

Equality and Diversity

Update 2016

The Robert Jones and Agnes Hunt 
Orthopaedic Hospital
NHS Foundation Trust



Delivering Outstanding Patient Care

Foreword

Welcome to the Trust's 4th annual report on Equality and Diversity. This report is provided to meet our obligation as an NHS Trust to publish equality monitoring data in relation to our staff and service users and provide details on the work being undertaken by the Trust to provide an environment which is inclusive for patients, carers, visitors and staff.

The Trust recognises that each of our patients and members of staff is a unique individual with different needs and aspirations. This report aims to celebrate these differences and the successes which have been achieved during the past year against the 2016 EDS2 objectives and our performance in regulatory areas. It also sets out our objectives for Equality and Diversity objectives for 2017 and in the longer term.

The report also provides a formal platform to acknowledge everyone for their work and contributions in this important area.

Finally, the EDS2 and equality legislation encourages us as an organisation to talk to and listen to our local community to help develop our services. The Trust does this through our Foundation Trust membership and elected governors and therefore, we would like to use this report to encourage members of the public to become Foundation Trust members, especially those from people with protected characteristics. Details about how to become a member can be the website www.rjah.nhs.uk, by telephone on: 01691 404394 and via email: FT@rjah.nhs.uk

Ann McEvoy,
Associate Director of Human Resources

Background

The Trust uses the NHS Equality and Delivery System (EDS) to measure our performance on Equality and Diversity. Legislation and other tools are also considered when evaluating our success in meeting our obligations in this area and in deciding what objectives should be set for the following year to be achieved. Below is a summary of the all the strands which are considered.

The legislative framework

The Trust has statutory obligations under the Equality Act 2010 concerning equality, diversity and inclusion of its staff and patients. The Act also requires trusts to publish relevant information to demonstrate compliance with the public sector equality duty. This report summarises the Trust's performance with respect to recognising and supporting staff, patients and carers who share characteristics protected under the Equality Act 2010 and details a number of key activities which aim to promote continuous improvements.



The characteristics which are recognised as being “protected” under the Equality Act 2010 are:

- Age
- Disability
- Gender
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation.

The duty to have due regard to the need to eliminate unlawful discrimination also covers marriage and civil partnerships.

Care Quality Commission

One of the Care Quality Commissions (CQC) principles is to promote *equality, diversity and human rights* as set out in Regulation 10: Dignity and Respect. From April 2015 this was embedded in the Key Lines of Enquiry across all five domains: safe, effective, caring, responsive and well led.

The Trust progress against this principle is demonstrated in the CQC report received in March 2016 (following inspection in October 2015) and in the work being undertaken to meet the EDS2 objectives for 2016.



Further measures to improve equality



The Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard requires organisations to publish information against a number of indicators of workforce equality and to demonstrate progress against them. The WRES highlights any differences between the experience and treatment of White staff and Black & Minority Ethnic (BME) staff in the NHS with a view to closing these gaps through development and implementation of action plans focussed upon continuous improvement over time.

The Trust published its first set of results in July 2015 and the second set of results in July 2016. These reports are available on the Trust's website.

The Equality Delivery System (EDS2)

The EDS2 is a toolkit which aims to help organisations improve the services they provide for their local communities and provide better working environments for all groups. There are four goals within the EDS2:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

Goal 1 – Better Health Outcomes

Goal 2 – Improved Patient Access and Experience

Goal 3 – A Representative and Supported Workforce

Goal 4 – Inclusive Leadership

These goals are divided into eighteen outcomes. For most of these outcomes, the key question is: *“How well do people from protected groups fare, compared with people overall?”* A review of the performance against the EDS2 objectives and this fundamental question took place in the autumn of 2016 and it is the progress against achieving the 2016 objectives that forms the basis of this report.

The outcome of the self-assessment and review of the 2016 achievements has enabled the Trust to agree the EDS2 objectives for 2017 which are detailed on page 19 of this report.



The Accessible Information Standard

In 2016, the Accessible Information Standard was introduced across all organisations that provide NHS care or adult social care.

The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services. "Information and advice provided under this section must be accessible to, and proportionate to the needs of, those for whom it is being provided."

It is particularly relevant to individuals who are visually impaired, hearing impaired, deafblind and /or who have a learning disability, although it *should support anyone* with information or communication needs relating to a disability, impairment or sensory loss.

The Trust has not implemented all of the requirements for the AIS and this will be a key focus of work in the short term. An update on progress against this new Standard is included within this report and next year's report.

Links with Trust values and strategic objectives

The delivery of the Trust's core values of *Friendly, Caring, Professional, Excellence and Respect* requires the promotion of equality, diversity and inclusion across the range of the Trust's activities and relationships with patients, public, staff and other partner organisations.

In 2016, the Trust has commenced a programme of activities to further embed the Trust values in the everyday working practices and lives of staff at the Trust.



Summary of actions and achievements for 2016 EDS2 Objectives

The trust is constantly striving to improve the outcomes and experiences for all of our patients, carers and visitors as well as the working environment for our staff. Details of the progress made against the EDS2 objectives for 2016 to create an inclusive and supportive environment for all are detailed below.

Goal 1: Better health outcomes

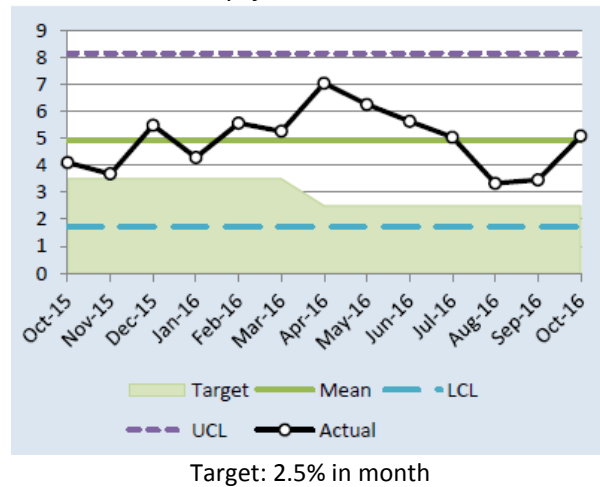
Objective: The Trust will seek to address the discharge arrangements for patients with complex needs to be safely discharged in a more timely way.

Delayed discharge arrangements

In the 2015, the Trust considered its performance against the national delayed discharge transfers of care metric which provided a target of 3.50%. In 2015-16, the Trust averaged 2.87%, which was below the target set by the Department of Health.

For 2016-17, the target has been set at 2.5% and in year to date, the Trust has averaged above this target at 5.7% (April 2016- December 2016).

The total number of delayed days against the total number bed days for the month in %



The Medicine Division, in particular the Midlands Centre for Spinal Injuries (MCSI), has seen an increase in the number of delayed discharges within this financial year, however, they have also seen a 61% increase in patient admissions in this time period.

The three main reasons for delay by number of days to date are:

- Care package in own home equating to 391 days
- Completion of assessment equating to 299 days
- Care home placement in a nursing home equating to 290 days.

The main factors which have contributed to these delays are:

- A delay in the allocation of community professionals to support discharge planning
- Securing funding – social, CHC, private
- And suitable interim placements e.g. home.

MCSI commence discharge planning on admission and sometimes following “outreach” on the trauma centres. The department rely heavily on the support of the community team from where the patient lives to take some responsibility with providing care and equipment. However, the allocation of professionals can take a long time and many Social Services do not allocate a Social Worker until nearer discharge, even though MCSI advise of the importance of this to the discharge process. Additionally, funding for care and equipment has to be agreed prior to discharge. However the care package, the availability of appropriate carers and procuring the specialist equipment needed can take a long time and many justifications before they are ordered, again effecting discharge dates.

To support the Trust in achieving more timely discharges for patients with complex needs, the Trust is:

1. involved in ongoing discussions with NHS England with regard to the intermediate care bed pilot and the Trust continues to target at patient level with individual commissioners to expedite discharge.
2. working closely with NHS England and Clinical Commissioning Groups on the Discharge to Access NHS initiative, being introduced in April 2017. To support Discharge to Access, the Trust has invested in two surveillance nurses, an additional resettlement officer and 7.23 WTE additional nursing staff. MCSI has been proactive in providing bowel and bladder training to community and nursing home providers and has introduced a quality improvement target to reduce delayed

discharges by 285 days by next year.

3. working closely with NHS England and Clinical Commissioning Groups to prepare 15% of Decision Support Tool (DST) during the inpatient stay.

Goal 2: Improved patient access and experience

Objective: To extend Dementia Friendly services and environments across the whole Trust, building on the good practice within Sheldon Ward

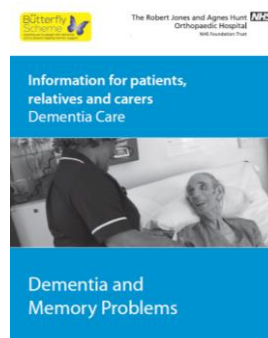
Patients living with Dementia

Dementia generally causes progressive changes in how people interpret what they see hear and feel. People with dementia often find it difficult to orientate to an unfamiliar environment and have a reduced stress threshold to environmental challenges.

During 2015/16 a dementia friendly awareness environment has continued to be on the trust's agenda in relation to new builds, and refurbishments within patient and visitor areas.

Ward areas have more awareness of what is important for patient with memory problems which has continued to be highlighted through additional dementia awareness training, and the introduction of dementia friends training for non-clinical staff. By creating more awareness through enhancing staff knowledge has been extremely positive.

Implementation of the butterfly scheme where patients with a known dementia, or have a memory problem but do not have a diagnosis gives all staff more awareness of what support is required to care for these patients. The carers leaflet and passport has been developed and is now in circulation for both patients and relatives or their carer this is to support the revised Carers policy.



There have been some clinical ward areas where decoration has been reviewed and more appropriate colours to help orientation has been completed, such as the Midland Centre for Spinal Injuries and Ludlow ward who has reviewed and adapted one of the their bed areas with on suite bathroom facilities to be more dementia friendly.

The refurbished main corridor has improved by having new improved flooring with good contrast between floor and walls which improves visibility. Also improved lighting on the corridor to try and help minimise glare, and shadows.

Curtains on wards are now plain blue and disposable which are more calming for patients with cognitive problems. In theatre recovery area in the main theatres, the environment is being reviewed to ensure patients are not exposed to too much noise, and new signage has been put up within this area for staff to be more aware.

Orientation clocks have also been introduced on care of the elderly ward, and other wards which are large faced and have calendars that show the correct date, which can help people to remain aware of the season, time and place.



Pictorial signage on toilets and bathrooms has also been implemented on care of the elderly ward, which needs to be reviewed trust wide, and rolled out further. This initiative will be linked into the new building projects as these are developed.

There has been some positive work in improving the environment in some areas within the Trust, however there needs to be further work undertaken as part of a continued journey. What has supported this is a focussed approach, influenced by national and local agendas.

A service evaluation will be undertaken in 2016/17 to establish how dementia friendly environment is developing, and its effectiveness in improving the patient experience.

Dementia Awareness Training continues to be delivered at the Trust for all staff. The Dementia Friends Information Session is now delivered on the monthly Corporate Trust Induction programme providing the opportunity to inform new employees about the Trusts' dementia strategy and Butterfly scheme. To ensure doctors continue to receive appropriate training, separate dementia and delirium in older adults training sessions have been delivered for this staff group with a Consultant Liaison Psychiatrist (RAID).



STAR Assessments

Powys Ward

STAR is a Trust-wide uniform approach in monitoring quality standards of patient care, which offers managers and their staff a structure of expectations for their wards and department.

It was announced in November's board meeting that the two wards, Ludlow and Powys Wards were given 5 STARs in the STAR process. 5 stars acknowledges that these two ward areas are high performing in relation to the delivery of care to their patients provided by the Multidisciplinary team. Both wards completed rigorous assessments which included testing the quality of patient care, but also management structures and innovation.



Ludlow Ward

Their work was assessed by a panel which included executive and non-executive involvement as well as patient involvement and external stakeholders.

Working towards implementing the Accessible Information Standard

Although the Trust has not implemented the Accessible Information Standard, to date we have identified that three of our systems currently used; IPM Lorenzo, Graphnet EPR and RIS have the ability to collect and flag specific accessible information requirements. However these systems do not have the functionality that will allow automated production of alternative media that could then be sent/ provided to the patients. (e.g. appointment letter automatically sent to a braille printer).



There are no immediate actions/ fixes that could be put in place to support the standard, although the PAS upgrade and future EPR upgrades may have some additional functionality we could utilise. The IPM Lorenzo PAS is a shared solution with Shropshire Community NHS Trust (SCHT) who are currently looking to move to a new PAS solution but no timeline has been identified for this and therefore, this is impacting on our ability to meet the standard

Moving forward we will ensure that any new IT procurements comply with this standard. To enable us to meet the standard, we need to focus on our manual data collections and data retrieval processes and these will need to be mapped against the five core requirements.

The operational procedures to implement these requirements are still being considered. To date the Trust has agreed the re- wording on the outpatients appointment letter and patients are now also be able to request this revised letter in an alternative format, such as large print or on coloured paper. Work is currently being undertaken to ensure this the Radiology, Orthotics, and Physio letters also

support alternative formats. The Trust is fully aware that further work needs to be completed to achieve the standard requirements at the earliest opportunity.

In July 2016, the Trust's Translation and interpreting to patients in a foreign language (including the use of British Sign Language) policy was agreed by the Clinical Effectiveness Committee.



Patient Experience

The Patient Panel is the Trust's lead group in relation to the "Patient Experience" element of the NHS model of Quality. The core function of the Patient Panel is to drive implementation of the Trust Patient Experience Strategy and ensure the Trust meets its 'duty to involve', as set out in Section 242 of the NHS Act 2006 – so that patients and service users are involved in certain decisions that affect the planning and delivery of NHS services if a service is changing from the service-user's perspective.

To understand if the Trust was improving patient access and experience across the nine protected characteristics, the E&D Steering group monitored patient feedback on a regular basis. For feedback received in April 2016 – September 2016 the key points were:

- The RJAH scored amongst the best performing trusts nationally, in 10 of the 11 sections of the 2015 Inpatient Survey
- Total complaints are very low when compared to the Trust's total activity (0.05%). There is on average 8.5 complaints per month. When comparing April 2016-Sept 2016 with April 2015-Sept 2015 the numbers of complaints has increased by 5 (11%). The main reason cited for patients complaining in 2016 is "Some Aspects of Clinical Treatment".
- In 2016, 1 case was referred to the Ombudsman for independent review.
- 99.2% of patients would be extremely likely or likely to recommend the Trust to Friends and Family (FFT question) which is higher than the average score of all NHS Trusts in England (95.4%).
- In June 2016, the RJAH was the joint first best performing NHS Trust in the country for the FFT. 99.1 % of patients rated the Trust as excellent or good, when asked to rate their overall experience on the Trust comment cards (from 746 comment cards per month).
- On average 44 PALS concerns were received per month, the main reason for PALS concerns were about outpatient appointment dates.
- 46 service improvements have been identified following patient feedback

All the key findings represent a high level of patient satisfaction from patients, demonstrating that the hospital is doing things right from a patient perspective both clinically in terms of safe quality care as well as developing a culture of compassionate care providing support facilities that patients value when they are in hospital. The feedback did not identify any issues from patients from any of the protected characteristics groups.



Patient Panel

Highlights from the Patient Panel since April 2016 have been allocating members to ward and departments, and members visiting their allocated areas; one member is working with Radiology staff to develop a patient leaflet on what to wear for an X-ray and another is working with the Montgomery Manager with staggered admissions. Panel members are involved in a vast array of activities including attending meetings as the patient representative or involvement in specific projects.

Members have had an input into the following projects; PLACE audits, Nutrition audits, New Tumour/Theatre development, Joint school, Sit and See observations, Way finding Survey, Reviewing patient information leaflets and posters, Awards celebration, Barometer group, CQC action plan, Equality and Diversity, Horatio garden project, Dementia working group.

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- In 2016, 1 case was referred to the Ombudsman for independent review. The Trust has been advised it will receive an initial draft reply at the end of November 2016.
- 99.2% of patients would be extremely likely or likely to recommend the Trust to Friends and Family (FFT question) which is higher than the average score of all NHS Trusts in England (95.4%).
- In June 2016, the RJAH was the joint first best performing NHS Trust in the country for the FFT. 99.1 % of patients rated the Trust as excellent or good, when asked to rate their overall experience on the Trust comment cards (from 746 comment cards per month).
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Sit & See Project

This project is now well established across all wards and department. This simple observation tool captures and records the smallest things that can make the biggest difference to patient care, for example a smile, a conversation, a reassuring touch, which can make all the difference to the patient experience. The tool is a simple recording system which can identify positive, passive and poor care.

Sit & See™ Hospital Services Summary report of observation										
Date & Time of observation	No. of patients in observation area				Area/activity observed		Names of Observers			
	1									
Total number of staff observed by group										
RN	HCA	Dr.	AHP	Student	Porter / Technician	Volunteer / Clergy	Admin	Housekeeper	Manager	Senior Manager / Matron
9	2	1	0	3	2	0	2	0	0	0
Overall TOTAL										
						Positive	Passive	Poor	Total No. of observations	
General Care (Domain A)						4	0	0	4	
Patient / Visitor Engagement (Domain B)						4	0	0	4	
Infection prevention and control (Domain C)						4		0	4	
OVERALL TOTAL						12 (100%)	0 (0%)	0 (0%)	12	
<small> Actions taken by observer during observation period (for patient safety reasons) N/A. Observations about the environment e.g. odour / noise / atmosphere / temperature / light Clean environment. Now. Quiet. signs. in.situ. to assist. noise. in. area. </small>										

Since April 2016, there are 51 Sit & See Observers, 40 are staff members and 11 are Patient volunteers. Themes from the passive and poor comments include:

- Waiting areas with poor décor need revamping.
- 'Bare Below Elbows' must be adhered to at all times.
- All staff need to communicate with patients.
- Staff need to be free to help with this.



Patient Stories

Patient Stories are collected and presented to the Quality and Safety Committee and the Trust Board at the beginning of each meeting. Patient Stories are also being shared at the Senior Nurses Forum. Patients are invited to attend in person to share their experience.

The Trust is also part of a NHS England Carers National Pilot Project in partnership with Staffordshire University to collect Carers stories and narratives from patients with dementia.

Patients Comments made on NHS Choices

From April 16– Sept 2016, there were 9 comments posted on the NHS Choices website. 7 were compliments, and 3 negatives. The negatives were about; food, poor nursing care on Ludlow Ward, and receptionist attitude.

Inpatient Survey Results 2015

The RJAH scored amongst the best performing trusts nationally, in 10 of the 11 sections of the National Inpatient Survey 2015 following publications of results in June 2016. The RJAH had the top national score in the 'hospital and ward' and 'overall experience' sections. This is the 13th survey of adult inpatients involving 149 acute and specialist NHS Trusts. This year there were responses from more than 83,100 patients nationally and the response rate for RJAH was one of the highest with 794 responses (64%), as compared with 47% nationally.



Patient Complaints

Both complaints and PALS concerns have increased from 2015, Complaints by 11% and PALS by 15%. Since last year the Trust has received more complaints and PALS concerns about the quality of care provided with an increase of 14, 45%.

68% of the complaints were to do with the quality of care provided and 32% are related to operational issues. This is an increase from the same period in 2015, where only 44% of complaints were related to the quality of care provided; thus demonstrating the complaints are becoming more complex and spanning multiple departments which require a longer and more detailed response. Although there has been an increase in complaints, none have been attributed to the protected characteristics of the Equality Act 2010. The table below shows the top 6 categories for patient feedback by complaint category for April 2016 – September 2016 and the same period in 2015.

	April 16 -Sept 16		April 15 -Sept 15		Difference	
	Complaint	PALS	Complaint	PALS	Complaint	PALS
Some aspects of treatment	15	30	7	24	8	6
Communication /Info to patients	14	25	10	17	4	8
Attitude of staff	11	21	8	12	3	9
Outpatients Appts delay/canc	2	91	6	93	-4	-2
Admissions, dis and tr arrangements	2	6	4	4	-2	2
Inpatients Appts, delay/canc	2	42	4	47	-2	-5

Learning from Patient Feedback/Changes in Practice or Service Improvement

Action plans are produced from each complaint and PALS concern, and learning outcomes are shared to enable the Trust to learn from all feedback where possible. An example of service improvements or good complaint handling is shared at the Patient Experience and Communications group to promote shared learning across the Trust. In 2016, there have been 21 improvements following a complaint, 12 from PALS concerns and 13 from comments cards.



Goal 3: A representative and supported workforce

Objective: To consult, agree and embed Collective Leadership across the Trust

Equality profiles of staff

Appendix 1 details the workforce profile from the Trust's Electronic Staff Record (ESR) for December 2016 as at 31st December 2016.

WRES 2016

There are nine WRES indicators which are used to highlight any differences between the experiences of White staff and Black and Minority Ethnic staff in the NHS. Four of the indicators focus on workforce data, four are based on data from the national NHS staff Survey questions, and one indicator focuses upon BME representation on Boards.

Workforce Race Equality Standard
REPORTING TEMPLATE
Template for completion

Name of provider organisation: Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Date of report, month/year: June 2016
Name and title of Board lead for the Workforce Race Equality Standard: Ruth Tyrrell, Associate Director of Human Resources
Name and contact details of lead manager completing this report: Jo Bayliss, Training Manager
Name of commissioner this report has been sent to: Shepphale Clinical Commissioning Group
Name and contact details of co-ordinating commissioner this report has been sent to: Erica Crisp, CIO Shepphale Clinical Commissioning Group, erica.crisp@nhs.net
Unique URL link on which this report will be found (to be added after submission): http://redmsdoc/CorporateDocuments/Equality/Workforce%20Race%20Quality%20Standard%20WRES%20Annual%20Update%2016_Work
This report has been signed off by on behalf of the Board on (insert name and date): Ruth Tyrrell, Associate Director of Human Resources
Publications Gateway Reference Number: 03456

The information collated for this year's report shows little change in the make-up of the Trust's workforce, however overall, there was an improvement in the Trusts' metrics for BME staff in 2015. The 2016 WRES is published on the Trust website and the completion of the accompanying action plan is included as an objective for 2017.

Finally, it is worth noting that the WRES is now included in the 2016/17 standard contract for NHS Provider organisations and it also features in the CCG Assessment and Improvement Framework.

Staff Survey Results

The annual national Staff Survey 2015 questionnaires were sent out to all substantially employed staff across the Trust and 608 staff responded – a response rate of 47%

2015 National NHS staff survey

Results from The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

The staff survey included two Key Findings specially relating to Equality and Diversity; the percentage of staff experiencing discrimination at work in the last 12 months (from patients, service users, managers and colleagues) and the percentage believing the organisation provides equal opportunities for career progression/promotion. (see Appendix 2, page 23)

The survey results also show that the Trust score for 2015 had improved for the percentage of staff experiencing discrimination at work in the last 12 months (7%), compared with the 2014 results (9%) and the 2015 score was below the national average for acute specialist Trusts of 8% providing the Trust with a better than average rating.

For the percentage of staff believing the Trust provides equal opportunities for career progression / promotion, the Trust's percentage was 90%. This score is above the national average of 88% for acute specialist Trusts. However, for the Trust, this key finding has deteriorated since the 2014 survey.

The Workforce Race Equality Standard (WRES) for 2015 and 2016 enables the Trust to consider a comparison between White and BME staff who believe that the organisation provides equal opportunities for career progression or promotion. The WRES results show that there has been a decrease in the % of white staff believing that trust provides equal opportunities for career progression or promotion since the

2015 WRES from 94% to 91%. The percentage figures for BME groups are however unavailable, as in order to preserve the anonymity of individual staff, a score is replaced with a dash if the demographic group in question contributed fewer than 11 responses to that score, which was the case for BME staff. Being mindful of the data, the Trust will continue to monitor Recruitment & Selection processes for equity and consistency.

The 2015 staff survey also showed that the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months had not changed (21%) and remained on a par with the National 2015 average for specialist acute trusts (21%).

Most importantly and of concern however is the percentage of staff experience experiencing harassment, bullying or abuse from staff in the last 12 months abuse. Although the percentage was the same as the National 2015 average score for specialist acute trusts at 23%, this percentage was actually an increase in the percentage for the Trust from the 2014 survey result.

Further analysis of this data shows that this response was spread across all staff occupational groups, all the different directorates and work groups and other demographic groups. (e.g. full time/ part time, gender, age, disability and ethnicity).

The staff survey results have therefore influenced the introduction of initiatives to enhance staff engagement and address key staff concerns for example, the introduction of the Health Hero Award, the reintroduction of the Annual Staff Award ceremony and the Rebuilding Relationships programme.



Health Hero Award

In May 2016, the Trust introduced the Health Hero award which is all about celebrating our staff and the commitment they show in delivering outstanding patient care. Since its launch, the CEO has presented six individual staff with the award, while two teams have also been recognised with special Chairman and Chief Executive's Commendations.

Winners have come from across the Trust, with a nurse, a healthcare assistant, a doctor, a maintenance assistant, a physiotherapy support worker, a pharmacist and a departmental receptionist among those to be recognised so far.

Goal 4: Inclusive leadership

Objective: (In addition to objective 3 above) Ensure all papers that go before the Board and other major committees include an Equality Impact Assessment and action plan to manage any identified risks / issues.

As from April 2016, a process was implemented to ensure that all policies and strategies submitted to the Board for approval include an EQIA and supporting action plan. As at 31st December 2016, 71% of policies and strategies had an EQIA in place and published in the Trusts Document Centre.

The Big Conversation, the RJAH Barometer Group and Rebuilding Relationships Programme



Caring for Patients



Caring for Staff



Caring for Finances

The Trust commenced the Rebuilding Relationships programme which is about making RJAH the outstanding place to work that we all want it to be. It is broken down into three key strands:

1. Rebuilding Relationships – conversation; we'll listen to staff and talk to staff
2. Developing Enabling Leaders – we'll equip all our leaders with the skills to enable staff to perform
3. Building Enabling Infrastructure – we'll change our processes and structures to enable staff to perform

The Programme started with “The Big Conversation” which was all about giving staff a voice and hearing what they have to say. In the days before The Big Conversation, briefings were held to staff to explain what the day would be all about and to encourage them to start thinking about what they want to say. The day itself saw a full day of engagement, with the Board of Directors and members of the staff Barometer Group going out to talk to 94 departments across the Trust then feeding back on what they heard.

Barometer Group

The RJAH Barometer Group is made up of staff from across the organisation and has been formed as part of work to improve and develop the culture of the organisation.

The role of the Barometer Group is to give us regular readings (feedback) of how well our rebuilding relationships programme is working, so that we can continuously update the programme's plan.

Work has commenced to respond to the feedback received. In general, the issues highlighted could be grouped into one of three key areas:

1. Problems with systems and processes
2. Issues that can be resolved at a departmental or individual level
3. Issues that need an organisational approach

The next stage on the programme commenced in December 2016 with the most senior leaders in the organisation – both clinical and non-clinical – being invited to take part in a Leadership Development Programme.

Releasing Potential Programme

This new Leadership Programme was introduced in September of 2016 providing 16 managers with the opportunity to improve services and patient care or how to manage teams and individuals better.

The programme has been designed to enable these managers to develop the necessary confidence-building knowledge and skills they need to perform in their leadership roles with the results being a series of projects delivered over the course of 2017. The evaluation of the programme to date is extremely positive and the planned projects aim to deliver improvements to both service delivery and working practices for staff.

Introduction to Leadership Programme

In 2016, the Trust launched the Introduction to Leadership programme to support staff in, or aspiring to, a supervisory/leadership role, for Bands 4 and above. 37 staff have taken the opportunity to join this course, with 18 completing by December 2016.

The aims of the programme are to enable participants to develop some insights and self-awareness about their existing skills and competencies, be supported to identify where there may be gaps and be provided with tools and techniques which can be used to develop themselves as a leader now and in the future.

Following completion of the course, delegates are now being offered the opportunity to work towards completing a Higher Level Apprenticeship in Management (Level 4).

Objectives for 2017

Equality and Diversity at the Trust is currently led by the Equality and Diversity Steering Group which meets quarterly. This membership and terms of reference for this group will be revised in 2017 following organisational changes and a new Executive/Board structure.

In 2016, the Equality Steering Group and Patient Panel analysed and graded the Trusts performance against the EDS2 2016 objectives. Following the assessment and using key priorities from a range of sources including the WRES, the National Staff Survey results and the EDS2 self-assessment, the groups have proposed that the Trust continue building upon existing work being undertaken to achieve the four goals of the EDS2 and also identified new areas of focus for 2017. It has also agreed that the objectives should be underpinned by deliverable action plans and be supported by the senior leadership of the Trust.

These recommendations have produced the Equality and Diversity objectives for 2017 and these will be presented for agreement by the Board in early 2017. Once approved, the Equality and Diversity objectives for 2017 will be published on the Trust's public website.

The Equality and Diversity objectives for 2017 are as follows:

	<p>Goal 1: Better Health outcomes</p> <ol style="list-style-type: none">1. The Trust will seek to continue to address the discharge arrangements for patients with complex needs to be safely discharged in a more timely way. <p>This will be measured by an improvement in the Trust delayed</p>
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Caring for Patients

discharges.

Goal 2: Improved patient access and experience

2. The Trust will also continue to extend Dementia Friendly / cognitive impaired services and environment across the whole Trust, building on good practice within Sheldon Ward.

This will be measured by the results of the service evaluation which is due to be undertaken in 2016/17 which will establish how dementia friendly environment is developing, and its effectiveness in improving the patient experience.

3. Implement the requirements of the Accessible Information Standard

The Trust will also use patience experience survey results to monitor improved patient access and experience.



Caring for Staff

Goal 3: A represented and supported workforce

1. To work in partnership with staff, staff side organisations and staff governors to ensure all staff are free from abuse, harassment, bullying and violence.

This will be measured by seeing improvements in the staff survey results and the WRES Report and findings from the Big Conversation and Barometer Group.

2. It has been acknowledged that the existing on-line Equality and Diversity training needs to be refreshed and updated. Therefore a new externally provided E&D and inclusion workshop will be delivered from April 2017 to meet the statutory requirements of the Equality Act.

The impact of this training will be measured by an improvement in compliance rates for this training, feedback from delegates and from staff and patient feedback provided in the annual Staff and Patient surveys.

3. To complete and the 2016 WRES action plan.

This will be measured by the results of the 2017 WRES.

	<p>Goal 4: Inclusive Leadership</p> <ol style="list-style-type: none"> 1. The evaluation of the leadership programmes will be used to support delivering leadership programmes in 2017 onwards. <p>Success in achieving this goal will be measured by the provision of leadership and management training programmes in 2017-18 which support achieving the Trust objectives and the Trust Talent Strategy.</p> <ol style="list-style-type: none"> 2. To ensure all papers that go before the Board and other major committees include Equality Impact Assessment and action plans to manage any identified risks. <p>This goal will be measured with an increase in the number of policies and strategies being submitted to the Board for approval which include an EQIA and supporting action plan.</p>
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Achieving these objectives will support the Trust to further work towards eliminating discrimination and reducing inequalities in care so that the services we provide are fair and meet the needs of everyone, whatever their background or circumstances.

Conclusion

As described in the introduction, this report has highlighted some successes, the Trust's performance in regulatory areas and our plans for continuing to promote a culture of inclusion.

Whilst progress is encouraging, there is more work to be completed in order to further identify health inequalities for patients and inequalities for staff, and to embed and 'mainstream' equality, diversity and inclusion within the Trust's core activities.

We are confident that the work towards achievement of the revised strategic E&D objectives underpinned by the WRES Action Plan will enable the Trust to ensure it continues to improve patient care and experience and to work towards a more inclusive and supported working environment for all its staff. However, we also recognise that the key to successfully achieving these objectives is directly aligned with the need for the wider involvement in EDS2 by Trust managers and staff who can ensure equality, diversity and inclusion is embedded in everyday practice.

The E&D objectives identified through 2016 EDS2 grading panels will provide a programme of work for 2016/17 and beyond and these objectives will be overseen by the E&D steering group.

Appendix 1

Equality and Diversity Workforce Monitoring Data 2016

Age

Age Range	Staff in Post 31-Dec-2016	% Headcount	Starters	Leavers	Training Attendance	Appraisal Completed	Discipline	Grievance
19 and below	11	0.79%	10	2	2	2	0	0
20 - 29 Years	213	15.27%	52	26	118	120	2	0
30 - 39 Years	280	20.07%	44	43	187	179	0	0
40 - 49 Years	397	28.46%	39	28	316	323	1	0
50 - 59 Years	379	27.17%	29	34	323	318	2	1
60 and above	115	8.24%	4	24	95	91	0	0
	1395		178	157	1041	1033	5	1

Gender

Gender	Staff in Post 31-Dec-2016	% Headcount	Starters	Leavers	Training Attendance	Appraisal Completed	Discipline	Grievance
Female	1073	76.92%	133	114	813	793	3	1
Male	322	23.08%	45	43	228	240	2	0
	1395		178	157	1041	1033	5	1

Part-time / full time

Part Time/Full Time	Full Time	Part Time	Total
Female	480	593	1073
Male	265	57	322
	745	650	1395

Ethnicity

Ethnicity	Staff in Post 31-Dec-2016	% Headcount	Starters	Leavers	Training Attendance	Appraisal Completed	Discipline	Grievance
Any Other Ethnic Group	8	0.57%	2	0	5	6	0	0
Asian or Asian British	36	2.58%	9	7	21	22	0	0
Black or Black British	8	0.57%	1	0	6	6	0	0
Chinese	1	0.07%	0	2	1	1	0	0
Mixed - Any mixed background	8	0.57%	2	1	1	3	0	0
Not stated	100	7.17%	15	11	72	73	0	0
White - British	1141	81.79%	141	118	858	849	5	1
White - Other	93	6.67%	8	18	77	73	0	0
	1395		178	157	1041	1033	5	1

Recruitment Activity

Staff Group	Number of Vacancies	Number of Applications received
Additional Clinical Services	44	1074
Additional Professional Scientific & Technical	20	82
Administrative & Clerical	112	1952
Allied Health Professionals	45	164
Estates & Ancillary	23	435
Healthcare Scientists	3	25
Medical & Dental	31	194
Nursing & Midwifery Registered	68	292
	346	4218

Gender of applicants	Number of Applications received
Male	1115
Female	3099
Undisclosed	4
	4218

Ethnicity	Number of Applications received
Any Other Ethnic Group	38
Asian or Asian British	273
Black or Black British	116
Chinese	5
Mixed - Any mixed background	83
Not stated	37
White - British	3466
White - Other	200
	4218

Appendix 2

National Staff Survey Results 2015

ADDITIONAL THEME: Equality and diversity

* KF20. % experiencing discrimination at work in last 12 mths

• No change

✓ Below (better than) average

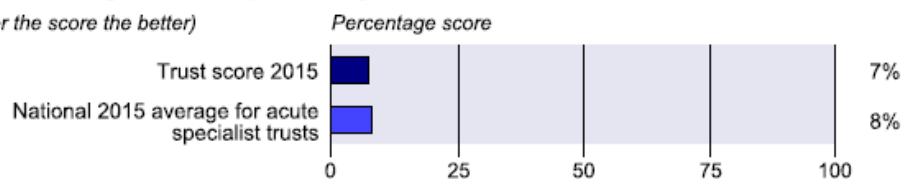
KF21. % believing the organisation provides equal opportunities for career progression / promotion

! Decrease (worse than 14)

✓ Above (better than) average

✓ KF20. Percentage of staff experiencing discrimination at work in last 12 months

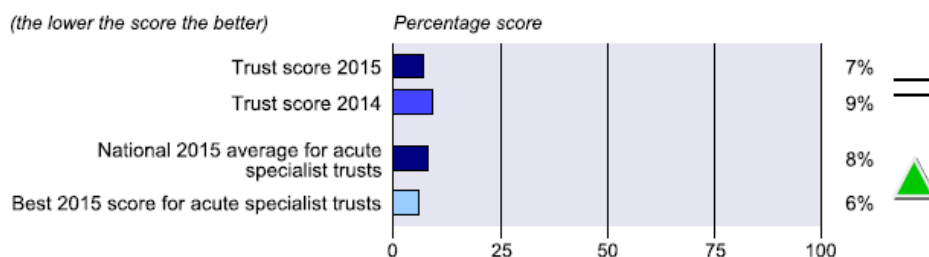
(the lower the score the better)



ADDITIONAL THEME: Equality and diversity

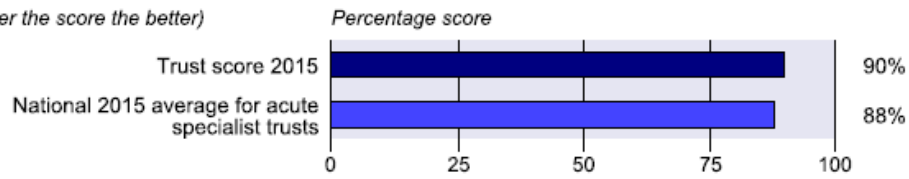
KEY FINDING 20. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



✓ **KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**

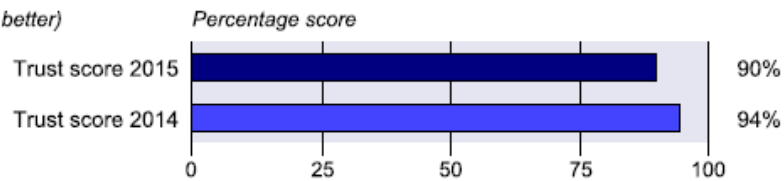
(the higher the score the better)



WHERE STAFF EXPERIENCE HAS DETERIORATED

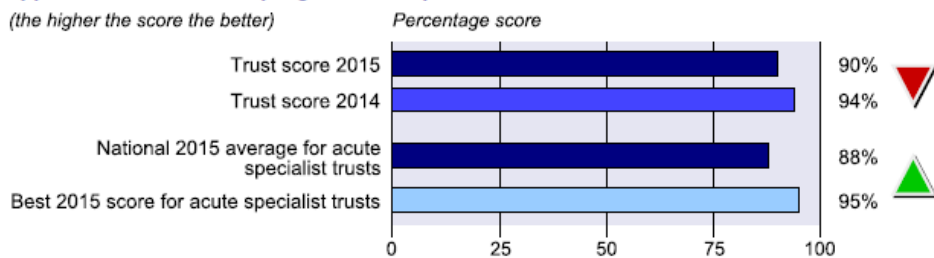
! **KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**

(the higher the score the better)



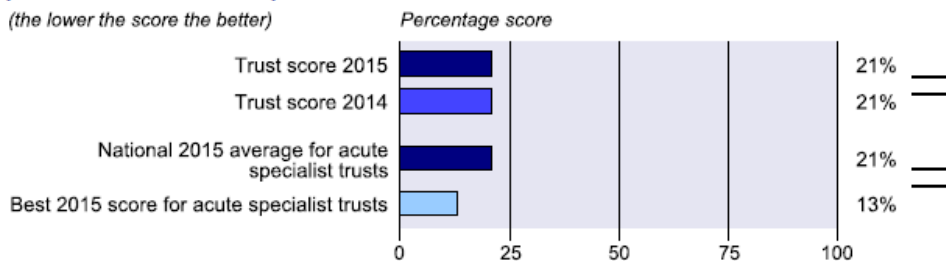
KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



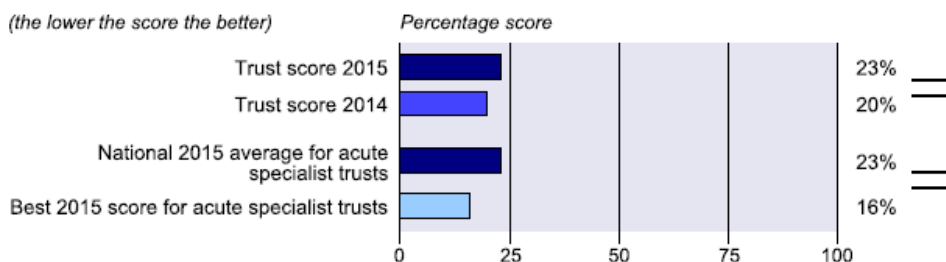
KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



2015 National NHS staff survey

Results from The Robert Jones and Agnes Hunt Orthopaedic
Hospital NHS Foundation Trust