Equality Delivery System for the NHS

EDS2 Summary Report

Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the '9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at: **http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf**

This *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation's website.

NHS organisation name:

Dorking Healthcare Ltd

Organisation's Board lead for EDS2:

Michael Arnaud

Organisation's EDS2 lead (name/email):

Leon Palmer-Wilson- Governance and Compliance Manager

Organisation's Equality Objectives (including duration period):

These priorities have been identified through review of EDS2 evidence and reflect areas where further work is required to strengthen understanding of equitable access, experience and outcomes across protected groups.

Priority 1: Improving the use of data to understand and address population need

Strengthening the collection and quality of demographic data, particularly ethnicity
Using Population Health Management (PHM) insights to understand variation in

Level of stakeholder involvement in EDS2 grading and subsequent actions:

The Equality, Inclusion and Diversity (EID) Committee meets quarterly with representation from HR, Governance, senior clinicians, service leads and Board representatives.
Evidence informing this submission includes patient experience data (outpatient survey, FFT, ISQ), workforce data and staff survey findings, complaints and incidents reporting, and input from the Talking Therapies patient participation group.
Evidence and grading have been reviewed through EID governance processes, with ongoing discussion with the ICB through quality reporting and meetings.

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):

Patient experience across DHC services is consistently positive, with patients reporting that they are treated with dignity and respect.
Services are designed to be accessible and inclusive, including the provision of interpretation services (including sign language), and support for patients with visual or hearing impairments in line with Accessible Information Standards.
Equality and inclusion are supported through organisational policies and mandatory training, alongside governance oversight through the Equality, Inclusion and Diversity Committee.

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Date of EDS2 grading **Date of next EDS2 grading**

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes	1.1	**Services are commissioned, procured, designed and delivered to meet the health needs of local communities** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: Staff undertake Equality Inclusion and Diversity, and Oliver McGowan disability awareness training when they start with us and refresh their learning every three years. We provide hearing loops and large font for patients in line with our accessible information standard policy. The majority of DHC's services are provided without step access, where our premises do have steps there is alternative lift access. Patient information can be provided in ⊞	✓
	1.2	**Individual people's health needs are assessed and met in appropriate and effective ways** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: Systems are in place to record additional needs and support reasonable adjustments, with positive feedback from patient surveys and clinician interpersonal skills questionnaires. While overall experience is positive, evidence of how effectively needs are met across protected groups is currently limited. Improving data quality and reporting remains a key area of focus. ⊞	✓
	1.3	**Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: With a number of sub-contractors and providers, our care pathways need continuous and active monitoring. Patient tracking is carried out to ensure smooth progression of care pathways and timely care for our patients. On discharge, or in the case of onward referral, patients receive letters, written in plain language, relating to their care. ⊞	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes, continued	1.4	**When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Safeguarding, incident reporting and governance processes are well established, supported by mandatory training and regular review. Learning from incidents and complaints is shared across the organisation. Further work is required to strengthen evidence of how safety outcomes are experienced across different patient groups. ⊞	✓
	1.5	**Screening, vaccination and other health promotion services reach and benefit all local communities** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Health promotion activities are delivered through primary care services and supported by information available in clinical environments. While services reflect the local population, evidence of uptake and impact across protected groups is limited and will be strengthened through improved data collection and analysis. ⊞	✓
Improved patient access and 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** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** A range of measures are in place to support access, including accessible facilities, interpreters, SMS communication and compliance with Accessible Information Standards. Systems are in place to identify carers and support additional needs. Further work is required to demonstrate how effectively access arrangements meet the needs of different population groups. ⊞	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Improved patient access and experience	2.2	**People are informed and supported to be as involved as they wish to be in decisions about their care** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Patient feedback indicates that the majority of patients feel involved in decisions about their care, supported by clear communication and information sharing with both patients and GPs. While overall feedback is positive, further work is required to understand whether this is consistent across all protected groups. Link:	✓
	2.3	**People report positive experiences of the NHS** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Patient experience is consistently positive, with high levels of satisfaction and likelihood to recommend services. Current evidence is largely based on overall feedback. Improving analysis by protected characteristic will support a clearer understanding of variation between groups. Link:	✓
	2.4	**People's complaints about services are handled respectfully and efficiently** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** 2.4 Complaints A structured complaints process is in place, with oversight through senior management and Board-level review. Patients are kept informed throughout the process and Duty of Candour is followed where required. Further work is required to strengthen analysis of complaints data	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.1	**Fair NHS recruitment and selection processes lead to a more representative workforce at all levels** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** 3.1 Recruitment Recruitment processes are aligned with equality legislation and organisational policy, supporting fair and consistent selection across all roles. Further work is required to strengthen understanding of workforce representation across protected groups. ⊞	✓
	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** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** 3.2 Equal pay Pay is reviewed in line with NHS frameworks and benchmarked against comparable organisations, with monitoring supported through workforce reporting. Further work is required to strengthen evidence of outcomes across different staff groups. ⊞	✓
	3.3	**Training and development opportunities are taken up and positively evaluated by all staff** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** 3.3 Training Mandatory training and appraisal processes support development across all staff groups, with training needs identified based on role requirements. Further work is required to improve evaluation of training uptake and outcomes across protected characteristics. ⊞	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.4	**When at work, staff are free from abuse, harassment, bullying and violence from any source** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: 3.4 Bullying / harassment Staff survey data indicates that a small proportion of staff report experiences of bullying or harassment. This is reviewed through governance processes and informs ongoing work relating to staff wellbeing and culture. Actions are being developed and monitored to address identified ⊞	✓
	3.5	**Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: 3.5 Flexible working Flexible working arrangements are supported in line with service need, with staff able to request changes to working patterns. Workforce data indicates generally positive experiences, with ongoing monitoring through staff survey and HR processes. ⊞	✓
	3.6	**Staff report positive experiences of their membership of the workforce** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: 3.6 Staff experience Staff survey data indicates generally positive experiences of working within DHC, including job satisfaction and wellbeing. Further work is underway to strengthen engagement and ensure experience is consistent across all staff groups. ⊞	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Inclusive leadership	4.1	**Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: 4.1 Leadership commitment Leadership commitment to equality is demonstrated through governance structures, including EID Committee oversight and Board engagement. Further work is required to strengthen the demonstration of impact across organisational decision-making.	✓
	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** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: 4.2 Equality in decision-making Governance processes support consideration of equality, including routine discussion within EID structures. Further work is required to ensure equality impacts and risks are consistently identified and documented within Board and committee papers.	✓
	4.3	**Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: 4.3 Line management / culture Managers support staff through flexible working approaches and consideration of individual needs, supported by organisational policies. Further work will focus on strengthening culturally competent practice and ensuring a consistent experience across staff groups.	✓