LONDON AMBULANCE SERVICE NHS TRUST

SMG Date of Meeting: 14 March January 2012

IMPLEMENTATION OF THE NEW NHS EQUALITY DELIVERY SYSTEM – FOLLOW-UP REPORT

1.INTRODUCTION

SMG formally approved the adoption by the Trust of the new NHS Equality Delivery System (EDS), an optional equalities framework for the NHS intended to support NHS organisations in improving their equality performance and mainstreaming equalities, in January 2012.

SMG agreed to oversee the implementation of the Equality Delivery System in the Trust, to ensure that this work is properly mainstreamed into the business planning of the Trust, as required.

In line with the Equality Act 2010 Public Sector duty requirement on the Trust, relevant equalities information was published by 31 January 2012, which also provided evidence for stakeholders to evaluate the Trust's performance vis-a-vis the eighteen outcomes of the EDS.

It was agreed that stakeholders, including patients, service users and staff be asked to respond to an engagement survey, seeking agreement to the four draft equality objectives proposed, spanning each of the four national NHS goals:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

Further feedback was to be sought through a special Members' Meet event on March 1, comprising a wide range of participants from protected characteristic groups, at which Members were asked to provide their views on the Trust's proposed draft equality objectives. Feedback was also sought from the Patients' Forum/LINks representatives. The Trust's approach was approved by the NHS London Equality Lead.

In line with the Equality Act 2010 Public Duty, the Trust is required to publish its agreed equality objectives by April 6 2012.

2. FEEDBACK FROM ENGAGEMENT SURVEY OF STAKEHOLDERS

The following feedback was received on the Trust's proposed equality objectives for each of the four National EDS goals:

EDS Goal 1 – Better health outcomes for all
Trust equality objective: We will ensure that the satisfaction rates with our Patient Transport Service are equitable for both women and men using the service.

No. of respondents agreeing - 26
No.of respondents disagreeing - 6

EDS Goal 2 – Improved access and experience
Trust equality objective: We will improve the process for capturing equalities data in the area of patient complaints to ensure that more than 50 percent of complainants have provided relevant details and begin to monitor trends in complaints from black and minority ethnic (BME) service users in 2012/13.

No. of respondents agreeing - 26
No. of respondents disagreeing - 3

EDS Goal 3 – Empowered, engaged and well-supported staff
Trust equality objective: We will act on the results of the staff survey and develop both corporate and localised actions to improve key problems identified by 2016.

No. of respondents agreeing - 27
No. of respondents disagreeing - 5

EDS Goal 4 – Inclusive leadership
Trust equality objective: The Equality and Inclusion Steering Group will appoint champions for each of the protected characteristic groups (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, religion or belief, sex, sexual orientation) by 2014, to ensure that the interests of these groups are protected and promoted with regard to staff, patients, service users and other stakeholders in line with the requirements of the Equality Act 2010.

No. of respondents agreeing - 25
No. of respondents disagreeing - 5

3. FEEDBACK FROM MEMBERS' MEET

A special Members' Meet was held on March 1 2012, attended also by Patients' Forum/LINks representatives, at which an overview of the EDS was provided, including the Trust's progress and involvement in this so far, with an opportunity for questions and answers.

Table facilitation was held on three of the Trust's draft equality objectives; unfortunately, due to circumstances arising beyond control, it was not possible to hold a table facilitation on the fourth objective; however, stakeholders were requested to provide any feedback they had to the Equality and Inclusion Team.

Following very lively discussions, the following feedback was provided:

EDS Goal 1 – Better health outcomes for all
Trust equality objective: We will ensure that the satisfaction rates with our Patient Transport Service are equitable for both women and men using the service.

- What are the health outcomes? How will we see that women vs men are happy with outcomes? Need to know more about it. Certain complaints affect men and other women. Better outcomes.

- Why not mentioning all 9 protected groups? Need to try. Would like healthcare partner to give us NHS numbers to allow us to Monitor. Gender is easier for self monitoring.

- Look at complaints we've had and monitor those? Only had 19 last year, not enough.

- Why do we offer PTS when NHS London happy to pay 85%. NHS should be collecting the data.

- Why do NHS London not make sure this measuring is done across the board?

- Savoy told that patient had died came to pick her up 3 times.

- Have there been any areas or culture who have concerns of OTS – find out.

- LAS provide 15% of PTS, what can public do to get LAS higher percentage? Other providers were not as good.

- Need more feedback from patients, ask drivers to handout feedback forms?

- Can we not include other areas of LAS (blue lights etc). If possible to extend to A&E services. An explanation was given how the Trust collects info on PRFs.

- Include one group that is difficult to assess. Need evidence that we have tried even if we fail.

- Why are we focusing on gender? Has there been feedback from men/women? Introduce after service survey. Are they satisfied etc?

- Civil partners being excluded from decisions. Married couples seem to have more rights. Religion to look into though.

- Wheelchair user, age groups are some happier than others?

- Happy with ideas of a push button idea of satisfied or not in PTS vehicles.

- Not just at time of service that we should get feedback.

This objective was not agreed in its present form.

Participants felt that this objective should be extended to include other areas, e.g. A&E frontline services as well or that the Trust should include another one of the nine protected characteristic groups, preferably a "harder" one such as sexual orientation, to make the objective more challenging.

EDS Goal 3 – Empowered, engaged and well-supported staff
Trust equality objective: We will act on the results of the staff survey and develop both corporate and localised actions to improve key problems identified by 2016.

An introduction was given of the staff survey within the context of the Staff Engagement Strategy.

- The LAS defines staff engagement as the "involvement of all people at all levels in two-way dialogue and action" to deliver the best possible service to patients and create a supportive working environment.

- Staff engagement is everyone's responsibility and research suggests that line managers have a particular influence over this.

- It is important because research has found that where staff engagement is high in the NHS, patient satisfaction and outcomes are better.

- The staff survey is just one way of gaining staff feedback. Other means include the regular "temperature check" surveys, suggestion schemes, consultation meetings and focus groups.

- The LAS is introducing new ways to encourage two-way dialogue, particularly in order to overcome the challenges presented by a workforce which is spread over a large number of sites. These include team brief and better use of technology- e.g. mobile apps.

- The main concern around the objective related to the relatively low response rate to the staff survey (39.5% in 2011). The group felt that the likely reasons were:

- The length of the survey- staff may not have the time to fill it in or would be put off by the number of questions

- The formal nature of the questions
- Concerns about confidentiality because of the bar code
- A lack of faith that anything will be done about the responses (one member had undertaken a survey at a London A&E and had this feedback from LAS staff)
- It was agreed therefore that publishing commitments is important. The group commented that these should be very visible to staff and should not just be published on the intranet- for example, posters could be put up in mess rooms to demonstrate that the issues are being taken seriously locally. It was suggested that the actions should be in a "you said…, we did…." format.
- It was also suggested that champions be appointed to explain the importance and the confidentiality of the survey at a local level. This would demonstrate it is being taken seriously. The group agreed that this person should ideally not be a manager.
- The group agreed that Chase Farm's approach in giving staff time to complete their surveys during training days should be encouraged across the organisation.
- The use of technology was discussed and the members asked whether it would be possible to allow staff to complete the survey via their MDT in future.
- Some members of the group said they had noticed that HQ and the rest of the Service operate "in two different worlds". They said managers at HQ speak very affectionately of front line staff but these staff do not believe that their views are being taken seriously. Therefore, it was agreed that local commitments are important and that local responsibility should be taken for these. It was mentioned that a lot of effort is put in to providing staff with opportunities to communicate with senior managers e.g. the Chief Executive's annual consultation meetings. The issue of whether middle managers have the support from senior management to act on staff views and demonstrate that staff are valued was therefore discussed along with whether there is a "military" culture in the LAS.
- Another perspective was that staff may not understand the pressures that managers are under to achieve targets over which they have little discretion (e.g. CatA). It was acknowledged that everyone in the Service has to work within significant time and resource constraints and the actions agreed therefore need to be realistic. In this context there was some brief discussion around time targets as some members had been told by staff that they are not happy with these targets. The members generally felt that this is very important to patients and that while it shouldn't be the only measure of success, staff should recognise this. One member gave the example of elderly people she regularly works with having to wait around 2 hours after a fall- the main problem being that they don't know how long it will take for the ambulance to arrive.

- Some members felt that particular importance should be placed on questions around the abuse front line staff receive from patients. The members were also interested in the support offered to staff after difficult jobs or during difficult personal circumstances. They were impressed to hear about LINC, the Employee Assistance Programme and counselling support offered to staff.

- Other members thought the questions around staff feeling valued were particularly important and agreed that the impact of “please” and “thank you” should not be underestimated.

- It was agreed that whatever areas were focused upon, the impact of the planned actions should be carefully and regularly monitored and the results shared with staff. This would demonstrate that their views count.

The group strongly agreed that this objective is important and appropriate. Their suggestions related mainly to ensuring and demonstrating that the survey (along with the other methods of gathering feedback) makes a difference.

Goal 4: Inclusive Leadership
Our objective:
The Equality and Inclusion Steering Group will appoint champions for each of the protected characteristic groups (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, religion or belief, sex, sexual orientation or any other aspect of a person’s background) by 2014, to ensure that the interests of these groups are protected and promoted with regard to staff, patients, service users and other stakeholders in line with the requirements of the Equality Act 2010.

- The Assistant Director Equality and Organisation Development outlined the staff support network forum and talked about the success of the LGBT forum and reported that the networks ‘run dry’ after that.
- He reported that it is difficult to get staff to organise into networks and that the objective is aiming to have networks for all the protected characteristics groups.
- He said we did used to have a BME network but it fizzled out and we’re trying to get it back up and running.
- Members asked why it fizzled out.
- Members asked what’s the point of having them – isn’t the tangible impact minimal.
- Members asked have we thought outside the box? Have we thought about using other external networks to help set up, facilitate and organise the forums to stimulate interest and after time they could be left to run themselves.
- One BME member volunteered to be that facilitator.
- PF member talked about lack of diversity at board level and in our frontline staff.

- Is there an element of if we do (have more BME) what difference will it make (to patients)?
- PF member said the first step should be to say we've done it badly and move on from there.
- The Director of HR & Organisation Development responded that we are saying we don't always have the answer which is why we're using this discussion for engagement.
- Another member endorsed the use of external facilitators to help get started.
- Member asked what the forums do, how do they work.
- The Assistant Director Equality & Organisation Development responded that they were partly social and they discuss issues and Trust plans and how they are influenced and affected and this gets fed back up into the decision making process.
- A deaf awareness group also feeds into this process.
- Member commented that he didn't know enough information about the LAS diversity figures. How does the organisation compare with the population regarding gender and BME stats?
- One member asked if there was a link between the low numbers of BME and lack of interest in getting a forum started. Others members also thought there could be.
- Member asked why waiting until 2016 for achievement.
- One member said he still wasn't sure what the 'problem' was and indeed if there was a 'problem', perhaps it's an LAS perception of a problem, but is it really? Some agreement about this.
- Member asked about how the LAS compares with other services regarding diversity. Discussion followed about why people actually join the service. Do we record and ask why people join, what's their incentive. It's a caring profession but the perception is that it's an exciting, high pressure dynamic job saving people's lives.
- Member commented that the general public aren't aware of the career progression opportunities in the LAS.
- Member asked if we do much work with schools regarding recruitment.
- We should ask people when they are applying, why they want the job, what's their perception.
- The group were generally supportive of the objective however, they were unsure that this was a problem in the first place and the LAS should establish if it were so first.
- The Assistant Director, Equality and Organisation Development, stressed that champions needed to self-elect and could not just be appointed.

4. FEEDBACK FROM THE PATIENTS' FORUM

The Patients' Forum/LINks representative on the Trust's Equality and Inclusion Steering Group presented the objectives for discussion to the Patients' Forum and the following feedback was provided:

Objective 1:

The Patients' Forum would prefer to see also or instead a goal that stretched over health outcomes of emergency patients. The perception was that the Patient's Transport Service makes up a smaller and smaller proportion of LAS work and is not its core job and that the main objective should be relevant to something which affects the emergency service, proportionally by far the largest area of LAS work. A possible suggestion was around patients with sickle cell anaemia, with an objective possibly involving comprehensive training and survey feedback from sickle cell. It was pointed out that there are Sickle Cell patients in every area of London, high rates of use by emergency services related to this disability and majority representation from minority ethnic communities.

Objective 2:

Surveys of experience need to use ideally several ways of getting patient feedback. A percentage of interviews should be included, as only a certain type of patient will submit a written complaint – those that are confident and have reasonable standards of literacy and knowledge of the system. It was suggested that services should not just be responsive to complaints but that a selection of ambulance service users should be invited to respond. Some specific improved practices should be identified and initiated as a result. As different communities have different issues perhaps selecting two or three groups to focus on would come up with specific ideas for an improved experience for their LAS service users and specific recommendations made for the following year.

Objective 3

It was recommended that the staff survey be improved to include more detailed and relevant questions and more than one way of surveying staff. There may be, for example, staff who fall into multiple protected categories but the survey will not indicate this. What does it mean, for example to have multiple disabilities and does it make the job more difficult ?

Where staff have been bullied, for example, it would be important to know more about the nature of the incidents in order to lead to improvements. What specific support and empowerment would make a positive difference to front line staff - let's say who are bullied. I can't yet see how sophisticated action can result from the limited information provided by the staff surveys. Some of the answers in the staff survey make very depressing reading and it would be important to get in there to find out why the positive feedback was so low and what staff felt would make a positive difference - and then try to implement some changes.

Objective 4:

At least temporary champions should be appointed -in order to get things started and until a more permanent champion is identified - in the next few months for each category – with at least a modest “job description” which includes feedback and analysis of the issues faced by the issues faced by their protected group. The remit or job description should identify some actions which could be reported on and some modest improvements in leadership able to be specified. The area of disability which is a huge area is particularly of worry and in the longer term there should be champions for some of the most numerous and important disabilities affecting staff and patients - for starters mental health, learning disabilities including Autistic Spectrum, physical disabilities, hearing and sight disabilities which particularly affect patients and may need alternatives to reading seeing information/communication, etc. etc. In the first year it might be possible to contact various disability user groups and get feedback about any problems or issues which might involve LAS services. Some of the suggestions need acting on if this is not just a paper type activity as there should be some observable improvements showing leadership is more inclusive in respect of some areas - and some sense of real progress.

If selecting key champions can wait as long as 2014 progress might take dozens of years. There needs to be some sense of urgency, action and output in the next year or it is not worth doing. They can be modest but they need to be concrete, seen and have positive, observable changes in real life.

6.NEXT STEPS

In light of the varied feedback received from stakeholders, SMG needs to consider and approve for publication by April 6 2012, as required by the Equality Act 2010, the proposed equality objectives of the Trust.

From April 2012 the agreed Equality Objectives of each Trust will be reported to the local Health Watch and Health Watch England, who will advise the Care Quality Commission of any concerns, so that these can be taken into account in the Quality Risk Profiles for each NHS Trust.

Essential to the success of the implementation of the Equality Delivery System is that work to achieve these objectives is mainstreamed into business planning throughout the Trust. The forthcoming publication by the National NHS Equality Delivery System Board of an Easy Read version of the Equality Delivery System, which the Equality and Inclusion Manager has been pursuing since last summer with the help of NHS London, should help facilitate future engagement with stakeholders. The Trust will continue to be represented as an Associate Member on the Outer North East London Equalities Partnership working group on the EDS, thus enabling direct contact with key stakeholders on an ongoing basis.

6. RECOMMENDATIONS

SMG are asked to:

- Agree the final wording of the Trust's equality objectives for publication by April 6 2012, in line with the Equality Act 2010, in the light of comments received:
  - Objective 1 received sign-up by the overwhelming majority of respondents to the survey, but it is recommended that it include a reference to lesbian, gay and bisexual people, to make this objective more challenging, following comments received from the EDS Members' meet event; however, the Patients' Forum suggested that this objective be refocused instead around emergency service;
  - Objective 2 received sign-up by the overwhelming majority of stakeholders responding to the survey (no table facilitation due to circumstances outside the control of the Trust could be provided at the Members' Meet); the Patients' Forum recommended that other ways of obtaining feedback be also looked into, which could form part of the implementation plan around this objective;
  - Objective 3 received sign-up by the overwhelming majority of stakeholders responding to the survey and by the participants at the Trust's Members meet; the Patients' Forum suggested the inclusion of more detailed and relevant local questions and additional methods of surveying staff, which could be included in the implementation plan around this objective;
  - Objective 4 received sign-up by the overwhelming majority of stakeholders responding to the survey and was supported by the participants at the Members' meet; the Patients' Forum asked that the deadline for appointment be brought forward and that consideration be given to the appointment of temporary champions.

- Each service area disseminate the EDS objectives and framework through their own teams and ensure that management teams are aware of the ongoing work needed to implement and that they are able to provide their input into this/take ownership where appropriate

- The agreed equality objectives, once approved by the Equality and Inclusion Steering Group, SMG and the Trust Board form part of the business planning of the Trust with immediate effect, to be monitored at least once a year by the Equality and Inclusion Steering Group and reviewed formally by April 2016, in accordance with the Equality Act 2010; the review to include a wide range of stakeholders.