

TERMS OF REFERENCE

NAME OF COMMITTEE:	Equality and Inclusion Committee Group (EIC)
DATE:	February 2019
DATE ORIGINALLY APPROVED :	September 2005
REVIEW DATES:	September 2006; March 2007; May 2008; November 2009; September 2011; January 2012; March 2012; September 2012; June 2013; December 2013; July 2015; February 2017, February 2018, November 2018, February 2019
NEXT REVIEW DATE:	February 2020
FREQUENCY OF REVIEW:	Annually
REPORTING TO:	Quality Committee
CHAIR:	Malcolm McCann, Executive Director
CO CHAIR:	Carla Fourie, Associate Director

The Equality and Inclusion Committee is a sub-group of the Quality Committee and has designated responsibilities to:

1. AUTHORITY

The EIC is constituted as a standing committee of the Quality Committee. Its constitution and terms of reference are set out below, and are subject to annual review.

The EIC is authorised by the Board of Directors to act within its terms of reference.

The EIC will act in accordance with Monitors Code of Conduct and current best practice.

2. ROLE

The EIC is a sub-committee of the Quality Committee and has delegated responsibilities to:

- Ensure that the Trust remains compliant with Public Sector Equality duties
- Provide assurance and support in respect of compliance and delivery of the Equality Delivery System (EDS2) Framework and Workplan
- To provide assurance and evidence that the Trust is meeting the equality and diversity elements of the Care Quality Commission Fundamental Standards

3. FUNCTIONS

Committee

- To promote Equality, Human Rights and Inclusion throughout the Trust in line with latest legislation;

- To develop, with stakeholders, Trust **Equality Objectives**, and oversee implementation and evidence of its delivery
 - To oversee the implementation of the Trust's Equality Management Framework (DH Equality Delivery System – **EDS2**) and supporting action plans. To monitor and evaluate progress on an on-going basis;
 - To provide an **annual report** on Equality and Inclusion to the Quality Committee, Board of Governors and Board of Directors;
 - To provide bi-monthly **assurance reports** on Equality and Inclusion to the Quality Committee and Board of Directors;
 - To provide the Annual Report to the local Clinical Commissioning Groups (CCG's) as per contractual requirements;
 - To report annually to NHS England on the progress of the EDS2 within the Trust;
 - To oversee the implementation and compliance with the Workforce Race Equality Standard (WRES);
 - To oversee the implementation and compliance with other/ new mandatory Workforce Standards
 - To produce and implement a workplan which supports the delivery of the Trust's Equality Framework (EDS2) and assurance that the Trust is meeting its legal requirements in relation to Equality.
 - To identify work streams and support the development of action plans to be taken forward by the Equality and Inclusion task and finish groups and its forums.
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- To ensure the Trust takes a proactive approach to equality and inclusion **for all**.
 - To receive feedback through appropriate forums and methods, providing assurance to the EIC that the views and experiences of all those who are involved in and have contact with Trust services are regularly and consistently collected and used to shape service delivery in relation to equality and inclusion.
 - To receive reports for Staff **Equality Networks**, Service/ Patient/ Carer equality work streams,
 - To receive reports as required from **operational delivery** on Equality objectives
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- Ensure there is a user friendly impact assessment process in place across the Trust.
 - To receive reports on impact assessment and specific risk issues related to equality and inclusion by any directorate within the Trust.
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- To ensure that work of EIC supports the Fundamental Standards of the Care Quality Commission and duty of candour that are appropriate to equality and inclusion.

**Service User / Patient
Experience / Employees**

**Patient Safety and Risk
Management**

CQC Registration

Equality Legislation

- To notify the Trust of any changes in equality legislation that should be incorporated in Trust policies, procedures and practices (including retrospectively) and recommend actions that will enable the Trust to deliver these changes.
- To ensure that the equality agenda supports the aims of Quality Governance and is embedded into Trust performance reporting requirements.
- To report on diversity monitoring and ensure sufficient workforce and service delivery data is being generated and analysed to enable meaningful reports.
- To ensure that the Trust has processes to meet all its legal requirements in relation to Equality and Inclusion.
- The establishment of the EIC does not take away the day to day responsibilities of staff and managers to properly deal with matters relating to addressing inequality according to relevant legislation and Trust policies and procedures. The EIC will deal with those issues which have wider strategic implications service users/patients/carers and potential service users – and provide support and constructive challenge on these issues.

Compliance

Assurance

- Update the Executive Team and Trust Board via reports on the appropriate equality issues, together with recommendations as appropriate.
- To oversee the systems in place within the Trust that provide the Board of Directors with assurance that action is being taken to identify risks; manage identified risks and escalate risk to the appropriate level if necessary in respect to Equality and Inclusion.
- To receive reports detailing the outcome of any independent reviews in regard to equality and inclusion and for ensuring that any recommended action required is taken as a result.

4. SUB COMMITTEES AND SUB-GROUPS

Equality Networks and work streams will report to the Committee through bi-monthly reports.

Stakeholder and time limited groups will report, as per identified issue.

5. MEMBERSHIP

- Executive Director for Community Health& Partnerships; Executive lead for Equality
- Associate Director for Social Care Partnerships and Equality
- Head of Staff Engagement

- Equality Advisor (appointed 15/10/18)
- Head of Patient Engagement
- Head of Communications
- Consultant Social Work Practitioner
- Head of Workforce Planning, training and development
- Associate Directors for Community Mental Health Services
- Associate Directors for Mental Health In-Patient Services
- Lead for Specialist Mental Health Services
- Associate Director for AHP's
- Service Manager IAPT
- Associate Director for Learning Disabilities
- Associate Directors of Integrated Services
- Associate Director for Children Services
- Clinical Director for Medical Directorate
- Compliance Manager
- Associate Director/ Head – Psychology

6. REPRESENTATION

It is expected that members or a nominated appropriate representative will attend a minimum of 50% of committee meetings a year.

The EIC will invite representatives from other areas as appropriate.

7. SUPPORT TO COMMITTEE

PA to the Associate Director for Social Care Partnerships and Equality

8. QUORUM AND FREQUENCY

The quorum necessary for the transaction of business is:

- 6 members;
- To include Chair or Co-Chair

The Committee will meet a minimum of bi-monthly (six times per year) and then as required to fulfil its responsibilities, as determined by the Chair.

9. REPORTING ARRANGEMENTS

The EIC will report in writing to Quality Committee through:

- Bi-monthly assurance reports
- Annual Report

The EIC will report to the Trust Board through:

- Annual report

The EIC will report to NHS Commissioners through:

- Annual report

The EIC reports to NHS England through:

- Annual reporting process and templates

10. ATTENDANCE AT MANAGEMENT MEETINGS

Members should attend at least 50% of meetings a year and managers should be strongly encouraged to enable attendance.

11. MINUTES OF MEETINGS

Minutes of the meetings, resolutions and any action agreed will be recorded and circulated to EIC members for approval

12. MONITORING OF EFFECTIVENESS

The Committee will annually review all points in these terms of reference to ensure they are operating effectively and in line with the terms of reference. Amendments will be made accordingly.

13. Governance and Reporting Structure

See attached Appendix A

Approved by Equality and Inclusion Committee

Equality and Inclusion Governance – Appendix A

