

Equality and Diversity Steering Group

Minutes of Meeting held on 25 August 2017 in Room 5 John Turner Centre

Present

Ann Pope	AP	Director of Human Resources (Chair)
Chris Bain	CB	Chief Executive - Healthwatch
Rebecca Bennett	RB	Matron
Jatinder Birdi	JB	Chair WDFP
Elizabeth Dixon	ED	Accessibility Adviser
Helene Heath	HH	Prevent Officer
Junaid Hussain	JH	Chief Executive - EQUIP
Helen Lancaster	HL	Director of Nursing
Rosie McDonnell	RM	Head of Community Nursing
Rosemary Pantling	RP	Chaplain
Mark Rowlands	MR	General Manager (GM) Hotel Services
Polly Sharma	PS	Senior Equality and Diversity Advisor Warwickshire County Council
Anselme Uwihanganye	AU	UNISON Rep

In Attendance

Lindsey Cotterill	LC	Administrator
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Minute

Action

1.	<p><u>APOLOGIES FOR ABSENCE</u></p> <p>Apologies were received from Sue Pike (SP) Staff Side Equality and Diversity Lead, Santosh Kundi (SK) Patient Forum and Caroline Potter</p>	
2.	<p><u>MINUTES OF PREVIOUS MEETING HELD ON 28 APRIL 2017</u></p> <p>The Minutes of the previous meeting held on 28 April 2017 were approved as an accurate record.</p>	
3.	<p><u>MATTERS ARISING</u></p>	
3.1	<p><u>British Deaf Association (BDA) Charter Signing</u></p>	

The Director of Nursing confirmed that the Charter had been signed by the Director of HR. This was a positive piece of work and the group would continue with focus on A&E. There was good publicity around this with articles published in Epulse and the press. MR explained that a visit to the new Stratford Hospital site had been arranged and Robin had been asked to present at the annual clinical conference on the 13th of October.

3.2 Accessible Standard Up-Date

HL provided an update the Accessible Standard Implementation Plan. This plan included all standards that required implementation and HL thanked MO for her assistance with this.

The Trust had made progress with the plan and was now in the process of tying up the loose ends such as ensuring that all Nursing Summaries and Risk Assessments included all needs that should be met. This would be advised to all groups followed by a trial and subsequent sign off.

3.3 European Health Diversity Project

The Trust was working with many partners across Europe and was currently half way through the project. AP and SP had attended a training session in Sicily which promoted intercultural relations. The team was working to consolidate the training information into an ELearning package which would be trialed within respective countries.

A catalogue of critical incidents and case studies which included cultural work had been produced. This formed part of the first element of the project. The second element of the project would investigate the barriers faced in varying cultures and the third part would consolidate the training.

The next meeting would take place in January 2018. The journal including the case studies was now ready to be released. JH would liaise with MO in relation to this.

Over 200,000 people had viewed the work and website of the Equality and Diversity Group.

The Team were considering face to face training as well as an electronic project.

4 AGENDA ITEMS

4.1 WRES TEMPLATE REPORT

MO provided an update at the WRES Template Report. WRES was initiated 3 years previously as a national requirement which focused on the workforce, comparing BME to white staff.

The Trusts results were now published nationally and indicated that the Trust was performing well across most indicators. Challenges had arisen in some areas and these had been picked up within the action plan.

Approximately 1/3 of staff completed the staff survey each year; consequently the WRES template was a sample rather than a full picture.

A Task and Finish Group which included a Google Survey would be sent to staff for a deep dive view of the Trust.

The lowest results received related to staff experiencing bullying and harassment from patients or relatives, although the sample was so small that conclusions could not be drawn as to whether or not affected staff were from minority groups.

There were focused recommendations within the report. This would be taken to the Board of Directors in December 2017 and would provide assurance that all NHs England requirements had been met.

Staff were welcome to comment on the report before it was presented to the Board.

4.2

WDES REPORTING REQUIREMENTS

The aim of the report was to raise awareness about WDES and provide assurance that work was underway to implement the WDES.

It would be a challenge for all organisations to capture the workforce disability data. Some staff members did not record their disability and this was an area that all Trusts could improve.

The Report would follow a similar format to the WRES template, however there was no finalized tool. The Trust was considering working with Network groups and would work closely with staff side representatives.

ED queried how the Trust would question prospective employees if they declared a disability before employment. The Trust encouraged applications to declare a disability at the point of application. The

census was reviewed every two years so staff had an opportunity to change their information.

The Trust was aware that some staff felt uncomfortable revealing their disability. The WDES questions linked directly to the staff survey and this was linked to the CQC under the Well Led Section.

The group was reluctant for the template to become a tick box exercise, with focus maintained on raising awareness.

4.3

UPDATE OF SITE VISITS

MR informed the group that visits to health centers had been completed. The information would be returned to NHS Property Services (PS) regarding accessibility to buildings and toilets. NHS PS would provide feedback and this would be presented to the group at the next Equality and Diversity meeting in October 2017.

The Medical Education Centre was due to be reviewed. There were several issues with the lift currently in place, and this may be downgraded to a service lift, although it remains a staff building. The building was used to complete training and the contract with Warwickshire University required accessibility to top floor training rooms. It was believed that a new lift was required, however this would be at a huge cost to the Trust and there was only one lift in the building. Additionally there was no compliant toilet within the building. ED would complete a review of the building that did not include the lift.

Stratford Hospital Site Visit

ED had visited Building 1 at the new Stratford Hospital Site in July 2017 before it was opened to the public. ED expressed disappointed that she was not involved in the development from the beginning.

The Stratford building included good furniture and a low reception desk. However there were no hearing loops built into any of the reception desks. Liz Waters was sourcing portable hearing loops.

Toilets within the building did not meet the standard. There were 3 lots of toilets on each floor. There was no signage for wheelchair toilets; however this had now been resolved. Additionally the door for the disable toilets did not open more than 90°, the paper towel dispenser was too high. The aid bars and pull chords were fitted at a good height. The flush was at the wrong height and the push buttons were difficult to reach behind the toilet. ED had provided Liz Waters with drawings as to how the toilets and surrounding utensils and aids should be fitted.

The baby changing facilities were fitted to the wall rather than with a

drop down mechanism; this had now been resolved, although the sinks remained too high. The Director of development was aware of the issues and a plan was in place to resolve the issues raised. The group noted that compliance with regulations was required before building rather than after.

The group queried the visual impairment modifications. These followed an understandable and known plan and an update would be provided at the next group meeting in October 2017.

ED

4.4

BME NETWORK PROJECT UPDATE / LGBT PROJECT UPDATE

MO informed the Group of the Trust's plan to establish a number of staff networks. MO and LC would be meeting with the Associate HR Director and the HR Lead for Warwickshire County Council (WCC) for further advice and consideration of how to launch these networks correctly within the Trust.

It was key to determine the aim of the networks. Consideration was being given to working in collaboration with other Trusts and the WCC. The group would need to be worthwhile in order for people to attend.

PS had been part of several groups, of which some had both succeeded and failed. WCC had impressive staff networks, and had strong support from senior member of staff, which was an important requirement.

WCC had four successful networks, LGBT, Race, Religion and Disability, which worked successfully to a good format. The LGBT network was a virtual group and staff could contact the network for advice and support. The group had influenced policy writing. A physical meeting was held approximately once a year. LGBT representatives were present at recruitment fairs. The Trust would consider meetings on a quarterly basis and the development of a virtual network. The Group agreed that it would be beneficial for any individual to attend the meeting, not just staff that met specific criteria.

4.5

PREVENT UPDATE

The Trust had recently reviewed its Prevent referral process and training programme. A prioritised training programme was required and consideration was being given as to how to ensure that all on-call managers were trained in this. It was a legislative duty to have all staff trained in Prevent across all areas.

HH gave a presentation to the group detailing the work of Prevent.

HH offered to add group members or relevant staff to the Prevent Newsletter. It was also noted that the Prevent website contained the referral form.

An overview of available training was also given.

The Prevent Group had seen an increase in referrals and incidents following terrorist acts or events such as Brexit.

4.6 **MULTI FAITH LAY CHAPLAIN VOLUNTERS SCHEME**

RP provided the group with an update on the work of the Multi Faith Lay Chaplain Volunteers Scheme. A large number of contacts had been made within the local faith communities, and the scheme now had a Muslim volunteer.

The Church was interested in the cultural aspects of the scheme as the was primarily based within the British culture and so it was beneficial to have a spectrum of faiths within the volunteers.

The faith volunteers would work with all patients of varying cultures and the cultural needs of the volunteers would also need to be considered.

RP would keep the group updated in relation to any developments with the scheme. JH offered assistance with regards to the multi-faith volunteers.

4.7 **ANY OTHER BUSINESS**

4.7.1 ED informed the group that she was working with Wheelchair Services, with specific focus in Paediatrics where a refugee family included a member who required a wheelchair. The family had to wait months before a wheelchair and ramp was provided. ED had assisted with this matter and aided the system. Updates would be provided on developments.

5. **DATE AND TIME OF NEXT MEETING**

27 October 2017 at 10.30am in the Brooke Suite, Warwick Hospital.