



Equality Act 2010 Compliance Report 2016 - 2017

The Public Sector Equality Duty

The public sector Equality Duty (section 149 of the Act) came into force on 5 April 2011. The Equality Duty applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.

The Equality Duty is supported by a specific duty, set out in regulations which came into force on 10 September 2011. The specific duties require SCAS to publish relevant, proportionate information demonstrating our compliance with the Equality Duty; and to set and publish specific equality objectives, at least every four years.

The duty to publish information relates primarily to our workforce and our service users, SCAS analyse and publish workforce data twice a year and the data for the last 12 months can be found on our website, the reports covers all protected characteristics and includes applications, short listings and appointments to posts by ethnicity, age, gender and sexual orientation.

EDS 2

The Equality Delivery System² (EDS²) was introduced by NHS England 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.

At the heart of the EDS² is a set of 18 equality outcomes grouped into four goals. These outcomes focus on the issues providing most concern for patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and actions determined.

The four EDS goals are:

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

EDS2 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 grades 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.

How SCAS implemented the Equality Delivery System2

At the heart of the EDS2 is the requirement for “meaningful engagement” with stakeholders, in order to achieve this we 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 Equality Forum in the south.

These organisations assist SCAS to reach all sections of the communities we serve, for the EDS2 grading our stakeholders recruited 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 variety of views across the protected groups. The assessments were held in March 2016.

EDS2 goal 1- “Better health outcomes for all” was hosted by Healthwatch Reading, there were five outcomes be considered and graded. Overall the feedback was positive with 4 outcomes graded green (achieving) and 1 graded amber (developing). SCAS was considered to have done some excellent work generally.

EDS2 goal 2- “Improving patient access and experience” was hosted by Hampshire Independent Equality Forum, there were four outcomes to consider. The overall feedback from the group was positive, with 4 greens (achieving).

EDS2 goal 3 & 4- “A representative and supported workforce” and goal 4 “Inclusive leadership” was hosted by Milton Keynes Equality Council, there were 9 outcomes to consider. The overall grading was 8 green (achieving) with 1 orange (developing).

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

Monitoring – all Equality Aspects

In March 2016 the Board approved the publication of its objectives for the next four years, the objectives set are those identified by our community grading panels as being developing. SCAS will report on the published objectives annually from April 2017.

Monitoring of the Equality and Diversity agenda will be a priority for SCAS and the objectives/ action plans identified by the grading panels will be reviewed on a regular and 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 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 by the Equality and Diversity Steering Group and analysis of this information will be made available within Board minutes. Policy and future developments will be disseminated to the Equality and Diversity Steering Group via the Executive Director for Human Resources and Organisational Development, in conjunction with the Equality and Diversity Manager.

The “Unique Selling Point” of SCAS in terms of equality is its commitment to accountability and transparency, staff side and community stakeholders are empowered to challenge and monitor our commitment to the equality agenda by taking their place on the equality and diversity steering group chaired by the CEO of SCAS. This demonstrates that the organisation can and does expect to be influenced by its workforce and the wider community, but more importantly it illustrates that the equality agenda is valued at the highest level of the organisation.

South Central Ambulance Service Equality Data

SCAS in keeping with its Equality duty seeks to harvest equality data from a range of sources, specifically; we record data on ethnicity, gender, age, religion/belief, pregnancy, sexual orientation and disability from our Patient Clinical Record. For the year ending 31st March 2017 SCAS attended 483,125 calls to patients. The patient equality data is as follows:-

Age Group

Category	Count	% of total
0-10	30,216	6.25%
11-20	28,701	5.94%
21-30	45,353	9.38%
31-40	37,867	7.83%
41-50	41,407	8.57%
51-60	44,665	9.24%
61-70	49,562	10.25%
71-80	71,431	14.78%
81-90	93,316	19.31%
91-100	32,544	6.73%
101-120	673	0.13%
111-120	2	0.00041%
Not Recorded	7388	1.52%
Total	483125	100.00%

Ethnicity

Category	Count	% of total
Asian Other	723	0.14%
Bangladeshi	160	0.033%
Black African	284	0.0058%
Black Caribbean	235	0.0048%
Black Other	550	0.11%

Chinese	225	0.046%
Indian	1,161	0.24%
Mixed Other	267	0.05%
Mixed White/Asian	189	0.039%
Mixed White/Black African	517	0.10%
Mixed White/Black Caribbean	261	0.054%
Not Stated	75725	15.67%
Other Ethnic Group	570	0.11%
Pakistani	1,200	0.024%
White (British)	128611	26.62%
White (Irish)	531	0.10%
Other white	4211	0.87
Not recorded	267705	55.41%
Total	483125	100%

The collection of protected characteristic data is vital for demonstrating that the Trust is meeting the needs of its diverse communities, it also provides an opportunity to identify patterns of health issues affecting different protected characteristics and identify possible complaint trends. The recorded ethnicity data for the Trust at the end of March 2016 was 62.68%, for the period ending 31 March 2017 it now stands at 44.6%, a fall of 18%. Overall the “not recorded” data has increased across all protected characteristics.

Sexual Orientation

Category	Count	% of total
Bisexual	482	0.09%
Gay	415	0.08%
Heterosexual	25,889	5.35%
Lesbian	71	0.014%
Refused/Declined	81248	16.81%
Not stated	95665	17.73
Not Recorded	279355	57.82%
Total	483125	100%

Disability

Category	Count	% of total
No	74581	15.43%
Yes	15982	3.33%
Not recorded	392562	81.25%
Total	483125	

Religion

Category	Count	% of total
Atheism	1852	0.38%
Buddhism	206	0.04%
Christianity	12911	2.67%
Hinduism	272	0.056%
Islam	969	0.20%
Judaism	58	0.012%
Other	4216	0.87%
Refused/Declined	84222	17.43%
Not Recorded	378419	78.32%
Total	483125	100.00%

Pregnancy

Category	Count	% of total
No	2513	0.50%
Yes	117177	24.25%
Not recorded	363435	75.25%
Total	483125	

Gender

Category	Count	% of total
Female	253786	52.53%
Male	222607	46.54%
Not Recorded	6732	0.91%
Total	483125	100.00%

Year on Year comparison patient experience

4.1 Comparison of PE contacts received 2011 – 2017

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Complaints	169	196	382	599	664	465
Concerns/HCP	544	604	708	804	647	2418
Compliments	758	744	889	914	1071	1322
Total PE Contacts	1471	1544	1979	2317	2382	4205

The increase in PE contacts reported from November 2016 is largely due to the increased numbers of Healthcare Professional (HCP) feedback now being recorded on the Trust's Datix central reporting system.

The total number of formal complaints and informal concerns received over the previous 12 month period has remained consistent at around 100 per month.