



Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	30 September 2020	
Agenda Item:	P1-132-20	
Title:	Staff Story	
Report prepared by:	Tabetha Darmon	
Executive Lead:	Sheila Lloyd	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	Not applicable
Date & Decision:	

Purpose of the Paper/Key Points for Discussion:	The following paper has been drafted by Tabetha Darmon who has recently left the Trust. Before she left, Tabetha wanted to share her experiences with the Board in relation to her life and time at CCC.
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Action Required:	Discuss	X
	Approve	
	For Information/Noting	X

Next steps required	The Trust will send a note of thanks with any feedback from the Board to Tabetha.
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally		Collaborative system leadership to deliver better patient care	
Retain and develop outstanding staff	X	Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future		Maintain excellent quality, operational and financial performance	

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

(TABETHA's STORY)

COVID-19 and BAME WORKFORCE

Introduction

COVID-19 has affected individuals in different ways, physically, mentally and even death. This virus has known no boundaries and does not choose who it attacks. Furthermore, research has also shown that there are disproportionate numbers of deaths amongst BAME groups which has added more fears and strain to a lot of people including Tabetha and her family. Therefore, Tabetha feels it is imperative to give a background of her life, where she was born, went to school and how she came to be in the UK. This hopefully provides insight into the person that Tabetha is, and gives clarity and understanding of why and how this virus has affected Tabetha's mental health, her social networks, and her cultural beliefs around family values and the need for togetherness in sickness and in health.

Tabetha's Life Story

Tabetha is a proud black woman who was born in Africa during the 1960's; in the capital city of Zimbabwe, Harare. Tabetha's upbringing was based on Christian values, and on family's own cultural beliefs e.g. taking own responsibility for extended family when a family member dies. Furthermore, Tabetha was not brought up in what could be described as a 'nuclear family', but brought up by grandparents who undertook the paternal role from age of nine months. This may (these days 21st century) be perceived by others as not good for a child, but from Tabetha's perspective it was the best thing ever in terms developing her to the person who she has become. Tabetha's grandparents were strong believers in family bonding and unity, therefore, Tabetha grew up surrounded by people, love and peace.

Tabetha studied both primary and secondary education in Zimbabwe, and after high school, Tabetha got a job within a government Ministry, which was then known as Public service Commission. Furthermore, she got married same year, at age 18 years and was blessed with a son, followed by two more children (boy and a girl). Unfortunately in 1986 tragedy hit Tabetha and her family as Tabetha's second son died from a heart condition. This affected Tabetha's marriage greatly and relationship started to falter. Regardless of this tragedy Tabetha's career progressed and she joined a non-governmental organisation in 1988 where she became a project manager for community development projects, and this job involved a lot of travelling within Africa and also internationally to the Scandinavian countries. Due to the heartbreak caused by her son's death, Tabetha started looking for a way out of the country in the hope that this would mend her heart; and throughout this pain Tabetha had her mum and her family for support. However, in 1991, Tabetha left Zimbabwe for the UK as she thought, at the time, the pain would go away not knowing wherever you go in this world you take your heartache with you.

When Tabettha arrived in the UK she undertook mental health nurse training from 1991-1994 for three years with University of Nottingham. Following nursing certificate, Tabettha decided to embark on a degree programme taking on a BA (Hons) in Applied Youth and Community Work. This was followed by a post graduate diploma in management; a post graduate certificate in Health Promotion, Risk and Society, and an MBA. Further education was taken on as a mature student which we know has got its own challenges i.e. juggling family, work and studies in a foreign country; and where all previous experience does not count. However, Tabettha managed all this through pure hard work, resilience, and pure determination with an 'I can do' attitude. Needless to say having own faith and belief in God that he will always see you through any challenges is testimony to some of Tabettha's success. Tabettha has worked in the UK as a Registered Mental Health Nurse for over 25 years and in those years has moved into more senior positions within clinical and operational roles in the NHS. Over these years Tabettha continued working in the NHS. Life within the NHS has had its challenges e.g. when Tabettha's career started progressing up the ranks to Band 8a, Tabettha experienced extreme bullying and harassment, and racial discrimination at its highest, which unfortunately impacted on her mental health as Tabettha didn't feel any different to anyone until then.

Sadly in 2003 Tabettha lost her mum suddenly to some unexplained illness. Her mum was her main support and rock through death of her son, marriage breakdown and all other challenges life threw at her. Life turned very 'black' for a while and Tabettha could not see the woods for the trees. She lost confidence, was off sick for over three months from work (and this is someone who had not had a day off sick for years). Unfortunately Tabettha's mental health deteriorated to someone who was overly anxious depressed and suffered panic attacks especially when confronted with work stuff. Tabettha from then to now started being very aware of people, their perception of her and felt really disempowered.

Due to her resilience, Tabettha is now in a senior position in the NHS, from starting as a Healthcare Worker when she first arrived in the UK, and developed to Registered Nurse. This progression has come through pure hard work and perseverance and coping mechanisms e.g. learnt to walk away from difficult situations. She has learnt that racism towards Black, Asian and Minority Ethnic Groups exists within the social, economic and political structures and can be argued that it is embedded in the systems and processes which make it a challenge to unpick. Therefore, COVID-19 has provided an opportunity for organisations to re-look at own systems to ensure BAME staff have equal and fair treatment like their fellow workers.

The below paragraph attempts to some up some of Tabettha's personal experience in the NHS and in the UK, and she hopes it contextualises her thinking in that systems and processes fail BAME workforce.

“I am in the room but you don’t see me. I speak and you don’t hear me, but the person next to me has just repeated what I said and you paid attention. My voice, my life matters the same way with the person next to me, so please, don’t see the colour of my skin, or hear my not so good grammar. Just hear me and see me as a human being because that is what I am, a human being”

COVID-19 and BAME WORKFORCE

- Experiences of BAME staff needs to inform how organisations shape the future NHS as it recovers and goes into restoration.
- BAME staff need to be treated fairly, equally and respectfully, same with their colleagues. They need to be trusted that they can do as good a job as the next person, and this treatment will reduce some of the health factors affecting BAME workforce e.g. stress from bullying and harassment and or racism consequently impacting on individuals’ mental health, physical health and causing high blood pressure or Diabetes.
- Need to address the fact that BAME nurses make up a large proportion of bank and agency nurses and are more likely to be deployed to work on COVID/high risk wards. There are also other strands to this for example lack of representation in BAME strategic decision making positions as well as recognition of BAME contribution.
- There is a point about looking into why the structures (processes and systems) are not being put in place to support the whole workforce. Line managers, senior managers and Execs need to be looking at this. This COVID-19 has brought up a ‘burning platform’ should present an opportunity to review own services.
- Thorough and regular COVID-19 testing for BAME staff and their families would help as BAME people are known to live in larger family circles. Extend the testing to BAME communities.
- Continue to do risk assessments but don’t see them as a problem, but a support mechanism
- There was an article on the HSJ on the data which interestingly revealed that of the nurses that died did not work in ITU. There appears to be a correlation between where nurses worked and the type of PPE used in those areas. Debateable.
- NHSI/E; are they collecting data on the staff that has unfortunately died - whether they were exposed to high risk patients over a long time or whether they had poor access to PPE to inform decisions and understanding of risks

I hope my story shows everyone that behind every person is a story to tell and we need to treat each other with care and compassion, dignity and respect as we don’t know what they are carrying in their lives. Most BAME staff are not empowered to speak up, will suffer in silence for fear of being victimised and consequently compromise own health. COVID-19 has just brought about a magnifying glass to help NHS and other organisations review their systems and processes to ensure they are truly inclusive and not just lip-service.

THANK YOU!