

Trust Board (Public)	Item: Equality, Diversity & Inclusion Committee
Date: November 2021	Enclosure: P.iii
Purpose of the Report: To report on the main areas of discussion at the Equality, Diversity & Inclusion Committee meeting held on the 8 th November 2021.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/>	
Sponsor (Non-Executive Lead):	Rita Harris NED Chair of the ED&I Committee
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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:	
Recommendations: The Trust Board is asked to note the content of the report and the main areas of discussion and assurance provided at the November EDI Committee meeting.	

Report for Trust Board from the Equality, Diversity and Inclusion Committee, 8th November 2021

Summary of meeting

- *Presentation of a staff story*
- *Presentation of Medical Workforce Race Equality Standard (MWRES)*
- *Accessible Information Plan*
- *Bullying and Harassment Oversight Group*

The Committee discussed the following key topics:

1. Staff Story

Andrew Swain, Co-chair of Pride Kingston, LGBTQ+ Staff Network

A pre-recorded staff story was presented from Andrew Swain, current co-chair of Pride Kingston, LGBTQ+ Staff Network. Andrew spoke about his passion for supporting colleagues and promoting LGBTQ+ rights. Andrew shared a personal account of when he experienced homophobic abuse and how this inspired his involvement in the staff network. Andrew also raised some frustrations around no formal budget available to cover for staff network activities.

Andrew's story was well received and commended, committee members reflected how invaluable the staff networks are in providing a psychologically safe space to colleagues but also act as a source for education around LGBTQ+ issues. Discussion took place to expand the staff networks to cover more of the protected characteristics with opportunities to increase support and training for our staff by promoting intersectionality and working more collaboratively. The need to support the networks through sustainable funding and working towards increasing accessibility was acknowledged.

Thanks were extended to Andrew for sharing his personal experience and the committee would formally like to thank Andrew for his passion and innovation.

2. Medical Workforce Race Equality Standard (MWRES)

Kelvin Cheatle, Director of Workforce, Alison Smith, Assistant Director EDI and Bina Saini, Head of EDI

The EDI committee were asked to consider the contents of the summary findings from the first national Medical Workforce Race Equality Standard report published in July 2020. The report provided local information on the medical workforce at Kingston Hospital and local actions to be considered.

The paper was produced in response to an article in the BMJ, which suggested the Trust is not promoting diversity through its recruitment practises. Our data shows 47% of our medical workforce identify as BAME compared to 30% of the Kingston population and 14% of the Richmond population. The paper provided the committee with assurance that work is continuing with the recruitment hub in improving our diverse recruitment practises. The paper outlined the Trust's obligations, and this will be published on the Trust's website, to provide transparency and a proactive rather than reactive response to the increase in media enquiries.

local action points to be considered included:

- Board sponsor to be appointed to lead MWRES within KHFT, preferably the Medical Director
- A communication plan to be developed to demonstrate KHFT's intention to address the inequalities identified within the national MWRES report.

- MWRES data indicators to be captured for KHFT allowing targeted intervention
- Two or three key actions to be identified where impact can be measured over a given time
- KHFT to participate in a pilot scheme to improve the induction of International Medical Graduates at a systems level.

In addition, the committee discussed issues such as diversity in relation to medical school recruitment. It was commended that a significant number of international doctors in post at KHFT are from a range of countries, however we have little control over consultant recruitment panels. Further discussions took place querying the role of the Royal College in providing interview practise opportunities for candidates from BAME backgrounds. There was a general census that the responsibility should lie with both the Royal College and KHFT to better prepare candidates from BAME backgrounds. This links to a bigger piece of work taking place within the recruitment hub to dissect our current process and move towards a more diverse and inclusive approach to recruitment. It was thought interview opportunities needed to be addressed at a national or London level, to better support our BAME colleagues. Promoting the advantages of recruiting a diverse workforce alongside the paper on the Trust website, with supporting data from sources such as the McKinsey report.

Follow up actions include:

1. Promoting diverse and inclusive recruitment
2. Supporting our medical workforce with interview preparation
3. Comms and publicity

3. Accessible Information Plan

Lee Walsh, Deputy Head of Patient Experience & Involvement

The patient experience team presented a verbal update on the accessible information plan and how the team have involved staff and patients in their projects. 'Hello, my name is' campaign has been recently launched across the Trust, in the first phase asking patient facing staff to order a name badge which will show their preferred name, subsequently this will be rolled out to all staff.

The aim of the project is to aid conversations between staff and patients around preferred names and improve communication. The next stage of the project would be for the clinicians to upload this information onto CRS. The question of preferred pronouns on the badges was raised. It was explained this had been considered however due to limitations on text and with the aim to have the preferred name displayed clearly, this would not be possible at present. It would be something to consider in the future.

The importance that staff were aware of how this was recorded was emphasised as it is important to ensure this information is stored correctly on CRS. Currently where this information is displayed is not accessible or easy for staff to find and links with Gracie Holt's work on the National Reasonable Adjustment Flags project.

4. Bullying and Harassment Oversight Group

Kelvin Cheatle, Director of Workforce

The committee were updated around the work on responding to the bullying and harassment staff survey data. A short-life oversight group, chaired by RH, has been set up to ensure we have greater level of transparency and accountability to the work currently happening and that we produce timely results. Compassionate leadership training, the 'Not a Target' campaign and red carding patients and other initiatives are to be visible and progressive. Terms of reference and membership for the oversight group are being finalised and will be presented to EMC before being brought back to the ED&I Committee to report on progress.