

# **Lincolnshire Diversity and Inclusion** **Listening Event Report**

*'Hearing Lincolnshire's Hidden Voices'*

**Wednesday 16 May 2018 – 9.30am – 4.15pm**

**The Lecture Theatre, Education Centre, Pilgrim  
Hospital, Boston**



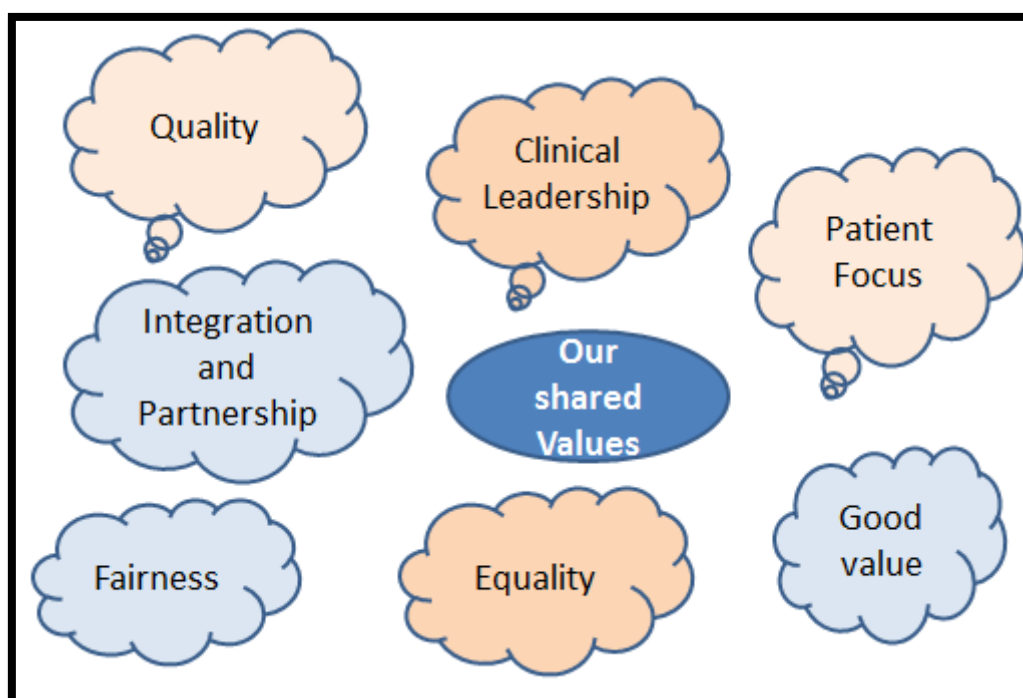
**Author:** Claire Hornsby, Engagement Manager  
NHS Lincolnshire East Clinical Commissioning Group

## NHS Equality, Diversity and Human Rights Week 2018 (15 to 19 May)

The week, promoted by NHS employers allows organisations nationally to highlight their work to create a fairer, more inclusive NHS for patients and staff.

### Our Vision

Our vision is for equality, diversity and inclusion to be a 'golden thread' running through, and central to, how we work together to provide sustainable high quality patient-centred care for all people living in Lincolnshire.



### Introduction

As part of Equality, Diversity and Human Rights Week 2018, equalities and engagement leads at United Lincolnshire Hospital NHS Trust, and NHS Lincolnshire East Clinical Commissioning group worked together to host a Lincolnshire Diversity and Inclusion Listening Event at Pilgrim Hospital, Boston on 16 May 2018.

The event was a great opportunity to bring together, in partnership and on equal terms, the users of services, alongside a wide range of staff delivering and commissioning local NHS services; to help ensure that we are able to meet the diverse health needs of our local population, and further strengthen the patient voice from different communities. **Appendix 1** shows the event agenda for the day.

The purpose of the event was to raise awareness of equality, diversity and human rights to both hospital and NHS Lincolnshire East CCG staff. During the event members of the public, representing protected groups were asked to share their experience of accessing healthcare services, and also share their views on local NHS plans.

The event addressed the following aims for the day, to:

- Celebrate Equality, Diversity & Human Rights week 2018
- Ensure meaningful and respectful Engagement between communities and the NHS
- Raise awareness of equality, diversity and human rights to both hospital and Lincolnshire East CCG staff to improve the patient experience.

This report provides you with a summary and the key findings from the day, and is also an opportunity to update you on the next steps of our work to improve access to services for different patient groups and to improve the quality and the patient experience.

### Attendance

Attendance at the event included service users and stakeholders representing a broad range of organisations and personal experiences across Lincolnshire. An description of the organisations who were in attendance are described in **Appendix 2**.

### Social Media

During, and after the event social media accounts were utilised to promote the event and videos were taken of some of the key speakers.

Posting live from the event and sharing Lincolnshire's Hidden Voices on social media enabled us to reach a much wider audience, to NHS staff, patients and the public.

**Lincolnshire East CCG Facebook** <https://www.facebook.com/LincsEastCCG> :

- Our posts have received a reach of 2,524 accounts, 89 likes, 7 shares, 16 comments and 876 video views so far (as of 24/05/2018)
- The most popular Facebook post was the video posted of Anna who attended the event to represent the local migrant community. The video has received 649 video views, 35 likes and 2 shares to date. You can view the video and comments received here <https://www.facebook.com/LincsEastCCG/videos/464590683961372/>

**Twitter** <https://twitter.com/NHSLincsEast>

- **Here's a snapshot how our Twitter hashtag #LincsVoices performed on the day** - We posted 16 tweets throughout the event which resulted in 84 retweets with an estimated reach of 32,590 accounts and 148,072 impressions (the number of times a tweet has been seen) 23 contributors engaged with us throughout the day and helped us share Lincolnshire's Hidden Voices.
- Our most engaging tweet was "I am a PERSON' is a strong message coming from [#Lincolnshire](#)'s Hidden Voices. Listen, recognise individuality and have empathy for people with different needs. [#LincsVoices](#)" This tweet has received 10 retweets, 15 likes and 699 impressions. View the tweet here >> <https://twitter.com/NHSLincsEast/status/996708552495550464/photo/1>

You can view all the #LincsVoices tweets and contributors here <https://twitter.com/search?f=tweets&q=%23LincsVoices&src=typd>

## **United Lincolnshire Hospitals Social Media**

The event was promoted on “ULHT Together” and “ULHT LGBT” facebook groups. During the events, a number of tweets were posted from the “@ULHT\_equality” Twitter account. These tweets received 5.743 impressions and 107 engagements.

Following on from this, the Trust retweeted 10 posts about this event from various accounts to our £6k+ followers on the day in addition to quote tweeting a post from our own Deputy Chief Nurse who was in attendance which received 6 retweets, 6 likes and received 1,099 impressions and 18 engagements.

## **Format of the Event**

The event opened with a welcome presentation delivered by the event chair Brenda Owen (Lay Member for Patient and Public Involvement, Lincolnshire East Clinical Commissioning Group) who gave a background to the programme and explained the purpose of the event.

All presentations from the day can be viewed on our website here:

<https://lincolshireeastccg.nhs.uk/about-us/equality-and-diversity>

## **Setting the scene**

In the opening presentation, it was explained that both ULHT and the CCG have key legal and business responsibilities to ensure that we respond appropriately to the needs of the diverse population we serve. However, people were reminded that as staff (and lay members), we all have individual responsibilities to eliminate discrimination and promote equality and diversity.

## **Service User Stories**

As part of our wider work to promote equality, we were delighted to welcome people from a range of community groups to share, their personal stories and experiences with staff so that we could listen, learn and plan effective and responsive NHS services for the future.

People telling their stories were asked to consider the following questions when telling their story:

- What is your experience of accessing local NHS services?
- What does the NHS do well?
- What does the NHS not do well?
- What would an excellent service look like for you?
- If we could change just one thing from today, what would that be?

The next section of this report shows a brief overview of each story shared during the event, and outlines the questions and answers that were discussed. It also highlights the key action points for consideration for improvement for both ULHT and the CCG.

### **Living with hearing impairment and Lincolnshire Sensory Services:**

**Focus: information sharing to support and improve services for people with hearing impairment from the perspective of a service user with a hearing impairment**

**Examples given showing poor experience of NHS services**

- Hospital letters often only give phone number for contact i.e. hearing impaired person required to ask hearing person to call on their behalf to make any changes. Sometimes, chosen caller including interpreters are not be able to support hearing impaired person due to data protection regulations: *Issue:* Lack of patient dignity and can result in patient recorded as not attending or being discharged from services.
- Maternity services lack of understanding whereby a mother with impaired hearing unable to hear baby crying and hearing impaired father unable to access secure ward

*Suggestions:*

- Options for general communication including minicom, facetime, sign-live and web link facilities and consideration of hearing impaired patients and families within hospital environment
- Text messaging reminder service more widely used
- Interpretation services – training for staff using these services, wider availability including in A&E and Urgent Care facilities as is traumatic experience for hearing impaired patients and support to clinicians to achieve best results from use of interpreters including sharing bad news, communicating with families of and with hearing impaired patients and ensuring hearing impaired patients retain right to choice in respect of their care and planning
- Email communication – improved response times and effective use for booking of interpretation services
- Deaf awareness training in all key patient support areas including explore other ways to call patients attending for appointments as not always able to lip-read

**What does the NHS do well?**

The following examples of good practice were given:

- Friendly, supportive staff team at Louth Hospital
- Examples of good interpretation service experiences at Louth Hospital (although delayed, well supported
- Hospital Staff writing information down\_for people with hearing impairment including clinicians and going the extra mile to ensure appointments are in place and noted.
- Patient call system showing name on a screen rather than\_staff calling names out.

**What experience would you like from the NHS?**

*Improved communication and access to an interpreter as early as possible.*

Iain closed this section of the event by advising staff that in Derby there are 2,000 people living with a hearing impairment and Derby services for the hearing impaired run very well. In Lincolnshire, there are 500, therefore Lincolnshire could learn from what Derby do.

**Experience of Trans Women - Lynx Ladies**

Lynx Ladies were welcomed to the event. The group support all people who identify with transgender and their partners. Their website details and email are:

<http://lynxladies.moonfruit.com/> and Email: [lynx.ladies@aol.com](mailto:lynx.ladies@aol.com)

The group currently supports and represents a small minority; 0.3% of the population which is increasing due to recent public awareness campaigns.

The three ladies talked about their personal experiences, relationships and the transgender journey which is different for each individual. These included:

- Often negative impact on personal wellbeing, relationships with family/friends and colleagues and psychological stress and mental health issues associated with experiences
- Personal efforts to blend in as a woman and to gain acceptance and not live a secret life
- Lack of knowledge and understanding of some GPs and Practice clinicians coupled with necessity to seek out transgender services to reinforce referral requests
- Long wait for first secondary care appointment (2+ years) without meaningful triage or prior telephone consultation to prioritise and limited access to counselling services.

**Positive experiences included:**

- Acknowledgement of access in some cases to GPs with high level of understanding able to offer appropriate support and guidance
- Gender counselling through Relate (sometimes NHS funded)
- Increased awareness of support groups like Lynx Ladies to bring people together to share experiences and develop support networks
- General increased awareness and understanding of transgender issues and needs

**Key learning points for the NHS were:**

- Recognise that everyone is different and starts their journey at varying stages of life
- Learning for GPs to ensure consistency of service
- A fast track system for first consultation at gender clinic to assess needs of the person – triage suggested but only if asking the right questions.
- CCG to look into meeting with gender clinic to review the questions with members of the Lynx ladies if all happy to be involved, alongside the consultant.

Action - CCGs

**Experience of our EU neighbours – people from the local migrant community – led by Anna**

Anna's presentation from the event can be viewed here, the key points were:

- Anna explained that she moved here 12 years ago and was presenting today based on her own experience as a member of the migrant community, and is also employed by Lincolnshire Community Health Services as a Healthy Communities Officer.
- Anna explained that people from abroad don't understand the complexities of the NHS, they see NHS as being one organisation. It takes time for them to understand details of the various elements of health services available. This may help to explain why they will present to A&E more frequently.



Anna explained that in preparation for the event today she had asked members of the migrant community the event questions, who gave the following feedback:

What is working well in the NHS?

- Free of charge
- Free medication for children, which does not happen in Poland
- Free medication for people with prescription exemption card
- Set charge for prescriptions regardless of items, in Poland you would need to shop around for the cheapest price, as pharmacy prices vary.

What is not working in the NHS

- Lack of understanding of different cultures, their habits and behaviours – they are often described as rude and demanding but they are just brought up differently and been taught to speak directly rather than please the person who is listening
- Lack of clear guidance regarding when/how/where interpretation/ translation services can be provided. Also feels as though if the practice receptionist is happy or unhappy will affect how patients are treated. One practice will try Google Translate, one practice will tell you to come back with a translator and some will send you away if you bring along a friend to translate. Needs to be made clear what is readily available and what is acceptable as an alternative.
- Lack of appointments available for patients when people can work 12 hour days, finishing at 8pm. In these situations, they would have to go to urgent care or A&E as nothing else is available.
- Lack of extra time for an appointments when interpretation service is required as conversations take longer
- Some lack of trust in health professionals if it is felt they can't communicate with us – how do staff know how much patients have understood?

Magic Wand Service would be:

- Clear messages from the NHS staff; consistency of message
- Nice, friendly receptionists at all times offering equitable service to all patients
- Available appointments at General Practices
- Longer opening hours, weekends
- Shorter waiting times for appointments with the consultants
- Less cancellations as takes a lot of effort to arrange translators

What I would like you to remember?

**I am a PERSON**

"I am a PERSON" received a positive response and forms part of the learning to take away to consider that everyone is an individual with different needs, not just part of a group.

What one thing could the NHS do to improve the experience of migrant people today:

- Treat all migrants as a person not seen as a nuisance as people think there are too many of us and not enough appointments so those born here should be seen first
- Understand the individual needs of the community such as appointments that fit with work commitments. Don't insist we take the day off work to be seen.

- Important for staff to be empathetic, and staff must ensure they listen and not just tell us

Other suggestions from the audience included:

- Anna felt that members of the public from various migrant groups would be willing to come and share their stories so these can be relayed to the Trust Board.
- Arranging a two-way discussion group so that GP practice staff can speak with patients would promote understanding and help with understanding of each other's issues.
- Leaflets in different languages would be helpful to give essential information such as use of the NHS, employment rights and benefits.

In Summary:

***“Services need to meet the needs of people and not people meeting the needs of services”.***

### **Living with sight impairment - Lincolnshire Macular Society**

Main issues raised by speakers:

- Provision of magnifiers to assist with reading is no longer available for sight impaired individuals – this has had a great impact on people's independence. Smaller magnifying screens are not as helpful. Benefits funding is available to support applications.
- Old magnifiers can be recycled through organisations such as the Blind Society as these are expensive to purchase.
- Goggles named 'give vision' are expensive also but aid people wanting to watch television
- The letters from the hospital and prescriptions contain small font writing. Also televisions and call screens in outpatient departments are a difficulty for sight impaired patients.
- Sight impaired diabetics may have difficulties when taking blood samples to self-test their blood sugar levels due to the small size of the test strips. Without supportive technology, patients are often unable to monitor their own blood sugar levels.

What could be changed to improve NHS services for sight impaired patients?:

- Make the large magnifiers available for use by sight impaired patients
- Make the pathway to obtaining a suitable magnifier easier and less obstructive for patients as they have to be assessed before receiving this type of equipment
- Keep sight impaired patients informed when their treatments and medication are changed.
- All hospital appointment letters available in larger print

A second speaker talked about the Macular Group in Lincoln, Spalding and Boston. They offer support and share experiences of people receiving treatment past and present. The groups also raise funds for research and stem cell trials with some very positive outcomes.

There are over 400 groups around the Country supporting people with wet and dry macular degeneration



The event Agenda today was requested in large print. Also, hospital and GP appointment letters need to be available in large print for sight impaired patients.

What works well in the NHS?

- Praise for helpful staff who go the extra mile at surgeries was given.

**Experience of people living with dementia - Alzheimer's Society.**

Davina Hellon from the Alzheimer's Society explained that her role was to support people in Lincolnshire Living with Dementia. Davina introduced a service user to the event who lives with Dementia and asked her a series of questions about her experiences with the NHS and throughout stages of her diagnosis and treatment:

What was your experience of getting a diagnosis?

As a younger person, it took longer to obtain a firm diagnosis as clinicians were reluctant to commit to a diagnosis of dementia. A firm diagnosis is required in order that the correct medication can be prescribed to patients. It is important for patients to commence medication for this condition as soon as possible after diagnosis.

How did you feel you had been treated?

Even though I had not changed from the day before the diagnosis to the day after, the biggest impact on me was the DVLA who I had to inform for insurance reasons, and they had to review my licence every 12 months.

Do you feel that people treat you with respect?

Yes, the GP practice and other support teams were very good but the hardest thing is people speaking to my partner and not directly to me. This upsets us both.

What is one thing the NHS could do to better support people with Dementia?

To understand that it is not an illness but damage and the memory loss is a consequence of the damage not the prime diagnosis.

What do you want to say to the NHS?

What I have doesn't feel any different to a physical disability and shouldn't be treated as a mental health issue.

What is the best way for the NHS to communicate with people with Dementia?

I find it easier to have written information i.e. in a text message so I have a record of it in front of me and I don't have to try and hold onto it in my head until I can write it down.

**NHS staff improving services through staff networks Tim Couchman.**

Tim explained that Staff networks:

- are a means of demonstrating organisational empathy to people from lesser heard groups
- demonstrate that the organisation takes inclusion seriously
- support development of stronger and confident leaders

- improve collaboration across the organisation
- form part of individual members continuing professional development
- contribute to the delivery of the trust's vision.

Further information about staff networks is available to view in the presentation on the website.

### Who cares for the carers? Carers First

Due to caring responsibilities, carers were not available to attend the event, however, Sheena Goodey - Pharmacy Project Lead spoke to attendees about the work of Carers First

### Our plans for this year – what do you think? Tim Couchman and Kamlijit Obhi ULHT

- ✓ Sending hospital correspondence in your chosen format – Accessible Information Standard
- ✓ Improve our handling of your complaints
- ✓ Understand and improve carer experience
- ✓ Develop this style of engagement event with wide range of community groups
- ✓ Increase cultural competence of staff through training

### CCG

- ✓ Raise equality standards throughout
- ✓ Improve recruitment/professional development opportunities
- ✓ Effective communications, consultation and engagement
- ✓ Support people with mental and/or physical disabilities and their families
- ✓ Provide ongoing training to raise awareness and understanding

During Coffee event attendees were asked to share their thoughts and to pledge their support by writing comments on post-it notes and placing on the boards:

I wish the NHS would.....	I will support the NHS by.....
Give people with the diagnosis of Dementia the information they need or at least a point of contact	Promoting the carers badge in my material.
Test people for Dementia more readily	Support NHS staff and managers to understand hearing and visual impairment, deaf and blind training. (Contact Lincolnshire Sensory Services )
Campaign for NHS on national curriculum from an earlier age ie infants	Keep E&D on my agenda at every opportunity
Bring waiting times down so you don't have to go out of area.	Being part of ULHT pride in September
Think creatively about staff learning BSL – what about training the finance team, HR, admin, PALs etc who are more able to	Getting involved in ULHT forums

attend when needed	
Promote the positive E&D work that the trust is doing	Re-energising and re-launching the “ask me campaign”
Allow more staff to attend this event	Raising awareness and being a core member of staff re-think
Give training to all staff about sign language, interpreters and how to book one	Taking responsibility for my own health
Invest in mental health services	Consider carers and those living with Dementia (& others) in all commissioning work I am involved in.
Put less pressure on us to discharge patients home	Making all patients feel equally understood regardless of language or hearing ability

### Event Feedback

Feedback from the event was extremely positive, 29 people who attended completed a feedback form and a synopsis of feedback is below:

- 97% (28/29) were either satisfied or very satisfied with the event organisation
- 93% (27/29) were either satisfied or very satisfied with the time allocated to discussions
- 97% (28/29) were either satisfied or very satisfied with the opportunities for participation
- 100% (27/27) felt that their views were valued (89% fully & 11% partially)
- 100% (27/27) felt that the level of engagement met their expectations (66% full & 34% partially)
- 92% (26/27) were confident that the outcomes from this engagement will help to shape future plans?
- 100% (27/27) felt that the range of stakeholders and organisations involved was valuable



### Conference close

Brenda Owen, event chair thanked everyone for sharing their experiences, and thanked everyone for contributing to an excellent first event.

Brenda summarised the key learning from the event, identified in the key points below:

- Translation services for emergency hospital admissions need to be arranged straight away
- “I am a person” was a powerful message at the event, and everyone needs to be treated as an individual, we must not make assumptions about people based on cultural differences.
- Transgender services and support needs to be improved, with reduced waiting times.
- There are inconsistencies of knowledge and support from GPs, who need education to respond to transgender needs
- Staff need to ensure they talk to the individual and not to their carers where patients have a disability

### Next Steps

The event presented a very exciting occasion for all involved to make a considerable contribution to that will shape the future of services in our area for many years to come.

ULHT and the CCG will produce an action plan in consideration of the key feedback shared to improve local services.

**To contact the event team about any aspect of this report, or if you are interesting in getting involved in this work further, please contact:**

- Tim Couchman, Equality, Diversity and Inclusion Lead, United Lincolnshire Hospitals NHS Trust. [Tim.Couchman@ulh.nhs.uk](mailto:Tim.Couchman@ulh.nhs.uk)
- Engagement Team, NHS Lincolnshire East Clinical Commissioning Group: [Public.Engagement@LincolnshireEastCCG.nhs.uk](mailto:Public.Engagement@LincolnshireEastCCG.nhs.uk)

## Appendix 1- Event Agenda

# Lincolnshire Diversity and Inclusion Listening Event 'Hearing Lincolnshire's Hidden Voices' Wednesday 16 May 2018 – 9.30am – 4.15pm The Lecture Theatre, Education Centre, Pilgrim Hospital, Boston PE21 9QS

9.00am onwards	Registration and coffee
9.30 – 9.45am	Welcome and introductions – Brenda Owen, Lincolnshire East CCG Lay Member for Patient & Public Involvement, Event Chair.
9.45 – 10.15am	Setting the Scene: Sharing our NHS Equality vision - Tim Couchman and Kamljit Obhi
10.15 – 10.45am	Living with hearing impairment – Iain Scott-Burdon and Lincolnshire Sensory Services
10.45 – 11.00am	<i>Coffee</i>
11.00 – 11.30am	Experience of Trans Women - Lynx Ladies
11.30 – 12.00pm	Experience of our EU neighbours – people from the local migrant community – led by Anna Kuszyb
12.00 – 12.30pm	Living with sight impairment - Lincolnshire Sensory Services
12.30 – 1.15pm	<i>Lunch</i>
1.15 – 1.45pm	NHS staff improving services through staff networks – Tim Couchman.
1.45pm – 2.15pm	Experience of people living with dementia – Phil Measures, Alzheimer's Society.
2.15 – 2.45pm	Who cares for the carers? Carers First
2.45 – 3.00pm	<i>Refreshment break</i>
3.00 – 3.30pm	Our plans for this year – what do you think? Tim Couchman and Kamljit Obhi
3.30 – 4.00pm	Sharing improvements in services we are already making – would you like to join and share the journey? Tim Couchman and Kamljit Obhi.
4.00 – 4.15pm	Pledges & Conference close – Brenda Owen, Event Chair

With thanks to the Lincolnshire Co-operative for their generous donation towards the provision of the beverages and buffet lunch



## Appendix 2 – List of groups at the event

- Brenda Owen, Lincolnshire East CCG Lay member for patient experience and public involvement and event chair
- Karen Brown, Director of Finance, Procurement and Corporate Affairs, United Lincolnshire Hospitals NHS Trust
- Kamjit Obhi, Optum Commissioning Support Services, Assurance Manager on behalf of Lincolnshire East CCG and South Lincolnshire CCG
- Tim Couchman, Equality, Diversity and Inclusion Lead for United Lincolnshire Hospitals NHS Trust
- Lincolnshire Sensory Services provides specialist information, guidance and support for anyone in Lincolnshire living with sight and/or hearing loss
- Lynx Ladies / Lincolnshire Trans Group provides support for local trans people
- Anna Kuszyb is a Health Link Worker for Lincolnshire Community Healthcare Services and chair of their Black, Asian and Minority Ethnic Staff Network
- The Alzheimer’s Society mission and vision: Our mission is to transform the landscape of dementia forever. Until the day we find a cure, we will strive to create a society where those affected by dementia are supported and accepted, able to live in their community without fear or prejudice.
- Carers First objective is to be ‘the trusted provider of high-quality, tailored, localised support to carers and their families so they are empowered, respected and valued for what they do.’