


**EQUALITY & DIVERSITY GROUP - STAFF**





**Minutes of meeting held on 13 December 2018 at 2:00pm in L&D Room 1**

**Present:** Janine Brennan – Chair (JBr)    Liz Aldridge (LA)    Rob Atley (RA)  
Linda Bazeley (LB)    Andrea Chown (AC)    Geraldine Harrison (GH)  
Alisha King (AK)    Jane Parker (JP)    Clare Topping (CT)

**In Attendance:** Sarah Kinsella (SK) & Nigel Makina (NM)

	<b>AGENDA ITEM</b>	<b>ACTION/ PAPER ATTACHED</b>
1	<b>Apologies:</b> Leanna Dennis.	
2	<b>Minutes of last meeting:</b> The minutes of the meeting on 20 September 2018 were accepted as correct.	
3	<p><b>Matters Arising:</b></p> <p><u>Staff Survey E&amp;D Key Findings</u> NM advised that a meeting has recently taken place with Best of Both Worlds and the positive encouragement of underrepresented groups has been discussed. There are some funding issues to be resolved before this can be taken forward.</p> <p><u>NHS Leadership Academy Senior Influencer Groups</u> AC has not been able to make any progress with this, likely linked to the merger of the NHS Leadership Academy, however AC is aware that they are now setting up different Senior Influencer Groups for Women, in the future.</p> <p><u>Divisional/Directorate BME Analysis</u> SK has shared the data with JP.</p> <p><u>Workforce Equality Objectives/4 Year Plan – Progress Report</u> SK made the changes agreed and published the report on the Trust’s website.</p> <p><u>Divisional Equality Objectives Reports</u> AC emailed the HRBP’s to raise at their DMT’s the inconsistencies of attendance and providing a written report.</p> <p><u>Any other business - CCG/HCP Equality Analysis (EA)</u> SK emailed Dan Whalley and asked for a copy of the draft form, so that she could share it, but has received no response to date.</p> <p><u>Any other business - St Andrews Inclusion Panel Event</u> The event was advertised and LD provided SK with a photo on write up about the event, which will go into the HR Bulletin.</p> <p>All other items from the action log were covered on the agenda.</p>	
4	<p><b>BME Career Progression &amp; Turnover:</b> AC referred to discussions had at previous meetings in relation to the Staff Survey results where the results for BME career progression had indicated that staff felt the Trust did not offer good career progression opportunities. Previous discussions had also included concerns about BME turnover. NM was in attendance at the meeting and distributed some graphs in relation to turnover that showed, in general, more BME staff were leaving than the overall BME demographic for the Trust. Discussion took place regarding the data.</p>	

	<p>SK also provided some basic data regarding career progression, that showed the BME staff promoted between 1 April 2017 – 31 March 2018 similar to the BME demographic of the Trust</p> <table border="1" data-bbox="203 346 1226 472"> <thead> <tr> <th>Ethnicity</th> <th>Trust Profile</th> <th>Promotions</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>75.02%</td> <td>79.22%</td> </tr> <tr> <td>BME</td> <td>21.60%</td> <td>18.96%</td> </tr> <tr> <td>Not Stated</td> <td>3.38%</td> <td>1.82%</td> </tr> </tbody> </table> <p>NM also referred to exit interviews he has undertaken and some of the comments from BME staff who are leaving, in relation the lack BME staff in senior roles and not feeling supported to develop or progress.</p> <p>It was agreed to recalculate the figures to coincide with the 2018 staff survey results, as the time period of NM's data and SK's calculations were not the same and it was difficult to align the information. SK and NM will rerun their reports at the end of January 2019 to cover the period from 1 April 2018 to 31 January 2019 (NM for turnover and SK for career progression) and both reports to also include those who are recorded on ESR as 'Not Stated). The reports should cover the Trust as a whole and then by Division.</p>	Ethnicity	Trust Profile	Promotions	White	75.02%	79.22%	BME	21.60%	18.96%	Not Stated	3.38%	1.82%	<p>SK/NM</p>
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<p>5</p>	<p><b>Respect &amp; Support:</b> JBr reported that the campaign and training continues and she encouraged all of the committee to attend the training. To date feedback has been good. Next stage is to set up the Round Table Facilitation, which is an informal pre mediation initiative to broker conversations between staff. JBr advised that the campaign is attracting attention from NHSI and they are providing support. In return JBr is speaking at several conferences about it and the Trust will produce a toolkit that can be used nationally. There is also a business case going forward for a new post to support the campaign and also to provide support for E&amp;D.</p>													
<p>6</p>	<p><b>Disability Confident Leader:</b> GH explained that the Disability Confident Scheme had replaced the 'Two Ticks' scheme and currently the Trust had been awarded Level 2 – Disability Confident Employer. The next steps were to aim for Level Three – Disability Confident Leader, for which there was a much more robust assessment. GH has conducted a gap analysis and for some of the criteria she felt the Trust achieved the requirements, but for some there were gaps that needed to be looked at and GH gave some examples of these. GH will circulate the gap analysis for the committee to review and put forward suggestions of how they could be evidenced or ideas for meeting the criteria.</p>	<p>GH All</p>												
<p>7</p>	<p><b>EDS2:</b> SK reported that she had contacted NHS Employers for an update on the EDS2 review and was advised that it is still being reviewed. It was agreed by the group that we should wait until further information had been published before commencing the exercise to self-assess on the EDS2.</p>													
<p>8</p>	<p><b>Gender Pay Gap Report:</b> SK talked through the report and advised that in relation to the mean and median gender pay gap, the figures were very similar to 2017. In relation to the mean and median bonus gender pay gap, the figures were very different to 2017 due to the fact that in the 2018 figures the Clinical Excellence Awards for Consultants were included, as advised by Capsticks. They were not included in the 2017 calculations as the national guidance was unclear at that time, so the Trust took the decision to include them in the salary calculation. The report now needs to go to the January 2019 Workforce Committee and Trust Board. JBr requested that the calculations for 2017 be redone to mirror the 2018 calculations so that the Workforce Committee and Trust Board could see a direct comparison. SK to also add reference to the Capsticks Guidance to include CEA in the bonus calculations. Data for the East Midlands Region for the 2017 gender pay gap round is contained in the attached report.</p>	 <p>East Midlands Gender Pay Gap Anal</p> <p>SK SK</p>												

9	<p><b>CQC Visit 2019:</b> AC and SK explained that it is believed the CQC will be visiting in Spring 2019 and local intelligence suggested that they may be focusing on E&amp;D at this visit. SK and AC will be undertaking a gap analysis of the Well Led Key Lines of Enquiry standards and SK will circulate the initial draft to the committee for their views and comments.</p>	<p><b>SK</b> <b>All</b></p>
10	<p><b>Workforce Equality Objectives/4 Year Plan – Progress Report:</b> SK went through the report for which there were no major changes from the previous progress report. Discussion was had in relation to adding the gap analysis for the CQC KLOE. SK to action.</p>	<p><b>SK</b></p>
11	<p><b>Divisional Equality Objectives Report:</b> <u>Surgery</u> LB was welcomed to her first meeting. LB went through the attached report and objectives for the Division. JBr felt that the objectives were good, but needed some timelines adding in and methodology of how they would be measured, especially with the CQC likely to visit in the Spring.</p> <p><u>Clinical Support Services</u> LA went through the attached report and gave a progress update. She advised that one of the objectives would be to review all band 2 job descriptions and person specifications both clinical and non-clinical to see if there were any barriers to young people that could be removed to make Therapy roles more accessible. Discussion took place as to why only band two posts were being reviewed and LA will find out and bring a response to the next meeting.</p>	<p> EQDS Divisional Report Surg 2018.doc <b>LB</b></p> <p> Equality &amp; Diversity CSS Divisional Report <b>LA</b></p>
12	<p><b>Facilities Report:</b> CT went through the attached report and the objectives for Facilities, which need to be finalised by the Facilities Management Team. They are also putting together a recruitment strategy as there are issues in Estates with an aging workforce. CT also went through data regarding the protected characteristics of the Directorate by departments.</p>	<p> EQDS Facilities Report December 201</p>
13	<p><b>Divisional Reports:</b> <u>W,C &amp; O</u> RA gave the attached progress report. Discussion took place regarding the nature of the Division resulted it being very female dominated. JBr asked NM to include Midwifery when working with Best of Both Worlds to promote and encourage applications from the underrepresented groups.</p>	<p> WCO Divisional Report.pdf <b>NM</b></p>
14	<p><b>Corporate Update – verbal:</b> AC talked through an anonymous letter that had been received in HR alleging discrimination in relation to recruitment to a role in the Trust. AC is currently gathering data to see if the claims are justified and talking it through with the HRBP's.</p>	
15	<p><b>Staff Side Update – verbal:</b> None</p>	
16	<p><b>Any other business:</b> <u>Track</u> CT advised whilst at an event recently she met a gentleman from Track, an organisation who work with autistic people to help them gain employment. CT enquired if we would like to meet with them to explore working together. JBr supported this idea. SK to liaise with CT to organise their attendance at a future meeting.</p> <p><u>Rainbow Badges</u> SK discussed an email she had been forwarded by Communications in relation to Rainbow Badges, which is an LGBT initiative at St Guys and Thomas (Evelina Hospital) and if it would be something that the Trust would be interested in considering doing. It was felt that to promote badges for only one of the protected characteristics would not be fair or equitable, so the decision was no at this point in time.</p> <p><u>Terms of Reference (ToR)</u> SK confirmed that the yearly review of the ToR had taken place and only minor</p>	<p><b>SK</b></p>

	changes had taken place to correct terminology. The ToR will go to the January 2019 Workforce Committee for approval.	SK
	<b>Date and Time of next meeting:</b> Thursday 14 March 2018 at 2:00pm in HR 1	

“These minutes are to be treated in confidence. They may be subject to disclosure under the Freedom of Information Act 2000, subject to the specified exemptions, including the Data Protection Act 1998 and the Caldicott Guardian principles”

Action Log - Key points from meeting		
Agenda Item	Description	Action
4	<u>BME Career Progression &amp; Turnover</u> SK and MK to rerun their reports at the end of January 2019 to cover the period from 1 April 2018 to 31 January 2019 (NM for turnover and SK for career progression) and both reports to also include those who are recorded on ESR as 'Not Stated'. The reports should cover the Trust as a whole and then by Division.	SK NM
6	<u>Disability Confident Leader:</u> GH to circulate the gap analysis for the committee to review and put forward suggestions of how they could be evidenced or ideas for meeting the criteria.	GH All
8	<u>Gender Pay Gap Report:</u> SK to send the report to the January 2019 Workforce Committee and Trust Board and to redo the calculations for 2017 to mirror those of 2018.	SK
9	<u>CQC Visit 2019:</u> SK and AC to undertake a gap analysis of the Well Led Key Lines of Enquiry standards and SK to circulate the initial draft to the committee for their views and comments.	SK/AC SK
10	<u>Workforce Equality Objectives/4 Year Plan – Progress Report:</u> SK to upload the report to the internet and to add CQC KLOE.	
11	<u>Divisional Equality Objectives Report - Surgery</u> LB to add timelines and methodology for measuring objectives.  <u>Divisional Equality Objectives Report - Clinical Support Services</u> LA to find out the rationale as to why only band two posts were being reviewed and bring a response to the next meeting.	LB  LA
13	<u>Divisional Reports - W.C &amp; O</u> NM to include Midwifery when working with Best of Both Worlds to promote and encourage applications from the underrepresented groups.	NM
16	<u>Any other business - Track</u> SK to liaise with CT to organise Tracks attendance at a future meeting.  <u>Terms of Reference (ToR)</u> SK to send reviewed ToR to the January 2019 Workforce Committee for approval.	SK  SK