

RACE EQUALITY

Survey shows 'racism alive

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

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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 disciplinarys, grievances, 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 Haverling 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





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in NHS'

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

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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 tackled 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 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.

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."



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