Ceri Harris on Advocating for Equality and Inclusion in Healthcare Transcript

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You are listening to Safe Space with me. Marian Perera, a GP registrar in Wales. We are going to have a thought provoking conversation about maintaining resilience and well-being in the unrelenting environment of the health care workplace, as we usually do.

So on today's podcast, I'm so pleased to say I'm talking with Vic Carey Harris, who is an award winning CEO and leader in the NHS. She is currently head of Equality and Human Rights in Betsi Cadwaladr University Health Board.

She's also an author of a series of books called, caring for My Family with cancer and has directed short films for the Irish Film Festival. It is an absolute pleasure to have you on today with me, Carey.

How are you doing? I'm not doing too bad. Thank you. Thank you so much for having me with you tonight. My pleasure. So I wanted to start off on your early aspirations in your career.

Early Advocacy and Compassion

What's so awe inspiring about you is that you are not only a multi-talented leader, but you are so passionate about justice and equality. Would you say that you've always been this way, or have there been any life events that have kind of spurred you on this direction?

So, I think I've always been this way. My mum, was disabled, had polio, and so I've always been brought up with kind of the barriers that she faced throughout life.

My best friend in school was, and is still my best friend. Curtis, who is, both mixed race and gay. And I can remember again the struggles that he had and maybe by being his friend, the struggles that we both had together as well.

So it's always been part of my life supporting others wherever I can be in the voice for others where their voices are not able to be heard. So you're a really powerful advocate and, I can see that you're an empath as well.

I've learned not to take that for granted, actually. The ability of people to not only understand and sympathize with the suffering that they themselves experience, but also to be able to put themselves in someone else's shoes and feel their pain.

Well, they're suffering. But then also to advocate for for that other person and do something about about the injustices that they they face. I think, you know, growing up, that was something that I thought was intrinsic to everyone.

You know, we were all taught this, as children, like, you know, be kind. But I'm now truly appreciating the rarity and the value of of that compassion and that advocacy when when it does, present itself in, in manifestations such as you.

It makes me sad. It makes me sad that, that you realize that and that we realize that, because I think the simplest

gift we have is kindness. Yet we live in a very toxic world where kindness is often the the last thing on people's agenda.

And so it's really important that we give those spaces and we give those opportunities where we can. And, you know, I'm an ally, I hope in many ways, as well as being a member of several communities myself.

Hopefully my lived experience of difference gives me that insight for others as well. Absolutely. Yeah. All the more reason now than ever before for that kindness, you know, and and looking for that light in, in places of darkness.

That's what it feels like right now. But, yes, I understand that you're lead in Betsy qualities, menopause cafes. Are you able to tell us a little bit about them?

Yeah, sure. So a little bit of history, I guess. I used to work for Velindre, down in South Wales and Velindre was the first organization to introduce workplace menopause cafes back in November 2018.

Karen Wright was the lead for that. She championed that and we work closely together.

Menopause Cafes and Workplace Support

And so where she advocated after menopause, I looked at the inclusive elements of menopause, recognizing that many of the conversations that are happening in those spaces are very much based on a, a white, middle class, cis gendered, you know, perspective.

And what I wanted to do is look at what was the what would be the impact regarding ethnicity, regarding religion, regarding, sexual orientation, gender identity when we look at menopause. So, I carried on the menopause cafes in Valencia, I continue them into my next role.

And when I came to Betsi in February 2023, I think at time 2023, I made it a mission to introduce menopause cafes here in, in Betsi. And so we celebrated our first year of menopause cafes here.

We have around 607 hundred staff that I've taken part in. Menopause cafes, the virtual sessions that we have each month. We also, do face to face sessions.

So I'll go along. I'll talk to different teams about menopause. And we're getting more and more men as well, joining those conversations, which is really, really important.

So it's been really, enlightening. One of my favorite parts of the month is the menopause cafes, because you really feel like you're creating that safe space for people to talk about something where previously they wouldn't necessarily have the confidence or have the language or understanding to talk about menopause, and you give them that, that space to do so.

And I've seen the difference that it makes as well. Yeah. It is such an under discussed topic in the workplace. And these are real difficult symptoms that women undergo every day.

Often at the, at the peak of, a woman's career and taking on the highest roles of responsibility. Stress. And then there's this kind of unwritten rule at the moment and way that you feel that you can't really talk about it or vent about it.

Do you get that sense of a stigma? Oh, huge. Huge. And if we think about the NHS, 80% of our workforce would be impacted at some point by menopause. And if we look at the age demographics of perimenopause or post menopause, then 45% of our workforce are potentially going to be impacted by menopause, 45%.

Yet we're not having conversations. Were not creating safe spaces. We've you know, we started to introduce policies. We started to recognize it only in the last five years or so, we can see change is happening.

Around understanding, Bristol whispered. It's still something that's whispered in corridors. You know, people feel embarrassed about talking about how their bodies have changed, the impacts that it has around their confidence.

We're seeing, you know, healthcare staff leaving the profession because they don't feel that they have no longer capable, something that took them five minutes to yesterday.

Now, because of brain fog and all the side effects, it's taken them a day to do. You know, you walk into a room, you stand there and you go, I can't remember where I'm meaningful.

And then you walk back out with experience and all of these things, the impacts on how we feel about ourselves. You know, imposter syndrome. So we find in highly qualified, staff suddenly don't apply for jobs because they think, well, I'm no, I can no longer do that job when they were perfectly capable.

Yeah, yeah. Because we don't put the support in place that is needed to enable them to do that. So it's a huge brain drain, that we're seeing where people were losing good people because we're not providing the support that they need, but not having the conversations that they need.

So hopefully the fact that we're talking about menopause today, the fact that people will be listening to this, they'll start to challenge within their own organizations what support is available, introducing safeguards, introducing menopause cafes and safe spaces for those conversations, and giving people, a sense of belonging in a very difficult, difficult time.

So how would you suggest that we make the healthcare workplace a kinder environment to work as a, as menopausal women? So many things, you know, simple things such as looking at uniform policies, making sure that our staff can access easily, thinner, uniforms if they wear, you know, uniforms in the workplace, they are available.

But sometimes it's really difficult to get them because they're not available in all the colors of the uniforms, through procurement services. So that's a kind of a simple way in if we can get that right.

It's around recognizing the impact of, fatigue, having reasonable adjustments in place, through occupational health, including menopause, in return to work questionnaires.

So we are having those conversations and say, what can I do as a manager to support you? It's it's all of these things, having conversations, you know, just just have it allow people to have conversations about how menopause is impacting on them and then saying, well, what can we do to make this better?

Yeah, just okay, it's really not brain surgery. It's really simple stuff. So you've, won multiple awards for excellence in leadership. I wonder if you could give some advice on what makes a good leader.

Humility, I think, is the. That is the top one. You don't know the answer to every questions. You may have someone in front of you that has lived experience, listen to them, give them space to let them grow.

So I hope within my team they're the experts in their field. As well. They've got their experience. Let them come up with solutions and support them with their solutions as well.

To be authentic and know that, you know, when you're having a good day around a bad day and lead by example. So if I go back to my earliest career, I used to work for McDonald's in my very earliest kind of days.

Leadership, Team Development, and Values

And I remember when I reached management in McDonald's, I was still do some of the more what would be perceived as menial tasks and show and lead by example.

You know, I wouldn't ask someone to do something if I wasn't willing to do it myself. And so I think that's really

important is, is showing so, yes, through your own actions, the validation of others around you.

I think that's really important to be a leader. And obviously listening. Yeah. I mean, this is beautiful advice. I, I really want, for our leadership to be kind of self-selected more more than it, it is being done currently for, for true, compassionate leadership like this, you know, focusing on on the team and making members of the team feel valued, listening, being kind.

I think there is such a, a stereotype of a leader being that kind of strong macho type that, you know, tells you what to do, and then everyone else just has to obey.

And I just think we really need to start challenging these notions. Because it's not working. Is it that. Well, that was the definition of insanity, doing the same thing over and over again and expecting different results, you know?

And that's what we see when I think of my team. I'm really lucky where I am. We've got, a young person that joined us as part of Step into Employment, six week placement with us.

Absolutely, Sean. And so what we've been able to do is to extend that, time with us. And they have just grown. They've been with us now for a year and they just shine, you know, very shy in the beginning.

Now the whole personalities come out because we give them that space. And last week we had a meeting and they presented in the meeting to very senior management, seeing how far they've come in that short time was just amazing.

And, you know, they could be the chief executive of the future. And to know that I've been part of their journey, that they'll look back and go, you're not going to believe the manager I had, you know, every day there is a different colored hair, you know, all these kind of up.

It's just wonderful to know that I'm part of their story going forward. And that's a good manager, is that you want the people in your team to go beyond you.

Then you know you've done well because you've enable them to do that. Yeah, I'm getting a real sense of your leadership style being kind of bigger than you or even the team.

I feel like it's almost focused on the objective more than anything else. Yeah. And it's respecting, the members of, of your team for the qualities and the attributes that they bring to it.

For sure. We all have different. We all have different styles. We all have different skills. And I remember many years ago being told ACS in places, you get the people with those skills to shine more and then you learn from them as a result.

You know, that's how we all grow is by listening and and watching and learning from others. You know, some people are very good at speaking in public, others aren't able to do that, but they're really good things like governance or risk or writing policies.

That's where they shine. We need all of these skills to make things work because I hate the respect. So I don't want to to that feel valued. Yeah, yeah.

As you are aware, this podcast is focused on wellbeing and resilience in the healthcare setting. So this is exciting and new territory not only for me with the podcast but in the NHS too.

And we're seeing a real health, a change in the health care climate, as the wellbeing of our staff is being increasingly recognized as not only relevant, but essential to the survival of, of our health care system.

What challenges would you say, that you face to your emotional wellbeing, that you've experienced working on the job? I think if I think personally about my wellbeing, we talked earlier about how we like to think the best of

everyone, and not everyone is like that.

And I struggle with that because I think, why can't everyone be kind, be inclusive, be welcome. So I struggle sometimes when I'm faced with, you know, someone in the organization who doesn't get that, who doesn't understand the importance of equality and inclusion, of looking after each other so that that they the struggles that I have, imposter syndrome.

So you've said all these lovely things, but actually, I still wonder if I'm any good at my job on a daily basis, because sometimes I'll be in a meeting and I'll hear someone say lots of big words.

I think, why don't I use those big words? Why don't I talk like that? You know, you know, and it that's human nature, isn't it? We were never satisfied with what we do.

And I have this huge fear even now. Have I done enough? You know what? If I was to die tomorrow, would people remember me? And this overwhelming pressure that I put on myself as a result of that?

So I'm my own worst enemy because I'm always thinking, am I doing enough? You know, because in my world, you know, within Eddie and I, there's so much to do.

There's so many struggles, there's so many barriers. I, you know, I talk to staff and I see some of the terrible experiences that they're having, having around racism, around ableism and all these things.

And I just want to wave a magic wand and make it better. And I can't. So when it comes to my wellbeing, I, I put those pressures on myself to think I didn't do enough today. Why?

You know that there's still experience. There's why can't we change it? It's bigger than me. But but they're. But they're the things that keep me awake at night, you know, wake up at 3:00 in the morning and go, oh, I should have said that email off.

I should have, I should have written that report. I should still go do that because I just I just worry, that people are suffering and I can't do nothing about it if it personally pains me.

Yeah. And I, Oh my God. There's so much there for to unpack because, your first, comment about not being able to understand why others, are incapable of having that empathy.

I think I've heard a quote that not everyone has the same heart. But not everyone has your heart. It's something that I've. I've felt myself, that frustration when I see people who act so selfishly, especially at top levels and completely inconsiderate to the, the public that they're serving or even, like, you know, colleagues if if they're being, quote, quite difficult and abrasive just to get their objectives done and not being considerate.

And it's so hard for me to, to be able to empathize with that level of lack of compassion.

Wellbeing, Imposter Syndrome, and Emotional Strain

But then I try to take a step back and think, I wonder what's going on with their personality. I wonder, you know, if it was something that happened, who could talk?

Or they've had a crap day. And, you know, there's some compassion fatigue there. Or, you know, bottom line, they just don't have the same heart that I do.

I think for me now, I'm really trying to practice, like, acceptance and meeting people where they are, trying not to change them, you know, trying only to change how I react to them.

And a focus on how I can how I can show them through being a good person that maybe there's something there. And being kind, I mean, I go in with kindness up to a point.

I mean, yeah, up to a point, because I also understand that I'm not a doormat. So it's such a difficult line to balance. But, you know, I'm still figuring it out.

But, you know, I'm right there with you. I really feel that. And I think with imposter syndrome, something that I, I struggle with too, but I there's another quote I remember where they say it's better to be over over competent and under confident.

Yeah. Than under competent and overconfident. And I really feel like maybe you are on, on that kind of trajectory of, on the first, on the first part of that, I got that if I do not definitely not feel confident and under confident, because that would be the worst.

And I don't know, is it just feels like society nowadays has a remarkable tendency as well for, rewarding people, for, like, failing upwards. So it really feels like what is happening, you know, why are the competent people kind of hidden, hidden away just in a way, and doing their work?

But not really. Not really, receiving the limelight. But at the moment, a lot of like media attention on on the big fail failures and being like, this is this is what, we need our leaders to be like, I really, you know, I just think conversations like these are so important where we bring, you know, compassionate leaders.

We we bring true, competent leadership to the limelight. And we say, now, this is what actually our society needs. If we're going to if we're going to progress to, a better health care system, a better society, a better, better government, you know, I think the that society views the word strong in a, in a warped way.

They see the trend as that kind of masculinity, that kind of, almost brutish ness, authoritarian viewpoint. Whereas to me, strength is about conviction.

So, you know, we talk about wokeness, for example, and snowflakes. Well, I'm proud to be woke and to be a snowflake because it means that I care. And caring, which is obviously a feminine trait, is seen as less than.

And what we want, you know, for a woman to succeed, they almost have to take on those masculine, toxic traits to be viewed as a strong leader. But that's actually the reverse of what we need.

We need that compassion. We need that the softness, the caring, the understanding, the empathy. Because if you have an empathetic leader, then hopefully our policies, our services recognize that inclusion, that need for individuality and support rather than one size fits all because one size fits no one.

Yeah. I just think, that that kindness, comes from such a secure place. And I really feel like we need our leadership to be characters that are secure.

Yeah. And that aren't, fragile and aren't looking to the most superficial sense of what it means to be in power and bend into the likes. You know, you see so many people talk about, you know, talk about equality, talk about inclusion.

And then once challenged, they'll go, oh, yeah, well, I didn't mean that. No, you did mean that. You did mean you, you know, equality for everyone. You can't just pick and choose which bits are easier, you know?

And that's where I find it sometimes with leadership that you see it bend in the wind more, rather than being true to to what equality is for everyone.

Yeah, I think for from what you're saying, being a good leader means having that some value, value based system. Yeah. That you're adhering to when, when you're kind of manifesting your leadership.

Yeah. And when, when that set of core values is unshakable then and and that. Good. And they benefit. Yeah. Society or they benefit our healthcare system.

Then you become you become a rock. Really? Yeah. And then it's it's just a very kind of a powerful, stable leadership that delivers results then. And it's people know to rely on you. Yeah.

And, a quality actually is cost effective. You know, if you look through our services, through the lens of equality, you actually save money rather than assuming what people need.

Having that person centered approach is actually would save the NHS millions each year. But people don't look through that lens. They they look at it through, like I say, one size fits all approach and it and it doesn't work.

And so those that have the least amount in society, the least amount of purchase of voice, of value, their needs aren't being met because they don't fall into that standard need concept of need, when actually, if we were able to tailor our services, we would balance the books better.

Yeah, it does feel like, service provision, is a bit like champagne in the NHS rather than, service that is, provided at the point of need. Yeah.

Equality, Inclusion, and NHS Systemic Gaps

And it's very frustrating that, you know, the waiting list, so, so, you know, like almost a decade long for, some conditions. And you talk about staff wellbeing.

Yeah. What we don't do is recognize that our staff are also our patients, and we actually give them, I feel, less of a service by not recognizing their needs.

So I'll give you an example. We talked about, you know, menopause. We're looking at how can we the, the waiting list for menopause clinics with us is around two years.

That's the whole general public. Now, if we were able to provide a staff support around menopause, clinical menopause, and therefore filter our staff out, we look after our staff, which then maintains the services for everyone.

Yeah. But the perception is, well, we're given our staff preferred treatment. No. If we don't look after our staff, then the services for everyone fails.

And it makes good business sense to look after our staff. And there's such a fear in the public sector of spending money on staff wellbeing because it's the public purse.

But if we don't look after them, then we can't provide a service because we haven't got any staff to provide the service. Yeah, but people don't get it.

No, it's funny because if you think of a private company and the amount of cash thrown at, ensuring that, you know, but you imagine someone working for a nurse will have the best health care insurance, they have all of the access to make sure that the health is top tier.

So they're working as much as possible, but we're just not treating the NHS like the business that we exploited to be. We just take it as a drain. Yes, yes. So, in your job role, how do you think the NHS is doing in terms of diversity and inclusion?

And are there any lessons learned? How are we doing? That's a really big question. If we had looked at the state of the nation as far as, equality within the NHS, I think we can safely say we've got a long way to go.

Systemic racism impacts on health care delivery. We saw that with Covid, we just had to watch the news and we saw how disproportionate, the impact was having on people of color and people that didn't understand why.

But when you've got generations and generations of poor health care within a community, that's their norm, then

this is the outcome. Is it permeates through all aspects.

We have communities that are fearful of vaccines because of previous, health examples, I totally understand. Yeah. Where where that comes from. It's. Yeah. It's not misplaced.

It's exactly, exactly. Yeah. There's there's so there's assumption well, if you don't get the vaccine then it's more fool you. Well you've got to take everything into account.

You know, when we look at so my background is around cancer. Could you mentioned the books, that Michelle Pengelly was the main author? I'm just going to say she was the main lead.

I just made it happen. But with those books recognizing the need for diversity because, we were have it, you know, it was on the news this week, and I can remember campaigning in my role, wigs.

Every person who has cancer is offered a 100 pound voucher to to buy wigs. Yeah, the wigs are all based on European hair types. So if you wanted non-European hair.

So more of an afro wig for example, you can't get you just can't get it. It's, it's it's nigh on impossible to get that so recognized in that recognizing that, when we talk about, magical illustrations in our books, they're all based on white skin.

So if you're talking about lymphedema, what does that look like on skin of a darker skin tone? When you're looking at things like abscesses? You know, I've been reading today, leaflets and Amanda says, you know, if it looks red, you know, that we're still using that language in our leaflets.

You know, if someone forms nine, nine, nine, they're still ask the questions of the person's lips turn blue. We're still basing our questions and our knowledge around healthcare on, a white perspective.

We could then start talking about medicine around, the kind of history of testing around on a male bodies rather than on white female bodies. The fact our PPE equipment is based on a male body, not a female body.

You know it. So there's a long way to go. When we look at representation within our, health, organizations, you know, you'll see from band two to band five, there's there's kind of, I'll say, good levels.

I'm stretching that, but there are fair levels of diversity, and then you've got this huge gap, and then we see, you know, edge of kind of consultant level diversity springs back in at that point for, for consultants.

But there's this huge gap in the middle where we don't have that representation around ethnicity for sure. Like I said, 80% workforce women. Yeah. When we look at those senior management roles, not so much.

Not so much. So the disparity that still exists when we talk about age, we're seeing, an older population within that, within our health services. So we're going to age out that all that experience is going to go.

And we're not providing opportunities, are attracting younger people into the professions that within the NHS and there are multiple professions, you know, disability.

We've recently I've been working around the experience of, those who are deaf, whether they BSL use or hard of hearing, there are very few BSL using deaf members of staff in the NHS because they, they're not supported.

It's very true. Yeah. But if you think of, for example, how wonderful it would be to have, a deaf counselor. Okay. So if you've got somebody who's deaf, they can now communicate.

But that deaf counselor can also communicate to hearing people as well. Change in the view. Think of strictly remember when, Rose was on strictly and they, they, they turned the music off and everyone went amazing.

We have that in healthcare services. So the BSL becomes the the first language. We are trilingual country in Wales. We've got English, Welsh and BSL. Yeah.

BSL is we still have patients that struggle to get appointments, have appointments delayed because they don't have interpreters. We've got about 35 BSL interpreters in Wales.

35 how can you meet the needs of the deaf community with that? So yeah, I mean, it is astounding. And I'm ashamed to say, I don't know, British Sign Language.

And I think now that you've mentioned it, it feels like it should be mandatory to learn British Sign Language. So there have been conversations around, the BSL act being introduced within Wales.

So the BSL act is out there in the UK, but it's not within devolved nations. There's still a consultation at the moment around that. So. We talked about neurodiversity.

We could talk about physical access. You know with Covid Covid is actually seen more and more disabled people have an entry into the workplace workplaces.

We're able to work from home. Therefore by default we've become more inclusive. But had we not had Covid, it would that have happened? So, you know, equality in the NHS, we've still got so much, so much to do.

That thing that keeps me awake at night, at 3:00 in the morning is when I think about the question you just asked me, what else needs to happen? Because, you know, it's huge.

It's huge when the issues feel so big. Yeah. But yeah, the only one person. Yeah, I'm only one person. Which is why we need more people to embrace equality, to be nice, to be compassionate, share the load, take some weight off my shoulders, please.

You know that would. That would be ideal. But if we looked at person centered care, we focused on that, then we would have an inclusive healthcare system, but we just don't have it.

Many comes first. So what would you do if you were to pinpoint the biggest crises facing our healthcare system? What would you pinpoint as your two biggest crises?

The workforce leaving. So we're losing staff because we're not looking after them because, when they face discrimination in the workplace, we're not tackling it appropriately.

So, so that needs cultural competence. It needs, resources, resilience, all of these things to keep staff. If we keep staff, then we have a better chance of attracting new staff because we're looking after our staff.

To make sure that we meet the service needs of the wider public so staff making them feel valued, valuing staff, supporting staff that will keep staff with us, the experienced staff with us, that will have an impact on patient delivery, service delivery as a result of.

So I think magic wand, that would be the one thing. And I think, then we need to look about, Moving away from big hospitals. So at the moment, patients have to go to these big hospitals to have access to their services.

What we need is to look at more local support. So the community hospitals results in the community hospitals so people don't have to travel, that we use technology where appropriate to ensure that, people are accessing services, you know, at the point of their need rather than, you know, if we look at menopause services in North Wales, if you're an angle, so you've got to go all the way up to Wrexham, it's not.

Well. Yeah. Yeah. To 2.5 hours. Yeah. It's not. And if you are in North Wales and you want to access gender services then you've got to go all the way to Cardiff.

That's 4.5 hours at least. So, you know, it's all based on places of excellence when actually the access needs to be shared a bit more. But then that's down to resources and staff numbers.

So if you fix the staff numbers then you should be able to fix the second point. Yeah, absolutely. And I think the money always goes towards firefighting, and addressing the waiting lists.

And I understand that and flavors of the month. It feels almost. Yeah. There's a focus on that. We put we put everything into that to the detriment of everything else.

Yeah. Yeah, there's a lot there's a lot. There is, there is. But thank you. I think it's it's good to have that clarity on, on the biggest crises and and having that conversations for solutions, doesn't it?

Well, that's the whole point. You know, whenever I look at a problem, I never come into a problem without a solution. Because that's not fair. Because all you're just doing is move in. The problem.

So, you know, I do think there needs to be I want to say ambassadors because I hate champions. I hate the term champions. But there needs to be more visibility of diversity in senior roles to attract the next generation of workforce.

At the moment, if you don't see yourself in that role, then you're like, well, why would I want to work there when it's just going to be a struggle on a daily basis?

Whereas if you see someone that looks like you, that sounds like you, you know, that has the same lived experience as you in in senior roles, then you like actually, if they can do it, I can do it.

And so we need to support people to get into those leadership positions for the right reasons as well. That have the skill set, the have the experience, have the understanding, the empathy to encourage the next generation of workforce.

And we look after each other, and changing the criteria for selection as well. Yeah. And making it so that it's more, altruistic reasons and true virtue of character that is represented value based recruitment.

So, I know of several experiences where people have gone through job panels, and they've been asked around, you know, value based compassion, these kind of things, and they can't answer them.

But their skill sets were so high in the other areas. They were given the job, I see, because that was valued more. And so all that does is create the next generation of, of problems, with that.

So I think when it comes to recruitment, recruitment has to be values based, not academic. Okay. Now don't get me wrong. I don't want a doctor just not to do heart surgery.

That's that's not what I'm talking about. But there's such a focus on academia yet for some people, they are highly skilled. Have, you know, an Uber intelligent.

They just. That's just universities aren't the wheelhouse, you know? Yeah.

Career Injustices and Standing Up to Bullying

They're being penalized because all leadership is fixed or fixated on a piece of paper that you acquired for three years of, of being in a university and that they missed opportunities as a result.

Yeah. It feels like we need to start demanding better from all leaders. And we need we need compassion and we need, humility and consideration for for our workers from, from the very top.

Yeah. Because that's, that's how that kind of culture change trickles down. There's so much power at the top. And if

it, if you've got the right people with a good with a good heart, then there is so much capacity for change.

Exactly, exactly. You know, we just have to change the way we do things. We do. We just have to, you know, value people better than we are at the moment.

And hopefully then we'll start to see a change. And that goes for wider society as well. You know, I remember in, in the February 2020 before Covid, everyone was hashtag be nice, hashtag be kind, you know, and then it felt like everything changed.

Yeah. I've just seen various memes of, like, the worst troll accounts on Instagram or tick tock, tick tock. Just saying. The worst stuff. And and being nasty to everyone.

And that account will be like, how to be kind. Yeah. Yeah yeah, yeah. It is the irony. The irony is not lost, unfortunately. Yeah. Would you say that you've experienced any injustices in your career, and if so, what would you say you've taken away from them?

Oh yeah. Hugely so. Because so because I tend to have colorful hair and I mean, I'm doing quite normal clothes. You can't quite see the Christmas set top I've got on, but I mean, you know.

Yeah. So I'm often known for so during, the month of December, I only wear Christmas clothes during the month of October, I only wear Halloween clothes.

And obviously I have different color hair, so sometimes people have a perception of me as a result of that because I don't fit into a corporate image.

And so people will will think I'm not professional or I'm not this or that. And so that has led sometimes to some strange and interesting conversations and challenges in meetings where, I've never been involved in a piece of work, you know, quite high level piece of work.

And someone said, oh, I was really surprised. And they're actually saying to me, face surprise, you're quite good at your body. You're thinking, wow, wow, did you go there?

So I've seen that. It's quite difficult because obviously I'm on a podcast, so I've got to be mindful. But when in lots of awards for my job, lots of recognition for my job, yet my line manager, not thinking that I'm strategic in doing my job and therefore, things like rebranding, not being offered to me as a result.

You know, like I said earlier, for me, a good leader is someone that values. And, you know, if you've got someone in your team that, needs developing that develop them, you want them to be your boss, you want to develop them.

And so to win all these awards get all this recognition, but they're not to be valued or seen worthy. It was hard. And I have that for, for a very long time.

For a very long time. What was interesting is as soon as I left that job, within, 18 months, I went up for bands, five bands. So, you know, it's it's interesting how one person doesn't see you.

Someone else do. Yeah. So, that has been a huge challenge. And I've also had challenges, where I've received multiple death threats for the work that I do.

And my management, my, my kind of leadership have not supported me in those situations. And that's led to really horrible, horrible experiences for for doing my job and doing what's right for everyone and yet being perceived, as well, horrible, horrible death threats and, horrible comments and being, doxed where my home address is posted, on social media and having to have the police put a marker on my address so I have priority access.

If anyone was to attack me as a result of that. That's horrible. That's horrible. But I know I'm on the right side of history as far as equality. I know, the power of compassion, of inclusion.

But I know others that would that would back down in those situations for fear of the repercussions. So, yes, when you work in AGI, you do put yourself out there for abuse.

And it's really quite nasty, really quite nasty. How did you get through it? I knew I was right, you know, I knew, inclusive healthcare is the right thing to do.

I know that providing safe spaces for people is important. You know, I, I support all elements of protected characteristics. I can't pick and choose. Well, if I if I focus on this one, then I'm going to be opening myself for abuse.

So I won't do that. That's not how it works. You can't just pick and choose the easy option. And equality is equality for everyone, you know, and it's difficult.

Some days and it's challenging, but it's right to do that. And so I knew that when all of that was happening and still continues to happen, let's just be, you know, under no illusions.

I know when I speak to someone who is facing the worst discrimination is is trying to have value for their life, trying to justify their own existence.

If I can hold their hand and say, I got you, then I'm doing the right thing and I will always hold their hand. You know, kindness really, really stands out.

And it's amazing and kind of shocking that you have to be brave to be kind. Yeah. You do? I'm voting to stand up, for those. Sorry. Keep saying, Yeah.

And it makes me incredibly sad. But but there are there are fractions of society that, you know, targeting the most vulnerable and attacking the most vulnerable and denying their existence.

And that breaks my heart. Breaks my heart. It's just bullying. It is. It is, you know, and I've seen people bragging about bullying groups of people and individuals and young, you know, we're talk about, you know, schoolchildren, adults bullying schoolchildren because they're talking about gender identity.

Right. You know what? When was that ever right. Yeah. And again, that probably stems from unmet needs as a child for that person. And and they have manifested in these unhealthy traits and kind of, you know, the will of of damage.

Yeah. Continues. And, and that pain that they experience, they just wanted to shout and yeah, it's it's not helpful to anyone. It's not helpful to anyone at all.

And, and many people suffer as a result of that. You know, so yes. Yeah, I guess I guess, yeah. What I'm learning is we have to stand up to bullies. We do. They need to be told.

And I think there's that Michelle Obama quote, where, you know, when they go low, you go high. Yeah. But sometimes I think when they go low, you meet them where they are, and you, you stand up for your rights and you stand up for that vulnerable person's rights and you fight.

And I think, you know, there's not a, solution of one size fits all. Yeah. Because I think bullies need to face accountability. Well, I've only ever had, one fight in school.

Cancer Resources and Inclusive Healthcare

And I mentioned my best friend Curtis, and, I was we were walking home because I used to stay with his nan, and we would walk home from school together, and there was a girl in the school who had been bullying me for a very long time, throw in lots of horrible names and everything.

And we were walking home and they were on the other side of the street, and they were throwing abuse across the street and just kept walking, kept walking.

And then, they insulted my friend. They use the N-word. And they, also called him, a nasty word for gay. And I stopped and I went tomorrow back at the shops tomorrow.

And I can remember going to school the next day, and people come up and tell me how I was going to get beaten up, how this person was going to, you know, beat the crap out of me, how, you know, being spat at in the corridor by people and all the rest of it.

And I can remember going down in lunch hour to the back of the shops, Curtis walking down with me, then me telling him to go away. So he was safe because I was obviously, worried about that. And, walking down to meet this girl and her, she had about 40, 50 kids, you know, with her and just me walking down and then them all circling me as they do in school fights.

If you remember the big circle and, I beat the absolute crap out of her. And it was the only time I ever had a fight in school. And it wasn't for me. The fight was not for me.

And me and my friend Curtis. We talked. We talked about it on the weekend, funny enough, about it. And that was that to me. That was my path. Then, you know.

You know, call me all the names under the sun by all means. But don't don't mess with my friends. Well, this is this is some hard line advocacy here. Don't mess with my friends, okay?

I'm not saying I'm going to go around beating people up. That's not what I'm saying. But what I'm saying is stand up for others. Yeah, yeah, I hear you.

So I want to move on to the series of books that you, you wrote with you, you coauthor, caring for my family with cancer. Yeah. How do you think that your experiences with cancer have shaped you?

Oh, God. Hugely. So if I give you some background, Michelle, I just I just experienced a significant birthday, and they were going to have an a significant birthday that that year as well.

And so we were talking about, you know, bucket lists of things to do. And, and she said she'd always wanted to there was an unmet need around resources for cancer patients.

And so she wanted to do something about it. And so I came up with a solution and I said, right, let's just do it. So within 18 months, we created a series of books caring for my family with cancer that looked at different families.

So, mum with cancer, dad with cancer, single mum with cancer, single dad with cancer. Two mums, two dads looking at grandparents looking ethnicity. Look at all of these things.

Come to build this library of resources. And it was, you know. It was important to have that visibility around cancer. It opened the doors of conversations that I talked about around, you know, race and cancer, you know, recognizing how, lymphedema presents, looking at, inclusive wigs, looking at prosthetics, the simple, you know, the chicken fillets.

Yeah. The little rubber check. You know what I mean by those, the bread that you use for breast implants based on Caucasian skin, based on white skin.

You know, even prosthetic nipples were based on white nipples. It's so, working around inclusive cancer, recognizing, communication needs, whether it be around BSL or other community languages, and making sure that everyone has access to the same information in a form that they need as influence.

A huge part of my career, you know, thinking in a very niche way around cancer and inclusion. Opened my eyes to

all healthcare, needs as a result of it.

So it's been a crucial part of my understanding of of what inclusive healthcare looks like and feels like and how it should be and how it's not.

Travel, Recovery, and Closing Recommendation

Well, I feel like I've already, benefited from, your experiences, good and bad, because you've just got this immense capacity for growth and resilience through all of these, these things that you've been through.

Just commendable. So let's say you've had a horrible day at work. People have been rude. You've ended up having to leave late. It's been raining all day. It's miserable.

You haven't seen the sun. What do to unwind? Well, before I bought this new house, when I had a little bit of, I bought a bit more time, and I'd plan the next holiday, so I love travel.

I love to experience different cultures, eat lots of lovely food. And so I would spend time research in the next holiday watching YouTube videos of street food that I need to try of.

Specials I need to visit of, you know, places I need to go. That's how I in mind. Is is planning the next adventure. You know what's coming next? That I probably enjoy the planning more than the holiday Bible I love.

That is a big part of it. Yeah, there's been research done into this. It's a big part of people. I love it, I think around the house, I love it. My other half, bless them.

They're constant like, you know, can we just just do things? And so on the days on the holiday where I go, okay. They're not the great days on the holiday where when I've planned.

Perfect. You know, maybe, maybe the 90 degree. But we get a lot more out of the day that, And finally, who would you suggest that I interview next? Oh, wow.

Star mojo. Star mojo is one of the most amazing people I've met in the NHS. Background as nurse. I've done loads of support around asylum seekers and refugees.

Is the chair of the Global Majority nursing and midwifery group for Welsh Government. Has a background in trauma. And trauma care is a, huge, equality advocate.

Mental coaching. Absolutely inspirational to me. So, she's also a friend. I'm very lucky to, to call her a friend and I think she's absolutely amazing.

So my recommendation to you is star stole my show. Beautiful on the inside and outside. Harry, it's been an absolute pleasure and a privilege to speak with you today.

Thank you so much. And, let's make sure that everyone listening. Hashtag be kind.