Workforce Race Equality Standard (WRES):

sharing good practice case studies

Case study details
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Reducing the disproportionate gap in discpilnary action between
black and minority ethnic (BME) and white staff in the NHS – WRES Indicator 3

Summary of the work being carried out across NHS trusts in London

Aim	Reducing the disproportionate rate of BME staff entering the formal employee relations process compared to their white peers in London NHS trusts.
Issues	Across NHS organisations in London, disproportionately high numbers of staff from BME backgrounds are entering the formal employee relations process compared to their white peers. The project is implementing and evaluating models of good practice to improve understanding of the root causes of the disproportionality gap so that it can be closed over time.
Approach	Working with the national WES team, there is a co-ordinated and staged approach to: • Identify examples of evidence-based better practice in organisations highlighted by the national WRES implementation team as exemplars in continuously improving over time in this area • Agree improved data collection and monitoring process • Agree baseline assessment of figures in participating trusts • Support implementation of any immediate procedural changes • Introduce standardised auditing and review measures • Agree the adoption / adaptation of a better practice models best suited to each individual trust and apply from a given date to all new cases • Monitor, on a regular basis, all stages and the characteristics of all key players in the employee relations process, including timescales • Evaluate any changes in numbers, proportions and timescales • Publish anonymised findings after six and twelve months with evaluation and recommendations • Produce an independent evaluation report with recommendations

Outcomes	1. Identify the mechanisms and root causes of the disproportionality in BME and white staff entering the formal disciplinary process 2. Achieve a statistically significant reduction in the disproportionate gap 3. Agree standardised auditing and review measures which allow meaningful comparisons between NHS trusts in London 4. Implement and review the impact of models of better practice in this area

The models of good practice for reducing the disproportionate gap in BME and white staff entering the formal disciplinary process in NHS trusts

Model	Pros	Cons
1. **Decision tree checklist –** The tool comprises an algorithm with accompanying guidelines and poses a series of structured questions to help managers decide whether formal action is essential or whether alternatives might be feasible. (Developed by the National Patient Safety Agency (NPSA)).	Keeps responsibility for considering all evidence with managers. Offers managers a very clear, evidence-based framework for considering the evidence.	Subjective variations in decisions are not likely to be reduced.
2. **Post action audit –** Managers are made aware that all decisions to place staff through the formal disciplinary process will be reviewed on a quarterly or bi-annual basis using robust information on each case to discern any systemic weaknesses, biases or underlying drivers of adverse treatment of any staff group.	Keeps responsibility with managers. Can help embed better practice in those areas identified as needing support.	In the short term it cannot prevent unnecessary formal disciplinary action.
3. **Pre-formal action check by a director level member of staff and/or panel –** An executive board member of the organisation – or a panel that includes an	Consistency of approach.	Reduces responsibility of managers to make the appropriate decision and take responsibility for it.

executive board member – review all cases and decide whether they should go to formal action.		
4. **Pre-formal action check by a trained lay member –** A trained lay member reviews cases and challenges any perceived bias in the process before cases go to formal action.	'External' scrutiny approach further reduces risks of bias and adds objectivity to the process.	Increased risk of loss of confidentiality. Requires consistency in approach.