

# RACE & EQUALITY POSITIVE CHANGE

**Aneela Arshad**, Biomedical Scientist and Black, Asian and Minority Ethnic Network Co-Chair, discusses the founding of the network.

**T**he Black Lives Matter events of 2020 that escalated globally after the tragic death of George Floyd in the US resonated deeply with so many of us in a way not seen before. Coupled with the pandemic and the impact this was having on black and minority ethnic people in the UK, it was important that frank discussions about race and equality had to take place. This forced institutions to recognise and assess unconscious bias behaviours and bring about a positive change in the workforce.

This was particularly apparent at the Queen Victoria Hospital, where I am based. When our Chief Executive sent out a poignant email acknowledging the events taking place and the personal effect on him, it deeply impacted me because it was so refreshing and honest.

He didn't claim to understand all the issues or profess to have all the solutions – instead he was open and transparent about his lack of understanding of the complex issues involved. He stated: "I do know that as someone who is empowered and white, and as a leader in the NHS, I have a responsibility to listen, to learn and to act." And this action was to set up and

support the Black, Asian and Minority Ethnic Network at the trust.

## Being heard

Initially, I had no intention of being part of the network – with a demanding full-time role as a Senior Biomedical Scientist and Quality and Training Lead in histopathology, as well as a busy home life, it was unfathomable to think about adding another role to my repertoire at this point. After much deliberation, discussion and research I decided to apply because it was the right thing to do. I wanted to initiate change and be part of that change. I wanted to help create support systems where black, Asian and minority ethnic staff could truly be heard.

Setting up the network was very important and what could be a better time to try and facilitate this than now, when these hard-hitting issues were being discussed on public platforms across the country? It is difficult to diagnose systemic racism, especially within the NHS, which is why the role and network was so essential.

## Network role

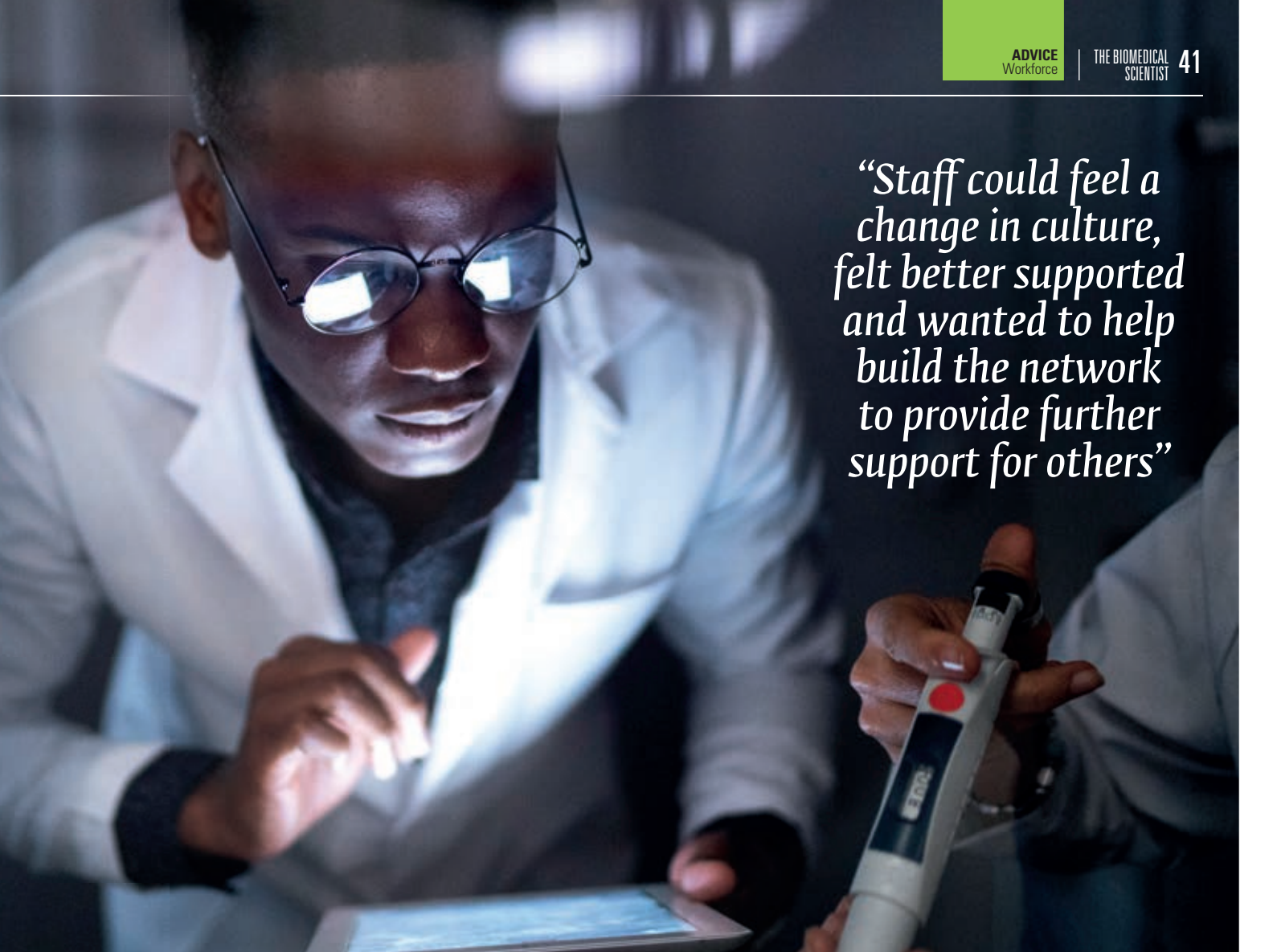
The role is shared between me and a colleague who is the theatre nurse lead. This has been extremely advantageous as we have been able to cover a wide staff



demographic. It has also been an excellent personal development opportunity – learning how to set up a network from the ground up, project manage the objectives and deal with senior and executive-level staff to ensure goals are realised and delivered. This has been particularly valuable as it means being able to influence at all levels across the trust and develop ties with key operational areas.

The role has allowed us to have a visible presence within the trust and input our objectives and feedback into the wider staff priorities.

The most vital aspect for me as the Network Co-Chair has been to ensure minority ethnic staff are heard and supported. Initially, issues were raised about the need for a network and there was possibly some resentment. By presenting trust data and holding interactive sessions with all staff, those feelings were soon resolved. The NHS



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needs to take a strategic approach to instil a culture of inclusion, which then links to better healthcare.

### **Embedding accountability**

We are part of the education and development board meetings to ensure that not only are equal opportunities in place but to provide additional opportunities where needed and set up a protected talent pool. Furthermore, for all senior band 8 and above positions within the trust there is a designated network representative on the interview panel. This has enabled us to embed accountability within core policies and allow the comfortable discussion of race equality to make positive changes. The most rewarding side has been the feedback from staff. Minority staff feel heard and more protected knowing that there is now a system in place with staff who understand their concerns, vulnerabilities and fears.

We can guide our colleagues to the appropriate avenues, such as liaising with the Freedom to Speak Up guardian and HR support, while providing additional support if needed.

Although the network has faced challenges, the fact that we are being supported by the trust demonstrates that the organisation is trying to make positive changes. Anonymous feedback from questionnaires showed that staff could feel a change in culture, felt better supported and wanted to help build the network to provide further support for others.

We have also set up an Ally Mentoring Scheme – where white colleagues want to learn how to provide support and appreciate the issues black, Asian and minority ethnic staff face. This could be in the form of mentoring, counselling and/or training. A key aspect of the training is understanding unconscious bias and white privilege.

We have been able to provide courses on this and tackling racism within the NHS.

The support is out there and we have liaised with other trusts, had critical conversations on podcasts and ensured our intranet has the latest information for staff. New-starter welcome packs have detailed information about the network and we have been able to provide extensive pastoral care for staff recruited from abroad.

### **Conclusion**

There are significant cultural challenges within the NHS that prevent staff with an ethnic minority background access to equal career opportunities and fair treatment. We must continue to delve beyond our comfort zones and have difficult conversations to ensure racial equality remains a top priority for the NHS and the diversity of our workforce is valued. 