



Equality & Diversity Report

The Royal Orthopaedic Hospital

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Equality and Diversity at the Royal Orthopaedic Hospital

Summary

The Royal Orthopaedic Hospital NHS Foundation Trust is one of the largest specialist orthopaedic units in Europe. We offer planned orthopaedic surgery to people locally, nationally and internationally. The Trust has a 200 year history and a strong culture of tradition and loyalty. The aim at the Royal Orthopaedic Hospital (ROH) is to offer an inclusive and fair patient services and employment which meets the diverse and personal needs of our patients, staff and visitors.

This report provides an overview of the equality information for patients and staff highlighting key areas of interest. Additional information particularly from our staff survey data and the Workforce Race Equality Standard (WRES) allows the Trust to identify strengths, weaknesses and key areas for development.

The Trust works to the EDS 2 system as recommended by commissioners to ensure all areas of the Trust are evaluated for effectiveness of an equality and diversity. Wide consultation with external and internal stakeholders has enabled a robust action plan to be developed which will be reviewed and updated on an ongoing basis.

The Trust

The Trust has been at the forefront of orthopaedic care, pioneering new surgical techniques and advancing treatment for people from across the world with bone and joint disorders. That heritage of innovation and excellence still drives the Trust today as boundaries continue to be pushed to deliver the best care possible. In 2017/18 alone the Trust has been a part of the following innovation programmes to improve patient care and outcomes in the NHS:

- Mako pioneering robotic arm
- Red to Green project to enable patients get home quick in a safe manner
- Spherex innovative treatment for cartilage defects

Introduction on Equality and Diversity at ROH



















Led by the Trust Board, the Royal Orthopaedic Hospital is committed to ensuring equality, diversity and human rights are central to the way healthcare services are delivered to our patients and how we support our staff.

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. The Trust works to ensure that patients, staff and other stakeholders have a voice to put forward suggestions, concerns and ideas.

The Trust has a zero-tolerance approach to all forms of harassment including sexual and racial harassment and will take all complaints of this nature extremely seriously.

Key achievements

The Trust has made progress in 2017 to support both staff and patients. Here are some of our achievements.

 <p>Anti-bullying awareness event 120 pledges from staff</p>	 <p>A Rapid recovery to get patients home quicker</p>	 <p>Programme to support child transition to adult care</p>	 <p>Successful flu vaccination campaign</p>
 <p>Hearing loop installed in outpatients department</p>	 <p>New Learning Disabilities action plan</p>	 <p>Domestic abuse training for over 100 staff members</p>	 <p>New translation services introduced</p>
 <p>Progress made on Accessible Information Standard</p>	 <p>New consultants programme</p>	 <p>Coaching to upskill managers in supporting teams</p>	 <p>Education sessions with local religious groups for nursing</p>
 <p>New 'I want great care' patient feedback system</p>	 <p>Continuing training for contact officers</p>	 <p>Mindfulness programme completed by over 60 staff members</p>	 <p>Continuation of the Values card 'thank you' scheme</p>
 <p>Staff survey 2017 showed that staff were more engaged</p>	 <p>Successful National nursing day celebration</p>	 <p>Engagement activities including ROH bake off and ROH choir</p>	 <p>Training programme on Emotional Resilience for all staff</p>
 <p>New Staff Experience and OD provide assurance on the ROH equality and diversity agenda</p>	 <p>Festival and faith days celebrated</p>	 <p>Inclusion session on core mandatory training</p>	 <p>Recognised in the WRES national report</p>

May 2018

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 the Trust 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”
- meet the WRES standards

The general equality duty

Section 149(1) of the Equality Act 2010 puts various requirements on NHS organisations when exercising their functions. The general duty requires NHS organisations to have due regard to:

- eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act
- 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.

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 fourth year that ROH have developed an annual equality and diversity plan against the EDS 2 criteria. This report is based on feedback and evidence, which has been reviewed both internally and externally, on particular aspects of equality and diversity around the nine protected groups.

Methodology

Staff and Patient data has been presented with commentary on areas of interest and concern.

May 2018

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

- An initial focus group run in November 2017 with key staff from Patient Engagement and Comms to design and scope the outline for main focus groups
- Focus groups run in January 18 with ROH and local stakeholders (including representation from Birmingham Race Action Partnership (BRAP) and CCG (Clinical Commissioning Group) and religious representation (Jehovah's Witness)
- One to one meetings with key internal and external stakeholders
- Data reviewed from Q1 and Q2 Staff FFT (Friends and Family Test) survey 2017
- Data reviewed from National Staff Survey 2018
- Data reviewed from WRES 2017
- Information from the Gender Pay gap report
- Data for staff and patients analysed

For each of the four EDS outcomes, feedback and evidence was analysed separately by 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:

Grading			
Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Nine Protected Groups - Age, Disability, Gender re-assignment, Marriage and civil Partnership, Pregnancy and maternity, Race, Religion and belief, Sex and Sexual orientation

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:

- Sign off and bi Annual update at the People Committee
- Sign off and bi annual update at the Staff Experience and OD Committee meeting
- Annual update at Patient Carers forum and Governors meeting
- Updates to Executive Directors and Trust Board as requested
- Biannual forums with external and internal partners
- 6 monthly written and verbal update on progress to the CCG
- Progress updates to Associate Director of Workforce and OD

Partnering

The Trust works closely with Clinical Commissioning Group (CCG) to ensure progress is being made for the benefit of staff and patients. We also work closely with Birmingham Race Action Partnership (BRAP).

May 2018

The EDS 2 Framework Overall Grades

Grading			
Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Outcome 1 – Better health outcomes for all	Grade
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	Achieving
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing
Outcome 2 – Improved patient access and experience	Grade
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
2.3 People report positive experiences of the NHS	Achieving
2.4 People's complaints about services are handled respectfully and efficiently	Achieving
Outcome 3 – Empowered, engaged and well supported	Grade
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing
3.2 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	Achieving
3.3 Training and development opportunities are taken up and positively evaluated by all staff	Achieving
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing
3.6 Staff report positive experiences of their membership of the workforce	Developing
Outcome 4 – Inclusive Leadership	Grade
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation	Developing
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	Developing
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing

THE EDS 2 FRAMEWORK AND ACTION PLAN

Grading			
Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Outcome 1 – Better health outcomes for all

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities

ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
ROH contracts with the Commissioners (CCG) for core funding. Equality and Diversity (E&D) reporting is completed on patients and staffs through EDS 2 and WRES as part of the CCG contract. These reports are not directly shared with procurement colleagues however local policies and processes will apply to ensure services provided meet the needs of all patients. There is currently no evaluation on effectiveness of services for the nine protected characteristics (9PG) with CCG contracting	All Equality and Diversity reporting requirements under the CCG contract are managed and signed off with the CCG Equality Lead Colleagues procuring services will work to local procedures and policies Additional reporting is completed under WRES to analyse information for BME individuals Feedback from E&D forums have not identified an gaps in services provided for protected characteristics in the Trust Small number of complaints from patient	E&D data to be shared on a bi annual basis to the staff responsible for service procurement to support decisions making WDES reporting to start in starting March 19 to provide further information for Disability requirements Look at possible procurement assessment against 9 Protected Group (PGs). To include patient feedback e.g. hearing loop project	Quarter 3 Quarter 4 Quarter 4	Developing
Significant services are procured by Sandwell and West Birmingham Trust through NHS procurement agencies without the requirement for equality and diversity assessments	Health Trust Europe and NHS supply chain agencies do not require Equality and Diversity information to be submitted by suppliers as part Tendering process	Review equality impact assessment against new (Future Operating Model) FOM procurement framework Review possible changes to the ROH procurement process to include appropriate EIA	Quarter 2 Quarter 2	Developing

	CIPS requires only one tick box for meeting E&D assessments	assessments Training for relevant staff on Inclusion and Procurement	Quarter 4	
1.2 Individual people's health needs are assessed and met in appropriate and effective ways				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
Outpatients and Pre-Operative assessment has access to the standard information provided by Primary Care referrals. This information does not currently give full diverse data for patients and may initially impact effectiveness of assessment	Incomplete information provided from Primary care providers on protected characteristics Delays if adjustments need to be made or GPs contacted to correctly assess health needs and therefore support patients. Specialist teams such as safeguarding and Learning Disabilities not able to support in timely manner	The implementation of the ERS (electronic referral system) will allow more information to be provided about patients (and by patients themselves) prior to first ROH appointments Review feasibility for additional partnering work with GPs? Gain further advice from specialist teams	Ongoing Quarter 4 Quarter 3	Developing
All paediatric inpatients (up to 18 years) regardless of age have access to education in line with the Right to Education Act 2009	Compliance with the Right to Education Act 2009 and reviewed by Children's Board Teacher and school room available for all patients up to 18 years	Review of education provision for 16 -18 year patients as part of the transition of inpatient services to Birmingham Children's Hospital	Quarter 4	Achieving
Once identified Learning Disability (LD) patients are well supported through their care pathway underpinned by the Equality Act 2010 and the Transforming Care 2015 delivery programme. Feedback from the Care Quality Commission (CQC) report May 18 noted good practice in this area	Possible incomplete information at first appointment – improvements through electronic notification and Hospital passport Strategy and action plan underpinned by the Equality Act 2010 Recent self-assessment evaluated as compliant under Transforming Care	Improved notification and information from primary care referrals about patient diversity Raise LD awareness across Trust in 12 month education plan. Particular emphasis on links to Mental Health support - Feedback from LD patients and carers to be collated	Quarter 3 Ongoing Quarter 4	Achieving

	2015 External Partnering with Mencap Bham			
Development of the orthopaedic alliance starting to improve access for all patients without specific information on 9PGs	Project plan in place to give access to patients at local Trusts for elective procedures must include diversity data	Review additional information required to support operations team at ROH and at other sites - ongoing		Developing
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
The ROCS (ROH community service) is a post op (hips and knees) community service offered to all appropriate patients within 25 mile radius of the Trust. As part of the pre discharge meeting any additional support is discussed including patients with Learning Disabilities or interpretation services. Adjustments are made which means very few patients are excluded from the services.	Pre discharge meeting for all patients Processes and policies in place to ensure access for all patients Staff training to support all patient 'I want great care' receiving best results for Trust with no negative comments on 9 Protected Group issues	Upskilling on requirements for mental health patients in line with CQC recommendation for the mental health approach at ROH	Quarter 4	Achieving
For Paediatrics, initiatives such as Ready Steady Go ensure that comprehensive diversity information is collected earlier on to support fair treatment in the ROH and at Birmingham Children's Hospital for the benefit of both the patients and their carers	Positive feedback from Children's forum on initiatives and care provided ROH senior team present on initiatives at national meetings to share best practice Ongoing programmes to review best pathways for 16-18 year olds (Want Mum mentality)	Continue to embed Ready Steady Go approach with a need to improve technology in line with patients feedback - Review Age appropriate options as part of Ready Steady Go Project work with Adult services to aid transition (Children's Board) in line with 9 Protected Groups	Ongoing Quarter 3 Quarter 3	Achieving
The Trust delivers a number programmes to ensure that all individual patient pathways take into account individual needs,	Initiatives include bi weekly MDT meetings for each patient, Dementia screening, Red to Green, PJ paralysis (over 65s) and Passport to Home	Assessment of Passport to Home to ensure diverse needs of patients are met - Develop better links with primary care providers to	Ongoing	

including 9 Protected Groups, and are effectively managed in line with Trust policies. There is an increasing emphasis on dementia patient care.	Effective liaison with key agencies including local authorities, social workers district nursing and substance abuse support	support discharge service requirements for patients early Work to be further developed for Dementia support due to increasing number of patient presenting with symptoms	Ongoing Quarter 2	Achieving
Perfecting Pathways programme to improve the patient experience from referral to discharge looks at individual patients rather than diverse patient data Patient feedback highlighted positive experience of outcomes but not always about individual patient journey	Includes Passport to Home, Red to Green, Rapid recovery Pathway redesign And EPMA (Electronic Prescribing) Strategic Project team with senior HR leaders with weekly review meetings	Action to ensure that the diverse patient voice is heard in service design of initiatives	Quarter 1	Achieving
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
Estates and Facilities work to legislation, policies, procedures and safe systems of work to reduce the harm for all on site with patient feedback from diverse groups recognising best practice e.g. specialised menus	Key areas of work includes compliance with legislation, conflict management, restrictive intervention training, CAS alerts patient handling treating, refurb of buildings using guidelines and following fire legislation	Further analysis is required to ensure actions are reducing harm for all diverse groups -	Ongoing	Developing
Safeguarding team reviews diversity information for all individuals when assessing needs	Approach tailored to individual circumstances and an action plan recognising 9 protected groups.	Further development of action plan to include additional work in unconscious training around 9 Protected Groups and Mental health issues	Quarter 2	

<p>in line with the Care Act, Trust policies and Birmingham safeguarding boards.</p> <p>Some protected characteristics are more represented due to nature of work e.g. Age</p> <p>Provision was recognised in recent CQC report May 18</p>	<p>Information not always available at first appointment</p> <p>Support information is available in the form of leaflets, intranet information and publication of reports</p> <p>Awareness at Mandatory training, recent domestic abuse training and working closely with LD team</p> <p>External partnering to support areas such as disability and hate crime, modern slavery and alcohol and drug</p>	<p>Further support identified for LGBT individuals</p> <p>Safeguarding supervision programme</p> <p>Support for staff members -</p>	<p>Ongoing</p> <p>Quarter 4</p> <p>Ongoing</p>	Achieving
<p>Staff feel able to speak up about patient safety to the FTSU Guardian. Diversity information is not always collected.</p> <p>Staff survey results showed an increase to 3.65 (out of 5) in 'Staff confidence and security in reporting unsafe clinical procedures' which impacts positively on patients.</p>	<p>Strategy and Action plan in line with guidance from the National office</p> <p>FTSU Policy written as a result of the "Freedom to Speak Up" initiative from the DoH's consultation on actions and recommendations from the Francis report</p> <p>Guardian currently reports to Trust Board, TCC, safety committee and governors</p> <p>Presentation on best practice at National office meeting</p>	<p>Further awareness across the Trust on importance and the impact for our diverse group of patients -</p> <p>Recruitment of Guardian to cover maternity leave to ensure continuity</p> <p>App development to enable an easier way for more individuals to report incidents confidentially</p> <p>Continued support and guidance from National office to meet national requirements for the 9 protected Groups -</p>	<p>Ongoing</p> <p>Quarter 2</p> <p>Quarter 3</p> <p>Ongoing</p>	Achieving
<p>Governance provides robust systems for incident reporting and root cause analysis to ensure the Trust learns from mistakes for all our patients. There is no specific requirement for diversity data as part of the resolution of issues</p>	<p>Governance strategy and action plan in line with legislation</p> <p>System to report incidents well embedded but with set fields to populate (Ulysses)</p>	<p>CQC inspection report May 18 identified actions which must be linked to 9 PGs -</p> <p>Review feasibility to collect and analyse data for patient diversity from reporting</p> <p>Include in governance mandatory training the</p>	<p>Ongoing</p> <p>Ongoing</p>	Developing

although this may still be included when information is submitted	No Equality Assessment Impact for governance processes currently	importance of recognising the 9 protected characteristics	Quarter 2	
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
Outreach clinics in local vicinity have provided opportunities for patients especially with mobility problems to access ROH services.	Current clinic being run in Lordswood Positive feedback from patients has been received in terms of location	Further clinic location plans(e.g. West Heath) should identify impacts on 9 PGs	Ongoing	Developing
'Straight to test' MRI scans available for all patients to enable access to ROH services before referral and enable a shorter patient pathways. There is no information to assess impact on this service for 9 PGs	Service available for all but dependent on Primary Care provider requesting the service	Ensuring service is understood by primary care providers with clear benefits for some protected group -	Ongoing	Developing

Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Outcome 2 – Improved patient access and experience

2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.

ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
The Trust Accessible Information strategy works alongside the toolkit from Healthwatch that recognises 9 PGs. Work has been concentrated particularly on Disability. This was also noted by the CQC report May 18	AIS Project team and action plan in place with a remit to widen work for all 9 PGs Quality of progress noted in a few areas across the 9 protected characteristics	Increased patient engagement from diverse groups to assess areas for improvement - Further develop of AIS action plan in line with Healthwatch -	Ongoing Ongoing	Developing
The Trust is currently undertaking a review to ensure that the site is physically and virtually more accessible for visitors from diverse groups, in line with feedback from patients	Plan not reviewed to date against 9 PGs must work will cover disabled parking, access to hospital transport and public transport, format of information sent to patients and the use of technology in the patient journey	Increased patient engagement from diverse groups to assess areas for improvement Further input from staff members following CI event	Quarter 3 Quarter 2	Developing
RTT (Referral to Treatment) work continues to ensure equitable assessment across patients however there is no specific assessment for 9PGs	Target for Trust is 92% across all patients however paediatric spinal deformity continues to experience capacity issues	Further work to improve RTT figures with emphasis on particular groups e.g. spinal deformity	Ongoing	Developing

Some areas are lower due to capacity constraints				
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
Translation services are well embedded in Outpatients as noted by patients feedback however these service are not currently available across all hospital departments	Positive feedback from patients in outpatients as noted by CQC report May18. Staff in Theatres highlighted the need for this patient service in an Equality and Diversity Forum	Review translation provision, delivery models and different formats	Quarter 2	Developing
Learning Disabilities as previously in 1.2				Achieving
On site patient support is available for certain patients and is assessed well by patients. Services do not cover all 9 PGs	Specialists include Teenage Cancer Trust, Macmillan and Chaplaincy Other services may be accessible as required	Review of additional support required for 9 Protected Groups	Quarter 2	Developing
2.3 People report positive experiences of the NHS				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade

<p>Patient Experience Feedback is collected from every patient interaction. Information is collated, analysed and provided to support further development. Data on age, gender, disability and race is currently recorded.</p> <p>Feedback is broken down by demographics recorded and trends can be identified.</p> <p>Easy read format is also available</p> <p>National inpatient survey records patient diverse data placed ROH in top 20%</p>	<p>Data is collected via Patient Friends and Family Test, Care opinion/ NHS Choices Patient and Carer's Forum, Onsite ad-hoc questionnaires and compliments</p> <p>Results are published nationally</p>	<p>Review of options for technology led feedback with further analysis of diversity data</p> <p>All Protected Groups will be recorded for Q2 2018-19 for Patients Friends and Family Test -</p> <p>Action plan produced annually and evaluated. Diversity data will be reviewed as part of action plan in 2018-2019 -</p>	<p>Quarter 2</p> <p>Ongoing</p> <p>Ongoing</p>	Achieving
2.4 People's complaints about services are handled respectfully and efficiently				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
<p>Patient complaints are handled in a timely manner in line with Department of Health Complaint Regulations 2012 and best practice guidelines. Data analysis on complaint satisfaction surveys currently for age, race and sexual orientation only. Patients' access to complaints is supported by PALS Manager, Advocacy Services which are widely promoted and specific charitable organisations where appropriate.</p>	<p>PALs team work to key standards</p> <p>Currently constrained by reporting functionality</p> <p>Support given to ensure patients have access to raising a complaint by several methods (verbally, interpreter, written, advocate)</p> <p>Posters advertising how to raise concerns in clinical areas.</p>	<p>Review of system functionality -</p> <p>All protected characteristics will be recorded from April 2019 and results analysed fully</p>	<p>Ongoing</p> <p>Quarter 4</p>	Achieving

Grading			
Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Outcome 3 – Empowered, engaged and well supported

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

ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
The ROH recruitment process valued based and fair but currently under review as a result of stats on staffing and further opportunities. There was a small decrease to 84% of all staff (66% for BME staff) in the NSS survey indicating that equal opportunities are available. In addition WRES data for Very senior managers (VSM) appointments shows that there seems to be limited career opportunities at senior levels for BME staff.	Process and policies in place which to support equality of recruitment and selection in most areas Data for staff bands that show a possible lack of representation	Review to recruitment and selection taking into account feedback data from surveys and workforce data Further review of future workforce plan using data for 9PGs in line with WRES and WDES (March 2019)	Quarter 2 Quarter 2	Developing

3.2 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

ROH Statement	Evidence	Proposed Actions		Grade
The Trust works within the Agenda for Change framework and has process in place to ensure equity of job role and pay	HR supporting managers with understanding agenda for change Information provided by gender pay gap reporting will be used to inform future workforce plan	Clear plan for Agenda or Change updates to include impact for 9PGs Introduction of Succession planning and Talent Management approach using relevant diversity data	Quarter 2/ Quarter 3 Quarter 3	Achieving

3.3 Training and development opportunities are taken up and positively evaluated by all staff.				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
<p>A range of internal training programmes are available to staff members including sessions to educate on equality and diversity. Specific programmes from NHS Leadership e.g. BME Leadership are advertised widely in the Trust.</p> <p>WRES data shows equal access for White and BME to learning programmes</p> <p>Course evaluations from staff are not analysed for differences across 9 PGs.</p>	<p>Information on mandatory training attendance shows no issues</p> <p>All training information is accessible to managers and teams</p> <p>Training attendance is recorded against diverse fields available on ESR</p> <p>Evaluations are currently scores and comments only</p>	<p>Engagement with staff from diverse groups to understand any issues around access or content of training</p> <p>Staff involved in training design -</p> <p>Evaluations to take include information on diversity of participants</p>	<p>Quarter 1</p> <p>Ongoing</p> <p>Quarter 2</p>	Achieving
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
<p>Staff are made aware of support at ROH through communication, training and support networks. NSS results indicate that more work is needed to support staff from 9 Protected Groups e.g. 45% BME staff (23% White) reporting harassment, bullying or abuse in 12 months.</p> <p>E&D forum also noted more support would benefit staff from 9PGs</p>	<p>Support from line managers, contact officers, support information and awareness days including Anti Bullying</p> <p>NSS results show difference across 9 Protected Groups</p> <p>Training is available in conflict resolution, emotional resilience and assertiveness to support staff members</p> <p>Inclusion awareness at Induction and Mandatory training</p>	<p>Establish E&D network in preference to individual network groups</p> <p>Ensure Speak up and Join in approach incorporates 9 Protected Groups -</p> <p>Review development options against 9 Protected groups</p> <p>Ensure all development programmes include Inclusion sessions</p>	<p>Quarter 1</p> <p>Ongoing</p> <p>Quarter 2</p> <p>Ongoing</p>	Developing

3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
A clear policy and process is in place and results in the NSS survey report – ‘61% staff are satisfied with flexible working options’ - an increase from 57% in the previous year. However this data varies across different groups. There is no current analysis against 9PGs of ROH staff with flexible working arrangements	Information is collected for staff working flexibly but not specific 9PGs information	Review reporting of flexible working to ensure equality and recognition of requests from diverse groups	Quarter 2	Developing
	National survey indicates varying views from staff	Ensure different groups are aware of flexible working options	Quarter 2	
	Policies in the trust are more accommodating that legislative requirements	Differences across groups must be identified and actions taken to resolve an inequality in line with Trust policy importance -	Ongoing	
3.6 Staff report positive experiences of their membership of the workforce				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
Information and views collected from staff surveys (including National Staff Survey NSS and Friends and Family Test FFT) and E&D forums show overall good engagement for staff particularly in relation to patient treatment. The NSS survey indicated a small increase on overall engagement to 3.83. Work on the Speak up and Join In initiative will focus more on 9PGs to support improvements in engagement from diverse groups	Staff survey results and analysis	Ensure more opportunities for staff to engage and share ideas through specific network meetings for Equality and Diversity -	Ongoing	Developing
	E&D forums held with staff and external partners including CCG and Patients Carer forum	Ensure Speak Up and Join in allows engagement with staff specifically from 9 PGs -	Ongoing	
	General feedback on improving communications from senior management			

Grading			
Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Outcome 4: Inclusive Leadership				
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation.				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
<p>Trust Board receive regular updates and information through the SE&OD committee on diversity data for staff members.</p> <p>Individual Board members also support E&D events run in the Trust e.g. Anti-Bullying Awareness</p> <p>More regular updates and information updates are needed to ensure members are fully aware of 9 Protected Groups and impact on staff and patients</p> <p>Recent CQC report suggested more Equality and Diversity awareness at Board level</p>	<p>Trust Board previously signed off annual E&D report</p> <p>SE&OD receive bi annual report on WRES information</p> <p>Board members visible across the Trust to support staff and patients</p>	<p>Board update session on Equality, Diversity and Inclusion</p> <p>Support from E&D Lead appointed by Chair -</p> <p>Regular reporting to Trust Board -</p> <p>External partnering to establish best practice e.g. BRAP (Birmingham Race Action Partnership)</p>	<p>Quarter 2</p> <p>TBC</p> <p>Ongoing</p> <p>Quarter 1</p>	Developing

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.				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
In line with policy approval process, all Cost Improvement programmes (CIPs) and business cases should include Equality Impact Assessments (EIA) to ensure major programmes comply with Equality Act 2010 and support different groups. EIAs are not always completed and the information request does not give a good assessment across 9 Protected Groups	Current CIPs process includes a 'tick box' only Equality question which is not always completed 'Tick box' is not always completed or monitored when submitted. There is no EIA for business cases No discussion on Equality Impact before approval	Review current completion rates for Equality tick boxes Review best practice in NHS and wider with EIA for CIPs and business cases Recommend documentation, guidance and monitoring for EIA completion on business cases and CIPs	Quarter 2 Quarter 2 Quarter 3	Developing
Submission of Trust policies for Board approval must include the completion of an approved Equality Impact Assessment (EIA) to comply with the Equality Act 2010 however there is no analysis of how effective these policies impact treatment for 9 Protected Groups	Comprehensive guidance on process and documentation is available to all staff on the intranet Guidance shows documentation and how to complete the form correctly as well of the importance of completing an EIA Company secretary department check and return any policies submitted without EIA completion.	No review dates required but guidance notes will be reviewed for any changes or improvements Review feasibility to look at policy effectiveness against 9PGs	Quarter 3 Quarter 2	Developing
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.				
ROH Statement	Evidence	Proposed Actions	QTR/ Ongoing	Grade
There are a number of initiatives available to upskills managers including workshops, mandatory training sessions and awareness events to create a culturally competent team. The yearly Inclusion session and Value Based Recruitment are the main	Core mandatory training completion Sessions in Management skills programme, Domestic abuse training Values based recruitment, Support of contact officers	Review of skills development for 9PGs including unconscious bias Review of staff survey results further - Incorporating information on Speak up and Join in programme -	Quarter 1 Ongoing Ongoing	Developing

intervention where 9PGs are discussed	Awareness events such as Anti bullying, Mental Health awareness and Culture			
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Abbreviations

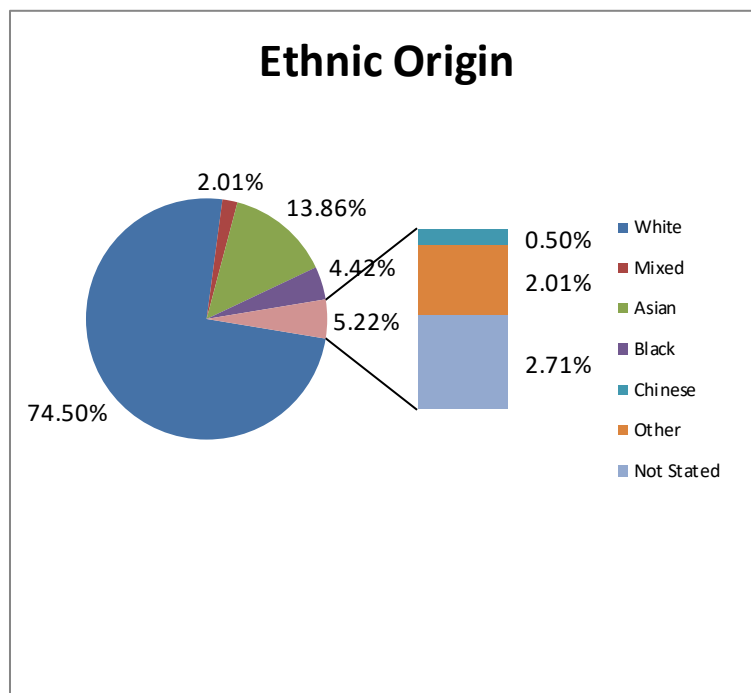
E&D	Equality and Diversity
CCG	NHS Clinical Commissioners
WRES	Workforce Race Equality Standard
WDES	Workforce Disability Equality Standard
GP	General Practitioners in Primary Care
EIA	Equality Impact Assessments
LD	Learning Disabilities
CQC	Care Quality Commission
FTSU	Freedom to Speak up Guardian
RTT	Referral to Treatment
9PG	Nine Protected Groups - Age, Disability, Gender re-assignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex and Sexual orientation

Individual Contributors: Alison Warren, Clare Hinwood, Jane Forsythe, Rebecca Lloyd, Simon Grainger Lloyd, Amanda Gaston, Marie Peplow, Julie Gardner, Navid Javeed, Nicky Roberts, Stacey Keegan, Ash Tullett, Julie Mullis, Nathan Samuels, Chris Plant, Annwyn Williams, Meesha Ranpuria, Matt Payne, Dave Cooke, Mandy Johal, David Richardson, Claire Felkin, Nicky Roberts, Carl Measey Lisa Kealey, Alicia Stanton and Alex Gilder

Workforce information

In this section, staff data is presented for the six of the protected characteristics: Age, Disability, Transgender, Ethnicity, Sexual Orientation, Religion and Sex are included. There is no detailed information recorded for Transgender staff members, Marriage and Civil Partnership, Pregnancy and Maternity.

Ethnicity

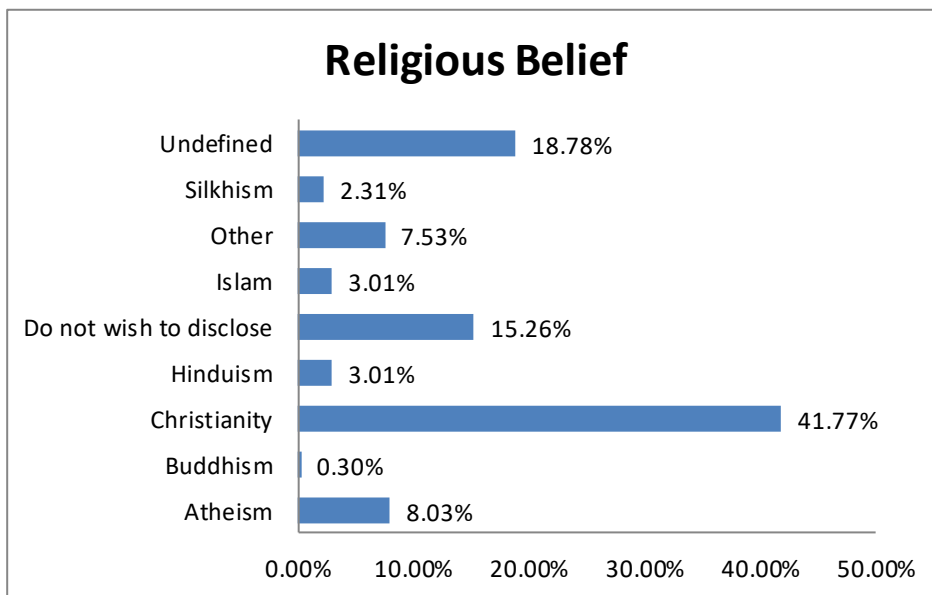


There has been no significant change in the different percentages for each of the ethnic groups with the current percentage for White at 74.5%. The census data for Northfield (2011), local to the hospital shows a marked difference for White at 82%. For the wider area of Birmingham, the census data is significantly different at 52%. This may indicate that candidates and new employees are being attracted to the Trust from outside the immediate area for advertised roles.

The WRES (Workforce Race Equality Standard) data indicates that there is a decreasing percentage of BME (Black ethnic minority) in post as Bands increase. In particular, there is a significantly lower percentage of BME colleagues at Band 8A for non-clinical and Band 7 for clinic colleagues. The National Staff survey (NSS) 2017 results also indicate that only 66% of BME staff compared to 87% White 'believes that the organisation provides career progression or promotion'. WRES data also highlights a possible issue between shortlisting and appointing BME candidates.

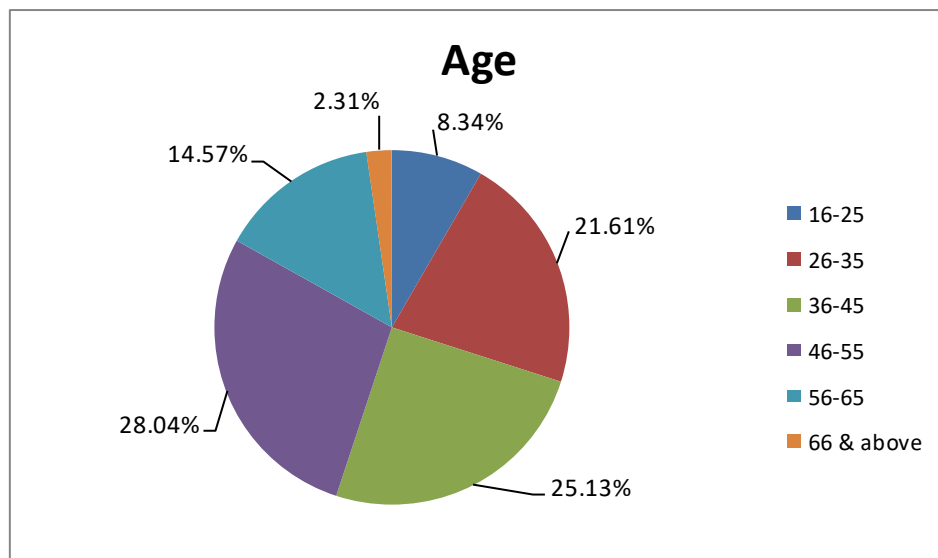
The patient data section of this report shows that 37% patients are White which highlights means that the Trust must continue to educate staff members on Inclusion for patients of all races.

Religious Belief



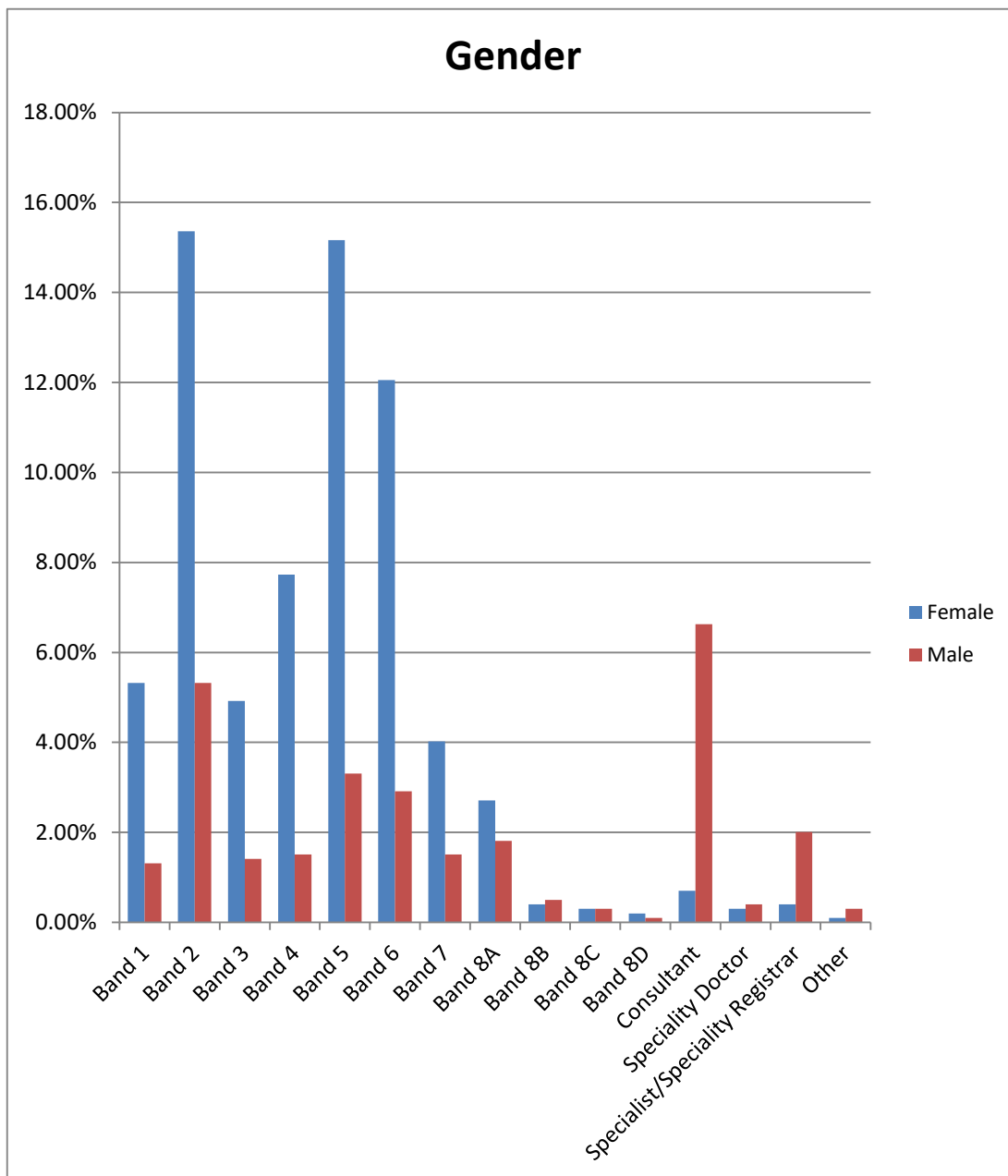
The Trust has a diverse workforce as highlighted by the data above. As part of the communication plan, the Trust intends to further recognise different religions by encouraging and supporting staff members e.g. celebrate celebrations and festivals. A full calendar of events has been compiled.

Age



The Age data is broadly in line with the breakdown of percentages for the NHS Workforce. It is noted that a large proportion of staff 53% are aged 35-55 years which should be considered when looking at development and succession opportunities.

Gender



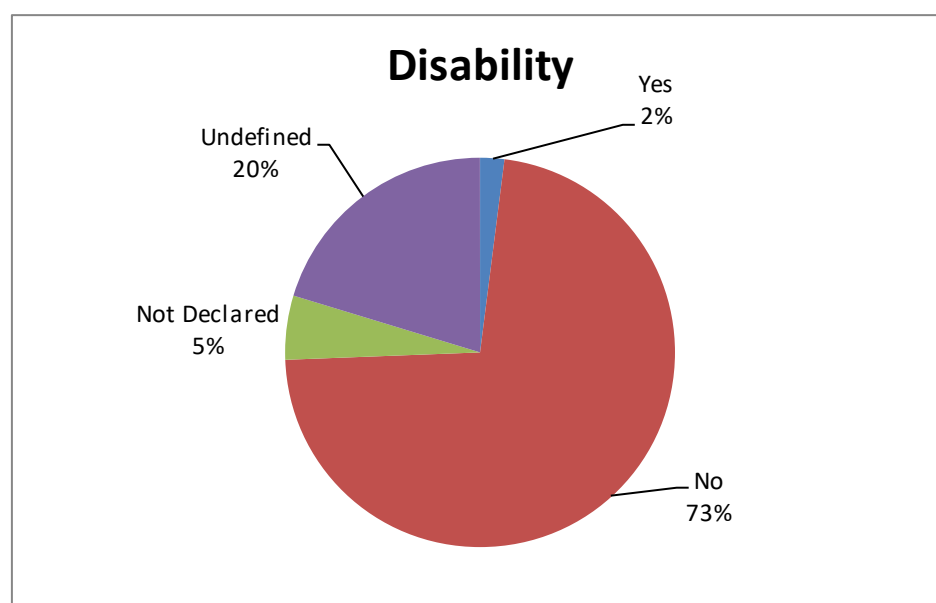
Again there has been no significant change in the different percentages for male (29.4%) and female (70.5%) compared to last year which were 29.73% for males and 70.27% for females. The census data for Northfield is made up of approximately 51% females and 49% males.

The figures are broadly in line the NHS percentages of Male at 23% and Women 77%. The profile of the hospital as concentrated on elective surgery without A&E and maternity may account for some of the difference from ROH figures where there is a higher proportion.

The staff survey noted a difference of 70% Men 59% and Women 59% 'reporting satisfaction with flexible working options'. This shows an example of work that will be completed to understand the differences and how gender at different bands may impact these results.

The Gender Pay Gap report shows a difference of 33.8% between hourly rates of pay between male and female. However it is clear that this is impacted by a higher proportion of male medical staff members which is noted across the areas of orthopaedic care in the NHS. Work will continue at the Trust long term to understand these differences and review programmes to attract female staff members into medical careers.

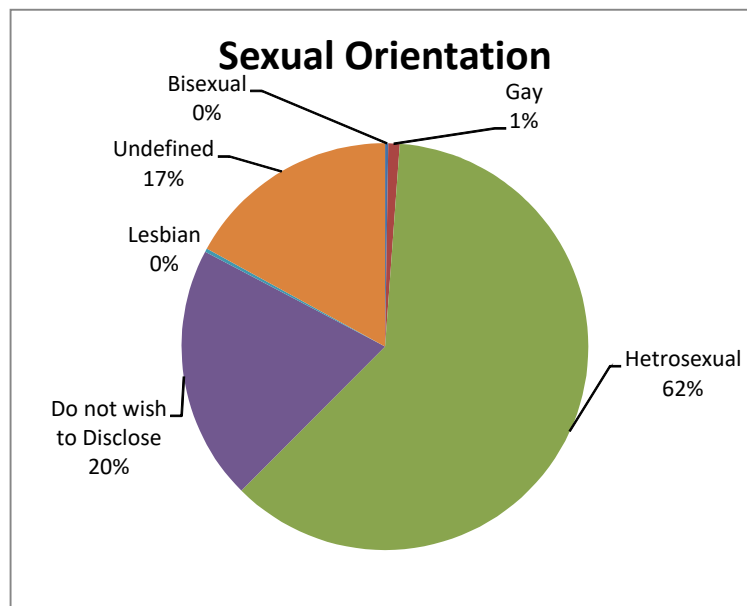
Disability



The percentage of staff members disclosed disabled is 2%. In the recent National NHS staff survey, the engagement score for disabled staff members was lower than for other protected characteristics. The Trust will therefore engage with disabled staff members to understand the key issues.

Work will also start in 2018 on the Workforce Disability Workforce Standard (WDES) which will allow further analysis and highlight any actions needed.

Sexual Orientation



The figures for sexual orientation show that the Trust still has a large percentage of undisclosed responses. Work started in 2017 to form an LGBT network to understand more how to support staff members. This network is still being established.

Information is not currently available for patient sexual orientation which would provide important information to support both staff and patients. Reporting options will be further reviewed in 2018.

Recruitment and Selection

The Trust implements Value Based Recruitment (VBR) with standard 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 protected characteristics.

Following feedback from the staff survey around opportunities as well as equality data for recruitment, the Trust will concentrate on creating a stronger employer brand and implementing best practice for a fair and equitable recruitment and selection approach.

Bullying and Harassment

There were no formal grievance cases in 2017. The Trust must investigate if there needs to be different support mechanism to enable staff speak up and receive support.

The Trust continues to strengthen the support available to staff by working closely with contact officers through a development programme. This group is diverse and includes good representation including age range, sex, BME, religious beliefs, sexual orientation. All these individuals are currently refreshing their skills through a development programme with external experts. They meet on a monthly basis to support each other in a confidential space and to review any issue or patterns of inequality across the Trust.

The Freedom to Speak up (FTSU) Guardian also works closely with the contact officer network with cases that involve staff issues rather than patient concerns.

Inclusion training continues to be included at annual mandatory session and material has been updated in 2017 to reflect current information, survey results and national trends. Additional workshops have been made available for staff members and managers.

There has been an improvement for Key Finding (KF) 28 from 97% to 95% with the question ‘% of staff reporting errors, near misses or incidents witnessed in the last month.’

This is seen as positive with staff indicating that they are able to report issues. However further results show that staff feel feedback from incident reporting could be more comprehensive.

There was a slight change to KF20 from 8% to 9% when staff were asked ‘% who had experienced discrimination at work in the last 12 months’

This is a more positive score than across national figures however the percentage was significantly higher for BME staff members at ROH which must be investigated further.

There was a 2% increase to 27% of staff ‘experienced harassment, bullying or abuse from staff in the last 12 months’ % (KF26).

In addition, there was also decline to 9% (from 8%) of staff ‘Experiencing discrimination at work in the last 12 months’ (KF20).

National NHS Staff survey results

Data from the National Staff survey (NSS) has been used throughout this report to inform and evaluate current Equality and Diversity progress. This section gives an overview of the full set of data and results.

The survey completion rates were lower than expected in 2017 at 38% with the completion rate at 46% in 2016. For BME staff members was slightly higher at 17% compared to our BME staff percentage of 14%.

The overall engagement increased slightly to 0.03 to 3.83. Taking note of the Table below, three categories scored higher than the Trust engagement score. However the lowest engagement score was for disabled staff members.

In 2018, work will concentrate on engaging more with staff to encourage feedback and speaking out through a new initiative called 'Speak up and Join In'. This will focus on supporting diverse networks. This work started with an LGBT group in 2017 but the Trust recognises additional group would help to improve staff confidence and involvement.

Category	No. of Responses	Overall Engagement (3.88-4.00)
Male	95	3.94
Female	269	3.81
BME	64	3.85
White	307	3.82
Disabled	75	3.64
Not disabled	272	3.88

Under the section of Violence, Harassment and Bullying, the (KF) 26 '% experiencing harassment, bullying and abuse from staff in last 12 months' declined from 25% to 27% which the Trust will look to improve in 2018.

It is noted that there has been a decline for KF21, '% believing that the organisation provides equal opportunities for career progression / promotion'. The Trust intends to improve career path opportunities as part of a refreshed Performance Management approach.

Finally, staff confidence in patient treatment continued to increase with an increase from 77% to 83% when asked the question:

Q21d 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation'.

This is a positive result showing staff's confidence in the quality of care at the Trust. As the continuous improvement project at the Trust progresses, staff views of patient care and their positive response to being able to affect change will help to innovate and improve our patient services.

Policy updates

The Equality and Diversity team updated policies and other documents in 2017 in line with the Trust's changing agenda:

- Grievance and Disputes has been updated
- Learning Disability Strategy has been completed
- Accessible information policy has been updated
- Accessible Information action plan has been updated and progressed

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.

On interview panels, at least one member of the panel must be fully trained in Value Based Recruitment (VBR). Additional sessions have been scheduled this year to ensure all appropriate staff can be trained.

A Learning Disability (LD) nurse has been recruited in the last 12 months following feedback from patients and CQC recommendation. A new Learning Disability Strategy has been confirmed and launched, training sessions have been included in core mandatory training and the LD nurse is available to offer support and advice.

Access Information Standard (AIS)

The AIS policy has recently been updated and there is a new manager dedicated to delivering on the plan.

Gender Pay Gap

The Trust has recently published annual information for staff under a contract of employment, a contract of apprenticeship or a contract personally to do work. This will include those under Agenda for Change terms and conditions, medical staff and very senior managers. In this first calculation the pay period snapshot day was 31 March 2017.

In summary, there is a gender pay gap in both the Mean & Median Pay and the Mean and Median Bonus Pay. This is largely driven by the male bias amongst our medical staff, who are generally earn higher earning staff and make up just over 10% of our total workforce.

As a specialist NHS Trust specialising in orthopaedics, our medical workforce is 87% male and 13% female. The national orthopaedic medical workforce has a strong male bias. The difference in mean hourly rate of pay is 33.8%.

The Trust is working with the National Orthopaedic Training Programme and groups of fourth year medical students to understand the difference in choice between men and women to specialise in orthopaedics. However, this is unlikely to change in the short to medium term.

The results of recalculating the gender pay gap for staff working at the Royal Orthopaedic Hospital NHS Foundation Trust excluding medical staff. The revised data clearly shows a significant reduction in all gender pay gaps and at a level that is well below the 18% national mean. The median pay level of our female staff is actually greater than that of our male staff. The 3.66% pay gap is due to the female bias in our Health Care Assistants and Nursing staff, which are paid in accordance with the national pay framework.

Table: Gender Pay Gap Data excluding Medical Workforce (March 2017)

Difference in mean hourly rate of pay – mean	3.66%	
Difference in median hourly rate of pay – median	-2.73%	
Employees by pay quartile	Male	Female
Upper quartile	25.6%	74.4%
Upper middle quartile	21.2%	78.8%
Lower middle quartile	19.2%	80.8%
Lower quartile	29.4%	70.6%
Percentage of employees who received bonus pay	Male 0%	Female 0%
Difference in mean bonus pay – mean	0.0%	
Difference in median bonus pay – median	0.0%	

Workforce Race Equality Standard (WRES)

Data from the Workforce Race Equality Standard (WRES) has been used throughout this report to inform and evaluate current Equality and Diversity progress. This section gives an overview of the full set of data and results.

Table: WRES Key indicators with comparison data

WRES Indicator	Indicator Definition	ROH NHS Trust		Y2Y Trend	Comparison to National Benchmark (2017)	National Benchmark		Regional Benchmark		Acute Trusts Benchmark	
		2016	2017			2016	2017	2016	2017	2016	2017
1	% of staff BME (all non-medical staff)	14.7	14.8	0.1	-1.5		16.3		14.9		17.6
1b	% of Senior Staff BME (Band 8 and above)	3.3	8.0	4.7	-2.4		10.4		9.0		5.0
2	Relative likelihood of BME staff being appointed from shortlisted candidates	1.99	1.45	-0.54	-0.15	1.52	1.6	NA	NA	1.52	1.58
3	Relative likelihood of BME staff entering formal disciplinary	1.17	1.01	-0.16	-0.36	1.56	1.37	1.56	1.28	1.45	1.26
4	Relative likelihood of BME staff accessing non-mandatory CPD	1.05	1.0	-0.05	-0.22	1.11	1.22	1.04	1.01	1.15	1.25

WRES Indicator	Indicator Definition	ROH NHS Trust		Y2Y Trend	Comparison to National Benchmark (2017)	National Benchmark		Regional Benchmark		Acute Trusts Benchmark	
		2016	2017			2016	2017	2016	2017	2016	2017
5	% of BME staff experiencing harassment, bullying or abuse from patients or public in last 12 months	19.2	15.9	-3.3	-12.8	28.8	28.7	28.8	28.4	26.9	26.3
6	% of BME staff experiencing harassment, bullying or abuse from staff in last 12 months	30.4	26.6	-3.8	0.3	26.5	26.3	25.5	26.6	27.5	27.1
7	% of BME staff believing the trust provides equal opportunities for Career progression or promotion	62.0	71.4	9.4	-4.1	73.8	75.5	73.0	76.0	73.8	75.5
8	% of BME staff personally experienced discrimination at work from a member of staff	18.4	6.25	-12.15	-7.55	13.6	13.8	12.8	14.3	13.7	14.2
9a	% of VSMs identifying as BME	0	0	0	-7.4	6.6	7.4	NA	NA	NA	NA
9b	% of the Full Board identifying as BME	0	0	0	-7	NA	7.0	NA	7.0	NA	6.0

The proportion of BME staff of all non-medical staff has remained stable and is comparable with the regional benchmark. The % of BME staff at more senior levels has increased and is now closer to the regional benchmark; however it should be noted there is still a relatively small number of staff at grades 8 and above.

Again at VSM level and within the membership of full board the numbers are relatively low. In 2018, the Trust will look at different options to attract and support Leaders at ROH with the support of external partners such as Heart of England Education (HEE). This work will include further consideration and targeted action taken at the next opportunity to seek BME representation on the Board.

The ROH Trust was also highlighted in the 2017 Report for its performance in the indicator 3 for 'Relative likelihood of BME staff entering formal disciplinary' which is very positive. As the number of cases is relatively low, careful monitoring of this indicator will be necessary with any future changes to the Trusts management of staff performance.

Whilst performance in indicators 5, 6 and 7 has improved and performance compares favourably to benchmarks, further work is required. Over a quarter of BME staff stated that they had experienced harassment or bullying from staff in the last 12 months. However, this appears to be a more general workforce issue with 24% of white staff expressing the same.

Impact on Equality

All individuals submitting papers presented to Trust Board or sub-committee must complete and include an Equality Impact Assessment. Completion is monitored by the Associate Director of Governance & Company Secretary.

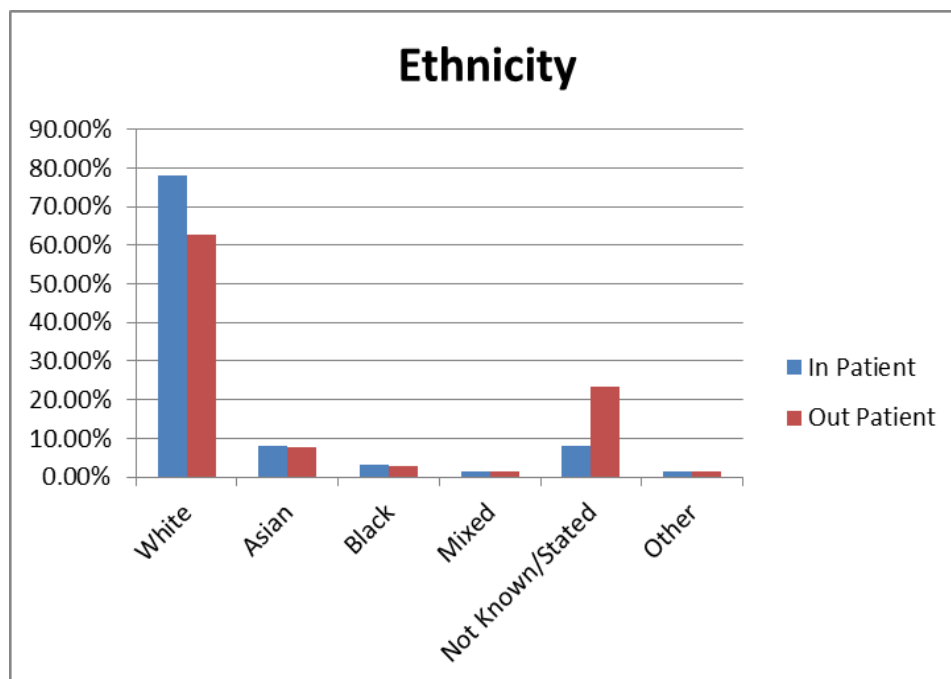
All job panels to agree job roles and grading are completed with representation from Trade Unions.

All interview panels must include at least one panel member training in Values Based Recruitment.

Patient data

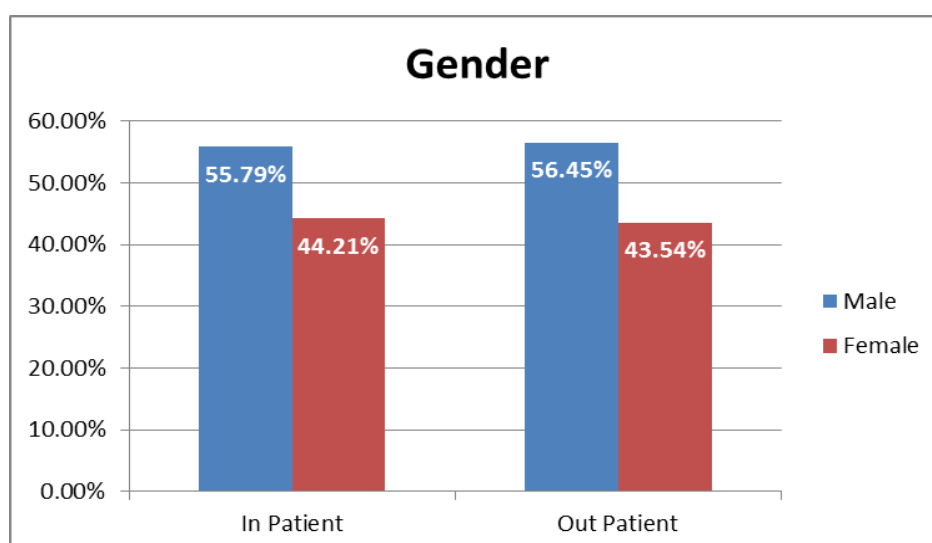
The data shown below for patients is taken from April 2017 to March 2018. Information from this section has been included in commentary in the staff data section. In summary, there is a higher number of BME patients attending the hospital. It is important to ensure staff understanding of different patient needs across diversity.

Ethnicity



The data reflects a difference between ethnicity of staff (White 74%) and patient. Evidence from patient feedback and complaints shows similar ethnicity percentages of respondents however the Trust will look at different ways to collect feedback from patient based on ethnicity.

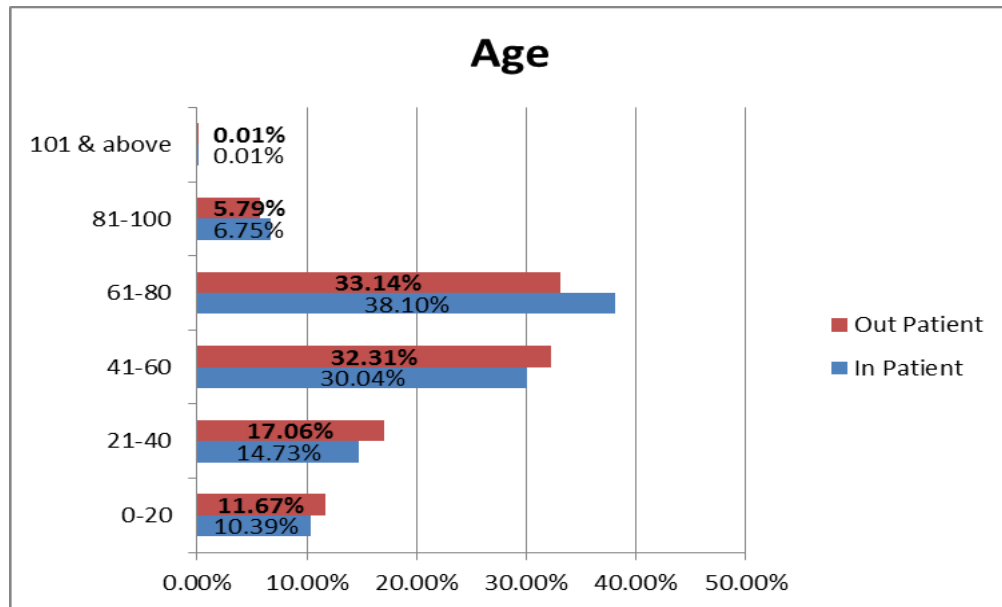
Gender



April 2018

The gender profile for patients is very different from staff (Female 70.5%). In addition there is a higher percentage of females at lower grades and males in senior medical posts. Feedback from patients does not identify any issues around Gender.

Age



With the confirmed transition of paediatric inpatient services to Birmingham Childrens Hospital, robust plans are already in place to manage this move and the changes to services offered for different ages at the Trust.

Patient Languages spoken

A recent CQC report has highlighted that translation services are well embedded in the Outpatients department. However in other areas this service needs to be developed. The Tables below shows the Top 10 languages spoken by patients which are varied. Patient feedback highlights communication as being the biggest barrier to treatment.

	IP Data		OP Data		Total count	Total %
Spoken Language	count	%	count	%		
English	10478	92.39%	41748	90.82%	52226	91.13%
Not Specified	552	4.87%	2754	5.99%	3306	5.77%
Urdu	82	0.72%	380	0.83%	462	0.81%
Panjabi; Punjabi	64	0.56%	251	0.55%	315	0.55%
Polish	29	0.26%	129	0.28%	158	0.28%
Arabic	26	0.23%	115	0.25%	141	0.25%
Bengali	17	0.15%	85	0.18%	102	0.18%
Somali	11	0.10%	54	0.12%	65	0.11%
Kurdish	7	0.06%	35	0.08%	42	0.07%
Romanian; Moldavian; Moldovan	5	0.04%	30	0.07%	35	0.06%
Hindi	5	0.04%	28	0.06%	33	0.06%

Religious Beliefs

The table below clearly show a lack of information provided by patients. The Trust needs to look further into this to see more accurate data can be collected. This will help to ensure the needs of patients are met.

	IP Data		OP Data		Total count	Total %
Religious Belief	count	%	count	%		
Patient Religion Unknown	7716	68.04%	31526	68.58%	39242	68.48%
Celtic Christian	1127	9.94%	4382	9.53%	5509	9.61%
Church of England	1051	9.27%	3775	8.21%	4826	8.42%
Roman Catholic	584	5.15%	2190	4.76%	2774	4.84%
Muslim	223	1.97%	1208	2.63%	1431	2.50%
Not Religious	152	1.34%	622	1.35%	774	1.35%
Atheist	83	0.73%	436	0.95%	519	0.91%
Sikh	82	0.72%	345	0.75%	427	0.75%
Agnostic	63	0.56%	339	0.74%	402	0.70%
Arya Samaj Hindu	42	0.37%	246	0.54%	288	0.50%

It is recognised that equality data for patient is limited and is highlighted on the action plan. The Informatics and PALs teams will review ways to collecting further data from Patients across the 9 protected characteristics to improve patient outcomes.



The Royal Orthopaedic Hospital



NHS Foundation Trust