

Notes of Equality and Diversity Committee meeting

Monday 9 December, Seminar Room 1, Post Grade Centre, Frenchay

	Present	Robert Baker (Chair), Lesley Mansell, Nick Stibbs, David Collins and Alison Bucknall (for Steve Oram) Maria Smith - Note-taker	
1	Apologies received	Ken Guy, Jayne Stone, Simon Wood, (sick), Christine Smith, Diane Cornish, GM Neuro, Steve Oram, Mooi Tay. Speakers: Steve Sykes & Steph Curtin, Juliet Winter, Dr Nigel Jones.	
2	Welcome	RB welcomed all to the meeting.	
3	Minutes from last meeting	<p>RB went through the actions from the previous notes taken on 15 October. RB asked that an action summary be tabled at the end of this and future E&D Committee notes.</p> <p>Move to the new hospital - RB, a further paper going to the Board about access together with the integrated training plan Phase I.</p> <p>The previous minutes were agreed and recorded as accurate.</p> <p>Action summary: LM gave an outline re: action 4b Equality monitoring form, trying to encourage more response from applicants for posts in the Trust especially for religion, sexual orientation and disability.</p> <p>Action: RB to speak to HH re: disability/access requirements required re: training for disabled staff moving into the new hospital.</p> <p>Action: Bed call button raised by DrNJ; information from SW passed on.</p> <p>Action: Terms of Reference needs amending re: names and titles from HR</p> <p>Action: Dates for next year's meeting to be arranged for March, June, September and December 2014.</p>	<p>Action</p> <p>LM</p> <p>RB</p> <p>DrNJ</p> <p>LM</p> <p>LM/MS</p>
4	Matters Arising	<p>4a Two Ticks – Insite article</p> <p>Claire Lang (Coms) has agreed to add this to the next edition of Insite. She will organise the photograph of AY and RB and compose an</p>	

		<p>article.</p> <p>4b Age – ideas for project – knowledge transfer mentoring</p> <p>LM contacted the HR partners and only had one response from Facilities/Neuro. They do not have a formal process, but at notification of retirements managers are good at ensuring that there is a period where they identify how we can succession plan for those posts. Succession planning is something the dept. will be looking at improving upon.</p> <p>Much of this practice will be documented within FM as part of their emerging OD strategy but that will be once we're in the new hospital.</p> <p>4c ESR – opt out question on equality</p> <p>The last meeting considered removing this option. However, the Clinical Commissioning Support Group advise that this helps to identify the size of the failure to respond, which is useful against actual recorded figures. Therefore this will be remain.</p> <p>4d Disabled staff transferring to the new hospital</p> <p>The response received indicted that training for disabled staff would be no different than for other staff. It may be that the orientation tour and particularly the pace of that might have to be adjusted to take account of disabled staff.</p> <p>LM has been invited to a meeting about this in February.</p> <p>When making enquiries LM was asked to produce a protocol for Hearing Loops. The E&D Committee agreed that this requires technical knowledge and is outside of her remit.</p> <p>4e Easy Read Leaflets for disabled patients – new hospital LM has contacted Clare Weatherall but she has not responded.</p> <p>4f Bed call button</p> <p>SW sent information about this which was forwarded to DrNJ.</p>	<p>LM/CW</p>
--	--	--	--------------

		<p>It may be that this also needs to go to Heads of Nursing.</p> <p>4g Equality Policy review</p> <p>LM is working on this but due to the change of meeting date this has not been completed. NHS Employers now have a statement rather than a policy. LM will bring fuller details to the next meeting.</p>	LM
	Terms of Reference – new format	<p>RB has asked for this to include that the E&D Committee now reports to the Workforce Steering Group. Other minor amendments were made.</p> <p>RB would like to have a highlight or status report produced (similar to that of the Move Project Board) to summarise the top 3 risks so that this Committee can forward this to the Workforce Steering Group to authorise any necessary actions.</p> <p>The Workforce Steering Group is new and reports to the Development Committee and Quality & Risk Management Committee. We need to flag up any issues with the WFSG, this may require a split report to these two bodies.</p> <p>Action: ToR to be endorsed at next meeting under matters arising.</p>	LM
6	Champion for staff	<p>LM advised that we currently have RB for Disability and DrNJ for LGBT. LM was pleased to report that Dany Bell will be our Gender Champion and Harry Hayer will be our Champion for BME.</p> <p>It was agreed to request a picture of all 4 Champions for a future edition of Insite.</p> <p>The purpose of these corporate Champions is to help embed our equality work. There may be a Champion for Religion and Belief at a later date.</p>	LM
7	BME History Month	<p>BME History Month marked the 50th anniversary of nurses from the West Indies who made a major contribution towards the establishment of the NHS. This was included in the display of details of the March on Washington and the Bristol Bus Boycott, both of which happened 50 years ago and some NBT BME staff.</p> <p>Two seminars were held; the first was hosted by</p>	

		<p>Transplant Surgeon Dr Anusha Edwards and addressed by Faruk Choudhury, Lord Mayor of Bristol and Andrea Young, Chief Exec., to highlight the need for donors from the BME community. This went very well. This is featured on the NBT internet news page.</p> <p>BME career development; Harry Hayer led a seminar which identified that BME staff were hitting a concrete ceiling and finding it difficult to develop their careers. HH promised to go to the Board to ask the execs to become mentors. The Board has agreed. The group will continue to meet short term.</p> <p>RB said we need to look at how job descriptions are written and managers must have appropriate training to produce these to ensure BME staff have equal opportunity when applying for posts.</p> <p>Action: RB requested that LM publishes numbers of band of BME in the 2013 statistics report.</p>	RB
8	BME mentoring project	<p>RB stated the BME mentoring project report was very good. This needs to be followed up; it links with the BME career development initiative. Needs to feed into the leadership development programs.</p> <p>LM to raise with HH.</p> <p>It as felt that NBT needs to make improvements in relation to BME staff. We need to identify talented people. The Trust is signed up to disability schemes like 2 Ticks and Mindful Employer. Both of these are advertised on the Intranet which shows the commitment of the Trust.</p> <p>It was agreed there needs to be a Recruitment Strategy which includes an initiative to develop and support talented staff from all backgrounds.</p> <p>Action: need to discuss and summarise and put compliance/ assurance in the recruitment strategy so that it attracts to the widest variety of staff</p>	LM/PR
9	Annual Equality Statistics report 2012	<p>This has been amended and the underlining removed to ensure it is more accessible. It was agreed that the next report should include details of BME staff by band. Once this has been to the Workforce Steering Group it may be uploaded to the Internet in pdf format. The E&D Committee endorsed this.</p> <p>LM said this report gives evidence which is used throughout the year for new and existing contracts,</p>	

		<p>quality assurance, including the CQC and so on.</p> <p>There should be an action plan on this with 2/3 clear items that impact on performance to improve staff statistics and care.</p>	
10	Annual Equality report 2012	<p>RB agreed this is a good referenced document. Once this has been seen by the Workforce Steering Group it needs to be put into pdf format and added to the Internet. LM explained that this report meets the Trust's legal obligation to publish what it has done to meet the Public Sector Equality Duty. She also explained that the PSED requires this be published by 31 January 2014 and annually in accordance with advice from the Equalities and Human Rights Commission.</p> <p>However, RB said that the 2013 report should be published at the end of the Financial year with other reports. This year we are not in a position to produce it as all the directorates have an unprecedented workload and lack of capacity. NHS Employers have suggested this will be acceptable. This would be agreed by the Workforce Steering Group. This was requested in writing.</p> <p>RB said concerns based on capacity re: workload should slot into the business plan.</p> <p>It was agreed that this report needs to go to the Quality and Risk Management Committee.</p> <p>Action: LM to send to Quality and Risk Management Committee.</p>	<p>RB</p> <p>LM</p>
11	Equality Delivery System 2	<p>NBT has signed up to this and LM has delivered training on the updated EDS2. NHS England will identify one item to focus on nationally in 2014 and Trusts may wish to take this on board. It may give an opportunity to work in partnership with other NHS bodies and to be involved in conferences, training etc.</p> <p>The changes mean we need to be more active in engaging patients and staff must be involved where important decisions are made about the planning, developing, commissioning, management and delivery of health services in a sustained way.</p> <p>Some departments have already engaged with stakeholders and patients like the chaplaincy.</p>	

		LM is working on a project with the Diamond Cluster to train stakeholders and to set up a group that is sustainable and will give the views from different communities. The committee was given a briefing paper about EDS2 which is also on the intranet.	
12	E&D Manager's work report	<p>LM gave an outline of the work she has currently done. This included: Staff Equality Group met. Mindful Employer charter for staff reviewed Good Communications Guide (accessibility) - reviewed</p> <p>RB said that he would like to have an E&D annual planner and summary of the initiatives and strategy involved comprising one page to be presented at high level. Also a summary to be put on the back of the E&D report to show what will be happening next year. Need to form and shape the E&D work re the impact on staff and patients and show this is to be tested against workforce plans.</p>	
	Date of next meetings	To be arranged for 2014. Dates will be circulated.	

ACTION LIST: DECEMBER 2013

Item	Name/s	Action	Deadline
1	LM	Age – ideas for project – knowledge of transfer mentoring	Report for next meeting
2	LM	Orientation tours in New Year and LM to attend in February 2014. LM to chase Sue Tancock & Sue Evans re: access and training for disabled staff to ensure EDD compliant	Report for next meeting
3	LM	Easy Read patient leaflet. To chase Clare Weatherall to find out if these are available for the move to the new hospital.	Before next meeting
4	DrNJ	To comment on the Bed call button. To be raised with Heads of Nursing by DrNJ, Information given by SW.	ASAP
5	LM	AY/RB – photo for Insite magazine – to be arranged	ASAP
6	RB	Speak to HH re: disability/access requirements required re: training for staff going into new hospital	ASAP
7	LM	BME mentoring: Need to talk to Cathy Meredith about this together with HH.	Report for next meeting
8	LM	Terms of reference needs to be amended and to be endorsed at next meeting	Email RB
9	LM	Publishing numbers by band of BME in the 2013 statistics report. The stats are due to be collected in January 2014.	ASAP
10	LM	Discuss and summarise and put compliance/assurance recruitment strategy attraction to the widest variety of staff.	Report for next meeting
11	LM	To put Annual Equality Statistics report 2012 into pdf and put on Internet when seen by Workforce Steering Group.	By 30 January 2014
12	RB	Workforce Steering Group to approve change of date for publication of report to show meting PSED.	ASAP
13	LM	To put Annual Equality Equality report 2012 into pdf and put on Internet when seen by Workforce Steering Group and send to Quality and Risk Management Committee.	ASAP