

South East Coast Ambulance Service NHS Foundation Trust
Inclusion Working Group

Notes of a meeting held on Wednesday, 23 April 2014, Lewes Boardroom

Present

Adrian Hogan	(AH)	Infection Control Lead
Angela Rayner	(AR)	Inclusion Manager
Bill Chilcott	(BC)	Head of Compliance
David Webster	(DW)	111 Directory of Services Lead / Staff Network - PRIDE
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	(JR)	Public Representative
Karen Mann	(KM)	IT Development Project Manager
Louise Hutchinson	(LH)	Patient Experience Lead
Malcolm Legg	(ML)	Volunteer Development Coordinator
Mark Shannon	(MS)	Clinical Development Team, Clinical Operations (on behalf of Jo Byers)
Mo Reece	(MR)	Patients Representative (Deputised)
Paul Ranson	(PR)	Head of Procurement
Ray Savage	(RS)	Patient Transport Service Business Manager
Steve Rose	(SR)	Acting Head of Voluntary Services; Senior Operations Manager

Apologies

Andrew Hanney	(AHa)	Head of Estates
Andy Collen	(AC)	Clinical Development Manager (Deputy)
Clare Mitchell	(CM)	Company Secretary
Georgina Shikhukhulo	(GS)	Staff Network – ASPIRE
Greg Walsh	(GW)	Patient Transport Service Manager
Helen Edmunds	(HE)	Senior L&D Lead (Deputy)
Jo Byers	(JB)	Head of Operational Business Development
John Griffiths	(JG)	Head of Operational Support
John Hughes	(JH)	Contracts Supervisor (Deputy)
Mark Bailey	(MB)	Senior Distribution Manager (Deputy)
Nicola Brooks	(NB)	Head of Medical Services (Deputised)
Robert Ivey	(RI)	HR Business Partner (Deputy)
Steve Attwood	(SA)	Learning and Development Manager
Sue Skelton	(SS)	Acting Associate Director of Clinical Operations – Performance & Service Delivery

Guests / Presenters

Duncan Jones	(DJ)	Clinical Operations Manager (Horsham)
Paula Dooley	(PD)	IHAG member

Secretariat: Anita Smith (AS)

1. Welcome and Apologies

1.1 GD welcomed everyone to the meeting and thanked them for attending. Full apologies were as recorded as above.

2. Review of notes of the meeting held 31 January 2014

2.1 The notes of the meeting held on 31 January 2014 were **agreed** as an accurate record.

Matters Arising

2.2 3.2 (25/10/2013) – Circulation of Staff Network leaflets within ASK packs: The IWG was advised that the Trust is undertaking additional recruiting in May and we will probably be looking at new packs being provided in June/July 2014. The matter was initially raised at the Foundation Council (FC) and they have been asked to progress this matter to ensure leaflets are included within the ASK packs. This action, IA to raise issue via FC, remains on-going

2.3 8.1, 9.2, 9.3, 10.1 (25/10/2014) – Equality, Diversity and Human Rights Policy and Procedure and Guidance for Supporting Transgender Staff and Service Users: These actions are addressed under Agenda Item 4 and it was therefore **agreed** to close these actions.

2.4 17.1, 17.2 (13/01/2014) – ‘Small change, big difference’ – culture faith and footwear: BC advised that a risk assessment had been carried out on the use of overshoes which highlighted the need to mitigate the risk of slipping down stairs. It was reported that following discussion and agreement at the Central Health & Safety Meeting overshoes are being sourced by Procurement and will be placed in the ambulances with guidance on their use. The IWG **agreed** with BC’s recommended caveat that if claims are made as a result of their use the Trust may have to reconsider the use of overshoes. AH reported that it was not financial viable to use the overshoes in the Infection Prevent and Control (IPC) bags, as they are part of a kit which is bought as a single item. If any item is removed the remainder of the contents and the bag itself are rendered unusable. LH provided an update on the feedback and comments from other ambulance services on the use of overshoes. It was noted that although one service did not use them for health and safety reasons, almost all of the other services were using them in some shape or form. Closure of these actions was **agreed**.

2.5 17.3 (13/01/2014) – ‘Small change, big difference’ – culture faith and footwear: AH advised that he is working with Daryl Devlia on this. .

2.6 17.4 (13/01/2014) – ‘Small change, big difference’ – culture faith and footwear: AR reported that she had recently provided JC with information on etiquette when entering cultural and faith dwellings and buildings. An article will appear in the Weekly Bulletin and be highlighted through social media during Equality and Diversity Week, 12-16 May 2014. Closure of this action was **agreed**.

2.7 18.1 (31/01/2014) – Development and Management of Trust Documents Policy: This action is still in progress, as the document is still under review.

2.8 19.1 (31/01/2014) – Experts by Experience Workshop: Agenda item required on Delivering Experts by Experience type training to Operational staff. It was **agreed** to close this action, as it forms Agenda Item 9.

2.9 19.2 (31/01/2014) – Experts by Experience Workshop: AR thanked DW for nominating three Health and Clinical Advisers from 111. Closure of this action was **agreed**.

2.10 19.3 (31/01/2014) – Experts by Experience Workshop: SA to facilitate EOC invitations – representatives from L&D were not available to attend the IWG meeting and no update was available on this action. It was **agreed** that AR will contact L&D to ensure that they are aware all trainers attend one of the remaining workshops. There was a brief discussion on why trainers were identified as key attendees of the workshop and an overview of its content. FON noted that she would like to see something for managers around understanding disability, including reasonable adjustments and ‘disability at work’. It was **agreed** that AR

will provide FON with information on recommended trainers and other sources, with a view to evaluating what they can offer to support and inform our managers.

Action: AR to contact L&D to re-iterate that all trainers who have not so far attended an Experts by Experience Workshops should attend the final session on 18 June 2014.

Date: April 2014

Action: AR to provide FON with information on possible trainers with a view to evaluating what they can offer to support and inform our managers.

Date: May 2014

2.11 19.5 (31/01/2014) – Experts by Experience Workshop: IWG attendees to extend invitation to colleagues, as appropriate – this action is on-going. AR reported that the workshops have received extremely positive feedback and advised that the final workshop will take place on 18 June.

2.12 23.1 (31/01/2014) - Any other business: The venue for 30 January 2015 is in the process of being finalised.

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

03.1– Circulation of Staff Network leaflets within ASK packs (superseded)

16.1 – Circulation of staff magazine to Governors and the Inclusion Hub Advisory Group

19.4 – Experts by Experience Workshop: Governors to be invited

20.1, 20.2 – South East Demographic information

21.2 – Foundation Council

22.1 – County Engagement Events

3. Review of IWG activities since last meeting

3.1 AR provided a brief overview of Inclusion activities which had taken place since the last meeting.

4. Policy and Procedure

4.1 **Equality, Diversity and Human Rights Policy (with Equality Analysis Record):** The IWG reviewed the Policy and recommended it to the Risk Management and Clinical Governance Committee (RMCGC) for approval at its next meeting, subject to the following changes:

Section	Amendment
1.5	Replace 'NHS Executive' with 'NHS England'.
3.1.6	Replace 'anti-harassment policy' with "Bullying and Harassment Policy".
3.1.11	Marriage and Civil Partnership: insert word: "into account all married partners".
3.1.11	Race or Belief: replace 'customs' with "practices required".
4.5.3	Move to (new) 4.4: All staff must treat all service users and colleagues with dignity and respect and any differences cannot be used as a barrier to career progression.
4.5.3	Replace 'congruent' with "the same as" and ensure it is amended elsewhere.
5.3.2	Replace 'Personal Development and Appraisal Review' with "the Trust's appraisal process".

5.3.3	Delete repeated use of 'the'.
5.3.5.1	Finish the sentence after 'substantial disadvantage'.
6.8	Replace 'The Head of' with "The senior manager responsible for".
6.11.2	Remove the last sentence. This is a general statement for the procedure.
6.14.1	Revert to original: 'to them'.
12.2.7	Include the dates of the legislation.
12.2.8	
App C	Update SECAMB's Values.

4.2 The Equality Analysis Record was accepted by the IWG.

4.3 Procedure and guidance for Supporting Transgender Staff and Service Users (with Equality Analysis Record): The IWG reviewed and approved the Procedure subject to the following changes:

Section	Amendment
2.4	Remove: 'and Human Resources (HR) staff'.
3.11.3	Remove the last sentence.
3.13.2	Replace 'of' with "or".
3.16.2	Insert "is required" at the end of the first sentence.
3.19.4	Replace 'press release' with "any media handling required"
3.19.7	Replace 'more than 2 years ago (i.e., post-2012)' with "prior to 2012".
3.19.20	'Press' to be in lower case.
3.20	Colon required at the end of the heading.
6.2	Replace with "Complaints Policy and Procedure"

4.4 The Equality Analysis Record was accepted by the IWG.

4.5 GD thanked everyone involved in the development of the policy and procedure for their time and commitment towards ensuring the approval and publication of the two documents and in particular noted the contribution by the Gender Identify Research and Education Society for their contribution and on-going support.

5. Equality Delivery System 2 (EDS2) grading process and outcomes

5.1 The IWG discussed the EDS Report and noted the outcomes in the Executive Summary, which marked positive improvements. It is important to emphasise that areas which are colour coded Amber are satisfactorily developing and do not represent lack of progress. They reflect annual on-going improvement and progress towards achieving the Trust's Equality Objectives across a four year period (2012 to 2016). In reporting to the Board this should be explained so we do not lose the positive side of the EDS outcomes. Appendix A should be supported by exception reports and clear explanations.

5.2 There was a brief discussion on the Review workshop and it was noted that the participants' role was made difficult because the Resourcing Escalatory Action Plan (REAP) Level 4 prevented a number of staff attending. AR advised that it is not possible to change the timing of the workshop because it is scheduled in line with our annual external reporting on Equality Objectives (April). In 2015 the grading and review of the Equality Objectives will take place separately and it is hoped that this will enable a wider staff attendance.

5.3 It was **agreed** to make following amendment to the report prior to its publication: Heading 8 (page 12) to be updated: "A representative and supported workforce".

Action: AS to update ED2 Report to reflect correct heading 8, page 12.

Date: April 2014

6. EDS2 Action Plan 2014

6.1 The IWG discussed the outcomes of an EDS Action Plan meeting held on 1 April 2014 and the items for resolution, as highlighted within the tabled the Action Plan 2014 template.

6.2 It was **agreed**:

6.2.1 Action Leads will oversee the development of their assigned actions and reporting on the Action Plan, through liaison with other groups and individuals as required.

6.2.2 **Action 1.3** does not require additional leads for 111 or other services.

6.2.3 **Action 2.1** – reassigned from Learning and Development to Voluntary Services (SR). The first part of the plan will concentrate on Community First Responders and tapping into the information / intelligence they have regarding accessibility in their local areas, namely regional information that can be made use of. When this is in place and tested, the next stage will be about how to engage with other volunteer communities and sources. This includes the Chaplains.

6.2.4 **Action 2.3** does not require additional lead for 111 or Patient Transport Services.

6.2.5 **Goal 3** is: “A representative and supported workforce”.

6.2.6 **Action 3.1**- Action statement to be revised for clarity: “Undertake analysis of the effect on staff of lone working”. The focus of this action is to be able to understand the impact on our staff of lone working / working in isolation. For this financial year the steps will be: (1) To explore what mechanisms are available to measure the impact on all groups of staff who work in isolation; and (2) Undertake analysis. Various data sources have been identified to enable analysis including: Compliance Working Group data/analysis; data relating to exit interviews, grievances, sickness management, etc. The co-leads for this action are HR Service Delivery (FON) and Compliance, Health & Safety (BC). Discussions on this item identified that analysis and future steps may need to consider how support mechanisms are communicated to ensure they are identified and accessible.

6.2.7 **Action 3.2** – Addition to action statement agreed: “Staff engagement to be undertaken as part of the review process.” (This action refers to the Bullying and Harassment and Whistleblowing Policies.)

6.2.8 **Action 4.2** – For this financial year the Personal Appraisal and Development Review (PADR) process will be used to achieve this action. This will be done in two stages: (1) Obtain feedback from the PADR process; and (2) Demonstrate how we actioned the outcomes - for example: did we identify training requirements; promote the need for managers to record equality and diversity achievements in PADRs.

7. Respect video clip and questions

7.1 The video clip was only partially viewed because of signal strength. It was **agreed** that AS will arrange for the clip to be transferred into a suitable format for circulating to the IWG. Discussions will also be held with Learning and Development on how this clip can be used throughout the Trust.

Action: AS to arrange for the ‘Respect’ video clip to be transferred into a suitable format for circulating to the IWG.

Date: Next meeting

Action: AR to discuss with L&D how to use the 'Respect' video clip for training purposes throughout the Trust.

Date: Next meeting

7.2 There was discussion on what the Trust's Values mean for the IWG around respect and the link to ongoing feedback from the staff survey regarding the culture of the organisation. Of particular concern are the incidents of staff on staff physical violence. Although there are processes in place for reporting these incidents, anonymously and formally, none have been reported through internal mechanisms. Through discussions, GD reported that no concerns had been raised through the joint unions and they are also considering how the issues can be addressed.

7.3 The IWG identified some reasons which may prevent staff from using the established processes, which included: issues of trust and impartiality; a long and lengthy process which may give the impression that nothing is being done; feeling guilty, or being made to feel guilty, at having reported an incident; fear of recognition and repercussions. FON reported that bullying and harassment cases are now put to external investigators and in her view, the independent nature of that investigation serves to allay fears that investigations may be interfered with.

7.4 The number of bullying and harassment cases is quite small (given the overall number of staff) and numbers upheld are even smaller. This may indicate a lack of understanding as to what legitimate management activity is and what is bullying and harassment. It was also noted that there is a cultural element of banter and how that banter is received is subjective. Although any offence may not be deliberate, the Trust needs to take a visible position on these behavioural and cultural issues and there is a learning theme here.

7.5 The IWG discussed viable options to take the work forward in a positive way, particularly with regard to gaining a better understanding of why staff are not using the internal processes. These included: additional staff survey questions and 'free text' boxes; the use of staff-elected Governors; and targeted work in the areas known to have reported incidents via the staff survey. IA also re-iterated the importance of involving staff in the review process for the Bullying and Harassment Policy and Procedure, and the Whistleblowing policy. It was **agreed** that GD will work with Joint Partnership Forum (JPF) to work on staff on staff violence and will liaise with Learning and Development on the outcomes, to consider training requirements.

Action: GD will work with JPF to work on staff on staff violence.

Date: On-going with update at next meeting

Action: GD to liaise with Learning and Development on the outcomes of the JPF work, to consider training requirements.

Date: On-going with update at next meeting

8. Pictorial Communications booklet

8.1 A presentation was given by Duncan Jones (DJ), Clinical Operations Manager, Horsham, on the value and benefits of using pictorial communications booklets and electronic applications to communicate with children and adults who have different levels of learning difficulty. He provided information on the Picture Exchange Communication System (PECS) used by educators and parents of children and adults with autism and related disabilities. It was noted that there are variants within PECS, for example, the use of different symbols, to aid communication for all ages and levels of disability. It was noted that the Trust had piloted pictorial communications booklets some time ago and the feedback had been very positive.

8.2 To support DJ in his engagement activities, AR provided information on the Learning Disability Alert Card project which is to be launched in May. Other available resources were identified, including the DVD that the Trust made together with people who have learning disabilities and which can be found on our website.

8.3 There was a discussion on making the booklets more widely available to staff and, on the basis of timeframes and costs, it was **agreed** that: (a) DJ will work with KM to come up with a recommended application to be used on the Electronic Patient Clinical Record (EPCR), which is due for deployment in January 2015; (b) in the interim AR and JC will investigate sourcing the booklets and consider how they can be rolled out via the Make Ready and Vehicle Preparation Programmes (VVP). The Inclusion Hub Advisory Group (IHAG) will be involved in the process to determine and ultimately recommend the best option to be rolled out.

Action: KM and DJ to meet outside of the IWG to identify suitable applications for uploading to the EPCR.

Date: On-going in line with EPCR project plan

Action: AR and JC to investigate sourcing the booklets and consider how they can be rolled out via the Make Ready and Vehicle Preparation Programmes (VVP).

Date: July 2014

Action: IHAG to be involved in the process to determine and ultimately recommend the best option to be rolled out.

Date: July 2014

9. Delivering Experts by Experience type training to Operational Staff

9.1 Having identified that Clinical Team Leaders (CTLs) have dedicated meeting / training days, it was **agreed** that JG will ask the CTLs to consider how to cascade the training to their team members. It was also noted that SS would like to roll out similar training to more people in the EOCs.

Action: JG to ask the CTLs to consider how to cascade Experts by Experience type training to their team members.

Date: May / June 2014

10. Inclusion Hub Advisory Group

10.1 The IWG received a brief update from JR on IHAG activities since the last IWG meeting. A request was made for an update on the review into the causes of the delays in developing the transgender staff procedure. GD advised that a review had been undertaken at the request of the RMCGC and learning outcomes had been identified to ensure that such issues can be avoided in the future. GD stressed that this delay was not typical of the organisation.

10.2 GD thanked the IHAG for all of the work they do and the contribution they make to the Trust.

11. Foundation Council (FC)

11.1 IA reported that the FC is meeting next week and this will be the first meeting since October 2013. It was reported that GD will be attending on behalf of Paul Sutton and will

speaking about the annual planning process and the staff survey results. Other agenda items include the new service delivery model, an update on the performance Computer Aided Dispatch (CAD) system; the single Headquarters and Emergency Operations Centre configuration; and the staff suggestions scheme, through which 19 suggestions have been received so far.

12. Gypsy and Traveller Community Team

12.1 AR advised that the last Gypsy and Traveller Community Team meeting had been cancelled due to the flooding. The meeting will take place within the next couple of weeks. The content has been prepared for the Team's intranet page to support members of staff and it is aimed at achieving a better understanding of Gypsy and Traveller issues and tackling some of the negative behaviours experienced by members of these communities. Plans will also be formalised with regard to attending the Epsom Derby at the beginning of June to engage with the communities, which will include health checks.

13. Horizon scanning and future agenda items meeting

13.1 Horizon scanning included Equality and Diversity Week (12-16 May), International Day Against Homophobia (17 May) and Carers Week (9-13 June). A ten minute e-learning package by Surrey Carers (Debbie Hustings) will be considered for promotion during Carers week and in any event JC will liaise with Rob Parsons (RP) to arrange for the e-package to be uploaded and promoted to staff.

Action: JC to liaise with RP to upload and promote the Carers e-learning package to staff.

Date: June 2014

13.2 AR reported that Surrey Carers have produced a charter and is asking all Surrey NHS organisations to sign up to a charter of commitment to Carers. The Trust has been asked to identify designated Carer leads within the various service areas. The IWG discussed the impact on each service area and it was **agreed** that DW will be the lead for 111. The leads for Clinical Operations and Staff (through Human Resources) are to be identified.

Action: FON to liaise and advise Staff lead and JG to advise Clinical Ops lead.

Date: June 2014

13.3 The Trust will be hosting a Stonewall Workplace Equality Index Workshop for regional leads on 9 June, 2014 in the Lewes Boardroom. The purpose of the Workshop is to examine the changes made to the Index for this year's submission. [Post-meeting note: This date is now Monday, 23 June, 2014.] GD will be introducing the workshop and members of the IWG involved with the submission were invited to attend. GD advised that the Trust is again in the Stonewall Top 100 employees and also received a recommendation from the Department of Health and NHS England who had written to thank the Trust for the work we have done, given that only four other NHS organisations achieved the top 100 ranking. GD noted that these achievements should not be underestimated and recommended that our staff be made aware of them. The Trust has also received a certificate from the NHS Employers organisation for achieving Equality and Diversity Partner status, which will be displayed at Banstead HQ.

13.4 GD reported that planning has commenced for this year's Brighton and Hove PRIDE event which will take place on 1st and 2nd August. We will host this year's tri-service event and staff are more than welcome to join and become involved in all aspects of PRIDE. A planning meeting will take place on 10 June at 4.00pm at the Crawley Baptist Church – all welcome.

13.5 It was **agreed** to develop a calendar of equality and diversity events and the IWG was asked to consider how we can get our staff to engage in the events and work with equality and diversity networks; and to consider how we can identify and support Equality and Diversity Champions.

Action: AR / AS to create and publish a calendar of equality and diversity events.

Date: To update at next meeting

14. Any other business

14.1 It was identified that the staff survey results could not be found on the intranet and JC **agreed** to reset the links to ensure they were visible.

Action: JC to reset the links on the intranet to the staff survey results.

Date: April 2014

15. Effectiveness of the meeting

15.1 There was good discussion and the right level of content and issues at the meeting.

15.2 GD thanked everyone for coming and for all of their hard work and support which is providing some very encouraging outcomes.

16. Date of Next Meeting

16.1 The next meeting will be held on **23 July 2014** at Gatwick HART.