

Minutes of the Equality, Diversity and Human Rights Steering Group
September 27th 2018 from 10 a.m. to 12 noon
School of Nursing Room 6, Wexham Park Hospital

NB: Those present at this meeting should be aware that their names will be listed in the notes of the meeting which may be released to members of the public on request.

Name		Dept	Attended/Apology
Eleanor Shingleton-Smith	ESS	Deputy Director of Organisational Development	Attended
Angela Ballard	AB		Attended
Elaine Morgans	EM	Head of HR Business Partners	Attended
Najeeb Rehman	NR	Equality & Diversity Manager	Attended
Peter Blackshire	PB	Chaplain (Wexham)	Attended
Janet King	JK	Director of HR and Corporate Services	Apologies
Jennifer Sistig	JS	Chaplain (Frimley)	Apologies
Bruce Montgomery	BM	Consultant	Apologies
Deborah Rogers	DR	Equalities Officer	Apologies

	Item	Action
1.	<p>Minutes from April 19th 2018 agreed as being accurate record.</p> <p>At the start of the meeting there was discussion on improving attendance at meetings and the need for more Clinical Staff to attend. NR suggested making the meetings more topical and advertising that guest speakers will be attending meeting may attract more staff to attend.</p> <p>MY suggested that Carers' needs are a hot topic for the Trust to take forward</p> <p>AB suggested discussion about interpreters and the service which is being offered.</p> <p>There was agreement that there needed to be representation from Capital Estates.</p> <p>Interpreting and Translation</p> <p>NR stated that the tendering process had been halted as the Trust had not received the minimum number of bidders for either of the Lots. According to Contracting Framework Rules this meant that the Tendering process could not proceed any further. NR explained that the hourly costs of face to face translation are being</p>	<p>AB to seek involvement for different Nursing Specialties</p> <p>NR to request attendance at the next Nursing & Mid Wifery Group</p> <p>NR to speak to Enoma about attending meetings</p> <p>NR to revise staff interpreters list</p> <p>MY to look at feasibility of</p>

	driven down while BSL interpreter costs are increasing. As a result more and more organisations are moving towards use of video technology.	utilising i-pads for Video BSL relay Service
2.	<p>Objectives</p> <p>Corporate Equality Equality and Diversity training compliance is now at 76%. This has increased due to Equality and Diversity now being back on Corporate Induction</p> <p>Service Equality NHS Accessible Information Standard update NR stated that he had met with Kevin Percival to ask Kevin to come onto the Working Group which oversees progress against the Standard.</p> <p>Kevin has agreed and his experience on related projects will help the Group to embed requirements of the Standard into mainstream IM&T related activity. NR also mentioned that there is a time limit for NHS organisations to be fully compliant with the requirements of the Standard.</p> <p style="text-align: center;">Annual Equality Report</p> <p>NR provided the background to the annual report; it is presented to the Board every July for information and approval. Highlighted areas of progress against Equality Objectives is as follows:</p> <p>Workforce Race Equality Standard Recruitment White staff 1.90 times more likely to be appointed than BME Staff. - NR explained that this figures is calculated using a formula. The figure from the calculation can help Trusts to compare White applicants and BME applicants. There was discussion on some of the factors which may affect this score – diversity of new starters, increases in BME representation at Senior levels.</p> <p>Senior Representation NR mentioned that increases in Black & Minority Ethnic staff at Senior levels is extremely positive.</p> <p>Access to training White Staff 61%, BME Staff: 39% (Higher % of BME staff than % in the workforce). White staff 0.86 times more likely than BME staff to access training.</p> <p>Disciplinaries BME staff 1.17 times more likely to enter the disciplinary process than White Staff. NR explained that the background to this metric – namely research showed in the NHS more BME staff were likely to investigated in disciplinary processes than White staff. However the score for Frimley Health was really positive.</p> <p>Staff Survey Scores were then looked at and discussion followed on the significance of the scores.</p> <p>EM asked what would constitute bullying currently. In her experience EM felt staff were complaining of Bullying if the manager was merely managing the member of</p>	NR to send EM staff survey scores by Staff Group

<p>staff, which suggest some staff are not used to being managed.</p> <p>There was further discussion on whether it was felt Bullying was better or worse than previous years. NR felt that in any large organisation conflict or problems will happen between staff. One of the questions is how this is dealt with and whether processes are followed and used properly.</p> <p>Progress relating to other Equality Objectives</p> <ul style="list-style-type: none">• 42% of consultants are female. 20% of Chief of Service roles are filled by women, up from 10% since 2017• One third of all appointments were in the 20-30 age group in 2017-18 (798 staff)• The number of promotions for White staff has increased and fallen for BME staff• Staff in the 20-30 age group had the highest number of promotions for the second year in a row (107 in 2017-18, 38.1% of all promotions)• Female staff underrepresented in completed appraisals• CEAs awarded in 2018 by Gender: Male 59%, Female 41% <p style="text-align: center;">Service Equality</p> <p>Interpreting update From April 2017 – March 2018:</p> <ul style="list-style-type: none">• To date linguists from 32 languages have been supplied covering a total of 983 individual assignments• Highest language use across our main sites differs; at Frimley Park it is Nepali and at Wexham Park Punjabi and Polish• There was an 87% fulfilment rate for face to face language provision and 93% for British Sign Language• 6 bank Nepali interpreters provide a more responsive service in areas such as Ophthalmology and Anti-Coagulation where there is a high demand from the Nepali community• Costs of interpreting and translation services is a challenging area in which to control costs, partly because patient demand has risen and some areas are unwilling to use telephone interpreters (which is marginally cheaper)• On a number of occasions in 2017-18, it has been deemed appropriate to allow patients to use their own preferred interpreters despite the additional cost this has entailed, for example in Maternity where care has needed to be prolonged due to complications during labour. <p>NR explained where the highest demand is at Wexham i.e. Obs and Gynae. MY mentioned that Endoscopy are experiencing problems with Interpreters such as interpreters which have been booked are not attending.</p> <p>AB added that there have been Safeguarding issues highlighted with women from the Romanian community arriving at Maternity just before going into labour and these patients not being on the patient information system.</p> <p>Patient Information Learning Disability patient information has been reviewed this year and a Learning Disability folder is now on all Wards, Cultural, Religious and Belief Guides are being developed and universal symbols indicating sensory loss or other communication needs are in use on Wards to support patient care</p>	<p>NR to contact Capita re: potential safeguarding concerns</p>
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	<p>Community Engagement</p> <ul style="list-style-type: none"> • Community Engagement events were held with the Deaf Community on their experiences of accessing services at Frimley Health. Actions are being taken forward. • Engagement has taken place with older Nepali Groups in Rushmoor and Farnborough. • Volunteers from the Nepali community around Frimley Park have taken on roles as cancer buddies to support patients on their treatment days. • A Somali Women's Group in Slough was attended, aimed at raising awareness of Female Genital Mutilation and approaches to tackling it. • Engaging with the Friend and Families of the Epilepsy Society on their experiences of receiving care and treatment at Wexham Park • Attending meetings of the Autism Partnership Board and contributing to the development of an Autism Strategy for Slough <p>Lesbian Gay Bi – Sexual Trans Community NR mentioned that he attends Thames Valley LGBT Forum meetings. However significant contact with the LGBT community has not yet been established</p> <p>Commissioning of Services for patients NR mentioned that the main focus will be progressing the Accessible Information Standard and community engagement centred around improving health outcomes for the local community e.g. Diabetes, Stroke and Dementia Awareness.</p>	
3.	<p>Feedback from other groups / areas: (changes/improvements made; proposals for improvements)</p> <p>Chaplaincy PB mentioned that there will be an Interfaith meeting on November 11th. On November 3rd there will be a memorial service commemorating patients who have passed away at the hospital. PB mentioned it would be great if more staff attended as well.</p> <p>HR EM prompted discussion on a closer tie up between HRBPs and Freedom to Speak Up (FTSU) Advocates. EM mentioned a complaint which had been made by a member of staff and which had gone to the CEO then to Director of HR and then to Bruce Montgomery. The appeal to the complaint was rejected. ESS mentioned that a FTSU Strategy is being developed and perhaps input is required from HRBPs.</p>	