

STORIES OF CHANGE

Our Fellows tell their stories
of leading change



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Supporting equalities for Scottish Health Care Workers

What problem were you trying to solve?

Data began to show a disproportionate impact on people from ethnic minorities in relation to COVID in Scotland – not just the patients we care for but our own healthcare workers. The Scottish Government had set up an Expert Reference Group on Covid and Ethnicity made up of academics and experts to guide our response. This group, and wider events such as Black Lives Matter, brought about an increased concern and focus on the issues which stretched beyond Covid into NHS culture, and individual career progression. It seemed we were not hearing the voices of our minority ethnic healthcare workers. We work with diverse communities and our workforces should be fully reflective of the communities they serve, including at senior level. And those voices should be heard by Government.

We have long established ways of developing work through a tripartite partnership of Scottish Government, NHS Employers and *staffside* (NHS trade unions). However, these usual channels were not always representing minority ethnic voices. We needed to reach into these communities to hear and understand their issues, letting them shape our policy response.

How did I go about making a change?

Our immediate priority was to move from no team focused on healthcare worker equalities to putting some resource and energy behind it. We recruited somebody with a real background and knowledge of equalities – he was a breath of fresh air – and this built on the Team Leader's enthusiasm for the issues. We ensured that the equalities work was being talked about within our own workplace so that others were tuned-in to issues. We did this by presentations to our Senior Leadership Team, and at an all-staff. During these, our new Equalities Lead demystified terminology, suggesting ideas, and prompting us all to challenge ourselves on how comfortable we were in discussing equalities issues.

Gillian Russell, Scottish Government



Gillian Russell is a Cohort 2019 Fellow and Director of Health Workforce in the Scottish Government.

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At Scottish Government level, following the Expert Working Group's report, there was an aspiration to set up a Scottish Public Sector Minority Ethnic Network.

However, this gained little traction as it was so vast. We thought that we could achieve something across the almost 200,000 people working in healthcare in Scotland. We spoke with NHS employers and *staffside* to understand what local networks existed and their appetite for something national. We used pre-existing minority ethnic networks within and outside Government to gather support. This led to the creation of the Ethnic Minority Forum (EMF), an avenue to ensure we were reaching out to the right individuals, hearing their voice so that they could help shape policies that affect them.

We weren't sitting in government doing this in isolation. We weren't just reaching out to our usual suspects. In particular, the Director of Digital at NHS Tayside felt very passionately about this. He had been involved previously in some Scottish Government work and was very keen to remain involved. So, he is currently the chair of the EMF.

Who was involved?

Many people, including us, had to manage this work alongside doing immediate reactive work around Covid. We were very aware of the time-pressures of our forum attendees. Some of them are frontline doctors or nurses, for example, so taking them away from that is complicated and must be worth their time. Working with people with expertise within and outwith Government, as well as people with lived experience, has meant we have created a forum - which subsequently informed a workplan - that reflects people's voices. We were able to bring together individuals with lots of great ideas, energy and passion into the team.

How has the Collective Change Initiative or Fellowship / Forward Institute helped you with this change?

The Forward Institute provided a space for collaboration and reflection with others which was particularly valuable as it enabled a break from the often relentless need to focus on the immediate response to Covid. This meant we could talk over developing ideas around healthcare worker equalities and benefit from others' perspectives. Additionally, the Forward Institute Programme provided a range of tools and techniques to support deeper consideration and understanding of the challenges we were facing. We have continued to take forward conversations and learn from other Fellows whose insights have been invaluable.

What have been the outcomes of this change?

In terms of the result and impact, firstly, we now have this network set up. Crucially, this has led to wider engagement, leading to some people in that network being invited into other forums. For example, one of the EMF members has been invited to co-chair a wider Health Inequalities Forum in the Scottish Government. Importantly, it's proving to be not just an end in itself but something that plays into bigger programs of work.

Our workplan has many deliverables, all of which reflect minority ethnic staff's input. For example, we are seeking accountability at the top through the introduction of equality objectives and performance measures for NHS Chairs (starting with ethnicity). We have agreed to focus on improving workforce equality data. We are working on guidance which ultimately is to support staff in feeling comfortable disclosing personal information on ethnicity, disability etc. without fear that disclosing this information could be used inappropriately; that staff are comfortable to report incidents. We are also seeking to promote best practice from local level to a national level.

What did you learn?

We learnt the importance of ensuring ourselves and colleagues felt comfortable in dealing with equalities issues – starting with getting conversations going and creating a safe space, through the forum, for NHS staff to talk about lived experience.

This took time, and so we learnt the importance of putting a structure and clear deliverables around this work. Hearing voices, whilst important, wasn't the end in itself but rather fed into our workplan and deliverables. We corralled definitive answers to questions like: "What is our vision?", "What is it we want to change?", "What are the actions that are going to get us there?", "Are we breaking it down into steps and prioritizing those steps?"

This focus was essential given that the same team were heavily involved in Covid work, but also given that workforce equalities was an area on which we had to make real progress.

Final thoughts

We feel proud to know that we have made progress on this really challenging set of issues at a time when we have had to continue with another very pressing set of immediate and urgent issues across the Healthcare Workforce: through the pandemic response and the very challenging pressures in the health and social care system. Knowing that 'where there is a will there is a way' and that we can be resourceful and innovative to make progress on what is important, but not necessarily urgent within the context of delivering a crisis response to the pandemic, has reminded us of the value we bring as public servants. The value in listening and responding to the voices of those who we are designing and delivering policies to support.

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Moving forwards, we would like to think how we can support work within Scottish Government. We've got our diversity and inclusion subgroup for staff, which is thinking about what the experience is of our own staff and within the Scottish government, but is it where we'd want it to be?

We think there is more work to do. The question is now, what actions can we take ourselves? And what communications strategies can we employ to help diverse talent with development opportunities?