Leading for diversity 14:15-15:15

Part ONE Quality and safety in health care are issues of equity and social justice

Joy Warmington Simon Newitt Part TWO "Beyond our comfort zone"

> Carl Reeves Gambinga Gambinga Kim Parker Harris Lorie Wendy Korthuis-Smith



Co-chairs

- Prachi Khanna London School of Hygiene and Tropical Medicine
- Alexander Hijmering
 FORWARD foundation



Part ONE Quality and safety in health care are issues of equity and social justice

- Professor Joy Warmington brap
- Simon Newitt The King's Fund



brap

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Quality and safety in health care are issues of equity and social justice

Professor Joy Warmington (brap)

Dr Simon Newitt (The King's Fund)

Anti-racism recognises that racism is part of our society. So, it is not only an active process of challenging everyday racism, but also a commitment to addressing the root causes of racism. It means dismantling our belief that different human 'races' exist, and challenging how people are treated based on this belief. It means recognising how current health and care systems uphold this belief, and how we can all contribute to or disrupt the racism created by it based on how we use power.

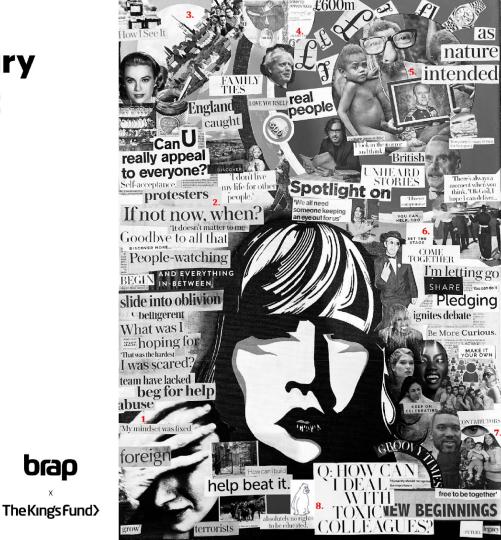
Anti-racism is often a stated ambition of organisations, but it's hard to do - it's a radical and transformative commitment after all. But anti-racism is fundamentally hopeful, and grounded in a collective and historic struggle for social justice and equity that believes there exists a future for us all that is not inevitable, but there to be won and remade.



× TheKingsFund>

Anti-racism is a 21st century approach to improvement

- Dismantle racialised thinking
- Tackle root causes
- Examine the unexamined norm
- Adopt a complexity mindset
- Work in coalition
- Use power differently



brap

	Dimension of identity	'Other'	Unexamined norm
Racism	Race	People of colour	White
Sexism	Gender	Women	Male
Disablism	Physical and mental ability	Disabled people	Non-disabled
Transphobia	Gender identity	Trans, non-binary, gender-fluid	Cisgender
Homophobia	Sexuality	Gay, lesbian, bisexual	Heterosexual



Adapted from Welp (2016)

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Anti-racism is an embodied leadership practice

Modelling behaviours -

uncertainty, learning, accountability, courage, opposable thinking, compassion, solidarity.





Part TWO "Beyond our comfort zone"

Adressing systemic racism, priviledge and power to improve patient experience in a low-secure health unit

- Carl Reeves Sheffield Health and Social Care NHS Foundation Trust
- Gambinga Gambinga SACMHA Health & Social Care
- Kim Parker Sheffield Health and Social Care NHS Foundation Trust
- Harris Lorie The PSC
- Wendy Korthuis-Smith Virginia Mason Institute



"Beyond our comfort zone": addressing systemic racism, privilege and power to improve patient experience in a low-secure mental health unit INTERNATIONAL FORUM ON QUALITY & SAFETY IN HEALTHCARE

May 2025

Carl Reeves, Gambinga Gambinga, Kim Parker, Harris Lorie, Wendy Korthuis-Smith







National policy and commissioning context:

Mental Health Act Quality Improvement Programme



Sheffield Health and Social Care NHS Foundation Trust

Forest Lodge

- A Low Secure Forensic Service for men as part of the South Yorkshire and Bassetlaw Provider Collaborative.
- This was our first national Quality Improvement programme.
- We are working towards being a Trauma Informed and Anti Racist service.
- At any given time, there is between 40-50% of patients from an ethnically diverse background.
- Our first experience of true co production



Spectrum of Participation

CONSULT ENGAGE CODESIGN OUCATE EXPLAINING INVOLVING How should we CO-PRODUCE INFORM COLLABORATING TELLING What are the and how can DOING WITH DOING we work together TO peoplehub



Sheffield Health and Social Care NHS Foundation Trust



Our Initial Aims

- To work with Experts by Experience from the onset.
- Establish what patients at Forest Lodge really feel about the service.
- Learn what Culturally Appropriate Care meant to them.
- Address the balance of power wherever we could.
- Train all of our staff team to understand the impact of inequities, micro aggressions the concept of white privilege and how to use that privilege to work towards being an anti-racist service.



Inequity waste wheel

Key:

Common behaviours displayed by people with power and privilege, often unintentionally.

Common inequities experienced by people without power and privilege.

Adapted from Inequity Waste Wheel Toolkit developed by Virginia Mason Institute



NHS

NHS Foundation Trust

Sheffield Health and Social Care NHS Foundation Trust

Our Impact

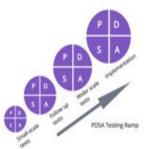
- More insightful and person-centred conversations with patients
- · Radical redesign of the ward round to address power imbalance
- More accessible and culturally-informed welcome pack
- Bespoke design & delivery of training course exploring privilege & anti-racism across Forest Lodge team, and also to the Trust's Executive Board
- Introduction of equity considerations and lived experience partnership in discourse and decision-making across the unit
- Personal journey, relationships and connection Carl's story



Lessons Learned



- Learnt the essential role of experts by experience.
- Realised the difference between engagement/involvement and co production.
- Recognised the Impact of trauma related to racism within staff and re-traumatisation.
- That we can make changes in low secure environments despite systemic challenges.
- A presentation of this work to our trust board replicated societal responses
- We were confronted with our own prejudices and biases from the beginning and throughout.
- Now constantly recognising inequity blind spots.





Personal Reflections



"The value of lived experience under the Mental Health Act is a bit like knowing the experience, taste and texture of a plate of food and trying to explain how the food tastes to others who haven't experienced it."

(Carl Reeves, Expert by Experience)

"My personal reflection is how working around power can be a massive tool for improvement....but staff working in teams that include everyone on an equal footing with folks feeling really heard." *(Gambinga Gambinga, Equity Officer and Expert by Experience)*

"True co production requires determination to share power, leadership to ensure consistency, respect for lived experience and its trauma impact and inclusivity to create equitable adjustments." (Kim Parker, Culture of Care Lead)

"This is the most up-close-and-personal that my programme coaching got. The Forest Lodge team not only implemented a QI project; they embarked on a journey of existential questioning and discovery." (Harris Lorie, Programme Coach, Associate Partner, The PSC)



Addressing implicit racial inequities through co-production

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Background

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Co-production

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Aphlevements

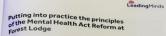
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been very positive with staff saying have to come to us, but we go to them. Together we identify who the that their eyes have been opened. Presenting staff with data and facts is vice users wants or needs to see an approach that has been? team. This is early days of a PDSA cycle but in this training we also help staff opinion on what culturally appropriate which we will evolute after 12 weeks. to see the discrimination with own service and identify in a practical way what we can do to change how we to all staff to help recognise inequities work, including the value of true cowithin the service. It is fact that

Health and Social Care

understand the impact of

inequities, the concept of

white privilege, and how

they can use those privile



NHS **Sheffield Health** and Social Care **NHS Foundation Trust**







arti-racial service.

their experience of care on the word. Kim Parker, Matron Forest Lodge, Low Secure Forensic Service

Q&A Panel

Wrap up