

Nurses United: Anti-racism Framework

We want to live in a society where racism no longer impacts upon our lives. The Nurses of Colour are health professionals and we want to build a world where no one's health outcomes or opportunities are damaged by the harsh realities of systemic racism. Racism is a public health issue both in and out of the UK's health services.

Defeating racism cannot be done by passively suggesting policies and waiting for the existing structures to implement them. When we work together through our different experiences, we are powerful and can create the change we want to see in the world.

The NHS's Workplace Race Equality Standards have consistently shown that our NHS has challenges with institutional racism. We've known this for years and nothing has changed.

That is why our network takes action.

We recognise that our work is one small part of the movement to defend black lives. This framework is the starting point for how we will aim to improve the working conditions of people of colour within our health service. This framework is a live document and as we learn more and grow in strength it will change and improve its list of demands which are as follows:

- 1. The NHS should measure itself against an Anti-racist Charter.** NHS Trusts that have achieved the recommended criteria would be awarded different levels (Bronze, Silver, Gold) dependent on their achievements in relation to anti-racism work by an independent body such as Nurses United.
- 2. All interview panellists should have completed anti-racist training to be able to carry out their roles** with senior management being accountable for any bias in the decision-making process. Senior managers would also be expected to explain 'patterns of apparent discrimination in appointments and access to secondment and/or development opportunities.
- 3. Job Description and Person Specifications should only include the required criteria to fulfil a role.** Additionally, the NHS should consider anonymising an applicants personal details including the place where they obtained their qualifications. This is because there is a high likelihood that adding unnecessary criteria to a role disproportionately impacts groups such

as Women and People of Colour.

4. **All people of colour need to be given appropriate and timely access to feedback following interviews, irrespective of the outcome.** This data is already collected for Workplace Race Equality Standards (WRES). Interviewers/NHS Trusts should anticipate being challenged about patterns of apparent discrimination and have undertaken anti-racism training to ensure that their decision-making isn't biased.
5. **There should be a ring-fenced budget for the development of People of Colour that grows with inflation** and is able to be used for self-directed CPD to allow them to progress in their careers. There should also be the provision of coaching within organisations for people of colour to ensure they can address areas of development that they or others have highlighted.
6. The NHS cannot reach its full potential without utilising the qualities of its vibrant and diverse workforce. **Each Trust should develop clear, measurable and time limited diversity goals. Fulfilling these goals should award an incentive from a national ring-fenced budget for NHS Trusts/Boards who have met them.**
7. Leaders within the NHS should be familiar with WRES data for their areas. **Equality, diversity and inclusion must become core board/institutional objective including as a Key performance indicators (KPI's).** This information should also be discussed during trust inductions for all staff to draw attention to the commitment to change from the trust.
8. NHS Trusts/Boards should approach this work with an aim to **create long-term systemic and cultural change.** Solutions which are solely focused on changing an individual's behaviour will not lead to a difference in the lives of the diverse workforce within our NHS.
9. Our **NHS should take systematic steps to appreciate that all individuals have multiple intersectionalities which need to be understood and appreciated.** This does not just apply to the NHS's workforce but also its current and future patients.
10. **Working arrangements for example access to compassionate leave should be consistent and fair;** all access requests should be monitored and reviewed to protect against any bias in the process.
11. **Cultural ambassadors should be available throughout the whole of our NHS** to protect against racial bias occurring in the disciplinary process. Consideration should be given to this role expanding into other areas of employment. Currently, the role is unpaid which can put pressure on frontline staff and services which will need to be addressed moving forward as this has

already been proven to be beneficial in addressing and reducing bias practices.

