**Board of Directors' Meeting Report – 30th July 2014**
**Agenda item 212/14**

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| **Title** | Workforce and Patient Equality, Diversity and Inclusion – forward strategy |
| **Sponsoring Director** | Director of Human Resources |
| **Author** | John McLellan (external consultant) and Sandra LeBlanc |
| **Purpose** | A strategic review was commissioned in November 2013 of the degree of compliance and best practice in the management of equality, diversity and inclusion at the Trust.<br><br>A qualitative report on compliance and best practice in the management of equality and inclusion at the Trust was presented to the Board of Directors by John McLellan (external consultant) in February 2014.<br><br>This report provides an update of Equality, Diversity and Inclusion activities since February 2014. |
| **Previously considered at** | N / A |

**Executive Summary:-**

Equality, Diversity and Inclusion activities within the Trust are largely led by John McLellan (external consultant). The Director of Human Resources is the executive lead for workforce, the Chief Nurse for patients and the Board Champion, Qadir Bakhsh.

The Trust will continue the use of consultancy support pending the creation of a secondment role to lead on equality, diversity and inclusion, due to be advertised in August 2014. The successful candidate will be supported with a programme of training, coaching and mentoring from John McLellan.

Good progress has been made in delivery of the action plan that was presented to the Board of Directors in February 2014:-

- A Board training workshop was held on 7th May;
- The Trust has been awarded partnership status with NHS Employers for 2014/15 after demonstrating delivery against key measurable criteria;
- BME group meeting held on 3rd July;
- Director of Human Resources and Board Champion, Qadir Bakhsh attended the NHS Partner Programme meeting on 24th June 2014;
- Training session held with first cohort of Spanish Nursing Staff;

- Review of EIA process and recommendations were presented to Quality Assurance Committee.

A newly constituted Diversity Committee will be held on 23rd July 2014 to agree the new Terms of Reference for this executive led committee and the Trust's draft EDS2.

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| **Related Trust Objective** | Corporate Objective 1 – Patient Focus – keep getting better.<br><br>Corporate Objective 2 – Staff – feel proud to work here and keep making a difference. |
| **Related Risk** | N / A |
| **Legal implications / regulatory requirements** | As a public sector body the Trust has a statutory duty under the Equality Act 2010 to have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. |
| **Quality impact assessment** | The report provides assurance that evidence can be can be provided to show that we are meeting the public sector equality duty. The Trust strives to demonstrate best practice in all areas of equality for both patients and staff |
| **Equality impact assessment** | As far as can be considered this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010. The implementation of the Trust's EDS objectives will have a positive impact. |
| **Recommendation:**    Approve | **Assure    X**                  Note |

**Equality and diversity (E&D) action plan and next steps, update – July 2014**

This plan follows the approval of the qualitative report on compliance and best practice in the management of equality, diversity and inclusion by John McLellan at the Board meeting in February 2014.

The plan supports the continued use of a consultancy intervention, pending the installation of a sustainable long-term solution for E&D management. It was agreed in February the current goal for sustainable management would be the creation of a secondment post, initially supported by coaching from the consultant. It is anticipated that the recruitment process will commence in August 2014.

The following table is based on the recommendations from the consultancy report, together with suggested actions and a timetable.

| Recommendation. | Actions | Timetable. | Activity update |
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| 4.1 Widen and deepen communications about the evolving diversity of staff and patient populations, to help develop inclusion and to meet best practice public duty. | • Activate a planned distribution of the local demographic information to key staff.<br><br>• Build the demographic information into training modules.<br><br>• Involve Communications team with a planned programme of communications on E&D.<br><br>• Start a baseline survey of | • Start all actions immediately.<br><br>• Campaign to run for an initial 6 – 12 month period, to enhance impact. | • Demographic information shared with NCG and Board (at Board workshop 7 May). As a result, demographic date being extended and deepened.<br><br>• Met with L&D team and developing a programme of delivery.<br><br>• In discussions with Claire Hankey. Good internal and external PR on Spanish nurse recruitment. |

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| | diversity awareness.<br><br>• Manage all this 'campaign' via the Diversity Committee (DC). | | • The Trust has been awarded partnership status with NHS Employers for 2014/15. This again provides a publicity opportunity. |
| 4.2 Update the website as the first place to be examined by regulators. (detailed description in the report) | • Engage with website team, to make changes to style and interactivity, to meet best practice accessibility.<br><br>• Change, amend and develop E&D content. | • Start and complete action in March 2014. | • Website review/update to be completed after other developments. |
| 4.3 Revamp the Diversity Committee, strengthen its role and extend its impact and influence.<br>Plus look at other aspects of 'governance' around E&D, eg EIA policy. | • Use the 7 May Board workshop to define governance, reporting and engagement between the DC and the Board.<br><br>• Draw-up a proposed revised Terms of Reference (ToR) for the DC, to be discussed at the next meeting.<br><br>• Draw-up agenda for next DC meeting, inc identified areas of concern, eg location of wheelchairs project. | • Run the 7 May workshop as suggested.<br><br>• Plan the next DC meeting, to be held in March 2014. | • Board workshop completed. Good feedback at the meeting itself. Useful engagement with NHS Employers.<br><br>• Board workshop provides foundation for revamping ToRs.<br><br>• Good meeting with David Robinson re EIAs. Initial batch of items being provided to me for EIA assessment/screening – to be discussed further with David.<br><br>• EIA process proposal submitted via Director of Human Resources.<br><br>• Met with Alison Semmance at |

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| | | | SAVS re role and purpose at the Diversity Ctte. Will attend DC meeting<br><br>• Paper presented to QAC in June 2014 on EIAs and recommendations to be implemented. |
| 4.4 Work-up a mini-strategy for each of the three existing network groups, to have a clear sense of purpose and value and to have greater participation. | • Speak with the network chairs separately and together, to focus on revised ToR and methodology for enhancing participation.<br><br>• Link the network ToRs with the DC ToR more strongly.<br><br>• Build the network activity into the E&D campaign of 4.1 above. | • Commence work in March 2014.<br><br>• Revamped networks in place, May/June 2014. | • Meeting with BME group, one of whom attended NHS Employers 'BME Networks' event in May.<br><br>• BME group met on 3rd July – good start.<br><br>• New LGBT 'activist' came forward and met again with Katie Taylor Blows<br><br>• Attended NHS Employers workshops w/c 12 May, on LGBT and BME network groups – best practice and support.<br><br>• Working with Audiology Group on possible disability focus group/conference/workshop. |
| 4.5 Alongside the other recommendations, build greater staff and management engagement through a | • Work with Head of L&D and Director HR, to consider the best economic approach to achieve the greatest impact on staff awareness and | • Commence in March 2014.<br><br>• Overall training and awareness- | • Leadership of diversity workshop being held on 28 May (17 delegates).<br><br>• Training session held with |

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| continuous programme of training, targeted on the needs of different constituencies. | approach to inclusion, through a mix of face-to-face and online methods.<br><br>• Work with Head of L&D and Director HR, to consider a new set of discrete modules on specific topics.<br><br>• Work with network chairs to devise a series of 'consciousness-raising' seminars/talks.<br><br>• Obtain feedback on the training that can be part of the campaign in 4.1 above. | building plan in place for June 2014. | Spanish cohort on 11 June.<br><br>• New 'departmental' training session held with Theatres' team also on 11 June.<br><br>• Working with L&D Consultant on workshops with governors and with volunteers – to take place in July – August – September (dates being fixed). This a 'train the trainer' approach to equip L&D Consultants for face to face E&D delivery. |
| 4.6 Adopt EDS 2 fully, and as soon as possible. | • Attend the Dept. of Health (DH )/ NHS England briefing on 17 March.<br><br>• Work with NHS Employers and the NHS in Essex group to develop best practice.<br><br>• Ensure an EDS2 tool is on the public website, and readily identifiable, asap.<br><br>• Build EDS2 awareness into the 7 May Board workshop. | • Work commences post 17 March 2014.<br><br>• Have version on public website in April 2014.<br><br>• Discuss and revise via Board workshop 7 May 2014. | • Attended the briefing and subsequent meetings with NHS Employers.<br><br>• Draft EDS document format produced and shown at Board workshop. Document now being populated and shortly to be placed on public website. |
| 4.7 (implied in the original report) | • Speak with Directors HR and Nursing to get agreement to | • March 2014? | • Document has had wide |

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| Distribute the report to consultancy interviewees. | distribute the consultancy report to those who participated in the interviews. | | circulation. |
| 4.8 (implied in the original report) Create a path leading to a sustainable solution to E&D management. | • Continue to work with Directors HR and Chief Nurse, to identify the best sustainable solution to the management of E&D – currently identified as a secondment post, supported by consultancy-led coaching. | • Discuss at next DC meeting.<br><br>• Discuss at Board workshop (7 May).<br><br>• Secondment post-holder in place 'summer' 2014. | • Secondment role JD and person spec produced in draft and circulated.  To be agreed.<br><br>• NHS Employers partnership programme provides a great opportunity for the appointed person – supported by John initially.  Qaidr Bakhsh, NED and Sandra Le Blanc, Director of HR attended key partner meeting on 24 June.  Further meetings are on 17 September; 10 December; 4 February; 15 April. |

*John McLellan, 7 July 2014*

# Southend University Hospital NHS Foundation Trust
*Everybody matters, everything counts, everyone's responsible. (Southend's mission)*

**"Putting patients first" (NHS England's top goal).**

**Department of Health / NHS England: Equality Delivery System (EDS) for a Personal, Fair and Diverse NHS.**

**EDS helps trusts meet the Equality Act and the public duty requirements.**

**The RAG rating depends on the degree to which a trust is meeting the needs of all protected characteristics (gender, ethnicity, disability, age, sexual orientation, faith, pregnancy and maternity, marriage and civil partnership, transgender people). Red is undeveloped; amber means some groups are treated equally well, green means most are treated equally well, purple means all people are treated equally well.)**

*This version needs to have aggregated grading from internal and external stakeholders. This initial coding is based on the recent E&D strategic review in February 2014 and is indicative only.*

**Goals, outcomes, measures and activity plan follows:**
**(NB – a glossary of abbreviations is available at the end of this document).**

| NHSE EDS Goal | NHSE suggested outcomes | SUH RAG rating | SUH activity that supports the RAG rating | Evidence documents. |
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| **1**<br>**Better health outcomes.**<br>(The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive | 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of | | Eg<br>1 The hospital has X number of user groups, eg audiology, ophthalmology. Feedback is used to make changes to design and delivery of services.<br>2 The Trust commissioned a demographic | Eg<br>Minutes of user group meetings. |

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| evidence of needs and results.) | local communities. | | report in Feb 2014, that shows changes to the local population – to support service delivery planning and design. |  SUH Demographic report draft 0114.doc |
| | 1.2 Individual people's health needs are assessed and met in appropriate and effective ways | | | |
| | 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed | | | |
| | 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse | | | |
| | 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities | | | |
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| **2. Improved patient access and experience.** (The NHS should Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience.) | 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access | | Eg 1 The trust regularly assesses patient feedback comments and data, to ensure there are no barriers affecting particular protected groups.  For example, the Trust produces key information for patients in languages other than English as here: 2 There is mandatory diversity training to help ensure staff are aware of the evolving | Eg http://www.southend.nhs.uk/for-patients-visitors/information-leaflets/ |

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| | on unreasonable grounds. | | diversity of the local population. | SUH 2 hour trg module 210114.ppt |
| | 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care | | | |
| | 2.3 People report positive experiences of the NHS | | | |
| | 2.4 People's complaints about services are handled respectfully and efficiently | | | |
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| **3.** **A representative and supported workforce.** (The NHS should increase the diversity and quality of the working lives of the workforce, supporting all staff to better respond to patients' and communities' needs.) | 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels | | EG The trust produces monitoring of staff / workforce numbers and places these on the public website. | http://www.southend.nhs.uk/about-us/equality-diversity/staff-and-patient-monitoring/ (NB the above link is in the process of being updated) |
| | 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations | | | |
| | 3.3 Training and development | | | |

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| | opportunities are taken up and positively evaluated by all staff | | | |
| | 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source | | | |
| | 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives | | | |
| | 3.6 Staff report positive experiences of their membership of the workforce | | | |
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| **4.** **Inclusive leadership.** (NHS organisations should ensure that throughout the organisation, equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.) | 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations | | Eg A board workshop on diversity and inclusion was held on 7th May, 2014, with the support of NHS Employers. Outline agenda attached. | Eg Agenda and slide set to be pinned here. |
| | 4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed | | | |
| | 4.3 Middle managers | | | |

| | and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination | | | |
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**Edited : John McLellan, 9<sup>th</sup> April 2014**
*Glossary:*

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| CCG | Clinical commissioning group. |
| DH | Department of Health. |
| E&D | Equality and diversity. |
| EDS | Equality Delivery System. |
| EDSG | Equality and diversity steering group. |
| ET | Executive Team |
| HR | Human Resources |
| LGBT | Lesbian, Gay, Bisexual and Transgender |
| PALS | Patient advice and liaison service. |
| ToRs | Terms of reference |