

South East Coast Ambulance Service NHS Foundation Trust

Inclusion Working Group

Notes of a meeting held on Monday 29 July 2013
in the Coxheath Residents Village Hall

Present:

Geraint Davies	(GD)	Chair – Director of Commercial Services
Aide Hogan	(AH)	Infection Control Lead
Angela Rayner	(AR)	Inclusion Manager
Bill Chilcott	(BC)	Head of Compliance
Brian Russell	(BR)	Public and Patient Involvement Representative
Isobel Allen	(IA)	Membership and Governor Engagement Manager
Linda Wood	(LW)	Service Developments Programme Manager
Louise Hutchinson	(LH)	Patient Experience Lead
Nicola Brooks	(NB)	Head of Medical Services
Paula Dooley	(PD)	Public and Patient Involvement Representative
Robert Ivey	(RI)	HR Business Partner (deputy for LL)

Apologies

Clare Mitchell	(CM)	Company Secretary
Fiona O'Neill	(FON)	HR Business Partner
Jim Reece	(JR)	Public and Patient/Carer Involvement Representative
Jo Byers	(JB)	Operational Business Development Lead
John Griffiths	(JG)	Head of Operational Support
Liz Langridge	(LL)	Head of HR Service Delivery (represented by R Ivey)
Mike Collins	(MC)	Head of IT
Mo Reece	(MR)	Public and Patient Involvement Representative
Pam Fricker	(PF)	Head of L&D

Non Attendees

Andy Cashman	(AC)	Head of Contingency Planning
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
Janine Compton	(JC)	Interim Head of Communications
Paul Ranson	(PR)	Head of Procurement
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 welcomed everyone to the meeting and thanked them for attending. It was anticipated that the meeting would enable a common understanding about how business is managed as a group and how to progress outcomes. GD reiterated that IWG is about assuring that actions are

being taken. It is crucial that as a Trust we start showing how we are embedding our responsibilities and the work being done around added value, as well as meeting statutory requirements around Inclusion. We are doing it because it is important to patients and the public we serve.

1.2 Apologies were as listed above.

2. Review of notes of the meeting held 23 May 2013

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

Page 3, paragraph 2.9 – change acronym FT to FC.

Action:	Anita Smith (AS) to ensure the revision to the previous minutes is made prior to the publication of the minutes.
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Date:	July 2013
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Matters Arising

2.2 4.6 (8/11/12) – Transgender training: AR reported that she had spoken to PF regarding the one day pilot programme. The Gender Identity Research and Education Society, Friends Families and Travellers and the Aldingbourne Trust are developing their respective elements, which will be 'Experts by Experience' based. The pilot will be delivered to as many L&D trainers as possible and to IWG members. PF suggested it takes place in December 2013 or January 2014, which anticipates a higher REAP level and the likelihood that training will be cancelled. These dates will also enable one of the Trust's equality objectives to be met, with delivery due in March 2014. IWG requires clarification on the training plan from the L&D team outlining how they are going to support it to enable delivery by year end. GD advised that he will speaking to the relevant leads regarding the need for clarification and a plan to deliver, by year end, the Experts by Experience training session. It will be the responsibility of L&D to liaise with Clinical Operations and seek the co-operation of AN.

Action:	PF to advise GD how the Experts by Experience training will be delivered by year end having liaised with Clinical Operations.
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Date:	Next meeting
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2.3 5.1 (27/03/2013) – AR to request confirmation from L&D that Staff Network leaflets are now being included as part of ASK packs.

2.4 8.2 (23/05/2013) – AR reported this action is in progress.

2.5 11.1 (23/05/2013) – LL provided an update on this action and advised a work plan was being developed to review policies and procedures. LL was unaware of a previous draft IVF policy. RI advised that a project plan had just been completed. IWG requested feedback on the plan at the next meeting.

Action:	RI to arrange for project plan to be shared with IWG at the next meeting.
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Date:	Next meeting.
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2.6 LW suggested that it would be useful if there was a mapping exercise of policies and procedures from across the Trust, with cross referencing to ensure nothing falls between the gaps.

GD supported this work and the cross referencing. He noted the Trust's preference for an overarching policy supported by procedures.

2.7 The following actions on the log were listed as agenda items: 9.2 from 27 March, 2013; actions 3.1, 3.2, 3.3 and 10.6 from 24 May 2013.

3. Review of IWG activities since last meeting

3.1 AR explained the purpose of this new agenda item and that it would enable the Group to review and demonstrate its effectiveness.

3.2 GD updated the group on activities and arrangements in place for PRIDE 2013. A joint event has been arranged with the fire and police services on the Friday night, 2 August. There will be potentially 100 members of staff from our organisation and staff from other ambulance trusts taking part in the Parade, which is the largest ever for the Trust. As well as the parade entry, the Trust has a Stand in the Park. Although the Trust has always taken part in the PRIDE parade, it had not taken a stand in the Park in the previous two years. The stand was booked this year because: (a) it is important that we are visible to the communities we serve; (b) we will be able to raise awareness about PADs and CFRs; (c) the recruitment team will be there to raise awareness of opportunities within the Trust; and (d) it will provide an opportunity to recruit members. Participation in PRIDE will demonstrate the Trust's commitment to its staff and will show staff we that we do recognise and value them. There were fewer negative responses internally to the Trust's involvement with PRIDE than in previous years and no negative media interest has been shown this year. GD acknowledged the financial contribution and support given by UNISON.

3.3 PD suggested that if we can 'usualise' minority groups it becomes much easier for people to understand equality and to embed it. To usualise is to make it 'everyday' and part of the environment. GD recognised the challenge is how we usualise and it is necessary to think about how we ensure people are comfortable and safe in the environment and how that works through.

3.4 LW reported the business case templates have been approved. The templates ensure that equality analysis is embedded within the business case and also staff analysis, which has an internal focus to determine impact on staff. LW also advised that a PALS and Complaints review has been completed, which will be taken forward and implemented by LH. As part of the process there will be appropriate assessment and equality analysis, which can be taken forward to IHAG.

3.5 NB reported on demographic data analysis across the Trust. The team is mapping data regarding clinical indicators to look at and address the reasons for disparities. This may involve, for example, training or perhaps making documentation more robust.

3.6 LH provided an update on the patient experience survey which will be undertaken in the near future. Previous surveys have looked at 'Hear and Treat' and 'See and Treat' and it is intended that the next survey will be broadened to include all patients, those who were conveyed, as well as those who were not. This will enable a fuller picture of patient experience and areas that need to be addressed. The survey might not be broken down by geographical area on this occasion, as historically the data provided little differential. Other areas of patient feedback are also being looked at. A new patient experience report is being developed for the RMCGC which will be more detailed. It will include particular issues for patient groups, for example, bariatric patients, and will look across the Trust for information. Another area under consideration is handover delays and their impact on patients.

3.7 BR provided a brief update on the Research and Development Group's involvement with Rhino cooling and Lucas CPR.

3.8 Since the last meeting PD participated in the IWG sub group review on attendance and attended an Equality Analysis (EA) workshop. She noted the importance of ensuring that staff can carry out EAs, and of being able to establish they are being done adequately. In both cases, if there are shortfalls it will be necessary to establish what is necessary to overcome them. This may be through the training that we provide and IHAG also has a role to play to audit and possibly through the provision of input.

3.9 IA advised that over 1,000 new members had been recruited so far this summer and she provided an update on Governor events. IA is presently working with the Governors and MDC to plan the Annual Members Meeting for the Trust. A request to publicise the meeting internally has been made and although there was a delay the date of 26 September is expected to be publicised this week.

Action:	IA to monitor arrangements for publicising AMM internally as a matter of priority.
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Date:	7 August 2013
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3.10 A large number of diverse organisations and health charities have been invited to work alongside the Trust. IA reported that AR had also carried out some recruitment at Epsom Derby with the Gypsy and Traveller community. IHAG has also been asked to consider how members can engage locally.

3.11 RI reported that he had carried out some work on the EDS action plan, submitted the draft Smoke Free Policy for practical assessment at an EA Workshop, which resulted in useful feedback, and was carrying out additional policy work.

3.12 BC attended an EA workshop and has expressed an interest in receiving support to review and /or carry out EAs on all relevant compliance documents.

3.13 AR attended the IHAG meeting on 18 July 2013. She provided a brief update on the Trust's presence at the Epsom Derby which, due to its success, will be planned again for next year. The preparation of the Stonewall submission is underway. A collaborative meeting with Healthwatch is planned for 2 September 2013. Consideration has also been given to wider engagement beyond IHAG and three events, one each in Sussex, Surrey and Kent, are being planned to take place before March 2014 because it is felt that patients and members of the public need to be engaged more widely. The Francis Report and 111 will be on the agenda for the events, with the purpose of learning what is working well and where improvements need to be made.

4. An update on the progress to develop policies to cover equal opportunities and Transgender Staff

4.1 The HR team had drafted a policy covering various aspects of equal opportunities. The draft policy was not available in time to circulate to the IWG and detailed review and discussion did not take place, although it was noted that the title may be open to debate.

4.2 It was also noted that the draft policy on equal opportunities is a separate document from the draft Transgender Staff Policy, which was almost complete, pending input from HR and L&D. Underlining the importance of having a Transgender staff document, is the fact that no staff declared as Transgender during the last staff survey and PD advised that this is unlikely to be the case, especially as the Equality and Human Rights Commission (EHRC) estimated that 1% of the UK population could be covered by the protected characteristic of gender reassignment. A staff policy or procedure will promote a safe environment in which to declare.

4.3 With specific regard to equal opportunities, there is a requirement for organisations to have a policy stating how it fulfils its obligation as an employer, outlining various aspects of responsibility, for example, statutory, operational, etc. Another reason for developing an equal opportunities policy is the fact that contracts of employment state the need to abide by it.

4.4 GD noted that if an overarching equal opportunities policy is in place, it will be able to point to specific procedures dealing with specific areas, for example, Transgender. He reiterated that policies are statement based and link into procedures. PD highlighted the importance of there being one document on how Transgender staff are treated, regardless of what it was titled. Citing the Infection Prevention & Control Manual, NB explained the value of a developing a manual, the ease of reference for staff on all related topics and ease of review.

4.5 It was agreed that a statement based overarching equal opportunities policy will be developed and will identify respective procedures to support it. The draft policy provided by FON will be used as the basis for this and will be circulated with these minutes. Members are asked to provide their feedback and comments to FON by 30 August 2013. The feedback and comments are to be incorporated into the draft overarching equal opportunities policy and are to be available for circulation with the IWG papers ahead of the next meeting. There is an expectation that this document will be signed off in terms of feedback at that IWG meeting. RI is to feedback the discussion and agreed actions to the HR Service Delivery team.

Action:	RI to feedback discussion points and agreed actions on this item to the HR Service Delivery team.
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Date:	5 August 2013 or as soon as practicably possible.
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Action:	IWG members to provide feedback on the draft equal opportunities policy (currently titled: 'Equality and Diversity Policy') to FON.
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Date:	30 August 2013
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Action:	HR Service Delivery to oversee the development of an overarching equal opportunities policy with respective supporting procedures identified. It will include the feedback from IWG members and is to be circulated with the papers for the next IWG meeting.
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Date:	11 October 2013
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4.6 It was noted that contracts of employment may need to reflect the final title of the equal opportunities policy referred to above.

4.7 It was agreed that the draft Transgender Staff Policy needs to be turned into a procedure to link with the overarching equal opportunities policy. The new procedure will be circulated with the papers ahead of the next meeting.

Action:	FON to oversee the conversion of the draft Transgender Staff Policy into a procedure which will link with the overarching equal opportunities policy.
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Date:	11 October 2013
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4.8 Once the documents have been signed off it is important that they are publicised so staff are aware of their existence. The HR Service Delivery team will be responsible for the delivery of a plan for publicising and disseminating the new equal opportunities policy and Transgender Staff procedure. IWG requested a copy of the dissemination / publication plan at its next meeting.

Action: HR Service Delivery team to present a plan for publicising and disseminating the new equal opportunities policy and Transgender Staff procedure.

Date: 11 October 2013

5. EDS 2013 – progress update

5.1 AR advised that IHAG received a general update on the progress of the EDS Action Plans, rather than a full overview. IHAG were concerned that delivery is due by the end of March 2014 and opportunities to review and advise are becoming fewer, possibly resulting in more pressure for the action owners. Consequently IAHG asked for this to be referred to IWG to influence. The action assigned to Chief Executive's Office is in progress. The actions assigned to the Medical Directorate have commenced, although they were initially delayed due to sickness absence, and NB will provide a populated plan as a matter of priority. Although feedback was provided in relation to actions assigned to Workforce Development it did not provide the required assurances and facilitative support has been offered.

5.2 If progress is not received by 2 August, 2013, it was agreed GD will contact the relevant Directors to seek assurances that the EDS 2013 Review action plans are in progress and actions are on course. [Note: EDS Directorate Leads will be invited to next IHAG meeting to outline progress in each of the areas.]

Action: If updated EDS Action Plans are not received by 2 August, GD to contact relevant Directors to seek assurances on progress and implementation.

Date: 2 August 2013

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, which took place on 18 July 2013 and the key items are given below.

6.2 The Group received a presentation on the Quality Account report and a request from that team to have a patient representative on their IBIS User Group.

6.3 There was a presentation by Mark Bailey (MB) on the EOCs, which the Group was very interested in. As part of that, the Group had previously provided input into an appropriate message in times of high volume calls and at this meeting MB played four recordings to the group, assertive / non-assertive; male / female. IHAG recommended one of the recordings which will be implemented.

6.4 Review of EDS Action Plan, referred to in agenda item 5.

6.5 There is a requirement to publish equality and diversity information in November and IHAG want to be involved, as Critical Friends, to review the relevance of what we have, whether we are analysing and using it, and whether there are any gaps. A process to facilitate the review is being developed, which will help to inform staff involved in the collation and submission of published information later this year. IHAG will also be able to provide pointers as to what is required.

6.6 IHAG discussed the equality and diversity training being delivered at Induction and a request will be made to L&D for IHAG members to attend an equality and diversity induction session to see what is happening and how it is delivered.

6.7 AR reported that the group is functioning well, there is a high level of commitment and enthusiasm, with other specific workstream meetings and events being attended between IHAG meetings. It has also recently welcomed new members. AR advised that there is a list of staff members who would like to present items to IHAG and to date much value has been gained, especially by the EPCR team. GD informed the Group that a colleague from London would like to learn more about the Trust's inclusion strategy and framework and in particular about IHAG.

6.8 GD noted that we need to consider, as an organisation, how we shape our business and how we bring information to this forum about challenges the Trust is facing. It will be helpful for staff to know the process for attending and being able to talk about how expectations match realities. In terms of public facing responses to issues, such as complaints on response time, GD recognised the value of members of this forum being able to provide their views on the service, which would create a powerful message. It is important that we understand what Inclusion is about. Through this forum we consult and engage with the patients and public we serve and we must ensure we do so both constructively and practically. We need to promote the benefits and utilise this valuable expertise.

7. Foundation Council

7.1 IA provided an update on the Foundation Council (FC) meeting held on 11 July, 2013, which was reasonably well attended. During the update IA noted sober discussions about the challenges being faced and the need to be transparent, open and realistic. A number of issues have been raised relating to the remit of the Workforce Directorate, for example, training and a perception that policies are being applied differently in different areas. The Directorate is aware of these issues raised and will be attending the next FC meeting to talk about the priority issues they believe we have. There is a lot of information about key sticking points for staff and the future agenda item fits in well with the policy review which will take place at the same time, enabling feedback to be gathered before the next IWG meeting.

7.2 The FC received an overview of staff survey summit outcomes, which looked at the key indicators. It was identified that FC did not pick up on the feedback from LGBT staff. GD noted that there was some negative feedback from LGBT staff and asked what was doing done to resolve it. IWG discussed the difficulties for LGBT staff who did not feel they were able to identify themselves, resulting in an inability to report abuse and lack of recourse. It was agreed that LGBT issues arising through the staff survey will be taken to the FC, who will be asked to consider how they can be addressed in light of the survey.

Action:	IA to present LBGHT issues to the FC for consideration of how they can be addressed in light of the survey.
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Date:	Next FC meeting.
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7.3 IA reported that the draft Transgender Staff Policy had been reviewed by the FC to raise awareness amongst staff that it was in the pipeline. The FC also received an overview of the EPCR project. Following a review of the effectiveness of the FT, members considered they will be able to effectively support staff and effectively share information.

7.4 A request was made for the FC membership list to be made available. IA advised this on the intranet and will be circulated with these minutes.

Action:	FC membership list to be circulated with these minutes ahead of the next meeting.
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Date:	2 August 2013
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8. Equality Analysis (EA) - process and training

8.1 AR reported that the CWG did not recommend the revised Management and Development and Management of Trust Documents Policy for approval by the RMCGC as it considered more work was required. No request was made to change the revised EA elements. The work is being taken forward by Mike Plowman and Amy Harper in preparation for a resubmission at the next CWG meeting.

8.2 An EA workshop has been scheduled for 17 October and this will be publicised shortly. BC advised that he will promote the workshop at an upcoming NHSLA workshop which will look at policies and procedures. LH and NB asked that their names be included on the attendance list. It is important and expected that IWG members attend an EA workshop as they are EA checkpoints responsible for signing off EAs within their Directorates. Everyone involved with any patient and/or public experience will be invited, as well as suppliers.

8.3 There will be a training session for the Trust's virtual EA Reference Group on 20 August and two policies from Clinical Operations will be used as practical examples. Two workshop dates are being planned for EA consultation on policies and procedures from (a) Clinical Operations and (b) Compliance. The workshops will be open to all and AS will provide more information in due course.

9. Attendance proposal and Terms of Reference – for discussion

9.1 IWG discussed the tabled proposal on future attendance, membership and frequency moving to quarterly meetings. The proposal was accepted subject to the following changes:

- (a) Medical Directorate will have two representatives.
- (b) The PALS/Complaints representative will be listed as Patient Experience.
- (c) There will be representatives for PTS and 111.

9.2 GD agreed to email the Directors, with a copy of the core membership list, asking for their nominated representatives and deputies. Responses will be monitored by AS.

Action:	GD to email Directors asking for nominated representatives and deputies in line with the agreed core membership list. AS to monitor responses.
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Date:	29 July 2013
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10. Horizon scanning and future agenda items

10.1 AR advised of the requirement to publish equality information. An EDS refresh is taking place nationally and the Trust has been asked to participate as an organisation where it is regarded as having worked well. AR will be attending a meeting on Wednesday, 31 July to look at the outcomes and will feedback to IWG at the next meeting.

Action:	AR to provide feedback on the national EDS refresh.
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Date:	Next meeting
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10.2 GD advised that he would like an update on staff networks for the Stonewall submission and to the FC. It was noted that Staff Networks will be re-launched on 29 August 2013. PD reported that she is aware of a civil service organisation which has a Transgender equivalent of the Stonewall index, which may be useful and possibly incorporated into Pride In SECamb should it be possible to obtain it.

10.3 We are still awaiting the outcome of the national PSED review and AR will advise when it issues.

10.4 The next FC meeting is on 29 August after which the outcomes of the staff survey should be available to share with IWG.

10.5 GD enquired whether changes to HR policies nationally, for example, sickness, unsocial hours, could be shared. It was agreed that an update on the national HR picture and what that means for the Trust and its staff will be provided to the IWG and a similar update to the FC.

Action: RI to feed back to HR the requirement for updates to be provided to IWG and FC on changes to HR policy nationally, and the impact on the Trust and its staff.

Date: Next meeting of IWG and of FC.

10.6 IWG were informed that there are new terms and conditions for Agenda for Change which are technically due to go live on 31 July. The changes are presenting some very challenging possibilities, particularly relating to unsocial hours payments and sickness absence. It is expected that a briefing paper will be issued to help understand what the changes might mean for the organisations. Any negotiations will be at a national level. The Trust is bound by the rules set in place and at all times it is the Trust's responsibility to provide a service to patients. One of our unions has issued a ballot for staff who work unsocial hours. It is likely that the issues will be raised at the FC. It was agreed that a briefing on the issues will be presented at the next meeting of the FC, as part of the planned Workforce presentation.

Action: A briefing on the issues arising from the revised Agenda for Change terms and conditions will be given by Workforce Directorate at the next FC meeting.

Date: Next meeting of the FC.

10.7 AR reported that she had come across a number of issues where staff with a disability had been reported under the sickness absence protocols, resulting in inappropriate and discriminatory practice, when 'reasonable adjustments' could have been made to prevent this. There appeared to be inconsistent approaches to reasonable adjustment across the Trust, with some people unable to work and promotion opportunities affected. RI confirmed that managers are engaged to ensure adjustments are made, including arrangements for alternative duties, but in some cases they are not involved early enough. Some of the policy is quite complex and having recognised that managers need better information work is underway to provide this, and more training. HR are also working with the Communications team to get the Health and Wellbeing logo on the website to link to information and an article is planned for the Weekly Bulletin, as part of a wider communication plan. LW advised that during a recent meeting on the long term sickness programme, discussions took place on categorising people with a disability differently from other long term sickness. RI advised that ESR does not allow disability to be separated from ordinary sickness, but this is a work in progress. It was agreed that IWG will be provided with an update on progress on this item at the next meeting.

Action: RI to facilitate an update to IWG in relation to the work being done to ensure reasonable adjustments are consistently put in place, and progress on the long term sickness programme to distinguish on the system between disability and other sickness.

Date: Next meeting.

11. Any other business

11.1 GD advised that he has received information that it was proposed to set up a patient experience group (PEG) reporting directly to the RMCGC. Having spoken to the Director responsible for this workstream, agreement was reached that this is already within the Inclusion Strategy and that the PEG will report via IHAG to RMCGC. This approach has been taken because it will avoid duplication of work and reporting.

12. Effectiveness of the meeting

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

13. Date of Next Meeting

13.1 The next meeting will be arranged for 13.30 to 16:30 hours on 25 October 2013 in the Boardroom at Coxheath.

13.2 Following this meeting, meetings will be held quarterly.

13.3 It was noted that future IWG meetings will not necessarily be held in Kent.