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| NHS Equality Delivery System 2022 |
| University Hospitals Dorset NHS Foundation Trust  EDS Report and Action Plan  Transition year - March 2023 |
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| Classification: Official |
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## Equality Delivery System for the NHS

***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

The EDS is an improvement tool for patients, staff and leadersof the NHS.It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Reportis a template which is designed to give an overview of the organisation’s most recent EDS implementation and grade. Once completed, the report should be submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation’s website.

## NHS Equality Delivery System (EDS)

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| **Name of Organisation** | | University Hospitals Dorset NHS Foundation Trust | | | **Organisation Board Sponsor/Lead** | | | |
| Deborah Matthews – Director of Organisational Development  Peter Papworth – Chief Finance Officer and Executive EDI sponsor | | | |
|  |  |  | | |
| **Name of Integrated Care System** | | Dorset | | |
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| **EDS Lead** | Tracy Mack-Nava/Deepa Pappu | | | **At what level has this been completed?** | | | | |
|  |  | |  |  | | **\*List organisations** | | |
| **EDS engagement date(s)** | 21 February 2023 | | | **Individual organisation** | | Staff Network Leads, Trade Unions, Chaplaincy, FTSU team, Wellbeing Ambassadors, Culture Champions | | |
|  |  | |  | **Partnership\* (two or more organisations)** | | ICS Dorset | | |
|  |  | |  | **Integrated Care System-wide\*** | |  | | |

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| **Date completed** | 27 March 2023 | **Month and year published** | 31 March 2023 |
|  |  |  |  |
| **Date authorised** | Approval: Peter Papworth, Chief Finance Officer and Executive EDI sponsor, 30 March 2023  Board for information scheduled for 26 April 2023 | **Revision date** |  |
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| **Completed actions from previous year** | |
| **Action/activity** | **Related equality objectives** |
| N/A – as EDS not previously carried out |  |
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## EDS Rating and Score Card

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| Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly  Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below | |
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| **Undeveloped activity** – **organisations score out of 0** for each outcome | Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** |
| **Developing activity** – **organisations score out of 1** for each outcome | Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** |
| **Achieving activity** – **organisations score out of 2** for each outcome | Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** |
| **Excelling activity** – **organisations score out of 3** for each outcome | Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

## **Domain 1:** **Commissioned or provided services – Dorset Wide Maternity Services (ICS completion)**

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| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| **Domain 1: Commiss-ioned or provided services** | 1A: Patients (service users) have required levels of access to the service | An Equity and Equality action plan has recently been developed with service users and staff, the plan focuses on needs identified from local data and feedback. Patients from all protected characteristic groups are seen and treated equally. For those who need additional support specialist teams are in place and tailor care to make sure it is personalised. To allow all patients to access information available the Dorset Maternity Matters website has translations, easy read and audio options. | Achieving activity  2 | Ellie Venton  Dorset ICS Maternity Programme Lead |
| 1B: Individual patients (service users) health needs are met | Both trusts have High risk consultant clinics which include caring for those with protected characteristics where this affects their medical needs. Women with poor mental health receive a bespoke service from a multi-professional team, including a limited amount of case loading. Dorset is part of the Wessex Maternal Medicines network for those needing more specialist care. For those with additional needs, extra appointments and checks will be scheduled and their care will be personalised around their needs. Training provided by Birthrights will be conducted in the Spring for a multi-professional group of staff and this includes listening and supporting patients’ individual needs. | Achieving activity  2 | Ellie Venton  Dorset ICS Maternity Programme Lead |
| 1C: When patients (service users) use the service, they are free from harm | Maternity safety leads support and encourage the reporting of all incidents and near misses. Dorset Local Maternity and Neonatal system (LMNS) review cases and share learning across the system and with a neighbouring ‘Buddy’ ICB. The recording of protected characteristics in the reports is being promoted and checked so data can be used to identify trends or risks. Safety reports identifying trends or learning are also taken to Trust Safety Boards/Quality Committee and reported to the regional maternity team. This reporting structure follows the Ockendon report Immediate and Essential Action framework. | Achieving activity  2 | Ellie Venton  Dorset ICS Maternity Programme Lead |
| 1D: Patients (service users) report positive experiences of the service | The LMNS work closely with the Maternity Voices Representatives (MVP) to gain service user feedback as well as VCSE, friends and family test and CbQC results. Action plans are in place based on feedback and service users are invited and encouraged to contribute to these actions. The MVP have recently conducted a thorough survey which was open and promoted to all. This provided detailed feedback for them to prioritise improvement work with the trusts. | Achieving activity  2 | Ellie Venton  Dorset ICS Maternity Programme Lead |
| **Domain 1: Commissioned or provided services overall rating** | | | 8 |  |

## **Domain 2: Workforce health and well-being**

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| **Domain** | **Outcome** | **Data Sources** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| **Domain 2:**  **Workforce health and well-being** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | UHD NHS Staff Survey 2021   * Q9d Immediate Manager takes a positive interest in my health and wellbeing * Q11a Organisation takes positive action on health and wellbeing   Occupational Health data  Psychological and Counselling services data  UHD Building Healthy Working Lives Strategy  UHD Managers Winter Wellbeing guidance document  Employee Assistance Programme | University Hospitals Dorset has invested significant resources into supporting staff health and wellbeing since the pandemic.  The Healthy Working Lives strategy outlines goals to encourage staff to improve both their physical and mental wellbeing co-led by Occupational Health (OH), the Psychological & Counselling Service (PCS) and Organisational Development (OD) and governed by the Healthy Working Lives Governance meeting once a quarter. Updates are fed through to the UHD People and Culture Committee to the Board.  **Occupational Health Services (OH)**  OH provides a comprehensive range of individual support for staff on health and wellbeing which includes support for obesity, diabetes, asthma and COPD as well as many other health conditions. The Employee Assistance Programme is managed by OH and provides a health related portal for staff.  A Long COVID staff programme was developed by OH after the pandemic which was successful in providing specialist 1;1 support.  5014 referrals for staff support have been made to Occupational Health from January 22 to December 22. Muscular skeletal conditions remain a high percentage of OH utilisation by staff.  Over 25 UHD Health & Wellbeing Ambassadors were recruited in 2022 to provide additional guidance/signpost staff to relevant health and wellbeing offerings and to provide feedback on services.    .  **Psychological Support and Counselling Service (PSC)**  Individuals seeking support for stress and Mental Health conditions are well serviced via the Psychological Support & Counselling Service (PSC) which has expanded its capacity in the past year. Run by a clinical psychologist with a team of counsellors and wellbeing practitioners, the PSC provides assessment, intervention, referral, and signposting to more specialist wellbeing support within the region.  Staff are able to self-refer to this confidential service for wellbeing advice, counselling and more specialist mental health and stress support. 450 staff have accessed the PSC service.    UHD has approximately 60 trained Mental Health First Aiders provide initial support and signposting to staff experiencing mental health concerns. Data for staff utilising the Mental Health First Aiders support has yet to be formally recorded; reporting process is in development.    Staff data collected by OH and PSC is not currently reportable using age, gender, ethnicity, disability nor sexual orientation. It is not possible presently to proactively collectively monitor to the health of staff with protected characteristics. Plans are underway to refine the data for these services.    Information on the UHD Health and Wellbeing offerings are promoted via the Health and Wellbeing Ambassadors, the Wellbeing pages on the intranet, the internal Bulletin, via the App and on social media. In addition, a Manager’s Winter Wellbeing guidance pack was distributed in December 2022.  Staff with long term medical conditions are empowered to take responsibility for their specific needs using the UHD Health Passport guide to help structure discussions with their manager.  *Associated 2021 NHS Staff Survey responses*  Q9d – *Immediate Manager takes a positive interest in my health & wellbeing:*  67% UHD positive responses from respondents  EDI groups citing a less positive rating [3% less than UHD average] include all LGBTQ+ (48-62%), staff aged 66 years plus (62%) and other ethnic staff group (63%).  Q11a – *Organisation takes positive action on health & wellbeing:*  53% UHD positive responses from respondents  EDI groups citing a less positive rating [3% less than UHD average] include 21-30-year age group (45%) and staff identifying as gay/lesbian (48%) or prefer not to say (41%). | Developing  Activity  1  Can become Achieving & Excelling if health monitoring data is collected by PCS, OH on protected characteristics. | Gemma Lynn,  Occupational Health  Dr Lorin Taranis, PCS  Sorcha Dossitt, OD |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | **UHD NHS Staff Survey 2021**   * Q13a Not experienced physical violence from patients * Q13c Not experienced physical violence from colleagues * Q14a Not experienced harassment, bullying, abuse from patients * Q14b Not experienced harassment, bullying abuse from managers * Q14c Not experienced harassment, bullying or abuse from colleagues   UHD Civility, Respect and Dignity at Work Policy  2021 Freedom to Speak Up Report | At UHD there is a commitment for zero tolerance with regard to abuse, bullying and harassment. This is supported by promoting a culture of civility and respect aligned to our values where staff can safely flourish at work.  Our vision is to improve miscommunication and poor behaviour by empowering staff to challenge and change the culture by choosing civility and respect.  Infrastructure to support staff experiencing abuse, harassment, bullying and physical violence includes the Civility, Respect and Dignity at Work Policy. Human Resources has adopted a restorative just and learning cultural approach with respect to staff support and issues. The Violence Prevention and Reduction Policy 2022 supports staff reporting patient inappropriate behaviour/conduct.  UHD has a respected Freedom to Speak Up Guardian and team.  An Anti-Racist strategy is in development in conjunction with the BAME Staff Network including an Anti-Racism statement, reporting mechanisms and associated actions.    In the 2021Staff Survey, staff from a BAME background (77%), LGBTQ+ staff (78%) and younger staff (21-30 years of age) (79%) unfortunately experience harassment from patients. In terms of harassment from colleagues and managers, disabled staff, BAME staff and LGBTQ+ experience the most harassment.    BAME staff cite more incidents of physical violence from both patients and colleagues; with younger staff and LGBTQ+ staff also negatively impacted by patients.    The Freedom to Speak Up Guardian reports annually to the Board on data relating to cases raised via the FTSU team relating to abuse, harassment, bullying and physical violence. The FTSU concerns raised are confidentially recorded and include ethnicity.  *Associated 2021 NHS Staff Survey responses*  *Q13c – Not experienced physical violence from other colleagues.*  98% UHD positive response  EDI groups citing less positive experience [3% less than UHD average] include BAME staff (93%)  *Q14a – Not experienced harassment, bullying or abuse from Patients.*  73% UHD positive response  EDI groups experiencing less positive experience [3% less than UHD average] include 21-30 years (65%), mixed race staff (59%) and Bisexual staff (68%).  *Q14b – Not experienced harassment, bullying abuse from managers.*  89% UHD positive response  EDI groups citing less positive experience [3% less than UHD average] include disabled staff (84%) and mixed-race staff (77%)  *Q14c- Not experienced harassment, bullying, or abuse from colleagues.*  79% UHD positive response  EDI groups citing less positive experience [3% less than UHD average] include disabled staff (74%), LGBTQ+ (66-75%) and BAME staff (61-71%). | Achieving Activity  2 | Deepa Pappu, EDI Lead  Helen Martin, FTSU Guardian  Lisa White, Human Resources  All Leaders |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | **UHD NHS Staff Survey 2021**   * Q14d – Last experience of harassment/bullying/abuse reported. * Q13d – Last experience of physical violence reported.   2021/22 FTSU Annual Report  TRiM data | Options for staff to raise concerns relating to stress, abuse, bullying, harassment and physical violence include raising with their manager, raising a LERN form via the Risk & Governance directorate, Occupational Health, Human Resources, EDI leads, Staff Network leads, Trade Union representatives as well as the Freedom to Speak up Team.    There is a well embedded Freedom to Speak Up service which is regularly promoted. In the 2021/22 FTSU Annual Report it confirms that 232 concerns were raised by staff; just under half of which included an element of inappropriate attitudes and behaviours.    Staff networks including Pride (supporting LGBTQ+ staff), Women’s Network, EU Network, Armed Forces Network, ProAbility Network and BAME staff networks all offer signposting and guidance to relevant services.  Staff can utilise the Health and Wellbeing Ambassadors and Mental Health First Aiders for confidential support and signposting.  The Employee Assistance Programme run by Care First is a confidential free support, advice and counselling service providing support via phone 24/7.  UHD introduced the Trauma Risk Management Programme (TRiM) to support staff and line managers in November 2021. The aim of TRiM is to assess and identify early support for staff who have been through a potentially traumatic event. This is a peer led process centrally facilitated by the Co-Ordinated support team in partnership with approximately 65 trained TRiM practitioners and 10 TRiM Managers. 13 referrals were made for a TRiM intervention (Nov 2021 – May 2022).    LGBTQ+ staff and male staff are less likely than other protected groups to report incidents of harassment/bullying and abuse. With physical violence there is an increase in lack of reporting from younger staff (21-30-year age staff group, males, Asian staff with LGBTQ+ staff least likely to report an incident.    *Associated 2021 NHS Staff Survey responses*  *Q14d – Last experience of harassment/bullying/abuse reported.*  46% UHD positive responses  EDI groups citing a less positive experience [3% less than UHD average] are LGBTQ+ (38%) and male staff (36%).    *Q13d – Last experience of physical violence reported.*  *68% UHD positive responses*  *EDI groups citing a less positive experience [3% less than UHD average] include 21-30-year staff group (64%), males (36%), LGBTQ+ (58%) and Asian staff (63%).* | Achieving Activity  2  To achieve Excelling Activity – the organisation facilitates pooling of union representatives to encourage independence & impartiality.  Robust follow up of incidents & wider sharing out outcomes is required. | Staff Network Leads  Risk & Governance  Occupational Health  Freedom to Speak Up Team  Human Resources  Trade Union representatives  Mental Health First Aiders  Health & Wellbeing  Ambassadors  TRiM Managers  TRiM  Practitioners |
| 2D: Staff recommend the organisation as a place to work and receive treatment | **UHD NHS Staff Survey 2021**   * Q21c – Would recommend the organisation as a place to work * Q21d – Would recommend as a place for treatment   UHD Strategic objectives | UHD strives to be an employer of choice; a key corporate objective for UHD “To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.”    A second strategic objective relates to patient care – “To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience.”    The organisation considers staff engagement as a key strategic enabler to improving staff satisfaction and improving the perception of UHD as a positive place to receive treatment.  UHD has a proven champion engagement programmes in an endeavour to understand and progress a positive staff experience. Examples of this include:   * Culture Champions were recruited to look at the current and desired culture relating to staff reward and recognition * Mental Health First Aiders to support staff with mental health concerns * Health & Wellbeing Ambassadors to progress wellbeing * Freedom to Speak Up Ambassadors to support concerns * Staff Network groups to progress the inclusion strategy     There are differing responses for this question in relation to recommendation for a place to work and a place for treatment.    *Associated 2021 NHS Staff Survey responses*  Staff would recommend UHD as a *place for treatment* – 73% positive.  EDI groups citing a less positive recommendation as a place for treatment include disabled staff (69%), some LGBTQ+ (59%) and mixed race staff group (62%).    *Associated 2021 NHS Staff Survey responses*  62% of respondents rated UHD as a positive *place to work*.  EDI groups citing a less positive response in the survey include disabled staff (56%), some LGBTQ+ staff (46%) and mixed race staff groups (49%).    The impact of COVID upon our staff has no doubt impacted the staff survey results. | Developing Activity  1  (combined work/treatment)  Place for Treatment in isolation would have scored Achieving Activity | All Leaders  Patient Engagement Team  Culture Champions Team |
|  | | | Domain 2: Workforce health and well-being overall rating | 6 |  |

## **Domain 3: Inclusive Leadership**

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| **Domain** | **Outcome** | **Sources of data** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| **Domain 3:**  **Inclusive leadership** | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Health Inequalities Programme Progress Update – January 2023  UHD Equality Diversity and Inclusion Strategy  Equality Diversity and Inclusion Group minutes  People and Culture Committee minutes  Workforce Race Equality Standard (WRES)  Workforce Disability Equality Standard (WDES)  Gender Pay Gap Report  NHS Staff Survey | **Workforce**  The implementation of the UHD Equality, Diversity and Inclusion Strategy is monitored through an EDI Group (EDIG), co-chaired by an Executive Director a Non-Executive Director.  The Board member is also the lead for addressing health inequalities.  EDIG provides regular updates through the UHD People and Culture Committee through to the Board of Directors. Reports include:   * UHD workforce profile * Workforce Race Equality Standard (WRES) Report and Action Plan * Workforce Disability Equality Standards (WDES) Report and Action Plan * Gender Pay Gap report   The Board has an annual plan for ongoing Equality and Health Inequalities Board development sessions.  Board and senior leader representatives have participated in the UHD Reverse Mentoring Programme, receiving mentoring from junior staff from underrepresented groups.  Board members are also active sponsors of our UHD Staff Network Groups:   * BAME Network – Peter Gill/Paula Shobbrook * Women’s Network – Siobhan Harrington * EU Network – Richard Renaut * ProAbility Network – Peter Gill/Karen Allman * Armed Forces – Abigail Daughters * Pride Network – Pete Papworth   Board and senior members also made visible commitments during 2023 Race Equality week including videos and pledges to support anti-racism and BAME staff career progression.  **Patient Health Inequalities**  UHD has a Director of Operational Performance and Oversight responsible for Patient Health Inequalities linked to the ICS Strategy for Health Inequalities. The UHD Health Inequalities Programme Board’s vision is to deliver healthcare interventions which support equity of access, experience and outcomes for people. The objectives being:   * To identify and bring together all existing initiatives regarding health inequalities and enable and support priority areas for interventions * To build a community of interest through Trust-wide engagement * To normalise and standardise reporting on health inequalities * To objectively quantify, characterise and report on access, experience and outcomes for patients   Reporting health inequalities data is a key driver to the success of this programme. Data reports include patient information relating to deprivation, ethnicity, age, learning disability. The DiiS insights dashboard is used to identify areas of variation and health inequalities.  Current work includes a focus on waiting list data, acute activity in both outpatients and inpatients and DNA rates.  The Health Inequalities Programme leads have presented at the Trust Management Group to update upon progress in January 2023. Health inequalities data is now included within the Trust’s board reports.    The Patient Engagement team provide the Board with a quarterly report relating to Family & Friends Test, complaints, Chaplaincy feedback, volunteers, youth development and carers support including activities of outreach to the local community. Demographic data supplied at present is limited to age although there are plans to expand further.  Patient First is a new UHD improvement initiative which will help improve patient health inequalities. | Developing Activity  1  Progress of Health Inequalities within wider services will increase scoring to Achieving Activity | Judith May, Director of Operational Performance and Oversight  Deepa Pappu, EDI Lead  Deborah Matthews, Director of Organisational Development  (Patient First) |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Board minutes  Equality Diversity and Inclusion Group (EDIG) minutes  People and Culture Committee minutes  Workforce Race Equality Standard (WRES)  Workforce Disability Equality Standard (WDES)  Gender Pay Gap Report  NHS Staff Survey  EDS2  Occupational Health updates  Equality Impact Assessments | **Workforce**  The Board and People and Culture Committee are provided with reassurance on progress of EDI national compliance requirements such as WRES/WDES/Gender Pay Gap and EDS2 via the EDIG reporting framework.  EDI workforce risks are tracked and assessed on a quarterly basis and presented at EDIG  Equality Impact Assessments for policies provide additional reassurance regarding inclusive decision making.  Occupational Health regularly provide specific staff risk assessments (BAME, disabled, pregnant staff) as appropriate with respect to their campaigns e.g. COVID vaccinations  **Patient Inequalities**  The Health Inequalities Programme produces monthly update reports, with associated risks and mitigated action plans highlighted where appropriate. | Developing Activity  1  Workforce in isolation would score Achieving Activity  Health Inequalities still in early stages |  |
| 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients from any source | Equality Diversity and Inclusion Group minutes  People and Culture Committee minutes  Workforce Race Equality Standard (WRES)  Workforce Disability Equality Standard (WDES)  Gender Pay Gap Report  NHS Staff Survey  Patient Health Inequalities Programme updates  Patient Engagement team updates | **Workforce**  The Healthy Working Lives Group and EDIG are facilitated by either a Non-Executive Director or a Director to ensure that performance is effectively monitored. Performance is also reviewed at the People and Culture Committee and also at the Board.  National EDI governance frameworks such as WRES/WDES/Gender Pay Gap/EDS2 all provide evidence and action plans to monitor progress.  Being active executive sponsors with the UHD Staff Network Groups provides additional opportunities for monitoring the effectiveness of equality and health inequalities in practice.  The ICB are also reviewing equality data, plans and progress at a system level; leverage from collaborative working across Dorset organisations will support improvement of this data.  **Patient Health Inequalities**  The ICB also reviews patient health inequalities programme progress and risks at a system level. Levers in place include development of community of practice across the Dorset system. Access to training resources/training programme will increase knowledge and leverage additional resource for this topic. | Developing Activity  1  To reach Achieving more focus required on  Accessible Information Standard, end of employment exit interviews, PCREF (Mental Health) as well as improved scores on tools such as WRES/WDES/GPG |  |
|  | | Domain 3: Inclusive leadership overall rating | | 3 |  |

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| **Third-party involvement in Domain 3 rating and review** | |
| **Trade Union Rep(s):**  Gareth Drinkwater (Unison) | **Independent Evaluator(s)/Peer Reviewer(s):**  Dr Asad Muhammed (International Doctors Support Initiative)  Judith Dube (BAME staff network)  Alice Girling (PRIDE staff network) |

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| EDS Organisation Rating (overall rating): 17 – Developing |
| Organisation name(s): University Hospitals Dorset |
| Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**  Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**  Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**  Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

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| **EDS Action Plan** | |
| **EDS Lead** | **Year(s) active** |
| Tracy Mack-Nava, Senior Organisational Development Practitioner,  Deepa Pappu, EDI Lead | Plan for April 2023-March 2024 |
| **EDS Sponsor** | **Authorisation date** |
| Deb Matthews – Director of Organisational Development  Peter Papworth – Director of Finance, EDI Executive Sponsor  Francesca Pingarelli – NHS Dorset (Head of People) ICS |  |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 1: Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | Increase availability of clinic locations to include areas of deprivation | Continue to establish family hubs with local authority partners making sure maternity clinics are hosted here | Q4 2023/24 |
| 1B: Individual patients (service users) health needs are met | Personalised care and support plans and available to all women | Increase local access to specialist clinics where needed. Maternal meds network clinics to be established locally. | Q4 2024/25 |
| 1C: When patients (service users) use the service, they are free from harm | The LMNS has oversight of all Sis and HSIB reports through the safety meeting, these reports will consider the impact of culture, ethnicity and language | Continue to develop buddy arrangements with Somerset LMNS to share learning.  Birthrights training to be held in both trusts. | Q2 2023/24 |
| 1D: Patients (service users) report positive experiences of the service | Ensure that the Maternity Voices feedback is reviewed and actioned appropriately to improve services | Work with MVPs and trusts on themes from the MVP survey | Q2 2023/24 |

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| **Domain** | **Outcome** | **Objective** | **Action** | | **Completion date** |
| **Domain 1: General approach to Commissioned or provided services** | 1A: Patients (service users) have required levels of access to the service | Create a culture of care based on positive attitudes towards welcoming the diversity of patients, their families, carers and service users and meeting their needs.  Be an organisation that continually improves by embedding inclusion principles and standards into everyday practice and placing them at the heart of policy, planning and delivery    Ensure that our services are accessible to all our patients and carers who require care and treatment and make sure that the information we provide can be adapted to meet individual needs. | | Provide communication support for patients, their families and carers with a disability, impairment or sensory loss as part of implementing the Accessible Information Standard.  Ensure AIS is included in Induction and in core learning. | 2023/24 |
| 1B: Individual patients (service users) health needs are met |
| 1C: When patients (service users) use the service, they are free from harm | Review the mechanisms and systems we have in place to engage with patients from different protected characteristics and reduce any disparity in the collection of personal patient data and to identify any EDI-related trends that needs to be explored further | 2023/24 |
| 1D: Patients (service users) report positive experiences of the service | Monitor feedback from all  patient groups and through our Friends and Family Test and analyse comments and complaints from those who use our services, and investigate areas where services can be improved | 2023/24 |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 2:**  **Workforce health and well-being** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | As an employer of choice, UHD will aim to create a working environment whereby staff can flourish and achieve their potential.  UHD will provide appropriate action whenever necessary to support staff and eliminate barriers to staff health inequalities.  Dignity and respect will underpin our civility agenda and support the reduction of abuse, harassment, bullying and physical violence. | Staff Health Inequalities data to be collected by Occupational Health, Psychological Support and Counselling Services and other referrals (EAP) on all protected characteristics. | 2023/24 |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | Anti-Racism/discrimination strategy to be implemented to include zero tolerance for all forms of discrimination, bullying, harassment and physical violence (to apply to all underrepresented groups).  Patient inappropriate behaviour approach to be finalised and adopted. | 2023/24 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Increased focus on data collection from protected characteristics will enable targeted support as required. | 2023/24 |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Continue to report on the WRES & WDES metrics and develop action plans to address main concerns.  Promote wider patient health inequalities project work to demonstrate organisational commitment to HI. | 2023/24 |

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| **Domain** | **Outcome** | **Objective** | **Action** | **Completion date** |
| **Domain 3:**  **Inclusive leadership** | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | To demonstrate compassionate and inclusive leadership where staff feel valued and included.  We will promote an environment where health inequalities can be identified in a safe and transparent way and for the organisation to learn and improve services/support as a result. | Board members to include equality and health inequalities in their Patient First key priorities.  Increase trust wide communication of Board actions and commitment to equality and health inequalities. | 2023/24 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Board members to sponsor an EDI related project or activity in relation to improving staff inequality and Health Inequalities. | 2023/24 |
| 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | Increase opportunities for Staff Networks and patient representatives to engage with the Board on their lived experiences.  Increase participation on the UHD Reverse Mentoring Programme for Senior leaders. | 2023/24 |

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