adding life to days

Nottinghamshire
Hospice

Equality, Diversity and Inclusion Strategy

2023 – 28

Background and Purpose

The COVID-19 pandemic has highlighted issues of structural discrimination and racial inequalities within the NHS and other public services.

Publications such as "Beyond the Data: Understanding the impact of COVID-19 on BAME communities" and "Workforce race inequalities and inclusion in NHS providers", highlight the disproportionate number of COVID-19 infections and deaths in minoritised ethnic communities.

In addition, the rise of social justice movements such as Black Lives Matter in recent years have brought attention to equality, diversity and inclusion (EDI) in public services, including end of life care. Hospice UK published their report "Equality in hospice and end of life care" in May 2021, which explored the accessibility and efficacy of hospice care in various marginalised groups of people in the UK.

This opened the door to many hospices to evaluate their own processes, conduct further research and start taking steps towards inclusive care provision.

Nottinghamshire Hospice is committed to equality, diversity and inclusion in all aspects of our work and practice, and does not accept discrimination in any form.

We therefore intend to make our hospice representative of the diverse communities we serve on every level, a more inclusive employer, and an accessible, culturally competent care provider. This is in line with our mission, values, and one of our strategic objectives – to create inclusive end of life care for Nottinghamshire's communities.

We also intend to maintain transparency and open communication about our EDI goals both internally and externally. This strategy will outline the key steps we need to take to achieve these goals, while recognising that the work of equality, diversity and inclusion will always be ongoing.

Executive Summary

One of our key strategic objectives is to create inclusive end of life care for Nottinghamshire's communities.

We know that many of Nottingham and Nottinghamshire's disadvantaged groups and communities are underserved and underrepresented at our hospice.

This has been identified after an initial assessment of baseline EDI data collected across the hospice (from our workforce, volunteers, patients, and retail customers), in line with our strategic objectives.

Our Equality, Diversity and Inclusion (EDI) Strategy will address this over the next 5 years, through four pledges adopted by our EDI steering group. It also reviews our current position, sets priorities for the future, and puts in place a delivery plan to make us a more inclusive, accessible hospice.

The strategy is based on four pledges:

1 Inclusive recruitment and working environment

We commit to creating an inclusive organisational culture that celebrates our diversity.

Positive action in recruitment will be necessary to attract more diverse talent. To support diversity and inclusion within the work force, we will need to tackle unconscious bias, develop cultural competence with all staff, and celebrate diversity in meaningful ways.

2 Wide community outreach

We commit to making our care accessible and accommodating to all Nottinghamshire communities.

Targeted community outreach will support our care accessibility by spreading awareness of our services in communities that are currently underserved. Our communications plans will be inclusive and celebrate diversity.

3 Culturally competent patient care

We commit to tackling behaviours and attitudes that might reinforce the threat of discrimination, inequality, and prejudice in Nottinghamshire Hospice.

All hospice services will be equipped for the different needs and preferences of our patients and their loved ones. Our care staff will feel confident in supporting any patient with their needs.

4 Consistent data collection, policies and procedures

We commit to self-assessment and reflection, through processes that will monitor our progress in EDI.

Consistent data collection from our patients, staff and volunteers - compared with up-to-date local demographic data - will help measure the successes of our initiatives.

1 Inclusive Recruitment and Working Environment

What is our goal?

Nottinghamshire Hospice should reflect the diversity of our city and provide equal opportunities for employment and promotion to all disadvantaged groups. This includes our employees, volunteers, as well as the trustee board. There are multiple reasons why diversity and inclusion in the workplace are crucial for any employer, including our hospice – social justice, compliance, improved performance, staff retention, engagement and well-being.

In our sector, a diverse workforce can also instil a feeling of safety and comfort with our patients who worry about bias and mistreatment in care settings due to their characteristics, and with people who could benefit from our services but are reluctant to approach us since they don't see themselves reflected in our workforce.

We need to foster a working environment that is conducive to our staff and volunteers' well-being, where they can comfortably bring themselves to work and not fear prejudice, exclusion or discrimination. This will ensure that recruited talent is retained and will promote the well-being of our diverse workforce. An inclusive culture will also positively impact our organisational effectiveness and patient care and safety.

This goal will be measurable through annual anonymous staff surveys and monitoring forms at the application stage.

Where are we now?

There are stark differences between Nottingham(shire)'s demographic makeup and that of the current hospice workforce. Groups that tend to be underrepresented at our hospice are minoritised ethnic and religious groups. Minoritised ethnic backgrounds include all those who do not identify as White British or White English, whereas minoritised religious groups are those who identified with any religious belief apart from "Christianity" or "No Religion" on Census 2021. Representation and/or self-declaration of people with disabilities and people identifying as part of the Lesbian, Gay, Bisexual, Transgender and Queer community seem to be making some progress already, as their numbers have increased at the latest EDI questionnaire compared to last year's. Notably, our staff and volunteers are predominantly female, at least partly due to the gender imbalance in the care sector. They also tend to be in the age range of 50-64, suggesting that there are barriers for younger people joining our hospice. According to the staff survey carried out in 2022, 77% of our employees feel accepted and comfortable at work, 7% do not, while 16% do not know.

Our recruitment currently does not apply positive action in any formal capacity. One unconscious bias session for employed staff, including the Corporate Management Team, took place in 2021, which started some important conversations but will need further elaboration.

The latest EDI questionnaire was filled out by only 55% of our employees. A similar questionnaire will be carried out with our volunteers in late 2022. Finding ways to improve staff engagement will be important not only for EDI, but for all lines of work at the hospice.

What will we need to do?

a) Positive action

Positive action is a range of measures allowed under the Equality Act 2010 which can be lawfully taken to encourage and train people from underrepresented groups to help them overcome disadvantages in competing with other applicants. Transparency and a clear narrative is essential, explaining why addressing disproportionality in recruitment, development, promotion, and retention is crucial. This needs to be conveyed to all trustees, managers and staff. At our hospice, positive action can be applied in multiple ways:

- Positive action statement: Our job and volunteering vacancy advertisements should state that we would welcome applicants from any background and community, and in particular those from groups that are currently underrepresented in our hospice. This would encourage individuals who would otherwise be reluctant due to concerns about inclusion and belonging.

- Targeted advertisement: Allocate budget to recruit through agencies that specialise in recruitment of minoritised ethnic groups, initially on a trial basis to assess whether this can help diversify our talent pool compared to generalised job boards. This shows candidates that we'll be a supportive, diversity-championing employer. Emphasize vacancies in relationships with local community organisations that work with under-represented communities and have strong connections. Actively promote care opportunities to school leavers and work experience students to recruit more young staff. This could also be effective in recruiting more male care staff as it would challenge preconceptions before they set in.
- Guaranteed Interview Scheme: The 'two-ticks' guaranteed interview scheme means that we will interview all disabled applicants who meet the minimum criteria for a job vacancy.
- 'Tiebreaker': When faced with making a choice between two or more candidates who are of equal merit, this allows us to take into consideration whether one is from a group that is disproportionately underrepresented or otherwise disadvantaged within the workforce. This can be applied in both the recruitment and the promotion process.
- Mentoring schemes for underrepresented groups: The purpose of the mentoring scheme would be to provide career support to groups who are underrepresented in leadership roles in the hospice – these would be people from minoritised ethnic backgrounds. This could be one-to-one mentoring, group mentoring or peer mentoring. Before implementing any schemes, it can be worth exploring ideas with potential target groups.

b) Tackling unconscious bias and developing cultural competence among staff

All staff and volunteers would greatly benefit from workshops that address unconscious bias and increase their cultural competence. This will have numerous benefits for the hospice – it would foster an inclusive organisational culture and recruitment, equip staff with tools to tackle any prejudice or bias that they notice in their own work or their colleagues', and improve our patient care. Workshops would provide ample space for communication, sharing of information and safe discussion on topics that can be controversial. As they would point out the existence of unconscious bias in most people, they would also crucially have to provide tools on how to mitigate our own unconscious bias in everyday life. Cultural competence workshops would cover various themes, such as religious and cultural customs around the end of life, language use, allyship and more.

c) Inclusive organisational culture

Although improved representation through positive action is crucial, it will not be sustainable without an inclusive workplace climate. Inclusive teams enable staff from underrepresented and disadvantaged groups to be respected, valued, engaged, held to an equitable standard and they won't be at risk of higher turnover.

Unconscious bias and cultural competency workshops will help with interpersonal communication and affect decision-making, but this needs to be reflected in our institutional practices. Most decisions we make about people are influenced by biases we are not aware of at the time we make them. Such biases are frequently institutionalised through policies and practices that systematically advantage some groups and discriminate against others. Equality Impact Assessments should be carried out for all hospice policies, strategies, practices and decisions. Although this needs to become part of our routine, care needs to be taken that these assessments are not carried out as a box-ticking exercise, but rather taken seriously as opportunities for reflection and improvement.

Another part of this goal would be to acknowledge various holidays and events that take place during the year, with the help of our Inclusion Calendar. These are opportunities to support colleagues, staff or volunteers, who have a personal connection with these events, and to share any relevant knowledge across the organisation to ensure that we are all well-informed. The Inclusion Calendar will also be used for public messaging, fundraising, external event planning, to build onto the positive image that the hospice already has in the community.

Guides on various topics such as supporting menopausal staff, managing and supporting people with disabilities and others will be produced and circulated to relevant staff.

Internal EDI communications will be circulated on a bi-monthly basis to all staff, to share knowledge, guidance, resources and updates on topics of interest.

2 Wide Community Outreach

What is our goal?

Although there are numerous barriers between people from racialised and LGBTQIA+ communities, as well as people who are homeless or have certain disabilities, it is our ethical duty to do everything that is in our power to improve their access to our services in Nottingham(shire). As we are located in one of the most diverse cities in the UK, a wide community outreach will provide us with relationships and opportunities across the city and county to ensure that our services are accessible, well-understood by the general public and free of bias.

The lack of awareness and misconceptions about our care services should not be a barrier between us and all the various communities that could potentially benefit from our services. We need to foster close relationships with community leaders, GPs and referral organisations who have built trust within their communities and are able to help raise awareness about us. This will not only help with accessibility, but also with recruitment (as mentioned in the previous section), with retail and fundraising efforts.

Building trust and close connections with communities around us will also help us identify where our services might need change or if they are culturally adept to receive everyone. We need to find appropriate, relevant and local ways to deliver excellent services to people who have been underserved. This will require reaching out, listening, and acting.

Where are we now?

As a community-based hospice, we are well-placed to provide flexible, person-centred support not only to patients, but also to their families and carers. However, the EDI-relevant data we have collected highlights gaps in our service provision to minoritised ethnic and religious communities.

Research has identified some barriers to end-of-life care that these communities face: limited understanding of the types of services available, fear of stigmatisation and discrimination, past unpleasant experiences in health and social care, lack of cultural sensitivity among healthcare providers, language barriers, and conflicting values between family and/or religion and the notion of palliative care.

People from racialised communities access end-of-life care less and later than some other population groups, and generally have a lower access to services that aren't primary care.

Our data suggests we are underserving people from the LGBTQIA+ community as well, but this is difficult to measure due to most patients' sexual orientation not being recorded, and the lack of reliable data on the percentage of local population who are part of the LGBTQIA+ community.

Our links with various local community organisations and places of worship are currently very limited. Our community engagement efforts have been largely focused around retail and fundraising. All marketing materials we use to promote our hospice are in English only and our website has not been reviewed for digital accessibility. The imagery we use also does not reflect the diversity of our city and county, which might act as a deterrent to people looking to enquire about our services, work or volunteer for us, or support us.

What will we need to do?

a) Direct relationship-building with community leaders

Our focus should be on:

- **Reaching out** – Actively seek out organisations, advocacy groups and places of worship that work with people who are underrepresented or disadvantaged. We should meet people where they are and be pro-active in our communication. Many community and advocacy organisations for minoritised ethnic and religious communities rely heavily on volunteers and we should respect their time and resources.
- **Listening** – We need to keep an open mind about any concerns voiced or needs and preferences shared by community leaders and set aside assumptions we have about what they might need or want.

- **Acting** – We should not expect community leaders to think of solutions, as this is our responsibility if there are barriers identified between us and communities. If they do offer suggestions, we need to take them into serious consideration and look for ways to act on them, since this would build trust with the respective community.

There are several opportunities we could use to engage with communities: give talks about our services to different groups to build knowledge and awareness, invite community leaders and their networks to events or meetings at our hospice, share our vacancies with community leaders who have a network and an audience, organise pop-up shops in diverse areas, organise Death Cafes where there is an interest in talking about death and dying more openly, attend community events.

b) Accessible and inclusive marketing/ advertisement

After the full Census 2021 results are released, we will have an overview of languages that are locally most common and those that tend to be spoken as a main language of communication by people whose English is not fluent.

The hospice should identify funding opportunities that will provide us with resources to translate our marketing materials into these languages.

The imagery we use on our marketing materials should reflect diversity, however it is also important that it reflects our hospice. We should prioritise inclusive recruitment and care provision, which will result in imagery that is more diverse and simultaneously realistic.

The Nottinghamshire Hospice website needs to be assessed for digital accessibility for people with visual impairments and learning disabilities. Depending on the outcomes of this assessment, changes should be made to our website by the developers in order to ensure accessibility.

3 Culturally Competent Patient Care

What is our goal?

We want to be able to provide excellent support to all those who need it. This requires us to have culturally competent, adaptable, person-centred services. Cultural competence requires a balanced approach to others in which cultural identity and context are taken into account, recognises and responds to individual needs and adapts practice accordingly. In care, it allows us to avoid stereotyping and instead equips us to be able to ask our patients all the right questions, communicate effectively and respectfully, and prepare for various possible needs they might express. This is especially important with patients who have had previous unpleasant experiences with healthcare due to their protected characteristics, as we need to re-build their trust. We also need to have accessible, appropriate interpretation services wherever and whenever the patients require them. The hospice building needs to be equipped to warmly welcome all communities and meet their needs in the Wellbeing Unit.

Where are we now?

Care staff have attended one general unconscious bias session, which started beneficial conversations but needs further elaboration. We currently use Language Line to provide interpretation services to patients who aren't able to comfortably communicate in English. We access this service through the patient's GP practice and it incurs no costs to us. Language Line are currently only providing telephone interpretation. Our carer support service offer doesn't require the patient to be receiving direct care from our hospice, which could be vital for reaching underserved communities if some of them prefer that family members provide most of the care. The carer support service offer includes: night support, emotional support, wellbeing sessions, and complementary therapy for people who provide care to their relatives or friends at the end of life.

What will we need to do?

a) Tackling unconscious bias and developing cultural competence among care staff

As mentioned above, it is crucial that we develop workshops that can be used as a safe space to explore ways to counter bias and misinformation. Our care staff would benefit from additional workshops that pertain to caring for a diverse range of end-of-life patients and navigating various family dynamics. Tackling unconscious biases and increasing cultural competence is the responsibility of both the individual and the organisation. Cultural competence includes a combination of skills such as knowledge about approaches to end of life in various religions and cultures, self-awareness and understanding of one's own culture, allyship, usage of appropriate terminology, and should be an important skill for every clinical staff member to ensure that our care provision in practice is always in line with our values.

b) Flexible hospice equipped for various needs and preferences

Assess the suitability of Language Line. Obtain data on how often we have used it and for which languages. Speak to care staff who have worked with Language Line interpretation to get their opinions on its suitability. Assess each aspect of care separately, as they will have unique needs for interpretation with Bereavement being the most challenging. It is likely that we will need a contract with a private agency which will require specific funding, and develop an interpretation policy.

We need to ensure that we have diverse food options and activities offered in Wellbeing. This will accommodate a wide range of people who can benefit from our services and feel welcome in our building.

Compile guides that can be conveniently used by our care staff with information on the end-of-life process in various religions or cultures.

Relaunch the weekly carer support group meetings for people who provide care to their relatives or friends at the end of life.

Patients need to be able to request spiritual support from us, and we should be able to refer them to chaplains or religious leaders if needed.

4 Consistent Data Collection, Policies and Procedures

What is our goal?

Creating a consistent, reliable and detailed process for collecting EDI-relevant data for our staff, volunteers, patients and supporters is vital to focussing our efforts and measuring our success. It will help us identify any gaps in recruitment, community outreach and service provision and see where there is room for improvement. This will also mean that we have access to up-to-date, reliable data about the city's and county's population. This needs to be used as a benchmark for our efforts with regards to diversity at every level of the hospice. This information will be compiled and compared with our hospice data annually.

Our policies and procedures need to be reviewed and updated regularly, to reflect the results of engagement with the community and any findings that form our EDI journey.

We want to be able to document and evidence all our EDI efforts and progress to CQC and our stakeholders. We need to be able to demonstrate the following:

- People are protected from discrimination and harassment
- We have processes in place to ensure there is no discrimination when making care and treatment decisions
- Our staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and that this is taken into account in the way our services are delivered; that this information is recorded and shared with other services or providers
- Our staff take the time to interact with people who use the service
- Staff seek accessible ways to communicate with people when their protected characteristics make this necessary
- Services are delivered, made accessible and coordinated to take account of the needs of different people
- Reasonable adjustments are made so that people with a disability can access and use the services on an equal basis to others
- Equality and diversity are promoted within and beyond the organisation, and all staff feel they are treated equitably
- People's views and experiences are gathered and acted on to shape and improve the services and culture
- People who use our services are actively engaged and involved in decision-making to shape services and culture

Where are we now?

We have improved some of our data collection processes in the recent months, including annual EDI questionnaires for staff and volunteering monitoring forms that are now modelled after the staff monitoring forms.

An EDI questionnaire for our existing volunteers, similar to our staff questionnaire, will be carried out for the first time this year. As we have previously relied only on monitoring forms filled out by applicants, that were recording only a fraction of the data we need to collect, our current EDI information on volunteers has significant gaps.

SystmOne is used widely for sharing patient data among health and social care providers, including our hospice, and this includes most EDI-relevant data that we collect. However, since this data is controlled by the patient's GP only, there are often gaps and outdated categorisations in the patient's record. This data was used for initial comparison between the hospice patients and the demographics of the city and county, but it was recognised that there is room for improvement of the data. For this reason, we have decided to roll out an anonymous EDI questionnaire for our patients on a 3-month trial basis. This will allow us to evaluate the quality and efficiency of internal data collection versus SystmOne data.

Most of the EDI-relevant data about Nottinghamshire demographics is from the Census 2011, as the most recent census results from 2021 are still being collated and released gradually. A report comparing Nottinghamshire demographics and hospice demographics was put together as a first priority on our EDI agenda and currently serves as a guideline for our efforts.

We have also analysed our service provision level in all areas of the city and county to assess whether we are reaching deprived areas. This has shown that we are serving areas on all levels of deprivation relatively equally, but we haven't been able to cross-reference this with ethnicity and religion data as we are still waiting for the full picture from the Census 2021.

What will we need to do?

a) Collect EDI data for patients, staff and volunteers

This process needs to be standardised and carried out regularly. Care needs to be taken that these are fully anonymised. We should also compare data we collect from applicants and compare this with data we collect from employed staff and current volunteers. This is to ensure that there are no inconsistencies in the shortlisting and interviewing process that might be caused by bias.

We have rolled out an EDI form for our patients on a trial basis for at least 3 months. If the outcomes of this show that we are getting more accurate information about our patients than we are getting from SystmOne, and if this process proves to be efficient for the patients and the care team, we will make it part of our standard procedure.

b) Analyse hospice data compared to local demographics

Census 2021 results will be rolled out gradually to give us an up-to-date, detailed picture of our city and county. We will use this data to review our recruitment and care provision goals.

c) Collect evidence for CQC

In order to demonstrate our commitment to EDI to CQC, we will need to collect evidence from various different locations and departments. This will include:

- EDI policy
- BlueStream records for our mandatory Equality and Diversity training
- assessment pack from Hospice in Your Home that contains guides and questions around adjustments and cultural and religious beliefs for our patients
- records of our Language Line usage
- patient and family feedback reports
- records of referrals to other services or therapy that are deemed beneficial for the patient
- staff EDI questionnaires
- evaluations of workshops
- minutes and action plans from EDI steering group meetings
- reports around local and hospice demographics
- EDI statements on marketing materials
- external partners feedback reports
- patient evaluation records during ongoing care

d) Review policies and procedures

The equality impact assessment procedure needs to be introduced in the hospice in order to mitigate any adverse impacts of our procedures on certain groups of people, but also to record our careful consideration of the full impact of our processes. This will mean that each policy and procedure needs to be assessed for impact on all nine protected characteristics, by conducting an initial screening and if deemed necessary by conducting a three-stage assessment.

As we increasingly consult and engage with the local communities, as well as make the hospice a more inclusive place to work, our policies and procedures need to reflect our findings and our openness to change.

e) Ensure accountability

Holding ourselves accountable and embedding EDI throughout the organisation is going to be crucial for our journey. Putting in place internal objectives for each department and entering schemes that will set external benchmarks for us will not only motivate and help us make the hospice more inclusive, but it will also assert our reputation as a committed, vibrant and inclusive organisation.

Implementation

The delivery of this strategy will require dedication and collaboration of all departments in Nottinghamshire Hospice.

We have an active, Hospice-wide EDI steering group and we invested in an EDI Lead in 2022. The EDI Lead will be instrumental in driving the implementation of the delivery plan, alongside colleagues.

The 2023/24 budget includes the implementation costs of year one of this strategy. The main cost relates to the salary of the EDI Lead. There are other minor costs associated with ensuring our action statements are on all recruitment materials, using imagery which reflects our EDI agenda and resource allocated to delivering the events in the inclusion calendar. These are all contained within the relevant departmental budgets.

Due to previous EDI-relevant work, some progress in the identified areas has already been made in the past year. To ensure efficiency and progress in the future, each pledge demands careful action planning and coordination, which will be outlined in detail in the delivery plan below.

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Nottinghamshire Hospice
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Good
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