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When tackling racism is everyone's problem, it becomes no one's

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There's been a spate of recent tribunals and cases from NHS staff on the grounds of workplace discrimination. In 2023 alone there were—among many others—the cases of Michelle Cox, Adelaide Kweyama, Melissa Thermidor, Ubah Jama, Valentine Udoye, Olukemi Akinmeji, and Samira Shaikh.[1-7] The extent of discrimination in the NHS is depressingly well described: several iterations of data from the Workforce Race Equality Standard (WRES) have shown the pernicious, widespread, and enduring nature of this fact.[8]

A new report from the charity Brap,[9] showing that the health service is still failing to tackle racism in its ranks, should make for uncomfortable reading among senior NHS leaders. They are, after all, responsible for the welfare of their staff. And the glacial pace of change means either that they've taken little action to eliminate discrimination or that their efforts have been ineffective. Either way, this is not a good look—especially as the interventions that work to tackle racism and discrimination have been well reviewed and summarised.[10]

The Brap report analysed eight tribunal cases brought against the NHS about racism at work and identified common themes. Staff were also surveyed to see how well the conclusions reflected their experience. Patterns of wrongdoing among employers include defensiveness to reports of racism, with employers refusing to accept that race is an issue and staff having to "prove" racist intent; poorly conducted internal processes; use of HR witnesses who weren't credible; and retaliation, which saw staff who reported problems going on to experience further discrimination. For staff who experience this daily, these findings will be unsurprising.

Racism across NHS staff and the communities they serve is a massive, ongoing health crisis. So, why the lack of urgency to tackle this in the NHS? The power structures always fight hard to maintain the status quo. But healthcare leaders must act against racism or be complicit in perpetuating it. Dismantling unequal power structures is never an easy or linear journey. There seem to be no incentives for those who wield power to share it or give it up entirely, nor any disincentives or consequences for holding onto it.

Action and accountability

Disrupting the entrenched power structures requires coalitions of people with the clarity and integrity to tackle the problem. Such coalitions in the NHS are currently rare and somewhat freeform, made up of leaders with an understanding of the institutional nature of the problem and the need to tackle this problem at its root. And we must call out the failures of the worst offending leaders. By remaining silent we're colluding with them, but they're in public service and need to be held accountable.

Would a publicly available league table of leaders and trusts who do nothing to challenge racism spur them into action? We already have one, through the WRES report of the leaders with their region's worst record on inclusion.[11] Let's highlight their individual responsibility and make it difficult for them to continue to do nothing.

We must also ask who's in overall charge of tackling discrimination in the largest workforce in Europe, which has over 300 000 ethnic minority employees—24.2% of the workforce across NHS trusts.[11] There's been enough reflection on the data, so now we must create a clear accountability framework to ensure the safety of staff and prevent financial damage to the NHS from further lawsuits. Reducing racism in the NHS will also improve patient outcomes: only last month a report into the death of a pregnant black woman in Liverpool found that racial biases had delayed her treatment.[12]

In our view, intersectionality is a term that's misused by NHS leaders. The concept of intersectionality aims to understand the additional burden that comes from having multiple protected characteristics; instead, we've seen it used to discourage an "excessive" focus on problems of race and to refocus attention on other protected characteristics. Ethnic minority staff are more likely to experience discrimination,[11] so intersectionality must be at the forefront of any actions to reduce this. The latest NHS improvement plan on equality, diversity, and inclusion de-emphasises race, which can only lead to worse outcomes for staff and patients.[13]

Strategy and priorities

Since the middle of last year there's been a change in mood in the NHS regarding racism. A drive to make racism "everyone's business"[14] has ended up making it no one's business. The transfer of leadership during NHS England's merger with Health Education England—an organisation where datasets have shown no improvement on issues of racism over the years[15]—has resulted in racism becoming even less of a priority, with a stripping down of dedicated roles to tackle it.

The people involved in such a change of strategy need to be open and explicit about why these decisions have been made, or they should have the honesty to say that racism is no longer their priority. It's approaching a year since two seminal events: firstly, a tribunal case against Michelle Cox, a senior nurse who won a "landmark" tribunal case against NHS England for racial discrimination,[1] and secondly, publication of the action plan to tackle racism in the medical workforce.[16] The question is, what datasets exist to show that the implementation or learnings from these initiatives are making a difference? Without focus or accountability it was inevitable that

poor behaviours would be further emboldened, to the persisting detriment of staff and patients. The NHS needs accountability, or it's unlikely that we'll progress beyond reports and collective angst laced with personal stories of discrimination.

The recently published NHS staff survey shows the folly of not prioritising action to tackle racism. Not only did staff from ethnic minority backgrounds report higher rates of discrimination than colleagues with other protected characteristics but this rate has also increased. Other protected characteristics have seen a smaller increase in rates of reported discrimination, and some have seen a decrease.[17 18] If leadership is to be defined by outcomes, then in the world of the NHS workforce and its stated aim to tackle racism there's no greater indictment of failure.

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