



Workforce Race Equality Standard: Making Equal Opportunities a Requirement in the Workplace

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Race inequality: a global challenge

Across all indicators BME people, 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*

Increasing the racial and wider diversity of the health care workforce is essential for the adequate provision of culturally competent care to UK's burgeoning minority communities.

A diverse health care workforce will help to expand health care access for the under-served, foster research in neglected areas of societal need, and enrich the pool of managers and policymakers to meet the needs of a diverse population.

The reasons for tackling workforce race inequality in the NHS

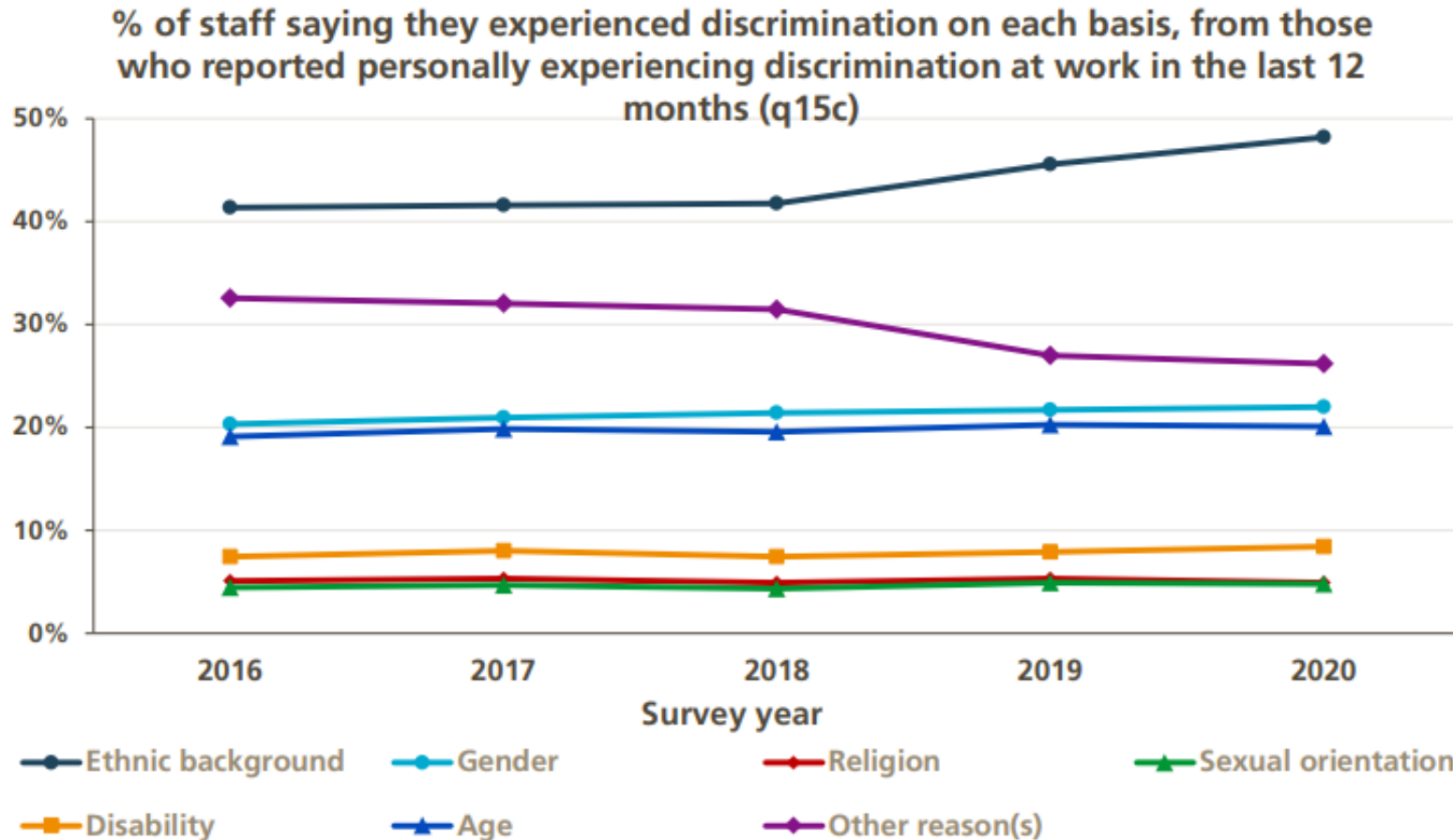


- **THE LEGAL CASE**
 - Equality Act 2010 and the PSED
- **THE MORAL CASE**
 - The right thing to do
- **THE QUALITY CASE**
 - Helps ensure high quality care, patient satisfaction and patient safety
 - Link between staff satisfaction and patient outcomes
- **THE FINANCIAL CASE**
 - Staff engagement and organisational efficiency
 - Implications for boards

WRES indicators of workplace experience and opportunity

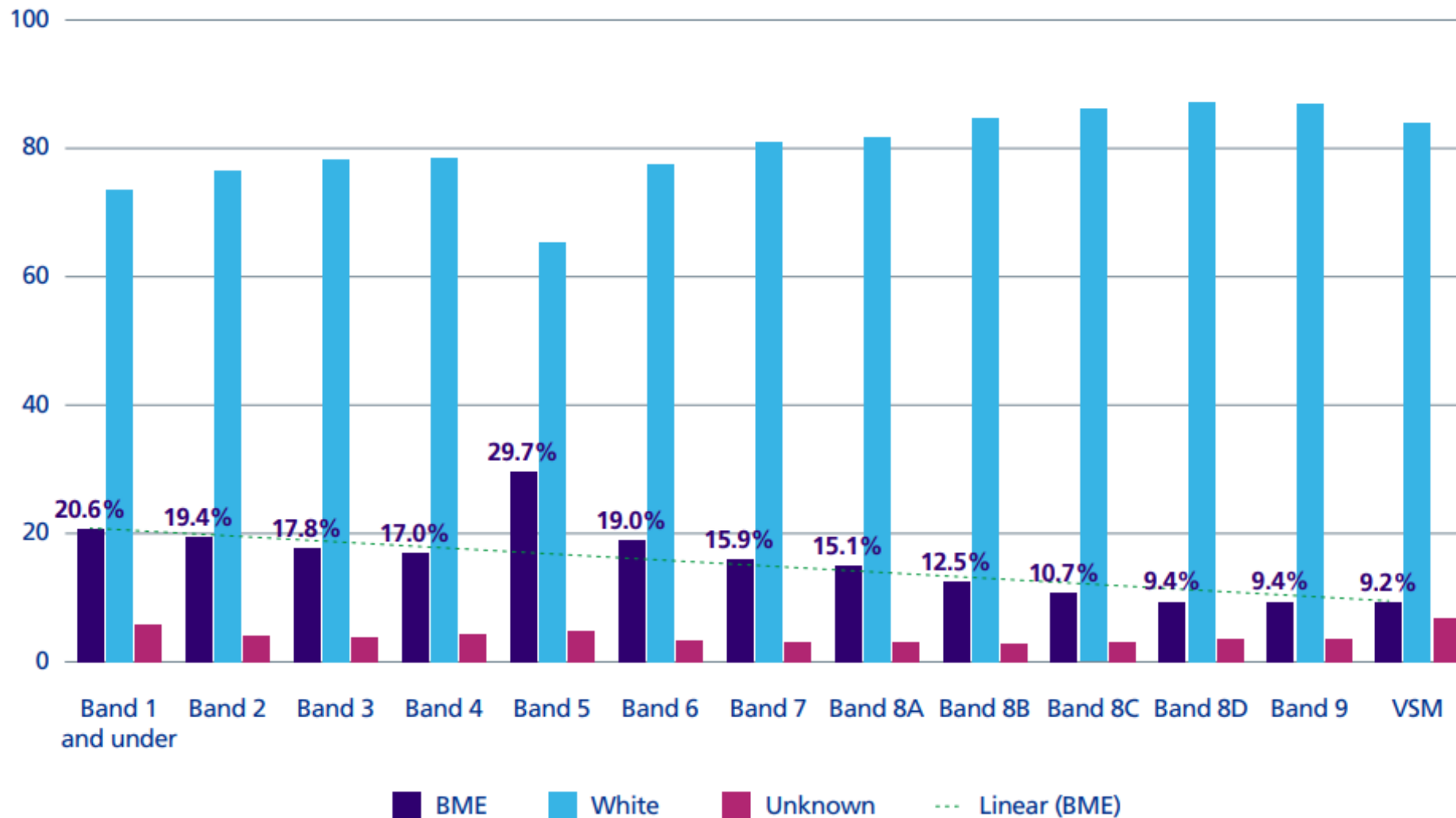
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|---|---|---|---|---|
| <p>Indicator 1</p> <ul style="list-style-type: none"> Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce | <p>Indicator 2</p> <ul style="list-style-type: none"> Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts | <p>Indicator 3</p> <ul style="list-style-type: none"> Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process | <p>Indicator 4</p> <ul style="list-style-type: none"> Relative likelihood of BME staff accessing non mandatory training and CPD as compared to white staff | |
| <p>Indicator 5</p> <ul style="list-style-type: none"> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | <p>Indicator 6</p> <ul style="list-style-type: none"> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | <p>Indicator 7</p> <ul style="list-style-type: none"> Percentage believing that trust provides equal opportunities for career progression or promotion | <p>Indicator 8</p> <ul style="list-style-type: none"> In the last 12 months have you personally experienced discrimination at work from any of the following? - Manager / team leader or other colleagues | <p>Indicator 9</p> <ul style="list-style-type: none"> Percentage difference between the organisations' Board membership and its overall workforce |

On what grounds is discrimination experienced?



Ethnic background continues to be the most common reason cited and was mentioned by 48.2% of staff who claimed to have experienced discrimination at work.

Ethnicity of NHS staff in all NHS trusts 2021



22.4% of all staff working across UK trusts are from a BME background



INDICATOR 1

INDICATOR 2

INDICATOR 3

INDICATOR 4

INDICATOR 5

INDICATOR 6

INDICATOR 7

INDICATOR 8

INDICATOR 9

INDICATOR 10

INDICATOR 11



Medical Workforce Race Equality Standard (MWRES)

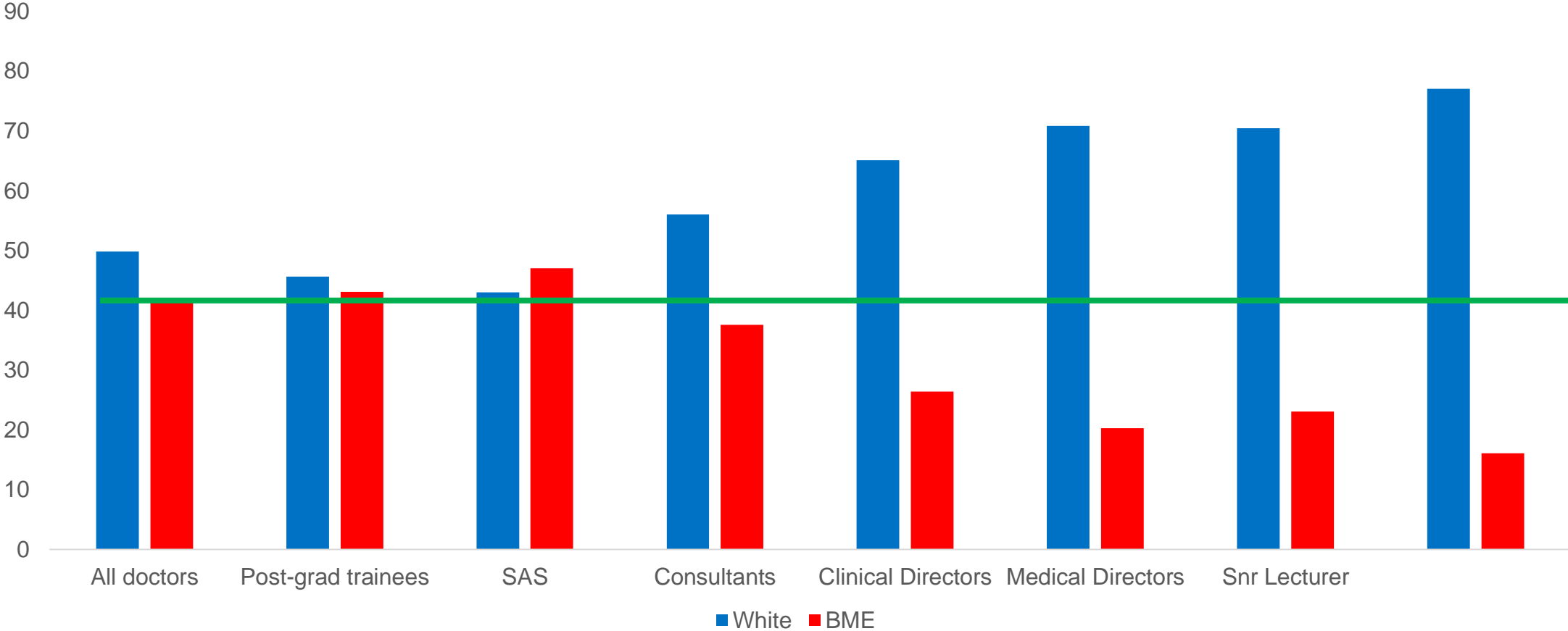
WRES indicators for the medical workforce 2020

July 2021

NHS England and NHS Improvement



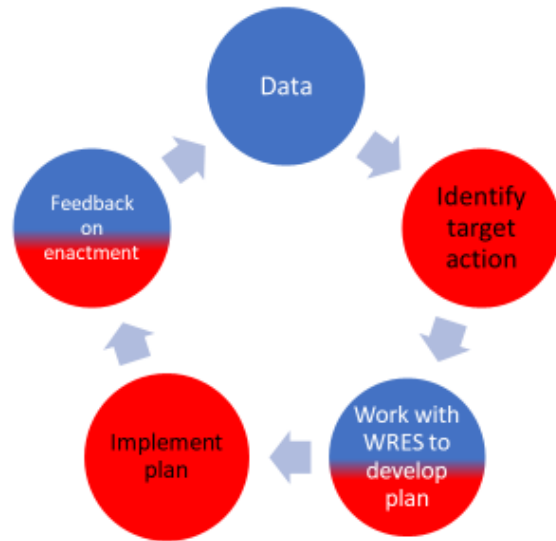
MWRES Representation Summary



Clear targets



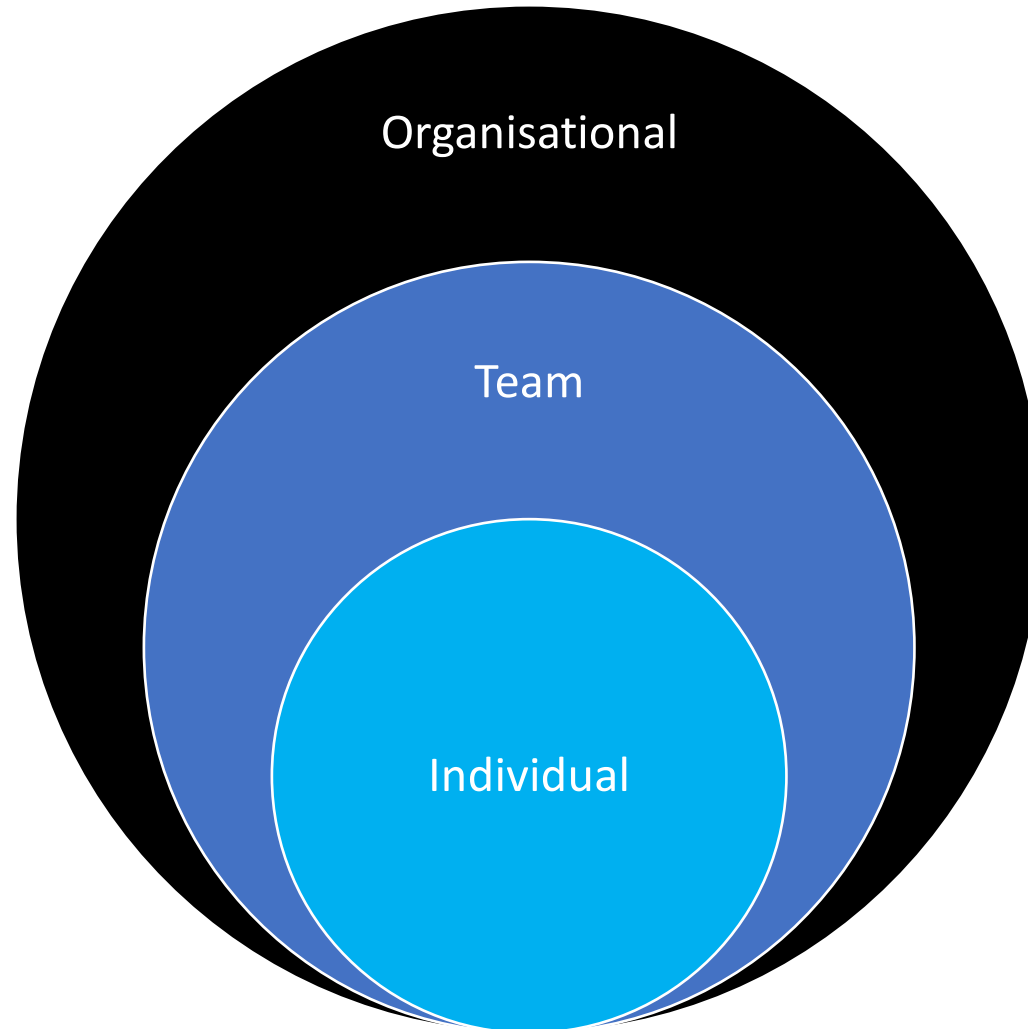
Future of WRES 1 trust – 1 action – 1 year



In essence, to use local data to identify areas of greatest priority, work with national team to identify action plan and implement that with oversight of regional team. Data re-collection will quantify progress made as well as identify targets for next cycle.



Targeted actions



Evidence-based interventions
Systematise change, not just reactive

Explicit about purpose
Civility – not one size fits all (FTSU)

Personal declaration, humility, sincerity