



EXECUTIVE MANAGEMENT TEAM

DATE: 10 JULY 2013

Document Title:	Annual Equality Report 2012-13
Report Author(s):	Janice Markey
Lead Director:	Tony Crabtree, Acting Director of Workforce
Attachments:	Annual Equality Report 2012-13
This paper has been previously presented to:	
Recommendations for the EMT:	<ul style="list-style-type: none">❖ EMT are asked to note the contents of the report and commit to continuing to support the implementation of the Equality & Inclusion Strategy, including its review in 2013 and delivery of the EDS.

Executive Summary

This comprehensive report provides detail on progress on equality and inclusion issues in the Trust for the year 2012-13, highlighting any key areas of under-representation for the Trust, improvements made and required in the collection and provision of management information on the Trust's workforce, service delivery and patient profiling and suggested initiatives to be considered to address any gaps in line with the requirements of the Equality Act 2010 and the new public sector duty.

The report also updates EMT on action taken since submission of the last Annual Equality report (11/12).

In this last year the Trust successfully applied to become one of the first Stonewall national Health Champions and climbed 72 places in its annual application to the Stonewall Workplace Equality Index, becoming the top-performing ambulance Trust and emergency service for the second year running, as well as being the third highest-placed NHS Trust in what was regarded as the most competitive field to date. The Trust also gained third place on the Stonewall Health Equality Index. These attainments are in recognition of the Trust's equality policies, practices and experience of staff with regard to employment of gay, lesbian and bisexual staff, engagement, training, decision making, procurement and service delivery. It should be noted that these policies also reflect our general approach to the broader diversity arena and this serves as validation of the Trust's approach to equality and inclusion across the board.

In addition, the Trust continued to implement key equality objectives produced in line with the national NHS Equality Delivery System and the Equality Act 2010 and to support its Staff Diversity Forums. Further equality and inclusion training was delivered to specific groups of staff, as well as to Senior Managers' Conference and the Trust Board and more targeted training is planned for the coming year.

Risk Implications for the LAS (including clinical and financial consequences)

All policies and procedures will need to continue to be equality analysed, in accordance with the Equality Act 2010, and using the Trust's equality analysis form and guidance, in advance to ensure they meet the three strands of the Equality Act 2010 general duty and consider and address the needs of protected characteristic groups.

Staff will continue to need access to equality and inclusion training, to equip them with the skills and confidence they need to perform their duties in line with equalities legislation and best practice.

Other Implications (including patient and public involvement/legal/governance/diversity/resources)

Directors and Heads of Service need to give consideration to any necessary further resourcing of the Trust equalities objectives, as well as to Resourcing required to address any gaps in the provision of equalities information, outlined in the report.

Corporate Objectives 2013/14

This paper supports the achievement of the following corporate objectives:

- CO1 - To improve the experience and outcomes for patients who are critically ill or injured
- CO2 - To improve the experience and provide more appropriate care for patients with less serious illnesses and injuries
- CO3 - To meet response time targets routinely
- CO4 - To meet all other quality, regulatory and performance targets
- CO5 - To develop staff so they have the skills and confidence they need to deliver high quality care to a diverse population
- CO6 - To create a productive and supportive working environment where staff feel safe, valued and influential
- CO7 - To use resources more efficiently and effectively
- CO8 - To maintain service performance during major events, both planned and unplanned, including the 2012 Games
- CO9 - To improve engagement with key stakeholders

External Requirements

CQC Essential Standards

This paper links to the following CQC outcomes:

- Outcome 1: Respecting and involving people who use services
- Outcome 2: Consent to care and treatment
- Outcome 4: Care and welfare of people who use services
- Outcome 6: Cooperating with other providers
- Outcome 7: Safeguarding people who use services from abuse
- Outcome 8: Cleanliness and infection control
- Outcome 9: Management of medicines
- Outcome 10: Safety and suitability of premises
- Outcome 11: Safety, availability and suitability of equipment
- Outcome 12: Requirements relating to workers
- Outcome 13: Staffing
- Outcome 14: Supporting workers
- Outcome 16: Assessing and monitoring the quality of service provision
- Outcome 17: Complaints
- Outcome 20: Notification of other incidents
- Outcome 21: Records

NHSLA Risk Management Standards

This paper links to the following NHSLA standards:

- Standard 1: Governance
- Standard 2: Learning from Experience
- Standard 3: Competent and Capable Workforce
- Standard 4: Safe Environment

Standard 5: Ambulance Services