

Equality Delivery System Report 2023 Portsmouth Hospitals University NHS Trust

The Equality Delivery System (EDS) is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their services, workforces, and leadership. It provides a focus for organisations to assess the physical impact of discrimination, stress, and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users. The EDS is driven by evidence and insight and all NHS commissioners and providers are required to implement the EDS as part of the NHS Standard Contract.

The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics and to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives. It can help NHS organisations to meet the general duty to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations. Its use can also help NHS organisations to meet the specific duties of the PSED by publishing information and specific and measurable equality objectives. By using evidence and insight to assess and score our equality performance, we can generate much of the information needed to demonstrate compliance with the PSED.

The EDS comprises eleven outcomes spread across three domains, which are:

- Domain 1) Commissioned or Provided Services
- Domain 2) Workforce Health and Wellbeing
- Domain 3) Inclusive Leadership

Each domain has a number of outcomes that key stakeholders evaluate, score, and rate using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement and required actions.

As part of the EDS requirement, the Trust will review actions and progress annually and publish an update on the Trust's external facing website following a review at Workforce and Organisation Development Committee.

Portsmouth Hospitals University NHS Trust Approach

The Trust has acknowledged the need to respond to the EDS in an agile way and to reevaluate the equality goals that were developed at the last EDS review, four years ago. Since the last review many inequalities have been highlighted because of the COVID-19 pandemic and the disproportionate impact of this on our communities and focused attention on the impact of inequality, health inequalities, racism and other discriminatory behaviours and actions on our NHS staff and those we care for.

In 2022, the Trust transformed its approach to equality, diversity and inclusion (EDI) by launching a series of listening and engagement events ‘Every Voice Matters’. The Trust captured lived experiences and understood the day-to-day challenges faced to learn and develop best practice in supporting staff and patients. The learning from this valuable exercise helped to develop an EDI strategy where the Trust is [Working towards Intentional Inclusion](#).

With the challenge of addressing inequalities in mind, it was incredibly important that the Trust took an authentic approach to completing this year’s EDS review where it engaged with patients, public, staff, staff networks, community groups and trade unions and truly listened to their feedback to make equality actions for improvement. To ensure voices that are representative of the community it serves are heard, the Trust invited people from different community groups and backgrounds to participate in the assessment process.

The next part of this report will describe the assessment process for each domain.

[Domain 1: Commissioned or Provided Services](#)

For domain 1, the EDS requires organisations to choose patient services for assessment. The Trust chose services that are a focus in the Core20PLUS5 which is a national NHS England approach to reduce healthcare inequalities. These services include maternity, cardiology, cancer and respiratory/COPD. The EDI Team worked with these services to collate evidence for assessment.

Invitations were sent to the following key stakeholders to attend an EDS Engagement Event in the morning of Monday 30 January 2023: Trust volunteers, Patient Carers Collaborative Group, Healthwatch Portsmouth, Chaplaincy Team, community groups and voluntary community and social enterprise organisations.

At the event, 25 key stakeholders came together at The Elizabeth Foundation and were welcomed by the Chief People Officer, Head of Equality, Diversity and Inclusion and Head of Patient Experience. To give some context, attendees were provided with an overview of the Trust’s EDI Strategy, the PSED, Equality Act 2010 and the EDS. Attendees were asked to form four groups (one group per EDS outcome) and given an evidence pack (see pages 8 to 11 for a list of documents within the pack). Following a review and discussion of the evidence, groups scored their outcome against the EDS criteria and provided feedback to the wider group on what the Trust is doing well, what it can do better and any other key points. The feedback received has been used to shape the EDS Action Plan that follows later in this report. To summarise, attendees said that there are lots of good policies and processes in place for patients, but the Trust has the potential to improve by making information more accessible for groups and to reach out to seldom heard communities to increase feedback from diverse groups.

The below table shows the score for each outcome and the overall domain rating.

Domain 1: Commissioned or Provided Services	
Outcome	Score
1A: Patients (service users) have required levels of access to the service	2
1B: Individual patients (service users) health needs are met	1
1C: When patients (service users) use the service, they are free from harm	1
1D: Patients (service users) report positive experiences of the service	1
Overall Rating	5

Scoring criteria: 0 = underdeveloped activity, 1 = developing activity, 2 = achieving activity, 3 = excelling activity

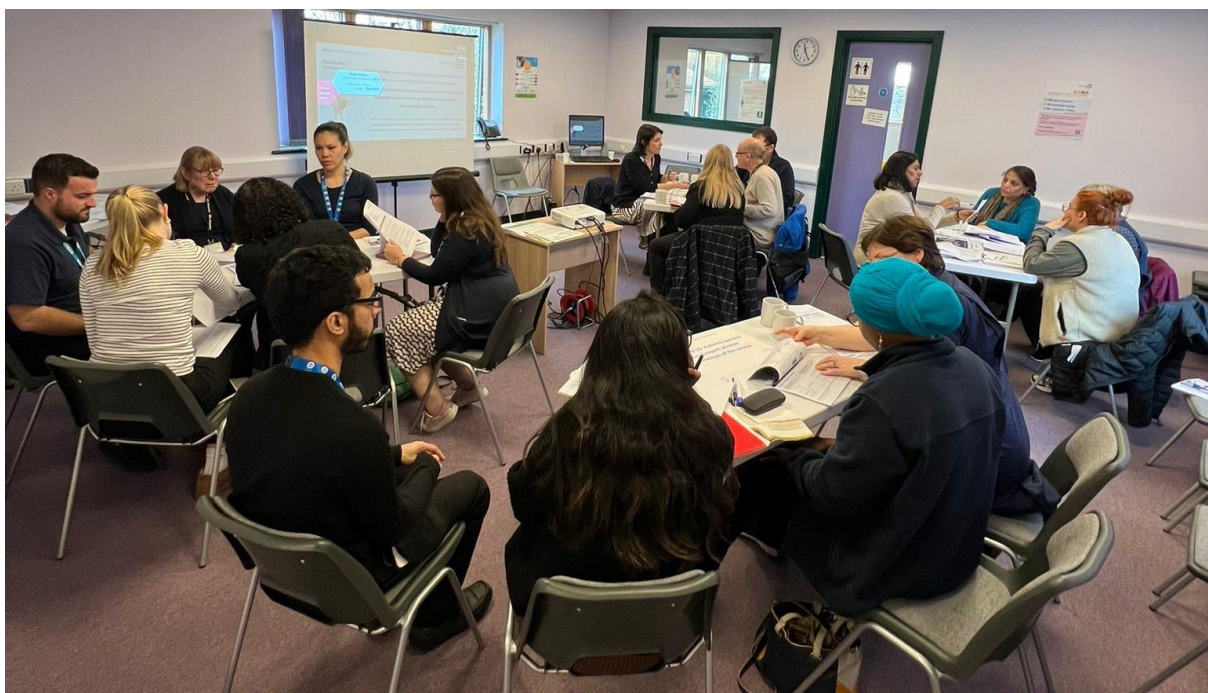


Photo taken at the engagement session for domain 1.

Domain 2: Workforce Health and Wellbeing

The EDI Team worked with Boards, Secretariats, Senior Leadership teams, Human Resources and Organisational Development and Wellbeing teams to collate evidence for assessment.

Invitations were sent to the following key stakeholders to attend an EDS Engagement Event in the afternoon of Monday 30 January 2023: staff network Chairs, Chaplaincy Team, trade union representatives, Freedom to Speak Up Guardian and Advocates, and members of the EDI Group.

At the event, 18 key stakeholders came together at The Elizabeth Foundation and were welcomed by the Head of Equality, Diversity and Inclusion. Similarly to domain 1, attendees were provided with an overview of the Trust's EDI Strategy, the PSED,

Equality Act 2010 and the EDS. Attendees were then asked to form four groups (one group per outcome) and given an evidence pack (see pages 12 to 15 for a list of documents within the pack). Following a review and discussion of the evidence, groups scored their outcome against the EDS criteria and provided feedback to the wider group on what the Trust is doing well, what it can do better and any other key points. The feedback from attendees has been used to inform the EDS Action Plan but to summarise the Trust demonstrates good engagement with staff networks when planning for improvement, could utilise data better by triangulating information where staff are raising concerns and capture more data on protected characteristics.

The below table shows the score for each outcome and the overall domain rating.

Domain 2: Workforce Health and Wellbeing	
Outcome	Score
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	1
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	1
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	2
2D: Staff recommend the organisation as a place to work and receive treatment	1
Overall Rating	5

Scoring criteria: 0 = underdeveloped activity, 1 = developing activity, 2 = achieving activity, 3 = excelling activity



Photo taken at the engagement session for domain 2.

Domain 3: Inclusive Leadership

The EDS requires domain 3 to be independently tested, that is, by a third party with no direct involvement in managing or working for the organisation(s), alongside trade union staff and staff networks.

The Trust invited the Staff Side Representative Joint Consultative Negotiating Committee, staff network Chairs and the Race Equality Programme Leads for Hampshire and Isle of Wight Integrated Care Board to take part in the EDS assessment. Participants were provided with an online evidence pack (see pages 16 to 20 for a list of documents within the pack), scoring form and a slide deck that gave an overview of the EDS. Scoring forms, which were completed independently, were returned to the Trust's EDI Lead and average scores were calculated for each outcome.

The below table shows the score for each outcome and the overall domain rating.

Domain 3: Inclusive Leadership	
Outcome	Score
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	2
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	2
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	2
Overall Rating	6

Scoring criteria: 0 = underdeveloped activity, 1 = developing activity, 2 = achieving activity, 3 = excelling activity

Overall Rating

Once all assessments had been completed, the overall ratings for the 3 domains were calculated together to give a total of 16 which means the Trust's overall EDS Organisational Rating is 'Developing'.

The remainder of the EDS Report 2023 is the completion of the EDS Reporting Template.

Portsmouth Hospitals University NHS Trust EDS Report 2022

Name of Organisation		Portsmouth Hospitals University NHS Trust		Organisation Board Sponsor/Lead	
				Nicole Cornelius, Chief People Officer	
Name of Integrated Care System		Hampshire and Isle of Wight			
EDS Lead		Candice Berry, Head of Equality, Diversity and Inclusion Ruth Dolby, Equality, Diversity and Inclusion		At what level has this been completed?	
				*List organisations	
EDS engagement date(s)	30 January 2023		Individual organisation	Portsmouth Hospitals University NHS Trust	
			Partnership* (two or more organisations)		
			Integrated Care System-wide*		
Date completed	February 2023		Month and year published	February 2023	
Date authorised	February 2023		Revision date	February 2024	

EDS Rating and Score Card

The organisation is required to score each outcome and add the scores of all outcomes together. This will provide the organisation with an overall EDS Organisation Rating.

Ratings in accordance to scores are below...

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 – Evidence and Ratings

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	<ul style="list-style-type: none"> ▪ Access to Services - Additional Information from Cardiology Service Manager ▪ Accessible Information and Communication Policy ▪ Accessible Information Meeting Minutes - Sept 2022 ▪ Cancer - Agenda for Wellbeing Event 01.11.2022 ▪ Cancer - Examples of Supporting Equality & Diversity ▪ Cancer Lumen Eye - Charity Bid Approved - Device Delivered Jan 2023 ▪ Cancer MM & Governance Outcomes 16.12.22 ▪ Cancer Patient Experience Survey Action Plan 2022 ▪ Cardiology Day Unit Reset 2022 – Slides ▪ Facebook Post - Access & Details for Urgent Treatment Centres ▪ Facebook Post - Parking Available for Staff and patients (incl. disabled bays) ▪ Fareham - Closer to Home SACT ▪ Interpreting Policy ▪ Lung Health in Portsmouth Slides ▪ Lung Health Inequalities in Portsmouth ▪ Macmillan Quality Environment Mark Portsmouth ▪ Maternity National Survey 2022 ▪ Mesothelioma Clinical Nurse Specialist Annual Report 2021-22 ▪ Monthly Lung Cancer - Business Meeting Minutes 09.01.2023 ▪ National Cancer Patient Experience Survey - Response Rate Broken Down ▪ Patient Advice and Liaison Services 	2	Patient Experience

		<ul style="list-style-type: none"> ▪ Press Release - New Chemotherapy Unit (improve access to service for locals) ▪ Single Sex Accommodation Policy ▪ Standard Operating Procedure for Ambulatory ▪ Volunteers Policy ▪ World Cancer Day Awareness Trust Poster 		
	<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> ▪ Access to Services – Additional Information from Cardiology Service Manager ▪ Accessible Information and Communication Policy ▪ Accessible Information Meeting Minutes – Sept 2022 ▪ Cancer – Agenda for Wellbeing Event 01.11.2022 ▪ Cancer – Holistic Needs Assessment Introduction Letter ▪ Cancer – Prehabilitation Information Sheet ▪ Dementia Strategy 2022-2025 ▪ Health Inequalities Core20PLUS5 Workshops List & Dates ▪ Health Inequalities Workshop – Dental Care UOP 14.12.2022 Evaluation ▪ Lung Health Inequalities in Portsmouth Slides ▪ Macmillan Meeting – Portsmouth Jan 2023 ▪ Mesothelioma Clinical Nurse Specialist Annual report 2021-22 ▪ Monthly Lung Cancer – Business Meeting Minutes 09.01.2023 ▪ Patient Advice and Liaison Services ▪ Press Release & Website Story – Targeted Lung Health Check – Royal Navy Veteran Story ▪ Single Sex Accommodation Policy ▪ Standard Operating Procedure for Ambulatory ▪ Volunteers Policy ▪ World Cancer Day Awareness Trust Poster 	<p>1</p>	<p>Patient Experience</p>

	<p>1C: When patients (service users) use the service, they are free from harm</p>	<ul style="list-style-type: none"> ▪ Complaints Concerns Comments and Compliments Management Policy ▪ Dementia Strategy 2022-2025 ▪ Drug Therapy Guidelines Production Policy ▪ Falls Policy ▪ Fire Safety Policy ▪ Four Step Challenge – Abuse ▪ Health and Safety Policy ▪ Joint Agreement on Offences against Emergency Workers ▪ Macmillan Quality Environment Mark Portsmouth ▪ Missing Adults Patient Policy ▪ Number of Incidents and Level of severity of Harm ▪ Operation Cavell – Joint Service Agreement Hants Police ▪ Patient Advice and Liaison Services ▪ Patient Moving and Handling Policy ▪ Prevention & Management of Violent Aggression & Abuse Against Staff Policy ▪ Risk Management Policy ▪ Risk Management Strategy ▪ Safeguarding Policy ▪ Safety Learning Events Including Serious Incidents Policy ▪ Security Policy ▪ Single Sex Accommodation Policy ▪ Standard Infection Control Precautions Policy ▪ Trust Stance on Violence & Aggression County ▪ Unacceptable Behaviour Letter Example ▪ Zero Tolerance Poster – Protect from Harm 	<p>1</p>	
	<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> ▪ Cancer Inequalities Data Slides ▪ Cancer Patient Experience Survey Action Plan 2022 ▪ Cancer Patient Information Leaflet ▪ Cancer Skin Care Leaflet ▪ Facebook Post – Patient Plaudit ▪ FFT Summary Antenatal Jan-Dec 22 	<p>1</p>	<p>Patient Experience</p>

		<ul style="list-style-type: none"> ▪ FFT Summary Each Area Jan-Dec 22 ▪ FFT Summary Postnatal Ward Jan-Dec 22 ▪ FFT Summary Postnatal Community Jan-Dec 22 ▪ Inpatient Survey 2021 ▪ Macmillan Quality Improvement Mark Portsmouth ▪ Maternity National Survey 2022 ▪ Mesothelioma Clinical Nurse Specialist Annual report 2021-22 ▪ Number of Incidents and Level of severity of Harm ▪ Patient Advice and Liaison Services ▪ Portsmouth News – Patient Story ▪ Press Release & Website Story – Patient Story ▪ Organ Donation ▪ Twitter – Patient Plaudit 		
Domain 1: Commissioned or Provided Services overall rating			5	

Domain 2: Workforce Health and Wellbeing – Evidence and Ratings

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 2: Workforce Health and Wellbeing</i>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<ul style="list-style-type: none"> ▪ Attendance Management Policy ▪ Attendance Management Training Slides ▪ Beyond Boundaries Programme Poster 2022 ▪ Chief Exec Weekly Message 2022 – Wellbeing ▪ Crisis Pathway Guidance ▪ Dates of Wellbeing Sessions ▪ EDI Strategy ▪ Emotional Health & Wellbeing Poster ▪ ESR Requesting and Recording Flexible Working ▪ Facebook Post – H&W Support for Staff ▪ Facebook Post – Wellbeing Festival ▪ Facebook Post – Wellbeing Team ▪ Fit4Work Leaflet ▪ Flexible Working Highlight Report Nov-22 ▪ Flexible Working Job Design Guidance Notes ▪ Flexible Working Policy Quality Checklist ▪ Flexible Working Policy ▪ Flexible Working Presentation – Nov 2022 ▪ Flexible Working Questionnaire Results ▪ Flexible Working Toolkit for Managers ▪ Flexpert Job Role and Application ▪ Flexpert Poster ▪ Healthy You Scheme Poster ▪ Healthy You Stats – Oasis Centre ▪ Information Stats – Wellbeing Events & Healthy You Scheme 2022 ▪ Integrated Performance Report – December 2022 ▪ Integrated Performance Report – November 2022 ▪ Management & Leadership Development Offer ▪ Meet the Flexperts Poster ▪ National Staff Survey Baseline Data ▪ Occ Health Management Referral Form 	1	People Directorate

		<ul style="list-style-type: none"> ▪ REACT Mental Health Training Slides ▪ Redeployment Policy ▪ Snippet from EDIT Newsletter – Support Available ▪ Stress Management and Resilience Training Slides ▪ Support for Staff – Info from HR Operational Team ▪ Team Based Rostering Slides ▪ Trust Talk – Flexible Working and Care First Webinars Feature 11.07.2022 ▪ Trust Talk – Health & Wellbeing Feature 01.08.2022 ▪ Trust Talk – Menopause and Flexible Working Feature 30.05.2022 ▪ Trust Talk – Healthy Worklife Balance Feature 24.01.222 ▪ Trust Talk – New Year Healthy You 04.01.2022 ▪ Trust Talk – Wellbeing Support Service 10.01.2022 ▪ Wellbeing Clinic Rota ▪ Wellbeing Performance & Career Appraisal Training Slides 		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> ▪ Bullying and Harassment at Work Policy ▪ EDI Strategy ▪ Four Step Challenge – Abuse ▪ Grievance Policy ▪ Health & Safety Committee Reporting Schedule ▪ Health & Safety Committee Meeting 15.03.2022 ▪ Health and Safety Policy ▪ Health and Safety Report ▪ Info from HR Operational Team ▪ Joint Agreement on Offences against Emergency Workers ▪ Operation Cavell – Joint Service Agreement Hants Police ▪ Prevention & Management of Violence Aggression & Abuse Against Staff Policy ▪ Security Policy ▪ Trust Stance of Violence & Aggression County ▪ Trust Talk – restorative & Just Culture Training Feature 26.09.2022 	<p>1</p>	<p>People Directorate</p>

		<ul style="list-style-type: none"> ▪ Trust Talk – Anti Bullying Feature 07.11.2022 ▪ Unacceptable Behaviour Letter Benchmarking WASP 2021-22 ▪ Unacceptable Behaviour Letter Example ▪ Victim Personal Statement Chief Exec Example ▪ Zero Tolerance Poster – Protect from Harm 		
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> ▪ Care First – Employee Assistance Programme Intranet Page ▪ Crisis Pathway Guidance ▪ DisAbility Staff Network Poster ▪ EDI Strategy ▪ Emotional Health & Wellbeing Support Poster ▪ Employee Assistance Programme ▪ Equality Impact Assessment Guidance 2022 ▪ Equality Impact Assessment Form 2022 ▪ Freedom to Speak Up End Year Report ▪ Freedom to Speak Up Q1, Q2 and Q3 Report ▪ Grievance Policy ▪ Info from HR Operational Team ▪ LGBT+ Staff and Allies Network Poster ▪ Mental Health Support Poster ▪ PHU Women’s Network Poster ▪ Race Equality Network Poster ▪ Resignation Acknowledgment Letter ▪ Staff Exit Questionnaire ▪ Staff Networks and Attendance at Events Evidence ▪ Staff Wellbeing Poster ▪ Wellbeing Intranet Page with Resources to Support & Advice 	2	People Directorate
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> ▪ EDI Dashboard ▪ Agenda Papers – W&OD Committee 24.11.2022 ▪ EDI Strategy ▪ Facebook Post – Staff Retirement – Quote about Nursing ▪ Integrated Performance report - December 2022 ▪ Integrated Performance report - November 2022 	1	People Directorate

		<ul style="list-style-type: none"> ▪ National Staff Survey Baseline Data ▪ Press Release – Staff Nurse Retires After 48 Years ▪ Resignation Acknowledgment Letter ▪ Staff Exit Questionnaire ▪ Trust Leadership Team Paper – Staff Engagement Q2 ▪ WDES Annual Report and Infographic 2022 ▪ WRES Annual Report and Infographic 2022 		
Domain 2: Workforce Health and Wellbeing overall rating			5	

Domain 3: Inclusive Leadership – Evidence and Ratings

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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	<ul style="list-style-type: none"> ▪ Project Choice video to Trust Board ▪ Inequalities 8.3.22 (meeting chaired by Deputy Medical Director) ▪ Project Choice Press Release – Quotes from PE & MP ▪ Sunflower Scheme Website Page - Quote from MC ▪ Snippet from EDIT Newsletter - Message from NC ▪ 17.11.21 Healthcare Inequalities Meeting - Notes & Actions ▪ 2022-09-22 Prevention and Inequalities Board - Action Notes – Final ▪ 2022-09-22 Prevention and Inequalities Board Agenda FINAL ▪ Fw_ PHU Community Health Workshops ▪ 009.22 Equality Diversity and Inclusion Strategy ▪ 009.22a EDI Strategy 2022-2025 ▪ 009.22b Every Voice Matters EDI at PHU ▪ 093.22 - Public board Minutes DRAFT 20220727 ▪ EDI Board Evidence - Care Quality Commission Report EDI Extracts ▪ EDI Board Evidence - EDI Strategy Minutes ▪ EDI Board Evidence - EDI Strategy Trust Board 30 March 2022 ▪ EDI Board Evidence - Integrated Performance Report References ▪ EDI Board Evidence - Internal Audit Minutes ▪ EDI Board Evidence - WRES and WDES Trust Board Sept 2022 ▪ Portsmouth Hospital University NHS Trust-ASSUR-Equality, Diversity and Inclusivity-d cb ▪ EDI Group Minutes 05.10.2022 ▪ EDI Group Minutes 06.04.2022 	2	People Directorate

		<ul style="list-style-type: none"> ▪ EDI Group Minutes 07.12.2022 ▪ EDI Group Minutes 17.08.2022 ▪ EDI Meeting Minutes 01.06.22 ▪ Staff Networks and Attendance at Events Evidence - Inclusive Leadership ▪ Health Inequalities PHUT ▪ Chief Exec Weekly Message 2022 - Friday 7 October 		
	<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>	<ul style="list-style-type: none"> ▪ WODC Feedback to Trust Board Sept 22 ▪ 178.22a Patient Experience Report ▪ 037.22 Quality Report Patient Experience ▪ 037.22a Patient Experience Report ▪ 079.22 Quality Report Patient Experience ▪ 079.22a Patient Experience Q4 2021 – 22 ▪ 127.22 Quality Report Patient Experience ▪ 127.22a Patient Experience Q1 2022 – 23 ▪ 178.22 Quality Report Patient Experience ▪ 00a - Agenda 20220928 ▪ 03 Workforce and OD Committee Minutes 20220627 ▪ 009.22 Equality Diversity and Inclusion Strategy ▪ 009.22a EDI Strategy 2022-2025 ▪ 009.22b Every Voice Matters EDI at PHU ▪ 048.22 Equality Diversity and Inclusion Cover Sheet ▪ 048.22a WRES Race Equality Standard ▪ 048.22b WDES Disability Equality Standard ▪ 059.22 DRAFT Workforce Minutes 20220811 ▪ 059.22a Workforce and OD Committee Minutes 20221025 ▪ 084.22 Workforce and OD Committee Feedback ▪ 093.22 - Public board Minutes DRAFT 20220727 ▪ EDI Board Evidence - Care Quality Commission Report EDI Extracts ▪ EDI Board Evidence - EDI Strategy Minutes ▪ EDI Board Evidence - EDI Strategy Trust Board 30 March 2022 	<p>2</p>	<p>People Directorate</p>

		<ul style="list-style-type: none"> ▪ EDI Board Evidence - Equality Standards Infographics WODC October ▪ EDI Board Evidence - Integrated Performance Report References ▪ EDI Board Evidence - Internal Audit Minutes ▪ EDI Board Evidence - WRES and WDES Trust Board Sept 2022 ▪ Evidence of EDI Dashboard ▪ Portsmouth Hospital University NHS Trust-ASSUR-Equality, Diversity and Inclusivity-d cb ▪ W&OD Cover Sheet - Gender Pay Gap 2021 Report ▪ Gender Pay Gap Reporting - March 2021 v2 ▪ Equality Impact Assessment Guidance v2022 ▪ Equality Impact Assessment v2022 ▪ Procedural Documents Development and Management Policy ▪ EDI Group Minutes 05.10.2022 ▪ EDI Group Minutes 06.04.2022 ▪ EDI Group Minutes 07.12.2022 ▪ EDI Group Minutes 17.08.2022 ▪ EDI Meeting Minutes 01.06.22 ▪ Health Inequalities PHUT 		
	<p>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>	<ul style="list-style-type: none"> ▪ PI Board Place Provider Reporting Sept 22 (see slide 3 for PHU) ▪ Inequalities 8.3.22 (meeting chaired by Deputy Medical Director) ▪ 17.11.21 Healthcare Inequalities Meeting - Notes & Actions ▪ 2022-09-22 Prevention and Inequalities Board - Action Notes – Final ▪ 2022-09-22 Prevention and Inequalities Board Agenda FINAL ▪ Fw_ PHU Community Health Workshops ▪ 178.22a Patient Experience Report ▪ 037.22 Quality Report Patient Experience ▪ 037.22a Patient Experience Report 	<p>2</p>	<p>People Directorate</p>

		<ul style="list-style-type: none"> ▪ 079.22 Quality Report Patient Experience ▪ 079.22a Patient Experience Q4 2021 – 22 ▪ 127.22 Quality Report Patient Experience ▪ 127.22a Patient Experience Q1 2022 – 23 ▪ 178.22 Quality Report Patient Experience ▪ 00a - Agenda 20220928 ▪ 03 Workforce and OD Committee Minutes 20220627 ▪ 048.22 Equality Diversity and Inclusion Cover Sheet ▪ 048.22a WRES Race Equality Standard ▪ 048.22b WDES Disability Equality Standard ▪ 059.22 DRAFT Workforce Minutes 20220811 ▪ 059.22a Workforce and OD Committee Minutes 20221025 ▪ 084.22 Workforce and OD Committee Feedback ▪ 093.22 - Public board Minutes DRAFT 20220727 ▪ EDI Board Evidence - Care Quality Commission Report EDI Extracts ▪ EDI Board Evidence - EDI Strategy Minutes ▪ EDI Board Evidence - Equality Standards Infographics WODC October ▪ EDI Board Evidence - Integrated Performance Report References ▪ EDI Board Evidence - Internal Audit Minutes ▪ EDI Board Evidence - WRES and WDES Trust Board Sept 2022 ▪ Evidence of EDI Dashboard ▪ Portsmouth Hospital University NHS Trust-ASSUR-Equality, Diversity and Inclusivity-d cb ▪ W&OD Cover Sheet - Gender Pay Gap 2021 Report ▪ Gender Pay Gap Reporting - March 2021 v2 ▪ Equality Impact Assessment Guidance v2022 ▪ Equality Impact Assessment v2022 ▪ Procedural Documents Development and Management Policy ▪ EDI Group Minutes 05.10.2022 		
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		<ul style="list-style-type: none"> ▪ EDI Group Minutes 06.04.2022 ▪ EDI Group Minutes 07.12.2022 ▪ EDI Group Minutes 17.08.2022 ▪ EDI Meeting Minutes 01.06.2022 ▪ Health Inequalities PHUT 		
Domain 3: Inclusive Leadership overall rating			6	
Third-party involvement in domain 3 rating and review				
Staff Network Chairs: DisAbility Staff Network Co-Chair, 2 x Race Equality Network Co-Chair	Trade Union Rep(s): Staff Side Representative Joint Consultative Negotiating Committee	Independent Evaluator(s)/Peer Reviewer(s): 2 x Race Equality Programme Leads for Hampshire and Isle of Wight Integrated Care Board		

EDS Organisation Overall Rating

EDS Organisation Rating (overall rating):	Developing
Organisation name(s):	Portsmouth Hospitals University NHS Trust
<p>Those who score under 8, adding all outcome scores in all domains, are rated Undeveloped</p> <p>Those who score between 8 and 21, adding all outcome scores in all domains, are rated Developing</p> <p>Those who score between 22 and 32, adding all outcome scores in all domains, are rated Achieving</p> <p>Those who score 33, adding all outcome scores in all domains, are rated Excelling</p>	

EDS Action Plan	
EDS Lead	Year(s) active
Candice Berry, Head of Equality, Diversity and Inclusion Ruth Dolby, Equality, Diversity and Inclusion Lead	0
EDS Sponsor	Authorisation date
Nicole Cornelius, Chief People Officer	February 2023

Domain 1: Commissioned or Provided Services Outcome 1A: Patients (service users) have required levels of access to the service Outcome 1B: Individual patients (service users) health needs are met Outcome 1C: When patients (service users) use the service, they are free from harm Outcome 1D: Patients (service users) report positive experiences of the service			
Objective	Actions	Outcome Impacted	Completion Date
The Trust has recognised inclusivity schemes in place that raise awareness and support patients and the community from protected groups	<ul style="list-style-type: none"> ▪ Implement the Sunflower Scheme and educate staff on how best to support service users with hidden disabilities so that they can provide better services ▪ Implement recommendations from the Stonewall Workplace Equality Index to improve service users experience for the LGBT+ community ▪ Strengthen the visibility of the NHS Rainbow Badge and roll out phase 2 of the scheme ▪ Introduce more Safe Zones across the hospital sites for LGBT+ community 	1A, 1B, 1C, 1D	Ongoing - 3-year strategy plan, concludes in 2025
The requirements of the Accessible Information	<ul style="list-style-type: none"> ▪ Implement the Accessible Information Standard and meet the information and communication needs of 	1A, 1B, 1C, 1D	Ongoing - 3-year strategy plan, concludes in 2025

Standard are met and embedded Trust wide	patients, their families, carers and service users with a disability, impairment or sensory loss		
Feedback from patients and service users is representative of the community we serve	<ul style="list-style-type: none"> ▪ Put mechanisms in place to engage with patients and members of the community from all groups to gain feedback that is used to make improvements to services ▪ Educate the public regarding the importance of providing feedback to inform quality improvement projects ▪ Ensure format for giving feedback is accessible and bespoke i.e. easy ready, different languages and the option to provide feedback in real time 	1A, 1B, 1D	Ongoing - 3-year strategy plan, concludes in 2025
Staff and volunteers are informed on policies and processes that keep patients safe and free from harm	<ul style="list-style-type: none"> ▪ Review the training offer for all staff and volunteers on policies and processes that keep patients safe and free from harm ▪ Ensure staff are informed about PALS and how patients can raise concerns before, during or after their stay 	1C, 1D	February 2024
Better engagement and feedback from ethnic minority community groups, patients and carers	<ul style="list-style-type: none"> ▪ Strengthen the membership of the Patient, Family and Carer Collaborative to ensure it is representative of our local population ▪ Ensure inclusive engagement of all patient groups in service design and decision making ▪ Actively engage with local community groups to gain feedback on services through visiting community groups and talking to patients and carers ▪ Encourage more community engagement at patient experience meetings 	1A, 1B, 1D	Ongoing - 3-year strategy plan, concludes in 2025

	<ul style="list-style-type: none"> Head of Patient Experience and Health Inequalities Lead to have regular meetings to ensure feedback around community concerns are heard Health Inequalities Lead to listen to community concerns as and when they arise and raise with patient experience 		
Patients to be made aware of services and any additional support that may be available to them	<ul style="list-style-type: none"> Engagement with community groups through delivery of health workshops (around clinical areas as identified in the Core20PLUS5) in community settings to ensure communities are aware of services and how to access them Targeted engagement around maternity services with 8 workshops to be delivered in ethnic minority women's groups / community setting To hold an open community engagement event with a focus on maternity services. 	1A, 1B	<p>Ongoing Health Inequalities Agenda</p> <p>April 2023</p> <p>March 2023</p>
Equality monitoring data is stratified to review patient waiting times across services	<ul style="list-style-type: none"> Implement a process where capturing equality monitoring data is improved and used intelligently to review patient waiting times across services 	1A	2024
Gaps have been identified in referral pathways for services that are a focus in the Core20PLUS5	<ul style="list-style-type: none"> Conduct an analysis on referral pathways for services that are a focus in the Core20PLUS5 to identify gaps Improve the use of equality monitoring data and involve members of community groups for improvement 	1A, 1B, 1C, 1D	Ongoing Health Inequalities Agenda

Domain 2: Workforce Health and Wellbeing

Outcome 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions

Outcome 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

Outcome 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

Outcome 2D: Staff recommend the organisation as a place to work and receive treatment			
Objective	Action	Outcome Impacted	Completion Date
Staff have access to health and wellbeing services and advice that enable them to manage physical and mental health conditions	<ul style="list-style-type: none"> ▪ Implement the staff health and well-being improvement plan to ensure that staff are provided with the necessary support and advice to manage physical and mental health conditions ▪ Tailor mental health provision to address the needs of diverse staff ▪ Review staff access to the counselling service, Aquillis, including waiting list times and booking process ▪ Ensure information about support available is easy to access for all staff and educate managers on what's available to ensure access amongst staff is consistent ▪ Re-launch Wellbeing Champions and meet our Wellbeing Guardian ▪ Wellness and financial wellbeing promotion ▪ Spotlight on Flexible Working and Flexperts ▪ Continue to work collaboratively with the HloW ICB and promote health and wellbeing offers for staff 	2A	Ongoing - 3-year strategy plan, concludes in 2025
Recruitment processes and materials are inclusive and the workforce is representative of all groups across all levels	<ul style="list-style-type: none"> ▪ Strengthen recruitment practices to require greater diverse recruitment panel membership and selection training ▪ Invest in a system with suitable data reporting capabilities to monitor candidate profiles at all stages of recruitment ▪ Review the recruitment policy to ensure consistency and governance of unfair practices ▪ In line with Model Employer targets, increase representation in under-represented groups in bands 7 to VSM by implementing positive action opportunities 	2D	2025

<p>Staff networks have a recognised voice and play a vital role in implementing new practices and initiatives that promote fairness and equality</p>	<ul style="list-style-type: none"> ▪ Support, enhance and strengthen staff networks to increase their maturity level to develop their reach and effectiveness ▪ Introduce and develop new staff networks so that all groups have a recognised voice ▪ Put in place mechanisms so that staff networks are consulted with when processes and initiatives are being developed or reviewed ▪ Provide networks with time and a safe space to have supported conversations 	<p>2B, 2C</p>	<p>Ongoing - 3-year strategy plan, concludes in 2025</p>
<p>The Trust has recognised inclusivity schemes in place that raise awareness and support staff from protected groups</p>	<ul style="list-style-type: none"> ▪ Achieve Disability Confident Leader accreditation ▪ Introduce the See ME First initiative underlining the organisation's commitment to treating all minority ethnic staff with dignity and respect ▪ Implement recommendations from the Stonewall Workplace Equality Index to improve staff experience for the LGBT+ community 	<p>2B, 2C, 2D</p>	<p>Ongoing - 3-year strategy plan, concludes in 2025</p>
<p>Working across systems to address violence and aggression against staff and improve outcomes</p>	<ul style="list-style-type: none"> ▪ Improvement of working relationship with Hampshire and IOW police and the Operation Cavell reporting form to capture assaults on emergency workers and improve on the outcomes for our staff ▪ Collaboratively working with the HloW ICS Race Equality Hate Crime workstream to tackle racial discrimination 	<p>2B, 2C</p>	<p>2023</p>
<p>Data is used intelligently to identify areas of concerns and hotspots</p>	<ul style="list-style-type: none"> ▪ Identify areas where staff are raising concerns to be able to better triangulate information and highlight any trends ▪ Look at data through a wider lens i.e. all protected characteristics not just focussing on race, disability and LGBT ▪ Datix data is used to spotlight areas of concern 	<p>2B, 2C</p>	<p>Ongoing - 3-year strategy plan, concludes in 2025</p>

	<ul style="list-style-type: none"> ▪ Redeploy Sayway devices to capture data regarding violence and aggression in areas across the hospital site 		
Effective leaving conversations and exit interviews are taking place Trust wide	<ul style="list-style-type: none"> ▪ Review the leaving conversation and exit interview pilot in Medicine and Urgent Care - make adjustments and roll out across the Trust 	2D	Ongoing
Development of contemporary and improvement focused Organisational Development offer to be established in the New People and OD Strategy and in support of True North Objective of Best Place to Work	<p>Development of Staff Engagement Programme aligned to NHS People Promise including:</p> <ul style="list-style-type: none"> ▪ Trailblazer events to support National Staff Survey Action Plan Development ▪ Executive Led People Listening Events aligned to NHS People Promise ▪ Establish a multi-methods approach to measure staff engagement and experience ▪ Continued roll out of ImproveWell Staff Engagement platform 	2D	<p>April 2023</p> <p>April 2023 to October 2023 September 2023</p> <p>3-year implementation plan concludes in October 2025</p>
Integration of the Trust Values into all aspects of Trust business to ensure a reduction in Bullying and Harassment and development of a Just and Learning Culture in support of Proud to be PHU Strategic Initiative	<p>Development of Values Integration methodology which includes:</p> <ul style="list-style-type: none"> ▪ Mapping to assess current performance and identify improvement action plan ▪ Delivery of evidence-based Team Development (Working Together) that aims to connect people with the vision and values of the Trust and co-design of team culture improvement plans ▪ Programme Delivery of relaunch of #RespectMe campaign with clear alignment to national civility and respect programme 	2B, 2C, 2D	<p>June 2023</p> <p>June 2023</p> <p>March 2024</p>

	<ul style="list-style-type: none"> Just and learning culture programme designed and established in partnership with Clinical and Corporate leads 		March 2024
Development of an inclusive approach to talent management and leadership development to enable a culture where people can thrive and deliver high quality care in support of True North Objective of Best Place to Work and CQC Well led domain	<p>Development of an inclusive Talent management strategy which encompasses:</p> <ul style="list-style-type: none"> Inclusive leadership development for aspiring leaders Delivery of inclusive leadership coaching conversations Development and Delivery of positive action programmes for underrepresented groups 	2D	<p>March 2023 June 2023 May 2023 for existing programmes and April 2024 for new opportunities</p>

Domain 3: Inclusive Leadership Outcome 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 Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed Outcome 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			
Objective	Action	Outcome Impacted	Completion Date
Board members are visible and support the EDI and health inequalities agenda	<ul style="list-style-type: none"> Improve visibility of board members to demonstrate support and commitment to EDI and health inequalities Add EDI objectives to Exec performance metrics and leadership performance appraisals Exec sponsors of networks are active and support initiatives 	3A, 3C	Ongoing
Health inequalities is visible and a regular item at Board meetings	<ul style="list-style-type: none"> Increase the visibility of health inequalities at Board level by adding this as a standing agenda item at the Quality and Performance Board to prioritise and monitor activities - 	3B, 3C	2023

	ensuring workstreams are aligned with the Core20PLUS5 and national objectives		
Attendance at the Prevention and Inequalities Board	<ul style="list-style-type: none"> ▪ Continued membership at the Prevention and Inequalities Board and strengthen approach to tackle health inequalities in the South East 	3A	Ongoing