



Annual Equality, Diversity,  
Accessibility and Inclusion Report  
2019/2020

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# 1. Chairman and Chief Executive's Welcome

“ We continue to make great strides in our person centred approach for patients, their carers and families; we are about creating inclusive, caring hospital experiences and widening opportunities for the public to share feedback to inform co-designed quality improvement – our approach is to be a listening and responsive Trust and to do this together with our patients, carers and their families. We have also developed cultural change to create a place where all colleagues have a voice, have equal opportunity and are supported to reach their full potential.”

Putting Patients First is our Trust vision and it is about creating an environment where everyone can be, and has the confidence to be, themselves. This report demonstrates the significant developments that have been made to progress this vision across our local community; from our patients, carers, their families and our workforce across Worcestershire Acute Hospitals Trust.

For the first time our Trust is now signed up to working in partnership with AccessAble, which will enable our patients, carers and local community to plan coming into our hospitals; we have an active Hospital Youth Forum to work with our staff to give a louder voice to children and young people to share their thoughts and ideas about service improvements and work with us when we develop new initiatives;



Sir David Nicholson KCB, CBE. Chairman



Matthew Hopkins, Chief Executive

our Patient Public Forum has significantly contributed to service improvement initiatives which has included leading on consultations and audits and working alongside us to increase engagement opportunities across our hospitals. Developing ways to listen and engage with our community is at the forefront of our approach and is highlighted in section 6 of this report. It is

important to us as a Trust to create an inclusive environment for everyone who experiences our hospitals from our patients to our staff and at a time when the global Covid-19 pandemic continues to have an impact on all members of our local community a concerted focus on health inequalities, diversity and inclusion has never been more important.

The last 12 months, with the start of Black Lives Matter movement, have also brought to the fore an important reminder of the inequalities experienced by some colleagues on a daily basis.

It is against this backdrop that our teams have worked hard to focus on inclusion and ensure that our 4ward behaviours are embedded in every day practice across the Trust.

In particular, our staff networks, LGBT+ and our recently formed Black, Asian, Minority Ethnic (BAME) Network - have focussed on improving the experience of minority groups so that colleagues have confidence to be themselves at work regardless of their protected characteristics.

Our priorities set out in section 4 of this report align with our People and Culture Strategy, as well as the Workforce Race Equality Standard (WRES), and Workforce Disability Equality Standard (WDES). Improving the experience of all of our staff is a key aim of our People and Culture Strategy, which itself is aligned to the wider objectives laid out in our Trust Strategy pyramid and our overall purpose of Putting Patients First.

Our 4ward behaviours continue to guide us, and we remain committed to positively reinforcing these to continue to influence the culture in which we all work and ensure it is one of understanding, kindness and inclusivity, especially as we continue to experience the impact of the global pandemic.

Equality, diversity, accessibility and inclusion is a key priority for the Board and I hope you enjoy reading the highlights of our journey this year.

**Sir David Nicholson KCB, CBE**  
Chairman

**Matthew Hopkins**  
Chief Executive

## 2. Introduction

Worcestershire Acute Hospitals NHS Trust is committed to the practices of equality, diversity and human rights, and aims to ensure that these practices are maintained within the organisation and embedded within all aspects of service provision and employment.

The Trust focuses on ensuring that the provision of health care and employment practice takes into account the individual needs of patients and staff by promoting equality of opportunities and recognising and embracing diversity. Tackling inequality and removing barriers in respect of equality, diversity and human rights through employment and the services provided remains a key focus for the Trust.

The Trust recognises the importance of ensuring its services are fair and equitable to all. This report seeks to highlight some of the good practice, initiatives and key achievements that have taken place within the Trust over the last 12 months.



## THE LAST 12 MONTHS: SOME KEY ACHIEVEMENTS

### 3. Workforce: Our Staff Experience

#### Working together for staff wellbeing

At the start of the Coronavirus pandemic, a package of health and wellbeing support was put in place across the Trust to ensure colleagues felt safe and supported. This included round the clock access to counselling, support with flexible working, easier access to parking and simple opportunities to take a few minutes to relax and take stock.

As part of this package of measures, our Trust Psychologists used their expertise to provide training and support for staff and managers during the peak of the pandemic.

Dr Catherine Binney, Principal Clinical Psychologist, said:

“ The Trust practitioner psychologists were able to offer additional staff support to complement other trust-wide initiatives. The psychologists, whose role is normally related to specific patient conditions, were able to advise on evidence-based approaches to the plethora of rapidly developing staff wellbeing resources. They delivered training for team leads and managers on how to support colleagues' psychological needs which was accessed by over 75 staff. This training was later recorded as a webinar to allow other staff to benefit from the training, and we know many of our colleagues have used this resource.”

In addition to the training, the psychologist team offered facilitated group sessions for teams around understanding the emotional impact of working during the pandemic, coping and wellbeing.

One-to-one sessions were also offered to team leads with well over 100 staff accessing group or 1-1 sessions. The feedback was very positive and staff often reflected that despite the many challenges of coronavirus, they had recognised and valued the support from their team and colleagues immensely.

As a result of the positive impact of this work, the team have now recruited to a fixed term psychology post to continue to develop this staff-focused support over the forthcoming year.

#### Learning disability awareness training for all clinical staff

All clinical staff at the Trust now receives training in learning disability awareness, following the launch of specific sessions aimed at junior doctors.

The teaching sessions, run by the learning disability acute health liaison team, focused specifically on the medical role in supporting patients with learning disabilities. This compliments the work the team already do with nurses, HCAs, therapists and some clerical staff.

In early 2020 the team ran two sessions - one with the Foundation Year 1 doctors and one with Foundation Year 2s. The feedback was extremely positive and a plan is in place to continue with these sessions.

## Giving our staff the Freedom to Speak Up



By Melanie Hurdman – Freedom to Speak Up Guardian

Following the failings at Mid-Staffordshire NHS Hospital Trust, the subsequent inquiry led by Sir Robert Francis determined that each and every Trust in England should have a Freedom to Speak Up Guardian who staff could speak to in confidence and without risk of detriment. This Guardian would not be a part of the formal organisation of each Trust but should be part of the National Freedom to speak up network.

I was appointed as the Trust's Freedom to Speak Up (FTSU) Guardian in 2020, following the sad loss of my predecessor Bryan McGinty. I have worked in the Trust for over 22 years - most recently as Matron in Maternity.

My role is supported by 45 FTSU champions spread across our three sites, and all divisions, and together we promote the Freedom to Speak Up programme and listen attentively to any member of staff who has any concern about any form of inappropriate behaviour within our Trust.

The key benefits for staff are principally two-fold. The first is the therapeutic support of the Guardian or Champion who, as an independent

person, is pro-actively listening and supporting the staff member's concern. Staff can often find it difficult to raise a concern and to have someone who can share and understanding it is a major help.

The second benefit is that the Guardian will agree with the member of staff a process to support resolution of their concern. This may entail obtaining support and assistance from relevant senior managers. The obvious result here is to seek to resolve the issue and enable the staff member to return to a more stable and enjoyable work environment.

We have had over 150 cases raised in the last two years and we endeavour to continually update each member of staff raising the concern on the progress and the resolution of their concern. Some cases can be resolved quite quickly; others - particularly if there is a link into an existing investigation - can take more time.

We launched our Freedom to Speak up portal in October that has given staff greater accessibility and ease to report concerns. This has seen an increase in reporting and enables staff to confidentially raise their concerns and track the progress of them via a unique code. This will hopefully build upon our fantastic achievement of becoming the third most improved Trust at speaking up in the country as reported in the latest Freedom to Speak up Index report by the National Guardians Office.

## 4. Our Trust: Facts and Figures

**As at 31 March 2020, the Trust employed 6,453 people.**

The profile of our staff, across the protected characteristics, is shown in the charts below, noting that we have no data on Gender Reassignment.

Our data is somewhat representative of our local area, according to data from National Online Manpower Information System (NOMIS) provided through the Office for National Statistics website.

Significant difference is found within the gender profile, with the local population being almost equal between men and women, and the ethnic profile of the County being 95% white whereas the Trust has a greater diversity of ethnicity.

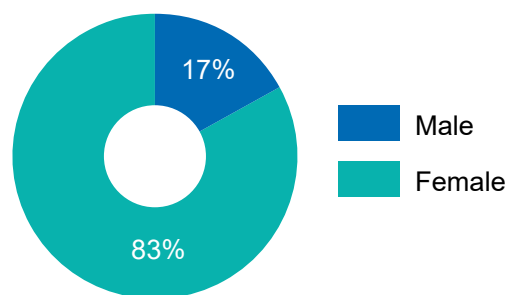
Our staff have the right to leave equality and diversity data categories unspecified if they wish to. Working with our BAME, Disability and LGBT+ staff networks we are encouraging our staff to fully complete their staff record. We want to build confidence of our staff that all our data is secured and appropriately used in a positive and constructive way to advance our Equality, Diversity and Inclusion agenda.

This data will support conversations within, amongst others, the Equality and Diversity Committee and People and Culture Committee, and help us to further investigate and address any areas of concern as well as celebrate areas of success for inclusion and diversity.

### Staff data

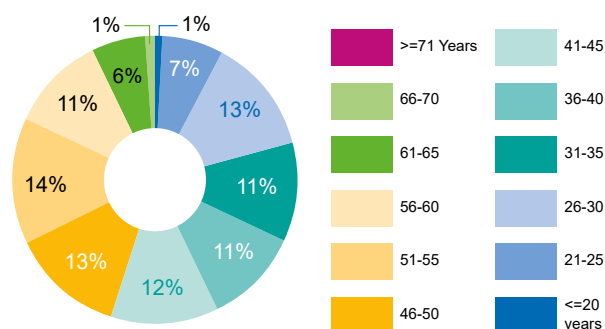
#### Gender Profile

Our workforce is predominately female, and 45% of the workforce work part time.



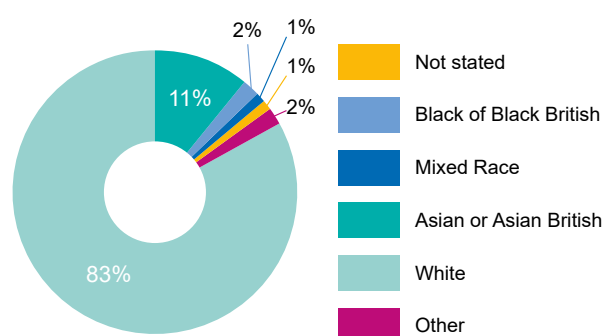
#### Age Profile

Our workforce ranges from late teens to over 70.



#### Ethnicity Profile

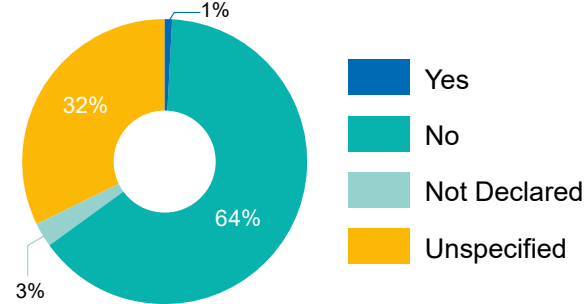
The majority of our workforce are white, with white British making up the highest percentage of staff.



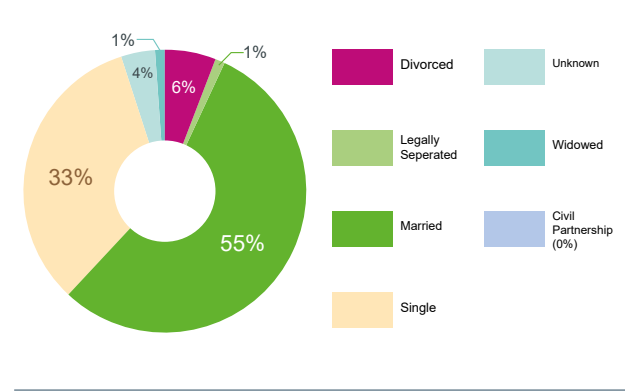


Disability Profile

Whilst the majority of our staff have declared they do not have a disability, a significant number of our staff have not specified either way.

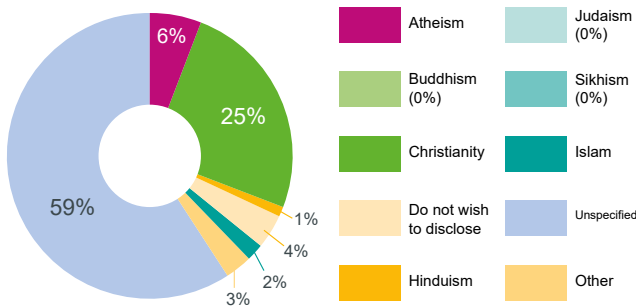


Marital Status



Religious/Belief Profile

The majority of our staff have not specified their religion/belief; however the highest stated religion is Christianity. The Trust provides prayer facilities which are suitable for all religions.

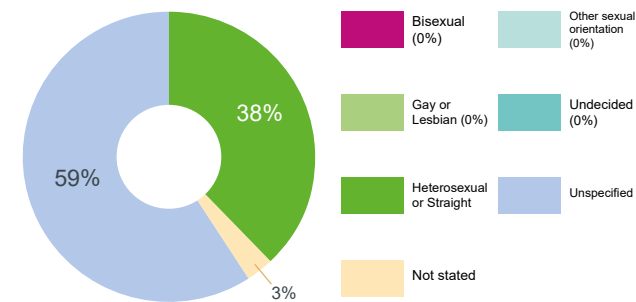


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Staff on Adoption /Maternity Leave

Sexual Orientation

The majority of our staff have chosen not to state their sexual orientation.



## Staff Survey Information

Data from the NHS Annual Staff Survey is able to help us understand the experience our staff have in working here. Below are key areas of focus for the Trust.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

	2017	2018	2019
WRES			
White: WAHT	28.7%	32.5%	27.6%
BAME: WAHT	28.1%	39.3%	22.8%
White: Average	27.7%	28.4%	28.2%
BAME: Average	27.7%	29.8%	29.9%
White: Responses	1682	1705	1959
BME: Responses	192	201	249
WDES			
Disabled staff: WAHT		37.4%	29.9%
Non-disabled staff WAHT		32.6%	26.2%
Disabled staff: Average		34.4%	33.9%
Non-disabled staff: Average		26.9%	27.3%
Disabled staff: Responses		345	371
Non-disabled staff: Average		1575	1850

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

	2017	2018	2019
WRES			
White: WAHT	28.1%	30.4%	26.2%
BME: WAHT	27.6%	35.5%	29.3%
White: Average	24.8%	26.4%	25.8%
BME: Average	27.1%	28.6%	28.8%
White: Responses	1681	1708	1963
BME: Responses	192	200	249

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

	2017	2018	2019
WDES			
Disabled staff: WAHT		30.4%	28.7%
Non-disabled staff WAHT		20.1%	18.1%
Disables staff: Average		28.3%	28.1%
Non-disabled staff: Average		18.9%	18.4%
Disabled staff: Responses		345	366
Non-disabled staff: Average		1556	1811

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

	2017	2018	2019
WRES			
White: WAHT	84.5%	88.7%	85.6%
BME: WAHT	70.4%	73.1%	77.2%
White: Average	86.8%	86.5%	86.7%
BME: Average	75.1%	72.3%	74.4%
White: Responses	1135	1128	1300
BME: Responses	115	130	149
WDES			
Disabled staff: WAHT		80.7%	78.5%
Non-disabled staff WAHT		88.1%	85.7%
Disables staff: Average		78.2%	79.1%
Non-disabled staff: Average		85.3%	85.6%
Disabled staff: Responses		207	242
Non-disabled staff: Average		1061	1216

Staff Friends & Family Test

	National Average Q2	Trust Average Q4
How likely are you to recommend this organisation to friends and family if they needed care or treatment? (% Recommend)	81%	72.90%
How likely are you to recommend this organisation to friends and family as a place to work? (% Recommend)	72%	64.50%

## Starters and leavers

In the last financial year, 1234 staff started with the Trust, and 987 staff left the Trust.

### Starters

Gender	Women 937 (76%)		Men 297 (24%)		
Age	30 and under 528 (43%)		31-50 528 (43%)		51 and over 178 (14%)
Disability	No 1084 (88%)	Yes 13 (1%)	Unspecified 135 (11%)		Not declared 2 (0%)
Ethnicity	White 854 (69%)	Black/Black British 46 (4%)	Asian/Asian British 278 (23%)	Other 51 (4%)	Unspecified 5 (0%)
Religion/Belief	Christianity 340 (28%)		Other religions 191 (15%)	Atheism 150 (12%)	Unspecified 553 (45%)
Sexual Orientation	Heterosexual 710 (57%)		LGBT+ 23 (2%)		Unspecified 501 (41%)

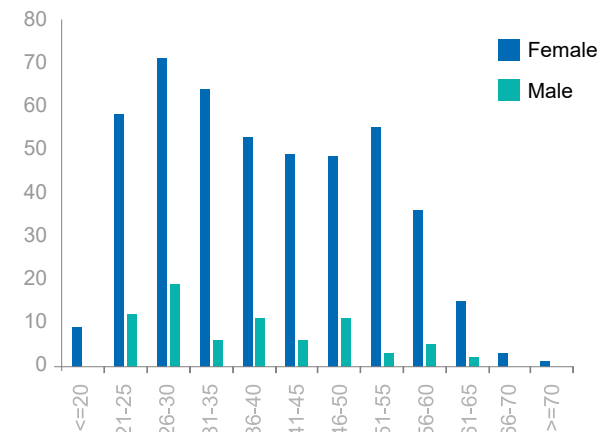
### Leavers

Gender	Women 703 (71%)		Men 284 (29%)		
Age	30 and under 332 (34%)		31-50 441 (42%)		51 and over 244 (24%)
Disability	No 718 (73%)	Yes 7 (1%)	Unspecified 241 (24%)		Not declared 21 (2%)
Ethnicity	White 766 (78%)	Black/Black British 43 (4%)	Asian/Asian British 132 (14%)	Other 43 (4%)	Unspecified 3 (0%)
Religion/Belief	Christianity 151 (15%)		Other religions 92 (9%)	Atheism 65 (7%)	Unspecified 679 (69%)
Sexual Orientation	Heterosexual 321 (33%)		LGBT+ 10 (1%)		Unspecified 656 (66%)

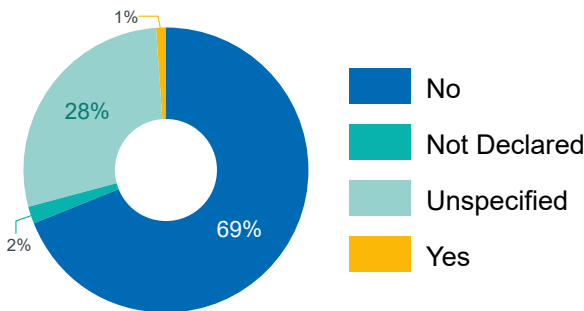
Promotions – 2019/20

537 promotions have been identified, represented as shown below, for age, gender and disability. Data is available for Religion/Belief and Sexual Orientation; however there is a possibility that people could be individually identified due to the numbers involved. For this reason, we are choosing not to share this data publicly.

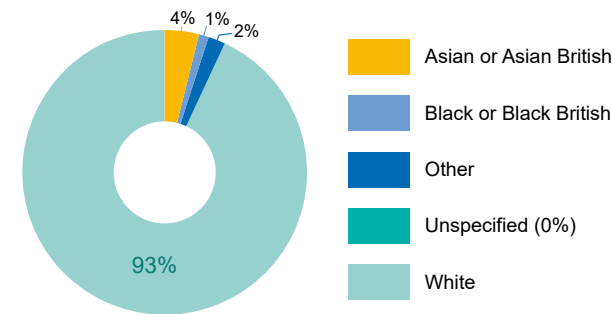
Promotions, by Age and Gender



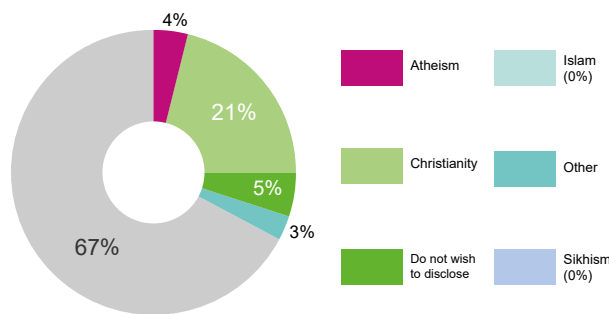
Promotions, by Disability



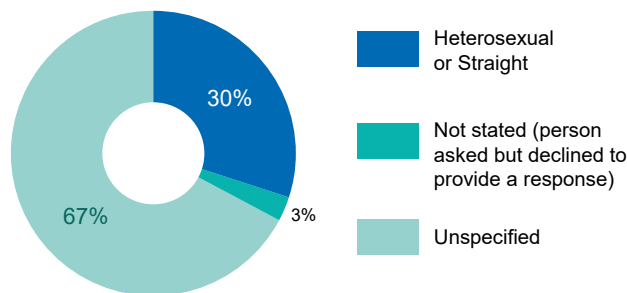
Promotions, by Ethnicity/Race



Promotions, by Religious / Belief



Promotions, by Sexual Orientation





### Recruitment data

The below table highlights the relevant diversity of our applicants, and the progress within each characteristic towards employment.

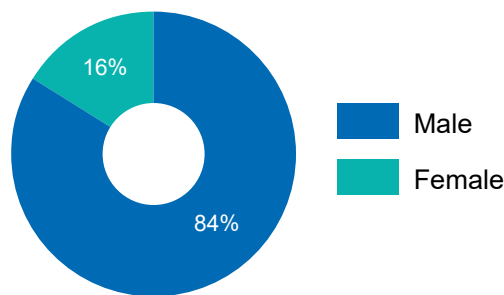
	Number of Applications	As percentage of total applications	Number shortlisted	As percentage of total shortlisted	Number appointed	As percentage of total appointments
Ethnicity (White)	11971	59.18%	4824	75.45%	1086	84.91%
Ethnicity (All Other)	7922	39.16%	1469	22.97%	173	13.53%
Ethnicity (Undisclosed)	335	1.66%	101	1.58%	20	1.56%
Gender (Female)	13611	67.30%	5011	78.40%	1080	84.40%
Gender (Male)	6553	32.40%	1361	21.30%	198	15.50%
Gender (Undisclosed)	64	0.30%	22	0.30%	1	0.10%
Age profile (Under 30)	7282	36.00%	2019	31.58%	438	34.25%
Age Profile (30-49)	9920	49.04%	3124	48.86%	594	46.44%
Age Profile (50 and Over)	3011	14.89%	1248	19.52%	247	19.31%
Age Profile (undisclosed)	15	0.07%	3	0.05%	0	0.00%
Disability (yes)	593	2.93%	260	4.07%	38	2.97%
Disability (No)	19389	95.85%	6050	94.62%	1235	96.56%
Disability (undisclosed)	246	1.22%	84	1.31%	6	0.47%
Sexual Orientation (Heterosexual)	19055	94.20%	5992	93.71%	1189	92.96%
Sexual Orientation (LGBT+)	671	3.32%	209	3.27%	41	3.21%
Sexual Orientation (undisclosed)	502	2.48%	193	3.02%	49	3.83%
Religion (Christianity)	9833	48.61%	3194	49.95%	653	51.06%
Religion (All Other)	6114	30.23%	1562	24.43%	240	18.76%
Religion (Atheism)	2519	12.45%	974	15.23%	243	19.00%
Religion (undisclosed)	1762	8.71%	664	10.38%	143	11.18%

Access to continuing professional development (CPD)

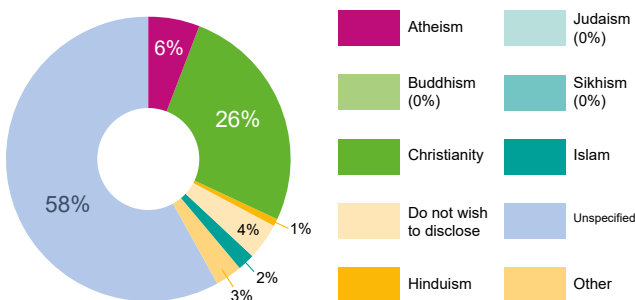
This section highlights to what degree our staff, as defined under the different characteristics, have accessed continuing professional development (not including Mandatory and Statutory Training), within the last financial year.

In total, our records show that some 4,654 staff have accessed CPD, and it is recognised that not all CPD accessed may have been recorded on our system. The data is representative of the makeup of our staff as shown in the section ‘Trust Facts and Figures’ above. It is suggestive of there being equality of access to CPD.

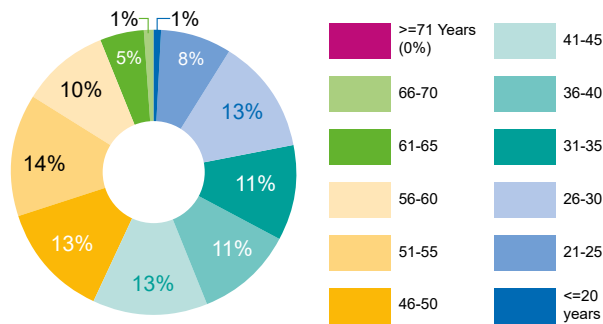
Access to CDP - Gender Profile



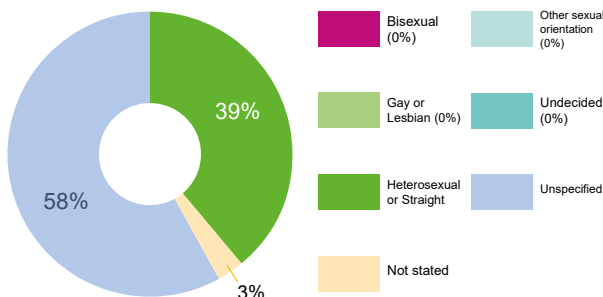
Access to CDP - Religious Belief



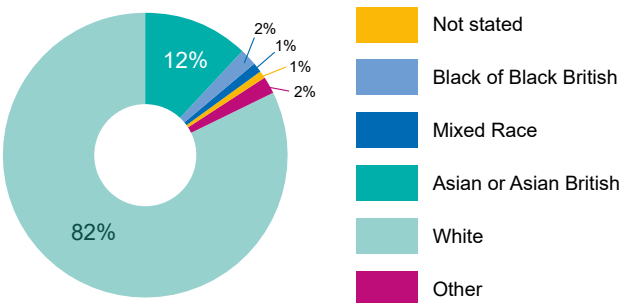
Access to CDP - Age Profile



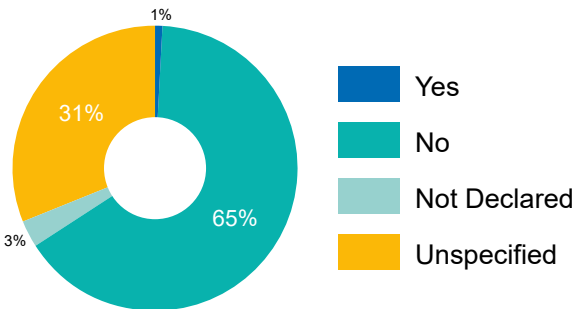
Access to CDP - Sexual Orientation



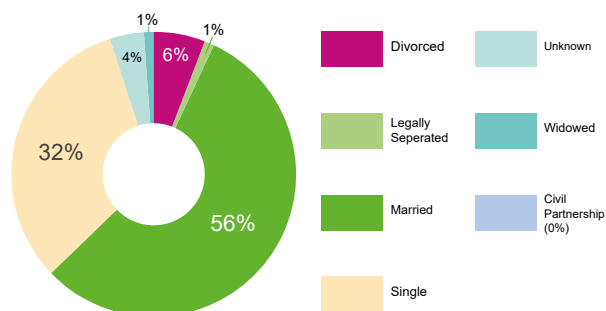
Access to CDP - Ethnic Profile



Access to CDP - Disability Profile



## Access to CDP - Marital Status



## Employee relations 2019 /20

Topic	Total number of cases	Ethnicity: White (All)	Ethnicity: Non-white	Age: Under 30	Age: 31-50	Age: 50+	Gender: Female	Gender: Male
Disciplinary	27	23	4	2	14	11	16	11
Grievance	6			1	3	2	3	3
Dignity at Work (including harassment)	12	10	2		6	6	9	3
Capability	-	-	-	-	-	-	-	-
Raising Concerns (FTSU)	44 (3 anon)	38	3	3	20	18	35	6
Appeal Against Dismissal	1	1	-	-	1	-	1	-
Other Appeals	5	1	4	-	4	1	3	2
Probationary								
MHPS Cases	6	1	5	-	5	1	4	2
Employment Tribunal Claims	1	1	-	-	-	1	1	-

## 5. Our Workforce Equality, Diversity and Inclusion Priorities

Our Workforce Equality, Diversity & Inclusion priorities highlight the support and action required to reinforce an organisational culture where everyone feels they belong.

Priority 1	Recruitment and promotion practices
<p>In partnership with staff representatives and staff networks, we will review recruitment and promotion practices to make sure that appointments reflect the diversity of our local community. This will include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes. Training and development for hiring managers and those in leadership roles will reinforce key messages of why this is a workforce and patients.</p> <p>Where there is divergence from new processes this will be in exceptional circumstances and agreed between the recruiting manager and the Chief Executive/Director of People &amp; Culture.</p>	
This will be measured, monitored and reported through:	<ul style="list-style-type: none"><li>• People &amp; Culture Strategy 2021/2023 - Engaged Workforce – Equality, Diversity &amp; Inclusion</li><li>• WRES Indicator: 1,2,4,7,9</li><li>• WDES Indicator: 1,2,5,10</li><li>• People &amp; Culture Risk: PC06 Recruitment</li><li>• Board Assurance Framework: Risk Ref 9 - Diverse and flexible workforce (workforce transformation)</li></ul>

## Priority 2

## Health and wellbeing conversations

Line managers should discuss equality, diversity and inclusion as part of newly introduced health and wellbeing conversations (in addition to PDRs), to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams around them can do to make further progress.

This will be measured, monitored and reported through:

- People & Culture Strategy 2021/2023  
- Engaged Workforce – Equality, Diversity & Inclusion
- WRES Indicator: 3,4,5,6,7,8
- WDES Indicator: 3,4,5,6,9,
- People & Culture Risk: PC09 Bullying & Harassment
- Board Assurance Framework: Risk Ref 9 - Diverse and flexible workforce (workforce transformation)

## Priority 3

## Leadership diversity

Along with our partners from Herefordshire & Worcestershire STP/ICS we will publish our progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce.

We will use the NHS England and NHS Improvement refreshed evidence base for action, to ensure the senior leadership (very senior managers and board members) represents the diversity of the NHS, spanning all protected characteristics.

This will be measured, monitored and reported through:

- People & Culture Strategy 2021/2023  
- Engaged Workforce – Equality, Diversity & Inclusion
- WRES Indicator: 1,2,4,7,9
- WDES Indicator: 1,5,10
- People & Culture Risk: PC03 Leadership capability & capacity
- Board Assurance Framework: Risk Ref 9 - Diverse and flexible workforce (workforce transformation)



## Priority 4

## Tackling the disciplinary gap

We must eliminate the gap in relative likelihood of BAME staff entering formal disciplinary processes compared to staff that are white. To close the ethnicity gap, we will take practical steps, including establishing robust decision-tree checklists for managers, post action audits on disciplinary decisions, and pre-formal action checks.

This will be measured, monitored and reported through:

- People & Culture Strategy 2021/2023 - Engaged Workforce – Equality, Diversity & Inclusion
- WRES Indicator: 3,5, 6, 8
- WDES Indicator: 3
- People & Culture Risk: PC09 Bullying & Harassment
- Board Assurance Framework: Risk Ref 9 - Diverse and flexible workforce (workforce transformation)

## Priority 5

## Staff Networks

By December 2021, all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.

Not only do staff networks provide a supportive and welcoming space for our people, they have deep expertise on matters related to equality, diversity and inclusion, which boards and executive teams need to make better use of. Staff networks should look beyond the boundaries of their organisation to work with colleagues across systems, including those working in primary care.

This will be measured, monitored and reported through:

- People & Culture Strategy 2021/2023 - Engaged Workforce – Equality, Diversity & Inclusion
- WRES Indicator: 1,2,3,4,5,6,7,8,9
- WDES Indicator: 1,2,3,4,5,6,7,8,9,10
- People & Culture Risk: PC09 Bullying & Harassment
- People & Culture Risk: PC25 OH risks for BAME staff from COVID-19
- Board Assurance Framework: Risk Ref 9 - Diverse and flexible workforce (workforce transformation)

Priority 6	Information and education
<p>We will provide resources, guides and tools to help us have productive conversations about Equality Diversity &amp; Inclusion, and to support each other to make tangible improvement to staff experience. Training will be refreshed to make it more impactful and focused on action. We will launch a Zero Tolerance to racism campaign to reinforce / will stamp out racism in all its forms.</p>	
<p>This will be measured, monitored and reported through:</p>	<ul style="list-style-type: none"> <li>• People &amp; Culture Strategy 2021/2023 - Engaged Workforce – Equality, Diversity &amp; Inclusion</li> <li>• WRES Indicator: 3,4,5,6,7,8</li> <li>• WDES Indicator: 3,4,5,6,9,</li> <li>• People &amp; Culture Risk: PC08a Mandatory training completion rates</li> <li>• People &amp; Culture Risk: PC09 Bullying &amp; Harassment</li> <li>• Board Assurance Framework: Risk Ref 9 - Diverse and flexible workforce (workforce transformation)</li> </ul>

Priority 7	Accountability
<p>We will adopt the new NHS England and NHS Improvement competency frameworks for every board-level position. These frameworks will reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion, and of all senior leaders to hold each other to account for the progress they are making.</p>	
<p>This will be measured, monitored and reported through:</p>	<ul style="list-style-type: none"> <li>• People &amp; Culture Strategy 2021/2023 - Engaged Workforce – Equality, Diversity &amp; Inclusion</li> <li>• WRES Indicator: 1,2,3,4,5,6,7,8,9</li> <li>• WDES Indicator: 1,2,3,4,5,6,7,8,9,10</li> <li>• People &amp; Culture Risk: PC09 Bullying &amp; Harassment</li> <li>• People &amp; Culture Risk: PC25 OH risks for BAME staff from COVID-19</li> <li>• Board Assurance Framework: Risk Ref 9 - Diverse and flexible workforce (workforce transformation)</li> </ul>

## Priority 8

## Building confidence to speak up

By March 2021, NHS England and NHS Improvement will launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts. We will increase the number of WRES Experts in our Trust by sponsoring more staff to undertake this training.

At the same time we will work with staff networks to recruit more BAME, LGBT+ and Disabled staff to Freedom to Speak Up Guardian roles, in line with the composition of our workforce.

This will be measured, monitored and reported through:

- People & Culture Strategy 2021/2023
  - Engaged Workforce – Equality, Diversity & Inclusion
- WRES Indicator:
- WDES Indicator: 4, 6
- People & Culture Risk: PC09 Bullying & Harassment
- Board Assurance Framework: Risk Ref 9 - Diverse and flexible workforce (workforce transformation)

## 6. Putting Patients First

### **Empowering everyone to access information about our services**

Worcestershire Acute Hospitals NHS Trust is committed to the delivery of quality healthcare services, ensuring that services are safe, effective, caring, responsive, and well-led. Underpinning the vision for our Trust of “working in partnership to provide the best healthcare for our communities” is our Quality Improvement enabling strategy. This strategy defines our ambitions and our methods to achieve our goals – to deliver sustained, significant and continuous improvements to the quality and safety of the care we provide for our patients.

Our Trust Vision, ‘Putting Patients First’ is about individualised person-centred care. It is about ensuring that that our services are accessible to, and meet the needs of, all of our patients and visitors.

To support our ability to realise our Vision and to meet national Equality Delivery System obligations such as Accessible Information Standards and CQC requirements in a meaningful, considered and sustainable way, we want to develop our ability to empower our patients and carers to be in control and to have the ability to access information ‘at the right time’ for them. More information on our Accessible Information Standard can be found here: [https://www.worcsacute.nhs.uk/our-trust/corporate-information/equality-and-diversity/accessible-information-standard\\_wellbeing](https://www.worcsacute.nhs.uk/our-trust/corporate-information/equality-and-diversity/accessible-information-standard_wellbeing).

In January 2020 we signed a partnership agreement with AccessAble, previously called DisabledGo and used by 1.8 million people every year, to enable us to promote patient and carer independence, tackle inequality, support accessing of information, manage individual’s expectations and alleviate anxieties.

This partnership will enable the public to find out key information about our hospitals ahead of their visit, from their own homes and their own devices (phones and computers). The partnership will result in the creation of Access Guides for every department, ward and facility at our three hospitals and our services at Evesham Community Hospital. Detailed Access Guides describe each stage of a journey, from arrival on site to the facilities available in communal areas, specific wards and departments. Detailed in nature, the Access Guides produced for our Trust will look at ‘access’ and ‘disability’ from different perspectives. The guides will cover mobility impairment, learning disability, sensory impairment, dementia and mental health.

The Access Guides will be of value to anyone visiting our hospitals; they will aid way-finding and lowering anxiety. Current AccessAble partners have found the Guides of value to people with temporary impairments and those whose health is impacted due to an ongoing condition or treatment plan.

Although the project launch in March 2020 was unfortunately delayed due to the COVID-19 pandemic to ensure the safety of our patients, staff and AccessAble surveying team, we have been able to progress and will be in a position to make access guides available to the public across a number of our services in 2021. Our responsive and flexible approach whilst in a pandemic, has demonstrated that we will be in a position to provide a dignified and empowering service for the community of Worcestershire.

### **Hearing and listening to the patient story**

As part of our commitment to understanding and learning from the patient experience, we have continued to demonstrate our commitment to strengthen the patient voice at Board level. We have engaged with our patients and carers to

work together on our improvement journey, by listening to feedback and ideas. During 2019-20 we welcomed 12 patient stories at the beginning of our Trust Board meetings, including John's story (below).

We met John during our Quality Account consultations where, alongside members of our Patient Public Forum, we met informally with members of the public across our hospitals to find out about different experiences of care, understand where we are doing well and where we can improve.

After presenting at our Trust Board, John became an active member of our Patient Public Forum and a Trustee of Sight Concern. John is now an active member of the Trust Specialised Clinical Services Division Governance Committee as a Patient Representative and is interested in developing his role further to support wider volunteering initiatives to support the patient experience. Here is John's story in his words.

### John's Story



I was first diagnosed with wet form macular degeneration in my left eye in 2012, followed by my right eye in the summer of 2015. A couple of months later I experienced a sub macular haemorrhage.

The impact of sight loss has had a serious consequence on the quality of life of both myself and my family which has placed a disproportionate reliance on those closest to me. I have been frustrated in the past, wanting to share 'the good and the bad' and support learning. I've joined groups such as Sight Concern and the Macular Society which has gone some way to supporting this.

My wife and I moved to the area in January 2017, to be nearer to our family as my sight was deteriorating. My experiences at Worcestershire Acute Hospitals NHS Trust made a fundamental difference to my experience. My previous experiences were with consultants who did care, however the procedures were carried out by different locum doctors offering no continuity. I was left in pain after the procedures and prescribed eye drops for pain management. At Kidderminster Hospital nurses offered to hold my hand and offered reassuring continuity, really taking the time to treat me as an individual. My experience at every visit feels supportive and I have not needed to use eye drops after my visits. This courteous, personal, person-centred approach makes a significant and fundamental difference for a procedure that is unpleasant and uncomfortable. My experience for regular appointments and treatment is dignified, empathic and respectful.

My life has changed and I am working in many new ways. This all kicked off because I needed a sense of having a role to play. My life had changed completely and I needed an interest and I needed a way to contribute. I am now also working with the hospital that treats me to find out how I can support others and I would like to share that you don't have to be part of the medical profession to improve the patient experience. I am sitting on committees and groups with interested, enthusiastic people who are listening and keen to collaborate.



## Equality and Diversity: the Patient and Public Experience

Our key improvements within the last 12 months include:

- Developing our partnership with AccessAble
- Widening our community engagement by developing our first volunteering strategy #WeAreVolunteering together with our local community
- Widening our community engagement by working with the local community and across our staffing teams when developing new projects: an example of this is the Bereavement Office project which we developed when we relocated the service to a new site at Worcestershire Royal Hospital to ensure better access for bereaved families.
- Developing our ability to raise the profile of and keep the conversation going with equality, diversity, accessibility and inclusion through Equality and Diversity committee meetings, and the launch and delivery of our Patient Experience Champions movement #TogetherWeArePatientExperience
- Enabling the local community to have a voice that we listen to and actively engage in decision making together with our Patient Public Forum and our Hospital Youth Forum
- Demonstrating our commitment to the integration of care systems by leading the first system-wide meeting of the ICOPE Worcestershire Collaborative Forum, promoting shared responsibility across frailty services, delivering dementia training across staffing teams and introducing Dementia friendly name badges to enable individualised and person-centred care.

### Widening our community engagement

#WeAreVolunteering: Worcestershire Acute Hospitals Trust Volunteering Strategy 2020-2025

Putting Patients First: we created an integrated

partnership for our staff, volunteers, the public, voluntary organisations and healthcare providers to work together to create our vision for volunteering.



Our journey this year:

- We were successful as one of the first 10 Trusts selected nationally to receive volunteers in 2019 as part of the Helpforce Daily Mail Volunteer campaign.
- We developed an assisted feeding training programme for our volunteers to enhance our compassion and communication on our wards. We also worked with volunteers to help patients and carers access the Friends and Family test to help us understand the patient experience of care.
- In April 2019 as part of the National Expo of Care: Patient Experience Week, we opened recruitment to our first Hospital Youth Forum

and recruited 12 young people aged 14-24. The group began to meet regularly from July 2019.

- In October 2019 more than 100 volunteers came together to discuss and explore what was working well for volunteers at our Trust and where improvements are needed. The events were solutions focused and kick-started our volunteer strategy development.
- In November members of our Patient Public Forum and our Head of Patient, Carer and Public Engagement consulted with the public at The Alexandra Hospital in Redditch to find about public expectation about volunteering at our hospitals.
- In December 2019 we brought 76 volunteers and members of staff together across the three hospital sites for a mince pie volunteer celebration, to look at the themes from our October events, discuss priorities and continue to shape our strategy together.
- We were due to launch our strategy in June 2020 but due to the COVID-19 pandemic we have had to work differently. We will deliver a series of virtual engagement projects from June to progress the strategy which will be followed by a strategy launch.

### **Local photography helps to comfort the bereaved**

A public competition to provide art for a dedicated quiet room for families, carers and recently bereaved members of the public was launched this year, to offer loved ones a calm place to sit when meeting with our Bereavement Officers.

We know from family and carer feedback that images on the walls can offer comfort and a sense of familiarity at this unfamiliar, confusing and often distressing and difficult time.

The competition received over 400 images from the public. Entries were shortlisted by a team of Volunteers and Patient Experience representatives, followed by a public vote in

which more than 800 people voted. The four winning images were mounted on canvas and displayed.



Above: 1st, 2nd and 3rd place as voted by the public to provide images for the new bereavement waiting rooms at Worcestershire Royal Hospital.



Volunteers and members from the Dementia team came together to advice on room layout and design, to support accessibility. The approach of working with the Dementia team has been adopted across the Trust when refurbishing and creating new spaces.

Other work has included a redesign and revision of the bereavement brochure for families and friends of loved ones as a supportive tool; this was redesigned in co-production with members of the Patient, Public Forum, alongside guidance from the Dementia team and Alzheimer's Society to support sensory impairment and dementia. Benchmarking with other Trusts, the focus included ensuring that developments were reflective of good practice and in line with national standards.

### New Partnerships: Working Together With Our Communities

In 2019 we held '12 days of Christmas' events to encourage greater community engagement and to foster new partnership working. This resulted in volunteer "drop in" and "check in" sessions for the first time across sites (responding to feedback), new community choirs and youth orchestra partnerships, pantomimes and poetry slams, signed carols, school choirs and increased visits from therapy dogs.

### Continuing our Patient Experience Champions movement: #TogetherWeArePatientExperience



“ Being a Patient Experience Champion is a really rewarding opportunity to look at the work we do in my department from the patient's point of view and a chance to look at ways, whether big or small, to improve the patient's experience ”



Patient Experience Champion group 2

In 2019 we continued to recruit to our new movement #TogetherWeArePatientExperience, recruiting more than 70 Patient Experience Champions. This movement supports our aim to deliver an excellent patient experience which will be underpinned by Patient Experience Champions across our hospitals. This inclusive, collaborative way of working has connected our staff in a way that fosters networking, good practice and knowledge sharing.

Our Champions are empowered to make decisions and changes to benefit patients and as a result they have shared that they feel valued and engaged. Patient Representative volunteers received dementia, equality and learning disability masterclasses and champions attended at least two discussions and action focused training days. Further developments to the programme included Bronze Quality Improvement training to further support change and sustain impact.

Response and recommended rates in our Friends and Family test have improved and wards are visually demonstrating to the public on ward boards how they are responding to feedback.

The programme has launched something we hope will truly become embedded within our culture and will be a positive force leading true patient, carer and staff collaboration into the future.

## Enabling our local community to have a voice

The Patient Public Forum actively recruited new members in 2019/20 to increase their representation of the local community. We are committed to involving patients and local people in the services we provide and one way we do this is via our Patient Public Forum.

- Sitting on and actively engaging with a number of Trust Committees to ensure patient views are captured and represented
- Helping us ensure that patient views are always at the forefront of our decision making



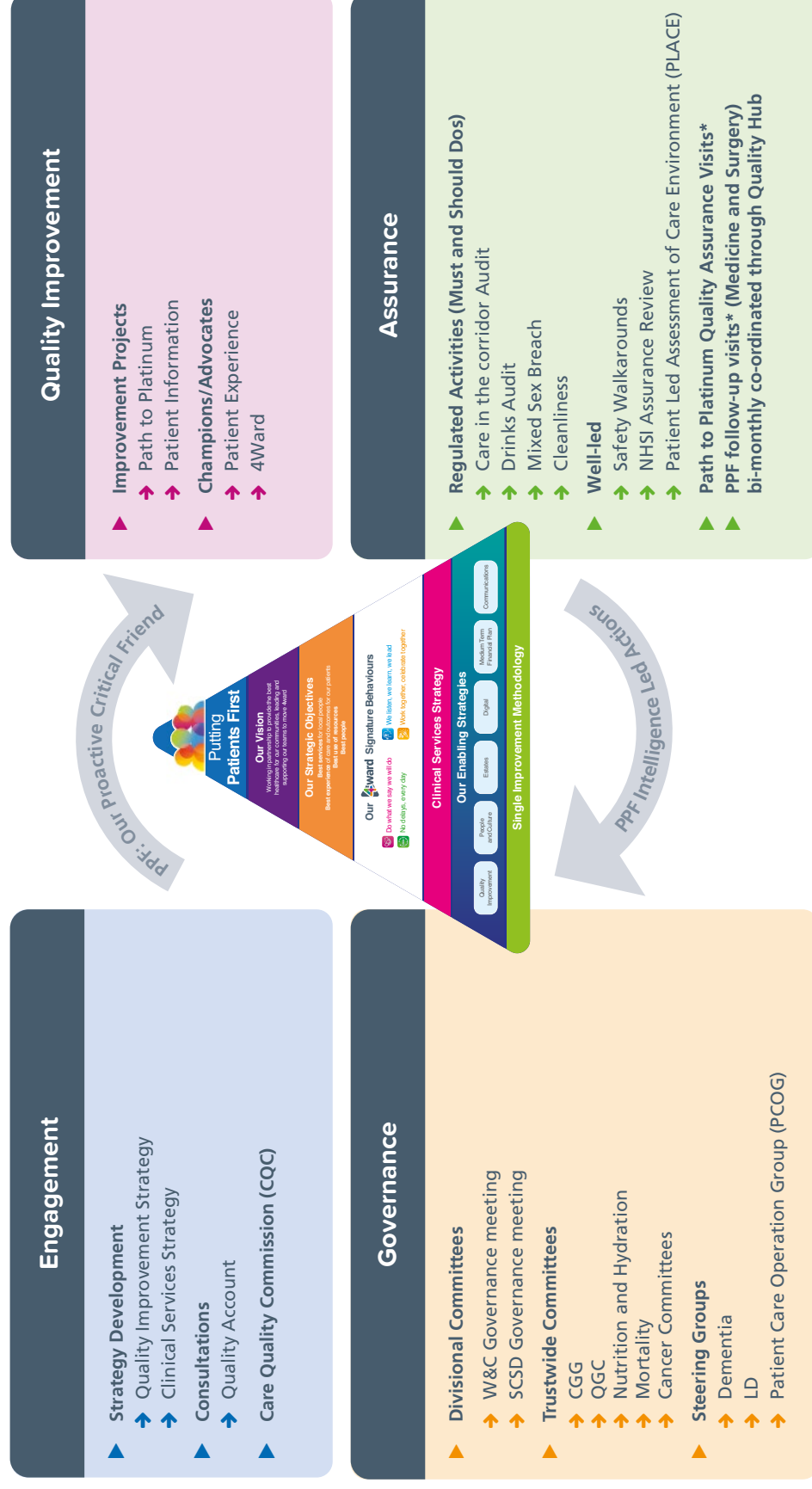
The Patient Public Forum has played a key role with the Trust this year in many ways including:

- Working with us to consult with the public on our key priorities
- Speaking with patients, carers and relatives about their experiences
- Regular ward and department visits to observe cleanliness, nutrition and hydration, care and privacy and dignity
- Supporting hospital staff with regular audits including Quality Reviews
- Contributing to a wide range of service improvement initiatives including updating and improving patient information and the ways we engage
- Interviewing new members of staff

We created a model of engagement with our Patient Public Forum to clearly share how the group actively participates on different levels with our hospital Trust.



## Patient Experience and Patient Public Forum (PPF) Engagement Programme





## Interpreting and Translation

We continue to work with the company AA Global to enable interpretation and translation for our local communities and in 2020-21 we are developing new ways of supporting communication and understanding through the use of digital technology. We also continue to work with Action for Deafness to support our Deaf Community and at the start of the Covid19 pandemic we explored new ways to provide timely emergency sign language support for our patients and carers, which resulted in developing a new fixed term contract with SignLive. We continue with our approach of actively engaging with the Deaf Community in the development of supportive measures and initiatives, which ensures that we can address local need.

Our Lead Chaplain at Worcestershire Royal Hospital has supported deaf inpatients, communicating with them in British Sign Language and supporting interpreters. During 2019/20 we have continued to provide Level 1 introductory British Sign Language courses to our staff, taking the total number of staff trained in BSL to 150.

## The launch of our first Hospital Youth Forum

We started recruiting for our first ever Hospital Youth Forum in #Expo of Care National Patient Experience Week 2019 to support young people to have a say about their local healthcare and to feel empowered to feed back their views to create a lasting, positive impact. New hospital youth forum member Sariya, aged 17, said of the launch event

**“I wanted to be part of a new adventure that drives for change”**

The launch event that brought together the new members was supported by a Young Commonwealth Ambassador and a founding member of the NHS England Youth Forum, who

also sat on the National Youth Select Committee for mental health.

These young people with a wealth of national and internal youth engagement experience worked with the new forum members to begin to explore how they could influence change and how they could best represent the young people of Worcestershire. The group has continued to meet monthly since the launch.



Some of the members of our Hospital Youth Forum meeting virtually to discuss inclusion, diversity, equality and diversity; working together with Trust staff

## A few words from our youth forum



Hi there,

We are the Youth Forum at Worcestershire Acute Hospitals Trust and we strive to make the hospital setting better for other young people, ensuring they have their voices heard. We meet once a month to discuss ways to improve the hospital experience from surgery wards, to paediatric wards, to waiting rooms! We work hard as a group to solve issues, always with the aim of providing a more welcoming and informative experience for young people during their time of need.

This year we have visited the Emergency Department, the Canteen, Riverbank Ward (the children's ward), Theatres and Recovery. On these walk-arounds we saw where it was working well and we discussed opportunities

for improvement and ways in which we could ensure young people felt as safe and comfortable as possible. We have been working on physical changes within the hospital and changes to protocols and practices. For instance, we feel strongly that the opportunity for young people to have choices regarding their treatment, even ones as small as being able to listen to music during anaesthetic or being seen alone for a few minutes at the beginning of a consultation, can help them feel more in-control in a setting where things can often seem out of your control. Because of this we've been working with healthcare professionals to change protocols in order to give young people more control over their experiences during hospital visits.

We've also been working on physical changes, such as the introduction of more ceiling lightboxes after they had such a positive impact in the Emergency Department. These will provide a distraction, some calm and sensory interest. Alongside this we are investigating ways to improve signage and make busy areas of the hospital as easy to navigate as possible. We are also passionate about the importance of being well informed and are looking at ways of facilitating the spread of information, such as patient rights, opportunities for feedback and other general hospital updates. We want to tackle this from both a physical (posters, leaflets etc.) and digital standpoint, perhaps involving website development, social media and even a digital hospital tour!

With so much work underway it's been an exciting first few months, even if it was rudely interrupted by COVID-19! Going forward we're really keen to hear young peoples' thoughts and interact with the hospital community either through email or social media, we want to use our platform to amplify the voices of young people and we are exploring ways we can best serve young people across our community.

Watch this Space...

## **Integrated Care of Older People (ICOPE)**

Responding to the needs of vulnerable people using health services in Worcestershire is integral to our vision and quality priorities. As set out in the NHS Long Term Plan, integrated care systems are required to enable care which is tailored to individuals' personal needs and delivered as close to home as possible. As part of our commitment, we hosted the first system-wide meeting of the newly invigorated ICOPE Worcestershire Collaborative Forum focused on enabling robust system wide frailty services and shared responsibility to optimize a patient's journey.

The Acute Hospital Frailty Service has provided Comprehensive Geriatric Assessment for more than 1500 patients. Feedback gained via the Friends and Family test corroborated that the service was valued by patients, relatives and carers. Comments focused on the holistic care provided.

To further enhance care delivery and the experience of care in the Acute Hospital setting, the recruitment and development of Frailty Advanced Clinical Practitioners to supplement Consultant Geriatricians has enabled the development of Geriatric Emergency Medicine Services (GEMS) at the Worcestershire Royal Hospital. GEMS focus provides a same day service for patients with frailties that have attended the Emergency Department but can be assessed using the gold standard Comprehensive Geriatric Assessment in a quiet unit adjacent to our sensory garden. The provision of timely assessment and focus on admission avoidance has prevented the risk of hospital acquired functional decline in vulnerable patients; one of the priorities of our Home First Programme work stream for frailty.

## **Embedding best practice Dementia Care in hospital**

We have also focused on improving the

experience of care of people with dementia through the Fundamentals of Care Programme, which supports our Quality Objectives for 2020/21, in particular embedding the Dementia & Delirium Care Bundle to provide a consistent and reliable culture of care, in which the needs of patients with dementia are met as part of routine practice. The revision of quality audits carried out by the Ward Managers and Matrons provides assurance that care of this vulnerable group is person-centred.

## **Raising Dementia awareness**

Raising the awareness of staff to the specific needs of people with dementia was facilitated through the Fundamentals of Care Programme; with the addition of Dementia Awareness e-learning for all staff. Within two months more than 50% of staff had completed this training.

## **Learning from COVID-19**

Learning in regard to the impact on people with dementia and their carers gained at the start of the pandemic will be continued. The Dementia Team revised their way of working to provide a liaison service which equally supported patient and carer needs. This facilitated an increased carer contact and their involvement in care, face-time calls from the patient's bedside to their relatives at home, allocation of activity items and crocheted blankets to personalise patient's bed spaces. The introduction of yellow "dementia friendly" name badges worn by the Dementia Support Workers and Chaplains has helped people with dementia read their names and increase patients' use of staff names and help to build relationships between them.

The new model of working also highlighted that carers of people with dementia often have physical needs and health concerns of their own. This has subsequently led to signposting to support services and carer assessments through the Worcestershire Association of Carers.

## Key Awareness and Engagement Activities in 2019/20

<p><b>LGBT+</b></p> <p>In response to an LGBT+ Healthwatch Worcestershire survey on experiences of local health and care services, the Trust recommended a system wide approach for learning. Trust actions in 2020/21 include:</p> <ul style="list-style-type: none"> <li>*Adoption of the rainbow badge</li> <li>*Dedicated training programmes</li> <li>*Engage with LGBT+ Pride month</li> <li>*Develop data collection forms to accommodate diversity and reduce the risk of exclusion</li> <li>*Increase the support and information available for young people about sexuality and gender</li> </ul>	<p><b>Learning Disability week 2020</b></p> <p>We worked with Learning Disability Liaison Nurses to create short films to promote generate awareness across the Trust. We created a new Learning Disability Hospital Passport and we launched a “bedside symbol” to support awareness of our patients with a learning disability. We also co-produced a learning disability visiting card as an “Always Event” to keep family and carers updated.</p>	<p><b>Listening to our community</b></p> <p>We received feedback from local surveys that partners wanted to stay with new mums overnight: we put this in place in 2019 and worked with volunteers at the Maternity Voices Partnership (MVP) to create posters for awareness. Our next steps after Covid19 will be to explore how we can support greater flexibility for accompanying and visiting partners.</p>
<p>Annual PLACE audits focused on increasing diversity and we reached out further to actively engage with our local community. The annual audit in 2019 included members of the public who are blind/VI for example to support our understanding of different experiences of hospital access. We also approached members of the public who had previously shared concerns about accessibility and the physical environment as well as local voluntary organisations to join our inspections. We used a new digital approach with iPads to complete assessment forms, and provided both online and face-to-face training.</p> <p>The findings from the audits were shared directly with everyone who took part, staff across the Trust and the Patient Public Forum for ongoing monitoring and discussion.</p>		

## Key Awareness and Engagement Activities in 2019/20 (Continued)

<p><b>The positive impact and power of music and singing</b></p> <p>The Chaplaincy singing group has sang on our wards every fortnight, focusing especially on familiar old songs and hymns to support patients' memories and to enable patients to join in. Severn Arts (formerly Worcestershire Youth Music) brought together an orchestra of more 20 young musicians for the first time to play Christmas music and carols around our wards, and Redditch Community Gospel Choir led our Christmas Carol Celebration.</p>	<p><b>Youth Forum</b></p> <p>The youth forum is supporting progress with our LGBT+ action plan by developing an awareness campaign "Did You Know". They have also implemented changes to support young people's rights by amending Outpatient sheets to ensure staff ask if young people would like to attend consultations with or without a parent, guardian or chaperone. The group has endorsed #CallMe which is an initiative to enable our Trust to refer to patients by their preferred name.</p>	<p><b>Creative Community Partnerships</b></p> <p>"Art in a Hurting Place" began in 2019 with collaboration between the Chaplaincy team and St Augustine's High School. Students created art to be displayed at The Alexandra Hospital, Redditch. This initiative is intended to communicate encouragement and inspiration in a different way. Following a successful project, we have worked with more schools in the area who have donated beautiful artwork. During the start of the Covid19 pandemic this opportunity has also provided a creative outlet for local schools to express their thanks for their local NHS.</p>
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## Complaints Data

We aim to provide the highest possible standards of compassionate care and the very best patient experience. We invite and gather patients', carers', friends' and families' experiences of care in a number of ways including comments, queries, concerns and complaints which are shared with our Patient Services Team, our Friends and Family Test, letters and thank you cards, online feedback on NHS.uk (formerly NHS Choices), the Care Opinion website, Care Quality Commission, Patient Surveys and more recently new digital platforms via social media and our Trust website.

In 2019-20, the Trust recorded 6809 compliments from patients, carers, relatives, friends and visitors, which was an increase from 5980 in the previous financial year. If however a patient, relative or carer is concerned or dissatisfied with our service, it is important that they feel comfortable and supported in raising any concerns. We aim to resolve any misunderstandings in a timely way or, if failings have occurred, we work hard to ensure that learning and improvements are implemented.

Worcestershire Acute Hospitals Trust is committed to resolving concerns at the earliest opportunity and this is often facilitated by the patient, relative or carer discussing their concerns directly with the service at Ward/Clinic level. The Patient Advice and Liaison Service (PALS) is available to provide confidential advice and support to any patient, carer or relative who may not feel comfortable raising their concern with the service directly, or where their concern remains unresolved. The PALS team aims to resolve any concerns that are raised with them quickly and informally.

Formal complaints are supported by our Patient Services team and staff across the Trust. Formal complaints often lead to quality improvements and are seen by staff and departments across the Trust as learning opportunities. Learning

from the investigations into patient/carer complaints is fundamental to achieving to achieving a person-centred model of care and the Trust vision of Putting Patients First.

### Formal complaints overview:

The Trust received 576 formal complaints in 2019-20, 3 fewer than the 579 formal complaints received in 2018-19 and 22 fewer than 2017-18.

In the financial year 2019 – 2020, of the formal complaints logged in relation to discrimination and equality (as well as learning difficulties as a whole), 2 related to staff attitude, 1 related to disabled equipment and 1 related to disabled parking. The Trust has ensured learning from the issues and concerns in these complaints through staff training and general awareness and understanding through the Patient Experience Champions Movement. The partnership with AccessAble will further support patients and their carers to prepare for coming into hospital.

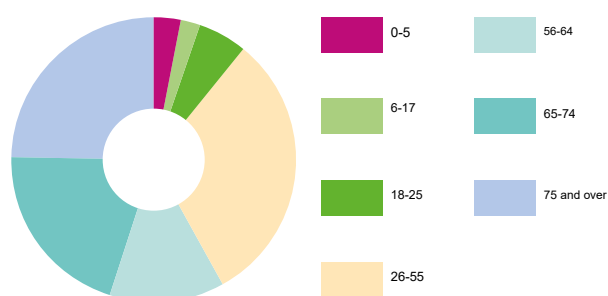
### Ethnicity of Complainants

Ethnicity	Number	Percentage
White - British	516	94.5%
White - Irish	4	0.7%
White - other white	7	1.3%
Indian	2	0.4%
Pakistani	4	0.7%
Not stated	4	0.7%

The majority of people who were the subject of complaints from the last financial year were White - British (94.5%), and White – Other, reflecting the county's demographic profile. All other ethnic categories each represented 0.7% or less of the total complaints.



The majority of complainants were in the 26-55 years age band with 173 complainants. 136 complainants were aged 75 and over. The least number of complaints related to 6-17 years and 0-5 years.



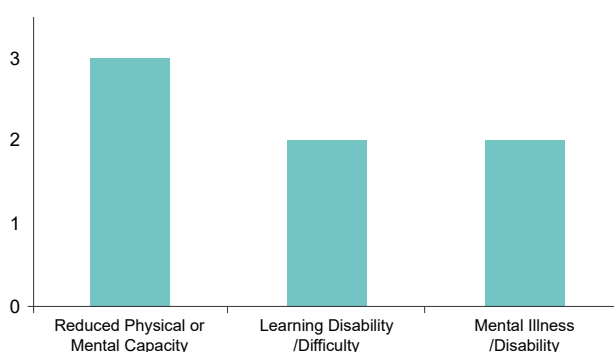
The Trust has continued to equip staff with the skills to resolve concerns locally where possible. This was a supportive measure in 2018-19 to reduce the number of formal complaints across the year. Staff awareness of the Patient, Advice and Liaison Service and actively engaging with patients and carers for feedback via the Friends and Family Test also supports open communication and learning from concerns. The Trust will continue to improve accessibility of information for patients, which is a key strand of the Quality Improvement Strategy.

Age Band	Number
0-5	18
6-17	12
18-25	31
26-55	173
56-64	73
65-74	113
75 and over	136

## Vulnerable Adults

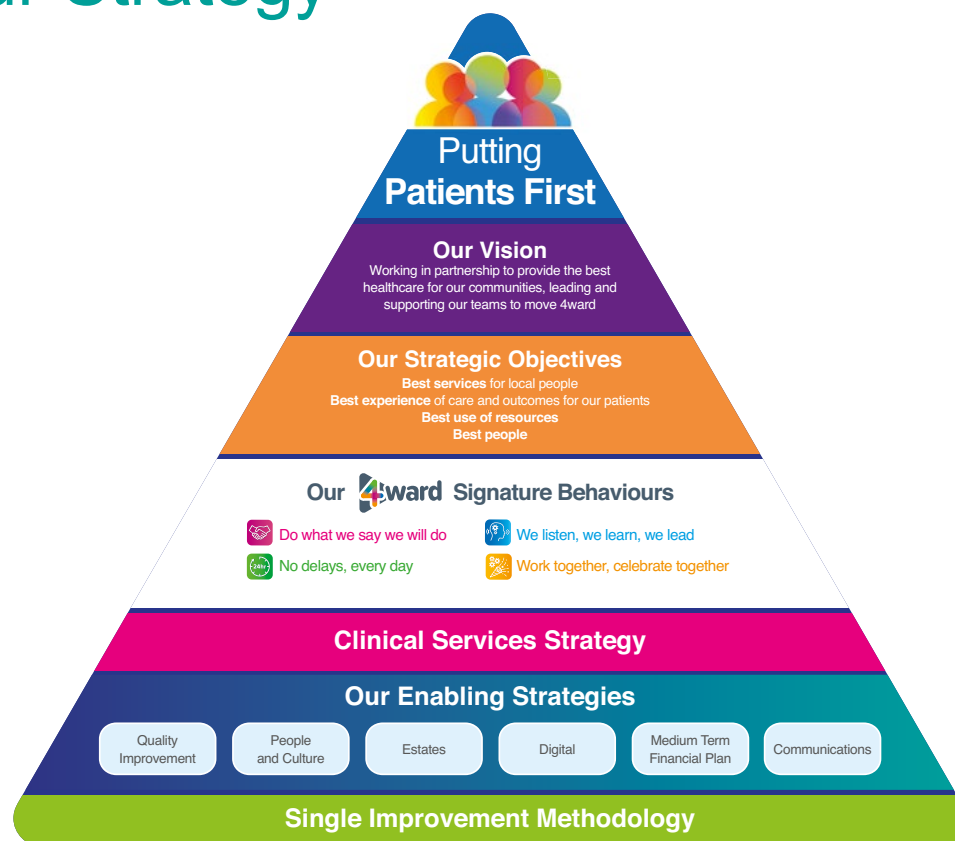
Complaint information is captured regarding vulnerable adults using nationally defined subject codes and reported directly to the Safeguarding Committee.

Vulnerable Adult Code for Person who is subject of a complaint 2019 - 2020



# OUR PLANS FOR THE COMING 12 MONTHS - WE LISTEN, WE LEARN, WE LEAD ACHIEVEMENTS

## 7. Our Strategy



**Our strategic pyramid will continue to focus and support our development over the coming 12 months:**

### Putting Patients First - Our Vision

We will continue to create an environment where everyone can be, and has the confidence to be, themselves.

### Our 4Ward Signature Behaviours

Our 4ward behaviours are now well recognised amongst our staff and patient representatives; our patients and visitors are also now getting to

know them too. This was demonstrated when the public told us that they were aware of a positive change across the hospitals, when we asked about their experiences of care during our “Quality Account consultations” in 2018 and 2019.

We want to ensure the local community can continue to help us embed cultural changes within the Trust, and this is particularly relevant in the work we will do around equality, diversity, accessibility and inclusion.

**Our guide for the coming 12 months will be Our Strategic Objectives.**

## Our Strategic Objectives

Objective	Details	Key People
<p><b>Best Services:</b></p> <p>Focusing our staff on quality customer service to benefit all of our patients. We will support staff to feel confident to be who they are without fear of discrimination and we will explore our understanding and developments across equality, diversity accessibility and inclusion for our patients and their carers.</p>	<p><b>We will do this by</b> developing, refocusing and renaming the Equality and Diversity Committee; “IDEA”; the Inclusion, Diversity, Equality and Accessibility Committee. This will enable us as a Trust to develop a space to consider issues across the agenda in our daily work for the assurance of best services. We will invite a Patient Representative to join this group as an active member. The representative will be from the Patient, Public Forum to ensure a clear mechanism to support ongoing public engagement and discussion. We will develop Equality and Diversity Champions to widen and cascade our messaging across the Trust.</p> <p>Timeline: October 2020 onwards</p>	<p>Inclusion, Diversity, Equality and Accessibility Committee members (IDEA) Patient Public Forum Champion groups Trust and Divisional Senior Leaders Learning &amp; Development Team</p>
	<p><b>We will do this by</b> continuing to explore how our 4ward behaviours can support a truly inclusive patient experience. We will do this by providing clear and varied mechanisms for the public to share their feedback and we will ensure this is discussed and monitored at all levels within our Trust. We will ensure that when we develop new initiatives and strategies that we work collaboratively through co-production.</p> <p>Timeline: Ongoing</p>	<p>Patient, Carer, Public Engagement steering group 4Ward Lead Advocate and Trust Advocates Trust and Divisional Senior Leaders IDEA Committee Patient Public Forum Hospital Youth Forum Learning Disability Forum Volunteers. Voluntary organisations.</p>

Objective	Details	Key People
<b>Best Experience:</b>  Sharing great patient experience and continuing to develop our learning from patient stories, to encourage other people to adopt the same ways of working to support an environment of inclusion and diversity.	<b>We will do this by</b> continuing to share patient stories at our Board and Sub-Committee meetings that focus on Inclusion, Diversity, Equality and Accessibility.  Timeline: ongoing	All Committee chairs Head of Patient, Carer and Public Engagement Patient Experience Lead Nurse IDEA Committee Patient, Carer, Public Engagement steering group
	<b>We will do this by</b> launching our partnership with AccessAble, which enables people to explore the site before their visit and plan to meet their needs. Timeline: project launch in September 2020. Expected in February 2021.	Head of Patient, Carer and Public Engagement IT Teams Communications team Estates and Facilities IDEA Committee Wider support, as identified within the project once detailed surveying is available
	<b>We will do this by</b> actively monitoring our action plan which we developed in response to the Healthwatch LGBT+ survey, ensuring that changes implemented are measurable.  Timeline: July 2020 onwards	Monitored by IDEA Committee Head of Patient, Carer and Public Engagement Learning and Development team Patient Public Forum Hospital Youth Forum
<b>Best Use of Resources:</b>  Making sure we are supporting work, changes and challenges by reflecting on the impact this has on different staff groups, within the protected characteristics, and beyond.	<b>We will do this by</b> continuing to ensure our Equality Impact Assessment (EIA) is embedded across the organisation and used alongside the QIA process, giving it equal value and attention. We will also ensure this model is used within the development of our Clinical Services Strategy, and supporting plans, to ensure a focus on EIA for Patient Care and outcomes.  Timeline: this has been embedded and is ongoing	Governance team HR team IDEA Committee Clinical Strategy leads Head of Patient, carer and Public Engagement Patient Public Forum Voluntary organisations

Objective	Details	Key People
<p><b>Best People:</b></p> <p>We will learn from feedback and experiences and encourage solutions and innovation from within our workforce.</p> <p>We will support our volunteers to continue to develop their training and awareness to promote our core values of inclusion, diversity, equality and accessibility.</p>	<p><b>We will do this by</b> supporting a new process to enable us to provide patient respect, dignity, experience and care. #CallMe will allow staff to readily interact with all patients in a way which is individually appropriate for each patient. The initiative will be developed with our patient representatives and staff.</p> <p>Timeline: December 2020</p>	<p>Consultant Anaesthetist Head of Patient, Carer and Public Engagement Digital Teams IT Teams Communications Team Hospital Youth Forum Patient Public Forum IDEA Committee Committees and groups across the Trust</p>
	<p><b>We do this by</b> engaging with patient representatives when employing lead members of staff.</p> <p>Timeline: ongoing</p>	<p>Patient Public Forum Hospital Youth Forum Recruitment Team Trust staff as relevant to the post</p>
	<p><b>We will do this by</b> developing new training tools and a training package for all of our volunteers. We will do this through co-production working with our volunteers and community colleagues and drawing from national best practice.</p> <p>Timeline: by August 2020</p>	<p>Head of Patient, Carer and Public Engagement Volunteer Manager Volunteers Patient Public Forum Worcestershire Health and Care Trust Trusts regionally and nationally NHSe/i</p>

We will review and amend our Inclusion, Diversity, Equality and Accessibility objectives to ensure they are responsive to and continue to meet the needs of, our patients, carers and local community.

## 8. Moving 4ward on our journey of improvement overview

### Ensuring that we continue to learn from and work with others: Together We Are Patient Experience

Over the coming 12 months we will continue to embed developments that we progressed in 2019/20. We will recognise and celebrate innovation to provide solutions to improving patient experience. We recognise that there will be challenges with a global pandemic and we will ensure a clear focus across inclusion, diversity, equality and accessibility.

Specifically we will be focusing on:

#### Seldom Heard Voices:

- We will continue to support our Hospital Youth Forum and through co-production provide a meaningful mechanism to orchestrate positive change as a result of feedback and collaboration with service users.

#### Continuing to grow our Patient Public Forum:

- We will consciously increase the diversity of this group.
- We will continue to ensure active representation is maintained at all levels building on operational and cultural developments.
- We will support the group to lead on and engage in new ways with patients and staff, embracing digital possibilities

### Developing new ways of engaging with the public

- We will embrace technology and explore during the pandemic how we can engage with patient representatives, members of our community and patients in new ways We will launch AccessAble Guides and explore ways to gain feedback from the community about the effectiveness of this supportive tool

### Increasing opportunities to widen our reach

- We will continue to develop an integrated approach to volunteering to increase volunteering opportunities across the hospital, widen recruitment and the profile of volunteers. We will launch our “Adopt a Volunteer” programme to demonstrate value to our volunteers, building on our Volunteer Strategy #WeAreVolunteering

We would like to hear from anyone who would like to work with us in any area of our work. For more information please contact Anna Sterckx, Head of Patient, Carer and Public Engagement at [anna.sterckx@nhs.net](mailto:anna.sterckx@nhs.net)





