

The power of us: Race equality in the NHS

Dr Habib Naqvi

@DrHNaqvi

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NHS England and NHS Improvement



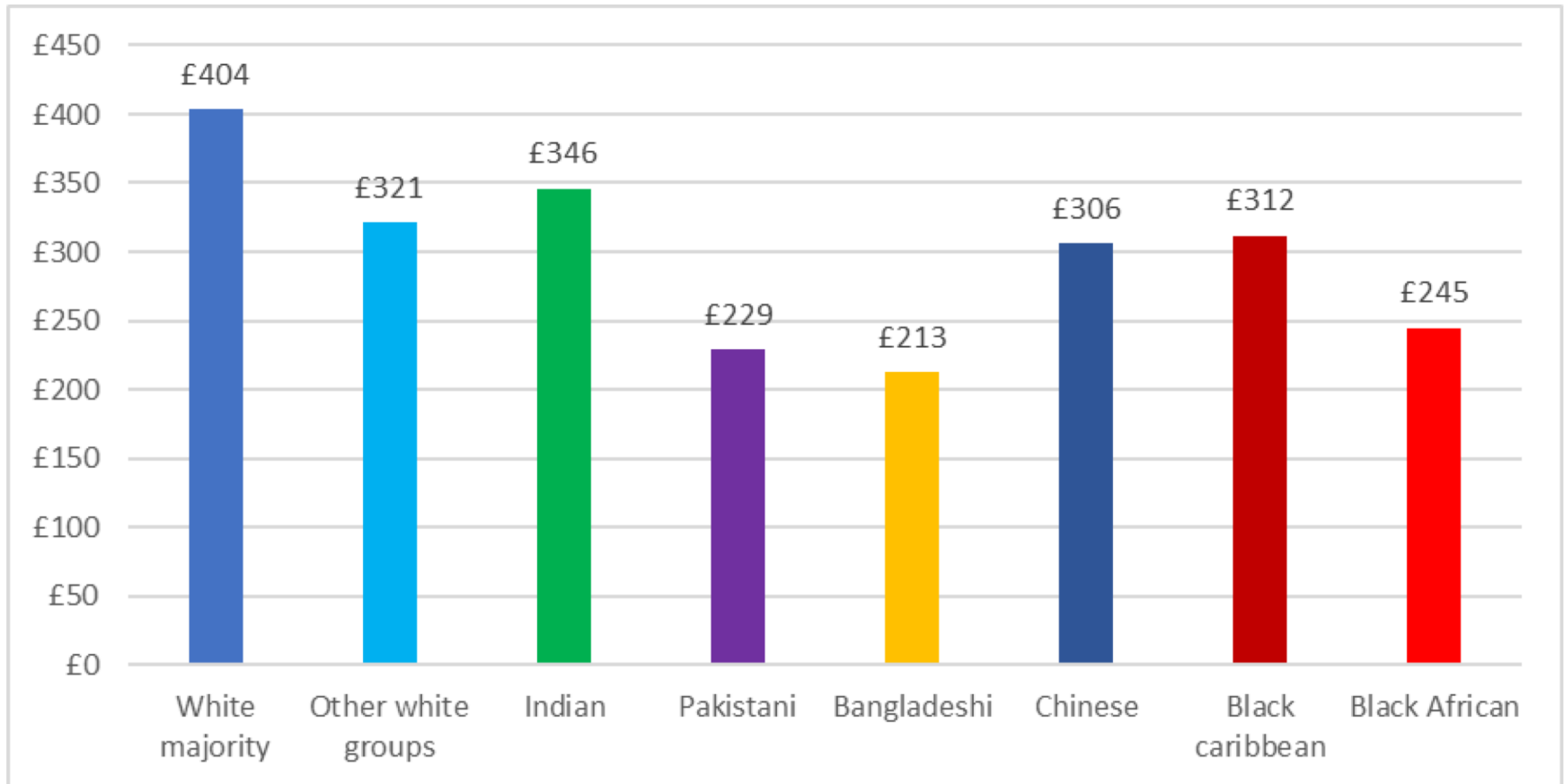
Race inequality: a global challenge

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

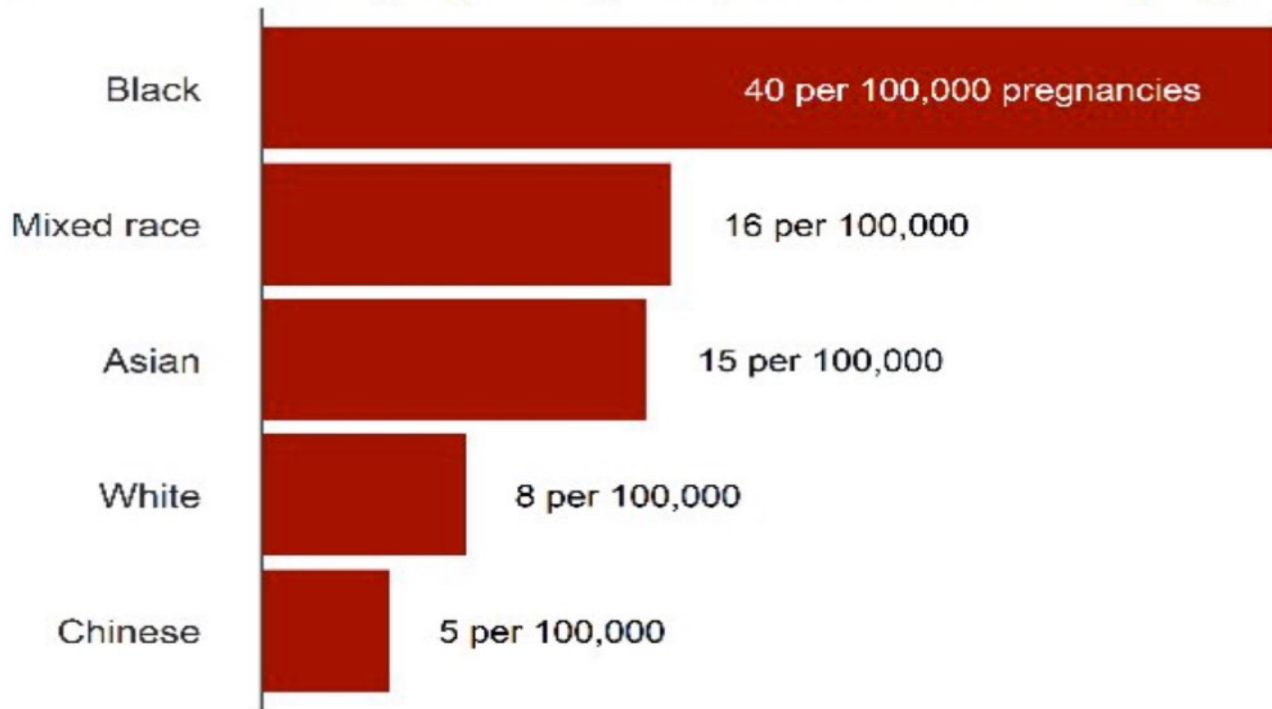


Fisher & Nandi, Joseph Rowntree Foundation, 2015 AHC: Net equalised household income after housing cost

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

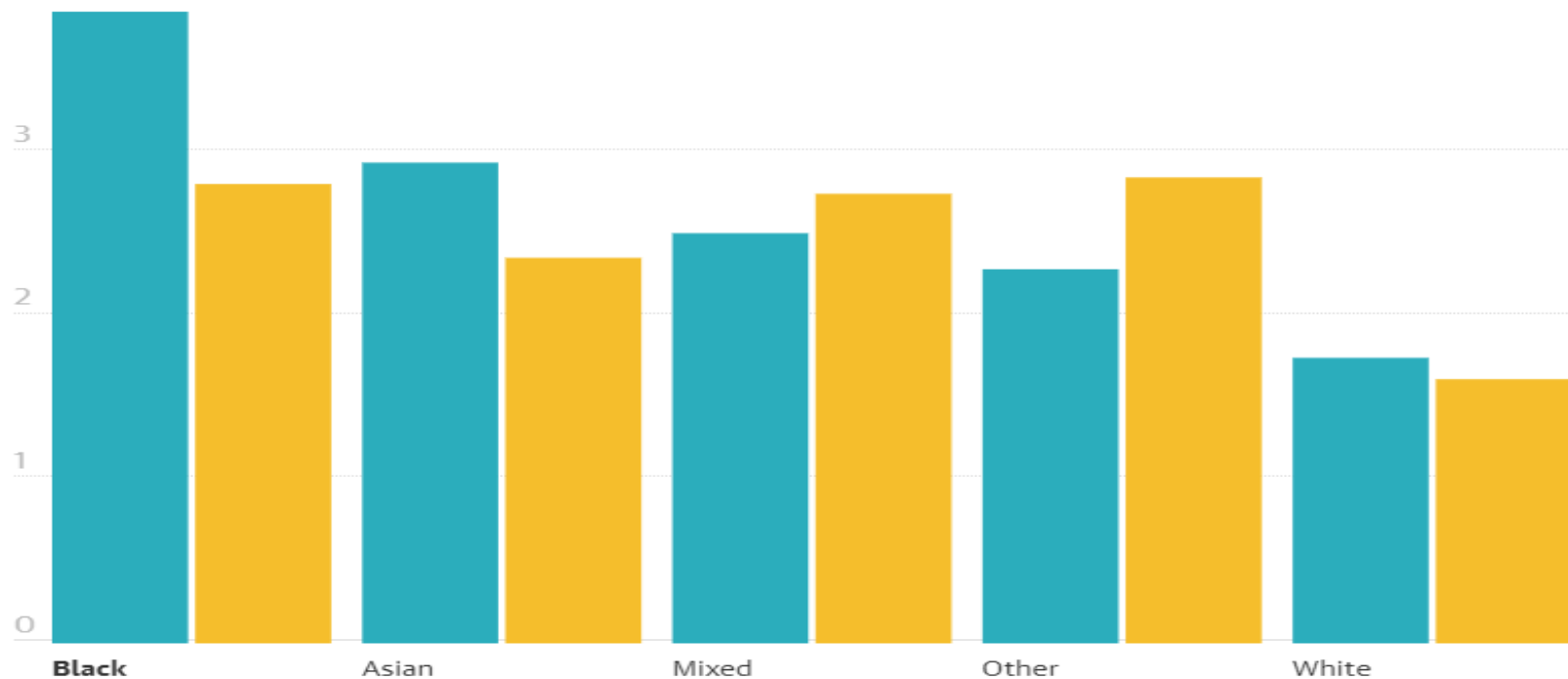


Note: Researchers used England figures to calculate UK rates

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

Men Women



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



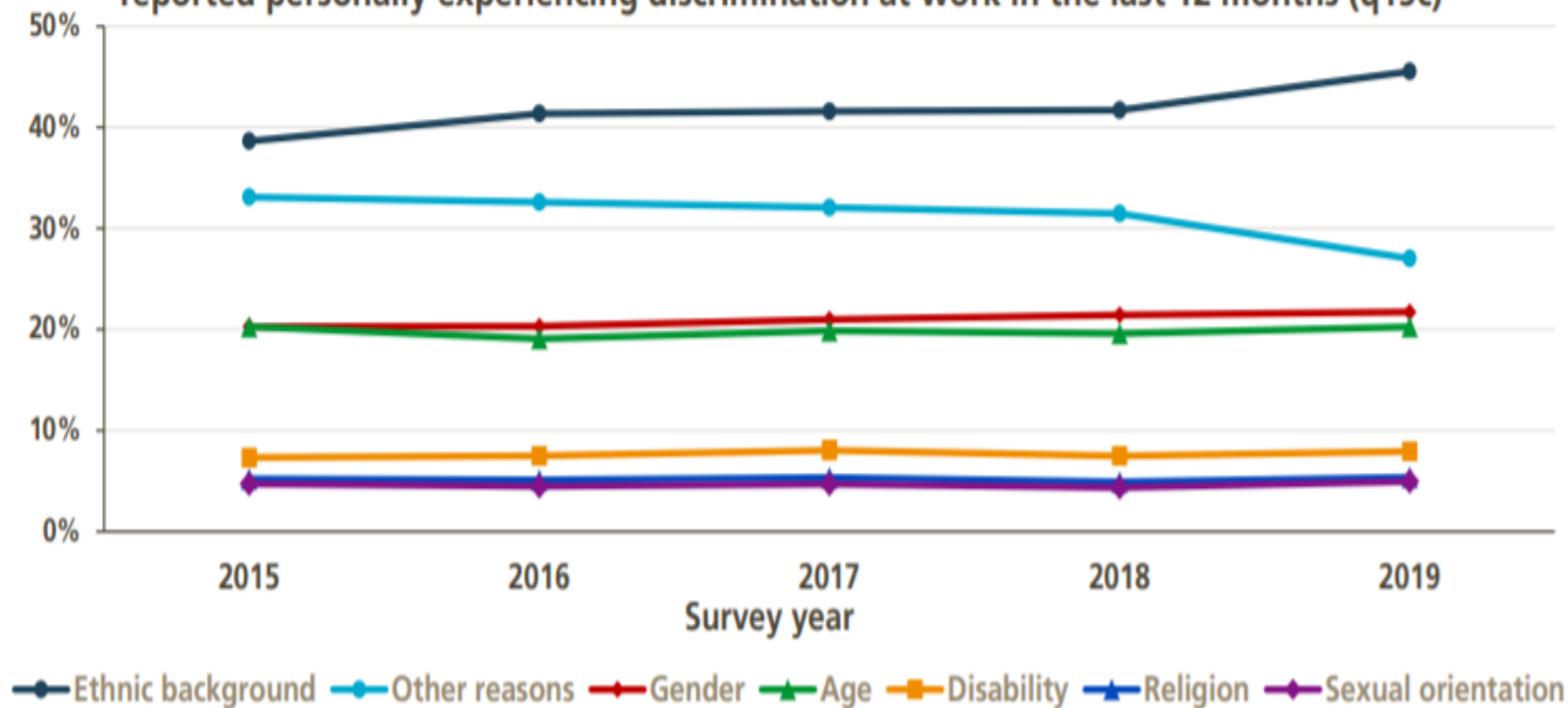
	Nurses and midwives	Healthcare support workers	Doctors and dentists	Other staff
Number	35	27	19	25
Age; yrs median (IQR [range])	51 (46-57 [23-70])	54 (42-64 [21-84])	62 (54-76 [36-79])	51 (34-58 [29-65])
Male; %	39	22	94	55
BAME; %	71	56	94	29
BAME workforce; %*	20	17	44	-

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

Discrimination in the workplace



% of staff saying they experienced discrimination on each basis, from those who reported personally experiencing discrimination at work in the last 12 months (q15c)



Please note:

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

The consequences for people

- Disillusionment
- Unhappiness
- Depression
- Lack of confidence
- Anger/Rage
- Lack of belief in the system
- Lack of engagement and buy in
- Resentment
- Influences performance



Impact on patient care...!

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

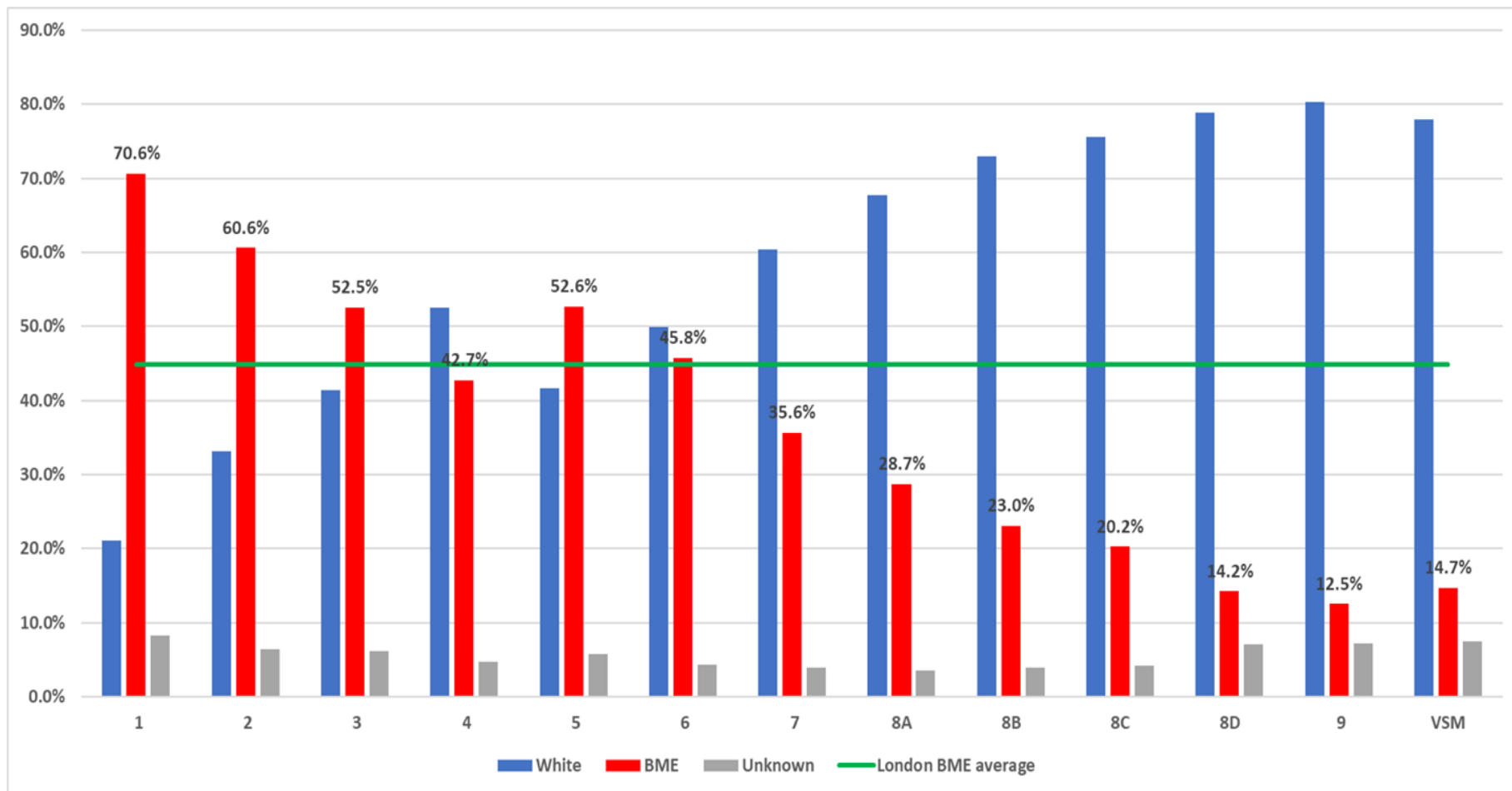


But...

- 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 ~227 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 of NHS staff in London hospitals by pay bands – 2019



- 44.9% (92,487) of all staff working across London trusts are from a BME background.

WRES indicators 2 – 4 data, 2019

(Source: WRES data submission for 2019)

WRES indicator	2016	2017	2018	2019
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.57	1.6	1.45	1.46
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	1.56	1.37	1.24	1.22
4. Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	1.11	1.22	1.15	1.15

WRES NHS staff survey questions: 2019



(Source: WRES data submission for 2019)

WRES indicator		2016	2017	2018	2019
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	29.10%	28.40%	28.50%	29.80%
	White	28.10%	27.50%	27.70%	27.80%
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	27.00%	26.00%	27.80%	29.00%
	White	24.00%	23.00%	23.30%	24.20%
7. Percentage of staff believing that trust provides equal opportunities for career progression or promotion	BME	73.40%	73.20%	71.90%	69.90%
	White	88.30%	87.80%	86.80%	86.30%
8. Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14.00%	14.50%	15.00%	15.30%
	White	6.10%	6.10%	6.60%	6.40%

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%

Benefits of diverse representation at all levels



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

Inclusive leadership: being comfortable with the uncomfortable...



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, providing strong messages that inform policy-making and support the operationalisation of strategic recommendations.

1. Synthesis insight

Commission innovative research and engagement 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

Resources and further information



Websites:

www.england.nhs.uk/wres/

www.workplaceedi.com

Twitter:

[@DrHNaqvi](https://twitter.com/DrHNaqvi)