

# The Equality Delivery System for the NHS

## Grades Manual



Making Sure Everyone Counts

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# Introduction

The EDS will support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. If used effectively, it will help organisations achieve compliance with the public sector Equality Duty in a way that also helps them deliver on the NHS Outcomes Framework (2010), the NHS Constitution (2010), CQC's Essential Standards of Quality and Safety (2010), and the Human Resources Transition Framework (2011).

The EDS is a tool for both current and emerging NHS organisations – in engagement with patients, staff and the public – to use to review their equality performance and to identify future priorities and actions. It includes local and national reporting and accountability mechanisms. (In this document the term "NHS organisation" is used to refer to both NHS commissioners and NHS providers. They have a responsibility not only for the welfare of their patients but also for the welfare of their staff.)

At the heart of the EDS is a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed and graded, and equality objectives and associated action determined.

The four EDS goals are:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well-supported staff
4. Inclusive leadership at all levels

For each EDS outcome, there are four grades, and a RAG<sup>plus</sup> rating, to choose from:

- ▲ Excelling – Purple
- ▲ Achieving – Green
- ▲ Developing – Amber
- ▲ Undeveloped – Red



The grading system for each outcome is presented in 18 tables from page 8. Each outcome has a list of factors, which are given in the left-hand column of the table. The other four columns comprise the descriptions of performance from “undeveloped” to “excelling” for each factor.

## Design of the grades

Most of the grades have been designed to reflect and promote:

- The delivery of positive outcomes for protected groups, and to encourage continuous improvement.
- The recognition of inequalities between protected groups and patients or staff as a whole, and how gaps can be reduced while maintaining or improving overall outcomes.
- Good engagement with patients, carers, communities and staff from protected groups.
- The use of best available evidence and good practice examples to inform service and workforce developments.
- Tackling health inequalities for disadvantaged groups at the same time as inequalities for protected groups are addressed.
- Dealing with, and reporting on, equality as part of mainstream business and in particular relating work designed to promote equality to work focused on the imperatives of QIPP, as reported in NHS Integrated Plans where appropriate or in other ways.

When the descriptions under the “excelling” column for an outcome are read together, they give an overview of what an excellent organisation would look like on that outcome. Similarly, when the descriptions under the “achieving” column are read together, they give an overview of what an achieving organisation looks like

for that particular outcome. And so on for the descriptions in the “developing” and “undeveloped” columns.

The grades are intended to provide organisations with an overview of their equality performance, and help them clearly identify equality progress and challenges. While both good and poor performance should come to light, the purpose of the EDS and its grades should, primarily, be about helping good organisations maintain and further improve their performance, and helping poor organisations address and overcome their difficulties and so embed equality into mainstream business.

Over time, all organisations should plan to attain and/or maintain the “excelling” grade on all outcomes. The wording for the grades will not only help organisations to gauge their current position; it will highlight how progress may be made and encourage continuous improvement.

## Getting started

Before embarking on the assessments and using the grades, NHS organisations should be certain that local interests, especially patient and community groups, have been supported to understand the grades and how the process works.

Organisations and local interests commence the grading for a particular outcome by agreeing for each factor the most appropriate grade. Once all the factors of an outcome have been graded, the organisation and its local interests must take stock of the results and agree an overall grade for the outcome.

Where there is a disagreement between an organisation and its local interests over the overall grade for an outcome, which cannot be resolved despite the best intentions of all parties, then the views of

the local interests should be given weight. Where disagreements are significant and cannot be resolved locally, NHS commissioners and their local interests could refer matters to their PCT Cluster. Providers and their local interests could agree to refer such disputes to their local commissioner or a neighbouring provider.

## General guidelines and local decisions

No hard and fast rules are given in this guidance. It is through local conversations, supported by evidence, that organisations and local interests will determine the overall grades for each outcome. However, there are general guidelines that organisations and their local interests can follow.

The determination of which grade to use is made easy when all the factors for an outcome are graded the same – for example, if all factors for an outcome are graded “developing”, then the overall outcome should be graded as “developing”.

But things are rarely that straightforward, and there will be many variations. For example, if for two factors the organisation’s performance is rated “achieving”, but on the remaining four or five factors, it is rated as “developing”, an overall grade for that outcome of “developing” might be appropriate.

If for three factors the organisation is rated as “developing”, and on the other three as “achieving”, determination of the final grade might depend on particular performance for each factor. For example, if all of the “achieving” grades are close to “excelling”, and all of the “developing” grades are close to “achieving”, then the case could be made for an overall grade of “achieving”.

In deciding on the overall grade for any outcome, some organisations and local interests might wish to focus on the first two or three

factors, as they usually focus directly on patient or staff outcomes, with other factors focusing on processes to achieve these outcomes. In some situations, good achievement on the first two or three factors might over-ride not-so-good performance on the other factors. If, however, it is believed that consistently achieving on the first two or three factors depends on good processes being put in place, then the latter factors might dominate how the overall grade is determined. The overall grade will depend on how these sorts of issues are viewed locally, and on past performance and future intentions.

## Defining terms

In the grade descriptions, reference is made to “all”, “most”, “some” and “none/few” protected groups. As a rule of thumb:

- “All” means all nine protected groups
- “Most” means six to eight protected groups
- “Some” means three to five protected groups
- “Few” means one or two protected groups
- “None” means no protected groups

Organisations and local interests should avoid using these definitions too rigidly. For example, an organisation could be delivering positive outcomes for five protected groups, while for the four other protected groups, the organisation has openly recognised the challenges it faces in delivering positive outcomes, and has plans in place to meet these challenges and is beginning to do so. Describing this organisation as “developing” because, on paper, it is only producing positive outcomes for some (five) protected groups would appear to be ungenerous. A better description may be “achieving”. In this example, if the organisation has had plans and good intentions in place for a

number of years, yet nothing seems to change, then “delivering” may be a better description.

For some grade descriptions, the terms “Never or rarely”, “Sometimes”, “Usually” and “Always” are used. Although there are no fixed rules, the following definitions may help organisations and local interests to apply these terms fairly and consistently. If there are nine occurrences in total in a business period – for example, nine possible occasions on which patients can be engaged on a particular matter, or nine occasions when issues for protected groups can be integrated into mainstream business – then these terms can be defined as follows:

- “Never” – none out of nine
- “Rarely” – once or twice out of nine
- “Sometimes” – three to five times out of nine
- “Usually” – six to eight times out of nine
- “Always” – nine times out of nine

Many of the grade descriptions ask about the level of engagement with and/or about protected groups. In responding to this factor, organisations should not count one-off consultation as engagement. When engaging with local interests, the engagement must be sustained, informed and meaningful. Contacting, hearing and working with some protected and disadvantaged groups will challenge some parts of the NHS, which can sometimes make itself hard-to-reach.

## Mainstream processes

Most factors ask if organisations aim to make improvements on particular outcomes for protected groups through mainstream processes. This is an important question as EDC members and many other experts see the urgency of making equality part of mainstream business, instead of an add-on or take-it-or-leave it option. The mainstream process will differ depending on what types of improvements are being made, and whether or not the improvements focus on patients, carers, communities or staff. Current mainstream processes that organisations should have in mind as they use the EDS are as follows:

- On-going dialogue and relationship management between commissioners and providers
- Contract setting and contract monitoring
- Procurements
- Responding to the QIPP challenge through NHS Integrated Plans, which for NHS foundation trusts are optional
- Delivering on the NHS Outcomes Framework
- Delivering on the NHS Constitution
- Quality Accounts
- NICE (National Institute for Health and Clinical Excellence) standards and other guidance, and associated implementation plans
- Core Human Resource policies and procedures, including delivering on the Human Resources Transition Framework

## Case studies

The case studies that are provided from page 26 onwards present a range of different scenarios and how, for particular outcomes, factors might be graded, and overall grades agreed for each outcome. The case studies cover all 18 outcomes, different types of NHS organisations and varying levels of performance. Some of the case studies present straightforward circumstances; others are more complex. Please bear in mind that although they are grounded in reality, the case studies are fictitious. The NHS organisations covered in the case studies comprise current NHS bodies and new ones that will, subject to Parliamentary approval, be introduced through the Health and Social Care Bill, 2011.

## After the grading

Once overall grades for all outcomes are agreed, a pattern of organisational performance will emerge. On the basis of this pattern, organisations, in engagement with local interests, will prepare their equality objectives for the coming planning period. It is likely that the equality objectives will focus on those particular outcomes where most improvement is needed. However, see Annex J of the EDS main text for further guidance, as organisations will often need to understand the connection between outcomes and/or unpick the evidence used to determine overall performance on an outcome. For example, organisations will need to consider how improving performance on some outcomes can help to improve performance on other outcomes. They might also need to consider whether outcomes for particular services provided by an organisation, or outcomes for particular protected groups, should be targeted for action. To do so, they will again have to look at the underlying evidence.

It is recommended that equality objectives should be kept to four or five and, possibly, be spread across the four EDS goals. Because of the provisions of the Equality Act, the organisation is responsible for finalising the equality objectives.

The grades are primarily for use locally. For this reason, individual organisations and their local interests should make the grades and their descriptions work for them.

However, both regionally and nationally, the grades of different organisations can, and may, be compared in different contexts. For example, NHS commissioners and their local interests may share their grades and associated actions with PCT Clusters. CQC could be notified of providers' grades where there are persistent and serious concerns.

## The grades and case studies

The descriptions of each grade are given on pages 6 to 23.

Case studies to show how the grades might apply in practice are given on pages 24 to 41.

## EDS Outcome 1.1 (EDS Goal 1 – Better health outcomes for all)

Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities

| Factor  | Undeveloped →  | Developing →                               | Achieving →                                | Excelling   |
|---|--|--|--|---|
| Through the use of best available evidence, for how many protected groups can the organisation demonstrate that the health needs of patients & carers are being met, and well-being is promoted?                              | No evidence at all<br>Or<br>For few or none of the protected groups                  | For some protected groups                  | For most protected groups                  | For all protected groups  |
| Through the use of best available evidence, how does the health and well-being of patients & carers from protected groups compare with the health and well-being of all patients & carers?                                    | No evidence at all<br>Or<br>No difference for few or none of the protected groups    | No difference for some protected groups    | No difference for most protected groups    | No difference for all protected                                   |
| Through the use of best available evidence, what is the extent of the gap in health inequalities between patients & carers from protected groups and patients & carers as a whole?  | No evidence at all<br>Or<br>Little or no gap for few or none of the protected groups | Little or no gap for some protected groups | Little or no gap for most protected groups | Little or no gap for all protected groups                         |
| Does the organisation engage with patients, carers & communities (and for foundation trusts, with members and governors) from protected groups on how health needs can be met, well-being promoted, and inequalities reduced? | With few or none of the protected groups   | With some protected groups                 | With most protected groups                 | With all protected groups   |
| Does the organisation take account of key disadvantaged groups in the above processes?  | Never or rarely  | Sometimes                                  | Usually                                    | Always  |
| Does the organisation aim to meet health needs & promote well-being of protected groups, and reduce health inequalities, through mainstream processes?  | Never or rarely  | Sometimes                                  | Usually                                    | Always  |
| Does the organisation have plans in place to progress to the next grade, with milestones?   | No   | Yes but only in draft                      | Yes  | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on Goal 1 (Preventing people from dying prematurely), Goal 2 (Enhancing the quality of life for people with long-term conditions) and Goal 3 (Helping people to recover from episodes of ill-health or following injury) of the NHS Outcomes Framework, and should be reported through the organisation’s mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS.



## EDS Outcome 1.2 (EDS Goal 1 – Better health outcomes for all)

Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways

| Factor  | Undeveloped →   | Developing →                            | Achieving →                             | Excelling   |
|---|---|---|---|---|
| Through the use of best available evidence, for how many protected groups can the organisation demonstrate that patients from protected groups have their health-needs assessments, and resulting services, provided in appropriate and effective ways? | No evidence at all<br>Or<br>For few or none of the protected groups               | For some protected groups               | For most protected groups               | For all protected groups  |
| Through the use of best available evidence, how do the health-needs assessments, and resulting services, for patients from protected groups, compare with the health-needs assessments, and resulting services, for patients as a whole?                | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                   |
| Does the organisation engage with patients (and for foundation trusts, with members and governors) from protected groups about how health-needs assessments, and resulting services, may be provided in more appropriate and effective ways?            | With few or none of the protected groups  | With some protected groups              | With most protected groups              | With all protected groups   |
| Does the organisation take account of key disadvantaged groups in the above processes?  | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation aim to improve on patient and carer outcomes for protected groups through mainstream processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation have plans in place to progress to the next grade, with milestones?   | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on Goal 1 (Preventing people from dying prematurely), Goal 2 (Enhancing the quality of life for people with long-term conditions) and Goal 3 (Helping people recover from episodes of ill-health or following injury) of the NHS Outcomes Framework, and should be reported through the organisation’s mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS.

## EDS Outcome 1.3 (EDS Goal 1 – Better health outcomes for all)

Changes across services for individual patients are discussed with them, and transitions are made smoothly

| Factor   | Undeveloped →   | Developing →                            | Achieving →                             | Excelling   |
|--|---|---|---|---|
| Through the use of best available evidence, how do service changes and transitions for patients from protected groups compare with the changes and transitions for patients as a whole?  | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                   |
| Does the organisation have adequate procedures to prevent breakdown of care pathways for patients from protected groups when transferring across services?                               | For few or none of the protected groups   | For some protected groups               | For most protected groups               | For all protected groups  |
| Does the organisation engage with patients (and for foundation trusts, with members and governors) from protected groups on how service changes are planned and transitions made smooth? | With few or none of the protected groups  | With some protected groups              | With most protected groups              | With all protected groups   |
| Does the organisation take account of key disadvantaged groups in the above processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation aim to improve on service changes and transitions for protected groups through mainstream processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation have plans in place to progress to the next grade, with milestones?  | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on Goal 4 (Ensuring that people have a positive experience of care) of the NHS Outcomes Framework, and should be reported through the organisation’s mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS.

## EDS Outcome 1.4 (EDS Goal 1 – Better health outcomes for all)

The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all

| Factor   | Undeveloped →   | Developing →                            | Achieving →                             | Excelling   |
|--|---|---|---|---|
| Through the use of best available evidence, can the organisation demonstrate that patients from protected groups have their safety prioritised and assured?                | No evidence at all<br>Or<br>For few or none of the protected groups               | For some protected groups               | For most protected groups               | For all protected groups  |
| Through the use of best available evidence, how does the safety of patients from protected groups compare with the safety of patients as a whole?                          | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                   |
| Does the organisation engage with patients (and for foundation trusts, with members and governors) from protected groups on how patient safety procedures can be improved? | With few or none of the protected groups  | With some protected groups              | With most protected groups              | With all protected groups   |
| Does the organisation take account of key disadvantaged groups in the above processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation aim to improve patient safety for protected groups through mainstream processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation have plans in place to progress to the next grade, with milestones?  | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on Goal 5 (Treating and caring for people in a safe environment and protecting them from avoidable harm) of the NHS Outcomes Framework, and should be reported through the organisation’s mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS.

## EDS Outcome 1.5 (EDS Goal 1 – Better health outcomes for all)

### Public health, vaccination and screening programmes reach and benefit all local communities and groups

| Factor  | Undeveloped →   | Developing →                            | Achieving →                             | Excelling   |
|---|---|---|---|---|
| Through the use of best available evidence, can the organisation demonstrate that public health, vaccination and screening programmes reach and benefit all protected groups within local communities?                          | No evidence at all<br>Or<br>For few or none of the protected groups               | For some protected groups               | For most protected groups               | For all protected groups  |
| Through the use of best available evidence, do public health, vaccination and screening programmes benefit protected groups in the same way that they benefit communities as a whole?   | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                   |
| Does the organisation engage with patients, carers, staff & communities (and for foundation trusts, with members and governors) from protected groups on how public health programmes can be improved and inequalities reduced? | With few or none of the protected groups  | With some protected groups              | With most protected groups              | With all protected groups   |
| Does the organisation take account of key disadvantaged groups in the above processes?  | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation aim to improve the efficiency of public health programmes for protected groups through mainstream processes?  | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation have plans in place to progress to the next grade, with milestones?   | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on Goal 1 (Preventing people from dying prematurely) of the NHS Outcomes Framework, and the patient and public rights and pledges of the NHS Constitution, and should be reported through the organisation’s mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS.

## EDS Outcome 2.1 (EDS Goal 2 – Improved patient access and experience)

Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds

| Factor   | Undeveloped →   | Developing →                            | Achieving →                             | Excelling   |
|--|---|---|---|---|
| Through the use of best available evidence, can the organisation demonstrate that patients, carers & communities from protected groups can readily access services, and are not denied access on unreasonable grounds? | No evidence at all<br>Or<br>For few or none of the protected groups               | For some protected groups               | For most protected groups               | For all protected groups  |
| Through the use of best available evidence, how does the access of patients, carers & communities from protected groups compare with the access of patients, carers & communities as a whole?                          | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                   |
| Does the organisation engage with patients, carers & communities (and for foundation trusts, with members and governors) from protected groups about access to its services, and how to make progress?                 | With few or none of the protected groups  | With some protected groups              | With most protected groups              | With all protected groups   |
| Does the organisation take account of key disadvantaged groups in the above processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation aim to improve access for protected groups through mainstream processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation have plans in place to progress to the next grade, with milestones?  | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on the patient and public rights and pledges of the NHS Constitution, and should be reported through the organisation’s mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS.

## EDS Outcome 2.2 (EDS Goal 2 – Improved patient access and experience)

Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment

| Factor   | Undeveloped →   | Developing →                            | Achieving →                             | Excelling   |
|--|---|---|---|---|
| Through the use of best available evidence, can the organisation demonstrate that patients from protected groups are informed and supported to be involved in decisions about their care, and to exercise choice about treatments and place of treatment?  | No evidence at all<br>Or<br>For few or none of the protected groups               | For some protected groups               | For most protected groups               | For all protected groups  |
| Through the use of best available evidence, how does the information & support needed by patients from protected groups to help them to be involved in decisions about their care, and to exercise choice about treatments and place of treatment, compare with the information & support provided to patients as a whole? | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                   |
| Does the organisation engage with patients (and for foundation trusts, with members and governors) from protected groups about how they are informed and supported to be involved in decisions about their care and make choices about treatments and place of treatment, and how to make progress?                        | With few or none of the protected groups  | With some protected groups              | With most protected groups              | With all protected groups   |
| Does the organisation take account of key disadvantaged groups in the above processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation aim to improve information & support on diagnoses and treatments for protected groups through mainstream processes?  | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation have plans in place to progress to the next grade, with milestones?  | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on the patient and public rights and pledges of the NHS Constitution, and should be reported through the organisation's mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS.

## EDS Outcome 2.3 (EDS Goal 2 – Improved patient access and experience)

Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised

| Factor  | Undeveloped →   | Developing →                            | Achieving →                             | Excelling   |
|---|---|---|---|---|
| Through the use of best available evidence, can the organisation demonstrate that patients & carers report and enjoy positive experiences of the organisation, including being listened to and respected, and having their dignity and privacy prioritised? | No evidence at all<br>Or<br>For few or none of the protected groups               | For some protected groups               | For most protected groups               | For all protected groups  |
| Through the use of best available evidence, how does the experience of patients & carers from protected groups compare with the experience of patients & carers as a whole?   | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                   |
| Does the organisation engage with patients & carers (and for foundation trusts, with members and governors) from protected groups about their experiences of the organisation, and how to make progress?  | With few or none of the protected groups  | With some protected groups              | With most protected groups              | With all protected groups   |
| Does the organisation take account of key disadvantaged groups in the above processes?  | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation aim to improve on patient & carer experience for protected groups through mainstream processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation have plans in place to progress to the next grade, with milestones?   | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on Goal 4 (Ensuring that people have a positive experience of care) of the NHS Outcomes Framework, and should be reported through the organisation’s mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS.

## EDS Outcome 2.4 (EDS Goal 2 – Improved patient access and experience)

Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently

| Factor   | Undeveloped →   | Developing →                            | Achieving →                             | Excelling   |
|--|---|---|---|---|
| Through the use of best available evidence, can the organisation demonstrate that complaints by patients & carers from protected groups, and any subsequent redress, are handled respectfully and efficiently?   | No evidence at all<br>Or<br>For few or none of the protected groups               | For some protected groups               | For most protected groups               | For all protected groups  |
| Through the use of best available evidence, how does the handling of complaints by, and subsequent redress for, patients & carers from protected groups compare with the handling of complaints and subsequent redress for patients & carers as a whole? | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                   |
| Does the organisation engage with patients & carers (and for foundation trusts, with members and governors) from protected groups about how their complaints, and subsequent redress, are handled, and how to make progress?                             | With few or none of the protected groups  | With some protected groups              | With most protected groups              | With all protected groups   |
| Does the organisation take account of key disadvantaged groups in the above processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation aim to improve how complaints are handled for protected groups through mainstream processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation have plans in place to progress to the next grade, with milestones?  | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on the patient and public rights and pledges of the NHS Constitution, and should be reported through the organisation’s mainstream business including, if appropriate, in its NHS Integrated Plan (in response to QIPP) and/or in its Quality Account or in any other process required of the NHS.



## EDS Outcome 3.1 (EDS Goal 3 – Empowered, engaged and well-supported staff)

Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades

| Factor  | Undeveloped →   | Developing →              | Achieving →               | Excelling   |
|---|---|---------------------------|---------------------------|---|
| Through the use of best available evidence, can the organisation demonstrate that staff from protected groups experience inclusive and equitable recruitment and selection processes within all occupations and grades?   | No evidence at all<br>Or<br>For few or none of the protected groups | For some protected groups | For most protected groups | For all protected groups  |
| Through the use of best available evidence, can the organisation demonstrate that staff from protected groups are represented on the Board, in senior management teams and in clinical leadership roles, to the same extent that they are reflected in the total workforce of the organisation and the population being served? | No evidence at all<br>Or<br>For few or none of the protected groups | For some protected groups | For most protected groups | For all protected groups  |
| Does the organisation engage with staff-side organisations and staff about ensuring that recruitment and selection processes are fair, inclusive and transparent for staff from protected groups, and how to make progress?   | For few or none of the protected groups                             | For some protected groups | For most protected groups | For all protected groups  |
| Does the organisation take account of key disadvantaged groups in the above processes?  | Never or rarely   | Sometimes                 | Usually                   | Always  |
| Does the organisation deal with instances of possible unfairness & discrimination in recruitment and selection processes for protected groups, and quality assure practice and outcome, through mainstream processes?   | Never or rarely   | Sometimes                 | Usually                   | Always  |
| Does the organisation have plans in place to progress to the next level, with milestones?   | No  | Yes but only in draft     | Yes                       | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on the staff rights and pledges of the NHS Constitution (2010), and on the principles, objectives and requirements of the Human Resources Transition Framework (2011).

## EDS Outcome 3.2 (EDS Goal 3 – Empowered, engaged and well-supported staff)

Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay

| Factor   | Undeveloped →   | Developing →              | Achieving →               | Excelling   |
|--|---|---------------------------|---------------------------|---|
| Through the use of best available evidence, can the organisation demonstrate that staff from protected groups enjoy levels of pay and related terms & conditions no different to the pay and related terms & conditions for staff as a whole doing equal work or work rated as of equal value? | No evidence at all<br>Or<br>For few or none of the protected groups | For some protected groups | For most protected groups | For all protected groups  |
| Does the organisation engage with staff-side organisations and staff about ensuring pay and related terms & conditions for staff from protected groups are fairly determined for all posts, and how to make progress?  | For few or none of the protected groups                             | For some protected groups | For most protected groups | For all protected groups  |
| Does the organisation take account of key disadvantaged groups in the above processes?   | Never or rarely   | Sometimes                 | Usually                   | Always  |
| Does the organisation deal with instances of possible unfairness and discrimination with regard to pay and related terms & conditions for protected groups, and quality assure practice and outcomes, through mainstream processes?  | Never or rarely   | Sometimes                 | Usually                   | Always  |
| Does the organisation have plans in place to progress to the next level, with milestones?  | No  | Yes but only in draft     | Yes                       | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on the staff rights and pledges of the NHS Constitution (2010), and on the principles, objectives and requirements of the Human Resources Transition Framework (2011).

### EDS Outcome 3.3 (EDS Goal 3 – Empowered, engaged and well-supported staff)

Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately

| Factor   | Undeveloped →   | Developing →              | Achieving →               | Excelling   |
|--|---|---------------------------|---------------------------|---|
| Through the use of best available evidence, can the organisation demonstrate that staff from protected groups receive both personal development and performance appraisals no different to that received by staff as a whole?  | No evidence at all<br>Or<br>For few or none of the protected groups | For some protected groups | For most protected groups | For all protected groups  |
| Through the use of best available evidence, can the organisation demonstrate that all staff are supported, trained and developed to be competent and confident to plan, procure or deliver services that are personal, fair or diverse to meet the needs of all communities? | No evidence at all<br>Or<br>Never or rarely                         | Sometimes                 | Usually                   | Always  |
| Does the organisation engage with staff-side organisations and staff around the provision and uptake of personal development opportunities & performance appraisals for protected groups, and how to make progress?  | For few or none of the protected groups                             | For some protected groups | For most protected groups | For all protected groups  |
| Does the organisation take account of key disadvantaged groups in the above processes?   | Never or rarely   | Sometimes                 | Usually                   | Always  |
| Does the organisation deal with instances of possible unfairness in the provision and uptake of personal development opportunities & performance appraisals for protected groups, and quality assure practice and outcomes, through mainstream processes?                    | Never or rarely   | Sometimes                 | Usually                   | Always  |
| Does the organisation have plans in place to progress to the next level, with milestones?  | No  | Yes but only in draft     | Yes                       | There are plans to stay “excelling” and make further improvements |

This outcome supports delivery on the staff rights and pledges of the NHS Constitution (2010), and on the principles, objectives and requirements of the Human Resources Transition Framework (2011).

## EDS Outcome 3.4 (EDS Goal 3 – Empowered, engaged and well-supported staff)

Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all

| Factor   | Undeveloped →   | Developing →                            | Achieving →                             | Excelling   |
|--|---|---|---|---|
| Through the use of best available evidence, can the organisation demonstrate that staff from protected groups are free from abuse, harassment, bullying and violence from patients, their relatives and colleagues?        | No evidence at all<br>Or<br>For few or none of the protected groups               | For some protected groups               | For most protected groups               | For all protected groups  |
| Through the use of best available evidence, how does the level of abuse, harassment, bullying and violence experienced by staff from protected groups compare with the level of abuse etc experienced by staff as a whole? | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                   |
| Does the organisation engage with staff-side organisations and staff about abuse, harassment, bullying, violence experienced by protected groups, and how to make progress?  | For few or none of the protected groups   | For some protected groups               | For most protected groups               | For all protected groups  |
| Does the organisation take account of key disadvantaged groups in the above processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation deal with instances of possible abuse etc against staff from protected groups, and quality assure practice and outcomes, through mainstream processes?   | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation have plans in place to progress to the next level, with milestones?  | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling”, and make further improvement |

This outcome supports delivery on the staff rights and pledges of the NHS Constitution (2010), and on the principles, objectives and requirements of the Human Resources Transition Framework (2011).

## EDS Outcome 3.5 (EDS Goal 3 – Empowered, engaged and well-supported staff)

Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives

| Factor  | Undeveloped →   | Developing →                            | Achieving →                             | Excelling   |
|---|---|---|---|---|
| Through the use of best available evidence, can the organisation demonstrate that staff from protected groups have access to a full range of flexible working options?  | No evidence at all<br>Or<br>For few or none of the protected groups               | For some protected groups               | For most protected groups               | For all protected groups  |
| Through the use of best available evidence, how does the range and extent of flexible working options made available to staff from protected groups compare with the range and extent of flexible working options made available to staff as a whole? | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                   |
| Does the organisation engage with staff-side organisations and staff about developing and improving flexible working options for all protected groups, and how to make progress?  | For few or none of the protected groups   | For some protected groups               | For most protected groups               | For all protected groups  |
| Does the organisation take account of key disadvantaged groups in the above processes?  | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation deal with instances of unfairness and discrimination with regard to the availability of flexible working options for protected groups, and quality assure practice and outcomes, through mainstream processes?                  | Never or rarely   | Sometimes                               | Usually                                 | Always  |
| Does the organisation have plans in place to progress to the next level, with milestones?   | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling”, and make further improvement |

This outcome supports delivery on the staff rights and pledges of the NHS Constitution (2010), and on the principles, objectives and requirements of the Human Resources Transition Framework (2011).

## EDS Outcome 3.6 (EDS Goal 3 – Empowered, engaged and well-supported staff)

The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population

| Factor  | Undeveloped →   | Developing →                            | Achieving →                             | Excelling  |
|---|---|---|---|--|
| Through the use of best available evidence, can the organisation demonstrate that staff from protected groups are supported to remain healthy and have access to initiatives that promote healthy lifestyles?                       | No evidence at all<br>Or<br>For few or none of the protected groups               | For some protected groups               | For most protected groups               | For all protected groups   |
| Through the use of best available evidence, how does support to remain healthy, and access to initiatives to promote healthy lifestyles for staff from protected groups, compare with such support and access for staff as a whole? | No evidence at all<br>Or<br>No difference for few or none of the protected groups | No difference for some protected groups | No difference for most protected groups | No difference for all protected                                  |
| Does the organisation engage with staff-side organisations and staff about healthy lifestyle initiatives for staff from protected groups, and how to make progress?   | For few or none of the protected groups   | For some protected groups               | For most protected groups               | For all protected groups   |
| Does the organisation take account of key disadvantaged groups in the above processes?  | Never or rarely   | Sometimes                               | Usually                                 | Always   |
| Does the organisation aim to improve the health and lifestyles of staff from protected groups, and quality assure practice and outcomes, through mainstream processes?  | Never or rarely   | Sometimes                               | Usually                                 | Always   |
| Does the organisation have plans in place to progress to the next level, with milestones?   | No  | Yes but only in draft                   | Yes                                     | There are plans to stay “excelling” and make further improvement |

This outcome supports delivery on the staff rights and pledges of the NHS Constitution (2010), and on the principles, objectives and requirements of the Human Resources Transition Framework (2011).

## EDS Outcome 4.1 (EDS Goal 4 – Inclusive leadership at all levels)

Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond

| Factor   | Undeveloped →                     | Developing →              | Achieving →               | Excelling                |
|--|-----------------------------------|---------------------------|---------------------------|--------------------------|
| Do Board members and senior leaders communicate their vision for services and workplaces that are personal, fair and diverse within the organisation and beyond to the wider health and care system?                                       | Never or rarely                   | Sometimes                 | Usually                   | Always                   |
| Do Board members and senior leaders actively take steps to create high performing diverse teams and develop diverse talent in the organisation?  | Never or rarely                   | Sometimes                 | Usually                   | Always                   |
| Do Board members and senior leaders include advancing equality of opportunity and fostering good relations in their personal objectives and ask the same of their staff?   | Never or rarely                   | Sometimes                 | Usually                   | Always                   |
| Do Board members and senior leaders demonstrate the importance of engaging with patients and communities, across the protected groups, in their decision-making and service review, and require the same of all parts of the organisation? | Never or for few protected groups | For some protected groups | For most protected groups | For all protected        |
| Do Board members and senior leaders demonstrate the importance of engaging with staff-side organisations and staff, across the protected groups, in their decision-making and service review, requiring the same of all managers?          | Never or for few protected groups | For some protected groups | For most protected groups | For all protected groups |
| Do the Board and senior leaders demonstrate the importance of using best available evidence, across the protected groups, in its decision-making and service review, requiring the same of all managers?                                   | Never or for few protected groups | For some protected groups | For most protected groups | For all protected groups |
| Do Board members and senior leaders deal with issues of personalisation, fairness and diversity, across the protected groups, as part of mainstream business and internal assurance processes?   | Never or rarely                   | Sometimes                 | Usually                   | Always                   |

This outcome supports delivery on the pledges to patients, the public and staff of the NHS Constitution (2010). It also supports delivery on all other EDS outcomes leading to better patient care, better patient experience and better working environments.

## EDS Outcome 4.2 (EDS Goal 4 – Inclusive leadership at all levels)

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

| Factor  | Undeveloped →                     | Developing →              | Achieving →               | Excelling  |
|---|-----------------------------------|---------------------------|---------------------------|--|
| Do middle and line managers actively take steps to create high performing diverse teams and develop diverse talent in the organisation?   | Never or rarely                   | Sometimes                 | Usually                   | Always   |
| Do middle and line managers include advancing equality of opportunity and fostering good relations in their personal objectives and ask the same of their staff?  | Never or rarely                   | Sometimes                 | Usually                   | Always   |
| Do middle and line managers motivate and support their staff in understanding and responding to the different needs of patients, carers, communities and colleagues from protected groups?                | Never or for few protected groups | For some protected groups | For most protected groups | For all protected groups and progress can be demonstrated                      |
| Do middle and line managers use a range of evidence to gauge the extent to which they and their staff are working in culturally competent ways and that the work environment is free from discrimination? | Never or for few protected groups | For some protected groups | For most protected groups | For all protected groups and its use in achieving progress can be demonstrated |
| Do middle and line managers engage with staff from protected groups to identify and plan responses to meet the needs of diverse patients, carers, communities and colleagues from the protected groups?   | No or for few protected groups    | For some protected groups | For most protected groups | For all protected groups   |
| Do middle and line managers actively take steps to capture and disseminate examples of good practice demonstrating how to work in culturally competent ways across protected groups?                      | No or for few protected groups    | For some protected groups | For most protected groups | For all protected groups   |

This outcome supports delivery on the pledges to patients, the public and staff of the NHS Constitution (2010). It also supports delivery on all other EDS outcomes leading to better patient care, better patient experience and better working environments.



## EDS Outcome 4.3 (EDS Goal 4 – Inclusive leadership at all levels)

The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes

| Factor  | Undeveloped →   | Developing →  | Achieving →   | Excelling   |
|---|---|---|---|---|
| Does the organisation use the Competency Framework for Equality and Diversity Leadership? | The organisation is not yet using the Competency Framework to professionalise equality and diversity leadership | The organisation is using the Competency Framework to identify how to structurally embed equality and diversity change leadership, at the appropriate pay grade, and with the appropriate line management, personal development, and support structures around them | The organisation is using the Competency Framework to identify weaknesses in the skill sets of leaders whose responsibilities involve managing functions that can impact on equality outcomes | The organisation is using the Competency Framework to address missing equality and diversity leadership competencies across the whole management team<br>The organisation is aiming to ensure that all managers see equality and diversity outcome improvement as part of their remit |

This outcome supports delivery on the staff rights and pledges of the NHS Constitution (2010), and on the principles, objectives and requirements of the Human Resources Transition Framework (2011).

# Case studies

## EDS Outcome 1.1 (EDS Goal 1 – Better health outcomes for all)

Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities

Name: **Southville Hospital NHS Foundation Trust**

Lead contact: **Keith H (Director of Nursing)**

The trust believes that patients are fully at the heart of the design and delivery of its services. It has set up systems through which patients can communicate to the Board, using a variety of means including patient surveys and public board meetings, informing Board members of the services they think should be provided. In addition to its own patient and carer surveys, the trust also draws on CQC patient surveys. The trust ensures that in collaboration with the local authority, it also engages with and considers data and evidence for homeless people, refugees and asylum-seekers when designing and procuring and delivering services. The trust can demonstrate that patients from all protected groups report high levels of satisfaction, on a par with all other groups, in the way in which services are designed, procured and delivered. Furthermore, the local Joint Strategic Needs Assessment (JSNA) report and the Public Health Annual Report, which the trust and its commissioners routinely use, show clear evidence that health inequalities are reducing across all groups. Evidence from public engagement and patient and carer surveys is reviewed each quarter by the FT members, and plans to maintain current progress and make further improvements are updated on a regular basis. The trust aims to meet health needs and reduce health inequalities, for all protected groups, through its annual Quality Accounts reporting. The trust also works in partnership with commissioners to shape the contracts of its commissioners, ensuring that services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.

EDS grade

**Excelling**

Reasons for rating:

**Outcome:** Using good data and evidence, the organisation can demonstrate that services are designed, procured and delivered to fully meet the needs of all protected groups, promoting well-being and reducing health inequalities.

**Engagement:** Patients from all protected characteristics are engaged.

**Mainstream processes:** The organisation aims to meet this EDS outcome, for all protected groups, using its Quality Accounts reporting. Contracts with its commissioners are jointly shaped.

**Progression plans:** Plans are in place to maintain ‘excelling’ and to make further improvements. These are reviewed regularly and updated.

**Disadvantaged groups:** Key disadvantaged groups are taken into account in the above processes.

**The organisation, with good evidence and engagement processes covering all protected groups and beyond, is able to demonstrate that its services are designed, procured and delivered to fully meet the needs of all protected groups, and reducing health inequalities. Firm plans for progression are in place. For these reasons, the organisation should be graded as “excelling”.**

This case study, although grounded in reality, is fictitious

## EDS Outcome 1.2 (EDS Goal 1 – Better health outcomes for all)

Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways

Name: **K-6 Clinical Commissioning Group**

Lead contact: **Helen D (Business Manager)**

K-6 Clinical Commissioning Group aims for its providers, through contracts to provide services that are informed by effective and inclusive health assessments of its patients. Commissioning contracts require that health needs are assessed on the grounds of age, gender and where possible, by ethnicity. A patient profiling initiative is underway with all of the Commissioning Group’s providers, and it is hoped that such assessments will also be analysed by other protected groups in the future. Analyses by age, gender and ethnicity of patient surveys, agreed with and conducted by providers for the commissioner, indicate that health needs assessments and resulting services are equitable for patients. Engagement with most patient groups is good; however, the Commissioning Group and its providers struggle to approach lesbian, gay and bisexual patients as well as patients with learning difficulties. Engaging with the Polish community is also a concern, particularly due to the recent influx within the local community. It is hoped that the patient profiling initiative will eventually enable the Commissioning Group and its providers to also monitor and engage with patients on grounds of religion or belief so that health services can meet any spiritual needs. The Commissioning Group Board reviews the results of these patient surveys and ensures that plans for providers aim to improve both its health-needs assessment methodology as well as its provision of health care services. These outcomes are cited in most of its commissioning contracts. The Commissioning Group recently employed a local university to explore the quality of health services for patients. The findings, in general, were positive for all patients. Results for some Black and Minority Ethnic groups indicated complaints that the assessment of needs by providers did not take into consideration the full range of their issues.

**EDS grade** **Developing**

**Reasons for rating:**

**Outcome:** Evidence indicates that health-needs assessments, and resulting services, are delivered by providers in appropriate ways for only some protected groups. It could be fine for all protected groups, but there is only evidence on some of them.

**Engagement:** The organisation and its providers only engage with patients from some protected groups about how health-needs assessments, and resulting services, may be provided in more appropriate and effective ways.

**Mainstream processes:** The commissioner through its contracts requires providers to demonstrate improvements for this EDS outcome.

**Progression plans:** Plans are in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Key disadvantaged groups are not taken into account in the above processes.

**The organisation is only able to demonstrate the assessment of health-needs and the delivery of resulting services by providers in appropriate ways for some protected groups. Although through its contracts, the organisation requires providers to demonstrate improvements for this EDS outcome, engagement with patients is limited. The organisation should not be graded higher than “developing”.**

This case study, although grounded in reality, is fictitious

## EDS Outcome 1.3 (EDS Goal 1 – Better health outcomes for all)

Changes across services for individual patients are discussed with them, and transitions are made smoothly

|  |  |   |
|--|--|---|
| Name: <b>Greenway Mental Health NHS Community Service</b>  |  | Lead contact: <b>Matt W (Admin Officer)</b> |
| <p>The trust claims that service changes and transitions are taken seriously at Greenway. The service is in the process of developing its patient engagement strategy by which it will eventually be able to analyse feedback from patient surveys and discussion forums, to ascertain whether service changes and transitions are equitable across all patient groups. Informal dialogues between patients, families/carers of patients and staff indicate that there are often issues related to transition between the local mental health inpatient hospital and the Greenway Community Service. The issues are particularly pertinent for elderly people and for Black and Minority Ethnic communities, particularly those patients who speak little or no English. Recent reports also indicate an increase in complaints from family members and carers of patients with learning difficulties, with the PALS service being in high demand. However, Greenway believes that a more valid picture of issues surrounding service changes and transitions will be obtained once its engagement strategy is implemented and more robust feedback data and evidence derived from the mental health hospital. This evidence can then inform the development of joint organisational plans for continual improvement and patient satisfaction between the mental health hospital and Greenway.</p> |  |   |
| <b>EDS grade</b>   | <b>Undeveloped</b>   |   |
| <b>Reasons for rating:</b>   | <p><b>Outcome:</b> The organisation is unable to demonstrate, using best available evidence, that service changes are discussed with patients from protected groups, and that these service changes are made smoothly. All or most protected groups report less satisfactory service changes and transitions than patients as a whole.</p> <p><b>Engagement:</b> The organisation does not yet engage with service users from protected groups on how service changes are discussed, and transitions effected smoothly.</p> <p><b>Mainstream processes:</b> The organisation does not demonstrate the aim to meet the outcome using mainstream processes.</p> <p><b>Progression plans:</b> Plans are not in place to progress to the next grade, with milestones. Service users may be at risk.</p> <p><b>Disadvantaged groups:</b> Key disadvantaged groups are not taken into account in the above processes.</p> <p><b>The organisation does not have good data and evidence or engagement processes in place to meet this EDS outcome. It is therefore of no surprise to learn that the organisation is unable to demonstrate service change discussions with patients from protected groups, and that these service changes are made smoothly. All or most protected groups report less satisfactory service changes and transitions than patients as a whole. Mainstream processes are not used to tackle these issues, and there is not a progression plan in place. The organisation should not be graded higher than “undeveloped”.</b></p> |   |

This case study, although grounded in reality, is fictitious

## EDS Outcome 1.4 (EDS Goal 1 – Better health outcomes for all)

The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all

Name: **Boddington Mental Health NHS Trust**

Lead contact: **May W (Consultant Psychologist)**

Boddington Mental Health Trust has developed clear mechanisms to ensure that the safety of all of its patients and service users is prioritised. Through its sophisticated patient monitoring procedure, the views of all patients and families are obtained. The trust not only analyses feedback from patients and families by seven protected group characteristics, but also conducts analyses by social exclusion and disadvantage. Codes for the gender re-assignment category for monitoring patients are not yet developed, and the trust is in communication with local and national sexual orientation and gender re-assignment groups to work collaboratively on this issue. Feedback from patient and family surveys and routine review meetings, indicate that patient safety is rated very highly across all patient groups. These results are fed directly into the business plans of the trust to ensure that further progress and improvement with regards to patient safety assurance is made. The trust also aims to improve patient safety for most protected groups, using its Quality Accounts. In addition, the commissioner in its contract with this trust, monitors patient safety against the appropriate CQC Essential Standards.

**EDS grade**

**Achieving**

**Reasons for rating:**

**Outcome:** Using best available evidence, the organisation can demonstrate that patients from most protected groups have their safety prioritised and assured, and are just as safe as patients as a whole.

**Engagement:** The organisation engages with patients from most protected groups on how patient safety procedures can be improved.

**Mainstream processes:** The organisation aims to report on meeting the outcome, for most protected groups, using its Quality Accounts. Also, the commissioner in contracts with this trust, monitors patient safety against the appropriate CQC Essential Standards.

**Progression plans:** Plans are in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Key disadvantaged groups are taken into account in the above processes.

**The trust has engagement processes in place and is meeting the EDS outcome for most protected and key disadvantaged groups. In addition, Quality Accounts reporting aims to meet this outcome, and progression plans are firmly in place.**

**Patient safety is also monitored through the trust’s contractual agreements with its commissioning organisation. For these reasons, the trust should be graded as being an “achieving” NHS organisation.**

This case study, although grounded in reality, is fictitious

## EDS Outcome 1.5 (EDS Goal 1 – Better health outcomes for all)

Public health, vaccination and screening programmes reach and benefit all local communities and groups

Name: **Riding Clinical Commissioning Group**

Lead contact: **Barkat A (Analyst)**

Serving a geographical area comprising of a diverse patient population, Riding Clinical Commissioning Group has, over the last three years, held community meetings and public engagement forums, covering all protected groups and key disadvantaged groups, to discuss means and ways in which access to public health programmes can be improved. The Commissioning Group draws on evidence and insight from the local Public Health Annual Report and local authority-led Quality of Life Survey. Current means of monitoring patients and the public concerning take-up of public health programmes, in collaboration with the local authority, are excellent including the collection of data for all protected characteristics and key disadvantaged groups. Despite excellence in data collection and use of best available evidence from both engagement activities and use of the local JSNAs, actual access to and benefit from public health programmes in general is not equitable. There remain wide variations in access to public health programmes between groups and the health inequalities gap, in general, is not reducing. This is a concern for the organisation. Action planning in collaboration with the local authority Public Health Department is firmly in place. As part of mainstream processes, current contractual agreements will help the Commissioning Group to deliver public health programmes that are accessible and beneficial to communities and groups as a whole, with all contractual agreements being reviewed on an annual basis.

**EDS grade**

**Developing**

**Reasons for rating:**

**Outcome:** Best available data and evidence indicates that public health, vaccination and screening programmes are not reaching or benefiting patients and communities from protected or disadvantaged groups. Gaps in health inequalities remain.

**Engagement:** The organisation engages with patients and communities from all protected groups and key disadvantaged groups on how public health programmes can be improved.

**Mainstream processes:** The organisation aims to meet the outcome through its contractual agreements.

**Progression plans:** Plans are firmly in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Key disadvantaged groups are taken into account in the above processes.

**Despite thorough foundations and processes firmly in place, evidence show inequity between groups in access to, and benefit from, public health programmes. For this reason, the organisation should not be graded higher than “developing”.**

This case study, although grounded in reality, is fictitious

## EDS Outcome 2.1 (EDS Goal 2 – Improved patient access and experience)

Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds

|   |  |   |
|---|--|---|
| Name: <b>NHS Eastley</b>  |  | Lead contact: <b>Steve M (Clerical Assistant)</b> |
| <p>Eastley PCT has had complaints from patients and carers from most protected groups regarding access to services that it commissions. The organisation collects and obtains feedback from patients through its PALS processes and through the patient surveys of its providers. These data can be broken down by age, gender and ethnicity, but is rarely analysed or used to inform service design or delivery. In recent months, PALS have observed an increase in the number of complaints from the Chinese and Somali population. Complaints relate to the lack of interpreter availability at three GP practices and one community health trust within the locality. The complaints suggest that patients have had to cancel or re-arrange their non-emergency appointments with their GP and other health professionals because of a lack of an appropriate translator being available. Some patients have been asked by reception staff to use friends or family members as translators in some instances. Currently, the organisation does not enforce improvements in the access to the services in its contracts with providers. It acts very passively in this regard, even though the performance of some of its providers is good.</p> |  |   |
| <b>EDS grade</b>  | <b>Undeveloped</b>   |   |
| <b>Reasons for rating:</b>  | <p><b>Outcome:</b> The organisation cannot demonstrate that patients, carers and communities from protected groups readily access services and report access that is as good as that reported by patients, carers and communities as a whole. Evidence and data are limited.</p> <p><b>Engagement:</b> The organisation engages, only to a limited level, with patients, carers and communities from protected groups, about accessing services.</p> <p><b>Mainstream processes:</b> The organisation does not use any mainstream process, such as contractual agreements with its providers, to make progress on this outcome.</p> <p><b>Progression plans:</b> Plans are not in place to progress to the next grade, with milestones.</p> <p><b>Disadvantaged groups:</b> Key disadvantaged groups are not taken into account in the above processes.</p> <p><b>The organisation is not making use of the limited data that it has to hand. It is unable to demonstrate meeting the EDS outcome for any protected groups. There are no firm processes in place that indicate an aspiration to improve performance with regard to the EDS outcome. For these reasons, the organisation can only be viewed as being “undeveloped”.</b></p> |   |

This case study, although grounded in reality, is fictitious

## EDS Outcome 2.2 (EDS Goal 2 – Improved patient access and experience)

Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment

Name: **Redfield Hospital NHS Foundation Trust**

Lead contact: **Jo S (Head of Equality)**

Redfield Hospital is situated across three separate sites. The trust believes that patients from all protected groups are fully involved in decisions about care and are fully supported so that they can ask questions, consent to treatments and choose their place of treatment. In support of its work to deliver on the NHS Constitution, the trust has developed a patient information and consent policy that clearly states that no patient should be denied access to information and choice regarding place of treatment on grounds of: age, gender, marital or civil partnership status, disability, sexual orientation, gender identity, race, ethnicity or nationality, religion or belief, including no belief and any other group, including socially disadvantaged groups. Through its monitoring of patient views across all of its sites and departments, the trust confidently demonstrates that patients from all protected groups, as well as key disadvantaged groups, report provision of information and support that is on par to the level of information and support given to all patients in general. Engagement with all protected groups as well as with homeless people is very good and mechanisms are firmly in place to record and obtain rich data from all patients on the information and support needed to understand diagnoses and give informed consent. The only blemish is that the trust's recent Quality Accounts reporting failed to mention any of this work, much to the disappointment of some of the FT members and governors. The trust acknowledges this deficit and intends to put this right next year. The trust has concrete plans to retain its high standards of patient information and consent procedures and aspires to make further improvements.

**EDS grade**

**Achieving**

**Reasons for rating:**

**Outcome:** The organisation, using best available data and evidence, demonstrates that support to patients from protected groups to be involved in care decisions and treatment choices is as good as that for patients as a whole.

**Engagement:** The organisation engages with patients from most protected groups about care decisions and treatment choices.

**Mainstream processes:** The organisation has not demonstrated the aim to meet this EDS outcome using its Quality Accounts reporting, but intends to do so at the next opportunity.

**Progression plans:** Plans are in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Key disadvantaged groups are taken into account in the above processes.

**The organisation is meeting the EDS outcome for most protected groups, and in its processes, takes into account key disadvantaged groups. Progression plans are in place. Although the EDS outcome did not feature in the organisation's recent Quality Accounts reporting – it has firm attentions to do so in the next submission. For these reasons, the organisation should be viewed as "achieving".**

This case study, although grounded in reality, is fictitious



## EDS Outcome 2.3 (EDS Goal 2 – Improved patient access and experience)

Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised

Name: **Stoke Bishop NHS Hospital Trust**

Lead contact: **Paul S (Director of Nursing)**

Stoke Bishop Hospital has had success in ensuring that its patients have a good experience of its services. Through its own monitoring of patient views across all its departments, the hospital can demonstrate that patients from most protected groups have high levels of satisfaction with services, on a par with general levels of satisfaction. The hospital not only looks at protected groups but also at the situation for homeless people, following liaison with the local council over rising rates of homelessness. The only problems that the hospital has had in monitoring patient experience are that it does not record the sexual orientation or gender re-assignment status of its patients due to the reluctance of some staff to ask for this information. Engagement with most protected groups from among its members, patient and community groups is very good, apart from with lesbian, gay, bi-sexual and trans (LGBT) communities and with recently arrived local Gypsy and Traveller communities. In addition to its own patient surveys, the hospital draws on CQC patient surveys. Results of patient surveys are considered every quarter with FT governors and members, and patient and community groups, where again most protected groups are represented. They are also fed into the hospital's annual Quality Accounts and NHS Constitution reporting. As a result of these review meetings, on-going action plans are agreed. The hospital is meeting with Stonewall to explore what progress can be made concerning the monitoring of LGBT patients.

**EDS grade**

**Achieving**

**Reasons for rating:**

**Outcome:** Using good data and evidence, the organisation demonstrates that patients and carers from most protected groups report positive experiences that are on par to those reported by patients and carers as a whole.

**Engagement:** The organisation engages with patients, carers, staff and communities from most protected groups about their experiences of the organisation.

**Mainstream processes:** The organisation demonstrates the aim to meet the outcome using Quality Accounts, for most protected groups, and its own NHS Constitution reporting.

**Progression plans:** Plans are in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Key disadvantaged groups are taken into account in the above processes.

**The organisation demonstrates that patients and carers from most protected groups report positive experiences that are on a par to those reported by patients and carers as a whole. There exist firm processes of engagement with most protected and key disadvantaged groups. Furthermore, a mainstream process, to tackle this EDS outcome, is in place and progression plans exist. By having a senior member of the organisation take the lead on this outcome, leadership of the organisation appears to be taking the equality agenda seriously. The organisation is graded as "achieving".**

This case study, although grounded in reality, is fictitious

## EDS Outcome 2.4 (EDS Goal 2 – Improved patient access and experience)

Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently

Name: **Ambercombe Ambulance NHS Trust**

Lead contact: **Nasim A (PALS Officer)**

Complaints about services are taken very seriously at Ambercombe Ambulance NHS trust, according to its Board. Through continued engagement with all patients and carers, the trust can demonstrate that complaints made are handled with respect and efficiency. Furthermore, through its engagement processes and its monitoring of patient surveys (of both emergency and passenger transport patients) that it discontinued in 2008, and through analysis of the 2004 CQC Ambulance Patient Survey, the trust can show that most protected groups report that their complaints are handled with just as much respect and efficiency as those complaints made by patients as a whole. The trust records the protected characteristics of patients except for gender re-assignment, religion or belief, and sexual orientation, with the recording of ethnicity data showing completeness of less than 55% overall. The trust’s Equality & Inclusion Manager is currently looking into these issues. The trust’s annual report monitors and reports on patient and carer complaints by most protected groups. Trends over the last three years indicate an increased level of efficiency in the complaints process for patients of most groups. Trust Board members intend to review the complaints procedures on a regular basis. The current Strategic Business Plan for the trust does not give due regard to improving current performance in this area.

**EDS grade**

**Developing**

**Reasons for rating:**

**Outcome:** The organisation demonstrates, using somewhat old data and evidence, that complaints by patients and carers from most protected groups, and any redress, are handled with just as much respect and efficiency as those for patients as a whole.

**Engagement:** The organisation engages with patients, carers, staff and communities from most protected groups about how their complaints and subsequent redress are handled.

**Mainstream processes:** The organisation fails to demonstrate improvements in handling patient and carer complaints about services, using any mainstream mechanism.

**Progression plans:** Plans are in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Key disadvantaged groups are not taken into account in the above processes.

**The EDS outcome is demonstrated for most protected groups but collection and use of data and evidence is limited and dated. Mainstream processes to tackle this outcome are not cited and key disadvantaged groups are not taken into account in any of the processes. For these reasons, it is not possible to grade the organisation above “developing”.**

This case study, although grounded in reality, is fictitious

## EDS Outcome 3.1 (EDS Goal 3 – Empowered, engaged and well-supported staff)

Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades

|   |   |   |
|---|---|---|
| Name: <b>Salcombe Children’s NHS Trust Hospital</b>   |   | Lead contact: <b>Toyin A (HR Manager)</b> |
| <p>Salcombe Children’s Hospital is working to ensure that all its HR processes, including the way in which it recruits its staff, become fair and transparent. Staff have their age, gender, marital status, sexual orientation, religion or belief, race and nationality recorded at the point of recruitment (through the monitoring form on the NHS Jobs website) and this information is updated on a regular basis from an annual data update and cleansing exercise. Plans are in place to begin analysing the data in order to give an insight into whether the make-up of the hospital’s workforce is as diverse as can be across all grades, including senior management. The hospital has started working closely with its partner organisations, including the local authority, to ascertain whether changes to the way it recruits staff from the local communities may be improved. However, to date, staff-side organisations have not been much involved in these discussions. Commissioners are aware that the hospital is not performing well on making recruitment and selection processes fair and transparent, but by having a relaxed attitude to the issue, the commissioners are not helping the matter.</p> |   |   |
| <b>EDS grade</b>  | <b>Undeveloped</b>  |   |
| <b>Reasons for rating:</b>  | <p><b>Outcome:</b> The hospital is not making good use of robust data and evidence to demonstrate that its recruitment processes are inclusive and equitable.</p> <p><b>Engagement:</b> The hospital engages to a limited extent with staff-side organisations and staff about ensuring that recruitment and selection processes are fair, inclusive and transparent.</p> <p><b>Mainstream processes:</b> The organisation does not demonstrate improvements in its recruitment and selection processes, using mainstream mechanisms such checking its position on the staff rights and pledges of the NHS Constitution.</p> <p><b>Progression plans:</b> Plans are not in place to progress to the next grade, with milestones.</p> <p><b>Disadvantaged groups:</b> Key disadvantaged groups are not taken into account in the above processes.</p> <p><b>The hospital does not have adequate processes or mechanisms in place to meet this EDS outcome. Consequently, it is unable to demonstrate that its recruitment processes are inclusive and equitable. It can only be graded as being “undeveloped”.</b></p> |   |

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## EDS Outcome 3.2 (EDS Goal 3 – Empowered, engaged and well-supported staff)

Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay

Name: **Freshbrook Mental Health NHS Foundation Trust**

Lead contact: **Mahinder S (HR Administrator)**

At Freshbrook Mental Health Trust, contractual terms and conditions of employment and levels of pay are determined, through a rigorous process by a trust HR Review Committee. The Committee conducts an annual audit of existing staff, using raw data from electronic staff records, of all the trust's posts, mapping grade and levels of pay by all protected groups. A review of recent audits shows that levels of pay and related terms and conditions are determined fairly for all posts, with staff doing the same work in the same job being remunerated equally. If evidence indicates potential unfairness, the committee has mechanisms in place (using Agenda for Change processes) to conduct an official review for the post in question. Staff-side organisations have limited involvement in the work of this committee. The trust has not encouraged the setting up equality-focused staff networks or groups whereby qualitative feedback with staff can be obtained, to ensure pay and related terms and conditions are fairly determined. The annual audit includes a section on recommendations, highlighting immediate priorities and long-term goals to improve all processes related to recruitment, selection and retention – including the monitoring of pay levels and terms and conditions. The trust is thinking of how best to use the Human Resources Transition Framework to get a grip with this outcome.

**EDS grade**

**Developing**

**Reasons for rating:**

**Outcome:** The organisation, through collection and use of good data, demonstrates that staff from all protected groups enjoy levels of pay and related terms and conditions that are no different from those experienced by staff as a whole, doing the same job.

**Engagement:** The organisation engages to a limited extent, using staff surveys only, with staff. It could do better to engage with its staff-side organisations.

**Mainstream processes:** The organisation does not yet tackle this issue as part of mainstream processes.

**Progression plans:** Plans are not in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Key disadvantaged groups are not taken into account in the above processes.

**Despite demonstrating the desired outcomes for all protected groups, the organisation has not fully engaged with its staff, does not reflect this EDS outcome in its mainstream processes, and has no plans in place to make progress with regard to this outcome. For this reason, it should not be graded higher than “developing”.**

This case study, although grounded in reality, is fictitious

### EDS Outcome 3.3 (EDS Goal 3 – Empowered, engaged and well-supported staff)

Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately

Name: **Ross Community Healthcare NHS Trust**

Lead contact: **Peter D (Service Manager)**

Over the last 12 months, the organisation has made some progress in improving staff training, support and development. The staff induction programme includes sessions on health and safety at work, conflict resolution, fire training, confidentiality and record keeping, fraud, and equality training. In addition, members of staff have regular appraisals with their line managers and are encouraged to enrol on courses that will help them improve their professional development. The organisation does not monitor the attendees on the training and development sessions by equality groups. Furthermore, staff monitoring does not extend to categories of sexual orientation and gender re-assignment. In recent months, the organisation's manager has received a number of complaints from patients suggesting that healthcare service delivery was culturally insensitive and inappropriate. The organisation is considering talking to all of its staff members, and eventually local staff-side organisations, in an attempt to put into place an action plan to tackle these complaints.

**EDS grade** **Undeveloped**

**Reasons for rating:**

- Outcome:** The organisation does not use best available evidence and data to demonstrate that staff from protected groups receive both personal development and performance appraisals that are no different to the experiences of staff as a whole. Recent patient complaints indicate that services are not being provided appropriately at all times.
- Engagement:** The organisation does not engage with staff. Relations with local staff-side organisations need to be developed.
- Mainstream processes:** The organisation does not demonstrate, in any mainstream process, improvements in staff confidence and competence to do their work so that services are commissioned appropriately.
- Progression plans:** Plans are not in place to progress to the next grade, with milestones.
- Disadvantaged groups:** Key disadvantaged groups are not taken into account in the above processes.

**The organisation will benefit from establishing its data and evidence base to help meet this EDS outcome. Engagement plans and progression plans are non-existent. The EDS outcome is not being met. The organisation needs to take the relationship between staff development and the quality of services commissioned more seriously. It can only be graded as being “undeveloped”.**

This case study, although grounded in reality, is fictitious

## EDS Outcome 3.4 (EDS Goal 3 – Empowered, engaged and well-supported staff)

Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open to all

Name: **Farnborough Royal Hospital NHS Trust**

Lead contact: **Anthony S (Trust Equality Officer)**

Working well with its staff-side organisations, Farnborough Royal Hospital has developed clear mechanisms to prevent and respond to all incidents of bullying and harassment of staff on staff – which has seen a dramatic rise in recent years. The hospital has developed a bullying and harassment policy which clearly states that it covers the grounds of: age, gender, disability, sexual orientation, race, ethnicity or nationality, religion or belief (including no belief), and any other group. The policy also gives examples of what bullying and harassment may look like. All staff receive, on induction, information about the policy. All managers must take part in the hospital's annual mandatory training programme on bullying and harassment. Staff at the hospital are encouraged to report all incidents of bullying and harassment to their line manager, but if that is unsuitable, then directly to the HR team or a member of the hospital's Bullying and Harassment Network. Posters have been designed and put up in all communal staff areas with information of how to report bullying and harassment. Following regular discussions with staff network groups and union representatives, the hospital has become aware that some staff may feel uncomfortable reporting the true nature of any bullying and harassment that they experience – for example, gay staff may not want to report the homophobic nature of bullying – so the hospital also allows people to report incidents anonymously or via staff networks. All reports of bullying and harassment are monitored by the nature of the bullying (e.g. racist, homophobic), and those reporting incidents are monitored, where possible, by their age, gender, race, disability status, their religion or belief, and sexual orientation. Statistics are included in the hospital's annual report to the Board and inform the hospital's business planning – for example, having had no new reports of disability-based bullying for the last two years the hospital decided to make easy read versions of its policies and promotional materials to ensure disabled staff understand their protections against bullying. Patients are also made aware of the trust's zero-tolerance approach to bullying and harassment through posters in all patient environments. The hospital, in its much praised reporting of the staff rights and pledges of the NHS Constitution, demonstrates improvements in this outcome for most protected groups.

**EDS grade**

**Achieving**

**Reasons for rating:**

**Outcome:** The organisation, using best available evidence and data, demonstrates that its recruitment processes are fair and transparent, for staff from most protected groups as those for patients as a whole.

**Engagement:** The organisation engages with local staff-side organisations and its staff on this outcome.

**Mainstream processes:** The organisation demonstrates improvements in this outcome, for most protected groups, through its monitoring and reporting of staff pledges and rights of the NHS Constitution.

**Progression plans:** Plans are in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Key disadvantaged groups are not explicitly taken into account in the above processes.

**The organisation demonstrates that its recruitment processes are fair and transparent for staff from most protected groups, it has the foundations and processes in place for it be considered within the “achieving” grade bracket.**

This case study, although grounded in reality, is fictitious

### Outcome 3.5 (EDS Goal 3 – Empowered, engaged and well-supported staff)

Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives

|   |   |  |
|---|---|--|
| Name: <b>Southern Ambulance NHS Trust</b>   |   | Lead contact: <b>Dwayne D (Director of OD)</b> |
| <p>Southern Ambulance Trust is committed to providing working options that are flexible, accommodating and consistent with the needs of patients. The trust has set-up a Quality of Working Lives Committee to monitor and assure flexible working options are provided to all staff where appropriate. Staff representation from local staff-side organisations and staff networks on the Committee covers all trust staff, and all protected characteristics. In addition, the trust has sub-committees that are made up of members of staff from the different equality strands. A group for gender re-assignment has not been formed as analysis of staff records and staff surveys indicates that there are currently no staff members within the trust that have undergone a gender re-assignment. Routine analyses of the staff survey as well as feedback summaries from bi-monthly meetings of the Quality of Working Lives Committee and its sub-committees indicate that staff from all protected groups apart from gender re-assignment enjoy a similar range of flexible working policies and procedures that are no different to those experienced by staff as a whole. The flexible working options for staff also appear to be consistent with the needs of patients served by the trust. As a result of the analyses and routine meetings, on-going action plans are agreed. The trust has also been working in close partnership with a local drug and alcohol abuse rehabilitation group, providing flexible working options for a number of individuals who are reaching the end of their rehabilitation programme and are looking for employment opportunities. Furthermore, the trust aims to show improvement in flexible working options, for all protected groups and beyond, using its consistent use of the NHS Constitution to monitor and report on these matters.</p> |   |  |
| <b>EDS grade</b>  | <b>Excelling</b>  |  |
| <b>Reasons for rating:</b>  | <p><b>Outcome:</b> The organisation, using best available evidence and data, demonstrates that staff from all protected groups enjoy the same range of flexible working policies and procedures no different to staff as a whole, and are consistent with the needs of patients.</p> <p><b>Engagement:</b> The organisation engages with staff and staff-side organisations, from all protected groups, about developing and improving flexible working options.</p> <p><b>Mainstream processes:</b> The organisation demonstrates improvements in extending flexible working options to all staff, from all protected groups, using its own monitoring and reporting under the NHS Constitution.</p> <p><b>Progression plans:</b> Plans are in place to make further progress, with milestones.</p> <p><b>Disadvantaged groups:</b> Key disadvantaged groups are taken into account in the above processes.</p> <p><b>Flexible working options are taken very seriously within this organisation. The EDS outcome is met for all protected groups and beyond. Foundations and mechanisms (data and evidence, engagement, mainstream processes) are firmly in place to achieve this outcome, with planning to maintain and further progress with regards to this EDS outcome in place. On the evidence demonstrated, the trust should be considered as being an “excelling” NHS organisation.</b></p> |  |

This case study, although grounded in reality, is fictitious

## EDS Outcome 3.6 (EDS Goal 3 – Empowered, engaged and well-supported staff)

The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population

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|---|---|---|
| Name: <b>NHS South Kingley</b>  |   | Lead contact: <b>Derrick W (HR Support Officer)</b> |
| <p>Maintaining a healthy workforce is beginning to take importance for Board members at South Kingley PCT. The PCT’s Healthy Workforce policy is given to all members of staff as part of their induction programme. Staff are encouraged to raise concerns if they believe that their physical or mental health is being adversely affected within the workplace. Over the last year, there have been 23 recommendations from staff members regarding factors that can be embedded within the organisation to improve the health of its workforce. One such recommendation is for all staff to receive a full health check. No special attempt has been made to engage with staff from any of the protected groups or staff-side organisations, or to follow this recommendation through. The PCT has not prioritised work on the NHS Constitution rights and pledges for staff.</p> |   |   |
| <b>EDS grade</b>  | <b>Undeveloped</b>  |   |
| <b>Reasons for rating:</b>  | <p><b>Outcome:</b> The organisation does not collect or use evidence to inform itself about healthy lifestyle initiatives for the workforce and can not demonstrate that staff are supported to remain healthy, with a focus on addressing major health and lifestyle issues.</p> <p><b>Engagement:</b> The organisation does not engage with staff and staff-side organisations about how staff can be supported to remain healthy, with a focus on addressing major health and lifestyle issues.</p> <p><b>Mainstream processes:</b> The organisation does not aim to demonstrate in any mainstream process, how the workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues.</p> <p><b>Progression plans:</b> Plans to progress to the next grade have not been discussed.</p> <p><b>Disadvantaged groups:</b> Key disadvantaged groups are not taken into account in the above processes.</p> <p><b>The NHS organisation is unable to demonstrate that its workforce is supported to remain healthy. Engagement with staff is non-existent. The organisation does not aim to demonstrate how it aims to meet the EDS outcome in any mainstream process. No special attempt has been made to engage with any protected or other disadvantaged groups in any of the above processes. Plans are not in place to progress to the next grade. The organisation can only be graded as “undeveloped”.</b></p> |   |

This case study, although grounded in reality, is fictitious



## EDS Outcome 4.1 (EDS Goal 4 – Inclusive leadership at all levels)

Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond

Name: **University Hospitals Westfield NHS Foundation Trust**

Lead contact: **Catherine W-M (CEO)**

Westfield FT has recognised that people may experience inequalities in accessing services or as members of staff. As a FT, equality and diversity is at the heart of service development strategy. The active participation of the Council of Governors has ensured that social inclusion and challenging discrimination on the grounds of all protected characteristics are addressed, with appropriate and efficient actions taken, across all departments and sites. Equality is a standing item at the monthly trust Board meetings. Key actions and discussions at the recent Board meeting included:

- Participating in a local research study of the working experiences of Black and Minority Ethnic staff
- Latest edition of Equality Matters Newsletter – produced by the hospital to communicate equality and inclusion issues for staff and the community
- Progress on work with other local NHS trusts to provide mentoring and secondment opportunities for all staff
- Progress reports from staff networks, which support staff from all protected characteristics
- Establishing genuine partnership working with local staff-side organisations
- Development of an equality-focused e-learning training package to support staff-learning and development

The FT has recently created an equality and social inclusion post at director level. Results from the rich information and evidence on equality are reviewed every quarter with FT members, patient and staff groups, and the local community, where all protected groups are fully represented. The FTs annual reports and integrated business plans comprehensively address equality so that good relations are fostered, not only within the organisation, but also across communities and partner organisations. The Board does not deal with equality as a separate matter; it is built into all of its policies and procedures, including reporting on equality objectives within the personal development reviews of staff at all levels.

**EDS grade**

**Excelling**

**Reasons for rating:**

**Outcome:** The Board and senior leaders always conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond.

**Engagement:** The organisation engages with patients, staff, staff-side organisations and communities from all protected groups.

**Data and evidence:** Best available evidence covering all protected groups informs decision-making and service reviews.

**Mainstream processes:** The organisation has processes in place, covering all protected groups, to ensure that the Board and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within the organisation.

**The organisation is able to demonstrate that it has data, engagement and mainstreaming processes in place that cover all protected groups and, in doing so, meets this EDS Goal. The CEO of the organisation is the lead contact for this outcome, suggesting the importance of this outcome to the Board and senior leaders. The organisation should be graded as “excelling”.**

This case study, although grounded in reality, is fictitious

## EDS Outcome 4.2 (EDS Goal 4 – Inclusive leadership at all levels)

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

Name: **Maudlin Community Healthcare NHS Trust**

Lead contact: **John W (HR Manager)**

At Maudlin Community Care, the organisation has taken many steps to promote good working environments for staff and to ensure that staff are culturally competent and are delivering a personal, fair and diverse service to patients.

The organisation believes in the NHS Constitution and would like middle and line managers to ensure that the workforce is committed to the principles, values and rights within it. The organisation has struggled to engage all middle and line managers in the ethos of the NHS Constitution. The organisation has a Code of Conduct for Managers, however this has not been updated for some time.

All managers and line managers are expected to attend cultural competence training as part of the managerial responsibilities and each directorate is monitored on attendance levels. Staff attendance is monitored by age, sex and ethnicity. Middle and line managers are expected to encourage their staff to access the cultural competence training, however some managers are only encouraging staff working in services that have a visual diversity. This gap has been identified by the organisation and middle and line managers are working towards a phased plan to ensure that all staff attend the cultural competence training. The organisation is also engaging with three equality staff groups to obtain their views on this matter. Staff-side organisations have offered to help design and run this training, but this offer has yet to be taken up.

**EDS grade**

**Developing**

**Reasons for rating:**

**Outcome:** The organisation demonstrates that it is taking steps to ensure that middle and line managers are working in culturally competent ways for some protected groups of staff.

**Engagement:** The organisation engages with staff of some protected groups, but relations with staff-side organisations need further development.

**Mainstream processes:** The organisation fails to demonstrate improvements in the work environment.

**Progression Plans:** Plans are in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Key disadvantaged groups are not taken into account in the above processes.

**The EDS outcome is demonstrated for some protected groups. Good practice examples and dissemination is limited in some areas of the organisation, and this is also the case with commitment of some middle and line managers. Mainstream processes to tackle this outcome need to be updated, however the organisation has tried to make progress by ensuring that there is a phased plan of action. For these reasons, the organisation is graded as "developing" as further work is needed in this area.**

This case study, although grounded in reality, is fictitious

## EDS Outcome 4.3 (EDS Goal 4 – Inclusive leadership at all levels)

The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes

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|--|---|---|
| Name: <b>North Aldridge Mental Health NHS Foundation Trust</b>   |   | Lead contact: <b>Talib R (Director of HR)</b> |
| Supported by local staff-side organisations and its own staff networks, this trust has had great success in rolling out the NHS Competency Framework for Equality and Diversity Leadership to all of its managers, across all of its sites. The Human Resources Department is working closely with the trust’s Equality and Inclusion Manager in conducting an audit to address whether there are any missing equality and leadership competencies across the entire management structure of the trust. Results of the audit have indicated gaps in meeting the competency of building capacity to respond to diverse and changing community needs. This finding has been noted and action is being taken to address the deficit. Equality and diversity improvements are built into the job descriptions of all of the trust’s management posts and within their performance appraisal processes. |   |   |
| <b>EDS grade</b>   | <b>Excelling</b>  |   |
| <b>Reasons for rating:</b>   | <b>The organisation is using the Competency Framework to address potential gaps in the equality and diversity leadership competency. Equality and diversity outcome improvement is built into the remit of all management posts and performance on this outcome is reviewed routinely. Staff-side organisations and staff networks are full engaged and supportive of the Competency Framework. For these reasons the organisation should be graded as “excelling”.</b> |   |

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