

NHS Education for Scotland Equality Impact Assessment Report

Name of function, policy or programme

NMAHP Person-centred Care Education Programme

NES directorate or department

Nursing, Midwifery and Allied Health Professions

Name of person(s) completing EQIA

Ewan Kelly, Jane Davies, Helen McFarlane, Cheryl Harvey

Individuals or groups contributing to EQIA

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Due to the complexities of this programme of work and the subject matter, it was felt that a different approach to undertaking the EQIA was necessary. This approach meant we didn't consider the impact for each of the protected characteristics. Instead we took a broader view about how the effective delivery of person-centred care would have a positive impact for any of the protected characteristics.

1. Define the Function

NMAHP Person-centred Care Programme aims to support individual practitioners, teams and organisations across health, social care and the third sector to enhance their skills, knowledge, values and behaviours in relation to the provision of person-centred care. The programme includes a wide range of projects and activities.

Projects Included within this Programme and who benefits

The learning opportunities within the NES Person-centred Care programme are offered under the following project headings to staff working in health and social (including third sector) care:

Generic Essential Shared Capabilities

Delivering and facilitating training to embed values based practice and strengths based approaches into everyday roles.

Supportive and Supervisory Approaches

Helps participants to develop – and gain confidence in using - reflective, facilitative, coaching skills and techniques to support colleagues, both formally and informally, in their learning and CPD.

Facilitating Feedback Conversations and Responding to Complaints

Two related projects:

- One creating learning environments and using approaches which deepens understanding, enhance reflection or acknowledge skills. The underpinning premise is that feedback can be enhanced when it is a shared conversation rather than something one person gives and another receives.
- A second, delivered through a blended learning approach is aimed at supporting and enabling staff (including independent contractors and their staff) to respond to feedback, comments, concerns and complaints.

Leadership for Person-centred care

Delivering interactive masterclasses which explore

- Creating environments and cultures in which person-centredness can flourish
- The leadership role in this change
- Understand how person-centredness is positioned and sustained at Board level

Values Based Reflective Practice (VBRP)

Designed to help participants:

- (Re)connect with their core values and motivations
- Reflect on their attitudes and behaviours
- Enhance their person-centred practice
- Deepen their relationship with colleagues
- Develop their resilience and well-being at work

Brief Consultation Skills to Support Self Management

The programme aims to:

- Increase confidence and ability to facilitate self management conversations with people
- Increase knowledge and experience of approaches, tools and techniques that can support self management conversations to happen naturally in everyday practice
- Deepen understanding of self management, co-production, personal outcomes and asset based approaches and how to bring them together in practice.
- Grow and develop clinicians who are able to influence self management practice.

Activities

In summary, the above projects include a wide range of activities which the educators involved in developing this EQIA were required to consider with respect to enabling inclusion and equity of access to education and training:

- Provision of online education resources.
- Provision of education, training and workforce development including the production of a range of resources, direct delivery training and workshop facilitation.
- Engagement with service users in the design and evaluation of resources.
- Engagement with the third sector.
- Sharing and spreading good practice through networks and attendance/facilitation at conferences and events.
- Raising awareness of person-centred care and commission and market appropriate resources and events.

Who are the partners in developing and delivering the function and what are their roles?

NES works in partnership with a number of key stakeholders in the design and implementation of all the education initiatives and activities.

These include:

- Scottish Government Health and Social Care Directorates – policy and workforce lead
- Healthcare Improvement Scotland – lead for Person-centred health and care collaborative
- Health and Social Care Alliance Scotland – lead for the co-production workstream ‘People Powered Health and Wellbeing’
- NHSScotland Boards – provision of safe, effective and person centred health and care for the population of Scotland and employers for staff who would participate in our initiatives and activities
- Higher education institutes and further education establishments – lead on educating and development of the future workforce for NHSScotland
- Social care providers
- A range of third sector organisations – involved in delivery of a number of the activities and projects as well as providing expertise and stakeholder input to with some of them also supporting the delivery of care across NHSScotland

2. Evidence used to Inform Assessment Discussion

- Beach, MC et al. 2005. Cultural competence: A systematic review of health care provider educational interventions. *Medical Care*. 43(4): 356-372.
- Beach, et al. 2007. Can patient-centred attitudes reduce racial and ethnic disparities in care? *Academic Medicine*. 82(2) 193-198
- Betancourt, JR. 2003. Cross-cultural medical education: Conceptual approaches and frameworks for evaluation. *Academic Medicine*. 78(6):560-569
- Boorman, S. 2009 NHS *Health and Wellbeing – Final Report*. Department of Health
- Campinha-Bacote, J. 1999. A model and instrument for addressing cultural competence in health care. *Journal of Nursing Education* 38:203-207.
- Doyle, C. Lennox, L. and Bell, D. 2013 A systematic review of evidence on the links between patient experience, clinical safety and effectiveness. *BMJ Open* 2013;3:e001570 doi:10.1136/bmjopen-2012-001570,
- Kelly, E. 2013 Translating theological reflective practice into values based reflective practice: a report from Scotland. *Reflective Practice: Formation and Supervision in Ministry* 33: 245-256.
- Kleinman, A and Benson P. 2006. Anthropology and the clinic: the problem of cultural competency and how to fix it. *PLoS Medicine* 3(10): 1673-1676.
- Lips-Wieresma, L. and Morris, L. 2011 *The Map of Meaning: a guide to sustain our humanity in the world of work*. London: Greenleaf.
- Rosso, B. Dekas, K. and Wresniewski, A. 2010 On the meaning of work: a theoretical integration and review. *Research in Organisational Behaviour* 30: 91-217.
- Saha, S, Beach, MC and Cooper, LA, 2008. Patient centeredness, cultural competence and healthcare quality. *Journal of the National Medical Association*. 100(11): 1275-1285.
- Sears, KP. 2012 Improving cultural competence education: the utility of an intersectional framework. *Medical Education* 46:545-551.
- Scotland's National Action Plan for Human Rights (SNAP)
- Seeleman, C, Suurmond, J and Stronks, K. 2009. Cultural competence: a conceptual framework for teaching and learning. *Medical Education* 34:229-237.
- Taylor, JS. 2003. Confronting 'culture' in medicine's 'culture of no culture.' *Academic Medicine*. 78(6): 555-559.
- Wear, D. 2003. Insurgent multiculturalism: Rethinking how and why we teach culture in medical education. *Academic Medicine*. 78(6): 549-554
- West, M and Dawson, P. 2012 *Employee Engagement and NHS Performance*. The King's Fund..
- ISD workforce statistics on NMAHP by age and gender
- ISD workforce data on total NHSScotland workforce by ethnicity, gender and age

The projects within this programme seek to change the focus in education (and thus in practice) from being primarily competency or task based to that which promotes the art of health and social delivery ie the development of professional or practical wisdom. Such an approach encourages the application of knowledge, skills and reflected experience gathered in the past,

to be utilised in the present with discernment, informed by the person's character or value's base.

Staff have such opportunity through this programme to enhance their understanding of the intentional, discerned use of their human abilities as well as their professionally acquired skills in delivering health and social care. The projects within this programme enable staff to reflect on their practice in a manner that helps to identify, hone and utilise their personal strengths or assets as well as their professional ones in delivering person-centred care. Initial published evaluation of work which informs one of these projects reveals that participating staff find that such training deepens their person-centred practice, enhances relationships within teams and promotes engagement and fulfilment at work. (Kelly 2013)

If staff find their work meaningful and engaging not only do they feel well and are more resilient (Rosso et al 2010, Lips-Wiersma and Morris 2011) but that the care they offer enhances patient experience (Boorman 2009) and reduces patient morbidity and mortality (West and Dawson, 2012). Patient experience cannot be separated from safety and clinical effectiveness in influencing patient outcome (Doyle et al 2013).

Why is this important to an EQIA on a person-centred programme?

The programme itself is fundamentally based on helping staff to be more reflective and reflexive about the values they seek to embody at their work – including attention to equity, inclusivity and self-awareness in relation to their attitudes towards the protected characteristics. This includes NES staff commissioning, planning, delivering and evaluating educational and training opportunities. If through participating in education and training commissioned or delivered by NES, staff are empowered to practice in a values based, reflexive manner then not only does NES help to enhance health and social care staff wellbeing and engagement but patient experience and outcomes also.

The evidence regarding the overlap between person-centred care and cultural competence (Beach et al 2007 and Saha et al 2008), underpins the importance not only of educating and training staff to become more reflexive about their individual attitudes and practices but also to be cognisant of the impact of organisational beliefs and behaviours and systems' processes on equity and inclusivity. A significant element of training and education in this area is helping practitioners make the link between their individual beliefs, attitudes and worldview and that of the teams, organisations and communities which they belong to and work in (Beach et al 2005, 2007).

The action plan developed as part of this EQIA seeks to make these links as well as recommending a values based tool for use in order to test equity and inclusion in accessing NES education and training in relation to the protected characteristics.

3. Results from analysis of evidence and engagement

We recognised the diversity of the projects within the person-centred programme but were able to identify the following key issues which are common to all projects. Each:

- Helps to challenge personal and collective values, assumptions and stereotypes and makes it possible for individuals to apply such awareness for their own situation and role.
- Enhances the understanding of the impact of the wider social context on a person's ability to interact with health services.
- Aims to engage with organisational systems and structures seeking to create organisational cultures where person centredness flourishes.

From discussion and reflection emerged 2 key themes.

1. The importance of helping staff with the underpinning skills and capabilities for person centred care. This would lead to being able to demonstrate equitable and culturally competent care. This is essentially about developing self awareness with regard to underpinning attitudes, behaviour and views. This theme includes, for example:

- Generic Essential Shared Capabilities
- Values Based Reflective Practice
- Facilitating Feedback Conversations

The educational literature supports this approach to education for cultural competence (for example, Saha et al 2008, Betancourt 2003) and highlights the importance of considering the implications of social inequalities for health. Thus, although values-based reflective practice may be an important underpinning component of cultural competence as it challenges educators to reflect, for example, on issues of power ; an understanding of discrimination and inequalities is also required.

One key ongoing question for the Person-centred programme overall then is how education and workforce development resources incorporate learning about issues of inequalities, including the inequalities experienced by particular communities.

2. Enabling specific skills development to support staff to engage people in their personal health, care and wellbeing. Communication skills remain a crucial aspect of successful health and care provision. Communication is much more than just properly informing individuals it is a two way process of involving, understanding, listening, hearing, respecting and responding to individuals needs. This theme includes, for example:

- Responding to and learning from Complaints and Feedback
- Brief Consultation Skills to support Self-Management

As well as the projects identified above as examples there is a range of other work across NMAHP, indeed NES to which these key themes apply. Therefore, this impact assessment will support NMAHP and NES to embed person centredness across its core business and programmes of work, for example, Equal Partners in Care and Health and Social Care Integration.

Analysis has highlighted the following points to promote inclusion:

- 1) Acknowledging the risk of **gendered bias** that ie person centredness is often aimed at women and at nurses, person centredness is stereotypically associated with being a 'female trait', nurses are often stereotypically thought of as a female profession, the risk being that person centredness is not being embraced by the more male dominated health care professions. We therefore acknowledge the need to carefully consider how best to develop this work for the benefit of NES colleagues and avoid the risk of the **gendered bias** stemming from our NMAHP perspective.
- 2) As a general principle, NES staff require a broad understanding of diversity and the implications of inequality alongside reflective approaches and ensure this informs the development and delivery of our educational programmes as well as an awareness of where to obtain more detailed information.

In addition, crucially, what is necessary is a willingness to listen to the individual needs, lived experience and worldviews of stakeholders as well as an awareness of where to access relevant information on the issue in hand. For example, in relation to race and culture, educators require a broad awareness of the racial, ethnic and religious groups within Scotland and that they have, for example, different cultural interpretations of health and wellbeing as well as various dietary and ritual needs. The NES document *Equality and Diversity for Course Design* and <http://www.bbc.co.uk/religion/tools/calendar/> contain helpful information in these areas.

- 3) In order to listen to the needs of others and avoid making assumptions and stereotyping, NES educators require to be aware of the lens through which we view others and the world. Self awareness is central to enabling inclusion and equity of access to relevant educational programmes and resources. In relation to race and culture staff need to be aware of our own values, beliefs, attitudes towards issues of power, race, culture, faith and social difference.

4. Actions taken or planned in this financial year (2014-5) in response to issues identified in the analysis

The action plan has been developed to specifically identify realistic achievable goals in the short term. The following issues have specifically informed action planning:

- Effective delivery of person-centred care will have a positive impact on protected characteristics
- Maximise the impact of all of the projects and initiatives already undertaken by ensuring that we continue to provide support to and develop a network of the individuals who have participated in the training and education
- Help to challenge personal and collective values, assumptions and stereotypes and makes it possible for individuals to apply such awareness for their own situation and role, including issues of power and inequality.
- Education of staff involved in the person-centred programme of the significance of the impact of discrimination and inequality on potential learners.
- The need for educators on the person-centred programme to lead by example with regard to inclusion and equity of access to learning.

NB. In the longer term it would be helpful, in particular, to develop a model to teach cultural competence through a person-centred approach to NES staff in order to deepen their understanding of the impact of person’s social and cultural circumstances on their ability to learn and deliver health and social care services.

Actions for subsequent years will be developed at Operational Planning.

Issue identified	Action to be taken in response to issue and 1 for NES staff 2 for NMAHP programme team	Responsibility	Timescale (indicate whether actions have already been completed, or provide timescale for carrying out the action)	Resources required	What is the expected outcome?
Maximise the impact of all of the projects and initiatives already undertaken by ensuring that we continue to provide support to and develop a network of the individuals who have participated in the	1. Deliver a series of regional workshops which will enable participants to embed the skills and techniques they have learned through the existing person-centred care activities and initiatives and enable them to embed these into their own practice and that of their	Programme team	March 2015	Time for programme team to develop and deliver workshops	Individuals will embed the skills and techniques they have acquired into their practice and that of their colleagues which will support the delivery of effective person-centred care and enable staff to respond to the personal,

training and education	colleagues.				social and cultural circumstances of individuals.
The need to challenge personal and collective values, assumptions and stereotypes and make it possible for individuals to apply such awareness for their own situation and role, including issues of power and inequality.	<p>2. Application of the NAVVY tool in relation to the activities identified within this EQIA that are performed by educators working within the person-centred programme.¹</p> <p>1. Influence and collaborate with other educators in NMAHP to utilise NAVVY as above</p>	Programme Team	<p>March 2015</p> <p>March 2015</p>	Time	Improvement in the person-centred nature of education and practice
The need to educate NES staff who are developing person centred programmes and resources on the significance of discrimination and inequality.	Sign posting educators to relevant resources and sources of information.	Programme Team and input from Kristi Long	December 2014	Time	Improving engagement with and inclusion of stakeholders from minority groups.
The need for the person centred care programme to lead by example with regard to involvement of a diverse range of people.	NES Staff only Provide examples where co production inclusive of all protected characteristic has been at the heart of educational research development. See below example of actions related to AAC project within the person centred programme.	Programme Team	December 2014	Leadership of programme. Regular programme meetings. Allocation of project support for the programme.	Projects within other projects will apply similar approaches.

¹ See Appendix 2 (p16)

Appendix 1 : An example of good practice from the EQIA performed on AAC project within person-centred programme

Issue identified	Action to be taken in response to issue	Responsibility	Timescale (indicate whether actions have already been completed, or provide timescale for carrying out the action)	Resources required	What is the expected outcome?
<p><u>1. Educational Inclusivity</u></p> <ul style="list-style-type: none"> - NES funded L&D not considering protected characteristics in an anticipatory manner - NES funded L&D considering access to education in R&R locations and all sectors 	<ul style="list-style-type: none"> - L&D funding application form – use inclusivity as a key criterion - R&R funding provided – opportunity circulated across wide network of contacts 	<ul style="list-style-type: none"> - Project Team - Project Team 	<ul style="list-style-type: none"> - Ongoing - Ongoing 	<ul style="list-style-type: none"> - - Project funding 	<ul style="list-style-type: none"> - Evidence of inclusivity considered in all applications - Attendance by all R&R areas

<u>2. Overall implementation of project recommendations at a strategic level</u>	Consideration of inclusivity at all Steering Group meetings	Steering Group	Ongoing	-	All Steering Group decisions made after consideration of inclusivity
<u>3. Cultural competence</u> - Workers - General public	<ul style="list-style-type: none"> - Commissioned universal support resources meet NES access standards - Marketing strategy targets all audiences in a range of appropriate mediums - Development and evaluation of IPAACKS which provides national consistency and identification of required capabilities for all workers 	Project team	<ul style="list-style-type: none"> - Ongoing - Jan 2014 – March 2015 - December 2013 – March 2015 	<ul style="list-style-type: none"> - Project funds - Project funds - Project funds for staff 	<ul style="list-style-type: none"> - Project vision - All partnerships use IPAACKS

<p><u>4. Ensuring that educational funding to support delivery of A Right to Speak supports improved access and outcomes for diverse communities.</u></p>	<p>Enhancing access, services and outcomes for diverse populations included as a criterion in funding applications.</p>	<p>Project Team</p>	<p>Ongoing</p>	<p>-</p>	<p>- Evidence of inclusivity considered in all applications e.g. will be addressed in all L&D Fund applications and included as evaluation criterion in the evaluation form</p>
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5. Monitoring and Review

The educators involved in developing the EQIA for the NMAHP person-centred programme are committed to meet on a regular ongoing basis to monitor equality impact.

In particular we are seeking to develop a set of questions for NES staff to check person centred aspects of the programme. It is envisaged that the impact of staff considering these questions on the person-centredness of educational projects may be evaluated by seeking staff and stakeholder feedback.

We will monitor how NMAHP and other directorates implement these questions and also how they embed cultural competence within their educational activities through the directorate reports that are provided through the NES Person centred care, Participation and Equality and Diversity Lead Network (PEDLN).

The function will be reviewed annually in line with operational and corporate planning cycles.

The Programme Director will be responsible for leading this review – Sonya Lam

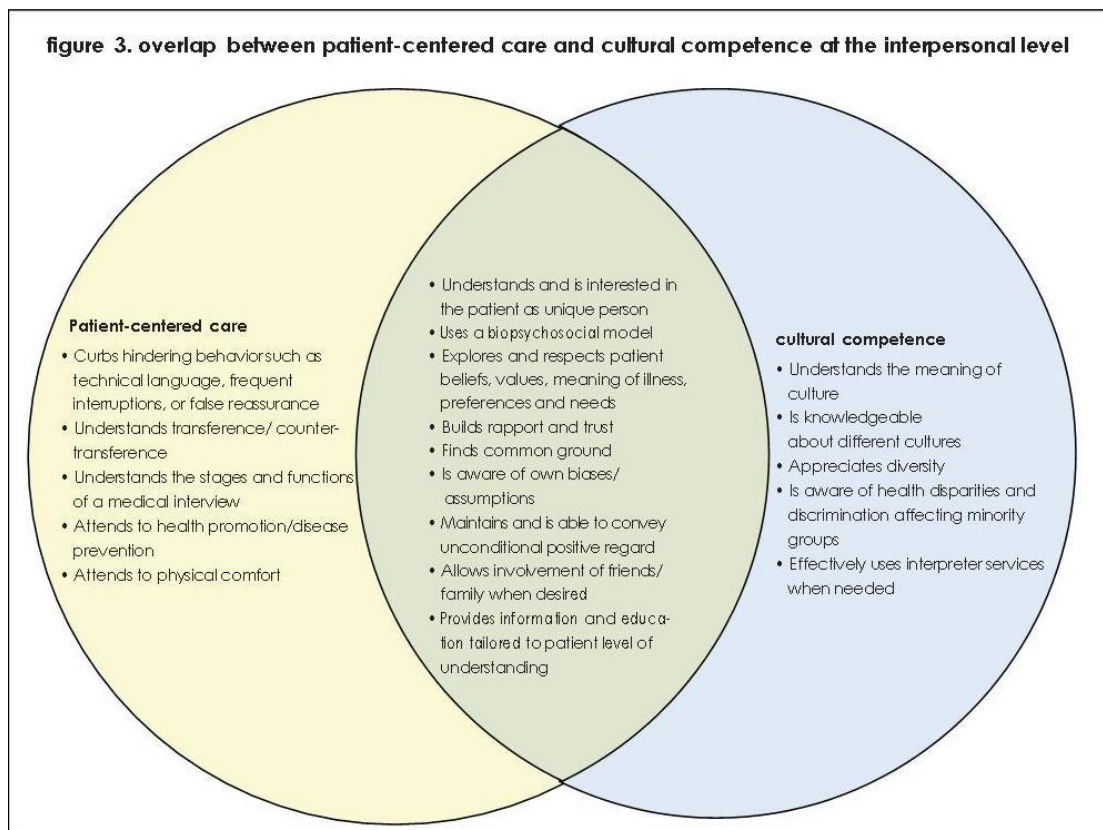
Sign off by: NMAHP DMG
Date: 3rd September 2014

Appendix 2

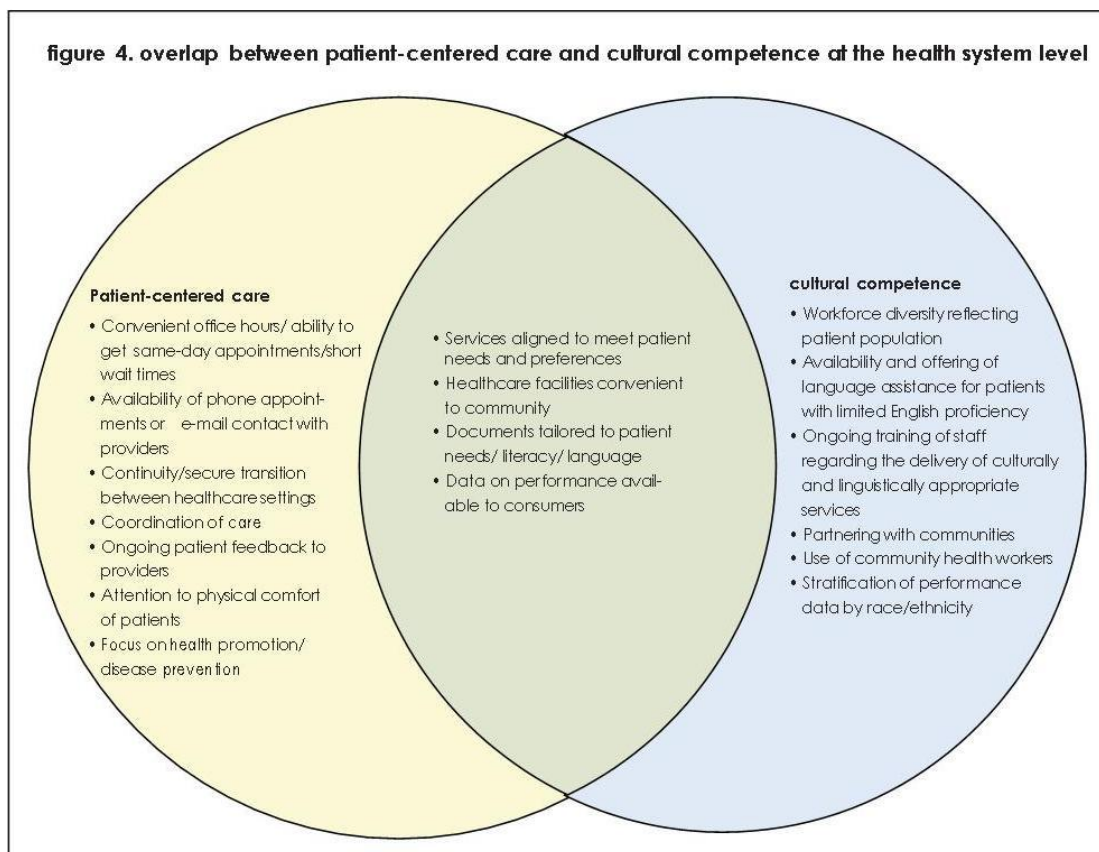
Promoting Person-centredness and cultural competency – utilisation of NAVVY (a values based tool)

Our shared reflections as a team developing this EQIA acknowledge that leadership for the person centred care workstream has multiple connections with the themes and key issues identified in section 3. It has particular relevance in relation to creating organisational environments and systems which encourage person-centred practice. Developing such leadership should be underpinned by the relevant skills, knowledge and capability to enable delivery of person centred care. Saha et al (2008) argue that person centredness ('patient-centredness' in their terminology) and cultural competence are overlapping approaches to improve the quality and responsiveness of health care at both:

a) the interpersonal level (Saha et al 2008, 1281)



b) and the level of health care systems (Saha et al 2008,1282)



Person centred leadership can only be effective with a leader who has self awareness, ability to reflect and has an understanding of their own values and how this relates to the experience of others. Such leaders create the culture where person centredness can thrive and require to be able to understand the complexities and significance of the dynamic relationship between individuals and the cultural context they work and are cared for in.

Our discussions as part of creating this EQIA led to a further revelation that as educators with responsibility for person centred care programmes we should embrace the leadership role of developing an equality impact assessment that demonstrates the values contained in the above diagrams and enables the resulting document to be used by others in NMAHP and throughout NES. Embedding person centredness throughout educational programmes is a key ambition to enhance person-centred care within health and social care in Scotland.

Emerging from our discussions was a focus on what actions we need to take to help promote person centredness. Developing a series of key questions that each NES staff member for responsibility for commissioning, developing, delivering and/or evaluating education resources and/or infrastructure will be one way in which the

person centred care programme can support our colleagues to deliver on ensuring person centredness is promoted and embedded in NES activity.

The questions raised by the values based reflective practice (VBRP) project may provide a useful starting point for taking forward the actions to enhance person-centred and culturally competent approaches to education. Helping NES staff to consider their own values, attitudes and behaviours in their roles as commissioners, designers, deliverers and evaluators of education will mean the person centred care programme is delivering on the 2 key themes identified in section 3 (p6).

The NAVVY tool utilised in VBRP :

N – whose needs are being met	NEEDS
A – what does this say about our abilities/capabilities	ABILITIES
V - what is being valued, undervalued, overvalued	VALUES
V – whose voice is being heard or silenced	VOICE/POWER
Y – what does this say about you/your educational team/your educational or training programme	YOURSELF

The NAVVY tool may be utilised in relation to each specific protected characteristic but also to inform how as educationalists NES staff carry out the activities identified on p3.

For example, when considering the development of the Flying Start Programme whose voice(s) were heard and whose were not in the process of engaging with NHS staff (ie with whom did the power lie?)