NHS England

NHS Equality Delivery System 2022

EDS Reporting – Southeast Coast Ambulance NHS Trust

Contents

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)

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

EDS Lead	Carolanne Letendrine		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	November 2023		**Individual organisation**	SECAmb
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	Surrey Heartlands ICS

Date completed	December 2023	Month and year published	February 2024
Date authorised	February 2024	**Revision date**	

Completed actions from previous year	
Action/activity	**Related equality objectives**
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

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

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	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	Management of patients in the stack e.g. Risk management process Incident report process (Datix) Serious Incidents review and management process JRCALC national care delivery guidelines are standard operational delivery procedures for ambulances that all staff work to **Staff survey 2022 q17** – In the last month, have you seen any errors, near misses, or incidents that could have hurt staff and /or patients / service users? 43.7% said yes. Compared to median benchmark of 39.8%.	1	Deputy Director Quality & Nursing

		Staff survey 2022 q23a- care of patients / service users is my organisation's top priority. Decline from 2021 (55.0%) to 2022 (51.7%)		
	1D: Patients (service users) report positive experiences of the service	**111 patient survey 2022** **Question: Overall, how was your experience of our service?** 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 Those who said "Yes" to having a disability: 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 The following themes and trends were identified in negative or neutral responses for patients responding "Yes" to a disability. • Delay in getting through to the service • Delay in receiving a call back, or no call back • Conduct – feeling that they were not treated sensitively	1	Deputy Director of QI

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- A feeling of not getting help for their condition, or the call handlers lacked knowledge concerning their condition
- Difficulty following the speed of speech from the call handler
- Dissatisfaction with managing mental health conditions
- Feeling that the information provided was incorrect
- Difficulty accessing services

Overall, how was your experience of our service? - Gender identity response "I identify as another term"

Very good – 18.2%
Good – 36.4%
Neither good nor poor – 9.1%
Poor – 9.1%
Very poor – 27.3%
The following themes and trends were identified in negative or neutral responses for patients responding "I identify as another term" to gender identity.

- Lack of access to dental services
- Lack of access to medication
- Delay in call back
- Conduct of call handler

Overall, how was your experience of our service? - Ethnic group response "Asian/ Asian British"

Very good – 48.2%
Good – 15.7%
Neither good nor poor – 10.8%

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| | | Poor – 3.6%
Very poor – 21.7%

Overall, how was your experience of our service? - Ethnic group response "Black/ African/ Caribbean/ Black British"

Very good – 47.8%
Good – 14.9%
Neither good nor poor – 13.4%
Poor – 7.5%
Very poor – 16.4%

Overall, how was your experience of our service? - Ethnic group response "Mixed/ Multiple ethnic groups"

Very good – 47.5%
Good – 15.3%
Neither good nor poor – 11.9%
Poor – 8.5%
Very poor – 16.9%

Overall, how was your experience of our service? - Ethnic group response "White"

Very good – 44.4%
Good – 16.5%
Neither good nor poor – 8.7%
Poor – 10.0%
Very poor – 20.3%
 | | |
| **Domain 1: Commissioned or provided services overall rating** | | 5 | |

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	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. Wellbeing Hub - Home (sharepoint.com) 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. 31 colleagues have declared that they have mental health conditions as at 31st December 2022. The Trust can provide counselling sessions with trained therapists if staff feel that this is something that would benefit them. 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.	1	Assistant Director of Wellness and HR excellence

| | | 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.

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.

Staff survey results 2022

My organisation takes positive action on health and wellbeing

Decline between 2021 (46.0%) and 2022 (42.9%).

Staff engagement – Survey

A survey was designed with closed ended and open ended questions and distributed to colleagues via Staff Networks. 41 responses were received. Colleagues were asked numerous questions, the responses and themes are highlighted below:

Question 1: The organisation monitors the health of all staff. The organisation supports all staff to actively manage their conditions via various methods.

Yes – 13
No – 15
Unsure – 13

Themes identified from question 1 are: | | |

		Supportive Management: Some managers are considerate and make allowances for employees with disabilities. Line managers show a keen interest in the well-being of their employees. **Lack of Assurance:** Some employees express concerns about the lack of evidence or assurance that accommodations and support are in place for those with disabilities. **Health Monitoring and Support Discrepancy:** Mixed opinions on whether the organisation actively monitors the health of staff. Varied experiences regarding the effectiveness of the Wellbeing Hub, with some finding it useless and others praising it. **Sickness Policy and Reasonable Adjustments:** Mention of sickness policy, OH (Occupational Health) support, and reasonable adjustments, but inconsistency in their implementation across different managers and situations. **Individualised Support:** Instances where employees receive individualised support from their line managers, including considerations for chronic conditions and hospital appointments. **Concerns About Workplace Accessibility:** Concerns raised about the lack of support for colleagues with mobility issues and inadequate accessibility of workstations. Perception of Being Just a Number:		

| | | Some employees feel like they are treated as just a number and express concerns about the impact on those who silently cope with challenges.

Positive Wellbeing Initiatives:
Positive aspects mentioned, such as proactive Wellbeing Hubs, access to physiotherapy and occupational health, TRiM system for trauma risk management, and various staff networks.

Mixed Feelings on Monitoring:
Mixed opinions on whether the organisation actively monitors staff health, with some expressing uncertainty.

Dependency on Line Manager:
The effectiveness of support and resources often depends on the individual line manager, leading to subjective experiences.

Access to Resources and Adaptations:
Instances where employees have access to resources, adaptations like Disability Passports, and adapted facilities such as accessible toilets.

Use of Enable Passport and Alternative Duties Pathway:
Positive mentions of tools like Enable Passport, focusing on abilities rather than limitations, and the use of alternative duties pathway to support employees through recovery.

Subjectivity in Experience:
Recognition that the experience of support and monitoring can be subjective and varies based on individual circumstances and line managers.

Concerns about Abuse of Support System: | | |

| | | Some employees express concerns about the system being abused, affecting those who genuinely need support for mental health issues.

Availability of Information and Resources:
Mention of a wealth of information and resources available, including line managers frequently checking in with employees.

Question 3: The organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyles, encourages and provides opportunity to exercise. The organisation signposts to national and VSCE support. The organisation uses data to support their workforce in making healthy lifestyle choices.

Yes – 12
No – 20
Unsure – 9 | | |

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | **WDES:**

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.

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%).

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%).

WRES:

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.

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%). | 1 | EDI Manager (Programme Lead)

Assistant Director of Wellness and HR excellence

Security Manager |

Freedom to speak Up (FSUG)

The data captured by the FSUG team has a specific theme focused on Bullying and harassment. Between the time period of 1st March 2022 to 17th 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.

Staff networks

Gender Equality Network (GEN) 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:

October and December 2022 – Introduced the sexual safety work happening in WAST

March 2023 – Talk by Laura Bates from the Everyday Sexism project

Inspire – The below is an extract from a quote received from the Network chair

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,

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.

Staff engagement – Survey

A survey was designed with closed ended and open ended questions and distributed to colleagues via Staff Networks. 41 responses were received. Colleagues were asked numerous questions, the responses and themes are highlighted below:

Question 1: The organisation has and actively implements a zero-tolerance policy for verbal and physical abuse towards staff. The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience. Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them

		Yes – 15 *No – 13* *Unsure – 13*		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	The trust invests over £1.2 million yearly on wellbeing initiatives at the Trust. The Trust can provide counselling sessions with trained therapists if staff feel that this is something that would benefit them. 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.	2	Assistant Director of Wellness and HR Excellence EDI Manager (Programme Lead) Freedom to speak up guardian

		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.		

FSUG

Bullying and harassment a theme that is captured in report – 50 cases relating to bullying and harassment (1st March – 17th March 2023). Cases directly related to bullying and harassment.

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 and open and free to all to access. The networks provide support and signposting for any colleague who raises concerns through them.

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.

Staff engagement – Survey

A survey was designed with closed ended and open ended questions and distributed to colleagues via Staff Networks. 41 responses were received. Colleagues were asked numerous questions, the responses and themes are highlighted below:

		Question 1: The organisation provides appropriate support to staff and where appropriate works with VSCE organisations to provide support for those with protected characteristics who have suffered verbal and physical abuse. *Yes – 6* *No- 9* *Unsure – 25* *Question 2: Support is provided for staff outside of their line management structure. The organisation monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence.* *Yes – 10* *No – 5* *Unsure – 9* *Question 3: Freedom to Speak Up Guardians are embedded and empowered. Relevant staff networks are staff led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source.* *Yes – 26* *No – 11* *Unsure - 4*		

| 2D: Staff recommend the organisation as a place to work and receive treatment | **Staff survey q23d**: if a friend or relative needed treatment I would be happy by the standard of care provided by this organisation

Decline from 2021 (58.0%) to 2022 (52.2%).

Staff survey q23c: I would recommend my organisation as a place to work

Decline from 2021 (36%) to 2022 (31.2%).

Inspire – The below is an extract from a quote received from the Network chair

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. | 0 | |
| **Domain 2: Workforce health and well-being overall rating** | | 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	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. **GEN - The below is an extract from a quote received from Network chair** 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. 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.	1	Senior leadership team

	Armed forces Support was provided from executive directors to support colleagues at the time of Her Majesty the Queen's death and also for Remembrance Day. **Enable – The below is an extract from a quote received from Network chair** 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 & 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. **Inspire – The below is an extract from a quote received from Network chair** 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	

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.

Members of the Executive and Non-executive team were contacted regarding this domain. We received seven responses.

Question 1: Have you attended or sponsored any religious, cultural or local events and/or celebrations related to EDI in the last year? If yes, which events did you attend?

Yes – 3
No – 4

Question 2: How do you hear from staff and/or local communities from underserved backgrounds? (Themes)

Engagement with Underrepresented Groups:

Active efforts are being made to engage with underrepresented or marginalised groups. For instance, a colleague's personal experience with a poor maternity outcome prompted a deeper understanding and perspective from leadership.

Specific initiatives like induction days for international recruits from diverse backgrounds highlight an inclusive approach to organisational culture.

| | | Direct engagement with international colleagues who had negative experiences and seeking feedback demonstrates a commitment to improving inclusivity and understanding.

Site Visits and Direct Engagement:

Site visits appear to be a consistent method for understanding on-the-ground realities, whether it's understanding staff perspectives or hearing about local issues.

Engaging directly with employees during these visits helps leadership stay informed about operational challenges, concerns, and successes.

Interactions during site visits are supplemented by other forms of engagement, such as 121s, board updates/reports, and discussions with staff governors.

Feedback Mechanisms and Listening Platforms:

Active membership in groups like the Patient Experience Group and engagement with local Healthwatch groups showcases a commitment to patient feedback and improving experiences.

Council of Governors and meetings with Diversity leads further emphasise the importance of representation, inclusion, and diverse perspectives in decision-making.

Use of various channels such as social media, published literature, and scientific papers to gather | | |

insights, disseminate information, and highlight issues like inequalities in healthcare access.

Research and Evidence-Based Approaches:

Leadership is involved in evidence-based initiatives like updating national guidelines on heart attack care to address disparities related to characteristics like race and gender.

Co-authoring scientific papers on topics such as inequalities in access to public defibrillators based on socioeconomic indices indicates a dedication to addressing systemic issues through research and advocacy.

Question 2: How do you keep yourself and/or your services accountable for issues relating to EDI?

Organisational Commitment to EDI (Equality, Diversity, and Inclusion):

The organisation has an established EDI plan, with specific targets related to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Emphasis on continuous improvement, such as refining people plans to address retention and understanding the reasons behind higher levels of leavers, especially from underrepresented groups.

Board members and executives incorporate EDI objectives into their annual plans, indicating top-level commitment and accountability.

		Board and Committee Engagement:		
		Open feedback mechanisms exist at board and Non-Executive Director (NED) meetings, fostering transparency and dialogue.		
		The People Committee, chaired by the individual, plays a pivotal role in discussing and advancing EDI initiatives.		
		Active participation in committees such as People and Quality, Patient Safety, and specific focus on EDI in all board papers highlights a systemic approach to integrating EDI considerations.		
		Data-Driven Decision Making:		
		Regular review and discussion of WRES data at the board level, ensuring that insights inform strategic decisions.		
		Recruitment practices are influenced by a commitment to diversity, as evidenced by recruiting NEDs from diverse backgrounds.		
		Challenging and Advocacy:		
		Proactive advocacy and leadership in addressing inequalities, such as challenging the executive team on reducing disparities in access to care for specific patient groups.		

		Standing agenda items specifically dedicated to EDI on key committees like the FIC (presumably a relevant committee within the organisation).		

| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | 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 1st April 2020 – 31st 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.

The Workforce and Wellbeing Committee (WWC) met numerous times in 2022 and there were a number of papers which looked at equality.

17th February: Violence and aggression
　　　　　Until it stops

25th February: Gender pay gap

12th May: Verbal inclusion update

26th May: Our improvement journey (Board meeting)

14th October: Bullying and harassment – approach to zero tolerance

23th November: Staff networks chair update

Staff equality networks

Staff equality network chairs provided their insight into this domain.

Enable – The below is an extract from a quote received from Network chair | 1 | Senior leadership team |
|---|---|---|---|---|

| | | I am not aware that I have access to Board/Committee papers (including 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.

Inspire – The below is an extract from a quote received from Network chair

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. | | |

| | 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 | 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.

Enable - The below is an extract from a quote received from Network chair

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.

Inspire - The below is an extract from a quote received from Network chair

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 | 1 | Senior leadership team |

		monitored by several systems and progress is frequently analysed.		
		Members of the Executive and Non-executive team were contacted regarding this domain. We received seven responses.		
		Question 1: How do you demonstrate commitment to health inequalities and EDI?		
		Oversight and Leadership in Equality Initiatives:		
		The individual chairs a committee responsible for overseeing the Equality Action Plan, ensuring regular reviews and monitoring of its implementation.		
		Active Engagement and Representation:		
		The individual sponsors a staff network, emphasises their vocal presence at board meetings, and actively participates as a Trustee for a disability charity in Surrey.		
		Commitment to engagement is further demonstrated through active listening and participation in both staff and patient forums.		
		Support and Mentorship:		
		The individual actively supports initiatives like the NExt Director scheme and has taken a mentoring role, specifically mentoring a black Associate NED, showcasing a commitment to fostering diversity and inclusivity.		

		Strategic Considerations and Advocacy: Engagement at the FIC (presumably a relevant committee within the organisation) involves raising critical questions and considerations at the board level, ensuring that equality and diversity remain central to organisational discussions and decisions.		
Domain 3: Inclusive leadership overall rating			3	

EDS Organisation Rating (overall rating): 12
Organisation name(s): Southeast Coast Ambulance NHS Trust
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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