Royal Cornwall Hospitals NHS Trust

Full EDS Report including evidence on the NHS England Template 2023/24

FULL EDS REPORT INCLUDING EVIDENCE ON THE NHS ENGLAND TEMPLATE 2023/24

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Royal Cornwall Hospitals NHS Trust

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Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers, supporting them to meet their statutory obligations under the Public Sector Equality Duty of the Equality Act 2010.

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 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.

Name of Organisation	Royal Cornwall Hospitals NHS Trust
Organisation Board Sponsor / Lead	Dual Chief People Officer
Name of Integrated Care System	Cornwall and Isles of Scilly Integrated Care system
EDS Lead	Associate Director of EDI and OD

NHS

Equality Delivery System (EDS)

At what level has this been completed?	☐Individual Organisation ☐ Partnership (two or more organisations) ✔ Integrated Care System-wide
Domain 1 Engagement date(s)	November 2023
Domain 2 Engagement date(s)	November 2023
Domain 3 Engagement date(s)	November 2023 and January 2024

Date completed	November 2023	**Month and year published**	February 2024
Date authorised	January 2024	**Revision date**	October 2024

Completed Actions from Previous Year

2022/23 is considered to be a ‘transition year’, providing NHS organisations and systems an opportunity to adjust to, and embed, the new EDS Framework known as EDS2022. Due to resource and time constraints, RCHT, like many other organisations, provided an overview of the Trusts’ position, using a fair, honest and reasoned scoring for each criteria, wherein a score of 0 was allocated to any criteria for which physical evidence could not be provided, regardless of knowledge to the contrary.

The action plan devised following the transition year assessment focused on stakeholder engagement and education, as well as developing revised EDI Objectives.

Full details of the 2022/23 action plan are noted in appendix 1. From 2024/25 onwards, Actions from Previous Year will be recorded at this point in the report.

EDS Rating and Score Card

The EDS2022 Framework provides four ratings for NHS organisations, ranging from Undeveloped to Excelling, in order to provide an overall indication of the organisation's performance against the outcomes of each domain.

Individual scores for each outcome can be found in the appropriate domain further in this document, but the table below indicates the score boundaries for each of the four categories. Further information can be found in NHS England’s EDS Ratings and Score Card Guidance document.

Scoring for domain 1 is determined by scoring each of the three services reviewed individually against the four outcomes and selecting the service with the middle score.

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

Domain 1	Domain 2	Domain 3	Overall Rating
9 (3,2,2,2)	7 (2,2,2,1)	5 (2,2,1)	**Developing** (21)

EDS Report

Introduction

The Equality Delivery System (EDS) is designed to help NHS Integrated Care Systems (ICS) and the NHS Organisations within them to review and improve their performance through ongoing discussion with local partners and service users.

It is structured in such a way as to support the delivery of Equality, Diversity, and Inclusion (EDI) Objectives, a statutory requirement of the Public Sector Equality Duty, as set out in the Equality Act 2010. It is also aligned to the NHS England Long-Term Plan, and its commitment to an inclusive, equitable NHS that is accessible to all.

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. Organisations must ensure it is made accessible to the public via the organisation's website no later than the end of February of the financial year being reviewed.

The completion of an EDS cycle, and subsequent action plans arising from its findings can contribute to the ICS and member organisations' drive to tackle health inequalities through the CORE20PLUS5 approach and the NHS England EDI Improvement Plan.

The EDS 2022 suite of documents and supporting resources are available at the bottom of this page.

Domain 1 – Commissioned or Provided Services

The EDS2022 Framework 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. Service number 1 is a service where data indicates it is doing well; service number 2 where data indicates a service is not doing so well; and service number 3 should be a service where its performance is unknown.

Service 1 was chosen as Clinical Imaging; Service 2 was chosen as written communications with a focus on Patient Hub; and Service 3 was chosen as Elective Orthopaedics.

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.

There services are all scored against the following questions, from 0 (lowest) to 3 (highest):

1A: Service users have required levels of access to the service.

1B: Individual services users health needs are met.

1C: When service users use the service, they are free from harm.

1D: Service users report positive experiences of the service.

The overall scores were recorded as:

Elective Orthopaedics: 9

Clinical Imaging: 11

Patient Hub / written communications: 5

As the middle scoring service, the detail around Elective Orthopaedics is included in this report.

Domain 2 - Workforce Wellbeing

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 7 out of a possible 12 points for Domain 2. Whilst scoring a 2 with a detailed action plan for 2A, the Trust has a great amount of support available in relation to mental wellbeing. However, we also need to consider other avenues of improvement such as trauma informed support and how we support staff with long term health conditions (diabetes, COPD, asthma).

Domain 3 – Leadership

Domain three 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 5 out of a possible 9 points for Leadership, scoring a confident 2 points for board and committee papers identifying equality issues. Whilst this was positive there are clear actions on how governance reporting of EDI can be improved. In addition, more work is needed around 3C, to ensure there are levers in place to manage performance and monitor progress.

Summary of Findings

This report represents the Trusts' first cycle using the new EDS2022 framework following the transition year. As such, there is much learning regarding future cycles included the learning arising from the three domains and how planning, preparation and communication will be undertaken across all relevant teams and ensure enough time is allowed to proactively engage with the necessary patient groups.

As per the guidance for Domain 1, the Patient Experience Team evaluated three services; we are required to report on the middle scoring service, which in this case was Elective Orthopaedics. Overall, they scored 9 out of 12, which was allocated as follows:

1A: Service users have required levels of access to the service – 3.

1B: Individual services users health needs are met – 2.

1C: When service users use the service, they are free from harm – 2.

1D: Service users report positive experiences of the service – 2.

Through working with the Governance Lead for St Michaels Hospital (SMH), West Cornwall Hospital, Marie Therese House and Trauma and Orthopaedics, it was identified that various Standard Operating Procedures, local policies and national guidance had been amalgamated into the "SMH Elective Surgical Hub Operational Policy", drafted in August 2023 and is currently under review pending final approval.

The Policy outlines how elective orthopaedic procedures and patients will be managed and how individual patient needs will be met, alongside the standard relevant Trust guidance which informs the response to these questions, such as the Patient Safety Incident Management Policy V4.0.

Work will be undertaken to review the outcomes of the proposed policy to ensure that what is outlined can be monitored effectively to ensure positive patient outcomes, both clinically and in terms of experience.

Engagement with staff networks, HR and OD teams, the Occupational Health and Wellbeing team, Chaplains and Trade Unions has provided the information and data required to score this area. Overall, the Trust scored 9 out of a possible 12 points for Domain 2. Two points were scored for both question 2A) 'When at work, staff are provided with the support to manage obesity, diabetes, asthma, COPD, and mental health conditions' and question 2C) 'Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source'. Further work is needed around improving the scores for question 2D) 'Staff recommend the organisation as a place to work and receive treatment'.

Whilst the Trust offers a considerable amount of wellbeing support for staff, this is not consistently promoted across all three sites. The Wellbeing team has very limited resources and may struggle to continue to provide this support.

Engagement from contributors for Domain 2 was limited and it often proved difficult to access data around how we identify and support staff with specific health conditions.

Owing to some of the challenges outlined above regarding this first cycle of the full ED2022 framework, a lack of available evidence may have hindered the Trusts' ability to score a more accurate reflection of its current efforts. To that end, more preparatory work will be required for the 2024/25 cycle in the form of engagement with governance leads and the company secretary to distinguish between a lack of evidence and a true area for improvement. Additionally, efforts to sustain a three-point score for 3C will be required, with a view to exceeding requirements and supporting partner organisations to achieve the same.

Domain 1: Commissioned or Provided Services

Elective Orthopaedics

Overall Rating: **9**

Outcome	Evidence	Rating	Owner (Dept/Lead)
1A: Service users have required levels of access to the service	The SMH elective hub has been established as a cold elective site for Orthopaedics [and Breast surgery] since 2018. There are 4 theatres, a treatment room and two surgical wards. As a result of 'hot and cold' split in 2018, SMH was developed as an elective site for Orthopaedic surgery, with a surgical higher care bay providing 4 level 1 beds within a bay on the Surgical ward. Because of the pandemic all elective and trauma hand surgery was moved from the main Royal Cornwall Hospital (RCH) site to the surgical hub to allow for an expansion of other services. Over the last 4 years the elective hub has developed into a comprehensive facility for Orthopaedic surgery and provides elective orthopaedic surgery for Cornwall and encompasses a catchment area with an approximate population of 500,000.	3	

Outcome	Evidence	Rating	Owner (Dept/Lead)
	The hub has four laminar flow theatres, three for orthopaedic surgery [and one for breast surgery] with a ring fenced, elective inpatient ward, with one 4-bedded enhanced care bay and dedicated treatment room. The aim of the elective surgical hub (ESH) is to bring together skills and expertise of staff under one roof, using best practice and efficient pathways to enable surgical waiting times to be reduced and keep cancellations at a minimum. An Elective Surgical Hub Operational Policy has been drafted and is currently under review. Within the policy, the Philosophy of Care regarding access is described as follows: The patients in Cornwall who have access to the elective hub: Will receive care based on the best practice standards for elective care, striving for continuous improvement and access to the latest in guidelines and treatments. Will receive a high standard of patient experience and accessible patient information to enable shared decision making to be delivered throughout the clinical pathway.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Will be treated in equitable order, based on clinical priorities, regardless of their geographical location or referral route. Will have appropriate rehabilitation, wherever possible and available, close to home. Efficient processes for patient consent are in place and this includes shared decision making. The trust policy for consent and guidance related to informed consent and ensuring patients are fully informed at each stage is available on the Trust Intranet to ensure the most up to date copy is referred to. Effective communication during the consent process is vital in ensuring that the patient fully comprehends the operation, and the risks and benefits associated with this. Where language barriers are apparent the trust uses external companies who can assist with interpreting and conveying the conversation between clinician and patient. This allows for an open and two-way discussion. Alternatively, we can request that interpreters are available and present to support the patient at all stages. Details of service and guidance for staff member can be found on the Trust's Intranet site. To		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	complement our Interpreting Services during the consent process, we utilise patient information leaflets. We can request these in various formats including braille, audio, and other languages and this is requested through the RCH General Office. Efficient, streamlined pre-operative processes are in place, including triaging patients, undertaking nurse-led assessments and anaesthetic reviews. The elective hub currently works with a peri op booklet. This covers physical, psychological, spiritual, and social needs. Religion and any related preferences are confirmed at a booking appointment and updated on PAS. Questions include requirements covering the mental capacity act, home support, caring responsibilities, and safeguarding. Peri-operative process covers physical, psychological, spiritual, and social needs. Where hub is receiving referrals from across a wider geographic footprint, there are options for patients to attend pre-op appointments locally.		

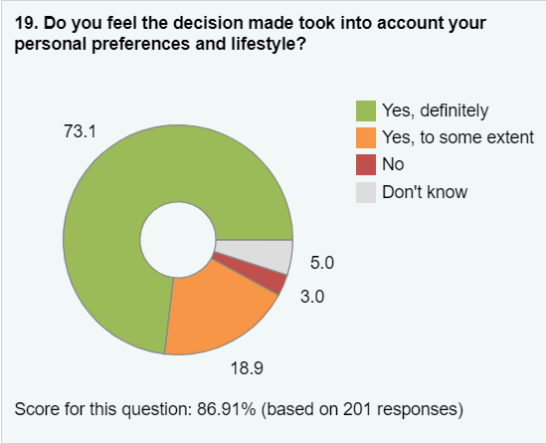
Outcome	Evidence	Rating	Owner (Dept/Lead)
	A digital pre-op system is planned. As many procedures as possible are being done as day cases. Patients receive specific information related to day case surgery and are admitted to a day case ward and return to the day case ward following surgery. Good practice clinical pathways are embedded as standard alongside one stop administrative pathways. The High-Volume Low Complexity (HVLC) pathways were assessed against in September 2021 showing partial compliance with Orthopaedics and further development has been ongoing. The Orthopaedics pathways are now predominantly based on the HVLC pathways, and the continued improvement work focuses on these to ensure the services are delivering the pathways where possible. Reasons and benefits of referral to hub and supporting information are explained clearly and comprehensively. The elective hub has a comprehensive information service through the website that		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	includes the ability to translate and audio versions in most languages. In addition, there is a face to face and telephone translation service available through all steps of the surgical pathway. The patient TCI letter is automatically posted, and text reminders are currently in place for outpatient attendances, and there is an opportunity to review this for TCI dates. Patients all have a conversation with an Inpatient Booking Coordinator and contact details for that team are provided in the correspondence. The ring and remind service as recommended in the Getting it Right First Time (GIRFT) theatre standards is currently under review with the intention of reintroducing this in the future. In addition, they have full and comprehensive information relating to the site accessibility of the Hub on the Trust public website site which includes details of all access options and accessible facilities. ESH is working to: • Ensure all aspects of communication with patients and carers are in line with the		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Accessible Information Standards. • Transport support offer is communicated to all potentially eligible patients. • All staff (inc. Booking staff) are aware of key information about benefits of hub referral, such as waiting time and clinical benefits. • Patients are given a named contact in the administration team with whom they can liaise about appointments and pre procedure enquiries. • We are working towards ensuring all patients and carers are provided with key information about local transport options and facilities as well as detailed location for admission.		
1B: Individual service user's health needs are met	The ESH provides elective in-patient and day case surgical services to the population of Cornwall. Orthopaedics provide all their elective services at St Michaels Hospital with all other surgical specialties providing their elective services between the RCH and West Cornwall Hospital (WCH). Currently the ESH provides adult elective surgical services whilst children's Orthopaedic	2	

Outcome	Evidence	Rating	Owner (Dept/Lead)
	surgery is carried out on the RCH site. The enhanced care bay, with support from Anaesthetics, enables patients with a range of comorbidities, which are identified following pre-operative assessment, to undergo surgery in the ESH. The ESH is also able to support patients with additional needs, dementia, and facilitate complex discharge plans. All patients are assumed to be suitable for the ESH unless identified as exceptions at pre-operative assessment. A hub dashboard and summary performance report is available to all staff, showing headline statistics on RCHT web-based data system - RADAR There is regular review and capture of a key data collection and data is within normal parameters or improving. The activity and performance data for the elective hub is refreshed on a daily basis and able to be viewed by site and/or specialty. 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.		

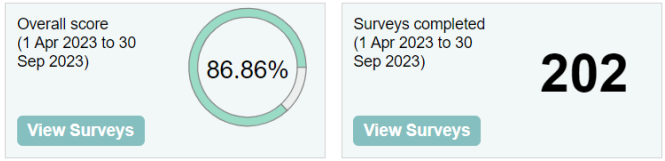
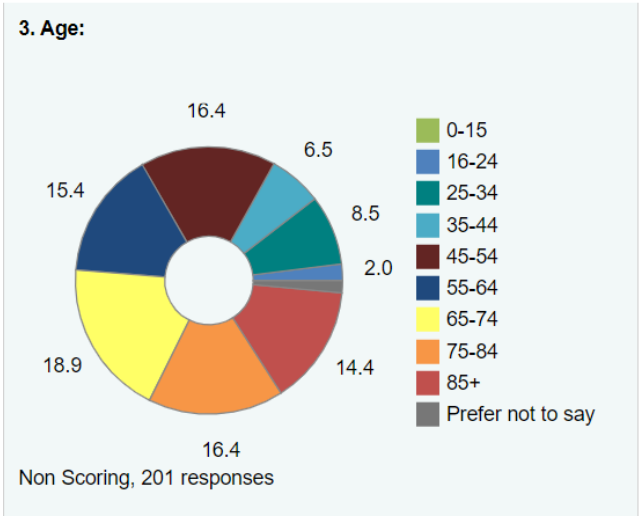
Outcome	Evidence	Rating	Owner (Dept/Lead)
	Key metrics are reviewed internally and through model health system to enable benchmarking against peers and system providers. • Activity and related performance and outcome data is collated separately for the hub site and includes as a minimum: • LOS; Infection rates; Day case to overnight stay; Readmissions; Transfers out for clinical reasons; Cancellations (for non-clinical reasons); Day case rates; PROMs; PNV. • 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. **Inpatient and Day Case FFT data** 202 surveys completed between April – September 2023 under Orthopaedics: (Decisions around care and treatment)		

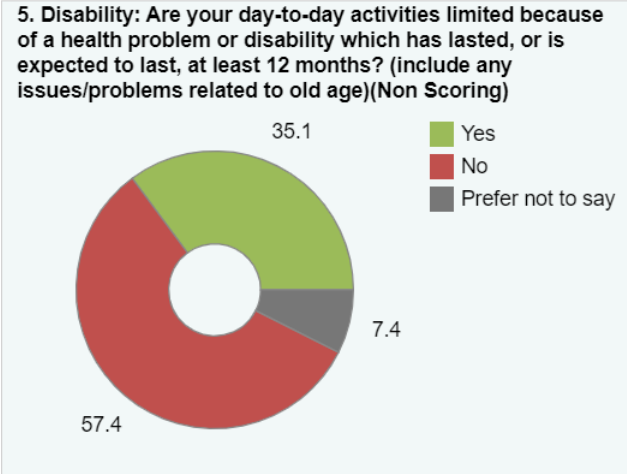
Outcome	Evidence	Rating	Owner (Dept/Lead)
			

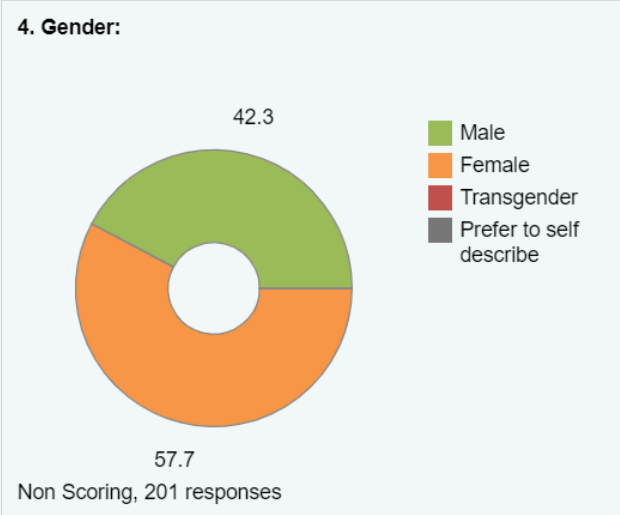
1C: When service users use the service, they are free from harm	The hub maximises suitability of patients and screens patients to ensure their safety. The patient's suitability is reviewed through the Pre-Optimise Assessment process. This describes the admission criteria and an example list of procedures that may need to be discussed or are excluded at the elective hub at the current time. • Defined clinical and other admission criteria are accessible, widely understood and kept under regular review. • All ASA 3 patients can be treated at the hub where enhanced care is provided. • All hip and knee replacement patients are pre-assessed by the therapy team to prepare them for the admission and help ensure discharge plans are in place with any equipment ordered to facilitate an effective discharge post-op. • All foot patients (day case and overnight stays) are referred to the therapy team from the pre-operative nurses. Patients are sent a letter to help them prepare for their surgery and invites patients to contact the therapy team if they feel they will need any equipment to help them manage at home	2	

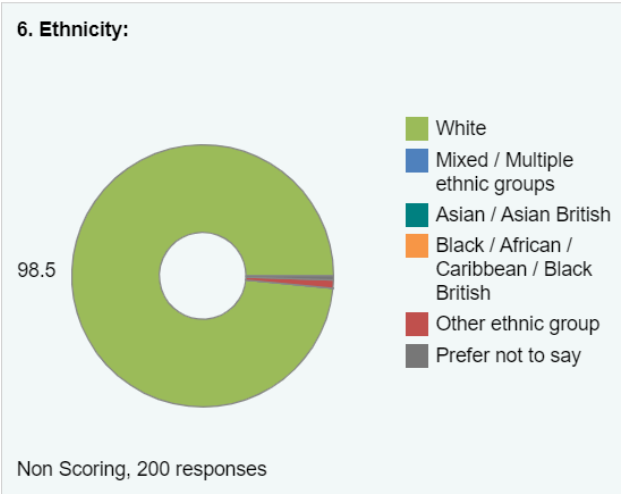
	post-op. Equipment is ordered for delivery to the patient's home prior to their surgery. • Selection of patients is based on the holistic needs of each patient. • There are appropriate staff and processes in place to care for patients who are selected. Patients are proactively prepared for surgery as much as possible. Generic advice on preparing for surgery is provided to all patients. Specific advice is provided to several groups. A joint school is provided for those undergoing total hip or knee replacement. An Occupational therapy assessment preoperatively is available for all Orthopaedic patients to prepare patients for post operative management and put discharge plans in place in advance. Assessment on day of surgery for all patients and discharge coordinator support all inpatient wards in the hub on weekdays. Pre-habilitation support in place by way of the Joint School. Processes are in place to ensure patients are optimised for their surgery. **Incident reporting**		

	One incident was raised between April – September 2023 regarding protected characteristics under elective Orthopaedics, however this was regarding abuse of a staff member rather than a patient. **Inpatient and Day Case FFT data** 202 surveys completed between April – September 2023 under Orthopaedics: 		

1D: Service users report positive experiences of the service	**Inpatient and Day Case FFT** 202 completed surveys under Orthopaedics at St Michaels Hospital between April – October 2023:  Inpatient and Day Case FFT – Age  Inpatient and Day Case FFT – Disability	2	

	 Inpatient and Day Case FFT – Gender		

	 Inpatient and Day Case FFT – Ethnicity		



Regular mechanisms are in place for collecting service user feedback.

All areas in the elective hub participate in the trust wide friends and family test that is collected via paper surveys, and ward-based Patient Experience iPads.

Patient, staff, and data insights are used regularly to improve services.

The hub leads receive a daily Data Quality communication which details missing information on the Galaxy system and includes WHO check, swabs, needles, and instruments, this enables timely intervention and safety checks.

	Additional productivity and key performance indicators are available on the RCHT Information and Business Intelligence Solution (RADAR) via the Trusts Intranet, 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 9 different audits. • Direct care Time • Documentation • Environmental Assessment • Observations of Care • Standards of care • Patient Experience • SERF – safe, effective, responsive, and fair rostering • Ward Climate Survey – staff feedback • QuESTT – quality early warning system Following assessment results are shared with the relevant team to highlight good practice and areas for focus. An overall score in % in then		

	awarded (White, Bronze, Silver, Gold). The Trust are working towards an Aspire programme for Theatres, Day case and Outpatient departments. **Complaints activity** 32 complaints were recorded between April – September 2023 under the location exact "Orthopaedics". Two of the complaints were formal, and 30 were informal complaints. 229 specific sub-subjects, or themes, were recorded against these complaints; 23 were regarding access or waiting times, but none were recorded regarding protected characteristics or equality/discrimination specifically. The ICB received no complaints or enquiries regarding the service during the summer months of 2023.		

Domain 2: Workforce Health and Well-being

Overall Rating:

Outcome	Evidence	Rating	Owner (Dept/Lead)
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	A Wellbeing Newsletter provides links to local support groups on their website. The Wellbeing team can offer support for both physical and mental health of staff, and have identified the following 5 Pillars that reflect integral factors in supporting staff health and wellbeing: • Body • Community • Finance and Work • Mind and Emotions • Family and Relationships Wellbeing News 14.08.2023.pdf **Mental Health Support** Staff can access 24/7 support through TogetherAll online, which is free and anonymous. Staff can access support from Togetherall by contacting the Wellbeing team and will then be sent a link to a code to allow them to access the website. We also provide a free, confidential Employee Assistance Programme (EAP) from Health Assured is open to all staff and their families. Staff can access a username and	2	Rachel Cowley

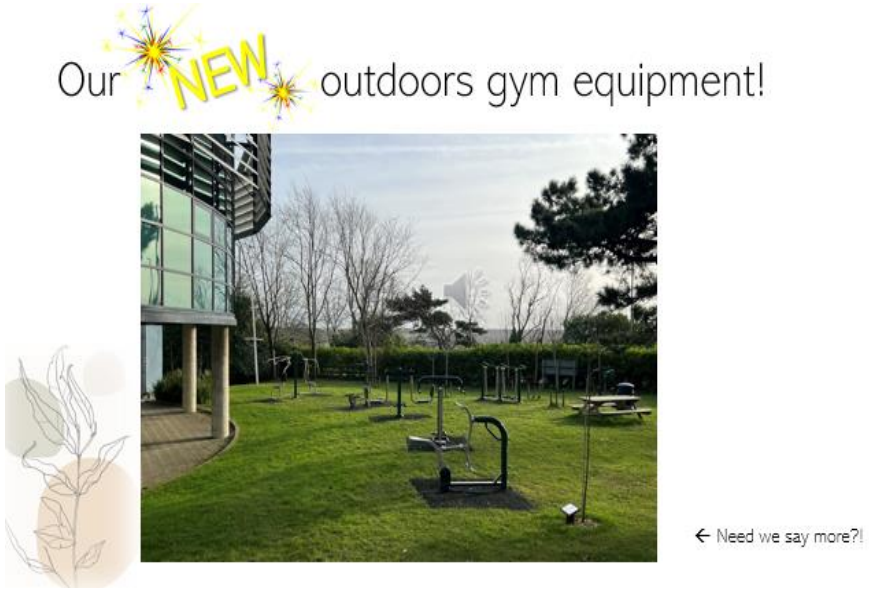
Outcome	Evidence	Rating	Owner (Dept/Lead)
	password available on the intranet under “Health and Wellbeing” which also has a computer link and telephone number. This is via a free confidential helpline and via the Health e-Hub app. The App offers staff support via 4-week self-help programmes and mini health checks followed up by guidance on how to improve health and wellbeing. As well as the above, the Trust also provides support to staff in the following areas; • Wellbeing conversations between manager and individual are held at least annually with creation of wellbeing action plans. • Flexible working with hybrid working where possible. • Stress Risk Assessment for teams and individual • OH Consultant and Specialist Nurse Advisers • Registered Mental Health Nurse (RMN) • Eye Movement Desensitisation and Reprocessing (EMDR) – treatment for Post Traumatic Stress Disorder The Trust has a Mental Health First Aid (MHFA) network and approximately 120 staff have been trained to provide this support. The Trust has 65 Trauma Risk Management (TRiM) Practitioners 5 of whom are TRiM Managers. This will be increased to 11 by the end of 2023. Closed Teams channels are provided for both MHFA and TRiM Practitioners to network and access support and share documents. Trauma Risk Management brief.c		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	The Mental Health First Aiders (MHFA) Group Chat The Mental Health First Aiders Group Chat is a place for mental health first aiders to share resources and availability to provide Mental Health First Aid to staff in their moment of need. Any qualified mental first aider working under RCHT can be added to this group. Please contact us for more information. For a full list of our Mental Health first aiders, please look on our intranet page. **TRiM Group Chat** The aim of the TRiM Group Chat is to share resources and availability when departments / teams are in need of Trauma Risk Assessment debrief. Wellbeing events are offered across our three sites and cover key topics including Change, Resilience, Busyness V Productivity, Stress and rethinking our stress response. Our Wellbeing Coordinator has been linking and aligning with Cornwall Foundation Trust (CFT) and presenting to different areas and roles about the wellbeing offers. The **Kernow Workforce Wellbeing Hub** offers free mental health and wellbeing support to all health and social care colleagues and the police. Staff can self-refer and also refer colleagues, with their consent. Support is through a confidential phone call between 9 and 5 Monday to Friday.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	The Chaplaincy Team offer support to staff experiencing anxiety and several of the Chaplains are **TRiM (Trauma Risk Management)** and **Mental Health First Aid (MHFA)** trained, as part of a network of MHFA trained staff across the Trust. There is a quiet space available within the Chaplaincy service at all three RCHT sites. **Mental health Nurses** are available to offer support to staff who may be experiencing difficulties with their mental health. They can offer advice and education on a range of diagnoses and appropriate management techniques. **External sources of support** **Chill** provide **Cold Water Swimming Sessions** to staff with mild to moderate depression or anxiety, with RCHT charities funding 8 weekly sessions for 2023. **Man Down** is a Cornwall-based group offering safe spaces to meet the current emotional and mental health needs of men who are struggling to cope with the everyday pressures facing them in our modern society. **Mind** provides advice and support to empower anyone experiencing a mental health problem. They campaign to improve services, raise awareness, and promote understanding.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Physical Health Support **The Occupational Health Team** can offer skin checks, physios, DSE checks and vaccinations through via referral from line managers. Drop-in clinics are available at the main RCHT site and at satellite clinics across the county. **Staff Health-Check Clinics,** provided by the vaccination team, monitor BMI, cholesterol, blood pressure, diet, and exercise. Free flu jabs for staff are also provided. This information was shared through regular Communications emails and on staff social media groups. Following the scaling down of the vaccination team after the COVID-19 pandemic, this will be provided by the Occupational Health Team. **Vaccination Team is offering Health Checks - Tuesday 28 February** The vaccination Team is offering Health Checks on Tuesday, 09.00 – 12.00 and 13.00 – 17.00, in Trelawny entrance, for any RCHT staff. No appointment needed this is a walk-in offer. We offer checks on cholesterol, blood pressure, height, weight, BMI, advice on smoking, diet and exercise and any signposting. We also have a screen in the Trelawny café area.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Covid and Flu Booster Programme Autumn 2023 Our Covid and Flu booster vaccinations will be starting from 25 September. These will be available at: **RCH** in the Friends café Tower Block Monday to Friday 08:00 to 19:30 for the initial 4 weeks. A huge thank you to the League of Friends for allowing us to use the space. **WCH** MU2 Seminar Room 08:30 to 17:30 on Monday 2 Oct and Wednesday 11 Oct **SMH** St Cecelia's Lounge 08:30 to 17:30 Tuesday 3 Oct and Monday 9 Oct Booking will be required at RCH, and a link will be sent out soon via email. WCH and SMH will be a drop in sessions with no bookings required. Further times and dates will follow as the vaccination team adapt to demand. **Outdoor Exercise Equipment** has been provided thanks to a grant from NHS Charities together. Staff will be able to get active during their working day using the outdoors exercise equipment.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	 **Walking routes** around all three sites across the Trust are available. These walks have been mapped out, timed and step counted with information such as numbers of calories burnt and lunch spots.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	 Cyclescheme is available to substantive and fixed term RCHT staff via salary sacrifice. Staff can apply online for up a loan up to £3000 over 6, 12 or 24 months dependent on employment contract. RCHT is an **NHS Smokefree Site** and signposts staff looking to give up smoking to Healthy Cornwall's Smokefree Cornwall support service. **A Diabetes staff support group** has recently been set up for both CFT, ICB and RCHT staff. This is part of the **Long-Term Conditions and Disabilities staff network**.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Diabetes Staff Network Poster.ppt **Menopause support** and health tips for staff is available via the staff intranet. A staff menopause support group has also been set up for RCHT staff on Facebook. The Trust has also set up a task and finish group to look at how we can better support staff in managing menopause symptoms. Awareness sessions have been organised by the Wellbeing team online and in person.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Menopause Cafe - Thursday 21 September at The Cove Thursday 21st September | 10.00am to 11.30am The Cove, Royal Cornwall Hospital, Truro, TR1 3LJ Find and book on Eventbrite | Email: karen@apollo360.co.uk or text 07368 873 262 See the website for more information about upcoming events. Let's Talk Menopause COMMUNICATION, Rcht (ROYAL CORNWALL H Accept Tentative Decline Required Tue 25/07/2023 10:14 Follow up. Start by 07 August 2023. Due by 07 August 2023. Reminder: 31 July 2023 12:00. You can't forward this invitation. Only the organizer can invite other people to this meeting. 31 July 2023 12:00-12:45 MS Teams link in the email **Let's Talk – Menopause** The first of our sessions to talk about the menopause will be led by Bernadette George - Director of Integrated Governance, who is our executive sponsor for menopause at work support. Joining her will be Anne Pringle our interim Head of Health and Wellbeing and Nicole Steinkruger from the People Experience team to help sign post to some of the provision and guidance we already have in place. Join us for this lunch time session to share what works and where we need to make some changes, help us create the best Menopause at Work support for RCHT. This is an opportunity to ask questions, share our experiences and give feedback on how we can improve the provisions we have in place. We would like to also introduce the Trust's Menopause at Work Guidance available on the document library which provides helpful guidance and sign posts for where you can access support. Please click this link to join: Click here to join the meeting		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	The Trust has also published a Menopause at Work Guidance document which is available on the staff and public websites. The Trust is an Endometriosis friendly employer, and a staff network group has recently been set up to support staff who have this condition. **Royal Cornwall Hospital's Trust has officially signed up to the Endometriosis UK - Endometriosis Friendly Employer Scheme** Endometriosis Friendly Employer This is a scheme that provides a commitment from the Trust to develop a work environment and culture that supports colleagues with endometriosis and enables people to thrive at work. Endometriosis is a condition where tissue similar to the lining of the womb is found in other places, usually within the pelvis. It effects 1 in 10 women and those assigned female at birth, of reproductive age in the UK. It is widely misunderstood due to a lack of knowledge and understanding of the condition and how it can negatively impact on an individual's quality of life. The Royal Cornwall Hospital Trust has a "Cornwall Endometriosis Centre" which is a British Society for Gynaecological Endoscopy (BSGE) credited centre where specialist care and treatment can be provided to women with either known or suspected endometriosis. A dedicated Endometriosis nurse is available to provide support to staff. Information about **childcare provision and financial advice** is also provided via links		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	to local charities/organisations. Health and wellbeing (royalcornwallhospitals.nhs.uk) The People Services team have published a Health and Wellbeing report which provides details on mental health related sickness absences across the trust and wellbeing initiatives and programmes to address these trends. This report identifies a high level of sickness absence related to Stress, Anxiety, Depression and Other Psychiatric Illness and has identified a number of actions to reduce incidences of sickness. An action plan has been developed to target areas of risk and to allow the People Services team to measure for effectiveness. **Key wellbeing dates** are promoted via the Wellbeing and EDI teams e.g., COPD and Lung Cancer awareness month, mental health awareness week, men's health, world menopause day, endometriosis week, world diabetes day. **COPD and lung cancer awareness month** November is both COPD awareness month and lung cancer awareness month. Both campaigns focus on the importance of early detection, early diagnosis and early interventions. If you have any concerns about chronic obstructive pulmonary disorder (COPD) or lung cancer, seek medical attention from your GP practice. Here is a reminder about 7 ways to love your lungs, improve your lung capacity and your overall lung health.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	March Is Endometriosis Action Month Every March, people all over the world show their support for everyone affected by endometriosis. This Endometriosis Action Month and beyond, we're here to support you and demand change. This year, we're busting the myths and highlighting the real impact of living with endometriosis. More information and resources can be found below: • Endometriosis Action Month 2023 | Endometriosis UK (endometriosis-uk.org) • Gynaecology - Royal Cornwall Hospitals NHS TrustRoyal Cornwall Hospitals NHS Trust The OH team also provide support and training in the following areas. • skin assessment for dermatitis concerns following management referral. • audio health surveillance for high noise levels. • HAVS health surveillance for hand/arm vibration. • respiratory health surveillance for COSHH risks such as dusts, chemicals, fumes etc and ensuring the HSE Appointed Doctor health surveillance for ionising radiation, asbestos etc.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	They also offer a range of support for identification and prevention of illness/injury these include and use data to help us focus attention on areas, identify root causes and plan preventative measures. • BBV Exposure Incident Data. • Dermatitis and RIDDOR reporting Data. **Fast track treatment** is a service that will provide timely access to hospital appointments and treatment for members of staff who have a health condition, which has an actual or potential impact on their ability to attend work or carry out the full duties of their role, following a GP referral to the Trust. This is supported by the occupation Health team and is subject to availability of appointments and clinical need. Details of this service are outlined in the Attendance Management policy		
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	The Trust takes action to address issues around bullying, harassment, and discrimination towards staff. This stance is reflected in the policies listed below: • Anti-Discrimination Statement (add link once published). • Disciplinary Policy. • Dignity At Work Policy. • Resolution Policy. • Equality, Diversity, and Inclusion Policy. • Staff Domestic Abuse and Sexual Violence Policy. • Management of Work-Related Stress Policy.	2	Rachel Cowley

Outcome	Evidence	Rating	Owner (Dept/Lead)
	• Supporting Staff Involved in an Incident, Complaint or Claim Policy. • Spiritual and Pastoral Care Policy. • Maintaining High Professional Standards in the Modern NHS Policy. • Performance Support Policy. • Supporting Individuals who are transgender Policy (updated version to be added). • Menopause at Work Guidance. • Occupational Health Surveillance Policy. • Staff Screening and Immunisation Policy. **The Equality, Diversity, and Inclusion Team** sits within the People and OD directorate, as a HR specialism. Formed in 2021, the team has been working flat out to ascertain the current state of ED and I across the Trust and is now able to establish an appropriate and meaningful strategy to support care groups to embed ED and I principles in their standard ways of working. The EDI team can support colleagues in a number of ways; either by putting them in touch with appropriate organisations for support regarding a protected characteristic or providing guidance for supporting someone in their team.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Main contact: Rcht.inclusion@nhs.net There are a number of employee networks for staff to join across all three Trusts in the ICB. Each network has an executive sponsor from the Senior Leadership team. 		

Our **Employee Network Groups** are open to all staff from **RCHT, CFT, ICB** and **Kernowflex**. Details of the **ENGs** and their associated support groups are available below:

Armed Forces Network

Contact

Email: ciosicb.armedforcesnetwork@nhs.net

Overview

The Armed Forces Employee Network Group provides a sense of community to our colleagues with links to the Armed Forces, be they Veterans, Reservists, Military Relatives and Spouses, or Cadet Force Adult Volunteers.

The Network organises regular Veteran Breakfasts, Curry Nights, and other social events as well as sharing experiences and providing valuable feedback to the Trust via the network chair and Armed Forces Support Lead.

Long-term Conditions and Disability Network

Contact

Email: ciosicb.longtermconditionsanddisabilitiesnetwork@nhs.net

Overview

Meets: Bi-monthly via MS Teams.

The Disability Employee Network Group provides a safe, accessible space for staff who consider themselves to have a disability or long-term health condition to share lived experiences and resources, as well as provide feedback and ideas for improvement to the Trust via the chair and EDI Disability Lead.

In addition to this, a number of support groups exist within the network for specific needs i.e. Neurodivergent Support, Carers Support, Hidden Disability Support etc. Each of which may be approached via the network chair to consult on various changes being made across the Trust.

EDI Allies Network

Contact:

Nycki Gray-Cooper, Network Chair
ciosicb.alliesnetwork@nhs.net

Overview

Meets: Bi-monthly, 2nd Week of the month.

The EDI Allies Network is unique in that members do not necessarily represent a marginalised or minority group.

Ethnic Minority Network

Contact

Sandra Mitchelmore, RCHT Network Chair
ciosicb.ethnicminoritiesnetwork@nhs.net

Overview

Meets: Bi-monthly via MS Teams

The Ethnic Minorities Employee Network Group is a space for any individual of an ethnic minority background to raise concerns, share experiences and cultures, or find mentoring support for career progression.

The group also acts as a collective voice that communicates with the Trust via the EDI team on issues relating to ethnicity, religion or culture.

Gender Equality Network

Contact

ciosicb.genderequalitynetwork@nhs.net

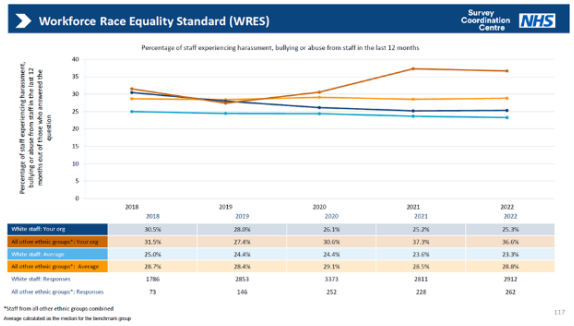
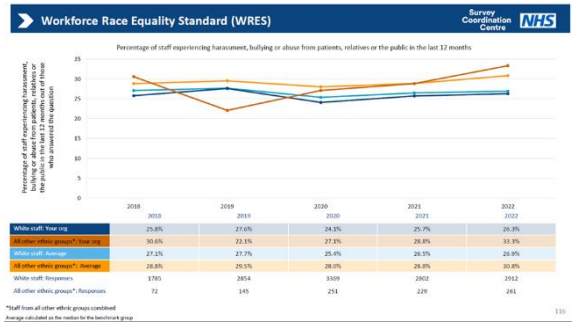
Overview

Meets: Bi-monthly via MS Teams

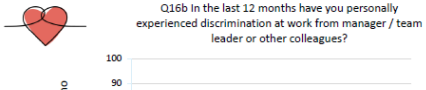
Formerly the women's network, the Gender Equality Employee Network Group provides a platform for colleagues of any gender identity to raise concerns about gender equality and gender related issues.

This includes topics such as the Gender Pay Gap, equal access to parental leave, supporting people experiencing menopause, career progression advice, gender equality etc.

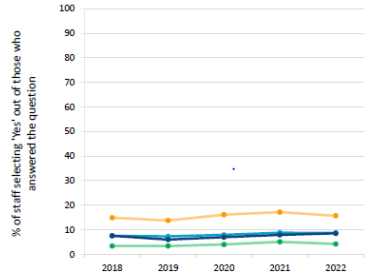
Outcome	Evidence	Rating	Owner (Dept/Lead)
	LGBTQ+ Network **Contact** Rachel Tofts, Network Chair (CFT) ciosicb.lgbtqnetwork@nhs.net **Overview** **Meets**: Bi-monthly, changeable The LGBTQ+ employee network group exists to support LGBTQ+ employees within health and social care in Cornwall and the Isles of Scilly. It aims to create a more LGBTQ+ inclusive work environment. **It is aimed that the group will:** → facilitate support activities, such as provide confidential support to all employees on LGBTQ+ issues, and provide support to enable employees to report homophobic, biphobic and transphobic bullying and harassment → undertake specific activities, such as social networking, events, mentoring or coaching → hold campaigns, initiatives, seminars, or events engaging with different diversity strands → engage with different groups of staff across the organisation and collaborate with other organisation's network groups **Carers Network** **Contact** ciosicb.carersnetwork@nhs.net **Overview** **Meets**: Bi-monthly via MS Teams The carers network is an employee network group open to anyone who identifies as a working carer: this is an employee with caring responsibilities that has an impact on their working lives. Whilst there is a range of experiences, backgrounds and issues, network members are united by a shared passion for improving the working lives of colleagues and therefore the care and experience of patients.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Staff Survey According to the 2022 Staff Survey, the percentage of staff experiencing harassment, abuse or discrimination from patients and the public, or from a colleague, has increased over the past five years to 5.7% and 8.5% respectively.  Workforce Race Equality Standard (WRES) Survey Coordination Centre NHS Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months out of those who answered the question 40 35 30 25 20 15 10 5 0 2018 2019 2020 2021 2022 2018 2019 2020 2021 2022 White staff: Your org 30.5% 28.0% 26.1% 25.2% 25.3% All other ethnic groups*: Your org 31.5% 27.4% 30.0% 37.3% 36.0% White staff: Average 25.0% 24.4% 24.4% 23.6% 23.3% All other ethnic groups*: Average 28.7% 28.4% 29.1% 28.5% 28.8% White staff: Responses 1786 2853 3373 2811 2912 All other ethnic groups*: Responses 73 146 252 228 262 *Staff from all other ethnic groups combined Average calculated as the median for the benchmark group 117  Workforce Race Equality Standard (WRES) Survey Coordination Centre NHS Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months out of those who answered the question 35 30 25 20 15 10 5 0 2018 2019 2020 2021 2022 2018 2019 2020 2021 2022 White staff: Your org 25.8% 27.6% 24.3% 25.7% 26.3% All other ethnic groups*: Your org 30.6% 22.1% 27.3% 28.8% 33.3% White staff: Average 27.1% 27.7% 25.4% 26.5% 26.9% All other ethnic groups*: Average 28.8% 29.5% 28.0% 28.8% 30.8% White staff: Responses 1785 2854 3369 2802 2912 All other ethnic groups*: Responses 72 145 251 229 261 *Staff from all other ethnic groups combined Average calculated as the median for the benchmark group 116 In the same survey, the percentage of ethnically marginalised staff reporting incidents of harassment, bullying and abuse from patients and the public, or from colleagues, was 26.3% and 25.3% respectively.		

Outcome	Evidence	Rating	Owner (Dept/Lead)

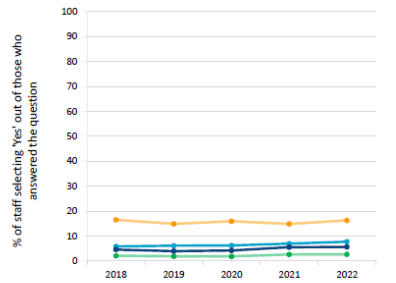


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



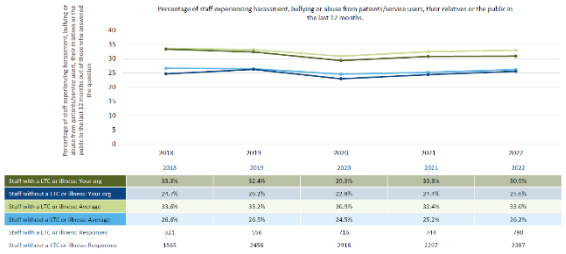
	2018	2019	2020	2021	2022
Your org	7.6%	6.0%	7.0%	7.9%	8.5%
Best	3.4%	3.4%	4.0%	5.1%	4.2%
Average	7.5%	7.3%	7.9%	8.8%	8.7%
Worst	14.9%	13.8%	16.1%	17.2%	15.7%
Responses	1897	3046	3659	3068	3197

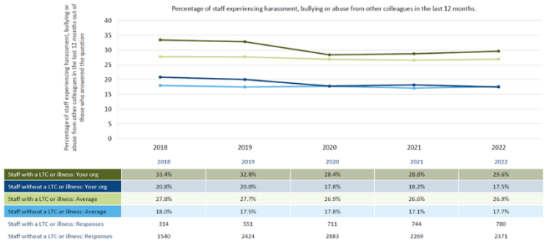
Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



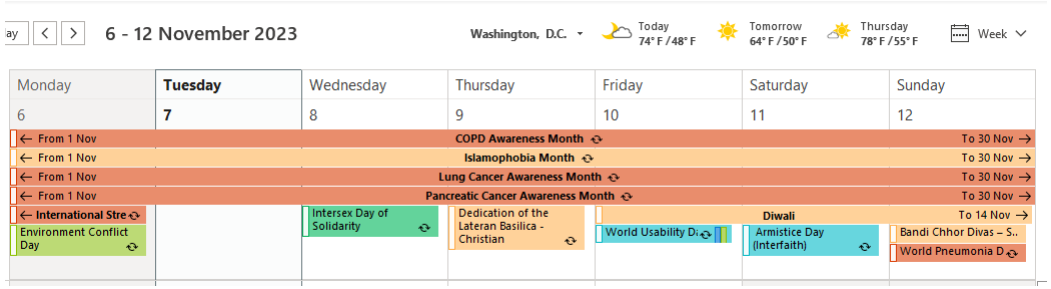
	2018	2019	2020	2021	2022
Your org	4.6%	4.0%	4.2%	5.6%	5.7%
Best	2.1%	1.9%	1.9%	2.7%	2.7%
Average	5.9%	6.2%	6.3%	7.0%	7.8%
Worst	16.5%	14.9%	16.0%	14.9%	16.3%
Responses	1912	3057	3684	3077	3207

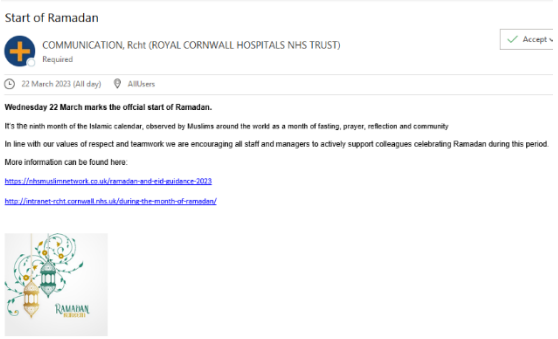
Staff with a disability or long-term health condition reported similar levels of harassment and abuse, at 30.9% and 29.6% from patients and public, or colleagues.

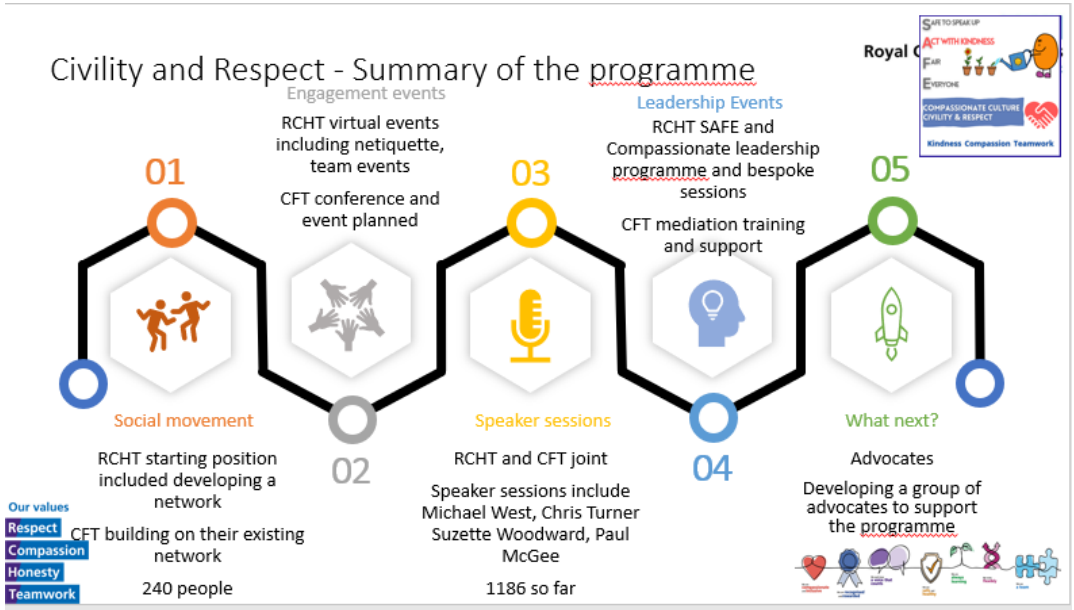




The Trust celebrates cultural and religious events such as Black History Month, Disability History Month, LGBTQ+ History Month and Pride season. Religious festivals such as Ramadan and Eid-al-Fitr are also celebrated, and support is provided to staff when fasting. An EDI calendar of events has been developed and shared with the Communications teams from RCHT,

Outcome	Evidence	Rating	Owner (Dept/Lead)
	CFT and the ICB and other colleagues to use to promote cultural events across the Trusts.  		

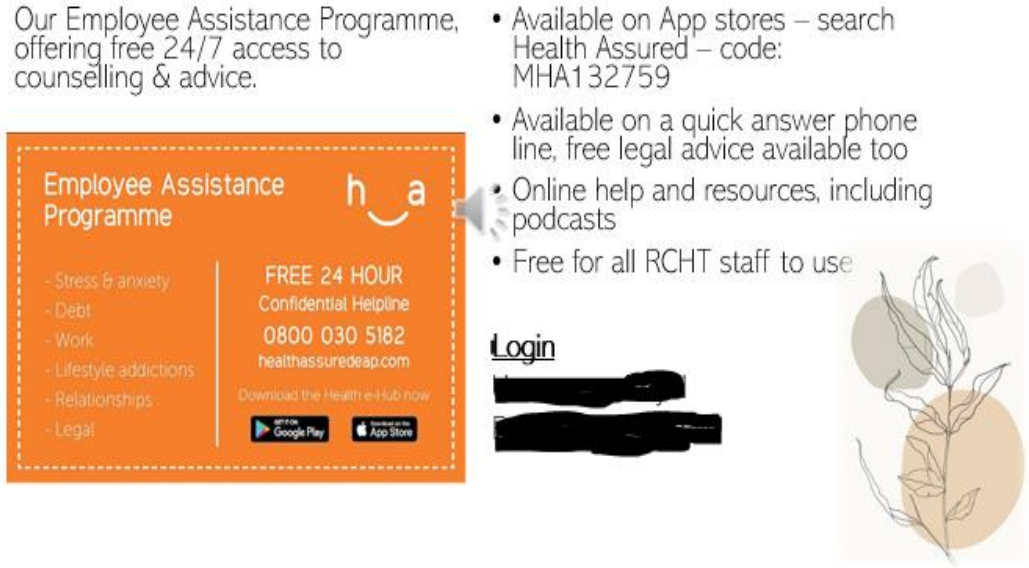
Outcome	Evidence	Rating	Owner (Dept/Lead)
	 **Disability history month** This year disability history month runs from 16 November to 16 December. The national theme this year is disability, health, and wellbeing. In support of disability history month, NHS England is running a series of coffee and chat sessions. Book your places below. • Friday 25 November, 11am to midday with Jono Broad, NHS England southwest disability staff network chair • Thursday 1 December, 3pm to 4pm, with Erk Gunce, regional diversity, inclusion and participation manager • Friday 2 December, 10am to midday, disability history month storytelling event • Tuesday 6 December, 2pm to 3pm, with Dr Christine Rivers, head of workforce disability equality standard • Friday 9 December, 10am to 11am, with Zed Moore, primary care transformation programme manager **Reporting Abuse and Harassment** Staff are able to report incidents via several channels, including Datix Incident reporting, Freedom to Speak Up Champions (and WorkInConfidence App), People Experience Team, Employee Network Groups, and conversations with their Line Manager. A New Violence Strategy is being developed and the EDI team are working closely with the lead for this project. **LEAD Training** will shortly replace the Managers Passport, training managers in three key areas: Managing and supporting People, covering key operational aspects of line management, New People and Culture Sessions, which focus on Civility and Respect, EDI, and Unconscious Bias, and Wider Sessions that look at Patient Safety, Finance and Governance.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	The **RCHT Civility and Respect Programme** offers training, information and support programmes, events with a range of speakers on several different topics.  A kindness pledge initiative has been launched to encourage staff to choose to be kind and positive with ourselves and each other.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	SAFE and Compassionate Leadership Programme Our SAFE and Compassionate Leadership Programme is a three-day course aimed at supporting both current and future leaders. The programme focuses on SAFE and Compassionate Leadership complementing our existing managers passport. Additional shorter sessions are also available on “what is SAFE”, “being an active bystander” and supporting your colleagues, “How to have difficult conversations”. The Trust provides support to staff who may have been involved in a serious or stressful incident. We have recently organised Microaggressions and Active Bystander sessions, an ethnic minority staff lived experiences workshop and are planning a conference to celebrate culture and ethnicity across the trust.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Active Bystander and Microaggressions training The Equality, Diversity and Inclusion teams are pleased to announce a programme of events celebrating race and ethnicity to take place over the next few months. These sessions will finish with a Culture and Diversity Conference in early February 2023. **31 October 2023: Active Bystander and Microaggressions training** **Please join us at Heartlands in Pool on 31 October for Active Bystander and Microaggression training with George Ampat.** George Ampat works as a Consultant Orthopaedic Surgeon at Liverpool University Hospitals Foundation Trust and teaches at the School of Medicine, University of Liverpool. While at the School of Medicine, University of Liverpool, Mr Ampat was also the Equality Diversity and Inclusion Lead. Whilst the EDI lead, he developed the ICE Microaggression Training Workshop specifically aimed at the NHS. The ICE program involves three components I - Impact and not Intent, C - Curiosity and not Confrontation and E - Empathy and Education. We are running two sessions, an AM session from 11:30 to 13:30 and a PM session from 14:30 to 16:30. *Please note slight change of time to accommodate operational demands at both Trusts.* **Staff side support** The Trust works closely with trade unions and professional bodies in a collaborative manner. Accredited union representatives are allowed paid time off to attend to union duties. A Joint Consultative Negotiation Committee (JCNC) meets regularly.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	The Trust has an embedded **Freedom to Speak up Guardian** and around **50 Freedom to Speak up Champions**. The Champions have a network group and meet bi-monthly. Champions receive training to allow them to support staff who come forward to raise a concern. The FTSU Guardian meets regularly with the Chief Executive and hosts regular 'Speak up' and 'Lets Talk' sessions. A report is prepared and sent to the Trust Board three times per year and a review of the scheme is provided to the quarterly People and Organisational Development (POD) Committee. The Trust has a Freedom to Speak Up policy Freedom to Speak Up - Raising Concerns Policy (cornwall.nhs.uk) May 2023 Board Report.docx The FTSU Champion works closely with staff from the Organisational Development Team when analysing the annual Staff Survey results. The FTSU Champion reports annually on the numbers of cases supported and a summary of the common themes that are raised e.g. bullying and harassment, racism/discrimination and patient and staff safety. The FTSU Champion works closely with the POD team and has an input into initiatives	2	Rachel Cowley

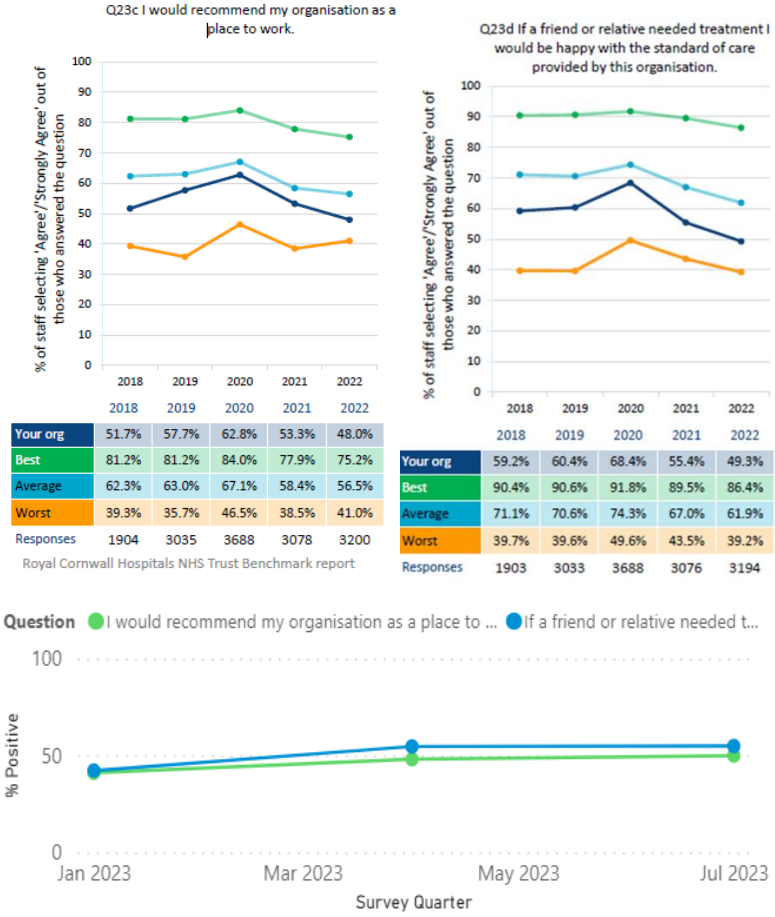
Outcome	Evidence	Rating	Owner (Dept/Lead)
	such as Civility and Respect, Restorative Just Culture. The **Employee Assistance Programme (EAP)** is a free confidential service open to all staff and their families including partners and dependents. This service, provided by Health Assured, is available 24/7. This is via a free confidential helpline and also via the **"Health e-Hub" app.** The App offers staff support via 4-week self-help programmes and mini health checks followed up by guidance on how to improve health and wellbeing. 		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	The **Kernow Workforce Wellbeing Hub** Kernow Workforce Wellbeing Hub - NHS Cornwall and Isles of Scilly (icb.nhs.uk) offers free mental health and wellbeing support to all health and social care colleagues and the police. Staff can self-refer and also refer colleagues, with their consent. Support is through a confidential phone call between 9 and 5 Monday to Friday. NHS staff are able to access mental health support through **Togetherall.** This is a free and anonymous online community, available 24/7. **The Chaplaincy team** can offer support to staff experiencing anxiety and several of the Chaplains are **TRiM (Trauma Risk Management)** trained. There is a quiet space available within the Chaplaincy service at RCHT. **Staff networks** have recently been re-launched. We currently had active LGBTQ+, Armed forces veterans' and Allies networks and during spring 2023 the following new networks were launched with Chairs and members: Long term health conditions and disabilities; Ethnic Minority, Carers, Gender equality.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	 The Trust works closely with a number of Unions. A Joint Consultative Negotiation Committee (JCNC) management meeting takes place monthly and accredited staff representatives attend alongside operational managers and executive directors. The Trust has an Equality Impact Assessment Policy. EIAs are part of the policy making process with the trust and EIAs are completed for any new or updated policy. Staff are advised to complete an EIA when starting a new project or policy. Advice is available from the Trust's EDI team when completing EIAs. A more detailed EIA for strategic estates project is currently being developed.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
2D: Staff recommend the organisation as a place to work and receive treatment	Staff are annually invited to complete a staff survey to gather feedback and views of the workforce. Feedback from the survey is used to create an action plan to allow the Trust to prioritise. Honesty **The 2023 NHS Staff Survey is here** **Everyone is encouraged to take the time to complete the survey. It is your voice that will make a difference.** The survey is completely confidential, and your response is anonymised, so you can be honest about your experiences. IQVIA an independent external company administers the survey for us, and responses are sent directly to them. It only takes around 15 minutes to complete. Keep an eye out for the email from nhsstaffsurvey@iqvia.com. Your feedback is essential to us. It helps us to understand what is working well and where we need to make improvements. We will use your feedback to make the RCHT a better place to work. **Please fill in the survey** and if you've got any queries you can get in touch with us or any of the contact details below: Confidential Quality Health Helpline: helpline-QH@iqvia.com or call **08007831775** Internal: rcht.odteam@nhs.net, christiern.francis1@nhs.net Staff Survey Have your say... We each have a voice that counts	1	Rachel Cowley

Outcome	Evidence	Rating	Owner (Dept/Lead)
	Staff survey 2022 data shows that 48% of staff would recommend the organisation as a place to work and 49.3% would recommend the trust as a place to receive treatment.		



	2018	2019	2020	2021	2022
Your org	51.7%	57.7%	62.8%	53.3%	48.0%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	1904	3035	3688	3078	3200

	2018	2019	2020	2021	2022
Your org	59.2%	60.4%	68.4%	55.4%	49.3%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	1903	3033	3688	3076	3194

Outcome	Evidence	Rating	Owner (Dept/Lead)
	The latest Pulse Survey for Q3 indicates that 50.00% of staff would recommend the Trust as a place to work, and 54.91% would recommend the Trust to family and friends in need of treatment. This has been maintained since Q2. The Trust's Engagement Team provide support to managers and teams around team dynamics and effectiveness.		

Outcome	Evidence	Rating	Owner (Dept/Lead)

One + all | we care — Royal Cornwall Hospitals NHS Trust

RCHT Engagement Service

'Enable better patient care by working with staff to create a positive working environment for all.'

The Engagement Service offers advice, tools, and interventions to support managers and their teams improve their team dynamics and effectiveness. Contact Christiern.francis1@nhs.net and continue your journey to better.

Our tools:

Team Effectiveness

TED Tool	Identify your team priorities and use the tailored resource library to make change.
Feedback	Bring our values to life, how to live them
Leadership and Culture training	Understand your role in engaging your team
Advice and best practice	Struggling, have questions on anything team or staff voice related, we are here for you.

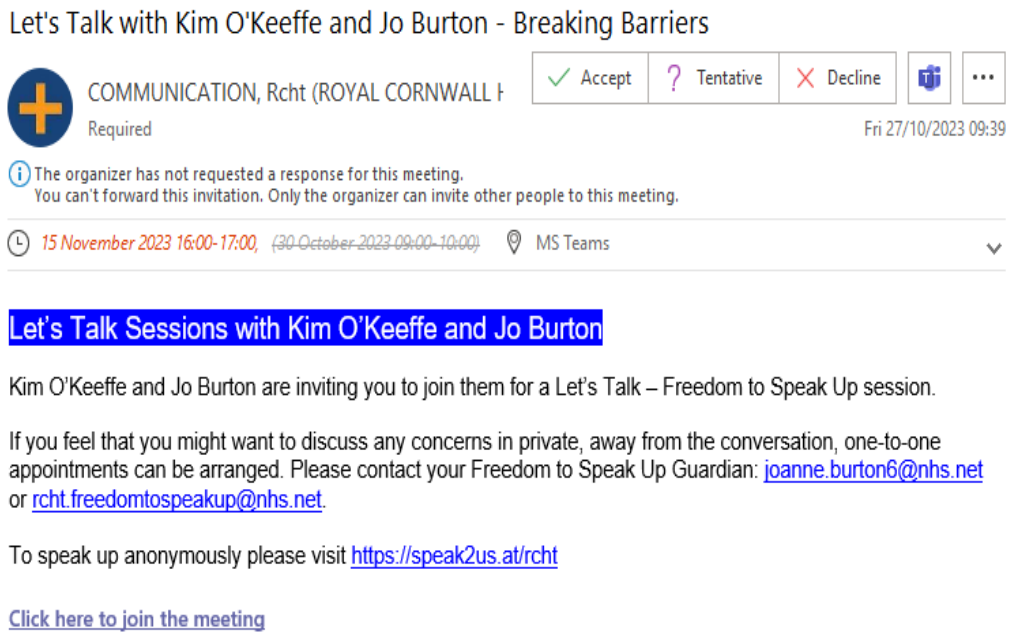
Staff Voice

Annual Staff Survey	Our flagship opportunity in the year for staff to have their say. all the support you need to promote, improve response rates, and use the information locally.
Pulse Survey	A check-up throughout the year on our priorities and matters arising
Ad-hoc staff opinion	Advice, guidance, and support on how to best gather staff opinion. From team meetings and surveys to focus groups.
Exit interview process	We make sure that we learn from those leaving us so we can improve the experience of our people
Onboarding Questionnaire	Understanding the experience of the people joining us and work to prevent those at risk leaving
We Care - Our People Bulletin	Raise team profile, share thanks and achievements, recognise people leaving or retiring.

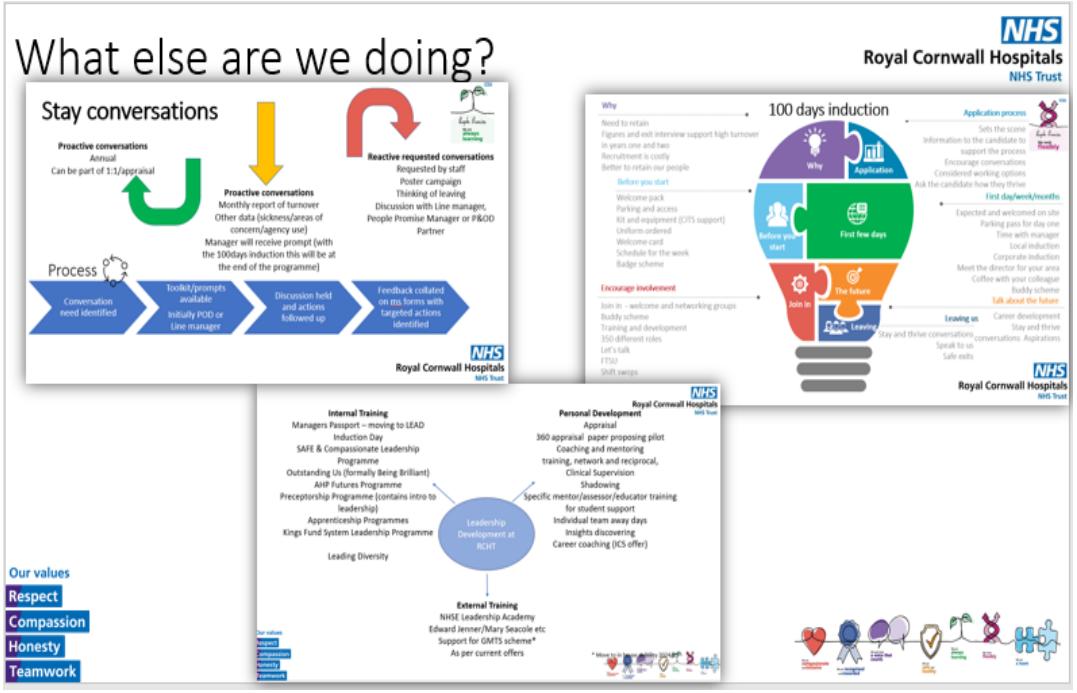
The Trust has invested in a Team Engagement and Development Toolkit (TED) to identify team priorities and to support teams in working more effectively.

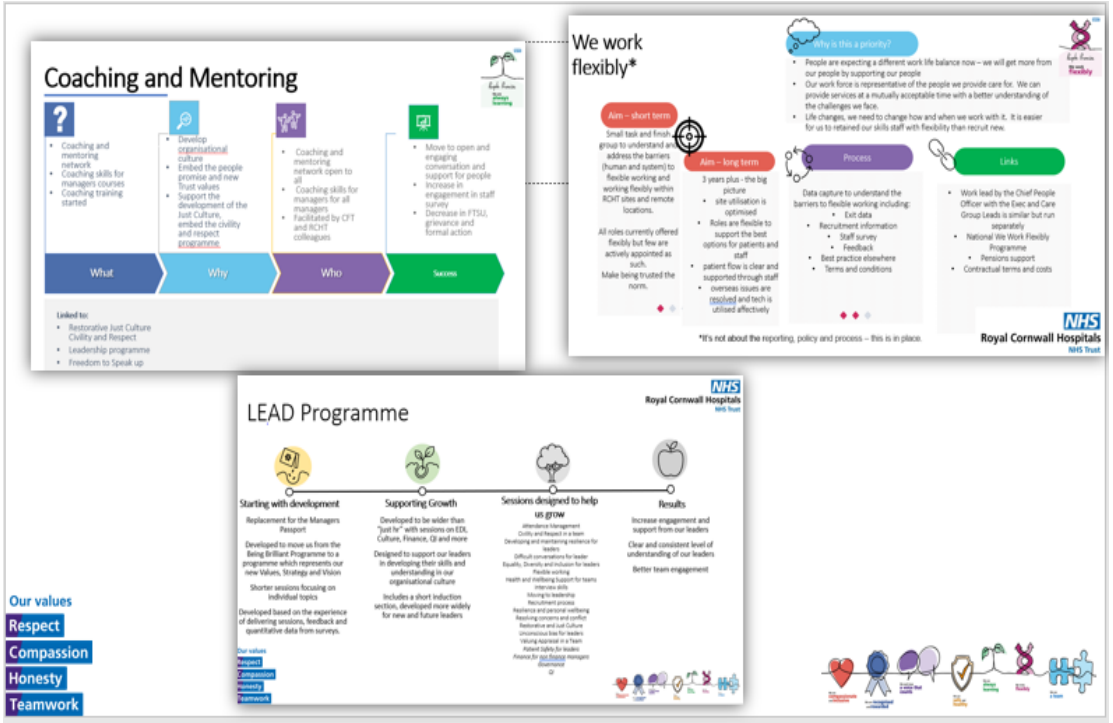
Staff are encouraged to speak to an HR member of staff if they are thinking of leaving the Trust.

Outcome	Evidence	Rating	Owner (Dept/Lead)
	 The Trust also hosts 'Lets Talk' sessions with members of the senior executive team. These sessions offer staff the chance to raise concerns and voice their opinions on issues affecting the Trust.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	 The Trust organises an annual summer staff party and celebrates staff achievements each year Annual staff awards (royalcornwallhospitals.nhs.uk).		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	NHS75 Summer Party - 78% tickets sold! COMMUNICATION, Rcht (ROYAL CORNWALL HOSPITALS NHS TRUST) To **NHS75 Summer Party** We are now 78% sold out! If you are still planning on coming, make sure you get your ticket soon! Maybe payday on Friday? Don't forget you can now bring any number of guests with you. Use the link here: https://skybar.eventcube.io/events/46938/nhs75-summer-party Reminder of who is entertaining us – Radio 2 DJ Scott Mills, ABBA Wonderland, Hedluv & Passman, Boundless Brothers, Love DeluxX, The Supernova Boys and a silent disco! Info is also on the RCHT staff app. Any queries email cornwall.events@nhs.net Improvements have been made to the recruitment and onboarding process through the 100 days induction, the Stay and Thrive programme and improvements to Manager training. Initiatives around working flexibly and a coaching and mentoring offer for managers have recently been introduced to improve staff retention and promotion.		

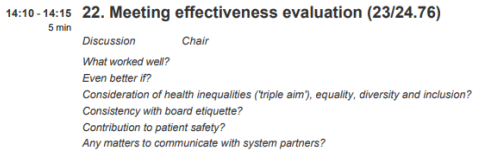
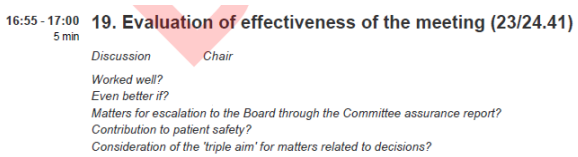
Outcome	Evidence	Rating	Owner (Dept/Lead)
			

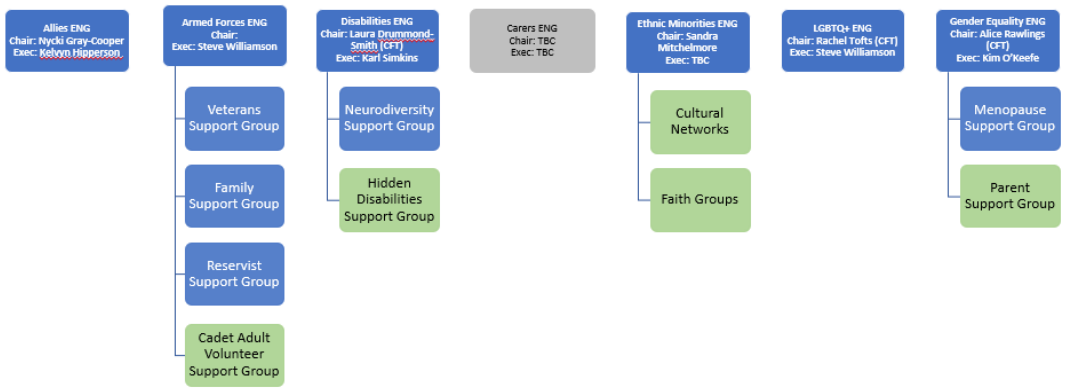
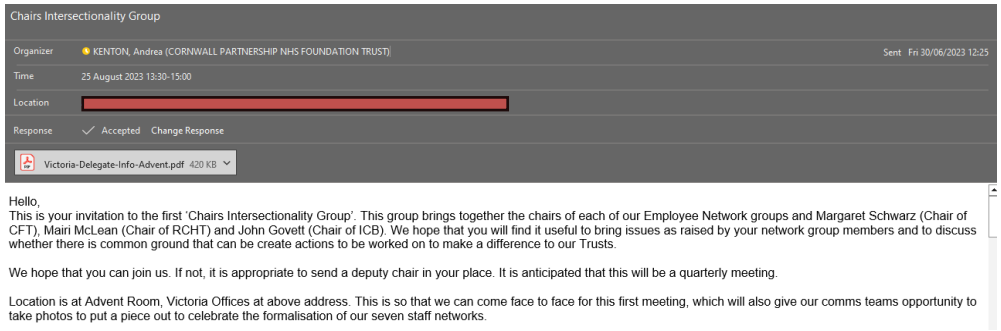
Outcome	Evidence	Rating	Owner (Dept/Lead)
	 The Trust is promoting career development for ethnic minority staff to encourage staff retention and engagement.		

Outcome	Evidence	Rating	Owner (Dept/Lead)

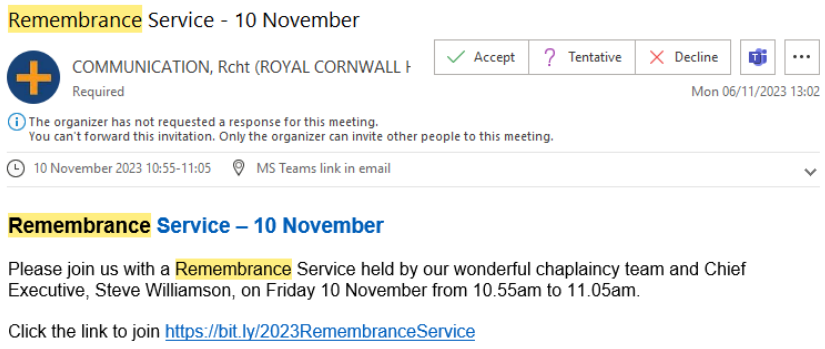
Domain 3: Inclusive leadership

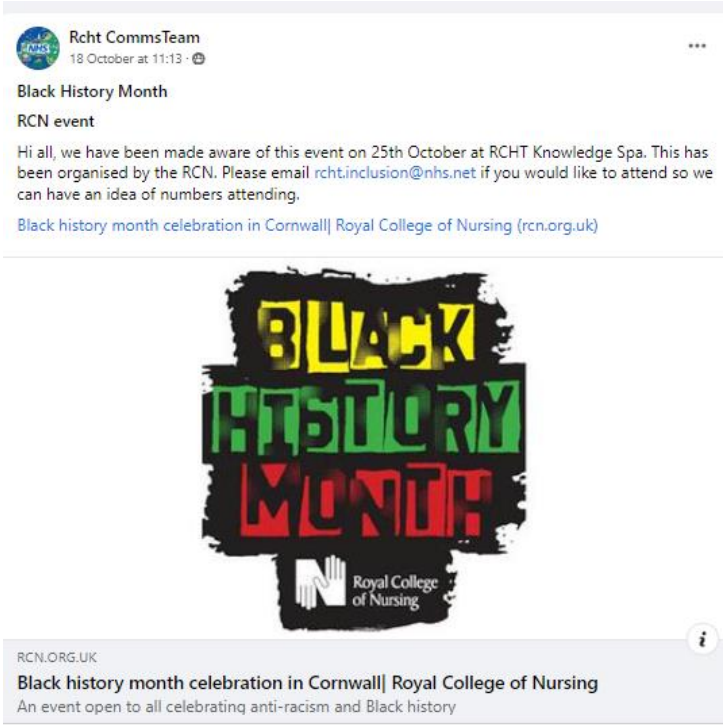
Overall Rating:

Outcome	Evidence	Rating	Owner (Dept/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	Trust has established a 'triple aim' which includes equalities and health inequalities. The triple aim is a standing agenda item at Trust Board, and at Directorate Committee level meetings (examples taken from Trust Board and P and OD Committee).  14:10 - 14:15 5 min **22. Meeting effectiveness evaluation (23/24.76)** *Discussion* *Chair* *What worked well?* *Even better if?* *Consideration of health inequalities ('triple aim'), equality, diversity and inclusion?* *Consistency with board etiquette?* *Contribution to patient safety?* *Any matters to communicate with system partners?*  16:55 - 17:00 5 min **19. Evaluation of effectiveness of the meeting (23/24.41)** *Discussion* *Chair* *Worked well?* *Even better if?* *Matters for escalation to the Board through the Committee assurance report?* *Contribution to patient safety?* *Consideration of the 'triple aim' for matters related to decisions?* . Employee Network Groups are shared with partner organisations across the ICS. Each network has an executive sponsor from each Trust Board. Executive Sponsors meet with their networks regularly. Network chairs have regular meetings collectively with the Trust Chairperson for both organisations. Evidence below includes screenshot of ENG's with associated support groups, calendar event of network chairs meeting with Trust Chairpersons.	2	

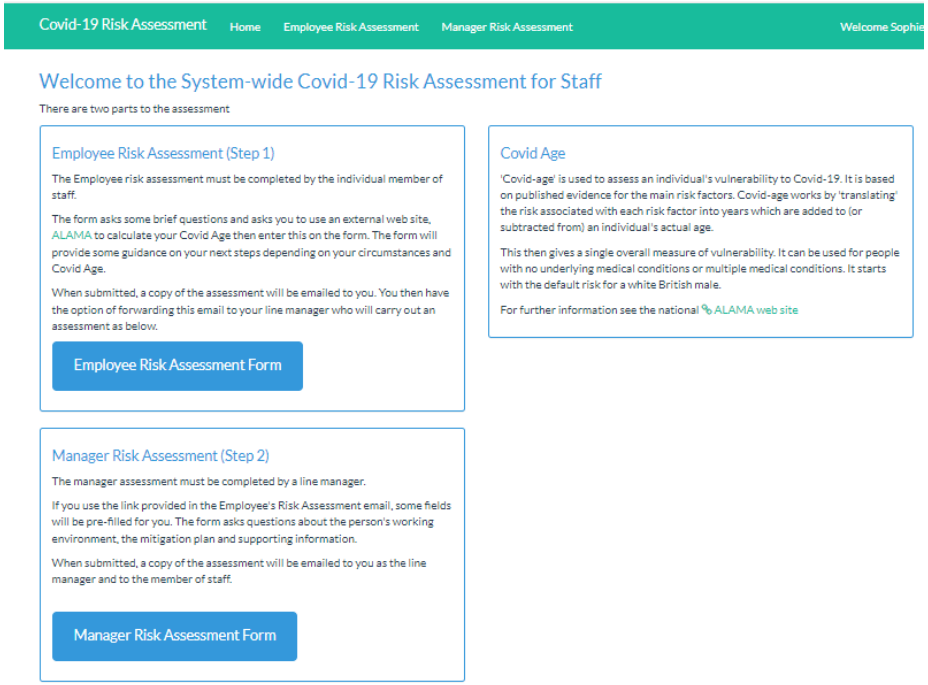
Outcome	Evidence	Rating	Owner (Dept/Lead)
	  Board Members enable underrepresented voices to be heard by attending network meetings of the networks they sponsor and having a standing agenda item at Board meetings for patient stories presented by the Chief Nursing Officer. Evidence below demonstrates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

Outcome	Evidence	Rating	Owner (Dept/Lead)
	09:55 - 10:10 (15 min) **5. Patient Story (23/24.42)** *Discussion* *Chief Nursing Officer* *To **discuss and note** the patient story* **Pride month talk with Steve Williamson** This page was last updated: October 4th, 2023 Added on June 19, 2023, in - News https://youtu.be/GOxxGOKbUEU		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	 A recent event to commemorate Black History Month 2023 was attended by the Dual Chief Nursing Officer at RCHT and CFT.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
	 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 funded for Chairs of network from RCHT. Commitment to provide release funding for the Ethnic Minorities Chair for 0.5wte for 12 months to support the ethnic minority colleagues with pastoral support and develop initiatives to improve their work experience at RCHT.		

Outcome	Evidence	Rating	Owner (Dept/Lead)
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Trust has established a 'triple aim' which includes equalities and health inequalities. The triple aim is a standing agenda item at Trust Board, and at Directorate Committee level meetings (examples taken from Trust Board and P and OD Committee). 14:10 - 14:15 (5 min) **22. Meeting effectiveness evaluation (23/24.76)** *Discussion* *Chair* *What worked well?* *Even better if?* *Consideration of health inequalities ('triple aim'), equality, diversity and inclusion?* *Consistency with board etiquette?* *Contribution to patient safety?* *Any matters to communicate with system partners?* 16:55 - 17:00 (5 min) **19. Evaluation of effectiveness of the meeting (23/24.41)** *Discussion* *Chair* *Worked well?* *Even better if?* *Matters for escalation to the Board through the Committee assurance report?* *Contribution to patient safety?* *Consideration of the 'triple aim' for matters related to decisions?* 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. RCHT Health Equalities Steering (	2	

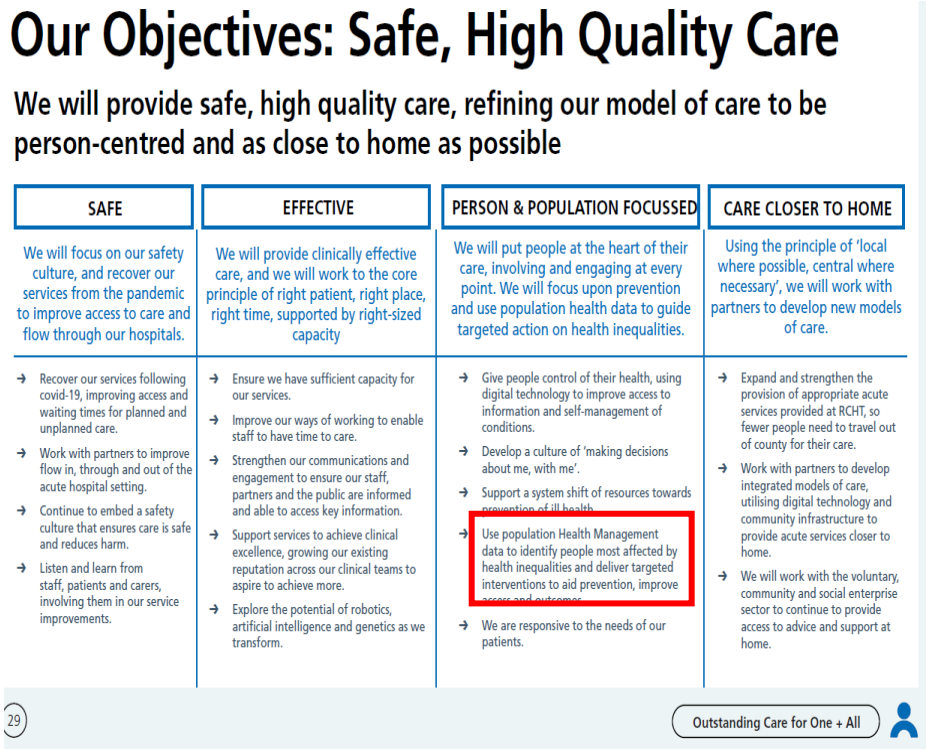
Outcome	Evidence	Rating	Owner (Dept/Lead)
	All projects and policies complete an EIA in accordance with Equality Impact Assessment Policy. A copy of the completed EIA is included in the appendices of the document to which it refers. • Staff risk assessments, specific to those with protected characteristics, are completed and monitored (***where relevant***). ▪ Employee COVID Pregnancy Risk Assessment. 		

Outcome	Evidence	Rating	Owner (Dept/Lead)

Action plans are approved by Trust Board via the Annual Equality Report which is published on the Trust website. Action plans are combined, with a column indicating to which report (WRES, WDES, GPG, etc) each action relates. Screenshot below demonstrates this action plan.

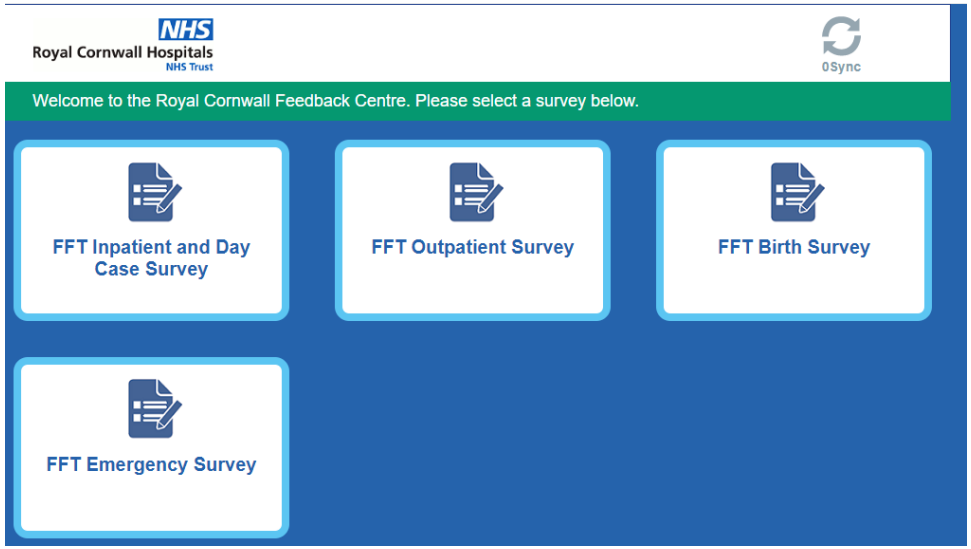
Strategic Link					Report Update			
Objective	Report Link	People Promise	EDI Area	Specific Action	Status	Update	Updated By	Date
Brilliant People	GPG WDES WRES WSES	We are recognised and rewarded	Strategy, Reports and Action Plans	To reduce demographic non-declarations at Board level to 20% in line with workforce non-declarations	Completed	Workforce data shows there has been a significant drop in 'unknown/null' declarations at board level.	LGBTQ+ / Armed Forces Lead	02/05/2023
Brilliant People	GPG WDES WRES WSES	We each have a voice that counts	Strategy, Reports and Action Plans	Update the Board Diversity Plan to ensure focus on attraction and recruitment of diverse and inclusive Board membership	Completed	Recruitment figures demonstrate significant increases in diversity of applicants, shortlisting and appointments.	LGBTQ+ / Armed Forces Lead	02/05/2023
Brilliant People	GPG WDES WRES WSES	We work flexibly	Policies & SOPs	To bring our parental leave, maternity support, and IVF support documents under one simplified banner, ensuring equitable access to support for maintain a work-life balance at all life stages	In Progress	Proposal for working group to include EDI, Wellbeing, Childcare Coordinator, People Experience and Policy Lead, share RBS feedback. Link to Flexible Working projects.	LGBTQ+ / Armed Forces Lead	10/07/2023
Brilliant People	WDES WRES WSES	We are compassionate and inclusive	Culture Change	To increase diversity in bands 6-8, to be representative of lower bands	Completed	Workforce data shows increase in percentages of maginalised groups in bands 5-7 and in 8a to 8b.	LGBTQ+ / Armed Forces Lead	02/05/2023
Brilliant People	WDES WRES WSES	We are compassionate and inclusive	Comms, Engagement & FOIs	To improve representation and recognition of marginalised groups in Trust literature, including policies	Completed	Comms team have started to collect images. EDI team revising patient leaflet content.	LGBTQ+ / Armed Forces Lead	10/03/2023
Brilliant People	GPG	We are compassionate and inclusive	Culture Change	To seek ways to improve the recruitment of women into Consultant posts	Completed	Incorporated into Objective 2	LGBTQ+ / Armed Forces Lead	19/01/2023
Brilliant People	-	We each have a voice that counts	Employee Network Groups	To streamline Employee Network Groups and EISG function and structure	Completed	ENG plan approved and adopted across the system. Proposal to use Union Rep fund to support Network Chairs pending approval.	LGBTQ+ / Armed Forces Lead	19/01/2023
Brilliant Care	GPG WDES WRES WSES	We are always learning	Comms, Engagement & FOIs	To reduce Health Inequalities and improve understanding of patient needs	Completed	EDI Team maintaining regular attendance at Health Inequalities meeting. Proposed AER format to incorporate Health Inequalities information.	LGBTQ+ / Armed Forces Lead	19/01/2023
Brilliant	GPG			To improve the quality and use of			LGBTQ+ /	

The RCHT Trust Strategy sets out using population health management data to identify people most affected by health inequalities (screen shot of page 29 of the Trust strategy below).

Outcome	Evidence	Rating	Owner (Dept/Lead)
			

The newly developed Equality Objectives, as part of the Public Sector Equality Duties under the Equality Act, include patient focused objectives relating to EDI and health inequalities.

Outcome	Evidence	Rating	Owner (Dept/Lead)
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	Board members, system and senior leaders ensure the implementation of the **relevant** below tools. WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, AIS, Patient and Carer Race Equality Framework (Mental Health) (PCREF) EDS2022. WRES, WDES, GPG and EDS are reported into People and Culture Committee then up to Trust Board for approval to publish in the Trust's Annual Equality Report. People and Culture Committee - Terms of Reference (cornwall.nhs.uk) The Trust monitors patient related feedback such as the Family and Friends Test, which provides reports for a number of departments.	1	

Outcome	Evidence	Rating	Owner (Dept/Lead)
	 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. New Equality Objectives were approved in December 2023, and include Governance and reporting of EDI performance and how this will be monitored (Equality Objectives action plan).		

1. Third Party Consultations

Domain 1 Consultations: To complete the review of services for Domain 1, the service leads for each area were contacted and provided evidence to support each question. Friends and Family Test data, complaints, and Patient Safety Incidents relating to each service was also included. The score card and a summary report were reviewed and approved by the Trust's Patient Experience Group members in November 2023.

Engaging directly with relevant patient groups was not possible but will be planned in for the next year's cycle.

Domains 2 and 3 consultation with staff took place over a two-week period in November, with a survey shared to staff networks and social media, to establish if staff are aware of the services provided. Generally, staff are aware of services, but indicate that better, clearer communication is needed regarding the availability of support for certain health conditions outlined within the CORE20PLUS5. This is supported by the majority of staff responding "unsure" as to the quality of support for these conditions. Additionally, responses indicate that staff have less confidence in a managers' demonstration of understanding and commitment to EDI, reducing with seniority of manager (when given categories of Line Management, Band 9 / Very Senior Management, Board Members).

JCNC members will be asked to comment on the domain 3 rating, this will be completed by January 2024.

Peer review for domains 1, 2 and 3 will be completed by the University Hospitals Plymouth NHS Trust, which will be completed by January 2024.

Following completion of staff engagement via JCNC and peer review a final version of this report with any comments or amendments will be drafted for consideration and approval for publication by Trust Board.

2. EDS Action Plan

Following conclusion of the consultations and assessments of each domain, the following actions have been identified.

Domain 1 Outcome	Objective	Action	Completion date
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	
1B: Individual patients (service users) health needs are met	Meet the health needs of all service users and patients	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. 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; Infection rates; Day case to overnight stay; Readmissions; Transfers out for clinical reasons; Cancellations (for non-clinical reasons); Day case rates; PROMs; PNV.	May 2023

Domain 1 Outcome	Objective	Action	Completion date
		Action: Benchmarking data to be provided 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.	
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	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.	May 2023
1D: Patients (service users) report positive experiences of the service	Patients and service users report a positive experience of the service	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 9 different audits. Action: Review RADAR and Aspire data to include in future reports.	May 2023

Domain 2 Outcome	Objective	Action	Completion date
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.	We will explore the opportunity of becoming a Mindful Employer and look at the benefits it can offer the workforce. 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. We will work with the occupational health and wellbeing teams to improve the promotion of physical wellbeing support and outdoor gym equipment. 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
2B: When at work, staff are free from abuse, harassment, bullying and	To ensure safe spaces are provided for staff to report any	We will look at provision of targeted racial trauma support and other specialist trauma support e.g. PTSD for armed forces veterans.	August 2024

Domain 2 Outcome	Objective	Action	Completion date
physical violence from any source	abuse, harassment, bullying and physical violence.	We will create an Inclusive Compassionate Leadership session to be developed and factored into the LEAD programme. 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. A Values to behaviours framework to be released with support on how to positively intervene, report and act upon poor behaviours. We will improve the correlation of risk reporting data with EDI and POD support.	
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying	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	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	June 2024

Domain 2 Outcome	Objective	Action	Completion date
harassment and physical violence from any source		the process can be trusted and is well communicated.	
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	The EDI and 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. We will review the process for reasonable adjustments to support staff including educating managers and staff on resources available through Access to Work Stay and Thrive conversations to be embedded into the annual appraisal process and managers to continue to be supported through toolkits and training. We will develop a Reward and Recognition platform for staff with input from the Engagement Lead and the People promise Manager.	September 2024

Domain 3 Outcome	Objective	Action	Completion date
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	We will continue to learn from both patient and lived experience stories through our Trust Board.	We will ensure that Board member (Exec and NED) objectives will also include EDI objectives. We will ensure that an Executive Sponsor for every network is identified, and regular meetings happen with EDI leads.	April 2024
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	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
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	To ensure appropriate representation at key EDI events and divisional performance reporting through EDI committee so assurance can be given at Trust Board level.	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 Culture Committee and annually reported to Trust Board.	September 2024

Domain 3 Outcome	Objective	Action	Completion date
		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.	

EDS Action Plan	
EDS Lead	**Year(s) active**
Sophie Atherton, Mikey Stevens	2022-2023
EDS Sponsor	**Authorisation date**
Alison Throne-Henderson	

Appendix 1: EDI Action Plan 2023

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Identify owner of this outcome and support them to contribute to future reports.	EDI Team to liaise with Patient Experience team.	Jun-23
	1B: Individual patients (service users) health needs are met	Identify owner of this outcome and support them to contribute to future reports.	EDI Team to liaise with Patient Experience team.	Jun-23
	1C: When patients (service users) use the service, they are free from harm	Identify owner of this outcome and support them to contribute to future reports.	EDI team to liaise with Patient Safety team	Jun-23
	1D: Patients (service users) report positive experiences of the service	Continue to monitor patient feedback for positive experiences	Continue to monitor patient feedback for positive experiences.	Jun-23

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	Work with other POD teams to provide support for managing COPD and Asthma.	Identify key stakeholders.	March 23
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Identify underlying causes for increase in staff experiencing harmful behaviour	Review Staff Survey feedback, pulse surveys, feedback from ENGs	March 23

Domain	Outcome	Objective	Action	Completion date
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Improve Employee Voice and Engagement through Staff Networks, wellbeing packages, effective EIAs completed	Relaunch Staff Networks with standardised structures and support, revise and update the EIA process to capture any impacts on characteristics, not just negative ones.	March 23
	2D: Staff recommend the organisation as a place to work and receive treatment	Use exit interview feedback to improve employee experience and reduce overall reasons for leaving.	Collate exit interview data and use to drive action plans.	March 23

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Support Trust Board to demonstrate their understanding of, commitment to, equality and health inequalities	Identify appropriate executive leads to sponsor various EDI projects.	Sep-23
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Improve the systems in place for Board / Committees to identify and record equality and health inequality related impacts and risks	Revise the current Equality Impact Assessment process, making it more accessible to Executive Directors and assistants.	Sep-23
	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	Improve the quality and accessibility of EDI reports available to board.	Redesign Annual Equality Report to align to new corporate strategy, and be more navigable in its content, incorporating visual performance indicators.	Sep-23

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