University Hospitals Bristol **NHS**

NHS Foundation Trust

Equality and Diversity Annual Report

2015 - 2016

1.   INTRODUCTION

University Hospitals Bristol NHS Foundation Trust provides services to the socially and ethnically diverse population of Bristol, as well as to service users from our neighbouring counties, and specialist services for the wider south-west.

Each of our patients and members of staff is a unique individual with different needs and aspirations. The Trust aims to recognise and celebrate these differences by providing an environment which is inclusive for patients, carers, visitors and staff.

The Trust is fully committed to adherence to the Equality Act 2010, and undertaking action under the Public Sector Equality Duties (PSED) as defined within the Act. We are also eager to emulate the national focus as expressed in the NHS Five Year Forward Plan:

"*The Five Year Forward View sets out a direction of travel for the NHS – much of which depends on the health service embracing innovation, engaging and respecting staff, and drawing on the immense talent in our workforce.*

We know that care is far more likely to meet the needs of all the patients we're here to serve when NHS leadership is drawn from diverse communities across the country, and when all our frontline staff are themselves free from discrimination. These new mandatory standards will help NHS organisations to achieve these important goals."[1]

This Annual Report will highlight our successes during the past year, our performance in regulatory areas, and our commitment to promoting a culture of inclusion for patients and staff through our plans for the future.

2.   BACKGROUND

The key areas of our legal and regulatory obligations are set out below.

Equality Act 2010 and the Public Sector Equality Duty (PSED)

The Equality Act 2010 replaced previous anti-discrimination laws with a single Act. It gives the NHS and its organisations opportunities to work towards eliminating discrimination and reducing inequalities in care.   The Public Sector Equality Duty applies to public bodies and others carrying out public functions, and requires these organisations to publish information to show their compliance with the Equality Duty. The information (including strategic Equality & Diversity objectives) must show that the organisation has had due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and people who do not;

---

[1] Simon Stevens, Chief Executive of NHS England

- foster good relations between people who share a protected characteristic and people who do not share it

The protected characteristics covered by the Equality Act and PSED are:
Age
Disability
Gender reassignment
Marriage and civil partnership
Pregnancy and maternity
Race (including ethnic or national origins, colour or nationality
Religion or belief (including lack of belief)
Sex
Sexual orientation

The Trust's information in relation to its members of staff and its service users is published on the UH Bristol Website, and is included at Appendix A of this report.

Measures to improve equality

The Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard requires organisations to publish information against a number of indicators of workforce equality, and to demonstrate progress against them. The WRES highlights any differences between the experience and treatment of White staff and Black & Minority Ethnic (BME) staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.
The Trust published its first set of results in July 2015, which are available on the Trust's website.

The Equality Delivery System (EDS2)

The EDS2 is a toolkit which aims to help organisation improve the services they provide for their local communities and provide better working environments for all groups. There are four goals within the EDS2:

Goal 1 – Better Health Outcomes
Goal 2 – Improved Patient Access and Experience
Goal 3 – A Representative & Supported Workforce
Goal 4 – Inclusive Leadership

The goals are divided into eighteen outcomes. For most of these outcomes, the key question is "How well do people from protected groups fare, compared with people overall?"

The Trust is continuing with the extensive piece of work required to grade its performance against these goals and outcomes (and to have the self-assessment commented on by internal and external stakeholders.)

The Accessible Information Standard[2]

---

[2] SCCI1605 Accessible Information – the 'Accessible Information Standard' – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

During the last year, the Accessible Information Standard was developed in response to the requirements of the Equality Act 2010 to take steps or make "reasonable adjustments" in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled, and specific duties under the Care Act 2014 with regard to the provision of information - "Information and advice provided under this section must be accessible to, and proportionate to the needs of, those for whom it is being provided."

It is particularly relevant to individuals who are blind, people who are deaf, the Deaf community (whose first or preferred language is British Sign Language), individuals who are deafblind and/or who have a learning disability, although *it should support anyone* with information or communication needs relating to a disability, impairment or sensory loss.

The Standard was considered by the Trust's Equality and Diversity Group in September 2015, who recommended that views should be sought from the Trust's Service Delivery Group due to the potential impact on a significant number of Trust services, patients and potential impact on contract commitments.

A briefing paper was sent to the Trust Executive in December 2015 designed to give an overview of the Accessible Information Standard which must be fully introduced within all NHS Trusts by July 2016. The paper sought clarification from the Trust's Executives on initial project planning questions in order to ensure the broad remit of the standard is effectively implemented across all sites and services in UHBristol.

The Trust has included successful implementation of the AIS as one of its Quality Objectives for 2016/2017. An update on progress against this objective will be included in next year's report.

3.   UPDATE ON EQUALITY ACTIONS

After many years of driving the Equality & Diversity agenda, the Trust's Equality & Diversity Lead moved on to another role within the Trust during the year. This and other changes in personnel have meant the Equality & Diversity Group agreed to realign some of its priorities.

The Trust's Senior Leadership Team agreed a revised action plan for 2015/16 which sets out the key programmes of work in progress or due to be undertaken and demonstrates the Trust's on-going commitment to elements of the extensive Equality & Diversity agenda. It supports major national and local equality and diversity needs such as the Equality Delivery System and the Workforce Race Equality Standard (WRES) as well as the Trust Staff Engagement agenda, and has been used to inform our revised strategic objectives for 2016 - 2019. The full Action plan, including our progress to date, is provided at Appendix B of this paper.

As part of the delivery of the Action plan, here are some examples of what we did -

Development of an online Equality & Diversity Training Programme
It was acknowledged that the existing on-line training needed to be refreshed and updated, so other externally provided packages were explored before a decision was reached to develop an in-house package.

A set of scenarios and questions were developed and tested with the Equality & Diversity Group in December 2015. Recommendations from the Group included a maximum time taken to complete the training (30 minutes), and a preference for more work-based scenarios. Amendments were made, and the slides were developed into an on-line tool in January 2016. Testing with a member of the Training Team indicated that a re-working would improve staff's experience of the training package. Revised deadlines for completion

of this work have been agreed by the Trust's Equality & Diversity Group and will go live in the autumn.

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
Benchmarking and analysis of disciplinary outcomes by ethnicity was included in WRES Action Plan July 2015. A report was commissioned by the E&D Project Lead and completed in April 2016. The report includes benchmarking of last year's WRES data for this indicator and examines possible reasons for the disproportionate number of disciplinary cases involving BME staff, together with recommendations to address this. The report has been shared with the E&D Group and the Workforce & Organisational Development Group.

Review and refresh the Equality Objectives for the Trust to give us a clear, measurable framework for our activities.
The Trust's strategic Equality Objectives covered 2012-2014. Last year's E&D Annual Report said "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."
Revised objectives were developed and agreed by the E&D Group, and are included later in this report.

4.   SOME SUCCESS STORIES for 2015 / 2016

The Trust is constantly striving to improve the outcomes and experience for all of our patients, carers and visitors as well as the working environment for our staff. Here are some examples of the wide range of initiatives being undertaken to create an inclusive and supportive environment for all, and support the Equality and Diversity regulatory duties.

Patients Living with Dementia

For those patients living with a Dementia, the Trust has engaged in several projects this year. The new build and refurbishment projects have helped improve the environment for patients, encompassing Dementia friendly aspects in all areas, including work within the out-patient departments. Increased patient engagement through the use of activity boxes has been successfully implemented in two ward areas, with plans to roll out boxes across the adult wards. We continue to support those who are carers for someone with Dementia, through the Dementia Support café and individual face to face contacts. The Trust is actively supporting a campaign to encourage open visiting for carers.

Disabled Children's Working Group / Bristol Parent Carers

The Disabled Children's Working Group includes health professionals and representatives from voluntary services, as well as parents of children with disabilities. It provides a resource for Trust level groups to consult in relation to policy, strategy and guidelines which may impact on children and young people with disabilities, and meetings include information sharing on service developments, wider healthcare agendas (including the Local Offer and changes resulting from the Children and Families Act), and reviewing feedback from patients and the public.

During 2015/16, the Group has supported the Trust in opening a Changing Space in the Bristol Royal Hospital for Children for young people using outpatients and held a training day for nursing staff on disability awareness. The group also repeated the popular 'You Said, We Did' engagement event at At Bristol, to seek views and provide information to both regular

users and local families with children with additional needs. Priorities for 2016/17 include working with Bristol City Council on Aim for the Stars, a self-assessment tool to ensure that services are SEND (Special Educational Needs and Disability) friendly.

The Group promotes and supports the work of the local parent carer support groups, including Bristol Parent Carer, Our Voice Counts (North Somerset) and South Gloucestershire Parents and Carers, who offer support to parents or guardians caring for a child with special needs, disabilities or a life limiting condition.

Staff Health & Wellbeing Initiatives

Over the past year, a significant volume of work has been undertaken to map and consolidate the wide range of workplace health and wellbeing initiatives in place and to ensure there are no barriers for any group or individual in accessing all available services. We are proud of our achievements in delivering inclusive wellbeing provision to staff, students and volunteers from across the Trust and we continue to actively build on this work. It is not possible to include all of the schemes the Trust has been involved in this year, so examples which link directly with two of the protected characteristics are given below.

Working During Pregnancy Workshops
Over 100 members of staff attended the three series of Workshops run between November 2014 and February 2016, with another series taking place between March and June 2016. The workshops provide pregnant workers with support to enable them to remain at work during pregnancy and provide a range of information and tips on pregnancy, maternity and childcare. Feedback from the Workshops included:
- Very helpful and speakers very nice
- Found it really useful – looking forward to the next 3.
- Really helpful to have chance to ask questions and get advice face to face. Thank you!
- Friendly atmosphere

Over 40s NHS Health Check
To complement the provision of free onsite health checks for all staff members who would like one, the Trust has also provided the opportunity for employees aged between 40 and 74 to have a free over 40s NHS health check with a Health Checks Outreach Worker onsite. The project started in April 2016, and some of the feedback is given below.
- A fantastic opportunity to do this at work. I would not have gone to my GP to have this done. Information was explained clearly to me and gave me a good insight into my own health. Thank you.
- I think this is a good routine for me to learn and understand - I want to try to become healthy.
- Useful to be able to have the health check at the workplace. GP practice doesn't offer.
- Very interesting and helpful. Made things easier having the Health Check in my workplace.

Raising Awareness of the Equality & Diversity Agenda

Following publication of the Snowy White Peaks of the NHS Report in October 2014, NHS England developed a set of measures designed to examine the composition of senior leadership teams, including Boards, across the NHS in England. The Standard also requires information to be published about the relative likelihood of Black & Minority Ethnic (BME) staff being appointed from the recruitment process and entering a formal disciplinary process, as well as Staff Survey findings detailed in a later section.

A well-received presentation to the Senior Leadership Team about Equality & Diversity at the Trust included a section on the experiences of staff from protected groups as reported in the National Staff Survey. Groups discussed how we continue to raise awareness of equality and diversity issues across the organisation, and suggested that Staff Champions should be identified.

Work with the local community

Work Experience & the Bristol Helping Young People into Employment (HYPE) Programme

The Trust's Work Experience programme has placed over 300 students from local schools and colleges across the Trust over the last year. All students are interviewed so that their personal aims for their placement can be fully understood, and to ensure their time with us is curriculum based, structured, and offers a wide range of activities across the Trust's many different healthcare settings.

As well as school career fairs, we have also attended several public careers fairs at local shopping centres and colleges in conjunction with Bristol City Council and The University of West England. This has provided the opportunity to not only promote the Trust to students but also to offer advice to our local community.

The last year has also seen a highly successful 'NHS Take Over Day' allowing young people from local schools to come into the Trust and shadow a range of staff from a number of professions, giving them insight into the NHS and the vast number of role opportunities on offer.

Through Skills for Health, a number of staff ambassadors have been trained how to share their profession / role with young people. As a 'Future You Industry Ambassador' this will empower us as a Trust to inspire, inform and support young people into science, technology, engineering and mathematics (STEM) based careers in industries such as life sciences and healthcare.

The Human Resources Service Centre team this year has actively supported the Bristol HYPE programme commissioned by Business West offering tailored work placement support to young people struggling to find employment. With personal support from Job Coaches, this has helped the individuals experience working in a team, some basic administrative duties and to gain some confidence in the responsibilities of having a job.

Volunteering at University Hospitals Bristol NHS Foundation Trust

Volunteering at University Hospitals Bristol NHS Foundation Trust is open to all people aged 17 and over. Volunteers take on a variety of roles supporting patients, staff and visitors, which include:
- Playroom volunteers in Bristol Royal Hospital for Children
- Ward befrienders and mealtimes volunteers on adult wards in the Bristol Royal Infirmary, Bristol Heart Institute and South Bristol Community Hospital,
- 'Meet & Greet' / Reception volunteers in the Bristol Royal Infirmary, Bristol Eye Hospital and Bristol Heart Institute
- Peer support volunteers in Cardiac Outpatients, SMART (Self-Management & Recovery Training) Recovery Group
- Information and patient support in the Cancer Information & Support Centre, Bristol Haematology and Oncology Centre.

Volunteers do not need to have any qualifications or work experience to apply; experience of providing care for a family member or having received healthcare services themselves can give volunteers valuable skills which they can bring into our hospitals.

Volunteers have been supported in various ways to enable them to access volunteering opportunities including interviewing in the presence of a support worker, arranging several visits to volunteering areas for a volunteer with autistic spectrum disorder, providing one to one training for a volunteer with physical disabilities, working with local charities and voluntary organisations to assist their peer support volunteers coming into the hospitals.

Bristol Zero Tolerance Pledge

Bristol Zero Tolerance is an initiative set up by Bristol Women's Commission working towards Bristol becoming a city free from gender-based violence, abuse, harassment and exploitation. Bristol is the first city in England to take on this challenge and, as a major employer in the city, the Trust is one of the organisations which has been asked to pledge its support to the initiative.

Organisations are asked to commit to taking at least one action to support this initiative. The pledge was signed by Sue Donaldson (Director of Workforce & OD), on behalf of the Trust, in July 2015. On 3rd May 2016, we renewed our pledge to the Bristol Zero Tolerance Initiative. In re-signing the Zero Tolerance Pledge, the Trust commits to continue to raise awareness of the issues facing victims of gender based violence and the support available to them.

5.   PATIENT EXPERIENCE

The Patient Experience Group is the Trust's lead group in relation to the 'Patient Experience' element of the NHS model of Quality (i.e. Patient Safety, Patient Experience, Effectiveness and Outcomes). The core function of PEG is to drive implementation of the Trust's Patient Experience and Involvement Strategy and ensure that the Trust meets its 'duty to involve', as set out in Section 242 of the NHS Act 2006 - so that patients and service users are involved in certain decisions that affect the planning and delivery of NHS services if a service is changing from the service-user's perspective.

Improvements made in the last twelve months

The following examples are steps undertaken by the Trust to learn from patients and carers about how best to provide the services that they need.

- *Involvement Network*. The UH Bristol Involvement Network was established in October 2015 to offer an easy way for our diverse patient and carer groups to take part in conversations about how our services develop. The Involvement Network was instrumental in informing the Trust's priorities for the coming year.

- *STITCH - Services and Trusts Integrated to Transform Care in Self-Harm*. We continued to support this 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.

- *Paediatric cardiac surgery.* Consultants and doctors have continued to work with families of children who have had cardiac surgery through our "Listening Events" to

fully understand their experience of the care they received and how improvements to that care can be made.

- *Cystic Fibrosis.* Patients with Cystic Fibrosis have been involved in decisions about changes to the ward environment and patient information.

- *South Bristol Community Hospital.* A community event took place at the South Bristol Community Hospital with ten local community based organisations in south Bristol as part of our work to promote health and well-being in this part of Bristol.

- *Children's Mental Health Liaison Project.* Service users and other stake holders have been involved in developing a mental health Liaison team for the children's Hospital (Children's Liaison Psychiatry Team).

- *Diverse Sex Development family meetings.* Ways in which families can become involved in shaping "Diverse Sex Development family meetings" to offer support to children who are born with one of a number of conditions that affect how the body is sex differentiated have been explored.

- *Adult Congenital Heart Disease.* An event took place for children aged 15+ to meet the Adult Congenital Heart Disease team as part our transition to adult services planning process.

- *Patient letters:* Patients and carers have been engaged in conversations about a review of the quality of correspondence patients receive from the Trust including appointment letters.

Looking ahead, during 2016/17 the Patient Experience Team will be:
- Engaging patients of no fixed abode who attend our Emergency Department and who are subsequently admitted to hospital in conversations about their care and discharge.
- Engaging families and carers of patients, and where appropriate patients themselves, in conversations about the end of life care for patients with dementia.
- Engaging service users of Dhek Bhal in conversations that will inform the Trust's Carers Strategy.
- With other local providers and NHS England we are investing in a Patient and Community Leadership Programme to develop a new approach to working collaboratively with patients about our plans for the future.

The Patient Experience Group also receives reports based on the findings of national and local patient surveys.

Monthly Inpatient Experience Surveys (2015-16)

A report presenting a breakdown of overall patient-reported care ratings by the protected characteristics collected in UH Bristol's monthly inpatient survey (age, sex, ethnicity, sexuality, religion, and disability) was presented to the Patient Experience Group in June 2016. Analysis performed by the Patient and Public Involvement Team aims to identify trends in the data to prompt further discussion about equality and diversity issues in the delivery of care at UH Bristol. The full report is included at Appendix D, and the key findings are outlined below.

The survey data shows that across all of the demographic variables considered, the proportion of patients rating UH Bristol's care as "excellent", "very good", or "good" is typically 95% and above.

Wherever possible, a further breakdown was carried out to show the percentage of respondents stating that their care was "excellent". Although the data is less reliable when this is done (i.e. differences seen between groups are more likely to be due to chance), some interesting findings emerge. The following demographic groups are less likely to report their experience as being "excellent":

- Women
- Black / Black British ethnic group
- Asian / Asian British ethnic group
- Older patients aged 87+
- Patients with a disability

The findings suggest that although overall satisfaction with care is generally high across all demographic groups, certain groups are less likely to report the very highest quality experience. The survey cannot identify the underlying reasons for this, but they are likely to reflect a complex mixture of demographic, health, cultural, personal-perception, and equalities factors.

Certain groups of patients tend to be under-represented in self-completed survey data (e.g. patients with cognitive impairments, communication difficulties, learning disabilities). Often these are the patients who would also tend to report more negative experiences of NHS care[3]. UH Bristol's Patient Experience and Involvement Team has established links with a range of patient and community groups, and regularly supports Patient and Public Involvement activity with groups of patients who may not engage with surveys. Some examples during 2015/16 include:

- Patients who self-harm
- People in recovery for addictive behaviour
- People receiving palliative care
- Carers
- Patients with Learning Disabilities

Patient Complaints

In 2015/16 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 would complain about our service. We achieved 0.25% compared to 0.26% in 2014/15.

Patients' ethnicity, age, gender, religion and civil status are recorded on the Trust's patient administration system, Medway and until 31st January 2016, this information was transferred across to the Ulysses Safeguard system, which is used to record all complaints. The Trust moved over to a new complaints system, Datix, on 1st February 2016 and the protected characteristics available to complete on Datix do not match those on Medway and this meant that we were unable to report on these protected characteristics in Quarter 4 of 2015/16. A solution to this is currently under investigation by Datix and the Trust's Risk Management Team, although we are able to report here on the data gathered in Quarters 1, 2 and 3.

- Just over half the complainants were female (54%);
- 36% were aged 65 years or above;
- The overwhelming majority of people who complained, and whose ethnicity is recorded, were White British (70%);
- Of those whose religious status was recorded, just under 50% were Christian and 32% claimed to have no religious affiliation.

---

[3] For example see: http://www.cqc.org.uk/content/review-learning-disability-services-1

- 39% of those whose civil status was recorded were married or in a civil partnership and 28% were single.

The Patient Support and Complaints Team routinely asks for the patient's ethnic group, age and gender if this data is not available on Medway. In addition to English, the Trust's 'How can we help?' leaflet is available in several of the ethnic languages most commonly spoken by residents of Bristol, including Somalian, Chinese, Polish and Hindi.
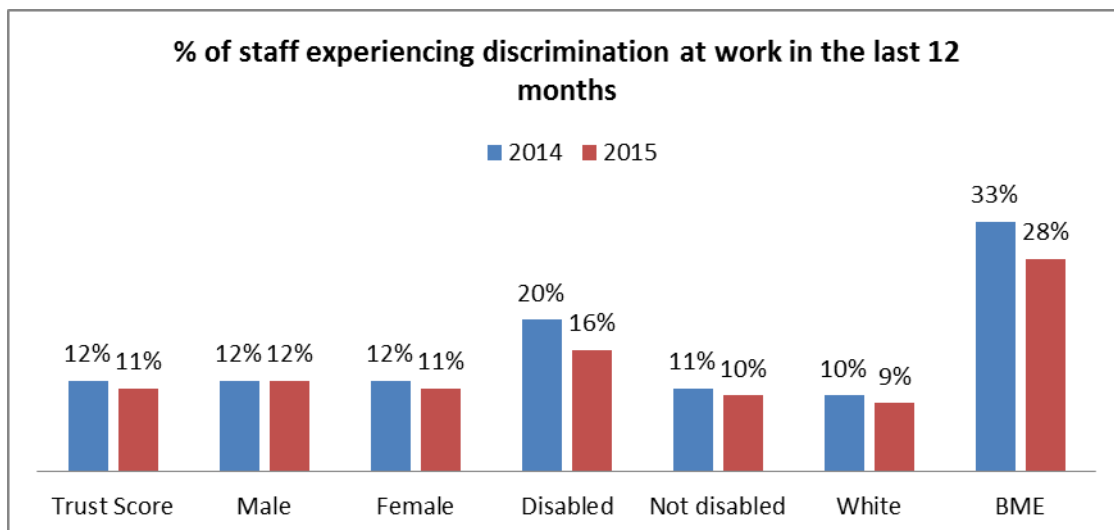

6.   STAFF EXPERIENCE MEASURES

Staff Survey Results – Key Findings

The Annual National Staff Survey questionnaires were sent on a census basis to all substantively employed staff across University Hospitals Bristol NHS Foundation Trust and 3,625 staff responded – a response rate of 44%.

The Staff Survey included two Key Findings specifically relating to Equality and Diversity: The percentage of staff experiencing discrimination at work in the last 12 months (from patients, service users, managers and colleagues), and the percentage believing the organisation provides equal opportunities for career progression/promotion.

The graph below shows the results for the first of these findings, comparing 2015 and 2014 results.

% of staff experiencing discrimination at work in the last 12 months

■ 2014 ■ 2015

	Trust Score	Male	Female	Disabled	Not disabled	White	BME
2014	12%	12%	12%	20%	11%	10%	33%
2015	11%	12%	11%	16%	10%	9%	28%

(The national average score for acute trusts in 2015 was 10%. The best score was 5%.)

Whilst the results show that there has been a small improvement since last year, and discrimination experienced by any of our staff is not acceptable, the levels of discrimination experienced by disabled and Black and Minority Ethnic staff are of greater concern.

The Trust aims to provide a working environment for staff which is free from harassment, bullying and discrimination. The Equality & Diversity Group is exploring how best to communicate our expectations of the behaviours associated with the Trust Value of Respecting Everyone to both staff and patients and service users.

Experience of discrimination from colleagues is highlighted by the response to another staff survey question – one which is also used as part of the Workforce Race Equality Standard. This graph shows the percentage of different groups which answered "Yes" to the question
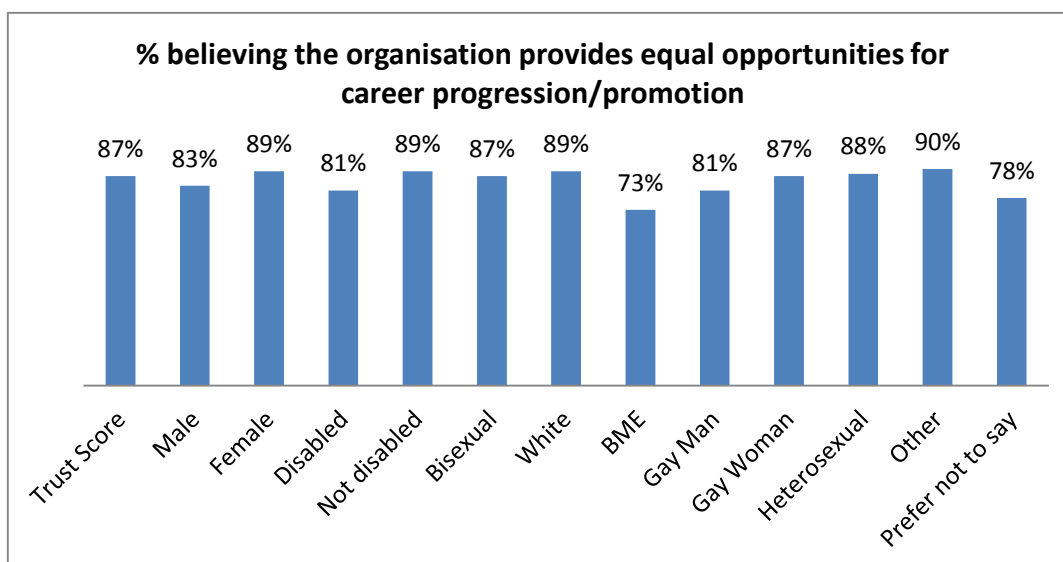
"In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues?"

In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues?

Trust Score	Male	Female	Disabled	Not disabled	White	BME	Heterosexual	LGBO
8%	8%	7%	12%	6%	6%	18%	7%	8%

(Note: Transgender is not given as an option for identifying in the staff survey returns, hence LGBO (Lesbian, Gay, Bisexual, Other)

Divisional responses, as set out in actions from their Operating Plans, include work to encourage team-building and foster a culture of inclusion as one of the ways in which this is being addressed. The coming year will also see the reworking of the Trust's Tackling Bullying & Harassment at Work policy to place the emphasis on a culture of dignity and respect at work.

Also included in the measures for the Workforce Race Equality Standard is the comparison between White and BME staff who believe that the organisation provides equal opportunities for career progression or promotion. This key finding was also explored for staff in other protected characteristics:

% believing the organisation provides equal opportunities for career progression/promotion

Trust Score	Male	Female	Disabled	Not disabled	Bisexual	White	BME	Gay Man	Gay Woman	Heterosexual	Other	Prefer not to say
87%	83%	89%	81%	89%	87%	89%	73%	81%	87%	88%	90%	78%

The overall Trust score is comparable with the 2015 average for other acute trusts – also 87%. However, disabled staff and staff from BME backgrounds clearly perceive that there are more barriers to progression within the organisation.
 The findings for BME staff are included in the Workforce Race Equality Standard Report, together with planned actions to address, including an audit from Audit south West of

recruitment practices and processes to identify any unconscious bias or barriers to employment or promotion within the Trust.

Provisions to support an equal playing field in succession planning and development programmes for potential future applicants from diverse backgrounds for Senior Manager and Board positions form part of the Trust's Equality & Diversity Action Plan. Part of the Trust's Workforce & OD Strategy is to ensure the Trust has a workforce which reflects the diversity of the community it serves at all levels of the organisation and across all staff groups. This is underpinned by an agenda focussed on Developing Leadership and Management Capability, and work will be undertaken to ensure that this agenda is fully committed to providing equal opportunities for staff from all protected groups.

Some of the key areas which have been identified as requiring improvement Trust-wide have also been examined to see how the feedback as expressed in the staff survey from staff in protected groups compared with the overall response.

The findings highlighted that the experience of disabled staff compares badly with staff from other groups. For example, scores for effective team working and motivation at work were markedly lower.   The Trust will explore ways to further understand and improve the experience of disabled staff through Divisional Staff Engagement Plans and work with the Trust's Staff Forum for staff living and working with disability, illness or impairment (LAWDII).

In contrast, responses from gay men and staff from BME backgrounds indicate that they are more highly motivated than staff from other groups, and more satisfied with the quality of work and patient care they are able to deliver. (These are two of the key areas identified for improvement overall.)

Two areas in which the Trust scored most favourably compared with other acute trusts were the percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months (Trust score was 13%, national average was 14%), and the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (Trust and national average 28%).
The percentage BME staff (19%) experiencing physical violence is noticeably higher.
The percentage of women (30%), disabled staff (34%) and BME staff (30%) experiencing harassment, bullying or abuse compares unfavourably with the Trust score.

And yet, BME staff are highly motivated and are more likely to recommend the Trust as a place to work or receive treatment (3.93 with 5 as the highest score) than their white colleagues (3.79).

These findings were presented to the Senior Leadership Team on 4th May, and provided some interesting insights into how staff experience differs.   Other comparative scores from the National Staff Survey are included in the Trust's Annual Report and Quality Account.

Workforce Race Equality Standard (WRES) – 2015 Report

There are nine WRES indicators which are used to highlight any differences between the experiences of White staff and Black & Minority Ethnic staff in the NHS. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BME representation on Boards.
NHS organisations were required to submit and publish their first set of data last summer, together with their action plans outlining the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

The Trust successfully reported against all but one of the required metrics in July 2015. (The report and action plan, including progress against the actions, is included at Appendix C). Although some progress has been made against the agreed action plan - including a better understanding of possible reasons for the greater likelihood of BME staff entering the formal disciplinary process - several actions have not yet been followed to their conclusion.

A major barrier to assessing whether BME and White staff access non-mandatory training equally - and therefore whether steps are needed to address inequity of access - is the fact that although this training is recorded locally it needs to be added to the central Learning Management System to enable extraction and reporting against protected characteristics. Although reporting in the preferred format for Indicator 4 will not be possible again this year, it might be argued that the Staff Survey findings more accurately reflect staff experience of access to non-mandatory training.

Other planned actions (for Indicators 1 and 9 in particular) were also included in the Equality & Diversity Action Plan, progress against which is shown in Appendix B.

Workforce Race Equality Standard (WRES) – 2016 Report

The WRES is included in the 2016/17 NHS standard contract for NHS provider organisations and it also features in the new 2016/17 CCG Assessment and Improvement Framework.

The milestone date for organisations to report on their WRES data this year is 1st August 2016. Work is in progress to collate and report on the data for this year's report against the nine metrics which are indicators of workforce equality.

The information available for the indicators to be published this year shows little change in the make-up of the Trust's workforce. Although BME staff are still relatively more likely to enter the formal disciplinary process, the likelihood has decreased and actions have been suggested to further address this.

7.   STAFF FORUMS

The Trust currently has three Staff Forums. The Lead for each Forum is a member of the Trust's Equality & Diversity Group, and they have contributed to this report.

Lesbian, Gay, Bisexual & Transgender (LGBT) Forum 2015-16

The forum is for Lesbian, Gay, Bisexual and Transgender members of Trust staff and supporters within UHBristol. We are a safe space for staff to discuss issues and assist in advising HR on staff policy relating to LGBT issues within the organisation.

The forum was founded in 2012 after the Pan-Avon LGBT forum disbanded. Over the last four years we have been building the number of staff attending steadily and advertise meetings via the Trust internal weekly news email. We feedback and work closely with HR on issues that affect our LGBT staff as well as working to promote equality within the Trust. Our Forum chair recently gave a well-received talk to the Trust Senior Leadership Team on his experience of working for the trust and the wider challenges LGBT face in the workplace.

Our aims for the next year are to continue to promote the forum and build attendance numbers at meeting by working with the other staff forums to produce a poster to be displayed around the trust about the staff forums available. We will be continuing to work with HR and the Equality & Diversity group over the next year to raise the profile of the forum and support staff across the trust. Through our forum we have been able to feedback good

patient experiences throughout the trust. We are also working towards a greater understanding of the issues faced by LGBT patients by assisting our staff though training available.

Black & Minority Ethnic Workers (BME) Forum 2015 -2016

The Black and minority ethnic workers (BME) Forum is a network of UH Bristol staff from multi-disciplinary backgrounds across the Trust. It endeavours to support, involve and develop its members of diverse cultural backgrounds to achieve their optimum professional levels within their work environment. The forum is open to all Black, Asian and Minority Ethnic workers within UH Bristol.

Last year was quite a challenging year for the BAME group, with a change of leadership and support as former members and colleagues moved on. However, the work of the forum continues and regular meetings have been scheduled throughout the year, and advertised through the Trust's weekly news email. In June 2015 two members of the BAME group attended the NHS BME Network Conference in London, which was a great success. The conference gave the opportunity to link up with BAME staff based in North Bristol Trust and it is hoped to work together in the near future.

The objectives for 2016-2017 are to develop strategies to encourage BAME staff to become more actively involved in forum meetings, including the re-design and re-launch of the BME Forum using leaflets and posters for distribution to BAME staff through different channels including Newsbeat, noticeboards and staff areas (and possibly made available at corporate inductions); and refresh the BAME page(s) on HR Web. We will also refresh the type and frequency of meetings, with three core group meetings per year and an Annual General Meeting. The Forum will also revisit the Reverse mentoring scheme.

Living & Working with Disability, Illness or Impairment (LAWDII)

The Trust LAWDII Forum (living and working with disability, illness or impairment) enables staff and volunteers with physical, sensory or mental impairments to raise awareness of any issues they may have encountered at work.   The LAWDII Forum is made up of UH Bristol staff with visible and non-visible disabilities and impairments. The group was formed in 2015, and they meet on a regular basis to provide extra support to staff living and working with disability, injury or illness.

During the past year, the group has looked specifically at ways to enable staff with dyslexia to work to their full potential by providing aids such as reading rulers and coloured overlays. With the help of the Trust's Information Management &Technology department, members of staff can be offered a log-in screen in the colour which works best for each individual, and other ways in which information technology can help have been investigated.

During 2016-2017, LAWDII aims to raise its profile throughout the Trust, encouraging managers to become involved and holding another open session. It will also pursue the possibility of the installation of a software package designed to support members of staff with dyslexia.

8.   PLANS FOR THE FUTURE

OUR EQUALITY & DIVERSITY STRATEGIC OBJECTIVES

The Trust's Strategic Equality & Diversity Objectives for 2016 – 2019 have been developed by the Trust's Equality & Diversity Group, informed by key priorities from a range of sources including the Workforce Race Equality Standard, the National Staff Survey results and the EDS2 self-assessment, and supported by the Equality & Diversity Action Plan.

It is vital that the objectives have an impact on the Trust's continuing commitment to improve both patient and staff experience. They must also be underpinned by deliverable action plans and be supported by the Senior Leadership of the Trust.

What are our objectives for 2016 – 2019?

To improve access to services for our local communities

This will be measured by:

Achievement of one of the Trust's Quality Objectives for 2016/17:
"To fully implement the Accessible Information Standard, ensuring that the individual needs of patients with disabilities are identified so that the care they receive is appropriately adjusted."

Completion of the EDS2 self-assessment. In particular the Better Health Outcomes and Improved Patient Access & Experience Goals, which will provide evidence of good practice and identify areas for improvement.

Completion of a review of the processes for patient monitoring data, seeking to reduce numbers of not declared/not known, and increase information collected for all protected characteristics. (Increased information will better able the Trust to provide services aligned to the needs of the local communities.)

To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.

In particular:
Increase recruitment activities to engage with local talent, encouraging people from all backgrounds to view the Trust as an employer of choice

Make full use of the Succession Planning element of the 5 Year Teaching and Learning Framework to facilitate and encourage the progress of staff from BME backgrounds

This will be measured by:

The outcomes and recommendations from reviews of the Trust's recruitment processes for potential unconscious bias, and the criteria for appointments - including ensuring executive search agencies are committed to diversity in their processes.

The relative likelihood of shortlisted applicants from BME (Black and Minority Ethnic) groups being appointed compared with White applicants – as reported in the Workforce Race Equality Standard.

The response from BME staff to the Staff Survey question regarding equal opportunities for career progression – as reported in the Workforce Race Equality Standard.

Benchmarking against other Trusts – learning from, and sharing, best practice where 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 backgrounds.

Reporting and analysing all staff training data.

Completion of the EDS2 self-assessment – Representative and Supported Workforce Goal, which will provide evidence of good practice and identify areas for improvement

To work towards a more inclusive and supportive working environment for all of our staff.

With an emphasis on providing an environment free from harassment, bullying or abuse from colleagues or service users

This will be measured by:

The results of the National Staff Survey, with particular reference to the experience of staff from protected groups.

The experience of staff from BME (Black & Minority Ethnic) groups as measured by the Workforce Race Equality Standard.

The results of the National Staff Survey.

Actions on recruitment and training information as above.

Completion of the EDS2 self-assessment – Representative and Supported Workforce Goal, which will provide evidence of good practice and identify areas for improvement.

Actions from Staff Engagement Action Plans – Trust-wide & Divisional, and the Workforce Race Equality Action Plan.

Development of a resource pack on Equality & Diversity for managers and leaders to access via HR Web.

Progress against all of the objectives will be reported to the Trust's Equality & Diversity Group and onwards to the Trust's Workforce & OD Group. Progress during 2016/17 will be reported in next year's Annual Report.

CONCLUSION

As described in the introduction, this report has highlighted some successes, the Trust's performance in regulatory areas, and out plans for continuing to promote a culture of inclusion.

A wide range of inclusion activities have been undertaken during the past year, and the amount of information gathered from formal and informal routes shows that the Trust is strengthening existing links and forging new ones with local communities and hard to reach groups. However, we still need to work towards a greater understanding of the barriers to providing excellent healthcare to all people with characteristics protected by the Equality Act 2010.

We have learnt from the results of the 2015 Staff Survey and the Workforce Race Equality Standard reporting that not all of our staff have an equally positive experience of working for the Trust, and this is something which we will continue to work to improve.

It is recognised that the Trust has made insufficient progress towards delivery of the EDS2, therefore a priority for the forthcoming year will be to complete the assessments for identified areas before rolling out the programme of assessment Trust-wide
We are confident that the work towards achievement of the revised strategic Equality & Diversity Objectives, underpinned by the Equality & Diversity Action Plan and the WRES Action Plan, will enable the Trust to ensure it continues to improve patient care and experience and to work towards a more inclusive and supported working environment for all of its staff.

Local Population, Workforce, and Patients – a snapshot

More detailed demographic breakdowns are included at Appendix A

Local Population

Sex: 77% of UH Bristol staff are female, compared with 51% of the local population (but note that it is usual for NHS organisations to have a higher proportion of female staff)

UH Bristol v Local Population - Gender
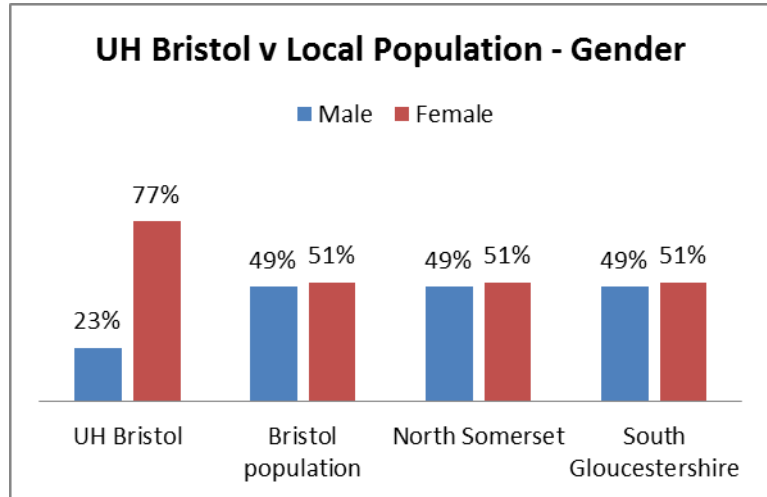
Disability: 3% of UH Bristol staff compared with 15 – 20% of local population

UH Bristol v Local Population - Disability
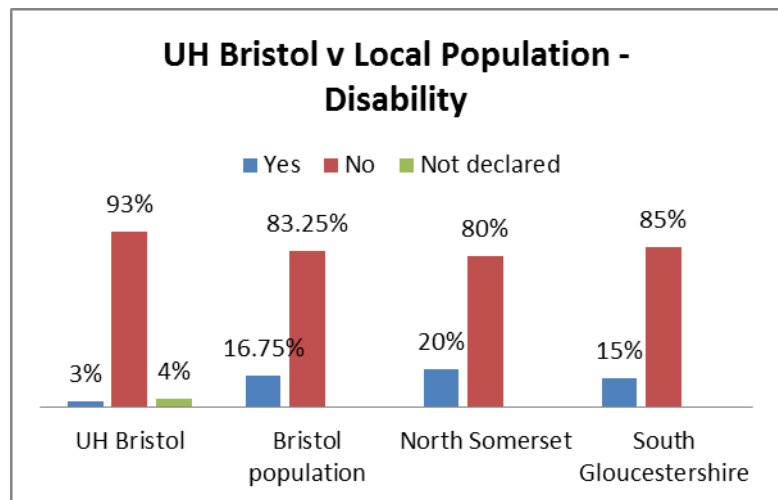
Race: 15% of UH Bristol staff are from a BME background, compared with 22% of the Bristol population

(76% of UH Bristol staff declare as White British)

UH Bristol v Local Population - Ethnic Group

Our Workforce – Non-White British
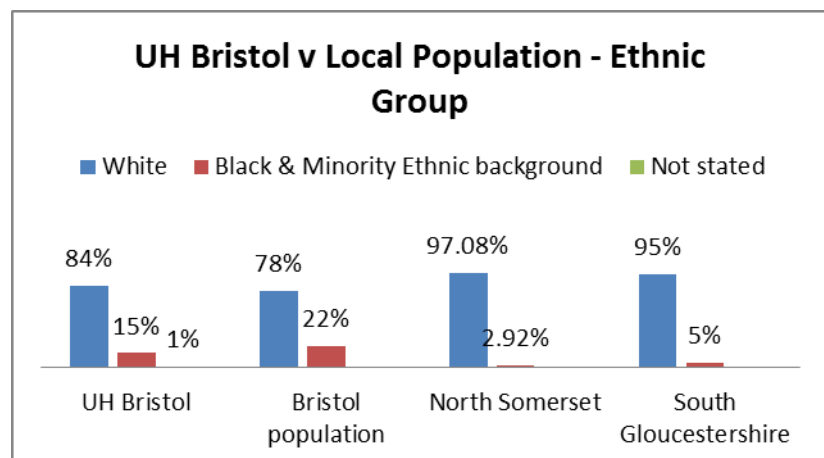
UH Bristol Workforce - Non-white British
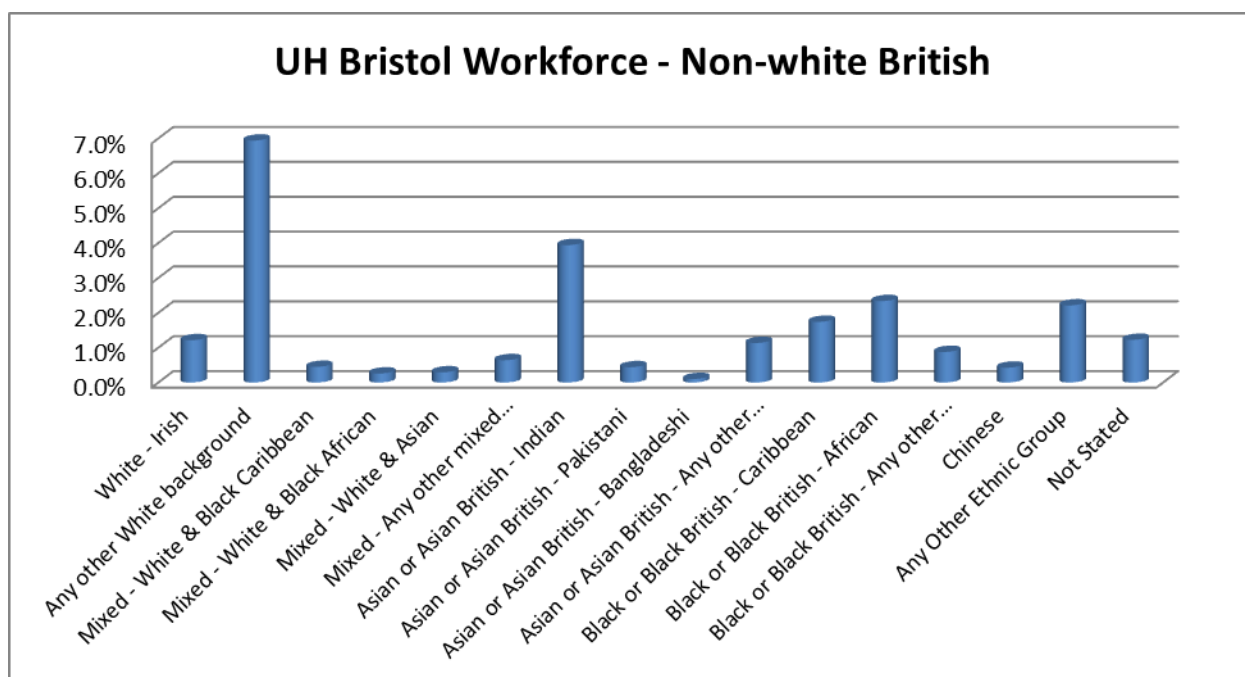
Our patients and service users (data from January to December 2015)

Inpatient & Outpatient attendances - Gender

■ Male ■ Female

	Inpatient Admissions	Outpatient Attendances
Male	45.3%	46.7%
Female	54.7%	53.3%

Inpatient & Outpatient attendances - Ethnic Group

■ Inpatient Admissions ■ Outpatient Attendances

	White	Black & Minority Ethnic Groups	Not stated / Unknown
Inpatient Admissions	83.7%	8.8%	7.4%
Outpatient Attendances	84.1%	8.5%	7.3%
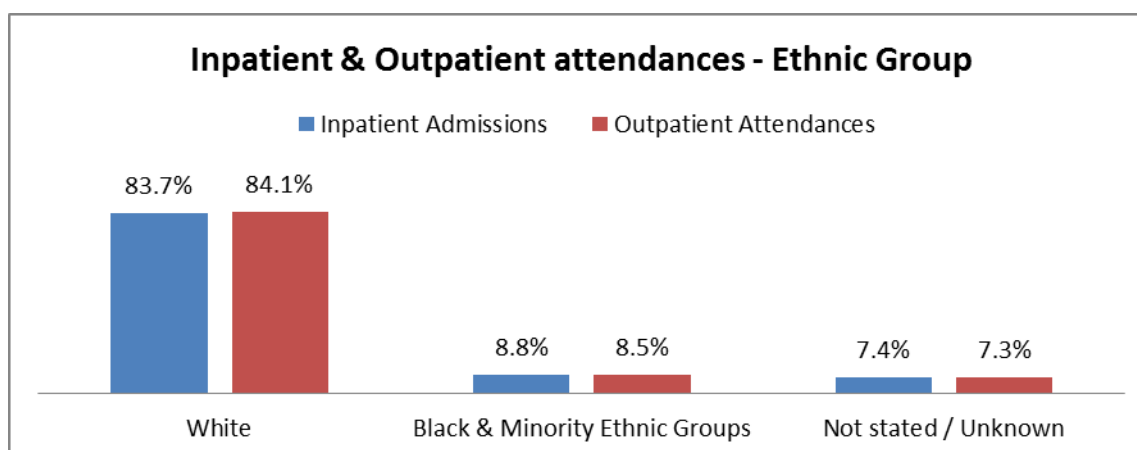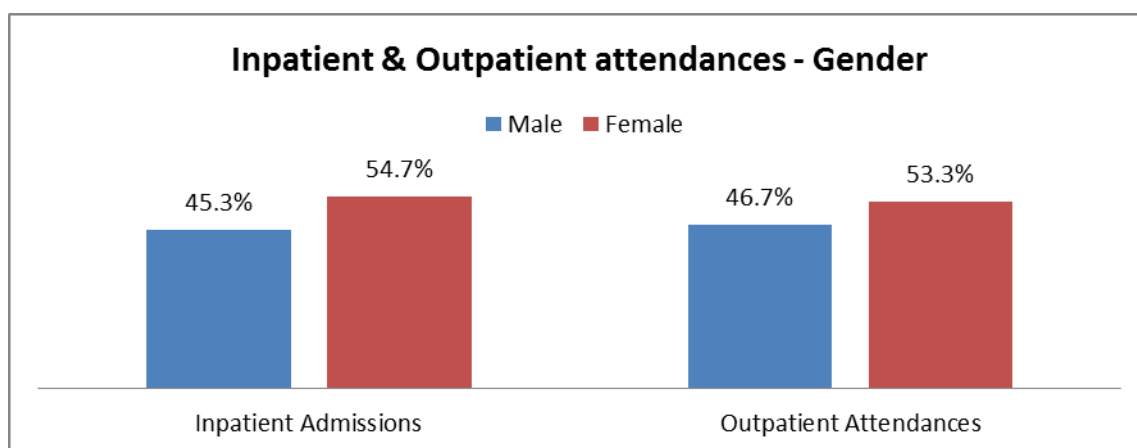
Appendices

Appendix A   UH Bristol Workforce Data

Appendix B   UH Bristol Equality & Diversity Action Plan

Appendix C   UH Bristol WRES Report and Action Plan 2015

Appendix D   UH Bristol Inpatient Experience Survey Data

Acknowledgements

With thanks to colleagues across the Trust who have contributed to this report.

BACKGROUND EQUALITY DATA 2016

Equality legislation requires us to collect a range of pre and post-employment information, and information relating to patients accessing our services. The information below is an extract from the data which is available on the Trust's website. It is for the calendar year 1st January to 31st December 2015 unless otherwise stated.
In a change from previous reports, data for the previous year (in this case 2014) is included in the tables for information.

Staff in post (all substantive staff)

Age band	Headcount 31 December 2014	Headcount 31 December 2015	Proportion of Headcount December 2014	Proportion of Headcount December 2015
16 – 20	65	94	0.76%	1.06%
21 – 25	786	861	9.17%	9.67%
26 – 30	1,237	1,284	14.44%	14.42%
31 – 35	1,260	1,289	14.70%	14.47%
36 – 40	1,110	1,172	12.95%	13.16%
41 – 45	997	1,054	11.63%	11.83%
46 – 50	1,036	989	12.09%	11.10%
51 – 55	987	1,028	11.52%	11.54%
56 – 60	718	761	8.38%	8.54%
61 – 65	291	295	3.40%	3.31%
66 - 70	67	62	0.78%	0.70%
71 - 77	15	18	0.18%	0.20%
Grand Total	**8,569**	**8,907**	**100.00%**	**100.00%**

Disability	Headcount December 2014	Headcount December 2015	Proportion of Headcount December 2014	Proportion of Headcount December 2015
No	8,036	8,291	93.78%	93.08%
Not Declared	281	363	3.28%	4.08%
Yes	252	253	2.94%	2.84%
Grand Total	**8,569**	**8,907**	**100.00%**	**100.00%**

Gender	Headcount December 2014	Headcount December 2015	Proportion of Headcount December 2014	Proportion of Headcount December 2015
Female	6,646	6,896	77.56%	77.42%
Male	1,923	2,011	22.44%	22.58%
Grand Total	**8,569**	**8,907**	**100.00%**	**100.00%**

Ethnicity	Headcount December 2014	Headcount December 2015	Proportion of Headcount December 2014	Proportion of Headcount December 2015
White	7,269	7,476	84.82%	83.93%
Black & Minority Ethnic Groups	1,262	1,322	14.72%	14.84%
Not Stated	38	109	0.44%	1.22%
Grand Total	**8,569**	**8,907**	**100.00%**	

Religious Belief	Headcount December 2014	Headcount December 2015	Proportion of Headcount December 2014	Proportion of Headcount December 2015
Atheism	939	1,088	10.96%	12.22%
Buddhism	49	47	0.57%	0.53%
Christianity	3,493	3,542	40.76%	39.77%
Hinduism	84	102	0.98%	1.15%
Islam	143	155	1.67%	1.74%
Jainism	2	3	0.02%	0.03%
Judaism	10	6	0.12%	0.07%
Sikhism	18	18	0.21%	0.20%
Other	499	523	5.82%	5.87%
I do not wish to disclose my religion/belief	3,332	3,391	38.88%	38.07%
Undefined	0	32	0.00%	0.36%

Sexual Orientation	Headcount December 2014	Headcount December 2015	Proportion of Headcount December 2014	Proportion of Headcount December 2015
Bisexual	30	37	0.35%	0.42%
Gay	47	54	0.55%	0.61%
Heterosexual	5,567	5,981	64.97%	67.15%
Lesbian	34	35	0.40%	0.39%
I do not wish to disclose my sexual orientation	2,891	2,770	33.74%	31.10%
Undefined	0	30	0.00%	0.34%

Employee Relations Cases – reported formally under the Trust policy and recorded on the Case Management System

Harassment & Bullying Cases (reported formally under the Trust policy)

Gender	Number of cases Jan-Dec 2014	Number of cases Jan-Dec 2015	Proportion of cases 2014	Proportion of cases 2015
Female	20	16	77%	76%
Male	5	1	19%	5%
Group		1		5%
Not reported	1	1	4%	5%
Grand Total	**26**	**21**		

Disability	Number of cases Jan-Dec 2014	Number of cases Jan-Dec 2015	Proportion of cases 2014	Proportion of cases 2015
Yes	4	1	15%	5%
No	19	17	73%	81%
Group		1		5%
Not Declared/reported	3	2	12%	10%
Grand Total	**26**	**21**		

Ethnic Background	Number of cases Jan-Dec 2014	Number of cases Jan-Dec 2015	Proportion of cases 2014	Proportion of cases 2015
White	17	17	65%	81%
Black & Minority Ethnic background	7	6	27%	29%
Not Stated / not reported	2		8%	
Grand Total	**26**	**21**		

Grievance Cases (reported formally under the Trust policy)

Gender	Number of cases Jan-Dec 2014	Number of cases Jan-Dec 2015	Proportion of cases 2014	Proportion of cases 2015
Female	12	11	50%	65%
Male	9	6	37%	35%
Group	3		13%	
Grand Total	**24**	**17**		

Disability	Number of cases Jan-Dec 2014	Number of cases Jan-Dec 2015	Proportion of cases 2014	Proportion of cases 2015
Yes	4	2	16%	12%
No	17	15	71%	88%
Not Declared/Not reported/Group	3		12%	
Grand Total		**17**		

Ethnic Background	Number of cases Jan-Dec 2014	Number of cases Jan-Dec 2015	Proportion of cases 2014	Proportion of cases 2015
White	16	11	67%	65%
Black & Minority Ethnic background	5	6	21%	35%
Not Stated/Not reported/Group	3		12%	
Grand Total	**24**	**17**		

Disciplinary Cases (reported formally under the Trust policy)

Gender	Number of cases Jan-Dec 2014	Number of cases Jan-Dec 2015	Proportion of cases 2014	Proportion of cases 2015
Female	103	75	58%	60%
Male	75	50	42%	40%
Group	1		0%	
Grand Total	**179**	**125**		

Disability	Number of cases Jan-Dec 2014	Number of cases Jan-Dec 2015	Proportion of cases 2014	Proportion of cases 2015
Yes	11	3	6%	2%
No	154	118	86%	94%
Not Declared/Not reported/Group	14	4	8%	3%
Grand Total	**179**	**125**		

Ethnic Background	Number of cases Jan-Dec 2014	Number of cases Jan-Dec 2015	Proportion of cases 2014	Proportion of cases 2015
White	106	84	59%	67%
Black & Minority Ethnic background	72	41	40%	33%
Not Stated	1		1%	
Grand Total	**179**	**125**		

University Hospitals Bristol NHS
NHS Foundation Trust

UH Bristol Equality and Diversity Action Plan - Updated June 2016

Planned Actions (Including remedial actions where discussed and agreed at June 2016 E&D Group)	Proposed Timescale (including revised timescales where agreed by E&D Group – June 2016	Facilitator	Comments /Progress As at June 2016
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 *Remedial actions agreed by E&D Group – June 2016* *E&D Project Lead to produce revised draft* *Update of on-line tool* *Programme uploaded and tested with user groups* *Programme rolled out*	October 2015 November 2015 December 2015 *June 2016* *June/July 2016* *July/August 2016* *Autumn 2016*	Head of Reward (Equality & Diversity Project Lead - from March 2016)	To be carried out as part of the development and benchmarking of training in E&D. E-learning package written & tested with E&D Group December 2015. Slides developed into e-learning tool by the Teaching and Learning team January 2016. Feedback from the Training Team received which requires amendments to the package. Progress delayed – estimated date of uploading and rollout adjusted to Autumn 2016.
Develop resource pack on Equality and Diversity for managers and leaders to access via HR Web *Remedial actions agreed by E&D Group – June 2016* *Chairs of the three staff forums represented on the E&D Group undertake to review & make suggestions for updated content on the relevant pages/sub-pages of HR Web – including identifying what additional guidance would be of help*	December 2015 *June 2016*	Head of Reward (Equality & Diversity Project Lead - from March 2016)	E&D Group reviewing HR web pages. Recommendations and suggestions for updated content awaited. Progress delayed – estimated date of completion adjusted to September 2016.

E&D Project Lead to review and make suggestions for updated content on the other E&D pages/sub-pages of HR Web *Members of the E&D Group to investigate relevant additional information to add to the resource* *Content updated and refreshed pages publicised*	*July2016* *September/Oct 2016*		
Devise and run training and briefings/seminars for the Senior Leadership Team and Trust Board on 'Unconscious Bias' in recruitment (both internal and external) *Remedial actions agreed by E&D Group – June 2016* *Engage senior colleagues involved in recruitment in the discussion, so that there is greater understanding* *Engage senior colleagues involved in training in the discussion, to find out what is included in training for recruiting managers/resourcing staff, and what could be included about unconscious bias* *Follow up opportunity to deliver unconscious bias training to SLT – establish potential date and provider*	January 2016 *September 2016* *September 2016* *Oct – Dec 2016*	External Consultant/Director of Workforce and OD/Head of Service Centre	Equality Lead for NHS England & Director, Workforce Race Equality Standard scheduled to speak at Board Seminar in July 2016.
Development of a robust Trust wide system for collecting and analysing essential and non mandatory training data *Remedial actions agreed by E&D Group – June 2016* *E&D Project Lead to follow up outcome of initial meeting, agree on requirements and explore possible timeframes for implementation* *Head of Developing People Capability to add to the departmental risk register*	March 2016 *June – Oct 2016*	Assistant Director of Teaching and Learning/Head of Reward	Meeting held with HRIS Systems Development Manager to explore provision of data through existing system February 2016. Further definition of reports required needs to be supplied by E&D Project Lead. Progress delayed – estimated date of availability of essential training data adjusted to September 2016.

STAFF EXPERIENCE			
Review the Trust's recruitment processes for potential unconscious bias *Remedial actions agreed by E&D Group – June 2016:* *Revised timeframe is dependent on timing of delivery of Audit report* *Following delivery of the Audit report, the relevant actions within it are used to inform an update to this Action Plan* *Engage senior colleagues involved in Recruitment in the discussion, so that there is greater understanding*	October 2015 October 2016	Head of Service Centre	Audit South West undertaking an audit of Trust recruitment procedures – awaiting audit report
Review criteria for appointments including ensuring executive search agencies are committed to diversity in their processes *Remedial actions agreed by E&D Group – June 2016* *Engage senior colleagues involved in Recruitment in the discussion, so that there is greater understanding* *Discuss revised timeframe with Head of Service Centre*	October 2015 *December 2016*	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
 	
The E&D Group agreed that the WRES Disciplinary report completes the first part of this action, and that other actions should be developed from the recommendations therein
 	
  (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 backgrounds.
	November 2015	Head of Service Centre/Head of Reward /Assistant Director of Teaching and Learning
		
		(And Equality & Diversity Project Lead - from March 2016)
			To be undertaken in partnership with staff side and E&D Sub Group membership. Data being gathered.
			
			Benchmarking & analysis of disciplinary outcomes by ethnicity included in WRES Action Plan July 2015. Report completed April 2016 to be shared with E&D Group May 2016. Recommended actions to follow
			
			Succession planning forms part

The E&D Group recommended that this should be taken into consideration as part of any Retention and Appraisal plans, and that identifying future leaders and succession planning should be integral to Workforce Plans and Divisional Business Continuity plans.			of Teaching and Learning 5 year Framework.
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	Director of IM&T/Deputy Chief Nurse/Head of Reward	E&D lead co-ordinating Diamond cluster approach on monitoring information. NOTE – this needs to be revisited
EQUALITY DELIVERY SYSTEM (EDS2)			
Completion of the EDS2 self-assessment and action plan *Remedial actions agreed by E&D Group – June 2016* *Divisional Operating Plans are examined to find out what actions are included to take the EDS2 forward. Also to establish the reporting mechanisms so that progress can be made.* *E&D Lead to revisit the work done on the pilot areas (Maternity Services & Radiology) so far and move them on to completion.* *E&D Project Lead to take stock of progress to date & complete the action plan (including all deadlines)* *Request a workshop session for the Staff Engagement Leadership Group to discuss & contribute to the self assessment of the outcomes for Goal 4 – Inclusive Leadership*	June 2015 *May/June 2016* *May/June 2016* *June/July 2016* *Sept - December 2016*	Head of Reward (Equality & Diversity Project Lead - from March 2016)	Self-assessment commenced but not completed due to incomplete information. Assessment being undertaken in Radiology and Maternity Services initially to then inform other divisions (see below) *Assessments being undertaken in Medicine* *Progress delayed. Estimated revised date of completion September 2016.*
Implementation of the EDS2 action plan *To follow completion of the pilot, with appropriately revised timeframes.*	October 2015 *Progress delayed. Estimated revised date of completion December*	Deputy Director of Workforce and OD/Head of Reward	Commenced pilot in two clinical areas (radiology and maternity services) to then inform Divisions.

	2016.		
Develop training and additional support for managers on EDS2 *To follow completion of the pilot, with appropriately revised timeframes*	December 2015 – January 2016	Head of Reward	To follow EDS2 pilot
Review the Trust's processes for undertaking and completing equality analysis. *Actions agreed by E&D Group – June 2016* *Benchmark against other trusts & recommend that best practice be adopted* *Obtain agreement & support from Equality & Diversity Group and Workforce & OD Group*	Ongoing *September 2016* *December 2016*	Head of Reward /Trust Secretary	*Estimated revised date of completion December 2016.*
Review and refresh the Equality Objectives for the Trust to give us a clear, measurable framework for our activities. *Suggested revised objectives discussed and agreed at June E&D Group.*	Annual review	Head of Reward	Completed
Devise a comprehensive Communications plan for the remainder of the financial year for both internal and external communications for EDS2. *Suggested remedial action:* *That this element of the Plan is revisited at a time when it is clear what will be included in such a communication plan.*	Ongoing *January 2017*	Head of Communications/Head of Reward	To follow EDS2 pilot
GOVERNANCE			
Develop and implement an integrated Equality and Diversity Strategy for service users and the Trust workforce. *Suggested remedial action not discussed at E&D Group June 2016:*	December 2016	Head of Reward	Review of Equality, Diversity & Human Rights Policy completed January 2016. *Clarification about the nature of*

To reword this action to clarify its aims: *"To ensure the Trust is fulfilling its obligation under the PSED, as exemplified by compliance with the requirements of the WRES, EDS2, AIS and other regulatory requirements."*			*the Integrated Strategy needed before one can be developed.*
MONITORING			
Design of, and agreement for, an Equal Pay Audit to be implemented across all staff groups	September 2016	Head of Reward /Assistant Director of Finance (Payroll Services)	Equal pay audit being undertaken by Audit South West

Workforce Race Equality Standard – Data (Reported 2015) and Progress against plan (July 2016)

Please note that the periods the workforce data refers to for the report published in July 2015 are Staff in post as at 31st December 2014; Disciplinary data from calendar years 2013 and 2014. Staff Survey data is from the 2014 national Staff Survey

For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.

1	**Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce**				
	Data for reporting year	*Data for previous year*	*Narrative*	*Action taken and planned*	*Progress against planned actions*
	4.1% BME of 409 staff in Bands 8-9 and VSM. 14.7% BME in overall workforce.	Not previously reported. 15.25% BME in overall workforce	Number of staff in senior roles does not reflect the diversity of the workforce.	Planned actions: • provide unconscious bias training • Audit Southwest review of recruitment process (part of E&D Action Plan) Review recruitment processes including advertising of non-executive posts	Progress against planned actions: Invitation extended to Yvonne Coghill to run session at July Board Seminar Audit Southwest report commissioned. Report due May/June 2016. Action outstanding – see E&D action plan
2	**Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts**				
	Data for reporting year	*Data for previous year*	*Narrative*	*Action taken and planned*	*Progress against planned actions*
	White staff 1.85 times more likely to be appointed from shortlisting than BME staff.	Not previously analysed.	Improved comparative data for 2014, whereas not able to compare previously	Planned actions: as above	As above.
3	**Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation*** ***Note: this indicator will be based on data from a two year rolling average of the current year and the previous year**				

	Data for reporting year	Data for previous year	Narrative	Action taken and planned	Progress against planned actions
	3.6 times greater in 2014	2.8 times greater in 2013	Information shared with Trust Industrial Relations Group	Planned actions: • Undertake benchmarking with other trusts as part of Action Plan Scrutinise further for areas of disaggregation	Benchmarking & scrutiny included in report completed April 2016. Submitted to E&D Group for discussion and recommended actions May 2016 and WF&OD Group July 2016.
4	**Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff**				
	Data for reporting year	**Data for previous year**	**Narrative**	**Action taken and planned**	**Progress against planned actions**
	Data not available	**Data not available**	*Data is available from the 2014 National Staff Survey, which was conducted on a full census basis. (47% response rate.)*	**Planned action:** **Recording of data part of 2015 Action Plan**	*Delay in progress on reporting all training.*

	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months				
	Data for reporting year	**Data for previous year**	**Narrative**	**Action taken and planned**	**Progress against planned actions**
	White 30% *BME 32%*	*White 28%* *BME 26%*	**Data for 2014 is from a full census survey (3,641 staff responded).** **Data for 2013 is from a sample survey. (439 of 850 staff responded)**	**Actions to tackle harassment & bullying form part of the Trust's Staff Engagement Action Plan**	*Recruitment campaign for additional H&B Advisors carried out autumn 2015. Revised Policy approved February 2016. To be reviewed within one year to ensure shift of focus towards values-based behaviours*

	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months				
	Data for reporting year	**Data for previous year**	**Narrative**	**Action taken and planned**	**Progress against planned actions**
	White 26% BME 40%	White 26% BME 37%	**As above**	**As above**	*As above*
	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion				
	Data for reporting	**Data for previous**	**Narrative**	**Action taken and planned**	**Progress against planned actions**

	year	*year*			
	White 90% BME 63%	White 91% BME 73	**As above**	*Planned actions:* • *Audit of internal promotion and recruitment process* • *All training information to be recorded for access opportunities* • *Further Reverse Mentoring programme*	Audit Southwest report commissioned. Report due May/June 2016. *Delay in progress on reporting on all training.*

	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues				
	Data for reporting year	*Data for previous year*	*Narrative*	*Action taken and planned*	*Progress against planned actions*
	White 7% BME 22%	White 9% BME 24%	**Full census staff survey provided more complete data to enable better understanding**	**Planned actions:** • **Staff Engagement Action Plan** **Review all incident reports for better understanding**	*Full census survey conducted again in 2015 shows improved experience in this area for BME staff.* *Introduction of refreshed E&D training and other awareness training December 2016.*

9	Boards are expected to be broadly representative of the population they serve				
	Data for reporting year	*Data for previous year*	*Narrative*	*Action taken and planned*	*Progress against planned actions*
	Of the members of the Board who have declared their ethnicity, all describe themselves as White	Not previously reported	Board is not broadly representative of the workforce which has 14.7% BAME staff; neither is it representative of the local population	**Planned actions:** • **Review criteria for appointments ensuring executive search agencies are committed to diversity (part of the Trust E&D Action Plan)** **Work with the Membership Office to review diversity of Governors**	*Progress delayed. Remedial action in revised E&D action plan.*

Appendix D

Demographic analysis of UH Bristol's monthly inpatient survey (2015-16)

1. Purpose of this report

This report presents a breakdown of overall patient-reported care ratings by the demographic variables collected in UH Bristol's monthly inpatient survey (age, sex, ethnicity, sexuality, religion, and disability). A similar report was produced for the Patient Experience Group in 2014/15[4]. The analysis aims to identify trends in the data to generate further discussion about equality and diversity issues in the delivery of care at UH Bristol. Due to the complexity of the issues being considered in this report, and the fact that it draws on data from a survey this is not designed to measure these factors, the report cannot be used to *prove* whether differences exist between demographic groups. Further information about the data used in this report can be found in the Appendices.

2. Key findings

- Across all of the demographic variables that are considered in this report, the proportion of patients rating UH Bristol's care as "excellent", "very good", or "good" is typically 95% and above.

- Wherever possible, a further breakdown is provided to show the percentage of respondents stating that their care was "excellent". The following demographic groups are less likely to report their care as being "excellent" (to a statistically significant degree):

    o Women (Chart 1)
    o Black / Black British ethnic group (Chart 2)
    o Asian / Asian British ethnic group (Chart 2)
    o Older patients aged 87+ (Chart 3)
    o Patients with a disability (Chart 4)

- These findings suggest that although overall satisfaction with care is generally high across all demographic groups, certain groups are less likely to report the very highest quality experience. The survey cannot identify the underlying reasons for this, or determine whether the effects are "real" or an artefact of some other underlying factor.

- The trends seen at UH Bristol broadly mirror those at a national level[5], with two notable exceptions:

    • Nationally, the lowest satisfaction rates are among young adults and the oldest age groups – which is broadly true, though less marked, at UH Bristol. However, at a national level the older age groups still report relatively high satisfaction. At UH Bristol patients aged 87 and over are the least likely of all age groups to rate their care as "excellent".

    • At a national level the Black / Black British ethnic group have similar satisfaction levels to White British patients, but at UH Bristol the former are significantly less likely to rate the care as excellent.
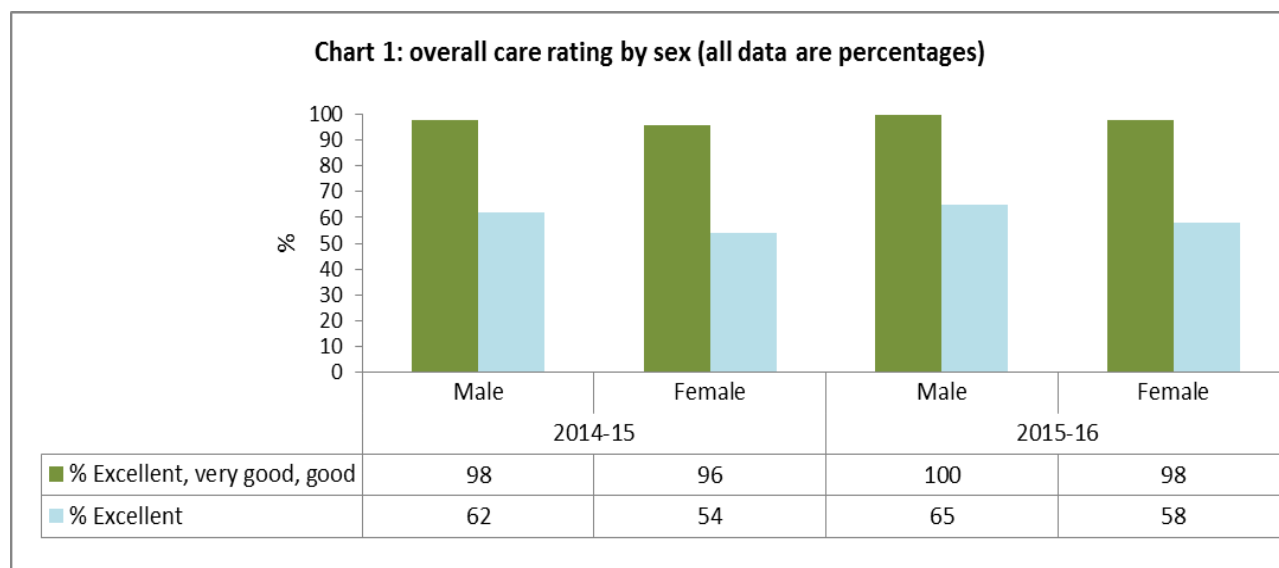
---

[4] During 2014-15 additional demographic questions were added to the Trust's inpatient questionnaire. Previously only demographics held on Medway could be analysed.

[5] See http://www.pickereurope.org/wp-content/uploads/2014/10/Multi-level-analysis-of-inpatient-experience.pdf

3. Overall inpatient care ratings by demographic group

Sex

Females are less likely to rate their care as "excellent" than males. The reasons for this are unclear, but it is in line with trends seen at a national level. The satisfaction scores in 2014-15 are essentially the same as in 2015-16, when margins of error in the data are taken into account.

Chart 1: overall care rating by sex (all data are percentages)

	2014-15		2015-16	
	Male	Female	Male	Female
■ % Excellent, very good, good	98	96	100	98
■ % Excellent	62	54	65	58

Ethnicity

None of the differences shown in Chart 2 reach statistical significance, therefore any variations seen should be considered a result of chance fluctuation in the data. However, Table 2 (over) shows the proportion of patients rating the care as "excellent", and here we do find significantly lower ratings from Black / Black British and Asian / Asian British groups. Chart 3 shows that, at a national level, Asian / Asian British patients also give less positive ratings. However, this is not the case for Black / Black British patients nationally where the scores are broadly in line with White British patients.
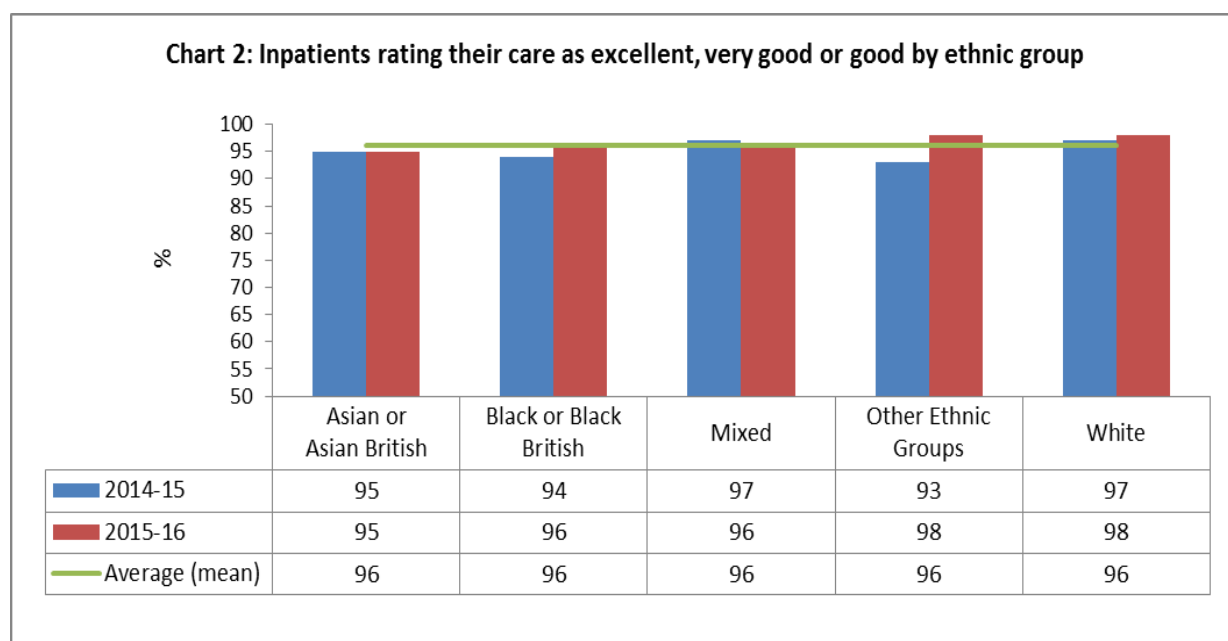
Chart 2: Inpatients rating their care as excellent, very good or good by ethnic group

|	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	White
■ 2014-15	95	94	97	93	97
■ 2015-16	95	96	96	98	98
— Average (mean)	96	96	96	96	96

Table 1: percentage of respondents rating the care as "excellent"

	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	White
2014-15	47%	42%	53%	58%	60%
2015-16	51%	43%	65%	55%	62%

Chart 3: National-level patient satisfaction by ethnic group
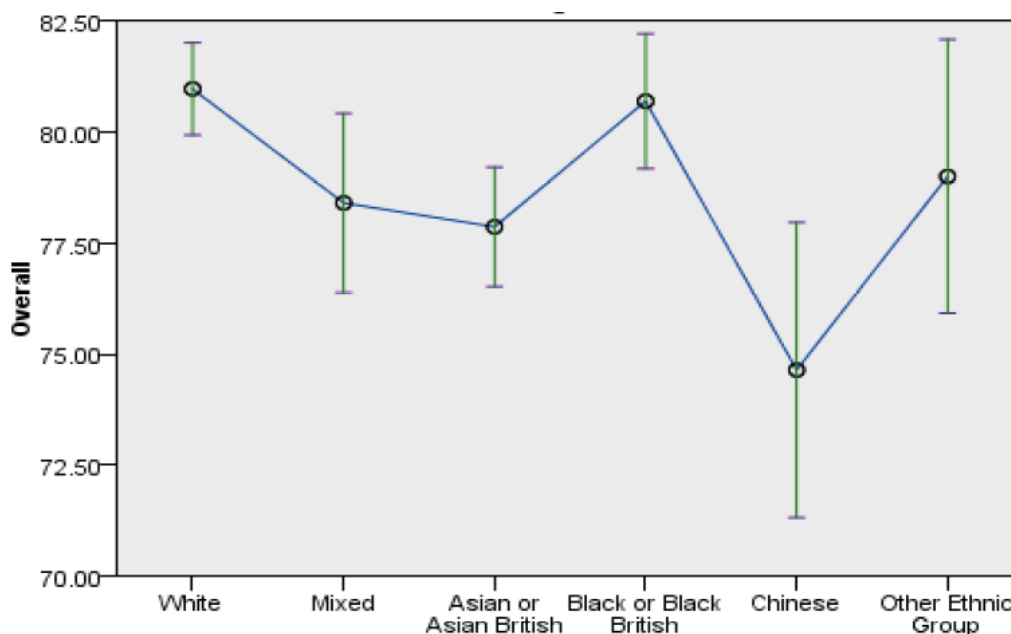
Source: Picker Institute Europe (please note that the scoring system is not directly comparable to the one used in Chart 2 and Table 1. Also, there are insufficient responses in the UH Bristol survey to break the data down in to all of the groups shown in the Picker data)

Age
The care ratings shown in Chart 4 (over) also broadly correspond to trends seen at a national level (Chart 5), with scores steadily increasing with age and then dipping back again for the very oldest patients. Interestingly our data shows that 12-16 year olds buck this trend (the national surveys only collect data for patients aged 16 and over), as they give relatively high ratings of care.
Chart 5 (over) shows the trend at a national-level. It can be seen that there is much less of a decline in satisfaction for the oldest patient groups nationally, than is the case at UH Bristol. Although caution is needed when comparing Charts 4 and 5 because different scoring systems and age categories are used, it is still noticeable that UH Bristol's oldest patients are the least likely to rate their care as "excellent", whereas nationally this group are still relatively satisfied compared to younger patients.
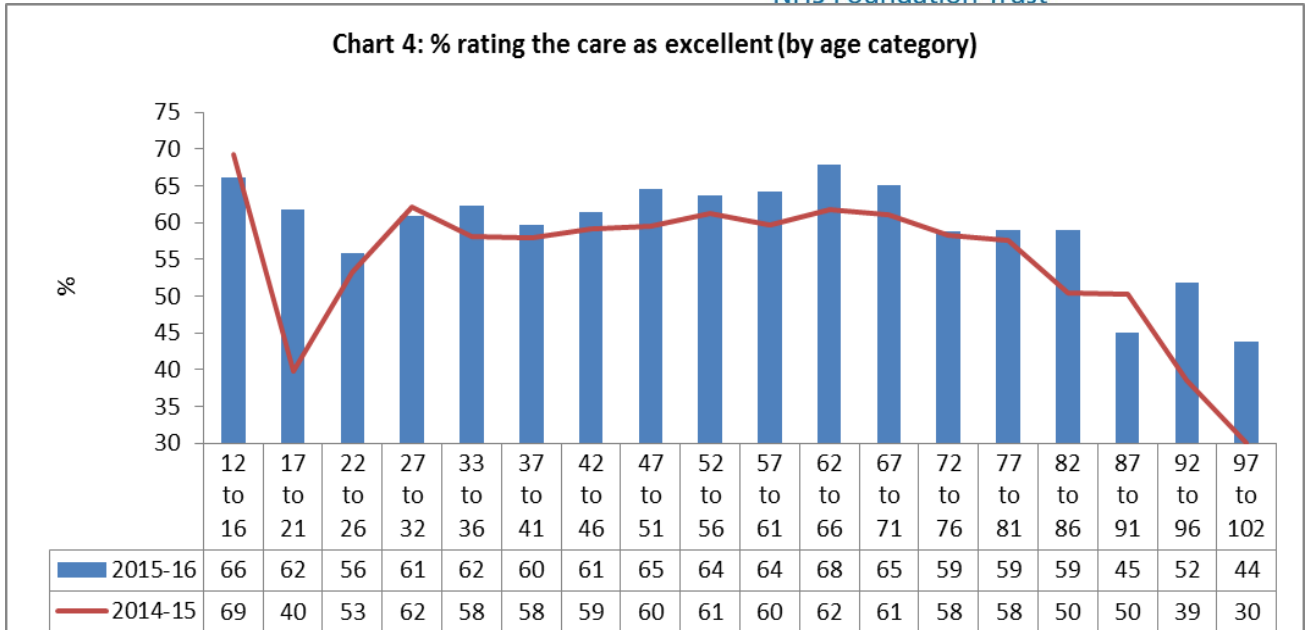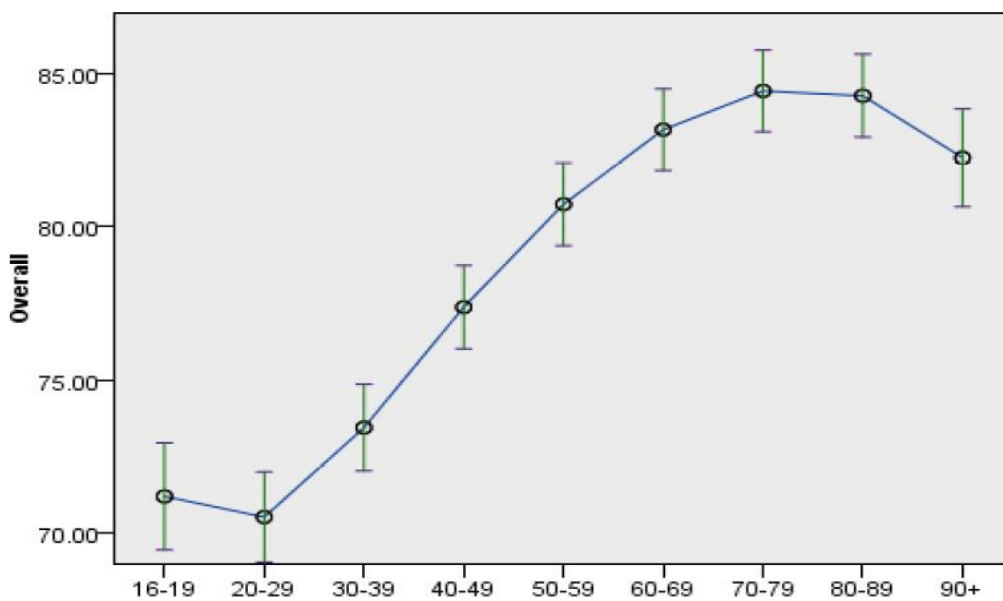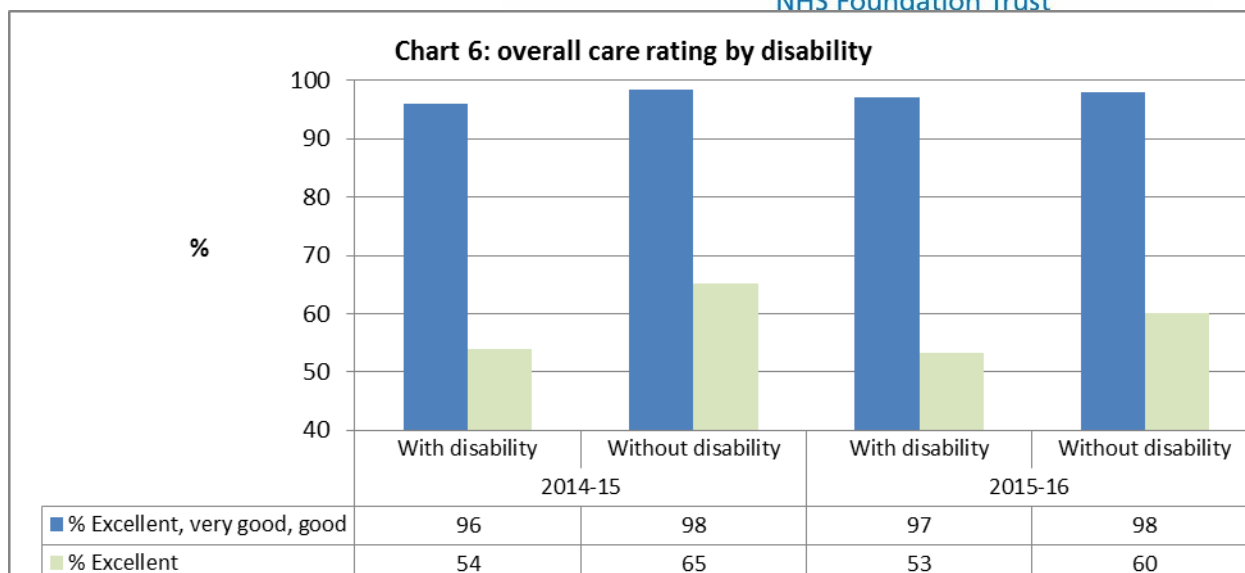
Chart 4: % rating the care as excellent (by age category)

	12 to 16	17 to 21	22 to 26	27 to 32	33 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 102
2015-16	66	62	56	61	62	60	61	65	64	64	68	65	59	59	59	45	52	44
2014-15	69	40	53	62	58	58	59	60	61	60	62	61	58	58	50	50	39	30

Chart 5: National-level patient satisfaction by age group

Source: Picker Institute Europe (please note that the scoring system is not directly comparable to the one used in Chart4. Also, it can be seen that the age categories used are different between Charts 4 and 5 – although the general trend can still be compared)
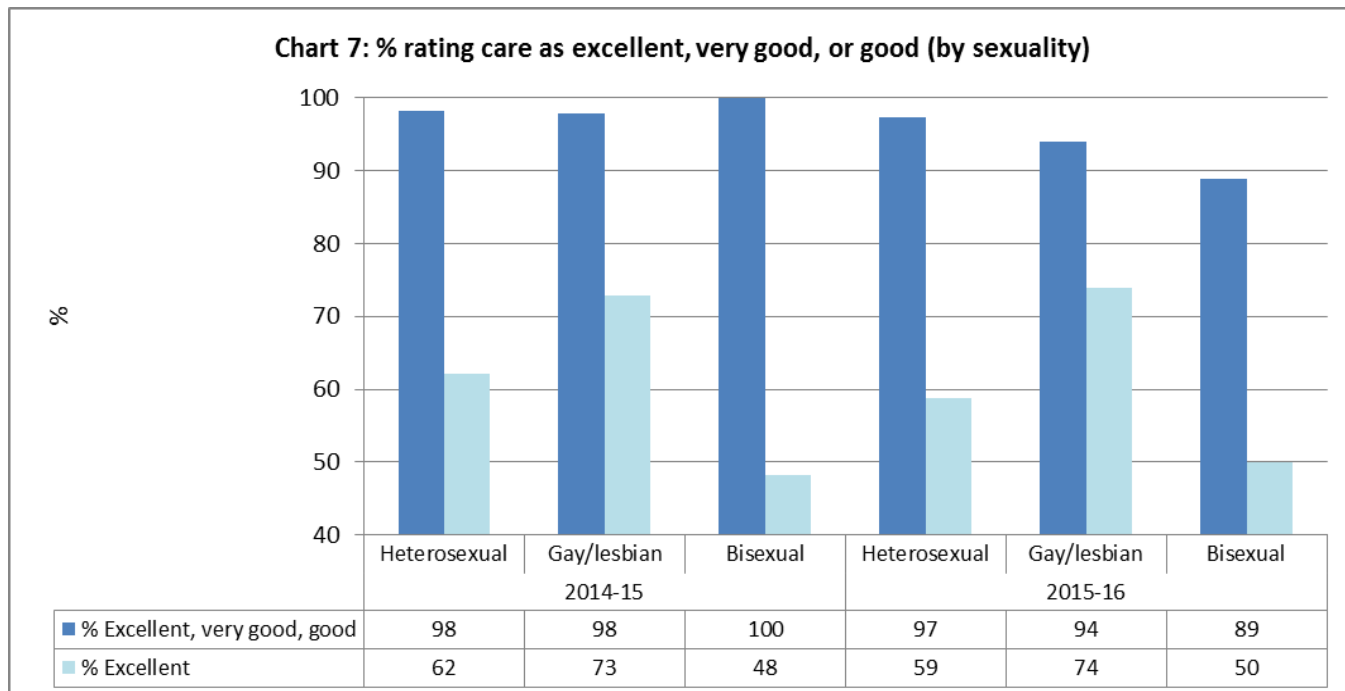
Disability
In our questionnaire patients are asked to state whether they consider themselves to have a disability. It can be seen in Chart 6 (over) that patients with a disability are less likely to rate their care as excellent.
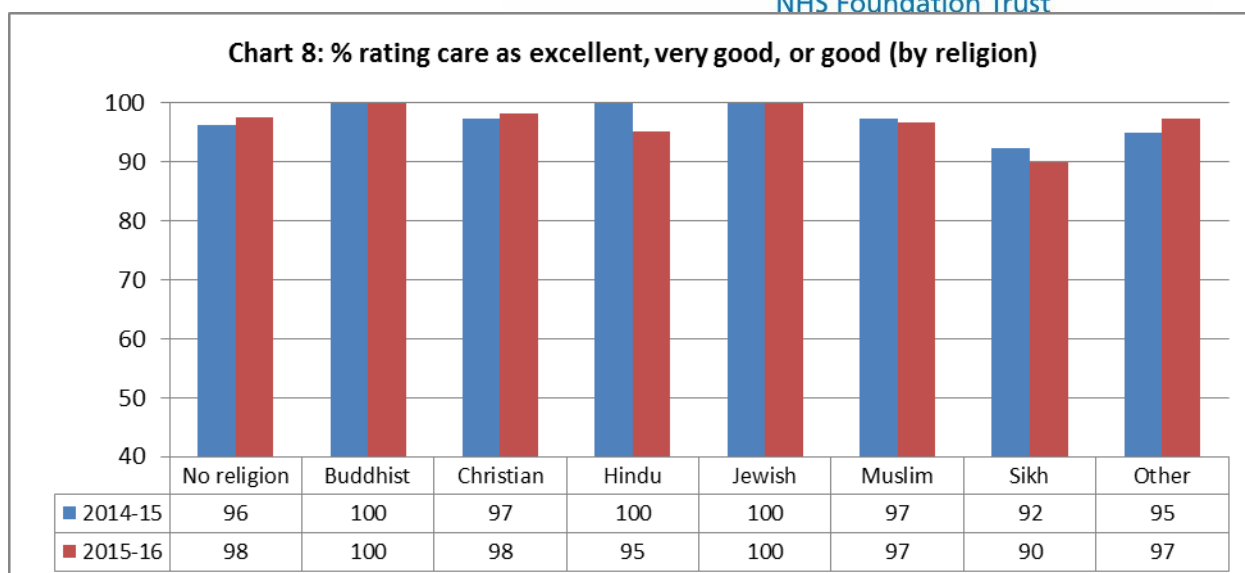
Chart 6: overall care rating by disability

	With disability	Without disability	With disability	Without disability
	2014-15		**2015-16**	
% Excellent, very good, good	96	98	97	98
% Excellent	54	65	53	60

Sexuality

The sample sizes for the gay and bi-sexual groups are very small in Chart 7 and the difference in "excellent" ratings between bi-sexual and heterosexual respondents does not reach statistical significance (although the difference between bi-sexual and Gay/lesbian does). Nevertheless, it is interesting that the bi-sexual "excellent" ratings are low for the second year in a row. The reasons are again unclear and are particularly hard to untangle because this group of respondents are both relatively young (median age of 48 compared to 68 for the sample as a whole) and more likely to be female (63%) – both factors that are in themselves linked to lower scores.

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

	Heterosexual	Gay/lesbian	Bisexual	Heterosexual	Gay/lesbian	Bisexual
	2014-15			**2015-16**		
% Excellent, very good, good	98	98	100	97	94	89
% Excellent	62	73	48	59	74	50

Religion

Again the sample sizes are very low for some of the groups shown in Chart 8 and there is no statistically significant difference evident. The number of respondents in a number of these groups is too small to allow an analysis of the "excellent" category in isolation

Chart 8: % rating care as excellent, very good, or good (by religion)

	No religion	Buddhist	Christian	Hindu	Jewish	Muslim	Sikh	Other
2014-15	96	100	97	100	100	97	92	95
2015-16	98	100	98	95	100	97	90	97

4. <u>A note on Patient and Public Involvement</u>

Certain groups of patients tend to be under-represented in self-completed survey data (e.g. patients with cognitive impairments, communication difficulties, learning disabilities). Often these are the patients who would also tend to report more negative experiences of NHS care[6]. UH Bristol's Patient Experience and Involvement Team has established links with a range of patient and community groups, and regularly supports Patient and Public Involvement activity with groups of patients who may not engage with surveys. Some examples during 2015/16 include:
- Patients who self-harm
- People in recovery for addictive behaviour
- People receiving palliative care
- Carers
- Patients with Learning Disabilities

5. <u>Conclusions</u>

The data presented in this report does not in itself provide evidence of an "equalities and diversities" bias in the delivery of UH Bristol's inpatient care. Even where a difference is identified between demographic groups in this analysis, it is impossible to isolate the various factors that may be influencing the outcome, and therefore to identify where to target improvements. Nevertheless, the Patient Experience Group may wish to consider the key findings of this report and to identify potential opportunities to improve care.
Paul Lewis, Patient Experience Lead (surveys and evaluation), 8 June 2016

---

[6] For example see: http://www.cqc.org.uk/content/review-learning-disability-services-1

University Hospitals Bristol **NHS**

NHS Foundation Trust

Appendix A – UH Bristol monthly inpatient survey

Methodology
Near the start of each month a random sample of UH Bristol inpatients (or the parents of children aged 0-11 years), who were discharged during the previous calendar month, are sent a patient experience questionnaire by post
The survey sample is drawn at random from across the Trust. As part of this process a sample of inpatients from Ward 32 is automatically generated
The UH Bristol survey largely adopts the methodology used in the Care Quality Commission's national inpatient surveys, with some adaptations to reflect the relative frequency of our survey (i.e. to prevent over-surveying patients) and our relatively rapid data turnaround times
All surveys have strengths and weaknesses and can only provide an *estimated* measurement. The results should always be treated with caution (particularly where a breakdown of the results produces small sample sizes) and should be corroborated with other robust data sources wherever possible
Further information about the survey can be obtained from

Sample sizes for selected demographic groups
This is a selection of data to provide an indication of the sample sizes used in this report (2015/16 year only):

Female	2898
Male	3066
Disability	1830
No disability	3887
Heterosexual	5151
Gay/lesbian	48
Bisexual	<30
No religion	1301
Buddhist	<30
Christian	4138
Hindu	<30
Jewish	<30
Muslim	59
Sikh	<30
Asian or Asian British	93
Black or Black British	105
Mixed	71
Other Ethnic Groups	47
White	5930