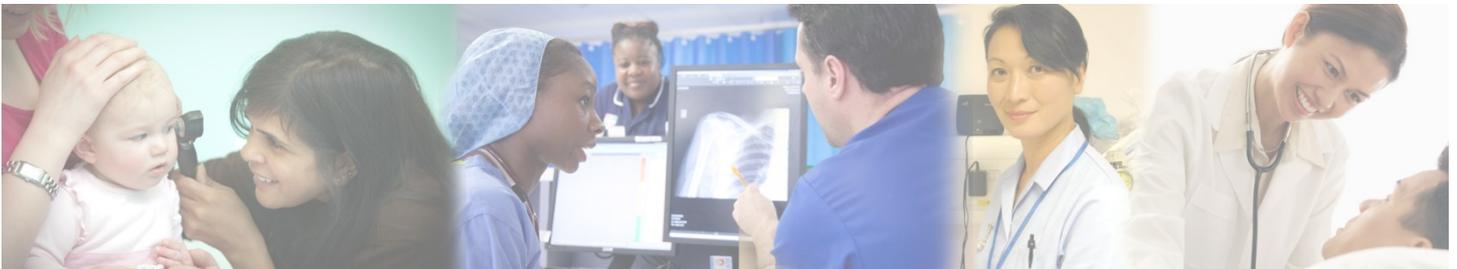


# Advancing Equalities and Reducing Health Inequalities Workshop and Seminar Report

March 2013



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## Foreward

It is my pleasure as Chair of the Trust EDC to write the foreward for this excellent report, which summarises what we have learnt from our Equality & Diversity Seminar held at Keech Hospice.

The Trust is committed to actively recognising and promoting equality and diversity and human rights. We are focused on reducing health inequalities and are committed to challenging discrimination and inequalities in all forms, ensuring that equality lies at the heart of everything we do. We believe that people who use our services, their carers, and our staff should be treated with respect and dignity and in line with the NHS Constitution.

We have adopted the NHS Employer's brand of Personal, Fair and Diverse (PFD) and our CEO has been selected to be a PFD Champion. We plan to invite the delegates from our seminar to be PFD Champions and to then build a larger community of PFD Champions to support the L&D. This will enable us to move beyond the legal and business case for E&D and strive to be the best NHS Trust for E&D.

One of the key lessons from the seminar was how important it is to have E&D Leads and Champions within an organisation and to ensure they work closely with managers, staff, service users and carers. This will ensure that best practice is maintained in the delivery of our services, promoting employment opportunities and involving the public, service users and carers.

The L&D's Equality & Diversity Committee (EDC) is responsible for monitoring our performance and we will use what we have learnt from the seminar to move forward.

For me, Equality and Diversity is never a destination, it is a horizon and we need to make a mark in the sand for every step in our progress, for example the E&D seminar. We must learn, develop and move forward with our staff and patients. In the NHS it is important we work in partnership, working on prevention whilst we maintain our competencies to deliver excellent clinical care for all.

Finally, I wish to thank all those involved in the planning, in presenting and to those who attended. This has been one of the best seminars I have been involved in. I will lead on the key lessons from the day and will ensure this report is circulated to the Trust Board and our Council of Governors.

*Jagtar Singh OBE MSc BA Hons*



Spencer Colvin, L&D Chairman

## INTRODUCTION

Although Britain is now a healthier place and people are living longer the Luton and Dunstable University Hospital serves one of the most diverse communities in the region, with pockets of high deprivation. Therefore, it is vital that we understand and provide services that our communities can access and utilise effectively.

The L&D has been a 'Positively Diverse' organisation since 2006 and we are committed to equal opportunities for all of our staff and patients.

We continue to improve care and access for those who may otherwise be disadvantaged, such as the elderly, those with disabilities and those whose first language is not English.

As part of our on-going commitment to Equality and Diversity (E&D) we held an E&D Seminar at Keech Hospice to explore looking at ways forward with equalities and health inequalities. Delegates were invited from a mix of different backgrounds, diversities and experiences across the health sector.

One of the main aims of the day was to explore and build our commitment to E&D issues, including re-focusing on the Equality

Delivery System (EDS). The EDS will help to ensure that we engage more closely with all sections of our communities and focus on the needs and expectations of our Stakeholders.

We have also shown our commitment in producing our Equality Objective 2012 to support compliance with the [Equality Act](#). The Equality Act includes the Public Sector Equality Duty (PSED); the aim of the PSED is to integrate consideration of the advancement of equality into the day-to-day business of the L&D.

A number of speakers were invited to the seminar to help us understand, explore and debate how the L&D should move forward, and address equalities and health inequalities, improving our services.

The aims of the day are highlighted below:

### *Aims of the seminar/workshop*

- *Build an improved understanding and commitment among senior staff, Service Managers, Governors and Board Members for Equality and Health Inequalities*
- *Understand the legal, moral and business driver for Equality & Diversity in the NHS*
- *Explore the best ways of advancing equalities and reducing health inequalities with the help of the NHS Equality Delivery System (EDS)*
- *Identify L&D Equality & Diversity Champions among staff, who will help reduce health inequalities*
- *Share good practice*

Delegates were encouraged to engage and debate openly to assist the L&D in building existing E&D initiatives and agree a vision for the future.

### The target audience for the day was:

- NHS board members and non-executive members
- Patients, carers, and local interest groups
- NHS commissioners and providers
- HR, equalities and health inequalities leads

The L&D has established a Patient Experience Department which invites feedback from all patients. Although this has assisted in addressing a number of E&D issues we are aware that we must not become complacent. We know there is still work to do to improve E&D issues and we are keen to gain more knowledge of patients' needs and adapt our services further.

### SUMMARY OF THE E&D BREAK-OUT SESSION

Delegates were asked to think about the following points and provide comments.

#### What do we do well at the L&D?

- We listen and are aware and committed to E&D issues
- Provide a positive patient experience and good communication with patients
- Work with local communities
- A balanced and diverse mix of staff (age, ethnicity, socioeconomic)
- Good at adapting to different needs

#### I would like to discuss the following issue in relation to health inequalities

- How to involve all staff

- How to influence clinical training to embed E&D
- What data do we not have?
- What type of change is required?
- The role of an E&D Champion

#### How can we improve the way we deliver services?

- Improved understanding of the needs of our client-group
- Increase use of IT services, e.g. language line and improve connectivity between IT systems
- Need to reach more hard-to-reach groups to promote our services effectively
- Don't judge people and their lifestyles
- Continue to improve our mix of volunteers to reflect our communities

#### Which health inequalities worry you the most?

- Homeless and traveller communities, as they have no regular access to medicine – we need to identify other vulnerable groups
- Black and Minority Ethnic groups (BME)
- Age discrimination
- Geographical – suggested a mapping exercise/deeper analysis of the population
- Better understanding of existing information/data

*“How do we empower patients and reach out to them?”*

*L&D Governor*

## PRESENTATIONS

### Advancing Equalities by Reducing Health Inequalities

**Maqsood Ahmad**, Director of Inclusion and Equalities for NHS Midlands and East, is an E&D expert. Maqsood leads on a number of inclusion and equalities programmes, as well as advising NHS Chief Executives and Board Members on all aspects of equality and human rights.

Maqsood says “The L&D has worked hard to keep this subject on their agenda. Passion to deliver on the equality agenda should continue and with the strategy right, improvements can be made on the delivery. The aim would be to identify seven recommendations/objectives that can be built on. This is far more achievable and enables the L&D to stay focussed on the most important issues.”

Maqsood reminded us, that in his view, we do not have hard to reach groups, we have seldom heard groups, and these are the groups we need to reach out to.

Below is a slide from Maqsood’s presentation which shows us some examples of why it is so important to reach these ‘hard to reach’ groups:

#### Introduction: Equalities and Inequalities

- Only 17% of women with a Learning disability take up breast screening compared with 76% of the general population
- Gypsies and travellers have worst health status of any disadvantaged group – often due to poor engagement from health services
- 44% of Bangladeshi men smoke compared with 27% of the general population.
- South Asian people are 50% more likely to die from coronary heart disease than the general population

## Equality Delivery System (EDS)

Maqsood went on to talk about the Equality Delivery System (EDS) which had been designed in partnership with NHS organisations, staff and the public to meet legal obligations of the Equality Act and to help the L&D to go further in integrating equality and diversity into its strategic development and service delivery.

### EDS vision:

- Deliver fair and personalised services
- Promote workplaces free from discrimination
- Foster continuous improvement

The hope is that in the next five years we can all improve on these areas.

To assist in our advancement of E&D issues, we need to better analyse our data and this is high on our agenda.

The EDS will help to support staff as well as patients. It is necessary to create Champions at all levels of the L&D to embed equalities and diversities.



*Maqsood Ahmed*

We have the opportunity to make a difference to our community and save the lives of vulnerable people.

Below is some online guidance recommended by Maqsood:

### EDS publications

[www.eastmidlands.nhs.uk/eds](http://www.eastmidlands.nhs.uk/eds)

[www.dh.gov.uk](http://www.dh.gov.uk)

#### EDS positive outcomes and impact:

- Improving engagement
- Changing perception and behaviours
- Increasing awareness and commitment
- Helping to employ people with learning difficulties
- Improving evidence to tackle health inequalities

### Advancing Equalities by Reducing Health Inequalities (continued)

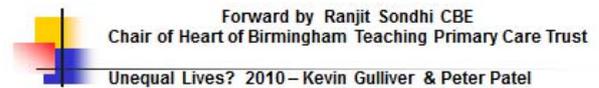
Dr Peter Patel, Chair of South Birmingham Commissioners Local Network, a Pathfinder Clinical Commissioning Groups (CCG), who has a special interest in healthcare innovation and addressing health inequalities.

Peter advised us that “Inequality in health is a major issue for all of us. Inequalities in health outcomes between the most affluent and disadvantaged communities is long-standing, deep-seated and have proved difficult to eradicate by health interventions alone.

There is a change in the role of the GP, from family practice to commissioning organisations. This change in the role of GPs is an opportunity to close the gap in health inequalities.”

Peter recommended a report which was published “Unequal Lives: Mapping Health Inequalities in Birmingham’s Asian Communities” written by Kevin Gulliver and Peter Patel, which included key points about

health inequalities and the impact on quality of life (please see the slide below from Peter’s presentation).



Inequalities in health have been high on the agenda of those of us who believe that the circumstances into which we are born should not determine our destiny, including how long we live and the incidence of illness we experience. Although this concern goes back decades, the Acheson Review in 1998, subsequent reviews, reports and policy papers, and Marmot Review 2010 and that of the National Audit Office, also in 2010 have uncovered the persistence of inequalities in health and now, perhaps their eradication is beyond the NHS working in isolation.

Being poor kills, it shortens life, heightens morbidity and lowers quality of life. Where we are born is still the major indicator of how we do in life and how healthy we are.

Peter explained that inequalities are complex, and so there is no simple answer - income, faith, ethnicity, poor health choices by patients are all reasons for inequalities and unfortunately health inequalities have increased.

He said to resolve the issues we need to involve all stakeholders, we need clear clinical leadership and more innovation. We need to embed health inequalities in education and have regular impact measures.

#### Outcomes from this session

The L&D need to show evidence that we are making a difference, for example, feedback from patients and supporting data. It is important to have the data early in order to provide a baseline on which to measure improvement.

We need health care professionals (clinicians) to take the lead; we need to identify who the ‘hard to reach’ groups are and WE need to accept that it is OUR responsibility to reach out to them. There are improvements such as, travellers who are getting engaged in their own health needs and nurses who are visiting traveller sites. A

recommended document “Good engagement practice for the NHS” can be found at <http://www.eastmidlands.nhs.uk/about-us/inclusion/eds/good-engagement-practice-for-the-nhs/>

## CASE STUDIES

### 1. “The Perfect Day” Embedding E&D at the L&D

Marion Collict, Director of Transformation, a Registered Nurse and Midwife with 35 years’ experience of working in a variety of clinical areas.



*E&D seminar delegates*

Marion’s presentation was about a project called ‘The Perfect Day’.

“The Perfect Day project fits well with Making Personal, Fair and Diverse (PFD) a reality in the NHS as it is very much about individualised care and a whole team approach to providing a perfect experience for all our patients.”

The Perfect Day project requires a very different approach to how we interact with our patients. We recognise the ever increasing challenges in the NHS and if we really want to make significant changes and embed these changes in practice we need people who are prepared to make change happen.

We need to be bold, be prepared to turn the issues upside down, finding innovative solutions

The initial idea for ‘The Perfect Day’ was to create a new way of caring for our patients. We started off with a Perfect Day and more recently, this has developed into ‘The Perfect Week’. The project has been extremely successful with very positive feedback from patients and staff.

Patients and staff felt that care and duties were not being rushed and patients were being better cared for. There was a written care plan and patients could speak to professionals in a comfortable environment, enabling staff to deliver their job more effectively.

Particular feedback from nursing staff was able to demonstrate how much more time staff were able to spend with their patients. Over time the presence of the nurse at the bedside has positively affected the level of care given. This new way of working has reduced by more than 50% the non-direct patient care activities undertaken by the nurse.

This new working model was trialled on a ward and it very quickly proved to be incredibly successful. With the shift in tasks, more time has been allocated to nurses to be able to be by the bedside and spend less time spent on administrative duties.

Evidence from the Patient Experience Call Centre has shown that the patients’ experience on the pilot ward has improved from 72% to 90%. With this new model, the focus is on the right staff being available rather than just the right number. Patients and families are a lot happier and there are other positive results over time.

This is an excellent case study about how we can make our services personal, fair and diverse and adapt to ensure services are always improving. In the NHS we frequently re-design systems and processes, we do not always give the same emphasis to the culture change required to sustain the change.

### Conclusions from this session

It is important to stay focussed on the patients' needs and still have time for administrative duties - capturing the right information and data in an efficient way. Paper work and administrative duties are a necessity, however, the level can vary depending on the requirements of an organisation. These tasks should not distract the nurse from the patient's bedside but should enhance the team's ability to provide individualised care

Shared learning and information is also very important and our communications team ensures this works well at the L&D, through ward meetings and other information channels. Communication is important in ensuring information and new practices are circulated and supported throughout an organisation.

## 2. Personal, Fair and Diverse (PFD)

Professor Carol Baxter, Head of Equality, Diversity and Human Rights at NHS Employers.

The Personal, Fair and Diverse campaign is for all NHS staff to join and aims to help turn the vision of a personal, fair and diverse NHS into a reality. The NHS is working with the Equality and Diversity Council (EDC) to encourage NHS staff to become champions. The aim is to create a vibrant network of Champions who are committed to

taking action, however small, to create a personal, fair and diverse NHS.

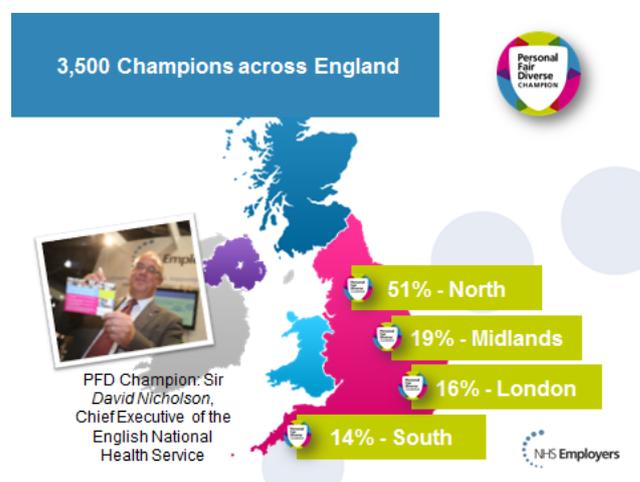
Carol Baxter said "The campaign has been running since 2011, but more people have become engaged recently.



Dr Vimal Tiwari (Non-Executive Director) and Professor Carol Baxter

PFD can provide a model to support and embed equality into all the work of an organisation.

PFD is about developing a social model and uses the new social media of Facebook and Twitter to reach out to a wider audience. Traditional methods have failed to engage most people on the equality agenda, but we are now able to reach out further through this new social media. There are now over 3,500 Champions across the country."



Carol Baxter explained that there are now over 1,000 examples of staff within the NHS doing great equality work, including some good examples of how to embed diversity in organisations.

If staff members sign up as a PFD Champion they will receive full access to the PFD section of NHS employers' website ([www.nhsemployers.org](http://www.nhsemployers.org)). Staff can also join in with the #PFD conversation on Twitter, by following @PFDChamps.

*"Everyone is equal but sometimes  
you need to treat them  
differently"*

*Professor Carol Baxter*

### 3. Papworth Hospital's Approach to EDS and PFD

Elizabeth Horne, Papworth Hospital's Director of Human Resources.

Papworth Hospital is the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre.

Elizabeth said "Ethnicity has significantly changed in our service area and so this required a new approach to equality driven by a new Equality and Diversity Task Force Group.

We listened to our staff and patients through staff survey results, patient surveys and Investors In People award. Equality and diversity has been incorporated into induction and training programmes and is mandatory for all staff to attend. It is an evolving

process, building on our successes and lessons learnt."

### Four objectives were set by Papworth Hospital:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and inclusive staff
- Inclusive leadership



*E&D seminar delegates*

### Key points for Papworth Hospital:

- Commit to training Governors on equality and working with stakeholders
- Incorporate equality and diversity into induction training for staff
- Raise awareness through staff groups
- Everyone needs to sign up to PFD, including Clinicians and Trust Board Members

Elizabeth said "It is important to be aware of equality and diversity in all areas of an organisation. At Papworth Hospital we found it necessary to carry out a review of our catering system to enable us to meet patients' dietary requirements. If, for example, a patient has a specific dietary requirement, they should be treated differently to meet their needs. It is important catering arrangements and menus can be adapted."

*“Our approach to EDS and PFD has been very successful at Papworth and shows that there is much that can be done to address E&D issues”*

*Elizabeth Horne*

## CONCLUSIONS

### Highlights from the day

- ✚ Awareness of the health issues of the homeless and traveller groups
- ✚ To ensure that as a Trust we share information and work together across health economist communities
- ✚ To make ourselves more accessible
- ✚ Be proactive in accessing groups and educating them
- ✚ The language of E&D changes all the time
- ✚ We should all do little things more often (they do make a difference) and challenge where appropriate
- ✚ If more of us were social media users, we could share our knowledge more easily
- ✚ There seems to be momentum around the country for E&D and everyone is responsible for advancing E&D



*E&D senior delegates*

### Pledges from the group

- To continue to ask questions and not know all the answers
- To ask questions whether it feels uncomfortable or not
- Carry on fighting unfairness

## RECOMMENDATIONS/POINTS FOR ACTION

- Raise awareness through PFD Champions and better connections with faith and cultural communities
- Publish this report on the staff intranet and the L&D public website
- Send a copy of the report to the Luton Community Groups
- Hold a quarterly meeting with participants from the day to ensure E&D remains on the agenda
- Produce a summarised version of today's E&D seminar for staff, particularly for clinical staff
- Appoint a Trust Equality Officer to fill the vacant post
- Continue to obtain more data to analyse
- Look at how other NHS and non-NHS organisations address E&D and learn from them
- Explore the Stone Wall Index

*“This is not a one off event, through our previous work, today and this report, we will build a plan of action going forward”*

*Spencer Colvin, Chairman L&D*

## SUMMARY

Equality and Diversity affects us all in some way - age, sexuality, ethnicity or perhaps mobility so we need to ensure we reach out to all groups.

People are living longer and have complex health needs. Our culture is changing at the L&D, for example our ideas around paper work/administration and care (The Perfect Day/Week). Our challenge is to continue to be aware of our patients' needs, work to our values and continue to adapt our behaviours.

We realise how important gathering information and feedback from the wider community and capturing the relevant data is. This enables us to learn from, improve and to chart these improvements. We will continue to look at ways of more efficient data capture and analysis.

Equality and diversity issues are constantly evolving and there is a fear of using the wrong terminology around this issue, this can be uncomfortable. However, there is online guidance available for equality and diversity terminology. Sometimes just asking the question is more important than worrying about getting it right.

Raising awareness through regular events like today and creating Personal, Fair and Diverse Champions will help us to move forward with addressing E&D. Reaching out to our wider communities and ensuring groups are heard will aid our future work with E&D.

The L&D are committed to equality and diversity and health inequalities. Today's seminar has further highlighted how important this cause is to our wider community. We

have seen and heard about the positive effects of Personal, Fair and Diverse and the Equality Delivery System in our hospital and other organisations. We will continue to move forward, to improve our services to patients and the wider community.

If you would like more information about what the L&D is doing in respect of equality and diversity please either:

- Look at our [website](#)
- Contact the Trust via the equality and diversity dedicated [email](#)

Please also see our E&D [Glossary of Terms](#) on the L&D website.

*"We are the change we  
have been waiting for"*

*Jagtar Singh MBE*

*Non-Executive Director, L&D*

*University Hospital*