

Focus on Inclusion

Equality Report – January 2012



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Our Vision for Inclusion

Moorfields Eye Hospital NHS Foundation Trust is the leading provider of eye health services in the UK, and a world-class centre of excellence for ophthalmic research and education.

We are extremely proud of our reputation for providing the highest quality of ophthalmic care.

We strive to give people the best possible visual health so they can live their lives to the full. We want to do this by acting responsibly and being held accountable for all we do.

From an equality, diversity and inclusion perspective, our unique position and specialism creates both opportunities and challenges:

- Our patients come from all over the UK, yet we also wish to serve the local communities around our main hospital base in London's City Road, and in more than 20 satellite clinics located in and around London
- Disability issues are already central to our thinking as we apply our expertise in visual disability to making our facilities and services more accessible
- Our position as a centre of excellence¹ and location in London means we already benefit from a 1,700 strong diverse workforce

Over the next four years, we are committed to making a positive impact on the life opportunities and health of our patients, our workforce, and the national and local communities we serve.

To achieve this, we will strive to be an organisation that:

- Has the confidence and respect of our patients, the community, our staff and partners
- Provides high quality ophthalmic services, including promotion of better eye care and the prevention of eye problems, that meets the needs of different communities
- Enhances our patients' quality of life through a more holistic approach to their physical and emotional needs
- Has equality, diversity, inclusion and dignity embedded in its culture
- Works with our members, our patients, their families and our partners to maximise opportunities for community engagement so that we can continue to improve our services
- Recruits, supports and retains a diverse and skilled workforce by providing training and guidance which enables and empowers them to deliver a first class service with confidence

¹Also postgraduate teaching centre and national centre for ophthalmic research

About Us

Founded in 1804 and opened in 1805, Moorfields is the oldest and one of the largest centres for ophthalmic treatment, teaching and research in the world.

Our main focus is the treatment and care of NHS patients with a wide range of eye problems from common complaints to rare conditions that require treatment that is not available anywhere else in the UK. We provide these services from our main hospital base in London's City Road as well as more than 20 sites in and around the capital.

In addition, Moorfields Eye Hospital NHS Foundation Trust directly manages three commercial divisions:

- Moorfields Private
- Moorfields Pharmaceuticals
- Moorfields Eye Hospital Dubai

Last year we handled more than 400,000 outpatient attendances, treated almost 75,000 A&E patients and carried out 30,000 ophthalmic operations; indeed more patients come to Moorfields than to any other eye hospital or clinic in the UK. This is based on the expertise of our clinical staff and the cutting-edge research taking place on site. Over half the ophthalmologists practising in the UK, and many more overseas,

have received specialist training at Moorfields. Many of our consultants have international reputations for their expertise, and are invited to attend and speak at conferences and seminars across the world.

Working in partnership with the UCL Institute of Ophthalmology, Moorfields is a postgraduate teaching centre and a national centre for ophthalmic research. Together with the Institute, Moorfields manages the largest ophthalmic research programme in the world. In 2006, the organisation was awarded specialist Biomedical Research Centre (BRC) status, guaranteeing an income of over £14m over a five year period; in 2011 we were designated a BRC for a further five years with an unprecedented 40% increase in funding, reflecting the excellence of our translational research. In 2008 Moorfields became a founding partner of UCL Partners, one of the UK's five nationally designated academic health science centres.

All of this is only possible because of the unique combination of doctors, scientists and other clinicians, supported by state-of-the-art research who work together to develop and deliver outstanding eye care for patients.

OUR MISSION

We aim to be the leading international centre in the care and treatment of eye disorders, driven by excellence in research and education.

We have recently reviewed our values, vision and priorities as part of a comprehensive strategic planning exercise involving clinicians, management, the board and the membership council, together with other key stakeholders. The result of this work is an innovative and exciting 10 year strategy, 'Our Vision of Excellence'.

For more information about our strategy please visit the following link:

<http://www.moorfields.nhs.uk/Aboutus/Whatwedo/OurVisionofExcellence-a10-yearstrategyforMoorfields>

For more information about our Trust please view a copy of our annual report at:

<http://www.moorfields.nhs.uk/Publicationsandresources/Corporatepublications/Annualreports>



Public Sector Equality Duty

The Equality Duty² is a duty on public bodies and others carrying out public functions.

It ensures that public bodies consider the needs of all individuals in their day to day work – in shaping policy, in delivering services, and in relation to their own employees.

The new Equality Duty covers the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race (includes ethnic or national origins, colour or nationality)
- Religion or belief (includes lack of belief)
- Gender
- Sexual orientation

It also applies to marriage and civil partnership, but only in respect to the requirement to have due regard to the need to eliminate discrimination.

The Equality Duty has three aims, these are to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

To comply, we are required to:

- Publish a report by 31 January 2012 which explains our approach and provides information about people who share a 'protected characteristic'
- Publish our equality objectives by 6 April 2012, which will include what we plan to do over the next four years (and will be reviewed and published every four years)

²The Equality Duty is set out in section 149 of the Equality Act 2010

Our Approach to Inclusion

Moorfields Eye Hospital is committed to improving the health of all our patients, and the wider community.

We want to support our community by providing the quality health care that is needed, and by making sure that the services we offer are inclusive. We want to create an environment which ensures equal access irrespective of gender, age, disability, income, marital status, culture, religion, ethnic background, sexual orientation or gender identity.

On this basis we are committed to ensuring equality, removing disadvantage and tailoring our services to meet the needs of our diverse community. Our diverse and talented workforce ensures we are able to achieve this.



Highlights

Over the past few years we have introduced a number of measures to make us more inclusive.

These include:

- Extending our network of satellite clinics to enable us to provide expert treatment closer to patients' homes
- Improving the accessibility of our main entrance
- Ensuring provision of single sex accommodation for patients who need to stay overnight
- Introducing colour schemes which assist visually impaired people
- Installing a 'green line' from Old Street tube station to our hospital and a 'blue line' for guidance throughout the hospital
- Commissioning a survey of our facilities by the Royal National Institute for the Blind (RNIB)
- Appointment of an Eye Clinic Liaison Officer
- An initiative to improve our services to vulnerable children
- An initiative to improve our services to vulnerable adults and those with dementia
- A language line (translation service) for our patients
- Increasing font size on leaflets and drugs labelling
- 'Deaf awareness' and 'Leading the blind' training, alongside mandatory equality and diversity training for our workforce
- Introduction of varied size and sleeve length theatre gowns
- Development of a 'Code of Behaviour' and guidance on dress which reflects the wider cultural diversity of patients and our workforce
- A Black and Ethnic Leadership (BEL) development programme
- Creation of a Dignity Focus Group
- Large information display screens in most patient areas developed in consultation with patients

To help us to ensure that the diverse needs of patients and staff are at the forefront of our work, we have:

- Commitment from the Trust Board & Senior Management
- Clear aims and objectives
- Monitoring and regular reporting
- Processes for patient and staff engagement
- Continuous improvement of policies and practices based on data from monitoring
- Equality impact assessments



Our chapel is used by patients, their families, staff and the general public. As part of a review, an analysis of the users revealed people using the facility came from a wide range of faiths and non-beliefs. A detailed survey was carried out, in consultation with the chaplain and other users, and we are now using what we have learnt to convert the chapel into a multi-faith facility, refurbished and equipped to meet the needs of our diverse community.

Commitment from the Trust Board & Senior Management

The Trust is led by a Board of Directors, accountable to the Board of Governors (known as the 'Membership Council').

The Membership Council meets five times a year and includes governors elected by the membership and representatives from partner organisations.

The Board of Directors is the decision making body for the strategic direction and overall allocation of resources. Decision making on the Trust's operational running is delegated to executive directors and senior managers. The Director of Corporate Governance has executive lead on Equality & Diversity and Human Rights.

An Equality & Diversity Steering Group meets twice a year and is chaired by a Non-Executive Director. This group supports the Trust in the development and promotion of good practice in equality and diversity awareness as a

service provider and employer. It reports progress annually to the Board of Directors.

Membership of the Equality & Diversity Steering Group includes:

- Two governors from the Membership Council
- Director of Nursing & Allied Health Professionals
- Director of Human Resources
- Director of Corporate Governance
- Head of Communications and Marketing

Other senior managers and frontline staff across a broad range of areas also attend the meetings.



Aims and objectives

We have had a published Equality & Diversity Strategy since 2004.

This strategy is accessible to the public via the internet <http://www.moorfields.nhs.uk/Workforus/Equalityanddiversity> and to our workforce via the intranet.

Our strategy currently outlines three main aims. To provide:

- A service that uses its leverage to make a difference by way of positive impact, to the life opportunities and health of the local community and the patient population
- A workforce committed to delivering health equality and diversity
- A better place to work for all staff

We work to improve five broad strategic areas covering patients and their visitors, employees (including potential employees) and the local community.

Our objectives are:

- To provide high quality ophthalmic services, including promotion of better eye care and the prevention of eye problems, that meets the needs of different communities
- To have a positive impact and make a difference to the local communities where the Trust provides a service
- To establish a workforce that is knowledgeable and is sensitive to equality and diversity issues when dealing with patients and visitors of the Trust
- To be an 'employer of choice' by harnessing the talents of all and welcoming and embracing diversity
- To attract, maintain and develop a diverse workforce by ensuring the widest labour market is accessed and securing the best employees whilst taking into consideration the needs of the Trust

We have had published Equality Schemes covering Race (since 2005), Disability (since 2006) and Gender (since 2007) which incorporate detailed action plans and guide our activities and priorities.

Success of our Equality & Diversity strategy is determined by:

- Monitoring mechanisms revealing no bias in relation to patients or employment practices
- Local partners and contractors achieving our equality standards
- Staff surveys showing progressive improvements
- Equality & Diversity visibly embedded in all Trust activities

During 2010/11 our priorities were:

- Looking at how we apply improvements in patient data to improve services and target sites/ local populations to encourage take-up of services
- To ensure equality & diversity training is delivered to our workforce



Monitoring and regular reporting

Key patient and workforce metrics on age, gender and race are recorded and reported to the Trust's Board quarterly to improve our understanding of the needs of different groups.

Information is also collected and reported for applicants across age, disability, gender, race, religion & belief and sexual orientation. These metrics are included in our annual Equality & Diversity Report.

For the last three years workforce data has been collected on disability, religion & belief and sexual orientation.

Patient metrics reported include:

- Patients – patient contacts, out-patients and A&E patients
- Complaints and compliments

Patient information can be disaggregated based on race, gender and age. Information on religion & belief, sexual orientation and disability is not currently collected, but is planned for the future.

Workforce metrics reported include:

- Workforce profile by age, gender and race with monitoring of new starters since 2009 on disability, religion & belief and sexual orientation
- Applicant profile by age, disability, gender, race, religion & belief and sexual orientation
- Pay grade by age, gender and race
- Discipline and grievance by age, gender and race
- Harassment and bullying by age, gender and race

Processes for patient and staff engagement

We are keen to ensure both our patients and workforce inform our equality and diversity activity.

We encourage ongoing consultation and communication with patients, employees, governors, members and the public. Further, we seek input from specialist groups with expertise on protected characteristics.

To support our equality & diversity activity with patients, we have:

- Patient surveys
- A Patient Advisory Liaison Service (PALS)
- A Patient Experience Committee
- A Dignity Focus Group
- A Learning from Experience Group

In addition, we work with external partners:

- North Central London Learning Disability Summit
- Islington Safeguarding Adults and Children Boards
- North Central London Learning Disabilities Forum
- Royal National Institute for the Blind (RNIB)

To support our equality & diversity activity with our workforce, we have an 'Improving Working Lives' working group. Two other groups (a Disability Focus Group and an Equality Network Group) are convened on an ad hoc basis. Further staff engagement is facilitated through:

- The Joint Staff Consultative Committee
- The Local Negotiating Committee
- A Staff Survey
- Other channels, including open meetings with our Chief Executive; our in-house magazine 'In Focus'; departmental and service planning meetings; ad-hoc focus groups and project groups

Processes for policy & practice review, amendment and implementation

Steps have been taken to ensure we have a continuous improvement loop in policy and practices based on data from monitoring.

Each quarter, our Learning from Improvement group produces a report that looks at complaints, incident reports, and other feedback and considers what changes are required to improve practices and policies. This information is fed back to front line staff.

A culture of openness is embedded and actively encouraged throughout the Trust and staff are made aware of policies and procedures and are encouraged to follow them so situations within the workplace can be amicably resolved.

Moorfields has established policies covering:

- Harassment, Bullying and Discrimination
- Discipline
- Redundancy
- Training
- Whistle-blowing
- Grievance and Collective Dispute
- Equal Opportunities
- Employment of Disabled Persons
- Recruitment, Selection and Appointment of Staff
- Flexible Working

Equality & Diversity is referenced specifically with respect to performance appraisals.

In addition to a confidential Employee Assistance Programme (Validium), we also offer free additional support to our workforce on:

- Debt counselling
- Financial advice
- Legal advice
- Health and wellbeing
- Caring for children and older people

Impact Assessment

We conduct Equality Impact Assessments (EIAs) on all policies (since 2009/10)³ and as policies are reviewed.

EIAs are drafted by the manager responsible for developing the policy and reviewed by a senior manager. A copy of the EIA is attached to each policy. Policies are normally reviewed annually.



³As of 31 December 2011 more than 50% of our policies had been equality impact assessed and there is ongoing work with policy revision to introduce EIAs to the rest of the policy portfolio.

Organisation Mapping

As part of our approach to the new Equality Duty, everything we do⁴ across the Trust has been assessed with relevance to the Duty's Aims.

This process has proved extremely useful in enabling us to better understand the impact each of our activities has on equality, diversity and inclusion. This is now helping us to identify areas where we need equality & diversity objectives.

This process involved members of our senior management team, with the assistance of equality and diversity advisors:

- identifying and listing all of our activities
- applying agreed criteria to identify areas of 'risk' or an ability to add maximum value to service provision and employment arrangements

In this exercise, activities considered included:

CLINICAL SERVICES FOR PATIENTS

- Medical/clinical procedures and treatment
- Patient experience
- Clinical audit
- Policies and procedures
- Complaints and patient liaison
- Safeguarding

HUMAN RESOURCES

- Recruitment & selection
- Performance management
- Employee relations
- Training & development

CORPORATE GOVERNANCE

- Corporate structures e.g. committees
- Corporate policies and procedures
- Risk analysis
- Organisational audit

⁴Our activities ['functions'] include everything the Trust is required to do, as well as everything that the Trust is allowed to do. This includes decisions about policies and procedures, budgetary decisions, public appointments, allocating resources, regulation, service provision and employment of staff. Other examples include: audit/inspection, statutory discretion, external communication, commissioning services, conferring a qualification, procuring goods, partnerships, funding external bodies, and management of premises.

INFORMATION TECHNOLOGY (IT)

- Information Management

ESTATES & FACILITIES

- Patient environment
- Staff environment

COMMUNICATIONS & MARKETING

- Patient literature
- Corporate branding
- Internal communications

BUSINESS DEVELOPMENT

- Strategic planning
- Service development
- Partnerships

FINANCIAL MANAGEMENT

- Budget setting
- Cost improvement programme
- Procurement

EDUCATION

- Postgraduate teaching

RESEARCH

- Ophthalmic research programme

Not all of our activities are relevant to all protected groups, nor to all 'arms' of the duty.

Activities with a high potential impact on (i) 'Eliminating unlawful discrimination, harassment and victimisation...' and (ii) 'Advancing equality of opportunity...' were selected as areas where highest priority should be placed.

On this basis, highest priority will be given to:

- Clinical Services for patients
- Research
- Human Resources
- Corporate Governance
- Communications & Marketing
- Education

We do however recognise all functions have some impact on Equality Duty aims and need to be monitored with objectives set in these areas if required.

Similarly, we recognise our responsibility to 'foster good relations...' and will take every opportunity to support this aim in all of our activities.

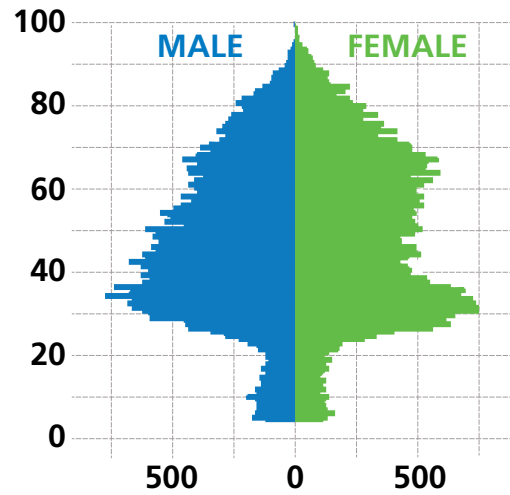
Equality Information & Analysis

Equality metrics and information is provided for our patients, for our workforce and for our membership.

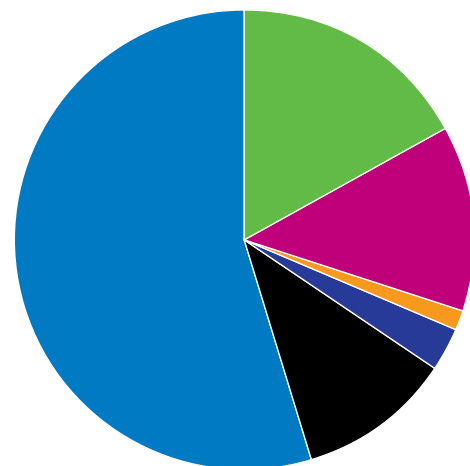
OUR PATIENTS

Data is collected through patient surveys and close monitoring of complaints via our Patient Advisory Liaison Service (PALS) and the Trust's membership.

A&E Attendance Distribution – Age

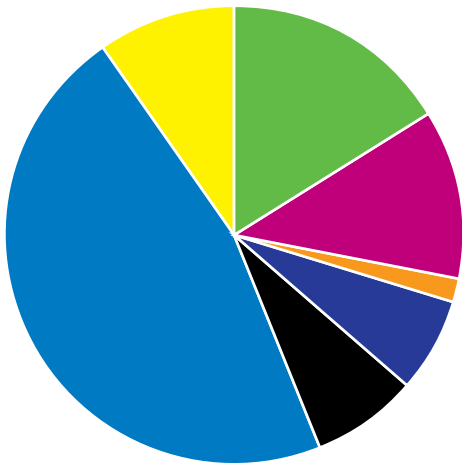


A&E Attendance Distribution – Ethnicity



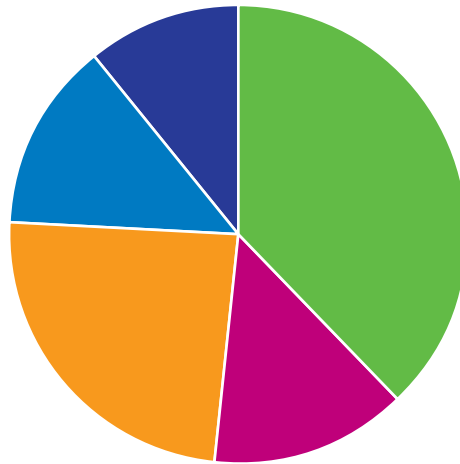
Asian or Asian British	17.0%
Black or Black British	13.0%
Mixed	1.6%
Not Stated	2.8%
Other Ethnic Groups	10.8%
White	54.6%

Outpatient Attendance – Ethnicity Split



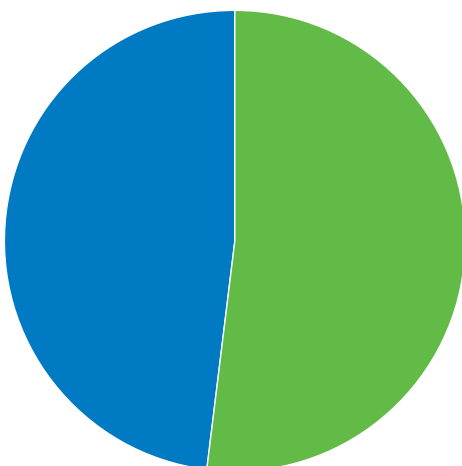
■ Asian or Asian British	16.3%
■ Black or Black British	11.9%
■ Mixed	1.5%
■ Not stated	6.8%
■ Other Ethnic groups	7.6%
■ White	46.3%
■ No data	9.5%

Outpatient Attendance – Age Group Split



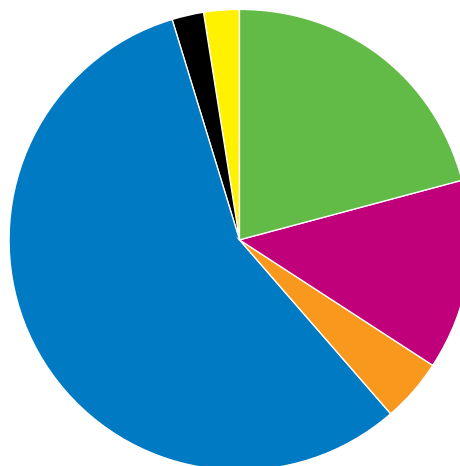
■ <80	37.9%
■ <40	13.9%
■ <60	24.2%
■ 80+	13.4%
■ Unk	0.0%
■ <16	10.6%

Outpatient Attendance – Gender Split



■ Female	52.0%
■ Male	48.0%

Patient Admissions – Ethnicity



■ Asian or Asian British	21.0%
■ Black or Black British	13.3%
■ Mixed	4.5%
■ White	56.6%
■ Other ethnic groups	2.1%
■ No data	2.5%

Trends identified in patients' race and gender are analysed and services are adjusted to meet specific needs. The older age profile of patients reflects the onset of visual impairment associated with age and is therefore to be expected.

Patient data is not currently collected on disability, religion & belief or sexual orientation but is planned for the future.

Complaints which may be linked to discrimination are monitored by PALS. To date three complaints have been investigated, and in each case the allegations have been determined as unsubstantiated.

Some examples of what we do to provide additional support:

FOR THOSE WITH LEARNING DISABILITIES

Substantial work to support services to adults at risk is ongoing. Patients that require additional support because of a learning disability or dementia are identified through a system of flagging that alerts staff to anticipate their needs. Patients with a learning disability are encouraged to help complete a 'Patient Passport' that identifies their specific health care needs. Easy to read leaflets that are generally more accessible are also made available to patients with a learning disability and additional training has been provided to staff to help raise awareness of these patients' needs. There are currently Learning Disability Champions in most clinical areas.

FOR THOSE WHO HAVE LOST THEIR VISION

The appointment of an Eye Care Liaison Officer (ECLO) in October 2010 has meant we have been able to provide a more comprehensive service to patients that require support due to loss of vision. This includes psychological support and other aftercare support for patients, all aimed at enhancing their quality of life.

FOR CHILDREN

We meet child safeguarding requirements through a named doctor and nurse responsible for safeguarding. If children don't attend their appointments or admissions on multiple occasions, and they have a serious condition, this is viewed as a safeguarding issue and we take action.

All our staff in the paediatric service are trained to work with children and we have paediatric nurses and play specialists in both the RDCEC and our satellite services. We believe, ensuring children are comfortable and able to play during their time with us is important to providing a high quality service.

We've also just introduced a new children's website which is very popular with children, and we get children (and their carers) to review our information leaflets before we publish them.

FOR ETHNIC MINORITY COMMUNITIES

We've conducted research to explore how minority ethnic patients feel while they wait for an eye appointment for glaucoma; the outcomes will enable us to tailor the patient experience appropriately.

We've researched our patients' experience with translators, specifically considering what works best for them (options presented are a family member, a professional translator or a doctor speaking the language). This research has revealed a significant problem in how people receive the translation support they need and steps are being taken to rectify this.

In order to understand how to get health messages through to different communities we piloted a campaign in a variety of local community languages across a variety of platforms (including TV, radio and cinema and in temples, Gurdwaras and mosques). The pilot was followed up with an analysis of whether awareness had increased and if it had led to action.

We've produced a video in Hindi showing our patients how to do visual field examinations, and how to use eye drops and other medication.

ACCESS TO OUR BUILDINGS

We are committed to an on-going programme of improvements and adjustments to ensure that our buildings are accessible.

As a Trust specialising in supporting visually impaired patients we have always placed high priority on the accessibility of our buildings, though our facilities at City Road in an old building create significant challenges. These will be resolved in the future as we are currently planning for a new hospital.

Over the past 5 years we have undertaken a number of initiatives to improve accessibility including improvements to our main entrance, the introduction of colour schemes which assist the visually impaired, as well as improved lighting and matt flooring which reduces reflection and glare.

We have also installed a 'green line' from Old Street tube station to our hospital and 'blue and yellow lines' for guidance throughout the hospital. Further, we are currently seeking accreditation from the Royal National Institute for the Blind (RNIB) as part of their visually better scheme.

ACCESSIBLE COMMUNICATIONS

We work extremely hard to ensure our communications are accessible. Our quarterly 'In Focus' magazine goes out to members in hard copy and is translated into Braille, audio, large print. In Focus is also sent electronically to members who have indicated that they would prefer to receive it in this way. It is produced in line with RNIB guidelines around font sizes and colour contrasts.

Our intranet has been recently re-launched and includes accessibility features such as larger/smaller text and a high visibility theme.

An upgrade of our website is planned for 2012/13 and will include accessibility options such as 'speak this page' and translation tools.

We communicate via Facebook and Twitter to engage a new audience, and target specific communities through local media activity around our satellite clinics.

All patient information leaflets are governed by a patient information policy and overseen by an editorial committee which sets out clear guidelines around accessibility. Information is printed in a number of languages appropriate to the communities they target.

OUR MEMBERSHIP

We currently have about 16,000 members, many of whom are patients. Foundation Trust membership is open to all patients, staff and members of the public who live in areas served by our main City Road hospital or by one of our satellite facilities. All members must be at least 14 years old.

We currently monitor the age, gender and race of our membership and this can be found in our annual plan which is available on our website: www.moorfields.nhs.uk/Publicationsandresources/Corporatepublications/Latestboardpapers



Our Workforce

Equality, diversity and inclusion is embedded in recruitment and employee relations policies and practices. It is also reflected in the management of disciplinary and grievance procedures and exit processes for staff.

All staff are required to attend Equality and Diversity training (in the 2010/11 period 239 were trained).

Over 2010/11 our human resources department handled 340 vacancies and administered 150 honorary contracts. Of these:

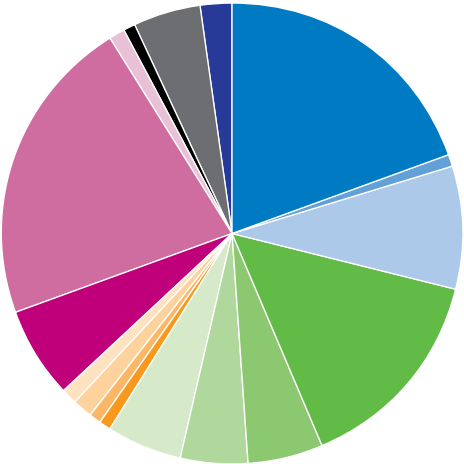
- 29% were from white (British, Irish, other) and 71% from non-white or bi-racial applicants
- 31% were from men and 68% from women


















RACE

The number of staff at the Trust who consider their ethnicity to be British remains stable, but is significantly lower than the London comparator. Our status as a world leading centre for ophthalmic care attracts international candidates which may help explain the low proportion of British staff compared to the rest of the NHS in London. Historically we have recruited from non-EU countries during times of skills shortages and since our retention rates are high it is likely that these staff have stayed with us.

We are committed to supporting the career development of Black and Minority Ethnic staff through the Black and Ethnic Leadership (BEL) development programme. This programme is designed to support participants who aspire to be leaders in their current and future roles. The programme allows graduates to receive a formal qualification accredited through Middlesex University. Since 2006, 8 members of staff have participated in the programme. Two participants were newly appointed in management roles and the programme was seen as an aid to their development. In 2010/11, two members of staff enrolled and completed the programme and following feedback we are looking at ways to provide ongoing support to staff, through mentoring and coaching schemes, once they have completed the programme.

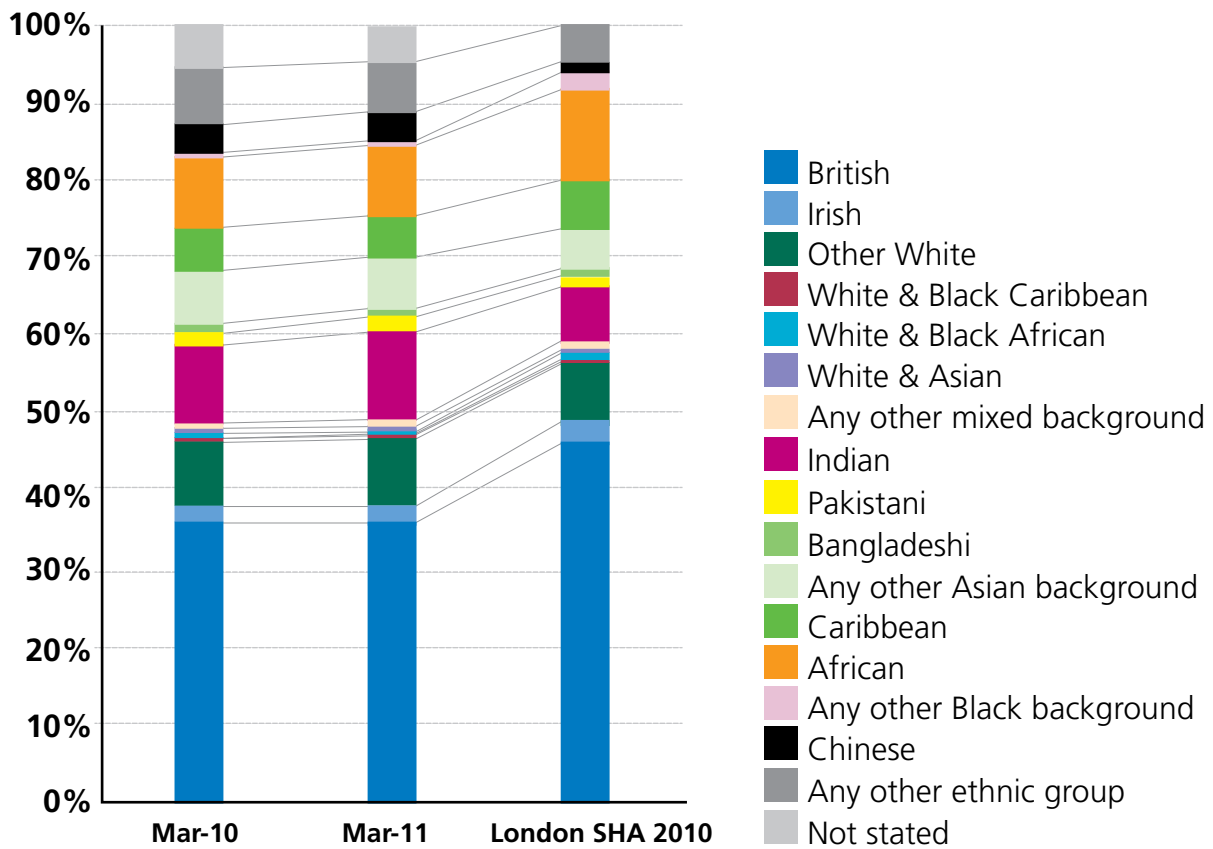
Applications – Ethnicity



 White - British	19.55%	 Mixed - White & Asian	1.34%
 White - Irish	0.78%	 Mixed - AOB*	1.01%
 White - AOB*	8.76%	 Black or Black British - Caribbean	6.40%
 Asian or Asian British - Indian	14.60%	 Black or Black British - African	21.57%
 Asian or Asian British - Pakistani	5.28%	 Black or Black British - AOB*	1.23%
 Asian or Asian British - Bangladeshi	4.71%	 Other Ethnic Group - Chinese	0.89%
 Asian or Asian British - AOB*	5.28%	 Other Ethnic Group - AOB*	4.71%
 Mixed - White & Black - Caribbean	0.89%	 Undisclosed	2.02%
 Mixed - White & Black - African	0.89%		

* Any other related background

Workforce – ethnicity

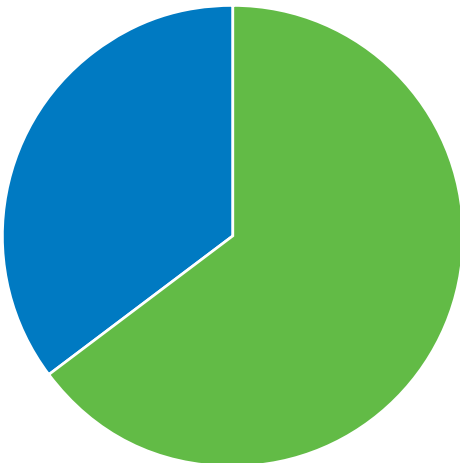


GENDER

Our gender split in the Trust remains a consistent one third male and two third female. This is a traditional pattern within the Trust and across much of the NHS.

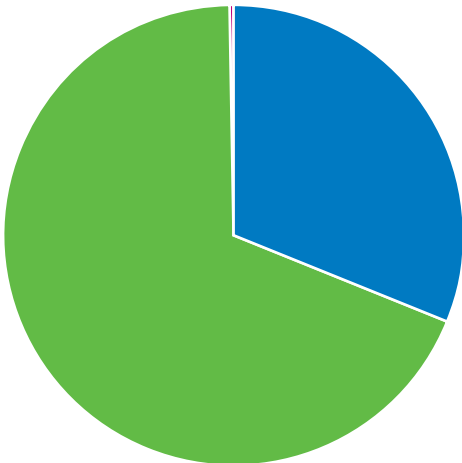
Some of the reasons for this include traditional job segregation, where women are more likely to take on caring roles; along with the flexibility and maternity benefits provided by an NHS career which make it particularly attractive to women.

Workforce – Gender



Female	64.8%
Male	35.2%

Applications – Gender

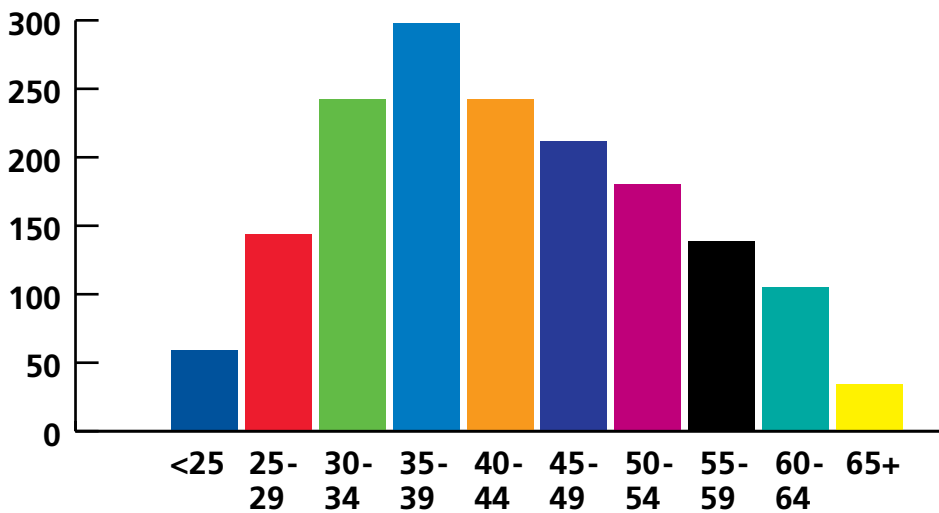


Female	68%
Male	31.5%
Undisclosed	0.5%

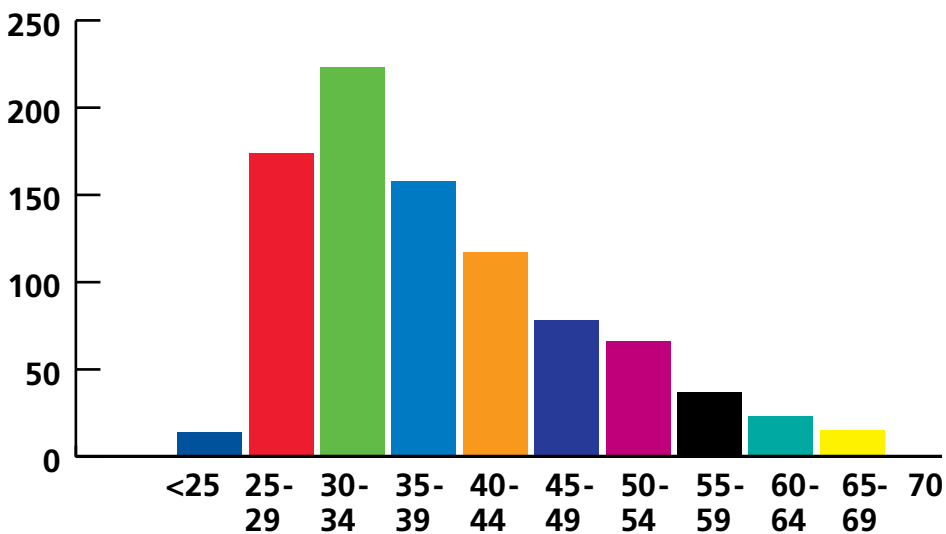
AGE

The age profile of our workforce reflects our high retention rates and the number of medium/lower banded positions available in the Trust and experience required to fulfil these roles. Younger staff would be more likely to have relevant experience for lower banded roles, and older staff would be more likely to apply for senior positions.

Workforce – Age



Applications – Age



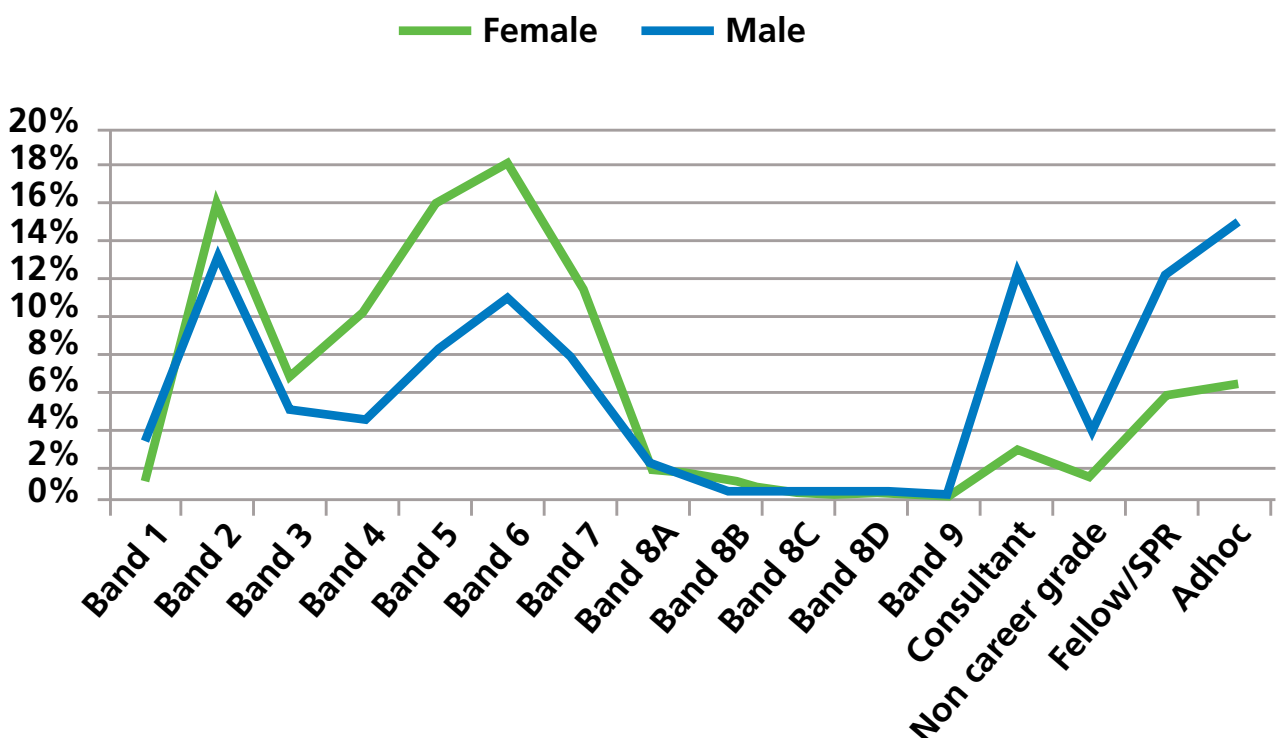
GRADE

Women are comparatively well represented at senior grades particularly in the non clinical roles.

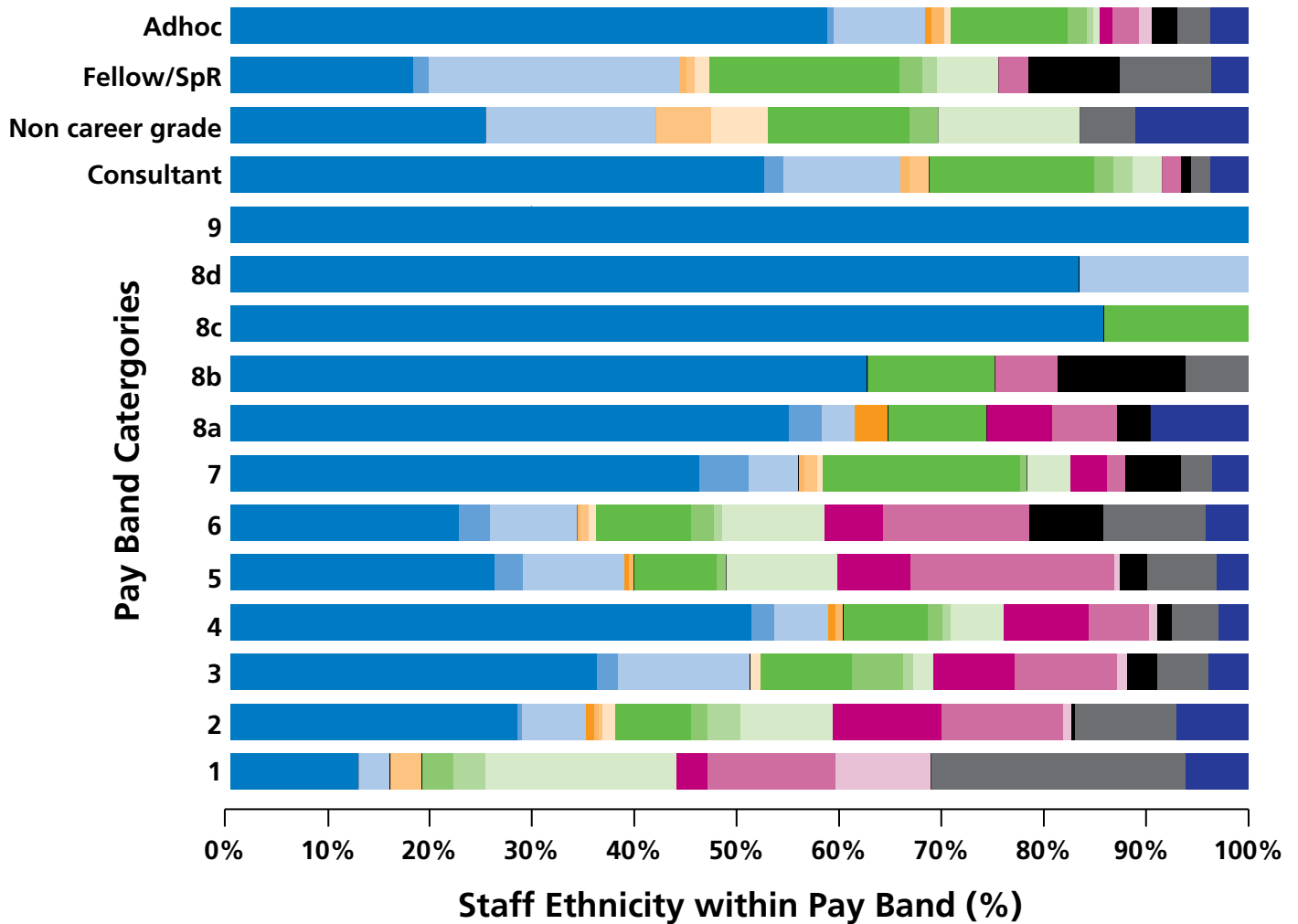
Consultant grades have traditionally been male dominated and due to low levels of attrition, this has been hard to rectify. However over the last two years more women than men have been appointed to consultant positions (as they become available). Last year 4 out of 6 Consultant positions went to women, and 5 out of 9 positions went to women the previous year. We therefore expect to see greater gender balance in the future.

65% of senior managerial staff (bands 8a to 9) are 'White British' out of a total of 36% across the total workforce. This indicates ethnic minorities are under-represented in more senior management positions. The BEL development programme alone will not be enough to rectify this, and the Trust is committed to finding ways to improve this.

Pay band distribution – Gender



Pay band distribution – Ethnicity



- White - British
- White - Irish
- White - AOB*
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - AOB*
- Mixed - White & Black - Caribbean
- Mixed - White & Black - African
- Mixed - White & Asian
- Mixed - AOB*
- Black or Black British - Caribbean
- Black or Black British - African
- Black or Black British - AOB*
- Other Ethnic Group - Chinese
- Other Ethnic Group - AOB*
- Undisclosed

* Any other related background

EMPLOYEE RELATIONS

Although we have relatively few cases a number of trends emerge in analysis of grievance & disciplinary and bullying & harassment. These are being monitored closely to better understand any underlying causes. Two examples are:

- We have a disproportionate number of male, Afro-Caribbean staff subject to disciplinary meetings compared to the workforce as a whole
- All cases of harassment/bullying were logged by females and the allegations were against females



DISABILITY

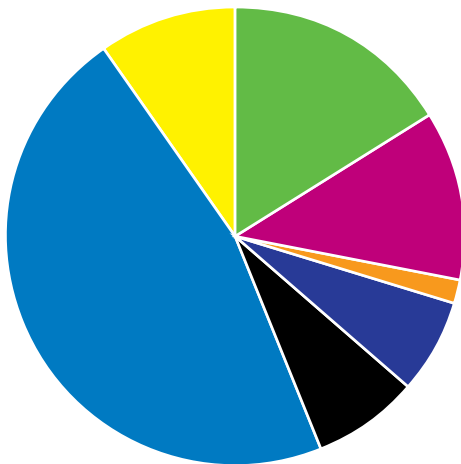
Our ongoing positive commitment to supporting the employment, retention, training and career development of disabled people is demonstrated by securing and retaining the “Positive about Disabled People two ticks” award.

This has been achieved through a range of initiatives including interviewing all disabled job applicants who meet short-listing criteria, development reviews for disabled staff, work-based assessments and provision

of equipment and adaptations to support staff in carrying out their role and flexible working arrangements.

We currently monitor disability for our applicants and have started to collect data on the disability of our workforce. Improving monitoring of existing staff is recognised as a priority in order for us to understand their needs.

Applications – Disability by Ethnicity



■ Asian or Asian British	16.3%
■ Black or Black British	11.9%
■ Mixed	1.5%
■ Not stated	6.8%
■ Other Ethnic groups	7.6%
■ White	46.3%
■ No data	9.5%

SEXUAL ORIENTATION

We currently monitor the sexual orientation of our applicants.

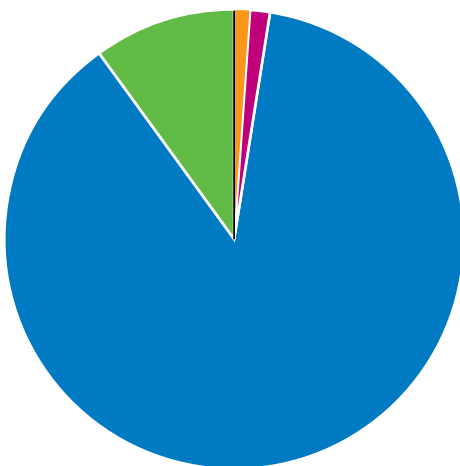
We have collected data on the sexual orientation of our workforce for the last three years. This means we have records for only 6.5% of our staff. This is currently too few for us to conduct meaningful analysis. Improving monitoring of existing staff is recognised as a priority in order for us to understand their needs.

TRANSGENDER AND TRANSEXUAL PEOPLE

Discrimination against transsexual people is unlawful under the Sex Discrimination Act 1975 as amended and the Gender Reassignment Regulations 1999. Consideration of whether practices within the Trust might disadvantage transgender and transsexual people is included in the equality impact assessment of policies.

Dissemination of good practice in relation to transgender and transsexual issues as set out in 'Trans: A practical guide for the NHS' will be incorporated into future equality and diversity training.

Applications – Sexual Orientation



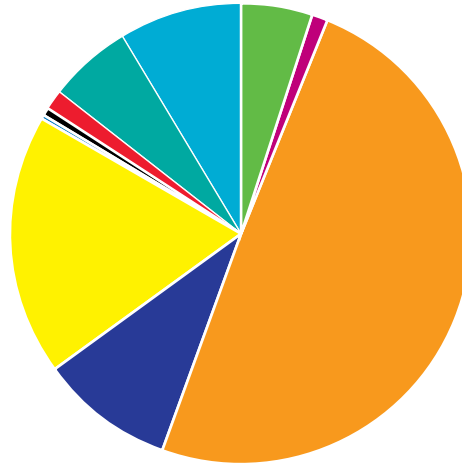
 Lesbian	7
 Gay	46
 Bisexual	50
 Hetrosexual	3,494
 Undisclosed	396

**RELIGION
& BELIEF**

We are committed to provide equal opportunities to staff and patients of all faiths and to respect each person’s spiritual journey.

We currently monitor the religion & belief of our applicants. We have collected data on the religion & belief of our workforce for the last three years. This means we have records for only 7.1% of our staff. This is currently too few for us to conduct meaningful analysis. Improving monitoring of existing staff is recognised as a priority in order for us to understand their needs.

**Applications –
Religion and Belief**



■ Atheism	208
■ Buddhism	43
■ Christianity	1,969
■ Hinduism	384
■ Islam	729
■ Jainism	16
■ Judaism	12
■ Sikhism	63
■ Other	227
■ Undisclosed	342

Engagement

ENGAGING PATIENTS

To support equality & diversity activity we have developed lots of ways to talk to and hear from our patients and community.

We have a number of different survey mechanisms, including:

- Patient Experience Tracker Devices. These are hand held devices in all our main clinical areas that enables us to ask key questions about our service and include a question on whether the patient has been treated well. There is a high response rate of about thirty thousand per year
- NHS Out-patient Picker Surveys which enable us to track and check feedback on service provision by the ethnic minority of our patients
- Letters are sent to between 1700-1800 patients per month asking for feedback on their treatment
- A Moorfield's Minute Survey which investigates whether in-patients would recommend us to another service user
- Comments boxes are available in all patient areas
- Patients are also able to leave comments on the internet e.g. NHS Choices or volunteer to be part of the patient narrative / story programme

Of the above, only the Out-patient Picker Survey enables us to analyse feedback by protected characteristic, this is something we are currently exploring.

The key issues that emerge in surveys are:

- Waiting times
- Communication challenges particularly around anticipating information patients may need

We operate a Patient Advice and Liaison Service (PALS), which deals with a wide range of enquiries from patients, carers and members of the public. PALS helps to ensure that our services are easy to access and are better at meeting people's needs and help us to ensure that we are more responsive to the communities we serve. PALS liaises with service user representatives across the Trust in order to map, progress and track issues that patients raise concerning their experiences.

We also have a number of working groups and committees, including:

A PATIENT EXPERIENCE COMMITTEE

Our Patient Experience Committee (PEC) includes senior management, patient representatives and Patient Governors and a Non Executive Director. The committee looks at patient data to identify and respond to areas of concern and has an action plan to improve the patient experience across the trust. This includes close analysis of complaints which are assessed for potential discrimination.

DIGNITY FOCUS GROUP

Our Dignity Focus Group includes representatives from across the Trust, including patients, nursing and medical staff, satellite clinics and non-medical departments. It considers equality and diversity from a 'dignity' perspective and is led by the Trust's Dignity & Respect Champion who is one of the Trust's Nurse Matrons. Members of the group are encouraged to bring up issues and to share good practice. The group reports to the Patient Experience Committee, the main conduit for reviewing the patient experience.

Work to date has included reviewing violence and unacceptable behaviour communications, creation of a 'Code of Behaviour', improving facilities for people who wish to pray, introducing new theatre gowns and improvements in the quality and range of beverages available to patients on wards. We are currently reviewing procedures around breaking bad news to patients and their families (acknowledging cultural differences) and are developing a 'dignity' pocket prompt for distribution to staff in their pay slips this summer.

Other groups we engage with include:

- North Central London Learning Disability Summit
- Islington Safeguarding Adults and Children Boards
- North Central London Learning Disabilities Forum

Islington Safeguarding Children's Board (ISCB) is a key statutory mechanism for agreeing how relevant organisations within the borough will co-operate to safeguard and promote the welfare of children in the locality and to ensure effectiveness in what they do. The board has a set of annual priorities and organisations are expected to work to these priorities. The board monitors progress via reporting mechanisms.

There is also the opportunity for organisations to report to the board any particular challenges and, as a collective, the board can act as a lever for change.

Feedback on board activity is communicated to the Trust's safeguarding group and is a standing item on the agenda. The priorities are also included in the group's work plan

Essentially, the same applies for safeguarding adults, but this is not yet a statutory board although the systems and processes are similar.

Staff receive training and support materials to help them support and spot vulnerable adults. A 'Pause, Think, Act' booklet has been distributed widely advising staff who they should contact if they suspect e.g. domestic abuse or want to know how to help patients with learning disabilities

North Central London Learning Disabilities Forum is a forum for about 65 staff who have undertaken

specific training in Learning Disability or Dementia, and are Learning Disability Champions for their areas. The meetings look at how Learning Disability and Dementia policies are functioning in situ and will inform a review we are planning to carry out. The forum also provides an opportunity to exchange experiences and discuss the latest guidance, legislation, wider training and to report back on general safeguarding issues.

Other Trust partners include:

- Diabetes UK; and
- Royal National Institute for the Blind (RNIB)

For our workforce, our 'Improving Working Lives' group supports a staff focus on equality and diversity issues, this is backed by a range of surveys and other mechanisms that enable us to hear staff concerns, and share solutions.

Our theatre gowns were one size fits all but nurses increasingly recognised this didn't suit the majority of patients as gowns were either too small for some, or too big for others, and were particularly unacceptable to patients who have religious requirements. The gowns we have now introduced come in different sizes and we have had brilliant feedback from Muslim women who have welcomed the longer sleeves.

IMPROVING WORKING LIVES GROUP

The 'Improving Working Lives' group meets at least once a quarter and works with employees to identify issues that matter to them. Its aim is to ensure Moorfields remains a great place to work. Key areas of focus include issues around wellbeing, management style and employee recognition. In addition it engages managers to address issues raised in the staff survey. Membership is drawn from across the Trust and includes a staff governor.



In addition, two ad hoc groups with a specific focus on equality issues are convened as and when expert input is required. These include:

- A Disability Focus Group; and
- An Equality Network Group (ENG)

Further staff engagement is achieved through:

- The Joint Staff Consultative Committee
- The Local Negotiating Committee
- A staff survey
- Other channels, which include open sessions with our Chief Executive held every other month at City Road and at least once a year in satellite locations; a weekly staff update via an email link taking people to the intranet; our in-house magazine 'Review' which goes out every other month in hard copy and is posted on the intranet; departmental and service planning meetings; ad-hoc working parties, focus groups and project groups

MEMBERS AND GOVERNORS

Our membership provides a huge opportunity for us to talk to and learn from the communities we serve and meetings and events with members take place across the region.

Our magazine *In Focus* magazine goes out quarterly to all Trust members informing them on developments in the Trust, featuring information on health issues and inviting feedback on our services.

Our Annual General Meeting is open to all members, with tickets allocated on a 'first come/first served' basis. Members are invited to ask questions and raise issues of concern. Our last two meetings have attracted around 200 members.

ENGAGEMENT IN PRACTICE

To provide a flavour of some of our engagement activity, some examples are provided below:

- Our satellite clinics in Ealing and Tottenham have been working closely with the Asian, Afro-Caribbean and Cypriot communities on diabetes and glaucoma
- We encourage and enable our staff to provide expertise and support to charities like Diabetes UK and the RNIB

- The refurbishment of our chapel has involved a survey of its use and consultation on changes planned with its users

In addition, we run a number of events in the community aimed at raising awareness of our services, and health issues more widely. For example:

- We contribute to national/international events such as World Sight Day, World Glaucoma Day and National Eye Health Week
- We run regular health promotion stalls in our main reception at City Road
- We support a Birdshot retinopathy patient information day with the Birdshot Uveitis Support group
- We run a Glaucoma patient day
- We support a 'Glaucoma, genes and me' day
- We host an Art exhibition, featuring tactile arts appropriate to the visually impaired, and we've now set up an arts group to look at this issue more generally
- We are planning launch events for our new services in Bedford North Wing and at Barking, designed to alert local communities to our services and the fact that they can access them closer to home

Conclusions

This exercise has enabled us to review equality, diversity and inclusion activity across the Trust, to consider what we do well, and what we could improve.

Overall, we recognise that by taking a patient centred approach, we are already thinking about how we support patients with disabilities, particularly visual impairments and those with learning difficulties. Further, given our specialism, we already recognise the need to support our older patients (particularly those suffering from dementia), and local ethnic minority communities where there are higher incidents of diseases such as diabetes and glaucoma.

An audit of equality and diversity related activity across the Trust reveals some really good practice, but it also reveals a number of gaps which we are working to address.

We have identified, and can evidence, that staff are empowered to raise concerns around the way patients have been or should be treated, and around the way they or colleagues have been treated. We have records of complaints and clear processes in place for dealing with both informal and formal complaints on behalf of patients which leads to change. In many cases improvements made to patient care have equality and diversity foundations, though this may not have been fully recognised.

Any visitor to the Trust taking a look at either our staff or patients could confidently say we look and feel inclusive, but we don't currently collect all the data we need to demonstrate this more widely. Currently, we don't monitor across all the protected characteristics in a way that will enable us to spot and investigate any unusual trends, particularly around less visible difference. This is of concern and we are actively working on improving this. This is likely to be a priority in the objectives we set ourselves in April 2012.

Further we want to build on and extend successful programmes with local communities around our satellite clinics.

As we develop objectives for publication in April, we will consult with patients and staff to ensure our Equality & Diversity strategy and objectives, prioritise the areas we know we need to improve.

TIMELINE FOR FUTURE ACTIVITIES

Over the next two months (February/ March 2012) we will hold focus groups with patients, community representatives and staff in order to help us to develop appropriate equality & diversity objectives.

We will publish our objectives in April 2012.



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