Equality Delivery System 2 – 2016/17

NHS
Dartford and Gravesham
NHS Trust

Introduction

The main purpose of the Equality Delivery System 2 project (EDS2) is to help the Trust, in discussion with local partners including local people, review and improve our performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, we can better demonstrate our commitment to the public sector Equality Duty (PSED). The EDS2 methodology has been developed by NHS Employers to enable the NHS to demonstrate compliance with PSED. It is a requirement in national contracts to publish EDS2 assessment.

EDS2 has four goals supported by eighteen outcomes. The four goals being: better health outcomes; improved patient access and experience; a representative and supported workforce; inclusive leadership.

Definitions

EDS2 refers to 'protected characteristics', which are listed below.   For more information on each of the nine protected characteristics, please see the Equality & Human Rights Commission website: http://www.equalityhumanrights.com/private-and-public-sector-guidance/guidance-all/protected-characteristics: age; disability; gender; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sexual orientation.

Other disadvantaged Groups

EDS2 can also be readily applied to people from other disadvantaged groups, including people who fall into "Inclusion Health" groups, who experience difficulties in accessing, and benefiting from, the NHS. "Inclusion Health" was defined in a Social Care Task Force and Department of Health publication of 2010. These other disadvantaged groups typically include but are not restricted to people who: are homeless; live in poverty; are long-term unemployed; in stigmatised occupations (such as women and men involved in prostitution); misuse drugs; have limited family or social networks; are geographically isolated.

Report format

This report cites evidence relevant to each goal and outcome of how Dartford & Gravesham NHS Trust is performing against each expected standard. The Trust has then had this evidence graded to summarise its overall position along the following scale:

Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Equality objectives

As a result of this assessment the Trust has determined the following four priority areas, with specific objectives for the next two years:

Objective 1 - provide assurance that there is equal access and comparable outcomes relating to treatment by all protected characteristics
  RE: Standard 1.1 - Services are commissioned, procured, designed & delivered to meet the needs of local communities
  - Specific - assess in 2015 calendar year: A&E attendances, inpatient and outpatient activity; assess mortality rates; assess DNA rates; assess re-admission rates
  - Measurable - analysis to focus on statistically relevant variances, report to go to Quality and Safety Committee
  - Actionable - Director of Nursing and Quality
  - Realistic - analysis by all monitored characteristics - not all strands captured
  - Time bound – March 2017

Objective 2 - review all data capture methods for patient experience and service developments consultation, revising them to include monitoring of all 9 protected characteristics (where applicable)
  RE: Standards 1 & 2
  - Specific - known areas for attention include: business cases, service contracts, patient surveys, friends & family tests, complaints, PALS, incident reports
  - Measurable - progress reporting on above roll-out plan to go to Quality and Safety Committee
  - Actionable - Director of Nursing and Quality
  - Realistic - staged project plan prioritised on perceived risk level by Director sponsor
  - Time bound - March 2018

Objective 3 - reduce reports of discrimination in the workplace to below national average
  RE: 3.4. When at work, staff are free from abuse, harassment, bullying and violence from any source
  - Specific - ages 31-50, male for physical violence, female for other non-physical behaviour, BME are focus areas
  - Measurable - staff survey results to be within acceptable statistical variance levels
  - Actionable - Director of Human Resources
  - Realistic - working group and project plan over reasonable duration
  - Time bound - National Staff Survey Results 2017 - full census

Objective 4 - all Board and sub-Board Committee papers proposing developments to identify equality-related impacts/risks and how they will be managed
  RE: 4.2 Papers that come before the board & other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
  - Specific - applicable to all (non-routine?) Trust Board and Committees reporting directly into Trust Board
  - Measurable - 95% compliance on given sample of randomly selected 2 months (yes/no on use of template)
  - Actionable - Director of Human Resources
  - Realistic - approval required to adapt standing template through appropriate governance channels - to commence from X 2016
  - Time bound - annual audit as part of annual workforce Equality & Diversity report

EDS2 grading summary for 2015/2016

	Goal 1 – Better health outcomes for all	
	Specific Outcome	*Trust Grading*
1.1	Services are commissioned, procured, designed & delivered to meet the health needs of local communities	**Developing**
1.2	Individual people's health needs are assessed and met in appropriate & effective ways	**Achieving**
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	**Achieving**
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	**Developing**
1.5	Screening, vaccination and other health promotion services reach and benefit all communities	**Undeveloped**

	Goal 2 – Improved patient access and experience	
	Specific Outcome	*Trust Grading*
2.1	People, carers & communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	**Developing**
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	**Developing**
2.3	People report positive experiences of their treatment & care	**Undeveloped**
2.4	People's complaints about services are handled respectfully & efficiently	**Undeveloped**

	Goal 3 – Empowered, engaged and well-supported staff	
	Specific Outcome	*Trust Grading*
3.1	Fair NHS recruitment & selection processes lead to a more representative workforce at all levels	**Achieving**
3.2	The NHS is committed to equal pay for work of equal value & expects employers to use equal pay audits to help fulfil their legal obligations	**Achieving**
3.3	Training and development opportunities are taken up and positively evaluated by all staff	**Achieving**
3.4	When at work, staff are free from abuse, harassment, bullying & violence from any source	**Developing**
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way that people lead their lives	**Achieving**
3.6	Staff report positive experiences of their membership of the workforce	**Achieving**

	Goal 4 – Inclusive leadership at all levels	
	Specific Outcome	*Trust Grading*
4.1	Boards & senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	**Undeveloped**
4.2	Papers that come before the board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	**Achieving**
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	**Developing**

EDS2 evidence for 2015/2016

Goal 1 – Better health outcomes for all

	Specific Outcome	*Trust Grading*
1.1	Services are commissioned, procured, designed & delivered to meet the health needs of local communities	Developing

Evidence summary

At Dartford and Gravesham NHS Trust we are committed to providing 'high quality care in all aspects of the service our patients, families and their carers receive. Our Patient Experience Strategy provides evidence of our commitment to listen, learn from and work with patients to make improvements to services and to ensure that our staff understand the importance of the experience patients receive at the hospital. Commissioning and Procurement are undertaken in partnership with the relevant Clinical Commissioning Group (CCG) or Provider. There is evidence of the demographics and health needs of local communities being included in these processes. There is evidence available of the specific needs of some protected groups being included within contracts for services. These include availability of interpreter services, same gender care, single gender ward areas or availability of side rooms & additional support to the maintenance of safety in special circumstances through increased staffing levels or supervision of patients.

Commissioners and Providers meet on a regular basis to examine compliance with Quality Key Performance indicators. These quality focussed meetings enable provision of services to be adjusted within contractual obligations to meet the requirements of the community as identified by the CCG.

The quality of care given to our patient's matters to us We continuously seek patient feedback in order to make improvements to services.   Developments of new services within the Trust are based on identification of needs through consultation with community health leadership such as the CCG, Healthwatch and other Voluntary Sector groups.

Evidence of this exists in the development of Dementia Buddies to assist in the social engagement of patients with Dementia in Wards and Departments around the hospital. This scheme began as a pilot in partnership with an Alzheimer's Charity and developed to become a core and essential part of the services within the Trust.

 Involving patients, families and carers in the planning of new services is essential and we actively engage our patients via our Patient Engagement Committee. We have a recognised national system for assessing any potential impact on quality from the development of policies, procedures and guidelines, new initiative or proposed service change. This takes in to account the needs of particular groups who may be at risk of being disadvantaged due to their protected characteristics. All policies, procedures and guidelines are applicable to all patients including all protected characteristics.

The Trust is committed to ensuring there is a culture of openness, honesty and transparency. Clinical Governance & Complaints procedures encourage openness and learning from mistakes or avoidable harm. We admit errors and apologise investigating causes to ensure we learn lessons. Learning is shared through local clinical governance meetings held in departments and where appropriate through Regional and National forums. We also offer to share and discuss reports and investigations with the people who use and commission our services, and any other relevant partners. Complaints data reflects demographic details, not currently noting protected

characteristics data specifically.

The Trust has a Patient Engagement Strategy, which is currently being embedded into practice. Involvement of patients with any of the nine protected characteristic is being developed in line with the Strategy

There are currently gaps in the data we collect from patients for protected characteristics such as sexual orientation, civil partnership and gender reassignment. The Diversity Management Group is discussing how this data can best be collected in the future.

The Trust has a number of strong joint working relationships with local stakeholders such as the Local Authority Health Committee, Alzheimers and Dementia Society & Learning Disability Forum, Healthwatch representatives are invited to and sit on a number of patient focussed forums. We invite their involvement in audits, projects and welcome their input in identifying areas for improvement and development.

Evidence sources

- Minutes of Quality Meetings with CCG
- Population Report 2015 (Information Department DVH)
- Emergency Department Planning Group Minutes
- Patient Experience Strategy
- Patient Engagement Strategy
- Quality Strategy
- Diversity Management Group minutes and Terms of Reference
- Gender Reassignment Policy for Patients
- Privacy and Dignity and Mixed Sex Accommodation Guidance
- Friends and Family Test along with general patient surveys
- Staff Friends and Family Test
- The Trust has a Service Improvement Team
- Patient stories at Public Board meetings
- Trust Quality Account
- Equality Impact Assessments
- Quality and Safety Committee reports and Terms of Reference & revised policies
- Dementia Group Minutes
- Patient Experience Learning Disability Group minutes
- Heath Committee minutes of Local Authority
- Patient Experience Committee minutes

Specific Outcome	*Trust Grading*

1.2	Individual people's health needs are assessed and met in appropriate & effective ways	Achieving

Evidence summary

Providing care for patients is not just about meeting physical needs. Emotional, Social, Psychological and Spiritual needs are equally as important and we take a holistic approach to care delivery to ensure all needs are met. Care planned, based on assessment is also evaluated with adaptation where required. Patients are involved in determining the benefit of the care they are receiving, documented in medical, nursing and other health professionals' records.

Patient care should only be delivered in a clean, safe, comfortable environment, by adequate numbers of well-educated/trained, compassionate, competent care givers practising in a calm & professional manner. To ensure this standard, the Trust participates in local and national cleanliness audits in liaison with provider partners.

The structure of the building allows for provision of single gender accommodation as well as side rooms for specific identified need. There has been investment in Nursing Establishments in recent years in order to ensure the Trust meets the requirement of staffing to patient dependency and demand. There are records which evidence staffing levels within the Trust which allow for variations in dependency to be managers as well as having processes for the replacement of staff who cannot attend for duty at short notice.

Every patient has an individually designed medical and nursing care plan based on an initial assessment which incorporates aspects of protected characteristics as well as activities of daily living and past history. Documentation audits have revealed reluctance on the part of nurses to ask questions regarding spiritual needs and sexuality Work is ongoing to enable staff to ask the more sensitive questions in a way which would assist in identifying any additional care required in response to protected characteristics.

The trust has developed in recent years a dementia Buddy scheme, a Clinical Nurse Specialist for Older people, a Specialist Nurse for Learning Disabilities and a Mental Health Liaison service, in order to provide appropriately for patients with protected characteristics in these groups.

It is our aim to provide care and services that are appropriate and sensitive to all. The Trust Board are keen to embrace the many cultures and traditions that make our community so diverse and to ensure that these cultures and traditions are celebrated, rather than becoming barriers to accessing services. All of these inform access to all services and service redesign.

We have an active chaplaincy service that supports staff and patients from a number of faiths as well as those who don't have a particular belief. We actively invite feedback from staff and patients via a number of methods including patient stories at the board as well as national and local surveys. Monitoring and analysis of complaints, PALS and social media feedback is robust with regular reporting to the trust board.

Although our local population is not particularly diverse in terms of Black, Asian and Minority Ethnic (BAME) or for those who have a first language other than English, the Trust has access to a range of languages provided through an interpreting service. From April 2015 to March 2016, 923 language interpreter requests were facilitated as demonstrated below:

Language	Akan	Albanian	Arabic (Classical/North African)	Bengali	British Sign	Bulgarian	Cantonese	Czech	Dari (Afghan)	French	Greek	Hindi	Hungarian	Italian	Kurdish (Kurmanji)	Latvian	Lithuanian	Mandarin	Nepalese	PASHTO	Polish	Portuguese	Punjabi	Romanian	Russian	Slovak	Somali	Spanish	Tamil	Thai	Tigrinya	Turkish	Urdu	Vietnamese	Yoruba	German	Farsi	Kanada	Khmer	Grand Total
Total	1	12	8	14	42	20	40	10	2	14	2	9	15	7	8	6	49	33	4	1	156	4	102	75	27	105	5	22	38	4	2	71	2	6	3	1	1	1	1	**923**

A significant amount of work is taking place to improve the services the Trust provides to people with a learning disability (PWLD) and this is being developed by the Specialist Nurse for Learning Disabilities. Special Register (SR) flags are added to the Patient Administration System to ensure all staff caring for PWLD in emergency situations are aware there may be significant communication difficulties during the assessment and treatment of their patient. Additionally, the Trust has worked closely with local partnerships groups for PWLD, their carer's and support workers to provide key fobs which inform staff that they have a hospital passport which contains personal information about the person with learning disabilities, ensuring their care is tailored to their individual needs.

The Dementia Buddy Scheme provides volunteers trained in the needs of patients with dementia, who can assist with the social care of patients in clinical areas and departments across the Trust. It can be particularly helpful to have a 'Buddy' with a patient moving through the Emergency admissions pathway until family members or carers can arrive. Changes of environment included in pathways are better navigated by the patient when there is continuity of the person with them.

Evidence sources

- Individualised care pathways for patients with dementia
- Learning Disability Specialist Nurse
- Attendances and admissions of PWLD are recorded in the Annual Board Report
- SR Flag Reports
- Hospital Passports added to patient record in PAS/key fobs – in excess of 110 currently on PAS
- Easy Read Bedside Folders
- Patient engagement events
- This is Me document (for patients with dementia)
- Reasonable adjustments
- Interpreting Policy and Annual Report supplied by the service provider on the use of interpreting services
- Minutes of Executive Board and Board of Governors meetings
- Cleanliness Committee

- Annual External Cleanliness Audit
- Staff Bank Records
- Professional Staff Training Needs Analysis and Training undertaken records
- Nursing to Patient Dependency Records
- Nursing, Medical and Other Health Professionals records

	Specific Outcome	Trust Grading
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving

Evidence summary

Many patients require onward transfer to services following assessment and a decision to admit and after they are discharged from the Trust.

During admission patients may experience transfer between wards and departments. At each transfer an assessment is made of their condition and the impact of such a transfer. The hospital Site Practitioners, with ward and department staff use guidelines on the appropriateness of patient condition, time of day and clinical need to evaluate and guide each transfer.

On discharge the multidisciplinary team work together in order to ensure patients and relatives are fully informed of this. Daily ward rounds are conducted to ensure patients and relatives understand treatment options throughout their stay in the hospital and have the opportunity to discuss fears or worries more easily.

Estimated Discharge dates are discussed with patients and their relatives throughout the admission, and care planning for onward transfer and treatment is initiated at the earliest opportunity. Referrals to specialist nurses and other medical/surgical specialisms for patients whilst they are inpatients is a smooth pathway.

Patients who present to the Emergency Department may need referral on to services provided by other Acute or Community trusts. Referrals to other Acute services are made easily by clinician to clinician. The Trust also has an Integrated Discharge Team whose role it is to help in the Emergency Department by providing people with alternative rehabilitation venues in community units or to provide additional support in the person's own home based on individual needs assessments. They discharge people to their own homes as soon as they are fit to do so. They attempt at all times to achieve a safe, effective discharge for every patient; avoid late discharges for patients who require transport; promote care for people in the community and prevent unnecessary readmissions to the acute hospital with the same condition.

The Trust holds bed meetings three times each day to discuss patients who are being discharged from the hospital, and to ensure that all discharge arrangements are in place.

Referrals to other services are made with informed consent from patients. Processes are in place to ensure that patients who lack capacity and cannot consent to treatment or make decisions about their care are supported by Trust staff or on occasions an independent advocacy service support worker. Best Interest meetings are held when appropriate and decisions documented in the patient notes.

Maternity services are delivered from both the acute hospital and within the community setting and transition from one service to another is smooth. Robust links are in place

between midwives and health visitors, and transition for families from care of the midwifery service to health visiting service is seamless. Specialist support is available to expectant mothers who have a mental health diagnosis or who have been assessed as being at risk of developing post-natal depression. Additionally support is also available to young expectant mothers who might require additional support following childbirth.

People with a learning disability are supported within the hospital from birth to death. However, when the patient becomes 18 years old, when admitted to hospital, they will be cared for in an adult ward and care will transition from children to adult services. This is a difficult time for the patient and their families, and support is provided by the Learning Disability Nurse to minimise distress.

Patients at the end of life have specific pathways and these are documented in the notes. All patients regardless of their protected characteristics can find support during the end of life from the multi-faith chaplaincy. There are also special arrangements in place after death to meet religious or cultural requirements.

Evidence sources

- Chaplaincy Policy
- Maternity Policy
- Admissions, Transfers and Discharge Policy
- Mental Capacity Act Policy
- Consent forms 1 – 4
- End of life MDT planning with external agencies
- Diversity Management Group
- Patient Experience Strategy
- CQC Reports
- Patient Experience Committee
- EIA's
- Agenda and minutes of MDT outcomes in patient notes
- Internal transfer of patient guidelines

	Specific Outcome	*Trust Grading*
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing
Evidence summary		

Patient safety is paramount within the Trust. The Trust has an incident reporting system, Datix, and a culture that encourages and supports reporting of incidents. All staff have access to the system and incidents are logged electronically by staff. Incidents are discussed at team meetings to disseminate learning. Themes are extrapolated from the system to assist in identifying areas of improvement.

The Trust holds a Serious Incident Declaration meeting weekly. This is chaired by the Director of Nursing & Quality and the Medical Director. Incidents relating to patient safety are presented and discussed by staff from the area where it occurred. The purpose of this meeting is to ensure that those involved have an opportunity to review the

event with the benefit of senior nursing and medical expertise, from which learning can occur.

The Trust also has a Patient Safety Committee. Root Cause Analyses (RCA's) are undertaken for Serious Incidents to ensure causal factors are identified, as well as areas of good practice. Most importantly, RCA's are undertaken to ensure learning is generated and shared amongst teams. In line with the Duty of Candour, patients and their relatives are given the opportunity of being involved and fully informed of the investigation. They are also offered a copy of the RCA report with an opportunity to meet with clinical staff to understand more fully the lessons identified and actions in place to implement these in practice.

The Trust has policies and procedures in place for safeguarding adults and children of all characteristics. Mandatory training is delivered by the trust which covers 'how to recognise abuse' and 'who may abuse'. This includes abuse by celebrities following lessons identified in the Savile Inquiry. Safeguarding training is undertaken by all new starters with refresher training delivered every 3 years. Staff are made aware of the processes to raise concerns around safeguarding and also for working with patients who lack capacity. Safeguarding of children training is available at all required levels to support roles undertaken in the procedures.

The Trust is proactive in deterring individuals with a history of abusing people from employment at the Trust through safe recruitment processes. All staff are DBS checked. There is a clear Zero Tolerance Policy to protect patients from harm and the Trust will report staff to professional regulators where appropriate. There is also a clear Privacy and Dignity Policy.

Evidence sources

- Serious Incident Declaration Meeting Terms of Reference
- Patient Safety Committee Terms of Reference
- Root Cause Analysis Template
- Safeguarding Policy
- Mental Capacity Act Policy
- Managing Patients with Challenging Behaviour Policy
- Zero Tolerance Policy
- Privacy and Dignity Policy
- Volunteer Policy
- Training Policy
- Membership of the Kent Safeguarding Adults Board and subgroups
- Quality and Safety Committee work-plan
- Board Reports
- Safeguarding Children and Vulnerable Adults Committee
- STEIS
- Datix

	Specific Outcome	Trust Grading
1.5	Screening, vaccination and other health promotion services reach and benefit all communities	Undeveloped

Evidence summary

The Trust has an Occupational Health Department for Staff but does not provide screening services for patients. However, screening for staff and administration of appropriate vaccinations, in turn, support the delivery of safe care to our patients. In 2015/16, 59.5% of all staff received the seasonal Flu Vaccination- this was the highest % across Kent. Occupational Health also provides vaccinations to staff against occupational acquired health conditions such as Hepatitis B and TB.

Occupational Health support all staff and provide specific advice for staff who have protected characteristics, for example pregnant workers risk assessment; breastfeeding and working mothers risk assessment; stress risk assessment.

Evidence sources

- Occupational health advice and assessment forms
- Flu seasonal vaccination uptake data

Flu information

Goal 2 – Improved patient access and experience

	Specific Outcome	Trust Grading
2.1	People, carers & communities can readily access hospital services and should not be denied access on unreasonable grounds	Developing

Evidence summary

In respect of physical access to the hospital, the Trust building is well maintained and meets the Health and Safety requirements from an access perspective for all people, carers and the local community which it serves. The Trust has a Health and Safety Policy, for which managers receive risk management training, and all staff training every three years.

For patients, carers and the local community who do not have English as their first language, the Trust provides a comprehensive interpreting and translation service. This ensures patients and their families are fully informed of all care and decisions regarding their health that need to be reached during their interactions with the hospital. The interpreting service provider produces and annual report which can be disaggregated by age, gender, ethnicity and maternity.

For patients with a learning disability, the Trust is proactive in making reasonable adjustments such as double appointment slots in outpatients so that extra time may be given. Hospital 'tours' have taken place for people with a learning disability before hospital attendance or pre-planned admissions in order to familiarise patients and reduce anxiety levels. The trust has a specific action plan to continually improve services for patients with a learning disability, and the Trust Learning Disability Nurse is responsible for ensuring services continue to develop and meet the needs of people with a learning disability. The Trust also has a Carer's Charter which explains rights of carers to stay with patients during an admission.

An annual report is provided to the Diversity Management Group demonstrating some Protected Characteristics of complaints from patients as well as others who raise concerns about care we have given to their loved ones. It also demonstrates what the complaint related to and can demonstrate changes over time.

At this time there is not routine use of visual, braille or auditory versions of printed information, though assistance can be given by staff for the partially sighted patient or those with hearing loss not corrected by the use of aids, or literacy challenges. The Patient Experience Strategy confirms commitment to developing and supporting service users in planning, delivering and evaluating the services provided by the Trust. The Trust engages with patients and patient groups particularly in the Maternity Department, but this process needs to be more routinely undertaken across the Trust.

Evidence sources
- Health and Safety Policy
- Interpreting Service reports
- Patient's Charter
- Diversity Management Group
- Annual complaints report by protected characteristic
- Learning Disability Action Plan

	Specific Outcome	Trust Grading
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing

Evidence summary

All patients admitted to the Trust are assessed by a doctor followed by assessment undertaken by the admitting nurse. This assessment process includes devising a plan of care for the patient, which is individualised and involves them in this process. Where a patient may lack capacity, a Mental Capacity Assessment would take place about a specific decision related to their care and treatment, or decisions which affect their discharge planning arrangements. Where patients lack capacity, best interest decision meetings are held with family members or advocates to support the correct course of action for the patient.

For patients or families that do not speak English as a first language or have other communication difficulties, the interpreting services is used to ensure that patients and their families are fully involved in decisions about their care.

For patients who have a Learning Disability, the Learning Disability Nurse will support patients in decision making and ensure that reasonable adjustments are made to achieve informed decision making. The hospital passport is in use for patients with a Learning Disability which helps to inform the care and discharge planning process.

Patients receive copies of their outpatient letters in order to clarify treatment plans. This happens following every outpatient appointment for all patients, unless sharing this information would not be in the person's best interest. This decision is made between the doctor and the patient or their representative. Correspondence to the patient is in English with a message in a number of languages, advising they seek assistance if they cannot read English.

Through the Friends and Family Test survey the Trust has good evidence that patients have a high satisfaction rate from their care but the Trust does not currently collect protected characteristics in this survey. Disadvantaged groups cannot be identified at present.

Evidence sources

- Consent Policy
- Interpreting service
- Mental Capacity Act – Best Interest meetings
- Discharge planning – MDT meetings
- Patient Information Leaflets in easy read
- Individualised care planning
- Admissions, Transfers and Discharge Policy

	Specific Outcome	Trust Grading
2.3	People report positive experiences of their treatment & care	Undeveloped

Evidence summary

Patients who use our service are given lots of opportunities and ways of providing feedback on the care and treatment they receive in the Trust. This includes the Friends and Family Test, patient surveys, 'Every Thank You Counts' cards and the National Inpatient Survey which is conducted once per year. However, when patients choose to participate in surveys or complete feedback, we do not routinely collect information about them or any protected characteristic they may have. Equally there is more we could do in respect of ways to capture feedback from patients who have a learning disability, mental health diagnosis and those who do not have English as their first language. There is work yet to be undertaken in this aspect of providing equal access to the ability to comment on care.

The Trust has a Patient Experience Committee to which patient representatives attend. The patient experience is discussed and actions are monitored in order to improve various aspects of the patient experience. The Board hear 'patient stories' directly from patients or carer's on a regular basis to highlight positive and negative experience. In addition the Trust has a number of core values it expects from its staff including taking responsibility, ensuring high standards, developing services, respect, integrity and leadership.

Evidence sources

- FFT data
- Generic satisfaction surveys
- Every Thank You Counts Award Scheme
- Our Behaviours
- Board Reports
- Quality and Safety reports
- Minutes from Patient Experience Committee

	Specific Outcome	*Trust Grading*
2.4	People's complaints about services are handled respectfully & efficiently	Undeveloped

Evidence summary

The Trust views a complaint as an opportunity to improve and actively encourages feedback from patients. It is optimum if the complaint can be made in person to the member of staff in charge of an area as this usually results in an immediate resolution. Where this is not possible or desirable by the Patient Advice Liaison Service (PALS) is easily located in the Main Entrance of the hospital. The Trust has a good record of directors and senior clinicians taking time to listen and resolve issues before they arise via the Patient Advice Liaison service. If, despite this, a complaint is made there are clear procedures which are followed and the complaints team make regular contact by telephone and/or letter to patients.

Information on how to make a complaint is displayed within clinical areas. The Trust takes complaints extremely seriously and has a robust process for investigating and responding to them in a timely way. All complaints responses are seen and signed by the Director of Nursing and Quality and/or the Chief Executive.

For people that make a written complaint, an equalities monitoring form is sent to them for completion. This data is not collected for people who contact the PALS team as these issues are usually raised by telephone. However, at present we do not report against protected characteristics in complaints reports. This will be included in reports

going forward.

Personal meetings with a member of the complaints team are used where a complainant identifies difficulty with putting their complaint in writing. A statement can be given verbally to the Complaints Team Member which is then treated as a written complaint.

Early Resolution meetings are offered in circumstances where it is possible to provide a meeting with clinical and management staff at the commencement of the investigative process to enable the complainant to be more effectively expressed or resolved.

The Complaints team will offer a complainant the opportunity to have the support of the Advocacy Service where it is recognised that the complainant requires additional help to make their complaint.

Whilst these opportunities will assist some complainants with protected characteristics, there is more work to be done by the Trust to ensure that all patients are enabled to make a complaint, especially those with a Learning Disability, mental health concern or those who are unable to read, speak or write in English.

Trends in complaints are monitored and reported on and in 2015/16, reports will indicate if complaints that are made relate specifically to equality or diversity issues.

Evidence sources
- PALS service and leaflet   - Complaints Team and leaflet   - Complaints report to Patient Experience Committee, Quality and Safety Committee and Trust Board   - Protected characteristic reports to Diversity Management Group annually   - Complaints Policy   - Minutes of Early Resolution Meetings   - Notes of Verbal complaints to Complaints team members   - Evidence of referral of complainants to the Advocacy Service

	Goal 3 – Empowered, engaged and well-supported staff

	Specific Outcome	*Trust Grading*
3.1	Fair NHS recruitment & selection processes lead to a more representative workforce at all levels	Achieving

Evidence summary

A thorough analysis has been undertaken of recruitment alongside other workforce monitoring in the Trust's Annual Workforce Report 2015.

The detailed findings looked at data by staff group, grade and banding over the range of protected characteristics. Overall protected groups are represented well within the Trust's workforce, and are fairly processed through each of the application / shortlisting / offer stages. Some data was missing for gender reassignment and maternity / pregnancy because this is not currently captured by NHS jobs equal opportunities monitoring. Additionally, although most protected characteristics showed demonstrable representation, gender and disability could have greater proportionality as seen typically across the NHS.

The Trust is following up on five recommendations following this report to assist its move from Achieving to Excelling:

1. **Age:** take positive action to attract older applicants to Allied Health Professional roles, and younger applicants to Healthcare Scientist roles
2. **Disability:** take more positive action to attract disabled candidates, and to ensure understanding of reasonable adjustments is clear to recruiting managers; improve data quality by reducing levels of non-disclosure
3. **Gender:** take positive action to attract more males into the workforce, in particular the Nursing & Midwifery staff group [Appendix 7]; take positive action to attract more females into medical Consultant grades [Appendix 11]; ensure understanding of inclusion is clear Allied Health Professional recruiting managers; further investigation into possible drivers for higher proportion of females subject to formal employee relations processes; address reported perception of reduced equal opportunity for career progression or promotion with males
4. **Ethnicity:** support to Allied Health Professional and Scientific & Technical recruiting managers to improve ethnic diversity; address reported perception of reduced equal opportunity for career progression or promotion with black and minority ethnic staff
5. **Religious belief** – support to Scientific & Technical and Healthcare Scientist recruiting managers to improve religious diversity

Evidence sources

- Annual Workforce Report 2015 - http://www.dvh.nhs.uk/working-for-us/equality-and-diversity/workforce-information/
- NHS Jobs and Electronic Staff Record system data, as at 31 January 2015 – locally held
- Kent, Surrey and Sussex neighbouring NHS organisation data – as at 2013 http://www.hscic.gov.uk/searchcatalogue?productid=16855&q=monthly+nhs+hospital+and+community+service+workforce+statistics&topics=0%2fWorkforce&sort=Most+recent&size=10&page=2#top
- National Census 2011 data – http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/index.html (using Dartford, Gravesham & Swanley Clinical Commissioning Group population)

	Specific Outcome	*Trust Grading*
3.2	The NHS is committed to equal pay for work of equal value & expects employers to use equal pay audits to help fulfil their legal obligations	Achieving

Evidence summary

The Trust has clear policies and procedures in place to ensure non-medical jobs are suitably evaluated through the Agenda for Change job evaluation system, and consistency checked by a further panel of experts to ensure parity is maintained over time. In line with the Trust's Recruitment and Selection Policy, all new-starters commence on the bottom of the relevant pay-scale, unless they move across from a pre-existing NHS role or one with agreed reckonable experience, in which case they commence at the next incremental point above their previous salary.

Clear knowledge, skills and experience requirements prescribe the grading of medical jobs, with job descriptions being approved by the relevant Royal College where appropriate. All new-starters commence on the bottom of the relevant pay-scale, unless they move across from a pre-existing NHS role or one with agreed reckonable experience, in which case they commence at the next incremental point above their previous salary. When deciding on starting salaries (for both medical and non-medical roles) we ensure we receive an inter authority transfer (IAT) if the successful candidate is coming from an NHS employer, which details their most recent salary and NHS employment history.

The setting of starting salaries are decided by HR to ensure consistency and fairness in line with Agenda for Change terms and conditions for non-medical roles, and annual pay circular for Medical and Dental staff. The pay circular informs employers in the NHS (England) of the changes in the national pay and conditions of medical and dental staff. It covers all grades of medical staff employed by the Trust.

The Trust has recently started to undertake Pay Audits, and a recent audit of those earning over £50,000 shows that most protected groups fare as well as people overall. There was a 14% differential between gender, 10% differential between religions, and 16% differential based on age. A deeper analysis found that these are the result of the predominance of the medical staffing group (77% of those in the audit), which have higher salaries than other staff groups where staff are predominantly male and non-Christian. The nationally agreed medical staff salary scales also cover up to 20 pay-points based on years of experience, which accounts for the range of salary values for the majority of staff covered in the audit. The Trust's campaign to encourage female representation in this staff group is an example of applying knowledge to make a change for improvement.

The Trust will continue to undertake audits and make recommendations for change where appropriate in line with the Equal Pay Statutory Code of Practice.

Evidence sources

- Local data - Equal Pay audit July 2015
- Banding & Re-banding Policy - http://www.dvh.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=355720
- Recruitment & Selection Policy - http://www.dvh.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=355833
- Equal Pay Statutory Code of Practice - http://www.equalityhumanrights.com/publication/equal-pay-statutory-code-practice

	Specific Outcome	*Trust Grading*

3.3	Training and development opportunities are taken up and positively evaluated by all staff	Achieving
Evidence summary		

In the National Staff Survey 2015, there was no statistical difference in relation to protected characteristics between staff reporting they had received 'job-relevant training, learning or development in the last 12 months'. Results on 'support from immediate manager' were also consistent amongst protected characteristics. There was only one difference around % appraised in the last 12 months (under 40 age categories are slightly less likely to have had an appraisal at all), and two differences around % reporting they had a 'well-structured appraisal within the last 12 months' (those reporting as disabled, and reporting from White ethnic background.)

An analysis of 20 training courses and development opportunities across 2014/15 has been undertaken, and it has highlighted that although staff report satisfaction with accessibility in the national staff survey, there is more that we can do to encourage access to courses of staff from a wider range of ethnic backgrounds as 97% of non-medical staff accessing funded courses where from a White ethnic background compared to the norm of 74% from this ethnic background across non-medical staff roles.

People from most protected groups therefore fare as well as people overall.

Evidence sources
- NHS Jobs and Electronic Staff Record system data, as at 31 January 2015 – locally held
- National Staff Survey report 2015
- Training diversity report – 2014/15

	Specific Outcome	*Trust Grading*
3.4	When at work, staff are free from abuse, harassment, bullying & violence from any source	Developing
Evidence summary		

In the National Staff Survey 2015, there were some protected characteristics reported to fare less well than with people overall:

- those under the age of 30 were more likely to have experienced physical violence, bullying, abuse and/or harassment from patients, relatives or the public
- those over the age of 41 were more likely to have experienced bullying, abuse or harassment from staff
- men reported they were more likely to experience physical violence than women
- women reported they were more likely to experience non-physical bullying and harassment behaviour than men
- black and minority ethnic groups were more likely to experience physical violence from patients, relatives or the public than those from a white ethnic background
- those reporting as disabled were more likely to experience harassment, bullying or abuse from staff, patients, relatives or the public than non-disabled

A thorough analysis has been undertaken of employee relations cases alongside other workforce monitoring as part of the Trust's Annual Workforce Report 2015. The detailed findings looked at data by staff group, grade and banding over the range of protected characteristics. Overall protected groups fared equally well to the rest of the workforce in relation to abuse, harassment bullying and violence.

Overall, staff members from only some of the protected groups can be said to fare as well as other staff due to the staff survey findings due to age, gender and ethnicity with no data available for other characteristics in those results.

Evidence sources
- Annual Workforce Report 2015 - http://www.dvh.nhs.uk/working-for-us/equality-and-diversity/workforce-information/
- Electronic Staff Record system data, as at 31 January 2015 – locally held
- National Staff Survey report 2015

	Specific Outcome	Trust Grading
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way the people lead their lives	Achieving

Evidence summary

We recognise the importance of helping our employees achieve a healthy work life balance and the Trust is committed to providing staff with the means to balance their work commitments with their activities and responsibilities outside work. As such, a wide range of flexible working initiatives are available outlined in the Trust's Flexible Working Policy, with all staff with over 12 months service being eligible to apply.

On average the Trust processes between 20 to 30 flexible working requests each month. Therefore, the Trust agrees (on average) 11% of the workforce, flexible working requests, per year. Most requests are made by female employees in non-medical roles, which is proportionate with the gender profile of the non-medical workforce.

2015 Staff Survey results indicate that the Trust ranks amongst the best acute trusts in providing flexible working options. Whilst male staff and disabled staff rank the Trust less favourably than their counterparts on opportunities for flexible working, their ranking is still above the overall acute trust average.

Overall, staff members from the majority of protected groups can be said to fare as well as data is unavailable for gender reassignment, maternity and marriage / civil partnership.

Evidence sources
- Flexible working policy
- National Staff Survey report 2015

	Specific Outcome	Trust Grading
3.6	Staff report positive experiences of their membership of the workforce	Achieving

Evidence summary

The Trust values staff engagement and satisfaction very highly, and is proud to maintain its place in the Health Service Journal's Best Places to Work in the NHS in 2014 and 2015. The 2015 National Staff Survey ranked the Trust in the top 20% of acute trusts on 19 of 32 measures, and below average for only five measures.

The 2015 National Staff Survey results highlight that staff members from all protected groups fare as well as the overall workforce when it comes to 'staff job satisfaction' and 'recommendation of the Trust as a place to work or receive treatment'. All information available from protected groups rate the Trust in the Top 20% in the country.

The Trust runs the Staff Friends and Family test quarterly and has chosen to invite feedback from all staff each quarter, rather than all staff over the course of the year. Staff Friends and Family tests results regularly show high numbers (around 87%) of staff are either likely or very likely "to recommend Dartford and Gravesham NHS Trust to friends and family as a place to work".

Overall, staff members from the majority of protected groups can be said to fare as well as data is unavailable for gender reassignment, maternity and marriage / civil partnership.

Evidence sources
- [Flexible working policy](#)
- National Staff Survey report 2015
- [Staff Friends and Family Test (FFT) results](#)

Goal 4 – Inclusive leadership at all levels

	Specific Outcome	*Trust Grading*
4.1	Boards & senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	

Evidence summary

There is limited evidence of Trust Board members or other senior leaders demonstrating their commitment to promoting equality within and beyond their organisations. Evidence of support includes the Director and Deputy Director of Nursing and Quality to the development of Trust LGBT forum.

Evidence sources
- Survey of Trust Board members on equality promotion

	Specific Outcome	Trust Grading
4.2	Papers that come before the board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing

Evidence summary

There have been some specific items that have come to the Board and other major committees, including the Annual Workforce Diversity report and the Annual Chaplaincy report regarding cultural and spiritual matters.

However, papers do not routinely identify equality related impacts and ways to proactively manage any possible implications. This is an area for development for the Trust and will focus on the impact on diverse population of proposed service developments.

Evidence sources
- Trust Board papers – June 2015
- Trust Board papers – May 2015
- Workforce Committee papers – May 2015
- Quality and Safety Committee Summary Report and Minutes from 19 February and 15 January 2015

	Specific Outcome	Trust Grading
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving

Evidence summary

The Trust's Values and Behaviours outline its commitment to providing a positive working environment, where people are recognised as individuals and inappropriate behaviour is tackled appropriately.

All staff receive equality, diversity and human rights training at corporate induction, and an update every three years in line with the National Skills for Health competency framework.

In the National Staff Survey results 2015, some protected groups fared as well as the overall workforce for Key Finding 20 relating to "the % experiencing discrimination at work in the last 12 months". Unfortunately, those between the ages of 16 – 40 reported they were more likely to have experienced discrimination (14 & 18%) compared to 41 and above (10%), as were disabled (16% vs 11% non-disabled), men (15% vs 11% women) and black & minority ethnic staff (21% vs 9% white). What is not known from this data source is whether the reported experiences related to any protected characteristic, or other factor (e.g. role performed by staff).

To identify examples of such inappropriate behaviour, local staff surveys have been undertaken in many clinical directorates. Issues that have been highlighted tend not to explicitly involve concerns around protected characteristics, and are instead more behavioural / communication-based.

Results from the National Staff Survey 2015 also confirm that Dartford & Gravesham is above average compared to acute trusts in the country for staff "believing the Trust provides equal opportunities for career progression or promotion". When assessed by gender, disability and age, there is no notable difference in response in most protected groups, with only the exception of white (91%) compared to BME staff (84%) which the Trust seeks to improve.

Evidence sources

- Trust Values - http://www.dvh.nhs.uk/adagio/working-here/values/
- National Staff Survey report 2015