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# NHS Equality Delivery System 2022 EDS Reporting – Southeast Coast Ambulance NHS Trust

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# Equality Delivery System for the NHS

## ***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents.

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

## **Comments from Southeast Coast Ambulance NHS Trust**

- The Trust has prepared this report based on our interpretation of the Equality Delivery System (EDS) 2022. Domain 1 is expected to be completed by our ICB (Surrey Heartlands), however Surrey Heartlands are not submitting evidence this year due to a lack of capacity. The Trust decided to proceed with the completion of the EDS report based on evidence and data that we possessed internally.
- The Trust has completed this report in March 2023 with the aim of completing a review in September 2023. The Trust has undergone a number of changes of the last few months and there are a number of areas which are still in development and will require a further review in six months.
- The overall score achieved for all domains by the Trust shows that we are 'Developing'.

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	<b>South East Coast Ambulance NHS Trust (SECamb)</b>	<b>Organisation Board Sponsor/Lead</b>		
		Ali Mohammed – Executive Director for HR and OD		
<b>Name of Integrated Care System</b>	Surrey Heartlands ICB			

<b>EDS Lead</b>	Carolanne Letendrine	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	03.01.2023 – 20.03.2023	<b>Individual organisation</b>	SECamb	
		<b>Partnership* (two or more organisations)</b>		
		<b>Integrated Care System-wide*</b>		

<b>Date completed</b>	March 2023	<b>Month and year published</b>	March 2023
<b>Date authorised</b>	31.03.2023	<b>Revision date</b>	

<b>Completed actions from previous year</b>	
<b>Action/activity</b>	<b>Related equality objectives</b>
Implement a biannual audit of the Trust exit interview process. Identifying trends and themes to inform future workstream with a focus on underrepresented groups.	The Trust will improve the diversity of the workforce to make it more representative of the population we serve
Enhance EDI support available to ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews	The Trust will improve the diversity of the workforce to make it more representative of the population we serve
Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.	The Trust will improve the diversity of the workforce to make it more representative of the population we serve
Launch of Fundamentals inclusive leadership course. Leaders should be able to articulate and demonstrate (through decisive and visible action in response to incidents) a zero-tolerance approach to bullying, harassment and discrimination	The Trust will improve the diversity of the workforce to make it more representative of the population we serve
BAME Mentoring Programme	The Trust will improve the diversity of the workforce to make it more representative of the population we serve
To develop and implement a Flexible Working Charter and a new role for a Senior Flexible Working Champion	The Trust will improve the diversity of the workforce to make it more representative of the population we serve
Menopause Policy development	The Trust will improve the diversity of the workforce to make it more representative of the population we serve

## EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

<b>Undeveloped activity</b> – organisations score out of 0 for each outcome	Those who score <b>under 8</b> , adding all outcome scores in all domains, are rated <b>Undeveloped</b>
<b>Developing activity</b> – organisations score out of 1 for each outcome	Those who score <b>between 8 and 21</b> , adding all outcome scores in all domains, are rated <b>Developing</b>
<b>Achieving activity</b> – organisations score out of 2 for each outcome	Those who score <b>between 22 and 32</b> , adding all outcome scores in all domains, are rated <b>Achieving</b>
<b>Excelling activity</b> – organisations score out of 3 for each outcome	Those who score <b>33</b> , adding all outcome scores in all domains, are rated <b>Excelling</b>

## Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	The Trust have access to language line to support translation. There is a national text provision for 999. Patient feedback is received through 111.	1	Deputy Director of QI
	1B: Individual patients (service users) health needs are met	Frequent caller team engage with patients. IBIS records patients specific information. Identified areas of risk with the older population and implemented community first responders.	2	Chief Medical Officer
	1C: When patients (service users) use the service, they are free from harm	<p>Management of patients in the stack e.g. Risk management process Incident report process (Datix) Serious Incidents review and management process</p> <p>JRCALC national care delivery guidelines are standard operational delivery procedures for ambulances that all staff work to</p> <p><b>Staff survey 2022 q17</b> – In the last month, have you seen any errors, near misses, or incidents that could have hurt staff and /or patients / service users?</p> <p>43.7% said yes. Compared to median benchmark of 39.8%.</p>	1	Deputy Director Quality & Nursing

		<p><b>Staff survey 2022 q23a-</b> care of patients / service users is my organisation's top priority.</p> <p>Decline from 2021 (55.0%) to 2022 (51.7%)</p>		
	<p><b>1D: Patients (service users) report positive experiences of the service</b></p>	<p><b>111 patient survey 2022</b></p> <p><b>Question: Overall, how was your experience of our service?</b></p> <p>43.4% said very good  16.2% said good  8.6% said neither good nor poor  10.0% said poor  21.4% said very poor</p> <p>Those who said "Yes" to having a disability:</p> <p>42.4% said they had a very good experience of our service  16.0% said they had a good experience  10.6% said they had neither a good nor poor experience  8.9% said they had a poor experience  21.9% said they had a very poor experience</p> <p>The following themes and trends were identified in negative or neutral responses for patients responding "Yes" to a disability.</p> <ul style="list-style-type: none"> <li>• Delay in getting through to the service</li> <li>• Delay in receiving a call back, or no call back</li> <li>• Conduct – feeling that they were not treated sensitively</li> </ul>	<p>1</p>	<p>Deputy Director of QI</p>

		<ul style="list-style-type: none"> <li>• A feeling of not getting help for their condition, or the call handlers lacked knowledge concerning their condition</li> <li>• Difficulty following the speed of speech from the call handler</li> <li>• Dissatisfaction with managing mental health conditions</li> <li>• Feeling that the information provided was incorrect</li> <li>• Difficulty accessing services</li> </ul> <p><b>Overall, how was your experience of our service? - Gender identity response "I identify as another term"</b></p> <p>Very good – 18.2%  Good – 36.4%  Neither good nor poor – 9.1%  Poor – 9.1%  Very poor – 27.3%</p> <p>The following themes and trends were identified in negative or neutral responses for patients responding "I identify as another term" to gender identity.</p> <ul style="list-style-type: none"> <li>• Lack of access to dental services</li> <li>• Lack of access to medication</li> <li>• Delay in call back</li> <li>• Conduct of call handler</li> </ul> <p><b>Overall, how was your experience of our service? - Ethnic group response "Asian/ Asian British"</b></p> <p>Very good – 48.2%  Good – 15.7%  Neither good nor poor – 10.8%</p>		
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		<p>Poor – 3.6% Very poor – 21.7%</p> <p><b>Overall, how was your experience of our service? - Ethnic group response "Black/ African/ Caribbean/ Black British"</b></p> <p>Very good – 47.8% Good – 14.9% Neither good nor poor – 13.4% Poor – 7.5% Very poor – 16.4%</p> <p><b>Overall, how was your experience of our service? - Ethnic group response "Mixed/ Multiple ethnic groups"</b></p> <p>Very good – 47.5% Good – 15.3% Neither good nor poor – 11.9% Poor – 8.5% Very poor – 16.9%</p> <p><b>Overall, how was your experience of our service? - Ethnic group response "White"</b></p> <p>Very good – 44.4% Good – 16.5% Neither good nor poor – 8.7% Poor – 10.0% Very poor – 20.3%</p>		
<b>Domain 1: Commissioned or provided services overall rating</b>		5		

## Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 2: Workforce health and well-being</b>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p>The trust invests over £1.2 million yearly on wellbeing initiatives at the Trust. There are no specific initiatives aimed at the management of obesity, diabetes, asthma and COPD, however, on the Wellbeing hub intranet page, advice is provided on support available to stop smoking, increasing physical activity and the Trust also provides a number of fitness classes, which are run by staff for staff. There are also a number of fitness videos on The Zone, available for free for staff.  <a href="#">Wellbeing Hub - Home (sharepoint.com)</a></p> <p>There were over 650 referrals to wellbeing and physiotherapy between January and December 2022. 169 declared a disability. 559 said they are White British / English and 22 Preferred not share their opinion.</p> <p>31 colleagues have declared that they have mental health conditions as at 31<sup>st</sup> December 2022. The Trust can provide counselling sessions with trained therapists if staff feel that this is something that would benefit them.</p> <p>The Wellbeing hub has a dedicated page for mental wellbeing, which covers suicide prevention, mental health, mindfulness, stress resilience, anxiety, post-traumatic stress disorder, TRIM(trauma risk management), coping with bereavement, low self-esteem, sexual violence, domestic violence and bipolar disorder.</p>	1	Assistant Director of Wellness and HR excellence

		<p>TRIM support is a post-traumatic peer support group which is offered to employees to respond to their needs. TRIM is a risk assessment tool to measure exposure and reaction to trauma stress. TRiM aims to keep employees functioning after traumatic events, provide information about personal resilience to staff and managers, and identify staff that require specialist help.</p> <p>Staff networks have not been typically involved in this area of work, however one of the focus of the Gender equality network for 2023 will be men's mental health.</p> <p><b>Staff survey results 2022</b></p> <p><i>My organisation takes positive action on health and wellbeing</i></p> <p>Decline between 2021 (46.0%) and 2022 (42.9%).</p>		
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p><b>WDES:</b></p> <p>Colleagues with a long term health condition have consistently reported higher experiences of harassment, bullying or abuse from a manager compared to those without a long term health condition since 2018. In 2022 (29.8%), our organisational results were also higher than the benchmark median.</p> <p>There was a slight improvement from 2021 (29.3%) to 2022 (27.7%) for colleagues with a long term health condition reporting harassment, bullying or abuse from other colleagues. But overall, the data hasn't changed much since 2018 (28.6%).</p> <p>Our staff with long term health conditions have experienced more harassment, bullying and abuse from patients than the benchmark median. There was an improvement from 2021(63.0%) to 2022 (59.8%), however, in 2022, our data was worse than it was back in 2018 (53.8%).</p> <p><b>WRES:</b></p> <p>54.0% of white colleagues reported harassment, bullying and abuse from patients and service users in 2022, compared to 54.6% from other ethnic groups.</p> <p>31.6% of white colleagues reported harassment, bullying and abuse from other staff compared to 38.6% BME staff in 2022. This is higher than the median average (26.3%).</p>	<p>1</p>	<p>EDI Manager (Programme Lead)</p> <p>Assistant Director of Wellness and HR excellence</p> <p>Security Manager</p>
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		<p><b>Freedom to speak Up (FSUG)</b></p> <p>The data captured by the FSUG team has a specific theme focused on Bullying and harassment. Between the time period of 1<sup>st</sup> March 2022 to 17<sup>th</sup> March 2023, there were 50 concerns raised which were directly related to bullying and harassment. 42 concerns raised relating to Leadership. 19 directly related to bullying and harassment from a leader to the person raising the concern.</p> <p><b>Staff networks</b></p> <p><b>Gender Equality Network (GEN)</b> is not directly involved in this domain. 'Until It Stops' is the closest the network has come to being involved but there has been no meaningful interaction with this campaign in the last 12 months. However, GEN has undertaken its own work in this area:</p> <p>October and December 2022 – Introduced the sexual safety work happening in WAST</p> <p>March 2023 – Talk by Laura Bates from the Everyday Sexism project</p> <p><b>Inspire – The below is an extract from a quote received from the Network chair</b></p> <p>As the Chair and previously deputy Chair of our network, I have been approached a few times by BME colleagues who have experienced bullying and harassment with a likelihood that due to being a minority ethnic, have been undermined, given extra workload, micromanaged unequally compared to their white British counterparts colleagues. These colleagues gave me examples that despite of being qualified and competent for a role,</p>		
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		<p>promotion would occur to less qualified and competent white British colleagues, with no logical explanation to the appointment. One of these cases went through the formal investigative route and the case was upheld by HR stating that the colleague (s) had been discriminated against because of their race, however, the disciplinary action was a written warning and sooner later this individual was promoted. I am aware that at least two of these colleagues left the organisation suggesting that there was institutional racism within the Trust. Staff have also approached me complaining about bullying behaviour from some managers who appear to utilise 'control and command' management systems where it is not appropriate. This sometimes leading to a bullying interpretation. Two operational colleagues approached me for support as a result of being racially discriminated against by service users. When they told their team leaders, they were persuaded not to submit a formal complaint.</p>		
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>The trust invests over £1.2 million yearly on wellbeing initiatives at the Trust.</p> <p>The Trust can provide counselling sessions with trained therapists if staff feel that this is something that would benefit them.</p> <p>The Wellbeing hub has a dedicated page for mental wellbeing, which covers but is not limited to mental health, stress resilience, anxiety, post-traumatic stress disorder, TRIM(trauma risk management), sexual violence, domestic violence and bipolar disorder.</p>	<p>2</p>	<p>Assistant Director of Wellness and HR Excellence</p> <p>EDI Manager (Programme Lead)</p> <p>Freedom to speak up guardian</p>

		<p>TRIM support is a post-traumatic peer support group which is offered to employees to respond to their needs. TRIM is a risk assessment tool to measure exposure and reaction to trauma stress. TRiM aims to keep employees functioning after traumatic events, provide information about personal resilience to staff and managers, and identify staff that require specialist help.</p> <p><b>FSUG</b></p> <p>Bullying and harassment a theme that is captured in report – 50 cases relating to bullying and harassment (1<sup>st</sup> March – 17<sup>th</sup> March 2023). Cases directly related to bullying and harassment.</p> <p>The Trust has 4 active staff equality networks: Pride, Enable, Inspire and Gender equality network. And an additional staff support network for Armed forces and reservists. These networks are open and free to all to access. The networks provide support and signposting for any colleague who raises concerns through them.</p> <p>An Equality Impact Assessment process and procedure has been implemented at Trust, with further embedding taking place in 2023. All policies required a completed and approved EIA before ratification.</p>		
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p><b>Staff survey q23d:</b> if a friend or relative needed treatment I would be happy by the standard of care provided by this organisation</p> <p>Decline from 2021 (58.0%) to 2022 (52.2%).</p> <p><b>Staff survey q23c:</b> I would recommend my organisation as a place to work</p> <p>Decline from 2021 (36%) to 2022 (31.2%).</p> <p><b>Inspire – The below is an extract from a quote received from the Network chair</b></p> <p>As the Chair and previously deputy Chair of INSPIRE, my colleagues often suggest that they would recommend the organisation to receive treatment but not as a place to work.</p>	0	
<b>Domain 2: Workforce health and well-being overall rating</b>			4	

## Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>The chairs of our Staff Equality Networks were consulted for this domain, and they provided insights into the engagement they have with board members and senior leaders.</p> <p><b>GEN - The below is an extract from a quote received from Network chair</b></p> <p>GEN and other staff networks were invited to attend WWC (wellbeing and workforce committee) in August 2022. This was pushed back from the agenda because of 'other pressing matters'. When the networks complained, the Chief Exec (30 minutes) and Chair of WWC (full meeting) attended a staff network meeting, and GEN and Inspire attended WWC in November 2022 and 2 networks attended WWC in February 2023.</p> <p>GEN has no other formal meeting or interaction with Board members or senior leaders but GEN has an engaged Board sponsor who is supportive of the Chair.</p>	1	Senior leadership team

		<p><b>Armed forces</b></p> <p>Support was provided from executive directors to support colleagues at the time of Her Majesty the Queen’s death and also for Remembrance Day.</p> <p><b>Enable – The below is an extract from a quote received from Network chair</b></p> <p>From my experience of attending IWG (Inclusion Working Group) it is my opinion that those Board members and system leaders who sit on that group routinely demonstrate their understanding of and commitment to, equality and health inequalities. I have had very few interactions with Board members and system leaders outside of IWG, with the exception of the Director of HR &amp; Organisational Development, who routinely demonstrates an in depth understanding of these matters, as well as dedication, commitment and positive role modelling with regard to equalities. I can only give my personal view regarding line managers. My own line manager has never spoken to me about equalities or health inequalities, so I am unable to comment on whether she demonstrates any understanding or commitment to these.</p> <p><b>Inspire – The below is an extract from a quote received from Network chair</b></p> <p>Based upon colleagues’ regular comments when approached, not all line managers routinely demonstrate their understanding of, and commitment to, equality and health inequalities. They often suggest the above as ‘rare’, with priorities which are</p>		
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		mainly target driven. Some of these features may be observed in NHS Staff Surveys. Whilst engaging with Board members, there appears to be a better understanding of the commitments towards equality and health inequalities.		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>In 2022, there was one specific Equality report which went to the Board in March 2022. This was the Gender Pay Audit report for the time period 1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021. However, since June 2022, the Trust hadn't had a dedicated Equality, Diversity and Inclusion lead, as our lead left the Trust in June 2022. The Trust appointed to this post in October 2022, with the new lead starting in January 2023.</p> <p>The Workforce and Wellbeing Committee (WWC) met numerous times in 2022 and there were a number of papers which looked at equality.</p> <p>17<sup>th</sup> February: Violence and aggression Until it stops</p> <p>25<sup>th</sup> February: Gender pay gap</p> <p>12<sup>th</sup> May: Verbal inclusion update</p> <p>14<sup>th</sup> October: Bullying and harassment – approach to zero tolerance</p> <p>23<sup>th</sup> November: Staff networks chair update</p> <p><b>Staff equality networks</b></p> <p>Staff equality network chairs provided their insight into this domain.</p> <p><b>Enable – The below is an extract from a quote received from Network chair</b></p> <p>I am not aware that I have access to Board/Committee papers (including</p>	1	Senior leadership team
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		<p>minutes). However, I know that IWG reports to the Board on the Inclusion Agenda for staff and patient issues. IWG provides support, advice, assurance and governance to demonstrate that the organisation is committed to meeting its duties in this area. It is my understanding that these matters would then be discussed and recorded by the Board accordingly.</p> <p><b>Inspire – The below is an extract from a quote received from Network chair</b></p> <p>The Inclusion Working Group (IWG) meetings which mainly concentrate around issues with inclusion and inequalities have been cancelled for months only one recently taking place, with outstanding items showing on red for long periods. The IWG has been able to identify over the years related impacts and risks in matters pertaining equality, as well as health inequalities. However, those responsible for mitigation and management , often do not attend meetings and actions are delayed or not put in practice. Over a year ago, it was identified that BME colleagues were put through formal disciplinary process at a higher rate than their white British colleagues. To mitigate this risk and others, there has been an initiative to create a multidisciplinary team (MDT) to look at cases prior to being investigated in order to stablish the approach on the level of investigation. However, these MDT panels often lack diversity, as well as the recruitment panels.</p>		
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	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>The Trust has an established Inclusion Working Group (IWG), which meets quarterly to discuss all inclusion related issues at the Trust. IWG consists of senior leaders in the Trust. IWG is responsible for monitoring progress made against the Trust's Integrated Equality Action Plan. The Trust has established guardians for Wellbeing and FTSU. The Chairman for the Trust has also attended a staff network meeting previously. The Trust has an established Workforce and Wellbeing committee which meets regularly.</p> <p><b>Enable - The below is an extract from a quote received from Network chair</b></p> <p>In terms of Board members, system and senior leaders ensuring levers are in place to manager performance and monitor progress with staff and patients, I am aware of the employee appraisal process which covers the trust values, including demonstrating compassion and respect. I am also aware of the Integrated Equality Action Plan, which is overseen by IWG, workstream examples include: Inclusive Leadership Training, Springboard Women's Leadership Programme and BAME Mentoring Programme. IHAG patients' representative group are also core member of IWG.</p> <p><b>Inspire - The below is an extract from a quote received from Network chair</b></p> <p>The Trust has levers to manage performance and monitor staff, however, they seem to be mainly target driven and at times with no clear goals. Patient care is</p>	1	Senior leadership team
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		monitored by several systems and progress is frequently analysed.		
<b>Domain 3: Inclusive leadership overall rating</b>			<b>3</b>	

EDS Organisation Rating (overall rating):

Organisation name(s):

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

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