


EQUALITY & DIVERSITY GROUP - STAFF


Minutes of meeting held on 1 September at 2:00pm in HR 1

Present: Janine Brennan – Chair (JBr) Kate Bates (KB) Andrea Chown (AC)
Clare Topping (CT)

In Attendance: Sarah Kinsella (SK)

	AGENDA ITEM	ACTION/ PAPER ATTACHED
1	Apologies: Liz Aldridge, Kate Bates, Mark Battison, Julie Kelly, Rachel Morris	
2	Minutes of last meeting: The minutes of the meeting on 23 June 2016 were accepted as correct.	
3	<p>Matters Arising:</p> <p><u>Apologies</u> Sue McLeod has advised SK that the replacement divisional representative for Medicine will be Mark Battison.</p> <p><u>Matters Arising</u> JBr reported the following to the Workforce Committee:</p> <ol style="list-style-type: none"> 1. Protected characteristics of the staff that applied for flexible working through Shift Standardisation had been looked at. 2. Issues with Non-Mandatory Training/CPD reporting and recording and requested their permission not to pursue this any further due to the enormous amount of resources that would be required deal with the issues. <p>JBr confirmed in relation to the second item the Workforce Committee had agreed.</p> <p><u>Matters Arising – Staff Side Update</u> AC has feedback to JBr outside of the meeting on the individual cases of the band 8a managers who were referred to in the disciplinary (ethnicity) analysis report.</p> <p><u>Audit of Shortlisting for Posts Band 8a and Above</u> AC asked the HRA's to speak to the relevant Appointing Officers for both posts where the shortlisting analysis had indicated a BME candidate met the essential criteria but were not shortlisted. The feedback received advised that due to the high numbers of candidates that had met the essential criteria, the desirable criteria had then been looked at to further shortlist and this is why there had been candidates who met the essential criteria but had not been shortlisted.</p> <p><u>Divisional Monitoring Reports</u> AC confirmed she had organised for the HRBP's to undertake further work/analysis so that 4 reports contained the same information and level of analysis, using the one from Womens and Childrens as the example report to follow.</p> <p>HRBP's are taking their finalised reports to their DMT meetings so that the Divisions can study the data and decide on the areas they need to work on, which will determine what their divisional E&D objectives are to be. AC reported that she has had discussions with HP regarding the data for her area and it has proved difficult to see obvious objectives as there the data does not indicate any specific issues.</p>	

	<p><u>Revised Divisional Report Template</u> SK distributed the finalised template in June to Divisional Leads and the HRBP's along with the schedule of reporting on objectives and progress.</p> <p>All other items from the action log are covered on the agenda.</p>	
4	<p>Workforce Race Equality Standard (WRES): SK confirmed that the WRES had been submitted to NHS England and that the completed template along with some supporting narrative had been published on the Trusts website for public access. In the main there has been improvement for each of the 9 indicators. Areas for concern still lie with bullying and harassment/discrimination and lack of BME representation of the voting members of the Trust Board. In addition SK highlighted that although overall the number of BME staff in the Trust had increased and was above the 9% of BME staff in the local population there was under representation of non-clinical staff and within specific bands (report attached). JBr raised that the CQC that is expected to visit the Trust in the Autumn and in relation to the WRES was the Trust compliant. SK confirmed that the submission to NHS England and the publication of the WRES on the website met the requirements that she was aware of. JBr is going to consider the best way forward to embed training around harassment and bullying/discrimination for managers. JBr felt that using the data to demonstrate the views of staff to managers and how we compare to other Trusts was a powerful tool. Suggestions made included building something into Appointing Officers Training or health and wellbeing training. Existing training in relation to this, plus behaviours and values, continues through the induction of new staff and OD e.g. Rainbow Risk.</p>	 Indicator 1 Percentage Breakdown JBr
5	<p>Updated 4 Year Plan/Trust Workforce Equality Objectives: SK advised that as part of their natural review cycle and also to include the objectives required as a result of the WRES, the 4 year plan/objectives had been reviewed. These were approved by the Trust Board in July and are have been published on the Trust's website.</p>	
6	<p>Annual Report and Monitoring Report Update: SK reported both documents were been approved by the Workforce Committee in July and have been published in the Trust's website.</p>	
7	<p>Equality and Diversity Strategy: SK confirmed that the strategy had been updated in conjunction with JBr. P&NS will be producing their own strategy in relation to patients and service users, so this one related only to the workforce. The strategy has been submitted for approval by the Trust Board at their September meeting. CT raised that it wasn't obvious how the objectives were to be achieved so it was agreed that SK would attach the objectives as an appendix and resubmit to Trust Board.</p>	SK
8	<p>NHS Employers Top Ten Tips in Practice: SK summarised the report attached to the agenda and discussions took place regarding tips where it was felt the Trust could be more proactive. This included making better use of the Trust's social media, such as Facebook along with screensavers and JBr will discuss this with Eva Duffy when she meets with her on another matter in the near future. JBr asked SK to make more enquires regarding the Diversity and Inclusion Partnership with NHS Employers and find out if there was evidence of how Trusts who had already taken part had benefitted. AC will also take the document to a future HRBP meeting to discuss with them.</p> <p>KB referred to how useful some of the training was, such as Appointing Officer and Rainbow Risk, has been but that it was easy to forget the key elements and a summary on a laminated small card would be really useful. JBr will discuss with Alison Lowe.</p>	JBr SK AC JBr
9	<p>Divisional Equality Objectives Report: SK advised that originally Clinical Support Services should be presenting their objectives, but this has been swapped to Surgery who have provided their report with two objectives. The objectives were discussed in the absence of a Surgery representative and JBr supported the objective in relation to apprentices as a Trust steering group had recently been set up. The timetable of presenting and reporting of objectives has been amended to:</p>	

	Division	Report on Objectives Set	Progress Report	
	Surgical	1 September 2016	28 September 2017	
	Clinical Support Services	8 December 2016	14 December 2017	
	Medicine & Urgent Care	9 March 2017	Q4 Meeting 2017/18	
	Women's, Childrens & Oncology	8 June 2017	Q1 Meeting 2018/19	
10	Divisional Reports: With the exception of the Surgery report no other Divisional Reports had been received. JBr requested that SK write to the Divisional Leads to advise that this had been noted and was disappointing. Divisional Directors should be cc'd into the email and advised that a report will be required in future. SK added that a reminder email was also sent out a couple of weeks prior to the meeting. The contents of the Surgery report was noted.			SK
11	Corporate Update: AC advised that a small number of HR staff who had participated in the SFFT had made comments about a lack of communication, not feeling valued and inconsistency around how rules were applied within the department. Due to the nature of the SFFT it was not known for certain if any related to protected characteristics. The HR senior management team will be discussing these in more detail. In relation to the Corporate area in general AC was not aware of any issues relating to protected characteristics. CT raised the move by the OH Department to online forms and how during recent recruitment of domestics this had created an issue as some applicants do not have computer access. Discussion took place about the move to online forms etc. for a number of things and how this could be excluding people and JBr suggested that CT raised it with Claire Brown. CT reported back in relation to an issue she raised at a previous meeting about some mandatory training being difficult for Facilities staff, for whom English is not their first language, to understand. CT was pleased to advise that Information Governance Department have tailored their training for sessions they have run in Facilities and these have been a great success. The staff really enjoyed them and those who have attended the training previously advised that they understood the session for the first time. JBr was pleased to hear that the challenge she had put to all the mandatory trainers was being applied and that staff were benefitting. CT was asked to provide SK with some quotes from staff who were involved/attended so that they can be included in next year's Equality and Diversity Report.			CT
12	Any other business: SK raised, for information, the Visible Leaders Network Event on 9 November and advised that it will be published in the Trust Bulletin and HR Bulletin. Those present were asked to share/display it in their staff areas.			 VLN - Stepping up for BME Leadership Even
13	Date and Time of next meeting: Thursday 8 December 2016 at 2:00pm in HR1			

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Action Log - Key points from meeting		
Agenda Item	Description	Action
4	<u>Workforce Race Equality Standard (WRES)</u> JBr to consider the best way forward to embed training around harassment and bullying/discrimination for managers.	JBr
7	<u>Equality and Diversity Strategy</u> SK to attach the 4 year plan/objectives as an appendix to the strategy and resubmit	SK

	to Trust Board.	
8	<u>NHS Employers Top Ten Tips in Practice</u> JBr to discuss making better use of the Trust's social media, such as Facebook in relation to the tip of 'Celebrating our Successes' with Eva Duffy when she meets with her.	JBr
8	<u>NHS Employers Top Ten Tips in Practice</u> SK to make more enquires regarding the Diversity and Inclusion Partnership with NHS Employers and to find out if there was evidence of how Trusts who had already taken part had benefitted.	SK
8	<u>NHS Employers Top Ten Tips in Practice</u> AC to take the document to a future HRBP meeting to discuss with them.	AC
8	<u>NHS Employers Top Ten Tips in Practice</u> JBr to discuss with Alison Lowe a summary of Rainbow Risk on a laminated small card.	JBr
10	<u>Divisional Reports</u> SK to write to the Divisional Leads to advise that Divisional reports are not being provided. Divisional Directors should be cc'd into the email and advised that a report will be required in future.	SK
11	<u>Corporate Update</u> CT to provide SK with some quotes from staff who were involved/attended the Information Governance Training in Facilities for inclusion in next year's Equality and Diversity Report.	CT