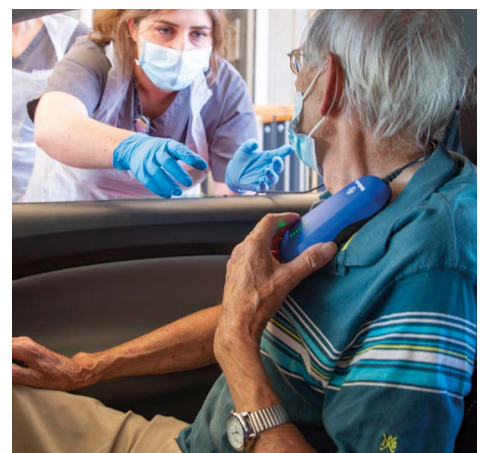


# EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2021/2022





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# 1. A welcome from our Chair and Chief Executive

**We are privileged to be the Chair and CEO of Worcestershire Acute Hospitals NHS Trust. We are really pleased to have been given the opportunity to input into this year's Equality report.**

We are passionate about equality and fair treatment for all and want to promote a culture that does not tolerate discrimination and injustice.

The Worcestershire Acute Hospitals NHS Trust Board is committed to establishing a culture of inclusion and respect throughout the organisation towards all people using services, relatives, carers, staff and the wider public.

We continue to work to demonstrate compassion to one another and to challenge and redress any experience of inappropriate discrimination or unequal treatment.

We continue to work together with our partners to tackle health inequalities, championing innovative collaborations in order to understand and address the underlying causes to best meet the needs of disadvantaged and underrepresented groups. We also continue in our commitment to ensuring our workforce is representative of the local population.

Structural inequalities and racism are not simply intelligent concepts – Covid-19 has once again shown us that inequality is real. It impacts upon our physical health as well as our mental health and it shortens lives. I recognise that for many these are tough and uncomfortable views however it is critical we are able to be open to hearing what more we need to do together to effect change.



**Sir David Nicholson**

Chair



**Matthew Hopkins**

Chief Executive



We need to re-double our efforts to ensure we seek out the voices that are seldom heard and often ignored so that we can change outcomes for patients, our people and the communities we serve.

Our priorities set out in section 6 of this report align with our People and Culture Strategy, as well as the Workforce Race Equality Standard (WRES), and Workforce Disability Equality Standard (WDES). Improving the experience of all of our staff is a key aim of our People and Culture Strategy, which itself is aligned to the wider objectives laid out in our Trust Strategy pyramid and our overall purpose of Putting Patients First.

We want everyone to feel able to bring their whole selves to their employment with us. We want to enable our people to be open about their individual characteristics and feel safe to do so. We believe that diversity is one of our greatest strengths.

Improving our equality, diversity and inclusion culture is a priority for us at Worcestershire Acute Hospitals NHS Trust. We want to become an exemplar of best practice across the sector and to see equality, diversity and inclusion placed at the very heart of our workforce.



**Sir David Nicholson**  
Chair



**Matthew Hopkins**  
Chief Executive



## 2. Introduction

The purpose of this report is to present the work undertaken by Worcestershire Acute Hospitals NHS Trust (WAHT) to meet its Public Sector Equality Duty in 2021. The report includes key patient and workforce data between April 2021 and March 2022. The report meets the first specific duty of the Equality Act 2010, which requires public bodies to publish information annually to demonstrate compliance with the general equality duty.

This year, has been a particularly important year, following the devastating events of 2020 that have affected our BAME communities. Our ethnic minority communities have been disproportionately impacted by Covid-19, as have our disabled communities - with many more lives lost to the virus, not least among our BAME health care colleagues. The summer of 2020 saw the Black Lives Matter campaign, following the killing of George Floyd in the United States. One year on our attention is re-focused on the very real inequalities many in our BAME communities continue to face. In the context of both the above, as well as reflecting on, and celebrating, the huge debt we owe to our BAME colleagues, and to those who went before them, for their invaluable contribution to the society in which we live today. In the 12 months to July our staff networks have flourished culminating for our BAME network in their inaugural conference which was attended virtually by 232 members of staff from across the West Midlands.

As we reflect on the last 12 months, we look through the lens of intersectionality and look at the ways in which gender, class, race, sexuality, disability, religion and other identity axes are interwoven on multiple and simultaneous

levels. Intersectionality can help organisations to approach discrimination and social inequalities from a systemic and structural perspective, and capture discrimination patterns which tend to be 'invisible' or overlooked in the current frameworks for inclusion. WAHT's cultural pillars are; an engaged workforce, a skilled workforce and a supported workforce - and to do that well, we need a workforce that's more representative at all levels of the Trust of the service users we serve.

### 3. Freedom to Speak up



**By Melanie Stinton  
– Freedom to Speak  
Up Guardian**

Following the failings at Mid-Staffordshire NHS Hospital Trust, the subsequent inquiry led by Sir Robert Francis determined that each and every

Trust in England should have a Freedom to Speak Up Guardian who staff could speak to in confidence and without risk of detriment. This Guardian would not be a part of the formal organisation of each Trust but should be part of the National Freedom to speak up network.

I was appointed as the Trust's Freedom to Speak Up (FTSU) Guardian in 2020. I have worked in the Trust for over 23 years - most recently in a clinical capacity as Matron in Maternity and currently on secondment to the Workforce Team assisting with the role out of Professional Advocates across the Trust two days a week alongside my FTSU role.

My role is supported by 50 FTSU champions spread across our three sites, and all divisions, and together we promote the Freedom to Speak Up programme and listen attentively to any member of staff who has any concern about any form of inappropriate behaviour within our Trust.

The key benefits for staff are principally two-fold. The first is the therapeutic support of the Guardian or Champion who, as an independent person, is pro-actively listening and supporting the staff member's concern.

Staff can often find it difficult to raise a concern and to have someone who can share and understanding it is a major help.

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

We have had over 250 cases raised in the last three years and we endeavour to continually update each member of staff raising the concern on the progress and the resolution of their concern. Some cases can be resolved quite quickly; others - particularly if there is a link into an existing investigation - can take more time.

We launched our Freedom to Speak up portal in October 2020 that has given staff greater accessibility and ease to report concerns and have recently gone live externally to allow this even more. This has seen an increase in reporting and enables staff to confidentially raise their concerns and track the progress of them via a unique code. This will hopefully build upon our fantastic achievement of becoming the third most improved Trust at speaking up in the country as reported in the Freedom to Speak up Index report by the National Guardians Office in 2020 and to which we have seen an improvement on staff feeling confident to raise concerns in the 2021 report.

## 4. Workforce

We continue in our commitment to ensuring our workforce is representative of the local population. Working across the wider Herefordshire and Worcestershire system, we will better understand inequalities in access to job roles across all levels of our organisations, and actively provide support and opportunities for underrepresented groups.

It is only by working together, that we will make a real difference to people's lives. We will take a lead role as a key provider in Worcestershire to ensure that this happens.

We now commit to taking demonstrable and responsive action and to move beyond our previous aspirations, particularly in the light of recent findings relating to the impact of the Covid-19 pandemic, which has brought into sharp focus some of the wider inequalities that exist in our society.

### IDEA Committee

This committee meets monthly to direct work and act as a link between the Diversity Champions, Staff Inclusion Networks and Strategic leaders. The IDEA Committee is chaired by Tina Ricketts, Director of People and Culture.

The committee is a place where the Diversity Champions and Staff Networks can have contact with senior and strategic leaders from the Trust and gives them an arena to challenge change and work closely with the organisation in developing an inclusive culture. At the present time the IDEA Committee reports to the People and Culture Committee.

The IDEA Committee is responsible for ensuring that any EDI Actions agreed by the Board are achieved effectively.

### Staff Inclusion Networks

#### BAME Network:

The BAME Network has been working hard over the last 12 months to improve representation of BAME staff through all levels and staff groups within the Trust. In June 2021 they held their first BAME Annual Conference which was attended by over 250 staff from across the West Midlands. The priorities for the Network for the next 12 months are:

- Increasing representation of BAME staff at Band 8a and above.
- EPIC Training Programme.

#### LGBTQ+ Network:

The LGBTQ+ Network is working closely with the HR team and wider organisation to achieve a gold award for the Rainbow Badge phase 2, this will include reviewing all policies, staff survey and patient survey data to demonstrate the Trust's commitment to reducing barriers to healthcare for LGBT people whilst evidencing the good work they have already undertaken. The priorities for the next 12 months are:

- Rainbow Badge phase 2.
- Growing the Network.
- #CallMe (Pro-nouns).



## Disability Network:

The Disability Network is our youngest network; they have been working closely with the HR Department in the review of the organisational sickness absence policy, ensuring that staffs with a disability are not unfairly treated when taking time off for treatment for their disability. The Network have also lead on Disability History month for the ICS in November, providing staff with useful information on reasonable adjustments, mental health and overcoming adversity. The priorities for the next 12 months are:

- ▶ Disability Sickness Absence Policy.
- ▶ Increasing the disability declaration rate.

## Cultural Ambassador Programme

The organisation has signed up to the RCN Cultural Ambassador programme and over the next 12 months will train 15 staff.

The intention of this programme is set to ensure that staff with a protected characteristic are treated fairly in recruitment, disciplinary and grievance hearings. The aim of the programme is to question and interrupt systems and processes that leave BAME people having poorer outcomes and experiences than their white colleagues.

## Enabling a productive and inclusive culture programme (EPIC)

In January the organisation will launch the EPIC training programme; this programme is designed to give managers and leader the tools to develop an inclusive culture within their areas of responsibility.

There is a requirement for organisations to provide diversity & inclusion training to inform employees of the expected thinking, behaviours and action needed to support it. For many, there may be no knowledge of the benefits of diversity and inclusion.

The core EPIC programme is made up of a suite of 3 x 2 hour Masterclasses facilitated virtually made up of the following:

- ▶ Masterclass #1: Values Discovery.
- ▶ Masterclass #2: Building an Inclusive Culture.
- ▶ Masterclass #3: Inclusive Dynamic Conversations.

## 5. Our Trust Workforce: Facts and Figures

**As at 31 March 2020, the Trust employed 6,064 people.**

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

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

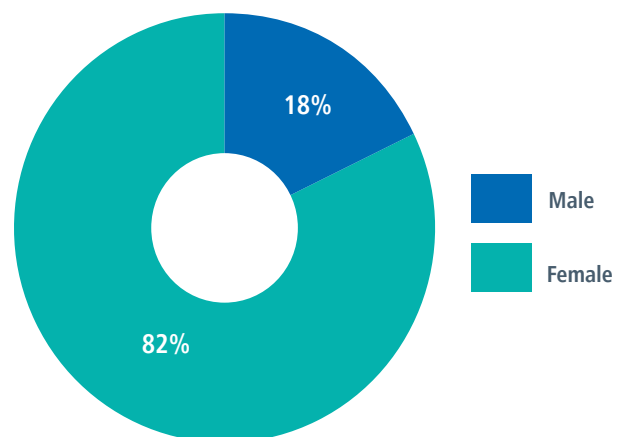
Significant difference is found within the gender profile, with the local population being almost equal between men and women, and the ethnic profile of the County being 95% white whereas the Trust has a greater diversity of ethnicity.

Our staff have the right to leave equality and diversity data categories unspecified if they wish to.

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

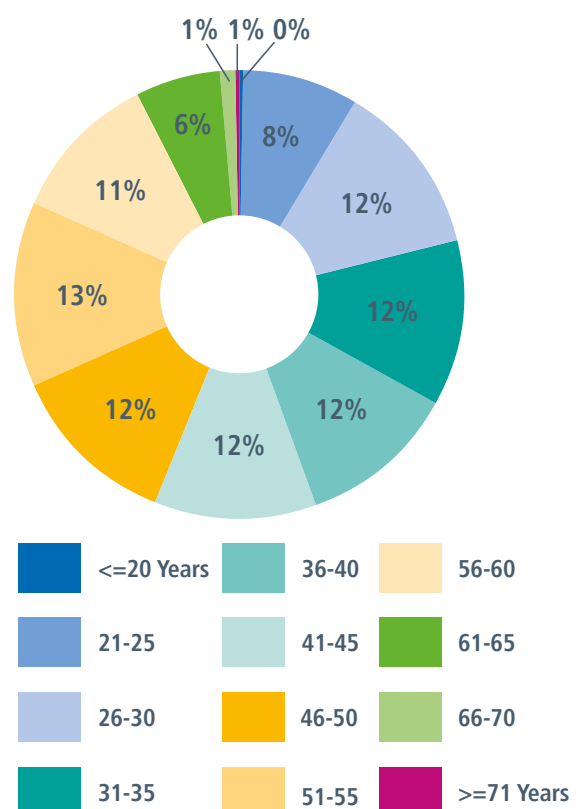
### Gender Profile

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



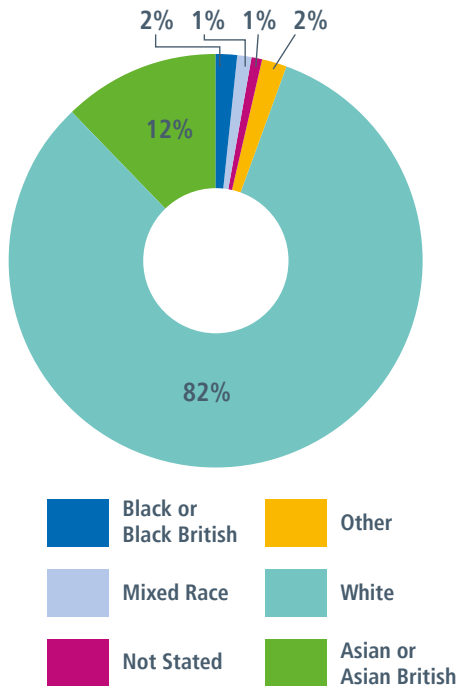
### Age Profile

Our workforce ranges from late teens to over 70.



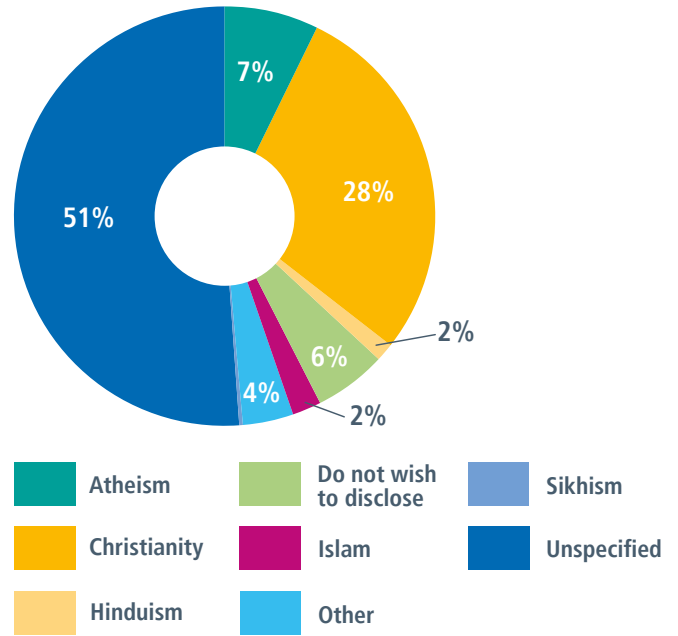
### Ethnicity Profile

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



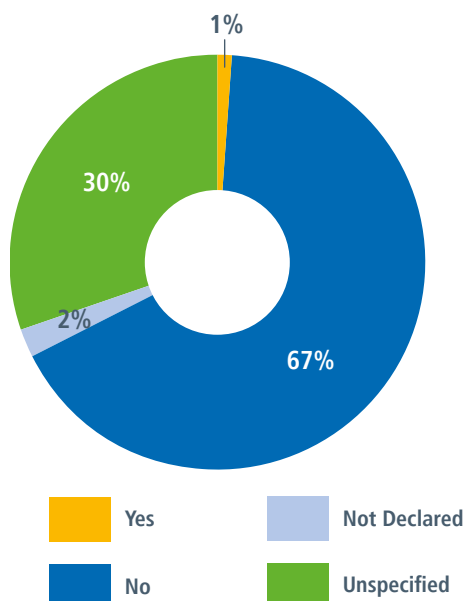
### Religious/Belief Profile

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



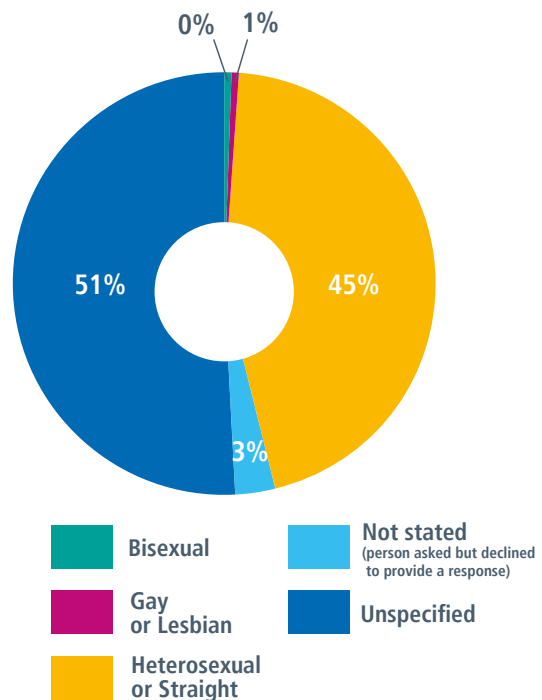
### Disability Profile

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

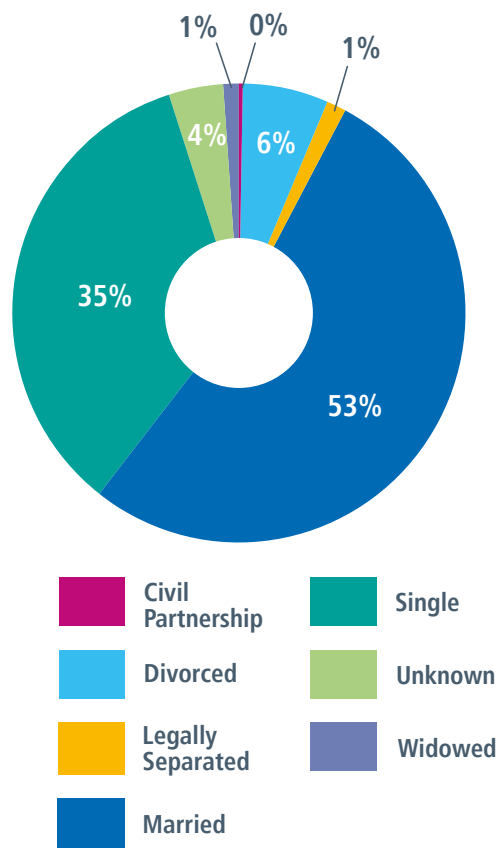


### Sexual Orientation

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



## Marital Status



## Staff on Adoption/Maternity Leave





## Our most recent Staff Survey:

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

### Discrimination

Discrimination: "in the last 12 months, have you personally experienced bullying, harassment or abuse at work..."			
	By patients, service users, relatives	By staff	National average
Total responses	3400 (56.1%)	3393 (56%)	
BAME WAHT	29.5%	30%	29.1%
White WAHT	25.4%	24.9%	24.4%
Staff with LTC WAHT	32.5%	28.4%	26.9%

Discrimination: "in the last 12 months, do you believe that the organisation provides equal opportunities for career progression or promotion..."		
		National average
Total responses	3205 (52.9%)	
BAME	70.9%	72.5%
White	87.1%	87.7%
Staff with LTC	81.7%	79.6%

Discrimination: "in the last 12 months, have you personally experienced discrimination at work..."		
	By Manager/Team Leader	National average
Total responses	3381 (55.8%)	
BAME	5.3%	16.8%
White	16.2%	6.1%
Staff with LTC	19.3%	19.3%

## Staff Friends and Family Test

	National average	Trust average
How likely are you to recommend this organisation to friends and family if they needed care or treatment (% Recommended)		46%
How likely are you to recommend this organisation as a place to work (% Recommended)	46.4%	54.8%

## Starters and Leavers

In the last financial year, **1392 staff started** with the Trust, and **1107 staff left** the Trust.

### Starters

Gender	Female 1087 (78%)		Male 305 (22%)		
Age	30 and under 717 (52%)		31-50 502 (36%)		51 and over 173 (12%)
Disability	No 1180 (85%)	Yes 15 (1%)	Unspecified 195 (14%)		Not declared 2 (0%)
Ethnicity	White 1056 (76%)	Black/Black British 197 (15%)	Asian/Asian British 58 (4%)	Other 75 (5%)	Unspecified 6 (0%)
Religion/Belief	Christianity 562 (40%)		Other religious belief 270 (19%)	Atheism 273 (20%)	Unspecified 287 (21%)
Sexual Orientation	Heterosexual 1167 (84%)		LGBTQ+ 52 (4%)		Unspecified 173 (12%)

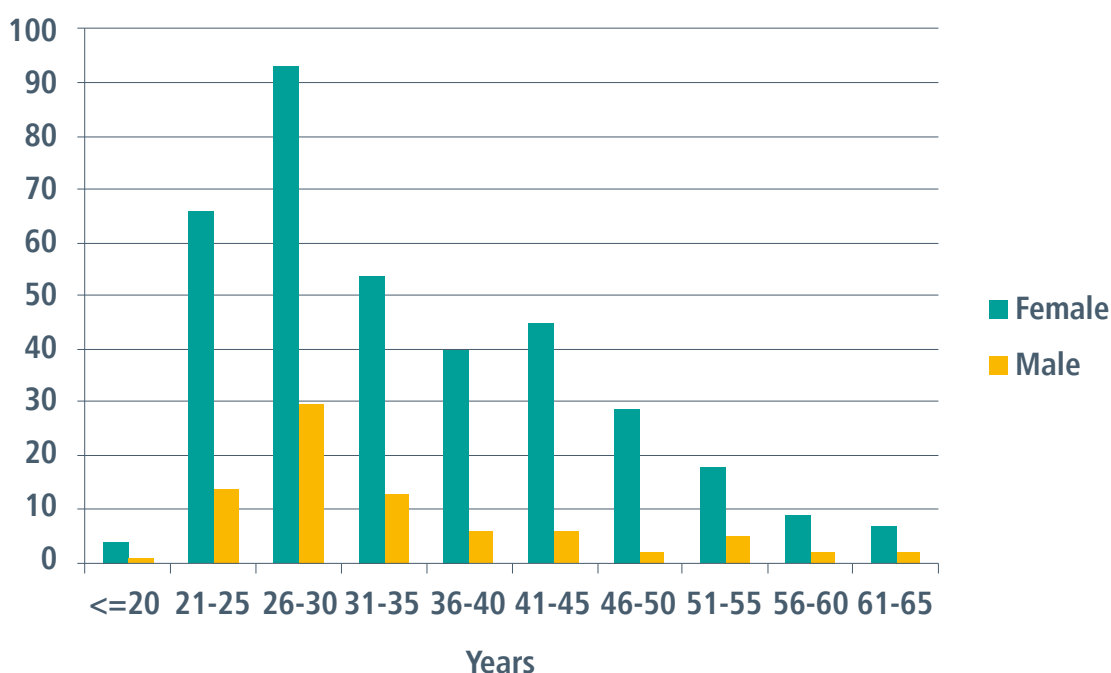
### Leavers

Gender	Female 855 (77%)		Male 252 (23%)		
Age	30 and under 465 (42%)		31-50 361 (33%)		51 and over 281 (25%)
Disability	No 870 (79%)	Yes 6 (0%)	Unspecified 206 (19%)		Not declared 25 (2%)
Ethnicity	White 885 (80%)	Black/Black British 125 (11%)	Asian/Asian British 42 (4%)	Other 45 (4%)	Unspecified 10 (1%)
Religion/Belief	Christianity 298 (27%)		Other religious belief 147 (13%)	Atheism 146 (13%)	Unspecified 516 (47%)
Sexual Orientation	Heterosexual 613 (55%)		LGBTQ+ 472 (43%)		Unspecified 22 (2%)

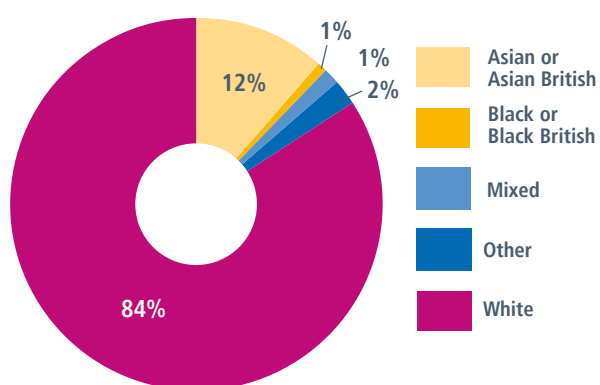
## Promotions – 2020/2021 financial year:

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

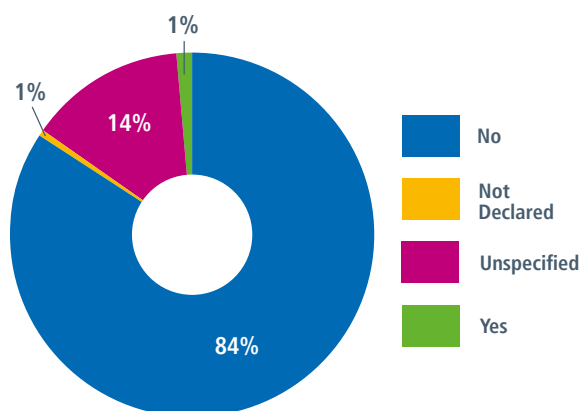
### Promotions, by Age and Gender



### Promotions, by Ethnicity/Race



### Promotions, by Disability



## Recruitment Data

Attracting a wider diversity of staff to our Trust is critical. The below table highlights the relevant diversity of our applicants, and the progress within each characteristic towards employment.

	Number of Applications	As percentage of total applications	Number shortlisted	As percentage of total shortlisted	Number appointed	As percentage of total appointments
Ethnicity (White)	12825	55.55	4371	70.10	1305	77.59
Ethnicity (All Other)	9875	42.77	1780	28.55	368	21.88
Ethnicity (Undisclosed)	386	1.67	84	1.35	9	0.54
<b>Total ethnicity</b>	<b>23086</b>	<b>%</b>	<b>6235</b>	<b>%</b>	<b>1682</b>	<b>%</b>
Gender (Female)	17228	68.23	4916	78.85	1408	83.71
Gender (Male)	7968	31.56	1301	20.87	271	16.11
Gender (Undisclosed)	53	0.21	18	0.29	3	0.18
<b>Total gender</b>	<b>25249</b>	<b>%</b>	<b>6235</b>	<b>%</b>	<b>1682</b>	<b>%</b>
Age profile (Under 30)	9161	36.28	1913	30.68	632	37.55
Age Profile (30-50)	12669	50.18	3156	50.62	832	49.44
Age Profile (51 and Over)	3418	13.54	1166	18.70	219	13.01
Age Profile (undisclosed)	0	0.00	0	0.00	0	0.00
<b>Total age profile</b>	<b>25248</b>	<b>%</b>	<b>6235</b>	<b>%</b>	<b>1683</b>	<b>%</b>
Disability (yes)	713	2.82	306	4.91	58	3.45
Disability (No)	24292	96.21	5870	94.15	1609	95.66
Disability (undisclosed)	244	0.97	59	0.95	15	0.89
<b>Total disability</b>	<b>25249</b>	<b>%</b>	<b>6235</b>	<b>%</b>	<b>1682</b>	<b>%</b>

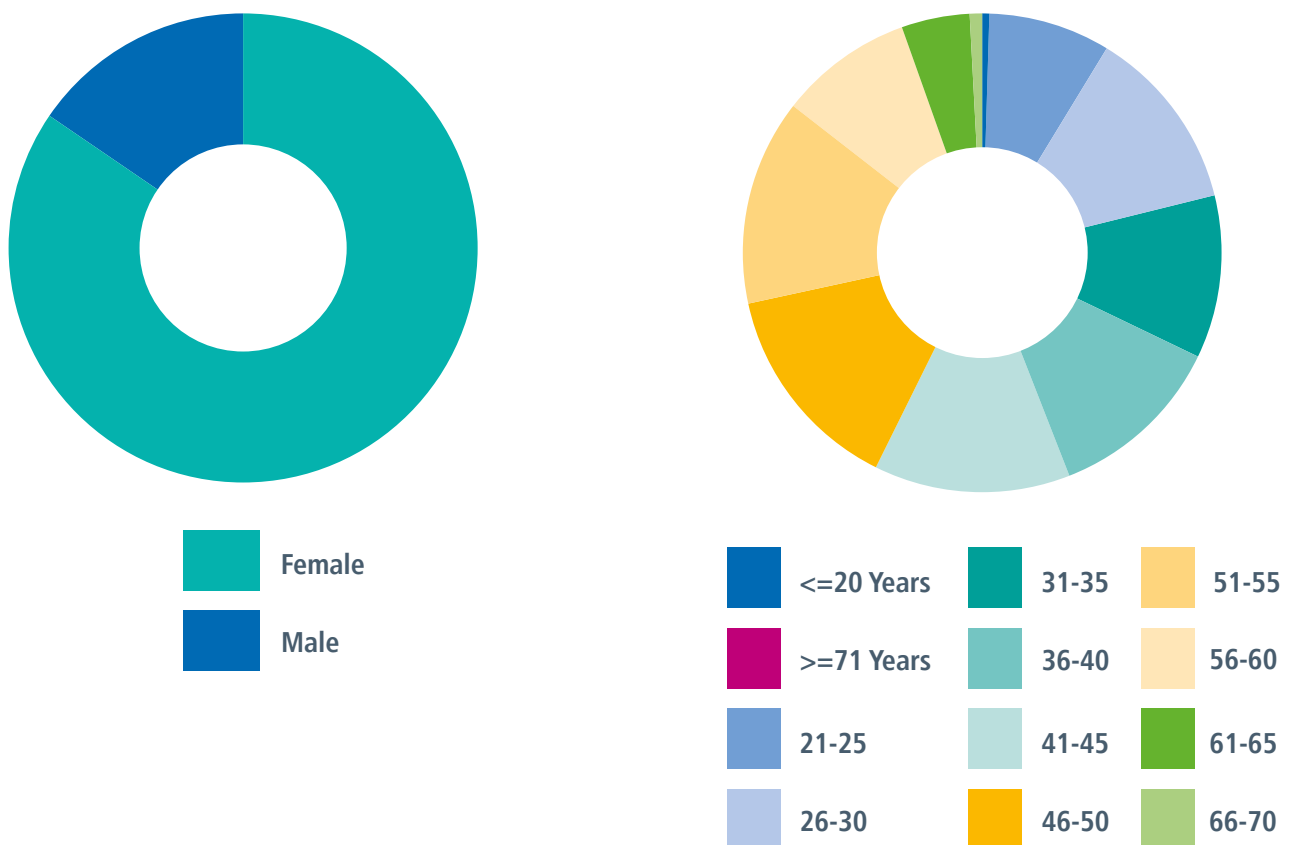


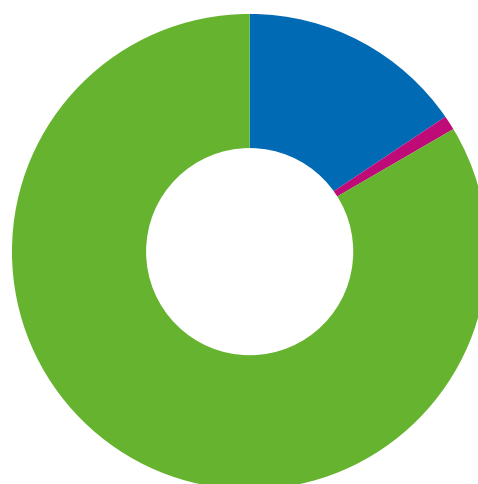
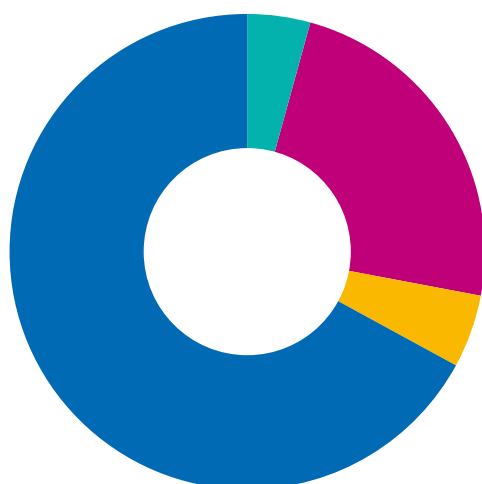
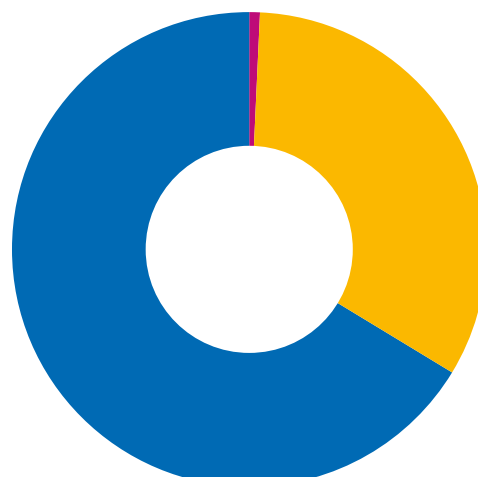
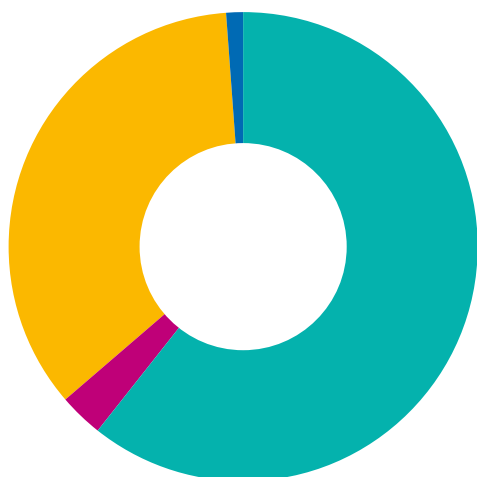
	Number of Applications	As percentage of total applications	Number shortlisted	As percentage of total shortlisted	Number appointed	As percentage of total appointments
Sexual Orientation (Heterosexual)	23747	94.05	5830	93.10	1586	94.29
Sexual Orientation (LGBTQ+)	963	3.81	256	4.09	61	3.63
Sexual Orientation (undisclosed)	539	2.13	176	2.81	35	2.08
<b>Total sexual orientation</b>	<b>25249</b>	<b>%</b>	<b>6262</b>	<b>%</b>	<b>1682</b>	<b>%</b>
Religion (Christianity)	11680	46.26	3105	49.80	830	49.35
Religion (All Other)	8163	32.33	1452	23.29	325	19.32
Religion (Atheism)	3336	13.21	1034	16.58	360	21.40
Religion (undisclosed)	2070	8.20	644	10.33	167	9.93
<b>Total religion</b>	<b>25249</b>	<b>%</b>	<b>6235</b>	<b>%</b>	<b>1682</b>	

## Access to Continuing Professional Development (CPD)

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

In total, our records show that some 3,814 staff have accessed CPD, and it is recognised that not all CPD accessed may have been recorded on our system. The data is representative of the makeup of our staff as shown in the section 'Trust Facts and Figures' above. It is suggestive of there being equality of access to CPD.





## Employee Relations 2020 / 2021

Topic	Total number of cases	Ethnicity: White (all)	Ethnicity: Non-white	Ethnicity: Not stated	Age: Under 30	Age: 31-50	Age: 50+	Age: Not stated	Gender: Female	Gender: Male	Gender: Not stated
Disciplinary	27	25	2	n/a	6	10	11	n/a	19	8	n/a
Grievance	23	15	1	7	1	6	10	6	11	6	6
Dignity at work (incl. harassment)	3	3	0	n/a	0	0	3	n/a	3	0	n/a
Capability	0	0	0	n/a	0	0	0	n/a	0	0	n/a
Raising concerns (FTSU)											
Other appeals	3	3	0	n/a	0	0	3	n/a	3	0	n/a
Probationary	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MHPS cases	2	2	0	n/a	0	0	2	n/a	0	2	n/a
Employment Tribunal Claims	0	0	0	0	0	0	0	0	0	0	0

Prior to the end of 2021 Freedom to Speak up data did not record protected characteristics or personal data.



## 6. EDI Priorities for 2022/23

Following the challenges of 2020 and 2021, most notably due to Covid-19, we will be working to make significant progress in the following areas during 2022/23 across our wide range of services. Some actions we had hoped to take forwards in 2021 have been delayed due to the ongoing pandemic.

We are excited to be working with a variety of partners in our Equality, Diversity and Inclusion work, to ensure that we are all working to provide high quality, patient-centred, inclusive services for the people of Worcestershire.



### Priority 1 Building Confidence to Speak Up

- ▶ All levels of Leadership to sign up to the Inclusion and Anti-Discrimination Charter.
- ▶ Promote positive action behaviours to tackle bullying, harassment, and discrimination.

### Priority 2 Recruitment

- ▶ In partnership with staff representatives and staff networks, we will review recruitment and promotion practices to ensure that appointments reflect the diversity of our local community.
- ▶ Creating accountability with recruiting managers.
- ▶ Agreeing and working towards diversity targets.
- ▶ Addressing bias in systems and processes.

### Priority 3 Staff Health and Wellbeing

- ▶ Continue working in partnership with the Wellbeing Team and Health at Work, as part of the Staff Wellbeing Programme to enhance our focus on staff health and wellbeing, including staff experiencing mental health conditions.

- ▶ Line managers should discuss equality, diversity and inclusion as part of newly introduced health and wellbeing conversations.
- ▶ Develop a new PDR process to include Health and Wellbeing.

## Priority 4 Leadership Diversity

- ▶ Training and development for all managers and those in leadership roles to reinforce the key message of an inclusive environment and workforce.
- ▶ Robustly embed a Reasonable Adjustments Policy for staff with disabilities, impairments and long term health conditions to ensure that adjustments are recorded and made in a timely way, supporting people to get the most from their employment.
- ▶ Continue to review incidents of discrimination and abuse relating to protected characteristics and develop responsive, innovative approaches to reducing these incidents.

## Priority 5 Tackling the Equality Gap

- ▶ Conduct workforce analysis to gain a truer representation of staffing profile and understand concerns linked to declaration rates for BAME, LGBTQ+, and Disabled staff.
- ▶ Work to eliminate the gap in relative likelihood of staff with a protected characteristic being recruited or entering a disciplinary process.

## Priority 6 Staff Networks

- ▶ We will continue to empower our three staff networks to ensure they remain a critical friend to the Trust fully supporting those in critical network roles.
- ▶ Continue to develop our Staff Networks to ensure staff are encouraged and supported declare a protected characteristic.
- ▶ Continue to progress the action plans led by our staff networks in order to improve the experiences of people from those minority and protected groups when in contact with our organisation.
- ▶ Use awareness days, weeks and months to further enhance knowledge development across our workforce.

## Priority 7 Information and Education

- ▶ EDI Development programmes for staff ensuring staff are culturally competent with inclusion at the heart of what they do.

## 7. Putting Patients First

### Accessibility in a global pandemic

Worcestershire Acute Hospitals NHS Trust is committed to the delivery of quality healthcare services, ensuring that services are safe, effective, caring, responsive, and well-led. We place importance on treating people as individuals and we place positive value on diversity within our local community and with all of those we work with from our paid staff to our Volunteers.

At the beginning of the Covid-19 pandemic, we made the difficult decision to suspend Open Visiting across our hospitals, to keep our patients, our staff and our local community safe. At this time we introduced Compassionate Visiting along with key measures to support our patients, Carers and their loved ones, which we have adapted over the last 12 months in line with listening and responding to public, and staff feedback and national and regional guidance.

### Key Measures to Support Our Community during the Covid-19 Pandemic

We provided clarity that welcomed Carers across our hospitals.

- ▶ We facilitated Visiting on Compassionate grounds for end of life care, families supporting loved ones with dementia, learning disabilities, autism or those requiring additional support in making decisions relating to their care or when receiving information about a diagnosis.



### Keeping in touch with your loved one

We know how hard it is for you not to be able to visit your loved one in hospital during the Covid-19 pandemic. We are doing all we can to support people to keep in contact as much as possible. And when you cannot be there, we will be there, so that everyone in our hospitals has someone to turn to.

**Phone**  
Patients can make free calls on the Hospedia bedside units. You might like to call or Facetime your loved one too - we have free wifi to help with this.

**Video Call**  
If you know a patient who doesn't have a mobile phone, we can help you arrange a video call to stay in touch via Facetime or Zoom. Please contact the ward directly or our Patient Services team on **0300 123 1732** or email [wah-tr.PET@nhs.net](mailto:wah-tr.PET@nhs.net)

**Letters from Home**  
You can send letters, messages or photographs to our dedicated email inbox [WAH-tr.Lettersfromhome@nhs.net](mailto:WAH-tr.Lettersfromhome@nhs.net). If you would like our staff to read them out for you, just let us know. Please remember to include your loved one's full name, date of birth and address if known, which hospital they are in and the name of the ward. Relatives and friends can find more information on our website [www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)

**Hearts in Hand**  
All patients on our Covid wards will be given a small knitted heart to hold. The 'matching pair' to that heart will be sent home to their relative so that they know that even though they are not able to be here, we are and their loved one is not alone. For further details please contact [Alison.robinson34@nhs.net](mailto:Alison.robinson34@nhs.net)

### We are here to support you

**Our Patient and Relative Support Helpline** is here to listen. You can call them on **0300 303 3544**. Our support line offers 24/7 emotional support and a listening ear to patients in our hospitals, or for their relatives. It is a confidential service which we hope can give comfort where it's needed.

**PALS Team**  
If you have a concern or need extra help with getting a response, you can call our PALS team on **0300 123 1732** Monday - Friday.

**Online**  
You can share your feedback with us directly at any time. Email Patient Services at [wah-tr.PET@nhs.net](mailto:wah-tr.PET@nhs.net), Tweet us [@WorcsAcuteNHS](https://twitter.com/WorcsAcuteNHS), message us on Facebook or leave a comment or review at [NHS.UK](https://www.nhs.uk)

Version 2: 18072021

- ▶ We welcomed a relative or loved one to support meeting a patient's communication, health, social or spiritual care needs and where not visiting may have a detrimental impact on their overall health/well-being.
- ▶ We recruited Pandemic Response Volunteers to support with an Essential Care package Delivery Service.
- ▶ We provided face masks for everyone entering our hospitals which included masks with a clear panel for our patients, Carers and visitors who require clear facial expressions/lip reading to support communication.

- ▶ We recruited Wayfinder Volunteers at Worcestershire Royal Hospital and the Alexandra Hospital for the first time to provide a welcoming greeting to everyone coming onto site and to support with ease of navigation to minimise anxiety and support communication and access.
- ▶ We supported a Letters from Home initiative to provide an alternative means of communicating with loved ones.
- ▶ We supported the collection and delivery of Hearts in Hands as a physical tool to connect people.
- ▶ We facilitated Virtual Visiting using iPad and phones across our wards.
- ▶ We communicated some of these measures in a poster on our website, across social media channels and with our staff in daily and weekly briefings to promote awareness.
- ▶ We created a Family Liaison Hub and Service which is detailed in the body of this report.

## Hearing and listening to the patient story

We continued to demonstrate our commitment to sharing patient stories at all levels throughout 2020-21 which included sharing stories at our monthly Trust Board meetings. These stories provide the opportunity to understand and learn from the patient experience and demonstrate how we are engaging with our patients and carers to continue on our journey of improvement together – these stories provide an opportunity to understand feedback and work together on solutions and ideas. Stories are shared in person or are pre-recorded as interviews or can be self-recorded short films for example.

During 2020-21 we welcomed 11 patient stories at the beginning of our Trust Board meetings, including Phil's story (below).

Phil spent a month at Worcestershire Royal Hospital at the end of March into April 2020. Phil's experience of Covid-19 and receiving care at Worcestershire Acute Hospitals Trust has been shared on Twitter and across local and national media. His "phenomenal experience" led him to name a police dog after our Trust – PD Royal.

Phil shared with our Trust how teamwork, the human touch and Putting Patients First saved his life. Phil's experiences have directly supported our understanding and development for how we can support families of loved ones at incredibly distressing and challenging times, amidst Compassionate Visiting and a continuing pandemic.

### The words below are Phil's own words.

*"It is important that correct information is shared with families at a time when they are desperate for news. My wife who is an ex-nurse and I understand and appreciate the busy nature of a ward; it is important that families do not feel excluded and that they are supported to feel confident that their loved one is receiving the very best care. I came into hospital near the beginning of the pandemic and in unusual, emergency situations like this, an additional role and pair of hands to focus on family support would significantly support the family at home and would help families to not feel like imposters. In the police force, Family Liaison Officers carry out a similar supportive role and if positioned on a ward could be responsible for ensuring that family members are kept updated, can answer the telephone to concerns and would provide a proactive approach with messaging".*



## Engaging with our local communities

### WeAreStories: working in new ways with our local community

We commissioned our first ever Poet in Residence, Ade Cooper who is also the Poet Laureate for Worcestershire to create a poem for this Annual Report.

We will be exploring a series of engagement project and events to develop our partnership with Ade and Worcestershire Lit Fest throughout 2021-22 to support patient and Carer experiences across our hospitals and to develop new ways to widen our community engagement.



*"I'm the first Poet in Residence at the Acute Hospitals Trust! I'm disabled and I see myself as part of a marginalised group. There are lots of groups out there from different sexualities,*

*ethnicities, disabilities, race, poverty and income levels – and a lot of these people may think poetry has nothing to do with them – my answer is that everyone's a poet but only some of us write it down.*

*"I want to try and make poetry as inclusive as possible and I'm really excited to be working with the Worcestershire Acute Hospitals in this exciting new project as Poet in Residence!"*

### Ade's poem that we commissioned for this Annual Report.

#### "Evolution"

*Times are strange:  
We've had to evolve, to change,  
To rearrange  
The way we care.  
But, one thing's for sure -  
At the heart, the core of everything  
we do is you.  
You're not "a patient", "a client"  
"a service user"  
You're an individual, a person  
With hopes, fears, dreams of your own,  
And although we've had to  
Change what we do, and how,  
each of us knows  
What to do, and we will do that- for you.  
The way we do things may have changed,  
but our care for you is still the same.*

## Engagement: continuing to work in partnership with our communities

At the start of the Covid-19 pandemic, 98% of our Volunteers were shielding, isolating or did not want to come into our hospitals and it was important to us to support these Volunteers, many of whom, had been supporting us for more than 10 years. We contacted all of our Volunteers by letter to find out how they wanted to engage with us and over the next 12 months we ran a multi-streamed engagement programme to connect with our Volunteers in a variety of ways, including virtual engagement programmes, telephone well-being check-ins, postal surveys and even a Christmas Zoom!

*“ Thank you for caring; my stress came back when I stopped volunteering. ”*

Volunteer, April 2020

Maintaining contact with our Volunteers directly supported with individual wellbeing and isolation and it was important to us to continue to explore how we could offer diversity in the way we communicated, engaged and promote active participation.

Our learning from new approaches will form a blue print for how we continue to engage moving forwards.

We also worked in new ways with our **Patient and Public Forum** who were used to meeting in person and carrying out audits on wards; we introduced monthly/bi-monthly Zoom/ Microsoft Teams meetings and facilitated virtual remote engagement events with unannounced

Quality Assurance reviews so that patient representatives could continue to directly engage and communicate with patients to assess patient experience.

*“ Talking virtually to patients is not the same as talking to them in person. However, it is still an effective way to reflect back to the Trust examples of good care and also ways in which the patient's experience could be improved. We look forward to the day when we can come in and see patients face to face. ”*

Rosemary Smart, Chair of the Patient and Public Forum

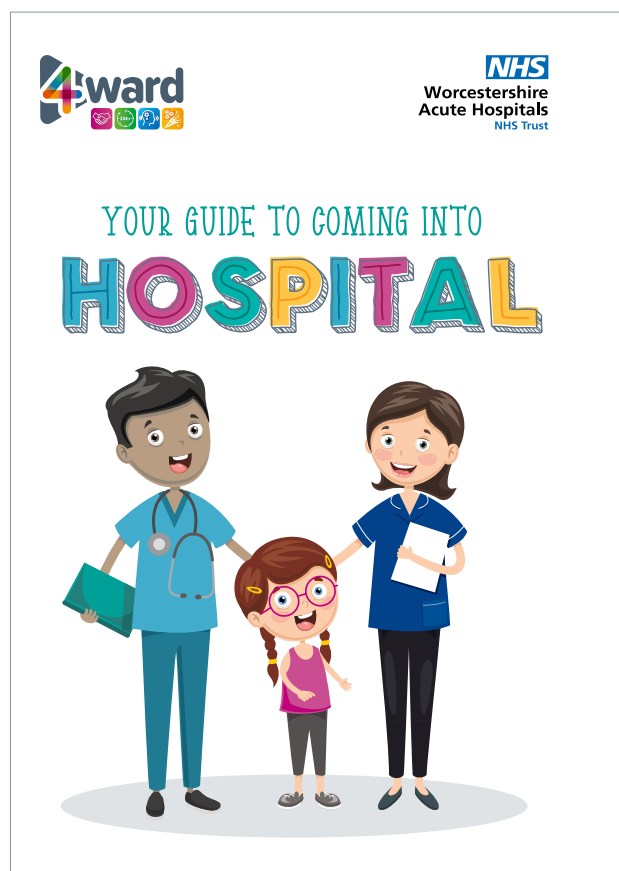
Our Patient and Public Forum members also actively participated in a variety of Trust meetings, steering groups, committees and staff interviews.

*“ It couldn't be business as usual, because of a global pandemic, but we were supported to still meet and progress, working in new and often creative ways to do this. ”*

Alan Richens, Vice-Chair of the Patient and Public Forum

The **Hospital Youth Forum** have worked on supporting improvements and new developments including giving their feedback to inform a new leaflet for children preparing to come into the hospital, to support with preparing children and their parents, carers or guardians with expectations and to alleviate anxieties.

The Youth Forum met virtually in July 2020 to talk about how they could support LGBT+ going forwards, following a survey by Healthwatch and they began to develop an awareness campaign. The group unanimously gave their early support to the Trust's developing #CallMe initiative as a tool to support communication, vulnerable patients, identity and dignity; an initiative they called "a no brainer"!



## Partners in care: #CallMe

In hospital, we use a number of ways to identify our patients – their NHS number, date of birth, hospital number and name. What we have done with #CallMe is to add another section to our patients' hospital identification wrist bracelets and name stickers, which can be completed with their preferred name or title.

We developed this brand new initiative throughout 2020-21.

The introduction of #CallMe is low cost, very simple and really important. We hope that it will give comfort and reassurance to patients that we respect their identity by addressing them with their preferred name and not assuming that they are most comfortable using their formal birth forename.

The idea started after an encounter with a patient that left both the patient and the Consultant Anaesthetist, Dr McCabe who spearheaded the project, embarrassed as the patient had opted to change their name, but this was not clearly recorded in their notes.

#CallMe treats every patient as an individual with compassion and courtesy. By making the effort to address a patient by their preferred name we send out a clear message that we respect them as individuals at a time when they may well be feeling particularly vulnerable.

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

## Equality and Diversity: the Patient and Public Experience

Our key improvements within the last 12 months include:

- Developing our #CallMe initiative ready to launch in June 2021.
- Widening our community engagement by “soft launching” our first Volunteering strategy #WeAreVolunteering together with our local community through a virtual engagement programme.
- Continuing to develop our ability to keep the conversation going with equality, diversity, accessibility and inclusion through Equality and Diversity committee meetings which include representation from the public as well as staff from Patient Experience and Engagement.
- Enabling the local community to have a voice that we listen to and actively engage in decision making together with our Patient and Public Forum and our Hospital Youth Forum – meeting virtually and collaborating on a number of projects across the year: our Hospital Youth Forum have supported our hospitals to change processes to ensure that young people are aware of their rights and choices with hospital appointments and have helped to change the way we label our menus to ensure that meal choices are clear and safe.
- We have continued to deliver dementia training across staffing teams and to support good communication by providing our key staff who work closely with older people and people with dementia with a yellow patient friendly name badge to ensure that patients, their relatives and carers know who is looking after them – the stimulating yellow colour can also support our patients and visitors with visual impairments.
- We have developed our Art in a Hurting Place project, led by our Chaplaincy team, who have continued to work with our local high schools in Redditch to provide art for the Alexandra Hospital. Building on the success of 2019-20, the League of Friends has kindly provided a number of display cabinets which will be “owned” by our local schools to raise awareness and understanding of “Care and Kindness” across the local community through a pro-active approach. In addition, four local schools are now providing art to display across the hospital.
- “Churches Together” are working with the Chaplaincy team to offer local support for loved ones of patients who may be at home on their own for the first time – this approach includes daily telephone calls

or visits. This provides additional support between the Chaplaincy, patients and loved ones at this difficult time.

- ▶ Helpline support – throughout 2020-21 the Chaplaincy team facilitated a 24 hour support line which was available for any patient, Carer, family member or friend in light of reduced presence on wards and with restrictions on general visiting in place. This support line was supported by dedicated Volunteers.

## Continuing to widen our community engagement

### #WeAreVolunteering at Worcestershire Acute Hospitals Trust

**Putting Patients First:** we created an integrated partnership for our staff, volunteers, the public, voluntary organisations and healthcare providers to work together to create our vision for volunteering. We were due to launch our strategy in 2021 but faced with a pandemic we wanted to work in new ways to support our existing Volunteers alongside creating new Volunteer roles to support our patients and our staff.

### Overview of our journey this year:

- ▶ We were successful in a series of funding applications to NHS England/Improvement to support us to create a series of new opportunities and responsive measures to support the patient experience, including Pandemic Response Volunteers who supported across our hospitals in staff Wellbeing shops, Wayfinder Volunteers

and we developed a new Patient Property Delivery Service.

- ▶ We ran a regular “keeping in touch” programme with all of our Volunteers which included regular wellbeing check telephone calls and we asked over 567 Volunteers how they would like us to communicate with them – everyone who opted for postal communication received regular information through the post.
- ▶ We continued to recruit young people to the Hospital Youth Forum and new members to our Patient and Public Forum.
- ▶ We ran a new recruitment campaign online and developed an App to support the many offers of help and support from across the local community – the successful recruitment drive enabled us to offer Volunteering in new locations.
- ▶ We delivered a series of engagement projects from June 2020 to support development of the Volunteer strategy.
- ▶ We received national recognition for our approach and achievements in Volunteering – including recognition on the Help force Wall of Fame.
- ▶ The Patient Experience and Chaplaincy teams worked together to support local foodbanks and distributed prayer squares and Dementia twiddle muffs.
- ▶ We developed an integrated partnership with the Herefordshire and Worcestershire Health and Care Trust and created joint quarterly newsletters to invite our community to engage with us.



- We continued to raise our profile and explore new ways to communicate – we shared stories during Volunteer Week and 8762 people saw our tweets and over 1000 people directly engaged with us.

## Interpreting and Translation

We continue to work with the companies AA Global and Action for Deafness to enable interpretation and translation for our local communities and in 2021-22 we will be exploring new ways to harness digital technology to offer enhanced services. We will be exploring new ways to engage specifically with our hearing impaired and Deaf community to ensure that we are addressing and meeting local need. We look forward to patient engagement events both virtually and face to face in 2021.

### Spotlight on translation:

During 2020-21 we provided translation services to **600 patients**, across **1376 assignments**. The most popular languages are as below:

Polish	34%
Romanian	14%
Bulgarian	8%
Portuguese	6%
Urdu	4%
Arabic	4%
Mandarin	3%
Punjabi	3%
Bengali	3%
Vietnamese	1%
Cantonese	1%

Slovak	1%
Italian	1%
Latvian	1%
Lithuanian	1%
Russian	1%
Spanish	1%
Hungarian	1%
Other	5%

### Our next steps:

We are working with our provider to bring in a new remote interpreting system in 2021-22 which will offer a dedicated system for language interpreting together with the following benefits:

- Accurate information keeping.
- Artificial Intelligence powered interpreter selection – ensuring that staff and the patient are connected with the most suitable and practical linguist.
- On Demand Video interpreting Service.

### Interpreting and deaf awareness in brief:

- We are developing new ways to engage with members of our local community who are Deaf or who have a hearing impairment.
- We have developed our partnership with Action for Deafness by creating new Key Performance Indicators to better understand service provision.
- We are co-producing a Top Tips Awareness pack to support deaf awareness at the Trust – started by a distanced, face to face meeting with a hearing impaired patient;

we are working in partnership to develop communication solutions to improve the patient experience.

## Overview of our work in Geriatrics and our support for those living Dementia

The Geriatric Emergency Service (GEMS) is well established and works with our

Emergency Department at Worcestershire Royal Hospital. Our GEMS is a multi-disciplinary team which is led by a Consultant Geriatrician who uses Comprehensive Geriatric Assessment. To date the team has been successful in discharging 30% - 40% of older patients with frailty home from the Emergency Department on the same day which avoids unnecessary admission to hospital.

Dementia Awareness e-learning training was added to the "Essential to Role" training matrix for all of our staff. This has now been completed by 86% of staff across our hospital sites.

**Amended ways of working:** the Dementia Team have developed a new Standard Operating Process since the start of the Covid19 pandemic and they now use a proactive model, aiming to see all patients with a known diagnosis admitted to hospital; as well as making direct contact with their family/Carers.

**Person Centred Care:** there have been some excellent examples of person-centred dementia care being delivered on our wards by specialist support teams.

It is clear that some areas are going above and beyond to improve the experience of people with dementia and their families. Some examples include:

- ▶ Ensuring patients in hospital on different wards are able to meet face-to-face.
- ▶ Contacting relatives at home so that people in hospital can be part of family celebrations.
- ▶ Arranging afternoon teas so that patients can socialise together.

Our staff have actioned all of this excellent care despite the challenges and restrictions that the pandemic have brought them.

## Engagement achievements

<p><b>Visually supportive name badges</b></p> <p>We are now developing a project to introduce “yellow badges” for all of our staff – to include our #CallMe staff preferred names</p>	<p>We have <b>appointed a Patient Experience Lead Nurse</b> who will develop a Learning Disability Steering group to provide recommendations for how we support people with learning disabilities at our Trust.</p>	<p><b>Listening to our community</b></p> <p>We invited the local community to engage with us in our #BigQualityConversation 474 people told us what matters most about their experiences in our hospitals and we used this to help us decide our priorities.</p>
<p><b>Eid Mubarak:</b> to celebrate Eid al-Fitr both of our main restaurants featured special menus to celebrate the end of the Ramadan fasting period. All food on the menu was Halal and included both vegetarian and non-vegetarian options</p>		
<p>We recruited our <b>largest number of volunteers under the age of 30</b> than ever previously recorded with over half of our new recruits studying at Sixth Form or University.</p>	<p><b>Patient and Relative Emotional Support line</b></p> <p>A 24 hours/7 days a week confidential helpline for patients, Carers and relatives was developed by the Chaplaincy team, in the absence of chaplaincy teams on wards alongside social distancing. Chaplaincy presence and Volunteers were still available in our hospitals but were reduced in numbers.</p>	<p>We <b>rebranded the quarterly Volunteering and engagement newsletter</b> and launched an accessible new-look, continuing to work with HWHCT on an integrated approach</p>



Putting Patients First  
**ward**

**NHS**  
Worcestershire  
Acute Hospitals  
NHS Trust

# THE BIG QUALITY CONVERSATION

Join the conversation to **share your experiences**  
in our hospitals and **help us plan for the future**

How effective was the care/treatment you received?

Help us to improve our services

100% Anonymous

How safe did you feel in our care?

Your feedback is important to us

Help us understand best practice

Voice your opinion



Visit: [surveyhero.com/c/ke9egvcj](https://surveyhero.com/c/ke9egvcj)  
Opens: February 2022 Closes: March 2022

Published January 2022



*Our volunteers delivered a significant number of crumpets!*

<p>Our Volunteers worked with us to <b>deliver over 7500 pieces of patient property in six months!</b> We continued to increase the amount of packages delivered month on month and extended the operating hours to include longer days and weekends</p>	<p>We received over <b>10,000 donations of Fortune Cookies and KIND Bars</b> for the Chinese New Year and our Volunteers helped us to deliver these across our hospitals</p>	<p>We made <b>new partnerships with local charities</b> Support Redditch and Girl Guiding to recruit volunteers</p>
<p>Over the Easter Bank Holiday weekend Volunteers worked with us to <b>deliver over 200 Easter eggs or hot cross buns to inpatients</b> over 200 deliveries across the 4 days.</p>	<p>Across the Mother's day weekend, our Volunteers <b>delivered 100+ items</b> for mums across our hospitals.</p>	<p>We set up <b>Pop up shops with our Volunteers</b> to give out over 12,000 Pot Noodles and Immunity Teas.</p>

## A spotlight on one of our Engagement Projects:

### Patient and Public Forum Quality Review of Complaint Responses

A Quality Review project in partnership between the Patient Experience team, Patient Services team and the Patient and Public Forum in 2020-21 analysed a sample of formal complaint responses produced by the Trust between 2018 and 2020. Examples of responses were shared with the Patient and Public Forum who provided detailed feedback.

A report was presented back to the Forum which looked at all the feedback and the review confirmed the benefits of quality improvements carried out by the Trust over the last three years and identified areas of good practice. Potential training and areas for development were also highlighted.

It has also confirmed the suspected shortfalls in the process surrounding the learning taken from complaints, and how this is shared and built on to facilitate process changes.

Recommendations from this review will be incorporated into the wider Complaints Action Plan for 2021-22, which is focused on the Complaints Standards Framework that is being piloted by the Parliamentary and Health Service Ombudsman; this framework emphasises a number of areas of focus including learning lessons from complaints.

#### What is happening next?

The Patient and Public Forum will now work with the Patient Experience and Patient Services teams to co-design the next Quality Review, which will become an annual process. Details of this review can be found in the Complaints and Patient Advice and Liaison Service Annual reports.

#### Learning from the feedback we receive

It is important that we learn, change, improve and evolve in response to the feedback we receive. The lessons learned and trends identified through monitoring data that we collect from compliments, PALS (Patient Advice and Liaison Service) concerns and complaints plays a key role in improving the quality of care received by our patients and their experience.

We invite the public to share feedback about their experience at our hospitals in a variety of ways, including; the Friends and Family Test, local and national patient surveys, at NHS.uk and the Care Opinion websites, through the Care Quality Commission, consultations, engagement workshops and focus groups and on our online social media platforms. We urge patients, relatives and carers to tell us of any concerns they may have to allow us to understand and make any improvements at the time. We understand that this can be difficult, but supporting patients, relatives or Carers to openly raise their concerns results in a better outcome.

The Trust receives thousands of compliments every year and staff are encouraged to record these. In 2020-21, our Trust recorded 2407 compliments from patients, carers, relatives and friends. This was a decrease of 65% from 2019-20 however this is to be considered alongside the pressures on clinical staff who record these compliments on our systems, the challenges of the Covid-19 pandemic as well as a reduced number of patient admissions, attendances and visitors in the Trust (due to Covid-19).

If a patient, relative or carer is concerned or dissatisfied with our service, it is important that

they feel comfortable and supported in raising any concerns. We provide a variety of ways to help people understand how to raise concerns and share feedback from online information, to ward leaflets. We aim to resolve any misunderstandings in a timely way or, if failings have occurred, we work hard to ensure that learning and improvements are implemented.

Worcestershire Acute Hospitals Trust is committed to resolving concerns at the earliest opportunity and this is often facilitated by a patient, relative or carer discussing their concerns directly with the service at Ward/Clinic level. The PALS Service is available to provide confidential advice, support and information to any patient, carer or relative on health related matters who may not feel comfortable raising their concern with the service directly, or where someone feels that their concern remains unresolved. The PALS team aim to resolve any concerns that are raised with them quickly and informally within 1 working day where possible. Where necessary, our PALS staff can support patients, relatives or carers to raise a complaint and provide the necessary support to begin that process.

During 2020-21 the PALS team took on additional staff to ensure that concerns or issues could be responded to in a timely manner, this supported an up to date, understanding of themes as they arose. The Trust set up meetings every day which “virtually” brought together staff to discuss and make decisions on everything from issues coming through PALS and the Complaints team and through social media channels as well as considering the latest advice on infection and control and Covid-19 pressures.

The Patient Lead Nurse works closely with the PALS team and is on hand to support with any concerns, especially those relating to accessibility, inclusion, diversity and/or equality.

The PALS team will begin the move to a Front of House Service in 2021 which will offer greater access and choice for people needing additional support and advice.

### **How We Responded to Feedback**

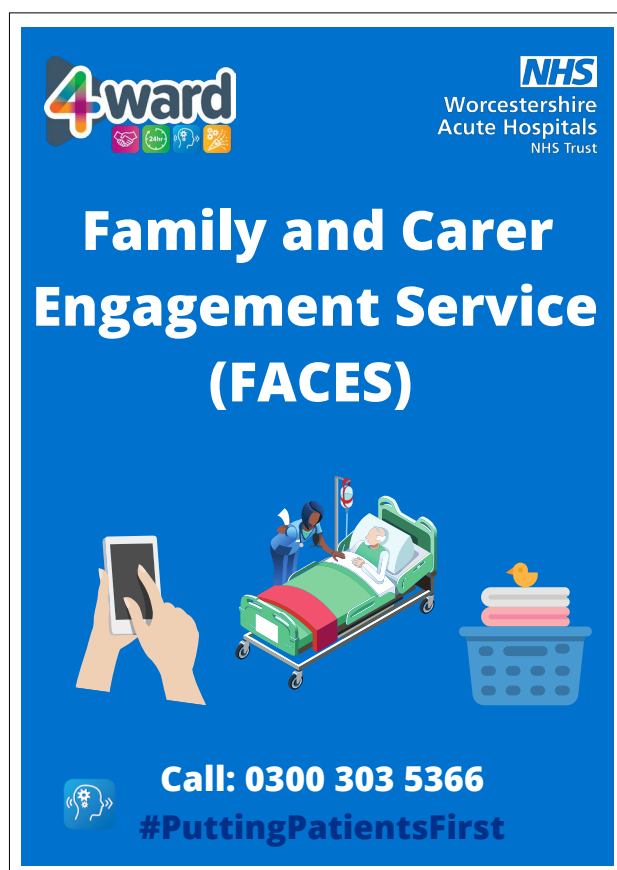
There was an increase in complaints received during 2020-21 regarding communication, from families and friends not being able to visit their loved ones and wanting to receive regular updates, as well as a rise in PALS concerns on the same subject. In response we set up the following:

- ▶ Visitor Restriction queries were supported by a range of communications which resulted in less concerns about uncertainty.
- ▶ The Patient Services Team expanded to support our capacity to answer queries about appointments and procedures when services were restarted after a pause due to the pandemic. This meant that we could respond to people contacting the service in a timely manner.
- ▶ We established a Family Liaison Service. The service ensured that families received timely updates about loved ones from nurse-led team who made contact on behalf of patients who could not access other communication methods, such as Virtual Visiting.

We set up FACES (Family and Carer Engagement Service) which provided a one key contact point with a designated telephone number and email contact for families to contact us directly for updates about loved ones. Alongside the Family Liaison Service, together these services provided a two way communication support model for relatives and Carers – this ensured that the families received vital updates on their relatives progress.

This model of offering an inward and outward-facing service resulted in a reduction in PALS concerns— no further PALS concerns or complaints were received.

The FACES team, managing external patient enquiry phone calls, which supported patients, their families and also released clinical time to ward staff. The service supported Medical and Surgical inpatient wards at both Worcestershire Royal Hospital and the Alexandra General Hospital.



The service was available for well-being general check-up (non-clinical) enquiries and the team worked closely with Family Liaison Nurses in the Family Liaison Hub, by sharing relevant information to make sure that family and Carers received an update in a timely manner.

### What people said:

Patients in our hospitals shared that they knew their families were updated swiftly, with up-to-date information about their wellbeing and this supported peace of mind. This service helped patients feel more connected to their loved ones during visiting restrictions which we put in place to support the Covid-19 pandemic response.

“ *My mum has been in @WorcsAcuteNHS Royal Hospital since Saturday. She's very poorly, alone and I feel utterly helpless but I'm so grateful for the wonderful Patient Relations Team who've been arranging FaceTime calls and keeping me updated.* ”

We received feedback through NHS.uk which demonstrated a positive response to new measures implemented during Covid-19, including:

- ▶ Visual online assessment.
- ▶ Infection control.
- ▶ Confidence in uncertain times.
- ▶ Clear communication.
- ▶ Supporting patients to feel safe.

We shared all positive patient feedback received by email, online and from Friends and Family text messaging in 2020-21 on posters and we distributed these to ward areas and clinics.

## Our next steps

We became aware that ward staff were in many cases were unfamiliar with using iPads and connecting families virtually. Many people were using the term “Facetime” as a generic term which was creating confusion and barriers to connect families – as a result we created clear guides and communication for our staff and the public.

The Family Liaison Service will be showcased in July 2021 at our Trust Board and will be followed by a detailed review which will be completed 2021-22 to fully understand the impact and to increase our understanding of steps that the Trust can take going forwards to ensure that all loved ones can receive timely updates and information in a way that is accessible for them.

Formal complaints are supported by our Patient Services team and staff across the Trust and our learning supports quality improvements. It is important for us to learn, change, improve and evolve in response to complaints.

The lessons learned and trends identified through the monitoring data we collect from complaints plays a key role in improving the quality of care received by patients and their experience.

## Formal Complaints Overview:

The Trust received **438 formal complaints** in 2020-21; this was a **25% reduction** from **565 formal complaints** in 2019-20.

In the financial year 2020-21, five formal complaints related to discrimination and equality.

This breaks down to:

- ▶ Two complaints were received about racial discrimination.
- ▶ Two complaints were received about disability discrimination.
- ▶ One complaint was received about age discrimination.

Themes and learning from complaints by Division (areas across our hospital) is highlighted in bi-monthly Divisional reports into the Patient, Carer and Public Engagement Steering Group (which commenced in September 2020). This provides space to discuss themes and learning and spotlight good practice. Learning is also shared in local area meetings.

## Ethnicity of Patients

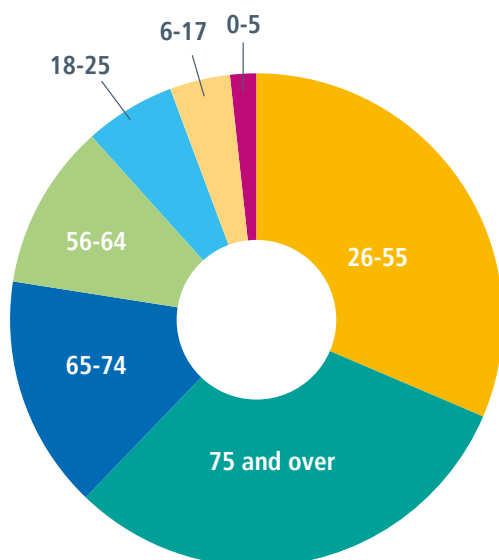
Ethnicity	Percentage
White - British	94.2%
White - other white	1.2%
Pakistani	0.5%
Indian	0.25%
Other Asian	0.25%
Black Caribbean	0.25%
Other Black	0.25%
Not stated	3.1%

The large majority of the patients in 2020-21 who formally submitted a complaint were White-British or White-Other, reflecting the county's demographic profile. Aside from those who did not state their ethnicity, 2.7% of complaints were from patients/on behalf of patients from other ethnic backgrounds.

These proportions correlate with the patient demographic data of complaints received at the Trust. Complaints leaflets and information is available in different languages and formats.

## Age Band of Patients

### Complaints by Age



The majority of complainants were in the 26-55 and 75+ age band with 135 and 134 complainants respectively, representing 62% of the total. The fewest complaints related to those made by 0-5 years and 6-17 years (5.55%).

Information is available across the Trust inviting patients, their Carers, friends and family to share concerns or complaints; this includes posters in Children's departments about Young People's Rights which are displayed in clinics and on wards to ensure that everyone is aware that they have the right to share a concern or complain about their experience or treatment regardless of age. As information displayed on walls and in leaflet racks has been reduced during Covid-19, we have focused on promoting our PALS service which can provide timely advice and guidance for all patients, Carers, family and friends.

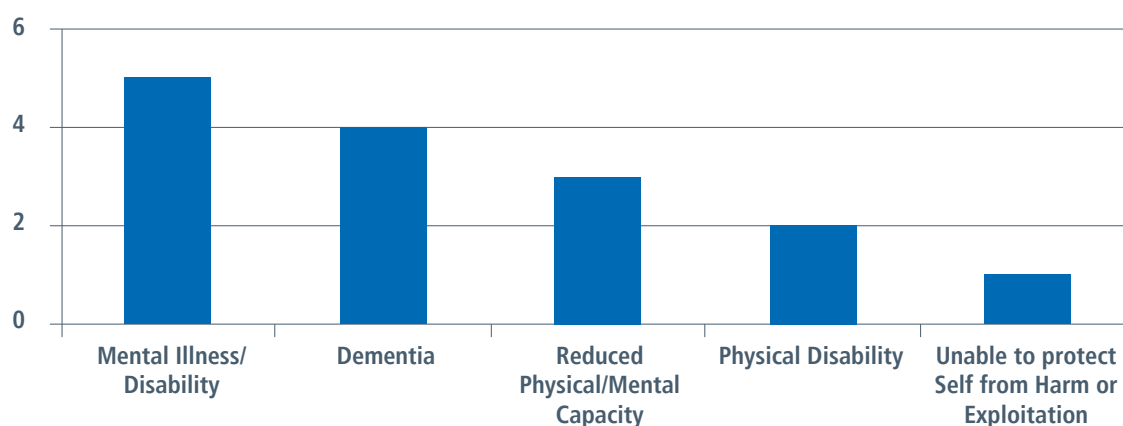
### Moving forwards:

The new Front of House PALS Service will support patients, carers, visitors, family and friends of all ages to share and raise concerns on site for 'on the spot' resolution. This service will be supported by our Patient Experience Lead Nurse and based at Worcestershire Royal Hospital.

## Vulnerable Adults

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

## Vulnerable Adult code for person who is subject of a complaint





Complaints regarding vulnerable adults are shared with the Trust's Learning Disability Steering Group for further discussion and learning.

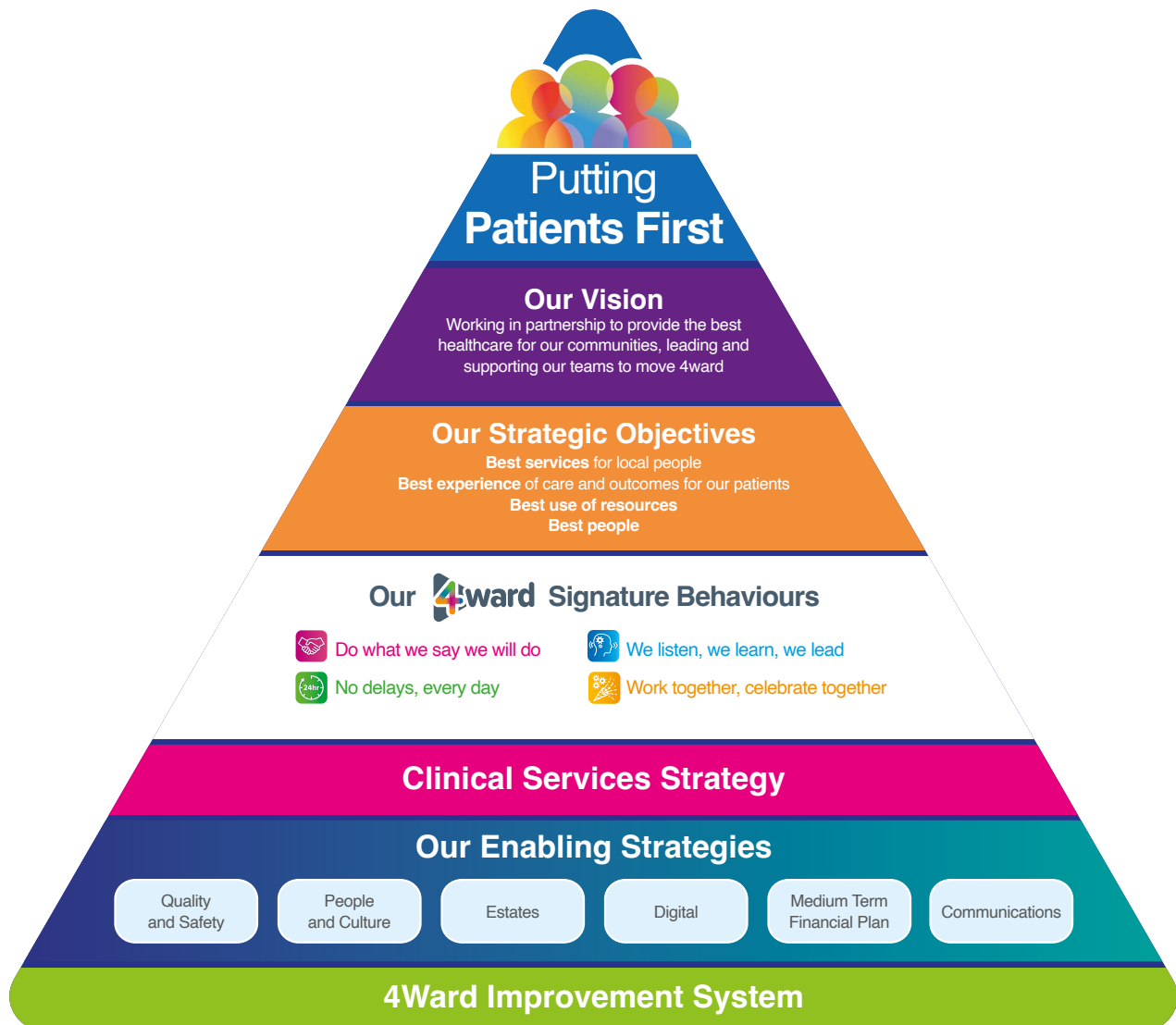
## **Informal Resolution**

The Trust continues to support, train and equip staff with the skills to resolve concerns locally where possible. After an initial reduction in complaints and PALS concerns between April and June 2020, numbers have steadily returned to pre-Covid-19 levels.

It has been crucial for all staff around the Trust to resolve as many concerns informally or via the PALS process; the Patient Services Team supported Trust staff to resolve 18.4% of complaints informally across the year (increased from 17% in 2019-20). Staff awareness of the Patient, Advice and Liaison Service and actively engaging with patients and Carers for feedback via the Friends and Family Test also supports open communication and learning from concerns.

The Patient Lead Nurse who began employment in 2021 will support the Trust to continue to improve accessibility of information for patients by learning from feedback and complaints and will provide new mechanisms to support conversations to share learning – this includes a new Learning Disability Steering group and a greater engagement with national benchmarking in Learning Disability standards for example.

## 8. Our Strategy



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

### Putting Patients First - Our Vision

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

### Our 4Ward Signature Behaviours

Our 4ward behaviours are now well recognised amongst our staff and patient representatives; our patients and visitors are also now getting to know them too. This was demonstrated when the public told us that they were aware of a positive change across the hospitals, when we asked about their experiences of care during our "Quality Account consultations" in 2018 and 2019.



Putting Patients First



**Our 4ward behaviours are:**



Do what we say we will do



No delays, every day



We listen, we learn, we lead



Work together, celebrate together

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

## Our People and Culture Strategic Aims:

### An Engaged Workforce

Whilst every domain of the strategy is important, improving staff engagement will be most powerful in supporting sustainable transformation.

A more engaged workforce will enable the achievement of our purpose of putting patients first but more importantly will allow colleagues to work as 'one Trust' despite being based in different services and at different sites.

Our aim is that colleagues:

- ▶ Are proud to work for the Trust, acting as ambassadors for our services and as an employer of choice.
- ▶ Role model our signature and leadership behaviours and demonstrate these
- ▶ Are engaged in shaping the services we provide and our culture.
- ▶ Feel they have a voice and are engaged in the key decisions of the Trust.
- ▶ Have an equitable opportunity to maximise their potential /develop.

### A Skilled Workforce

To deliver and continually improve the quality of our services, we need a diverse skilled workforce which is continuously developing, sharing knowledge (working as one Trust) and learning from others.

Our aim is that:

- ▶ We will be a desirable employer attracting, developing and retaining a skilled workforce
- ▶ We will work collaboratively with partner organisations and through working as 'one Trust (Alliance) ' will develop new and existing roles to meet workforce supply constraints and changing service needs while supporting colleagues with the knowledge, skills and confidence to operate in a dynamic environment.
- ▶ We will be experts in our own professional areas and will maximise our opportunities to develop our broader transferable skills and experience.

- ▶ We will take ownership of our own professional and personal development which will be supported through a variety of innovative and flexible educational and development pathways.
- ▶ We will further develop our IT skills to release time to care.

## A Supported Workforce

Due to the Covid-19 pandemic one of the biggest challenges facing the NHS is workforce resilience, capacity and wellbeing.

Our aim is that:

- ▶ Colleagues will be attracted to work for the Trust because of our staff attraction, reward and development offer.
- ▶ Colleagues are supported to maintain their health and wellbeing with a focus on prevention.
- ▶ We are seen as a flexible employer supporting colleagues at the different stages of their career and personal lives.
- ▶ We are seen as inclusive, trusting and responsive.
- ▶ We reflect and learn from the pandemic.

## 9. Moving 4ward on our journey of improvement

### Ensuring that we continue to learn from and work with others: WeAreStories

Over the coming 12 months we will continue to embed developments that we progressed in 2020/21 alongside our learning from the Covid-19 pandemic. We will continue to recognise and celebrate innovation to provide solutions to improving patient experience and we will develop ways to celebrate innovation and share good practice to inspire our staff and our local community. We recognise that there will be ongoing challenges with a global pandemic and we will continue to ensure that we provide a clear focus across inclusion, diversity, equality and accessibility.

Specifically we will be focusing on:

#### Seldom Heard Voices:

- ▶ We will continue to work with our Hospital Youth Forum and through co-production provide a meaningful mechanism to orchestrate positive change as a result of feedback and collaboration with service users. We recognize challenges in the current pandemic and we will explore new ways to grow the group and provide opportunities for engagement.
- ▶ We will develop a Learning Disability steering group to provide a space to bring together staff, Volunteers, Service Users and community groups which will feed into the Patient, Carer and Public Engagement steering group. The Learning Disability

steering group will develop an annual work plan through co-production with service users and will ensure best practice across the Trust.

- ▶ We will develop new ways to engage with our local community to ensure that our patients share positive experiences of care at our hospitals and are enabled to actively work with where improvement can be made – our approach will be to champion personalized care and diversity, providing good communication for every patient.

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

- ▶ We will consciously support the increase the “reach” of this group, focusing on recruitment and networking
- ▶ We will continue to ensure active representation is maintained at all levels building on operational and cultural developments – we will develop the way we work with committees and groups, support our staff to develop best practice with our Patient Representatives and provide access to decision makers at all levels at the trust to progress solutions to issues, promote partnership working and share good practice
- ▶ We will continue to support the group to lead on and engage in new ways with patients and staff, embracing digital possibilities

## Developing new ways of engaging with the public

- ▶ We will embrace technology and build on our learning in the pandemic, continuing to engage with patient representatives, members of our community and patients in new ways. We will launch AccessAble Guides which were developed during 202-21 and explore ways to gain feedback from the community about the effectiveness of this supportive tool
- ▶ We will increase our engagement specifically with those who are Deaf and hearing impaired to better understand how current service provision meets their needs and we will develop co-produced projects to deliver quality improvements from this learning

## Increasing opportunities to widen our reach

- ▶ We will continue to develop an integrated approach to Volunteering to increase Volunteering opportunities across the hospital, widen recruitment and the profile of volunteers. We will continue to attract Volunteers who have not traditionally Volunteered at the trust before and we will support previous Volunteers to continue to engage with us in a variety of ways. We will launch our "Adopt a Volunteer" programme to demonstrate value to our Volunteers, building on our Volunteer Strategy #WeAreVolunteering .

We would like to hear from anyone who would like to work with us in any area of our work.

**For more information**  
please contact

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