

Equality and Diversity Committee

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| Trust Board | Item: 18 |
| Date: 30th January 2019 | Enclosure: N |
| Purpose of the Report: To report on the main areas of discussion at the Equality and Diversity Committee meeting held on the 4 th December 2018. | |
| For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/> | |
| Sponsor (Executive Lead): | Kelvin Cheatle, Director of Workforce |
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| Risk Implications – Link to Assurance Framework or Corporate Risk Register: | |
| Legal / Regulatory / Reputation Implications: | Regulatory and compliance implications |
| Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/> | |
| Link to Relevant Corporate Objective: | All Objectives |
| Document Previously Considered By: | N/A |
| Recommendations The Trust Board is asked to: a) note the content of this report; and b) approve the Committee's terms of reference. | |

Equality and Diversity Committee - 4th December 2018

- Terms of Reference – These were amended to reflect the revised membership of the committee, the new reporting structure to Board for a fixed period and the revised remit so that it now clearly addresses patients as well as staff equality and diversity issues. **The terms of reference are attached for the Board to ratify.**
- Trust WRES (Workforce Race Equality) report – The Trust WRES scores were presented to the Committee. It was noted that the Trust had improved in the following areas:
 - BAME representation at Board Level (there is now 1 where previously there were none)
 - BAME representation at Band 8C and above (5 in 13 compared to 3 in 13 last year)
 - Likelihood of white staff being appointed had reduced (from 3.4 in 2017 to 2.5 in 2018)
 - BAME staff facing disciplinary processes compared to white staff (5.7 in 2017 reduced to 1.82)

It was also noted that further data is awaited on a London and national basis in order to be able to benchmark the Trust's performance.

- Equality Impact Assessment (EQIA) Training – The Committee was taken through the EQIA training that is available to staff. The CCG member present asked if further training dates could be considered for CCG members and this was agreed as an action to take forward.
- Equality & Diversity sub groups – The Committee received a report from the Chair of MEGA (Multi-Ethnic Group for All), noting his desire to ensure that MEGA was a task and finish group related to the Trust priorities around WRES and Equalities. The Committee was also updated on a Disability Forum for staff taking place on 11th December 2018. The Committee was also advised of the Brexit sub group and the recent pilot that had been facilitated for staff in relation to the EU settlement scheme.
- Trust EQIAs – 10 of these were submitted to the Committee for comment and noting. There were a further 13 where it was felt that further education and advice needed to be provided.
- The Committee had no concerns to escalate to the Trust Board.

EQUALITY AND DIVERSITY COMMITTEE

Terms of Reference

1. INTRODUCTION AND PURPOSE

- 1.1. The role and purpose of the Equality and Diversity Committee is to enable the Trust Board and Executive Committee to carry out its responsibilities for the Equality and Diversity Agenda and provide strategic direction, leadership and support for promoting and maintaining equality, diversity and human rights issues across the Trust in line with Trust strategic objectives
- 1.2. The Equality and Diversity Committee is the formal mechanism by which the Trust can oversee its processes to eliminate discrimination on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 1.3. The Equality and Diversity Committee purpose is to monitor the Trust's performance in relation to equality and diversity. This means:
 - monitoring the Trust's performance in creating an organisation where healthcare provision is accessible, responsive and appropriate to people, irrespective of their personal and/or protected characteristics.
 - ensuring the Trust is a place where all Trust employees can fully contribute, develop and flourish at work, irrespective of their personal and/or protected characteristics.
- 1.4. The Equality and Diversity Committee aim to inspire our staff to embrace the Trust values – *to be caring, safe, responsible, and to value each other* and that this is pivotal in how they deliver care and how they involve people who use our services so that they continue to have a positive patient experience.
- 1.5. To work with external stakeholders to ensure the delivery of professional and high quality services to the diverse range of people and communities we come into contact with and to liaise with them in increasing our understanding of how to better engage with the communities and workforce we come into contact with to create an inclusive and engaged Trust.

2. AIMS

- 2.1. The Equality and Diversity Committee has been set-up to ensure that suitable actions are undertaken/commissioned at an appropriate level within the Trust with key stakeholders. The aim of the Equality and Diversity Committee is to provide a forum to ensure:-
 - Kingston Hospital NHS Foundation Trust addresses the needs of the diverse community that it serves and raise awareness of the need for individuals who visit (patients, visitors and carers) and those employed by the Trust to be treated fairly and ensure equality for all.
 - Equality and diversity improvements, updates and issues are discussed and an agreed work plan/schedule is actioned. The work plan/schedule will consist of priorities that link to Kingston Hospital's strategic direction, workforce plan and the wider development of services.
 - Ensure that Kingston Hospitals' services comply with the Equality legislation and meets its obligations and commitments in relation to these, including the Public Sector Equality Duty (PSED).
 - Developing a culture where difference is valued and respected.

3. OBJECTIVES

The objectives of the Committee are to implement, facilitate, inspire and support staff to create a culture where diversity is valued. In order to do this the Committee will:-

- 3.1. Take an overview of equality, diversity and human rights issues taking account of changing legislation, best practice evidence and patients and staff feedback and to set the Trust's strategic agenda in this area as follows:-
 - Agree an annual work schedule/plan based on:
 - Legislation
 - Workforce requirements
 - National Service Frameworks
 - National and local strategies
 - Healthcare strategy including CCG/ CQC requirements
 - Staff surveys
 - Patient surveys
 - Equality Impact Assessments
 - The NHS Accessible Information Standard
 - National Workforce Race Equality Standard (WRES)
 - National Disability Equality Standard (DES)
 - Gender Pay Gap Information Regulations 2017
 - Respond to Healthcare Commission guidelines
 - Work within Equality and Human Rights Commission guidelines and codes of practice.
 - Ensure all proposed plans are discussed with internal and external stakeholders and in particular users and carers.
 - Respond to social care strategies
- 3.2. To support the achievement of the Trust Strategic Objectives for patients and staff as follow:-
 - 3.2.1. **Trust Strategic Objective 1** – To ensure that care is rated as outstanding, as defined by the CQC across all core services by 2021/22 and
 - 3.2.2. **Trust Strategic Objective 2** – To have a committed, skilled and highly engaged workforce who will feel valued, supported and developed and who work together to care for our patients - 'Working to improve the experience of all staff members in the Trust and in particular Black, Asian and Minority Ethnic Groups (BAME)'. The Committee will monitor the following indicators:-
 - WRES data and staff survey
 - Shortlisting BAME staff improvement
 - Disciplinary representation improvement
 - Harassment representation improvement
 - 3.2.3. **Trust Strategic Objective 3:** To work creatively with our partners (NHS, Commercial and Community/Voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future. The Committee will have a representative on the PEC (Patient Experience Committee) and PLACE in order to act on any issues arising and relevant to the E&D Committee.
- 3.3. To provide assurance to the Board and its subcommittees that the Trust is fulfilling the legislative and regulatory requirements relating to equality, diversity and human rights agenda, including the PSED and publication of equalities information and CQC standards. The Committee will monitor the following indicators:-
 - Annual publication of the Patient Data Report
 - Annual publication of the Staff Data Report
 - Annual publication of the WRES Report and action plan

- Annual publication of the DES Report and action plan
 - Annual publication of Gender Pay Gap report
- 3.4. To oversee the design, implementation and periodic review of the Trusts equality objectives (at least every 2 years), to review and if necessary prioritise action plans to reflect national guidance (such as the NHS Equality Delivery System EDS 2, NHS Workforce Race Equality Standard) or as national standards change.
- 3.5. To provide a focus for all equality, diversity and human rights issues within the Trust.
- 3.6. To provide a forum for discussion and ensure liaison and where appropriate joint working with the Trust's community partners, ISS, patients and the public.
- 3.7. To oversee the implementation, completion, monitoring, audit and evaluation of the Equality Impact Assessment (EqIA) process for policy and procedures.
- 3.8. To oversee the involvement of stakeholders, including staff, governors, patients, their carers, families and members of the public, through a variety of channels - individual engagement, internal forums, local community groups and engagement with national organisations.
- 3.9. Considering the above, there will be focus on implementation of the above in relation to three main areas:
- Patient focused activity
 - Staff and managers in relation to services and employment issues
 - Partners and stakeholders

4. COMMUNICATION

The Committee will receive updates on legislation and other relevant national guidance from the Patient Experience and Improvement Manager and Director of Workforce and other members in their primary roles .

5. PERMANENCY

Reporting to the Trust Board will be reviewed in 2 years' time. The Committee however is permanent, regardless of the reporting structure.

6. MEMBERSHIP

The membership of the Committee will consist of members with specific responsibilities for equality and diversity – as reflected in their job description and/or annual objectives – and members well-placed to provide feedback to the Committee in relation to the Trust's equality and diversity commitments and responsibilities regarding equality. In order to ensure that the Committee is effective, the representatives include:

- 6.1. Chair and Executive lead for equalities
- Two Non Executive Directors (One of whom will chair)
 - Director of Workforce (executive lead)
- 6.2. Other Members
- Chairperson of the Trust
 - Two Governors
 - Deputy Director of Nursing; Patient Experience and Specialist Services (representing the Director of Nursing and Patient Experience)
 - Assistant Director of Workforce - Development

- Trust Chaplain
- Trust Partnership Forum (TU Representative)
- Chief Operating Officer or representative
- Patient Experience and Quality Improvement Lead
- External Partners

Additional key individuals will be invited to attend as required by the business of the meeting.

There is an open invitation for staff group chairs/ or their nominated deputies/ representatives to attend.

7. ROLES OF MEMBERSHIP

- 7.1. To regularly attend meetings of the group and when not available, make arrangements for a nominated deputy to attend.
- 7.2. To contribute fully to enabling the group to comply with its Terms of Reference, once agreed.
- 7.3. To undertake duties assigned by the group.
- 7.4. To focus decision making on the principles of modernisation, patient/client centred roles, improving services for client/patient, flexibility and building effective clinical teams.
- 7.5. To act as an ambassador of the Equality and Diversity Committee and the broader equality and diversity agenda for this group and the strategy it promotes.
- 7.6. To ensure that the work of the group and the broader equality and diversity agenda is communicated widely, through existing forums and communication channels.
- 7.7. To effectively bring to the group, the views of the professional group and/or other organisations to which they belong and give informed opinions on related disciplines not represented.

8. FREQUENCY OF MEETINGS

- 8.1. The Committee will meet a minimum of four times per year, dependent on workload and objectives.

9. QUORUM

- 9.1. A quorum of 4 members is required to be present to enable the Committee to undertake its function. This is to include the Chair (or another Trust Director) plus 3 others.

10. ATTENDANCE

- 10.1. When a member cannot attend they should arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend minimum of 3 meetings per calendar year.

11. ADMINISTRATION

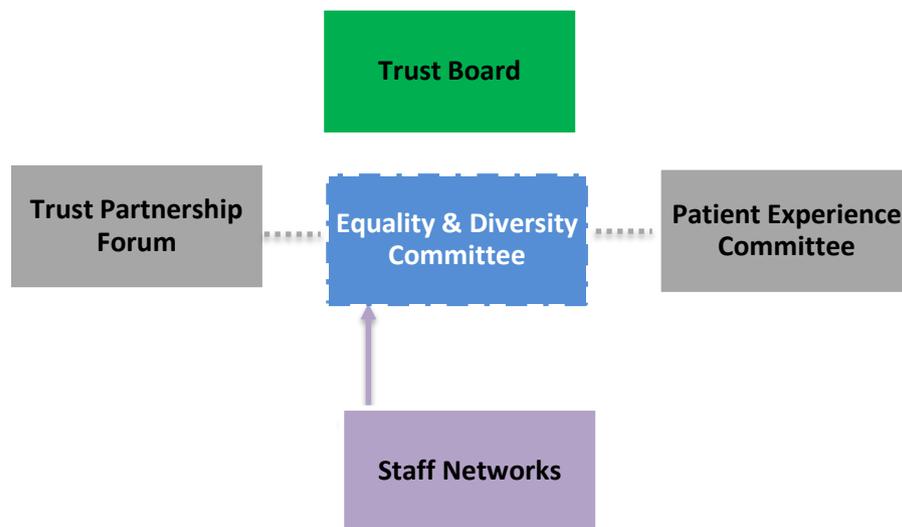
- 11.1. The meeting dates for the year will be set and agreed at the beginning of each calendar year.
- 11.2. The agenda and related documents will be circulated 5 days prior to the meeting
- 11.3. Action notes will be taken at each meeting and will be circulated within 2 weeks of the date of the meeting.

12. ACCOUNTABLE TO

- 12.1. The Committee is accountable to the Board for monitoring the Trust's performance in relation to equality and diversity, both in relation to the provision of services to the public and in the employment of its staff.

13. REPORTING LINES

- 13.1. The Committee will receive reports on equality diversity and human rights issues arising from the Trust's Patient Experience Committee, Trust Partnership Forum and staff networks such as MEGA (BAME Network).
- 13.2. The following flow chart provides details of the reporting structure for the Equality & Diversity Committee and links with other Committees/groups within the Trust. The Committee Chair will report after each committee meeting to the Trust Board.



14. SECRETARIAT

- 14.1. A Senior HR Representative will be responsible for arranging the administration of the Group's meetings, including arranging for a minute taker, if required.

15. OPENNESS

- 15.1. The minutes from each meeting will be published on the Trust's intranet/shared drive and/or website following approval by the Committee.

16. EFFECTIVENESS

- 16.1. The Committee's effectiveness will be monitored through:-
- annual audit of attendance
 - publishing an annual equalities report
 - progress against the Trust's equality objectives

17. REVIEW OF TERMS OF REFERENCE

- 17.1. An evaluation of the effectiveness of the Equality & Diversity Committee and a review of its Terms of Reference and frequency of meetings will take place annually, or beforehand in the light of any system, procedural or organisational change and approved by the Workforce Committee.

18. MONITORING

- 18.1. Compliance with these Terms of Reference will be monitored by the Equality & Diversity Committee and Workforce Committee as part of the annual review of the terms of reference and annual report.

Date Approved: December 2018

Next Review Due: February 2020