Themes from Contracting Conversations

Valued and Engaged Workforce

- Lack of clear development paths & opportunities if not a medic
- Don't feel able to voice my opinion / feel my opinion is overlooked or dismissed
- Manager does not value me
- I give ideas that are not acted on
- I do extra work that is not recognised
- White colleagues who have been here far less time and who do not provide the same level of work or initiative get promoted first
- I am not involved in decisions about me OR my manager acts as if they are looking out for me / protecting me by holding me back
- An ODP no longer feels it's worth applying for roles, having noticed that those on the hiring panel regularly post images of themselves socialising in the homes of the staff who are hired (jobs for mates).
- The Trust does not show the same level of concern for me as local staff
- There are at least two sets of rules.
    - I don't feel valued by the hospital. The local English girl who says racist things is protected and I am seen as the problem
- When I was a trainee doing written FRC – I received feedback that the panel had concerns regarding my ability because I was too quiet. Having had that feedback, I set myself an internal goal to make some comment regarding every case. The need for comment, to make my voice heard even when I was in complete agreement was a hidden value that could have kept me from promotion
- informal feedback from a Filipino nurse who has worked over 5 years is that promotion to higher band is very slow
- A belief that declaring a disability impedes career progression
- A belief that hiring managers are unaware of their obligation to interview candidates who declare they meet the minimum standards required by law
- That ageist and prejudiced attitudes towards differently abled persons (staff and patients) are expressed by staff in the context of casual and semi-formal conversations

Onboarding – Staff experience

- Consultant doctors might acknowledge me in theatre to give me a coffee break but are not interested in learning about me or my situation – there is no tell me about yourself (BAME Registrar)
- People at junior levels feel least valued.
- At Registrar level and above doctors begin to feel more valued – work is not just grunt work, its more differentiated and more interesting and more valued
- Staff here need to be more welcoming of people from other cultures
- Trainees new to the area inducted to work but not to place. No consideration as to wider needs i.e. where to get food ingredients for other cultures, to have their hair done, to places of worship and community
- I don't feel I get to be myself here.
- I was mocked openly for my religion.
- BAME are pushed more to academic and research than management (consultant level)

Microagressions

- Regularly made to feel little embarrassments about my language and how spoken being different (Site Team)
- Instead of support – asked did I want to pursue a grievance. That's not a an easy process

- I come in and I go home. My colleagues know I live alone and my family is overseas. They never say, “Hey [Name] good morning. What are you doing this evening? Or invite me or ask about me. I feel very isolated and not valued. All I do is work. So I work a lot. I do a lot of extras.”
- Calling me doctor and not bothering to learn my name
- Assuming I am the cleaner. Having to prove with my ID badge that I am the doctor (staff and patients)
- Perceptions of colleagues regarding Bad Behaviours. I am a Clinical Lead. Caucasion colleagues challenge me and call my behaviour aggressive but then can’t back it up. I ask how was I any different than [Name] and they can’t back it up or give me an example. I am no more assertive than the others and I am the lead, but I am BAME. I think its unconscious bias. But they don’t call out one another.
- My experience is very different than my local spouse. Everywhere. I don’t go by my given name. I am staff on self referral. A collegue referred in my office and got in. I did and gave my given name and didn’t straight after. Its possible that capacity ceiling was reached immediately before my call but it didn’t sit well.
- I am viewed as a weirdo – because I am not a heterosexual male and I might be ‘on the spectrum’. Its like my voice isn’t as important. Second class. Sometimes like a pet.
- Are you going to go back to your country when you finish?
- You’re a good immigrant because you work for the NHS
- You speak really good English (I am from London)
- You don’t even sound black
- Where are you really from?
- Your name is hard to say, is there an easier version?
- Patients assuming I’m a cleaner
- People touching my hair
- Being mistaken for other black members of staff because “you all look the same.”

Unconscious Bias- Cultural / System Bias

- As a trainee when I did my written FRC – referee said initially we had concerns about you. You were quiet like a mouse. I didn’t realise that being quiet could be viewed as a lack of capability or competency in this culture. From that point on I made myself speak another sentence at every handover and meeting
- Staff experience of BAME Risk assessment varied greatly. Observed a white colleague to BAME staff, “I have to do this” Goes through assessment like a tick box exercise. Done very quickly. As a BAME manager, I sat with my line reports and went through why each element was there and explored my staff circumstances and it was a dialog.
- I am here on a visa as a physio – but not progressing up. I have a lot of other skills to offer but I can’t step out of role as a physio into management without jeopardising that. I’ve applied to move up in my department but keep not making it. Not sure what’s missing. Might be my language. My family is overseas. I can’t offer my other skills except as extra work which I do, because I have to have the physio work.
- There is denial that there is racism in the team and trust. Racist views and ‘banter’ go unchallenged
- The trust promised me they would put me down for progression. They would not put it in writing. I go for promotions and I ask about progression and all I hear is ‘give it time’ I have held on for a year, but the trust is not keeping its promise and I see others getting ahead. My qualification is from abroad but its valid. I’m looking to fund my own now. I feel I will have to leave HUTH to progress.

Leadership Pathways

- It’s not clear what’s needed. I am really qualified. I have done loads of courses and passed well and still stuck at a Band 5 (nurse)
- Treatment of locums – being strung out after 10 years at HUTH, 4-5 years as Locum when legally time up for actions (M H story) Creating family upheaval then trust did not make good on its promises

- As a Band 2 – pathways not clear. Only through BAME network did I start to hear about any leadership training or other
- Really hard to access training in my role – someone is always sick, I am always needed on the ward, feel like I am being a pain to ask. Would rather take day off to attend training so that I don't have that pressure
- Qualifications count more than experience
- Staff are getting stuck
- There are other ways to identify leaders
- It's not clear what the trust is looking for in its leaders. What are the attributes and characteristics?

Soft Bullying

- Subtle things. Work being taken off me that should be part of my role before I have even had a go that's given to a local colleague below me, by my manager.
- Bullied in a silent way – embarrassed by an auxiliary nurse (to Band 5 saying) – "Oh [Name], you don't know what you are doing for god sake!... You give the impression that you give the food during protected meal times" They say no to pushing the trolleys. They never call out or speak to the other two registered nurses this way.

Support offerings

- I don't know where to go for support
- When I have raised a concern, I've been seen as the problem or questioned about whether I really experienced it.
    - "They're just silly comments/banter."
    - "Why don't you ignore them?"
    - "We don't have a problem with racism at HUTH. No one has raised a concern with me before."
- Staff who aren't higher up don't really use email or Pattie so the BAME network isn't really known
- Colleagues are not comfortable going to Freedom to Speak Up if they know it's there because her experience will not relate. They don't trust the system. It's not personal it's just that Carla does not look like us. She doesn't have our experience of the place and the world. It would be better if the post could be shared.
- SALS is not perceived as particularly effective because they can't see outputs. What's changed? They have to relive a bad experience and it's not clear that things are getting better. The outputs aren't visible.

Cultural Gaps in Understanding

- Philipinos are very reticent to speak out about their experiences –
- BAME staff may come from large families and their income may be supporting families locally and overseas
- Makes them more vulnerable and not wanting to do anything that could jeopardise their ability to provide
- Family and community is really important to us
- We are taught not to self-promote so it's very challenging for us in interviews. It's not natural

Concerns About Participation

- I fear the local people may think that any 'special' treatment is reverse racism
- I worry about tokenism, but why are there 3,000 nurses and only 2 BAME at Band 7 and above? That doesn't make sense.
- I am worried my white colleagues will feel threatened. I am worried about how m y participation will be viewed

DIVERSITY

- Staff want us to think like them. They want us to be the same and don't value what our experiences bring. Because it didn't happen here it's like the years of nursing I did in Saudi Arabia don't matter. I have a lot of experience.
- Retention - people leave because we aren't valuing them
- The trouble with labels