

Champion with deaf people Avon & Wiltshire Mental Health Partnership NHS Trust

What was the issue / problem that you were trying to solve / address?

The specialised deaf service (SDS) was trying to increase awareness and skills across the workforce in relation to the communication/access needs of the trust for deaf people.

What was your diversity and inclusion intervention / initiative / solution? Please share the program, methodology or tools that you used.

The SDS developed a champion with deaf people role across the trust. Staff are identified in different services and invited to attend a one day learning & development course on deafness and mental health. This equips them with knowledge about deafness and mental health in its broadest sense, basic finger spelling and skills in working with British Sign Language (BSL) interpreters. As champions in their own service they can take advantage of free BSL training and informal champions meetings .

What were the outcomes?

To date approximately 45 people have been registered as champions with deaf people across the trust.

Why did it work? Key learning and top tips

The initiative has been very successful in spreading both knowledge and skills about deafness across the trust, which in turn works towards improving accessibility to deaf, hard of hearing and deafblind service users. We have found this initiative has been very useful in engaging the skills of frontline reception and admin staff who play a key role in providing face to face access to service users.

How can people get in touch to find out more?

For more information please contact mary.griggs@nhs.net

Career Development Programme for BME & Female Staff

Barts Health NHS Trust



DIVERSITY AND INCLUSION PARTNERS

What was the issue / problem that you were trying to address?

- Under representation of BME staff and female staff in senior positions.
- Low percentage of staff believing that the trust acts fairly with regards to career progression.

Following the analysis of the workforce equality data, the trust sought to investigate and actively address this by developing a career development programme for BME and female staff.

What was your diversity and inclusion intervention / initiative / solution? Please share the program, methodology or tools that you used.

A multi-disciplinary steering group was set up with members drawn from the trust's staff diversity network, with the purpose of scoping out an appropriate career development programme for BME and female staff in the trust. The group agreed a three pronged approach:

- Career development workshops
- Film on BME experience at Barts Health
- Development of trust's online App

Barts Health applied for and received the sum of £50,000 from NHS England to support the programme.

What were the outcomes?

Over 150 staff completed with:

- 20 attaining higher band.
- Two staff on secondment.
- Several others making life changing decisions such as learning to drive, furthering education and seeking a mentor.
- Development of the trust's career service.
- Three commencing NHS Leadership Academy core programme.
- Interview by Nursing Standard.
- Film on BME staff experiences with facilitators guide.

Why did it work? Key learning and top tips

- Leadership buy-in and visible leadership for promotion of equality and inclusion in the workplace is essential.
- Partnership working with staff side from the initial stage is crucial.
- Effective communication of rationale required for significant take up amongst staff and members.
- Working closely with communications team.
- Recognition and appreciation of staff involved in the programme.

This case study has highlighted the need for diversity interventions to support career advancement for affected groups across the health sector as a means of improving staff and patient experience.

How can people get in touch to find out more?

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Diversity and Inclusion

South, Central and West CSU

What was the issue / problem that you were trying to address?

How to support a new member of the IT service desk team (Elliot) who has a visual impairment, to be an integral part of the team without loss of productivity or quality of service to our clients in accordance with our service level agreements.

What was your diversity and inclusion intervention / initiative / solution? Please share the program, methodology or tools that you used.

At each stage of the appointment process and commencement of employment there was an open dialogue to make sure that the reasonable adjustments required by the team member were understood and introduced. The team member is able to interact effectively with the team and perform well in his role. Reasonable adjustments made included: provision of documents in electronic form to enable use of screen reader software, adaptation to his desktop equipment, initially one to one support in getting in/out of the office.

What were the outcomes?

Over the last four months Elliot has become a valued and well liked member of the team who enjoys his role. He is exercising a high level of social and technical skills and performing well. As he becomes more familiar with access to the building he expects to become more independent.

Why did it work? Key learning and top tips

- Senior management commitment and support to diversity and inclusion.
- Effective ongoing dialogue to understand Elliot's need and involving him in finding solutions.
- Open minds, commitment and determination to deploying best practice and finding ways around what might seem like obstacles especially when nationally there are few examples of people with visual impairments deployed in IT service desk roles.
- Treating Elliot as an individual, who happens to have visual impairment, in the same way as you would other colleagues on the team.
- Helping team members to manage the situation in ways which are mutually supportive.

How can people get in touch to find out more?

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Making our services LGBT inclusive

Lancashire Care NHS Foundation Trust

What was the issue / problem that you were trying to solve / address?

We wanted to be sure that our contraception and sexual health (CaSH) service is LGBT inclusive.

What was your diversity and inclusion intervention / initiative / solution? Please share the program, methodology or tools that you used.

A thorough equality impact assessment was undertaken using tools and guidance developed in house, supported by a quality mark assessment tool and advice offered by a local third sector organisation, Lancashire LGBT. The service implemented bespoke LGBT sexual health training, engaged with LGBT families and amended processes and marketing materials to develop an LGBT inclusive approach across the service.

What were the outcomes?

The CaSH service has been awarded a full Lancashire LGBT quality mark and is confident that its services are LGBT inclusive. Other services have been inspired to work towards the quality mark.



Why did it work? Key learning and top tips

Staff with a particular interest in learning more about LGBT issues were engaged early on and committed to the work that was required. Inclusive leadership gave staff permission to get involved and to come up with ideas. Guidance was accessed from the equality and diversity team and other critical friends, but the service took responsibility for engaging with LGBT people and asking challenging questions about their own areas of work. Lancashire LGBT offered expert advice and support throughout the process.

How can people get in touch to find out more?

Email: Emma.Allen2@Lancashirecare.nhs.uk

Or check out the details of the quality mark at:

<http://lancslgbt.org.uk/quality-mark/>

NHS Community Link Worker

Lincolnshire Community Health Services

What was the issue / problem that you were trying to solve / address?

There was a need to improve engagement with the local Eastern European communities regarding health needs and access to health services.

What was your diversity and inclusion intervention / initiative / solution? Please share the program, methodology or tools that you used.

Family & Healthy Lifestyles appointed a link worker from the local Eastern European community, Anna Kuszyb with the aim of:

- Increase ease of access to health services.
- Identify prohibiting factors.
- Building workforce to be more representative of our population in Lincolnshire.

What were the outcomes?

- Improved relationships with community.
- Widened Stakeholder engagement.
- BME Staff Network
- Increased understanding in community re: working for LCHS and the services provided.
- Patient experience and involvement.
- Increase uptake of healthy child programme.
- Health day.

Why did it work? Key learning and top tips

- Employing a member of staff from the community who has the understanding of how the different communities work.
- Focus on one service and one geographical area to start with.
- Engaging with local community leaders and provider services.
- SMART aims and objectives.
- Listen to the community.
- Engagement with GP Practices, A&E, Children's Centre's, Health visitors and School Nurses.
- Involvement with TB Team, Child protection and Equality Groups.
- Patient Experience (FFT).

How can people get in touch to find out more?

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Transgender and Non-Binary Network NHS England

What was the issue / problem that you were trying to solve / address?

- Trans and non-binary people had been hidden, without the opportunity to engage with commissioners and clinicians at a national level, and so unable to influence the development of NHS services.
- Experience of services and relationships with the NHS was poor.

What was your diversity and inclusion intervention / initiative / solution? Please share the program, methodology or tools that you used.

- Linking people into other meetings such as symposium where they have big impact.
- Six monthly workshops bringing commissioners, providers and trans people together. Designed to hear the views of attendees, provide updates, share information and work together in order to influence the strategic direction of services.
- Representation from the network at symposium with key stakeholders eg: GMC, Royal Colleges.
- Twitter #NHSgenderID used for workshops and Twitter conversations displayed ensuring wider participation beyond invited guests.
- Blog to update the network on developments <https://www.england.nhs.uk/2016/06/will-huxter-12>
- Meetings are webcast with text to speech writers ensuring inclusivity.

What were the outcomes?

- Network workshop attendance high.
- Additional investment into these services.
- Awareness at NHS England board level.
- Task and finish group established.
- 18 weeks timeline agreed.
- GMC issues guidance to GPs.
- NHS England shortlisted for two awards by the trans community.

Why did it work? Key learning and top tips

- Developed a culture of partnership between trans people, commissioners and providers where involving people became the norm.
- Treat people with respect and look after them well at all times.
- Select a neutral environment and ensure facilitators are aware of the small things that really matter to people e.g. using the correct pronoun.
- If you make a mistake, admit it, apologise and put it right.
- Cover expenses and pay in a timely manner.
- Acknowledge people's feelings by using appropriate exercises in workshops.
- Tailor the engagement carefully and make it interactive.
- Be open to listen and learn.
- Keep people informed.
- Be realistic about timelines.
- Involve the network in all areas not just those specialised for transgender services.
- Continually develop the membership to ensure inclusivity and national views represented.

How can people get in touch to find out more?

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Open Mind Project

Norfolk and Suffolk NHS Foundation Trust

What was the issue / problem that you were trying to solve / address?

To improve mental health services for BME communities. Findings revealed that poorer outcomes and experienced in using services are experienced by BME compared to white groups.

What was your diversity and inclusion intervention / initiative / solution? Please share the program, methodology or tools that you used.

NSFT adopted the reverse commissioning model, and developed a co-productive relationship with BME service users to develop an action plan to start addressing the issue.

This approach is now published in the EDS2 guidance in working with VCS.

What were the outcomes?

Open mind group has now developed cultural competency training co-delivered to all staff across the trust. NSFT is regularly monitoring the use and experience of BME service users to monitor progress.

Why did it work? Key learning and top tips

The key driver to this project and underpinning the whole approach, is the relationship and engagement work between NSFT and the communities. Breaking the label and stigma attached to the term *hard to reach* has been useful in getting staff to view BME communities differently.

How can people get in touch to find out more?

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Talk to My Face

University Hospitals of Morecambe Bay

What was the issue / problem that you were trying to solve / address?

Our local deaf community told us that they had problems with communication when trying to access our services.

What was your diversity and inclusion intervention / initiative / solution? Please share the program, methodology or tools that you used.

Our Mission - For all deaf and hard of hearing patients to receive effective communication which meets their needs and to be empowered in their own care.

Using the listening into action methodology:

Listening event (engagement) with staff.

Listening event (engagement) with deaf, community and third sector representatives.

Feedback at regular intervals *you said, we did*.

What were the outcomes?

- Email address added to audiology appointment letters, standard operation policy written to support.
- Removal of glass barriers at reception within audiology.
- Raised awareness across trust from floor to board.
- Work on going to establish identification and action on communication needs.

Why did it work? Key learning and top tips

The Listening into Action (LiA) seven step methodology provided a clear process over a 20 week period.

- Be clear about your mission.
- Set up a small sponsor group.
- Get the right people on board.
- Prepare for a listening event.
- Host a listening event.
- Move into action.
- Shout about successes to encourage others.
- Engaging the local deaf community so that they could tell us what it was like when they used our services was invaluable.

How can people get in touch to find out more?

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