



Inclusion Strategy 2016-2021

An inclusive, effective approach to engaging and involving people with an interest in SECamb

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यदि तपाईंलाई यो कागजात कुनै अर्को भाषा वा स्वरूपमा चाहिएमा, कृपया फोन या ईमेलद्वारा अथवा निम्न ठेगानामा पत्राचारद्वारा हामीसित सम्पर्क गर्नुहोस्।

اگر آپ کو یہ دستاویز کسی دوسری زبان یا شکل میں درکار ہے تو براہ کرم ہم سے بذریعہ فون ای میل رابطہ کریں یا اس پتے پر لکھیں۔

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We would like to thank the hundreds of people who participated in helping us develop the initial strategy in 2012 and the stakeholders who engaged with us to review it in 2016.

A full report of what stakeholders told us during the initial strategy development is available.

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Summary

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has a vision of inclusive, efficient and, above all, effective engagement between the Trust and all those who have an interest in it.

This strategy was initially developed following three months' of consultation in 2012 with a huge number of people with an interest in SECAmb (our 'stakeholders') inside and outside the Trust.

The strategy was reviewed and revised in consultation with key stakeholders in early 2016, to ensure it continues to be fit for purpose.

The strategy aims to ensure:

- All of those with an interest in SECAmb are appropriately involved and engaged;
- Patients benefit from the best possible services, developed around their needs;
- Staff have the opportunity to have meaningful input into our service and to understand the changes that affect it;
- SECAmb exhibits best practice, complying with all statutory duties and its own internal standards around engagement and involvement, patient experience and equality and diversity.

The strategy has four objectives:

1. We will embed effective and timely involvement and engagement in the Trust's work.
2. We will develop inclusive processes to enable our stakeholders to participate in ways that are right for them.
3. We will act on what we hear and feed back on what has changed as a result. If we are unable to act on what we hear we will tell people why.
4. We will work with our stakeholders to deliver our Inclusion Strategy and to monitor its success.

Introduction

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) was formed on 1 July 2006, following the merger of Kent, Surrey and Sussex ambulance trusts. It was authorised as an NHS Foundation Trust 1 March 2011.

It covers an area of 3,600 square miles, serves a population of about 4.5 million people, and employs over 3,500 staff, the vast majority of whom work directly with patients.

SECAmb is part of the National Health Service (NHS). We respond to 999 calls from the public, urgent calls from healthcare professionals and we provide non-emergency patient transport services (pre-booked patient journeys to and from healthcare facilities) in a number of areas. We also provide the 111 service for the South East Coast area in partnership with CareUK.

SECAmb has a vision which has quality, innovation, improvement and meeting the clinical and care needs of patients at its core. The Trust has always worked hard to engage and involve patients and the public, and is committed to identifying and reducing health inequalities and to responding to the needs of all of its patients.

As a Foundation Trust (FT) SECAmb has a commitment to involve and engage with its foundation trust members, both public and staff.

In September 2011 the Trust set out a proposal to develop an integrated patient, public and stakeholder engagement and involvement strategy. At the centre of this proposal was to reinforce our commitment to put the patient at the heart of everything we do.

Until then, equality and diversity work, patient and public involvement and membership engagement in the organisation were covered by three distinct strategies, all of which were due to be refreshed or revised, namely:

- Single Equalities Scheme and action plan
- Communications, Engagement and Involvement Strategy
- Membership Strategy

There were a number of reasons for developing an over-arching strategy (or 'Inclusion Strategy') to achieve the objectives outlined in the three previous strategies. These included: the changing face of health and social care, with the Health and Social Care Act 2012; a new landscape for Equality and Diversity work, with the introduction of the Equality Delivery System (mandatory for NHS Foundation Trust's since April 2015); new requirements as an FT; and an increasingly challenging economic environment.

To provide the best possible patient care we knew it was essential to understand the needs of the communities we serve and to ensure their involvement in developing services to meet those needs.

Progress on implementation of the strategy was monitored between 2012 and December 2015, culminating in a stakeholder event to consider how and in what way the strategy needed to change to be fit for the next five years.

Definitions

We define '**stakeholder**' as someone affected by or with the potential to be affected by a decision or action of the Trust, which as an emergency service is most people.

Our **stakeholders** include:

- Patients
- Carers
- SECAMB staff and staff-side representatives (union representatives)
- SECAMB volunteers
- Our Foundation Trust members and Governors
- Members of the public across the area of the Southeast we serve
- Community and voluntary organisations
- Other NHS organisations, local authorities and other public sector organisations, Local HealthWatch, and Health and Wellbeing Boards.

We use the term '**inclusion**' here to mean involving and engaging with people interested in, or affected by, our services, to help improve access to our services and eliminate discrimination, to better meet the needs of patients and to fulfil our statutory obligations. SECAMB aims to provide accessible services that respect the needs of each individual and exclude no-one.

The **Inclusion Working Group** (IWG) is a group of senior managers within SECAMB with responsibility for delivering the Trust's equality, diversity and human rights work, and includes patient representatives. The IWG will be a key Trust group for delivery of the Inclusion Strategy.

The **Membership Development Committee** (MDC) is a committee of the Trust's Council of Governors and advises on ways to ensure Governors are able to represent members' views at the Council, and the Trust builds a representative and vibrant membership. The MDC also advises on how the Trust fulfils its obligation to inform and involve Foundation Trust members effectively.

The benefits of involving and engaging

There are many benefits to involving our stakeholders in plans and service developments, some examples of which are shown below.

- Better decision making – involving those who use services is more likely to result in the right kinds of health services being developed.
- More effective service delivery – services are more likely to be successful in terms of relevance, take-up, outputs and health outcomes.
- Areas of waste and inefficiency can be identified and care pathways redesigned to be more efficient and effective.
- Improved services that meet people’s needs and preferences leading to better patient experience.
- More efficient services – better value for money for taxpayers and better use of available resources.
- Greater community support – by obtaining the cooperation and support of the community, services and partnerships will get wider endorsement and an increased chance of success.
- Improved communication and enhanced relationships with patients, their carers and staff.
- A greater degree of trust and confidence in local health services.
- Increased potential to deliver complex initiatives successfully and more speedily.
- Increased staff satisfaction, leading to improved performance.

The strategy

Involvement and engagement will be embedded in the Trust

We will make involvement and engagement an integral part of Trust business. We will train and educate Trust staff about the benefits of involvement and engagement, and Board level backing for this work will ensure staff understand when and how they should involve and engage stakeholders in their work. When developing projects, policies, or services, stakeholder involvement will be undertaken as standard, and where it is not felt to be necessary an exception report will be required.

We will work with our stakeholders in an effective, integrated way

We have established a thriving hub of Foundation Trust members, who are public and staff stakeholders representative of the communities we serve. This broad group of stakeholders is over 10,000 strong and enables us to effectively involve and engage people on issues that matter to them.

We will work closely with our stakeholders to deliver our strategy. We have developed an Inclusion Hub Advisory Group (IHAG) of internal and external stakeholders. The purpose of the Group is to provide advice and make recommendations to the Trust, and report to the Inclusion Working Group about:

- Implementing and measuring the success of the Trust's Inclusion Strategy.
- Embedding the principles and practice of involvement and engagement in the Trust.
- Working with stakeholders in an effective, integrated way.
- How and when stakeholder involvement is beneficial and necessary.
- Involving relevant stakeholders at the appropriate time and in appropriate ways.
- Undertaking the Equality Delivery System 2 (EDS2) process, by acting as the Trust's Community of Interest.
- Providing appropriate feedback to those the Trust has engaged and involved.

The Group is not responsible for the delivery of this work but will work with the Trust to advise on its delivery.

Those areas of the Trust's work which the Group, where appropriate through sub-groups, are expected to advise on are:

- All significant service development work
- Annual planning and other regular statutory activity
- Patient experience
- Significant changes affecting staffing, deployment or volunteers
- Governor consultation with members.

The IHAG is drawn from the wider Foundation Trust (FT) membership and we ensure that membership is representative of all our stakeholders. It was recommended that there should be one Non-Executive Director of the Trust sitting on the Advisory Group.

The number of people in the IHAG will be sufficient to ensure the membership criteria defined in the Strategy are met.

We will involve stakeholders at the appropriate time and in appropriate ways

We will continue to involve stakeholders at an early stage in any change process, and provide accurate, relevant and accessible information to inform meaningful engagement and involvement. We will be open and honest with stakeholders about the scope for change, and will only consult where stakeholders have the opportunity to affect the outcome. We will also be clear when areas of work must remain confidential for reasons of commercial sensitivity or data protection.

We will involve stakeholders in ways that are effective and meaningful depending on the project. For example, simple engagement can be done virtually by email or a survey, a single or series of focus groups or a large-scale event. The IHAG will advise on appropriate ways to involve stakeholders.

We will reimburse reasonable travel expenses for IHAG members and FT members who are involved and have a clear process for reimbursing out of pocket expenses. We will also reimburse people who need support to fully participate in meetings, including but not limited to accessible transport, language interpreters including British Sign Language, and support workers.

We will enable staff members to participate where relevant by facilitating abstraction and paying travel expenses.

We will have transparent, accountable processes to deliver and monitor outcomes

We will ensure the IHAG has access to, and is accessible by, the Board of Directors and the Council of Governors.

Board of Directors

The IHAG will link directly into the Trust's internal Inclusion Working Group (IWG) which consists of senior managers with responsibility for inclusion, equality and diversity. Two nominated representatives of the IHAG will be members of the IWG and will participate in its planning and activity.

They will report back to the IHAG on the work of the IWG, and report to the IWG on the work of the IHAG and FT members. In this way there is a direct link between the IHAG and the Trust's senior managers, and cross-fertilisation of ideas.

This will ensure that issues that are important to our stakeholders are known to Trust staff and can be embedded into business and governance structures. It will also enable the trust to seek the Advisory Group's guidance on appropriate engagement and involvement activity.

The IWG reports to the Workforce Development Committee of the Trust Board, and through this to the Board itself. The IWG will also report to the Trust's Risk Management and Clinical Governance Committee (RMCGC) on matters relating to service developments and patient safety.

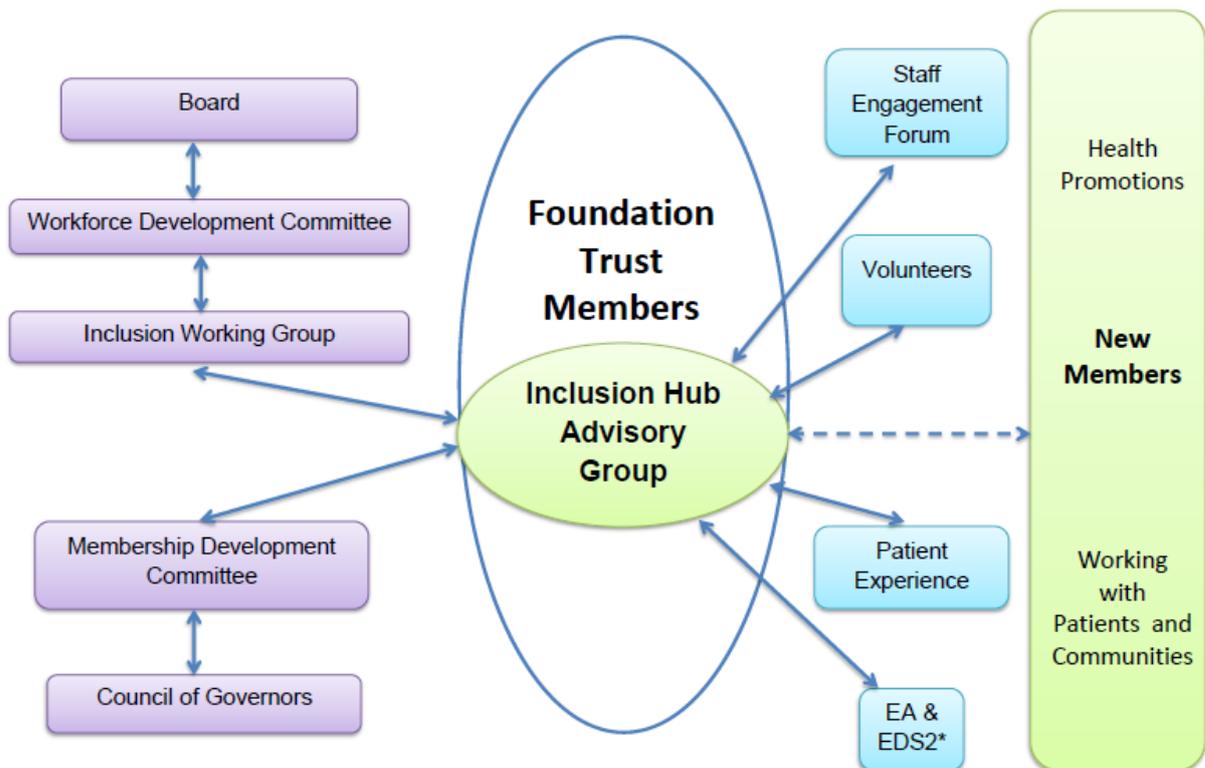
Council of Governors

The Trust has a responsibility to facilitate the Governors' engagement with Foundation Trust members, and FT members' engagement with the Trust. We will ensure that Governors and members have the opportunity to interact through the IHAG.

The IHAG will include Foundation Trust Governors who are also part of the Membership Development Committee of the Council of Governors. They will be the

conduit between both groups. The Chair of the Membership Development Committee will be invited to attend as one of the two places.

This structure diagram illustrates reporting and flows of information between the Trust and its stakeholders.



* Equality Analysis and Equality Delivery System 2

The Inclusion Working Group

The purpose of the Group is to decide and report to the Workforce Development Committee about the Inclusion Agenda for staff and patient issues. It will provide support, advice, assurance and governance to demonstrate that the organisation is committed to:

- Meeting its duties and responsibilities under the Equality Act 2010, Equality, Diversity & Human rights legislation and codes of practice including NHS, Department of Health and Equality and Human Rights Commission standards.
- Promoting, recognising and valuing the diverse nature of our communities, stakeholders and staff and in doing so, eliminate unlawful discrimination and make best efforts to provide equality of access to ensure the Trust meets the needs of patients and its staff.

Its duties include:

- Providing a forum to support the development and implementation of an inclusion framework that meets the requirements of the NHS and Department of Health standards, national and local initiatives and targets, UK and EU legislation.
- Engendering a culture of partnership working within the organisation, with other NHS organisations and outside agencies and to enable each to share good practice and reduce unnecessary duplication in its inclusion activities.
- Promoting, recognising and valuing the diverse nature of communities, individuals and staff groups, ensuring equality of opportunity for all.
- Identifying and engaging with stakeholders and local and voluntary and community groups as appropriate to ensure the group are aware of the diversity issues in relation to employment and service delivery within the region.
- Identifying and prioritising key issues which affect the Trust in relation to equalities or inequalities.
- Providing support and guidance to Senior Managers to deliver their responsibilities to embed equality and diversity in their work and areas of management responsibility.
- Recommending and contributing to a Trust wide approach to the delivery of the Equality Delivery System 2 (EDS2) and action plans.
- Regularly monitoring Trust performance against the EDS2 action plans and ensure the trust progresses towards its aim of effortless inclusion and to advise the Executive Management Team and Board accordingly.
- Reviewing and recommending policies and strategies related to the Inclusion Agenda, for Executive Team or for Board approval as appropriate.
- Ensuring mechanisms are in place to support and guide staff to undertake effective equality analysis, develop action plans and record evidence appropriately.
- Ensuring members and their deputies should act as a resource to staff and managers, developing their skills, knowledge and awareness, and act as role models across all staff groups.

The Inclusion Hub Advisory Group will be effectively resourced and facilitated and will have broad membership

The IHAG will be facilitated by SECAMB staff.

The IHAG will include:

- Patients
- SECAMB staff
- SECAMB volunteers
- SECAMB Non-Executive Director
- Foundation Trust members and Governors
- Other key stakeholders – from NHS organisations, other parts of the public sector and voluntary/Third Sector, carers, members of Local Healthwatch
- People with protected characteristics under the Equality Act or their representatives, including people from disadvantaged groups and groups experiencing health inequalities.

IHAG members are required to be Foundation Trust members. All FT members will be asked in what capacity they would like to be involved and whether they have any requirements that we should consider when involving them (for example, interpreting service, access to venues etc). We will collect diversity monitoring data about IHAG members to ensure we are engaging with people from all the communities we serve.

There will be regular, clear communication with IHAG members, in a variety of formats, tailored as necessary to ensure accessibility. We will use these communications to:

- invite members to participate in relevant Trust meetings and events
- inform members about the outcomes of involvement and engagement activity
- keep members informed about SECAMB's work, plans and service developments.

We will ensure we involve people with protected characteristics under the Equality Act 2010 and that the IHAG's membership is representative of the communities we serve

We will pay specific attention to involving and engaging people with protected characteristics as identified under the Equality Act. These characteristics are: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

We will also include communities which have been identified as experiencing the greatest health inequalities in the South East Coast region, specifically Gypsies and Travellers, people with dementia, people who are homeless, and people with learning disabilities. In addition we will aim to include the perspectives of young people and those experiencing mental health issues.

We will ensure we take into account the needs of different groups when designing our involvement and engagement processes.

See **Appendix 2** for a suggested ideal membership of the IHAG.

We will set up a clear process to help staff identify where stakeholder involvement and engagement is beneficial and necessary

The areas of Trust activities where stakeholder involvement and engagement are expected:

1. Significant service development work

We recognise that 'significant' is a difficult word to define. Service development work means any work which is intended to bring about a change to the way services are delivered or which services are provided. We envisage that where an impact on patients is expected or intended, stakeholders will be involved.

IHAG or FT members may join Trust project groups for the duration of projects where appropriate. Those IHAG members who sit on project groups will report back to the IHAG about their involvement, input and their impact, so that these are captured for learning and reporting purposes. The IHAG will then ensure this is reported back to the FT membership to enable stakeholders to understand the Trust's work, and also to the Inclusion Working Group.

2. Annual planning and other regular statutory activity

We will continue to involve stakeholders in our annual planning process. The FT membership will also enable stakeholder involvement in:

- Developing our annual Quality Account and Clinical Audit Plan
- Equality Delivery System 2 grading, objective setting and monitoring of the action plan to ensure the Trust meets its commitments
- Completion of Equality Analyses (EAs). The Advisory Group will be available to provide a diverse perspective in identifying the likelihood of adverse impacts on any particular group. Should a detailed EA be required, the Group will be able to advise and/or participate in the process. A virtual EA Reference group has been established to facilitate swift access to feedback.

3. Patient experience

We will obtain regular and timely feedback from our patients in a variety of ways, and will involve stakeholder, including the IHAG, to devise innovative and useful ways of doing this. The Trust's Patient Experience Lead will develop a strategy which complements the Inclusion Strategy.

4. Significant changes affecting staffing, deployment or volunteers

Again, we recognise that it is hard to define 'significant', but we intend to engage with stakeholders wherever staffing or volunteer changes are likely to have an impact on service delivery. We will engage with staff and volunteers respectively through the Trust's Staff Engagement Forum (formerly known as the Foundation Council) or other mechanisms where necessary in relation to changes that affect them.

5. Governor consultation with members

If there are specific issues Trust Governors wish to talk to members about or vice versa, the IHAG will be able to provide advice and support about appropriate

engagement and involvement mechanisms, and where appropriate involve FT members and the wider public.

We will measure our success

We will know we are succeeding when:

- We meet the statutory and regulatory requirements set out in **Appendix 3**,
- We can provide evidence of the positive impact of stakeholder involvement on SECAMB's activities,
- Our stakeholders report a positive experience of being involved and engaged.

The IHAG will review evidence of all engagement and involvement activity and the influence this has had on our services, plans and other elements of our work. This will be reported to the IWG regularly and at least annually to the Board and Council of Governors.

The IHAG will monitor the Inclusion Strategy Implementation Action Plan and will raise any issues in relation to this with the IWG. The IWG will be responsible for delivering the Inclusion Strategy. Evidence of the impact of involvement will be included within SECAMB's Annual Report and other statutory reports produced by the Trust throughout each year.

We will feed back

We will feed back to stakeholders about what their engagement and involvement has achieved. If for any reason the Trust has been unable to take stakeholders' views on board, we will still feedback and will explain why.

The context

A number of drivers prompted us to develop the Inclusion Strategy in 2012:

- The Trust wished to improve the impact of patient and public involvement, and collect evidence that involvement and engagement makes a difference.
- The Trust wished to mainstream its work to reduce health inequalities by embedding equality, diversity and human rights more effectively within the Trust.
- The Trust wished to develop a staff engagement strategy to help to improve staff satisfaction.
- Achievement of Foundation Trust status, which brought with it the opportunity and the need to involve and engage our public and staff members, as well as to facilitate Governors' involvement with members.

In addition there were a number of external factors, including:

- The current economic climate means we need to work more efficiently, making better use of scarcer resources.
- The Health and Social Care Act 2012 which sets out the requirement to; :
 - strengthen the duties of organisations across the system with regard to patient, carer and public involvement, and
 - strengthen the definition of involvement to reflect better the principle of “no decision about me without me”.
- The Health and Social Care Act 2012 introduced numerous changes which require more outcome-focussed public involvement and engagement. This includes the establishment of Local HealthWatch (which replaced LINKs) and strengthened their powers by providing a seat on Health and Wellbeing Boards, with a remit to report concerns about the quality of local healthcare to HealthWatch England (which reports to commissioners and the Secretary of State, and sits within the Care Quality Commission).
- The introduction of the Equality Delivery System (EDS) which is a tool to support compliance with the equality duty and which requires organisations to provide evidence of improved patient experience and outcomes.

Finally, the founding principles of the NHS, the principles behind NHS reforms and SECAMB’s own values and vision provided impetus to refresh and improve the way we engaged, namely:

- “Nothing about me without me”, the emphasis on shared decision making described in the Health and Social Care Act 2012.
- “Putting patient first”, from the SECAMB vision.
- The right to be involved: “NHS services must reflect the needs and preferences of patients, their families and carers”, NHS Constitution.
- A core principle of the Health and Social Care Act 2012 is the need to eliminate discrimination and reduce inequalities in care. In our drive to secure Excellence in NHS services, we must not compromise the need to maintain and improve equity. There are explicit duties to promote and tackle inequalities in the outcomes of healthcare services.

These drivers continue to be relevant but new factors influenced the strategy review undertaken in 2016, namely:

NHS priorities nationally and regionally;

Reporting requirements continue to focus on appropriate stakeholder involvement, including through the EDS2 and the new (2015) Workforce Race Equality Standard.

Putting Patients First: The NHS England Business Plan 2013/14-2015/16 highlighted how increasing patients’ voice is fundamental to improving patient care. The NHS Five Year Forward View also highlights the importance of empowering patients and engaging communities.

Internal restructuring of SECAmb;

In order to respond to the challenges and deliver the vision for the NHS, SECAmb is devolving more responsibility to local Operating Units. This will necessitate much structural change within the Trust, with the transformation programme to move to Make Ready Centres, new central Headquarters and the Operating Unit model being rolled out over the coming years.

Areas for improvement following evaluation of implementation to date:

Implementation of the Inclusion Strategy to December 2015 was reviewed by key stakeholders. The majority of the strategy was believed to have been well-implemented, with one key exception: there was still some way to go to ensure appropriate stakeholder engagement was embedded in the trust's ethos and processes.

Appendix 1 –Stakeholder engagement process

The Strategy was originally developed in 2011/12 and revised in early 2016. The engagement process for the initial development and later revision is outlined below.

Strategy development 2011/12

To develop a new Trust-wide Inclusion Strategy, a process of engagement and involvement was started in October 2011. This three stage process was designed to ensure that the Trust involved stakeholders in developing the strategy from the very beginning.

An interesting challenge in developing the engagement plan for who should be involved in this work, was that identifying who we should be involving and engaging going forward was one of the very issues we wished to resolve with our stakeholders. This put us in a 'chicken and egg' situation.

Therefore, at Stage One, we invited as broad as possible a range of individuals known to the Trust. We invited people who had previously been involved with the Trust as Patient and Public Representatives, Foundation Trust Governors and members (including patients), staff, people from partner organisations we had previously worked with on specific projects, and contacts from community and voluntary sector organisations and local authorities as well as other parts of the NHS. It is hoped that this broad pool of input enabled us to get a good range of early input.

We asked stakeholders who attended at Stage One who we should be involving at Stages Two and Three.

Stage One – Scoping workshops - 2011

Two initial scoping events were held, one in the East and one in the West of the area where SECamb works. The first event took place 12th October in East Malling and the second 20th October in Horsham.

Participants were invited to think about what 'good' engagement and 'poor' engagement looked like, and then to consider two of four case studies of work currently taking place within SECamb to test whether different types of involvement and engagement might be appropriate depending on the type of work being undertaken.

Participants were asked who they would expect the Trust to involve, when we should involve people, what level of involvement/engagement is best, what support is required from the Trust. They were also asked to consider the challenges faced by an organisation covering such a large geographical area and propose possible solutions.

We engaged with more than 60 people over the course of these two days, including SECamb staff, Governors, FT members, and patients as well as staff from other NHS organisations, Local Authorities, and the third sector. A diverse group of

participants attended and input from participants was used to design the rest of the strategy development process.

Stage Two – Focus groups and Survey

This comprised a series of focus groups to ensure that we have involved representatives from all our communities (November-December 2011). We were keen to ensure that the views of traditionally ‘seldom heard’ communities were considered in the development of the strategy.

Focus groups and meetings were held with these individuals and groups as follows:

Date	Focus	Group
30.11.11	People with learning disabilities	Peppercorns, Kent
05.12.11	Gypsies and Travellers	Friends, Families and Travellers, Sussex
07.12.11	People with dementia and their carers, including Black and Minority Ethnic people	Friend with Dementia, Surrey
13.12.11	Older people	East Sussex Seniors Association, East Sussex
15.12.11	Young people	Dartford Pupil Referral Unit, Kent
16.12.11	SECamb staff	Invited staff group
16.12.11	FT Governors and members	Invited public group
19.12.11	People with a disability and Black and Minority Ethnic people	Surrey Coalition of Disabled People and Surrey BME Forum, Surrey
21-22.12.11	People with long term conditions	Renal dialysis PTS patients, Brighton and West Sussex
22.12.11	Lesbian, Gay and Bisexual people	Brighton and Hove Actually Gay Men’s Chorus and Gay Women’s Chorus, Brighton

A survey was distributed widely to staff, stakeholders, members, Governors and patients. The aim of the survey was to enable wider participation, and to check whether a broader stakeholder group agreed with what we had heard during the workshops.

608 people completed the survey, and a full breakdown of the monitoring information is available in the final report, however it is worth noting here that a diverse group of patients, staff and other stakeholders took part.

The vast majority of survey respondents agreed with the proposed way forward for the Inclusion Strategy which had been developed through the initial workshops.

In addition, participants were asked for any additional comments about how and whether this would work for them. Particular attention has been paid to understanding the different views held.

Any specific comments relating to services, staff/volunteer or 'special interest' groups were passed on to relevant senior managers and/or taken into account in the detail of the Inclusion Strategy, as relevant.

Stage Three – Strategy Development

On 23 January 2012, a final workshop was held bringing together more than twenty-five stakeholders, some of whom had participated at earlier stages and some who were new to the consultation.

All participants were sent the feedback from Stages One and Two of this consultation prior to attending to inform their involvement.

The workshop considered the inclusion process and the key practical elements necessary to deliver a strategy that will work effectively given all the feedback received so far. The Inclusion Cycle developed at this workshop is set out in Appendix 4. The practical elements developed are within the Inclusion Strategy itself.

What we heard

We gathered a huge amount of feedback during the consultation period and it would be impossible to include it all here. A comprehensive report of the feedback received will be made available on our website (www.secamb.nhs.uk) or by contacting 0300 1230999¹. By the final stage, however, it was clear that there are some key issues that the Strategy should address, and we are including these below with participants' responses.

How will we ensure stakeholders are able to get their issues onto SECAMB's agenda?

Participants emphasised that it is important that when stakeholders raise issues, the Trust must be honest, open and respectful but also manage expectations about the extent of change that is likely or possible as a result. The Trust should be clear that if plans change as a result of involvement and engagement input, the necessary resources should follow.

Participants suggested various mechanisms by which stakeholders could get their issues onto our agenda, including: via LINKs/Local HealthWatch, Facebook and Twitter, visits to stakeholders including minority groups, open discussions at Open Days, visiting patients in hospitals or their homes. The idea of a stakeholders' forum was put forward, with the suggestion that this should not only be a forum where SECAMB brings ideas to stakeholders but also where stakeholders raise their own issues.

¹ We will provide this report in languages other than English, and in other formats including Braille and large print on request. You can also request the report by Textphone (via TextRelay): 18001 03001230999 SMS/text: 07824 625370 or Fax: 01737 370868

There should be a variety of ways for stakeholders to influence SECAMB's agenda and 'be heard'. However, it is vital that there is a clear channel for stakeholders' views to be considered by appropriate decision-making groups within the Trust.

It will be vital that processes exist to facilitate two-way dialogue between the Trust and stakeholders.

How will we ensure the views we hear through people's engagement and involvement are acted upon by SECAMB?

Participants said they would expect there to be a recognised process to ensure views are heard, changes investigated, action taken where appropriate, and feedback given. In circumstances where the Trust is not able to act upon feedback the Trust should explain why.

The principles of SECAMB's engagement should include: openness, integrity, and transparency and lead to effective, appropriate processes.

Any stakeholder group should be able to link with SECAMB's communications team and the Trusts' staff network. It must be linked in to SECAMB's processes.

How will we ensure the groups we engage with are linked into the parts of SECAMB where decisions and plans are made?

Participants suggested that any stakeholder group should take responsibility for ensuring and monitoring its own effectiveness. Any group needs to be closely linked with and have access to where decisions are made within SECAMB.

Participants felt a Non-executive Director with a portfolio for 'inclusion' should be part of this management group or forum, and the group should report to a committee of the Trust Board. The group would need to be resourced by the Trust and facilitated by someone able to access the Trust's key decision-making groups.

It is important that SECAMB staff embed inclusion principles into their day to day work. Working with stakeholders should be part and parcel of project management, service development, and strategic planning.

How will we ensure we engage with a representative group of people who can get involved as they wish, and with a membership which can be refreshed?

Participants felt that a management group of external and internal stakeholders should be set up, by identifying the demographic make-up of our patch and working with others to ensure the group has good representation in terms of diversity, geography, and type of stakeholder (staff, patient, volunteer, representatives from partner organisations, Foundation Trust members etc.).

The group needs to be able to get things done and be seen to be effective, and it needs the sponsorship of the Board. Participants emphasised the importance of ownership and leadership from within the Trust.

By working with this group and constantly reaching out to new groups within SECAMB's patch, membership of the group can be flexible and sub-groups can be created depending on work to be done and stakeholder interests.

The focus must be on outcomes

The Inclusion Strategy and its associated processes and structures must enable the Trust to perform more effectively and efficiently. Any stakeholder involvement and engagement must aim to improve the way the Trust works and add value to what we do.

Some of the drivers for developing the Strategy are to do with meeting statutory and regulatory compliance objectives, and whatever structures and processes are put in place will need to provide evidence of compliance, for example in meeting the Public Sector Equality Duty.

Feedback on the draft strategy document

32 people responded to our request for feedback on the draft Inclusion Strategy. This draft has been lightly revised in the light of this feedback. However, a short summary document outlining our approach to involvement and engagement, and inviting people to get involved, will be produced once the strategy has been approved by the Trust's Board of Directors.

The majority of the feedback was positive in relation to the content of the strategy. While 71% of respondents found the language easy to understand, there were a number of comments about the length of the document and the language used which we hope will be addressed by producing a short summary version as mentioned above.

A number of respondents stated that effective implementation and resourcing will be crucial to the success of the strategy, and that during implementation clear measures of success will need to be developed.

Strategy review 2016

In December 2015 we held an event with IHAG members and Governors to consider our approach to reviewing the Inclusion Strategy.

At the workshop we considered:

- How effective the Inclusion Strategy was;
- How well it had been implemented; and based on those considerations,
- Our process for updating the Strategy for the next five years.

Based on the view that the Strategy was still fit for purpose and there were only two areas for improvement in implementation, it was recommended that the review should be light-touch.

Our stakeholders were invited to participate in reviewing the Strategy through workshops, online surveys, and focus groups.

The feedback from stakeholders was used to revise and update the Strategy, and create a new implementation plan to ensure outcomes will be delivered.

The final strategy was approved by members of the Inclusion Working Group and ratified by the Board.

Appendix 2 – Ideal Inclusion Hub Advisory Group membership

Within the IHAG we will encourage participation from:

- Protected characteristic group representatives (race, gender reassignment, sexual orientation, religion and belief, sex, age and disability – including mental health),
- Marginalised and seldom-heard group representatives (including people who are homeless, Gypsies and Travellers, young people and people with learning disabilities),
- Patients
- Governors (two Governors who are members of the Membership Development Committee),
- Staff (two representatives from the Staff Engagement Forum),
- Representatives of stakeholder organisations (at least one person from the NHS, and one from the third sector),
- One Healthwatch member,
- One Non-Executive Director.

In addition, care will be taken to ensure the membership includes representatives from different geographical locations.

The number of people in the Advisory Group will be sufficient to ensure the membership criteria defined in the Strategy are met.

Appendix 3 – Meeting our statutory and regulatory duties

Drivers	Evidence
<p>Equality Act 2010</p> <p>A public sector Equality Duty, section 149(1) of the Act, applies to most public authorities (and bodies exercising public functions) requiring them in the exercise of their functions to have due regard to the need to:</p> <p>Eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act.</p> <p>Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p> <p>Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p> <p>Regulations to ensure better performance of the public sector Equality Duty came into force in September 2011. The Equality Act 2010 (Specific Duties) Regulations 2011 require relevant bodies, including NHS organisations, to:</p> <p>Publish information to demonstrate its compliance with the public sector Equality Duty at least annually, starting by 31 January 2012.</p> <p>Prepare and publish equality objectives at least every four years starting by 6 April 2012. All such objectives must be specific and measurable. The information must be published in a manner that is accessible to the public, either in a separate document or within another published document.</p> <p>The Trust is also required to show we have given due regard to the impact of our decisions, functions and services on equality. Case law has established that the duty has to be complied with before and at the time a decision is made or policy is reviewed.</p>	<p>Trust policies and procedures, and potentially Equality Delivery System (EDS) improvement objectives relating to this</p> <p>Policies and practices demonstrate EDS implementation and monitoring</p> <p>Policies and practices demonstrate EDS implementation and monitoring</p> <p>Evidence collected and submitted</p> <p>EDS grading process informs equality objectives and progress is monitored</p> <p>Carrying out Equality Analyses (EAs) on relevant policies and procedures</p>
<p>Health and Social Care Act 2012</p>	

<p>The Act strengthened the need for local accountability and the duty to reduce health inequalities.</p> <p>A strengthened 'duty to involve' came into force on 3 November 2008 and still stands. The duty requires certain NHS organisations to involve users of services in:</p> <ul style="list-style-type: none"> • the planning and provision of services; • the development and consideration of proposals for changes in the way services are provided; and • decisions affecting the operation of services. <p>When developing and considering proposals for changes in the way services are provided, or when making decisions affecting the operation of services, the organisations to which the duty applies are under a duty to involve.</p> <p>The duty applies where the proposals or decisions have an effect on the way in which services are delivered to users or on the range of health services available to users.</p>	<p>Stakeholder involvement in service development and workforce/volunteer deployment planning and decision-making</p>
<p>Human Rights Act/EHRC Regulators</p> <p>The Act makes all public bodies in England and Wales responsible for behaving in a way that does not breach the rights of individuals, as identified by the European Convention of Human Rights. It is a clear statement of rights that need to be taken into account in the delivery of public services. The vision behind the Act was that it would bring about cultural change where service decisions would be made with reference to basic rights, such as the right to privacy and family life, the right to a fair hearing and the right not to suffer degrading treatment. The Government expected that public service decision-makers would work within a human rights framework. Managers would have a clear understanding of their obligations under the Act and carefully balance an individual's rights against those of the wider community when making their decisions.</p>	<p>Policies and procedures comply with legislation</p> <p>EAs completed with appropriate stakeholder involvement</p>
<p>Care Quality Commission (CQC) Compliance</p> <p>The CQC has set out standards for all health and social care providers. The CQC's guidance 'How the CQC regulates independent and NHS ambulance services' sets out the key lines of enquiry and prompts that will be used during inspections.</p>	

The following key lines of enquiry are relevant:

Responsiveness 1:

Are services planned and delivered to meet the needs of people?

Prompts:

1. Is information about the needs of the different local populations used to inform the planning and delivery of services?
2. How are commissioners, other providers and relevant stakeholders involved in planning services?
3. Do the services provided reflect the needs of the populations served?
4. Where people's needs are not being met, is this identified and used to inform service planning and development?
5. Are the facilities, premises, vehicles and equipment appropriate for the services that are planned and delivered?

Responsiveness 4:

Do services take account of the needs of different people, including those in vulnerable circumstances?

Prompts:

1. How are services planned to take account of needs of different people, for example on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?
2. How are services delivered in a way that takes account of needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?
3. How are services planned, delivered and coordinated to take into account of people with complex needs, for example those living with dementia or learning disabilities?
4. Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others?

Well-led 4:

How are people who use services, the public and staff engaged and involved?

Prompts:

Evidence that the Trust uses information about the needs of its population, and seeks and take account of feedback.

Evidence that the Trust plans and develops services with consideration of the diverse needs of our population.

Robust processes in place to ensure all Trust plan, strategies, policies and procedures have undergone an effective Equality Analysis.

Evidence that the Trust actively engages and involves patients, the public and staff.

<p>1. How are the views and experiences of people gathered and acted on to shape and improve the services and culture?</p> <p>2. How are people who use services, those close to them and their representatives actively engaged and involved in decision-making?</p> <p>3. Do staff feel actively engaged so that their views are reflected in in the planning and delivery of services and in shaping the culture?</p> <p>4. How do leaders prioritise the participation and involvement of people who use services and staff?</p> <p>5. Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?</p> <p>The CQC will also seek assurance that the Trust has effectively implemented the Equality Delivery System (EDS) and Workforce Race Equality Standard (WRES) which are both mandatory for all NHS Trusts.</p>	<p>Evidence that the Trust has involved stakeholders in grading us against the outcomes of the EDS and evidence that the Trust has published the data and action plans as required by the WRES.</p>
<p>Quality Account</p> <p>Quality Accounts: Aim to improve organisational accountability to the public and engage Boards in the quality improvement agenda,</p> <p>Enable providers to review services, decide and show where they are doing well, but also where improvement is required,</p> <p>Enable providers to demonstrate what improvements they plan to make,</p> <p>Provide information on the quality of services to patients and the public,</p> <p>Demonstrate how providers respond to feedback from patients and the public as well as other stakeholders. (Department of Health Quality Accounts Toolkit 2010)</p>	<p>Stakeholder (including FT governor and member) involvement in developing and reviewing achievement against the Trust's Quality Account priorities</p> <p>Trust sets improvement priorities based on feedback and evidence</p> <p>Trust Quality Account made available to stakeholders in accessible formats</p> <p>Trust Quality Account made available to stakeholders in accessible formats</p> <p>Quality Account process and reporting to stakeholders demonstrates how feedback has impacted on Trust activities</p>

Health Overview and Scrutiny Committee (HOSC)

Section 244 of the NHS Act 2006 (formerly Section 7 of the Health and Social Care Act 2001) places a statutory duty on commissioners and providers of NHS services to consult Local Authority HOSCs on any proposals for significant development or substantial variation in health services. NHS organisations will note that this duty is quite distinctive from the routine engagement and discussion that takes place with Local Authorities as partners and key stakeholders.

Significant development and substantial variation are not defined in the legislation but supporting guidance is clear that the NHS body responsible for the proposal should initiate early dialogue with the HOSC(s) affected by the proposal to determine:

- a) If the HOSC(s) consider that the change constitutes a significant development or substantial variation in service
- b) The timing and content of the consultation process.

Where it is agreed that the proposal does constitute a substantial change the response of the HOSC(s) to the subsequent consultation process will be shaped by the following considerations:

- a) Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service. This should take account of the relevant equality legislation and be clear about the impact of the proposal on any vulnerable groups.
- b) The extent to which commissioners have informed and support the change
- c) The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.

- d) How the proposed service change affects choice for patients, particularly with regard to quality and service improvement

NHS organisations will also wish to invite feedback and comment from the relevant Local Involvement

Stakeholder input early in proposed change process. EIA completed effectively with stakeholders

Stakeholder perspectives on proposed change available

Regular on-going engagement with LINKs.

<p>Networks (LINKs) which were established by legislation to facilitate the involvement of people using health and social care services in their area. The LINK has specific legal powers, including the ability to refer issues of concern to the HOSC(s) and to enter and inspect health and social care premises. Locally good working relationships exist with LINKs and HOSCs will normally expect evidence of their contribution to any proposals for varying health services from the NHS.</p>	<p>Feedback from LINKs.</p>
<p>The NHS Operating Framework</p> <p>The NHS Operating Framework states that the need for good systematic engagement with staff, patients and the public is essential so that service delivery and change is taken forward with the active involvement of local people. Our staff and patients provide essential insights into the quality of services.</p> <p>Organisations should listen closely and act on any information from staff about service improvement. Organisations should also listen closely to patient feedback and complaints, using this information to improve services.</p>	<p>Feedback from patients and staff is available, and processes for on-going engagement exist</p> <p>The Trust is able to demonstrate how its service delivery has changed as a result of staff and patient feedback</p>
<p>NHS Constitution</p> <p>You have the right to expect your local NHS to assess the health requirements of the local community and to commission and put place the services to meet those needs considered necessary You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.</p> <p>You have the right not to be discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or appropriate and effective ways mental illness) or age (and other protected characteristics).</p> <p>The NHS also commits to make the transition as smooth as possible when you are referred between services, and to include you in relevant discussions (pledges).</p> <p>The NHS also commits to make decisions in a clear and transparent way, so that patients and the public</p>	<p>Regular patient feedback and analysis informs service provision and plans</p> <p>EDS implementation and monitoring</p> <p>Patient feedback about transitions regularly sought, analysed and changes made as a result, if relevant</p> <p>Stakeholder engagement helps to inform decision-</p>

<p>can understand how services are planned and delivered (pledge).</p>	<p>making</p>
<p>Equality Delivery System</p> <p>Genuine engagement with local interests and the effective use of evidence lie at the heart of both the public sector Equality Duty and the NHS reforms. Without them, NHS organisations will not be able to focus on those matters that are most important to patients, communities and their staff in an informed, consistent and robust way.</p> <p>Engagement refers to the process of getting people – patients, community members and staff – involved in decisions about them in a sustained way. This includes planning, developing and managing services, as well as activities that aim to improve health or reduce health inequalities. For staff, engagement also means helping to plan, develop and manage working environments, and activities that aim to improve working lives.</p> <p><u>Local interests</u> For the purposes of the EDS, local interests comprise but are not restricted to:</p> <ul style="list-style-type: none"> • Patients and those local groups that represent them • Communities and the public in general • Governors and members of NHS foundation trusts • NHS staff, staff networks, and trade unions. • Voluntary and community organisations <p>Genuine and empowered engagement - When engaging with these local interests, the engagement must be sustained, informed and meaningful. It must go beyond consultation, which can often comprise occasional and one-off explorations of patient, community and staff views on a particular topic. The engagement must span all protected groups and other disadvantaged groups. Contacting, hearing and working with some of these groups will challenge some parts of the NHS, which can sometimes make itself hard-to-reach.</p> <p>Care should be taken to ensure that seldom-heard interests are as engaged as much as other interests, and are supported to participate. Care should also be taken to include not only those spokespeople who already give so generously of their time to engage with NHS organisations, but also those individuals</p>	<p>Sustainable mechanism in place for on-going engagement with stakeholders, including staff and those with protected characteristics</p> <p>FT membership and IHAG is representative of local interests as defined under the EDS</p> <p>Best practice engagement process is followed to ensure meaningful engagement</p> <p>FT membership is inclusive</p>

<p>who have important things to say but whose views are rarely sought or heard.</p> <p>Participating in public life can be expensive or difficult for local patients, communities and staff groups. It can be difficult in terms of the practicalities of participating in meetings or discussions, especially for seldom-heard groups. It can also be difficult for those patients and members of the public who may not be used to talking to NHS staff and clinicians on equal terms about matters of healthcare strategy or planning. So that these local interests can be enabled and empowered, support and/or financial assistance will need to be considered by NHS organisations.</p>	<p>Stakeholders receive expenses payments and appropriate support to enable full participation</p>
<p>Monitor/FT- Local Accountability, Governor & Trust members</p> <p>Monitor Compliance Framework 2011-12</p> <p>Growing a representative membership</p> <p>94. Monitor will directly assess whether an NHS foundation trust is complying with its Authorisation to grow a representative membership. If this is not the case, Monitor will assess whether boards' membership plans are likely to ensure compliance in the future. Material failure may result in Monitor applying an override to the governance risk rating.</p> <p>The submissions [Trusts submit quarterly reports to Monitor] will also assist us to collate information to support evidence on the development and effectiveness of local engagement with members and local accountability within NHS foundation trusts.</p> <p>Quality Governance Framework</p> <p>3C Does the board actively engage patients, staff and other key stakeholders on quality?</p> <p><input type="checkbox"/> Quality outcomes are made public (and accessible) regularly, and include objective coverage of both good and bad performance</p> <p>The Board actively engages patients on quality, e.g.:</p> <p><input type="checkbox"/> Patient feedback is actively solicited, made easy to give and based on validated tools</p>	<p>FT membership is representative of eligible population</p> <p>Stakeholder engagement includes on-going engagement with FT members. FT Governors have opportunities to interact with FT members</p> <p>IHAG and relevant sub-groups are set up and used to improve quality</p> <p>Quality Account is public and accessible</p> <p>Patient feedback is gathered regularly</p>

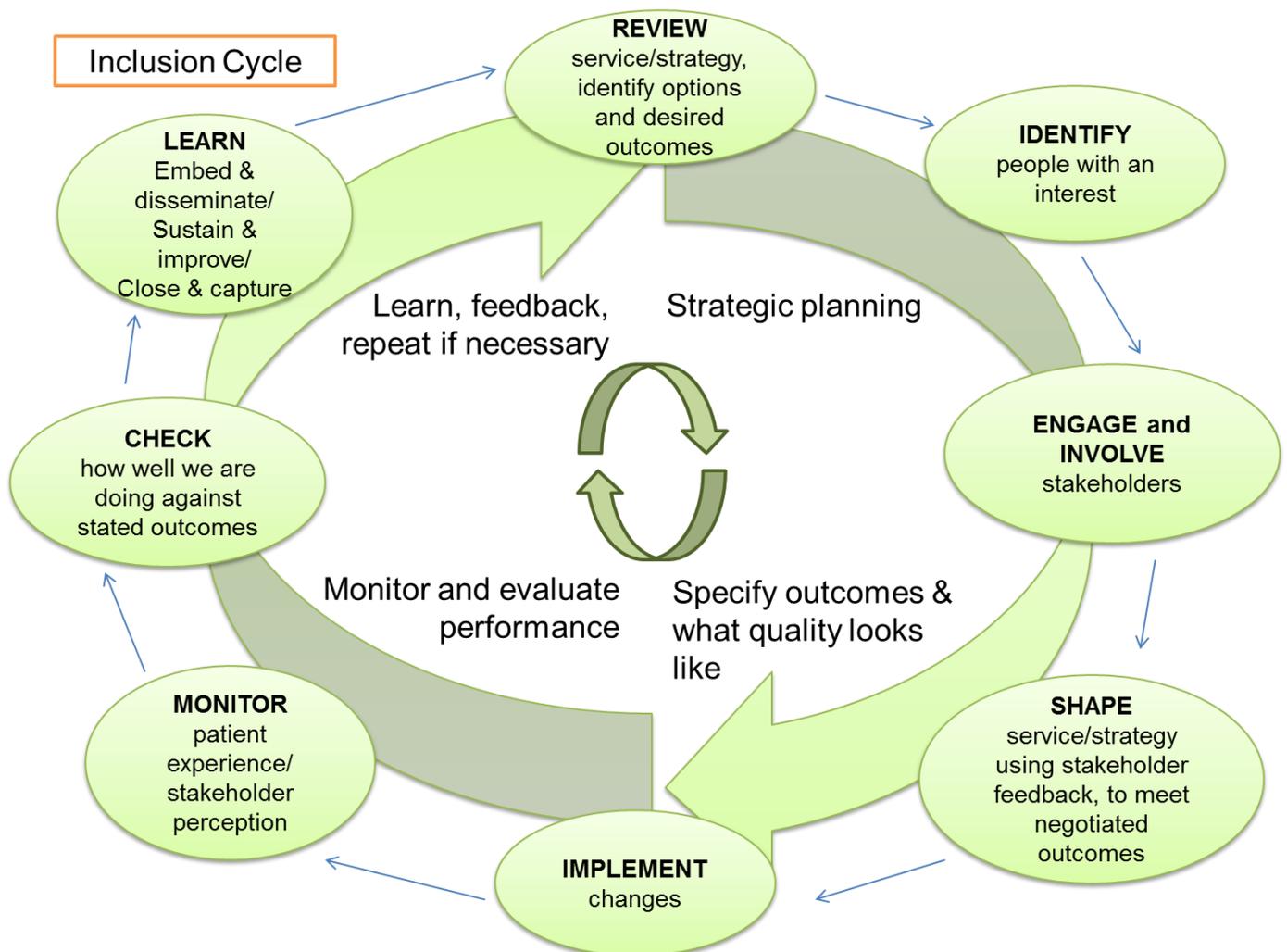
<p><input type="checkbox"/> Patient views are proactively sought during the design of new pathways and processes</p> <p><input type="checkbox"/> All patient feedback is reviewed on an on-going basis, with summary reports reviewed regularly and intelligently by the Board</p> <p><input type="checkbox"/> The board regularly reviews and interrogates complaints and serious untoward incident data</p> <p><input type="checkbox"/> The board uses a range of approaches to “bring patients into the boardroom” (e.g. face-to-face discussions, video diaries, ward rounds, patient shadowing)</p> <p>The board actively engages staff on quality, e.g.:</p> <p><input type="checkbox"/> Staff are encouraged to provide feedback on an on-going basis, as well as through specific mechanisms (e.g. monthly “temperature gauge” plus annual staff survey)</p> <p><input type="checkbox"/> All staff feedback is reviewed on an on-going basis with summary reports reviewed regularly and intelligently by the board</p> <p>The board actively engages all other key stakeholders on quality, e.g.:</p> <p><input type="checkbox"/> Feedback from PALS and LINKs is considered</p> <p><input type="checkbox"/> The board is clear about Governors’ involvement in quality governance</p>	<p>Patients are engaged in service design</p> <p>Patient feedback is reported to the Board</p> <p>Complaints and Serious Incidents continue to be reviewed by the Board The Trust is currently considering the best way to deliver this</p> <p>Staff engagement is regular through the Staff Engagement Forum</p> <p>Staff feedback reported to the Board</p> <p>LINKs are included in engagement processes</p> <p>Governors continue to contribute to and review Quality Account</p>
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Appendix 4 – Inclusion Cycle

The most beneficial way of involving and engaging patients, staff and the public is via a project management approach in which engagement is integral, and changes are made, outcomes monitored, and feedback given. We have called this an Inclusion Cycle.

This Inclusion Cycle attempts to show the various stages of activity that occur when the Trust considers making changes to services or undertaking other work which might affect patients or other stakeholders.

The Cycle is not rigid – certain elements may need to be revisited several times during the lifetime of a project, for example checking back with stakeholders for further input, and designing services stage by stage. The Cycle does not necessarily start with the Trust reviewing a service, but could start when patient feedback suggests something needs to change, or when in trying to implement a change it is found that there are key stakeholders whose views should be considered.



South East Coast Ambulance Service NHS Foundation Trust

Equality Analysis Record

The EA Record below must be completed by the EA Lead, who will be the document owner / author. The EA Record will inform the final decision by the EA checkpoint for approval.

Name of EA Lead and role	Angela Rayner – Inclusion Manager and Isobel Allen – Assistant Company Secretary		
Directorate	Workforce	Date of analysis:	8 March 2016
What is being analysed?	Inclusion Strategy 2016-21		
Aim(s) of this piece of work	To review and revise the Trust's Inclusion Strategy and ensure it is fit for purpose for the next five years.		

Overview of the work being analysed:

- Aims and objectives
- Key actions
- Expected outcomes
- Who will be affected and how?
- How many people will be affected?

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has a vision of inclusive, efficient and, above all, effective engagement between the Trust and all those who have an interest in it.

This strategy was initially developed following three months' of consultation in 2012 with a huge number of people with an interest in SECAmb (our 'stakeholders') inside and outside the Trust. The strategy was reviewed and revised in consultation with key stakeholders in early 2016, to ensure it continues to be fit for purpose.

The strategy aims to ensure:

- All of those with an interest in SECAmb are appropriately involved and engaged;
- Patients benefit from the best possible services, developed around their needs;
- Staff have the opportunity to have meaningful input into our service and to understand the changes that affect it;
- SECAmb exhibits best practice, complying with all statutory duties and its own internal standards around engagement and involvement, patient experience and equality and diversity.

It applies to involvement and engagement with all Trust stakeholders.

Information and research:

- Outline the information and research that has informed the work being undertaken.
- Include sources and key findings.
- Include information on how the work will affect people with different protected characteristics.

This strategy was initially developed following three months' of consultation in 2012 with a huge number of people with an interest in SECAmb (our 'stakeholders') inside and outside the Trust. The strategy was reviewed and revised in consultation with key stakeholders in early

2016, to ensure it continues to be fit for purpose. The strategy uses best practice in inclusion, involvement and engagement. People with different protected characteristics were involved explicitly in the development of the strategy and have been involved in monitoring the strategy for the past four years identifying only positive impacts on people.

Consultation and Involvement:

- Has there been specific consultation on this work?
- What were the results of the consultation?
- Did the consultation analysis reveal any difference in views across the protected characteristics?
- Can any conclusions be drawn from the analysis on how the work being analysed will affect people with different protected characteristics?

Please give a summary below to describe who you consulted and involved in the EA, when and how. Please also list any existing guidance or documentation referred to.

During the development of the original strategy (2011-16) the following engagement was undertaken in addition to two workshops with key stakeholders:

Date	Focus	Group
30.11.11	People with learning disabilities	Peppercorns, Kent
05.12.11	Gypsies and Travellers	Friends, Families and Travellers, Sussex
07.12.11	People with dementia and their carers, including Black and Minority Ethnic people	Friend with Dementia, Surrey
13.12.11	Older people	East Sussex Seniors Association, East Sussex
15.12.11	Young people	Dartford Pupil Referral Unit, Kent
16.12.11	SECamb staff	Invited staff group
16.12.11	FT Governors and members	Invited public group
19.12.11	People with a disability and Black and Minority Ethnic people	Surrey Coalition of Disabled People and Surrey BME Forum, Surrey
21-22.12.11	People with long term conditions	Renal dialysis PTS patients, Brighton and West Sussex
22.12.11	Lesbian, Gay and Bisexual people	Brighton and Hove Actually Gay Men's Chorus and Gay Women's Chorus, Brighton

The consultation revealed that people with protected characteristics were positive about the proposed strategy. Further engagement to revise the strategy from Dec 2015-March 2016 also received positive feedback from a diverse group of stakeholders.

Is the decision relevant to the aims of the equality duty? Does it:	Yes/No
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1. Eliminate discrimination, harassment and victimisation?	Yes
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it?	Yes
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it?	Yes

Assess the relevance of the decision to people with different protected characteristics and assess the impact of the decision on people with different protected characteristics.

When assessing relevance and impact, make it clear who the assessment applies to within the protected characteristic category. For example, a decision may have high relevance for young people but low relevance for older people; it may have a positive impact on women but a neutral impact on men.

Protected characteristic	Relevance to decision High/Medium/Low/None	Impact of decision Positive/Negative/Neutral
Age	High	Positive
Disability	High	Positive
Gender reassignment	High	Positive
Marriage and civil partnership*	High	Positive
Pregnancy and maternity*	High	Positive
Race	High	Positive
Religion or belief	High	Positive
Sex	High	Positive
Sexual orientation	High	Positive
Human Rights	Relevance to decision High/Medium/Low/None	Impact of decision Positive/Negative/Neutral
	High	Positive

* Only applies in terms of internal policies, for staff and HR functions.

Mitigating negative impact:	Yes/No
Have any negative impacts been identified? If yes, an Equality Analysis Action Plan must be completed and attached to the EA Record. A template for the action plan is available in the Equality Analysis Guidance on the Trust's website.	No

Conclusion:

- Consider how due regard has been given had to the equality duty, from start to finish.
- There should be no unlawful discrimination arising from the decision.
- Advise on the overall equality implications that should be taken into account in the final decision, considering relevance and impact.

The Inclusion Strategy is designed to reduce inequalities, discrimination and support the aims of the Equality and Human Rights Act. This is its purpose, and therefore it has only positive impacts for people.

Once approved by the EA Checkpoint, this EA Record and, if appropriate, EA Action Plan must be attached to any Board, Committee or Working Group document relating to the decision.

EA Approval

EA checkpoint	Marcia Daigo – Interim Associate Director of OD	
Outcome / Decision	No major change required when the EA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.	
Reason for decision	The Strategy creates positive opportunities in relation to the protected characteristics and human rights.	
If approved: I have reviewed this Equality Analysis and to the best of my knowledge it and the document it relates to are non-discriminatory and support the aims of the Equality Act 2010.		
Signed:		Date: 23/5/2016