EQUALITY, DIVERSITY AND INCLUSION BULLETIN

ISSUE NO. 3 NOV - DEC 2017 BSUH NHS TRUST

FEATURES

SERVICES

BSL and inclusion

Healthcare and accessibility

DISCUSSION POINT

Health inequalities

Avoidable differences and health outcomes
# ISSUE THREE

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The Department of Equality, Diversity and Inclusion helps and supports patients, staff and carers. If you have questions or need guidance we can provide confidential assistance. You can contact us at Equality@bsuh.nhs.uk. Additional resources can be found at www.equalityhub.org.
Welcome

Welcome to the third issue of the Equality, Diversity and Inclusion Bulletin. The team has been busy over the past few months with a wide range of projects and initiatives to support staff and patients.

Just a few examples, we have started supporting Western Sussex Hospitals NHS Foundation Trust with their equality function and we are preparing for the annual equality report. Babs Harris has been overseeing the tendering process for communication support services and running equality awareness sessions for the local Martletts Hospice. Simon Anjoyeb is involved in ongoing signage work across the Trust and monitoring our use of interpreting and translation services. Olivia King has been revamping mandatory training sessions and keeping the Equality Hub up-to-date with the latest information. Do contact us if you would like to find out more about any of the above.

In this issue we turn the spotlight on health inequalities and look at how it affects the overarching work that the NHS does. We also highlight the need for trans-oriented training and look at the impact of patient discrimination and bullying of staff. With anti-bullying week starting on the 13th of November, the NHS as an employer has stated its commitment to provide staff with a safe, respectful and equitable work environment.

If you have any issues you would like to raise, you can speak to or email the EDI team. We respect your confidentiality and can guide you in the use of staff support services in the hospital.

The EDI team would like to wish you a very happy festive season and all the best for the new year.
Health inequalities

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. They are most commonly associated with socio-economic inequalities but can also result from discrimination.

Health inequalities are unfair because they do not occur randomly or by chance, but are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live a healthier life.

While overall health has improved in the past 50 years, deep-seated inequalities remain. Some health inequalities are not improving - poorer health of disabled people, higher levels of mental ill-health among people from LGBT and BME groups and lower life expectancy for people with a serious mental illness. Another concern is the poorer health status of some newly arrived migrants.

Health inequalities are a concern for everyone, not just those directly affected, because business viability, national resource deployment and economic productivity are all affected by them.

Drivers of health inequalities include: employment, education, transportation, social environment, public safety, physical environment, income and wealth, health systems and services, and housing.
Health inequalities

Some healthcare interventions can inadvertently widen health inequalities among marginalised groups if equality, diversity and inclusion considerations are not built into programme design. For example, low literacy, fear, poverty, social isolation, language and communication differences have all been identified in research as presenting barriers to taking up and benefiting from service provision. These are areas that the NHS has been asked to consider when designing service provision for example through the Accessible Information Standard. Understanding equality and diversity is key to ensuring that services are conceptualised and designed with all patients in mind and it remains vital to the delivery of person-centred safe and effective care.
Support for Trans identified people

Staff in the workplace
Research suggests that up to 71% of transgender individuals try to hide their transition from their managers and 57% fear workplace discrimination. However, those who have transitioned often report higher self-esteem and enjoyment of life tasks. There is a strong link between assuming one’s chosen identity and improved communication skills, the confidence to make difficult decisions, self-organisation and a constructive approach to problem-solving. The EDI team has a comprehensive process in place to support any member of staff transitioning in the workplace.

Patients
80% of trans people experience anxiety before accessing hospital care due to fears of insensitivity, misgendering and discrimination, with intimate care causing the most concern. Misgendering and inappropriate questioning has been found to be some of the key causes of dissatisfaction. Many patients also report healthcare workers focusing on their trans status when it is not relevant, including disclosing information inappropriately, and clinicians assuming that being trans or accessing transition-related health care is the cause of an unrelated health problem.

Training
Many healthcare professionals report that they feel they lack the skills and knowledge required to meet the needs of trans people. Studies show that 56% of nurses have provided care directly to a trans person, however, 87% feel that they are unprepared, primarily due to a lack of access to opportunities for training or gaining experience. The EDI department is supporting trans and non-binary awareness training for staff in RACH. The feedback has been positive, with staff finding it helpful to their work. If you or your team would like us to come along and talk to you or arrange specific training, please contact the department.
British Sign Language and inclusion

"When sign language users get to see their doctor, they are forced to communicate in ways that cause confusion, misunderstandings, missed diagnosis and poor treatment. 8 in 10 Deaf people want to use sign language, yet only 3 in 10 are given the chance." (SignHealth, Sick of It Report 2014)

Sign Language is a visual means of communicating using body language, facial expression and gestures. Is is used mainly by people who are Deaf or have hearing impairments.

British Sign Language (BSL) is the most common form of sign language used in Britain. It has its own grammatical structure and syntax. You do not need to know English to use it. BSL remains the preferred language of over 150,000 people in Britain.

BSUH provides a comprehensive BSL service to patients. Last year there were over 700 sessions arranged at the Trust. The service helps health professionals and deaf patients feel included in communicating and making decisions about medical care.

If you are interested in learning BSL, courses are being run by the University of Sussex in the evening, at Levels 1, 2 and 3. Information is available at www.sussex.ac.uk/languages/ml/opencourses/bsl
Discrimination by patients

A recent study by the BMA found that over half of doctors who qualified outside the EU felt that patients treated them differently. As a result of the Brexit referendum there has also been a rise in the number of instances of discriminatory behaviour by patients directed at healthcare workers (HCW) in the NHS. Anecdotal evidence suggests that this is similarly the case at BSUH.

While it is recognised that the patient's medical condition and the clinical setting should drive decision-making; specific reassignment requests based on bigotry (e.g. asking to be treated by a HCW who is English) should be handled with care. In an emergency situation with a patient whose condition is unstable it is generally agreed that the HCW should first treat and stabilise the patient. However, staff members subject to discrimination in these instances must be given the support they require. For minority HCWs a patient expressing racial preferences, for example, can be hurtful, degrading and contribute to distress. Because HCWs are committed professionally to caring for and treating patients, they generally say nothing when faced with discriminatory behaviour from patients. As a result there is a culture of silence about discrimination from patients.

In hospitals, while patients with significantly impaired cognition are generally not held to be ethically responsible for abusive, threatening or discriminatory behaviour, in other instances they can be denied treatment or reported.

It is important to acknowledge that these experiences exist so we can denounce the behaviour more effectively. It is also important to report it so that we can put support mechanisms in place.

References:
Upcoming events

All Different
All Equal

#ANTIBULLYINGWEEK
13th – 17th November

Transgender Day of Remembrance / Nov 20th
Today, we remember and honor transgender people around the world whose lives have been lost to anti-transgender violence.

#SeeRed
World AIDS Day 1 December 2017

December 10th
Human Rights Day
Resources

- The department has just received a new shipment of The Hospital Communication Book. Contact us if you would like a copy.
- We have communication boxes filled with useful resources available.
- There are Equality and Diversity guides and booklets along with other resources to help patients and staff communicate. Just contact Equality@bsuh.nhs.uk for assistance.
- The Trust is a Level 2 Disability Confident employer. The scheme aims to help employers make the most of the opportunities provided by employing disabled people. It is voluntary and has been developed by employers and disabled people's representatives. Contact us if you are interested in finding out more.
- The use of translation and interpreting services is on the rise. We can provide guidance on the best available options.
- For resources on the go visit www.equalityhub.org
Equality Hub (www.equalityhub.org)

- The EDI team manage and run an online resource for all equality and human rights related issues. The equality hub is regularly updated with useful news, articles and quizzes to enable you to explore issues in your own time. It also helps to raise questions about how we can improve healthcare services for all.
- Recent articles include an overview of bullying in the workplace, the NHS Accessible Information Standard, stereotypes and discrimination. The website also has information on interpreting and translation services and resources in Easy Read. We encourage you to have a look and get in touch with us if you have areas of interest or have issues you would like us to cover. The resource is for you, to enable you to consider equality, diversity and inclusion issues when caring for and treating patients, and while working with others in the hospital.

Equality Hub BSUH NHS Trust

Human rights information and resources
Interpreting Services Outside of Office Hours

- Contact the agency during office hours and use the Hospital Communication Book and/or Google Translate to aid communication in the intervening time.

  - Can communication be reasonably delayed until office hours?
    - Yes
      - Does the patient speak an overseas language?
        - Yes
          - Contact Action Deafness (BSL) to arrange an emergency interpreter
        - No
          - Contact ITL
    - No
      - Was the agency able to meet your need?
        - Yes
          - Contact Sussex Interpreting Services or Vandu Language Services to arrange for a face-to-face interpreter
        - No
          - Wait for interpreter and use the Hospital Communication Book (if appropriate) to aid communication in the intervening time

- If there is a member of staff (on duty in the area) or family member or friend who can (and is willing) communicate with the patient use them. Make sure that this method and the reasons leading up to this decision is recorded in the patient’s notes. Arrange appropriate communication support at the first opportunity.

- If this is not possible use tools such as the Hospital Communication Book, Google Translate, patient’s own communication boards, etc. to communicate. Arrange appropriate communication support at the first opportunity.

Contact Details:
- Action Deafness: 0844 5938443 / 07947 714040 (Emergencies)
- Sussex Interpreting Services: 01273 702005 / 07811 459315 (Emergencies)
- Vandu Language Services: 01273 473986 / 0800 0087650 (Emergencies)
- ITL (Telephone Interpreting) 0845 055 2197 (24/7 all year round)
Communication Support Services available to our Patients from March 2017

Overseas Language Interpretation

Sussex Interpreting Services
Non-Emergency: 01273 702005
Emergency: 07811 459315
Online booking form (elective procedures): http://www.sussexinterpreting.org.uk

If Sussex Interpreting Services is unable to fulfil a request OR the patient has an established link with an interpreter from VANDU:

VANDU Language Services
Non-Emergency: 01273 473986
Emergency: 0800 008 7650
Online booking form (elective procedures): http://www.vlslanguages.com

Telephone Interpreting (Overseas Languages)

ITL
Telephone: 0845 055 2197

British Sign Language (BSL) and Lip Speaking

Action Deafness
Non-Emergency: 0844 593 8443
Emergency: 07947 714040
Online booking form (elective procedures): http://www.actiondeafness.org.uk/