

**South East Coast Ambulance Service NHS Foundation Trust
Inclusion Working Group**

Notes of a meeting held on Wednesday 22nd July 2015, Banstead Day Centre

Present

Adrian Hogan	(AH)	Infection Control Lead
Andrew Hanney	(AHa)	Head of Estates
Angela Rayner	(AR)	Inclusion Manager
Ariel Mammana	(M)	Staff -side representative
Francesca Okosi	(BC)	Director of Workforce Transformation (Chair)
John Griffiths	(JG)	Head of Operational Support
John Rivers	(JRi)	Patient/Public Representative
Louise Hutchinson	(LH)	Patient Experience Lead
Liz Spiers	(LS)	Communications Manager (Deputy for JC)
Paula Dooley	(PD)	Patient/Public Representative (Deputy for JR)
Robert Ivey	(RI)	HR Business Partner
Rob Parsons	(RP)	Learning and Development Lead - Risk Management
Sue Skelton	(SS)	Acting Associate Director of Clinical Operations – Performance & Service Delivery

Apologies

Bill Chilcott	(BC)	Head of Compliance
Clare Mitchell	(CM)	Company Secretary
Isobel Allen	(IA)	Membership and Governor Engagement Manager
Janine Compton	(JC)	Head of Communications (Deputised by LS)
Jim Reece	(JR)	Patient/Public Representative (Deputised by PD)
Jon Amos	(JA)	Customer Account Manager
Karen Mann	(KM)	IT Development Project Manager
Nicola Brooks	(NB)	Head of Medical Services (Deputised by AH)
Paul Everest	(PE)	Staff Side Representative
Paul Ranson	(NB)	Head of Procurement (Deputised by AHa)
Ray Savage	(RS)	Patient Transport Service Business Manger
Steve Rose	(SR)	Acting Head of Voluntary Services; Senior Operations Manager

Secretariat:

Asmina Islam Chowdhury	(AIC)	Inclusion Coordinator
------------------------	-------	-----------------------

Guests:

David Vincent	(DV)	Employee Resourcing Manager
Neil Monery	(NM)	Senior Learning & Development Manager
Trevor Freeman	(TF)	Staff-side Representative

1. Welcome and Apologies

1.1 FO introduced herself to the group, welcomed everyone to the meeting and thanked them for attending. She explained that was looking forward to chairing the group and progressing the Inclusion agenda, with the support of the IWG. Apologies were recorded as above.

2. Review of notes of the meeting held 24th April 2015

2.1 The notes of the meeting held on 24th April 2015 were reviewed and **agreed** as an accurate record with two corrections to be made;

2.1.1 Initials "JRi" in the list of apologies to be amended to JR.

2.1.2 Item 10.2 to be revised clarifying that IA was referring to the staff suggestions scheme.

2.1.3 PD requested that when referring to transgender members, wording should be "members with transgender history."

Matters Arising

2.2 There were no further matters arising

Action Log

2.3 49.1 (30/01/2015) EDS2 Action Plan 2014 - Action 2.3 – LH updated that the updates had been added to last year's EDS2 log and this action was now complete and could be closed.

2.4 49.2 (30/01/2015) EDS2 Action Plan 2014 - Action 3.1 – AR confirmed that updates had been added to last year's EDS2 log and this action was now complete and could be closed.

2.5 54.1 (30/01/2015) Obesity – EU Ruling - AH contacted John Flower who confirmed that subject to Board approval, the project team will instigate consultation with appropriate parties during the coming months, with a view to implementing solutions to the Trust's needs within the design. The successful engagement and involvement processes used for recent Make Ready and renovation of Thanet will be replicated.

2.6 56.1.1 (24/04/2015) Cultural Competency Training – AIC emailed RP on 23/06/2015 with booking details for external Experts by Experience course, requesting that the remaining two L&D leads (John walker & Stuart Rutland) ensure that they are booked on to complete the course. FO advised that she would be following up to ensure that the leads would be attending the course.

Action: FO advised that she would follow up to ensure that the remaining two leads attend the course.

Date: August 2015

2.7 60.1 (24/04/2015) IHAG Partnership Working - AR updated that following the suggestions made at the last IWG, she had approached BIG issue with regards to partnership working with the Inclusion Hub Advisory Group (IHAG), to ensure the interests of homeless people are considered. Unfortunately, Big Issue staff members or street sellers were not in a position to provide support in this way. JRi advised that if the group was happy

to support, he could approach Keys, a sheltered facility in Kent with a view to their joining the IHAG as representative for the homeless community. The group agreed that JRi should make contact and seek representation for IHAG.

Action: JRi to contact Keys in Kent to ascertain if they might be able to provide representation for the IHAG.

Date: August 2015

2.8 61.1 (30/01/2015) Membership Review - this will be addressed on the agenda.

2.9 It was **agreed** to close the following actions, which had been completed:

41.1 (24/10/2014) – SECAMB Culture

43.2 (24/10/2014) – EDS2 Action Plan

45.1 (24/10/2014) – Evaluation of LGBT Mentoring Scheme

49.3 (30/01/2015) – EDS2 Action Plan 2014

50.1 (30/01/2015) – Patient Experience Workshop

50.3 (30/01/2015) – Patient Experience

53.1 (30/01/2015) – Staff Survey

54.1(30/01/2015) – Obesity – EU Ruling

55.1 (30/01/2015) – Doodle Software License

57.1 (24/04/2015) – EDS2 2015 Objective Review

58.1 (24/04/2015) – Bullying, Harassment & Whistleblowing

59.1 (30/01/2015) – Developing Champions

3. Review of IWG activities since last meeting

3.1 Members reported IWG related activities undertaken since the last meeting and these included:

AR reported on the Diversity Champions network launched with over 70 expressions of interest. Two workshops were held in June and staff had high levels of enthusiasm and positivity with a thirst to increase their knowledge of the subject area to enable them better support both patients and colleagues. Members identified a range of ideas that they felt could deliver improvements and proposed quarterly workshops, which would be split into training sessions in the morning and network business in the afternoon, with the first meeting planned for 9th September.

PD gave congratulations to both the IHAG for being highly commended in the Team of the year award and AR who was shortlisted for the Equality and Inclusion Champion of the Year award at the Employers Network for Equality and Inclusion (ENEI) Awards on 14 July. The award ceremony took place at the Law Society, and the Trust was also awarded the Gold Standard Award for the second year running, alongside Santander. Only two organisations received this standard for 2015.

Attendance at the annual NHS BME conference, which focussed on the Workforce Race Equality Standard (WRES) and the need to ensure that the opportunity for change was taken and acted upon (AIC).

Research undertaken on the effect of subconscious racism and the need to ensure diversity within examiners (AM).

AH reported the MERS Corona virus outbreak and work undertaken with the help of AR to ensure that staff were aware of the importance of diversity awareness in relation to this and taking account of those going on Hajj and Umrah pilgrimages.

RP reported that the learning Development & OD teams were working towards the development of cultural competency training for all staff and a meeting with an IHAG subgroup had been arranged for 27th July 2015.

LS advised that SECamb news would be reporting on the diversity champions and the success of the Trust at the ENEI awards in the next issue.

JRi advised that he had attended a Roma network event in Kent on behalf of the IHAG, and that it had been a good opportunity to celebrate the work that SECamb had undertaken to address health inequalities experienced by this group.

DV reported that the recruitment and resourcing team were focussing on the need to attract Black, Minority Ethnic (BME) staff to the organisation and his team would also be attending PRIDE on 1st August.

FO reported that following the presentation of the paper on the Workforce Race Equality Standard, there had been discussion at both the Executive meeting and Workforce Development Committee (WDC), with concerns raised that the Trust is not representative of the community we serve. Discussions explored how this was subconsciously reinforced in our literature with a lack of diversity in the pictures used on the intranet and in our public information, and that this would need to be addressed to show that the Trust is an inclusive employer.

Action: LS to ensure that the document library is updated with pictures showing greater diversity of staff, for use on the intranet and SECamb literature

Date: August 2015

4. Equality Objectives 2015 and progress on action plans

4.1 All named leads for EDS2 2015 had been requested to provide a SMART action plan by 10th July. The actions plans would be used to monitor progress throughout the year to ensure the action was delivered by quarter four. Updates given at the meeting are as follows;

4.1.1 Action 1.1 – Lead Nicola Brooks – Medical - Develop steps to ensure the health needs of our population are considered in the development of clinical pathways.

AH updated that NB was aware that action was outstanding. FO advised that action would be carried, however all actions must be completed by next meeting and progress report provided.

Action: NB to provide a smart action plan that will ensure delivery of the action by Q4 and progress report at the next meeting.

Date: August 2015

4.1.2 Action 2.1 – Lead Louise Hutchinson – Patient Experience - Understand impact on disabled patients and carers of not being able to convey assistance equipment.

LH provided an update on the action plan by quarter and reported completion on task for quarter one.

4.1.3 Action 3.1 – Lead David Vincent – Recruitment - Develop steps to improve the percentage of BME staff in the workforce.

DV provided a verbal update at the meeting on the six objectives that had been agreed by recruitment to support the equality objective. DV to populate SMART action plan outlining the respective timeframes that will ensure delivery of the action by quarter. Progress to be reported at the next meeting.

Action: DV to update the SMART action plan with the agreed objectives and timeframes.

Date: August 2015

4.1.4 Action 3.2 – Lead Robert Ivey/Neil McGregor – HR - Review current Bullying and Harassment and Whistleblowing policies and procedures to ensure they are relevant to the outcome of the staff survey and informed by national guidance and best practice. Ensure new policies and procedures are communicated to staff.

RI provided an update that both the Whistle blowing, and Bullying and Harassment policies had now gone to the Foundation Council for comment as well as the WDC. However we still required timescales for the action plans, to be able to measure progress.

Action: RI and Neil McGregor to follow up and provide the timescales for delivery of this action.

Date: August 2015

4.1.5 Action 4.1 – Lead Pam Fricker – OD – Achievement against E&D competency for all staff in personal development and appraisal reviews including executive and non-executive board members.

AR provided an update following discussions with PF, that PF felt that the action needed to be reviewed as the new appraisal process does not use the competency framework that was in place when these were drafted. DV updated that as part of the extensive work that had been undertaken on the development of the new job descriptions, all senior leaders would have the responsibility of equality and diversity in their roles. A recommendation from the Rose Report, [Better leadership for tomorrow: NHS leadership review](#) 2015 recommends a standard approach for all NHS organisations.

4.1.6 Action 4.2 – Lead Pam Fricker – OD – Cultural competency training needs analysis to be undertaken in collaboration with the IHAG in light of Experts by Experience training.

AR provided an update that a training needs meeting had been planned for 27th July, with representation from both OD and clinical training to address how this will be delivered.

Action 4.3 – Lead Pam Fricker – OD – Design and implementation of a cultural competency training programme tailored to staff role.

FO advised the Ian Slater, Head of Organisation Development (interim) would be commencing his post on 23rd July, and that AR should arrange to meet with him and PF to discuss the progress of these actions.

Action: AR to meet with Ian Slater and Pam Fricker to discuss the progress of actions in section 4 of the EDS actions to ensure delivery of the objective by March 2016.

Date: August 2015

4.2 A copy of the Equality Objectives, which the above actions are designed to deliver, can be found below.



Proposed Equality
Objective 2015 - 27-C

5. Workforce Race Equality Standard (WRES)

5.1 AR presented baseline data that had been gathered for reporting against the WRES to the group. A copy of the paper circulated prior to the meeting and slides from the meeting can be found below;



03 WRES IWG Paper
13-07-2015.docx



Slides for IWG 22nd
July.pptx

5.2 WRES figures illustrate that our workforce diversity is not representative of our population and there is a significant amount of work to be done to address the gaps. Discussions on improving our image by advertising and the updating of our communications materials took place. Also, discussions on the importance of unconscious bias training and how this might equality proof the interview process took place. RP advised that he was currently working on an unconscious bias page on SEC Amb LIVE and AR advised she had provided unconscious bias training materials to Katy Larkin for inclusion in interview training. .

5.3 Universities – discussions were held on the lack of diversity considerations by university boards, a key factor in the lack of diversity of students coming in via the university route. Members felt there was a need to hold them to greater account and despite the complexities of the contract; we need to raise the importance of our own agenda with them. FO recommended members of the group read a recent Guardian article which warns of the dangers of unconscious bias going unchecked within healthcare organisations and the impact on culture and quality of patient care. The article also provides a link to the [Kings Fund Report](#), a compelling evidence base in support of an approach to developing collective leadership as a way of changing culture.

Action: FO to circulate the link to the Guardian article to members of the IWG.

Date: August 2015

5.4 It was suggested there was a need to target year 12 and 13 career fairs attended by BME students to increase the visibility of the service and create interest in a career pathway

with us. Attendance at schools to raise awareness is currently undertaken on a voluntary basis by some staff, but no funding is in place to support this at present. AR noted that she could provide a limited amount of support via the Diversity Champion network, and this would be further supported with the provision of mini toolkits for staff to take to schools and careers fairs. The group appreciated the pressures that operational staff are already under and that difficulty in finding staff that would be available to attend. Police, and Fire and Rescue services utilise volunteers to do careers awareness and the group discussed whether this could be raised with the IHAG. SSk questioned whether it would be possible to look back on how the gender gap was addressed within the service and whether there were lessons to be learnt from then that could be reapplied now.

5.5 Discussions were held on the figures reported under metric two of the WRES, which showed that white staff were almost twice as likely to be appointed from shortlisting than BME staff (1.8 times) around the processes for shortlisting. The group agreed that although the figures for appointments for promotion were not a requirement under the WRES metrics, it would be beneficial to have these from an organisational viewpoint.

5.6 Members discussed metric four, where it is shown that BME staff in pay bands 1-5 are a third less likely to access non mandatory training than white colleagues and metric seven where BME staff are more likely to believe that the trust does not provide equal opportunities. Concerns were also raised at the 29.6% of BME staff who had reported having personally experienced discrimination from managers and team leaders in the staff survey, and that these behaviours must be challenged more rigorously.

5.7 FO highlighted that issues with BME recruitment were not necessarily caused by deprivation and more likely to relate to perception of the service and unconscious bias. It was agreed that AR would support a subgroup to take forward progress against the requirements of the WRES. The membership of the subgroup was discussed and it was agreed that it would include AR, RI, Recruitment (to be confirmed), NM, Organisational Development (to be confirmed), EOC/operational support and members of the Joint Partnership forum (JPF)

Action:	AR to seek confirmation from Ian Slater on OD lead for WRES subgroup.
Action:	DV to confirm recruitment team representation for WRES subgroup.
Action:	SSk to confirm who will provide the representation for EOC/Operations for WRES subgroup.
Action:	AR to arrange the first meeting of the subgroup in approx. 6 weeks.
Date:	August/September 2015

5.8 NM provided an update to the group on university students. Unlike most ambulance services, SECamb does not directly commission pre-registration student paramedic programmes. The commissioning is undertaken by Health Education Kent, Surrey and Sussex (HEKSS) which is a Local Education and Training Board and part of Health Education England. Using our workforce plans, SECamb requests that student places are commissioned at particular universities and HEKSS then decides on commissions.

5.9 HEKSS are responsible for commissioning all NHS education programmes and the student paramedic programmes involve relatively small numbers of students in comparison. Strategic meetings between HEKSS, SECamb and the universities take place several times a year (the South East Coast Ambulance Workforce & Education Training Steering Group).

5.10 In 2014, the steering group reviewed ethnicity data from the universities and compared this to data from the last census. This covered student paramedics who were on the programmes rather than the applications to join the programmes. Each university was tasked with undertaking an equality analysis for this group. The universities have also been asked to review their recruitment publicity materials. NM has also raised the issue of increased racial diversity in regular meetings between SECamb L&D leads and university programme leads.

5.11 The group agreed that it was necessary to demonstrate that all efforts had been undertaken to increase the diversity of the university students. FO agreed that she would progress nationally via the HRD and AR would continue to raise via the National Ambulance Diversity Forum (NADF).

Action: FO to raise the diversity of university students and the need to hold programme boards to account nationally at the HRD.

Date: August/September 2015

6. ePCR Diversity Monitoring

6.1 AR updated the group that following a request to include questions on gender identity, religion/faith and disability on the new ePCR roll out, questions had been raised regarding the relevance of diversity monitoring. AR provided clinically relevant reasoning. However, the discussion highlighted a requirement for staff to have a greater understanding of how diversity monitoring is used for the benefit of patients, both in a clinical situation and in the planning of our services. AR explained that the NADF had produced a toolkit to increase awareness and understanding of the reasons for diversity monitoring 2 years previously, which had been provided to L&D, however it had not been used.

6.2 The group discussed how the ePCR rollout provided the opportunity to increase staff understanding of this area and why collection of this data was a necessity. It was felt that the training would resonate more with the staff if the clinical link was explained and understood. This also links with Goal 1 of the equality objectives, which looks at identifying the health needs of our population using all available data. It was noted that the Community Needs Assessment which had been produced to inform the Public Access Defibrillator (PAD) strategy, could be utilised to inform planning and delivery of services. FO requested a meeting with AR and Andy Newton to discuss this further.

Action: FO & AR to meet with Andy Newton, Chief Clinical Officer to discuss how data is used to inform our services.

Date: August 2015

6.3 Discussions were held on how the Trust communication strategy should address the need for internal communication and sharing of information within a clear framework. This would guide the development process for key messages for the Trust, as well as the external focus. There is a need for a current communication strategy and FO agreed to speak to JC and the Chief Executive regarding the need to ensure that this was completed as a priority for the Trust, particularly with the progression of the transformation agenda which is moving us towards a decentralised organisation.

Action: FO to discuss the need for a communication strategy to be developed with JC and Paul Sutton

Date: August 2015

6.4 The group agreed that questions on gender identity and religion/fait h should be included for diversity monitoring on the ePCR. It was also agreed that AR needed to raise the issue of training with Pam Fricker and Ian Slater as well as with the ePCR team.

Action: AR to feedback to the ePCR team and discuss the training requirements with Pam Fricker, Ian Slater and the ePCR team.

Date: August 2015

7. Reasonable Adjustments

7.1 AR explained that this item had been brought to the meeting, due to the number of staff who had approached her in recent months. Issues and queries relate to absences involving disability leave covered under the Equality Act 2010. It appears that a number of managers are not aware of this and time off is being recorded incorrectly as sickness absence. An example was provided in relation to an absence as a result of follow up to cancer treatment. AR thanked RI who had recently provided timely intervention for a member of staff in this situation who would otherwise have been inappropriately managed under the sickness absence policy. Although the situation had been rectified, a lack of knowledge and understanding around reasonable adjustments had resulted unnecessary stress and anxiety to members of staff.

7.2 RI updated that the Absence Management Policy is currently due for review and that the updated policy would address reasonable adjustments without being overly prescriptive as there is a need to manage these case by case. AR also asked AM and TF to ensure staff side colleagues had an appropriate level of understanding of the requirements for reasonable adjustments and that she was happy to provide support and training if required.

Action: AM and TF to consult with colleagues to ensure an appropriate level of understanding of the requirements for reasonable adjustments and feedback to AR.

Date: August 2015

8. Inclusion Hub Advisory Group (IHAG)

8.1 JRi provided an update to the group on a visit to Make Ready Hastings which had been undertaken by members of the IHAG. Feedback had been provided by those that attended that there appeared to be a lack of awareness of the role of the IHAG in the Trust with staff they spoke with. LS noted that consideration could be given to be the inclusion of an article focussing on an outcome/s of IHAG activity in a future staff magazine. AR clarified that the forthcoming review of the inclusion strategy would provide an opportunity to address this issue.

8.2 PD provided an update on the IHAG meeting which took place on 30th June, and passed on thanks for the introduction of an immediate reimbursement process for volunteer members of the IHAG. The agenda also included a presentation from Ben Banfield on the role of the account managers, where IHAG were also given an update on the status of the current PTS bids. IHAG requested that they be kept informed of updates within this area of work. IHAG were also supportive of the work being undertaken around mental health and the efforts to not criminalise mental health patients, which were explained in a presentation from Matt England and Giles Adams. PD provided feedback on the update that was given on the

progress of the transformation project, stating that the group felt that little opportunity had been given for engagement thus far and progress was slower than initially anticipated. FO advised that engagement was difficult until all senior managers were in post. PD queried whether a wider roll out of the Community Paramedic Programme was planned as early feedback showed that the scheme had been well received. She also advised that she was looking forward to the meeting planned for the 27th July to undertake a training needs analysis of cultural competency training requirements. The full IHAG agenda is as below;



IHAG Agenda 30th
June 2015.doc

9. Review of IWG Terms of Reference (TOR)

9.1 Due to time constraints it was agreed that TORs would be circulated to members for review and comments. However, due to the Inclusion Team moving to the Workforce Directorate, It was agreed that with the IWG should report to the WDC instead of the RMC GC. It was also noted that a review of membership in light of the Transformation Programme and re-structure is required and that this should be considered as part of the review.

10. Foundation Council (FC) Update

10.1 The following update was provided electronically by Isobel Allen.

10.2 The FC was grateful for another update on the transformation programme from Sarah Rowland, the FC noted that it felt like communications about the new HQ were focused on EOC and it would be helpful to ensure support staff were included too. Sarah advised that this would be noted for future messaging. There had been a good exploration of NHS Pathways in order to dispel myths and confusion about how the system worked. The FC had looked at the possible future of urgent care and how an integrated Pathways and Directory of Services (as is present in 111) should be of benefit to 999 too.

10.3 Discussions were held to raise understanding of the commissioning environment with Libby Hough presenting. Many staff unaware of the context in which we operate and everyone committed to share info with colleagues about the complexities of working with CCGs etc.

10.4 The group reviewed staff suggestions and there was more impetus behind Directorates reviewing suggestions and providing updates. It had been pleasing to see that nearly 15% of suggestions had been taken on board and adopted by the FC.

11. Open session, horizon scanning and future agenda items

11.1 Pride 2015 - AR extended an invitation to Brighton Pride on Saturday 1st August and informed members that the Trust would be hosting a pre Pride re-launch of the National LGBT Forum on 31st July.

11.2 Stonewall Diversity Champions membership – AR sought the consensus of the group regarding the 2015/16 membership to retain Stonewall Diversity Champion status. This followed an increase in price from £1500 +vat to £2000 +vat. DV felt that having the membership reinforced the Trust's inclusive culture and proposed that membership be retained. This was supported by other members of the group and it was agreed that AR would negotiate on price and renew membership for the coming year.

12. Any other business

12.1 No AOB items were raised at the meeting.

13. Effectiveness of the meeting

13.1 It was felt that the acoustics of the room were prohibitive to the effectiveness of the meeting.

14. Date of Next Meeting

14.1 The next meeting will be held on **12th October 2015** in the **Boardroom, Coxheath Regional Office**.