

migrant-friendly hospitals

Final Report MFH Project at: Bradford Teaching Hospitals NHS Foundation Trust

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Introduction

Good health is a global goal that requires international collaboration to achieve reductions in health inequalities and to share best practice. Responding to the needs of minority ethnic groups or diverse communities is a challenge confronting many organisations in Europe. The moral and ethical value of equality has been sold throughout the world. It is every human being's fundamental right to health services, irrespective of their ability to pay. No one should be excluded or suffer particular difficulty in accessing and effectively using services because of their age, race, disability, gender, colour, social background, sexuality, illness (such as HIV or AIDS status), nationality, ethnic origin, marital or legal status or religion.

Bradford Teaching Hospitals NHS Foundation Trust's (BTH) objectives include ensuring that all its services are accessible, appropriate and sensitive to the needs of all members of the community. BTH has been addressing the equality agenda for a number of years, from the appointment of the first interpreter (cultural mediator) some 40 years ago to an establishment of a dedicated equality and diversity department with 17 members of staff and annual budget in excess of £500,000.

BTH recognises the importance of being an outward-looking organisation and has been involved in international health care in a number of countries for many years. BTH welcomed the opportunity of being invited to join the Migrant Friendly Hospital (MFH) project. The benefits of becoming a partner in the MFH project included:

- Working in partnership with European partners in addressing the issues of equality and diversity;
- Sharing of good practice – BTH had been addressing the equality agenda for many years, but primarily from a 'British' perspective and MFH project offered opportunity to learn from colleagues on other countries response to the equality agenda;
- LBI offered opportunity for learning and development through the provision of theoretical support as well as providing practical guidance through many experts in the field of equality and diversity.
- MFH offered an opportunity of broadening ones horizons not only in terms of professional development in terms of equality and diversity but also experience of working in countries around Europe.
- MFH also offered opportunity for networking among colleagues around the world.

BTH, acknowledging the need for a systematic approach to international health developments has established an International Health Link Steering Committee (IHLSC). The aims of the committee include:

- Establish criteria for suitable international health links
- Support the establishment of health links between Bradford Hospitals and international partners
- Use the link to promote greater awareness of the health issues in developing countries among the Trust staff, and to learn from best international practices, for example Pursuing Perfection
- Explore educational opportunities through secondment and exchange of health professionals.
- Explore ways of reducing global health inequalities through transfer of knowledge, expertise, equipment and medicines.

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Currently, positive work is being undertaken in Africa, Bangladesh, India, Iraq, Nepal, Pakistan and Europe. The benefits of such work include:

- **Education and Professional Development.** There are wide potential benefits for both individual staff and the organisation. Exchange of healthcare staff between partnership organisations can improve their knowledge and skills from experience in different contexts.
- **Awareness.** Rising of awareness about international health inequalities. The scale of global inequalities in health remains largely unrecognised. Health partnerships provide a chance to improve understanding of health burdens in developing countries and to make these real and personal to staff in the UK.
- **Communication.** Strengthening cultural links and friendship to enhance international cooperation. Health partnerships provide health organisations with the opportunity to be outward looking and acknowledge the global nature of healthcare.
- **Research.** Research in areas important to the health of developing countries is much neglected. Health partnerships between academic units can provide the expertise and commitment required to prompt valuable research and development.
- **Technical Support.** Professional exchanges to provide one off professional support. This can provide direct patient benefit in developing countries where access to specialist support is scarce. Benefits to NHS organisations include better communicable disease control through exchange of information and development of clinical expertise.

Bradford Teaching Hospitals NHS Foundation Trust

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Ownership	Public
Size	2 – sites St. Luke’s Hospital and Bradford Royal Infirmary Hospital
Number of beds	1249
Patients/year:	495,600 (March 2003-April 2004) (30% patients from black and minority ethnic communities (bme) comprising of:
In-patients:	106,000
Out-patients:	284,000 100,000 Accident and Emergency attendances 5,500 Babies delivered
Staff	5019 – (15% bme staff)
Medical:	503
Nursing and Midwifery staff:	2169

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Specialisation	<p>Acute General Hospital – fulfilling a number of functions:</p> <ul style="list-style-type: none"> • Local hospitals for 500,000 people living in the Bradford Metropolitan area • Specialist centre • Teaching Hospital for local medical school • Centre for medical research and development
Community Served	<p>We serve one of the poorest communities in England, which, as a result, has high levels of ill health and death.</p> <ul style="list-style-type: none"> • 20% local population overall from bme communities – expected to rise to 28% by 2011. Increase of ‘new’ migrants from Eastern Europe, Iraq and Africa • 40% of growing population – is officially classed as deprived • Death rate in some areas 50% above the national average • CHD death 10% higher than the average • High incidents of diabetes, asthma, Thalassaemia, deafness and Tuberculosis

Existing Services for Migrants and Ethnic Minorities

Bradford Hospitals NHS Trust’s objective is to provide a seamless service to all, where patients are treated as individuals and with privacy and dignity taking account of the different needs of the diverse population we serve. Furthermore, where patients and the public are actively involved in planning services and in monitoring their provision, enabling patients to receive only appropriate interventions and experience successful outcomes. With regards to patients from the black and minority ethnic communities and disabled people, the above is achieved through the following:

- Development of 3 yearly Equality Strategy and related work programme
- Dedicated Equality and Diversity Department
- Equality and Diversity Strategy and Structures: Equality and Diversity Steering Committee (chaired by the Chief Executive and membership comprising of Executive Directors), Equality and Diversity Advisory Group (chaired by the Director of Hospital Services and membership comprising of hospital staff, patients and community representatives).
- Ethnic monitoring system: patient documentation and data transfer to service planning
- Provision of interpreting service
- Workforce that is representative of the community served, including multicultural and multi lingual staff
- Community consultation on specific service development e.g. diabetes, circumcision service hospital catering etc.
- Policies and procedures relating to promoting equality and valuing diversity and for the provision of equitable service to diverse communities.
- Training for staff (2 dedicated equality trainers) covering different aspects of equality and diversity, ranging from Patient profiling to service equity to Recruitment and Selection.

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Equality and Diversity within BTH

BTH's international healthcare projects form part of the overall Equality Strategy (1).

This Equality Strategy offers a framework for developing, monitoring and evaluating equality initiatives. The Equality Steering Committee, chaired by the Chief Executive continues to:

- Provide a mechanism to develop, monitor and evaluate progress on the Trust's Equality Strategy and related Work Programme
- Monitor how the Trust currently delivers its service in light of needs identified
- Ensure that all future service developments take into account the needs of all groups who make up our diverse community.

The Equality Strategy and the implementation process will form a core part of our annual Business Plan. It will be incorporated into senior managers' personal objectives, ensuring that the equality and diversity features prominently in their objectives and personnel development plans for every member of staff.

For copies the Equality Strategy contact: Dilshad.khan@bradfordhospitals.nhs.uk

Organisational Structures to Support the Equality Agenda

To support Bradford Teaching Hospital's Equality Strategy the following organisational structures have been established.





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Equality Steering Committee (ECS)

The Chief Executive chairs the Equality Steering Committee with membership comprising Executive Directors, Director of Equality and Diversity.

It sets the framework in relation to service delivery and employment for the Trust by:

- Developing, approving and monitoring the Trust's Equality Strategy and related work programmes
- Receiving reports from the Trust's Equality and Diversity Advisory Group
- Ensuring that BTH uses its influence and resources as an employer and contractor of services to make a difference to the life opportunities and the health of its local community
- Supporting equality and diversity initiatives at local, national and international level
- Preparing an annual report for the Board of Directors

Equality and Diversity Advisory Group (EDAG)

The Trust's Equality and Diversity Advisory Group, chaired by the Director of Hospital Services, with membership from Operations directors, specialist staff, service users and community representatives has been established to support the Trust in addressing the equality and diversity agenda.

The primary aim of the EDAG is to identify barriers faced by disadvantaged groups in gaining access to services and employment opportunities, and to make recommendations to the Trust in overcoming such barriers.

Disability Equality Steering Committee (DESC)

The Trust has established the Disability Equality Steering Committee (DESC), chaired by the Director of Equality and Diversity. The DESC will provide strategic direction for the Disability Equality Implementation Group in undertaking the duties identified in the Disability Discrimination Act 1995 and the Trust's equality strategy

Departmental Equality and Diversity Forums

Specialist locality based equality forums have been established to support the Trust's equality strategy. The initiative actively supports the Equality and Diversity Advisory Group's aims and objectives.

Participation in MFH Subprojects

BTH acknowledged the need to address issues of communication, mother and child health and training and development in order to develop a more culturally sensitive service, delivered in a sensitive manner to all patients and having many years of experience in addressing these areas, and of the good work undertaken by other colleagues in the MfH partnership, BTH could see the benefits of collaborating and actively participating in all three subprojects.

SUBPROJECT A: Pre-booking of Interpreting Services Utilizing the NHS Booking System.

There is a well-developed Liaison Officer/Interpreting Service at this hospital. However, departments tend to request interpreters ad hoc on a patient's arrival. The NHS scheme for planned booking of appointments gives an opportunity to enquire as to the need for an interpreter when the appointment is booked and, therefore, the production of a list of appointments requiring interpreters at least two weeks in advance to be sent to the Liaison Officer Service. This should enable those patients who require an interpreter to have one available at the time of the appointment rather than waiting and dissuade staff from an inappropriate over-reliance on family members.

A project group was formed, a system was devised and forms developed for telephone enquiry and interpreter request; appropriate staff were informed and trained.

Unfortunately use of the system was only sporadic due to staff changes in the appointment booking office, the particular problem being the administration manager leaving and not being replaced during the time-course of the subproject, leading to loss of leadership and shortage of staff. This, together with the short time-scale imposed on the subproject, led to no meaning results being obtained. Intuitively, the intervention is likely to be a useful one and will be re-assessed at a later date when staffing allows.

SUBPROJECT B: MOTHER AND CHILD HEALTH – Bridging The Gap, an audio visual approach

Julie Walker Matron Maternity and Alex Horsfall Bereavement Support Midwife working in collaboration with Luis Torrecilla Rojas, Midwife, Hospital Punta De Europa, ES, addressed the issue of overcoming communication barriers for women whose first language was not English.

Bradford is a multi-cultural, multi-ethnic city, situated in the North of England. Its Maternity Unit delivers approximately 5,500 babies per year 48% of which are to minority ethnic groups.

Led by the Infant Feeding Advisor, Janette Westman, a team of midwives developed a video approach in providing relevant, sensitive information regarding breast-feeding, to a hard to reach population in terms of linguistic and cultural barriers.

Hospital Punta De Europa, Algeciras, is situated in southern Spain. Whilst serving the local population, the hospital also provides health care to a transient population of refugees, many of whom risk a perilous sea journey from North Africa. Communication and health education

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opportunities for both client and staff are minimal due to the rapid dispersal of individuals throughout the European Union.

The Breast-feeding video has become a part of standard antenatal care in Bradford. Produced in local languages of Urdu, Punjabi, Bengali & English, every woman has the opportunity to borrow a copy.

Luis Torrecilla Rojas, Midwife identified that whilst opportunities to provide formal health education regarding mother & child health did not exist, to be able to provide information on breast-feeding during the hospital stay would be beneficial.

A partnership between the two hospitals began, resulting in the video being produced in DVD format. Original scripts were translated into Arabic, French and Spanish for women attending Hospital Punta De Europa.

Although sample sizes are small in both countries, evaluation indicates high satisfaction rates for accessibility, content, format and information.

Since the videos were available in Bradford, there has been an increase in breast-feeding rates and Baby Friendly status was awarded to the hospital during 2004.

The joint project has been submitted to Conserjeria de Gobernacion who made a call for papers for the Andalucia y la Migracion Awards that offers a prize fund of E3000 for the winners. News is awaited for this award however it is hoped to develop the partnership further if the submission is successful.

SUBPROJECT C: Developing Cultural Competency Training

BTH participated in SPC in terms of providing advice and guidance to colleagues, we did not participate in the piloting aspects of the project as we have been addressing the equality and diversity agenda and in particular equality training for many years. We have appointed two specific trainers at within our equality department. One whose remit is to look at ethnicity, harassment, bullying and issues pertaining to racism and discrimination as well developing cultural awareness and cultural competency training. The other looks at disability, gender and sexuality. Both of them work together in terms of looking at training programs such as promoting equality and valuing diversity.

In terms of our equality and diversity training programs we have generic equality and diversity training programs for all staff and we have specific training programs for particular departments and areas. Our equality and diversity training is incorporated into the overall organisational training calendar, therefore staff are made aware of all the equality training programmes well in advance and therefore this help with enabling staff to be released for the training programmes.

Furthermore, equality and diversity training is incorporated in healthcare (nurses, doctors, physiotherapist, dieticians etc) professional training and development programmes. These programmes specifically require health care professionals to address questions such as:

- What does it responding appropriate to patients from diverse communities mean?
- How do they ensure that when developing services the issues of equality and diversity are addressed?
- How to address issues of prejudice and discrimination.

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We are very fortunate in Bradford, as we have a senior management, in particular our chief executive Mr David Jackson, who leads by example. All our executive directors, board members, senior managers have undertaken a equality and diversity training and continue to do so on a regular basis. We certainly have commitment from the top, our chief executive is the chair of the equality steering committee, ensuring that equality and diversity is incorporated into the organisational strategic objectives and policies.

Just to give you some examples of the type of training that we undertake:

- Recruitment and Selection - which is actually ensuring that all the individuals involved in the recruitment selection process understand that issues around prejudices and discrimination and how prejudices can come into the recruitment selection process. Our aim is to ensure that all recruiters have undertaken Recruitment and Selection training – currently we ensure that the chair of the panel has undertaken such training.
- Developing Cultural Competences - specifically targeting individual staff members to look at how they can develop their own personal cultural competences as well as the departmental cultural competences.
- Asian naming system - Now our demographic profile is high number, in fact about 20% of our back and minority ethnic community, of which 80% comes from the South Asian communities. Now clearly we had incidences where in the past names would not be address because staff could not pronounce them, so they call them from the address, which can be quite impersonal on the one hand and can lead to embarrassing situations where if you identify yourself through your address in public, therefore letting people know that there is likely to be no one at your house, then a thief could go round your house and burgle you whilst you are in hospital.
- Ethnic Monitoring or Patient Profiling - we need to raise the awareness of staff as to why we collect data around ethnicity and gender and disability and about the useful aspects of such programs.
- Equality Legislation Updates - The UK has a plethora of equality legislation and they are constantly changing and new ones are coming in, so we have programs to make sure that we update our staff on the new legislation and what it means to them.
- Understanding and Responding to Prejudice and Discrimination in the Workplace
- Cultural Mediation - training for, what you call, cultural mediators, we call them liaison officers; some people call them interpreters. None of our interpreters actually goes to see a patient before they have undertaken a particular training program. I am not talking about that professional competences in terms of communicating the languages, but how to interact with patients and how to be a third person in that process. We have a program for staff on terms of how to work with interpreters, because they have a role of responsibility as well in terms of how they interact with interpreters and with the patients.

Bradford Teaching Hospitals NHS Foundation Trust has been addressing the equality agenda for many years, during which we have been pioneers in developing innovative ways of addressing equality and diversity as well as learnt from our mistakes, we will be happy to work with colleagues on projects regarding developing services that are more accessible, appropriate and sensitive to the needs of black and minority ethnic groups as well as other discriminated groups. We are also very keen to ensure that as an organisation we have a workforce that can deliver equitable services, in the right numbers with the right skills and representative of the communities that we serve.

For further information please contact Mr Dilshad Khan Director of Equality and Diversity on: dilshad.khan@bradfordhospitals.nhs.uk