NHS Equality Delivery System 2022

EDS – University Hospitals Dorset

In partnership with Dorset Integrated Care System

February 2024

Contents

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/

The EDS is an improvement tool for patients, staff and leaders of 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 Report is 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 and published on the organisation's website.

NHS Equality Delivery System (EDS)

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	

EDS Lead	Tracy Mack-Nava	At what level has this been completed?	
			*List organisations
EDS engagement date(s)	8 February 2024	Individual organisation	Staff Network Leads, Trade Unions, Chaplaincy, Staff Governors, FTSU team, Health and Wellbeing Champions, Culture Champions
		Partnership* (two or more organisations)	
		Integrated Care System-wide*	Anita Counsell –Assistant Director, Health Inequalities and Population Health Management

Date completed	28 February 2024	Month and year published	February 2024
Date authorised	April 2024, Equality, Diversity and Inclusion Group	Revision date	

Completed actions from previous year	
Action/activity	**Related equality objectives**
1a. Maternity: **Increase availability of clinic locations to include areas of deprivation** Both trusts have been working with the LA's Family Hub project teams to agree on locations for the hubs and spoke clinics that will be needed in areas of deprivation. In the East of the county, there was a family hub that wasn't holding maternity clinics, and patients needed to get on two buses to their closest clinic, the team from UHD now holds clinics at this hub location. Dorset council have opened 2 FH sites in Trickets Cross and Leigh Park and have just approved Bridport and Wareham. There are another 6 sites that they are exploring. BCP council have completed a SWOT analysis on all 11 current sites and put the proposed sites out for consultation.	• Improve collection and use of all EDI data and compliance vs national standards.
1b. Maternity: **Increase local access to specialist clinics where needed. Maternal meds network clinics to be established locally.** The Maternal Meds network now takes referrals from both trusts and holds local clinics. We are currently reviewing the PCSP guidance and completing the annual audit will happen in Q4. Preterm birth service lives at UHD and developing at DCH.	• Improve collection and use of all EDI data and compliance vs national standards.
1c. Maternity: **Continue to develop buddy arrangements with Somerset LMNS to share learning.** Birthrights training to be held in both trusts. SI and HSIB reports continue to be monitored through the LMNS safety meeting and learning shared. Buddy arrangements have been finalised and joint meetings are held every 6 months. The reports will now consider culture, ethnicity, and language and this has been updated in the ToR. The PSIRF plans have been agreed and are being implemented. The TOR's and governance arrangements within the LMNS have been strengthened to ensure the perinatal quality surveillance model is fully implemented.	• Improve collection and use of all EDI data and compliance vs national standards.
1d. Maternity: **Work with MVPs and trusts on themes from the MVP survey** The MNVP work plan was completed based on patient feedback on what their priorities for improvements were. There are multiple methods of feedback that they contribute to including social media, and complaints and this is overseen by both trust and LMNS boards. The 2023 survey is currently being reviewed and an action plan will follow incorporating CQC patient feedback results.	• Improve collection and use of all EDI data and compliance vs national standards.
2a. **Staff Health Inequalities data to be collected by Occupational Health, Psychological and Counselling Services (PSC) and other referrals (EAP) on all protected characteristics.** PSC offer a self referral pathway into their service and protected characteristic data is collected. Occupational Health is developing a plan to increase data collection.	• Improve collection and use of all EDI data and compliance vs national standards.
2B **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).** UHD Anti-Racism/discrimination guidance published February 2024 includes reporting and support. **Patient inappropriate behaviour approach to be finalised and adopted.** Poster campaign aimed at zero tolerance of abuse from patients across UHD.	• Improve employee experience
2c. **Increased focus on data collection from protected characteristics will enable targeted support as required.** PSC now report using protected characteristics. Freedom to Speak Up Team is increasing their diversity reporting and Occupational Health are developing their data collection process.	• Improve collection and use of all EDI data and compliance vs national standards
2d. **Promote wider patient health inequalities project work to demonstrate organisational commitment to Health Inequalities.** Now being linked to the UHD Patient First strategy alongside the ICS,.	• Develop inclusive leadership capability
3b**. Board members to sponsor an EDI related project or activity in relation to improving staff inequality and Health Inequalities.** Board members now sponsoring each of the UHD Staff Networks.	• Develop inclusive leadership capability
3d. **Increase opportunities for Staff Networks and patient representatives to engage with the Board on their lived experiences.** Staff Network leads now invited to share their lived experiences at People and Culture Committee. **Increase participation on the UHD Reverse Mentoring Programme for Senior leaders.** Board members are actively promoting cohort 3 of the Reverse Mentoring Programme.	• Enhance Staff Network engagement • Develop inclusive leadership capability

EDS Rating and Score Card

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

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: **Service 1 – Palliative and End of Life Care***

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Data and evidence to show relevant patients with higher risks due to a protected characteristic or at risk of health inequalities (75% of those using the service) have adequate access to the service. Patients consistently report good or very good (or the equivalent) when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services **Quantitative data Age, sex, some characteristics no information gender re-assignment. Further work through collecting more data from medical examiner report (all patients in future)**	**Achieving activity 2**	Anita Counsell Deputy Director, Health Inequalities and Population Health Management
	1B: Individual patients (service users) health needs are met	Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients with higher risks due to a protected characteristic to commission, designed, increase, decrease, de-commission and cease services provided. The organisations signpost to VSCE organisations and social prescribing. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations. **Extensive engagement over time with patients, staff, carers and Voluntary Community Services (VCS) now embedded in business as usual. Service models adapted with Primary Care approach. On-going monitoring and learning cycles**	**Achieving activity 2**	Anita Counsell Deputy Director, Health Inequalities and Population Health Management
	1C: When patients (service users) use the service, they are free from harm	The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known H&S risks. Staff and patients feel confident, and are supported to, report incidents and near misses. The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses **This piece of work was to ensure optimum outcomes for patients and identify where patients were at greater risk of poorer outcomes. Comprehensive engagement showed people were confident to report issues, and on-going insight generation and action is now embedded. Every family of a person who dies will now get a call from a Doctor.**	**Achieving activity 2**	Anita Counsell Deputy Director, Health Inequalities and Population Health Management
	1D: Patients (service users) report positive experiences of the service	The organisation actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service. The organisation actively works with the VCSE to ensure all patient voices are heard. The organisations create data driven/evidence-based action plans, and monitors progress. **The organisation shows understanding of the link between staff and patient treatment. The organisations use patient experience data to influence the wider system and build interventions in an innovative way. This was the fundamental purpose of the work reviewed, this is being actioned in a new End of Care strategy with improvements already made**	**Excelling Activity 3**	Anita Counsell Deputy Director, Health Inequalities and Population Health Management
Service 1 – Palliative and End of Life Care Service* ***Palliative and End of Life Care case study (median) score submitted as organisational (OVERALL) rating for Dorset**			**9**	

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Data and evidence to show relevant patients with higher risks due to a protected characteristic or at risk of health inequalities (75% of those using the service) have adequate access to the service. Patients consistently report good or very good (or the equivalent) when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services. **Quantitative data includes: Age, sex, ethnicity, and some aspects of disability. Some characteristics have no information: Gender re-assignment, marital status- religion and sexual orientation, pregnancy maternity. Data shows some variation for age and sex and aspects of disability- but not necessarily true variation as these are independent risk factors and we would expect to see this.**	**Achieving activity 2**	Anita Counsell Deputy Director, Health Inequalities and Population Health Management
	1B: Individual patients (service users) health needs are met	Patients at higher risk due to a protected characteristic and other groups at risk of health inequalities needs are met in a way that works for them. The organisations fully engage with patients, community groups, and the public, to commission, designed, increase, decrease, decommission and cease services provided. The organisations work in partnership with VCSE organisations to support community groups identified as seldom heard. The organisations use social prescribing, where relevant. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations. The organisations work with, and influence partners, to improve outcomes for people with a protected characteristic and other groups at risk of health inequalities, across the system or where services connect. **Risk management is to take account of these factors and adjust service offer accordingly. Service offer was subsequently co-designed with patients and adapted to meet different needs based on feedback. Checked for potential for variation between patient groups including opt out, and not found. Differentiated service offer in place responding to stratified risk include elements including associated with protected characteristic (where available) and personalised care response for individual need. Service models across NHS and voluntary sector reviewed and Social RX process embedded in clinics with on-going evaluation.**	**Excelling activity 3**	Anita Counsell Deputy Director, Health Inequalities and Population Health Management
	1C: When patients (service users) use the service, they are free from harm	Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients with higher risks due to a protected characteristic to commission, designed, increase, decrease, de-commission and cease services provided. The organisations signpost to VSCE organisations and social prescribing. Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations. **This piece of work was to ensure optimum outcomes for patients and identify where patients were at greater risk of poorer outcomes. Engagement took place with service users and VCSE organisations to identify barriers and effective models for the future. Engagement suggested people were confident to report issues, and on-going insight generation and action is now embedded, as well as routine patient engagement.**	**Achieving activity 2**	Anita Counsell Deputy Director, Health Inequalities and Population Health Management
	1D: Patients (service users) report positive experiences of the service	The organisations collate data from patients with protected characteristics about their experience of the service. The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress. The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences. **Engagement undertaken with a range of groups including those working with specific at-risk groups including age groups, disability groups. Information reviewed against protected characteristics where available e.g. gender, age, disability. Routine patient information collected includes age, gender, and some proxy disability e.g. Long Term Conditions. The falls model builds in the likelihood that some groups are more likely to have a fall than others based on info including some protected characteristics. On-going monitoring will identify variation in patient experience. Proposed additions to the DiiS system will enable further consideration of protected characteristics**	**Excelling activity 3**	Anita Counsell Deputy Director, Health Inequalities and Population Health Management
Service 2 - Falls Risk Assessment			10	

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Data and evidence to show relevant patients with higher risks due to a protected characteristic or at risk of health inequalities (50% of those using the service) have adequate access to the service. Patients consistently report fair or good (or the equivalent) when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services	**Developing activity** 1	Judith May Director of Operational Performance and Oversight Anita Counsell Deputy Director, Health Inequalities and Population Health Management
	1B: Individual patients (service users) health needs are met	Patients at higher risk due to a protected characteristic needs are met in a way that works for them. The organisations often consult with patients and the public to commission, de-commission and cease services provided	**Developing activity** 1	Judith May Director of Operational Performance and Oversight Anita Counsell Deputy Director, Health Inequalities and Population Health Management
	1C: When patients (service users) use the service, they are free from harm	The organisation has mandated/ basic procedures/initiatives in place to ensure safety in services. The organisation has procedures/initiatives in place to enhance safety in services for patients in protected characteristic groups.	**Developing activity** 1	Judith May Director of Operational Performance and Oversight Anita Counsell Deputy Director, Health Inequalities and Population Health Management
	1D: Patients (service users) report positive experiences of the service	The organisations collate data from patients with protected characteristics about their experience of the service. The organisation creates action plans, and monitors progress.	**Developing activity** 1	Judith May Director of Operational Performance and Oversight Anita Counsell Deputy Director, Health Inequalities and Population Health Management
Service 3 – Ear, Nose and Throat Service, Waiting Lists			**4**	

Domain 2: Workforce health and well-being

Domain	Out come	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 2022**
		
		•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 (PSC) data
		
		UHD Building Healthy Working Lives Strategy
		
		UHD Managers/Staff Winter Wellbeing guidance document
		
		Employee Assistance Programme (EAP)
			UHD continues to invest in supporting staff health and wellbeing.
			
			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 Support & Counselling Service (PSC) 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.
			
			The Healthy Working Lives working group has been re-energised to enhance data collection and proactively review internal well being services.
			
			Healthy Working Lives strategy will be reviewed using the Patient First methodology.
			
			The UHD Cosmos system reports sickness absence data but no option is currently available to review by protected characteristic.
			
			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.
			
			From January 2023 to December 2023 there were 6,368 referrals for staff support to Occupational, an increase of 21% on the previous year. Musculoskeletal conditions remain a high percentage of OH utilisation by staff.
			
			OH currently only monitors minimal protected characteristics due to the limitations of the current eopas system – which is due to be upgraded in the next 12-18 months.
			The current EAP provider does not provide protected characteristic data.
			
			Psychological Support and Counselling Service (PSC)
			PSC is a specialist service providing totally confidential support for staff affected by stress and mental health. Run by a Consultant Clinical Psychologist with a team of BACP accredited Counsellors and Psychological Support Practitioners, PSC provides assessment and a range of specialist support interventions as well as signposting and referral to external services. Staff are able to access this service via self-referral and are supported to attend during their working hours where possible.
			
			For the time period January to December 2023 a total of 612 staff accessed the service (36% increase)
			
			PSC collect data on protected characteristics from the self-referral form.
			
			UHD Health & Wellbeing Lead
			The UHD Health & Wellbeing Champion team remain a positive force for wellbeing influence with over 60 Champions (140% increase) actively promoting and signposting staff to relevant wellbeing offerings and providing feedback on these services.
			
			UHD Health and Wellbeing has been rebranded as Thrive Wellbeing with a fresh new easy read format to help staff where English is not their first language. A monthly Thrive Hub information poster signposting staff to wellbeing information and services is distributed via the usual communication channels as well as via the Champions.
			
			A Thrive Live UHD Wellbeing Fair is taking place in March to include physical and mental awareness and support sessions including targeting menopause to meet demand.
			
			UHD Wellbeing check-in conversation framework has been launched and promoted to all staff. A supportive, coaching-style one to one discussion focused on empowering individuals while also building individual and team resilience.
			
			UHD Winter Wellbeing guidance for both staff and managers was designed and promoted in December 23.
			
			The UHD Library service across Bournemouth and Poole commission and promote many staff wellbeing books and regularly promote via display board.
			
			Associated 2022 NHS Staff Survey responses
			Q9d – Immediate Manager takes positive interest in my health & Wellbeing
			    68.2% UHD positive responses – a 1% increase.
			    EDI groups citing less favourable response include male staff 63.8%, staff identifying as LBGTQI+ staff (62.3%-79.1%) and staff over 66 years of age (61%)
				Developing Activity 1
				
				Promotion of self-management has excelled in the last year.
				
				Can become Achieving & Excelling if health monitoring for protected characteristics is collected and proactively monitored by OH.
				
				PSC collect this data and are beginning to consider with their service alongside sickness data.
				
				Awareness of PSC mental health support; less awareness of OH services.
				
				Staff assessed as Minimal/basic activities taking place.
					Gemma Lynn, Occupational Health Lead
					
					Dr Lorin Taranis, PSC
					
					Sorcha Dossitt, OD Health & Wellbeing Lead

			Q11a – Organisation takes positive action on health and wellbeing 51.7% UHD positive responses – 2% increase Positive improvement in most groups including 3.9% increase for 21-30 year old staff. Staff not wishing to advise their gender/sexual orientation (LGBTQI+) significantly lower rating (25.2-36.9%)		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	**UHD NHS Staff Survey 2022** • 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 2023 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. A Respect poster campaign was launched aimed at reducing abuse from patients last year. UHD has a respected Freedom to Speak Up Guardian and team. 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. An Anti-Racism/Discrimination guidance has now been published in conjunction with the BME Staff Network including an Anti-Racism/wider Discrimination statement from the Board, improved reporting mechanisms and associated supportive actions. *Associated 2022 NHS Staff Survey responses* *Q13c – Not experienced physical violence from other colleagues.* 98.5% UHD positive responses, 0.5% increase EDI groups citing less positive response include those identifying as Gay/Lesbian 93% and 96.4% BME staff *Q14a – Not experienced harassment, bullying or abuse from Patients* 71.1% UHD positive response, 1.9% decrease EDI groups citing less positive response include staff 21-30 years of age 66%, 67.5% staff with a disability, 65.9% BME staff and LGBTQI+ (61.3% - 66.7%) *Q14b – Not experienced harassment, bullying or abuse from Managers.* 89.90% UHD positive responses, no change EDI groups citing less positive experience include 84.7% disabled staff, LGBTQI+ groups 69.2% - 86.8%). *Q14c – Not experienced harassment, bullying or abuse from colleagues* 80.2% UHD positive responses, increase of 1.2% EDI groups citing less positive experience include 73.4% disabled staff, LGBTQI+ staff (71.4% - 73.6%)	**Achieving Activity 2** Considerable progress made with Anti-discrimination guidance and support from FTSU team. To achieve Excelling Activity, UHD needs to demonstrate a decrease year on year of bullying/harassment for staff groups. *Staff assessed this domain as achieving activity.*	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 2022**

•Q14d – Last experience of harassment/bullying/abuse reported.

•Q13d – Last experience of physical violence reported.

2022/23 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 and Governance directorate, Occupational Health, Human Resources, EDI lead, 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 2022/23 FTSU Annual Report it confirms that 279 concerns were raised by staff; 39%(108 staff) included an element of inappropriate attitudes and behaviours and in 15% (16 staff) of these were bullying and harassment.

Staff networks including Pride (supporting LGBTQ+ staff), Women's Network, EU Network, Armed Forces Network, ProAbility Network and Disability Ethnic Networks all offer signposting and guidance to relevant services.

Staff can utilise the Health and Wellbeing Champions and Mental Health First Aiders for confidential support and signposting in addition to self-referring to the UHD Psychological Support and Counselling Service.

The UHD Trauma Risk Management Programme (TRiM) supports staff and line managers 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 approximately 65 trained TRiM practitioners and 10 TRiM Managers. 34 referrals were made for a TRiM intervention (22/23).

Associated 2022 NHS Staff Survey responses
Q14d – Last experience of harassment/bullying/abuse reported.
    44.1% UHD positive responses, reduction of 2.2%
    EDI groups citing less favourable response include 21-30 year group with 41.7%.
Q13d – Last experience of physical violence reported.
    66.9% UHD positive responses, 1.3% reduction
    EDI groups citing less favourable responses include 21- 30 year age group (61.9%) and LGBTQi+ Prefer not to say group (59.4%). | **Achieving Activity 2**

To achieve Excelling Activity –

UHD would be required to facilitate the pooling of union representatives to encourage independence & impartiality.

Robust follow up of incidents & wider sharing out outcomes is required.

Staff assessed this domain as Achieving Activity. | 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/Practiti oners |

| 2D: Staff recommend the organisation as a place to work and receive treatment | **UHD NHS Staff Survey 2022**

•Q21c – Would recommend the organisation as a place to work

•Q21d – Would recommend as a place for treatment

UHD Patient First strategic objectives

UHD Annual Workforce Profile Report 2023 | In 2023, UHD launched Patient First - a long-term approach to building improvement into everything we do. "When staff thrive, our patients thrive. It's a proven fact that patients get better care in hospitals where staff feel able to make a difference"

The mission is "To provide excellent healthcare for our patients and wider community and to be a great place to work, now and for future generations."

There are 5 strategic themes which are our priorities as a Trust, which each have clear breakthrough objectives for the year:
1. Population and System – "Seeing patients sooner" (accessible care for patients)
2. Our People – "Great place to work" (attracting and retaining staff)
3. Patient Experience – "Improving patient experience, listen and act"
4. Quality Outcomes and Safety – "Save lives, improve patient safety"
5. Sustainable Services – "Use NHS pound wisely" (improve timeliness and quality of care for patients)

Workplace:
UHD has a proven champion engagement programmes in an endeavour to understand and progress a positive staff experience. Examples of this include:
• Culture Champion programme are supporting data collection for Patient First.
• Mental Health First Aiders to support staff with mental health concerns
• Health & Wellbeing ~Champions to progress wellbeing
• Freedom to Speak Up Ambassadors to support concerns
• Staff Network groups to progress the inclusion strategy

The UHD 2023 Annual Workforce Profile report confirms over 20% of staff are aged over 55; with increased ongoing health inequalities and a likelihood of exiting the organisation to pursue retirement.

There are differing responses for this question in relation to recommendation for a place to work and a place for treatment:

The UHD Co-ordinated support programme enables a quick pathway to urgent wellbeing support and is promptly reviewed by OH, PSC and FTSU Guardian.

Q21c – Would recommend the organisation as a place to work
56.3% UHD favourable responses, 5.7% reduction
    EDI groups citing less favourable responses include disabled staff (49%), LGBTQI+ groups (35.7% - 53.7%).
    EDI groups reporting more favourable responses include BME 65.6% and Male staff 59%)

Q21d – Would recommend as a place for treatment
64.3% UHD favourable responses, 8.7% reduction
EDI groups citing less favourable responses include disabled staff 60.3% and LGBTQI+ community (42.9% - 62.7%) | *Developing Activity*
1
(combined work/treatment)

An increased score of 70% would contribute to Achieving activity status | All Leaders

Patient Engagement Team

Culture Champions Team |
| | **Domain 2: Workforce health and well-being overall rating** | | **6** | |

Domain 3: Inclusive leadership

Domain	Outcome	Data source	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	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	**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 Staff health inequalities. The Board has an annual plan for ongoing Equality and Health Inequalities Board development sessions. 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 Data is being investigated to provide Care Groups/department level data across protected characteristics to inform decision making regarding workforce data including sickness data. Board members are also active sponsors of our UHD Staff Network Groups.: • DEN Network –Paula Shobbrook • Women's Network – Siobhan Harrington • EU Network – Richard Renaut • ProAbility Network – TBC • Armed Forces – Abigail Daughters • Pride Network – Pete Papworth *Patient Health Inequalities* UHD has appointed Dr Peter Wilson, Chief Medical Officer as lead for Patient Health Inequalities supporting Judith May 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 Health inequalities data is now included within the Trust's board reports. Population Health and System Committee established with 'quarterly' meetings. Receives update on service equality monitoring in key patient pathways. Integrated Performance Report includes data on elective waits dis-agretated by deprivation and ethnicity	**Developing Activity 1** Progress of Health Inequalities within wider services will increase scoring to Achieving Activity *Staff assessed as minimal activities taking place*	For Patient Health Inequalities: Dr Peter Wilson, Chief Medical Officer Judith May, Director of Operational Performance and Oversight For Staff Equality and Health Inequalities: 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 (BME, disabled, pregnant staff) as appropriate with respect to their campaigns e.g. COVID vaccinations . The BDO internal audit maturity assessment completed in 2001 to measure UHD's EDI progess. UHD has a Board Risk Appetite Statement in the Risk Management Strategy, although more specific reference to EDI and Health Inequalities need be included. Patients: the Population Health System Committee are introducing an EDI patient dashboard through the Dorset Intelligence Insight Service which could identify variations in patient access outcomes and experience. This is reported at organisation and system level. **Patient Inequalities** Population Health and System Committee established with 'quarterly' meetings. Receives update on service equality monitoring in key patient pathways. Integrated Performance Report includes data on elective waits dis-aggregated by deprivation and ethnicity Health Inequalities now form part of the Board Assurance Framework.	**Developing Activity 1** Workforce in isolation would score Achieving Activity Health Inequalities still in early stages *Staff assessed as required/minimal activity taking place*	
	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	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 Pap/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. The BDO Auditors undertake periodic reviews of our EDI progress. **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. The Trust has implemented a Population Health and System Committee (a sub-Committee of the Board) that will have oversight of the Trust's programme of work to contribute to the CORE20PLUS5 approach to addressing Health Inequalities. EDI patient dashboard, Dorset Intelligence and Insight Service [DIIS], Population Health MGT Tool is used to identify variation in patient access outcomes and experience	**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. UHD needs to be reflective of local population served at levels 8c. *Staff assessed this domain as minimal activities taking place.*	

Domain 3: Inclusive leadership overall rating	3	

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s):	**Independent Evaluator(s)/Peer Reviewer(s):**
Staff Network Leads Unison and RCN Trade Union Representatives	UHD Staff Network Leads

EDS Organisation Rating (overall rating): **18 – Developing** (increase from 17 in 2022)

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**

	EDS Action Plan	

EDS Lead	Year(s) active
Deepa Pappu, EDI Lead Jonathan Harding – Joint Head of Organisational Development	Plan for April 24-March 25
EDS Sponsor	**Authorisation date**
Deb Matthews – Director of Organisational Development Peter Papworth – Chief Finance Officer, EDI Executive Sponsor Francesca Pingarelli – NHS Dorset (Head of People) ICS Anita Counsell - Deputy Director, Health Inequalities and Population Health Management	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services EAR NOSE AND THROAT SERVICE	ENT 1A: Patients (service users) have required levels of access to the service	To make it easier for children and young people to attend their appointments without missing school.	Explore the location of clinics, to make it easier for children and young people to attend appointments. For example, schools or children's centres. Review the evidence of best practice and ensure the ENT service are delivering services in line with recommendations around reducing DNAs. Proactively use DiiS to monitor and identify any groups of people who may be struggling to access services compared to other groups. Targeted initiatives can then be developed.	May 24
	ENT 1B: Individual patients (service users) health needs are met	Personalised care and plans available as required.	Develop a mechanism for offering tailored support to families who may be struggling to attend appointments / access services.	May 24
	ENT 1C: When patients (service users) use the service, they are free from harm	Was Not Brought Policy	Update the ENB policy and ensure awareness and compliance across the trust.	May 24
	ENT 1D: Patients (service users) report positive experiences of the service	To embed the patient voice into service reviews and development.	Through the 100 day project establish a parent / carer focus group to explore reasons and causes of DNAs. Alongside this develop a questionnaire which can be sent to all users of ENT services to capture feedback. Once the project is complete agree a method of ensuring regular feedback is sought and acted upon.	May 24

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services END OF LIFE CARE	EOLC 1A: Patients (service users) have required levels of access to the service	Improve the ability to identify where there is real variation between population groups, rather than could be caused by chance by strengthening information on our system DiiS (to be utilised by End of Life Care, and other services)	Improve capture of information on protected characteristics in healthcare services Review of fields against NHSE health inequalities reporting requirements and equality duties (protected characteristics) Addition of new fields as required/available	June 2024 September 25 March 2025
	EOLC 1B: Individual patients (service users) health needs are met	Embed system quality, equality and health inequality impact assessment (SQEEIA) in new service development and service reviews (for ongoing review of end of life care, and other services)– including systematic comparison and review of eligible population and those accessing services	Embed SQEEIA process in Population Health Management approach and resources	October 2025
	EOLC 1C: When patients (service users) use the service, they are free from harm	Bring together quality, health inequality impact assessment process to ensure routine consideration of quality aspects of service alongside equality aspects (in future end of life care and other services)	ICB Equity and Inclusion health post holder in place to provide expert input Update resources published July 2024 to support process Roll training to support system quality, Equity, Equality impact assessment approach	July 2024 August 2024 Jan 2025
	EOLC 1D: Patients (service users) report positive experiences of the service	Learning from work on end of life care , and other reviews ensure service user experience is routinely embedded in service review processes . Continue to review service user experience in End of Life Care (and make changes required)	Embed consideration of service user experience in Population Health Management approach - linking to insight repository in system working with communities workstream Continue with the new process implemented whereby a Doctor contacts all next of kin following a death in Dorset	Review findings March 2025 Review findings March 2025
Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services FALLS	FALLS 1A: Patients (service users) have required levels of access to the service	Improve the ability to systematically identify where there is real variation between population groups, rather than could be caused by chance, by strengthening information on our system Intelligence and Insight Service (DiiS) (to be utilised by End of Life Care, and all other services)	Improve capture of information on protected characteristics in healthcare services Review of fields against NHSE health inequalities reporting requirements and equality duties (protected characteristics) Addition of new fields to DiiS required/available	June 2024 September 25 March 2025
	FALLS 1B: Individual patients (service users) health needs are met	Embed system approach to quality, equity, equality and health inequality impact assessment (SQEEIA) in new service development – including systematic comparison and review of eligible population and those accessing services (for Falls and all other services/policies) Periodically review SQEEIA to ensure service continues to meet needs	Embed SQEEIA process in Population Health Management Undertake repeat SQEEIA for falls services	March 2025 January 2025
	FALLS 1C: When patients (service users) use the service, they are free from harm	Bring together quality, health inequality impact assessment process to ensure routine consideration of quality aspects of service alongside equality aspects (in future end of life care and other services) Ensure staff undertaking SQEEIA have the skills to do this	ICB Equity and Inclusion health post holder in place to provide expert input Updated resources published to support process Roll training to support System Quality, Equity, Equality impact assessment approach (SQEEIA)	July 2024 August 2024 Jan 2025
	FALLS 1D: Patients (service users) report positive experiences of the service	Learning from Falls work, ensure service user experience is routinely embedded in service review processes . Share learning from using service user experience as part of falls review with other services	Embed consideration of service user experience in Population Health Management approach - linking to insight repository in system working with communities workstream Include falls service user review in Insight Bank	Dec 2025 September 2024

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services EAR NOSE AND THROAT SERVICE	ENT 1A: Patients (service users) have required levels of access to the service	To make it easier for children and young people to attend their appointments without missing school.	Explore the location of clinics, to make it easier for children and young people to attend appointments. For example, schools or children's centres. Review the evidence of best practice and ensure the ENT service are delivering services in line with recommendations around reducing DNAs. Proactively use DiiS to monitor and identify any groups of people who may be struggling to access services compared to other groups. Targeted initiatives can then be developed.	May 24
	ENT 1B: Individual patients (service users) health needs are met	Personalised care and plans available as required.	Develop a mechanism for offering tailored support to families who may be struggling to attend appointments / access services.	May 24
	ENT 1C: When patients (service users) use the service, they are free from harm	Was Not Brought Policy	Update the ENB policy and ensure awareness and compliance across the trust.	May 24
	ENT 1D: Patients (service users) report positive experiences of the service	To embed the patient voice into service reviews and development.	Through the 100 day project establish a parent / carer focus group to explore reasons and causes of DNAs. Alongside this develop a questionnaire which can be sent to all users of ENT services to capture feedback. Once the project is complete agree a method of ensuring regular feedback is sought and acted upon.	May 24

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	**The UHD Patient First mission is -** "To provide excellent healthcare for our patients and wider community and to be a great place to work, now and for future generations." The strategic People A3 target is "To achieve top decile NHS Staff Survey results for "I would recommend UHD as a great place to work" by 2026/27" UHD aim to create a work environment whereby Staff can flourish and achieve their potential. UHD will provide appropriate action wherever possible 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 on all protected characteristics. Opportunity for both PSC and OH to consider review utilisation of their services against the overall organisational workforce profile. Targeted promotion of PSC, OH services and Health and Wellbeing offers to staff networks to reach underrepresented staff groups.	2024/5
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source		Published Anti-Racism/discrimination guidance to become embedded into UHD inclusive culture and to apply to all underrepresented groups of staff. Patient inappropriate behaviour to proactively addressed. Pink LERN forms to be evaluated quarterly to identify progress. Review of 2023 NHS Staff Survey data when available.	2024/5
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source		The FTSU team are expanding their focus on data collection to enable wider reporting and targeted support as required.	2024/5
	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 health inequalities.	2024/5

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	**Patient First:** There are 5 strategic themes which are our priorities as a Trust, which each have clear breakthrough objectives for the year: 1. Population and System – "Seeing patients sooner" (accessible care for patients) 2. Our People – "Great place to work" (attracting and retaining staff) 3. Patient Experience – "Improving patient experience, listen and act" 4. Quality Outcomes and Safety – "Save lives, improve patient safety" 5. Sustainable Services – "Use NHS pound wisely" (improve timeliness and quality of care for patients)	Increase trust wide communication of Board actions and commitment to Equality and Health Inequalities.	2024/5
	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 objective or activity in relation to improving inequality and health inequalities.	2024/5
	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		**Workforce data:** EDI metric dashboard to supplement existing WDES/WDES/Gender Pay Gap will assist in identifying opportunities to increase equality and staff health inequalities. **Patient Health Inequalities data:** The Trust has implemented a Population Health and System Committee (a sub-Committee of the Board) that will have oversight of the Trust's programme of work to contribute to the CORE20PLUS5 approach to addressing Health Inequalities.	2024/5