

Trust Board Meeting in Public: Wednesday 17 January 2018

TB2018.14

<b>Title</b>	<b>Equality, Diversity and Inclusion Progress Report</b>
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<b>Status</b>	For information
<b>History</b>	Equality, Diversity and Inclusion, Annual Report 2016/17 Workforce Race Equality Standard Report 2017

<b>Board Lead(s)</b>	John Drew, Director of Improvement and Culture Sam Foster, Chief Nurse			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

## Executive Summary

### 1. The purpose of this report is:

- To provide an update on the progress made against the Trust Equality and Diversity Objectives, agreed July 2016.
- To provide assurance to Trust Board that the OUH is compliant with its responsibilities under the Equality Act 2010 and, in particular the Public Sector Equality Duty (PSED), the Accessible Information Standard (AIS) and the Workforce Race Equality Standard (WRES).

### 2. Progress has been made against all of the Trust's Equality, Diversity and Inclusion Objectives 2016-2020. These objectives are as follows:

- To ensure that Equality and Diversity improvements align with, and are informed by, the Trust's Quality Priorities (patient experience, patient safety and clinical effectiveness).
- To improve patient access and experience for individual and communities who are currently underrepresented (through patient involvement and engagement opportunities).
- To improve workforce diversity and ensure equality at all levels.
- To reduce bullying, harassment, abuse and victimisation within the Trust workforce.
- To ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse and inclusive environment.

#### Progress made includes:

- The continued implementation of the Accessible Information Standard. The submission of the 2017 Workforce Race Equality Standard Report and creation of associated action plan.
- The set-up of an Equality, Diversity and Inclusion Action group to implement the Trust's Equality, Diversity and Inclusion action plan.

### 3. Recommendations

#### Trust Board is asked to:

- Note and approve the contents of this report.
- Endorse further progress on the Trust's Equality, Diversity and Inclusion Action Plan.
- Consider the application of "Understanding Unconscious Bias" training for managers and leaders across the Trust.
- Consider how best we can continue to demonstrate support and leadership for improving EDI- related events.

## Equality, Diversity and Inclusion Progress Report

### 1. Purpose

- 1.1. Provide assurance to the Equality, Diversity and Inclusion Steering Group that the Trust is meeting its legal requirements under the Equality Act 2010.
- 1.2. Report the progress made by the Trust on the actions outlined in the Workforce Race Equality Standard (WRES) action plan.
- 1.3. Report the progress made by the Trust on Equality, Diversity and Inclusion objectives for 2016-2020.
- 1.4. Summarise the objectives for the next six months.

### 2. Background

- 2.1. The Trust has statutory obligations under the Equality Act 2010 protecting the equality, diversity and inclusion of its staff and patients. The public sector equality duty (PSED) is the requirement that public sector bodies have due regard to the need to:
  - 2.1.1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited by the Act.
  - 2.1.2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - 2.1.3. Foster good relations between people who share a protected characteristic and those who do not.
- 2.2. The Equality Act requires public sector bodies to publish relevant information to demonstrate their compliance with the PSED.
- 2.3. In July 2016 the Trust Board approved the Equality, Diversity and Inclusion Objectives for 2016 to 2020.
- 2.4. The Trust's EDI Action Plan 2017/18 was approved by Trust Board in July 2017 and the Workforce Race Equality Standard (WRES) action plan was approved in November 2017. Both are available on the Trust's external site.
- 2.5. The Director of Culture and Improvement is the Trust Board member with responsibility for equality and diversity for the workforce across the Trust. The Chief Nurse is the Trust Board member with responsibility for equality and diversity for patients across the Trust.
- 2.6. It was agreed at the July 2016 Trust Board that a progress updates on the Equality, Diversity and Inclusion Action Plan would be seen at six-monthly intervals.

### 3. Summary of Progress against the Equality, Diversity and Inclusion Objectives 2016-2020

3.1. The EDS2 Equality, Diversity and Inclusion Objectives for 2016-2020 were endorsed by the Equality and Diversity Steering Group in May 2016, approved by TME and received final approval by Trust Board in July 2016. A high-level action plan was produced and approved alongside the objectives and was refreshed for 2017/18. The renewed action plan was approved by Trust Board in July 2017 to make further progress against these objectives. This section outlines the progress achieved since July 2017:

**OBJECTIVE ONE: To ensure that Equality and Diversity improvements align with, and are informed by, the Trust's Quality Priorities (patient experience, patient safety and clinical effectiveness)**

#### Accessible Information Standard (AIS)

3.2. The Trust has continued to engage with staff, suppliers, voluntary/health and social care partner organisations, patients, service users, carers and parents to embed the AIS.

3.3. Work has been undertaken to shape and embed the AIS, and educate staff through a number of forums:

3.3.1. The OUH Accessible Information Standard Implementation Group;

3.3.2. The OUH Equality Diversity & Inclusion Steering Group;

3.3.3. The OUH Patient Experience Steering Group;

3.3.4. The OUH Clinical Policy Group;

3.3.5. OUH Cerner Millennium Patient Portal Group;

3.3.6. OUH Public Partnership Groups;

3.3.7. Oxfordshire Learning Disabilities Practitioners Group;

3.3.8. Oxfordshire Vision Strategy group.

3.4. In order to ensure effective implementation of the Standard, the Trust has established a Trust wide Accessible Information Standard Implementation Group with clear terms of reference which include:

3.4.1. The Trust has developed an AIS Implementation Plan

3.4.2. The Trust is developing the Accessible Information Standard Policy and Guidance;

3.4.3. Taking ongoing steps to align the patient electronic administrative system in line with AIS requirements, in order to provide comprehensive information or staff and data;

3.4.4. There are ongoing developments with regard to the impact on clinical safety and the information governance implications of the AIS;

3.4.5. Completed a staff survey on 'Meeting Patient Information & Communication Needs in order to determine staffs' level of awareness, knowledge and confidence in its implementation, as well as the experience of the service users, as a baseline;

3.4.6. Ongoing organisation of patient/service user and carers focus groups, as well as the PPGs, to gather feedback on patients' experiences of the AIS.

- 3.4.7. The level of data collection related to AIS is still evolving, particularly in relation to the electronic patient information in respect of the 9 protected characteristics and accessible information requirements.

## 1.2 Eye Hospital Co-Production Project

- 3.5. The aim of this project is to improved patients' experiences in the Eye Hospital. This includes the different aspects of the patient experience and includes ensuring that administration is efficient and accurate.
- 3.6. The project is being co-produced with lay and staff members on the Steering Group, including GP locality forum chairs, Healthwatch, the Eye Hospital Public Partnership Panel, a OUH public governor, Eye Hospital Senior Managers, members of the PALS and Complaints Team and the Patient Experience Team.
- 3.7. Several of the Steering Group members are involved with the NHS England 'Leading Together Programme' and support has been provided by the Academic Health Sciences Network.
- 3.8. Following analysis of existing data (PALS, Complaints, Friends and Family Test, local Eye Hospital Survey and anecdotal feedback), the Steering Group designed an in-depth survey for patients to feedback their patient experience, was undertaken earlier in 2017.
- 3.9. As a result of the findings from this survey (205 responses) and a workshop facilitated by the Academic Health Sciences Network, the Steering Group determined that the key issue to focus upon was that of *improved communication*. It was felt that volunteers supporting patients and staff in the Eye Hospital could assist with this and therefore a specific job description for new volunteers in the Eye Hospital was drafted with input from the Steering Group to address the issues surrounding communication.
- 3.10. In September, two new volunteers were recruited to start work on the busiest clinic days. Volunteers wear a yellow sash with black writing which makes them visible to those with sight impairment. The embedding of the new volunteers and their optimisation in practice is still work in progress within an established culture. Review of their impact is being undertaken as a newly implemented service currently, including a staff and volunteer focus group supported by the Patient Experience Team. This is to identify key areas of responsibility and upholding the value of the volunteers as well as staff ownership of the project.
- 3.11. New volunteers complement the work of the Oxfordshire Association for the Blind volunteers.

## Equality Analysis

- 3.12. Work is underway to develop an online equality information repository. This will bring together relevant demographic and equalities information from different sources, and be accessible on the intranet.

- 3.13. The repository is being developed with the support of the Bodleian Library Outreach Service, and will act as a valuable resource for staff to undertake equality analysis.
- 3.14. Equality analysis review of Trust-wide clinical policies has been completed. Findings from this review will be presented to the Clinical Policy Group in January 2018.

### **Complaints Monitoring**

- 3.15. Work is underway to monitor patient complaints across the nine protected characteristics. As part of this work, complaints data will be disaggregated based on demographics, in order to improve the Trust's understanding of the issues raised in complaints, and ensure effective monitoring of complaints.
- 3.16. Although the Trust is not required through legislation to monitor the protected characteristics through complaints monitoring. The Equality & Diversity Manager has worked with the Information team to identify through patients' MRN numbers provided by the complaints team, data related to EDI. However patients may wish to voluntarily disclose this information during a complaint process i.e. a disability. Monitoring of complaints will take place quarterly, and information presented to the Patient Experience & EDI Steering Group
- 3.17. Work is underway to review equality monitoring of Datix and SIRI incidents. The review report will be produced and presented to the EDI Steering Group and the Trust Management Executive.

### **Access Care Study**

- 3.18. A seminar to consider recommendations from the report by Stonewall for 'LGBT People Facing Advanced Illness', was organised by Sobell House as part of the Trust's palliative care department's quality improvement work on equality and diversity.
- 3.19. The seminar was facilitated by Dr Katherine Bristowe PhD, MA, BA (Hons) Research Fellow, Access Care & Positive Outcomes Projects King's College London, held on 27<sup>th</sup> November 2017.
- 3.20. As part of this, work is underway to develop targeted training modules for Trust staff which will help improve provision for LGBT People, and help promote awareness and inclusion across Trust services.

### **Patient Services EDS II Biannual Assessment**

- 3.21. Following recommendation from the Equality, Diversity & Inclusion (EDI) Steering Group and the subsequent paper presented to the Trust Board, it was agreed for patient services to undertake this assessment bi-annually in order to ensure regular scrutiny and improvement. The Trust's last EDS II grading panel was held in 2016 with the next panel due in June 2018.
- 3.22. Work is underway to refresh data from the previous EDS II assessment, and develop the evidence base through the clinical divisions.

- 3.23. Based on progress achieved to date, work now needs to be undertaken across the following key priorities:
- 3.23.1. Ensuring the Trust meets the information and communication support needs of patients with a disability, impairment or sensory loss;
  - 3.23.2. Improving access, for people with a range of disabilities and other impairments, to hospital services across Trust sites for all patient groups;
  - 3.23.3. Monitoring and reporting of Datix and SIRS incidents by protected characteristics. Information on protected characteristics is able to be collected by the systems, however these are not mandatory fields so there will be a focus on increase awareness with staff of monitoring requirements;
  - 3.23.4. Monitoring and reporting of patient complaints and satisfaction surveys by protected characteristics;
  - 3.23.5. Improved targeting of screening, vaccination and other health promotion services in line with health inequalities demographic profile data;
  - 3.23.6. Effective targeting and involvement of people with protected characteristics across Patient Participation Groups (PPGs) and in clinical research trials, especially in areas where major health inequalities persist.
- 3.24. It is proposed that Divisional Medical Directors, Divisional Nurses/Governance Leads across the Trust oversee and sign off the EDS II data refresh.
- 3.25. Patient evidence collection leads from across Divisions are invited to present local evidence to support compliance, and will be invited to present and attend the EDS II grading panel, as well as attend a facilitators' meeting in early April 2018.
- 3.26. Evidence from this meeting will be collated into a report which will be presented to the Equality and Diversity Steering Group in May 2018 and, once approved, provided for public scrutiny and assessment (via the public grading panels). The EDI Steering Group will rigorously validate evidence to ensure totality of evidence is given to assessment panel.

**OBJECTIVE TWO: To improve patient access and experience for individuals and communities who are currently underrepresented (through patient involvement and engagement opportunities)**

### **Patient and Public Forum**

- 3.27. Following the Trust's first Patient and Public Forum in June 2017, two Patient and Public Reference Groups (PPRG) have been established to enable improvements in the Trust using a co-production model with staff and public stakeholders. A further meeting of the forum was held in November 2017 with 39 people attending including patients, public and staff. The Communication PPRG has a membership of ten which includes four public members and six staff members. The 'Bridging the gap at discharge' group has five members of the public and five staff, who are focusing on communication elements with the community and voluntary services.
- 3.28. The public attendees at the Forum decided upon the issues for improvements. It was decided that one PPRG would focus on 'communication', supported by the Head of Safeguarding; the other PPRG would focus on Discharge/Bridging the Gap with

other services post discharge, and is supported by the Deputy Director of Clinical Services.

3.29. The PPRGs have met to discuss action plans during the quarter. The second Patient and Public Forum meeting took place on 27 November 2017 to feedback on progress so far and determine next steps. The outcome was to undertake local projects to determine the effect of improvement, this included the review of the 'Compassionate Care' programme for staff, the 'my story my voice' project and, through the reconfiguration of the reception and PALS services, an opportunity to develop the quality of customer service. Both groups have met twice and their work will be reviewed in the Spring of 2018.

3.30. As part of this work, mechanisms will be put into place to further develop links with respective health and social care providers, and ensure continuity of care.

### **Patient Stories**

3.31. The Trust has continued to build on patient involvement and engagement activities through development of patient stories. Patient stories provide constructive feedback shared by patients who have utilised OUH FT's hospitals services. They provide unparalleled insight into an individual's experience of Trust services. The Patient Experience team visited another trust and has established the first group of "my story, my voice" inviting a small group of the public and staff to listen to personal stories from carers including a young and elderly carer as well as a member of staff who is a carer herself. This was very well evaluated and will be developed further to enable staff learning.

3.32. Some of the stories developed during the last six months have been outlined below:

**Topic:** Experience of a young carer (October 2017)

The purpose of this paper is to provide the perspective of a young carer on her father's inpatient stay:

[Topic: Diagnosis and treatment of Parkinson's disease \(August 2017\)](#)

This paper sets out Mrs. C's experience of her diagnosis in 2014 and subsequent treatment of Parkinson's disease at the Trust. This story provided an opportunity to highlight the kindness, support and clinical excellence shown by the consultant, the Parkinson's Nurse Specialist and the physiotherapist.

**Topic:** National Living Donor Kidney Sharing Scheme (July 2017)

The purpose of this paper was to relate the story of Mr and Mrs A, who participated in the National Living Donor Kidney Sharing Scheme so that Mr A could receive a living donor kidney transplant. This story is accompanied by a recording of the interview with Mr and Mrs A.



## Public Partnership Groups

- 3.33. Work is underway to broaden the membership base and ensure PPGs are inclusive and reflect participation of patients from the nine protected characteristics.
- 3.34. As part of this work, members across the 16 PPGs will be invited and encouraged to attend training on a foundation module on 'Equality Perspectives For Effective Patient Participation'

## Carers Service

- 3.35. The previous Carer Liaison Worker (CLW) for the Trust became Head of Carer Services at Carers Oxfordshire in August 2016. Since then, the Head of Carer Services continued to attend the Trust's Dementia Information Café on a monthly basis, as well as attending meetings of the Patient Experience Steering Group and public engagement events as a carer representative.
- 3.36. The CLW position was recruited to in June 2017. Since then, the new CLW has made links with staff members to set up new Carers Surgeries in ward areas, has attended the Dementia Information Café regularly, providing support and advice to carers, and has been instrumental in the development of the Trust's revised Carers Policy and the 'Oxfordshire's Commitment to Carers' project which outlines a set of commitments to recognise, value, support and hear from carers.
- 3.37. The revision of the 2013 Carers Policy was a lengthy process which included consultation with young carers, parents and adult carers as well as Trust staff. 26 responses (16 staff and 10 public) were received to the policy evaluation survey and the feedback was very positive.
- 3.38. The Commitment has been widely consulted on with carers and staff from within the Trust and from partner organisations. The commitment has been launched following presentation at the Carers Oxfordshire Care Matter Conference on Carers Rights Day (24<sup>th</sup> November).

## **OBJECTIVE THREE: To improve workforce diversity and ensure equality at all levels.**

### **Workforce EDI Dashboard**

- 3.39. A dashboard that gives up-to-date information regarding the diversity of the workforce is currently being produced. This will allow for better understanding of any inequalities within the workforce and for actions to be put in place in a timely manner.
- 3.40. The metrics that the dashboard will report are aligned with many of the statutory requirements of the Trust such as EDS2 and WRES. Metrics include:
- 3.40.1. The representation of different protected characteristic groups within each pay band within the Trust;
  - 3.40.2. Relative likelihood of shortlisting and appointment of applicants from different protected characteristic groups;
  - 3.40.3. Levels of bullying and harassment reported by protected characteristic groups.

3.41. The Dashboard will be used by the EDI Steering Group to help direct the actions taken to advance the Trust's Equality Objectives.

### **Workforce Race Equality Standard**

3.42. The Trust submitted the required data for the Workforce Race Equality Standard 2017 submission by the August 1<sup>st</sup> deadline.

3.43. Following this a report and action plan was produced and approved by Trust Board in November 2017. Production of the report involved consultation with BME staff as well as other key stakeholders helping to ensure engagement with them throughout the process and that the recommendations made as a result were fit-for-purpose.

3.44. The report and action plan primarily focussed on the areas of recruitment and career development to allow for greater focus and increase capacity to create positive change.

3.45. In the past six months, the following actions to support the WRES have been taken:

3.45.1. The Trust's Secondment procedure has been updated to include Acting Up and introduced mechanisms for monitoring this ensuring that these development opportunities are applied fairly;

3.45.2. Recruitment training has been produced and it will be rolled out early 2018;

3.45.3. Issues surrounding bullying and harassment are being addressed with a new procedure for dealing with issues being produced. The new procedure includes strengthened monitoring procedures allowing the Trust to better understand where incidences are happening due to a protected characteristic. Further detail on this is found under Objective Four in the report;

3.45.4. Consideration has been given to how to increase the diversity of the Trust Board, with instructions given to the Trust's external recruitment agency to develop their search criteria. This has resulted in an increase of racial diversity amongst the pool of applicants for the most recent non-executive director post.

### **Workforce Disability Equality Standard**

3.46. With the implementation of the Workforce Disability Equality Standard (WDES) as part of the NHS Standard Contract in April 2018, work has been underway to ensure that the Trust is able to successfully meet this requirement.

3.47. In preparation, data has been produced to match up against the draft WDES metrics, this will help to guide discussions around the work that will take place.

3.48. In order to ensure that the actions taken as a result of this work best meet the needs of disabled staff, a Listening into Action event has been planned for 7<sup>th</sup> March 2018. This event will promote discussion around what the Trust can do to support its disabled staff and address any disparities noted in the metrics. Promotion for this event will start in January 2018.

## Disability Confident

- 3.49. The Trust renewed its commitment to the Disability Confident Scheme in September 2017 and achieved 'Disability Confident Employer' status.
- 3.50. The Trust is now aiming to achieve 'Disability Confident Leader' status which will allow the Trust to be recognised for how it works to support its disabled staff, potentially enabling the Trust to reach a larger talent pool. Work towards achieving this will be considered when creating the action plan for the WDES.

## Gender Pay Gap Reporting

- 3.51. The Trust will have to produce and publish a report on its mean and median gender pay gaps by March 31<sup>st</sup> in line with Governmental requirements. The National Electronic Staff Record (ESR) project team has created a report that can be run on ESR to calculate Gender Pay Gaps and the Trust will use this in order to maintain consistency with other NHS Organisations.
- 3.52. In addition, the Trust is working with The University of Oxford to explore ways in which they can address any identified gaps.
- 3.53. The Report is due to be produced for the March 2018 Trust Board to allow for publication by the 30<sup>th</sup> March deadline.

## Staff Networks

- 3.54. Work has been undertaken to begin the development of four staff networks. These networks will work to support staff in different groups and also to increase capacity around the work done on the EDI agenda. The four networks currently being developed are:
- 3.54.1. Black and Minority Ethnic (BME) Network;
  - 3.54.2. Lesbian, Gay, Bi, and Trans (LGBT+) Network;
  - 3.54.3. Disability Network;
  - 3.54.4. Women's Network.
- 3.55. A Race Equality Action Group already exists as a network within the Trust. Recently, momentum behind this group has been lost however it will be refreshed as the BME Network.
- 3.56. As a precursor to an LGBT+ Network, informal coffee hours for LGBT+ staff were initiated in September 2017 and have been running on a monthly basis. Attendance at these events has been slowly increasing as they have been run, with twelve people attending over the past four events. It is planned that some events will be planned during the evening in the New Year to enable greater attendance. A mailing list has also been set-up to communicate events and other related news with 25 people currently on it. It is planned that a formal LGBT+ Network will be launched out of these informal meetups in February 2018 to align with LGBT+ History Month.
- 3.57. The Disability Network will be set-up in line with the work on the forthcoming WDES in Spring 2018.

- 3.58. The development of the Women's Network is being led by the Head of Corporate Services and they are planning to hold a first meeting in early 2018.
- 3.59. Once the staff networks are active, the chairs for the respective networks will become standing members of the EDI Steering Group to allow them to effectively shape the Trust's EDI strategy.

**OBJECTIVE FOUR: To reduce bullying, harassment, abuse and victimisation within the Trust Workforce**

- 3.60. The Trust Bullying and Harassment Procedure has been overhauled in response to feedback from across the Trust and has been renamed the 'Respect and Dignity at Work (Preventing Harassment and Bullying) Procedure' to bring focus onto positive behaviours the Trust would like to promote. The new procedure will also improve monitoring of both formal and informal cases allowing for better data on how issues are related to protected characteristics, thereby increasing the Trust's capacity to take a proactive approach with such issues.
- 3.61. The new procedure is due to be launched in January 2018.
- 3.62. As part of the new procedure, Respect and Dignity Ambassadors were introduced; replacing the previous Bullying and Harassment Support Colleagues. These Ambassadors will work to support staff facing issues of bullying and harassment, encouraging staff to raise concerns so they can be resolved, potentially before issues escalate.
- 3.63. A recruitment cycle for these ambassadors took place in November 2017 and eight ambassadors were successfully recruited. Further recruitment cycles are planned throughout 2018 with an aim of getting at least 30 Ambassadors across the Trust. Within the current eight ambassadors, all five of the Trust sites are covered.
- 3.64. A training plan has been produced for the Respect and Dignity Ambassadors to provide them with the skills to effectively enable them to support staff and help tackle workplace bullying and harassment. Support for the Ambassadors is also included within this to ensure they feel able to do the roles adequately without it having a negative impact on them.
- 3.65. To support the implementation of the new procedure, case investigators are also being trained on bullying and harassment behaviours and how they can manifest which will enable more effective investigations into concerns.
- 3.66. In addition, the pool of investigators will be increased to increase capacity to conduct investigations and reduce reliance on the currently limited pool of investigators. These new investigators will be introduced in March 2018.
- 3.67. The Freedom to Speak Up Lead Guardian started in post in September 2017. The Guardian will have a role in monitoring bullying and harassment within the Trust and developing strategies and interventions to address any issues identified.

3.68. Two Freedom to Speak Up Local Guardians were also appointed in November 2017. These will support the Lead Guardian in her role and increase capacity for people to raise concerns.

**OBJECTIVE FIVE: To ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse and inclusive environment.**

### **Equality, Diversity and Inclusion Action Group**

3.69. An Equality, Diversity and Inclusion Action Group has been created to deliver the actions relating to workforce. The group includes representation from across the Workforce Directorate, including recruitment, organisational development, and learning and development. The Group also has representation across the divisions. This will enable work to be successfully communicated and consistently implemented across the Trust.

3.70. The key objectives of the group are to:

- 3.70.1. progress the Trust's Equality, Diversity and Inclusion Action Plan;
- 3.70.2. implement EDI activity as commissioned by the EDI Steering Group;
- 3.70.3. engage Trust staff with EDI activity;
- 3.70.4. evaluate and review effectiveness of EDI activity on a regular basis;
- 3.70.5. routinely report EDI activity to the EDI Steering Group.

3.71. The Group meets on a monthly basis and reports into the EDI steering Group.

### **Partnerships and networking**

3.72. Relationships have been built with other Trusts in order to share best practice and collaborate to solve complex problems relating to Equality, Diversity and Inclusion. As part of this network building, the Trust is part of the Thames Valley and Wessex Leadership Academy's Inclusion Network.

3.73. There have also been efforts to learn from other Trust's in developing approaches to EDI work. The Workforce EDI Lead and Head of Corporate Services visited University Hospitals of Morecambe Bay NHS Foundation Trust in November 2017 to gain insight into how they operate their staff networks. It was shown that their staff networks have been able to massively increase their capacity to advance the EDI Agenda and as a result they have been able to achieve a large amount in a short period of time; work that has been recognised by many other organisations such as the Employers Network for Equality and Inclusion (ENEI). Learnings from how they approach and support staff networks will be used by the Trust to effectively develop their own networks.

### **Training**

3.74. A Leadership and Management Training course has been delivered to eight Cohorts of managers since its introduction and further cohorts are planned for 2018. This training course includes a module on Inclusive Leadership to help develop managers understanding of the diversity within their teams and how to support and celebrate that.

3.75. Understanding Unconscious Bias Training has continued to run within the Trust with over 80 staff trained since its introduction in February 2017. Feedback from the course indicates that it is having a positive impact on behaviour. People attending have reported being more thoughtful in their decision making processes to avoid bias, as well as being more mindful of how they communicate to avoid microaggressions; potentially lessening perceptions of bullying and harassing behaviour. Demand for the course remains high and it will be running on a monthly basis from January 2018.

#### **4. Conclusion**

4.1. This report highlights the progress made in improving the experience of staff and patients with characteristics protected by the Equality Act 2010. The work undertaken during the previous six months will help the Trust to consolidate progress achieved to-date and further embed EDI issues across the Trust.

4.2. One of the key priorities for the next six months will involve the development of a communications strategy and staff networks. Doing so will increase engagement with the EDI agenda thereby improving the impact that work on the agenda has. It will also help to increase capacity in this area of work allowing for advancement at a faster rate.

#### **5. Recommendation**

5.1. The Trust Board is asked to:

- 5.1.1. Note and approve the contents of this report;
- 5.1.2. Endorse further progress on the Trust's Equality, Diversity and Inclusion Action Plan;
- 5.1.3. Consider the application of "Understanding Unconscious Bias" training for managers and leaders across the Trust;
- 5.1.4. Consider how best we can continue to demonstrate support and leadership for improving EDI-related events.

#### **Board Leads:**

John Drew, Director of Improvement and Culture  
Sam Foster, Chief Nurse

January 2018