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South East Coast Ambulance Service NHS Foundation Trust
Inclusion Working Group

Notes of a meeting held on Friday, 24th April 2015, Lewes Boardroom

Present

Adrian Hogan	(AH)	Infection Control Lead
Andy Hanney	(AHa)	Head of Estates
Angela Rayner	(AR)	Inclusion Manager
Ariel Mammana	(M)	Staff -side representative
Bill Chilcott	(BC)	Head of Compliance
Isobel Allen	(IA)	Membership and Governor Engagement Manager
Janine Compton	(JC)	Head of Communications
John Rivers	(JRi)	Patient/Public Representative
Karen Mann	(KM)	IT Development Project Manager
Louise Hutchinson	(LH)	Patient Experience Lead
Mark Bailey	(MB)	Senior Operations Manager
Paul Ranson	(PR)	Head of Procurement
Ray Savage	(RS)	Patient Transport Service Business Manger
Rob Parsons	(RP)	Learning and Development Lead - Risk Management
Steve Rose	(SR)	Acting Head of Voluntary Services; Senior Operations Manager
Sue Skelton	(SS)	Acting Associate Director of Clinical Operations – Performance & Service Delivery

Apologies

Clare Mitchell	(CM)	Company Secretary (Deputised)
Fiona O'Neill	(FON)	HR Business Partner (Member)
Francesca Okosi	(FO)	Director of Workforce Transformation
Jim Reece	(JR)	Patient/Public Representative
Jo Byers	(JB)	Head of Operational Business Development
John Griffiths	(JG)	Head of Operational Support
Jon Amos	(JA)	Customer Account Manager
Nicola Brooks	(NB)	Head of Medical Services (Deputised)

Secretariat:

Asmina Islam Chowdhury	(AIC)	Inclusion Coordinator
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Guest:

Anita Smith	(AS)	
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1. Welcome and Apologies

1.1 AR welcomed everyone to the meeting and thanked them for attending. She explained that as Deputy Chair, she would be chairing the meeting and that as a result the change to director portfolios, the Inclusion team would be now be part of the Workforce Transformation directorate. As a result Francesca Okosi will be the Chair of the IWG. The group requested their thanks to Geraint Davies for his leadership and commitment over the last two years. Apologies were recorded as above.

2. Review of notes of the meeting held 30th January 2015

2.1 The notes of the meeting held on 30th January 2015 were **agreed** as an accurate record with two corrections to be made to the incorrect recording of the date of the last meeting.

Matters Arising

2.2 Action 46.1 (30/01/2015). AR updated the group following the discussion at the last meeting regarding clarification on staff engagement in development of Trust policies, procedures and strategies. It was confirmed that staff engagement does not conflict with consultation with the JPF as part of the ratification process. The Development and Management of Trust Policies Policy states that staff engagement is required as a separate process to ratification and this is also implicit in the NHS constitution and enabled through implementation of our Inclusion Strategy.

2.3 Action 50.2 (30/01/2015) AM raised that staff are often not given feedback following the resolution of a complaint. LH confirmed that the process of feedback was not explicit within the procedure. It was **agreed** that where a letter is sent to the complainant, a copy of the letter would be sent by the PALs team to the member of staff concerned via email.

Action Log

2.4 41.1 (24/10/2014) SECAmb Culture: FO will be chairing the meeting going forward and will be at the next meeting.

2.5 43.2 (24/10/2014) EDS2 Action Plan: RP updated that the majority of L&D leads had now attended the Experts by Experience workshop and a meeting had been held on 21/04/2015 to look at how cultural competency training can be delivered going forward. Concerns were raised in relation to plans for CTL's to deliver a large proportion of the training going forward who may not be equipped to facilitate some of the difficult discussions that have arisen in the past. It was **agreed** that a higher level of cultural competency training would be required for anybody who was delivering training and that the remaining leads would be provided cultural competency training externally. AR updated that there may be a possible opportunity to attend alongside Surrey Diversity and Equalities Network in October.

2.6 44.1 (24/10/2014) EDS2 and Objective Review: AR reported that this action has been completed as paper and outcomes have been circulated. It was **agreed** to close this action.

2.7 45.1 (24/10/2015) Evaluation of LGBT Mentoring Scheme: RP to provide contact details for Health Education Kent, Sussex and Surrey which will be shared with the Trust's LGBT trained mentors

2.8 49.1 (30/01/2015) EDS2 Action Plan 2014 - Action 2.3 - No update on this action, action carried forward.

2.9 49.2 (30/01/2015) EDS2 Action Plan 2014 - Action 3.1 - No update on this action, action carried forward.

2.10 49.3 (30/01/2015) EDS2 Action Plan 2014 – Bullying, Harassment and Whistleblowing Policies: These policies were not on the agenda at the March JPF and no HR representation was available at the meeting to provide an update. It was reported that there were strong concerns raised by Governors at the EDS2 review day when it was found that the current policy was not being adhered to. Action carried forward.

2.11 50.1 (30/01/2015) Patient Experience. It was **agreed** that a patient experience workshop would be planned for Q3 and it was **agreed** to close the action.

2.12 50.1 (30/01/2015) Patient Experience - 24/04/2015: SS confirmed that the positive feedback from the Surrey Commissioners regarding Christmas had been disseminated. It was **agreed** to close the action.

2.13 53.1 (30/01/2015) Staff Survey feedback – item on agenda

2.14 54.1 (30/01/2015) Obesity – EU Ruling - MB provided an update that as part of the early work in moving to a new EOC a user group had been set up to work with the ergonomic design company HAMM to trial a selection of new chairs in EOC and presentations from the suppliers are expected before finalising. The bariatric chairs are designed for people over 23 stone in weight and there is currently 1 per EOC. The new DSE assessment places the onus on staff to use a chair that is suitable for their weight. Further discussions centred on the need to address other staff accessible areas as well as EOC including rest rooms and staff toilets.

Action: AHa to contact John Flower, to ensure consideration is given to accessibility for staff in all areas of the building

Date: April 2015

2.15 55.1 (30/01/2015) Doodle software - KM confirmed that Mark Chivers had confirmed that there were currently no plans to purchase licenses for this software. It was **agreed** to close this action.

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

28.2 (23/04/2014) – Commitment to Carers

38.1 (23/07/2014) – Assistance Dogs

44.1 (24/10/2014) – EDS2 and Objective Review

46.1 (24/10/2014) – Staff Engagement

47.1 (30/01/2015) – Commitment to Carers

48.1 (30/01/2015) – Workforce Race Equality Standard

48.2 (30/01/2015) – Workforce Race Equality Standard

50.2 (30/01/2015) – Patient Experience

51.1 (30/01/2015) – Developing champions

52.1 (30/01/2015) – Ageism - SECAmb News

3. Review of IWG activities since last meeting

3.1 Members reported IWG related activities undertaken since the last meeting and these included;

EDS2 Grading and Objective setting days attended by over 35 stakeholders (AR):

Support for the Fleet department who are completing a large number of EA's;

Publishing of Trust Annual Report which includes statutory information on Inclusion;

AR & JC have been approached by a CTL from Brighton, with an idea for a project to raise awareness and assist families for whom English is not a first language. This is yet another example of the Trust public health.

"#Hello...My name is..." LH provided an update on this campaign which is aimed at improving patient experience. LH has supported the campaign using a number of bulletin articles and will also be procuring a poster. She requested that IWG members add the logo as part of their email signatures.

AR, KM & JR gave a presentation on the value of the IHAG at the Directors of Nursing event in April along with other members of IHAG and governors which has resulted in excellent feedback.

SR updated that Voluntary Services had drafted Community Needs Assessments (CNA) for each county and that these documents were now out for comment. The CNA's will be used to inform the PAD strategy and will be shared after the initial consultation has been completed.

4. EDS2 Grading and Equality Objective Review

4.1 AR provided an update on the outcome of the EDS2 grading day which was held on 4th March 2015 at Stanhill court and the Equality Objective Review on 17th March. Both events were well attended by a diverse group of stakeholders and staff.

4.2 AR tabled a paper to the IWG showing the results of the EDS2 grading since its implementation in 2012 which showed measurable improvement with all areas now being graded as either Achieving or Excelling.



Grading Outcome
Comparison 2015.doc

AR provided background on the Equality Objectives explaining that the Trust has five equality objectives in total; one overarching objective and four objectives relating to the four goals of EDS2. The objectives can remain in place for four years and we review and agree actions to deliver progress on an annual basis. Draft actions from the Equality Objective workshop were reviewed and slightly amended (see below). These will be provided to the RMCGC and be presented to the May Board for approval.

4.3 Goal 1 – Better Health Outcomes The actions from medical are outstanding and the group felt that the actions should relate to the use of available demographic data to inform future work.

Action: AR to contact NB, to confirm actions before submission of May RMCGC papers.

Date: April 2015

4.4 Goal 2 – Improved patient access and experience. The group **agreed** to take forward the first action and amended the second to reflect the need to feedback to the Trust on the results of the first. The was proposed and **agreed** that the 3rd action should be re-worded so that solutions were proposed rather than implemented in order to manage expectations.

4.5 Goal 3 – Empowered engaged and included staff. The group **agreed** the first action regarding BME recruitment. There was some re-wording of the 2nd action relating to Bullying, harassment and whistleblowing to address the need to be informed by best practice and for robust governance.

4.6 .The group also discussed the difficulty in knowing how to report cases of bullying and harassment and AM said that the JPF would seek to ensure a robust reporting procedure is part of the updated policy.

Action: AM to ensure reporting is considered as the policy is revised.

Date: - 2015

4.7 Goal 4 – Inclusive leadership - The group **agreed** with the recommended actions. AR will submit a paper to the RMCGC based on the IWG’s recommendations; final actions in attached document;



Proposed Equality
Objective 2015 - 27-(

5. Workforce Race Equality Standard (WRES)

5.1 AR reported that data for the WRES is still outstanding and that data will need to be provided as soon as possible. It will be reported to the Board and is required to be published by July. AR explained that of the nine metrics, four related to the workforce, four to results of the staff survey and one to Board membership.

5.2 AR explained that the WRES figures should be reviewed by the IWG, as they would be used to benchmark both locally and nationally and used to develop appropriate action plans. It was **agreed** that the data would be reviewed at the next meeting in July.

6. Developing Champions

6.1 The IWG discussed the need to attract BME applicants and that this would require active steps to raise awareness and target recruitment. It was also **agreed** that there was a need to ensure appropriate recruitment training for all interviewers.

6.2 AR suggested setting up Diversity Champions rather than focusing specifically on BME. AR to further promote the development of Diversity Champions during E&D week.

Action: AR and JC to liaise to launch Diversity Champions.

Date: May 2015

7. Inclusion Hub Advisory Group (IHAG)

7.1 JRi provided an update on IHAG activities since the last meeting. IHAG met on 10th February 2015 and new members were introduced to the group. Agenda items included updates on the Volunteer Charter and the new HQ and EOC, with discussions on how the latter will affect the workforce. JRi was also elected as deputy chair of the IHAG at the meeting. The full IHAG agenda is as below;



7.2 AR updated the IWG on the strength of feeling at the last meeting regarding the lack of progress on the future training plans for Equality and Diversity. AR commended RP for the way he dealt with a difficult situation at the IHAG when challenged failure to ensure all leads had attended Experts by Experience. However since then, this situation has been rectified with plans for those who were unable to attend due to annual leave or other training commitments to attend external sessions.

7.3 AR also updated those present that we had reached the end of our agreements with Gender Identity and Research Education Society (GIREs), Aldingbourne Trust (working with people with learning difficulties) and Friends Family and Travellers. It had been necessary to go out to tender to recruit new partnership organisations to ensure the best possible value and engagement for the Trust. Additionally it was felt that there was no longer a need to renew our contract with GIREs to ensure transgender participation on the IHAG as we now had two members with transgender history. However we would continue to be an associate member of GIREs and work with them as required. Following the completion of the tendering process, which was undertaken by members of the IHAG, we will be welcoming two new organisations to the group on 18th May; Surrey Gypsy and Traveller Community Forum and Speakup (people with learning disabilities).

7.4 AR also advised that we were still looking to recruit a homeless organisation to join the IHAG; however we are having difficulties as many organisations are churches and night shelters that are unable to meet the requirement to attend meetings. It was suggested that the Big Issue Foundation may be a possibility.

Action: AR to investigate possibility of partnership working with Big Issue Foundation for IHAG

Date: May 2015

8. CQC Equality Measures



8.1 The attached document was circulated prior to the meeting and contains an extract from the CQC handbook.

8.2 The CQC in recent months has increased their scrutiny with regards to equality and human rights and the way in which they will look for assurance that this is being considered in all that the Trust does. All staff who have E&D responsibilities will need to ensure that they are able to demonstrate the integration of this in their mainstream work. One way to do this would be to ensure Equality Analyses are robustly undertaken, recorded and published.

8.3 AR also updated the group that having received a presentation from CQC at the National Ambulance Diversity Forum meeting, CQC had correlated an increase in discrimination of staff and patients against quality of care. From intelligence reports, it is felt

that CQC will be looking at both internal and external reporting as well as the Equality, Diversity and Human Rights policy as well as policies relating to Bullying, Harassment and Whistleblowing.

9. NHS Staff Survey results

9.1 JC apologised for not circulating the paper prior to the meeting as per the action log, and advised that a summary paper would be circulated post meeting. JC advised the group that the response rate to the staff survey was down on the previous year despite being open to all staff at 42%. However, this was the case across all Trusts and not just a SECAMB issue. The survey was undertaken on SECAMB's behalf by Capita.

9.2 There was an improvement in the figures reporting that they had received Equality and Diversity training in the last 12 months, with the 2014 figure at 67%. Metrics 5 -8 of the WRES relate to staff survey results and would require further analysis of the staff survey. With regards to career progression, the staff survey shows that 63% of staff believe that the trust provides equal opportunities for career progression and promotion. However, it is difficult to see why the remaining 37% do not feel the same. On discrimination, the staff survey showed that 86% of staff stated that they had not experienced discrimination in the last 12 months, with 85% stating they had not experienced discrimination from a manager or colleagues.

9.3 Staff on staff violence remains as a concern, as we have not had any evidence of staff on staff violence to enable us to tackle any issues. Areas of issue identified by staff included health and wellbeing, lack of staff within the operational directorate, pay, and not feeling valued. It was also highlighted that staff are not aware of the patient engagement work that is carried out across the Trust.

9.4 KM asked whether there would be a presentation to wider staff groups as this is the format that has been used in the past. JC advised that due to the current transformation agenda, it was not yet known and if and/or when this would be done. However, it was noted that the results of the survey have been presented to the Board by FO.

10. Foundation Council (FC)

10.1 IA advised that the FC meeting had taken place on 3rd February where James Kennedy attended in place of Paul Sutton (PS) and had provided an update on annual planning. The council also received updates on the potential changes to the structuring of PTS services as well as a very informative update on the changes to the appraisal process. The next meeting of the FC is scheduled for May; where both PS and FO are due to attend. FO has been asked to cover the following;

- Thanet Operational Model
- Recruitment and retention
- NHS staff survey
- What does "Team SECAMB" mean?
- Staff Engagement on the new HQ & EOC

10.2 IA raised the issue in progressing ideas received under the staff suggestions scheme. Under the previous structure there was a nominated representative in each directorate and consideration will be needed to be given on how these are taken forward under the new Transformation structure.

11. Open session, horizon scanning and future agenda items

11.1 JC updated that following the completion of the Saville Investigation there were over 80 recommendations made for NHS organisations which will need to be considered and implemented where required.

11.2 AR advised the group that following a request from a member of the group, an Equality Diversity and Inclusion Work stream calendar has been circulated before the meeting to all members to provide key reporting dates and events to aid timely planning. This is separate to the cultural calendar which can still be found on the SharePoint site or be circulated by email as required.

11.3 JC suggested that as the Trust was in a state of transition, there may be a requirement to address the group membership. SSk had advised earlier in the meeting that the Resource Escalatory Action Plan (REAP) was also under review and going forward it may be possible to continue meeting during REAP escalation periods with a reduced core membership.

11.4 AR suggested that membership could be reviewed by a sub group of core members following the July meeting. AR also advised members that we had recently carried out an audit on meeting attendance, which would be ongoing to help maintain the 75% attendance required under the groups terms of reference.

11.5 It was also noted that it would be advisable to invite a member of the recruitment team to join IWG.

Action: AR to schedule a sub group meeting of core members to reviews IWG membership in light of new structure.

Date: June /July 2015

12. Any other business

12.1 No AOB items were raised at the meeting.

13. Effectiveness of the meeting

13.1 It was felt that the meeting was chaired very well.

13.2 Members of the group felt that the Executive involvement in this area was essential to ensure the group received the required visibility and leadership.

13.3 IA felt that members rely on AR ensuring E&D is taken into account in the varying areas of work and that this needed to change, to ensure that everybody took responsibility to embed E&D in their work.

13.4 BC asked that consideration be given to dates for submission of information for various Trust committees when setting dates, to avoid pressure on staff who prepare papers. It was noted that a number of IWG meetings have been very close to RMCGC paper deadlines, making timely submissions difficult. AR advised that due consideration would be given to this in future.

14. Date of Next Meeting

14.1 The next meeting will be held on **22nd July 2015** in **Banstead Day Centre**