

# The Equality Delivery System - Making Sure Everyone Counts

If you need a copy of this document in large print, in Braille, on audio or in another language, please contact us at:

Aby otrzymać niniejszy dokument w innej wersji językowej lub w innym formacie, prosimy o kontakt z nami pod poniższym numerem telefonu lub adresem.

若您需要以另外一种语言书写或其他格式的本文件，请您按以下的联络详情通过电话、电子邮件或书写的方式和我们取得联系。

यदि तपाईंलाई यो कागजात कुनै अर्को भाषा वा स्वरूपमा चाहिएमा, कृपया फोन वा ईमेलद्वारा अथवा निम्न ठेगानामा पत्राचारद्वारा हामीसित सम्पर्क गर्नुहोस्।

اگر آپ کو یہ دستاویز کسی دوسری زبان یا شکل میں درکار ہے تو براہ کرم ہم سے بذریعہ فون، ای میل رابطہ کریں یا اس پتے پر لکھیں۔

Email: [angela.rayner@secamb.nhs.uk](mailto:angela.rayner@secamb.nhs.uk)

Phone: 01737 363858

SMS/Text: 07771 958085

Textphone (via TextRelay): 18001 01737 363858

Fax: 01737 363881

# Introduction

SECamb has a vision that places quality, innovation, improvement and meeting the clinical and care needs of patients at its core. It is committed to putting patients at the heart of everything it does.

The needs and circumstances for service users, carers, communities and staff from protected characteristics\*<sup>1</sup> and other disadvantaged groups\* can be distinct and specific. In providing quality services and workforce environments that are appropriate and effective for all, organisations should prioritise and promote equality. This makes sense on many levels as the majority of patients, carers and staff will share at least five or more characteristics protected by the Equality Act.

In August 2011 SECamb made a commitment to implement the Equality Delivery System (EDS) with effect from April 2012. From September 2011 work commenced to migrate from the existing single equality scheme to the new NHS Equality Delivery System (EDS) framework.

EDS is designed to support NHS commissioners and providers to deliver better health care outcomes for patients, communities and better working environments for staff that are personal, fair and diverse.

## **EDS will enable NHS organisations to meet:**

- Public Sector Equality Duty and its Specific Duties
- Equality aspects of the NHS Constitution and the NHS Outcomes Framework
- Equality aspects of CQC's Essential Standards and the Human Resources Transition Framework

The EDS is about making positive differences to healthy living and working lives so that everyone counts. Its purpose is to help NHS organisations understand how equality can drive improvements to strengthen performance and accountability of services to those using them, bring about work places free from discrimination and help to embed equality into mainstream business.

## **EDS is a toolkit with 18 outcomes grouped into four goals**

These outcomes focus on the issues of most concern to patients, communities, NHS staff and Boards:

- Better Outcomes for All
- Improved Patient Access and Experience
- Empowered , Engaged and Well-Supported staff
- Inclusive Leadership at all Levels

---

<sup>1</sup> Terms marked '\*' are defined in the 'Definitions' section at the end of this document.

NHS Trusts are expected to undertake this assessment by engaging a diverse range of stakeholders\* and then agree goals for each of the areas to help the trust make progress towards excellence with an annual review over a four year period. SECamb will use the EDS as a tool to progress equality and sees this as a positive step to help further engage with stakeholders and improve health outcomes for all.

To ensure that the EDS engagement process was meaningful and inclusive, SECamb embarked on the work programme in tandem with developing a new Inclusion Strategy (see below).

This process commenced in the autumn of 2011 and was designed to engage and involve patients, the public and key stakeholders, including seldom heard communities, FT governors and members, other health service professionals, LINKs members and SECamb volunteers.

This report outlines the steps we took to introduce the EDS into the organisation and provides evidence of the outcomes.

## **Developing an Inclusion Strategy that will support meaningful EDS Implementation**

Until recently, equality and diversity work, patient and public involvement and Foundation Trust membership engagement in the organisation were covered by three distinct strategies, all of which are due to be refreshed or revised, namely Single Equalities Scheme and action plan, Communications, Engagement and Involvement Strategy and the Membership Strategy.

There are a number of reasons for developing an over-arching strategy (or 'Inclusion Strategy') to achieve the outcomes currently covered by the three existing strategies. These crucially include: the changing face of health and social care, a new landscape for Equality and Diversity work, new requirements as an FT and an increasingly challenging economic environment.

To provide the best possible patient care we know it is essential to understand the needs of the communities we serve. The Equality Delivery System provides a toolkit for engagement with patients, staff and the public; a review of equality performance and enables us to identify goals, priorities and actions. SECamb sees this as an opportunity to strengthen user engagement and involvement, build on its achievements and good practice and refresh its commitment to reducing inequalities and improve health outcomes for all.

**SECamb recognised that consultation aspects of the EDS as part of the wider process of developing and implementing the Inclusion Strategy enables it to:**

- Meet its duties by meaningful involvement and engagement of people in the EDS process and take into account the diverse needs of communities and provide appropriate services and care.
- Meet its obligations using cost effective systems and processes and receiving the most value from engaging and involving people with evidence, confirmation and

knowledge that the Trust is moving in the right direction with a diverse range of patients and stakeholders.

- Support successful EDS implementation helping it to make progress needed to gain excellence in future EDS grading assessments and evaluations.

The Inclusion Strategy and its implementation together with the EDS assessment and action plans replace the need for the Single Equality Scheme and its action plans.

The Inclusion Strategy and the EDS are entwined and the implementation of the Strategy will support progress on the EDS goals helping the Trust to improve grading in future EDS assessments.

The engagement and involvement process on developing and agreeing the Inclusion Strategy fully informed the engagement, involvement and assessment processes on the EDS.

### **The process undertaken by SECamb has resulted in three deliverables**

- Assessment of the Trust's performance against the four EDS goals and 18 outcomes on addressing inequality
- Development of new goals and objectives with SMART actions to enable the Trust to improve its performance on addressing inequality
- Development of the overarching Inclusion Strategy which replaces the Single Equalities Scheme and Action Plan 2009/12, Communications, Engagement and Involvement Strategy 2010/11, Membership Strategy 2010/11

The process started in September 2011 and was comprehensive in its engagement and involvement of a diverse range of stakeholders. Fully accessible venues, style and format of the workshops ensured that all stakeholders were able to contribute fully and the feedback confirmed that the participants felt their views and contributions were positively valued.

## **Engagement workshops**

Two initial scoping engagement events were held, one in the East and one in the West of the SECamb areas of responsibility. The first event took place on 12th October 2011 in East Malling and the second on 20th October 2011 in Horsham. A broad range of people attended and were asked to consider different models of engagement including the characteristics of good and bad engagement, the challenges faced by organisations covering a large geographical area and possible solutions.

Participants identified who should be involved in the EDS grading and objective setting process. They ensured that we involved and worked with a diverse group of stakeholders as our community of interest.

More than 60 people representing a diverse range of interests were involved over the course of these two days, including SECamb staff, governors, FT members, and patients as well as staff from other NHS organisations, Local Authorities, and the voluntary and community sector.

Participants' input was used to design the subsequent stages of the engagement process for the EDS assessment, grading and objective setting.

## **Workshops for EDS assessment and goal setting**

This involved a diverse group of 35 representatives' recommended at earlier stages. Two workshops took place on 23<sup>rd</sup> and 24<sup>th</sup> January 2012, one for training and introduction to the process and the other to assess SECamb against the EDS criteria and agree grading outcomes. At this workshop the processes, mechanisms and principles necessary to deliver SECamb objectives were considered as well as ensuring the participants had the outcomes of the workshops reported from stages one and two to inform their thinking and discussions.

It was anticipated that the assessment work and agreeing the objectives would be completed in these two workshops, however due to the robust and thorough nature of the assessment undertaken; only three goals were completed;

1. Better Outcomes for All
2. Improved Patient Access and Experience
4. Inclusive Leadership at all Levels

In order to ensure that the assessment for goal 3. Empowered, Engaged and Well-Supported Staff, and the objective setting were undertaken equally robustly and thoroughly, a further two workshops were planned to complete this work.

A workshop was held on 7<sup>th</sup> February 2012 to focus on the EDS assessment for goal 3. Empowered, Engaged and Well-Supported staff, and a further session was held on 20<sup>th</sup> March 2012 focussing on agreeing equality objectives and input into the draft Inclusion Strategy.

In February 2012 the grading assessment was circulated to workshop participants and to key stakeholders, inviting feedback and suggestions to be considered at the equality objective setting workshop on the 20<sup>th</sup> March 2012.

## **Feedback and evaluation of the EDS process**

A significant number of people participated in the process and they represented a diverse range of communities, geographical areas, and the protected characteristics\*. Fifty eight people participated in the scoping workshops including SECamb volunteers, staff, carers and representatives from NHS organisations. There was equal numbers of men and women, 30% black and ethnic minority and 15% people who declared to having a disability involved in the process.

Representatives were invited to workshops to assess SECamb against the EDS grading assessment, agree the goals for the EDS areas and further develop the Inclusion Strategy.

**Evaluations of the workshops suggested that participants agreed that these sessions ensured:**

- An exceptional mix of participants and quality of challenge with robust and meaningful involvement and participation and accessible work books and material
- Value in convening a region wide group comprising a diverse range of stakeholders. Trust's public and FT membership is an active "community of interest" which should be engaged in the EDS grading and objective setting, as well as the wider \*stakeholder activities to develop and deliver effective services
- 70% participants found the workshops "very useful" for the grading assessment
- All the participants felt it was worthwhile to attend the workshops with 50% "enthused" with the work undertaken and 100% "felt well informed" and "motivated or inspired" at the end of the process
- All the participants were extremely positive about the facilitation and input from the facilitators

**Feedback on how the process could be improved included:**

- Workbooks will be updated to reflect suggested improvements
- Improve the way the evidence is presented and ensure it is circulated in advance to allow people to review information prior to the workshops

## **Process timeline**

- August 2011 – Board approved the proposal to migrate from SES to EDS
- October – December 2011 Collection of evidence commenced
- October – December – Engagement & Involvement with diverse range of stakeholders alongside Inclusion Strategy development
- November 2011 – Training Day for 25 senior managers
- January 4 2011 – Self assessment undertaken with diverse range of stakeholders
- January 23<sup>rd</sup> 2012 – Stakeholder training workshop
- January 24<sup>th</sup> - Grading and Objective Setting workshop – (this was not completed and as a consequence the following activities were undertaken)
- February 7<sup>th</sup> – Grading of Goal/Objective 3 which included external stakeholders
- February 8<sup>th</sup> – Grading circulated to all involved and suggestions invited to inform objective setting
- March 20<sup>th</sup> – Objective setting workshop with diverse range of stakeholders
- April 2<sup>nd</sup> – Objectives signed off by SECamb Inclusion Working
- April 5<sup>th</sup> – Objectives published on SECamb website with report and copies sent to all involved.

## EDS Grades, assessment and setting goals for improvement

The EDS helps organisations to maintain and further improve their good performance and address their difficulties and embed equality into their mainstream processes.

The grading system has 4 overall goals and 18 outcomes; each outcome provide a criteria against which performance is assessed and graded in 4 levels from under-developing (**red**) – developing (**orange**) - achieving (**green**) to excellent (**purple**) and provide the appropriate equality objective and action to be undertaken.

The grades provide an organisation of an overview of their equality performance, and help to identify equality progress and challenges. The grade descriptions help to assess focus on the protected characteristics\* i.e. “all” is all nine protected characteristics, “most” means six to eight, “some” means three to five, “few” means one to two and “none” is no protected characteristics.

### **The grades have been designed to reflect and promote:**

- The delivery of positive outcomes for protected groups and to encourage continuous improvement
- The recognition of inequalities between \*protected groups, patients and staff as a whole and how gaps can be reduced while maintaining or improving overall outcomes.
- Good engagement with patients, carers, communities and staff from protected groups
- The use of best available evidence and good practice examples to inform service and workforce developments
- Tackling health inequalities for disadvantaged groups at the same time as inequalities for protected groups are addressed
- Dealing with, and reporting on equality as part of mainstream business and in particular relating work designed to promote equality to work focused on the imperatives of Quality, Innovation , Productivity and Prevention (QIPP) as reported in the NHS Plans

The pre assessment process was undertaken by a mixed staff group and only divulged in the stakeholder\* workshops after consensus had been agreed by the participants on the outcome grade.

It was noted the staff group were stricter in their assessment than the community of interest view at stakeholder\* workshops.

Additional evidence provided throughout the assessment process was captured, collated and kept with completed workbooks to improve next year's assessment



## Grading workshop 24<sup>th</sup> January





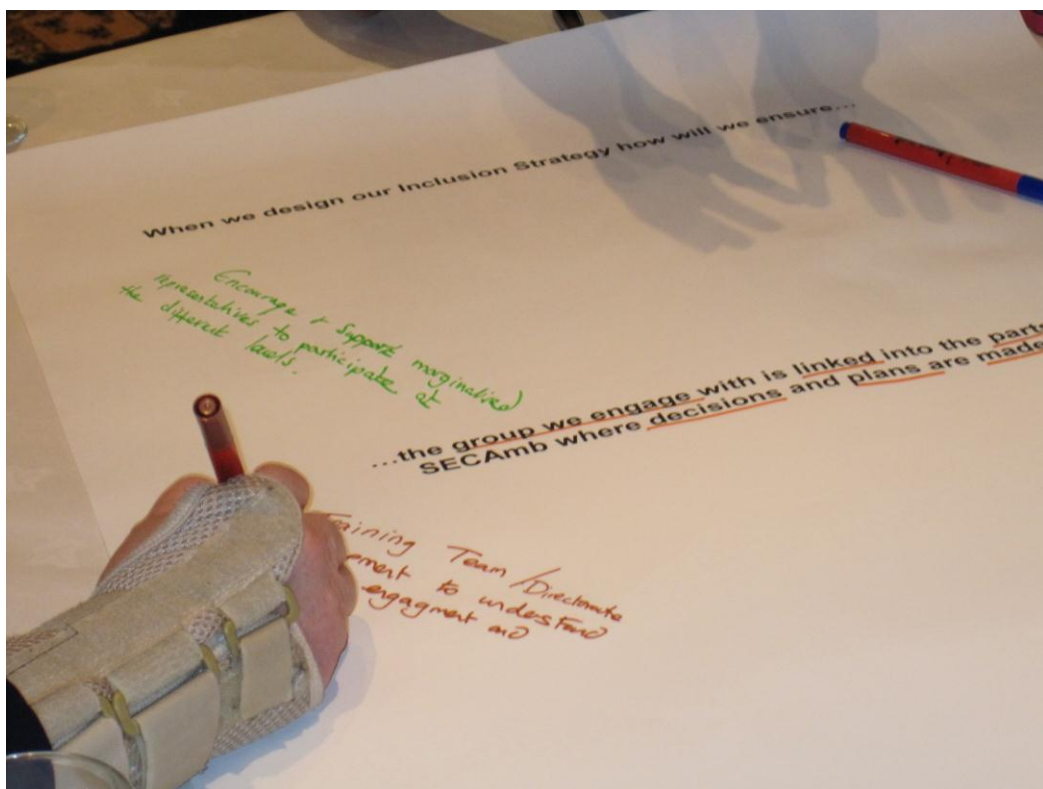
## Grading outcome from the staff pre assessment and stakeholder workshops

		Stakeholder Workshop assessment	Staff Pre-assessment	Grade
<b>1. Better Health Outcomes for All</b>				
1.1	Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities			
1.2	Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways			
1.3	Changes across services for individual patients are discussed with them, and transitions are made smoothly			
1.4	The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all			
1.5	Public health, vaccination and screening programmes reach and benefit all local communities and groups			
<b>2. Improved Patient Access and Experience</b>				
2.1	Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds			
2.2	Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment			
2.3	Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised			
2.4	Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently			
<b>3. Empowered, Engaged and Included Staff</b>				
3.1	Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades			
3.2	Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay			
3.3	Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately			
3.4	Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all			
3.5	Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)			
3.6	The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population			
<b>4. Inclusive Leadership at all Levels</b>				
4.1	Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond			
4.2	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination			
4.3	The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes			

## Grading workshop 24<sup>th</sup> January



## Inclusion Strategy workshop 23<sup>rd</sup> January



## **Equality Objectives 2012-2016**

The Trust has agreed five equality objectives, to be achieved within four years. Each will be supported by a one-year specific, measurable, achievable, realistic and timely (SMART) action plan, and the objective and action plan will be reviewed and refreshed annually by the Trust in conjunction with our community of interest. The community of interest will help us develop action plans for Year Two based on analysis of achievements in Year One, and so on. We will publish progress reports annually.

### **Overarching objective:**

The Trust's overarching objective will enable us to achieve the objectives below. To provide the best possible patient care, we know it is essential to understand the needs of the communities we serve and ensure they are involved in developing services that meet those needs. We also know the importance of staff wellbeing, and the value of involving staff in service improvement. We will implement an "Inclusion Strategy" which will set up a simple structure to ensure appropriate engagement and involvement with patients, staff and other stakeholders informs our work.

### **Objective 1:**

Recognising the current changes in our commissioning environment and across the health economy, the Trust will collate and analyse the latest available data about the healthcare needs of our population and priorities in the South East Coast area to ensure that our plans impact positively upon identified health inequalities.

### **Objective 2:**

To provide equitable access to care and treatment and to ensure we develop relevant alternative care pathways and tailor existing care, The Trust will establish a minimum set of equality data.

### **Objective 3:**

The Trust develops a statement, for and in consultation with our staff, which confirms and clarifies our commitment to equal opportunities, valuing diversity and embracing dignity and respect for all our staff.

### **Objective 4:**

The Board has oversight and ownership of the Equality Objectives, and are assured of their own competence in managing equality and diversity across the Trust. Leaders at all levels throughout the Trust play their part in delivering our commitment to equal opportunities, valuing diversity and embracing dignity and respect for all.

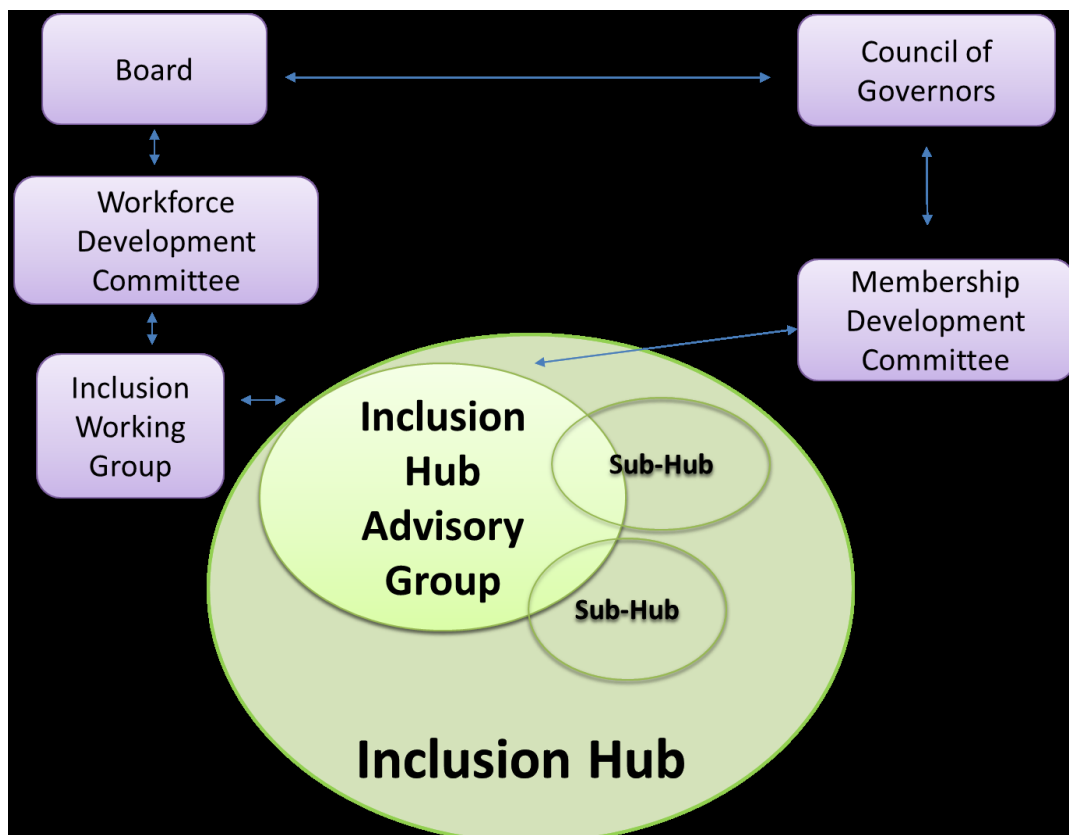
## Implementation and Monitoring

SECamb is committed to ensuring that its equality objectives and the Inclusion Strategy are implemented and embedded into mainstream processes and will have transparent, accountable processes to deliver and monitor outcomes and will ensure the Inclusion Hub Advisory Group has access to, and is accessible by, the Board of Directors and the Council of Governors.

The Advisory Group will link directly into the Trusts' internal Inclusion Working Group (IWG) consisting of senior managers who will report to a Director of the Trust. Two nominated representatives of the Advisory Group will be members of the IWG and will participate in its planning and activity. The IWG reports to the Workforce Development Committee of the Trust Board, and through this to the Board itself. The Trust has a responsibility to facilitate the Council of Governors' engagement with Foundation Trust members, and FT members' engagement with the Trust and will ensure that governors and members have the opportunity to interact through the Inclusion Hub Advisory Group structures.

The Inclusion Hub Advisory Group will include Foundation Trust governors who are also part of the Membership Development Committee of the Council of Governors and will be the conduit between both groups and reflects the same mix of people identified as the communities of interest.

### How SECamb will ensure it works



## Review and engagement

SECamb will ensure people with protected characteristics under the Equality Act 2010 are fully involved by establishing a Hub with membership of representatives of the communities served. The Inclusion Hub will comprise several thousand individuals, comprising all of our existing Foundation Trust members (staff and public) plus other stakeholders. The Inclusion Hub will be effectively resourced, facilitated by SECamb staff and will have broad membership;

- Patients
- SECamb staff
- Staff side representation (union representation)
- SECamb volunteers
- Foundation Trust members and governors
- Other key stakeholders – from NHS organisations, other parts of the public sector and voluntary/Third Sector, carers, members of Local Involvement Networks (LINKs) and Local Healthwatch,
- People with protected characteristics under the Equality Act or their representatives, including people from disadvantaged groups (Gypsies and Travellers, people with learning disabilities, and homeless people)

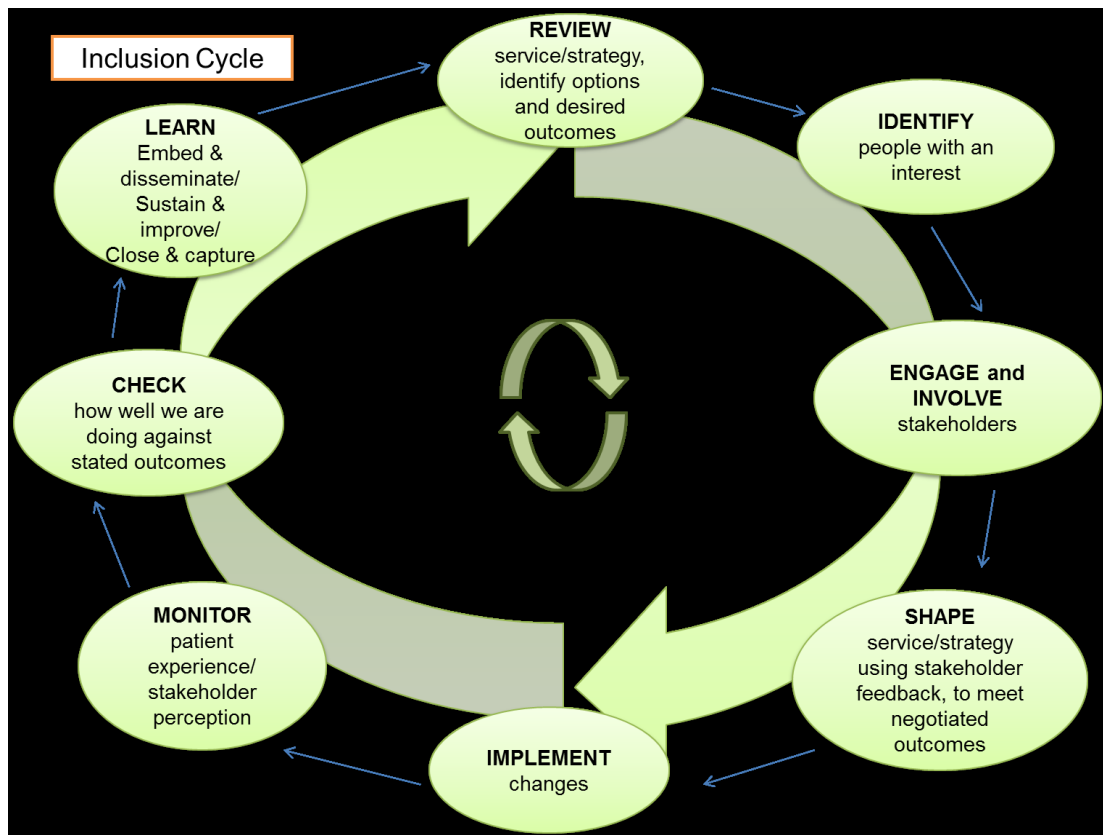
An Inclusion Hub Advisory Group will be established consisting of internal and external stakeholders who will be responsible for:

- Advising on the planning and delivery of involvement and engagement activity approved at the Inclusion Working Group.
- Advising on the planning and delivery of Foundation Trust member involvement and engagement activity recommended by the Membership Development Committee.
- Reporting the outcomes of stakeholder activity to the Inclusion Working Group (IWG) and Membership Development Committee (MDC).
- Advising the IWG and MDC of any additional potential work where involvement and engagement would be beneficial.
- Horizon-scanning to identify emerging issues within the communities that members represent and notifying IWG to enable appropriate SECamb involvement or response.
- Reviewing and monitoring the implementation of the Inclusion Strategy.
- Advising the IWG about the quality of involvement and engagement activity taking place.

## Inclusion Cycle

A best practice process for ensuring meaningful involvement and engagement was developed by the Trust based on feedback from the engagement and involvement process undertaken to develop the Inclusion Strategy. This was presented and refined during the final stages of the process.

**The outcome is the Inclusion Cycle for meaningful engagement to strategy development and implementation to review and mainstreaming**



**For further information and/or if you wish to become involved please contact**

Angela Rayner –Inclusion Manager  
South East Coast Ambulance Service NHS Foundation Trust  
Mob: 07771958085  
Tel: 01737 363858  
SMS/text: 07771 958085  
Text phone (via Text Relay): 18001 01737 363858  
Fax: 01737 363881

**Links to relevant reading material**

[http://www.secamb.nhs.uk/about\\_us/inclusion\\_equality\\_\\_diversity/inclusion\\_and\\_involvement.aspx](http://www.secamb.nhs.uk/about_us/inclusion_equality__diversity/inclusion_and_involvement.aspx)

[Draft Inclusion Strategy](#)  
[Inclusion Strategy Consultation Report](#)  
[Workshop Feedback and Evaluation](#)



## Definitions

\* **Protected characteristics** - the nine characteristics protected under the Equality Act 2010: age, disability, gender reassignment, pregnancy/ maternity, marriage/ civil partnership, religion/ belief, race, sex, and sexual orientation

\* **Disadvantaged groups** sometimes called 'marginalised', 'hard-to-reach' or 'seldom-heard' groups, these are people who experience inequalities in health, healthcare and employment, but who are not specifically protected by the Equality Act. They can include homeless people, sex workers, people who misuse substances, people with low socio-economic status, and people living in rural isolation

\* **Community of interest** - A community of interest is a community of people who share a common interest and / or are a groups of people who share an identity, for example the Afro-Caribbean community, or those who share an experience, for example the homeless community.

\* **Local Interest Groups** - Patients, the public, voluntary sector organisations, members of the community, staff and staff side organisations who have an interest in what we do.

\* **Stakeholders** – are someone affected by or with the potential to be affected by a decision or action of the Trust which as an emergency service is most people. They include

- Patients
- Carers
- SECamb Staff and staff-side representatives (union) , SECamb volunteers
- Members of the public across the area of the south east served by SECamb community and voluntary organisations
- Other NHS organisations, local authorities', other public sector organisations, members of Local Involvement Networks (LINKs) Local Health watch , and health and well being boards
- Foundation Trust members and governors