NHS
Birmingham Women's
and Children's
NHS Foundation Trust

Period:	**June 2018**
Stakeholders:	Staff & Well-Being Group Members (a 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 NHS FT priorities for 2018 evolved and include the following: o Improve equality in recruitment and overall workforce representation. o Improve staff experience. o Improve internal career progression for BME staff. o 24 hour access to a loved one: we aim to give every patient/child the choice to have the physical presence of a loved one 24 hours, should they choose to have it. o Improve involvement: we aim to involve patients and family members; including siblings and young people in giving feedback and co-producing solutions through a number of channels in the organisation. o Accessibility: we aim to ensure that families and patients are supported to access services in a way that meets their needs.
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. - Inclusivity Events were held all around the year. Black history month was celebrated, along with different religious festivals. International Women's day involved two inspirational women speaking about their career journey and later this year the trust will be involved in Birmingham Pride along with other Health Trusts in the religion. - Health and wellbeing for staff – Last year the trust held free exercise classes for staff ranging from Yoga to Pilates. The trust held Health and wellbeing week where a number of activities were put on in the conservatory, local gyms to came to give introductory offers, and there was a weight loss programme called Mission Slim possible where the individual with most weight lost won a prize. - Ambassador for raising concerns – Our ambassador works independently to meet with people who wish to raise any concerns they may have. - Leadership Courses – The Management Matters programme has been re designed and now includes Team Maker training and Coaching and Mediation Training. - Managers Induction has also been set up for Managers new to the trust to familiarise themselves with the processes of the trust - Roger Kline has visited BWC to discuss our current work and objectives. - Our Annual Staff Survey results are analysed around Diversity and Inclusion; and they have aided the development of the priorities mentioned for 2018-21. - Learning Disability Programme : Adapting job descriptions so they are easier to understand, working on alternative interview formats and setting roles into smaller, manageable tasks to enable this group to participate - Prince's Trust Programme: participants have the opportunity to undertake a pre-employment opportunity to enable them to become "work ready" - BWC has recently applied to and been accepted to the Apprenticeship Diversity Champions Network - Use of images and case studies of a diverse workforce in our promotional materials and ensuring that there are no gender stereotyping of roles - Aspire Health Ambassadors: Promoting opportunities in those communities and groups that are hard to reach and typically underrepresented in the organisation. - Invitation to multi faith and cultural celebration events though out the hospital. - Regular services and 24:7 availability of 4 religious and spiritual care facilities at BWC. - Multi faith and spiritual care training inc MA module and centre for Paediatric Spiritual Care - Continued distribution to wards etc. of resources and two new books for healthcare professionals, entitled 'Multifaith Care with Sick and Dying Children' and 'Spiritual Care with Sick Children and Young People' - The Chaplaincy offer 1-1 and small team group support in processing suffering in multi faith children and families and wider needs; as well as support and advise to Trust groups, Ethics, organ donation etc.

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 ● Undeveloped ● Developing ○ Achieving ● Excelling	☑ 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 in various specialities e.g. Haem/Onc • **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. • **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. • **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 • **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. • **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 • **Patient Information**- Interpreters and patient information can be made available in different formats to help patients from diverse backgrounds services and treatments. • **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.	√		1.1

	Individual people's health needs are assessed and met in appropriate and effective ways							

| | 1.2 | Achieving

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🟣 Excelling | ☑ Age ☑ Pregnancy and maternity
☑ Disability ☑ Race
☐ Gender reassignment ☑ Religion or belief
☑ Sex
☐ Marriage and civil partnership ☐ Sexual orientation | <u>Meeting Individual Needs</u>
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:

• <u>Radiology -</u> 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
• <u>Head and Neck -</u> 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.
• <u>CAMHS -</u> 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.
• <u>FTB -</u> 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.
<u>Multi-faith Chaplaincy Team</u>
Our diverse patients, families and staff have access to our multi-faith chaplaincy team.
<u>Access to Interpreters</u>
The trust has an online booking interpreter service to allow access to interpreters for patients and families.
<u>Learning Disabilities</u>
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 care professionals to think about adapting their communication style to improve communication with children with a learning disability.
<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.
<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. | √ | | . |

| | **Transition from one service to another, for people on care pathways, are made smoothly with everyone well-informed** | | | | | | | |

| | 1.3 | Achieving

🔴 Undeveloped
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🟣 Excelling | ☑ Age ☐ Pregnancy and maternity
☑ Disability ☑ Race
☐ Gender reassignment ☑ Religion or belief
☑ Sex
☐ Marriage and civil partnership ☑ Sexual orientation | <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
<u>Shared care services</u>
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: • <u>Specialised Medicine -</u> 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. • <u>Neurosciences -</u> Inherited metabolic disease services, neurology and cancer all hold transition clinics and commence transition with patients from 13 years onwards. • <u>Dental & MaxFac -</u> 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 • <u>Cleft -</u> 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. • <u>PICU -</u> 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. • <u>FTB -</u> 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. <u>Patient Information</u> 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				
x	1.4	Achieving 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling	☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☐ Marriage and civil partnership ☑ Sex ☑ Sexual orientation	Our Safety Strategy focuses on how we embed quality and safety at all levels. <u>Staff Mandatory Training</u> 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. <u>Equality and Diversity Training</u> We have an easy access e-learning course for Equality and Diversity available to all staff. All staff can attend and staff involved in recruitment and selection and managers are required to complete training. <u>Polices & Procedures</u> 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 <u>Infection Control</u> 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. <u>Safeguarding</u> The Trust's Chief Nursing Officer has Executive responsibility for Safeguarding. The Board of Directors receive a quarterly safeguarding report which addresses trust-wide safeguarding compliance rates and any issues.	x		

				Safe Practice on Wards Nursing care quality indicators audited monthly and paediatric safety thermometer, to measure safety and quality for 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 e.g. at the moment 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 ☑ Pregnancy and maternity ☐ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☐ Marriage and civil partnership ☐ Sexual orientation	Health Promotion team Health promotion and wellbeing is at the core of BWC culture. 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 • 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 • 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: • 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. **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 ☐ ✓ Sex ☐ Marriage and civil partnership ✓ 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. **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. **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. 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. **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.	x		

				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. 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.				
	People report positive experiences of the NHS							
	2.3	Achieving ● Undeveloped ● Developing ○ Achieving ● Excelling	☑ Age ☑ Disability ☐ Gender reassignment ☐ Marriage and civil partnership	☐ Pregnancy and maternity ☑ Race ☑ Religion or belief ☑ Sex ☑ 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. 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.	x		
	People's complaints about services are handled respectfully and efficiently							
	2.4	Achieving ● Undeveloped ● Developing ○ Achieving ● Excelling	☑ Age ☑ Disability ☐ Gender reassignment ☐ Marriage and civil partnership	☐ Pregnancy and maternity ☑ Race ☑ Religion or belief ☑ 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. Staff Training 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. 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.	x		

				Complaint Reports 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. Complaints Our investigating officers' work within a time-frame agreed with the complainant, to process and investigate complaints. 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. 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**

A representative and supported workforce	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.
				Recruitment Task and Finish Group
				Over late 2017 and early 2018, 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.
				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.
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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	BWC treats all staff equally in terms of pay. 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>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. <u>Evaluations</u> Both formal and informal 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 2017</u> Our results indicate that access to training and development opportunities has remained constant.	√		
	When at work, staff are free from abuse, harassment, bullying and violence from any source					
	3.4	Developing ● Undeveloped ○ Developing ● Achieving ● Excelling	✓ Age ✓ Pregnancy and maternity ✓ Disability ✓ Race ✓ Gender reassignment ✓ Religion or belief ✓ Sex ✓ Marriage and civil partnership ✓ 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. 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, etc. We have a 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'. If appropriate and relevant, issues raised will also be investigated fully under the Policy/Policies listed above. Every year Information from the BWC NHS FT national staff survey regarding staff reporting harassment, bullying and violence is reviewed and actions identified. Our most data has indicated a rise in staff reporting harassment, bullying and violence. 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. BWC NHS FT Trust Values have also been refreshed; this will support the zero tolerance approach we would like to adopt.	√		
	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 ● Undeveloped ○ Developing ● Achieving ● Excelling	✓ Age ✓ Pregnancy and maternity ✓ Disability ✓ Race ✓ Gender reassignment ✓ Religion or belief ✓ Sex ✓ Marriage and civil partnership ✓ Sexual orientation	There is a 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.	√		
	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	<u>Staff Survey 2017</u> 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.	√		

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				Staff Friends and Family Test In our latest Friends and Family Test for Staff (Q 4 2017/2018), 85% of staff would recommend BWC to friends and family as a place to work. Staff Engagement We engage with staff with events throughout the year. Every year we hold a staff engagement week, staff listening sessions, leaders' summits etc. 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 Our Trust Values have been refreshed over 2018 to ABC. Ambitious, Brave & Compassion; this followed engagement events across BWC NHS FT.			
Inclusive leadership	**Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations**							
	4.1	Achieving	☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☑ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation Undeveloped / Developing / Achieving / Excelling		Communicating information Regular reports on Equality are presented to the Board.	√		
	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	☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☐ Marriage and civil partnership ☐ Sexual orientation Undeveloped / Developing / Achieving / Excelling		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). Business cases and any service development also require EIAs; as well as the education offer that is being delivered. Board Equality Training Event and Observations Bespoke training event for our NEDs and exec team based on Equality and Diversity is available e.g. a previous programme, facilitated by our external equality trainer, discussed unconscious bias and the impact of this at board level. 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. 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	☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation Undeveloped / Developing / Achieving / Excelling		Leadership courses Managers are encouraged to attend Leadership courses; such as Management Matters, Leading the Way etc 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 Workforce 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 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. All staff are eligible to attend, particularly those who hold a management position, and those who are involved in recruitment and interviews.	x		

| | | | | 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. | | | |