RACIAL EQUALITY AND NHS TRUSTS

A survey by
the Commission
for Racial Equality

COMMISSION FOR
RACIAL EQUALITY

The Commission for Racial Equality

works in partnership with individuals and organisations

for a fair and just society which values diversity

and gives everyone an equal chance

to work, learn and live free from discrimination,

prejudice and racism.

RACIAL EQUALITY AND NHS TRUSTS

A survey

COMMISSION FOR RACIAL EQUALITY

© Commission for Racial Equality
Elliot House
10/12 Allington Street
London SW1E 5EH

Published 2000

ISBN 1 85442 226 X

CONTENTS

EXECUTIVE SUMMARY

The health service is the largest employer in Britain; yet, despite more than twenty years of race legislation, backed up by guidance from both the Commission for Racial Equality (CRE) and the Department of Health (DoH), the NHS has been slow to ensure racial equality for its workforce. A formal investigation by the CRE into appointing senior consultants and senior registrars, which found deficiencies between policy and practice, was further confirmed in the CRE's work with individual NHS employers, which showed that very few of them had formal action plans or programmes to take their policies off the page.

In December 1998, the CRE conducted a survey of NHS trusts, the bodies responsible for providing secondary care services at local level, in order to examine the extent of the problem, highlight examples of good practice and propose ways in which trusts might begin to fulfil their obligation to promote racial equality.

A questionnaire was sent to over 250 NHS trusts in the NHS London, South West, South East and Eastern regions. Responses were received from 128 of them. Follow-up interviews were also held with directors of human resources departments, or their assistants, at selected trusts.

THE FINDINGS

- The overwhelming majority of trusts responding to the survey had formal written equal opportunities policies.
- Most trusts' policies tended to cover the areas protected by legislation – race (95%), sex (98%) and disability (97%) – although age and sexual orientation were also covered by more than four out of five trusts.
- A mere 5% of trusts had fully implemented racial equality action plans or programmes; 34% were in the process of implementing plans; and 11% had plans scheduled for implementation. Nearly half of the trusts responding, therefore, had not advanced beyond drawing up detailed written policies, at best. Of these, one-third reported that they were intending to introduce plans within the next year or two.
- Over 40% of trusts with racial equality action plans or programmes had consulted their staff first through trade unions; 29% had also consulted their staff directly.

- Only 34% of trusts with racial equality action programmes or plans had formally communicated with their staff to explain these to them.
- The CRE's Code of Practice in Employment was the most popular guide among trusts for developing racial equality policies and programmes: 64% of them reported having used it.
- 63% of trusts responding to the survey (rising to 89% in London) said that regular ethnic monitoring and evaluation was an essential component of their policy.
- 57% of trusts responding to the survey (as against 89% in London) had made a senior manager or trust board member responsible for the policy.
- 48% of trusts responding to the survey (60% in London) had written procedures for dealing with racial harassment.
- Over half of all trusts responding to the survey included racial equality training in their plans.
- Only 11% and 13% of the 128 trusts included numerical equality targets and positive action measures, respectively, as key elements of their racial equality plans or programmes.
- 88% of the 128 trusts surveyed conducted ethnic monitoring, but only 65% of them actually used the data to evaluate and develop policy and practice.
- 63% of trusts conducted ethnic monitoring of employees by grade and 68% monitored their recruitment process; these proportions fell dramatically for areas such as appraisal, performance related pay awards and grievances. Around one in five trusts monitored selection for training and promotion.
- 63% of trusts said their racial equality initiatives had improved appreciation of equality issues and led to better staff morale; 43% thought their efforts had succeeded in attracting more ethnic minority applicants; and 35% believed their policies and programmes had helped keep down the number and costs of tribunal hearings.
- Increased good will from patients and staff was cited by most trusts (43%) as the factor that encouraged them to develop their racial equality action plans or programmes; 37% mentioned keeping down tribunal costs.
- Half of the trusts interviewed thought that commitment at the highest levels was the most important factor contributing to a successful racial equality programme and one third said a

comprehensive training programme was essential. Most trusts were anxious to know what other employers were doing, to work more closely with organisations like the CRE, and to take part in seminars on how to tackle racial discrimination. Trusts also thought that more progress on racial equality in the NHS would be made if it wasn't left to human resources departments but made the responsibility of the organisation as a whole, given the highest priority and driven from the top.

INTRODUCTION

The Race Relations Act 1976 makes discrimination unlawful on grounds of race, colour, nationality and ethnic or national origin. The Commission for Racial Equality was set up under the Act to help enforce its provisions and to promote equality of opportunity.

In 1984, the CRE published the Race Relations Code of Practice for the Elimination of Racial Discrimination and the Promotion of Equality of Opportunity in Employment, which gives practical guidance to employers, trade unions, employment agencies and employees in developing and implementing racial equality policies. Although the Code does not itself impose any legal obligations, its provisions are admissible in evidence in any proceedings under the Race Relations Act before an employment tribunal. Fifteen years since publication, most NHS employers still do not appear to have implemented all the recommendations of the Code.

In 1993, the Commission advised and supported the NHS Executive in producing a Programme of Action for Ethnic Minority Staff in the NHS. The overall aim was to achieve 'equitable representation of minority ethnic groups at all levels in the NHS', and the programme set out eight goals for NHS employers. The CRE has been monitoring progress ever since.

In 1993, too, the CRE published the report of a formal investigation into the appointment of NHS consultants and senior registrars. The investigation found glaring inconsistencies between equal opportunities policies and practice. More worryingly, the success rates of qualified ethnic minority applicants for senior medical posts were disturbingly low compared with those of white applicants. The investigation also uncovered questionable employment procedures in many NHS trusts and health authorities.

As a result of the investigation, the NHS Equal Opportunities Unit agreed to monitor employment practices by ethnic origin, and the Department of Health sent copies of the report to all NHS employers, requesting them to collect and analyse ethnic data. The DoH suggested that the information be used to identify barriers to equality of opportunity and to help draw up plans for remedial action. It also required:

- more detailed ethnic monitoring of personnel procedures, including 'flows': that is, the different stages of the selection process
- selection training for staff and monitoring of selection as a 'quality check'

- fair selection and interview procedures (as outlined in the CRE Code of Practice) and monitoring of career progression
- selection of applicants against objective, non-discriminatory criteria in the form of written person specifications based on up-to-date job descriptions.

In October 1997, the NHS Equal Opportunities Unit commissioned Industrial Relations Services Research (IRSR) to carry out a survey of equal opportunities policies, practice and monitoring in NHS trusts in England. The survey found that, while 98% of trusts had a general policy statement on equal opportunities in employment, and 96% had a policy specifically covering ethnic minorities, only 25% had set goals for ethnic minority representation in employment, and only half of these were aimed at achieving a workforce that matched the profile of the local population (NHS Confederation 1998).

The findings made it clear that many trusts were not taking seriously the recommendations of the Programme of Action for Ethnic Minority Staff in the NHS, and that there was little change in the number of people from ethnic minorities at the lower end of the employment scale.

Before the 1997 survey, the CRE, working individually with at least 50 NHS trusts and selected health authorities, had found that, while there were pockets of good practice in some areas, in general, employers were not monitoring their equal opportunities policies. Among the reasons they gave for this were: limited resources, competing priorities and organisational restructuring. There was also a widespread lack of formal structures and policies.

The head of the NHS Equal Opportunities Unit was quoted in the *Health Service Journal* as saying that many trusts are 'just going through the motions'. 'However', the article continued, 'she is confident that managers believe in the principle of equal opportunities; they just don't know what to do about it. The most important things for trusts is to use the data they already have because there is an awful lot of it. They have to use it in order to ask questions about what is going on in their organisations and then take action. That's what is missing.'

The CRE decided in 1998 to adopt a more strategic approach to its regional work with the NHS. Further research – the subject of this report – was commissioned to see what progress NHS trusts had made on racial equality, whether their equal opportunities policies specifically covered racial equality, and whether they had an action plan or programme to help implement their policy. It was the CRE's hope that the survey would:

- influence the NHS to take more positive steps to implement equal opportunities policies
- give a steer to future work with the NHS and other health organisations
- provide a more structured framework within which racial equality councils could work with the NHS
- highlight examples of good practice
- provide a reference for trusts seeking to develop effective racial equality policies.

As the findings of this report show, trusts still have a long way to go to implement effective racial equality programmes.

As the Stephen Lawrence Inquiry pointed out, institutional racism is a challenge not just for the police service but for many other organisations as well. The inquiry report defined institutional racism as:

> The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people.

The report called on every institution to examine its policies, and the outcome of its policies and practices, and to guard against disadvantaging any section of the community. It serves as a reminder to every organisation that good policies on paper are only the first step and that these need to be put into practice throughout the organisation and regularly monitored in order to achieve institutional change.

The Race Relations (Amendment) Bill will strengthen the existing Act by placing a new, positive duty on all public authorities, including private organisations carrying out functions of a public nature. The duty will be enforceable by the CRE. The Home Secretary will also be able to impose specific duties stipulating in more detail what each public authority must do to comply with the general duty. These will be backed up by CRE codes of practice, including one for the health service. We hope the information in this report will help focus attention on key objectives.

Copies of the survey questionnaire are available on request from CRE London and South Region, Elliot House, 10/12 Allington Street, London SW1E 5EH.

THE FINDINGS

A questionnaire requesting 'tick-box responses' was sent out in December 1998 and January 1999 to over 250 NHS trusts in the CRE's London and South region. Of the 128 NHS trusts which responded to the survey, 28% were from the NHS London region, 33% from the south east, 22% from the south west and 22% from the eastern region. Follow-up interviews were conducted with directors of human resources or their assistants at selected trusts (see Appendix, p 30).

FORMAL POLICIES

An impressive 98% of trusts responding to the survey had a formal written policy; the remaining 2% had a written statement only. As Table 1 shows, the largest number of trusts with formal written policies were in London and the south east.

TABLE 1
Does your trust have a written policy on racial equality in employment?

	LONDON		SOUTH EAST		SOUTH WEST		EASTERN		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	35	100	41	100	28	93	22	100	126	98
No	0	0	0	0	2	7	0	0	2	2
Total	35	100	41	100	30	100	22	100	128	100

SCOPE OF THE POLICY

As Table 2 shows, the trusts' policies routinely covered the three areas protected by legislation: racial harassment (95%), sex (98%) and disability (97%). To a slightly lesser extent, they also included age (88%), and sexual orientation (84%). It should be noted, however, that, while most respondents included racial harassment within their equal opportunities policies, very few followed this up with a specific racial harassment policy.

The interviews with individual trusts showed that women were more likely to be employed by trusts than men, especially in service occupations. This might have been due to gender stereotyping, or

employers' preferences, or to the fact that more employers were beginning to introduce family friendly policies, including part-time working, which is more likely to attract and retain women.

TABLE 2
Which of these elements are included in the policy?

	LONDON %	SOUTH EAST %	SOUTH WEST %	EASTERN %	TOTAL %
Racial harassment	94	95	93	100	95
Disability	100	98	93	96	97
Age	86	90	87	86	88
Sex	100	98	93	100	98
Sexual orientation	91	85	73	82	84

IMPLEMENTATION OF THE POLICY

While 46% of trusts responding to the survey had detailed written policies, rather fewer had converted these into specific 'action plans' or racial equality programmes (see Table 3). Only 5% of the trusts had fully implemented plans, 34% were in the process of implementing plans, and 11% had plans that were scheduled for implementation; 2% (rising to 7% in the south west) had no implementation plans at all.

TABLE 3
What progress has the trust made with implementing its policy?

	LONDON %	SOUTH EAST %	SOUTH WEST %	EASTERN %	TOTAL %
Policy statement only	0	2	7	0	2
Detailed written policy	34	46	50	55	45
Action plan scheduled	9	17	10	5	11
Action plan in progress	51	27	27	32	34
Fully implemented action plan	6	5	3	5	5
N/A• No programme or plan	0	2	3	5	2
Total	100	100	100	100	100

During the interviews, it emerged that some of the trusts with no plans for implementing an action plan felt that they did not need a separate section in the policy on race; two trusts added in explanation that only 1% of their workforce were from ethnic minorities. However, there were also striking examples of progress in developing

racial equality programmes by trusts serving small ethnic minority populations, as in the south west region (see interview with Poole Hospital Trust, p 30), and in London, where nearly two-thirds of trusts had action plans under way or fully implemented.

A significant number of trusts without a formal racial equality programme said they were planning to develop and introduce one within the next year or two. However, as Table 4 shows, there were sharp variations between regions; for example, only 17% of trusts in the south west were intending to introduce an action plan within the next year or so, compared with 32% in the eastern region. Similarly, the average of 16% for trusts with no immediate plans to introduce a formal programme concealed figures as high as 27% in both the south west and eastern regions. A significant number of trusts (45%) did not have programmes specifically for racial equality.

TABLE 4
If your trust has not introduced a racial equality action plan, is it intending to develop one?

	LONDON	SOUTH EAST	SOUTH WEST	EASTERN	TOTAL
	%	%	%	%	%
Yes, within a year	23	39	17	32	28
Yes, within two years	3	5	7	9	5
No plans at present	0	17	27	27	16
N/A • No specific race programme	66	32	50	32	45
Not answered	9	7	0	0	5
Total	100	100	100	100	100

During the interviews, some trusts explained that they were in the process of being merged or restructured and would be reviewing equality issues later. It also emerged that respondents with only a written equal opportunities statement were less likely to go on to develop a racial equality programme.

The findings clearly show that some trusts were uncomfortable with the idea of racial equality action plans. More particularly, they were reluctant to treat racial equality as a separate category.

Considering all the guidance that has been issued by the Department of Health, it is difficult to see why any trust should not have a plan for introducing a racial equality programme. While the CRE recognises that there might be competing priorities, it still expects management to give at least the same priority to equality issues that it does to other areas of work.

REASONS FOR NOT INTRODUCING A SPECIFIC RACIAL EQUALITY PROGRAMME

The answers to this question indicated that a number of trusts thought they were being asked to operate a separate racial equality programme in addition to their general equal opportunities policy. The CRE only expects racial equality to be specifically included in any equal opportunities policy or programme. Trusts have to ensure that ethnic minority applicants receive equality of opportunity in employment and that they do not experience direct or indirect discrimination; racial equality policies and programmes will help achieve this.

A small ethnic minority population does not exempt employers from developing fair employment policies. Equally, where people from ethnic minorities are overrepresented in a trust's workforce in comparison to their presence in the local population, a racial equality programme which includes effective ethnic monitoring will help ensure fair and equal access to training and development. Notably, where racial equality was not seen as a problem because the workforce was largely representative of the local population, ethnic minorities were usually concentrated at the lower end of the employment scale.

INTRODUCING RACIAL EQUALITY PROGRAMMES

Over 40% of trusts with racial equality plans or programmes had consulted their staff on the policy through recognised trade unions and some (29%) had also done so directly. Around half had used neither method, although many said they were reviewing their policy. Furthermore, only 34% of trusts said they had formally communicated with their staff to explain the policy and its purpose.

During the interviews, several trusts acknowledged that, where staff had been consulted, there was greater awareness of the policy, and more participation by managers in promoting it. Some trusts mentioned that employees were given a copy of the equal opportunities policy during staff induction.

GUIDANCE USED TO DEVELOP RACIAL EQUALITY PROGRAMMES

The majority of trusts (64%, and rising to 83% in London) had used the CRE's Code of Practice in Employment to develop their racial equality policy and programme; 23% (49% in London) had used the CRE's racial equality Standard (Racial Equality Means Business); 38% (49% in London) had used the DoH/NHS Programme of Action and

had implemented some of its eight goals; and 35% had referred to Opportunity 2000 or Investors in People. See Table 5.

Trusts, especially in London, said the CRE Code of Practice in Employment had been indispensable in designing their policies, and that it had also served as a benchmark document. The guidance, they said, was specific and easy to integrate within wider equality policies. Many thought they had not made sufficient progress in working towards racial equality to measure up to the Standard. Some trusts did not have fully implemented racial equality action plans, but had developed other equality measures for ethnic minority employees, such as positive action initiatives; others said that racial equality issues were currently not high on the agenda, as they had other pressing matters (such as waiting lists and clinical governance) to consider.

TABLE 5
Which guidance did your trust find most useful in developing a racial equality programme?

	LONDON	SOUTH EAST	SOUTH WEST	EASTERN	TOTAL
Source	**%**	**%**	**%**	**%**	**%**
CRE Employment Code	83	59	59	64	64
CRE Standard REMB	49	20	10	9	23
DfEE – RREAS	20	17	13	23	18
DoH – NHS Prog of Action	49	37	33	27	38
DfEE – 10-point plan	9	7	3	14	8
IIP/Opp 2000	37	34	37	32	35
NHS HR Strategy	23	15	17	14	17
None of these				9	2
Other		2	7		2

Note: most Trusts used more than one source of guidance

COMPONENTS OF RACIAL EQUALITY PROGRAMMES

Table 6 summarises the main elements identified by trusts as being included in their action plans. Trusts in London were clearly more advanced on most counts than those in non-metropolitan areas; for example 89% of London trusts responding said that regular ethnic monitoring and evaluation was an essential component of their policy (compared with 63% overall); 89% also had a senior manager or trust board member with specific responsibility for racial equality (as against 57% overall); and 60% included written procedures for dealing with racial harassment (compared with 48% overall). Over half of all the trusts responding (58%) included racial equality training in

their plans. Vital equality measures such as setting numerical targets and using positive action were clearly not given any priority, probably reflecting continuing confusion between quotas and targets and positive action and positive discrimination.

When questioned in more detail during the interviews, some trusts explained their failure to introduce key measures such as ethnic monitoring to limited resources and/or inadequate IT facilities. Others were not sure how useful the information produced by the data would be. They failed to see that monitoring data provides a snapshot of the organisation and a necessary baseline from which to plan and measure change.

The absence of what the CRE considers to be essential components of an equal opportunities policy raises a number of concerns, most importantly, how are complaints of harassment and discrimination monitored and addressed? An effective equal opportunities programme, which specifically includes racial equality, cannot be managed without ethnic monitoring data on all the areas listed. The absence of formal ethnic monitoring in trusts' programmes suggests that organisations such as the Department of Health, the NHS Equal Opportunities Unit and the CRE need to insist that monitoring is integral to a racial equality programme.

TABLE 6

Which of these key elements of a racial equality programme has your trust introduced?

	LONDON %	SOUTH EAST %	SOUTH WEST %	EASTERN %	TOTAL %
Senior manager responsible	89	34	53	55	57
Annual progress review	80	37	30	32	46
Racial equality training	86	44	47	55	58
Ethnic monitoring and evaluation	89	46	57	64	63
Numerical equality targets	11	15	7	9	11
Positive action measures/training	26	10	7	9	13
Racial harassment procedures	60	41	53	36	48
RE issues raised with contractors	6	5		5	4
N/A • No racial equality programme		12		14	6

ETHNIC MONITORING

The CRE's Code of Practice in Employment recommends that employers regularly monitor the effects of selection decisions and personnel practices and procedures to ensure equality of opportunity. Where

people from ethnic minorities are substantially represented in the workplace, effective monitoring will also enable employers to identify their location within the organisation, and to develop appropriate policies for training and development. The CRE recommends that monitoring should be purposeful and transparent.

As Tables 7 and 8 show, while the overwhelming majority of trusts (88%) carried out ethnic monitoring, only 65% of them used the data to inform management policy.

TABLE 7
Does your trust conduct ethnic monitoring?

	LONDON %	SOUTH EAST %	SOUTH WEST %	EASTERN %	TOTAL %
Yes	89	76	97	100	88
No	11	24	3	0	12
Total	100	100	100	100	100

TABLE 8
Is the monitoring data used?

	LONDON %	SOUTH EAST %	SOUTH WEST %	EASTERN %	TOTAL %
Yes	71	59	67	64	65
No	9	17	23	27	18
Not applicable	20	24	10	9	17
Total	100	100	100	100	100

The questionnaire also asked trusts to identify the areas they monitored. This was a multiple choice question and trusts could select up to five areas. It was designed specifically to find out whether trusts were implementing the recommendations of the CRE's Code of Practice and the NHS Programme of Action calling on NHS employers to collect local statistics on the ethnic origins of staff, by grade, as part of a minimum data set (MDS) requirement.

As Table 9 shows, nearly two-thirds of trusts (63%) monitored grade and directorate by ethnic origin; 68% monitored recruitment selection; and 20% monitored internal promotion. Only 2% monitored apppraisal scores and performance related pay.

During the interviews, a number of trusts mentioned that the data were not always produced in an accessible form, making analysis impossible.

The CRE would like to see more trusts consistently monitoring all

the areas listed in Table 9, analysing the data and using the information to dismantle barriers to equality of opportunity, such as access to senior grades for ethnic minority employees. Employers need to look at the internal processes for promotion, training and appraisal, as well as discipline and grievances; the failure to monitor these areas was cited by some trusts as one of the main causes of staff leaving the health service.

TABLE 9
Which of the following areas does the trust monitor?

	LONDON	SOUTH EAST	SOUTH WEST	EASTERN	TOTAL
	%	%	%	%	%
Grade	71	54	67	64	63
Recruitment	74	56	67	82	68
Selection for training	40	10	7	18	19
Training in allied profs	6				2
Internal promotion (grade G and above)	23	12	7	18	15
Internal promotion	14	20	27	23	20
Appraisal scores	3	29			2
Performance-related pay systems	6	2			2
Downsizing	11	5			6
Disciplinary procedures	29	7	3	14	13
Employees with grievances	9		3	5	4
Other		7	7		4
Most of these	17	5		9	8

BENEFITS OF RACIAL EQUALITY PLANNING

The majority of trusts responding (63%) said their racial equality initiatives had resulted in greater appreciation of equality issues and better staff morale. In particular, trusts said that their initiatives had helped to demonstrate their commitment to 'good practice' and corporate ethics (46%); to attract more ethnic minority applicants for jobs (43%); and to avoid the costs of discrimination (35%).

Whether such glowing views of the benefits of racial equality action plans or programmes represent the views of trusts' management in general is open to question, given the limited implementation of equality programmes. Certainly, if a racial equality action plan is implemented and managed effectively, the benefits identified here are likely to apply and to contribute more widely to organisational efficiency.

Some of the responses at the interviews suggested that trusts were following a 'colour-blind' approach and treating everyone the same;

this approach should be used with caution, as it could have an indirectly discriminatory effect on some groups.

TABLE 10
Which of the following outcomes apply to your trust?

	LONDON	SOUTH EAST	SOUTH WEST	EASTERN	TOTAL
Outcome	**%**	**%**	**%**	**%**	**%**
Appreciation of equality issues	74	59	50	68	63
More ethnic minority applicants	63	34	33	41	43
More ethnic minority managers	46	34	7	36	31
Appreciation of patient needs	69	42	33	55	49
More efficient organisation	29	22	30	32	27
Shows commitment	46	32	50	68	46
A quality employer	31	17	37	23	27
Avoids IT problems	23	34	40	50	32
None of these		2	7		2
Other	3	2			2

It is important that racial equality programmes are not developed in such a way as to be a bureaucratic encumbrance, but as an integral part of efficient management. Careful thought should therefore be given to designing the programme.

DETERRENTS

The survey questionnaire asked trusts which had a racial equality action plan or programme whether they would agree with any of the arguments sometimes made for not introducing racial equality plans or programmes. Many thought this question was counter-productive: in their opinion, there should be no justifiable reason for not having a programme. As Table 11 shows, one in four (39%) trusts did not accept any of the arguments, and only 2% thought there was no need for a formal policy on race.

Even though there was an obvious reluctance among some trusts to identify deterrent factors, particularly in a CRE survey, 20% agreed that the size of the local ethnic minority population was relevant to the need for a racial equality programme. This view, like the 'colour-blind' approach mentioned above, may have an indirectly discriminatory effect on some ethnic or racial groups. The CRE emphasises that it is essential for employers to have an equal opportunities policy which takes account of all ethnic groups.

TABLE 11
Reasons for not introducing racial equality programmes

	LONDON	SOUTH EAST	SOUTH WEST	EASTERN	TOTAL
	%	%	%	%	%
No need for a programme		5		5	2
Not cost effective	14	22	13	18	17
Bureaucratic	3	2	3	9	
Small numbers in catchment		22	33	27	20
Discrimination not a problem		5	3	23	6
Need evidence of discrimination	6	5	10	27	10
None of these	40	34	43	41	39
Other		10	10		5

POSITIVE INFLUENCES

Asked to identify the factors that encouraged them to adopt a formal racial equality action plan or programme, 43% of trusts mentioned greater good will among patients and staff; 32% said they wanted to see positive examples from other organisations that had benefited from introducing such programmes; and 37% thought that measures that would help avoid the financial costs of discrimination were an incentive. See Table 12.

Table 12

What has encouraged your trust to develop a racial equality programme?

	LONDON	SOUTH EAST	SOUTH WEST	EASTERN	TOTAL
Reason given	%	%	%	%	%
Increased goodwill	71	34	27	36	43
Examples of other organisations	40	37	20	27	32
Information on discrimination	29	37	20	36	30
Guidance on racial equality planning	31	15	3	9	16
Evidence of benefits	17	10	17	14	14
Avoiding costs (eg, tribunals)	34	32	47	36	37
Avoiding bad publicity	34	24	37	18	29
Not applicable	3	10	13	36	13
Other	17	5	20		11
Most of these	14	17		5	10

Asked why they were so anxious to avoid tribunal costs, some trusts said they did not have enough experience to deal properly with allegations of racial discrimination, which could be extremely costly. Others were concerned about their reputation and adverse effects for them as employers. Trusts identified as good practice employers by both the NHS Equal Opportunities Unit and the CRE also support this argument; unlike other organisations, however, they do have robust policies to combat racial discrimination.

FUTURE ACTION

Over one third (35%) of the trusts responding to the survey said they would be encouraged by most of the factors listed in Table 13 to take further action on racial equality. Half of the trusts pointed to increased goodwill among patients and staff, while 21% said that avoiding the financial costs of discrimination and involvement in employment tribunal cases would be an incentive. Only 35% wanted practical examples of how discrimination was likely to occur; 37% wanted evidence of the benefits to be gained; and 15% said they would benefit from equality seminars and working groups organised either by the CRE or the NHS Executive.

TABLE 13
Which of these factors are likely to encourage the trust to take further action on racial equality?

	LONDON	SOUTH EAST	SOUTH WEST	EASTERN	TOTAL
%	%	%	%	%	
Patient/staff goodwill	71	44	33	50	50
Examples of others' success	74	51	60	50	59
Examples of discrimination	37	41	27	32	35
Guidance	23	27	17	14	21
Evidence of benefits	29	41	37	41	37
Avoiding costs (eg, tribunals)	11	15	23	45	21
Avoiding bad publicity	17	7	13	23	14
Assistance from the CRE	17	7	7	14	11
CRE-organised group seminars	11	10	13	14	12
NHSE seminars/groups	11	15	20	14	15
Not applicable	3	2			2
Other	6	2	3		3
Most of these	40	37	27	36	35

Responses to this question, which also invited trusts to make any other comments, formed the basis on which to plan future promotional work. The survey highlighted that, given the relevant tools, NHS employers were willing to make an effort. This was further reinforced by the views expressed during the interviews: that there was a need to benchmark good practice and share successes with other employers.

CONCLUSIONS

POLICY AND PRACTICE

The survey found that, while the overwhelming majority of NHS trusts had a written equal opportunities policy which included most of the areas covered by legislation, the policies were not generally backed up by action plans or programmes. Policies tended to be written without reference to trade unions or staff and many employees were unaware of the trust's policy, unless they had been informed of it during their induction. In many NHS trusts, therefore, there was a disturbing gap between equal opportunities policy and practice.

ETHNIC MONITORING

A similar picture emerged for the collection, analysis and presentation of ethnic monitoring data. Although over 80% of trusts collected ethnic data, lack of resources and competing priorities often rendered the process ineffectual. The information was not always analysed and, where it was, it was not always presented in a useful form. Some of the trusts that collected ethnic data did not cover all the areas covered by their equal opportunities policies; this meant that, if and when the data were analysed, the trusts saw only part of the picture.

BEST PRACTICE

The survey did highlight examples of good practice. Three quarters of the trusts responding to the survey said they were beginning to see a shift in the culture of their organisation on equal opportunities. In some trusts, people from ethnic minorities formed the core of their workforce, making effective and robust equalities policies crucial. One of the main priorities for managing a diverse workforce was having a senior manager or trust board representative responsible for taking equality issues forward. In trusts where this was the case, human resources directors said staff morale was high, and there was more patient satisfaction.

It was encouraging to find that many trusts were intending to include elements covered in the survey, such as giving a senior manager or trust board representative responsibility for racial equality issues.

The interviews confirmed that the problems trusts were facing with retention of nursing professionals were largely due to ineffective equal opportunities policies and lack of proper monitoring. Two of the

trusts interviewed said that their success in retaining nursing staff was due to a more robust policy on tackling racial discrimination.

Overall, the findings showed that trusts felt that both the internal and external climate was right for raising equality issues. Chairs and chief executives were becoming more aware of equality issues and wanted to improve the situation within their trust.

There is, however, much more work to be done in the area of racial equality in employment. Managers in some trusts were not responding to the changing culture in their organisation in terms of racial equality. It was also evident in some trusts that, while there were pockets of good practice, there was also potential for racial discrimination complaints in some areas.

THE CRE'S CONCERNS

The CRE's main concern is the continuing lack of action by many NHS trusts in translating equal opportunities strategies into action to promote ethnic minority employment. Without this, there is a real danger that the health service will lag behind other sectors in offering effective equality of opportunity.

RECOMMENDATIONS

In the light of the findings of this survey, the CRE makes the following recommendations. Clearly we do not expect them to take effect immediately, but we are hopeful that, by working closely with the NHS and pooling resources, we shall be able to work towards a health service that is free from racial discrimination and prejudice.

1. With immediate effect, trusts engaged in ethnic monitoring should ensure that the data collected is easy to read and understand, that the reasons for collecting the information are clear to all, and that the data can be readily used within the trust's wider planning process.
2. Equal opportunities responsibilities should be part of the chief executive's and all managers' job plans, and their performance should be measured against racial equality outcomes within their trusts.
3. Equal opportunities should be an item on the agenda for all meetings of the trusts' boards.
4. The NHS Executive should ensure that all trusts get feedback on the monitoring data they provide on NHS employees, by region. It should become mandatory for all NHS employers to collect and analyse ethnic monitoring data in employment.
5. The CRE should revise the Code of Practice in Employment in the light of the impending amendments to the 1976 Race Relations Act.
6. The findings of this report should be presented to the NHS Executive for its consideration.
7. A similar national survey of all NHS trusts should be carried out, to assess their commitment to racial equality.
8. NHS regional offices should ask NHS trusts to review their equal opportunities policies and to ensure that they cover racial equality.

OUTCOMES

The CRE will use the information obtained from this survey to:

- inform its work with NHS trusts and to help them to put their equal opportunities policies into action
- identify factors that have proved successful, or otherwise, in influencing policy changes
- examine what has helped or hindered the successful implementation of equal employment opportunities policies
- develop more effective work with NHS trusts in the CRE's London and South region, by providing an information bank and database to enable more strategic work in the future.

APPENDIX
Interviews with trusts

POOLE HOSPITAL NHS TRUST

Poole Hospital NHS Trust provides acute care to the population of Poole and specific services to a wider area within Dorset. It employs 3,915 staff, the largest group being nurses.

Poole is a predominantly white, relatively affluent area. The hospital decided, however, that it was important to develop equal opportunities awareness, in order to change the culture of the trust. As a result, managers and staff are much more receptive to equal opportunities issues.

The hospital's proactive approach to equal opportunities dates back to the arrival of the current personnel director five years ago. Key people were brought together in an equal opportunities working group set up to develop a policy framework. The group conducted an audit of existing staff, to obtain baseline data on gender, ethnic origin, disability and caring or dependent responsibilities. The trust's equal opportunities policy, which has recently been reviewed and extended, clearly states who is responsibile for equal opportunities.

What action did the trust take to ensure equal opportunities for employees and job applicants?

The trust reported that a robust policy, backed up by a comprehensive training programme, had enabled it to deal with everyday issues. The trust actively encourages equal opportunities awareness training for any staff member who makes employment decisions. Equal opportunities training is also available for all new staff, as part of their induction training and for members of the trust board.

What examples of good practice could the trust give?

The trust felt that all medical staff, including career grade doctors in training and in post, should be involved in implementing the equal opportunities policy. Introducing a set of guidelines for the recruitment and selection of all medical staff was essential, it said. Recruitment and selection training, especially for consultant staff, had been promoted in partnership with the regional postgraduate dean.

What were the positive factors influencing implementation of the trust's equal employment opportunity policy and procedures?

The trust is convinced by the business case for diversity and takes equal opportunities issues seriously. It claimed that the successful implementation of family friendly policies had paid off in the absence of any successful employment tribunal cases against the trust. It also reported that having a non-executive board member serving on the equal opportunities group ensured that equal opportunities had a regular spot on the trust board's agenda. The trust regularly monitors all vacancies by race, gender and disability, whether advertised locally or nationally, in order to check whether ethnic minorities are getting through to the short listing stage, and whether the selection process is operating fairly. The process is kept under review.

What were the barriers hindering implementation of the trust's equal employment opportunities policy and procedures?

The greatest barriers were time and resource pressures, said the trust. Equal opportunities had to compete with other human resource priorities. The trust felt that, although the ethnic minority population in Dorset is under 1%, it made good business sense to take racial equality seriously.

What lessons had been learned from existing equal opportunities practices and procedures?

The trust said that perseverance had been a key factor and that its achievements so far had been worthwhile. It felt confident that it had a sufficiently robust policy to support equal employment opportunities practice. While not being complacent, the trust felt that having a good reputation among other trusts was positive. It was also seen by staff to be a fair and good employer. The trust has received an award from the Dorset Training and Enterprise Council for its family friendly policies.

To what extent had those lessons influenced human resources policy and practice and the integration of equal opportunities issues into a wider organisational policy framework?

The trust felt that ensuring that equality issues remained high on the agenda, and effectively communicating their benefits to managers and staff, was a bonus. It made good business sense to promote the benefits,

using the business case for diversity through recruiting and developing the best person for the job.

The success of the equal opportunities awareness training programme had also been positive. The course addresses current legislation, backed up by practical case studies relevant to the trust, in order to help staff identify personally with the various areas of discrimination, and to create a good learning environment. Feedback from staff had been very positive.

The trust had also developed an excellent recruitment and selection process for appointing all staff, including junior doctors. All consultants were applying the trust's good practice criteria when recruiting for posts.

Feedback from the NHS Equality Unit on the monitoring figures that trusts are required to provide was also considered helpful.

ENFIELD COMMUNITY CARE NHS TRUST

Enfield Community Care NHS Trust provides community and mental health services in Enfield and the surrounding districts, and some national forensic psychiatry services. It employs 1,300 staff.

The CRE approached Enfield as a result of previous work with the trust, to see how far it had progressed with implementing our recommendations.

It was pleasing to see that, since our last visit in 1996, to examine implementation of the Programme of Action for Ethnic Minority Staff in the NHS, significant progress had been made. The trust had appointed a director of human resources, with responsibility for keeping the trust board up to date on equal opportunities matters and suggesting priorities. These included corporate training on the existing equal opportunities action plan, which involved working towards the 'Positive About Disability' symbol and Management of Human Resources in the NHS objectives. The targets had been incorporated into a wider human resources management framework for managing diversity. The trust had also introduced several other policies, including harassment at work.

The trust reported that its human resources strategy group, chaired by the chief executive, took recommendations to the trust board.

What action did the trust take to ensure equal opportunities for employees and job applicants?

Leadership from the chief executive was a key influence, said the trust. A human resources strategy and a committee with responsibility

for equal opportunities had also helped to ensure that proposals for policy change were fed to the trust board regularly. This had resulted in a culture shift, moving towards diversity and developing partnerships with the health authority and other agencies. The trust had begun to advertise nationally for its higher grade posts, but most of its job advertising was local and included the ethnic minority press.

What examples of good practice could the trust give?

The trust saw successes in areas where achievements were tangible; for example redrafting of the harassment at work policy; achieving the disability symbol, developing partnerships with the local disability forum; and re-establishing the equal opportunities monitoring committee to include managers and staff-side representatives.

What were the positive factors influencing implementation of the equal employment opportunity policy and procedures?

Having a top-led focus ensured that equality issues were included in the human resources framework. The trust was concerned that staff should be representative of the local population. It had been able to use its monitoring data to inform policy changes and was beginning to see a cultural shift with monitoring from the centre.

What were the barriers hindering implementation of the trust's equal employment opportunities policy and procedures?

Some of the barriers listed were: the absence of a human resources specialist, competing priorities on the management agenda, inadequate resources, and related IT problems.

What lessons had been learned from existing equal opportunities practice and procedures?

Increased goodwill among patients and staff. The trust felt that a shift in the culture was a positive influence.

To what extent had those lessons influenced human resources policy and practice, and the integration of equal opportunities issues into a wider organisational policy framework?

It was too early to say how policies would be influenced, said the trust, but existing policies, which had been recently implemented, would become a driver.

What other factors did the trust consider helpful?

Sharing good practice and exploring the benefits to be gained from networking and joint working were said to be vital. The proposed NHS equal opportunities framework would also be useful, said the trust. It felt that sharing the experience of equal opportunities initiatives with other local trusts as part of a learning exercise would be beneficial.

ST GEORGE'S HEALTHCARE NHS TRUST

St George's Healthcare NHS Trust covers three hospitals in outer South London and employs 3,958 staff, 30% from ethnic minorities. While the trust responded favourably to the CRE's survey, we wanted to probe further, as some of its responses, especially on ethnic monitoring, were inconclusive.

Given the trust's location and the size of its workforce, we felt that effective monitoring was essential. We found that its ethnic monitoring procedures covered only three of the thirteen areas suggested by the CRE and that the data obtained was neither analysed nor used to inform policy changes. While the trust said it ccould identify under- or over-representation of any ethnic group, the recruitment process was not monitored. The trust did not have an action programme to help implement its equal opportunities policy, although it was planning to put one in place within the next year.

Despite the lack of data, the trust said there were perceived problems of over-representation in certain professions: midwifery, services for the elderly, and nursing assistants grades (a familiar pattern among most of the NHS trusts surveyed). In other professions, such as neosciences, the trust reported that staff were predominantly white; however, as it had no data, it was unable to explain the absence of people from ethnic minorities. Ethnic minorities were also underrepresented in professions allied to medicine (PAMS); women, however, were fairly represented here.

What action did the trust take to ensure equal opportunities for employees and job applicants?

The trust felt that its long standing commitment to equal opportunities was to its credit. It also provided equal opportunities training for managers who participated in recruitment and selection; this was not mandatory, but at least one person on a panel had to have been through the training. The trust also provided basic, one-day, in-house training as part of its recruitment and selection and induction training for new staff. The trust was now ensuring that medical staff were

trained in equality issues, particularly those with responsibility for the appointment of junior doctors and consultant medical staff. According to the trust, this had resulted in an overall improvement in recruitment practice: whereas selection used to be based on qualification alone, the person specifications now made the shortlisting and advertising process more efficient.

What were the positive factors influencing implementation of the trust's equal opportunities policy and procedures?

The trust felt there had been some commitment from the management executive group, evident from its support for a bid to the health authority for funding for equality and harassment training.

What were the barriers hindering implementation of the trust's equal employment opportunities policy and procedures?

Barriers related to human resources issues, said the trust, namely low staffing levels. However, it would endeavour to look routinely at job applications and recruitment procedures.

What lessons have been learned from existing equal opportunities practices and procedures?

The trust had recently implemented a positive action initiative involving two ethnic minority members of staff. The outcome of the exercise was positive, with one of the employees securing a senior appointment. Feedback from the participants showed commitment and enthusiasm on their part, and the feeling that they were valued by their employers.

To what extent have those lessons influenced human resources policy and practice, and the integration of equal opportunities issues within a wider organisational policy framework?

As the positive action example referred to above involved only two people, the trust was not able to show what effect it had had on the organisation. It also felt that implementation of equal opportunities had been patchy and needed a more strategic focus. However, this was not the case in service delivery, where the trust had commissioned specific multi-disciplinary projects that had proved successful; for example, throughout 1997 the trust promoted a Cultural Fair, with a series of 'Focus on Culture' workshops aimed at improving staff knowledge of different religious and cultural beliefs and needs.

What other factors would be considered helpful?

The trust said it would like to see examples of cases where top-down leadership had been successful, and that it would emulate these. Evidence of the business case for diversity would also strongly assist in influencing a positive change of culture.

NEWHAM COMMUNITY HEALTH SERVICES NHS TRUST

Newham Community Health Services NHS Trust in outer east London employs approximately 1,150 staff, 35% from ethnic minority groups. The trust has a good reputation for delivering culturally sensitive services and this is reflected in the recruitment of staff. It prides itself on being a good employer and puts a lot of effort into the recruitment and retention of staff. Each new employee is guaranteed a minimum of three days training, available to staff at all levels.

The trust recently won the first ever NHS Equality Awards, with a Gold Award for its achievement in putting racial equality into practice. David Cooper, the trust's director of human resources, said: 'The trust believes in equality of opportunity for all, but has taken certain judgements to focus a significant proportion of its time and effort on race and considers it to be an essential issue. The trust welcomes the new NHS Human Resource Strategy, which it sees as an endorsement of its own.'

The trust responded favourably to the survey, providing additional relevant information to some questions, in particular ethnic monitoring. Newham was one of the few trusts with accurate workforce data covering posts at all levels – 91% of staff had provided data for ethnic monitoring.

Newham was one of six NHS trusts responding to the survey which had fully implemented its action plan for racial equality. It was also in the process of introducing a Health and Race Action Plan, implementing 23 recommendations, including advertising job vacancies more widely to encourage more ethnic minority applicants and building links with local schools and colleges to encourage more local people to consider a career in the health service.

What action does the trust take to ensure equal opportunities for employees and job applicants?

The trust prided itself on being a good employer and claimed that its staff gained positive benefits. It put a lot of effort into the recruitment and retention of staff. Having a trust board with a keen interest in monitoring progress in equal opportunites had led to a very high

standard in employment practice. The board's commitment to equal employment opportunity, and its creative and innovative approach over the last three years, had changed the profile of the workforce, to the benefit of all.

What examples of good practice could the trust give?

The new human resources strategy and action plan, workforce monitoring, and the Health and Race Action Plan report had been the main contributions. Other positive factors were a genuine commitment and a realistic and robust equal opportunities policy, with achievable, measurable milestones and an action plan.

What barriers had hindered implementation of the trust's equal employment opportunities policy and procedures?

The main barriers were low staffing levels, time and resources, and competing priorities – people could always find something else they thought was more important than equal opportunities.

What lessons had been learned from the trust's existing equal opportunities practices and procedures ?

Being a good practice employer, with national recognition for its hard work, had been invaluable to the trust's reputation. This had permeated through the trust's management ethos to all staff, creating an expectation of how people were treated by the trust.

To what extent had those lessons influenced human resources policy and practice and the integration of equal opportunities into a wider organisational policy framework?

Newham ensured that human resources issues were at the core of all policy development, both in employment and service delivery. The trust board encouraged the participation of other directors, and the director of human resources had overall responsibility for diversity issues.

The trust felt it would benefit from more organisational stability, and from more staff genuinely committed to turning policy into action.

NORTH MIDDLESEX HOSPITAL NHS TRUST

The North Middlesex Hospital NHS Trust serves a population of 500,000 and has a very committed trust board and chief executive. The trust recently celebrated a Diversity Open Day to highlight the

value of diversity to the local population. It has a diverse workforce of 1,500 and has developed a corporate human resources strategy to make effective use of the skills of all its staff. It has made marked progress on supporting equality of opportunity. The trust's equal opportunities policy, launched in October 1998, covers employment and service delivery and includes a new harassment policy.

The director of human resources says that: 'Integrated training is essential to building on progress already achieved and ensuring that the trust can deliver on the new equal opportunities agenda.' Briefing sessions have communicated the policy to all staff.

North Middlesex responded favourably to the survey and was pleased to report that ethnic minority representation among its staff was 35%, compared to 27% in the local population. It was one of the few trusts to report 1% ethnic minority representation at board level and 10% within middle management. The trust's medical human resources strategy sets targets to increase participation of ethnic minority senior consultants.

The trust had a good spread of ethnic minority nurses at ward manager level, but some senior ethnic minority nurse and midwifery staff had left for better promotional prospects elsewhere.

What action did the trust take to ensure equal opportunities for employees and job applicants?

The trust had written policies and procedures, backed up by a comprehensive training and support programme, and these were communicated to staff.

What examples of good practice could the trust give?

Efforts to raise the profile of the trust, and recognising diversity as a key quality, were a plus. Top level support was also crucial in delivering diversity, cultural messages and momentum.

What barriers had hindered implementation of the trust's equal employment opportunities policy and procedures?

Barriers hinged around persuading local managers and staff that valuing diversity was beneficial to the progress of the organisation; active support at all levels was sometimes required to communicate the benefits to staff.

What lessons have been learned from the trust's existing equal opportunities practices and procedures?

The trust gave the example of the effectiveness of the human resources strategy in providing training and developing a culture

where staff felt valued. This approach had reduced the levels of grievance and disciplinary cases. Fewer disciplinaries were now taken against staff; there was local resolution; and disciplinary issues were now dealt with more informally. Very few employees were now initiating tribunal proceedings.

The trust also ensured training as a prerequisite for all managers, including medical staff, participating in interview panels.

To what extent had those lessons influenced human resources policy and practice and the integration of equal opportunities issues into a wider organisational policy framework?

Equal opportunities were integral to all of the trust's policies and equal opportunities statements were integrated into all current and future policies. The trust said it placed emphasis on fairness and equity.

What other factors would be considered helpful?

A public declaration to the community that equal opportunities in employment and service delivery can actually work in practice was helpful, said the trust.

REFERENCES

Beishon, Sharon, Satnam Virdee and Ann Hagell (1995) *Nursing in a Multi-ethnic NHS*. Policy Studies Institute

Commission for Racial Equality (1995), *Racial Equality Means Business: A Standard for racial equality for employers*

Commission for Racial Equality (1984), *Code of Practice: For the elimination of racial discrimination and the promotion of equality of opportunity in employment*

Commission for Racial Equality (revised 1991), *Why Keep Ethnic Records?*

Commission for Racial Equality (1996), *Appointing NHS Consultants and Senior Registrars: Report of a formal investigation*

Commision for Racial Equality (2000), *The Race Relations (Amendment) Bill: Questions and answers*

Her Majesty's Stationer's Office, *The Race Relations Act 1976*

NHS Executive (1992), *Equal Opportunities*

NHS Executive Equal Opportunities Unit (1998), *Equal Opportunities and Monitoring in NHS Trusts*

NHS Management Executive (1993), *Ethnic Minority Staff in the NHS: A programme of action*

CRE OFFICES

LONDON
Elliot House
10/12 Allington Street
London SW1E 5EH
☎ 020 7828 7022

BIRMINGHAM
Lancaster House (3rd floor)
67 Newhall Street
Birmingham B3 1NA
☎ 0121-710 3000

LEEDS
Yorkshire Bank Chambers (1st floor)
Infirmary Street
Leeds LS1 2JP
☎ 0113-389 3600

MANCHESTER
Maybrook House (5th floor)
40 Blackfriars Street
Manchester M3 2EG
☎ 0161-835 5500

SCOTLAND
Hanover House
45-51 Hanover Street
Edinburgh EH2 2PJ
☎ 0131-226 5186

WALES
Capital Tower
(14th floor)
Greyfriars Road
Cardiff CF10 3AG
☎ 029 2038 8977