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# An EDB Perspective into Incident Reporting Workshop for Leadership roles

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**Simone Welch (Twitter: Simone\_welch1)**

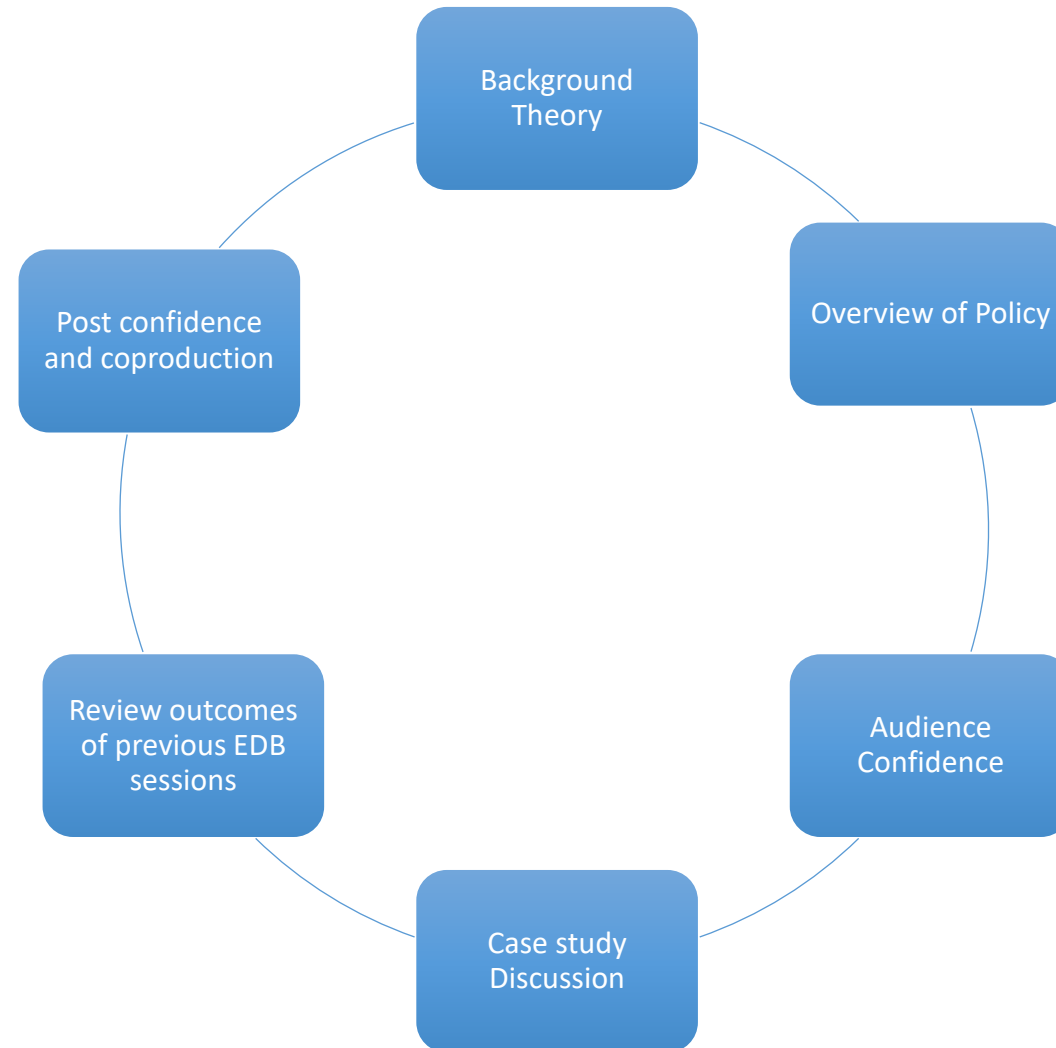
Specialist Stroke Occupational Therapist- Imperial NHS healthcare Trust; EDB Incident Reporting Champion

**Ama Minney**

Specialist Neuro Physiotherapist- Imperial NHS healthcare Trust; Trust BAME Ambassador

**Disclaimer: This workshop will discuss topics of a sensitive nature that could be triggering**

# Session Outline



# Aims of Session

To understand the importance of EDB incident reporting to support cultural change

To improve my confidence in supporting staff who report EDB incidents

To contribute to the co-production of tools for managers in relation to EBD incident reporting

# Background Theory

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An EDB Perspective into Incident Reporting Workshop

# EDI vs. EDB

- **Equality Diversity & Inclusion (EDI)**

Ensures fair treatment and equality of opportunities for all. It aims to eradicate prejudice and discrimination on the basis of an individual or group of individual's protected characteristic

- **An EDI Incident**

Would breach this concept and our Trust values (ie kindness).

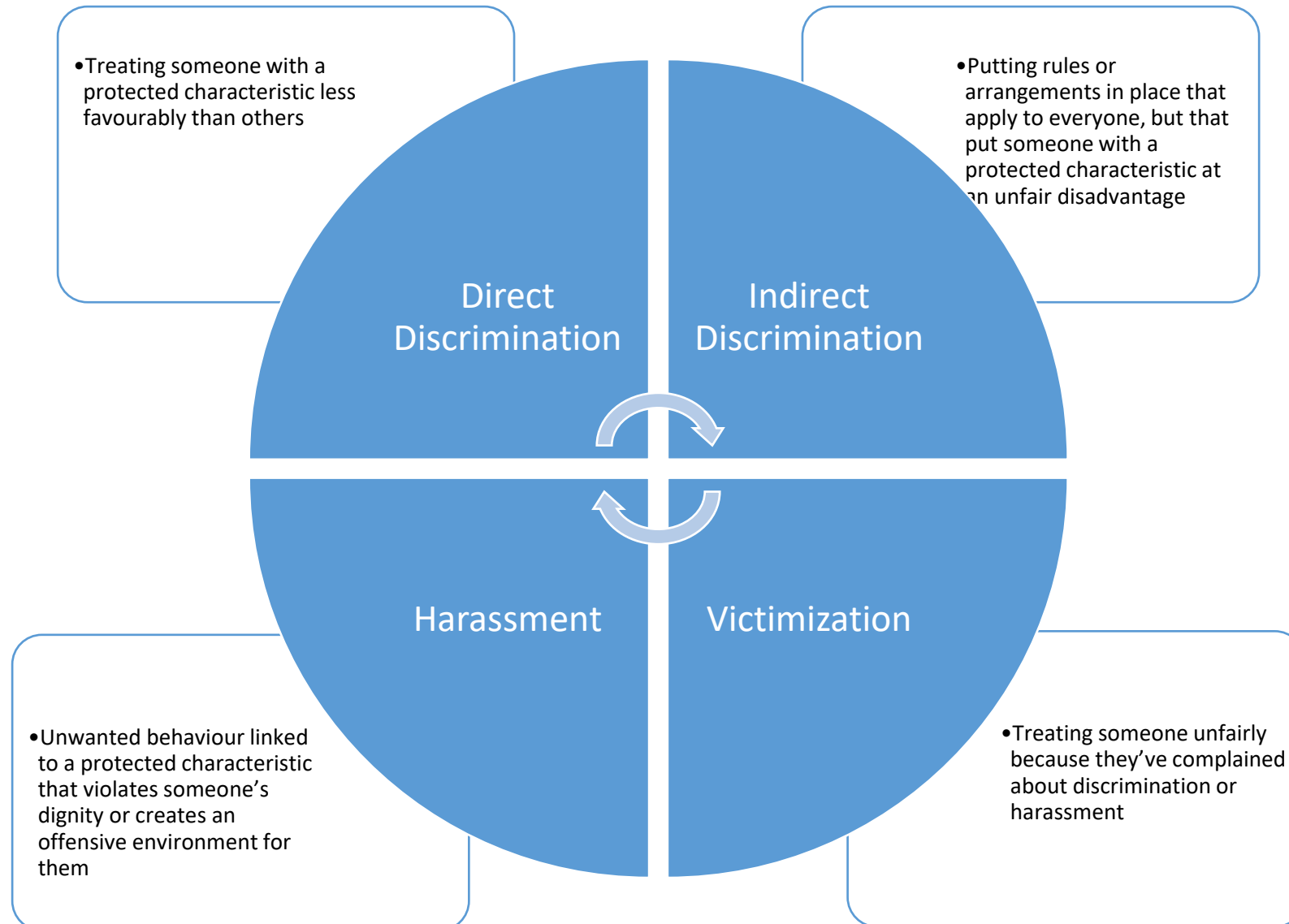
- **Equity, Diversity and Belonging**

Disrupting normal patterns of behaviour and recognising and appreciating differences. Action belonging to ensure true inclusivity

# The Equality Act 2010



# Types of EDB Discrimination





# Institutional and Structural Discrimination

## Institutional Discrimination

- Macpherson report's definition: "the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people.

## Structural Discrimination

- Structural racism is inequality rooted across the operation of a system or society that excludes or has a significant negative impact on large numbers of a particular racial group and their ability to participate.

# Occupational Therapy demographic (HCPC, 2021)

Category	Occupational Therapy Average	Other Professional Average
Age	42 years	42 Years
Gender	92% Women; 8% Men	76% Women, 24% Men
Disability	11%	8%
Carers	43%	35%
Sexual Orientation LGQ	4%	4%
Ethnicity	11% BME; 87% White	17% BME; 83% White

# Workforce Race Equality Standards (2022)

## WRES indicator 6

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months: 2015 - 2021

For 93.5% of trusts, a higher proportion of BME staff compared to white staff experienced harassment, bullying or abuse from staff in last 12 months. This figure was 92.7% in 2020.

Figure 24.

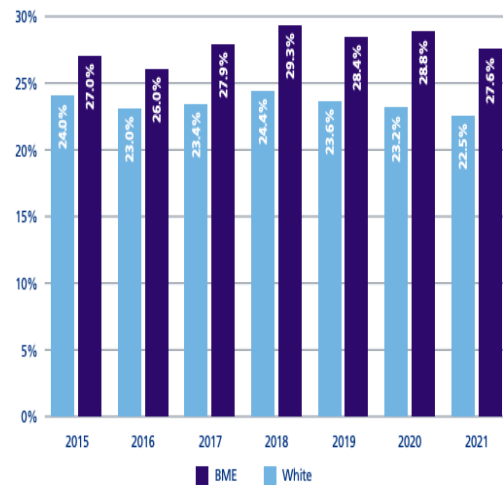
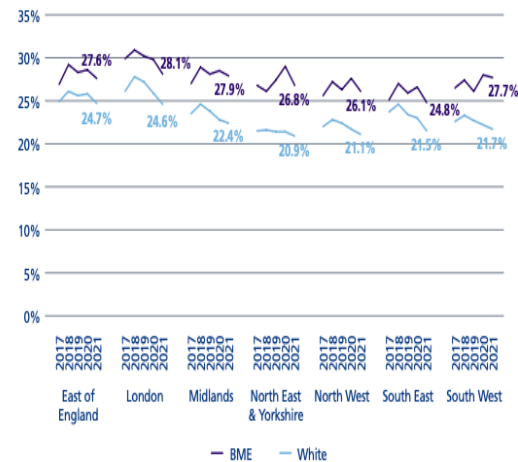


Figure 25.



## WRES indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months: 2015 - 2021

Figure 20.

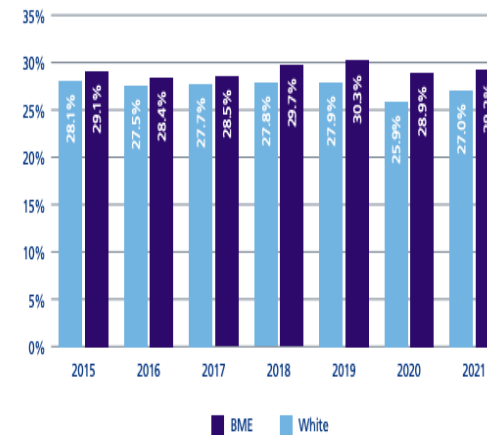
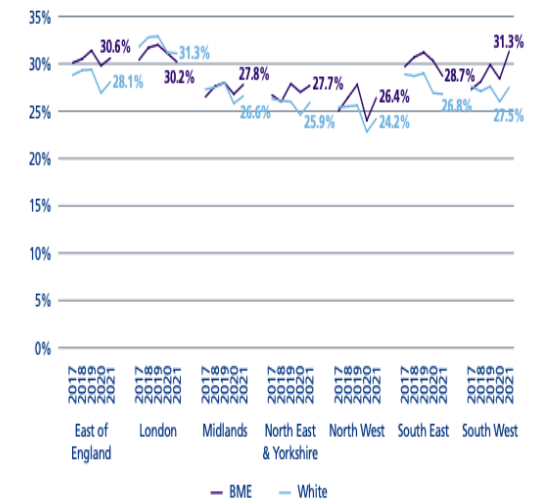


Figure 21.

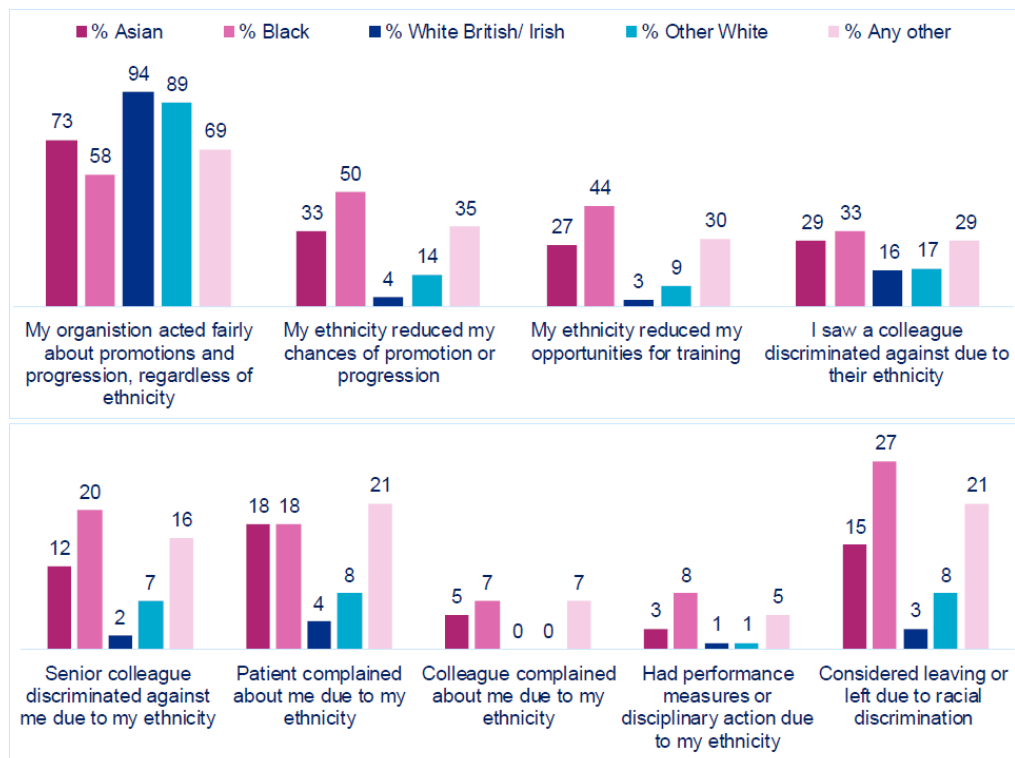


# Key Outcomes from WRES

- Only a small number of leaders in the NHS are BME
- More BME workers than white workers get disciplined
- BME workers are more likely to be disciplined in London
- BME workers and white workers in London report lots of bullying and harassment at work
- More white workers than BME workers think they can have a good career in the NHS

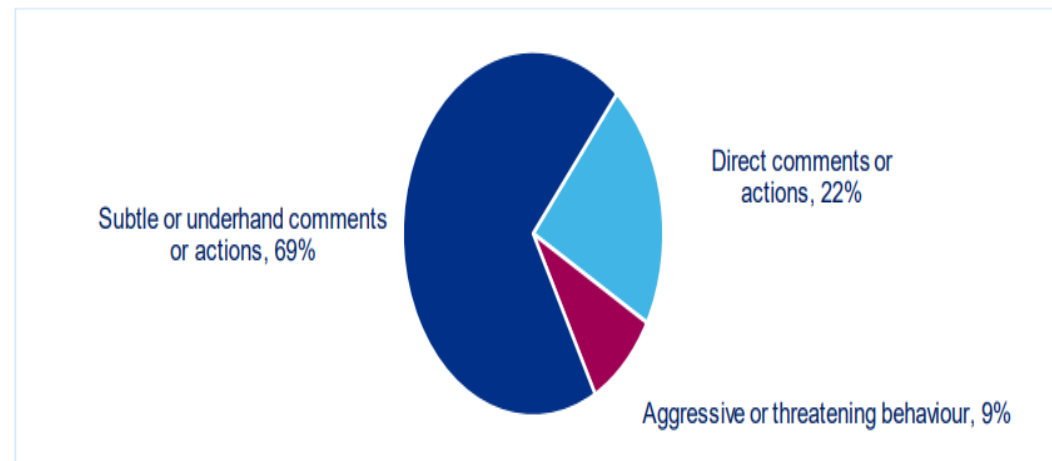
# Pan London Discrimination and Racism Primary Care Survey

Figure 5: Views about impact of ethnicity on opportunities and behaviours in past year



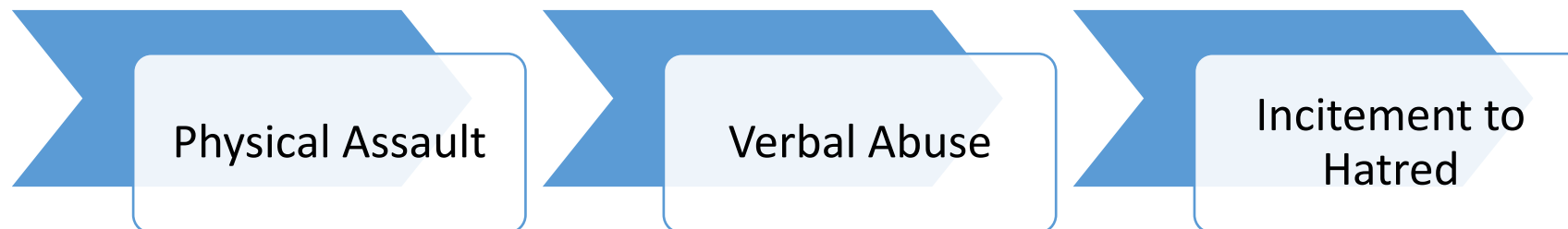
- 7 out of 10 people said this involved subtle comments or actions (69%)
- 2 in 10 described explicit comments or actions (22%)
- 1 in 10 said they had experienced aggressive or threatening behaviour, mostly from patients (9%)

Figure 6: Types of recent racial discrimination at work in past 12 months



# Law: Hate Crime

- A hate crime is defined as 'Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender.'



# Health Care Professionals Council (HCPC)

- **Regulatory body** for 15 allied health professions in the UK
- Set standards of proficiency that registrants must uphold
- Considers the legal and government landscape and **publish guidance** accordingly
- Have powers to **impose fines or penalties**, or restrict your ability to practice

# HCPC Standards of Practice

- The Public Sector Equality Duty (PSED) comprises general duties which state we must have due regard to the need to:
  - eliminate unlawful discrimination, harassment and victimisation
  - advance equality of opportunity between people who share a protected characteristics and those who do not
  - foster good relations between people who share a protected characteristic and those who do not
- **Standard 5:**  
To be aware of the impact of culture, equality and diversity on practice
- **Standard 6:**  
To be able to practice in a non-discriminatory manner



# ZERO TOLERANCE & BULLYING AND HARASSAMENT POLICY

**ZERO**  **TOLERANCE**  
**POLICY**

The graphic features the word 'ZERO' in large, bold, black capital letters. The letter 'O' is replaced by a red prohibition sign (a red circle with a diagonal slash). Below 'ZERO' is the word 'TOLERANCE' in white capital letters inside a black rectangular box. At the bottom is the word 'POLICY' in large, bold, black capital letters.

# LONDON WORKFORCE RACE EQUALITY PLAN

## MAKING BIG CHANGES

- Making the NHS a place where everyone cares
- Better support for managers

## SUPPORT

- Good support for NHS workers who need it
- Sharing the best way to do things

## LEADERS TO TAKE RESPONSIBILITY FOR DECISIONS

- Getting NHS organizations to run services the same way
- Finding new ways to run healthcare services

## FINDING OUT WHAT WORKS WELL

- Collecting good information
- Making sure any changes last for a long time

# Pre-Session Confidence Poll:

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[www.Slido.com: 4126194](https://www.slido.com/join/4126194)

# Incident Reporting in the Workplace

Ground: Datix, supervisor/manager/educator, supporting policies



Middle Escalation: Freedom to Speak up guardians, BME Ambassadors, Affinity Networks



Higher Escalation: HR, Union

# Supporting Theories

## Framework for Safe, Reliable, and Effective Care



© Institute for Healthcare Improvement and Safe & Reliable Healthcare

Source: Frankel A, Haraden C, Federico F, Lenoci-Edwards J. *A Framework for Safe, Reliable, and Effective Care*. White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017. (Available on [ihi.org](http://ihi.org))



# Scenario Discussion:

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An Occupational Therapist in your team approaches you to report an incident of a patient shouting racial abuse at staff in the bay including a HCA and stated “F\*\*k off and go back to Africa”

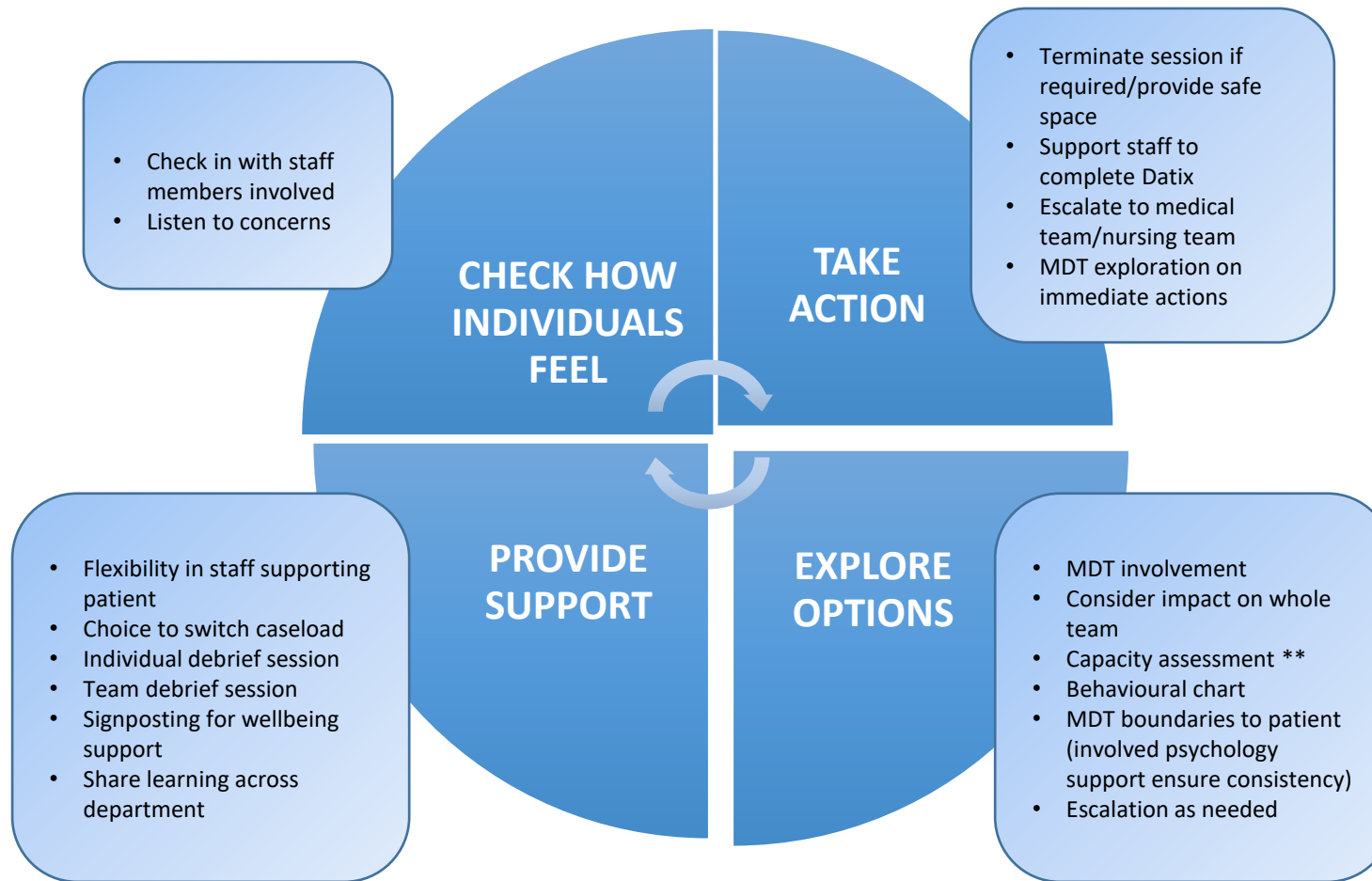
On reporting the staff member reports that the HCA has said she is ok and feels that she is “use to this behaviour”

The patient has had a stroke and now has an acute infection

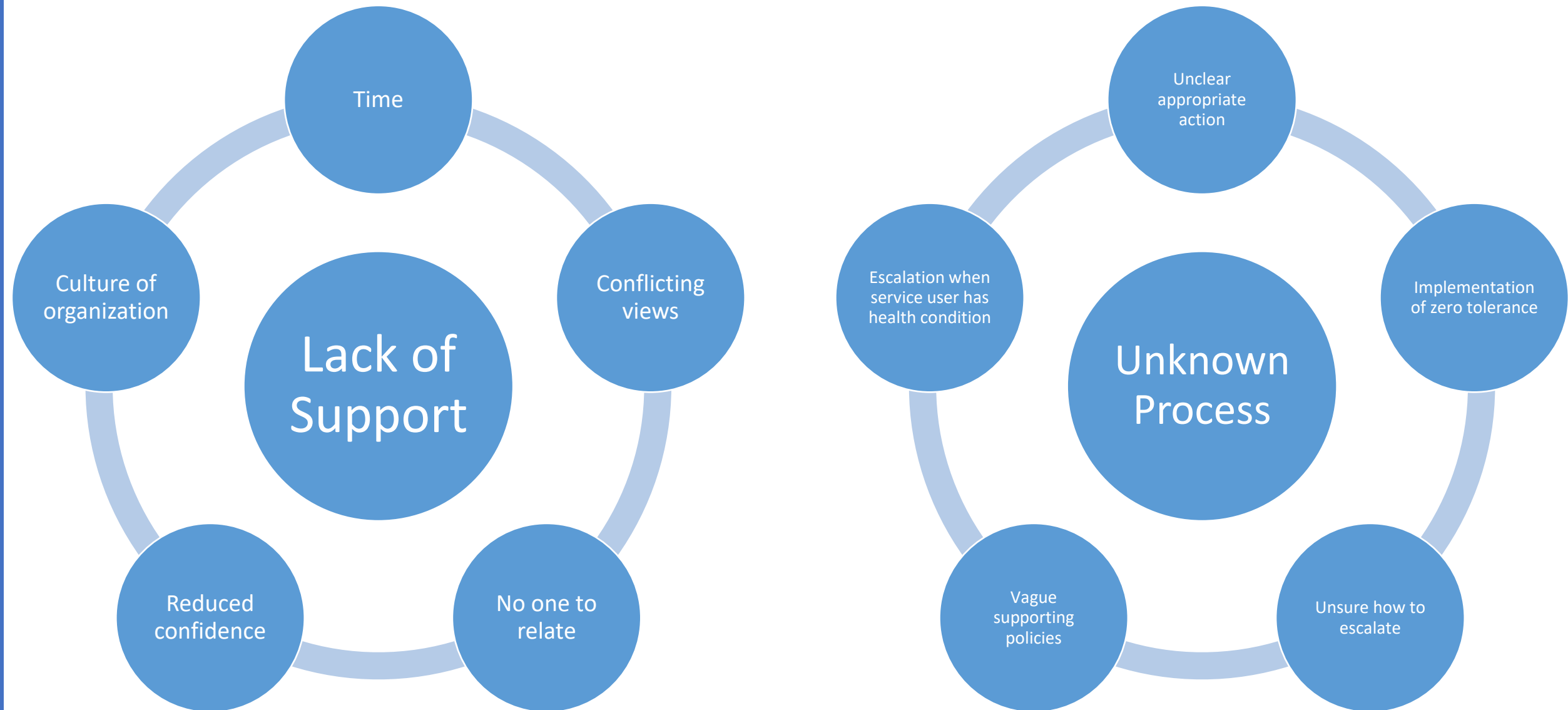
[www.Slido.com](https://www.slido.com): 1837027

# Case Study

**EDI Incident reporting case study:**

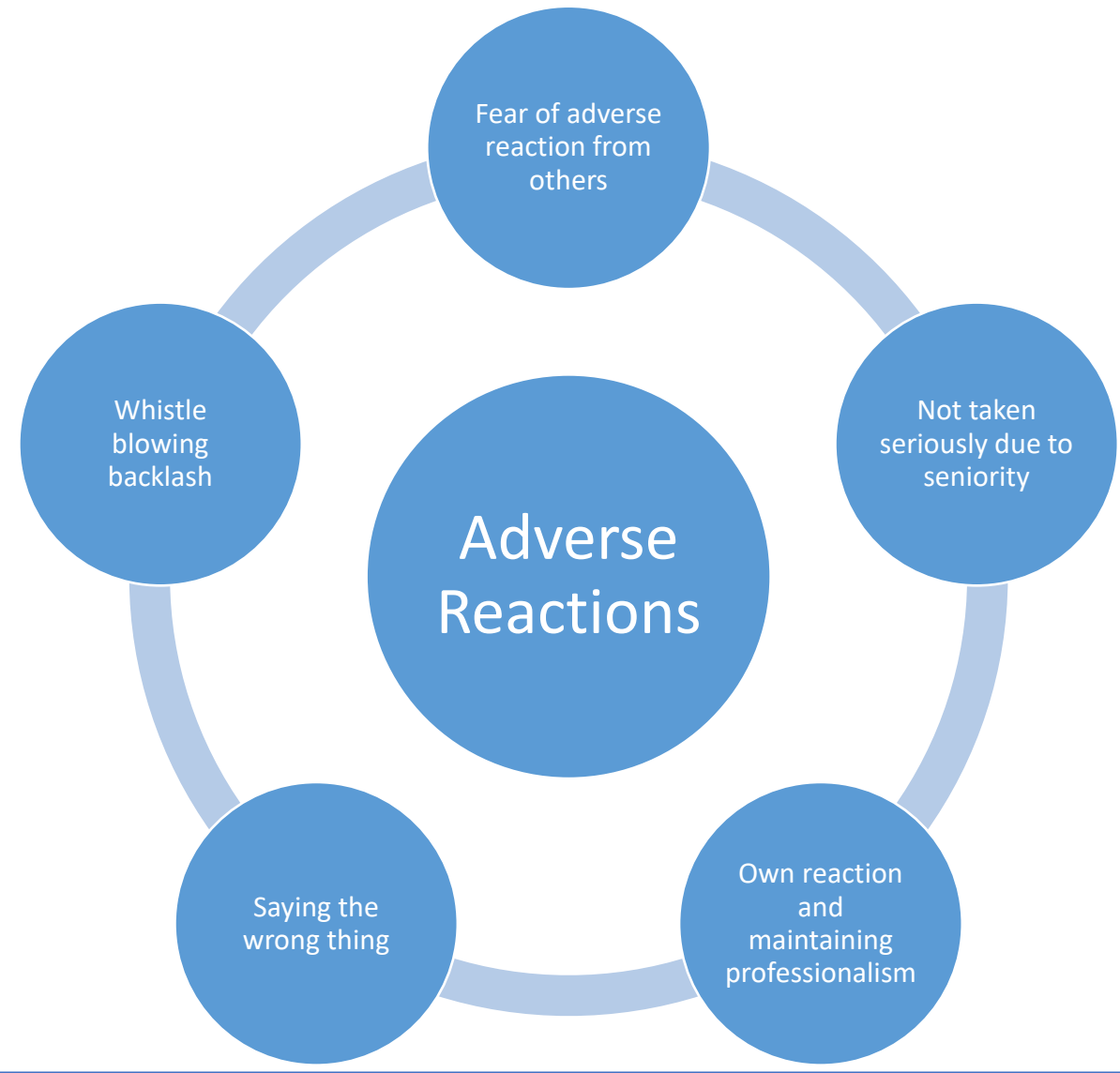


# EBD Workshop: Barriers to Action

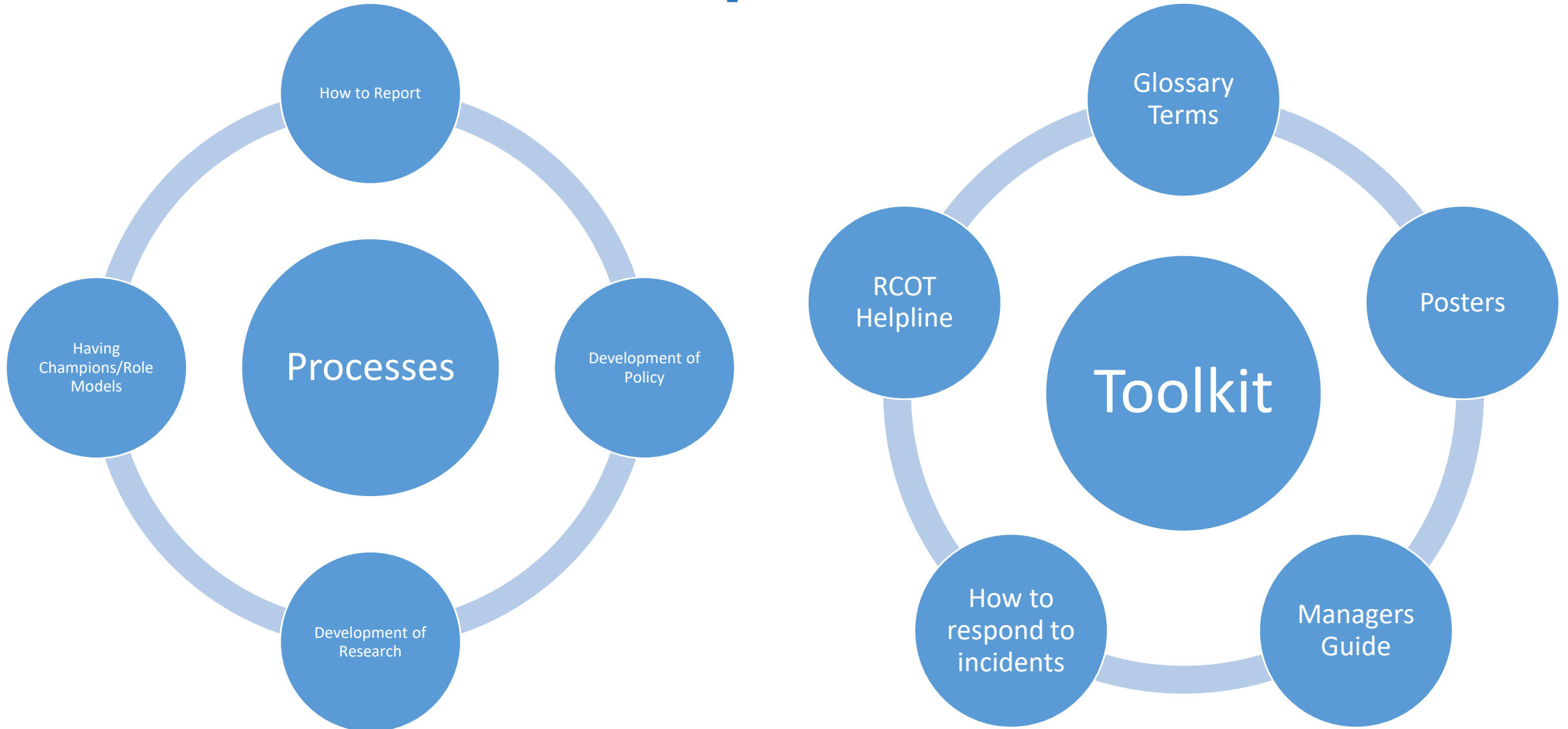




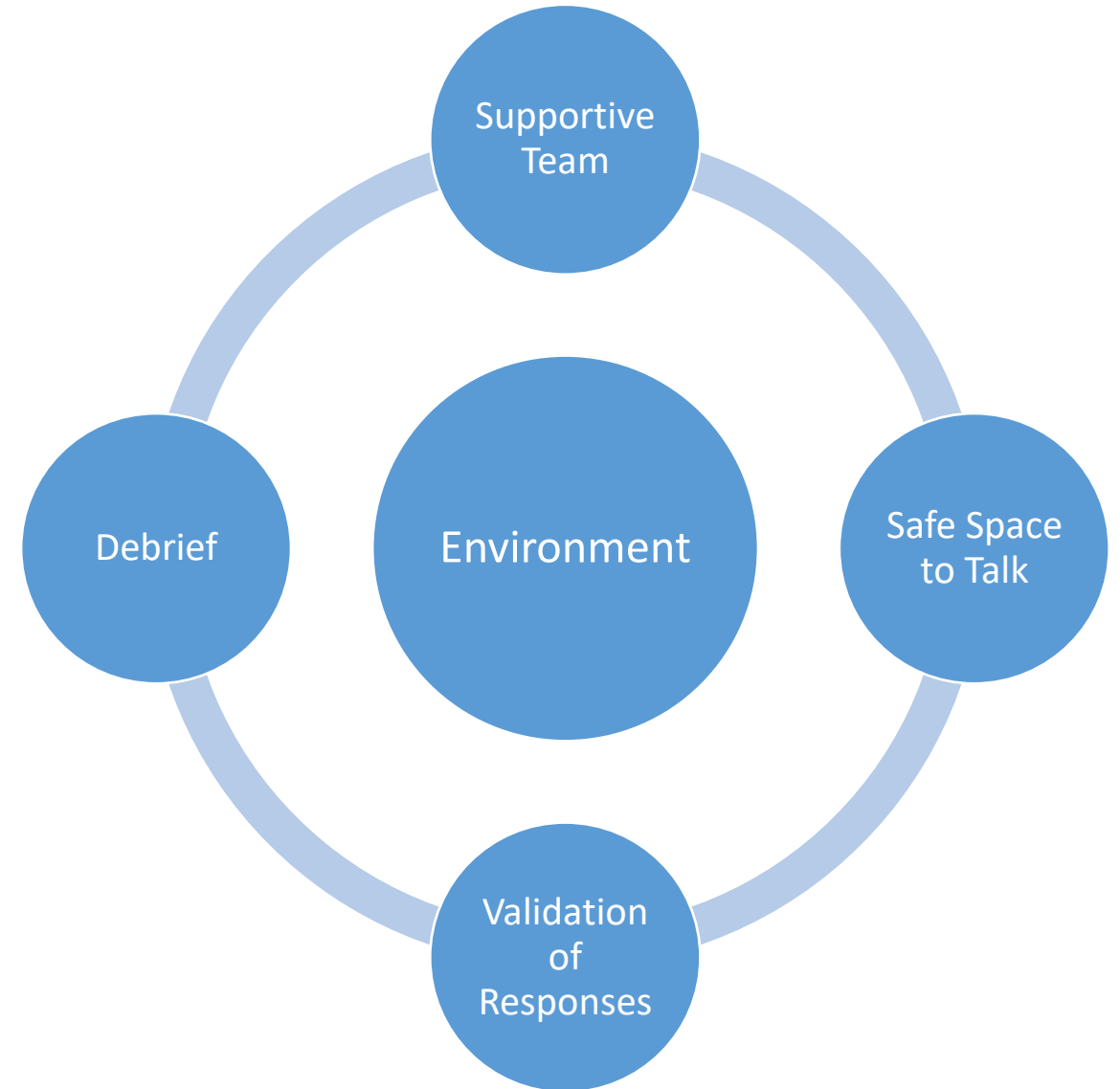
# EBD Workshop: Barriers to Action



# EBD Workshop: Co-Production



# EBD Workshop: Co-Production



# EDI Resources and Events

@BAMEOTUK

@ABLEOTUK

@LGBTQIAOTUK

Join a local staff network )race equality, women's, I-CAN (disability), LGBTQAI network

Local Mandatory equality and diversity training

Race and equity leadership training (managers)

Leadership courses (staff group level)

Read up on journal articles

EDI Resources/  
Toolkits

RCOT EBD Insight sessions

EDI newsletters

Sign up to events by RCOT Affinity Groups (Follow their Twitter pages!)

# Resource: The 2010 Equality Act and 5Ds of Upstander Intervention by RightToBe.com

<https://equalityplacements.blogspot.com/2023/03/full-slides.html>

**Conduct from Placement Educators**

For Students Witnessing and Experiencing Prejudice in Practice Placement

Part of a Student  
Led by: OT@Brunel

ts have been that they can't because enough to t. I wasn't kind of se because I t to do."

**Steps to take:**

- **Document** what happened, date, time, location, and parties involved.
- **Alert** your university placements contact and personal tutor. Prepare a draft using the 'approaching your educator' template. Discuss with them to see if the way you are expressing yourself is clear or if it could be further improved.
- **Send** to your educator via email, CC your university placements contact and personal academic tutor.
- **Delegate Step 1a:** if the response was not satisfactory, email your university placements contact and personal academic tutor.
- **Delegate Step 1b:** Other people you can reach out to - Freedom to Speak Up Guardians, staff networks for people with protected characteristics, OT Affinity Groups.

**Appro**

- **Observe**
- **evaluate**
- **Express**
- **Express**
- **Express**
- **Make a**

Placement Educators

**Conduct from Service Users**

For Students Witnessing and Experiencing Prejudice in Practice Placement

Part of a Student  
Led by: OT@Brunel

mental health was quite something g. But because a patient with sues. So, is n? But anyway y educator he did nothing happens."

**When service users' behaviours are linked to an underlying condition or pathology:**

- They should still be challenged
- Behaviour should still be documented
- You should still have your well-being checked and be given support
- Options on how best to deal with situation discussed

**Step 1**

- Raise concern to plac to BMA guidance on discrimination from p
- Ensure prohibited ca service user records)

**Step 2**

- If the response was n (all together in one m clinical placements, h Academic Lead for Pl EDI Lead, Personal T
- Other people you ca
  - Freedom to Speak
  - Staff networks for characteristics
  - OT Affinity Group

14 Health & ety at Work Act 19 NHS Zero erance Policy 10 Equality Act

BMA 2022: How to manage discrimination from patients [bit.ly/BMApatients](https://bit.ly/BMApatients)

Service Users

**Conduct from Team on Placement**

For Students Witnessing and Experiencing Prejudice in Practice Placement

Part of a Student  
Led by: OT@Brunel

id the whole OT team acement that I am trans, ey/them pronouns. I questions about these ...The whole team was he full duration of my ked if it was OK for me to ey are talking about me whilst I am present, they rrected them, they d "abrupt" on my half way y... I did not feel like I can defend myself anymore, out got through my end, it took such huge th I had to take a break hardly able to keep up tments."

**What to do (5Ds of Upstander Interv**

- **Direct Challenge:** as an immediate response to the incident.
- **Distract:** as an alternative immediate response if unable to ch
- **Document incident on DATIX and personal records:** what h time, location, and parties involved.
- **Delayed Response:** Person on receiving end should still have be given support
- **Delegate Step 1:** Options on how best to deal with situation d placement educator.
- **Delegate Step 2a:** If the response was not satisfactory, email y placements contact and personal academic tutor.
- **Delegate Step 2b:** Other people you can reach out to - Freedo Guardians, staff networks for people with protected character Groups.

"Sometimes you start to feel it when you're kind of like the on meeting and they're all talking and you feel very intimidated. y even when you make a point you feel conscious as what I wan come across the way it would sound if a white person would s

Team

**Discrimination and Harassment Based**

For Students Witnessing and Experiencing Prejudice in Practice Placement

Part of a Student  
Led by: OT@Brunel

**evention**

ement call / visit, discuss with PAT erment call / visit, discuss with ator.

ie nicest part of London and I say things or the way I s because of the area that in London, it doesn't quite and it can make me feel like an, the word that gets used oligan, and sometimes that well, just because I'm not standard form of English, able, but it can be a bit

**Template for discussion:**

- "I am not a native user of English. I am conc language may be a challenge to my learning
- These are the steps that I am already taking language skills ...
- This is the support that I have already acce the uni ...
- Can we discuss possible supports available placement organisation which I would be a perhaps resources for international recruit
- Can we discuss what strategies we can put between ourselves to help mitigate risks / p challenges?"

Incident reporting

# Co-Production and Post Confidence Polls:

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[www.Slido.com: 1030219](https://www.slido.com/join-public/1030219)

# Questions/Comments:

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## Website Resources

[https://www.hee.nhs.uk/sites/default/files/documents/Pan-LondonDiscrimination%26RacismPrimaryCareSurvey\\_Final.pdf](https://www.hee.nhs.uk/sites/default/files/documents/Pan-LondonDiscrimination%26RacismPrimaryCareSurvey_Final.pdf)

<https://www.england.nhs.uk/midlands/wrei/glossary-and-key-concepts/>

<https://www.gov.uk/guidance/equality-act-2010-guidance>

<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>

<https://www.met.police.uk/advice/advice-and-information/hco/hate-crime/what-is-hate-crime/>