

Classification: Official

Publication approval reference: PAR1262



NHS Equality Delivery System 2022
EDS Reporting 2024 submission
Southeast Coast Ambulance
Service NHS Trust

Contents

Equality Delivery System for the NHS	2
--	---

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 documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

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.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	South East Coast Ambulance Service NHS Foundation Trust	Organisation Board Sponsor/Lead		
		Sarah Wainwright		
Name of Integrated Care System	Surrey Heartlands; Frimley; Kent and Medway			

EDS Lead	Carolanne Letendrine	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	November 2024 – January 2025	Individual organisation	South East Coast Ambulance Service NHS Foundation Trust	
		Partnership* (two or more organisations)		
		Integrated Care System-wide*		

Date completed	January 2025	Month and year published	February 2025
Date authorised		Revision date	

Completed actions from previous year	
Action/activity	Related equality objectives
<p>Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework.</p> <p>Every board and executive team member must have EDI objectives that are SMART and be assessed against these as part of their annual appraisal process.</p> <p>Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence.</p> <p>Have mechanisms to ensure staff who raise concerns are protected by their organisation.</p> <p>Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it</p>	<p>The Trust will improve the diversity of the workforce to make it more representative of the population we serve</p>

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	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>The Trust have:</p> <ul style="list-style-type: none"> • Access to language line to support translation. • National text provision for 111. • Patient feedback is received through 111 and 999 (Patient Experience Questionnaires, Community Forums, focus groups) • BSL interpreter: signvideo.co.uk/nhs111 • Emergency video relay service for deaf people 999 BSL • A digital booklet on how to use our 111/999 services co-produced with patients and public Using our 111/999 services - 1 • Connections with a number of Voluntary, community and social enterprises (VCSEs) and external groups to diversify and amplify the patient & public voice. We now have regular representations from LGBTQ+ community, Ethnic Minorities, mental health – lived experience, physical disabilities – lived experience and Learning Difficulties and Neurodiversity lived experience. <p>Barriers to accessing services have been identified and proactive measures are being planned to develop inclusive methods to engage patients and public and improve accessibility, including the below:</p>	2	Deputy Director of Quality & Nursing

		<ul style="list-style-type: none"> • Networking with VCSEs to amplify and strengthen patient and public voices from the groups we tend to hear less from. • Implementation of a text message link for 999 Patient Experience Questionnaire (PEQ) to increase responses and gather information on protected characteristics versus patient satisfaction to identify Health Inequalities. • Information from above point will be fed into key meetings at all levels of the organisations and Quality Improvement projects will be co-produced with patient and public representatives. • A 'Read & review' / 'does this make sense group' will be formed to ensure documentation is user friendly and easy read before making available to the public. • Patient Engagement team to work closely with Clinical Lead for Learning Disabilities and Neurodiversity to embed new methods for communicating with patients and public who require reasonable adjustments. • Flagging on the Computer Aided Dispatch system (CAD) for patients requiring reasonable adjustments. <p>Our 999 Patient Experience Questionnaire (PEQ) will be made available in different formats on request e.g., available in other languages, in paper format and in braille.</p>		
--	--	--	--	--

	<p>1B: Individual patients (service users) health needs are met</p>	<p>Frequent caller team engage with patients. IBIS records patients specific information. Identified areas of risk with the older population and implemented community first responders.</p> <p>Hearing from Underserved Communities</p> <ul style="list-style-type: none"> • Response Pattern: All 11 respondents provided input. Key methods of engagement included: <ul style="list-style-type: none"> ○ 4 respondents cited reverse mentoring or interactions through staff networks as primary channels. ○ 3 respondents mentioned structured visits to operational sites or direct conversations with community members. ○ 2 respondents engaged through patient engagement groups or collaboration with inclusion colleagues. ○ 2 respondents admitted to minimal or no proactive engagement. • Key Insight: Reverse mentoring and staff networks are central to engaging with underserved communities, but gaps remain in consistent, structured outreach. 	2	Chief Medical Officer
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<ul style="list-style-type: none"> • SECAmb has procedures/initiatives in place to ensure safety in services and from January 2024, transferred from the old Serious Incident Framework to the new Patient Safety Incident Response Framework in line with national guidance and our Patient Safety Incident Response Plan was published in January 2024: 	1	<p>Deputy Director of Quality & Nursing</p> <p>EDI Manager</p>

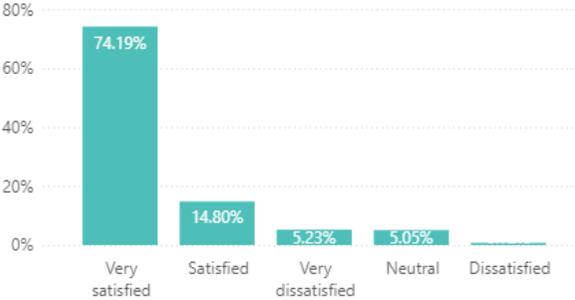
		<p>https://www.secamb.nhs.uk/wp-content/uploads/2024/04/PSIRP-24-25-Digital.pdf</p> <ul style="list-style-type: none"> The Trust incident management system does not currently allow for the documentation of protected characteristic information related to patient safety incidents and this is something which has been added to the requirements for the system moving forward. This will then enable the patient safety team to identify health inequalities and specific risks for patient safety that may be inequitable for some patient groups. <p>In April 2024, the Trust launched Tier one Oliver McGowan which is designed to ensure the health and social care workforce has the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability. The training which has now been completed by 66.75% of SECAmb staff.</p> <p>National staff survey 2023 results</p> <p>Staff survey 2023 q18 – 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>41.61% said yes, compared to benchmark median of 37.75%. This is a decline from 43.52% in the previous year.</p> <p>Staff survey 2023 q25a- care of patients / service users is my organisation’s top priority.</p> <p>Improvement from 52.38% in 2022 to 60.25% in 2023.</p>		
--	--	--	--	--

	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>As detailed in section 1A, SECAmb actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service by encouraging engagement from VCSE's to ensure all patient voices are heard.</p> <p>To date one Quality Improvement project has been co-produced with patients and public to improve accessibility and patient experience by educating the public on how to use our services appropriately.</p> <p>A gap analysis has been undertaken and work is subsequently being planned to:</p> <ul style="list-style-type: none"> • Use data from our 999 PEQ to improve patient experience and produce better patient outcomes. • Integrate the patient voice at all levels of the organisation including in governance meetings, peer reviews on Quality Improvement projects. • Create more avenues for patient and public feedback. • Make services more accessible for patients requiring reasonable adjustments. <p>999 Patient Experience Questionnaire data</p>	<p>2</p>	<p>Deputy Director of Quality & Nursing</p>
--	--	--	----------	---

10/2023-10/2024:

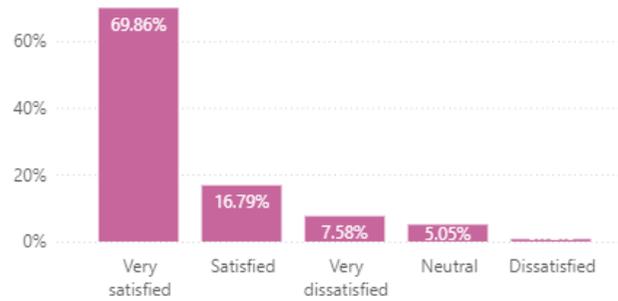
Please rate your level of satisfaction with the following aspects of your recent contact with our 999 call handling service

How quickly the 999 call was answered



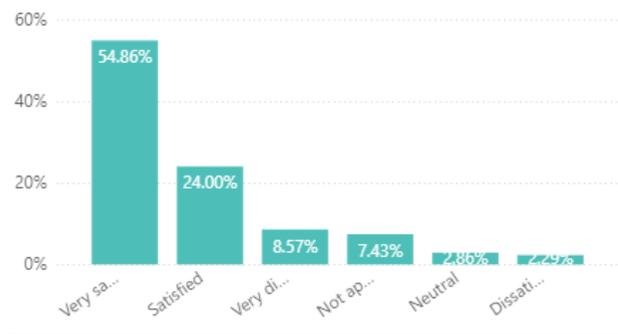
Please rate your level of satisfaction with the following aspects of your recent contact with our 999 call handling service

The initial contact with the 999 call taker you spoke to?



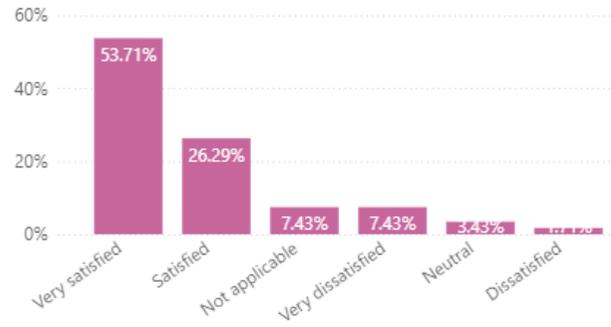
How satisfied were you with the following aspects of the clinical call?

The time it took to receive a call back from a clinician, if applicable



How satisfied were you with the following aspects of the clinical call?

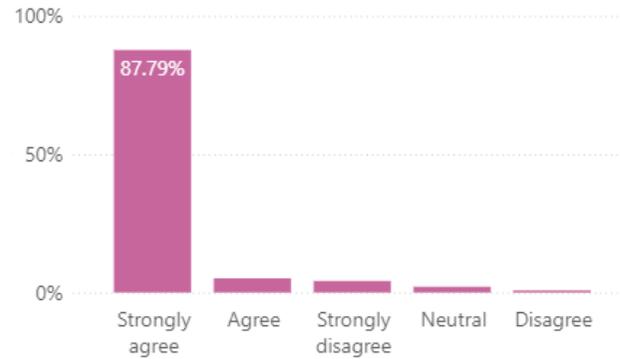
The advice given over the phone



To what extent do you agree with the following statement: I was satisfied with the amount of time from the call for help to the time the crew arrived with the patient.

To what extent do you agree with the following statements:

I was treated with dignity and respect by the ambulance crew



		<p>To what extent do you agree with the following statements: I felt that the care organised / carried out by the crew was appropri...</p> <table border="1"> <caption>Survey Results Data</caption> <thead> <tr> <th>Response Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>86.83%</td> </tr> <tr> <td>Agree</td> <td>~5%</td> </tr> <tr> <td>Strongly disagree</td> <td>~5%</td> </tr> <tr> <td>Disagree</td> <td>~2%</td> </tr> <tr> <td>Neutral</td> <td>~2%</td> </tr> </tbody> </table>	Response Category	Percentage	Strongly agree	86.83%	Agree	~5%	Strongly disagree	~5%	Disagree	~2%	Neutral	~2%		
Response Category	Percentage															
Strongly agree	86.83%															
Agree	~5%															
Strongly disagree	~5%															
Disagree	~2%															
Neutral	~2%															
Domain 1: Commissioned or provided services overall rating			7													

Domain 1: Commissioned or provided services

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
--------	---------	----------	--------	-------------------

<p style="text-align: center;">Domain 2: <i>Workforce health and well-being</i></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>Obesity: we have exercise videos on the Zone and subscriptions to an online exercise platform called FRAME. We have a nutrition guide in development. We also provide a directory of services with eating disorder provision.</p> <p>Diabetes/Asthma/COPD: Directory of services offers a list of external support options, and we also provide access to Occupational Health.</p> <p>We are also in the process of procuring an Employee Assistance Programme provision for colleagues which will provide counselling and will supply wellbeing workbooks. The Trust also has reasonable adjustment passports to support colleagues. We have a nutrition guide in development.</p> <p>Mental Health: We offer training in Mental Health First Aid and Applied Suicide Intervention Skills Training. We also promote external training resources such as Zero Suicide Alliance. We also do awareness sessions including Suicide Awareness, Men’s Mental Health and Bereavement. Further awareness raised by wellbeing bulletin and psycho-educational videos on the Zone. We also offer Talking Therapy for work related trauma, Trauma Risk Management. We have crisis signposting documents and wellbeing conversation templates.</p> <p>Directory of services signposting to external support services.</p> <p>Regular reports of sickness absence data are provided to Executives and Senior Managers to inform approaches to Absence Management and Colleague support provisions. We provide, where appropriate, gym equipment to support both physical and mental health.</p>	<p>3</p>	<p>Associate Director for Wellness</p> <p>EDI Manager</p>
--	---	---	----------	---

		<p>Enable network for carers and those with disabilities. Wellbeing Advocates Equality Impact Assessments</p> <p>In March 2024 the Gender Equality Staff Network invited West Sussex Talking Therapies to deliver a virtual session on managing mental health. The session was recorded and is available on the network's intranet page.</p> <p>Staff survey results 2023</p> <p><i>Theme: We are safe and healthy</i></p> <p>5.57 compared to Benchmark median of 5.62</p>		
--	--	--	--	--

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>WRES:</p> <p>In 2023, 40.32% of BME colleagues who completed the NSS reported that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This was an improvement on the previous year, which was 54.61%. 2023 saw more white colleagues reporting experience harassment, bullying or abuse.</p> <p>In the same time period, 24.60% of BME colleagues reported harassment, bullying or abuse from other staff compared to 26.11% white staff.</p> <p>WDES:</p> <p>In 2023, 52.56% of colleagues with a disability reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This is compared to 42.22% of staff with no disabilities.</p> <p>22.54% of colleagues with a disability reported experiencing at one incident of bullying, harassment or abuse from managers, compared to 11.57% of colleagues with no disabilities.</p> <p>24.10% of staff with disabilities reported experiencing bullying, harassment or abuse from other colleagues in the last 1 months, compared to 15.85% of colleagues with no disabilities.</p> <p>The Trust has a Zero Tolerance Approach to Bullying and Harassment.</p> <p>Wellbeing Hub supports colleagues with work related trauma focussed talking therapy where appropriate.</p>	2	<p>Head of Security</p> <p>FTSU Guardian</p> <p>EDI Manager</p>
--	--	--	---	---

		<p>We provide a Freedom to Speak Up service that reports into the Chief Executive.</p> <p>The Trust has become fully compliant with the NHS Violence Reduction Standards, supporting staff when they are subjected to violence or abuse within the workplace.</p> <p>Corporate and local risk assessments are in place and regularly reviewed.</p> <p>The Trust has implemented a conflict resolution training programme for staff.</p> <p>Body worn cameras are available to staff for use in the workplace.</p> <p>Violence Reduction Support Officers triage and support staff when they have been subjected to violence or abuse.</p> <p>Protected characteristics data is made available relating to staff subjected to violence or abuse allowing appropriate interventions to be explored.</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>	<ul style="list-style-type: none"> • Multiple services offered, including trauma counselling, physiotherapy, and wellbeing advocates. • Networks for staff with disabilities or caring responsibilities are active. <p>Directory of Services. – A list of all the support services available to all colleagues covering a range of topics from addiction support, bereavement support, COVID-19, Domestic Abuse, Financial Wellbeing, Fitness, Mental Health, Mental Health Crisis, Menopause, Neurodiversity, Family and Relationships, Workplace Support, Physiotherapy, and Physical Health. It provided the direct contact details for the service providers and charities, offering colleagues and managers an opportunity to confidentially reach out for support with Trust intervention.</p> <p>Freedom to Speak Up. independent and impartial source of advice, at any stage of raising a concern within the Trust.</p> <p>Counselling. Provided by external independent professionals, this is a refer only service that the Trust pays for (up to six sessions) for mental health, bereavement, domestic abuse support.</p> <p>Physiotherapy. Both internally and externally provided to support rapid intervention for up to six sessions for physical/musculoskeletal injury.</p> <p>Occupational Health. External provision of professional support for both colleagues and managers providing expertise to support returning to work, long term sickness absence, pre-employment health checks.</p>	2	Associate Director of Wellness
--	---	--	---	--------------------------------

		<p>Alternative Duties Pathways. An internal provision managed by the Wellbeing Hub where colleagues are referred for support in finding meaningful alternative work to aid their recovery for up to 39 weeks.</p> <p>Mental Health assessment provision. Both internally and externally provided where we undertake an initial assessment of anxiety, stress, depression, in order to determine the most effective intervention. All assessors are fully qualified mental health practitioners.</p> <p>Signposting to support services. Were the hub not able to directly help a colleague, they will signpost to all the various available support, as listed above.</p> <p>Active Staff Networks. The Trust has six active Trust funded networks for colleagues covering climate change, LGBT+, Cultural and Faith diversity, gender equality, carers/neurodiversity/disability, and armed forces. These networks provide direct support and help inform the Trust direction.</p> <p>Wellbeing Advocates. Colleagues trained in mental health aid who support their peers as a first line of defence, helping to prevent situations escalating. There are advocates all across the Trust for colleagues to reach out to for support.</p> <p>Equality Impact Assessments. A tool to ensure all policies and procedures properly consider the potential impact on different groups and ensure mitigations are in place.</p> <p>Trauma Informed Counselling. A self-refer advanced practitioner led service providing support for mental trauma.</p>		
--	--	---	--	--

		<p>The Armed Forces Network activity checks in with its members and uses common language and shared experiences to support mental health within the network. This is generally conducted at an informal level and escalated through the Trust wellbeing and Trauma Risk Management (TRiM) process if required. The Armed forces network (AFN) is also connected to a number of local armed forces charities and has referred people to their support networks.</p>		
--	--	--	--	--

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Gender equality network continues to host events and talks for staff and volunteers to benefit from. For this reporting period these are: Discussion Rooms: parental alienation, staff experience prior to maternity leave, staff uniform, interviews Menopause Café – virtual monthly meetings continue Workshops: Imposter Syndrome Talks: ‘Gender Equity, Equality and Everything in Between’ to mark International Women’s day and ‘Saluting our Sisters’ to mark Black History Month by @DiversityDana. The network also created an internal series of talks called ‘Spotlight’ for inspirational staff to share their stories. Springboard – the 4th cohort of this professional and personal development programme for women ran from September to December 2023. Event: (in person) International Women’s Day featuring guest speakers from Springboard, a Menopause Café, and a presentation from the charity Prevent Breast Cancer.</p> <p>There was a notable improvement on the NSS question: <i>If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.</i> In 2023 61.91% agreed or strongly agreed, compared to 52.06% the previous year.</p> <p>On the question, <i>I would recommend my organisation as a place to work</i>, there was also a notable improvement, from 31.52% in 2022 to 43.94% in 2023.</p>	3	<p>Staff network chairs</p> <p>NSS</p>
Domain 2: Workforce health and well-being overall rating			9	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
--------	---------	----------	--------	-------------------

<p style="text-align: center;">Domain 3: Inclusive leadership</p>	<p>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>	<p>GEN – The network was sponsored in this reporting timeframe by an Executive Director who had been a founding network member. As line manager to the Network Chair, they enabled the Chair to commit time to developing and progressing the aims of the network. All executive and non-executive directors were required to sponsor and engage with a staff network, but despite repeated requests, no non-executive director came forward. In October 2023 the Chief Executive invited and paid for network chairs to attend the Ambulance Leadership Forum conference. In late 2023 the network asked an Executive Director with clinical expertise to host a virtual Menopause Café, her response was that it was not fair to focus on the impact of menopause on women because men also experienced a menopause. The Trust has an Inclusion Working / Programme Group which should have representatives from all Directorates.</p> <p>To ensure a comprehensive and well-rounded Equality Delivery System (EDS) submission, we sought input from our executive and non-executive leaders via a targeted survey. This survey invited senior leaders to share their perspectives on our progress and initiatives in equality, diversity, and inclusion, helping us to align our goals with the organisation’s overarching objectives. Their responses have been instrumental in shaping the evidence provided in this report.</p> <p>Participation in Religious, Cultural, or EDI Events</p>	<p>2</p>	<p>Staff network chairs</p> <p>Executive directors</p> <p>Non-executive directors</p>
--	---	--	----------	---

		<ul style="list-style-type: none"> • Response Pattern: Out of 11 respondents, 8 provided detailed answers. Among them: <ul style="list-style-type: none"> ○ 4 respondents actively participated in events such as LGBTQ+ conferences, Pride events, and anti-racist rallies. ○ 2 respondents acknowledged attendance at general EDI-focused meetings or conferences, such as board development sessions. ○ 3 respondents indicated they had not attended any events, citing either personal reasons or lack of opportunity. • Key Insight: While 6 respondents demonstrated engagement with EDI events, 3 noted limited or no participation, highlighting opportunities to increase leadership visibility in community-oriented activities. <p>Involvement in Staff Networks</p> <ul style="list-style-type: none"> • Response Pattern: 10 responses were received: <ul style="list-style-type: none"> ○ 7 respondents actively participated in staff networks such as GEN, Pride, Armed Forces Network, or Green Network. ○ 1 respondent reported limited engagement but indicated plans to increase involvement. ○ 2 respondents did not participate in staff networks. • Key Insight: High levels of participation in staff networks underscore leadership commitment 		
--	--	---	--	--

		<p>to workforce inclusion, although opportunities exist for broader engagement.</p> <p>The Armed Forces Network (AFN) has worked with the executive board on several issues demonstrating understanding for important issues raised by the AFN. This includes the launch of the “Forces Connect“ app in all Trust iPad’s that was initiated by the AFN Non-executive director sponsor. The Trust also continue to support the Royal British Legion poppy appeal every year on a selected number of ambulances in the Trust. This is an important symbol of support for the AFN. The Trust also continues to support the “Reserve Policy” which adheres to the principles of the Armed Forces Covenant in support reservist and their commitment to the armed forces. It stipulates allowances for mobilisations and training, including support mechanisms for individuals</p>		
--	--	--	--	--

	<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>To ensure a comprehensive and well-rounded Equality Delivery System (EDS) submission, we sought input from our executive and non-executive leaders via a targeted survey. This survey invited senior leaders to share their perspectives on our progress and initiatives in equality, diversity, and inclusion, helping us to align our goals with the organisation’s overarching objectives. Their responses have been instrumental in shaping the evidence provided in this report.</p> <p>Demonstrating Commitment to Health Inequalities and EDI</p> <ul style="list-style-type: none"> • Response Pattern: All 11 respondents detailed their approaches: <ul style="list-style-type: none"> ○ 4 respondents cited participation in events, mentoring, and staff networks as evidence of commitment. ○ 3 respondents referred to organisational efforts such as using data to inform strategies or driving system-wide initiatives. ○ 4 respondents mentioned personal actions, such as engaging with underserved groups or seeking to raise awareness within their teams. • Key Insight: Leadership demonstrates commitment through varied approaches, but deeper alignment with organisational goals is needed. <p>Communication About Health Inequalities and EDI</p> <ul style="list-style-type: none"> • Response Pattern: Of 11 responses: 	<p>2</p>	<p>Head of corporate governance</p> <p>Executive directors</p> <p>Non-executive directors</p>
--	--	--	----------	---

		<ul style="list-style-type: none"> ○ 5 respondents actively communicated through team meetings, development plans, or ICB forums. ○ 3 respondents highlighted indirect or limited communication efforts. ○ 3 respondents noted challenges in consistently communicating these issues. ● Key Insight: While some leaders communicate actively, consistent messaging on health inequalities and EDI remains a challenge across the board. <p>Awareness and Implementation of the Leadership Framework</p> <ul style="list-style-type: none"> ● Response Pattern: All 11 respondents addressed this question: <ul style="list-style-type: none"> ○ 6 respondents were aware of the Leadership Framework for Health Inequalities, with 3 mentioning partial or informal implementation. ○ 4 respondents were either unaware or unfamiliar with its practical application. ○ 1 respondent expressed interest in discussing the framework further within the organisation. ● Key Insight: Awareness of the Leadership Framework is moderate, with significant opportunities for enhanced implementation. <p>Finance and Investment committee (FIC) (extract of minutes below)</p>		
--	--	--	--	--

- 1) Mojgan (non-exec) asked Stephen(exec) whether anyone would be digitally excluded because of the new Digital Strategy (i.e elderly non digitally minded Patients) and he confirmed – no.(Sept meeting)
- 2) DRC was asked whether Patient input has been obtained around the DCA selection and he confirmed it had (May meeting)

Quality and Patient safety committee (QPSC)

From a QPSC point of view we have the Health Inequalities programme linked to the BAF, as this was only presented to Trust Board earlier this month, the committee are yet to receive an update, there is the mention in the draft minutes from the October meeting.

Also, the Cardiac Arrest outcomes improvement work is incorporating health inequalities.



QPSC Draft Minutes
24.10.17.docx

People Committee

12 September 2024
EDI Plan Discussed.



PC Draft Minutes 66-24b. Combined
12.9.24 - SP v2 SS.docEDI Improvement Pl

Board Meetings – regularly discussed.
All minutes publicly available.

		Trust Board meeting dates and papers - NHS South East Coast Ambulance Service		
--	--	---	--	--

	<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>To ensure a comprehensive and well-rounded Equality Delivery System (EDS) submission, we sought input from our executive and non-executive leaders via a targeted survey. This survey invited senior leaders to share their perspectives on our progress and initiatives in equality, diversity, and inclusion, helping us to align our goals with the organisation’s overarching objectives. Their responses have been instrumental in shaping the evidence provided in this report.</p> <p>Accountability for EDI</p> <ul style="list-style-type: none"> • Response Pattern: 11 responses identified how accountability is maintained: <ul style="list-style-type: none"> ○ 5 respondents ensure EDI accountability through formal structures such as senior leadership meetings, appraisals, or board discussions. ○ 3 respondents highlighted the use of data and analytics, including cross-cutting reviews of retention or policy impacts. ○ 2 respondents mentioned personal involvement in training or mentoring. ○ 1 respondent explicitly noted reliance on non-discriminatory procurement processes. • Key Insight: Accountability mechanisms are primarily driven by leadership appraisals and organisational discussions, with a growing emphasis on data-driven decision-making. <p>Resource Allocation for EDI</p>	2	<p>Executive directors</p> <p>Non-executive directors</p>
--	--	---	---	---

		<ul style="list-style-type: none"> • Response Pattern: Of 11 responses: <ul style="list-style-type: none"> ○ 3 respondents described direct resource allocation processes, including budgets set by HR or senior leaders. ○ 2 respondents referred to broader organisational initiatives, such as trust-level priorities. ○ 4 respondents indicated no involvement or awareness of resource allocation mechanisms. ○ 2 respondents expressed a desire for improved resource allocation, such as seeking funds for staff networks. • Key Insight: Resource allocation practices are inconsistent, with some leaders expressing limited awareness or involvement in this area. <p>Raising Issues on Equality and Health Inequalities</p> <ul style="list-style-type: none"> • Response Pattern: All 11 respondents shared practices: <ul style="list-style-type: none"> ○ 5 respondents actively raised issues during senior leadership, Board, or public forums. ○ 3 respondents noted raising issues through targeted initiatives, such as task-and-finish groups or recruitment strategies. ○ 3 respondents admitted to limited activity in this area. • Key Insight: Most leaders regularly raise EDI and health inequalities issues in formal 		
--	--	---	--	--

		settings, but there is scope for more proactive efforts.		
Domain 3: Inclusive leadership overall rating			6	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): GMB Unison		Independent Evaluator(s)/Peer Reviewer(s): Royal Surrey County Hospital NHS Foundation Trust		

EDS Organisation Rating (overall rating): 22

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**

EDS Action Plan	
EDS Lead	Year(s) active
Carolanne Letendrine	
EDS Sponsor	Authorisation date
Simon Weldon	

Action	Completion date
Develop targeted outreach to underserved communities (Domains 1B, 3A).	March 2026
Strengthen integration of equality impacts into board decision-making (Domains 3B, 3C).	March 2026
Broaden availability and accessibility of staff support resources (Domains 2A, 2C).	March 2026
Enhance data collection and utilisation to address health inequalities (Domains 1C, 3C).	March 2027
Increase leadership accountability and visibility in EDI activities (Domains 3A, 3B).	March 2026

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net
