



equality  
diversity  
inclusion



The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

# Public Sector Equality Duty (PSED) Equality, Diversity, and Inclusion Annual Report

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS  
Foundation Trust

2023/24



## People Promise



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# Introduction

This report reflects the equality programme of work for staff and patients at, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, during this reporting period and how, as a Trust, we have considered and evidenced our Equality Act and Public Sector Equality Duty (PSED) responsibilities. We will continue to advance EDI through a range of initiatives, activities and collaborations, which this report will highlight.

The data covers the period 31<sup>st</sup> March 2023 to 30<sup>th</sup> March 2024. As part of the Trust's Public Sector Equality Duty (PSED), equality data for staff and patients must be made available to the public via the website, following review and sign off by Trust Board members.

The information is linked to the nine protected characteristics themes under the Equality Act 2010. These nine protected characteristics are:

- Age
- Gender
- Religious belief
- Ethnicity
- Disability
- Marital and Civil partnership
- Pregnancy and Maternity
- Sexual orientation
- Gender Reassignment

Any exceptions have been noted and this information will be included in the annual Equality and Diversity report.

## Primary Legislation

### Equality Act 2010 and it's Public Sector Equality Duty (PSED)

The Public Sector Equality Duty ([The Equality Act 2010 \(Specific Duties\) Regulations 2011 \(legislation.gov.uk\)](#)) came in to force in April 2011 (s.149 of the Equality Act 2010) and public authorities like the NHS are now required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 (Specific Duties) Regulations 2011 require the Trust to:

- Publish information to show compliance with the PSED, at least once a year.
- Produce Equality Objectives at least every four years.

## Human Rights Act 1998

The Human Rights Act 1998 sets out universal standards to make sure that an individual's basic needs as a human being are recognised and met. Public authorities have a mandated duty to ensure they have arrangements in place to comply with the Act. It is unlawful for a healthcare organisation to act in any way that is incompatible with the Act. In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy – known as the FREDA principles.

Read more about [The Human Rights Act | EHRC \(equalityhumanrights.com\)](https://equalityhumanrights.com).

## Associated Legislation

### Health and Social Care Act 2022

Statutory obligations on Organisations under the NHS Act 2006 (as amended by the Health and Care Act 2022)

Section 14Z35 of the 2006 Act (as added by section 25(2) of the 2022 Act) imposes the general inequality duty on an Organisation that it: must, in the exercise of its functions, have regard to the need to:

- Reduce inequalities between persons with respect to their ability to access health services.
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services (including the outcomes described in section 14Z34(3).

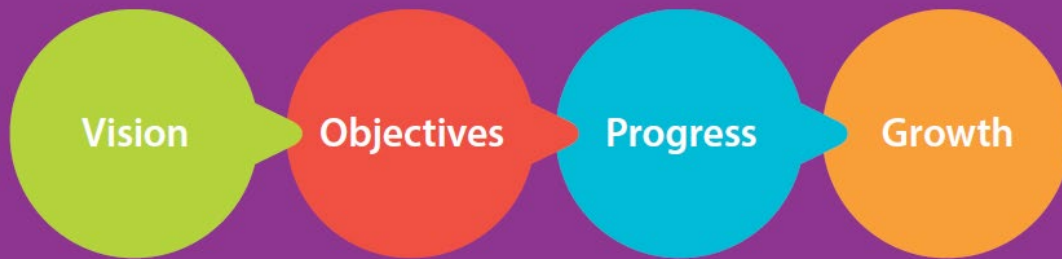
### Modern Slavery Act 2015

The Modern Slavery Act 2015 applies to all organisations in the United Kingdom with a turnover of £36 million or above. A key element of the Act is the 'Transparency in Supply Chains' provision, which requires businesses above a certain threshold to produce a 'Slavery and Human Trafficking Statement' outlining what steps they have

taken in their supply chain to ensure slavery and human trafficking is not taking place.

[Trust Response to the Requirements of the Modern Slavery Act 2015.docx \(rjah.nhs.uk\)](#).

## RJAH EDI Objectives 2022 – 2025



### Our Vision

“We hold the principles of equality and inclusion at the heart of everything we do and all that we stand for”

### Equality Objectives

We will achieve our ambition to be an inclusive organisation (in line with the NHS People Plan) through a clear set of strategic objectives and an action plan which will work across all areas of the Trust.

The objectives will build on us creating an exceptional inclusive environment at the RJAH which will continue to improve everyone’s experience.

#### Objectives to enable our Trust to;

- Tackle and remove all forms of discrimination in our workplace and for our patients
- Create an inclusive and healthy RJAH culture through our values
- Give the workforce a voice to speak up through Staff Network Groups
- Ensure all our leaders, managers and colleagues can role model in a compassionate and inclusive way
- Ensure the Equality and Diversity Action Plan delivers on the objectives and outcomes

### **Our progress and achievements so far**

- Received 52% response for our Staff Survey
- Published WRES, WDES, Workforce Report and Gender Pay Gap report
- Developed EDI mandatory training on e-learning modules
- Used feedback from staff induction to launch a development session in relation to LGBTQ+
- Held Staff listening events to help shape this strategy and a platform for staff to share experiences

### **How we can grow in this space**

- › Develop an RJAH EDI pledge
- › Develop communication channels for training offers and networking
- › Support the SAND project (Safe Ageing No Discrimination)
- › Commit to align resources of staff to support the inclusion objectives and actions
- › Create an EDI newsletter
- › Develop and grow Trust Staff Network Groups
- › Involvement in reverse mentoring
- › Review the EDI elements of our induction process & leadership programme
- › Board Development Sessions

## **EDS2 Domains**

As a Trust we will continue to work to the regulatory NHS measures as required. These are provided in summary below and we will review these against our action plan for the greatest effect on Inclusion at our Trust.

### **National NHS staff survey**

All Trusts are required to undertake the staff survey which is completed during October and November on an annual basis. Feedback can highlight and provide key issues and opportunities, across different teams but also in diverse groups. The staff survey information is used across the Trust in many different ways.

## **National NHS Frameworks**

The Trust is required to work under the Public Sector Equality Duty (PSED) of the Equality Act 2010. One of these requirements is for the Trust to share the content of this report with the public through our ROH website. This information includes:

Workforce Race Equality standards (WRES)

Workforce Disability Equality standards (WDES) standards

Gender Pay gap

EDS 2 framework

## **Meeting our public sector equality duty**

Under the Equality Act 2010 as a public body we have a general public sector equality duty to:

Eliminate unlawful discrimination

Promote equality of opportunity

Foster good relations between people with different backgrounds

## **Workforce Race**

### **Equality Standard (WRES)**

Since 2015, all NHS Trusts have been required to collect and publish data on their progress around delivering race equality for staff.

### **Workforce Disability Equality Standard (WDES)**

Since 2017, all NHS Trusts have similarly been required to collect and publish data on their progress around delivering equality for staff with disabilities and long-term health conditions.

## **Gender Pay Gap**

The mandatory gender pay gap analysis requires us to report workforce data across gender and pay bands and develop an action plan to address any gaps or over/under representation.

## **Equality Delivery System**

The Trust utilises the Equality Delivery System 2 as a performance improvement framework to deliver and monitor our progress against our statutory requirements. NHS providers are expected to use EDS2 to help them improve their equality performance for patients, communities and staff, as well as helping them to meet the Public Sector Equality Duty.

### **The EDS2 has four goals which are:**

- Better health outcomes
- Improved patient access and experience
- A representative and supportive workforce
- Inclusive leadership

## RJAH Objectives

In December 2023, the Board of Directors agreed a set of strategic objectives for the period to 31 March 2028. These are summarised below. In January 2024, the Board also agreed a revised risk appetite statement.

The Board Assurance Framework (BAF) – as the expression of risk to the delivery of the Trust’s strategic objectives and statutory obligations is continuously reviewed against the revised objectives, taking account of the updated risk appetite.

The Trust agreed the following strategic objectives:

RJAH Objective		
1	Deliver high quality clinical services	✓
2	Develop our Veterans service as a nationally recognised centre of excellence	✓
3	Integrate MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	✓

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system:

STW System Objective		
1	Improve outcomes in population health and healthcare	✓
2	Tackle inequalities in outcomes, experience and access	✓
3	Support broader social and economic development	✓
4	Enhance productivity and value for money	✓

## Statutory and Mandated Requirements

The following key reporting tools and mechanisms were used in an annual reporting period:

- NHS Accessible Information Standard
- NHS Equality Delivery System 2023
- Workforce Disability Equality Standard
- Workforce Diversity Profile Report
- Race Disparity Ratio
- RJAH Annual Equality Action Plan
- RJAH Equality Strategy and Objectives
- Gender Pay Gap
- Workforce Race Equality Standard
- PSED Equality Diversity and Inclusion Annual Report
- NHSE EDI Improvement Plan



Throughout this reporting period, we have published legal and mandated information about equality on our dedicated equality webpages and staff intranet pages. We will refresh these webpages and intranet pages as required and review them annually.

## **Commissioning and Procurement**

The Trust procures from a variety of sources and wherever possible it uses Nationally Agreed Framework Agreements. These Frameworks will have been subject to robust procurement processes, including the nationally agreed supplier selection questionnaire, which takes account things such as Modern Slavery, Equality, Diversity & Inclusion in terms of any legislative breaches which may result in the bidder being marked down or rejected. Social Value is also a mandatory requirement in Public Sector Procurement and specific questions will have been included in all Frameworks and can be tailored dependent upon the requirement, based on a set of nationally agreed themes. The Trusts largest contracts are for Orthopaedics which are procured under an NHS Supply Chain Framework.

In a wider context the Equality and Health Inequalities Impact Assessment applies more so to Healthcare Contracting agreements, where the Trust is procuring (or being commissioned) services, none have been required within this reporting period.

## **Equality Health Inequality Impact and Risk Assessments (EHIIRA)**

Equality and Health Inequalities Impact and Risk Assessments (EHIIRAs) are a well-established and embedded tool in the Trust. Using EHIIRAs helps ensure that services, policies and day-to-day functions are fair, accessible and inclusive. Through a process of questions and data analysis, EHIIRAs help to identify gaps and potential risks and highlight opportunities to improve staff and patient, access, experience and outcomes.

EHIIRAs are evidence-based tools, requiring stakeholder engagement. A Stakeholder is an individual or group that has an interest and a say in any decision or activity of an organisation and can include staff, patients, the public, support groups or business partners.

During this reporting period a total of 13 assessments were completed and approved, ranging from Human Resources and Organisational Development (HR/OD) policies to commissioning system-wide services.

## **Improving Patient Experience and Health Outcomes**

The NHSI Learning Disability Standards for NHS Trusts provide a benchmark against which all trusts can measure their performance in delivering services to people with learning disabilities and autistic people, which in turn drives quality

improvement. This is a three-pronged approach:

- Organisational level collection.
- Staff Survey.
- Service User Survey.

This provides a holistic view of the workforce, activity, service models and quality of services provided to people with learning disabilities and autistic people.

The four LD standards are:

- Respecting and protecting rights.
- Inclusion and engagement.
- Workforce.
- Specialist Learning Disability Services.

## Current Performance

### Standard 1 - Respecting and Protecting Rights

	<b>Improvement Measure</b>	<b>RJAH current practice</b>	
<b>1.</b>	Trusts must demonstrate they have made reasonable adjustments to care pathways to ensure people with learning disabilities, autism or both can access highly personalised care and achieve equality of outcomes.	<ul style="list-style-type: none"> <li>• Modified communication tools such as pain scores available</li> <li>• Hospital Passport in use</li> <li>• Double appointment slots offered in outpatient services</li> <li>• Carer's policy and passport to be relaunched</li> </ul>	
<b>2.</b>	Trusts must have mechanisms to identify and flag patients with learning disabilities, autism or both from the point of admission through to discharge; and where appropriate, share this information as people move through departments and between services	<ul style="list-style-type: none"> <li>• No trust wide flagging system available</li> <li>• Radiology have generic flags that can be used on CRIS</li> <li>• Pre-op generate manual pre-op alerts that flag admission of person with LD&amp;A to ward area and CSMs</li> <li>• SG team working with Apollo to create system</li> </ul>	

3.	Trusts must have processes to investigate the death of a person with learning disabilities, autism or both while using their services, and to learn lessons from the findings of these investigations.	<ul style="list-style-type: none"> <li>Learning from Deaths lead</li> <li>Mortality and morbidity group</li> </ul>	
4.	Trusts must demonstrate that they vigilantly monitor any restrictions or deprivations of liberty associated with the delivery of care and treatment to people with learning disabilities, autism or both.	<ul style="list-style-type: none"> <li>All DOLs reported on Datix</li> <li>Safeguarding team have created database to monitor and quality check referrals</li> </ul>	
5.	Trusts must have measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism or both.	<ul style="list-style-type: none"> <li>Care of Adults with a LD on admission to RJAH guidelines in place for staff to follow with key information (SOP032)</li> </ul>	

## Standard 2 - Inclusion and engagement

	Improvement Measure	RJAH current practice	
1.	Trusts must demonstrate processes that ensure they work and engage with people receiving care, their families and carers, as set out in the NHS Constitution.	<ul style="list-style-type: none"> <li>Signed up to NHS benchmarking project in 2023 that collects feedback from patients with LD&amp;A</li> <li>Aim to include service users on T&amp;F group once relaunched</li> </ul>	
2.	Trusts must demonstrate that their services are 'values-led'; for example, in service design/improvement, handling of complaints, investigations, training and development, and recruitment.	<ul style="list-style-type: none"> <li>RJAH core values in place for staff</li> <li>Complaints policy in place, PALs signpost to Healthwatch for Shropshire outpatients or will visit ward to facilitate complaints process for inpatients</li> <li>Oliver McGowen mandatory training rolled out November '23</li> <li>Values based recruitment</li> </ul>	

		<ul style="list-style-type: none"> <li>• EDI strategy and Staff networks launched</li> </ul>	
3.	Trusts must demonstrate that they co-design relevant services with people with learning disabilities, autism or both and their families and carers	<ul style="list-style-type: none"> <li>• Patients not currently involved in reviewing services/pathways</li> </ul>	
4.	Trusts must demonstrate that they learn from complaints, investigations and mortality reviews, and that they engage with and involve people, families and carers throughout these processes.	<ul style="list-style-type: none"> <li>• RCA process in place to identify lessons learnt from mortality reviews and investigations</li> <li>• Complaints policy encourages engagement with complainant</li> <li>• Limited trust wide learning from complaints and incidents at present</li> </ul>	
5.	Trusts must be able to demonstrate they empower people with learning disabilities, autism or both and their families and carers to exercise their rights.	<ul style="list-style-type: none"> <li>• Mechanisms in place for access to advocacy services (Healthwatch)</li> <li>• POL179 to be reviewed to incorporate Best Interest meetings</li> <li>• Not currently able to demonstrate that people's rights are explained to them in a meaningful way – Inpatient survey results to be reviewed '24</li> <li>• LD&amp;A patients may need improved visiting access for family – needs reviewing re: reasonable adjustments</li> </ul>	

### Standard 3 – Workforce

	Improvement Measure	RJAH current practice	
1.	Based on analysis of the needs of the local population, trusts must ensure staff have the specialist knowledge and skills to meet the unique needs of people with learning disabilities, autism or both who access and use their services, as well as those who support them.	<ul style="list-style-type: none"> <li>• Links to SATH and Community Specialist LD advice</li> <li>• Regular attendance at LeDeR steering group</li> </ul>	

		and governance meetings <ul style="list-style-type: none"> <li>Improved awareness for RJAH staff required incorporating – Percy page update</li> </ul>	
2.	Staff must be trained and then routinely updated in how to deliver care to people with learning disabilities, autism or both who use their services, in a way that takes account of their rights, unique needs and health vulnerabilities; adjustments to how services are delivered are tailored to each person's individual needs.	<ul style="list-style-type: none"> <li>LD and autism training available- Oliver McGowan training rolled out 2023</li> </ul>	
3.	Trusts must have workforce plans that manage and mitigate the impact of the growing, cross-system shortage of qualified practitioners with a professional specialism in learning disabilities.	<ul style="list-style-type: none"> <li>Safeguarding practitioner roles in place</li> <li>Nursing workforce strategy in development</li> <li>Link with MPFT LD team</li> </ul>	
4.	Trusts must demonstrate clinical and practice leadership and consideration of the needs of people with learning disabilities, autism or both, within local strategies to ensure safe and sustainable staffing.	<ul style="list-style-type: none"> <li>Links to SATH and Community Specialist LD advice if required.</li> <li>Designated lead for LD to be identified - Adult safeguarding named nurse starting March '24</li> </ul>	

Next steps for the Trust are to encourage the uptake amongst staff to partake in current data collection with 4 staff surveys completed out of a potential 150 within the last reporting period.

A task and finish group will be reinvigorated with clear objectives to improve current practices against the three core standards.

The Trust will continue communicating with Apollo team regarding efficacy of alert system Due to the maturity of the current PAS system the Trust have in place, there is no element to allow recording of patients admitted with learning disabilities or autism. There is an upgrade of the system due to be launched in July 2024, called Apollo, which will allow for such data to be captured and this will be included in future reporting, to note the number of:

- Adult patients admitted with learning disabilities or autism.
- Children and Young People admitted with learning disabilities or autism.
- Ethnic Minority background patients admitted with learning disabilities or autism.

## Workforce Diversity Profile and Reporting

We aim to employ a diverse workforce that is representative of our local communities, as we believe this will improve our decision making in the development of health and care services.

This section of the report illustrates the demographics of the Trust' workforce as of 30 September 2023. The Trust will use this data as a baseline to measure the diversity of our staff across the full range of NHS pay grades and in future workforce planning. The table below provides a summary of the key findings.

Protected Characteristic	Narrative
<b>Age</b>	Our highest % age range is between 30 and 65 years, with below 20 years and age 66 - >71 years being our lowest represented age groups.
<b>Sex</b>	Males are considerable underrepresented within our Trust with just 24% of our workforce being male and 76% being female.
<b>Race</b>	The Trust are currently working on declarations of ethnicity through ESR to offer a more accurate reflection of our workforce. 84% of staff are declared as White British with 4% not stating their ethnicity.
<b>Disability</b>	74% of the Trust workforce have declared no disability with a high rate of 18% unspecified. There is an ongoing project to support staff in declaring disabilities through ESR to enable the Trust to support individuals.
<b>Marriage / Civil Partnership</b>	There are only 4 staff who have chosen not to specify their marital status, with 55% being married and 32% being single.
<b>Sexual Orientation</b>	A total of 84% of staff identified as heterosexual or straight. 4% of staff preferred not to state their sexual orientation. With 9% unspecified this makes it difficult to establish if the workforce is representative of the national estimated LGBTQIA+ figure of 3.1% of the population over 16 years of age.

<b>Gender Re-Assignment</b>	This data is not currently captured within the Trust.
<b>Maternity / Pregnancy</b>	A total of 1.66% of the workforce were absent due to maternity leave in March 2023, the position for January 2024 is 2.29%.
<b>Religion / Belief</b>	The percentage of staff who identify as Christian is 52%. Non-disclosure among staff is 11% overall. Atheism is at 16% with other religions and beliefs being low in representation.
<b>Part Time and Full Time Working Arrangements</b>	Age, disability, religion and belief, race, pregnancy and maternity are all determining factors to consider in better understanding the dynamics of full and part-time working arrangements. While ensuring organisational day to day functions are being met. 54% of the Trust workforce are part-time and equality of opportunity should be given to ensure that these staff are afforded the same opportunities as their full-time counterparts.

## Recruitment Process Data by Protected Characteristics

Going forward recruitment data will be analysed by protected characteristics on a quarterly basis by the EDI Team. The information provides a breakdown of applicants by protected characteristics and how they fared in the recruitment process. Due to the record retention policy of our current recruitment system Trac, it is only possible to provide data from Quarter 3.

During October to December 2023 (Quarter 3)

<b>Protected Characteristic</b>	<b>Applicants</b>	<b>Shortlisted</b>	<b>Interviewed</b>	<b>Appointed</b>
<b>Age</b>	137	36	20	6
<b>Sex</b>	137	36	20	6
<b>Gender Re-Assignment</b>	0	0	0	0
<b>Marriage / Civil Partnership</b>	132	32	16	2
<b>Maternity / Pregnancy*</b>	N/A	N/A	N/A	N/A

<b>Disability</b>	6	4	2	0
<b>Race</b>	80	5	0	0
<b>Religion / Beliefs</b>	115	24	12	2
<b>Sexual Orientation</b>	130	31	16	2

As this is the first time the Trust has produced and published this information, no clear messaging, analysis or comparisons can be drawn from this first set of data. It should be used as a baseline for identifying any future trends where potential disparities between certain protected groups may exist during the recruitment process, where any such disparities might be mitigated or rationalised.

Although we have recruited 25 international nurses since March 2023, the recruitment process has been completed via an agency and therefore data is unable to be captured via our internal program.

\*Maternity / Pregnancy data is not currently collated using our current system.

### Workforce Race Equality Standards 2023 (WRES)

The WRES requires NHS trusts to self-assess against nine indicators of workplace experience and opportunity for organisations to compare the workplace and career experiences of ethnic diverse and white staff.

Four indicators relate specifically to workforce data, four are based on data from the national NHS staff survey questions, and one considers ethnic diversity representation on boards.

As a Trust, we are using the term ethnically diverse rather than Black and Minority Ethnic (BME).

View our [Workforce Race Equality Standard \(WRES\) - RJAH](#) here.

### Workforce Disability Equality Standards 2023 (WDES)

The data for indicators 1 to 3 and 10 are from the Trust's workforce data as of 31 March 2023. This includes information on disability-related demographics, workforce representation, and disability declaration rates. Indicators 4 to 9 have been obtained from the Trust's National Staff Survey results for the year 2023. These measures cover aspects such as workplace adjustments, perceived discrimination, bullying and harassment, career development opportunities, and satisfaction levels among disabled staff.

The data presented provides a better understanding of the experiences of our disabled workforce and highlights areas of success and areas requiring further attention. The Action Plan will include specific objectives, initiatives, and review of



policies to further support disabled staff, promote inclusivity, and further develop a positive work environment.

The WDES Annual Report 2023 demonstrates the Trust’s commitment to disability equality and improving the work experience of disabled staff. We will aim to create an environment that promotes equal opportunities and positive change for all staff.

View our [Workforce Disability Equality Standard \(WDES\) - RJAH](#) here.

## Gender Pay Gap Reporting 2023

We can use the results of this Gender Pay Gap report to assess:

- The levels of gender equality in our workplace.
- The balance of male and female employees at difference levels.
- How effectively talent is being maximised and rewarded.

Through analysis of the report’s findings the requirement from NHSE is to reduce any gender pay gap. However, the gender pay gap should not be confused with equal pay. Equal pay deals with the pay difference between male and females who carry out the same jobs, similar jobs, or work of equal value.

It is unlawful to pay people unequally because of their gender. The Roberts Jones and Agnes Hunt Hospital NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristics.

The gender pay gap shows the difference between the average (mean and median) earnings of men and women. This is expressed as a percentage of men’s earnings e.g. women earn 15% less than men. Used to its full potential, gender pay gap reporting is valuable tool for assessing levels of equality in the workplace, female, and male participation, and how effectively talent is being maximised.

If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those areas are. In some cases, the gender pay gap may include unlawful inequality in pay, but this is not necessarily the case.

	Average and Median Hourly Rate					
	Average Hourly Rate	2023	2022	Median Hourly Rate	2023	2022
<b>Men</b>		25.24	24.25		17.49	16.84
<b>Women</b>		16.11	15.46		13.80	13.14
<b>Difference</b>		9.12	8.79		3.69	3.70
<b>Pay Gap (%)</b>		36.15%	36.26%		21.08%	21.95%

### Number of Employees (Q1 = Low | Q4 = High) Highest rate of pay at 31/03/2023

Quartile	Female	Male	Female %	Male %
1	257.00	178.00	59.08%	40.92%
2	362.00	73.00	83.22%	16.78%
3	349.00	86.00	80.23%	19.77%
4	257.00	178.00	59.08%	40.92%

### Bonus Pay Figures at 31/03/2023 (CEA's)

	Average Pay	Median Pay
<b>Male</b>	8982.71	6032.04
<b>Female</b>	15230.81	9048.00
<b>Difference</b>	-6248.10	-3015.96
<b>Pay Gap %</b>	-69.56%	-50.00%
	Employees Paid Bonus	Total Relevant Employees
<b>Female</b>	5.00	1435.00
<b>Male</b>	33.00	448.00

The increase in gender pay back bonus mean and average is due to a female doctor being in receipt of Bronze National CEA award.

### Grievance, Disciplinary & Capability Issues

The data below shares the formal cases from March 2023 to March 2024, only the protected characteristics identified within each case have been presented for ease of review. The Human Resources team within People Services continue to monitor the cases received and review any anomalies or areas of concern, ensuring continuous support is offered to those involved.

Grievance Disciplinary Capability	Open Closed	Gender	Race/Ethnicity	Age Band	Religion/Belief	Sexual orientation
<b>G</b>	<b>C</b>	F	White - British	36-40	Christianity	Heterosexual
<b>G</b>	<b>O</b>	Coll	Coll	Collective	Collective	Collective
<b>G</b>	<b>C</b>	F	White - British	36-40	Christianity	Heterosexual
<b>C</b>	<b>C</b>	M	White - British	56-60	Unspecified	Unspecified
<b>D</b>	<b>C</b>	F	White - British	26-30	Other	Heterosexual
<b>D</b>	<b>C</b>	F	White - British	46-50	Christianity	Heterosexual
<b>D</b>	<b>O</b>	F	White - British	31-35	Unspecified	Unspecified

D	O	F	White Welsh	51-55	I do not wish to disclose my religion/belief	Heterosexual
D	O	F	White - British	31-35	Christianity	Homosexual
D	O	F	White - British	36-40	Atheism	Heterosexual

## Leavers and the reasons for departure

The Trust continually review leavers data to analyse any patterns or trends, and to put additional processes in place to support staff in alternatives to leaving. PDR compliance is monitored monthly by Committee to ensure that staff are in communication with their managers and to support in any areas of concern or any areas of learning and development. Regular catch-up meetings between managers and their teams are also encouraged on a regular basis ensuring that motivating the workforce continues to be a focus with particular emphasis on stay conversations to explore development and motivation of our people as a priority of the HR and wider People Services team.

Leaving Reason (Leavers March 23 to January 24)	Headcount
Death in Service	1
Dismissal - Capability	3
End of Fixed Term Contract	25
End of Fixed Term Contract - Other	1
Flexi Retirement	13
Retirement Age	22
Voluntary Early Retirement - no Actuarial Reduction	1
Voluntary Early Retirement - with Actuarial Reduction	1
Voluntary Resignation - Adult Dependants	2
Voluntary Resignation - Better Reward Package	2
Voluntary Resignation - Child Dependants	2
Voluntary Resignation - Health	8
Voluntary Resignation - Incompatible Working Relationships	1
Voluntary Resignation - Lack of Opportunities	4
Voluntary Resignation - Other/Not Known	26
Voluntary Resignation - Promotion	9
Voluntary Resignation - Relocation	13
Voluntary Resignation - To undertake further education or training	8
Voluntary Resignation - Work Life Balance	21
<b>Grand Total</b>	<b>163</b>

The data should be seen in the context of the continued return to a more 'normal' labour market after the disruption of Covid in 2020-2022.

The data reflects that since April 2023 there has been more resource, and more focus on absence and performance management, likely to have had a push effect on staff leaving, and voluntarily resigning, as alternatives to participating in formal management processes.

The national staff turnover rate for the NHS was 8.1% in August 2023. Staff turnover in RJAH in August 2023 was 10.22% before falling to 8.02% Trust wide in January 2024. This in turn has mirrored a reduction in vacancy rates.

The vacancy rate has fallen from 10.69% at year-end 2022/2023 to 3.13% in January 2024. Renewed focus on recruitment, and increased resource, allied to actions from the People Services team has supported progress in this area.

Managers are continually encouraged to be flexible with staff retiring and returning, supporting implementation of aspects of the NHS's People Plan.

As of January 2024, the Trust has 136 staff on fixed term contracts, this is a rise from 114 staff on fixed term contracts at year end 2022/2023.

Where the data is opaquer is the number of voluntary resignations for the category 'other/not known' which will be the focus of further review and refresh around exit interview process.

## **RJAH Equality Policy**

The Equality, Diversity and Inclusion Policy and its impact on equality have been reviewed in consultation with the trade union and other employee representatives in line with an Equality Impact Assessment. The purpose of the assessment is to minimise and, if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, pregnancy and maternity, marriage and civil partnership, gender reassignment, sexual orientation, religious or other belief.

The Trust is committed to embedding equality, diversity, and inclusion across the organisation rather than it being viewed as an isolated agenda. Ensuring that fair treatment and social inclusion is at the heart of what we do and how we do it.

Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense. Inclusion is about an individual's experience within the workplace and in wider society and, the extent to which they feel valued and included.

The Trust is committed to providing a working environment that is welcoming, inclusive, respectful and is free from unlawful discrimination. We have implemented our Equality Strategy and Action Plan to support with this and to making positive changes within the Trust.

View the full policy here, [Equality, Diversity & Inclusion Policy - Percy \(interactgo.com\)](#).

## RJAH Staff Networks

During 2023/24, staff networks were established to provide a platform for staff to support, express and voice a range of experiences. Information and feedback from these network groups progress through the governance process with the aim of influencing Trust policies, procedures and day-to-day functions. Each network has an Executive Sponsor, and a small budget for the year. All the network groups welcome allies to attend the meetings

### Disability and Neuro-diverse Staff Network

#### Bio of the Staff Network Chair

“We wish to inform all staff that effective help is available and ensure it is provided. Awareness is key.”



“Hello I’m Ellie.

I am an apprentice Health Care Assistant and the chair of the new Staff Disability Network. I have a huge passion regarding equality and diversity and especially when it comes to visible and invisible disabilities.

I love my job, it has always been my dream to help others, provide support and learn new skills.

Despite there being principles regarding equality and diversity, there are often gaps that can lead to personal and professional limits.

I have epilepsy, and through experience I have faced discrimination, generalisation, and stereotyping when it comes to my own and other people’s disabilities. Having epilepsy is not a definition of who I am, in fact, I live with my lovely wife and will never turn down a mocha! It can however influence how others see me.

I want to work with other staff members to patch up those missing gaps, minimise limits and promote equality of opportunity for all staff with conditions and disabilities. Everyone is different.”

The network has been successful in encouraging more staff to attend the meetings and to communicate outside of the meetings, building support networks and safe spaces to gain advice or somebody to listen.

During the short time the network has been established, funding was sought to run an Event called 'This is Me', to encourage staff to have the confidence to be who they are and to speak up if reasonable adjustments are required or additional support is needed. The event saw 3 guest speakers attend on the day and several charities offering advice and support. The aim of the event was to build confidence in staff, to raise awareness and to raise the disability declaration rates of the Trust.

Additionally, to this, many actions have been progressed, to implement the following.

- One Page Profiles.
- Sound eliminating Headphones available to all staff.
- Wellbeing portal to be established.
- Support network and safe space to be open.
- Funding for the network to attend training or events to develop.

In the future the network wish to continue expanding and offering support to as many staff as possible. A parent network has been suggested as a separate space to offer advice and support to parents with disabled and neuro-divergent children.

## Ethnic Diverse Staff Network

### Bio of the Staff Network Chair

"I have a vision to foster better acceptance of diverse cultural characteristics."

"It is a privilege to work in this top-class hospital and with such wonderful people.

I come from Bombay, a true melting pot of the diverse cultures of the Indian sub-continent. Having grown up in such rich ethnic diversity, I came to understand the beauty this brings to life.

I was fortunate to experience working in Saudi Arabia before coming to the United Kingdom. This further made me understand how we belong to "one world".

I am deeply interested in human origins, cultures, history. This has shown to me a common thread of human aspirations, expectations, and desire for happiness.

RJAH has always had strong international relations and has increasingly attracted staff from all over the world. The current workforce is represented by a large number of staff from ethnic minority.

Being an overseas trainee myself, I fully empathise with those who try to integrate with the local population and struggle to make a life in the UK.

Many times, difficulties in them progressing and giving their best to patients can be traced to a lack of understanding of diverse cultures. Ultimately it is the patient then who suffers in such an uncomfortable work environment.



Barriers in communication can affect both the ethnic minorities and majorities as well.

I have a vision to foster better acceptance of diverse cultural characteristics. I can do this by representing staff from diverse cultures. I am sure you would feel comfortable in opening out to me with your experiences. I would be grateful if all of you would attend the monthly meetings for discussion in an open environment and meet me anytime during other times.

Apart from these, I will try to come and meet as many of you as I can to hear your experiences and suggestions for improvement.

I am sure your involvement in my vision would make this wonderful hospital and even happier place to work.”

As a newly established network the Trust are working with staff to create a framework for the group so that there is a Trust and assurance that should issues be raised, these will be dealt with and actioned following process and procedure. The network members have been open and honest with issues that are ongoing within the Trust and actions will be taken to resolve these, although there is a mutual understanding that some areas of concern will take time.

Moving forward further and more detailed Communications are to be shared with all staff to gain further engagement from the workforce, to enable diverse discussions that include all staff areas.

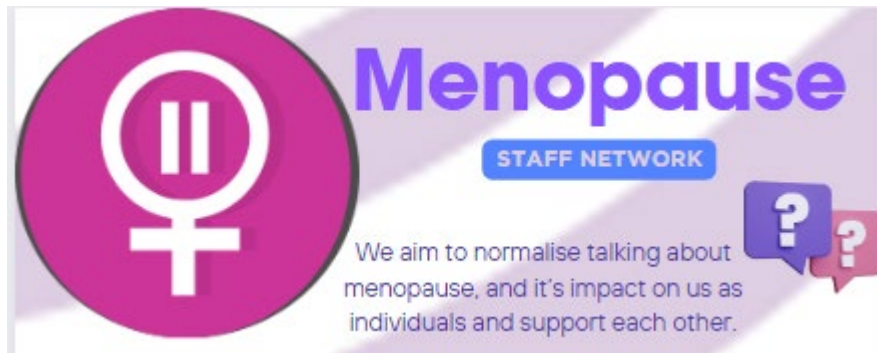
## LGBTQIA+ Staff Network

“It would be my hope that together we can shape the Forum into something that meets all our needs as LGBT Health and Social Care workers, mixing together interactive information and support meetings with enjoyable social evenings.” Paul Kavanagh-Fields, Chief Nurse, Chair of the LGBTQIA+ staff network.



Our LGBTQIA+ staff network launched in January 2024, with good engagement across the Trust. As the network is in its initial stages improvements and actions are undergoing discussions. One focus for the network is to raise awareness and understanding of the SAND Covenant the Trust signed up to in 2023. Staff are being encouraged to review the training to allow more open discussions and a better awareness of the difficulties the community may face, and to create stronger allyship moving forward.

## Menopause Staff Network



Our Menopause staff network has now been running for 5 months, meeting monthly to discuss any concerns or improvements staff would benefit from. Additionally, we have regular guest speakers attending the meetings to offer advice on various subjects.

### Guest Talks;

- Menopause & Diet – Trust Dietician
- Pelvic Support – Trust Physiotherapist
- Sanitary Products – Hey Girls founder

The network has made several improvements to support staff across the Trust, with further sanitary products due to be included in free sanitary product boxes for all staff and the Estates and Facilities team taking over the stock of this. Further information and resources are now available via Percy to support staff outside of work. The network have also secured funding of £300 to support with further training, or initiatives throughout the year.

It is key for all of the Trust staff networks to have a Chair in place who will set an agenda and be a point of contact for any issues to be raised. The EDI and OD team will continue to promote the opportunity to be the Chair which will also allow for further engagement with the wider system.

## Human Resources, Organisational Development and Inclusion

In March 2023 the Trust held Listening Events to gain insight to what our staff wanted to form part of our EDI strategy, the interactive sessions allowed our staff to have a voice and feel included in the decision making of the Trust. Alongside this staff have had access to various support and communication mechanisms including:

- Sexual Safety Charter - Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or



harmful sexual behaviours within the workplace and to take appropriate actions.

- Freedom to Speak Up Guardian. More information on how staff are being supported in the Trust.
- SAND Training – Safe Ageing No Discrimination, LGBTQIA+
- Oliver McGowan Training
- Manager’s Briefings – Held hybrid with the Chief Executive Officer and Exec Team to update senior management on any changes or information required to share with staff further.
- Question Time – Held hybrid with the Chief Executive Officer and Exec Team to update all staff on any changes or information required to share with staff further.
- Chat with Harry – Meetings held face-to-face with the Chair to discuss any issues or concerns.
- PDR Training – To raise awareness of the importance of having regular conversations and catch-ups with your team and to support in any further training or changes required to support in their work.

## NHS Staff Survey 2023/24

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust had an overall response rate of 52.3% (907 respondents from an eligible 1742 staff). The average response rate for similar organisations 51.7 %. Everyone will own the Action Plan for the Staff Survey, with Staff Survey discussions being a new standing item on the EDI formal meeting each month. The data is currently being collated and analysed and will be published and presented to all staff, these actions will be added to the Trust EDI Action Plan which will be presented to the People and Culture Committee which will have oversight of the document and gain assurance on progress.



## Accreditations

**SAND Covenant** - RJAH signed a covenant with the charity, committing to understand and respond to the needs of older LGBTQIA+ people in Shropshire, Telford and Wrekin.

The covenant consists of five pledges, which we have committed to at RJAH.



The pledges are:

- Providing the best possible quality services for older and old LGBTQIA+ people;
- Learning what life can be – and has been – like for different LGBTQIA+ people;
- Vocally and visually supporting groups working with and for older and old LGBTQIA+ people;
- Creating meaningful opportunities for LGBTQIA people and groups to influence;
- Assessing and evidencing change, including work carried out to engage with LGBTQIA+ people.
- 



**Data Quality Provider** - The Trust celebrated after being named as a National Joint Registry (NJR) Quality Data Provider, after successfully completing a national programme of local data audits.

This is the fifth year running that The Robert Jones and Agnes Hunt Orthopaedic Hospital has been awarded as a Quality Data Provider, which was introduced to offer hospitals a blueprint for reaching high-quality standards

relating to patient safety.

**NHS Exemplar Trusts Programme for Catering** - following a national independent review of hospital food, where the team was recognised as one of 21 NHS Trusts in the country to be hailed as exemplar. The Catering Team at the Trust are responsible for providing and serving meals to inpatients, as well as the day to day running of the onsite restaurant, Denbigh's.



**NHS Pastoral Care Quality Award** - International recruitment efforts and commitment to providing gold standard quality pastoral care at Shropshire's specialist orthopaedic hospital was recognised by a prestigious national award from NHS England.

Launched in March 2022, the NHS Pastoral Care Quality Award – which aims to standardise the quality and delivery

of pastoral care internationally educated nurses and midwives across England – was presented to the team at The Robert Jones and Agnes Hunt Orthopaedic Hospital.

**Neuromuscular Team Centre of Excellence Award from MDUK** - Our Neuromuscular Centre received a prestigious Centre of Excellence award from leading national charity Muscular Dystrophy UK.

The charity who supports more than 110,000 children and adults in the UK living with one of over 60 muscle wasting and weakening conditions awarded the team for providing outstanding care, promoting best practice locally and nationally and demonstrating their commitment to improving health and care for people living with muscle wasting and weakening conditions.

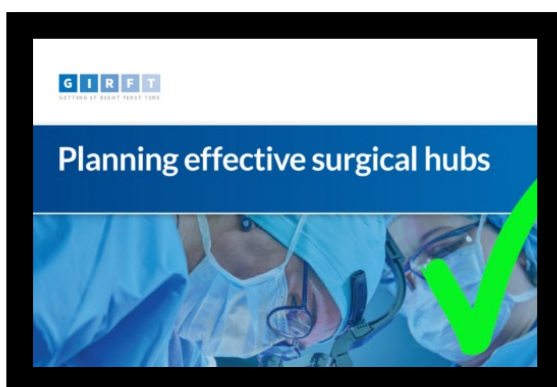


**Veteran Aware** - We're a member of the Veterans Covenant Hospital Alliance (VCHA) - a network of over 20 NHS hospitals that have volunteered to share and drive the implementation of best practice for those who service or have served in the UK Armed Forces, and their families, in line with the Armed Forces Covenant.

- We are committed to applying the Armed Forces Covenant and giving special consideration where

appropriate.

- Staff should be able to explain the health commitments of the Covenant.
- All relevant staff will be trained and educated in veteran needs.
- Staff will ask patients if they or a close family member serve or have served in the UK Armed Forces, so we can best support their care needs and refer to other services.



**GIRFT** - GIRFT aims to support systems nationally to ring-fence elective capacity through this hub model and increase capacity nationally by 30% by the end of 2024/25. Being accredited as an Elective Surgical Hub is seen as a visible marker of high standards and excellent quality. We know we already deliver outstanding care – gaining this

accreditation is another positive confirmation of that. It is endorsed by the Royal College of Surgeons, which is another marker of its value and importance.

## Initiatives

- Free Sanitary Products for all staff
- Free breakfast for all staff
- Denbigh's Lunch Deal
- Money Matters financial education session
- Money Matters financial education 121 sessions
- Free tea, coffee, milk, and sugar to all departments
- Free staff car parking continues
- Bank that bonus (although now ended)
- Bank weekly pay

## Equality Statement

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHSFT embraces diversity, equality and inclusion and our aim is to be diverse in age, gender identity, race, sexual orientation, physical or mental ability and ethnicity.

We are committed to ensuring disabled workers aren't disadvantaged when applying for and doing their jobs and offer an interview to all applicants with a disability who meet the minimum criteria for the advertised post. Reasonable adjustments under the Equality Act 2010 will be considered upon request.

## EDI Staff-related Training and Development Opportunities

- RJAH Leadership Programme
- Improvement Advocates
- Access to Oliver McGowan Training
- Partner on the Diversity in Healthcare Programme 2023/24
- Freedom to Speak Up Training
- PDR Awareness
- Holistic Skills Academy
- Human Factors Training

Following the recent successful award from NHSE in relation to WDES innovation funding, we have set-up 3 training sessions to be run during Neuro-Diversity Celebration week.

- Neuro-Diversity Awareness Training – A webinar open to up to 100 participants, to support in raising awareness and understanding, aimed for all staff.

- Disability Awareness Training – A 3-hour session open to up to 20 participants, aimed at senior managers to support their teams and the overall workforce.
- Neurodiversity and Autism Awareness Training – A 3-hour session open to up to 20 participants, aimed at senior managers to support their teams and the overall workforce.

The below identifies access to non-mandatory training, continuing professional development and other learning opportunities, supporting our staff in development and career progression.

<b>Staff group</b>	<b>Successful</b>	<b>Unsuccessful</b>	<b>Total number of applications</b>
Study Leave (non-medical staff)	55	7	62
CPD (Registered health care professionals)	86		86
Medical study Leave (Consultants and Medical Doctors)	325		325
<b>Total Number of applications</b>	<b>466</b>	<b>7</b>	<b>473</b>

# Communications and Involvement

## Patients and the Public

RJAH communicates regularly with patients and the public in a variety of ways:

- Social media
- Website
- Patient Participation Group
- Surveys

RJAH has social media profiles on the following platforms:

- Facebook: @RJAH.NHS
- X (formally Twitter): @RJAH\_NHS
- Instagram: @rjah\_nhs
- LinkedIn: The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- YouTube: The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust



## Staff

### SAND Covenant

RJAH signed Safe Ageing No Discrimination's (SAND) covenant, committing to understand and respond to the needs of older LGBTQIA+ people in Shropshire, Telford and Wrekin.

SAND are a community organisation who aim to improve the experiences and lives of the ageing LGBTQIA+ community across the county.



Following signing the covenant, RJAH launched dedicated training for staff to open their hearts and minds to the issues the ageing LGBTQIA+ community face. The training included appropriate questions, how best to phrase language and pronoun use. Following the training, staff felt like they can effectively signpost and support colleagues to the relevant resources, and also help colleagues embrace more supportive language and questions.

## Sexual Safety Charter

As a Trust, we committed our support to the Sexual Safety Charter launched by NHS England. This means we commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace and to take appropriate actions.

## Regular Staff Messaging

Email messages are sent out from the Communications Team, on average three times a week, to keep staff updated on news and topics from across the Trust. These messages are also shared with staff via the closed Staff Facebook group, intranet and through briefings known as Question Time (for all staff) and Managers' Briefing (for managers).

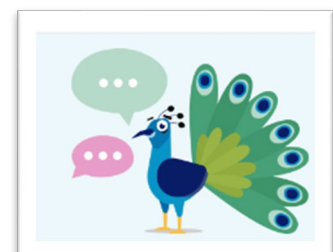


Some of the EDI events and themes the Trust has shared information with staff includes (but not limited to):

- Nutrition and Hydration Week
- Easter
- Pride Month
- Armed Forces Week and Reserves Day
- Freedom to Speak Up Month
- Time to Talk Day
- Race Equality Week
- A series of religious festivals such as Bodhi, Diwali, Hanukkah and more



**Intranet** The RJAH staff intranet – Percy – is a digital resource which holds a wealth of information, including articles, events and useful resources, on topics such as health and wellbeing and equality diversity and inclusion.



## RJAH Priorities 2023/2024

Reference	Action	By When	Comments/ Updates Outside of the Meetings	Status
<b>Growing for the Future</b>	High Potential Scheme with SSOT	<b>Year 1</b>	<i>Cohort 2 successfully received placements.</i>	COMPLETED
<b>Growing for the Future</b>	Promotion of Visible Leaders Network (VLN) for BAME Staff Leaders	<b>Year 1</b>	<i>Promoted regularly on Staff comms.</i>	ONGOING
<b>Growing for the Future</b>	Development of Staff Networks	<b>Year 1</b>	<i>All networks have Exec Sponsor, still need Chairs for Menopause and LGBTQIA+.</i>	ONGOING
<b>Belonging in RJAH</b>	Inclusion for all, not just protected characteristics	<b>Year 1</b>	<i>Inclusion Strategy Action plan refers to support for staff.</i>	ONGOING
<b>Belonging in RJAH</b>	Implementing Staff surveys for our people	<b>Year 1</b>	<i>Completed for 2023, await outcomes in Feb/March 2024.</i>	ONGOING
<b>Belonging in RJAH</b>	A Trade Union/Partnership forum	<b>Year 1</b>	<i>In place.</i>	COMPLETED
<b>Belonging in RJAH</b>	Creating, Reviewing and extending our Vision and values	<b>Year 1</b>		ONGOING
<b>Looking after our People</b>	A coherent approach to our people's wellbeing	<b>Year 2</b>		
<b>Looking after our People</b>	Provision of support for caring responsibilities and elder care or childcare	<b>Year 2</b>		



<b>New ways of working and strategic workforce planning</b>	A set of key workforce metrics for all employee groups	<b>Year 1</b>	<i>IPR set up and KPI's regularly monitored through focus groups and assurance sought from People &amp; Culture Comm.</i>	<b>COMPLETED</b>
<b>New ways of working and strategic workforce planning</b>	We will have a consistent approach to the provision of high-quality Occupational Health services	<b>Year 2</b>	<i>Regular monthly meetings with current provider Optima.</i>	<b>ONGOING</b>