

REPORT

Equality Delivery System 2: Disability Focus

January 2021

Introduction:

In Autumn 2021 the EDI Team began an assessment of the Trust using the NHS Equality Delivery System (EDS). The EDS can be used to assess NHS services across all protected characteristics or focus on one characteristic of interest or where focus is required. The focus of this assessment was on disabled staff and disabled patients.

EDS Goals and Outcomes Assessed:

Goal	No.	Description of outcome
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual peoples health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly and everyone well-informed
	1.4	When people use our services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care service and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the Trust
	2.4	Peoples complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The Trust is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated.
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond the organisation.
	4.2	Papers that come before the board and other major committees identify equality related impacts including risks and say how the risks are to be managed
	4.3	Middle managers and other managers support their staff to work in culturally competent ways within a work environment free from discrimination

EDS Grading options:

Each outcome is assessed under key criteria and given one of the following grades

Grading	Underdeveloped	Developing	Achieving	Excelling
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Engagement Processes for Grading:

Proposals for engagement were originally to hold focus groups with staff and patients to select gradings for each outcome. Given the current climate virtual options for this to happen were promoted to staff and patients. We gained expressions of interest from patients through the patient and public engagement function of the Trust however follow up with these patients did not gain a response. The communication about this involvement was sent to those who registered as disabled, a carer of someone who is disabled or those who have a long term condition which constitutes as disabled. The communication asked for feedback from patients, public or carers who had used or accessed the Trust services. A small number of staff were interested in being interviewed to gain a narrative.

To gain and supplant responses two online surveys were created. Goals 1 and 2 are patient related and Goals 3 and 4 are staff related therefore one survey for staff and one for patients based on the outcomes and gradings process for the EDS.

Staff and Patient Engagement:

Patient survey responses for Goals 1 and 2: 18 responses

Staff Survey responses for Goals 3 and 4: 6 responses

Staff interviews for Goals 3 and 4: 4 staff interviewed.

Results of Engagement Processes: Grading

Goal	No.	Description of outcome	
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	U =4 D = 11 A = 3 E= 0
	1.2	Individual peoples health needs are assessed and met in appropriate and effective ways	U= 4 D= 8 A= 6
	1.3	Transitions form one service to another, for people on care pathways, are made smoothly and everyone well-informed	U=6 D=7 A=4 E =0
	1.4	When people use our services their safety is prioritised and they are free from mistakes, mistreatment and abuse	U=3 D=9 A=4 E=2
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.	U=1 D=8 A=3 E=6
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care service and should not be denied access on unreasonable grounds	U=6 D=7 A=4 E=2
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	U=4 D=4 A=10 E=1
	2.3	People report positive experiences of the Trust	U= 5 D=5 A=7 E=2
	2.4	Peoples complaints about services are handled respectfully and efficiently	U=5 D=1 A=7 E=2
A representative and supported workforce	3.1	Fair recruitment and selection processes lead to a more representative workforce at all levels	U= 1 D= 4
	3.2	The Trust is committed to equal pay for work for of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	U= 2 A= 3
	3.3	Training and development opportunities are taken up and positively evaluated.	U=3 A = 1
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	U = 3 D = 1 A = 1
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	U = 3 D = 1 A = 1

	3.6	Staff report positive experiences of their membership of the workforce	U = 1 D = 4
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond the organisation.	U = 1 D = 4
	4.2	Papers that come before the board and other major committees identify equality related impacts including risks and say how the risks are to be managed	U = 1 D = 3 A = 1
	4.3	Middle managers and other managers support their staff to work in culturally competent ways within a work environment free from discrimination	U = 3 D = 1 E = 1

Conclusion:

There are two ways in which we can view the grading of the EDS.

- 1.) Based on the experience of the people who access and use our services and of the experience of staff who work in it.
- 2.) Based on evidence of policies, plans, information and other written forms of evidence.

The implementation of policies, plans and other written forms of evidence, if working well, will influence the experience of our staff and patients. Therefore the grades we do have in this report, when looked at in isolation of this EDS exercise, demonstrate where improvement is required and where from our staff and patients feel we fair well. Where provided the grades are backed up by narrative in the appendix of this report.

Recommendations:

Other programmes of work in the EDI Team including the Accessible Information (AIS) Standard and the Workplace Disability Equality Standard (WDES) would do well to triangulate together as a coordinated approach to disability equality for staff and patients.

For more information contact our Equality, Diversity and Inclusion Team
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