

NHS Equality Delivery System 2023

The Royal Orthopaedic Hospital

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Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	The Royal Orthopaedic Hospital		Organisation Board Sponsor/Lead		
			Sharon Malhi Chief People Officer		
Name of Integrated Care System	BSol				

EDS Lead	Clare Mair		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)	<ul style="list-style-type: none"> -Staff Experience &OD sub board committee update, January 2024 -People and OD Group (Organisational committee) November and December 2023 and January 2024 -Update -Executive meeting February 2024 – Update -Staff networks – December 2023 and- January 2024 -Network chairs meeting - December 2023 -Feedback session with colleagues – January 2023 Update meeting (December 2023) and progress meeting (January 2024) with Staff side representative and UNISON representative Update at Trust Consultative Committee (Union meeting)– January 2024 		Individual organisation	<p>The Royal Orthopaedic Hospital</p> <p>Ongoing work with ICS EDI Leads for Domain 1</p>	

	Progress updates from colleagues (see list at the end of this document)			
			Partnership* (two or more organisations)	Staff side representative UNISON
			Integrated Care System-wide*	EDI Leads, BSol ICB EDI Lead, BSol Ruth Wall, Head of EDI – Birmingham Women's and Children's
Date completed	February 2024		Month and year published	February 2024
Date authorised	February 2024		Revision date	

Completed actions from previous year (including additional actions from the ROH Inclusion Action plan)	
Action/activity	Related equality objectives
Mankind (Men's) network and the Women's network have been formed to supplement other staff networks within in the Trust. The creation of the networks has been supported by the OD and Inclusion team	Giving colleagues and patients a voice
Staff listening sessions have taken place through the previous twelve months to ensure staff can give key feedback on topics. Current areas of discussion include Cost of Living and Staff Retention	Giving colleagues and patients a voice
Awareness sessions run throughout the year including International Women's Day, Black History Month, Professional Nurse Advocate, Learning Disability awareness, Domestic abuse awareness and Birmingham Pride	Giving colleagues and patients a voice ongoing
The OD and Inclusion Team have developed a Network Chairs meeting to ensure support and collaboration across all the different channels to hear colleague and patient voice	Giving colleagues and patients a voice
Further Freedom to Speak up (FTSU) champions recruited to support staff and patients co-ordinated by the freedom to Speak up Guardian (FTSUG). A dedicated email and telephone line has also been set up	Giving colleagues and patients a voice
Youth Patient Forum continue to be run to hear the voice of patients	Giving colleagues and patients a voice
Launch of 'Many Cultures One' ROH photo exhibition	Giving colleagues and patients a voice
The Trust Charities team have run a number of projects to support patients stay at the Trust e.g. sensory room to support patients and their families	Creating an inclusive and healthy ROH culture
The first fully accessible adult toilet and changing facilities has been set up to support patients and their families	Creating an inclusive and healthy ROH culture
Disability Confident Level 3 – Leader achieved with the Trust now supporting other organisations.	Creating an inclusive and healthy ROH culture

Youth Mental Health First Aid programme and workshops are ongoing	Creating an inclusive and healthy ROH culture
An e learning package on Autism has been rolled out across the Trust with Support from the Learning Disabilities Nurse and the Education and Training Team	Creating an inclusive and healthy ROH culture
Additional physiotherapy locations have been set up in the community to enable patient access to services	Creating an inclusive and healthy ROH culture
Safeguarding training has been updated to support key groups including LGBTQ+ patients and colleagues. Safeguarding Adults at risk policy updated to reflect Care Act	Creating an inclusive and healthy ROH culture
Project Team worked on flexible working programme for the Trust	Creating an inclusive and healthy ROH culture
Inclusive Companies ranking the Trust at 26 out of their Top 50 rankings	Being recognised as a Top Inclusive Employer
Reports have been implemented to benchmark feedback from Learning Disability patients on comments and also compliments. The information is now reported to the Safeguarding committee	Tackling and removing any forms of discrimination
Successful career progression from colleagues who undertook the Mentoring programme launched for Multi Minority Ethnic Group (MMEG) colleagues as part of the WRES Action Plan.	Tackling and removing any forms of discrimination
Open Day recruitment events have been successfully run to attract and reach candidates from a more diverse background	Tackling and removing any forms of discrimination
Work continues on revised approach to the ROH Equality and Health Inequalities Impact Assessments	Tackling and removing any forms of discrimination
Human Factors Development programme including a Trust conference has been designed and continues to be rolled out across the Trust	Ensuring our leaders, managers and colleagues role model in a compassionate and Inclusive Way

Completion of key development opportunities for staff including (1) Enabling a Productive and Inclusive Culture (EPIC) masterclasses open to colleagues across the Trust. (2) Me as a Manager awareness session to support managers in employee lifecycle (3) Mandatory inclusion training (4) Senior Leadership programme with Inclusion element included	Ensuring our leaders, managers and colleagues role model in a compassionate and Inclusive Way
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EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

Domain 1 – Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Service 1 - End of Life Care</p> <p>This service supports patients and their carers through their palliative journey. In majority of cases, this would be for oncology patients.</p> <p>If the patient has a palliative diagnosis the pathway is started in conjunction with Macmillan nurses by consultants.</p> <p>Interpreters will be used to support if needed and any written information is translated by PALS if required. A service is available to translate information into any language – letter and patient information leaflets.</p> <p>The Trust encourages family involvement and this is led by the patient needs. This includes extended visiting hours and access to appointments.</p> <p>This programme is open to all patients who are on a palliative diagnosis. Patients may have started their palliative pathway before accessing the services at the ROH through GPs or referrals from other hospitals.</p> <p>Most patients come to hospital through GP referrals. In some cases, the referral is Hospital to Hospital.</p>	2	ES LC

		<p>If a patient is not fit for surgery, then the procedure will not continue and different options will be discussed with the patient.</p> <p>Private patients are also eligible to palliative care given access through a referral from their GP or through their private medical insurance company.</p> <p>Palliative care would also be applicable for emergency cases and complex cases that are Hospital to Hospital referrals.</p> <p>Patients will be referred for Oncology services.</p> <p>Service 2 - Complaints</p> <p>Patients, families and carers are able to access the PALS and Complaints Department at the time of their concern or within 12 months of the issue occurring. The department will ensure that the patient has all the information available to make an informed decision on how best to proceed and will also provide details on how to escalate their complaint should they be unhappy with the outcome.</p> <p>The department can be accessed by telephone, email, in writing or online via the website and face to face contact can be facilitated by arrangement.</p>	2	ES SL EOK
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		<p>Information on how to contact the department and raise a concern, complaint or compliment is available on all wards and departments in written format in the 6 key languages of our patient demographic the use of interpreting services is also available on request.</p> <p>This information can also be found on the PALS and Complaints page of the Trust website. Ward and department staff facilitate contact with PALS and Complaints if a concern is raised directly with them.</p> <p>The patient can raise a concern on their own behalf or can nominate a representative to do so. If the patient does not have capacity to act on their own behalf, then their appointed advocate can do this for them in the patient's best interests.</p> <p>Service 3 - Interpreting</p> <p>Further engagement with patient groups (including Youth voices) has been undertaken to obtain feedback on access to services and overall patient experience (EOK Update)</p> <p>Work has commenced by Dementia and Mental Health Lead on Dementia Group, patient experience and feedback</p> <p>Interpreters will be used to support if needed and any written information is translated by</p>	2	ES SL
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		<p>PALS if required. A service is available to translate information into any language – letter and patient information leaflets. The Trust encourages family involvement and this is led by the patient needs. This includes extended visiting hours and access to appointments</p> <p>The Trust offers interpreters for all languages and will incur additional expense if there are travelling cost or booked out of area.</p> <p>In the last six months, patients have accessed the external interpreting service for 1820 interventions with a mix of video (500), face to face (538) and telephone (738).</p> <p>The Trust works to the following principles which is outlined in the Interpreting and Translation policy. Patients and their carers should:</p> <ul style="list-style-type: none"> • Communicate accurate information to clinicians and practitioners so that symptoms and their meanings can be understood and correctly diagnosed, and the best available treatment offered • Understand the health issues facing patients, the treatment options available and the steps required to recover or maintain well-being. 		
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		<ul style="list-style-type: none"> • Express themselves fully and freely in an appropriate to the context within which they receive care • Have access to qualified interpreters in response to identified needs • Have access to translated information about the care being provided by the ROH • Be reassured that the provision of interpreting and other language services is the responsibility of the Trust and not the patients, carers, their family or community <p>The Trust has identified different levels of proficiency of interpreting which are available to the Trust staff:</p> <p>Level 1 Trained, experienced and qualified interpreters provided through an approved provider of face-to face interpreting services.</p> <p>Level 2 Interpreter provided through an approved telephone interpreting service provider with whom the Trust has a contract.</p> <p>Level 3 Qualified bilingual staff members, who have undergone some interpreting course such as the Diploma in Public Services Interpreting (DPSI). Their duties regarding interpretation should be detailed in their job description</p> <p>Level 4 Trust staff that are bilingual but not trained. They can be used in emergency cases only</p>		
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		<p>but are never to be used for the consent appointment</p> <p>The Trust's preferred interpreting provider Word 360 provides the Trust with interpreters for people with hearing impairment or difficulties.</p>		
	1B: Individual patients (service users) health needs are met	<p>Service 1 – End of Life Care</p> <p>Patient information to explain the palliative journey is available in different languages. These languages were decided following a review of key languages spoken by patients with support from the Patient Liaison (PALS) team.</p> <p>The patient information is provided in paper copies.</p> <p>Interpreters are also available to support patients and their families.</p> <p>Members of the Macmillan team are also available to speak directly to any patients during their palliative journey.</p> <p>Discharge destination would be home, hospice or other hospital to ensure they are in the correct care setting. Patients are part of the decision making for discharge destination along with their family. Access would be equal regardless of protected characteristic. Chaplaincy service is also</p>	2	ES LC

		<p>available to support the transition with support from UHB.</p> <p>Patients are referred back to their GP, if appropriate.</p> <p>Following surgery, where appropriate therapy sessions are booked to ensure continuing quality of life. These sessions can be face to face (inpatient) or online to suit the needs of the patients and their families. Online supports patients who may find it hard to travel back into the hospital for any reason. The options are discussed with patients to ensure therapy sessions are booked in. This would relate to Physiotherapy and Occupational Therapy combined.</p> <p>Interpreters are available for all clinic appointments (need pre-booking). All patients are encouraged to bring family member with them.</p> <p>Feedback for the service is received through Friends and Family Test (FFT) (PALS) or the national cancer patient experience survey (Nurse consultant, Oncology and CQC inpatient survey (Chief Nurse). Actions plans are in place to improve services moving forward.</p> <p>Palliative patients are offered a side room if appropriate and available. This is also considered to support visitors of patients.</p>		
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		<p>If patients pass away on their palliative journey then there is a specific pathway for families with support from a local funeral directors. This includes booklets and information (electronic and paper) that can be translated into different languages. The funeral directors also have a chapel of rest.</p> <p>Visitors are able to visit a deceased person at the Trust in the immediate hours (up to two hours before they are transferred to the funeral directors).</p> <p>The ward will organise for belongings to be returned to family members or next of kin.</p> <p>Service 2 - PALS</p> <p>The PALS Team provide support to the patient to enable them to achieve the appropriate level of service and clinical care if the patient has not been able to resolve issues on their own behalf.</p> <p>The PALS Team can liaise with clinical services and Service Leads on behalf of the patient to assist the patient in receiving the appropriate information and intervention in a timely manner. They will also resolve any concerns that they have and can sign post to additional support services for example Advocacy, Learning Disability and Autism Nurse support or interpreting services. This is to ensure that the patient journey is tailored to individual needs and in the patient best interests</p>	2	ES SL
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		<p>Service 3 – Interpreting</p> <p>Interpreters are available for all clinic appointments (need pre-booking). All patients are encouraged to bring family member with them.</p> <p>The Trust is able to offer interpreters for all languages and will incur additional expense if there are travelling cost or booked out of area.</p> <p>The preferred interpreting provider also provides with interpreters for people with hearing impairment or difficulties</p>	2	ES SL
	1C: When patients (service users) use the service, they are free from harm	<p>Service 1 – End of Life</p> <p>The Safeguarding team can support patients if they are alerted</p> <p>Staff are expected to notify the learning disability and autism team following contact with a patient who has a diagnosis of learning disability and/ or autism via learning disability and autism notification form. For complex cases, the team will then get in touch with the patient and their family/ carers to develop in depth plans to support them and ensure reasonable adjustments are in place.</p> <p>All staff receive training on learning disability and autism to ensure understanding of reasonable adjustments and how to apply these. Green paper is used in patient notes</p>	2	ES LC

		<p>to record these, and hospital passports are offered to each patient.</p> <p>The learning disability and autism team work closely with all areas of the Trust to support with appointments, admission and discharge.</p> <p>There is set discharge criteria that must be confirmed before the patient is able to leave the hospital. This includes medical and therapy discharge goals. There is also a discharge check list which has been updated following patient feedback. The key elements include an understanding of the discharge medicines, and other equipment provided and how it is to be used along with clear information on how to understand the first signs of infection.</p> <p>The ROCS team may go out to visit patients on the first day after discharge (dependent on diagnosis and surgical input) to home or hostel only. This is to ensure patient and environment is safe, has no post discharge issues and understands next steps for recovery. They will also check all the medication to be taken. This service is available for patients who live within a 25 mile radius of the hospital.</p> <p>Referral for outpatient physiotherapy is confirmed before discharge and this can be organised at the Trust, the nearest hospital to the patient's home or another hospital of their choice.</p>		
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		<p>Follow up appointment – face to face and online appointments are available</p> <p>Feedback has led to a change in food menu options including gluten free, vegan and African Caribbean menus. Staff have also undergone training in understanding the different menu options as a result of feedback.</p> <p>Any incidents are discussed at divisional governance meeting and investigated as appropriate. Patients and relatives are involved in the process. Any letters or governance letters can be translated by the PALS team.</p> <p>As mentioned in the previous section, survey results are used to form a service improvement plan and reported to Cancer Board.</p> <p>This is a comprehensive programme to enable training of patients to self-inject to reduce the requirements of district nurses and enable independence of care for patients once at home.</p> <p>Work is undertaken to ensure information supplied to GPs post op is correct as part of quality audits & Doctors induction. These audits are focussed on patients with protected characteristics. This process has been reviewed and approved by Medical and Nursing teams.</p>	2	
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		<p>Service 2 – Complaints</p> <p>The PALS and Complaints Team work alongside all of the support services within the ROH including liaising with and completing referrals to the Safeguarding Team when required.</p> <p>The Learning Disability and Autism Nurse can be involved either in direct support of the patient through the complaints process or by assisting the team to ensure that they provide information and support in the most appropriate format such as Easy Read, documentation or utilising non complex speech.</p> <p>All patients are assured that raising a concern or complaint will not negatively impact on the provision of their care and that they will be supported and informed throughout the process.</p> <p>The PALS and Complaints Policy has been reviewed and presented for ratification to ensure that all actions are aligned with both local and national standards.</p> <p>All staff within the team are competent to Level 3 Safeguarding Children and Adults Training.</p>	2	ES LC
		<p>Service 3 – Interpreting</p>		ES LC

		<p>Interpreters are available for all clinic appointments (need pre-booking). The Trust offers interpreters for all languages and will incur additional expense if there are travelling cost or booked out of area.</p> <p>All patients are encouraged to bring family member with them.</p> <p>The Trust monitors the service in conjunction with the interpreting company and carries out audits to look at trends, effective usage of interpreting services, training needs, complaints and feedback from stakeholders. The Trust advocates that professional interpreting is used where possible before relying on carers, family or friends. There could be some disadvantages in using untrained interpreters such as friends and family members of the service user or bilingual staff who are not trained to do interpreting.</p>		
	1D: Patients (service users) report positive experiences of the service	<p>Service 1 – End of Life care</p> <p>Friends and Family tests show positive feedback from patients with a current completion rate of 60%.</p> <p>Incident reporting is well defined which includes a learning cycle to communicated and retrain any new information.</p> <p>Feedback for the service is received through FFT (PALS) or the national cancer patient experience survey (Nurse consultant,</p>	2	ES LC AK

		<p>Oncology) and CQC inpatient survey (Chief Nurse). Actions plans are confirmed to improve services moving forward.</p> <p>PALS information is discussed at ward and department levels to highlight positive feedback and address where improvements can be made.</p> <p>Service 2 – PALS Patient Satisfaction Surveys are sent to all persons who have used the PALS and Complaints service and information is collated and presented quarterly at the Patient Experience and Engagement Group (PEEG) Patients desired outcomes are recorded and reviewed as part of the Complaints process. Friends and Family Tests (FFT) are coordinated by the PALS and Complaints Team and the results are shared with participating individual departments for inclusion in their reporting structure. Feedback received via Healthwatch Birmingham is monitored and responded to on a monthly basis, this is then collated and reported on via the Patient Experience quarterly and annual reports presented at PEEG and Trust Board.</p> <p>The PALS team ensure that the feedback from patient with protected characteristics (and also stakeholders) is reviewed and monitored to support a continued positive experience.</p>	2	ES SL
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		<p>Transition to Adult Services -CNS works with PEE Lead to ensure that young voices feedback are noted.</p> <p>Service 3 – Interpreting</p> <p>Interpreters are available for all clinic appointments (need pre-booking). The Trust offers interpreters for all languages and will incur additional expense if there are travelling cost or booked out of area.</p> <p>All patients are encouraged to bring family member with them.</p> <p>Patient Satisfaction Surveys are sent to all persons who have used the PALS and Complaints service and information is collated and presented quarterly at the Patient Experience and Engagement Group (PEEG) Patients desired outcomes are recorded and reviewed as part of the Complaints process.</p> <p>Patients are encouraged to feedback through the Patient Participation forum which are run quarterly.</p>	2	ES SL
Domain 1: Commissioned or provided services overall rating			2	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p>Domain 2: Workforce health and well-being</p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>Wellbeing information which includes health information and mental health support is shared with staff in a number of ways including:</p> <ul style="list-style-type: none"> - Information packs in each department - Wellbeing noticeboards across the Trust • Wellbeing information shared with all departments • Weekly Wellbeing email • Monthly Managers Calls • MHFA champions across the trust • Wellbeing Champions • Wellbeing Conversation Training • Library of support – Five Ways to Wellbeing <p>Bi annual Wellbeing week highlights health issues and support available e.g. exercise bicycle to monitor heartbeat and a Health Kiosk.</p> <p>As part of the wellbeing events exercise classes are available for staff to attend e.g. yoga and Pilates and Zumba.</p> <p>There are a number of Mental Health First aiders (MHFA) across the Trust from a diverse background who are able to support where appropriate.</p> <p>Staff have access to Therapies services treatment through self-referral to support MSK, weight and other health issues.</p>	<p>2</p>	<p>BC LTH</p> <p>ES EOK</p> <p>MP NM</p>
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		The Learning Disability Nurse is able to advise and signpost individuals with a learning disability and/ or autism diagnosis and their line manager		ES FD
		Occupational Health services are available to support staff with health screening or health checks.		BC & MD
		Staff have access to the NHS Regional Staff Mental Health Hub		BC LTH
		Staff have access to Citizen's Advice Birmingham, a direct line for help and support.		
		Staff have access to counselling for help and support.		BC MD
		Staff have access to Relate counselling for help and support.		BC LTH
		Staff can join listening sessions and have access to support for Cost of Living issues including the impact on Mental Health conditions		BC LTH
		Cost of living support includes free out of hours meals, ROH Pantry (foodbank), Period Dignity, the Blue Bag Project, free sanitary products and £1 meals in the Café and access to a Hardship fund.		

		<p>Staff networks are helping to support the sharing of information and give colleagues a voice:</p> <p>Mankind, Menopause, Equality and Diversity, MMEG, Able, Women's Network and LGBTQ+</p> <p>Colleagues are able to raise key issues at the start of each Staff network meeting. This can be colleague from the community or as allies.</p> <p>Sickness data is shared at key meetings to understand links and agree support needed in different areas for staff members</p>		<p>BC JS</p> <p>BC Workforce and OD Team</p>
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		<p>The MMEG network has showcased the ROH Many Cultures One ROH exhibition to show colleagues and patients that the Trust supports and employs colleagues from various cultural, ethnic backgrounds.</p> <p>The Trust is part of the Taskforce as a response to the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) report (Lead by Chief Nurse)</p> <p>The development of further staff networks through staff feedback</p> <ul style="list-style-type: none"> • Building networks through the EPIC Masterclasses to allow staff to speaking up and supporting other staff members. • The Trust attends the ICS BAME network calls to discuss best practice regarding any form of harassment or bullying. • The Trust attends the LBGTQ+ ICS network with regional leaders in how we can support colleagues across the system from a LBGTQ+ community. <p>The Trust has rolled out the Oliver McGowan Tier 1 Mandatory Training in Learning Disability and Autism. The e-learning went live in April 2023 for all staff, with the second sections of training still being developed.</p> <p>The lead has undertaken training to facilitate the Oliver McGowan training Tier 2.</p>	<p>MMEG Network</p> <p>BC ES CM</p> <p>BC JS</p> <p>ES FD Education and Development department</p>
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		<p>Further development work is being undertaken to enable staff with protected characteristics to be supported to report and refuse treatment to patients who verbally or physically abuse. Work to be linked to the violence reduction framework and health and safety forum.</p> <p>Work is being undertaken by the Chief Nurse on the Sexual Safety Charter standards with planned implementation in 2024.</p> <p>The Education and Training team and the learning disability and autism clinical nurse specialist attend regular stakeholder meetings. Whilst this training is predominantly focussed on patient interaction, it also highlights support required for any person with a learning disability or autistic person.</p> <p>Bespoke training is provided to departments to raise awareness of learning disability and autism and how to support colleagues</p> <p>Safeguarding (SG) training is undertaken to raise awareness on and to support colleagues</p> <ul style="list-style-type: none"> • Roadshow and awareness events • SG Champions Day is held quarterly to support and help further educate staff • Full support from initiatives from Staff side and union support 		ES EOK RF
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		<p>SG Champions Day are run quarterly to support and help further educate staff.</p> <p>The Trust has a Domestic Abuse Lead for the Trust who is the Senior Named Safeguarding Nurse for Children and Adults which is recognised by the ICB. As per of the role she delivers annual training to the 52 clinical and non-clinical domestic abuse champions</p> <ul style="list-style-type: none"> • There are two domestic abuse policies in place which supports staff, patients, visitors, and families which is reviewed and updated in accordance with local and national guidance yearly • The domestic abuse lead has designed an internal domestic abuse care pathway which supports staff and patients with assessing the risks of victims and their children. • Three areas within the ROH ask the routine enquiry (domestic abuse question) to all patients accessing our services (Physiotherapy, POAC and ADCU) • All staff who complete level 3 safeguarding training receive DASH risk checklist training and are provided with an internal “we are here to help” domestic abuse card which assist staff with internal and external domestic abuse procedures • The domestic abuse lead attends and contributes to regional domestic abuse 		
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		<p>meeting hosted by NHS England bi-monthly</p> <ul style="list-style-type: none"> • The domestic abuse lead completes an annual domestic abuse audit which is shared with the safeguarding committee to provide assurance to the Trust. • All staff domestic abuse disclosures are managed by the domestic abuse lead and support is provided by the staff members line manager and HR • All departments within the Trust have access to the ROH domestic abuse signposting cards which provides contact details of domestic abuse services. The domestic abuse services are inclusive to the victim's culture, sexuality and gender • Work continues on the violence reduction and prevention standards which is regularly reported to Trust Board on a bi annual basis 		BC AR
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		<p>(EAP) in addition to a local counselling service. Colleagues also have access to the NHS mental hub</p> <p>Colleagues are encouraged to use the Birmingham & Solihull Waiting Room for health and wellbeing support.</p> <p>Other support includes:</p> <ul style="list-style-type: none"> • ICS Staff Mental Health hub • Bi annual Wellbeing weeks to share information with all staff across the Trust on ways to access support • Listening Sessions on key topics • Network of Mental Health First Aiders (MHFA) Staff attending Schwartz Round • Support from Workforce and OD team to help with signposting to the correct solutions • Network of Health and Wellbeing champions • Sessions run at departmental meetings to cover support available • Awareness sessions run at various events • Tea trolleys used as an additional way to promote support in all areas • Occupational Health support • Employee Assistance Programme support (EAP) <p>There is also ongoing partnering with union representatives and staff side to keep them updated on key support available</p>		BC Workforce and OD Staff side
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		Equality Impact Assessments are used for all Trust policies, projects and some patient pathways. An updated approach is due to rolled out in March 2024		BC JS
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>National survey results and Pulse results show positive scores from staff with scores listed below.</p> <p>For place to work the results are National Staff Survey (2022) 72.3% People Pulse survey results 2022/23(Q2) 81% (Q4) 80% For place for treatment the results are National Staff Survey (2022) 84.7% People Pulse survey results 2022/23 (Q2) 87% (Q4) 86%</p> <p>In addition, the scores (out of 10) for other themes are: We are compassionate and inclusive: National staff survey (2022) 7.5</p> <p>We are safe and healthy: National staff survey (2022) 6.4</p> <p>Colleagues Morale: National staff survey (2022) 6.1%</p> <p>Information from the National Staff Survey is used to inform of key priorities to support staff engagement.</p> <p>Information from the Pulse Survey is used to inform of key priorities to support staff engagement.</p> <p>Staff networks include on every agenda a 'check in' section to allow all participants to raise concerns or points of interest</p>	2	BC Workforce & OD Team
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		<p>Focus Groups and listening sessions continue to be run to get feedback on ways to improve retention of staff</p> <p>The Trust has an ROH onboarding which includes a 100 day programme led by the Executive Directors, key departmental colleagues and line managers. This includes future learning opportunities and a 100 days Reunion Event. There is a feedback session to understand staff feedback and any learnings</p> <p>A project team has reviewed the Trust's flexible working approach to incorporate Health and Wellbeing.</p> <p>Ongoing external company reviews are undertaken – Inclusive Companies awarded ranking 26th in Top 50</p> <p>Ongoing delivery of EPIC programme.</p>		
Domain 2: Workforce health and well-being overall rating			2	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p>Domain 3: Inclusive leadership</p>	<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<ul style="list-style-type: none"> • Equality & Diversity data is shared on a bi-annual basis to the staff responsible for service procurement, in order to support decisions making • Equality and Diversity data is now available in an Integrated Performance Dashboard for those responsible for managing and procuring services. • Staff networks include Executive and senior leader sponsors • Executive and senior leaders support inclusion awareness sessions • Executive and Non-Executive Directors (NEDs) work with other organisations to network and raise awareness • All Leadership programmes include an element of Inclusive and Compassionate Leaders • Equality impact used on projects and patient pathways and policies (approach currently being updated) • Senior Leaders continue to attend upskilling sessions for colleagues • Each staff network is supported by an Executive sponsor • The Staff Experience and OD committee meeting is undertaken bi monthly to be give assurance on the Equality and Health Inequalities work. • The Chair of Trust Board and Executive Directors have equality 	<p>2</p>	<p>SGL BC CM</p> <p>ES BC (supported by SM and NB)</p>
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		<p>objectives as part of the EDI Improvement Plan</p> <ul style="list-style-type: none"> • Executive Directors and NEDs directly support with listening sessions on topics including Cost of living, and Menopause • Board placing a particular focus on Race Equality and steps to broaden this work are currently being scoped 		
	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> • All policies and projects must include Equality Impact Assessments and these documents are reviewed at Board meetings • Equality and Health Inequalities information is regularly presented to Trust Board and other sub Board committees • Equality and Health Inequalities risks are included on the risk register and reviewed on a monthly basis. • Monthly updates on Equality, Diversity and Inclusion are given at Trust Board committee meetings with actions logged • Health inequality data is shared in senior operations meetings 	2	<p>AR Governance Team</p> <p>BC OD and Inclusion team</p>

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<ul style="list-style-type: none"> • Integrated Health and Equalities dashboard is reported to senior leaders on a quarterly basis • Key monthly focused report on specific questions around health and wellbeing linked to Health Inequalities • Model hospital is used to share information across the trust • Information on EDI metrics is shared regularly with Senior and Executive leaders at all Board meetings • Information on WRES, WDES and other key reporting is presented and discussed with Board meetings to show progress and provide assurance • Feedback from work with external partner Inclusive Companies is regularly discussed with Board members 	2	SGL Senior Managers BC CM
Domain 3: Inclusive leadership overall rating			2	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		Independent Evaluator(s)/Peer Reviewer(s):		
2		Ruth Wall – Women's and Children's		

EDS Organisation Rating (overall rating): following Peer review meeting – February 2024 - **22**

Organisation name(s): The Royal Orthopaedic Hospital

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan				
EDS Lead			Year(s) active	
Clare Mair, Head of OD and Inclusion			7	
EDS Sponsor			Authorisation date	
Sharon Malhi, Chief People Officer			February 2024	
Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Increased patient engagement from diverse groups to access areas for improvement	<ul style="list-style-type: none"> Further engagement with patient groups (including Youth Forum) to obtain feedback on access to services and overall patient experience 	February 2025
		Support access for patients in line with Equality and Health Inequalities (CORE20PLUS5)	<ul style="list-style-type: none"> Continue to work with regional colleagues to facilitate positive change in access for patient services as a result of the BLACHIR report 	February 2025

	1B: Individual patients (service users) health needs are met	<p>Ensure needs are met for higher risk patients in line with Trust's work on Health Inequalities and CORE 20 PLUS 50</p>	<ul style="list-style-type: none"> A new health and inequalities group has been developed to address workstreams to reduce health inequalities. For learning disabilities this includes a more streamlined pathway ensuring robust collection and sharing of data. This covers notification, planning and handover to GP including prompting of annual health check. 	February 2025
		<p>Improved notification of and information about patients with learning disabilities when they attend the ROH.</p>	<ul style="list-style-type: none"> The mandatory training package on learning disabilities is regularly reviewed and updated. The updated package also covers autism in line with LeDeR Policy (2021, The NHS Long Term Plan (2019), and 'Right to be heard' (2019). Training sessions are running face to face once monthly. Mandatory e-learning sessions in autism and learning disabilities are also available. 	February 2025
	1C: When patients (service users) use the service, they are free from harm	<p>Ensure patients have the correct opportunities to feedback and to report incidents if necessary</p>	<ul style="list-style-type: none"> Review different options for patients to report any issues and viewing data for protected characteristics. Linked to work on Health Inequalities at Trust and with ICS colleagues 	February 2025

	1D: Patients (service users) report positive experiences of the service	Ensure that the feedback from patient with protected characteristics (and also stakeholders) is reviewed and monitored to support a continued positive experience	<ul style="list-style-type: none"> Review of options to collect patient information and feedback by protected characteristics in line with Health Inequalities work 	July 2024
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Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Enabling staff members to have access to health information and services to provide a healthy and supported workforce	Further work to expand the information provided to staff on health issues through Health and Wellbeing initiatives. Ensure interventions are targeted in line with Wellbeing Plan and NHS Health and Wellbeing framework with particular emphasis on integrating national health campaigns for obesity, diabetes, asthma and COPD	February 2025
			Delivery annual Wellbeing priorities	February 2025
			ABLE network undertaking project to introduce staff health passport with WDES funding	July 2024

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Working to reduce abuse, harassment bully and physical violence across protected characteristics	Ensure information from the staff survey data, sickness and absence data is used to identify positive action to reduce negative behaviours and improvements measured.	December 2024
			<p>Further work to enable staff with protected characteristics to be supported to report and refuse treatment to patients who verbally or physically abuse. Work to be linked to the violence reduction framework as part of the health and safety forum to be reported on a bi annual basis</p> <p>The sexual safety charter will also be developed and linked to violence reduction framework</p>	February 2025

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Ensure staff have different options to access support	The FTSU Guardian is working to further develop the number of FTSU champions to ensure that speaking up is a part of everyday culture. The FTSU Guardian is also working with managers and leaders within the Trust to develop a system to triangulate information to be able to improve better support and outcomes for staff with support across the Trust	December 2024
	2D: Staff recommend the organisation as a place to work and receive treatment	Improve the experience of staff members and aid retention	Clear action plans identified with National staff survey results and other survey data Ongoing listening sessions	February 2025

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Board members and managers at all levels are well engaged with Equality and Health Inequalities work across the Trust	<p>Develop work with the Board members on implementing the Leadership Framework for Health Inequalities Improvement.</p> <p>Objectives achieved by Executive Team members on High Impact EDI Improvement Action plan</p> <p>Run Race Equality Code workshop for Trust Board members</p>	<p>February 2025</p> <p>September 2024</p> <p>December 2024</p>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Equality and health inequalities impact assessments are well embedded and understood across all the work at Trust	Develop work to ensure Equality and health inequalities are well reflected in the organisational strategy and business plans	February 2025
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Ensure effective monitoring of Equality and Health Inequalities for staff and patients	Report format established and presented to senior leaders to include all NHS metrics	February 2025

Work supported by colleagues including:

Sharon Malhi (SM) Chief People Officer
Nikki Brockie (NB) Chief Nurse
Rebecca Crowther (BC), Deputy Chief People Officer
Emma Steele (ES) Deputy Chief Nurse
Adam Roberts (AR) Assistant Director of Governance & Risk
Clare Mair (CM) Head of OD and Inclusion
Laura Tilley Hood (LTH) Engagement and Wellbeing Officer
Jeeves Sundar (JS) OD and Inclusion Manager
Shelley Harker (SH) OD and Inclusion Administrator
Rebecca Lloyd (RL) Director of Strategy
Claire Felkin (CFe) Training & Development Manager
Carl Measey (CMe) Health and Safety Manager
Alex Gilder (AG) Deputy Director of Finance, Chair Able
Evelyn O Kane (EOK) Matron, Safeguarding
Rebecca Furnival (RF), Senior Named Nurse for Safeguarding Children, Adults and Domestic Abuse Lead
Florence Dowling (FD) Learning Disabilities and Autism Clinical Nurse Specialist
Marjorie Nelson (MN) - Dementia and Mental Health Practitioner - Social Worker
Laura Clinton, Matron, Wards
Sharon Latham, Head of Patient Experience
Claudette Jones (CJ) Freedom to Speak up Guardian, Chair of Staff Falon Paris Caines (FPC) Chair, Multi Minority Ethnic Group (MMEG)
Gavin Newman (GN) Chair, Mankind network
Ola Popoola (OP), Clinical Services Support Manager (Outpatients, Appointments and Medical Records)
Colin Neal (CN) Staff side
Neil Harwood (NU) Unison representative
Freedom to Speak Up Guardian (FTSUG)

Executive Team
Workforce and OD Team
Staff networks including Multi Minority Ethnic Group (MMEG)
Staff Experience and OD Committee

Outline of Evidence	Example Evidence: Domain 3
<p data-bbox="165 225 611 256">Example Evidence: Domain 1</p> <ul data-bbox="215 301 1099 1386" style="list-style-type: none"> • Divisional meeting information and minutes • Information from Matron, Wards • Information from PALS Team • Patient data • Patient feedback at clinical level • Reports to committees including Patient Engagement and Cancer Board • Information from Macmillan • Palliative care information • Word360 Interpreter bi annual reports • PALS and complaints policy • The Friends and Family Test (FFT) • Information on raising a complaint • Information from Patient Experience Engagement groups including Young Voices • Mandatory training framework for training on Dementia and Learning Disabilities • End of Life patient information • Patient discharge information • Information on Chaplaincy services • Funeral services information • Self injection information sheets • Feedback from Healthwatch • Interpreting and Translation policy • Safeguarding policy • Learning Disability policy • Action plans for different areas of work • Minutes from Board meetings with updates and actions 	<ul data-bbox="1115 225 1953 799" style="list-style-type: none"> • Board meeting agenda and minutes • Information on Board awareness sessions • Information on Equality Impact Assessments • Information on Leadership Framework for Health Inequalities Improvement • Information on EDI Improvement plan • EDI reports presented at Trust Board meetings (Public) – monthly agenda item • Minutes for Trust Board meetings (Public) • EDI report presented at Staff Experience and OD experience (SE&OD) - monthly agenda item • Minutes for SE&OD meetings • EDI reports presented at People and OD Group – monthly agenda item • Minutes for People and OD Group

Example Evidence: Domain 2

- National Staff Survey (NSS) result 2022
- People Pulse survey information for Quarters 1,2 in 2022/23
- Information for the WRES Indicators and reports
- Information from WDES indicators and reports
- Information from Gender Pay Gap report
- Inclusion Strategy
- Inclusion action plan
- Meeting minutes from staff networks
- Meeting and updates with colleagues across the Trust
- Information from external organisations including Thrive at Work and Inclusive companies
- Application for Inclusive companies Top 50 ranking
- Application for Thrive at Work accreditation
- NHS Health and Wellbeing Framework
- Freedom to Speak Up Guardian Evidence
- FTSU Policy
- External providers including MIND and Citizen's Advice
- ROH Guide and intranet information on Cost of Living
- Citizens Advice details – External
- TOR Staff Network
- Network chairs meeting
- Inclusion strategy
- Health and wellbeing information provided for departments and individuals
- Information on wellbeing week
- Wellbeing information training
- Wellbeing plan
- Information on Sexual safety charter
- Inclusion presentations at Inclusive companies national webinars presented by Chief People Officer and CEO