

## Board of Directors

## Report

**Subject:** Diversity and Inclusivity Annual Report  
**Date:** Thursday 27 February 2014  
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**Lead Director:** Karen Fisher – Executive Director of Human Resources

### Executive Summary

The purpose of this Diversity and Inclusivity Report is to provide the Board of Directors with an update on the achievements, progress and developments in relation to the Diversity and Inclusivity agenda.

The report details the work that has been completed and will progress to ensure the Trust continues to meet the requirements of the Equality Act 2010 and the Public Sector Duty.

The report highlights five key Objectives for 2014, which include but are not limited to the following;

- Ensure the publication duties as outlined by the New Public Sector Duty are adhered to.
- Undertake further analysis of data for service users, workforce and training data, to establish underlying trends and issues and take action where necessary.
- Continue to implement the Diversity and Inclusivity training for all staff.
- Engage with the local community, patients and employees to grade the Trust against the EDS2 goals and publish the self-assessment by 30<sup>th</sup> December 2014.
- Review the Trust EDS Objective action plan in line with the self-assessment and update where appropriate.

### Recommendation

The Board are asked to note the Diversity and Inclusivity activities undertaken in 2013 and note the priorities for 2014.

### Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve equality for all
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators and meet equality legislation. Provide evidence base to the decisions the Trust makes via engagement with service users and staff.
Attract, develop and motivate effective	Embrace diversity ensuring individuals

<b>teams</b>	<b>are recruited in terms of their ability to provide the best care rather than on any other attributes.</b>
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<b>Links to the BAF and Corporate Risk Register</b>	No impact
<b>Details of additional risks associated with this paper</b> <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	No impact
<b>Links to NHS Constitution</b>	NHS pledges to patient/service users and staff
<b>Financial Implications/Impact</b>	No impact
<b>Legal Implications/Impact</b>	No implications
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	Public and staff engagement to provide evidence base on Trust decisions. Public and staff engagement to implement the EDS 2.
<b>Committees/groups where this item has been presented before</b>	Diversity and Inclusivity Committee
<b>Monitoring and Review</b>	The Organisational Development and Workforce Committee, Trust Management Board
<b>Is a QIA required/been completed? If yes provide brief details</b>	No

# **Diversity and Inclusivity**

## **Annual Report**

**October 2013**



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# **SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST**

## **BOARD OF DIRECTORS**

### **Diversity and Inclusivity Annual Report October 2013**

#### **1.0 Background**

This report provides the Board of Directors with an update on the achievements, progress and developments in relation to the Equality and Inclusivity agenda. It once again has been a busy and challenging year in the equality arena. The Diversity and Inclusivity Committee has continued to take forward the Equality and Diversity agenda by consolidating its work strategically across the organisation, thus ensuring equality legislation is embedded within the organisation while also working at operational levels within the Divisions and Corporate areas.

Sherwood Forest Hospitals NHS Foundation Trust is committed to providing an environment where all staff, service users and carers enjoy equality of opportunity. The Trust understands the importance of being compliant with the equality legislation and acknowledges the benefits and contribution that managing equality and diversity makes to the achievement of its business objectives in the areas of employment, service planning and service delivery.

Promoting equality, embracing diversity and ensuring full inclusion for people who use our services is central to the vision and values of the Trust. Promoting equal opportunities, preventing discrimination and valuing diversity are fundamental to building strong communities and services.

The purpose of this report is to highlight the activities that have taken place in 2012/2013 and monitor the work being undertaken to achieve the Trust's equality objectives.

#### **2.0 Organisational**

##### **2.1 Diversity and Inclusivity Committee**

The Trust delivers the diversity and inclusivity agenda via a Diversity and Inclusivity Committee. This committee meets bi-monthly and reports to the Workforce Committee. There is a nominated Executive and Non Executive lead for diversity and

inclusivity. To ensure there is a partnership approach to all aspects of the diversity and inclusivity agenda, there is also a nominated staff side lead.

The purpose of the Diversity and Inclusivity Committee is to support activities within the Trust to ensure that the statutory board responsibilities and obligations under law relating to equality and diversity are met.

The committee provides an annual report to the Board of Directors which agrees the Trust's priorities and actions to be delivered.

## **2.2 Trust Compliance with the Equality Act 2010**

### **2.2.1 The Equality Duty**

The Equality Act (2010) places an Equality Duty on public bodies such as the Trust which encourages us to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve.

The Equality Duty consists of a General Duty with three main aims. It requires the Trust to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Act
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means that we must take account of these three aims as part of our decision making processes; in how we act as an employer, how we develop, evaluate and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others. The general duty is also underpinned by a number of specific duties which include the need for us to:

- Set specific, measurable equality objectives;
- Analyse the effect of our policies and practices on equality and consider how they further the equality aims;
- Publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis.

### **2.2.2 Specific Duties**

The Equality Duty is supported by specific duties, set out in the regulations which came into force on 10<sup>th</sup> September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific measurable equality objectives. All information must be published in a way which makes it easy for people to access.

The information published must include;

- Information relating to employees who share protected characteristics (for public bodies with 150 or more employees); and
- Information relating to people who are affected by the public body's policies and practices who share protected characteristics (for example, service users).

However it is up to each public body to decide itself who information it publishes to show its compliance with the Equality Duty.

### **2.2.3 Publication Duties**

The information must be published on an annual basis.

The Trust has published;

- **Workforce Figures**

The information published on workforce figures identifies information in relation to the Trust's workforce and protected characteristics as defined by the Equality Act 2010. For example the Diversity Workforce Information 2012 is a report on the Trust workforce as defined by each protected characteristic.

- Diversity Workforce Information 2012
- Employment Process Data from April 2009 – December 2012
- Training and Development Inclusivity Report December 2012
- Staff Survey Summary 2011

- **Patient Figures**



As part of the Equality Act 2010 information in relation to patients and protected characteristics must be collated and published. The patient figures published reports which are related to patients and particular protected characteristics. For example Information captured on protected characteristics January 2013 identifies attendances to the hospital by protected characteristics as collected via the PAS system.

- Annual Complaints Report 2011 – 2012
- Information captured on protected characteristics January 2013
- Membership data May 2012
- SFH Membership breakdown January 2013
- Outpatients Department Survey (CQC) 2011
- Patient Experience Section July 2011
- Patient Survey Report 2011
- What our patients are telling us

- **Organisational Information**

Organisational information publishes information about the organisation which supports how the Trust is meeting the needs of the Equality Act 2010. For example the Equality Act 2010 states that public bodies must publish equality objectives every 4 years. Hence the Trust has published Equality Delivery Scheme (EDS) Objectives Plan 2012 – 2016

- Community in Unity Booklet
- Disabled Access 2011 – 2012
- Diversity and Inclusivity Working Group Annual Report 2010/2011
- Domestic Abuse 2011 – 2012
- Dying Matters 2011 – 2012
- Equality Delivery Scheme (EDS) Objectives Plan 2012 – 2016
- Equality Impact Assessment process

- Equality Impact Assessment Report January 2013
- Equality Scheme Action Plan 2012 - 2016
- Equality Scheme 2011 – 2015
- Interpretation Services Report
- Learning Disabilities Statement 2013
- Nursing Times Award 2011 – 2012
- Same Sex Accommodation Declaration
- SFH Translation Report Jan – Dec 2012
- Transport 2011 – 2012
- Vulnerable Adults Statement 2013

- **General Information**

General information has been published so staff, patients and the general public can gain information in relation to protected characteristics and the NHS.

- Religion of Belief – A practical guide for the NHS
- Sexual Orientation – A practical guide for the NHS
- The gender and access to health services study
- The secretary of state report on disability equality
- Trans – A practical guide for the NHS
- Transgender experiences – Information and Support

### **3.0 Equality Delivery System (EDS)**

The EDS was commissioned by the (former) Equality and Diversity Council, chaired by Sir David Nicholson, Chief Executive of the NHS.

The EDS is a tool kit that can help NHS organisations improve the services they provide for their local communities, consider health inequalities in their locality and provide better working environments, free of discrimination, for those who work in the

NHS. The purpose of the EDS is to drive up equality performance and embed it into mainstream NHS business. It has been designed to help NHS organisations, in the current and emerging NHS structures to meet:

- the requirements of the public sector Equality Duty
- equality aspects of the NHS Constitution
- equality aspects of the NHS Outcomes Framework
- equality aspects of CQC's Essential Standards
- equality aspects of the Human Resources Transition Framework

The Equality Delivery System (EDS) was rolled out to the NHS in during 2011. The design and implementation of the EDS was independently evaluated in November 2012. Based on this evaluation and recent discussions with a selection of NHS organisations, it was proposed to refresh the EDS.

The refreshed EDS, known as “EDS2” has now been published. It includes performance goals, a core set of outcomes and a more streamlined grading system; and it encourages organisations to use it flexibly and to embrace key local health inequalities.

### **3.1 Implementation**

There are nine steps that NHS organisations should consider taking when implementing EDS2, there are as follows:

1. Confirm governance arrangements and leadership commitment
2. Identify local stakeholders
3. Assemble evidence
4. Agree roles with the local authority
5. Analyse performance
6. Agree grades
7. Prepare equality objectives and more immediate plans
8. Integrate equality work into mainstream business planning
9. Publish grades, equality objectives and plans

The steps are inter-related and, by and large, sequential and are important but good governance linked to mainstream business, inclusive engagement with a wide range of stakeholders, and the use of a range of evidence and insight provide solid foundations for successful EDS2 implementation.

### **3.2.1 EDS and Sherwood Forest Hospitals NHS Foundation Trust**

In 2011 and 2012 the Trust held a number of engagement events with both staff and patients to commence the grading process in relation to EDS. The engagement events included workshops with managers, a stall was put in the KTC which provided information to staff and patients about EDS and allowed staff and patients to grade the Trust's performance in relation to the 18 outcomes.

With the implementation of EDS 2 the Trust are in the process of developing a number of engagement activities to ensure the Trust assess itself against the core set of outcomes and grading system. This will include;

- Workshops with managers – April 2014
- Workshops with staff – May 2014

The following activities will take place to ensure the Trust publishes a robust assessment;

- Engagement events with individual staff groups – May/June 2014
- Engagement with existing forums including Joint Staff Partnership Forum, Local Negotiating Committee, Council of Governors etc. – June/July 2014
- Engaging with existing patient and community forums – July/August/September 2014
- Developing a patient grading panel – 1<sup>st</sup> October 2014

The timescale of completion of the final grading to be published will be 30<sup>th</sup> December 2014.

## **4.0 Equality Impact Assessments**

### **Marshall's ACM Equality Impact Assessment Toolkit**

Equality Impact Assessment is the detailed and systematic analysis of the potential or actual effects of a policy, procedure or process, which is carried out in order to establish

whether the policy, procedure or process has a differential impact on different groups of people. The aim of Equality Impact Assessment is to eliminate discrimination and produce positive outcomes for equality.

The Trust has agreed that no policy/procedure etc can be approved until an Equality Impact Assessment had been carried out.

There has been a significant number of Equality Impact Assessments carried out over the last 12 months. The total number of policies completed on the Equality Impact system has increased by 119 since November 2012.

The table below identifies the total number of Equality Impact Assessment carried out to date and that there has been good progress made in terms of Equality Impact Assessment being carried out.

### **Equality Impact Assessment Report**

<b>Department</b>	<b>Total Number of Policies</b>	<b>Number Mapped</b>	<b>Number Screened</b>	<b>Number Impact Assessed</b>	<b>Number Completed</b>
<b>Central Services</b>	263	95	42	32	94
<b>Diagnostic and Rehabilitation</b>	136	11	77	6	42
<b>Corporate Services</b>	10	1	0	2	7
<b>Emergency Care and Medicine</b>	111	13	16	2	80
<b>Planned Care and Surgery</b>	308	16	34	10	248
<b>Total</b>	828	136	169	52	471

(Marshall's ACM Equality Impact Assessment Toolkit January 2014)

## **5.0 Analysis of Data**

### **5.1 Workforce Information**

See Appendix 1

## ***Age***

In 2012/13 the highest populated age group continues to be 45 – 49. This is important to note to ensure succession planning commences to prepare for the effects of the individuals in this group moving to the next age bands and subsequent retirement.

In 2012/13 there is a small increase in people aged 20 and under, but on the whole the age demographics continue to remain static, with a typical distribution across the age ranges.

## ***Gender***

In 2012/13 the female workforce accounts for 80.38% of the total population of the workforce, this is a small increase when compared to the previous years figures. Male headcount decreased slightly compared to the previous year, however the position continues to remain relatively static compared with the previous year.

## ***Ethnicity***

In 2013/12 the ethnicity composition continues to remain stable when compared with the previous year. The majority of the workforce is White British (88.00%).

## ***Disability***

Last year the data indicated 82.29% number of individuals who did not wish to disclose their disability status, and was identified as an area to improve and encourage people to be comfortable enough to share this information. Although there continues to be 82.29% who do not wish to disclose this information, positively the number of people stating that they do or do not have a disability has increased which is encouraging. 0.93% have identified themselves as having a disability compared to 16.78% who identify themselves as not having a disability.

In summary the gender profile for the Trust reflects the NHS which nationally has 80% female workforce composition. In terms of the ethnic make up of the workforce the 2011 census, according to the Office of National Statistics, identified that Sutton in Ashfield has a 93.9% of its population is White British. As a result the workforce figures in relation to ethnicity suggest the Trust embraces diversity and employs staff from different ethnic backgrounds.

According to the Office of National Statistics 19% of the working population has a disability. Only 0.93% of staff have identified that they have a disability. Further work needs to be completed to identify why staff are reluctant to identify if they have a disability. As a result work will be conducted with the Workforce Information Manager to identify why staff will not identify this information. This work will be completed by September 2014.

## 5.2 Membership

### 5.2.1 Membership breakdown

Public membership stood at 21,920 on 1 January 2013; however, by 31 December 2013 membership had dropped by 3% to 21,228 following a data cleanse and leavers.

<b>Membership</b>	<b>Public members at 31/12/13 (total 21,243)</b>	<b>Eligible</b>	<b>Index</b>
<b>Age</b>			
0-16 years	3	57391	1
17-21 years	683	278248	54
22+ years	18,977	4350117	96
<b>Ethnicity</b>			
White	19,284	4219523	100
Mixed	32	83349	8
Asian	100	282655	7
Black	46	76254	13
Other	12	23975	11
<b>Gender</b>			
Male	7,836	2329271	74
Female	13,169	2356485	123
Transgender	0		
<b>Recorded disability</b>	2,397	NA	NA

The membership officer and the membership and engagement committee (M&E Committee) of the Council of Governors analyses its membership on a regular basis to ensure that it is representative of the local community and that the recruiting activities are targeting those groups who are underrepresented. A membership breakdown report is analysed by the M&E committee. Areas of growth or decline are highlighted and the breakdown assists the committee in planning the future recruitment and engagement of members.

### **5.2.2 How we engaged with our members during 2013**

The Trust held a number of information and educational events during 2013. The aim of the events is for members and the public to receive information about conditions and services, to ask questions and to provide feedback. Member events held in 2013 were:

- Sepsis – King’s Mill
- Breast cancer awareness - Newark
- ‘Movember’ men’s health - Newark
- Lung cancer awareness – King’s Mill
- ‘Inside your body’ organ donation event – King’s Mill

The events are open to all our members and their friends and we ensure all conference facilities are accessible.

A programme of member events is being planned for 2014 to include dementia, sleep disorders, ankylosing spondylitis and emergency lifesaving skills training in collaboration with EMAS.

Other membership recruitment and engagement events which have taken place have included:

- Annual Members’ Meeting/Annual General Meeting
- Mega Lungs in Newark market place and King’s Mill main entrance
- Information stands at Mansfield & Ashfield and Newark & Sherwood CCG  
Annual Public Meetings



- Party in the Park in Alfreton
- Hornby Plantation Family Fun Day in Mansfield Woodhouse
- Ashfield Festival in Sutton
- Patient communications and engagement strategy workshops in Newark - 2 sessions held
- Membership recruitment stands at King's Mill and Newark Hospital
- In Your Shoes listening events as part of the quality for all campaign
- Membership recruitment stands in Kirkby, Sutton and Alfreton libraries

### **5.2.3 Best Magazine**

The Trust produces a magazine called 'Best' for our members which is distributed three times a year via email and post. Large print copies can be requested by contacting communications. The magazine has proven to be an excellent tool to communicate with our members and is often the main reason why our members choose to sign up to the membership scheme.

## **5.3 Staff Survey**

### **5.3.1 2012 NHS Staff Survey**

The Trust participated in the 2012 annual NHS staff survey. The NHS Staff Survey is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution.

The response is monitored by Quality Health and the Trust received weekly updates. Quality Health sent out a first and second reminder to those staff in receipt of a staff survey questionnaire that have not completed and returned the questionnaire.

### **5.3.2 Results/Findings**

The 2012 national staff survey outcomes in relation to diversity and inclusivity were identified as;

1. *Key finding 27 % of staff having equality and diversity training in the last 12 months.*
  - Trust score 2012 48%

- Trust score 2011 36%
  - National 2012 average for acute trusts 55%
2. *Key Finding 27 % of staff believing the trust provides equal opportunities for career progression or promotion*
- Trust score 2012 90%
  - Trust score 2011 92%
  - National 2012 average for acute trusts 88%
3. *Key Finding 28 % of staff experiencing discrimination at work in the last 12 months*
- Trust score 2012 8%
  - Trust score 2011 11%
  - National 2012 average for acute trusts 11%

### **5.3.3 Action Plan**

In 2013 a number of improvements have been implemented to support the improvements of key findings 27 and 28. This has included the following

- Incorporating a diversity and inclusivity section into its mandatory update training programme.
- Implementation of a new exit interview process to enable analysis and identify areas and departments that require support and improvement.
- Implementation of the Liberating the Talent BME Plus to support staff from protected characteristics in terms of their career progression.
- Revising the Human Resources Trust Induction presentation to give clearer explanations and expectations in terms of staff behaviours and diversity and inclusivity.

## **6.0 Human Resource Activities**

### **6.1 Training and Development**

During a year of continued change and challenge within the Trust and an on-going evolution of the NHS landscape locally and nationally, training, education and development remains a definitive part of the Trust's strategic vision.

Training, education and development continue to be acknowledged as a key driver in equipping the Trust's workforce with the knowledge and skills to deliver the very best in patient care and improve organisational effectiveness. Training, education and development also forms an essential foundation in supporting the Trust's patient safety, clinical governance and risk management infrastructures.

The department's wealth of expertise and commitment to continuing to improve the quality and breadth of the services it delivers in order to contribute to the high quality of patient care delivered by the Trust's workforce is resolute. Our ability to adapt to change and the 'can do' attitude of the department continues to drive our services to the next level and to realise our vision to become a centre of educational excellence.

During 2012/2013, under the leadership of the Deputy Director of Training, Education and Development, the Department has achieved many notable and continued successes:

#### Best Care

- Training and education has contributed to the development and success of several Trust wide initiatives designed to improve standards in patient care.
- Development of specialist training courses, such as dementia awareness and nurse led clinics, to equip staff with the knowledge and skills to deliver high quality patient care.
- Innovative mandatory training programmes to maintain staff's professional care skills.

#### Best People

- Continuation of high levels of success of staff achieving nationally recognised qualifications.
- Development of the Trust's Leadership and Management training portfolio has played an important part of equipping managers to lead and to deliver high quality patient care.
- Continued above national average ratings in the staff satisfaction survey relating to staff accessing relevant training opportunities.

## Best Place

- Continued regional reputation for the quality of medical, pre-registration nursing and resuscitation training and education.
- Significant increase in widening participation activities, most notably the 133% increase in work experience placements, which has increased the Trust's local reputation.
- Continuation of high profile national and regional events being held in the Education Centre.

In 2012/2013, 41,286 instances of training were recorded by the department compared to 21,872 instances in 2011/2012. This represents an increase of 89% of recorded training instances on the previous year. The total number of training events delivered across the Trust also increased by 6% from 2,106 in 2011/2012 to 2,227 in 2012/2013.

In the last 12 months a total of 1,047 have received Equality and Diversity related training. From April 2012, the department has incorporated a diversity and inclusivity section into its mandatory update training programme. This has resulted in all clinical staff receiving important information on legislation updates, good practice and how to recognise inappropriate practices. Staff feedback on this new addition to the programme has been very positive.

The NVQ and Lifelong learning Team have also been delivering Equality and Diversity training sessions to all of their learners undertaking their Health and Social Care NVQ course. The training session incorporates diversity and inclusivity into a patient care context and equips staff with practical knowledge on a broad range of diversity topics.

## 6.2 Human Resource Policies and Procedures

During 2012/2013 the following Human Resource policies were developed /reviewed and implemented within the Trust following approval and ratification by the Joint Staff Partnership Forum, Workforce Committee and Board of Directors (where applicable).

Social Media Policy – December 2013

Raising Concerns at Work – October 2013

Equality and Diversity Policy – October 2013

Transgender People at Work – October 2013

Partner/Paternity Leave – April 2013

Parental Leave Policy and Procedure – April 2013

Maternity and Adoption Leave – April 2013

Leave Policy – December 2012

Professional Registration Policy – November 2012

All HR policies reviewed have been subject to an Equality Impact Assessment.

## 7.0 Vulnerable Adults and Learning Disabilities

### 7.1 Vulnerable Adults

What have we done... <b>Safeguarding Adults?</b>	...and how has it made a difference.
<b>Policies</b>	
<ul style="list-style-type: none"><li>The Trusts Safeguarding and MCA polices have been reviewed.</li></ul>	<ul style="list-style-type: none"><li>Ensures the staff have policies that are relevant and up to date with national developments.</li></ul>
<b>Training</b>	
<ul style="list-style-type: none"><li>The Trusts training programme for Safeguarding vulnerable Adults (full day) has run thought the year.</li><li>A training programme for MCA/DOL 'caring for patients as they would want to be care for' has been commenced.</li><li>All training for MCA/Safeguarding Adults has been reviewed and revised.</li></ul>	<ul style="list-style-type: none"><li>Enables staff to be more skilled and enhance their practice when caring for vulnerable patients Ensures staff are aware of the specialist help available and when and how to refer.</li><li>Enabling staff to recognise it is "best care" for adults who lack capacity receive equal rights to care &amp; treatment and the trust staff assess plan and implement care/treatment for these vulnerable adults.</li><li>Ensures MCA is recognised as integral to care.</li></ul>

<ul style="list-style-type: none"> <li>The safeguarding Adults training has been reviewed to ensure it meets the 'National Capability Framework'</li> </ul>	<ul style="list-style-type: none"> <li>Ensures that staff are taught the skills necessary to keep people safer.</li> </ul>
Support /advise/Investigations	
<ul style="list-style-type: none"> <li>The safeguarding Team have received increased referrals thought this year.</li> <li>The safeguarding team have been independent authors for 2 investigations regarding grade 4 pressure ulcers developed with in the Trust. Training from this has been delivered to ward leaders and action plan with their input developed.</li> </ul>	<ul style="list-style-type: none"> <li>Staff are seeking advice regarding vulnerable Adults making their pathway through the hospital safer and safe discharges.</li> <li>Ensures learning regarding vulnerable patients is shared across the Trust</li> </ul>
External assessment	
<ul style="list-style-type: none"> <li>Self Assessment Safeguarding Adults framework (SSAF)</li> <li>The Nottinghamshire Safeguarding Adults Board (NSAB) markers of good practice.</li> <li>All training has been quality assured by NSAB.</li> </ul>	<ul style="list-style-type: none"> <li>To benchmark the Trust against other Healthcare organisations and ensure the Trust is meeting safeguarding standards.</li> <li>To assure NSAB the Trust is meeting the required safeguarding standards.</li> <li>To ensure the Trust meets the required standards of safeguarding training.</li> </ul>

## 7.2 Learning Disability

During 2012/13 there have been **223** referrals received to the Learning Disability Nurse Specialist from SFH trust staff and community colleagues. Patients with Learning Disabilities were referred for various reasons:

- Help staff to put in place reasonable adjustments to deliver safe and effective care/treatment in the ward & clinic areas.
- Where required consider additional support for the patient to receive equitable healthcare service.
- Advice and support around Mental Capacity Act and planning in patients best interests.
- Management on ward/department of behavioural difficulties
- Liaising and supporting discharge concerns
- Communication support
- Support to SFH staff in understanding learning disability issues

### **7.2.1 Learning Disability Steering Group**

Sherwood Forest Hospitals NHS trust has a Learning Disability Steering Group which meets 4 times a year. The group monitors the trusts Learning Disability work plan, inputs information for the self-assessment framework which feeds into the Joint Strategic Needs Assessment. The trusts Learning Disability steering group also actions any issues highlighted from the Learning Disability partnership Board or from the Better Health Group.

- The group have been involved in updating and adapting the trusts mandatory training booklet and quiz for learning disability awareness.
- The group monitor the learning disability work plan.
- The group have started an accessible information project and are currently producing top ten easier read leaflets (coming to emergency department, having a PEG, fall leaflet, staying in hospital, coming to pre op assessment).
- Devised and implemented a Concern & Compliments sheet to monitor themes within the trust.
- Devised a photo album to help support & aid understanding when asking questions about hospital stay.
- Discussed and agreed the learning disability self-assessment framework evidence.
- Review and updated the easier read PALS leaflet, using the agreed Nottinghamshire symbol set
- Adapted hospital letters into easy read format –however electronic system is unable to send out the letters to appropriate patients currently.

## 7.2.2 Learning Disability Awareness Training

538 staff has been trained in learning disabilities. The Learning Disability Nurse has attended all of the Registered Nurse Development days and provided a manned stand with information about Learning Disabilities and dignity & respect. The stand included the hospital process to be followed when caring for a patient with learning disabilities, as well as information on how to contact the Learning Disability Nurse for advice.

Patient stories are also used for learning on the vulnerable adult study days and the full day mental capacity act training. These programmes are on a rolling programme 3 times a year.

## 7.2.3 Learning Disability Self-Assessment Framework (SAF)

SFHFT inputted data into the Nottinghamshire, Nottingham City & Bassetlaw LD SAF. The documentation and suggested evidence of compliance was discussed and agreed at the Learning Disability Steering Group. The feedback from commissioners was given for across the whole of the acute service (SFHFT, NUH and BGH).

C5 Each of the provider service have assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all health services. Key lessons from national reviews are included.	Rated Amber
C6 the provider has assurance that the four outcomes of the equality act 2010 include people with learning disabilities	Rated Amber
C7 the providers demonstrate deliver of safeguarding adults within the NHS operating framework 2012/13 includes people with learning disabilities. The assurance is gained using DH safeguarding adults SAAF framework or equivalent	Rated Amber
C8 the provider has well understood policies in place relating to mental capacity act (including restraint, consent & DOL) Across the organisation the provider routinely monitors its implementation of mental capacity, Deprivation of liberty and consent.	Rated Green

## 8.0 Chaplaincy and the Bereavement Services

### 8.1 Chaplaincy



2013 has been a transition year for chaplaincy. The service continues to provide spiritual and pastoral support for patients, staff, volunteers and families and friends. The service has developed a more proactive role for users of the service which includes offering special services at important times of the year. In 2013 the chaplaincy held a service on All Saints/All Souls day for those who have lost loved ones, family and friends in the past year.

The department offers support to families who have had a pregnancy loss and our annual memorial service was well attended.

The Chaplains have been involved in providing training for new doctors and also medical students on all aspects of spiritual and pastoral care, but also on topics such as privacy and dignity.

## **8.2 Bereavement Services**

The Bereavement Centre is an important part of Chaplaincy and the Trust as a whole. It is here that families receive the 'cause of death' certificate when a relative has died. This certificate then has to go to the Registrars when a 'death certificate' is issued which allows a funeral to take place.

The Bereavement Centre also follows up families around 6 weeks later to see how they are doing after the death of their loved one. A one-to-one session can be offered if required.

In 2013 the department have commenced developing a Bereavement Policy with senior clinical and managerial input. It is anticipated that this will be approved and implemented in 2014.

The Registrars of Births, Deaths and Marriages are hoping to move an office into the Bereavement Centre in 2014. This will enable families/friends who have had someone die in the hospital register their death in a more timely fashion.

## **9.0 Diversity and Inclusivity Initiatives**

### **9.1 Staff Wellbeing Exhibition and Advice Event**

On the 9<sup>th</sup> October 2013 at King's Mill Hospital and 16<sup>th</sup> October 2013 at Newark Hospital the Trust held a Staff Wellbeing and Advice Event.

The Trust is committed to supporting staff wellbeing. The event offered a unique opportunity for staff to visit over 30 stalls on a range of wellbeing activities and advice including Health Centres, Keep Fit Classes, Human Resources, Health and Safety at Work, Remploy, Job Centre Plus, Multi Faith Centre and many others. The event was held to support the pledges made to staff.

The day was hugely positive and successful, as a result it is anticipated the event will be held annually.

## **9.2 Liberating the Talent BME Plus**

'Liberating The Talents BME Plus' is a development programme for NHS staff working at Sherwood Forest Hospitals NHS Foundation Trust, Nottingham University Hospitals NHS Trust, NHS Nottingham City and Nottinghamshire County PCT/CCG in Bands 1-6, who identify themselves as black, minority ethnic or from a protected characteristic group including lesbian, gay, bisexual, Trans / Transgender or disabled where there is a significant under representation in the workforce.

'Liberating The Talents BME Plus' (LTT+) is the catalyst for the development and uptake of initiatives to improve the career progression of staff in Bands 1-6 into the wider NHS. It provides an opportunity for staff to network, develop personal skills and transfer skills into their working practices to reduce obstacles and barriers to career progression.

The Trust participated in the last "Liberating The Talents BME Plus" development programme, which ran from June-November 2013. Three nurses took part in this. A further programme for 2014 is currently in the planning stage.

The programme is delivered through facilitated group workshops. The workshops offer participants an opportunity to release dormant and hidden skills, gain confidence to apply for more senior positions, promote self development, self esteem and lifelong learning. Overall, the workshops enable the participants to understand themselves better, and set and achieve their goals.

The demographic of the population served by Sherwood Forest Hospitals NHS Foundation Trust is such that 90% of the overall workforce is White British. The Trust does, however, embrace diversity, believing that a diverse workforce sharing its

knowledge and experience facilitates the provision of high quality patient care. The Trust actively attempts to recruit staff from outside the local area, and last year embarked upon an overseas recruitment campaign to strengthen nursing numbers.

## **10.0 Engagement within the Community**

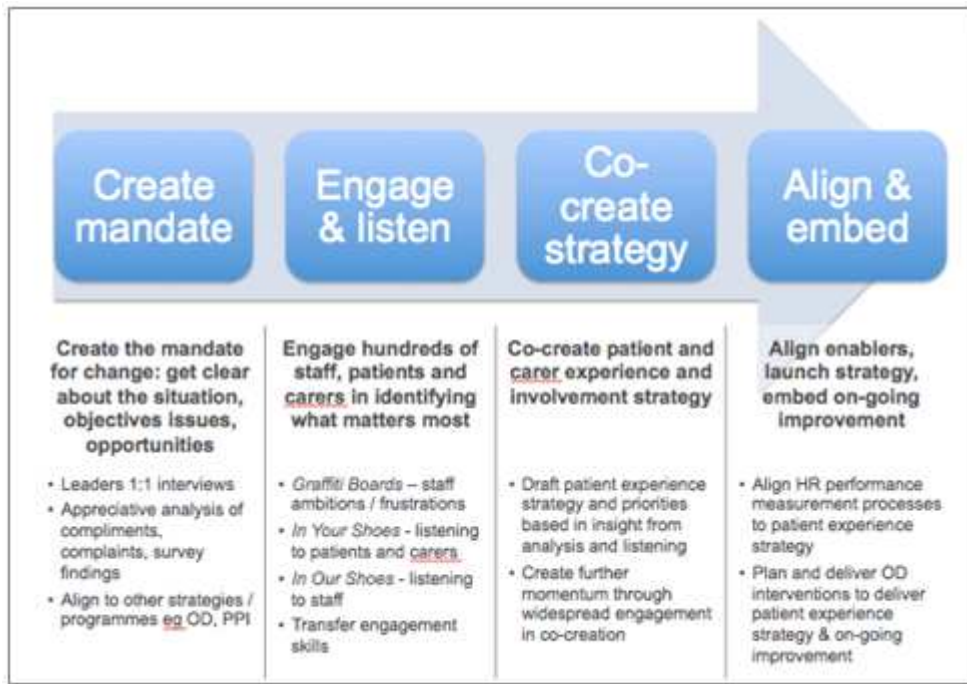
### **10.1 Programme to Improve Patient & Staff Experience**

In October 2013 saw the launch of a quality for all to improve staff and patient experience. As part of the Equality Act 2010 and the general equality duty public sector organisations must have adequate evidence base for its decision-making. As a result engagement with patients and staff via the programme to improve patient and staff experience is essential to direct and drive the Trust strategic vision while meeting the requirements of legislation.

The campaign started with a thirteen-week programme during which the Trust worked with Trust leaders and managers, staff at all levels and our patients and their families and carers to co-develop:

- A refreshed Trust-wide vision for patient, carer and staff experience expressed as a refreshed values and behaviours framework.
- A Patient Experience and Involvement Strategy and 18 month implementation plan with clear improvement priorities.
- A Patient Involvement Toolkit for staff and guide to future patient involvement.
- An Organisational Development Strategy setting out how we will develop our organisation to consistently deliver excellent patient care through an engaged and empowered workforce that understands, owns and lives our values.

The key steps for the first thirteen weeks of the campaign are shown below.



In September 2013 the Trust engaged with leaders, managers and frontline staff across our all sites to tell us about the attitudes and behaviours they value, the support they need to deliver these, and the barriers and frustrations that get in the way of delivering a consistently great service. Graffiti Boards have been made available in all areas, on-line and in paper A4 format so that the Trust can gather as much feedback as possible. The Trust have also facilitated confidential In Our Shoes sessions learn more about what makes a good day or bad day at work for us all – and how we can work in the future to have more good days.

During September 2013 and October 2013 The Trust held numerous 'In Your Shoes events' for staff to listen to service users and carers talk about their experiences in our care and discover what makes most difference to them.

The aim of the sessions held with both staff and service users was to support with the following;

- All HR processes - from recruitment to induction, development, appraisal and promotion.
- How we measure our patient and staff experience and how we can give frontline teams the real-time information they need to know how they are doing and how to improve.
- How we listen – to staff and patients in the future.

- How our teams set their own service standards and identify priorities to consistently deliver a great service experience – for our patients and each other.

As part of the first phase of this work to create a mandate, analysis will be undertaken of themes and key messages emanating from complaints and patient feedback. This will include a review of the feedback patients and carers deliver through NHS Choices.

Developing a programme to improve patient and staff experience will provide the evidence base in terms of the decisions the Trust makes to improve the quality of care for patients, carers, staff and the local community.

## **10.2 Newark Strategy**

Sherwood Forest Hospitals Foundation Trust was one of 14 hospitals identified by Sir Bruce Keogh Team as one of the poorest performing Trusts in relation to Hospital Standardised Mortality Ratios.

A key finding from the Keogh review was that there was an absence of a clear strategy for Newark Hospital.

The Trust has engaged extensively with local communities over the last few years. In 2013 a number of workshops, drop in sessions and engagement events took place to give people additional opportunities to influence the vision for Newark Hospital. By doing this and engaging with the local population about the services at Newark Hospital the Trust was not only complying with the equality duty as outlined by the Equality Act 2010, but also by engaging with service users they are able to be part of the decision making process and gain ownership from service users in the strategy.

The sessions were advertised locally and around 25 people attended. The information was used to develop a work plan. Working groups were established for each theme, namely:

- Urgent care
- Elective care
- Transport
- Communications and engagement

- Training and development

Group membership comprised hospital managerial staff and clinicians, commissioners, GPs, patient representatives, governors, EMAS and councillors. This diversity of group membership enabled a wide range of views to be expressed and explored.

Recommendations, vision and strategic direction have been developed as a result of the work completed.

The Trust recognises the use of engaging with the local community to drive forward services and this will be a key aim in the future.

#### **11.0 Objectives for 2013/2014**

The Diversity and Inclusivity Committee have agreed and have been working towards the following objectives for 2014.

- Ensure the publication duties as outlined by the New Public Sector Duty are adhered to.
- Undertake further analysis of data for service users, workforce and training data, to establish underlying trends and issues and take action where necessary.
- Continue to implement the Diversity and Inclusivity training for all staff.
- Engage with the local community, patients and employees to grade the Trust against the EDS2 goals and publish the self assessment by 30<sup>th</sup> December 2014.
- Review the Trust EDS Objective action plan in line with the self assessment and update where appropriate.

#### **12.0 Recommendations**

The Board of Directors are asked to;

1. Note the Diversity and Inclusivity activities undertaken in 2013

2. Note the priorities for 2014

**Deborah Lister**

**Human Resource  
Manager**

**Karen Fisher**

**Executive Director of Human  
Resources**

## Appendix 1

### Workforce Figures by the Diversity Strands

An analysis of the workforce by the diversity strands is shown below;

<b>GROUP</b>	<b>Category</b>	<b>Workforce Headcount Apr 11 - Mar 12</b>	<b>Workforce Headcount Apr 11 – Mar 12 (%)</b>	<b>Workforce Headcount Apr 12 - Mar 13</b>	<b>Workforce Headcount Apr 12 - Mar 13 (%)</b>
AGE	Under 20	20	0.42%	22	0.47%
	20-24	253	5.38%	224	4.75%
	25-29	496	10.54%	481	10.20%
	30-34	535	11.37%	532	11.28%
	35-39	571	12.13%	531	11.26%
	40-44	633	13.45%	602	12.77%
	45-49	805	17.11%	780	16.54%
	50-54	675	14.34%	724	15.36%
	55-59	455	9.67%	501	10.63%
	60-64	193	4.10%	239	5.07%
	65+	70	1.49%	79	1.68%
GENDER	Male	948	20.14%	925	19.62%
	Female	3758	79.86%	3790	80.38%
	Undisclosed	0	0.00%	0	0.00%



ETHNICITY	White - British	4177	88.76%	4149	88.00%
	White - Irish	10	0.21%	10	0.21%
	White- Any other white background	57	1.21%	72	1.53%
	White Northern Irish	3	0.06%	3	0.06%
	White Unspecified	0	0.00%	0	0.00%
	White English	6	0.13%	6	0.13%
	White Scottish	1	0.02%	2	0.04%
	Asian or Asian British -Indian	159	3.38%	149	3.16%
	Asian or Asian British - Pakistani	52	1.10%	49	1.04%
	Asian or Asian British - Bangladeshi	12	0.25%	11	0.23%
	Asian or Asian British – Any other Asian Background	28	0.59%	27	0.57%
	Asian Sri Lankan	1	0.02%	1	0.02%
	Asian British	2	0.04%	2	0.04%
	Asian Carribean	1	0.02%	1	0.02%
	Asian Unspecified	1	0.02%	1	0.02%
	Mixed – White & Black Caribbean	16	0.34%	15	0.32%
	Mixed White & Black African	3	0.06%	3	0.06%

	Mixed – White & Asian	6	0.13%	9	0.19%
	Mixed – any other mixed background	8	0.17%	7	0.15%
	Mixed - Black & Asian	1	0.02%	1	0.02%
	Mixed - Other/Unspecified	0	0.00%	0	0.00%
	Black or Black British Caribbean	22	0.47%	23	0.49%
	Black or Black British - African	46	0.98%	55	1.17%
	Black or Black British – Any other black background	2	0.04%	1	0.02%
	Black Nigerian	0	0.00%	0	0.00%
	Black British	1	0.02%	1	0.02%
	Other Ethnic Group - Chinese	23	0.49%	20	0.42%
	Other Ethnic Group – Any other ethnic group	28	0.59%	25	0.53%
	Undisclosed	40	0.85%	72	1.53%
DISABILITY	Yes	37	0.79%	44	0.93%
	No	646	13.73%	791	16.78%
	Undisclosed	4023	85.49%	3880	82.29%

## Appendix 2

### EDS2 Goals and Outcomes

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities.
		1.2 Individual peoples' health needs are assessed, and resulting services provided, in appropriate and effective way
		1.3 Transition from one service to another, for people on care pathways, are made smoothly with everyone well informed.
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
		1.5 Screening, vaccination and other health promotion services reach and benefits all local communities.
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.
		2.3 People report positive experiences of the NHS
		2.4 People complaints above services are handled respectfully and efficiently.
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
		3.2 The NHS is committed to equal pay for equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
		3.3 Training and development opportunities are taken up and positively evaluated by all staff.
		3.4 When at work, staff are free from abuse, harassment, bullying, and violence from any source.
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives.
		3.6 Staff report positive experiences of their membership of the workforce

Goal	Narrative	Outcome
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risk are managed.

<b>Equality Delivery System GOALS</b>
<b>1. Better health outcomes for all</b>
<b>2. Improved patient access and experience</b>
<b>3. Empowered, engaged and included staff</b>
<b>4. Inclusive leadership at all levels</b>

Appendix 3



**SFH Equality Delivery Scheme (EDS)  
Objectives Plan 2012-2016**

Objectives		Narrative	Proposed actions requiring further work	EDS goal	Lead	Timescale
1	As we engage with our many stakeholders during 2012/2013 we will ensure that we strive to ensure that all groups are appropriately represented, that we communicate with them in an effective fashion and that we are consistent in our approach.	The Trust held a workshop on the 12 <sup>th</sup> January – ‘Preparing to Launch the Equality Delivery System’. This workshop developed 4 objectives.	Review Trust wide communication and engagement strategy and update as necessary	1 2	Head of Comms/ Dir of Patient Exp & Engagement	End Nov 2012
		Engagement is seen as key to influencing decisions and helping shape service developments.	Ratified by Execs after EDG group		Head of Comms/ Dir of Patient Exp & Engagement	End Dec 2012
		The aim of this objective is to ensure engagement activities are representative of the local population, patient groups and key stakeholders	Share the strategy with the		Head of	

		allowing services to be shaped in accordance with the needs of the local population.	organisation		Comms/ Dir of Patient Exp & Engagement	
			Individual services to engage with stakeholders		Line Managers	End Jan 2013
			Develop central online repository to collate ongoing engagement and actions		Head of Comms/ Dir of Patient Exp & Engagement	Ongoing
			Develop an online feedback form as part of the above		Head of Comms/ Dir of Patient Exp & Engagement	Ongoing
						End Nov

			Quarterly report to EDS group and Workforce Committee			Dir of Patient Exp & Engagement	2012  June 2013
2	We will ensure that when we provide feedback to our stakeholders that they receive the outcomes and rationale of any decisions that we take/act upon	The key to successful engagement is to ensure effective feedback is given to ensure outcomes, any changes in service and reasons for decision are communicated.	Individual services feedback to stakeholders	<b>2</b>		Line Manager	Ongoing
3	During 2012/13 we will further develop productive relationships with patient/service user groups and charities to build proactive working and explore the socio-economic aspects of care to encourage signposting to other agencies/charities etc	As an NHS provider it is important to build relationships with support groups and patient reference groups not only to help shape services but to ensure additional support options are available to our patients. This ensures that the care patients receive and the support available is equally accessible by all.	Individual services regularly and pro-actively seeking productive relationships with third sector organisations/groups	<b>1</b>	<b>2</b>	Line Manager	Ongoing

4	We will Improve staff awareness and engagement on all sites enabling inclusive leadership at all levels.	It is essential that employees are aware of the work that is being conducted in line with the Equality and Diversity agenda. By raising greater staff understanding and wider engagement this will develop and improve the Trust workforce and patient experience.	<p>Action plan as part of communication and engagement strategy with action plan for staff survey</p> <p>Training for managers and staff – separately / different level required</p> <p>Through staff survey and EDS group</p>	<b>3</b>	<b>4</b>	<p>Comms Manager</p> <p>T&amp;D Manager</p> <p>Comms</p>	<p>End Mar 2013</p> <p>Dec 2012</p> <p>End March</p>



						Manager	2013
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