

Equality and Diversity Annual Report 2016 - 2017

1. INTRODUCTION

“We aspire to be an organisation that treats people differently: in the sense that there is something special about how we care for people – whether they are patients or members of staff – and also because we treat people as valued individuals, rather than as sets of presenting symptoms, diagnoses or as job titles.”

(UH Bristol Quality Strategy, 2016 – 2020)

With its emphasis on treating people as valued individuals, this message encapsulates what the Trust is committed to achieve through its work on equality, diversity and inclusion.

This Annual Report will focus on the progress being made towards achievement of our Equality & Diversity Strategic Objectives for 2016-2019, including our performance in regulatory areas, and show how we are proud to care – for patients, service users, and our staff.

2. BACKGROUND

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.

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

The Equality Act 2010 gives the NHS and its organisations responsibilities 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;
- foster good relations between people who share a protected characteristic and people who do not share it

Other key areas of our regulatory obligations are described in Appendix A, and included in the narrative of this report.

3. EQUALITY OBJECTIVES

The 2015-2016 Annual report included our newly-agreed strategic objectives for the next four years:

To improve access to services for our local communities;

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

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

These were 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. They can be read in full at Appendix B.

When the Equality Objectives were agreed, it made sense to review the existing action plan to make sure that the actions would lead to achievement of the Objectives. At the same time, actions in the Workforce Race Equality Standard report were included. This integrated action plan to support delivery of the objectives is included at Appendix C.

The format of this year's report will, for each objective, take you through progress against the measures outlined in last year's report, include additional success stories and initiatives, and say what we plan to do next.

To improve access to services for our local communities.

The first measure of our progress is 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."

The Trust seconded an experienced sister to become the dedicated Accessible Information Standard (AIS) implementation lead and convened a steering group chaired by the Trust's Deputy Chief Operating Officer to assess the detailed actions and resources needed to systematically identify, record and respond to patients' communication needs. The AIS steering group has met monthly to oversee the delivery of the implementation plan, which has incorporated a number of standards contained within the Bristol Deaf Charter. Work with the Trust's Medway (patient administration system) team is ongoing to improve the management of alerts on the system. The alerts bring staff's attention to the existence of a communication need, so this is a key component of our approach. Standard operating procedures have been implemented to govern the processes by which communication needs are identified and recorded and have been incorporated into the Trust's outpatient standards.

A 'sister' project is underway to offer patients the opportunity to receive their Medway generated letters by email. This will provide the Trust with an alternative solution to written material but more work is underway to investigate technical solutions to deliver information in an accessible format.

In two of the clinical Divisions, outpatient letters have been rewritten in line with the Accessible Information Standard and will be made available when they have been approved.

Significant progress has been made to enable the Trust to become compliant with the Accessible Information Standard. Further work will be done during 2017/18 to embed the

consistent and effective use of Medway flags to alert staff to the existence of a communication need.

Success stories and initiatives

We know that a huge amount of work which is difficult to measure goes on throughout the Trust to improve the experience of patients and service users. Here are just a few examples.

Bristol teams work together to tackle TB in homeless communities

Throughout 2015 and 2016 the Bristol TB medical and nursing team noticed an increasing number of their patients were homeless, or had problems with misuse of drugs and alcohol. In February 2017, to coincide with Bristol Homelessness Awareness Week, Public Health England staff, the TB nurses at Bristol Community Health and the TB team at BRI worked together with the Find & Treat team, to try to evaluate the amount of "hidden" TB in this population.

Over two days the mobile X-ray unit visited 5 locations, and screened over 200 people. Each person was given their X-ray result immediately, and was then offered flu vaccine, and instant screening for hepatitis C. On the spot liver scans were available for people testing positive for hepatitis C, and everyone who had a chest X-ray suspicious for TB was seen by the TB specialists at BRI within 2 days.

Translating and Interpreting Services

The Patient Experience, Involvement and Complaints Team have continued to engage with representatives from the deaf community and the Trust's provider of British Sign Language interpreting services (sign Solutions Ltd). This includes attending quarterly meetings with a range of stakeholders to discuss service quality and improvements.

In December 2016 there was a meeting with representatives from the Trust's Quality Team, UH Bristol's lead on the Accessible information standard, Head of Audiology, Healthwatch, and Bristol City Council to discuss the outcomes of the April 2016 Healthwatch report "Accessing health & social care services by the deaf, deafened and hard of hearing communities in Bristol and South Gloucestershire". Following this meeting, a joint action plan was agreed in response to issues raised in the report.

Patient Stories at Trust Board

Each month the Trust Board hear a "patient story" – usually presented by the person themselves. Patient stories reveal a great deal about the quality of our services, the opportunities we have for learning, and the effectiveness of systems and processes to manage, improve and assure quality and the patient experience. Here are some of the stories from 2016/2017.

In January 2017, the deaf health promotion officer for Bristol City Council, together with the parent of a patient, spoke about the communication and information needs of people when they are in our hospitals and how this can have an impact on the quality of care they receive. This includes the experiences of deaf British Sign Language users, deaf people who speak/lip read, hard of hearing and Deafblind people.

Bristol Black Carers supports carers and those whom they care for to access healthcare. In November 2016, their Manager reflected on the experiences of carers who have supported patients at UH Bristol, the perceptions the local community have of our hospitals, and how the organisation is developing a voice in the Trust through the Involvement Network.

In October 2016 the Board heard a story charting the experience of a long-standing patient of the UH Bristol Rheumatology service. The story described a journey that started in 1996 and explored how the quality of care at the Trust has improved over twenty years and how

developments in research have impacted on the care provided. It considered the implications of living with a long term condition and the importance that continuity of care offers patients.

Patient and Public Involvement

The Trust's Involvement Network continues to grow so that representatives from diverse backgrounds can engage in conversations about how we can improve what we do.

We teamed up with North Bristol Trust and Bristol Community Health to recruit a diverse group of 16 people to our patient and community leadership programme. As Healthcare Change Makers they bring a unique perspective to health care planning and include representatives from the D/deaf¹, disabled and visually impaired community.

In the Adult Congenital Heart Disease clinical nurse specialist service, a dedicated volunteer interviewer was assigned to talk to patients about their experience of care. Conversations took place over several weeks as patients attended appointments. A relatively high proportion of patients in this service have a learning disability, so the volunteer interviewer was trained specifically for this task. The feedback received from patients is being collated at the time of writing, but was generally very positive. Insight from this work will also inform the Trust's response to the national Congenital Heart Disease public consultation planned for early 2017.

In conjunction with the Trust's Transformation Team and the Bristol Clinical Commissioning Group, members of the *Face2Face* interview team talked to inpatients in the Trust's care who were homeless or vulnerably housed. This proved to be a challenging task for the team, particularly because the patients had often left the Trust's care by the time the interviewer arrived to talk to them, and on some occasions it wasn't appropriate for the volunteer to interview the patient. Although limited feedback was elicited from this work, it was a useful learning experience in terms of the *Face2Face* programme itself. The Trust will continue to work with its partners in this project to find ways of engaging with our patients who are homeless or vulnerably housed.

At the invitation of the Trust, Healthwatch Bristol carried out an "enter and view" of inpatient areas at South Bristol Community Hospital in October 2016. These wards are primarily for "rehabilitation" and have a relatively high proportion of elderly patients. In general very positive feedback was received:

"Inpatient wards 100 and 200 at South Bristol Community Hospital are to be commended for providing a friendly, caring, clean and functional environment for stroke and rehab' patients to recover in. It was clear that the staff team were happy in their work, treated well by UHB and dedicated to aiding patient recovery. Patients and visitors said very complimentary things about the staff team."

Several improvement opportunities were identified by Healthwatch, primarily related to non-clinical aspects of care (e.g. access to magazines and the hospital café). The Trust has identified a number of actions to take forward in response to this feedback.

A quarterly report incorporating Patient and Public Involvement activities is published on the Trust's website: [What patients tell us about UH Bristol](#). The Patient Experience Team has also provided a demographic analysis of patient surveys for 2016-2017. This is included at Appendix D.

¹ Big D deaf people are those who are born deaf or experience hearing loss before spoken language is acquired and regard their deafness as part of their identity and culture rather than as a disability. They form the Deaf Community and are predominantly British Sign Language (BSL) users.

Small d deaf people are those who have become deafened or hard of hearing in later life, after they have acquired a spoken language and so identify themselves with the hearing community. Small d deaf people are more likely to use hearing aids and develop lipreading skills. (*ageUK*)

Bristol Royal Hospital for Children - Disabled Children's Working Group

This Group is co-ordinated by the LIAISE Family Support Team Manager and includes a representative from Bristol Parent Carers. It has an extensive programme of work to support children with disabilities and complex needs, and their parents and carers, and welcomes input about how their hospital experience can be improved.

Homeless Support Project Pilot

The Homeless Support Project Pilot, run jointly with the Clinical Commissioning Group and led by a clinical co-ordinator, has been running since January 2017. The principal aims of the pilot are to support homeless patients with their discharge from hospital, reduce Emergency Department attendances and provide outreach work to support them outside hospital. Since 14th February this year, when the service went live, the team has had a total of eighty-nine referrals.

Dementia Support Cafes

Providing informal support for people concerned about their memory, and the relatives and carers of patients with dementia in our hospitals, the well-established drop-in sessions at the BRI have now been augmented by a session each month at South Bristol Community Hospital.

Measures of achievement so far

Much of the technical groundwork is in place to ensure compliance with the Accessible Information Standard.

Continually increasing and evolving engagement with our patients and service users is giving us a better understanding of their needs.

Next steps

As our local communities change and grow, the Trust will continue to work with them and local health partners to discover and meet their needs.

Compiling a record of the myriad activities being undertaken across the Trust to support service users with specific needs – whether physical, emotional or cultural – is a daunting task. However, it will help us to complete the EDS2 self-assessment goals related to Better Health Outcomes and Improved Patient Access & Experience, providing evidence of good practice and identifying areas for improvement. The self-assessment of these EDS2 goals will be a major piece of work for the forthcoming year.

We need to know about our patients and service users to make sure that the services we provide fulfil the needs of the local communities. A review of the processes for collecting and reporting patient monitoring data will seek to understand the barriers to both requesting and recording patient information for all protected characteristics.

Some of this work will come under the aegis of a new Group dedicated to support and develop the diversity and inclusion aspect of patient experience and involvement.

Please keep an eye on the Patient Experience and Involvement pages of the Trust's website for further developments.

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

Bristol is a diverse community and we mustn't miss out on the talent available on our doorstep. We said that we will focus on two areas in particular, one regarding local recruitment, encouraging people from all backgrounds to view the Trust as an employer of choice, and the other supporting equality of access to development for existing staff.

Recruitment

During the last year, members of the Trust's Recruitment team have been working with JobCentrePlus through fortnightly direct engagement sessions. These sessions include interviewing and offering posts to candidates who may struggle with conventional recruitment processes (for example, ex-offenders or candidates with a history of mental health issues), and who are supported by JobCentrePlus case workers.

The Trust also promotes health sector roles at careers fairs throughout the local community. A particular area of focus at the moment is South Bristol. Recent events include an open day at South Bristol Community Hospital and a careers fair at the City of Bristol College in South Bristol. Forthcoming events include one targeting youth into work for those struggling to gain employment which will showcase apprenticeship opportunities.

Attending recruitment fairs provides an opportunity to meet a wide range of people from varied backgrounds, and having an 'open door' approach can help to create a more personalised recruitment experience for potential candidates. It also gives the team a chance to raise more awareness that the Trust is a Disability Confident Employer (the scheme which has replaced the Double Tick scheme), and welcomes people from all backgrounds.

Recruitment materials have been tailored to show that the Trust is also Age Positive and a Mindful Employer. These two schemes emphasise our commitment to providing equal opportunities in employment and by using their logos on all material we can communicate this clearly to potential employees.

The Head of Midwifery has been asked to represent UHBristol working with UWE and other health partners to improve the experience of students from BME backgrounds and also encourage more applicants from these backgrounds.

The Trust has been piloting a new recruitment process for administrative staff. This is in line with the process already adopted for Nursing Assistants. Candidates are interviewed through centres where various assessments are undertaken, and is a more positive and supportive way for candidates to take part in the recruitment process.

Once we've attracted applicants from all backgrounds, we need to make sure that the recruitment process gives everyone the best opportunity.

One of the ways we said we would measure progress towards equality of opportunity in recruitment was through *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.*

South West Audit delivered their findings into Equality in Recruitment in September 2016. The report concluded that there are clear processes in place and guidance available to staff to comply with the Equality Act during recruitment. Whilst no obvious bias during the recruitment process was identified, some improvements were recommended.

The regular audit of recruitment files carried out by the Resourcing Team will include a check to identify any potential bias at the interview stage by monitoring interview notes. The outcomes will be reported quarterly to the Trust's Equality & Diversity Group.

It's almost inevitable that we each have a set of preconceptions. To encourage recruiting managers to look and think beyond first impressions, the Recruiting the Best training for managers has included a section on stereotyping since November 2016.

One way in which the Workforce Race Equality Standard encourages us to think about how our preconceptions might play into the recruitment process is through *the relative likelihood of shortlisted applicants from BME (Black and Minority Ethnic) groups being appointed, compared with White applicants*. Figures for our 2016 WRES report showed that White staff were 1.54 times more likely to be appointed from shortlisting than BME staff during the 2015 calendar year. (At the time of writing, the data for 2016 is being collated and analysed.)

Opportunities for Development

It goes without saying that, once we have recruited, we want to retain talented staff and encourage their progression within the Trust. Another way we said we would measure the success of this objective is by the *development and implementation of a succession planning framework which supports equality of access to continuing professional development for all protected groups*.

An ongoing concern for the NHS is to ensure that there is a steady supply of individuals with the skills and knowledge to fill the many different roles which make up the workforce. As people retire or move on it is important that plans are in place to ensure that there is a pool of talent from which potential successors can be identified, and talent management has been shown to be integral to this process.

Whilst offering opportunities for development is key to encouraging and retaining those who wish to progress within the Trust, it is equally important to recognise that many employees find their current roles satisfying and fulfilling. So, talent management will not be intended solely for those with ambition to progress, but will also nurture the skills and talents of members of staff who wish to continue with their existing role in the Trust.

We know from the Staff Survey that people from some protected groups believe that opportunities for progression are not equally available, so it is vital that that the succession planning framework being developed ensures equity of access to all.

Success stories and initiatives

Recruiting the Best Training

Managers from across the Trust are invited to undertake this training so that they can gain a better understanding of how to recruit people successfully. Consistency in all aspects of recruitment – from advertising to shortlisting to interviewing – ensures that candidates from all backgrounds are provided with the same recruitment experience.

Testimonials from new recruits

We are offering new recruits the opportunity to tell us about their experience of the recruitment process. We're asking what we could do better to help us ensure that our service is continually improving to meet the needs of people from all backgrounds.

Support for ex-services personnel

The Trust is also establishing contact with ex-services personnel, including those who may have suffered mental or physical trauma, through local open days and use of the Career

Transition Partnership which advertises to those looking for work after duties in the armed forces.

Diversity Advantage Programme

The introduction of the Workforce Race Equality Standard was, in part, driven by the publication of Roger Kline's report into the Snowy White Peaks of the NHS. This highlighted the very low numbers of Executives and Board members from BME backgrounds compared to the overall workforce in NHS organisations. When an invitation was extended to the Trust for a Board member to take part in the Diversity Advantage Programme, our Chair, John Savage, was delighted to participate.

The programme was designed to offer fresh perspectives through the placement of an aspiring Non-Executive Director and to support, through mentoring, the mutual learning of participants on the programme.

Learning and Development

As a teaching trust, UH Bristol has a mission to equip its staff with the knowledge and skills needed to perform the wide variety of roles in the Trust. In addition to these essential skills, training is a way of providing staff with the knowledge to support them to live the Trust's values, and to provide insight into the Trust's approach to equality, diversity and inclusion.

Within the last year, a new Equality, Diversity & Human Rights e-learning package has been finalised and made available to all staff. Building on the background given to all starters at Corporate Induction, it helps staff to know more about equality, diversity and human rights in the workspace and why it is important; to understand what is expected of the Trust and its staff and each individual's responsibilities; and to promote understanding of what informs our attitudes to others and know what support is available to help deal with unacceptable behaviours. From later this year, Equality, Diversity & Human Rights e-learning will become part of the Essential Training update required of all staff every three years.

Continuing development for existing managers, supervisors and leaders is provided in a suite of leadership courses which staff can book themselves onto. The courses include information about career development and awareness of cultural and other differences in teams.

Bespoke interactive sessions discussing what the Trust Values mean in action are being offered and taken up by a wide variety of staff from different staff groups.

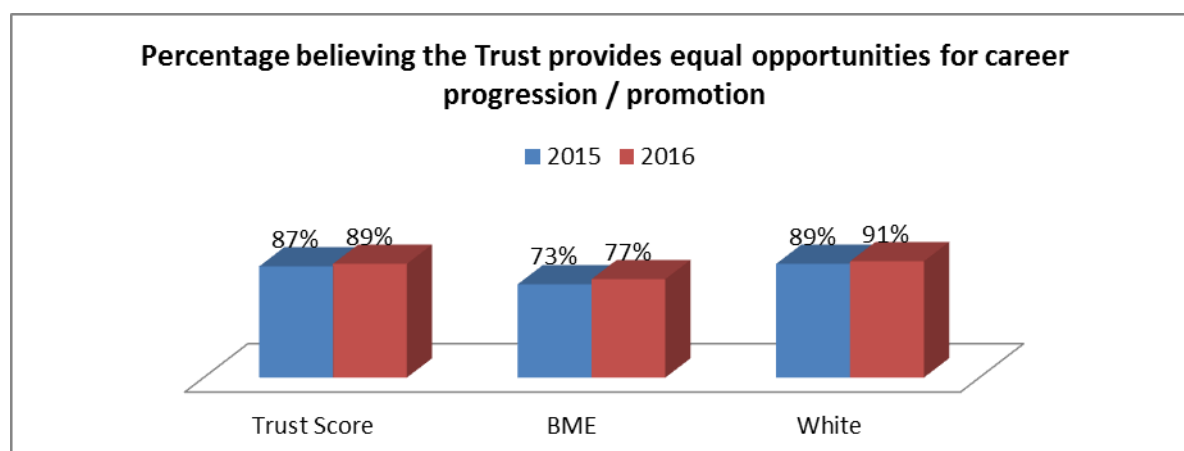
The handbook which new starters work through with their line managers as part of their Local Induction now includes a prompt for managers to discuss whether any reasonable adjustments might be needed to support the new employee in their role, and a prompt to complete the equality, diversity and human rights online training

Introduction of e-appraisal on 15th May 2017 will encourage an opportunity for more informed discussions between line managers and staff, including about personal development, and improve the quality of appraisals.

Measures of achievement so far

The real measure of whether our planned actions are having a positive effect is what our staff say about their experience of working for the Trust. Therefore, *the response from BME staff to the Staff Survey question regarding equal opportunities for career progression – as reported in the Workforce Race Equality Standard* – is vital to our understanding.

This was one of the findings in the Staff Survey in which the Trust as a whole showed the greatest improvement since 2015, going from 87% to 89% and appearing in the best 20% of acute trusts. Although the responses from BME staff also show an improvement (and a significant improvement on the 2014 response of 63%), there is still a greater belief among BME staff that there are barriers to progression within the Trust.



It is key to the Trust’s ability to retain highly motivated staff that the Trust understands what these barriers are and works towards their removal. These findings have been discussed with members of the Trust’s Black, Asian and Minority Ethnic Workers Forum and will be included in the 2017 Workforce Race Equality Standard report, together with any extra actions which have been identified as supporting equal opportunities for progression.

Another key measure of equalities performance is the EDS2 (Equality Delivery System), so completion of the EDS2 self-assessment – Representative and Supported Workforce Goal, will provide evidence of good practice and identify areas for improvement.

Based on the evidence presented to them, the Equality & Diversity Group carried out a self-assessment of the six Outcomes included in this Goal in February 2017 and recommended an initial grading for each outcome. (The potential gradings are Undeveloped, Developing, Achieving and Excelling.) For each outcome, the group was also asked to consider whether staff from protected groups fare well.

The Group’s recommended initial grading for the outcome related to recruitment – “Fair NHS recruitment and selection processes lead to a more representative workforce at all levels” – was ‘Developing’.

This reflects the under-representation of some protected groups at higher levels in the Trust. The Group also considered that, whilst it is possible to indicate the protected characteristics which fare well, it should be explained in the evidence that it is difficult to identify evidence for all protected groups and that none fare badly.

The Workforce & Organisational Development Group have signed off the findings for all six Outcomes of this Goal, which can be found at Appendix E, together with a link to the evidence templates. This information has been added to both the staff intranet and the Trust’s external website with an invitation for comment from stakeholders.

Next steps

Until we have an accurate picture of the staff who are taking part in non-essential training and continuing professional development, we will not know to what extent staff from different protected groups are or are not participating. Considerable progress is being made towards capturing information about participants in the voluntary Leadership training courses, but

there are still many areas of study which are not being recorded systematically. It is therefore a priority to make sure that we are reporting and analysing all staff training data.

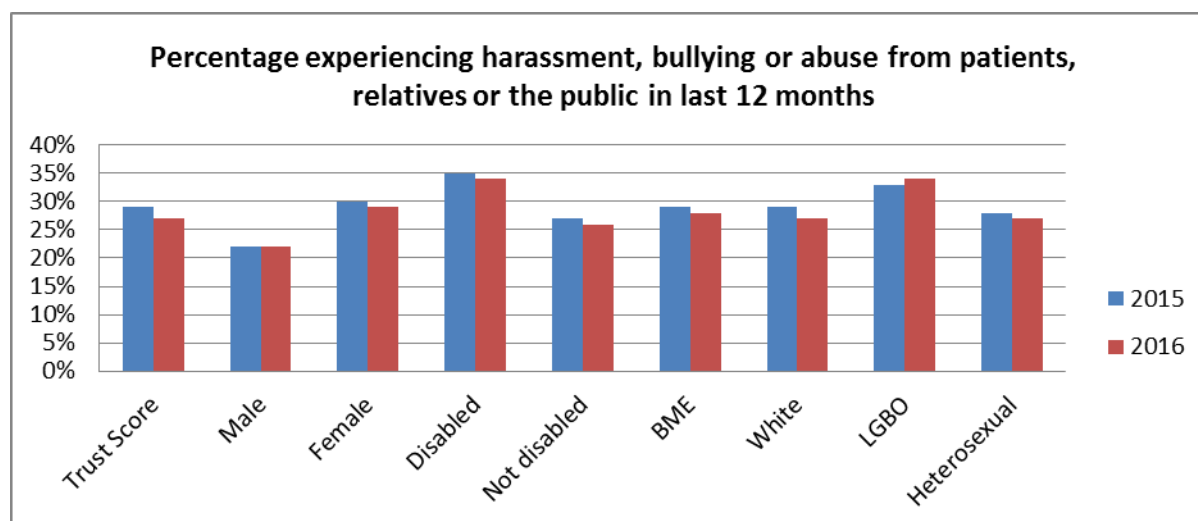
As part of Phase 2 (starting in 2018) of the e-appraisal project, Development Centres will be introduced as a way to provide the opportunity for staff to be assessed to identify skills and knowledge which will inform their future development plans. As all members of staff have to be appraised annually, this should enable staff from all protected groups to have greater access to training and development.

The Trust's Black, Asian and Minority Ethnic Workers Forum is taking an active part in developing the next steps towards demonstrating progress in workforce race equality performance. Planned actions in the Trust's 2017 WRES report will include suggestions from the Forum who will follow their progress throughout the year.

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

We said we would place an emphasis on providing an environment free from harassment, bullying or abuse from colleagues or service users as one of the ways of achieving this objective, and that we will measure this by *the results of the National Staff Survey, with particular reference to the experience of staff from protected groups. Also, the experience of staff from BME (Black & Minority Ethnic) groups as measured by the Workforce Race Equality Standard.*

Like many healthcare organisations, UH Bristol has a policy and processes in place to enable staff to report and receive support to resolve issues of harassment, bullying or abuse. The Trust is also very clear that it will not tolerate behaviour contrary to the Trust Values or discriminatory behaviour.

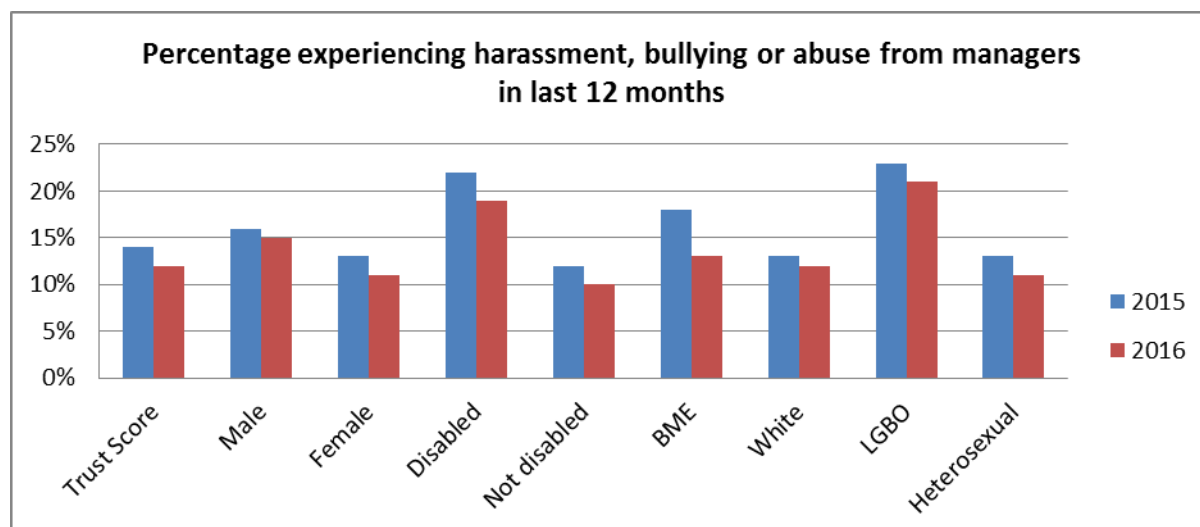


(National Staff Survey 2016 – responses to Question 15a)

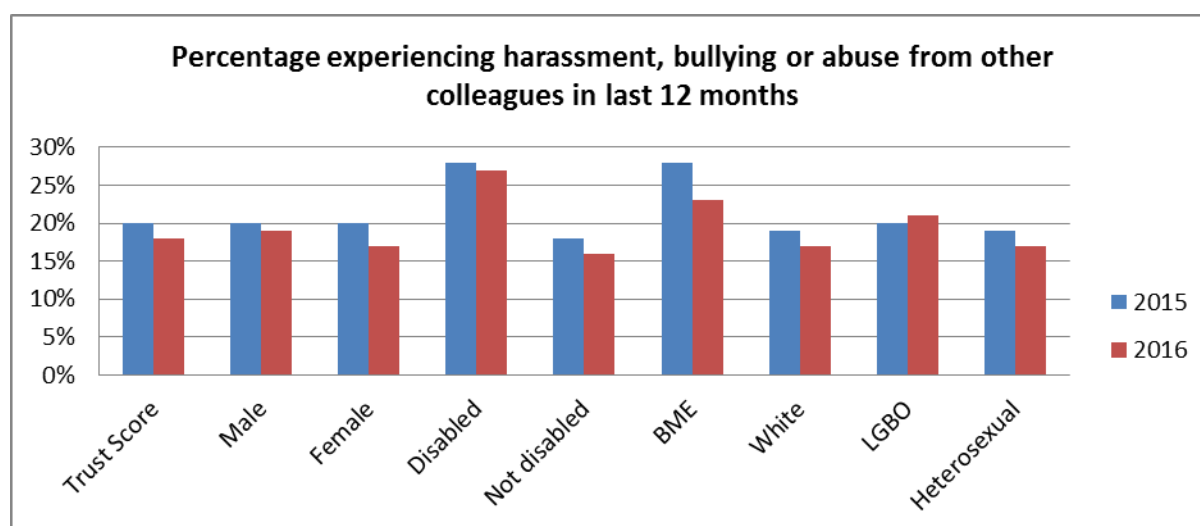
(Note: Transgender is not given as an option for identifying in the staff survey returns, hence LGBO (Lesbian, Gay, Bisexual, Other))

There is a widely-used process for reporting incidents of physical violence and verbal abuse from patients, relatives and the public which includes the recording of how an incident was resolved. Analysis of this information should make it possible to identify wards and departments where it is necessary to re-emphasise to service users that the Trust will not tolerate harassment, bullying or abuse of its staff.

The incidence of complaints against colleagues being brought to the attention of Human Resources is very low (as reported in Appendix F) and yet the experience of staff as reported through the Staff Survey (in the graphs below) tells a different story.



(National Staff Survey 2016 – responses to Question 15b)



(National Staff Survey 2016 – responses to Question 15c)

Through the work on Leadership Behaviours and the development of a Dignity at Work Policy, the Trust is restating its aim of ensuring that all staff are treated with the dignity and respect due to them. The Policy is being developed in partnership with staff side, and will set out behaviours expected of staff and the support available for them if they feel that they are being bullied or harassed. Whilst encouraging informal resolutions to issues raised, it will also seek to reassure staff that complaints about unacceptable behaviours are treated seriously, and set out the formal process if an informal resolution has not been possible.

The Trust's Staff Forums are also involved in discussions about what other steps can be taken to promote a culture in which unacceptable behaviour towards colleagues because of a protected characteristic is not tolerated.

Where the Staff Survey has identified problems in particular working areas, specific actions to resolve them are being developed for inclusion in Divisional Staff Engagement Plans. In the future, their progress will be reported to the Improving Staff Experience Group on a regular basis.

Success stories and initiatives

Spiritual and Pastoral Care (Chaplaincy)

The Trust's Chaplaincy team provides a listening point for staff of any faith or none in need of support on a daily basis, as well as being part of staff debriefs after difficult incidents. The team also regularly teaches on the healthcare assistants and preceptorship courses.

The Trust has five sacred spaces open to patients, visitors and staff which provide a spiritual place for reflection. The Chaplaincy team is seeking to hold a series of events in the new Sanctuary in the King Edward building, and are reviewing the prayer space in the Children's Hospital in consultation with staff. Alongside a small team a refurbishment project is being undertaken.

Confidential Harassment and Bullying Advisors Service

The Trust has a team of trained advisors who can provide support and advice to colleagues who may be experiencing harassment or bullying at work. The Advisors can be contacted on a confidential helpline and, from April 2017, through a dedicated email address. During January and February face to face confidential appointments were also offered to members of staff who wished to talk through any issues of bullying or harassment.

Workplace Health & Wellbeing

The Trust seeks to foster a workplace culture which promotes, encourages and supports inclusion, equality and diversity within all functions. This is evident in the staff health and wellbeing agenda where schemes are developed with consideration of potential differences among the entire workforce, as well as the characteristics protected by law.

Over the past year, we have taken advice from staff side on effective communication, and took steps to ensure both online and hard copy information channels are used across the organisation. This maximises opportunities to engage with colleagues; measure the impact of wellbeing initiatives and to raise awareness of local and national campaigns that focus on the principles of inclusion.

Workplace Wellbeing Charter

The national Workplace Wellbeing Charter provides easy and clear guidance on how to make the workplace a supportive and productive environment in which colleagues can flourish; it also acts as a platform for ongoing improvement. In May 2016, the Trust welcomed the opportunity to audit and benchmark itself against an established and independent set of standards which form the charter – identifying what the Trust already had in place and any gaps to be addressed. Issues of equality, diversity and inclusive employment practices are embedded throughout the charter standards. The Trust achieved accreditation of 8 standards at varying levels and will be re-accredited again next year.

Physical Activity Challenge 2016

In the summer, we presented our first physical activity challenge whereby colleagues were invited to plan and review their level of daily activity over a three-week period. This challenge was designed to enable all members to participate, regardless of impairment, disability or fitness level as the emphasis was on building on what an individual can already achieve. This incentive, along with a buzzer challenge to tackle sedentary behaviour, assisted the Trust in winning the Sport and Physical Activity @Work Bronze award in recognition of its holistic approach to being active. The Physical Activity challenge will be repeated in 2017.

Psychological and Emotional Wellbeing

Our wider Workplace Wellbeing team are responsible for identifying and reviewing current health and wellbeing issues, priorities and objectives, and for responding to emerging and evolving workplace issues. The psychological and emotional wellbeing of staff was of

primary importance to the Trust last year with the introduction of a range of pre-emptive and counteractive initiatives being made available to support individual colleagues and teams. The adoption of a holistic approach to tackle issues such as work-related stress and programmes to enhance emotional resilience not only ensured accessibility and inclusivity to our diverse workforce but also recognised links between wellbeing themes - for instance, the effect of physical health on mental wellbeing.

The Trust will continue to demonstrate its commitment to equality, diversity and inclusion as it undertakes a review of its Workplace Wellbeing Strategic Framework and associated delivery plan for 2017-18.

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 2016-17

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.

Within the last year the LGBT Forum has been working to increase attendance at our meetings. We have organised events with a local LGBT History charity (OutStories Bristol) including two events during LGBT History Month in February, when OutStories Bristol kindly set up their 'Revealing Stories' travelling exhibition in the Education Centre.

As part of the Forum's aim of working towards a greater understanding of the issues faced by LGBT patients by assisting our staff through training, two representatives from the Forum gave a presentation to the first Bristol Palliative Care Nurses forum. The presentation highlighted some of the areas where a better understanding would make a big difference to the experience of LGBT patients. For example, it's better to use the term 'partner' instead of assume 'husband' or 'wife'. Issues for transgender patients include using the correct personal pronoun, presenting gender, and the appropriate use of gendered clothing. And the importance of understanding that the people who matter to the patient may be a partner of the same sex or a previous partner who may have 'come out' later in life.

This year has seen the production of the first joint poster advertising all of the staff forums, and over the next year we will be continuing to build the forum and working with the BAME/LAWDII forums to increase participation.

Black, Asian & Minority Ethnic Workers (BAMEW) Forum 2016 -2017

The Black, Asian and Minority Ethnic Workers Forum (BAMEWF) is a network of UH Bristol staff from multi-disciplinary backgrounds across the Trust. It endeavours to support, involve and develop its members from diverse cultural backgrounds and to act as a unified voice and advocate for BAME staff with their stakeholders. The forum is open to all Black, Asian and Minority Ethnic workers within UH Bristol.

Following an open session for BAME staff held during their visit in November 2016, the CQC encouraged the development of the Forum as an important voice within the Trust. The current Chair has now established himself in the role and started the process of building a strong team to take the Forum forward. The Forum now has a dedicated and keen Core Group who are outlining initiatives to build membership and engagement with BME staff, beginning with a recruitment drive in July 2017.

At the heart of the Forum's objectives for 2017-2018 is their ambition to encourage participation, provide tailored support by identifying BAME needs, to raise the profile of the Forum both internally and externally and to work collaboratively with other forums and organisations to develop best practice and share experiences.

The Forum will continue to have three meetings per year that are open to all BAME staff and supporters, and an AGM. In addition the Core Group will meet monthly to steer and provide momentum. The new Core Group has started the year by revising the Terms of Reference and the Forum leaflet, developing the BAMEWF Workspace, and connecting with the other staff forums and the NHS BME Network (a national independent body) with a view to collaboration.

Living & Working with Disability, Illness or Impairment (LAWDII) 2016 – 2017

The Trust LAWDII Forum (Living and Working with Disability, Illness or Impairment) is a group of UH Bristol staff with visible and non-visible disabilities and impairments.

The Group enables staff and volunteers with physical, sensory or mental impairments to raise awareness of any issues they may have encountered at work. We play a key part with problem solving and resolving concerns around any forms of discrimination; physical access problems; barriers to communication and any lack of consideration or understanding from other staff.

The network is about sharing best practice and the empowerment of staff members, supporting non-disabled staff and managers by raising awareness of issues relating to disability, illness and injury, ensuring that the Trust benefits from disabled employees' experience and improves policy and practice as a result.

This year we are focussing on Mental Health and in the group we have looked at supporting staff to talk and share their experiences. We agreed to hold our meetings in one area for ease of access this has enabled wider participation. The theme of mental wellbeing will be expanded on during the coming year to provide additional support for colleagues dealing with anxiety and stress.

Measures of achievement so far

The Staff Survey results relating to bullying and harassment are showing a year on year improvement, although we are very aware that much more needs to be done to ensure that none of our staff are subjected to unacceptable behaviours, especially from colleagues.

Wellbeing initiatives have a high profile within the Trust to provide a supportive working environment for all staff.

The self-assessment of the Representative and Supported Workforce EDS2 Goal shows that the Trust is either Achieving or Developing each of the objectives within the Goal. (See Appendix E.)

The Staff Forums are building their membership and raising their profiles within the Trust.

Next steps

The Trust Board has requested an update on our progress against the WRES, which will be delivered in June/September 2017.

With a more robust way of tracking the actions to improve staff engagement in Divisions, we should be able to use the next Staff Survey to find out what has worked, and spread this good practice.

Self-assessment of the EDS2 Inclusive Leadership Goal will show how the Trust's leaders and managers are committed to promoting equality within and beyond the organisation.

In response to a series of workshops, a set of Leadership Behaviours has been developed and will be rolled out in 2017.

The Dignity at Work Policy being developed in partnership with staff side will be submitted for approval in summer 2017. Events held later in the year to coincide with national anti-bullying week will be used to promote the positive behaviours advocated in the policy, and its approach to resolving problems associated with unacceptable behaviours.

An ongoing piece of work is to develop the Equality & Diversity pages on the staff intranet so that they are as complete a resource as possible for staff and managers.

4. OTHER STAFF EXPERIENCE MEASURES

Staff Survey Results – Other Key Staff Experience Findings

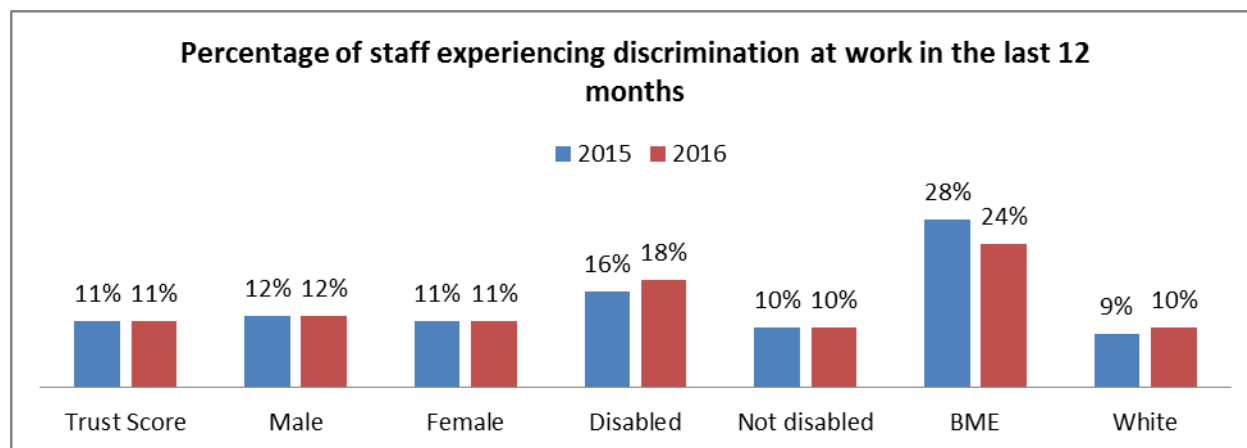
Each year, NHS organisations are given the opportunity to ask all of their staff about what it's like to work for that organisation. The results of the annual National Staff Survey are regarded as a good indicator of overall staff experience and also provide an insight into the experience of staff from some of the protected groups.

The 2016 National Staff Survey questionnaires were sent to all substantively employed staff across University Hospitals Bristol NHS Foundation Trust and 3,597 staff completed and returned the survey – a response rate of 42%.

Because the results of the Staff Survey are used as an important measure of staff experience, it is helpful to know how the demographic make-up of staff who responded to the Staff Survey compares to the make-up of the workforce as a whole. You can find this information at Appendix G.

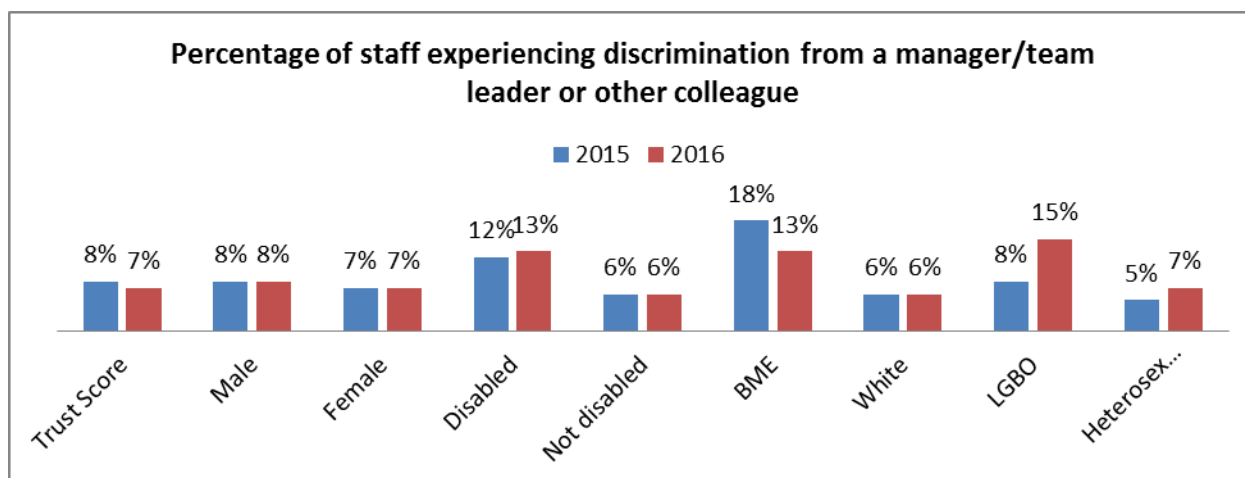
The Staff Survey includes two Key Findings specifically relating to Equality and Diversity: The percentage of staff experiencing discrimination at work in the last 12 months (from patients, service users, managers and colleagues), and the percentage believing the organisation provides equal opportunities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

The graph below shows the results for the first of these findings, comparing 2016 and 2015 results.



(The national average score for acute trusts in 2016 was 11%. The best score was 5%.)

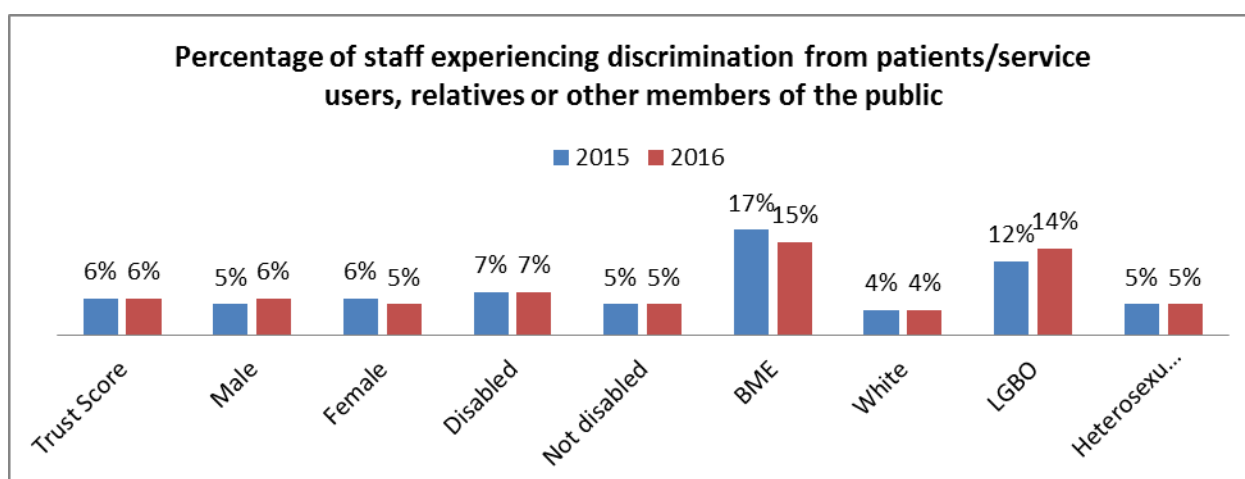
Experience of discrimination from colleagues is highlighted by the response to another staff survey question – one which is also used as part of the Workforce Race Equality Standard. This graph shows the percentage of different groups which answered “Yes” to the question “In the last 12 months have you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



(National Staff Survey 2016 – responses to Question 17b)

This comparison between 2015 and 2016 responses shows that, although the experience of BME staff has improved to a certain extent, we need to find out why the experience of disabled and LGBO staff has worsened.

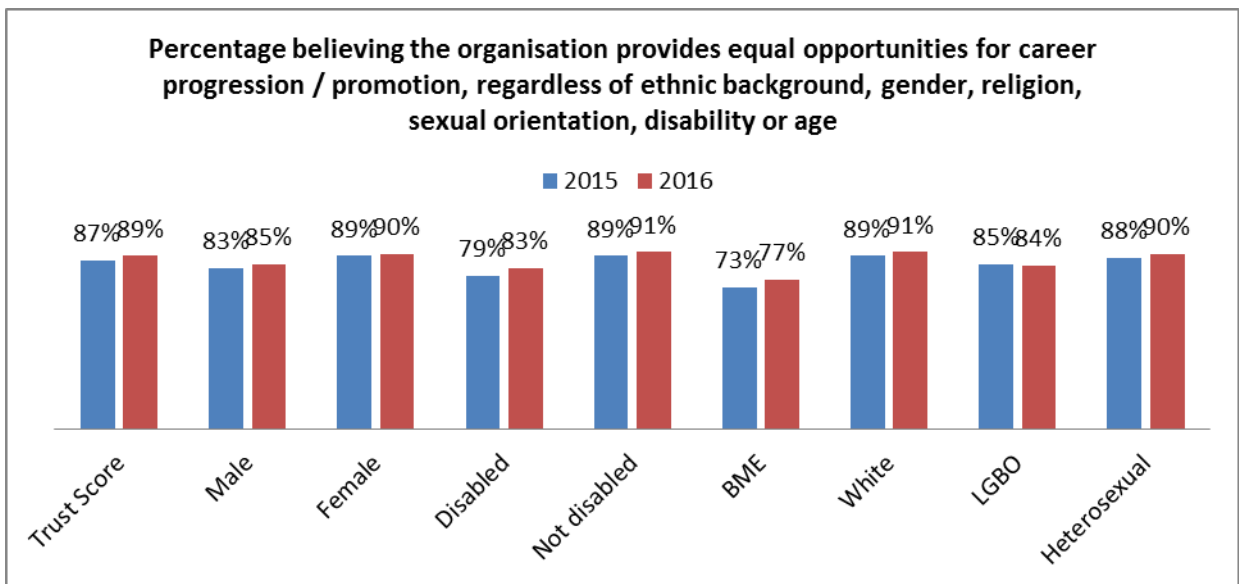
The Survey questionnaires were completed between September and December 2016 - in the wake of the vote to leave the EU – so a further breakdown of this key finding has been done to establish whether staff experienced more discrimination from the public or from colleagues:



(National Staff Survey 2016 – responses to Question 17a)

These responses indicate that, with the exception of BME staff, colleagues from protected groups say that they experience more discrimination from people they work with than from members of the public.

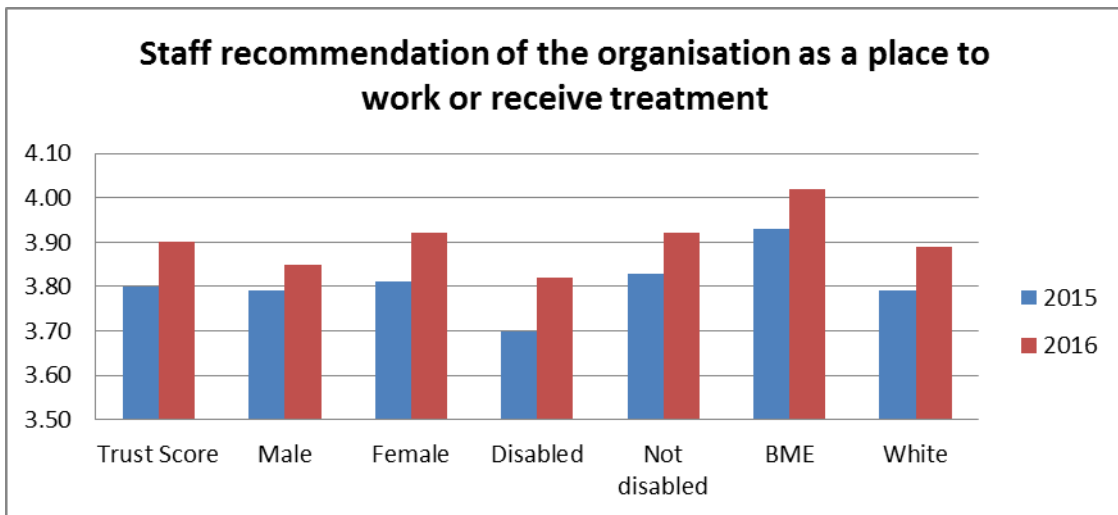
The comparison between White and BME staff who believe that the organisation provides equal opportunities for career progression or promotion is also a measure for the Workforce Race Equality Standard. This key finding was explored for staff in other protected characteristics:



(National Staff Survey 2016 – responses to Question 16)

This highlights the differing experiences of disabled staff, who also perceive that there are barriers to progression. The work on succession planning and mentoring described above should support staff from all protected groups, and input from the Trust’s BAMEW Forum – based on lived experience – will inform the 2017 WRES action plan.

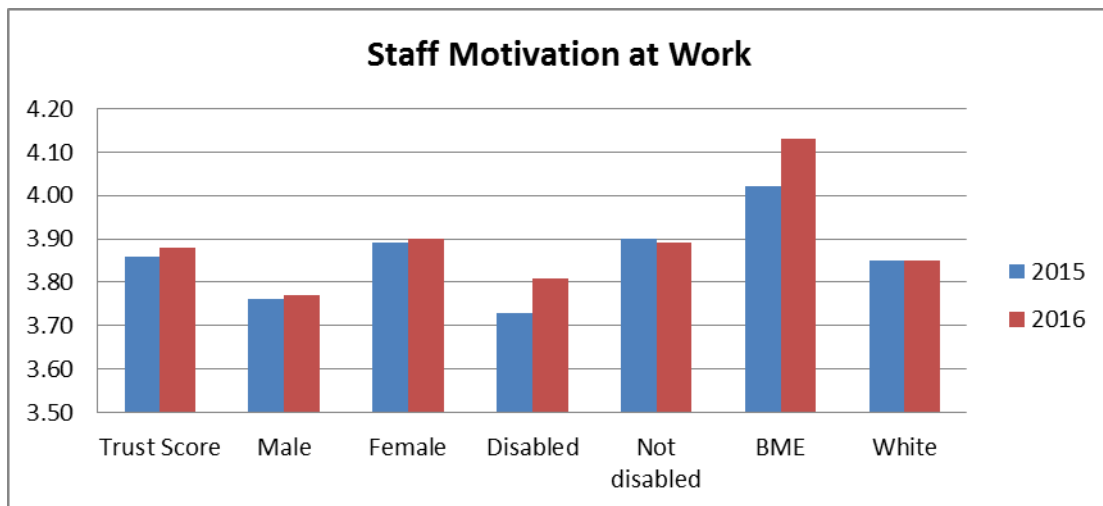
The Trust improved its overall staff engagement score in 2016. Two of the elements contributing to that score are staff recommendation of the organisation as a place to work or receive treatment, and staff motivation at work. Responses to these two elements are particularly interesting when compared with poor experiences as highlighted above reported by staff from some protected groups.



(National Staff Survey 2016 – Key Finding 1)

National findings also indicate that Asian and BME staff are more likely to recommend their employer as a good place to work than white staff, but are still under-represented at senior management levels and report higher levels of discrimination.

And yet, staff from BME backgrounds are more highly motivated than their white colleagues. This must provide further impetus to ensure that BME staff are at the forefront of our talent management and succession planning programmes.



(National Staff Survey 2016 – Key Finding 4)

Workforce Race Equality Standard (WRES) – 2016 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 are required to submit and publish their data in August of each year, together with their action plans outlining the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

The Trust has now successfully reported against all but one of the required metrics in July 2015 and August 2016. (The 2016 report and action plan, including progress against the actions, is included at Appendix H).

Although non-mandatory training is recorded locally it needs to be added to the central Learning Management System to enable extraction and reporting against protected characteristics. Until this has been completed it will not be possible to assess whether BME and White staff access non-mandatory training equally - and therefore whether steps are needed to address inequity of access. This means that reporting in the preferred format for Indicator 4 was not possible again in 2016, although it might be argued that the Staff Survey findings more accurately reflect staff experience of access to non-mandatory training.

Workforce Race Equality Standard (WRES) – 2017 Report

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, in preparation for reporting in August 2017.

The information already available shows little change in the make-up of the Trust's workforce. The experience of BME staff as measured by the Staff Survey results which are included in the WRES is showing a year on year improvement, but we are very aware that there is still much to be done to ensure an equally positive experience for all.

PLANS FOR THE FUTURE

Our Strategic Equality & Diversity Objectives are only one year old, so are still a major part of our plans for the future. We will continue to follow the plans mapped out, and encourage other initiatives which support their delivery and promote inclusion for staff and patients from

all protected groups. We're also aware of other regulatory requirements which are on the horizon:

The [Workforce Disability Equality Standard](#) is likely to be mandated for reporting from 2018, so we are looking forward to the focus and profile this will bring to the experiences of disabled colleagues. We already know that staff with disabilities do not always tell us that they are disabled (2.8% of the staff in post as reported via the Electronic Staff Record system, compared with 15% of the staff survey respondents). We need to find out why, and investigate ways of encouraging self-reporting, so that as a Trust we can make sure that our systems and our people fully support these colleagues.

Public sector organisations need to provide a [Gender Pay Gap](#) report by March 2018. In the draft Order – the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 – public authorities are required to report on various differences in pay between male and female employees. Work is in progress nationally to allow this reporting through the Electronic Staff Record (ESR) system and, whilst the legislation focusses on Gender, it is intended that the ESR reporting solution will enable Pay Gap Analysis across a range of other protected characteristics including age, disability, religion or belief, and sexual orientation.

CONCLUSION

The Trust continues to be committed to the equality, diversity and inclusion agenda and this past year has made significant progress against objectives both regulatory and organisationally.

The wide range of activities being undertaken to involve members of our local communities in the decisions which affect their experience of using our services show that we are Proud to Care for all of them, and know that we need to keep talking to them to understand how we can continue to improve the care we provide.

In order to strive for continued improvement, governance has been strengthened and local equality and diversity leads have been supported to better understand their roles with support from the Workforce Equality & Diversity Officer.

We have learnt from the results of the 2016 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. This is something which we will continue to work to improve, with equality and diversity an integrated strand of our Improving Staff Experience plans.

We are working with Human Resources Business Partners and Divisions on the improving Staff Experience plans, and working collaboratively to support solutions in the coming months to see an improvement in the experience of our staff as measured through the staff survey later in the year.

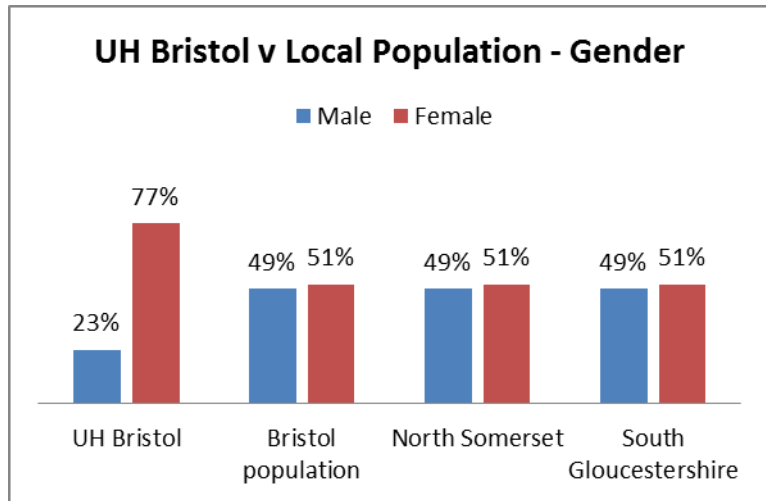
We remain confident that the work towards achievement of the strategic Equality & Diversity Objectives, underpinned by the Integrated Equality & Diversity Action Plan, will enable the Trust to ensure it continues to improve patient care and experience and to work towards a more inclusive and supported working environment for all of its staff.

Local Population, Workforce, and Patients – a snapshot

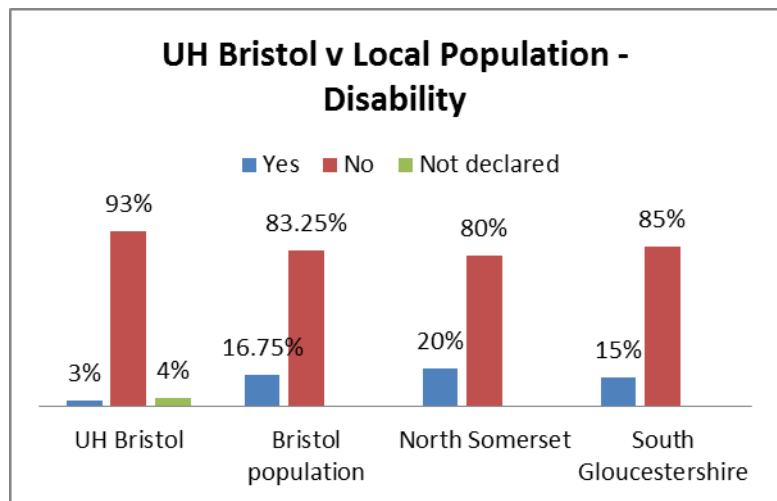
More detailed demographic breakdowns are included at Appendix F

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)

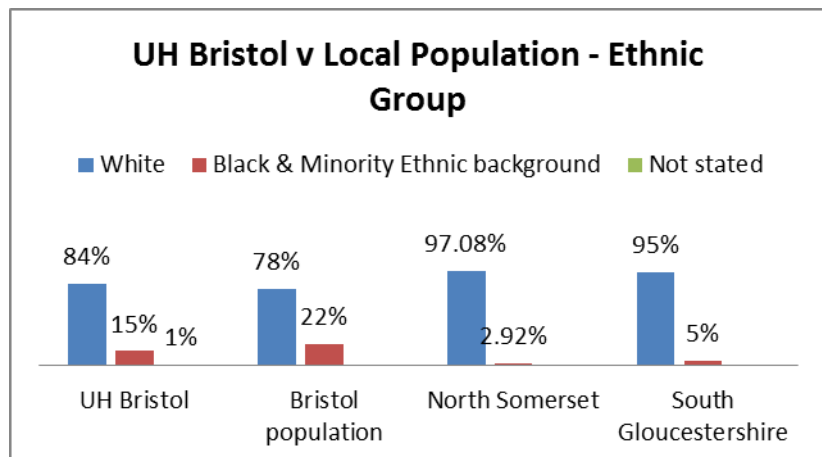


Disability: 3% of UH Bristol staff compared with 15 – 20% of local population

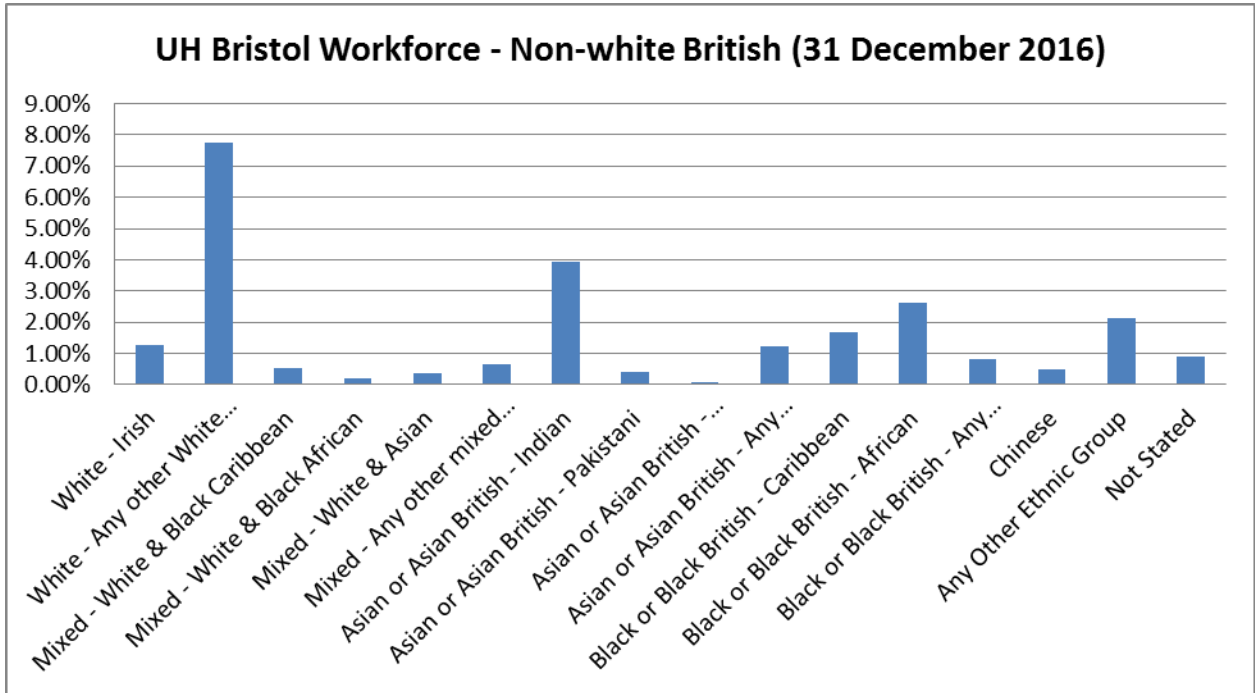


Race: 15% of UH Bristol staff are from a BME background, compared with 22% of the Bristol population

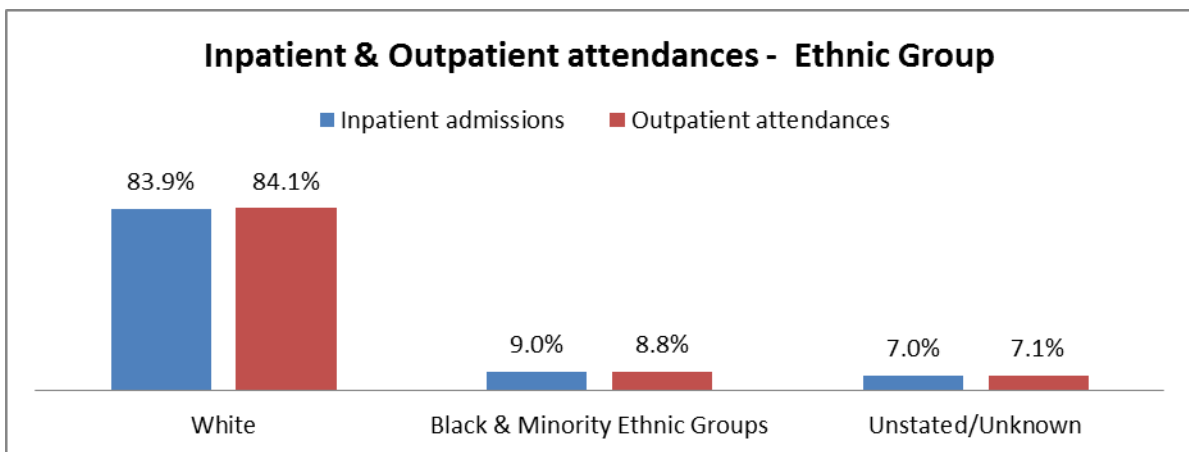
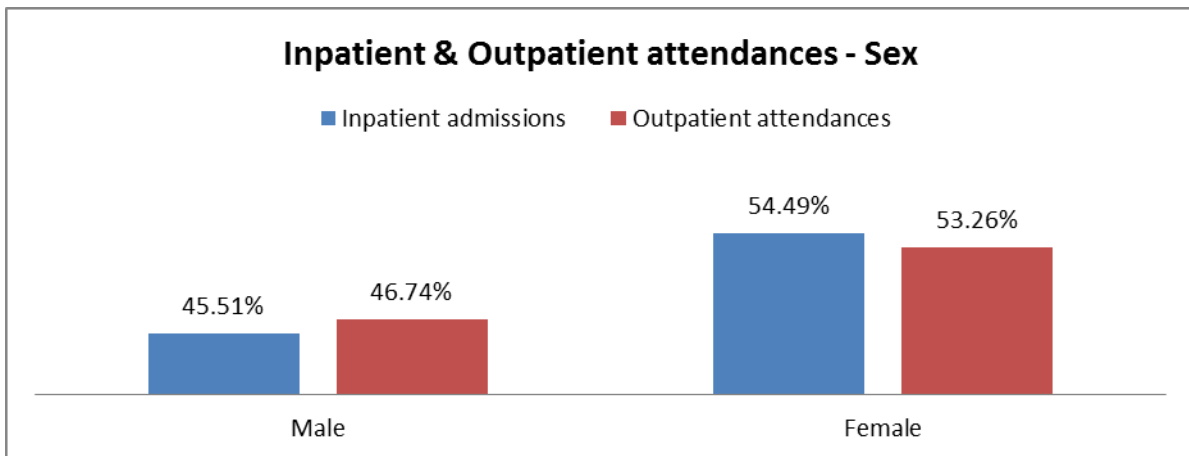
(76% of UH Bristol staff declare as White British)



Our Workforce – Non-White British



Our patients and service users (data from January to December 2016)



Appendices

- Appendix A Regulatory Requirements Background
- Appendix B Equality & Diversity Strategic Objectives 2016 - 2019
- Appendix C Integrated Equality & Diversity Action Plan
- Appendix D Demographic Analysis of Patient Surveys 2016-2017
- Appendix E EDS2 Goal – A Representative & Supported Workforce – Recommended grades
- Appendix F Some workforce Diversity data (including Employee Relations cases)
- Appendix G Staff Survey Respondents v Workforce demographics
- Appendix H WRES Report 2016

Acknowledgements

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

APPENDIX A

Regulatory Requirements Background

Protected Characteristics

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 B 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 results in July 2015 and August 2016, 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

The Accessible Information Standard (SCCI1605 NHS England, 2015) places a mandatory requirement on NHS and Adult Health and Social Care providers to develop a standardised

approach to identify, record, flag, meet and share information relating to patients and their information and/or communication needs, where those needs relate to a disability, cognitive impairment or sensory loss.

The Equality Act (2010) strengthened existing legislation which protected specific groups including disability. However, the reality is that many service users receive information from their healthcare providers in a format that they are unable to read and do not always receive communication support.

There is a legal requirement for all Trust staff, volunteers and others representing University Hospitals Bristol NHS Foundation Trust to provide every possible reasonable adjustment with regards to communication and information support when related to disability, impairment or sensory loss.

Those with information and/or communication support needs should not be put at disadvantage as compared to those who do not have any information or communication support needs.

APPENDIX B

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 to 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.

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 Standard 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.

APPENDIX C

Integrated Equality & Diversity Action Plan

Planned actions	Planned Completion Date/Frequency	Supports Objective/EDS2 Goal/WRES	RAG rating
TRAINING			
Training and briefings/seminars for and Trust Board on 'Unconscious Bias' completed	Trust Board Seminar July 2016.	To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels WRES Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts	
Introduction of training to raise awareness of unconscious bias/stereotyping – specifically inclusion in Recruiting the Best training for recruiting managers	End of November 2016	To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. WRES Indicator 1 (Percentage of BME staff in Bands 1 - 9 and VSM) and 7 (Percentage of BME staff believing the Trust provides equal opportunities for career progression/promotion)	
Resource pack on Equality and Diversity available for all staff to access via HR Web	Ongoing (as information is provided/becomes available)	To work towards a more inclusive and supportive working environment for all of our staff. EDS2 Outcome 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	
Implementation of a robust Trust wide system for reporting on centrally-held diversity data on essential and non mandatory training (where held on LMS)	End of May 2017	To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. To work towards a more inclusive and supportive working environment for all of our staff. EDS2 Outcome 3.3 Training and development opportunities are taken up and positively evaluated by	

		all staff WRES Indicator 4 (Relative likelihood of staff accessing non-mandatory training and CPD) and 7 (Percentage believing the Trust provides equal opportunities for career progression/promotion)	
Training and briefings/seminars for the Senior Leadership Team to be implemented	End of December 2017 (and ongoing as appropriate)	To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels EDS2 Goal 4: Inclusive Leadership WRES Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts	
Equality & Diversity online training in place for all staff	End of May 2017	To work towards a more inclusive and supportive working environment for all of our staff. EDS2 Outcome 3.6 Staff report positive experiences of their membership of the workforce. WRES Indicators 6 & 8 re experience of harassment, bullying, discrimination from staff	On-line training added to all staff portfolios 24th Feb 17. Inclusion in 3-yearly Corporate Updates approved by ETSG April 2017.
STAFF EXPERIENCE			
Review the Trust's recruitment processes for potential unconscious bias, as per the recommendations in the South West Audit report into Equality in Recruitment.	End of December 2016	To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Assurance received from Head of Resourcing that actions are either in place or planned. Original deadline of end December for review of Recruitment Policy now March 2017 due to process mapping.
Implement a review of agencies used for the recruitment	Timescale for	To improve the opportunities for members of our	

<p>of senior staff and executives, to provide assurance that they have fair selection processes with no barriers to employment of people from protected groups.</p>	<p>implementation to be confirmed.</p>	<p>diverse communities to gain employment with and progress within the Trust. To work towards a more inclusive and supportive working environment for all of our staff. EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels. WRES Indicator 1 (Percentage of BME staff in Bands 1 - 9 and VSM) and 9 (Percentage difference between the organisation's Board voting membership and its overall workforce)</p>	
<p>Implement, where appropriate, recommendations from the 2015 report into disciplinary outcomes that additional training and support should be given to managers and supervisors in the application of the Disciplinary Policy. Data now being prepared for WRES report based on 2016/2017 data. Data comparisons to be made in respect of numbers of disciplinary cases and outcomes to establish whether there is equity in application of the process.</p>	<p>End of September 2017</p>	<p>To work towards a more inclusive and supportive working environment for all of our staff WRES Indicator 3 - Relative likelihood of staff entering the formal disciplinary process</p>	
<p>Implement a divisional plan to increase staff awareness that clinical incident reporting must be used to report incidents of harassment, bullying, abuse or discrimination by patients, relatives and the general public. Reports from Datix to be presented to E&D Group from July 2017 for discussion if additional actions needed in Divisions</p>	<p>From July 2017</p>	<p>To work towards a more inclusive and supportive working environment for all of our staff. EDS2 Outcome 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source. WRES Indicators 5, 6 and 8 re experience of harassment, bullying and discrimination</p>	
<p>Develop and implement a succession planning framework which supports equality of access to continuing professional development for all protected groups. (To consider the inclusion of Reverse Mentoring)</p>	<p>End of October 2017</p>	<p>To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust WRES Indicator 1 (Percentage of BME staff in Bands 1 - 9 and VSM), 4 (Relative likelihood of staff accessing non-mandatory training and CPD) and 7 (Percentage of</p>	

		BME staff believing the Trust provides equal opportunities for career progression/promotion)	
Support the introduction of a 'Dignity at Work Policy'		To work towards a more inclusive and supportive working environment for all of our staff. EDS2 Outcome 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source, and 3.6 Staff report positive experiences of their membership of the workforce WRES Indicators 5, 6 and 8 re experience of harassment, bullying and discrimination	
PATIENT EXPERIENCE			
To enable equalities reporting for patients in line with the Public Sector Equality duty (PSED)	End of June 2017	To improve access to services for our local communities EDS2 Goals: Better health outcomes Improved patient access and experience	
EQUALITY DELIVERY SYSTEM (EDS2)			
Completion of the EDS2 self-assessment (Representative & supported workforce)	End of December 2016	To improve access to services for our local communities To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. To work towards a more inclusive and supportive working environment for all of our staff. And all EDS2 Goals & Outcomes: Better health outcomes Improved patient access and experience A representative and supported workforce Inclusive leadership	Completed April 2017
Completion of external assessment (Representative & supported workforce)	End of September 2017		
Completion of EDS2 self-assessments for two pilot areas (Maternity Services and Radiology)	End of November 2017		
Completion of external assessment & publication for two pilot areas	End of January 2018		
Develop training and additional support for managers to enable collation of information for self-assessment across other areas of the Trust.	End of September 2017		
Develop and implement timeframe for roll-out of EDS2 self-assessment across the Trust	End of March 2018		
GOVERNANCE			

Review and refresh the Equality Objectives for the Trust to give us a clear, measurable framework for our activities.	Completed and published August 2016	Public Sector Equality Duty	
Completion of a review of the Trust's processes for undertaking and completing equality analysis, and introduction of a refreshed process.	End of June 2017	To improve access to services for our local communities To work towards a more inclusive and supportive working environment for all of our staff EDS2 Outcome 4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Draft approved by E&D Group. Submission to Improving Staff Experience Group and Senior Leadership Team Summer 2017
To support the Trust in fulfilling its obligation under the PSED, by annual reporting on and publishing of equalities data for workforce and service users, by production of an annual Equality & Diversity report, including progress against the Trust's Equality Objectives and by compliance with the reporting requirements of the WRES, EDS2, AIS and other regulatory requirements.	Annually (July/August) and as required.	All Trust E&D Strategic Objectives All EDS2 Goals & Outcomes All WRES Indicators and outcomes	
MONITORING & ASSURANCE			
Completion of Equal Pay Audit across all staff groups		To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. EDS2 Outcome: 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Audit report delivered Feb 2017. Management response submitted. Actions to be confirmed to action leads.
Provide quarterly assurance that the outcomes/recommendations of the South West Audit report into equality in recruitment have been implemented	Quarterly as of July 2017	To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels WRES Indicator 1 (Percentage of staff in each of the AfC	

		Bands and VSM) & 7 (Percentage believing that Trust provides equal opportunities for career progression or promotion)	
Ensure equalities information is recorded for all starters.	End of December 2017	To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. WRES Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts.	
Provide quarterly assurance that the succession planning framework supports an equal playing field for potential future applicants for Senior Manager and Board positions from diverse backgrounds.	End of December 2017	To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. WRES Indicator 1 (Percentage of BME staff in Bands 1 - 9 and VSM) and 9 (Percentage difference between the organisation's Board voting membership and its overall workforce) Indicators 1 and 9	
Provide quarterly assurance of the monitoring of issues of harassment, bullying or abuse highlighted in the Staff Survey and included in divisional engagement plans	As of January 2017	To work towards a more inclusive and supportive working environment for all of our staff EDS2 Outcome 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source, and 3.6 Staff report positive experiences of their membership of the workforce WRES Indicators 5, 6 and 8 re experience of harassment, bullying and discrimination	

APPENDIX D

Demographic analysis of UH Bristol’s monthly inpatient postal survey (2016-17)

1. Purpose of this report

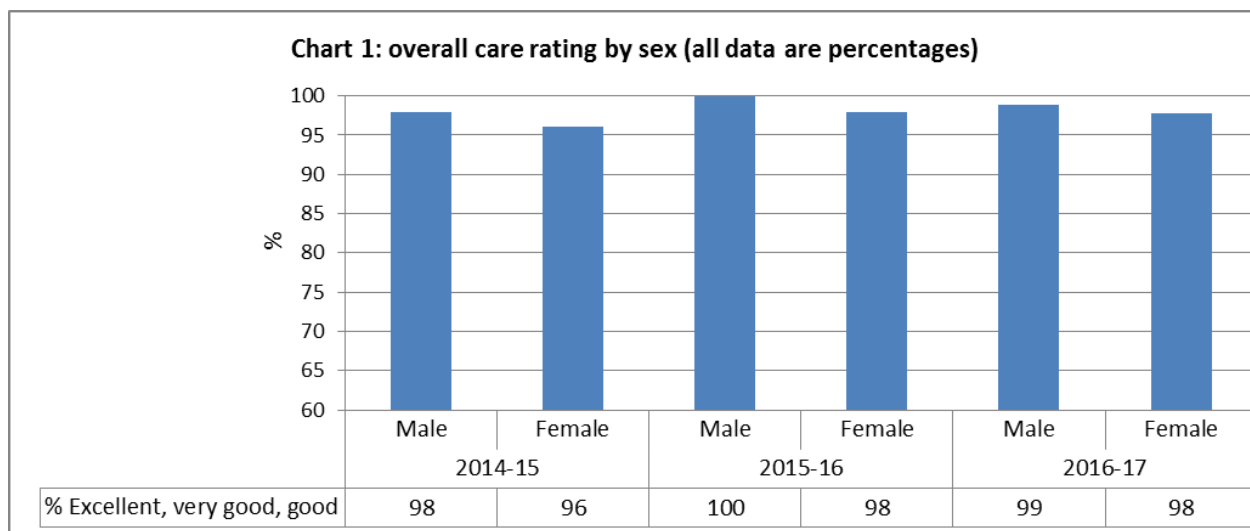
This report presents a breakdown of overall patient-reported care ratings by the demographic variables collected via UH Bristol’s monthly inpatient postal survey (age, sex, ethnicity, sexuality, religion, and disability). The analysis aims to identify trends in the data to generate further discussion 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 that is not designed to measure these factors, the report cannot be used to *prove* whether differences exist between demographic groups or provide insight on why any differences are occurring.

Please note that whilst comparisons are provided to previous years, a change in the methodology for 16/17 generally led to slightly higher satisfaction scores for that year². Margins of error in the data mean that scores fluctuate naturally over time and between groups. Unless otherwise stated in the report, it should be assumed that differences in scores are not statistically significant.

2. Overall inpatient care ratings by demographic group

Sex

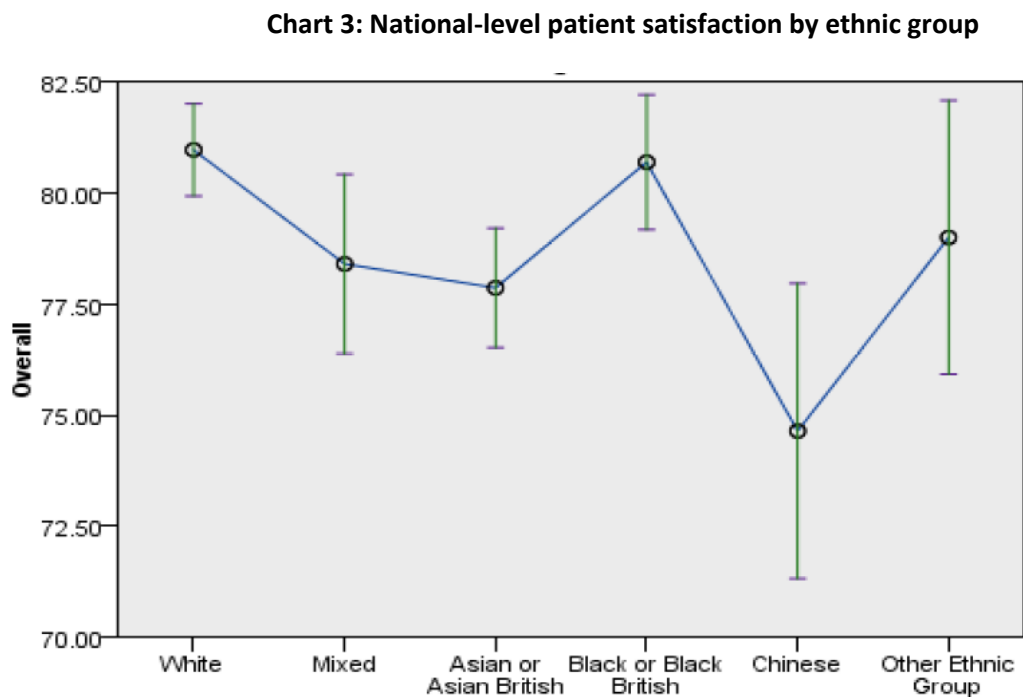
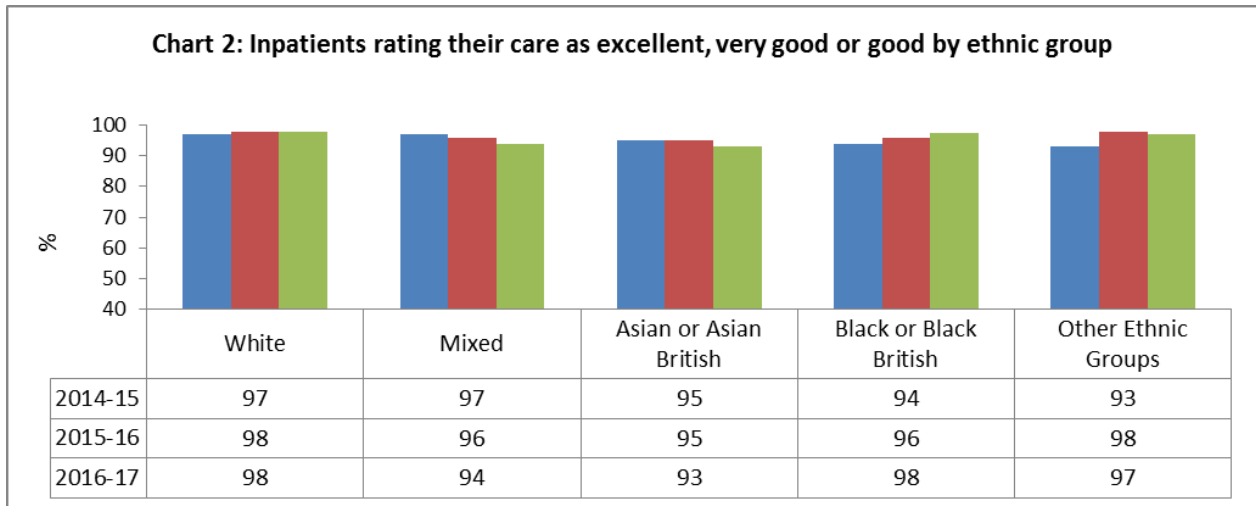
Females tend to be slightly less satisfied with their hospital experience than males. This is in line with trends seen at a national level. The reasons for this are unclear and it could be linked to a number of other factors (e.g. women tend to live longer and experience different hospital services).



² We dropped the reminder letter from the survey process – reducing the response rate but allowing more rapid access to the survey results. To reduce the variability in comparing with previous years, in this report we have presented aggregate scores (percentage rating the care as excellent, very good, or good) - rather than rely on a single response category (e.g. excellent).

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, over the last three years the Trust has received slightly lower overall satisfaction ratings from our Asian / Asian British patients, compared to our White patients. The reasons cannot be determined from this survey – but it is in line with general trends seen nationally (Chart 3).



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 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 suggests that our younger patients buck the national trend, with

relatively high satisfaction ratings for UH Bristol amongst 12-21 years. Conversely, the fall-off in satisfaction in the oldest age groups is more marked at UH Bristol than nationally.

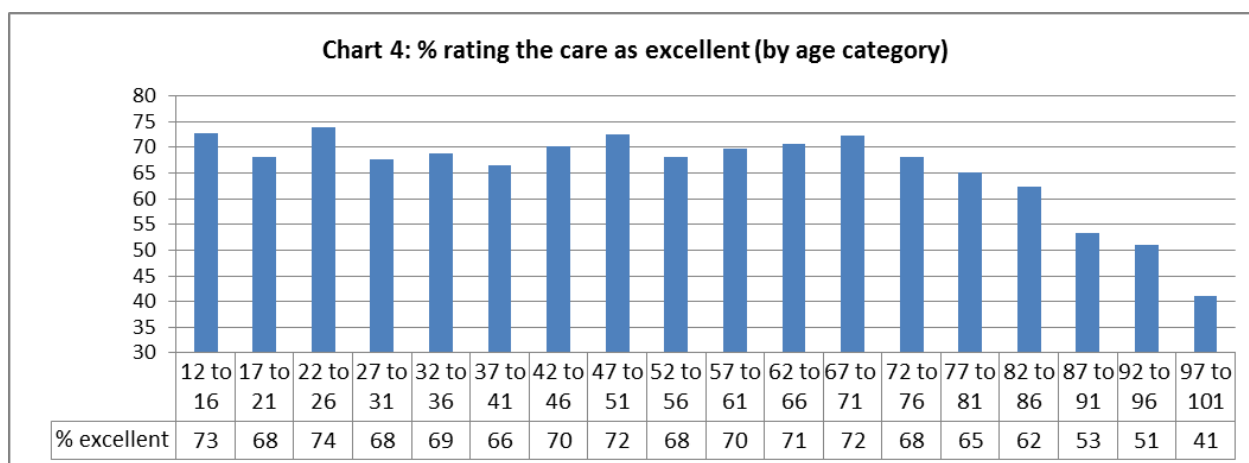
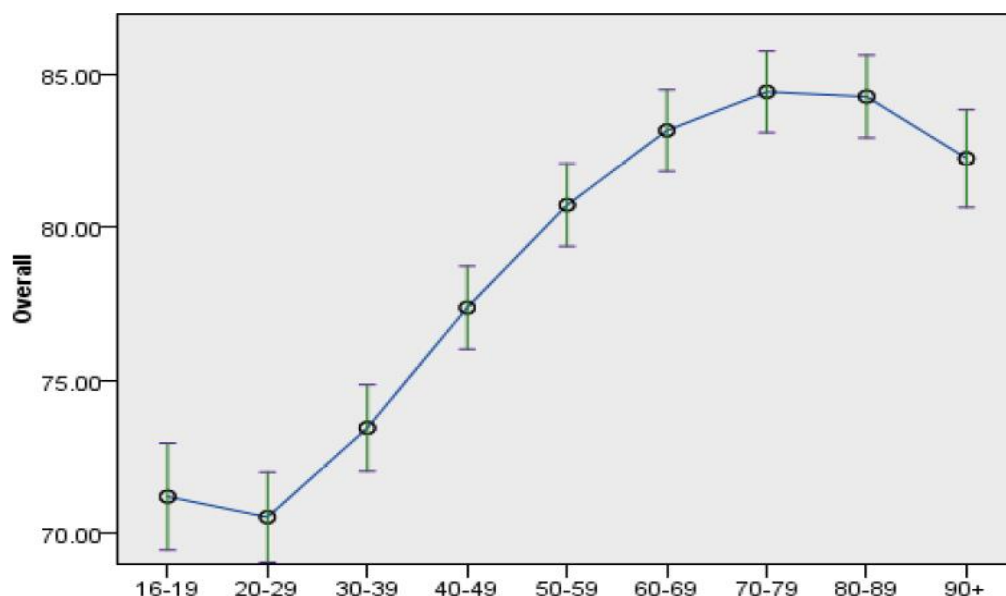


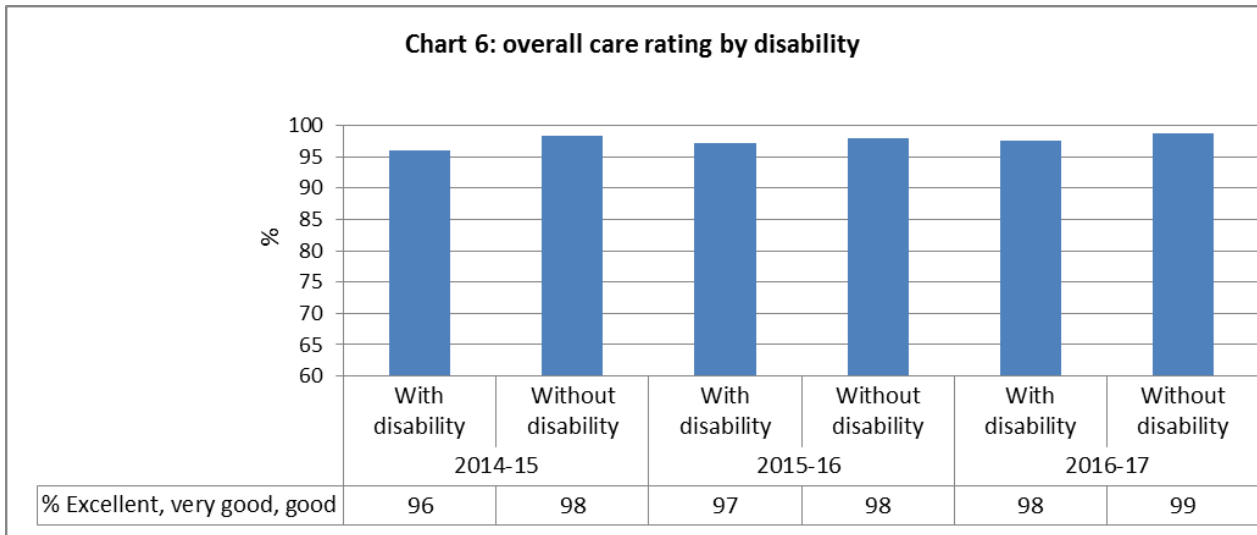
Chart 5: National-level patient satisfaction by age group



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)

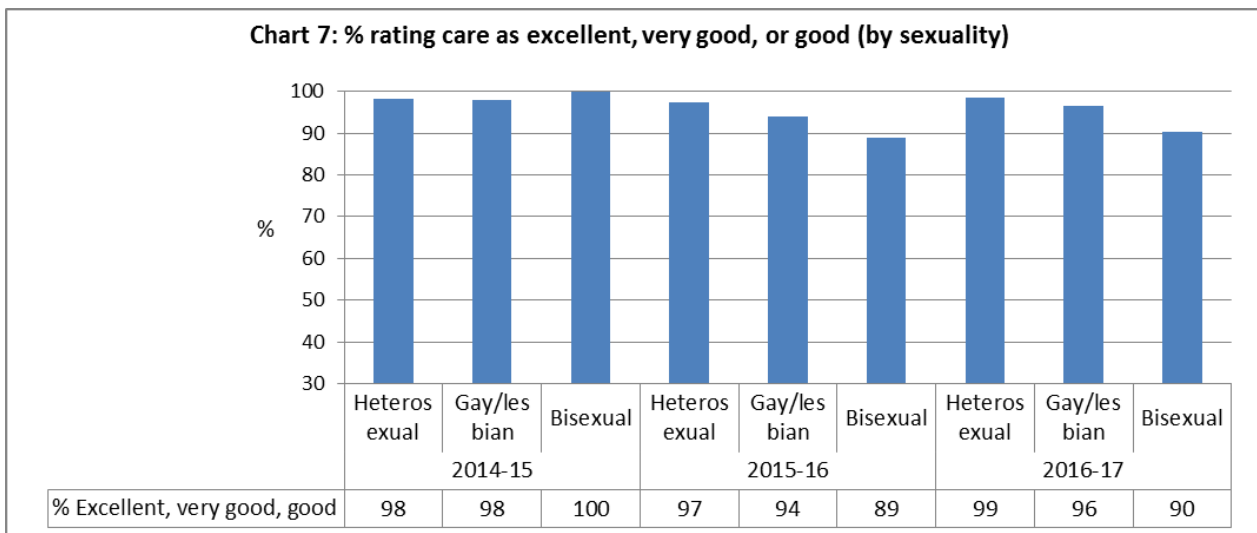
Disability

In our questionnaire, patients are asked to state whether they consider themselves to have a disability. It can be seen in Chart 6 that patients with a disability are slightly less likely to rate their care as excellent, very good, or good. However, it is again not possible to be sure that this is related to the disability *per se*, or what the reasons behind this might be.



Sexuality

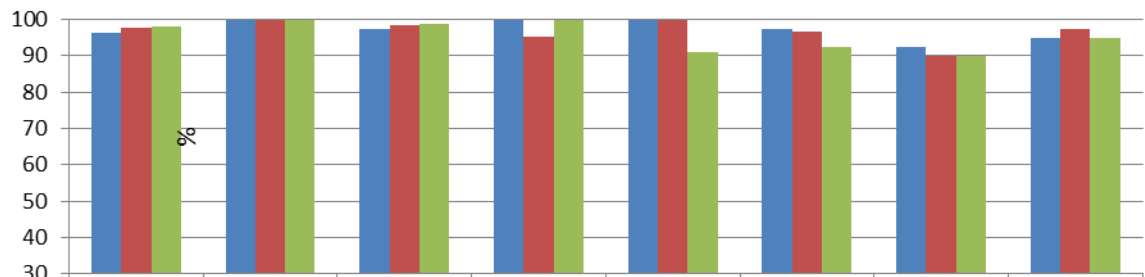
The sample sizes for the gay and bi-sexual groups are very small in Chart 7 and so we can see quite large fluctuations in the data. The differences do not reach statistical significance however.



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.

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
2016-17	98	100	99	100	91	92	90	95

3. Conclusions

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 can consider the key findings of this report and identify potential opportunities to improve care.

Paul Lewis, Patient Experience and Involvement Team Manager, UH Bristol.

APPENDIX E

EDS2 – Initial Self-Assessment Grading for Goal 3 – Representative & Supported Workforce

The Equality & Diversity Group carried out a self-assessment of the six Outcomes included in the EDS2 Goal – A Representative & Supported Workforce on 28th February 2017.

Based on the evidence presented, the Group recommended an initial grading for each outcome. (The potential gradings are Undeveloped, Developing, Achieving and Excelling.) For each outcome, the group was also asked to consider whether staff from protected groups fare well. The Group's recommended initial gradings and rationale are given below.

3.1 – Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.

The Trust's Head of Resourcing contributed to the evidence included for this outcome. The Recruitment Policy is being reviewed at the moment and will include the changes recommended in the SW Audit report referred to in the template.

The Group recommended that the initial grading should be Developing.

This reflects the under-representation of some protected groups at higher levels in the Trust. The Group also considered that, whilst it is possible to indicate the protected characteristics which fare well, it should be explained in the evidence that it is difficult to identify evidence for all protected groups and that none fare badly.

3.2 – The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their obligations.

The Group suggested that the inclusion of information about equal opportunities for career progression was not strictly necessary (although this had been included in the remit of the Audit South West report into Equal Pay).

The Group recommended that the initial grading should be Achieving.

This is based on the use of Agenda for Change and the completion of the equal pay audit. However, the Group also recommended that the grading should be qualified as the audit had not extended to all of the protected groups.

3.3 – Training and development opportunities are taken up and positively evaluated by all staff

The Group discussed whether this should be measured on take-up of the training required for all staff to be able to do their jobs (Essential Training), or the additional opportunities for development available and taken up. It was felt that although training opportunities are there, access to them is dependent on where you are in the organisation and how well the opportunities are communicated.

The Group therefore recommended two components to the initial grading:

Achieving where validated compliance evidence is available

Developing for non-mandatory training

3.4 – When at work staff are free from abuse, harassment, bullying and violence from any source

The Group recommended that the initial grading should be Developing.

This is based on consistent information about staff experience from the National Staff Survey, employee relations cases and anecdotal evidence, and Divisional and other plans to address the ongoing issues.

3.5 – Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.

It was acknowledged that the Trust has flexible working policies and options. However, these opportunities are not necessarily made available to all staff and there is inconsistency in some areas in the application of the processes.

The Group therefore recommended an initial grading of Developing.

The Group also recommended that there should be a focus in the coming year on consistency of application of process supported by training for managers.

3.6 – Staff report positive experiences of their membership of the workforce.

The evidence for this outcome is predominantly based on responses to the National Staff Survey.

The Group recommended an initial grading of Developing.

The Workforce & Organisational Group approved these recommended gradings in April 2017. The evidence templates can be viewed on the Trust's website at [Equality & Diversity - Measures to Improve Equality](#), where members of the public are invited to comment.

APPENDIX F

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 years 1st January to 31st December 2015 and 1st January to 31st December 2016 unless otherwise stated.

Staff in post (all substantive staff)

Age band	Headcount 31 December 2015	Proportion of Headcount December 2015
16 – 20	94	1.1%
21 – 25	861	9.7%
26 – 30	1,284	14.4%
31 – 35	1,289	14.5%
36 – 40	1,172	13.2%
41 – 45	1,054	11.8%
46 – 50	989	11.1%
51 – 55	1,028	11.5%
56 – 60	761	8.5%
61 – 65	295	3.3%
66 - 70	62	0.7%
71 - 77	18	0.2%
Grand Total	8,907	100.0%

Age band	Headcount 31 December 2016	Proportion of Headcount December 2016
16 – 20	87	0.9%
21 – 25	847	9.2%
26 – 30	1,389	15.1%
31 – 35	1,354	14.7%
36 – 40	1,204	13.1%
41 – 45	1,069	11.6%
46 – 50	1,007	10.9%
51 – 55	1,023	11.1%
56 – 60	804	8.7%
61 – 65	345	3.7%
66 - 70	74	0.8%
71 - 77	21	0.2%
Grand Total	9,224	100.0%

Disability	Headcount December 2015	Proportion of Headcount December 2015
No	8,291	93.1%
Not Declared	363	4.1%
Yes	253	2.8%
Grand Total	8,907	100.0%

Disability	Headcount December 2016	Proportion of Headcount December 2016
No	8,667	94.0%
Not Declared	296	3.2%
Yes	261	2.8%
Grand Total	9,224	100.0%

Gender	Headcount December 2015	Proportion of Headcount December 2015
Female	6,896	77.4%
Male	2,011	22.6%
Grand Total	8,907	100.0%

Gender	Headcount December 2016	Proportion of Headcount December 2016
Female	7,113	77.1%
Male	2,111	22.9%
Grand Total	9,224	100.0%

Ethnicity	Headcount December 2015	Proportion of Headcount December 2015
White	7,476	83.9%
Black & Minority Ethnic Groups	1,322	14.8%
Not Stated	109	1.2%
Grand Total	8,907	

Ethnicity	Headcount December 2016	Proportion of Headcount December 2016
White	7,746	84.0%
Black & Minority Ethnic Groups	1,397	15.1%
Not Stated	80	0.9%
Grand Total	9,224	100.0%

Religious Belief	Headcount December 2015	Proportion of Headcount December 2015
Atheism	1,088	12.2%
Buddhism	47	0.5%
Christianity	3,542	39.8%
Hinduism	102	1.1%
Islam	155	1.7%
Jainism	3	0.0%
Judaism	6	0.1%
Sikhism	18	0.2%
Other	523	5.9%
I do not wish to disclose my religion/belief	3,391	38.1%
Undefined	32	0.4%
Grand Total	8,907	100.0%

Religious Belief	Headcount December 2016	Proportion of Headcount December 2016
Atheism	1,213	13.2%
Buddhism	54	0.6%
Christianity	3,705	40.2%
Hinduism	113	1.2%
Islam	190	2.1%
Jainism	2	0.0%
Judaism	9	0.1%
Sikhism	13	0.1%
Other	588	6.4%
I do not wish to disclose my religion/belief	3,312	35.9%
Undefined	24	0.3%
Grand Total	9,224	100.0%

Sexual Orientation	Headcount December 2015	Proportion of Headcount December 2015
Bisexual	37	0.4%
Gay	54	0.6%
Heterosexual	5,981	67.1%
Lesbian	35	0.4%
I do not wish to disclose my sexual orientation	2,770	31.1%
Undefined	30	0.3%
Grand Total	8,907	100.0%

Sexual Orientation	Headcount December 2016	Proportion of Headcount December 2016
Bisexual	45	0.5%
Gay	61	0.7%
Heterosexual	6,408	69.5%
Lesbian	38	0.4%
I do not wish to disclose my sexual orientation	2,649	28.7%
Undefined	23	0.2%
Grand Total	9,224	100.0%

Employee Relations Cases – as recorded on the Trust’s Case Management System

(In line with reporting requirements for the Workforce Race Equality Standard, the reporting period is 1st April – 31st March for each year. The numbers include all cases live during those periods.)

Harassment & Bullying Cases (recorded under the Trust policy)

Diversity data for both Harassment & Bullying and Grievance cases refers to the person making the complaint.

Gender	Number of cases 1 April 2015 – 31 March 2016	Proportion of cases 2015/2016
Female	15	71.4%
Male	4	19.0%
Group	1	4.8%
Not reported	1	4.8%
Grand Total	21	100.0%

Gender	Number of cases 1 April 2016 – 31 March 2017	Proportion of cases 2016/2017
Female	16	64.0%
Male	7	28.0%
Group	1	4.0%
Not reported	1	4.0%
Grand Total	25	100.0%

Disability	Number of cases 1 April 2015 – 31 March 2016	Proportion of cases 2015/2016
Yes	0	
No	19	90.5%
Group	1	4.8%
Not declared/reported	1	4.8%
Grand Total	21	

Disability	Number of cases 1 April 2016 – 31 March 2017	Proportion of cases 2016/2017
Yes	1	4.0%
No	22	88.0%
Group	1	4.0%
Not declared/reported	1	4.0%
Grand Total	25	

Ethnic Background	Number of cases 1 April 2015 – 31 March 2016	Proportion of cases 2015/2016
White	16	76.2%
Black & Minority Ethnic Groups	3	14.3%
Not Stated / not reported	2	9.5%
Grand Total	21	

Ethnic Background	Number of cases 1 April 2016 – 31 March 2017	Proportion of cases 2016/2017
White	16	64.0%
Black & Minority Ethnic Groups	7	28.0%
Not Stated / not reported	2	8.0%
Grand Total	25	

Grievance Cases (recorded under the Trust policy)

Diversity data for both Harassment & Bullying and Grievance cases refers to the person making the complaint.

Gender	Number of cases 1 st April 2015 – 31 st March 2016	Proportion of cases 2015/2016
Female	12	60.0%
Male	7	35.0%
Group	1	5.0%
Not reported		
Grand Total	20	

Gender	Number of cases 1 st April 2016 – 31 st March 2017	Proportion of cases 2016/2017
Female	17	63.0%
Male	8	29.6%
Group	1	3.7%
Not reported	1	3.7%
Grand Total	27	

Disability	Number of cases 1 st April 2015 – 31 st March 2016	Proportion of cases 2015/2016
Yes	1	5.0%
No	17	85.0%
Group	1	5.0%
Not declared/reported	1	5.0%
Grand Total	20	

Disability	Number of cases 1 st April 2016 – 31 st March 2017	Proportion of cases 2016/2017
Yes	0	
No	23	85.2%
Group	1	3.7%
Not declared/reported	3	11.1%
Grand Total	27	

Ethnic Background	Number of cases 1 st April 2015 – 31 st March 2016	Proportion of cases 2015/2016
White	13	65.0%
Black & Minority Ethnic Groups	6	30.0%
Not Stated / not reported	1	5.0%
Grand Total	20	

Ethnic Background	Number of cases 1 st April 2016 – 31 st March 2017	Proportion of cases 2016/2017
White	20	74.1%
Black & Minority Ethnic Groups	5	18.5%
Not Stated / not reported	2	7.4%
Grand Total	27	

Disciplinary Cases (recorded under the Trust policy)

Gender	Number of cases 1 st April 2015 – 31 st March 2016	Proportion of cases 2015/2016
Female	54	54.5%
Male	45	45.5%
Grand Total	99	100.0%

Gender	Number of cases 1 st April 2016 – 31 st March 2017	Proportion of cases 2016/2017
Female	50	54.9%
Male	41	45.1%
Grand Total	91	100.0%

Disability	Number of cases 1 st April 2015 – 31 st March 2016	Proportion of cases 2015/2016
Yes	2	2.0%
No	93	93.9%
Not declared/reported	4	4.0%
Grand Total	99	99.0%

Disability	Number of cases 1 st April 2016 – 31 st March 2017	Proportion of cases 2016/2017
Yes	3	3.3%
No	85	93.4%
Not declared/reported	3	3.3%
Grand Total	91	100.0%

Ethnic Background	Number of cases 1 st April 2015 – 31 st March 2016	Proportion of cases 2015/2016
White	64	64.6%
Black & Minority Ethnic Groups	34	34.3%
Not Stated / not reported	1	1.0%
Grand Total	99	99.0%

Ethnic Background	Number of cases 1 st April 2016 – 31 st March 2017	Proportion of cases 2016/2017
White	60	65.9%
Black & Minority Ethnic Groups	30	33.0%
Not Stated / not reported	1	1.1%
Grand Total	91	100.0%

APPENDIX G

Staff Survey Respondents v Workforce Demographics

Staff in Post as at 31st December 2016

Gender	Headcount	% of Total
Female	7113	77.1%
Male	2111	22.9%
Did not specify		
Grand Total	9224	100.0%

Disabled	Headcount	% of Total
Yes	261	2.8%
No	8667	94.0%
Not Declared/Did not specify	296	3.2%
Grand Total	9224	100.0%

Ethnic Group	Headcount	% of Total
White	7746	84.0%
Black & Minority Ethnic background	1397	15.1%
Not stated / did not specify	81	0.9%
TOTAL	9224	100.0%

Age Range	Headcount	% of Total
16 - 20	87	0.9%
21 - 25	847	9.2%
26 - 30	1389	15.1%
31 - 35	1354	14.7%
36 - 40	1204	13.1%
41 - 45	1069	11.6%
46 - 50	1007	10.9%
51 - 55	1023	11.1%
56 - 60	804	8.7%
61 - 65	345	3.7%
66 - 70	74	0.8%
71 - 76	21	0.2%
Did not specify		
Grand Total	9224	100.0%

Sexual Orientation	Headcount	% of Total
Heterosexual	6408	69.5%
LGBO	144	1.6%
Not stated / did not specify	2672	29.0%
TOTAL	9224	100.0%

Staff Survey 2016 (42% returns)

Number returned	Percentage of survey respondents
2,721	78%
759	22%
117	
3597	100%

Number returned	Percentage of survey respondents
512	15%
2942	85%
143	
3597	100%

Number returned	Percentage of survey respondents
3136	90%
365	10%
96	
3597	100%

Number returned	Percentage of survey respondents
659	19%
818	23%
830	24%
1214	34%
76	
3597	100%

Number returned	Percentage of survey respondents
3185	98%
120	3%
292	8%
3597	100%

APPENDIX H

Workforce Race Equality Standard Indicators July 2016

Indicator **Data for reporting year** **Data for previous year** **Narrative – the implications of the data and any additional background explanatory narrative** **Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective**

For each of these four workforce indicators, compare the data for White and BME staff.

1	Percentage of staff in each of the AfC Bands 1 – 9 and VSM (including executive Board members and senior medical staff) compared with the percentage of staff in the overall workforce. (Organisations should undertake this calculation separately for non-clinical & for clinical staff)					
	<i>Data for reporting year (2016)</i>		<i>Data for previous year (2015)</i>		<i>Narrative</i>	
	Overall workforce = 84% White and 15% BME Non-Clinical Staff		Overall workforce = 85% White and 15% BME Non-Clinical Staff		<p>Data is as at 31st March 2015 and 31st March 2016, as submitted via UNIFY2.</p> <p>The percentage shown is for each pay band. Whilst the percentage of BME staff in the lowest band (Band 1) is much higher than that in the overall workforce, BME staff are under-represented in other Agenda for Change pay bands, especially at senior levels.</p> <p>The exception is Band 5 non-medical clinical staff – typically from the Nursing & Midwifery staff group.</p> <p>Non-clinical staff on Band 1 would typically be from the</p>	
		White	BME	White		BME
	Band 1	51.0%	49.0%	55.3%		44.7%
	Band 2	87.3%	12.7%	88.6%		11.4%
	Band 3	91.6%	8.4%	92.1%		7.9%
	Band 4	95.2%	4.8%	95.0%		5.0%
	Band 5	94.4%	5.6%	95.4%		4.6%
	Band 6	90.7%	9.3%	90.2%		9.8%
	Band 7	97.3%	2.7%	98.1%		1.9%
	Band 8A	91.3%	8.7%	91.7%		8.3%
	Band 8B	100.0%	0.0%	97.6%		2.4%
	Band 8C	91.7%	8.3%	100.0%		0.0%
	Band 8D	100.0%	0.0%	100.0%		0.0%
	Band 9	100.0%	0.0%	100.0%		0.0%
	VSM	100.0%	0.0%	100.0%	0.0%	
					<p><i>Action taken and planned</i></p> <p><i>Actions taken:</i> July 2016: the Trust Board received presentations from Yvonne Coghill, NHS England Director, WRES, outlining the priorities of WRES, and on unconscious bias.</p> <p><i>As part of the Equality & Diversity Action Plan, an Audit Southwest review of recruitment processes was commissioned and delivered in July 2016.</i></p> <p><i>Planned actions:</i> Roll out training to raise awareness of unconscious bias/stereotyping – specifically inclusion in Recruiting the Best training for recruiting managers. Consider how and who to</p>	

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2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts			
	<i>Data for reporting year (2016)</i>	<i>Data for previous year (2015)</i>	<i>Narrative</i>	<i>Action taken and planned</i>
	White staff 1.54 times more likely to be appointed from shortlisting than BME staff.	White staff 1.86 times more likely to be appointed from shortlisting than BME staff.	<p>Data is for the calendar years 2014 and 2015, as submitted via UNIFY 2.</p> <p>All data for 2014 taken from NHS Jobs. For unavoidable reasons, two different systems have been used to provide the data for 2015.</p> <p>The figures for staff appointed who have not disclosed or not stated their ethnicity is much higher than would be expected.</p>	<p><i>Actions taken:</i> As for Indicator 1, above.</p> <p><i>Planned actions:</i> Actions relating to Recruitment as for Indicator 1, above.</p> <p>Discover and remedy the large number of starters with unreported ethnicity.</p> <p>Links to the Strategic Objective as cited for Indicator 1, above.</p>

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			
	<i>Data for reporting year (2016)</i>	<i>Data for previous year (2015)</i>	<i>Narrative</i>	<i>Action taken and planned</i>
	Relative likelihood of BME staff entering the formal disciplinary process is 2.49 times greater than White staff	Relative likelihood of BME staff entering the formal disciplinary process is 3.55 times greater than White staff	<p>2015 data is for cases live between 1st April 2014 and 31st March 2015. 2016 data is for cases live between 1st April 2015 and 31st March 2016, excluding ongoing cases live during the previous reporting period. Both as submitted via UNIFY2.</p>	<p><i>Actions taken:</i> As part of the Equality & Diversity Action Plan, a report was completed in April 2016 benchmarking the Trust's outcome for this indicator in 2015 against other AUKUH trusts. The report also scrutinised the outcomes for different staff groups and was presented, with recommendations, to the Equality & Diversity Group in May 2016 and the WF&OD Group in July 2016.</p> <p><i>Planned Actions:</i> Further examine the actions recommended in the</p>

				<p><i>report and follow up as appropriate.</i></p> <p><i>Carry out a comparison with the data for 2016 to identify any differences and follow up with remedial actions as appropriate.</i></p> <p><i>Examine the 2016 data for the likelihood of entering the disciplinary process by pay band, and compare with the ethnic make-up of each pay band.</i></p> <p><i>Links to the revised Equality & Diversity Strategic Objective for 2016 – 2019:</i></p> <p>To work towards a more inclusive and supportive working environment for all of our staff.</p>
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4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff															
	<i>Data for reporting year (2016)</i>	<i>Data for previous year (2015)</i>	<i>Narrative</i>	<i>Action taken and planned</i>												
	Data not available	Data not available	<p>This data cannot be extracted from current reporting on training. As an alternative, the relative likelihood based on responses to the 2015 National Staff Survey (carried out on a full census basis) is given below.</p> <table border="1"> <thead> <tr> <th>Descriptor</th> <th>BME 2015</th> <th>White 2015</th> </tr> </thead> <tbody> <tr> <td>Number of staff responding to National Staff Survey 2015</td> <td>402</td> <td>3,128</td> </tr> <tr> <td>Number of staff who stated they had received training, learning or development in the last 12 months (not including mandatory training)</td> <td>283</td> <td>2,269</td> </tr> <tr> <td>Likelihood of receiving such training</td> <td>0.70</td> <td>0.725</td> </tr> </tbody> </table>	Descriptor	BME 2015	White 2015	Number of staff responding to National Staff Survey 2015	402	3,128	Number of staff who stated they had received training, learning or development in the last 12 months (not including mandatory training)	283	2,269	Likelihood of receiving such training	0.70	0.725	<p><i>The recording and reporting of non-Mandatory training data was included in the WRES action plan for 2015.</i></p> <p><i>Development of a Trust wide system for the collection of essential and non-essential training has been delayed due to other key essential training priorities being implemented.</i></p> <p><i>This is therefore a priority action for 2016, and is also included in the Equality & Diversity Action Plan.</i></p>
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			<p><i>Relative likelihood -</i> Number of staff responding: White = 3,128; BME = 402 Number of staff receiving non-mandatory training: White = 2,269 ; BME = 283 Likelihood of White staff accessing training is 2,269/3,128 = 0.725 Likelihood of BME staff accessing training is 283/402 = 0.70</p> <p>Relative likelihood of White staff accessing non-mandatory training compared to BME staff = (0.725/0.70) 1.03 times greater.</p>	<p><i>Scrutiny of the succession planning element of the 5 year Teaching & Learning Framework, to include Reverse Mentoring and ensuring access to Continuing Professional Development.</i></p> <p><i>Links to the revised Equality & Diversity Strategic Objectives for 2016 – 2019:</i></p> <p>To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.</p> <p>To work towards a more inclusive and supportive working environment for all of our staff.</p>
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National NHS Staff Survey indicators. For each of the four staff survey indicators, compare the outcomes of the responses for White and BME Staff

5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months			
	<i>Data for reporting year (2016)</i>	<i>Data for previous year (2015)</i>	<i>Narrative</i>	<i>Action taken and planned</i>
	White 28.12% BME 30.36%	White 29.70% BME 31.46%	Full census surveys were carried out in both 2014 and 2015. Data is based on these returns, as submitted via UNIFY2.	<i>Actions taken:</i> 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. <i>Actions planned:</i> Increase staff awareness that clinical incident reporting

				<p><i>must be used to report incidents of harassment, bullying, abuse or discrimination by patients, relatives and the general public.</i></p> <p><i>Through the Equality & Diversity Group, explore 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.</i></p> <p><i>Links to the revised Equality & Diversity Strategic Objective for 2016 – 2019:</i> To work towards a more inclusive and supportive working environment for all of our staff.</p>
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6 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months				
	<i>Data for reporting year (2016)</i>	<i>Data for previous year (2015)</i>	<i>Narrative</i>	<i>Action taken and planned</i>
	White 25.06% BME 33.76%	White 25.60% BME 39.95%	Full census surveys were carried out in both 2014 and 2015. Data is based on these returns, as submitted via UNIFY2.	<p><i>Actions taken:</i> <i>Recruitment campaign for additional H&B Advisors carried out autumn 2015.</i> <i>Revised Policy approved February 2016. To be reviewed within one year to ensure shift of focus towards values-based behaviours.</i></p> <p><i>Proposal to introduce a 'Dignity at Work Policy' presented to WF&OD Group June 2016 describing the benefits of moving to a culture which goes beyond policies of managing harassment and bullying to a culture of dignity and respect at work</i></p> <p><i>Actions planned:</i> <i>Divisional plans to address issues of harassment, bullying or abuse highlighted by 2015 Staff Survey to be monitored with a view to sharing best practice.</i></p> <p><i>Timeline for introduction and launch of Dignity at Work</i></p>

				<p><i>Policy to be confirmed.</i></p> <p><i>Introduction of refreshed Equality & Diversity training included in Equality & Diversity Action Plan</i></p> <p><i>Links to the revised Equality & Diversity Strategic Objective for 2016 – 2019:</i> To work towards a more inclusive and supportive working environment for all of our staff.</p>
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7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion			
	<i>Data for reporting year (2016)</i>	<i>Data for previous year (2015)</i>	<i>Narrative</i>	<i>Action taken and planned</i>
	White 89.42% BME 73.26%	White 89.72% BME 62.82%	Full census surveys were carried out in both 2014 and 2015. Data is based on these returns, as submitted via UNIFY2.	<p><i>Actions taken:</i> July 2016: the Trust Board received presentations from Yvonne Coghill, NHS England Director, WRES, outlining the priorities of WRES, and on unconscious bias.</p> <p><i>As part of the Equality & Diversity Action Plan, an Audit Southwest review of recruitment processes was commissioned and delivered in July 2016.</i></p> <p><i>Planned actions:</i> Roll out training to raise awareness of unconscious bias/stereotyping – specifically inclusion in Recruiting the Best training for recruiting managers.</p> <p><i>Consider how and who to implement recommendations from the Audit SouthWest report – specifically carrying out regular sample checks of interview notes for unsuccessful candidates to identify any potential bias at interview stage.</i></p> <p><i>Scrutiny of the succession planning element of the 5 year Teaching & Learning Framework, to include Reverse Mentoring and ensuring access to Continuing Professional</i></p>

				<p><i>Development.</i></p> <p><i>Exploration of how this can be taken into consideration as part of Retention and Appraisal plans, Workforce and Divisional Business Continuity plans, as recommended by the Equality and Diversity Group and included in the E&D Action Plan.</i></p> <p><i>The recording and reporting of non-Mandatory training data was included in the WRES action plan for 2015. Development of a Trust wide system for the collection of essential and non-essential training has been delayed due to other key essential training priorities being implemented.</i></p> <p><i>This is therefore a priority action for 2016, and is also included in the Equality & Diversity Action Plan.</i></p> <p><i>Links to the revised Equality & Diversity Strategic Objectives for 2016 – 2019:</i></p> <p>To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.</p> <p>To work towards a more inclusive and supportive working environment for all of our staff.</p>
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8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues			
	<i>Data for reporting year (2016)</i>	<i>Data for previous year (2015)</i>	<i>Narrative</i>	<i>Action taken and planned</i>
	White 6.08% BME 17.36%	White 6.72% BME 21.41%	Full census surveys were carried out in both 2014 and 2015. Data is based on these returns, as submitted via UNIFY2.	<i>Actions taken:</i> <i>Reviewed Equality, Diversity & Human Rights Policy published February 2016.</i>

				<p><i>Recruitment campaign for additional H&B Advisors carried out autumn 2015.</i></p> <p><i>Revised Tackling Harassment & Bullying at Work Policy approved February 2016. To be reviewed within one year to ensure shift of focus towards values-based behaviours.</i></p> <p><i>Proposal to introduce a 'Dignity at Work Policy' presented to WF&OD Group June 2016 describing the benefits of moving to a culture which goes beyond policies of managing harassment and bullying to a culture of dignity and respect at work</i></p> <p><i>Actions planned:</i> <i>Through the Equality & Diversity Group, explore 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.</i></p> <p><i>Divisional plans to address issues of harassment, bullying or abuse highlighted by 2015 Staff Survey to be monitored with a view to sharing best practice.</i></p> <p><i>Timeline for introduction and launch of Dignity at Work Policy to be confirmed.</i></p> <p><i>Introduction of refreshed Equality & Diversity training included in Equality & Diversity Action Plan</i></p> <p><i>Links to the revised Equality & Diversity Strategic Objective for 2016 – 2019:</i> To work towards a more inclusive and supportive working environment for all of our staff.</p>
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Board Representation Indicator. For this indicator, compare the difference for White and BME staff.

9	Percentage difference between the organisations' Board voting membership and its overall workforce			
	<i>Data for reporting year (2016)</i>	<i>Data for previous year (2015)</i>	<i>Narrative</i>	<i>Action taken and planned</i>
	<p>100% of Voting Board Members – White 0% of Voting Board Members – BME Overall workforce BME – 15.07% Percentage difference between Voting Board Membership = - 15.07%</p>	<p>100% of Voting Board Members – White 0% of Voting Board Members – BME Overall workforce BME – 14.92% Percentage difference between Voting Board Membership = - 14.92%</p>	<p>Data as submitted via UNIFY2.</p>	<p><i>A review of the criteria for appointments, ensuring executive search agencies are committed to diversity, was included in the 2015 WRES Action Plan, and the Equality & Diversity Action Plan.</i></p> <p><i>The following remedial actions were agreed by the Equality & Diversity Group in June 2016:</i></p> <p><i>Engage senior colleagues involved in Recruitment in the discussion, so that there is greater understanding of the challenges</i></p> <p><i>Discuss revised timeframe with Head of Service Centre</i></p> <p><i>Also included in the 2015 WRES action plan was a review of the diversity of Governors in partnership with the Membership Office.</i></p> <p><i>These actions are still considered appropriate to address the apparent disparity between Board membership and the overall workforce, even though the Board Representation indicator is different from 2015.</i></p> <p><i>Links to the revised Equality & Diversity Strategic Objectives for 2016 – 2019:</i></p> <p>To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.</p> <p>To work towards a more inclusive and supportive working environment for all of our staff.</p>

