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Royal College of Nursing's response to the Baroness McGregor-Smith review of issues faced by businesses in developing Black and Minority Ethnic (BME) talent

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Introduction

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the National Health Service (NHS) and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN welcomes the opportunity to respond to the independent review to examine the issues faced by businesses in developing Black and Minority Ethnic talent. In particular we hope to provide some insight into the obstacles that Black and Minority Ethnic employees and job seekers experience when they enter the labour market and seek to progress their careers.

Our submission principally draws on the experience of nurses and healthcare support workers from a Black and Minority Ethnic background working across the NHS. We also refer extensively to the broader experience of Black and Minority Ethnic employees and jobseekers across the wider economy which includes the independent health sector too.

There is a substantial evidence that Black and Minority Ethnic employees experience substantial disadvantage in the labour market largely as a result of their ethnicity, nationality or race. This can be further compounded by the complex and dynamic interplay of other factors such as age, disability, gender, sexual orientation, gender identity and socio-economic status. There is also evidence that the processes of recruitment, development, promotion and retention within the NHS negatively impact on a number of groups, including women and people with a disability, in a significant and lasting way. The stark and uncomfortable reality is that these patterns of disadvantage are particularly pronounced in relation to employees from a Black or Minority Ethnic background.

The case for change

The Royal College of Nursing remains unequivocal that there is alongside a powerful ethical case; an equally compelling business case for the elimination of racial discrimination in the labour market and that is particularly important for the healthcare sector and for the nursing profession.

Nurses are amongst the categories of employees where the demand for their skills extends far beyond their local labour markets to include a vibrant international market. We believe that taking action to eliminate labour market obstacles related to race, ethnicity and nationality should be considered urgent and important in the light of worsening shortage of qualified nurses and the growing demands of the health care sector.

For the nursing profession, it is critical that urgent work is taken both at an operational and strategic level to find and implement effective short, medium and long-term sustainable solutions that build both systemic and personal accountability and transparency into recruitment, selection and career development processes, to ensure that nurses and healthcare support workers are given full equality of opportunity to achieve their complete potential in the workplace.

A research paper from the Kings Fund[1] underlined the importance of this as its findings showed that that in NHS organisations where staff reported feeling engaged and valued, better quality care was provided to all patients.

This improved performance is evidenced in reduced mortality rates and enhanced patient experience. Conversely, in NHS organisations where staff report feeling disengaged and demoralised, the care provided to all patients is less likely to meet acceptable standards.

There is too, a cogent case for Black and Minority Ethnic nurses and healthcare support workers being employed at all levels across healthcare organisations. Failure to deliver this means that patients and the wider health of communities do not benefit from the innovation and insight that is delivered by using the cultural and linguistic capital of Black and Minority Ethnic healthcare professionals. This intercultural competence is therefore critical to delivering better health outcomes for all communities and in particular diverse communities. This can be seen most strikingly across a wide-variety of areas such as diabetes care, sickle cell, maternity services, stroke, mental health and female genital mutilation. One London Trust, for example found that it was the cultural knowledge of the prevalence of female genital mutilation amongst the population of the communities they served which was instrumental in preventing maternal and neonatal deaths.

Research carried out in 2014[2] which examined self-reported wellbeing found distinct variants between different ethnic groups in the UK. It found that even controlling for the social and economic factors known to influence wellbeing, there appears to be a residual, non-random difference – with people from Black and Minority Ethnic communities reporting lower levels of wellbeing than their White counterparts. This strengthened the moral and business case for tackling these issues as a matter of urgency.

Eliminating race inequality in the labour market and across organisations is closely associated with activities that are designed to drive trust and engagement. The RCN in partnership with the NHS Leadership Academy[3] produced guidance for senior and executive leaders across the NHS about harnessing the importance of trust based on tackling race discrimination in organisations. Trust has been noted as a key driver for staff engagement which is often a precursor for improving productivity and discretionary effort.

Racism in its institutionalised and other forms as well as all other kinds of inequality based on the protected characteristics of job seekers and employees, alongside their socio-economic status, serves only to reduce and disrupt the competitiveness and efficient operation of the labour market and dampen productivity. It serves to represent an astonishing and profoundly unacceptable waste of human resources that the health care sector as well as the wider economy simply cannot afford.

The emotional labour of caring can be made to be unduly weighty if Black and Minority Ethnic nurses and health care support workers have to also respond to and anticipate acts of discrimination and disadvantage, that devalues their life chances and their contribution to the health and wellbeing of our society.

This 'weathering' effect is too costly for policy and decision makers as well as employers to ignore. This is particularly stark given the growing and frequently more complex demands on the healthcare sector, combined with the contracting financial envelope within which to deliver care.

Obstacles to BME progression and the impact on individuals and the labour market as a whole.

The RCN believes that there are a multiplicity of complex factors that interplay and act as obstacles and impact on individuals and the labour market as a whole. These factors are structural, complex and dynamic in the ways that they interact and overlay to shape the life chances of Black and Minority Ethnic employees and job seekers.

We believe that it is important that the review takes care to consider how all of these dimensions and protected characteristics intersect and interact to shape life chances. The impact of this intersectionality is evident when consideration is given to the interplay of ethnicity and gender in the labour market, as an example.

Research from the All Party Parliamentary Group[4] on Race and Community's Inquiry into Black and Minority Ethnic female unemployment found that unemployment rates of Black, Pakistani and Bangladeshi heritage women have remained consistently higher than those of white women for more than 30 years.

The inquiry highlighted a number of barriers to the employment of Black and Minority ethnic women of Black, Pakistani and Bangladeshi origin as they uncovered discrimination at every stage of the recruitment process, and also found discriminatory patterns deeply embedded within the workplace itself. Their report also highlighted that employers, the Government and service providers often failed to understand or engage with the intersectional nature of discrimination, dealing with the issues of gender and race entirely separately. Essentially, this traditional 'separatist' approach fails to understand and hence tackle the quite distinct needs of women particularly from Bangladeshi, Black and Pakistani background.

We remain deeply unconvinced, and strongly challenge the premise, that the evident disadvantage faced by Black and Minority Ethnic employees is a function of some kind of inherent deficit. Approaches based on this theory have sought to locate the 'problem of race equality' with Black and Minority Ethnic employees, rather than seeking to act in a concerted and long-term way to tackle these matters at a structural and systemic level.

We therefore do not believe that the situation currently experienced by many Black and Minority Ethnic nurses and healthcare support workers can be explained by reference to perceived differences in motivations and ambitions, or as a result of the view that Black and Minority Ethnic workers lack qualifications or formal skills.

However, we do recognise that many Black and Minority Ethnic jobseekers and employers may experience many more obstacles and barriers to gaining access to informal social professional networks which are often necessary to secure entry,

development and subsequent advancement as a result of the entrenched and often covert and subtle nature of contemporary discrimination in the workplace.

The RCN refutes the suggestion that Black and Minority Ethnic employees and job seekers lack formal qualifications as there is strong evidence that the impact of discrimination persists and indeed often sharpens on aggregate, given the acquisition of degree-level qualifications. The TUC[5] published analysis in February this year on the extent of the pay gap for Black and Minority Ethnic workers. Their research identified that Black and Minority Ethnic workers with degrees earn 10.3% less on average than their white counterparts, irrespective of their qualifications and experience. Further analysis on the employment gap for Black and Minority Ethnic workers revealed that the unemployment rates for white workers with degrees is 2.3%. However, for Black and Minority Ethnic graduates, the figure rises sharply to 5.3%

Accessing first professional roles

Within the nursing profession, we see the impact of ethnicity even before nurses even begin their careers.

Research carried out by Harris, Ooms and Grant et al[6], 2012 found that ethnicity was an important predictor of employment success. Ethnicity was also found to be a predictor of confidence and preparedness for job seeking alongside gender, nursing speciality and degree classification. Their research concluded that ethnicity does lead to employment disadvantage for newly-qualified nurses.

This finding has also been echoed in research by Kline[7], 2013 who found that in the NHS, the likelihood of white applicants being appointed to roles is more than three times greater than that of applicants from a Black and Minority Ethnic background. His research also went on to highlight significant differences in the outcomes for Black and Minority Ethnic job seekers and employees throughout the recruitment process.

Career progression

Having passed these critical recruitment and selection gateways, Black and Minority Ethnic staff continue to experience discrimination throughout their careers. Archibong and Darr[8] found that Black and Minority Ethnic staff were up to twice as likely to undergo disciplinary procedures compared with their white counterparts. This pattern was[9] particularly pronounced in acute, primary care and mental health sectors where Black and Minority Ethnic staff were significantly overrepresented in disciplinary proceedings. For nurses, being brought into formal disciplinary processes is often linked to being referred to the Nursing and Midwifery Council (NMC), the professional regulator. The NMC also recognise the disproportionate

representation of Black and Minority Ethnic staff in their fitness to practice processes too.

Analysis of the employment relations experience of London-based midwives over a five-year period revealed that Black and Minority Ethnic midwives are more likely to face disciplinary proceedings[10]. 44.1% of the midwives employed in London are from a Black and Minority Ethnic background yet they comprise 66.4% of midwives facing disciplinary proceedings.

- Since 2011, a higher proportion of Black and Minority Ethnic midwives than white midwives have been suspended while facing disciplinary proceedings. Overall, from July 2010 to June 2015, 19.6% of the Black and Minority Ethnic midwives who were facing disciplinary proceedings were suspended, compared with 6.3% of the white midwives who were facing disciplinary proceedings.
- Over the five years, a higher proportion of Black and Minority Ethnic midwives than white midwives have been dismissed while during disciplinary proceedings. During the five-year period, 38 midwives were dismissed and 37 of these were from a Black and Minority Ethnic background. Further from July 2010 to June 2015, 13.2% of the Black and Minority Ethnic midwives who faced disciplinary proceedings were dismissed, compared with 0.7% of the white midwives who faced disciplinary proceedings. These figures starkly outline the impact of ethnicity within nursing and midwifery careers.

Recent research produced by Harvey Nash's Engage Network[11] which represents senior black and minority leaders suggests that progression to senior levels remains fraught with difficulty that is unrelated to ability or performance. Their survey revealed that over 70% of their survey respondents reported experiencing discrimination on the grounds of their ethnicity. More than 60% of those surveyed felt that the presence of unconscious bias at senior and executive leadership levels was also a significant obstacle that frustrated Black and Minority Ethnic employees from progressing to board level.

The NHS has a history of attempting fairly short-term initiatives that fail to tackle the inherently structural nature of the problem of race discrimination. In 2004, the Department of Health launched its Race Equality Action Plan[12], which was developed following sustained criticism about the prevalence of race discrimination across the NHS. Whilst the implementation of the plan led to a small increase in the number of senior nursing and midwifery roles that were held by Black and Minority Ethnic staff, ultimately that progress was unsustainable. This was in part due to the inherently voluntary nature of the plan combined with an approach that focussed on a deficit model of Black and Minority Ethnic Staff.

Successive restructuring across the NHS has also had the impact of reducing the population of Black and Minority Ethnic directors of nursing. In 2012 less than 3% of nurse directors came from a Black or Minority Ethnic background. It is likely that these figures have declined further since then.

Accessing learning and development

The talent pipeline for aspiring directors of nursing up until very recently has also been beset with concerns about the prevalence of racial bias[13]. For example, access to the NHS Leadership Academy's nursing leader development courses previously only held a Black and Minority Ethnic learner cohort of 4% despite 20% of nurses and midwives being from that background.

Bullying and harassment

The first baseline report published by the NHS Equality and Diversity Council[14] on the Workforce Race Equality Standard (WRES) also highlights the differential experience of Black and Minority Ethnic staff across the NHS. The results of the analysis made for stark reading as it:

- Uncovered higher percentages of Black and Minority Ethnic staff reporting harassment and bullying than their white colleagues.
- Highlighted that Black and Minority Ethnic staff are generally less likely than White staff to report the belief that the trust provides equal opportunities for career progression or promotion.
- Underlined that Black and Minority Ethnic staff are more likely to report they are experiencing discrimination at work from a manager, team leader or other Colleagues in comparison to White staff.

Accessing promotion

Earlier research carried out in 2000[15] found that where 96.25% of white nurses were promoted to sister or charge nurse within 18 months of qualifying, this compared with 45% of black nurses. Furthermore only 1.2% of white nurses had to wait two years for promotion while 35% of black nurses had to wait up to six years for similar opportunities.

A review carried out by the National Institute for Innovation and Improvement[16] contoured the obstacles experienced by Black and Minority Ethnic staff when they attempted to access senior roles and positions within the NHS. Their report noted the following organisational barriers they encountered:

- Racially-biased recruitment and selection practices particularly at times of merger or restructuring
- Undervaluing of relevant experience and overseas qualifications
- Tokenism

- Circumventing of established procedures when appointing part-time staff or covering maternity leave
- Rewards: some evidence suggested that the allocation of excellence awards is discriminatory against Black and Minority Ethnic employee groups and women
- Institutional culture seen in individual/group behaviour, formal and informal networks.

The Royal College of Nursing believes that it is clear that discrimination on the grounds of race as well as other characteristics is a feature of the experience of a majority of Black and Minority Ethnic nurses and healthcare support workers.

Data

It is our experience and expectation that organisations will collect workforce data on ethnicity and other protected characteristics. We are pleased that there is a strong prompt from the implementation of the NHS Workforce Race Equality Standard (WRES) for employers to start to think about how they can actively change outcomes for their staff which pivots on their ability to collect, understand and interpret the data they hold.

The first baseline WRES report has recently been produced and it has highlighted the paucity of good-quality available data. It highlighted the importance for NHS employers to carry out a complete survey of their staff for their staff surveys rather than sample ones. It is our view that the full census of their staff in relation to completing the staff survey enables appropriate and detailed analysis and assessment of progress and areas that require improvement.

High-quality and meaningful data is therefore necessary for employers and other stakeholders such as trade unions, to make accurate judgements about their status and progress in this area. However, many organisations have focussed primarily obtaining the data and appear unable to or resistant to using that data purposefully and to seek to change the outcomes for Black and Minority Ethnic staff.

The Royal College of Nursing believes that this is a useful first step for many organisations. However, in the past merely the collection of data was seen as evidence of good practice. We assert that there is further and significant work to be done to require organisations to interrogate the information that they collect and intelligently use it create the change necessary.

We believe that it is important that employers undertake an evidence-driven root cause analysis of what is driving the data itself. That analysis necessarily needs to be suffused with meaningful engagement with trade unions, professional organisations and other employee voice mechanisms so that there is a shared understanding and collective accountability about overcoming the obstacles generated by racial discrimination in the labour market.

Employer practices and policies

As both a trade union and professional association we have seen the impact of wide-variety of initiatives such as mentoring, discrimination training, unconscious bias training, the development of Black and Minority Ethnic Networks and the implementation of diversity and inclusion champion programmes on the labour market fortunes of Black and Minority Ethnic nurses and healthcare support workers. It is our view that employers should adopt a multiplicity of strategies and investment programmes that operate over the short, medium and long-term to tackle the persistent and severe nature of these issues. Employers should not rely on single, short-term, poorly-funded and little-understood interventions to tackle matters of the size and complexity of the issue of race discrimination.

There are some emergent themes that about a range of employer practices in addressing these issues within an employment context. For example a recent British Medical Journal literature review[17] outlined the characteristics of interventions that tended to be viewed as unsuccessful in securing change.

They tended to:

- Rely on a deficit model of Black and Minority Ethnic staff,
- Require or contain little or no outcome measures or transparency,
- Avoid being mandatory in nature,
- Lack a clear narrative about the intrinsic link to delivering better patient care, experience and outcomes, and
- Fail to create stronger personal and organisational accountability measures.

Conversely there is growing interest in looking at what works well which is drawn from a wide-range of sectors.

Research carried out by the Kings Fund[18] concludes that there are strategies and actions that have the potential to bring about coherent systems and culture change across the NHS.

It is suggested that interventions that introduce or implement some form of goal-setting by participants that is focussed on changing their behaviours and attitudes are seen as more sucessful.The report also highlights the importance of educating people and particularly leaders around the aspects of discrimination that appear to be more subtle and covert in nature

Critically, the report itself suggested that is it important to have visible and sustained executive-tier support for positive diversity and inclusion policies and practices.

Usefully the report also touches on the importance of culture which is seen as absolutely critical for creating and maintaining a culture of inclusion or conversely of tacitly or overtly, a culture of discrimination and bullying.

Organisations that have good practice in eliminating racial discrimination in the employment process, particularly across the public sector tend to display a number of common characteristics which are described briefly below:

Focus on outcomes
These employers place a premium on demonstrable and tangible progress over process. In essence, they contoured their success on their actual outcomes towards delivering key metrics rather than whether or not a process designed to capture data was in place.

Intelligent use of data
These employers work hard to understand and respond intelligently and sustainably to the data by seeking to properly understand what generates the issues, and undertake a root-cause analysis of them. These organisations are proactive in finding and building a clear evidence base that supports their course of action.

Make it a priority
These organisations set clear and meaningful targets and goals that make sense to their specific context and are relevant to their sector. They also allign these goals to their overall mission and vision and communicate this and their progress frequently.

Intervene to disrupt discrimination

Sucessful organisations are prepared to take swift, reasonable and appropriate steps to challenge and change recruitment and selection processes where there is clear evidence of bias and labour market distortion on the grounds of race or other protected characteristic.

Invest for the long-term
Good practice in organisation is often characterised by a preparedness to take a realistic view about the length of time that it takes to change culture and the need for sustainable investment in this area.

Activate leadership and accountability at all levels
Sucessful organisations recognise that it is essential that senior and executive leadership teams generate and maintain clarity, accountability and confidence in the benefits of removing discriminatory practices for Black and Minority Ethnic employees. They also recognise that it is also critical that leaders at all levels assume responsibility for changing outcomes and are held to account for progress. Partnership working with trade unions forms an integral part of this leadership and accountability loop.

Plan for the future
Organisations recognise that culture change and progress are not simply the operation of good fortune or accident.

Organisations and employers are clear that they must plan and properly reasource equality and inclusion measures in the short, medium and long-term.

The role for government

The RCN believes that it is essential that the government develops a coherent and long-term race equality strategy to decisively tackle racial discrimination and other forms of unlawful discrimination at all levels. We believe is it absolutely necessary to involve bodies like trade unions as well other employee voice mechanisms to ensure that the critical issues are discussed and acted upon and tangible solutions are sought in social partnership.

We strongly advise that the strategy should contain clear, measurable outcomes to address the issues raised. It is essential that the strategy or strategies focus on creating accountability and transparency with regards to securing better outcomes for all residents and citizens and in particular Black and Minority Ethnic employees and job seekers.

The RCN also believes that it is essential that the Government commit to enact all parts of the Equality Act 2010 and consider strengthening its specific public sector equality duty provisions in England. Specifically the RCN recommends that the Government implement the outstanding provisions of the Equality Act 2010 including section 14 on intersectional or dual discrimination.

Further, we ask that the Government revisit the thinking of the National Employment Panel[19]. The Panel recommended that the government should gather and publish baseline information on discrimination and race equality in the labour market and should monitor progress by employers against the baseline. They also suggested the development of a Race Equality Index in order to better understand how discrimination happens and how pro-active businesses are at eliminating the impact of race discrimination in recruitment, retention and promotion. This is an important step that the Government could take to inform itself as to whether additional measures are needed to deliver labour market efficiency.

We also urge the government to improve data collection to understand the prevalence and causes of pay gaps at work across the wide range of protected characteristics.

The RCN believes that it is vital that the government completely understand its leadership role in creating a set of values that enables race equality and the wider inclusion agenda to flourish. The RCN believes that there has been a negative and toxic climate about race equality that has been extremely unproductive in terms of seeking solutions and bringing discrimination to an end.

The RCN believes that the government must truly make a commitment to race equality to the very heart of Government and make tangible in thought, word and deed, a vision for our society that is cohesive, inclusive and committed to creating an environment for all citizens to truly fufil their potential in the labour market.

The RCN welcomes the opportunity to discuss our response and discuss solutions to the issues raised in further detail. Please contact Wendy Irwin via email at wendy.irwin@rcn.org.uk or alternatively by telephoning 0207 647 3486 for further information and discussion.

Yours sincerely

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[1] The Kings Fund, 2014. Improving NHS care by involving staff and devolving decision making. Report of the review of staff engagement and empowerment in the NHS. Online. Available at http://www.kingsfund.org.uk/publications/articles/improving-nhs-care-engaging-staff-and-devolving-decision-making
[Accessed 8 August 2016]

[2] Stevenson, Jacqui and Rao, Mala, 2014. Explaining levels of wellbeing in Black and Minority Ethnic populations in England. Project Report. University of East London, Institute for Health and Human Development. Online. Available at http://hdl.handle.net/10552/3867
[accessed 18 August 2016]

[3] National Leadership Academy, Royal College of Nursing,2014. Trust: An essential ingredient for effective and inclusive leadership in the NHS. Online. Available at http://www.leadershipacademy.nhs.uk/download/5155/
[accessed 9 August 2016]

[4] Race and Community All Party Parliamentary Group Inquiry into ethnic female unemployment 2012 Runnymede Trust. Online. Available at http://www.runnymedetrust.org/projects-and-publications/parliament/appg-2/appg-inquiry.html
[accessed 9 August 2016]

[5] Trades Union Congress, 2016. Black workers with degrees earn a quarter less than their white counterparts. Online. Available at https://www.tuc.org.uk/equality-issues/black-workers/labour-market/black-workers-degrees-earn-quarter-less-white
[accessed 9 August 2016]

[6] Harris, Ooms, Grant et al, 2012. Equality of Employment Opportunities for nurses at the point of qualification: An exploratory study *International Journal of Nursing Studies 50 (2013) 303-313.* Online. Available at http://www.journalofnursingstudies.com/article/S0020-7489(12)00347-1/abstract
[accessed 4 August 2016]

[7] Kline, Roger. 2013. Discrimination by appointment. Public World. Online. Available at http://www.publicworld.org/blog/we_need_to_talk_about_this_racial_discrimination_in_nhs_recruitment
[accessed 9 August 2016]

[8] Archibong, Darr, 2010. The Involvement of Black and Minority Ethnic staff in NHS disciplinary proceedings. University of Bradford. Centre for Inclusion and Diversity. Issue 9, Briefing note. September.
Full report available from Bradford University, Centre for Inclusion and Diversity, 25 Trinity Road, Bradford, BD5 0BB.

[9] 'The Ethnicity Gap: Understanding Barriers to the Boardroom for Ethnic Minorities', Engage Infographic. Online .Available at http://bit.ly/29JOEvC
[accessed 9 August 2016]

[10] Royal College of Midwives, 2016. BME midwives, disciplinary proceedings and the workforce race equality standard. Available at https://www.rcm.org.uk/equality-and-diversity [Accessed May 2016]

[11]Harvey Nash. Engage Network, 2016 'The Ethnicity Gap: Understanding Barriers to the Boardroom for Ethnic Minorities', Available at http://bit.ly/29JOEvC [accessed 8 August 2016]

[12] Department of Health, 2004. Race Equality Action Plan

[13] Calkin, S. 29 October, 2013 Concern over race bias on nurse leadership course. Nursing Times.

[14] NHS Equality and Diversity Council, 2016. NHS Workforce Race Equality Standard. 2015 Data analysis report for NHS Trusts. Online. Available at https://www.england.nhs.uk/about/gov/equality-hub/equality-standard/
[accessed 4 August 2016]

[15] Hastings-Asatourian. B, 2000. Gatekeeping Inequity, How Recruitment and Selection practice enabled Racism and Sexism in a College of Nursing. Bradford. Race Relations Research Unit.

[16] NHS Institute for Innovation and Improvement, 2009. Access of BME staff to senior positions in the NHS. Online. Available at http://www.mentalhealthalliancesouthwest.org.uk/resource/access-of-bme-staff-to-senior-positions-in-the-nhs/
[accessed 9 August 2016]

[17] Priest N, Esmail A, Kline R et al, 2015, Promoting equality for ethnic minority NHS staff- what works?. British Medical Journal 2015, 351:h3297

West, Dawson and Kerr, 2015. Making the difference: diversity and inclusion in the NHS. The Kings Fund. Online. Available at http://www.kingsfund.org.uk/publications/making-difference-diversity-inclusion-nhs
[accessed 4 August 2016]

[19] Heath A, Li, Y, 2010.The feasibility of constructing a race equality index. Department of Work and Pensions. Research Report 695