

## Sharing the Learning – Implementing the Equality Delivery System for the NHS – EDS/EDS2

Your details	
<b>Organisation:</b>	South East Coast Ambulance Service NHS Foundation Trust Provider of 999, 111 and patient transport services
<b>Job title:</b>	Inclusion Manager
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What are your organisation's Equality Objectives? If published, please include the web link:	<a href="http://www.secamb.nhs.uk/about_us/inclusion_equality_diversity/equality_objectives_2012-15.aspx">http://www.secamb.nhs.uk/about_us/inclusion_equality_diversity/equality_objectives_2012-15.aspx</a>

Title of Case Study:	
<b>An integrated approach to implementing the EDS and Inclusion Strategy</b>	
Which EDS Goal does your case study relate to? <i>Please tick all that apply</i>	Which protected characteristic(s) are covered by your case study? <i>Please tick all that apply</i>
<input checked="" type="checkbox"/> Better health outcomes <input checked="" type="checkbox"/> Improved patient access and experience <input checked="" type="checkbox"/> A representative and supported workforce <input checked="" type="checkbox"/> Inclusive leadership	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input checked="" type="checkbox"/> Gender reassignment <input checked="" type="checkbox"/> Marriage and civil partnership <input checked="" type="checkbox"/> Pregnancy and maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion or belief <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual orientation
Background information about EDS activity in your organisation:	
<i>Include a brief summary of how EDS/EDS2 is implemented in your organisation, including positives and challenges, e.g. joint grading with local interests etc.</i>	
We saw the introduction of the NHS Equality Delivery System (EDS) as an opportunity to embed Inclusion, Equality and Diversity within the organisation. We embarked on the process of transition from an existing Single Equality Scheme to the EDS in tandem with consultation to develop a new Inclusion Strategy which would	

bring together several different elements. These elements were equality and diversity, patient and public engagement, governor and membership engagement and involvement (patient, public and staff).

In September 2011 our Board took the decision to fully adopt the EDS alongside the consultation process to develop our Inclusion Strategy. During our consultation process we asked our stakeholders who they thought should be involved in EDS and they defined our community of interest. We held two large scale consultation workshops and a series of 10 focus groups with representatives from seldom heard communities, ensuring representation of all protected characteristics. Following this, we developed a survey to test out what we had heard and provided the opportunity for a further 600 people to tell us if they agreed with the initial outcomes or had anything else to add. A further workshop was held to agree the process for EDS and to draft the Inclusion Strategy.

The community of interest defined during the consultation, attended a planned two day workshop in March 2012 to undertake EDS grading, including a half day training session and attended another separate day to agree our Equality Objectives and prioritise action plans.

Representatives involved in the EDS and consultation process subsequently attended a workshop which resulted in the draft version of the new Inclusion Strategy.

The Inclusion Strategy received Board approval in May 2012 and clearly defined criteria for an Inclusion Hub Advisory Group (our community of interest). Members were recruited with a minimum expectation of attending a minimum of four, full day Inclusion Hub Advisory Group meetings and two EDS workshops a year (one for grading and one for Equality Objectives).

The purpose of the Group is to provide advice and make recommendations to the Trust, and report to the Inclusion Working Group about:

- Undertaking the Equality Delivery System process, by acting as the Trust's Community of Interest.
- Implementing and measuring the success of the Trust's Inclusion Strategy.
- Embedding involvement and engagement in the Trust.
- Working with stakeholders in an effective, integrated way.
- Advise when stakeholder involvement is beneficial and necessary.
- Involving relevant stakeholders at the appropriate time and in appropriate ways.

### **What are you proud of and how has this benefited patients and/or staff?**

*Include any outcomes for patients, communities or staff.*

We are especially proud that our approach provided a sound, integrated process that enabled us to establish a community of interest that could work with us in the longer term and identify mechanisms that would support and develop the skills, knowledge and expertise of members to help overcome the geographical challenges we face. Our consultation and engagement process delivered a strategy that enabled us to identify goals, priorities and actions to reduce health inequalities and improve health outcomes for all - cost-effectively and without duplication.

This approach has enabled us to agree meaningful, measurable equality objectives and track our progress against EDS outcomes. As a result we have had expert advice on the planning and delivery of involvement and engagement activity, monitoring and making recommendations on the progress of the EDS Action Plan, as well as participating in the annual EDS Review/Grading, which includes a review of the Trust's Equality Objectives.

There is a growing list of impressive achievements including:

- Development of a communication card for use by people with learning disabilities;
- Advising on the content of a patient information leaflet to be given to patients who are not conveyed to hospital;
- Creating a transgender policy for the trust's staff and patients, and developing training for call-takers on providing the best possible service to transgender callers;
- Providing feedback on the plans for new Ambulance Operational Centres, which incorporate Make Ready, Centres to ensure they are accessible to all.
- Setting up a virtual equality analysis reference group, comprising a diverse mix of Trust FT Members.
- Delivered a number of 'Expert by Experience' workshops, specifically aimed at improving health outcomes for Gypsy and Traveller, Transgender and Learning Disability communities.

#### **How was this achieved?**

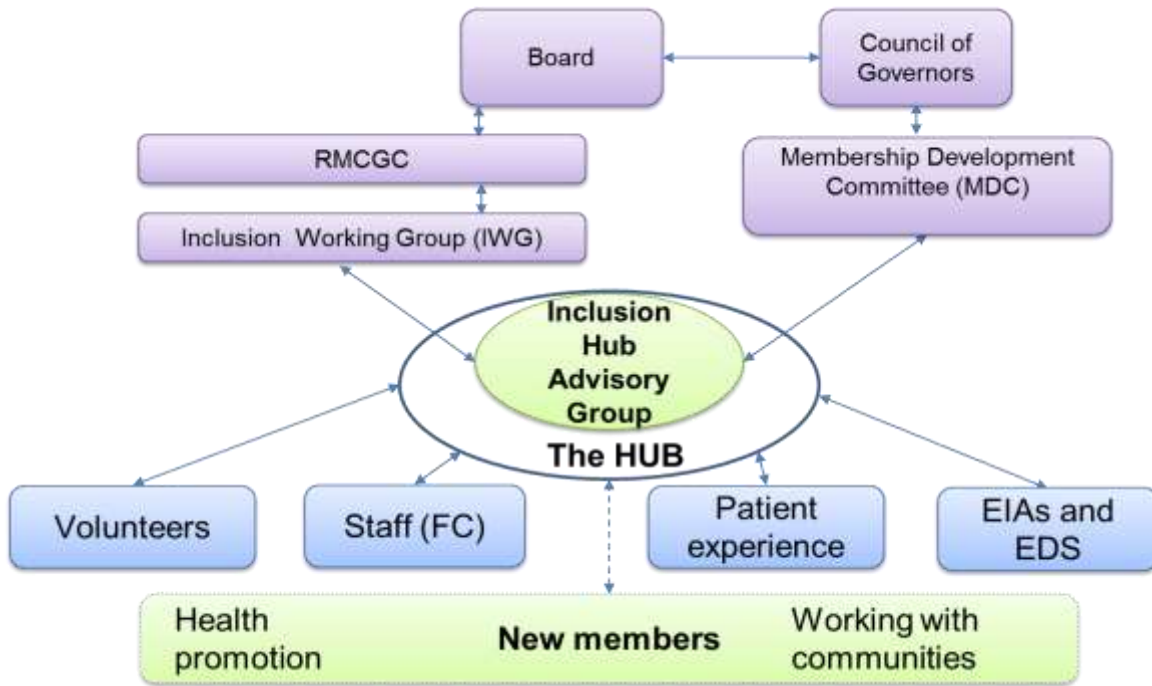
*Include any challenges or barriers to overcome, any partnership working or creative and innovative approaches.*

Developing our Inclusion Strategy in tandem with the adoption of the EDS enabled us to set up our Inclusion Hub Advisory Group integrated into Trust structures to provide meaningful communication out of, and into the organisation adding real value for patients. It also provided for a staff equivalent (our Foundation Council) to provide advice on matters relating to staff and achieving a representative and supported workforce.

A huge challenge for us as an ambulance service has always been the large geographical area we cover. We operate out of 65 sites, have six Healthwatch and Local Authorities and a significant number of other stakeholders to consider. Another significant challenge was in ensuring the diverse criteria of membership for the Inclusion Hub Advisory Group (IHAG). Following initial recruitment, a small number of gaps against the membership criteria, were identified. These were Gypsies and Travellers, Transgender people and people with Learning Disabilities. To overcome this, we established formal partnerships with three organisations that work closely with these groups/communities and nominated representatives from each organisation are members of the IHAG to ensure the needs and views of those they support are routinely and appropriately considered in all our work. Membership criteria is regularly reviewed to maintain the integrity of the group's membership.

To ensure a joined up approach representatives of the IHAG and our Staff Foundation Council are members of the Trust's Inclusion Working Group, providing two-way flow

of information. The IWG reports to the Risk Management and Clinical Governance Committee of the Trust Board, and through this to the Board itself. Similarly the IHAG reports to the Council of Governors (COG) via the Council’s Membership Development Committee. In this way the IHAG is able to access the Trust’s wider membership and engage with them in the ways they have told us suit them. Earlier this year, following advice from the IHAG the Trust held three ‘Think you know your ambulance service’ engagement events, one in each County. Over 300 people attended and this also provided a platform for Governors to meet with their constituents.



There are four sub hubs of the IHAG shown above and Governors are involved in these. Most importantly the Staff Foundation Council is attended by the Staff-Elected Governors and provides the opportunity for them to engage with their constituents in a meaningful way.

**Top tips:**

*What learning could other organisations take from your example above?*

The IHAG is carefully embedded within the Trust’s structures, and is directly linked into the Trust’s internal Inclusion Working Group (IWG) consisting of senior managers who have responsibility for Inclusion, Equality and Diversity in their area of work. The IHAG advise on stakeholder engagement necessary to deliver effective service developments, or projects, at the appropriate stage(s) of their development. This enables us to consider equality and human rights objectives early and throughout all projects and programmes with the aim of delivery better outcomes and improving patient access and experience. One of the recent achievements saw the training and establishment of a virtual Equality Analysis reference panel. Members, recruited from our wider membership, are a diverse range of volunteers, working with us to improve the quality of our services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups.

If we had to highlight one element of the process to recommend to others, it would be to ensure the right people are involved and supported to take part, checking with your communities who they think the right people are. In this way, you can be confident you have a valid 'community of interest' that represents all protected characteristics. We worked with groups in ways they told us worked for them – for example attending coffee mornings for people with dementia and their carers, and targeted focus groups for people with learning disabilities etc.

We recognised the EDS provided us with an opportunity to look again at how we engaged and involved in general. We made implementing the Inclusion Strategy and EDS cost-effective as part of a reorganisation to meet multiple aims, avoiding duplication, and created simple, accountable structures to ensure the delivery of our Equality Objectives. It also enables our community of interest to hold us to account on an on-going basis to deliver real improvements for all. Finally, given the context in which we are working, this approach streamlines our efforts and delivers benefits for the Trust as well as our patients.

A full copy of the Inclusion Strategy 2012 to 2016 is available on our website:

<http://www.secamb.nhs.uk/pdf/Inclusion%20Strategy%20May2012.pdf>