Bath and North East Somerset,
Swindon and Wiltshire Partnership
Working together for your health and care

Inequalities Workshop
"everyone's business"

20 April 2021

![Bath and North East Somerset, Swindon and Wiltshire Partnership logo. Working together for your health and care]

Welcome

Stephanie Elsy

BSW ICS Chair

Overview for the day

Sheridan Flavin

Interim BSW Executive Director for People and Organisational Development

Inequalities Workshop
"everyone's business"
Tuesday 20th April 2021

| Slot	Time	Item	Lead	Format
1	13:00	Welcome Outline and purpose of the day	Stephanie Elsy, BSW ICS Chair Sheridan Flavin Interim BSW Executive Director for People and OD	Verbal
2	13:10	Health Inequalities: The Challenge, National and Local Context	Tracey Cox, Chief Executive & SRO BSW Partnership	Slides / Presentation
3	13:30	Update since last workshop Show case introduction	Sheridan Flavin	Slides / Presentation
4	13:45	**Showcase 1** **Presentation: BSW EDI Collaboration** Rex Webb EDI Lead SFT and System EDI Lead **Presentation: Creating an Inclusive Culture –** **Wiltshire Council** Wali Rahman OD Consultant - Inclusion & Diversity	**Showcase 2** **Presentation: Recruitment, Retention and Supply:** **Promoting a diverse workforce** Vanessa Ongley RRS Project Lead **Presentation: Institutional Discrimination: recognition** **and counter-strategies** Patrick Ismond Lead for Equality, Diversity and Inclusion, GWH	Slides / Presentation
5	14:15	A Picture of Health: An intelligence framework for the South West	Tracey Daszkiewicz Deputy Director of Population Health & Wellbeing PHE South West Centre	Slides / Presentation
6	14:45	BREAK		
7	15:00	Break out groups to discuss the challenges, what more can we do and commitments that we can make		Discussion in groups
8	15:20	**Plenary** **Feedback from Showcase presentations**		**Verbal**
9	15:45	Wrap up and agreed next steps.	Stephanie Elsy	Verbal
10	16:00	**Workshop Close**		

Health Inequalities – The Challenge

Tracey Cox

Chief Executive & SRO BSW Partnership

BSW Inequalities & Inclusion – national and local context

20th April 2021
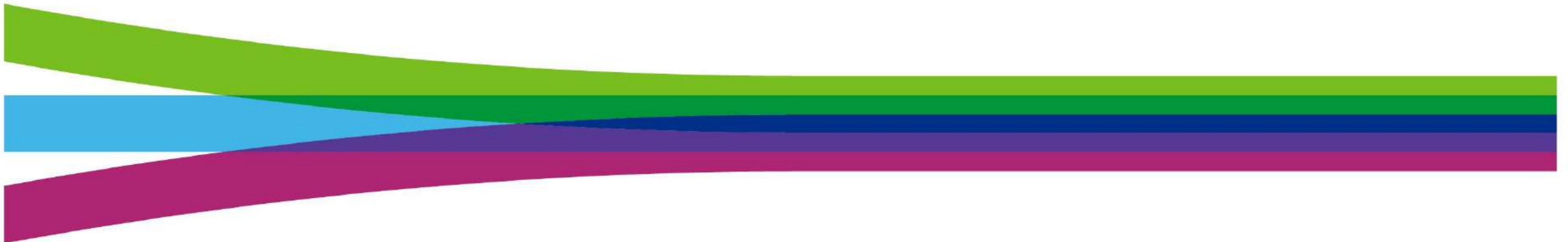
The role of Integrated Care Systems

Fundamental purpose:

(a) Improving population health and healthcare;
(b) **Tackling inequalities - outcomes, experience & access**
(c) Enhancing productivity and value for money; and
(d) Helping to support broader social and economic development
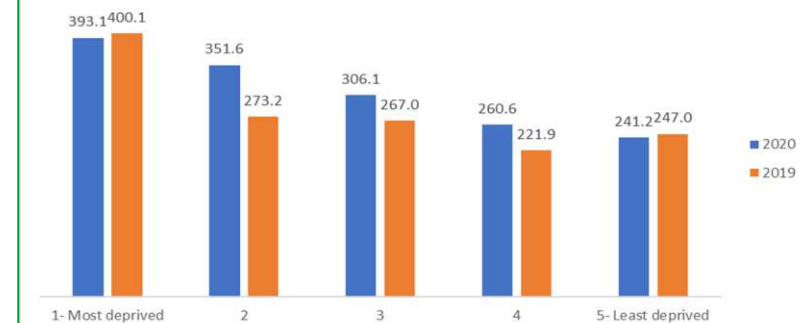
Wiltshire

The rate of alcohol specific hospital stays among the u18s is worse than the average for England (BaNES)

Of the 12 practices in the most deprived areas of BSW, 11 are in Swindon

Under 75 Mortality by Deprivation rater per 100,000

393.1 400.1 | 351.6 273.2 | 306.1 267.0 | 260.6 221.9 | 241.2 247.0

■ 2020
■ 2019

1- Most deprived | 2 | 3 | 4 | 5- Least deprived

Marmot 10 years on……

❑ Improvements in life expectancy have grinded to a halt
❑ Life expectancy has decreased for women living in deprived areas outside of London
❑ For men and women everywhere time spent in poorer health is increasing

"Health inequalities are not inevitable and can be significantly reduced..… avoidable health inequalities are unfair and putting them right is a matter of social justice. There will be those that say our recommendations cannot be afforded, particularly in the current economic climate. We say that it is inaction that cannot be afforded, for the human and economic costs are too high."

Marmot Review 2010

National priorities for the year ahead

A. **Supporting the health & wellbeing of staff, taking action on recruitment and retention**

Belonging in the NHS and addressing health inequalities

B. Delivering the NHS Covid vaccination programme, continuing to meet the needs of patients with Covid19
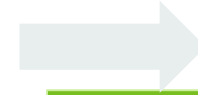
C. Building on learning from the pandemic, transform the delivery of services, accelerate the restoration of elective and cancer care, manage increasing demand on mental health services

D. **Expanding primary care capacity to improve access, local health outcomes & address health inequalities**

5 Priority Actions on Inequalities

E. Transforming community, urgent & emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patents & reduce lengths of stay

F. Working collaboratively across systems to deliver on these priorities

Action on Inequalities:

The asks:

1. Restore services inclusively
2. Mitigate against digital exclusion
3. Ensure data sets are complete and timely
4. Accelerate preventative programmes that proactively engage those at greatest risk of poor outcomes
5. Strengthen leadership and accountability

Analysis should be delineated by ethnicity and deprivation

Culturally competent approaches to service delivery

Identified Executive leads in every organisation & named System SRO lead on Inequalities

Improved data collection across all settings inc primary care

Our progress so far ….

Roving Vaccine For Boaters

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group

"It is by doing things differently that we can uncover new opportunities to deliver services, improve care and reduce inequalities

— Dr Sarah Wattley, Public Health

Read the full article at bswccg.nhs.uk

We used funding and programme management time from the Health Equity Partnerships Programme (HEP) to support focused engagement and vaccination of a number of communities

BSW Vaccine bus

I had a headache and felt sleepy after my first injection, but I was fine the next day.
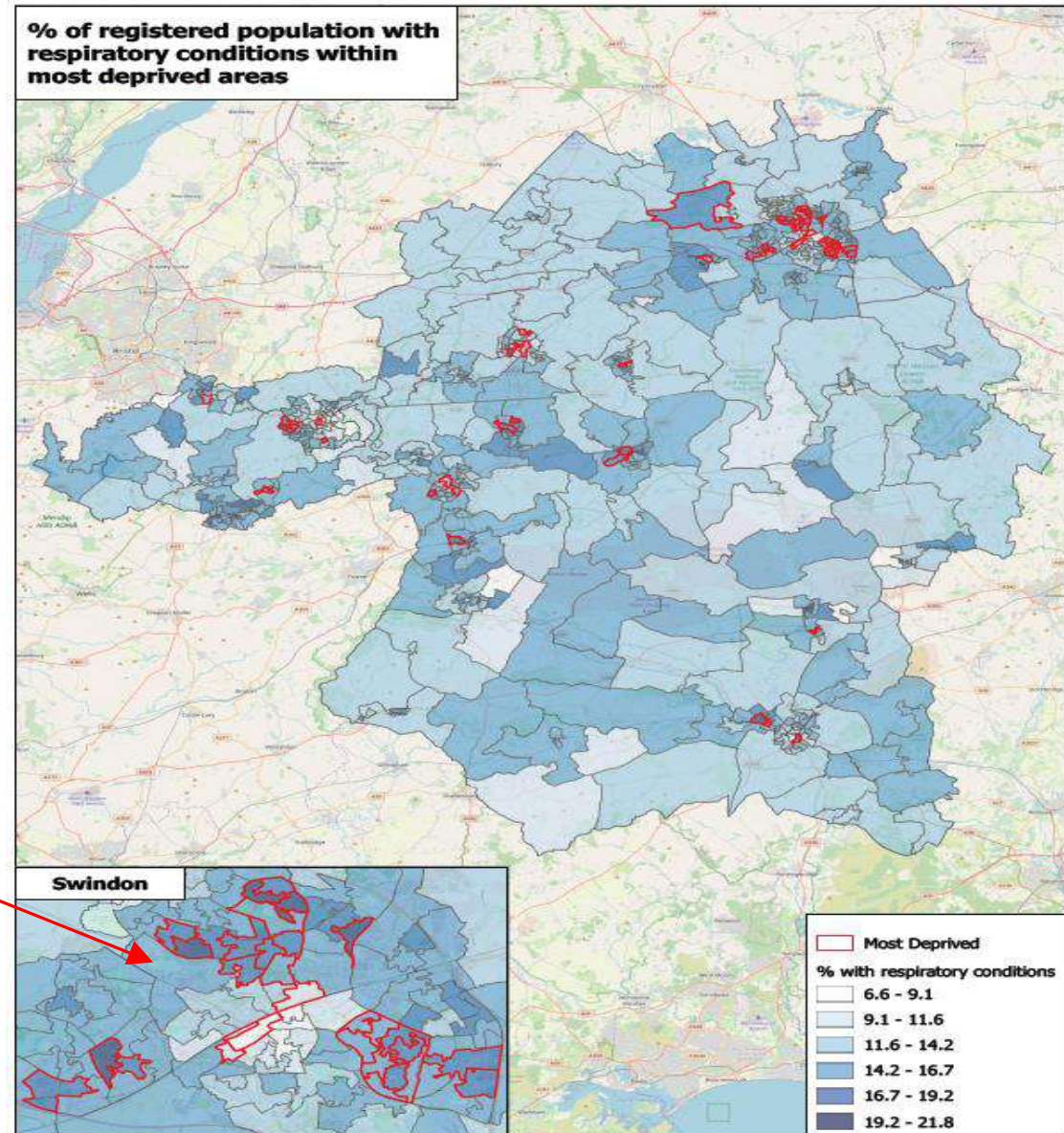
NIRMALABEN D PATEL

Opening Doors event held on 4 March – an opportunity for people from Black, Asian and Minority Ethnic communities to join a virtual evening event to raise their concerns, ask questions and have them answered by a panel

Covid: A Focus on Respiratory, Deprivation and Ethnicity

Patients with Respiratory Conditions in Deprived Areas

Swindon 006D – Moredon area
- 2,027 registered patients
- 394 patients with respiratory conditions (19.4%)
- National Index of Multiple Deprivation (IMD) Decile is 3
- 222 registered BaME patients (11.0%)
- 20 registered BaME patients with respiratory conditions (1.0%)

% of registered population with respiratory conditions within most deprived areas

Swindon

Most Deprived
% with respiratory conditions
- 6.6 - 9.1
- 9.1 - 11.6
- 11.6 - 14.2
- 14.2 - 16.7
- 16.7 - 19.2
- 19.2 - 21.8

LSOAs with the highest proportion of patients with Respiratory Conditions in deprived areas

LSOA Code	LSOA	Area	IMD Decile	Total Reg. Patients	Respiratory Count	% Respiratory	BaME Count	% BaME	Respiratory & BaME Count	% Resp & BaME
E01032064	Wiltshire 020B	Melksham Forest	2	1241	270	21.8%	35	2.8%	3	0.20%
E01015558	Swindon 005D	Upper Stratton	1	1455	308	21.2%	80	5.5%	13	0.90%
E01015544	Swindon 003B	Penhill	1	1660	342	20.6%	82	4.9%	9	0.50%
E01031928	Wiltshire 011F	Chippenham/Monkton Park	2	1212	248	20.5%	57	4.7%	9	0.70%
E01031975	Wiltshire 048B	Amesbury	3	1197	242	20.2%	52	4.3%	5	0.40%
E01031981	Wiltshire 052B	Bemerton/Westwood Road (Salisbury)	2	1585	318	20.1%	43	2.7%	1	0.10%
E01015546	Swindon 003D	Penhill	1	1742	349	20.0%	59	3.4%	5	0.30%
E01015569	Swindon 022D	Toothill	3	1365	267	19.6%	118	8.6%	16	1.20%
E01015530	Swindon 006D	Moredon	3	2027	394	19.4%	222	11.0%	20	1.00%
E01014462	Bath and North East Somerset 011B	Whiteway	2	1571	303	19.3%	73	4.6%	5	0.30%

Using our data

Planned Care Focus- Cancer Inequalities

- Cancer cases have higher prevalence in wealthy populations
- White British and Irish appear to have the highest percentage
- Among the total population of 901,534, there are 41,567 (4.61%) cancer patients, 22702 (54.6%) female and 18,865 (45.4%) male
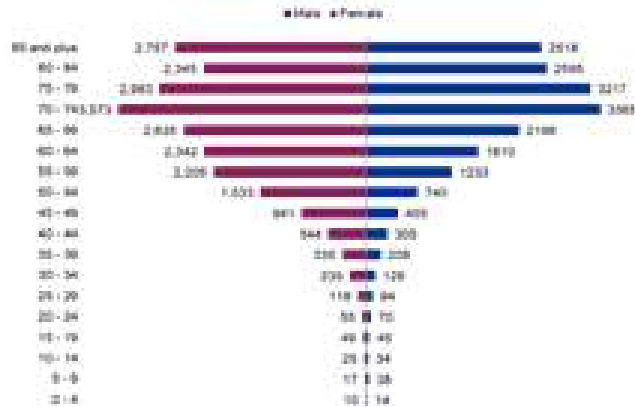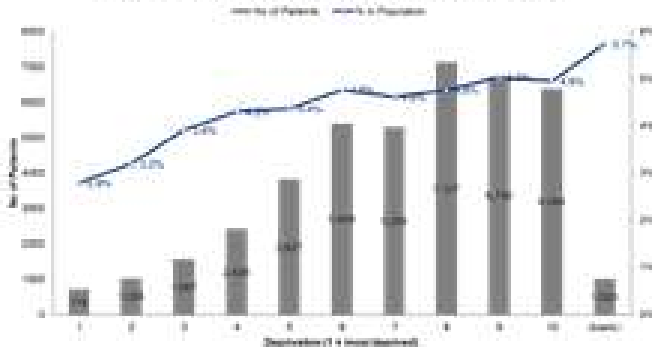
Ethnicity Recording by Providers

	October 2020	March 2021
BSW Primary care	64%	77.3%
RUH	82-86%	82.3% - 86.6%
GWH	99.5%	99.7% - 99.8%
SFT	91-93%	93.7% - 97.3%
Virgin care	77-81%	77.5% - 81.7%
SCHS	99%	99%
WH&C	61-96%	63.2% - 96.8%

Model Employer Data

% BAME employees in the Workforce is compared against the percentage of BAME staff in AfC Band 8a to VSM

Above 8a
% W/Force

AWP — 1.9
GWH — 12.7, 0.2
RUH — 16.4, 1.3
SFT — 14.2, 0.2
WHC — 16.8, 6.3, 0.1
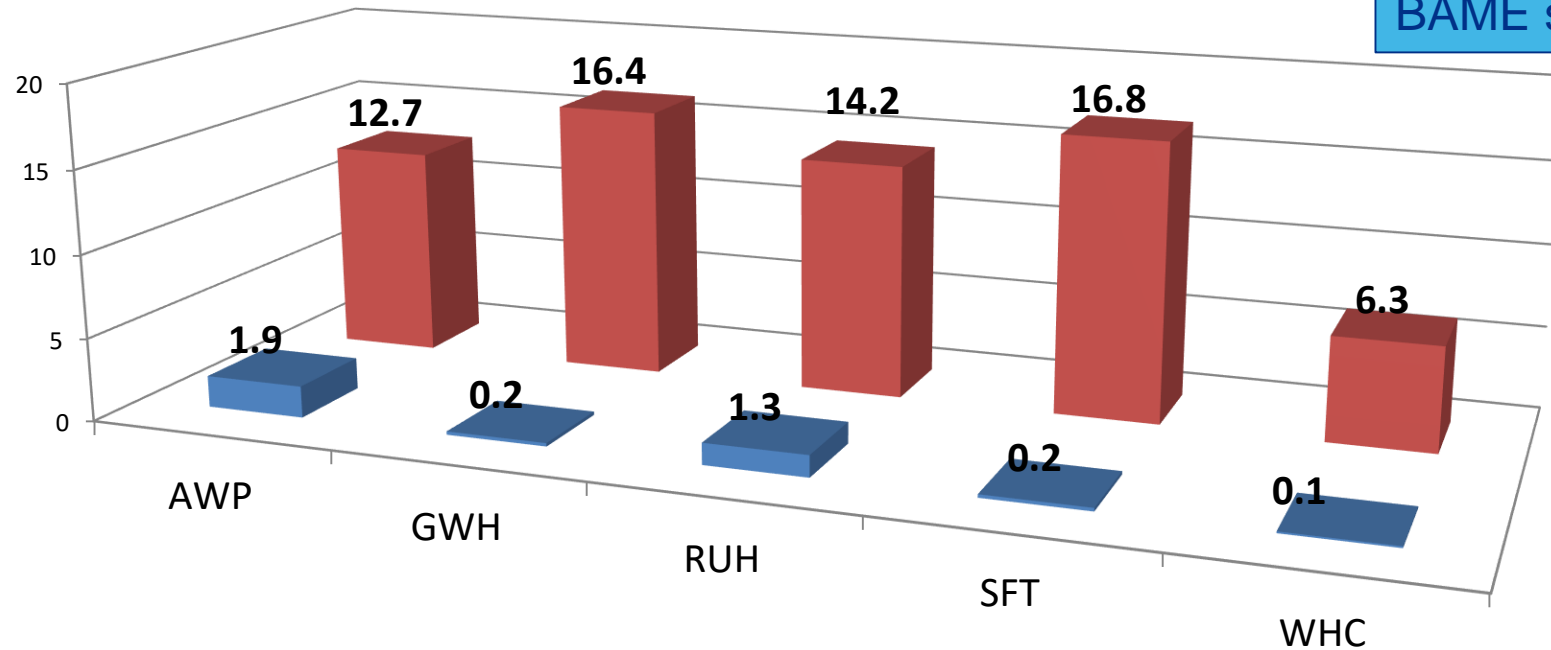
Quarter 3 return 2020/21

Model Employer Data (WRES 2019/20)

Percentage of staff who are appointed from Shortlisting

Legend:
- BAME (blue)
- White (red)

Data values:
- GWH: BAME 10, White 13
- RUH: BAME 14, White 27
- SFT: BAME 28, White 23
- WH&C: BAME 12, White 26
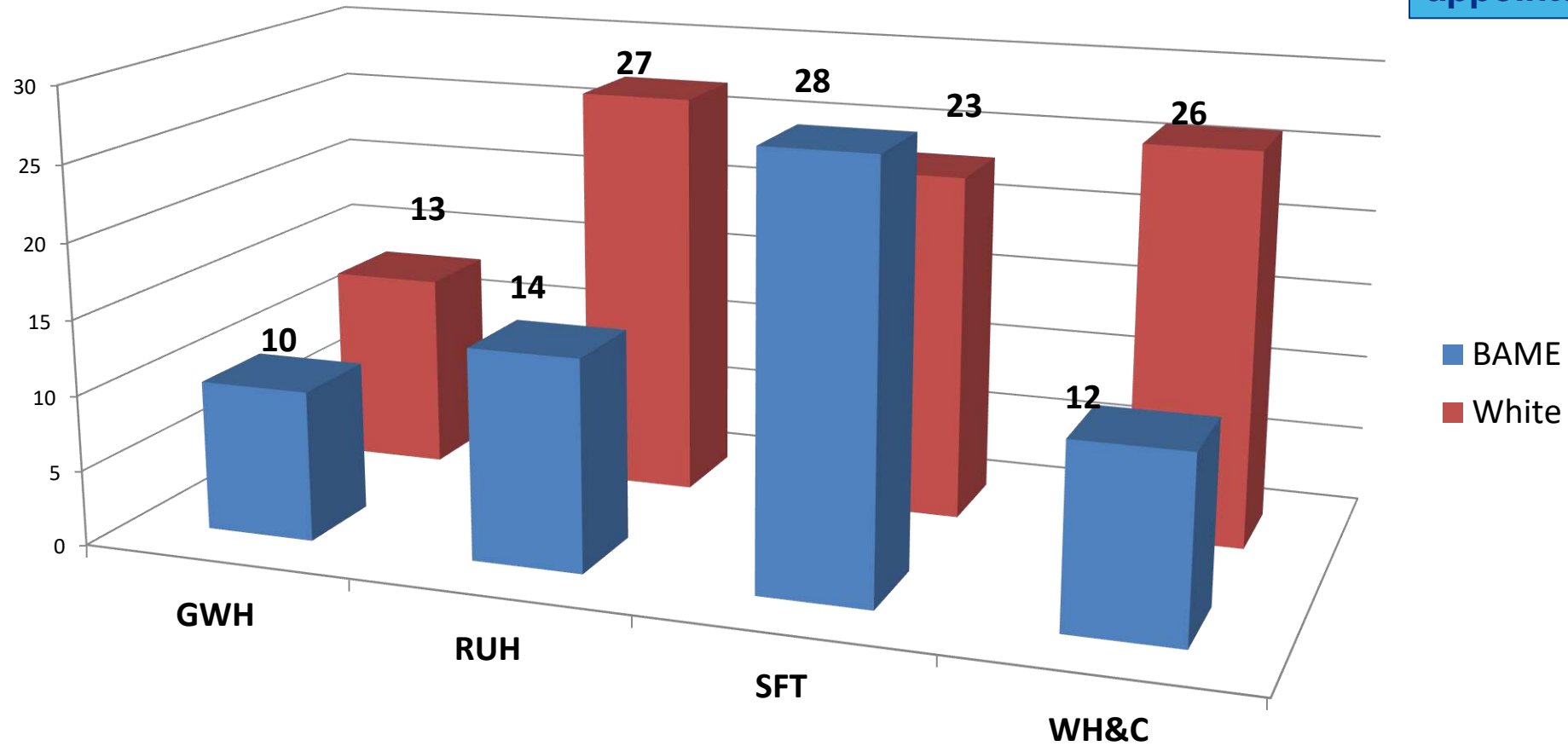
Our collective challenge

How across BSW can we deliver a comprehensive and systematic approach to managing inequalities and ensuring inclusion in our workforce and in our communities …… where addressing variation is our primary and default consideration so we can help people to live their best life…..

Update since last Workshop

Sheridan Flavin

Interim BSW Executive Director for People and Organisational Development

What did we commit to after the last workshop?

- We recommended a BSW focus on:
  - Reverse mentoring
  - System wide accelerated development programmes
  - More work on understanding where inequalities exist with the system – linked to Population Health Management
  - EDI Leadership development
- Utilise the ICS Capability Group and inclusion work stream to support delivery
- Support best practice across BSW to deliver the Health and Wellbeing EDI requirements within the NHS People Plan at system level

What has happened since last August?

- BSW EDI Lead recruited for system – 1 day per week
- EDI Leads Network set up.
- Reverse Mentoring/Reciprocal mentoring approach being developed through EDI network
- System Capability and People Group set up and developing the BSW Academy
- BSW Academy Inclusion Pillar (EDI opportunities for workforce and service)
- BSW Academy Leadership Pillar (system wide leadership programmes being mapped)
- Showcasing of EDI activity across BSW feature as part of EDI leads network and included today.

Showcase Presentations

Showcase 1	Showcase 2
Presentation: BSW EDI Collaboration Rex Webb EDI Lead SFT and System EDI Lead	Presentation: Recruitment, Retention and Supply: Promoting a diverse workforce Vanessa Ongley RRS Project Lead
Presentation: Creating an Inclusive Culture – Wiltshire Council Wali Rahman OD Consultant - Inclusion & Diversity	Presentation: Institutional Discrimination: recognition and counter-strategies Patrick Ismond Lead for Equality, Diversity and Inclusion, GWH

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Part 1 Showcase

Presentation 1 – Rex Webb

Presentation 2 – Wali Rahman

Presentation 1

Rex Webb

EDI Lead Salisbury Foundation Trust and BSW System EDI Lead

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Equality, Diversity & Inclusion

Rex Webb

BSW EDI Lead

Head of Diversity & Inclusion
Salisbury NHS Foundation Trust

By 31ˢᵗ March 2021

❖ Scope and engage with EDI resources/staff across the system and identify active EDI staff networks, best practice, learning and sharing.

❖ Setting up relevant EDI system networks.

❖ Collating WRES/WDES (and equivalent data from other system partners) to determine benefit of BSW system priorities/focus.

BSW EDI Leads Network

1st meeting 26th January 2021
Meeting every 6 weeks
Chair – Rex Webb

- BSW CCG
- Salisbury NHS Foundation Trust
- Wiltshire Council
- Swindon Borough Council
- Bath and North East Somerset Council
- Wiltshire Health & Care
- HEE SW EDI
- Royal College of Nursing South West
- BaNES Virgin Care
- South Western Ambulance Service NHS Foundation Trust
- Avon and Wiltshire Mental Health Partnership NHS Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust

Deputy Chair

Patrick Ismond

Lead for Equality, Diversity and Inclusion

Great Western Hospitals NHS Foundation Trust

Progress since January 2021

❖ contributed to the discussions around the BSW Academy Inclusion Pillar.

❖ Collated details of EDI Training taking place across the system. Shared with all organisations.

❖ Identifying themes for future meetings

❖ EDI Leads sharing best practice across the system.

❖ Identifying areas where we can work together

❖ Attending Regional and National EDI meetings to keep abreast of EDI activity and representing BSW ICS.

Progress since January 2021 (our first meeting)

❖ Identified where each organisation is with Reverse Mentoring and discussing how we can support each other to run RM programs.

❖ Gayle Williams, Equality and Diversity Officer, RUH gave a presentation of their successful RM program.

❖ Review of Equality Impact Assessment processes across the system and discussions on joint workshops to raise awareness.

❖ Working with the local inequalities working group (Wiltshire Council) to ensure a joined up approach to EDI.

Staff Networks

❖ Salisbury NHS Foundation Trust
❖ Royal United Hospitals Bath NHS Foundation Trust
❖ Great Western Hospitals NHS Foundation Trust
❖ Avon and Wiltshire Mental Health Partnership NHS Trust
❖ South Western Ambulance Service NHS Foundation Trust
❖ Wiltshire Council
❖ Swindon Borough Council
❖ Bath and North East Somerset Council

BAME Networks

Women's Networks

All Staff Network

Disability Networks

LGBT+ Networks

Mental Health Network
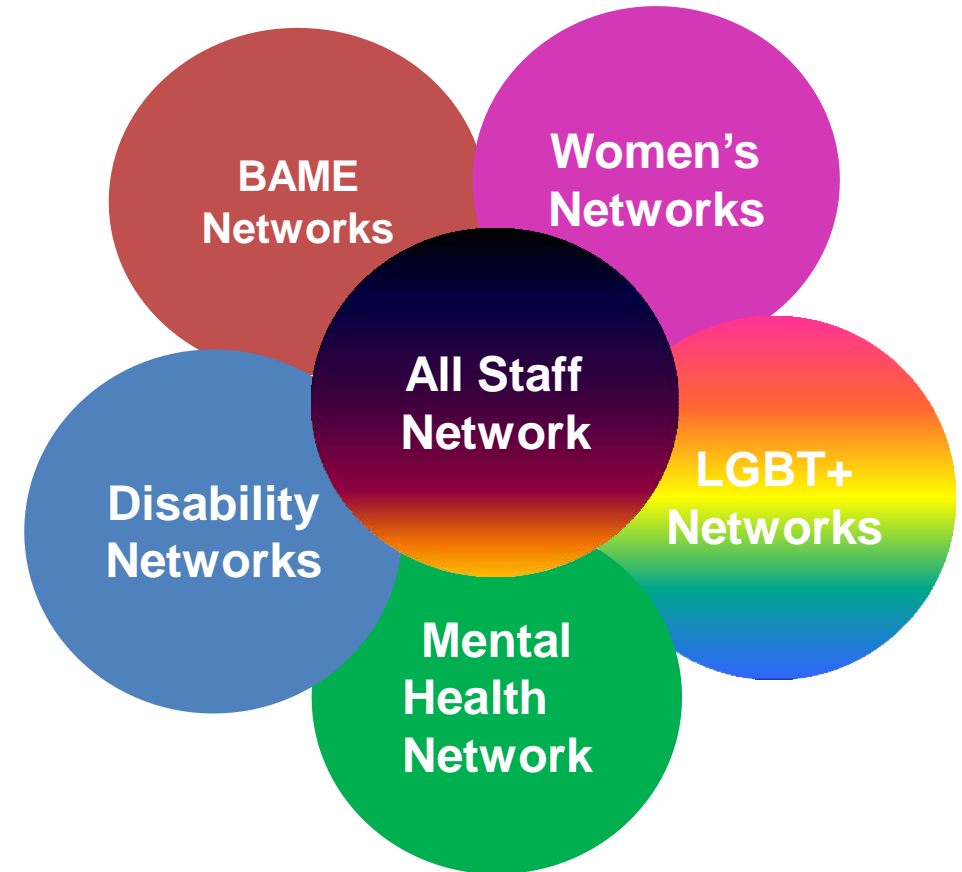
4th March 2021

"

Having a safe space to discuss issues with people who have shared lived experiences

- Need for individual staff networks
- Buy in from Senior Managers
- Time for staff to engage
- Protected time for network leads
- Intersectionality
- Place for network voices to be heard

What do EDI Leads need from the ICS?

- EDI needs to be visible

- Wider staff engagement

- Working with communications teams

- Support to work collaboratively

- We need resources to deliver the strategy

- Realistic deadlines

- Everyone's business

- Commitment to do something different

"

it's about organisational buy in to the big pieces of work around recruitment, training and the patient piece

Questions???

Presentation 2

Wali Rahman, ACMI
OD Consultant - Inclusion & Diversity
OD & People Change (HR & OD)
Wiltshire Council

Creating an inclusive culture

We are one Council

Wiltshire Council

LIVE·WORK·BELONG

Vision

Aims

We are an inclusive organisation that reflects the diverse backgrounds of the communities we serve, where everyone is valued as an individual and where fairness and respect run through everything that we do.

- Ensure that the workforce is representative of the community and that everyone in the organisation feels a sense of inclusion and belonging
- Develop new initiatives and processes as part of organisational recovery, to educate, promote and embed Inclusion and Diversity practices and ways of working into all areas of the organisation
- Ensure we build skills, awareness, capability and knowledge through sponsorship, training and communications campaigns to deliver the vision.

LIVE·WORK·BELONG

Wiltshire Council

Who we are at a glance

73% female/ 27% male

3% BME/ 4% White other/ 87% White British

10% with a disability

17% carers

3% LGBT+

55% full time
45% part time

% HEADCOUNT BY AGE

55-64, 22.58%

65+, 4.45%

Under25, 5.54%

45-54, 27.75%

25-34, 17.20%

35-44, 22.48%
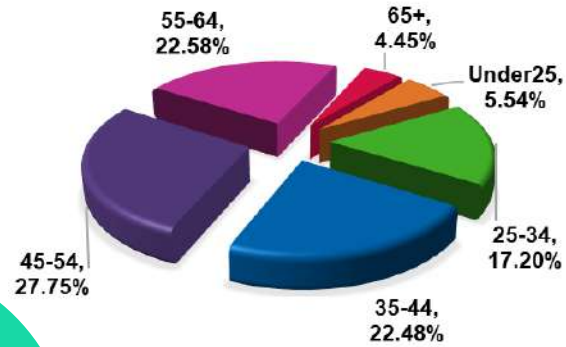
4,605

individuals with unique lived experiences and all belonging to One Council

Figures as at Oct 2020

LIVE·WORK·BELONG

Wiltshire Council

Celebrating inclusion and diversity

What does inclusion mean to you?

What does inclusion mean to you? – YouTube

disability confident
EMPLOYER

enei
employers network for equality & inclusion

includability
Include You | Me | Everyone

LIVE·WORK·BELONG

Wiltshire Council

Inclusion & diversity training

Equality and Diversity in the workplace
Wiltshire Council
LIVE·WORK·BELONG

"Everyone should do this course. Well delivered. The theory was backed up with evidence, studies, etc. really a good knowledge of the subject and we could see the trainer's passion for the subject. It made me reflect on my own practice."
– Learner feedback

Creating an inclusive workplace
We are one Council
LIVE·WORK·BELONG
Wiltshire Council

"This workshop was great. The trainer was engaging and knowledgeable and the content led to interesting discussions. It made me rethink things I see/hear."
– Learner feedback

LIVE·WORK·BELONG

Wiltshire Council

Summary of main activities

- Inclusion strategy
- EDI steering group
- Senior level sponsorship
- Nurture the next generation of diverse leaders to strengthen the talent pipeline
- Supporting and investing in our staff networks
- Regular events and activities
- Reverse mentoring pilot
- Data and Insight

I pledge to be an inclusive 'Leader for Change'

STAFFNETWORKS

#makingworkbetter #leadingforchange

Wiltshire Council

LIVE·WORK·BELONG

Part 2 Showcase

Presentation 1 – Vanessa Ongley

Presentation 2 – Patrick Ismond

Presentation 3

Vanessa Ongley
RSS Project Lead

Bath and North East Somerset,
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Education and training and Recruitment, Retention and Supply BSW projects to support inclusive bias free recruitment to attract a more diverse and representative workforce, particularly at senior levels in BSW

Background

NHS People Plan 'Inclusive recruitment – opening the door to diverse communities' (October 2020) recommended values based recruitment as a key way in which processes could be redesigned to reduce bias.

1
WORKING TOGETHER FOR PATIENTS
Patients come first in everything we do.

6
EVERYONE COUNTS
We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind.

2
RESPECT AND DIGNITY
We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits.

5
IMPROVING LIVES
We strive to improve health and well-being and people's experiences of the NHS.

3
COMMITMENT TO QUALITY OF CARE
We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time.

4
COMPASSION
We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person's pain, distress, anxiety or need.
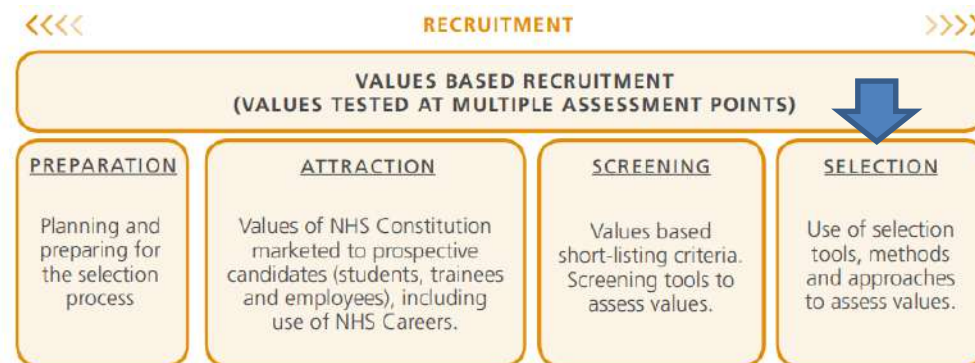
Understanding our Recruitment processes

Scoping - Capture of current process using Health Education England's Values Based Recruitment (VBR) toolkit as a definition of VBR

- Current recruitment practices,
- Areas of good practice that could be shared
- Gaps or areas for improvement and finally
- Whether there was benefit in a collaborative approach and where exactly that benefit could be.

Triangulation

- Focus group - GWH BAME Group
- Felt no bias in shortlisting but in recruitment processes thereafter
- Accents , language used etc were felt to be disadvantage applicants at times
- Rep for some BSW work identified

<<<< **RECRUITMENT** >>>>

VALUES BASED RECRUITMENT
(VALUES TESTED AT MULTIPLE ASSESSMENT POINTS)

PREPARATION	ATTRACTION	SCREENING	SELECTION
Planning and preparing for the selection process	Values of NHS Constitution marketed to prospective candidates (students, trainees and employees), including use of NHS Careers.	Values based short-listing criteria. Screening tools to assess values.	Use of selection tools, methods and approaches to assess values.

SELECTION METHOD FOR VBR	RELIABILITY	VALIDITY	CANDIDATE ACCEPTABILITY	COST (TO THE ORGANISATION)	PROMOTES DIVERSITY	SUSCEPTIBILITY TO COACHING
Unstructured interviews	LOW	LOW	HIGH	MODERATE TO HIGH	LOW	HIGH
Structured interviews e.g. competency-based, situational, Multiple Mini Interviews	MODERATE TO HIGH	MODERATE	HIGH	MODERATE TO HIGH	MODERATE	MODERATE
Group interviews	LOW	LOW	MODERATE	MODERATE	LOW	HIGH
Personal statements	LOW	LOW	HIGH	LOW TO MODERATE	LOW	HIGH
References	LOW	LOW	HIGH	LOW TO MODERATE	LOW	N/A
Situational Judgement Tests	HIGH	HIGH*	MODERATE TO HIGH	LOW TO MODERATE**	HIGH	MODERATE TO HIGH
Personality testing	HIGH	MODERATE	LOW TO MODERATE	LOW TO MODERATE	MODERATE	MODERATE TO HIGH
Selection centres using work samples e.g. group exercise, written/in-tray task, presentations, interactive exercises	MODERATE TO HIGH	HIGH***	HIGH	HIGH	MODERATE	MODERATE

* Only if based on a robust psychometric methodology   ** If used for high volume selection

*** Only is exercises are used in combination based on a multi-trait, method approach

Findings

- Key gaps with general lack of standard values based questions and probe questions

- Lack of detailed scoring matrices to rate responses – still a reliance on opinion

- Situational Judgement Tests not used widely

- Assessment Centres and Multiple Mini Interview not used widely due to resource implications

Recommendations

April 2021 – August 2021

All employers across BSW to share best practice on inclusive advertising and commence engagement and adjust wording and campaigns accordingly. In addition, use of minority groups to increase applications from a more diverse range of applicants in our community.

As all employers included interview as the main and most common element of recruitment processes

Develop a structured interview approach – Qs, Probe Qs and scoring matrices.*

Explore Situational Judgement Tests

Review interview resources and develop a BSW suite of resources as above

Evaluation of experience and workforce data to identify impact.

*These elements can be used virtually and within the current restrictions.

Model Employer Goals

'Our staff should look at their leaders and see themselves represented, and our patients deserve the same. We know that when we support BME staff to rise through our organisations and take leadership positions, everybody benefits.'

Focus Group

Barriers explored

Band 5/6 ceiling perceived

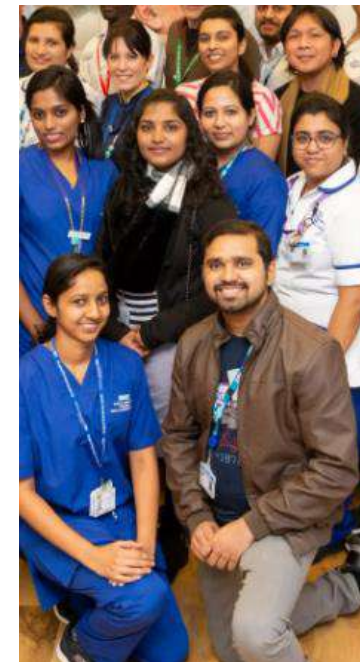Few examples and role models

Mentorship and shadowing opportunities

Actions

- Targeted opportunities
- Senior Leaders (L7) targeted cohort to be marketed [Senior leader / Institute for Apprenticeships and Technical Education](#)
- BSW commissioning of targeted leadership development programmes for next year
- Shadowing programme attached to the above

Presentation 4

Patrick Ismond

EDI Lead

Great Western Hospital

Presentation structure

- Provide context for use of term 'Institutionalised Discrimination';
- NHS case study and responses.

Why Institutional Discrimination?

- Reports and anecdotal evidence;
- Self-identity and shared personal or known experiences;
- Real life impact with regards to job prospects and career progression.

Defining Institutional Discrimination

1. Overt and intentional

2. Disguised but deliberate

3. Unintentional but adverse

- The most difficult form to detect is **3**, the easiest to detect is **1**.

- Useful framework, recognising nuances.

Refers to Institutionalised racism, but more broadly applicable

❖ What it DOES NOT mean
❖ What it DOES mean

A case study

- An elderly white patient confides to a senior charge nurse that she will refuse to be treated by the black staff nurse designated to treat her.

- The patient argues that since she can (and often does) choose the sex of the person to treat her, then she should also have a choice about their 'ethnic background'.

- The senior charge nurse reassigns the patient to a white nurse without informing the black staff nurse (who of course, finds out about this decision later)!

Areas of reflection

What should we be asking?

Thousands of NHS staff say that they don't necessarily think they *should*, but that they often *do* make allowances for the elderly, but much less so for younger patients. So, what does 'zero tolerance' mean, if we make allowances?

- Mental capacity?

- Patient choice?

- Accept our situation?

- Trust support for staff

What our staff think…

"Honesty and candour are important but, unfortunately, the pressure of having to make a snap judgment can get in the way of what we really want to do, or say."

"Straightforward guidance from the Trust would be helpful, otherwise you think you're going out on a limb, and saying the wrong thing."

"I haven't got the right words to express myself when this sort of thing happens. I get all tongue-tied."

"The situation is bad enough, no one comes to work for that. What's worse is if you don't feel supported by colleagues, or the organisation."

Possible solutions

- Explain 'acceptable choice' to the patient

- Organisation EDI message

- Is mental capacity an issue?

- Staff empowerment to manage situation

- Offer emotional support

- Report the incident

- Staff debriefing

- Appointment letters

- Pictorial representations

Outcome

Was the senior charge nurse discriminating against her colleague?

Discrimination: "Being treated less favourably (not just differently) on the grounds of gender, ethnic background, religion or other protected personal characteristic."

- ID framework for discussion
- Decisions informed by incidental details

Any questions?

Service | Teamwork | Ambition | Respect

Presentation 5

Tracy Daszkiewicz

Deputy Director of Population Health & Wellbeing,

Public Health England South West Centre

Break- 15 minute

Break out

Back into Showcase appointments for discussion around presentations

We would like you to consider:

"What more can we do to ensure that we deliver a comprehensive and systematic approach to managing inequalities and promote inclusion in our workforce and across our communities"

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Plenary

Feedback from break out discussion participants

Stephanie Elsy

Conclusion and next steps

Sheridan Flavin