last 12 months have you personally experienced discrimination at work?	12.9%	5.9%

- BME staff reported a worse experience than white staff for three of the four WRES NHS staff survey questions.
- BME staff are twice as likely to have personally experienced discrimination.

Impact of race equality: WRES 2019



Poorer performing for WRES indicator	NHS trust	CQC Overall rating	CQC Well led rating	Proportion of temporary staff	Staff survey- staff engagement score	Staff survey - equality and diversity theme score	Staff Friends and Family Test % Recommended - work	Staff Friends and Family Test % Recommended - Care
Indicator 5	2Gether NHS Foundation Trust	Good	Good	8.62%	7.20	9.20	71.00%	86.25%
	Camden and Islington NHS Foundation Trust	Good	Good	6.81%	7.10	8.40	66.40%	67.61%
Indicator 6	Northern Lincolnshire and Goole NHS Foundation Trust	Requires improvement	Inadequate	7.76%	6.50	9.00	46.59%	63.64%
	East Kent Hospitals University NHS Foundation Trust	Requires improvement	Requires improvement	9.40%	6.50	8.80	51.30%	70.12%
Indicator 7	South London and Maudsley NHS Foundation Trust	Good	Good	5.10%	7.00	8.30	64.13%	72.40%
	Birmingham Community Healthcare NHS Foundation Trust	Requires improvement	Requires improvement	14.60%	6.70	8.80	52.80%	79.66%
Indicator 8	Mid Yorkshire Hospitals NHS Trust	Requires improvement	Requires improvement	3.91%	6.70	8.90	60.02%	70.03%
	Avon and Wiltshire Mental Health Partnership NHS Trust	Requires improvement	Requires improvement	8.07%	6.70	8.80	41.56%	67.53%
	National median			5.01%	7.00	9.00	64.96%	80.04%

Impact of race equality: WRES 2019



Better performing for WRES indicator	NHS trust	CQC Overall rating	CQC Well led rating	Proportion of temporary staff	Staff survey- staff engagement score	Staff survey - equality and diversity theme score	Staff Friends and Family Test % Recommended - work	Staff Friends and Family Test % Recommended - Care
Indicator 5	The Christie NHS Foundation Trust	Outstanding	Outstanding	5.57%	7.60	9.40	72.34%	94.75%
	Sheffield Children's NHS Foundation Trust	Good	Good	0.78%	7.10	9.40	65.31%	89.41%
Indicator 6	Bradford Teaching Hospitals NHS Foundation Trust	Requires improvement	Good	3.38%	7.20	9.00	61.01%	70.83%
	Alder Hey Children's NHS Foundation Trust	Good	Good	1.42%	7.30	9.40	72.86%	91.96%
Indicator 7	Airedale NHS Foundation Trust	Requires improvement	Requires improvement	6.82%	7.20	9.40	75.12%	85.87%
	Kent Community Health NHS Foundation Trust	Outstanding	Good	2.14%	7.00	9.50	82.89%	94.74%
Indicator 8	Chesterfield Royal Hospital NHS Foundation Trust	Good	Good	2.36%	7.00	9.40	73.39%	84.68%
	Tees, Esk and Wear Valleys NHS Foundation Trust	Good	Good	3.22%	7.20	9.40	70.79%	80.53%
	National median			5.01%	7.00	9.00	64.96%	80.04%

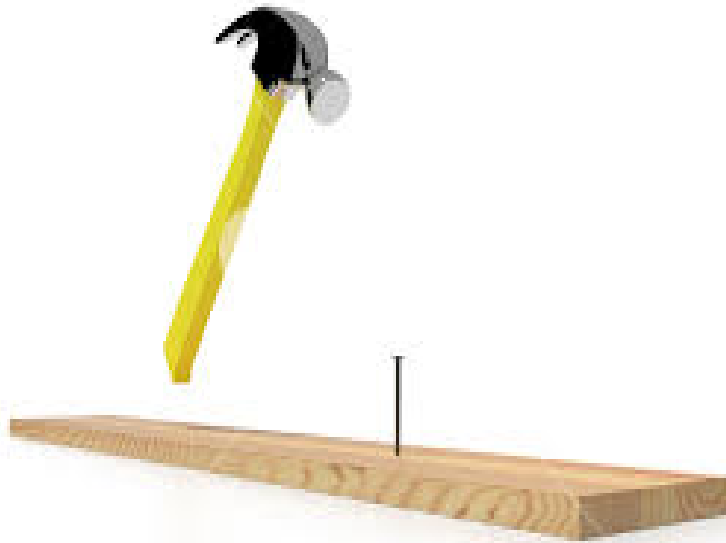
WRES indicator 9: board representation

(Data as at 31 March 2020)

Indicator Type	WRES Indicator	Metric Description	2016	2017	2018	2019	2020
			Score	Score	Score	Score	Score
BOARD	9	Percentage of BME Board membership	15.4%	13.3%	11.1%	16.7%	16.7%

- BME representation on the board is significantly lower than BME representation in the trust.

Benefits of diverse representation at all levels



The more complex the problem or task, the greater the benefits of diversity.

The NHS Race and Health Observatory



The Observatory will work towards identifying and transforming the disproportionate effects race and ethnicity have on patients, communities and the NHS workforce. It will be a proactive investigator, making strategic policy recommendations for change and will help facilitate practical implementation of those recommendations.

1

Synthesize insight

Commission new, high-quality and innovative research to develop meaningful insight into ethnic inequalities in health



2

Inform policy

Develop and embed actionable recommendations to reduce ethnic inequalities in health



3

Enable implementation

Support the implementation of recommendations and share good practice



Inclusive leadership: being comfortable with the uncomfortable...



Further information



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