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Foreword by the Executive Leads

This is the third annual Equality and Diversity report of the Worcestershire Acute Hospitals NHS Trust. This report brings together the various strands of our equality agenda for both patients and staff including reports, audits, data analysis, and service improvements.

The Trust has joint Equality Leads covering 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 two operational leads - Rani Virk (Lead Nurse Patient Experience and Quality); and Debbie Drew (Head of Human Resources – Workforce Transformation).

The Executive Lead role for Equality and Diversity is shared between the Chief Nursing Officer for patient related issues; and the Director of Human Resources and Organisational Development for staff related areas.

This report will help demonstrate our progress and identify our key priorities for 2014/15 and future years. This shapes our action plan for the forthcoming year to enable us to transform our services by understanding the diverse communities we serve. We aim to plan and deliver services that take account of the diverse needs of our patients, and create an organisational culture where our staff feel valued and respected.

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

We are actively engaged with people who use our services, families, carers, our staff, voluntary and partner organisations and communities to deliver improved services and working environments

Lindsey Webb
Chief Nursing Officer

Bev Edgar
Director of HR and OD

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Contents Page

| | |
|--|----------|
| 1. Introduction | 5 |
| 2. About the Trust | 5 |
| 3. Equality Data and the Public Sector Duty | 5 |
| 4. The Equality Delivery System (EDS) | 6 |
| 5. Our Equality Committee structure | 7 |
| 6. Looking back – What we achieved in 2013/14 | 7 |
| 6.1 Trust Equality Objectives | 7 |
| 6.2 Equality Data | 7 |
| 7. Progress for Patients 2013/14 | 8 |
| 7.1 Patient Experience Surveys | 8 |
| 7.2 Patient Experience Forums | 11 |
| 7.3 Learning from Complaints | 13 |
| 7.4 Safeguarding | 15 |
| 7.5 Age | 16 |
| 7.6 Disability | 17 |
| 7.7 Gender Reassignment | 23 |
| 7.8 Pregnancy and Maternity | 23 |
| 7.9 Marriage/Civil Partnership | 24 |
| 7.10 Religion/Belief | 24 |
| 7.11 Race | 25 |
| 7.12 Gender | 26 |
| 7.13 Sexual Orientation | 26 |
| 8. Workforce Progress in 2013/14 | |
| 8.1 Age | 27 |
| 8.2 Disability | 28 |
| 8.3 Gender Reassignment | 29 |
| 8.4 Pregnancy and Maternity | 29 |
| 8.5 Marriage/Civil Partnership | 29 |
| 8.6 Religion/Belief | 29 |
| 8.7 Race | 30 |
| 8.8 Gender | 30 |
| 8.9 Sexual Orientation | 31 |

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Contents (continued)

| | | |
|------------|--|-----------|
| 8.10 | Equality and Diversity Training Progress | 32 |
| 8.11 | Access to Training and Development | 33 |
| 8.12 | Staff Experience | 34 |
| 8.13 | Staff Networks and Forums | 35 |
| 8.14 | Disciplinary Hearings, Investigations and Grievance Progress | 36 |
| 9. | Policies and Programmes in Place to address Equality issues | 39 |
| 10. | Equality Impact Assessments/Equality Analysis | 39 |
| 11. | Procurement | 39 |
| 12. | Next Steps for 2014/15 | 40 |
| 13. | Key Challenges | 41 |



1. 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 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 characteristics' are involved and engaged in decisions
- How we have integrated equality considerations into our mainstream business processes
- Where we think we can improve equality in this area, and the plans we have in place to achieve this.

2. 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. In 2011 a number of services transferred into the Trust under Transferring Community Services (TCS). These services operate from Community Hospitals at Evesham, Tenbury, Princess of Wales (Bromsgrove) and Malvern. The Trust has a workforce in excess of 5,760 and an annual turnover of over £349million. A typical year could on average present the Trust with around 90,000 operations, 130,000 in Emergency Department, 6,300 births, and 500,000 out-patients appointments

Worcestershire's health services serve an increasing resident population of approximately 576,000 providing a comprehensive range of surgical, medical and rehabilitation services. This figure is expected to rise to 607,000 by 2020. Taken as a whole, the Trust's catchment population is both growing and ageing. Life expectancy continues to rise above the national average and contributes towards the forecast growth in activity due to the increase in over 75's in the local population.

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 have risen from 24,700 (4.6%) in 2001 to around 43,000 (7.6%) in 2011, with the vast majority choosing to live in the district of Redditch (12.6%).

3. Equality Data and the Public Sector Duty

The Equality Act 2010 (the Act) replaced previous anti-discrimination laws with a single Act. It strengthened the law and brought forward new measures to help tackle discrimination and inequality.

The Act introduced a new 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; and patient and staff reports, surveys and audits as they are undertaken. |
| Set and publish equality objectives, at least every four years | We published our Equality Objectives in the form of our 4 year EDS Action Plan by April 2012. This has been revised to take account of EDS2 with a new 4 year action plan. |

All information must be published in a way which makes it easy for people to access it. The Trust currently collects and has published the following Equality Data on its intranet and website:

- Workforce Equality and Diversity Dashboards (2009 – 2014)
- Annual Equality and Diversity Reports (2009 – 2012/13)
- EDS Action Plan (revised to reflect EDS2)
- EDS Self-Assessment (revised to reflect EDS2)
- Equality Impact Assessment/Equality Analysis
- Equality Training and Development Programmes
- Equality Toolkit for staff
- Spiritual and Pastoral care
- Acute Learning Disabilities Liaison Nurses
- Mental Health Liaison Team
- Privacy and Dignity
- Deprivation of Liberty
- Safeguarding Reports
- Carer Support and Information
- Dementia
- Maternity

4. The Equality Delivery System (EDS)

The EDS 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. A revision (EDS2) was made in 2013/14 and we have amended our action plan and self- assessment to reflect these changes.

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

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The goals are underpinned by 18 outcomes that the Trust initially self-assessed itself against in 2011/12 and has revised its assessment in 2013/14. 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.

Our EDS2 Action Plan is attached as Appendix A and our EDS2 Self-Assessment is attached as Appendix B

5. Our Equality Committee Structure

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

The committee meets every quarter and is chaired by the Director of Human Resources and Organisational Development. Membership of the committee is drawn from across the Trust and includes the Patient and Staff Equality Leads, divisional managers and representatives to cover the nine protected characteristics. The work of the Equality and Diversity Committee is reported to Workforce and OD Group, and Trust Board.

6. Looking back - what we achieved in 2013/14

6.1 The 2013/14 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 for all groups that are appropriate 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 for all groups that are appropriate |
| Publish Equality information and objectives on website and intranet | Completed |

6.2 Equality Data

We have historically had very limited information on the protected characteristics of the people who use our services. As a consequence, it can be difficult for us to determine the extent to which we are providing services which are responsive to individual needs. We have reviewed the data that is available to us which at present is limited to age, gender and ethnicity. This 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 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.

The Trust has a plan to implement an electronic patient record. This will help us to significantly improve the quality of our services. When choosing the right system for us, we will specify that the system must be able to actively collect data around the protected characteristics.

7. Progress for Patients in 2013/14

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

- Well attended countywide and Trust engagement events. These have been positively received with many community groups enthusiastic to continue working with us.
- Good collaboration with regional, national and local healthcare organisations to share learning and resources.
- Inclusion of data from a greater number of protected characteristics giving confidence that conclusions are valid and meaningful.
- 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.
- Incorporation of key messages into mandatory training, induction programmes and other leadership programmes.
- Wider range of training available for staff including online generic E&D training, online refresher training, Tutored E&D sessions, Deaf-eating Barriers training (deaf awareness), Ace with Pace training and Dignity Training which are aimed at improving patient experience.

7.1 Patient experience Surveys

This year we actively sought the views of our patients, to help inform and shape the delivery of our services and the care we provide. The results from [the national inpatient survey](#) had shown that:

A total of 850 patients were eligible for the survey, of which 438 returned the completed questionnaire, giving a response rate of 54%.



Key information about those that responded was:

- **Age:** 6% were aged 16-39; 23% were aged 40-59; 21% were aged 60-69 and 49% were aged 70+; 3% did not reply. **2.5% said that they felt that they had been treated unfairly due to their age**
- **Disability:** 12.8% had deafness or a severe hearing impairment; 3.9% blind or partially sighted; 20.8% with longstanding physical condition; 0.7% with a learning disability; 5% with mental health condition; 30.1% with longstanding illness such as cancer, HIV, diabetes, chronic heart disease or epilepsy; **3.4% said that they had been treated unfairly because of their disability**
- **Gender reassignment** - the survey does not ask this
- **Pregnancy/ maternity** - this is not asked in survey as there is a separate maternity survey
- **Marriage/ civil partnership** - the survey does not include this question
- **Religion/ belief:** 11.9% said atheist; 79.2% Christian; 0.5% Sikh; 0.7% Muslim; 0.9% other; **0.5% said that they had been treated unfairly due to their religion**
- **Race:** 94.1% were British; Irish 0.7%; any other white background 0.4%; **0.5% said that they had been treated unfairly due to their race**
- **Sex/Gender:** 47% were male; 52% were female and 1% did not reply; **0.2% said that they had been treated unfairly due to their sex**
- **Sexual orientation:** 86.3% heterosexual; gay and lesbian 0.2%; bi-sexual 0.2%; other 0.5%; 2.3% prefer not to say; 10.5% did not answer question; **0.2% felt that they had been treated unfairly due to their sexual orientation**
- 33% of patients were on a waiting list/planned in advance and 63% came as an emergency or urgent case.
- 60% had an operation or procedure during the stay.



The Trust has improved significantly on the following questions:

Lower scores are better:

| | 2012 | 2013 |
|--|------|------|
| Hospital: food was fair or poor | 47 % | 39 % |
| Care: not enough (or too much) information given on condition or treatment | 24 % | 18 % |
| Care: not enough opportunity for family to talk to doctor | 60 % | 51 % |
| Care: could not always find staff member to discuss concerns with | 64 % | 52 % |
| Overall: not treated with respect or dignity | 23 % | 17 % |
| Overall: rated experience as less than 7/10 | 19 % | 13 % |

The Trust has worsened significantly on the following questions:

| | 2012 | 2013 |
|--|------|------|
| Planned admission: should have been admitted sooner | 16 % | 27 % |
| Hospital: patients using bath or shower area who shared it with opposite sex | 10 % | 15 % |

Our results were significantly better than the 'Picker average' for the following questions:

| | Trust | Average |
|--|-------|---------|
| Hospital: shared sleeping area with opposite sex | 5 % | 8 % |

Our results were significantly worse than the 'Picker average' for the following questions:

| | Trust | Average |
|---|-------|---------|
| Planned admission: should have been admitted sooner | 27 % | 21 % |
| Admission: process not at all or fairly organised | 37 % | 32 % |
| Admission: had to wait long time to get to bed on ward | 40 % | 33 % |
| Hospital: didn't get enough information about ward routines | 69 % | 63 % |
| Discharge: not fully told of danger signals to look for | 61 % | 54 % |
| Discharge: did not receive copies of letters sent between hospital doctors and GP | 51 % | 31 % |

The CQC confirms statistically significant improvements in the score in with patients being afforded privacy when discussing their care and treatment and patients being asked their views on quality of care.

Hospedia Survey

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Hospedia is the bedside entertainment system that is available in ward areas across the Redditch and the Worcester sites (with the exception of Aconbury wards) and is used to capture near real time patient feedback. We use this to respond to negative feedback quickly and the information gathered is also used to triangulate with the Friends & Family test responses for both positive and negative experiences.

The positive feedback from Hospedia has been:

1. Patients had been treated with compassion, kindness and respect
2. They were able to speak to someone about their anxieties and fears
3. Patients were assisted with their meals

We use Hospedia to gather experiences from patients with a Learning Disability and their carers which is reviewed on a quarterly basis and actions taken. Next year we are hoping to expand the feedback available to provide more information in respect of the other protected characteristics.

The Friends and Family Test

The Friends and Family Test (FFT) is a simple way for patients to provide feedback on the care and treatment they receive to improve services.

Since April 2012, we have been asking our patients whether they would recommend hospital wards to their friends and family if they needed similar care or treatment. This means that every patient in these wards and departments have been able to give feedback on the quality of the care they receive. We triangulate the Friends and Family test results with other information such as complaints, staffing levels and other indicators to understand what may have led to low scores on individual wards and then take action to address these causes. The Trust's target for the year was to remain in the top 25% of Trusts, which we achieved.

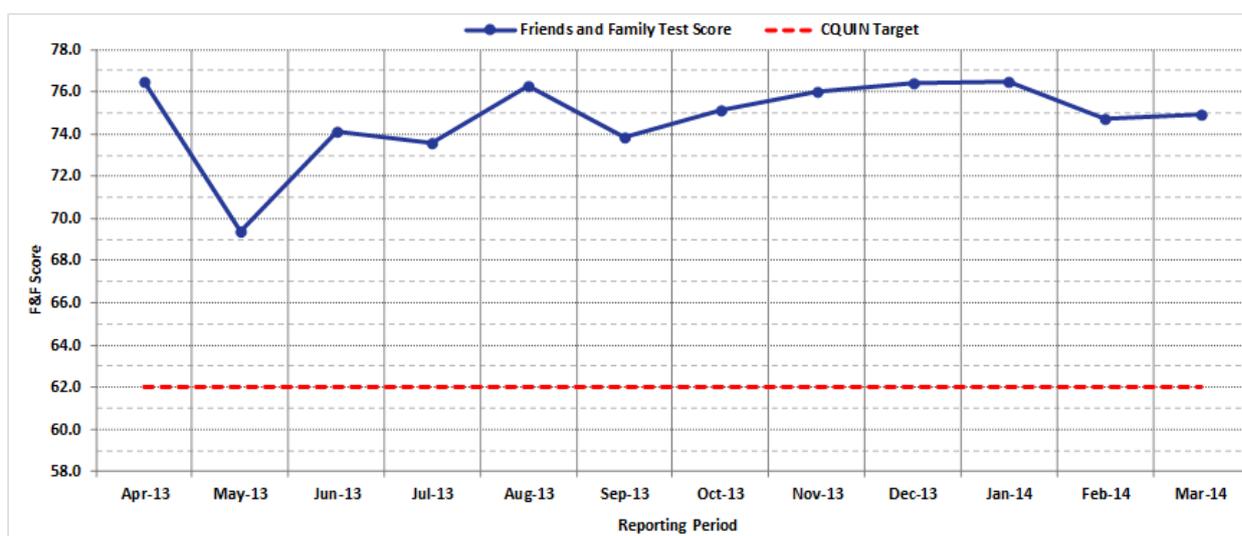
At the moment as our FFT data is collected via a postcard we are only able to analyse our responses in terms of age and gender. We will look at expanding this data for the future as we have a small working group looking at developing the FFT for the future.

- **Age:** 10% are within the ages 16 – 24; 12% were 25-34; 16% were 35-44; 14% were 45-54; 14% were 55-64; 16% were 65-74; 18% were 75 years or older.
- **Sex/Gender:** 52% of respondents were female

The Friends and Family Test



| | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 |
|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Trust Score | 76.5 | 69.4 | 74.1 | 73.6 | 76.3 | 73.9 | 75.1 | 76.0 | 76.4 | 76.5 | 74.7 | 74.9 |
| CQUIN Target | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 |



7.2 Patient Experience Forums

The [Patient Experience website](#) was developed to signpost patients and carers on where and how they can provide feedback on their experience during their journey in hospital. This form of feedback is increasing in popularity among all patients and carers. Further development on the use of social media is being promoted.

“How it feels for me”

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

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

Patient and Public Forum

We work closely with the Trust’s Patient & Public Forum (PPF), members of which sit on several of our committees including the Trust Board and carry out review visits across the

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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. (ref: <http://www.institute.nhs.uk/productives/15stepschallenge/15stepschallenge.html>)

The PPF's description of their role and work during the year is provided below:

"The Patient and Public Forum carried out 36 clinical visits in 2013 across our three hospital sites. These visits involved observation of practice, speaking to ward staff about their practices and patients/carers about their experiences of privacy and dignity, nutrition and the environment they are being nursed.

The information gained through this work has enabled us to make improvements in care. We have, for example

- improved our menu choices, promoted mealtimes guidelines, introduced hot meals for patients across the three hospital sites
- introduced dignity curtains in all wards and departments and Dignity Patient Experience Groups
- made appropriate patient nightwear available
- ensured equipment and ward environments are clean and fit for purpose for patients
- reviewed ways to communicate and identify appropriate quiet/private areas to discuss sensitive matters

The PPF 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

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

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7.3 Learning from complaints

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 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.

In addition to the KO41a codes required by the NHS Information Authority, complaints are also coded with locally agreed subject codes which give a richer picture of what people complain about. In this year the most frequently used code was 'Lack of communication', the same as last year.

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.

Ethnicity of person that is the subject of a complaint (2013 / 2014)

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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.

Gender of person that is the subject of the complaint

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.

PALS calls

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.

7.4 Safeguarding

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

7.5 Age Dementia

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.

Carers

We have worked in partnership with Worcestershire County Council in particular the carers group to develop carer feedback. We receive monthly feedback from carers on how well they feel supported by the Trust through Hospedia (hospital entertainment system) and paper based questionnaires.

The majority of the carers' feedback in April 2014 demonstrated an improvement when compared to the results in April 2013. The results to date demonstrate that there has been an improvement in:

- Staff engagement with carers in particular with listening to carers on how the people they care for would like to be looked after.
- Information in relation to discharge arrangements continues to be an area for improvement.

The carer survey also provided the carer with the opportunity to provide some narrative. There were some comments made about the good care people had received

Plans for the future

- Develop the carers champion role in all clinical settings
- Develop ward based information specific for carers in relation to the support and facilities available for carers needs to be provided within clinical areas. This is being addressed with the production of an information folder for carers and development of carer champions within clinical areas.

Paediatrics

We have achieved the national recommendations for Diabetes Care in Children as stipulated nationally with Diabetes Best Practice. These recommendations aim to provide better care and additional support to children and families, improving the long term health outcomes for children with diabetes.

We have had 7,239 child admissions to the paediatric in-patient wards during 2013/14. We offer a limited service to support care at home for sick children in conjunction with Worcestershire Health and Care Trust.

Improvement aims for 2014/15

| Improvement priority | Why is it a priority? | Target(s) |
|--|--|---|
| Increase both parent and patient feedback within Paediatric services | To understand what both parents and children feel about their experience whilst receiving care | To receive feedback from children and young adults as well as parents |

7.6 Disability

This EDS objective is very wide in scope so it was decided to concentrate this year on improving a service which was already being worked on in other aspects of the organisation. We therefore decided to look at our services for: carers, people with dementia and people with learning disabilities, visual and hearing impairment.

Work continues through the Carers Strategy Group, the Learning Disability Steering Group and the Dementia Strategy Group to improve the experience of carers. Working with support organisations will be integral to the continuation of this process



Learning Disability

The Trust has adopted successfully an Alert system from the hospital admission system which is set up to email and text Learning and Disability team members once someone known to have a learning disability is admitted. The Care pathways have been developed for patients having unplanned and elective care in acute hospitals and launched by the Learning Disability Liaison Nurses.

Referrals and initial contact recording procedures have been set up which includes monitoring of:

- Do Not Activate Resuscitation status
- Mental Capacity Assessment issues
- Carer issues
- Use of the 'My Hospital Book'

There is now a marked increase in referrals from wards, following increased learning Disability Liaison Nurse presence around all the hospital sites.

There is now marked increase in referrals from wards noted, following increased presence around hospitals (April 2013-April 2014):

- Number of referrals received 414
- Number of patients seen 384

By comparison Worcestershire's acute admissions are lower being 23% of the learning disability population than the national average which is 26%. This can be compared to the general population's admission rate of approximately 14%.

The chart below provides the percentages of referral to LD team and patients seen on a monthly basis. The red line represents the trajectory set nationally at 95%.

Practices that have improved the patient experience for individuals with a learning Disability in 2013-14 include:

- LD nurses have provided additional support to ward/clinics & department desensitising patients prior to their admission or appointment.
- LD nurses provide regular specialist support for patients requiring general anaesthetic for the dental; list at Kidderminster Treatment centre.
- More recently recording in medical notes the reasonable adjustments undertaken by the LD and hospital staff to support LD patients prior and during their care and treatment.
- The Risk, Dependency and Support Assessment have been successfully piloted and will be implemented trust wide.

The Learning Disability patient feedback has identified areas we need to develop such as:

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- Easily read patient information
- Communication i.e. explaining medications, and condition
- Feeling scared and needing support when receiving treatment i.e. when requiring anaesthetic

Hydration and Nutrition

There has been a wide range of activity this year aimed at improving hydration and nutrition. In 2013/14, we have made the following changes based on what our patients tell us:

- Culturally sensitive meals and adapted cutlery made available
- Finger menu's introduced for patients with dementia
- Availability of hot food in evening across the 3 sites following patient feedback
- Review of bread suppliers following feedback from patients
- Improved taste, choice and palatability the puree diets
- Improved quality of supplement drinks has resulted in more choice and availability of favours for patients
- The dieticians and catering staff reviewed the menu's from the patient feedback received. Patients feedback positively following the introduction of the fruit pots at the Alexandra site.

Visual impairment

In Ophthalmology our access to the sight saving treatment Lucentis has also been much improved, with our ophthalmic nurses now trained to administer this injection – the first centre to do this in the West Midlands.

Deaf Direct

We have a local deaf led organisation for deaf and hard of hearing people in Herefordshire, Worcestershire and Oxfordshire called Deaf Direct. 129 people have requested and received support when receiving care and treatment from Deaf Direct for the trust from April 2013–March 2014.

Demographic details of the patients who accessed Deaf Direct services were as follows for April 2013-march 2014:

Stroke

One of our proudest achievements in 2013/14 is successfully meeting all the national standards for stroke care and in so doing, improving the outcomes and experience for this important group of patients. This is primarily down to the opening of a centralised stroke unit at Worcestershire Royal Hospital which offers specialised assessment and diagnosis to patients presenting with stroke symptoms. The service will continue to be developed in



2014/15 with, amongst other things, the development of an in-house speech and language therapy service.

Privacy and Dignity

The Trust has a Privacy and Dignity working group which includes membership of nurses, housekeeping, volunteer's managers, patients and public forum members, matrons and specialist nurses. We have had announced and unannounced visits from the CQC, CCGs and the Patient & Public Forum this year which did not reveal any major issues with privacy and dignity and we have used feedback and information received to revise our policy and make changes to further improve privacy and dignity for patients in our care.

Dignity Champions

A "dignity champion" is a member of health or social care staff, who volunteers to help ensure patients are being treated with dignity and respect; a basic human right. We work closely with the Royal Voluntary Service and Age Concern to recruit volunteers for wards and departments across the Trust.

We currently have 262 dignity champions registered onto the Department of Health database – Dignity in Care website. There is an active campaign to get more staff registered.

The Dignity and Nutrition Link nurse study days are now delivered on a quarterly basis which includes patient experiences received from variety of patient groups including:

- Deaf Direct
- Sight concern
- Carers stories
- Patient stories
- Learning Disabilities
- End of Life feedback
- Dementia care
- Nutrition and hydration updates and training

We have a Privacy and Dignity policy and Mealtimes guidelines. These have been revised and compliance with them monitored through monthly quality reviews.

End of Life Care

The Trust has a Specialist Palliative Care and End of Life Team. Over the last two years, we have increased our investments into end of life care. As a result, we have been able to dramatically influence the care and communication for patients with a life-threatening illness and for those at end of life, and their families.

The "**AMBER care bundle**" is a collection of up to five interventions to manage the care of hospital patients who are facing uncertain recovery and who are at risk of dying in the next one to two months. It was developed at Guy's and St Thomas' Hospital NHS Foundation Trust and further information on this approach of care can be found on <http://www.ambercarebundle.org/forprofessionals/for-professionals.aspx>



To help us implement the care bundle, we run a staff education programme in collaboration with a local hospice and have “champions” on all wards.

We conduct a quarterly audit on the use of the AMBER care bundle. The results to date (over 500 patients) have shown that the use of the care bundle has contributed to:

- Patients feeling they were being treated with dignity and respect,
- Greater clarity around patient preferences and plans about how these can be met,
- Improved decision making by patients
- Lower emergency admission rates

There are benefits for staff too, as the audit results show improved communication between different teams and increased nurses’ confidence about when to approach medical colleagues to discuss treatment plans.

The Specialist Palliative Care Team have also recently commenced a seven-day working service across the Trust. This should further improve our care. Work has been undertaken to provide a replacement for the “Liverpool Care Pathway” (that is being withdrawn nationally on 15th July 2014), which includes clear guidelines and principles for the care of the dying patient. This will also include a ‘carers’ diary’ to help aid communication between families and ward teams.

7.7 Gender reassignment

The Trust has not undertaken any key areas of work around gender reassignment other than ensuring there is guidance in the policy for Same Sex Accommodation for those who are gender reassigned. This is an area of high sensitivity and our stance is likely to be that we will not ask this question routinely unless it is disclosed voluntarily by the patient. Qualitative data will be used.

7.8 Pregnancy/ maternity

Friends and Family Test – Maternity

Since 1st October 2013, the Friends and Family Test has been extended to Maternity Services. Our women will be surveyed at three times during their pregnancy with an expected response rate of 15%:

- When they are 36 weeks pregnant
- Birth and care on the postnatal ward
- 10 days after birth

Maternity

We have opened an Intervention Room, in addition to the existing obstetric theatre, on the Worcester Royal Hospital Delivery Suite. This is to ensure women who require urgent operative interventions have increased access to emergency theatre space if a complication arises.

This year has seen the appointment of a Bereavement Support Midwife to help and support families when a baby dies at or around the time of birth. The midwife will support families whilst in hospital and when they return home at this time of great sadness. We now offer partners the opportunity to stay overnight on the postnatal ward with their partner and new-born baby.

| Improvement priority | Why is it a priority? | Target(s) |
|----------------------|-----------------------|-----------|
|----------------------|-----------------------|-----------|

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| | | |
|--|---|--|
| Introduction of Midwifery Led Unit at Worcester Royal Hospital | To be able to offer a full range of choices for place of birth to women choosing to give birth in Worcester | 10% of all births in Worcester taking place within the Midwifery Led Unit in its first year of opening |
| Improving our compliance with the 18 week 'referral to treatment' target for Gynaecological procedures | To improve women's experience of gynaecological care by achieving waiting time targets | Achieve 90% of operative procedures within 18 weeks from referral |

Gynaecology

During the year it has been a challenge to meet the national target of 18 weeks, measuring the waiting time from referral to receiving hospital treatment. The pressures on all in-patient beds, through increased number of medical patients admitted as emergencies, have affected our ability to achieve this target. We ended the year achieving 84% of women having their operations within 18 weeks of referral from their GPs, against a national target of 90%.

Neonatology

We have a local Neonatal Intensive Care Unit which cares for sick and premature new born babies. There are eighteen cots on the Worcester Royal Hospital site, and an 8-cot Special Care Baby Unit at the Alexandra Hospital. We have had a total of 976 admissions this year in 2013-14 (582 to the neonatal units, 204 to Transitional Care and 190 to the Post natal wards).

We have opened a new 6 bedded "Transitional Care Unit" which added an additional bed for mothers and babies to remain together whilst receiving care. This means that babies who require additional support and treatments rather than full neonatal care, can be cared for in this area. Mothers have welcomed the opportunity to stay in hospital with their babies and participate in their care. The Neonatal Outreach service enables early discharge for pre-term babies who may still require additional support at home.

7.9 Marriage/ civil partnership

The Trust has not undertaken any specific work around marriage and civil partnership in 2013/14. We plan to include this data in our admissions form.

7.10 Religion/ belief

Spiritual and Pastoral Care

The Spiritual and Pastoral Care Team includes 3 Chaplains and a team of clergy and lay volunteers across all three Trust sites. The team has undergone some staff changes this year and this has enabled us to provide more face-to-face time with patients.

"Chaplain's Blog" and Social Media

This "Chaplain's Blog" (which is found at www.revdavidsouthall.com) was initiated by Rev. Dr. David Southall and launched in March 2013. The Blog has provided a forum to promote the good news stories of patients throughout the Trust and has gained in excess of 220,000 views. A survey suggests that it has had significant impact on staff morale and community confidence in our Trust. It culminated with David being awarded the Chairman's Special Award at the Staff Annual Achievement Awards.



There has been considerable interest from the local media, including regular appearances on BBC Radio Hereford and Worcester, and articles in local newspapers including a regular Chaplain’s Blog column in *the Worcester News*. The Chaplaincy also regularly ‘Tweet’.

Multi-faith Provision

The provision of multi-faith services for patients continues to grow. We have a resource list of multi-faith practitioners who freely give of their time to meet the spiritual needs of patients within a number of faith communities. This year, Iman Ahmed regularly leads Friday Prayers for Muslim staff and patients at Worcestershire Royal Hospital. We have a new Roman Catholic Chaplain, Father Paul Johnson, and an expanding team of Roman Catholic Volunteers.

Plans for the future – Spiritual and Pastoral Care

During the next year the Spiritual and Pastoral Care Team will:

- Develop a “Mindfulness” provision for staff and patients to aid emotional resilience
- Work on improving Bereavement Care within the Trust with colleagues to enhance the service given to those who have lost a loved one in Hospital.
- Continue to develop the use of social media to enhance patient’s spiritual care within the Trust and NHS.

7.11 Race

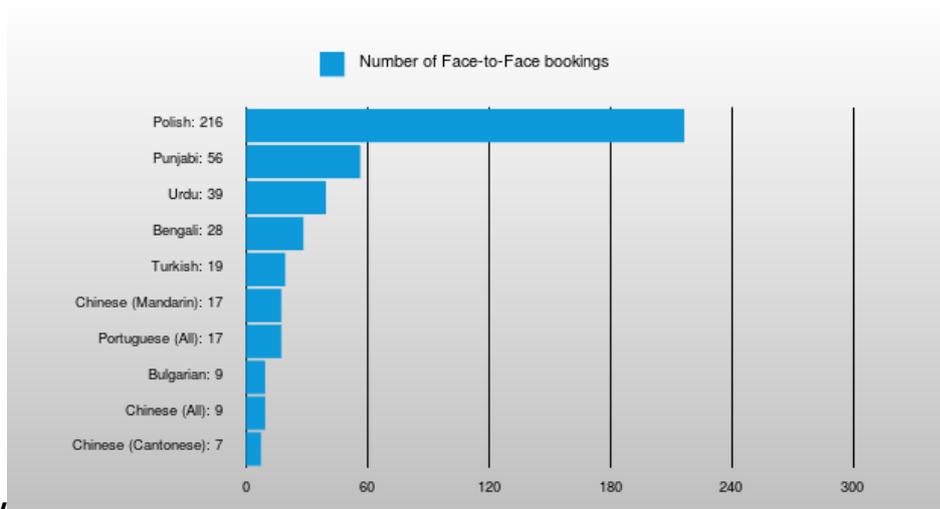
Translation and interpretation services

The trust commissioned its interpretation & translation services from Pearl Linguistics in May 2012. The following number of patients was supported by interpretation and translation by receiving:

- 416 face to face bookings
- 1 translation in braille.
- 9 telephone translation.

Services were provided to patients from the following ethnic groups:

Face-to-Face Interpreting Bookings: Top 10 Languages



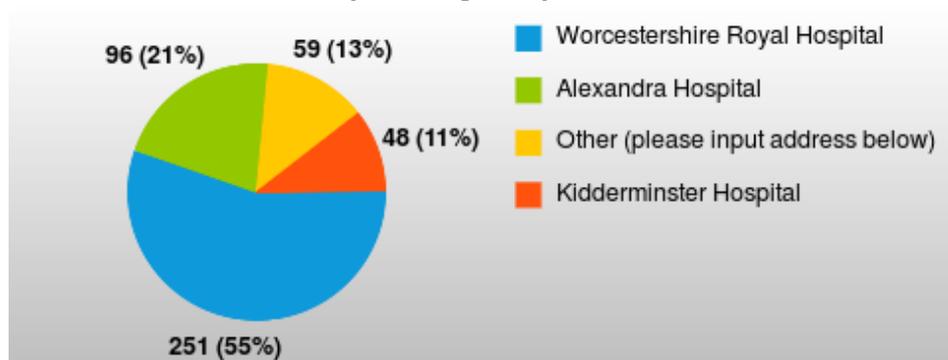
Overview

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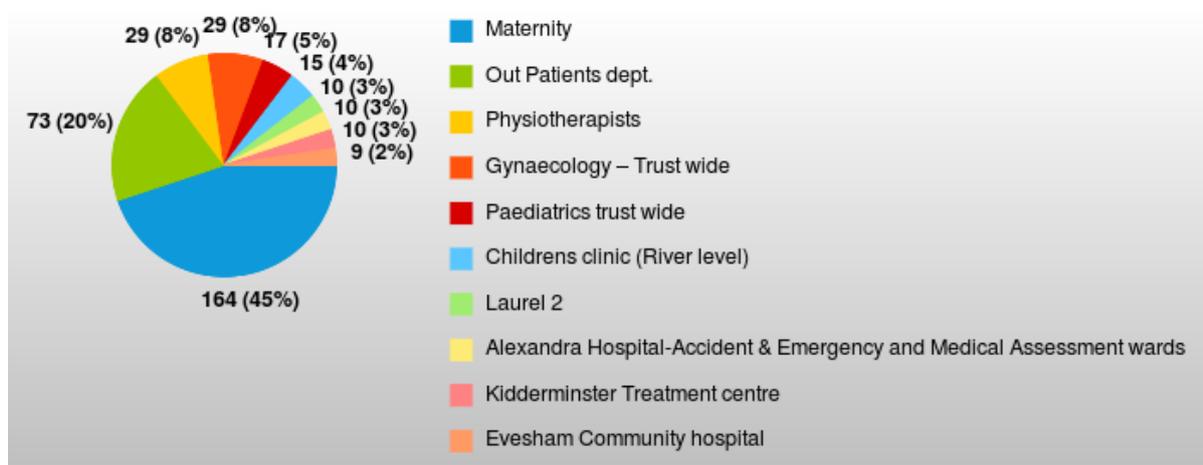
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Requests by Hospital site:



Requests by services/departments:



We have developed an Equality and Diversity Toolkit for staff which we aim to launch in 2014/15. This will help staff to understand cultural, age related and religious differences of patients, visitors and colleagues.

7.12 Gender

Same Sex Accommodation

The Trust is pleased to confirm that we remain compliant with the requirements regarding eliminating mixed sex accommodation unless it is in the patient’s overall best interest, or reflects the patient’s personal choice. We have no breaches in this requirement in 2013/14.

7.13 Sexual Orientation

We have not undertaken any specific work in relation to sexual orientation in 2013/14. We have included this category in our admissions documentation.

8. Workforce Progress 2013/14

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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 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). We can also compare our responses from the annual Staff Opinion Survey with other Acute Trusts, or the NHS overall to indicate whether there are any areas of concern.

89% of respondents to our 2013 Staff Opinion Survey said that the Trust acts fairly with regard to career progression and promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. This is better than the national average of 88%.

8.1 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 289 staff age 61 or over, with 44 of these over the previous default retirement age of 65 which makes retirement planning more difficult as we cannot accurately predict when staff will leave.

1370 staff are between the ages of 51 and 60 and therefore could potentially retire within the next 5 or 10 years. Our staff numbers in the 16-20 age group has increased in recent years directly due to the introduction of successfully Apprenticeship Programmes. This is 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.

However, it is of concern that in 2013/14 more than 50% of leavers were between the ages 21-35. Although it is generally accepted that the younger workforce would have higher turnover, we need to understand the reasons for this. The Trust is strengthening and publicising its Exit Interview Scheme to obtain more information.

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.

2% of the staff surveyed in our 2013 Staff Opinion Survey said that they felt that they had been discriminated against due to their age. This is in line with the national response rate of 2%.

We have continued to run our successful Apprenticeship and Work placement Schemes in 2013/14 to increase the numbers of younger staff in our workforce. We also offer

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flexible retirement options to encourage the older worker to remain in employment and phase down in preparation for retirement.

8.2 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 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 required. We will continue to monitor through NHS Jobs for new applicants and record the monitoring data on ESR for all new staff.

We can also monitor disability through the annual staff opinion survey which indicates that 16% of respondents in 2013 have a disability, long term health problem or longstanding illness. This is in line with the national survey results which are also 16% and our response in 2012 which was also 16%; which would indicate that this is a more realistic representation of the number of disabled people in the workforce. We can also use qualitative information from our contacts with staff who become disabled and through our recruitment analysis.

The Trust does however 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. Due to the high level of non-recording of disability it is not possible to undertake any meaningful analysis of whether having a disability is a bar to promotion within the Trust. Indeed there is no one in the highest pay band who declares themselves to have a disability, although only 63 state that they are not disabled, the remainder are undefined or prefer not to state.

8.3 Gender Reassignment

At present the Trust does not collect data for gender reassignment and this is not an area that we intend including as a matter of course in our recruitment or survey questionnaires. We do need to obtain a better understanding of the needs of transgendered members of staff. However, it is likely that this will be addressed through the offer of Support Networks using qualitative rather than quantitative data as NHS jobs 2 (the national recruitment database) does not include gender reassignment as a category for applicants and we do not feel it is appropriate to ask existing staff to declare their status.

8.4 Pregnancy and Maternity

We do monitor the number of staff who are on maternity leave on a monthly basis in our Trust Board Dashboard. There were 197 staff on maternity leave as at the end of March 2014. The Trust generally ranged from 145 to 231 staff on maternity leave per month in 2013/14. We have had no complaints of less favourable treatment from staff who are pregnant, or recently returned from maternity leave, during 2013/14.

8.5 Marriage/Civil Partnership Status

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We do not currently analyse this status in any of our standard reports and the category is not recorded in the Staff Opinion Survey either. We have had no complaints of discrimination in any of these areas. We will add this category into our reports for the future so that we can identify any trends.

8.6 Religion and Belief

From the snapshot of the workforce religion and belief data below, it demonstrates that the majority of the workforce, are undefined with a further 211 saying that they do not wish to disclose their religion, and 252 stating "other". 1,751 staff describe themselves as Christian and 247 staff describe themselves as Atheist.

1% of respondents in the 2013 Staff Opinion Survey said that they had been discriminated against on the grounds of their religion. This is the same percentage as 2012 band is higher than the national response of 0%. We are working with the Hospital Chaplains to understand the religious and pastoral needs of our workforce. This includes a nationally recognised Chaplains blog and a Hospital Choir which provide forums for people to network. We will expand these networking opportunities where there is an interest from staff.

8.7 Race

The chart below depicts the breakdown of the Trust's workforce as at 31st March 2014 by ethnic group. 83% of our workforce described themselves as White British, compared to 89% of the UK workforce (ONS data March 2014). In 2013/14 approximately 70% of new staff identified themselves as A - White British, and 10% Asian/Asian British (Category H).

| Ethnic Origin | Headcount | % Headcount |
|---|--------------|----------------|
| A White - British | 4,875 | 83.30% |
| B White - Irish | 31 | 0.53% |
| C White - Any other White background | 172 | 2.94% |
| D Mixed - White & Black Caribbean | 15 | 0.26% |
| E Mixed - White & Black African | 5 | 0.09% |
| F Mixed - White & Asian | 13 | 0.22% |
| G Mixed - Any other mixed background | 7 | 0.12% |
| H Asian or Asian British - Indian | 307 | 5.25% |
| J Asian or Asian British - Pakistani | 66 | 1.13% |
| K Asian or Asian British - Bangladeshi | 10 | 0.17% |
| L Asian or Asian British - Any other Asian background | 92 | 1.57% |
| M Black or Black British - Caribbean | 35 | 0.60% |
| N Black or Black British - African | 43 | 0.73% |
| P Black or Black British - Any other Black background | 3 | 0.05% |
| R Chinese | 22 | 0.38% |
| S Any Other Ethnic Group | 75 | 1.28% |
| Undefined | 81 | 1.38% |
| Total | 5,852 | 100.00% |

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8.8 Gender

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.

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.

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 | 52% female |
| Over £70,000 | 30% female |

2% of respondents to the 2013 Staff Opinion Survey said that they had been discriminated against in the last year in respect of their gender. This is in line with the national average of 2% but has worsened from 1% in 2012.

8.9 Sexual Orientation

The chart below illustrates the workforce broken down by sexual orientation. It is clear to see that there is a similar issue as with the disability data, where 3% of staff say that they do not wish to disclose their sexual orientation and 56% are not recorded. The Trust is looking at developing staff Networks which will include sexual orientation which should hopefully afford staff a voice and create a more open culture. 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.

Analysis of our 2013 Staff Opinion Survey does not provide more insight into this protected characteristic as none of the random sample of participants in the survey declared themselves to be gay, and only 1% said that they were bi-sexual. 94% of those surveyed said

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that they were heterosexual compared to the national survey results of 92%. This might indicate that staff do not feel comfortable with being open about their sexuality. Our plans to offer support networks around the protected characteristics may provide us with qualitative information so that we can improve the working lives of staff within this category. However, we do not get complaints from staff in relation to being treated differently, and our staff survey indicates that none of those surveyed felt that they had been discriminated against on the grounds of their sexuality, either by their manager, colleagues or patients.

8.10 Equality and Diversity Training Progress

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.

In order to promote equal opportunities, it is important that all staff receive equality and diversity training. The training will help staff to meet their career and personal development requirements, as well as improve behavioural and communication issues with patients, colleagues and the general public.

In 2012/13 we ran additional Equality and Diversity training through external speakers who could put the subject over from the perspective of a person with a disability. This included Deaf Awareness as well as generic E&D training and launching online E&D training modules. Take up was good and the responses to the 2012 Staff Opinion Survey (SOS) showed a significant improvement in the number of staff who have received E&D training in the last 12 months from 29% to 49%. However, this improvement did not continue into the 2013 SOS where take up was only 45% this is still below the NHS average of 60%.

There are still a high percentage of staff who have not yet received E&D training and we have recommended in our 2013 SOS Action Plan that a “one off” training module (either on-line or tutored) should be mandatory for all staff within their working life.

Current training programmes being offered that include E&D modules are:

- Basic Equality & Diversity Awareness on Induction for all staff**
- Equality and Diversity (full day course)**
- Equality & Diversity E Learning Modules**
- Deaf and Disability Awareness Training – Deafening Barriers**
- Customer Care Workshop - ACE with Pace**
- Conflict Management and Conflict Resolution**
- Dignity in Care Workshop**
- Dignity Link Nurse Training**
- PDR training for Reviewers**
- Recruitment & Selection Training**
- Being Absence Minded – sickness absence training for managers**

In 2014/15 we intend increasing the take up of training for staff to bring it in line with other Trusts. We will further promote the on line Equality and Diversity Training package that is available on Oracle e-learning.

8.11 Access to Training and Development

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

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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.

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.

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.

As at the end of March 2013 our performance against our **Mandatory Training targets** was as follows:

We have not had any complaints from staff regarding being treated unfairly in respect to access to training. We recognise however, that we need to undertake more detailed analysis on the profile of staff who are accessing personal development training.

8.12 Staff Experience

Staff Opinion Survey Results 2013

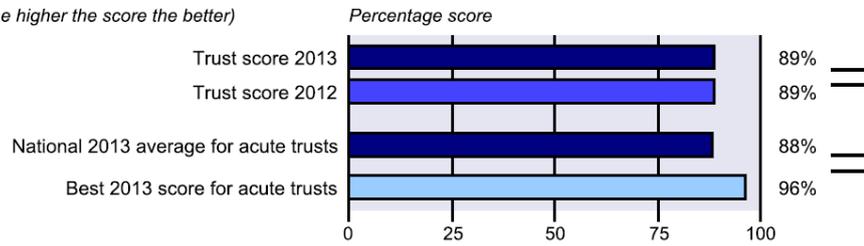
We were pleased that the results of the Staff Opinion survey were better than average compared to other Trusts in terms of staff who reported discrimination or harassment from other staff, and in staff feeling able to report issues for them to be taken seriously. However, we do have more staff who report that they are being discriminated against or bullied by patients and the public and this is an area that requires more investigation.

There is still some way to go in terms of staff reporting that they have received E&D training in the past year as last year’s improvement has not been sustained and we have poor

results compared to other Acute Trusts. A report on the survey results is included on the Trust Webpages and Intranet: www.worcsacute.nhs.uk

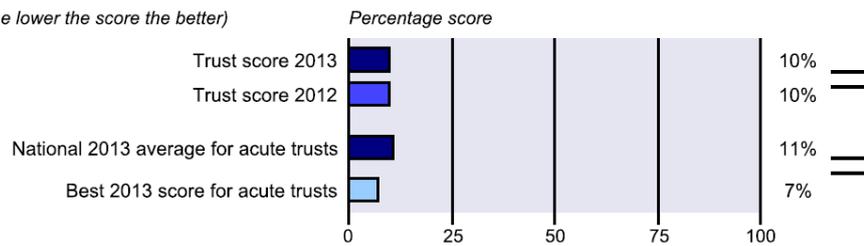
KEY FINDING 27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

(the higher the score the better)



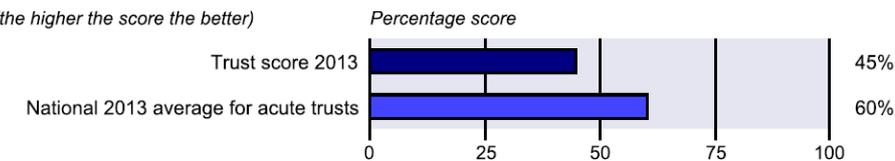
KEY FINDING 28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



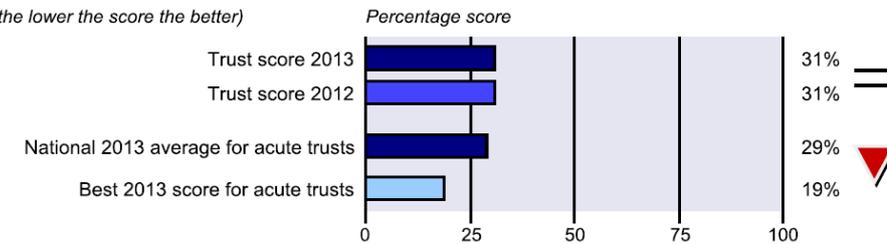
! KF26. Percentage of staff having equality and diversity training in last 12 months

(the higher the score the better)



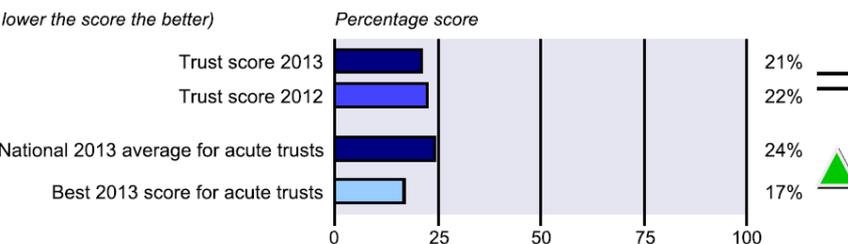
KEY FINDING 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



KEY FINDING 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



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Our aim is to improve our responses in the 2014 Staff Opinion Survey to nearer that of the best performing Trusts in the country.

In June 2014 we launched the Staff Friends and Families Test (SFFT) which will be offered to all staff at least once a year, with selected divisions each quarter to supplement the Staff Opinion Survey. The SFFT focuses on two principal questions:

- Would you recommend this Trust as a place for treatment
- Would you recommend this Trust as a place of employment.

We will take the opportunity to include up to three local questions each quarter and results will be analysed and fed back to divisions to develop action plans.

8.13 Staff Networks and Forums

The Trust does not currently have any established forums or networks covering the 9 protected characteristics for staff. We are intending offering staff facilities to run their own networks and this will be publicised through daily brief.

8.14 Disciplinary Hearings, Investigations and Grievances Progress

Our HR Consultancy Team maintains an anonymous record of all casework that they are involved in. 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.

There is a higher percentage of women who lodge Grievances or Dignity at Work claims but this would be expected on the basis that 84% of our staff are female.

There is no pattern on cases by age.

There were no cases in respect of people who declared themselves to have a disability. A summary of the cases broken down into ethnic origin, religious belief and sexual orientation is shown below:

| Ethnic Origin | Bullying & Harrassment | Disciplinary | Grievance |
|--|------------------------|--------------|-----------|
| A White - British | 5 | 3 | 5 |
| B White - Irish | 0 | 0 | 0 |
| C White - Any other White background | 0 | 0 | 0 |
| D Mixed - White & Black Caribbean | 0 | 0 | 0 |
| E Mixed - White & Black African | 0 | 0 | 0 |
| F Mixed - White & Asian | 0 | 0 | 0 |
| G Mixed - Any other mixed background | 0 | 0 | 0 |
| H Asian or Asian British - Indian | 1 | 0 | 0 |
| J Asian or Asian British - Pakistani | 0 | 0 | 0 |
| Ethnic Origin | Bullying & Harrassment | Disciplinary | Grievance |
| K Asian or Asian British - Bangladeshi | 0 | 0 | 0 |
| L Asian or Asian British - Any other Asian background | 0 | 0 | 0 |
| M Black or Black British - Caribbean | 0 | 0 | 0 |
| N Black or Black British - African | 0 | 0 | 0 |
| P Black or Black British - Any other Black background | 0 | 0 | 0 |
| R Chinese | 0 | 0 | 0 |
| S Any Other Ethnic Group | 0 | 0 | 0 |
| Undefined | 0 | 0 | 0 |
| Total | 6 | 3 | 5 |
| Religious Belief | Bullying & Harassment | Disciplinary | Grievance |
| Atheism | 1 | 0 | 2 |
| Buddhism | 0 | 0 | 0 |
| Christianity | 4 | 0 | 1 |
| Hinduism | 0 | 0 | 0 |
| I do not wish to disclose my religion/belief | 0 | 0 | 0 |
| Islam | 0 | 0 | 0 |
| Jainism | 0 | 0 | 0 |
| Judaism | 0 | 0 | 0 |
| Other | 0 | 1 | 0 |
| Sikhism | 0 | 0 | 0 |

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| | | | |
|--|----------------------------------|---------------------|------------------|
| Undefined | 1 | 2 | 2 |
| Total | 6 | 3 | 5 |
| Sexual Orientation | Bullying & Harassment | Disciplinary | Grievance |
| Bisexual | 0 | 0 | 0 |
| Gay | 0 | 0 | 0 |
| Heterosexual | 4 | 1 | 3 |
| I do not wish to disclose my sexual orientation | 1 | 0 | 0 |
| Lesbian | 0 | 0 | 0 |
| Undefined | 1 | 2 | 2 |
| Total | 6 | 3 | 5 |

The majority of cases were from people who declared themselves to be White British, heterosexual or where their sexual orientation was not defined or disclosed, and Christian, Atheist, or undefined religion. No patterns can be determined from this data.

9. 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 key **Workforce policies** as regards the equality agenda are:

- [Equality, Diversity and Inclusion Policy \(September 2012\)](#)
- [Dignity at Work \(Bullying and Harassment\) Policy \(August 2012\)](#)
- [Raising Issues \(Whistleblowing Policy\) revised 2014](#)
- [Recruitment and Selection Policy revised March 2013](#)
- [Mandatory Training Policy \(August 2012\)](#)
- [Sickness Absence Health and Wellbeing Policy \(revised May 2013\)](#)
- [Disciplinary Policy \(revised March 2013\)](#)
- [Grievance Policy \(revised November 2013\)](#)

All other policies include an Equalities Impact Assessment to consider whether their implementation has an adverse effect on any particular 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 Policy](#)
- [Safeguarding Adults Policy](#)

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Child Protection Policy
Supporting People with Learning Disabilities when accessing
Acute Hospital Services policy
Assessing Mental Capacity and complying with the Mental Capacity Act 2005
policy

10. 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.

We have also revised the Equality Impact Assessment/Equality Analysis and will roll this out in 2014/15. Complex EqIA's will be reviewed by the Equality and Diversity Committee.

11. 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.

12. Next Steps

The 2014/15 Trust equality objectives will be:

| Patients | Staff |
|---|---|
| To engage further with the nine protected characteristic groups representative of our local population | To implement the Staff Friends and Family Test (SFFT) by June 2014 |
| To extend the Patient Friends & Family Test (FFT) to all areas by October 2014 and to expand the data to include more protected characteristics, rather than just age and gender. | To improve the health & wellbeing of all staff, to enable sickness levels across the trust to aim to reduce to the Trust target of 3.5% on a sustainable basis. |



| | |
|--|--|
| To investigate the access and experiences for gypsies and travellers community | Host an annual Staff Appreciation event |
| Extend the diversity of engagement with patients and their families to cover all of the protected characteristics. | As part of the Trust culture change initiative, to embed the concept of treating all staff and patients with respect, and ensuring individual differences are seen as opportunities. |
| Expand the feedback from Hospedia to cover more protected characteristics | Offer staff the opportunity to establish staff forums/networks around the 9 protected characteristics via daily brief. |
| Agree which additional characteristics should be recorded and gathered for patients, to ensure our services are accessible to all (e.g. gypsy and travelling communities). | Launch Equality and Diversity Toolkit for staff. This will help staff to understand cultural, age related and religious differences of patients, visitors and colleagues |
| Roll out the Dementia Care Bundle which includes improving the environment, hydration and nutrition and monitor improvements in care. | Review the Equality, Diversity and Inclusion Policy, Dignity at Work (Bullying and Harassment) Policy, and Mandatory Training Policy by September 2014. |
| Launch the revised Equality Impact Assessment/Equality Analysis templates | |
| During the next year the Spiritual and Pastoral Care Team will develop a “Mindfulness” provision for staff and patients to aid emotional resilience | |

The key aim for the year to come will be to ensure the essential messages are cascaded throughout the organisation, combining new initiatives with patient experience and leadership developments. This will form part of the staff engagement agenda and patient and carer experience strategy. Work will take place in the coming year to improve action planning and shared learning around complaints.

12. Key challenges

We have started making progress on the areas identified in our 4 year action plan recognising that embedding these changes will take time the key challenges are:

- Data collection and reporting balancing the individual service users’ needs with the needs to provide an efficient service
- Further in depth analysis of data
- Providing appropriate skills training across a large, complex organisation to reflect the behavioural changes resulting from increased awareness of this subject demonstrating that managing change on this subject is integral to managing change overall in our Trust
- Making clearer links, both for our staff, our patients and their families, between the issues identified, the actions taken and the outcomes achieved.

[Appendix A – EDS Action Plan](#)

[Appendix B – EDS Self-Assessment](#)

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