**South East Coast Ambulance Service NHS Foundation Trust**

**Inclusion Working Group**

Notes of a meeting held on Friday, 30th January 2015, Coxheath Boardroom

**Present**

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| Adrian Hogan | (AH) | Infection Control Lead |
| Angela Rayner | (AR) | Inclusion Manager |
| Ariel Mammana | (M) | Staff -side representative |
| Bill Chilcott | (BC) | Head of Compliance |
| Fiona O'Neill | (FON) | HR Business Partner (Member) |
| Geraint Davies | (GD) | Director of Commercial Services (Chair) |
| Isobel Allen | (IA) | Membership and Governor Engagement Manager |
| Janine Compton | (JC) | Head of Communications |
| Jim Reece | (JRe) | Patient/Public Representative |
| Jo Byers | (JB) | Head of Operational Business Development  |
| Karen Mann | (KM) | IT Development Project Manager |
| Karen Ramnauth | (KR) | Volunteer Services Manager (Deputy) |
| Louise Hutchinson | (LH) | Patient Experience Lead |
| Steve Rose | (SR) | Acting Head of Voluntary Services; Senior Operations Manager |
| Sue Skelton | (SS) | Acting Associate Director of Clinical Operations – Performance & Service Delivery |
| **Apologies** |  |  |
| Andrew Hanney | (AHa) | Head of Estates |
| Clare Mitchell | (CM) | Company Secretary |
| David Webster | (DW) | 111 Directory of Services Lead / Staff Network - PRIDE |
| John Griffiths | (JG) | Head of Operational Support |
| John Rivers | (JRi) | Patient/Public Representative |
| Jon Amos | (JA) | Customer Account Manager |
| Mark Bailey | (MB) | Senior Distribution Manager (Deputy) |
| Nicola Brooks | (NB) | Head of Medical Services (Deputised) |
| Ray Savage | (RS) | Patient Transport Service Business Manager |
| Rob Parsons | (RP) | Learning and Development Lead - Risk Management  |
|  |  |  |
| **Secretariat:**  |  |  |
| Asmina Islam Chowdhury  | (AIC) | Inclusion Coordinator |
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## **Welcome and Apologies**

## AR welcomed everyone to the meeting and thanked them for attending. She explained that Geraint would be arriving a little late due to an unexpected visit to a Brighton hospital. Apologies were recorded as above.

## **Review of notes of the meeting held 24th October 2014**

## The notes of the meeting held on 24th October 2014 were **agreed** as an accurate record and thanks to Anita Smith were given for producing these.

**Matters Arising**

## 7.6 (24/10/2014). FON confirmed that the Bullying & Harassment & Whistleblowing Policy would not be going to The Foundation Council (FC) until it had been ratified by the Joint Partnership Forum. Discussion was held around the ratification procedure for policies and the value of engagement and involvement in addition to formal agreement with the JPF. There was strong feeling that this was essential in order to achieve staff buy in and produce effective policies. It was clarified that a Task & Finish group is set up when each new policy is in the developmental phase, it was **agreed** that AR would discuss this further with GD and consider if it would be beneficial to have a member of the FC on these groups to represent staff views.

**Action: AR to discuss staff engagement and involvement process for new policies with GD and raise at the upcoming FC meeting.**

**Date: 3rd February 2015**

## **Action Log**

## 28.2 (23/04/2014) – Commitment to Carers: This action is on-going as responses are still outstanding due to REAP 4. AR advised that she is currently attending the quarterly meetings. Following some discussion it was **agreed** that AR would continue to attend on behalf of the Trust and will forward actions to the relevant departments. It was **agreed** to close this action

**Action: AIC to circulate Staff Networks leaflet and link to carers legislation with draft minutes.**

**Date: February 2015**

## 38.1 (23/07/2014) - Assistance dogs: Draft operational Instruction has been circulated for comment.

## 41.1 (24/10/2014) – SECAmb Culture: This action is still ongoing; Francesca Okosi has been invited to future IWG meeting.

## 43.2 (24/10/2014) – EDS2 Action Plan: Update received that 11 of the remaining 12 trainers are booked to attend Experts by Experience at Ashford 111 on 30th March 2015

## (44.1. 24/10/2014) – EDS2 and Objective Review: AR reported that this action has been completed as paper and metrics have been circulated. It was **agreed** to close this action.

## 45.1 (24/10/2015) – Evaluation of LGBT Mentoring Scheme: There was no update provided for this meeting, action carried forward.

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

33.2 (23/07/2014) – Respect’ and Trust’s Values – delivering training

33.3 (23/07/2014) – Respect’ and Trust’s Values – delivering training

34.1 (23/07/2014) – Equality & Diversity (E&D) Survey May 2014

34.3 (23/07/2014) – Equality & Diversity (E&D) Survey May 2014

39.1 (23/07/2014) – Use of interpreters

40.1 (23/07/2014) – Volunteer Expenses (IHAG)

42.1 (24/10/2014) – Recommendation on use of Pictorial Communication Guide

42.2 (24/10/2014) – Recommendation on use of Pictorial Communication Guide

43.1 (24/10/2014) – EDS2 Action plan

## **Review of IWG activities since last meeting**

## Members reported IWG related activities undertaken since the last meeting and these included; Quality Account stakeholder event attended by 40 stakeholders (JB): Attendance at speech given by Roger Kline on Workforce Race Equality Standard – WRES (AIC); meeting with Chaplain Steve Merriman, who is likely to become the Trust’s lead chaplain (SR) ; attendance at the regional Healthwatch meeting and IHAG new members meeting (AR, AIC)

## KM reported that AR had won two awards since the last IWG meeting. The Kent, Surrey and Sussex Leadership Collaborative Awards named AR as NHS Leader of Inclusivity of the Year. The second award was from the North Kent CCG – The Francis awards, where the award went to the Trust’s Inclusion Hub Advisory Group (IHAG). BC commended AR for her hard work and noted that AR had worked to extremely tight deadlines with very little notice for the NKCCG award where the Trust had been required to submit and deliver a presentation as part of the award entry. AR thanked all the volunteers in the IHAG and the staff who support them in their valuable work for the Trust.

## **Workforce Race Equality Scheme (WRES)**

## AR provided background in relation to this item and advised that the WRES would be mandatory for all Trusts from April 2015, with 3 month grace period being given as this is the first year. After the first year benchmarking will be carried out against other Trusts in relation to the WRES and we will be required to report against the indicators. AR also explained that is was highly likely that the WRES would be followed by similar schemes being brought in for LGBT and Disability.

## AIC reported that discussions at the National Ambulance Diversity Forum had highlighted the need to ensure robust processes for ensuring equality with university shortlisting processes and the need to work with them to attract BME applicants.

**Action: AR to contact Neil Monery and Warwick Avery with regards to the University recruitment process.**

**Date: March 2015**

## The group discussed the need to focus on what work can be done in order to attract greater numbers of BME staff into the organisation, and it was **agreed** that an active session would be held on this at the next meeting.

**Action: Active session on how to attract BME staff to be added to the agenda for the next meeting.**

**Date: April 2015**

## GD felt that there was a need for BME Champions within the Trust and suggested this be considered as part of the above session.

## **Published Equality Information (PEI) Review**

## AR reported that a review meeting of all submitted PEI information had been held with a sub group of the IHAG on 14th January 2015. A number of generic and specific recommendations were made against the published areas of information to ensure that all information was relevant and serving a purpose.

## AR outlined an action plan where recommended changes would be sent back to the relevant department for the submissions to be revised in line with both specific and generic guidelines. A deadline for returns was suggested as 13th February 2015 to allow any exceptions to be reported to the RMCGC, for which papers are due on 27th February 2015.

## IWG **approved** the recommendations and process as outlined above.

## **EDS2 Action Plan 2014**

## The IWG discussed the differing levels of progress on the EDS2 Action Plan and updates provided on progress made since the last meeting.

## EDS2 Action 1.3: Development and delivery of Experts by Experience: It was clarified that this action was still showing as Red as there are12 trainers, yet to attend. However AR provided an update that 11 of the 12 are currently booked to attend the final Experts by Experience workshop scheduled for 30th March 2015 at Ashford 111. SS stated that there was a possibility of an increase in REAP level again as we approach the end of Q4 which could impact attendance.

## EDS2 Action 2.1: The SMART tasks have been modified since the last meeting, and the tasks now reflect the departments work in developing better communication processes and broadening good engagement practices with the CFR teams.

## EDS2 Action 2.2: Following a discussion it was **agreed** that this task was complete and should be updated to Green.

## EDS2 Action 2.3: LH reported that this task had not been updated, and that since the last meeting a decision had been taken to not set up a separate group; however a Patient Experience Workshop had been held on 17th December 2014 which facilitated the completion of this Task. It was **agreed** that this task should be updated to RAG status Green.

**Action:** **LH to update action 2.3 of EDS2 Action Plan.**

**Date: February 2015**

## EDS2 Action 3.1: BC updated that the various mechanisms used to measure the impact of lone working on staff had been examined and no evidence of adverse impact had been found. FON also reported that the reporting structures within HR had been examined (e.g. sickness records, exit interviews), they had been unable to identify any negative impacts reported.

## Actions are on track to complete the tasks by February 2015. FON updated the group that the analysis of exit interviews and sickness had not shown that lone working was a key factor in the departure of Paramedic Practitioners from the Trust. There was a discussion around the need to improve data collection by Team Prevent. However, it was re-iterated that currently there was no indication that lone workers are facing more adverse issues.

## It was **agreed** that the work that had been done so far showed that this task should be updated to RAG status Green.

**Action:** **BC & FON to update action 3.1 of EDS2 Action Plan.**

**Date: February 2015**

## EDS2 Action 3.2: The Bullying and Harassment and Whistleblowing policies have been redrafted and are still currently under review. GD specified that the policy must be on the agenda for March 2015 JPF.

**Action: FON to ensure The Bullying and Harassment and Whistleblowing policies are ready for March 2015 JPF.**

**Date: March 2015**

## It was noted that the EDS2 Action Plan will provide evidence for certain areas of the forthcoming Care Quality Commission (CQC) inspection.

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

## AR provided an update on IHAG activities since the last IWG which included; IHAG sub group meeting where the key messages for the new HQ and EOC reconfiguration were developed, review of the PEI; Induction of 5 new members into the IHAG and participation at the Quality Account and Patient Experience Workshop.

## KM thanked the members of the IHAG for their participation at the ePCR External stakeholder events

## **Foundation Council (FC)**

## IA advised that FC meeting planned in December had been postponed and it was anticipated that the meeting will take place on 3rd February. IA also advised that the FC also has a new Chair, Dave Atkins and that James Kennedy would be attending to provide the Executive update. One of the items on the agenda, to be led by Andy Collen, will be the implications of the Shared Decision Making Survey. Other agenda items will include the new HQ and EOC reconfiguration, an update on potential changes to PADR’s from Hannah Burd and an update on the Volunteer Charter.

## Staff suggestions have been received over the last few months and the scheme continues to be publicised. These will also be reviewed at the meeting.

## IA also stated that a copy of the draft FC agenda would also be taken to the Exec meeting beforehand and that it was important to understand that the agendas of the FC and IHAG are driven by the Trust’s priorities.

## **Volunteer Charter**

## IA presented a paper on the Volunteer Charter which has been developed by a Task & Finish group comprising a mix of staff who work with volunteers and was chaired by Brian Rockell (Public Governor and CFR team leader). The Charter is a live document and it is believed to the first of its kind within Ambulance Trusts. The document sets out the commitment of both the Trust to volunteers and volunteers to the Trust.

## IA outlined the way forward where a dissemination plan would be drawn up in collaboration with JC for consideration by the MDC. Volunteers will also be given a survey monkey link to enable them to provide feedback so that it can be ensured that the charter is fit for purpose. The IWG was asked to note the Charter and to provide any feedback to the task & finish group.

## GD thanked IA for her commitment and co-ordinating the work on the Charter. There were also discussions around the possibility of providing all new starters with a copy of the charter at corporate Induction. The full paper can be seen below;



## **Patient Experience**

## LH presented a paper on the patient experience Workshop which was held on 17th December 2014 at Stanhill Court Hotel. The workshop was developed to elicit feedback in an effective manner and learn from patients experiences of our services. The session was attended by a diverse group of internal and external stakeholders and chaired by Non-Executive Director, John Jackson. .A full copy of the paper can be found below;



## LH reported the day was successful and was a good mechanism for the feedback we required. The workshop highlighted the need to work in partnership with other organisations and East Sussex Healthwatch is a an example of how partnership working has worked well to benefit patients. LH spoke of her intention to choose an NHS Trust with which to run a pilot scheme for capturing patient feedback. GD suggested that we use a hospital that provided both 999 and PTS services.

## LH also spoke about an approach she herself had trialled in renal wards and suggested approaching patients in discharge lounges would be an effective way of obtaining feedback from patients and that this could be achieved working with volunteers.

## IWG **agreed** to support the two proposals.

## SS requested some focus on the numbers of compliments received by staff. LH agreed that this was important as when looking at the figures for compliments versus complaints in December, there was little difference in the numbers which is very good considering the high levels of activity experienced in December. It was also recognised that a number of compliments go unrecorded as they are sent direct to the ambulance stations and it was agreed that it was important to ensure that these were passed onto LH’s team wherever possible.

## Across Surrey, eight CCG’s commended the Trust for its performance over the Christmas period. It was recommended that it was important that this information is cascaded down to staff so that they are aware of the difference that they are making.

**Action: A second patient experience workshop to be arranged by LH for December 2015.**

**Date: Autumn 2015**

**Action: LH to provide feedback back from the December 14 workshop to be sent to all participants and key stakeholders during first week of March.**

**Date: 1st week March 2015**

**Action: SS to raise at SCOT and ask SOMs to cascade to COMs and CTLs.**

**Date : March 2015**

## **Open session, horizon scanning and future agenda items meeting**

## GD shared a document with the AR/JC with regards to LGBT champions, and raised the question of how we can do the same for BME and Disability. It was **agreed** that this should be considered at the next meeting.

**Action: Development of BME and disability champions to be added to the agenda for the April meeting.**

**Date: April 2015**

## JC provided and update on an action from the previous meeting relating to the findings from the diversity survey, resulting in an article on ageism appearing in the next edition of SECAmb News. The article will be addressing the issue faced by young staff being discriminated against by older colleagues alongside the experiences of a more mature member of staff providing a perspective on the career impacts of the Technician role. A copy of the article to be circulated with the notes of the meeting.

**Action: Article on ageism to be circulated with notes of the meeting.**

**Date: April 2015**

## Staff Survey – JC explained that the preliminary results of the staff survey showed an increase in reports of age, gender and sexual orientation discrimination. A suggestion was made for training for managers, however it was felt that there was a need to drill down further to find out what the specific issues were and within what areas first. JC to present a paper on the issues identified in the staff survey at the April meeting.

**Action: JC to produce a paper on the staff survey results for next meeting.**

**Date: April 2015**

##  KM provided an update on the ePCR procurement process, where Kainos had just been agreed as the supplier. KM explained that Kainos are focussed on getting the right solution for our staff and that the ePCR team were looking at first deployment in Thanet. KM’s work on the ePCR project was commended by JRe.

## AR informed the group that we would be once again be participating in the Employers Network for Equality and Inclusion (ENEI) benchmarking process. Last year SECAmb were awarded Gold Standard Employer status. It was noted that the Stonewall Top 100 was published recently and the group felt that the right decision had been taken to move away from this to concentrate on a process which included all protected groups. AR confirmed that she would be asking for input from some members to assist in capturing evidence and information to support the ENEI benchmarking process within the next month.

## AR provided an update to the IWG regarding a new EU ruling where it may not be necessary for an obese employee to point to some other related medical condition (such as diabetes or arthritis) before they can be categorised as a disabled person.  For example, if obesity in itself causes reduced mobility that may be sufficient to constitute a disability. SS raised the issue of how this issue can be addressed for EOC staff in confidence before an adverse incident occurs, potentially causing injury and embarrassment for the staff member concerned.

**Action: SS to meet with FON to develop a preventative action process to identify staff at risk in EOC**

 **Date: Spring 2015**

## **Any other business**

## The IWG was asked to consider how it supports cultural work in readiness for FO’s attendance at the next meeting.

## The group were advised staff should not use the software program Doodle, which is only free to individuals.  KM will speak to Mark Chivers to ascertain if the Trust is able to provide this functionality within its current system or could provide it in future.

**Action: KM to speak to MC to investigate whether SECAmb can offer meeting scheduling software to staff**

 **Date: March 2015**

## The Group were also asked to consider and advise AR of any agenda items for the next meeting.

## **Effectiveness of the meeting**

## It was felt there was good, focussed discussion on all items and good timekeeping.

## GD thanked everyone for coming and for all of their hard work and emphasised that the IWG forum has enabled us to consider how we address equality and diversity in terms of what it means to the organisation, patients and staff.

## **Date of Next Meeting**

## The next meeting will be held on **24th April 2015** in the **Lewes Boardroom**.