

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

Notes of a meeting held on Monday 27<sup>th</sup> March 2017, Lewes Boardroom

## Present

Angela Rayner	(AR)	Inclusion & Wellbeing Manager / Deputy Chair
Ariel Mammana	(AM)	Staff -side representative
Emma Stiles	(ES)	HR Business Partner ( Deputising for Robert Ivey)
Isobel Allen	(IA)	Assistant Company Secretary
Janine Compton	(JC)	Head of Communications
Karen Mann	(KM)	IT Project Manager – Staff Engagement Forum Chair
Penny Blackbourn	(PB)	Patient/Public Representative
Samantha Pearce	(SP)	Resourcing Team Leader
Sophie May	(SM)	Resourcing & Service Centre Manager ( Acting)
Steve Graham	(SG)	Interim Director of HR (Chair)
Tim Chipperfield	(TC)	Clinical Education Lead

## Apologies

Andy Collen	(AC)	Consultant Paramedic
Clare Irving	(MR)	Resourcing Manager (SM deputising)
Derek Smith	(DS)	Senior Operations Manager - 111
Jim Reece	(JR)	Patient/Public Representative
John Rivers	(JRi)	Patient/Public Representative
Louise Hutchinson	(LH)	Patient Experience Lead
Mark Bailey	(MB)	Operating Unit Manager – Banstead EOC
Richard Crouch	(RC)	HR Business Partner
Sally Wentworth-James	(SWJ)	Head of Clinical Education (TC Deputising)
Steve Singer	(SS)	Head of Learning & Development
Sue Skelton	(SSk)	Associate Director of Operations (PR deputising)

## Secretariat:

Asmina Islam Chowdhury	(AIC)	Inclusion & Wellbeing Coordinator
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## 1. Welcome and Apologies

1.1 SG welcomed members to the meeting. Introductions were made and apologies recorded as above.

## 2. Review of notes of the last meeting

2.1 The notes of the meeting held on Thursday 1<sup>st</sup> December 2016 were reviewed and **agreed** as an accurate record with the following amendments;

- Date and venue correction at the start of the document
- Date correction under section 2

## Matters Arising

2.2 There were no matters arising.

## Action Log

2.3 83.1 - (15/09/2016) PSED – Publishing Equality Information (PEI) – AIC advised that PEI collection was complete and a bulletin article had been published to share the availability of the information. Action closed.

2.4 85.1 - (01/12/2016) PSED – Equality Objective – Inclusive Leadership – SG provided an update confirming that Non-Executive Directors would also be using the Actus online appraisal system going forwards and the Equality & Diversity competencies would be built into this. Action closed.

2.5 86.3 - (01/12/2016) Delivery of WRES action plan – Updated provided, and the Resourcing Team are continuing to progress these under the WRES action plan. Action closed.

2.6 88.2 - (01/12/2016) URP engagement – JC agreed to share the plan following the meeting.

2.7 It was **agreed** to close the following actions, which had been completed /superseded by new actions:

81.1 - 81.4 (15/09/2016) – Equality Objective 2016 – Progress on action plans

82.3 (24/05/2016) – Workforce Race Equality Standard

84.1 (01/12/2016) – Equality Objective – Patient Experience Strategy

84.2 (01/12/2016) – Equality Objective – Patient Experience Strategy

85.1 (01/12/2016) – Equality Objective – Inclusive Leadership

86.1 (01/12/2016) – Delivery of WRES action plan

86.2 (01/12/2016) – Delivery of WRES action plan

86.4 – 86.7 (01/12/2016) – Delivery of WRES action plan

87 (01/12/2016) – MIND Blue light pledge

88.1 (01/12/2016) – URP engagement

89.1 (01/12/2016) – E&D in training

90.1 – 90.2 (01/12/2016) – History Marking Sub-group

## 3. Review of IWG activities since last meeting

3.1 AR advised that this item was aimed at focussing attendees on the work that had been done since the last meeting to support the Inclusion agenda. Round table updates were provided from members. Activities recorded were as follows:

- Members of the Inclusion Hub Advisory Group (IHAG) have been involved in a number of activities within the Trust including the Clinical Risk Sub Group; Medicines Management Audits; and Chairman selection panels.
- JC advised that diversity data had been compiled for the annual report and agreed to share this with IWG members.

**Action: JC to share diversity data gathered for the Annual report.**

- AR congratulated AM who had been providing support for BME staff in career progression, and providing successful intervention which had recently resulted in a candidate being offered a position with the Trust.

3.2 IWG members were provided with updates on the progress of the four actions under the Trust Equality Objectives which are due to be delivered by 31<sup>st</sup> March 2017.

3.3 AR noted that delivery against the Equality Objectives had been particularly challenging this year due to high staff turnover which had seen the Subject Matter Experts (SME's) change a number of times.

- 3.3.1 **Action 1.1 Lead: Andy Collen – Head of Clinical Development** - Develop steps to ensure the health needs of our population are considered in the development of clinical pathways.

IWG members noted the update provided by AC, and agreed that delivery against the entire objective wasn't possible and would rely on commissioners commissioning the pathways. The IWG accepted that the Trust had delivered as much of the objective as was within our our scope, and agreed that this action could therefore be marked as delivered and closed.

- 3.3.2 **Action 2.1 Lead: Louise Hutchinson – Patient Experience** - To develop and implement a Patient Experience Strategy that will be used to improve patient experience.

AR noted that Deputy Chief Nurse, Sarah Songhurst had been invited to the AOB part of the meeting and that PB had been invited to meetings about the setting up of a Patient Experience Group and had feedback to share. The IWG agreed that the development of the Patient Experience Strategy should be closed as an Equality Objective and mainstreamed within the work of the Patient Experience Group.

- 3.3.3 **Action 3.1 Lead: Steve Graham – Interim Director of HR** - Review current Bullying and Harassment policy and procedure to ensure they are relevant to the outcome of the staff survey. Ensure new policy and procedures are effectively implemented and communicated to staff

The IWG was provided with an update from SG regarding work being undertaken by Professor Duncan Lewis regarding bullying and Harassment within the Trust. It was agreed that this objective could be closed as it had been superseded by the Unified Recovery Plan (URP) and the commitment of the board to change the culture.

- 3.3.4 **Action 4.1 Lead: Steve Graham – Director of HR** Achievement against E&D competency for all staff in personal development and appraisal reviews including executive and non-executive board members.

Following the update provided under action 85.1, it was agreed that this objective would be delivered over the next year following the agreed changes to the appraisals, and therefore this objective could be marked as completed and closed.

- 3.3.5 **Action 4.2 Lead: Sally Wentworth-James – Head of Clinical Education** - Design and implementation of a cultural competency training programme tailored to clinical staff role

This objective was marked as complete following the December 2016 meeting.

3.4 AR provided an update following a subgroup meeting to discuss the process for reviewing the Trust Equality Objectives for 2017/18.

3.5 The subgroup discussed existing objectives and associated action plans which have largely been delivered or on track to be delivered. Discussions also took place about how the objectives had been established and the relationship with the NHS Equality Delivery System (EDS2). After much discussion the group felt it was time that the entire approach be reconsidered to ensure that future objectives were those with the potential to be most effective and aligned to priority areas of the Equality agenda rather than trying to match to EDS2 Goals. Additionally, they felt that this was appropriate given the current challenges faced by the Trust.

3.6 Therefore, the subgroup recommended that a single Equality Objective be adopted from April 2017 to reflect the need for the Trust to become more representative of the population it serves and that the Inclusion Working Group be asked to Identify an executive owner and operational lead responsible for producing and implementing a SMART action plan. The subgroup made the following proposal, with unanimous support from the IHAG. to adopt the following objective:

**“The Trust will improve the diversity of the workforce to make it more representative of the population we serve”**

3.7 The proposed objective was discussed by the IWG. It was agreed that the feedback from the IHAG to consider using the objective **“The Trust will improve the diversity of the workforce to make it representative of the population we serve”** would make the targets unrealistic, and that the approach to deliver the objective would have to be incremental.

3.8 The IWG discussed the synergy between the proposed objective and the Workforce Race Equality Standard (WRES) and the incoming Workforce Disability Equality Standard (WDES) and LGBT Equality metrics, which would be implemented in 2018 and 2019 respectively. It was noted that there would need to be focussed actions to ensure delivery, and that a subgroup meeting should be held with SME's to look at the actions for delivery, the setting of a baseline for the data, as well as a target percentage for improving the diversity of the organisation.

**Action: AR to arrange a meeting of SME's to look at proposals for the delivery of the Equality Objective**

**Date: April / May 2017**

**Action: AIC to liaise with Sally Spencer for the baseline data to assist of the delivery of the objective.**

**Date: April / May 2017**

3.9 The group discussed actions being taken by other Ambulance Trusts across the country to improve diversity in their organisations. It was also noted that there was a need to monitor acting up / secondment opportunities to ensure fair and equitable procedures are adhered to.

#### **4. Workforce Race Equality Standard (WRES).**

4.1 The group reviewed the actions under the WRES action plan, and updates are provided as below;

- 4.1.1 Action 1: Encourage applications from underrepresented groups ensuring information is included in job adverts to specifically encourage applications from underrepresented groups.

AR reported that Clare Irving took a number of actions at a meeting in March to discuss the WRES action plan in detail, including one to look at emphasising this within certain directorates. Also would be looking at progressing via new avenues, including social media. Agreed this action be carried onto 2017/18 action plan

- 4.1.2 Action 2: HRBP's to undertake further detailed data analysis to identify any specific directorates, departments, job roles and pay bands, within their areas of responsibility where

a) BME staff are poorly represented at senior level.

b) BME staff have been put through the formal disciplinary procedure.

IWG agreed that following the analysis which had been undertaken, BME were poorly represented across the organisation with the exception of Finance and Estates. Agreed action complete and to close action and continue to monitor as part of business as usual.

- 4.1.3 Action 3: Undertake a sampling exercise of BME shortlisted candidates who were not appointed to enable identification of reasons for data variance and address any areas of poor recruitment practice.

Sophie May provided an update that the Resourcing team were now producing a monthly report to identify areas where BME applicants were unsuccessful in being appointed. It was agreed that this would continue, as had only been produced for one month.

- 4.1.4 Action 4: Undertake detailed data analysis to identify any specific directorates, departments, job roles and pay bands where BME staff are more or less likely to be appointed from shortlisting than white applicants. Use this information as the basis for further action planning.

IWG noted that this area had not been progressed due to the changes within the Resourcing Team, and therefore action is recommended to be carried forward.

- 4.1.5 Action 5: Review training requirements for staff undertaking disciplinary investigations, hearings and appeals and define minimum requirements; ensure staff undertaking disciplinary investigations have the required level of training and are aware of equality issues and how they relate to the disciplinary process.

IWG noted that this area had not been progressed due to the changes within the Resourcing Team, and therefore action is recommended to be carried forward.

- 4.1.6 Action 6: Review 'acting up' procedures with a view to minimising the period of time staff can 'act up' to ensure equal opportunities for all.

SG updated that "acting up" policy had been discussed at the Joint Partnership Forum with Staff-side representatives and would be going to the Exec for sign off on the 20th April 2017, once the EA had been completed. Agreed that action could be closed once policy in approved.

- 4.1.7 Action 7: Ensure when external agencies are used to source candidates for senior roles that contracts include requirements relating to Equality and Diversity which go

beyond the statutory minimum. Require agencies to source candidates in a way which encourages applications from as diverse a pool of talent as possible.

AR shared an update from CI that the preferred supplier had provided assurance and the percentage of BME candidates being put forward had latterly increased.

- 4.1.8 Action 8: In areas where bullying is identified as an issue within the staff survey, devise and deliver a programme of anti-bullying training which sets out the Trust's expectations regarding acceptable and non-acceptable behaviours.

It was agreed by the IWG that this action had been superseded by the URP and could be closed.

- 4.1.9 Action 9: HRBP's to analyse staff survey results by directorate, department and teams within their areas of responsibility where staff have indicated that the Trust doesn't provide equal opportunities for career progression or promotion. Identify possible issues and liaise with HR Business Partners and managers to agree potential solutions.

The IWG were satisfied with the analysis and updates provided. It was noted that the HRBP's would need to continue to monitor this area as business as usual, ensuring processes are applied consistently and equitably. Action complete and closed.

- 4.1.10 Action 10: Develop communications to increase participation by BME staff in programmes designed to create a level playing field for BME staff, providing coaching and mentoring to give those with talent and potential the opportunity to move into senior leadership roles for 2017/18 cohort.

SG provided an update sharing that this area was being addressed by SS and SG. IWG members noted the positivity in having four SECamb staff members having been taken on for the Darzi fellowship, and particularly noted the good gender balance, and success of a BME colleague.

4.2 The group also discussed the implication of the latest NHS Staff Survey results which would see a further decline in the WRES results for the Trust when the 2017 results were submitted in July. It was agreed that the subgroup meeting to look at the Equality Objective should also look at the WRES actions for 2017/18.

## **5. Mind Blue Light Pledge action plan**

5.1 AR advised that she had met with an operational colleague Kay Mallett, who was picking up on the work to be delivered against the MIND action plan, and progress made would be shared at the next meeting.

## **6. Tackling Health Inequalities – Meningitis**

6.1 Kristina Maximous (KM) shared a presentation with the group regarding an initiative which she had begun following an incident attended by a crew a year earlier. The initiative led KM to an awareness of the correlation between language barriers and poor health. In addition, KM had also noted a lack of awareness around Meningitis in BME communities.

6.2 KM had developed the WIYL (What is Your Language) campaign to help translate meningitis symptoms for those who don't have English language skills, and requested the advice of the IWG with regards to progressing this piece of work. The IWG noted the

positivity that this campaign could bring and directed KM to NHS England and Public Health England. AR agreed to share contact details.

<b>Action: AR to share contact details for Public Health England with KM</b>
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<b>Date: April 2017</b>
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## **7. Diversity Champions**

7.1 Following the cancellation of the February meeting, there was no update on the Diversity Champions.

## **8. Inclusion Hub Advisory Group (IHAG)**

8.1 PB provided an update to the group on IHAG activities since the last IWG meeting which included a joint IHAG and Governor's meeting in December and quarterly meeting which took place on 25<sup>th</sup> January 2017. PB noted that the guest speaker at the December meeting, Caroline Beardall, Associate Director of Organisational Development, NHS England, had received a mixed response from those in attendance. PB shared the following points that had been raised for highlighting to the IWG from the January meeting:

1. The group welcomed the proposed changes that would be brought in by the revised Risk Management Strategy, and Incident Management and Reporting Policy. However, they felt there was a clear need for increased patient and public participation in the Serious Incident process, but it was yet to be agreed at what stage this should be.
2. Members of the group who attended the new site raised concerns regarding the accessibility around a number of areas of the new building including the reception, kitchens, placement of automatic door buttons and toilet facilities. PB advised that these concerns had been fed back, but asked the IWG to use the expertise that groups like the IHAG were able to provide.

## **9. Staff Engagement Forum (SEF) Update**

9.1 KM tabled an update on the SEF, which had held its last meeting at Tangmere MRC. This has resulted in reduced attendance, due to the increased travel distance for the majority of members. KM advised that due to her upcoming secondment to the Department of Health IA would be taking over the role of the Chair for the next year, and the SEF would be looking at a review of its membership to ensure a more balanced geographical spread in membership.

9.2 SG expressed his thanks to KM for all her hard work and the IWG wished her luck in her secondment.

## **10. Open session, horizon scanning and future agenda items**

10.1 Deputy Chief Nurse Sara Songhurst joined the meeting to discuss the Patient Experience Strategy. AR advised that LH was currently in the process of setting up a Patient Experience Group. PB had been invited to attend an assurance group, and had concerns that this group may be replicating the work of other groups. Concerns were also raised that the work of the proposed group could be lost as it was reporting into one that already had another 15 groups feeding into it. AR advised that Patient Experience is part of the Inclusion Strategy, which had just been revised, and that there was some overlap with the IHAG.

10.2 The IWG recommended that the Strategy should be developed, before the group was formed, and that it was the group who should set their Terms of Reference. Sara Songhurst advised that the mechanisms to support the group were in place. The IWG noted that the PEG should not be in conflict of the Trust Inclusion strategy which supports the development of the Patient Experience work stream.

**Action: AR to share Inclusion Strategy with Sara Songhurst**

**Date: April 2017**

10.3 Gender Pay Gap Reporting – As of 31st March 2017, public authorities will be required to publish gender pay gap (GPG) information, however the first publication must occur no later than 30th March 2018. Work is underway with the ESR National Team to reproduce the specific calculation of Pay as defined in the draft Regulations and it is expected that organisations will be able to run the ESR reports for any chosen period, so that interim monitoring can be undertaken ahead of the annual publication requirement.

10.4 AR advised that due to a number of changes in role and areas of responsibility, there was a requirement to review the membership of the IWG. It was agreed that a subgroup would meet to review this and return with a proposal for consideration at the next meeting.

**Action: AR, JC & IA to meet and review the membership of the IWG based on a needs analysis.**

**Date: April / May 2017**

## **11. Any other business**

11.1 None raised.

## **12. Date of Next Meeting**

12.1 The next meeting will be held on **Monday, 12<sup>th</sup> June 2017** in the **Crawley HQ**.