Advancing Equalities & Reducing Health Inequalities

Report based on the seminar:
Advancing Equalities & Reducing Health Inequalities
29th April 2013
The financial implications for this conference were kindly met by Maqsood Ahmad [Strategic Clinical Network Senior Manager] at NHS England. The seminar was designed to enhance and further develop our understanding of community health care needs and address the training & development of the Board, Governors and Senior Managers.

The seminar had a twofold approach;

- To advance equalities
- To reduce health inequalities

The seminar involved key speakers who had expert knowledge and experience which was evident in their presentations the following topics were presented:

- Working in partnership to address Health Inequalities
- Advancing equalities and Reducing health inequalities
- Creating a Personal, Fair & Diverse NHS
- Embedding Equality & Fairness with staff and communities through the use of the Equality Delivery Scheme

The seminar also involved delegate participation to enable the production of this report and to be a basis in constructing an action plan for the future. Each group was diverse in terms of the mixture of delegates with board members and Governors interspersed between all tables.

There were three workshops covering the following topics;

- Equality & Diversity
- Health Inequalities

Equality & Health Inequality
what I would like to know
**Acknowledgements**

The following presenters are acknowledged for their contribution to the day:

| Jacynth Gillespie | Dr Peter Patel | Mohammed Jogi | JagtarSingh |

Their expertise and knowledge set the theme for the day with both informative presentations and the hands on experience they shared.

**Aims**

To provide a forum for delegates to discuss how they can advance equality and diversity and reduce health inequalities in the services provided by the Trust.

**Objectives**

- Build on current understanding and commitment for equality and diversity by recognising and addressing health inequalities.
- Have a greater understanding of the legal, moral and business drivers for equality and diversity in the NHS.
- Explore the best ways of systemically advancing equalities and reducing health inequalities.
- Identify how Governors influence and support the Trust to reduce health inequalities.
- Share good practice from other NHS Trust’s and other stakeholders.
- Develop a way forward and record the next steps.
Presentation Summaries

Working In Partnership To Address Health Inequalities

Presented By Jacynth Gillespie

The aim of this presentation was to achieve Respect, Dignity and Fairness for all. This can only be achieved by;

- Having a clear vision & direction
- Genuine engagement
- Prioritising and determining Equality, Diversity and Inclusion objectives

The new Health Care system which commences in April 2013 alters the way the health System works by focusing on:

- Preventing ill health & empowering local communities
- People will have more say in the care they receive
- Doctors and nurses will have more freedom to shape services to meet people’s needs
- Wider range of health care providers providing more choice for patients and greater value

Partnership Working

- “We recognise that working with our partners is about more than just consultation. It’s about co-designing policy and strategy that reflects the reality of people’s lives – as citizens, patients, service users, carers and as professionals”

  Source - Department of Health Transition Managing Director for Public Health England, Sept 2011

- The definition of a partnership is a collaborative relationship between two or more parties based on trust, equality, and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical.

  Source - World Health Organization 2009

- Partnership building is a continual, dynamic, and often challenging process. Not to be underestimated.
**Potential Organisational Barriers**

There often can be barriers in partnership working for all parties for instance;

- Lack of robust mechanisms for effectively communicating with and involving community members
- Undervaluing ‘partners’ ideas and approaches to health issues
- Individual challenges of work with communities and third sector groups and organisations
- At the same time, communities often lack an understanding of local public health
- Departmental responsibilities and operations – competing priorities - ignore issues of local concern
- Poor access
- Engaging individuals, communities and organisations affected by, interested in, and/or having the capacity to affect the issue

**Successful Partnerships Require**

- Building trust and nurturing strong relationships between diverse individuals from across the community
- Fostering mutual respect, trust and understanding
- Demonstrating balanced power among all members
The GP’s Core business has always been “General Practice - Family Practice” The Majority are not ready for their New Core Business. CCGs core business is commissioning within a financial framework working as a group to provide a better service for our patients.

Inequity in health is a major issue for all of us. Inequalities in health outcomes between the most affluent and disadvantaged communities is longstanding, deep-seated and have proved difficult to eradicate by health interventions alone.

The causes and of health inequalities are rooted in broader inequalities, as well as lifestyle choices, ethnicity and culture and inequitable access to health care services. Health inequalities have been linked social determinants, mainly socio-economic status, housing and living conditions and quality of the environment. One should not overlook the key role of poor commissioning and provision of health care services, poor performance management by non-clinical managers, poor contracting, and poor implementation of population health strategies through a robust public health plan.

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. It is not just the medical practitioner’s responsibility for health the NHS and the government has failed to get the public, the service users, and the diverse communities to take responsibility for their own health.

**Did You Know?**

- Young Asian women are more than twice likely to commit suicide as young white women
- 65% Asian women 65 & over have the highest rate of liming, LTC compared to 53% for all women
- 90% of children in UK have visited a dentist - only 40% Bangladeshi and 60% Pakistani have
- Young black men are 6 x more likely than young white men to be sectioned for compulsory treatment under Mental Health Act
- BME Patients have very low level of satisfaction for their GP Services
- More Asian women complain about poor service in maternity ward
PFD is a Social Movement

- Empowers people at every level
- Encourages people to act
- Sharing of good practice
- Everyone welcome to join
- Embeds PFD into organisations
- Brings people together

The way organisations ‘do diversity’ has to change

Traditional approaches have raised general awareness amongst employers and employees.

But they have also raised anxiety, highlighted differences and generally led to cultures where people are unsure, or afraid, to honestly talk about difference.

So, what might champions be doing?
- Speaking up when something doesn’t seem right
- Respecting differences
- Joining their Trust’s Equality & Diversity network
- Finding out more about diversity, and how patients from different cultures may be disadvantaged

**What do I have to commit to as a champion?**

- It’s all about doing whatever you can, in your day-to-day job, to create a more fair and inclusive environment at work
- There are no requirements
- It’s not time consuming
- You’re more than likely doing this already!
What I would like to discuss

Each individual was asked their perspective on this topic and submissions were anonymous. The rationale for this approach provides information for future conferences or areas of work. The responses fell into two categories engagement and equality as this was the first workshop of the day.

Engagement

- How do we actually engage with people and communities and how could we improve this?
- In terms of communication are we getting the right message to all sections of the various communities?
- What do we do in terms of engagement and communication at local level across the region?
- Which diseases mostly affect ethnic minority communities?
- What are we doing in terms of disability for example Asperger’s etc?

Equalities

- How can we mainstream equality and diversity throughout the Trust and what is the positive side in terms of equality within the Trust?
- How are we engaging with staff and what training do managers and crew receive when dealing with diversity issues?
- How can we ensure that through recruitment we reflect the communities we serve?
- How do we gain individual ownership and commitment to addressing inequalities?

Summary

In terms of community engagement delegates wanted to know how we actually did engage with communities as the Trust provides little information about the different communities, and what methods we actually used to communicate. From an internal perspective delegates wanted to know how they could get ownership and how equality and diversity could be driven throughout the Trust.
On health Inequalities I have some knowledge and could lead a discussion about

The rationale for this particular element is to see what experience and knowledge is within the Trust and use that expertise for the future. The following are topics that delegates felt they had the experience and knowledge to lead on:

- The prevalence of diabetes within the BME community
- The use of social media to communicate with communities and actually communicating with the public in a meaningful way
- Working with and engaging with communities
- Health education
- Inequalities in the employment market and development opportunities
- The relationships between economic and social class and morbidity
- Age discrimination
- What is the staff perspective
- Access to services by area and knowledge

**Summary**

Within the Trust we have untapped resources which could be used to good effect. Delegates obviously had a wealth of knowledge and experience within their chosen area which could be shared with other colleagues.
The Trust can be effective in a positive manner to address health inequalities by;

The emphasis was not just to identify barriers and issues but to actually derive solutions of what can be done. The majority of suggestions realised that everyone is unique and one size would not fit everyone.

- Health education and health inequalities what can we do to improve the situation what could we tell the public that would be of benefit.
- It is important to gain understanding of community values and customs and to understand the changing demographics of the region in terms of new communities and the age profile. All staff should have equality training to enhance service delivery.
- Eliminate the “I treat everyone the same” response. We need to respond to unique local needs and to community needs which can be very different dependant on the demographics of the area.
- We need to demonstrate our links to the community and how we maintain effective communication so that local communities do “Trust us to care.”
- The Trust needs the evidence and data in order to understand health inequalities, using our own resources in terms of pathways and local knowledge.
- The Trust cannot sit in isolation to tackle health inequalities it needs to be joining with others to be part of a whole system solution. By working in conjunction with other NHS Trusts to produce a co-ordinated approach.

Summary

Most of the delegates recognised the importance of treating people as individuals and responding to very different needs adopting the adage one size doesn’t fit all. Great emphasis was placed on working with other NHS organisations to achieve a whole approach rather than work in isolated pockets.
**What would I like to gain from today?**

This particular topic developed into 3 key categories that delegates related to strongly.

**Health Inequalities**

The consensus of opinion is that most delegates commented that they needed greater understanding of what health inequalities actually were. What they hoped to achieve was to formulate new ideas and actions to deal with this issue and what can the Trust do to tackle health inequalities and what key issues were facing the Trust in taking this forward.

**Action Plan**

To take this work forward from the seminar most delegates stated an action plan needed to be formulated. Delegates were descriptive in what the action plan should be

- Clear actions identified
- One or two things that are different and challenging new ideas
- Have some specific actions for the board to implement
- The ability of “what” needs to be done to “how” we can move it forward

**Developing Best Practice**

Although the audience were enthusiastic participants what they wanted to know is how the Trust can develop this throughout the organisation. In terms of developing good practice they expressed their approval of PFD champions and thought the Trust should be pro-active and sign more people up as champions. In developing best practice feedback delegates stated we should share best practice with other Trusts and in turn research best practice from similar NHS organisations.

**Miscellaneous**

- How will the Governors use their information in their role and function?
- How as an Ambulance Service could we reduce infant mortality we could have achieved more?
- How will the outcomes of the day be developed and incorporated into the Trusts Strategic Action Plan?

**Summary**

The consensus of opinion was greater awareness would improve their knowledge about health inequalities and they all wanted to know more. They thought this could be achieved through an action plan. The groups were positive in terms of PFD and thought this was a good way forward.
Workshop 1 had four elements to the workshop each group with the aid of a facilitator produced a group perspective.

**What are we doing towards reducing Health Inequalities as a Trust**

- Communication - the use of social media enables the Trust to be able to talk to individuals and the public.
- A constant delivery of a high standard of care and consistently improving clinical outcomes.
- Safeguarding vulnerable people and managing those people.
- Cultural tour forming links with communities, creating relationships.
- Engaging with CCG’s in terms of integration of services.
- We are involved in outcomes e.g. for strokes but need to identify other areas that we need to become more involved with i.e. Dementia

**Could working with the wider communities reduce Health Inequalities?**

- What actually is the wider community is it from a provider prospect or user prospective?. This opens discussion from both angles working with other organisations and communities for a common goal.
- There needs to be community profiling in terms of medical history, understanding key priority groups and their key health issues no two areas will be the same.
- Communication of services, who actually communicates the message and how is this decided? Can we send joint health messages using different methodologies i.e. message in a bottle, through front line staff, via ambulances or through information schemes.
- Could the Trust be proactive rather than reactive i.e. looking at falls and prevention educating the public, prevention is better than a cure?
- The trust needs a review of the workforce skills mix and how staff are deployed. Support needs to be provided to enable staff to increase their knowledge, training and information re Health Inequalities.
How would you try to engage with communities to build trust & confidence?

- The groups commented that it would be useful to engage more with the Foundation Trust membership more proactively as this is now a fairly large group who will have contacts within the community.

- It is the methodology of how we communicate, what type of language we use and greater use of social media particularly in terms of younger people.

- Face to face engagement whether this be patient facing or through Paramedic involvement.

What could you do personally as a Manager, Governor, or as a Member of the Board?

This particular topic was very focused on key elements that were possibly generic to all in each group.

The groups decided it was very important that everyone had to learn about equality and it should be made a requisite requirement. The emphasis was to make sure it didn't just become another training course.

The implication in terms of this comment is that the groups felt that staff didn’t have enough knowledge in terms of what equality is.

Engagement was a key theme identified in terms of stakeholder and community. The group expressed an opinion that community engagement tools should not only be revisited but revised.

One of the main elements identified was that different areas and communities had different needs and issues and how do we collect and disseminate this information.

Some suggestions made were that we target specific communities, possibly with other emergency services and look at other areas for engagement i.e. schools.
Workshop 2 was aimed at proactive solutions for advancing equalities and reducing health inequalities. This workshop was split into three sections with each group providing a response.

What would you like to see happen in order to advance Equality & Diversity in the Trust?

- Ensure that everyone takes responsibility not just a few passionate and committed people. This can be achieved through recruiting and promoting champions through the NHS Personal, Fair and Diverse Champions, or to use the staff engagement and staff conversations to recruit colleagues. The further option was to use the in house Staff Equality Ambassadors to support the drive for Equality & Diversity at local level.

- All staff needed to have increased understanding and awareness and need to be able to build relationships and feed suggestions and ideas forward. An assessment of understanding among the board is quite high but is low within the wider Trust and this can vary by area. One of the groups felt it was important to be able to have honest conversations without fear of it being “taken the wrong way”

- The Trust could better use resources, in terms of the skills staff already has, that are maybe not being used to full capacity. The suggestion made by more than one group was to identify what communication skills staff have in terms of;

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<tr>
<th>Languages Spoken</th>
<th>Social Media Skills</th>
<th>Sign Language</th>
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- The groups commented that capacity should be made to support training for basic language and sign language skills
What would you like to see happen in order to advance Equality and Diversity in the Trust

- Have a Positive Action strategy that ties in with Trust values and encourage staff to fully understand and promote these beliefs to the communities we serve.
- As a Trust we need to have evidence about health inequalities so we can address the needs of smaller communities. But how do we find out about their needs?
- Set up as an element of a PDR “values based approach” actually using the Trust values.
- Engage with Trade Unions, and embed Equality & Diversity as part of the staff induction process.
- Greater focus needs to be made on using middle managers to raise awareness amongst their staff. This may require middle managers being trained and in turn they can cascade training down to their staff.
- More than one group suggested that more information needs to be sent out to the workforce but it’s how the Trust gets the message across not just a matter of issuing notices. They also raised a good point about communicating good examples. The groups wanted it known that key messages needed to flow bottom up and top down.

How would you go about it?

- The Trust needs to be more responsive to its communities and staff. This could be achieved through developing Trust knowledge and training for staff, this would maintain the trust and confidence of our communities. One element the groups wanted work enhanced was working with youth and schools to feedback to families. The way forward the groups commented on was the use of Community Engagement Managers and Middle Managers and the Governors personal commitment to engagement.

- The general consensus of opinion was whatever the Trust decide to do it had to fulfil the following criteria

1. Keep it simple and clear
2. Make it relevant recognising different needs
3. Entrench in all conferences and engagement documents
4. Develop cultural competence across the Trust
5. Create an environment for employees that respects their beliefs and values
**How would this have an impact in terms of Health Inequalities?**

The consensus of opinion was very narrow in response to this topic, most groups were of the opinion that better information made the Trust more accountable.

- The groups wanted best practice to be shared across the whole Trust rather than miss an opportunity.
- In terms of business planning aspect they thought there should be a link to the CCG agenda.
- The title an “employer of choice” is what they wanted to achieve.
- The need to improve convergence rates to reduce inappropriate transport with better understanding of issues.

**Conclusion**

The seminar was designed to be a learning & development event for the Board, Governors and Managers on a two pronged basis; advancing Equalities and addressing Health Inequalities. The consensus of opinion was that most delegates went away with new knowledge, provided through our excellent speakers. The balance of learning input followed by workshops seemed to work well and feedback was given to that effect, although some would have liked longer in the discussion phase.

The diversity of each table with a mixture of Directors, Governors and Managers was viewed very positively; it provided a forum to bring different perspectives to the table and an opportunity to share opinions and ideas.

Generic feedback was that we could do more with our communities as well as staff in terms of learning about both elements. Some passed the opinion that middle managers should be trained in Equality & Diversity as well as Health Inequalities to enable them to pass their knowledge on to their staff.

Other notable comments highlighted the opportunity for more collaborative working with other partners i.e. CCG and other NHS organisations, so that a whole approach was adopted rather than work in isolation.

One of the key outcomes is the formulation of an Action Plan which most felt quite strongly about they wanted something that was clear, concise and achievable.

The venue and refreshments were both very good the only down side was the fact the air conditioning was somewhat noisy.

The feedback (attached in Appendix A) given is that delegates embraced the day, fully participated in discussions and seemed to leave with renewed commitment.
The following recommendations are based on the findings of the seminar and are generic in nature;

1 – Engagement

The groups thought this was one of the most important aspects.

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<tr>
<th>Community Engagement</th>
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<tr>
<td>Could be through a variety of methods face to face was the preferred option. This could be achieved by identifying community groups, initiating contact and developing the relationships.</td>
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<table>
<thead>
<tr>
<th>Community Engagement Toolkit</th>
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<tr>
<td>Staff need to be made aware how we communicate and engage with Communities and possible current engagement methods need to be revisited.</td>
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<table>
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<tr>
<th>Community Audit</th>
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<tr>
<td>Data needs to be captured as to what community engagement has been undertaken, who with and how using staff involvement, Community First Responders and the formulation of a community database.</td>
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<tr>
<th>PALS</th>
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<tr>
<td>We already have community engagement through our patients so this method could be used to enhance service delivery.</td>
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<tr>
<th>Partnerships</th>
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<tr>
<td>The Trust are members of various partnerships that already exist, the consensus of opinion was there are opportunities to develop new partnerships particularly in terms of the CCG’s who are new in inception.</td>
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<tr>
<th>Foundation Membership</th>
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<tr>
<td>The Trust now has over 8,000 members who will have a variety of skills knowledge and links into communities an opportunity for development.</td>
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## 2 – Staff Involvement

The groups agreed that this could be an area for development and use of existing skills.

<table>
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<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Staff Equality Ambassador scheme</td>
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<tr>
<td>2</td>
<td>Personal, Fair, Diverse (PFD) scheme through greater involvement and marketing of the scheme.</td>
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<td>3</td>
<td>Diversity Champion on each hub</td>
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<td>4</td>
<td>Training for all middle managers in terms of Equality &amp; Diversity</td>
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<tr>
<td>5</td>
<td>All staff need to increase their understanding and awareness and be able to feed ideas and suggestions into the Trust.</td>
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<tr>
<td>6</td>
<td>Greater use of operational staff in terms of communication with our communities.</td>
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3 – Communication

This was topic was viewed from different perspectives, internally, external and potential opportunities and the use of social media.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Is the Trust getting the right message to all our communities?</td>
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<tr>
<td>What message are we actually trying to send and through what medium?</td>
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<td>Can we be proactive in terms of preventative measures for our patients?</td>
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<tr>
<td>The Trust is aware of the perception of some communities of the service we deliver. Can we actually tell communities what we deliver and how we deliver the service.</td>
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<tr>
<td>Internally what message can we send our own staff in terms of health inequalities information? The groups felt that just sending a notice wouldn’t work so an innovative method of delivery needs to be devised.</td>
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4 – Health Inequalities

The majority of groups had little knowledge or awareness of health inequalities. Although all groups recognised that different groups and areas had different needs and people were unique.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Answer</th>
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<tbody>
<tr>
<td>The areas the Trust covers all have different needs it would be useful to medically profile particular illness / injury that are synonymous to that area of communities.</td>
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<td>The provision of information on health inequalities to provide awareness &amp; knowledge for Trust staff.</td>
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The general consensus of opinion was that the way forward would be to develop an action plan using the following criteria;

- Keep it clear, concise and simple so everyone can work to the plan.
- Entrench the action plan across the Trust and ensure involvement.
- Provide training and awareness for both Equality & Diversity and Health Inequalities across the Trust.
- Formulate all actions into an action plan which is reviewable in six months.

Vision . . .

It’s not the ability to PREDICT the future but the foresight to CREATE it!
**Recommendation 1 – Engagement**

To improve Community engagement and capture the data across the Trust of communities the Trust has links with, and how this has been developed and is used.

<table>
<thead>
<tr>
<th>Area</th>
<th>Ref No</th>
<th>Action</th>
<th>Target</th>
<th>Lead Name</th>
<th>Q2</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Audit</td>
<td>PC1</td>
<td>Conduct an audit of all community engagement across the Trust to include Hub activities and CFR links to formulate a community database. To also identify and include staff involvement</td>
<td>To identify groups across all of the Trust</td>
<td>Diane Lee</td>
<td>October 2013</td>
<td>March 2013</td>
</tr>
<tr>
<td>Community Engagement Toolkit</td>
<td>PC2</td>
<td>Staff need to be aware what is the correct way of initiating community engagement and the various methods that can be used and to maintain sustainability</td>
<td>Development of a Community Engagement Toolkit</td>
<td>?</td>
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<tr>
<td>Community &amp; Organisational Engagement</td>
<td>PC3</td>
<td>Increase the volume of community engagement and engagement with organisations, i.e. Disability, BME, LGBT, Young people, Religious organisations.</td>
<td>To evidence the diversity of community engagement</td>
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<tr>
<td>PALS</td>
<td>PC4</td>
<td>Cross reference with RAG EDI ref 105. Data held to identify community groups that may have specific health needs or face health inequalities.</td>
<td>To identify areas of need and progress against the action plan in place</td>
<td>Adele Dean/Sandy Brown</td>
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<tr>
<td>Foundation Membership</td>
<td>PC5</td>
<td>Greater use of the membership who will have a variety of skills, knowledge and community links and capture the data. Cross reference with EDI 204 Establish Equality Champions from Members &amp; Governors.</td>
<td>To identify potential opportunities for involvement</td>
<td>Danielle Forest</td>
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<tr>
<td>Partnerships</td>
<td>PC6</td>
<td>Development of new partnerships to tackle health inequalities with CCG’s golden opportunity as they are new in inception</td>
<td>To develop partnership working</td>
<td>?</td>
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# Recommendation 2 – Staff Involvement

To capture the data of the workforce skill mix in terms of community engagement, language skills, social media, specialist clinical skill or individuals links into communities, to enable the best use of resources and to identify potential training needs.

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<tbody>
<tr>
<td>Staff Equality Ambassadors</td>
<td>PC7 Cross reference EDI 301 Develop a framework for the introduction of SEA, some of which will be working with communities</td>
<td>To provide an additional resource internally/externally</td>
<td>Sofia Jabeen</td>
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<tr>
<td>Personal Fair Diverse [PFD]</td>
<td>PC8 To recruit PFD Champions across the Trust by marketing the scheme and encouraging each hub to have a PFD Champion.</td>
<td>To be able to tap into local champions which can be recognised nationally</td>
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<tr>
<td>Diversity Champion</td>
<td>PC9 To encourage senior managers to become diversity champions for their area of business</td>
<td>To involve staff at a senior level as drivers of E&amp;D</td>
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<tr>
<td>Training</td>
<td>PC10 To provide Equality &amp; Diversity Training for all middle managers to enable them to understand and be aware of the Trust expectations.</td>
<td>To involve managers and encourage them to develop</td>
<td>Sofia Jabeen?</td>
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<tr>
<td>Ideas</td>
<td>PC11 All staff should have the opportunity to feed ideas into the Trust and a methodology devised to enable them to do this</td>
<td>Develop a staff suggestion scheme</td>
<td>Maria Watson</td>
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<tr>
<td>Communication</td>
<td>PC12 To increase the opportunities for operational staff to communicate with communities providing information pro-actively.</td>
<td>To address health inequalities ie preventative or information</td>
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**Recommendation 3 – Communication**

To identify suitable mediums of communication with our communities to address the diversity of those the Trust serves. What type of information does the Trust wish to disseminate to the public proactive, preventative or information re the service the Trust provides i.e. branding

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<tbody>
<tr>
<td>Perception</td>
<td>PC13</td>
<td>The Trust is aware of the perception of some communities in terms of the service we deliver and how we deliver it. Provide leaflets etc to educate the public what the Trust actually does and often why the Trust takes that course of action.</td>
<td>To educate the public and market brand the Trust</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventative</td>
<td>PC14</td>
<td>If we can identify through data health inequalities can we proactively work with others to produce information to prevent falls etc.</td>
<td>To provide information to prevent accidents, trips falls etc</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Inequalities</td>
<td>PC15</td>
<td>Educate the Trust staff in terms of health inequalities information using innovative methods.</td>
<td>All members of staff to gain awareness in health inequalities</td>
<td>?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recommendation 4 – Health Inequalities

To provide information and awareness about health inequalities to all staff within the Trust

<table>
<thead>
<tr>
<th>Area</th>
<th>Action</th>
<th>Target</th>
<th>Lead Name</th>
<th>Q2</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>PC 16</td>
<td>The group identified there was a definite lack of awareness and knowledge about health inequalities and how the diversity of communities impacted, staff need to be provided with the requisite information and awareness</td>
<td>All members of staff to be provided with information</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Profiling</td>
<td>PC17</td>
<td>Each area of the region has different needs and different health inequalities the medical profiling of areas would be very useful in terms of service delivery</td>
<td>Each region to compile data for dissemination.</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

Summary

The recommendation is that the action plan is sent out for involvement and consultation of the delegates for their input
Appendices
Appendix A

Feedback

How suitable did you find the venue, location & refreshments?

- The venue and location were very good with plenty of car parking spaces
- Food was very good an a large selection to choose from
- Noise due to air conditioning was not very good and at times this hindered discussion on the tables.

What did you hope to gain from the seminar and did it fulfil your expectations?

- Delegates wanted to understand about Health Inequalities in our local communities and what issues there may be. Also how we can focus on addressing these both as an individual and as a whole group. (Fulfilled expectations)
- A comment passed was that it was good that Directors, Governors, and Managers sharing and learning together in the same forum. This provided a deeper understanding of the Trust for one Governor who felt they were in a better position to provide support as a Governor. (Fulfilled expectations)
- The opportunity for discussion was very good this provide the chance to exchange views, opinions and experiences. It also offered the opportunity to reflect on the wider equality agenda and listening to the speakers provided food for thought on how we can address Health Inequalities within the Trust. (Fulfilled expectations)
- This seminar did meet my expectations and hopefully this will be built into the next CPD event. (Fulfilled expectations)
- This seminar provided a learning & discussion opportunity and gave time to reflect on the opportunity to promote PFD within the directorate. (Fulfilled expectations)
- Most delegates enjoyed the opportunity for discussion and sharing of ideas but would have liked longer for the workshops.
How useful did you find the workshops and the presentations by the speakers?

- The presentations were very good the speakers all had a good depth of knowledge and the delegates provided the opportunity for a wide range of views for discussion.

- Workshop feedback was varied from;
  1. Workshop questions overlapped too much would have preferred just one question.
  2. Workshops were very good, questions really focussed discussions.
  3. Good balance between workshops and presentations.

- The cartoon drawings were brilliant captured the ethos of the seminar.

- The coffee shop approach worked very well.

If you could have changed anything on the agenda what would it have been and why?

- I wouldn’t have changed anything on the agenda but would have like to formulate an Action Plan to promote best practice and to make it clear how we can address health inequalities.

- I would have liked the speakers to reverse the process and ask questions of the audience.

- If there could have been fewer presentations and more discussions. Possibly this could have been a half day event if we dropped the EDS element as we have covered this within the Trust.

- The diversity within the tables was good but it would have been even better if we could have had grassroots representation from our communities on each table.

- Would it be possible to have a community speaker and their perception of the ambulance service?