



Equality Delivery System (EDS2) Review 2014

13 and 14 February 2014

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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۔

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Acknowledgements:

We would like to thank 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.

Report prepared by Angela Rayner, Inclusion Manager

1 Executive Summary

The 2014 Equality Delivery System 2 (EDS2) grading and Equality Objectives review took place on 13 and 14 February 2014 through consultation with our communities of interest, including members of the Inclusion Hub Advisory Group, the Foundation Council, governors and staff. Review participants received information on the Trust's processes to demonstrate that we are on our way to achieving the EDS2 Outcomes, or have achieved them. The participants graded how people from protected characteristic groups fare compared with people overall, against the four Goals and eighteen Outcomes of EDS2.

A summary of the EDS2 Goals and Outcomes and the result of the 2014 grading and review process are provided in [Appendix A](#). Other appendices are: [Appendix B – Definitions](#); and [Appendix C – Protected characteristics table](#).

With regard to progress towards achieving the EDS Goals and Outcomes, it was acknowledged that where the Trust is achieving, and in one case excelling, there are still areas within each Outcome which need to be addressed to ensure that people from all protected characteristic groups fare as well. The 2014 grading results demonstrate a number of improvements and sustained progress towards achieving the EDS Goals. More information is provided in sections 6 to 9 of this report.

With regard to the Equality Objectives: The Trust has five Equality Objectives, one relating to each of the four Goals and an overarching objective. The Review panel agreed that all five are still relevant and should be retained whilst work continues to enable achievement. The Review panel also considered progress on the EDS 2013 Action Plans and identified two new actions within Objective 4, to replace those which had been completed. Proposed actions and recommendations to achieve progress and deliver improvements over the coming year are summarised in sections 6 to 10 of this report.

The Inclusion Working Group will be responsible for monitoring the implementation of the agreed EDS action plans and the Inclusion Hub Advisory Group will review progress and provide guidance and advice throughout the year.

2 Background to the NHS Equality Delivery System

The main purpose of the NHS Equality Delivery System (EDS) is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. 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.

The EDS was formally launched in November 2011 and South East Coast Ambulance Service NHS Foundation Trust (the Trust) commenced an evidence-based assessment, grading and objective setting process, identifying 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, to be reviewed and refreshed annually by the Trust working in partnership with its communities of interest. The Trust confirmed its commitment to implement the EDS when the process to develop objectives and action plans was approved by the Board in

March 2012 and published in April 2012. Implementation of the EDS Framework will drive up the equality performance of the organisation and further embed equality into mainstream business. It is supported by the Inclusion Working Group (IWG) who are responsible for monitoring and implementation; and the Inclusion Hub Advisory Group (IHAG) who have a consultative and advisory role.

In November 2013 a refreshed framework was launched, known as EDS2. It is more streamlined, simpler to use and less onerous than the original framework. EDS2 retains much of the original design, but encourages local adaptation with a focus on local issues and problems. It also prompts learning from and the spreading of good practice. The main purpose of the EDS remains unchanged.

The Trust has transitioned to EDS2 and continues its commitment to implement the framework which enables it to understand where there may be inequality in health outcomes across the communities we serve and how improvements can be made. In addition, it also supports the development of a diverse and well-supported workforce.

Within EDS2 there are four Goals which focus on the issues of most concern to patients, communities, NHS staff and Boards. Grouped under the Goals are 18 Outcomes against which the Trust is graded and assessed by its communities of interest. These Goals are: (1) Better health outcomes; (2) Improved patient access and experience; (3) A representative and supported workforce; and (4) Inclusive leadership.

3 Purpose of the EDS2 Review 2014

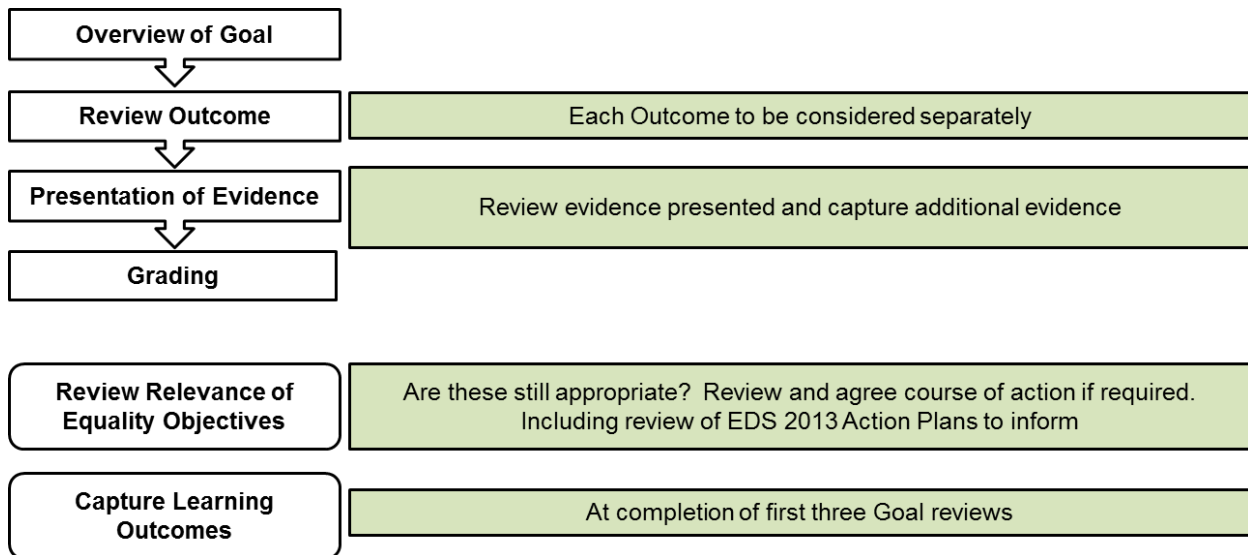
The purpose of the EDS2 Review 2014 was to consider progress made in relation to achieving the EDS2 Goals and Outcomes and agree grading; and to review the Trust's Equality Objectives and if necessary to make recommendations and / or propose amendments to ensure they were relevant.

4 The review process

The review process was developed through collaboration between the Trust's Inclusion Manager and the IWG. On the following page is a diagram which outlines the process whereby participants received an overview of a Goal to ensure the rationale was correctly understood. This was followed by a separate review of each of the associated Outcomes.

Participants considered the wording of the Outcomes because the introduction of EDS2 required 'local adaptation'. Once this had been agreed they received information which demonstrated progress towards achieving the Outcome. This was followed by discussion and, in some cases, the capture of new information and evidence. Electronic voting then took place to enable the participants to grade the Trust's progress towards achieving the Outcome, the options being: Excelling; Achieving; Developing; or Undeveloped.

If the result of voting was clear the participants moved on to next outcome. If it was unclear, or the results very close, further discussion took place prior to another vote to reach final agreed grade.



When all of the Outcomes within a Goal had been graded, the associated Equality Objective was reviewed for relevance and progress. Participants considered whether they needed to be revised and, if so, suggestions were prioritised and voted on. In this part of the review the EDS 2013 Action Plans were taken into account to help measure progress. Participants considered whether new actions were required to replace completed actions; or whether there were any recommendations to be made to aid progress. Where new actions to achieve progress were required participants suggested, discussed and prioritised new actions to deliver improvements over the coming year.

When each Goal, its Outcomes and the related Equality Objective had been reviewed, learning outcomes and recommendations were captured to inform next session. The final part of the process was a review of the overarching Equality Objective, following the process outlined above.

5 Participants in EDS2 Review 2014

The EDS2 Review 2014 took place over two days, 13 and 14 February 2014, and was attended by a core of 20 participants representing a diverse mix of stakeholders identified as the Trust's communities of interest during the EDS consultation process in 2012, including members of staff. Those who participated included ten (10) members of the Inclusion Hub Advisory Group (a diverse group of stakeholders); one member of the Foundation Council (a staff forum); one Trust Governor, two staff-elected Governors; and two Staff Network representatives. Also present were Trust staff representing some of the Directorates who were responsible for implementing the processes and actions identified within the Trust's EDS framework. Unfortunately, owing to REAP 4, the nominated joint staff-side (Trade Union) representative was unable to attend, but staff members included union members.

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 6 to 10, below, are an overview of the presentations, discussions and conclusions within EDS Goal.

Note 1: The percentages recorded in the grading results indicate the percentage of participants who voted for each category.

Note 2: References to Clinical Operations includes, as appropriate: Field Operations, Distribution, Patient Transport Services (PTS), Voluntary Services - CFRs, Business Development and Learning and Development.

6 EDS Goal 1: Better Health Outcomes

Outcome 1.1 **Proposed Revision:** SECAmb are aware of the health needs of the local community and aims to meet them.

Replacing: SECAmb services are designed and delivered to meet the health needs of local communities.

The ability for any organisation to meet all of the health needs of its communities was questioned and that the statement for Outcome 1.1 was considered to be too broad. It was therefore **recommended** that the statement be revised to read: "SECAmb are aware of the health needs of the local community and aims to meet them."

Supporting information and evidence to demonstrate progress on achievement of this Outcome was provided by Clinical Operations and Medical Directorates and by the Inclusion Manager. There was discussion on how protected characteristics were introduced across the needs identified within the Training Needs Analysis and the frequency of training. The Review group also considered how the Trust identifies where our biggest health inequalities are and whether we are doing enough to be aware of what the health needs of our communities are. It was acknowledged that the Trust is very proactive in its approach to providing services. There are complex issues involved and contractual and commissioning boundaries in place.

Additional evidence was captured relating to the identification of the location of defibrillators and of Gypsy and Traveller sites by Voluntary Services (CFRs).

EDS Outcome 1.1 – Result of voting:

| | |
|------------------|------------|
| Undeveloped | 0% |
| Developing | 14% |
| Achieving | 71% |
| Excelling | 14% |

Outcome 1.2 Individual people's health needs are assessed and met in appropriate and effective ways.

Information was provided by the Medical and Clinical Operations Directorates. The Review group was also informed of Guidance which has been issued within the Emergency Operations Centres in relation to transgender service users; and health screening initiatives at events such as the Epsom Derby and the LGB Youth event.

The group discussed the development and application of the Intelligence Based Information System (IBIS) and the Patient Specific Instructions (PSI) database. Concern was raised at their potential incompatibility and further information was provided about the role of IBIS to support wider system design (PSI).

EDS Outcome 1.2 – Result of voting:

| | |
|-------------|-----|
| Undeveloped | 5% |
| Developing | 10% |
| Achieving | 71% |
| Excelling | 14% |

Outcome 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.

The Review group received information on processes within Clinical Operations, specifically with regard to the services the Trust is commissioned to provide. Information was also received from the Medical Directorate and our KMSS 111 Directory of Services Lead verbally supported evidence on 111 services.

There was discussion on patient handovers at Accident and Emergency Centres, noting positive feedback on the role of the Trust's Hospital Ambulance Liaison Officers coming out of the Care Quality Commission (CQC) Hospital Review of Dartford A&E. The group considered the national system issue regarding character length on 111 to 999 transfers; and the increased use of private ambulance services.

The first vote to grade this Outcome was discounted due to the narrow margin between Developing and Achieving. Further discussion took place which included reference to the pathways for mental health and dementia patients.

The Review group sought clarification on whether there are there gaps in the 111 Directory of Services, whether these are reported and, if so, to whom. They also considered that **assurance** could be provided if analysis of 111 complaints was undertaken to identify whether there were any problems on transition and, if so, whether the information is used to help identify gaps.

EDS Outcome 1.3 – Result of voting:

| | |
|-------------|-----|
| Undeveloped | 0% |
| Developing | 33% |
| Achieving | 67% |
| Excelling | 0% |

Outcome 1.4 When people use SECAmb services their safety is prioritised and they are free from mistakes, mistreatment and abuse.

The Review group received and discussed a range of information provided by the Medical Directorate, which included governance, the Compliance team and Fleet. Assurances were given with regard to learning from mistakes, identifying training needs and development of action plans. It was considered that staff generally need some better awareness of trends to prevent inadvertent negative impacts. Once the Experts by Experience Workshops have been delivered it would be beneficial to determine what can be provided in terms of support.

EDS Outcome 1.4 – Result of voting:

| | |
|-------------|-----|
| Undeveloped | 5% |
| Developing | 14% |
| Achieving | 73% |
| Excelling | 9% |

Outcome 1.5 SECAmb health promotion initiatives reach and benefit all local communities.

As a result of reviewing the statement for Outcome 1.5, it was **recommended** that the word “all” be removed from the statement for Outcome 1.5.

The information for review was provided by Inclusion, Clinical Operations, Communications and Safeguarding. It also included reference to initiatives such as FAST signage on vehicles; ‘Safe Drive Stay Alive’ and License to Kill programmes; and School and pre-school visits undertaken by staff.

Additional evidence was provided by two participants. It was reported that Travellers have asked for and are being taught basic first aid, which is an enabler for more open communication. Feedback was also provided through association with the British Heart Foundation and South East Coast Strategic and Clinical Network. The Trust’s engagement with as wide a possible population as possible was considered to be excellent, and they were impressed with the engagement carried out through the IHAG.

The first round of voting to grade this Outcome was too close to make a definitive decision and a brief discussion took place to enable a more decisive second vote.

EDS Outcome 1.5 – Result of voting:

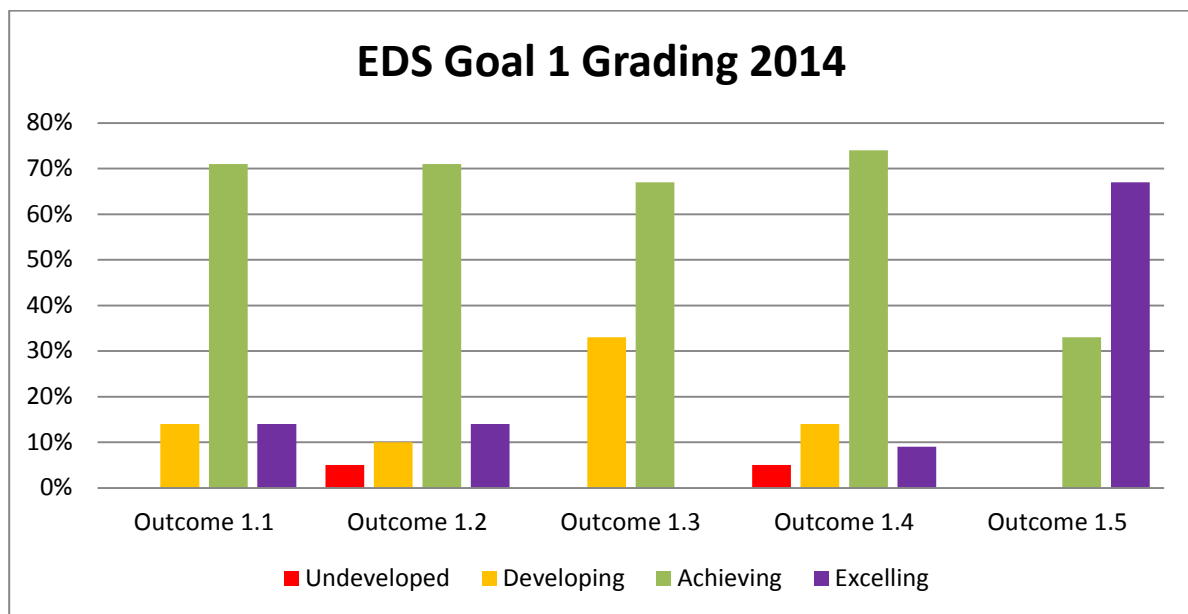
| | |
|-------------|-----|
| Undeveloped | 0% |
| Developing | 0% |
| Achieving | 33% |
| Excelling | 67% |

Equality 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.

Outcome: This Equality Objective is still relevant and should be retained whilst work continues towards achievement.

Comments: With regard to equality monitoring, through realistic evaluation and benchmarking it will be possible to identify where improvements can be made. (EDS Action 1.3 refers.)

In conclusion, the Review participants considered that the Trust is now achieving Outcomes 1.1 to 1.3, whereas in 2012 they considered these areas were in development. We have sustained progress in achieving Outcome 1.4 and are now Excelling in Outcome 1.5 (previously Achieving).



7 EDS Goal 2: Improved patient access and experience

Outcome 2.1 People, carers and communities can readily access SECamb services and should not be denied access on unreasonable grounds.

Information from Clinical Operations, Medical, 111 and Patient Experience was discussed, drawing out further information on PTS; History Marking; Bariatric services; and what constitutes unreasonable grounds for receiving services. The following points were recorded as additional evidence:

- Staff training on specific protected characteristics is improving awareness (Experts by Experience Workshops)
- Bariatric patients are not within the protected characteristics. (Positive)
- We respond to individual patient needs, for example, spinal cyst patient provided with suitable mattress.

The Review group **challenged** how the Trust knows the public are aware of services such as Language Line, Text 999, etc.

Discussion identified gaps / lack of clarity in the patient pathway accessing 'transporting' services, which applies pre and post care. (How do I get access to the

services? Who do I go to? How do I get back home?) Participants considered that the Trust needs to influence the Commissioners in this area.

The group considered that access for patients with Mental Health issues needs to be developed further and we need to do more to influence outcomes for people with these issues in terms of access to services (999).

It was also identified that the evidence for this Outcome is: We respond to individual needs accordingly, e.g., utilising the NHS Spine, giving individual patients access to the services they require. (The NHS Spine is at the core of the NHS vision for more efficient, patient-centric services. It incorporates a messaging platform and secure databases for the storage of demographic and clinical information essential to patients' treatment and care.)

EDS Outcome 2.1 – Result of voting:

| | |
|------------------|------------|
| Undeveloped | 9% |
| Developing | 9% |
| Achieving | 65% |
| Excelling | 17% |

Outcome 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.

Building on Outcome 2.1, further supporting information was provided by Clinical Operations, 111 and patient experience to evidence our progress towards achieving this Outcome. It was noted that Staff are trained in Equality and Diversity and how cultural differences may affect their treatment plans and we need to consider alternative pathways.

The Trust is proactive in raising awareness, having held roadshows and events on an ad hoc basis to raise awareness of conditions such as stroke and coronary heart disease, and of the importance of knowing one's blood pressure. Several of our emergency ambulances are 'wrapped' with the Department of Health's FAST campaign (stroke) information.

EDS Outcome 2.2 - Result of voting:

| | |
|------------------|------------|
| Undeveloped | 0% |
| Developing | 5% |
| Achieving | 67% |
| Excelling | 29% |

Outcome 2.3 People report positive experiences of SECAMB.

Our Patient Experience Lead explained that the Trust undertakes postal surveys to ask patients/callers about their experience of our services, at least once a year for the 999 emergency service, six-monthly for NHS111 and every quarter for PTS. For the past two years 92% and 93% of our 999 patients surveyed reported that they were satisfied or very satisfied with the service provided. Our PTS surveys report 92% satisfaction and the one NHS111 survey carried out since its inception in March showed 74% of patients to be satisfied with the service. Data was provided on the level of formal

complaints during the period 1 February 2013 and 31 January 2014 (607), and the level of ‘compliments’ received across the same period of time (around 1,500).

Ambulance services will not be officially required to ask the Friends and Family Test patient question until 2015, however they have voluntarily undertaken to ask the question as part of any other survey, so while we are currently unable to report back a score, this will be possible in the future.

During discussion the question was asked as to whether patients are encouraged to report back on the positives experiences. It was noted that whilst they are not specifically encouraged to report positive experiences more could be done in this area in the future. It was noted that the IHAG was willing to offer support in developing future 111 patient satisfaction surveys.

EDS Outcome 2.3 - Result of voting:

| | |
|------------------|------------|
| Undeveloped | 0% |
| Developing | 10% |
| Achieving | 62% |
| Excelling | 29% |

Outcome 2.4 People’s complaints about services are handled respectfully and efficiently.

Information was provided on the ways in which complaints can be lodged and where information on the process can be found. The complaints process, including communication with complainants, and the Patient Advice and Liaison Service, including providing information and advice about advocacy services, were explained.

Discussion included the implementation of the substantive lessons learned which referenced how implementation is evidenced, following up on action plans and timeframes. It was also confirmed that trends analysis and annual review of complaints has not identified that people with protected characteristics are treated less well or worse. The group held that a focus on learning and change will lead to actions to improve, supported by corporate learning.

By way of offering additional evidence, it was reported that a patient suffering a heart attack had not been diagnosed because it did not fit within race or sex characteristics. The patient met with our Chief Executive Officer and action was taken to implement learning across the Trust.

The Review group sought **assurance** that complaints will continue to be the responsibility of the Trust’s Non- Executive Directors.

EDS Outcome 2.4 - Result of voting:

| | |
|------------------|------------|
| Undeveloped | 10% |
| Developing | 30% |
| Achieving | 55% |
| Excelling | 5% |

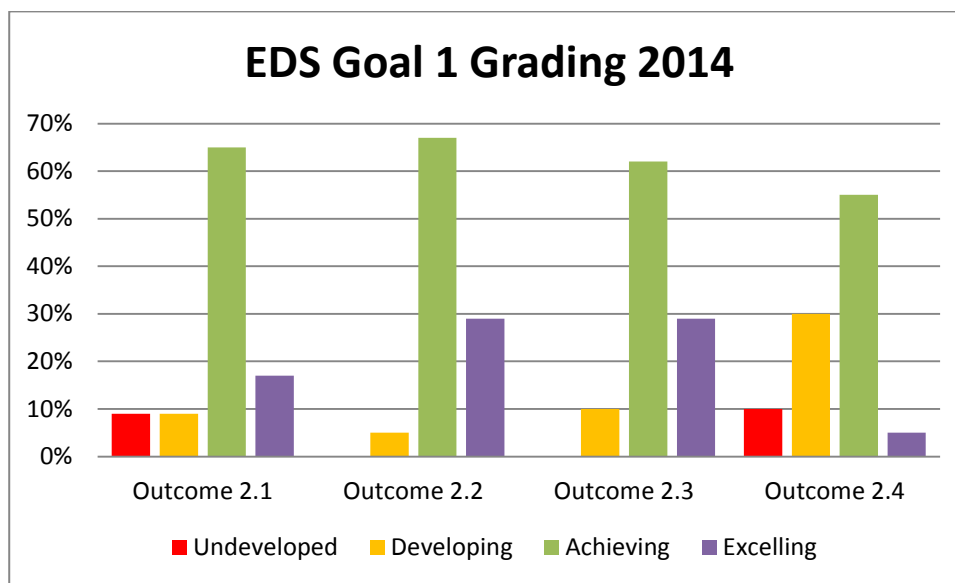
Equality Objective 2: To provide equitable access to care and treatment and to ensure we develop relevant alternative care pathways and tailor existing care, the Trust will establish a minimum set of equality data.

Outcome: This Equality Objective is still relevant and should be retained whilst work continues towards full achievement.

Action: The following changes to be made within the EDS 2013 Action Plans:

- Mystery Shopping: to be used for training, not patient feedback.
- Real time patient feedback: It was acknowledged that this will be very difficult to achieve, but consideration should be given to capturing very recent feedback where it is possible to do so.
- Action Plans to be presented to the IHAG in a meaningful way and with timescales. Diagrams on delivery of action plans, forecast and actual

In conclusion, we are now achieving all Outcomes within Goal 2, 'Improved patient access and experience', showing improvement within Outcomes 2.1 and 2.2.



8 EDS Goal 3: A representative and supported workforce

Outcome 3.1 SECAMB recruitment and selection processes are fair and lead to a more representative workforce at all levels.

The Trust's Employee Resourcing Manager provided information and evidence on the recruitment and selection process which ensures that there is a fair and transparent approach to the recruitment and promotion of staff and that candidates are appointed on merit. The Trust has an established recruitment policy with set procedures in place to ensure robust selection decisions, for example scored interview questions linked to the competencies for the role, trained interviewers and appropriate equality monitoring.

It was reported that the Trust undertakes targeted advertising to attract underrepresented groups for example BME, working in partnership with Nubia (a local

African Caribbean publication in the Kent area). There was a discussion on improving the levels of BME staff; and further engagement with students

As a result of further discussions, the following action and recommendations were proposed:

Actions:

David Vincent will advise the next HR Business Group meeting of the importance of having the Procedure and Guidance for supporting transgender staff and service users completed and signed.

Promotion of recruitment at public engagement events to be considered by Membership Development Committee (MDC).

Head of Procurement to be invited to future IHAG meeting to provide an update on the implementation of the National Ambulance Diversity Forum Best Practice Procurement Guide

EDS Outcome 3.1 - Result of voting:

| | |
|-------------|-----|
| Undeveloped | 5% |
| Developing | 24% |
| Achieving | 67% |
| Excelling | 5% |

Outcome 3.2 SECamb is committed to equal pay for work of equal value and uses a structured pay scheme and job evaluation to help fulfil their legal obligations.

The Review group was advised that job roles are evaluated in accordance with the national Agenda for Change (AfC) handbook. This includes a joint approach between a Human Resources Practitioner and Trade Union / Staff Side Representative to agree the band for the role. Each band has a pay range and staff work through the pay range receiving incremental pay rises. The pay scheme helps ensure equal pay for all.

During employment staff have the opportunity to apply for promotion and all new roles are advertised internally. Internal career progression is strongly supported with clear career frameworks for key occupations for example field operations, clinical and control centre based personnel. There was discussion regarding job and role evaluations within the Trust and the processes available for redress.

There is no evidence of people from protected characteristic groups being disadvantaged by any of the processes in place.

EDS Outcome 3.2 - Result of voting:

| | |
|-------------|-----|
| Undeveloped | 9% |
| Developing | 23% |
| Achieving | 55% |
| Excelling | 14% |

Outcome 3.3 Staff from protected groups have the same opportunity to undertake training and development as the overall workforce, and the outcomes are as favourable as for the overall workforce.

Information from Learning and Development identified that the Training, Education and Development (TED) Procedure sets out the steps for all staff to follow in order to access any learning opportunities. In addition, staff participate in the Performance Appraisal and Development Review (PADR) process, where individual needs are identified and recorded on a personal development plan (PDP), ensuring that everyone has access to the development activities needed to help them fulfil their responsibilities and develop personally and professionally. Information was also presented on the process for following up on non-attendance at training or development events, and the Directory of Opportunities (prospectus) which gives details of all learning and development courses and programmes available to all staff.

The Review group discussed PADRs in more detail and also sought more information on professional development. It was noted that attendance information was held on a central database. It was identified that there are gaps in the monitoring process which, if remediated, would provide more information in terms of achieving Outcome 3.3. As a result of discussions the following recommendations were made:

Recommendations:

Monitor attendance through Diversity Monitoring forms. Evaluate and plan.

Monitor rejected Training, Education and Development (TED) application forms and develop process to identify who is being rejected and why; mechanism for requesting ad hoc training. This to include

All submitted training requests / forms to go back to Human Resources whether approved or rejected.

Involve the IHAG in Single HQ consultation.

EDS Outcome 3.3 - Result of voting:

| | |
|-------------|-----|
| Undeveloped | 15% |
| Developing | 65% |
| Achieving | 20% |
| Excelling | 0% |

Outcome 3.4 SECAMB have robust policies and procedures designed to assist in protecting staff from abuse, harassment, bullying and violence from any source.

Information was provided by Compliance and Human Resources on the approved policies and procedures within the Trust which enable Outcome 3.4. Additional information was captured regarding relevant notifications given to crews before attending a patient on scene.

The group discussed staff feedback in relation to abuse, harassment, bullying and violence occurring due to a protected characteristic. They were advised that there were no comments in the Staff Survey results relating to any of the groups. It was reported

that the Stonewall Workplace Equality Index has a specific question on the organisation's tolerance of homophobia and noted that the Trust has zero tolerance towards this. Non tolerance of inappropriate jokes is within the Trust's statutory and mandatory training programme.

It was recognised that robust policies and procedures need to be supported during the recruitment process; and the effectiveness of training has a large part to play in achieving this Outcome.

EDS Outcome 3.4 - Result of voting:

| | |
|-------------|-----|
| Undeveloped | 5% |
| Developing | 0% |
| Achieving | 55% |
| Excelling | 40% |

Outcome 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.

Information on the flexible working options was provided by Clinical Operations and Human Resources. It was recognised that there are challenges around workload and culture which can impact the balance of personal needs with the needs of the service and it was agreed. There was a discussion on how the flexible options work for the Trust's operational staff (approximately 3,000) and it was considered to be an issue for them. It was accepted there would be arrangements in place at a local level, but there are still challenges around this. The number of grievances raised was not to hand at the Review, but the Trust is not aware of any discriminatory practices around flexible working.

The needs of patients should also be taken into account when considering flexible working options.

The first vote to grade Outcome 3.5 was discounted because there was a very narrow margin between Developing and Achieving, 43% to 48% respectively. More discussion took place and identified the reason focussed on the opportunity for operational staff to access flexible working options; and the large proportion of staff this group represented.

Assurance was sought regarding the issue of flexible working within Clinical Operations. Flexible working is not truly accessible for Operational Staff, despite a number of staff working on an annualised hours contract.

The Review group observed that without a policy or mechanisms in place transgender staff are unsupported and may also give rise to the possibility of a hostile environment.

EDS Outcome 3.5 – Result of voting:

| | |
|-------------|-----|
| Undeveloped | 5% |
| Developing | 70% |
| Achieving | 20% |
| Excelling | 5% |

Outcome 3.6 Staff report positive experiences of their membership of the workforce.

Information was provided by a Human Resources Business Partner and the Membership and Governor Engagement Manager who also presented evidence provided by the Head of Communications. The outcomes of the NHS Staff Survey responses and the CQC report were discussed and it was acknowledged that more work has to be done in this area. It was reported that the Trust will carry out its own diversity survey this year to identify the reasons, both positive and negative, for the staff survey results.

It was acknowledged: (a) there is work to be done and this area could be improved; (b) there were marked differences between the CQC inspection, which reported positive staff feedback (although from a small sample group), compared to the staff survey feedback which is negative; (c) the staff survey gives more of an indication of where we are; and (d) the planned diversity survey will help to identify both positive and negatives outcomes.

It was **recommended** that consideration be given to consulting with the IHAG on proposed measures to improve staff experiences of their membership of the workforce.

It was noted that communications information was not considered relevant to the Outcome.

EDS Outcome 3.6 – Result of voting:

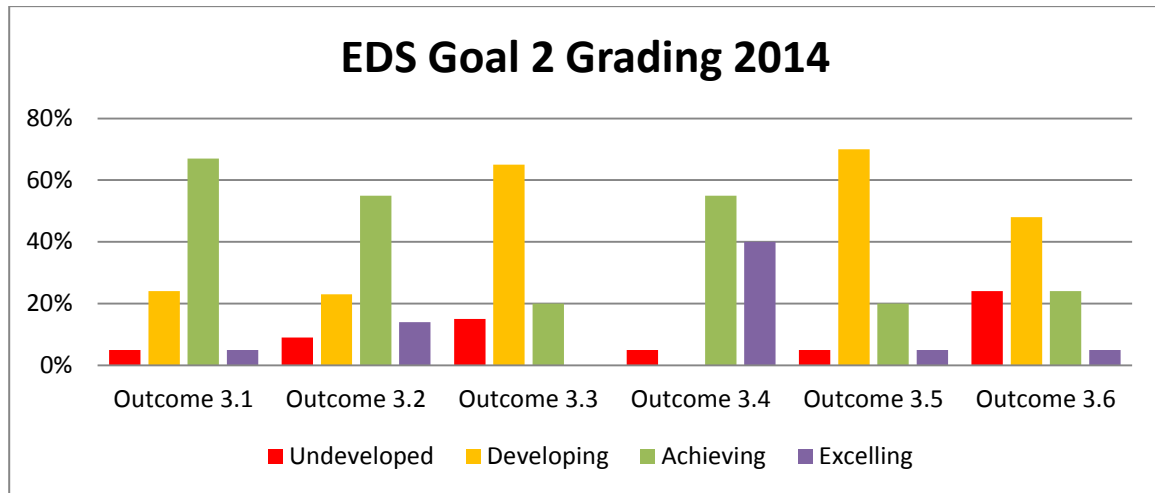
| | |
|-------------------|------------|
| Undeveloped | 24% |
| Developing | 48% |
| Achieving | 24% |
| Excelling | 5% |

Equality Objective 3: 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.

Outcome: This Equality Objective is still relevant and should be retained whilst work continues towards achievement.

Action: Revise EDS Action Plan 3.2 (policy review) to include staff engagement commitment.

In conclusion, improvements have been made within Outcomes 3.1, 3.2 and 3.4. The participants concluded that Outcomes 3.3 and 3.5 were still developing and the new Outcome at 3.6 was also developing.



9 EDS Goal 4: Inclusive Leadership

Outcome 4.1 Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond SECAMB.

Review of the outcome narrative identified that “Boards” should be singular and “their organisations” should be “SECAMB”.

Recommendation: Equality and diversity goal / objectives / or responsibilities to be detailed in senior managers role descriptions.

Action: Human Resources (RI) to report on progress with regard to the inclusion of an equality and diversity element in senior managers job descriptions, with particular information on whether this is going to be reviewed and what will be included in the job descriptions. The forum for reporting will be the IHAG.

It was recognised that there is still some work to do in order to achieve this Outcome. The focus is on senior leadership routinely demonstrating their commitment, within and beyond the Trust. There are areas, for example, meeting attendance, which do not demonstrate this commitment. It was reported that the Risk Management and Clinical Governance Committee (RMCGC) would be asked at its next meeting to consider mandatory attendance at one of the Experts by Experience Workshops by Senior Managers, to encourage attendance by the Executive.

EDS Outcome 4.1 – Result of voting:

| | |
|-------------|-----|
| Undeveloped | 23% |
| Developing | 59% |
| Achieving | 18% |
| Excelling | 0% |

Outcome 4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.

The group was advised that all policies and procedures which are presented to Governance Groups for approval are now accompanied by a mandatory Equality Analysis which will identify any potentially adverse impacts. Any significant impacts

would be entered on to the risk registers and if necessary and appropriate onto the Board Assurance Framework. In addition, equality considerations are built into programme management and project templates, including Staff Impact Analysis.

There was a brief discussion as to whether the review process diluted the impact. The process allows papers to be submitted to Working Groups, Committees and then to the Board and there was concern was that risks could easily be lost. Assurance was given that the RMCGC has oversight of corporate governance.

EDS Outcome 4.2 – Result of voting:

| | |
|-------------|-----|
| Undeveloped | 0% |
| Developing | 36% |
| Achieving | 64% |
| Excelling | 0% |

Outcome 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Information to support this Outcome was provided by Learning and Development. Human Resources advised that support and guidance is sought by and provided to managers across the Trust relating to, for example, reasonable adjustments and grievances. It was a noted that the Trust also publicises various cultural events and festivals outlining how staff can be supported. An example of effective action being taken was identified in the case of a member of staff who circulated an inappropriate fax. Discussions also explored:

- What steps are taken to ensure TUPE staff (Transfer of Undertakings (Protection of Employment) understand what is appropriate in the Trust’s workplace.
- If we cannot deliver a whole day’s training because of the difficulty of extracting staff, how do we deliver ‘mini’ elements of the training?

The **challenge** we face is how to identify the measure of middle management attitudes and behaviours.

The initial vote failed to reach a decisive outcome, with an event split between Developing and Achieving. This generated further discussion on the areas which divided the vote, before re-polling.

EDS Outcome 4.3 – Result of voting:

| | |
|-------------|-----|
| Undeveloped | 0% |
| Developing | 64% |
| Achieving | 32% |
| Excelling | 5% |

Equality Objective 4: The Board have 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.

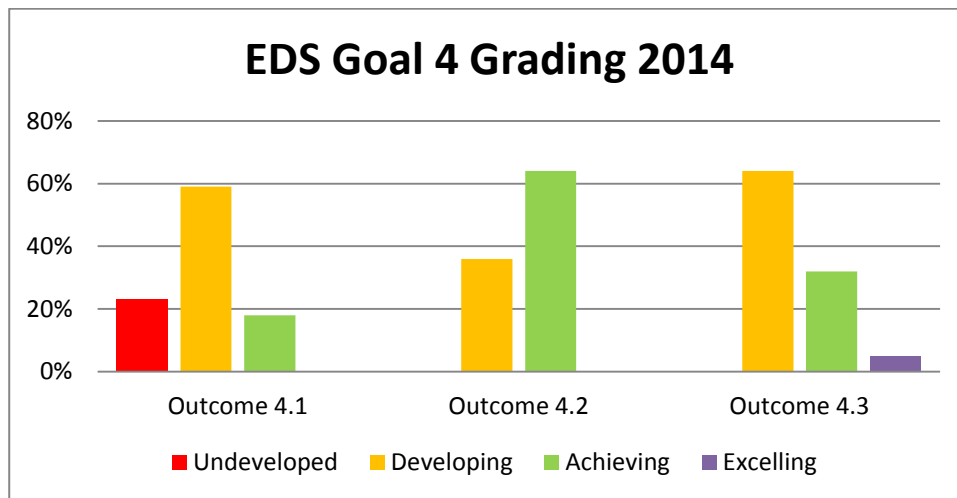
Outcome: This Equality Objective is still relevant and should be retained whilst work continues towards achievement.

Action: Remove the Council of Governors from this Equality Objective, as they are not responsible for delivering the Trust’s commitment. Also incorporate grammatical corrections.

Recommendation: Two new actions to be incorporated within the EDS Action Plan, Actions 1 and 2 having been completed. The proposed EDS actions are:

1. Experts by Experience training to be recommended to the Board and Governors and to be mandatory for Senior Managers.
2. Equality and Diversity achievement in Personal Appraisal and Development Reviews and evidence provided. (Revised guidance.) **Action:** Wording to be agreed.

In conclusion the Trust is Achieving 4.2 whilst the other two Outcomes are continuing to develop.



10 Overarching Equality Objective

Equality 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.

Outcome: This Equality Objective is still relevant and should be retained whilst work continues towards full achievement.

Recommendation: Consider equality champions in relation to Staff Network representation, maximising their impact.

11 Feedback and evaluation of EDS Review process

- 11.1. The opportunities for participation and the overall organisation, including good use of time were well received by participants and feedback will be taken into account when developing the process for the 2015 Review.
- 11.2. Feedback on areas for improvement focussed mainly on non-attendance of presenters or deputies and whilst it was recognised that the REAP status excluded response-capable managers from attending, it was felt that others could have attended in their place. One view held that non-attendance by leads resulted in subjective and ambiguous judgements. Overall, participants would have liked to see more operational staff participating.
- 11.3. It is important to maintain focus on equality, to avoid straying into rating the Trust's performance overall. More emphasis on how performance relates to protected characteristics was recommended.
- 11.4. The group valued the attendance and participation of staff members, especially those representing areas who had submitted information. There was benefit and value from interaction and discussion, which provided clarity and greater understanding. Learning the opinions of our external partners was also considered to be helpful.
- 11.5. At the conclusion of the review it was agreed that the process for the EDS2 2015 Review Process would be revised. The grading activities will be carried out in one day; and review of the Equality Objectives on a separate day, not necessarily consecutive.

12 Conclusion

- 12.1. The purpose of the EDS2 Review 2014 was achieved, with all Goals having been reviewed and an assessment on the Trust's progress towards achieving each Outcome completed and graded. The Review group proposed changes to two of the Outcome statements, reflecting the local focus promoted by the refreshed EDS2. (Outcomes 1.1 and 4.1.)
- 12.2. The Trust's Equality Objectives, including the overarching Equality Objective were all considered to be relevant, with a revision requested within Equality Objective 4 in line with the constitution of the Council of Governors and a minor grammatical correction.
- 12.3. There have been improvements in many Outcomes, as shown in [Appendix A](#). In other areas we have sustained progress.
- 12.4. It is acknowledged that where the Trust is achieving, and indeed excelling, there are still areas within each which need to be addressed to ensure that

people from all protected characteristic groups fare as well compared with people overall in the general population.

13 Recommendations and next steps

- 13.1. Existing and new actions will be presented to the IWG who will oversee assignment to nominated Directorate leads. These plans will be presented to the May Board for approval and the IWG will be responsible for monitoring and updating the IHAG on progress throughout the year. The IHAG will monitor and provide feedback on the review the EDS Action plans, providing guidance, advice and support to enable effective implementation.
- 13.2. Approval and ratification will be sought for the **recommendations** within this report to be adopted. These are:

| | Outcome / Equality Objective | Recommendation |
|----|--------------------------------|---|
| 1 | Outcome 1.1 | Statement to be revised to: "SECAMB are aware of the health needs of the local community and aims to meet them." |
| 2 | Outcome 1.5 | Statement to be revised to: "SECAMB health promotion initiatives reach and benefit local communities." |
| 3 | Outcome 3.3 | Monitor attendance through Diversity Monitoring forms. Evaluate and plan. |
| 4 | Outcome 3.3 | Monitor rejected Training, Education and Development (TED) application forms and develop process to identify who is being rejected and why; mechanism for requesting ad hoc training. |
| 5 | Outcome 3.3 | All submitted training requests / forms to be sent to Human Resources whether approved or rejected. |
| 6 | Outcome 3.3 | Recommendation: Involve the IHAG in Single HQ consultation. |
| 7 | Outcome 3.6 | Consideration to be given to consulting with IHAG on proposed measures to improve staff experiences of their membership of the workforce. |
| 8 | Outcome 4.1 | Equality and diversity goal / objectives / or responsibilities to be detailed in senior managers role descriptions |
| 9 | Equality Objective 4 | Two new actions to be incorporated within the EDS Action Plan, Actions 1 and 2 having been completed. The proposed EDS actions are: |
| 10 | Equality Objective 4 | New action to be incorporated within the EDS Action Plan: "Experts by Experience training to be recommended to the Board and Governors and to be a mandatory for Senior Managers." |
| 11 | Equality Objective 4 | Equality Objective 4 - new action to be incorporated within the EDS Action Plan – wording to be agreed at IWG: 'Equality and Diversity achievement in Personal Appraisal and Development Reviews and evidence provided. (Revised guidance)' |
| 12 | Overarching Equality Objective | Overarching Equality Objective: Consider equality champions in relation to Staff Network representation, maximising their impact. |

- 13.3. Approval and ratification will be sought for all actions, challenges and requests for assurance be noted and acted upon.
- 13.4. Suggestions provided within the Review evaluation forms will be taken into account when developing the process for the 2015 Review.

Appendix A: Outcome of the EDS2 2014 grading review

| Undeveloped | Developing | Achieving | Excelling |
|--|---|--|---|
| People from all protected groups fare poorly compared with people overall OR evidence is not available | People from only some protected groups fare as well as people overall | People from most protected groups fare as well as people overall | People from all protected groups fare as well as people overall |

*Comparison to last grading undertaken in 2012: Improvement ↑, no change ↔

| Goal | No: | EDS2 Outcome | Grading Outcome | *2012 |
|---|-----|--|-----------------|-------|
| 1. Better health outcomes | 1.1 | SECamb services are designed and delivered to meet the health needs of local communities | Achieving | ↑ |
| | 1.2 | Individual people's health needs are assessed and met in appropriate and effective ways | Achieving | ↑ |
| | 1.3 | Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed | Achieving | ↑ |
| | 1.4 | When people use SECamb services their safety is prioritised and they are free from mistakes, mistreatment and abuse | Achieving | ↔ |
| | 1.5 | SECamb health promotion initiatives reach and benefit local communities | Excelling | ↑ |
| 2. Improved patient access and experience | 2.1 | People, carers and communities can readily access SECamb services and should not be denied access on unreasonable grounds | Achieving | ↑ |
| | 2.2 | People are informed and supported to be as involved as they wish to be in decisions about their care | Achieving | ↔ |
| | 2.3 | People report positive experiences of SECamb | Achieving | ↔ |
| | 2.4 | People's concerns and complaints about services are handled respectfully and efficiently | Achieving | ↑ |
| 3. A representative and supported workforce | 3.1 | SECamb recruitment and selection processes are fair and lead to a more representative workforce at all levels | Achieving | ↑ |
| | 3.2 | SECamb is committed to equal pay for work of equal value and uses a structured pay scheme and job evaluation to help fulfil their legal obligations. | Achieving | ↑ |
| | 3.3 | Staff from protected groups have the same opportunity to undertake training and development as the overall workforce, and the outcomes are as favourable as for the overall workforce. | Developing | ↔ |

| Goal | No: | EDS2 Outcome | Grading Outcome | *2012 |
|-------------------------|-----|---|-----------------|-------------|
| | 3.4 | SECamb have robust policies and procedures designed to assist in protecting staff from abuse, harassment, bullying and violence from any source | Achieving | ↑ |
| | 3.5 | Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives | Developing | ↔ |
| | 3.6 | Staff report positive experiences of their membership of the workforce | Developing | New in 2014 |
| 4. Inclusive leadership | 4.1 | Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond SECamb | Developing | ↔ |
| | 4.2 | Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed | Achieving | New in 2014 |
| | 4.3 | Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination | Developing | ↔ |

Appendix B: Definitions

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

| | |
|------------------------------|--|
| The EDS framework | 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. |
| 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 groups | 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 of the public, representative of the population served by the Trust and including representation of 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 Healthwatch representatives. |
| Stakeholder | 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: <ul style="list-style-type: none"> • 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 |

| | |
|----------------------------|---|
| | <ul style="list-style-type: none"> • Other NHS organisations, local authorities”, other public sector organisations, members of local Healthwatch, and health and wellbeing boards • Foundation Trust members and governors |
| <p>Cultural competency</p> | <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 C: Protected characteristics table

| | | | |
|---|--|---|--|
| <p>Disability</p> <p>Could relate to any of the following: Deaf, or hearing impaired, blind, or visually impaired, speech impaired, physical disability (including mobility issues), memory loss, dementia, learning disability, mental ill health etc</p> | <p>Sex</p> <p>Males and females being treated equally</p> | <p>Religion and Belief</p> <p>Related to a person's customs and beliefs – including non-belief</p> | <p>Race</p> <p>Related to a person's genetics and place of birth, language, culture, etc.</p> |
| <p>Sexual Orientation</p> <p>Do our services take a patient's sexual orientation into account in what we do, say, and the information we give?</p> | <p>Gender reassignment</p> <p>Related to a person who intends to, or who is undergoing or has undergone a process to change social gender role. How do we care for transgender / transsexual individuals?</p> | <p>Pregnancy and maternity (breastfeeding)</p> <p>Do we make sure the treatment of women positively takes pregnancy, maternity and breastfeeding into account, if at all possible?</p> | <p>*Marriage and Civil Partnership</p> <p>Do our services take into account the need to involve civil partners?</p> |
| <p>Age – could age be a barrier to accessing/receiving services? This can be for older persons or younger persons/children.</p> | | | |

* = For marriage and civil partnership (including same sex marriage), only the first aim of the duty applies in relation to employment.