

EDS 2 (Revised July 2014)

Goal 1: – Better health outcomes for all

Reference number: 1.1

Outcome: “Services are commissioned, procured, designed and delivered to meet the health needs of local communities”

Your organisation’s approach:

The Trust works with CCG’s to commission, procure and design services which take account of the diverse population. These services are being delivered against the EDS principles and are monitored via quarterly Clinical Quality Review meetings. Business Case templates have been expanded to include equality and diversity issues.

Responsibility for commissioning of health services for people in Worcestershire rests with Worcestershire 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 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. There are three clinical sub-groups: Women’s and Children’s, Emergency Care and Planned Care who completed their work with involvement from patients, public, stakeholders and advisory boards. This work will continue with user involvement.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
			✓	

Sources of evidence for grading may include:

1. **Information from Oasis** which now records the following protected characteristics:
Age, Disability including physical and mental impairment, Pregnancy and maternity, Race including nationality and ethnicity, Religion or belief , Sex, Sexual orientation

We do not record Gender re-assignment on Oasis but this will be captured when it is disclosed by the patient or referring GP as relevant for specific treatments. Marriage is recorded on Oasis but civil partnership isn't on the list yet (but will be added)

2. **Business cases** will demonstrate that the equality and inclusion criteria have been considered in the design and commissioning of services
3. **Clinical Quality Review** evidence

This outcome supports the delivery of the following national policies and initiatives:

- NHS Constitution
- Equality Act – FREDA principles
- NHS Framework indicators 3a to 3e

Other groups:

We take account of other groups such as Learning Disabilities and Gypsy and Travelling Communities who have a higher than average representation in our community.

Goal 1 – Better health outcomes for all

Reference number: 1.2

Outcome: “Individual people’s health needs are assessed and met in appropriate and effective ways”

Your organisation’s approach:

All patients are clinically assessed on admission, and the care and treatment delivered with patients knowledge and consent. We have revised our admissions document to reflect equality and diversity requirements. We are developing an equality and diversity good practice toolkit for staff and we also have useful advice and information on our intranet.

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Sources of evidence for grading may include:

1. Information from Oasis which now records the following protected characteristics:

Age, Disability including physical and mental impairment, Pregnancy and maternity, Race including nationality and ethnicity, Religion or belief , Sex, Sexual orientation

We do not record Gender re-assignment on Oasis but this will be captured when it is disclosed by the patient or referring GP as relevant for specific treatments. Marriage is recorded on Oasis but civil partnership isn’t on the list yet (but will be added)

- 2. Oasis alerts** – for learning disabilities, safeguarding concerns, maternity and end of life
- 3. Admission documents** – take account of equality criteria
- 4. Clinical Quality Review** evidence
- 5. Patient surveys**
- 6. Consent audits**
- 7. Monitoring complaints and PALS concerns**

8. **Staff Training** – Dignity and Nutrition, Link Nurse Training, Learning Disability, Deaf Awareness, Equality and Diversity Training
9. **Patients Stories** are shared on Daily Brief and Trust Board
10. **How does it feel for you sessions** led by patients

This outcome supports the delivery of the following national policies and initiatives:

- NHS Constitution
- Equality Act – FREDA principles
- NHS Operating Framework – patient experience

Other groups:

We take account of other groups such as Learning Disabilities and Gypsy and Travelling Communities who have a higher than average representation in our community.

Goal: 1 – Better health outcomes for all

Reference number: 1.3

Outcome: Transition from one service to another, for people on care pathways, are made smoothly with everyone well-informed

Your organisation’s approach:

The organisation works in close partnership with all the local NHS organisations (Acute Trust, Health and Care Trust and Clinical Commissioning Groups), Worcestershire County Council and key representatives from the voluntary sector through the **Well Connected** programme. Together we aim to better join up and co-ordinate health and care for people and support them to stay healthy, recover quickly following an illness and ensure that care and treatment is received in the most appropriate place. It is hoped this will lead to a reduction in avoidable hospital admissions and the length of time people who are admitted to hospital need to stay there. Part of this approach is to develop alternative services in the community, allowing people to remain at home, or close to home, perhaps with the aid of new technology and receive an equivalent or better experience to what they would have had in a hospital. This will reduce demand on acute and A&E services, leaving them with the capacity to care for and treat those people who need the specialist level of support they are equipped to provide.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
		✓		

Sources of evidence for grading may include:

- **Well Connected newsletter** <http://www.wellconnectedworcestershire.co.uk/>
- **Health watch staff survey:** We ran a staff survey over the summer which received over 200 responses, many of which highlighted either good examples of integration which already exist, and other opportunities where more can be done. This feedback is being reviewed and Well Connected is really about building on what already exists, and using that to truly transform services.
- **Virtual Wards** which identifies people at particular risk and wraps support around them at home before their conditions deteriorates to a point

where more intensive support is needed.

This outcome supports the delivery of the following national policies and initiatives:

- Well Connected, Worcestershire's integrated care programme, has been named a national pioneer by the Department of Health.
- NHS Operating Framework – Patient Experience
- Berwick Report
- Winterbourne Report

Other groups:

We take account of other groups such as Learning Disabilities and Gypsy and Travelling Communities who have a higher than average representation in our community.

Goal: 1 – Better Health Outcomes for all

Reference number: 1.4

Outcome: When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

Your organisation's approach:

In order to ensure that all patients receive harm free care, the Trust trains all its staff groups in Ace with Pace (customer care training), Dignity and Nutrition Link Nurse training, falls, tissue viability, complaints training, vulnerable adults, safeguarding adults and children, mental health act training, deprivation of liberties and equality and diversity training. Staff and visitors are encouraged

We have worked closely with specific groups such as learning disabilities which have helped to introduce a hospital alert system which tracks a patients stay, training across all staff groups and we receive feedback from service users and carers.

We encourage all staff, patients and visitors to report any concerns, errors, near misses or incidents so that they can be investigated and addressed. We have a being open policy to alert patients and families where errors in care and treatment (i.e. medication errors) have taken place.

Divisional teams have monthly governance meetings which will review all the evidence listed below to determine what their greatest risks are and what actions need to be taken and if necessary escalated i.e. resources, training, equipment etc.

There has been strengthened multi-agency working with Trust staff continuing to make regular contributions to the Worcestershire Adult Safeguarding Board and its sub committees. We have had positive reviews of our processes to safeguard adults at risk following inspections by the CCGs and the Care Quality Commission and this has supported the findings of the internal quality inspections.

During 2013/14 the Trust has:

- increased the number of staff trained in the principles of Safeguarding Adults to 73%
- increased the number of staff trained in the principles of Mental Capacity Act to 53% of all clinical staff
- modified the content of training in relation to the Mental Capacity Act to help staff embed theory into practice.

The impact of this increased awareness has been seen in:

- an increase in the number of safeguarding alerts raised by staff
- an increase in the number of applications under the Deprivation of Liberties Safeguards (DOLS) that have been supported
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The Trust is committed to improving care for patients with dementia. We have successfully recruited 45 Dementia Champions across the Trust. We have trained 983 staff in Dementia Awareness training April 2013-March 2014.

The Royal College of Psychiatrists National Audit of Dementia (2013) demonstrated that we are compliant with our policies, guidelines and procedures. However, the audit also highlighted that we did not have 24hr access to psychiatry, and there needs to be training available to some of the support staff i.e. porters, and care information leaflets regarding discharge.

The development of a volunteer role to support patients with dementia has started this year. This role will be essential for reassuring patients, and is rewarding for the volunteers involved. We continue to promote the new signage for patients' bed heads featuring a purple 'forget me not' flower symbol. This is being used as a visual prompt so the patient's care team are aware that they need to refer to the '[The All About Me booklet](#)' which offers information about lifestyles and capabilities for individuals who may experience difficulty in communicating their care needs.

We have also worked with staff to ensure they are able to identify patients with the symptoms of dementia both within the hospital and in the Emergency Department (ED), using the Dementia Care Pathway which guides staff to provide person centred care. We plan to roll out the Dementia Care Bundle in 2014/15 which includes improving the environment, hydration and nutrition and monitor improvements in care

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
			✓	

Sources of evidence for grading may include: Quality Accounts; Healthwatch and PALS; Friends & Family Test; Serious Incident reports; CQC Intelligence monitoring, Monthly quality review, CCG's assurance visits, Patient safety thermometer, incident reporting, complaints, Hospedia, picker Inpatient/outpatient/ cancer services/maternity service surveys

This outcome supports the delivery of the following national policies and initiatives:

- NHS Operating Framework – Patient Experience
- Francis Report
- Berwick Report
- Winterbourne Report

Other groups: We take account of other groups such as Learning Disabilities and Gypsy and Travelling Communities who have a higher than average representation in our community. We are developing more robust pathways to address the specific needs of patients suffering from dementia.

EDS Outcome 1.3 (EDS Goal 1 – Better health outcomes for all)

Goal: 1: Better Health outcomes for all

Reference number: 1.5

Outcome: Screening, vaccination and other health promotion services reach and benefit all local communities

Your organisation’s approach:

The Trust is not responsible for general screening programmes within the community. However, we do undertake the following screening, vaccination and health promotion:

- Breast screening
- Cervical screening
- Antenatal and postnatal screening
- Targeted screening based on outbreaks (Measles, TB and flu) for long stay patients who are unable to access their GP which being cared for in hospital. This includes screening of our staff through the Occupational Health and Wellbeing service.
- The Trust employs Smoking Cessation co-ordinators/health trainers who work with patients and visitors and members of the public.

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		✓		

Sources of evidence for grading may include Health Promotion and Health Protection Publications from Worcestershire Public Health website. CCG’s Clinical Quarterly Monitoring information, Control of Infection Data.

This outcome supports the delivery of the following national policies and initiatives:

- NHS Outcomes Framework: Goal 1 “Preventing people from dying prematurely”
- Public Health Outcomes Framework: “Increased healthy life expectancy” and “Reduced differences in life expectancy and healthy life expectancy between communities”
- NHS Constitution pledge: “The NHS also commits to provide screening programmes as recommended by the UK National Screening Committee”
- CQC’s key inspection questions: Are services effective? Are services responsive to people’s needs?

Other groups: The Trust only provides minimal screening, vaccination and health promotion activity relating to specific referrals. Therefore we have not assessed how well other disadvantaged groups, including “Inclusion Health” groups, fare compared with people overall. There is no local evidence to suggest that there is a need to do so. However, we are aware that Worcester has a higher than average proportion of older people and people with learning disabilities, as well as the travelling community.

Goal: 2 – Improved Patient Access and Experience

Reference number: 2.1

Outcome: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

Your organisation’s approach:

The Trust aims to ensure equal access to all patients requiring treatment, whether it be emergency or elective, based on clinical need. Through our dialogue with our local equality network we established difficulties with some groups with access to our services, such as learning disability, visually and hearing impaired patients.

We are aware that for some procedures there are increased waiting times that may impact on some protected groups – such as visually impaired needing urgent surgery for specific procedures. We have reviewed lists and centralised some services which has provided access to more skilled staff and improved capacity. However increased activity continues to challenge services, but there is no evidence that access has been denied to any particular group.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
		✓		

Sources of evidence for grading may include: ; NHS patient surveys; GP patient surveys; A&E and other waiting times surveys; Quality Accounts; Health watch and PALS, Interpretation service usage reports, Deaf Direct service usage, complaints, compliment and Friends and family.

This outcome supports the delivery of the following national policies and initiatives:

- NHS Constitution patient and public rights: “You have the right to access NHS services. You will not be refused access on unreasonable grounds” and “You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the
- NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible”

- CQC's key inspection question: Are services responsive to people's needs?

Other groups: We take account of other groups such as Learning Disabilities and Gypsy and Travelling Communities who have a higher than average representation in our community. We have worked with local equality groups to adapt appointment letters for those who are visually impaired. Deaf Direct alert us of any delays or concerns with patients who are hearing impaired. Paperwork for patients with learning disability has been adapted for specific treatment pathways into Easy Read format with further work in progress.

Goal: 2 – Improved patient access and experience

Reference number: 2.2

Outcome: People are informed and supported to be as involved as they wish to be in decisions about their care

Your organisation’s approach:

The Trust has a Consent to Treatment Policy and provides Consent Training for all practitioners who have to gain consent for treatment (whether this is implied for formal consent). Patient information is provided to patients prior and following treatment. However, it has been recognised there is a need to review all information sent out. This is being carried out by the Complaints Task and Finish Group.

The learning disability liaison team has worked with the Trust to ensure that we meet all the recommendations from the “No Decisions about me without me report” and the Winterbourne Report. This has led on to further staff training to promote person centred care for all patients, in particular the protected groups, learning disability and dementia. As a result we now have the “All About Me” booklet which is used with the patient and carers during their stay in hospital.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
		✓		

Sources of evidence for grading may include: NHS patient surveys; GP patient surveys; A&E and other waiting times surveys; Quality Accounts; Health watch and PALS, Interpretation service usage reports, Deaf Direct service usage, complaints, compliment and Friends and family.

This outcome supports the delivery of the following national policies and initiatives:

- NHS Constitution pledges: “The NHS also commits to inform you about the healthcare services available to you, locally and nationally;

- and to offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions. The NHS also commits to support you in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available”
- CQC’s key inspection question: Are services caring
- National Consent Policy

Other groups:

We take account of other groups such as Learning Disabilities and Gypsy and Travelling Communities who have a higher than average representation in our community. We have worked with local equality groups to adapt appointment letters for those who are visually impaired. Deaf Direct alert us of any delays or concerns with patients who are hearing impaired. Paperwork for patients with learning disability has been adapted for specific treatment pathways into Easy Read format with further work in progress.

Goal: 2 – Improved patient access and experience

Reference number: 2.3

Outcome: People report positive experiences of the NHS

Your organisation’s approach:

The Trust has a variety of methods for capturing feedback from patients, carers and the public. These include:

- Surveys (i.e. national and local)
- Friends and Families tests
- Complaints
- Compliments
- Website feedback
- Patient opinion
- NHS choices

The feedback has helped us review how we deliver care and treatment to our patients. We have methods to review areas of concern identified i.e. monthly quality reviews, CCG assurance visits, patient public forum visits. We invite patients in to the Trust to share their experiences at staff training events and to the Trust Board meetings as well as other committees to help us learn and improve pathways of care. We call these sessions “how was it for you” patient stories and examples this year have included Sepsis, End of life care, and tissue viability.

Since 2012, we have been holding “how it feels for me” sessions where a patient or carer stands up and talks about their experience in our hospitals. The sessions provide a unique insight into patient experience and the staff can learn from their experiences. We have covered patient experiences such as:

- Learning Disability
- Pain
- Breathlessness
- Dementia
- End of life

Grading

Undeveloped

Developing

Achieving

Excelling

	No evidence at all Or for few or none of the protected groups	For some protected groups (information is collected on 3 – 5 groups)	For most protected groups	For all protected groups
			✓	

Sources of evidence for grading may include: NHS patient surveys; GP patient surveys; A&E and other waiting times surveys; Quality Accounts; Health watch and PALS, Interpretation service usage reports, Deaf Direct service usage, complaints, compliment and Friends and family.

This outcome supports the delivery of the following national policies and initiatives:

NHS Constitution patient and public responsibilities: “Please give feedback – both positive and negative – about your experiences and the treatment and care you have received, including any adverse reactions you may have had”

- CQC’s key inspection questions: Are services safe? Are services effective? Are services caring? Are services responsive to people’s needs?

Other groups:

Gypsies and travellers are a group that we have established local links with. However, we need to do further work to understand what their experiences are in accessing treatment and what we can do to improve areas identified by the local gypsy and travelling community.

Goal: 2 Improved Patient access and experience

Reference number: 2.4

Outcome: People's complaints about services are handled respectfully and efficiently

Your organisation's approach: This year we engaged an external reviewer to examine our whole complaints process and make recommendations for improvement. We are now working to meet these recommendations to ensure that we respond better, and in a timelier manner to individual complaint. We also use the valuable opportunity to learn from what each complaint tells us to improve the services we provide. This work will continue through 2014/15.

Examples of learning that took place in the last year are:

- Ensuring that all staff caring for patients have received training in recognising the deteriorating patient, and use of the Amber Care Bundle
- A new, overnight home care service has been set up to provide a carer, paid for by social care, to settle patients back into their own home so they do not have to stay overnight
- A system has been introduced to identify the patient's main carer so that that they can receive more detailed information by telephone

Work will take place in the coming year to improve action planning and sharing learning around complaints.

The number of complaints has significantly reduced from last year (12/13: 706). The Trust has worked to ensure that people can access the complaints process and are aware of how to complain: leaflets and PALS posters are available in all patient contact areas. How to complain details are available on the Trust internet site, and in patient information leaflets. An easy read Complaints and Compliments leaflet is also available.

There has been a concerted effort to ensure that more staff are aware of the importance of dealing with patients' and relatives' concerns at the point of contact, and all staff are encouraged to attend 'ACE (Active Caring for Everyone)with Pace' customer care study days. The number of early resolution meetings supported by Patient Services has increased reflecting the willingness of Trust staff to engage early in the process with the complainant to resolve their concerns.

The most common concerns raised through the complaints process remain those related to 'All Aspects of Clinical Care'. There has been a decrease in the number of complaints relating to 'Communication'; (although it is reducing it is still the top category), 'Attitude of staff' and 'Admission, Transfer and

Discharge'. There has been an increase in those related to 'Appointments: delays and cancelations (outpatient)'. 'Appointments: delays and cancelations (inpatient)' has come in to the Top 5 for the first time.

With regards to ethnicity, most people who were the subject of a complaint were White / British, and the majority of subjects of complaints were from females. This is the same as previous year. Of those who have stated their ethnicity, the next highest were White / Other, and White/ Irish equally. There are no recent statistics for this year for the local area, but census information for 2011 from www.worcestershire.gov.uk was that just over 92% of people in Worcestershire were classed as White/ British compared to 80% for the country as a whole.

The majority of people who were the subject of a complaint were female (55%). Last year this figure was 57%.

User survey reports for complaints

The Trust's survey tool has been redesigned to reflect the work of the Patients' Association. We asked people how easy it was to make a complaint once they had decided to do so. For period 1, 56% of respondents found it easy or very easy. For period 2, 66% found it easy or very easy. The Trust has worked to ensure that information is available in all areas, and that contact details are on the Trust's internet site but these results show that work is still needed to ensure that people find it easy to find out how to complain.

Over half of respondents did not think we had addressed their concerns and half intended to seek further advice. In period 2, there was an increase in the number of complaints that had been handled very well, and a reduction in those that had been handled very poorly. There was a perceived improvement in staffs' helpfulness to people who wanted to complain.

The Trust recognises it needs to do more work to reassure people that they can raise concerns without their care being affected. A significant number of respondents were not aware independent advocacy, and did not make use of it although 27% said they had been made aware of advocacy.

Fewer than half of the respondents had discussed timescales at the beginning of the process for period 1, and in period 2, a third had not. We asked if it was felt the complaint was dealt with quickly enough and about half of respondents felt that their complaint was. The survey showed that the Trust kept people fairly well informed of progress of their complaint.

For the period April 2012 to March 2013, the Trust received 982 calls to the PALS service, an increase of 234 calls on last year.

These were calls where the PALS team were required to take action and resolve (time taken generally greater than an hour for each call) and does not

include calls to the Patient Services department with general queries which took a shorter time to resolve
The trust has developed Easy Read leaflets for patients who help them raise concerns or complaints. PAL's concerns highlighted the poor communication and understanding of patients around cancellation of treatments, delays in receiving appointments and treatments, and more support in signposting for information.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
		✓		

Sources of evidence for grading may include: NHS patient surveys; GP patient surveys; Quality Accounts; Healthwatch and PALS

This outcome supports the delivery of the following national policies and initiatives: NHS Constitution right: “You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated”

- NHS Constitution pledge: “The NHS also commits to ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint, and the fact you have complained will not adversely affect your future treatment”
- CQC’s key inspection questions: Are services effective? Are services caring? Are services responsive to people’s needs?

Other groups: learning, hearing and visual disability groups being able to access easily read and available on how to raise concerns or complaints. Patient feedback form Hospedia surveys for learning disability and carers can indicate areas of concern.

Goal: 3 – A representative and supported workforce

Reference number: 3.1

Outcome: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

Your organisation's approach: The Trust has an agreed Recruitment and Selection policy (reviewed in March 2013) which lays down procedures for best practice in recruitment to ensure that candidates are treated fairly. We have introduced Assessment Centres for HCA's and Band 5 nurses with Values Based Recruitment. We monitor the recruitment process quarterly at our Workforce and OD Group, and at least annually at Equality and Diversity Committee. This includes looking at the numbers of applicants from each protected group and whether they are shortlisted or appointed. We compare the workforce annually against the census of the local community to establish whether it is representative. The results are included in the Equality and Diversity Annual Report. We have included how all protected groups are represented in our Equality and Diversity Annual Report for 2013/14.

The proportion of people under 25 who work for the Trust has improved from 7.64% last year to 9.1% this year. However, this is significantly lower than the 25% in the national NHS workforce. The proportion of staff aged over 45 is currently 43.9% which has improved since last year when it was 58.63%. However this is still significantly higher than the NHS workforce as a whole which has 35% in this age group. This would indicate that the Trust continues to have a problem with an ageing workforce and further monitoring needs to be undertaken of the age profile of new recruits to determine whether we are failing to attract and retain younger workers.

Our staff numbers in the 16-20 age group has increased in recent years directly due to the introduction of our successful Apprenticeship Programmes. These schemes are currently restricted to business admin and health care assistant roles. It appears that this trend will balance out over time as during 2013/14 60% of our new recruits were between the ages of 21-35. Less than 10% of staff recruited this year were 51 years or over.

During 2013/14 the Trust recruited 1088 new staff with 75% of them being female which would indicate that this trend is moving closer to the NHS average. The Trust does offer support to staff with disabilities upon recruitment with a guaranteed interview under the "two ticks" scheme for all applicants who declare themselves to have a disability (provided they meet the essential criteria in the person specification). We also provide support and modified duties/redeployment for staff who suffer a disability during their working life. We have recruited just under 2% of staff who declared they had a disability in 2013/14.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
		✓		

Sources of evidence for grading may include: Health & Social Care Information Centre Workforce Statistics; NHS Staff Survey; local NHS workforce data and surveys; local demographic data of the working age population

This outcome supports the delivery of the following national policies and initiatives:

NHS Constitution staff right: “The rights are there to help ensure that staff are treated fairly, equally and free from discrimination”

- CQC’s key inspection question: Are services well led?
- The principles, objectives and requirements of the Human Resources Transition Framework (2011)

Other groups: We have not looked at how other groups are affected and this is an area for development.

Goal: 3 – a representative and supported workforce

Reference number: 3.2

Outcome: The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

Your organisation's approach: The Trust assigns its grades to posts not people, in line with the Agenda for Change process. This should help to avoid bias in respect of gender, race or other protected characteristics as the post is graded prior to the candidate taking up post. We use a Job Matching panel made up of managers, HR and staff side representatives who match the job against national profiles. The panel would have no way of knowing who the person would be in the post unless it was a grading appeal.

We have recently started to look at promotion and grading reports to establish work of equal value. Our findings are included in the Equality and Diversity Annual Report 2013/14. We have not conducted any specific Equal Pay audits over and above our own payroll analysis. Our staff are all employed on NHS AfC national pay scales with incremental progression based on service. Therefore it would not be possible for male staff to be treated differently to female in terms of incremental progression.

84% of the workforce were female on 31st March 2014, as shown in the chart below. The national picture within the NHS as a whole is a 70:30 split. The UK workforce is made up of only 46% women according to ONS survey data (March 2014). This Trust therefore employs significantly more women and a high percentage of part-time workers or staff working flexible contracts. Although it is good that the Trust employs more than the national average of females this does mean that more of our workforce are likely to be on maternity leave or take carers leave.

Although the vast majority of our staff are female these tend to be concentrated in the lower level pay bands. 4.90% of our workforce have an annual salary of £70,001 or above but only 87 of these (30%) are female. Further analysis is required to identify whether this is because women choose not to apply, or are not being recruited. It is worth remembering that a high percentage of the higher graded posts are medical and dental which is traditionally a male dominated workforce.

Salary Range	Percentage female
£0-£20,000	87% female
£20,001 - £30,000	89% female
£31,000 - £40,000	85% female
£40,001 - £50,000	82% female
£50,001 - £60,000	56% female

£60,001 - £70,000
Over £70,000

52% female
30% female

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
		✓		

Sources of evidence for grading may include: ESR Pay analysis; Agenda for Change evidence;

This outcome supports the delivery of the following national policies and initiatives:

NHS Constitution staff right: “The rights are there to help ensure that staff have a fair pay and contract framework”

- CQC’s key inspection question: Are services well led?
- NHS Staff Council “Job evaluation handbook”, 4th edition, July 2013

Other groups: This is an area for further development.

Goal: 3 – a representative and supported workforce

Reference number: 3.3

Outcome: Training and development opportunities are taken up and positively evaluated by all staff

Your organisation's approach:

We record all of our training and development activities on Oracle Learning Management which is a module of ESR. This means that we can analyse the training record of all our members of staff. All on-line training is also recorded through Smart Card access to OLM. Monthly reports are run off of all training activity which is shared with managers to ensure that they are aware where individual staff have not completed their mandatory training.

With regard to personal development training all staff can access funding and time off through the Training and Development Department. We have not had any complaints in 2013/14 in relation to refusal being on discriminatory grounds. Our staff survey says that 80% of our staff said that they had received relevant training in the past 12 months which was slightly less than the national average of 81%. 89% of our staff said that they felt that the Trust provided equal opportunity for career progression and promotion which is higher than the national average of 88%.

We continue to support our staff with excellent training programmes recognising the importance of supporting staff and managers to become good role models and leaders, and help them develop resilience to cope with the demands of an ever-changing NHS. Our talent management strategy supports the transformation agenda and supports developing the workforce for the future.

The Trust provides a comprehensive induction programme for new employees and mandatory training updates in 16 topics for existing staff using a variety of teaching methods and assessment. In addition our in house Customer Service programme "Ace with Pace" has now been delivered to 2986 staff supporting them to provide excellent customer service and help them deal with difficult situations.

The Trust provides accredited and bespoke [leadership programmes](#) for all levels of staff and has developed new programmes in 2013 to develop coaching skills for managers and in addition 8 senior managers have completed a level 5 coaching programme to enable them to support managers with personal development coaching.

In terms of the workforce of the future over 587 young people completed [work experience placements](#) in the trust and the trust supported 36 new [apprenticeship programmes](#) in both business administration and health and social care.

We monitor access to Training and Development through the Workforce and OD Group. Each manager receives monthly performance reports in respect of their percentage rates for all mandatory training and appraisal. The performance rates are included monthly in Trust Board Workforce Dashboard which has been expanded to include Divisional workforce performance.

We have not yet analysed the take up of training courses in relation to protected characteristics hence the low score in this Outcome.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
	✓			

Sources of evidence for grading may include: NHS Staff Survey; local NHS workforce data and surveys; information on the take-up and evaluation of local training and development opportunities

This outcome supports the delivery of the following national policies and initiatives:

NHS Constitution staff pledge: “The NHS commits to provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed”

- CQC’s key inspection question: Are services well led?
- The principles, objectives and requirements of the Human Resources Transition Framework (2011)

Other groups: This is an area for further development along with analysis of the take up of personal development training in relation to the 9 protected characteristics.

Goal: 3 a representative and supported workforce

Reference number: 3.4

Outcome: When at work, staff are free from abuse, harassment, bullying and violence from any source

Your organisation's approach:

The Trust has a Dignity at Work (Bullying and harassment) Policy, as well as an Equality, Diversity and Inclusion Policy which are both scheduled for review in September 2014. All reports of bullying and harassment are taken seriously and we monitor the casework through the HR department, as well as through workplace advisers/staff support officers.

Responses to the Staff Opinion Survey do not indicate an unusual problem in the Trust. 10% of our staff said that they had experienced discrimination at work which is lower than the national average of 11%. Unfortunately the wording of the Staff Opinion Survey does not enable us to determine whether this discrimination was from patients, staff, managers, or carers. There are a series of questions relating to violence and aggression and bullying and harassment which indicates that: 12 % of our staff have experienced physical violence from patients compared to 14% last year and to 15% nationally. Physical violence from staff (which would be dealt with as a disciplinary offence) was the same as the national average at 2%; staff reporting harassment bullying or abuse from patients was 31% as opposed to 29% nationally despite our zero tolerance policy; bullying and harassment or abuse from colleagues was 21% compared to 22% last year and to 24% nationally. This would indicate that we need to do more to protect our staff from abuse from patients but that they do not feel abused or bullied by colleagues.

We have analysed our disciplinary, grievance and dignity at work cases and found that the prevalence was low. Overall, for the year ending 31 March 2014:

- There were a total of 3 **Disciplinary cases** that went to a hearing. None of these related to Discrimination. 2 were female, all three were White British, there was no religion defined, and 1 person said that they were heterosexual with the others undefined.
- There were a total of 6 **Dignity at Work** cases, all related to Bullying & Harassment. 5 were from females, the age range was dispersed with no pattern, none declared themselves as having a disability, and 5 were White British with 1 being Indian, 4 were Christian, 1 was Atheist and 1 undefined, 4 were heterosexual, 1 didn't wish to disclose and 1 was undefined.
- There were a total of 5 **Grievances** 4 of which were from females with a dispersed age range, none declared themselves as disabled, all 5 were White British, with 2 declaring themselves as Christian, 2 Atheist and 1 undefined, 3 heterosexual and 2 undefined.

Overall patterns and numbers of cases are reported to the Workforce and OD Group on a quarterly basis. Any patterns relating to Equality and Diversity would be discussed at Equality and Diversity Committee. Although it is recognised that case numbers are very low so it would be difficult to ascertain a pattern, there does not appear to be a problem in respect of cases being discriminatory.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
		✓		

Sources of evidence for grading may include: NHS Staff Survey; local NHS workforce data and surveys; the monitoring of local grievance and disciplinary procedures

This outcome supports the delivery of the following national policies and initiatives:

NHS Constitution right: “The rights are there to help ensure that staff have healthy and safe working conditions free from harassment, bullying and violence”

- CQC’s key inspection question: Are services well led?
- The principles, objectives and requirements of the Human Resources Transition Framework (2011)

Other groups: We have not looked into any other inclusion groups for our staff.

Goal: 3 – a representative and supported workforce

Reference number: 3.5

Outcome: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

Your organisation's approach:

The Trust has an agreed Flexible Working Policy which applies to all staff. The policy has an appeals process. We do not currently monitor the application of the policy, although we do monitor complaints in respect of the policy (via HR Department casework log). As at March 2014 we employed 4941 wte staff, but 5840 headcount which would indicate that we employ a high percentage of part time/flexible workers. We offer annualised hours, term time contracts, flexi-time, and flexible retirement.

We have not had any formal grievances in respect of flexible working applications or related issues. We do offer prayer time for religious purposes. We have also offered in the past three years the opportunity for staff to temporarily restructure their working week by taking unpaid leave, the cost of which is then spread across the year.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
		✓		

Sources of evidence for grading may include: NHS Staff Survey; local NHS workforce data and surveys; ESR data monitored through the WODG.

This outcome supports the delivery of the following national policies and initiatives: NHS Constitution staff right: “The rights are there to help ensure that staff have a good working environment with flexible working opportunities, consistent with the needs of patients and the way people live their lives”

- CQC’s key inspection question: Are services well led?

Other groups: We have not looked at disadvantaged groups at this stage.

Goal: 3 – a representative and supported workforce

Reference number: 3.6

Outcome: Staff report positive experiences of their membership of the workforce

Your organisation’s approach: We monitor the results of the annual Staff Opinion Survey as well as grievances, complaints and incidents and offer exit interviews. The 2013 SOS showed significant improvement in terms of staff engagement and motivation at work. Lower than average levels of harassment were reported. Staff motivation at work had improved on last year and was higher than the national average. Staff engagement, and also staff recommending the Trust as a place to work or receive treatment had improved on last year but was not as high as national average which is possibly to be expected in the current climate of Acute Services Review. It is not possible to separate this question to determine how the workforce rate the Trust, as an employer. However the roll out of the Staff Friends and Families Test (SFFT) from June 2014 will enable a breakdown of this area.

In the 2013 survey 35% of our staff reported that they had suffered from work related stress compared to the national average of 37%. This is an area that we are working on. We offer Self Care Courses which help an individual member of staff cope with their various stressors from home and work and focus on their physical and emotional resilience. Our Chaplains are also launching a **Mindfulness** programme which aims at helping individuals to learn to “switch off” and so take some control over physical responses to stress. We are reviewing our stress awareness and risk assessment training for managers.

To recognise the hard work and dedication of our staff the trust hosts an **Annual Long Service Awards** and achievement award event and in 2013, 65 staff enjoyed an afternoon with the Executive Directors celebrating their achievement of long Service; and also over 100 staff attended a high profile and sparkling evening event **“Celebrating Success”** where 16 staff received awards that they had been nominated for by their colleagues and patients. The Chief Executive has tea and cake with Departments who are nominated for the Trust’s **“Big Thank you”**

We have not yet broken down the staff survey responses to determine whether a specific protected group feels less positive with the Trust as an employer. However, this will be possible with the Solar Portal system that is available from our SOS contractors. The SFFT will also provide a timely test of staff positive experience of work. We are also reviewing our Exit Interview Process.

Grading

Undeveloped

Developing

Achieving

Excelling

	No evidence at all Or for few or none of the protected groups	For some protected groups (information is collected on 3 – 5 groups)	For most protected groups	For all protected groups
		✓		

Sources of evidence for grading may include: NHS Staff Survey; local NHS workforce data and surveys

This outcome supports the delivery of the following national policies and initiatives: NHS Constitution staff pledge: “The NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families, carers and communities”

- CQC’s key inspection question: Are services well led?
- The principles, objectives and requirements of the Human Resources Transition Framework (2011)

Other groups: We have not yet looked at any other groups in respect of whether they have positive experiences of working for the Trust.

Goal: 4 – inclusive leadership

Reference number: 4.1

Outcome: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their Organisations

Your organisation's approach:

Our Trust Board has undergone both **Equality and Diversity** and **Deaf-eating Barriers** training. They have also introduced a number of mechanisms for learning from patient experience and complaints. **"How it Feels for Me"** sessions where a patient or carer stands up and talks about their experience in our hospitals. The sessions provide a unique insight into patient experience and the staff can learn from their experiences. We have covered patient experiences such as:

- Learning Disability
- Pain
- Breathlessness
- Dementia
- End of life

We have also used **patient stories** in these areas for learning, presenting them to the Trust Board meetings and other committees as well as using them to develop and improve pathways of care within:

- Sepsis
- End of life care
- Tissue viability

We work closely with the Trust's **Patient and Public Forum** (PPF), members of which sit on several of our committees including the Trust Board and carry out review visits across the Trust. The PPF informally use the NHS Institute for Innovation and Improvement's "15 steps challenge" methods during their inspections and clinical visits which are very candid and open.

The PPF consists of volunteers with a particular interest in acute services who make visits to wards and clinics.

- When the Forum visit wards they observe what is happening to patients.
- They talk to patients and carers about how the patient is being looked after, including such things as drinks within reach of patients where appropriate, call bells within reach, and how long it takes for a call bell to be answered and the request acted upon.

- They observe meal times, and check the quality of food, whether patients receive their choice, and how much is eaten. They observe patients who need help with eating their meals, and how the staff interact with the patient being helped to eat.
- They check for cleanliness, check the bathrooms, toilets, and any other facilities, including the patient’s bed space
- They note the electronic white board that lists patients and look to see that it is up-to-date.
- They also take part in Patient Led Assessment of the Care Environment (PLACE) inspections as lay assessors.

All their visits involve talking to staff, nursing, cleaning and catering staff as well as patients and carers. As well as making visits to wards and clinics they have been invited to sit on committees to represent patients’ views:

- Privacy and Dignity,
- Nutrition and Hydration,
- End of life
- Patients’ safety
- Patients’ experiences

The plans for the future are to expand the membership of the PPF and also engage with a wide variety of patient/service groups using a wide variety of methods using social media, forums, surveys etc.

The 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. There are three clinical sub-groups: Women’s and Children’s, Emergency Care and Planned Care who completed their work with involvement from patients, public, stakeholders and advisory boards. This work will continue with user involvement.

There are numerous examples of instances when Board members and senior leaders had the opportunity to demonstrate their commitment to equality in the past year which can be demonstrated through the patient stories, how was it for me and training accessed. The Board do show a strong and sustained commitment to promoting equality, within and beyond the organisation. However, we do not yet have means of measuring or auditing this with quantitative data. We do offer coaching and mentoring schemes for all staff.

Grading	Undeveloped No evidence at all Or for few or none of the protected	Developing For some protected groups (information is collected on 3 –	Achieving For most protected groups	Excelling For all protected groups
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	groups	5 groups)		
		✓		

Sources of evidence for grading may include: speeches given by Board members and senior leaders to various audiences; reports presented by Board members and senior leaders to various audiences; participation in Board Leadership Programmes for equality; and active promotion of equality-based initiatives for services and the workforce including local mentoring schemes

This outcome supports the delivery of the following national policies and initiatives: NHS Constitution principle: “The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status”

- CQC’s key inspection question: Are services well led?
- EDS2 outcomes in Goals 1 to 3

Other groups: We have focussed on Learning Disability which does demonstrate commitment to a vulnerable and highly disadvantaged group. This work has involved appointing LD Link Nurses and production of toolkits as well as revising systems.

Goal: 4 inclusive leadership

Reference number: 4.3

Outcome: Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Your organisation’s approach:

Responses to the 2013 Staff Opinion Survey do not indicate an unusual problem in the Trust. 10% of our staff said that they had experienced discrimination at work which is lower than the national average of 11%. Our score for staff support from their managers has improved from last year (although is still behind the national average). 84% of our staff said that they had had an appraisal in the last 12 months which is slightly down on last year but is the same as the national average.

We have analysed our disciplinary, grievance and dignity at work cases and found that the prevalence was low. Overall, for the year ending 31 March 2014:

- There were a total of 3 **Disciplinary cases** that went to a hearing. None of these related to Discrimination. 2 were female, all three were White British, there was no religion defined, and 1 person said that they were heterosexual with the others undefined.
- There were a total of 6 **Dignity at Work** cases, all related to Bullying & Harassment. 5 were from females, the age range was dispersed with no pattern, none declared themselves as having a disability, and 5 were White British with 1 being Indian, 4 were Christian, 1 was Atheist and 1 undefined, 4 were heterosexual, 1 didn't wish to disclose and 1 was undefined.
- There were a total of 5 **Grievances** 4 of which were from females with a dispersed age range, none declared themselves as disabled, all 5 were White British, with 2 declaring themselves as Christian, 2 Atheist and 1 undefined, 3 heterosexual and 2 undefined.

Managers encourage their staff to make use of interpreting and translation services with the usage included in our E&D Annual Report for 2013/14. We have developed an Equality and Diversity Toolkit which will be rolled out to all areas in 2014 giving more guidance to managers and staff on cultural needs and responsibilities. We also provide Equality and Diversity training to all new managers and staff on induction and have included equality modules on our management development training and Ace with Pace customer care programme. However, we recognise that according to the Staff Opinion Survey 2013 results the number of staff who have received training the last 12 months is lower than average and we are considering making E&D training mandatory.

In our 2013/14 Equality and Diversity Annual Report we have looked at Recruitment, Promotion, Training and Grading in terms of identifying any discriminatory patterns. None were identified.

We publicise various religious festivals or cultural days through Daily Brief so that staff are aware of cultural differences.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
	✓			

Sources of evidence for grading may include: NHS Staff Survey; local NHS workforce data and surveys; HR casework analysis; recruitment analysis.

This outcome supports the delivery of the following national policies and initiatives: NHS Constitution staff right: “The rights are there to help ensure that staff are treated fairly, equally and free from discrimination”

- NHS Constitution pledge: “The NHS commits to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability”
- CQC’s key inspection question: Are services well led?
- EDS2 outcomes in Goals 1 to 3

Other groups: We have not analysed the impact on any other disadvantaged groups at this point hence scoring this section low.

Goal: 4 Inclusive leadership

Reference number: 4.2

Outcome: Papers that come before the board and other major committees identify equality related impacts including risks and say how these risks are to be managed

Your organisation’s approach:

All papers to the Trust Board and Trust Management Committee, as well as policies and business cases include an Equalities Impact Assessment (EIA). Where an impact is identified a more detailed assessment should be carried out which would then be considered by the Equality and Diversity Committee. All policies go through a consultation process and are approved by a relevant committee before they are published on the Intranet. We do not have effective systems for monitoring/auditing these at the current time.

Our plan is to audit the availability and quality of EIA’s on a sample of policies and business cases but until this exercise has been undertaken we have assessed ourselves as undeveloped for this Outcome.

We will select 10 to 20 papers that came to the Board, JNCC and Clinical Governance Committee in the past year and assess and grade the extent to which the selected papers took account of equality-related impacts including risks, and how risks will be managed. Impacts and risks should be related to the

three elements of the general duty of the public sector Equality Duty:

- 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.

Grading	Undeveloped No evidence at all Or for few or none of the protected groups	Developing For some protected groups (information is collected on 3 – 5 groups)	Achieving For most protected groups	Excelling For all protected groups
	✓			

Sources of evidence for grading may include: Substantive papers discussed at the Board or other major committees
 This outcome has been scored lowly as although we have EIA's in place we do not have effective systems for monitoring/auditing these at the current time.

This outcome supports the delivery of the following national policies and initiatives: NHS Constitution principle: “[The NHS] has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population”

- CQC's key inspection question: Are services well led?
- EDS2 outcomes in Goals 1 to 3

Other groups: We have not considered the impact on particular disadvantaged groups other than Learning Disabilities