

Equality and Diversity Digital Stories: A Facilitators' Guide

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This guide was written by Kate Milton, Experience of Care Lead NHS England; Dr Habib Naqvi, Policy Lead Workforce Race Equality Standard, NHS England; and Michail Sanidas, Leadership Support Manager, NHS England.

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- Workforce Race Equality Standard (WRES);
- Workforce Disability Equality Standard (WDES); and
- Learning Disabilities Employment Programme (LDEP).

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1 Background and Context

The stories we tell each other are like the DNA of care, transmitting information and shaping cultures, offering learning opportunities and, sometimes, healing.

In January 2018, [the Equality and Diversity Council](#) approved a proposal to develop digital stories to support its work streams, namely:

- Workforce Race Equality Standard (WRES);
- Workforce Disability Equality Standard (WDES);
- Learning Disabilities Employment Programme (LDEP).

The intention is that the stories will be used to help other people understand the reality of working in healthcare so we may all learn from experiences, both good and bad; sharing stories in this way helps contribute to healthcare that is safer, more dignified, more humane and more compassionate for everyone.

There is strong evidence to suggest that embracing diversity in healthcare organisations has a significant and beneficial effect on patient care. Organisations, which allow their employees to bring their whole selves to work, will see a strong correlation between positive staff experience and improved patient care. Put simply, staff and patient experience are two sides of the same coin. As Atticus Finch said:

"You never really understand a person until you consider things from his point of view - until you climb into his skin and walk around in it." - Chapter 3 of To Kill a Mockingbird

We hope that by viewing these stories you can get this kind of perspective.

2 The importance of diversity and inclusion in the workplace

2.1 Patient satisfaction and outcomes

One of the most pertinent and critical cases for the importance of diversity and inclusion within the workplace is the beneficial impact it has upon patients. Research strongly suggests that less favourable treatment of staff in the NHS, through poor treatment and opportunities, has significant impact upon the quality of care received by patients, as well as upon patient satisfaction, safety and outcomes.

In the 2017 seminal report entitled: '[Links between NHS Staff Experience and Patient Satisfaction](#)' by Professor Jeremy Dawson, the author states:

"The effects for BME staff specifically indicate that the extent to which an organisation values its minority staff is a good barometer of how well patients are likely to feel cared for."

2.2 Organisational efficiency

There is a correlation between how staff are treated (including the level of staff engagement), absenteeism and agency staff costs. In 2017, The King's Fund published a report on employee engagement, sickness absence and agency spend in NHS trusts. Key findings indicated that a one standard deviation increase in overall staff engagement is associated with a 0.9 per cent drop in agency staff spend – which for an average NHS trust works out at approximately £1.7 million saving.

Research also suggests that organisations which have a diverse workforce and leadership are more successful and innovative than those that do not, and more likely to have financial returns that are above national industry medians.

2.3 Equality and diversity legislation compliance

The Public Sector Equality Duty (PSED) that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

There are nine protected characteristics detailed in the Act. These are:

- age;
- disability;
- gender reassignment
- marriage or civil partnership (in employment only);
- pregnancy and maternity;
- race;
- religion or belief;
- sex; and
- sexual orientation.

With the exception of 'marriage and civil partnership', the PSED is relevant to both service delivery and employment. Through the WRES, WDES and LDEP, the EDC is supporting organisations to meet the PSED. The digital stories are a part of that support.

3 Overview of the Equality and Diversity initiatives

3.1 Workforce Race Equality Standard

The NHS Workforce Race Equality Standard (WRES) was introduced in April 2015 to help support healthcare organisations make the necessary strategic and operational

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changes needed to advance workforce race equality. Evidence highlights that improving the treatment of Black and Minority Ethnic (BME) staff in the NHS, will have beneficial impacts on the efficient and effective running of the NHS and upon the quality of care received by all patients.

Organisations report against 9 WRES indicators of staff experience and opportunities. They develop annual action plans that are reflective of their respective WRES data, and in doing so, work towards operational changes on this agenda across the organisation.

In this regard, the role of regulation through introducing the WRES within the key policy levers for providers of NHS services and Clinical Commissioning Groups (CCGs) is a defining enabler. The WRES features in the NHS standard contract, within the CCG Improvement and Assessment Framework, and within the Care Quality Commission inspection programme – with regard to the “well-led” domain.

3.2 Workforce Disability Equality Standard

In 2015, NHS England commissioned research to explore the experiences of disabled people in applying for and working for the NHS. The research showed that disabled staff report poorer experiences when applying for and working for the NHS compared with their non-disabled counterparts.

In response to this research, the Equality and Diversity Council agreed to introduce a Workforce Disability Equality Standard (WDES). The WDES is due to be launched later in 2018; the metrics are currently being finalised.

The WDES has been restricted to NHS Trusts and Foundation Trusts in the first year of implementation. Trusts will publish their metric results and develop a local action plan in response to the metrics. The WDES will enable NHS Trusts and Foundation Trusts to better understand the experiences of their disabled staff; it will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS.

As part of this standard, employers are encouraged to view disability as an asset and utilise the experience of their disabled staff as both employees and patients to see how both the staff and patient experience can be improved.

3.3 Learning Disability Employment Programme

It has been demonstrated that people with learning disabilities who are economically active have a longer and more fulfilled life than those who are not. Currently, only 6% of people with a learning disability, known to local authorities, are in work. The Five Year Forward View committed the NHS to developing a much more diverse workforce. The LDEP was established in response and aims to significantly increase the numbers of people with a learning disability employed in NHS organisations. This will help to develop a more diverse workforce and also promote independent living, social inclusion and economic activity for people with a learning disability.

Over 100 NHS organisations have now pledged to increase the numbers of staff with a learning disability. Some of these organisations have also extended their programme to people who have Autism¹ and do not have a learning disability. In recognition of this development, the LDEP has also explored how to support people with Autism.

Additional support will be provided under the LDEP from October 2018 to help NHS providers become employers of choice and make their recruitment and retention procedures more inclusive.

3.4 The power of stories: the DNA of Care

‘Just as care in the NHS is free at the point of need, NHS staff carry within them a vast reservoir of expertise and experience that is free at the point of telling: their unspoken, unheard stories of care and caring. The intertwined relationship between patient care and staff well-being has been likened to the double helix. And so the stories we tell each other are like the DNA of care, transmitting information and shaping cultures, offering learning opportunities and, sometimes, healing.’
www.patientvoices.org.uk/dnaoc.htm

In the first half of 2016, NHS England funded five Patient Voices® workshops for staff to create their own digital stories about working in healthcare. The intention is that the stories will be used to help other people understand the reality of working in healthcare so we may all learn from experiences, both good and bad; sharing stories in this way helps contribute to healthcare that is safer, more dignified, more humane and more compassionate for everyone. The Equality stories were produced in 2018 and are an extension of the original DNA of Care stories.

The *DNA of Care* digital stories have been used in a wide variety of ways and evaluation indicates that they highlight important issues in an impactful way. They have been used in Trust training and induction events, at local, regional, national and international conferences, in multi-disciplinary team meetings, in workshops, as part of reflective activities, in care homes, in digital Schwartz Rounds, as a means of exploring professionalism and values, and in other ways that we don't even know about. Viewers of the stories are reminded of our humanity and our connection, while the storytellers themselves experienced the process of creating their stories as therapeutic, reflective, fulfilling and positive.

¹ According to Mencap, Autism is not a learning disability, but around half of people with autism may also have a learning disability, which will affect the level of support they need in their life. More information about autism and Asperger's syndrome can be found at <https://www.mencap.org.uk/learning-disability-explained/conditions/autism-and-aspergers-syndrome>

4 List of Equality and Diversity Digital Stories

[Dare to dream by Sujaa Arokiadass](#)

Assumptions can be misleading, whether in response to racial diversity, disability or profession. Sujaa reflects on the challenges and prejudices she has faced – and overcome – to become a consultant psychiatrist. Sujaa is living proof that, with strong values and determination it's possible not only to dare - but also to realise - your dreams.

[Assumptions by Sam Ming](#)

As a black woman, Sam is accustomed to people making assumptions about her, but even she is shocked when the prejudices of hospital staff mean that her son's diversity is equated with criminality and his treatment is delayed as a result. A gifted poet, Sam responds with a plea for greater understanding, open-mindedness and compassion.

[Good enough? By Vikki A](#)

Vikki loved working as a children's physiotherapist. So when she develops mental health problems and obsessive compulsive disorder (OCD), she loses not only her job but a part of herself. The road to recovery has not been easy but has enabled her to discover new talents and strengths, to support others with lived experience of mental health problems, to return to her beloved job and realise that she is, indeed, good enough.

[Winifred's journey by June Green](#)

In the 70th anniversary year of both Windrush and the NHS, June speaks of the echoes of her grandmother's journey in her own.

[Label love by Gilly Lee](#)

Lesbian, Woman, Nurse, Socialist, Feminist, Pakeha, BME, Diverse learner, Leader, Half-caste. A spiral of labels marks out an expanding path of personal growth.

Choose an item.

[Why? by Virginia Golding](#)

It takes courage and strength to keep going in the face of adversity. Throughout her life, Virginia has been treated differently, like her mother before her and her children after her. But she has overcome these challenges, and others that life has thrown at her, to become a champion for equality, diversity and inclusion in the NHS.

[Where are you from? by Owen Chinembiri](#)

Owen is used to being asked where he is from. Although his usual response is brief before changing the subject, he decides to indulge David with a more detailed answer. As the story unfolds, it transpires that, although they have walked similar, parallel paths towards their chosen profession of occupational therapy, the perils and pitfalls they have faced are very different.

[Miss Opportunity by Lorna Hayles](#)

As a child of the Windrush generation, Lorna's future looked bleak until Miss Opportunity came to call. Throughout her career, she has had to take advantage of the opportunities that did present themselves in order to develop. As she looks forward at the future of a younger generation, she wonders when and whether Miss Opportunity will appear for them.

[Litter or legacy? by Vanessa Bryan](#)

After 30 years career in nursing, Vanessa is considering the legacy she will leave when she retires. Coming from a close and happy family where everyone was treated as equals and open discussion was encouraged, Vanessa learned early on that 'if you know better, do better.' This important lesson has stood her in good stead as she continues to challenge inequality and injustice.

[Entertain and educate, persuade and inspire by Taff Gidi](#)

Taff works with finances, numbers and graphs. But when he hears the stories of staff and service users, whether it is the security guard with a back injury, or the wife who is assumed to be a carer because she is black, and her husband white, Taff is reminded of how his own father taught him the power of stories to entertain and educate, to persuade and inspire.

[Not just pushing a wheelchair by Tony Warren](#)

Any one of us could become a carer at any time, without warning. Being a carer is, as Tony discovers, about more than just pushing a wheelchair. He cares for his wife, Lydia, who is disabled, 24 hours a day, seven days a week, 52 weeks a year. It's a job with no pay and no holidays but Tony does it willingly and lovingly and, after 30 years, it's just who he is.

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Believe in me by Lydia Warren

Lydia was born with Arthrogryposis, but it was a fall from a swing when she was 10 that resulted in her needing to use a wheelchair. She has overcome many of the barriers that face people with a physical disability and has earned the respect of friends and colleagues, but there is still one more barrier to overcome: belief in herself.

A future with Autism? by David Gill

When David's parents were told that he didn't have a future, they responded by encouraging David to push himself. A diagnosis of Asperger's Syndrome enabled him to go to a special school where he did well and learned to be independent – but he always wanted a job. An opening at NHS England for people with lived experience of Autism meant that David could achieve his goal and also inspire others that there is, after all, a future with Autism.

5 Questions for reflection, discussion and debate

The following questions are suggestions – please do feel free to ask questions that occur to you or that may be more relevant to the session you are delivering.

1. How might these stories relate to the quality of patient care, satisfaction and outcomes?
2. How do the stories illustrate the impact of equality and diversity in relation to situations inside and outside of work?
3. What actions are illustrated in the stories in relation to challenges faced by people from different background working for the NHS?
4. How might these stories promote equality and diversity?
5. How do these stories/this story connect with your own values or the things that really matter to you?
6. How might these stories encourage leaders to seize equality initiatives in the workplace?
7. How do the stories focus attention on the difference that diversity in the workplace can make?
8. What three things do these stories focus our attention on, in terms of what we should do next?
9. Having seen "Assumptions", what is the one thing you feel compelled to do immediately?

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10. Having seen “Believe in me” and “Not just pushing a wheelchair” what reasonable adjustments would you make to meet the needs of the employee and their carer?
11. Having seen “Label love” what is your understanding of intersectionality and the impact of being a minority within a minority. What would you do next if you were in Gilly’s shoes?
12. Having seen “Entertain and educate, persuade and inspire” how can personal stories be used to promote diversity and inclusion in the NHS?
13. Having seen “Miss Opportunity” what can the NHS do to promote career opportunities for young people from BME backgrounds?
14. Having seen “Where are you from” what is the impact of exploring similarities where there are perceived differences for people from BME backgrounds?