University Hospitals Bristol NHS
NHS Foundation Trust

Equality and Diversity – Annual Report

2013 - 2014

1.   Introduction

1.1   University Hospitals Bristol NHS Foundation Trust (hereafter referred to as 'the Trust') is committed to eliminating discrimination, promoting equality of opportunity and providing an environment which is inclusive for patients, carers, visitors and staff. We aim to provide equality of access to services and to deliver healthcare, teaching and research which are sensitive to the needs of the individual and communities. We are committed to providing equal access to employment opportunities and an excellent employment experience for all.

1.2   As part of our commitment to providing responsive, high quality care and an excellent employment experience, this Annual Report demonstrates the Trust's undertakings relating to equality and diversity including compliance with the Equality Act 2010 and the following general duties:

- to eliminate discrimination, harassment and victimisation;
  - advance equality of opportunity between people who share a characteristic and those who do not;
  - foster good relations between people who share a characteristic and those who do not.

1.3   The Trust published its Equality Objectives in April 2012. This report sets out progress and activity in relation to these objectives, highlighting areas for improvement as well as noting areas of good practice.

2.   Context

2.1   *Workforce Profile*

2.1.1 Bristol serves a socially and ethnically diverse population and this is broadly reflected in the profile of the Trust's workforce. 84% of the Bristol area are classified as White compared with 84.3% of the UH Bristol Workforce. A detailed profile of the Trust's workforce is provided in Appendix A, including a breakdown of the workforce by staff group and a workforce profile comparison with NHS England[1]. Some high level workforce profile points to note are as follows:

- The Trust employs a total of 8,290 staff. Nursing and Midwifery staff are the biggest staff group across the Trust's workforce, representing 38% of the total workforce, followed by Administrative and Clerical staff/Senior Managers with 20% of the workforce.
- 77.5% of staff are female which mirrors the sex (formerly known as gender) split across NHS England.

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[1] NHS England – comprises of all NHS organisations in England including all community services

- The Trust has a comparatively younger workforce than NHS England. 27% of the Trust's staff are over 50 years old compared to 32% of NHS England staff. 49% of Trust staff are under 40 years old compared to 40% of NHS England staff.

- 78.2% of staff are recorded as being White British; 15.1% of staff are recorded as Black and Minority Ethnic (BME) staff. In addition, 5.2% of staff are recorded as Any Other White background, which may reflect European Union nationals. Of the BME groups in the Trust, 4.1% of UHBristol staff are Indian; 3.2% African and 1.8% Caribbean. These statistics reflect Bristol's changing diverse population.[2]

- 3.1% of UHBristol staff declared having a disability compared to 2.5% of NHS England staff.

- 37.1% of UHBristol staff chose not to declare any religious belief, but 42% of staff are recorded as Christian compared to 38% of NHS England staff, followed by 11.2% as Atheists compared to 7% of NHS England staff.

- 1.4% of staff are recorded as either gay, lesbian or bi-sexual, which reflects sexual orientation figures for NHS England.

2.2   *Patient Attendances and Admissions Profile*

2.2.1 The points below highlight patient attendances and admission information by protected characteristics where we have the breakdown. Further details are provided at Appendix A1**.**

- In 2013, the Trust undertook a total of 738,997 inpatient admissions and outpatient attendances.
- Of these attendances, 15.4% were for patients under 16 years old and 33% for patients over 65 years.
- 8.1% of these attendances were for patients from a BME background; 83% for white patients, however 9% of episodes were recorded as not stated or unknown.
- The gender split between male and female patient episodes is 55% and 45% respectively.

3.   The Trust's Strategic Equality and Diversity Objectives

3.1   The Trust's strategic objectives were developed in 2012 following engagement events in South Gloucestershire and Bristol with patients, carers and local interest groups. The events were organised by a cluster of five local NHS Trusts.[3] The group is known as the 'Diamond Cluster' and is chaired by the Equality Lead from the Commissioning Support Unit.

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[2] www.bristol.gov.uk/population

[3] University Hospitals Bristol NHS Foundation Trust, North Bristol Trust (acute Trusts); Avon and Wiltshire Partnership (Mental Health Trust) and NHS Bristol and NHS South Gloucestershire, two of the local clustered primary care trusts, now Clinical Commissioning Groups (CCGs).

3.2   The Trust's strategic objectives 2012 – 14 are:

- We become an acknowledged regional leader in equality and diversity outcomes both for our patients and staff. (This includes specific commitments to staff training, to patient satisfaction levels and to mitigating differential experiences reported in healthcare);

- We become a national exemplar for the NHS Equality Delivery System. (This is a commitment to make the Scheme work for the benefit of all the Trust's patients and staff).

3.3   In order to meet these two strategic objectives, the Trust agreed the progress would be monitored against:

- the number of Trust staff undertaking basic Equality and Diversity training dealing with communication and behaviours; and selected staff undertaking specialist training;

- patient and staff satisfaction levels broadly similar for all protected characteristics and patient complaints relating to Equality and Diversity issues minimised.

4.   Progress during 2013/14 against the Trust's Equality Objectives

4.1   This section illustrates the Trust's progress in relation to meeting its Equality and Diversity objectives and highlights further work areas for development.

4.2   Actions relating to areas for development are listed in greater detail in the Trust's Equality and Diversity Action plan in Appendix B.

4.3   *Staff Training*

4.3.1 All Trust staff receive basic Equality and Diversity awareness training as an integral part of the Trust's induction programme. Communication and behaviours are specifically covered as part of the Trust's 'Living the Values' sessions. The Living the Values sessions describe the Trust's culture and values and also outlines the expected behaviours staff should embrace and witness during their employment. The importance and linkages of these behaviours on patient care is also examined and reviewed. 1,414 staff attended specific 'Living the Values' training during January 2013 – July 2014.

4.3.2 Feedback from these sessions, detailed below, demonstrates that staff appreciate the opportunity for reflection and discussion about this subject:

- 'Patients have put their trust in me. I will remember to do the best I possibly can for our patients, regardless of pressures'

- 'Appreciate there are always other things going on in other people's lives. We need to be more patient and value a person's individual differences'.

4.4. ***Examples of Clinical training specifically relating to patients with learning disabilities and dementia***

4.4.1 The Trust also provides a range of training for clinical issues relating directly and indirectly relate to Equality and Diversity. Examples include dementia training - competent level dementia training is achieved by completing the e-learning modules available on the South West Learning4health site. All staff on Medical Assessment Unit, Emergency Department, Short Term Assessment Unit, Wards 4, 7, 11, 12, 14 & 23 and Band 6, Ward Sisters and Matrons are required to meet the competent level.

4.4.2 Learning Disabilities awareness training is embedded in the Trust's Induction programme, with micro teaching identified and provided to staff as required. The Learning Disabilities Team also hold an annual awareness event, which this year was entitled 'Looking Ahead' and included a training presentation from the Bristol Autism Spectrum Service and the Bristol Hate Crime Services.

4.5 ***Further Training Planned***

4.5.1 Clinical training sessions relating to the protected characteristics is on-going. Further targeted training, for example, additional equalities training for managers and leaders on unconscious bias and reasonable adjustments forms part of the Trust's Equality and Diversity Action Plan.

4.6 ***Staff Experience/Engagement***

4.6.1 In order to understand the experience of staff from the protected characteristics, the Trust is using evidence from the annual staff survey[4] and triangulating the data with monitoring information taken from formal employee cases. Together, this information has highlighted some emerging themes such as job satisfaction, career progression, harassment and bullying, discrimination and disciplinary outcomes. This information will be used to populate the Equality and Diversity Action plan.

More detailed information on the themes and the steps the Trust has taken and is planning to take are provided below:

4.6.2   Job Satisfaction and Career Progression

4.6.3 Both male and female staff had similar staff job satisfaction scores but there was a lower score between staff declaring a disability compared with those who were not disabled (3.58 compared with 3.61 respectively). BME staff scored lower in terms of job satisfaction compared to white staff – 3.47 compared to 3.64. Notably, there was a higher motivation at work score amongst BME staff (4.07) compared to white staff and disabled and non-disabled staff.

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[4] 439 staff out of 850 at UH Bristol took part in 2012/13 staff survey, a response rate of 52%, which is average for acute Trusts in England. During 2013/14 all staff will be invited to participate in the annual staff survey.

4.6.4 88% of staff survey respondents stated that they believed that the Trust provided equal opportunities for career progression/promotion, but this is a 2% decrease since 2012 and equals the national average for acute Trusts.

4.6.5 The Trust is working with the Staff Black and Minority Ethnic Workers Forum to improve the overall employment experience for BME staff. The Forum has led a Reverse Mentoring pilot. Reverse Mentoring provides BME staff with the opportunity to talk directly, openly and honestly with an individual senior member of staff, about some of the organisational issues and barriers to progression in the Trust. Conversely, senior staff gain a new perspective on the complex diversity issues in the Trust and improve their understanding and knowledge on equality issues. Senior staff involved in the pilot have included the Chief Operating Officer, the Deputy Chief Nurse and a Divisional and Deputy Divisional Director.

4.6.6 The pilot is currently being evaluated and based on positive feedback received to date, it is anticipated that the scheme will become part of the Trust's approach to Leadership development.

4.6.7 Harassment, Bullying and Discrimination

The number of staff experiencing harassment and bullying from other staff, was one of the Trust's bottom ranking scores in the staff survey, scoring 28% (above the national average for acute Trusts scoring a percentage of 24%). Analysis of workforce monitoring data demonstrates there was proportionately a higher percentage of formal harassment and bullying cases from staff with a Black and Minority Ethnic background (BME) than white staff.

4.6.8 14% of staff stated that they had experienced discrimination at work during the previous 12 months. This is an increase of 2% from the 2012 survey, and is above average (11%) for acute Trusts.

The Trust has already been taken steps to address harassment and bullying such as:

- strengthening the Trust's existing policy, including giving clearer definitions and examples of what is and is not bullying behaviour
- identifying sources of support both for people who believe that they have been bullied and for those accused of bullying
- creating a diagnostic toolkit to address concerns in areas where bullying/ harassment/ inappropriate behaviour is known/strongly suspected but no formal complaint has been made
- specifically targeted information for Junior Doctors re: how to raise concerns and sources of support available. promoting a culture of no tolerance for harassment, bullying and discrimination.

4.6.9 The Trust will continue to promote a culture of no tolerance for harassment, bullying and discrimination. The Trust will review actions taken to date and will be formulating

a Trust-wide 'Tackling Harassment, Bullying and Discrimination and Victimisation' plan which will link to existing Organisational Development (OD) strategies and plans.

4.6.10 Disciplinary outcomes

4.6.11 Analysis of the Trust's workforce data also demonstrates that 5.5% of the total number of BME staff were involved in formal disciplinary action compared to 3.5% of white staff. Further details are also available at Appendix C.

4.6.12 Auditing the outcomes of formal disciplinary and grievance cases undertaken by Employee Services, will be a key a priority in order to understand the context and reasons for cases reaching formal stages. The audit will also provide an opportunity to review the equity of policy application.

4.7   *Other actions taken by the Trust to support staff with protected characteristics*

4.7.1 The Trust continues to support staff with protected characteristics in a variety of ways as described below:

- The Trust understands its obligations to ensure that people with disabilities are given equal opportunity to enter into employment and progress wherever possible. Recruitment procedures have been aligned with the Equality Act's requirements for good practice for pre-application health checks permitted in the Equality Act.

- All staff must adhere to the Trust's Equality and Diversity, Human Rights policy and Recruitment policy. The Trust plans to review this policy as part of the planned introduction of a Trust Equality and Diversity Strategy.

- The Trust complies with the "Positive about Disabled People" scheme. This scheme commits the Trust to interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their skills, experience and knowledge.

- The Trust updated its Equality and Diversity policy and used an infographic poster to highlight NHS Equality and Diversity and Human Rights Week across the Trust.

- The Trust takes steps through its Redeployment Policy to enable employees to remain in employment wherever possible. This includes working closely with the Occupational Health Department, Employee Services and external agencies such as Access to Work to ensure reasonable adjustments are made.

- The Trust completes Personal Emergency Evacuation Plans (PEEP) for staff, where a disability/impairment may impede safe evacuation.

- The Trust celebrated Black History Month with a seminar run in conjunction with the Bristol City Council regarding the introduction of Reverse Mentoring.

- The Trust has an established Black and Minority Ethnic Workers Forum. The Trust is going to re-launch forums in September 2014 for staff with disabilities/physical and sensory impairments and Lesbian, Gay, Bi-sexual and Transgender staff, enabling

staff from these groups to raise issues among peers, contribute to Trust policy and develop and support the EDS2 objectives.

- In partnership with the Trust's Royal College of Nursing representative, the Trust has formed a support group for staff with dyslexia which is both highlighting issues for dyslexic staff and working with the Trust to overcome them.

4.7.2. In addition, the Trust has developed work programmes which aim to address some key areas in the staff survey. The programmes include Staff Experience and Engagement, Health and Well Being; Retaining and Recruiting the Best; Building Leadership Capability and Performance and Reward.

4.8 *Patient Experience – supporting information and examples of good practice*

The Trust has undertaken a wide variety of stakeholder engagement and involvement events designed to improve the overall patient experience, examples of which are detailed in section 4.9 below. The Trust has made progress in data collection and feedback received from patient surveys and learning from formal and informal complaints. Areas requiring improvement include increasing overall patient monitoring information to enable the effective objective setting.

Further details of patient experience data are detailed below:

4.8.1 *Patient Experience Surveys*

4.8.2 Patient surveys provide the Trust with useful data on how service users view the care/service they have received. The diversity information relating to patient experience information is based on two key patient experience surveys – the monthly in-patient survey and annual outpatient survey. The survey responses are linked to the information held on the Trust's Patient Administration System which currently uses the limited demographic data of age, gender and ethnicity. Expanding the data categories to improve monitoring will form part of the Equality and Diversity Action plan. From May 2014, UHBristol has added questions to the monthly in-patient survey in order to pick up additional data on religion, sexuality and disability.

4.8.3 The survey question used was 'overall, how would you rate the care that you/your child received? With the response options: excellent, very good, fair, and poor.

4.8.4 In brief, UHBristol inpatient satisfaction by age shows a pattern that is mirrored at a national level: steadily increasing satisfaction by age, with a slight decline for patients in the oldest age groups. There is no discernable pattern of age effect in the out-patient survey data although 26-44 year olds has the lowest levels of satisfaction.

4.8.5 There were low numbers of respondents in non-white ethnic groupings, with no ethnic group consistently rating UHBristol's care below average. Caution is needed with the out-patient data, as very small numbers of people from non-white groups responded.

4.8.6. In terms of gender, the Trust results mirror national trends in that females rate the care less positively than males (49% and 55% respectively giving an 'excellent' rating for inpatient care; 61% versus 64% for out-patient care).

4.8.7 As data is taken from the Trust's survey programme there is no direct national comparison available. Nevertheless, the Trust consistently performs in line with the national average Care Quality Commission's National Patient Survey Programme.[5] Therefore, it would be a reasonable working assumption that the scores seen in the charts contained in Appendix D are in line with national norms. Furthermore, some of the trends seen in the data are also corroborated with the broad findings of the national surveys[6]:

- Women tend to give less positive ratings of care than men
- Inpatient satisfaction increases with age, except among the oldest age groups

4.8.8. One national trend that we do not find in our data is that of a difference in satisfaction levels between ethnic groups. A large scale analysis of the CQC national inpatient survey data found that Non-white groups tended to report more negative experiences than White patients[7]. There are a number of explanations that may account for the fact we do not see this trend in the UH Bristol survey programme, for example:

- UH Bristol may provide a better than average hospital service to patients from ethnic minorities

- The relatively small number of responses that we have in our survey from non-white people, with its conversant effect on data reliability, may be masking real differences in our data

- There may be a "specialty-level" explanation for the difference in ethnic groups seen at a national level (e.g. patients from certain groups are more prone to certain disease types, and it may be that those specialties are not delivering such a good experience to all of their patients – rather than the fact a patient comes from a Non-white group *per se*).

4.8.9 We cannot tell which of these (if any) is the correct explanation. However, we can say with more certainty that postal surveys are not a feedback channel that tends to

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[5] http://www.cqc.org.uk/content/surveys

[6] http://www.pickereurope.org/J%20Health%20Serv%20Res%20Policy-2014-Sizmur-1355819614536887.pdf

[7] http://www.pickereurope.org/assets/content/pdf/Survey_data_analyses/Multilevel_analysis_of_inpatient_experience_March_2011.pdf

engage minority groups. Therefore, it is important that the Trust continues to have a programme of engagement in place that is largely qualitative (face-to-face) in nature.

4.8.10 The Trust will continue direct engagement and involvement events with services users and the local community which forms a significant part of the Trust's Patient Experience and Involvement Action Plan 2014/15.

4.9 ***Patient Complaints***

4.9.1 In 2013/14 the Trust's target was that the volume of complaints received should not exceed 0.21% of patient activity – in other words, that no more than approximately 1 in 500 patients complaining about our service. We achieved 0.21%, compared to 0.29% in 2012/13.

4.9.2 The total number of complaints received during the year was 1,442, a decrease of 10% on the previous year. Compared with 2012/13, there was a decrease of 6% in the number of complaints managed through the formal investigation process and a 13% decrease in the number of complaints managed through the informal investigation process.

4.9.3 Patients' ethnicity, age and gender are recorded on the Trust's patient administration system, Medway. Where available, the data covers patients' age, gender and ethnic group. Information about the age, gender and ethnicity of patients who made a complaint in 2013/14 (or on behalf of whom a complaint was made) can be found at Appendix E. This data shows that:

- There was a broadly even distribution of complaints between men and women
- 31.6% of patients were aged 65 years or above[8]
- The overwhelming majority of people who complained, and whose ethnicity is recorded, were White British.

4.9.4 In 2013/14, there were 488 patients whose ethnicity was unknown. If that group of patients bore the same characteristics as the group whose ethnicity is known, it would be reasonable to conclude that the ethnic origin of people who complain about the Trust's services does not mirror the ethnicity of the population the Trust serves. This may be for cultural reasons, and partly it may reflect UH Bristol's role as a tertiary care centre (i.e. the population of the wider region is less diverse than in Bristol). However it may also raise questions about accessibility.

4.9.5 The Patient Support & Complaints Team has commenced the practice of routinely asking for the patient's ethnic group, age and gender if this data has not been pre-populated. In the meantime, the Trust will be making its Patient Support and Complaints Team *'How can we help?'* leaflet available in several of the ethnic languages most commonly spoken by residents of Bristol.

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[8] This includes all inpatient and outpatient complaints. However, as a point of reference, 29.4% of inpatients seen by the Trust in 2013/14 were aged 65 or above, i.e. the pattern of complaints is broadly similar.

5. *Patient Experience – improvements made in the last twelve months*

The following examples are steps undertaken by the Trust, designed to improve the experience and quality of care received by patients from a number of the protected characteristics:

- *STITCH - Services and Trusts Integrated to Transform Care in Self-Harm*. This is a user led experience based co-design project working with patients who self-harm harm presenting in the BRI Emergency Department.

- *SMART Recovery Group-* The SMART Recovery group runs every Wednesday in the BRI. This is a mutual aid group for people who have problems with addictive behaviours such as drugs, alcohol, gambling etc. and promotes abstinence from these types of behaviours. The group is open to in-patients, out-patients, ex-patients and other members of the public. One of the facilitators is a service user.

- *Paediatric Hearing Loss Diagnosis Clinic*. This focus group reviewed the parent/carer experience of this service resulting in a new simple leaflet for parents being designed.

- *End of Life -* Recruitment of lay representatives for end of life steering group for adults and children.

- *Bristol Physical Access Chain* have been involved in discussions pertaining to: the development of the BRI Welcome Centre, a new Trust wide Catering Leaflet, The Trust plans for improved way marking, the Trust plans for new patient letters.

- *Carer Liaison -* Our Carer Liaison Worker started work on 1st April 2014 and works across the Trust now the post has been extended from 3 to 5 days per week. 42 referrals were received during the first month, including new referrals for support for carers of patients within Bristol Haematology and Oncology Centre (Ward 61 - Oncology).

- *Learning Disability -* All Inpatients with a learning disability are risk assessed with 48 hours following admission and reasonable adjustments are identify and made

- *Patients with Dementia -* Discussions have taken place in conjunction with the Alzheimer's Society regarding the new build and refurbishment works to ensure the needs of people with dementia are considered to create a healing environment for people with dementia. The Trust provides a successful ward based volunteer befriending scheme for patients with dementia. The Trust continues to review its systems and procedures, such as electronic patient administrative systems, to ensure patients with dementia who also have other complex diagnoses, receive appropriate holistic care and support.

- *Congenital Services* – the Specialist nurses in this area have been working with young patients to improve their care experience and together have created new leaflets to help young patients understand their medication and to weigh up the options of mechanical versus tissue heart valves.

- Adult patients have been involved in the development of a mobile application for patients with Adult Congenital Heart Disease (ACHD) to record their progress and assess their symptoms.

- The Congenital Specialist nurses has also devised easy read leaflets for patients with learning disabilities for *'Coming to the BHI – Day-Case Procedure''* and *'Coming to the BHI – Overnight Stay'.*

- *Rheumatology Services* – patient and staff feedback was instrumental in the design of the new Rheumatology department.

- *Cleft Services* – the clinical lead for the Cleft Services is working with the patient support group, CLAPPA, to inform the transfer of the Cleft service to UHBristol.

- Rationalisation and improvement to patient letters and the design of a Patient Nutrition information leaflet has been completed with involvement with Health Watch and the Bristol Physical Access Chain.

- The Trust has undertaken Equality Impact Assessment (Equality Analysis) for service developments such as the Cleft Service and BRI Redevelopment Model of Care, and recognises that additional training and support is required to embed the practice and improve the quality of the assessments.

- The Trust has increased the number of Honorary Chaplains including a local Imam Rafiqul Alam, to visit Muslim patients.

- To support patients our patients we provide an interpreting service. Staff interpreters cover 36 languages, although the Bristol City Council report 91 languages spoken in Bristol. In 2013/14, the Trust was able to provide interpreters for 80% of all interpretation requests. The total spend on interpreting services in 2013/14 was £118,050.

6. Assessment against the Equality Delivery System (EDS)

6.1 The Equality Delivery System (EDS) was implemented in the NHS in 2011. A central element of the EDS is engagement with service users. Two dedicated engagement events were organised by a local cluster of NHS organisations – University Hospitals Bristol NHS Foundation Trust, North Bristol Trust (acute Trusts); Avon and Wiltshire Partnership (Mental Health Trust) and NHS Bristol and NHS South Gloucestershire, two of the local primary care trusts as was and now Clinical Commissioning Groups. The Group is led by the Commissioning Support Unit. The group is known as the 'Diamond Cluster' (see section 3.1). The Trust undertook an initial assessment based EDS which contained in Appendix F.

6.2 Following the introduction of the EDS2 – a revised, more streamlined and responsive framework, UHBristol has been working in partnership with the other members of the Diamond Cluster on its planned implementation of EDS2. The Diamond Cluster has

concentrated on recruiting and training an Equality Expert Group consisting of members of the public who may represent the protected characteristics and who have an interest in equalities issues. This expert group will act as a resource for the local NHS organisations to draw upon to assess the goals and outcomes required as part of the EDS2 assessment.

6.3   The Trust will use the EDS2 framework for improving service provision to reflect all the needs of its users and staff. The Trust is in the process of reviewing its approach to EDS2, recognising that it is much better to manage a comprehensive implementation programme over three to five years, using informed selective choices from stakeholders. The Trust is developing an EDS2 implementation plan which will involve an initial self-assessment to support the Expert Group. The implementation plan will be completed by October 2014.

6.4   Recognising the EDS2 framework will form the foundation of the Equality and Diversity agenda across the Trust, an experienced project manager has been recruited on a fixed term basis to develop a full EDS2 action plan. High level points from the EDS action plan include:

- Using the EDS outcomes as statements which align to the Trust's business
- Working with the Public Patient Involvement team to collate evidence in order to set priorities and objectives from staff and patients using a star chart process (see Appendix F)
- Devising a detailed Communications and Engagement plan specifically relating to the EDS for internal and external use
- Further collation of evidence relating to the top three priorities identified from the staff, patients and stakeholder feedback
- Involve members of the Expert Group throughout the process and use this group to agree overall EDS score
- Use the identified priority areas and scores to develop the Trust Equality Objectives for 2015/17
- Publish objectives widely and use to support further engagement with the local community and service improvements.

7.0   Action Plan Priorities for 2014/15

7.1   In order to reinforce the Trust's commitment to Equality and Diversity and to ensure the completion of the Trust's Equality and Diversity Objectives, the Trust recognises there are a number of priorities for 2014/15. These key priorities are:

- Completion of the EDS2 self-assessment and action plan.
- Full implementation of EDS2 action plan leading to revised equality objectives using stakeholder engagement and involvement.
- Develop a Trust-wide 'Tackling Harassment, Bullying and Discrimination and Victimisation' plan – linking to Organisational Development (OD) existing strategies and action plans.
- Develop and implement an integrated Equality and Diversity Strategy for service users and the Trust workforce.

- Implementation of Equality and Diversity e-learning and additional specialist training for managers.
- Review recruitment and retention processes for 'unconscious bias'.
- Ensure equity of access for training and development and improve career development opportunities for staff from the protected characteristics.
- Continue to triangulate workforce and patient data to improve employment and patient experiences.
  As previously indicated, these priorities and other actions described in this report are detailed in the Equality and Diversity Action plan at Appendix B.

8. Governance

8.1 The Trust's Board of Directors are responsible for ensuring the Trust's commitment to Equality and Diversity is implemented at all levels of the organisation and that all business is carried out in accordance with the values of the organisation. The Board monitors the implementation of its equality and diversity work as part of its annual cycle of Board reporting and the Board Assurance Framework.

8.2 The annual report demonstrates commitment to compliance with the Equality Act 2010. The report includes coverage of both workforce and patient services.

8.3 The Director of Workforce and Organisational Development is the nominated lead Director for Equality and Diversity. There is a dedicated Trust Equality and Diversity/Health and Wellbeing Group.

8.4 The Equality and Diversity/Health and Well-Being Group leads on the actions contained in the Action Plan (Appendix B). The membership and role of this Group is being reviewed as part of the Trust's Equality and Diversity Action Plan.

8.5 Progress on the action plan will be reported to the Workforce and OD Group and the Senior Leadership Team. A summary will also be included in the quarterly workforce report to the Trust's Quality Outcomes Committee (QOC) and the Trust Board from September 2014.

8.6 The Trust works in partnership with its Staff Side representatives. Staff side members actively participate in the Equality and Diversity/Health and Well-Being Group. Equality and Diversity issues can be raised at any point but notably the Industrial Relations Group regularly reviews equality data and all Trust employment policies are agreed in partnership and are equality impact-assessed.

9. Conclusion

9.1 The Trust has made progress on key objectives and has undertaken a wide range of Equality and Diversity activities during the year. However there is considerable work still required as demonstrated by the action plan which will form the basis of work programmes for the remainder of the financial year.

Rebecca Ridsdale, Head of Reward
July 2014

Appendix A

UHBristol Workforce Equality Profile

1. **Workforce Staff Group Profile**

University Hospitals Bristol NHS Foundation Trust Average Staff 31st March 2014

Ancillary Staff, 922, 11%

Allied Health / Scientific Professions, 1517, 18%

Nursing and Midwifery , 3166, 38%

Admin and Clerical / Senior Managers, 1699, 20%

Other Medical and Dental, 675, 8%

Consultants, 392, 5%
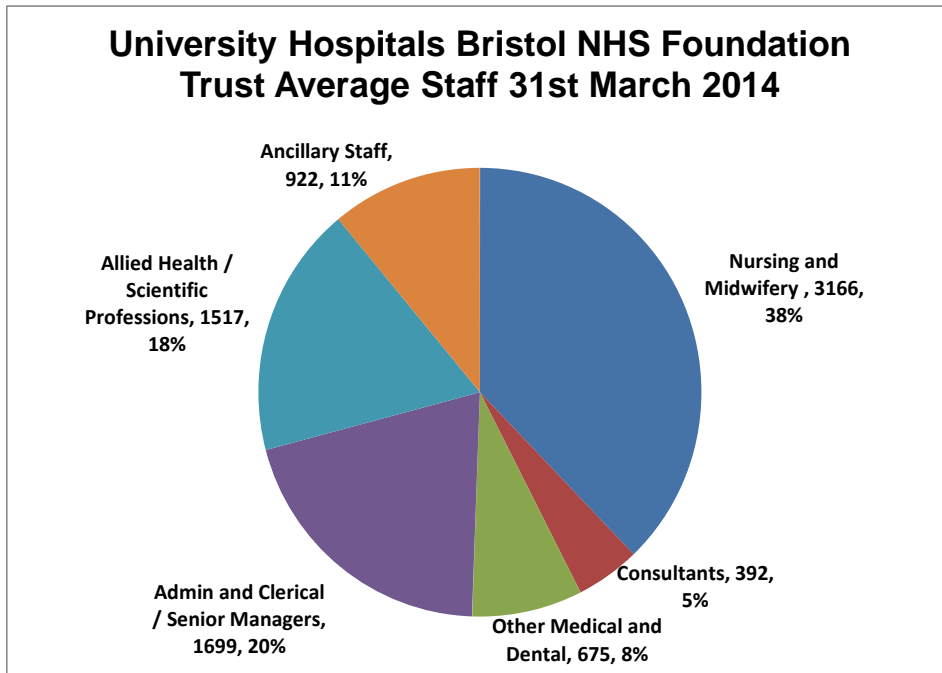
2. Sex – (formerly known as Gender) of UHBristol Workforce

UH Bristol Headcount by Sex

Male, 22.5%

Female, 77.5%

3. Age

Headcount by Age Range

■ UH Bristol ■ NHS England

	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 and over
■ UH Bristol	7.2%	13.9%	14.5%	13.5%	12.1%	12.1%	11.8%	9.4%	4.3%	1.0%	0.3%
■ NHS England	5.2%	10.9%	11.6%	12.2%	13.5%	14.8%	14.6%	10.5%	5.0%	1.4%	0.3%
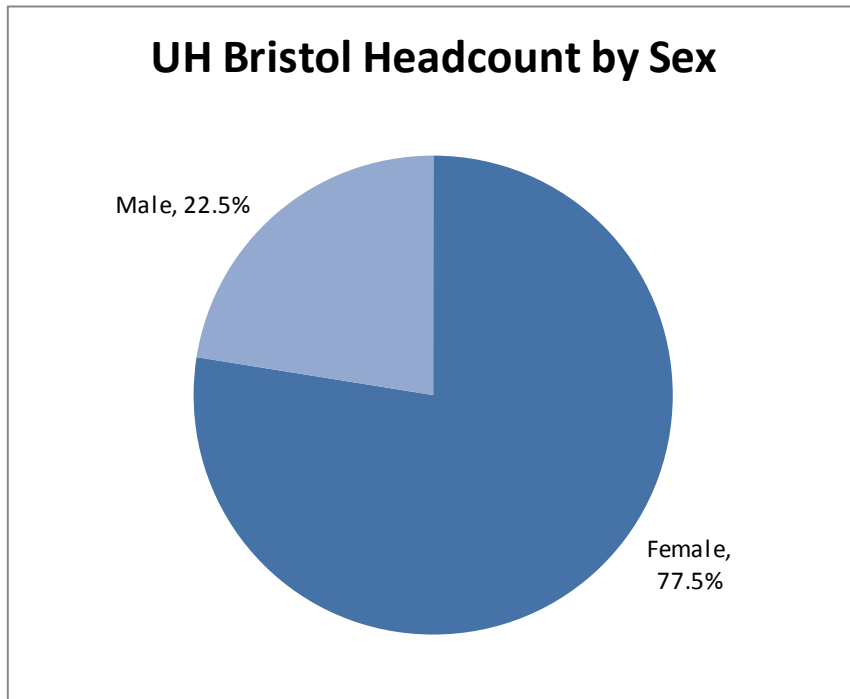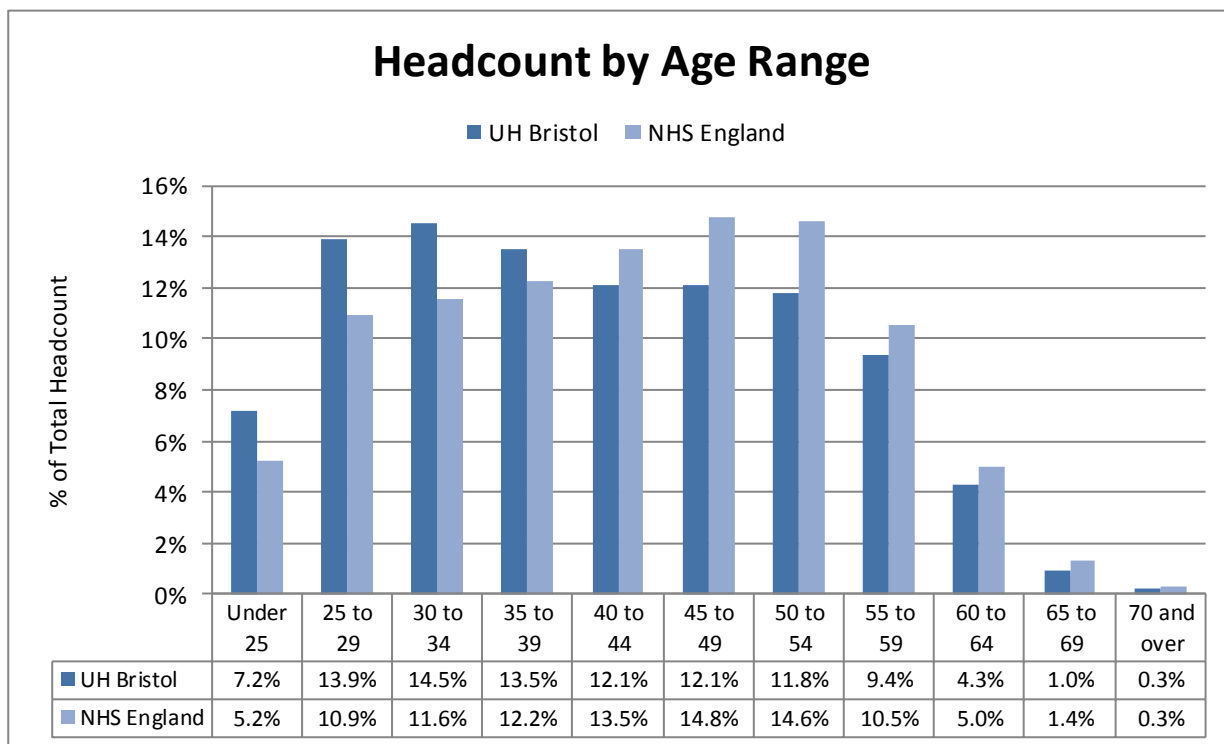
4. Ethnicity of UHBristol Workforce compared with NHS England

Headcount by Ethnicity

■ UH Bristol   ■ NHS England

	White British	Any Other White Background	Indian	African	Any Other Ethnic Group	Caribbean	White Irish	Any Other Asian Background	Any Other Mixed Background	Chinese	White & Black Caribbean	Pakistani	White & Asian	Any Other Black Background	Unknown	White & Black African	Bangladeshi	White
■ UH Bristol	78.2%	5.2%	4.1%	3.2%	2.2%	1.8%	1.3%	1.0%	0.7%	0.5%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.1%	
■ NHS England	73.5%	4.2%	4.1%	3.1%	1.8%	1.5%	1.4%	2.2%	0.5%	0.5%	0.3%	1.1%	0.3%	0.5%	4.5%	0.2%	0.3%	0.0%

% of Total Headcount

5. Disability – UHBristol Workforce compared with NHS England

Headcount by Disability

■ UH Bristol ■ NHS England

6. Religious Belief

Headcount by Religious Belief

■ UH Bristol   ■ NHS England

	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Not Disclosed	Other	Sikhism	Unknown
■ UH Bristol	11.2%	0.5%	42.0%	1.0%	1.7%	0.0%	0.1%	37.1%	6.0%	0.3%	0.0%
■ NHS England	6.9%	0.4%	38.4%	1.5%	1.9%	0.0%	0.2%	23.9%	4.8%	0.4%	21.9%
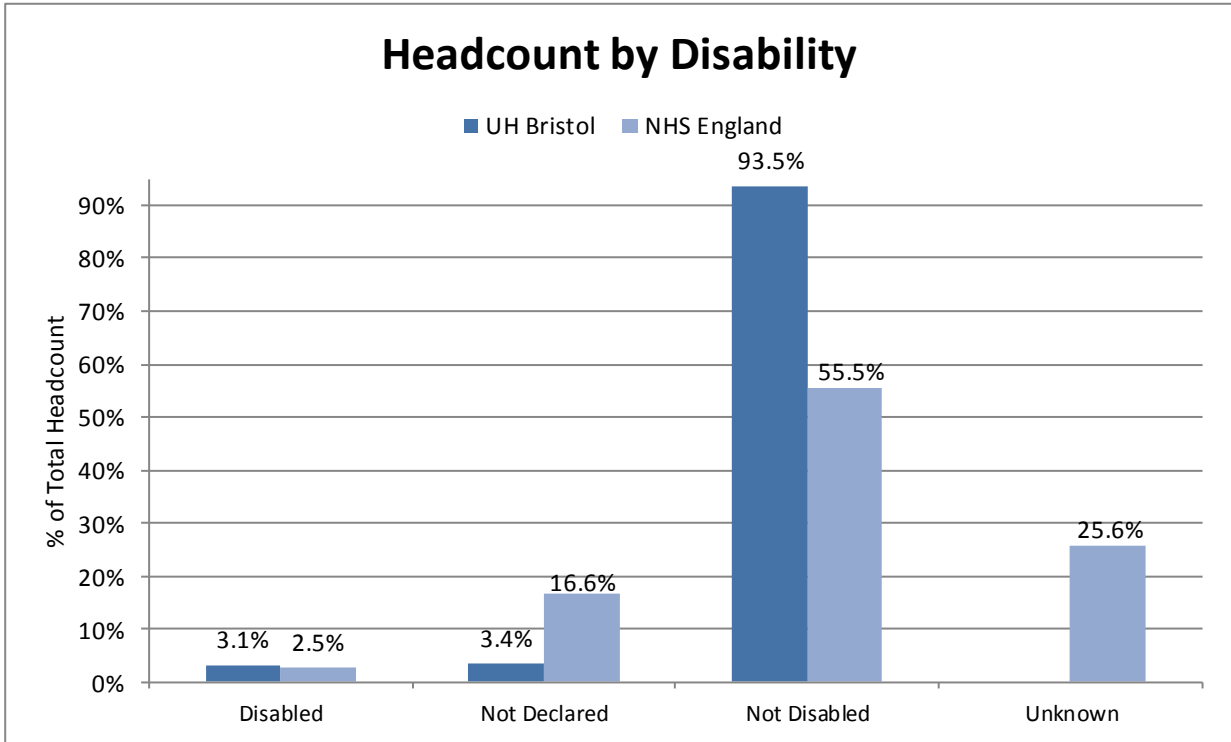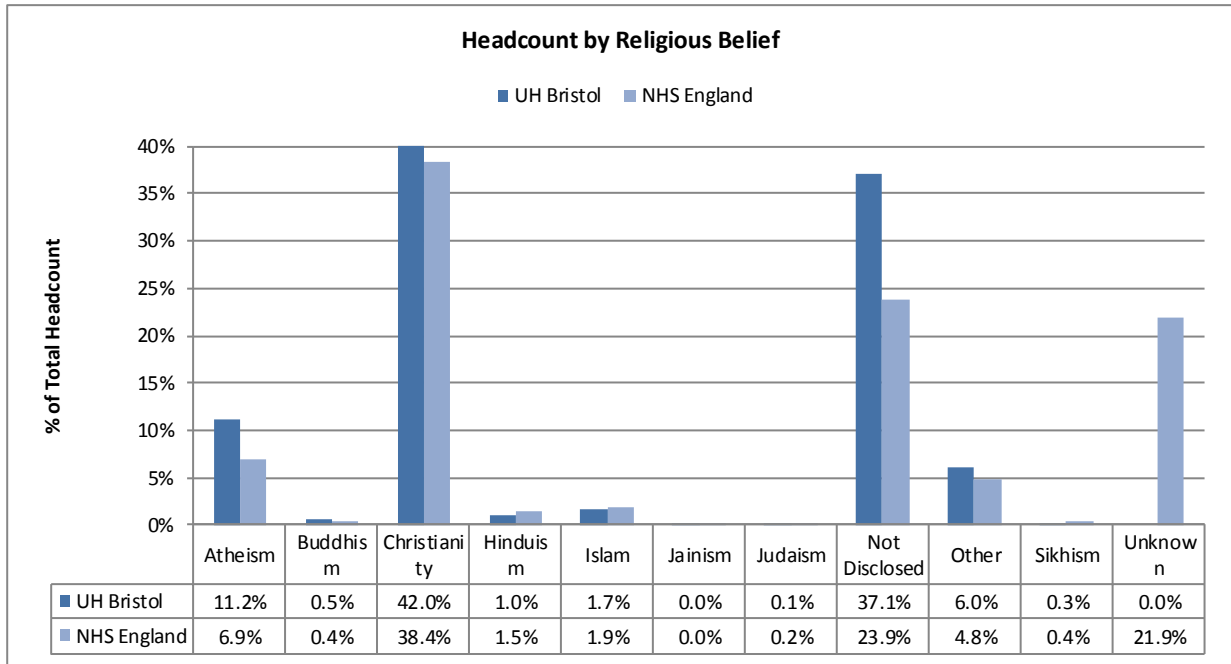
7. Sexual Orientation of Workforce compared to NHS England

Headcount by Sexual Orientation

■ UH Bristol   ■ NHS England

	Bisexual	Gay	Heterosexual	Not Disclosed	Lesbian	Unknown
UH Bristol	0.4%	0.6%	63.8%	34.8%	0.4%	0.0%
NHS England	0.3%	0.5%	54.7%	22.4%	0.3%	21.9%

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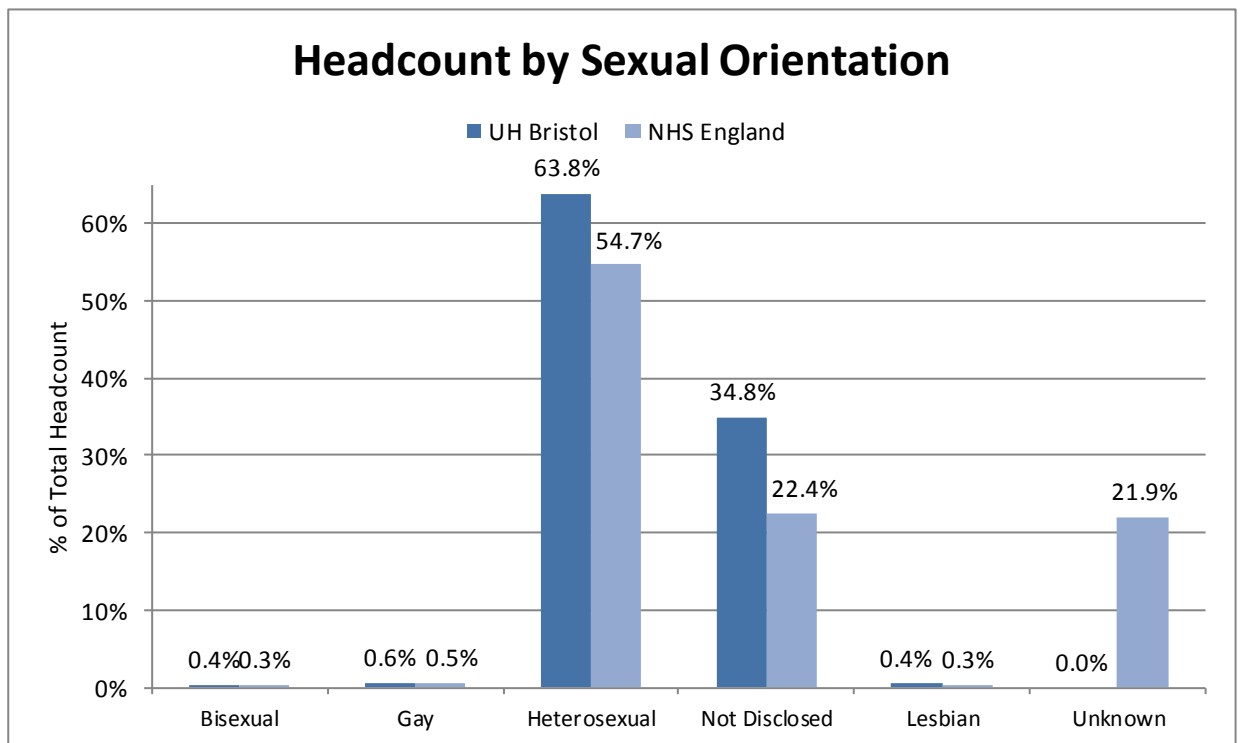
Outpatient Attendances and Inpatient Admissions

Grand total	738,997

Gender	Total	%
Male	403952	54.7%
Female	335042	45.3%

Religious Belief	Total	%
Atheism	2671	0.4%
Buddhism	1424	0.2%
Christianity	402237	54.40%
Hinduism	2313	0.3%
Islam	19123	2.6%
Jain	2	0.0%
Judaism	781	0.1%
Sikhism	2293	0.3%
Other	5193	0.70%
None - Not Religious	147239	19.9%
I do not wish to disclose	33	0.00%
Not set / Unknown	155688	21.10%

Ethnicity	Total	%
White	610908	82.7%
Black & Minority Ethnic Background	59543	8.1%
Not stated / unknown	68546	9.3%

Age Group	Total	%
Age Under 16	113771	15.4%
16 - 20	27068	3.7%
21 - 25	30990	4.2%
26 - 30	37979	5.1%
31 - 35	39203	5.3%
36 - 40	32508	4.4%
41 - 45	33792	4.6%
46 - 50	39986	5.4%
51- 55	42772	5.8%
56 - 60	45477	6.2%
61 - 65	52211	7.1%
Age Over 65	243240	32.9%

Appendix B

UHBristol Equality and Diversity Action Plan – 2014/15

Planned Actions	Proposed Timescale	Facilitator
TRAINING		
Develop a comprehensive training plan for all staff	October	Head of Reward/Head of Teaching and Learning
Develop training modules for managers and leaders	October – March	Head of Reward/Head of Teaching and Learning
Devise and run training and briefings/seminars for the Senior Leadership Team and Trust Board on 'Unconscious Bias' and other equalities topics	November – March	External Consultant/Director of Workforce and OD
Implement appropriate e-learning for Equality and Diversity as part of essential training review	January	Head of Reward/Head of Teaching and Learning
Develop a resource pack on disability and reasonable adjustments for managers	December	Head of Reward
Develop additional resources for staff and managers to access via HR Web	On-going	Head of Reward
STAFF EXPERIENCE		
Review and make recommendation for the formal implementation of a Trust Reverse Mentoring programme.	October	Chair of the Trust BME Workers Forum/*Head of Reward
Develop a 'Standards of Behaviour' leaflet for managers and staff which supports the Trust's Values and its overall approach to Tackling Harassment and Bullying	December	Head of Reward/Head of Organisational Development
Review the Trust's recruitment processes for potential unconscious bias	January	Head of Resourcing
Audit formal grievance and disciplinary cases and review application of related polices for equity and escalation	January	Head of Resourcing/Head of Reward
Devise strategies and actions to recruit a representative workforce across all Trust staff groups	March	Head of Resourcing
Support and develop the Staff Dyslexia Group to address workplace issues and provide support and advice for staff and managers with dyslexic staff and	On-going	RCN representative/Head of Reward

associated disabilities/impairments		
Refresh and reintroduce the staff equalities groups for LGBT and PSIG (Lesbian, Gay, Bi-Sexual and Transgender and Physical and Sensory Impairment)	September	Head of Reward
PATIENT EXPERIENCE		
Review processes for patient monitoring data seeking to reduce numbers of 'not declared/no known and increase information collected for all protected characteristics	March	Director of IM&T/Deputy Chief Nurse/Head of Reward
Hold further patient and engagement events as detailed in the Patient and Involvement Action Plan	On-going	Assistant Director of Audit and Assurance/Patient and Public Involvement Officer
Produce the 'How can we help' leaflet in several of the ethnic languages spoken in Bristol	March	Assistant Director of Audit and Assurance
Develop electronic flag system for additional reporting of patients with dementia	March	Chief Nurse/IMT Department
Recruit a Band 3 Support post to support the Dementia Project Nurse	December	Dementia Project Nurse
EQUALITY DELIVERY SYSTEM (EDS2)		
Completion of the EDS2 self-assessment and action plan	October	Interim E&D Project Advisor/Head of Reward
Implementation of the EDS2 action plan	October – March	Deputy Director of Workforce and OD/Head of Reward
Develop additional objectives based on the Equality Delivery System (EDS2)	October – March	Head of Reward
Devise a comprehensive Communications plan for the remainder of the financial year for both internal and external communications	December	Head of Communications/Head of Reward
Develop training and additional support for managers on EDS2	December	Head of Reward
Review the Trust's processes for undertaking and completing equality analysis.	October	Head of Reward /Trust Board Secretary
GOVERNANCE		
Review Terms of Reference of the Equality and Diversity/Health and Well- Being Group	July	Head of Reward

Terms of Reference to be ratified by the Workforce and OD Group	~~September~~ November	Director of Workforce and OD
Annual Equality and Diversity Report for Workforce and OD Group and Trust Board	HR Board – July SLT - August QOC – September Trust Board – September	Director of Workforce and OD/Head of Reward
Develop and implement an integrated Equality and Diversity Strategy for service users and the Trust workforce.	October - December	Head of Reward
MONITORING		
In partnership with staff side, further scrutinise workforce monitoring and audit formal employment process outcomes relating to the protected characteristics and develop Key Performance Indicators (KPIs) for 2014/15 and 2015/16.	December	Chairs of the Joint Union Committee/Head of Reward and Head of Resourcing
Review the Trust Equality Impact Assessment forms using best practice and benchmarking from other public sector bodies	November	Head of Reward
Conduct an Equal Pay Audit across all staff groups	March	Head of Reward /Assistant Director of Finance (Payroll Services)

Formal Disciplinary Cases completed in 2013

Disciplinary Cases – recorded by Sex (formerly known as gender)

Sex	April 2011 - March 2012		April 2012 - March 2013		April 2013 – March 2014	
	Number	%	Number	%	Number	%
Male	57	42%	73	36%	131	38%
Female	76	57%	129	64%	214	62%
Group Case	1	1%	0	0%		
Not recorded	0	0%	0	0%	1	0%
TOTAL	134	100%	202	100%	346	100%

Disciplinary Cases – recorded by Disability

Disability	April 2011 - March 2012		April 2012 - March 2013		April 2013 – March 2014	
	Number	%	Number	%	Number	%
Yes	6	5%	11	5%	23	7%
No	105	78%	187	93%	302	87%
Not Declared	8	6%	4	2%	20	6%
Not recorded	14	10%	0	0%	1	0%
Group Case	1	1%	0	0%		
TOTAL	134	100%	202	100%	346	100%

Disciplinary Cases recorded by Age

Age Profile	April 2011 - March 2012		April 2012 - March 2013		April 2013 – March 2014	
	Number	%	Number	%	Number	%
16 - 20	2	2%	3	1%	2	1%
21 - 25	15	11%	21	10%	34	10%
26 - 30	14	10%	22	11%	46	13%
31 - 35	12	9%	25	12%	39	11%
36 - 40	17	13%	28	14%	24	7%
41 - 45	26	19%	28	14%	49	14%
46 - 50	13	10%	33	16%	44	13%
51 - 55	18	13%	17	8%	57	17%
55 - 60	4	3%	21	10%	39	11%
61 - 65	7	5%	3	1%	6	2%
Over 65	1	1%	1	0%	5	1%
Group	1	1%	0	0%		
Not recorded	4	3%	0	0%	1	0%
TOTAL	134	100%	202	100%	346	100%

Disciplinary Cases Recorded by Ethnicity	April 2011 - March 2012		April 2012 - March 2013		April 2013 – March 2014	
Ethnicity	Number	%	Number	%	Number	%
White British	82	61%	123	61%	213	62%
Black & Minority Ethnic Groups	50	37%	79	39%	132	38%
Group / Not stated / not recorded	2	2%	0	0%	1	0%
TOTAL	134	100%	202	100%	346	100%

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Patient Experience Survey Information

1. **In-patient and Out-patient ratings in relation to age**

Chart 1: % of inpatients rating their care as excellent, very good, or good (by age group)

Chart 2: % of outpatients rating their care as excellent, very good, or good (by age group)
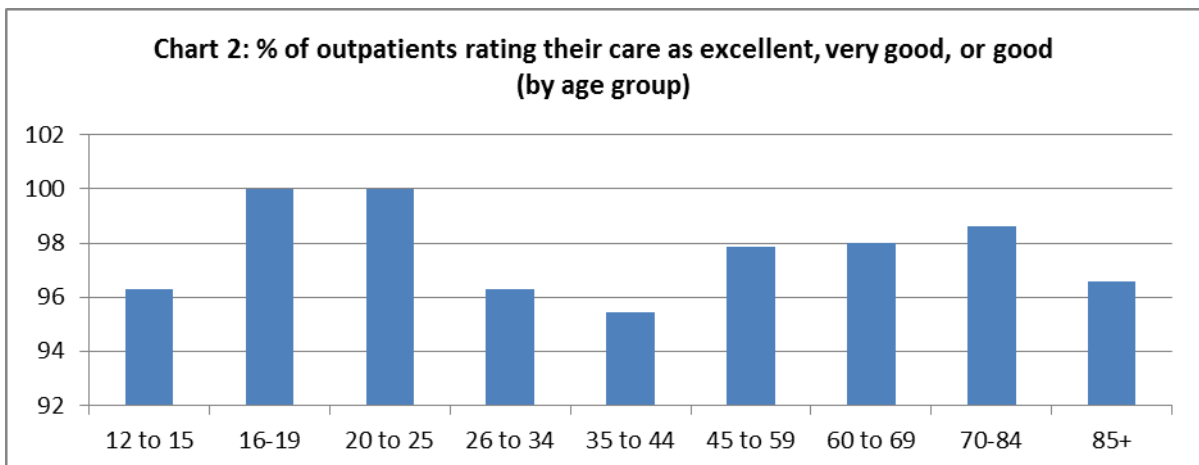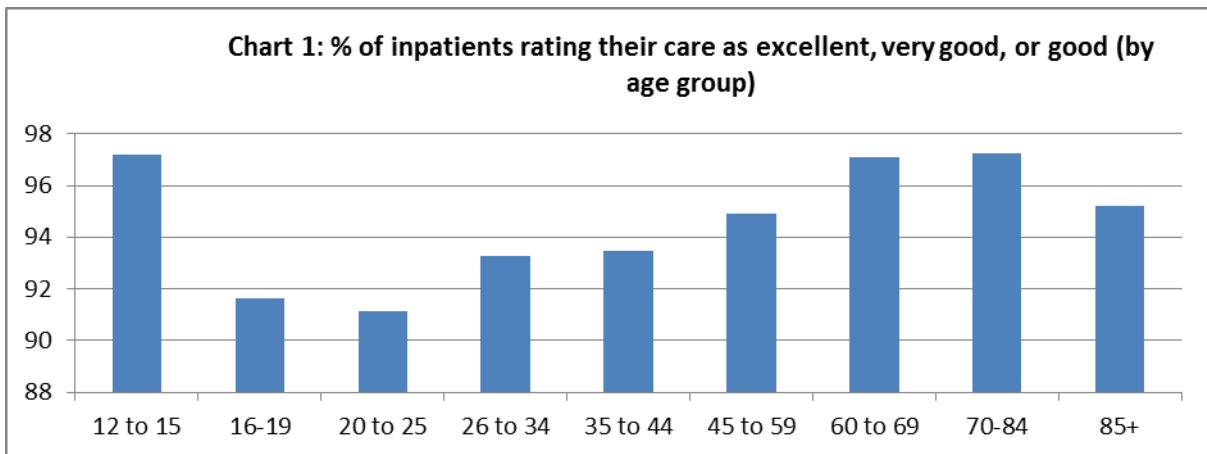
2. In-patient and Out-patient ratings in relation to ethnic group

Chart 3: % of inpatients stating the inpatient care was excellent, very good, or good (by ethnic group)

	Asian	Black	Mixed	Other	White
2010-11	91	91	95	94	95
2011-12	96	95	94	98	96
2012-13	90	97	93	90	97
2013-14	96	97	96	100	97
Average (2010-14)	96	96	96	96	96

Chart 4: % of outpatients stating the inpatient care was excellent, very good, or good (by ethnic group)

	Asian	Black	Mixed	Other	White	Overall
Series1	100	100	82	100	98	98

3. In-patient and Out-patient ratings in relation to gender

Chart 5: Overall inpatient care ratings by gender)

	Female	Male
Poor	1	1
Fair	3	3
Good	10	8
Very good	36	34
Excellent	49	55

Chart 6: Overall outpatient care ratings by gender)

	Female	Male
Poor	1	0
Fair	2	1
Good	6	6
Very good	31	29
Excellent	61	64
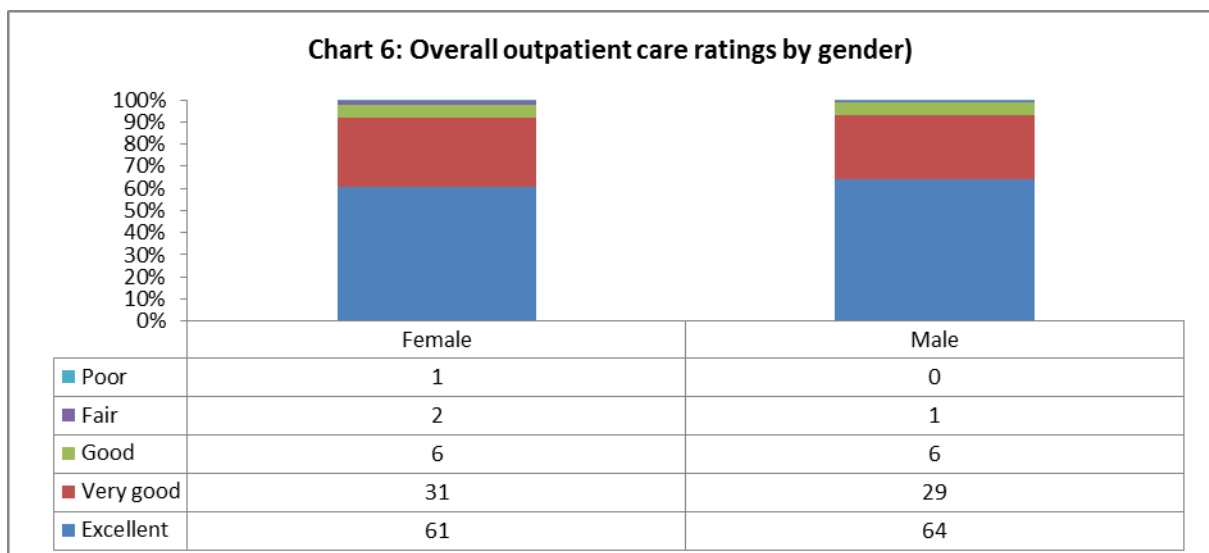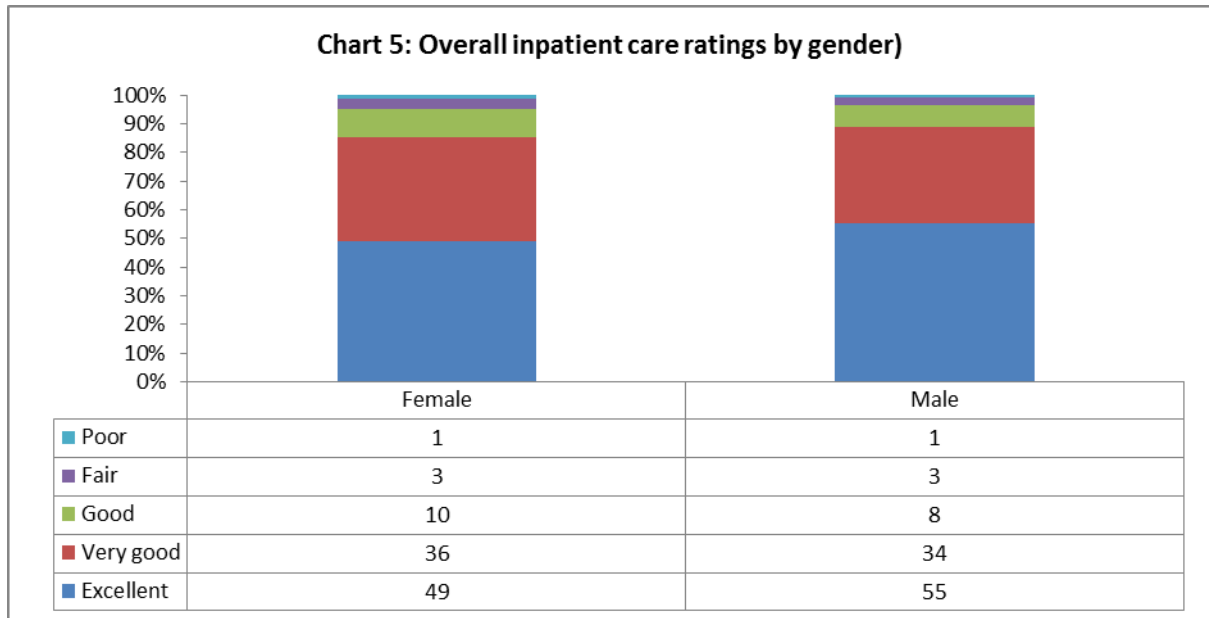
Appendix E

Information about the protected characteristics of people who complained about Trust services (or on behalf of whom a complaint was made) in 2013/14

Ethnic group of patient	Number
White British	930
Any Other White Background	6
White Irish	4
African or British African	3
Caribbean or British Caribbean	2
White and Black Caribbean	2
Pakistani or British Pakistani	1
Indian or British Indian	1
White and Black African	1
Any Other Asian Background	1
Any Other Ethnic Group	3
Unknown	488
Total	1442
Age Group of Patient	**Number**
0-15	127
16-24	66
25-29	68
30-34	65
35-39	69
40-44	66
45-49	79
50-54	90
55-59	93
60-64	105
65+	455
Prefer not to say or Unknown	159
Total	1442
Gender of Patient	**Number**
Male	657
Female	764
Prefer not to say or Unknown	21
Total	1442

Appendix F

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

EDS OUTCOMES SUMMARY 2012/13

	EDS Outcomes	Grade	Reasons for grading
1.1	Services are commissioned, designed and procured to meet the health needs of the local communities, promote well-being, and reduce inequalities	Developing	The Trust can site examples of work and initiatives which meet the health and well-being of protected groups. Our key challenge is around understanding and quantifying gaps in relation to protected groups
1.2	Individual patients health needs are assessed and resulting services provided, in appropriate and effective ways	Developing	The Trust has developed several Working Groups resulting from specific patient needs which aim to improve patient outcomes through mainstream processes
1.3	Changes across services for individual patients are discussed with them and transitions are made smoothly	Developing	The Trust uses Patient Experiences information and Patient Involvement mechanisms to improve patient care pathways and transitions. Need to focus on more on specific protected groups
1.4	The safety of patients is prioritised and assured	Developing	The Trust can demonstrate that patient safety is prioritised for all patients. Our challenge is to ensure we evidence how we are improving patient safety specifically for patients under the protected groups
1.5	Public health, vaccination and screening programmes reach and benefit all local communities and groups	Not Applicable	
2.1	Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds	Developing	We adopt several mainstream and targeted approaches to meet the service access needs of relevant protected groups. Our key challenge though is to monitor patients from the protected characteristics to enhance our services and access.
2.2	Patients are informed and supported so that they can understand their diagnoses, consent to their treatment and choose their places of treatment	Developing	The Trust can demonstrate that all patients are informed and supported so they can understand their diagnoses, treatment. We have targeted approaches for some of the patients from protected groups but further

			work could be developed in some specific areas
2.3	Patients and carers report positive experiences of the NHS where they are listened to and respected and their privacy and dignity is prioritised	Developing	We can demonstrate that service users are involved in the redesign and commissioning of services. We need to ensure that patients from all the protected characteristics have these opportunities.
2.4	Patients and carers complaints about services and subsequent claims for redress should be handled respectfully and efficiently	Developing	Complaints and PALS queries are handled with respect, efficiency and thoroughness, although further development of monitoring from all the protected characteristics is needed.
3.1	Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	Achieving	The Trust can demonstrate a clear commitment and evidence that its recruitment processes are fair and equitable.
3.2	Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	Achieving	UHBristol takes steps to implement NHS pay, terms and conditions (i.e. Agenda for Change). Job evaluation takes place in accordance to the original AfC principles with JE panels having staff side involvement. This rating can be approved if an Equal Pay Audit was conducted across the organisation.
3.3	Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	Achieving	The Trust's policies such as study leave and appraisal, demonstrate a clear commitment to supporting, training and developing staff.
3.4	Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	Developing	The Trust can demonstrate a clear commitment to eliminating harassment, bullying and violence towards staff. All staff can and are encouraged to utilise all of the Trust's policies. Our objective is to ensure we understand the experiences of all protected groups and respond effectively to any issues identified.
3.5	Flexible working options are made available to all staff, consistent with the needs of patients and the way that people lead their lives	Achieving	The Trust has a number of policies to support all staff with flexible working options where the service provision allows.
3.6	The workforce is supported to remain healthy with a focus on addressing major health and lifestyle issues	Developing	The Trust is in the process of developing a Health and Well Being strategy and action plan. The trust recognises this is an area of significant

	that affect individual staff and the wider population		important both in terms of staff well-being and the impact on patient care.
4.1	Boards and senior leaders conduct and plan their business so that equality is advanced and good relations fostered within their organisations and beyond	Developing	The Trust can demonstrate that its Board and senior managers are committed to engaging with patients, communities and staff across the protected characteristics through their positive adoption of E&D policies and initiatives.
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	Developing	Middle/line managers are supported through training, policies and procedure to ensure their staff work in an environment free from discrimination.
4.3	The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit develop and support strategic leaders to advance equality outcomes	Undeveloped	The Trust is currently reviewing its entire Leadership programme and the EDS is an opportunity to ensure the competency framework or similar tool is used to support the development of existing and future managers.

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Example of a Star Chart

9