

NHS Equality Delivery System EDS2
2024

EDS Report and Action Plan

Dorset County Hospital

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Introduction to the Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	Dorset County Hospital	Organisation Board Sponsor/Lead		
		Nicola Plumb (Joint Chief People Officer)		
Name of Integrated Care System	NHS Dorset			

EDS Lead	Jo Howarth Director of Nursing DCH (Domain 1)	At what level has this been completed?		
	Jan Wagner Equity, Diversity, Inclusion & Belonging Lead (Domain 2 and 3)			
				*List organisations
EDS engagement date(s)	July 2024 – Dec. 2024	Individual organisation	Dorset County Hospital	
		Partnership* (two or more organisations)	Not for this reporting cycle	
		Integrated Care System-wide*	Not for this reporting cycle	

Date completed	09/01/2025	Month and year published	02/2025
Date authorised	27/01/2025 (TBC)	Revision date	01/02/2026

Completed actions from previous year	
Action/activity	Related equality objectives
N/A as EDS not previously carried out in 2023	

EDS Rating and Score Card

The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure.

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>Ethnicity Reporting: Ethnicity Recording has been assessed as a collaborative priority with commissioners and providers across the system. Dorset has implemented several initiatives to enhance access to population-level health data. Notably, quantitative data on demographic factors such as age, gender, and ethnicity are readily available through the Dorset Intelligence Information System (DiiS). Additionally, a comprehensive assessment of data quality has been undertaken by the Dorset System Intelligence Function, which has identified the need for a greater focus on ethnicity recording and made corresponding recommendations. This initiative is further supported by the Dorset Annual Report 23/24 and the governance framework of the Health Inequalities' Unwarranted Variation programme.</p> <p>Quantitative demographic data, including ethnicity, age, and gender, is accessible via the DiiS and is instrumental in supporting case-finding methodologies. This data facilitates targeted interventions and enhances the capacity for monitoring health disparities at a population level. In some service areas, ethnicity data recording exceeds national benchmarks, with certain services achieving 100% adherence to recommended standards.</p> <p>However, where discrepancies in ethnicity data recording exist within DCH, targeted efforts are in place to address</p>	Average: Achieving activity-2	Director of Nursing

		<p>these gaps. These efforts aim to standardise data capture processes, improve staff training, and engage service users in ensuring the accuracy and completeness of ethnicity information. Continuous work is ongoing to further improve these systems and reduce variations in data collection practices.</p> <p><i>Rating: achieving activity-2</i></p> <p>Targeted Lung Health Checks: Similarly, DCH have undertaken a joint approach with NHS Dorset and UHD on assessment of TLHCs as a system wide service. Dorset was an early adopter of TLHCs ahead of the National screening programme, prioritising local areas of highest deprivation, where the most minority communities live. The service is delivered by DCH from Weymouth Community Hospital, which is well placed to meet population needs including reasonable adjustments. Any alternative mobile service would be challenged by rural accessibility and digital network access. From the data available on uptake and experience, people with protected characteristics report good experiences and uptake is in line with expected cohort data, the exception is working-age people, for whom additional engagement is proposed.</p> <p>There is provision for people who move into Dorset to continue accessing services; a safety net, invites are repeated every two-years, and opt-in anytime or opt-out options. A gap identified is access for people in prison (there are three adult prisons in Dorset) and homeless people, as individuals at higher risk of experiencing health inequalities.</p>		
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		<p><i>Rating: achieving activity-2</i></p> <p>Learning Disability Alerts: Improving access, meeting needs, safety and engagement (DCH only)</p> <p>There has been a long history of working collaboratively with colleagues within the Community Learning Disability teams, driven by a succession of national reports highlighting the inequalities faced by people with a Learning Disability when accessing healthcare services.</p> <p>In recent times joint working has been further strengthened by the <i>Federation</i> with Dorset Healthcare NHS Foundation Trust.</p> <p>As part of the ‘Working Together Programme’ we have expanded the alert so that the Community Learning Disability Clinical Lead also receives the email alert and can follow up on any care requirements accordingly.</p> <p>The presentation and short film below, describes this in more detail, highlighting some of the benefits for the person with a learning disability Presentation Video</p> <p>Rating: achieving activity - 2</p>		
	1B: Individual patients (service users) health needs are met	<p>Ethnicity Reporting: A range of options have been adopted to include both cultural to technical solutions to improve ethnicity information across a range of protected characteristics.</p>	Average: Achieving activity-2 (1.66)	Director of Nursing

		<p>Reviewing these initiatives are suggestive of the possibilities that protected characteristics such as pregnancy, maternity, age, and gender will be captured and recorded. Some interventions are: (1) University Hospitals Dorset is working with GPs to pull ethnicity data from patient GP records to update their hospital records, particularly for patients without a Dorset GP. (2) Dorset County Hospital has completed the same and is focusing on training staff in the Emergency Department, Same Day Emergency Care unit, and Admission wards to improve ethnicity and protected characteristics recording. (3) Additionally, work on establishing a direct HL7 feed from DiiS into the Trust's data warehouse is underway, (though technical challenges remain). (4) Dorset Healthcare is convening ongoing discussions to address workforce data improvements that could provide opportunities for collaboration, and enhanced service delivery through learning. Previous DHC directed efforts to improve ethnicity recording, such as sending letters to patients lacking ethnicity data, however the approach was ineffective due to low response rates (relative to cost).</p> <p><i>Rating: achieving activity-2</i></p> <p>Targeted Lung Health Checks: Individual needs are collected as part of a risk-scoring profile for the TLHC and LDCT scan, including questions on reasonable adjustments. The TLHC is a first contact digital/telephone offer, however, where requested this can be facilitated face-to-face to meet needs. Impact is demonstrated in Portland where Late-Stage diagnoses in 23/24 dropped to 21.4% - meeting the national 25% target</p>		
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		<p>and significantly below Dorset average of 65% for Lung Cancers. As with all screening activity, there are 'incidental findings' from LDCT scans and the local policy ensures identified health needs are met by GP's and allied specialities. Patient records document signposting to local services e.g. Community Smoke Stop, however, end to end data on uptake is poor.</p> <p><i>Rating: achieving activity-2</i></p> <p>Learning Disabilities:</p> <p>'Was not brought/ did not attend' pilot project As mentioned in the video, this work has led to a further project looking the 'did not attend/ was not brought' for people with a learning disability. The aim of the project was to explore the reasons why some people missed appointments, did not come in for their appointments or were not brought to their appointments. We know people with a learning disability experience many barriers when accessing healthcare which further adds to missed or late diagnosis/ treatment resulting in poorer health outcomes. It was also important to explore if the person had care and support, why they were not brought, as there may be potential safeguarding concerns if the person is not supported to attend their health appointments. The DCH business intelligence team were able to create a report for those people who are flagged as having a Learning Disability and who were recorded as 'did not</p>		
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		<p>attend' for outpatient appointments. This included people on GP registers as well as those on the DCH PAS flagging system. This report is refreshed each month and is used to inform targeted intervention/communication with individuals and their carers. Further improvements are required to refine the approach and reduce DNA rates.</p> <p><i>Rating: developing activity- 1</i></p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Ethnicity Reporting: DiiS provides quantitative data by age, gender and ethnic background. The system is useful for proactive case finding. However, some ethnic groups have opted out for using their data. A preliminary analysis indicates no substantial disparities in opt-out rates by ethnicity. The use of DiiS for case finding and evaluating service outcomes is unlikely to increase inequalities from an ethnicity perspective. However, periodic reviews and targeted analyses will be essential to maintain equitable practices.</p> <p><i>Rating: achieving activity-2</i></p> <p>Targeted Lung Health Checks: TLHCs in a national screening programme, which has met all clinical safety requirements, based on the results of robust clinical trials. The programme has 15 quality standards B1647-quality-assurance-standards-targeted-lung-health-checks-programme-v2.pdf. In Dorset the service providers have robust policies and procedures for managing adverse incidents and monitoring quality, which can be interrogated at TLHC level. TLHC is on the Trust risk register as data is managed locally until a National data</p>	<p>Average: Achieving activity-2 (1.66)</p>	<p>Director of Nursing</p>

		<p>system is implemented. There is a policy and strong pathways for supporting patients where ‘incidental findings’ are made for non-lung cancer investigations or care. Patient information ensures participants are aware of the risks and benefits of the TLHC, LDCT scans and management of incidental findings. There is a risk from harm, where patients who are referred for LDCT scans Did Not Attend, and it is proposed a deep dive is undertaken to identify areas of focus and improvement, including where there are differences by protected characteristics e.g. Gender and Age.</p> <p><i>Rating: achieving activity-2</i></p> <p>Learning Disabilities: The aim of the ‘Did not attend/’Was not brought’ project is to reduce the risk of harm to patients by identifying and addressing any safeguarding concerns, improving health surveillance and timeliness of interventions, and improving long term outcomes for those with a registered Learning Disability</p> <p>Further analysis of the data and outcomes of the Patient Experience questionnaire will be undertaken to identify wider determinants affecting attendance rates and to inform actions for improvement.</p> <p><i>Rating: developing activity 1</i></p>		
	1D: Patients (service users) report positive	<p>Ethnicity Reporting: To address the barriers to accurate ethnicity data recording and access to care, Dorset NHS organisations are undertaking a series of targeted initiatives designed to</p>	Average: Developing activity-1	Director of Nursing

	<p>experiences of the service</p>	<p>enhance the collection of ethnicity and other protected characteristic data. These efforts focus on engaging both staff and service users to improve data accuracy and inclusivity. Engagement strategies include collaboration with key staff networks, particularly within Maternity and Neonatal Services, as well as outreach to migrant health contacts and responses to inquiries from the Patient Experience Team.</p> <p>These activities aim better understanding and communication regarding the importance of recording ethnicity and other protected characteristics. Additional avenues for engagement are being explored through the Integrated Care Board, which includes health inequalities-focused initiatives, Primary Care Networks, and Health and Wellbeing Events. These efforts aim to expand the reach of data collection and address potential inequities in healthcare delivery. One notable initiative is the Conversation Café, launched by Dorset County Hospital, which is specifically designed to reduce variations in ethnicity data recording. The Conversation Café applies innovative, trauma-informed approaches to engage patients and service users in a supportive environment, where sensitive data collection is prioritised. This initiative is closely aligned with NHS Dorset's organisational objectives, focusing on improving both the quality of data and the delivery of patient care. Central to these efforts is the collection of feedback from both patients and service users. This feedback provides critical insights into barriers to data collection and informs the development of interventions.</p>		
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		<p>Furthermore, guide cards are being developed, based on input from individuals with lived experience, to help facilitate more accurate and sensitive data collection. These guide cards will be trialled in specific departments within Dorset County Hospital and, if successful, will be expanded across other areas to standardise and improve ethnicity data collection processes.</p> <p><i>Rating: Developing activity-1</i></p> <p>Targeted Lung Health Checks: Patient experience data is available through National and local surveys, however, the results are not analysed by protected characteristics. National surveys are limited without TLHC as route of diagnosis as a presentation. National surveys are presented at ICB and Trust level, for the ICB there were no scores below the expected range and there were no significant differences for respondents' experience of care by tumour type, age, sex or ethnicity, all reporting 9.0+ as the average rating. A Dorset patient survey and recent Friends and Family test results reflect positively on their experience of care; however, additional qualitative feedback would provide insights for improvement and better inform commissioning decisions, including plans for the TLHC programme to roll out countywide. Improving communication and engagement is a key recommendation.</p> <p><i>Rating: Developing activity-1</i></p> <p>Learning Disabilities: The Community Learning Disability created a questionnaire aimed at exploring why people may not attend</p>		
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		<p>appointments. This was checked by people with lived experience to ensure it was easy to understand. We expect that issues such as poor health literacy, inaccessible appointment letters, transport issues may be some of the reasons for non-attendance but this has yet to be substantiated. We know anecdotally that attendance at health appointments can be a low priority for people</p> <p>As a consequence of patient feedback, Hospital charitable funds supported the creation of 4 virtual tours aimed primarily at people with a learning disability although we hope many other people may find these useful. The production company co-created and reviewed the film series as part of a film club for people with a learning disability. Some of the actors were also people with lived experience. Links below: Virtual tours</p> <p><i>Rating: Developing activity- 1</i></p>		
Domain 1: Commissioned or provided services overall rating			7 (6.32)	

Domain 2: Workforce health and well-being

Domain	Outcome	Data Sources	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 2: Workforce health and well-being</i>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions		<p>The Trust offers a wide range of support with physical and psychological health & wellbeing through Vivup our Employee Assistance Programme (EAP) including:</p> <ul style="list-style-type: none"> - telephone counselling and referral to on-side counselling - financial & debt advice - diabetes, dementia and cancer information <p>Vivup is a leading provider of professional counselling, information and advice offering support for issues arising from home or work. They employ professionally qualified Counsellors and Information Specialists, who are experienced in helping people to deal with all kinds of practical and emotional issues</p>	<p>Developing activity-1</p> <p>To reach Achieving: Health monitoring data is collated and the organisation would use sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. And the organisation would provide support to staff who have protected characteristics</p>	Joint Chief People Officer

		<p>NSS Question 9d “My immediate manager takes a positive interest in my health & wellbeing”</p> <p>NSS question 11a “My organisation take positive action on health and well-being.”</p> <p>Anonymous EDS2 survey carried out in OCT-2024 Q1 “ Do you know where to go to find out information that would</p>	<p>The Trust offers also information on the intranet page about:</p> <ul style="list-style-type: none"> - Trust-wide staff vaccination programmes - Menopause support service <p>Additionally, the Trust signposts via the intranet page to support:</p> <ul style="list-style-type: none"> - For Men & Women - Against domestic abuse - for LGBTQ+ staff <p>72% of staff think this is true reflection and has gone up by 2% but has gone down since 2019 by 2%.</p> <p>59% of staff agreed on this statement which is a similar percentage to 2021 when the question was first asked.</p> <p>50% of staff said they agreed with this statement.</p>	<p>for all mentioned conditions.</p>	
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		<p>support you to manage obesity, diabetes, asthma, COPD and mental health conditions?”</p> <p>Workshop on the 4th of November 2024, with 35 invitees representing a good variety of roles and responsibilities across various services within DCH as requested in the EDS2 framework. The attendees discussed the outcomes of the surveys and put them against the narratives of the rating guidance.</p>	<p>The members of the workshop discussed openly the difficulty of this question as it included 5 main topics. Considering the results of the 2 surveys and that the Trust provides support for one of the conditions and signposts the others to independent publicly accessible services, the members rated it a score of 1 – as per the following definition; “The organisation targets reading materials about the mentioned health conditions to staff about the mentioned conditions. The organisation promotes work-life balance. The organisation signposts to national support.”</p> <p>They were not able to elevate it to a score of 2 as that would have been: “The organisation monitors the health of staff with protected characteristics. The organisation promotes</p>		
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			<p>self-management of conditions to all staff. The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. The organisation provides support to staff who have protected characteristics for all mentioned conditions.”</p>		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>NSS combined Q14b & Q14c In the last 12</p>	<p>The Trust signed the Sexual Safety Charter and is in the process of developing a Sexual Misconduct Policy. The Trust will also implement a new staff reporting system with an option to report concerns anonymously to encourage staff to report their concerns. This is in response to the recommendations in the “To-Hot-Too-Handle” Report from 2024 outlining why staff are not reporting their concerns.</p>	<p>Developing activity-1</p> <p>To reach Achieving: The organisation has a zero-tolerance policy for verbal and physical abuse towards staff. The organisation penalises staff who abuse, harass or bully other members of staff and takes action to</p>	<p>Chief People Officer</p>

		<p>months how many times have you personally experienced harassment, bullying or abuse at work from managers & other colleagues</p> <p>NSS Q16c 1-7 On what grounds have you experienced discrimination?</p> <p>Sexual Safety in Healthcare Survey at Dorset County Hospital from July 2024. Q5 “Have you ever been subjected to or witnessed sexual harassment or sexual assault in the workplace?”</p> <p>Anonymous EDS2 survey carried out in OCT-2024 Q2 “When at work, staff are free from abuse, harassment, bullying and physical violence from any source?”</p>	<p>30% of staff experienced harassment, bullying or abuse in the last 12 months. This has remained at a similar level since 2019 and it is slightly under the NHS average.</p> <p>Ethnicity seems to be the highest basis for discrimination with 35% followed by “other” with 31% and gender by 22%</p> <p>31% answered this question with yes with 43% stating it had occurred on 3 or more occasions</p> <p>31% of participants answered this question with “no”.</p>	<p>address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience</p> <p>With the new approach on Sexual Safety including the Sexual Misconduct Policy and the new reporting system that includes bullying & harassment the Trust will achieve level 2.</p>	
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		<p>Workshop on the 4th of November 2024, with 35 invitees representing a good variety of roles and responsibilities across various services within DCH as requested in the EDS2 framework. The attendees discussed the outcomes of the surveys and put them against the narratives of the ratings guidance.</p>	<p>The members of the workshop appreciated this includes many variations and any source. With consideration of the 3 surveys they rated the organisation with the score of 1: “ The organisation acts and supports staff who have been verbally and physically abused. The organisation acts to penalise staff who abuse or bully other members of staff. Staff are supported to report patients who verbally or physically abuse them.”</p> <p>It was decided not to elevate it to a score 2 as this would need a Zero-Tolerance-Policy and the Trust “... takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience.”</p>		
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>		<p>The Trust staff have access to a number of Speaking Up functions, which includes the Freedom To Speak Up Guardian, who is a major source of advice and support.</p> <p>Staff are given confidential support and provided with guidance and opportunities to resolving their issues.</p> <p>The Union reps from BMA, HCSA RCN and Unison are on hand to offer independent advice and support as well.</p> <p>The four Staff Network chairs and their committee provide support to their members at their respective meetings and networking events. The networks meet monthly.</p> <p>Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence, as they are with all HR and other policies and procedures across</p>	<p>Achieving activity-2</p> <p>To reach Excelling: The organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality.</p> <p>Relevant staff networks are ... "provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source."</p> <p>Appropriate resourcing to be in place.</p>	<p>Chief People Officer</p>
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		<p>NSS Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?</p> <p>NSS Q11c During the last 12 months have you felt unwell as a result of work-related stress?</p> <p>NSS Q13a – Q13c In the last 12 months how many times have you personally experienced physical violence at</p>	<p>the Trust.</p> <p>Support is provided for staff outside of their line management structure through all of the above sources, and in addition, the Employee Assistance Programme (EAP) is available 24/7, free of charge, in complete confidence for support, advice and counselling. It is provided by an external provider, Vivup.</p> <p>55% “yes” with a 3% decrease from the year before.</p> <p>41% with a decrease by 5% from previous year.</p> <p>a) 11% decrease by 4% b) 0.67% with a slight increase c) 1.27% with a slight decrease</p>		
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		<p>work from...? Patients / service users, their relatives or other members of the public, Managers, Other colleagues.</p> <p>Anonymous EDS2 survey carried out in OCT-2024 Q3 “Do you know where to go to access independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source?”</p> <p>Workshop on the 4th of November 2024, with 35 invitees representing a good variety of roles and responsibilities across various services within DCH as requested in the EDS2 framework. The attendees discussed the outcomes of the surveys and put them against the narratives of the ratings guidance.</p>	<p>Yes 72%. With the main answer “FTSUG”</p> <p>The groups had a lively discussion to score between 1 and 2 as they do not see the FTSUG as an appropriate resource on this topic and it is not guardians (plural) at DCH but decided for the score 2 as the narrative is more suitable: “The organisation supports union representatives to be independent and impartial. Freedom to Speak Up guardians are embedded.</p>		
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			Relevant staff networks are active, accessible and staff led. Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. Support is provided for staff outside of their line management structure.”		
	2D: Staff recommend the organisation as a place to work and receive treatment	<p>NSS Q25c I would recommend my organisation as a place to work</p> <p>NSS Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.</p> <p>Anonymous EDS2 survey carried out in OCT-2024 Q4 “Staff recommend the organisation as a</p>	<p>66% would recommend the organisation as a place to work which is an increase by 5% in comparison to 2022 but a decrease of 3% in comparison to 2019.</p> <p>72% are happy with the standard what is an increase of 6% in comparison to 2022 but a decrease of 6% in comparison to 2019</p> <p>61% would recommend as a place to work and receive treatment.</p>	<p>Developing activity-1</p> <p>To reach Achieving: The organisation should compare the experiences of LGBT+ staff against other staff members and reach an average recommendation rate over 70% (85% for Excelling)</p>	Chief People Officer

		<p>place to work and receive treatment?”</p> <p>Workshop on the 4th of November 2024, with 35 invitees representing a good variety of roles and responsibilities across various services within DCH as requested in the EDS2 framework. The attendees discussed the outcomes of the surveys and put them against the narratives of the ratings guidance.</p>	<p>The group discussed this topic and appreciated these are two very different questions in one. As most people are very proud of their work a recommendation as a place of treatment was expected but with other results in the NSS they may have reservations about the recommendation as a place to work. The result might be mixed up for these reasons.</p> <p>They also discussed that the organisation is comparing experiences from BAME and Disabled staff but not from LGBTQ+ staff.</p> <p>They still decided to rate for a score of 1 as the main reason is the percentage of recommendation: “Over 50% of staff who live locally to services provided by the organisation do/would choose to use those services. Over 50% of staff who live locally are happy and regularly recommend the organisation as a place to work. Over 50% of</p>		
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			<p>staff who live locally to services provided by the organisation would recommend them to family and friends.</p> <p>The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members.</p> <p>The decision against a higher rating was on the basis that the combined question in the EDS2 survey was 61% and the NSS scoring was just in 1 category slightly over 70% and there is no comparison of LGBT+ staff experiences.</p>		
Domain 2: Workforce health and well-being overall rating				5	

Domain 3: Inclusive leadership

Domain	Outcome	Data Sources	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line	Staff Networks The rating narratives are including staff networks. In the workshop on the 4 th of November 2024 all		Developing activity-1 To achieve Excelling:	Trust Board

	<p>management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<p>staff networks rated these narratives.</p> <p>Engagement with staff networks. For a score of 1: “Board members and senior leaders have at least yearly/twice yearly engagement with staff networks.”</p> <p>For a score of 2: “ Board members and senior leaders meet staff networks at least 3 or more times a year.”</p> <p>For a score of 1: “Board members and senior leaders acknowledge religious, cultural or local events and/or celebrations.”</p> <p>For a score of 2: “Board members and senior leaders engage in religious, cultural or local</p>	<p>Board members: 1 of 4 networks responded with yes.</p> <p>All networks responded with no.</p> <p>Within the CEO brief religious, cultural or local events and/or celebrations are mentioned on a regular basis.</p> <p>All staff networks declared they can’t remember any active engagement on any of these occasions.</p>	<p>All board members and senior leaders meet staff networks at least 3 or more times a year. All board members and senior leaders engage in religious, cultural or local events and celebrations.</p> <p>All board members and senior leaders attend Conscious Inclusion & Inclusive Leadership Training. Every board member and executive leader to have an EDI-</p>	
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		<p>events and/or celebrations.</p> <p>---</p> <p>General information</p>	<p>The Board received the WRES, WDES, Gender Pay Gap, and Staff Survey Reports for review and approval and therefore have oversight of the Trusts current progress and challenges.</p> <p>The Trust has defined executive leads for EDI and health inequalities, being the Chief People Officer and Director of Nursing respectively.</p> <p>The Trust does not have a defined non-Executive Director for EDI matters – the Board aims to retain collective ownership and responsibility for this area. The Trust has a non-executive director (NED) Wellbeing Guardian and a NED Freedom to Speak Up champion, both of which incorporate inequalities in the scope of their role.</p>	<p>related workstream.</p>	
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			<p>The Chief People Officer is the Chair of the EDI steering group and is accountable for EDI at Board Level.</p> <p>EDI related issues are discussed through EDI Steering Group, People & Culture Committee in Common and Board.</p> <p>EDI content is embedded within the Trust's Future Hospital strategy and within the People Plan - including more staff and teams being empowered in a compassionate, inclusive and open culture, and improved equality, diversity and inclusion and wellbeing for all.</p>		
	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>		<p>The Board and People and Culture Committee in Common annual workplans have all of the EDI frameworks such as WRES, WDES, Gender Pay Gap and EDS2 listed and discussed at times of compliance and implementation.</p>	<p>Achieving activity-2</p> <p>To achieve Excelling: Both equality and health inequalities</p>	<p>Trust Board</p>

			<p>The annual EDI report as well as the recent design and implementation of the Joint Inclusion and Belonging Strategy has been fully discussed and approved at PCCiC and Board.</p>	<p>are standing agenda items in all board and committee meetings.</p> <p>Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. BME staff risk assessments are completed.</p> <p>Staff risk assessments, specific to those with any protected characteristics, are completed</p>	
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				and monitored where relevant	
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<p>Workshop on the 4th of November 2024, with 35 invitees representing a good variety of roles and responsibilities across various services within DCH as requested in the EDS2 framework. The attendees discussed the outcomes of the surveys and put them against the narratives of the ratings guidance.</p> <p>EDIB dashboard (18/12/24) Narrative for the score of 2: "Those holding roles at AFC Band 8C and above are reflective of the population served"</p>	<p>34 people cover 8C and above BME: 1 (3%) Disabilities: 2 (6%)</p> <p>In average people in Dorset: BME: 12% (Census 2021) Disabilities: 18% (Census 2021)</p> <p>The annual cycles for People Committee and Quality and Safety Committees ensure that</p>	<p>Developing activity-1</p> <p>To reach Achieving: Those holding roles at AFC Band 8C and above are reflective of the population served.</p>	Trust Board

			<p>staff EDI and public health inequalities are considered as part of the annual cycles by the respective lead committees.</p> <p>Annual Staff Survey results are produced and published. These are broken down by ethnicity, sexuality, gender, age, religion and disability, which impact internal action plans in relation to changes in data as a result of staff demographics and opinion.</p> <p>WRES/WDES and Gender Pay Gap report and action plans agreed prior to submission and considered by the People and Culture Committee in Common.</p>		
			Domain 3: Inclusive leadership overall rating	4	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): Not within this reporting cycle.	Independent Evaluator(s)/Peer Reviewer(s): Not within this reporting cycle.

EDS Organisation Rating (overall rating): 16 - Developing

Organisation name(s): Dorset County Hospital

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	Year(s) active
Jan Wagner, Equity, Diversity, Inclusion & Belonging Lead	March 2025-March 2026
EDS Sponsor	Authorisation date
Nicola Plumb (Joint Chief People Officer)	27/01/2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Targeted Lung Health Checks: Address access for people in prison (there are three adult prisons in Dorset) and homeless people, as individuals at higher risk of experiencing health inequalities.	Liaise with ICB and NHSE Health and Justice Colleagues to implement mechanisms to ensure residents at The Verne and Portland Prisons are invited and able to attend for screening.	Quarter 2 25/26
	1B: Individual patients (service users) health needs are met	Learning Disabilities: Continued refinement of the LD dashboard and develop targeted interventions to reduce DNA rates.	Refine dashboard using wider determinants to identify any inequity and inequality of access markers; develop interventions to address.	Quarter 1 25/26

	1C: When patients (service users) use the service, they are free from harm	Targeted Lung Health Checks: Risk of harm is mitigated by achieving a reduction in DNA rates and widening screening and uptake opportunities	Undertake a deep dive to identify areas of focus and improvement, including where there are differences by protected characteristics e.g. Gender and Age.	Quarter 2 25/26
	1D: Patients (service users) report positive experiences of the service	Ethnicity Recording: Standardise data capture processes, improve staff training, and engage service users in ensuring the accuracy and completeness of ethnicity information.	Host Conversation Café with Staff and Community Network partners to better understand barriers to recording and develop a set of visual cues for use in receptions and booking areas	Quarter 2 25/26

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	The Trust will be an employer of choice which recruits and develops staff fairly, taking appropriate action whenever necessary so that talented people choose to join, remain and develop within the Trust.	Updating intranet page and Health & Wellbeing Folders with all relevant information about obesity, diabetes, asthma, COPD and mental health conditions.	Q2 25/26

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Dignity and respect will underpin our civility agenda.</p>	<p>Joint Inclusion and Belonging Strategy, Action Plan</p> <p>Action 2 & 5 Full implementation of the WorkInConfidence reporting system, offering transparent anonymised statistics about cases of incivility, implementing a Sexual Misconduct Policy with a Zero-Tolerance approach, updating Bullying & Harassment Policy to a Zero-Tolerance approach.</p> <p>Action 3 Set up Task and Finish Group to ensure incidents of harassment, bullying or abuse are reported and staff are supported</p> <p>Action 14 Ensure all staff-on-staff reporting is handled fast, fair, transparent and is recorded in an (EDIB) measurable way with all staff handling cases trained to identify harassment, bullying or abuse in a multidisciplinary way</p>	<p>Q1 25/26</p>
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>		<p>Staff Network Charter to be signed off by SLG</p> <p>(EDS2: Relevant staff networks are staff led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source.)</p>	<p>Q2 25/26</p>
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>		<p>Joint Inclusion & Belonging Strategy</p> <p>All Actions</p>	<p>2025/26</p>

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>Joint Inclusion and Belonging Strategy</p> <p>Leaders set the tone and culture for their organisation. The actions under this pillar focus on encouraging our leaders and line managers to demonstrate compassion and conscious inclusion. These behaviours are vital in creating an inclusive culture at Dorset HealthCare and Dorset County Hospital. For us, Inclusive Leadership means actively seeking out and embracing diverse viewpoints as we recognise this will empower our staff to deliver great care and patient experience. As highlighted in the Messenger Review, we agree that principles of EDI should be embedded as the personal responsibility of every leader and every member of staff. We will encourage our leaders and line managers to actively challenge bias and discrimination to reduce inequitable experiences and to</p>	<p>Joint Inclusion and Belonging Strategy, Action Plan</p> <p>Action 38 All leaders to take part in Conscious Inclusion & Inclusive Leadership Training <i>(EDS2: Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and inclusion.)</i></p> <p>Action 41 Include an EDIB objective in yearly appraisals to ensure every leader demonstrates their commitment to inclusion and fairness <i>(EDS2: Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and inclusion.)</i></p> <p>Action 43 Senior management team and Board to engage with all staff networks – sponsors understand their role and commitment and including it as essential objective.</p>	2025/26

		actively listen, learn and role-model inclusive behaviours.	<i>(EDS2: All board members and senior leaders meet staff networks at least 3 or more times a year. All board members and senior leaders engage in religious, cultural or local events and celebrations.)</i>	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed		<p>Joint Inclusion and Belonging Strategy, Action Plan</p> <p>Action 37: Review and revise existing Equality Impact Assessment framework to ensure EIAs are fully embedded as a decision-making tool for processes impacting staff and patients <i>(EDS2: Equality and health inequalities impact assessments are always completed for all projects and policies and are checked by an SME and signed off at the appropriate level. BME staff risk assessments are completed.)</i></p>	2025/26
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients		<p>Joint Inclusion and Belonging Strategy, Action Plan</p> <p>Action 16: Improve diverse panel compositions and interview questions through collaboration with staff networks <i>(EDS2: Those holding roles at AFC</i></p>	2025/26

			<p><i>Band 8C and above are reflective of the population served.)</i></p> <p>Action 19: Increase in staffing levels more reflective of diversity of local communication and regional/national labour markets <i>(EDS2: Those holding roles at AFC Band 8C and above are reflective of the population served.)</i></p> <p>Action 21: Design and implement mandatory EDIB questions for every interview <i>(EDS2: Those holding roles at AFC Band 8C and above are reflective of the population served.)</i></p> <p>Action 26: We will review our on-boarding data 'shortlisting to interview to appointment' and explore any inequalities regarding to protected characteristics <i>(EDS2: Those holding roles at AFC Band 8C and above are reflective of the population served.)</i></p>	
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