The Equality Delivery System for the NHS

Summary of Grades for University Hospital Southampton NHS Foundation Trust

31 January 2013
University Hospital Southampton NHS Foundation Trust

EDS Outcome 1.1 (EDS Goal 1 – Better health outcomes for all)
“Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities”

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<tr>
<td>University Hospital Southampton NHS Foundation Trust</td>
<td>Jane Druce Head of Quality contracts</td>
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University Hospital Southampton NHS FT, and our PCT commissioners use the NHS national standard contract in combination with the local quality needs assessment to achieve design and delivery of services for our patient population based firmly on clinical need. This does not specifically positively or negatively discriminate patients & carers due to factors outside of their health needs. The commissioned services are performance managed on behalf of community needs, by our commissioners through a robust and clinically led governance system. Positive design and management of services is included in the contract detail and management for most (6-8) groups. Currently all patients are included equally in external and internal assessment of the quality of our clinical care to patients. We do not have sufficient level of detailed data to consistently identify outcomes by all of the equality and diversity groups at this stage, and so rate this area ‘undeveloped’. Some information for specific groups is available through either national databases eg Dr Foster, or local commissioned requirements. Where this is possible it is used to assess our performance, which is generally considered to be acceptable or good. Action plans are used and managed by us with our commissioners where gaps are identified. This is an area we have identified for further development.

We achieve comprehensive engagement with patients, carers and communities, our FT members council and governors, using data to ensure we are inclusive in our approach with most of the protected groups. We act positively to ensure engagement from these groups to understand their experience of care in this Trust, including specifically maternity, children, disability, age and sex/gender reassignment, race and marriage groups, and an appropriate range of feedback methods including real-time and monthly complaints and feedback information, written, verbal and web based surveys. We achieve a Trust wide, ie mainstream approach to implementation of policies that have a specific impact on the protected groups, and in addition use a Trust wide approach to our health needs specific policies. These policies include all groups of patients and carers appropriate to clinical need and without discrimination by protected group status. Where further process and equipment needs these are considered for development using equal and fair process for prioritisation by clinical outcomes impact. This may need to develop further.

Our plans in place to move to ‘Achieve’ level include update of our equality statements in all our policies to include all groups, and to use or develop further external and internally benchmarking data to ensure our inclusion of these groups specifically within the clinical general outcomes we aim to achieve.
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<th><strong>EDS grade:</strong></th>
<th>DEVELOPING</th>
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| **Reasons for rating:** | **Outcome:** The Trust has clinical processes and strategies in place to meet a nationally inclusive and locally shaped commissioning need. These are not discriminatory to the protected groups. Whole-group data is available and comprehensively managed to achieve positive outcomes, but there is a lack of specific data available to quantify outcome specifically for some of the protected groups.  
**Engagement:** As above the Trust engages inclusively to all users and carers, and does specifically and positively ensure engagement from most of the protected groups. This is supported by our commissioners’ approach.  
**Mainstream processes:** Trust service provision and policies are mainstream orientated to clinical need, but makes positive provision for some specific groups where this has been identified as having a direct impact on clinical need or outcome. Further development to demonstrate this may be required.  
**Progression plans:** Plans are identified to develop detailed understanding of the protected groups included within the Trust catchment population.  
**Disadvantaged groups:** Most key disadvantaged groups are specifically included within the commissioned services. Further development to include all groups and to explicitly demonstrate the impact of this is required.  
**The organisation has engagement processes covering all groups by clinical need, it is able to demonstrate that its services are designed, procured and delivered to fully meet the needs of some protected groups, and reducing health inequalities. Firm plans for progression are in place. For these reasons, the organisation should be graded as ‘developing’.** |
### EDS Outcome 1.2 (EDS Goal 1 – Better health outcomes for all)

“Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways”

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<td>Lead contact:</td>
<td>Julia Barton – Associate Director of Nursing</td>
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In January 2010 University Hospitals Southampton NHS FT reviewed our values and believes that patients are at the heart of what we do and their experience of our hospital will be the measure of our success. The trust has a variety of clinical assessment tools and services that demonstrate how patients have their health care needs assessed. These assessments are for all individuals as well as some for specific patient groups. Several of the assessments form part of our quality indicators in the monitoring of safe practice which is available down to ward/department level. Clinical nurse specialist roles for a variety of physical disabilities and chronic conditions are present to provide continuity for patients’ health care needs. Policies in spiritual and bereavement care, privacy, dignity and same sex and learning disability confirm the principles the trust sets out to provide services in an appropriate and effective way. Monitoring of complaints and feedback is carried out in mental health, learning disability, but not yet in dementia. At present the trust is unable to monitor risk incidents until e-incident reporting is fully implemented.

The Public and Patient Involvement strategy and the 2012 implementation plan sets out to fully engage with the patients, public and carers in establishing, monitoring and changing services at care group level. However specific plans need to be established for each of the 9 protected groups.

### EDS grade: DEVELOPING

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<tr>
<th>Reasons for rating:</th>
<th>Outcome: The organisation assesses core health care needs for all individuals. There are a number of specific assessments that are for patients in the some of the protected groups, but not all.</th>
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<td><strong>Engagement:</strong> The organisation engages with a range of PPI groups and the Members council which is underpinned by the PPI strategy.</td>
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<td><strong>Mainstream processes:</strong> The organisation aims to meet the outcome using Quality Accounts, for most protected groups, and its own NHS Constitution reporting.</td>
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<td></td>
<td><strong>Progression plans:</strong> Plans in the PPI strategy set out to fully engage with the patients, public and carers in establishing, monitoring and changing services at care group level.</td>
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<td><strong>Disadvantaged groups:</strong> Maternity, age, medicine for older people &amp; learning disability, and to some extent spiritual needs are taken into account in the above processes, but not physical disability, gender, sexual orientation, gender reassignment or marriage and civil partnerships.</td>
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EDS Outcome 1.3 (EDS Goal 1 – Better health outcomes for all)
“Changes across services for individual patients are discussed with them, and transitions are made smoothly”

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The trust is able to demonstrate how changes in individual services for specific groups of patients’ offers smooth transitions across services. This can be evidenced both internally through patient pathways within specific services and externally through our public consultations on significant service changes and commissioning groups, but not always covering the 9 protected groups.

Whilst there are good procedures in a range of specific groups of patients it needs to incorporate the wider spectrum of all groups to meet the requirements of the framework at present. The trust needs to focus on including protective groups within its existing practices and develop procedures where there is a deficiency in representation of a protective group, for example physical disability.

The Public and Patient Involvement strategy describes how the trust engages and involves the patients in the provision and evaluation of all aspects of its services. Public and patient engagement informs the trust of to develop organisational plans for continual improvement and patient satisfaction across service changes.

EDS grade: DEVELOPING

Reasons for rating:
- **Outcome:** The organisation can demonstrate, using best available evidence, that service changes are discussed with patients and users, but not from all protected groups, and that these service changes are made smoothly.

  - **Engagement:** The organisation will develop processes through specific strategies for individual services.

  - **Mainstream processes:** The organisation can develop mainstream processes to collect data and subsequently report on meeting the outcome, for most protected groups.

  - **Progression plans:** Plans are in place to progress to the next grade, with milestones.

  - **Disadvantaged groups:** Not all 9 protected groups and taken into account in the above processes.
EDS Outcome 1.4 (EDS Goal 1 – Better health outcomes for all)
“The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all”

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<td>University Hospital Southampton NHS Foundation Trust</td>
<td>Gail Byrne – Deputy Director of Nursing, Head of Patient Safety</td>
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University Hospital Southampton NHS Foundation Trust use a range of underpinning policies and strategies to prioritise and achieve safety for all patients including the protected groups. Protected groups are specifically represented in for example: dementia care plans, falls strategy, medicine for older people listening group, and same sex accommodation monitoring and management. There is a learning disabilities team, assessment process and underpinning strategy. Civil partnerships and marriages take place in the hospital as requested. In the women and children’s unit, bereavement practice has specifically changed to recognise civil partnership. There is a need to further develop care for patients with gender reassignment.

In comparing the safety of patients from protected groups with that of the population as a whole, this is considered underdeveloped at present.
Some examples of success include our use of complaints, PALS and incidents monitoring to identify where a protected groups issues. Estates have been developed to accommodate for example toilets adapted for patients and disability.

Our engagement with our members, governors and patients is developing. We can identify and list our active patient and public involvement (PPI) groups through the hospital. We provide patient information leaflets with access to a range of media and languages, and promote our PALS and complaints policy and process actively. We have a clear and robust safeguarding process for adult and children in place, which is supported by our commissioners.

We achieve in processes for engagement, and actively include some protected groups. For example working with traveller populations, to meet needs, and needs assessment for bariatric patient special equipment requirements. We liaise closely with the local psychiatric service providers.

We have developed overarching mainstream policies, but key strands for protected groups equality are still developing. We do have a comprehensive system of staff education and training which addresses general needs for most of the protected groups. Discussions for contract setting and monitoring with our commissioners do include provision for some the protected groups.

Our plans for achieving the next level include incorporating the NHS Outcome framework in our priority setting process for quality in our 2013 14 Patient Improvement Framework. We plan to improve the structure of engagement with our Trust PPI groups, and developed a more detailed bariatric equipment plan. We will review how we can identify protected characteristics in our SafeGuard Trust clinical risk monitoring system. We will further develop and implement our privacy and dignity strategy and our disability discrimination act compliance.

**EDS grade:** DEVELOPING

**Reasons for rating:**

Outcome: Using best available evidence, the organisation can demonstrate that patients from most protected groups have their safety prioritised and assured, and are just as safe as patients as a whole.

Engagement: The organisation engages with patients form some protected groups, to provide tailored information, and to consult on how patient safety procedures can be improved.

Mainstream processes: The organisation aims to report on meeting the outcome, for most protected groups, using its Patient improvement framework. Also, the commissioner in contracts with this trust, monitors patient safety against the appropriate CQC Essential Standards

Progression plans: Plans are in place to progress to the next grade
Disadvantaged groups: Key disadvantaged groups are taken into account in the above processes.

The trust has some engagement processes in place and is meeting the EDS outcome for some protected and key disadvantaged groups. Progression plans are firmly in place. Patient safety is monitored through the trust’s contractual agreements with its commissioning organisation. For these reasons, the trust should be graded as being a ‘Developing’ NHS organisation.
EDS Outcome 1.5 (EDS Goal 1 – Better health outcomes for all)
“Public health, vaccination and screening programmes reach and benefit all local communities and groups”

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<tr>
<th>Name: University Hospital Southampton NHS Foundation Trust</th>
<th>Lead contact: Julia Smedley/Jean Piernicki – Occupational Health</th>
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Vaccination and screening programmes within the wider community are delivered by General Practitioners. Occupational health does not provide a service to the wider community. It does deliver a comprehensive vaccination, health surveillance and supportive service to all staff and volunteers employed by the Trust. This service is provided solely according to a clinical need.

**EDS grade:** ACHIEVING

**Reasons for rating:**

**Outcome:** All staff are assessed according to clinical need and are started on a vaccination programme when commencing work, in an environment which may be a potential risk to them.

**Engagement:** Occupational health engages with all staff, volunteers, contractors and students in order to maintain their vaccinations. All staff are sent reminders when vaccinations are due.

**Mainstream processes:** Occupational health meets this through its contractual agreements.

**Progression plans:** Occupational health will continue to deliver this service to the Trust staff

**Disadvantaged groups:** No staff groups are disadvantaged. Occupational health actively support staff who are disabled or perceive they are experiencing difficulties because discrimination.
EDS Outcome 2.1 (EDS Goal 2 – Improved patient access and experience)

“Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds”

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The Trust provides services to all patients based on clinical need, and no groups are positively discriminated against. We can demonstrate the effectiveness of this for some groups, through breakdown of our monthly picker surveys which include specific questions to address the most of the protected group requirements. We report, analyse and act on our patient feedback, PALS contacts, FT members, and complaints with reference to some of the protected groups, and breakdown results and associated learning to include these references.

The Trust is able to accommodate patients on clinical need, including those from the protected groups. There are some areas which are not easily accessible, and these are identified and acted upon through survey, complaints, PALS and incidents reporting. For example there are a number of fire doors which may make access in wheelchairs more difficult. All floors are accessible by lift as well as stairs. We do provide specific services to meet protected group needs, including chaplaincy (all faiths), a translation service including verbal and written information, and equipment to enable a high standard of care, as required to meet disability and for example bariatric patients needs.

Estate accommodation is adapted to meet the needs of some of the protected groups, including families and children. There is a robust Trust privacy and dignity approach which includes actions to eliminate mixed sex accommodation, and strategy and policies for meeting the needs of vulnerable adults and children. These are managed both internally and through our externally, commissioners.

We use monthly picker surveys with patients and carers, which include questions to address some of the protected groups requirements. We also do report, analyse and act on our patient feedback, PALS contacts, FT members, and complaints with reference to some of the protected groups, and breakdown results and associated learning to include these references. We have good levels of engagement with some e.g. LD surveys and engagement events, Cancer and GICUs patient panels, Cardiac engagement events, Open days, Involvement Open events, FT members strategy/Members council and sub groups, LINKs group, Carers Improvement plan, Children’s hospital

Use of volunteers to undertake survey so able to reach disabled patients and carers

There are a large number and variety of patient and user groups who support and inform feedback and development of service areas across the Trust. These include groups specific to some of the vulnerable groups, and contribution to some more general groups.

We are working towards DDA compliance. Estates requirements at new builds include compliance to meet protected group needs.

The Trust includes equality and diversity training in its portfolio of statutory and mandatory training.

EDS grade: **DEVELOPING**

**Reasons for rating:**

**Outcome:** The organisation can demonstrate that patients, carers and communities from some protected groups readily access services and report access that is as good as that reported by patients, carers and communities as a whole. Evidence and data are limited.

**Engagement:** The organisation engages with patients, carers and communities from some protected groups, about accessing services.

**Mainstream processes:** The organisation uses some mainstream process, such as contractual agreements with its providers, to make progress on this outcome.

**Progression plans:** Plans are in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Some key disadvantaged groups are taken into account in the above processes.

The Trust makes use of limited data that it has to hand. It demonstrates meeting the EDS outcome for some protected groups.
There are processes in place that indicate an aspiration to improve performance with regard to the EDS outcome. For these reasons, the organisation can be viewed as being ‘developing’.
**EDS Outcome 2.2 (EDS Goal 2 – Improved patient access and experience)**

“Patients are informed and supported to be as involved as they wish to be in decisions about their care, and to exercise choice about treatments and places of treatment”

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<th>Name: University Hospital Southampton NHS Foundation Trust</th>
<th>Lead contact: Sophie Daltry – Snr Communications Manager</th>
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<td>The Trust regularly engages with its members, made up of staff, patients past and present and the public, involving them in decisions about services, treatment options and giving them the opportunity to feedback at various events.</td>
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<td>Attendance at regional meetings that represent hard to reach groups take place throughout the year including the older person’s forum, black and minority ethnic and younger people groups to discuss aspects of care affecting them and listening to feedback.</td>
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<td>Since November 2010, the Trust has centralised patient information through the communications team that ensures it is produced to a high standard, using plain English and correct tone of voice. This assists patients in their understanding of conditions and treatment. This information supports what is being said by a patient’s clinician and patients are encouraged to ask their doctor during their appointment if they have any questions.</td>
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<td>Alternative versions of patient information are available on request and details of who to contact with any questions they have about their treatment or condition.</td>
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<td>Further improvements to patient information include working with patient support services on easy read alternatives for key documents.</td>
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**EDS grade:** DEVELOPING

**Reasons for rating:**

**Outcome:** Information is given to patients with details on how to request alternative versions of this information and who to contact if they have any questions about their treatment or condition.

**Engagement:** The Trust engages with patients from hard to reach groups about care decisions and treatment choices ensuring we generate feedback from these groups for future improvements.

**Progression plans:** All patient information is in the process of being reviewed to ensure it is professionally presented and assists patients in their understanding of conditions and treatment.

**Disadvantaged groups:** Key disadvantaged groups are taken into account in the above processes.

As we are in the process of reviewing patient information and making it available for easy access via the public website, which due to the large volumes will take time to achieve Trust wide, we have viewed ourselves as ‘developing’.

We continue to share information and give opportunities for feedback across all groups.
EDS Outcome 2.3 (EDS Goal 2 – Improved patient access and experience)

“Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised”

Name: University Hospital Southampton NHS Foundation Trust
Lead contact: Julia Barton – Associate Director of Nursing

The trust has a clear approach in engaging with patients and the public about the services it provides. It has been successful in ensuring that its patients have a good experience of its services. Through its own monitoring of real-time surveying of inpatients and the use of comment cards and website feedback, the hospital can demonstrate that many groups of patients have been listened to and service changes made accordingly. Results of patient experience are considered quarterly to the trust board in the patient experience report and this report is used as evidence for our commissioners and the CQC.

Over 95% of patients’ state that they received good care and treatment and 92% of patients say they were treated with privacy & dignity (PER Dec 11).

There is currently no comparison analysis on patient experience between protected groups and the whole population at present. The monitoring of patient experience does not include recording of patients’ sexual orientation, gender re-assignment and civil partnership & marriage.

The trust engages with a range of PPI groups and listening events within and outside the trust which captures patients’ experiences of our services and involves patients in identifying ways of improving their journey. Progress needs to be made to fully engage with minority and protected groups.

EDS grade: DEVELOPING

Reasons for rating:

**Outcome:** The organisation can demonstrate that feedback from our users is collected, monitored and appropriate actions taken to improve our services.

**Engagement:** The organisation engages with patients, carers, and other service users, both individually and in groups, but direct engagement with specific protected group organisations is not undertaken of all protected groups.

**Mainstream processes:** The organisation demonstrates good evidence of meeting the outcome for some of the protected groups and reporting of these through the quarterly patient experience report, but not on all protected groups. The organisation could complete a limited comparison survey on age, gender and race/ethnicity patients.

**Progression plans:** Plans are in place to progress to the next grade, with milestones through the Integrated Business Plan, Annual Plan, Strategic objectives, Patient Improvement Framework, Patient Safety strategy, patient experience strategy and PPI strategy.

**Disadvantaged groups:** Not all of the 9 protected groups are taken into account in the above processes.
EDS Outcome 2.4 (EDS Goal 2 – Improved patient access and experience)
“Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently”

| Name: University Hospital Southampton NHS Foundation Trust | Lead contact: Jenny Williams – Head of Patient Support Services |

The Trust is able to demonstrate that all complaints raised by patients, carers and other service users, and any subsequent claims for redress, are handled in-line with the NHS (England) Complaint Regulations (2009) and supports the Department of Health guide ‘Listening, Responding, Improving’ (2009). This can be evidenced through compliance with Trust policy and procedural standards, an Annual Concerns & Complaints Report, audit of individual complaint files, and feedback from an anonymised complaint satisfaction questionnaire.

The monitoring of complaints from the protected groups of age and gender is easily accessible and easily comparable. However, the monitoring of complaints by the protected groups of disability, pregnancy & maternity, race/ethnicity, religion and belief is only available in part. Evidence is not available regarding the protected groups of marriage and civil partnership, gender re-assignment or sexual orientation.

The organisation engages with a range of PPI groups and listening events which can include details regarding concerns, complaints and actions taken in response to complaints. The organisation also engages directly with patients/carers about their specific complaint, progress and redress. This includes all patient/carers but specific protected groups are not identified.

EDS grade: DEVELOPING

Reasons for rating:

**Outcome:** The organisation can demonstrate that complaints and any subsequent claims for redress, from the population as a whole are handled with respect (subjective measure) and efficiency. Specific evidence regarding complaints from some protected groups is available. There is currently no reporting or comparison work undertaken for protected groups.

**Engagement:** The organisation engages with patients, carers, and other service users, both individually and in groups, but direct engagement with specific protected group organisations is not undertaken.

**Mainstream processes:** The organisation can develop mainstream processes to collect data and subsequently report on meeting the outcome, for most protected groups.

**Progression plans:** Plans and milestones are not yet in place to progress to the next grade.

**Disadvantaged groups:** Key disadvantaged groups are taken into account in the above processes.
EDS Outcome 3.1 (EDS Goal 3 – Empowered, engaged and well-supported staff)
“Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades”

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<td>University Hospital Southampton NHS Foundation Trust</td>
<td>Jo Hughes, Human Resources Manager</td>
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The Trust has a robust and inclusive Recruitment and Selection Policy in place which is followed by managers when recruiting new staff. The policy has been through an equality impact assessment and not found to be detrimentally discriminatory to any applicants from 6 of the 9 protected groups. It was noted that positive action was being taken in relation to the recruitment and selection of applicants declaring a disability.

New recruitment and selection training has been developed during 2012 and is now available for all managers with responsibility for recruitment activity.

The HR Recruitment Team continually monitor the demographic information of all applicants, short listed candidates and successful applicants for 6 of the 9 protected groups. This is done through the NHS Jobs website. This national system does not capture data regarding gender re-assignment, maternity and pregnancy or marriage and civil partnership.

Staff data currently collected internally allows us to identify 7 of the 9 protected characteristics, and allows us to identify the breakdown of Trust Board, Senior Managers and Clinical Leaders by age, sex, ethnicity and to identify anyone currently on maternity leave. Data is limited for religion, disability and sexual orientation because the vast majority of staff choose not to give details of these characteristics. We do not collect data on gender re-assignment or marriage and civil partnership.

All Human Resource Policies are developed in conjunction with staff-side representatives via our two main staff-side forums Staff Partnership Forum (SPF) and the Local Consultation and Negotiating Committee (LCNC). All HR policies have an Equality Impact Assessment undertaken to ensure they are not discriminatory. Staff side representatives are aware of equality issues and are represented in the membership of the Trust Equality and Diversity Committee. Staff side representatives are generally present on job evaluation panels for posts where staff are currently in post, prior to advertising and recruiting.

HR recruitment processes include agreed positive action for disabled applicants to ensure all are given the opportunity to be interviewed. The HR Recruitment Team monitors all complaints received by applicants regarding unfairness of process or discrimination. All vacancies are advertised via the NHS Jobs website. Personal information is hidden when applications are presented to managers in order to undertake the short listing process to ensure discriminatory selection is avoided. Internal audits are randomly undertaken to examine a selection of recruitment files to ensure managers are following correct processes and ensure discriminatory decisions about appointments are not being made.

Workforce information regarding recruitment activity is collected and published annually on the external website.

**EDS grade:** DEVELOPING
Reasons for rating:

**Outcome:** The Trust is making good use of data and evidence where it is available to demonstrate that its recruitment processes are inclusive and equitable. Further work needs to be done to ensure improved data capture around all of the 9 protected characteristics.

**Engagement:** The Trust engages with staff-side organisations and staff about ensuring that recruitment and selection processes are fair, inclusive and transparent.

**Mainstream processes:** The organisation randomly audits recruitment and selection processes as part of its mainstream processes to ensure equity and fairness.

**Progression plans:** Plans are in place to progress to the next grade, with milestones.

**Disadvantaged groups:** Only one potentially disadvantaged group has been identified in terms of disabled staff. Positive action for recruitment is in place for this group of staff.

The Trust has processes in place to meet this EDS outcome and actions identified to meet any shortfalls. Further work needs to be done to ensure improved data capture for all 9 protected characteristics. It is therefore being graded as ‘developing’.
EDS Outcome 3.2 (EDS Goal 3 – Empowered, engaged and well-supported staff)

“3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay”

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The Trust has a robust job evaluation process in place to ensure appropriate, fair and equitable role banding and pay scales in accordance with Agenda for Change terms and conditions of employment. There is a consistency checking process in place to ensure equitable banding of jobs for work of equal value.

Medical workforce employment contracts are managed in line with national processes and pay scales.

Staff-side representatives are involved in the JE process. JE Panels for roles currently filled by staff always consist of staff-side representative as well as HR and management side. All roles are anonymously evaluated and banded according to Trust JE procedures. Staff belonging to disadvantaged groups would be included in this process without exception.

Standardised pay scales and terms and conditions of employment are in place as per NHS Terms and Conditions Handbook and national medical staffing contractual arrangements.

The Trust is committed to ensuring fairness of process and equitable pay across all staff groups and during 2011 acknowledged and successfully concluded 2 equal pay claims made by staff relating to the original job evaluation process and the introduction of AfC in 2004.

EDS grade: **ACHIEVING**

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<th>Reasons for rating:</th>
<th>Outcome: The organisation, through robust processes and collection and use of good data, demonstrates that staff from all protected groups enjoy levels of pay and related terms and conditions that are no different from those experienced by staff as a whole, doing the same job.</th>
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<td><strong>Engagement:</strong> The organisation engages fully with staff side organisations in the job evaluation process. Any changes to terms and conditions of employment are always negotiated with staff side.</td>
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<td><strong>Mainstream processes:</strong> The organisation can clearly demonstrate that its mainstream processes are robust and ensure levels of pay are fairly determined for all posts.</td>
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<td><strong>Progression plans:</strong> Plans are in place to maintain achievement of this outcome.</td>
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<td><strong>Disadvantaged groups:</strong> Staff belonging to disadvantaged groups are included in mainstream processes without exception.</td>
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<td><strong>The Trust can demonstrate through robust record keeping that it meets the desired outcome for this goal. For this reason, it should be graded as ‘achieving’._</strong></td>
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EDS Outcome 3.3 (EDS Goal 3 – Empowered, engaged and well-supported staff)
“Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately”

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Monthly reports are produced from ESR regarding uptake of appraisals as this is one of the HR key performance indicators. This data, although not broken down and analysed further at the moment, could be broken down to identify personal information regarding protected characteristics (7 of the 9 characteristics could be identified where information has been given by the employee).

The Trust has robust statutory and mandatory training programmes in place for all staff groups and provides a rolling half day each month, when clinical workload is reduced, for staff to attend training. Equality and Diversity training is an integral part of the mandatory training calendar for all staff groups. This training covers the latest equality legislation and highlights issues around all of the 9 protected characteristics. Attendance at mandatory training is monitored and reported.

Training can be accessed by all staff groups regardless of protected characteristics. Reasonable adjustments are put into place for anyone that needs additional help and support to access or undertake the training.

The provision of post registration development courses through provider universities is discussed with staff representatives who have the opportunity to influence post registration curriculum development to ensure provision reflects the organisational needs.

Disadvantaged groups identified as part time workers and staff working permanent night duty. Consideration has been given to these two groups of staff when planning and providing training. Statistics regarding these two groups are collected from application forms. Reasonable adjustments are put into place for staff requiring help and support to undertake or access training courses. Some BME staff have raised a concern about inequality in the access to training. In response to this a series of leadership action learning sets have been established and will be delivered during 2013. These are particularly aimed at BME staff but are also open to all staff to access.

There is a robust Trust wide appraisal and performance management system in place which has CEO support. This is audited and compliance recorded and reported as a key performance indicator to Trust Board. A recent appraisal audit has also just been undertaken specifically for BME staff.

**EDS grade:** DEVELOPING
| Reasons for rating: | Outcome: The organisation does collect equality data for staff attending training and development courses, however this information is not currently analysed in terms of protected characteristics so cannot fully demonstrate that staff from protected groups receive both personal development and performance appraisals that are no different to the experiences of staff as a whole. |
| Engagemen: | The organisation engages with staff sporadically via the curriculum development programme with local Universities. This engagement is not fully inclusive. |
| Mainstream processes: | Some evaluation data exists, however this is sporadic. The organisation is not fully able to demonstrate that staff confidence and competence is improved as a result of personal development opportunities. Further work on evaluation needs to take place. |
| Progression plans: | Plans are in place to progress to the next grade, with milestones. |
| Disadvantaged groups: | Part time and night workers are considered disadvantaged groups for the purpose of accessing personal development opportunities. The organisation can demonstrate that it takes into consideration disadvantaged groups when planning development opportunities. |
| The organisation will benefit from ensuring more detailed information is captured around the 9 protected characteristics and also around the outcome of personal development opportunities. Further work needs to be undertaken to engage more widely with staff side about provision and commissioning of education and development. This EDS outcome is not being fully met. It is therefore being graded as ‘developing’. |
EDS Outcome 3.4 (EDS Goal 3 – Empowered, engaged and well-supported staff)
“Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open to all”

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<td>Jo Hughes, Human Resources Manager</td>
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The Trust has a Bullying and Harassment Policy in place which covers all staff regardless of protected characteristics. The policy has been equality impact assessed to ensure it is not discriminatory in any way. This policy was recently audited by NHSLA and was passed as part of the Trust level 3 NHSLA assessment. Annual audits will be carried out in future. The Trust takes bullying and harassment very seriously and has a zero tolerance approach to this. It ran a racial awareness campaign during 2011 to encourage staff to report incidents of racial discrimination and harassment. Posters have been produced and circulated to all clinical and public areas to ensure the no tolerance approach to abuse of staff is widely acknowledged.

Following issues raised by the BME Staff Network Group guidelines for managers on management of racial incidents were produced to raise awareness of racially motivated incidents and ensure managers are aware of how to handle these incidents. These guidelines cover discrimination from staff, patients and the general public. A recent staff survey on staff engagement showed that engagement was high with our BME staff.

The Trust has a number (approximately 20) of Dignity at Work Advisors who have been trained to provide support and guidance to anyone experiencing bullying and harassment at work. Dignity at Work Advisor caseload is monitored and although at present data is completely anonymised, it would be possible to capture data regarding protected characteristics for future auditing purposes.

The Trust has recently set up a group of Diversity Champions (approx 20) and an initial training event has been held and role profiles have been developed. Consultancy services have been secured from Stonewall (Health Champions Programme) to assist the Trust to move forward with equality actions specifically for GBLT staff and a recent staff poll showed significant interest in setting up a GBLT staff network group. A disabled staff network group has also now been established.

The Staff Partnership Forum (SPF) Policy Group and LCNC have been consulted with, and involved in, the development of the Trust Bullying and Harassment Policy and Guidelines for Dealing with Racial Incidents. Staff-side organisations are represented at the Trust Equality and Diversity Committee. Staff side representatives belong to the Dignity at Work Advisors Group.

EDS grade: DEVELOPING
<table>
<thead>
<tr>
<th>Reasons for rating</th>
<th>Outcome: The organisation takes bullying and harassment very seriously and there is evidence to show that where incidents are reported they are investigated appropriately and resolved. Data collected is currently not analysed in detail across all protected characteristics.</th>
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<tr>
<td></td>
<td><strong>Engagement:</strong> The Trust demonstrates appropriate engagement with staff side organisations in the development of policies and action plans around this goal.</td>
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<td><strong>Mainstream processes:</strong> Mainstream processes allow for monitoring and reporting of bullying and harassment incidents. Further work needs to be done to encourage staff to feel comfortable to openly report incidents of discrimination of harassment.</td>
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<td><strong>Progression plans:</strong> Plans are in place to progress to the next grade, with milestones.</td>
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<td><strong>Disadvantaged groups:</strong> No specific disadvantaged groups have been identified. Policies are all inclusive regardless of protected characteristics.</td>
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<td>The organisation demonstrates that it takes bullying and harassment seriously and is committed to improving reporting of incidents to ensure appropriate outcomes. A lot of work has been undertaken in relation to eliminating harassment and bullying of BME staff but further work needs to be done with staff representing all of the 9 protected characteristics. The Trust has therefore been graded as ‘developing’ in this area.</td>
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Outcome 3.5 (EDS Goal 3 – Empowered, engaged and well-supported staff)

“Flexible working options are made available to all staff consistent with the needs of patients, and the way people lead their lives”

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The Trust has a Flexible Working Policy in place which covers all staff regardless of protected characteristics. This policy is currently under review and will be updated to meet new legislation changes coming into effect in April 2013. The Trust offers a full range of flexible working options and operates within employment law regarding statutory rights of workers to request flexible working arrangements for family and carer purposes.

The Trust policy covers all staff regardless of protected characteristics therefore the range of options is the same for all groups. At present there is no analysis of the overall requests for flexible working to be able to establish how many requests are made by staff possessing protected characteristics.


There is an appeals process for any staff who wish to appeal against unsuccessful flexible working requests. These would be managed on an individual basis.

The Trust has recently expanded UHS childcare facilities offering to include a competitively priced holiday club with good uptake.

Continued roll out of E-rostering to all areas provides safe, fair rosters to meet service needs.

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<th>EDS grade:</th>
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**Reasons for rating:**

**Outcome:** The organisation, through all inclusive staff policies demonstrates that all staff enjoy the same range of flexible working policies and procedures regardless of protected characteristics.

**Engagement:** The organisation engages with staff and staff-side organisations in the development of policies and practices around flexible working options.

**Mainstream processes:** The organisation follows policy in relation to mainstream processes for provision of flexible working options.

**Progression plans:** Plans are in place to progress to the next grade, with milestones.

**Disadvantaged groups:** No specific key disadvantaged staff groups identified.

A full range of flexible working options are available for all staff to access. The EDS outcome is met in general terms as policies and procedures around flexible working are all inclusive regardless of protected characteristics. The Trust has therefore been graded as ‘achieving’ in this area.
EDS Outcome 3.6 (EDS Goal 3 – Empowered, engaged and well-supported staff)
“The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population”

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The Trust has a Staff Health and Wellbeing Forum which is chaired by the Director of HR. This group meets each month to develop services that are crucial to staff health and well-being and makes sure that the Trust is doing everything that it should to support this agenda.

July 2012 saw the launch of a comprehensive online employee assistance programme (EAP) providing health and wellbeing telephone advice (including counselling) and online resources.

The site smoking policy was re-launched including greater emphasis on smoking cessation services through Southampton Quitters.

There is a page on Staffnet dedicated to staff health and wellbeing which directs staff to resources and initiatives to improve health and wellbeing such as managing stress in your life, healthy eating, personal safety and security and a return to health programme which assists staff to get back to work following long term sickness absence.

All initiatives are open to all staff regardless of protected characteristics. We do not currently monitor or report on the protected characteristics of staff that attend specific initiatives.

Staff side representatives attend the Health and Wellbeing Group. Any health and wellbeing initiatives run by the Trust are fully inclusive and open to all staff members regardless of protected characteristics. The Trust aims to improve the health and lifestyle of all staff not just staff from protected groups.

**EDS grade: DEVELOPING**

**Reasons for rating:**

**Outcome:** The organisation is committed to supporting and promoting staff health and well being. It currently offers a wide range of health and well being programmes for staff which are open to all irrespective of protected characteristic. We do not currently formally monitor or report on the uptake of initiatives and do not analyse data in terms of protected characteristics.

**Engagement:** The organisation engages with staff and staff-side organisations about how staff can be supported to remain healthy, with a focus on addressing major health and lifestyle issues.

**Mainstream processes:** The organisation can demonstrate through it’s internal website that it offers a wide range of health and well being programmes for staff. Further work needs to be done to monitor, analyse and report on uptake of the opportunities offered.

**Progression plans:** Plans are in place to progress to the next grade.

**Disadvantaged groups:** No specific key disadvantaged groups have been identified.
The organisation is able to demonstrate that its workforce is supported to remain healthy. Engagement with staffside organisations is very good. The organisation aims to improve the health and lifestyle of all staff. Plans are in place to progress to the next grade. Further work needs to be done around uptake and outcome of health and wellbeing initiatives. The Trust is therefore being graded as ‘developing’ in this area.
**EDS Outcome 4.1 (EDS Goal 4 – Inclusive leadership at all levels)**

“Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations”

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UHS recognise that some people may perceive that they experience difficulties in accessing services, however, all patients are treated the same and data is not recorded by protected group in an effort to be equal and fair. There is some evidence of discriminatory practice, on the grounds of race, within the staff group and the Trust has established a BME Forum to move these issues forward. Likewise Board and senior managers do not have explicit equality related personal objectives. Both Board and Members’ Council include a diverse mix of people but the representation across the protected groups is not measured. Other data across all the protected groups is not collected hence it is hard to measure compliance and performance. The need for some equality policies has been identified although the Trust is happy that appropriate action is taken as the need arises through explicit escalation to senior managers.

**EDS grade:** DEVELOPING

**Reasons for rating:**

- **Outcome:** The Board and senior leaders tend to conduct and plan their business so that equality is advanced, and good relations fostered with other organisations. Some improvements possible within the organisation such as inclusion of consideration of minority groups in personal objectives.

- **Engagement:** The organisation engages with patients, staff, staff-side organisations and communities from some protected groups. The organisation has now got an established BME network group. Network groups have also been established for LGBT and Disabled Staff.

- **Data and evidence:** No evidence that Board and senior leaders use available evidence, across the protected groups, in its decision making and service review.

- **Mainstream processes:** The organisation has processes in place, covering some protected groups, to ensure that the Board and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations. Do not measure the actions by protected groups as everyone treated the same.

The organisation is developing its data collection, engagement and mainstreaming processes to cover all protected groups.
**EDS Outcome 4.2 (EDS Goal 4 – Inclusive leadership at all levels)**

“Middle managers and other line managers work support and motivate their staff to work in culturally competent ways within a work environment free from discrimination”

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University Hospital Southampton is committed to raising the cultural competence of its middle and junior management and developing their capacity in turn to engage their staff in working within the principles and values enshrined within the NHS Constitution. Evidence to assess our current performance is provided through a variety of HR processes and significant cases of discrimination are challenged and addressed by the majority of our line managers. For some patient conditions that fall within the disadvantaged groups collaboration with other organisations to disseminate and consolidate best practice is being enacted.

However there is a large variability both in the degree with which managers seek to engage with staff (including those from protected groups) to build cultural competence and, even within the same management team, between different protected groups (e.g. there is an increasing level of activity with the BME Network around addressing the needs of patients, carers and staff but not equivalent examples of consultation for every protected group)

All managers and line managers are expected to attend cultural competence training as part of the managerial responsibilities and each directorate is monitored on attendance levels. Middle and line managers are expected to encourage their staff to access the cultural competence training, though evidence suggests this requirement is not universally complied with.

In general, there is an absence of empirical data to ascertain where the majority of our line managers fit on a scale of cultural competence other than data already produce to meet statutory requirements or exception reporting on instances of discriminatory behaviour

**EDS grade:** DEVELOPING
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<tr>
<td><strong>Outcome:</strong> The organisation demonstrates that it is taking steps to ensure that middle and line managers are working in culturally competent way for some protected groups of staff, though in a mostly reactive way</td>
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<td><strong>Engagement:</strong> The organisation engages with staff of most protected groups, but relations with some need further development.</td>
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<td><strong>Mainstream processes:</strong> The organisation only has limited means to demonstrate improvements in the work environment</td>
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<td><strong>Progression Plans:</strong> Plans are in place to progress to the next grade, with milestones.</td>
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<td><strong>Disadvantaged groups:</strong> Many Key disadvantaged groups are not systematically taken into account in the above processes.</td>
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<td>The EDS outcome is demonstrated for most protected groups. Good practice examples and dissemination is limited in some areas of the organisation, and this is also the case with commitment of some middle and line managers. Mainstream processes to tackle this outcome need to be updated. For these reasons, the organisation is graded a ‘developing’ as further work is needed in this area.</td>
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EDS Outcome 4.3 (EDS Goal 4 – Inclusive leadership at all levels)
“The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes”

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The Trust does not yet use the Competency Framework for Equality & Diversity Leadership to recruit, develop and support strategic leaders to advance Equality outcomes

**EDS grade:** UNDERDEVELOPED

**Reasons for rating:**

**Outcome:** The organisation is not using the Competency Framework to address potential gaps in the equality and diversity leadership competency. Equality and diversity outcome improvement is not presently built into the remit of all management posts and performance and is therefore not reviewed.

**Engagement:** UHS will need to engage Staff-side and staff networks to support the Competency Framework.

**Mainstream Processes:** Not evidenced.

**Progression Plans:** An HR Manager is employed by UHS where 2 days a week she completes Equality & Diversity work. The HR Director has asked other Acute HR Directors to share in an Equality & Diversity Leader role – January 2012. April 2012 – corporate objectives to include Equality & Diversity

**Disadvantaged Groups:** By taking forward the Competency Framework, the disadvantaged groups would systematically be taken into account for both staff and patient experience.

**For these reasons the organisation should be graded as ‘underdeveloped’**.