



# HEALTH MATTERS

MOVING BEYOND COMPLIANCE TO AN EMPLOYER AND CARE PROVIDER OF CHOICE FOR PEOPLE FROM ALL BACKGROUNDS IS KEY FOR MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

## → EXCELLENCE, TEAMWORK AND

putting patients first are central values at Maidstone and Tunbridge Wells NHS Trust. A large acute hospital providing a full range of general hospital services and specialist cancer care, it incorporates three main hospitals: Maidstone, Pembury, and Kent and Sussex. On the front line, the trust delivers a service that meets the individual needs of each of its patients, visitors and colleagues.

The trust recently began building work on the UK's first all-single-bedded hospital through a Private Finance Initiative (PFI) on the Pembury site. The new hospital is due for completion in 2012 and means that patient services will be delivered in a new way. The design team is working closely with the community, patient groups, clinicians, disability action groups and black minority ethnic (BME) networks to ensure that the hospital and reconfiguration of services meet everyone's needs.

At the highest level, the board is committed to being an employer and healthcare provider of choice. Its members understand how the local community is made up and its health and social care needs, and they assess any access and provision inequalities in partnership with the West Kent Primary Care Trust.

### INCLUSIVE CULTURE

BME staff represent around 14 per cent of the trust's workforce, approximately 713 employees, which is much higher than Kent's population average of 5.3 per cent. Similarly, women are well represented across all levels of the organisation. However, as Head of HR Policy and Information Sarah James Whatman explains: 'As a trust we need to ensure that we are identifying and removing barriers for the seven strands of diversity, and that we are continually challenging practices that reduce opportunities for people. This doesn't happen overnight and involves challenging perceptions and misconceptions right across the organisation.'

The trust has in place gender, disability and race equality schemes, as well as an equality and human rights policy. These enhance the working lives of staff and provide equal access to training and career development. They also forge closer links with the community and ensure access to services for all. Not only does the trust have measures in place to ensure a fair selection process and access to its services, but patient and staff diversity statistics are also monitored.

Sarah continues: 'The trust has an established BME network and a disability action group that are identifying issues for patients and staff and working with partners from the local community, managers and staff to address them.' Some solutions benefit a wider audience than the seven strands of diversity, such as the communication tool kit originally produced to support patients with learning difficulties. This uses pictures and words to describe feelings, symptoms and needs. As the wards have begun to use it they have discovered it is also useful for patients recovering from strokes or people whose first language isn't English. 'We are working hard to move from compliance to embedding diversity into all of our practices – ensuring that policies, service reconfigurations and business plans are all considered against the seven equality strands,' Sarah adds. 'There will be a big drive to raise awareness among staff and complete a staff census so that we can ensure we have more accurate baseline data to help us identify barriers. We are also currently drafting a forward-thinking single equality scheme for consultation.'

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Sarah concludes: 'Compliance isn't enough. It's no good having all the policies, resources and equipment in place if your staff haven't been engaged, understand and believe in the importance of diversity. We have made considerable progress in the last year but still need to go some way to achieving our ultimate goals.'

CONTACT: [www.mtw.nhs.uk](http://www.mtw.nhs.uk)