RACE DISPARITIES COMMISSION REPORT

Vital that health action plans are led by BAME medics

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The CRED Report has three specific recommendations aimed at health and it is important that these specific recommendations are implemented and resourced properly to be able to make a meaningful contribution to addressing health inequalities.

Covid-19 has highlighted the huge disproportionate impact on BAME healthcare and social care staff, communities and accentuated many of the structural and health inequalities. Over 20% of NHS staff are of BAME origin. Over 44% of the doctors working in the National Health Service are of BAME origin. This may be viewed in many ways as a shining example of diversity within the NHS, but further analysis points out the lack of this group in the powerful decision-making groups and strategic advisory groups. It is therefore a poor example of inclusion.

The appointments commission had taken positive steps to increase the representation of BAME doctors and communities in the NHS boards but over the last ten years the percentage of NHS board chairs from BAME backgrounds has remained between 6-9%. This lack of visibility and involvement in decision making is reflected in individual trusts at the higher levels in the NHS, DHSC and other regulatory and health organisations. Such absence or exclusion appears to be caused by bias and discrimination in career development, progression, recognition and appointment process.

In terms of the three specific recommendations:

Recommendation 2: Review the Care Quality Commission's (CQC) Inspection Process.

The CQC as a regulator has the potential to influence and help deliver change by holding the individual trusts accountable. Sir Simon Stevens launched the Workforce Race Equality Standards (WRES) that all trusts have to publish and are assessed on their WRES data. There are nine indicators which form a part of WRES data and these include BAME board membership, percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last twelve months. The percentage of BAME staff believing the trust provides equal opportunities for career progression or promotion and the percentage of BAME staff personally experiencing discrimination at work and the relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants. For some years now the WRES data is taken account of in CQC inspections and forms part of the well-led domain assessment. This reflects the capability of the leadership of the individual trusts.

In 2020 and recently in several medical journals including the Health Service Journal (HSJ) The trusts that have performed well on the WRES data and those that are at the bottom of the WRES data have been published. Organisations where the WRES data is poor should not be graded as Good or Outstanding but a maximum of requires Improvement.

Recommendation 10: Pay Gap Review

The second recommendation in relation to health is recommendation 10 and it talks about the need for a strategic review of the differences in the pay gap in terms of ethnicity in the medical profession. It will be important that this review is led by a senior BAME doctor, just as the Gender pay gap review in medicine was led by a senior female leader and addresses issues around workplace culture, structural barriers, filters and barriers to progression, involvement in decision making and promoting diversity in leadership. It also looks at the opportunities and recognition with clinical excellence financial awards.

Recommendation 11:

Setting Up a Health Disparities Unit

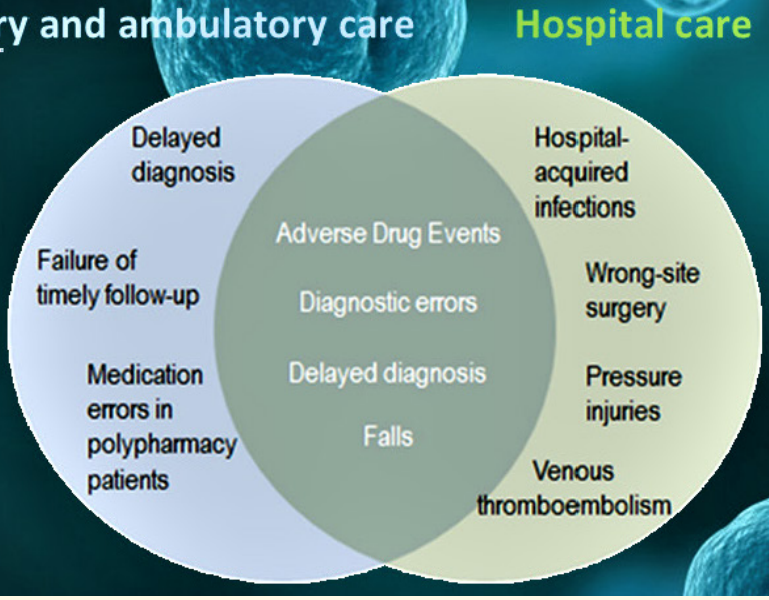
The third recommendation is recommendation is 11, to establish a new office of health disparities in the UK. The high levels of CVD, diabetes in the Asian community, hypertension and mental illness in the black population and certain haemoglobinopathies is evidenced based and known for many years. To address these disparities and improve outcomes the unit will need a system of targeted interventions and effective and meaningful public health messaging which has the confidence of the local communities, it aims to reach.

For these recommendations to be successful it is important that the implementation is led by senior BAME doctors and leaders.

The success will only be achieved with support and working with stakeholders, BAME professional organisations and doctors. It is therefore critical that those leading on implementing these recommendations have the confidence and the trust of the BAME professionals and communities.

Improve patient safety by eliminating adverse events in health care settings

It is estimated that every year more than 300,000 patients acquire a healthcare associated infection (HCAI, HAI or nosocominal infection)as a result of care with in the NHS.



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