Royal College of Nursing written evidence to the Equality and Social Justice Committee inquiry into the Anti-Racist Wales Action Plan

The Royal College of Nursing (RCN) Wales welcomes the opportunity to provide written evidence on the inquiry into the Anti-Racist Wales Action Plan. RCN Wales would welcome the opportunity to provide oral evidence, particularly in relation to the policy area of Health.

Recommendations:

- The Anti-Racist Action Plan must be transformative, and for this it must encompass the lived experiences of the global majority[1], as well as statistics to ensure that the content is relatable and accurate.

- Adequate PPE measures are vital to reducing the risk of exposure, particularly amongst those of the global majority, which are at most risk.

- Robust risk assessments must be conducted by line managers to ensure that appropriate measures are taken to protect the safety of all individuals.

- The specific issues faced by the global majority should be emphasised and incorporated as part of the Respect and Resolution Workplace Policy proposed in the Anti-Racist Action Plan.

- To ensure transformational change, important factors such as reframing of language is vital.

- Access to published minutes of meetings and reports would provide a way to monitor the progress of the accountability group and to ensure that proposed change is being made.

- An intersectional approach must be taken when conducting research and analysing data surrounding the lived experiences of the global majority.

---

[1] This paper uses the term global majority as opposed to BAME individuals.

The RCN would like to contribute key points which relate to each priority action area within the plan as well as the terms of reference of the inquiry itself.

Priority action 1: Leadership

This area is key in ensuring that progress is taking place regarding driving anti-racism at all levels across Health Boards, Trusts and Special Authorities.

The RCN is concerned about the unconscious racism, structural discrimination and institutional bias that exist within workplace conditions. The RCN 2019 Employment survey highlighted how 48% of Asian respondents and 47% of black respondent had experienced bullying from colleagues, in comparison to 38% of white respondents. Studies suggest that nurses from global majority backgrounds leave the workforce at higher rates in comparison to white nurses due to microaggression and the negative systemic racial climate that persists[2]. This leads to higher job dissatisfaction and emotional distress amongst the global majority.

In the effort to deliver safe and effective care in Wales, this must be addressed to ensure that staff from the global majority feel protected and valued in the workplace, as notably, staff wellbeing is one of the crucial factors in retaining nurses[3]. The Welsh Government's Joint Task and Finish group with the Wales Alliance for Mental Health is an effective way of promoting access to mental health services for healthcare workers, however efficient institutional change cannot be made until structural racism is addressed at its root and fully eliminated.

The barrier of structural racism relates to the **final term of reference** regarding the need to understand what may prevent the successful implementation of the plan and how further interventions are needed. Working within anti-racist practice at a system and structural level generally demands some reframing of language and in this case moving from the term' BAME' to 'global majority' or 'minoritised communities'.

The government's cross-governmental approach to racism must show consideration to the racism experienced by nurses within the workplace. This relates to the **first term of reference.** Better representation is vital to highlight the discrimination certain ethnic groups experience. This should be emphasised and incorporated as part of the Respect and Resolution Workplace Policy proposed within the Anti-Racist Action Plan. The RCN welcomes the appointment of cultural ambassadors and executive equality champions within this priority area to report demonstrable progress in driving anti-racism at all levels within the workforce.

---

[2] Thomas-Hawkins, C., Flynn, L., Zha, P., & Ando, S. (2022). The effects of race and workplace racism on nurses' intent to leave the job: The mediating roles of job dissatisfaction and emotional distress. *Nursing Outlook*, *70*(4). https://doi.org/10.1016/j.outlook.2022.03.001

[3] Royal College Nursing. (2022, September 28). *Nursing in numbers - English | Royal College of Nursing*. The Royal College of Nursing. https://www.rcn.org.uk/Professional-Development/publications/wales-nursing-numbers-english-pub-010-524

Priority action 2: Workforce

The Health and Social Care workforce is under immense strain. In Wales, it is projected that by 2038 one in four of the population will be over 65[4]. Therefore, there may not be enough working age people in Wales to provide suitable social care in the near future. Hence, while we completely support an increase in pay for social care staff, the importance of international recruitment is vital to address such high nursing outflow levels.

We know that international recruitment as a solution works. For example, the successful international recruitment campaign in 2019 helped reduce vacancies across Wales, including the Aneurin Bevan University health board and the Cwm Taf Morgannwg University health board[5].

However, in order for this to remain a reliable solution, the workplace must be appealing to non-UK workers. Wales must be viewed as a place for nurses and nursing staff to successfully progress their career, without the fear of being met with racism, discrimination, and violence. Notably, a recent survey concluded that of almost 10,000 nursing staff, white staff were more likely than black and Asian nurses to have at least one promotion[6].

Consequently, commissioning an independent audit of all existing workforce policies, and including representation of ethnic minority groups in designing this would provide a way of highlighting the specific workforce issues non-white groups face, particularly in relation to career progression. Staffing challenges can only be resolved by having a clear understanding of how systemic racism significantly impacts retention issues. Furthermore, this relates to the **final term of reference**.

NHS England's Workforce Race Equality Standard (WRES) that is designed to prompt compliance with the spirit of the Equality Act 2010. The requirement of a similar programme in Wales would ensure specific workforce standards are upheld, and that the global majority receive fair treatment within the workforce, as well as equal access to career pathways. This would be an useful tool in terms of accountability. This relates to the **third term of reference.**

Priority action 3: Data

The action plan is intended to be informed by the lived experiences of discrimination which is excellent. Despite this, it must be revised to make use of individual and group lived

---

[4] Welsh Government . (2021, October 7). *Age friendly Wales: our strategy for an ageing society [HTML]*. GOV.WALES. https://www.gov.wales/age-friendly-wales-our-strategy-ageing-society-html

[5] Royal College of Nursing. (2022). Progress and Challenge in Delivering Safe and Effective Care 2022 | Publications | Royal College of Nursing. In *The Royal College of Nursing* (p. 16). https://www.rcn.org.uk/Professional-Development/publications/progress-and-challenge-in-delivering-safe-and-effective-care-2022-uk-pub-010-279

[6] Shruti Sheth Trivedi. (2023). Banishing the race bias that can hold back the career progression of black and Asian nurses. *Nursing Management*, *30*(2), 6–8. https://doi.org/10.7748/nm.30.2.6.s2

experiences of racism alongside "hard" data and statistics to ensure an approach that makes the content relatable to the lived experiences of the global majority, as staff within the workplace as well as patients. This will be key in highlighting the factors that perpetuate barriers preventing the career progression of the global majority, whilst simultaneously delivering a sense of accountability.

Additionally, it is important to review data from a long-term perspective. For example, this could be reframed through using the lived experiences of individuals as a way of measuring the success of plan itself. This would ensure a transformational approach as opposed to a transitional approach.

Furthermore, when measuring the data itself, the importance of intersectionality must be highlighted. Individuals may have protected characteristics, in addition to race and ethnicity which further impact their experiences. The recognition of this is important for organisations to understand the issues concerned with each characteristic that intersects with race and ethnicity.

In England, organisations such as The Race and Health Observatory facilitate key research and policy thinking on issues relating to health care[7]. It is important that the same is done in Wales to examine health inequalities in relation to global majority.

Priority action 4: Access to Services

A recent report published in November 2022 details how black women are 3.7 times more likely to die within childbirth in comparison to white women. Furthermore, Asian women are 1.8 times more likely to die than white women[8]. We welcome the Maternity and Neonatal Safety Support Programme, that aims to support women from the global majority, experiencing these health inequalities.

However, the reasoning behind such high rates of mortality amongst some groups are not fully understood[9]. More research is needed to investigate the root causes of this, as well as the need for a suitable inquiry into this to fully and appropriately address this area.

Priority action 5: Health Inequalities

The emergence of the new BA. 2.86 variant which has been confirmed in the UK poses new risks to the people of Wales, including those working within the healthcare sector[10]. The

---

[7] NHSRHO. (2023). *Home page*. NHS - Race and Health Observatory. https://www.nhsrho.org/

[8] Women and Equalities Committee . (2023). Black Maternal Death . In *UK Parliament* https://committees.parliament.uk/publications/38989/documents/191706/default/

[9] Ibid

[10] GOV UK. (2023, September 8). *COVID-19 variants identified in the UK – latest updates*. GOV.UK. https://www.gov.uk/government/news/covid-19-variants-identified-in-the-uk-latest-update

number of COVID-19 patients in Wales is likely to increase, which is currently the case in Scotland and England[11].

We know that COVID-19 disproportionately impacts certain individuals. The RCN reports that the majority of health and social care workers in the UK who have sadly died as a result of the virus were from the global majority.

The RCN would like to emphasise the importance of safety measures undertaken by staff, including appropriate PPE, as a key measure of reducing risk exposure amongst those most vulnerable.

According to a RCN survey conducted in April 2020 during the pandemic, it was reported that:

- 47% of respondents of the global majority needed to use single use PPE more than once, compared to 35% white background
- 77% of respondents of the global majority cared for patients without adequate protection compared to 44% of white background.

Evidently, it is nurses from the global majority that are mostly impacted by insufficient protection, despite being the ones that are reportedly most at risk. Concerns have been previously raised by the RCN to ensure the adequate procurement arrangements fit for purpose with improved transparency and active participation from the Welsh Government for future outbreaks. We reiterate this point, through recommending a secure supply of PPE readily available for all individuals, to avoid placing those most vulnerable at risk.

The Anti-Racist Wales Action plan states that the disproportionate impact of COVID-19 to an extent remains unexplained[12]. Whilst research is still ongoing, the RCN would like to highlight how many factors could be contributing to this. Clinical factors may include a genetic component, sex, age, obesity, or the presence of comorbidities such as diabetes, diabetes, cardiovascular disease, sickle cell.

The use of risk assessments account for the presence of these factors. It is imperative that line managers complete these to ensure that appropriate measures are taken to protect the safety of the workforce. In cases where these are not completed, investigations are needed to ensure accountability.

More specifically, in relation to COVID-19, structural racism may prevent staff from the global majority from asking for extra protection or risk protection amid fears of being viewed

[11]https://publichealthscotland.scot/our-areas-of-work/conditions-and-diseases/covid-19/covid-19-data-and-intelligence/national-respiratory-infection-and-covid-19-statistics/

[12] Welsh Government . (2022). *Anti-racist Wales Action Plan: section b [HTML] | GOV.WALES*. Www.gov.wales. https://www.gov.wales/anti-racist-wales-action-plan-section-b-html#102009

negatively by managers or colleagues as asking for 'special treatment'. This in its turn increases the risk rate for these individuals.

Accountability and Implementation

The plan to change the Steering Group, which has overseen the development of the plan, into an Accountability Group provided some assurance that those responsible for delivering the plan will be able to evidence their commitments and actions in relation to race equality/anti-racism as outlined in the Plan.

RCN Wales was pleased to learn that individual policy areas would be "owned" by individual Accountability Group members whose remit it would be to hold relevant organisations to account. The Plan recognises that "governance arrangements which oversee implementation should compel people to action". A focus on measurable outcomes and deadlines runs through much of the Plan, which is welcome.

However, the RCN would welcome further information regarding what is currently ongoing with this group. Access to published minutes of meetings and reports would provide a way to monitor the progress of the group and to ensure that proposed change is being made. We also question whether the group has the levers necessary to hold others account and welcome further information in relation to this. This section relates to the **fifth term of reference**.

Furthermore, in relation to the **second term of reference**, we would like to emphasise the importance of reaching out to organisations and regulators such as the Nursing and Midwifery Council (NMC). For example, as the regulator of the nursing and midwifery profession in Wales, the NMC has a role in implementing the Anti-Racist Wales Action Plan. The NMC is a national organisation, and therefore Wales must buy into the idea and recognise this role, as well as the need to issue guidance on what is a proper referral.

Statistically, in Wales, more nurses of the global majority are referred to the NMC than white nurses, particularly regarding fitness to practice issues. However, they are also more likely to experience abuse, harassment and bullying from the public and colleagues[13]. The NMC's commitment to taking account of context is important when investigating cases. Recognising the impact of discrimination on the wellbeing of nurses and the influence this may have on poor practice should not be overlooked. Additionally, data published in relation to this is rather limited, this information should be made more readily available.

> ## About the Royal College of Nursing (RCN)
>
> The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 465,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 26,000 members in Wales. RCN members work in both the independent sector and the NHS. Around two-

---

[13] NMC. (2023). *Taking Account of Context - The Nursing and Midwifery Council*. Www.nmc.org.uk. https://www.nmc.org.uk/ftp-library/understanding-fitness-to-practise/taking-account-of-context/commitment-3/

thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.