Inclusion Hub Advisory Group - overview and background

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We saw the introduction of the NHS Equality Delivery System (EDS) as an opportunity to embed Inclusion, Equality and Diversity within the organisation. We embarked on the process of transition from an existing Single Equality Scheme to the EDS in tandem with consultation to develop a new Inclusion Strategy which would bring together several different elements. These elements were equality and diversity, patient and public engagement, governor and membership engagement and involvement.

A huge challenge for us as an ambulance service has always been the large geographical area we cover. We operate out of 65 sites, have six Healthwatch and Local Authorities and a significant number of other stakeholders to consider. A key aim of developing a new strategy was to develop a sound, integrated process that would enable us to establish a community of interest that could work with us in the longer term and identify mechanisms that would support and develop the skills, knowledge and expertise of members to help overcome the geographical challenges we face. Our consultation and engagement process would also need to deliver a strategy that would enable us to identify goals, priorities and actions to reduce health inequalities and improve health outcomes for all - cost-effectively and without duplication.

We undertook the development of the Inclusion Strategy in three stages:

Stage 1 – Identifying our stakeholders: In September 2011 we held two scoping consultation workshops with invited stakeholders. The workshops helped us understand who our stakeholders thought the Trust should involve, and defined our 'communities of interest' for the EDS.

Stage 2 – Identifying effective and meaningful involvement and engagement: We held a series of 10 focus groups with representatives from protected groups and undertook a survey, all of which focussed on what effective, meaningful involvement and engagement looked like. The survey attracted over 600 responses (Nov-Dec 2011).

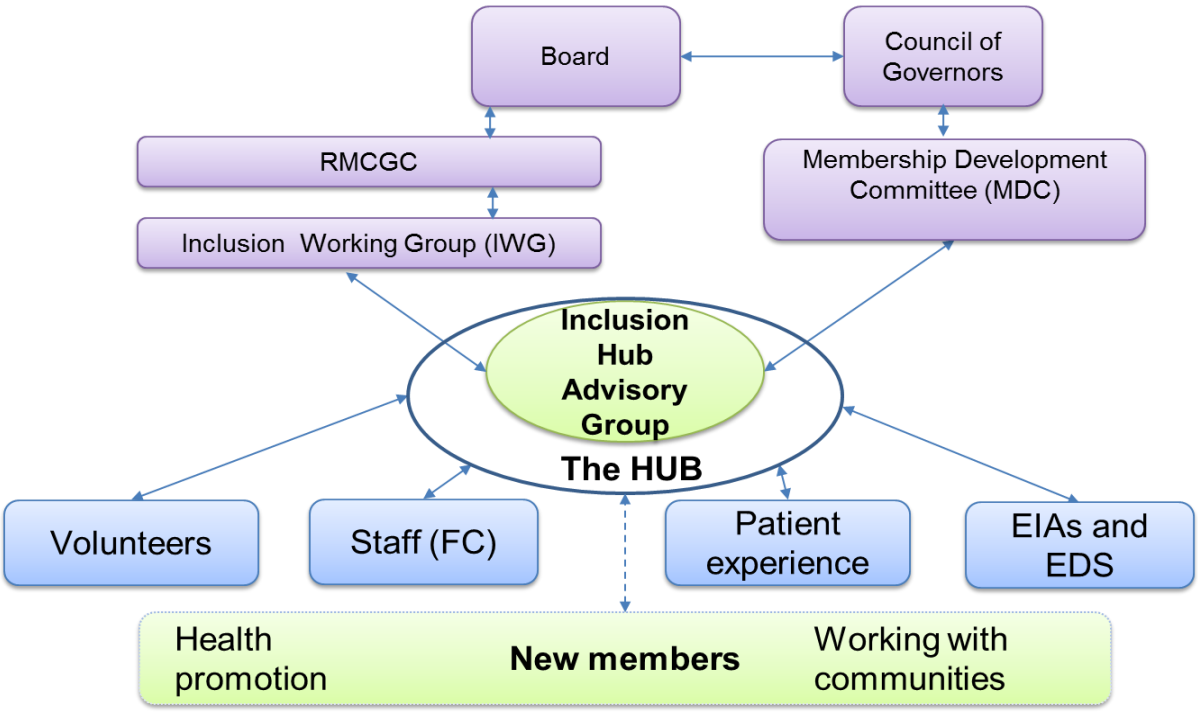
Stage 3 – Identifying the practical means of implementing the Inclusion Strategy: This took place in January 2012 with representatives from the previous stages participating in a final workshop which focused on the practical implementation of a Trust-wide Inclusion Strategy and implementation of the EDS.

The Membership Development Committee (a committee of the Council of Governors) recruited a membership of 25, drawn from a diverse mix of stakeholders. It consists of internal and external stakeholders who are responsible for advising on the planning and delivery of involvement and engagement activity. This Group, along with Foundation Trust Governors, acts as our 'community of interest'. The recruitment process was an open and transparent process developed with our stakeholders and the Group met for the first time in September 2012. The IHAG is outcome focussed and its activities are now valued and respected across the Trust, with an impressive and growing list of achievements.

The IHAG is carefully embedded within the Trust's structures, and is directly linked into the Trust's internal Inclusion Working Group (IWG) consisting of senior managers who have responsibility for Inclusion, Equality and Diversity in their area of work. The IHAG advise on stakeholder engagement necessary to deliver effective service developments, or projects, at the appropriate stage(s) of their development. This enables us to consider equality and human rights objectives early and throughout all projects and programmes. One of the recent outcomes saw the training and establishment of a virtual Equality Analysis reference panel. Members, recruited from our wider membership, are a diverse range of volunteers, working with us to improve the quality of our services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups.

Following initial recruitment to the IHAG, a small number of gaps against the membership criteria, established in our strategy, were identified. These were Gypsies and Travellers, Transgender people and people with Learning Disabilities. As a result we developed formal partnerships with three organisations that work closely with these groups/communities and nominated representatives from each organisation are members of the IHAG to ensure the needs and views of those they support are routinely and appropriately considered in all our work.

To ensure a joined up approach representatives of the IHAG are members of the Inclusion Working Group, providing two-way flow of information. The IWG reports to the Risk Management and Clinical Governance Committee of the Trust Board, and through this to the Board itself. Similarly the IHAG reports to the Council of Governors (COG) via the Council's Membership Development Committee. In this way the IHAG is able to access the Trust's wider membership and engage with them in the ways they have told us suit them. Earlier this year, following advice from the IHAG the Trust held three 'Think you know your ambulance service' engagement events, one in each County. Over 300 people attended and this provided a platform for Governors to meet with their constituents.



There are four sub hubs of the IHAG shown above and Governors are involved in these. Most importantly the Staff Foundation Council is attended by the staff-elected Governors (a staff equivalent of the IHAG) and provides the opportunity for them to engage with their constituents in a meaningful way.

If we had to highlight one element of the process to recommend to others, it would be to ensure the right people are involved and supported to take part, checking with your communities who they think the right people are. In this way, you can be confident you have a valid 'community of interest' that represents all protected characteristics. We worked with groups in ways they told us worked for them – for example attending coffee mornings for people with dementia and their carers, and targeted focus groups for people with learning disabilities etc.

We recognised the EDS provided us with an opportunity to look again at how we engaged and involved in general. We made implementing the Inclusion Strategy and EDS cost-effective as part of a reorganisation to meet multiple aims, avoided duplication, and created simple, accountable structures to ensure the delivery of our Equality Objectives. It also enables our community of interest to hold us to account on an on-going basis to deliver real improvements for all. Finally, given the context in which we are working, this approach streamlines our efforts and delivers benefits for the Trust as well as our patients.

A full copy of the Inclusion Strategy 2012 to 2016 is available on our website:

http://www.secamb.nhs.uk/pdf/Inclusion%20Strategy%20May2012.pdf

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