

South East Coast Ambulance Service NHS Foundation Trust

Inclusion Working Group

Notes of a meeting held on Monday 2 April 2012
in the Boardroom at Lewes

Present:

Geraint Davies	(GD)	Director of Commercial Services (Pride)
Angela Rayner	(AR)	Inclusion Manager
Isobel Allen	(IA)	Membership Manager
Andy Cashman	(AC)	Head of Contingency Planning and Resilience
Bill Chilcott	(BC)	Head of Compliance
Janine Compton	(JC)	Acting Head of Communications
Pam Fricker	(PF)	Head of Learning and Development
John Griffiths	(JG)	Clinical Operations Transitional Lead
Andrew Hanney	(AH)	Head of Estates
Louise Hutchinson	(LH)	PPI and Patient Experience Lead
James Pavey	(JP)	Senior Operations Manager
Steve Rose	(SR)	Senior Operations Manager (for part)
Chris Stamp	(CS)	Senior Operations Manager (for part)
Greg Timmins	(GT)	Head of Operational Finance and Resource
Linda Wood	(LW)	Service Developments Programme Manager

Apologies

Anouska Adamson-Parks	Head of External Developments
Nicola Brooks	Head of Medical Services
Jo Byers	Operational Business Development Lead
Blessing Enakimo	Representative of ASPIRE
Peter Radoux	Senior Operations Manager
Mo and Jim Reece	Public and Patient/Carer Involvement Representative
Darren Reynolds	Head of Volunteer Services
Lorna Stuart	Senior Operations Manager
Anna Williams	Head of Corporate Services

1. Welcome and Apologies

1.1 GD welcomed everyone to the meeting and thanked them for attending.

1.2 Apologies were as listed above.

2. Review of notes of the meeting held 3 February 2012

2.1 The notes of the meeting held on 3 February 2012 were agreed as an accurate record.

Matters Arising

2.2 Ref 4.2 Action complete – on today's agenda.

2.3 Ref 5.1 Action complete – The invitation had been sent out and the meeting had taken place and feedback on the objectives had been obtained.

2.4 Ref 6.2 Unfortunately not all the missing information had been received, but this would be dealt with at today's meeting.

2.5 Ref 6.3 Action complete – GD had sent out the e mail as requested.

2.6 Ref 7.1 – Action complete – the EIA process has been updated and is now available on the intranet.

2.7 Ref 7.3 – Action complete – GD had issued a reminder to the Executive and BDMG that EIAs were still required and GD highlighted to the IWG that an EIA must be completed for the EDC restructuring.

2.8 Ref 9.2 – Action completed – on today's agenda.

2.9 Ref 9.4 – Action complete, GD confirmed that the plans for improving the Trust's Stonewall ranking would be taken to the next PRIDE meeting.

3. Introductions

3.1 There were no introductions required.

4. EDS Grading, Equality Objectives and action plans

4.1 GD reported that the EDS grading had gone to the Board last week and had been accepted. It had further been agreed that the IWG would discuss the finalisation of equality objectives today and would get them signed off by the Board by the end of this week. These objectives would be for the period 2012 – 2015, with the objectives and action plans being reviewed and refreshed annually.

4.2 GD expressed his thanks to the team who had been involved in the EDS stakeholder events and in particular to AR for leading them and highlighted that this work underpinned the work that was being done on the Inclusion Strategy which was due to go to the Board at the end of May.

4.3 AR reminded the group that it would be their responsibility to provide input into the objective setting process today to ensure meaningful objectives were adopted. The action plans would follow on and there was no need to publish them straight away. Objectives 1 and 2 were patient focused and the others were more workforce based. IA highlighted that the objectives were not yet in their final form and would require a little more refinement.

4.4 The IWG then went on to consider each objective in detail. AR highlighted that the four year objectives would be reviewed annually, alongside the EDS grading process. The group then formally agreed to work to provide areas for each of the five objectives. Discussion took place about how to take this work forward at today's meeting. GD proposed that the wording of the objectives should be undertaken outside of the meeting and the group should just concentrate on the action points today and this was agreed.

4.5 The group then split into two and one half of the group considered objectives 1 and 2 and the other half objectives 3 and 4 and devised action points to inform year one actions for each of the objectives. These would be refined and re-written by the end of tomorrow to go to the Executive Team this week.

4.6 The group were advised that this information would enable it to move this process forward and the first year would be used for deliverables and then, as part of the business planning cycle, objectives would be agreed for next year.

4.7 Discussion about language took place and it was acknowledged by the group that the words “equality and diversity” did not tend to appeal to staff. It was agreed that the use of the word “respect” might be more appealing. LW provided examples where “customer care and staff welfare” groups had been effective in working on E&D issues without the label. Some of the group liked this suggestion, but JP pointed out that operational staff preferred the term “patient care”. AR suggested “respect, dignity and care for all”.

4.8 Further discussion took place about whether such a group could work for SECamb and whether there should be one over-arching group or smaller groups at ODA level. GD suggested asking A&E and PTS staff for their views on this idea.

5. Benchmarking Exercise

5.1 The group then considered the template circulated by AR aimed at informing the development of an agreed minimum equality data set. A start was made and template partly populated. It was agreed that the templates would be circulated prior to the next meeting for further population prior to the next meeting to enable us to understand and agree what else needed to be done with the information. AR reminded the group of the need to agree a date for submitting the information and it was agreed the end of October should be the deadline.

Action:	AR to circulate template and ask for it to be completed
Date:	2 May 2012

Action:	CS to complete the operational issues at the next SCOT meeting
Date:	2 May 2012

6. Stonewall Update and Review of Feedback from 2011

6.1 GD explained the background to this item and explained that the Stonewall ranking was regarded as very important and the annual submission to Stonewall involved a lot of work. GD highlighted that this year SECamb’s ranking had improved and it was at 134 out of around 400. However, NEAS and LAS were in the top 100. LAS had gone up substantially this year and Paul Sutton had asked them to attend a future Diversity Forum meeting to share their approach and help others identify areas for further improvement.

6.2 Copies of the Stonewall scoring sheet were then distributed to IWG members and discussion took place on the areas that the Trust had not scored so well in, such as procurement, staff engagement and also identifying staff who needed to be developed. On the positive side SECamb were in the top half of health and social care organisations. In some areas the Trust could have achieved much higher scores. It was recognised there were areas where our good practice resulted in lower scores because the evidence wasn’t properly identified and submitted.

6.3 GD reported that he favoured the structured Stonewall approach as a framework for improving outcomes for all protected groups. He felt this type of process could be applied to all work

undertaken with regard to inclusion and diversity. It was agreed that AR would circulate the Trust's Stonewall submission to IWG members with suggested leads for each area.

Action:	AR to circulate SECamb's Stonewall submission to IWG members
Date:	3 April 2012

6.4 GD highlighted that the gathering of evidence for this year's submission would commence around May time and it was hoped to get the relevant information by the end of July.

6.5 IWG members gave their agreement to using the Stonewall approach to help SECamb's diversity work.

7. Inclusion Strategy Update

7.1 AR advised that this was still on course and due to go to the May Board. There had been a delay because it had to be dropped from the Executive Team meeting where it was scheduled. The Chairman of the Trust wanted assurance that it was supported by the Executive Team before it went to the Board. The Executive Team have now given their support to this strategy. AR further clarified that this strategy had been developed in conjunction with a number of the Trust's stakeholders.

8. Any Other Business

8.1 LMH reported that a reprint of the A&E phrasebook had now been produced and would be placed in every A&E and PTS ambulance. She was thanked for all the work she had undertaken with regard to this.

8.2 GD appreciated that there was a lot of work involved with this group, but explained that it was necessary to develop the strategy for the Trust.

8.3 It was agreed that CS would give a presentation to the next meeting on "Nudge".

9. Date of Next Meeting

9.1 The next meeting will take place on Monday 18 June 2012 at **1100** in the Brooker Suite at Banstead. Please note later starting time.