University Hospitals Bristol **NHS**
NHS Foundation Trust

Equality and Diversity Annual Report

2014 – 2015

Executive Summary

Introduction:

University Hospitals Bristol NHS Foundation Trust (hereafter referred to as 'the Trust' or UH Bristol) 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 individuals and communities. We are committed to providing equal access to employment opportunities and an excellent employment experience for all.

Purpose:

This annual report demonstrates the Trust's undertakings relating to equality and diversity including compliance with the Equality Act 2010 and the following general public sector duties prescribed by that Act:

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

The annual Equality and Diversity Report provides statistics, service and workforce information relating to the nine protected characteristics - race/ethnicity, sexual orientation, sex, age, disability, gender reassignment, religion/belief, marriage/civil partnership, pregnancy/maternity.

Our aspirations

Using the outcomes and experiences of patients and staff from across all the protected characteristics, the Trust aspires to transform its services based on people's needs rather than assumptions. The Trust will use data and information gathered from a variety of sources such as patient surveys, the Friends and Family Test and the annual Staff Survey as well as stakeholder involvement to identify equality objectives and service priorities.

Local context and the Trust's Workforce

The population of Bristol is increasingly diverse and this is reflected in the Trust's patients and its workforce. The 2011 census reveals the non-white population of Bristol increased by 12% to 22% from the 2001 census and 23% of UHBristol staff state they are non-white. 16% of Bristol is Black, Asian Minority Ethnic (BAME) compared with 14% the UH Bristol workforce. 8.5% of patient attendances were from BAME patients. Further information on the other protected characteristics is available in Section 2 of this report.

Trust Achievements during 2014/15

Some examples of good equality and diversity practice in terms of workforce and service improvements include:

- Strengthening governance and assurance arrangements including the Equality and Diversity Sub-group reporting to the new Workforce and Organisational Development Group as well as the Senior Leadership Team (SLT). This indicates the level of commitment by the senior team to the equalities agenda.

- All in-patients with a learning disability are risk assessed with 48 hours of addmission to ensure reasonable adjustments are identified and made.

- Completion of a reverse mentoring pilot for Black, Asian and Minority Ethnic (BAME) Staff and agreement for reverse mentoring to form part of the Trust's Leadership Development programme. This will encourage BAME staff with their career development and support the Trust's talent management programme.

- Logistical support provided by the Trust has enabled the Carer Liaison worker to concentrate on carers' issues and referrals. This includes the introduction of carers "drop in" surgeries within the Bristol Haematology and Oncology Centre along with a referral pathway for carers who require additional support and advice. The Carer Liaison role has extended across Divisions with referrals being made directly from the carer.

- A 'Respecting Everyone' month designed to highlight Harassment and Bullying was held during November 2014. Additional sources of support for harassment and bullying issues was provided and all managers were invited to make pledges to tackle the issue. The Trust's confidential Harassment and Bullying team were presented with an award for their hard work and support for staff.

- The Trust has worked closely with families of children who have had cardiac surgery to understand their experience of the care they received and how improvements can be made to the information they receive and the consent process.

Further details of other initiatives are provided in Sections 6 and 8 of this report.

2014 Staff Survey Results

The 2014 staff survey highlighted a number of discrepancies between staff and particularly within the protected characteristics. Areas to note include a decrease in the percentage of staff having received equality and diversity training; BAME staff were more likely to say they did not agree the Trust acted fairly with regard to career progression and promotion and reported higher rates of violence and harassment and bullying than their white counterparts. Appraisal rates between white and BAME staff were similar, however satisfaction with the quality/outcome of BAME staff was higher compared to white staff (75% of BAME staff compared to 48% of white, stated their appraisal had helped to improve how they did their jobs.

Experience of discrimination from patients or the public was most commonly reported by gay men and bi-sexual respondents and the experience of staff with long standing illnesses, health problems or disabilities was more negative than colleagues with no stated disabilities in almost every area of questioning.

Efforts to address these and other results from the staff survey relating to the protected characteristics form the basis of the Trust's Equality and Diversity action plan. The plan also supports other key Workforce and Organisational Development work programmes such as staff engagement and building capability.

Actions already taken or in train to support the staff survey results include the South West Audit team reviewing our recruitment processes, diversity e-learning for junior doctors, running another reverse mentoring cohort in the Autumn, reviewing the Harassment and Bullying policy and running additional Harassment and Bullying training sessions, introducing a revised Speaking Out policy, establishing a 'Living and Working with Disabilities, Illness and Injuries group to identify impactful ways of improving the employment experience of staff.

Key Priorities for 2015/2016

The Trust's Equality and Diversity Action Plan found at Appendix B provides full details. Highlights include:

- Equality Delivery System (EDS2) revised self-assessment completion and implementation plan.
- Refreshed Equality Objectives based on stakeholder involvement (internal and external) and service needs.
- Developing further training and support for all staff including focusing on Unconscious bias
- Focusing on the outcomes from the Trust's Workforce Race Equality Standard (WRES – a new national initiative implmented from July 2015)

We will continue to find new ways of ensuring equalities issues for both patients and staff form a holistic part of decision–making and leadership. For example, the revised approach to Public Patient Involvement will provide opportunities for representatives of the protected characteristics to directly influence service development and patient experience. The Trust will also continue to strengthen its partnership working with other local health organisations including the Equality and Diversity Leads within the 'Diamond Cluster' (Bristol, North Somerset and South Gloucestershire) and Health Watch and its EDS experts and local Clinical Commissioning Groups. The Trust is also a member of the Bristol City Council Women's Commission and is supporting the Commission with its zero tolerance pledge for Bristol against domestic abuse.

Conclusion

Whilst the Trust has made progress on the Equality and Diversity agenda, there are a number of pressing areas to focus on such as discrimination experienced by BAME staff and their career development as well as the assessment of Trust services using the EDS processes. Further work will also be undertaken on ensuring the Trust is capturing accurate data and information to inform its decision-making and demonstrate continuous service improvement and enhanced staff experience.

The Equality and Diversity Group will lead the work on the action plan and progress will continue to be supported and monitored by the Workforce and Organisational Development Group.

University Hospitals Bristol **NHS**

NHS Foundation Trust

Equality and Diversity Annual Report

2014 - 2015

1. Introduction

1.1 University Hospitals Bristol NHS Foundation Trust (hereafter referred to as 'the Trust' or UH Bristol) 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 individuals 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 public sector duties prescribed by that Act:

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

1.3 The Trust published its Equality Objectives for 2012 - 2014. This report sets out progress and activity in relation to these objectives, highlighting areas for improvement as well as noting areas of good practice.

1.4 The Trust has a set of equality objectives (further details can be found in sections five and six of this paper). A further set of detailed objectives for 2015 – 2018 is being developed by the Trust's Equality & Diversity Sub-Group based on key priority areas such as the Equality Delivery System (EDS2), staff experience including the 2014 Staff Survey results, staff training and the outcomes of the Workforce Race Equality Standard (full results available after 1st July 2015).

2. Context

2.1 Population of Bristol – by Ethnic group [1]

Bristol serves a socially and ethnically diverse population and this is broadly reflected in the profile of the Trust's workforce.

The Black, Asian and Minority Ethnic (BAME) population of Bristol (all groups with the exception of all the White groups) make up 16% of the total population in Bristol. This is an increase from 8.2% of the total population in 2001.

An alternative definition of the BAME population that can be used is the non-'White British' population (all groups with the exception of White British) which includes the

---

[1] *From The Population of Bristol September 2014, Bristol City Council.*

Eastern European population. The non-'White British' population make up 22% of the total population in Bristol - this is an increase from 12% of all people in 2001.

14.7% of staff at UH Bristol describe themselves as coming from a BAME background, whilst the proportion of non-White British staff is 22.7%.

Figure 15. Population by ethnic group
Source: Office for National Statistics © Crown Copyright 2013 [from Nomis]
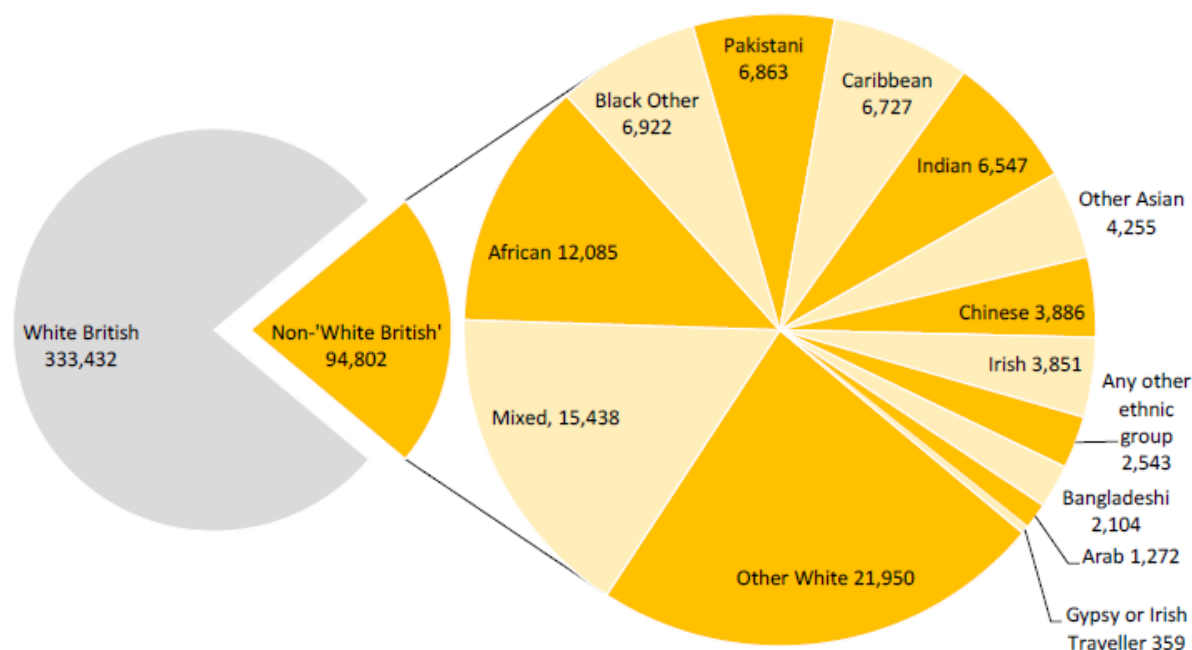
2.2. Workforce Profile of UH Bristol

A detailed profile of the Trust's workforce is provided in Appendices A1 and A2, including a breakdown of the workforce by staff group and a workforce profile comparison with NHS England[2]. Some high level workforce profile points to note are as follows:

---

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

UH Bristol Workforce - 31st December 2014
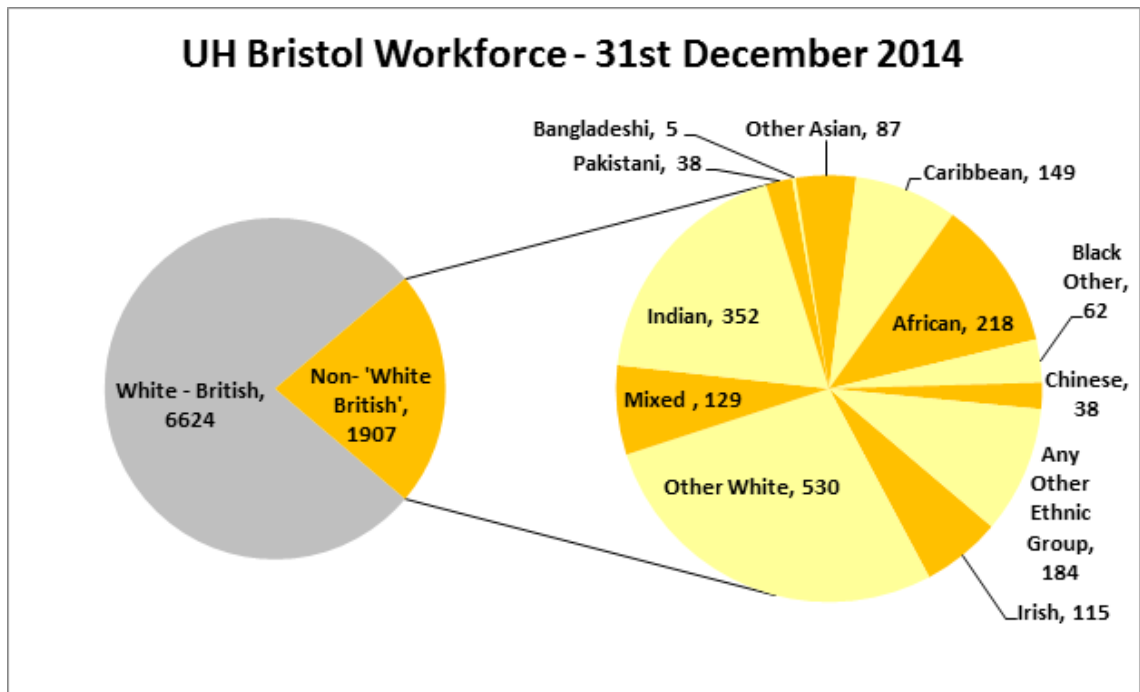
Staff Group
As at 31st December 2014, the Trust employed a total of 8,569 staff. Nursing and Midwifery staff is the biggest staff group across the Trust's workforce, representing 38% of the total workforce, followed by Administrative and Clerical staff/Senior Managers with 20% of the workforce.

Sex
78% of staff are female which is comparable with the sex split of staff in NHS England.

Age
By comparison with staff in NHS England, the age profile of staff in the Trust is younger. 36% of the Trust's staff are 45 or over years old compared to 47% of NHS England staff, whilst 10% of Trust staff are 25 or under, compared with 6% of NHS England staff.

Race/ethnicity
Just under 85% of UH Bristol staff have declared that they are White, by comparison with 79% of staff across the NHS in England.

Disability
3% of UHBristol staff declared having a disability, which is directly comparable to the percentage of staff with declared disabilities across the NHS in England.

Religion/Belief
39% of UHBristol staff chose not to declare any religious belief, but 41% of staff are recorded as Christian compared to 39% of NHS England staff, 11% of UH Bristol staff declared that they were Atheists compared to 7% of NHS England staff.

Sexual Orientation
Approximately 1.4% of staff at UH Bristol identified as being either gay, lesbian or bisexual, which reflects the declared sexual orientation percentage of staff across for NHS England.

2.3   Patient Attendances and Admissions Profile

The points below highlight patient attendances and admissions information by protected characteristics where the breakdown is available. Further details are provided at Appendix A3.

- In 2014, the Trust undertook a total of 789,551 inpatient admissions and outpatient attendances.

- Of these attendances, 16.2% were by patients under 16 years old and 33% by patients over 65 years.

- 8.5% of these attendances were by patients from a BAME background and 83.5% by patients from a White background; 8% of episodes were recorded for patients where ethnic background was not stated or unknown.

- The gender split between male and female patients by episode was 46% and 54% respectively.

- 52.1% of attendances/admissions were by patients who declared their religious belief as Christianity and 2.7% by patients who declared their religious belief as Islam. 20.6% of attending patients stated that they had no religious belief and 22.7% of attendances/admissions were by patients where religious belief was not stated or unknown.

3.   The National Workforce Race Equality Standard

The NHS Equality and Diversity Council announced in July 31st 2014 that it had agreed action to ensure employees from BAME backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This commitment followed reports highlighting disparities in the number of BAME people in senior leadership positions across the NHS, as well as lower levels of well-being amongst the BAME population.

The Council pledged its commitment to implement two measures to improve equality across the NHS, commencing in April 2015.

The first is a Workforce Race Equality Standard (WRES) that, for the first time, requires NHS organisations' to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the levels of BAME Board representation. The second is the Equality Delivery System (EDS2) - a toolkit, which aims to help organisations improve the services they provide for their local communities and provide better working environments for all groups. The Trust is developing EDS2 at the present time (See Section 9 below).

The WRES Standard and the EDS2 will for the first time be included in the 2015/16 Standard NHS Contract. The regulators, the Care Quality Commission (CQC), National Trust Development Agency (NDTA) and Monitor, will use both standards to help assess whether NHS organisations are well-led.

The WRES standard goes live from 1st April 2015, and the Trust is required to implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing the Standard by July 1st 2015.

The Trust's results will be published in July 2015 and will be discussed in detail as part of the 2015/16 Annual Equality and Diversity report.

4.   The National Staff Survey 2014 – Key Equality and Diversity findings and planned outcomes

The National Staff Survey for 2014 was carried out in the Trust between September and December 2014.

For the first time the survey questionnaires were sent on a census basis to all substantively employed staff across University Hospitals Bristol NHS Foundation Trust. 3,641 staff chose to take part in the 2014 survey, compared to last year when the Trust used a random sample of 821 staff (10% of staff) resulting in 455 responses.

There were a number of key findings where there were clear discrepancies between members of Trust staff. In some cases the discrepancy was between BAME and White staff, in others it was between members of staff of different declared sexual orientation or disability/illness/health status.

4.1   The key areas of concern and the actions we are taking to address include:

4.2   The percentage of respondents stating that they had received equality and diversity training in the past 12 months was 47%. Although Equality and Diversity training forms part of the Trust's induction training further e-learning is currently being developed. It is anticipated that the flexibility electronic learning allows will more staff to access this training opportunity. This approach is already being taken with junior doctor's induction which, as from July 2015, contains a specific equality and diversity section.

4.3   BAME staff were more likely to say that they did not agree that the Trust acted fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age and that they had personally experienced discrimination in the past 12 months. The Trust has commissioned Audit South West to undertake an audit of recruitment practices and processes to identify any unconscious bias or barriers to employment or promotion within the Trust.

4.4   6% of respondents (217 people) stated that they had personally experienced discrimination in the past 12 months from *patients, service users, relatives or other members of the public.* Staff from BAME backgrounds reported significantly higher rates of physical violence, harassment, bullying and abuse than their White colleagues. A further review of the Harassment and Bullying policy is currently underway. Some Divisions have already identified harassment and bullying hotspots and are addressing this using additional supportive training for staff such as 'Beat the Bully' training and communication and engagement training.

4.5   Experience of discrimination from patients or the public was most commonly reported by Gay Men and Bi-Sexual respondents by comparison with all respondents of other sexual orientations. Gay Men were most likely to report having experienced physical violence, harasment, bullying and abuse in the past 12 months, by comparison with respondents of other sexual orientations. The Trust has revised the Management of

Unacceptable Behaviour from Patients Policy, which will be widely communicated to support staff. The Trust has also re-launched its Staff Lesbian, Gay, Bi-Sexual and Transgender Group to seek ideas, solutions and engagement with this staff group.

4.6   81% of staff from BAME groups stated that they had received an appraisal/development review in the last 12 months, by comparison with 83% of white staff. However, satisfaction with the quality/outcomes of appraisal was higher among respondents from BAME groups. 75% of staff from BAME groups (by comparison with 48% of white staff) stated that their appraisal had helped to improve how they did their jobs. 46% of staff from BAME backgrounds, by comparison with 38% of staff from white backgrounds, stated that they were satisfied with the extent to which the organisation valued their work.

4.6.1   Another Reverse Mentoring cohort for BAME staff and senior managers is planned for the Autumn 2015 and is designed to support and promote career advancement and talent management for BAME staff (see section 6.2). The Trust has also obtained funding from Above and Beyond to provide six education bursaries to support additional training to aid career development for BAME staff. The application process is currently being devised and its success will be reported in the 2015/2016 Annual Equality and Diversity Report

4.7   Gay Women reported considerably lower provision in some areas of training, and substantially (73%) the lowest rate of appraisal in the past 12 months as well as evidence of poorer quality and outcome of appraisal by comparison with all respondents of other sexual orientations. Respondents who identified as bi-sexual or preferred not to state their sexual orientation were the most likely to state that the orgnisation did not act fairly in respect of career progression by comparison with respondents of other sexual orientations.

4.7.1   Performance management and appraisals are key components of the Trust's Workforce and OD strategy. The Trust will be reporting on a revised approach to all staff appraisal in terms of objective setting, quality and expected organisational and personal outcomes in the Autumn.

4.8   The experience of the 657 staff that identified as having long standing illness, health problems or disabilities, as reflected in the Staff Survey was more negative than those of colleagues with no stated disabilities in almost every area of questioning. As a result, the Trust will work with the Living and Working Disabilities, Illness and Injuries Group to identify impactful ways of improving the employment experience of these staff.

These initial steps outlined above start to address some of the findings relating to the protected characteristics from the staff survey. It is recognised that some of these actions support other Workforce and Organisational Development work programmes, such as Staff Engagement and Health and Well-Being.

5.   The Trust's Strategic Equality and Diversity Objectives

5.1   The Trust's strategic Equality objectives were developed following engagement events in South Gloucestershire and Bristol with patients, carers and local interest groups.

5.2   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).

5.3   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.

5.4   A further set of objectives for 2015 – 2018 will be developed by the Trust's Equality & Diversity Group using evidence and key priorities from a range of sources including the Workforce Race Equality Standard, the 2014 Staff Survey results and the EDS2 self-assessment.

6.   Progress during 2014/15 against the Trust's Equality Objectives

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

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

6.1 Staff Training

6.1.1 All new 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 and within our leadership and management development courses. 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. To date over 5,000 staff at UH Bristol have attended *Living the Values* training.

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'.*

6.1.2 Examples of clinical training specifically relating to patients with learning disabilities and/or dementia and/or autism spectrum conditions

The Trust continues to build on existing clinical training methods which target staff teams across the Trust. Clinical training covers a range of issues which relate to evidence based practice, relevant publications and reports and relates directly and indirectly to equality and diversity issues and the protected characteristics.

Examples of clinical training include learning disabilities and/or dementia and/or autism spectrum conditions. The learning disabilities team provides training for Trust teams and has maintained training levels throughout the Trust with the main focus placed on clinical ward teams and medical and dental teams, as well as training external community partners.

Awareness training of conditions such as dementia and learning disabilities, as well as the Mental Health Capacity Act (2005), is also provided at Trust induction, allowing all new staff to receive an appropriate level of awareness and training. A specific training programme has been designed for doctors/dentists and volunteer services as well. The Trust is currently reviewing the e-learning programme to ensure that the levels of training are available and easily accessible.

The Learning Disabilities team also maintains information and clinical updates on the Trust's Connect (Trust Intranet) on how to meet the needs of people with learning disabilities and/or dementia and/or autism spectrum conditions. This enables staff to access up to date relevant information at any time as well as seeking support from the team when an admission or outpatient activity occurs.

On the Trust's Internet pages, patients, carers and stakeholders can access a range of `Easy Read' leaflets and a hospital passport can be used to outline an individual's health needs prior to admission.

The Trust's patient administration system uses an electronic flag system called `a clinical alert' allowing additional reporting and further opportunities to highlight the needs of patients with learning disabilities or/and dementia or/and autism within the Trust. This system flags inpatients and outpatients with particular needs and disabilities to specific clinical teams, providing them with advanced notice of patient's potential visits, admission and movements to and within the Trust.

The Trust's Learning Disabilities team also works with people with learning disabilities and autism who may also have dementia. The Learning Disabilities team works in line with the recommendations set out by the Dementia team within the Trust, in order to maintain and build upon current national standards of good practice.

6.2   Reverse Mentoring

The Trust is working with the Staff Black, Asian and Minority Ethnic Workers Forum to improve the overall employment experience for BAME staff. The Forum has led a Reverse Mentoring pilot. Reverse Mentoring provides BAME 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 included the Chief Operating Officer, the Deputy Chief Nurse and a Divisional and Deputy Divisional Director.

A review of the Reverse Mentoring pilot has been completed and a paper recommending the continuation of the scheme was presented to the Teaching and Learning Steering Group. The Steering Group supported the paper in principle and agreed that Reverse Mentoring will form part of the Trust Leadership programme in 2015/16.

6.3   Tackling Harassment and Bullying

The Trust has taken action to address harassment and bullying – including:

- The Trust has raised overall awareness of reporting processes and continues to promote a culture of no tolerance of harassment, bullying and discrimination.
- The Trust's Harassment and Bullying Policy includes a diagnostic toolkit to address concerns in areas where bullying/ harassment/ inappropriate behaviour is known/strongly suspected but no formal complaint has been made. The policy also identifies sources of support both for people who believe that they have been bullied and for those accused of bullying.
- The Trust has specifically targeted information for Junior Doctors re: how to raise concerns and sources of support available.
- November 2014 was designated "Respecting Everyone" month at UH Bristol. During this month, the work of the Confidential Harassment and Bullying advisory service, as well as other sources of support, were widely publicised. All managers were invited to make pledges, stating their commitment to tackling harassment and bullying in their own areas – all pledges made were publicised via Connect and HR Web. All staff were invited to nominate anti-bullying champions and an award was made in February 2015 which was awarded to the Trust's confidential Harassment and Bullying Advisors team.
- The Trust has also distributed Tackling Harassment and Bullying cards which provide clear definitions of harassment and bullying and detail sources of support.
- The Trust continues to provide a confidential Harassment and Bullying Advisory Service – a team of volunteers who provide confidential support and advice to people experiencing bullying or harassment in the workplace.

6.4   Employee Relations Cases/Actions in 2014

Reporting on certain formal employee relations cases is a requirement of the Public Sector Equality Duty and supports both the Workforce Race Equality Standard as well as the Equality Delivery System. Analysis of the data also supports the outcomes from the Staff Survey and by triangulating such data and information, allows the Trust to drill down on certain issues and develop plans to address gaps or undesirable patterns.

It should be noted that in terms of employment relations cases, the Trust is only able to report on six out of the nine characteristics. It is not able to report on maternity/pregnancy and marital status/civil partnership due to the limited capacity of the internal reporting systems. Recording of gender re-assignment is also not possible due to limitations with the NHS Electronic Staff Record system.

Reporting and monitoring the outcomes of formal disciplinary, grievance and harassment and bullying cases by Employee Services, is a key a priority in order to understand the context and reasons for cases reaching formal stages. As will be seen in Appendix B, the Equality and Diversity action plan prioritises benchmarking against other Trusts - learning from, and sharing, best practice where disciplinary rates are similar and where apparently disproportionate disciplinary action by ethnicity or other protected characteristics is being tackled.

Analysis of the Trust's workforce data demonstrates that during 2014 there were:

- 179 formal disciplinary cases
- 24 formal grievance cases
- 26 formal harassment and bullying cases.

Analysis of these cases showed that:

- Men made up 22% of UH Bristol's workforce but were the subjects of 42% of disciplinary cases and 37% of grievance cases.

- 3% of the workforce declared that they had a disability, but 6% of disciplinaries, 16% of grievances and 15% of Harassment and Bullying cases were brought against/brought by people with declared disabilities.

- BAME staff made up just under 15% of the workforce, but were the subjects of 40% of all disciplinary cases and raised 21% of all grievances and 27% of all harassment and bullying cases.

- The highest number of disciplinary cases (16%), were made against people in the 40-45 years age group who made up 12% of the workforce. People in the 45-50 and 51-55 years age groups which each made up 12% of the workforce raised the highest numbers of grievances (21% of all cases each). The highest number of harassment and bullying cases (23%) were raised by people in 56-60 years age group – which made up 8% of the workforce.

Further details are available at Appendix C.

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

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

6.5.1   The Trust understands its obligations to ensure that people with disabilities are given equal opportunity to enter into employment and progress wherever possible.

6.5.2   The Trust was successful in maintaining the standards of 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.

6.5.4   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. During 2014, 41 staff used the Redeployment Register. 17 staff were successfully redeployed, of which 6 had a disability.

6.5.5   A Living and Working with Disability, Illness or Injuries forum (LAWDII) has been established and is being led by the Lead Royal College of Nursing RCN staff representative. The Group is currently focusing on staff with dyslexia and associated

conditions and has been able to support both staff and managers with effective but simple solutions such as using coloured paper and coloured slide rules.

6.6.6   The Trust completes Personal Emergency Evacuation Plans (PEEP) for staff, where a disability/impairment may impede safe evacuation. 10 staff have completed evacuation plans which include being taken through the procedure to ensure familiarisation with the evacuation procedures.

6.6.7   The Trust has a well-established and active BAME Staff forum that was pivotal in developing the Reverse Mentoring Scheme in 2014/15.

6.6.8   The staff equalities group for Lesbian, Gay, Bi-Sexual and Transgender staff has been refreshed and reintroduced.

6.8.9   A wide range of E-learning training packages in Equality and Diversity have been reviewed for suitability. It has been concluded that an in-house e-learning package best suits the Trust's needs and development of this is in the action plan.

6.8.10 The Equality and Diversity Lead has attended all Divisional Boards to present an overview of the EDS framework and to highlight next steps to be taken - including the key action of identifying a Divisional Equality Lead and mapping Divisional services in preparation for EDS2 assessment.

7.8   **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 below. The Trust has made progress in data collection, feedback received from patient surveys and learning from formal and informal complaints. Areas requiring improvement include increasing the levels of overall patient monitoring information and extending the equality monitoring to enable the effective objective setting.

Further details of patient experience data are detailed below:

7.8.1 **Patient Experience Surveys**

UH Bristol's monthly survey of discharged inpatients is the Trust's key patient-reported experience measurement tool[3].   It is used extensively for quality assurance and service improvement purposes. It is sent by post to a random sample of around 1,100 patients per month, with a usual response rate of around 46%[4].

The survey data collected includes age, sex and ethnicity variables, which are attributed via an anonymised link between survey responses and the Trust's patient administration system (Medway). From May 2014 the questionnaire itself was amended to capture additional demographic information: disability, religion, and sexuality.

7.8.2 Some of the trends from the Trust's survey data broadly follow those seen at a national level:

---

[3] Please note that no corporate outpatient survey was conducted in 2014/15.

[4] The exact rate varies depending on time of year / patient group.

- Women give slightly lower care ratings than men (54% and 62% respectively giving an 'excellent' rating for inpatient care)
- Asian and mixed ethnic groups tend to give slightly lower care ratings compared to Black and White ethnic groups, though these differences are not statistically significant in UH Bristol's surveys
- Overall care ratings tend to be lower in younger age groups (17-26) and the very oldest patients
- Disabled patients are less likely to rate their care as "excellent", although instances of poor ratings are still very rare
- We could not discern a statistically significant variation in ratings of UH Bristol's care by sexuality or religion

7.8.3 The survey cannot identify the underlying reasons for the trends seen, but they are likely to reflect a complex mixture of demographic, health, cultural and equalities factors. For example, women typically give slightly lower patient satisfaction ratings than men. However, women can have an experience of healthcare that men don't access as patients (e.g. maternity, gynaecology), and because women also tend to live longer, they are more likely to be asked to rate experiences of a "care of the elderly" ward (an area of care typically associated with lower ratings). Therefore, at face value this "sex difference" could be interpreted as an equalities issue, but in reality we do not know if the difference is a result of the services women are experiencing, their age, their sex, a combination of these things. Similar difficulties exist when looking at ethnicity, age and disability data.

We do know that postal surveys typically do not tend to engage minority groups. A face-to-face / qualitative approach is preferable in this context, and so the Trust's Patient Experience Lead (involvement and engagement) has strong links with local community groups for these purposes.

7.8.4 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.

7.9 **Patient Complaints**

7.9.1 In 2014/15 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 0.26%, compared to 0.21% in 2013/14.

7.9.2 The total number of complaints received during the year was 1,883, an increase of 30% on the previous year. Compared with 2013/14, there was an increase of 11% in the number of complaints managed through the formal investigation process and a 53% decrease in the number of complaints managed through the informal investigation process.

7.9.3 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 2014/15 (or on behalf of whom a complaint was made) can be found at Appendix E. This data shows that:
- Just over half the complainants were women (57%)

- 35% of patients were aged 65 years or above[5]
- The overwhelming majority of people who complained, and whose ethnicity is recorded, were White British.

7.9.4 In 2014/15, there were 722 patients whose ethnicity was unknown. This total was made up of people who preferred not to or declined to give this information. 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.

7.9.5 The Patient Support & Complaints Team routinely asks for the patient's ethnic group, age and gender if this data has not been pre-populated on the patient administration system. The Trust's '*How can we help?'* leaflet is available in several of the ethnic languages most commonly spoken by residents of Bristol.

8. **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 who share a specific 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. There are quarterly steering group meetings: the service users/patients are delivering teaching to Emergency Department staff on self- harm. In addition, a new patient leaflet and personal support plans have been introduced.

- *SMART Recovery Group -* The SMART Recovery group meets weekly and 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.

- *End of Life care pathway -* As part of a service development initiative two focus groups were held to enable family members and friends to reflect on the end of life care their loved ones received with us.

- *Carer Liaison -* The logistical support provided by the Trust has enabled the Carer Liaison worker to concentrate on carer's issues and referrals over the past twelve months. This has included the introduction of carers "drop in" surgeries within the Bristol Haematology and Oncology Centre along with a referral pathway for carers who require additional support and advice. The Carer Liaison role has extended across Divisions with referrals being made directly from the carer, the ward staff, department staff, and attending ward board rounds. To raise wider awareness, carer information displays have been available in the Trust including opportunities for the

---

[5] 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.

Liaison worker to speak to carers, staff and members of the public about carer's rights and issues and the support available to them within the Trust. This includes promotion of the Trust's Carer Information Scheme which promotes early identification and clear communication with carers, and details on access to discounted parking and extended visiting. In addition, carer awareness training and information to staff on a 1-1 or group basis is provided. This work has contributed to an increase in referrals, with 85 new referrals being received between January and March 2015, a 57% increase on the previous quarter and a total of 258 referrals for the twelve month period.

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

- Congenital Heart Patients. As part of a service improvement plan young adults with a diagnosis of congenital heart disease and who have learning disabilities were invited to share their feedback about the services they receive at the Bristol Heart Institute.

- *Patients with Dementia -* For patients with Dementia, the Trust is striving to make our environments as Dementia friendly as possible, with their needs being considered for each project. The refurbishment projects involving the older people's wards will be incorporating patient sitting areas and activities for patients to engage in during their day. The volunteer scheme continues across the in-patient areas, supporting patients with meal times and befriending. New documentation has been introduced which incorporates more person centred information including carer details and the role they have with that patient as carer engagement remains a priority for the Trust.

- *Rheumatology Services* – patient and staff are involved in the plans to re-locate the new Rheumatology department and Sleep Unit.

- *Cancer Services* – We have worked with the Patients Association to understand the experience of people using the cancer services at our hospitals and to use this information to identify what we can do better. Work undertaken by Healthwatch to engage with and capture the feedback of the community has informed this work.

- *Paediatric cardiac surgery -* We have worked with families of children who have had cardiac surgery to understand their experience of the care they received and how improvements can be made to the information they receive and the consent process.

9. Assessment against the Equality Delivery System (EDS)

9.1 Following the introduction of the EDS2, UHBristol has been working in partnership with the other members of the Diamond Cluster[6] on its 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 and is co-ordinated by Bristol Health Watch. The Trust plans to use this expert group as well as other stakeholders to assess services in line with the EDS2.

---

[6] The Diamond Cluster is 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 Clinical Commissioning Groups. The Group is led by the Commissioning Support Unit.

9.2   The Trust is using the EDS2 framework to improve service provision for all users and staff. The Trust is reviewing its approach to EDS2, recognising that it is much better to manage a comprehensive implementation programme over three to five years. This includes an implementation plan which will involve a further self-assessment to support the Expert Group. In 2015, the Trust will be focusing on the particular EDS2 goal of 'A representative and supported workforce' and the clinical areas of Haematology and Maternity Services.

9.3   The Equality and Diversity Lead has attended all Divisional Boards to present an overview of the EDS framework. Services will be required to present evidence of how they meet the needs of all service users, with particular focus on the protected characteristics. This information will be used to develop a comprehensive set of objectives and actions for monitoring.

10.0 Action Plan Priorities and Outcomes for 2015/16

10.1   The Trust's Senior Leadership Team has agreed an action plan for 2015/16 which supports major national and local equality and diversity needs such as the Equality Delivery System and the future Workforce Race Equality Standard (WRES) as well as the Trust Staff Engagement agenda. The full Action plan is provided at Appendix B of this paper.

        The action plan will be monitored in line with the Trust governance processes for Equality and Diversity as outlined in Section 11 below.

11.   Governance

11.1   This Equality and Diversity Annual Report demonstrates commitment to compliance with the Equality Act 2010 and provides assurance to the Board that the Trust is fulfilling its equality duties. The report includes coverage of both workforce and patient services

11.2   The Senior Leadership Team is 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.

11.3   The Director of Workforce and Organisational Development is the nominated lead Director for Equality and Diversity. There is a dedicated Trust Equality and Diversity Sub Group which reports into the Workforce and OD Group.

11.4   The Equality and Diversity Sub Group leads on the actions contained in the Action Plan (Appendix B).

11.5   Progress on the action plan is reported, via the Equality and Diversity Sub-Group 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).

11.6   The Trust works in partnership with its Staff Side representatives. Staff side members actively participate in the Equality and Diversity Sub-Group and the Workforce and OD 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.

12. Conclusion

12.1 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 for example, by the findings of the WRES and the National staff Survey 2014.

12.2 The action plan at Appendix B will form the basis of work programmes for the financial year 2015/16. The EDS2 self-assessment and stakeholder assessment of Trust services will support the review of the Trust's objectives, and identify gaps in service provision as well as employment experience. These will be addressed to ensure we continuously improve patient care and service provision, evidenced by patient and service user feedback including compliments and complaints.

12.3 The experience of staff across the protected characteristics will be examined by triangulating various data and information sets such as the staff survey, staff turnover, employee relations cases and recruitment. Combined with the information from the Workforce Race Equality Scheme the Trust will continue to work towards having a representative workforce across all staff groups and bands.

Appendices

UHBristol Workforce Profile

1. Workforce Staff Group Profile

University Hospitals Bristol NHS Foundation Trust Staff in Post 31st December 2014

- Nursing and Midwifery Unregistered, 704 — 8%
- Administrative and Clerical / Senior Managers, 1,738 — 20%
- Allied Health / Scientific Professions, 1,205 — 14%
- Nursing and Midwifery Registered, 2,547 — 30%
- Estates and Ancillary, 929 — 11%
- Additional Clinical Services, 339 — 4%
- Medical and Dental, 1,107 — 13%

Headcount by Ethnic Category (White / BME)

Categories: Administrative and Clerical, Allied Health / Scientific Professions, Estates and Ancillary, Medical and Dental, Nursing and Midwifery Registered, Nursing and Midwifery Unregistered

Legend: White, BME

Workforce Profile – by protected characteristics UH Bristol and NHS in England

Data sets for NHS England as at October 2014
Data sets for UH Bristol as at December 2014

1. % Headcount by Age Range

	Under 25	25 to 34	35 to 44	45 to 54	55 to 64	65 +
NHS IN ENGLAND	6%	23%	25%	29%	16%	2%
	25 and under	26 - 35	36 - 45	46 - 55	56 – 65	Over 65
UH BRISTOL	10%	29%	25%	24%	11%	1%
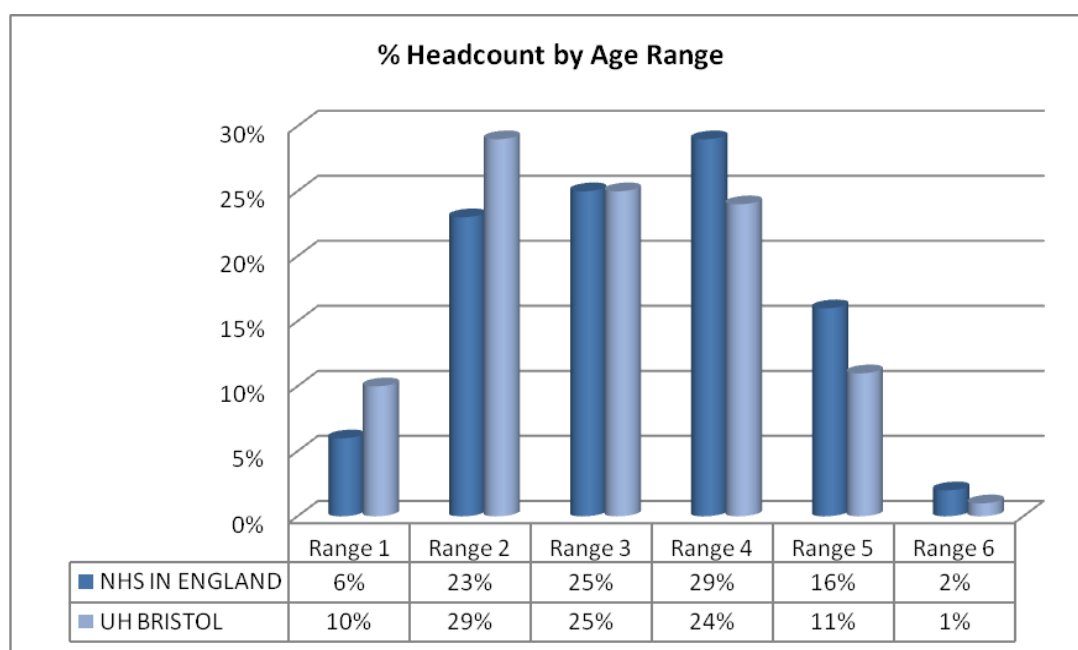
Age Range 1 –NHS in England Under 25 and UH Bristol 25 and under
Age Range 2 - NHS in England 25-34 and UH Bristol 26-35
Age Range 3 - NHS in England 35-44 and UH Bristol 36-45
Age Range 4 - NHS in England 45 – 54 and UH Bristol 46-55
Age Range 5 - NHS in England 55 – 64 and UH Bristol 56-65
Age Range 6 - NHS in England 65+ and UH Bristol over 65

2. % Headcount by declared Disability status

	Disability	No disability	Not disclosed	Not known
NHS IN ENGLAND	3%	58%	17%	23%
UH BRISTOL	3%	94%	3%	0%

% Headcount - Declared disability

	Disablity	No disability	Not disclosed	Not known
NHS IN ENGLAND	3%	58%	17%	23%
UH BRISTOL	3%	94%	3%	0%
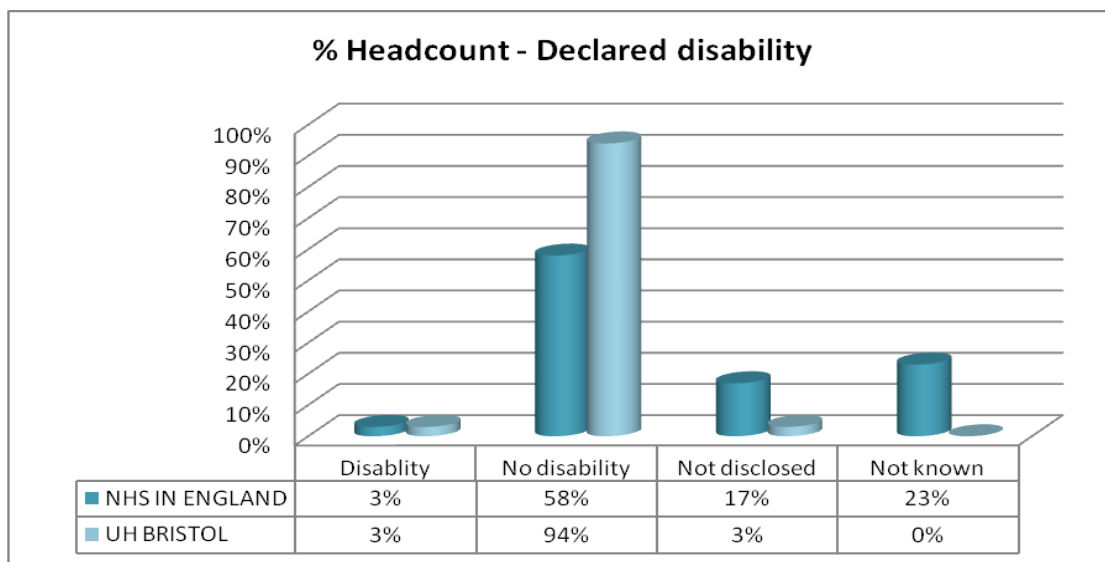
3. % Headcount by identified sex (gender)

	Female	Male
NHS IN ENGLAND	78%	22%
UH BRISTOL	78%	22%

% Headcount by sex (gender)

	Female	Male
NHS IN ENGLAND	78%	22%
UH BRISTOL	78%	22%
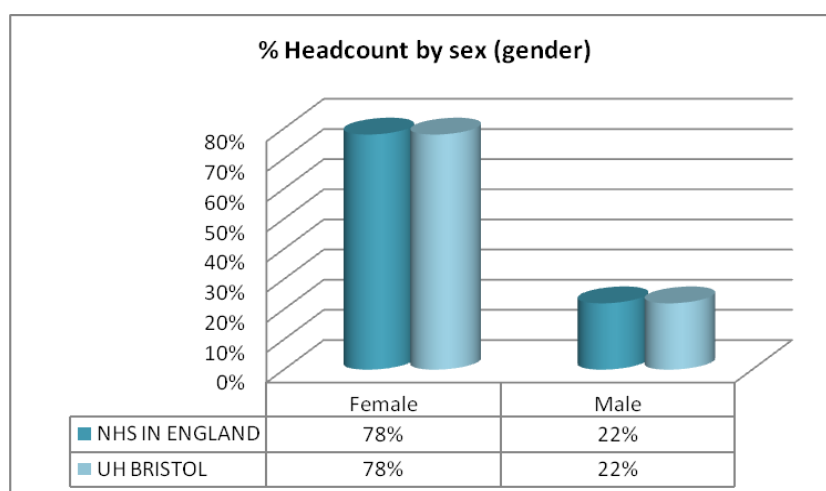
4.   % Headcount by declared Ethnicity

	White	Black/ Black British	Asian/ Asian British	Mixed Ethnicity	Chinese	Any Other Ethnic Group	Unknown/ Not Declared
NHS IN ENGLAND	79%	5%	8%	1%	1%	2%	5%
UH BRISTOL	85%	5%	6%	2%	0%	2%	0%

% Headcount by Ethnicity

	White	Black/ Black British	Asian/ Asian British	Mixed Ethnicity	Chinese	Other Ethnic Group	Not Known/ Declared
NHS IN ENGLAND	79%	5%	8%	1%	1%	2%	5%
UH BRISTOL	85%	5%	6%	2%	0%	2%	0%
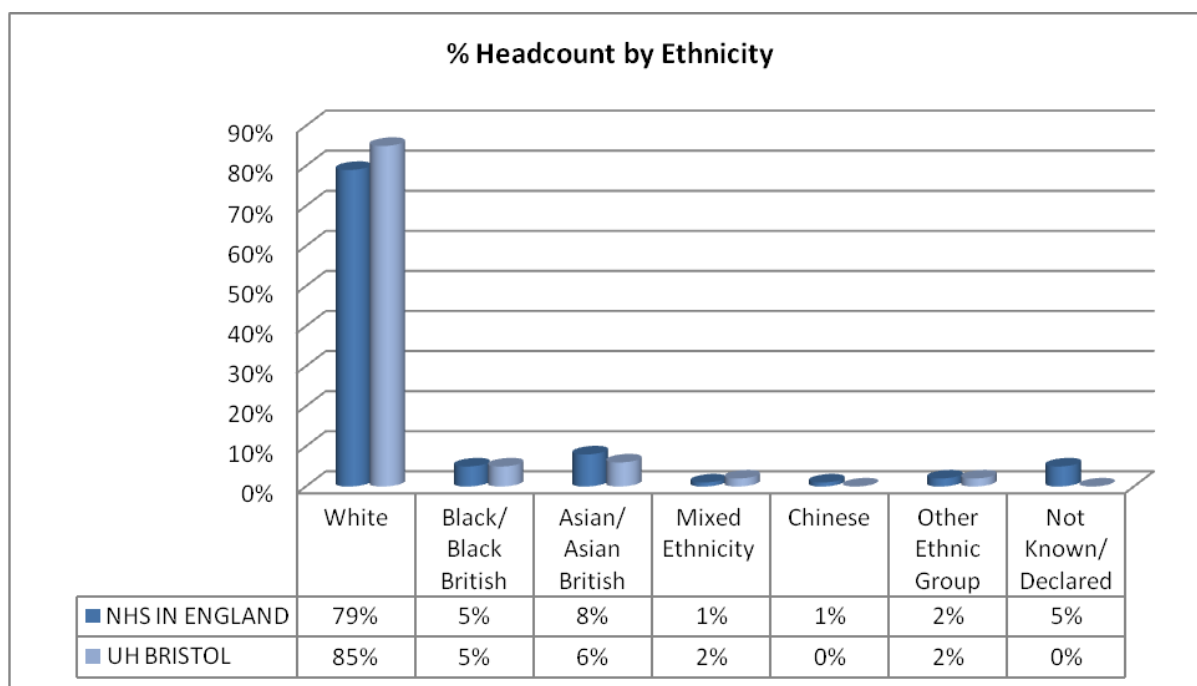
5.   % Headcount by stated Religion

	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism
NHS IN ENGLAND	7%	0%	39%	2%	2%	0%
UH BRISTOL	11%	1%	41%	1%	2%	0%
	Judaism	Sikhism	Other	Not Declared	Not Known	
NHS IN ENGLAND	0%	0%	5%	25%	19%	
UH BRISTOL	0%	0%	6%	39%	0%	

% Headcount by Religion

	Atheism	Buddhism	Christiantity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	Not Declared	Not Known
UH BRISTOL	11%	1%	41%	1%	2%	0%	0%	0%	6%	39%	0%
NHS IN ENGLAND	7%	0%	39%	2%	2%	0%	0%	0%	5%	25%	19%
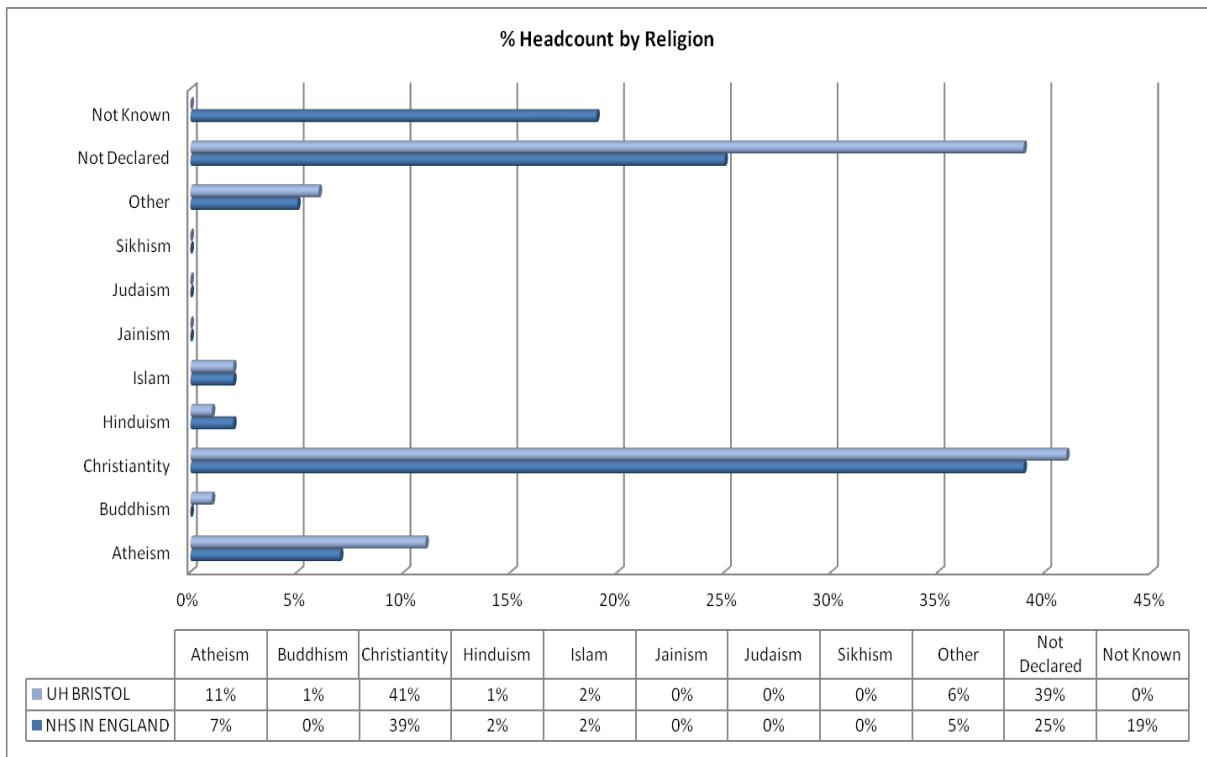
6. % Headcount by declared Sexual Orientation

	Heterosexual	Gay Man	Gay Woman (Lesbian)	Bisexual	Not disclosed	Not Known
NHS IN ENGLAND	57%	1%	0%	0%	23%	20%
UH BRISTOL	65%	1%	0%	0%	34%	0%

	Heterosexual	Gay Man	Gay Woman (Lesbian)	Bisexual	Not disclosed	Not Known
UH BRISTOL	65%	1%	0%	0%	34%	0%
NHS IN ENGLAND	57%	1%	0%	0%	23%	20%
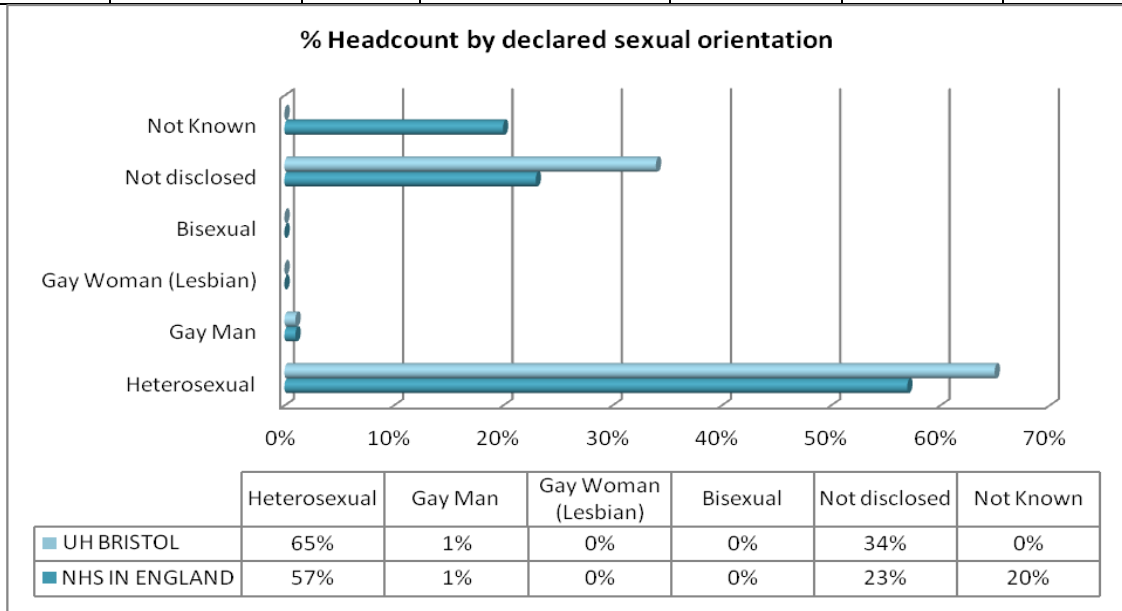
Please note gender re-assignment is not recorded due to limitation with the national Electronic Staff Record.

7.   Headcount of Staff Married or a in Civil Partnership as at 31st December 2014

Staff Married or in Civil Partnership by Staff Group (31st December 2014)

- Nursing and Midwifery Unregistered, 313
- Add Prof Scientific and Technic, 223
- Additional Clinical Services, 127
- Administrative and Clerical, 858
- Allied Health Professionals, 219
- Estates and Ancillary, 412
- Healthcare Scientists, 160
- Medical and Dental, 623
- Nursing and Midwifery Registered, 1374
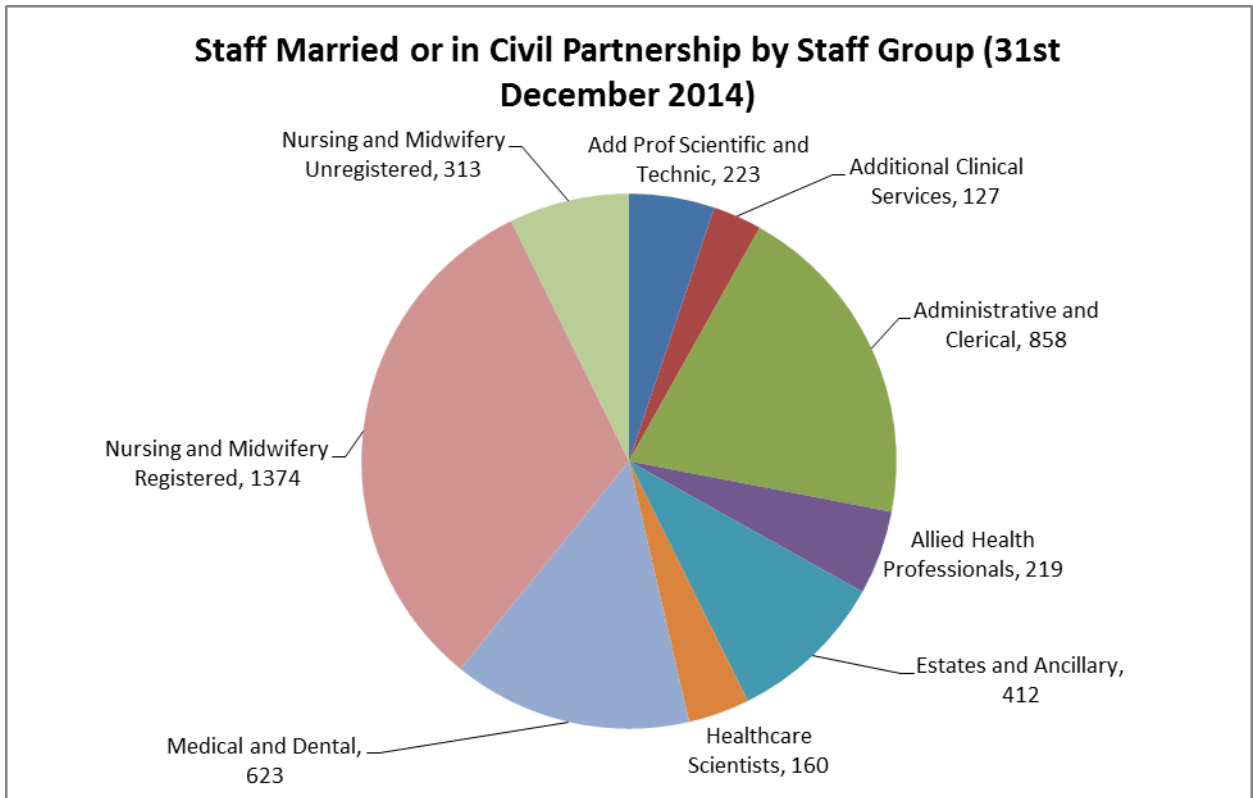
8.   Headcount of Staff on Maternity Leave as at 31st December 2014

Staff on Maternity Leave by Staff Group (31st December 2014)

- Nursing and Midwifery Unregistered, 26
- Add Prof Scientific and Technic, 16
- Additional Clinical Services, 7
- Administrative and Clerical, 41
- Allied Health Professionals, 17
- Estates and Ancillary, 19
- Healthcare Scientists, 7
- Medical and Dental, 29
- Nursing and Midwifery Registered, 76

Appendix A3

University Hospitals Bristol **NHS**
NHS Foundation Trust
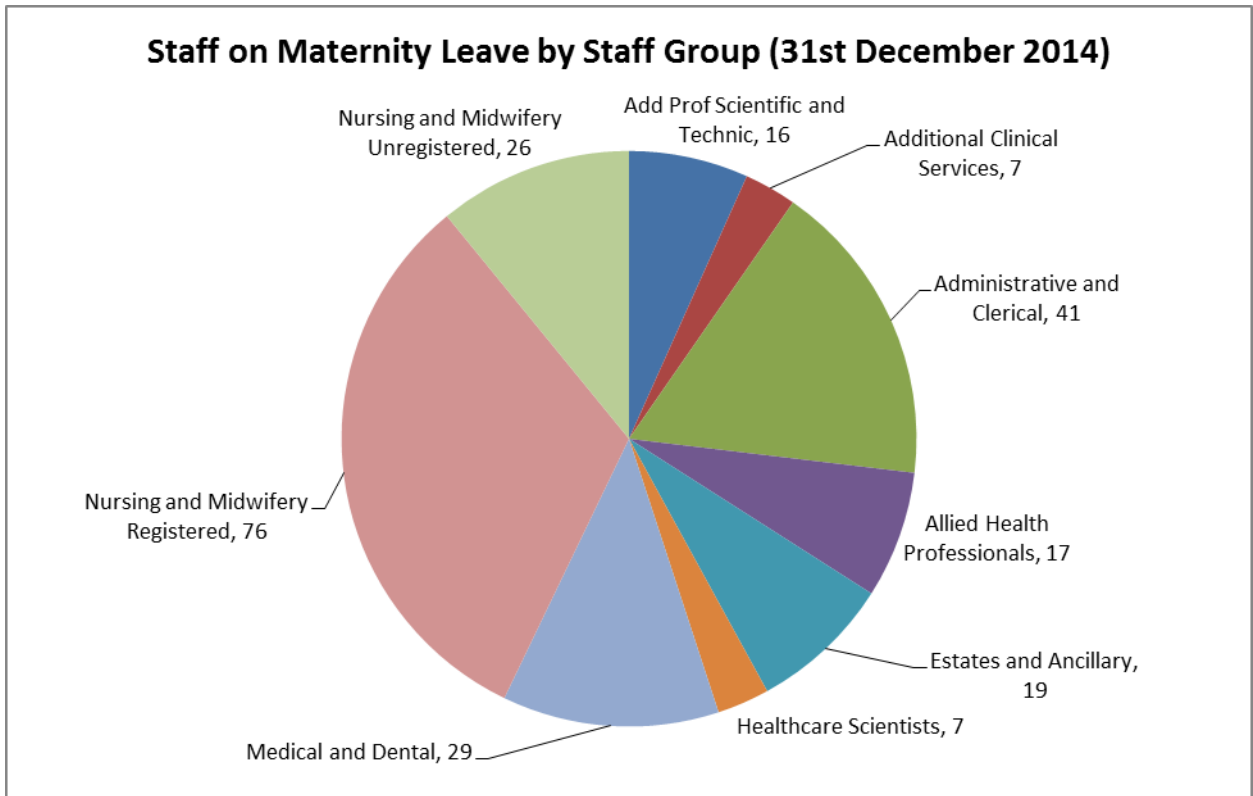
Outpatient Attendances and Inpatient Admissions

Grand total   789,551

Gender	Total	%
Male	363,423	46%
Female	426,123	54%

Ethnicity	Total	%
White	659,300	83.5%
Black & Minority Ethnic Background	67,064	8.5%
Not stated / unknown	63,187	8.0%

Religious Belief	Total	%
Atheism	3,957	0.5%
Buddhism	1,545	0.2%
Christianity	411,129	52.1%
Hinduism	2,560	0.3%
Islam	21,064	2.7%
Jain	12	0.0%
Judaism	790	0.1%
Sikhism	2,211	0.3%
Other	3,928	0.5%
None - Not Religious	162,836	20.6%
I do not wish to disclose	49	0.0%
Not set / Unknown	179,470	22.7%

Age Group	Total	%
Age Under 16	127,975	16.2%
16 - 20	29,499	3.7%
21 - 25	32,010	4.1%
26 - 30	39,009	4.9%
31 - 35	40,112	5.1%
36 - 40	34,188	4.3%
41 - 45	35,335	4.5%
46 - 50	41,976	5.3%
51- 55	46,489	5.9%
56 - 60	49,479	6.3%
61 - 65	53,107	6.7%
Age Over 65	260,372	33.0%

Patient Attendance - Gender %

- Male 46%
- Female 54%

Patient Attendance - Ethnic background %

- White 84%
- Black & Minority Ethnic 8%
- Unknown/not stated 8%

Patient Attendance - Age %

Legend:
- Age Under 16
- 16 - 20
- 21 - 25
- 26 - 30
- 31 - 35
- 36 - 40
- 41 - 45
- 46 - 50
- 51- 55
- 56 - 60
- 61 - 65
- Age Over 65

Pie chart values: 16%, 4%, 4%, 5%, 5%, 4%, 5%, 5%, 6%, 6%, 7%, 33%

Patient Attendance - Religious Belief %

	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	None	I do not wish to disclose	Not set / Unknown
Series1	0.5%	0.2%	52.1%	0.3%	2.7%	0.0%	0.1%	0.3%	0.5%	20.6%	0.0%	22.7%

UH Bristol Equality and Diversity Action Plan

May 2015

Planned Actions	Proposed Timescale	Expected Outcomes	Facilitator	Comments
TRAINING				
Development of an online Equality and Diversity Training Programme Programme written and benchmarked against best practice Programme uploaded and tested with user groups Programme rolled out	October 2015 November 2015 December 2015	• Increased staff awareness and responsiveness to needs of individual patients and staff • Increased patient satisfaction evidenced by Friends and Family Test (FTT) complaints and compliments	Head of Reward/Assistant Director of Teaching and Learning	E-learning packages have been reviewed for suitability and contracting arrangements. It is concluded that it will be preferable to develop an e-learning package in-house
Develop resource pack on Equality and Diversity for managers and leaders to access via HR Web	December 2015	• Increased staff awareness resulting in better patient care.	Head of Reward/Assistant Director of Teaching and Learning	To be carried out as part of the development and benchmarking of training in E&D
Devise and run training and briefings/seminars for the Senior Leadership Team and Trust Board on 'Unconscious Bias' in recruitment (both internal and external)	January 2016	• Assurance of understanding of the issues from senior leaders. Senior leadership commitment to promote and cascade best	External Consultant/Director of Workforce and OD/Head of Service Centre	Networks contacted for suitable facilitator

		practice across the Trust.		
Development of a robust Trust wide system for collecting and analysing essential and non mandatory training data	March 2016	• The Trust will be able analyse training opportunities by protected characteristics to check and assure equity of access. • Meet the requirements of the Workforce Race Equality Standard	Assistant Director of Teaching and Learning/Head of Reward	
STAFF EXPERIENCE				
Review the Trust's recruitment processes for potential unconscious bias	October 2015	• Ensure recruiting managers are recruiting fairly and equitably	Head of Service Centre	Review of WRES and Staff Survey data to inform this work.
Review criteria for appointments including ensuring executive search agencies are committed to diversity in their processes	October 2015	• Assurance that criterion are fair and equitable and external agencies have the same standards and values as the Trust	Head of Service Centre	Review of WRES and Staff Survey data to inform this work.
Benchmarking against other Trusts - learning from, and sharing, best practice where : (i) disciplinary rates are similar and where apparently disproportionate disciplinary action by ethnicity or other protected characteristics is being tackled (ii) succession planning and development programmes are in place to support an equal playing field for potential future applicants for Senior Manager and Board positions from diverse	November 2015	• Assurance that the Trust's processes are fair and equitable and to change policy if appropriate. • Enable more staff from a range of diverse backgrounds to	Head of Service Centre/Head of Reward /Assistant Director of Teaching and Learning	To be undertaken in partnership with staff side and E&D Sub Group membership. Discussion underway. Data being gathered.

backgrounds.		apply for more senior posts in the Trust.		
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	July 2015	• To have increased and diverse data set to enable detailed analysis and further understanding of patient services and needs	Director of IM&T/Deputy Chief Nurse/Head of Reward	E&D lead co-ordinating Diamond cluster approach on monitoring information
EQUALITY DELIVERY SYSTEM (EDS2)				
Completion of the EDS2 self-assessment and action plan	June 2015	• Organisational EDS map of planned assessment	Head of Reward	Self assessment underway during May 2015 – by key stakeholders identified through the E&D Sub-Group.
Implementation of the EDS2 action plan	October 2015	• Meet the requirements of the WRES and support the Public Sector Equality Duty	Deputy Director of Workforce and OD/Head of Reward	E&D lead has briefed Divisional Boards. Plan in place to pilot in one clinical and one non-clinical area.
Review and refresh the Equality Objectives for the Trust to give us a clear, measurable framework for our activities.	July 2015	• Leading to improvements in patient care and the employment experience	Head of Reward	To follow once self assessment carried out by key stakeholders.
Devise a comprehensive Communications plan for the remainder of the financial year for both internal and external communications	December 2015	• Increased awareness of issues regarding equality and diversity and the protected characteristics	Head of Communications/Head of Reward	To follow EDS2 pilot
Develop training and additional support for managers on EDS2	December 2015 – January 2016	• Raise awareness of EDS2 and the	Head of Reward	To follow EDS2 pilot

		additional opportunities to improve patient care and employment experiences. Encourage shared ownership of the equality agenda		
Review the Trust's processes for undertaking and completing equality analysis.	August 2015	• To develop mechanisms to ensure equality analysis is carried out for service changes.	Head of Reward /Trust Board Secretary	Report currently being prepared
GOVERNANCE				
Develop and implement an integrated Equality and Diversity Framework for service users and the Trust workforce.	June 2015	• A Trust document which sets out the direction of travel for the Trust's overall equality and diversity aims	Head of Reward	Work commenced
MONITORING				
Design of, and agreement for, an Equal Pay Audit to be implemented across all staff groups	March 2016	• Ensure the Trust system of payments is fair and equitable	Head of Reward /Assistant Director of Finance (Payroll Services)	Equal pay audit researched – plans in development to carry out an audit.

Disciplinary Cases (reported formally under the Trust policy) January – December 2014

Cases Reported	179

Gender	Total	%
Male	75	42%
Female	103	58%
Group	1	0%

Disability	Total	%
Yes	11	6%
No	154	86%
Not stated / not reported / Group	14	8%

Ethnicity	Total	%
White	106	59%
Black & Minority Ethnic Background	72	40%
Not stated / not reported / Group	1	1%

Age Group	Total	%
16 - 20	2	1%
21 - 25	17	9%
26 - 30	24	13%
31 - 35	19	11%
36 - 40	15	8%
41 - 45	28	16%
46 - 50	23	13%
51 - 55	22	12%
56 - 60	23	13%
61 - 65	3	2%
66 - 70	2	1%
Not stated / not reported / Group	1	1%

Gender %

Disability %

Ethnicity %

Age %

University Hospitals Bristol NHS
NHS Foundation Trust

Grievance Cases (reported formally under the Trust policy)
January to December 2014

Cases Reported	24

Gender	Total	%
Male	9	37%
Female	12	50%
Group	3	13%

Age Group	Total	%
16 - 20	0	0%
21 - 25	4	17%
26 - 30	1	4%
31 - 35	1	4%
36 - 40	0	0%
41 - 45	4	17%
46 - 50	5	21%
51 - 55	5	21%
56 - 60	0	0%
61 - 65	1	4%
66 - 70	0	0%
Not stated / not reported / Group	3	12%

Disability	Total	%
Yes	4	16%
No	17	71%
Not stated / not reported / Group	3	12%

Ethnicity	Total	%
White	16	67%
Black & Minority Ethnic Background	5	21%
Not stated / not reported / Group	3	12%

Gender %

- Male
- Female
- Group

Disability %

- Yes
- No
- Not declared/Group

Ethnicity %

- White
- Black & Minority Ethnic background
- Not stated / not reported / group

Age%

- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66-70
- Not stated/Group

University Hospitals Bristol NHS
NHS Foundation Trust

Harassment & Bullying Cases (reported formally under the Trust policy)
January to December 2014

Cases Reported	26

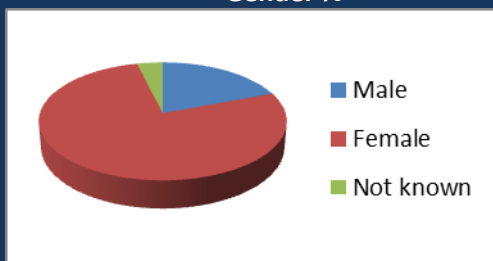| Gender	Total	%
Male	5	19%
Female	20	77%
Not reported	1	4%

Disability	Total	%
Yes	4	15%
No	19	73%
Not reported	3	12%

Ethnicity	Total	%
White	17	65%
Black & Minority Ethnic Background	7	27%
Not stated / not reported	2	8%

Age Group	Total	%
16 - 20	0	0%
21 - 25	1	4%
26 - 30	4	15%
31 - 35	1	4%
36 - 40	0	0%
41 - 45	6	23%
46 - 50	3	11%
51 - 55	2	8%
56 - 60	6	23%
61 - 65	0	0%
66 - 70	1	4%
Not reported	2	8%

Gender %

Male / Female / Not known

Disability %

Yes / No / Not declared/not known

Ethnicity %

White / Black & Minority Ethnic background / Not stated / not reported

Age %

16-20 / 21-25 / 26-30 / 31-35 / 36-40 / 41-45 / 46-50 / 51-55 / 56-60 / 61-65 / 66-70 / Not stated

Appendix D

Patient Experience Survey Information
(Based on attendances between April 2014 and February 2015[7])

Inpatient Survey Response Rate by Broad Ethnic Groupings

Chart 1: inpatient survey response rate by broad ethnic groupings
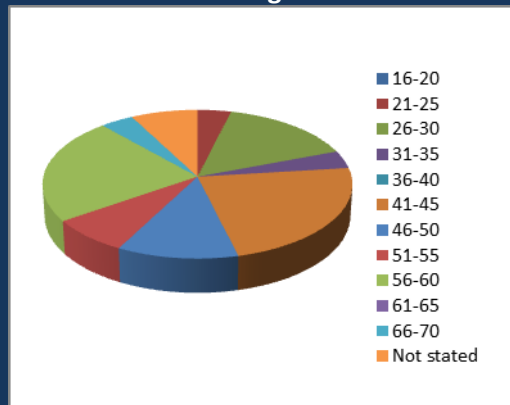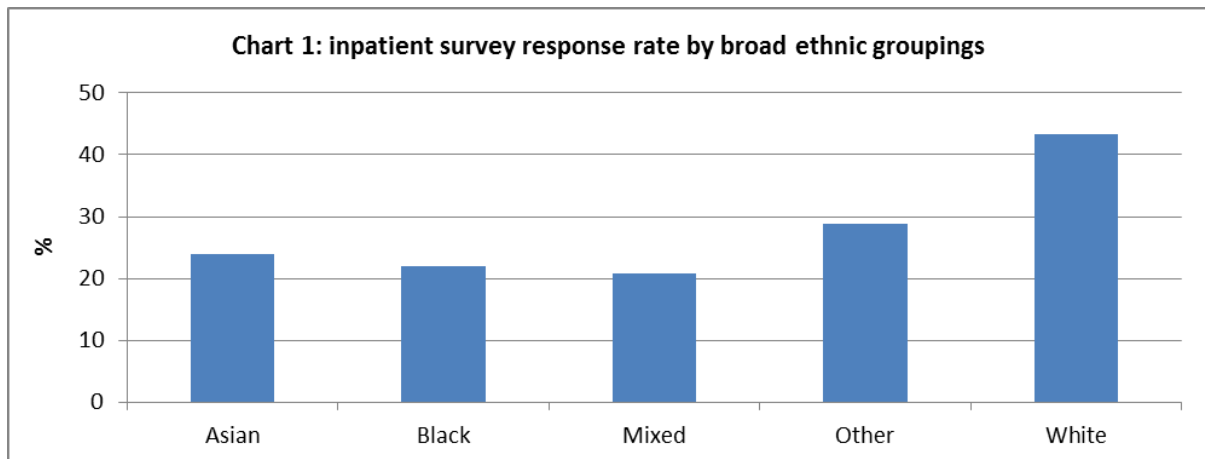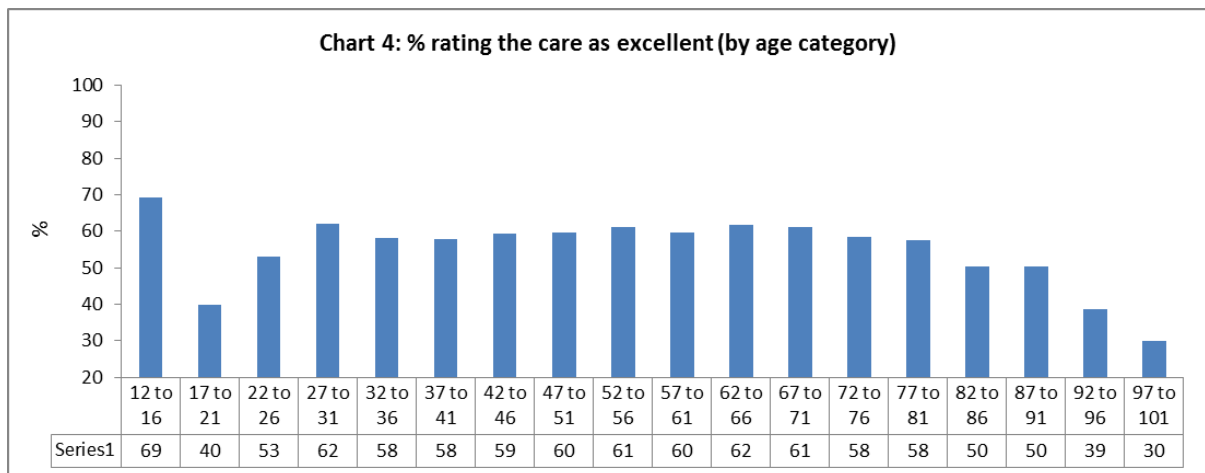

Overall care ratings by demographic group

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

Chart 4: % rating the care as excellent (by age category)

	12 to 16	17 to 21	22 to 26	27 to 31	32 to 36	37 to 41	42 to 46	47 to 51	52 to 56	57 to 61	62 to 66	67 to 71	72 to 76	77 to 81	82 to 86	87 to 91	92 to 96	97 to 101
Series1	69	40	53	62	58	58	59	60	61	60	62	61	58	58	50	50	39	30

---

[7] At the time of writing, March 2015 data had not been received.

2. In-patient ratings in relation to ethnic group

Chart 3: % of inpatients rating the care as excellent, very good, and good (by ethnic group)

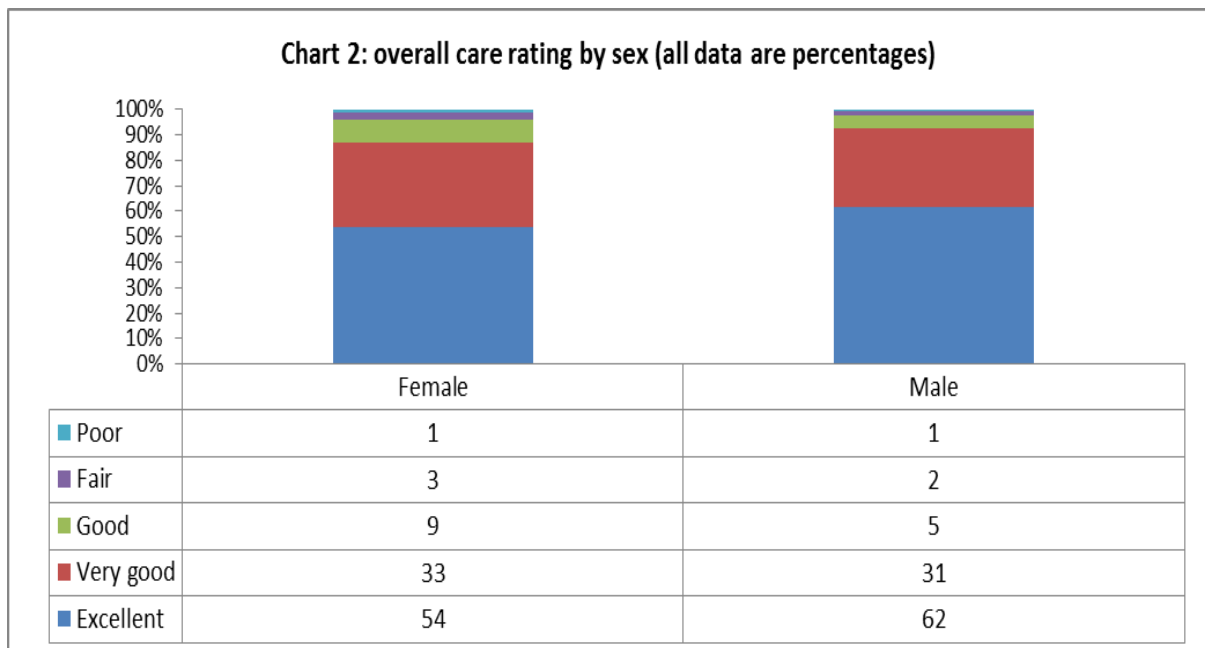|	Asian	Black	Mixed	White
2011/12	97	97	92	96
2012/13	91	96	92	97
2013/14	95	97	93	97
2014/15	95	93	95	97
All (14/15)	97	97	97	97
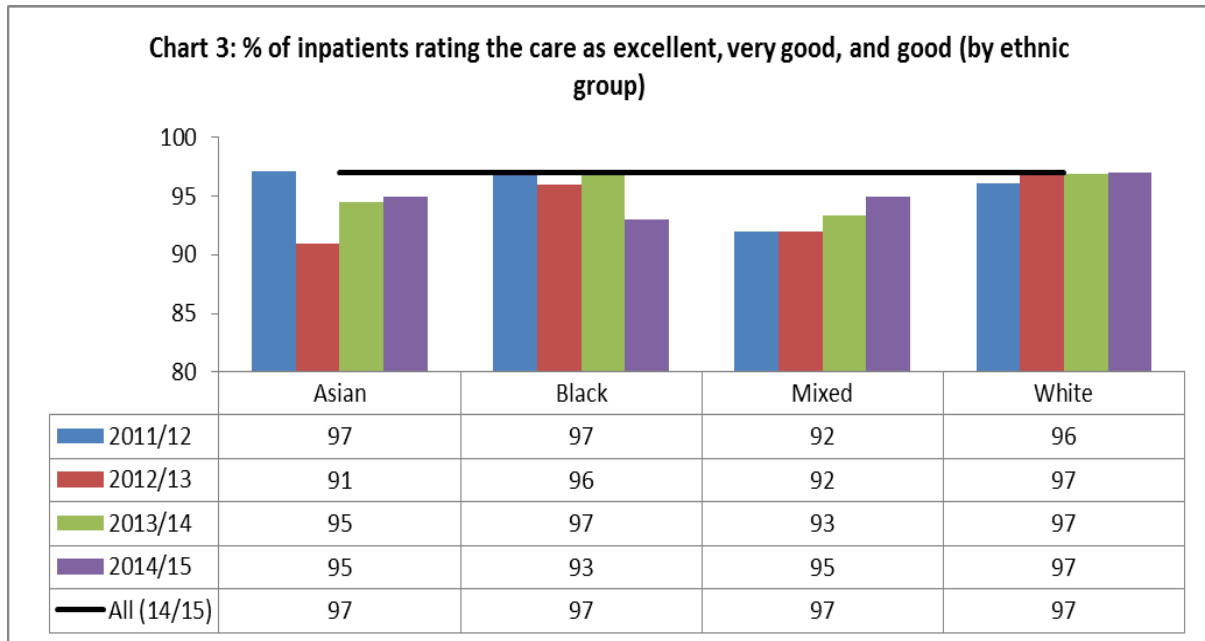
3. In-patient ratings in relation to gender

Chart 2: overall care rating by sex (all data are percentages)

	Female	Male
Poor	1	1
Fair	3	2
Good	9	5
Very good	33	31
Excellent	54	62

4. Overall Care Ratings in relation to disability

Chart 5: % overall care ratings (by disability)

	Disability	No disability
■ Poor	2	1
■ Fair	3	2
■ Good	8	7
■ Very good	34	31
■ Excellent	54	60
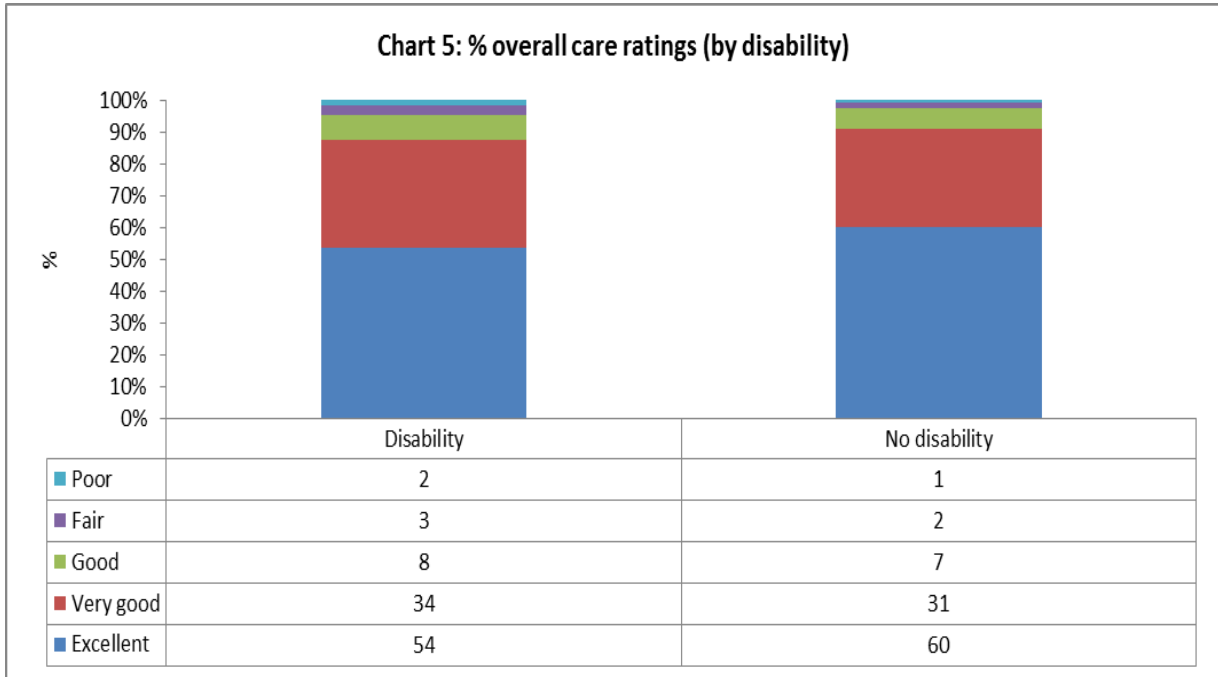
5. Overall Care Ratings in relation to Sexuality

Chart 6: % rating the care as excellent, very good or good (by sexuality)

	Heterosexual	Gay/lesbian	Bisexual
Series1	97	94	89
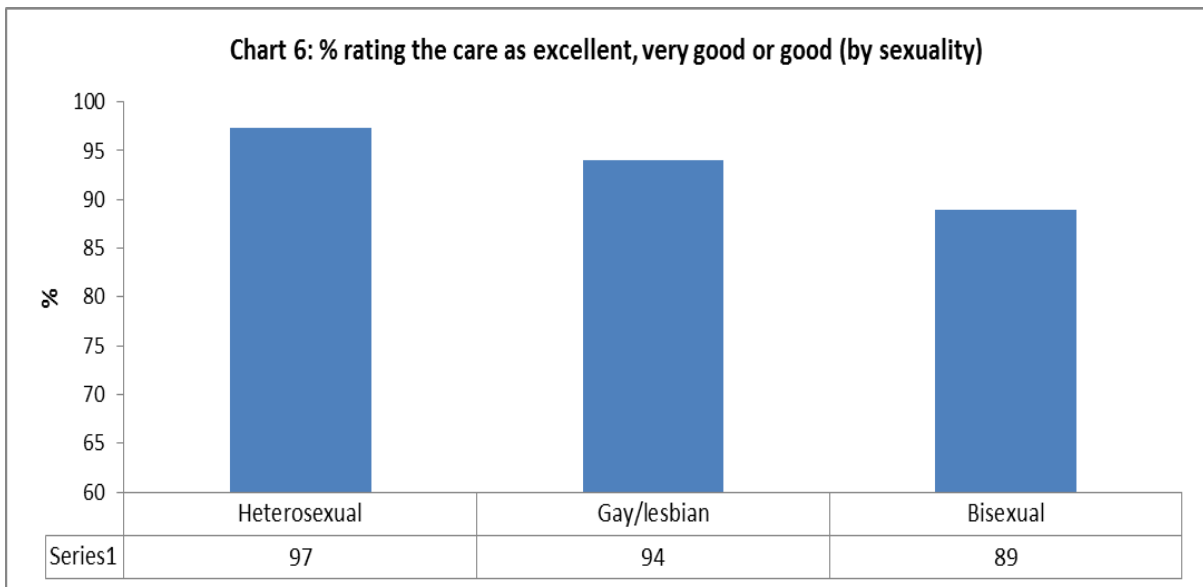
6. Overall Care Ratings in relation to Religion

Chart 7: % rating care as excellent, very good, or good (by religion)

	No religion	Buddhist	Christian	Hindu	Jewish	Muslim	Sikh	Other
Series1	96	100	97	100	100	97	92	95
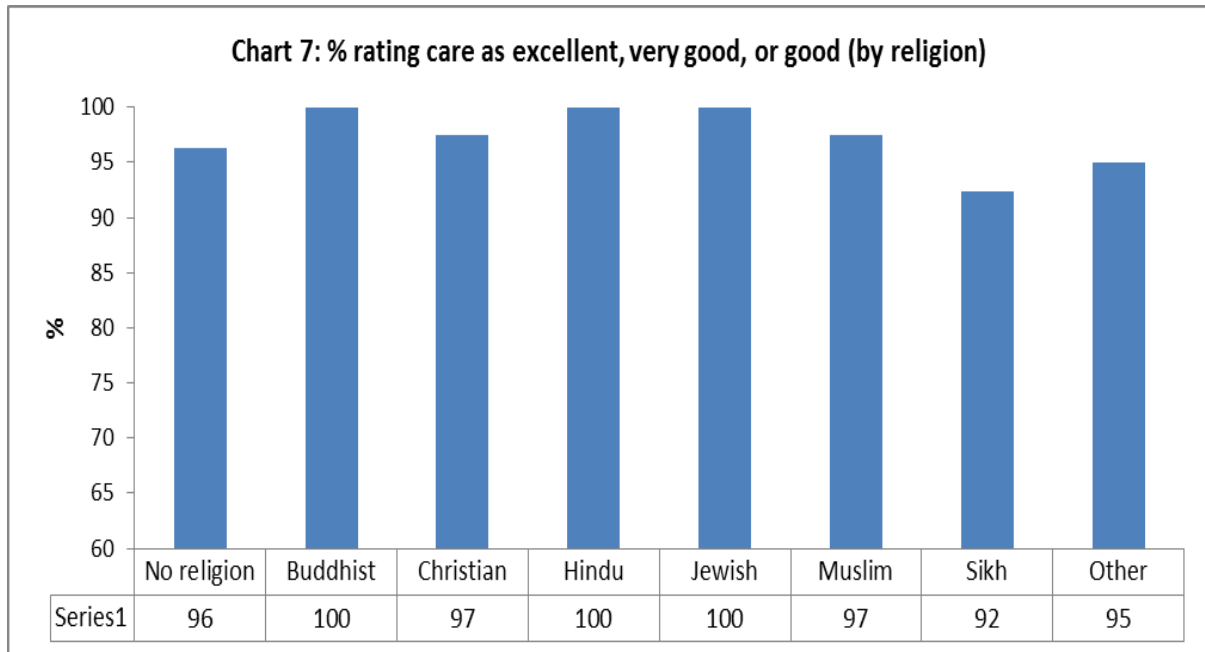
Information about the protected characteristics of people who complained about Trust services (or on behalf of whom a complaint was made) in 2014/15

Ethnic group of patient	Number
White British	1030
Any Other White Background	7
White Irish	8
African or British African	6
Caribbean or British Caribbean	4
White and Black Caribbean	9
Pakistani or British Pakistani	6
Indian or British Indian	6
White and Black African	2
Any Other Asian Background	8
Any Other Ethnic Group	75
Unknown	722
Total	1883
Age Group of Patient	**Number**
0-15	387
16-24	115
25-29	62
30-34	74
35-39	69
40-44	56
45-49	105
50-54	96
55-59	129
60-64	139
65+	651
Prefer not to say or Unknown	0
Total	1883
Gender of Patient	**Number**
Male	817
Female	1066
Prefer not to say or Unknown	0
Total	1883

University Hospitals Bristol NHS

NHS Foundation Trust

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

EDS OUTCOMES SUMMARY 2013/15

	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	Developing	Complaints and PALS queries are handled with respect, efficiency and thoroughness, although further development of monitoring from all the

	respectfully and efficiently		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 that affect individual staff and the wider population	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 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.