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South Central Ambulance Service **NHS**  
NHS Foundation Trust

## Equality Delivery System2 2016-2020



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## Foreword from Chair and Chief Executive

### Introduction

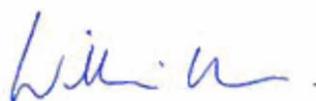
We are personally committed to ensuring that South Central Ambulance Service exceeds its legal duties to promote equality of opportunity, to promote good relations between the diverse communities we serve and to eradicate discrimination at all levels.

The Trust provides a range of emergency and non-emergency services to the public and the wider NHS within our footprint. We provide a universal service accessible directly through our 999 and 111 numbers. Our staff are often the first point of contact for patients when they need help and advice and the ambulance service is proud of the care and services it provides. To ensure we care for all our patients and respect their individuality, we will place an emphasis on the training of our staff. This includes awareness of cultural, religious and other needs that are separate from the medical or clinical needs of our service users.

The Trust has completed a four year EDS cycle (2012-2016) and has now adopted the Equality Delivery System 2 designed by the Equality & Diversity Council to support NHS commissioners and providers to deliver better outcomes for patients and communities and better a working environments for staff, which are personal, fair and diverse. The EDS2 will help SCAS to achieve compliance with its public sector Equality Duty in a way that also helps us deliver on the NHS Constitution (2010) and the CQC's Essential Standards of Quality and Safety. (2010) NHS outcomes Framework 2014/15.



**Trevor Jones**  
Chair



**Will Hancock**  
Chief Executive

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## Executive Summary

The EDS2 outlines to staff and the public how South Central Ambulance Service NHS Foundation Trust intends to demonstrate its commitment to being an organisation that embraces equality and human rights and its stand against discrimination of any kind. The document incorporates the contents and requirements of the Equality Act 2010; it will also embrace actions to eliminate discrimination on the grounds of race, age, religion or belief, sexual orientation, gender reassignment, disability, pregnancy and maternity, marriage and civil partnership and gender.

EDS2 explains the statutory duties of the Trust under relevant legislation, and incorporates appendices that explain the structure of reporting and monitoring functions of the Trust in relation to equality and diversity and provides details of the local population and workforce, including an action plan /objectives.

### Goals of the EDS2

The system outlines the goals of the Trust.

1. Better Health Outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

The key aims of the system are to:

Demonstrate the commitment of the Board to equality and diversity through equity of access to services provided by and commissioned by South Central Ambulance Service. Specifically, our procurement team will work with budget holders during the acquisition of goods and services, to embed equalities and human rights into all stages of procurement.

Demonstrate the commitment of the Board to developing equality and human rights based approach to its work, ensuring that equality and diversity principles and standards are at the heart of Trust policy and service planning.

Demonstrate the commitment of the Board to equality and diversity through equity of access to employment, promotion and training.

Impacts assess each policy, practice and procedure in order to identify any adverse effects upon protected groups within the communities we serve.

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## **How South Central Ambulance Trust will meet its Duties within the Equality Act**

The action plan/objectives (Appendix) include the specific details of how SCAS will meet its statutory duty as described in the EDS2.

It includes actions, those responsible for achieving the actions, and whether those actions refer to a specific type of diversity, or all elements of diversity and timescales.

The action plan/objectives will be reviewed through the Equality and Diversity Steering Group every two months in order to update and amend it. The outcomes of the review will be reported to the Board annually, so that they are made aware of successes and areas for improvement.

Each policy, practice and procedure will be impact assessed to ensure the removal of any adverse effects in our service delivery to protected groups from the communities we serve.

The Trust will respond to all enquiries and comments from members of its local community and its staff with regard to services or policies that do not meet with the general and specific duties, via the Patient and Public engagement process (community) and the Joint Consultative Committee (staff).

The Trust will work collaboratively with a wide range of organisations and partnerships across the four counties it serves. The Equality and Diversity Steering Group will monitor and evaluate the process.

The Trust will ensure that all new staff and all line managers have specific training to assist their understanding of the equality and diversity agenda, and that the principles contained within it are communicated to all staff via a variety of means.

The Trust will renew the Equality Delivery System on a four-yearly basis.

The Trust will publish an equality and diversity annual Report that will establish its progress in meeting the targets laid down in the action plan/objectives along with demonstrating compliance with its statutory responsibilities.

The Trust invites any comments or complaints regarding the Equality and Diversity programme to be addressed to:

Director of HR  
South Central Ambulance Service NHS Trust  
Northern House  
Unit 7 & 8 Talisman Business Centre  
Talisman Road  
Bicester  
Oxfordshire  
OX26 6HR  
Tel. 01869 365000  
Fax. 01869 322814

This executive summary will be made available in alternative formats and Languages on request.

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## **Introduction**

### **Our Shared Vision**

Our Vision is Towards Excellence, saving lives and taking healthcare to our patients and our commitment is that we are with you when you need us, providing help and professional mobile healthcare to you and your community. We have developed this vision and commitment to drive the work we do. It is hoped that our vision will resonate with our stakeholders as much as it does with all at South Central Ambulance Service NHS Foundation Trust (SCAS).

There is widespread support for the work we are undertaking to provide a safe, reliable, sustainable and equitable service across the whole of the four counties served by SCAS.

In adopting EDS2, the Trust recognises that none of the protected characteristics can be considered in isolation. The EDS gives us an opportunity to address combinations of discrimination and provides us with a broad brush approach to providing solutions.

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## **About South Central Ambulance Service NHS Foundation Trust**

South Central Ambulance Service NHS Foundation Trust (SCAS) was formed on July 1<sup>st</sup> 2006 following the merger of four ambulance trusts covering the counties of Buckinghamshire, Oxfordshire, Berkshire and Hampshire. The Trust covers a geographical area of circa 3,554 square miles with a resident population of approximately 4 million (see Appendix 1 for details). The Trust employs around 2400 staff.

## **The Community We Serve**

The communities we serve are increasingly diverse and reflect diverse experiences, aspirations and needs. We value this diversity and acknowledge that the experiences of traditionally under-represented groups and target groups are different from the supposed majority. We also recognise that experiences vary between groups, individuals and localities. We know that some groups are at particular, and increased, risk of exclusion and/or discrimination. These groups include (but are not limited to):

- Black and minority ethnic communities
- People with a disability
- Gypsy and Traveller communities
- Lesbian, gay, bisexual transgender (LGB) communities
- Transgender
- Older people
- Young people
- Women
- Carers/dependents
- Religious or faith groups
- People on low income
- Asylum seekers or refugee communities

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## South Central Ambulance Service NHS Foundation Trust: Main Functions

The Trust's main functions are to provide:

- Accident and emergency call handling service
  - Urgent transport call handling service
  - Out of hours call handling
  - Call handling service for Non-Emergency Ambulance Service
  - Accident and emergency response treatment and transportation service to the resident population and visitors
  - Urgent response, treatment and transportation service to the resident population and visitors
  - Non-emergency ambulance services including voluntary car drivers
  - Support to accident and emergency
  - Support to GP Practices
  - Employment
  - Support services (e.g. Human Resources, Procurement, Information Communications and Technology, Finance and Audit, Communications services)
  - Education, Training and Development
  - Emergency planning
  - Information and data monitoring
  - Communications/ patient and public engagement
- Also to:
- Ensure partnership working and integrated clinical care pathways
  - Coordinate and facilitate community first responder schemes.

## South Central Ambulance Service

South Central Ambulance Service NHS Foundation Trust (SCAS) provides ambulance service across the south central region of England, excluding the Isle of Wight. The Trust's emergency call centres handle more than 400,000 emergency and urgent calls a year.



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## EDS Background

The Equality Delivery System (EDS) was introduced by the Department of Health in 2012 to assist all staff and NHS organisations understand how equality can drive improvements and strengthen the accountability of services to patients and the public. It is essentially an NHS equality benchmarking tool.

The Equality Delivery System will help ensure that everyone - patients, public and staff - have a voice in how organisations are performing and where they should improve in relation to delivering health care and working lives. It is also a tool-kit for NHS compliance with the Equality Act 2010 and the equality elements of the Care Quality Commission essential standards.

The EDS was designed to be used by all NHS organisations in England, both providers of services and their commissioners. At the heart of the EDS is a set of 18 equality outcomes grouped into four goals. These outcomes focus on the issues providing most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The four EDS2 goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

The EDS2 requires NHS organisations to engage with local communities and organisations with an interest in health issues to determine performance through a grading exercise. As part of the EDS process South Central Ambulance Service NHS Foundation Trust is required to identify local stakeholders including patient, staff, communities and partnership groups who will be consulted and engaged to review evidence on the four goals and produce a grading of performance.

### EDS Assessments, Grades and Objectives

The grading system has 4 overall goals and 18 outcomes; each outcome provide a criteria against which performance is assessed and graded awarded in 4 levels from -

Under-Developed (**red**)

Developing (**orange**)

Achieving (**green**)

Excelling (**purple**)

These grades provide the opportunity to identify organisational compliance with its equality duties and where necessary highlight objectives/actions for continuous improvement.

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## **How we will assess and distilled our objectives**

SCAS covers four counties with a population of over four million, at the heart of the EDS is the requirement for “meaningful engagement” with stakeholders, in order to achieve this we have established service level agreements with three community voluntary sector organisations, Milton Keynes Equality Council to the north of the patch, Healthwatch Reading in the centre and Hampshire Independent Forum to the south. These organisations are contracted to assist SCAS to reach all sections of the communities it serves, for the EDS2 grading our stakeholders will recruit the panel and ensured representation across the protected characteristics.

SCAS opted to hold three separate grading events to provide a wider coverage and ensure a cross-section of views across the protected groups.

EDS2 goal 1- “Better health outcomes”

EDS2 goal 2- “Improving patient access and experience”

EDS2 goal 3- A representative and supported workforce

EDS2 goal 4- “Inclusive leadership”

## **The EDS Objectives**

The overall ratings awarded by the panels across the four goals are as follows:-

Purple (Excelling)

Green (Achieving)

Amber ( Developing)

Red (undeveloped)

The awarded grades gives SCAS an overall rating of achieving with a combined excelling and achieving score of 89% and a combined developing score of 11% .

SCAS has taken the decision in light of the grades awarded to focus on all of the areas for improvement indicated by our grading panels and will publish progress annually.

Accordingly, the EDS objectives for SCAS for 2016 -2020 will be all the developing focuses as identified by our communities and staff.

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## **Monitoring – all Equality Aspects**

Monitoring of the Equality and Diversity agenda will be a priority for the Trust and the objectives/ action plans contained in the EDS will be reviewed on an ongoing basis by the Equality and Diversity Steering Group. The Steering Group will meet 6 times per year and report directly to the Trust Board. The Trust Board will receive annual reports. The equality and diversity working group will meet bi-monthly and will report to the E&D steering group.

Decisions on future developments will be supported by the information provided to the Equality and Diversity Steering Group and analysis of this information will be made available within Board minutes. Future developments will be disseminated to the Equality and Diversity Steering Group via the Executive Director for Human Resources and in conjunction with the Equality and Diversity Manager.

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## The Legal context for the South Central Ambulance Service Equality Delivery System

The Equality Delivery System covers the public sector equality duties under the Equality Act 2010. The system has been developed to look at all protected characteristics:-

Race  
Gender  
Disability  
Sexual orientation  
Religion & belief  
Gender-reassignment  
Age  
Pregnancy & maternity  
Marriage and civil partnership

### The Duties of the Equality Act 2010

The Act requires the Trust to undertake certain actions within the general and specific duties.

#### General Duties:

Requires the Trust to have “due regard” to the need to:

Eliminate unlawful discrimination, harassment and victimisation

Advance equality of opportunity between different groups

Foster good relations between different groups

The elements of the duty are complementary and therefore all three aspects need to be addressed in order to show that the duty is being complied with.

In addition, the Act places **Specific Duties** on the Trust to:

Publish relevant, proportionate information demonstrating their compliance with the general equality duty; and to set specific, measurable equality objectives.

## Conclusion

South Central Ambulance Service NHS Foundation Trust's Equality Delivery System is a living document; it will be regularly revised as new policies are developed by SCAS, and if SCAS takes on new functions. The System will also change as we receive more information from our partners and stakeholders. In particular, it will change as we receive information and comments from our own staff and members of the public.



# Equality Delivery System Grading Event

## EDS GOAL 1 - BETTER HEALTH OUTCOMES FOR ALL

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Healthwatch Reading organised an Equality Delivery System grading day on behalf of South Central Ambulance Service (SCAS) on Thursday March 17<sup>th</sup> 2016. This day brought together a panel of local Reading residents to assess SCAS's grade for EDS Goal 1, Better Health Outcomes for All. The panel was made up of individuals who spanned 8 of the 9 protected characteristics. They were specifically brought together to offer experiential support and evidence to effectively grade SCAS's work to provide better health outcomes for all ensuring that their services are meeting the needs of groups covered under the 9 protected characteristics.

The individuals on the panel each graded for the five outcomes covered by EDS Goal 1 and the overall grade for the outcome was decided by the majority grade chosen by the panel. The panel awarded SCAS an overall grade of Achieving for Goal 1.

This report outlines the grades awarded for each outcome, positive comments and recommendations. The five outcomes covered by Goal 1 are:

- Outcome 1 - Services are designed and procured to meet the health needs of local communities
- Outcome 2 - Individual people's health needs are assessed and met in appropriate and effective ways
- Outcome 3 - Transition from one service to another, for people on care pathways, is made smoothly with everyone well informed
- Outcome 4 - When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
- Outcome 5 - Screening, Vaccination and other Health promotion services reach and benefit all local communities

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## Outcome 1 - Services are designed and procured to meet the health needs of local communities

Panel members awarded Outcome 1 an overall grade of Achieving. Panel members were impressed with the diversity of the population it has served over this last year. They also thought that the services offered for patients where English is not their first language were very impressive. They also felt good efforts had been made to support people with sensory disabilities and learning impairments. However there were some concerns about the data. SCAS have set themselves a target to collect demographic data for 80% of all call-outs, and this target was not being met and is currently at around 50%. Therefore it was difficult for the panel to get a full understanding of the population that the services are supporting and that the data is proportional to the local populations in those areas. The final observation was the large number in the data set in the 'not collected' column. The panel understood that the 999 services respond to a series of different emergencies and in the most severe cases it is not possible or appropriate to be collecting this data.

### Recommendations:

- The panel would like to recommend that in order to fully understand the data that there is separation in the column 'not collected', to include the situations where they are unable to collect the data due to the nature of the emergency and those situations where they did not collect the data and those situations where the patient refused to supply it.
- The panel also raised some queries about how the local population were educated and informed about SCAS services in order to understand if local communities were able and informed enough to access SCAS services. Some further information on this would be advisable for future grading events.

## Outcome 2 - Individual people's health needs are assessed and met in appropriate and effective ways

Panel members awarded Outcome 2 an overall grade of Achieving. Panel members thought the efforts made by SCAS to ensure those who have speech and hearing difficulties and those with protected characteristics are able to access the service in an appropriate way to meet their needs was good. However the panel felt that there was not enough evidence of how people of different faiths may experience the service. For example what special measures if any are needed are taken account of for patients who observe their faith knowing this can impact on how they wish to assessed and treated.

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## Recommendations:

- Overall more detailed examples or case studies of how SCAS services had supported those of different faiths when assessing and meeting their needs would be useful.
- Improved data collection on faith would also help panel members to understand how important this is to SCAS services.

## Outcome 3 - Transition from one service to another, for people on care pathways, is made smoothly with everyone well informed

Panel members awarded Outcome 3 an overall grade of Achieving. The panel felt reassured that the SCAS staff team would provide appropriate services and would have the support in place to support those of protected characteristics. However there was a lack of data and the only evidence provided, although it was very valuable was that there were no complaints in relation to transition. Also the demographic data provided was adequate but was difficult to use in relation to this outcome.

### Recommendation:

- More detail about patient experiences over the protected characteristics would further support the panel in understanding how patients experience transition from the different groups.

## Outcome 4 - When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

Panel members awarded Outcome 4 an overall grade of Developing. Panel members discussed recent news reports in our local media about delayed responses and in some cases where ambulances had simply not come out to see a patient when they had been requested. There was also a lack of evidence about how effective the patient experience team is and finally how SCAS were learning from complaints. A panel member had had a poor experience of an ambulance call-out and had made a formal complaint. They were pleased with the outcome, knowing that an action plan was in place to ensure there were no such future incidents. This complaint helped to highlight some important areas that SCAS teams could look at in order to continue to provide a high quality service. The panel recognised that the service can never be 100% safe but policies should be reviewed to ensure all populations are covered.

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## Recommendations:

- There needs to be evidence on how the patient experience teams are engaging with local populations, including evidence of how representative the patient panels and forums are.
- Examples of learning from complaints information would be also be very useful.
- Joint working with local organisations in order to ensure engagement with communities across protected characteristics would be a good way to ensure representation.
- Finally joint working and training with other teams, such as midwifery at the hospital would mean that patient safety is never compromised.

## Outcome 5 - Screening, Vaccination and other Health promotion services reach and benefit all local communities

Panel members awarded Outcome 5 an overall grade of Achieving. Panel members felt that the campaigns that SCAS had produced were effective and well promoted. However there was not enough evidence of how campaigns had particularly targeted those with protected characteristics. For example what measures in the campaigns had been taken account of for the deaf and blind communities and those with learning difficulties.

## Recommendations:

- Joint working with local groups working with communities such as those with learning difficulties is the best way in engaging with those communities to educate them about SCAS campaigns.
- Further evidence of how campaigns specifically had targeted communities such as the blind and deaf communities would be helpful.

As a whole the panel were very impressed with the work that SCAS was doing in order to serve its population to the best of its abilities and the commitment and drive of the staff evidenced to them and the panel would to congratulate them on this work. They felt that SCAS were doing a good job collecting evidence in order to ensure they were meeting the needs of their diverse populations and ensuring education and inclusivity of those with protected characteristics. However there were some gaps in the data and the data could have been more detailed in order to award a higher grade and this is reflected in some of our recommendations. We would like to thank SCAS for giving us the opportunity to take part in the grading and offer our advice in helping support SCAS in achieving high quality services that reaches all communities.

**South Central Ambulance Service  
Equality and Diversity Grading Consultation  
Westgate Chambers, Staple Gardens, Winchester SO23 8SR  
23<sup>rd</sup> March 2016**

The stakeholder panel consisted of individuals and organisations across Hampshire that was representative of seven of the nine protected characteristics in order to assess and grade SCAS performance in the area of:

**Goal 2 – Improving Patient Access and Experience**

The session began with training and an introduction to the EDS2 framework along with an overview of the range of evidence SCAS seeks to collect in order to monitor access, engagement, experience and outcomes.

<b>Outcome 1</b>	<b>People, carers and communities can readily access services, and should not be denied access on unreasonable grounds.</b>
<b>Evidence</b>	<p>SCAS responds to all 99, 111 and patient transfer calls irrespective of protected characteristics.</p> <p>For patients where English is not their first language SCAS provides a language line service and give access to typetalk for patients with speech and hearing impairment via BT. SCAS also introduced a 41 language phrase book which assists patients who are literate in their own language and can point out what they wish to convey.</p> <p>Training for staff is given on treating patients with a learning disability.</p> <p>Patient data and language line data was available for evidence.</p>
<b>Comments</b>	There was some discussion in consideration of individuals undergoing gender re-assignment. Clarity was gained and reassurance was given on the relevance of the characteristic in relation to the care needed.
<b>Grading 1</b>	<b>Achieving - unanimous</b>
<b>What, if any, recommendations would you suggest that might improve access for individuals with protected characteristics</b>	Training for call operators to ensure correct pronouns are used. (in relation to gender reassignment)

<b>Outcome 2</b>	<b>People are informed and supported to be involved as they wish to be in decisions about their care.</b>
<b>Evidence</b>	<p>SCAS ensures patients receive the appropriate treatment in the most suitable place, at the best time and by the appropriate practitioner. Emergency care is continuously changing with the increasing numbers of emergency calls not dealt with in the community, rather than at hospital. The decision as to whether patients do, or do not need to be conveyed to hospital, they admit is challenging, but their policy is designed to minimise risk and provide appropriate support for their staff. Where the patient has a cognitive or mental health disability, assessments would be done by a GP or at a hospital.</p> <p>Policy referred to and evidenced is Care Pathway Non Conveyance policy and procedure.</p> <p>Additionally the patient survey indicates that indeed people are informed and supported to be involved as they wish to be in decisions about their care.</p>
<b>Comments</b>	Managers receive a full day's training. The rest of the staff receives 2 hours induction which is renewed every 2 years. This was felt to be "skimpy".
<b>Grading 2</b>	<b>Achieving overall</b>
<b>What, if any, recommendations would you suggest that might improve involvement for individuals with protected characteristics</b>	<ol style="list-style-type: none"> <li>1) Review the training given to assess its adequacy with a view to increasing the number of hours and frequency.</li> <li>2) Ensuring discreet information is passed on with empathy and respect.</li> </ol>

<b>Outcome 3</b>	<b>People report positive experiences of the NHS.</b>
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<b>Evidence</b>	<p>SCAS has a patient experience review group chaired by the CEO Will Hancock, the purpose of which is to promote excellence in patient care outcomes and patient experience; including outcomes and actions identified and progress monitored. The group also reviews, approves and monitors the actions of the Trust in relation to patient satisfaction surveys and to ensure appropriate training is available to allow staff to manage complaints and concerns effectively.</p> <p>The evidence is reported in PERG terms of reference and the Public Sector Equality Duty report 2015.</p>
<b>Comments</b>	The panel were impressed with the evidence seeing over 80% of the surveyed satisfied.
<b>Grading 3</b>	<b>Overall Achieving with 30% selecting Excelling</b>
<b>What, if any, recommendations would you suggest that might improve experience for individuals with protected characteristics</b>	None
<b>Outcome 2</b>	People are informed and supported to be involved as they wish to be in decisions about their care.
<b>Evidence</b>	<p>SCAS ensures patients receive the appropriate treatment in the most suitable place, at the best time and by the appropriate practitioner. Emergency care is continuously changing with the increasing numbers of emergency calls not dealt with in the community, rather than at hospital. The decision as to whether patients do, or do not need to be conveyed to hospital, they admit is challenging, but their policy is designed to minimise risk and provide appropriate support for their staff. Where the patient has a cognitive or mental health disability, assessments would be done by a GP or at a hospital.</p> <p>Policy referred to and evidenced is Care Pathway Non Conveyance policy and procedure.</p> <p>Additionally the patient survey indicates that indeed people are informed and supported to be involved as they wish to be in decisions about their care.</p>
<b>Comments</b>	Managers receive a full day's training. The rest of the staff receives 2 hours induction which is renewed every 2 years. This was felt to be

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	“skimpy”.
<b>Grading 2</b>	Achieving overall
<b>What, if any, recommendations would you suggest that might improve involvement for individuals with protected characteristics</b>	<p>1) Review the training given to assess its adequacy with a view to increasing the number of hours and frequency.</p> <p>2) Ensuring discreet information is passed on with empathy and respect.</p>

<b>Outcome 4</b>	<b>People’s complaints about services are handled respectfully and</b>
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	<b>efficiently.</b>
<b>Evidence</b>	As well as the patient experience team SCAS has a robust patient and public experience policy setting out how the Trust deals with concerns and complaints. All complaints are investigated by trained managers, the findings and conclusions monitored by the Patient experience team manager who reports to the Patient experience review group.  Evidenced by: Patient and Public Experience Policy Complaint Investigation Guidance Duty of Candour Policy PSED report
<b>Comments</b>	The Panel were confident that the appropriate process was in place to deal robustly with complaints and by solutions being arrived at, the demonstration of “respectful” can legitimately be assumed.
<b>Grading 4</b>	<b>Achieving (40% selected Excelling)</b>
<b>What, if any, recommendations would you suggest that might improve SCAS complaints process?</b>	What might seem like a minor issue to a large organisation may be very wounding to someone in distress. Some may not have the confidence to complain or question. Must not make assumptions and cannot be complacent as although recorded evidence shows a positive outcome, there may still be dissatisfaction.

Overall, the panel were very impressed with the attention and work SCAS are putting towards meeting their E&D duty. They have been thorough, and it has been clear to us that they have a wealth of insight and experience in this area. Where there is room for improvement, it is not for lack of intent. We would suggest awareness campaigns as simple as role modelling or championing and reviewing their depth and frequency of their training programmes.

We look forward to seeing SCAS remain steadfast to their commitment to equality and diversity and share their knowledge and experience across the sector.

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## **SOUTH CENTRAL AMBULANCE SERVICE (SCAS) EQUALITY DELIVERY SYSTEM CONSULTATION IN MILTON KEYNES**

### **FEEDBACK Report – 22 March 2016**

#### **1. Overview**

The revised Equality Delivery System (EDS) grading meeting with a panel of local BAME stakeholders in Milton Keynes was held at Milton Keynes College on 22 March 2016. The grading was coordinated by the Equality and Human Rights Manager (EHRM) at SCAS. He explained that the revised EDS covered service and workforce issues in a more simplified way. The aim was that equality and diversity should drive organisational performance and also comply with the Equality Act 2010.

The grading was related to the following Equality Delivery System (EDS) goals:

EDS Goal 3 – A representative and supportive workforce

EDS Goal 4 – Inclusive Leadership

#### **2. Feedback on EDS Goal 3 – A representative and supportive workforce**

##### **2.1 Outcome 1 - Recruitment and selection processes lead to a more representative workforce at all levels.**

**Focus: Can SCAS demonstrate that staff from protected groups experience inclusive and equitable recruitment and selection processes within all occupations and grades.**

##### **2.1.1 Evidence presented**

Representative statistics across protected groups showing workforce profile and representation across all levels.

##### **2.1.2 Issues**

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Inclusive and equitable issues can be across pay bands, specific professional and care settings. For excellent practice information is required which shows protected groups fare well compared to their numbers in the local population.

The mix of the workforce from age to working patterns seems to be reflective of good practice, however Black and Minority Ethnic (BAME) representation was seen as poor especially at higher levels of the organization.

It was recognized that some groups may not feel comfortable to declare religion.

SCAS has been a part of the 2 Tick Disability scheme for a number of years. Every effort will be made to redeploy employees if they become disabled during the course of their work.

### 2.1.3 Grading awarded

Undeveloped	
Developing	8
Achieving	3
Excelling	

## 2.2 Outcome 2 - The NHS is committed to equal pay for work of equal value and expects employers to use audits to help fulfil their legal obligations.

**Focus: Can SCAS demonstrate that staff from protected groups benefit from equal pay.**

### 2.2.1 Evidence presented

Agenda for Change (A4C) terms and conditions

### 2.2.2 Issues

The A4C system inherently ensures equal pay for clinicians but there are no equal pay audits for non-clinicians.

### 2.2.3 Grading awarded

Undeveloped	
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Developing	5
Achieving	12
Excelling	

**2.3 Outcome 3 - Training and Development opportunities are taken up positively evaluated by all staff.**

Focus: Can SCAS demonstrate that training and development opportunities are taken up and positively evaluated by all staff (protected characteristics).

**2.3.1 Evidence presented**

Training and development opportunities across protected groups showing take up. Selection of courses can be analysed for take up from protected groups, particularly those training opportunities which are likely to enhance career opportunities.

**2.3.2 Issues**

Best practice would be apparent when staff members from all protected groups fare as well as the overall workforce.

There was weak recording keeping of training data by protected groups, this would be a key objective for the months/years ahead.

It was recognized that courses must benefit the organization as well as the individual

**2.3.3 Grading awarded**

Undeveloped	
Developing	5
Achieving	12
Excelling	

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## **2.4 Outcome 4 - When at work, staff are free from abuse, harassment, bullying and violence from any source.**

Focus: Can SCAS demonstrate that staff are protected from harassment, bullying and violence from any source (protected characteristics)

### **2.4.1 Evidence presented**

Statistics on grievances and other HR policies. Sources of evidence were identified as NHS staff survey, local workforce data and monitoring of grievance and disciplinary policies. Statistics showed that there were a minimal number of grievances in 2015/16.

### **2.4.2 Issues**

Care should be taken that cases may be logged as grievance even if only the first stage of grievance resolution to resolve issues informally and locally.

If individual behaviours are not appropriate then advice and training was available, although this is also part of induction training.

### **2.4.3 Grading awarded**

Undeveloped	
Developing	8
Achieving	9
Excelling	

## **2.5 Outcome 5: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives**

Focus: Can SCAS demonstrate that it provides flexible working for all staff consistent with the needs of the service and the way people lead their lives (protected characteristics)

### **2.5.1 Evidence presented**

Flexible working policy

### **2.5.2 Issues**

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General and specific needs within protected groups needs consideration e.g. family friendly working policies.

It was recognized that managers should not automatically offer flexible working without recourse to the needs of service and patients.

There was training available for managers on their role and responsibilities.

### **2.5.3 Grading awarded**

Undeveloped	
Developing	6
Achieving	11
Excelling	

## **2.6 Outcome 6: Staff report positive experiences of their membership of the workforce.**

**Focus: Can SCAS demonstrate that staff report positive experiences of their membership of the workforce**

### **2.6.1 Evidence presented**

The NHS constitution, staff survey and HR policies all provide basis of evidence for grading.

### **2.6.2 Issues**

Although a high number of staff would recommend the ambulance service to a friend if they needed care the panel wanted to see more data on how this transpires overall.

### **2.6.3 Grading awarded**

Undeveloped	
Developing	8
Achieving	9
Excelling	

## **3. Feedback on EDS Goal 4 – Inclusive Leadership**

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### **3.1 Outcome 1: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations**

Focus: Do Board members and senior leaders communicate their vision for services and workplaces that are personal, fair and diverse within the organisation and beyond to the wider health and care system

#### **3.1.1 Evidence presented:**

SCAS has an Equality and Human Rights Manager who leads on the strategic development, implementation and mainstreaming of the Equality, Diversity and Human Rights Agenda

A workforce report identifying Equality and Diversity issues to be addressed is presented to the Board every 6 months – the Board usually responds to this with priorities for action.

The SCAS Equality and Diversity Steering Group is chaired by the Chief Executive of the organisation, and membership consists of Directors of SCAS and representatives from Community Organisations.

The Equality and Diversity Working Group is chaired by the Equality and Human Rights Manager.

#### **3.1.2 Issues**

BAME applicants are routinely shortlisted and interviewed but no appointments are made. Accordingly, the recruitment process needs to be addressed particularly in relation to the cultural differences between recruitment panel members and applicants, as this can have an impact on appointments.

There is a need to ensure that recruitment panels have had Equal Opportunities training.

The Equality and Human Rights Manager (EHRM) has responsibility for a range of Strategic and Operational measures related to Equality and Diversity. However, he works alone and it is felt that equality and diversity has not been incorporated into the key functions of SCAS. There is a risk that if this manager leaves the organisation, there will be severe continuity issues. To address this the EHRM is developing a member of staff by providing mentoring, training etc.

### 3.1.3 Grading awarded

Undeveloped	
Developing	
Achieving	13
Excelling	

## 3.2 Outcome 2 – Papers that come before the Board and other major committees identify equality-related impacts including risks, and how these risks are to be managed

**Focus: Can SCAS demonstrate that the Board and other committees identify equality impact related issues and risks and say how these risks are to be managed.**

### 3.2.1 Evidence presented

The SCAS equality and diversity steering group meets quarterly and reports to the Board. Key strengths and weaknesses related to equality and diversity are reviewed by the steering group and improvements are agreed which feed into annual action plans. Progress on the implementation of these plans are reported to the Board annually.

### 3.2.2 Issues

There seem to be insufficient opportunities to identify and manage equality and diversity issues and risks throughout the year. Other committees may not have opportunities to identify and resolve equality impact related issues.

### 3.2.3 Grading awarded

Undeveloped	
Developing	
Achieving	13
Excelling	

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### **3.3 Outcome 3 – Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination**

Focus: Can SCAS demonstrate that managers support their staff to work in culturally competent ways within a work environment free from discrimination.

#### **3.3.1 Evidence presented**

SCAS has established and supports the LGBT network of staff which celebrates the culture and contributions of LGBT staff within the organisation.

SCAS is signed up to the 2 Tick Disability Symbol and is committed to interview all applicants with a disability who meet the minimum criteria for the job, ensure there is a mechanism in place to discuss issues faced by staff with disabilities, ensure that any employee who becomes disabled remains in employment, provide training for all staff and managers to develop appropriate levels of disability awareness, make reasonable adjustments for staff with disabilities.

SCAS is signed up to the Blue Light Resilience programme which offers free mental health resilience courses to staff employed in the emergency services.

SCAS has a robust Dignity at Work Policy to protect all staff and operates a zero tolerance approach to bullying, harassment and any form of discrimination.

All SCAS policies are impact assessed by the EHRM.

#### **3.3.2 Issues**

There were no relevant issues identified for action.

#### **3.3.3 Grading awarded**

Undeveloped	
Developing	
Achieving	12
Excelling	

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#### 4. Conclusion

The panel of local BAME community representatives in Milton Keynes felt that the evidence presented indicated that SCAS is making significant progress in achieving the outcomes of the two goals discussed. However, there are some overarching areas for action namely (not in any particular order) :

- Succession planning for the delivery of the EDS;
- Addressing any organisational barriers which affect the recruitment and appointment of BAME individuals at senior levels;
- Explore ways in which staff feel comfortable declaring their equality data for monitoring purposes;
- Keeping record of training and development take-up by protected characteristic;
- Ensure all grievances, even if resolved informally, are logged;
- Frequency of senior level meetings with a focus on equality and diversity.

SCAS and MKEC are grateful for the contributions made by the panel. The participant profile is attached as Appendix 1.

#### APPENDIX 1: PARTICIPANTS PROFILE

Bangladeshi	3
Caribbean	2
Chinese	1
Pakistani	1
Sikh	1
Somali	2
West Africa	2
<b>BAME total</b>	<b>12</b>
White British	3
Age	1
Disability	1
SCAS	3
Total	17

**EDS Goal 1- Better Health Outcomes for all**

**Appendix 4**

<b>REF</b>	<b>Outcome</b>	<b>Focus</b>	<b>Lead for Action</b>	<b>Protected Groups</b>	<b>Evidence</b>	<b>Timescales</b>
1.1	Services are designed and procured to meet the health needs of local communities.	Demonstrate that local communities' health needs are being met.	E&D Lead/Steering & Working group	All Protected Groups	Evidence of service design for local health needs	Community assessment March 2016
1.2	Individual people's health needs are assessed and met in appropriate and effective ways.	Demonstrate that people's health needs are assessed and met in an appropriate and effective way.	E&D Lead/Steering & Working group	All Protected Groups	Evidence that health needs are met in an appropriate and effective way.	Community assessment March 2016

**EDS Goal 1- Better Health Outcomes for All**

REF	Outcome	Focus	Lead for Action	Protected Groups	Evidence	Timescales
1.3	Transition from one service to another, for people on care pathways, is made smoothly with everyone well – informed.	Demonstrate that patient care pathway is made smoothly with everyone well informed.	E&D Lead/Steering & Working group	All Protected Groups	Evidence of patient informed and consent for transition	Community assessment March 2016
1.4	When people use SCAS service their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Demonstrate that the safety of service users is prioritised.	E&D Lead/Steering & Working group	All Protected Groups	Insufficient evidence of safeguarding, Patient Experience review group.	Community assessment March 2016
1.5	Screening, vaccination and other Health promotion services reach and benefit all local communities.	SCAS does not provide screening and vaccination.	E&D Lead/Steering & Working group	All Protected Groups	Evidence of health promotion services for local	Community assessment March 2016

**EDS Goal 2- Improved Patient access and experience EDS2 March 2016**

REF	Outcome	Focus	Lead for Action	Protected Group	Evidence	Timescales
2.1	People, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Demonstrate that patients, carers & communities from protected groups can readily access services, and are not denied access on unreasonable grounds.	E&D Lead/Steering & Working group	All Protected Groups	Evidence of provision of service irrespective of protected characteristics and reasonable adjustments for PC.	Community assessment March 2016
REF	Outcome	Focus	Lead for Action	Protected Groups	Evidence	Timescales
2.2	People are informed and supported to be involved as they wish to be in decisions about their care.	Demonstrate that people are informed and supported to be involved in decisions about their care.	E&D Lead/Steering & Working group	All Protected Groups	Evidence of patient informed and consent for transition/care	Community assessment March 2016

2.3	People report positive experiences of the NHS	Friends and family/ patient survey.	E&D Lead/Steering & Working group	All Protected Groups	PERG data/Friends & Family test/surveys	Community assessment March 2016
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2.4	People's complaints about services are handled respectfully and efficiently	Demonstrate that complaints about services are handled respectfully and efficiently.	E&D lead Steering & Working group	All Protected groups	Evidence of PSED/PERG Duty of Candour policy. SOP Complaint.	Community assessment March 2016
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### EDS Goal 3- A Representative and Supported Workforce

REF	Outcome	Focus	Lead for Action	Protected Groups	Evidence	Timescales
3.1	Recruitment and selection processes lead to a more representative workforce at all levels.	Demonstrate that staff from protected groups experience inclusive and equitable recruitment and selection processes within all occupations and grades.	E&D lead Steering & Working group	All Protected groups	Insufficient evidence to support equitable recruitment and selection process for all PC. Under representation BME staff in recruitment and selection process.	Community assessment March 2016
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.	Demonstrate that staff from protected groups benefit from equal pay.	E&D lead Steering & Working group	All Protected groups	Evidence of equal pay for all staff irrespective of PC. Equal pay audit required.	Community assessment March 2016

**EDS Goal 3- A Representative and Supported Workforce**

REF	Outcome	Focus	Lead for Action	Protected Groups	Evidence	Timescales
3.3	Training and development opportunities are taken up and positively evaluated by all staff.	Demonstrate that training and development opportunities are taken up and positively evaluated by all staff (protected characteristics)	E&D lead Steering & Working group	All Protected groups	Evidence that SCAS provides training and development opportunities to all irrespective of PC.	Community assessment March 2016
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.	Demonstrate that staff are protected from harassment, bullying and violence from any source. (protected characteristics)	E&D lead Steering & Working group	All Protected groups	Evidence of zero tolerance, Dignity at work policy low reported cases.	Community assessment March 2016

**EDS Goal 3- A Representative and Supported Workforce**

REF	Outcome	Focus	Lead for Action	Protected Groups	Evidence	Timescales
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	Demonstrate that it provides flexible working for all staff consistent with the needs of the service and the way people lead their lives. (protected characteristics)	E&D lead Steering & Working group	All Protected groups	Workforce data evidencing flexible working for all staff irrespective of PC.	Community Assessment March 2016
3.6	Staff report positive experiences of their membership of the workforce.	Demonstrate that staff report positive experiences of their membership of the workforce.	E&D lead Steering & Working group	All Protected groups	Friends and family test/ survey results	Community Assessment March 2016

**EDS Goal 4-Inclusive leadership**

<b>Ref</b>	<b>Outcome</b>	<b>Focus</b>	<b>Lead for action</b>		<b>Evidence</b>	<b>Timescales</b>
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Do senior leaders communicate their vision for services and workplaces that are personal, fair and diverse within the organisation and beyond to the wider health and care system?	E&D lead Steering & Working group	All Protected groups	Working group/Steering group minutes, Board minutes/JCC minutes	Community assessment March 2016
4.2	Papers that come before the Board and other major committees identifying equality-related impacts including risks, and how these risks are to be managed.	Can SCAS demonstrate that the Board and other committees identify equality impact related issues and risks and say how these risks are to be managed?	E&D lead Steering & Working group	All Protected groups	Working group/Steering group minutes, Board minutes/JCC minutes	Community assessment March 2016

3.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Can SCAS demonstrate that managers support their staff to work in a culturally competent way within a work environment free from discrimination?	E&D lead Steering & Working group	All Protected groups	Dignity at work, LGBT 2Tick Disability, Staff Matters	Community assessment March 2016
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**Key**

Colour	
Pink	Excelling
Green	Achieving
Orange	Developing
Red	undeveloped