Royal Cornwall Hospitals NHS Trust

Meeting: Trust Board in Public

Date of Meeting: 07 January 2025

Item Number: 11.01

Title of Report: Equality Delivery Standard (EDS) 2025 Report

Executive Director Lead: Alison Thorne-Henderson, Dual Chief People Officer

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Purpose of the Report:

Decision ☒ **Discussion** ☐ **Assurance** ☐ **Information** ☐

The report includes the reporting criteria from NHS England for Equality Delivery Standard (EDS).

Consultation:

The Equality Delivery System (EDS) Domain 1 has been considered by the Patient Experience Group. The full report has been considered by JCNC and Executive Leadership Team, People and Culture Committee and our Freedom to Speak Up Guardian. Other consultations include staff consultation on domain 2 through a survey, and peer review by another Trust. These consultations are requirements as outlined by the EDS national guidance.

Key Risks (please tick one or more):

Clinical ☒ **Financial** ☐ **People** ☒

Reputational ☒ **Legal / Regulatory** ☒

Impact:

Assessment	Yes	No	N/A	Summarise any adverse impacts identified
Equality Impact Assessment completed?			X	
Quality Impact			x	

Assessment	Yes	No	N/A	Summarise any adverse impacts identified
Assessment completed?				
Data Protection Impact Assessment completed?			X	

Health Inequalities, Health Outcomes and Sustainability ('triple aim') – or reports requesting decisions only:

As an NHS Provider, under the Health and Care Act 2022, the Trust has a duty to ensure that it considers the effects of its **decisions** on the health and wellbeing of the population, quality of care and sustainable use of NHS resources. If your report is proposing a policy, strategy, business case or other matter for decision, please complete the boxes below to set out considerations in regards one or more of those three areas (known as the 'triple aim').

Considerations	Summary of considerations (if one or more does not apply state 'not applicable')
Health and wellbeing of the population, including inequalities and wellbeing	The implementation of the actions outlined within this report will support the organisation in improving patient care, as well as staff experience.
Quality of services provided or arranged by RCHT, including inequalities in benefits from those services	Each of the domains focus on inequalities and seeking assurance on internal mechanisms and areas for improvement are identified in an action plan
Sustainable and efficient use of NHS resources by RCHT	Delivery of the actions set out require careful planning throughout the year against resource and capacity

Recommendation:

The Board **is recommended to:**

- **Approve** the Royal Cornwall Hospitals Equality Delivery System (EDS) report which includes detailed evidence. **Note** it is required by NHS England to publish the EDS on Trust websites by February 2025.

Equality Delivery System Report 2023/24

1. Situation / Executive Summary

The Equality Delivery System (EDS) is an improvement tool for patients, staff, and leaders of the NHS. Implementation of EDS is a requirement of both NHS commissioning bodies and NHS Provider organisations and is included as a requirement in the NHS Standard Contract. NHS organisations are required to produce and publish a summary of their findings and implementation and are recommended to use the EDS 2022 reporting template to achieve this.

The Patient Experience Group have considered Domain 1 of the report and are progressing with an action plan for Domain 1. Domains 2 and 3 have been completed by the Equality, Diversity and Inclusion Workforce team and are presented today as commencement in the governance approval route before the EDS report progresses to Trust Board.

The Equality Delivery System (EDS) Domain 1 has been considered by the Patient Experience Group, JCNC and Executive Leadership Team.

Other consultations include staff consultation on domain 2 through a survey, Freedom To Speak Up Guardian, and peer review by another Trust. These consultations are requirements as outlined by the EDS national guidance.

We are unable to compare the scoring for Domain 1 from previous year as there are different services being reviewed each year as outlined within the EDS guidance. However there has been positive improvement in the workforce domains (2 and 3) in year and this is evidence by an overall scoring for both domains of 16 out of a possible 21, an improvement of 4 scores from the previous year.

Overall scores for 2024/5 reporting period are:

- Domain 1 = 8 out of a possible 12 for the Chaplaincy service, Domain 1 services differ each year and therefore cannot be compared directly with that in the 2024 report
- Domain 2 = 8 out of a possible 12, this is an improvement 1 from 2024 report
- Domain 3 = 8 out of a possible 9, this is an improvement 3 from 2024 report

This is an overall score of 24, an improvement of 3 from 2024 report. As a Trust this results in us progressing from ‘Developing’ to ‘Achieving’.

2. Background

The EDS has had several revisions since its inception in November 2011. This was reviewed in 2012 for the ‘Evaluation of the Equality Delivery System for the NHS’ report by Shared Intelligence, which evaluated the system and recommended a refreshed approach known as ‘EDS2’, available from November 2013. This was then subsequently reviewed in 2021, taking into account new system architecture, and the impact of the COVID-19 pandemic.

The most recent version, “EDS2022”, introduces the requirement to review three services in Domain 1, with the middle-scoring service being the focus of the report and scoring for the organisation. All three services are supported to develop and implement an action plan in response to the findings.

3. Assessment

Domain 1 focuses on commissioned or provided services and will be completed by the Patient Experience team. This has progressed through Patient Experience Group and their governance routes, for comment and discussion, before being included in this report. Then action plan for Domain 1 is currently being developed and will be included prior to submission to Trust Board for approval.

The two workforce Domains (2 and 3) are detailed below for discussion and comment as the first step in the governance route for approval.

The scoring for each domain has been completed internally by our Patient Experience team for Domain 1 and our Workforce EDI team for Domains 2 and 3. A peer review has been completed by a neighbouring Trust outside of our ICS in November 2023. EDS also requires workforce engagement for Domains 2 and 3 and therefore a survey has been completed with staff and Employee Network Groups.

Appendix A includes the full EDS report with detailed evidence, as required by NHS England to be published on Trust websites by February 2025.

The “EDS2022”, introduces the requirement to review three services in Domain 1, with the middle-scoring service being the focus of the report and scoring for the organisation.

To explore **Domain 1**, a range of sources of data was reviewed, including complaints, patient safety incidents, Friends and Family test data and local Trust policies. Conversations were undertaken with the service leads of each area to understand any current or recent work which may impact how they score in each rated area.

The overall scores were recorded as:

- Chaplaincy: 8 out of 12
- Breast Screening: 9 out of 12
- Ophthalmology: 7 out of 12

As the middle scoring service, the detail around Chaplaincy Service is included in this report.

Domain 2 looks at the health and wellbeing of our workforce, this is critical in enabling us to provide high quality patient care. Our staff are also our patients, who will all have a range of specific health needs and requirements. In exploring Domain 2, we have looked at how well staff are supported when reporting cases of bullying and harassment; how their health and wellbeing needs are met whilst at work and how they feel about their place of work.

- Overall, the Trust scored 8 out of a possible 12 points for Domain 2, an improvement on last year (2024 report = 7).

Domain 3 explores three aspects of leadership: Senior Leaders' understanding of equality and health inequalities; Board and Committee papers' ability to identify and mitigate equality and health inequality issues; and the levers in place for senior leaders to manage performance and monitor progress with staff and patients.

- Overall, the Trust scored 8 out of a possible 9 points for Leadership, an improvement from last year (2024 = 5).

Overall scores for 2024/5 reporting period are:

- Domain 1 = 8 out of a possible 12 for the Chaplaincy service, Domain 1 services differ each year and therefore cannot be compared directly with that in the 2024 report
- Domain 2 = 8 out of a possible 12, this is an improvement 1 from 2024 report
- Domain 3 = 8 out of a possible 9, this is an improvement 3 from 2024 report

This is an overall score of 24, an improvement of 3 from 2024 report. As a Trust this results in us progressing from 'Developing' to 'Achieving'.

Whilst this is a positive improvement within the year there are clear actions developed that require to be progressed to improve further and sustain where we are scoring the highest score available for the Domain sections.

4. Risk

The report format is very detailed and in a previous years the Trust approved at People and Culture Committee and Trust Board an easier to read format for publication alongside the detailed required report by NHS England.

There are clear actions for domains 2 and 3 which require support from the workforce EDI and OD team to achieve. This will require careful planning throughout the year against resource and capacity for the team.

5. Accountability

Alison Thorne-Henderson as Dual Chief People Officer, Paul Hargreaves, Deputy Director of POD, supported by accountable officer in the Associate Director of EDI and OD.

6. Recommendations

The Board **is recommended to:**

- **Approve** the Royal Cornwall Hospitals Equality Delivery System (EDS) report

which includes detailed evidence. **Note** it is required by NHS England to publish the EDS on Trust websites by February 2025.

Appendix A

Royal Cornwall Hospitals Trust Equality Delivery System

Reporting Period 2024
Published on Trust Website *proposed* February 2025

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Background

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. The process enables organisations to gather better evidence and insights in relation to the experience of people who identify with protected characteristics as set out in the Equality Act 2010 and inclusion health groups identified by NHS England and supports organisations to meet:

- the public sector Equality Duty of the Equality Act 2010
- deliver on the NHS Outcomes Framework and the NHS Constitution
- the Care Quality Commission's "Essential Standards of Quality and Safety"

The EDS has had several revisions since its inception in November 2011. This was reviewed in 2021 for the 'Evaluation of the Equality Delivery System for the NHS' report by Shared Intelligence, which evaluated the system and recommended a refreshed approach known as 'EDS2', available from November 2013. This was then subsequently reviewed in 2021, taking into account new system architecture, and the impact of the COVID-19 pandemic. The third and most recent version, "EDS2022", introduces the requirement to review three services in Domain 1, with the middle-scoring service being the focus of the report and scoring for the organisation. All three services are supported to develop and implement an action plan in response to the findings. The report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Upon completion of the report, NHS organisations are required to make a full, accessible copy of the report available on the public domain of their website, with a copy submitted to NHS England.

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.

EDS involves active conversations with patients, service users, members of the public, colleagues, community groups, staff networks and trade unions.

The assessment has been undertaken with support of our Staff Network Chairs, Freedom to Speak Up Guardian, Trade Union colleagues and our Patient Experience team. A peer reviewing was undertaken in partnership with University Hospitals Plymouth NHS Trust.

A review of the process will be undertaken to consider what went well and what improvements need to be made.

NHS Equality Delivery System (EDS)

Name of Organisation		Royal Cornwall Hospitals NHS Trust	**Organisation Board Sponsor/Lead**		
			Dual Chief People Officer		
Name of Integrated Care System		Cornwall & Isles of Scilly Integrated Care System			
EDS Lead	Rachel Cowley		**At what level has this been completed?**		
				***List organisations**	
EDS engagement	Patient Experience Group for Domain 1 Joint Consultative and Negotiating Committee (JCNC) Employee Network Groups (Domain 2 consultations) Freedom to Speak Up Guardian Executive Leadership Team People and Culture Committee Trust Board		**Individual organisation**	University Hospitals Plymouth NHS Trust – Peer Review	
			Integrated Care System-wide*	ICB – after PCC.	
Date completed	4 November 2024		**Month and year published**	February 2025	
Date authorised			**Revision date**		

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**

EDS Action plan 2024

Below is the progress with the actions for each of the Domains scored in 2024 report.

Domain 1: Elective Orthopaedic Hub	**Objective**	**Action**	**Completion date**	**Progress – August 2024**
1A: Patients (service users) have required levels of access to the service	Ensuring that all patients and service users have required levels of access to services provided	No action required – score 3/3 – monitor implementation of policy once approved	No Action required	No Action required
1B: Individual patients (service users) health needs are met	Meet the health needs of all service users and patients	1B1) Activity and performance data for the elective hub is viewed by site and/or specialty daily and actions taken where an issue arises; work to provide this to teams within the elective hub is ongoing and the teams will be involved in deciding which metrics they want to see. **Action:** Evidence of metrics chosen and how these are responded to required. 1B2) Key metrics are reviewed internally and through model health system to enable benchmarking against peers and system providers. Activity and related performance and outcome data is collated separately for the hub site and includes as a minimum: LOS;	May 2025	1B1) New Service Manager has reviewed the action plan and will be creating a working group to agree on the metrics to be monitored and reviewed. 1B2) Once key metrics have been decided this will be reviewed at Monthly Care Group Board Meetings and Orthopaedic Weekly Huddle and benchmarking data will be provided.

		Infection rates; Day case to overnight stay; Readmissions; Transfers out for clinical reasons; Cancellations (for non-clinical reasons); Day case rates; PROMs; PNV. **Action:** Benchmarking data to be provided 1B3) The hub performs above the national average (or at average, with an improving trajectory). Hub leadership has access to key performance and outcome data and uses this regularly to inform specific improvement actions. **Action:** Evidence required of actions suggested and taken.		1B3) As above this will be monitored through Care Group Board and Orthopaedic Weekly Huddles.
1C: When patients (service users) use the service, they are free from harm	Ensure that all patients or service users are free from harm when interacting with the service	1C1) Monitor the full implementation of policy described once approved to ensure that all screening and preparatory guidelines are met by reviewing any service-related patient safety incidents relating to avoidable harm.	December 2024	1C1) Ensure policy is fully implemented and governance processes are followed.
1D: Patients (service users) report positive experiences of the service	Patients and service users report a positive experience of the service	1D1) Productivity and key performance indicators are available on RADAR, this also allows for benchmarking across other departments within RCHT. The hub inpatient ward undergoes a process of accreditation called Aspire where the area is assessed by non-hub staff. The Aspire programme consists of	Completed	1D1) Productivity and KPI's are available on RADAR and these will be monitored as described above. The Aspire programme is a rolling programme and encompasses both the

		9 different audits. Action: **Review** RADAR and Aspire data to include in future reports.		day case and inpatient ward at the surgical hub.

Domain 2 Outcome	Objective	Action	Completion date	Progress
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	We will aim to better understand the health needs of our staff and tailor support accordingly.	2A1) We will explore the opportunity of becoming a Mindful Employer and look at the benefits it can offer the workforce. 2A2) We will improve support to staff who have COPD, Asthma, Diabetes and Obesity and look at developing programmes to improve staff health in these areas. 2A3) We will work with the occupational health and wellbeing teams to improve the promotion of physical wellbeing support and outdoor gym equipment. 2A4) We will explore the impact of and understand the numbers of staff who were unwell with Covid and who are experiencing long covid symptoms and the support offered by the Trust. We will improve the effectiveness of the annual Health and Wellbeing conversations. These currently take place during a staff members PDR.	August 2024 Proposed extension to February 2025 Proposed extension to February 2025 Proposed extension to February 2025	2A1) **Achieved** - Costs associated with signing the Charter. Explored and not feasible in current financial climate, paper to be written for consideration in 25/26 year. 2A2) **Achieved in Part** – prosed extend this action OH promote wellbeing days however due to capacity in team COPD and Asthma as focus areas require more to complete this action. Proposed extension to date for completion due to EDI resource and capacity to deliver against this action. 2A3 and 2A4) Both actions require extension to date for completion due to EDI resource and

				capacity to deliver against this action.
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To ensure safe spaces are provided for staff to report any abuse, harassment, bullying and physical violence.	2B1) We will look at provision of targeted racial trauma support and other specialist trauma support e.g. PTSD for armed forces veterans. 2B2) We will create an Inclusive Compassionate Leadership session to be developed and factored into the LEAD programme. 2B3) Through the Freedom to Speak Up Guardians, the EDI and OD team and the POD People Partners, we will review data from the staff survey over the past 5 years and consider the impact of bullying and harassment cases experienced by our staff. We will look at and consider actions required to improve behaviours. 2B4) A Values to behaviours framework to be released with support on how to positively intervene, report and act upon poor behaviours. 2B5) We will improve the correlation of risk reporting data with EDI and POD support.	August 2024 Proposed extension to February 2025	2B1) **Achieved in part** - Explored options available for racial trauma, consideration in relation to other specialist to be reviewed with OH. 2B2) **Completed** – launched and available as part of Phase 1 of We Are RCHT OD programme. 2B3) **Not commenced** – propose extension to date for completion due to EDI resource and capacity to deliver against this action. 2B4) **Completed** – launched and available as part of Phase 1 of We Are RCHT OD programme.

				2B5) Completed – cultural assurance reports presented to People and Culture Committee. Work continues with this as report matures.
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	To ensure that our staff have adequate support, and are signposted to the appropriate services to when from stress, abuse, bullying, harassment and physical violence	2C1) We will continue to work with the Freedom to Speak Up Guardian to help break down barriers to speaking up for marginalised groups. Further work is also needed around the actions when issues are raised so people feel confident that the process can be trusted and is well communicated.	June 2024	2C1) **Completed** – regular fortnightly meetings with FTSU Guardian and Associate Director of OD and EDI. Worked jointly with FTSU Guardian to deliver the first EDI conference on Ethnic Minority Staff Experiences and how we can improve access and reporting to FTSU through joint campaigns.
2D: Staff recommend the organisation as a place to work and receive treatment	To ensure that we engage with our staff groups to understand the needs of people in our community with protected characteristics and respond proactively to these needs	2D1) The EDI & OD Engagement Lead will develop platforms to enable positive engagement with staff to address concerns quickly, celebrate successes and improve the communication and feedback loop. 2D2) We will review the process for reasonable adjustments to support staff including educating managers and staff	September 2024	2D1) **Completed** – assurance provided in staff survey report to People and Culture Committee. Clear schedule of listening events and other engagement events is detailed in the assurance report. In addition, there

		on resources available through Access to Work 2D3) Stay and Thrive conversations to be embedded into the annual appraisal process and managers to continue to be supported through toolkits and training. 2D4) We will develop a Reward and Recognition platform for staff with input from the Engagement Lead and the People promise Manager.	Proposed extension to February 2025	has been specific engagement focus groups with bank staff and in relation to stress management with targeted teams. 2D2) **completed** – recognised guidance or policy is required which is being worked on. 2D3) **Not Commenced** – due to capacity in OD team, proposed extension to date for completion due to EDI resource and capacity to deliver against this action. 2D4) **completed** – proposed to ELT (March 2024) and PCC (April 2024)
Domain 3 Outcome	**Objective**	**Action**	**Completion date**	**Progress**
3A: Board members, system leaders (Band 9	We will continue to learn from both patient and	3A1) We will ensure that Board member (Exec and NED) objectives will also include EDI objectives.	April 2024	3A1) **Completed** 3A2) **Completed**

and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	lived experience stories through our Trust Board.	3A2) We will ensure that an Executive Sponsor for every network is identified, and regular meetings happen with EDI leads.		
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To seek assurance that all necessary committees in agendas and minutes allow detailed discussion in regard to EDI risks To ensure monitoring of equality impact assessments	3B1) We will refresh the EIA policy and form, ensuring this covers Strategic Estates requirements. In addition to this, we will develop training / guidance support to accompany policy so people are aware of when to complete an EIA, who can support completion and who needs to authorise these.	June 2024 Proposed extension to December 2024	3B1) **Achieved in part** – commenced, however delayed due to absence and capacity in team. Proposed extension to date for completion due to EDI resource and capacity to deliver against this action.
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and	To ensure appropriate representation at key EDI events and divisional performance reporting through EDI committee so assurance can be given at Trust Board level.	3C1) We will ensure that Equality Objectives are SMART, incorporate the workforce statutory reporting action plans (WRES, WDES, GPG, EDS) and also include clear patient focused Equality Objectives. We will ensure that the Equality Objectives are measurable and regularly reported on to People and	September 2024	3C1) **Completed** -action plan being presented to PCC in September 2024. 3C2) **Achieved in part** – commenced and meetings to be scheduled for the year,

monitor progress with staff and patients		Culture Committee and annually reported to Trust Board. 3C2) We will develop a new process for reporting EDI related data and progress. This will be Trust-wide and by Care Group. A new EDI committee to be developed and Governance Structure to be agreed.	Proposed extension to December 2024	ToR to be drafted. Proposed extension to date for completion due to EDI resource and capacity to deliver against this action.

Domain 1: Commissioned or provided services

Three services were chosen to reflect the range of services provided by Royal Cornwall Hospital Trust. The process of selection was guided by a preliminary assessment of complaints data, patient feedback and recorded incidents to identify a service that appears to be performing well in relation to EDI, one that might require improvement and one that we are curious to find out more about. Based on preliminary data collection the services chosen were Breast Screening, Ophthalmology and Chaplaincy.

Evidence for the full review was then gathered in a number of ways including a thorough analysis of the complaints and incidents data and feedback from friends and family tests and care opinion stories.

Walk throughs were arranged with the various departments which were attended by Patient Leaders and interested VSCE representatives.

Conversations with relevant staff members from each service were conducted to gather relevant information. Conversations were also conducted with staff from a number of supporting services including the Learning Disabilities and Autism Team and the High Intensity Users team to gain further insight into the experiences of vulnerable groups using the services.

All three Services assessed throughout 2024 are included in appendix 1 of this report for transparency, however only the middle scoring service is included below, and counts towards the scoring for domain 1 as per national guidance.

Chaplaincy

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	• There are currently 5 part time chaplains (3.8 full time equivalent). Chaplains in the trust cover the main RCH site as well as WCH and SMH. There is always a chaplain on site at RCH in core working hours Monday to Friday and a Chaplain will visit WCH and SMH during core working hours one day each week. There is an on-call service across all sites operating outside of regular working hours. The service aims to have 2-3 chaplains on duty at any one time. • The National Audit of Care at End of Life (2024) shows that RCHT is in the top 20 out of 215 NHS trusts in England for the total number of chaplains per 100 beds. • For the period 01/04/23-31/03/24 1 complaint is recorded over the visibility of the service. It was noted that the only signposting to the service they came across was a poster at the reception desk on the ward. This was a family member who noted that the patient was an elderly gentleman who was sight impaired and immobile which means he would not have seen this poster. • The chaplaincy team describe partnership with clinical services as hit and miss. Some areas and some staff are	2 – Required level of activity taking place	Patient Engagement lead

		highly engaged and make referrals to the service consistently whereas others seem to lack understanding about what the service can offer, and this impacts their likelihood to refer. The service is introduced to all new staff as part of the mandatory induction process, but the team feels it needs a more prominent status amongst staff. The suggestion of an mandatory ESR module as part of the annual staff training requirement was put forward. • Posters have been distributed to all areas of the hospital with the photos and contact details of the chaplaincy team. Chaplains have also attended ward leader's meetings to promote the use of the service ensuring clinical staff know how and when to contact them. • The team explained that there are frequently inaccuracies in patient records regarding faith and belief with people often recorded as non-religious when in fact they are, and this limits staff's capacity to recognise when chaplaincy could/should be signposted. It is suggested that a faith and religion flag is introduced on patient notes to help identify patients that might benefit from the service earlier. • Signage and directions to the chapel throughout the hospital are very good. The team state that when patients use the chapel, they have usually found their own way there and have often made use of the service on previous visits to the hospital.		

	1B: Individual patients (service users) health needs are met	• There is a chapel and prayer room available for staff and patients on all sites. • It is noted that the prayer room at RCH is insufficient for the needs of staff and patients that use it. It is very small and not easily accessible for people with mobility issues. • The chapel at RCH is spacious and well maintained with a hearing loop installed though there is no hearing loop sign to let people know this. There is a selection of seating options available including larger chairs for bariatric service users. The chairs are not fixed and can be easily moved to allow for further space for wheelchair access. On the day we visited it was noted that the layout of the chairs did not leave the required space between rows to accommodate people with mobility issues, this was noted by the chaplaincy team and will be addressed moving forward. It was noted that the door into the chapel is not powered so quite difficult for people with mobility issues to access independently this was the same for the chapel at WCH and SMH. The chapels at the smaller sites of WCH and SMH are smaller, though still offer a selection if seating options and space for wheelchair access adequately meeting the needs of patients using the service. • All our Chaplains are white Christians, although the team are aware that this lack of diversity exists, this must be seen in the local context. Data from the last census shows that 46% of people in Cornwall report having no religion while 45% identify as Christian The next most popular religion/belief if Buddhism at just 0.4% demonstrating that our chaplaincy	3 – Activity exceeds requirements	Patient Engagement lead

		team are not unrepresentative of the faith community in our area. One of our chaplains has a physical disability, increasing representation within the service. • The service has very good links to local faith groups/leaders who are able to provide specialist support for patients of other faiths for example a Roman Catholic priest and Sikh representative. Due to population makeup and geography, it is not always easy to gain the support of our faith partners for example our Sikh contact lives and works in West Devon so although they are willing to provide support getting that support here in a timely fashion can be difficult. • Patients can seek the support of a chaplain either in the chapel or a chaplain can visit patients at their bedside. In exceptional circumstances arrangements can be made to bring patients who are not mobile into the chapel for example recently a patient at end of life wanted to baptise her young child and this request was facilitated by the team within the chapel with the patient present. • Chapel space is protected for Friday prayers for our Muslim colleagues and patients. No Sunday service is conducted in the chapel but significant events such as armistice day are marked and well attended. • The chaplaincy team are far more likely to be involved with patients with complex social needs such as homelessness, social isolation, asylum seekers etc. The pastoral support they can provide alongside the clinical care provided is invaluable to patients.		

	1C: When patients (service users) use the service, they are free from harm	• Recorded incidents for the period were searched using the terms “sexual” “racial” “religion” “abuse by staff” and no incidents were recorded under chaplaincy • The chaplaincy team have carefully considered the safety of their service users and themselves. Given the nature of their work, they often provide support to those who are struggling with their mental health and wellbeing in 1:1 situations. The team undertake regular safeguarding training and there are clear systems in place for making safeguarding referrals when necessary. Other measures have been put in place to protect service users such as the main door to the chaplaincy area being swipe card restricted outside of normal working hours to avoid vulnerable individuals from accessing the space without supervision and support. • Staff are aware of how they would report incidents and understand the importance of doing so. • The chaplaincy team take a proactive approach to patient safety considering ways to improve the safety of their users including putting forward a suggestion that CCTV is installed in the chapel to allow vulnerable service users to be more closely monitored.	3 – Activity exceeds requirements	Patient Engagement lead
	1D: Patients (service users) report positive experiences of the service	• It is very difficult to formally gather feedback from patients considering the nature of the service, for example a lot of their work is end of life care. Feedback from families is often provided verbally in an informal way. There are a number of examples of informal positive feedback from service users being shared at Patient Experience team meetings, this	0 – No or little activity taking place	Patient Engagement lead

		feedback comes through via meetings that staff have had with patients and/or their families often due to issues relating to their clinical care whilst in the hospital with families frequently telling us how important the support provided by the chaplaincy team was to them and their loved ones during very difficult times.		
Domain 1: Commissioned or provided services overall rating for Service 3: Chaplaincy			**8/12**	

Domain 2: Workforce health and well-being

Domain 2: Workforce health and well-being		
Outcome	**Rating**	**Owner**
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	3 – Activity Exceeds Requirements	Associate Director of EDI and OD

RCHT provide a wide range of advice and self-management tools/opportunities. The Occupational Health Team provide information and advice to staff via a referral process from line managers. A recent 'deep dive' into stress and mental health sickness absence by the Trust's People Experience team has highlighted the support available to staff and the actions needed to improve this provision.

RCHT provides a range of interventions to support colleagues to stay well and at work:

- Sickness absence data is monitored and reviewed at a Trust wide and local level to understand the main reasons for absence, which helps to identify interventions that will have a positive impact for individuals/teams/organisation. A recent report by the People Experience team has highlighted areas of improvement.
- The Trust has introduced Wellbeing Conversations with line managers which will take place annually and provides an opportunity to discuss ongoing health concerns, what individuals need and to make reasonable adjustments.
- The Trust has a Staff wellbeing lead who provides regular staff updates and works with other staff support services including Freedom to Speak Up.
- Staff networks provide a safe space for colleagues to talk about issues that affect them including health concerns.
- Staff support groups linked to Staff Networks – Diabetes, Endometriosis, Menopause, Neurodiversity and Migraine.
- Achieved Disability Confident Leader.
- An updated Flexible Working Policy has been shared with staff.

Avenues of Support and Signposting

- Staff Intranet Wellbeing pages: Looking after your health and wellbeing | Intranet - Royal Cornwall Hospitals Trust
- Monthly Wellbeing newsletters to all staff via email.
- Staff Networks including Disability and Long-term Conditions Network
- Staff support groups – Diabetes, Endometriosis, Menopause, Neurodiversity and Migraine
- Redeployment Policy
- Advice and signposting from the People Experience Team
- Trade Union Partners
- Freedom to Speak Up Guardians
- Volunteering Team
- Coaches, Mentors and Mediators
- Schwartz Rounds **-** a forum for hospital staff from all backgrounds to regularly come together to discuss the non-clinical aspects of their work. This may include the psychological, emotional and social challenges associated with caring for patients
- Health Promotion events and stands across all 3 sites. (Appendix 1)
- Free health checks for staff on all 3 sites.

Obesity

- The RCHT Occupational health team offer staff the following support.
    - Health checks – these are provided by the Vaccination team
    - Statutory health surveillance – currently only provided for dermatitis
    - Rehabilitation and return to work planning support provided to Managers.
    - Ill-health retirement assessments – Via occupational health GP
    - Management of existing work-related health problems
    - Health and wellbeing advice

- Guidance on healthy weight management is provided on the OH staff intranet, along with links to local support options.
    - Cornwall Healthy Weight

    - Eatwell
    - Healthy Boxes
    - Change for Life
    - Weightwatchers
    - Slimming World

- Cycle Scheme: This is a salary sacrifice scheme available to all staff on a substantive or fixed term contract. Staff can apply online via The UK's Most Popular Cycle to Work Benefit - Cyclescheme
- Active travel schemes.
    - Cornwall Active Travel Active travel: walking and cycling - Cornwall Council
    - Sustrans Active Travel Active Travel Toolbox - Sustrans.org.uk
- Promotion of events through a regular Wellbeing newsletter such as.
    - The Cornwall Active Travel Challenge Cornwall Active Travel Challenge (getmeactive.org.uk) in June 2024.
    - Healthy Cornwall initiatives
    - Local exercise classes
    - National campaigns: healthy eating week; nutrition and hydration; know your numbers week; world sleep day; On Your Feet Britain; cycle to work week; national walking month.

Diabetes

- We have a staff support group as part of the Long-term conditions and disabilities staff network group to raise awareness and offer support to staff around diabetes.
- Promotion of national campaigns: healthy eating week; nutrition and hydration; know your numbers week; Diabetes Awareness week Diabetes UK - Know diabetes. Fight diabetes. | Diabetes UK

Asthma and COPD

- Personal and general advice can be sought from Occupational Health Department
- Smoking prevention/cessation support is available through the Health and Safety and Wellbeing Teams

Mental Health

- The RCHT Wellbeing and Occupational Health Teams provide information and advice on their webpages.
    - Talking Therapies Cornwall Talking Therapies | Cornwall Partnership NHS Foundation Trust (cornwallft.nhs.uk)

- Mindfulness Cornwall Mindfulness Cornwall | Building a community of mindfulness in Cornwall
- Resilience Tool iResilience: Free Personal Resilience Report | Robertson Cooper
- https://www.mind.org.uk/
- The Mental Health Foundation Mental Health Foundation | Everyone deserves good mental health
- Relate
- Samaritans
- International Stress Management Association (ISMA)

- Employee Assistance Programme Wisdom (healthassured.org)
- Occupational Health and Wellbeing (OH&WB).
- Trust's Chaplaincy Team.
- Access to national NHS resources at https://people.nhs.uk/.
- Freedom to Speak Up Guardians
- Menopause advice and cafe
- Helplines including Crisis support – Samaritans; Shout; CALM; SANE; National Gambling
- Wellbeing Events have been held across all 3 sites, covering nutrition, sleep hygiene and stress prevention (Appendix 1).
- Financial wellbeing tools, information and resources including Cost of Living help and support.
- Promotion of national campaigns: Time to Talk Day; Mental Health Awareness Week; Stress Awareness Month; World Suicide Day; Menopause Awareness Month; International Men's Day; Equality, Diversity and Human Rights Week
- TRIM
- MHFA

NHS Staff Survey feedback
Questions reviewed.

- ***9d my immediate manager takes a positive interest in my health and wellbeing. (Trust score: 68.85%)***
- ***11a My organisation takes positive action on health and well-being. (Trust score: 53.44%)***
- ***11c During the last 12 months have you felt unwell as a result of work-related stress. (Trust score: 41.66%)***

Ethnicity
Whilst 70% of White staff strongly agreed with 9d “my immediate manager takes a positive interest in my health and wellbeing”. Only 66.4% of BME staff felt the same.
BME staff reported more favourably that the organisation takes positive action on health and well-being that White colleagues – 57.9% compared to 54%. However, BME colleagues reported higher levels of work-related stress than White colleagues, a difference of 4.6%.

Disability
67.4% of staff with a Long-term Condition/Disability (LTC) felt that their immediate line manager took a positive interest in their health and wellbeing. This is compared to 70.2% of non-disabled staff. Only 49.2% of staff with a LTC felt that the organisation took positive action on health and wellbeing. This is a gap of 7.1 compared with non-disabled staff. There is a significant difference of experience in relation to work related stress between disabled and non-disabled staff, 54.5% of disabled staff reported feeling unwell in the last 12 months, compared to 36.1% of non-disabled staff.

Gender
There is a very slight (0.7) difference between male and female responses in favour of females in relation to immediate managers. Staff who identify as non-binary or who prefer to self-describe, have a less positive response than both males and females (63.2% and 60%). Female staff report slightly more positively than males in relation to the organisation taking action on health and wellbeing. Female staff are more likely to report work-related stress than males. 63.2% of non-binary staff reported that they had not experienced work-related stress in the last 12 months. This is a slightly higher percentage than both male and female staff (60.9% and 59.3%)

Sexual Orientation
LGBTQ+ responders are 4.6% less likely to believe that their line manager takes a positive interest in their health and wellbeing and 5% less likely to believe that the Trust takes positive action in relation to health and wellbeing. 53.3% of LGBTQ+ colleagues had experienced work-related stress in the last 12 months. This is difference of 7.5% compared to Heterosexual staff.

Age
The largest group of staff who completed the survey came from the 51 – 65 age bracket (1,145). The age group with fewest respondents in was 16 – 20. However, only 67.4% of staff within the 51-56 age group believed that their manager took a positive interest in their health and wellbeing. The highest percentage of staff (76.2%) who felt that their line manager took an

interest in their wellbeing came from the 31-40 age group. However, this age group were the least likely to believe that the Trust took positive action in relation to health and wellbeing and reported the highest levels of work-related stress 46.7% compared to the lowest 29.8% for those aged 66 and older.

Faith and Beliefs
Responders to the survey who identify as Buddhists, Hindus, Muslims and Any other Religion or 'prefer not to say' responded less well than Christians and those with no religious beliefs in relation to immediate managers. All religious groups, with the exception of those from Other religions and 'prefer not to say' felt that the Trust took positive action. Responders to the survey who have 'Any other Religion', 'prefer not to say' and Buddhists are more likely to experience work related stress.

Reasonable adjustments and education
Responses to Q31b "Has your employer made reasonable adjustment(s) to enable you to carry out your work". There has been a slight decrease from last year to 73.53%. This is slightly higher than the national average of 73.19%

Feedback from Staff Survey

Summary

The Trust offers a wide range of support for colleagues, however staff who identify with protected characteristics are less likely to be satisfied with support provided than colleagues who do not have one or more protected characteristics. BME, LGBTQ+ and disabled staff all experience higher levels of work-related stress. Female staff are also more likely than male staff to experience work-related stress, according to the staff survey. The Trust monitors the health of employees and has a range of support available to staff to allow them to self-manage their health. The Trust actively encourages initiatives for work-life balance, healthy lifestyles and encourages and provides the opportunity to exercise via outdoor gym equipment and cycle to work schemes. The Trust also signposts to local and national health initiatives and organises wellbeing events across all sites. Work/life balance is supported via the updated Flexible Working Policy

Areas of improvement: Improved reporting on sickness absence, staff complaints and Datix reports by protected characteristic would allow the Trust to monitor data in these areas and focus on improvements around staff retention and absence.

Scoring
Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) there is evidence to demonstrate that RCHT takes an active approach to wellbeing. The Trust monitors staff health and wellbeing through sickness absence data and wellbeing conversations and a number of health literacy initiatives are organised throughout the year by the wellbeing team. The Trust encourages work/life balance and health, and fitness opportunities are available. Current activity meets the required level of activity and scores 3 points

Domain 2:
Workforce health and well-being

Outcome	**Rating**	**Owner**
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	2 – Required level of activity taking place	Associate Director of EDI & OD

The Trust Board has agreed four Equality Objectives to cover the period of 2024-2028. These objectives were co-constructed by the EDI leads from CFT, RCHT and the ICB. This will allow effective partnership working, whilst Trust specific delivery plans will ensure that actions address the needs of each organisation. The Trust has also published an anti-discrimination statement to demonstrate their commitment to equality and to effectively dealing with discrimination across the Trust. Staff can raise concerns through the Freedom to Speak Up Guardian and through Trust policies and procedures.

The Workforce Equality Standards for Race and Disability (WRES and WDES) focusses on inequalities within recruitment, conduct, access to training, bullying, harassment and abuse. Action plans to address these inequalities are available in our published equality reports, available on our public facing website.
Summary of the WRES and WDES findings are below.

WRES

Improvements

- The percentage of employees identifying as Black, Asian or Ethnic Minority has increased to 11.1% from last year. This is across both clinical and non-clinical roles. The Trust has significantly greater ethnic diversity than the local population (3.2% of people identifying as non-white in Cornwall according to ONS Cornwall census data 2021).
- Metric 3: Relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 1.29. This still shows that BME staff are more likely to enter the formal capability than white staff, albeit a reduction from 2023.

Areas of focus

- Representation at every level of the pay scale remains a challenge, with the highest percentage of ethnic minority staff in AfC bands 5 to 7.
- Metric 2: The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants. This year the relative likelihood of White staff being appointed from shortlisting compared to BME staff is 1.31. This signifies that White staff are more likely than BME staff to be appointed from shortlisting.

WDES

Improvements

- The percentage of colleagues identifying as disabled via ESR has increased slightly from last year to 5.8%. This is higher than the NHS national average of 4.2% (A guide to improving staff disability data | NHS Employers)
- The percentage of staff disclosing that they have a disability has improved, but the percentage of 'Unknow/null' is still high at 14.4%.

Areas of focus

- There is a high relative likelihood of disabled staff entering the formal capability process. The average number of disabled staff entering the formal capability process over the last 2 years for any reason has risen from 2 to 5 for 2024. The average number of non-disabled staff entering the capability process has remained similar (16 in 2023 and 16.5 in 2024)
- The percentage of disabled staff across the AfC paygrades remains fairly similar, with the exception of the highest pay bands 8c to VSM where the percentage of disabled staff is 2.9%
- There are currently no Board members who have declared a disability. Non-disclosure rates across this group are very high with 8 out of the 12 Board members declaring an 'Unknown/null' entry for disability.

RCHT monitors concerns through a number of routes including: -

- People Experience team cases
- Freedom to Speak Up Guardian
- Sexual Safety Charter

A wide range of opportunities for support are set out in 2c to enable individuals to find the best option for them.

Additional information from the staff survey sets out the differences in experience by protected group. A summary of the data includes: -

Black, Asian and Minority Ethnic (BAME)

- The percentage of ethnic minority staff reporting incidents of harassment, bullying or abuse from patients/the public over the last 12 months has reduced from the previous year to 26.11%. This is slightly lower than the national average, but still higher than results for White staff (23.19%). However, the numbers of ethnic minority staff completing the survey has increased for 2023, which may account for this figure.
- There has been a slight increase in the percentage of ethnic minority colleagues reporting that the organisation provides equal opportunity for career progression or promotion. However, there remains a significant gap in comparison to White colleagues.
- The experience of physical violence from patients/public shows that ethnic minority staff are more likely to experience incidents than white colleagues – 12.5% for White and 18.8% for BME staff
- BME staff are more likely to experience violence from managers: 1.4% BME and 0.4% White. Looking at this data in more detail, African staff are the most likely group to experience this.
- The highest percentage of staff experiencing violence from colleagues are BME staff (5.3% compared to White staff 1.3%).
- BME staff are more likely to report incidents of violence compared to the Trust average – BME staff 76.8% compared to White staff 73.5%. African staff are the most likely group to report incidents of violence - 83.3% compared to Trust average of 73.9%
- 38.81% of staff reported discrimination on the grounds of their ethnic background.

- 19.7% of BME staff reported incidences of discrimination from a manager, team leader or other colleagues compared to 6% of White staff. This is around 3.5% higher than the national average.
- 62% of BME staff felt that the Trust respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc). This is not significantly different to the trust average of 67 %
- Whilst numbers have fallen from previous years, Ethnic Minority staff are still far more likely to experience harassment, bullying and abuse from managers and colleagues than White staff.
- Reported harassment, bullying and abuse from other colleagues and managers has also reduced over the last year but is higher than the national average and significantly higher than for White staff – 5.98% of White staff reported harassment, bullying and abuse from their line manager/team leader, compared to 19.72% of other ethnic groups. There is a lack of sustained improvement in the experience of bullying and harassment particularly in relation to colleagues.

The Trust recognises that racial trauma can be triggered by discussions and listening events with staff from ethnic minority backgrounds when they are reliving their past experiences. The Trust has explored provision of targeted racial trauma support as we continue to listen and learn from our staff from Ethnic Minority backgrounds and how it feels to work at RCHT and live in Cornwall. It is hoped by the time this report is published a decision will be taken on the external racial trauma support that can be offered at a cost to organisation as required.

Long Term Health Conditions (LTHC)/Disability

- **Metric 4: Percentage of staff experiencing harassment, bullying or abuse from:**
  - **Patients/Relatives/Public**: reduced to 29.12% from 30.89% this year and now more in line with national average. % for non-disabled staff has dropped even further.
  - **Managers**: significant reduction from last year, 15.68 from 22.07. This is the lowest this metric has been for at least 5 years. Non-disabled staff % has also reduced slightly and is also the lowest in 5 years.
  - **Other colleagues**: reduced to 24.91% from 29.62%, a more significant reduction in disabled staff.
- 11.53% of staff reported experiencing discrimination on the grounds of their disability. This is slightly higher than the national average of 9.01% but a reduction from the previous year (14.17%).
  Metric 8: The percentage of staff with a disability that say the Trust has made adequate adjustments to enable them to carry out their work has remained steady with only a very slight increase from last year. This metric

measures slightly higher at RCHT than the national average, with 74.70% (up from 74.63% in the previous year) of staff believing the Trust has supported their reasonable adjustments.

Lesbian, Gay, Bisexual and Transgender plus (LGBT+)

- According to the latest Staff Survey results, the relative likelihood of LGBO staff to never experience abuse from the public when compared to heterosexual employees is 0.94, from colleagues is 0.97 and from managers is 1.03, suggesting that while a proportion of colleagues are experiencing abuse (typically 8-28%), it is equally as likely to happen to any colleague regardless of sexual orientation. Similarly, both groups are as unlikely to feel pressured to come into work while feeling unwell (78.05% and 80.3%).
- Staff identifying as gay/lesbian had the most positive response to Q. 15 “Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age” with 65.06% agreeing that the organisation does, compared to 58.4% heterosexual staff.

Age

- The age group reporting the highest instances of violence from patients, family and public is the 16 to 40 age group. Instances reduce significantly as staff move into the older age brackets.
- The staff group who are least likely to report incidents of violence at work are the 41-50 age group, closely followed by 51 to 65.
- The age group reporting the highest percentage of harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public are the 21 to 40 group. However, this group reported the lowest percentage of harassment, bullying or abuse at work from Managers and were the most likely to report such incidents.

Gender

- There is no significant difference between genders (Male, Female, Non-Binary, prefer to self-describe and prefer not to say) across reports of physical violence from patients, families and the public.
- Staff identifying as male are less likely to report such instances than female colleagues (only 69.2% of male staff reported compared to 74.6% of female staff)
- Female staff are slightly more likely to experience harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public. Male staff are more likely to experience such abuse from managers and are less likely to report it (only 46.3% of male staff confirmed they had reported such incidents compared to 54.1% female).

- Whilst the percentage of staff of all genders reporting discrimination according to gender remained similar, male staff reported higher instances of discrimination due to ethnicity, religion and sexual orientation than female.
- Male staff reported the lowest percentage of being the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public. The highest percentage was for staff who prefer to self-describe/not to say (20% and 12.4%). In comparison, 9.8% of female staff reported such incidents.

Religion and Faith

- The highest percentage of staff reporting physical violence at work from patients / service users, their relatives or other members of the public come from the Buddhist faith. However, this is a small group of around 24 people identifying as being part of that religion. This group also reported the highest percentage of harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public, alongside those identifying as Any other religion.
- Staff reporting the highest percentage of harassment, bullying or abuse at work from colleagues came from the Buddhist, Hindu and Muslim faith groups. Hindu and Muslim colleagues are the least likely to report these incidents, only 36.4% of Muslim colleagues reported such incidents in the last 12 months.
- All religious groups, with the exception of those with no religion and Christians, reported high incidents of discrimination at work from patients / service users, their relatives or other members of the public. Staff from the Muslim Faith reported the highest percentage of discrimination from managers and other colleagues (20%).

Complaints

- There were 13 cases of bullying towards staff by managers/other colleagues across the Trust from the period 1st March 2023 to 30th August 2024 (data included from previous year as it was not reported in EDS2022 for 2023/24).
- 8 colleagues identified as British, 2 colleagues from African countries, 1 Malaysian colleague and 2 from other European counties (Greece and Portugal).
- 85% of complaints were from female colleagues. The percentage of female colleagues at the Trust is 72%.
- Just over half of all colleagues making a complaint were over the age of 50 (the average age was 52).

Datix reporting

Datix reports were reviewed from the period of March to September 2024. 396 reports were analysed, looking at the categories of: incidents affecting the Trust and incidents affecting a member of staff including Kernowflex/agency/locum workers.
Of the 396 Datix reports, 20 incidents referred to racist abuse, 1 of which reported both homophobic and racist abuse.

The Trust has created an Inclusive Compassionate Leadership session to be developed and factored into the LEAD and SAFE and compassionate leadership programmes. This has been successfully received and has positive feedback from the session.

Through the Freedom to Speak Up Guardian, the EDI and OD team and the POD People Partners, there has been triangulation of data and a review of the data with consideration of the impact of the data and how cultural change can positively improve staff experiences, discrimination, bullying cases, sickness absence and retention. This data and recommendations have been reported through to the People and Culture Committee and actions are weaved into the We Are RCHT OD Programme and Equality Objectives Delivery Plan.
Our Engagement Lead has worked closely with the People and Experience team to identify the golden thread associated with sickness absence and recommendations on how we can better support long term medical conditions reduce sickness absence. The EDI Lead has been working on guidance for managers to support with reasonable adjustments and use of Access to Work. This in turn will reduce stress for staff experiencing difficulties due to disabilities and long-term medical conditions and has potential 6to reduce sickness absence episodes.

A Values to behaviours framework has been launched along with an Anti-discrimination statement, with clear support on how to positively intervene, report and act upon poor behaviours.

The organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyles, encourages and provides opportunity to exercise. There is a new flexible working policy which encourages managers to consider more opportunities for staff to work flexibly and hybrid in-office and home working where this can be supported. In addition, there are a number of initiatives focused on staff wellbeing that are promoted through our internal communications channels and social media pages.

Through the Anti-discrimination statement Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them. The organisation has improved patient experience and workforce links with communication and third sector groups that support staff and patients from protected characteristic groups e.g. Rice and Peas, Black Voices Cornwall, Tr5ansparent Presence.

Summary

Overall, staff who identify as having one or more protected characteristic are more likely to experience bullying, harassment and violence than staff who do not. An action plan linked to the Workforce Equality Standards has been created to identify where action needs to be taken. Work to review the culture of the organisation and a review of training needs for staff is ongoing. The SAFE and Compassionate Leadership programme and the LEAD Management Training programme is building on existing skills to ensure we have a civil, safe and respectful workplace.

An Anti-discrimination Statement has been launched across all sites to reinforce the message that discrimination in any form will not be tolerated.

Scoring

Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) there is evidence to demonstrate that RCHT does take steps to address abuse, harassment, bullying and physical violence from any source. Colleagues who experience this are supported and appropriate action is taken towards colleagues who behave in a way that does not meet the Trust values of Respect, Compassion, Honesty and Teamwork. There are a number of routes at RCHT for colleagues to raise concerns. Current activity meets the required level and scores 2 points.

Domain 2: Workforce health and well-being		
Outcome	**Rating**	**Owner**

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	2 – Required level of activity taking place	Associate Director of EDI and OD

The Trust offers a number of options to allow staff to raise concerns around stress, abuse, bullying harassment and physical violence:

- Line Manager/service structure dependent on concern
- An independent Freedom to Speak Up Guardian who offers support and signposting. A number of Freedom to Speak Up Champions also work alongside the Guardian.
- Option to report hate crimes to Devon and Cornwall Police
- An Anti-discrimination statement has been launched across all sites.
- Staff Networks – provide a safe space for colleagues to speak about their experience.
- Induction programme includes expectations on behaviours, raising concerns and promotes the staff networks
- Trade Unions – provide advice/support and can support colleagues through processes.
- People Experience Team – provide advice/support with named contact and signpost to other support options.
- Equality, Diversity and Inclusion and Organisational Development Team
- Chaplaincy Team
- Employee Assistant Programme provides confidential counselling support and advice.
- Occupational Health and Wellbeing Team

A number of policies are available to staff via the HR Document library around Freedom to Speak Up – Raising Concerns Policy, Dignity at Work, Equality, Diversity and Inclusion, Supporting Individuals who are Transgender, Menopause at Work, Staff Domestic Abuse and Sexual Violence and Supporting Staff Involved in an Incident, Complaint and or Claim Guidance.
Human Resources (cornwall.nhs.uk)

Freedom to Speak Up - Raising Concerns Policy (cornwall.nhs.uk)
Policy and Procedure Template (cornwall.nhs.uk)
Staff Domestic Abuse and Sexual Violence Policy V1.0 (cornwall.nhs.uk)

The Trust completes Equality Impact Assessments on policies that affect colleagues.

The People Experience Team, as part of Restorative Just and Learning Culture (RJLC), review HR cases regularly to identify learning.

We continue to work with the Freedom to Speak Up Guardian to help break down barriers to speaking up for marginalised groups. There are regular fortnightly meetings with FTSU Guardian and Associate Director of OD and EDI where we can consider actions required when issues have been raised and how this is communicated to staff raising the concerns so that staff feel they can trust the process. Worked jointly with FTSU Guardian to deliver the first EDI conference on Ethnic Minority Staff Experiences and how we can improve access and reporting to FTSU through joint campaigns.

Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. In relation to Sexual safety the Trust has developed the following which support our staff in raising these concerns and when reports are being investigated:

- Sexual Safety policy in place
- The Trust has signed up to the NHSE 'Sexual safety in healthcare – organisational charter'
- Employment of domestic abuse and sexual violence (DASV) lead
- Resources being created to promote support services and sexual safety in the workplace. Posters created around inappropriate, unwanted and/or harmful sexual behaviour.
- Ward charter expectation created following sexual safety policy update.
- Working with external partners to ensure that an intersectional approach is completed.
- Awareness raised with internal networks such as EDI, Health and Wellbeing
- Intersectional resources are being explored (LGBTQIA+, Ethnic Minorities, Support for bank workers.)
- Secured training with Bernardo's for the DASV champions, there are currently 25 champions across RCHT and CFT and they have a direct inbox set up for people to make contact with the champions.
- DASV is covered within the level 3 adults safeguarding training and on the mandatory eLearning portal.
- There are some other training aspects being considered and these include:
    - Bespoke DASV day created for DOPMH team internally upon request.
    - Be-spoke stalking and harassment training specifically for health care staff.

- ED/MIU training being explored around first disclosures – Lunch and learn sessions.

Summary of Findings
RCHT provides a range of independent support which is available to all staff. Trade Union colleagues actively support their members and work with the Trust to tackle discrimination. The Freedom to Speak Up Guardian and Champions are independent and work closely with the Staff Networks. Equality Impact Assessments are applied to policies that relate to raising and dealing with concerns. Support is available to colleagues within and outside of their team/department/Trust. An Anti-discrimination statement is available on the main Trust website and outlines the expected behaviours from all staff and patients, family and visitors About us | Royal Cornwall Hospitals NHS Trust This information is also displayed on plaques and literature across all 3 sites.

Scoring
Based on the criteria set out in the EDS Ratings and Score Care Guidance (April 2023) evidence is available to show that the Trust is committed to anti-discrimination and support outside of their line management structure is available for staff who experience bullying, harassment and abuse from staff, patients and the public. The Freedom to Speak Up Guardian and Champions are embedded into the processes around reporting of incidents and staff are encouraged to use Datix to record any incidents of poor behaviour from staff or patients. Staff networks are now in place and can offer support and signposting to staff. Equality Impact Assessments are applied for all new policies and projects. Current activity meets the required level of activity and scores 2 points

Domain 2: Workforce health and well-being		
Outcome	**Rating**	**Owner**
2D: Staff recommend the organisation as a place to work and receive treatment	1 – Minimal/basic activities taking place	Associate Director of EDI and OD

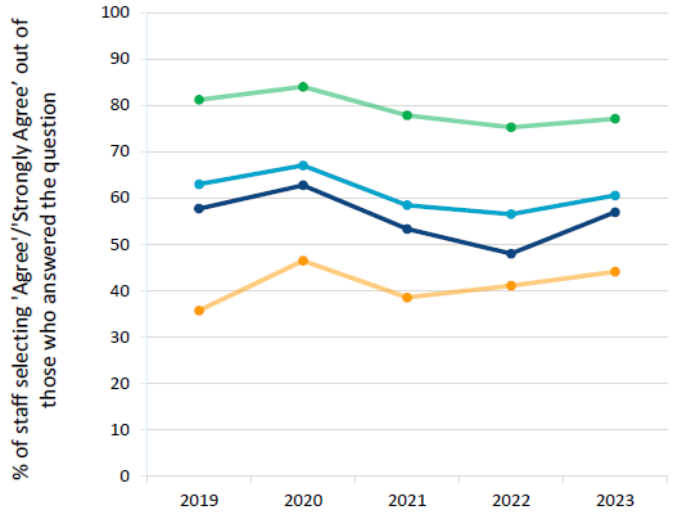
Staff survey results for 2023 show an increase in the percentage of staff who recommend the organisation as a place to work and to receive treatment, compared to the previous year.

People Promise elements and theme results – We are compassionate and inclusive: Compassionate culture

Survey Coordination Centre

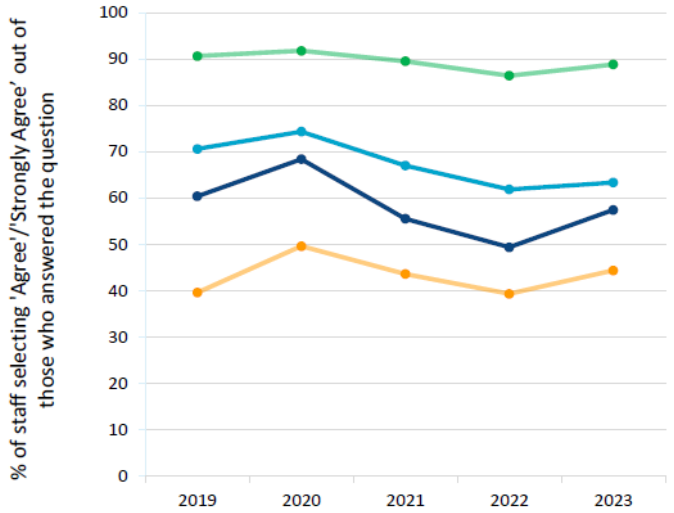
NHS

Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
Your org	57.64%	62.71%	53.28%	47.93%	56.89%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	3035	3688	3078	3200	3457

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	60.33%	68.37%	55.49%	49.32%	57.39%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	3033	3688	3076	3194	3452

Royal Cornwall Hospitals NHS Trust Benchmark report

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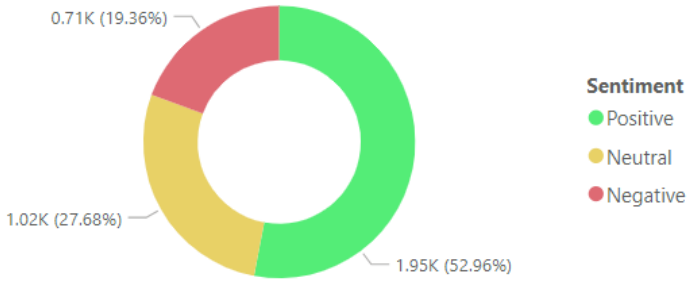
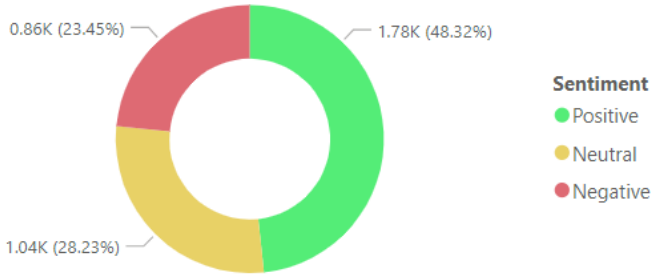
Latest Pulse data: Quarter 2



Q25d: If a friend of relative needed treatment I would be happy with the treatment provided at this organisation



Q25c: I would recommend my organisation as a place to work

The information below is taken from the PCC September 2024 staff exit interview assurance report

The Trust monitors data on leavers through the Great with Talent (GWT) digital platform. An onboarding questionnaire and a leavers questionnaire were introduced in 2022. Since the Leaver's questionnaire was launched it has been sent to 2494 people with an 11% completion rate. Between August 2023 and August 2024, 9.8% of leavers completed the questionnaire with 43% of those completing the survey leaving unhappy and the majority leaving within the first 5 years of employment. The top factors driving resignations include issues around cooperation, management relationships and personal growth.

Staff from ethnic minority backgrounds filling in the Leaver's questionnaire tend in the majority to be happy leavers, with positive feedback being left through the digital platform. Although following recent listening events with ethnic minority staff and through feedback from our Ethnic Minority Employee Network meetings, we know that this is not what is being shared verbally about how it feels to work and live in Cornwall.

There are a number of interventions that have been put in place to improve retention:

- Leadership Development (LEAD and the SAFE and Compassionate Leadership programmes).
- Early Restorative Just Culture practice.
- Access to coaching programme.

- Creating development plans with staff.
- Continue We are RCHT OD Programme, Phase 1 focus on Trust values implementation, behaviours and compassion.
- Continue with the associated recognition programmes for We Are RCHT.
- Team building.
- Set both team and individual objectives and goals and provide regular feedback.

(Information above taken from the People and Culture Committee Staff Exit Interview Assurance Report (Onboarding and Leavers Questionnaire) September 2024)

Staff Survey by protected groups: Q.25c I would recommend my organisation as a place to work and Q.25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation:

Black, Asian and Minority Ethnic (BAME)

- BME staff were more likely to recommend the organisation as a place to work than White colleagues (62.8% compared to 57%)
- This group also felt that they would be happy with the standard of care provided (62.8% compared to 57.2% White staff)

Long term health conditions/disability (LTHC)

- Staff with Disabilities or Long-term health conditions were less likely than non-disabled colleagues to recommend the organisation as a place to work (51% compared to 59.5%). They were also less likely to be happy with the standard of care provided (54.2% compared to 59.1%)

Age

- The age group most likely to recommend the trust as a place to work is the 16 to 20 group (65.7%). Staff over 50 are the least likely to recommend the Trust as a place to work (54.2%).
- Younger staff (16 to 20) and those at the upper age level (66+) are most likely to be happy with the standard of care provided by the organisation (77.1% and 66.7%).

Gender

- Staff identifying as non-binary are the most likely to recommend the Trust as a place to work (68.4%) and those who 'Prefer not to say' are the least likely to (25.7%). The average across the organisation is 57.4% with male staff slightly more likely than female to recommend the Trust as a place to work (59.8% and 57.9%).
- Staff who prefer to either self-describe their gender or prefer not to say are the least likely to be happy with the standard of care at the Trust (50% and 34.6%). As with recommending the Trust as a place to work, there is very little difference between male and female respondents. Staff who identify as non-binary had the most positive response to Q.25d with 68.4% responding positively to this question.

Faith

- Colleagues from Muslim and Christian faith groups had the highest percentage of staff who felt that they would recommend the Trust as a place to work (72.4% and 60.6%). The lowest scores came from those from the Hindu faith (52.4%) and those preferring not to disclose their religion (38.4%).
- Christian (61.2%), Buddhist (66.7%) and Hindu (76.2%) colleagues scored the highest percentages in Q. 25d, with staff in the groups 'Any other Religion' (49.1%) and 'Prefer not to say' (45.2%) scoring the lowest.

LGBTQ+

- Staff who identify as bisexual and other are the most likely to recommend the Trust as a place to work (63.2%). Those who 'prefer not to say' are the least likely to (29.5%).
- Those who 'prefer not to say' are also the group that responded less positively to Q25d (34.7%). The Trust average is 57.8%. Staff who identify as Gay or Lesbian score slightly lower than the average at 55.8% for Q25d.

The Trust has a recently published Flexible Working policy and is currently reviewing policies relating to family leave. FlexibleWorkingPolicy (cornwall.nhs.uk)

The Engagement Lead has developed platforms to enable positive engagement with staff to address concerns quickly, celebrate successes and improve the communication and feedback loop, assurance provided in staff survey reports to the People and Culture Committee. A clear schedule of listening events and other engagement events is detailed in the assurance report. In addition, there has been specific engagement focus groups with bank staff and in relation to stress management with targeted teams.

There has been a review the process for reasonable adjustments to support staff including educating managers and staff on resources available through Access to Work. There is guidance that is being provided to support leaders when dealing with reasonable adjustments and Access to Work to support staff with disabilities and long-term medication conditions.

The Trust has considered a Reward and Recognition platform for staff with input from the Engagement Lead and the People promise Manager. This has been presented to Executive Leadership Team and [people and Culture Committee for approval and it is hoped by the time this report is presented to Trust Board that this platform and recognition approach has been implemented.

Summary

Overall, there are differences in responses by protected characteristics although, with the exception of responders who 'prefer not to say' across a range of protected characteristics, 50% or more would recommend the Trust as a place to work. More than 50% of all responders broken down by protected characteristics would recommend the Trust as a place to receive treatment. It will be challenging for the Trust to progress from a level 1 score to a level 2 within the evidence required for domain 2D due to having to achieve a 70% or higher recommendation for the Trust as a place to work and receive treatment from staff survey responses. The average score for our Trusts comparator group (Acute Trusts) in 2023 was circa 60% which means the majority of Acute Trusts will also not achieve level 2 and therefore RCHT I not an outlier for domain 2D when only able to achieve the score of level 1. Those who 'prefer not to say' when identifying their protected characteristics tend to have a less positive response to both Q 25c and 25d than those who chose to disclose their protected characteristics. This is a fairly significant group of people, for example 213 people chose not to identify their religion. This is more than all faiths other than Christianity combined. 191 staff also declined to confirm their sexuality, which again is more than all non-heterosexual identities combined.

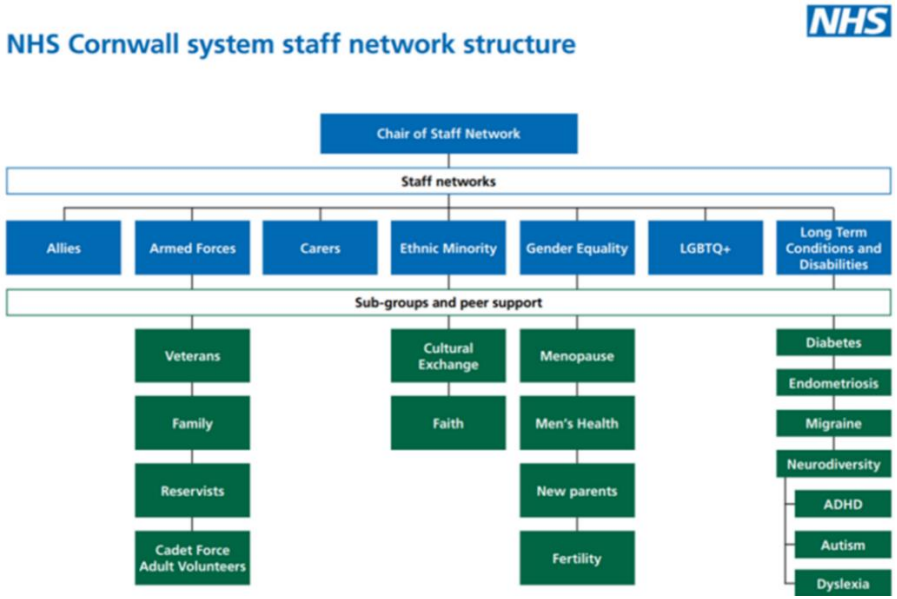
Scoring

Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) over 50% of colleagues at RCHT who identify with protected characteristics and completed the staff survey would recommend the Trust for work and treatment. The Trust compares the experience of Ethnic Minority and Disabled colleagues through completion of the workforce standards. Current activity meets the minimal level of activity and scores 1 point.

Domain 2: Workforce health and well-being	**8 / 12**	

Domain 3: Inclusive leadership

Domain 3: Inclusive Leadership		
Outcome	**Rating**	**Owner**
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	3 – Activity exceeds requirements	Associate Director of EDI and OD
Trust has established a 'triple aim' which includes equalities and health inequalities. The triple aim for Equality Diversity and Inclusion is a standing agenda item at Trust Board, and at Directorate Committee level meetings (examples taken from Trust Board and P&OD Committee). Executive Directors each have individual EDI objective as part of the annual appraisal. In addition to this each Executive Director is aligned to be the Executive Sponsor acting as the voice, advocating for a specific employee network group at Senior and Executive meetings, as well as supporting and helping the Chairs to lead our Employee Network Groups. Employee Network Groups are shared with partner organisations across the ICS. Each network has an executive sponsor from each Trust Board, so that is two Executive Directors sponsoring each network, along with overall accountability sitting the Executive Director for People (Chief People Officer) and the responsibility to support sitting with another Senior member of leadership in the Associate Director for EDI. Executive Sponsors meet with their network Chairs regularly, depending upon activity for the network this can range from monthly, bi-monthly to quarterly. Network chairs have quarterly meetings collectively with the Trust Chairperson for both organisations and as part of the Intersectionality quarterly meeting all Chairs meet with the CEO's and Associate Director for EDI. Evidence below includes screenshot of ENG's with associated support groups, calendar event of network chairs meeting with Trust Chairpersons.		



Board Members enable underrepresented voices to be heard by attending network meetings of the networks they sponsor and having a standing agenda item at Board meetings for patient stories presented by the Chief Nursing Officer. Evidence below demonstrates the standing agenda item taken from a Trust Board meeting:

Executive Sponsors of employee network groups and Board members support the celebration of key cultural events such as the CEO leading on LGBTQ+ History Month, or the Executive Directors and Non-Executive Directors forming panel members for an item called ‘ask your Board’ at the first EDI Conference which was held in March 2024.

We have hosted our first Culture and Diversity Conference in March 2024 which was supported and lead by our Trust Board members. This was hosted jointly with CFT and was open to ICB staff to attend. This was a successful event and gave an overview of what development and education our workforce have requested and need. This event also opened up the opportunity for our Executive Director to be more accessible to our staff from protected characteristics and has opened dialogue sand learning between staff and senior leaders.

In response to the appalling incidents of racism, anti-faith and criminal disorder from the end of July, we invited our staff to a number of solidarities listening events which were open to all ethnic minority colleagues and allies and was led by our CEDO's. The purpose of these meetings was to understand our colleagues experience of working within our Trusts, how we can further support our staff from different ethnic backgrounds so that they feel valued and safe to be part of our community. These were well attended and heard themes from our ethnic minority colleagues and people and partners who live with them including problems securing accommodation, racism faced in the community and on public transport, and safety concerns for themselves and their family members. The CEOs for each organisation committed to working with their Executive teams and the ethnic minority staff network to develop a response and actions to better support our ethnic minority colleagues and to make it clear to everyone that we will not tolerate racism, discrimination or abuse towards our staff. It is expected that the feedback will be shared with our staff through joint communications.

A new system-wide group is supported by our Executive Directors and is chaired by RCHT's Associate Director for OD and EDI, this brought together all NHS organisations in Cornwall, Police, Fire, Council, Ambulance and other NHS organisations in Cornwall to take positive actions to support colleagues experiencing discrimination, Racism and experiences of ethnic minority people in Cornwall is the initial focus of this group, with a focus on safety at work and living in Cornwall, accommodation issues, and education within the community.

5. Patient Story

Discussion *Chief Nursing Officer*

*To **discuss and note** the patient story*

Trust Board and Executive Directors have supported each employment Network to receive funding annually for £500 per network from RCHT.

Trust Board and Executive Directors have agreed to provide release time of 0.1wte funded for Chairs of each of the networks from RCHT.

The Chief Medical Officer chairs a Health Inequalities meeting which has a patient focus on EDI and marginalised groups and familiarisation with the Core 20 Plus 5 documents from NHS England. A copy of the agenda for items discussed is attached:

Health Equalities Steering Group Agenc

The Trust Board agreed and approved the Trusts Organisational Development Programme (We Are RCHT) which launched in April 2024. This remains a Trust Board action with a 6 monthly review and annual review being shared with Trust Board and bi-monthly assurance reports to People and Culture Committee on progress against Key Performance Indicators. The "We are RCHT" OD plan is essential in supporting staff belonging and changing the culture at the Trust, Phase 1 of the plan has gone live with a key focus on values, behaviours, anti-discrimination, civility and respect. Phase 2 is currently being developed and will focus on education and development of the workforce in a number of Equality Diversity and Inclusion topics.

We are RCHT programme was designed to have maximum impact over a number of years, starting with the values and the leadership programmes as the foundation of our cultural change and improvement journey. These programmes were created to ensure that all staff received training and support and developed an understanding of what our values are and what they mean to us.
Phase 1 which is supported by Executive Directors and Trust Board members includes three elements:

- Values and Behaviours
- Leadership Development
- Civility and Respect

LEAD (Leadership Empowerment and Accountability Development) – on target to achieve KPIs

- 400 people attended to in first 2 months since launch – on target to exceed KPI's of the programme which are presented to Transformation Oversight Group and People and Culture Committee.
- Positive score of 3.8 (4 is highest) for how useful people found the course
- Nearly all would recommend the training to a colleague (score of 3.8 where 4 is most likely to recommend)
- Positive feedback included about the delivers of the sessions
    - Just keep it going so all management staff can gain support from this wonderful course!

SAFE and Compassionate leadership programme – on target to achieve KPIs

- 102 people to 30/09/2024 – on target to achieve KPI's of the programme which are presented to Transformation Oversight Group and People and Culture Committee.

- Positive score of 3.9 (4 is highest) for attendees enjoying the SAFE and Compassionate Leadership 3-day programme
- 100% would recommend or potentially recommend the programme to a colleague
- Feedback has included
    - Just keep it going so all management staff can gain support from this wonderful course!
    - Thank you, really useful course.
    - Brilliant course! Appreciated the personal experiences shared.

Phase 2 of the We are RCHT OD Programme which is supported by Executive Directors and Trust Board members – in the design phase at the time of writing this report.
There is a focus in phase 2 on EDI and cascade of information and development sessions are being carefully considered in line with the new proposals for delivery of phase 1 Trust Values and Behaviours programme.

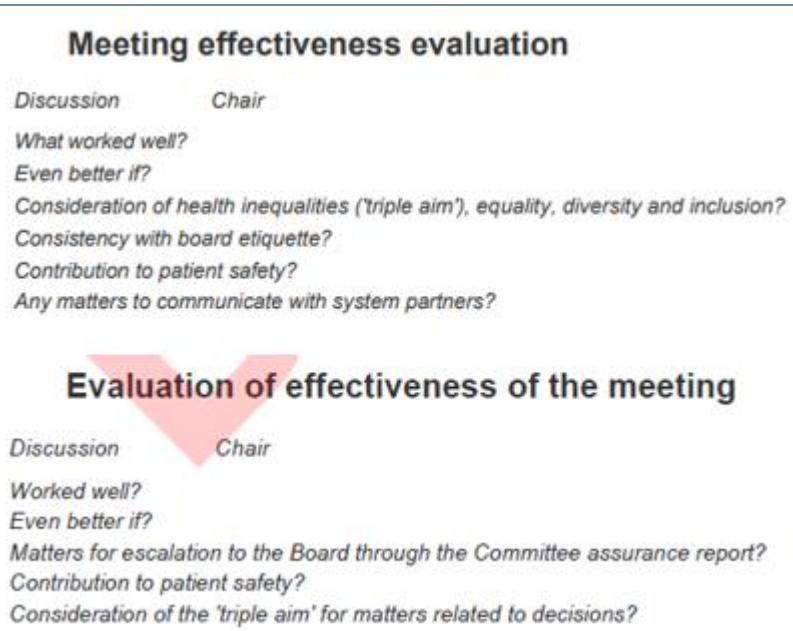
Summary

There is a standing agenda item in board and committee meetings for Equality, Diversity and Inclusion, and there is a standing item as part of the CEO report at Trust Board on Equality, Diversity and Inclusion. There is a separate Health inequalities Group which reports on a bi-annual basis to Board.
Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, equality, diversity and inclusion, there are regular meetings across the ICS to discuss EDI topics and progress jointly, including a new system wide meeting which commenced in 2024, EDI Leads from across the ICS and also intersectionality meeting where all network chairs and EDI leads along with CEOs / Chair persons get together and take positive action and solutions to concerns being raised and share best practice.
There is an Executive Sponsor for each network. Exec sponsors meet frequently with staff network Chairs and attend network meetings. Staff networks have more than one executive director sponsor and their role is to enable voices from the networks to be heard, hold discussion at senior committee meetings and board raising issues on behalf of the networks, sponsor and advocate for the network specific cultural or local events and/or celebrations.

Scoring
Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) there is evidence to demonstrate that Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and/or inclusion. Staff

networks have more than one senior sponsor. Board members and senior leaders sponsor religious, cultural or local events and/or celebrations. Board members and senior leaders enable underserved voices to be heard Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis. Board members implement the Leadership Framework for Health Inequalities Improvement. Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and/or inclusion. Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, equality, diversity and inclusion. Current activity meets the required level of activity and scores 3 points
quality

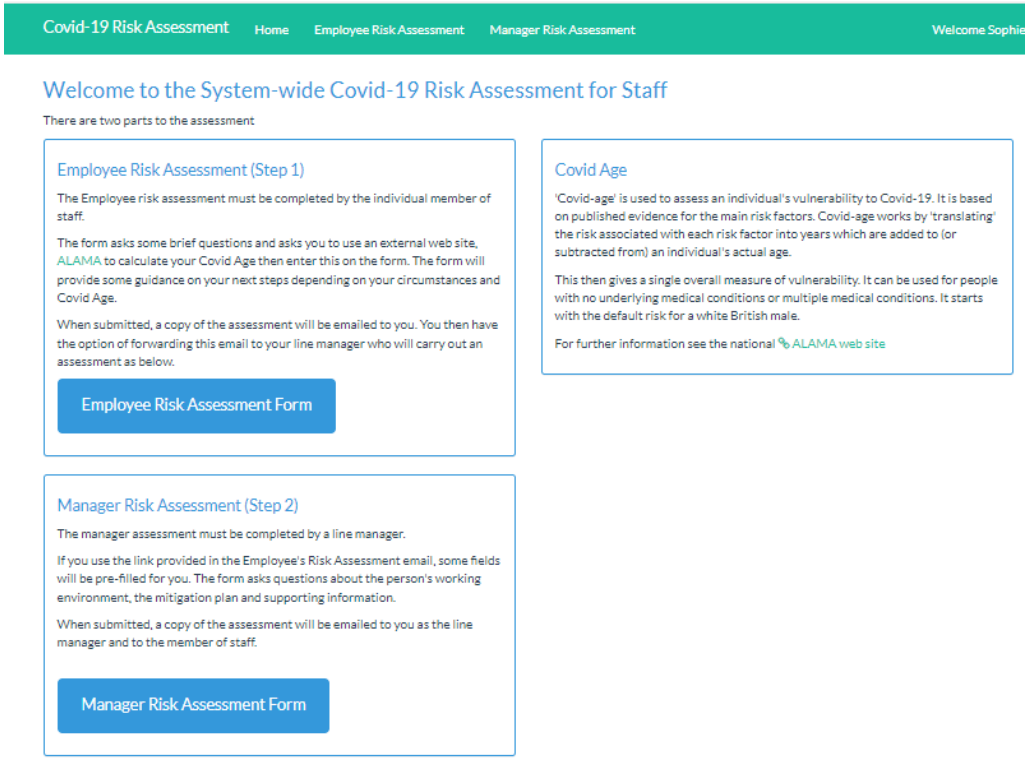
Outcome	**Rating**	**Owner**
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	3 – Activity exceeds requirements	Associate Director of EDI and OD
Trust has established a ‘triple aim’ which includes equalities and health inequalities. The triple aim is a standing agenda item at Trust Board, and Committee and Executive Leadership level meetings(examples taken from Trust Board and People and Culture Committee).		



An Additional steering group focused on health inequalities has been established and is chaired by the Chief Medical Officer (example agenda attached). This steering group advises Trust Board on health inequalities and takes action to address them.

All projects and policies complete an EIA in accordance with Equality Impact Assessment Policy. A copy of the completed EIA is included in the appendices of the document to which it refers.

Staff risk assessments, specific to those with protected characteristics, are completed and monitored



Action plans are approved by Trust Board via the Annual Equality Report which is published on the Trust website. The delivery plan for the Equality Objectives collates all of the actions from the different statutory and NHS required reports, including the High Impact actions from NHS England's EDI Improvement Plan. The delivery plan is reviewed quarterly by the People and Culture Committee to provide assurance on EDI progress and highlights any exceptions. The Equality Objectives Delivery Plan was developed across the ICS and is monitored and discussed monthly by EDI leads within the ICS, ensuring the NHS Oversight and Assessment Framework are used to develop approaches and build strategies.

The RCHT Trust Strategy sets out using population health management data to identify people most affected by health inequalities (screen shot from the Trust strategy below). There is clear evidence within the Strategy and supporting annual

action plan that equality and health inequalities are reflected in the organisational business plans to help shape work to address needs

To ensure improved monitoring, our Equality Impact Assessment (EIA) policy and EIA form has been reviewed and updated. This is currently going through the Governance routes for approval and is expected to be updated and published for use before the EDS report is approved at Trust Board in January 2025. The new EIA policy and form ensures this covers requirements for the Strategic Estates teams. In addition to this, guidance has been developed to accompany policy so people are aware of how and when to complete an EIA, who can support completion and who needs to authorise EIAs. All policy and organisational change EIAs are discussed and jointly agreed by our partnership forum with Trade Union colleagues and leaders in attendance.

Summary

The Trust has a delivery plan for the Equality Objectives which collates all action plans for the numerous EDI reporting requirements together (statutory and NHS England required), these are approved by Trust Board and noted within the Annual Equality Report which is published on the Trust website. Equality impact assessments are completed and there is an improved policy and process that was approved in 2024, including guidance to support manage on how to ensure the Equality Impact assessments are meaningful.

Scoring

Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) there is evidence to demonstrate that RCHT Both equality and health inequalities are standing agenda items in all board and committee meetings. Equality and health inequalities impact assessments are completed for projects and policies and are signed off at the appropriate level where required. Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant). Required actions and interventions are measured and monitored. The WRES, WDES and other EDI reports are used to develop approaches and build strategies. Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs. Current activity meets the required level of activity and scores 3 points

Outcome	**Rating**	**Owner**

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	2 – Required level of activity taking place	Associate Director of EDI and OD

Board members, system and senior leaders ensure the implementation of the relevant below tools.
WRES, WDES, NHS EDI HI Impact Actions, Gender Pay Gap reporting, Race Pay Gap reporting, Accessible Information Standard, Patient and Carer Race Equality Framework (Mental Health) (PCREF) EDS2022.

Governance routes for WRES, WDES, GPG, Race Pay Gap, Annual Equality Report and EDS are reported into Executive Leadership Team, People and Culture Committee then up to Trust Board for approval to publish. And ensure that any unachieved or off target actions are highlighted as exception and a plan is in place to bring back on track and progress.

The population within Cornwall is not particularly diverse, with only 3% of the local population being an Ethnic Minority background. With this our leadership at senior roles is at 2% in October 2024 for bands 8C and above, whilst this is still below the Cornish population figure of 3%, there has been a significant improvement and continues to be improvement since a focus commenced on talent from diverse backgrounds being promoted and reported since May 2024 0.98%, with clear Talent programmes that are being developed and our inclusive and compassionate leadership programmes this figure is expected to rise.

In relation to Gender Pay Gap the following data has improved since the previous year:

- The mean (average) gender pay gap has increased to 29.5%, from 24.9% in 2023. This is currently higher than pre-pandemic figures.
- The median gender pay gap is 17.2%. This is a very slight reduction from the previous year and is higher than the UK average median gender pay gap of 14.3% (2023) for all employees. Whilst the median gender pay gap for RCHT has been gradually reducing from 2021, it is still significantly higher compared to pre-pandemic.
- Since 2020, the proportion of women with roles in the upper quartile has reduced from 63.4% to 58.88%.

In relation to WDES there have been improvements in data since the previous year:

- Numbers of staff declaring a disability has risen steadily, and is now 7.5 for clinical, non-clinical and medical/dental. This is higher than national average, which, according to the Building Disability Inclusive Workplaces guide from NHS

Employers, published March 2024, is 4.9%. Across all staff groups, the percentage of 'unknown/null' declarations has reduced. Across overall workforce, the percentage has reduced from 15.8% to 14.4%.

- Percentage of staff experiencing harassment, bullying or abuse from:
- Patients/Relatives/Public: reduced to 29.12 this year and now more in line with national average. % for non-disabled staff has dropped even further.
- Managers: significant reduction from last year, 15.58 from 22.07. This is the lowest this metric has been for at least 5 years. Non-disabled staff % has also reduced slightly and is also the lowest in 5 years.
- Other colleagues: more of a significant reduction in disabled staff.
- There has been a huge increase in both disabled and non-disabled staff reporting incidents of bullying and harassment. There has been an increase of nearly 4% for disabled staff and just over 7% for non-disabled staff reporting.
- Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. There has been a slight increase in staff reporting that the Trust provides equal opportunities for career progression or promotion compared to staff without a disability.
- Percentage of staff with a disability that have felt pressure from their manager to come to work despite not feeling well enough to perform their duties compared to staff without a disability, has reduced this year to 23.69% from 30.12% in 2023. This is an improvement and lower than the national average.
- The percentage of staff with a disability that are satisfied with the extent to which the Trust values their work, compared to staff without a disability has increased from last year, to slightly above the national average.
- The percentage of staff with a disability that say the Trust has made adequate adjustments to enable them to carry out their work has remained steady with only a very slight increase from last year. These metric measures slightly higher at RCHT than the national average, with 74.70% of staff believing the Trust has supported their reasonable adjustments.

In relation to WRES there have been improvements in data since the previous year:

- Percentage and number of staff in the Trust by ethnicity. The number/percentage of ethnic minority non-clinical staff has increased from last year, particularly significant in clinical roles. Still a significant number of 'Unknown' – more than have disclosed BME status. This could indicate that many staff are still not confident in disclosing their ethnicity formally.
- Relative likelihood of BME staff entering the formal capability process compared to White staff is 1.29. This still shows that BME staff are more likely to enter the formal capability than white staff, albeit a reduction from 2023.
- The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff. This has

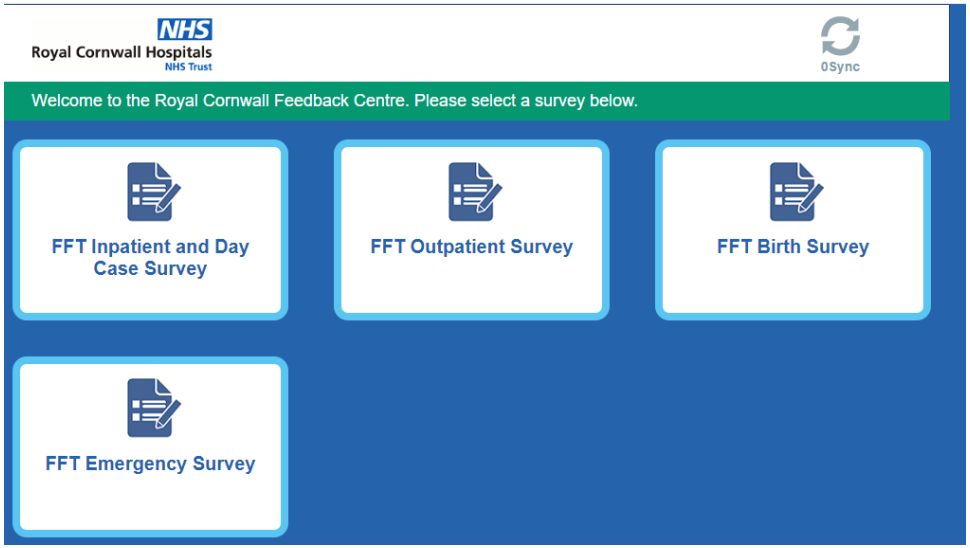
increased for all ethnicities from 2022/23 with.

- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public has dropped from 26.27 in 2022, to 23.19. This is a fairly significant drop and is below the national average.
- The percentage of staff experiencing harassment, bullying or abuse from colleagues has reduced to 22.1%, but us still above the national average for the UK and significantly higher than white colleagues at the Trust and nationally.
- The percentage of staff that believe the Trust provides equal opportunities for career progression or promotion has improved slightly but is still below the average for white staff at the Trust.
- Percentage of staff who have experienced discrimination at work from a manager, team leader or colleague. This percentage has also reduced from last year but is still significantly higher than white staff at the Trust and the national average for ethnic minority staff.

Cornwall has a population of 3% (Census 2021) ethnicity; however, the Trust has recruited many international staff and currently has over 12% ethnicity in the workforce. However, there is only 2% ethnicity in the workforce at Band 8C and above.

There are clear actions in the Annual report for the Trust to improve senior leadership representation for females exploring why this figure has reduced, as well as developing clear talent pipelines for those from ethnic minorities.

The Trust monitors patient related feedback such as the Family and Friends Test, which provides reports for a number of departments.



The Care Opinion Survey offers patients the chance to tell the Trust about the service they have visited.

Patient equality monitoring data is provided to Trust Board as part of the Annual Equality Report.

The development of Equality Objectives jointly with the ICB and CFT have been approved and are preparing to launch through a social media campaign. Equality Objectives are a requirement of the Public Sector Equality Duties outlined in the Equality Act 2010 and will remain in place for a period of up to four years.

The delivery plan for the Equality Objectives collates all of the actions from the different statutory and NHS required reports, including the High Impact actions from NHS England's EDI Improvement Plan. The delivery plan is SMART and is updated monthly at the ICS EDI Leads meeting. Assurance against the delivery plan is reported to People and Culture Committee on a quarterly basis.

A new EDI Group will have been developed and launched by the time this report is approved by Trust Board in January 2025. This will report into the People and Culture Committee and will develop a process for reporting EDI related data and progress by Care Group.

Summary
The Trust has significantly increased in ethnicity for the workforce; however, the Trust is still not reflective of the population served at Band 8C and above for ethnicity, clearly there is more work required within this area. In addition, the upper quartile for gender pay gap has significantly reduced in the number of females, whilst preponderantly more females work in the Trust than men. Although there have been many other improvements demonstrated in WRES, WDES, Gender Pay Gap and other EDI reports.

Areas of improvement: EDI Group to become established and well attended, reporting into Workforce Strategy Group and then up to Trust Board. Improved talent pipelines for ethnic minority staff and females in the most senior roles at band 8C and above.

Scoring
Based on the criteria set out in the EDS Ratings and Score Card Guidance (April 2023) there is evidence to demonstrate that RCHT has a clear action plan with interventions for unmet goals and objectives in relation to ethnicity and gender representation at bands 8C and above. The Trust is able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES. Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools: Current activity meets the required level of activity and scores 2 points

Domain 3: Inclusive leadership overall rating	**8 / 9**	

Organisational Rating

Overall scores for 2025 reporting period are:

Domain 1 = 8 out of a possible 12 for the Chaplaincy service, Domain 1 services differ each year and therefore cannot be compared directly with that in the 2024 report

Domain 2 = 8 out of a possible 12, this is an improvement 1 from 2024 report
Domain 3 = 8 out of a possible 9, this is an improvement 3 from 2024 report

EDS Organisation Rating (overall rating): 24, an improvement of 3 from 2024 report. This moves us from ‘Developing’ to ‘Achieving’.
Organisation name: Royal Cornwall Hospitals NHS Trust
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**

Action Plan

Domain 1	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service 2/3 Achieving	Increase offer to ensure full access to the service for people of all faiths and none.	Review recruitment process to consider ways of attracting representatives from a more diverse range of faiths	
	1B: Individual patients (service users) health needs are met 3/3 Excelling		N/A	
	1C: When patients (service users) use the service, they are free from harm 3/3 Excelling		N/A	
	1D: Patients (service users) report positive experiences of the service 0/3 Underdeveloped	Actively engage with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service.	Implement a systematic process for formally gathering feedback from patients about the service	

Domain 2	Outcome	Objective	Action	Completion date	Lead
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	2A1) Ensure ethnic minority colleagues are offered appropriate racial trauma support as we expand learning from lived experiences, as this can trigger traumatic events.	2A1) Work in conjunction with Ethnic Minority Network Chair to explore opportunities for supporting staff with Racial trauma, present options to the Executive Leadership Team and implement processes to enable staff to receive this support as and when required.	2A1) September 2025	2A1) Associate Director of EDI and OD
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	2B1) Improve the reporting of complaints by protected characteristics. 2B2) Improve reporting for discrimination and hate crimes.	2B1) Explore possibilities for additional protected characteristic information being made available for future reporting in relation to complaints 2b2) Explore improved reporting on Datix or equivalent systems for reporting protected characteristics, discrimination and hate crimes. Also consider new systems for	2B1) July 2025 2B2) October 2025	2B1) EDI Lead 2B2) Associate Director of EDI and OD

		2B3) Improved knowledge and access to applying for flexible working for a better work life balance.	reporting which would fulfil this requirement. 2B3) Better promotion of initiatives for improved work life balance and healthy lifestyles, including more communications on what is available and how to access or requires this.	2C2) December 2025	2C2) EDI Leads in conjunction with OD Lead and communications team
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	2C1) Improve Hate Crime reporting.	2C1) explore neighbouring Trusts pilot into Hate Crime reporting and work jointly with the Neighbourhood Police Team to improve reporting at RCHT.	2C1) September 2025	2C1) Associate Director of EDI and OD
		2C2) Improved support to staff who raise discrimination or racism complaints.	2C2) Explore the support currently available and areas of improvement following a REPORT, Support and Protect approach.	2C2) November 2025 2C3) July 2025	2C2) Associate Director of EDI and OD
		2C3) Improve the Equality Impact Assessment (EIA) approach and completion of the forms	2C3) Write a new EIA policy and process, strengthen by supporting guidance/how to guide for managers. Focus this		2c3) EDI Lead

		to ensure they are meaningful.	approach on commencing with true inclusion and mitigation where this cannot be achieved.		
	2D: Staff recommend the organisation as a place to work and receive treatment	2D1) Increase number of staff recommending the Trust as a place to work to 70% or above.	2D1) Clear work on Trust actions from the staff survey results where there are areas for improvement that impact on the overall view of RCHT being a Great Place to Work. Engage with staff and ask what 3 things would allow them to recommend RCHT as a Great Place to work.	2D1) January 2026	2D1) Associate Director of EDI and Engagement Lead
Domain 3	**Outcome**	**Objective**	**Action**	**Completion date**	**Lead**
	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	3A1) Continue to support and strengthen the Employee Network Groups and Executive Sponsor / Chair relationships.	3A1) Review the Executive Sponsor and Chair roles, and there are regular meetings included for the Executive Sponsors. Ensure that the Terms of Reference for network meetings is reviewed. Develop OD programme of support	3A1) January 2026	3A1) EDI Lead

			for Executive Sponsors / Chairs.		
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	3B1) Continue to strengthen and improve Trust Board and Committee reporting of EDI and Lived experiences. 3B2) Improve understanding and learning of lived experiences across the whole organisation at all levels (not only Board and Senior leaders).	3B1) Collate lived experience stories from across the protected characteristics / employee network groups. 3B2) Develop a video to promote experiences to all staff and not only Board / Senior leaders. 3B2) Development and roll out of Phase 2 of the We Are RCHT OD programme, with a focus on EDI education and learning.	3B1) September 2025 3B2) October 2025 3B2) November 2025	3B1) EDI Lead 3B2) EDI Lead 3B2) Associate Director of EDI and OD
	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	3C1) Establish EDI Group to report into Workforce Strategy Group.	3C1) Ensure EDI Group is meeting regularly and reporting into committees with a highlight and exceptions report (Flash report). 3C2) Review current process and	3C1) April 2025 3C2) August 2025	3C1) Associate Director of EDI and OD 3C2) Associate

		3C2) Improved talent pipelines for protected characteristic groups.	requirements to better support ethnic and female workforce to progress to most senior levels within the organisation at Bands 8C and above. 3C2) Improve IPR monthly to include reporting on Bands 7 and above by protected characteristics.	 3C2) October 2025	Director of EDI and OD 3C2) Associate Director of EDI and OD

Equality Delivery System 2022 Template

Published: Feb 2025

Appendix 1.

RCHT Wellbeing Days!

St Michael's Hospital - 10 September 2024

We will be holding a Wellbeing Day at St Michael's Hospital on 10 September.

The RDA system workshops will be Virtual Sessions via Microsoft Teams
Please see the links below to book in for sessions.

Stress Management - 9am to 9.45am
Nutrition Relating to Wellbeing - 10am to 10.45am
Sleep Workshop - 11am to 11.45am
Stress Management - 12pm to 12.45pm
Nutrition Relating to Wellbeing - 1pm to 1.45pm
Sleep Workshop 2pm to 2.45pm

We also will be hosting mini massages in the St Michael's Meeting room with a licensed therapist. Please book a timeslot that suits.

West Cornwall Hospital - 24 September 2024

We will be holding a Wellbeing Day at West Cornwall Hospital on 24 September.

The RDA System workshops will be held in WCH Library
Please see the links below to book in for any sessions.

Stress Management 9am to 9.45am
Nutrition Relating to Wellbeing - 10am to 10.45am
Sleep Workshop - 11am to 11.45am
Stress Management - 12pm to 12.45pm
Nutrition Relating to Wellbeing - 1pm to 1.45pm
Sleep Workshop - 2pm to 2.45pm

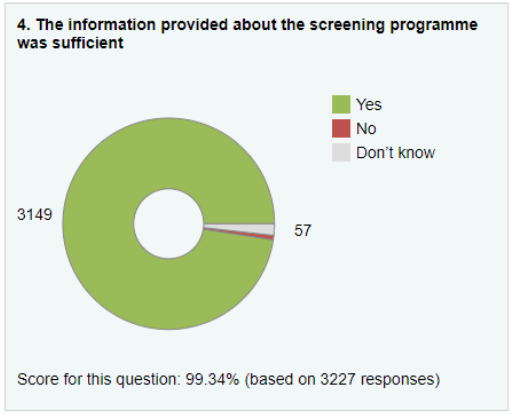
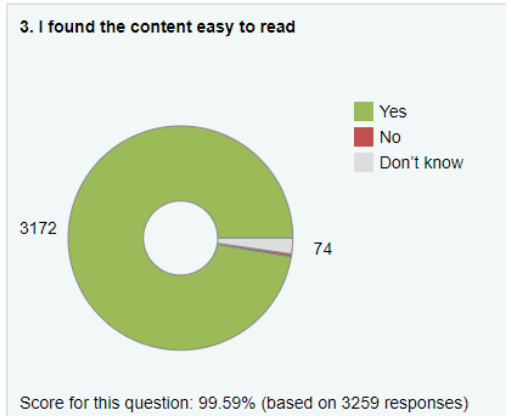
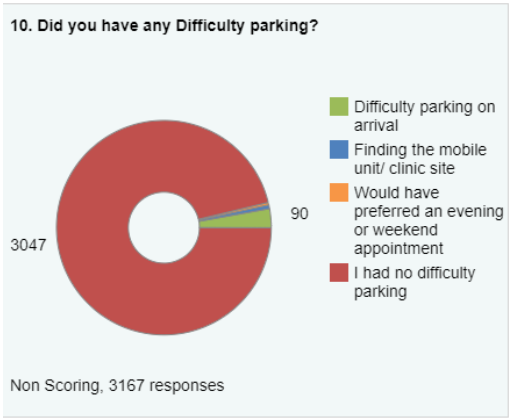
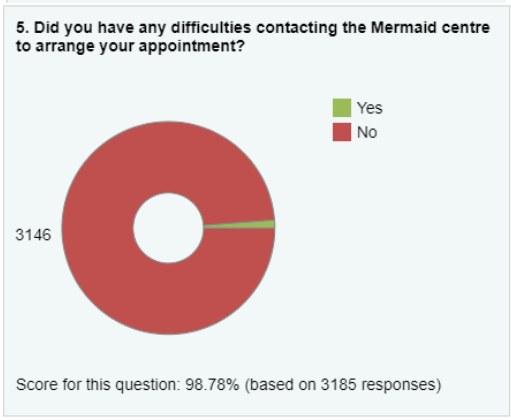
We will also be offering mini massages in the WCH Med 2 Seminar Room with a licensed therapist. Please book a timeslot that suits.

Appendix 2

5.1 Service 1: Breast Screening

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	1A: Patients (service users) have required levels of access to the service	• Uptake in Cornwall is 68% (this is compared to 64.4% nationally) a target of 70% has been set. • Breast Screening takes place in the mermaid centre, a dedicated building for mammography on the main RCH site. We also have two mobile vans that visit Redruth, Newquay, St Austell, Wadebridge, Falmouth, Hayle, St Ives, Helston, Camelford and Truro. This covers large parts of the county helping to make breast screening more accessible. The vans are situated in easy to access areas such as supermarket carparks which are often easier to reach than the main hospital site. • When a van is situated in a specific area postcard promoting uptake of the service are put in local places such as foodbanks and community centres to increase awareness and encourage uptake amongst disadvantaged groups. • It has been identified that getting people to attend a first screening is more challenging than follow up appointments, as such women in their early 50s are targeted with advertising through Facebook. • Patients access the service in a number of ways. The main route in is through the national breast Screening programme in which patients are invited for screening between the ages of 50&70. Previously letters invited	3 – Activity exceeds requirements	Patient Engagement lead

		patients to book their own appointments now letters inform patients of a prebooked appointment with the option of changing the time or venue to suit their needs, this has increased uptake of first appointments. Patients presenting with symptoms for investigation are referred via the GP or other wards throughout the hospital. • Whilst the vans can be more accessible for some people dependant on transport, work and other commitments. The vans are not the most suitable for patients with mobility issues for example patients must be able to walk up a few steps to reach the facility. This is noted when appointments are sent out and people with mobility issues are invited to attend the Mermaid Centre for their screening where their access needs can be met. Specific access needs are flagged on booking forms and a number of adjustments can be made such as a longer appointment slot, interpreters and bariatric access. However, there are rare occasions when people with mobility needs do arrive at the vans for appointments and must be turned away. In these instances, a new appointment for the mermaid centre is sent out. • In response to patient feedback, evening appointments have been introduced at the mermaid centre to promote uptake of the service further. Appointments at the screening vans are generally 9am-4.30pm. • Additional support can be provided to patients who have difficulty attending appointments due to financial pressures or lack of transport. • Data from patient surveys demonstrates an overwhelming positive response regarding accessibility see below for results obtained 01/04/23-31/03/24:		

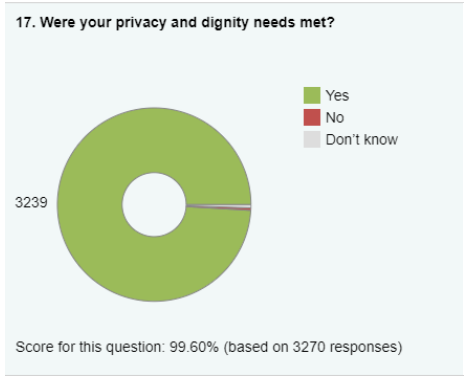
		   		
	1B: Individual patients (service users) health needs are met	• Our Primary Care Facilitator is a key link between hospital, GP services and community organisation. Enabling patients to be directed to appropriate support services and social prescribers most suited to their individual needs. . • The service recognises that as a predominantly female service it can be difficult for other genders to access. In collaboration with the LGBTQ+ staff network they have considered how to make the environment within the	2 – Required level of activity taking place	Patient Engagement lead

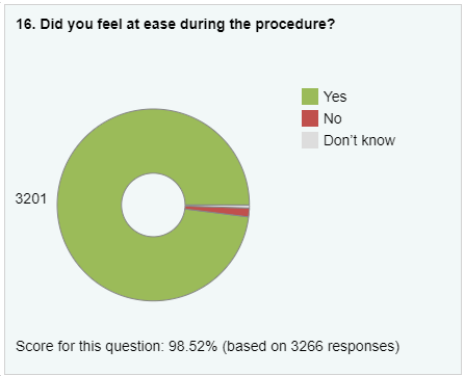
Mermaid Centre and screening vans more accommodating for all genders and this includes changing the chairs in the mermaid centre waiting area from pink to pale blue as the pink chairs were considered to create a stereotypically “women only” feel. They have also actively sought advice around inclusive language recognising that not all people accessing the service identify with the terms such as “women” or “ladies”.

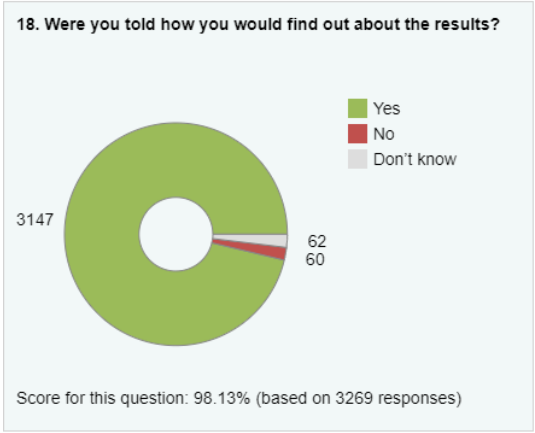
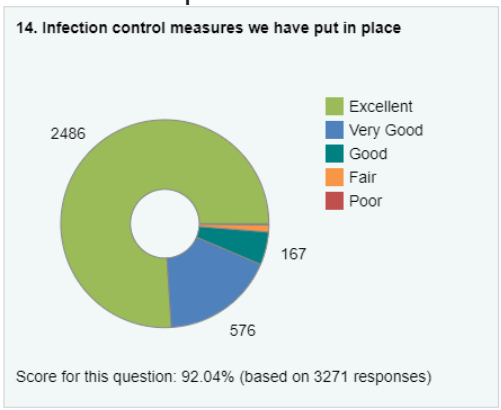
- Bariatric chairs are available in the waiting room

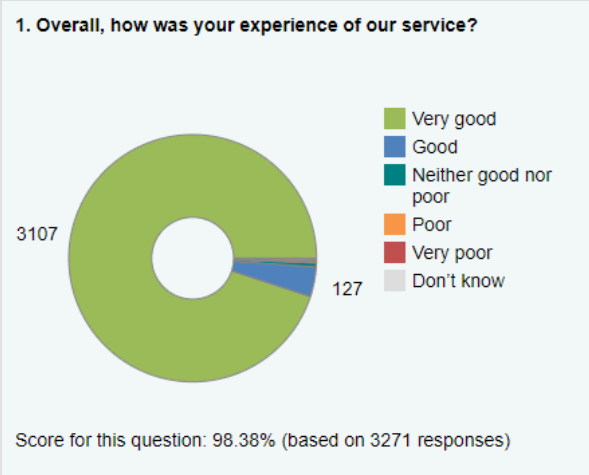
- There is a very good interpreter service that is utilised, and interpreters can be arranged to attend face to face or via telephone and the telephone service can be accessed at short notice if necessary. Leaflets are also produced in a number of languages

- FFT feedback demonstrates that patient’s individual needs are consistently met by the service. They are made to feel comfortable while accessing the service, they overwhelmingly feel that their privacy and dignity is respected, and they leave with a clear understanding of when and how they will receive results of their screening. see below for results obtained 01/04/23-31/03/24:



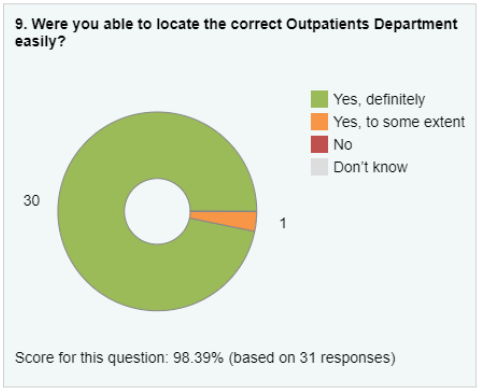
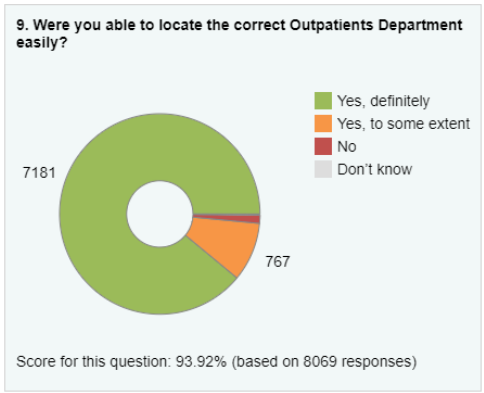


				
	1C: When patients (service users) use the service, they are free from harm	• The trust has a robust system for reporting incidents and there were no incidents reported under Breast Screening for the period 01/04/23-31/03/24 • FFT results show patients were very satisfied with the infection control measures in place  • Mammograms are performed by female radiographers and patients are told this in their invitation letters to help them to feel more at ease with the process.	2 – Required level of activity taking place	Patient Engagement lead

	1D: Patients (service users) report positive experiences of the service	Care opinion stories submitted for breast screening were searched using the search terms gender, sex, race, ethnicity, religion, disability, disabilities. The following comments demonstrate the team's commitment to EDI: • *As a transgender woman they made me feel safe and in a caring environment. This was a first time for me and was a little apprehensive about going.* • *The lady who dealt with me was very obliging in regard to my disability. She delt with the whole process with grace and professionalism.* • *I have a disability and can't raise my arm without pain, but they always make sure they get it right straight away and are really good at helping me with my arm* FFT Feedback is overwhelmingly positive however demographic data has not been collected for this period, so it is not possible to filter results based on age, gender, ethnicity or disability status.  • Patient feedback is collated and shared with staff on a monthly basis.	2 – Required level of activity taking place	Patient Engagement lead
Domain 1: Commissioned or provided services overall rating for Service 1: Breast Screening			**9/12**	

5.2 Service 2: Ophthalmology

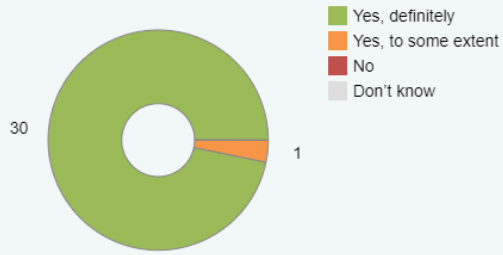
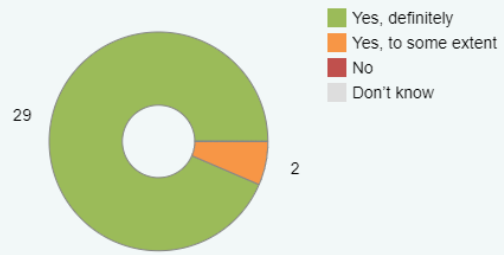
Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	• RCHT Ophthalmology services operate at the Royal Cornwall Hospital and West Cornwall Hospital. • Pre assessment routinely take place at Falmouth Hospital but is not always appropriate due to access needs or location. In these circumstances pre-assessment can take place at RCH. • A search of comments relating to accessibility and using the search terms gender, sex, race, ethnicity, religion, disability, disabilities from the FFTs covering the period 01/04/23-31/03/24 found a small but significant number of negative comments relating to the accessibility of the department for those with mobility issues particularly wheelchair users. Patients commented on there not being space for wheelchairs in the main waiting room and in the smaller waiting areas down the narrow corridor which led to some feeling as though they were “in the way”. • Results obtained below for the period 01/04/23-31/03/24 show that in the vast majority of cases patients are able to locate the department. With 100% of respondents for WCH answering positively with a slightly lower rate of positive responses recorded for RCH at 98% when these results are filtered for those with disabilities the proportion remains the same. The overall size of each site must be considered	1 – Minimal/basic activities taking place	Patient Engagement lead

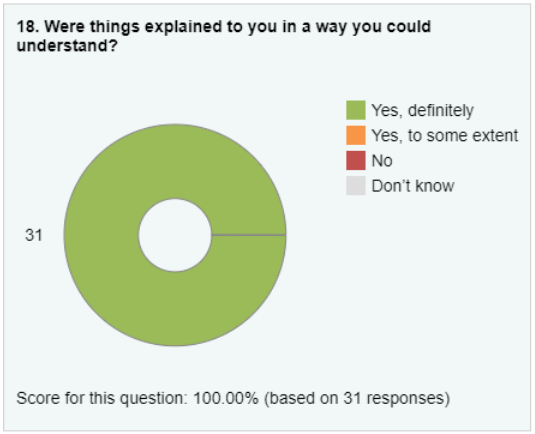
		when looking at the slightly lower satisfaction rating at RCH which is much bigger site to navigate. **WCH**  **RCH**  • A wide range of information leaflets are available online with information about the range of services provided and various specific eye conditions. It is noted on the online library that not all documents meet the accessibility requirements though all leaflets can be requested in other versions such as large print, audio, braille and other languages and a contact telephone number is included on documents to direct patients to the office that can provide these. • Complaints data for the period 01/04/23 – 31/03/24 were reviewed and filtered for any relating to EDI issues. These were then filtered again for any that pertain to accessibility issues. A total of six complaints were identified. Three of these related to patient letters and included the use of medical jargon and font size presenting barriers to patients accessing services as well as letters being sent to an individual who does not have the capacity to read these letters and relies on other family members for support leading to missed		

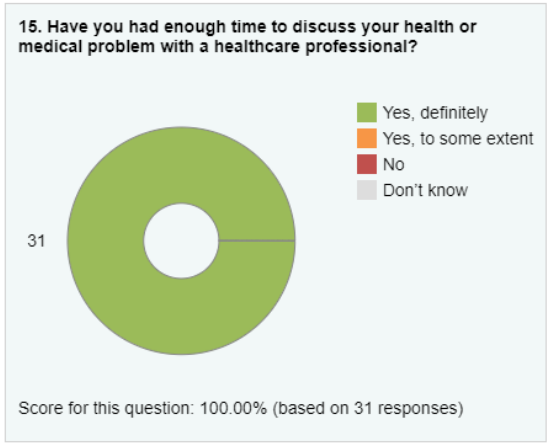
		appointments and delayed treatment. Three of these complaints were around individual lifestyle needs not being taken into account such as caring responsibilities, work commitments and financial issues. • Advocacy is raised as an issue on two occasions with patient confidentiality protocol presenting difficulties in advocates accessing information about patients and acting on their behalf. The advocacy policy is currently under review.		
	1B: Individual patients (service users) health needs are met	• There is tactile flooring at the main external entrance to the eye unit but not at the internal entrance to the department as recommended by RNIB. The main waiting area is quite spacious but often very busy. The recommendation from the RNIB is that there should be bright contrasting colours between the floor, chairs and walls to help visually impaired people to navigate the area. A significant issue in the main waiting area is that it has become a corridor with access to the Tremenel unit running straight through this area. This creates a busy and chaotic atmosphere with a constant flow of patients and staff moving through this area. This could be quite stressful, in particular to neurodiverse patients, those with learning disabilities and patients who are particularly anxious. The team is able to mitigate this to some degree. There are 3 small rooms near the reception desk which can be used for patients that need a quiet/private space. Other measures are used to avoid patients having to sit in the waiting areas for long periods such as calling them on their phones when it is their appointment time so they can go somewhere more comfortable to wait and buzzer waiting devices can be used for the same purpose. • The department is structured in a way that allows patients to move from the main waiting room and down through the department to various waiting points for each stage of their appointment. The waiting points for each stage are lines of seating along a fairly narrow corridor.	2 - Required level of activity taking place	Patient Engagement lead

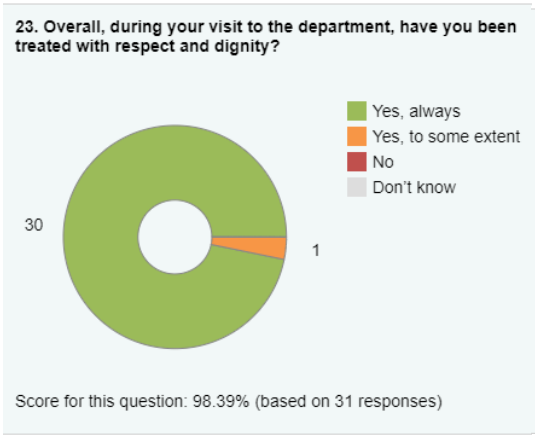
		These areas are usually full and often have standing room only. Wheelchair access is challenging in this area as it is narrow and busy. • Feedback from patients suggests that the long waiting times in the department often come as a surprise and are difficult to manage particularly for people with additional needs. • Information from the Learning Disabilities and Autism Team states that LD&A patients can struggle due to high waiting times in the department and the chaotic environment. LD&A team feel that Ophthalmology consistently responds effectively to requests for reasonable adjustments to meet patients' individual needs where there is advance notice. This becomes more difficult where specific needs are not identified prior to appointments. • There is a hearing loop in operation and a number of staff can use sign language. • There is a safety huddle every morning where staff discuss any patients with specific needs and reasonable adjustments are checked. • Complaints data for the period raises some issues around the information and support given to patients to self-administer treatment post appointment. This was also discussed by the learning disabilities team as a barrier to LD&A patients successfully completing their treatment. The Ophthalmology team described the way they provide clear personalised guidance in writing for patients to help them to understand this and signpost them to YouTube videos for further clarification.		

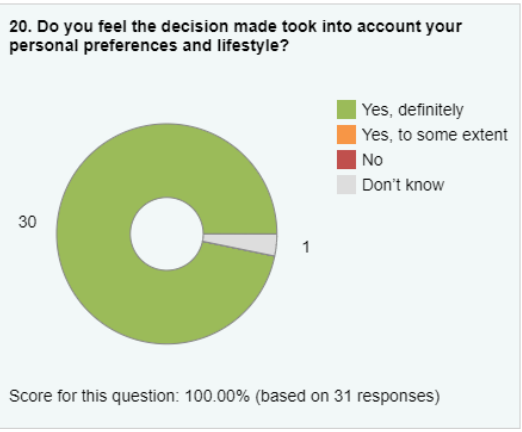
		• There is a very good interpreter service that is utilised, and interpreters can be arranged to attend face to face or via telephone and telephone service can be accessed at short notice if necessary. Leaflets are also produced in a number of languages and formats such as easy read and braille. • The Safeguarding and High Intensity Users (HIU) teams report that Ophthalmology are effective in picking up on signs that additional support maybe needed for example if homelessness or drug and alcohol dependence is suspected or known and will proactively involve the safeguarding/HIU team to implement further support and are proactive in problem solving and making adjustments to enable vulnerable patients to access the service and successfully complete treatment • There is an Eye Clinic Liaison Officer (ECLO) that works with the department. An ECLO is able to provide emotional and practical support. At RCHT the ECLO is based off site and patients are informed about the service and if requested staff at RCHT will share contact details of the patient with the ECLO via email. A study into the impact of ECLOs highlights the many benefits an ECLO can bring but stresses that in order to obtain all of the benefits of the service it must be “formally incorporated as part of the care pathway” Llewellyn et al (2019). Ideally the physical presence of an ECLO in the department that forms part of the appointment, particularly where patients have just received a diagnosis would be beneficial though the existence of an ECLO service in any capacity will have a positive impact. • Data from patient surveys demonstrates an overwhelming positive response see below for results obtained 01/04/23-31/03/24:		

		Data from patient surveys is separated by services provided at RCH and WCH. The following data collected between 01/04/23-31/03/24 shows that patients attending Ophthalmology at WCH consistently feel at ease, understand why they are attending, are given enough time and feel procedures and treatment are well explained. They also feel that decisions take into account their lifestyle and they are treated with dignity and respect: **10. Were you made to feel at ease on checking into the department?**  Score for this question: 98.39% (based on 31 responses) **7. Did you know why you were attending for an outpatient appointment today?**  Score for this question: 96.77% (based on 31 responses)		

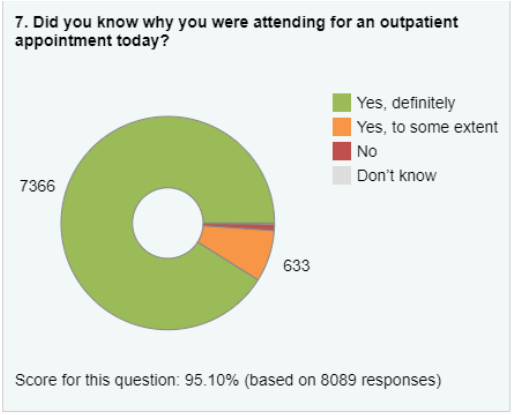
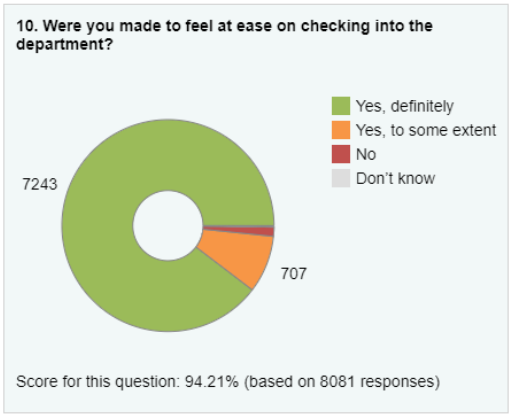
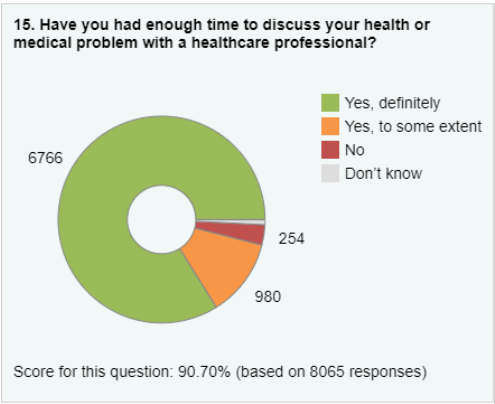
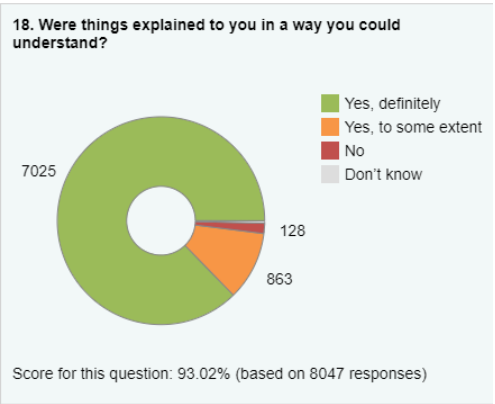


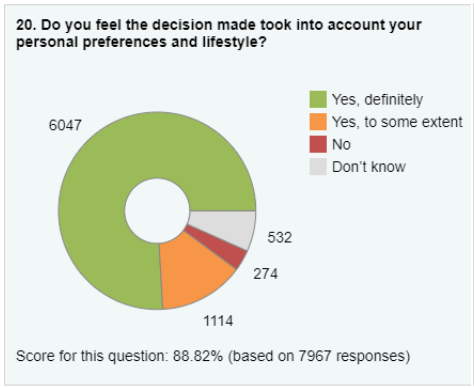


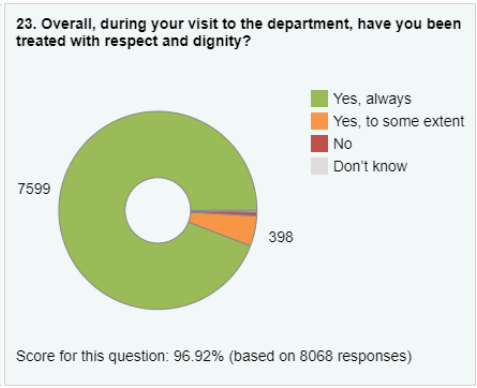




- The responses collected form WCH are mainly from children under 15 (77%) using the service, there were equal numbers of male and female, 19% disabled which matched the local population and 100% identify as white. The representation of ethnic minorities is roughly in line with the local population which is 97% White.

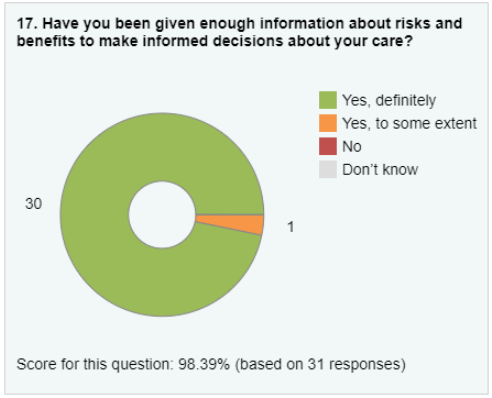
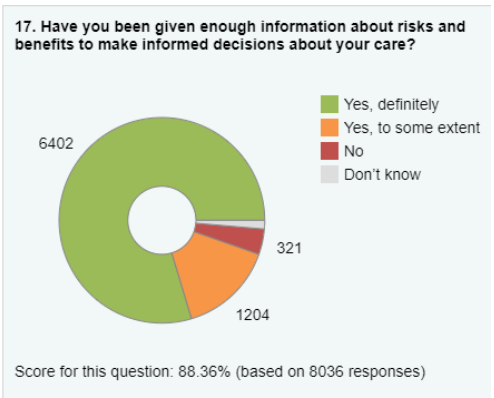
		• The following data collected between 01/04/23-31/03/24 shows that patients attending Ophthalmology at RCH report similarly high levels of satisfaction in these categories. This data is collated from over 8000 responses compared with 31 responses from WCH:     		



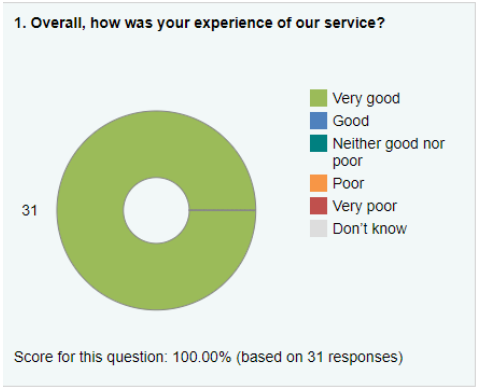


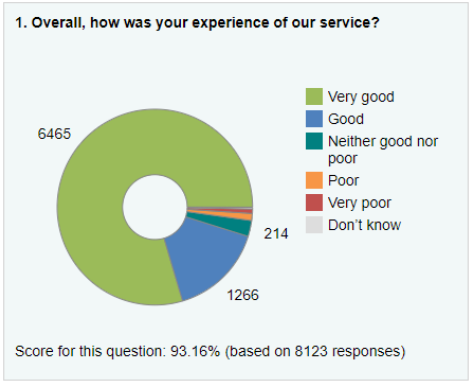
- The responses collected form RCH are mainly from adults over 55 (79%) using the service, there are fairly equal numbers of male and female, 46% and 45% respectively with a small number of people selecting “prefer not say”. 30% of respondents were disabled and 96% identify as white. There is an over representation of disabled people using the service in comparison to the average for Cornwall which is 19% however given the type of service this is to be expected. The representation of ethnic minorities is roughly in line with the local population which is 97% White.

- The responses to these questions have been analysed for variation based on age, gender, ethnicity and disability and mostly there is no notable variation in the experiences reported, apart from Q20 “Do you feel the decisions made took into account your personal preferences and lifestyle?” Here there is some variation reported by ethnicity with 98% Black people answering yes, followed by 89% of white people, 85% Asian people, 83% of people identifying as “other” and 76% people identifying as “mixed” equating to 85.5% of those from non-white backgrounds answering positively to question 20.

	1C: When patients (service users) use the service, they are free from harm	• 231 Incidents were recorded on Datix for the period 01/04/23 – 31/03/24. Incidents spanned the full range of severity with most falling into the least severe category. As well as recording incidents, actions taken, and lessons learned are recorded consistently and in detail. Recorded incidents for the period were searched using the terms “sexual” “racial” “religion” “abuse by staff” and no incidents of this kind were recorded. • Patients’ response to Q17 on the FFT shows that patients generally feel that they are able to make informed choices about their care with an understanding of any risks. WCH  RCH  • The shared access to the Tremenal unit is a significant concern on the risk register. Staff have taken action to introduce measures to slow people down while passing through. Of particular concern is the movement of trollies and large equipment through this area. Patients using the eye clinic waiting area who are frail and have limited mobility are particularly at risk of injury due to the design of this area.	2 – Required level of activity taking place	Patient Engagement lead

		• Staff have regular safeguarding training and regularly use this to refer vulnerable patients who may need additional support from the integrated safeguarding service.		
	1D: Patients (service users) report positive experiences of the service	• The following FFT data collected 01/04/23-31/03/24 shows that overall patients report very positive experiences of using the service with 100% of patients at WCH Rating their experience as “Very Good” 95% of those using the services at RCH reported their experiences as “Good” or “Very Good”. There was small disparity between the responses from disabled people and non-disabled people with 93% of disabled people reported their experience as “good” or “very good” compared with 96% of non-disabled people. Based on gender, those identifying as non-binary had the highest level of satisfaction with 100% stating their experience was “Good” or “Very Good” compared with 94% of men and 95% or women. There was some small difference in the experiences reported by ethnicity with 95% those identifying as “White” reporting their experience as “Good” or “Very Good” and 98% of those identifying their ethnicity as anything other than “White” providing a “Good” or “Very Good” response. <u>WCH</u>	2 – Required level of activity taking place	Patient Engagement lead





Below are just a few examples of the many positive comments made by patients on the FFTs

Fast efficient service. All staff helpful and reassuring

A good quick service.

Staff greeted you with a smile and very helpful Doctor explained everything I needed to know

Staff explained everything through all processes which puts you at ease could not of been treated any better

I was looked after satisfactorily.

Staff very helpful and attentive.

Because I felt every effort was made to tell me what was happening during my visit everyone that I saw was professional kind patient doing a doing their job

everybody helpful and explained everything in a understandable way

- Care opinion stories were searched using the terms used: gender, sex, race, ethnicity, religion, disability, disabilities and EDI. A small number of negative comments were made regarding accessibility and

		general attitudes towards people with physical disabilities. However, care opinion stories are overwhelmingly positive with numerous comments around the friendliness of staff and thorough care and support provided. Care opinion stories are promptly responded to, and the feedback is used along with FFT feedback to inform action plans. These are shared with the care group manager monthly and discussed at monthly audit meetings along with any other patient issues.		
Domain 1: Commissioned or provided services overall rating for Service 2: Ophthalmology			**7/12**	