

**Minutes of the Equality, Diversity and Human Rights Steering Group**  
**8<sup>th</sup> July 2015 from 11.15 a.m. to 1.15 p.m.**  
**Large Meeting Room, Forest Lodge, Heatherwood 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.*

**Present:**

Agi Zarzycka	AZ	Information Department Rep
Dawn Bacon	DB	Equalities Officer
Eleanor Shingleton-Smith	ESS	Deputy Director of Organisational Development
Najeeb Rehman	NR	E&D Manager
Peter Blackshire	PB	Chaplain (Wexham)
Nigel Pool	NP	Chaplain (Frimley) (attending for JS)
Philip Byne	PB	HR Business Partner

**Apologies** were received from the following:

Beth Bal	BB	Head of Quality (Frimley)
Jane Campbell	SB	Head of Quality (Wexham)
Claire Marshall	CM	Head of Patient Involvement
Fiona Sayers	FS	Site Manager (Frimley)
Jenny Sistig	JS	Chaplain (Frimley)
Angela Ballard	AB	HoN - Medicine
Andy Worthington	AW	HoN - Surgical
Mary Wells	MW	Site Manager (Wexham)

Minutes taken by Dawn Bacon

	<b>ACTION</b>
<p><b>Minutes from 31<sup>st</sup> March 2015 approved</b>  <b><u>Actions and matters arising (not elsewhere on agenda)</u></b></p> <p>DB spoke with membership and company secretariat – arranging joint functions for community engagement.</p>	
<p><b>Corporate, Service and Employment Objectives</b></p> <p><b>Corporate E&amp;D Objectives (Jan 14 review)</b>            Objectives report showing progress over last year tabled, as presented to clinical governance committee. (See attached)</p> <p><b>Employment</b>            Objectives for workforce / employment approved by board.</p> <p><u>Race</u></p> <ul style="list-style-type: none"> <li>Some issues still need to be worked on, in particular appraisals, especially in terms of objective 2 (representation of protected groups in roles and grades)              BME representation on staff is at 39%, 34% of total appointments are from BME</li> </ul>	

backgrounds but BME staff at band 7 is at 24%, which although acceptable is still not representative of the trust as a whole. The trust now needs to look at specific races to see if any one race is not evening represented. However, this is very encouraging with most areas showing proportional training and promotion figures.

- It is not known if staff leave due to experiencing discrimination, although according to the 2014 Staff Survey, by equality groups, BME and disabled staff were the most likely to have reported negative perceptions of the workplace in the last 12 months.
- However BME or staff with disabilities are not more likely compared to all other staff to report bullying and harassment. Figures from the Fair Treatment at Work Advisers Service, show 18 members of staff contacted the Service last year, which though a small number against the overall staff headcount, may suggest that incidents go unreported.

**Action: ESS to look at leaving data to determine this.**

#### Age:

There is an issue with staff retention particularly in the 20 to 30 age bracket. We are losing a lot of staff in this age bracket in comparison to other trusts. Hants police also have an issue with retaining staff as many will train and then go to work in London with the Metropolitan Police Force.

A lot of work is being completed on this issue especially for nursing staff.

It was commented that the trust needs to ensure that staff assimilate well, especially those from other areas or countries and that they have support at work.

Employee relations – nothing unusual in figures.

#### **Service objectives**

Objectives for service well received and approved by board

#### Impact of changes

- The board asked how we evaluate the impact of changes made. At present no data is gathered to show protected characteristics so no way of comparing current/future/past activity or improvements. The Group discussed the issue and agreed:
- It may be possible to pick-up national patterns on the usual complaints received. NR spoke with PICKER about providing this
- Can use 'patient's journey tool' which shadows a patient's journey through the trust. Group members or trust volunteers could participate and feedback to the group. This could be targeted at protected groups to see where the gaps in service/issues occur
- Could target a particular area and do a snapshot survey; could utilise the survey created when drafting the single equality scheme
- Ask complaints if any areas are spiking, follow up the information and assess if any changes can be made.

- Review complaints for the last 6 months/year to see if any pattern in who is complaining rather than the type of complaint (i.e. to see if patients with protected characteristics make more complaints/have a more difficult time when in the trust than other patients)  
**ACTION: NR to speak with Picker, DB to liaise with complaints. ESS to find out more about the 'patient's journey tool'; NR to speak to Mike Stone DB to speak to Jo. Re volunteers**

Interpreting: The I&T tender has gone live and will close on 3<sup>rd</sup> August. The new contract should be decided by End of August and start by mid to end September. An in-house list of bilingual staff is being created. These staff have agreed to be called in (when they are already in the trust) to interpret for social issues only. They will only interpret on clinical matters if an emergency situations

#### Public engagement

- The recent meeting with Healthwatch Slough is to be repeated at Frimley Park Hospital. Also to meet with Healthwatch at Windsor and Maidenhead.
- The CCGs have not responded to requests to meet or to hold joint public engagement events.
- Slough voluntary services will assist with such an event but will charge to do so.

LGBT group: the conference due in June was cancelled.

**Action: NR to contact organisers to see if any groups in catchment.**

Liaison with Quality Team: NR is meeting with Claire Marshall on a regular basis to share what's happening across the trust. NR attended the saw the new ipads for the F&FT which is aimed at improving response of Friends and Family Test (F&FT) **Action: DB to find out if Ipads would support video interpreting link**

#### **Progress on objectives**

Discussed – updated chart attached.

#### **End of life care**

Discussed in detail. There can be problems/concerns with end of life care, especially from friends and family. The chaplains are looking at this in conjunction with the Faith and Cultural Guide. It was agreed that further work needs to be completed to improve this area and that it would be best to concentrate on one or two areas to start with to see what actually happens. **The first would be to seek Faith Leaders' input on a revised guidance document for staff reference and then to engage with Faith Leaders by inviting them in to attend a Q&A event**

Action: Eleanor/Najeeb – I can't remember what areas we agreed on. Only wrote that we did.

#### **Gypsy & traveller community engagement**

Some issues with getting hold of Gypsy/Roma engagement/liaison workers. End of

	<p>life care a particular issue with this group as it is not always practical or possible to have a whole family at the bedside.</p> <p>Other issues raised area also cultural ones, such as inability to read or the need for all the family to attend an appointment. This is also true of some other groups of patients.</p> <p>NP has contacts with EMTAS in Hants and is happy to help break down barriers to this group.</p>	
	<p><b>PALs and Complaints (written report)</b></p> <p>No report available. Need to find a lead at each site for complaints i.e. who should be providing a report.</p> <p><b>ACTION: DB to speak to Karen Roberts (Complaints Manager at Frimley).</b></p>	<b>DB</b>
	<p><b>Feedback from other groups / areas ( proposals for or improvements made)</b></p> <p><u>Disability Forum (Frimley) NB: Wexham Group not yet running (minutes attached)</u></p> <ul style="list-style-type: none"> <li>• Comments were made the signage has still not been updated. Also that a lot of doors are too heavy for physically disabled and for the elderly and frail. This has been reported to estates.</li> <li>• Adult cots for learning disability patients also requested. This has been reported to the Quality Team for consideration.</li> </ul> <p><u>Chaplaincy</u></p> <ul style="list-style-type: none"> <li>• 20 faith leaders came to the recent event at Wexham which showed and raised a lot of good will towards trust, There were a lot of offers of help</li> <li>• <b>Action: Chaplaincy team will review ways in which help can be utilised</b></li> <li>• End of Life conference: this has postponed until next year due to time pressures.</li> <li>• Faith guide: Update in progress. Once information collated it will be checked with local faith leaders to ensure that it is accurate and that they are happy with what is being said.</li> <li>• Visual cards are now on the intranet which can be used at any time.</li> </ul> <p><u>Site Managers – no report</u></p> <p><u>Quality Team</u></p> <ul style="list-style-type: none"> <li>• JS is reviewing which faiths are recorded as against those people who actually attend. She is also looking at why some faiths are not recorded at all i.e. is this patient choice or patients not being aware that the service is available.</li> <li>• Chaplaincy services needs to be promoted as the team will see any patient who needs spiritual, pastoral, religious or other support, regardless of religious/faith affiliation (or of none).</li> <li>• At present the team do not receive referrals unless someone calls in to say a church member is in hospital. It is very difficult to get staff to ask the patient if they would like to see a chaplain/faith leader.</li> </ul>	

	<p><u>HoNs</u></p> <p>There is an issue with 'bare below the elbows' policy as the mock CQC found that this was not always happening. Comms have gone out to all staff to reiterate the uniform policy and the reasons why we have 'bare below the elbows'. HON probably need guidance on what is or is not an acceptable way to handle this issue</p> <p><u>HR</u></p> <ul style="list-style-type: none"> <li>• Recording of employee relation cases: Improvements have been made to the way the trust records employee relation cases and this is now more consistent.</li> <li>• Job advertisements: a review of how and where we advertise jobs is necessary to encourage an even mix of applicants.</li> <li>• Interpreters for Interviews: A candidate who was interviewed needed a BSI interpreter but this was not flagged up and when the candidate arrived the interviewed had to be postponed to another date and time. Changes have been made to the booking process to ensure that any such needs are picked up in good time.</li> </ul>	
	<p><b>Inclusion Network</b></p> <p>Inclusion networks are available in many public organisations for those with protected characteristics as a support for staff and Frimley Health wants to introduce one in the trust.</p> <p>Group discussed possible ways forward:</p> <ul style="list-style-type: none"> <li>• Monthly meetings, possibly an open forum at lunch time. This would enable staff to discuss any issues they are having with colleagues in order to share their experiences, how they solved things, and to get ideas and feedback on how they could resolve any problems they may have i.e. a mutual support and ideas group.</li> </ul> <p>However, clinical staff may not have time to attend due to time pressures on the wards etc.</p> <ul style="list-style-type: none"> <li>• A virtual network may be of more use as staff may be more honest about their situation in a more anonymous setting.</li> <li>• Virtual Question Box: staff could send in questions on issues they are facing with answers given in a public forum such as social media. In this way staff would not feel they are being singled out and that the issue is being taken seriously. The anonymity may also encourage more people to get involved.</li> </ul> <p><b>ACTION: ESS to discuss how to get feedback from staff with Nicola Wessen. To discuss the possible use of social media for staff at set times whilst in the trust.</b></p>	
	<p><b>E&amp;D Training (written report)</b></p> <ul style="list-style-type: none"> <li>• E&amp;D training should take place every 3 years as a minimum. Workbooks are now on the intranet for staff to access in order to complete the training.</li> <li>• Basic E&amp;D is covered at induction.</li> <li>• Wired will be useful for staff and managers to use to check on training undertaken.</li> <li>• At present there is little training for raising awareness for cultural and spirituality.</li> </ul>	

	<b>ACTION: NP to send PB spirituality booklet. Chaplains to look at taking part in a skills day, or to incorporate such training at the launch of the revised faith guide.</b>	
	<p><b>Statutory Requirements/Bodies</b></p> <p><u>Race Equality Statutory requirements</u></p> <p>This is an evidenced based audit tool launched in April 2015 looking at BME staff. It was introduced following an action in 2008 for the NHS to encourage representation by BME staff at senior level. It does not, however, take into account white other or white Irish staff members.</p> <p>It is published on the trust website but because the numbers of staff affected are it is difficult to assess the true picture.</p> <p>In front line care the representation of nurses at a higher level is not so obvious.</p> <p>The figures will need to be compared against the demographic population in order to clearly see if any picture emerges.</p> <p><u>EDS 2</u></p> <p>Progress shown on attached spreadsheet.</p>	
	<p><b>Any other business</b></p> <p>The group needs to have more engagement from clinicians to be able to follow through on some of the areas where changes are needed.</p> <p>Guest speakers could be invited from different communities or groups to offer advice and expertise. This could also be a lever to encourage attendance at meeting. It would be important to carefully define the role they would play whilst at the meeting including possible topics for discussion.</p> <p><b>ACTION: NR to look at this for future meetings.</b></p> <p><b>NR and DB to chase staff who might be useful on the group.</b></p>	<b>NR/DB</b>

**Date of next meeting:** 20<sup>th</sup> October 2015, from 12 noon to 2 pm in the Seminar Room, at Frimley Park Hospital