



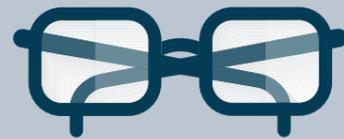
Focus on Inclusion

2018

A publication about equality, diversity
and inclusion at Moorfields Eye Hospital
NHS Foundation Trust

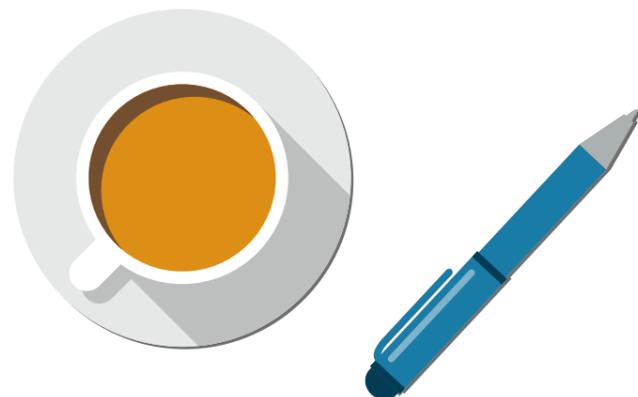
Working together to discover, develop
and deliver the best eye care

00.
If you only read this



Inclusion is integral to everything we do at Moorfields. This year we published our revised strategy with the help of staff, patients, partners and other key stakeholders and defined our purpose as “working together to discover, develop and deliver the best eye care”.

Throughout this year we have continued to embed an understanding and commitment to equality, diversity and inclusion (EDI) into everyday life at Moorfields and we are pleased to present what we have achieved in 2017.



Throughout the report, we have used the icons below to help you connect the stories we tell with our EDI objectives.

		
patient objective	staff objective	community objective
<ul style="list-style-type: none">Involved our patients in the design of their care and in research	<ul style="list-style-type: none">Advanced our plans to create a positive and safe working environment	<ul style="list-style-type: none">Developed leaflets for pharmacy staff and patients to use their medication
Actively engaged our patients, staff and communities and partners in the design of our new trust strategy and our new quality strategy.		

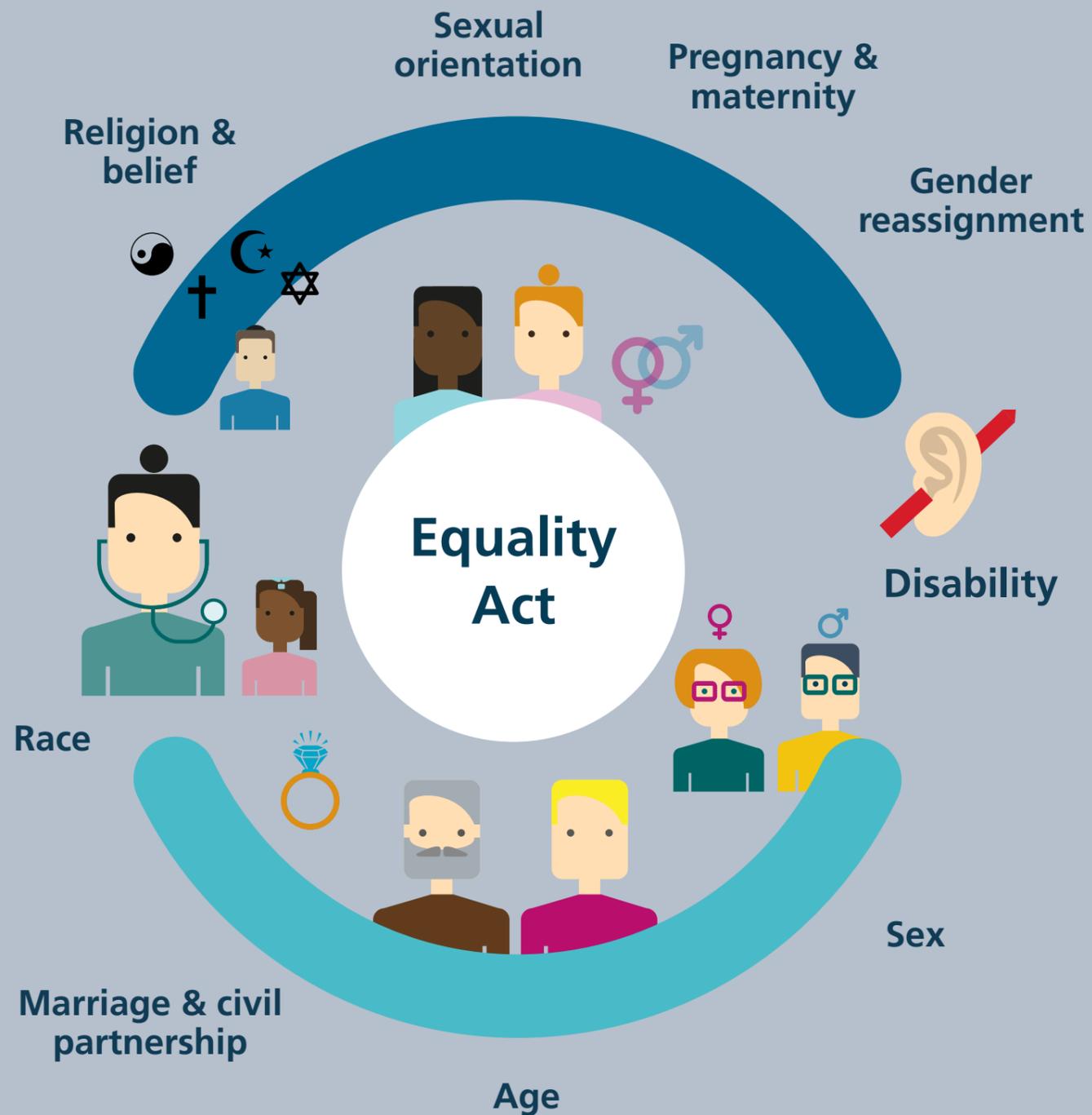
What follows is a selection of all of our work on EDI over the last year.

Contents

00. If you only read this	02
01. Working together	09
02. Discover	15
03. Develop	19
04. Deliver	25
05. Conclusion	31
06. Our Equality, Diversity and Inclusion data	33

Equality, Diversity and Inclusion for

- Our patients
- Our staff
- Our communities



Moorfields equality objectives

In 2016, we set our equality objectives.

 To improve the equality outcomes for patients, carers and visitors we commit to:

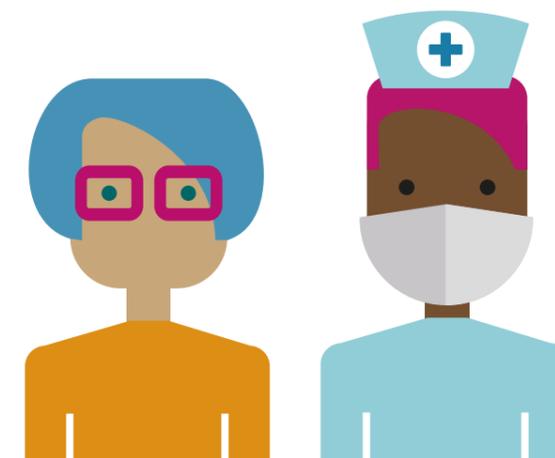
- Improving the experience of people identified by the protected characteristics when waiting for their appointment
- Making information more accessible and specific to patients who have a clinical need.

 To improve the equality outcomes for our workforce we commit to:

- Increasing the diversity of people in leadership and management roles
- Building a strong and positive culture of inclusion
- Improving collection of equality data.

 To share our leadership of inclusion across our community we commit to:

- Broadening our reach to voluntary partners in order to gain different perspectives.



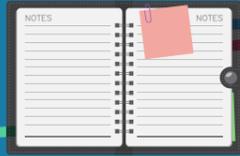
Next year, we plan to review our EDI objectives and align them with our new refreshed strategy.

The Moorfields Way
four commitments.



CARING

we care about
our patients, our
people and the
health system



ORGANISED

we ensure we
manage services
well



EXCELLENT

we are a world
leading eye
care provider



INCLUSIVE

we are open and
seek to involve a
range of opinions



Patient, staff & community objectives

01. Working together

Moorfields' strategy development

Working together is at the core of our overall strategy. By being more inclusive of our staff, patients and communities we are enhancing the quality of the outcomes that we deliver.

Over the last year, we have continued to work together to make The Moorfields Way an everyday reality. The revision of our strategy is a great example of it.

We revised the strategy by actively partnering with the Institute of Ophthalmology and involving patients, staff, carers, and our other stakeholders in its development.

We invited them to participate in developing the strategy and listened to them. Once we had distilled the ideas, we reflected them back to make sure we had really heard what people had to say. We use their feedback to set up our shared vision and our 8 objectives:

<http://www.moorfields.nhs.uk/content/strategy-and-priorities>

We believe this inclusive approach has enabled us to create a strategy that is ambitious and achievable, and reflects the needs of our patients and staff whilst maintaining our position as a world leader in eye care.

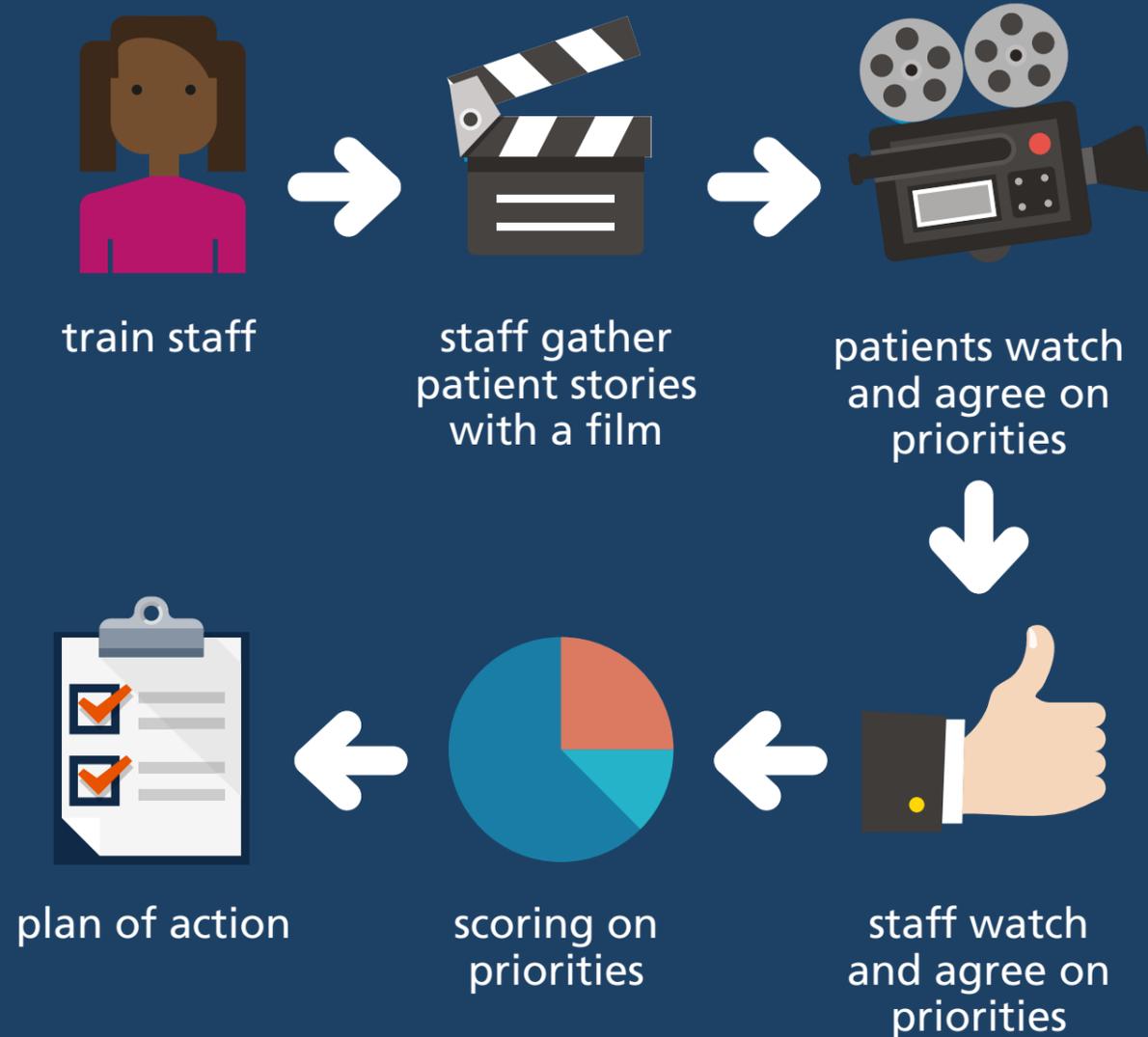
Watch the video to see what our strategy is and how we developed it.



This project gives an opportunity to our patients and their carers to provide feedback on their experience and helps us improve our care. Our staff received training on engaging patients to ensure both parties have confidence in the process. The project is built on the

value of inclusivity and enabling people to come together to give constructive feedback.

This inclusive approach helps in meeting our EDI patient objective.



Patient objective

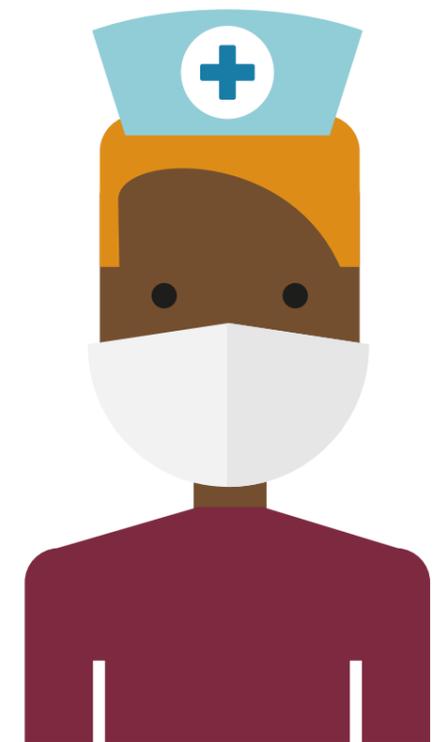
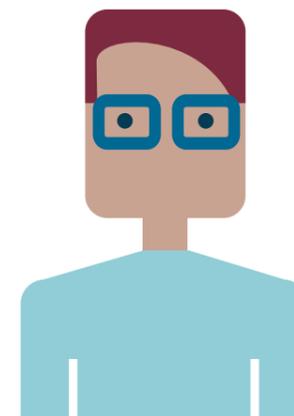
Working together for better care – experience based co-design

Working together means involving our patients so we can deliver the best care for them and make them feel included in the process.

This year, we have started implementing experience-based co-design.

“It is an approach that enables staff and patients to co-design services and care pathways together in partnership.”

“What is experience-based co-design?”





Staff objective

Creating an inclusive culture - a positive and safe environment

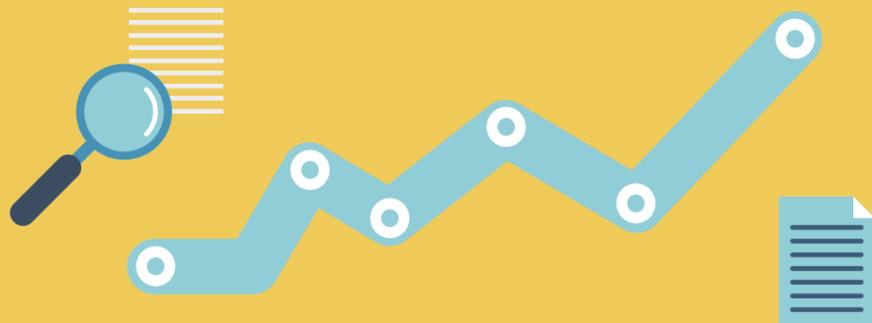
To maintain and enhance our working environment we have in place robust systems for staff to report issues confidentially and this year we have:

- Discussed the staff survey data with our two staff networks BeMoor* and MoorAbility** to help us better understand the issues faced by our Black and Minority Ethnic (BME) staff and staff with a disability or long term health condition. Find out more on page 28-29.
- Our chief executive, David Probert shared messages in his monthly staff blog and at his all staff monthly briefings demonstrating his commitment to making Moorfields a bullying and harassment free place.

*BeMoor is our race and nationality staff network

**Moorability is our disability and long term health conditions staff network

- With our unions, we are setting up collective solutions. This includes, staff training and revitalising the role of our contact colleagues, who provide support to staff with bullying and harassment concerns. They will receive a recognized qualification so they can provide a professional service.
- We are doing some further research in parts of Moorfields to understand any issues and co-create solutions to ensure all staff work in a positive and safe environment.



Patient objective

02. Discover

Engaging patients in Research

Part of our core purpose is to “discover the best eye care”. To achieve the best outcomes for eye health, we involve our patients and their families in helping us to prioritise research and improve its relevancy and acceptability.

- Worked with patients and family to design a research day for Stargardt disease, that truly reflected their needs and wants for information, promoted active communication with researchers and provided a first opportunity for many to meet others with the condition

The National Institute for Health Research (NIHR) Biomedical Research Centre at Moorfields Eye Hospital NHS Foundation Trust and UCL Institute of Ophthalmology, support researchers and the public in working effectively. Together, in the last year, we have:

- Involved patients in developing a study to determine whether people with glaucoma might have higher rates of low mood than those with reversible sight loss. This will help inform future patient care.

- Supported ‘eating for eye health’, an award-winning project designed to raise awareness of the benefits of good nutrition for people with dry age-related macular degeneration (AMD); diet being a priority area for research and advice for people with AMD.



Celebrating our great people – telling our stories

In 2017 we have developed a webpage that showcases some of our staff and their careers. The page explores what inspired these colleagues to work at Moorfields and what they love about working here.

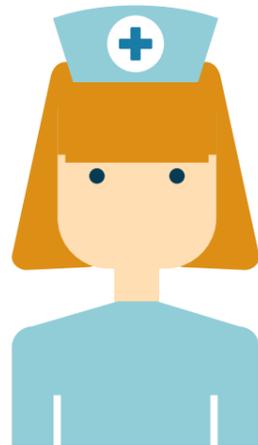
We know it is important for everyone to get inspiration from others and to see role models in different parts of the organisation.

Read more about our staff here: <http://www.moorfields.nhs.uk/content/our-stories>

“The best thing is getting acknowledgement from patients and compliments from my workmates.”



“Each day is a learning opportunity and each patient whose quality of life we improve is the perfect job satisfaction.”



In 2018, we will present stories on other professions across Moorfields to continue to raise career aspirations, hear the stories of more of our colleagues and learn from role models.

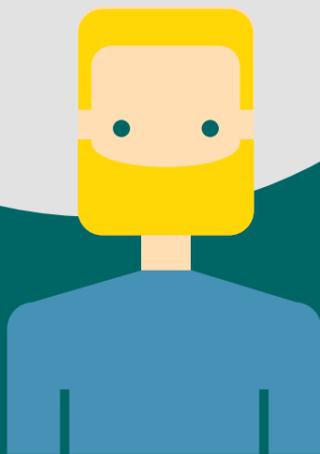
“The most rewarding thing is to see my patients happy.”



“Challenging, being flexible and adapting to new situations. No two days are the same!”



“Patient recognition and wellbeing is what makes you go home with a smile feeling fulfilled.”





patient & staff objective

03. Develop

#KnowYourDrops – challenging assumptions

At Moorfields we want to develop the best eye care, inclusion is at the heart of this purpose. In summer 2016, the pharmacy team launched a campaign to promote and encourage good eye drops compliance and provide support to patients, carers and staff regarding best techniques for administering eye drops.

This campaign has been well received and is still ongoing. It is having a great impact, especially on improving quality of care and patient/carer quality of life. It has allowed the team involved and the consultants to challenge their assumptions about patients and how or whether they will be confident in effective use of their eye drops.

This is a great example of The Moorfields Way and of ensuring that we are caring, organised, excellent and inclusive.

The team involved with the programme noticed that simple techniques like phrasing questions about the use of eye drops differently, made the significant difference in enabling patients to be more open about their eye care.

They also noticed that we sometimes make assumptions, whether consciously or not, about our patients and their care. By challenging these assumptions, we can provide better health care to our patients.

“Very helpful and friendly. I feel more confident in using my drops as I know the correct way to put them in.”

“The campaign is an excellent resource for staff education and patients. It was highly informative, good to play around with the devices and talk as a group about barriers for patients.”



Partnership with the RNIB to better support patients nationally

To develop the best eye care nationally, our pharmacy team collaborated with the Royal National Institute of Blind People (RNIB) to enable better support for patients with sight loss using pharmacy service nationally

This project was initiated after an RNIB survey found that 85% of blind and partially sighted people found it difficult or impossible to read information printed on medicine labels. Another survey found that a majority of pharmacists assumed that the patient could read the label. The project was also in response to the NHS Accessible Information Standard introduced last year.

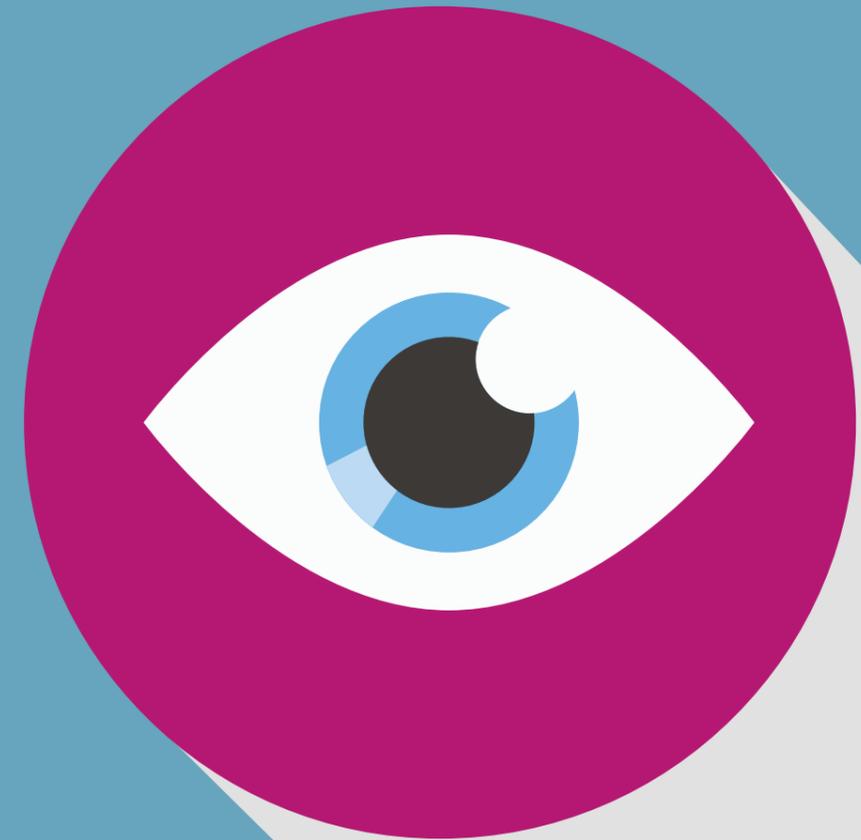
As a result of this partnership work, we developed two factsheets with the RNIB:

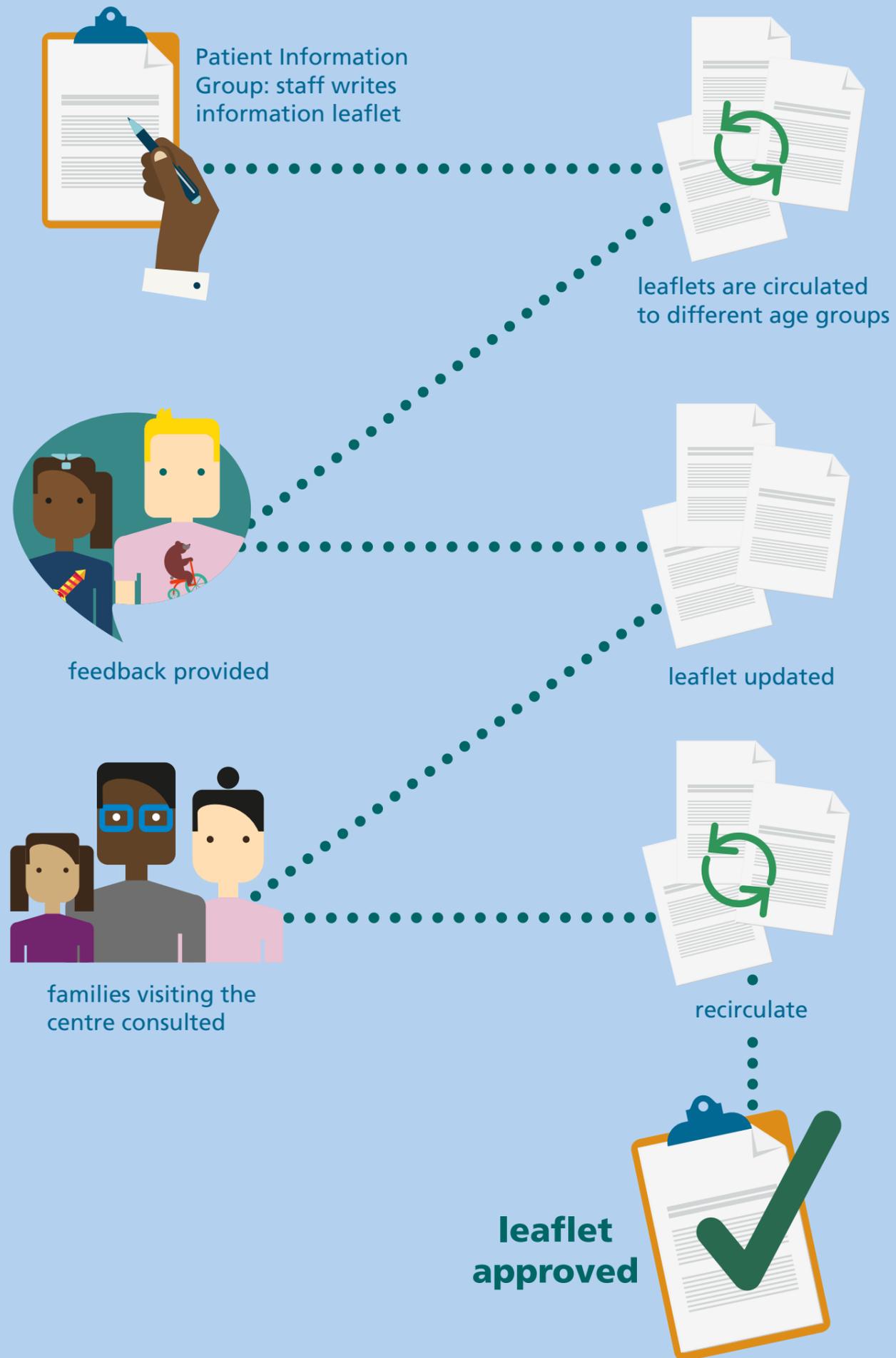
- The first factsheet provides guidance for pharmacy staff about what a person with sight loss might need from a pharmacy team and how to provide this support.
- The second, provides support for blind and partially sighted people in getting the most from their pharmacy service.



85%

of blind and partially sighted people found it difficult or impossible to read information printed on medicine labels





Patient objectives

Patient information group in our children hospital

This year, we report on the work of the Richard Desmond Children's Centre. Our centre is involving its patients to increase the standard of the quality of care to an even higher level. We were particularly delighted that our children's and young people's services were rated as Outstanding in the Care and Quality Commission (CQC) inspection.

The CQC report noted that:

We believe that patients feeling empowered is crucial to our inclusive culture. As an example, the centre has developed a patient information group to advise the team who create the information leaflets. The aim is to ensure that information provided to patients is accessible for all age groups and easy to understand. This also applies to patients with learning disabilities.

"Complex conditions and procedures were explained to children and young people in a way that enabled them to gain a full understanding of their treatment plan and take an active role in decision making."



Patient objective

04. Deliver

Inclusion for quality of care –
our journey to excellence

The fourth core element of our new strategy is to deliver the best eye care.

This year, we have been working hard to engage with staff, patients and communities to review our quality strategy, which looks after patients' experience, safety and outcomes.

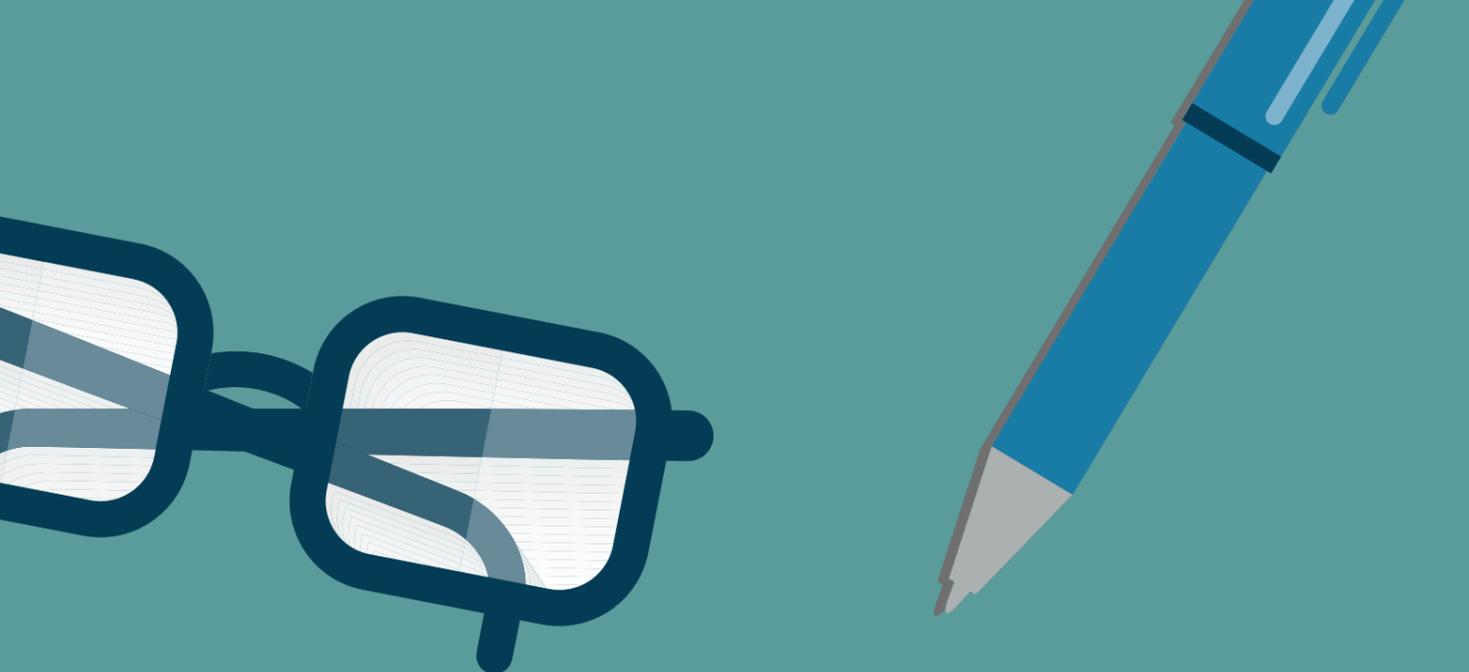
Inclusion is at the core of our new quality strategy, in particular as one of our key priorities is to enable people to feel they "can make a difference". Our ambition is to become an outstanding CQC rated organisation; inclusion is essential to this journey for our patients, staff and communities.

Our quality strategy was launched at our Clinical Governance half day conference. All staff from Moorfields were invited to take part. The aim of the session was to empower staff to go beyond their assumptions and to put into practice inclusive behaviours to ensure we provide the best care. Staff discussed what are inclusive behaviours and how they could support them in providing better care. We want to make sure we see the patient behind the eyes.

"We want quality to be our core philosophy for delivering eye care to our patients and to be at the heart of every decision we make."

David Probert, chief executive





Staff objective

Embedding The Moorfields Way for our staff

We know The Moorfields Way is making an impact on how we perform. Our CQC report quoted on:

Staff felt empowered to make suggestions, consider the impact of their actions and bring about positive changes.

“Staff were keen to discuss ‘The Moorfields Way’ in relation to making our care organised, excellent and inclusive. Staff told us that their appraisals focused around these values. We asked staff how these values contributed to their day-to-day work and staff were able to demonstrate these values in action.”

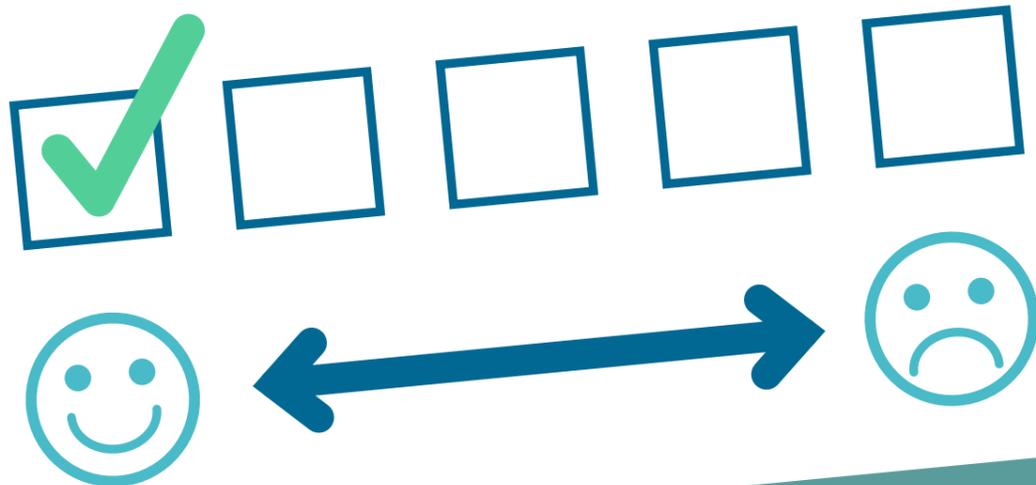
CQC report

One outcome of this exercise has been the increase in the uptake of the Family and Friends Test being completed by patients. Staff made recommendations on how to change the process, they were listened to and the ideas adopted. The ideas from colleagues helped us to achieve our desired outcome of increased measurement of the experience of family and friends. This then allows us to improve the care we provide.

The administration team at Moorfields Eye Centre at Bedford Hospital has been implementing The Moorfields Way. The team ran workshops on how they bring The Moorfields Way to life in their day to day work.

That is The Moorfields Way in practice, it is about giving people confidence to share their ideas, do things differently, and make a difference, whilst working together.

The friends and family test

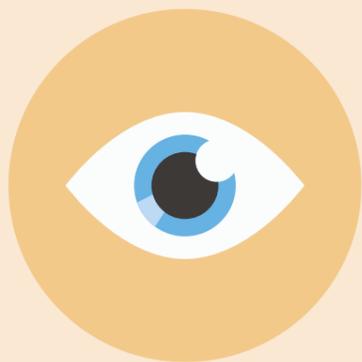




Moorfields staff networks

Last year, we spoke about the launch of our first staff network 'MoorAbility.'

The network's activity has been focused around:



Awareness



Empowerment



Systemic change

- Conducting awareness raising sessions
- Leading on the celebration of the trust wide disability day in July

- Creation of an intranet page highlighting the experience and aspirations of staff
- Supporting staff access training designed specifically to support staff with an impairment

- Participation in the delivery of the new Accessibility Information Standard
- Contributing ideas towards how the Trust can support people with a disability to access employment opportunities.

In 2017, MoorAbility conducted 1 on 1 conversations with over 350 staff to discuss the impact of disability and what needs to change.

This year we have expanded our staff networks, we know they are adding a real value to people working here and are helping to make people feel more included.

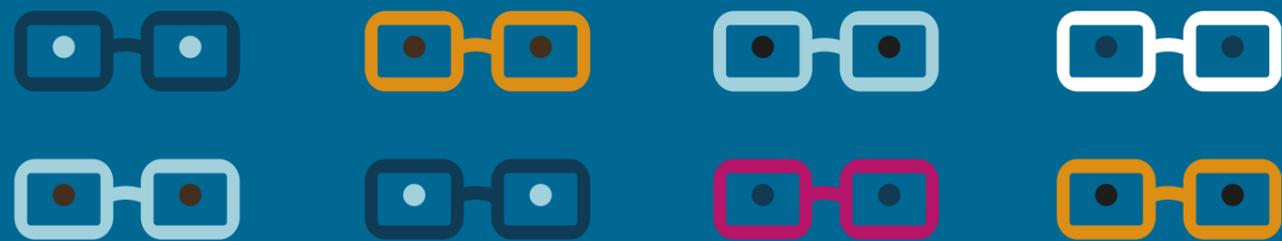
In October 2017, we launched BeMoor – our race and nationality staff network. The network participated in and supported the recruitment of new contact partners, which will provide support in tackling bullying and harassment. The network is currently looking at training and development support for staff.

BeMoor will focus on:

- Promoting fairness and equal opportunity in recruitment, training and promotion
- Building an inclusive and representative leadership for the Trust
- Supporting maintaining and enhancing a positive and safe work environment
- Increasing the reach and depth of staff engagement and promoting a culture of openness.

Staff networks are a fantastic way to harness and cultivate the diversity of our staff, their innovation as well as creating a culture of inclusion. During the course of 2018 we hope to launch more staff networks.

In 2018, we plan to do more work to align our equality, diversity and inclusion objectives to the Moorfields' strategy.



05. Conclusion

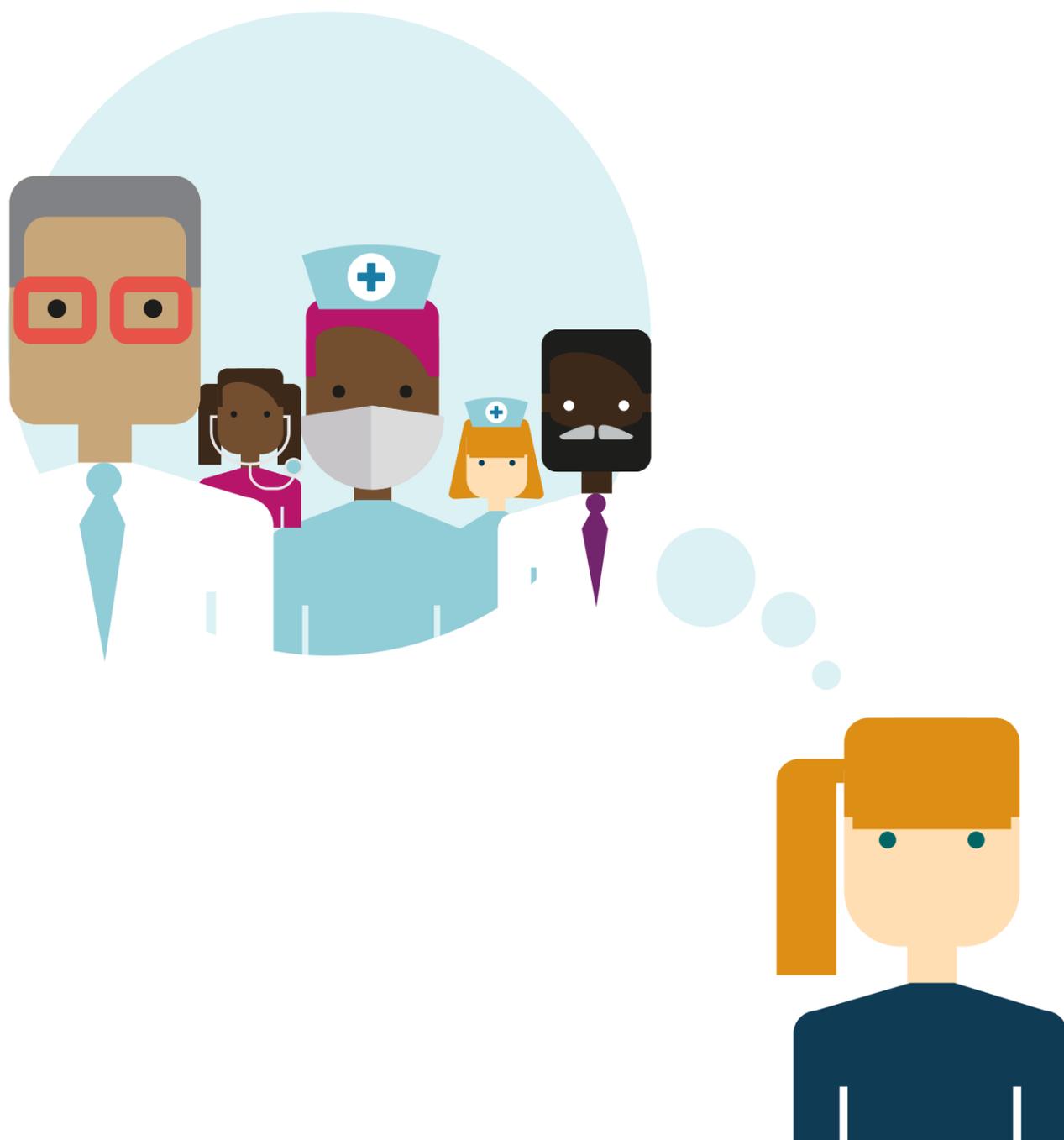
We hope that throughout these stories you are able to see how equality, diversity and inclusion are at the heart of everything we do, but most importantly support us in reaching our core belief:

We know we still have a lot to do, we will focus on creating a culture where our staff, our patients and our partners feel valued.



“I would like to extend my thanks to the following staff when I attended A&E on 15/01/17, the staff are professional, helpful, caring and supportive, a good quality service of high standard”.

patient feedback



06. Our Diversity Data

Data is at the heart of our decision-making process whether for staff, patients, communities or the services we provide.

It is really important for us to have this information, to ensure we know we reach our communities and provide the best care.

We continue to improve our data quality and disclosure rates so we can enhance the quality of service we provide.

We feel very proud that in the first half of 2017, our Friends and Family Test told us that over 95% of patients would recommend us whether for day care, outpatients or Accident and Emergency.

In 2017, the Secretary of State for Health congratulated us for our exceptional Friends and Family results.

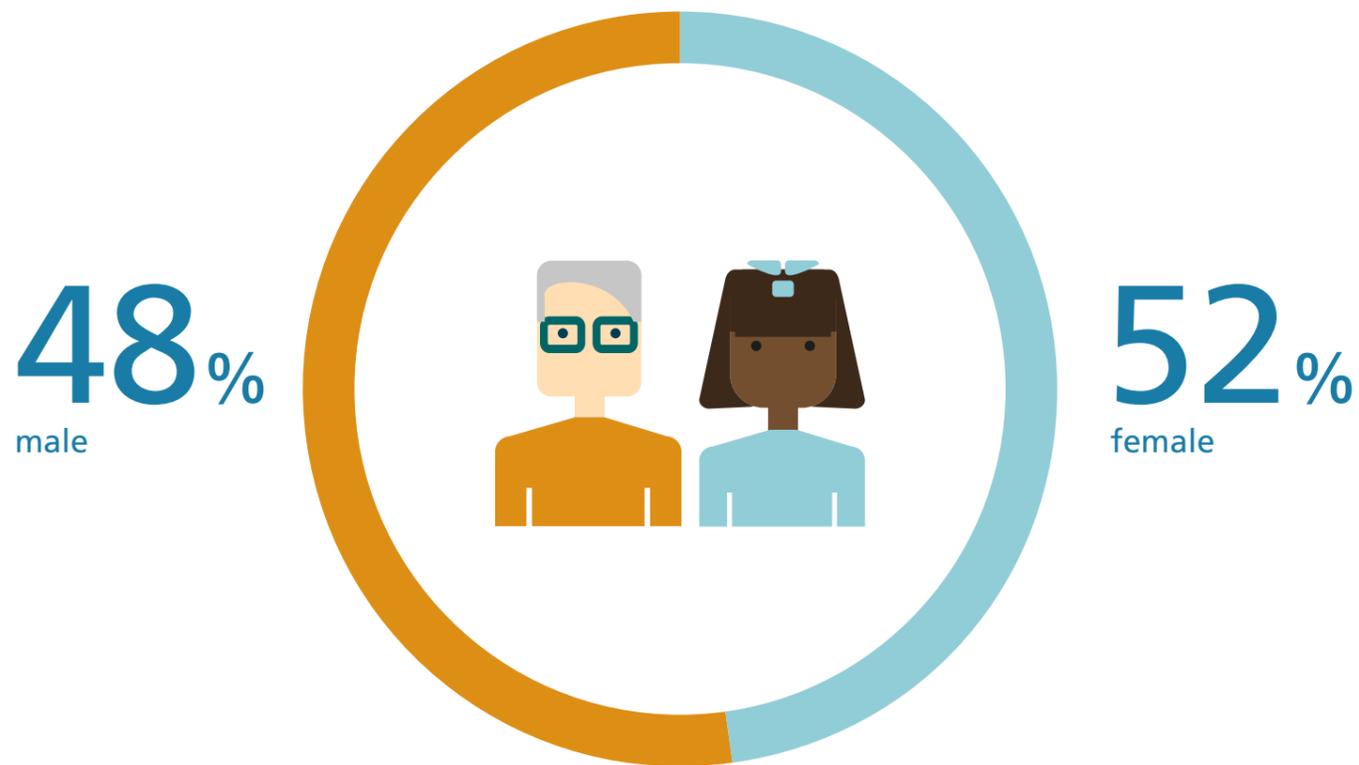
/ Patients

Accident & Emergency

Between October 2016 and October 2017, 79,257 patients attended A&E. Note: these patients may have attended more than once that year.

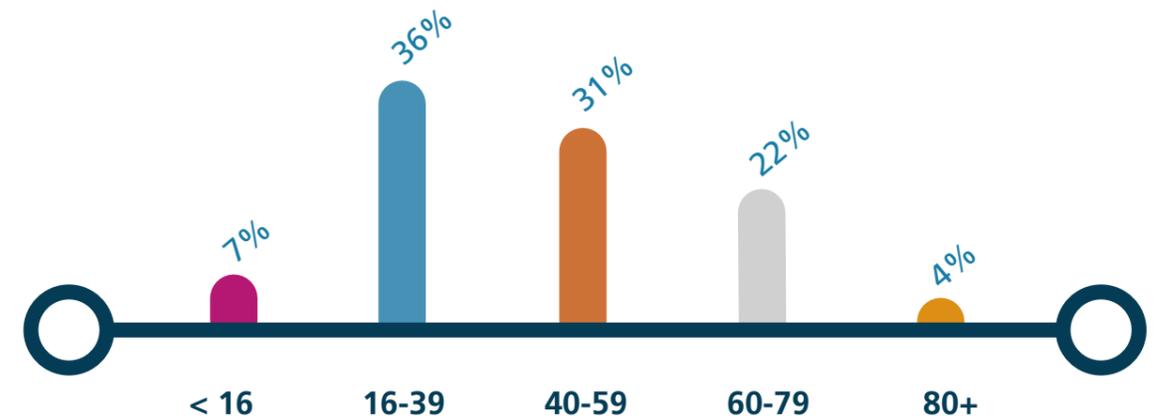
A&E attendance by gender

There has been no change in the proportion of male and female patients attending A&E compared with 2015 and 2016.



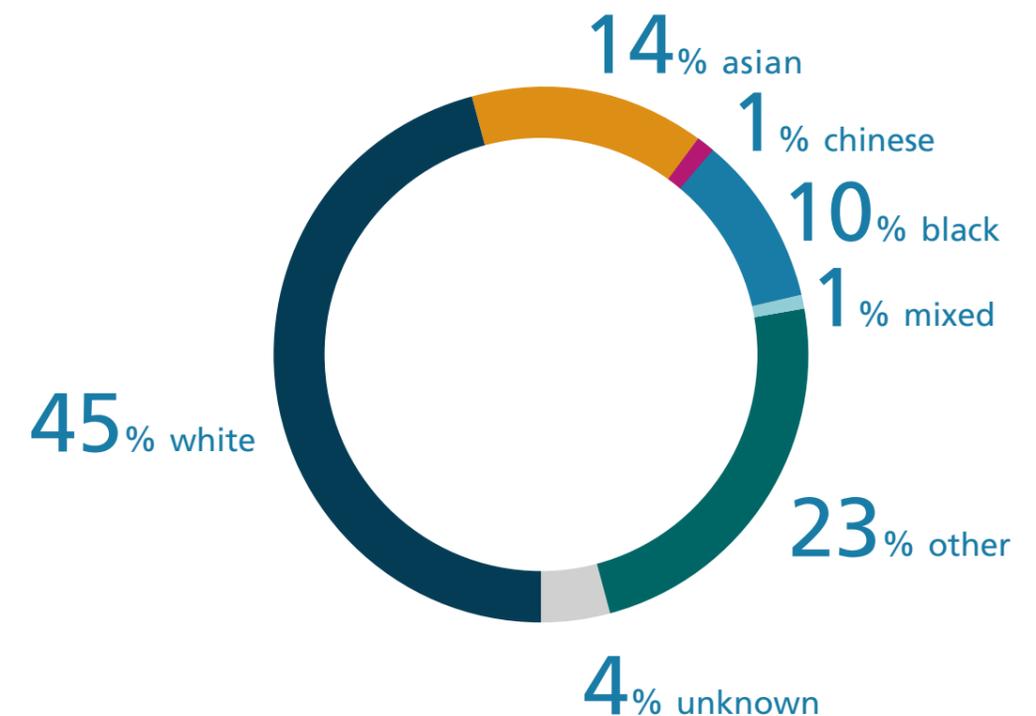
A&E attendance by age group

There has been no variation in the attendance of patients of different age groups when since last year.



A&E attendance by ethnicity

There has been little change in terms of the ethnic background of patients attending A&E in the past two years. The proportion of patients with unknown data has increased since last year. This is fairly representative of the London population by ethnic groups (2011 Census).



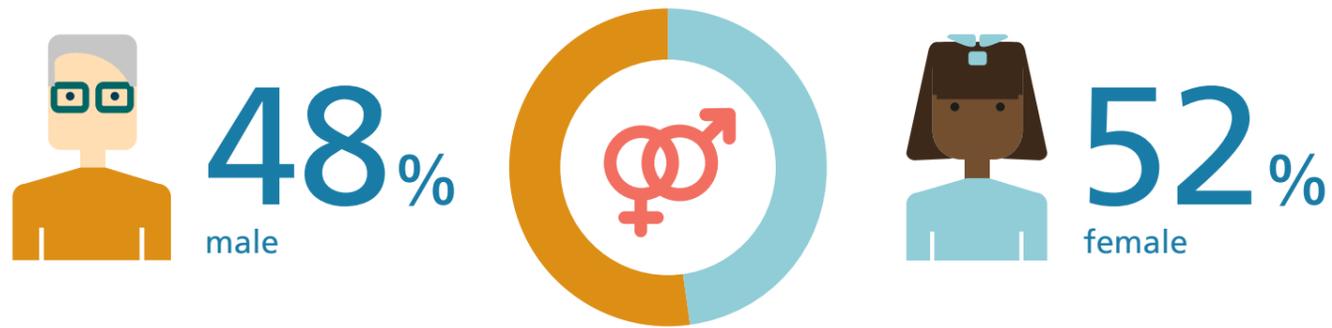


Inpatients

Between October 2016 and October 2017, Moorfields received 28,272 inpatients. Note: these patients may have attended more than once that year.

Inpatients by gender

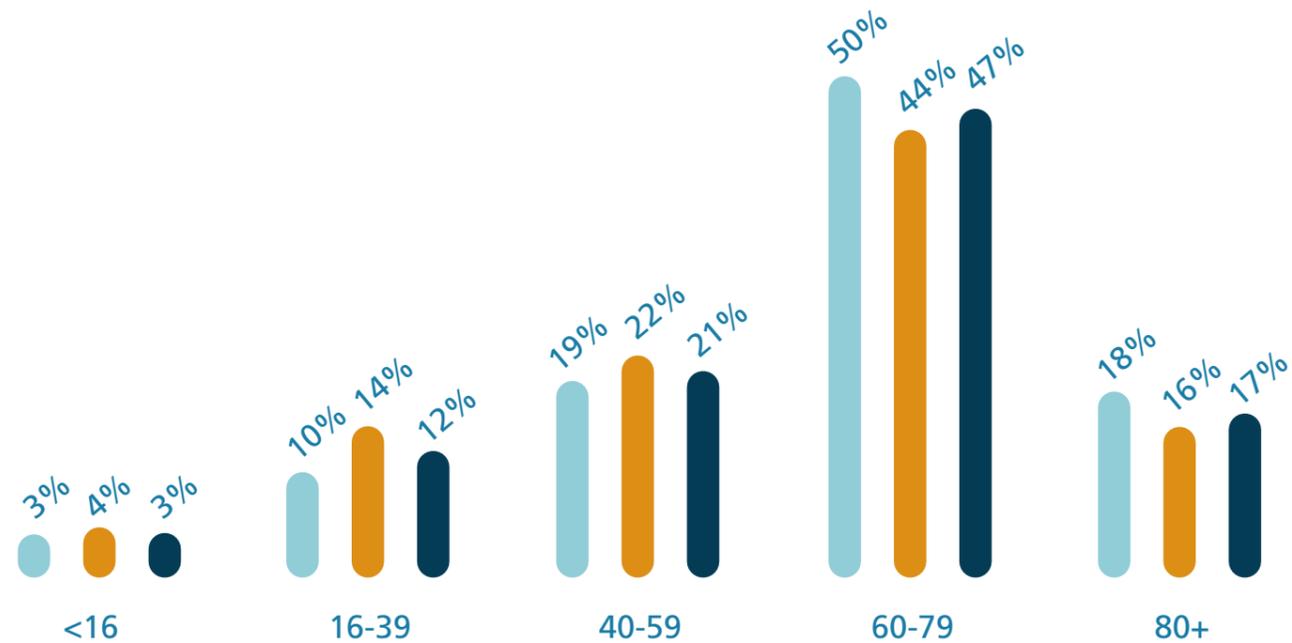
There has been no change in the proportion of male and female inpatients compared with 2015.



Inpatients by gender and age

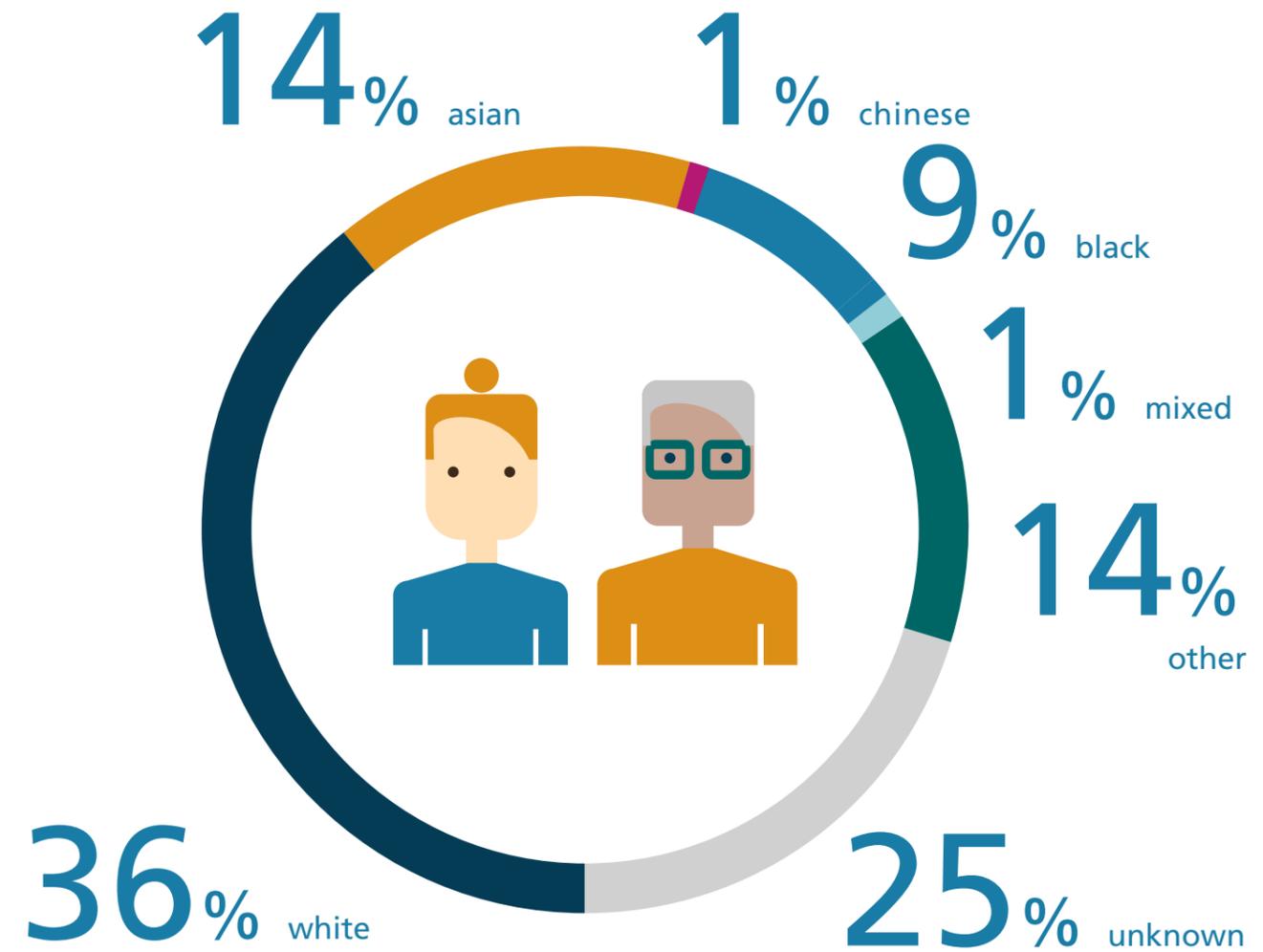
There has been little change in the age and gender of inpatients compared with 2015.

● female ● male ● total



Inpatients by ethnicity

There has been little change in terms of the ethnic background of inpatients since 2015.



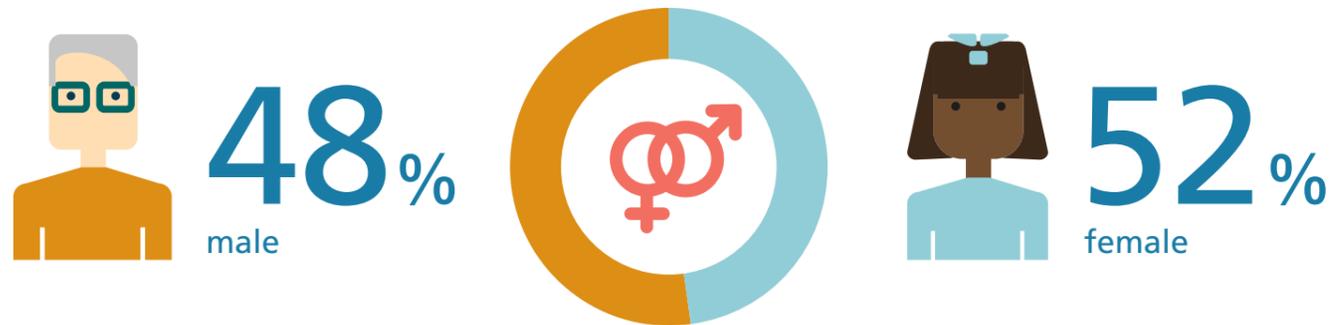


Outpatients

Between October 2015 and October 2016, Moorfields received 213,472 outpatients. A 3% increase since last year.

Outpatients by gender

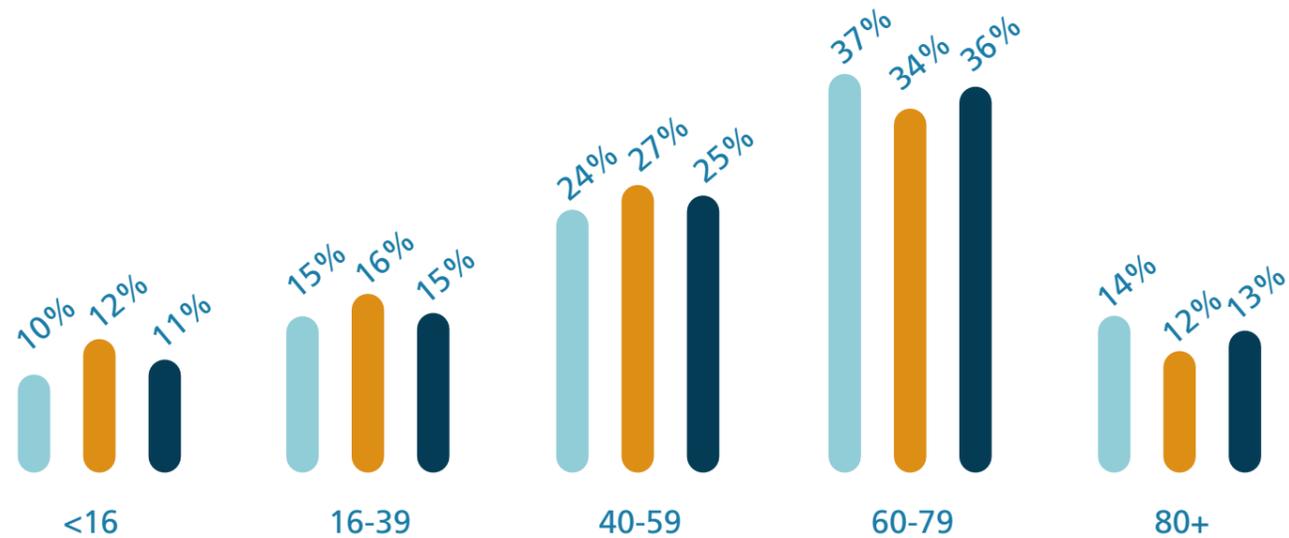
There has been no change since 2015 in the proportion of men and women outpatients.



Outpatients by gender and age

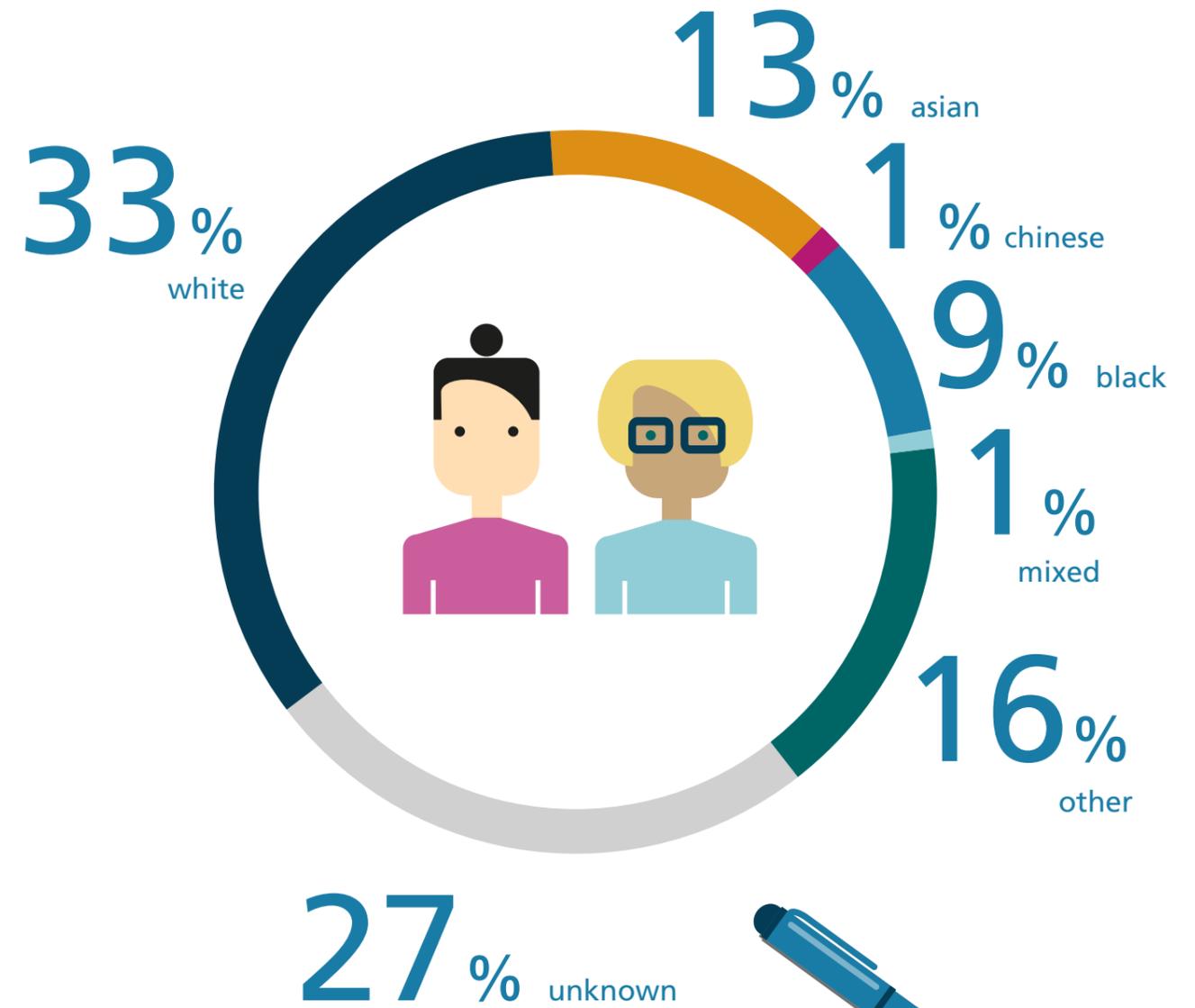
There has been no change since 2015 in the gender and age of outpatients attending Moorfields.

● female ● male ● total



Outpatients by ethnicity

There has been no change since last year in the ethnic background of outpatients.

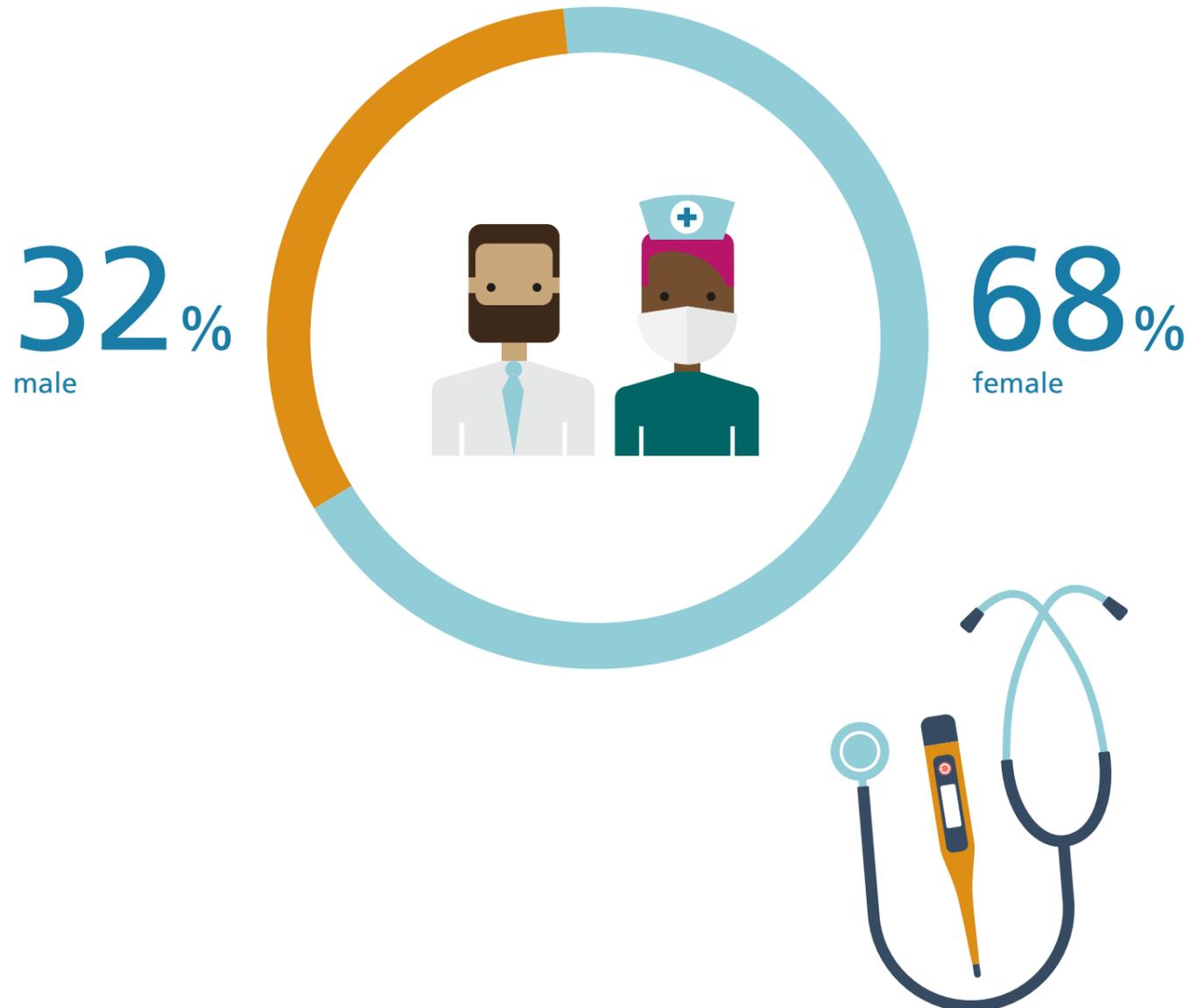


/ Workforce

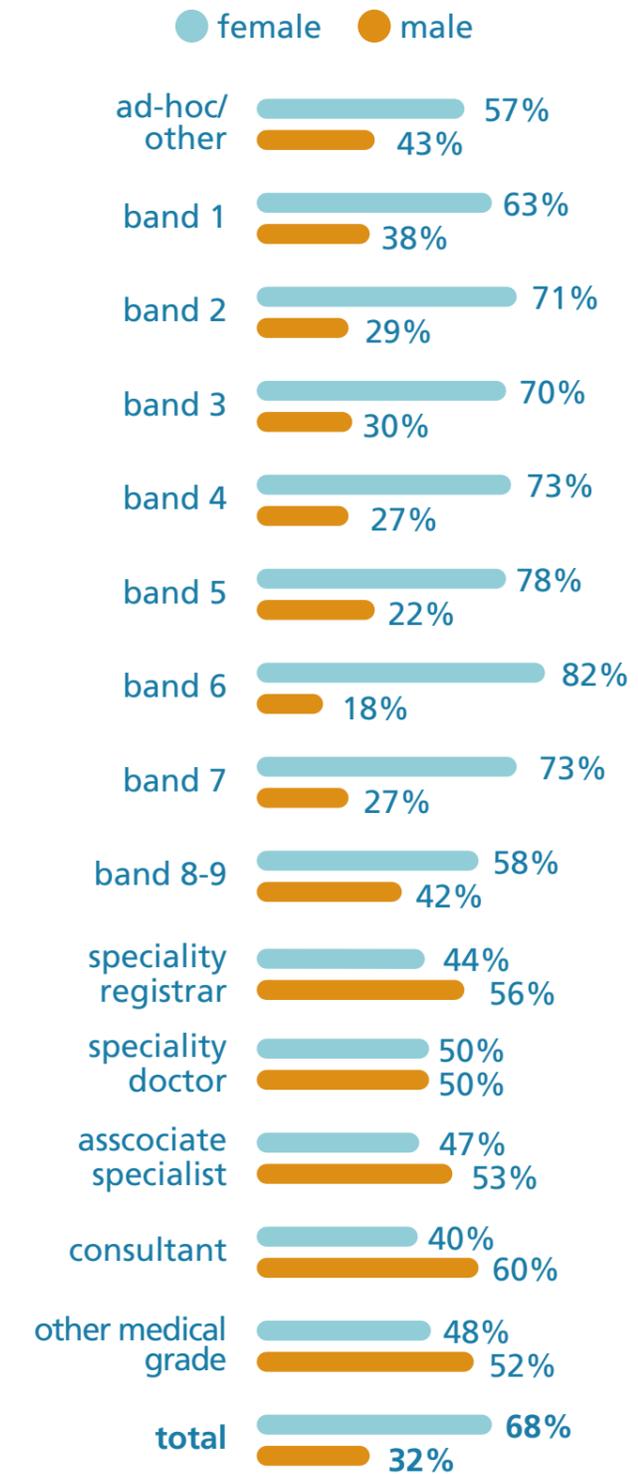
Gender

Current workforce by gender

Moorfields employs 2,102 staff. 68% of staff are female (1,431) and 32% are male (671). This has been broadly the same since 2015.



Current workforce by gender and pay band



There has been some slight changes in the representation of men and women in different pay bands since last year. The proportion of women in Band 1 has increased and there has been a slight increase in Band 8-9.

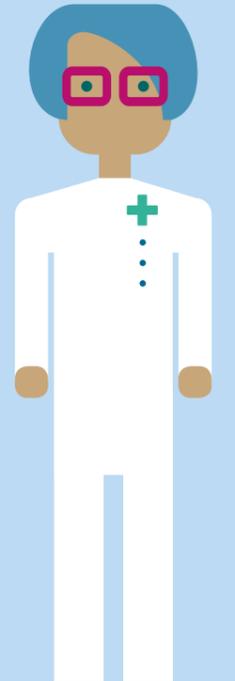
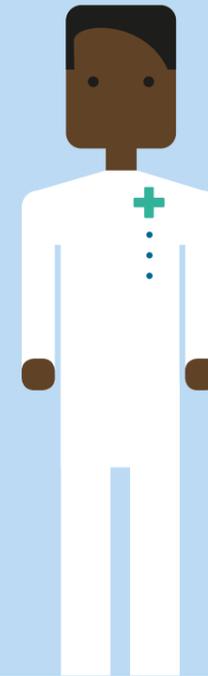
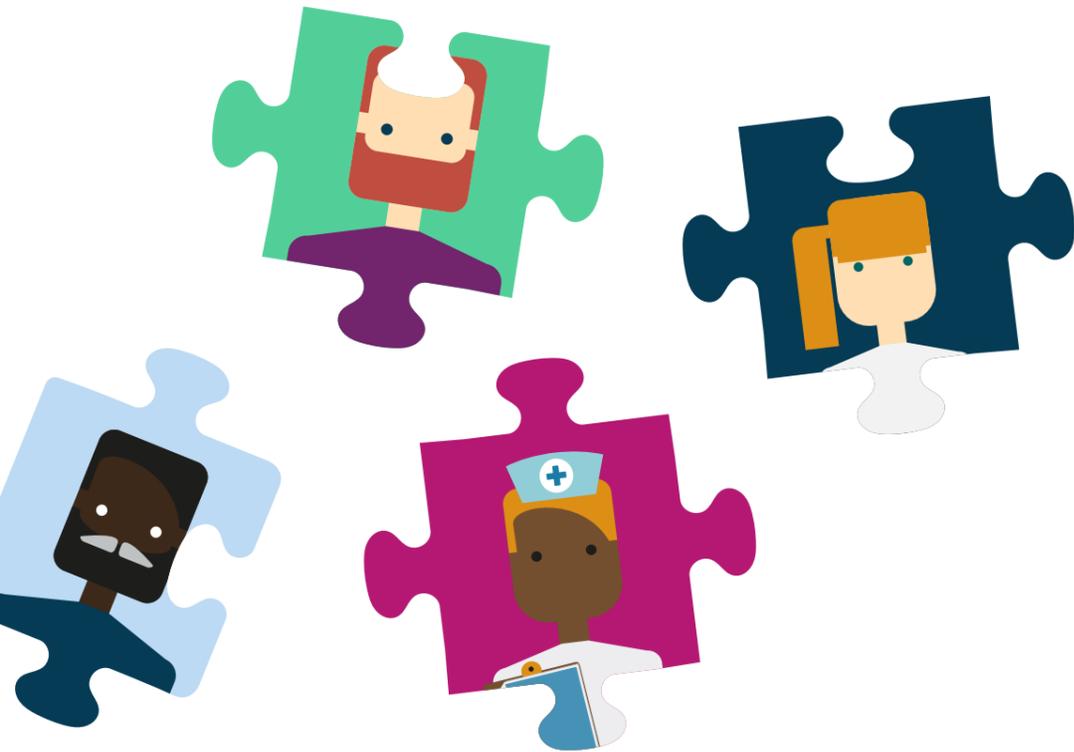


Gender

Our gender pay gap

The Moorfields Gender Pay Gap is strongly influenced by the gender make up of its most senior team and most senior clinicians.

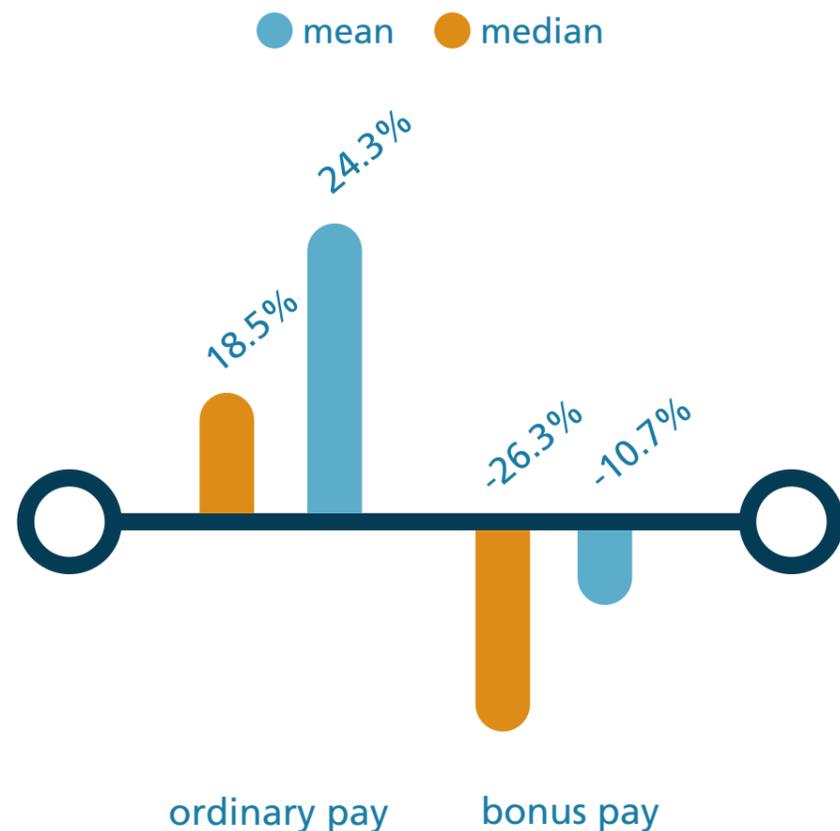
Moorfields are committed to ensuring that women are supported and encouraged to further their careers within the trust. It is acknowledged that breaks in career most often presented by maternity leave disproportionately impact women. Moorfields has flexible working policies and seeks to support women and men to manage family and career development.



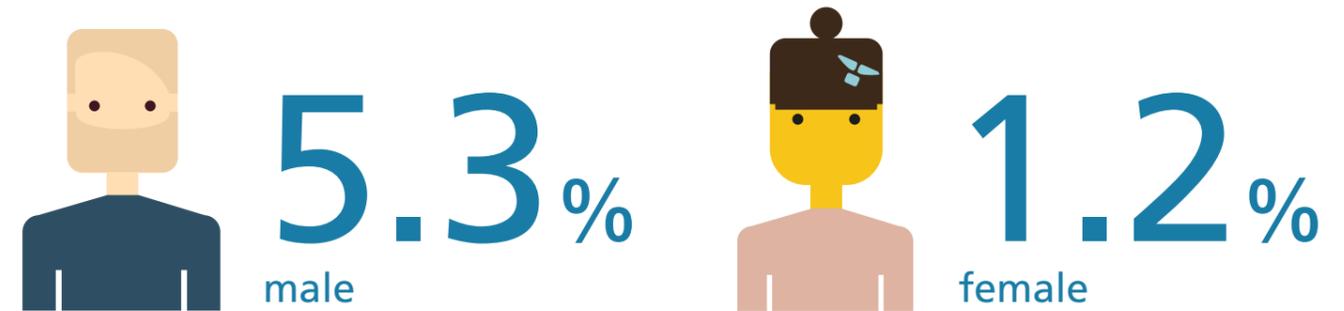
Gender

Moorfields has a well-developed learning development programme for all staff and this year is delighted that 87% of participants in the Mary Seacole Leadership Development programme are women.

The Trust has a robust recruitment process that has equality and diversity embedded into its processes along with values based recruitment. The Trust will continue to recruit in a non-gender biased manner to ensure that adverts and applicants are recruited in a fair, open and transparent manner. This applies equally to men seeking roles in areas traditionally dominated by women as well as ensuring equitable access to senior roles for women.

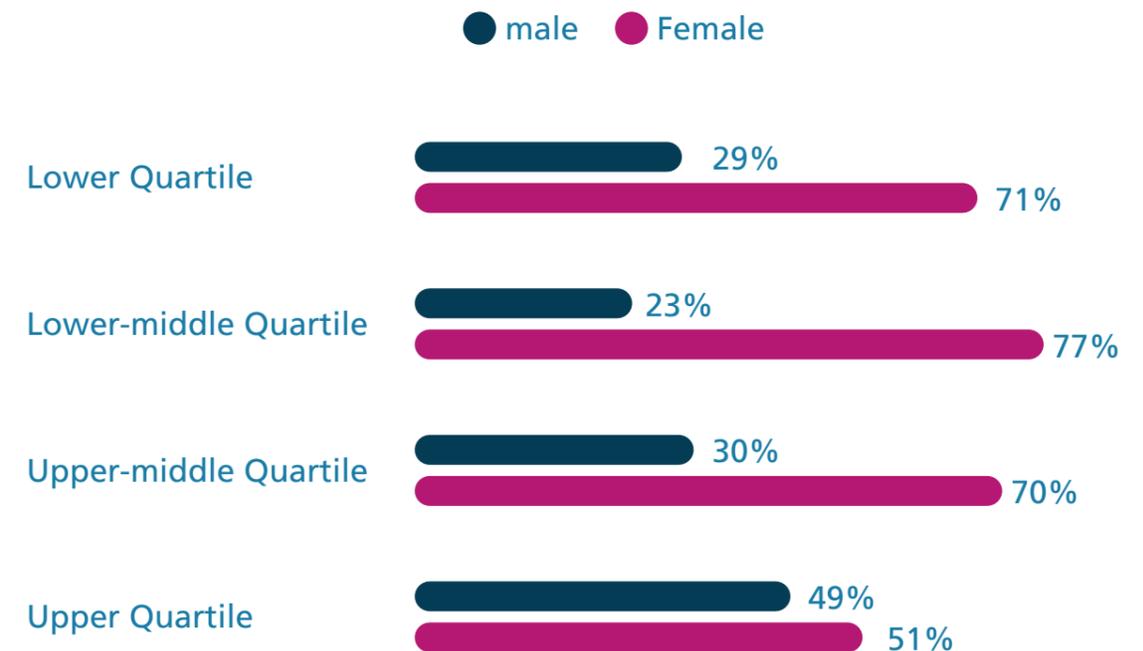


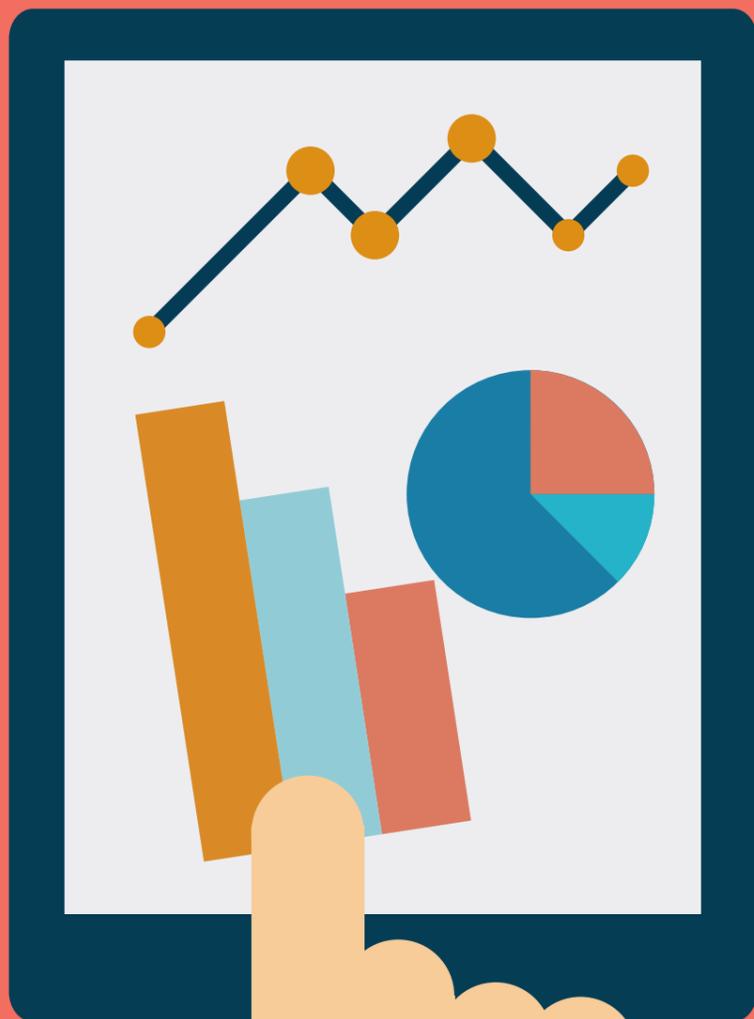
Bonus Payments



5.3% of males and 1.2% of females received bonus payments

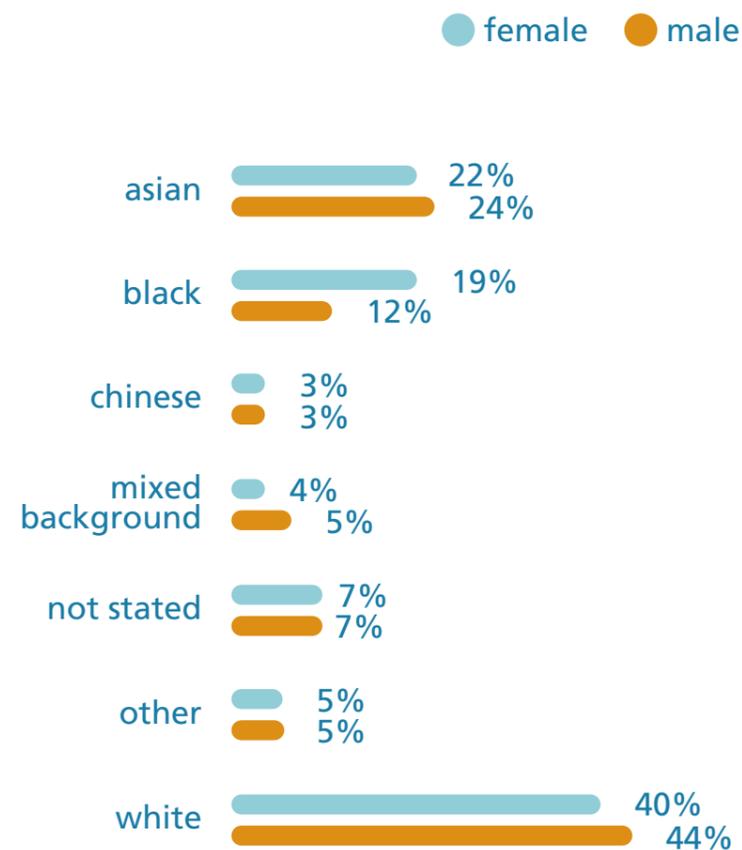
The proportion of males and females in each pay quartile is:





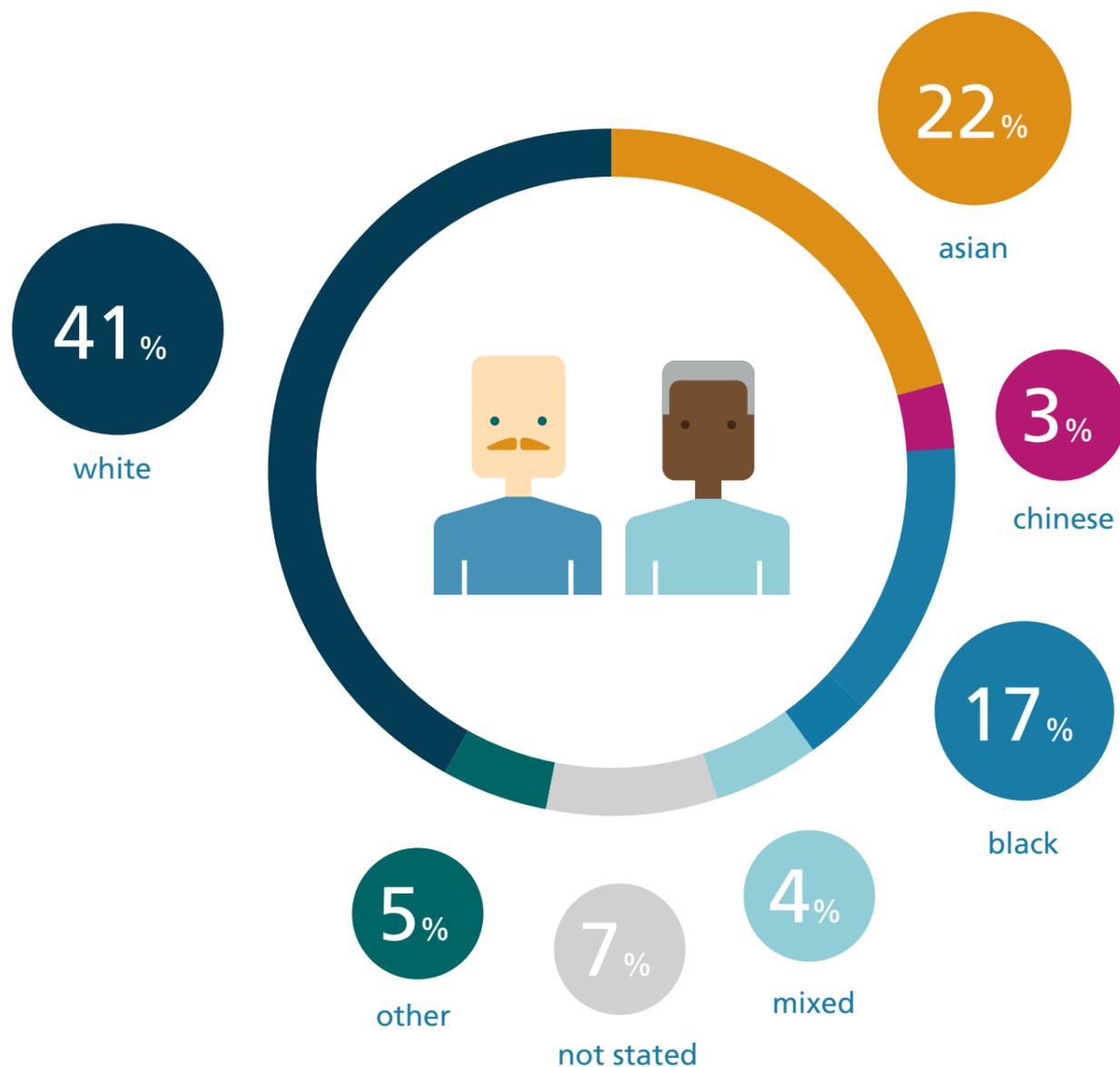
Current workforce - proportion of men and women in each ethnic group

This graph presents the proportion of men and women in each ethnic group. Overall there is little difference between the proportion of men and women who are Asian, Chinese, and from mixed background. However, we employ more women from Black background than men and more women from White background.



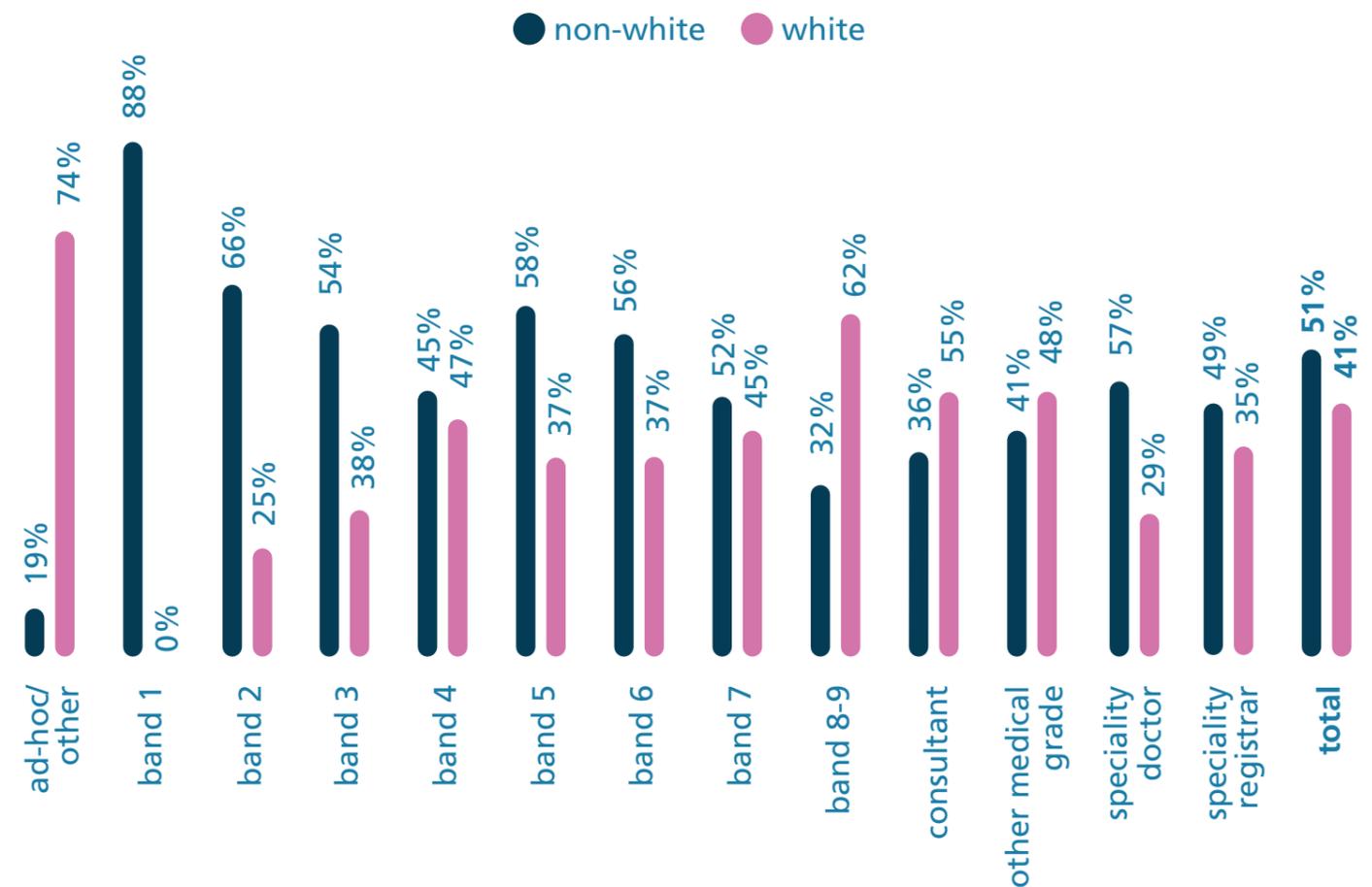
Current workforce by ethnicity

41% of Moorfields staff come from white background and 51% are from Black and Minority Ethnic backgrounds. There has been little change in the ethnic composition of Moorfields' workforce compared with 2015.



Current workforce by ethnicity and pay band

Note: This chart only presents white and non-white staff. Staff who have not stated their ethnicity have been included in the calculation but are not presented on the graph to make it more meaningful. This explains why the total does not add up to 100%.

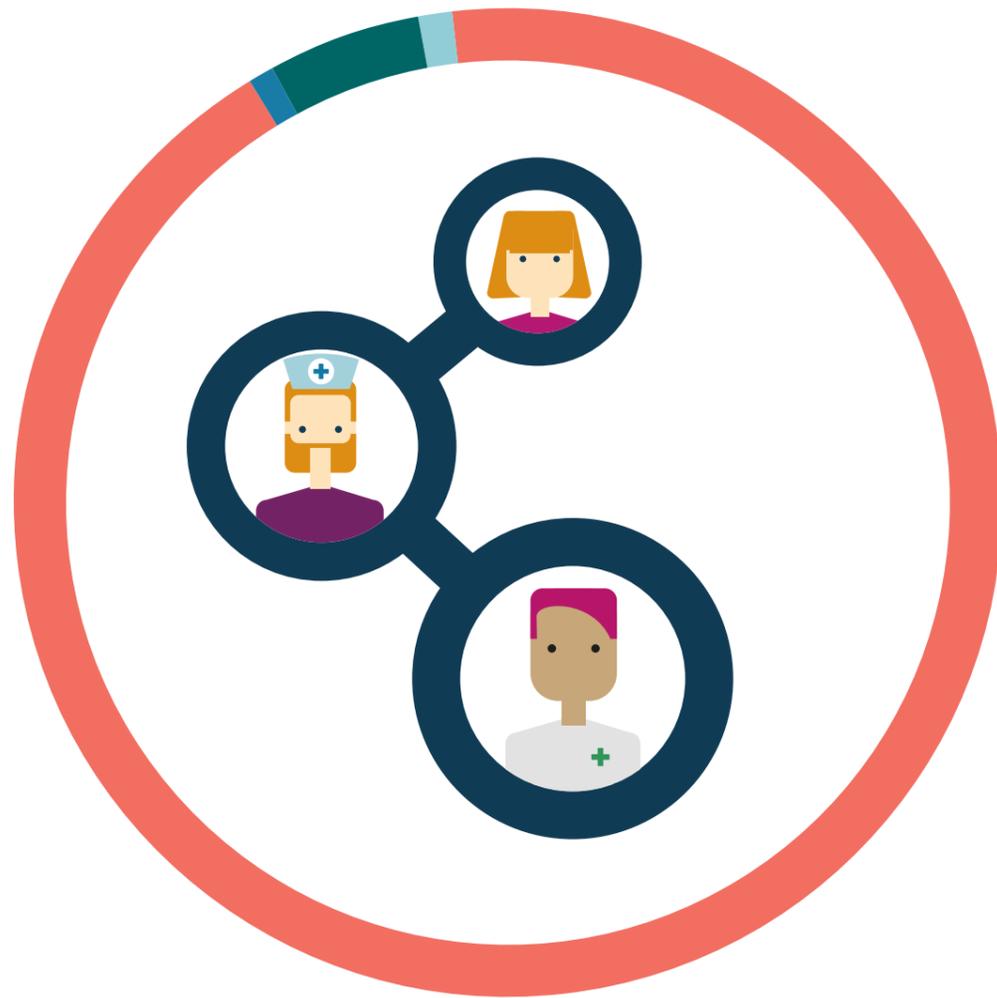


Overall 51% of staff are from non-white backgrounds. They are less represented in Band 8-9 (32%), consultant (36%) and other medical grades (41%). Non-white people are overrepresented in the lower pay bands (except band 4).

Disability

Current workforce by disability

Only 1% of Moorfields staff have declared a disability. In the UK, 5.7% of the UK working population has a disability.



1%
yes disabled

94%
no disability

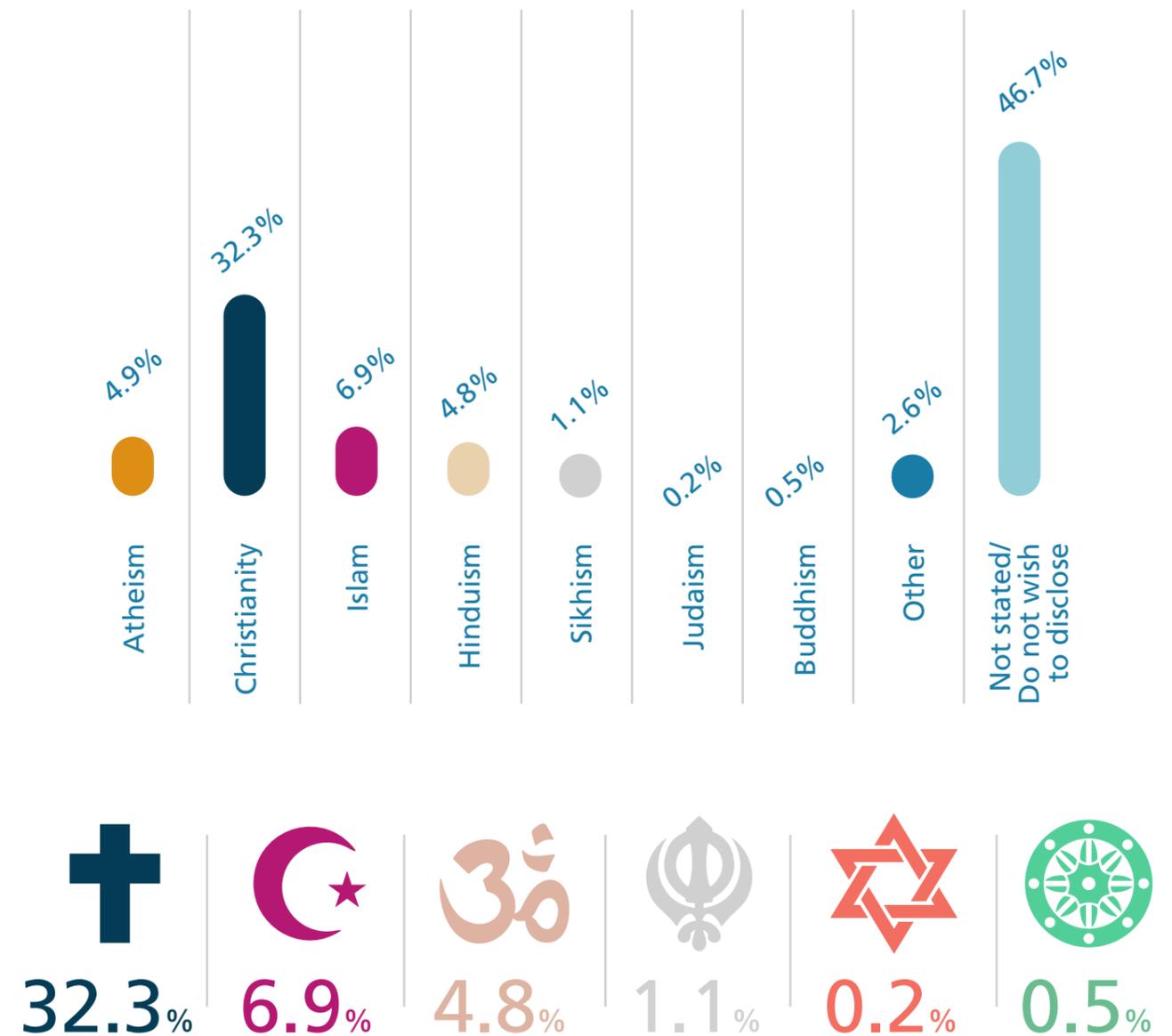
1%
preferred not to say

4%
not stated

Religion

Current workforce by religion and belief

47% of Moorfields staff have not declared or decided not to declare their religion. Among those who declared their religion/belief, the majority are Christian (32%) and Muslim (6.9%). There has been little change compared with 2015.



Sexual orientation

Current workforce by sexual orientation

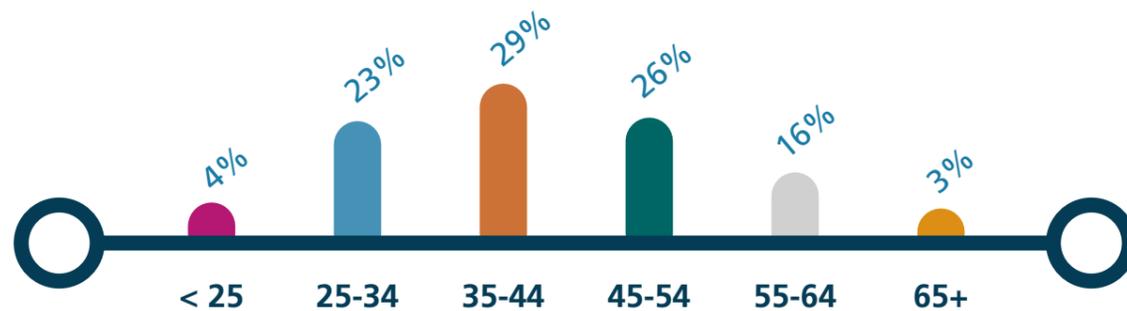
Just over 50% of Moorfields staff have disclosed their sexual orientation, in part as staff have not updated their personal records. At present 1% of staff have identified themselves as lesbian, gay or bisexual.



Age

Current workforce age profile

Overall staff at Moorfields are aged between 25-54 (78%). 19% of Moorfields employees are over 55.

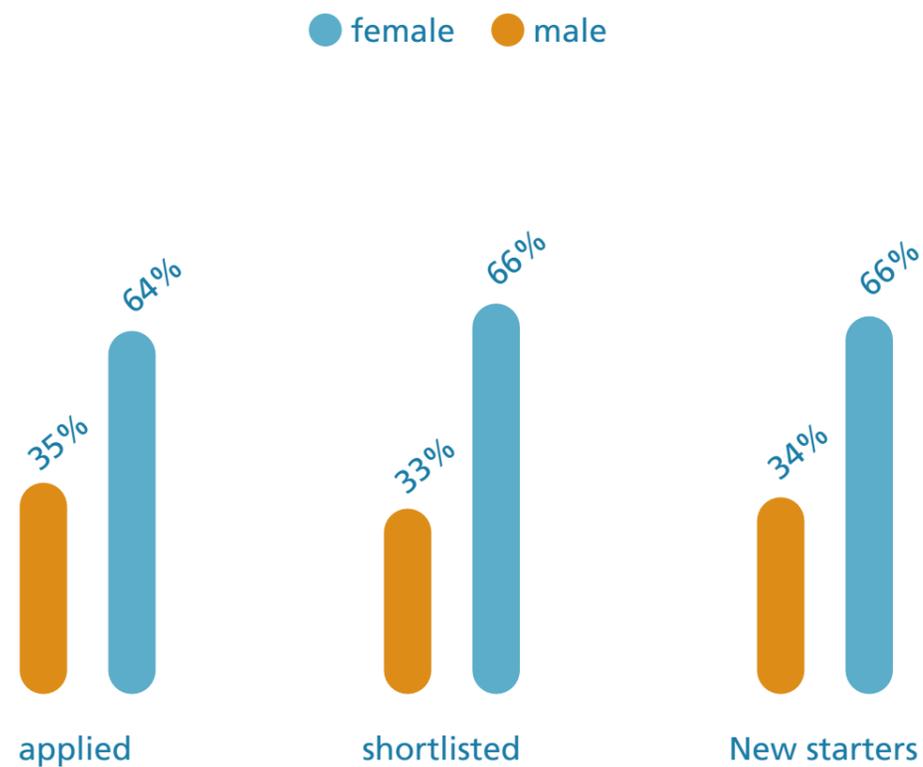


/ Recruitment

Gender

Proportion of applied, shortlisted and new starters by gender

Overall the proportion of men and women who were appointed is in line with the proportion of those who applied and were shortlisted.



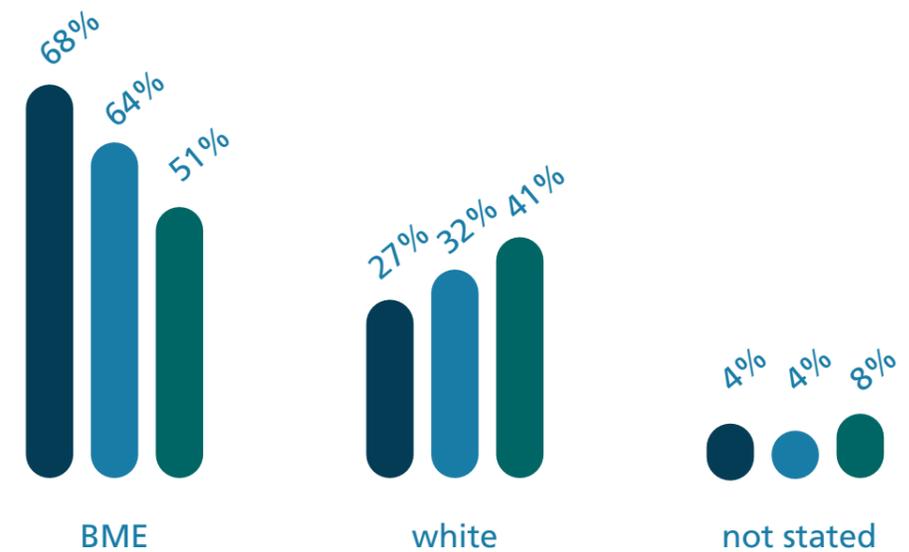
Success rates are broadly similar for both genders at shortlisted and employment stage.

Ethnicity

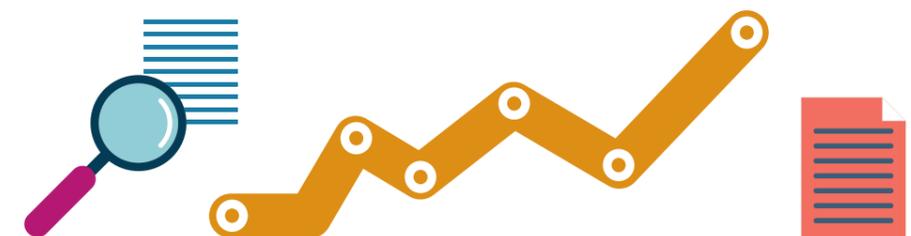
Proportion of applied, shortlisted and appointed staff by ethnicity

Note BME = Black and Minority Ethnic.

● applied ● shortlisted ● appointed



The proportion of staff who are from Black and Ethnic Minorities (BME) decrease at each stage of the recruitment process. 65% of applicants and 51% of new starters are from BME background. The success rate for BME candidates is 22% at shortlisting stage (27% for white applicants) and 3% at new starters stage (5% for white applicants). In 2018, we will investigate these differences.



Disability

Proportion of applied, shortlisted and appointed staff by disability

5% of applicants and people shortlisted have declared a disability, however only 2% of new starters have declared a disability. In 2018, we will investigate these differences.



● applied ● shortlisted ● new starters

5%
disabled

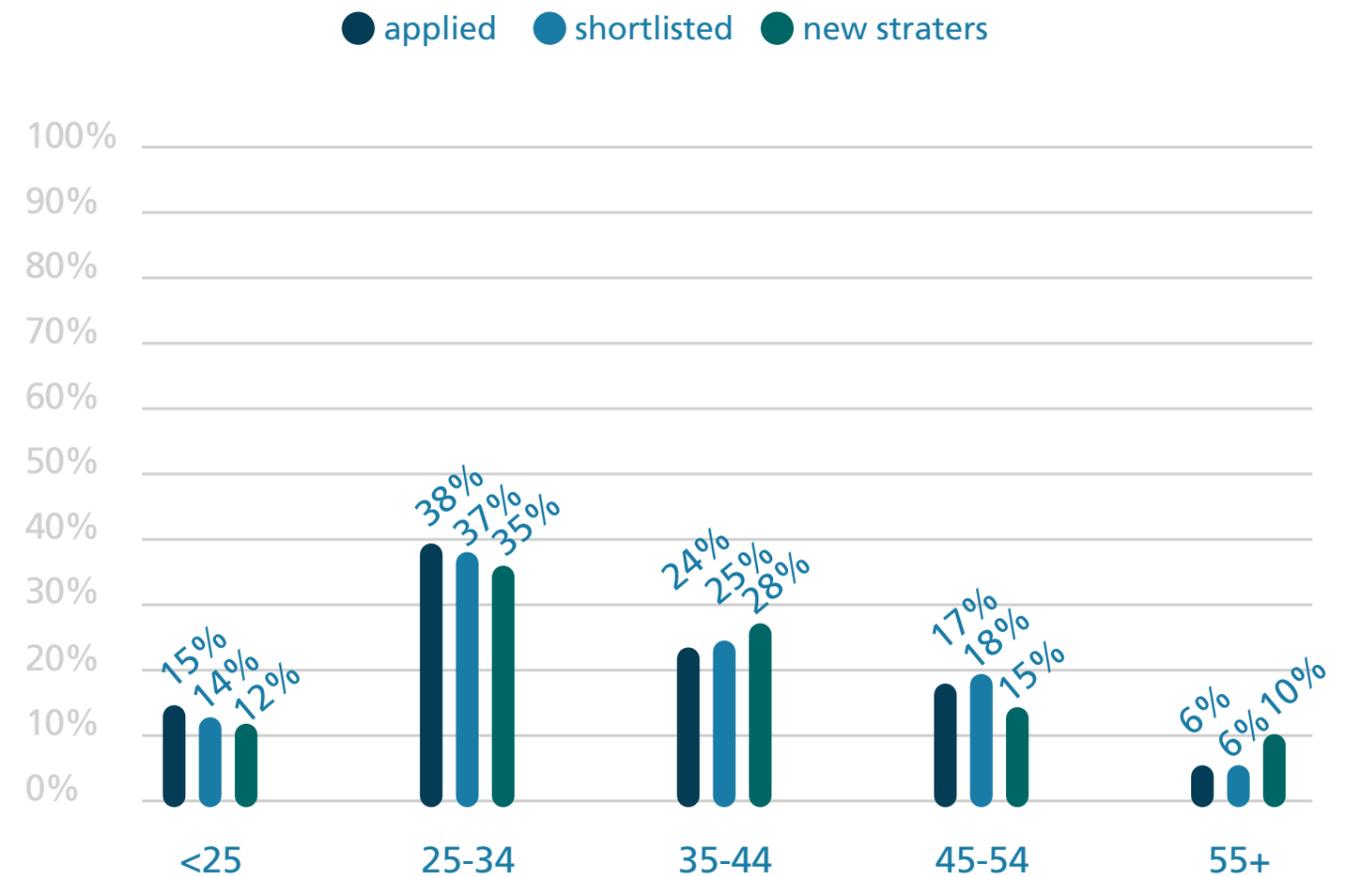
5%
disabled

2%
disabled

Age

Proportion of applied, shortlisted and appointed staff by age

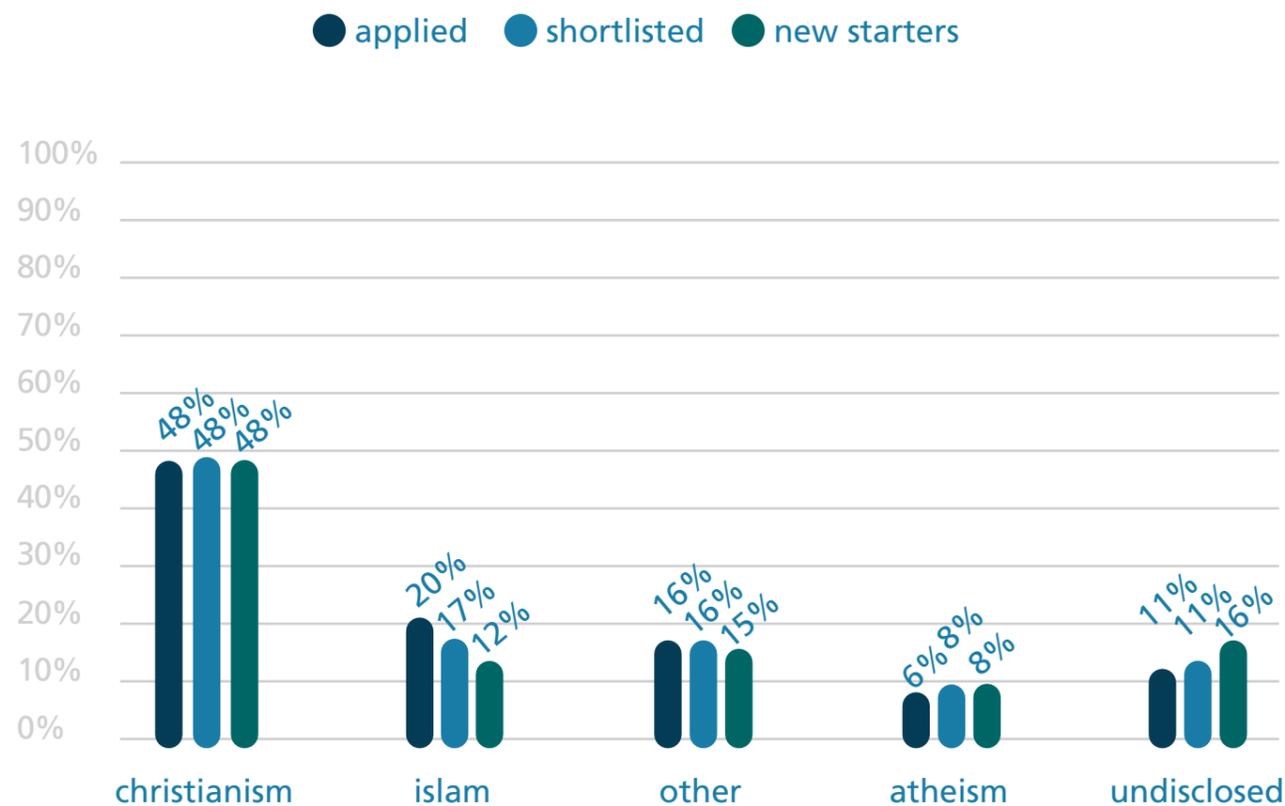
Overall, the proportion of applicants, shortlisted and new starters is broadly in line in the different age groups. The success rate is 3% from applied to new starters, it is broadly in line for most age group, apart from new starters over 55 for which the success rate is 6%.



Religion - belief

Proportion of applied, shortlisted and appointed staff by religion - belief

Overall, the proportion of applicants, shortlisted and new starters is similar for all the different religions (and absence of religion).

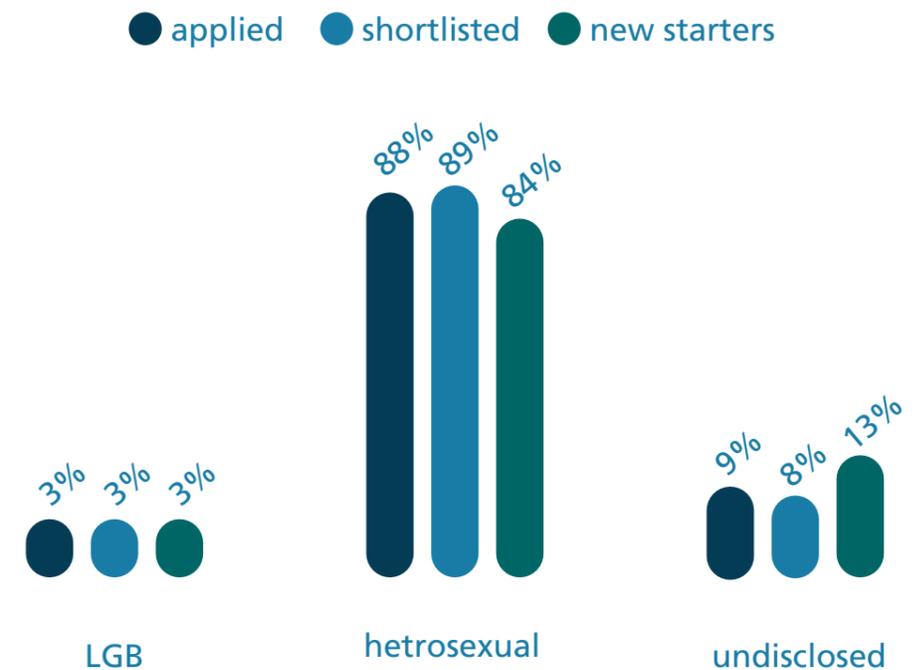
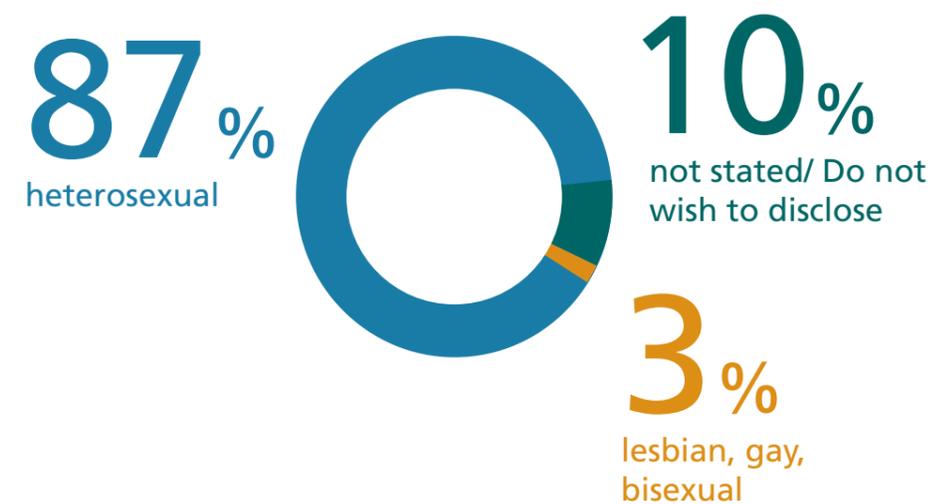


20% of applicants are Muslims but they make 12% of new starters. The overall success rate is 3% for all applicants. Applicants who are Muslims are the only ones who have a success rate under 3%. This was the same in 2016, and we plan to investigate these differences.

Sexual orientation

Proportion of applied, shortlisted and appointed staff by sexual orientation

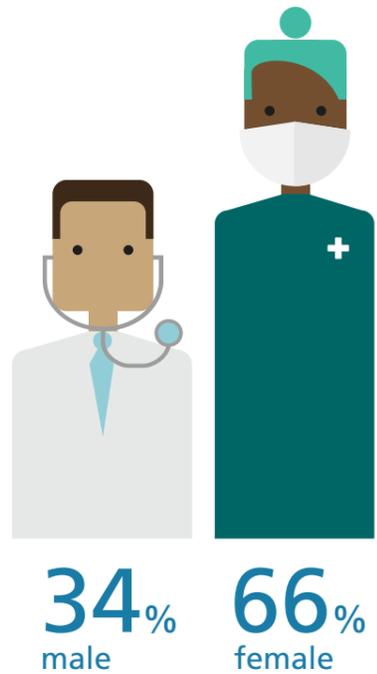
Whilst numbers are still small, we are able to report for the first year on the sexual orientation of candidate. 3% of applicants, shortlisted and new starters are Lesbian, Gay or Bisexual candidates. There is no difference in success rates.



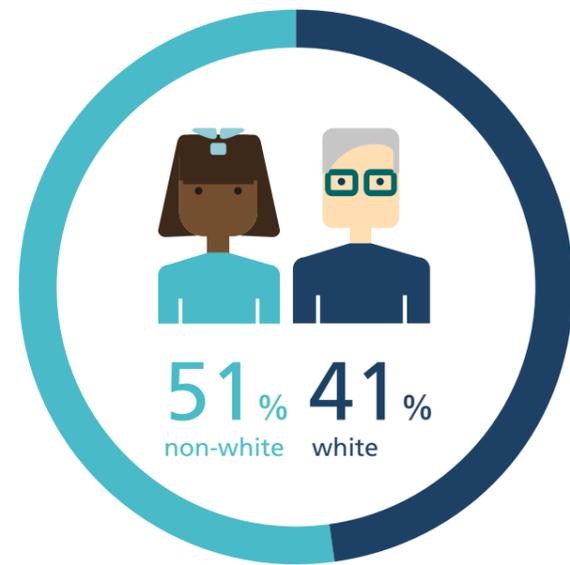
/ New starters

Between October 2016 and September 2017, 453 people joined Moorfields' workforce.

Gender



Ethnicity



Disability



2% of new starters have disclosed a disability

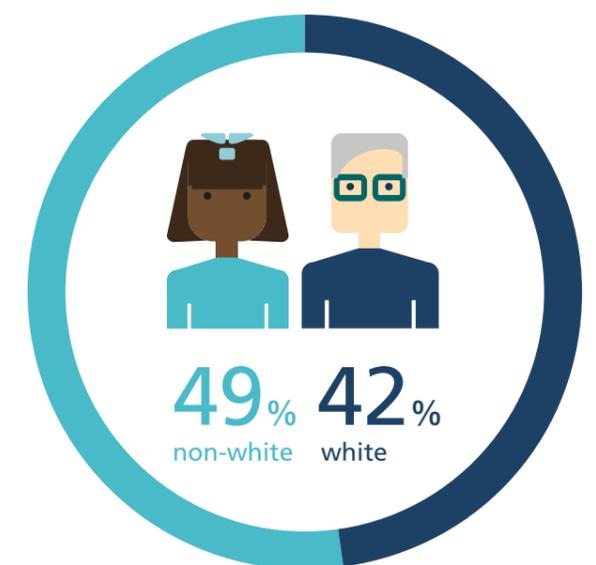
/ Leavers

Between October 2016 and September 2017, 383 people left the organisation.

Gender



Ethnicity



Disability



1.6% of leavers have declared a disability, this is in line with Moorfields workforce.

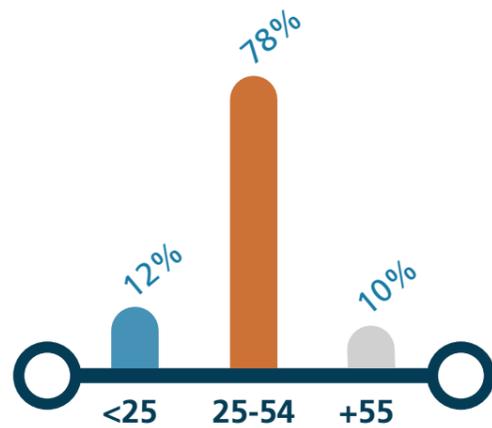
/ New starters

Between October 2016 and September 2017, 453 people joined Moorfields' workforce.

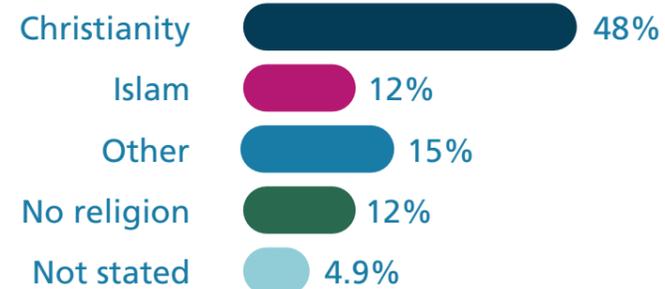
Sexual orientation

2% of new starters have disclosed a disability.
3% of new starters are Lesbian, Gay, or Bisexual.

Age



Religion



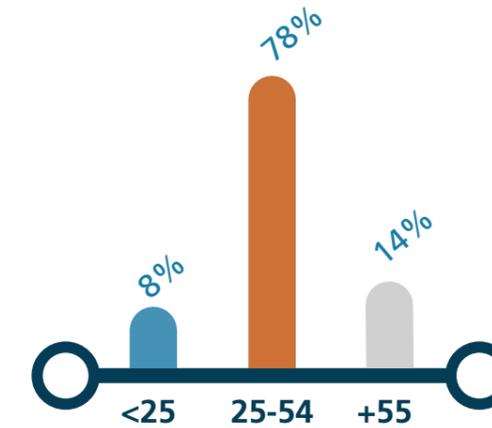
/ Leavers

Between October 2016 and September 2017, 383 people left the organisation.

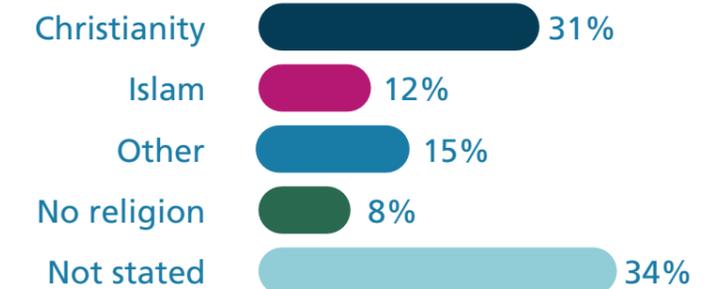
Sexual orientation

Numbers are too small to report on leavers by sexual orientation.

Age



Religion



The proportion of leavers by religion is broadly in line with Moorfields' workforce, however the proportion of leavers of Muslim faith (12%) is much higher than their representation (6.5%)

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<https://www.inclusiveemployers.co.uk>

<https://www.strudel.co.uk>

