

Trust Board 1st February 2017	
Equality & Diversity Annual Report	Paper No: Attachment L
Submitted by: Chief Nurse and Director of HR & OD	
Aims / summary To provide Trust Board with assurance that the Trust continues to meet its statutory obligations under the Equality Act 2010.	
Action required from the meeting To note the content of the report and the activity delivered.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Meeting statutory duty to report publically on this activity. Work promotes fairness and equity in service delivery and employment.	
Financial implications Incorporated within current resource allocations and budgets.	
Who needs to be told about any decision? N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? Family Equality and Diversity Group. Staff Equality, Diversity & Inclusion Group	
Who is accountable for the implementation of the proposal / project? Chief Nurse (families and patients) and Director of HR & OD (staff).	

Equality and Diversity Annual Report 2016/17

Introduction

The Equality Act came into force on 1st October 2010, simplifying existing equalities law into one single source of Statute. In addition to the Act, the statutory Equality Duty came into force in April 2011 which is applicable to all public sector bodies. As a Trust, we are legally required to demonstrate that we comply with the Equality Act and are meeting the Equality Duty through the work we do, the involvement we have of the Trust Board in this work and through publishing a range of equalities data on an annual basis.

To comply with the first specific duty of the Act, the Trust is legally required to annually publish equality data relating to both service users and staff. A copy of the latest edition of this report is available on the GOSH website at www.gosh.nhs.uk/about-us/equality-and-diversity/. The 2017 report will be available at this location from the end of January. The second part of the specific duty requires the Trust to prepare and publish specific and measurable equality objectives, setting out how progress towards these objectives should be measured. This paper provides an update against the six objectives as agreed by the Trust Board in January 2016. The Trust also has an action plan associated with the Workforce Race Equality Standards which largely mirrors the three staffing related equality objectives.

Equality objectives for period 2016 to 2020/21

Six objectives were agreed; three relating to patients and families and three relating to staff.

Objective 1: Achieve Accessible Information Standard within timescale

This objective was time-limited as NHS England had required the Standard to be met by the end of July 2016. We can now supply information in alternative formats on request. Recording and flagging of communication and information need remains a challenge within the constraints of our current computer systems.. The Accessible Information Standard (SCC11605) 'directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to the disability, impairment or sensory loss'. Guidance from NHS England received in summer 2016 clarified that we were not required to produce every piece of information in every additional format; rather we should be responsive to the needs of our children, young people and families.

Measurement: As stated above, the measure identified in last year's report is no longer relevant to meeting the standard. We will instead record the number of requests received and the time taken to fulfil the request.

Progress against objective: A guidance sheet for staff has been developed and circulated widely – setting out the Hospital's responsibilities under the Standard and the method for ordering and obtaining alternative versions of information sheets. The *Producing information for children, young people and families* operational policy has also been updated to reflect the requirements of the standard.

To support delivery of the Standard, and facilitate appropriate recording of any additional needs children and families may have, proposed changes to the Patient Information and Management System (PiMS) have been identified and a paper outlining these developed and consulted on widely. The paper is scheduled to be presented to the PiMS Improvement Group for consideration by April 2017. Until this facility is available, clinical teams remain responsible for recording additional needs locally. Compliance will be audited in the next two months to provide assurance until the changes to PiMS have been approved.

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Since implementation, three requests for information in alternative formats have been received, all of which requested large print versions of our documents. These were supplied in hard copy within 24 hours. A 'large print' appointment letter template has also been designed and loaded to the hospital's Patient Information Management System (PiMS).

Although the hospital is not required to produce alternative formats of information 'just in case', we decided that it was important to have key videos, such as the *Welcome to GOSH* video, on our website subtitled and with sign language. These have been produced by the GOSH Charity web team in collaboration with ITV.com and will shortly be available on our website at www.gosh.nhs.uk/parents-and-visitors

Next steps: In addition to the proposed changes to the PiMS system, additional activities are planned, such as testing the responsiveness of selected teams using 'mystery shopping'. Compliance of local teams recording additional needs of children will also be audited by April 2017.

The range of Easy Read information is also being increased. For instance, Easy Read information sheets are available for all radiology procedures carried out at GOSH. A minimum of 10 extra information sheets in this format will be produced by the end of June 2017.

The hospital is now represented at a subgroup of the London Equality and Diversity Leads Network to share learning and experience of the Accessible Information Standard with other Trusts within London.

Objective 2: Publicise support for families including support organisations

There are a wide range of support mechanisms for families both within and outside GOSH but families tell us, in surveys and other encounters, that these are not always promoted as well as they could be. While many excellent support organisations exist, families may not always be aware of their existence so we should be promoting them in the course of our clinical contact.

Measurement: Number of hits for support services webpages at <http://www.gosh.nhs.uk/parents-and-visitors/clinical-support-services>

Progress against objective: As shown below, the average number of hits to the clinical support services pages has remained steady at average of 258 hits per month. This is an increase on the baseline measure from December 2015 which was 210 hits within the month.

Next steps: In addition to increasing traffic to these pages through advertising, a number of other improvements have been carried out to increase the knowledge of support mechanisms for families.

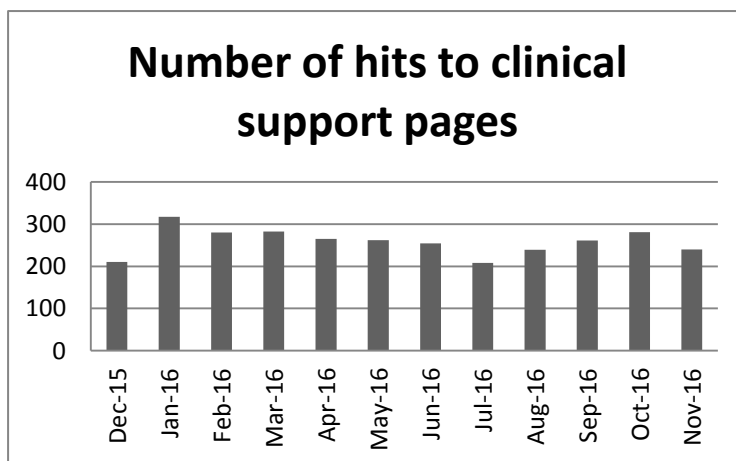


Figure 1 Data from Google Analytics

These include the provision of information trolleys outside the Pals Office, supplying information sheets about support, details of organisations that can help and benefits advice. In addition, the organisation Contact a Family – an umbrella organisation of support groups in the UK – now attends GOSH weekly with a stand in the Lagoon, again providing information for families on sources of support. Feedback on the use of this stand will be requested to evaluate how useful this is proving to our families.

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A new set of web pages (see below) have been developed to highlight the reasonable adjustments that GOSH can make under the terms of the Equality Act 2010 as well as individual pages highlighting services that can help for particular additional needs, such as visual impairment or motor difficulties. With little specific advertising, these pages average around 100 hits per month.

Objective 3: Support on-going work to improve transition to adult services

NICE guidelines on transition, published in February 2016, recommend that all applicable young people should have a Transition Plan in place to support their move from children's to adult services. Work has already commenced at GOSH but has been prioritised as a quality improvement work stream with the appointment of a Transition Improvement Manager.

Measurement: Documented evidence of transition planning. In addition, the release of NICE guidelines as above will enable us to measure GOSH against the associated standards and highlight areas for improvement in the future.

Progress against objective: A phased approach is being taken with this objective. Our initial focus has been on ensuring appropriate young people aged over 16 years have a Transition Plan in place. We are working towards identifying which young people still require a Transition Plan. We will have a clearer view by the end of March 2017.

Alongside this, we continue to work with clinical teams to develop and improve their transition planning capability and capacity. The Young People's Forum at GOSH have been consulted throughout this process and continue to be a vital partner.

We also regard it as important to understand the experience of our young people during and after transition so we are actively collecting patient stories to enable future comparison. These stories will also form a major part of the education package for clinicians being developed currently.

With assistance from the Family Equality and Diversity group, a separate information sheet for young people with additional needs is in development, which will sit alongside the service information pages described earlier.

Next steps: Once we have improved the transition process for young people aged over 16 years, our priority will shift to the preparation of younger patients and their families for their eventual move to adult services. Further engagement with young people and their families will be essential and this consultation with the Young People's Forum is in the planning stages.

Objective 4: Increase the overall visibility of the Trust Board and Senior Leaders

In 2016 – 2017, our aim was to increase the overall visibility of the Trust Board and Senior Leaders in order to enhance their communication with staff. After year one of this objective, breakfast with the executive sessions have been introduced, where staff are able to meet with three members of the executive team in an intimate environment and any subject regarding GOSH can be raised. Over 50 staff have attended the sessions so far, with some key insights being taken away by executive team members and being raised at the Executive Management Team meetings for resolution. We have also introduced visibility walk rounds which provides a more casual and interactive opportunity for executives to engage with staff in their working areas. Monthly executive talks have continued during 2016/17, with presentations by all the Exec team at different times. These briefings have now also being used to present GEMS winners with their awards thus providing an opportunity for the Chief Executive and other directors to visibly celebrate outstanding staff. During 2016, there were a total of 115 measured executive visibility sessions including executive talks, safety walk rounds, visibility walk rounds and breakfast with the executive sessions. An extended monthly Senior Management Team meeting was introduced in 2016, with a wider audience that

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includes clinical leaders such as matrons. The Exec Team regularly lead these sessions. The Director of HR&OD was a member of a Schwartz Round panel that openly discussed issues of faith, he also led a talk in October to celebrate black history at GOSH. In July the CEO led a session about Eid al Fitr, celebrating the end of Ramadan in the Islamic calendar and was joined by other senior leaders including the Director of the International Private Patients Division. In 2018 – 2019, we aim to provide further opportunities for Trust Board Members and Senior Leaders to clearly demonstrate their commitment towards Equality, Diversity and Inclusion.

Measurement: Staff reporting good communication between senior management and staff – as measured annually by the National NHS Staff Survey and at the end of year four via the EDS 2 scoring system. Other measures such as attendance at events, number of executive walk rounds / ward and area visits (per month, quarter and year), visits to dedicated intranet pages will also be developed.

Baseline measure: Staff Survey 2014: GOSH score = 29%. Average score for acute specialist trust: 37%.

Current measure: Staff Survey 2015: GOSH score = 30%. Average score for acute specialist trust: 38%
2016 Staff Survey results will be available by March 2017

Target: By end of 2017, GOSH will score in the region of 33%; by the end of 2019, GOSH's score will mirror the average score of acute specialist trusts; improvements in the EDS 2 score will also be achieved.

Background: This outcome was chosen to form an equality objective as the EDS2 consultation showed that this scored the highest of all outcomes in the underdeveloped grade, albeit whilst still receiving an overall grade of 'developed'. Comments received suggested that respondents did not question Senior Leaders' commitment to equality and diversity issues, rather that this was not very visible to them. Overall the National Staff Survey shows that GOSH respondents do not rate communication from senior leaders as highly as at comparable trusts. Through this objective, various approaches will be considered and will be phased over the life of the objective. These will include:

- Strategies to increase the visibility of leadership and enhancement of their communication with staff.
- Development of Trust Board and Senior Leaders around equality issues (using patient stories to highlight issues, consideration of unconscious bias training etc.).
- Trial of reverse mentoring with a member of the Trust Board and a BME member of staff.
- Engaging Senior Leaders with celebrations and events throughout the year to further improve visibility.

Objective 5: To develop the understanding of managers and employees in recognising and managing Harassment and Bullying in the workplace, with the longer term intention of a reduction in the instances of bullying and harassment concerns being raised by staff.

We will take a phased approach to this issue.

In 2016 – 2017, we aim to develop the understanding of managers in what constitutes harassment and bullying, recognising when it occurs and how to manage concerns raised by employees.

The Employee Relations (ER) team introduced bite size training on Managing Difficult Conversations to support managers with their approach to raising issues with members of their team in a constructive manner. Approximately 40 managers have attended these sessions to date. These sessions will continue across 2017. The Employee Relations team also launched bitesize Dignity at Work training for managers to attend. This is linked to the protected characteristics whilst recognising that this behaviour may also be aimed at those not covered by the Equality Act 2010. Take up of this was lower, and in 2017 the team will utilise feedback from the Staff Friends and Family Test survey and annual staff survey to help target the training and support the understanding of managers as to how it can help them create a positive working environment that will also support retention and staff motivation.

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We also aim to develop the understanding of employees in defining what constitutes harassment and bullying behaviours and how they make take action should they believe this behaviour is being aimed at them or their colleagues. We have created and launched a route map to provide employees with options on how to raise Harassment and Bullying concerns. This is distributed through the ER team and available on the intranet.

The Trust has also introduced Unconscious Bias training to support the above interventions and to help managers reflect on how they may be managing team members or situations. 56 staff have participated in this training to date (see also objective below on Recruitment).

A review will be undertaken at the end of 2018 to assess the impact the training has had; and to identify any additional steps to reach the 2019 target.

Measurement & Target:

- Measurement of the number of managers who have undertaken training in areas linked to harassment and bullying
- Measurement of the number of employees who have undertaken training in areas linked to harassment and bullying
- Levels of reported harassment and bullying via the staff survey will have reduced by 5% by 2019 (2016 Staff Survey results will be available by March 2017)

Objective 6: To improve the representation of BME staff in senior posts.

For the purposes of this objective, “senior posts” is defined as Band 7 and above.

The strategy for this objective is not to set targets for BME appointments at senior levels, but rather to implement a range of approaches, as outlined below, that help ensure the representation of BME applicants across **all** bands, including in senior roles.

2016 data shows the first green shoots of improvement across all pay bands, in that proportionally more BME staff are being shortlisted and appointed than was the case in 2015. This level of change in data – whilst small for the senior staff group in particular - has not been seen previously, and will be monitored carefully to ensure it is maintained and can be built upon.

	Short-listed Bands 2 – 4 2016	Appointed Bands 2 – 4 2016	Short-listed Bands 5-6 2016	Appointed Bands 5-6 2016	Short-listed Bands 7-9 2016	Appointed Bands 7-9 2016
BME	2111 (65%) [54.7% 2015]	164 (47%) [35.5% 2015]	912 (43%) [38% 2015]	93 (27%) [21% 2015]	744 (40%) [35.5% 2015]	24 (20%) [17% 2015]
WHITE	1131 (35%) [45.3% 2015]	187 (53%) [64.5% 2015]	1206 (57%) [62% 2015]	251 (73%) [79% 2015]	1118 (60%) [64.5% 2015]	97 (80%) [83% 2015]
TOTAL	3242	351	2118	344	1862	121

To continue to improve representation of BME staff in senior posts during 2017 we will:

- Include ‘Understanding Unconscious Bias’ in the current recruitment and selection training course which is targeted at new recruiters (the resourcing team themselves undertook unconscious bias training in 2016). In 2018 - 2019 we aim to roll out ‘Understanding Unconscious Bias’ to all managers involved in the recruitment and selection process.
- Implement an interview assessment form that is transparent, including a scoring methodology which is reflective of the Trust’s values. By the end of 2017 - 2018 we aim to roll out the assessment form to all managers involved in the recruitment and selection process.

Measurement & Target: By the end of 2019 the proportion of BME senior staff appointed will be more reflective of the number of BME staff shortlisted.

As well as the objectives outlined below and required by law, other work has been undertaken and more planned for 2017/18 to progress specific equality issues as well as meeting the General Duty:

Family Equality and Diversity (FED) Group

The Family Equality and Diversity Group has continued to meet during the year – on occasion the group has not been quorate according to the Terms of Reference, but on review, the group feel that they are still working effectively and delivering against objectives. We have also gained two new staff members with a strong interest in equality and diversity issues. Highlights of the previous year include:

- Support of cultural competency e-learning toolkit developed by Katie de Freitas (QI Lead)

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- Development and use of a new equality analysis audit tool
- Consideration of how we can measure equity jointly with the QI analyst team
- Review of outpatient letters for clarity and succinctness
- Support of proposal for academic research into health equity at GOSH
- Contributed to development of Standard Operating Procedure for registering new patients
- Receiving updates on plans to improve Muslim Prayer Facilities

The group is looking forward to new initiatives at GOSH such as the Electronic Patient Record and the Real Time Feedback systems – both of which have received representation to include equality and diversity issues – so should enable greater analysis and improvement in future.

In addition, two members of the Family Equality and Diversity group now attend the Staff Equality, Diversity & Inclusion group regularly to ensure that there is cross-fertilisation of ideas and duplication of effort is reduced. The two Operational Leads for Equality and Diversity also meet more regularly to plan joint working such as improvement of the annual equality analysis audit and coordination of reporting. Links with the London Equality and Diversity Leads group continues with several meetings attended and useful links made.

Staff Equality, Diversity & Inclusion (SED&I) Group

- Eight Freedom to Speak Up Ambassadors were appointed in a voluntary capacity from a variety of areas and grades across the Trust. It is hoped that the diversity of the Ambassadors will encourage staff to feel able to, and comfortable with, raising any concerns.
- During 2016, 56 staff members received unconscious bias training and more sessions are planned for 2017.
- During December 2016 a bespoke leadership development session for women was held.
- In October 2016 Black History Month was celebrated across the Trust.
- During October 2016, five Project Search interns commenced placement with the Trust. These young adults, with moderate to severe learning disabilities, will work in the Trust until July 2017 gaining valuable life and employment skills. The Scheme allows the Trust to connect in a meaningful way with its local community as all five interns are from City and Islington College and the Scheme is financially supported by Camden Council. We are currently working on replicating the scheme for a further intake of interns starting September 2017.
- Many key HR policies have been simplified and are supported by easy to follow flow charts, ensuring their accessibility for all staff.
- The Trust has been working on further embedding the Trust Always Values – Always Welcoming, Helpful, Expert, One Team. The next major phase of work will be around the One Team value and this provides an excellent opportunity to embed behaviours which are congruent with the equalities agenda.

Future Actions

Objectives 1, 2 & 3 will continue to be formally monitored by FED and objectives 4, 5 & 6 by SED&I. Progress against each objective will be reviewed by the appropriate group every year. Progress against all objectives will be formally reported to Trust Board annually.

Action required

Trust Board are asked to note the contents of this report.