Diversity and Inclusivity

Activity Report

2017 – 2018

Contents

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST
DIVERSITY AND INCLUSIVITY ACTIVITY REPORT 2017 - 2018

1.0 Background

This report provides the Board of Directors with an update on the achievements, progress and developments in relation to the Equality, Diversity and Inclusivity agenda at Sherwood Forest Hospitals NHS Foundation Trust.

At the heart of everything we do is our dedication to giving the best possible care for patients, safely, respectfully and efficiently. The Diversity and Inclusivity group has continued to take forward the Equality and Diversity agenda by ensuring equality legislation is embedded within the organisation whilst also working at operational levels within the Divisions and Corporate areas.

We are committed to providing an environment where all staff, service users and carers enjoy equality of opportunity. Promoting equality, embracing diversity and ensuring full inclusion for people who use our services is central to the Vision and Values of the Trust and are fundamental to us in building strong communities and services. The Trust understands the importance of being compliant with the equality legislation and acknowledges the benefits and contribution that managing equality and diversity makes to the achievement of its business objectives in the areas of employment, service planning and service delivery.

The purpose of this report is to highlight the activities that have taken place in 2017/2018 and monitor the work being undertaken to achieve the Trust's equality objectives.

2.0 Organisational

2.1.1 Diversity and Inclusivity Meeting

The Trust delivers the diversity and inclusivity agenda via a Diversity and Inclusivity group, which meets bi-monthly. To ensure there is a partnership approach to all aspects of the diversity and inclusivity agenda, there is a nominated staff side lead.

The purpose of the Diversity and Inclusivity group is to support activities within the Trust to ensure the statutory board responsibilities and obligations under law relating to equality and diversity are met, plus raise awareness and promote diversity and inclusivity across the Trust.

The group provides regular reports to the Joint Staff Partnership Forum (JSPF) and provides an annual report to the Board of Directors which agrees the Trust's priorities and actions to be delivered.

The Diversity and Inclusivity group's objectives for 2017/2018 were:

- To ensure the Trust's services are fully accessible to all patients including making sure information and communication is accessible and specific to patient's needs in line with the Accessible Information Standards, by engaging with community groups and patients as necessary.
- To assess the need for further Diversity and Inclusivity support across the Trust and to develop relevant support mechanisms in response to the findings, including the development of the BAME and LGBT Champion roles.
- To research and sign up to relevant Diversity Charters including British Sign Language, Stonewall Champions, Safe Places and Time to Change.
- To increase the number of staff who have self-reported equality data including disability and Sexual Orientation.
- To investigate equality patterns identified in documents such as staff survey results and patient experience data around bullying, harassment and discrimination in order to improve the positive experience of attending the Trust either as an employee or patient.
- Ensuring we comply with current legislation and public duty under EDS2 and WRES to include annually undertaking an EDS2 assessment to ensure the Trust's D&I objectives are relevant and improve the data collection of these results to include equality profiles.

This report shows the initiatives and work completed in 2017/2018 to achieve these objectives.

2.1.2 Staff Diversity Support

We continue to have virtual staff support networks for Black, Asian and Minority Ethnic (BAME) staff and Lesbian, Gay, Bisexual and Transgender (LGBT) staff. A BAME and LGBT employee champion also attend the Diversity and Inclusivity group on a bi-monthly basis to provide an arena for staff to raise their concerns or to raise suggestions of how to improve the working environment and patient care for BAME and LGBT groups.

Local and national events in relation to BAME and LGBT have been publicised throughout the Trust including Black History Month and IDAHOT (International Day against Homophobia, Transphobia and Biphobia) day.

2.2 Trust Compliance with the Equality Act 2010

2.2.1 The Equality Duty

The Equality Act (2010) places an Equality Duty on public bodies which encourages the Trust to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve.

The Equality Duty consists of a General Duty with three main aims. It requires the Trust to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having 'due regard' means the Trust must take account of these three aims as part of our decision making processes; in how we act as an employer, how we develop, evaluate and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others. The general duty is also underpinned by a number of specific duties which include the need for us to:

• Set specific, measurable equality objectives;

• Analyse the effect of our policies and practices on equality and consider how they further the equality aims;

• Publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis.

2.2.2 Specific Duties

The Equality Duty is supported by specific duties, set out in the regulations which came into force on 10th September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific measurable equality objectives. All information must be published in a way which makes it easy for people to access.

The information published must include;

• Information relating to employees who share protected characteristics (for public bodies with 150 or more employees); and

• Information relating to people who are affected by the public body's policies and practices who share protected characteristics (for example, service users).

However it is up to each public body to decide itself what information it publishes to show its compliance with the Equality Duty.

2.2.3 Publication Duties

The information must be published on an annual basis. The Trust has published;

Workforce Figures

The information published on workforce figures identifies information in relation to the Trust's workforce and protected characteristics as defined by the Equality Act 2010.

- Workforce Diversity and Inclusivity report March 2018
- NHS Staff Survey Summary 2017
- Workforce Race Equality Standards (WRES) July 2017
- Equality Delivery Standard 2 (EDS2) summary report 2017
- Equality Dashboard 2017/2018

Patient Figures

As part of the Equality Act 2010 information in relation to patients and protected characteristics must be collated and published. The patient figures published reports which are related to patients and particular protected characteristics.

- Patient activity data on protected characteristics 2017-18
- Membership report within the Annual Report and Accounts 2017/2018

Organisational Information

Organisational information publishes information about the organisation which supports how the Trust is meeting the needs of the Equality Act 2010. The Trust published its Equality Objectives Plan 2017-2018 along with the following documents:

- 2017 NHS Staff Survey results
- Disabled Access Report 2018
- Diversity and Inclusivity Work Plan 2017 – 2018
- Equality Impact Assessment Guidance
- Same Sex Accommodation Declaration

General Information

General information has been published so staff, patients and the general public can gain information in relation to protected characteristics and the NHS.

- EDS2 Summary Report 2017
- Dyslexia Guidance for Managers
- Hate Crime Guidance for Managers
- Religion or Belief – A practical guide for the NHS
- Sexual Orientation – A practical guide for the NHS
- The gender and access to health services study
- Trans – A practical guide for the NHS
- Transgender experiences – Information and Support
- Workforce Race Equality Scheme 2017
- Gender Pay Gap Report 2016 - 2017

3.0 Gender Pay Gap Reporting

In accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, employers with 250 or more employees are required to publish statutory calculations no later than 30th March each year; commencing 2017/18.

The information aims to establish the pay gap between male and female employees as at 31 March the previous year. For example, 31 March 2017 pay information must be published by 30 March 2018 on the employer's website.

The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.

Salaries at the Trust are determined through a national NHS job evaluation scheme called Agenda for Change (AFC). Job evaluation evaluates the job and not the post holder. It makes no reference to gender or any other personal characteristics of existing or potential job holders. Therefore, the Trust is confident it is paying the same salary to roles of equal value.

The legislation requires an employer to publish six calculations:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay.

A summary breakdown of our workforce by gender and pay banding as at March 2017, which was published in March 2018, can be found on the Trust's internet site by clicking here

The Trust will undertake a number of actions which relate to these findings as follows:

- Further analysis of the gender split into the application for and award of bonus payments relating to consultant medical staff
- Gender analysis undertaken in relation to the Trusts leadership talent management work
- Further analysis of the mean and median average pay gaps with the omission of medical staff from the results as there are indications that it is this staff group which has the most significant impact on the gender pay gap.

4.0 Equality Delivery System 2 (EDS2)

EDS2 is a mandatory framework to assist us with ensuring we treat our patients and staff fairly and equally. We undertook an EDS2 grading exercise in 2017, engaging and consulting with staff, patients, carers and communities to determine the goals to focus on i.e. what things matter the most for patients, communities and staff.

The results of the grading exercise were compiled and published in December 2017. It is mandatory that EDS2 grading is completed by the Trust annually.

Feedback of the 2017 results were presented to the Public Information Forum in March 2018 and a working group consisting of Trust representatives will commence in 2018 to analyse the 2017 results and develop the EDS2 action plan.

5.0 Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is another mandatory framework that we have to complete on an annual basis. The WRES standards are included in the NHS Standard Contract and all NHS organisations are required to demonstrate progress against nine indicators; four workforce data metrics, four staff survey findings regarding White and BME experiences, and one Board metric to address low levels of BME representation. The CQC inspect on the WRES implementation under the well-led domain. The Trust's WRES data for 2017/2018 will be published on 1st July 2018 and a working group consisting of Trust representatives will commence in 2018 to analyse the 2017/2018 results, address any challenges and develop the WRES action plan.

6.0 Equality Impact Assessments

We have agreed that no policy, procedure or process can be approved until an Equality Impact Assessment (EqIA) has been carried out. An EqIA is the detailed and systematic analysis of the potential or actual effects of a policy, procedure or process, which is undertaken in order to establish whether the policy, procedure or process has a differential impact on different groups of people. The aim of the EqIA is to eliminate discrimination and produce positive outcomes for equality. In 2017/2018, an EqIA audit process was developed to ensure compliance with the Public Sector Equality Duty and results are reported back to the Diversity and Inclusivity group on a bi-monthly basis.

7.0 Analysis of Data

7.1 Workforce Information

The Trust is committed to treating all its service users and staff with dignity and respect. Embracing diversity supports the delivery of our strategic vision and helps to ensure that we are providing effective services that meet the needs of our community. SFH has an Equality Strategy, which is a public declaration of how we will demonstrably take forward our commitment to ensuring equality is embedded within all aspects of the organisation. Further details of our Equality Strategy can be found on the Trust internet Diversity and Inclusivity website.

Ethnicity

In 2017/18 the ethnicity composition continues to remain stable when compared with the previous year. The ethnicity profile of our staff is positive compared with the profile of the local community which is 4.5% BME. Staff from a Black, Asian or Minority Ethnic group has increased slightly compared to 2016/17.

	2017/2018		**2016/2017**	
Ethnic Origin	**%**	**Headcount**	**%**	**Headcount**
Asian	5.97%	280	5.64%	257
Black	1.77%	83	1.56%	71
Chinese	0.36%	17	0.39%	18
Mixed	1.30%	61	1.10%	50
Not Stated/Undefined	1.73%	81	1.93%	88
White	88.87%	4,170	89.38%	4,074
Grand Total		**4,692**		**4,558**

Disability

The Trust collects data from all new employees regarding disability status. The current data identified 30.31% of staff have not declared their disability status, a decrease compared to last year, 34.69%.

	2017/2018		2016/2017	
Disabled	**%**	**Headcount**	**%**	**Headcount**
No	66.20%	3,106	61.72%	2,813
Not Declared	30.31%	1,422	34.69%	1,581
Undefined	0.70%	33	0.66%	30
Yes	2.79%	131	2.94%	134
Grand Total		**4,692**		**4,558**

Staff Age Profile

The overall age profile for the Trust's workforce is dominated by the 41-50 and 51-60 age bands, something that the Trust is planning for in terms of potential retirements within coming years giving particular consideration to the Registered Nurse staff group where Nurses who have special class status can retire from 55 years of age. The facility for flexi-retirement continues to retain staffs' valuable knowledge, skills and experience within the Trust; allowing staff to retire and return to work. On the whole the age demographics continue to remain static, with a typical distribution across the age ranges. The Medical age profile is representative of the numbers of Dr's in training.

Trust Age profile - % of staff - 31st March 2018

	2017/2018		2016/2017	
	%	**Headcount**	**%**	**Headcount**
Under 20	0.92%	43	1.38%	63
21-30	18.88%	886	19.50%	889
31-40	22.95%	1077	22.20%	1012
41-50	25.72%	1207	26.92%	1227
51-60	26.24%	1231	25.27%	1152
61-65	4.43%	208	3.82%	174
66 and over	0.85%	40	0.90%	41
Grand Total		**4,692**		**4,558**

Medical Staff Age profile - % of staff - 31st March 2018

	2017/2018		2016/2017	
	%	Headcount	%	Headcount
Under 20	0.00%	0	0.00%	0
21-30	25.85%	122	30.14%	132
31-40	28.39%	134	23.29%	102
41-50	22.67%	107	24.89%	109
51-60	17.58%	83	16.67%	73
61-65	3.39%	16	2.74%	12
66 and over	2.12%	10	2.28%	10
Grand Total		**472**		**438**

Nursing Staff Age profile - % of staff - 31st March 2018

	2017/2018		2016/2017	
	%	Headcount	%	Headcount
Under 20	0.00%	0	0.00%	0
21-30	16.59%	229	16.98%	233
31-40	24.42%	337	24.42%	235
41-50	27.10%	374	28.50%	391
51-60	28.26%	390	27.11%	372
61-65	3.33%	46	2.70%	37
66 and over	0.29%	4	0.29%	4
Grand Total		**1,380**		**1,272**

Gender

In 2017/2018 the female workforce accounts for 80.9% of the total population of the workforce. This is a small decrease when compared to the previous year's figures. Male headcount increased slightly compared to the previous year; however the position continues to remain relatively static. Whilst the male demographic of the workforce is considerably lower than the local demographic, this is comparable with NHS national demographic.

	2017/2018		2016/2017	
	%	Headcount	%	Headcount
Male	19.10%	896	18.74%	854
Female	80.90%	3,796	81.26%	3,704
Grand Total		**4,692**		**4,558**

Sexual Orientation

In 2017/18 the sexual orientation composition continues to remain stable when compared with the previous year. The current data identified 23.57% of staff have not declared their disability status, a decrease compared to last year, 26.79%.

	2017/2018		2016/2017	
	%	Headcount	%	Headcount
Bisexual	0.49%	23	0.37%	17
Gay	0.79%	37	0.72%	33
Heterosexual	74.64%	3,502	71.74%	3,270
Do not wish to disclose	23.57%	1,106	26.79%	1,221
Lesbian	0.38%	18	0.33%	15
Undefined	0.13%	6	0.04%	2
Grand Total		**4,692**		**4,558**

7.2 Membership

As a Foundation Trust we are proud of our membership totalling in excess of 22,000, which is around 5% of the local population. Excluding staff membership this number is closer to 18,000. The breakdown for this can be seen below:

Public membership breakdown at 31st March 2018

	Number of Public Members	Change over 12 months
Age (years)		
0 – 16	1	-1
17 – 21	95	-54
22 – 29	860	-18
30 – 39	768	-58
40 – 49	1506	-110
50 – 59	2482	-111
60 – 74	5486	-344
75 +	4642	-314
Not Stated	1405	+91

Gender	Number of Public Members	Change over 12 months
Male	6282	-251
Female	10746	-342
Transgender	0	+0
Unspecified	217	-12

Ethnicity	Number of Public Members	Change over 12 months
White – English, Welsh, Scottish, Northern Irish, British	15306	-549
White - Irish	72	-3
White – Gypsy or Irish Traveller	0	0
White - Other	106	-3
Mixed – White and Black Caribbean	5	0
Mixed – White and Black African	3	0
Mixed – White and Asian	9	0
Mixed – Other Mixed	15	+1
Asian or Asian British – Indian	40	-4
Asian or Asian British – Pakistani	9	0
Asian or Asian British – Bangladeshi	6	0
Asian or Asian British – Chinese	17	0
Asian or Asian British – Other Asian	15	0
Black or Black British - African	9	0
Black or Black British - Caribbean	23	0
Black or Black British – Other Black	3	0
Other Ethnic Group – Arab	0	0
Other Ethnic Group – Any Other Ethnic Group	8	-2
Not Stated	1599	-45

There were a number of team changes in 2017/18 which has resulted in a more stable team and a clearer process for removing members who have left from the database which we believe explains the changes above. Of the above we are aware that the majority are not on email and are aware of the new requirements that we have to adhere to from May 2018 in relation to GDPR. Therefore we will be writing out to all members in 2018/19 asking them to confirm they wish to remain as members and if not (or if they do not respond) we will remove them from the database. It is anticipated that this will change the numbers above and care will be taken to see how it affects how representative the membership will be.

Trust Matters

The Trust produces a monthly news e-magazine for its members known as "Trust Matters." This provides updates on Trust news as well as a regular article from the lead governor and Chief Executive.

Meet Your Governor Events

From January we have started monthly Meet Your Governor Events which take place over one week at all three of our sites. Governors are timetabled to cover different days and times of days and are available in the main entrances to speak to members and the public. We communicate this in advance on email to members and on social media to the public. Concerns and complaints on the day are directed to the Patient Experience Team to resolve. Themes from this are then discussed at the Membership and Engagement group.

Forum for Public Involvement

The Trust established a Forum for Public Involvement in 2017/18 with the aim of improving the engagement between the Trust and the communities it serves and for those members to offer advice, views, suggestions or opinions to the Trust through this group.

An invite was sent to existing members and advertised on social media which established an interested group of 46 members. It meets monthly to discuss various issues which this year has included PLACE audits, GDPR regulations, results of various staff and patient survey and to review upcoming patient information leaflets.

7.3 Our CARE Values

The values an organisation holds are central to how it plans, organises and delivers service. Our CARE values describe the ethos of the Trust and our approach to working with patients, the public, staff, and partner organisations. Our CARE values underpin the work of the

Diversity and Inclusivity group, and is an effective framework to promote dignity, respect, embrace diversity and promote culture change

7.4 Staff Survey

National NHS Staff Survey – 2017

The Trust participates in the national NHS Staff Survey on an annual basis. The survey is undertaken annually from the beginning of September until early December.

In 2017 the Trust elected to survey all staff for the first time and over 2,500 staff responded giving a response rate of 57%. This was the highest in the East Midlands and joint 7th in England for acute NHS Trusts, where the average was 44%. The 57% response rate compares well with the 41% Trust response rate in 2016, which was based on a random sample percentage of staff being offered the opportunity to respond.

The survey is comprised of different sections, or 'key findings', which pursue a specific line of questioning, for example, Job Satisfaction, Patient Experience and Care. Like all other NHS Trusts in the country, we continued to operate against a backdrop of significant financial pressures and continued high demand on services. Positively, despite these pressures the trust has made significant and sustained improvement. Our results improved in 3 key findings with no change in 28 key findings, with a deterioration in 1 key finding.

Very positively, the overall indicator of staff engagement for the Trust was 3.87, which was well above average when compared to trusts of a similar type. This was a further increase on the previous year's score of 3.85, when the Trust was again above average, demonstrating significant and sustained improvement.

Staff recommending the Trust as a place to work or receive treatment

This is one of the significant measures which are articulated by the NHS staff survey results. Questions Q21a, Q21c and Q21d feed into KF 1 "Staff recommendation of the organisation as a place to work or receive treatment."

	2015	2016	2017	*2017 av.
Q21a "Care of patients/service users is my organisation's top priority"	71%	82%	81%	76%
Q21b "My organisation acts on concerns raised by patients/service users"	65%	76%	76%	73%
Q21c "I would recommend my organisation as a place to work"	48%	68%	70%	61%
Q21d "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	57%	74%	78%	71%
KF1 Staff recommendation of the organisation as a place to work or receive treatment*	3.54	3.87	3.93	3.76

Possible scores range from minimum 1 to maximum 5

The results of this show a marked improvement in all areas to well above the *national average for acute Trusts in England. Staff recommending the Trust as a place to work is now 9% above this average and staff being happy with the standard of care provided by SFH is 7% above the average. This places SFH in the top 20 acute Trusts in England for this important measure and 2nd in the East Midlands

The 2017 staff results have been communicated to staff in an electronic briefing, supported by further communications, including divisional videos, detailing the actions that will be taken as a result of the staff survey feedback. There were also a number of individual suggestions for improvement that were captured in the free text that are being explored.

The results were discussed at the Staff Communication and Engagement Forum to obtain their views on priority actions. In addition, the Director of Human Resources and Organisational Development has undertaken four hour long drop-in session across all three sites during March with an open invitation for any staff member to attend and offer further feedback. The quarter four (March) pulse survey, available to all staff also contains a number of follow-up questions.

Divisions have scrutinised the staff survey results in order to their develop action plans, which were shared at the Senior Leadership Team Development day in February. Delivery of those actions plans, which are pertinent to Divisions, will be monitored at the monthly Divisional performance meetings with Executives.

There are also Trust wide initiatives for incorporation into the Workforce Strategy 2018/19 Implementation Plans, which will also be influenced by these results. These will include

continuation of engagement activities, a focus on staff health and well-being and diversity and inclusivity. Some of the results will also feature in Trust recruitment campaigns. The Trust will be working with NHS Elect to develop a new senior leadership development programme to support our talent map development which will commence in late 2018.

8.0 Human Resource Activities

8.1 Training and Development

The Training, Education and Development Department at Sherwood Forest Hospitals NHS Foundation Trust have a strong regional reputation for the quality of its education and training provision. The department is extremely proud of the role it plays in developing our current and future workforces to provide high quality and safe patient care.

Sherwood Forest Hospitals NHS Foundation Trust
Training Activities 2017/2018 Gender and Ethnicity Profile

Course Title	Male		Female		Total Gender
	Number	%	Number	%	Number
Customer Relations	157	28	405	72	562
Health & Safety	737	26	2087	74	2824
Induction	259	18	1186	82	1445
Informatics	9	10	78	90	87
Medical Equipment	1546	13	10795	87	12341
Occupational Knowledge & Skills	1939	13	12791	87	14730
Personal Development	95	10	866	90	961
Resuscitation	617	27	1678	73	2295
Risk Management	2640	23	9043	77	11683

Course Title	White		Other Ethnic Background		Not Stated		Total Ethnicity
	Number	%	Number	%	Number	%	Number
Customer Relations	450	80	105	19	7	1	562
Health & Safety	2419	86	376	13	29	1	2824
Induction	1211	84	209	14	25	2	1445
Informatics	85	98	2	2			87
Medical Equipment	11014	89	1197	10	130	1	12341
Occupational Knowledge & Skills	13343	91	1217	8	170	1	14730
Personal Development	911	95	42	4	8	1	961
Resuscitation	1796	78	477	21	22	1	2295
Risk Management	10048	86	1513	13	122	1	11683

8.1.1 Diversity and Inclusivity Training

Diversity and Inclusivity training is mandatory for all staff at the Trust. During 2017/2018, a total of 3,752 staff undertook diversity and equality training across the Trust compared to 3,961 in 2016/2017.

8.1.2 Mental Health Awareness Sessions for Managers

In 2016/2017, Mental Health Awareness Sessions for Managers were introduced. The aims of these sessions were:

- To improve managers understanding of mental health conditions

- To improve managers understanding of national guidelines / best practice for supporting staff experiencing mental health conditions

- To understand what resources the Trust can offer to help support managers in managing staff with mental health conditions

A total of 67 staff attended the sessions and more are scheduled to take place in 2018/2019.

This training session is in addition to the Mental Health Awareness training that is open to all staff which is delivered by the Rapid Response Liaison Psychiatry (RRLP) team in relation to patients.

8.1.3 Orientation

Diversity and Inclusivity continues to be included within the Human Resources section of the Trust's orientation day one for all new staff members and in the volunteer induction programme.

8.2 Human Resource Policies, Procedures and Practice

During 2016/2017, 9 Human Resource policies were developed/reviewed and implemented within the Trust following approval and ratification by the Joint Staff Partnership Forum. This included a revision of the Trust's Dignity at Work Policy.

The following guidance documents were also developed to support Equality and Inclusivity at the Trust:

- Maternity Leave Guidance for Managers
- Maternity Leave Guidance for Employees
- Paternity Leave Guidance for Managers
- Paternity Leave Guidance for Employees
- Adoption Leave Guidance for Managers
- Adoption Leave Guidance for Employees
- Shared Parental Leave Guidance for Managers
- Shared Parental Leave Guidance for Employees
- Reasonable Adjustments at Recruitment Guidance
- Definitions of Discrimination and Bullying Guidance

8.3 Workforce Recruitment

The Trust operates fair recruitment practices to ensure equal access to employment opportunities for all. In 2017/2018 we were awarded the 'Disability Confident Employer' for a further two years and use this marque on our recruitment material to show we encourage applications from disabled people.

The scheme helps employers:

- draw from the widest possible pool of talent
- secure high quality staff who are skilled, loyal and hard working
- improve employee morale and commitment by demonstrating that you treat all employees fairly

It also helps us identify those employers who are committed to equality in the workplace.

Our applicant tracking system specifically highlights to appointing managers when an applicant has declared a disability to ensure we do not miss the opportunity to offer preferential interviews if the applicant meets the person specification. We also make reasonable adjustments throughout the recruitment and selection process to support disabled job applicants and employees.

The Trust support employees with a disability in a number of ways and takes steps to meet the needs and achieve equal outcomes, even if this requires 'positive action'. For example, designating disabled parking bays close to entrances, adjusting application processes, providing physical access to facilities, plus providing support or advocacy. Any employee who becomes disabled during the course of their employment are supported by occupational health assessments, making reasonable adjustments to their duties and if necessary supporting their search for suitable alternative employment, with the aim of valuing and redeploying employees to retain their knowledge, skills and experience in the Trust.

8.4 Remploy Work Placement Scheme

In 2017/2018, we signed up to Remploy's Pre-Employ work placement scheme, providing a four week unpaid work placement to candidates with disabilities or long term conditions with the view to the candidate being employed at the end of the placement without need for an interview if they have successfully completed the placement. We had one placement in 2017/2018 which was successful. The scheme is an excellent way to build disability confidence within the Trust, provides us with access to a wider pool of candidates and raises the Trust's profile as a diverse employer.

A case study on the successful appointment from the scheme is being developed with the view to encourage Trust managers to consider more placements within 2018/2019.

8.5 Mindful Employer

The Trust continues to be a signatory to the Charter for Employers who are positive about Mental Health reflecting the general philosophy of Mindful Employer. 2017/2018 was the seventh year we have been a signatory to the Charter. This Charter helps the Trust to support staff who experience mental ill health, assisting us in achieving the following aims:

- Show a positive and enabling attitude to employees and job applicants with mental health issues, including positive statements in local recruitment literature.
- Ensure all staff involved in recruitment and selection are briefed on mental health issues and the Equality Act 2010, and given appropriate interview skills.

- Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure will enable both employee and employer to assess and provide the right level of support or adjustments.

- Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.

- Provide non-judgemental and proactive support to individual staff who experience mental health issues.

- Ensure all line managers have information and training about managing mental health in the workplace.

8.6 Time to Change

In May 2017 the Trust signed the 'Time to Change' Employer Pledge demonstrating a commitment to all that we intend to change the way people think and act about mental health at work at every level in the organisation. The Trust has 28 employee champions at all three sites that are available to support staff with their mental health as well as raising awareness about the subject to help break down the stigma. There is also a dedicated Time to Change email address for staff to request support.

8.7 Age Positive

DWP's Age Positive initiative brings together research and information from employers on effectively managing an ageing workforce of all generations. As we support and practice the points covered by the DWP's 'Employing older workers' guide, we can now freely display the Age Positive logo on recruitment materials.

We support the Age Positive initiative by:

- Offering flexible working, flexible retirement and apprenticeships
- Providing training on being age positive on the Trust's recruitment and selection training
- Not stating number of years' experience on our job adverts or person specifications
- Not specifying qualifications as selection criteria where they're not essential for the job so as not to exclude older candidates who might have the right skills and experience but didn't have the opportunity to take the qualifications specified
- Not asking for date of birth in our main application, only in an equality monitoring section

9.0 Supporting Vulnerable Adults (Including Learning Disabilities / Mental Health, Children and Young People)

Safeguarding Teams

Safeguarding Adults, Domestic Violence, Learning Disability, Children and Young People, Mental Health and Dementia have now joined and are closely working together to form the wider remit of the Safeguarding Team. The reporting structure for safeguarding has been reviewed, as well as the governance structure in regards to meetings i.e. a combined Trust safeguarding steering group meets every quarter and includes Divisional membership and on invitation external stakeholders such as the CCGs. This meeting reports into the Patient Safety and Quality Board. For assurance the safeguarding teams produce quarterly reports and yearly annual reports outlining all activity and exceptionally reports where required to ensure risks are highlighted to the Board.

A system for flagging vulnerable patient, patients with Learning disability and patients at risk of Domestic Abuse when attending emergency department (ED) has been implemented. This ensures vulnerable patients have an individual plan of care or pathway to be followed in ED if and when required. These plans are formulated in conjunction with the designated leads for each work stream.

Policies and Procedures

All policies and procedures have been reviewed and are in date. Each policy is supported by a Quality Impact Assessment.

Training

The safeguarding team facilitates:

- Safeguarding for both children and adults under a combined Think Family remit.
- A Mental Capacity/ Deprivation of Liberty study day is facilitated monthly. This is currently a full day training session facilitated by the Adult Team, Safeguarding Consultant and legal services..
- A Safeguarding Adults/children and Learning Disabilities champion's network is in place, with each department nominating Safeguarding Champions for their area. The Champions are supported by the team.
- A vulnerable adult resource folder remains in situ on the wards and departments. These folders contain processes for assessing capacity and examples of the 2 stage test and care / treatment planned in the person's best interest, alongside the Learning disability resources required for admissions.
- There is a national PREVENT mandatory e-learning module for all staff to undertake we are able to evidence full compliance with this training and staff are required to update annually via e-learning.
- All the training has been reviewed in line with National developments and also includes themes from safeguarding referrals.

The Hospital staff continues to receive training on Learning Disabilities via the Induction day (New nurses and Healthcare assistants) and via the Mandatory training programme. This programme has been reinvented with the use of video of the experiences of local patients followed by questions based on observations

Referrals for patients with a Learning Disability/ Intellectual and Developmental Disorder

The Learning disability Nurse specialist has received a total of 200 referrals during 2017/2018.
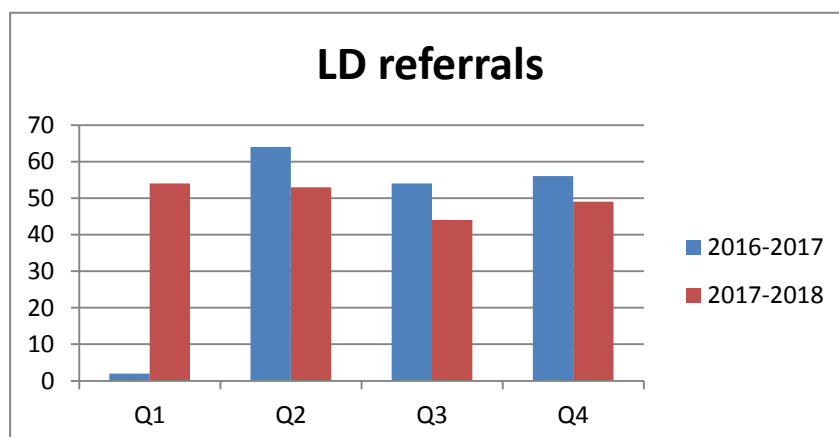
Referrals continue to come from a variety of sources, however most occur via external agencies. In light of this a Learning Disability Process has been distributed to all wards, a Learning Disability Care Plan has also been created to ensure that any patient admitted receives all the correct and most up to date paperwork. This plan is inclusive of risk assessments, care plans, mental capacity assessments, pain tools, traffic light assessments and discharge planning.

The complexity of cases has increased and several referrals have been made for patients without an LD/IDD, but other conditions like ADHD, Asperger's, Cerebral Palsy and other patients with complex health and social care needs. The age range for referrals is 18years+ however, more and more cases are requiring input at a younger age, with the youngest being 15.

Common Referral reasons are remain the same as in previous reports:

- Help to support the hospital staff in recognising the health inequalities people with Learning Disability face,
- Support community staff in understanding the medical/nursing care of the individual from a hospital perspective (support people to work together).
- Support with Mental Capacity issues – support assessment, help to plan best interests, support regarding Deprivation of liberty.
- To support with discharge planning for patients.
- To recommend and support 'reasonable adjustments' and the Equality Act 2010 for individuals in outpatients clinic and inpatient basis.
- Implementation of the accessibility information standards.
- Resolving social care issues.

LD Steering Group

Unfortunately the LD steering group took the discussion to disband due to limited attendance by the Trusts professionals. Ratification of any work has still taken place with the support of the local day service provision. Group work to lead the Trust forward in specific areas has also remained with the implementation of the transition's steering group and End of life. It is these work streams that form the crux of the original LD steering group at present.

Patient Feedback

The LD nurse has created an accessible patient feedback card which will be embedded in 2018/2019. Patient feedback has still been gain verbally and with a stall held in the Kings Treatment Centre in December.

CIPOLD/LeDer investigation review pathway

In October 2017 the learning disability mortality review became the national lead on all deaths of a person with a learning disability form 4 years +. A poster has been hand delivered to all department areas to inform them of this process. The LD nurse is also a local reviewer and is assigned details of a person's death in order to formally review. Internal deaths are still reviewed and referred to the mortality steering group.

Accessibility Information Standards

The accessibility information standards (AIS) came into situ in August of 2016. The hospital is allocating various easy read letters to the degree of LD now stipulated on MEDWAY. This is at current only for outpatients but it is hoped that this will be utilised for all other areas of the hospital at some point.

10.0 Chaplaincy and Bereavement Services

10.1 Chaplaincy

The chaplaincy team continues to provide spiritual, religious, pastoral and emotional support for Trust patients, staff, volunteers and families and friends. The Chaplaincy team specialises in providing for specific religious and cultural needs, including holding regular services of prayer and Holy Communion, bedside visiting by the appropriate chaplain or faith representative where possible and responding to all referrals and requests.

Our chaplains offer a non-judgemental, open and empathic listening ear and advocacy support. We are appreciative of diversity and individual need; we always seek to assess need and offer support as appropriate. This involves working with cross-site multi-disciplinary colleagues as well as liaising with chaplaincy colleagues in other Trusts, community faith leaders and other care providers.

Multi-faith provision is a very important aspect of our work. Throughout the year we publicize and recognise the major Christian festivals and also significant religious festivals including Muslim Ramadan / Eid and Holocaust Memorial Day. We provide inclusive materials and resources for prayer, worship and reflection in our sacred spaces. Our contract funerals and

memorial services are always to the individual preferences and beliefs of the deceased and their family members.

In 2017/18, we appointed a substantive Roman Catholic Chaplain for 0.1 WTE to provide specialist Roman Catholic services.

Chaplaincy Volunteers

Our volunteer ward visitors continue to support patients and visitors through their weekly visits, greatly enhancing the impact of the chaplaincy team. In 2017/2018, we had five new volunteers who have been welcomed into the team.

Staff Training and Teaching

Training provided by the Chaplains during the last year has included:

Orientation days: ten minute introduction to Chaplaincy Service and staff support available to all staff groups

Clinical Staff Induction: 45 minute presentation on spiritual and bereavement care to RNs, HCAs, and Allied Health Professionals

End of Life Care (EoLC) specialist sessions for EoLC Champions and other specialist staff: 2 modules per Foundation Course titled 'Spirituality' and 'Grief, Loss and Bereavement'. These have been well received by staff.

Formal and informal support of staff teams of the Emergency Department and wards as requested, particularly team debriefs after significant events such as traumatic incidents or a high number of deaths within a short space of time.

We have taken sandwiches and other refreshments to the Emergency Department at times when they have been very busy as well as doing tea rounds for patients and relatives.

We were able to support staff teams following the death of serving staff offering memorial services where family and friends were able to attend.

Baby/pregnancy loss support: the chaplains work closely with staff from Sherwood Birthing Unit / Early Pregnancy Unit / Ward 14 / Neonatal Intensive Care Unit and the Emergency Department to support families who have experienced a pregnancy or baby loss. Families often come back and present cheques to say thank you for the support which has been given. The picture below shows a presenting a cheque to the Birthing unit following the death of their baby. They were supported by Melanie Butcher, Bereavement Midwife and Rodney Warden, Chaplain.

Chaplaincy special events Apr 17 to Apr 18

May/Jun 17	Ramadan Staff support
July 17	Baby loss memorial service
June 17	Armed forces day
Sept 17	Baby loss support group started with help from Mel Butcher, bereavement midwife
Oct 17	Wave of light
Nov 17	All Soul's memorial service
Nov 17	Memorial service for ICCU
Nov 17	Armistice day at KMH/MCH/NWK/JEH
Nov 17	Service of light for JEH
Dec 17	Reception of Peace Light from Bethlehem
Dec 17	Carol services at KMH MCH NWK
	Children's Memorial service
	Christmas Eve Carols
Jan 18	Holocaust Memorial Service
Feb 18	200 Shrove Tuesday Pancakes and support for staff
Mar 18	250 Holy Week Hot Cross Buns and support for staff
	Holy Week devotional prayers
	New set of 'Stations of the Cross' in KMH chapel
	Easter bookmarks offered around all sites
	Lead chaplain left the Trust during March

10.2 Bereavement Services

The Bereavement Centre at King's Mill is an important part of the Trust. This service provides a single point of contact for bereaved families and works closely with the Patient Experience Team to ensure any concerns raised by bereaved families are managed appropriately and timely to provide a prompt resolution or escalation in accordance with the Trust complaints and concerns policy

From April 2016, the Bereavement services transferred to the management of the Head of Patient Experience. Over the past 24 months a significant amount of work has been completed to review and where necessary implement and embed revised procedures and processes to ensure accurate and timely recording of patients deaths and reporting to HM Coroners as required. The Trust currently reports all relevant referrals to HM Coroner's

Office within 24 hours of a patient's death; exceptions are made during the weekend and bank holiday periods.

The Bereavement Centre team advise medical staff on completing timely reports to H M Coroner and liaise with staff and families regarding referral to Coroner. Since the beginning of November 2015 all reports to the Nottingham Coroner's Office have to be made electronically via the pro-forma available on the Coroner's website. The team have developed a downloadable pro-forma which is partly pre-populated with data and which can then be forwarded on to the Coroner and copied to the Bereavement Centre.

The Registrar of Births, Deaths and Marriage continue to staff an office within the Bereavement Centre on-site at KMH and operate Tues-Thurs. They offer specific appointments for birth registration which is appreciated by parents who have babies admitted to the Neonatal Intensive Care Unit. The Registrars' Office also accommodates any requests by members of staff who enquire about the range of their services including Citizenship ceremonies.

With effect from November 2017 following completion of HR process, staff have extended their working hours to 8:30-6:00, Monday to Friday and Saturday mornings 9:00–13:00 for the purposes of making the Bereavement Centre available to medical staff & families so that essential documentation can be completed.

The Resource Room within the Bereavement Centre continues to be used by medical staff to complete their online referrals to Coroners plus their mortality review documentation. In addition our Clinical Coding Department use the Resource Room to code medical notes held within the Bereavement Department ensuring their deadlines are not in breach.

The Bereavement Centre team also work closely with the Specialist Research Nurse with regards to Tissue Donation and the End of Life Care team helping to gather mortality data. In addition the Bereavement Centre team support families with the process for Hospital Post Mortems and Body Donations to medical science.

Specialist guidance continues to be provided by the Bereavement Team to our new F1 and F2 medical staff via the Staff Induction Programme and smaller workshops. Specialist training events in conjunction with the End of Life Care team are also provided to our Preceptorship nursing staff. Updates in procedure have been communicated via the Intranet.

11.0 Diversity and Inclusivity Initiatives

11.1 Diversity Events

To celebrate equality plus raise awareness and promote diversity and inclusivity at the Trust, the following events have taken place during 2017/2018:

- May 2017 - NHS Equality, Diversity and Human Rights Week – Information stands at each site
- October 2017 – Stress Awareness Week – Information stands for staff
- October 2017 – Black History Month - Information stand for staff
- November 2017 – Anti-Bullying Week – A series of training sessions and awareness drop in sessions
- February 2018 – Time to Talk Day – A series of events to help tackle the stigma around mental health including a staff mental health conference and training sessions

Important equality and diversity dates have also been incorporated in to the Trust's Engagement Calendar.

11.2 Equality questionnaire

Our staff views are important in driving our equality and diversity agenda forward, as well as to highlight things that we may need to improve to make sure the workplace is a fair and inclusive place for everyone. A short anonymous survey was developed and was live between February and March 2018 for staff to complete. The feedback will be used to help set future equality & diversity objectives and an action plan on how we can deliver these objectives moving forward. The survey also sought feedback on the type of equality staff support forums that staff would be interested in.

11.3 International Recruitment

The demographic of the whole workforce is 90% White British which matches the population served by Sherwood Forest Hospitals NHS Foundation Trust. However, the Trust does positively embrace diversity, believing that a diverse workforce which shares its knowledge and experience facilitates the provision of high quality patient care. The Trust actively attempts to recruit employees from outside the local area to strengthen doctors and nursing numbers.

The Trust has successfully recruited from the Philippines for registered nurses and has recently provided certificates of sponsorship for international nurses wishing to stay in the UK but move to the local area. Even though there has been some changes in the routes to obtaining English Language requirements to join the UK, it remains challenging. However the Trust is actively working with a number of suppliers with the aim to increase the number of international nurses and doctors to support a diverse workforce.

11.4 Translation Services

Throughout 2017/2018, our interpreting and translation services have been provided by a company called "thebigword". Divisional management secretaries are responsible for liaising with the supplier on a day to day basis and placing our bookings for face to face interpreting services. Awareness sessions were held with staff in 2017/2018 to inform them of the services "the bigword" provide as the service was still relatively new, only commencing in March 2017.

During 2017-2018 we continued to meet with Nottingham University Hospitals (NUH) to discuss improvements which can be made to our services and as a result, we advertised to recruit volunteer staff members who would be willing to interpret at short notice, in emergency situations. Training and support will be provided by NUH.

12.0 Safe Places

Kings Mill and Newark Hospitals are designated 'Safe Places' via the Patient Experience Offices. This is a Mencap scheme to provide safe places in the community where vulnerable people with learning disabilities can go if they get into trouble or feel unsafe, frightened or bullied. The Patient Services team liaise with Mencap's Hate Crime Co-ordinator on a regular basis to report any contacts we receive as a 'Safe Place'

13.0 Objectives for 2018/2021

In order for us to continue delivering on the Equality and Diversity agenda for the Trust, the objectives for 2018/2021 that the Diversity and Inclusivity group will work towards have been agreed as follows:

- To continue to ensure the Trust's services are fully accessible to all patients including making sure information and communication is accessible and specific to patient's needs in line with the Accessible Information Standards, by engaging with community groups and patients as necessary.

- To increase the number of staff who have self-reported equality data including disability and Sexual Orientation.
- Ensuring we comply with current legislation and public duty including EDS2, WRES, WDES and the gender pay gap to include enhancing the current EDS2 and WRES process by setting up working groups to review and analyse the data and create individual actions plans.
- To increase the knowledge of the Diversity and Inclusivity agenda across the Trust.
- To embed the 'Time to Change' mental health employee support across the Trust.

Rebecca Milner   **Robert Simcox**

Human Resources Business Partner   **Deputy Director of Human Resources**