

# South East Coast Ambulance Service NHS Foundation Trust

## Inclusion Working Group

Notes of a meeting held on Wednesday 23 May 2013  
in the Boardroom at Coxheath

### Present:

Angela Rayner	(AR)	Inclusion Manager
Bill Chilcott	(BC)	Head of Compliance
Isobel Allen	(IA)	Membership and Governor Engagement Manager
Janine Compton	(JC)	Interim Head of Communications
John Griffiths	(JG)	Head of Operational Support
Linda Wood	(LW)	Service Developments Programme Manager
Louise Hutchinson	(LH)	Patient Experience Lead
Paul Ranson	(PR)	Head of Procurement
Paula Dooley	(PD)	Public and Patient Involvement Representative
Steve Plater	(SP)	Public and Patient Involvement Representative

### Apologies

Geraint Davies	(GD)	Chair – Director of Commercial Services
Andy Cashman	(AC)	Head of Contingency Planning
Clare Mitchell	(CM)	Company Secretary
Fiona O'Neill	(FON)	HR Business Partner
Jo Byers	(JB)	Operational Business Development Lead
Liz Langridge	(LL)	Head of HR Service Delivery (represented by R Ivey)
Mike Collins	(MC)	Head of IT
Nicola Brooks	(NB)	Head of Medical Services
Pam Fricker	(PF)	Head of L&D
Jim Reece	(JR)	Public and Patient/Carer Involvement Representative
Mo Reece	(MR)	Public and Patient Involvement Representative

### Non Attendees

Anouska Adamson-Parks	(AA)	111 Programme Director
Chris Stamp	(CS)	Senior Operations Manager
Darren Reynolds	(DR)	Head of Volunteer Services
Greg Timmins	(GT)	Head of Operational Finance
James Pavey	(JP)	Senior Operations Manager
Peter Radoux	(PRd)	Senior Operations Manager
Rob Mason	(RM)	Head of Operational Planning
Robert Bell	(RB)	Head of Commercial Services
Steve Rose	(SR)	Senior Operations Manager
Sue Skelton	(SS)	Head of EOCs

## 1. Welcome and Apologies

1.1 GD was unable to attend the meeting so LW chaired the meeting on his behalf.

1.2 LW welcomed everyone to the meeting and thanked them for attending.

1.3 Apologies were as listed above.

## 2. Review of notes of the meeting held 27 March 2013

2.1 The notes of the meeting held on 27 March 2013 were agreed as an accurate record subject to the following amendments:

Page 5, paragraph 7.2 refers to the Foundation Council. To avoid confusion with the Council of Governors the minutes are to reflect specifically the Foundation Council (FC).

Page 2, paragraph 32 – a proposal by PF was tabled to change the word “ownership” in last sentence to “facilitation”. There was further discussion and it was agreed that “ownership of” will be replaced with “responsibility for” Transgender training.

<b>Action:</b>	<b>Anita Smith (AS) to ensure the two revisions to the previous minutes highlighted in 2.1 are made prior to the publication of the minutes.</b>
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<b>Date:</b>	<b>June 2013</b>
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### Matters Arising

2.2 4.6 (8/11/12) – Transgender training: the action log update provided by PF had been superseded by her presentation to the Inclusion Hub Advisory Group (IHAG) and subsequent discussions at its meeting on 9 May, 2013. AR updated IWG on the outcomes, which included the development of an ‘Experts by Experience’ training programme to integrate three key elements of training from the E&D workstream: Transgender, Learning Disability and Gypsies and Travellers. The training will be delivered as a one-day training programme which will be available to all members of IWG and trainers. L&D will be invited to participate in the structuring of the event and PF is to advise the best time to run the training to achieve optimum attendance. Related EDS 2013 Review equality objectives require the training to be delivered by 31 March 2014. PD noted her disappointment at the lack of progress since the issue was first raised at the IWG in November 2012. It gave the impression that as a seemingly small number of people were affected by gender reassignment issues, training was not a worthwhile investment. However, the last estimate by the Equality and Human Rights Commission (EHRC) was that 1% of the UK population could be covered by the protected characteristic of gender reassignment. This equates to 600,000 people and it is anticipated that this figure will increase as more people feel able to declare themselves. PD considered that the provision of some initial training and some facts is not a difficult proposition, but one which will be beneficial. They need to know something and this must happen fairly soon.

2.3 2.1 – Action completed.

2.4 2.6 – Referred to agenda item 3.

2.5 2.9 and 2.10 - Actions completed.

2.6 3.2 – A response has not been received with regard to a nominated lead for the Medical Directorate actions. AR noted her concerns that the delay will impact on the amount of time available to develop effective actions plans to deliver the EDS 2013 Review actions by 31 March 2014. It was agreed that AR will refer the issue back to GD and will inform NB of the outcomes of the EDS 2013 Review for the Medical Directorate.

**Action:** AR to refer issue back to GD and will advise NB of the Medical Directorate's actions arising from the EDS 2013 Review.

**Date:** End May 2013

2.7 3.3 – Referred to agenda item 5.

2.8 3.4, 3.5 and 4.4 – Actions completed.

2.9 5.1 – an update provided by PF was tabled, advising that the Staff Networks leaflet had been forwarded to DR for review. The decision to include the Staff Networks leaflet in the ASK pack was a recommendation from the Foundation Council (FC) because it felt it was important for staff to know about the networks within the Trust. This recommendation was agreed by the IWG at its last meeting. It was accepted that the leaflet may need to be reformatted prior to inclusion.

2.10 8.1 – Referred to agenda item 9.

2.11 9.1 – IA reported that she had spoken with AC, as noted in the Action Log, and raised concerns at the irregularity of the History Marking meetings.

2.12 9.2 – Referred to agenda item 10.

### **3. Equal Opportunities policy update**

3.1 FON provided a written update on the Equality and Diversity Policy to be tabled at the meeting in her absence due to an HR Business meeting. It was noted that the second item of the report was not clear regarding ownership of the policy, as responsibility for it rests with Human Resources (HR). AR provided further background information to IWG on how this came about through the EDS 2012 Review. This is considered a policy for all staff which relates to contracts of employment, as previously minuted, and also has a bearing on the Trust's contracts with its providers.

**Action:** FON to provide clarity on the second bullet point of the Equality and Diversity Policy update, to ensure understanding with regard to ownership / responsibility.

**Date:** June 2013

3.2 IWG would like to consult on the draft Equality and Diversity Policy via circulation, in order to prevent delays in approval. It was agreed that consultation should also include the Foundation Council (FC), which is a staff forum, for feedback.

**Action:** FON to circulate draft of the Equality and Diversity Policy to IWG for consultation prior to submission to the Joint Partnership Form (JPF).

**Date:** Mid-June 2013

**Action:** FON to circulate draft of the Equality and Diversity Policy to IA for circulation and consultation with FC, prior to submission to JPF.

**Date:** Mid-June 2013

3.3 It was identified that the approval path requires amendment, in line with the Trust's Development and Management of Trust Documents Policy. Whilst JPF will be used as a

consultative body, the policy must be recommended by the Workforce Development Operation Group prior to submission for approval at the Workforce Development Committee.

<b>Action:</b>	<b>FON to review approval and ratification process for the Equality and Diversity Policy.</b>
<b>Date:</b>	<b>Mid-June 2013</b>

#### **4. Transgender work stream**

4.1 AR provided background and an update on the Transgender work stream, some of which were provided under matters arising in relation to training. With regard to the Transgender policies, AR clarified that the patient element will be developed and stand separately from the staff policy.

4.2 Further discussion took place on the development of Transgender training. PD commented that the training the Trust does with operational staff should be to raise their levels of confidence and understanding of dealing with transgender people. Not to provide such training is unfair on the staff and will consequently have an effect on patients which may well be negative. It is not necessary to inundate staff with facts. They need to develop an understanding and know there is a medical basis for a person being transgender. There are different types of people in the transgender envelope they will come across; and all people are different. It is necessary to work on culture, for example, transgender 'jokes' are as unacceptable as racist jibes. This is completely different to the policy we have around staff. PD expressed concern that the organisation has not driven this issue forward and perhaps if we concentrated on increasing the confidence of trainers, perhaps it will cascade more to the mainstream. She endorsed the Trust approach to separate staff and patient elements.

#### **5. EDS 2013 – progress update**

5.1 AR provided background information and an update on recent activities. Action Plan Briefing papers had been circulated to identified Directorate Leads, with links to discussion papers. Directors and their Leads had been advised that updates on the plans will be provided to IHAG and IWG will monitor progress. In addition, Leads have been advised that both groups may require them to present their updates in person. Nomination of a Lead for the Medical Directorate was outstanding and AR will follow this up as in section 2.6 above. AR also advised that the changes to two equality objectives are to be submitted for Board approval on 29 May.

<b>Action:</b>	<b>AR to facilitate nomination of Directorate Lead for EDS 2013 Review actions.</b>
<b>Date:</b>	<b>June 2013</b>

5.2 LH requested copies of the Workforce Development and Medical briefing papers with a view to reviewing patient experience aspects.

<b>Action:</b>	<b>AS to forward EDS 2013 action plan briefing papers for Workforce Development and Medical to LH.</b>
<b>Date:</b>	<b>June 2013</b>

#### **6. Inclusion Hub Advisory Group**

6.1 AR advised that the minutes of the previous meeting had not been circulated as they were in the process of being completed. AR provided a verbal update on the group's progress and the topics discussed at its last meeting, including the group's involvement in: developing a process for NHS 111 'Mystery Shopping'; equality analysis training; a review of the Francis Report

recommendations and considering the impact on the Trust; participation in an Allied Health Solutions focus group on Patient / public recommendations for Paramedic Training; and providing feedback and equality analysis on the implementation of the Electronic Patient Clinical Record (EPCR). AR also reported on the group's 'horizon scanning' activities, which is a standing agenda item, and noted the positive value IHAG has added to the Trust's activities.

6.2 IHAG had also agreed to setting up a virtual Equality Analysis Reference Group, a valuable resource which will improve the submission and completion timeframes for EA consultation.

## **7. Foundation Council**

7.1 IA provided an update on the Foundation Council (FC) meeting held on 16 May. The agenda and discussions included: a patient experience paper presented by LH; reducing long term sickness (JG); and re-launching the staff suggestion scheme; and the outcomes of the staff survey results.

7.2 The proposed Staff Suggestion Scheme, which will be going to the Executive for approval, is a new process and smaller than the previous scheme. There are still some process issues to be resolved before approval can be sought. IA confirmed there is no funding in place for the scheme at present, although financing options and their implications are still under discussion. IA and JC advised IWG of some of the options under consideration.

7.3 IWG briefly discussed how the results of the staff survey will be taken forward and JC provided an outline of actions currently being considered. These included a process of staff involvement through workshops; and an analysis survey by different areas of the Trust and potentially broken down by different roles. JC considered that issues previously hidden will be identified by detailed analysis.

## **8. Gypsy and Traveller Community Team – update**

8.1 AR provided an update on the recent activities and meeting of the Gypsy and Traveller Community Team. Members had been involved in shadowing exercises with Community Development Workers of Friends, Families and Travellers and were currently working on a presence at the Epsom Derby, aimed at engaging with Gypsies and Travellers and removing barriers through achieving a greater understanding of their issues. It was reported that blood pressure and other tests will be offered to the community and the Team are very enthusiastic about this opportunity. AR reported that two new members had been recruited to the team following the publication of an article in the weekly Bulletin during Equality and Diversity Week.

8.2 JC reported to IWG that Paul Harris (PH) had recently attended calls for Gypsies and Travellers and she considered his approach and attitude was exemplary. IWG considered how, if PH was willing, his experience could be used to educate others and, given his interest in the area, he may wish to consider becoming part of the Gypsy and Traveller Community Team. It was agreed that AR will approach PH with a view to him contributing in some way to raising awareness of the Gypsy and Traveller community, perhaps by way of an article in Reflections or the Bulletin, with assistance from JC.

<b>Action:</b>	<b>AR to approach PH with a view to him contributing in some way to raising awareness of the Gypsy and Traveller community, possibly through an article in Reflections or the Bulletin with assistance from JC.</b>
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<b>Date:</b>	<b>June 2013</b>
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8.3 LW advised that Epsom and Ewell Council have a liaison officer for the - Gypsy and Traveller encampment at Epsom Racecourse. AR thanked her for this information and agreed to contact the officer.

<b>Action:</b>	<b>AR to contact the Epsom and Ewell Council liaison officer for further information and assistance in setting up the vehicle and volunteers for the Epsom Derby day.</b>
<b>Date:</b>	<b>Following the meeting.</b>

## 9. Equality Analysis (EA) - process and training

9.1 AR reported that two EA workshops had taken place in May and both groups had participated in 'live' EAs (EPCR and new HQ). A summary of the workshop structure was given to IWG by AR, who also advised that feedback from the workshops was very positive. Attendees had been asked to review draft EA Guidance and checklists and as a result some amendments had been made and incorporated into the suite of documents presented to IWG for approval. IWG reviewed the documents approved them pending a check that the Corporate Records Administrator's name was in the guidance/process document.

9.2 Other EA workshops will take place in June and the autumn and in the meantime the EA suite of documents is to be circulated and published.

<b>Action:</b>	<b>AS to circulate and arrange for publication of the EA documentation.</b>
<b>Date:</b>	<b>June 20 13</b>

9.3 AR also advised that the Development and Management of Trust Documents Policy had been reviewed to take into account more robust requirements for EA. The revisions included a section in the document control pages acknowledging that an EA had been carried out and an EA Record and, if appropriate, and EA Action Plan had been appended; an update to the Arrangements section to reflect that an EA must be commenced as soon as the need for a new Trust Document had been identified; amendments to the Policy template; provision of summary guidance. AR reported there will be an additional emphasis on EAs as CM had advised that no papers will be presented to Committees without one. The Policy will be presented to the next meeting of the Compliance Working Group for review and to the next RMCGC for approval.

## 10. Attendance proposal and Terms of Reference – for discussion

10.1 IWG discussed proposals to improve meeting attendance and to enable assurance that the Group is fulfilling its remit under the IWG Terms of Reference. Information was provided on the outcome of an attendance review which highlighted more than 70% of members did not achieve the 75% target for attendance.

10.2 In terms of assurance, it was understood that persistent non-attendees should be able to demonstrate the required level of understanding in terms of: (1) meeting the Trust's legal duties and responsibilities, including: Equality Act 2010, Equality, Diversity & Human rights legislation and codes of practice (including NHS, Department of Health and Equality and Human Rights Commission standards); and (2) promoting, recognising and valuing the diverse nature of our communities, stakeholders and staff, and removing or minimising inequalities of access and discrimination, to enable the Trust to meet the needs of patients.

10.3 IWG discussed membership and attendance at IWG. It considered that whilst there is no need for Directorates to be over-represented it is necessary for there to be consistency with regard to feedback and the cascade of actions and information. It is also necessary that this mechanism

feeds back into IWG in order to progress and provide assurance. A balance is required to reflect the roles and / or necessity to report or advise within Directorates.

10.4 The consensus of IWG was that Directors should be responsible for delivering assurance for their areas. This will enable Directors to make effective and appropriate decisions in terms of embedding equality and diversity. It was noted that one means of achieving this is through feedback from IWG to Directorate management team meetings. The mechanism within Clinical Operations, for example, begins when JG reports from IWG to the Senior Clinical Operations Team (SCOT) meeting.

10.5 The group discussed the need to shift the profile of IWG and provide clarity on the impact and consequences of non-attendance. Some imperatives need to be put in place so the purpose and function of the Group can be recognised. There is also a need to be prescriptive about assurances: for example, at what level are they given and what they are for; their role or function. This includes external compliance requirements, such as those required by the Care Quality Commission (CQC), who have powers to place improvement notices and raise fines; or the European Human Rights Commission who check our published information and can challenge on compliance. In addition, one of the main purposes of IWG is to embed equality and diversity within the Trust and for staff to embed it within their work. It is important, therefore, for everyone to understand what this means and how it is achieved. It is not the aim to enforce equality and diversity, but to foster genuine interest and an understanding of our duties which enables equality and diversity. It is also important that IWG members take responsibility for their role.

10.6 It was agreed that a sub-group be formed to further consider IWG discussion on attendance and assurance in order to develop a proposal which will be tabled for consultation at the next full meeting. In addition to the make-up of the membership and the attendance target, other areas to consider are: accountability; persistent non-attendance (outcomes); external assessment and legal obligation; and Board undertakings. The outcome of the sub-group will be a proposal to be presented to IWG for consultation and agreement for next steps. This will enable a review of the IWG Terms of Reference to be completed.

<b>Action:</b>	<b>AR, JC, PD, JG, LH, PR to meet as a sub group to develop a proposal on attendance and assurance for presentation at the next meeting.</b>
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<b>Date:</b>	<b>Prior to circulation of next IWG meeting papers</b>
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10.7 PD questioned, from an IHAG perspective, what decisions are being delayed due to non-attendance, by whom and what impact does it have on what the Trust, IWG and IHAG are trying to do. For example, Transgender training should have been completed a long time ago and it would appear that there has been no 'buy in'. From a patient's perspective, PD felt people were letting this forum down by not attending. The function of this group should be to put itself out of business and there needs to be a route map on how to do that. At that stage the function of IHAG can be reviewed to see how it relates to IWG and whether its role needs to change. SP suggested that the top level objective be heightened in terms of patients and how IHAG feeds into that area.

10.8 IWG discussed how to make the group more effective and encourage participation from the full group. It was agreed that two new standing agenda items will be added: (1) Review of IWG activities since last meeting; and (2) Horizon scanning and future agenda items.

<b>Action:</b>	<b>AR to add two new standing items to IWG Agenda template.</b>
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<b>Date:</b>	<b>Prior to circulation of next IWG meeting papers</b>
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10.9 It was agreed that future meetings will be held quarterly and, as a group, the venue / location is not important.

## 11. Any other business

11.1 JC reported that she had recently become aware, during a grievance, that the Trust does not have an IVF policy and there is no provision for IVF within the Maternity Policy. This is not a legal requirement, but it is strongly considered to be good practice to have an IVF policy. It is recognised that IVF treatment and pregnancy requires consideration of different needs. The Government has also recently increased the age limit for IVF treatment to 43 years of age. Discussion identified that a draft IVF policy had commenced several years ago, but it has not been approved / published. IWG agreed that the development of this policy needs to be taken forward, either to be incorporated within the Maternity Policy or as a standalone policy and would like to understand why the original draft was abandoned.

<b>Action:</b>	<b>LL to provide update at next meeting on the development of IVF policy and issues that prevented the original draft from progressing. (If appropriate, LL is asked to delegate this action to the IWG member responsible for this area within Workforce Development.)</b>
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<b>Date:</b>	<b>Next meeting</b>
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## 12. Effectiveness of the meeting

12.1 It was not possible to complete this item, due to time constraints.

## 13. Date of Next Meeting

The next meeting will be arranged for 10.00 a.m. on 29 July 2013 at Coxheath.