# Notes of Equality and Diversity Committee meeting

**Tuesday 15 October 2013, Room 17, L&R Building, Southmead**

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| Present | Simon Wood (Chair), Lesley Mansell, Dr Nigel Jones, Juliet Winter, David Collins, Steve Oram & Nick Stibbs  
Maria Smith, Note-taker |
| 1 Apologies received | Robert Baker, Jayne Stone, Peter Russell, Zahir Bahur, Mooi Tay |
| 2 Welcome | LM welcomed all to the meeting and especially welcomed Dr Nigel Jones, our LGBT Champion for the Trust and Revd Stephen Oram, Co-ordinating Chaplain. |
| 3 Minutes from last meeting | Notes last taken were on 25 March 2013 and these minutes were agreed and recorded as accurate.  
June 2013 meeting was cancelled. |
| 4 Matters arising | 4a Champion for staff and service users – Patient Experience Leads  
LM contacted JW to go through the patient experience for service users. This was to establish how the postcard reply forms were being filled in and whether the postcard needed to be redesigned to incorporate equality and diversity requirements to make it easier to report on religion etc.  
4b Age – ideas for project – knowledge transfer mentoring  
The question was raised about age and how skills and knowledge are retained in the Trust, and what support is available for staff who are retiring. There needs to be a process to retain their skills and transfer these to those coming to the Trust in the future. |
 Whilst staff make preparations for their own retirement, the Trust needs to ensure that knowledge and skills can be passed onto others. Suggestion was that a mentoring programme could be arranged.

**Action:** LM said she would look into this and report at the next meeting.

It was also mentioned that whilst staff are supported by the Trust with retirement courses, DC said that by law, you can now retire at any time but that wouldn’t help the preparation by mentoring. (Post note: retirement courses are purchased in for the Trust from the Bristol & District Retirement Council and held twice a year).

4c. Trans guidelines – JUC staff doing jobs inappropriate to gender

LM advised that at the meeting held in March 2013, Dayley Lawrence said he would provide information from the JUC but DL has not produced any yet. There was a discussion that this might happen when staff transition and there may be an issue when personal care is given to patients. DrNJ said that the job of personal care for patients was given by HCAs, which is a unisex role. LM advised that she hasn’t heard of any issues being raised. However, we do not know the numbers of staff currently in transition.

4d. Annual Equality Report – statistics

LM was going through the Annual Equality Report for 2012 and she had drawn out some statistics which Ken Guy had previously asked for re inpatients. The statistics were broken down as follows:

- 2011 In patients equality data
  - Female = 55%
  - Male = 44%
BME = 4% White = 94%
Disabled = 36% Non disabled = 60%
LGB = 1% Heterosexual = 85%
Age = 61 - 70 = 24%  71 – 80 = 20% 51 – 60 = 16%

The staff attitude survey stated that 14% of the workforce had a disability and that this had increased by 2% since 2011. There was a huge improvement in the uptake of equality training. LM advised that she gives a presentation on equality for new starters and that there is an e-learning course on the MLE.

Another statistic in the SAS regarding career progression amongst BME staff showed 100% felt that this was happening. LM advised that this was possibly because the Trust carried out a BME mentoring scheme in 2012 which had lots of publicity, was very popular and well received. More work needs to be done to gather equality monitoring as the gaps in information are not helpful. Recently, a complaint was raised by BME staff about the lack of career progression which had also been discussed at the staff equality group. This is being dealt with separately.

**Action:** The ESR gives an opt out question. It was thought to be a good idea to remove this.

**Action:** A question was raised about access and training for disabled staff transferring to the new hospital. LM to contact Sue Tancock & Sue Evans and see what they have already. LM to meet SE to report back at next meeting.

**Action:** Patient experience leaflet – need to advise patients coming to the new hospital where they can access e.g. hearing loops, lifts, wheelchair access etc. LM to contact Claire Weatherall for this information.
DrNJ said that there were some concerns about the bed call button – what is the new system for the new hospital? How has this been designed?

**Action:** SW said that he would find out and report at the next meeting.

2 Ticks disability scheme – Insite magazine

LM advised that a photograph has not yet been published for 2012. LM advised that the Trust has been re-awarded this for a further year. LM said a photograph with Andrea Young (new CEO) will be needed and she will talk to Coms about this.

**Action:** SW was happy to ask AY to go to medical illustrations to have her picture taken and then this can be published in the Insite magazine.

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|   | At the March meeting, LM was asked to update the ToR by using the new ToR template. NS kindly provide the ToR template for LM to update which was then commented on.  

SW said that amendments needed to be made:

a) If a director of service was unable to attend, then a deputy should. The deputies could then expand the knowledge to others.

b) General Managers – all GMs to be included.

c) Membership needs to be rescheduled so that the Trust and the law would work together. A suggestion was made that perhaps Supervisory Sisters attend on a rota and that the Director of Nursing signs up to send a representative and spread the word.

d) SW said to LM that she should go back to Robert Baker and ask for a... |
commitment on each part of HR/Facilities and would need to draw up a commitment check.

e) NS advised that the Equality & Diversity Committee report to the Workforce and Governance Committee, who in turn, report to the Trust Board.

| 6 | Equality Policy Review | The Equality Policy is due to be reviewed in the autumn. LM will do some research around employment and patients and have further information at the next meeting in December. Although a policy is not required by law the Trust ought to have a statement at least.

However, SW said that he would prefer if the policy was produced split into two, one for patients and the other for staff. Perhaps the latter should be discussed through HR.

SW said that the duty we have, we are already covered but not split. LM said she found one trust has an Employment Equality policy. |

| 7 | Equality Impact Assessment | a) Matrons/Sisters consultation

LM has gone through this and Helen Burden has updated it. Monitoring will be carried out in a years’ time when the outcomes should be known.

b) Equality Delivery System

This needs to be reviewed on an annual basis.

The committee approved both the EIAs.

**Action:** To comment and look at the EIA. |

| 8 | E&D Manager’s work report | LM talked through her work report and gave some examples re BME career progression and promotional figures for BME staff. LM to bring the report to the next meeting.

LM advised that she will not be doing E&D training over the next 6 months because of the |
move to the new hospital.

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1. It was noted that religion and belief may be recorded incorrectly. An example of this was given by SO who said he would contact the Director of Nursing to find out more.

2. LM has advised that she will be focusing on
   a) Carers day
   b) Equality champion – LM has identified staff who may be interested in taking on the role for gender and race. The annual report is due at the end of January. LM will make this more focused and will have this available at the next meeting. SW asked what is envisaged that staff will be taking forward to the move to the new hospital regarding the PSED.

3. Tuesday 10 December is the date of the next meeting. However, SW has asked for this to be re-arranged due to another date as the Exec meeting is being held on that day.

**Action:** December meeting to be rescheduled by MS

| Date of next meetings | December 2013 – to be advised |   |