

**EQUALITY & DIVERSITY GROUP - STAFF**



**Minutes of meeting held on 20 September 2018 at 2:00pm in HR1**

**Present:** Janine Brennan – Chair (JBr) Rob Atley (RA) Andrea Chown (AC)  
Leanna Dennis (LD) Jane Parker (JP)

**In Attendance:** Sarah Kinsella (SK) & Sarah Cox (SC)

	<b>AGENDA ITEM</b>	<b>ACTION/ PAPER ATTACHED</b>
1	<b>Apologies:</b> Liz Aldridge, Geraldine Harrison, Karen Tomlin, Clare Topping.	
2	<b>Minutes of last meeting:</b> The minutes of the meeting on 14 June 2018 were accepted as correct.	
3	<p><b>Matters Arising:</b> <u>Matters Arising – Disability Confident Leader</u> SK, AC and GH have met to discuss the Disability Confident Leader criteria to see where the gaps are. GH is preparing a gap analysis, to be brought to the December meeting. AC advised that initial analysis showed there is some work to do.</p> <p><u>Equality Analysts (EA) Gaps</u> In June SK wrote to the Divisional Directors/Managers to advise of where their gaps are and asked them to nominate members of staff to undertake the training and act as their areas analyst. Some responses have been received.</p> <p><u>Staff Survey E&amp;D Key Findings</u> To be brought back to the December meeting. JBr added that the WRES was presented to the Workforce Committee and concerns were raised in relation to the Staff Survey result for BME staff experiencing discrimination. As a result OD have been tasked with adding in an E&amp;D module to the leadership training.</p> <p><u>Staff Survey E&amp;D Key Findings</u> SK has reminded Andy Belcher to discuss with JBr how The Best of Both Worlds could be utilised to encourage underrepresented groups to apply for posts, but JBr does not recall having had a conversation with him about it. SK to remind again.</p> <p><u>EDS2</u> SK and AC have met to discuss a review of the workforce EDS2 self-assessment, however they have become aware that national workshops have been taking place with the view of refreshing EDS2. It was agreed to not do anything at the present time and to review it again at the December meeting if it is evident changes have been made to the process or that EDS2 is not going to be changed.</p> <p><u>Annual Reports</u> SK received no comments, so the annual report and monitoring report have been published on the Trust's website.</p> <p><u>NHS Leadership Academy Senior Influencer Groups</u> AC checked if we can participate as we are no longer subscribed to EMLA and Fiona Pittam has confirmed that we can as this is a national initiative for which membership isn't required. AC to check if the requirement for people to join the groups still exists and if it does to organise for it to be advertised.</p> <p><u>Divisional Reports</u> SK has added a column to the report template to show the total number of cases.</p>	<p><b>GH</b></p> <p><b>HRBP's</b></p> <p><b>SK/AB</b></p> <p><b>AC/SK</b></p> <p><b>AC</b></p>

	<p><u>New Draft Regulations to Prevent Applicant Discrimination</u> AC has flagged the new draft regulations with GH.</p> <p>All other items from the action log were covered on the agenda.</p>	
4	<p><b>Respect &amp; Support:</b> JBr went through the background of the reasons for the campaign, the launch and the support and interventions that are being introduced. This includes the behavioural framework, training for managers and staff, an event log and a reporting hotline. JBr also talked through the plans to train 45 people, across the Trust, as pre-mediation facilitators. NHS Improvement are providing support with funding for an advisor to help put together a toolkit that could potentially be used by other NHS organisations, along with a consultant to help support the campaign. It was emphasised that this is a cultural change for the Trust, so it is a long-term programme of change.</p>	
5	<p><b>Divisional/Directorate BME Analysis:</b> SK explained that from the data provided from the national data warehouse for the WRES analysis, she had compiled data for each Division/Directorate on the BME representation within the areas. This had been shared with the HRBP's for their Divisions to comment on and report back to this meeting.</p> <p><u>Medicine Update</u> No-one present from the Division.</p> <p><u>Surgery Update</u> No-one was present from the Division, but SC reported that as a Division they are above the Trust BME percentage. The Directorates are also mostly above the Trust/Division BME percentage with the exception of ENT/Maxillo Facial which are 6.29% below the Divisional percentage. There are also senior roles within the Division that have no BME representation.</p> <p><u>Womens, Childrens &amp; Oncology</u> RA reported that as a Division they are 5.10% below the Trust BME percentage. All the Directorates are also below the Trust BME percentage. One of the Directorates is above the Divisional BME percentage. The Directorate that showed the greatest difference are Womens, which are 4.38% below the Divisional percentage and 9.48% below the Trust percentage. Again there are also senior roles within the Division with no BME representation.</p> <p><u>Clinical Support</u> No-one present from the Division, but MMcM had provided some information for SK. As a Division they are 2.55% below the Trust BME percentage. One of the Directorates is above the Trust BME percentages and two are above the Divisional BME percentage. The Directorates that showed the greatest difference are Therapies and Other Clinical Support which are 14.60% and 14.46% below the Trust BME percentage and 12.05% and 11.91% below the Divisional BME percentage. There are also senior roles with no BME representation.</p> <p>General discussion took place regarding the results and it was suggested that Nigel Makina be contacted to see if any analysis has taken place of BME turnover. JBr also confirmed that she had spoken to Northampton University regarding BME students. SK will share the data with JP.</p>	<p>AC</p> <p>SK</p>
6	<p><b>Workforce Race Equality Standard:</b> Covered in Matters Arising.</p>	
7	<p><b>EDS2:</b> Covered in Matters Arising.</p>	
8	<p><b>Gender Pay Gap Reporting:</b> SK advised that preparation was commencing for the 2018 reporting and this will be brought to the next meeting.</p>	<p>SK</p>

<p>9</p>	<p><b>Workforce Equality Objectives/4 Year Plan – Progress Report:</b> SK has published the June version on the internet. In addition the progress reports had been updated since the last meeting. Discussion took place and it was agreed to complete the development of the Respect and Support Campaign as this had now been launched. In addition the E&amp;D training module for the leadership training is to be added. SK to make the changes agreed and publish on the Trust's website.</p>	<p>SK</p>
<p>10</p>	<p><b>Divisional Equality Objectives Reports:</b> <u>Surgery Update</u> No-one was present from Division so to be brought forward to the December meeting.</p> <p><u>Womens, Childrens &amp; Oncology</u> RA went through the objectives on the attached report. Work is ongoing around increasing the representation of 18-20 year olds and post 56 year olds, the supporting of disabled staff along with awareness raising of religious festivals. JBr thanked the Division for their work and suggested that specific timescales would enhance the objectives.</p> <p>General discussion took place regarding the under representation and omission of the reports from the Divisions for which SK sends out a reminder approximately 4 weeks prior to the meeting. JBr requested that the HRBP's raise at their DMT's to flag the inconsistencies of attendance and providing a written report.</p>	<p>SK</p> <p> WCOH Objectives.pdf</p> <p>HRBP's</p>
<p>11</p>	<p><b>Divisional Reports:</b> <u>Medicine Update</u> No-one was present from the Division and no report was provided.</p> <p><u>Surgery Update</u> No-one was present from the Division and no report was provided</p> <p><u>Womens, Childrens &amp; Oncology</u> RA went through the attached report. It was noted that there was a very high percentage of females in the Division, but this was understandable due to the area it covers, however the meeting was pleased to hear that a male midwife has been recruited. Flexible retirement was also raised as the Division has a high number of staff approaching or over the age of 55, which is a concern as many may fall into the special classes category and therefore be able to retire at 55 years of age. JBr reported that the Flexible Retirement Policy would be going through a review.</p> <p><u>Clinical Support</u> No-one was present from, however a update from LA has been provided to SK via email: <i>Maxine McMenamain the HR Business Partner for Clinical Support Services (CSS), has drawn up the Divisional Equality and Diversity Report for the year April 2017-March 2018, which has been forwarded to all CSS's Directors and Heads for us to peruse and consider objectives for the next 12 months. Maxine and I have found 4 particular areas from the Report which we have highlighted to our Division in terms of setting some objectives to look further into these areas.</i> <i>In addition one of our new objectives for 2018/19 was going to be to write to all staff and ask them to update their Equality Data which is recorded on ESR as CSS has a very high number of 'undefined' records. These are basically, whereby for example, under disability, instead of ticking: yes/no/I do not wish to declare – they have left them blank. Since we looked into writing to all CSS staff, our Workforce and Information team have been working on releasing a staff service facility which is almost ready to be launched. Our Workforce and Information team have agreed to trial CSS Division first as they have been working with us on this objective for a number of months. I will update you further when we have a launch date.</i></p>	<p> WCOH Divisional Report.pdf</p>
<p>12</p>	<p><b>Corporate Update – verbal:</b> No update from CT in her absence, but SK advised going forward CT will be providing</p>	

	<p>a written report. AC reported that there are no E&amp;D issues from a corporate perspective, but she is aware of some feel that flexible working opportunities are not being applied equitably, which is more linked to seniority rather than protected characteristics.</p>	
<p><b>13</b></p>	<p><b>Staff Side Update – verbal:</b> JP had no issues to report, but did enquire about the number of cases that relate to discrimination due to a protected characteristic. AC advised that there were very few formal cases. In relation to flexible working JP reported that CSP are actively encouraging flexible working as Physiotherapists are a shortage occupation. JBr acknowledged this but felt a balance was required as during a nurse shortage a number of years ago flexible working was seen as the solution, but the knock on effect of that some years later was there were gaps in establishment that could not be filled due to the flexible working patterns of the staff in post.</p>	
<p><b>14</b></p>	<p><b>Any other business:</b> <u>Transgender Policy</u> SK advised that a Transgender Policy has been developed by P&amp;NS, which includes a section on employees. It has now been ratified and is on the intranet.</p> <p><u>CCG/HCP Equality Analysis (EA)</u> SK explained that she and Tracy Keats (TK), together with the other NHS organisations in the county were invited to a meeting at Francis Crick House in August to discuss the CCG’s wish that there was a countywide approach to the Equality Analysis process, in relation to the HCP (STP) business cases. SK and TK subsequently met with AC and Karen Spellman and as a group the proposal along with the draft form have been accepted in principle, however they are awaiting an updated form to be sent so that a full review can take place and comments fed back. A further proposal was also discussed about potentially adopting the CCG form (or an adapted version of it) for the day to day EA process across the Trust. This was put to the meeting and it was decided that only once the updated draft form had been received and reviewed would a decision be made. SK will forward on the form when she has received it.</p> <p><u>St Andrews Inclusion Panel Event</u> LD reported that she has been working with the Inclusion Lead at St Andrews Hospital and a panel event has been organised for Thursday 27 September 2018 to discuss personal career progression and tips as part of inclusion week. LD will be one of the panel members. A poster has been prepared which includes the NGH logo. LD enquired if there would be any funds available to support the catering and JBr agreed that £100 could be provided. It was noted that the timescales were tight and therefore NGH had not been able to support with publicity, however LD will provide SK with the poster so that it can be put into the Trust Weekly Bulletin on Monday 24 September 2018 and SK will also tweet it.</p> <p><u>Behavioural Framework</u> JP advised that NHFT had shown an interest in the framework and she had shared it with them.</p>	<p align="center"><b>SK</b></p> <p align="center"><b>SK</b></p>
	<p><b>Date and Time of next meeting:</b> Thursday 13 December 2018 at 2:00pm in HR1</p>	

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Action Log - Key points from meeting		
Agenda Item	Description	Action
3	<u>Matters Arising – Disability Confident Leader</u> GH to prepare a gap analysis, to be brought to the December meeting.	GH
3	<u>Staff Survey E&amp;D Key Findings</u> To be brought back to the December meeting.  SK to remind Andy Belcher to discuss with JBr how The Best of Both Worlds could be utilised to encourage underrepresented groups to apply for posts again.	SK SK/AB
3	<u>EDS2 Refresh</u> To review it again at the December meeting.	AC/SK
3	<u>NHS Leadership Academy Senior Influencer Groups</u> AC to check if the requirement for people to join the groups still exists and if it does to organise for it to be advertised.	AC
5	<u>Divisional/Directorate BME Analysis</u> Nigel Makina to be contacted to see if any analysis has taken place of BME turnover.  SK to share the data with JP.	AC SK
8	<u>Gender Pay Gap Reporting</u> SK to bring 2018 report to the next meeting.	SK
9	<u>Workforce Equality Objectives/4 Year Plan – Progress Report</u> SK to make the changes agreed and publish on the Trust's website.	SK
10	<u>Divisional Equality Objectives Reports</u> Surgery report to be brought back to the next meeting.  HRBP's to raise at their DMT's to flag the inconsistencies of attendance and providing a written report.	SK HRBP's
14	<u>Any other business - CCG/HCP Equality Analysis (EA)</u> SK to forward on the draft form when she has received it.	SK
14	<u>Any other business - St Andrews Inclusion Panel Event</u> Poster to be put into the Trust Weekly Bulletin on Monday 24 September 2018 and SK to also tweet it.	LD/SK