

Tackling race discrimination in the NHS

*a health check and guide
for trade unions*

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Introduction

This guide will help your trade union staff side to promote race equality at work, tackle discrimination and play your part in creating an inclusive workplace. The guide is in three parts:

» **Part 1: Health Check**

Check what you know about the ethnicity of your workforce and union membership, and assess your capacity as a staff side to support members and tackle race discrimination at work

» **Part 2: Action Plan**

Create an ambitious and realistic collective action plan – starting from where you are now

» **Part 3: Resources**

Get more advice and information to support your conversations and thinking

The Health Check is designed to be used by your staff side trade unions collectively. Your own union will have its own guidance for union reps on tackling racism, which you should read alongside this guide.

A word about language: in this guide we use 'BAME' to refer to 'Black and minority ethnic' people, but we recognise that each union will have its own preferred terms, including the politically inclusive 'Black'. NHS bodies also use different terms and change them from time to time.

We would like to thank Roger Kline for writing the guide, Managers in Partnership (MiP) for funding it on behalf of the National Staff Side and the staff side working group for overseeing the work.

Sara Gorton, UNISON
National Staff Side Chair

Hannah Read, RCN
National Staff Side Secretary

Jon Skewes, RCM
National Staff Side Treasurer

Part 1:

A Health Check for trade union staff sides on tackling race discrimination at work

Introduction to the Health Check

» *Preparing for your Health Check*

The Health Check works best if all the trade unions represented on your staff side work together to complete it. We also recommend doing some preparatory work such as getting views from your organisation's BAME staff network, your union BAME networks or self-organised groups, reviewing your membership data and analysing your recent casework.

» *Working together*

To get the most from the Health Check, try to organise a workshop or an 'awayday' session where you can come together to discuss the issues, work through the Health Check and decide on your staff side Action Plan. Consider using a facilitator – that could be one of your union's full-time officers or someone from outside with relevant expertise.

» *Review and update*

After completing your first Health Check and Action Plan, agree how often you will review and update it. In the first year, this could be after three or six months, depending on the plans that come out of it. After that, you should review at least once a year and build responsibility for this into your staff side succession planning.

Using the Health Check

The Health Check consists of a series of questions grouped into five sections. Use the questions to prompt conversations within your local staff side, and then with management, about how to develop good practice on race equality.

Some questions ask you to provide specific information, so it's a good idea to read through the Health Check first to make sure you have the information to hand when you meet.

At the end of each section, please think how you would rate yourselves in this area on a scale of 1 to 3:

- » 3 = making good progress
- » 2 = making some progress
- » 1 = much more progress needed

You can then use the results of these conversations and your ratings to draw up your Action Plan for the next year.

A: How well do we understand the make-up of our workforce?

**A1. What data do we get from the employer on the make-up of our workforce?
Does it include breakdowns by:**

	YES
protected characteristics e.g. race, gender, disability, sexual orientation?	<input type="checkbox"/>
departments/division?	<input type="checkbox"/>
occupational group?	<input type="checkbox"/>
employment status (e.g. permanent, bank, part-time etc)?	<input type="checkbox"/>

ADDITIONAL COMMENTS

A2. How comprehensive is the employer's equality data?

*For example, what proportion of all staff have completed monitoring data?
How big are the unknowns?*

A3. Does the employer's data allow us to see where BAME staff are over or under-represented in organisation compared to the workforce as a whole and/or the local population?

A4. Do we get data on the following issues that allow us to identify racial disparities?

This is likely to come from a mix of HR process data and staff survey results. Please specify what information is available in each area. Tick all that apply.

- Recruitment
- Promotion
- Staff development
- Disciplinary action
- Grievances
- Bullying & harassment

SECTION A SUMMARY

Overall, how well do we feel we understand the make-up of our workforce (1-3):

(1 = much more progress needed; 2 = making some progress; 3 = making good progress)

B: Are we representative of BAME staff?

B1. Does the make-up of our staff side reflect the ethnicity of the workforce here?

Compare the ethnicity of your workforce with that of your staff side roles and seats. Include all of your staff side positions and members of collective structures (e.g. the health and safety committee, job evaluation panel staff side members etc.).

B2. What are we doing to increase the number of BAME people in staff side roles?

Include any action by individual actions to increase the representation of BAME members within their own structures.

B3. Are BAME staff over or under-represented within our individual unions?

How does the ethnicity of union members compare with that of the workforce as a whole? You might want to break this down further by occupational groups, sites or departments.

B4. What structures do our constituent unions have for representing agency and bank staff, as well as staff working for contractors (where significant numbers of BAME staff often work)?

B5. How effective are our trade union channels of communication with BAME staff?

SECTION B SUMMARY

Overall, how do we rate ourselves for being representative of BAME staff (1-3):

(1 = much more progress needed; 2 = making some progress; 3 = making good progress)

C: How well-equipped are we to bring about positive change on race equality?

C1. How comfortable and safe do we feel talking about racism with each other?

Including conversations between people from white and BAME groups.

C2. What pushback do we expect from the wider union membership about a focus on race? Are we confident we can respond effectively?

C3. As a staff side, what access do we have to good advice, effective support and up-to-date information on race equality?

Including legal advice, and information and guidance on national and local policies

C4: How effective are we at sharing intelligence from individual casework so that staff side collectively can be pro-active in tackling areas of concern?

C5. What training do we need as a staff side over and above the training we can access through our individual unions?

SECTION C SUMMARY

Overall, how well equipped do we feel as a trade union side to bring about positive changes (1-3):

(1 = much more progress needed; 2 = making some progress; 3 = making good progress)

D: How linked in are we?

D1. Do we have trade union members who are active in the BAME network? How well are we supporting them?

D2. As a staff side, how well do we co-operate with the organisation's BAME network to make sure issues of concern to BAME staff are dealt with effectively?

Please specify any barriers to effective co-operation

D3. As a staff side, do we have good, direct access to our employer's equality and diversity leads?

Please specify any problems with access.

D4. Do we regularly talk to our Freedom to Speak Up Guardians (England only)?

Please specify any barriers to regular communication

SECTION D SUMMARY

Overall, how well do we link up with other groups working to promote race equality within our organisation? (1-3):

(1 = much more progress needed; 2 = making some progress; 3 = making good progress)

E: Do we give race equality enough priority in our negotiations with the employer?

E1. To what extent do we discuss race equality and discrimination regularly throughout the year with senior managers?

E2. To what extent are we as a staff side meaningfully involved in drawing up the organisation's race equality Action Plan each year?

Please specify any barriers to our meaningful involvement.

E3. In drawing up the organisation's Action Plan, do we and the employer review current data and the success or failure of previous Action Plans?

If not, please briefly outline how the Action Plan is drawn up (e.g. "it's always the same as last year")

E4. Do we ask the employer to explain why they think each proposal in the Action Plan will work? And do we check if these proposals have been effective elsewhere?

E5. What are our existing priorities, if any, for tackling discrimination and promoting race equality – and what progress have we made?

SECTION E SUMMARY

Overall, do we feel we give enough priority to race equality in our work as a staff side? (1-3):

(1 = much more progress needed; 2 = making some progress; 3 = making good progress)

Part 2

A staff side **Action Plan** for the next year

As well as working on your employer's race equality Action Plan, you should draw up an Action Plan for the staff side.

Look over the results of your Health Check above and try to identify the one or two areas where you could make the most impact in the next 12 months. For example, you might decide to improve your use of data and strengthen your links with the BAME network. Or you might choose to work on better sharing of casework learning and encouraging people to talk more openly about racism. Then set one or two objectives to help you make changes in those areas. Make sure they are realistic as well as ambitious.

We recommend that you work on just one or two areas at a time and start from an honest assessment of where you are now. Ideally, you should end up with no more than four objectives for the year ahead.

Record these objectives below and make sure you review them regularly as a staff side.

1	What	
	How	
	Who	
	When	
2	What	
	How	
	Who	
	When	
3	What	
	How	
	Who	
	When	
4	What	
	How	
	Who	
	When	

Part 3

Resources

1. Why does race equality matter in the NHS?
2. Trade unions and racism
3. Race discrimination and the NHS: the law
4. Getting hold of powerful information
5. Spotlight on key issues: difficult conversations, being an ally, disciplinary action and Covid-19
6. Specific advice on the Workforce Race Equality Standard (WRES) for staff sides in England
7. Individual case work: a checklist
8. More reading and union resources

1. Why does race equality matter in the NHS?

Trade unions work to ensure all NHS workers are treated fairly because the people who provide, manage and support care must themselves be cared for. That means providing:

- » Fair access to work
- » Fair treatment at work, including fair pay, promotion and disciplinary processes, and effective ways to raise concerns
- » A safe work environment, free from bullying and harassment

The NHS is the UK's largest employer with over 1.5 million employees. Sadly, there is overwhelming evidence that the NHS does not treat many of these staff fairly. This is especially true for some groups of staff:

- » Disabled workers are not treated well and report very high levels of bullying and harassment
- » LGBT+ workers report very high levels of bullying and harassment.
- » Women are concentrated in lower grades and are under-represented at senior levels, despite making up three quarters of the NHS workforce.

By almost every measure, NHS data shows colleagues from BAME backgrounds are not treated fairly. Compared to white workers, BAME staff are:

- » much less likely to be appointed, even when shortlisted
- » more likely to be bullied and harassed by colleagues and managers
- » more likely to be victimised for raising concerns
- » more likely to be disciplined
- » less likely to have equal opportunities for career progression and promotion

(Sources: *NHS Workforce Race Equality Standard 2021*, *NHS Freedom to speak up report 2015*)

Such poor treatment costs both patients and staff dearly, and it breaches the NHS's founding principle of social justice for which trade unions campaign every day.

Staff sides need to ensure employers explain clearly why equality, diversity and inclusion matter for patients and for staff. Staff sides should also be confident explaining to members why this work is important. There are six main reasons why race equality matters in the NHS:

- 1. Social justice:** The NHS was founded on the principles of social justice to provide healthcare based on need, not ability to pay. Similarly, all NHS staff are entitled to fair treatment in their working lives irrespective of their backgrounds. The NHS works to reduce health inequalities and discrimination against patients, so must also tackle discrimination against staff and potential staff.
- 2. Wasted talent:** Research shows the immense cost of wasting talent through discrimination in appointments and promotions. It also shows that some groups, including BAME staff, are more likely to be bullied, disciplined and experience discrimination. (See the McGregor-Smith review, [Race in the Workplace](#) and the King's Fund report [Employee Engagement and NHS Performance](#).)

- 3. Learning, not blame:** If disciplinary processes focus on “who’s to blame?” not “how do we learn from this?”, patient care will suffer. Data shows that BAME staff are more likely to be disciplined and blamed than others, and more likely to be adversely treated if they raise concerns. This means real problems won’t be highlighted, mistakes are more likely, and teams work less well together. See Sir Robert Francis’s [Freedom to Speak Up](#) review.
- 4. Staff wellbeing:** Discrimination and bullying affects the physical and mental health of staff. The adverse impact is well researched and imposes substantial financial costs on staff and employers. (See [The price of fear: Estimating the financial cost of bullying and harassment to the NHS in England](#), by Roger Kline and Duncan Lewis.)
- 5. Service improvement:** Research shows important benefits from having inclusive teams, where staff are welcomed whatever their background, where they can speak freely, their difference is welcomed and they are treated fairly. Such teams are more effective and productive, and we see improvements in innovation, creativity, patient safety and care standards, and a decline in staff turnover. (See Roger Kline, “[Diversity and inclusion are not optional extras if the NHS wishes to improve](#)”, *Health Service Journal*, 17 October 2018.)
- 6. Compliance:** NHS employers must meet the standards set by the [Public Sector Equality Duty](#). How that is done varies between the administrations of the UK, but the principles are clear: race discrimination in any aspect of working life is unlawful and employers must promote equality.

2. Trade unions and racism: everyone benefits when we tackle racism

The NHS was founded on the principles of social justice, in large part by the efforts of trade unionists, so that those who needed care could obtain it irrespective of their ability to pay. The NHS's record on how it treats its own staff is not good enough. Our contracts of employment entitle us to fair treatment and say that discrimination of any kind is unacceptable.

Race discrimination will not be tackled if we wait for others to do it. Covid-19 and the Black Lives Matter movement have made many staff (and NHS Boards) realise this is not something that can wait. Trade unionists have an important role to play and we need to show employers – and BAME members of staff – that we are serious and determined.

Tackling race discrimination will benefit ALL staff because:

- » Fairer recruitment practices benefit ALL staff except those who get jobs unfairly
- » Fairer disciplinary procedures reduce the number of staff being unfairly disciplined, from ALL backgrounds
- » Making it safer for BAME staff to raise concerns makes it safer for ALL staff to raise concerns
- » Making teams more welcoming and respectful provides a better working environment for ALL staff and improves patient care and safety

Some discrimination is deliberate and openly offensive. But much of it is not. It can be subtle and is often unintended, but it is no less damaging for that. Individual racists should always be directly challenged. But much of the discrimination staff face comes from biases, stereotypes and “ways of doing things round here” that are harder to spot and challenge. It is built into the processes within organisations and the assumptions made by many managers. This is institutional racism.

Trade unionism has always been about looking after each other for the common good. In the NHS, our job is made a little easier because:

- » We have a wealth of published evidence showing how race discrimination against staff adversely affects patient care.
- » National NHS policies require employers to tackle race discrimination.
- » Healthcare regulators (of both organisations and professions) require employers and registrants to demonstrate that they actively oppose race discrimination.
- » In England, NHS employers are required to publish and implement plans to tackle race discrimination, meet targets and involve trade unions in that work.

3. Race discrimination and the NHS: the law

The Equality Act 2010 prohibits discrimination (including at work) because of your race. In the Act, race can mean your colour or your nationality (which includes your citizenship). It can also mean your ethnic or national origins, which may not be the same as your current nationality.

Race discrimination can be a one-off action or result from a rule or policy based on race. It doesn't have to be intentional to be unlawful. The Act protects job applicants, employees, agency workers, past employees and trainees. There are four main types of race discrimination:

- » **Direct discrimination** happens when someone treats you worse than another person in a similar situation because of your race: for example, if you are not shortlisted for a job because you are Indian.
- » **Indirect discrimination** happens when an employer has a policy or way of working that puts people from a racial group at a disadvantage. For example, if your employer won't appoint people who do not have excellent spoken or written English where it is clearly not a requirement of the job, that might be an act of discrimination.
- » **Harassment** happens when someone makes you feel humiliated, offended or degraded because of your race.
- » **Victimisation** occurs when someone (white or BAME) suffers as a result of complaining about race discrimination.

NHS employers know that they must abide by the **Public Sector Equality Duty** which requires them to:

- » Eliminate race discrimination
- » Advance equality of opportunity
- » Foster good relations – which means tackling prejudice and promoting understanding
- » In meeting the Public Sector Equality Duty, employers usually provide information on race equality to local trade union reps (see Resource 4). This should help staff sides to:
 - » negotiate policies on race equality
 - » develop a local Action Plan on race equality
 - » provide evidence that individual complaints about discrimination may be part of a bigger problem
 - » intervene without having to wait for individuals to raise concerns.

4. Getting hold of powerful information and using it well

All NHS employers should already publish the following workforce information and share it with local staff sides:

- » **Annual Equality and Diversity report:** This should summarise existing staff survey and workforce data – and may also include data on sickness absence, appraisals and turnover.
- » **Annual workforce data:** This should include the information on the treatment of BAME staff (including data on grades, disciplinary action, recruitment, promotion etc.) and the results of any local staff surveys
- » **An equality strategy**, and specifically race equality. This should be discussed with staff side before publication.
- » **Annual Workforce Race Equality Standard (WRES) report (England only):** This contains further useful workforce information, broken down by departments or occupations. Each trust board should publish its WRES annual report on the trust website by early autumn.
- » **WRES Action Plan (England only):** Trusts are contractually required to consult with staff sides on an annual action plan setting out how they are going to improve the treatment of BAME staff in the next 12 months

In Scotland, Wales and Northern Ireland, the legal principles are the same but there is no Workforce Race Equality Standard.

Staff sides should:

- » **Be directly involved** in discussing what your organisation's local Action Plan should look like.
- » **Read the annual Equality and Diversity report and the WRES report (or equivalent)**, using year-on-year comparisons to see where the obvious problems are – or where there is real progress. In England, it is also easy to make comparisons with other similar trusts.
- » **Encourage all staff to declare their ethnicity.** The higher the proportion of NHS staff who declare their ethnicity, the more reliable the data on whether – and where – discrimination is taking place will be. If (as is often the case) senior grades are less likely to declare their ethnicity, ask why.
- » **Encourage BAME staff to respond to NHS-wide or local staff surveys.** Response rates for BAME staff are often lower than for white staff, so a big push on that is helpful.
- » Listen carefully to the voices of your own BAME trade union members and **work jointly with your local BAME staff network**, where possible.
- » **Liaise regularly and share information with the organisation's Equality, Diversity and Inclusion staff** and make sure you are kept informed of relevant discussions at meetings of the board and the workforce and equality committees.
- » **Consider any other information relevant to BAME staff** from sources, such as health and safety representatives or Freedom to Speak Up Guardians in England
- » Ensure discussions on race equality issues are **a normal, regular and important part of partnership working** with your employer.

Good data will help you to identify "hotspots" of good or poor practice within your organisation and press your employer to take action. Make sure the published equality data includes:

- » Breakdown of staff numbers by ethnicity, disability, gender, age and sexual orientation
- » Breakdown by occupational group
- » Breakdown by site if applicable (e.g. by hospital)
- » Comparisons with similar organisations and with the NHS as a whole
- » Comparisons with last year's results

In England all organisations covered by the WRES will have an Action Plan to tackle the issues highlighted by the data. Discussions on this should take place each autumn once the organisation's local data is confirmed. A typical Action Plan entry might look like this:

Discipline	Challenge	Intervention	Outcome by Dec 2021	Who is responsible?
BAME staff are 1.55 times more likely to enter the disciplinary process than white staff	This is a slight deterioration between 2019 and 2020	Implement a "bias interrupter" as used in several trusts	Reduce relative likelihood of BME staff being disciplined to 1.20 compared to white staff	HRD

When considering the effectiveness of the Action Plan you might ask these questions:

1. Is the Action Plan open and honest about the data (i.e. is it seeking to present the data as being better than it is)?
2. Were the trade unions and BAME staff network fully involved in developing the Action Plan?
3. What did last year's Action Plan say, what did it aim to improve, and has it succeeded?
4. Does the current plan explain why the previous the Action Plan did not have the intended impact?
5. What is the three-year trend for each of the indicators?
6. For each proposed intervention, does the Action Plan explain why it is being proposed and provide research evidence for why it is likely to work?
7. Does each action have a clear timeline for introduction and achieving the intended impact?
8. Are there targeted interventions for specific departmental, site or occupational "hot spots"?
9. Are the accountable people for each action senior enough? Does a board member have clear oversight of the Action Plan?

You can read more about what makes a good action plan in [this blogpost: More plan than action?](#) by Roger Kline and Joy Warmington.

5. Spotlight on key issues: difficult conversations, being an ally, disciplinary action and Covid-19

Difficult conversations

1. Some managers, staff and union reps may find it challenging to have honest conversations about race.
2. BAME members may be cautious about talking about race for fear of being labelled as “difficult”, whilst some staff and managers may be anxious about saying the “wrong thing”. So, it is easy for such conversations to become a “car crash”.
3. Staff sides may find it helpful, after consulting with the local BAME network, to propose to management a programme of support and workshops to encourage conversations about race and help white members and managers to become “allies” in tackling racism at work. Your own union may be able to help with this.
4. You might also find it very effective to sit down with management and watch these three-minute videos from the BBC, which have been found to be very effective in prompting constructive discussions on race equality:
 - » [Not-racist v anti-racist: what's the difference?](#)
 - » [What is white privilege?](#)

Being an ally

1. When women are sexually harassed at work, it is everyone’s responsibility to stop it – not just something for women to do. If disabled staff are bullied at work, we should not expect disabled staff alone to stop it. If LGBT+ staff are harassed, we should not just leave it to other LGBT+ colleagues to stand up for them.
2. Similarly, tackling racism and raising concerns about racism is not something that should be left only to BAME colleagues. Allegations of racism often get a really defensive response. Research shows it can be very effective for white colleagues to step in and challenge racism or to support BAME colleagues who are not being treated fairly.

Disciplinary action

1. A growing number of NHS trusts have successfully adopted [this new approach](#) to reduce disciplinary cases and the disproportionate number of BAME staff who are subject to disciplinary action. Is it worth trying in your organisation?
2. As a result of research-driven changes to disciplinary processes, the number of disciplinary cases in England dropped by 28% between 2017 and 2020, and the gap between the treatment of BAME and white staff was more than halved (WRES 2021).
3. You should also examine whether a disproportionate number of BME staff are being referred to professional regulators.

Covid 19

During the pandemic, NHS Trusts have collected a substantial amount of information which highlights how BAME staff have been disproportionately affected – both in terms of infection rates and deaths. This data will include:

- » Risk assessment data, which is likely to show whether BAME staff felt their risk assessments were fair or effective
- » Freedom to Speak Up Guardian data (in England) on the issues staff have raised and whether BAME staff were at more likely to raise issues or report more serious ones

Staff sides can:

- » Insist that they are involved in risk assessments for all staff, especially those most at risk
- » ensure that contractor and agency staff are properly protected and risk assessed
- » stand up for staff by raising concerns about unsafe working areas or practices
- » work to prevent BAME staff being disproportionately redeployed into riskier areas
- » argue for effective wellbeing support to staff who may be at risk
- » seek suitable redeployment for staff whose risk assessment says they should be redeployed and for staff returning to work
- » ensure BAME staff are really listened to because they are often in the jobs most at risk and may be more likely to be seriously ill or die if they are infected

Have you discussed what your employer has done, and what more they need to do, to ensure BAME staff do not suffer disproportionately from the effects of the pandemic?

6. Specific advice on WRES for staff sides in England

All NHS Trusts in England must collect, analyse, and publish annually their data against the nine metrics of the Workforce Race Equality Standard (WRES). They must then develop and publish an Action Plan on improving the treatment of BAME staff.

The **nine WRES metrics** are linked to key aspects of potential discrimination for which NHS organisations must demonstrate that the gap between the treatment and experience of BAME and white staff is closing.

The [WRES Technical Guidance](#) defines the metrics and how to calculate them. The intention is to help organisations understand the root causes of any discrimination or differences revealed by the data and then work to narrow any gaps. Page 17 of the Guidance lists and define these metrics.

The most recent data for NHS providers is [available online](#) and will allow you to compare how your employer is doing compared with similar organisations.

Integrated Care Systems (ICs) will be required to consider how to improve the WRES metrics, and staff sides should be involved in this discussion.

The metrics cover the following issues:

Workforce data

- » Grading analysed by ethnicity for clinical and non-clinical staff and medical/dental staff
- » The relative likelihood of shortlisted candidates being appointed, by ethnicity
- » The relative likelihood of staff entering the disciplinary process (over a two-year period), by ethnicity
- » The relative likelihood of staff accessing non-mandatory training and Continual Professional Development (CPD), by ethnicity
- » The percentage difference by ethnicity between (i) the organisations' Board voting membership and its overall workforce; and (ii) the organisations' Board executive membership and its overall workforce

Staff survey data on

- » bullying, harassment and abuse by the public, patients and their relatives
- » bullying, harassment and abuse by staff and managers
- » whether staff believe there are equal opportunities for career progression or promotion
- » whether staff have personally experienced discrimination at work within the last 12 months from their manager/team leader or other colleagues

How to use the WRES data

WRES data is now available for five years, so you can look at trends to see whether things are improving or not. Organisations will also have this information broken down by individual professions, or sites or services. This can be useful in understanding the specific challenges in, say, maternity or estates. Reliable information on the medical workforce will be available for the first time this year.

Recruitment and career progression

National NHS policy in England is that the proportion of BME staff in more senior positions should rapidly approach the numbers in more junior positions. Trusts are under pressure to achieve this target, so it should be a helpful lever in developing the WRES Action plan for your organisation.

Check if the organisation monitors the following by ethnicity:

- » acting up
- » secondment
- » shadowing
- » access to regional and national training by ethnicity?

These may be some of the key reasons why one group of staff may perform better at subsequent interviews and have a higher chance of achieving promotion.

NHS Improvement have published useful [new guidance on recruitment and career progression](#) which challenges many of the approaches currently used.

The organisation will have data on who has benefitted from the more substantial training courses, such as those provided by the Leadership Academy, and on who had access to “acting up”, secondments and other “stretch opportunities”, which evidence suggests provide the most important opportunities for career progression.

Harassment, bullying and discrimination

Data on the four staff survey metrics should be available by directorate or division, which is especially helpful in identifying the departments, services, or occupations where BAME staff report high levels of harassment, bullying or abuse from patients, relatives or the public. This will help the staff side and the employer to work specifically on improving the worst-performing areas.

It will be useful to compare your organisation’s data on **the percentage of staff experiencing discrimination at work in the last 12 months** with the national average for your type of organisation and how they have changed over the last three years. If there is a significant difference between the data for white and BAME staff – identified by department, service or occupation – you will want to know why. See [this case study](#) to learn more about partnership action on tackling discrimination in an NHS trust.

You can also check if there is progress on both Executive and non-Executive positions. If not, what plans are in place to change this – and by when?

There is one other metric not included in the WRES which may be very useful. More organisations are using staff turnover data to see if departmental turnover, including among BAME staff, is higher than expected, and then asking why. It is often an early warning sign of problems.

7. Individual case work: a checklist

Local union reps spend much of their time responding to requests from individual members or teams for support. This is as true for race discrimination as any other issue. But unless issues can be resolved quickly and informally, complaints about race discrimination can become very entrenched and prolonged. Members generally only raise issues of race discrimination as a last resort because they know staff and management get very defensive such allegations are made.

- » Sometimes, even when it seems very likely that race discrimination may have taken place, members and the union may find it hard to prove. What if a member of staff keeps getting passed over while people they have helped to train keep getting promoted? What if they feel they are being formally disciplined for matters about which other people are just spoken to informally? Staff may get very upset if they do not believe their issues are being taken seriously enough. How confident are you that your staff side knows how to prove race discrimination when it is alleged?
- » Faced with poor data on race equality or cases of racism, employers will often fall back on “improving policies, procedures and training”. But research shows that, whilst this is important, what really counts is whether employers are proactive and try to deal with problems almost before they arise. Workforce data and staff survey data, alongside informal intelligence, should be used to target areas with problems, rather than waiting for them to blow up. Does your staff side sit down with HR to pinpoint which issues in what parts of the organisation need addressing?
- » As with other issues, an individual complaint of race discrimination may just be the tip of the iceberg. Are your staff side unions good at sharing information so that they can spot wider problems?
- » Individual cases can be very stressful for the affected members and challenging for the local reps. Is staff side confident that well-being support is available to such staff?
- » Members and union reps are often concerned that investigations may be biased (deliberately or otherwise), and research suggests this may be a problem when BAME staff are being disciplined. Have you had discussions with management about minimising bias in such investigations?
- » In **England**, there is helpful [national guidance](#) on how disciplinary action should take place. Is staff side aware of this and do management follow it?

8. More reading and other resources

Your own trade union will have publications available online which you should access.

- » [MIP Equality and Diversity: creating an inclusive workplace](#)
- » [UNISON Race for Equality](#)

In addition, you may find the following resources useful:

- » [Tackling racism and inequality](#)
Labour Research Department (2020)
- » [NHS Resolution](#)
- » Two three-minute videos by John Amaechi
 - » [Not-racist v anti-racist: what's the difference?](#)
 - » [What is white privilege?](#)
- » [Robin D'Angelo – interview and short video on why it's so hard for white people to talk about racism](#)
- » [Workforce Race Equality Standard \(England\)](#)