



Annual Equality and Diversity Report

Royal Orthopaedic Hospital

Grading and Action Plan 2016/17



ROH Equality and Diversity 2016/17

Summary

This report provides an update to the ROH Equality and Diversity review which was been undertaken between November 2016 and February 2107. It also outlines the Equality and Diversity objectives for 2017 using the Equality EDS 2 system.

Introduction on Equality and Diversity at ROH

Equality and Diversity for all our staff, patients and communities is incredibly important to the Trust. We make every effort to ensure staff and patients are treated in an inclusive way by encouraging everyone to role model the values, create equal opportunities, treat people fairly and develop good working relationships at ROH.

Senior leaders also work towards ensuring that the staff in the Trust understand that promoting and equality and diversity at ROH is everyone's responsibility at the Trust, not just leaders. This is achieved through a number of objectives and interventions underpinned by a core set of Trust values. The senior leaders also support the work to ensure that patients, staff and other stakeholders have a voice to put forward suggestions, concerns and ideas. In line with this, The Trust utilises the **EDS 2 system** and this forms the foundation for our ROH Equality and Diversity objectives and action plan.

The EDS Delivery System 2

The Equality Delivery System 2 (EDS 2) is designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. A full explanation of EDS can be found at the weblink below or contact Clare Mair – OD and Inclusion for more information:

<https://www.england.nhs.uk/about/gov/equality-hub/eds/>

Used effectively, it supports NHS organisations to:

- meet the **Public Sector Equality Duty** of the Equality Act 2010
- deliver on the NHS Outcomes Framework and the NHS Constitution
- meet the Care Quality Commission's "Essential Standards of Quality and Safety"



EDS 2 Framework

The EDS 2 framework is split into 18 areas (see action plan), against which ROH has assessed and graded itself and which are grouped under the following **four outcomes**:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

Implementation of EDS 2 at ROH

This is the third year that ROH have developed annual equality and diversity objectives against the EDS 2 criteria. The framework reflects the key outcomes from the previous year, input and feedback from staff, patients and key stakeholders and actions for the coming year.

The report is underpinned by the nine characteristics protected outlined in the Equality Act 2010 and is intended to meet the **Public Sector Equality Duty**.

EDS 2 assessment

Our report is based on feedback and evidence which has been reviewed both internally and externally, on particular aspects of equality and diversity including the protected characteristics.

Methodology

The E&D objectives methodology has been reviewed in light actions produced last year and the current priorities of the Trust. Engagement has been widened to the patient and carer forum via emails to enable more comments and feedback. Some of the members of the focus groups tasked with scrutinising the feedback (including last year) to ensure all actions linked to the four outcomes were fit for purpose in line with Trust priorities. As a result, it has been decided that some actions identified from last year were not appropriate to continue with. These are listed at the end of the Action Plan section.

We have engaged with local stakeholders to gain feedback and will continue to do so in its implementation. Feedback and evidence collation exercises included:



- Initial focus group run in November 2016 with key staff from Safeguarding, Training and Development, Inclusion, Patient Engagement and clinical areas to design and scope the outline for main focus groups in January and February 2017
- Focus Groups run in January and February with ROH and local stakeholders (including representation from BRAP (Birmingham Race Action Partnership))
- One to one meetings with key internal and external stakeholders
- Online survey sent to parents and carers email list (77 returns)
- Paper based survey completed with patients in outpatients clinic
- Data reviewed from Q1 and Q2 Staff FFT (Family and Family Test) survey 2016

For each of the four outcomes, feedback and evidence was analysed separately for external and internal stakeholders to decide on a grade. With this collated information one final grade was then recommended for each of the four outcomes.

There are four possible grades for each outcome:

Excelling, **Achieving**, **Developing** and **Underdeveloped** and each of the outcomes has been rated by reviewing feedback and evidence from the different exercises listed above.

Monitoring and reviewing

Monitoring and reviewing of the ROH Equality and Diversity and Action Plan will be through the delivery of the EDS 2 action plan in the following ways:

- Monthly progress updates to **Director of Strategy and Performance**
- Quarterly review and update by Equality and Diversity focus group
- Updates to Executive Directors and Trust board as requested
- 6 monthly written and verbal update on progress to the CCG

ROH Staff data as at 31st January 2017

The tables below show percentages of staff on eight of the **nine protected characteristics** (Age, Disability, Transgender, Ethnicity, Sexual Orientation, Marriage and Civil Partnership, Pregnancy and Maternity, Religion and Sex). There is no information recorded for Transgender staff members.

Sexual Orientation	Headcount	Headcount%
Bisexual	2	0.20%
Gay	12	1.20%
Heterosexual	639	63.96%
I do not wish to disclose my sexual orientation	123	12.31%
Lesbian	3	0.30%
Undefined	220	22.02%
Total	999	

Marital Status	Headcount	Headcount%
Civil Partnership	4	0.40%
Divorced	52	5.21%
Legally Separated	11	1.1%
Married	509	50.95%
NULL	1	0.10%
Single	330	33.03%
Unknown	84	8.41%
Widowed	8	0.80%
Total	999	

Pregnancy	Headcount
Pregnancy	18
Maternity and Adoption	18
Total	18

Gender	Headcount	Headcount%
Female	702	70.27%
Male	297	29.73%
Total	999	

Disabled	Headcount	Headcount%
No	687	68.77%
Not Declared	56	5.61%
Undefined	234	23.42%
Yes	22	2.20%
Total	999	

Age Band	Headcount	Headcount%
16 - 20	19	1.81%
21 - 25	68	7.09%
26 - 30	103	10.93%
31 - 35	114	11.38%
36 - 40	115	11.70%
41 - 45	142	14.49%
46 - 50	127	13.21%
51 - 55	131	13.08%
56 - 60	99	9.62%
61 - 65	60	5.36%
66 - 70	15	1.05%
71 & above	6	0.28%
Total	999	

Religious Belief	Headcount	Headcount%
Atheism	70	7.01%
Buddhism	2	0.20%
Christianity	423	42.34%
Hinduism	26	2.60%
I do not wish to disclose my religion/belief	146	14.61%
Islam	22	2.20%
Other	71	7.11%
Sikhism	21	2.10%
Undefined	218	21.82%
Total	999	

Ethnicity	Headcount	Headcount%
A White - British	738	73.87%
B White - Irish	8	0.80%
C White - Any other White background	17	1.70%
CA White English	1	0.10%
CF White Greek	4	0.40%
CY White Other European	1	0.10%
D Mixed - White & Black Caribbean	11	1.10%
E Mixed - White & Black African	3	0.30%
F Mixed - White & Asian	3	0.30%
G Mixed - Any other mixed background	2	0.20%
GF Mixed - Other/Unspecified	1	0.10%
H Asian or Asian British - Indian	78	7.81%
J Asian or Asian British - Pakistani	18	1.80%
K Asian or Asian British - Bangladeshi	5	0.50%
L Asian or Asian British - Any other Asian background	24	2.40%
LH Asian British	1	0.10%
LE Asian Sri Lankan	0	0.00%
M Black or Black British - Caribbean	17	1.70%
N Black or Black British - African	16	1.60%
P Black or Black British - Any other Black background	2	0.20%
PD Black British	0	0.00%
R Chinese	4	0.40%
S Any Other Ethnic Group	15	1.50%
SC Filipino	6	0.60%
SE Other Specified	2	0.20%
Undefined	1	0.10%
Z Not Stated	21	2.10%
Total	999	

Staff data analysis

The data above has been analysed (from 2015 data) to note any significant changes or observations when comparing information from last year. Any improvement actions are noted at the end of the report in the **Action Plan**.

Ethnicity

The information stated in last year's report for staff ethnicity was:

White British (76.1%) with all other staff as 23.34%.

The figures from January – December 2016 have shown a slight change to 73.87% for White British Staff and all other at 26.1%.

The census information for Northfield shows that in 2011 approximately 93% of residents were White British compared to 53.1 % for Birmingham as a whole. This indicates a continued pattern for ROH in employing more staff members from Non White British backgrounds.

The Trust is confident that the implementation of Value Based Recruitment (VBR) will continue to have a positive effect on these statistics. Work continues to embed Value Based recruitment (VBR) with high quality documentation and interview panels consisting of at least one VBR trained interview panellist. Training courses continue to further upskill interviewers to recruit fairly as well as recognising the nine protect characteristics.

Bullying and Harassment

Updated Information on grievance cases in 2016 shows that there has been a small number of cases:

1. Female/White British – case resolved
2. Female/ Asian British Indian – case pending

We have strengthened the support available to staff by working closely with contact officers and the FTSU (Freedom to Speak up) Guardian. This group is diverse and includes good representation including female and male, BME and different sexual orientations. They are well respected throughout the Trust and have made significant progress in engaging with and giving staff the confidence to speak up. All these individuals are currently refreshing their skills through a development programme with external experts.

There are also positive improvements in staff confidence from the staff survey.

95% of staff compared to 90% last year 'Percentage of staff reporting errors, near misses or incidents witnessed in the last month.

There was also an improvement on 8% of staff compared to 11% last year 'Experiencing discrimination at work in the last 12 months.

Disciplinary cases

The following cases were reported in 2016:

1. Male/White British/case resolved
2. Female/Asian or Asian British Indian – outcome no case to answer
3. Female/White British/ - outcome no case to answer
4. Male/White British/ - outcome no case to answer
5. Male/White British/ - outcome employee resigned internal investigation carried out
6. Male/White British/ - case resolved

The pattern is clear that Male/White British staff members are more likely to be enter a formal disciplinary process. More work has been identified to understand if there are any underlining issues impacts these cases.

Related information from the Staff survey results

The percentage of staff believing that the organisation provides equal opportunities for career progression has remained at 86% since last year (compared to 86% average for other Specialist Acute Trusts). Work in the areas of PDRs in the following year will be implemented to improve these opportunities.

There has also been an improvement in the 'Percentage of staff attending work in the last 3 months feeling unwell because they feel pressure from their managers. This has moved positively from 54% (in 2015) to 49% against the Specialist Acute Trust average of 48%.

Policy updates

The Equality and Diversity team has updated policies in the last year in line with the Trust's changing agenda:

- Inclusion policy incorporating guidance on Disciplinary and Grievance information
- Freedom to Speak up policy revised in line with new post of Freedom to Speak up Guardian

The Staff side representative has reviewed and approved all changes to policies. The representative is also kept fully informed by the HR Team on any issues or changes that may impact staff members.

Inclusion training has been reviewed. As well as the annual mandatory session, additional workshops have been made available for staff members and managers. A new development programme has also been launched for contact officers and the FTSU Guardian to ensure individuals have the correct skills to offer support and advice to all staff members.

Patient data

The data shown below for patients is taken from April 2016 to March 2017. This is the best available data provided from the ROH informatics team

Ethnicity Name	Numbers		
	IP	OP	Totals
White British	10,536	46,024	56,560
Asian or Asian British Any other Asian background	329	1,173	1,502
Asian or Asian British Pakistani	318	1,835	2,153
Asian or Asian British Indian	300	1,934	2,234
White Any other White background	247	1,166	1,413
Black or Black British Caribbean	245	1,245	1,490
White Irish	224	928	1,152
Other Ethnic Groups Any other ethnic group	125	746	871
Black or Black British Any other Black background	106	448	554
Mixed White and Black Caribbean	97	496	593
Mixed Any other mixed background	55	233	288
Black or Black British African	52	334	386
Asian or Asian British Bangladeshi	35	172	207
Other Ethnic Groups Chinese	26	124	150
Mixed White and Asian	24	154	178
Mixed White and Black African	7	79	86
Not known	776	5,736	6,512
Not stated	489	4,529	5,018
Totals	13,991	67,356	81,347

Percentages		
IP	OP	Totals
75.3%	68.3%	69.5%
2.4%	1.7%	1.8%
2.3%	2.7%	2.6%
2.1%	2.9%	2.7%
1.8%	1.7%	1.7%
1.8%	1.8%	1.8%
1.6%	1.4%	1.4%
0.9%	1.1%	1.1%
0.8%	0.7%	0.7%
0.7%	0.7%	0.7%
0.4%	0.3%	0.4%
0.4%	0.5%	0.5%
0.3%	0.3%	0.3%
0.2%	0.2%	0.2%
0.2%	0.2%	0.2%
0.1%	0.1%	0.1%
5.5%	8.5%	8.0%
3.5%	6.7%	6.2%
100.0%	100.0%	100.0%

GenderName	Numbers		
	IP	OP	Totals
Female	7,725	38,927	46,652
Male	6,266	28,429	34,695
Totals	13,991	67,356	81,347

Percentages		
IP	OP	Totals
55.2%	57.8%	57.3%
44.8%	42.2%	42.7%
100.0%	100.0%	100.0%

RESPECT COMPASSION
EXCELLENCE PRIDE
OPENNESS INNOVATION



ROH EQUALITY AND DIVERSITY ACTION PLAN 2017

Progress in 2016 highlighted in **Key Evidence**. New actions for 2017 are highlighted in **Actions for 2017** with Lead showing staff responsible. Any actions not completed or carried forward from last year are listed at the end as requested by Executive Team

Outcome 1 – Better health outcomes for all - **Developing**

- 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
- 1.2 Individual people's health needs are assessed and met in appropriate and effective ways
- 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed
- 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
- 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

Key Evidence

ROH has implemented the Equality Delivery 2 system as approved by NHS commissioners

ROH use a range of processes and tools to measure and monitor quality and safety of patient care culminating in a monthly report to the Quality and Safety Committee

Inclusion Lead is an active member of local Equality and Diversity networks in the local area and links closely with BRAP (Birmingham Race Action Partnership) to ensure that ROH to implement best practice interventions

Royal Orthopaedic Community Service (ROCS) team continues to offer services to patients post discharge in a community setting ensuring that patients can be discharged and receive excellent care in their homes.

ROH has a mental health contract in place with some of our patient's psychological needs being managed by a pain services team. The PALS team also offers individual support to patients with mental health illness and learning difficulties

ROH has a Dementia lead who implemented Tier 1 awareness programmes across the Trust including core and mandatory training. Tier 2 training delivered to key staff members in December 2016 with a roll out planned in 2017

Children's Ward 11 has been specially fitted out to stimulate young patients with learning difficulties

ROH has a programme to regularly review patient safety, safeguarding, infection prevention and control and medicines management

ROH have a comprehensive incident reporting process including a risk assessment process where mistakes are fully investigated and lessons learnt

Staff undertake **Prevent training** in order to recognise when vulnerable patients could potentially be exploited and need to be protected against involvement in terrorist activity

Equality Impact Assessment (EIA) forms are used consistently with all Trust policies that are sent for review and approval

ROH has a well-established Multi faith room for patients, visitors and staff to access

The programme of flu vaccination enabled an increased percentage of frontline staff to be vaccinated to provide additional protection for patients

Actions for 2017	Lead
Review feasibility to adopt Stonewall Index	Inclusion and Exec
Review how Trust can report on additional protected characteristics in staff surveys and patient feedback	Inclusion and Comms
Inclusion Lead to facilitate regular sessions with carer and patients forum to identify issues and opportunities for improvement	Nursing Lead
Raise awareness on the importance of protected characteristics in order to promote fairness and equality for both patients and staff	Inclusion
Undertake exercise to collate the nine protected characteristics against patient outcomes	Inclusion and Comms
Review and relaunch the 'Making every contact count' initiative within the Trust	Inclusion and Comms
Work on support programme to be put in place to transition patients from child to adult care	Nurse Lead and Comms Safeguarding and Comms
Link in with other Trusts including University Hospital Birmingham and Birmingham Children's Hospital to look at possible joint equality and diversity initiatives	Comms and Inclusion
Design and development of learning initiative to roll out Tier 2 Dementia training to all staff - started	Dementia Lead and L&D

<p>Improve information and support provided to staff and patients who are subjected to domestic abuse</p> <p>Work with members of local communities to look at practical issues relating to care of patients from specific community groups. Initial discussions have started with a local Jehovah's Witness representative</p> <p>After care programme and information pack to be put in place for patients who are discharged under the Rapid Recovery initiative – started</p>	<p>Safeguarding</p> <p>Inclusion</p> <p>Comms</p> <p>CSL</p>
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Outcome 2 – Improved patient access and experience - **Developing**

- 1.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
- 1.2 People are informed and supported to be as involved as they wish to be in decisions about their care
- 1.3 People report positive experiences of the NHS
- 1.4 People's complaints about services are handled respectfully and efficiently

Key Evidence

Phase 1 of AIS (Access Information Standards) implementation plan completed

Interpreting services to be enhanced by partnering with external provider Word360 who offer support for numerous different languages and dialects members

Continued engagement with patients and families through different medium including online and social media to hear directly about suggestions and concerns. For the first time, Equality and Diversity report populated with information from patient and carers on line survey

ROH has a fully integrated PALS and complaints process (300 PALS contacts per month) which provides a range of options for reviewing comments and resolving complaints through formal and informal channels

ROH consistently receive a high number of written and verbal compliments from our patients

Weekly Executive Director meeting includes detailed updates on serious incidents and patient complaints

Actions for 2017

Lead

Further implementation of AIS Standards to include support for language options, visual impairments, formats, with a robust communication and audit plan

Comms and Inclusion

New 360 translation service to be embedded into the Trust

Outpatients

Review use of online and social media mediums in line with patients communication preferences

Comms

Review and relaunch the 'Making every contact count' initiative within the Trust

Comms
Clinical Lead

iWantGreatCare data system to be implemented to provide an enhanced quality of information on patient feedback	Comms
Analyse patients and carers feedback to develop plan to ensure ongoing contact with patients is effective (Survey results)	Comms and Inclusion
Deliver programme to raise awareness on the impact of mental illness and learning disabilities on the outcomes for patients	PALS and Inclusion

Outcome 3 – Empowered, engaged and well supported staff - **Developing**

1.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

1.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

1.3 Training and development opportunities are taken up and positively evaluated by all staff

1.4 When at work, staff are free from abuse, harassment, bullying and violence from any source

1.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

1.6 Staff report positive experiences of their membership of the workforce

Key Evidence

Value Based Recruitment standard practice in the Trust with all interview panels having at least one VBR trained person. Training programme is ongoing to upskilling new staff

ROH works to Agenda for Change job evaluation which underpins equal pay for work of equal value principles

Full programme of Equality and Diversity education as part of the statutory and mandatory training includes Inclusion (newly designed), dementia awareness, safeguarding, effective incident reporting

Freedom to Speak Up Guardian recruited and in place since October 2016

Good network of contact officers are in place and working across clinical and non-clinical roles in the Trust

Good communication interventions within the Trust to ensure staff are updated and well informed e.g. monthly team brief

Patient safety conference attended by all managers to emphasise the importance and staff engagement linked to positive patient outcomes. Communication pack developed to help managers share conference messages with teams

Supported regional schools by hosting work experience programme for students interested NHS careers

Mindfulness programme completed by 50 staff in the Trust to support

Values postcard initiative to thank colleagues personally for role modelling behaviours is well received by staff members

ROH have a flexible work policy which enabling all staff to apply irrespective of role, length and service or seniority

New engagement activities in the Trust such as ROH Bake off and ROH choir have been well received and supported across the Trust

Staff survey results 2015/2016 indicates staff engagement is an area for improvement

Actions for 2017	Lead
Project to work with management to encourage staff survey completion through management support, access and correct medium	OD and Inclusion
Robust action plans to be developed following national staff survey publication in March 2017	Inclusion Snr Managers
Key staff to partner with other local Trusts to set up diversity support groups e.g. LGBT network group and Birmingham Pride	Inclusion and staff
Review access to learning for all staff	Managers & Inclusion
Design and develop assertiveness programme open for all staff to attend	Inclusion and L&D
Relaunch contact officers meetings to review and refresh role specification and provide support. Linked with FTSU Guardian and part of a joint reaccreditation programme – started	Inclusion and contact officers
Further development of candidate attraction and selection plan to ensure applications are received from diverse range of applicants	Recruitment Inclusion
FTSU Guardian communication and implementation plan to be delivered	FTSU Guardian
Training and Development focus group reformed to discuss matters such as relevant content and access for all staff members - started	T&D Lead
Programme to be set up to ensure staff are treating patients with respect from initial contact. Outputs to include workshops, team sessions and communication 'toolbox' for all staff. Project to complement work of Patient Engagement officer	Nursing Lead Inclusion and Patient Engagement

Analysis of statistics from WRES report to review access to learning for BME staff members	Inclusion
Reinstate Equality and Diversity focus group to include diverse membership with terms of reference	Inclusion
Gender Pay Gap report	OD and Inclusion
Review background to staff members entering a formal disciplinary process	Inclusion and HR

Outcome 4 – Inclusive Leadership at all levels - Developing

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation.

4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.

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

Key Evidence

Engagement with outside agencies such as Teenage Cancer Trust, Age UK and RAID crisis team

Value Based Recruitment well embedded

Equality Impact Assessment is embedded and required for all papers submitted to boards and committees

Existing Leadership Development programmes include sessions on the importance of Inclusion in contemporary NHS Leadership

Actions for 2017

Lead

Work with external agencies to continue to improve patient care taking into account differing patient needs e.g. Age UK

Comms

FTSU Guardian to deliver communications and action plan to ensure staff feel safe to speak up about any patient safety issues

Inclusion

FTSU Guardian

Rapid recovery initiative to be launched in Trust to support a number of patients to leave hospital from 24 hours post op - started

Senior managers

Rollout of further management and leadership programmes to develop more effective individual and team performance embedding inclusive behaviours, PDRs

OD and

Inclusion

Development programme designed and deliver to reaccredit and upskill Contact officers

Inclusion

Develop action plan to help staff members role model values and inclusive behaviours

Inclusion

Review support within Trust for celebrating key faith days and national events

Inclusion

The table below shows Equality and Diversity actions from 2016 that were not completed and will not be carried forward in 2017. As discussed with Executive Directors at first submission of this report, these actions are currently not categorised as key priorities for the Trust. They will be held on a log for future reference and review.

Actions not carried forward to 2017

- Review feasibility to screen patients for Asperger's syndrome
- Review mixed sex accommodation
- Discuss with local staff their understanding of the root causes for differing treatment between BME and White British Staff
- Review effectiveness and impact flexible working – [all measures already in place](#)
- Work with local employers to improve smoking cessation and schools to reduce uptake in children
- Work with educational facilities to minimise sedentary activities during break times and highlight the link between inactivity, obesity and surgery
- Work with primary care to ensure interventions for childhood overweight and obesity within the family and in social settings