

EQUALITY, DIVERSITY & INCLUSION COMMITTEE IN COMMON (CIC)

Trust Board	Item: 16
Date: 28 September 2022	Enclosure: J
Purpose of the Report: To report on the main areas of discussion at the Equality, Diversity & Inclusion Committee in common meeting held on 26 th September 2022.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
Sponsors (Non-Executive Lead):	Rita Harris, Non-Executive Director (KHFT) Bindesh Shah, Non-Executive Director (HRCH) Co-Chairs of the ED&I CIC
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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 on the 26 th of September to the EDI CiC meeting.	

Report for Trust Board from the Equality, Diversity and Inclusion Committee in common, 26th September 2022

The Committee discussed the following key topics:

1. Reverse mentoring

The committee were updated on the reverse mentoring programme that was launched across both Kingston Hospital NHS foundation Trust (KHFT) and Hounslow & Richmond Community Healthcare (HRCH). Across KHFT and HRCH the initiative was piloted with BME staff and were paired with Board members including non-executives. The committee watched a video which highlighted the journey of a mentor and mentee showcasing the importance of the initiative and the benefits. Both Trusts are reviewing how to evaluate the impact of the initiative and plan action learning sets to support the learning and explore how it can be developed further and expanded out to other protected characteristics.

2. Terms of Reference/ Subgroups (Compassion and Respect Oversight Group, EDI Working Group)

KHFT and HRCH discussed and reviewed the current terms of reference to tighten core membership. Individuals who would no longer participate had formally been written to and thanked for their commitment to date. After receiving feedback from existing members, it was decided a stakeholder meeting would be formed to further discuss core membership. As part of the stakeholder meeting the purpose of the EDI working group and Compassion and Respect Oversight Group will also be discussed. TOR to be agreed for both the EDI CIC and EDI working group and signed off at the next EDI CIC.

3. Veteran Covenant healthcare Alliance Accreditation

The Veteran Covenant healthcare Alliance Accreditation paper was presented for information. This is in line with the NHS Long Term Plan and the underpinning document called Healthcare for the Armed Forces community, which outlines the commitments and guidance for providing care for veteran communities

- KHFT and HRCH have submitted their organisational pledges
- We have 18,000 veteran communities across Richmond, Hounslow, and Kingston boroughs.
- All NHS Trusts in England will need to be accredited as 'Veteran Aware' by March 2023.
- A working group has been established across KHFT and HRCH which includes representatives across both organisations and clinical leads have been appointed to support the project plan that has been established
- This piece of work will be included as part of the patient engagement EDI action plan which Alison Smith, Patient experience lead will be leading on going forward.

4. Equality Standard Reports (WRES/WDES/PSED)

The committee were presented with the following equality reports in line with our NHS contact and annual submission.

- The public sector equalities duty (PSED) annual report – HRCH
- Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) annual reports and action plans for both KHFT and HRCH

KHFT

At KHFT we can see continuous progress being made against the WRES indicators. Kingston Hospital was mentioned as one of the top ten best performing Trusts for indicator 3 (Relative likelihood of BME staff entering the formal disciplinary process compared to white staff) which has now further reduced to zero which is a great achievement, indicating we are a positive outlier. The WDES figures on the other hand need further attention, a robust action plan has been put into place addressing some key concerns around data disclosure. It is anticipated improvements can be made against the WDES metrics in the coming months.

For HRCH

Similarly, at HRCH there has been some progress made against the WRES indicators, with a decrease in indicator 2 (Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants) which was welcomed. Indicator 3 (Relative likelihood of BME staff entering the formal disciplinary process compared to white staff) still requires further attention. Learning can be adopted from the KHFT approach. Additionally, the recently introduced resolution process will help to support further progress. The national WRES report listed HRCH in the top performing Trusts for the percentage of minority communities experiencing harassment, bullying or abuse from other staff.

For WDES there has been a great improvement in the disclose rates for disabled staff and the unknowns have been reduced considerably, which is also something KHFT can learn from and adopt. Board representation at the time of data collection was also a lot more diverse with 14.2% of the board identifying as having a disability.

Across both Trusts it is recognised there is still more to be done and a number of workstreams have been implemented to tackle bullying and harassment alongside interventions for a more targeted approach through the Trust's Compassion and Respect Group. The EDI working group will also provide a platform where members are able to discuss progress made against each standard. This will be reported back to the EDI CIC for board assurance. Additionally, all the staff networks across both Trusts are coming together, this will further support the work around both race and disability equity.

5. BME Development programme

The committee were sighted on the BME Development programme which is a local positive action initiative aimed at developing Black and Asian Minority Ethnic talent and retaining staff. The programme has been developed to help individual staff members across Kingston Hospital and Hounslow and Richmond Community health care take the next step in their career. Aimed at leaders who are already at Band 7, this programme has been designed to provide the additional aspects needed to move into the next role at Band 8A and above. The programme was endorsed and supported by the EDI CIC.

The committee chair thanked everyone involved in the reverse mentoring video as well as those involved in preparing for the committee papers.