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## **The NHS has had enough of hollow promises to tackle racism**

**By Yvonne Coghill 3 October 2024**

**Senior NHS leaders must take bold, decisive action to tackle racial inequality, going beyond performative gestures to address systemic barriers and create a truly equitable healthcare environment for all,** writes Yvonne Coghill

Historically, when budgets tighten, spending on non-clinical work, such as equality and diversity initiatives, is often the first to be cut. This approach is not only shortsighted but also detrimental to the NHS's long-term success. Adequate resources are crucial for driving meaningful change, and this doesn't just mean financial investment.

It requires having the right people within the organisation, those who truly understand the complexity of this work and can navigate it effectively. Equally important are influential leaders who can consistently reinforce the importance of these efforts, maintaining a steady drumbeat of communication that keeps race equality at the forefront.

Lord Darzi's independent investigation of the NHS in England highlighted in lots of ways our NHS is broken – long waiting lists, old and inadequate equipment, not enough staff and not enough funding. Mentioned in chapter four of the report were a few paragraphs on inequality and health inequalities.

From my perspective, the report did not put the emphasis on the issue of race inequality that it should. The NHS will do what it is told about the recommended changes, the fact that the race inequalities experienced by the workforce were barely mentioned means that many leaders will not see it as an issue to be tackled head-on.

The time has come for senior leaders to step up and take decisive action. It is no longer enough to simply express a commitment to change, leaders must be actively anti-racist, taking bold steps to dismantle the systemic barriers that have long held back Black, Asian, and minority ethnic staff. There is no room for performative gestures or hollow promises; what's needed is a genuine, sustained effort that addresses the root causes of inequality.

Conversations about race can be challenging, particularly for those in the majority culture, but these conversations are essential. Without them, the status quo will remain unchallenged, and the cycle of discrimination and exclusion will continue. Leaders must be willing to engage in these difficult discussions, to confront uncomfortable truths, and to push for real change.

The data paints a clear and troubling picture: despite years of initiatives and reports, despite the evidence gained through the pandemic, the experiences of Black, Asian, and minority ethnic staff in the NHS remain poor. Bullying and harassment are prevalent, and the pathways to senior positions for ethnic minority staff are as obstructed as ever. The system has consistently failed to

recognise and reward the talent and hard work of its diverse workforce, instead maintaining a hierarchy that favours white staff.

Recently, I stumbled upon a printed copy of my retirement piece in HSI from September 2020. The first paragraph caught my eye, a categorical “no” to the question of whether I believed the NHS would achieve racial equity within a decade. That decade was set to end in 2030, and my prediction was rooted in my experiences, the conversations I had with colleagues, and most importantly, the evidence collected through the Workforce Race Equality Standard since 2015.

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I stand by the comments I made in that article and that is, unless senior leaders are willing to grasp the nettle and make the difficult, but necessary, changes, I would wager that in 2030, we will find ourselves in exactly the same position we are in now – if not worse. The time for half-measures and empty promises has passed. The future of the NHS depends on its willingness to embrace true equity and to act decisively in making that vision a reality.

As I sit down to pen this reflection, it’s impossible to ignore the undercurrents of fear and division that have once again surfaced in our society. The rise in support for the far right and the Reform Party speaks volumes about the state of our collective consciousness.

More recently, the tragic murders of three schoolgirls in Southport have brought racism to the forefront of our national consciousness, spilling onto the streets in the form of violence and hatred. For many of us from ethnic minority backgrounds, myself included, the fear of walking through the streets of a country that we call home has become a stark reality. These feelings of unease and vulnerability, I believe, have long been simmering beneath the surface, given tacit approval by those in power over the past 15 years.

Now, eight years into the WRES, the data we have collected makes it clear that without a seismic shift, my prediction of continued inequity within the NHS is likely to be proven right.

But this is where we must pause and reflect. If we allow ourselves to accept this status quo, we are complicit in the perpetuation of systemic racism. We cannot afford to be passive observers; we must challenge ourselves, our institutions, and our leaders to do better. Racial equity is not an impossible dream, it is a necessity, and it requires all of us to be bold, to confront uncomfortable truths, and to work tirelessly to dismantle the systems of oppression that continue to marginalise Black and Brown lives.

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