NHS
Worcestershire Acute Hospitals NHS Trust

Date of meeting	13 September
Paper number	H1

Equality Information Report for 2017/18

For approval:	x	For assurance:		To note:	

Accountable Director	**Tina Ricketts Director of People and Culture**		
Presented by	**Tina Ricketts, Director of People and Culture**	**Author**	**Deb Drew Head of Human Resources**

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	√	Design healthcare around the needs of our patients, with our partners	√	Invest and realise the full potential of our staff to provide compassionate and personalised care	√
Ensure the Trust is financially viable and makes the best use of resources for our patients		Continuously improve our services to secure our reputation as the local provider of choice			

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	√	Operational Performance		Quality of Care	√
Finance and use of resources	√	Strategic Change		Stakeholders	√

Report previously reviewed by		
Committee/Group	Date	Outcome
Equality and Diversity	11 June 2018	Style agreed
People and Culture	4 September 2018	Comments incorporated
Clinical Governance Group	4 September 2018	Comments incorporated

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	Y	BAF number(s)	2,3

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☒ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☐ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☐ *No confidence in delivery*

Recommendations	The Board is asked to: ➢ Approve the Equality information Report for 2017/18 for publication.

EQUALITY INFORMATION
Report for 2017/18

Debbie Drew and David Southall – Equality Leads for Staff
Anna Sterckx and Linda Price – Equality Leads for Patients

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Foreword by the Executive Lead

This the sixth annual equality and diversity report for Worcestershire Acute Hospitals NHS Trust. This report brings together the various strands of our equality agenda for both patients and staff and includes reports, audits, data analysis, and service improvements.

The Trust has a Committee that oversee the separate patient and staff strands as we feel that this is the most effective way of covering the whole of the equalities agenda. This report has been compiled by our operational leads – Anna Sterckx (Head of Patient, Carer and Public Engagement), **Linda Price** (Patient Experience Lead); **Debbie Drew** (Head of Human Resources) and **David Southall** (Chaplaincy and Staff Equalities Engagement Lead)

Tina Ricketts (Director of People and Culture) is the current Executive Lead for Equality and Diversity.

The purpose of this report is to demonstrate our progress in 2017/18 and identify our key priorities for 2018/19 and future years. This report shapes our action plan for the forthcoming year to enable us to transform our services by understanding the diverse communities we serve.

Our key aims are to:

- **eliminate discrimination, harassment, victimisation** for the benefit of our patients, communities and colleagues;
- **advance equality of opportunity** between patients and staff who share a relevant protected characteristic and those who do not share it; and
- **foster good relations** between groups who share a relevant protected characteristic and those who do not share it.

Through our signature behaviours we aim to plan and deliver services that take account of the diverse needs of our patients, and create an organisational culture where staff feel valued and respected.

We are committed to ensuring that equality diversity and inclusion are at the centre of everything that we do for our patients, carers and staff.

Tina Ricketts

Director of People and Culture

1. Summary

The link between how organisations treat their staff and patient experience is widely publicised. Equality and diversity is a priority for the Trust as we recognise the links between strong staff engagement and high quality services.

Equality for Patients

Patients and their families still experience differences in NHS services both in terms of access, and their treatment and outcomes.

Our aim as a Trust is to improve the patient experience for everyone, regardless of any protected characteristic. We work with advocates and independent organisations to review our patient pathways and to make changes where they are needed.

We welcome the introduction of the Accessible Information Standard which sets minimum requirements for all public sector services.

Equality in our Workforce

Our staff are our most expensive, and most important resource. Fully engaged staff will provide the best possible care to our patients. During 2017/18 the Trust has been challenged by continuing CQC scrutiny, increased capacity issues, and unfavourable media publicity which impacts on the morale of our staff. We recognise that we have a lot of work to do to improve the reputation of the Trust so that we are seen as one of the best employers in the area.

We welcomed the introduction of the Workforce Race Equality Standard (WRES) and are pleased that this is to be extended to cover Disability Equality Standard (DES) in 2018. We were concerned that our 2015 staff survey indicated issues for our BME workforce and took the decision to run a full staff survey in 2016 and 2017 to enable further investigation. Our WRES assessment for 2017/18 based on our 2016 staff survey results is included as **Appendix A**.

Our future priorities

Are equality objectives for 2018/19 are as follows:

1. **Review of the way in which we govern and resource the Equality and Diversity agenda within the Trust**
2. **Review national best practice and adopt the relevant standards within the Trust. Develop and implement action plans to address the gaps against these standards**
3. **Refresh our Equality and Diversity information within our staff training and our intranet resources to ensure increased awareness**
4. **Improving the Culture of the Trust through our signature behaviours**
5. **Continuing to develop the use of social media to enhance patient's spiritual care within the Trust and NHS**
6. **Set up British Sign Language training for staff and work towards the Trust becoming deaf friendly organisation**
7. **Explore and augment links for greater co-operation between the Neonatal Intensive Care Unit and Chaplaincy to facilitate spiritual care to**

2. Introduction

We use the NHS Equality and Delivery System (EDS) as our tool for measuring our performance against the duties of the Equality Act 2010. This system includes standards across the equality and diversity spectrum. This report has been set out to explain our progress against each of the 9 protected characteristics laid down in the Act. This includes:

- How people from across the 'protected characteristic groups' are involved and engaged in decisions
- How we have integrated equality considerations into our mainstream business processes
- Where we think we can make improvements to equality and diversity, and the plans we have in place to achieve this.

3. About the Trust

Worcestershire Acute Hospitals NHS Trust was established in 2000 and operates across three main hospital sites: The Worcestershire Royal Hospital, The Alexandra Hospital and The Kidderminster Treatment Centre. The Trust has a workforce of over 5,900 and an annual turnover of over £410 million.

Information from the last Census in 2011, found that ethnic minorities are relatively small in Worcestershire; with just over 92% of people living in the county classed as White British compared to almost 80% in the whole of England. However, statistics show that Black and Minority Ethnic groups in Worcestershire have risen from 24,700 (4.6%) in 2001 to around 43,000 (7.6%) in 2011, with the vast majority residing in the district of Redditch (12.6%).

4. Equality Data and the Public Sector Duty

The Equality Act 2010 replaced previous anti-discrimination laws with a single Act, strengthened the law and brought forward new measures to help tackle discrimination and inequality. The Act includes a general duty on the public sector to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The aim of the general equality duties is to encourage public bodies to consider how they could positively contribute to the advancement of equality and good relations. They require equality considerations to be reflected in the design of policies and the delivery of services, including internal policies and review of those policies. The specific requirements under the act are:

Requirement	Our Progress
Publish information to show our compliance with the Equality Duty, at least annually	We publish staff equality dashboard information quarterly on our intranet and web pages; and patient and staff reports, surveys and audits periodically.
Set and publish equality objectives, at least every four years	We published our Equality Objectives in the form of a 4 year EDS Action Plan in 2015.

5. The Equality Delivery System (EDS)

The EDS2 is a tool that was developed in 2011/12 by the NHS for use by organisations that commission and provide NHS services. We use the EDS in partnership with patients, the public and staff to review our equality performance and to identify future priorities and actions.

The EDS2 consists of four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

The goals are underpinned by 18 outcomes that the Trust initially self-assessed itself against in 2011/12 and revised its assessment in 2013/14, June 2015, April 2016 and October 2017. The aim is to achieve equality in these outcomes across the nine characteristics protected by the Equality Act:

- **Age**
- **Disability**
- **Gender reassignment**
- **Pregnancy/ maternity**
- **Marriage/ civil partnership**
- **Religion/ belief**
- **Race**
- **Gender**
- **Sexual orientation.**

6. Our Equality Committee Structure

Our Equality and Diversity Committee agrees and monitors an action plan based around the EDS2. It agrees direction, considers issues and feedback, and monitors progress.

Membership of the committee is drawn from across the Trust and includes the Patient and Staff Equality Leads, divisional managers and staff side, and aims to include representatives to cover the nine protected characteristics. The staff elements of the Equality and Diversity Committee work plan, is reported to People and Culture Committee on behalf of the Trust Board. Patient elements are reported through the Quality Governance Group.

7. Looking back - what we achieved in 2017/18

7.1 Trust equality objectives detailed in our 4 year EDS Action plan were:

Objective	Progress
Implement data verification systems to improve recording of ethnicity (for both patients and staff)	Completed with on-going monitoring
Establish systems to collect, monitor and provide analysis of data (where appropriate) across the 9 protected groups across services (for patients and staff)	Completed
Publish Equality information and objectives on website and intranet	Completed and ongoing

The Trust has made good progress in identifying a number of key issues relating to equality and diversity over the year. A substantial amount of work has been completed, the key successes being:

- Submission of the second Workforce Race Equality Standard (WRES) to commissioners and NHS England for benchmarking purposes.
- Publication of the Trust's Gender Pay Gap report in line with statutory requirements.
- Production of a WRES action plan based on the findings of the national WRES report.
- Inclusion of data from a greater number of protected characteristics giving confidence that conclusions are valid and more meaningful.
- Roll out of ESR Employee Self Service which affords staff the opportunity to update their equalities data themselves thus improving data quality
- Roll out of revised Mandatory Training programme to enable more staff to access topics in a flexible way.
- Roll out of revised Induction programme to incorporate key messages and learning points from CQC
- Launch of 4Ward cultural change programme with 2 checkpoints having taken place in the year.
- Launch of Freedom to Speak Up Policy and key appointment to FTSU Guardian role.

- Commencement of new Equality session on mandatory training involving actors demonstrating scenarios with user participation.
- Appointment of further Chaplains with an extended remit to support the Lead Chaplain/Staff Equalities Engagement lead
- Continuation of Staff Equalities forum through social media
- Staff Health and Wellbeing days on each of the three sites including Equality and Diversity awareness
- Awareness sessions for staff around British Sign Language and launch of formal BSL training
- 3 days of events to celebrate Equality and Diversity week in May 2017 across each of the main sites
- Christmas carol service "signed" by the choir using BSL for both patients and staff
- Review of Standards of Dress Policy which includes advice on cultural awareness
- Significant progress made in improving services for patients with learning disabilities, dementia and hearing and visual impairments.
- Progress made with providing improved services for carers.
- Launch of Accessible Information Standard

We have revised our Equality and Diversity Objectives for 2018/19 as outlined in the Summary section of this report **(page 5)**

7.2 Equality Data

All of our feedback from patients and staff surveys include the 9 protected characteristics.

We have reviewed the data that is available to us which suggests that the numbers of people using us as an inpatient, day case and outpatient services are broadly consistent with the age, sex and ethnicity distribution in the local population.

Responsibility for commissioning of health services for people in Worcestershire rests sits with Worcestershire Clinical Commissioning Group's (CCG's). As a Trust we work with colleagues in the CCG's and the Worcestershire Health and Care Trust to identify where the scope or model of services may impact on the ability of people with some, but not all of the protected characteristics. The public consultation exercises that the Trust has been involved in relating to the Joint Services Review (Future of Acute Hospital Services in Worcestershire) involved staff and public from the protected characteristics. Likewise the Trust has been engaged in the STP (Sustainability and Transformation Plan) across the health economy which has had patient involvement.

7.3 Equality and Diversity – Good Practice Toolkit

The Trust utilises the Equality and Diversity Good Practice Toolkit to provide staff with tools to communicate with patients and visitors to enable greater interaction with a modern, diverse society. The aim was to help staff to understand cultural, age related and religious differences of patients, visitors and colleagues.

Communication with employees, patients and the public takes many forms. The language we use should give employees and the communities we serve a clear message that we value diversity and respect individual differences. The toolkit includes guidance on communicating with different groups, appropriate language and customs and cultures. This toolkit is due to be reviewed during 2018.

7.4 Equality and Diversity Week

The Staff Equalities Engagement Lead led Equality and Diversity Days on each of the three main sites to celebrate Equality and Diversity Week in May 2017. Plans are underway to repeat the event in May 2018.

This was our first year of holding these events which were held in the foyers of the Hospitals and included patient and staff equalities information. The aim is to raise the profile or E

equality, diversity and inclusion work within the Trust, and provide useful contacts and information. Stakeholders taking part this year included trade unions, West Mercia Police Hate Crime Unit, Worcestershire Interfaith Forum, SpeakEasy NOW, Learning Disabilities Nurses, Occupational Health and Wellbeing Team, the Samaritans and others.

8. Case Study

"My son Christopher is 55 years old and lives with epilepsy and severe Learning Disabilities receiving full time care. He is never compliant with dental care, and following a routine dental check-up it was apparent that he needed extensive treatment. This would involve Christopher having a general anaesthetic as a day case patient. The treatment was scheduled for February 2017. On the day of the treatment, Christopher was allocated a single room, and we were supported by the Learning Disability Nurse who works in the Acute Hospital. The anaesthetist and dentist were very approachable and came to talk with us to keep us informed with what was going to happen. My son finds it difficult to cope with large groups of people. I was able to talk with the staff to explain the best way forward was to have the least amount of people around Christopher, to ensure he did not become too anxious. I was able to stay with Christopher right up to the last possible moment in Theatres, before he had eleven tooth extractions in an hour and a half procedure.

After being returned to the ward, the care and attention received from the Dental team was excellent. I was kept informed; being told what had taken place and the likely outcome. The anaesthetist visited who wanted to make sure Christopher was comfortable and safe. The Learning Disability nurse stayed with us until she was satisfied everything had gone well. Having a nurse who is trained to care for people like Christopher at a time that can be traumatic for the patient and their carer is very positive. The care we received was excellent".

Barbara Pugh, Carer (Pictured here with Ross Golightly, Acute Liaison Learning Disability Nurse, March 2018)

8,1 Equality and Diversity – our framework

Worcestershire Acute Hospitals NHS Trust launched a new long term initiative in October 2017 – our 4ward programme. This transformational approach will enable the trust to work more efficiently, in a spirit of mutual support and respect as we challenge key challenges and make the most of opportunities.

The focus of the 4ward program is to transform the culture of the Trust whilst at the same time improving performance; helping the trust to build a more positive, supportive workplace for the benefit of our patients and colleagues. Four signature behaviours are at the heart of the program.

All staff are working towards positively demonstrating these behaviours. As the impact of this program embeds throughout the trust, we can be increasingly confident that we are able to respond to all our patients in a way that respects everyone; particularly those patients within the nine groups of protected characteristics (Equality and Diversity Act 2010), enabling individualised patient care.

The trust will launch a Quality Improvement Strategy in May 2018 which will provide a driving focus over the next three years to deliver sustained, significant and continuous improvements to the quality and safety of the care for our patients.

http://www.worcsacute.nhs.uk/patient-information-and-leaflets/documents/2116-quality-improvement-strategy-2018-2021/

The strategy has three strands:

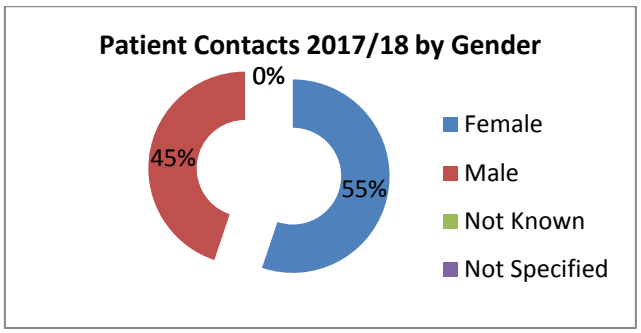
- **Patient, carer and community engagement plan**
- **Patient Safety Plan**
- **Clinical Effectiveness plan**
-

Patients and Carers were pivotal in the development of the strategy. Consultation and engagement sessions took place on all three trust sites in November 2017 to gain feedback from patients, relatives, carers and staff to inform the strategy. The Trust recognises that representation from a broader cross section of our patient population and seldom heard groups is vital as we move forward with the strategy. To help enable this, a post for Patient, Carer and Public Engagement will be recruited.

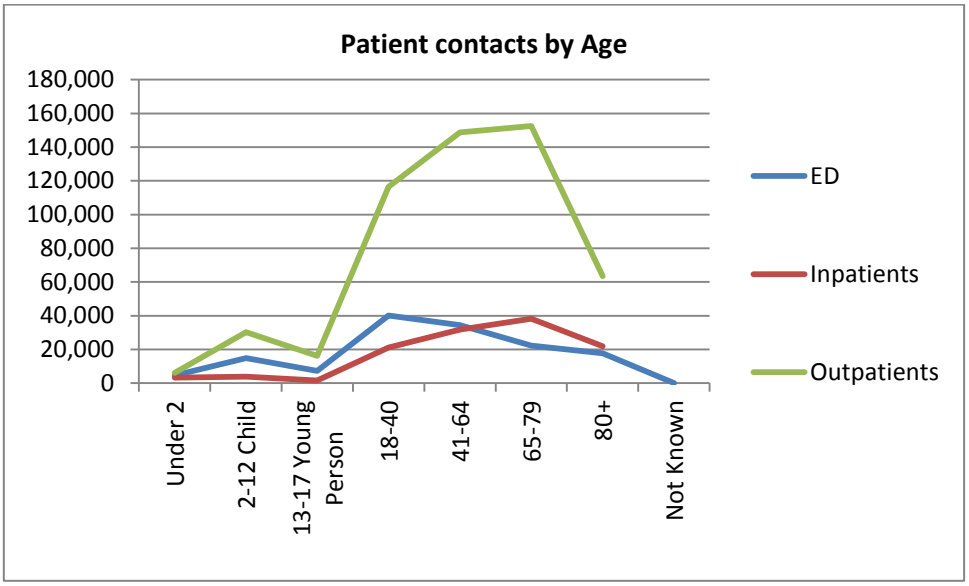
8.2 Trust Data

There were 796,225 patient contacts across the trust in the year 2017-18. The breakdown in respect of the nine protected characteristics as defined in the Equality Act 2010, that the trust currently collects data for are detailed below.

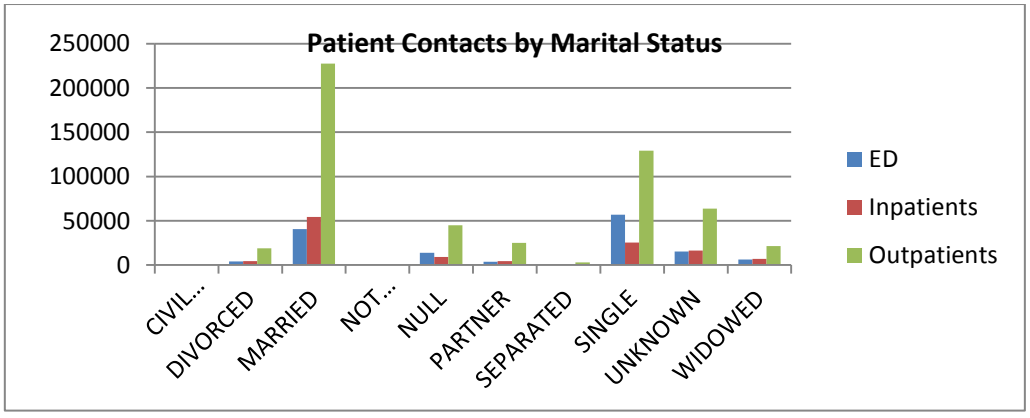
Gender



Age



Marital Status



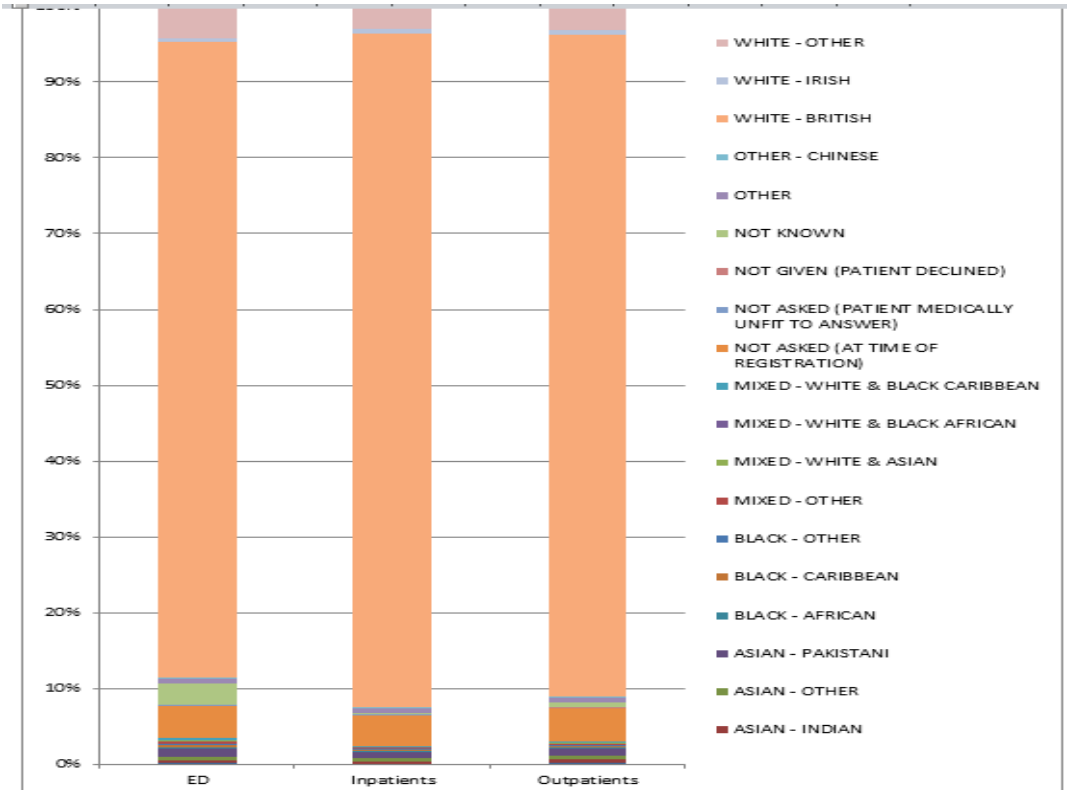
Religion

Breakdown of patient contacts by religious belief:

Religion	ED	Inpatients	Outpatients	Total

CHURCH OF ENGLAND	48167	47475	207019	302661
NONE	34905	30967	132786	198658
ROMAN CATHOLIC	6011	5467	24597	36075
CHRISTIAN	1899	1584	8885	12368
OTHER RELIGIONS	1590	1484	6851	9925
MUSLIM (ISLAM)	1561	1043	5119	7723
METHODIST	995	1212	5197	7404
BAPTIST	373	438	1823	2634
JEHOVAH'S WITNESS	297	345	1113	1755
CHURCH OF SCOTLAND	103	168	701	972
ATHIEST	143	140	667	950
SIKH	105	93	450	648
HINDU	86	92	446	624
ANGLICAN	39	73	366	478
CATHOLIC APOSTOLIC CHURCH	80	63	311	454
PENTECOSTAL	82	58	304	444
NONCONFORMIST	98	63	280	441

Patient Contacts by Ethnic Origin:



Key data remains unchanged from the previous year with the majority of patients being of White British ethnicity. Overall this is reflective of the demographics of Worcestershire (see

table below from Census, 2011), despite there being districts in Worcestershire where the BME population is of greater percentage (e.g. Worcester City, people of BME origin 12.6%, *Census 2011*).

Table 6 – Population Proportions by Ethnic Group for Worcestershire and National/Regional Averages, 2011 Census

Ethnic Group	Worcestershire	West Midlands	England
White: English/Welsh/Scottish/Northern Irish/British	92.4%	79.2%	79.8%
White: Irish	0.6%	1.0%	1.0%
White: Gypsy or Irish Traveller	0.2%	0.1%	0.1%
White: Other White	2.6%	2.5%	4.6%
Mixed/multiple ethnic group: White and Black Caribbean	0.6%	1.2%	0.8%
Mixed/multiple ethnic group: White and Black African	0.1%	0.2%	0.3%
Mixed/multiple ethnic group: White and Asian	0.4%	0.6%	0.6%
Mixed/multiple ethnic group: Other Mixed	0.2%	0.4%	0.5%
Asian/Asian British: Indian	0.6%	3.9%	2.6%
Asian/Asian British: Pakistani	0.9%	4.1%	2.1%
Asian/Asian British: Bangladeshi	0.2%	0.9%	0.8%
Asian/Asian British: Chinese	0.3%	0.6%	0.7%
Asian/Asian British: Other Asian	0.4%	1.3%	1.5%
Black/African/Caribbean/Black British: African	0.1%	1.1%	1.8%
Black/African/Caribbean/Black British: Caribbean	0.2%	1.5%	1.1%
Black/African/Caribbean/Black British: Other Black	0.1%	0.6%	0.5%
Other ethnic group: Arab	0.0%	0.3%	0.4%
Other ethnic group: Any other ethnic group	0.1%	0.6%	0.6%
BME - all non-White British	**7.6%**	**20.8%**	**20.2%**

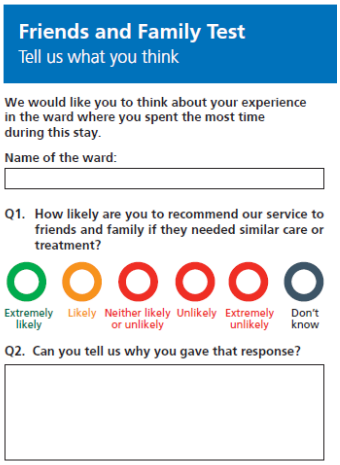
Source – ONS Census 2011

The figures for patients "Not asked" about their ethnic group has risen over the past year; 4.2% of all patient contacts, (2016-17 3.81%), which equates to 34,089 patients. A focus over the next year will be to improve the percentage of patients who are asked their Ethnic group. This links in with the trusts signature behaviours ***"Do as we say we will do"*** and will help to inform and enable service improvements and engagement, ***"We listen, We learn, We lead".***

An on-going improvement project linking data systems across departments will improve the accuracy of reporting for patients with a disability who have contact with the Trust. The Trust does not currently report on physical disability but from this project, more detailed information will be available to enable the trust to report on specific disabilities.

Disability	ED	Inpatients	Outpatients	Total
HEARING IMPAIRMENT	32	38	168	**238**
LEARNING DISABILITIES	737	435	1,616	**2,788**
PATIENT DEAF	18	46	140	**204**
VISUAL IMPAIRMENT	43	49	101	**193**

8.3 Patient Experience Feedback


Friends and Family Test
Tell us what you think

We would like you to think about your experience in the ward where you spent the most time during this stay.

Name of the ward:

Q1. How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Extremely likely | Likely | Neither likely or unlikely | Unlikely | Extremely unlikely | Don't know

Q2. Can you tell us why you gave that response?

The Trust uses a range of methods to collect feedback from patients and carers including the national Friends and Family test (cards and a text service to hospital discharges). Surveys are available on the bedside entertainment screens (via Hospedia), web based feedback via NHS Choices and the Trust website, the annual Picker survey and through direct face to face contact at forums.

8.4 PALS

The Patient Advice and Liaison Service received 2758 enquiries in 2017-18, compared to 2562 in 2016-17, 2552 in 2015-16 and 1833 in 2014-15.

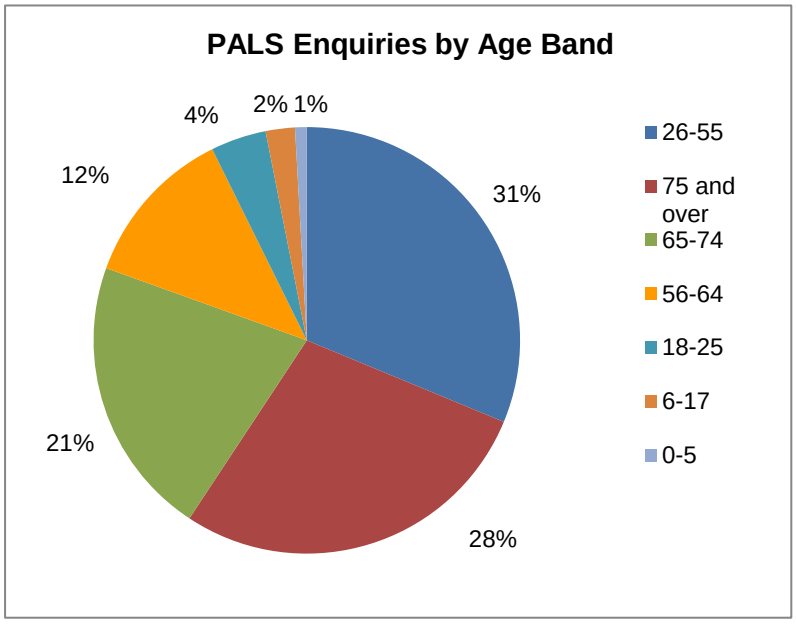
The PALS team work across the Trust to ensure that contacts (via email and telephone) are addressed in a prompt and timely way, focusing on early resolution. Our aim is to respond within twenty four hours to minimise any distress or anxiety the caller may have. The team also follows up to ensure the contact is satisfied with the response and outcome.

PALS provides a much valued service enabling patient concerns to be dealt with at source, quickly and effectively. The effectiveness of PALS can be monitored in that only 1.77% of cases which started as PALS enquiries went on to become formal complaints during each year. Any peaks/ themes are highlighted immediately to enable corrective action to be taken and monthly individual divisional reports are collated and shared.

Ethnicity of PALS contacts 2017-18

Ethnicity	Number	Percentage
White - British	1536	91%
Not stated	86	5%
White - other white	30	2%
White - Irish	13	1%
Indian	5	<0.3%
Pakistani	4	<0.3%
Other ethnic category	4	<0.3%
Other Asian	3	<0.3%
Black African	3	<0.3%
Mixed white and black Caribbean	2	<0.3%
Other mixed	2	<0.3%
Black Caribbean	2	<0.3%
Chinese	2	<0.3%
Other Black	1	<0.3%

The majority of people who were the subject of a PALS concern from April 2017 – March 2018, were White - British (91%), White Irish and White – Other, reflecting the county's demographic profile. All other ethnic categories represented 0.3% or less of the total enquiries.



In reviewing these cases the overarching reasons for the queries were communication issues, attitude and delays in treatment which reflect the general trend across all concerns. Four key areas have been identified for specific improvement over the next year: pain control, information on discharge, privacy and dignity and communication. Learning will be articulated in the divisions through the four signature behaviours.

The PALS service is a point of contact for all patients, carers and their families covering all age ranges.

8.5 Complaints

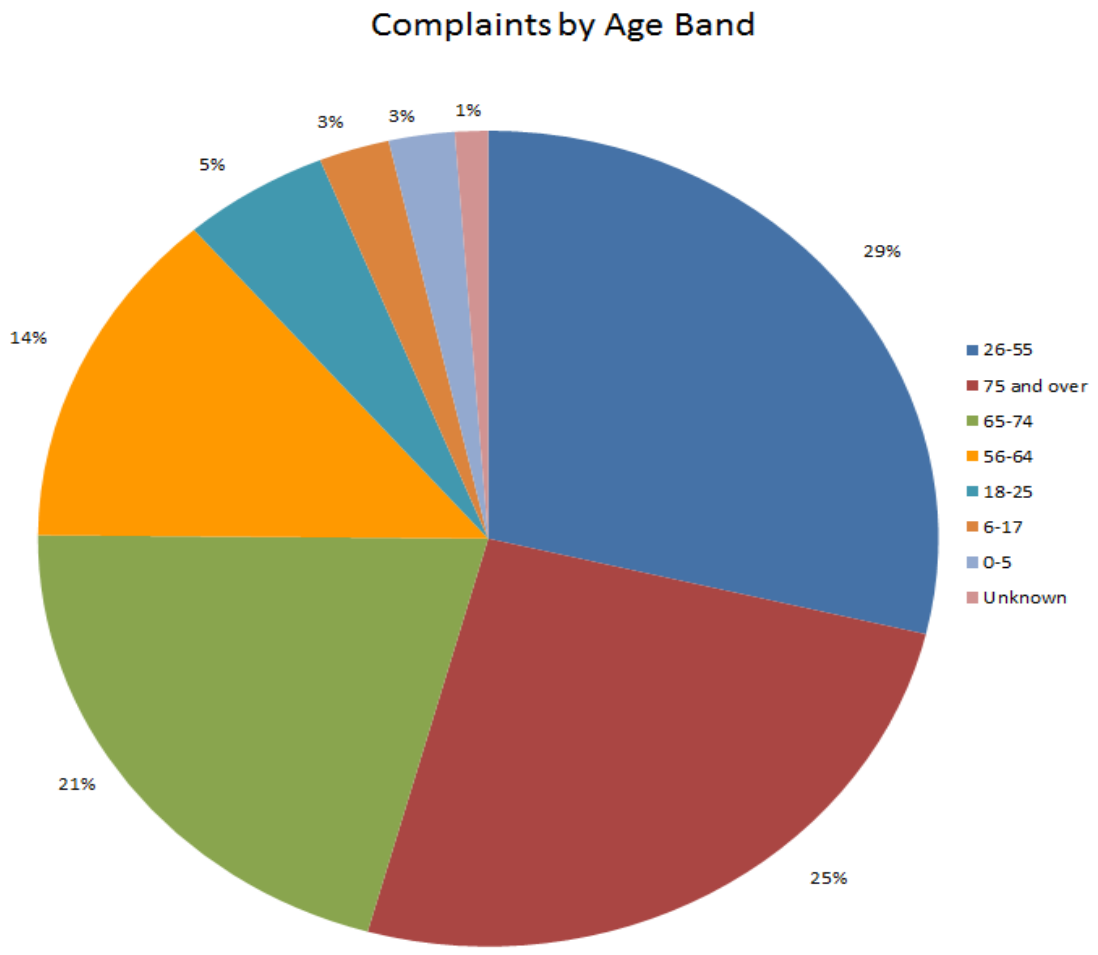
The Trust received 598 formal complaints in 2017-18, 141 fewer than the 739 received in 2016-17.

Ethnicity of Complainants

Ethnicity	Number	Percentage
White - British	512	92%
Not stated	18	3%
White - other white	14	3%
White - Irish	4	1%
Black Caribbean	2	<0.5%
Pakistani	1	<0.5%
Chinese	1	<0.5%

The majority of people who were the subject of complaints from the last financial year were White - British (92%), White Irish and White – Other, reflecting the county's demographic profile. All other ethnic categories each represented 0.5% or less of the total complaints.

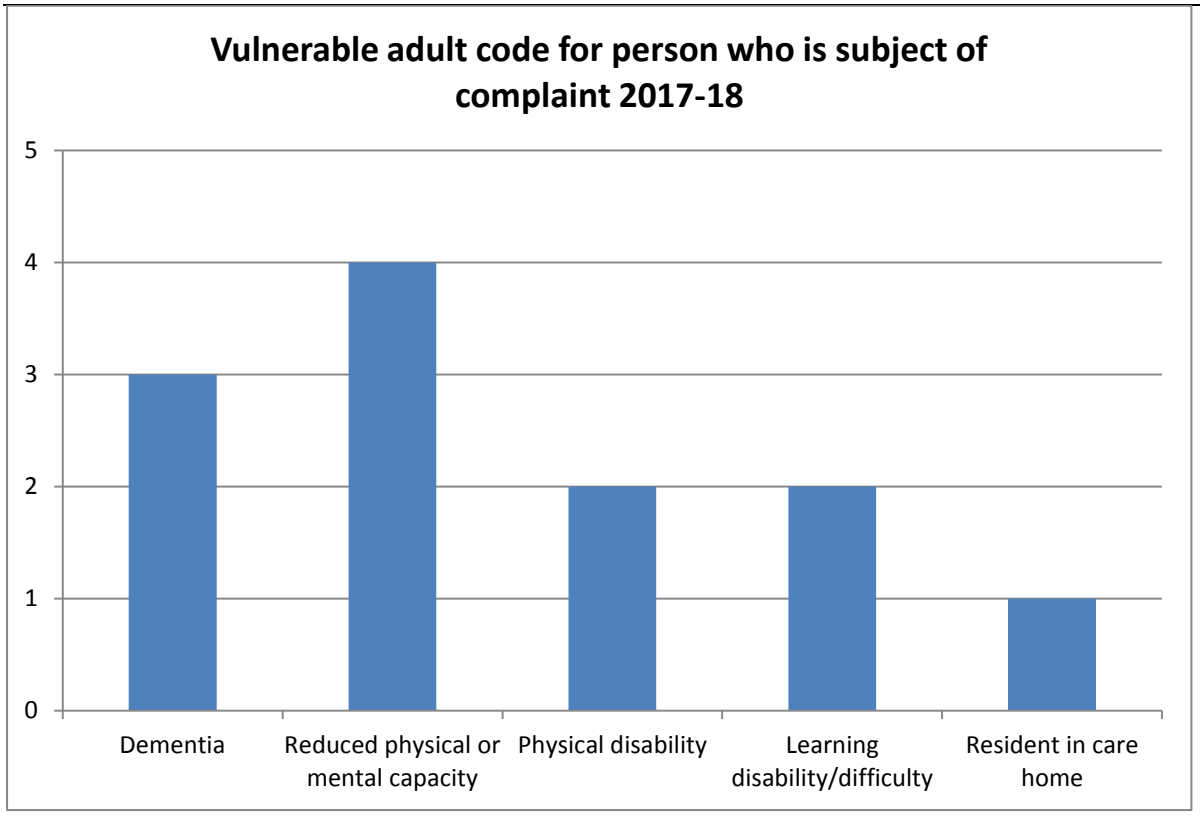
Age Band of the person who is making a complaint 2017-18



The complaints service is available to all patients, carers and their families covering all age ranges.

Vulnerable Adults

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



The Trust has been working to equip staff with the skills to resolve concerns locally and this has seen a reduction in the number of complaints across the year. Divisions have focused on strategic action planning and shared learning. The Trust has focused on accessibility of information to ensure that patients understand what to do if they have a concern. The Trust will continue to improve accessibility of information for patients, which is a key strand of the Quality Improvement Strategy.

8.6 Volunteers

Each year the Trust receives a large number of applications to volunteer across our services. Currently the trust has approximately 750 active volunteers. As the service is developed, key data regarding volunteers will be collated from the applications received. This will identify people in the local community that are under represented as volunteers, and will enable the trust to engage more widely to offer opportunities to those groups identified.

8.7 Patient and Public Forum (PPF)

2017/18 has seen changes to the groups' membership. The job description and expectation of the role of a PPF member has now been refined and new members have been actively recruited to the group and plans are in place to focus this recruitment drive later in 2018. The group is mindful that it order for it to be truly reflective of the local community it needs to be broader in its diversity of membership. The group is engaging in a piece of work to enable this. The group are very committed to assisting the Trust in ensuring patient experience is integral to the work of the trust; and over the past year have engaged in many pieces of work.

They have taken time and opportunity throughout 2017 and 2018, to engage with all patients in the following work schedule:

- Actively participating in safety walk rounds
- Care in the Corridor audits
- A range of audits (mixed sex breaches, evaluating a crockery project across the trust, oral care, patient hydration for example)
- Representation on Learning Disability and Nutrition and Hydration committees
- Divisional visits (in surgery, medicine and SCSD)
- Reviewing patient leaflets for departments across the trust
- Supporting Patient Led Assessment Care Environment (PLACE)

Key to this work has been a greater emphasis on working closely with the divisions. Alongside this the group are developing a closer working relationship with the Quality Hub that helps co-ordinate work plans and visits.

8.8 Safeguarding

Effective safeguarding and promotion of the welfare of adults and children/young people relies upon joint working and constructive relationships through a multi-agency partnership approach. This can only be effective when staff are knowledgeable, confident and equipped with the skills to deal efficiently with processes and procedures if and when concerns arise relating to safeguarding and patient safety.

8.9 Mental Health Act

Mental Health Act administration

On 11 December 2017 amendments were made to police powers under the Mental Health Act via the Policing and Crime Act 2017. The context of these changes recognises that patients were experiencing poor outcomes. In some cases, often waiting for extended periods and having assessments carried out in a police custody setting. The key changes in law are as follows:

- It will be unlawful for a child detained under Section 136 to be taken to a police station:
- Approved Mental Health Practitioners will only have 24 hours to coordinate an assessment at a Place of Safety (with some limited powers for a 12 hour extension).
- Before Police decide to detain a person under Section 136, where practical they will have to contact a mental health professional:
- Adults will only be able to be taken to police cells “in exceptional circumstances”.
- Section 136 will be able to be used in private places (except private dwellings).

Although we see a trend of increased numbers of patients being detained under this power, the number of patients requiring assessment in the emergency department remains low. This has only happened on limited number of occasions indicating that when patients are brought to the emergency department, this is for physical treatment. Patients are then routinely transferred to the Crisis Assessment Suite for assessment of their mental health.

Mental Health Act detentions continue to be monitored via the DATIX Incident Reporting System.

The Safeguarding Team continues to work in collaboration, attending the Mental Health Act Working Group and Mental Health Crisis Concordat meetings on a regular basis.

The Trust (detaining authority) needs to ensure appropriate recording and administration of legal paperwork takes place and that the associated provision of legal rights and access to legal redress is promoted and provided where necessary. Detained patients also require a Responsible Clinician registered under Section 12 of the Mental Health Act to oversee the management and treatment of their care. Worcestershire Health and Care Trust have received funding to enable them to recruit a Responsible Clinician to the team who would provide the cover for WAHT. It is anticipated this arrangement will commence October 2018. The Trust has seen a significant rise in the number of Mental Health Act detentions over the last year.

8.10 Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)

Staff awareness regarding MCA and DoLS has been raised over the last year due to the following work that has been undertaken:

- Commissioning of external trainers to deliver MCA & DoLS Level 2 sessions Apr to Sep 2017, Jan to Mar 2018.
- Introduction of MCA/DoLS leaflet to reinvigorate the existing Crib Card resource.
- Appointment of an Associate Professional Practitioner with a specific responsibility in relation to training – commenced in post Jan 2018.
- Review of ESR competency matrix by job role in line with Worcestershire Safeguarding Adult Board (WSAB) MCA & DoLS Competency Framework (2016).
- Further review of staff eligibility matrix to align to WSAB MCA & DoLS competency framework by level to job role.
- Development of a training strategy and passport to enhance staff understanding of level of training required and how to access.
- Weekly monitoring of Divisional Nursing and Midwifery training records by the Chief Nurse/Deputy.
- Further focus upon the medical and Allied Health Professional workforce.
- Safeguarding training and its high priority for the Trust has been supported by a Trust-wide Communication Strategy.
- Examples of completed MCA and best interest paperwork have been uploaded to the intranet for reference – including key considerations.
- Learning from a Coroner inquest shared by the Lead Nurse with the Safeguarding Committee and Senior Nurse Forum to raise awareness.
- Monitoring of DoLS applications to the Local Authority DoLS team - assurance has been provided that the referrals that go on to be assessed by the Local Authority are for the most part being upheld and a Standard Authorisation granted.
- Additional bespoke training to wards /departments upon request
- A further Safeguarding ‘training directory’ providing information on course audience, availability, where to access.
- To consider the extent to which State and non-State institutions have failed in their duty of care to protect children from sexual abuse and exploitation;
- To consider the extent to which those failings have since been addressed;
- To identify further action needed to address any failings identified;
- To consider the steps which it is necessary for State and non-State institutions to take in order to protect children from such abuse in future;

- And to publish a report and recommendations.

8.11 Dementia

Amongst many advances in dementia care at Worcestershire Acute Hospitals NHS Trust a significant focus has been made on recruitment of dementia champions, education and carer engagement, in line with the Trust Dementia Strategy strategic aims.

Dementia champion training events took place in September 2017 and March 2018. At both events guest speakers were invited which includes carers, police, fire service and specialist teams including palliative care.

In May the trust hosted the first national study day sponsored by the My Improvement Network which was attended by over 150 delegates. This event focused on dementia, delirium and falls prevention.

Photos are from our Dementia Action Week which was supported with a roadshow visiting all three hospitals.

The Trust had an early interest in Johns Campaign making a trust pledge to the campaign in late 2015. This was formalised with the launch of the Dementia Strategy in February 2017. Since then we were invited with all other Trusts to review our pledge which has been included in a book containing all the pledges made by the English NHS Trusts presented by Johns Campaign founders with CNO Jane Cummings during a Carers Week hosted by NHS England Patient Experience team.

https://authorselectric.blogspot.com/2018/06/the-domesday-book-of-johns-campaign.html?spref=fb

Our new pledge below has been supported in a statement by CNO Vicky Morris:-

"Worcestershire Acute Hospitals (NHS) Trust is committed to providing excellent person-centred dementia care. We understand that hospitals can be overwhelming and challenging for people living with dementia, and welcome carers to continue their supportive role by working in partnership with our staff, to help us deliver the best care possible".

"We are very proud to support Johns Campaign which holds the same core values as those expressed in our Patient, Carer and Community Engagement Plan and Quality Improvement Strategy. Our vision of providing excellent person-centred care in our hospitals; and our commitment to engaging with carers to improve the health and well-being of our patients is essential for our improvement journey and we will be actively working with the campaign to support the holistic care we provide for our patients with Dementia and supporting their families and carers."

8.12 Children and Young People

Young people make up 25% of the population. This year we have introduced a young people's room on Riverbank Ward

8.13 Learning Disability

The Health and Care Trust recruited a full time Learning Disability Acute Liaison Nurse post towards the end of 2017. With a staff team at full complement the Trust has been able to respond in a timely way to any alerts received throughout the year, and ensure that reasonable adjustments are made for patients as required. .

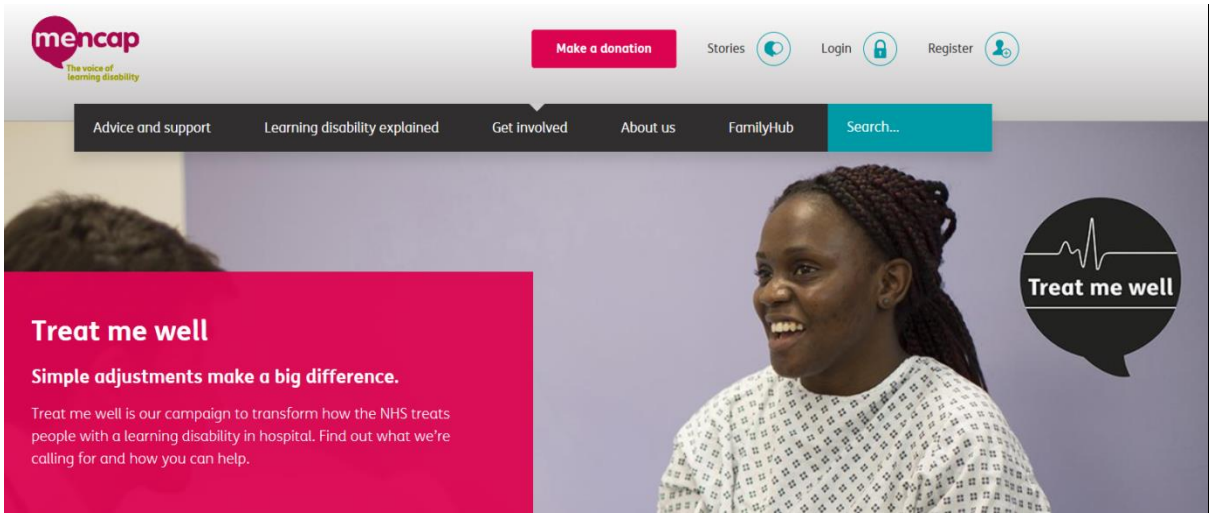
The staff are alerted by text and email when a person with a learning disability is admitted. Service improvements this year have included the staff being alerted by text from A&E when a patient is admitted and a bleep service for referral across the hospital. Previously the alert system did not include A&E departments. In 2017-18, 550 alerts were logged, with 335 of those patients being seen. (Patient numbers that are seen reflect the working hours of the service, which is Mon – Friday 0900 – 1700hrs). The number of alerts is an increase from the previous year (473 alerts 2016 – 17), it is likely that the rise in number is in response to alerts now being received when patients attend the A&E departments.

This year a new patient pathway has been developed which ensures community teams are alerted when a patient is discharged from hospital so that any support can be given as required. This works towards a seamless service across the economy.

The team are a valuable resource to trust staff and over the year have integrated themselves well with staff teams. This has been achieved by always being present on staff induction and

more recently being available by bleep to give advice and professional guidance. In total in 2017-18, 1278 staff across the site have attended a Learning Disability training session. A range of training is provided, with staff being encouraged to become Learning Disability Champions. The training is always well attended with staff from across the disciplines. This year Occupational Therapy and staff from the Medical Assessment Units have been particularly engaged with the training. This is a very good response to the new literature from Mencap "Treat Me Well" .

(https://secure.mencap.org.uk/treat-me-well?gclid=EAIaIQobChMIuZbWktnG3AIVFd0bCh0iVQjzEAAYASAAEgIwUfD_BwE) which promotes all staff working in an acute setting to have had some training on Learning disability.



Alongside this the team teach at the University of Worcester on the student nurse program and the team are now able to mentor Learning Disability student nurses on placement from Birmingham City University.

Hannah Mogg – Second year student Learning Disability Nurse:

"I spent 4 weeks on a placement with Ross and really enjoyed my time with him. Ross was a really good mentor and was very supportive of me. He encouraged me to do lots of different things and helped me increase my confidence in areas that I felt I lacked confidence in. There were many opportunities for me while I was on placement with Ross and he organised spoke days for me to spend time with different professionals. I have learnt so much from Ross and he has encouraged me to develop my knowledge and skills and given me good advice for my final year of university and for my career in learning disability nursing".

In October 2017, the Learning Disabilities Mortality Review Programme (LeDeR) reviews started in the county. The LeDeR programme reviews all deaths of people with a learning disability aged 4 and over. Deaths are logged with LeDeR team based at University of Bristol and then allocated to a local reviewer. Both members of the acute learning disability team are reviewers for this.

The service receives lots of positive feedback about the way in which reasonable adjustments are made, which enhances the patient experience.

To further enhance the service the team are planning to access Ipads with apps downloaded that will specifically enhance communication and make information more accessible.

8.14 Same sex accommodation

Mixed sex breaches remain a challenge for the Trust, due to the capacity demands for both summer and winter. The Mixed Sex Breach policy is supported with monthly reporting to ensure patients privacy and dignity is managed. All patient concerns are responded to in a timely manner, with the Patient and Public Forum providing independent patient audits to support this.

8.15 Spiritual/pastoral care

The Spiritual & Pastoral care team consists of 4 Chaplains (2.8 wte) and a service level agreement with the Roman Catholic priests who cover the 3 sites of the Acute Trust and provide a 24/7 on call cover to patients, relatives and staff of all faiths and none. Each hospital has a prayer room (equipped for all faiths) along the appropriate religious texts and suitable equipment. The employed team is augmented by 90 volunteers across the trust who provide a variety of roles, as well as a database of other faith leaders who give their time voluntarily and can be contacted for emergency situations. There is also a Chaplains Blog (www.revdavidsouthall.com) which was initiated by Rev. Dr. David Southall in March 2013.

The Chaplaincy Team and volunteers are seen as instrumental in promoting the Equality and Diversity agenda within the Trust and are part of establishing Staff Engagement Groups for various protected characteristics. The team leader also organises the annual Equality and Diversity Week, which took place on all three sites between 15 – 19th May 2017.

The team is embedded within the three hospital sites and has particular links with the Palliative Care Team and Maternity Services (with respect to baby loss). Chaplains take approximately 100 baby funerals and 40 adult funerals per year and also provide regular religious services for the Christian and Muslim faiths and opportunity for private prayers.

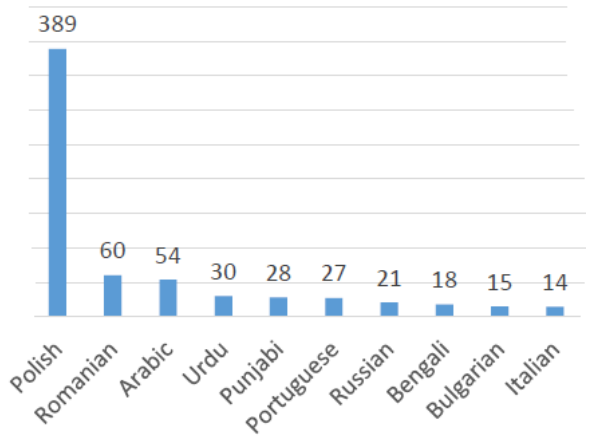
The Spiritual and Pastoral Care team also provide a strategic role within the delivery of care on the Equality and Diversity Group, and has good relationships with the Executive Team. They also have a role in staff wellbeing, offering support to staff in times of crisis and new initiatives which will include the provision of mindfulness for staff in the coming year.

During 201819 the teams plans include:

- Continuing to develop the use of social media to enhance patient's spiritual care within the Trust and NHS.
- Set up British Sign Language training for staff and work towards the trust becoming a deaf friendly hospital
- Explore and augment links for greater co-operation between the Neonatal Intensive Care Unit and Chaplaincy to facilitate spiritual care to patients and staff.

8.16 Translation & Interpreting Service

Effective communication for patients is a high priority for the Trust, giving access to safe equitable healthcare services for all our patients. New contracts commenced in April 2017 with AA Global providing language and written translations and with Deaf Direct providing interpreting services for deaf patients. The implementation of the new contracts has been a smooth transition from the previous supplier. AA Global has remained supportive and responds promptly and positively to any concerns ensuring a quality service for patients.



Polish remains the most requested language across the trust, with Romanian, Arabic, Urdu and Punjabi making up the five most requested languages. There were 597 interpreting sessions that took place across the trust which comprise of both face to face sessions and telephone interpreting.

Graph showing interpreting demand, for the ten most requested languages across trust 2017 - 18

Deaf Direct remains the interpreting service of choice for the trust to provide interpreting services for deaf patients. Deaf Direct are based in Worcester; their local knowledge and relationships with the deaf community are invaluable and the Trust has a developed a close working relationship. There were 313 interpreting sessions across the trust in 2017-18. This is an increase from 228 sessions in 2016-17. This is viewed as a positive increase, the trust having engaged in deaf awareness raising sessions for staff across the year. The audiology department also work closely with Deaf Direct and have seen a total of 19,181 patients (2017-18) for which they have given 62,901 appointment slots.

Staff have been able to develop their confidence when communicating with deaf patients following direct access to deaf awareness training and British Sign Language.

"As someone with a significant hearing loss myself, and having been an Audiologist for 43 years, I was surprised at how very informative and educational the Deaf Direct Deaf Awareness sessions were. The training was extremely well presented, I learnt so much I was not aware of and would highly recommend this training to all grades of staff."

Quote from Lorna Laird, Countywide Audiology Services Manager, Worcestershire Acute Hospitals NHS Trust.

This training enables and supports a collaborative approach with developmental ideas discussed and explored at service user forums.

9. Equality for our Workforce in 2017/18

We have compared our data to determine whether there are any statistically significant differences in gender, age and ethnicity between the Trust workforce and the population of Worcestershire and England. We do not have population data to carry out statistical analysis for the other protected characteristics. Comparisons are taken from the data published by the Office of National Statistics (ONS) and NHS Employers (infographics)

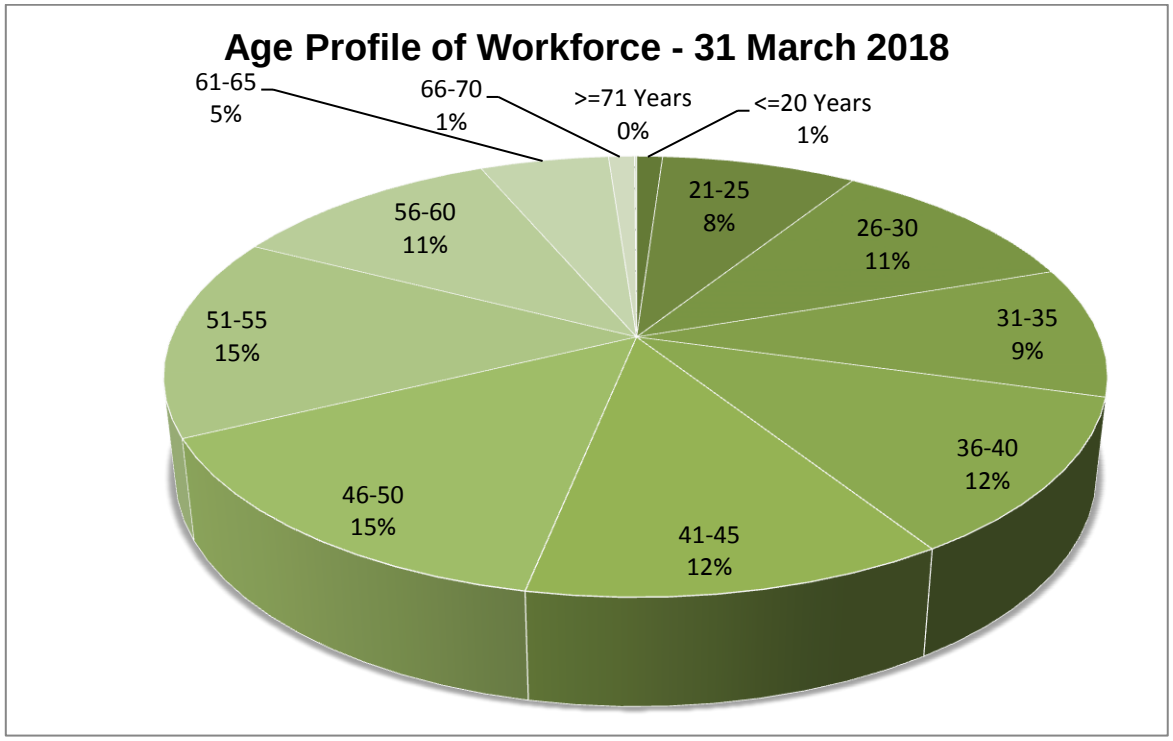
The 2017 Staff Opinion Survey remained the same as 2016 at 83% of respondents who felt the Trust acts fairly with regard to career progression and promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. This is against a national average which fell from 86% in 2016 to 85%. We have compared our responses from the annual staff survey with other Acute Trusts and our findings are incorporated below.

9.1 Improving our Data Quality - Roll out of ESR Employee Self Service

We continue to have a significant number of staff recorded in the 'undefined' or 'not declared' box for many protected characteristics which means that workforce equalities data is not complete. A priority was therefore our plan to roll out ESR Employee Self Service by the end of 2017/18. We achieved this in October 2017 which now enables staff to have full access to their own personal data in real time which means they can update their own record which should improve data quality.

9.2 Age

The age profile of the workforce is interesting and shows that the removal of the default retirement age has led to staff working longer. We have 375 (5%) of our workforce aged 61 or over compared to 324 last year (increased by 51 from last year, with 62 of these (1%) over the previous default retirement age of 65, and 5 over 71), which makes retirement planning more difficult as we cannot accurately predict when staff will leave. However, this older workforce is invaluable in retaining experience within the service.



1523 of our staff (25%) are between the ages of 51 and 60 and therefore could potentially retire within the next 5 or 10 years. This group has increased by 64 in the past year. Our staff numbers in the 16-20 age group has increased in recent years directly due to the introduction of successfully apprenticeship programmes in business admin and health care assistant roles. However, our numbers in this group have reduced from 65 last year to 62 despite the fact that managers have been encouraged to convert as many Band 2 posts as possible.

The proportion of people under 25 who work for the Trust has shown a slight year on year improvement from 7.64% in 2012/13, 9.91% in 2016/17. However, this year there has been a drop to 8.98%. The Trust needs to increase its efforts to attract younger workers building on its social media campaigns and videos and open days. This is significantly better than national NHS figures of 6% under 25. However, the number of leavers between the ages 21-35 increased from 45.4% in 2015/16 to 48.3% in 2016/17 and to 54.88% this year. . A recruitment campaign launched through social media has had a positive response which we expect to appeal to younger candidates.

25% of the staff surveyed in our 2017 staff survey said that they felt that they had been discriminated against due to their age compared to national average of 18%. This has increased from 22% last year which requires further investigation.

We have continued to run our successful Apprenticeship and Work placement Schemes in 2017 to increase the numbers of younger staff in our workforce with 208 placements. We also offer flexible retirement options to encourage the older worker to remain in employment and phase down in preparation for retirement. In the 12 month period ending 31st March 2018, there were 11 members of staff who retired and returned under our flexible retirement scheme including 7 registered nurses. This compares to 13 retire and returns last year.

9.3 Disability

We continue to have a significant number of staff recorded in the 'undefined' or 'not declared' box when which means that workforce disability data is not complete.

We currently have only 1% of staff (58 people) who declare themselves to be disabled which is in line with the NHS average of 1% (based on ONS, 2011 data). We recognise that many people would choose not to describe themselves as disabled and therefore we do not feel that conducting a full census of the workforce is helpful. We will continue to monitor through NHS Jobs for new applicants and record the monitoring data on ESR for all new staff as well as periodically reminding people to update their own records on ESR.

Any staff who declare a disability or have any restrictions at work have this recorded on their Occupational Health records, as well as their personal file.

We can also monitor disability through the annual staff opinion survey which indicates that 12% of respondents in 2017 declared themselves to have a disability, long term health problem or longstanding illness. This compares to 17% national average and 14% last year.

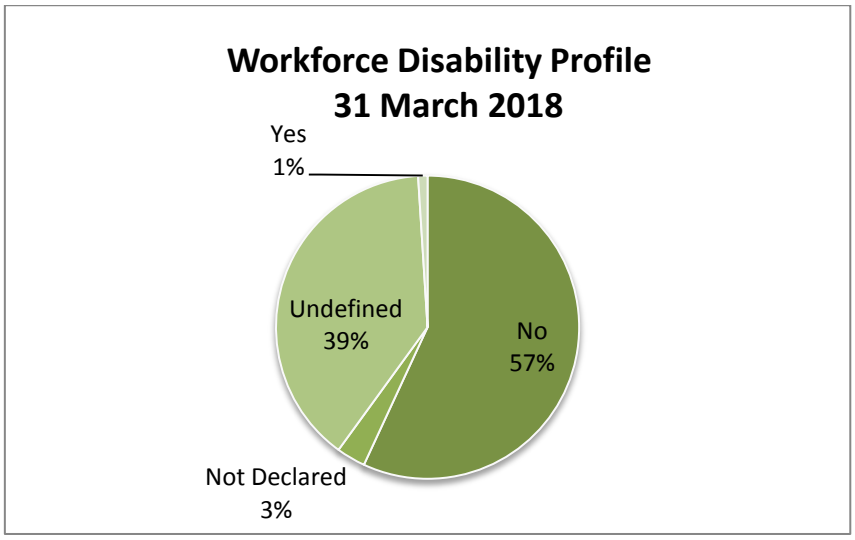
We can also use qualitative information from our contacts with staff who become disabled and through our recruitment analysis. 72% of these respondents to the 2017 staff survey felt that the Trust made adequate adjustments to enable them to carry out their work, compared to 74% nationally. This has improved from 69% last year.

The Trust does offer support to staff with disabilities during recruitment with a guaranteed interview for all applicants who declare themselves to have a disability (provided they meet

the essential criteria in the person specification). We also provide support through Occupational Health and modified duties/redeployment for staff who become disabled during their working life.

It is not possible to undertake any meaningful analysis of whether having a disability is a bar to promotion within the Trust due to the level that is non-declared. We are hopeful that staff will update their personal data now that they have access to ESR Employee Self Service which will enable us to analyse this further.

In the 2017 staff survey 7% of our staff reported that they felt they had been discriminated against due to their disability which has improved by 1% from last year, compared to national average for acute trusts of 8%..



9.4 Gender Variance/ Gender Reassignment

At present the Trust does not collect data for gender reassignment or gender variance. However, this is an area that is to be included in ESR dataset nationally so this should enable us to analyse any issues. We do need to obtain a better understanding of the needs of transgendered members of staff as well as patients and we are looking into expanding our Equality e-learning to include a specific module around issues for patients with gender variance.

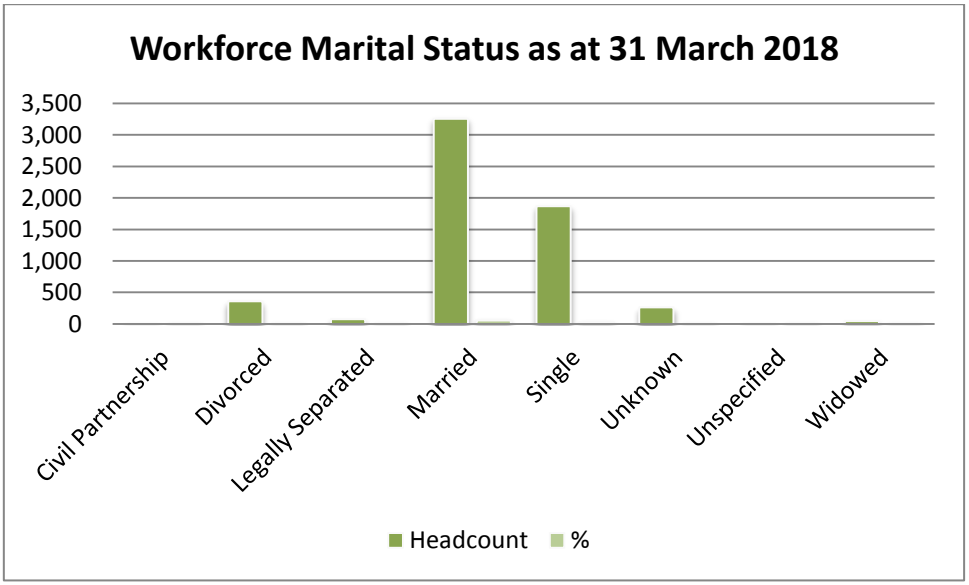
9.5 Pregnancy and Maternity

We have launched a new divisional workforce scorecard this year to replace the Corporate Dashboard. We no longer report on the number of staff who are on maternity leave on a monthly basis as this does not vary greatly so adds little value. What is more valuable is feedback that we have from staff who are pregnant or returning from maternity leave. There were 152 members of staff on maternity leave as at the end of March 2018 compared to 138 last year. The Trust generally ranges from 109 to 129 staff on maternity leave month so this is recognised as a higher level than normal which does put pressures on the Trust to cover these roles through temporary staffing arrangements.

We have had no complaints of less favourable treatment from staff who are pregnant, or recently returned from maternity leave, during 2017/18. Staff are able to use the Family Care policy which is available on the intranet to assist with their needs. This includes parental leave and carers leave as well as a flexible working request process and a facility to buy additional leave or have a temporary reduction in hours.

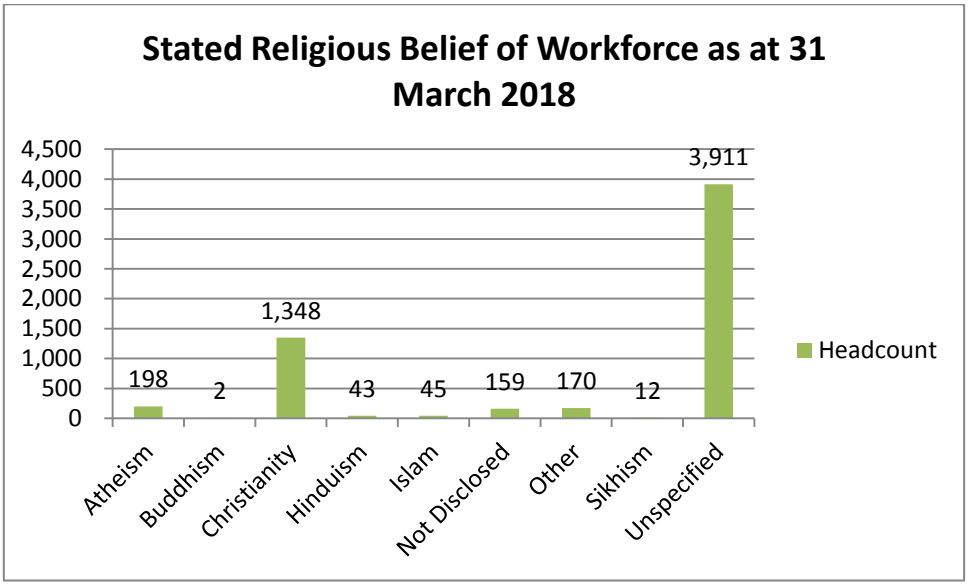
9.6 Marriage/Civil Partnership Status

We have added this status into our standard reports in order to identify trends. We have had no complaints of discrimination in any of these areas in this year. We are unable to identify from the staff surveyy whether staff report discrimination in this area as it is not included in the survey. We have raised this with NHS Employers. However 33% of our staff say that they have been discriminated for some "other reason(s)" which could include this area. 55% of our workforce are married and 32% single:



9.7 Religion and Belief

From the snapshot of the workforce religion and belief data below, it demonstrates that the majority of the workforce (3,911 headcount) are unspecified with a further 159 saying that they do not wish to disclose their religion, and 170 stating "other". 1,348 describe themselves as Christian which is a reduction of 128 from last year.



3% of the respondents in the 2017 staff survey said that they had been discriminated against on the grounds of their religion which is 1% lower than the national response.

Our Hospital Chaplaincy team are equality and diversity advocates who provide religious and pastoral support to our workforce as well as our patients. This includes a nationally recognised Chaplains blog, multi-faith facilities, and a Hospital Choir which provide forums for people to network. We developed our Chaplaincy Team in 2017 to include a Lead Chaplain and Staff Equalities Engagement role which has been active in setting up social networking and equalities initiatives including our plans for Equality and Diversity Week events. We will expand these networking opportunities where there is an interest from staff. Our contracted multi-faith Chaplains and 40 Chaplaincy volunteers are actively involved in our E&D Committee, Staff Engagement and our Health and Wellbeing agenda. Our 2017 Christmas Carol service was "signed" with the staff choir having participated in a British Sign Language course which has continued to be offered to all staff.

9.8 Race

The chart below depicts the breakdown of the Trust's 18% ethnic minority workforce as at 31st March 2018 by ethnic group. 82% of our workforce described themselves as White British, compared to 87% of the UK workforce, and 78% in the NHS (source: NHS E Infographic 2017).

Ethnic Group	Headcount
A White - British	4,826
B White - Irish	34
C White - Any other White background	98
C3 White Unspecified	16
CB White Scottish	1
CC White Welsh	3
Ethnic Group	**Headcount**
CF White Greek	2
CG White Greek Cypriot	1
CJ White Turkish Cypriot	1
CK White Italian	7
CP White Polish	21
CX White Mixed	1
CY White Other European	37
D Mixed - White & Black Caribbean	23
E Mixed - White & Black African	7
F Mixed - White & Asian	11
G Mixed - Any other mixed background	7
GD Mixed - Chinese & White	1
GF Mixed - Other/Unspecified	5
H Asian or Asian British - Indian	306
J Asian or Asian British - Pakistani	101

K Asian or Asian British - Bangladeshi	12
L Asian or Asian British - Any other Asian background	90
LE Asian Sri Lankan	4

35% of the respondents to the 2017 staff survey said that they had experienced discrimination in the last 12 months due to their race/ethnic origin. Although this is a concern and requires more investigation, it is lower than the Acute Trust average of 40%.

In addition to the above, the Trust has received feedback that BME students feel less supported in their pre-registration training than other ethnic groups. The Trust is working in partnership with educational establishments to review this issue in order to ensure appropriate support mechanisms are put in place.

9.8.1 WRES

The introduction of the Workforce Race Equalities Standard (WRES) in 2015 was welcomed as it enabled us to benchmark our equalities data for race against other Trusts. We were 106 out of 235 in the nationally published data with 6.4% of our senior managers from BME backgrounds. The WRES results were disappointing for us in 2016 as they were based on 2015 staff survey which was only sent out to a random sample of 850 staff which appeared to have skewed the results. The 2016 staff opinion survey was an all staff survey which improved our position in 2017 . The Trust will continue to undertake full staff surveys to enable accurate analysis of results in terms of WRES. The Trust's 2017/18 WRES Action Plan is attached as Appendix A

The key E&D questions from the 2017 staff opinion survey which populate the WRES are as follows:

5. Workforce Race Equality Standard (WRES)

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	29%	27%	32%
		BME	28%	28%	25%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	28%	25%	31%
		BME	28%	27%	32%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	84%	87%	84%
		BME	70%	75%	74%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	7%	6%
		BME	16%	15%	17%

9.9 Gender

82% of the workforce were female on 31st March 2018 which is a 1% reduction from last year, and is higher than the national NHS figure of 77%. The UK workforce is made up of only 47% women (source: NHSE Infographic 2017). This Trust therefore employs significantly more women and a high percentage of part-time workers or staff working flexible contracts which is normal for a NHS organisation. 20% of respondents to the 2017 staff survey said that they had been discriminated against in the last year in respect of their gender compared to 19% nationally.

The gender difference within staff groups is notable across the NHS. For example, there are a greater proportion of male consultants within the workforce and conversely a much larger proportion of female nurses. Work is being undertaken with educational establishment to address this imbalance and as a consequence there has been a notable increase in female consultants over the last few years. However, there is further opportunity for the Trust to review its recruitment practices to encourage applications from both genders. This will be taken forward through the medical workforce and nursing, midwifery and allied health professions workforce groups.

9.9.1 Gender Pay Gap reporting

The Trust was required to report nationally on its Gender Pay Gap by April 2018. We published our results which have to be based on the previous year, via the government gateway and on our webpages. Key results are as follows:

Average & Median Hourly Rates as at 31 March 2017	
Gender	**Avg. Hourly Rate**
Male	23.0214
Female	14.8897
Difference	8.1317
Pay Gap %	35.3224

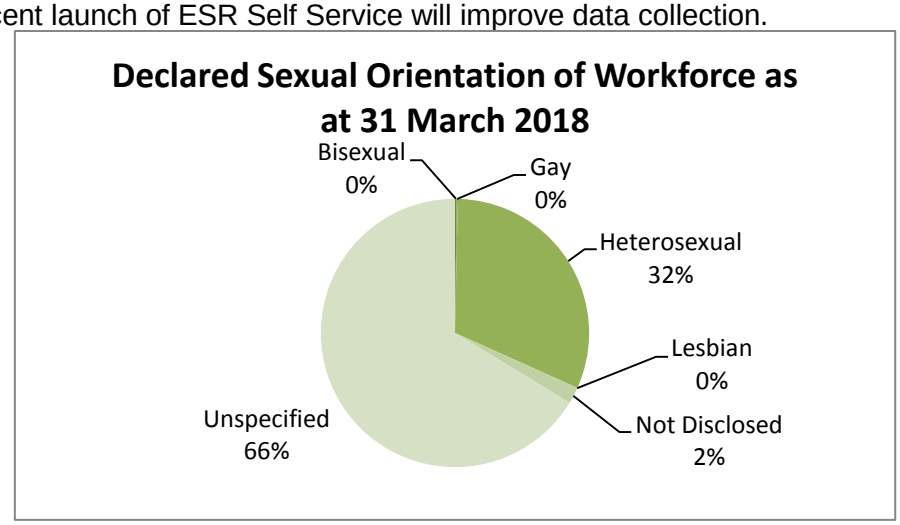
Median Hourly Rates as at 31 March 2017		
Gender		**Median Hourly Rate**
Male		17.1627
Female		13.8746
Difference		3.2881
Pay Gap %		19.1584

In summary, the Gender Pay Gap report identifies that both the average and median hourly rates reduce significantly when doctors are taken out of the equation and the average hourly rate shows a difference of only 10p. The Trust acknowledges that there could be greater female representation in its senior medical roles. However, in general the NHS consultant workforce has a greater proportion of males to females across the NHS, which limits the pool of available applicants to these types of roles.

9.10 Sexual Orientation

The chart below illustrates the workforce broken down by sexual orientation. It is clear to see that there a similar issue as with the disability data, where 2% of staff say that they do not wish to disclose their sexual orientation, and 66% are unspecified. At the present time no

meaningful analysis can be undertaken of whether someone's sexual orientation has any bearing on them being recruited to, leaving or being promoted within the Trust. It is hoped that the recent launch of ESR Self Service will improve data collection.



Analysis of our 2017 staff survey does not provide more insight into this protected characteristic due to the low numbers. We have not received complaints from staff in relation to being treated differently

10 Equality and Diversity Training Progress

From 2016/17 Equality and Diversity training became mandatory for all staff to undertake every three years. Our take up of E&D training in the last 3 years as at March 2016 was 42.80%, and by March 2018 this had increased to 69%. In October 2017 the Trust rolled out ESR Employee Self Service which enables staff to access e-learning on this topic. Staff can clearly see from their own matrix whether their training is out of date and they will also receive an email three months before expiry. We would anticipate that this will improve our training compliance in all areas. The Trust has also imposed restrictions on access to external study where staff have not had an annual appraisal or completed their mandatory training. By April 2019 this will be linked to pay progression.

Since 2010 we have included Equality and Diversity modules in our Leadership Programmes for managers e.g. Recruitment and Selection, performance management, as well as for all new staff through our Induction programme. We have also launched online E&D training modules which improved compliance.
Our approach to equality and diversity is to win over the hearts and minds of the organisation by helping them to see things from another person's shoes. This will embed behavioural change and cultural tolerance rather than simply ticking a box. Over the past 5 years this has included Deaf Awareness training by a speaker with hearing loss, complimented by **"patient stories"** including one from a service user with learning disabilities. We have also supported staff to access British Sign Language training in house. Current training programmes being offered that include E&D modules are:

- **Equality & Diversity Awareness on Induction for all staff**
- **Equality and Diversity (full day course)**
- **Equality & Diversity E Learning Modules**
- **Deaf and Disability Awareness Training – Deaf-eating Barriers**
- **British Sign Language Training**

- **Conflict Management and Conflict Resolution**
- **Dignity in Care Workshop**
- **Dignity Link Nurse Training**

11 Access to Training and Development

The Trust provides a comprehensive induction programme for new employees and mandatory training updates in 12 mandatory topics plus local topics, for existing staff using a variety of teaching methods and assessment. In addition our in house Customer Care with Pride programme has carried on from the "Ace with Pace" programme to support our staff in providing excellent customer service and help them deal with difficult situations.

The Trust provides accredited and bespoke leadership programmes for all levels of staff including coaching skills for managers.

During 2017/18, we have continued to offer work experience placements and the Trust supported apprenticeship programmes in both business administration and health and social care.

We have not had any complaints from staff regarding being treated unfairly in respect to access to training, and our 2017 SOS results showed that 75% of our staff said they have received job related training compared to 71% national average. This is a 3% improvement on last year.

12 Staff Experience

Our Workforce Race Equality Standards action plan for 2017/18 is included as Appendix C (updated as at January 2018). We have improved in 6 out of 9 areas and were better than national average in 4 areas with our main concerns being around BME staff being 1.79 times more likely than white staff to enter the Disciplinary process compared to 1.37 times nationally. 32% of our BME staff said that they have experienced bullying or harassment compared to 26% nationally which is an area being addressed with the appointment of a Freedom to Speak Up Guardian and our 4ward culture programme.

13 Staff Networks and Forums

Efforts to establish a Staff Equalities Network (including a BME network) has shown slow progress, but we do have a Facebook page for staff and have run successful Equality and Diversity events to tie in with national Equality and Diversity week. This is an area to target in 2018/19 with the refresh of the terms of reference of the Equality and Diversity Committee.

14 Disciplinary Hearings, Investigations and Grievances Progress

Our HR Consultancy Team maintains an anonymous record of all casework. Overall patterns and numbers of cases are reported to the JNCC on a monthly basis. Any trends relating to equality and diversity would be discussed at Equality and Diversity Committee. Case numbers are very low and it is difficult to ascertain a pattern around these. However from a total of 40 cases (including all formal investigation processes associated with disciplinary,

dignity at work, sickness, grievance, safeguarding, flexible working), 6 cases involved BME staff.

15 Policies and Programmes in place to address equality issues

There are a number of policies that establish the Trust's framework for ensuring equality, diversity and inclusivity for both patients and staff. These explain what should be done if breaches of the policies occur.

The Trust is committed to ensuring that all staff and patients are treated fairly and equitably. All policies are published on the Trust's intranet site. We review these policies every two years to check that they are still fit for purpose. The current key **Workforce policies** as regards the equality agenda are:

Freedom to Speak Up Policy
Equality, Diversity and Inclusion Policy
Dignity at Work (Bullying and Harassment) Policy
Recruitment and Selection Policy
Mandatory Training Policy
Sickness Absence Health and Wellbeing Policy
Disciplinary Policy
Grievance Policy

All other policies include an Equalities Impact Assessment to consider whether their implementation has an adverse effect on any particular protected groups.

Patient policies as regards the equalities agenda include:

Carers Policy Chaperones Policy
Provision of Same Sex Accommodation for patients' policy
Privacy and Dignity Policy
Deprivation of Liberty Safeguards (DOLS) Policy
Safeguarding Adults Policy
Safeguarding Children Policy
Supporting People with Learning Disabilities Services policy
Assessing Mental Capacity policy
Interpreters and Translation Policy

16 Equality Impact Assessments/Equality Analysis

Equality Impact Assessments (EqIA's) are a practical and systematic approach to establishing whether Trust functions, policies, strategies and projects have a negative or adverse impact on different groups. All policies include a basic Equalities Impact Assessment. Where issues are identified a full EqIA is required and these will be reviewed by the Equality and Diversity Committee if complex.

17. Procurement

The buying of goods and / or services is an important tool in embedding equalities across the organisation. The Trust has various contracts with other private, voluntary and statutory organisations for goods, works, services and employment services. Procurement is a key way for the Trust to exercise its influence in the community and to discharge its public duties to promote equality.

This Trust will take steps to ensure that its equality and diversity commitments are carried out by organisations that are engaged through a contract or service level agreement. An equality compliance clause is written in into all our contracts. Legally we are required to do this for all our contracts. Through the Trusts Procurement Group we will ensure compliance with equality legislation and identify where positive action can be taken to promote equality. This will be reflected in the Trust's Procurement Strategy.

For existing contracts, equality clauses should be introduced when contracts are formally reviewed or in the event of significant change to the contract terms & conditions. This may be reviewed if there is evidence of inequality in relation to the contract e.g. from complaints, public concern or equality monitoring information.

18. Next Steps

The Trusts needs to agree revised EDS Equality Objectives for 2018/2020 and has commenced work on this area. In the meantime immediate objectives are around the relaunch of the Equality and Diversity Committee including:

Equality Objectives:

1. **Review of the way in which we govern and resource the Equality and Diversity agenda within the Trust**
2. **Review national best practice and adopt the relevant standards within the Trust. Developand implement action plans to address the gaps against these standards**
3. **Refresh our Equality and Diversity information within our staff training and our intranet resources to ensure increased awareness**
4. **Improving the Culture of the Trust through our signature behaviours**
5. Continuing to develop the use of social media to enhance patient's spiritual care within the Trust and NHS
6. Set up British Sign Language training for staff and work towards the Trust becoming deaf friendly organisation
7. Explore and augment links for greater co-operation between the Neonatal Intensive Care Unit and Chaplaincy to facilitate spiritual care to patients and staff.

Appendix A

WRES Action Plan 2017-18

Worcestershire NHS
Acute Hospitals NHS Trust

WORKFORCE RACE EQUALITIES STANDARD – ACTION PLAN 2017/18 (Updated January 2018)							
WRES INDICATOR	NATIONAL POSITION (FROM NHS WRES DATA ANALYSIS REPORT FROM 2017 SUBMISSION – dated December 2017)	HOW OUR TRUST COMPARES TO NATIONAL POSITION (AS AT 31 MARCH 2017)	HOW OUR TRUST COMPARES WITH IT'S OWN POSITION ON 31 MARCH 2016	ACTION – BY WHOM AND TIMESCALE	PROGRESS AS AT: (RAG RATED)		
					KEY: COMPLETE OR ON TRACK	PROGRESS MADE	NO PROGRESS
1. % of BME staff in Bands 8-9, VSM (including executive Board members) compared to % of BME staff in the workforce	Nationally the number of VSMs from BME backgrounds increased by 18% from 2016 to 2017. This is 7% of all VSMs which remains significantly lower than BME representation in the overall NHS workforce (18%) and the local communities served (12%)	We have 7.2% BME managers (excluding M&D) compared to 12.7% of workforce. This is an improving position and is slightly better than national average.	Percentage of BME managers has improved marginally, previously 6.1%.	Keep under review – aim for 12.7% in line with BME workforce.	*Deb Drew – March 2018*		
2. Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff	Nationally white applicants are 1.60 times more likely (improved from 1.7 times) to be appointed than BME shortlisted applicants, who continue to remain absent from senior grades within AfC pay bands.	We were broadly the same as national at 1.76 times more likely. However, the national position has improved to 1.60 times more likely for white shortlisted applicants to be appointed.	Slight improvement from 1.85 times more likely	Analyse whether this is in particular staff groups, grades, or departments.	*Deb Drew – February 2018*		
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	Nationally BME staff are 1.37 times more likely to enter disciplinary process and more likely to be disciplined which is an improvement on last year	Our BME staff are 1.79 times more likely to enter disciplinary process which is worse than national position.	Decline from 2016 position which was 1.5 times more likely.	Monitor – aim to be equal numbers of BME and white entering process.	*Deb Drew/Natalie Wurmli – March 2018*		
4. **Relative likelihood of BME staff accessing non-mandatory training and** CPD compared to white staff	**Nationally white staff were 1.22 times more likely to access non-**mandatory training than BME staff.	Our BME staff are more likely to access training which is better than national position (0.93). The improvement may be a consequence of not including non-mandatory training in 2016 figure.	The position has improved since 2015/16 (0.79) and demonstrates greater equality with regards to non-mandatory training & CPD.	**Monitor but unlikely to require additional action at this point.**	*Jo Chant – March 2018*		

Worcestershire NHS
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					KEY: COMPLETE OR ON TRACK	PROGRESS MADE	NO PROGRESS
5. % of staff experiencing harassment, **bullying or abuse from patients, relatives or the public in last 12 months**	Nationally 29% for BME **staff and 28% for white staff which is a 1% deterioration from last year.**	25% of our BME staff reported that they had experienced harassment, bullying or abuse from patients in 2016 survey. This compared to 64% in 2015. White staff reported 32% compared to 39% in 2015. This demonstrates that the 2015 results were skewed by a sample survey of 850 staff. Full survey has corrected this and BME staff are now less likely to be harassed than white staff. Better than national position	Reverted to previous position where our BME staff reported they were less likely than white staff to experience this	Continue with full SOS survey for 2017.	*Deb Drew – September 2017 commissioned full survey*		
				Drill this data down to identify problem departments or staff groups.	*Deb Drew – February 2018 once Staff Survey results are available*		
				Set up Staff Engagement Forum with a view to BME network longer term	*David Southall – September 2017- Social network forum established but efforts to establish Staff Equalities Engagement forum have stalled again due to lack of interest. Other methods of engaging with staff being explored*		
6. % of staff experiencing harassment bullying or abuse from staff in last 12 months	Nationally BME staff are more likely to experience discrimination at work from colleagues and managers compared to white staff at **26% and 23% respectively.**	Our BME has improved from 56% in 2015 to 32% in 2016 and has remained at 32% for 2017 White has deteriorated from 28% to 31%.Both are significantly higher than national position.	Full SOS has brought BME staff almost equal to white staff -but both are higher than national position.	Full SOS survey for 2017 with data drilled down to identify problem departments	*Deb Drew – February 2018 once Staff Survey results are available*		
				Set up BME network	*David Southall – March 2018*		
7. **% believing that trust provides equal opportunities for career progression or** promotion	**Nationally 75% for BME and** 89% for white staff	Our response has improved from 69%in 2015 for BME to 74% in 2016 due to full staff survey. For white staff position has improved slightly from 82% in 2015 to 84% in 2016.	Improved but still worse than national for white staff, BME is same as national	BME network group needs to be established to understand why staff feel this way, and what support we need to give. E&D Committee to take a lead.	*David Southall – March 2018*		

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					KEY: COMPLETE OR ON TRACK	PROGRESS MADE	NO PROGRESS
8. In last 12 months % personally experienced discrimination at work from manager, team leader or other colleagues	Nationally 14% for BME and 6% white	Our BME staff response has reduced from 24% in 2015 to 17% in 2016 due to full staff survey. However this is still worse than national position. For white staff there is little change with 5% in 2015 and 6% in 2016 which is the same as national position.	Improved for BME and stayed the same for white	BME group needed to understand why	David Southall – March 2018		
				Support staff to voice concerns	FTSU Champions and Guardian launched November 2017		
9. Boards are expected to be broadly representative of the population they serve	Nationally there has been a steady increase in the number of Trusts with at least one BME Board member. 25 Trusts have 3 or more BME members of the board; an increase of 9 trusts since 2016.	We are 0% against Worcs BME population of 7.6%	Remained at 0% as still interims as at 31st March.	Appointed 1 BME post to board which is 7% representation from May 2017 which his broadly representative of Worcestershire population.	CEO – completed May 2017		