



South East Coast Ambulance Service



NHS Foundation Trust

Equality Delivery System Review 2013

26th and 27th February 2013

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We would like to thank the Inclusion Hub Advisory Group and working sub group for their work and help in devising the process for reviewing the Equality Delivery System for 2013, and to everyone who attended and contributed to the review.

We would also like to thank all participants in this work to date, and hope that we will continue to work together in the future to ensure the best possible care for our patients.

1 Introduction

South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to the implementation of the NHS Equality Delivery System (EDS). It uses the existing EDS framework, which is defined in [Appendix A](#), and the EDS toolkit to understand where there may be inequality in health outcomes across the communities we serve, and how improvements can be made. In addition, it supports the development of a diverse and well supported workforce. The EDS has 18 outcomes, grouped into four goals which focus on the issues of most concern to patients, communities, NHS staff and Boards. The goals are:

1. Better health outcomes for all.
2. Improved patient access and experience.
3. Empowered, engaged and included staff.
4. Inclusive leadership.

Each of the 18 outcomes has a number of factors which are considered against the relevant protected characteristics, as defined in [Appendix A](#) of this report.

An evidence-based assessment, grading and objective setting process commenced in the autumn of 2011 and identified five individual equality objectives which would enable improvement. One of these was an overarching objective. All were to be achieved within four years and each objective was to be supported by a one-year specific, measurable, achievable, realistic and timely (SMART) action plan. The objective and action plan was to be reviewed and refreshed annually by the Trust working in partnership with its communities of interest. The process to develop objectives and action plans were approved by the Board in March 2012 and published in April 2012, with the Inclusion Working Group (IWG) responsible for monitoring and implementation.

2 Purpose of the EDS Review 2013

The purpose of the EDS Review 2013 was to consider progress and improvements made in relation to the equality objectives approved in April 2012 and to recommend actions to enable measureable progress over the next 12 months. Based on outcomes, the equality objectives themselves were to be reviewed and, if required, amendments proposed. The implementation of the Inclusion Strategy was excluded from the review, as it is an overarching objective and is on-going.

3 The review process

The review process was developed by nominated members of the Inclusion Hub Advisory Group (IHAG), Governors, the Trust's Inclusion Manager and Membership and Governor Engagement Manager.

Each equality objective was reviewed and discussed separately. For each Objective, the Directorate with the larger portion of responsibility for implementing and progressing actions was invited to present the areas they considered the Trust should prioritise. This would give them the opportunity to explain the rationale for their proposals as part

of the process to develop a one-year action plan. Group and team discussions considered what might be done to advance issues, capturing ideas for action which were then prioritised until each Objective had three agreed recommendations for action. Consideration was also given to whether the Objectives themselves required any modification. Ownership of actions was not proposed at this stage, as it was agreed that this should be decided by the IWG when the recommendations for action were presented for review and approval.

4 Participants in EDS Review 2013

The EDS Review 2013 took place over two days, 26th and 27th February 2013, and was attended by 24 participants from our communities of interest, including Trust staff.

The review was attended by a diverse mix of stakeholders identified as the Trust's communities of interest during the EDS consultation process in 2012. Those who participated included nine members of the Inclusion Hub Advisory Group (a diverse group of stakeholders); three members of the Foundation Council (a staff forum); two Trust Governors, two staff-elected Governors; and a staff-side (Trade Union) representative. Also present were Trust staff representing some of the Directorates responsible for actions within the objectives. The review was facilitated by the Trust's Inclusion Manager, Angela Rayner, with assistance from its Membership and Governor Engagement Manager, Isobel Allen. Additional EDS support was provided for recording and reporting purposes.

Staff attendance was lower than anticipated because the Trust was in REAP 4 status. REAP (Resourcing Escalatory Action Plan) is a national indicator of the pressure in ambulance services and the level of REAP ranges from 1 (normal service) to 6 (potential service failure). When the Trust is at REAP 4 all non-essential meetings and training is cancelled to enable all response capable managers to respond to 999 emergency calls. Where possible, however, the Trust tried to accommodate the review by releasing some managers, who remained on call throughout the review.

Sections 5 to 8, below, are an overview of the presentations, discussions and conclusions for each Objective, together with the top three recommendations, prioritised for action. A fuller summary of the discussions and all proposed actions for each Objective are outlined in Appendices B to E.

5 Review of Equality Objective 1

Goal 1: Better health outcomes for all

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.

The Medical Directorate provided a note of indicative plans for 2013 to 2014, which were used as a basis for the discussion and review for the first equality objective. In particular these plans included the on-going arrangements for the provision of data in relation to the Trust's Clinical Performance Indicators (CPIs); the data collected on

Clinical Outcomes Indicators (COIs); the development of an electronic Patient Clinical Record (PCR); and role of local Joint Strategic Needs Assessments (JSNA).

The review group discussed the need for more in-depth analysis and how it could be used to improve the provision of services to people with protected characteristics and from disadvantaged groups. Consideration needs to be given to what is relevant and useful to enable improved treatment and the review group also discussed the ability to share data externally, as well as the accessibility and triangulation of data internally.

[Appendix B](#) provides a summary of the discussions and the team based recommendations for action. The three recommendations to be presented to the IWG, having been agreed by the review group, are listed below.

Objective 1: Agreed recommendations for action	Responsible for actions (owner)
<p>Data and information:</p> <ul style="list-style-type: none"> • Review, collect and capture data relevant to assessing health inequality in our services. • Analyse and use the data to identify barriers and gaps, and actions / responses needed. • Present plans to the Inclusion Hub Advisory Group (IHAG) for review. <p>This action to include collection and analysis of information on accessibility in relation to Objective 2.</p>	<p>Medical</p>
<p>Strategic planning and commissioning:</p> <ul style="list-style-type: none"> • Use analysed demographic data to produce a 5 year rolling plan aimed at reducing health inequality, to be reviewed annually by IHAG. (Part of Integrated Business Planning) • Consult with IHAG regarding sense and direction. • Align other Trust strategies. • Use to support Commissioning decisions. 	<p>Medical</p>
<p>Health equality development:</p> <ul style="list-style-type: none"> • Implement cultural competency training for all staff (tailored to level / role). • Development of specific health inequality issues (linked to protected characteristics) including input from “Experts by Experience”. • Development to give staff confidence in quality monitoring. 	<p>Workforce Development: L&D</p>
<p>No change required for Objective 1</p>	

In addition to the recommendations, the following action arose:

Action: IHAG to experience and evaluate the Trust’s Equality and Diversity Training.

Representative from Learning and Development to be invited to the IHAG meeting on 9th May 2012 to agree next steps.

6 Review of Equality Objective 2

Goal 2: Improved patient access and experience

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.

The Medical Directorate provided a note of indicative plans for 2013 / 2014, which were used as a basis for the discussion and review for the second equality objective. The topics discussed included monitoring the application of the Trust’s Mental Capacity Act arrangements; current referral options and development at a commissioning level; the Trust’s Safeguarding process; and the benefits of South East Coast Clinical Networks.

The review group concluded that the information and data held by the Trust should be used to demonstrate identified inequalities of healthcare to the Commissioners. It also considered how the Trust knows that its services are accessible. It was acknowledged that there is current difficulty in accessing real time information and the group was advised that the Friends and Family test applies to ambulance services. The consensus of the review group was that the Trust captures data, but it may not necessarily be effectively using it or making sense of it in terms of the accessibility of its services for those with protected characteristics.

[Appendix C](#) provides a summary of the discussions and team recommendations for action. The three recommendations to be presented to the IWG, having been agreed by the review group, are listed below.

Objective 2: Agreed recommendations for action	Responsible for actions (owner)
Enhance mechanism to tap into the intelligence of our volunteer and other communities to inform improvements to the accessibility of services by removing barriers.	Medical
Develop and review effectiveness of pathways, taking into account: <ul style="list-style-type: none"> • New pathways required to meet identified needs, e.g. mental health. • Impact of care or restriction of provisions across organisations (health / social care). 	Medical
Develop a process and protocols to enable capture of patient experience and feedback, including:	Workforce Development

<ul style="list-style-type: none"> • 'Mystery shopping'. • Real time patient feedback. 	
No change required for Objective 2	

Note: Inclusion Hub Advisory Group (IHAG) to review and recommend improvements on information published against the agreed dataset of equality information.

7 Review of Equality Objective 3

Goal 3: Empowered, engaged and included staff

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.

Angela Rayner (Inclusion Manager) advised that the statement referred to in Objective 3 had been developed, approved and circulated and that the Objective itself therefore required revision. It was noted that development of the statement has led to the IWG agreeing that a new policy covering equal opportunities should be developed by August 2013. It was noted that this would further support progress of Goal 3, Empowered, engaged and included staff. The review group was also advised that a Transgender Policy is in development.

In considering a review to the Objective, the review group considered how the statement can be tested for robustness; how the current representation of protected groups within the Trust can be improved; participation in the National Diversity Forum research project; and promoting healthy lifestyles including reflection on the Lone Worker Policy and the Meal Break Policy. A summary of the discussions and full team feedback is presented in [Appendix D](#). The three recommendations to be presented to the IWG, having been agreed by the review group, are listed below.

Objective 3: Agreed recommendations for action	Responsible for actions (owner)
Undertake analysis regarding the effect on staff of the Lone Worker Policy and identify support mechanisms. For example, within the Paramedic Practitioner role, issues relating to female staff, impact on mental health, etc.	Workforce Development: HR Service Delivery
Review current Bullying and Harassment and Whistleblowing policies and procedures to ensure they are relevant to the outcome of the staff survey and the needs of the Francis Report. Ensure new policies and procedures are communicated to staff.	Workforce Development: HR Service Delivery
Provision of training to Senior Management Team, Heads of department and Directors to clarify and ensure delivery of the Trust's commitment to enabling empowered, engaged and included staff (Goal 4).	Workforce Development: L&D

Proposal for 2013 Objective 3
<p>Participants agreed that this Objective had been achieved and required revision. The following recommendation was reviewed and approved by the Inclusion Working Group on 27th March, 2013:</p> <p style="padding-left: 40px;">The Trust will promote an inclusive culture that works to eradicate bullying and harassment and further improves working lives and staff well-being with flexible ways of working. The Trust will demonstrate its commitment to equal opportunities by developing and publishing a new Policy to support this.</p>

8 Review of Equality Objective 4

Goal 4: Inclusive Leadership

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.

Paul Sutton, the Trust’s Chief Executive, spoke to the review group about his and the Trust’s commitment to and practice of inclusive leadership. The key points of the presentation and topics of discussion are provided in [Appendix E](#), together with the full team feedback on recommendations for action.

The presentation was supported by Clare Mitchell (Company Secretary), members of the Workforce Development: David Vincent-Scott (Employee Resourcing Manager), Helen Edmunds (Learning & Development Lead), and Mohammed Baig (Resourcing Advisor), and Janine Compton (Head of Communications).

The presentation gave rise to a discussion on the level of competence required to deliver and influence equality and diversity within the Trust, focussing on alternative advertising techniques for Non-Executive Directors (NEDs); job descriptions; the use of “Experts by Experience”; Performance Appraisal and Development Reviews (PADRs) process; and benchmarking.

The three recommendations agreed by the review group and for presentation to the IWG are listed below.

Objective 4: Agreed recommendations for action	Responsible for actions (owner)
Council of Governors to produce guidance for the recruitment of more diverse Non-Executive Directorship representation.	CEO Office: Company Secretary
A question to be added to the Staff Survey to enable the evaluation of the value placed by staff on the quality of Performance Appraisal and Development Reviews (PADRs).	Workforce Development: L&D liaising with Communications

	for appropriate input
Learning and Development to produce an “Experts by Experience” resource and monitor the success of its implementation.	Workforce Development: L&D
Proposal for 2013 Objective 4	
<p>Add Governors to the objective, as contributing to the leadership of the Trust in terms of delivering its commitment to equal opportunities, valuing diversity and embracing dignity and respect for all:</p> <p>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 and the Council of Governors play their part in delivering our commitment to equal opportunities, valuing diversity and embracing dignity and respect for all.</p>	

9 Feedback and evaluation of EDS Review process

9.1. All participants found the review elements of the workshop Very Useful / Quite Useful and the following points were raised with regard to follow-up activity or support that would be considered helpful:

- Pre-pack explaining function of group and individuals within the group.
- Ensure action owners know they will have to report on progress next year.
- Summary of outcomes and actions.
- Feedback on what happened next – 6 months, 1 year on.
- To continue working with IHAG to develop with them the Equality and Diversity training.
- In future might be useful for staff with actions to report on progress against each.
- Focus groups on aspects that have been identified as needing further work.

9.2. The majority of participants rated all aspects of the organisation for the workshop as excellent, with the remainder some elements as good. Comments with regard to improving similar events in the future were:

- More commitment from management to participate.
- Having more equal share of frontline staff geographically.

9.3. Nearly all participants believed that overall the workshop was definitely worthwhile and others felt it was ‘probably’ so. There was one comment in this regard:

- Follow up from previous comments – pre-pack on role of group.
- 9.4. Almost without exception participants definitely felt this event was the right way of involving them. The comments provided were:
- Provided that we are involved through IHAG in checking level of diversity understanding in the Trust.
 - Enjoyed the event. Very constructive.
- 9.5. The review group highlighted the need for more Directorate support to encourage and improve participation at future EDS events.

10 Conclusion

- 10.1. The purpose and aims of the EDS Review 2013 were achieved, with agreed recommendations for action being developed within each Objective and, where it was thought appropriate, amendments to the Objectives were proposed to reflect their current status.
- 10.2. The review group was disappointed at the lack of representation from some Directorates. The group was unable to ask questions and seek clarification. It also gave some members cause to question the priority placed on equality and diversity issues.
- 10.3. The cancellation of training during REAP 4 raised concerns regarding prioritisation of training within the Trust.

11 Recommendations and next steps

- 11.1. The recommendations for action agreed by the EDS review group will be presented to the IWG on 27th March 2013 by the IHAG representatives. The IWG will be asked to review and approve the recommendations for adoption and to assign action owners.
- 11.2. An action plan will be developed through consultation with the IWG and presented to the Trust Board for approval at its public meeting in May 2013. Progress against the actions will be monitored by IHAG.
- 11.3. The review group recommended that information and data held by the Trust should be used to demonstrate identified inequalities of healthcare to the Commissioners. Responsible for actions (owner): Commercial Services.
- 11.4. The IHAG requested the opportunity to experience and evaluate the Trust's Equality and Diversity Training. It is proposed that the training module be presented to the IHAG meeting on 9th May by a representative from Learning and Development. Responsible for actions (owner): Commercial Services: Inclusion Manager.
- 11.5. It is recommended that all proposed recommendations, including those not formally adopted, be reviewed by responsible Directorates to identify suggestions and processes which can be adopted to improve establishment

and embedding of equality and diversity across the Trust and within the Trust's communities of interest. Responsible for actions (owner): Inclusion Working Group.

- 11.6. The annual EDS Review in 2014 will measure progress on the recommendations for action made in 2013. Commitment to attend by representatives from Directorates with overarching responsibilities will be sought. Responsible for actions (owner): Trust Board.
- 11.7. In preparation for future review, feedback from the EDS Review 2013 workshop will be developed and implemented, as appropriate. Responsible for actions (owner): Commercial Services: Inclusion Manager.

Appendix A: Definitions

The following definitions are provided in the context of the Equality Delivery System and the Trust's participating in that system.

<p>The EDS framework</p>	<p>The EDS framework is designed to support NHS Commissioners and providers to deliver better health care outcomes for patients and communities, and better working environments for staff that are personal, fair and diverse. Its aim is to make 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; and to bring about work places free from discrimination and help to embed equality throughout the organisation and business.</p>
<p>Protected characteristics</p>	<p>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.</p>
<p>Disadvantaged groups</p>	<p>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.</p>
<p>Community of interest groups</p>	<p>A community of interest or local interest group is a community of people who share a common interest. For the purpose of the EDS, communities of interest are brought together as one group of stakeholders. The Trust's communities of interest were identified during the EDS consultation process in 2012 and are a diverse group of people comprising patients, carers and members the public, representative of the population served by the Trust and including representation for all protected characteristics. The group also includes: Governors and members of the Trust; staff and staff side (Trade Union) representation; other NHS, public sector and voluntary and community representatives; and Links/Healthwatch representatives.</p>
<p>Stakeholder</p>	<p>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:</p> <ul style="list-style-type: none"> • Patients • Carers • SECamb Staff and staff-side representatives (union)

	<ul style="list-style-type: none">• 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 wellbeing boards• Foundation Trust members and governors
Cultural competency	<p>Cultural and linguistic competence is a set of congruent behaviours, attitudes and policies that come together in a system, an agency or among professionals to enable effective work in cross-cultural situations.</p> <p>'Culture' refers to integrated patterns of human behaviour that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.</p> <p>'Competence' implies having the capacity to function effectively as an individual and an organisation within the context of the cultural beliefs, behaviours, and needs presented by consumers and their communities. (Adapted from Cross, 1989).</p> <p>Developing cultural competence results in an ability to understand, communicate and effectively interact with people to tailor care and treatment to meet their individual needs.</p>

Appendix B: Objective 1 discussions and recommendations

Goal 1: Better health outcomes for all

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.

The Medical Directorate provided a note of indicative plans for 2013 to 2014, which were used as a basis for the discussion and review for the first equality objective.

Discussions included the on-going arrangements for the provision of data in relation to the Trust's Clinical Performance Indicators (CPIs) and the data collected on Clinical Outcomes Indicators (COIs). The latter is a component of the Ambulance Quality Indicators (AQIs) which is used by the Department of Health for performance monitoring, which aims to measure the overall quality of care and end-results. It was explained to the review group that there are internal mechanisms, such as the Corporate Dashboard, which use data to measure progress and enables learning from best practice. The practice of exception reporting identifies actions to be taken to address any issues.

The review group was advised that the Trust is developing an electronic Patient Clinical Record (PCR), which will more effectively inform data analysis, and the wider clinical audit programme. Some of the data indicators, for example, ethnicity fields, are poorly completed on PCRs and it is anticipated that this project will improve input. The IT Development Project Manager will be attending the May meeting of the IHAG to provide more information on this project and how it will improve equality data.

The review group discussed the need for more in-depth analysis and how it could be used to improve the provision of services to people with protected characteristics and from disadvantaged groups. Consideration needs to be given to what is relevant and useful to enable improved treatment and the review group also discussed the ability to share data externally, as well as the accessibility and triangulation of data internally.

The group received information on the local Joint Strategic Needs Assessments (JSNA), which informs strategic planning and the management of associated data requirements. The data review and assessment of the JSNA output will enable the Trust to better inform the development of its pathways and clinical guidelines in partnership with the wider health economy and partner Commissioners.

Below are the collated recommendations for action which arose from team discussions and were put to the review group for prioritisation.

Health inequalities and data collection

We want to know what health inequalities exist. Develop a baseline by understanding the trends we see.

Develop a shared and understood definition of 'health inequalities'.

What kind of data is available? Who / where does data get analysed and used.

Consult with others to inform future thinking.

Produce a 5 year rolling plan as part of our planning cycle and review annually.

Use plan to inform staff planning, fleet resource planning and local training needs.

Use other sources of data to enable full integration of all available data.

Analysis and review

Analyse available clinical data. Check for bias in care given.

Identify protected characteristics with clinical implications and focus on those requiring training.

Use the available information and understand what it means to the Trust and our population.

Interpreting local information targeting services to meet needs – skills mix - to analyse and disseminate.

Compare data available, patient needs and whether resources match – and identify gaps / barriers to access.

Education and Training

Deliver cultural competency training – including 'Experts by Experience'.

IHAG to experience and evaluate E&D Training.

Audit and review

Audit how / whether we are using data for agreed outcomes.

Review the effectiveness of the current quality assurance process at the frontline.

Diversity monitoring (including training)

Implement diversity monitoring training for staff – National Toolkit.

Are Patient clinical Records (PCRs) sophisticated enough to enable appropriate interrogation?

Include individual staff targets to correctly fill in PCRs.

Can SECAMB offer training to, for example, care homes, hospitals, hospices.

How do we raise awareness of patients about need for diversity information.

Appendix C: Objective 2 discussions and recommendations

Goal 2: Improved patient access and experience

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.

The Medical Directorate provided a note of indicative plans for 2013 / 2014, which were used as a basis for the discussion and review for the second equality objective.

During 2013 / 2014 the Trust will be monitoring the application of its Mental Capacity Act arrangements, using data captured by crews at the time of their attendance on a patient. PCRs are currently being used to record a patient's capacity to accept treatment, but Mobile Data Terminals (MDTs) will be used for this purpose when they have been rolled out across the Trust during the coming financial year. The review group was advised that a patient's ability to make the decision is based on sets of simple tests to establish their capacity. A brief discussion followed on the referral options currently available for patients who do not have capacity and those which could be beneficially developed at a commissioning level and through liaison with external sources who have access to mental health records. The purpose of this would be to identify all core pathways for these patients.

The Medical Directorate advised that it will continue to work towards identifying appropriate pathways for mental health patients through on-going analysis of the Trust's Safeguarding database. The database analysis includes reviewing activity and profiles at Operational Dispatch Area level. It enables comparison of safeguarding referral rates to demographic and other information available in the wider health economy; types of concerns compared with delivery of elements of the Trust's training needs analysis; and with actions received by receiving authorities. The Safeguarding process, which applies to 'anyone at any time', enables staff to act in the best interests of their patients.

The implementation and roll out of clinical programmes supported by South East Coast Clinical Networks will continue to be overseen by the Medical Directorate. These clinical networks include the cardiac, stroke and cancer networks. Working with Networks has enabled improved patient pathways to be established, particularly beneficial where a time critical response impacts on improved outcomes. Typically these pathways bypass Accident and Emergency (A&E) centres and are considered beneficial for patients because they will receive appropriate specialist care sooner than if they had been taken to A&E. Clinical Networks work with specialists to share best practice and influence provider organisations, such as hospitals and palliative care organisations. They can also influence the Commissioners, who are responsible for meeting the health needs of the population.

The review group concluded that the information and data held by the Trust should be used to demonstrate identified inequalities of healthcare to the Commissioners.

The review group considered how the Trust knows that its services are accessible. It was acknowledged that there is current difficulty in accessing real time information

and the group was advised that the Friends and Family test applies to ambulance services. The consensus of the review group was that the Trust captures data, but it may not necessarily be using it or making sense of it in terms of the accessibility of its services for those with protected characteristics.

Below are the collated recommendations for action which arose from team discussions and were put to the review group for prioritisation.

Data

See whether people in protected groups are accessing services – also by location.

Gather feedback from other groups about how accessible we are.

Checking with those we refer to whether it was the right Pathway – similarly whether staff think Pathways are available.

111 – monitor service uptake by protected characteristics.

Note importance of trying to understand the cause of bad experiences.

Education and Training

Work with any excluded / under-represented groups. Work with key communities to educate / inform.

Community Development Officers.

Patient Experience and Outcomes

Instant feedback by survey / text, etc.

Investigate impact of timing and availability of Pathways on patient experience and outcomes.

Note that now a need to anticipate need, not just make reasonable adjustments.

Mystery shopping: 111, 999, Patient Transport Services (PTS) on-going

Care Pathways

Staff need instant access to available Pathways. How does this happen? 111?

Focus on mental health – Paramedics to specialise?

Important to have clear Pathways around drugs and alcohol.

Appendix D: Objective 3 discussions and recommendations

Goal 3: Empowered, engaged and included staff

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.

Angela Rayner (Inclusion Manager) advised that the statement referred to in Objective 3 had been developed, approved and circulated and that the Objective itself therefore required revision. It was noted that development of the statement has led to the IWG agreeing that a new policy covering equal opportunities should be developed by August 2013. It was noted that this would further support progress of Goal 3, Empowered, engaged and included staff.

It was suggested that the robustness of the statement requires testing within the organisation. Review and analysis of the equality and diversity factors within the staff survey results was one measurable option and by developing questions to test this area, the survey itself could be used in the future. Further discussions drew on a set of EDS outcomes linked to Goal 3 and further information, clarification and explanations were provided by David Vincent-Scott (Employee Resourcing Manager), Helen Edmunds (Learning & Development Lead), Janine Compton (Head of Communications) and Mohammed Baig (Resourcing Advisor).

The review group received an update on the representation protected groups within the Trust, and assurances that the Trust will continue towards improvement. One of the issues discussed was how to attract a diverse range of candidates. The Trust has undertaken targeted advertising for under-represented groups and identified issues around perception. For example, in some cultures the Trust's services are not well received in terms of a careers option or as not offering a profession; whilst others wrongly believe that it is beyond their expectations. To address such issues, the Trust must ensure that what it offers is seen as a graduate profession and a well-positioned career. It needs to move towards targeting specific groups, such as the Black, Minority and Ethnic (BME) groups. The Trust already works with universities and attends career fairs, but it was suggested that focussing on students aged 16 to 19 years, who were considering their career options, would be an opportunity to encourage non or under-represented groups and individuals to consider a career with the Trust. The use of role models to support this process was well received. The Trust recognises that in attracting minority groups, it cannot rely on untested assumptions and must understand why it cannot attract a more diverse representation. The Trust has recently signed up to a research project through the National Diversity Forum, which aims to identify barriers and identify ways to address this issue.

The support offered by the Trust in terms of promoting a healthy lifestyle was outlined to the review group and the Trust is now looking at how it can be monitored. The work carried out with Surrey University was also explained, which looked at what affects a healthy lifestyle and the fitness of our staff. It was recognised that staff networks need to be promoted and supported and some of the barriers that

exist need to be challenged. It was also suggested that consideration be given to accessing charitable funds to help develop and support networks. The part played by Trust policies and procedures on the health and wellbeing of staff was also discussed, specifically the Meal Break Policy, which affects lifestyles, and the Lone Worker Policy. The issues drawn from the Lone Worker Policy included potential mental health issues and highlighted potential vulnerability of female staff. It was also noted that learning and development in the field may be more challenging.

Additional subjects discussed included the development of a Transgender Policy; the Trust's requirements for third party providers in terms of equality and diversity; dealing with instances of possible unfairness in the provision and uptake of personal development; changes to the bullying and harassment process; and flexible working arrangements.

Below are the collated recommendations for action which arose from team discussions and were put to the review group for prioritisation.

Lone Working – Paramedic Practitioner Role

Undertake analysis – effect on staff, e.g., female vulnerability, mental health, etc.
Identify support.

Bullying and Harassment / Whistleblowing

Policy / Procedures – review (is it current?), communicate

- Checking relevance to survey results and needs of Francis report.

Develop existing process of reporting to include outcomes.

Recruitment

Targeting specific groups (BME).

Work with universities to encourage BME to consider SECAMB in career (options stage 16-19) – using role models to support.

Staff Survey

Include bespoke monitoring questions – interrogation by staff role / groups, etc.

Check diversity statistics – does return match organisation?

Training

Senior Team / Heads of Department, Director training – by Learning & Development team.

Appendix E: Objective 4 discussions and recommendations

Goal 4: Inclusive Leadership

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.

All senior managers in the Trust are required to be responsible for equality and diversity in their areas of work. Paul Sutton, the Trust's Chief Executive, was invited to speak about his perspective, speaking to the review group about the Trust's commitment to and practice of inclusive leadership. He was supported by Clare Mitchell (Company Secretary), members of the Workforce Development: David Vincent-Scott (Employee Resourcing Manager), Helen Edmunds (Learning & Development Lead), and Mohammed Baig (Resourcing Advisor), and Janine Compton (Head of Communications). The key points of the presentation were:

1. Leadership has a transformational quality about it. Improvement is important, but it can be argued to be more transactional. When speaking of leadership, it is important to remember the fundamental purpose of the organisation, which is to serve the public and to look at how effectively and how well we do that. The Trust serves **all** members of the public and it is a misconception that everybody is the same. This is not the case, for many reasons, perhaps due to geography or the community in which people live.
2. In terms of serving the public and in terms of meeting the Trust's fundamental purpose, there are some very real clinical outcome and patient / user experience issues. We talk a lot about differences, but if you look at the different dimensions there are some clear clinical differences driving each, for example, ethnicity, religion, even trauma. There are barriers, for example, which may prevent Gypsies and Travellers accessing the Trust's services, life expectancy within those communities is 50 years. Within religious communities we see a prevalence of, for example, stroke, heart attack, sickle cell, which affects different groups of people and there needs to be an understanding of how this is managed. We need to look harder to see if there are groups of people we are not seeing.
3. As a Foundation Trust we should reflect the community we serve and until we do that we will not have people accessing our services. We are accountable to the community and must always be looking to and embracing the communities we serve. There are issues around our current position and where we need to be, both locally and nationally. Within the Trust, leadership needs to be "in depth" and this starts at the top and cascades down throughout the organisation. Nationally, the Trust is a member of the National Ambulance Diversity Forum. Paul Sutton chairs this group and reports back into the Association of Ambulance Chief Executives, as Equality and Diversity Lead. It was reported that all ambulance services are now conscious of the needs for

inclusive leadership in this respect. It has a direct impact on clinical outcomes and patient experience and satisfaction.

4. The Trust is on a journey with regard to equality and diversity. One challenge is the speed at which it moves forward.

The presentation gave rise to a discussion on the level of competence required to deliver and influence equality and diversity within the Trust. It was clarified that the Board is made up of Non-Executive Directors (NEDs), as well as Executive Directors. It was suggested that additional training may be beneficial relating to the Board's statutory role in terms of leading equality and diversity within the Trust. There was in-depth discussion with regard to the appointment of NEDs and Governors, and their role in promoting leadership and equality and diversity. There is a requirement for the Trust's membership to be diverse. Members representing diverse groups should be encouraged and supported to stand for election. It was acknowledged by the group that there are challenges with regard to appointing NEDs that reflect certain protected groups. Although a commitment to equality and diversity is tested during selection, ultimately they are appointed on merit, having the required key skills and knowledge to perform their role. It was suggested that NED role descriptions and advertisements encourage applications from those protected characteristics or within protected groups. In terms of advertising, generally, it was suggested that a more diverse range of media be used and equality and diversity elements must be specified to recruitment agencies.

The review group discussed the robustness of the equality and diversity leadership element within job descriptions, although it was pointed out that some staff members have a leadership influence which is not reflected in their job title. At interview, experience-based responses were proposed, rather than an awareness test. It was agreed that training should be tailored to reflect **all** the individuals within the organisation and that "Experts by Experience" should be part of the process.

A discussion took place on the on-going development, review and embedding of values within the Trust. The review group took particular interest in the Performance Appraisal and Development Reviews (PADRs) process which plays a role in expressing and developing equality and diversity values; and also allows staff to discuss equality and diversity issues with their manager.

Benchmarking was also addressed by the review group. There are signs that improvements have been made which could be used as a barometer, for example, staff challenging behaviour. The review group believed it was necessary to identify whether there were any protected characteristics or groups which were not part of the process and identify what could be done to make them part of it. It might also be appropriate to consider how the Trust obtains feedback on how far equality and diversity leadership cascades down within teams, although it was acknowledged that there may be a mechanism in place that the group was not aware of.

Additional discussions focussed on the key skills required by Team Leaders; the need to guide new recruits to receive more guidance and development of their scope of attitudes; and the need for more local discussion during training.

Below are the collated recommendations for action which arose from team discussions and were put to the review group for prioritisation.

Benchmarking

Use evidence we have to identify future goals.

How do we know where we are?

Generate evidence from existing wealth of information, e.g., staff survey.

Recruit body of external experts to review and advise policies and procedures, etc. Are they working?

Capture regional representation for evaluation.

Recruitment

Specific head-hunting. Target a wide variety of media.

Be clear regarding specific expectations regarding equality and diversity (go agencies).

Council of Governors to produce guidance to support recruitment of more diverse leadership.

Asking more 'in depth' questions at interview – pitched at correct level for role – competency.

Review and amend job descriptions to ensure they are tailored to the role.

Broad range of recruitment activity.

Training and Evaluation

More intense / specific training in equality and diversity. Enhanced for equality and diversity team. Key areas.

Identify existing expertise and ways of sharing across the organisation.

Performance Appraisal and Development Review (PADR) to include a minimum set of equality and diversity standards.

Build PADR into staff survey.

Produce, implement and monitor 'Experts by Experience' resource.

Analysis of access to training.

Bespoke level of training / type according to the post.

Quality measurement – delivery – impact (observation and review)

Include some important information in wage slips.

Values

Lack of understanding regarding protected characteristics – improve.

Anxiety regarding lack of knowledge.

Enhanced level of training required.