

Equality and Diversity Steering Group

Minutes of Meeting Held on 31st March 2015 from 10 am to 12 noon In Forest Lodge, Heatherwood Hospital, Ascot.

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	E&D 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)

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)
Samantha Holder	SH	Inclusion Network Rep
Jenny Sistig	JS	Chaplain (Frimley)

Not in attendance:

Emmanuel Umerah	EU	Deputy Medical Director HWP
Angela Ballard	AB	HoN - Medicine
Andy Worthington	AW	HoN - Surgical
Sue Cornford	SC	HR business partner/equality lead
Mary Wells	MW	Site Manager (Wexham)

Minutes taken by Dawn Bacon, Equalities Officer

		ACTION
	<p>Corporate, Service and Employment Objectives (Mar 15 review)</p> <p>a) Heatherwood and Wexham Park Hospital</p> <p>Presentation - NR presented a 'round up' of Heatherwood and Wexham Park's service and employment activity in relation to equality for the 12month period from January 2013 to December 2014. The Equality Annual Report was tabled; this detailed the work undertaken during. It also shows changes in diversity in the local community. *** info from the report</p> <p>b) Frimley Park Hospital.</p> <p>Review not yet available – will be presented at the next meeting. in June.</p>	

	<p>Corporate: to increase general equality training and equality analysis for all staff, and integrate processes across the trust.</p> <p>Employment: most recent data validation exercise has been completed.</p> <p>Service: equipment identified in last year's objectives have been purchased and are being implemented.</p> <p>c) <i>Draft E&D Objectives for Frimley Health 2015 – 2019 (discussion)</i></p> <p>Draft objectives</p> <p>The equality team is now working on joint objectives for the trust instead of individual objectives for each site</p> <p>Suggested objectives for equality for the next four years, on a rolling programme, were tabled. The group then reviewed these against the existing objectives and the results of the group's discussions at the meeting on 1st December 2014. Also reviewed what needs to be accomplished to satisfy the EDS2 requirements.</p> <p>Objectives agreed.</p> <p>Specific areas of concern:</p> <ul style="list-style-type: none"> • Public and corporate engagement – to undertake at least one engagement project per year. Frimley has been concentrating on the Nepali population as they are the largest Black and Minority Ethnic (BME) group in the Frimley area. This work will need to be maintained, but, as the community the engagement level needed has decreased. Wexham has an increasing number of newer communities such as Polish, Somalian and Romanian, the specific needs of whom will need to be addressed. PB suggested that faith leaders from the community would like to engage with the trust to encourage closer links. PB suggested that governor and community events be held at mosques, temples and churches to improve links with these groups • In addition traveller and Roma communities, who have cultural needs, are also in the increase in the catchment. • The team also needs to look at disease patterns which would help to shape and prioritise community engagement approaches; possibly diabetes and stroke which are high risk areas for many nationalities and disabled people.. • To work jointly with CCGs and Healthwatch groups to collate various information relating to patient demographics to inform the design and delivery of services. This will also help with evidencing the work undertaken. <p>ACTION: DB to advise the company secretariat and membership manager of suggestions.</p>	
	<p>Feedback from other groups / areas (changes/improvements made; proposals for improvements)</p> <p>Disability Forum – dawn feedback DB reported back on disability forum meeting. – expand</p> <p>Chaplaincy:</p> <ul style="list-style-type: none"> • The Faith team will review and amalgamate the religious guides to produce one practical document for all staff to utilise. • There will be an 'end of life' conference with major players in the community in the Slough area. PB and HP will work together on this conference with the aid of Macmillan Cancer Support. 	

ACTION: Chaplains to work together on conference. DB to assist when needed.

HR

The emphasis needs to move away from harassment and bullying and into proactive inclusion of staff. The staff survey shows that staff with disabilities seem less happy than able-bodied staff. There is also the issue that if staff see some colleagues being treated less than others the culture disintegrates and more staff become unsettled. This can be addressed with a robust appraisal system and in-depth training of senior staff to aid them in preventing unequal treatment of their staff and colleagues and to generate a good team spirit.. The HR business partners are becoming more involved which is a very positive step and creates a strong link between HR and staff

Wexham, where retention is an issue, has recently undertaken work on why staff quickly move on to other hospitals. A team looked at exit interviews of young overseas nursing staff and at student nurses feedback on their placements. These showed that staff and students do not feel cared for or supported; they do not feel valued. The young overseas staff will then move on quickly (60 out of 100 starters moved on within a year) and students feel there is no team spirit at trust and that the arrangements for signing off competencies archaic and overly complicated. A positive work environment is needed to ensure staff feel supported and valued. Changing a culture takes a long time and can be difficult. The work needs to be open and effort is required to ensure that managers have a positive attitude towards changing ingrained practices.

PB asked if managers need more training in looking after and developing staff? He undertook a pilot on a ward where 3 part time pastoral workers were employed (financially supported by Macmillan) to look after patients and staff wellbeing. This worked well and it may be possible to roll out across the trust as long as a business plan to continue the pilot and increase across the trust is approved by the board.

The other option is for mentoring of staff. Induction could be managed more carefully with a mentor and managers supporting staff, and other team members helping new staff. This would give staff a person to go to if they had any concerns, especially during their first few months. A current member of staff could mentor a new person for a year. A buddying system could also work

The Chaplaincy is always available as a confidential neutral place to go.

	<p>Inclusion Network (discussion)</p> <p>An Inclusion Network would work with staff and managers from across the equality protected characteristics (age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, sexual orientation) people of all human differences, (racial backgrounds, religion, sexual orientation, disabilities etc) to bridge the differences between people and to promote understanding between staff. There is currently nothing similar in NHS. This group would self governing and self-problem solving. It would not seek to act as an intermediary between staff and managers but would give staff and managers a place to go to openly express issues and be given support by other staff in a similar situation. This group would be a much needed outlet for staff who may wish to seek outside of or prior to speaking to their manager. do not feel able to speak to manager or colleagues. The group leaders would take relevant issues back if appropriate. This Group would be led by NR, DB and Sam Holder who has previously led the BME group at Frimley. .</p> <p>The chaplaincy team are also a good source for how staff are feeling and would be a safe place to refer people to if necessary. The group leaders would need a guidance sheet on who staff could go to for various issues.</p>	
	<p>E&D Training (written report)</p> <p>ESR for both trusts have now merged and joint reporting will now be the norm. Training on equality is under review as there is more equality training undertaken at Wexham than at Frimley.</p> <p>E&D Training is:</p> <ul style="list-style-type: none"> • no longer on trust induction • Mandatory training every 3 years. <p>Currently: .</p> <ul style="list-style-type: none"> • Workbooks, face to face, or e-learning are available • Workbooks to be updated, • Reviewing e-learning packages to determine which one is best for the trust needs. 	
	<p>Statutory Requirements/Bodies</p> <p>Equality Delivery System (EDS2) Statutory requirements – covered EDS.</p> <p>Action: Najeeb will circulate briefing notes to the group</p> <p>Workforce Race Equality Standard (WRES)</p> <p>In 2004 the NHS launched a Race Equality Action Plan as there has been a lack of access to opportunities for BME staff. In 2014 little had changed in diversity at leadership level. Due to this NHS England is now introducing RES with 9 metrics, which compares one group with another and the trust needs to be able to present evidence against the metrics. This is also likely to come up in CQC inspections under the ‘well led’ category. An initial view of the data for Frimley showed some gaps, with certain grades having an underrepresented BME staff. There were also some issues around recruitment of BME staff. There are more bullying and harassment issues from BME staff than white British at Frimley which is not mirrored at Wexham (whose data mirrors the national average)</p> <p>ACTION: DB to find out the catchment demographic</p> <p>Equality Analysis</p> <p>NR has developed an equality analysis training presentation for policy authors so that</p>	

	they know what to do when writing or reviewing policies. ACTION: training programme to be distributed to group	
	<p>Communications plan / ideas</p> <p>The group discussed ways to communicate with staff on equality issues and improvements within the trust. Ideas raised were:</p> <ul style="list-style-type: none"> • Inform • Integrate • Trust magazine • Intranet pages • Photo op • Report back on issues resolved or eased • Staff council – Andrew McCombe, Karen Barker, Maura Price. <p>The group also discussed ways of supporting staff in the workplace. Ideas raised were:</p> <ul style="list-style-type: none"> • Surgery for staff to discuss issues they are facing and get advice on where to get more help.in a neutral space. • Be proactive – let staff know help is available • Chaplaincy offer support services – neutral and confidential place to talk. • HR to put on resilience training and self-awareness. HEB recently had a session which they found very useful. 	
	ToR (for approval) agreed	
	<p>Any other business</p> <p>The group needs to have engagement from clinicians, preferably a doctor and quality lead from each site,. Who need to attend regularly for continuity? Names put forward were Andy Worthington, Beth Bal and Jane Campbell. A rep from midwifery or the Emergency Department were also suggested</p> <p>ACTION: DB and NR to approach staff as appropriate.</p>	

Date of 2015 meetings: (please note all meetings are from 10 a.m. to 12 noon and will be held in the large meeting room, Forest Lodge, Heatherwood Hospital)

- 16th June
- 1st September
- 15th December