NHS EQUALITY, DIVERSITY AND HUMAN RIGHTS WEEK 2014
12–16 May 2014

A toolkit for NHS communications teams
CONTENTS

This toolkit contains:

Introduction ........................................ 03
Top tips for engaging the media ............... 04
Key messages about the week .................. 05
Equality and diversity myths ................... 06
Equality and diversity statistics and facts .... 08
Sample/template press release for use ......... 13
Sample/template articles for your internal and external web sites ..... 15
Contact details ..................................... 16

Important: This toolkit is not a media pack for distribution to journalists. It is designed for NHS communications teams only and gives you everything you need to perform your own local/regional media work.
**INTRODUCTION**

This is the third NHS Equality, Diversity and Human Rights Week. It is a national platform for NHS organisations to showcase their work creating a fairer, more inclusive NHS for patients and staff.

The NHS Employers organisation is coordinating the week, which takes place from 12–16 May 2014.

The week has become a key date in the calendar because it brings together work and best practice from across the NHS on inclusion and fairness issues, helping NHS organisations to collectively shine a light on their achievements and priorities.

This is an opportunity for your organisation to raise awareness of its commitment to equality, diversity and human rights. You can use the week as a platform to profile your local initiatives, highlight your successes and celebrate the people behind them.

Your equality and diversity lead, and some of your senior managers, should already be familiar with last year’s event. We need your help to promote the 2014 week to staff and your local community and make it a bigger success than last year!

This communications toolkit does the hard work for you, giving you key facts and templates to help you get your message out through your own channels and local media.

We’re sure you’ll know the best way to use it for your organisation – promoting your activity in the local media, placing articles on internal and external websites, or using the information for newsletters and publicity materials.

NHS Employers is raising awareness of NHS Equality, Diversity and Human Rights Week 2014 nationally and we hope you’ll add your voice.

Find out more on our campaign website: [www.nhsemployers.org/equalityweek2014](http://www.nhsemployers.org/equalityweek2014)

Or contact the communications team at NHS Employers on 0113 306 3000.
TOP TIPS
We know that you’re busy, so we’ve included some quick wins to help you promote NHS Equality, Diversity and Human Rights Week 2014

• Speak to your equality and diversity lead to find out what your organisation is doing to mark NHS Equality, Diversity and Human Rights Week 2014 and make this activity central to your communications.

• Ask your public health colleagues in local government about the work they are doing in the community to raise awareness of health issues and to promote inclusion. NHS Equality, Diversity and Human Rights Week 2014 is an excellent opportunity to share good news stories.

• Promote NHS Equality, Diversity and Human Rights Week 2014 through social media. For example, share updates about events and post photos or videos on Flickr and Twitter. Don’t forget to use the hashtag #eqw2014. You can tell us about what you are doing on Twitter @pfdchamps.

• Talk to patients and colleagues about NHS Equality, Diversity and Human Rights Week 2014 and the positive work that your organisation is doing to address key inclusion issues.
KEY MESSAGES

• NHS Employers is coordinating the third NHS Equality, Diversity and Human Rights Week, 12 to 16 May 2014.

• This week of equality-focused activity aims to raise awareness of equality, diversity and human rights issues in the NHS and celebrate best practice.

• As the largest employer in Europe, with over 1.3 million staff, the NHS has a responsibility to remain at the forefront of the inclusion and fairness agenda – for patients and staff.

• There are many excellent examples of work that is happening in the NHS to embed the principles of inclusion and fairness. NHS Equality, Diversity and Human Rights Week 2014 is an important opportunity for the NHS to demonstrate and celebrate this work.

• Throughout the week, NHS organisations will highlight work that is happening all year round to ensure the NHS continues to meet the diverse needs of local populations and is a place where staff from all backgrounds want to work.

• NHS Employers is championing the week nationally – we will be presenting two PFD awards during the week to round off the seven days of celebratory activity.

• The official theme for the week is ‘Click and Connect – the power of networks and the role of social media’.

• A day-by-day guide to NHS Equality, Diversity and Human Rights Week 2014 is available from the NHS Employers website at: www.nhsemployers.org/equalityweek2014
MYTHS ABOUT EQUALITY AND DIVERSITY

A number of myths about equality and diversity prevail in the workplace. What equality and diversity means, its benefits, and the risks associated with discrimination, are all areas for debate. Here are a few of the most commonly held misconceptions and how you can respond.

“Equality and diversity is just about ticking boxes”

FALSE. While tick-boxes are one of the ways of collecting data in NHS organisations, equality and diversity is about translating that data into information that can inform change. What doesn’t get measured doesn’t get done – equality and diversity needs to be measured and monitored – in the same way that finances are monitored through budgets – so that issues are identified and action can be taken.

The NHS Equality Delivery System (EDS2) is a framework to help organisations use their equality data – alongside qualitative data gathered through engagement with patients and communities – to effectively measure their performance.

Find out more at www.nhsemployers.org/employmentpolicyandpractice/equalityanddiversity

“Equality and diversity is just political correctness”

FALSE. Equality and diversity is about more than trying not to offend, or making sure you say the right thing. It’s about fairness in terms of access to employment and services – and creating an inclusive culture. It’s also about freedom from discrimination. Equality and diversity policies and initiatives help to put these widely held values into action.

For example, a hospital trust introduced value-based recruitment for healthcare assistants and support staff and reduced sickness absence by 2 per cent, turnover by 7 per cent and recruitment costs by up to 40 per cent.

“It’s only a problem for under-represented groups”

FALSE. The Equality Act 2010 applies to all individuals, providers of services and employers. We live in a complex society made up of people from diverse backgrounds and with a range of needs and requirements. This means someone may be seen as advantaged in some areas and, at the same time, disadvantaged in others.

For example, about 77 per cent of the NHS workforce are women, but women are under-represented in senior roles.
“There’s no evidence that it has an impact on patient care”

**FALSE.** People perform best when they can be themselves. Embedding equality and diversity in everything the NHS does will improve conditions for all staff and, ultimately, their patients.

For example, an Aston Business School study found that, where high numbers of staff from black and minority ethnic (BME) backgrounds reported experiencing discrimination at work, this coincided with lower levels of patient satisfaction. Conversely, patient satisfaction was highest where there were fewer reported incidents of workplace discrimination.

“Improving equality and diversity won’t save us any money”

**FALSE.** In fact, it is costly to the NHS not to pursue an effective diversity and inclusion policy. Improving diversity can have a positive impact on the bottom line.

In January 2013, a [Government report](#) – commissioned by the Government’s Equalities Office – concluded that a well managed diversity strategy can bring benefits to business.

The costs of not promoting an inclusive, fair and equitable workplace can have significant costs for employers in terms of high turnover, high sickness absence rates and, ultimately, employment tribunal costs.

“It’s an issue for NHS leaders, frontline staff can’t change anything”

**FALSE.** A personal, fair and diverse NHS is one where everyone’s contribution matters and everyone counts. Leadership in this area is crucial at all levels of the NHS. Senior leadership is needed to make equality a core part of quality service delivery. Middle management is vital for putting this into practice, and all NHS staff should be able to identify little things they can do in their day-to-day roles to put patients first and ensure that everyone has equal opportunities and treatment.

For example, a Personal, Fair and Diverse (PFD) champion at East Midlands Ambulance Service organised the first summit on religion, belief and fairness for staff and communities.

Find out more about NHS Employers Personal, Fair and Diverse campaign at [www.nhsemployers.org/PFDchamps](http://www.nhsemployers.org/PFDchamps)

See other PFD stories here: ‘What are champions doing?’
THE BIG PICTURE – STATS AND FACTS

UK demographics and workforce statistics can help demonstrate the facts behind equality and diversity issues across the UK and within the NHS. We’ve pulled together some useful statistics for each of the eight key areas of equality and diversity within healthcare in England.

Age

• There are 10.3 million people aged over 65 in the UK today – this will rise to 12.5 million by 2020.

• There are 1.4 million people aged over 85 in the UK today – there will be 250,000 aged over 100 by 2050.

• One in four children born today will live to the age of 100.

• There are over 400,000 elderly people living in care homes and 750,000 suffering with dementia. By 2025, approximately one in three people over the age of 60 will have dementia when they die.

• The NHS has an ageing workforce – 47 per cent of the non-medical workforce and 57 per cent of GPs are aged 45 or over.

Disability

• One in eight UK employees has a disability.

• There are over 11 million people with a limiting long-term illness, impairment or disability in the UK.

• The prevalence of disability rises with age. Around 6 per cent of children are disabled, compared to 15 per cent of working age adults and 45 per cent of adults over State Pension age in the UK.

• People with mental health problems have much higher rates of physical illness, with a range of factors contributing to greater prevalence of, and premature mortality from, coronary heart disease, stroke, diabetes, infections and respiratory disease.
• Disabled people are significantly more likely to experience unfair treatment at work than non-disabled people. In 2008, 19 per cent of disabled people experienced unfair treatment at work, compared to 13 per cent of non-disabled people.

• In the 2012 NHS Staff Survey, 32 per cent of disabled staff reported harassment or bullying from their manager or team leader, compared to 20 per cent of non-disabled staff.

• The 2012 NHS Staff Survey found that harassment, bullying or abuse from staff was experienced more by disabled staff than any other group.

• People with severe mental illness die, on average, 20 years younger than the general population, often from preventable physical illnesses.

• Patients with schizophrenia will, on average, die 14.6 years earlier than the general population, while those with bipolar disorder die 10.1 years earlier.

• Half of us say we have felt the despair of depression – twice as many as official statistics suggest. Almost nine out of ten of these suffered loneliness as a result of depression, with many struggling to find others to talk to about the condition.

Ethnicity

• In 2011, one in five people (20 per cent) identified with an ethnic group other than White British, compared with 13 per cent in 2001.

• The population with ethnic background other than White (White British, White Irish and White Other) has doubled in size since 1991 from 3 to 7 million, while remaining a minority of the total population (14 per cent).

• In the 2012 NHS Staff Survey, 15 per cent of BME staff did not believe that there is equality of opportunity within their organisations, compared with 7 per cent of white staff.

• Asian and BME staff are more likely to recommend their employer as a good place to work than white staff, but are still under-represented at senior management levels.
In 2012, just 1 per cent of NHS chief executives came from a BME background. This compares to 14 per cent of staff from BME backgrounds in the total NHS workforce. 17 per cent of NHS hospital and community health service staff are from a BME background and an estimated 200 nationalities are represented in the NHS workforce.

A snapshot of clinical commissioning group leadership on governing bodies shows that 12 per cent are from BME backgrounds.

GP Patient Survey results in 2012/13 showed variation by ethnicity in patient confidence and trust in their GP. Evidence from the 2012 Adult Inpatient Patient Survey also showed that the overall patient satisfaction score varies significantly by ethnicity.

**Gender**

- NHS workforce data shows that the proportion of women to men within the overall healthcare workforce is 78 per cent to 22 per cent respectively.
- Women are proportionally under-represented at senior levels relative to their overall presence in the workforce.
- While women make up about 77 per cent of the NHS workforce, just over 30 per cent of NHS chief executives are women.
- The 2010 National Audit of Cardiac Rehabilitation (NACR) demonstrated that women are under-represented in cardiac rehabilitation. If men and women were taking part in proportion to the case rates for heart attack, we would expect there to be 63 per cent men and 37 per cent women. In practice, women made up 32 per cent of referrals but only 26 per cent of participants. It is mainly older women who are under-represented in cardiac rehabilitation; women over the age of 80 are less likely to take part than men of the same age.
- 37 per cent of clinical commissioning group leadership on governing bodies are women.
Gender reassignment

- Research shows that transgender people are likely to have inadequate or inappropriate access to services.
- Transgender medical students report that they are more likely to experience discrimination and harassment from patients and colleagues.
- There is increasing recognition of the rights of transsexual and transgender service users and employees in the NHS, with the Gender Recognition Act granting legal recognition of a changed gender for transsexual people.

Religion or belief

- In the 2011 Census, the number of residents who stated that their religion was Christian was fewer than in 2001. The size of this group decreased by 13 percentage points to 59 per cent (33.2 million) in 2011 from 72 per cent (37.3 million) in 2001.
- Research suggests that poor knowledge and skills of staff in providing health services to people with non-Christian religions or beliefs can have an adverse affect on the patient experience.

Sexual orientation

- A third of gay and bisexual men who have access to healthcare services have had a negative experience related to their sexual orientation, according to Stonewall.
- *Prescription for change*, a survey carried out by Stonewall, found 50 percent of lesbian women under the age of 20 had self-harmed, compared to one in 15 women nationally. Half of the respondents also stated that they had not discussed their sexuality with their GP.
- Statistics from Stonewall show that 50 per cent of lesbian and bisexual women have had negative experiences of the NHS.
- 3 per cent of gay men attempt to take their own life, compared to 0.4 per cent of the general male population.
- 41 per cent of lesbian, gay and bisexual people over the age of 55 currently live alone.
- Lesbian, gay and bisexual people are at higher risk of depression and anxiety disorders and are twice as likely to smoke.
Maternity and pregnancy

- A report published in March 2013, by law firm Slater & Gordon, showed that one in seven of the 1,000 women surveyed had lost their job while on maternity leave. 40 per cent said their jobs had changed by the time they returned, with half reporting a cut in hours or demotion. More than a tenth had been replaced in their jobs by the person who had covered their maternity leave.

Socio-economic factors

- There is a significant difference in rates of diagnosis, treatment and outcomes for the five biggest killers (cancer, stroke, heart disease, lung and liver disease) depending upon where you live.

- The average age of death of a rough sleeper is 30 years earlier than the average population (47 and 43 years for men and women respectively).

- At birth, men in the least deprived areas of England can expect to live about 15 more years disability-free than men in the most deprived areas; for women it is almost 13.5 years. These differences have increased recently – poorer people live shorter lives, and live more of these lives with limiting illnesses.
PRESS RELEASE TEMPLATE FOR YOU TO ADJUST AND SEND TO LOCAL MEDIA


[NAME OF ORGANISATION/TOWN/COUNTY] will be [DESCRIBE YOUR LOCAL ACTIVITY, WHEN AND WHERE] as part of the third NHS Equality, Diversity and Human Rights Week.

[MORE INFORMATION ON LOCAL ACTIVITY AND WHO IS INVOLVED TO BE INCLUDED HERE]

The week, organised by the NHS Employers organisation, shines a light on the ongoing work across the NHS to ensure that it continues to meet the diverse needs of local populations and is a place where staff from all backgrounds will want to work.

It is a chance for NHS organisations across the country to promote their achievements in this area, showing how they make equality part of everything they do, improving the quality of services for patients and the working lives of staff.

[NAME], head of equality and diversity at [NAME OF ORGANISATION], said:

[ADD YOUR OWN QUOTE FROM A DIRECTOR]

[NAME], [ROLE at NAME OF ORGANISATION], said:

[ADD YOUR OWN QUOTE FROM A STAFF MEMBER]

Dean Royles, Chief Executive, the NHS Employers organisation, said:

“NHS Employers is thrilled to be able to lead the third Equality, Diversity and Human Rights Week – the annual celebration of the fantastic work that NHS organisations are doing each and every day with the help of the Personal, Fair and Diverse campaign. I hope you’ll join me in once again committing to making the NHS a great place to work and join in celebrations and activities.”
Carol Baxter, Head of Equality and Diversity at the NHS Employers organisation, said:

“I feel very privileged to be a part of the third NHS Equality, Diversity and Human Rights Week. I know there has been some brilliant work over the last 12 months and this is a great opportunity for organisations to showcase their campaigns. It’s through the great work that people commit to day in, day out that we can all create a more fair, diverse and inclusive NHS. Please join me in celebrating our successes.”


**Notes to editors**

1. NHS Equality, Diversity and Human Rights Week runs from 12 to 16 May 2014.

2. The Personal, Fair and Diverse (PFD) campaign is designed to:
   - help your organisation put best practice and local success in the spotlight as part of a week-long celebration of equality initiatives in the NHS
   - provide you with an opportunity to promote and share work that is happening locally with colleagues in the wider NHS
   - raise awareness about your organisation’s commitment to diversity, using the week as a platform to profile key initiatives

3. NHS Employers 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.

4. An activity calendar can be found at: [www.nhsemployers.org/equalityweek2014](http://www.nhsemployers.org/equalityweek2014)

[NAME OF ORGANISATION/TOWN/COUNTY] will be [DESCRIBE YOUR LOCAL ACTIVITY, WHEN AND WHERE] as part of the third NHS Equality, Diversity and Human Rights Week.

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[NAME], head of equality and diversity at [NAME OF ORGANISATION], said:

[ADD YOUR OWN QUOTE FROM A DIRECTOR]

[NAME], [ROLE at NAME OF ORGANISATION], said:

[ADD YOUR OWN QUOTE FROM A STAFF MEMBER]

[ADD MORE INFORMATION ABOUT HOW PEOPLE CAN GET INVOLVED]
NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice

The NHS Employers organisation is part of the NHS Confederation.

Contact us

For more information on how to become involved in our work:

Email: EqualityandDiversity@nhsemployers.org
Web: www.nhsemployers.org/equalityweek2014

@pfdchamps
NHS Employers
www.youtube.com/nhsemployers

This publication was produced by the NHS Confederation publications team: publications@nhsconfed.org

This document is available in pdf format at www.nhsemployers.org/publications
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