

RCN Wales Black History month event – 12th October 2020 Nursing care is colour blind? Lessons from 2020

Presenters' replies key:

Professor Jean White CBE

Gillian Knight

Richard Desir

Wendy Irwin

1. Comment has been made about the black population getting infected by Covid but we have no control over who does get it.. Whatever their ethnicity.

Everyone is susceptible to the virus as it is novel and no one has therefore come in to contact with it before so there is no background immunity. The point raised by speakers is that there appears to be greater risk for some parts of the population and this is for a wide range of reasons, age particularly over 65s, occupation risk (more contact with people), underlying health, obesity, and there appears to be a risk factor associated with ethnicity. All people in a higher risk group need to take precautions.

The All Wales COVID-19 Workforce Risk Assessment Tool has been developed in collaboration with clinicians, equality practitioners, community groups and workforce colleagues to protect health and social care staff from harm in the workplace setting. The workforce risk assessment tool helps consider individual personal risk factors for COVID-19 and suggests how to stay safe. Please take the time to explore the following link with access to the tools in use for differing sectors <https://gov.wales/covid-19-workforce-risk-assessment-tool>

The COVID-19 virus itself does not discriminate based on race, disability, age or any other characteristics. However we know that BAME groups and other groups such as the elderly were disproportionately affected by the COVID-19 virus and this has been widely commented. The number of BAME health and social care staff who died from COVID-19 was disproportionately higher than white counterpart even taking into socio-economic and other factors.

2. What are you demanding in relation to black and ethnic minorities in Senior Management positions please?

I have not set out any guidance on the number of BAME nurses and midwives I would expect to see in senior position. I have written to the Exec Nurse Directors asking them to provide me with a summary of what they are doing in supporting staff.

We in Wales have worked hard to reduce inequalities wherever they exist and whilst some progress has been made, in certain areas inequality remains a persistent issue on our society. The coronavirus pandemic has thrown these deep-rooted inequalities into the spotlight, in particular those which affect members of the Black, Asian and minority ethnic communities here in Wales.

The BAME COVID-19 Health Advisory Group, and its two sub groups, has undertaken valuable work and recommendations to start to address inequalities. Work to develop a Race Equality Action Plan is underway and will provide the foundation for bringing about systemic and sustainable change for Wales. It will be developed before the end of this Senedd term and will be achieved through extensive engagement and will be co-constructed with Black, Asian, and Minority Ethnic communities, community groups and organisations. Please see Welsh Government response to the Black, Asian and Minority Ethnic (BAME) COVID-19 Socio-economic Sub Group's report and recommendations:

<https://gov.wales/covid-19-bame-socio-economic-subgroup-report-welsh-government-response-html#section-50741>

Nursing Now Wales/Cymru recommends a number of approaches for organisations to consider. These include leadership development support and opportunities to encourage BAME health and social care workforce into senior positions. These include offering shadowing, secondment opportunities, coaching, mentoring, development programmes, bespoke training (Welsh Government BAME leadership programme).

3. Do you feel the NHS in Wales is a meritocracy and if not what are the top 3 actions we could make?

I can't recall where is the presentation this came as this is hard to answer without context. I would want Wales to be a meritocracy with every nurse and midwife supported to reach their full potential along with every citizen but we all know there are inequalities in our society that hold some people back – this is a complex issue.

From a Welsh Government perspective we have work on developing a race equality action plan. Gill and I are members of this working group that will run until December. For me personally I am pushing the Nurse Directors to do more to support their staff. And we have the work stream on promoting diversity as part of the Nursing Now Wales programme.

4. To improve diversity across all roles what do you feel would be appropriate positive actions to implement?

I answered this in part in the session. My positive actions – reverse mentorship, asking exec nurse directors to step into a leadership space and take affirmative action. We are also exploring Welsh Government options to fund clinical leadership programmes next year and I will, if this is agreed, ensure there are places for BAME nurses and midwives.

Could consider each role appointment based on the value individuals can add to the team, rather than simply in a specific role. It is not always only about employing the best person for a role, rather also the best person for the team as a whole. If you have gaps in diversity, then ensure this is considered.

Nursing Now Wales/Cymru has put forward a number of recommendations to improve diversity across roles in nursing and midwifery. These include a campaign to proactively market health and social care careers for those from BAME background who are underrepresented in certain groups like nursing and midwifery. Campaign could have differing approaches targeting young people 13-16 and adults.

Establish a reporting mechanism for workplace equity/diversity using a workforce race equality standard tool similar to NHS England, and use this data to develop a strategy to address inequalities and monitor diversity within the workforce with regular review and reporting to the NHS Boards.

5. Question from privilege café: Please we be mindful of the language we use as people are not 'BAME' people have a right to self-identify. also what happens after the 6 month 'project' for the helpline .. these issues will not go away after 6 months. How many have been white?

The politics that surround the use of terms such as BAME, POC and BME are both complex and dynamic. The term, Black, Asian and Minority Ethnic (BAME) is currently widely-used a shorthand to refer to communities from a vast range of traditions, cultures, heritage and other socio-economic circumstances. It should be used when the context demands that you are speaking about people from Caribbean, African, Asian and mixed backgrounds. This context may also be used to refer to minoritised ethnic groups such as White Irish, Gypsy or Irish Traveller people and communities too.

Whilst these terms may be used to compress diverse groups and tradition for the sake of brevity, we acknowledge that all individuals have the right to determine and share their own self-defined identities too.

It is also important to recognise that where we refer to experiences or issues that impact on clearly-defined groups within this frame; we should be clear and specific about the groups that we are referring to.

6. Do people want the label of BAME or do they seek their own self identity

We recognise that the term Black, Asian, Minority Ethnic encompasses a huge array of diversity and it is impossible to say that all of the millions of individuals who might be referred to in this way share a common view on the issue. It is essential therefore that all individuals and groups have the right to determine and articulate their preferences in this arena.

7. We have had a PHW focus on ACEs, should we also have a focus on weathering to help break this cycle?

I think the Welsh Gov race Equality Action Plan will help in this respect. It is not for me to determine PHW's work – this may need to be posed to them directly.

8. Question from privilege café: we haven't woken up ... we've been awake for a very long time ... were just being heard a little louder after some tragic incidents. be an accomplice not an ally.

I accept the statement as this is from this person's point of view. I don't think I have been hearing individuals' voices in Wales hence the work described above and I think there is more work to be done. I prefer the Kings Fund description of 'allyship' but accept not everyone does.

We remain at a critical inflection point in history as a result of the pandemic and the Black Lives Matters movement. Our collective task must be to amplify the voices and the lived experiences of staff, patients and stakeholders whose life chances and health outcomes have been scarred by the cumulative impact of structural, institutional and interpersonal racism. This must be met with intelligent and committed action to create coherent and intelligent solutions by focusing on some critical areas such as leadership, accountability, narrative and voice.

Anti-racist activity across organisations that is clearly structured, funded and woven through operational and strategic activity remains central. The lived experience of many of our BAME people should be enough evidence to highlight that the health and care system is institutionally racist. They face discrimination at work, and we know that clinical outcomes for BAME patients fall below those of many others.

The challenge for many organisations now is to move to a position of being anti-racist practice. This can be plotted across five key areas of activity:

Leadership: Services need to develop clear competency frameworks that are sophisticated enough to support and sustain the development of compassionate and inclusive workplace cultures, systems and processes. These should support

psychological safety and equip leaders and managers at every level to design workplace processes and interactions that are characterised by dignity and equity.

Narrative: NHS organisations should focus on ensuring that both the internal and external communications provides a clear focus on rationale for this work both in terms of the importance of the well-being of staff and in delivering better patient outcomes and tackling health inequalities.

Voice: Employers must be able to listen and respond intelligently to the wide range of experiences of the full diversity of service users and staff.

Metrics: Many organisations have a large number of KPIs that focus on process – few if any of those focus on inclusion (defined as the ability of individuals to feel valued and supported to deliver their best work over the longest period of time).

Accountability: Making sure that should an organisation fail to deliver on its anti-racist commitments, ways to address and fix this are in place. This should be part of the focus of established regulatory and inspectorate processes.

Black; Asian and minority staff in health and social care settings across the UK have reported the feeling of 'going unseen' and 'unheard'. This has been captured in various surveys/studies. There is a need to push forward on this agenda and our collective work commenced before the pandemic and black lives matters campaign but we recognise that the events of 2020 have raised greater awareness of BAME inequalities in health

9. Richard as a very senior nurse, what has helped you the most, achieve what you have in your career in NHS Wales? Can we learn from this?

There are a number of factors and not one single thing. Getting to where I am in my life and career did not happen overnight. I was not an overnight sensation, it has taken hard work, patience and a lot of people pushing me to take the bold step. I was a follower longer than I have been a leader. But having the love of my mother and wife to encourage me cannot be underestimated. I am also a great reflector and that has helped shaped me. Being able to look back is important to me when planning to look forward. I had the great privilege to work with my mother who was a carer for clients with learning disabilities who shared some of her 'ups and downs' she faced when she arrived in the UK in the mid 1950's and until she finished working in 2015. She shared stories of her past and some of it resonates with me. That 'Windrush' generation allowed for individuals like me to flourish and I wish to do the same for my children and the wider community.

I guess it's a sense of purpose; it is about your values. I am also pragmatic and understand that change and significant change doesn't happen instantly. I do know that I have made most of my success in my career as a leader when I collaborate with others and learn to listen and form relationships.

10. Are all staff aware of the process of which they can challenge any racism and the support they can access to do so ?

They should do as there are HR policies in organisations.

Organisations need to actively support the building in of these conversations about identifying and challenging racism at every level of their organisation and support teams to work inclusively across inclusive systems. Building the inclusion literacy of all remains central to this work. The language of social justice is integral to shaping different conversations and outcomes about race and racism.

11. Fantastic presentations about making the nursing profession more diverse and BAME nurses taking on leadership roles. But my question is about the patient perspective. Why is it that Nursing Care is considered to be colour-blind? Nursing is a holistic profession. I am a black middle-aged woman who has experienced fantastic care both privately and in the national health service in Wales. All patients should not be treated the 'same'. Frankly I find any type of blindness when it comes to important information about a patient – be it gender, religion, sexual orientation, age, colour, culture – offensive. The fact that my nurses looked at every aspect of my person meant that got I more- not less. Nurses are advocates for patients and an advocate needs to see the whole of that individual including their colour.

I have sympathy with her views, every person is a unique individual and should be cared for in a way that recognises their uniqueness.

I came up with the title for the webinar and the outline brief 'nursing care is colour blind' the title was based on the keynote speech by Margret Heffernan and her book *Wilful Blindness*, which was my highlight of Academi Wales summer school 2019 .

It's a term used in law (*Regina v Sleep*) when we willfully shut our eyes to the facts. Facts such as Saville, Winterbourne, Mid Staff's and Hillsborough are examples when we close our eyes to the facts. These horrific failures stem from not what is hidden or secret but what stands in front of us and what we refuse to consider. I believe that we have conveniently turned a blind eye to the issues of BAME health and socio-economic inequalities and BAME under representation in senior nursing positions. The facts are in front of us. We have to accept for what it is, whether we wish to describe it as unconscious bias or subconscious bias or structural racism, it does exist.

12. I qualified as an SRN back in the 1970's and in orthopaedic in 1968. Sadly I do not recall any black students then and I do wonder if the advent of the now university biased training to get a degree to become a qualified nurse has had an effect on those applying from the BAME community.

This is probably multifactorial. I have no idea what the percentage of UK population was from a BAME background in the 1970's but I would judge it was lower than today. If it was significantly lower surely the likelihood of recruitment would also be lower. I think for some ethnic groups having nursing elevated to a degree-based profession would make it more attractive but I don't have the evidence to back that up. I think raising the profession to degree-based makes it more attractive as an option full stop. Bear in mind Wales was the first UK country to go all degree prep in 2004 (nurses) and 2003 (midwives). The aspiration was in the first nursing strategy set out after devolution in 1999.

We are keen to support and establish a campaign to proactively market health and social care careers for those from BAME background who are underrepresented in certain groups like nursing and midwifery. This work has started through work of the Nursing Now Cymru group.

The UKCC, the predecessor of the NMC, did not routinely capture ethnicity data and indeed in the decade I started nursing the government didn't include a question on ethnicity in the 1981 Census – something Parliament later said it regretted. Instead, Census estimated on ethnicity based on the number of people living in a household headed by someone born in one of the different 'Commonwealth' groups.

The 1991 Census was the first to include an ethnicity question (in both censuses in England and Wales, and in Scotland).

White continued to be the majority ethnic group people identify with, it decreased over the last two decades. In 1991, the White ethnic group accounted for 94.1 % of the population. Between 1991 and 2001, the White ethnic group decreased to 91.3 %. The trend continued between the 2001 and 2011 Censuses, with a further decrease to 86.0 % cent.

Nursing Now Wales/Cymru wishes improve diversity across roles in nursing and midwifery. These include a campaign to proactively market health and social care careers for those from BAME background who are underrepresented in certain groups like nursing and midwifery. Campaign could have differing approaches targeting young people 13-16 and adults.

in 2018 8.5% of the undergraduates in Wales were from BAME backgrounds (HEIW) and across the UK in 2020, there was a 4% increase in placed applicants from Asian, Black and White ethnic groups, and an 8% increase in placed applicants from mixed and other ethnic groups - UCAS 2020