

**NHS EQUALITY DELIVERY SYSTEM  
Outcomes Framework  
2011 - 2015**

**This Framework sets out the Trust's commitment to promote equality for all protected groups under the Equality Act 2010**

**PREFACE**  
**EQUALITY IMPACT AND COMPLIANCE ASSESSMENT**

1. General

Title of document	NHS Equality Delivery System Outcomes Framework 2011 - 2015
Purpose of document	NHS Equality Delivery System Outcomes Framework 2011 – 2015 sets out the way in which the Trust makes a public commitment to meeting its obligations under equality legislation over the next three years and how it will make a real and positive difference to those affected by the work of the Trust. The NHS Equality Delivery System Outcomes Framework 2011 - 2015 is relevant to all operations of the Trust and its employees.
Intended scope	Applies to all staff employed by the Trust, patients and their carers, members of the public, volunteers and contractors.

2. Consultation

Which groups/associations/bodies or individuals were consulted in the formulation of this document?	Diversity Forum; Partnership Forum (including all unions recognised by the Trust).
What was the impact of any feedback on the document?	Feedback incorporated where possible
Who was involved in the approval of the final document?	Diversity Forum; Partnership Forum.
Any other comments to record?	None

3. Equality Impact Assessment

Does the document unfairly affect certain staff or groups of staff? If so, please state how this is justified.	No. The Trust will address any allegations of discrimination on the grounds of age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation
What measures are proposed to address any inequity?	Cases will be monitored and discussed at Trust Board, Partnership Forum and Diversity Forum. Any cases of discrimination will be dealt with appropriately and in accordance with the relevant policy.
Can the document be made available in alternative format or in translation?	Yes, on request to the Human Resources Department

4. Compliance Assessment

Does the document comply with relevant employment legislation? Please specify.	Yes. Equality Act 2010
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5. Document assessed by:

Name	Hilary Jury
Post Title/Position	Head of Workforce Quality and Governance
Date	12 January 2012

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## **NHS EQUALITY DELIVERY SYSTEM OUTCOMES FRAMEWORK 2011 – 2015**

### **1.0 Introduction**

1.1 Dorset County Hospital NHS Foundation Trust (DCHFT) is committed to supporting diversity, delivering equality of opportunity and recognising the human rights of staff, patients, their relatives and members of the public. As a provider of health services across West Dorset and an employer of approximately 3,000 staff, we are aware of our responsibility for promoting equality and diversity principles and practice across all our services.

1.2 The Trust's equality agenda is supported by legislation that makes it illegal to discriminate, victimise or harass someone because of a real or perceived difference. The Equality Delivery System (EDS) Outcomes Framework, 2011 - 2015, presents the structure within which we will deliver our public commitment to meeting our general and specific duties as set out in the Equality Act 2010, and the way in which this will play a part in making DCHFT a leading equality organisation.

1.3 The Outcomes Framework replaces the Trust's previous Single Equality Scheme 2010 - 2013 and will be reviewed regularly to ensure its continued relevance.

### **2.0 Aim**

2.1 The overall aim of the NHS EDS Outcomes Framework 2011 – 2015 is to set out the way in which the Trust makes a public commitment to meeting its obligations under equality legislation over the next three years and how, in doing so, it will make a real and positive difference to those affected by the work of the Trust.

### **3.0 Objectives**

3.1 The objectives of the Trust's EDS Outcomes Framework are to:

- support the achievement of the Trust's corporate objectives within a changing NHS environment;
- discharge the Trust's responsibilities to promote equality of opportunity, eliminate unlawful discrimination, promote good relations between different groups and ensure compliance with legal responsibilities;
- develop a sustainable plan for embedding equality and human rights into the work of DCHFT ensuring that the Trust has in place the systems needed to deliver on equality, diversity and human rights;
- monitor the Trust's progress against objectives and report on achievements; and

- meet the requirement of the public sector duties detailed in the Equality Act 2010.

#### **4.0 Legislative and Compliance Framework**

##### **The Equality Act 2010**

4.1 The Equality Act 2010 is the most significant piece of equality legislation for many years. It draws together and extends previous anti-discrimination laws within one single Act, simplifying and streamlining equality legislation by removing inconsistencies and making it easier for people to understand their legal rights and obligations. It also strengthens the law in important ways to help tackle discrimination and inequality.

4.2 The Act protects people from discrimination on the basis of 'protected characteristics', which for services and public functions are as follows:

- extends the ban on age discrimination from employment only, to the provision of services and public functions;
- strengthens the use of 'positive action' by allowing its use to alleviate disadvantage by those who share a protected characteristic, giving employees and service providers greater freedom to address disadvantage and under-representation;
- extends protection for disabled people from direct discrimination only, to include indirect and third party or associative harassment and/or discrimination;
- makes socio-economic factors central to decision making.

4.3 The protected characteristics covered by the Act are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. Marriage and civil partnerships are also included, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

4.4 Also inextricably linked to the equality strands are Human Rights, being derived from the same principles of social justice, deferential treatment and dignity for everyone. A human rights approach treats the individual as a whole person and strives to address their requirements holistically. The Equality and Human Rights Commission identifies 15 rights protected by the Human Rights Act 1998. These can be summarised as:

- being treated fairly and with dignity;
- participating in the community;
- living the life you choose; and
- being safe and protected from harm.

##### **General Equality Duty**

4.5 The Equality Act contains a general duty, requiring public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act;
- advance equality of opportunity between people from different groups; and
- foster good relations between people from different groups.

## **Specific Duties**

4.6 As a public sector service, the Trust has specific duties and is required to:

- publish equality objectives every four years;
- publish information annually to demonstrate compliance with the general Equality Duty;
- publish information relating to employees and others, for example, service users, affected by the Trust's policies and practices.

4.7 The new public sector equality duty places greater emphasis on the following:

- demonstrably evidenced increased levels of engagement (localism);
- greater transparency and distribution of data and information;
- increased focus on outcomes rather than process.

## **Equality Objectives**

The Trust is also required to set Equality Objectives by April 2012. These objectives must:

- consider the information published before preparing the objectives;
- ensure the objectives are specific and measurable;
- set out how progress will be measured.

## **5.0 About the Trust**

### **Background**

5.1 DCHFT was established in 1991 as part of a long term project to bring together local services for acutely ill patients onto one site. The Trust, which comprises a modern 435-bed hospital, is located close to the centre of the town of Dorchester and provides the full range of general, acute hospital services, including an emergency department.

5.2 The hospital serves a population of approximately 215,000 people who reside mainly in the west of the county. A county-wide renal service is provided to the whole of Dorset and into Somerset serving over 750,000 people. The role of the hospital has changed considerably since the concept of the district general hospital was introduced in the 1960s.

5.3 DCHFT has recently experienced a challenging 18 months during which the executive leadership has changed and finances have been stabilized by an effective recovery plan to secure the Trust's financial future.

### **The Community We Serve**

5.4 Dorset is a medium-sized county with a smaller than average, sparsely distributed and mainly rural population. Over a quarter of the population is of retirement age (in England, this figure is less than a fifth). The population of Dorset has been growing faster than the national average, particularly in the older age groups in which long-term illness is more common.

5.5 The major causes of premature death in the population are coronary heart disease, cancer and stroke. Road traffic accidents kill or seriously injure up to 300 people each year, many of them children and young people. Overall, smoking levels are low but are high amongst younger people. Rates of obesity in school age children are high and, if not addressed, will lead to significant increases in diseases such as diabetes and heart disease in later life.

5.6 Life expectancy in Dorset as a whole is rising and is the third highest in England at 79.9 years for men and 83.8 years for women respectively, compared to 76.9 and 81.1 nationally. There is a degree of local variation with a difference of eight years life expectancy for men in the most deprived areas in Weymouth and Portland and the least deprived in East Dorset. Dorset also has an average prison population of 2,200, which presents its own particular health needs.

### **Strategic Vision**

5.7 The Trust's strategic vision, set out in the document 'Strategic Direction 2012 – 2015, is:

'Delivering Compassionate and Safe Healthcare'.

DCHFT intends to achieve its vision by working relentlessly to:

- deliver effective healthcare through professional, well motivated and committed staff;
- achieve high quality and safe clinical outcomes;
- improve the patient experience;
- provide value for money;
- learn from our experiences in order to improve services.

### **Strategic Plan for 2012 - 2015**

5.8 The Strategic Plan for DCHFT for the three-year period 2012 - 2015, is based upon:

- consolidating the Trust's role as the acute service provider of choice;
- delivering high quality, safe services that meet, or exceed patients' expectations;
- delivering on commissioners' and regulators' requirements;
- developing facilities and workforce potential to assist in maximising our quality, productivity and efficiency;
- being recognised as a great place to work;
- being prepared to do things differently.

## Values and Behaviours

5.9 The Trust's organisational values, which reflect those associated with the NHS Constitution, are:

- respect and dignity;
- commitment to quality of care;
- compassion;
- improving lives;
- working together with and for patients;
- everyone counts.

5.10 To meet our values, the Trust expects staff to behave in a way that demonstrates them by:

- sharing a common sense of purpose in that caring for and serving patients is the Trust's highest priority;
- treating patients as individuals at all times showing compassion, kindness and respect;
- ensuring privacy and dignity of all patients;
- listening and communicating honestly and clearly with colleagues, patients, families and carers;
- acting professionally with a high degree of integrity and giving the best at all times;
- taking personal and collective responsibility for the issues and helping to find solutions;
- working as part of team, not just in a ward or department, but across the whole hospital;
- striving to make a positive difference for patients, their families and the organisation;
- showing pride in the organisation and leading by example;
- challenging colleagues, teams and departments who by words or actions consistently fall short of the expectations of the hospital and its staff.

5.11 In support of the promotion the Trust's values and behaviours, support has already been identified for establishing a Staff Charter, i.e. an explicit statement not only of the Trust's commitment to individuals as employees, but also of its expectations of staff, in terms of their responsibility to the organisation, their colleagues and service users. The principles established by the Staff Charter will be

promoted at every level of the organisation, such that they become accepted and unquestioned practice.

## **6.0 Meeting the Public Sector Equalities Objectives**

### **Equality Delivery System**

6.1 The NHS Equality Delivery System (EDS) has been developed by the NHS Equality and Diversity Council to support NHS organisations in delivering better outcomes for patients and to comply with the Equality Act 2010, ensuring services and workplaces are “personal, fair and diverse, with equality of opportunity and treatment for all”.

### **Local Benefits**

6.2 Used effectively, and as part of the Trust’s annual business cycle, the EDS will help the Trust to begin the analysis that is required to meet the public sector Equality Duty in a way that

- promotes localism and local decision making;
- helps deliver on the Government’s commitment to fairness and personalisation, including the equality-focused rights and pledges of the NHS Constitution, as detailed at **Appendix 1**;
- helps deliver improved and more consistent performance on equality for patients, carers, communities and staff. In particular, delivers better outcomes for patients, carers and communities with regard to the NHS Outcomes Framework (DH 2010);
- helps deliver on the principles, objectives and requirements of the Human Resources Transition Framework (DH 2011);
- assists the Trust in meeting, or continuing to meet the Care Quality Commission (CQC) ‘Essential Standards of Quality and Safety’, as shown at **Appendix 2**;
- ensures that human rights and principles of equality are the primary consideration in the provision of NHS services and the development of the workforce. The five FREDA principles – Fairness, Respect, Equality, Dignity and Autonomy – are detailed at **Appendix 3**.
- helps the Trust respond more readily to the Equality Act duty; a legal requirement in any event.

6.3 The EDS does not replace legislative requirements for equality; rather it is designed as a performance and quality assurance mechanism for the NHS. Both the Equality and Human Rights Commission and the Government Equalities Office have endorsed the EDS.

6.4 Although this is a time of considerable change and transition for the NHS, the introduction of the EDS as a means by which NHS organisations are able to meet their statutory public sector equality duty obligations is considered appropriate.

## Contribution towards Reducing Health Inequalities

6.5 The EDS covers all those people with characteristics protected by the Equality Act 2010.

6.6 Social class, poverty and deprivation are often closely related to the incidence of ill-health and the take-up of treatment. In addition, many people with characteristics afforded protection under the Equality Act 2010, are challenged by these factors and, as a result, experience difficulties in accessing, using and working in the NHS. For this reason, work to support protected groups is best located in efforts to address health inequalities in general with a focus on improving performance across the board and reducing gaps between groups and communities. Using the EDS, this approach has two implications:

- When analysing EDS outcomes, organisations and local interests, including other public sector bodies, patients, staff, unions, voluntary and community groups, are asked to consider extending the analysis beyond the protected groups to others who face stigma and difficulties in accessing and using the NHS. It will be for local organisations and interests to decide whether or not to take this approach and if they do, which groups and communities to consider depending upon local needs and circumstances. Work on “Inclusion health” (DH, 2010) points to people who are homeless, sex workers, and people who use drugs, as potential targets.
- When working on equality objectives and priority actions, organisations should place all work in support of both protected groups and other groups facing stigma within their mainstream work on tackling health inequalities with regard to health conditions, health promotion, general issues of patient access, safety and experience, or workforce development.

### How the EDS Works

6.7 Central to the EDS is its associated objectives and outcomes. Along with other NHS organisations, the Trust will be expected to assess its equality performance against outcomes grouped under four goals. All 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, graded and action determined. The four EDS goals are as follows:

<b>1. Better health outcomes for all</b>
<b>2. Improved patient access and experience</b>
<b>3. Empowered, engaged and included staff</b>
<b>4. Inclusive leadership at all levels</b>

The outcomes associated with each of these goals are detailed at **Appendix 4**.

6.8 Based upon transparency and evidence, NHS organisations and local interests agree one of four grades to be awarded for each chosen outcome. For the purposes of performance analysis, local interests comprise, but are not restricted to the following:

- patients and local groups that represent them;
- communities and the public in general;
- NHS staff;

- voluntary and community organisations;
- local authorities;
- partnerships;
- equality and community networks.

The grades awarded are as follows:

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

6.9 Based on the grading, annual improvement plans will be developed to show how the most immediate priorities are to be tackled, by whom and by when. Each year, organisations and local interests will assess progress and carry out a fresh grading exercise in accordance with performance grading guidance. In this way, the EDS will foster continuous improvement. The first Annual Improvement Plans should be ready for April 2012.

### Assessment under EDS

6.10 The EDS is not a self-assessment. As a result of the analysis, the Trust, in partnership with local interests and stakeholders, an assessment will be made on how the Trust has performed against each outcome.

6.11 First and foremost the assessment will be designed to reflect the delivery of outcomes for protected groups and meeting the Equality Act public sector duties. This approach means that:

- the better the delivery of outcomes, supported by evidence, the better the grade;
- the more that quality, innovation and prevention and cost-effectiveness can be proven in the delivery of these outcomes, the better the grade;
- the extent to which the Trust fosters good relations between groups and communities, and can produce supporting evidence, the better the grade.

### Equality Impact Assessments

6.12 Under the Equality Act, it is a legal requirement for all public bodies to publish evidence of analysis undertaken to establish whether policies and practices have (or would) further the aims of the general equality duty. To assist in meeting this obligation, the Trust conducts equality impact assessments (EIAs) of all policies, strategies, services, functions and business plans to anticipate whether the policy, strategy, service, function or business plan has the potential to affect groups differently and to identify any likely positive impact(s) or barrier(s) that may be experienced. Where barriers are identified, an action plan is developed to ensure that any negative consequences are minimised and opportunities for promoting equality and human rights are maximised.

6.13 A guide to undertaking EIAs and the results of completed assessments are available on the Trust's website.

## **Publication of Information**

6.14 Under the Equality Act, all public authorities are expected to publish information that demonstrates how they are meeting their equality duty and how they have assessed the equality impact of their policies and practices.

To this end, the Trust will publish this Framework, agreed equality objectives, priority actions and grades, and outcomes of EIAs as stand-alone documents on its website.

## **7.0 Engagement with local interests and stakeholders**

7.1 Currently, the Trust engages with a number of local partners. It is acknowledged, however, that there is work to be done to improve engagement with local stakeholders regarding equality and disadvantage. The engagement exercise with local stakeholders and the workforce must aim to:

- make information to local interests more accessible;
- offer support to local interests to understand the service offered;
- include a range of professionals across the Trust;
- be sensitive to the resources and capacity of local interests.

7.2 Trust engagement activity to develop the Equality Objectives has already begun with a launch event in partnership with other health organisations in the Dorset EDS Cluster held in Dorchester on 21 November 2011.

7.3 As part of the Cluster, the Trust will carry out further engagement with specific local interests who have a relationship with the Trust, either through their involvement or on behalf of their service user.

## **8.0 Local and National Reporting**

8.1 Local Involvement Networks (LINKs) and their successors (Health Watch) will assist the Trust engage with local interests. LINKs will share annual improvement plans and grades with the local Authority Overview and Scrutiny Committees and Health and Wellbeing Boards before forwarding them to the NHS Commissioning Board or CQC. It is proposed that, in time, the NHS Commissioning Board will publish the grades for all organisations and the CQC will take account of concerns as part of its processes to monitor registration requirements.

## **9.0 Responsibilities**

### **Trust Board**

9.1 The DCHFT Board has overall responsibility for ensuring the adoption of the Equality Delivery System.

### **Chief Executive and Executive Directors**

9.2 The Chief Executive and the Executive Directors have responsibility for ensuring that the NHS Equality Delivery System Outcomes Framework 2011 – 2015 implemented across the organisation. An annual report to the Board will include an assessment of compliance with statutory duties and a review of progress in implementing the arrangements specified in the Framework.

## **Senior Managers**

9.3 Senior managers are responsible, through their leadership roles, for maintaining the profile of equality issues in DCHFT and for promoting the Framework within and, where appropriate, outside the organisation. They are also responsible for ensuring that staff are aware of their responsibilities and that they take advantage of the support and training available to help them carry these out. Senior managers will also ensure that relevant procedures are adhered to and appropriate action is taken in respect of staff or contractors who discriminate on the basis of any of the protected characteristics.

## **Staff**

9.4 All staff are responsible for promoting equality and for avoiding discrimination in the way they work. Staff are expected to participate in relevant training and learning opportunities provided within DCHFT.

## **Staff Representatives**

9.5 Recognised trades unions, professional associations and staff representatives will be invited to identify and appoint leaders who will support implementation of the Framework.

## **10.0 Compliance and Assurance Arrangements**

### **Diversity Forum**

10.6 The Trust's Diversity Forum provide assurance to the Board on equality issues via the Quality Assurance Committee and it is anticipated that the group will take responsibility for overseeing the implementation and evaluation of the EDS.

10.7 With the changes to the way in which equality and diversity issues are delivered and new initiatives, including Staff Health and Well-being and Staff Engagement (which also have an impact on the equality and diversity agenda), there is a need to revitalise the group and to ensure that the agenda embraces not just employment matters, but also service issues and cross-agency working.

10.8 Current Terms of Reference for the Forum are attached at **Appendix 5**.

## **11.0 Next Steps**

11.0 The Trust's lead with responsibility for EDS implementation is working closely with the SHA and the NHS Dorset, Bournemouth and Poole EDS Cluster on the regional and local EDS implementation plans and milestones, and with the EDS Programme Office to achieve successful implementation during 2011/12.

Key dates for the Trust are as follows:

By 31 January 2012 Information on compliance published

By 6 April 2012 Equality objectives published

During 2012/13 EDS take-up reviewed

31 January 2013 Information on compliance reviewed and published

By 6 April 2013 Equality objectives reviewed and published

hj/Diversity & Equality/EDS Outcomes Framework 2012 – 2015

**Appendices:**

Appendix 1: Alignment of EDS Outcomes with the NHS Constitution

Appendix 2: Alignment of EDS Outcomes with CQC Essential Standards

Appendix 3: Fairness, Respect, Equality, Dignity, Autonomy (FREDA) principles

Appendix 4: Equality Delivery System – Goals and Outcomes

Appendix 5: Diversity Forum Terms of Reference

## Appendix 1

### Alignment of EDS Outcomes with the NHS Constitution

“The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population”

First principle of the NHS Constitution (DH, 2010)

<b>EDS Outcome</b>	<b>The NHS Constitution : your rights and NHS pledges</b>
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	<p><b>You have a right</b> to expect your local NHS to assess the health requirements of the local community and to commission and put in place the services to meet those needs considered necessary (p.5)</p> <p><b>You have a right</b> to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide (p.6)</p>
1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	No equivalent NHS Constitution right or pledge
1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	<b>The NHS commits</b> to make the transition as smooth as possible when you are referred between services, and to include you in relevant discussions (pledges) (p.6)
1.4 The safety of patients is prioritised and assured	<p><b>You have the right</b> to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality (p.6)</p> <p><b>The NHS commits</b> to ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice (pledge) (p.6)</p>
1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	<b>The NHS commits</b> to provide screening programmes as recommended by the UK National Screening Committee (pledge) (p.6)
2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	<b>You have the right</b> to access NHS services. You will not be refused access on unreasonable grounds (p.5)
2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment	<p><b>The NHS commits</b> to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered (pledge) (p.6)</p> <p><b>You have the right</b> to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests (p.7)</p> <p><b>You have the right</b> to be given information about your proposed treatment in advance, including any significant risks and any alternative</p>

EDS Outcome	The NHS Constitution : your rights and NHS pledges
	<p>treatments which may be available, and the risks involved in doing nothing (p.7)</p> <p><b>You have the right</b> of access to your own health records. These will always be used to manage your treatment in your best interests (p.7)</p> <p><b>You have the right</b> to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply (p.7)</p> <p><b>You have the right</b> to make choices about your NHS care and to information to support these choices. The options available to you will develop over time and depend on your individual needs (p.7)</p> <p><b>The NHS commits</b> to offer you easily accessible, reliable and relevant information to enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available (pledge) (p.7)</p> <p><b>You have the right</b> to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this (p.7)</p>
2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised	<p><b>You have the right</b> to be treated with dignity and respect, in accordance with your human rights (p.6)</p> <p><b>You have the right</b> to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure (p.7)</p>
2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	<p><b>You have the right</b> to have any complaint you make about NHS services dealt with efficiently and to have it properly investigated (p.8)</p> <p><b>You have the right</b> to know the outcome of any investigation into your complaint (p.8)</p> <p><b>You have the right</b> to take your complaint to the independent Health Service Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS (p.8)</p> <p><b>You have the right</b> to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body (p.8)</p> <p><b>The NHS commits</b> to ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and the fact that you have complained will not adversely affect your future treatment (pledge) (p.8)</p> <p><b>The NHS commits</b> when mistakes happen, to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively (pledge) (p.8)</p> <p><b>The NHS commits</b> to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services (pledge) (p.8)</p>
3.1 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	<p><b>The NHS commits</b> to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities (pledge) (p.10)</p>
3.2 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	<p><b>The rights are there to help ensure that staff</b> have a fair pay and contract framework (p.10)</p>

EDS Outcome	The NHS Constitution : your rights and NHS pledges
being entitled to equal pay	
3.3 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	<p><b>The NHS commits</b> to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities (pledge) (p.10)</p> <p><b>The NHS commits</b> to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed (pledge) (p.10)</p>
3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	<p><b>The rights are there to help ensure that staff</b> have healthy and safe working conditions and an environment free from harassment, bullying or violence (p.10)</p> <p><b>The rights are there to help ensure that staff</b> can raise an internal grievance and if necessary seek redress, where it is felt that a right has not been upheld (p.10)</p>
3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives	<p><b>The rights are there to help ensure that staff</b> have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives (p.10)</p>
3.6 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	<p><b>The NHS commits</b> to provide support and opportunities for staff to maintain their health, well-being and safety (pledge) (p.10)</p>
4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	No equivalent NHS Constitution right or pledge
4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	No equivalent NHS Constitution right or pledge
4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes	No equivalent NHS Constitution right or pledge

Note: except where stated, the EDS Outcomes are aligned to the NHS Constitution's rights and pledges. A number of rights and pledges within the NHS Constitution cover all EDS Outcomes and relate to the fundamental principals of the EDS. These rights and pledges have not been cited above.

## Appendix 2

### Alignment of EDS Outcomes with CQC Essential Standards

Note: except where stated, all references to regulations in this Annex refer to regulations made under the Health & Social Care Act 2008

<b>EDS Outcome</b>	<b>CQC Essential Standard : outcome as experienced by service user</b>
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	<p>1.1a People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights (<i>Regulation 9, Outcome 4</i>)</p> <p>1.1b People who use services are supported to have adequate nutrition and hydration (<i>Regulation 14, Outcome 5</i>)</p> <p>1.1c People who use services and people who work in or visit the premises benefit from equipment that is comfortable and meets their needs (<i>Regulation 16, Outcome 11</i>)</p> <p>1.1d People who use services can be confident that their personal records are accurate, fit for purpose, held securely and remain confidential (<i>Regulation 20, Outcome 21</i>)</p>
1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	1.2 People who use services understand the care, treatment and support choices available to them; can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support; and have their views and experiences taken into account in the way the service is provided and delivered ( <i>Regulation 17, Outcome 1</i> )
1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	1.3 People who use services receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services ( <i>Regulation 24, Outcome 6</i> )
1.4 The safety of patients is prioritised and assured	<p>1.4a Service users are protected against identifiable risks of acquiring such an infection (<i>Regulation 12, Outcome 8</i>)</p> <p>1.4b People who use services are protected from abuse, or the risk of abuse, and their human rights are respected and upheld (<i>Regulation 11, Outcome 7</i>)</p> <p>1.4c People who use services will have their medicines at the time they need them, and in a safe way (<i>Regulation 13, Outcome 9</i>)</p> <p>1.4d People who use services and people who work in or visit the premises are in safe, accessible surroundings that promote their wellbeing (<i>Regulation 15, Outcome 10</i>)</p> <p>1.4e People who use services and people who work in or visit the premises are not at risk of harm from unsafe or unstable equipment (medical and non-medical equipment, furnishings or fittings) (<i>Regulation 16, Outcome 11</i>)</p> <p>1.4f People who use services can be confident that records required to be kept to protect their safety and wellbeing are maintained and held securely where required (<i>Regulation 20, Outcome 21</i>)</p>
1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	No equivalent CQC Essential Standard.

EDS Outcome	CQC Essential Standard : outcome as experienced by service user
2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	No equivalent CQC Essential Standard.
2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment	<p>2.2a People who use services understand the care, treatment and support choices available to them (<i>Regulation 17, Outcome 1</i>)</p> <p>2.2b People who use services where they are able give valid consent to the examination, care, treatment and support they receive; and understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed (<i>Regulation 18, Outcome 2</i>)</p> <p>2.2c People who use services, or others acting on their behalf, who pay the provider for the services they receive: know how much they are expected to pay, when and how; know what the service will provide for the fee paid; and understand their obligations and responsibilities (<i>Regulation 19, Outcome 3</i>) (<i>This regulation was made under the Care Quality Commission (Registration) Regulations, 2009</i>)</p> <p>2.2d People who use services wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf (<i>Regulation 13, Outcome 9</i>)</p>
2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised	<p>2.3a People who use services can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support; have their privacy, dignity and independence respected; have their views and experiences taken into account in the way the service is provided and delivered (<i>Regulation 17, Outcome 1</i>)</p> <p>2.3b People who use services can be confident that their human rights are respected and taken into account (<i>Regulation 18, Outcome 2</i>)</p> <p>2.3c People who use services or others acting on their behalf: are sure that their comments and complaints are listened to and acted on effectively; know that they will not be discriminated against for making a complaint (<i>Regulation 19, Outcome 17</i>)</p>
2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	2.4 People who use services or others acting on their behalf are sure that their comments and complaints are listened to and acted on effectively; and know that they will not be discriminated against for making a complaint ( <i>Regulation 19, Outcome 17</i> )
3.1 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	No equivalent CQC Essential Standard.
3.2 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	No equivalent CQC Essential Standard.
3.3 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	<p>3.3a People who use services are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job (<i>Regulation 21, Outcome 12</i>)</p> <p>3.3b People who use services are safe and their health and welfare needs are met by sufficient numbers of appropriate staff (<i>Regulation 22, Outcome 13</i>)</p>

EDS Outcome	CQC Essential Standard : outcome as experienced by service user
	<p>3.3c People who use services are safe and their health and welfare needs are met by competent staff (<i>Regulation 23, Outcome 14</i>)</p> <p>3.3d People who use services have their needs met by the service because it is provided by an appropriate person (<i>Regulation 4, Outcome 22</i>)</p>
3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	No equivalent CQC Essential Standard.
3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives	No equivalent CQC Essential Standard.
3.6 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	No equivalent CQC Essential Standard.
4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	<p>4.1a The registered person recognises the diversity, values and human rights of people who use services (<i>Regulation 17, Outcome 1</i>)</p> <p>4.1b People who use services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety (<i>Regulation 10, Outcome 16</i>)</p>
4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	No equivalent CQC Essential Standard.
4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes	No equivalent CQC Essential Standard.

Notes:

- Overall, registered persons must take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have (*Regulation 17, Health & Social Care Act 2008 (Regulated Activities) Regulations 2010*).
- Serious concerns arising from the use of the EDS may only be referred to the CQC, where they directly relate to the achievement of CQC's Essential Standards.

## Appendix 3

### FREDA principles and the EDS

Human rights and principles of equality should never be a secondary consideration in the provision of NHS services or in the development of the workforce. The five FREDA principles – Fairness, Respect, Equality, Dignity and Autonomy – have been developed to provide general principles that the NHS should aspire to. The FREDA principles readily relate to the EDS outcomes as the following box demonstrates.

<i>FREDA principle</i>	<i>How reflected in the EDS for protected groups?</i>
Fairness	The EDS as a whole is designed as a tool to assist organisations to promote fairness for patients, communities and staff. In particular, greater fairness will be achieved if health inequalities are reduced (Outcome 1.1); public health programmes reach and benefit all communities (Outcome 1.5); patients, carers and communities can readily access services (Outcome 2.1); staff recruitment and selection processes are inclusive and transparent (Outcome 3.1); levels of pay are fairly determined and applied (Outcome 3.2); and flexible working options are made available to all staff in consistent ways (Outcome 3.5).
Respect	The EDS is a tool to support the NHS Constitution to help the NHS respect both patients and staff from protected groups and beyond. For patients, EDS Outcome 1.2 asks that patients' needs are assessed and services provided in appropriate and effective ways. EDS Outcome 2.3 asks that patients are listened to and respected. EDS Outcome 2.4 asks that patients' complaints are handled respectfully and efficiently. For staff, the EDS Outcome 3.6 asks organisations to promote the well-being of their staff; a sure sign that staff are being respected.
Equality	The whole of the EDS is designed to improve the equality performance of the NHS. EDS Outcomes 4.1 to 4.3 emphasise that strong and committed leadership and line management, where equality in general, and equality champions in particular, are supported, is essential to the achievement of a fairer and more personalised NHS, staffed by a diverse, confident and competent workforce.
Dignity	For patients, EDS Outcome 1.3 asks that service transitions are discussed with patients, pay due regard to the requirements of the Equality Act, and are made smoothly; and EDS Outcome 1.4 asks the NHS to prioritise the safety of patients. EDS Outcome 2.3 directly secures the privacy and dignity of patients. EDS Outcome 3.4 asks that working environments are free from abuse, harassment, bullying and violence. Achievement of these outcomes will ensure that the dignity of both patients and staff, from protected groups and beyond, will be upheld.
Autonomy	For patients, EDS Outcome 2.2 asks that people from protected groups and beyond are given sufficient information about the NHS and their diagnoses and treatments so that they can make informed choices for themselves. Through support, training, personal development and performance appraisal, EDS Outcome 3.3 seeks a workforce that is confident and competent to do its work.

Note: the FREDA principles provide a useful overview of the general principles underpinning a human rights-based approach. Compliance with the FREDA principles will not ensure that an NHS organisation is acting in accordance with the Human Rights Act. Organisations must seek their own legal advice on this point.

## Appendix 4

### Equality Delivery System - Goals and Outcomes

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
		1.4 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
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 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
		2.3 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
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 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
		3.2 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
		3.3 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
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
		3.6 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
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination

Goal	Narrative	Outcome
	specialist equality leaders and champions	4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes

## **Appendix 5**

### **Dorset County Hospital NHS Foundation Trust**

#### **DIVERSITY FORUM**

#### **TERMS OF REFERENCE & MEMBERSHIP**

### **1.0 OVERALL PURPOSE**

1.1 The purpose of the group is to provide visible leadership and commitment to the Trust's Equality and Diversity agenda, ensuring that the Trust is compliant with its legislative and governance responsibilities and is seen as an exemplar of good practice.

The aim of the group is therefore to

- ensure that the Trust complies with current and emerging equality and diversity legislation and monitoring the Trust's compliance;
- act as the expert group on all matters related to diversity, promoting knowledge and information and building this into everyday practice and behaviour;
- provide advice to the Trust Board through the Integrated Governance Committee to promote, recognize and value the diverse nature of the local community and staff and advise on resources required to comply with legislation;
- advise the Trust Board on practical initiatives and priorities to ensure equality of opportunity for all staff and patients in terms of access to Trust services and employment issues.

### **2.0 TERMS OF REFERENCE**

The Diversity Forum will

2.1 Ensure that the Trust has a robust Single Equality Scheme in place which is reviewed and updated annually in consultation with staff, patients and the public.

2.2 Take responsibility for overseeing the work programme associated with the Trust's Single Equality Scheme and the NHS Equality and Diversity Framework.

2.3 Monitor all aspects of equality and diversity across the Trust in terms of performance and services in light of existing statutory obligations and advise the Trust Board accordingly.

2.4 Remain responsive and pro-active in assessing how the Trust should meet the needs of the local population and staff and ensure that the views, needs and preferences of diverse and varied groups inform the continuing development of equality and diversity throughout the Trust.

2.5 Act as an Impact Assessment Advisory Group advising on the impact of any new policy being evolved by the Trust in respect of equality and diversity.

2.6 Contribute to the promotion of the Trust as a multi-cultural organisation that values diversity.

2.7 Ensure open lines of communication to aid in the dissemination of good practice throughout the Trust and across the community linking with other relevant groups and organizations where appropriate.

### **3.0 MEMBERSHIP**

3.1 The membership of the Forum will include representatives of the Trust and service users as follows:

**Chair:**

**Deputy Chair:**

**Members:**

Non-Executive Director

Human Resources Lead for Equality and Diversity

Chaplain

Occupational Health Representative

Education Department Representative

Communications Manager

Members' Council Representative

PALS Manager

Operational Services Representative

Estates Representative

Staff Side Representative

Matron

Ward Sister

HR Recruitment Representative

Integrated Governance Committee Representative

3.2 The Forum shall elect the Chair from the membership for a two-year term, subject to termination of the role prior to completion of this term by either side and by mutual agreement.

3.3 The Forum may formally co-opt other people as individual members, such co-options to be reconsidered as necessary, where it is agreed that this will assist the Forum to achieve its aims and objectives.

#### **Members will be expected to**

- attend regularly or, where possible, elect a deputy to attend in their place if they are unable to do;
- actively participate in the work of the Forum and take on action points, where appropriate;
- act as a champion for colleagues on equality and diversity by informing their areas of the work of the Forum and raising awareness;
- promote understanding of difference generally and spreading good practice on inclusion.

### **4.0 QUORUM**

Chairperson or Deputy Chair

One third of the membership

## **5.0 MEETINGS**

Meetings will be held bi-monthly.

## **6.0 REPORTING & ACCOUNTABILITY**

6.1 Reporting arrangements will include:

- minutes of the Equality & Diversity Forum to be sent to the Integrated Governance Committee, which feeds into the Trust Board;
- regular updates to staff via Trust Magazine, Heads of Departments' meetings, Team Briefing.

## **7.0 REVIEW**

7.1 These Terms of Reference will be reviewed annually.

7.2 Last reviewed April 2008