

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

Notes of a meeting held on Wednesday, 23 July 2014, HART Gatwick

**Present**

Adrian Hogan	(AH)	Infection Control Lead
Angela Rayner	(AR)	Inclusion Manager
Bill Chilcott	(BC)	Head of Compliance
Colin Taylor	(CT)	Health, Safety and Security Manager
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	(JRe)	Public Representative
Jo Byers	(JB)	Head of Operational Business Development
John Rivers	(JRi)	Patient Representative (deputy)
Karen Mann	(KM)	IT Development Project Manager
Paul Ranson	(PR)	Head of Procurement
Rob Parsons	(RP)	Learning and Development Lead - Risk Management (on behalf of H Edmunds)
Steve Rose	(SR)	Acting Head of Voluntary Services; Senior Operations Manager (on behalf of J Griffiths and representing Volunteer Services)

**Apologies**

Andrew Hanney	(AHa)	Head of Estates
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)
John Griffiths	(JG)	Head of Operational Support
John Hughes	(JH)	Contracts Supervisor (Deputy)
Louise Hutchinson	(LH)	Patient Experience Lead
Malcolm Legg	(ML)	Volunteer Development Coordinator
Mark Bailey	(MB)	Senior Distribution Manager (Deputy)
Mo Reece	(MR)	Patients Representative
Nicola Brooks	(NB)	Head of Medical Services (Deputised)
Ray Savage	(RS)	Patient Transport Service Business Manager
Robert Ivey	(RI)	HR Business Partner (Deputy)
Sue Skelton	(SS)	Acting Associate Director of Clinical Operations – Performance & Service Delivery

**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.

1.2 It was reported that MR has stepped down as patient representative on the IWG. GD recorded the Group's thanks to MR for all the hard work she has done for the Trust and the

IWG over the years and welcomed her decision to continue her role with the Inclusion Hub Advisory Group (IHAG). It was noted that JRi was attending as deputy and a permanent member representative will be sought.

## 2. Review of notes of the meeting held 23 April 2014

2.1 The notes of the meeting held on 23 April 2014 were **agreed** as an accurate record.

### Matters Arising – Action Log

2.2 3.2 (25/10/2013) – Circulation of Staff Network leaflets within ASK packs: ASK packs to be reprinted and the leaflet will be included. The reprint is currently being costed. This action remains on-going.

2.3 18.1 (31/01/2014) – Development and Management of Trust Documents Policy: This action is still in progress and AS is working with A Harper to produce fresh draft.

2.4 25.3 and 25.4 (23/04/2014) – Respect and Trust Values: GD reported on a very constructive discussion at the Joint Partnership Form (JPF) which agreed to joint working to resolve the issues raised by the Staff Survey results. The IWG therefore **agreed** to close these actions.

2.5 26.1 (23/04/2014) – Pictorial communications booklet: KM reported that the meeting had taken place and the outcomes are being taken forward as part of the EPCR project. It was **agreed** to close this action.

2.6 26.2 (23/04/2014) – Pictorial communications booklet: AR and JC reported that a decision was imminent on the sourcing and roll out of pictorial communications booklets. It was noted that IC24, the main Out of Hours provider for the majority of the Trust's service area, has asked the Trust to supply them with copies of the booklet. In considering this request it will be necessary to take into account the costs involved and how it will be facilitated.

2.7 28.2 (23/04/2014) – Commitment to Carers: FON awaiting response and this action remains on-going.

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

17.3 - 'Small change, big difference' – culture faith and footwear

19.3(b) - Experts by Experience Workshops: Trainer attendance

19.5 - Experts by Experience Workshops: Extending invitation

23.1 - Any other business: Reissue all invitations for IWG with new start time

24.1 - Disability at work: supporting and informing managers

25.3 - Respect and Trust Values: Video clip circulated

25.2 - Respect and Trust Values: Training – agenda item

25.5 - Respect and Trust Values: Training – link has been reset

27.1 – Delivery of Experts by Experience type training to Operational Staff

28.1 – Commitment to Carers (SECAmb Live with link)

29.1 - Equality and Diversity Engagement

30.1 - EDS 2 report amendment

### 3. Review of IWG activities since last meeting

3.1 A brief review of Inclusion activities since the last meeting was received, which included: attendance at Experts by Experience Workshops, to which KM invited external partner representative; Volunteer Charter Development workshop; review of 'Creating an Environment based on Respect' video clip; consultation and development of Equality Analyses; production of identity cards for volunteers; work on the process for Personal Emergency Evacuation Plans and evacuation plans for the new HQ Building; Stonewall Workplace Equality Index (WEI) planning meeting; signing up to Stonewall's 'No Bystanders' initiative; promotion of Gypsy and Traveller History Month; attendance at the IHAG meeting; a presentation on public access defibrillators (Kent).

3.2 KM advised that she had recently attended Accelerate training at which groups of participants were asked to give a presentation around corporate social responsibility. Two of the three groups presented on a similar subject: capturing and capitalising on all of the good work our staff do outside in their own time. J Lightfoot (Learning and Development) is liaising on how to take this forward

3.3 RP reported that overall about 80% of staff have completed the Equality and Diversity (E&D) element of their statutory and mandatory training.

3.4 AR provided an update on her work with JC on Equality and Diversity Week; and work with the Gypsy & Traveller Community Team at the Epsom Derby.

3.5 GD advised that the Board received a very enlightening and powerful presentation on Equality and Diversity, and the element presented by the Gender Identity and Research Education Society was particularly powerful.

3.6 It was expected that about 70 members of staff will join the Trust at Brighton and Hove PRIDE 2014, and potentially 20 staff from East of England Ambulance Service. GD thanked all sponsors, including Unison, who had donated funds to support the Trust's participation in the event. GD extended an invitation to the Group to attend.

### 4. Employers Network for Equality & Inclusion (ENEI) e-quality 2014

4.1 The Trust was presented with a Gold Standard award for its ENEI e-quality 2014 submission, one of only five organisations to receive this nationally. The Trust competed against multi-nationals and other large commercial organisations. The Standard covers all protected characteristics and is in recognition for the inclusion work we do to for all groups. The Trust is entitled to use the ENEI Gold Standard kite mark on its marketing literature and communications and it was agreed that this will be circulated to the group.

**Action: AS to circulate ENEI Gold Standard Award kite mark to IWG members and deputies for use in marketing literature and communications.**

**Date: July 2014**

### 5. Stonewall WEI Planning meeting

5.1 On 23 June the Trust hosted a Stonewall WEI workshop in Lewes at which time the new WEI was presented. This included a number of changes which would impact admissible evidence for this year. A Stonewall WEI Planning meeting took place on 14 July to consider the changes to this year's WEI and how to provide evidence.

5.2 We have used the WEI approach for all of the protected characteristics, as have some of our colleagues in other organisations. Equality and Diversity is embedded as a whole, making it time consuming to draw out the required evidence for Stonewall. The IWG

discussed the requirements for the new Index and considered whether the Trust's participation in the WEI was proportionate in terms of the time and work for all characteristics and groups. It was **agreed** that the Trust will (a) remain committed to being a Stonewall Champion, but will not enter the WEI this year; and (b) will work towards maintaining and improving our ENEI status.

5.3 It was also **agreed** that the Trust will take a proactive approach in communicating this decision and promote the positive result for the Trust.

**Action: JC to prepare and publish communication(s) on the positive aspects of being a Stonewall Champion, the ENEI award and future assessments.**

**Date: Next meeting**

## 6. 'Respect' and Trust's Values – delivering training

6.1 Following a brief discussion the IWG **agreed** with the recommendations provided in the Learning and Development paper outlining its response for disseminating the 'Creating an environment based on RESPECT' video clip. The following actions were **agreed**:

**Action: RP will set up an E&D resources page on SECamb Live, which will include this clip.**

**Date: July 2014**

**Action: RP and JC will work together to promote the E&D page on SECamb live across the Trust .**

**Date: August 2014**

**Action: Quarterly reports will be produced (to the IWG) which will indicate how many staff have viewed the E&D resources and completed the training.**

**Date: January 2015 meeting**

## 7. Equality & Diversity (E&D) Survey May 2014

7.1 A discussion on the E&D Survey (May 2014) highlighted the need for further analysis on the outcomes in relation to the protected characteristic of Age. The analysis will identify where the issues exist (i.e., the age ranges affected) and a report will be provided to the IWG at its next meeting, with a breakdown by age range. The IWG will then take a decision on how the identified issues will be addressed. It was noted that the staff age demographic has changed quite recently and this may be having an effect.

7.2 It was **agreed** that the summary report will be submitted to the Risk Management & Clinical Governance Committee (RMCGC) as part of the Equality and Diversity paper. The RMCGC is to be provided with a brief overview of outcomes, what they mean for the Trust and how they will be taken forward.

7.3 AR will work with JC to communicate the outcomes of the survey to all staff. This will include encouraging staff to report incidents of discrimination or harassment, including incidents of perceived discrimination or harassment which have been witnessed.

7.4 Questions which offered a 'Neither' response will be adapted in future surveys to enable more useful information and data for analysis. The question on sexual orientation will be adapted to distinguish between openness at work and outside of work. Other suggestions included using 'Not applicable', 'Neutral' and 'Don't know' as alternatives.

**Action:** AR to submit narrative and report on the E&D Survey May 2014 to RMCGC, as part of the E&D paper to the Committee.

**Date:** August 2014

**Action:** AS to carry out further analysis of the Age related issues identified within the survey to be presented to the IWG at the next meeting.

**Date:** October 2014

**Action:** JC and AR to develop staff communication on the outcome of the survey, including reporting incidents of discrimination or harassment, experience or witnessed.

**Date:** August / September 2014

**Action:** AR and AS to adapt questions for future surveys to replace 'Neither' where this response prevents effective analysis; and to adapt the question on 'being open at work'.

**Date:** October 2014

## **8. EDS2 Action Plan 2014**

8.1 It was **agreed** that AH will advise NB of the requirement to complete the tasks and actions for 1.1, 1.2 and 2.2 as a matter of priority on return from leave.

8.2 RAG status: It was **agreed** that, in line with other Trust approved plans, the RAG status on the action plan will be green (completed) or red (not completed) only. AS will update the plan and advise leads accordingly.

**Action:** AH to advise NB of requirement to update tasks and action for 1.1, 1.2 and 2.2.

**Date:** August 2014

**Action:** AS to update the RAG status on EDS2 Action Plan to green (completed) or red (not completed) only. Action Plan leads to be advised.

**Date:** By September 2014

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

9.1 JRi provided an update on IHAG activities since the last IWG meeting. It was noted that members of the IHAG had participated in an EA consultation on the Polegate Ambulance Operations Centre and their contribution during previous consultations had been incorporated into the Polegate plans, illustrating how consultation can improve services.

9.2 A brief overview of the IHAG meeting held on 17 July 2014 was given by JRi. The IHAG received a presentation by two student Paramedics from Brighton University who have accepted jobs with the Trust. They have been invited back to the IHAG in 6 months' time to present their perspective on how inclusion, equality and diversity work in practice for new employees. There was a brief discussion at the IWG on the reasons we are able to successfully recruit Paramedic students, the challenges faced by all services to retain them and what is appropriate in terms of raising awareness of our successful recruitment objectives.

9.3 Presentations were also received on the IT strategy; engagement plans for Ambulance Operations Centres; and an update on the Emergency Services Collaborative Partnership.

9.4 There was a presentation on the National Ambulance Standards, by the Royal College of Physicians and the Health and Social Care Information Centre and the IHAG provided feedback on the summary of Standards related in terms of equality and diversity. Discussion identified a bigger role for the IHAG around consultation on the actual electronic form(s).

9.5 The IHAG have been consulted on a draft advertisement to recruit members of the Patient Experience Group. Discussion took place on whether there needs to be a turnover of Group members in order to refresh input on current patient experience. The IHAG considered that it would be beneficial to have a regular membership and to invite patients to share their experiences and highlight their cases.

## 10. Foundation Council (FC)

10.1 The FC received an update from James Kennedy on the new 5 Year strategy; provided some useful feedback on how to use the FFT in the future; received a presentation on the changes made to the Patient Transport Service (PTS); and considered the development of a staff charter. The FC will be making recommendations on the staff charter process and highlighting the importance of staff engagement throughout. Also received was a presentation on recruitment and retention and the on-going work within the Trust.

10.2 The FC reviewed staff suggestions and thanks were expressed to everyone at the IWG who coordinated responses, especially JB.

10.3 Representatives from the FC have offered to assist with policy and procedure review and liaison is currently taking place with FON. The Bullying and Harassment Policy will form part of the review by the FC, as specific issues have been raised around it.

## 11. Gypsy and Traveller Community Team (GTCT)

11.1 GTCT participation at the Epsom Downs awareness event was publicised as part of Gypsy and Traveller Awareness Month. The Group also prepared a newsletter aimed at dispelling myths around the Gypsy and Traveller community. It was intended for all staff, to be circulated in the Weekly Bulletin with a link to the webpage, but unfortunately the link did not work. It was **agreed** that JC and AR will discuss the options to take this forward.

11.2 AR confirmed that the GTCT webpage is up and running. The Group will meet again in November.

**Action: JC and AR to discuss and arrange for circulation of the GTCT newsletter to all staff.**

**Date: By September 2014**

## 12. Open session, horizon scanning and future agenda items meeting

12.1 **Gypsy and Traveller Epauettes:** Following a brief discussion seeking clarification on wearing GTCT epauettes it was agreed that JB will raise the matter at the Operations team meeting to be held on 23 July, taking into consideration the wider implications of the Trust Uniform Policy. Feedback will be provided to AR.

**Action: Gypsy and Traveller Epauettes: JB to seek clarification at the Operations team meeting on the wearing of GTCT epauettes; and feedback to AR.**

**Date: August 2014**

12.2 **Assistance dogs:** An approach has been received from an external party about the training we provide to our staff, our policies around assistance dogs and interaction with the dogs. L&D have advised that this element is included within induction training and consider there may be a need to raise awareness, in terms of policy, for operational staff. JG considers there is a need for further instruction. AH also expressed concerns regarding infection prevention and control if assistance dogs are to be transported with the owners. It was **agreed** that JB will liaise with JG when he gets back from leave to take this matter forward. Consideration is to be given to infection prevention and staff safety.

**Action: Assistance dogs: JB to liaise with JG to ensure this matter is taken forward. Consideration is to be given to infection prevention and staff safety.**

**Date: August 2014**

12.3 **Use of interpreters:** AR provided the context for this discussion aimed at seeking clarity on the Trust policy and best practice on the use of interpreters and Language Line. The Group considered the value of national guidelines and the Care Quality Commission's (CQC's) viewpoint, which BC advised the Trust has signed up to and we should therefore use interpretation services. DW identified how language barriers are overcome within 111 and suggested that something formalised (in writing) would be useful. There is a need to be aware of what is operationally expedient at the time; to ensure that we get the right information in the right way, ensuring the patient can be treated appropriately. It was **agreed** that JB will ask M Bailey (MB) to work with DW to consider a standardised approach throughout Operations, the outcome of which will be fed back to the IWG. The IWG will then consider the development of a policy or procedure. It was noted that MB will need to be mindful of what the CQC expect and of our need to meet CQC requirements. AR will send the contents of the email which raised this issue to MB and DW, together with Surrey and Sussex Healthcare Trust policy / procedure. AR contact E&D Leads and JB / MB their Operational counterparts to source existing documents (policy / procedure / guidance).

12.4 KM advised there are two elements to consider: the Emergency Operations Centre (EOC) and staff. Airwaves can be used as a telephone which negates the need for call backs to and from the EOC. It was **agreed** that KM will speak with JB about the practical options available to Operational staff in these circumstances.

12.5 The IWG also briefly discussed the use of team briefing folders, training, service costs, and the varying use of the Language Line across the three counties.

**Action: Use of interpreters: JB to ask MB to work with DW to consider a standardised approach throughout Operations (being mindful of CQC requirements), the outcome of which will be fed back to the IWG who will consider the development of a policy or procedure.**

**Date: By next meeting**

**Action: Use of interpreters: AR will send the contents of the email raising this issue to JB, MB and DW, together with a copy of Surrey and Sussex Healthcare Trust policy / procedure example.**

**Date: August 2014**

**Action: Use of interpreters: AR to contact E&D leads and JB / MB their Operational counterparts to source existing documents (policy / procedure / guidance).**

**Date: August 2014**

**Action: Use of interpreters: KM will speak with JB about the practical options available to Operational staff when interpretation is required.**

**Date: August / September 2014**

**12.6 Learning Disability Alert Card Toolkits:** AR reported that almost 4,000 toolkits have been sent out to date and it continues to be publicised.

**12.7 Volunteer Expenses (IHAG):** The Group were advised of the delays in processing volunteer expenses, which in some cases have the potential to cause hardship. It was recognised that timely payment is a matter of principle and it was **agreed** that AS will speak to PR with a view to the issues being addressing via SBS.

**Action: Volunteer Expenses (IHAG): AS and PR to discuss what action can be taken to address issues of late payments via SBS.**

**Date: August / September 2014**

**12.8 Brighton and Hove PRIDE:** GD provided an update on the preparations and support for the Parade and Community Stand. He advised that a number of staff, including some from Dorking 111, will be attending for the first time this year. GD invited all members and deputies to attend, and to extend the invitation to their teams.

### **13. Any other business**

**13.1 Staff Friends and Family Test (FFT) results:** JC reported that all NHS organisations have to undertake the FFT for staff and patients. For Trust staff it will be undertaken every quarter and will include volunteers and the first survey has already been undertaken. It yielded a return rate of about 24% (approximately 1,000 responses). There were two questions asked:

13.2 Would you recommend the care the Trust provides to your family if they needed treatment? 81% said they would highly recommend the care, which is a very positive outcome.

13.3 Would you recommend the Trust as an employer to your friends and family? 39% of staff would highly recommending or recommending the Trust as an employer. A similar figure would not.

13.4 Approximately 1,000 comments were posted which provide a rich source of information about what matters to staff. It was noted that staff appeared to engage far more with the FFT than they do with the Staff Survey. JC advised that the results will be published and confirmed the survey will be repeated every quarter. The JPF and FC have agreed how the results will be used and AR is overseeing utilisation of the E&D data. Feedback indicated too many questions were asked relating to E&D monitoring and it has been agreed that these questions will only be included in the first quarter of each annual set. JC reported that different organisations are using different approaches to the staff FFT, some only opting to have one annual survey. It was noted that the variations make comparisons unequal.

### **14. Effectiveness of the meeting**

14.1 There was good, focussed discussion on all items and good timekeeping.

14.2 GD thanked everyone for coming and for all of their hard work. 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. At the next meeting there will be a decision around Age and what it means for the work of the IWG.



## **15. Date of Next Meeting**

15.1 The next meeting will be held on **24 October 2014** in the **Kent Boardroom**.