Equality Delivery System (EDS) 2 @ BWC NHS FT - 2017

Period:	**June 2017**
Stakeholders:	Steering Group Members (multi-professional group); Deputy Chief Nurse; Consultant in Public Health Medicine; Chief Officer for Workforce Development; HR/Education Teams; Head of Patient Experience

Organisation's E, D & I objectives:	The BWC priorities for 2017 evolved and include the following:
	❑Workforce
	  ❑Inclusive Recruitment & Retention: Investigation into recruitment practices, development and retention of the work force, including a focus on Health and Wellbeing
	  ❑Improved Inclusive Culture: Further development of mentoring opportunities, role modelling, and staff voice
	  ❑Inclusive Talent Development and Succession Planning, aiming to see more higher level vacancies filled by internal members of staff.
	  ❑Increased diversity in the workforce demographic, including a data cleanse to reduce the incidences of unstated/ undefined
	❑On-going Contractual Reporting and Monitoring in line with CQC, WRES, WDES, EDS2 etc.
	❑Service experience and improvements for patients and staff
	❑The Development of an Integrated BWC EDI Strategy and Governance

Headline good practice:	- Merge of the BCH Inclusivity Action Group with BWH's Inclusive Practitioners to create a cross-site action group, working to promote equality and celebrate diversity. The group has been involved in celebrating a range of events and promotion of diverse role models throughout the trust, aiming to create a more inclusive culture. - Throughout the last year the group have celebrated Black History Month, LGBT History Month, Women's History Month, Mental Health Awareness Week, Equality, Diversity and Human Rights Week, and Gypsy, Roma and Travellers History Month, through staff awareness events and inviting external speakers in to deliver talks to staff. - 11 members of staff undertook an 'Inclusivity Incredibles' training course, delivered by Eden Charles in October. These individuals, along with members of the Inclusivity Action Group will start to observe trust board meetings, and conduct an audit of our recruitment practices, advising the trust on good and bad practice. - Roger Kline visited BCH to discuss our current work and objectives. Following the meeting - Recruitment Investigations; a Recruitment Task Group was set up in January which has conducted a deep dive into our recruitment data, and identified the need to further understand our data and recruitment practices. In collaboration with the Inclusivity Action Group, 2 roles per month will be randomly selected to be audited. A member of the Inclusivity Action Group, will shortlist for each post separately to the recruiting panel and will compare the results. They will also observe on the interview panel, and give feedback to the recruiting team. A recruitment Moodle package will also be designed, along with a bank of values based interview questions. - Inclusive leadership courses and personal development, specifically training on Equality and Diversity through our bespoke 'Beyond the Equality, Diversity and Fairness Debate' training course delivered quarterly, and use of our Diversity focussed 'Equally Yours' board game throughout our Leadership courses. Leadership courses are held on both sites, are available for all and focus on developing our leaders and managers, with a particular focus on leading a healthy workforce. - Annual Staff Survey results analysed around Diversity and Inclusion. - Annual Staff Engagement Week 'InTent' in September 2016 was themed on 'Back to the Future' and focussed on the lessons we can learn from the past and how they can benefit our future. Over 1,100 staff from all backgrounds and disciplines, and both BCH and BWH sites, came along to engage. - Mentoring and Coaching; Staff mentoring was relaunched during 2016; we delivered 5 days of mentoring training, and encouraged staff from all areas and backgrounds to get involved. We now have a regularly updated mentoring database on the intranet, accessible for all staff of the current available mentors. A coaching database is also available, comprised of qualified coaches from around the trust. Uptake of coaching has been high throughout 2016. - Multi-faith chaplaincy; monthly celebrating of religious and cultural events, distribution of two new books for healthcare professionals, commissioned to edit and write an international paediatric chaplaincy book, provision of multi faith care training for staff, new religious and spiritual care facilities at Parkview, refurbished information boards, education for patients and new resources, additional multi-faith honorary and volunteer chaplaincy team members and the first birthday of the new Centre for Paediatric Spiritual Care - Learning Disabilities; on-going training in learning disability awareness, new audit processes and systems in place with findings being reported to clinical leads and patient experience, LD nurse in post, Learning Disability Steering Group made up of parents and carers and 5 trained trainers onsite who will train staff in MAPA (management of actual or potential aggression). - YPAG; our young persons' advisory group have been involved in the appointment of our new Chairman and other staff members including Consultants, nurses and intern posts.,they took over 9 senior roles as part of the Takeover Challenge, helped BCH achieve HSJ Provider Trust of the Year, helped with the design theme for BCH's new clinical building and hosted the 'Big Discussion' to enable young people's views to be heard by NHS professionals.", and members of YPAG contributed to the development of a communication toolkit for HCP's communicating with young people- "Me First2. YPAG members are part of the monthly Patient Experience/ Quality Walkabout team, along with senior nurses, and Executive and Non-executive Trust board. - We are the first paediatric NHS Trust to sign up to NHS England Always Event programme – improving patient experience through co-design - We started an outreach programme reaching out to those seldom heard with our Interpreting team – 2 Romanian focus groups have already been held with more planned. There are plans for Interpreters to support the uptake of FFT and feedback from those who don't have English as a first language - Young people, YPAG and families were consulted over the design and development of Waterfall House - We have held key stakeholder events with Rare Disease, Complex Care and Children with Medical Complexities

		-	Launch of Ward Accreditation programme as part of our Compassionate Care work stream
		-	Re-launch of Listening to You programme planned this summer.
		-	Collaboration with UNICEF to improve the support to breast feeding mothers.
		-	Opening of Magnolia House – providing a non-clinical multi faith space for families with children needing palliative, end of life and bereavement care
		-	Our annual memorial service, held in church for families whose children have died has extended its invitation to all families regardless of faith
		-	We are in process of developing a training DVD to raise awareness of staff in Gypsy, Roma and Traveller community culture.

Goal	Outcome	Grade & reasons for rating:					
		Grade:	Which protected characteristics fare well:	Evidence drawn upon for rating:	Equality objective:	Update/progress:	RAG
Better health outcomes		**Services are commissioned, procured, designed and delivered to meet the health needs of local communities**					
	1.1	Achieving	✓ Age ☐ Pregnancy and maternity ✓ Disability ✓ Race ☐ Gender reassignment ✓ Religion or belief ✓ Sex ☐ Marriage and civil partnership ☐ Sexual orientation	Community and Patient Engagement
We engage with local stakeholders, community groups and patient groups on a regular basis to ensure our services are commissioned, procured, designed and delivered to meet the health needs of our local communities. Feedback is welcomed, listened to, and acted upon in order to provide a better service, and better health outcomes.
Some examples include:
• Our **Patient Experience team** arranges afternoon tea for parents and families on the third Friday every month in the Parent Accommodation lounge. It provides an opportunity for families to enjoy time away from the wards, have tea and cake and chat to share their views with other parents and our Patient Experience team.
• **Cardiac, Transplant and GI Services** have designated patient focus groups which actively look at patient pathways and highlight any areas for improvement
• Our **Cleft** team have recently set up Patient Voices alongside the Cleft Lip and Palate Association (CLAPA) to discuss developments based on our parent and patient feedback.
• **Specialised Medicine** have designated patient focus groups which actively look at patient pathways and highlight any areas for improvement but also share areas of good practice – for Asthma, CF, diabetes and Long-term ventilation. Drinks rounds have been set up in inpatient areas to encourage communication and feedback to the teams.
• Patient/carer focus groups are held on **ward 15. The TCT** unit engages with 13-16 years, we have a TCT, CNs and youth worker who supports young people with cancer to attend forums such as Find your sense of Tumour.
• YPAG helped **Radiology** by designing the wall mural in our new ED X-Ray rooms. They are also involved in a collaborative art project with Birmingham Hippodrome to celebrate World Radiographer Day
• **ED** have implemented safety boards, sharing information to the public re feedback board presentations. PAU ward sister rounds to encourage interaction and feedback
• **PICU** have introduced an orientation checklist for parents to PICU. The PICU Sibling support group includes days out and activities within PICU for siblings. Patient diaries commenced for the extended stay patients on PICU. Meetings are offered by a senior nurse at 10 and 21 days into stay to offer additional support to families
• **CAMHS** hold regular community groups on the inpatient units and obtain feedback on a daily basis from our young people. They hold parents groups for our parents of ASD families and Multi Family Therapy groups for our parents whose children have an Eating Disorder. They make contact with all our families	√		

post discharge and ask them to be part of a parents' focus group that has input into the redesign of our new EDU. We feed information into the Trust's PED. We have utilised space on Old Irwin Ward and now have a family room – families can be together – have drinks and food together

- **FTB** - For improved access to services, the PAUSE access centre is open 7 days a week. Patients and families can self-refer to services over the phone or online. There is a choice of support and intervention is provided through specialist MH and VCS contributions – which includes multi-cultural specialist provisions within Birmingham communities that can meet the needs of our diverse population and the hard to reach groups (VCS services such as Patti Gift – focus on Afro Caribbean population and hard to reach sections of BME communities and Lateef - Islamic focused organisation providing counselling and psychological therapies.)
- **FTB** also have a number of patient participation groups to ensure we are engaging and meeting the needs of the local community and identifying any gaps: **Think4brum** – patient participation group- for young people and ex-service users, HUB Squad is YP group that were involved with planning, design and involved with recruitment for PAUSE, **TRUST parents group** – a support group for parents of young people in or who have been through mental health services. We are in the process of updating the phone systems to support a much improved queuing system, and have secured money from a charitable bid to improve the waiting rooms and will be rolling this out in the coming months
- **Listening at BW -** The BW Family and Patient Advisory Group meets bi-monthly to support service development in specified spotlight areas.
- **Linkworker teams** are actively engaged in our Seldom Heard Patients Outreach project. Linkworkers organise monthly listening community based sessions for further feedback to be gleaned from seldom heard groups of parents. Our interpreters are specifically trained to give additional support to parents and ask for feedback after every contact
- **Patient Experience Co-Design** is deployed for 6 key areas: Bereavement, Personalisation of High Risk Maternity Care, Food, the Father's/Partner's Journey, Maternal Mental Health and Tongue-Tie/Breastfeeding Support.

Further projects include:
- **Patient Picker Survey**
- **Patient Family and Friends Test**
- **Patient Feedback App**
- **Complaints & PALS** - We have a PAL Service dedicated to listening to patients, their families and other service users views, concerns and suggestions and takes action to make the necessary changes
- **Pop up feedback clinics** to be taken to ward depts. to gather more focused feedback.
- **Patient Information**- Interpreters and patient information can be made available in different formats to help patients from diverse backgrounds services and treatments.
- **Improving accessibility to PALS and PE initiatives**. EG; Family Care Event – promoting external support agencies planned for August with support of interpreting service.
- **Hospital Passport** is offered to all patients with a learning disability to ensure we continue to provide a person centred approach with taking into consideration any complexities of physical or mental health needs.

Individual people's health needs are assessed and met in appropriate and effective ways							
	1.2	Achieving 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling	☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☐ Marriage and civil partnership ☐ Sexual orientation	Meeting Individual Needs All patients and families have an individual care plan that is assessed and evaluated, the trust provides general and specialist services. Here are some examples in a few of our departments: • Radiology - Radiology work with the learning disabilities team in order to make sure that our services are supportive and appropriate for children and young people with learning disabilities • Head and Neck - Religious and cultural needs are considered and worked with rather than ignored – e.g. some parents don't want to bring their child for surgery during Ramadan, so alternative arrangements are made. Difficult and highly complex domestic circumstances considered and actively supported. Some families need us to pull in other services, such as housing support, before we can work with them because they don't have the head space to get through the assessment • CAMHS - CAMHS have developed a "My Care Plan" in Inpatient CAMHS which involves the input of the young people and this is ASD friendly and meets the Autism Accreditation requirements. • FTB - Care plans are now electronic and available across all community sites. Care plans are developed collaboratively with the patient and family, they are signed by the patient/family and uploaded to electronic patient records system. Patients have a copy of this to take home. The FTB website provides self-help guidance for patients and families about mental illness, which is downloadable. PAUSE provides daily drop in centre, and a resources vault online for patients, families and other professionals to access advice and self-help materials. Multi-faith Chaplaincy Team Our diverse patients, families and staff have access to our multi-faith chaplaincy team. We have a refurbished Muslim prayer room and new ablutions area that is used regularly by families and staff. The Multi-Faith and Cultural Advisory group continues to run regular events to celebrate religious festivals throughout the hospital including at Parkview mental health unit. CAMHS have utilised space on the Old Irwin Ward and have given the chaplaincy service at BCH this space to use. The team offer bespoke religious care, resources and event to bereaved families including a new booklet of resources for children's funeral and memorial. They provide regular training in Multi faith care to staff, and are engaged with supporting the infant mental health and well-being work stream. The Chaplaincy team are also running a research project looking at the spiritual and emotional needs of siblings of children with a rare disease. A new role has been created which will focus on on-going support for families once they have left the hospital. Access to Interpreters The trust has an online booking interpreter service to allow access to interpreters for patients and families. In 2016, the trust received requests for 66 different language interpreter services amounting to 10235 requests, a big increase on last year, and the previous year, indicating a clear increase in demand and uptake. Learning Disabilities Families have access to the Learning Disability Liaison Team. We have signed up to Mencap's "Getting it right" and "Include me too" charters to show our commitment to improving healthcare and treatment for children and young people with learning disabilities. We are the first paediatric organisation to be part of NHS England Always Event programme and in process of co-designing with parents ways to prompt Health	√		

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<td>care professionals to think about adapting their communication style to improve communication with children with a learning disability.

We are meeting all six of the six children and young people's standards set out by the Care Quality Commission. These are: to ensure that the Hospital Passport is available and used, LD Flagging system/process (alerts on Lorenzo) is implemented, making sure that all staff understand and apply the principles of mental capacity laws, appoint a learning disability liaison nurse, provide on-going learning disability awareness training for all staff, and listen to, respect and involve families and carers.

PICU has a learning disability champion who has ensured that sensory toys specifically designed for those with learning disabilities are available. The LD nursing team are developing challenging behaviour simulation workshops. A new LD participation group has been set up, and an LD transition document has been developed. An LD care plan has been developed and is now in use across the Trust.

<u>Breast Feeding Project</u>
BWC is committed to actively promoting and supporting breast milk being the optimal way to feed neonates and infants, ensuring we have enough equipment, and suitable space and privacy for breastfeeding mothers. Where a baby is not able to breastfeed, we provide mothers with a comfortable environment to express breast milk, with facilities which meet their need for privacy, information, sterilised equipment and safe storage of expressed milk for her baby to enjoy when they are able.

We have an established breastfeeding group, staff breastfeeding training, and work with the Cleft team to encourage breast feeding for patients diagnosed with a cleft lip and/or palate. We have also trained 12 Scholars to improve the support to breast feeding Mums. At BW, infant feeding is taught both ante-natally, as soon as the baby is born, on the postnatal wards and by community midwives in the parents' homes

<u>Hospital at home</u>
Our Hospital at Home team helps nearly 500 patients every year. Care at home improves patient experience; it also keeps beds free for inpatients and helps patient flow. We are also one of only two Diabetes Home Care Teams in the UK; we start treatment in the patient's home wherever possible; we offer 24/7 support and education to patients and their families in the home and as outpatients. This means that patients can be cared for by their family in familiar surroundings, and patients can manage their condition independently without the need for repeated hospital admissions.

<u>Parent Education</u>
At BWH all parents are offered to attend a range of parent education courses which are from 5-7 hours and cover pregnancy, labour, early days, breastfeeding, early baby brain development, attachment parenting and early baby skills. Specialty courses are offered for Fathers, Vaginal Birth After Caesarean, Refreshers and courses for parents expecting a poorly baby.</td>
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<td colspan="9" style="background-color:black;color:white">Transition from one service to another, for people on care pathways, are made smoothly with everyone well-informed</td>
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<td>1.3</td>
<td>Achieving

● Undeveloped
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<td>☑ Age ☐ Pregnancy and maternity
☑ Disability ☑ Race
☐ Gender reassignment ☑ Religion or belief
☑ Sex
☐ Marriage and civil partnership ☑ Sexual orientation</td>
<td><u>Policy and Procedures</u> There are several policies in place to ensure that patients and families are well-informed and involved in their care to ensure transition from one service to another is made smoothly. Some of these include:
- Discharge Policy
- Protocol for Booking Interpreters
- Transitional Care Policy for Young People with Long Term
  Conditions and/or disability
- Transfer policy
- Consent polices</td>
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Shared care services

A number of our services, for instance oncology, have developed formal shared care arrangements ,protocols and policies whereby some aspects of the child's treatment is carried out here at BWC and ongoing treatment and care is carried out at the local Hospital . This ensures continuity of care closer to home.

Here are some examples in a few of our departments:

- Specialised Medicine - Transition pathways/plans are in use and adhered to. Closer working with PICU and HDU+ for smoother step down from critical care to wards to home.
- Neurosciences - Inherited metabolic disease services, neurology and cancer all hold transition clinics and commence transition with patients from 13 years onwards.
- Dental & MaxFac - With the complex needs of the patients seen in these specialities sometimes they can spend longer in shared care, this could include local community dental teams. When they are ready for transition they are transferred to an adult special care team
- Cleft - Recently implanted the "Ready, Steady, Go" package. With new material/information for parents and patients for each step and stage throughout transition/transfer to our adult cleft team.
- PICU - PICU have weekly nurse meeting for discharge coordinator and palliative care plus family liaison and extended stay team. They holistically review patients regarding PICU transition to Wards /home for PC.
- FTB - As we are a 0-25 service we have reduced the need for transition. There is no transition during adolescence which can be the most risky time for patients with MH needs. We have specific clinical care pathways to meet patients individual needs, which sit within our integrated community HUBs. FTB use the Care Programme Approach to support patients with complex mental health needs, to ensure their care is regularly reviewed and treatment plans are adapted to meet changing needs accordingly.

Family Common Assessment Framework (Fcaf)

The Fcaf process has been replaced by Early Help. We are currently in the process of training staff and have around 200 trained to date

Patient Information

Discharge information is available to all patients and can be made available in alternative formats on request. The trust has an online booking interpreter service to allow ease of access to interpreters. Each department provides information to patients regarding admission and discharge processes.

				When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse				
	1.4	Achieving	☑ Age ☑ Disability ☐ Gender reassignment ☐ Marriage and civil partnership ☑ Pregnancy and maternity ☑ Race ☑ Religion or belief ☑ Sex ☐ Sexual orientation	Our Safety Strategy focuses on how we embed quality and safety at all levels and we have embarked on excellence reporting. **Staff Mandatory Training** Mandatory training is compulsory for all new members of staff and also attended by current staff to ensure that they are up to date with current legislation and procedures. This training ensures a capable workforce standards met. **Equality and Diversity Training** We have an easy access e-learning course for Equality and Diversity available to all staff. We also hold regular sessions for our bespoke 'Beyond the Equality and Diversity Debate' course. All staff can attend and staff involved in recruitment and selection and managers are encouraged to attend.	x		

The rating legend in the cell:
- ● Undeveloped (red)
- ● Developing (orange)
- ○ Achieving (green)
- ● Excelling (purple)

Polices & Procedures

The care and treatment of patients is supported by numerous policies and procedures which all have had an Equality Impact Assessment. Protected groups are specifically represented within the following areas:

- Child Protection Policies and Procedures Breast feeding policy
- Delivering same-sex accommodation in the Emergency Department Observation Unit Policy for the pregnancy testing of girls of child bearing age before procedures and treatments
- Resolving Conflict Policy, and additional training to support staff in dealing with conflict situations
- Safety Casebook outlines learning from incidents and sharing of practice
- Safety Boards on all wards
- Whistleblowing Policy
- Staff Ambassador, Clare Atkinson, in post, supporting staff to safely escalate concerns

Patient safety is a priority at BCH; a few examples of how this is maintained are:

- Cleft - Regular MDT meetings where complex cases, mortality and morbidity is discussed and any concerns are raised. Cleft reviews incidents, PALS and complaints monthly identifying any themes
- PICU - Huddle, twice a day, MDT approach to ensuring patient safety and parental, nursing concerns heard. RCPCH initiative. PICU review incidents weekly and identify any themes, and the safety bulletin is circulated including learning from excellence.
- Specialised Medicine- Robust mechanism of actioning, recording and looking at compliance within SMCG – Monthly Confirm and Challenge and weekly DMT and Senior Nurse meetings.

Infection Control

We take infection prevention and control very seriously; infection control policies and procedures are in place, which all staff must follow. We ask our children, young people and families to also play their part in keeping our infection rates low.

The 2011 and 2012 Annual report of the director of Infection Prevention and control showed we have excellent performance in existing and new Department of Health mandatory infection surveillance schemes:

o No MRSA bacteraemia.

o Over 25% reduction in MSSA bacteraemia.

o One case of Clostridium difficile

Child Protection and Safeguarding

We take safeguarding and Child protection very seriously. The Trust's Chief Nursing Officer has Executive responsibility for Safeguarding. The Board of Directors receives via the Integrated Governance Committee a quarterly safeguarding report which addresses trust-wide safeguarding issues. The Trust has a Safeguarding Training Strategy in place, in accordance with which all new staff receive Level 1 Safeguarding Training as part of the Trust Induction Programme. This training is reinforced by the 3-yearly inclusion in all payslips of a basic awareness leaflet. All new staff are required to undergo a training needs analysis within 8 weeks of appointment to identify the need for Level 2 or 3 Safeguarding training, with refresher training every 3 years. The Trust monitors compliance with these requirements through regular review of training data. For example, CAMHS has a safeguarding link with the Trust's safeguarding team and ensures that the correct level of training has been completed by all nursing staff. This is managed by ward managers and through the CSM meeting

				Safe Practice on Wards Nursing care quality indicators audited monthly and paediatric safety thermometer, to measure safety and quality for patients. There's an appointed lead nurse for patient safety, who undertakes safety walkabouts to improve and maintain safety and quality of treatments. We have an electronic incident reporting and feedback report. This provides an opportunity to raise concerns and incidents that are investigated and resolved to ensure effective acre to all patients. Every ward and clinical area displays relevant and up to date information on quality, safety and patient experience on a Quality and Safety Board Staffing levels The Trust is committed to a quality workforce to deliver the care we want for patients. Ward nurse Staffing levels and skill mix agreed and monitored. We have introduced e-rostering –staffing displayed on white boards on each ward. E-Rostering is closely managed by senior nurses to ensure hours owed/overtaken from staff is utilised effectively to avoid using temporary staffing. Many of our staff celebrate and follow practice during Ramadan. Staff rosters are considered to ensure staff take regular breaks when on duty. Recruitment and retention is often reviewed – any trends in turnover are reviewed at DMTs, recruitment difficulties are reviewed and workforce planning is undertaken to take into account of market challenges. Staffing numbers, planned and actual are displayed on the quality boards in each ward area.		

Screening, vaccination and other health promotion services reach and benefit all local communities

| 1.5 | Achieving

● Undeveloped
● Developing
○ Achieving
● Excelling | ☑ Age
☐ Disability
☐ Gender reassignment
☐ Marriage and civil partnership | ☑ Pregnancy and maternity
☑ Race
☑ Religion or belief
☑ Sex
☐ Sexual orientation | Health Promotion team
Health promotion and wellbeing is at the core of BWC culture. We have established health promotion practitioner posts as well as over 40 health promotion champions throughout the Trust. Our health promotion interventions are based on knowledge of local communities and are personalised and adapted to individual situations and needs. We aim to ensure that resources are available in a variety of languages. Making every contact count approach to behaviour change is utilised in our interactions with children, young people and their parents as well as staff in the following aspects of health promotion and wellbeing:
● Alcohol awareness our campaign involves providing families and young people with information about the risk associated with alcohol, on the alcohol units and the health effects of alcohol
● Breastfeeding –we have audited our performance on promoting and supporting breastfeeding through the year CQUIN 15-16 and shown that an admission to BCH does not affect the likelihood that parents will successfully breastfeed their baby. Breast feeding, infant and toddler mental health and maternal health programmes
● Childhood obesity-children and young people attending or admitted into the Trust have their weight, height and BMI recorded, this enables staff to accurately assess and identify those who may benefit from our Healthy weight programmes. Nursing staff have undertaken training in calculating BMI and support the promotion of healthy diets
● Child safety-health promotion team work in partnership working with local city council road safety team and West Midlands fire service to raise local community awareness of issues relevant to child safety during Child Safety week –June 2016. Our staff from the Burn centre actively engage with local communities to raise awareness of the high numbers of burns and scalds annually, the vast majority of which are preventable as well as promoting good | √ | |

first aid. Campaigns have been held in local schools, supermarkets, children's centres etc. The aim was to increase knowledge and understanding of burn injuries for under 5's,demographics, prevention, first aid, home safety tips and safety measures for under 5's as well as safeguarding issues
- Oral health –We undertake an annual "smile" campaign giving out information on how to access NHS dental care in the community, how to clean teeth effectively and the importance of dental hygiene and dietary advice in relation to prevention of tooth decay.
- Healthy eating –the health promotion practitioners share tailored dietary information and advice which is culturally specific e.g. South Asian or Caribbean diets.
- Smoking –the Trust supports an annual smoke free campaign with information for parents and young people about NHS help to stop smoking
- Flu - We are NHS leaders on flu vaccine uptake and have worked with the media to demystify the nasal flu shot for children.

Staff Health Promotion
We also work hard to promote health and wellbeing within our workforce, as we believe staff should be role models for their local communities. The staff experience team offers a variety of health and wellbeing initiatives including:
- Onsite staff slimming club, Mission SlimPossible, with slimming advice, staff challenges and incentives
- Free onsite staff exercise classes; over the past year we have offered circuits, yoga, pilates and Zumba for staff, and have recently extended this offer across to Birmingham Women's Hospital site.
- Free 24/7 confidential staff counselling service, on site staff support and counselling, and regular mindfulness and psychological wellbeing sessions
- Fast-track physiotherapy service
- Smoking cessation support, and access to free Health Checks
- Flu campaign, ensuring frontline staff are vaccinated
- Our network of over 50 staff experience champions promote the staff experience offer, and promote staff health and wellbeing

Improved patient access and experience	**People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds**				
	2.1	Achieving 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling	☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☐ Marriage and civil partnership ☑ Sexual orientation	Policy and Procedures People, carers and communities can readily access services and no one is denied access on unreasonable grounds. The trust has many policies and practices in place to ensure all can readily access services. These include: - Patient Access Policy - Patient discharge and Transfer Policies - Keeping People Safe Policy - Child Protection Policies and Procedures - Access to Multi-Faith chaplaincy - Breast Feeding Policy - Producing Quality Patient Information for Parents/Carers Policy Patient Information Patients have access to in-house translation services. The accessible information standard ensures that patients are able to access information in a format suitable for them.	√

				Learning Disabilities Families have access to Learning Disability Liaison Team, ensuring patients with a learning disability are supported to access and use our services. Learning Disability training is provided to staff along with the use of the Hospital Passport. Equality Monitoring All policies and changes across services are evaluated through the Equality Impact Assessed (EIA) across all protected groups through the Policy Review Group. Young Persons' Advisory Group (YPAG) Young Persons Advisory Group is a channel of listening to young people and empowering them to be involved in shaping of current and future services. Our Quality Committee have investigated access to outpatients, ED and IP in relation to socio-economic status. We have evidenced that this does not impact on care for did highlight variation in utilisation and attendance. We have raised with commissioners. YPAG have also engaged with our clinical groups to enhance care, for example a recent PLACE inspection at Parkview involved YPAG members. Family and Patient Advisory Group The Family and Patient Advisory Group meets bi-monthly to support service development in specified spotlight areas. Linkworker Team The Linkworker team is actively engaged in our Seldom Heard Patients Outreach project. Linkworkers organise monthly listening community based sessions for further feedback to be gleaned from seldom heard groups of parents. Our interpreters are specifically trained to give additional support to parents and ask for feedback after every contact Patient Experience Co-Design Patient Experience Co-Design is deployed for 6 key areas: Bereavement, Personalisation of High Risk Maternity Care, Food, the Father's/Partner's Journey, Maternal Mental Health and Tongue-Tie/Breastfeeding Support.			
People are informed and supported to be as involved as they wish to be in decisions about their care							
2.2	Achieving ● Undeveloped ● Developing ○ Achieving ● Excelling	☑ Age ☐ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☐ Marriage and civil partnership ☑ Sex ☑ Sexual orientation		Patients are informed and supported to be as involved as they wish to be in decisions about their care. We have a range of ways that patients can feed back about their care and experiences: Picker Survey Significantly better than national average in our in-patient and day care survey conducted by Picker Institute in response to question relating to children and young people felt they were always listened to. We had also significantly improved compared to last year on facilities for parents. Results for 2016/17 will be available end of June. Patient Family and Friends Test FFT We were runners up in the NHSE FFT awards in the best FFT Accessibility initiative. Patients and Parents/Carers are provided with Friends and Family Questionnaires on discharge from the hospital and within our outpatient areas to encourage feedback. High number of positive feedback comments and Friends and Family Questionnaire comments in relation to staff support and information. This information is obtained and recorded separately for parents/carers and young people, to ensure the perspective of both the patient and parent/carer is obtained. Feedback App The app allows patients, parents, carers and visitors to the hospital to give instant feedback on their visit. This, in turn, allows us to respond quickly to comments, both good and bad, on service and performance around their site.	x		

				We have had Positive feedback via the Trust's Award winning App. Feedback from the app is actioned daily by the appropriate staff in the clinical areas and any actions taken. This year we have increased the use of social media, exploring proactive ways of using social media to increase feedback through initiatives such a s feedback Friday. Walkabouts Our Patient Experience and Quality Walkabouts engage the Executive Team, Non-Executive Directors, Governors and YPAG members in speaking with patients, families and staff about their experience. These have demonstrated that patients and parents/carers are involved in decisions about treatment and are kept informed. Feedback is given to the ward managers to feedback to young people on units as issues are raised through their Community groups. Young Persons' Advisory Group (YPAG) YPAG was initiated to raise the voice of children and young people and give them a say in how we provide health care and are passionate about wanting to make a difference by helping improve the experience of our patients. YPAG has achieved a huge amount; they meet regularly and have previously been involved in various consultations, ward walkabouts, staff interviews, social action projects, takeover day with Executive Team Members and conference presentations. The group has also contributed to the national youth health agenda by participating in the Children and Young People's Health Outcomes Framework consultation and in April last year worked with other youth groups to organise the Big Discussion, a national event bringing health care professionals and young people together to discuss issues that were identified as important by young people. Young Persons Advisory Group is a channel of listening to young people and empowering them to be involved in shaping of current and future services. There is currently a drive to recruit more patients to the group, in improve the diversity. FPAC The Family and Patient Advisory Council operates similarly to YPAG at BW for Trust-wide service users and their family can be involved in shaping how services are delivered.			
People report positive experiences of the NHS							
2.3	Achieving 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling	☑ Age ☐ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☐ Marriage and civil partnership ☑ Sexual orientation		As mentioned above, we have a wide variety of methods for gathering feedback from our patients, and people report positive experiences of the NHS. This includes the Picker Survey, the Patient Family and Friends Test, our Feedback App, Patient Experience and Quality Walkabouts, and feedback from our Young Person's Advisory Group. Complaints & PALS PALS is based in Patient Experience in the Patient Experience Hub. We have a face to face service Monday to Friday 9-5. Triangulation of data between Complaints, PALS and Feedback, including ethnicity, is analysed and any correlation/information trends reported to Patient Experience Committee and Quality Committee. Team PEG, patient experience staff group has been formed to discuss and share patient experience.	x	

				Many of our departments have their own methods of gathering feedback, some examples are as follows:			
				Cleft Involved in a national Patient and Parent Reported Experience Measure (PREM) questionnaire, this allows us collect information and encourages parents and patients to comment on our service. High number of positive feedback throughout this PREM and also through friends and family test. **Radiology** As well as the Friends and Family Test we have been handing out specific Radiology feedback questionnaires which are enabling us to pick out key areas of improvement to focus on for patients and families. **PICU** PICU have increased the amount of off-site trips they deliver for patients such as sea life centre, cinema, and home/hospice. Developed a sibling support group which has been extremely beneficial for those siblings and parents of long term /palliative care patients. Bucket list are also developed for patients in conjunction with families. This helps parents to form happy memories out of distressing times. PICU have a Twitter feed, which is popular with staff and families. We have received feedback from families via twitter feed, so it would seem that this has been a useful development.			
People's complaints about services are handled respectfully and efficiently							
	2.4	Achieving ● Undeveloped ● Developing ○ Achieving ● Excelling	☑ Age ☐ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☐ Marriage and civil partnership ☑ Sex ☐ Sexual orientation	**Policy and Procedures** The Trust has an effective Making Experiences Count Policy clearly located in the Trust Website. The Trust's Policy on handling concerns and complaints has the appropriate legislation embedded within it, to ensure that all complaints are processed effectively and respectfully. All policies are equality impact assessed across all 9 protected groups. Details of how to complain /raise concerns are clearly specified on the Trust Website. The Patient Advice Liaison Service also signposts this service and is available to all wards and departments. Patients can raise their concerns in a number of ways; e-mail, fax, on-line, in person, in writing and telephone. Patients and carers are informed of their entitlement to refer complaints and concerns to other external bodies if they feel they have not been fairly heard or dealt with. **Staff Training** Monthly Advanced Investigation training takes place for managers or clinicians who investigate incidents and complaints. This ensures staffs involved are trained and knowledgeable to handle complaints respectfully and efficiently. The training teaches staff to hold the patient at the centre of the process. This includes understanding the needs and requirements of people and moulding the complaints process according to needs such as braille, interpret, ease of access etc. **Equality Monitoring** All policies and changes across services are Equality Impact Assessed (EIA) across all protected groups. Each separate complaint is monitored according to Gender, Age, Learning disability, Religion and Ethnic group to establish whether complaints originate from a group of service users proportional to our local community.	x		

				Annual Service & Workforce Report Diversity & Inclusion An annual workforce and Diversity and Inclusion report is published on both of our internal and external websites, and is available to all. The report outlines the progress the Trust has made in the key areas of equality and diversity activity in service delivery over the last 12 months. Patient complaints are currently collected against 5 of the protected characteristics, age, gender, religious beliefs, learning disability, and ethnicity. Complaint Reports A monthly report is submitted to the board detailing of open and closed cases. On a quarterly basis a quality report is produced for the board which contains details of all the key actions taken as a result of the investigation. A thematic review of complaints is also undertaken. This will include an analysis of the categories of the complaints, information related to ethnicity, and an analysis of complaints against our Trust values [NB this has not been carried out in the last 6 months though] which is also reviewed by our Diversity and Inclusion Committee. Weekly complaints reports are looked at by the clinical group and discussed in detail at monthly Confirm and Challenge and weekly DMT meeting. We have improved triangulation of data and a weekly quality review and the PALS and formal complaints teams report to the Executive team weekly to ensure all themes and trends are captured. Complaints Our investigating officers work within a time-frame agreed with the complainant, to process and investigate complaints. During 2014/15, 97% of complaints where concluded within the agreed time and currently 100% of complaints are being met within the agreed time. If a complainant remains dissatisfied at the end of the process, they are advised of the PHSO's details and their role in independently reviewing their complaint. For complex and sensitive complaints, an executive sponsor is nominated to oversee and manage the investigation to ensure the concerns are handled efficiently and respectfully. Complaints earning is shared in newsletters and/or at staff meetings throughout our clinical groups. PALS The Patient Advice and Liaison Service details informal complaints and assists patients with local and rapid resolution.			
A representative and supported workforce	**Fair NHS recruitment and selection processes lead to a more representative workforce at all levels**							
	3.1	Developing ⬤ Undeveloped ⬤ Developing ⬤ Achieving ⬤ Excelling	✓ Age ✓ Pregnancy and maternity ✓ Disability ✓ Race ✓ Gender reassignment ✓ Religion or belief ✓ Sex ✓ Marriage and civil partnership ✓ Sexual orientation	Inclusivity Action Group Our Inclusivity Action Group is made up of staff from all around the Trust with an interest in inclusivity. They are working towards several objectives, including creating a more inclusive culture, identifying and raising equality issues, and promoting and celebrating diversity. One way they have done this is through celebrating multi-faith and cultural events. Over the past few months they have celebrated: - Black History Month – October 2016 - LGBT History Month – February 2017 - Women's History Month – March 2017 - Mental Health Awareness Week – May 2017 - Equality, Diversity and Human Rights Week – May 2017Gypsy, Roma and Travellers History Month – June 2017 They recently also attended the trust-wide Recruitment Open day, showcasing their work, and promoting applications from everyone.	√		

Recruitment Task and Finish Group

This year, a Recruitment Task and Finish Group was set up to deep dive into the recruitment data produced in the Annual Workforce Report. Five key actions have evolved as a result, utilising members of staff from the Trust Inclusivity Action Group to audit recruitment practices.

a.   To review the developed e-learning package on recruitment which incorporates unconscious bias. This will be launched in October and mandatory for anyone who sits on an interview panel

b.   To work with the Inclusivity Action Group and identify a process for them to review shortlisting and recruitment panels.
- 2 posts will be randomly selected per month that have been advertised (ensuring we get a reasonable cross section of groups/professions across the year)
- These will be identified to the IAG and they will ask one member (who would be appropriate to understanding the role advertised) to shortlist based on the criteria and then audit against the actual shortlist to identify any significant differences and whether these may be influenced by bias
- To then sit on the interview panel of these identified posts to observe and feedback

c.   To review advertising information/NHS jobs to help reduce inappropriate applications. It has been identified that there a high number of inappropriate applications for posts and this may be impacting on the significant differences between applicant and shortlist
- A statement will be put at the front of NHS jobs to advise potential applicants that we shortlist against the spec, and encourage them to read it, check that they can meet it, before spending time completing the application form

d.   To develop a bank of questions related to values so that all recruitment focuses on this

e.   To develop some standardised approaches to selection processes and provide some consistent methodology eg. For different bands/levels, what the minimum expectation might be for selection

Findings will be reported back to the Trust EDI Working Group and EDI Steering Group on a quarterly basis and commission support as required.

EDI Working Group

The EDI working group was been established to focus on how we can practically improve. Some actions for this year have been:
- A deep dive into our recruitment data has been undertaken to look at the potential issues.
- Information Advice & Guidance available to support staff in promotions and during appraisals
- Developing more links with schools, and promotion of apprentices to encourage people from all backgrounds to work in the NHS

The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations						
3.2	Achieving 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling	☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☑ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation	<u>BWC treats all staff equally in terms of pay.</u> Staff from protected groups have levels of pay and related terms and conditions no different to the pay and related terms and conditions for staff as a whole doing equal work or work related as of equal value. All employees including those in protected groups are appointed to non-clinical and clinical roles subject to the national Agenda for Change NHS terms and conditions. The salary scales of Medical roles are also part of national terms and conditions. Work is ongoing to gather data regarding any impact for staff in protected characteristics groups. Following discussions with facilities staff, all staff are now on band 2 as a minimum.	x	
Training and development opportunities are taken up and positively evaluated by all staff						
3.3	Developing 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling	☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☑ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation	Training and development is open and available to all members of staff. We offer training in a range of environments so should not be accessibility issues. Each department encourages their staff to access training opportunities. <u>Staff Experience Courses</u> Staff Experience offers a range of personal, leadership and management development courses, which are open to all staff looking for personal development. We have a range of courses available online for all staff to access whenever suits them. We also offer coaching and mentoring, and a range of other development initiatives for all staff. <u>Advertising Training and Development Opportunities</u> Marketing is based on both paper and IT methods to reach all staff groups including clinical and non-clinical to increase uptake of training and development opportunities. Opportunities are actively promoted and encouraged to all staff. Our Annual Workforce report analysis showed that the ethnicity breakdown for staff that have undertaken training in 2015 is representative of the composition in our workforce. This suggests that opportunities for training are equal across the trust as a whole. <u>Evaluations</u> Evaluations of our training and development opportunities are consistently positively evaluated by the vast majority of delegates. We strive to continually evaluate and improve our training and development offer and opportunities to staff. <u>Staff Survey 2016</u> Our survey results showed nearly all staff have received mandatory training in the last 12 months, with the vast majority also receiving non-mandatory training, scoring us above average across other trusts. Of those who had received training, learning and development in the last 12 months most agreed/strongly agreed that it helped them to do their job more effectively, stay up-to-date with professional requirements, and deliver a better patient / service user experience. We scored well above average for each of these questions.	√	

	When at work, staff are free from abuse, harassment, bullying and violence from any source						
	3.4	Developing	☑ Age ☑ Disability ☑ Gender reassignment ☑ Marriage and civil partnership ☑ Pregnancy and maternity ☑ Race ☑ Religion or belief ☑ Sex ☑ Sexual orientation	<u>Dignity at Work and Concerns policy.</u> All the Policies are ratified by Management and Staff side through a formal committee process. The Policies are available on the intranet for all Managers and employees, and they provide consistency of information and guidance regarding the process for raising issues of abuse, harassment, bullying and violence from any source. We also have a new 'Resolving Conflict' policy to support staff in dealing with patients/families who display inappropriate behaviours.	√		

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If issues of abuse, harassment, bullying and violence from any source are raised by an individual, the individual has a number of support mechanisms, i.e. Clinical Supervision, Line Management support, Human Resources team, Staff Experience team etc.
We have recently appointed our new Staff Ambassador or 'Freedom to Speak Up Guardian', Clare Atkinson. Clare's role is to be the first point of contact for staff wanting to raise issues or concerns, and to support staff to escalate concerns and find solutions.
We also have a network of over 50 Staff Experience Champions across the Trust, who help support and signpost staff, helping to resolve issues early and enhance our culture of 'Speaking out Safely'. The Staff Experience team also hold regular Conflict Resolution training sessions, and are available for team interventions and mediations.

If appropriate and relevant, issues raised will also be investigated fully under the Policy/Policies listed above. Each Clinical Group thoroughly investigates any cases/claims related to equality and diversity to ensure any issues are addressed and necessary learning is taken forward.

Every year Information from the BCHFT NHS national staff survey regarding staff reporting harassment, bullying and violence is reviewed and actions identified. Despite our Staff Survey results showing some improvement in levels of bullying and harassment, we still believe this can be improved. As a result, throughout the next year we will develop an anti-bullying campaign, and create guides on identifying and tackling bullying. Awareness will be raised of the support available to staff who may have experienced bullying or harassment in the workplace.

Following the merge of the Women's and Children's organisations, the Trust values are currently being redesigned. These values will identify and describe the behaviour expected and accepted of employees to each other and also to patients, young people and families and will be embedded within the organisation.

	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives						
	3.5	Developing	☑ Age ☑ Disability ☑ Gender reassignment ☑ Marriage and civil partnership ☑ Pregnancy and maternity ☑ Race ☑ Religion or belief ☑ Sex ☑ Sexual orientation	There is a BCHFT Flexible Working Policy which has been ratified by Management and Staff side through a formal committee process. The Trust recognises the importance of providing flexible working arrangements that primarily provide more scope and flexibility in the workforce to meet the changing demands of current services and service developments in the future, and enable employees to alter the balance between work and life away from work. Employees with the relevant qualifying service have the right to request flexible working and have it properly considered.	√		

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				The Flexible Working Policy and an accompanying toolkit is available on the intranet for all Managers and employees, this information and guidance was developed to ensure a consistent flexible working request process for all BCHFT employees. Options available include compressed hours, term time working, staggered working hours, flexible retirement and job share. Information is gathered from employee exit interviews, patterns and trends are reviewed. Work is ongoing to gather further data regarding any impact for staff in protected characteristics groups. Generational typology research 'Mind the Gap' has enabled us to think differently about how we recruit and retain staff with differing needs, understanding that generation Y particularly have a greater need for flexibility and work life balance. Our clinical groups actively discuss flexible working with all staff groups and will support as and when required. Managers ensure that all staff are aware of the flexible working options available to them so requests can be made when required. The Generation Gap research has been presented to Clinical Groups to support understanding of generational traits and how this applies to our workforce. Flexible working requests are considered and will be accommodated wherever possible to ensure positive work-life balance. For example, PICU reviews of all flexible work force applications yearly in line with service needs, currently 1/3 of PICU staff are supported by flexible working. This has helped build more resilience in to the workforce model but has also supported staff in formalising arrangements and giving them more stability where possible moving forward.			

Staff report positive experiences of their membership of the workforce

| | 3.6 | Achieving

⬤ Undeveloped
⬤ Developing
◯ Achieving
⬤ Excelling | ☑ Age ☑ Pregnancy and maternity
☑ Disability ☑ Race
☑ Gender reassignment ☑ Religion or belief
☑ Sex
☑ Marriage and civil partnership ☑ Sexual orientation | Staff Survey 2016
This year our staff surveys were held separately for Birmingham Women's and Birmingham Children's Hospitals.
This year Birmingham Children's results have shown a further increase in staff engagement on last year's score of 4.01 to 4.03, giving us an increase of 0.19 over the last three years, indicating that staff are highly engaged. We scored the highest for acute specialist trusts in the country, and were sent a letter of congratulations by Jeremy Hunt.
Our staff engagement score at Birmingham Women's was lower, but this was expected due to the change and uncertainty at the time due to the merger.
This overall indicator of staff engagement has been calculated using the Key Findings which relate to the following aspects of staff engagement:
- staff members' perceived ability to contribute to improvements at work (Key Finding 7)
- their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1)
- the extent to which they feel motivated and engaged with their work (Key Finding 4).
Whilst in some areas we see some differences between protected groups, we also work to ensure we address these where possible. | √ | | |

				Staff Friends and Family Test In our latest Friends and Family Test for Staff (Q 4 2016/2017), 75% of staff would recommend BCH to friends and family as a place to work. 10% wouldn't recommend it, 15% were neither likely nor unlikely to recommend it. Staff Engagement We engage with staff with events throughout the year. Every year we hold a staff engagement week, staff listening sessions, leaders' summits and consultant dinners. Over 1000 staff attended Intent week 2016, which had the theme of 'Back to the Future'. BCHFT has a Staff Experience team; the team and their 'offer' focuses on supporting and developing existing positive experiences and introducing new positive experiences for Managers and Staff. The offer includes a range of personal development and leadership courses and opportunities, team interventions and support, a variety of health and wellbeing initiatives, and support for staff to raise concerns. Information is gathered from employee exit interviews; patterns and trends are reviewed including any potential patterns for those staff members in protected groups. Work is ongoing to gather further data regarding any impact for staff in protected characteristics groups. Overall analysis of the staff survey by protected characteristic groups highlighted some areas for development, and actions have arisen to help tackle these. Trust Vision and Values Following the merge of the Women's and Children's Hospitals, we are currently undergoing the redesign of our Trust Vision and Values. This has taken the form of two open house days, a range of focus groups to listen to staff views, an online surveying platform, and much more to gather staff views across the trust. Staff have been given the opportunity to have their say in what the new trust vision and values should be, and also to feed back to the Chief Exec what their areas for strategic priority would be if they were her. By the finalisation of the new vision and values we will have engaged at least 2000 staff in their design.			

Inclusive leadership	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations						
	4.1	Achieving 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling	✓ Age ✓ Pregnancy and maternity ✓ Disability ✓ Race ✓ Gender reassignment ✓ Religion or belief ✓ Sex ✓ Marriage and civil partnership ✓ Sexual orientation	Communicating information Regular reports to the board on Equality to the board. EDI Steering Group The EDI Steering Group is chaired by the Chief Officer of Workforce, and has membership of several senior leaders, and one of the NEDs. This group guides the direction of the Equality and Diversity strategy within the Trust. Staff Engagement Our Trust *Inclusivity Action Group* exists to further support and engage all staff, and to promote and celebrate diversity. This group is supported by the board, due to membership by one of the NEDs. The Inclusivity Action Group will also be regularly observing Trust Board Meetings, and feeding back their observations on the inclusiveness of the discussions. Staff Training Our bespoke 'Beyond the Fairness, Equality, and Diversity Debate' course is required of all staff who are sitting on an interview panel, and is open to all staff, including boards and senior leaders. Our Equality and Diversity board game, Equally Yours, is used regularly throughout our leadership courses, to help create meaningful discussions around promoting equality.	√		

	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed						
	4.2	Developing 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling	☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☐ Marriage and civil partnership ☑ Sex ☐ Sexual orientation	**Equality Monitoring** All policies, services and business cases are evaluated through the Equality Impact Assessed (EIA) across all protected groups through the Policy Review Group (PRG). Equality Impact Assessment undertaken for new building business case was exemplary and helped ensure the right focus for the design. **Board Equality Training Event and Observations** Last year we delivered a bespoke training event for our NEDs and exec team based on Equality and Diversity. The programme, facilitated by our external equality trainer, discussed unconscious bias and the impact of this at board level. The training also discussed our current equality and diversity requirements and practices, and some first-hand staff stories from two BME members of staff who attend our Inclusivity Action Group. This training highlighted the boards role in identifying and questioning equality related issues and impacts arising. As a result Equality Impact Assessments will continue to be required and scrutinised by the board on any new policies, services and business cases. The Inclusivity Action Group have recently observed a trust board meeting, and will aim to observe meetings throughout the year, and feedback to the board on the quality and inclusiveness of their discussions. **Patient Experience Committee** A sub-committee to the quality committee meets monthly for senior managers to discuss and hold to account patient experience developments. A quarterly patient experience report is produced which details metrics and projects related to patient experience improvement.	√	
	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination						
	4.3	Developing 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling	☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☑ Marriage and civil partnership ☑ Sex ☑ Sexual orientation	**Leadership courses** Managers are encouraged to attend Leadership courses, such as Team Maker, Management Matters and Leading the Way. Managers are trained to support their staff in culturally competent ways, and specific training is delivered on 'Leading a Health Workforce'. Staff are encouraged to complete leadership courses appropriate for level and this is included with in the Education and Training Strategy. Our Equality and Diversity board game, Equally Yours, is used regularly throughout our leadership courses, to help create meaningful discussions around promoting equality. **Equality and Diversity Training** Our bespoke equality and diversity training course titled 'Beyond the Fairness, Equality and Diversity Debate' exists to challenge bias and provoke thought. All staff are eligible to attend, particularly those who hold a management position, and those who are involved in recruitment and interviews. All staff are also required to complete the new Equality and Diversity e-learning course. Staff have updates in equality & diversity and there is additional support for managers. The Inclusivity Action Group also organise regular awareness events, including recent presentations on the Gypsy, Roma and Travellers Community and implications for the NHS and caring for families and staff.	x	

| | | | | Mental Health Training for Managers

Training programme for managers about how to create a 'mentally healthy workplace for all employees', this is an NHS employers programme for managers to:
- Improve awareness and understanding of mental/emotional health
- Create a work environment that can protect and promote mental/emotional health for staff
- Better understand and take action to improve the managers own mental/emotional health

Trust Policy

There are many polices available to middle managers and line managers to support their staff and ensure a work environment free from discrimination. Some of these polices include:
- Equality and diversity policy - Flexible working policy - Dignity Policy
- Code of conduct - Leave & Time Off Policy - Management of Stress at Work Policy
- Maternity, Paternity and Adoption Leave Policy

Managers ensure staff are aware of and have access to the relevant policies.

Manager's Brief

The Manager's Brief aims to keep staff (who manage people) up to date with news from across the hospital, hot topics for the month and details about events and courses to support their staff as a manager.

Staff Led Patient Experience Committee

Patient Experience Champions are nominated from each department at BW and attend a bi-monthly summit to spotlight on areas of great work and share ideas.

Patient Experience Committee

A sub-committee to the quality committee meets monthly for senior managers to discuss and hold to account patient experience developments. | | | |