

# Route Map Case Study – Newham University Hospital

# Context and approach

Despite having lots work with an equity focus, Newham University Hospital (NUH) lacked coherence across the hospital. Tom Ellis, Director for Strategy, wrote a paper for the Hospital Executive Board in August 2022 that tried to address this. One request in the paper was to sign up to the Newham Health Equity Programme, and to use the route map tool they provided.

Addressing equity can be a large and intimidating task for a health service. The hope was that the Newham Health Equity route map was a useable tool that would break down the challenge into manageable chunks and benchmark current practice. NUH looked at 4 out of the 6 domains within the Health Equity Route map and completed this analysis.

## The Health Equity Routemap



WE ARE NEWHAM.

# Using the Health Equity Route map

Tom proposed where the Hospital was against each domain of the maturity matrix and listed evidence against each domain and whether this was captured/not captured. The working group then went through a process of review, either agreeing to grade or downgrade the assessment.

The team were fairly harsh in terms of evidence and assessment to ensure the reflection was honest - opting for the lower band if they were unsure.

The completed route map was signed off by the organisation in 2023. Most of 2023 was spent on the next step: transforming this into a driver diagram.

To improve accountability and be more sure that these changes will be put into practice, each domain of the route map has a set of change ideas and outputs, owned by a named person, with an indication of what year of the strategy this action should be completed within.

# The Health Equity Route map in practice

| Step  | Area  | Not meeting 'Fundamental' | Weak Fundamental | Medium Fundamental | Strong Fundamental |
|---|---|---------------------------|------------------|--------------------|--------------------|
| Create a culture of equity  | Starting the conversation   | X                         |                  |                    |                    |
|   | Learning & Commitment   | X                         |                  |                    |                    |
| Workforce   | Workforce Diversity   |                           |                  | X                  |                    |
|   | Considering the skills of your team and they can be used to improve the relationships they build with residents | X                         |                  |                    |                    |
| Understanding the health challenges of the communities you serve  | Collecting the right data: quantitative data  |                           |                  |                    | X                  |
|   | Collecting the right data: qualitative data   |                           | X                |                    |                    |
| Supporting service areas with designing and delivering interventions and activities to address the inequities they find | N/a   | X                         |                  |                    |                    |
| Working with people and communities   | N/a   |                           | X                |                    |                    |
| Reporting and Scrutiny  |   |                           | X                |                    |                    |

# Using a driver diagram

## 3. Understanding the health challenges of the communities you serve

NUH collects race, ethnicity and language data for at least 95% of their patients.

NUH assesses the current ways it engages with communities to get insight in to the health inequities they face.

Data can regularly be stratified and analysed by at least one safety / quality / access outcome measure by race and ethnicity and a process to evaluate and compare service level data is in place.

**Metrics to be agreed here.**

### Primary drivers

1. Collecting the right data: quantitative data

2. Collecting the right data: qualitative data

3. Analysing the data: thinking about what the data tells us.

### Secondary drivers

1.1 Understand current NUH data being collected

1.2 Understand what data Newham Borough collects

1.3 Understand what data we need

2.1 Work with People Participation team, Working Together Group and Patient Experience Matron

2.2 Gather service user feedback

3.1 Understand top 20 service specialties within NUH

3.2 Understand how protected characteristics overlay the CORE20Plus5

4.1 NUH health equity visual info graph for each service area

### Change ideas

1.1. Gap analysis of what protected characteristics data is missing (SC)

1.2 Review the list of data (SC)

1.2 Link to CORE20Plus5 (NM)

1.2 What that tells us about the local population (KT)

1.3 List what data is related to Health Equity (SC)

2.1 Case studies directly related to NUH health equity (AS)

2.2 QI project into why Family and Friends Test feedback is not completed (AB)

3.1 Interrogate the outpatient dashboard for the top 5 NUH service specialties for health equity (KT)

3.1 Incorporate existing data on protected characteristics into all new patient focussed reports (SC)

3.2 Understand what the PLUS population group are (TE)

4.1 Publicising what we know (AM)

4.1 Using this data for all service improvements (SC)

### Key

Green – 2023-24 deliverables

Purple – 2024-25 deliverable

Red – 2025 and beyond

AMc – Aine McCarthy TE – Tom Ellis NM – Nayna Many KT – Kate Turner JR – Janice Roper

# The How: Enablers and Challenges

## Enabling the Work

- **Leadership buy in:** Commitment from the Chief Executive of Newham Hospital to work in an open and transparent way enabled a commitment to the route map to be possible.
- **Exploring an area where there isn't lots of information and evidence:** This created license for openness and honest reflection
- **The route map itself:** The design of the route map created an evaluation process, rather than decision making about how to conduct an equity review of services taking up time and resource.

## Addressing the Challenges

- **Difficulties enacting change:** The route map helps to give a focus to conversations and to structure health equity work but does not provide the tools to enact the change.
- **Accountability and stalling:** Equity was not anyone's job at the trust and was only a 'bolt on' to individual jobs across the organisation. Resourcing work around equity is difficult as long-term systems change is needed, which is harder to measure and evidence your success.
- **Large Systems:** Newham Hospital is one hospital in St Barts Trust, this means that a change for one hospital is a change for four hospitals. This creates barriers to progress due to decisions impacting four distinct organisations.

# Learnings and what next

## What was learnt

- There is only so much that can be done from a top-down perspective
- Real change in services has to be achieved by all staff understanding health equity and changing everyday practice.
- Equity can be parked when you have competing pressures. To show the importance of equity and evidence it's business case, it would be useful to articulate financial, operational, productivity and efficiency outcomes of reducing health inequalities.

## What's next?

- The programme is being adapted into three working groups, to mitigate the slow progress found via a top-down approach. The working groups will look at **awareness**, **education** and **culture** to focus on micro-actions that change business as usual delivery.
- Progress has stalled on the programme this financial year. NUH will use the route map again to 're-mark' the hospital across the domains to reflect on what has been achieved, what has stalled progress, and how greater improvements can be attained.

*"Health equity can be an incredibly complicated issue and the challenge can sometimes be knowing where and how to start. Breaking it down in the way that the route map does makes it very easy for organisations to engage with it in a meaningful way."* Tom Ellis, Director of Strategy, Newham University Hospital

# Using the Health Equity Route Map



We're happy for organisations to use and share our Health Equity Toolkits – however please credit the London Borough of Newham when using this and let us know if you're happy to produce a case study.

If you have any questions and want some support – please get in touch with the Newham Health Equity Programme team:  
[health.equity@newham.gov.uk](mailto:health.equity@newham.gov.uk)

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