

Report on the EDS Social Partnership Workshops



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NHS England Subtitle

First published: 29 May 2014

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Feedback from the Equality Delivery System Social Partnership Workshops held on 17 March and 23 April 2014.

1. Introduction

The joint employer and staff sides of the NHS Staff Council Equality and Diversity Group, together with NHS England, organised two learning events relating to the recently refreshed Equality Delivery System (EDS2).

The events were designed to increase understanding of EDS2 within the context of the Equality Act 2010 and the Health and Social Care act 2012, and share good practice in terms of partnership working with staff side. The events allowed delegates to focus primarily on the workforce elements of the EDS2 and gave them a chance to consider what they could do within their own organisations to address the challenges and take advantages of the opportunities presented by EDS2.

Delegates at both events were encouraged to tweet during the day, using the hashtag #EDS2gether. A Twitter Storify Board for both [London](#) and [Manchester](#) has been created.

2. Common themes and thoughts from delegates on improving partnership working to achieve *A Representative and Supported Workforce*

2.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

There was strong consensus that there is a greater role for Trades' Union Partners to be more involved in recruitment and selection processes. It was felt that Trade Union colleagues had strong skills and expertise, together with a different perspective on recruitment and selection which would add value to the process and to the organisation. Examples cited were:

- Involvement in the shortlisting process;
- Trade Union membership of selection panels for senior posts;
- Joint development of the recruitment and selection policy, and the associated Equality Impact Assessment (EIA);
- Joint equality and diversity training for interview panels;
- Promotion of positive action in the recruitment process, and joint development of positive action programmes;
- Joint examination of recruitment data at Partnership or consultative and Negotiating Committees to detect any trends;
- Involving patients and community members on selection panels.

2.2 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

It was strongly felt that NHS organisations were hiding behind the Agenda for Change Job Evaluation (JE) Process as a reason not to carry out equal pay audits. National promotion of the equal pay tool, together with reasons why it would support the JE process by effectively auditing the robustness of the process, would be helpful in alleviating this view. Delegates also felt that Trades' Unions (TU) should use local processes and negotiating bodies to put pressure on employers to carry out equal pay audits.

Other steps which may be support organisation in meeting this outcome were:

- A national review of the job matching process, supported by a local review which ensured there was TU involvement with matching panels, as outlined by the JE process;
- Development of a national best practice survey or questionnaire for NHS organisations, and a sharing of good and best practice examples.

2.3 Training and development opportunities are taken up and positively evaluated by all staff

As with all other outcomes, there was a widely held belief that there could be more TU involvement with training and development, particularly around the design and delivery of equality and diversity training, and that organisations had a tendency to work in isolation. TUs generally had both learning representatives and equality and diversity representatives, and these roles and learning agreements should be promoted within organisations. It was felt that there was a stronger role for joint monitoring of equality and diversity training data, together with joint analysis of evaluation of courses run.

A recurrent theme was the development and promotion of unconscious bias training as a standard within organisations, going beyond the mandatory equality and diversity e-learning programmes which most NHS organisations have in place.

A good practice example of shared training with the third sector in Blackpool was shared. There is a reciprocal arrangement to offer courses being run in both NSH and Voluntary organisations to all staff to expose staff to as much diversity in training as possible.

2.4 When at work staff are free from abuse, harassment, bullying and violence from any source

At both events there was significant debate about instances of bullying and harassment in the workplace, and an overwhelming feeling that more could be done jointly to tackle this. At each workshop delegates heard good practice examples of implementing EDS in partnership from two organisations,

Portsmouth Hospitals NHS Trust, and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. Liverpool and Broadgreen had already held a joint bullying and harassment day with their TU colleagues and were beginning implementing changes as a result of feedback. Portsmouth held a similar event in April 2014, after the Manchester workshop.

A lot of consideration was given to how TU colleagues could be more involved in helping to reduce harassment and bullying. Ideas were:

- Adopting a partnership approach to tackling it; having TUs involved in critical incident analysis of events, and in learning after events and investigations and jointly implementing changes as a result;
- Ensuring regular dialogue between managers and TU colleagues so that any instances TU representatives were hearing on the ground were brought to the attention of managers;
- Having 'reduce harassment and bullying' campaign days to raise awareness of what constituted it and how to support staff and reduce instances of it.

The extent of discussion about this particular outcome led to the conclusion that future events focussing on reducing bullying and harassment would be welcome.

2.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

It was felt that, as with harassment and bullying, there was a role for TU colleagues to use the soft intelligence they hear routinely on the ground, which may not always come to the attention of the employer, around requests to work flexibly and what has and hadn't been approved. It was also believed that TU colleagues could be involved in data analysis of who has taken up the opportunity to work flexibly by protected group so that action can be taken to promote it to other groups, for example men. TU colleagues also had a role in supporting employers to manage expectation if a request was made that was refused, and helping to find an acceptable compromise.

2.6 Staff report positive experiences of their membership of the workforce

Delegates felt it was critical that the staff survey was used to maximum effect, together with other initiatives such as engagement events and focus groups to determine how positively staff felt their experience as a member of the NHS workforce was. It was hoped that the national review of the staff survey would strengthen the equality and diversity elements, and the use of robust equality impact analysis on the new survey.

The use of organisational awards was discussed, with one organisation citing staff awards for which staff who have gone above and beyond their duties.

Delegates felt that data on the Friends' and Family test should capture protected characteristics and then should be interrogated to see if there was any differential in response.

3. Other themes to emerge from the workshops

There was a concern about the number of TU representatives available to support staff in the NHS, and the difficulty in recruiting at a local level. There was particular concern at the small number of representatives from a Black or Minority Ethnic (BME) Group.

Commissioning Support Units (CSU) - There was a lot of discussion about the role of CSUs in promoting this agenda, and concern raised about exactly what the legal duty of CSUs was with regard to the Equality Act. There was also concern that staff within CSUs, who would experience considerable change within the next two years, were not being well supported, and that effort needed to be put into changing this as it led to a poor staff experience.

4. Evaluation from the Workshops

Around 160 people from across the NHS attended the workshops. Feedback on the days themselves was positive. A survey monkey was sent to all participants after each event, which saw a 31% response rate. The response from these was generally encouraging.

The evaluation included questions about what it was felt the national E&D group should focus on in its work programme. The top four priorities are:

- Positive action in the workplace;
- Harassment and bullying in the workplace; and
- Inclusive leadership;
- Equality data and evidence.

5. Conclusions

There are some examples of very good practice in implementing the workshop elements of EDS, particularly in partnership with TU colleagues. That said it is clear from the above that there is room for improvement and delegates have given some sound ideas as to what can be done. Particular themes across each goal are:

- Involve TU colleagues more with data analysis and ensuing actions;
- Use TU colleagues for soft intelligence to improve the experience of staff;
- Have equality and diversity and EDS implementation in particular as a standing item on any formal consultation and negotiation groups;
- Ensure more TU involvement across each goal. They have an excellent contribution to make.