

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

Notes of a meeting held on Thursday 15<sup>th</sup> September 2016, Coxheath Boardroom

### **Present**

Andy Collen	(AC)	Consultant Paramedic
Angela Rayner	(AR)	Inclusion, Health & Wellbeing Manager
Emma Stiles	(ES)	HR Business Partner
Janine Compton	(JC)	Head of Communications
Jim Reece	(JR)	Patient/Public Representative
John Rivers	(JRi)	Patient/Public Representative
Karen Mann	(KM)	IT Project Manager - Foundation Council Rep
Louise Hutchinson	(LH)	Patient Experience Lead
Mark Bailey	(MB)	Operating Unit Manager – Banstead EOC
Peter Radoux	(PR)	Operating Unit Manager - Gatwick
Robert Ivey	(RI)	HR Business Partner
Sophie May	(SM)	Resourcing Team Leader
Steve Graham	(SG)	Acting Director of HR (Chair)
Steve Singer	(SS)	Head of Learning & Development
Tim Chipperfield	(TC)	Learning & Development Manager

### **Apologies**

Ariel Mammana	(AM)	Staff -side representative
Clare Irving	(MR)	Resourcing Manager (SM deputising)
Dan Hale	(DH)	Associate Director of Quality & Safety
Derek Smith	(DS)	Senior Operations Manager - 111
Isobel Allen	(IA)	Assistant Company Secretary
Richard Crouch	(RC)	HR Business Partner
Sally Wentworth-James	(SWJ)	Head of Clinical Education
Sue Skelton	(SSk)	Associate Director of Operations (PR deputising)

### **Secretariat:**

Asmina Islam Chowdhury	(AIC)	Inclusion 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 meeting held 24<sup>th</sup> May 2016**

2.1 The notes of the meeting held on 24th May 2016 were reviewed and **agreed** as an accurate record.

## **Matters Arising**

2.2 There were no matters arising.

## Action Log

- 2.3 81.1 - (15/09/2016) Equality Objectives 2016 – AC advised that this action was complete and a full update would be provided under the Equality Objective agenda item. Action closed.
- 2.4 81.2 - 81.3 (15/09/2016) Equality Objectives 2016 – SS advised that updates would be provided under the Equality Objective agenda item.
- 2.5 81.4 - (15/09/2016) Equality Objectives 2016 – AR advised that training plans had been reviewed and that the action was now complete.
- 2.6 82.3 - (15/09/2016) Workforce Race Equality Standards – RI advised action was now complete. Action closed.
- 2.7 83.1 - (15/09/2016) PSED – Publishing Equality Information (PEI) – AIC advised that PEI collection was in progress and article would be placed in bulletin once published.
- 2.8 It was **agreed** to close the following actions, which had been completed:
- 74.3 (19/01/2016) – Equality Objective 2015 – Progress on action plans
  - 78.0 (24/05/2016) – Annual report
  - 79.2 (24/05/2016) - WRES action plan - progress report
  - 80.0 (24/05/2016) - Equality Analysis process and checkpoints
  - 82.1 (24/05/2016) – Workforce Race Equality Standard
  - 82.2 (24/05/2016) – Workforce Race Equality Standard

## 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:

- Accessibility of Lewes Office due to non-availability of lift and accessible facilities. Group discussed the need to complete Equality Analysis when undertaking decisions to ensure adverse impacts were minimised. (MB, AR)
- Use of appropriate venues for interviews – The group were advised that an interviewee was turned away from the Coxheath Regional Office, due to accessibility issues. IWG members commented that accessibility should be checked before the interview and interviewers on the day should have sourced an alternative room. It is important that the learning from this is taken away and recruitment processes checked to ensure that a repeat of the incident does not occur in future. Members were advised an interview had been rescheduled at an alternative venue.
- Removal of “smart appearance” from Interview criteria. Group were advised that this had been removed from the multiple module interviews for EOC, as it was felt to be too subjective to individual interpretation, and therefore open to individual bias (ES).
- The group were provided with an update on the Accessible Information Standard (AIS) which was mandated in NHS contracts from 31<sup>st</sup> July 2016. LH advised that although the information the Trust shared could be provided in a variety of formats based on accessibility requirements, we as a Trust we were not proactive in gathering this intelligence due to the nature of our primary role. LH noted that eight of the 11

ambulance trusts, were struggling with the AIS, and a meeting of leads will be held later in the year.

#### 4. Equality Objectives 2016

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

4.2 The group discussed the progress against each action so far, as given below;

4.2.1 **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.

AC advised that progress against the action was ongoing, however following an initial meeting with Public Health England (PHE), AC noted the cost for the Trust being provided with ongoing data, would require a business case to cover costs. However, the mapping of current pathways continues to progress well.

Following discussions, AC agreed that it was unlikely that the action would be completed by 31<sup>st</sup> March 2017, and despite the good progress that was being made in some areas to meet this objective, the members felt that the action should remain marked RED.

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

LH advised that Emma Wadey (EW, Interim Director of Quality & Safety) will be progressing this area of work with LH, and no progress has taken place as yet. It was agreed that this action would be marked as RED.

**Action: LH to ensure EW is aware of the Equality Objective and action for delivery**

**Date: December 2016**

**Action: SG to follow up the requirement to progress this action under equality Objective 2, with EW.**

**Date: December 2016**

4.2.3 **Action 3.1 Lead: Carol Lenz – Head of HR Operations** - 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 group was provided with an update from Barbara Macanas, Senior Policy & HR Manager. SS advised that the policy implementation workshops would cover both the application of the policy and training on unacceptable behaviours. IWG members agreed that this action was on track for completion and should be marked as green.

4.2.4 **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.

HR and 111 are currently piloting a new appraisal process and equality and diversity 'competence' will be included in the final version prior to roll-out across the organisation.

SG recommended the inclusion of the E&D competency be added to the Actus pilot.

The group also discussed that Non-Executive Directors (NED) appraisal's which fall under the remit of the Trust Chairman, and agreed that as a working group they were unable to progress this, but would liaise with the Company Secretary to ensure E&D competency was part of the NED appraisals.

It was agreed that this action would be marked as AMBER, as Actus will not be rolled out across the Trust by the end of the financial year, and that it is anticipated that the action may need to be carried forward for 2017/18.

**Action: SS to request amendment to Actus pilot to ensure E&D competencies are incorporated.**

**Date: January 2017**

**Action: SG to discuss NED appraisals with the Company secretary and the need to ensure that E&D competencies are included as part of these.**

**Date: December 2016**

**4.2.5 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

AR advised that the training materials provided had been reviewed and the action had been delivered for 2016/17. However, it was noted that an annual review of the E&D aspects within the training would be required to ensure they remained current and relevant. Action complete.

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

5.1 AR provided an overview for members, advising that the WRES data had been mandated within NHS contracts as a response to "the Snowy White Peaks" report by Roger Kline, following the failure of previous initiatives to improve BME representation and experience at all levels within the NHS. The WRES is in its second year, with our data having been published in July 2016. The corresponding action plan to address the matters highlighted by the data was signed off by the IWG at September meeting. The Association of Ambulance Chief Executives (AAACE) have also committed to driving forward WRES improvements in the sector.

5.2 The group reviewed the action plan and progress updates provided by leads as given below:

5.2.1 WRES action 1 - Encourage applications from underrepresented groups ensuring information is included in job adverts to specifically encourage applications from underrepresented groups.

The group felt that the update provided regarding the inclusion of "we invite applications from candidates of all backgrounds" was not sufficient to meet the action and need to be more specific to the role. SG noted the challenges as a

result of changes to personnel within the HR directorate, which has resulted in a lack of progress for some of the WRES actions. It was agreed that a more sophisticated approach needed to be taken to understand role, geography and the gaps in diversity, and to ensure we targeted the correct groups.

**Action: SM to provide Resourcing Manager with update, and a timeline to be provided at the next meeting of what has been undertaken to deliver the action.**

**Date: February 2017**

5.2.2 WRES 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. Work with senior managers in those areas to develop action plans to identify and address any underlying issues.

RI advised that since the last meeting of the IWG there had been two new HR BP's appointed to the Trust and this had led to a lapse in timescales. However, some of the data analysis was in place and HRBP's agreed to continue to raise within their areas of responsibility, and provide a summary report of the data along with actions undertaken at the next meeting.

**Action: RC, RI and ES to provide summary reports at the next IWG regarding WRES action 2.**

**Date: January / February 2017**

5.2.3 WRES actions 3 & 4 – SG advised that the structure had not been in place until recently to support the delivery of these actions. SG also agreed that both actions three and four should be assigned to the Resourcing Manager.

**Action: CI to progress WRES action 3 & 4, with updates to be provided ready for the next meeting.**

**Date: January / February 2017**

5.2.4 WRES action 5 - Review training requirements for staff undertaking disciplinary investigations.

Members discussed the requirement to differentiate between training on policy implementation and subject specific training, i.e. on bullying & harassment. SS clarified that the implementation training would cover both aspects. SS also updated that only those who had undergone training will be able to carry out investigations going forward, however it was noted that a central record of all trained staff was required.

5.2.5 WRES action 6 - Review 'acting up' procedures.

AIC advised that she had received an update from Barbara Macanas that this policy is currently not due for review by March 2017, but will be discussing reprioritisation of current policies and procedures for review with SG.

**Action: SG to discuss reprioritisation of the "Acting up" procedure with Barbara Macanas and update the IWG**

**Date: January 2017**

5.2.6 WRES action 7 – This action was identified as duplicate of action three at the meeting. AIC to check and circulate correct action.

**Action: AIC to check WRES action 7 and circulate correct action.**

**Date: December 2016**

5.2.7 WRES action 8 – Bullying and Harassment

RI provided an update that this action was being driven by larger areas of work under the Unified Recovery Plan which has been developed in response to the CQC. SG advised that external consultants will be brought in to help address the requirement to improve the culture and tackle bullying and harassment within the Trust. The group noted that this work was being funded by Health Education England, and that some of the funding should be utilised to improve staff understanding of bullying and harassment via communication.

SG advised that the ownership of the WRES action should be reassigned to himself.

5.2.8 WRES action 9 - HRBP's to analyse staff survey results 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.

RI advised that since the last meeting of the IWG there had been two new HR BP's appointed to the Trust and this had led to a lapse in timescales and that as per WRES action 2, the HRBP's would provide a summary report of the data along with actions undertaken at the next meeting.

**Action: RC, RI and ES to provide summary reports at the next IWG regarding WRES action 9.**

**Date: January / February 2017**

5.2.9 WRES action 10 - Develop communications to increase participation by BME staff in development programmes.

The group discussed the need for specific programmes, and aimed towards pay bands 6 and below, to capture a greater proportion of BME staff.

**Action: AIC to share full WRES statistics with SS**

**Date: December 2016**

5.2.10 The group also discussed a need to ensure that all those on interview panels had undergone the required training to raise awareness of the impact of our individual biases, and how they can affect the process. SS advised that they were also developing interaction training which would go beyond interview training and this would incorporate self-awareness and unconscious bias.

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

6.1 AR advised that she would review and revise the action plan and bring back to the next meeting.

**Action: AR to bring draft of revised action plan to next meeting.**

**Date: March 2017**

## **7. Diversity Champions**

7.1 AR provided an update on the Diversity Champions meeting which was due to take place on 7<sup>th</sup> December 2016, and that at the last meeting it had been agreed that these days would be shared with the Health & Wellbeing Champions as there is a lot of synergy between the two work streams.

7.2 AR advised that the CPD session on the 7<sup>th</sup> would be delivered by Equality Works on Workplace Banter and Bad Behaviours.

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

8.1 JRi provided an update to the group on IHAG activities since the last IWG meeting which included a quarterly meeting which took place on 13<sup>th</sup> October 2017, and advised the group of the following points that had been raised for highlighting to the IWG:

1. The requirement for more effective communication between the Senior management team and Board to the wider staff, along with better engagement with the public, as appropriate on projects that are coming out of the URP.
2. The lack of progress in the development of a Patient Experience Strategy.
3. The group welcomed GD's commitment to moving forward and the sharing of best practice, noting that this is already highlighted within the Trust Inclusion strategy, which the Board have signed up to.

8.2 SG noted under point 1, the requirement for improved communication that helped staff to understand the implications of the URP, and that he was planning a directorate away day to address this within his own directorate. SG also advised that he was working on developing an engagement team to address wider communication issues, and that public communications would need to be considered within this. KM advised that the Staff Engagement Forum felt more engaged following the two sessions they had received in the last quarter and it was agreed that a copy of the engagement plan should be shared with the IHAG. JC also offered to hold a similar engagement session with the IHAG at the next meeting to ensure that they could feed into the development of the public messaging.

**Action: AR to liaise with JC regarding IHAG agenda item for January 2017**

**Date: December 2016**

**Action: JC to provide AIC with copy of engagement plan for sharing with IHAG members in advance of the January meeting.**

**Date: January 2017**

8.3 JRi welcomed the actions that had been raised today, to help address the concerns around the lack of progress in the development of the Patient Experience Strategy, and recognised the Trust's commitment to moving forward and driving change, but noted this was already covered in the Trust Inclusion Strategy. SG thanked JRi for his update.

## 9. Staff Engagement Forum Update

9.1 KM tabled an update on the SEF. KM chaired her first meeting on the 17<sup>th</sup> October, which had covered agenda items with an update from Geraint Davies and SG and presentations from Aide Hogan on Infection Control and Pain Management from Paul Cloves. The meeting had also incorporated a short session on what staff needed to know following the publication of the CQC report, and an extraordinary meeting to allow further engagement around this area had been held on 21<sup>st</sup> November.

9.2 KM noted that following the two meetings, members of the SEF felt better engaged and had an improved understanding of the implications of the CQC report and what was required under the URP. Members provided feedback on the supporting narrative that would be delivered to staff across the Trust. KM also advised this had led to some interesting conversations and challenges. AC noted that current culture within the Trust led to staff viewing any changes as punitive.

9.3 KM advised as the incoming chair, she had identified a need for a more balanced geographical membership and that there may be a need to hold more extraordinary meetings to ensure the group were able to feed into work stream in a timely fashion. The group discussed the issue regarding the filling of ongoing vacancies and low attendance from some areas of the business, as well as whether the volunteers should be represented on the group. KM advised it was essential that the SEF membership was right for the function of the group as an engagement forum, and agreed that the discussion around if and how volunteers should be included would be picked up outside of the meeting.

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

10.1 AIC advised that the collection of the trust Equality information was continuing with over 50% of requirements having now been received. It was agreed that for areas that failed to submit an update, a holding message, including contact details would be placed on the webpage asking for all queries to be directed to the lead of the relevant section.

10.2 AR advised that the 8<sup>th</sup> March 2017 had been identified as the date for the review of the current Equality Objectives. This will include identification of proposed action plans for 2017/18 which will be presented to the IWG for approval. Diary invites for this date have already been circulated to all leads and public stakeholders.

10.3 SS advised that the Learning and Development team were currently reviewing the Corporate Induction program which would include a review of the current Equality, diversity & Inclusion (ED&I) segment, as well as reviewing the line manager development program which would also include a mandatory ED&I session.

**Action: AR to meet with SS and review material for inclusion in both programs.**

**Date: December 2016**

10.4 SS also advised that he was currently liaising with an organisation in East Sussex which would see people with learning disabilities provided with opportunities for employment within the Trust, and that the Resourcing Team were looking at the possible redeployment of service men and women into the Trust.



10.5 JC advised that November 30<sup>th</sup> had been National ambulance day at the BBC, and that the coverage had been widely positive, highlighting the significant issues that Trust's faced in service delivery and had been a good reflection on our staff.

10.6 JR highlighted concerns regarding the History Marking Sub Group (HMSG), who were currently reviewing the History Marking policy. He noted there were issues regarding the correct governance structure going forward, and expressed his view that the changes being made would require equality analysis to be undertaken, a view not shared by other members of the group.

**Action: SG to liaise with Naomi Greenslade regarding the governance of the History Marking Sub group.**

**Date: January 2017**

**Action: AC to liaise with Naomi Greenslade as Chair of the HMSG to address the co-functionality of the IBIS and history marking systems, and requirement for equality analysis on the policy and procedure.**

**Date: December/January 2016/17**

## **11. Any other business**

11.1 None raised.

## **12. Effectiveness of the meeting**

12.1 Members reflected that it had been a good and focussed meeting.

## **13. Date of Next Meeting**

13.1 The next meeting will be held on **Thursday 2<sup>nd</sup> March 2017** in the **Boardroom, Banstead office.**