The Robert Jones and Agnes Hunt
**Orthopaedic Hospital**
NHS Foundation Trust

**NHS**

# Equality and Diversity

## Update 2016



*Delivering Outstanding Patient Care*

# Equality and Diversity Annual Update 2016

## Foreword

Welcome to the third edition of the Equality and Diversity annual update for The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust.

The idea of fairness for all is at the heart of the NHS and to deliver truly high quality care, the relationship between service users and those caring for them must be based on an accurate and sensitive understanding of the context in which patients and service users live and work.
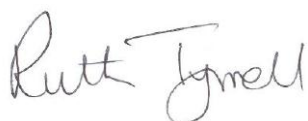
This annual report aims to inform both patients and staff, the public and Foundation Trust (FT) Members of the work being undertaken by the Trust to ensure that equality of outcomes and personalised services continue to be delivered by working with communities, recognising differences and tailoring our service provision rather than providing a 'one size fits all' approach.

To enable this to happen, the Trust continues to use the NHS Equality and Delivery System2 (known as the EDS2) which encourages the Trust to talk and listen to our patients, local community and staff to develop our services which we do through our foundation trust membership and elected governors.

Therefore, we would like to encourage members of the public to become Foundation Trust members, especially people from Black & Minority Ethnic groups. If you would like to join you can do so by:

- Clicking here to complete the Online Form on the website
  www.rjah.nhs.uk/members

- By telephone on: 01691 404394

- By email: FT@rjah.nhs.uk

Finally, I would like to thank everyone involved for all their hard work in this important area, and look forward to continued progress in 2016.

**Ruth Tyrrell,**
**Associate Director of Human Resources**

# Our aims and objectives in 2015-16

Building on our learning and actions to date, the Trusts Equality Steering Group, supported by the Trust's Board of Directors, identified four equality objectives to progress during 2015-16.

The objectives are again split across the four goals set out in the Equality Delivery System2 (EDS2) and are as follows:

**Better Health outcomes**
1. The Trust will seek to address the discharge arrangements for patients with complex needs to be safely discharged in a more timely way.

**Improved patient access and experience**
2. To extend Dementia Friendly services and environment across the whole Trust, building on good practice within Sheldon Ward.

**A represented and supported workforce**
3. To consult, agree and embed Collective Leadership across the Trust.

**Inclusive Leadership**
4. (In addition to objective 3 above) - Ensure all papers presented to the Board and other major committees include an Equality Impact Assessment and action plan to manage any identified risks / issues.

These objectives aim to 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.

# Goal 1: Better health outcomes



% Delayed Discharges Against Occupied Beds on last Thursday of Month
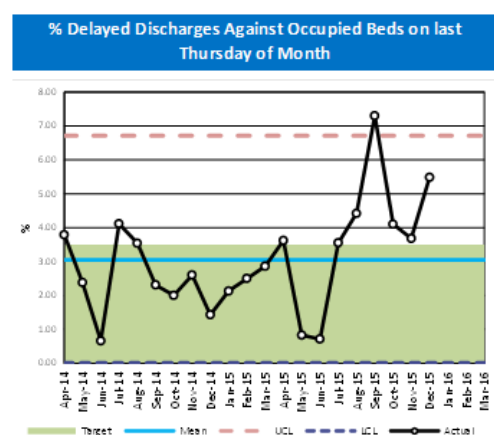
## Delayed discharge arrangements

The national delayed transfers of care metric requires Trusts to report how many patients were delayed on the last Thursday of the month in comparison with the number of occupied beds on that date. The target is 3.5%.

The top three main reasons for delayed discharges continue to be:
- awaiting the setup of a Care Package in own Home
- awaiting Care Home Placement - Nursing Home / Residential Home
- awaiting public funding

The Trust is actively addressing more timely discharge arrangements for all patients by ensuring that when a patient is admitted, checks and action are undertaken to ensure that

all necessary arrangements required on discharge are in place thus reducing the possibility of a delayed discharge, for example, by making sure that District Nurse visits are booked and appointments for wound dressings are booked.

All delayed discharges are reviewed on a daily basis by the ward manager, Matron and Divisional Manager and any blocks/issues are escalated to Director of Nursing to expedite the discharge with the relevant agency.

Delayed discharges for the majority of our patients are for those with complex needs who are reliant on external services providers / equipment to be in place prior to their medical discharge, and the trust teams, in particular the MCSI Resettlement Team have adopted more proactive processes with these agencies to facilitate more timely discharges for these patients.

The Trust Board and Equality and Diversity Steering group will therefore continue to monitor and review discharge data and support any opportunities that arise to improve such arrangements.

# Goal 2: Improved patient access and experience

## Dementia Friendly services and environment
Work continues to enhance Trust services for patients with dementia. To improve professional awareness and understanding of dementia, Dementia awareness training is provided for all clinical staff by Staffordshire University and Dementia Friends training is being delivered to all non-clinical staff and hospital volunteers.

To meet the national CQUIN target of ensuring good-quality early diagnosis and intervention for all patients is being met, the Trust has implemented the Dementia Screening Tool for 90% patients aged 75+ as emergency/transfers and also has rolled out Dementia screening into pre-operative assessment  for all patients over the age of 75yrs.

The Trust has also developed a Carers Passport, leaflet and care plans which have been reviewed internally to ensure they include relevant patient information relating to their dementia.  Additionally, to further support access to care, support and advice following diagnosis, a Dementia Champion has been established on all wards.

In 2015, the Trust also completed a Dementia friendly environment (Kings Fund) audit across wards and established a project group working with estates to improve the patient environment i.e. flooring, décor of toilets and bathrooms.

Finally, to improve the quality of care for people with dementia, regular audits through STAR (Sustaining Quality though Assessment & Review) performance framework of wards is undertaken quarterly to ensure compliance with the quality and safety standards linking into CQC, NHSLA, KPIs, Dementia Strategy, NICE Guidelines.

## Patient comments and feedback

The Trust continues to collate equality information relating to the protected characteristics about patients via the Patient Advice and Liaison Service (PALS), patient comment cards and the net promoter of "Friends and Family question ".
Overall, 98.7% of patients on wards have rated the Trust as excellent or good.
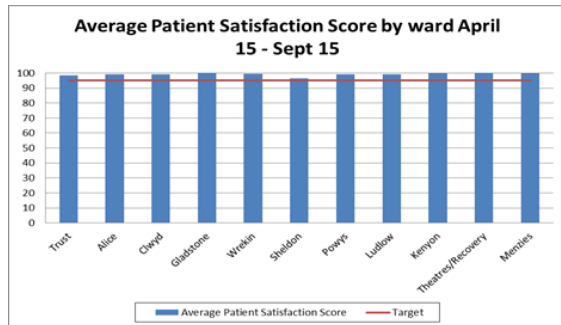


The Trust receives 707 comment cards on average per month, which is a significant rise of 88% increase from 2014. Receiving feedback from patient comment cards has been promoted as a way in which the Trust is able to collate information about our services to best meet their needs.

The Trust receives an average of 28 negative written comments or suggestions per month. The information received is shared with managers for action and a written reply is provided to patients if requested.

The total number of complaints is very low when compared to the Trust's total activity (0.05%). The Trust received on average 7.5 complaints per month in the first two quarters of 2015/16. In comparison, between April 2015-Sept 2015 with April 2014-Sept 2014 the numbers of complaints has increased by 2 (4.7%), however it is to be noted that Trust activity has also increased by 9%.

A report of the patient feedback data is presented to the Equality Steering Group meetings and the comparison data shows that feedback from patients for 2015 remains extremely positive and is consistent with the data from 2013 and 2014. The group remain satisfied that there are no adverse concerns regarding patient access and experiences and that there continue to be no anomalies or prevalent trends which exist between protected characteristics or from patients from disadvantaged groups.



## Patient Experience Feedback iPad Project

The Trust has been gathering real-time information relating to patient experience and care delivery as part of the Quality Improvement Strategy to improve Hospital services.

The Patient Advice and Liaison Service (PALS) staff and Patient Panel volunteers have interviewed 337 patients[1] asking questions about their patient experience on the wards on the day of discharge.

The questions were devised by the Senior Nurses' Forum and the Patient Panel covering areas such as:
- menu choices
- feeling well cared for
- noise disturbances at night
- being involved and informed about their care
- time taken for call bells to be answered
- frequency of seeing a doctor

Results show positive increase in overall scores across all questions compared to the same period in 2014.  This data also is fed into the Trust's  Board of Directors reports and shared at Senior Nurses forum.

As noise was the lowest score, the Trust is looking at a joint campaign to promote a "Quiet Night, Sleep Tight" week across Shropshire Local Health Economy across CCGs and Trust's where ear plugs and eye masks are handed to patients upon request.

## NHS Friends & Family Test

The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. On discharge, patients are asked to answer the following question: "How likely are you to recommend our ward to friends and family if they needed similar care or treatment?"  They are invited to respond to the question by choosing one of six options, ranging from "extremely likely" to "extremely unlikely".

The Trust also collects FFT data monthly via the Trust current comment cards and electronically using volunteers to collect the data in real time using iPad and the Trust website technology.

**Inpatients**

The RJAH FFT results for April 2015 – September 2015 for inpatients based on an average response rate of 30% of inpatients were:

Responses from patients have been extremely positive. The Trust's average monthly was 99% of inpatients who would recommend the Trust to friends and family.

| Promoters - Extremely Likely | Passive - Likely | Detractors - Not at All | Detractors - Neither Likely nor Unlikely | Detractors - Unlikely | Don't Know |
|---|---|---|---|---|---|
| 3450 | 277 | 3 | 17 | 10 | 5 |

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[1] (*data for period 1st April 2015 – 30th September 2015*)

This rating is higher than the average score of all NHS Trusts in England which was 95%. This is an increase of 0.5 % from 2014.
The RJAH achieved either the first or second score out of 154 NHS Trusts in England each month, making us one of the top performing NHS Trusts in the country.

**Outpatients**
The RJAH FFT results for April 2015 – September 2015, for outpatients were:

| Promoters - Extremely Likely | Passive - Likely | Detractors - Not at All | Detractors - Neither Likely nor Unlikely | Detractors - Unlikely | Don't Know |
|---|---|---|---|---|---|
| 1196 | 144 | 0 | 6 | 7 | 4 |

The Trust's average monthly score was 98.7% of outpatients who would recommend the Trust to friends and family.

**Patient Panel**
The Trust also receives feedback about our services through our Patient Panel, which meets every three months with members made up from previous and current patients, the Welsh Community Health Council, Healthwatch, FT Governor, League of Friends, Oswestry Rheumatology Association, British Red Cross and Shropshire Patients Voices Group.

Highlights from the Patient Panel in 2015 were allocating members to wards and departments, with patient panel members visiting their allocated wards between panel meetings.  Panel members have been involved in a vast array of activities including attending meetings as the patient representative or involvement in specific projects such as input into the new Theatre Build.

Patient Panel representatives also attend many meetings such as the Nutrition Steering Group, Clinical Effectiveness Committee, Clinical Audit Committee, Dementia Task and Finish Group and more recently the Medicines Management Committee.

Members also have had an input into the following projects; PLACE audits, Nutrition audits, Outpatient improvement plan, New Tumour/Theatre build, Joint school, Sit and See observations, Facilities Survey, Reviewing patient information leaflets and posters and the Sign up to Safety  campaign.

# Goal 3: A representative and supported workforce

## Collective Leadership
In 2015, the Trust took the view that the most appropriate way to support the development of a representative and supported workforce was by appropriately strengthening Leadership within the organisation, ensuring that Equality and Diversity was integral to wider plans to address feedback regarding culture and leadership within the Trust.

Following full engagement and consultation with staff, a new Leadership Strategy was agreed by the Board of Directors in April 2015.  The Trust has adopted the Collective Leadership Model

| Board Level Engagement | Staff Side & Management Engagement | Whole organisation Engagement |
|---|---|---|
| Initial presentation to the Board 30th October 2014 | Board Final Approval 30th April 2015 | Presentation & discussion with Joint Consultative Group 3rd November 2014 |

as advocated by the Kings Fund and the Centre for Creative Leadership. Collective leadership is not a new concept. It is defined as 'everyone taking responsibly for the success of the organisation as a whole – not just for their own jobs or work area'. Collective leadership is characterised by the extent to which formal and informal leaders work collectively in support of the organisations goals and in embodying the values. It incorporates the concept of followership; everyone supporting each other, including leaders, to deliver outstanding patient care, and everyone taking responsibility for the success of the organisation as a whole.

## Leadership Charter

In order to change the behaviours of our existing leaders, promote confidence across the wider organisation in the new leadership approach, and develop leaders for the future the Trust has developed and adopted a Leadership Charter – Leading Through our Values which clarifies the behaviour and holds people accountable for implementing and practising the Trust Values.

| RJAH Leadership Charter 'Leading Through Our Values' | |
|---|---|
| **Friendly** | Listen to colleagues |
| | Encourage everyone to contribute at work |
| | Avoid domination & control |
| **Professional** | Encourage others to act & lead, with accountability |
| | Deal with poor behaviour and performance of others |
| | Work collaboratively with colleagues & across organisational boundaries |
| **Caring** | Recognise & appreciate the work of others |
| | Give time to support, develop & coach others |
| | Put the patient before yourself |
| **Excellence** | Share with & involve others in the vision of the Trust |
| | Promote innovation & improvement |
| | Enable debate & creativity |
| **Respect** | Be honest in your communication with colleagues |
| | Allow different views & perspectives to be heard |

The Trust Values support the need for all staff to be respectful, friendly, caring, professional and demonstrate excellence in all that they do and directly underpin the need to promote equality of opportunity for all.  The Trust believes that everyone has the right to be treated with fairness, dignity and respect, everyone is different, and everyone has strengths and weaknesses.  The Trust considers that harnessing this diversity will directly contribute to developing and sustaining a workforce that is fit for purpose and successful in the delivery of health care.

The Leadership Charter is now included in the Trust Recruitment and Selection and Appraisal processes.

# Goal 4: Inclusive leadership

## Equality Impact Assessments
In addition to Goal 3, inclusive leadership is being progressed by ensuring consideration is being given to equality and diversity at board level and beyond by ensuring that all papers that go before the Board of Directors and other major committees include a completed Equality Impact Assessment (EQIAs) and action plan to manage any identified risks or issues is currently being progressed as part of the governance arrangements for the Board of Directors.

In accordance to legislation, the Trust requires all policies which may have an impact on persons with a protected characteristic to have an EQIA completed.  The E&D Steering Group regularly receives a report to monitor compliance against this requirement, *viz.* EQIA's are undertaken for all new relevant policies and when a relevant policy is due for renewal/review.   At the end of December 2015, 76.97% of policies were compliant.

## Workforce Race Equality Standard (WRES)
In addition to the above objectives, from 1 April 2015 the Trust were required to demonstrate through a nine point Workforce Race Equality Standard (WRES) metric how they are addressing race equality issues in a range of staffing areas.  The WRES is intended to be used to demonstrate progress against workforce equality indicators, including a specific indicator which aims to address the low levels of black and minority ethnic (BME) board representation.

The WRES Standard and the EDS2 have been included in the 2015/16 Standard NHS Contract and NHS regulators e.g. the Care Quality Commission (CQC), National Trust Development Agency (NDTA) and Monitor, will use both standards to help assess whether NHS organisations are well-led.

The requirements for the first year of the WRES were for organisations to:

- complete the WRES Report template with the most recent and up-to-date WRES information.

- publish the WRES Summary Report on the Trust website, so that it has a unique URL web address

- send that URL web address to NHS England so that the Trust's WRES Summary Report could be linked to, and feature on, the national WRES Dashboard

- update their published WRES Summary Report as appropriate – at least annually - keeping the original URL web address for purpose of consistency.

The Trust successfully completed these requirements by July 2015 and has committed to undertaking the WRES and developing an appropriate action plan on an annual basis.

## Objectives for 2016

No additional or further objectives have been agreed for 2016.  It is planned that the Trust *EDS2* will be reviewed in October 2016 and objectives for 2017 onwards will be proposed to the Board thereafter.  All new Equality and Diversity objectives will include and be aligned to the actions required for the WRES.

# Equality and Diversity Workforce Monitoring Data 2015

## Age

| Age Range | Staff in Post 31-Dec-2015 | % Headcount | Starters | Leavers | Training Attendance | Appraisal Completed | Discipline | Grievance |
|---|---|---|---|---|---|---|---|---|
| 19 and below | 12 | 0.89% | 8 | 1 | 3 | 3 | 0 | 0 |
| 20 - 29 Years | 190 | 14.13% | 43 | 19 | 110 | 118 | 0 | 0 |
| 30 - 39 Years | 290 | 21.56% | 49 | 36 | 178 | 184 | 1 | 0 |
| 40 - 49 Years | 378 | 28.10% | 26 | 28 | 272 | 311 | 1 | 3 |
| 50 - 59 Years | 373 | 27.73% | 24 | 31 | 258 | 304 | 0 | 0 |
| 60 and above | 102 | 7.58% | 3 | 21 | 66 | 82 | 0 | 0 |
| | 1345 | | 153 | 136 | 887 | 1002 | 2 | 3 |

## Gender

| Gender | Staff in Post 31-Dec-2015 | % Headcount | Starters | Leavers | Training Attendance | Appraisal Completed | Discipline | Grievance |
|---|---|---|---|---|---|---|---|---|
| Female | 1032 | 76.73% | 110 | 95 | 713 | 775 | 2 | 2 |
| Male | 313 | 23.27% | 43 | 41 | 174 | 227 | 0 | 1 |
| | 1345 | | 153 | 136 | 887 | 1002 | 2 | 3 |

## Part-time / full time

| Part Time/Full Time | Full Time | Part Time | Total |
|---|---|---|---|
| Female | 442 | 590 | 1032 |
| Male | 262 | 51 | 313 |
| | 704 | 641 | 1345 |

## Ethnicity

| Ethnicity | Staff in Post 31-Dec-2015 | % Headcount | Starters | Leavers | Training Attendance | Appraisal Completed | Discipline | Grievance |
|---|---|---|---|---|---|---|---|---|
| Any Other Ethnic Group | 7 | 0.52% | 1 | 0 | 2 | 5 | 0 | 0 |
| Asian or Asian British | 32 | 2.38% | 6 | 8 | 11 | 20 | 0 | 0 |
| Black or Black British | 7 | 0.52% | 3 | 2 | 4 | 5 | 0 | 0 |
| Chinese | 3 | 0.22% | 3 | 1 | 0 | 1 | 0 | 0 |
| Mixed - Any mixed background | 6 | 0.45% | 2 | 0 | 1 | 4 | 0 | 0 |
| Not stated | 95 | 7.06% | 5 | 12 | 61 | 73 | 0 | 0 |
| White - British | 1092 | 81.19% | 126 | 104 | 741 | 812 | 2 | 3 |
| White - Other | 103 | 7.66% | 7 | 9 | 67 | 82 | 0 | 0 |
| | 1345 | | 153 | 136 | 887 | 1002 | 2 | 3 |

## Recruitment Activity

| Staff Group | Number of Vacancies | Number of Applications received |
|---|---|---|
| Additional Clinical Services | 37 | 746 |
| Additional Professional Scientific & Technical | 9 | 64 |
| Administrative & Clerical | 70 | 1326 |
| Allied Health Professionals | 47 | 192 |
| Estates & Ancillary | 13 | 199 |
| Medical & Dental | 29 | 159 |
| Nursing & Midwifery Registered | 75 | 306 |
| | 280 | 2992 |

| Gender of applicants | Number of Applications received |
|---|---|
| Male | 848 |
| Female | 2141 |
| Undisclosed | 3 |
| | 2992 |

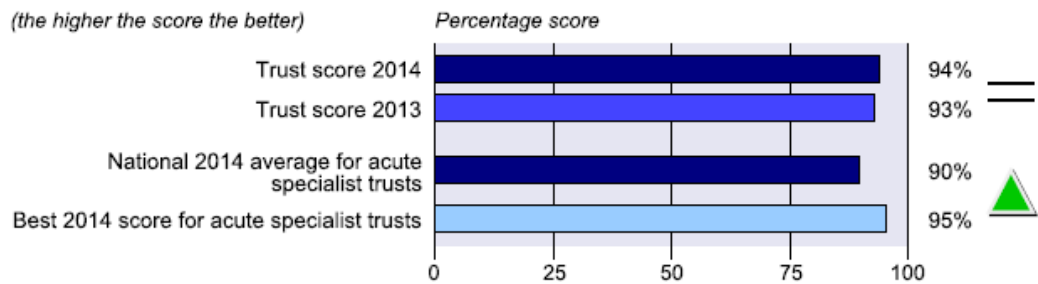| Ethnicity | Number of Applications received |
|---|---|
| Any Other Ethnic Group | 27 |
| Asian or Asian British | 254 |
| Black or Black British | 72 |
| Chinese | 5 |
| Mixed - Any mixed background | 39 |
| Not stated | 47 |
| White - British | 2330 |
| White - Other | 218 |
| | 2992 |

# National Staff Survey Results 2014

## ADDITIONAL THEME: Equality and diversity

### KEY FINDING 26. Percentage of staff having equality and diversity training in last 12 months

*(the higher the score the better)*          Percentage score

| | |
|---|---|
| Trust score 2014 | 74% ▼ |
| Trust score 2013 | 85% |
| National 2014 average for acute specialist trusts | 68% ▲ |
| Best 2014 score for acute specialist trusts | 75% |
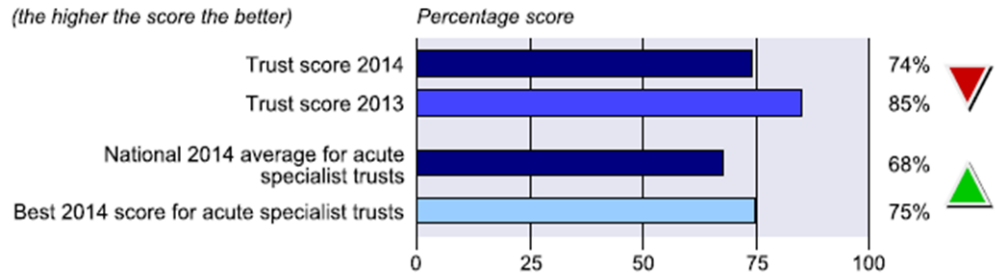


### KEY FINDING 27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

*(the higher the score the better)*          Percentage score

| | |
|---|---|
| Trust score 2014 | 94% — |
| Trust score 2013 | 93% |
| National 2014 average for acute specialist trusts | 90% ▲ |
| Best 2014 score for acute specialist trusts | 95% |



### KEY FINDING 28. Percentage of staff experiencing discrimination at work in last 12 months

*(the lower the score the better)*          Percentage score

| | |
|---|---|
| Trust score 2014 | 8% — |
| Trust score 2013 | 5% |
| National 2014 average for acute specialist trusts | 9% — |
| Best 2014 score for acute specialist trusts | 4% |