

Dorset HealthCare University NHS Foundation Trust Refreshed Equality Delivery System (EDS2) 29 November 2015

A refreshed
Equality Delivery System
for the NHS



EDS2
Making sure that everyone counts

November 2013



If you require further information on the EDS and the Grading process please visit this website and watch the animated video. <http://www.england.nhs.uk/ourwork/gov/equality-hub/eds/>

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Executive Summary

- Following Staff and Community Engagement surveys Dorset HealthCare are in a position to confirm the Equality Delivery System 2 Objectives for 2016 - 17.
- This report will also include information in outline on how the previous EDS Objectives have been met.
- The evidence of community engagement with local interest groups, staff, service users and carers is key contributor and these links will be used to further engage and feedback on progress towards meeting the agreed objectives.
- Every effort will be made to produce information for Staff and Community Groups in a timely and transparent way. Allowing opportunities for dialogue and questions.
- These Objectives will be a key measure of identifying the organisational progress in meeting the Public Sector Equality Duty (PSED) in the Equality Act 2010.
- The Action Plan (*draft*) at Annex A should be incorporated into all Directorate Plans for 2016-17.

Aim

The aim of this report is to inform Dorset HealthCare of the outcomes from the Staff and Local Interest Survey and confirm the EDS Objectives for 2016-17.

Introduction

This report outlines the work of Dorset HealthCare to ensure compliance with the requirement contained within the Equality Act (2010) to publish equality objectives.

It should be read in conjunction with the Dorset HealthCare Equality and Inclusion Policy available on the Dorset HealthCare public website.

<http://www.dorsethealthcare.nhs.uk/trust/equality-and-diversity/>

The role of the NHS Equality Delivery System in equality objectives

The NHS Equality Delivery System was designed to support the NHS to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse.

The Equality Delivery System, which has been adopted by Dorset HealthCare with the support of the Chief Executive, enables us to both review our equality performance and identify future priorities and action by setting equality objectives. It also helps us to assess how well equality and diversity is embedded in the organisation.

At the heart of *EDS2* are 18 outcomes, against which NHS organisations assess and grade themselves. They are grouped under four goals, as shown in the table on the following page. These outcomes relate to issues that matter to people who use, and work in, the NHS. Among other things they support the themes of, and deliver on, the NHS Outcomes Framework, the NHS Constitution, and the Care Quality Commission's key inspection questions set out in "Raising standards, putting people first - Our strategy for 2013 to 2016".

The four equality goals and their associated equality outcomes are:

Objective	Equality Outcome
Objective 1 Better health outcomes The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways.
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.

Objective	Equality Outcome
<p>Objective 2</p> <p>Improved patient access and experience</p> <p>The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience</p>	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.
	2.3 People report positive experiences of the NHS.
	2.4 People's complaints about services are handled respectfully and efficiently
<p>Objective 3</p> <p>A representative and supported workforce</p> <p>The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs</p>	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	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
	3.3 Training and development opportunities are taken up and positively evaluated by all staff
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6 Staff report positive experiences of their membership of the workforce
<p>Objective 4</p> <p>Inclusive leadership</p> <p>NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions</p>	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

The equality objectives of Dorset HealthCare

The outcomes which we have adopted as objectives for 2016/17 are;

- 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
- 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care or primary care services and should not be denied access on unreasonable grounds.
- 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.
- 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

The objectives above are in identified areas where we think we can make a measurable improvement. The objectives are in areas where we know we can make positive changes for Dorset over the next four years.

The Equality Delivery System 2 'grades'?

In order to understand how we are progressing and achieving on our equality objectives, of the Equality Delivery System has grading for each of the outcomes. These gradings are:

Purple= Excelling

Green = Achieving

Amber= Developing

Red = Under Developed

The grades will be used to enable us to plan for further progression in the four goals of the Equality Delivery System.

Who does the Equality Delivery System cover?

The EDS2 covers all those people with characteristics protected by the Equality Act 2010. There are nine characteristics in total:

- Age
- Disability
- Gender Re-assignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race including Nationality and Ethnicity
- Religion or belief
- Sex
- Sexual Orientation

Commitment to the process of engagement

In recognising the importance of equality and diversity we acknowledge that the population we serve and the staff we employ are diverse and may have different needs according to their protected characteristics.

Engagement is a key part of understanding equality and how we may best use our objectives to advance equality and identify how we are progressing.

Engagement with our stakeholders is a vital part of the process of setting objectives and understanding what we need to do to advance our work in equality and diversity. We are committed to engaging with our patients and the range of organisations who represent the interests of our service users and local communities. It is also key that we engage with our staff.

The processes of setting equality objectives and reviewing equality performance are founded on working in partnership with our patients, the public and our staff. This means that our stakeholders can influence and be part of this work.

Engagement activity

The steps taken by Dorset HealthCare in agreeing equality objectives was by initially holding a Board awareness workshop on the Equality Delivery System and hoisting engagements events which included external stakeholders. The objectives agreed by the Board and were then supported by the workforce committee, which includes executive and non-executive members of the Board.

In order to progress work towards achieving our objectives, key individuals in the organisation will be identified to engage with and lead on each of the four Dorset HealthCare equality objectives.

Our staff members have been given information about the Equality Delivery System through our work on implementing the System. Since November 2011 the Equality Delivery System objectives have been included in Equality and Diversity training sessions which is delivered as part of the mandatory induction and core skills training programmes. Staff members have been asked for their view on the objectives and also to identify a grading. This process of engagement, through a survey for staff has taken place and the outcome included in this statement.

The Equality Delivery System and the NHS in Dorset

We worked in partnership with the other NHS organisations within Dorset and hold membership of the Dorset Equality Delivery System 'Cluster'. A number of elements of Equality Delivery System engagement have been carried as a member of this cluster.

In order to engage our stakeholders we have been active in establishing contact with those whose views are important to us in setting out our objectives and assessing our performance.

In 2011 we hosted a launch of the Equality Delivery System. This was attended by a range of both NHS staff and external stakeholders. This gave us an opportunity to begin engaging with a range of individuals and organisations whose views are important to our equality work.

We have again taken part in well attended Equality Delivery System public engagement events for the people of Dorset. The events have enabled the community we serve to comment on and contribute to this work.

We have asked for views in objectives and grading, using a survey questionnaire, from a range of over 90 local interest groups. We have extended the timescale for these groups to give us their views and so the final outcome of this engagement will be included in this statement. This process of engagement and working with local interest groups to analyse and assess our performance in relation to the 18 Equality Delivery System objectives will ensure that we are working on objectives that are meaningful and of benefit to our stakeholders.

The total number of responses from the Equality Delivery System Local Interest Survey 2015 saw an overall increase in returns from the same survey that took place in 2012 by 44%. This is a good indication that the community is better engaged in setting these objectives.

Areas where the person equality data information is Blank is a concern and work needs to continue to improve the Communities understanding and confidence of why this information is collected and how it will be used to support service improvements.

The Objectives with the highest percentage of votes will be selected as the focus for the Equality Delivery System reporting for 2016-17. Other high scoring areas will also have a focus and no area will be left without a plan for improvement.

The role of equality objectives for progression of equality

The equality objectives are a way of progressing equality and are key to both the promotion of good practice and positive risk management for Dorset HealthCare. The Equality and Diversity Manager is responsible for tracking Equality Delivery System progress.

Following the completion of this stage of engagement, Dorset HealthCare will be able to confirm key equality work streams which will enable us to effectively plan and prioritise to further embed the Equality Delivery System within our organisation and the services we provide. This is the foundation work that helps us to identify our current status against the Equality Delivery System standards, how progress will be made and monitored. This will continue to ensure the essential involvement of stakeholders to determine our grading.

We will continue to identify and establish contact with specific groups and communities, especially those who may experience difficulty in accessing services. Our equalities work will be better informed and influenced by further feedback and involvement, so it is essential that we continue to work with stakeholders.

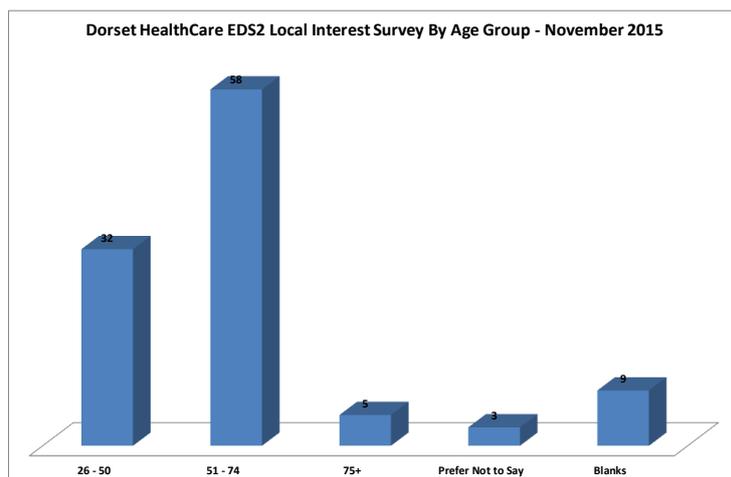
Becoming involved

If you would like to know more about what we are doing to progress equality and diversity, have any queries about the Equality Delivery System 2 or would like to share your views through being part of our programme of engagement we would very much like to hear from you. You are welcome to contact David Corbin, Equality and Diversity Manager, David.Corbin@dhuft.nhs.uk

Dorset HealthCare EDS2 Local Interest Survey Equality Analysis - November 2015

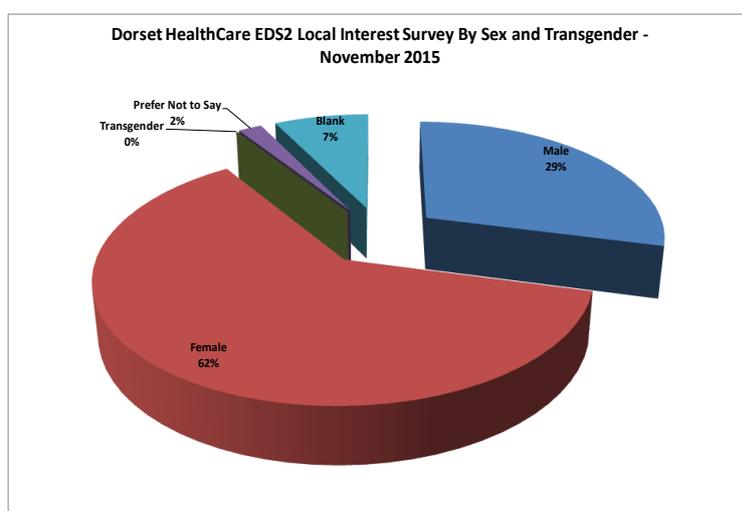
1. By Age

Age	Head Count	%
26 - 50	32	30%
51 - 74	58	54%
75+	5	5%
Prefer Not to Say	3	3%
Blanks	9	8%
Total	107	



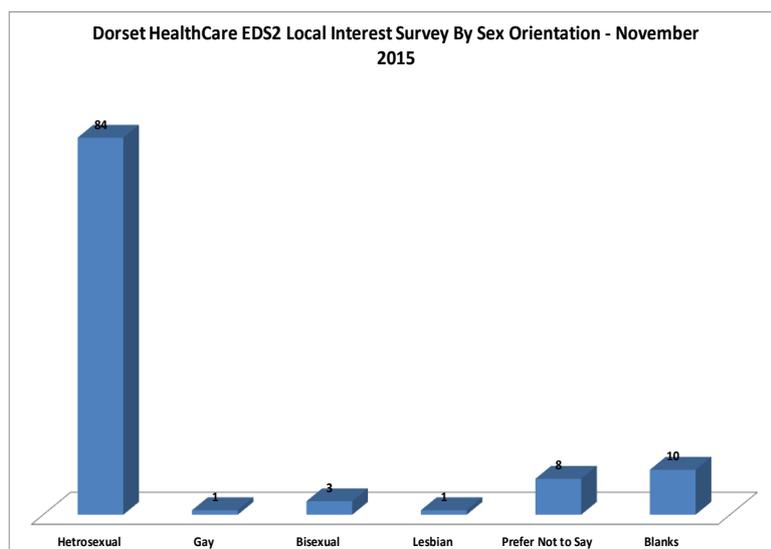
2. By Sex

Gender	Head Count	%
Male	31	29%
Female	66	62%
Transgender	0	0%
Prefer Not to Say	2	2%
Blank	8	7%
Total	107	



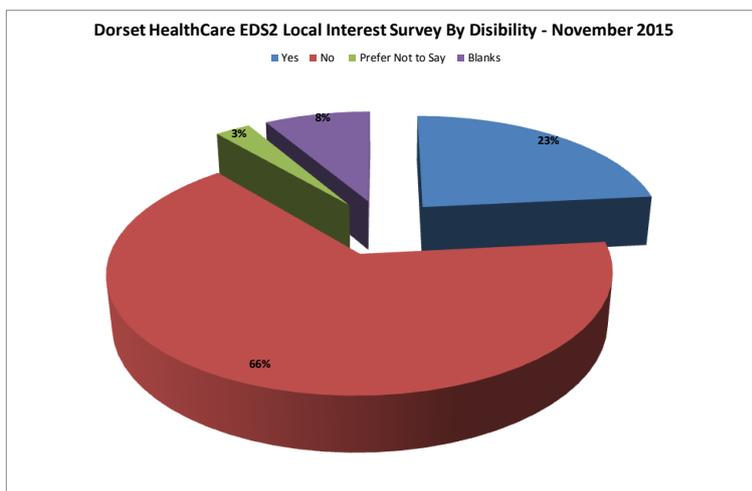
3. By Sexual Orientation

Sexual Orientation	Head Count	%
Heterosexual	84	79%
Gay	1	1%
Bisexual	3	3%
Lesbian	1	1%
Prefer Not to Say	8	7%
Blanks	10	9%
Total	107	



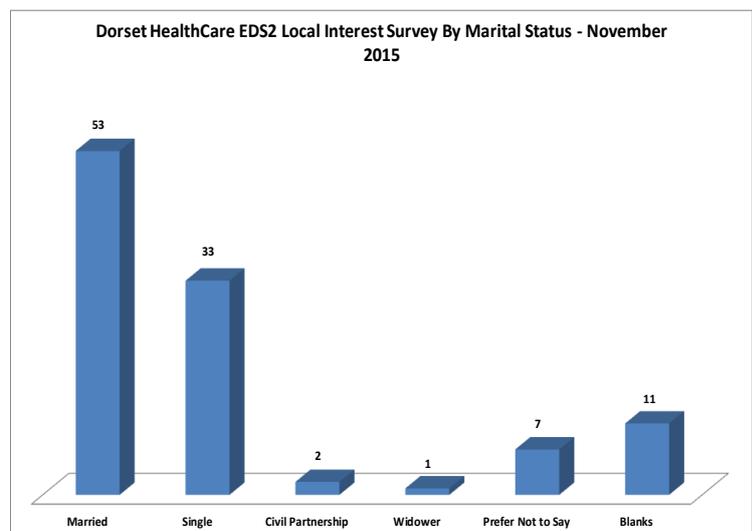
4. By Disability

Disability	Head Count	%
Yes	25	23%
No	70	65%
Prefer Not to Say	3	3%
Blanks	9	8%
Total	107	



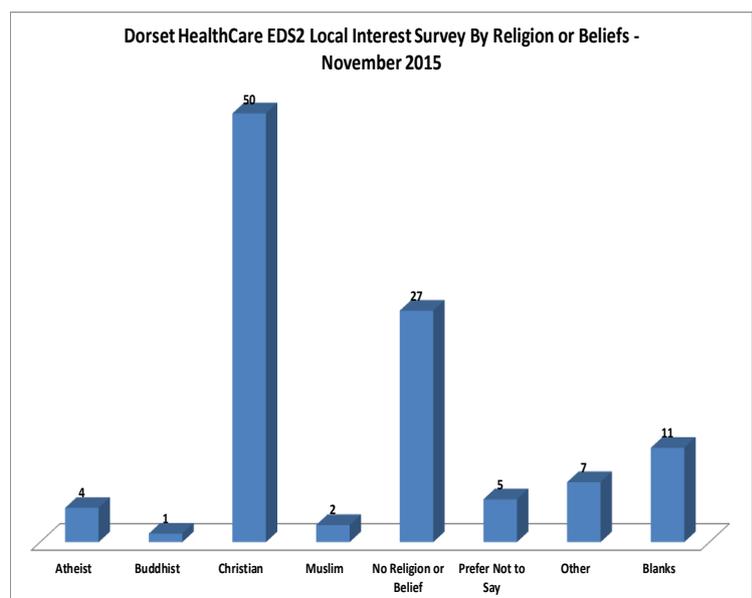
5. Marital Status

Marital Status	Head Count	%
Married	53	50%
Single	33	31%
Civil Partnership	2	2%
Widower	1	1%
Prefer Not to Say	7	7%
Blanks	11	10%
Total	107	



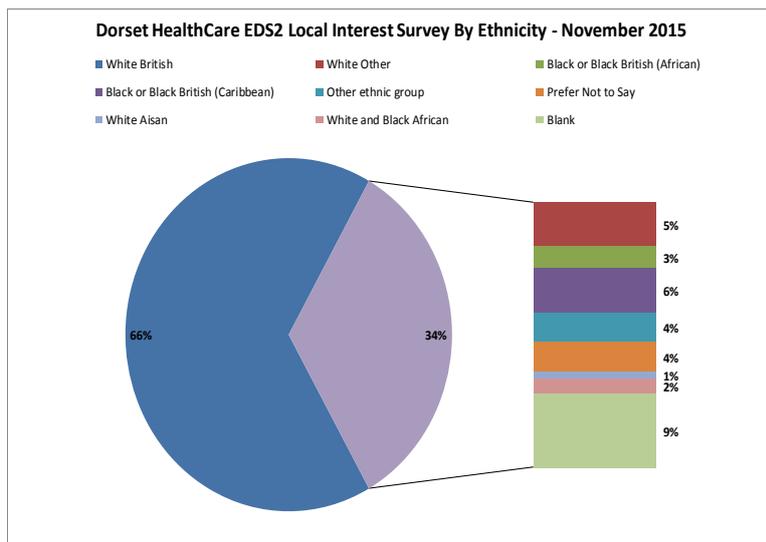
6. Religion or Beliefs

Religion or Beliefs	Head Count	%
Atheist	4	4%
Buddhist	1	1%
Christian	50	47%
Muslim	2	2%
No Religion or Belief	27	25%
Prefer Not to Say	5	5%
Other	7	7%
Blanks	11	10%
Total	107	



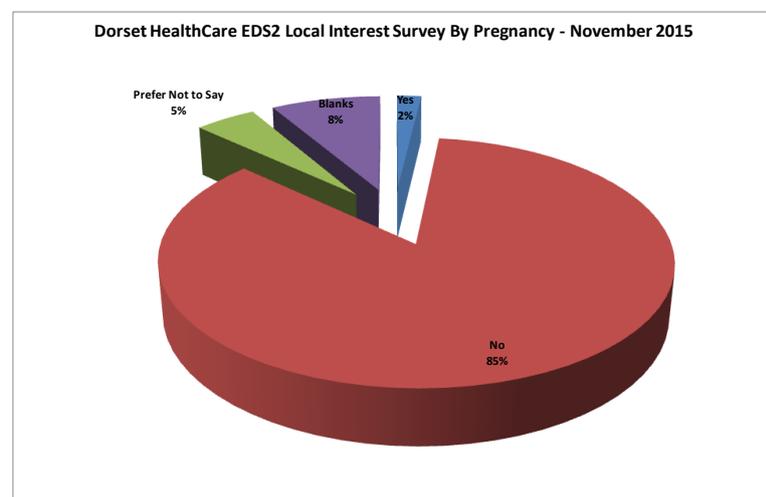
7. By Ethnicity

Ethnicity	Head Count	%
Black or Black British (African)	3	3%
Black or Black British (Caribbean)	6	6%
Other ethnic group	4	4%
Prefer Not to Say	4	4%
White Asian	1	1%
White and Black African	2	2%
White British	71	66%
White Other	6	6%
Blank	10	9%
Total	107	



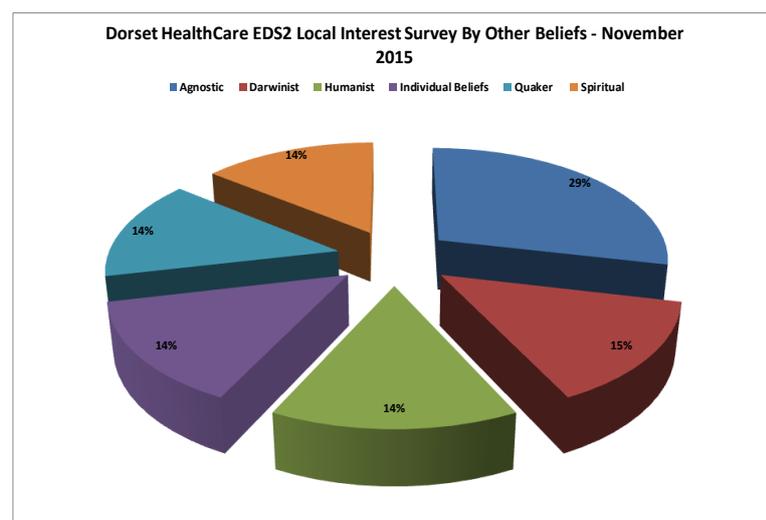
8. By Pregnancy

Pregnancy	Head Count	%
Yes	2	2%
No	91	85%
Prefer Not to Say	5	5%
Blanks	9	8%
Total	107	



9. By Other Beliefs

Other Beliefs	Head Count	%
Agnostic	2	2%
Darwinist	1	1%
Humanist	1	1%
Individual Beliefs	1	1%
Quaker	1	1%
Spiritual	1	1%
Total	7	



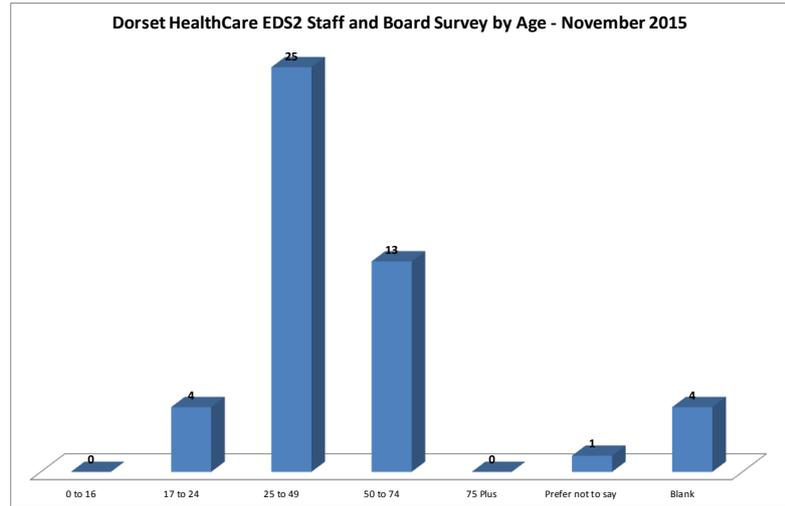
What the Survey Told Us – Staff and Board Members

Objective	Equality Outcome	Service Users, Local Interest Groups and Carers	Final Grade	Importance
Objective 1 Better health outcomes The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	Developing 44%	Developing	Most Important 51%
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways.	Developing 34%	Developing	Most Important 71%
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	Under Developed 39%	Under Developed	Very Important 60% Continued focus from 2012
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Achieving 40%	Achieving	Most Important 72% Objective 2016/17
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.	Achieving 50%	Achieving	Very Important 55%
Objective 2 Improved patient access and experience The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	Developing 36.5%	Developing	Most Important 64%
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	Achieving 42.5%	Achieving	Most Important 68% Objective 2016/17
	2.3 People report positive experiences of the NHS.	Achieving 41%	Achieving	Most Important 49%
	2.4 People's complaints about services are handled respectfully and efficiently	Achieving 35%	Achieving	Most Important 40%

Dorset HealthCare EDS2 Staff and Board Members – November 2015

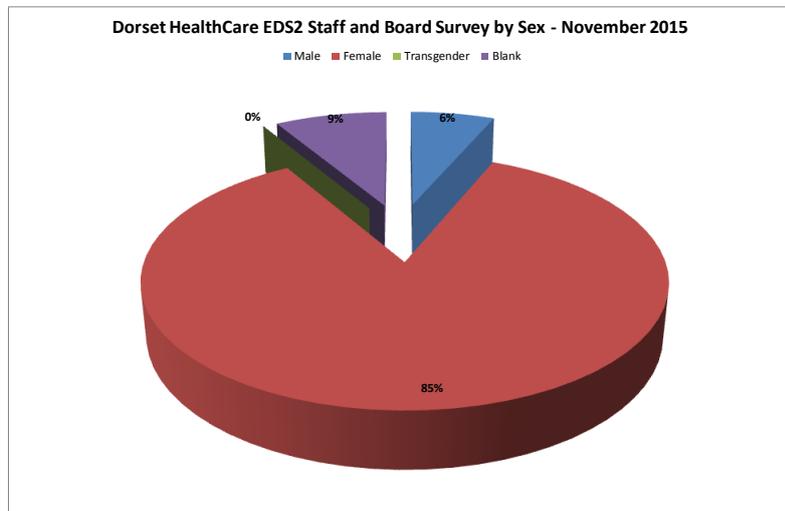
1. By Age

Age	Head Count	%
0 to 16	0	0%
17 to 24	4	9%
25 to 49	25	53%
50 to 74	13	28%
75 Plus	0	0%
Prefer not to say	1	2%
Blank	4	9%
Total	47	



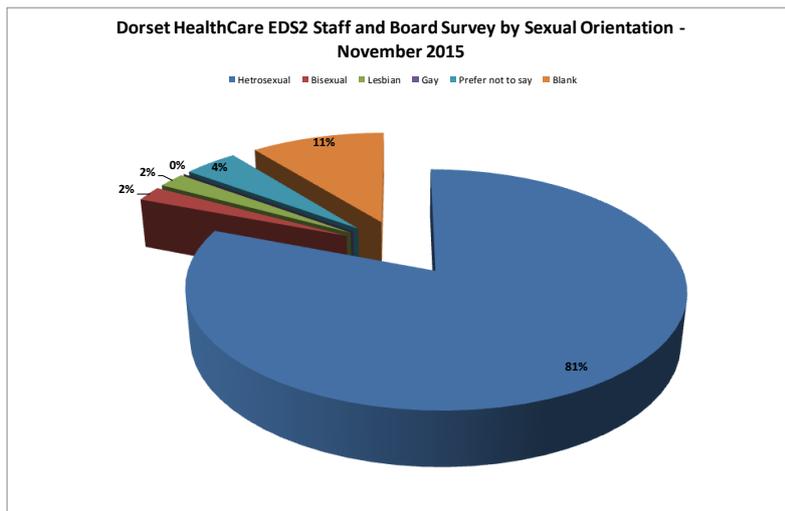
2. By Sex

Sex	Head Count	%
Male	3	6%
Female	40	85%
Transgender	0	0%
Blank	4	9%
Total	47	



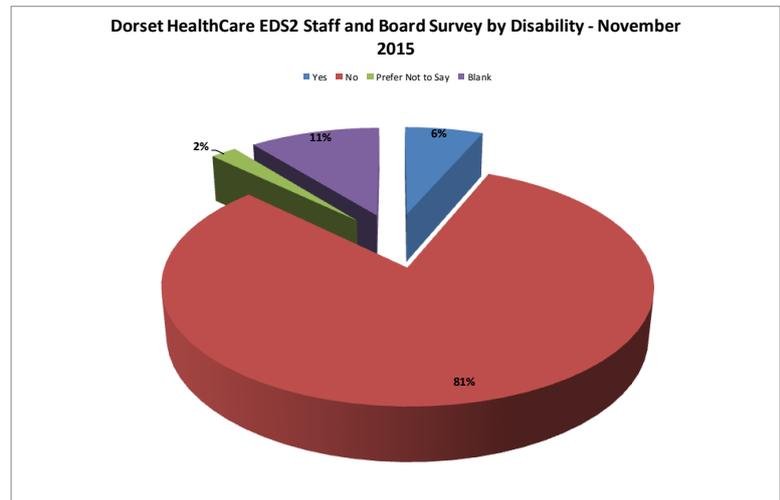
3. By Sexual Orientation

Sexuality	Head Count	%
Heterosexual	38	81%
Bisexual	1	2%
Lesbian	1	2%
Gay	0	0%
Prefer not to say	2	4%
Blank	5	11%
Total	47	



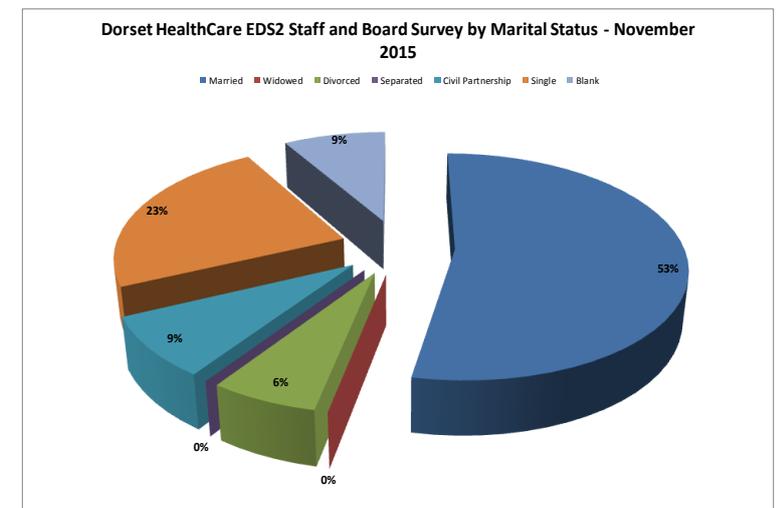
4. By Disability

Disability	Head Count	%
Yes	3	6%
No	38	81%
Prefer Not to Say	1	2%
Blank	5	11%
Total	47	



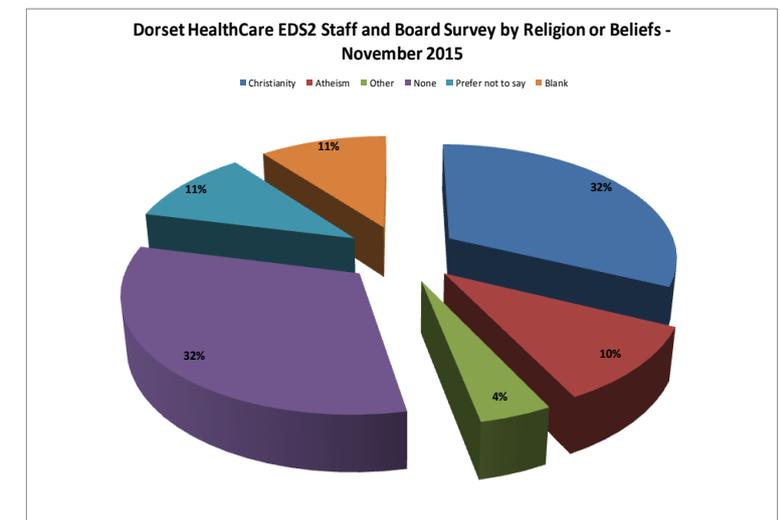
5. Marital Status

Marital Status	Head Count	%
Married	25	53%
Widowed	0	0%
Divorced	3	6%
Separated	0	0%
Civil Partnership	4	9%
Single	11	23%
Prefer Not to say	4	9%
Total	47	



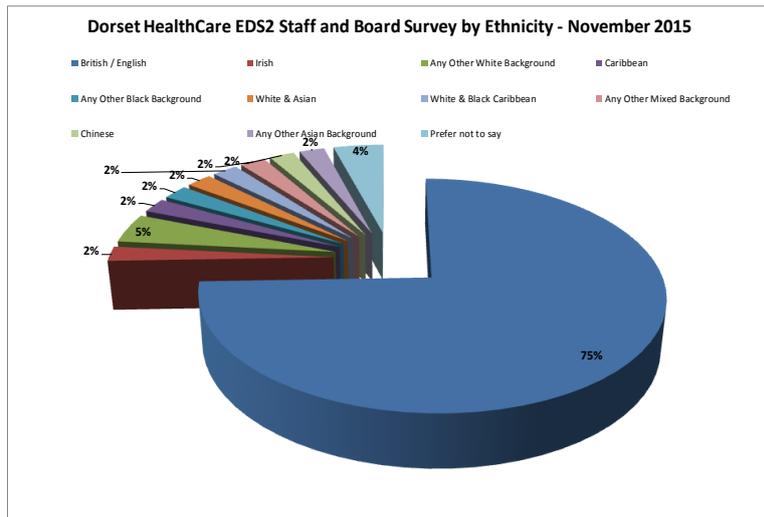
6. Religion or Beliefs

Religion or Belief	Head Count	%
Christianity	15	32%
Atheism	5	11%
Other	2	4%
None	15	32%
Prefer not to say	5	11%
Blank	5	11%
Total	47	



7. By Ethnicity

Ethnicity	Head Count	%
British / English	35	74%
Irish	1	2%
Any Other White Background	2	4%
Caribbean	1	2%
Any Other Black Background	1	2%
White & Asian	1	2%
White & Black Caribbean	1	2%
Any Other Mixed Background	1	2%
Chinese	1	2%
Any Other Asian Background	1	2%
Prefer not to say	2	4%
Total	47	



What the Survey Told Us – Staff and Board

Objective	Equality Outcome	Staff and Board	Final Grade	Importance
<p>Objective 3</p> <p>A representative and supported workforce</p> <p>The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs</p>	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving 66%	Achieving	Very Important 53%
	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	Achieving 51%	Achieving	Most Important 55%
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	Developing 43%	Developing	Very Important 49%
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving 40%	Achieving	Most Important 74% Objective 2016/17
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving 40%	Achieving	Most Important 55%
	3.6 Staff report positive experiences of their membership of the workforce	Developing 45%	Developing	Most Important 55%
<p>Objective 4</p> <p>Inclusive leadership</p> <p>NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions</p>	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving 40%	Achieving	Very Important 60%
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Achieving 47%	Achieving	Very Important 64%
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving 36%	Achieving	Most Important 72% Objective 2016/17

Note:

- 1. A full list of respondents by 'Protected Characteristic' is available on the Dorset HealthCare public Website.**
- 2. Where possible all identified areas that are undeveloped will be also be a focus in 2016-17 and become a full objective in 2017-18.**
- 3. A full explanation of the Grades can be found on the Dorset HealthCare Website.**

David Corbin
Equality and Diversity Manager

29 November 2015

**Equality Delivery System Objectives
Action Plan 2016-17**

Objective				
1. When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.				
NHS Outcomes Framework				
This outcome supports delivery on Domain 4 (Ensuring that people have a positive experience of care) of the NHS Outcomes Framework, and should be reported through the organisation’s mainstream business including, if appropriate its response to the QIPP challenge and/or in its Quality Account				
The NHS Constitution : your rights and NHS pledges				
The NHS commits to make the transition as smooth as possible when you are referred between services, and to include you in relevant discussions.				
CQC Essential Standard : outcome as experienced by service user				
People who use services receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services (<i>Regulation 24, Outcome 6</i>)				
Narrative	Action	Responsibility/Directorate	Completed	Sources of Evidence
The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results				

Objective

2. People are informed and supported to be as involved as they wish to be in decisions about their care or primary care services and should not be denied access on unreasonable grounds.

This outcome supports delivery on the patient and public rights and pledges of the NHS Constitution, and should be reported through the organisation's mainstream business, including its response to the QIPP challenge and/or in its Quality Account

The NHS Constitution : your rights and NHS pledges

You have the right to have any complaint you make about NHS services dealt with efficiently and to have it properly investigated

You have the right to know the outcome of any investigation into your complaint

You have the right to take your complaint to the independent Health Service Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS

You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body
The NHS commits to ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and the fact that you have complained will not adversely affect your future treatment (pledge)
The NHS commits when mistakes happen, to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively (pledge)
The NHS commits to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services (pledge)

CQC Essential Standard : outcome as experienced by service user

People who use services or others acting on their behalf are sure that their comments and complaints are listened to and acted on effectively; and know that they will not be discriminated against for making a complaint (*Regulation 19, Outcome 17*)

Narrative	Action	Responsibility/Directorate	Completed	Sources of Evidence
The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience				

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Objective
3. When at work, staff are free from abuse, harassment, bullying and violence from any source.

This outcome supports delivery on the staff rights and pledges of the NHS Constitution

The NHS Constitution : your rights and NHS pledges

The rights are there to help ensure that staff have healthy and safe working conditions and an environment free from harassment, bullying or violence (p.10)
The rights are there to help ensure that staff can raise an internal grievance and if necessary seek redress, where it is felt that a right has not been upheld (p.10)

CQC Essential Standard : outcome as experienced by service user

No equivalent CQC Essential Standard

Narrative	Action	Responsibility/Directorate	Completed	Sources of Evidence
The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to				

patients' and communities' needs				

Objective
4. Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

This outcome supports organisations to meet the challenges of transition as set out in Sir David Nicholson's letters to the NHS

The NHS Constitution
 No equivalent NHS Constitution right or pledge

CQC Essential Standard : outcome as experienced by service user

The registered person recognises the diversity, values and human rights of people who use services (*Regulation 17, Outcome 1*)

People who use services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety (*Regulation 10, Outcome 16*)

Narrative	Action	Responsibility/Directorate	Completed	Sources of Evidence
NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions				

This Action Plan will be completed by 1 April 2016