HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

EQUALITY, DIVERSITY & INCLUSION: OUR VOICES METHODOLOGY & THEMES

16 OCTOBER 2020

Title:	EDI OUR VOICES PROJECT
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Purpose:	The purpose of this paper is threefold. First, this report highlights the proposed quantitative and qualitative research methodology to be undertaken when soliciting the lived experience testimonials from staff, trainees and partners. Second, this report outlines principles for data analysis. Finally it seeks the board's views as to whether there is merit in sharing emergent themes in advance of analysis.	
BAF Risk:	BAF Risk 1: Honest, caring and accountable cultureBAF Risk 2: Valued, skilled and sufficient staff	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	✓
	High quality care	✓
	Great clinical services	✓
	Partnership and integrated services	
	Research and Innovation	✓
	Financial sustainability	
Summary of Key Issues:	Description of the proposed methodologies to the gathering of qualitative (testimonials) and quantitative data, and an outline of the principles for analysis within HUTH's Equality, Diversity & Inclusion: Our Voices Project.	
Recommendation:	The EDI Our Voices Project Board is requested to note the proposed approach to gathering and analysing testimonials for the project and endorse the approach outlined for delivery of the project into 2020/21.	

Purpose

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Background

The Hull University Teaching Hospitals NHS Trust vision (Great Staff, Great, Care, Great Future) acknowledges that positive staff cultures result in high quality care, patient safety and experience. Evidence shows that Trusts which have a positive culture perform better across all their key performance indicators. Furthermore, evidence demonstrates that organisations which have a diverse and inclusive culture perform in terms of productivity innovation, recruitment and retention.

Research has shown that successful change management programmes include high levels of co-production with those who are directly impacted in forming and enacting recommendations. It also shows that an engaged and valued workforce results in safer care.

Proposed Approach

It is proposed that the project is informed through a mixed methodology comprised of qualitative research resulting in in depth case studies and quantitative research. Quantitative research will consist in the main of binary or closed questions with a few open ended questions which allowing participants to use free text to illustrate their experience against themes emerging from the project testimonial contracting process.

Contracting Process

Individuals with protected characteristics and those in the white majority were invited to participate in the project via:

- Direct email
- Staff network forums (BAME and LGBT)
- Ruth Colville's staff blog; and
- Through the formal agenda of a Trust Committee (HR Advisory Group, Diversity & Inclusion Steering Group

Interested individuals were offered a one to one conversation with the Project Lead to allow for:

- context setting
- developing a psychological safe space between project lead and potential participant
- questions and answers
- sharing of experiences and motivations for participation
- discussing vulnerabilities, participant set limitations and consent

Due to the highly personal nature of the project and its sensitive nature, participants have been advised that they may withdraw their consent at any time or request that the content of their lived experience is shared in a different or anonymous format.

Qualitative Research

The qualitative research will take the form of semi-structured interview inviting participants to share their experiences against the topics and themes identified through the existing evidence base, through the local context as described through HUTH staff networks and committees, and those which have arisen through the testimonial contracting process.

This research will be distilled into a number of case studies. Interviews will be conducted by a small sample of interviewers who have undergone training in interview technique.

A presentation on the subject of micro-aggression written by an FY1 at HUTH in 2020 was circulated to interested participants along with a Lifeline Exercise[1]. Participants were invited to reflect on the presentation and the reflective questions within the Lifeline Exercise to prompt their consideration of their own lived experience.

Quantitative Research

Quantitative research will take the form of surveys. Primary exploration will be through a series of binary or closed questions designed around the themes arising from the qualitative research. The surveys will include questions to allow participants to expand on their experiences and perceptions around Equality, Diversity & Inclusion at HUTH using free text which can them ne crossed referenced to themes arising from case studies and the testimonial contracting process.

It is recognised that the NHS Staff Survey provides HUTH with consistent high level indicators regarding the broad experiences and perceptions of staff members who self-identify as:

- Having a disability
- Being BME or BAME (Black, Asian and minority ethnic)
- Being LGBTQ+

However, all of the above are ‘umbrella terms’ comprising a huge range of diversity within.

BAME is an ‘umbrella term’ which refers to people who are not White (Caucasian) by the UK Census definition. It can also include people who would classify themselves under ‘other White’. BAME people therefore may include:

- Arabic people
- Asylum seekers and refugees
- Asian or Asian British people*
- Black (African/African Caribbean) or Black British people
- Chinese people
- People of mixed heritage
- Travellers and Gypsies
- ‘other White’ e.g. White Irish, Australian, French, Polish etc.

[1] https://www.gsb.stanford.edu/sites/gsb/files/alumni-migration/files/alumni_migration/career/careerlifevision/pdf/Lifeline_Exercise.pdf

NOTE: Asian is hugely diverse including East Asian (China, Hong Kong, Japan etc), South Asian (India, Pakistan, Bangladesh etc) and Southeast Asian (Philippines, Thailand etc.).

The breadth of diversity within 'disability' or 'LGBTQ+' is similarly complex.

The results demonstrate on-going disadvantages for groups with a protected characteristic. The NHS Staff Survey demonstrates that staff who self-identify across the disabled and BME categories report:

- Experiencing a **higher** incidence bullying, harassment or abuse from managers, other colleagues or patients / service users, their relatives or other members of the public (both)
- Being **less** likely to report incidence of bullying, harassment or abuse
- Are **less** likely to believe that the Trust provides equal opportunities for career progression or promotion (both)
- Feel **more** pressure to attend work when feeling unwell (Disabled, BME not reported within WRES[2])
- Feel their work **is less valued** by the organisation than their colleagues (disabled, BME not reported within WRES[3])
- **Lower** levels of staff engagement (disabled, not reported within WRES[4])
- Experiencing **greater** levels of discrimination at work from managers, team leaders or other colleagues (BME, Disabled not reported within WDES[5])

20% of staff who self-identify as having a disability at this Trust do not feel that adequate adjustments are made for them.

At HUTH, staff reporting experiencing discrimination on the basis of:

- Ethnic background has **risen** (to 41%) in staff aged 50 years or less (35% overall)
- Gender has **risen** (to 31%) in staff aged 40 years or less (21% overall)
- Religion has **risen** (to 6%) in staff aged 40 years or less (4% overall)
- Sexual orientation has **decreased** (to 2% overall) except in staff who are 41-50 years old (rising to 4%)
- Disability has **decreased** (to 6% overall) except in staff who are 41-50 years old (rising to 14%)
- Age has **risen** to 23% (overall) across all ages of staff with21-30 year olds reporting the highest levels of age discrimination (40%)
- Other reasons is at 38%

[2] Demographic breakdown based on summary ethnicity shows BME staff *do not* feel more pressure to attend than white colleagues (Q11e)
[3] Demographic breakdown based on summary ethnicity shows BME staff feel their work is *more* valued than white colleagues (Q5f)
[4] Demographic breakdown based on summary ethnicity shows BME staff feel *more engaged* than white colleagues (Q2a, Q2b, Q2c) but the position is deteriorating
[5] Demographic breakdown based on disability shows staff self-declaring a disability report *higher levels of discrimination from patients and colleagues* than non-disabled colleagues (Q15a, Q15b) but the position is deteriorating

While the NHS Staff Survey, WRES and WDES report are useful crude indicators, they do not offer sufficient detail with regards to the precise nature of contributory factors or the underlying conditions which perpetuate staff experiences or perception in the context of HUTH. As the primary purpose of this project is to open a dialogue to greater understanding and to inform opportunities for HUTH to improve the lived experience of staff, greater granular detail in our specific context is needed.

Principles for Analysis

Staff experienced in qualitative and quantitative analysis will be asked to analyse the data. However, as our staff operate within the HUTH system and are likely to carry a degree of unconscious institutional bias as a result it is recommended that the project invite independent evaluation through experienced members of The Health Foundation's Q Community. The Q Community is a global network of experienced quality improvement professionals predominately but not exclusively working within the healthcare sector.

Emergent Themes

The Project Board is asked to provide direction as to whether emergent themes should be shared with relevant committees and networks within the Trust prior to the formal data analysis. Data analysis and related recommendations will form the main body of the project's closing report. However, it is recognised that the for staff sharing their lived experience, timely acknowledgement of that experience, validating and where necessary acknowledging perceived disadvantage is a means of providing assurance that the Trust is listening, learning and intent on taking learning into meaningful action. Should the board wish for themes are to be shared as part of regular project progress reports, the board is asked to advise on the format and venue for receipt of that information.

Recommendation

The EDI Our Voices Project Board is requested to note the proposed approach to gathering and analysing testimonials for the project and endorse the approach outlined for delivery of the project into 2020/21. The board is asked to comment with regards to the sharing of emergent themes during the course of the project.

OCTOBER 2020

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