

Equality Act 2010

Public Sector Equality Duty

Part 1 Workforce Equality Information Report

1. Introduction

The Equality Act 2010 requires all public bodies to report annually on a range of equality information. This is known as the Specific Duty of the Act. This report is University Hospitals Bristol NHS Foundation Trust's 2012 Specific Duty Report. The report is in three parts

- About our workforce
- Patients and the public
- Current Equality and Diversity work

2. About the Trust

University Hospitals Bristol NHS Trust is one of the UK's largest acute NHS trusts. It employs over 9,000 staff (including locum and bank employees and staff for whom it acts as an umbrella organisation), and just over 8,000 substantive staff. It has eight hospitals and an annual turnover of £500 million. The Trust is the major NHS teaching and research centre for the South West of England, providing both comprehensive healthcare services to local people and specialist services across the whole of the South West and the UK.

3. Populations we serve

The Trust provides services to three distinct populations, as follows:

- Acute and emergency services to the local catchment population of around 300,000 in central and south Bristol.
- Specialist services to the wider acute network (comprising Bristol, North Somerset and South Gloucestershire Primary Care Trusts, Bath and North East Somerset, Wiltshire and Somerset) with a 2.4 million population.
- Specialist regional and supra-regional services to the South West of England, South Wales and beyond - with a population of 5 million plus.

4. The Trust's values

In 2010 following a lengthy period of staff consultation the Trust formally adopted these values:

- Respecting everyone
- Embracing change
- Recognising success

- Working together

Under the first of these, Respecting Everyone, Trust staff are encouraged to abide by commitments that

- We treat everyone with respect and as an individual
- We put patients first and will deliver best possible care
- We are always helpful and polite
- We have a 'can do' attitude in everything we do

The Trust is committed to the principles of eliminating unlawful discrimination, promoting equality of opportunity and having good organisational practices which embrace all patients, carers, visitors and staff.

5. Equality and Diversity within the Trust

The Trust has a dedicated post of Equality and Diversity Manager. (The post has been in place since July 2010 and the current contract expires in June 2012). The Manager works across the organisation but is located within the Human Resources Department. Equality and Diversity issues are managed by the Equality and Diversity Steering Group on which all Trust divisions are represented. This is chaired by an executive director who is a Board member of the Trust.

6. Workforce information and the protected characteristics.

The Equality Act 2010 introduced the concept of nine 'protected characteristics'. Put simply, nobody should be discriminated or receive less favourable treatment within the NHS because of any of these characteristics:

- Age
- Disability
- Gender or sex
- Gender Re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race or ethnicity
- Religion and belief
- Sexual Orientation

The workforce information is organised to align with the Equality Act's nine protected characteristics with some commentary on each. It covers the period January 1st 2011 – December 31st 2011. Some information for previous years is included where appropriate for comparative purposes or where more recent data is not available.

6.1. Age – staff in post

Age	January 2012	
	Head count	%
16-20	107	1.1
21-25	899	9.6
26-30	1298	13.9
31-35	1445	15.5
36-40	1235	13.2
41-45	1129	12.1
46-50	1076	11.5
51-55	971	10.4
56-60	708	7.6
61-65	330	3.5
Over 65	124	1.3
Total	9322	100.0

The Trust age profile is shown above. In common with many larger NHS Trusts the organisation has an aging workforce with significant numbers of staff in the higher age deciles. There is also a correspondingly lower number of younger staff, below 25 though this may reflect the graduate entry into many NHS posts. The abolition of the default retirement age in October 2011 will impact on this profile: it is not yet known to what extent.

6.2. Disability – staff in post

Disability	January 2012	
	Head count	%
Non disabled	8761	94.0
Not declared	291	3.1
Undefined	6	0.06
Disabled	264	2.8
Total	9322	100.00

264 staff (2.8%) identified themselves as having a disability while 291 (3.1%) did not answer and 8761 (94.0%) positively identified as non -disabled. The number of staff not responding has slumped from over 80% in 2010 to a mere 3.1%. This is a significant improvement in response on disability. The figure for staff who declared a disability is up significantly on previous years – 0.54% in 2008, 0.71% in 2009 and 0.68% in 2010, rising to 2.9% in this reporting year. Work has been done in the Trust to raise the profile of staff with disabilities and the Staff Group for disabled staff has also been publicised more widely which may have lead to an increase in reporting.

National survey information has identified that significant under-reporting by people with disabilities is an on-going challenge. Many staff remain unwilling to disclose their disability fearing discrimination or a negative impact on their employment prospects.

Figures of 1% are commonly reported in larger acute NHS Trusts and are acknowledged as representing systematic and widespread under-reporting of disability. However the 2011 National Staff Survey¹ reports 16% (76 respondents) of UH Bristol Trust staff as reporting 'a long term illness, health condition or disability'. This is above the average (14%) for larger acute Trusts. If it is assumed that the proportion of people who answered yes to the question would distribute equally across the rest of the substantive employee population, then the figure of 16% would equate to 1286.4 members of substantive staff or 1491.52 of all staff having a long term illness, health condition or disability, rather than 264 staff who have declared, on joining the Trust, that they had a disability, as recorded on ESR. It is acknowledged that some respondents may have a health problem or long-standing illness which does not constitute a disability or which they do not identify as disability. More work will be undertaken by the Trust to examine why there may be under-reporting of disability and to encourage staff to identify disability where this is needed.

6.3. Gender – staff in post

Gender (Sex)	January 2012	
	Head count	%
Male	2212	23.7
Female	7110	76.3
Total	9322	100.00

In common with large parts of the NHS, particularly acute Trusts, the organisation has a very large proportion of women employees, more than 75%. The pay audit proposal in the Equality Act having been made optional there are currently no plans to assess any gender based pay differentials in the Trust.

6.4. Gender Re-assignment (Trans)

Monitoring trans people – whether as staff or patients – is a very sensitive area and there is currently no consensus on the issue. Many trans people have been subject to bullying and harassment and are understandably very reluctant to identify themselves. Moreover the Gender Recognition Act of 2004 makes it a criminal offence to disclose someone's identify without their explicit consent. The Trust has guidance in place to support staff in their relations with trans patients

¹ The National Staff Survey was distributed to a random sample of 813 staff across University Hospitals Bristol NHS Foundation Trust. 490 staff at UH Bristol participated in this survey (a response rate of 60%)

and staff but for the reasons identified above there is no systematic monitoring of trans people at present. The matter will be kept under review and in the interim the Trust will continue to use national reports and data and liaise with national and regional networks representing trans people.

6.5. Marriage and Civil Partnership

The Trust collects information on the marital status of staff and those who have entered a civil partnership. (See below). Trust HR policies are written to prevent any discriminatory practice which could occur for married, partnered or single people employed in the Trust.

Marriage and civil partnership			
Marital status	Substantive staff	All staff	% all staff
Married	4255	4777	50.5
Civil Partnership	21	22	0.2
Single	3282	4116	43.5
Divorced	375	412	4.4
Legally separated	62	67	0.7
Widowed	62	70	0.7
Not known	0	1	0.0
Totals	8057	9465	100.00

Data point: January 2012

6.6. Pregnancy and maternity

The Trust has clear policies in place to support staff who become pregnant and take maternity leave. Given the high proportion of women working in the Trust this is an issue that has high importance. The numbers of women taking maternity leave in the period, average duration of leave and number of returners is set out below. (Data relates to period January 1st – December 31st 2011)

Pregnancy and maternity				
Employees (substantive) with recorded maternity leave - 2011				
Trust Division	Headcount	Total days on mat leave	Average days mat leave	Numbers returning *
Diagnostics & Therapies	60	11,782	196	31
Facilities & estates	26	3915	151	9
Medicine	94	14,244	152	47
Specialised Services	61	9,914	163	22
Surgery, Head & Neck	106	18,088	171	52

Trust Services	32	5,896	184	39
Women's & Childrens	131	21,499	164	59
Totals	510	85,338	1,180	259

*Note – numbers returning to work after maternity leave falling in that calendar year. Most periods of leave will have commenced in the previous year so this figure does NOT correlate with the other columns.

6.7. Race – staff in post

Race (ethnicity)	January 2012	
	Headcount	%
White - British	7220	77.4
White - Irish	118	1.3
White - Any other White background	492	5.3
Mixed - White & Black Caribbean	36	0.3
Mixed - White & Black African	18	0.2
Mixed - White & Asian	24	0.26
Mixed - Any other mixed background	47	0.5
Asian or Asian British - Indian	414	4.4
Asian or Asian British - Pakistani	44	0.5
Asian or Asian British - Bangladeshi	11	0.1
Asian or Asian British - Any other Asian background	137	1.47
Black or Black British - Caribbean	140	1.5
Black or Black British - African	308	3.3
Black or Black British - Any other Black background	65	0.7
Chinese	55	0.5
Any Other Ethnic Group	190	2.0
Not Stated	3	0.03
Total	9322	100.00%

The Trust employed 9322 staff on 1st January 2012. 77.4% were White British and (22.6%) were of Black or minority ethnic (BME) origin. This makes the Trust one of the largest employers of BME staff in the south-west. The Trust recognises that coming from a Black or minority ethnic background can lead to discrimination or disadvantage. It has a BME Staff Network which meets quarterly and has been established for 11 years. This enables Trust staff of BME background to raise issues regarding their employment in a confidential way if

needed. Issues regarding employment are then passed into the appropriate Trust division.

Comparative ethnicity data 2009/10, 2010/11, 2011/12:

Ethnicity	2011-12	%	2010-11	%	2009-10	%
White British	7220	77.4	7544	77.4	6221	77.9
White Others	610	5.6	609	6.3	482	6.0
Black	513	5.5	519	5.3	417	5.2
Asian	606	6.5	674	6.9	616	7.7
Mixed	125	1.3	132	1.4	105	1.3
Chinese/other	145	2.5	230	2.4	148	1.8
BME total	1999	22.6	2164	22.6	1768	22.1

6.8. Religion and belief – staff in post

Religion and belief	January 2012	
	Head count	%
Atheism	823	8.8
Buddhist	42	0.4
Christian	3623	38.9
Hindu	94	1.0
Islam	147	1.6
Jain	3	0.03
Jewish	13	0.1
Sikhism	20	0.2
Other faith	462	4.9
Do not wish to disclose	4091	43.9
Undefined	4	0.04
Total	9322	100.00

Non-disclosure remains an issue for this characteristic – over 40% of respondents chose not to disclose. Largest faith groups include Christians, Muslims, Hindus and those of no faith. Issues in the Trust such as celebrations for minority faiths (such as Eid, Ramadan, Diwali and other festivals; diet; dress codes) are all addressed by discrete policies which have been disseminated to all Trust staff.

6.9. Sexual Orientation – staff in post

Sexual Orientation	January 2012	
	Head count	%

Heterosexual	5122	55.0
Gay	54	0.6
Lesbian	29	0.3
Bisexual	28	0.3
Do not wish to disclose	4085	43.8
Undefined	4	0.4
Total	9322	100.00

Monitoring of staff sexual orientation remains an area under development. A large proportion of all staff do not disclose their sexuality and the declared figure of just 1.2% LGB is inaccurate. A figure closer to 5% would be expected, given national and census data. This would equate to about 465 staff in post, rather than 111. Rather like the question about disability, some staff may be uncomfortable to identify as LGB, fearing a negative impact. Work will be undertaken to assure Trust staff that minority sexual orientation is not a disadvantage in the workplace.

7. Leavers profile 2011

(Data point Jan 1st – Dec 31st 2011)

Staff in post by ethnicity January 2012	Leavers			
	Head count	%	All leavers	%
White - British	7220	77.4	1475	72.1
White - Irish	118	1.3	33	1.61
White - Any other White background	492	5.3	151	7.4
Mixed - White & Black Caribbean	36	0.3	5	0.2
Mixed - White & Black African	18	0.2	7	0.3
Mixed - White & Asian	24	0.26	4	0.2
Mixed - Any other mixed background	47	0.5	17	0.8
Asian or Asian British - Indian	414	4.4	101	4.9
Asian or Asian British - Pakistani	44	0.5	37	1.8
Asian or Asian British - Bangladeshi	11	0.1	4	0.2
Asian or Asian British - Any other Asian background	137	1.47	34	1.7
Black or Black British - Caribbean	140	1.5	15	0.7
Black or Black British - African	308	3.3	81	3.9
Black or Black British - Any other Black background	65	0.7	12	0.5
Chinese	55	0.5	18	0.8
Any Other Ethnic Group	190	2.0	36	1.7
Not Stated	3	0.03	15	0.7
Total	9322	100.00	2045	100.00
		%		

A total of 2045 staff left employment during the year – this includes all staff including bank and locum employees. The table above compares staff by ethnicity: A slightly higher rate of leavers among BME staff is also recorded notably among Indian, Pakistani, Bangladeshi and Black African staff, although the numbers are small and need to be treated with caution given that. Overall 28% of those leaving the Trust were from a BME background compared to 22.6% of staff in post. This may well represent higher turnover of staff in lower pay bands where many BME staff are employed.

8. Grievance and Disciplinary Records – by ethnicity and disability

Ethnicity	Staff in post	Grievances				Disciplinary			
		2011		2010		2011		2010	
White British	77.5%	27	60.0%	27	66.7%	132	58.0%	81	62.3%
BME (all)	22.4%	13	29.0%	10		86	38.0%	47	
Not known	0.0	5	11.0%	0		10	4.0%	0	

Disability	Staff in post	Grievances				Disciplinary			
		2011				2011			
Non disabled	94.0%	29	65.0%			140	61.0%		
Disabled	2.8%	3	7.0%			15	7.0%		
Not known	3.1%	13	28.0%			72	32.0%		

The number of Trust staff involved in grievances is low and any conclusions may not be statistically reliable. However BME staff are over-represented in both grievances and disciplinary action, particularly the latter where almost 4 out of 10 cases involve BME staff. Moreover in terms of Trust staff groups there is also a clear concentration in certain areas. Almost half (48%) of disciplinaries and 45% of grievances originate in one staff group: estates and ancillary. Nursing and midwifery and administrative and clerical staff groups were also represented by above average numbers*. (* 2010 figures).

Staff with disabilities are also over-represented in both categories. Disabled staff make up 2.8% of staff in post but 7% of those with grievance or disciplinary action.

Work will be undertaken to evaluate the record on disciplinaries in particular to enable an assessment of the causes of these high numbers. The two appropriate staff groups will be consulted for their view in the first instance.

9. Grievance and Disciplinary - by staff group (2010 figures)

Staff group	Disciplinary		Grievance		Totals	
Admin & Clerical	23	18%	8	24%	31	19%
Additional Clinical Services	5	3.8%	0	0%	5	3%
Healthcare Scientists	3	2.3%	2	6%	5	3%
Allied Health professionals	4	3.0%	2	6%	6	3.7%
Professional & Technical	0	0%	1	3%	1	0.6%
Nursing & Midwifery	27	21%	5	15%	32	19.6%
Estates & Ancillary	62	48%	15	45%	77	47%
Medical & Dental	5	3.8%	0	0%	5	3%

10. Appraisals completed – by ethnicity (data point 1st January 2012)

Ethnicity	Appraisals Compliant headcount	% Compliant	Appraisal Non-Compliant	% Non Compliant	TOTALS
White - British	5140	81.52	1165	18.48	6305
White - Irish	82	83.67	16	16.33	98
White - Any other White background	321	79.46	83	20.54	404
Mixed - White & Black Caribbean	22	78.57	6	21.43	28
Mixed - White & Black African	13	76.47	4	23.53	17
Mixed - White & Asian	16	72.73	6	27.27	22
Mixed - other mixed	33	80.49	8	19.51	41
Asian or Asian British - Indian	287	78.63	78	21.37	365
Asian or Asian British - Pakistani	28	82.35	6	17.65	34
Asian or Asian British - Bangladeshi	4	66.67	2	33.33	6
Asian or Asian British - other Asian	93	79.49	24	20.51	117

Black or Black British - Caribbean	107	83.59	21	16.4	128
Black or Black British - African	203	87.50	29	12.50	232
Black or Black British - others	42	79.25	11	20.75	53
Chinese	34	79.07	9	20.93	43
Other ethnic group	138	84.7	25	15.34	163
Not stated	2	66.7	1	33.3	3
Totals	6565	81.46	1494	18.54	8059

There is some evidence from national data that BME staff and those with disabilities fare less well in terms of successful appraisals. The Trust's data gives assurance that there are not widespread variations between broadly-defined ethnic groups in the take up of appraisals. One caveat to that however is that for Black Caribbean staff the non-compliance figure is higher -a significant variation which may need more detailed examination. There was no significant difference between the proportions of women and men having had a successful appraisal.

Disability	Appraisal compliant	% Compliant	Non-compliant	% Non-compliant	Totals
Non disabled	6140	81.3	1416	18.8	7556
Declared disability	195	84.0	37	15.9	232
Not declared	230	84.9	41	15.1	271
TOTAL	6565	81.5	1494	18.5	8059

Disabled staff also fared well in this domain. (The data on appraisals is now based on roles rather than individuals. Thus one employee may undertake more than one appraisal if this is required by their work).

Part 2 Patients and Public

11. Patient experience is reported by age, disability, race and gender at present. This is survey information showing patients' experiences of treatment and care outcomes, for all major services or departments. Patient experience is routinely collected and reported to the Trust's Patient Experience Group. In addition smaller scale patient surveys are conducted at the request of a specific ward or service. Extending patient experience monitoring is actively under discussion during February 2012.

12. Patient safety incidents, including incidents of abuse, harassment, bullying and violence, are reported to the Patient Safety Group. Individual incidents can be attributed to four protected characteristics: age, gender, ethnicity and disability. This information contributes to the CQC Outcome 16 – Patient Safety.

13. Patient complaints. Routine information showing the issues that patients most complained about, with follow-up information on redress also produced in Quality Reports. At present information is gathered on patients' age, disability and gender.

14. LINKs Reports. The Trust receives regular reports from both Bristol and South Gloucestershire Local Involvement Networks (LINKs) outlining any trends that emerge on a range of health issues affecting patients and public alike. LINKs also produce regular reports on key community groups. All LINKs reports are responded to within 20 working days with details of how healthcare issues can be progressed. During 2011 the Trust has received and responded to reports on

- Patients with autism
- Nutrition and hydration
- The Refugee Centre in Bristol
- Roma, Gypsy and Travellers healthcare

The Patient and Public Involvement officer also organised focus groups during 2011 on patient safety, dementia care, carers and stroke services.

Part 3 Current Equality and Diversity Work

15. Equality and Diversity within the Trust

The Trust has one dedicated post of Equality and Diversity Manager. (The post was established in July 2010 and the contract with the current post holder expires in June 2012). The Manager works across the organisation but is located within the Human Resources Department. Equality and Diversity issues are managed by the Equality and Diversity Steering Group on which all Trust

divisions are represented. This is chaired by an executive director who is a Board member of the Trust.

The most recent (May 2011) annual report to the Trust Board is attached at Appendix 2 below.

16. The NHS Equality Delivery System

The Trust has committed to fully implement the NHS Equality Delivery System (EDS) by April 1st 2012 and the Trust Board made a high level commitment to the EDS in March 2011. The Trust is currently working in a sub-regional cluster of NHS organisations including North Bristol NHS Trust; Weston Area Health Authority; the three associated primary care trusts: NHS Bristol, NHS North Somerset and NHS South Gloucestershire; Avon and Wiltshire Partnership and Great Western Ambulance Trust.

The aim of this work is to collaborate on the engagement and the grading of performance which are key features of the EDS. Patients' experience of local NHS services is not limited to one or more Trusts; we aim to enable the patients and carers locally to engage and report on their experiences as easily as possible.

The Trust anticipates that successful implementation of the EDS will be a major contribution to discharging its responsibilities under the Public Sector Equality Duty.

17. Equality Objectives

The Trust has adopted *draft* equality objectives for 2012 -13. However these are subject to review by the engagement process to which the Trust has committed as part of the NHS Equality Delivery System. Because of this they may well be modified. If that happens the up to date versions will be displayed here on this website page.

The decision was made to adopt draft objectives in order to meet the internal business planning cycle of the Trust. This means we will be able to performance manage the objectives corporately in line with other Trust objectives. This is intended to integrate equality objectives into the mainstream business of the Trust and enhance their delivery.

The draft equality objectives are set out below in Appendix One.

To comment or feedback on this report please contact

**Andrew May – Equality and Diversity Manager, University Hospitals
Bristol NHS Foundation Trust, Trust HQ, Marlborough Street,
Bristol BS1 3NU
Tel 0117 342716 e mail Andrew.may@uhbristol.nhs.uk**

Appendix One

Draft Equality Objectives 2012 - 2014

UHBT Board Assurance Framework – Strategic Objectives:

Strategic objective	Outcome	2012 - 2013	2013 - 2014 onwards	Exec Owner	Exec Management
(a) We become acknowledged regional leader equality and diversity outcomes both for our patients and staff	All Trust staff (new and existing) undertake basic Equality training dealing with communication and behaviour	Year on year increase in % accessing training Target 80% by 2014		D W&OD	E&D Steering Group
	Selected Trust staff undertake specialist training and updates	Year on year development of trained and supported staff competent in new legislation, new clinical issues such as dementia care etc		D W&OD	E&D Steering Group
	Patient satisfaction levels are broadly similar across protected characteristics	Rising patient satisfaction levels and low differentials	Rising patient satisfaction levels and reducing differentials between groups	D W&OD	Patient Experience Group
	Patient complaints centred on E&D issues are minimised	Reduction by 15%	Reduction by 15%	D W&OD	Patient Experience Group
	Staff satisfaction levels are broadly similar for all protected characteristics	Rising staff satisfaction levels and low differentials	Rising staff satisfaction levels and reducing differentials between groups	D W&OD	E&D Steering Group
(b) We become national exemplar for the NHS Equality Delivery System	Implementation of the NHS Equality Delivery System	Implementation enables the Trust to make year on year improvements reported health outcomes for those protected groups	Implementation enables the Trust to make year on year improvements reported health outcomes for those protected groups	D W&OD	E&D Steering Group Trust Board