



**Gloucestershire Hospitals**  
NHS Foundation Trust

# Equality Annual Report 2022–2023

the **Best Care**  
**for Everyone**  
care / listen / excel

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# Executive foreword

**It has been a year of transition, with a significant shift of focus towards our staff and the value we place in each and every one of them. This agenda is wide-ranging and goes to the heart of staff and patient experience.**

We know from what staff and patients tell us, and from our data, that colleagues and patients who identify with minority groups continue to have a worse experience than their counterparts. The investment we are making into improving staff experience is substantial, with work underway into team and leadership development, building confidence in raising concerns, and a focus on discrimination. There is much to do, but by having relationships, curiosity, humility and courage at the foundations of all our cultural work, we are hearing people express hope and optimism.

Cultural work is not easy; it takes time and can create instability as we navigate habits and patterns that exist across the organisation. It is also exciting!

Our annual Equality Report highlights the actions we have been taking. Successes, even small ones, build energy and momentum and are creating a great platform for future activity that will create a compassionate and inclusive culture.

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**Working on this together, we will make it even better.**

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**Claire Radley,**  
**Director for People & OD**

# EDI Lead

**As discussed earlier, the NHS has a vision that all staff should be made welcome, to feel that they belong, are valued and respected.**

The NHSE Improvement Plan includes six new high impact actions that the Trust must demonstrate progress, however, whilst the Senior Leadership Team, supported by the new Associate Director of Education, Learning and Culture are responsible and accountable for delivery, a positive outcome will require that all staff take responsibility for change. This new culture must become business as usual for the trust.

As the Trust enters the final year of the 2023/24 EDI Action Plan, work to complete actions, review the wider Inclusion Vision and develop equality objectives has commenced. Priorities include developing an anti-racism strategy and improving support for international recruits. In line with the NHSE improvement plan the Trust is working to develop a discrimination strategy and improve overall staff experience.

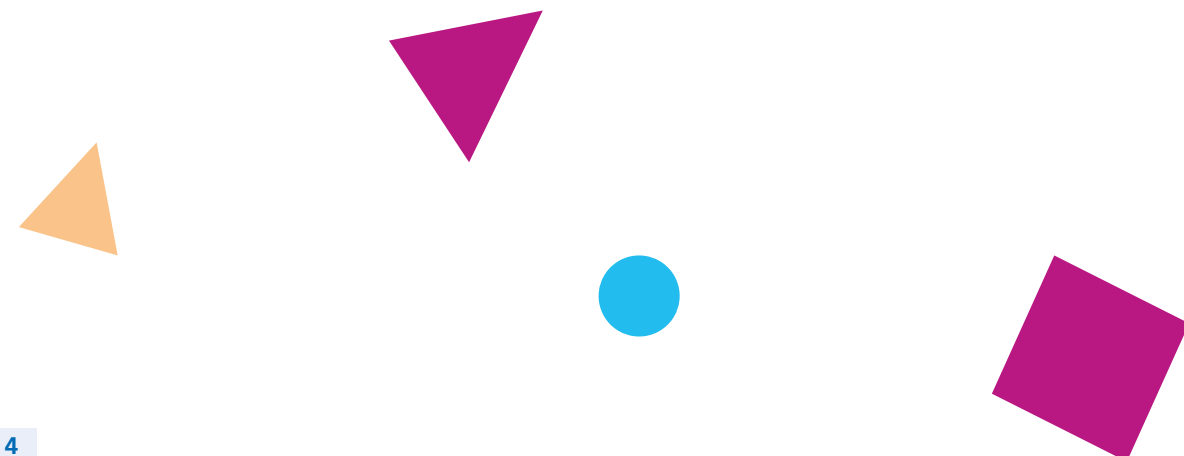
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**The Trust benefits from the strength of its diverse teams who deliver outstanding patient care but it acknowledges that there is always scope to do more.**

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**Coral Boston,**  
**Equality, Diversity & Inclusion Lead**



# This report

**The purpose of this report is to use the best available data, to gain a clearer picture of possible gaps and identify possible patterns of inequality in relation to access to services and workforce activities.**

The principles of equality, diversity and inclusion are fundamental to the successful delivery of patient care and underpin our vision of “best care for everyone”. Of course, along with patients and families, ‘everyone’ includes the staff and volunteers who deliver a wide range of services – equality, diversity and inclusion are key enablers for an engaged, productive and safe workforce.

This annual report outlines our activity over the past 12 months and provides an update on progress against our equality objectives in line with the requirements of the Public Sector Equality Duty and the Equality Delivery System 2022 (EDS22).

**The Equality Act 2010** replaces previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. It also strengthened the law in important ways, to help tackle discrimination and inequality.

**The Public Sector Equality Duty (PSED) 2011** is made up of a general overarching equality duty supported by specific duties intended to help performance of the general equality duty. Trust must capture a range of

equality related information and report on it. By analysing this information, the Trust can identify possible issues of inequality and seek to address them; specifically for people who have personal protected characteristics as defined by the Equality Act 2010.

The previous 12 months we have been working hard to embed the Equality Objectives set out in our 2022 - 2024 Action plan. One of our greatest strengths this year is the work we are doing at a system level. We recognise that we cannot achieve our ambitions in isolation and that we are stronger working collaboratively with our partners.

As our work continues to evolve and the profile of EDI activity increases, we look ahead to 2024 when new Equality Objectives will be established. The Trust recognises that there will be challenges ahead but remains firmly committed in making a difference to the workforce and the community of Gloucestershire.

## Protected characteristics as defined by the Equality Act 2010

- ▶ Age
- ▶ Disability
- ▶ Gender reassignment
- ▶ Marriage and civil partnership
- ▶ Pregnancy and maternity
- ▶ Race
- ▶ Religion or belief
- ▶ Sex
- ▶ Sexual orientation

# Equality Delivery System

The Equality Delivery System (EDS) is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations, in active conversations with patients, public, staff, staff networks, community groups and trade unions, to review and develop their services, workforces, and leadership. It is driven by evidence and insight and all NHS commissioners and providers are required to implement the EDS which is part of the NHS Standard Contract.

The EDS comprises eleven outcomes spread across three domains, which are:

## Domain 1)

Commissioned or provided services

## Domain 2)

Workforce health and well-being

## Domain 3)

Inclusive leadership

Each domain has a number of outcomes that key stakeholders evaluate, score, and rate using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement and required actions. The Trust held our Workshops where evidence was provided for each of the domains. Attendees reviewed and discussed evidence and gave the outcomes ratings.

For domain 3, EDS requires this to be independently tested, that is, by a third party with no direct involvement in managing or working for the organisation, Gloucester Health and Care Trust rated us alongside Staff Side.

### Domain 1: Commissioned or Provided Services

Outcome	Score
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1A	Patients (service users) have required levels of access to the service	1
1B	Individual patients (service users) health needs are met	2
1C	When patients (service users) use the service, they are free from harm	2
1D	Patients (service users) report positive experiences of the service	1

Overall Rating	6
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Domain 2: Workforce Health and Wellbeing Outcome		
Outcome		Score
2A	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health condition	1
2B	When at work, staff are free from abuse, harassment, bullying and physical violence from any source	0
2C	Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	1
2D	Staff recommend the organisation as a place to work and receive treatment	0
Overall Rating		2

Domain 3: Workforce Health and Wellbeing Outcome		
Outcome		Score
3A	Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	1
3B	Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	1
3C	Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	1
Overall Rating		3

Scoring criteria: 0 = underdeveloped activity, 1 = developing activity, 2 = achieving activity, 3 = excelling activity

Once all assessments had been completed, the overall ratings for the 3 domains were calculated together to give a total of 11 which means the Trust's overall EDS Organisational Rating is 'Developing'.

# NHSE Improvement Plan

In June 2023 the national NHSE EDI Team launched an additional improvement Plan. The improvement plan sets out targeted actions to address the prejudice and discrimination whether direct and indirect that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The plan contains the following:

- ▶ **High Impact Action 1:**  
Measurable objectives on EDI - Chief Executives, Chairs and Board members. Must have specific and measurable EDI Objectives to which they will be individually and collectively accountable.
- ▶ **High Impact Action 2:**  
Embed and Inclusive recruitment processes and talent management strategies that target under – representation and lack of diversity.
- ▶ **High Impact Action 3:**  
Develop and implement an improvement plan to eliminate pay gaps.
- ▶ **High Impact Action 4:**  
Develop and implement an improvement plan to address health inequalities within the workforce.
- ▶ **High Impact Action 5:**  
Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.
- ▶ **High Impact Action 6:**  
Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

## Our Trust Population

### Black Asian and Ethnic Minority Population

In 2022, 88.9% of staff declared their ethnicity on our ESR, this figure has increased over the past year. The total number of staff employed in the Trust as at 31st March was 8097, 18.1% (1466) of staff identify as being from a BME background.





# Annual reports and submissions

## Workforce Race Equality Standard

Since 2015 The Workforce Race Equality Standard (WRES) has supported NHS organisations to close the gap in workplace experiences and opportunities between Black, Asian and Minority Ethnic staff and White staff. This measures the Trust's performance against 9 indicators, some of which relate to the workforce statistics, and others which are derived from the annual NHS Staff survey results. These metrics enable NHS organisations to measure their progress to reduce and eliminate the gap in experience between Minority ethnic staff compared to White staff.

In 2023 our performance against these indicators can be summarised, with comparisons made to our performance in 2022 are as follows. The Trust's WRES report for 2023 data, submitted in March and is due to be published in October 2023.

### Key Highlights from this year's reporting

- ▶ Our Black & Minority Ethnic (BME) representation is 18.1%, (1466) this is a 1.6% improvement on our 2022 data 16.5% (1273)
- ▶ Relative likelihood of white candidates being appointed from shortlisting compared to BME applicants, the rate for 2023 is 1.46, this is consistent with last year (1.49)
- ▶ Relative likelihood of BME staff entering the formal disciplinary process compared to white staff – White staff are more likely to enter a formal disciplinary process.
- ▶ Relatively likelihood of BME staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff, the rate for 2023 is 1.28. This is an increase of 0.5 in comparison to 2022.
- ▶ Percentage of BME staff experiencing harassment, bullying or abuse from other staff in the last 12 months has continued to improve. Percentage rates for BME are now 22.25% (326) and was 34.6% (440) in the previous year. For white staff, it is now 16.5% (26.5% in 2021).

- ▶ Percentage of BME staff experiencing harassment, bullying or abuse from patient's relatives or the public in the last 12 months has continued to improve. Percentage rates for BME are now 31.8% (466), 37.6% (478 in 2021), and white are now 28.3% (1622), 29.9% (1755) in 2021.
- ▶ Percentage of staff that personally experienced discrimination at work from a manager, team leader or other colleagues - Both BME and white staff scores are in line with last year's scores; however, there continues to appear to be variance between scores from BME and White staff BME 24% (352), White 8% (458)
- ▶ Percentage of staff believing that their trust provides equal opportunities for career progression or promotion - The percentage rate has improved for BME staff (2021 - 35.7% (454) to 41.1% (602) in 2022. Whereas the figure for white staff has deteriorated slightly (2021- 56.4% (3311) to 51% (2922) in 2022.
- ▶ Total Board Membership by ethnicity is White 11 and BME 3 Unknown 4
- ▶ Voting board member by ethnicity is White 4 BME 2 and Unknown 4
- ▶ Non-Voting Board members by ethnicity White 87.5% BME 12.5% Unknown 0%
- ▶ Overall workforce by ethnicity White 5730, BME 1466, Unknown 901



# Workforce Disability Quality Standard (WDES)

## Implementation of the Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan.

It will enable us to demonstrate progress against the indicators of Disability equality. The WDES enables us to understand the experiences of our Disabled staff and support positive changes for all existing employees. The Trust is committed to creating a more inclusive environment for Disabled people working and seeking employment in our Trust.

### Key Highlights from this year's reporting

- ▶ Disability Representation is 2.94% (238); this is an improvement from the previous year. 45.8% (3709) of staff have a disability status of unknown or not stated.
- ▶ The overall relative likelihood of non-disabled staff being appointed from shortlisted compared to disabled staff ratio is 1.39. This data indicates that disabled candidates are less likely to be appointed than non-disabled candidates.
- ▶ Staff who have not declared a disability are more likely to enter the formal capability process.
- ▶ 36.2% (86) of Disabled staff experienced harassment, bullying, or abuse from patients or the public in 2022. This compares to 27% (1120) of non-disabled staff experiencing incidents.
- ▶ Incidents of harassment, bullying or abuse from managers towards Disabled staff, have increased to 20.7% (49) compared to 20% in 2021/22. There is a gap between the experiences of disabled and non-disabled staff, non-disabled are 11.8% (489).

- ▶ 28.2% (67) of disabled staff had experienced harassment, bullying or abuse from colleagues – compared to 20.2% (838) of non-disabled staff experiencing an incident.
- ▶ Equal opportunities for career progression or promotion – 44.5% (106) of disabled staff (3.4% increase on 2020/21) believed they had equal opportunities for career progression or promotion. This compares to 51.9% (2153) of non-disabled staff.
- ▶ 35.9% (85) disabled staff (an improvement since the 2021/22 result of 39% said they felt pressure from their manager to come to work, even when they did not feel well enough to perform their duties. This compares to 24.7% (1025) for non-disabled staff.
- ▶ 27.2% (65) of Disabled staff feel that their work is valued, compared to 34.8% (1444) of non-disabled staff.
- ▶ Percentage of Disabled staff saying that their employer has made an adequate adjustment(s) to enable them to carry out their work. Staff experience has declined since last year (2021/22 – 71.5%) to 72.3% (172)
- ▶ Overall, 0% of board members have declared a disability; this compares to 2.94% of the total workforce. Disability unknown (61.1%).

## Both reports can be accessed via the Trust website

We recognise that there is still more work to be done to improve our performance against the WRES/WDES indicators. The Trust will work with our Networks and colleagues to better understand the experiences of our ethnic minority/disabled workforce. We know we need to make significant changes to become a truly equal and supportive place to work and be cared for.

Attracting and recruiting a diverse workforce and Inclusive workforce has been the Trusts focus. Our EDI action plan sets out in more detail the priorities and programmes of work as part of the Trust's Equality, Diversity and Inclusion Strategy which will drive improvements against these indicators.

## Below are some of the actions we have delivered in 2022/23

Refreshed the mandatory Equality Diversity Inclusion e-learning module launched which is highly interactive and includes real case studies and examples of patients and staff

Safe space events were held for Ethnic Minority colleagues, allowing them to have conversations with senior members of the Trust

A number of Cultural Intelligence Training workshops were delivered to staff and managers

A new Inclusion network with associated networks for ethnic minority, disability and LGBTQ+ staff relaunched and rebranded (from 'Diversity' network).

Delivered a further series of interview skills workshops and took positive action to encourage ethnic minority colleagues to apply

Worked with One Gloucestershire system partners to commission the delivery of an Inclusion Allies training programme

Commissioned a leadership development programme aimed at Speciality Directors and aspiring Consultant leaders. We took positive action when advertising and asked the provider to include content preparing colleagues from diverse backgrounds to apply for leadership roles in the future.

An Inclusion Ally intranet page was launched and promoted to staff which gives access to a range of bite-size videos on EDI and ally-related matters

A poster campaign was held to coincide with Black History Month to showcase our Ethnic Minority leaders as role models.

# Next Steps

This coming year we will align our actions to the 2023, NHSE new EDI Improvement plan, which consists of 6 high impact intersectional actions that are recommended to address the negative experiences identified in the WRES and WDES report.

Using the High Impact Improvement plan we will ensure:

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## Measurable Objectives on EDI for Chairs and Executives and Board members

- ▶ Every Board and Executive team member have EDI objectives that are SMART and be assessed against these as part of their annual appraisal.
- ▶ Board Members demonstrate how organisational data and lived experience have been used to improve culture.
- ▶ NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework

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## Overhaul recruitment process and embed talent management processes.

- ▶ We will Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation

- ▶ Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes. Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.

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## Eliminate total pay gaps with respect to race, disability and gender

- ▶ We will Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce.
- ▶ Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.

- ▶ We will work to Implement an effective flexible working policy including advertising flexible work options on organisations' recruitment campaigns.

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## Address Health Inequalities within the workforce.

- ▶ Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS Health and Wellbeing Framework.
- ▶ Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare.

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## Comprehensive Induction and onboarding programme for Internationally Recruited Staff

- ▶ Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment: including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options.

- ▶ We will create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback.
- ▶ Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures and embed psychological safety.
- ▶ We will give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression.

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## Eliminate Conditions and environment in which bullying, harassment and physical harassment occurs.

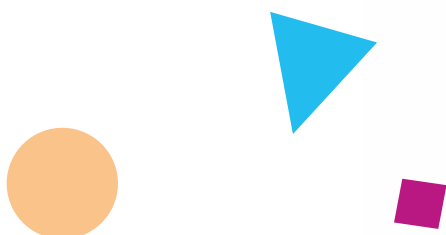
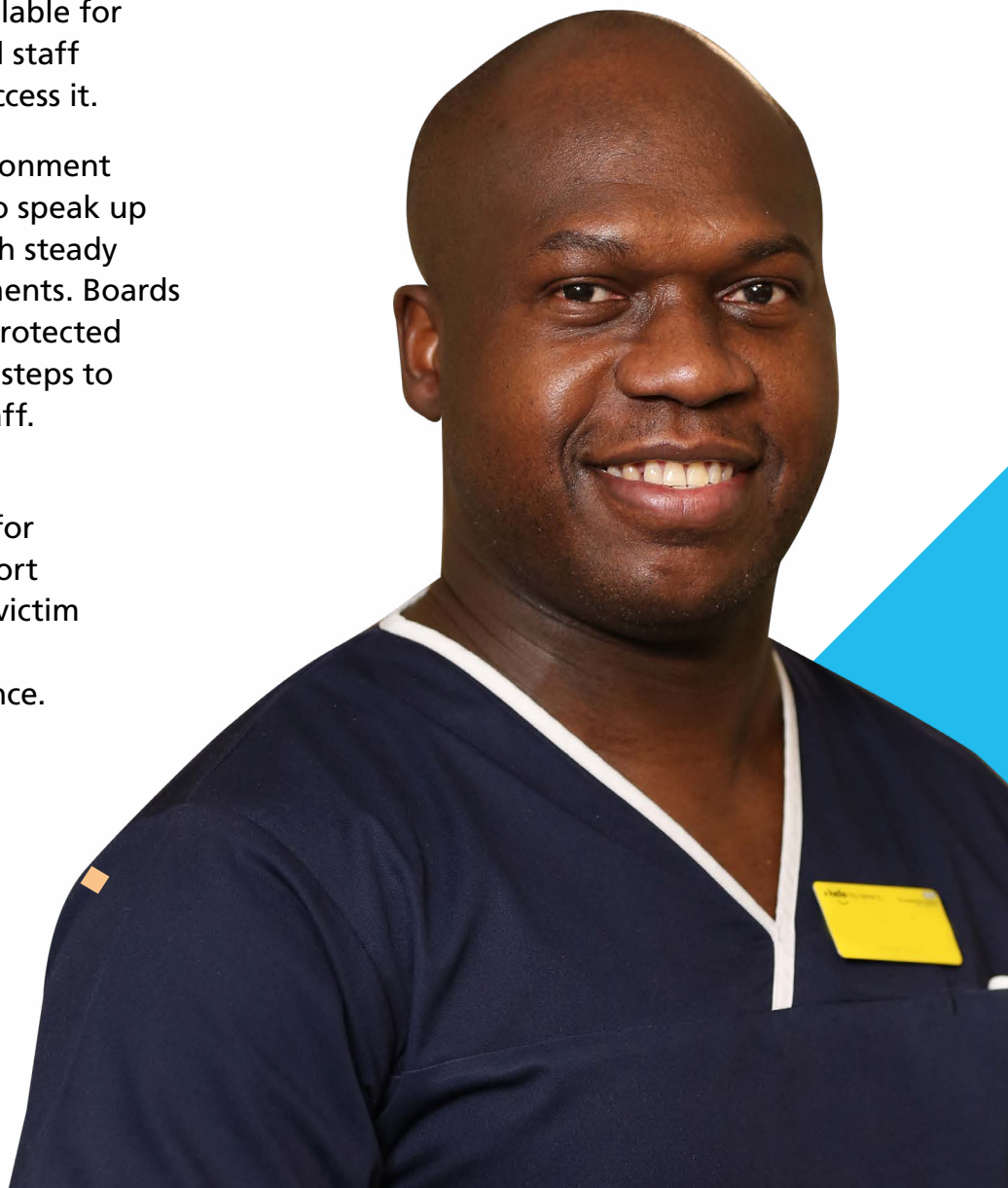
- ▶ We will review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year on year.



- ▶ We will review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from Trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this.
- ▶ Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it.
- ▶ We will create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff.
- ▶ Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence.

- ▶ Have mechanisms to ensure staff who raise concerns are protected by their organisation.

By 2028 we will complete an updated analysis of where racial disparity exists, with associated trajectory and recommendations for achieving ambition in line with Model Employer parity targets (by 2028)





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## Some of our local actions we also aim to achieve

- ▶ We will organise another series of speed coaching for our minority colleagues to explore how coaching can support further professional development.
- ▶ Following the success of the Trusts first Reciprocal Mentoring Programme, together with One Gloucestershire, we are delighted to be running the second cohort. The programme will provide insight, create transformational changes and assist in optimising the career development and talent pipeline of staff with a protected characteristic.
- ▶ The first Inclusion Allies programme was delivered in 2022/23. In Collaboration with One Gloucestershire system partners, we will be commissioning the delivery of another cohort in 2024.
- ▶ To better enhance access to career progression, training, and development opportunities, we will be working with the Resourcing Team to further develop our positive actions processes to improve our Inclusive recruitment practices and achieve more parity of diversity in higher bands.
- ▶ To eliminate bullying, harassment, discrimination, and violence in the workplace, we will Continue to develop and implement the planned Staff Experience Improvement Programme. The programme includes workstreams focused on Discrimination, Teamwork and Leadership development, Speaking and Raising Concerns. To monitor progress, we will continue to review data through our staff surveys, Pulse surveys and Networks.
- ▶ To support year-on-year improvement in race and disability representation, we will actively analyse our staff survey data by comparing the experiences of our colleagues. The themes of bullying and harassment and discrimination have been identified as high priority areas for improvement and focus. As part of this Teamwork and Leadership Development workstream specific deliverables will include:
  - ▶ Workshops for leaders and teams across the Trust which include reflection and skills development on responding to inappropriate behaviours and building psychological safety
  - ▶ Executive and senior leadership workshops
  - ▶ Action Learning Sets for leaders which will have a specific focus on team culture

- ▶ We will continue to offer Buddy support for international recruits, to ensure they receive appropriate guidance and support on arrival. We recognise moving to a new country can sometimes be a struggle. In support of this we will be creating a fixed term EDI Pastoral post to help the new recruits settle into their ward environments and to help them adapt to life in Gloucestershire.
- ▶ In 2024 we will be recruiting a fixed term EDI Trainer, who will provide the necessary tools and strategies to support and progress the Trusts equality, diversity and Inclusion agenda.
- ▶ We will be collaborating with Gloucester Deaf Association to promote the awareness of colleagues and patients who have hearing loss and /or are deaf.
- ▶ We will continue to support our staff networks as a safe way for colleagues to have peer support and open conversations. Engagement with our staff networks provides the opportunity for the trust leadership to hear lived experiences of staff. This in turn will inform decision about how the trust supports our staff. We currently have three networks: Disability, Ethnic Minority and LGBTQ+ Networks. We will also support departments in developing EDI Ambassadors within their own areas of work to encourage local engagement and to feed into the trust wide networks. In 2024 we will work to create a further two networks: Women's Network and a Mens Conversation Network.



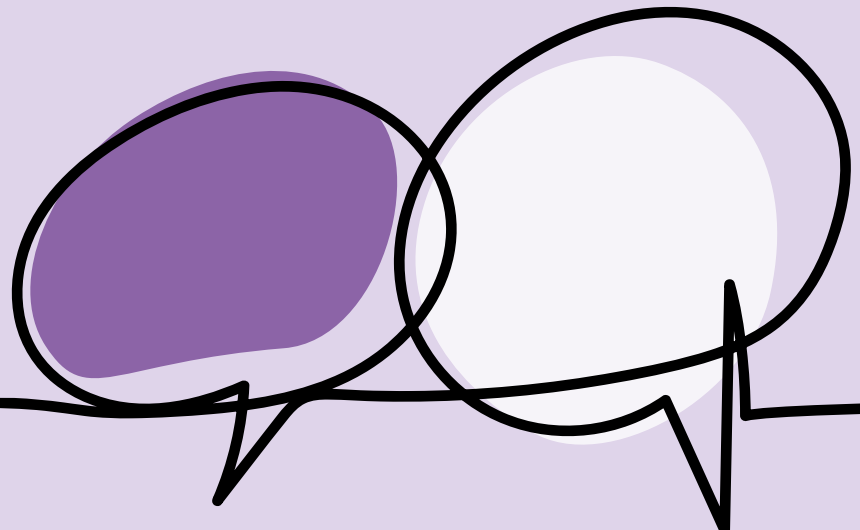
# Staff Survey

The Trust participates in the national NHS Staff Survey on an annual basis. The survey was undertaken from October to November 2022. This year the response rate was 50% with over 4232 colleagues taking part, an increase of over 50% on the previous year.

The staff survey findings are reported in line with the 7 elements of the People Promise themes.

- ▶ We are recognised and rewarded.
- ▶ We are compassionate.
- ▶ We each have a voice that counts.
- ▶ We are safe and healthy.
- ▶ We are always learning.
- ▶ We work flexibly.
- ▶ We are a team.

The Staff Survey results have been communicated to Divisions and Departments across the Trust. The data was also shared with the Board, Equality, Diversity and Inclusion Steering group and Inclusion network where they can work together on actions to support the Trusts overall commitments to Equality, diversity and Inclusion.



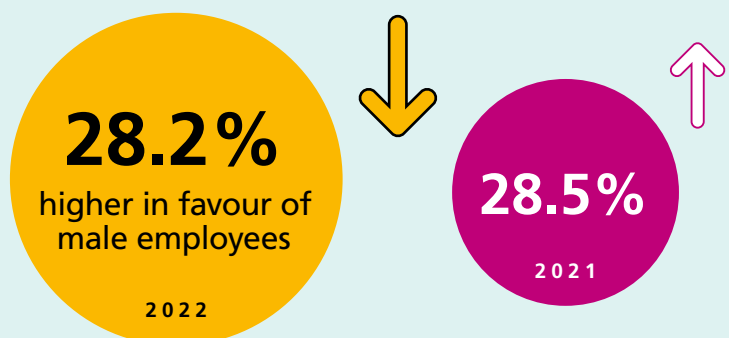
# Gender reporting pay gap

Equality monitoring is central to understanding the profile of our workforce and colleague experience. We need information about employers by protected characteristics to understand whether we are providing equality of opportunity and experience.

The Gender Pay Gap is one example of the Trusts equality monitoring, as a public sector organisation with over 8,000 employees. The Trust is required to publish a Gender Pay Gap report on an annual basis. The Trust gender Pay gap at 31 March 2022



The **mean**  
pay for men



The **median**  
gender  
pay gap



These figures reflect the combined gender pay gap of both medical and non-medical staff.

The mean pay gap is the difference between the pay of all male and all female Staff when added up and divided respectively by the total number of males, and the total number of females in the workforce.

The median pay gap is the difference between the pay of the middle male

and the middle female, when all male Staff and then all female Staff are listed from the highest to the lowest paid.

The gender pay report continues to evidence the assumption that the overarching pay gap is associated with length of service of a number of senior male Doctors; with further analysis demonstrating that the number of females both entering the medical workforce and existing staff within pay quartiles 1-3 will eventually lead to a reverse in the pay gap.

# Disability Confident Employer Accreditation

The Trust maintains its “Disability Confident Employer – level 3 accreditation.

The Disability Confident scheme aims to help organisations successfully employ and retain disabled people. It shows applicants and employees who inform us they have a disability that we are committed to being an inclusive employer.



# Patient experience

## Demographic information on the population we served during 2022-23

### Age group

#### Of the 754,252 Outpatients:

- ▶ The largest proportion: 31.4% were aged 41-65
- ▶ The next largest group: 29.6% were aged 66 – 80
- ▶ Followed by: 18.7% were aged 16 – 40

#### Of the 155,321 inpatients:

- ▶ The largest proportion: 27.1% were aged 41-65
- ▶ The next largest group: 25.1% were aged 66 – 80
- ▶ Followed by: 23.7% were aged 16 – 40

### Ethnicity

#### Of the 754,252 Outpatients:

- ▶ The majority: 78.7% were White British
- ▶ The next largest group: 14.0% did not disclose or were not known
- ▶ Followed by: 2.6% Any other White background

#### Of the 155,321 inpatients:

- ▶ The majority: 83.0% were White British
- ▶ The next largest group: 11.3% did not disclose or were not known
- ▶ Followed by: 3.5% Any other White background

### Marriage and Civil Partnership

#### Of the 754,252 Outpatients:

- ▶ The majority: 36.6% did not disclose
- ▶ The next largest group: 35.3% were Married or in a civil partnership
- ▶ Followed by: 22.6% Single

#### Of the 155,321 inpatients:

- ▶ The majority: 39.9% did not disclose
- ▶ The next largest group: 31.4% were Married or in a civil partnership
- ▶ Followed by: 23.2% Single

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## Religious belief

### Of the 754,252 Outpatients:

- ▶ The majority: 52.0% Religion unknown or no data collected
- ▶ The next largest group: 35.3% were Church of England
- ▶ Followed by: 7.1% Not religious

### Of the 155,321 inpatients:

- ▶ The majority: 54.9% Religion unknown or no data collected
- ▶ The next largest group: 28.7% were Church of England
- ▶ Followed by: 6.9% Not religious

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## Sex

### Of the 754,252 Outpatients:

- ▶ The majority: 56.5% Female
- ▶ Followed by: 43.5% Male

### Of the 155,321 inpatients:

- ▶ The majority: 56.4% Female
- ▶ Followed by: 43.6% Male

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## Sexual Orientation

### Of the 754,252 Outpatients:

- ▶ We do collect this information, however, for the majority of patients, 99.92% this information has been left blank followed by 0.08% identifying as heterosexual or straight.

### Of the 155,321 inpatients:

- ▶ We do collect this information, however, for the majority of patients, 99.84% this information has been left blank followed by 0.15% identifying as heterosexual or straight.

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## Pregnancy and Maternity

### Of the 754,252 Outpatients:

- ▶ The majority: 98.2% were not pregnant
- ▶ Followed by: 1.8% were pregnant

### Of the 155,321 inpatients:

- ▶ The majority: 90.3% were not pregnant
- ▶ Followed by: 9.7% were pregnant

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## Gender Reassignment

- ▶ We do not currently collect this data.

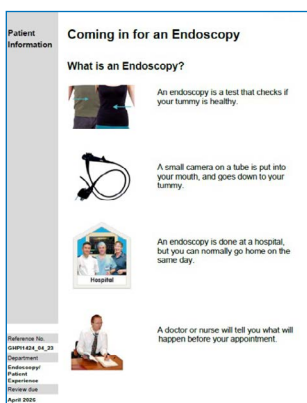


# Patient Experience EDI improvements

We have implemented some changes which help to improve the experience of our patients.

## Easy Read

We have been working with Inclusion Gloucestershire to support the development of easy read patient information leaflets. This has included supporting the prioritisation of which leaflets to translate and the translation of those. These leaflets are all available on our website. We are continuing to work with Inclusion Gloucestershire on the further translation of information.



We have also worked with Inclusion Gloucestershire to develop an Easy Read version of 'Ask 3 words' which is an initiative we have begun rolling out across our organisation. This enables patients to be more involved in the care and treatment.

## Audio Guides

We have been working with the Sight Loss Council and Pocklington Trust to improve the wayfinding options available to our patients including co-producing an audio guide providing directions to several locations as identified by our patients. The finished guides will be available to patients later in 2023.

## What Matters to Me Folders

We have been working with our Integrated Care Board colleagues to introduce the What Matters to Me folders across several clinical areas including the High Intensity User/ Homelessness team, Paediatric team, Care of the Elderly team, Homeward Assessment team and the Palliative Care team. The folders enable people to record their health needs and wellbeing wishes to enable delivery of more personalised care.





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## Arts for Our Community

We have worked collaboratively with our patients and staff to create bespoke pieces of art to enhance the experiences of our patients in our hospitals, many of which have been supported by the Cheltenham and Gloucester Hospital Charity. Stand out pieces include:

- ▶ The development of art for our mental health rooms in our Emergency Department at Gloucestershire Royal Hospital to offer a calming space to our patients.
- ▶ The installation of dementia friendly art work on the newly refurbished Gallery ward 2.
- ▶ The creation of a large mural outside of the Children’s Centre at Gloucestershire Royal Hospital, kindly supported by the Pied Piper Appeal.



Photo of mural?

# Planned future Patient Experience EDI improvements 2023–34

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## Accessible Information Standard

Working with community groups and people with lived experience to support the Trust to meet the requirements of the Accessible Information Standard.

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## Patient Portal

The PEP (Patient Engagement Portal) is in the final stages of tender and contract agreement. The basis of the PEP being that it allows the opportunity to communicate digitally with patients, with information being surfaced through the NHS App. One of the key features is the ability to send appointment letters digitally without reliance on paper/postage, and this will be one of the first initiatives to be rolled out. Recognising that not all patients are digitally enabled, both paper and digital solutions will be available with the decision down to patient preference. A phased approach will be taken in the rollout of digital appointment letters, starting with outpatient clinics and then progressing to elective procedures/diagnostics, and ultimately clinic letters.

Patient portals will be rolled out to support patients being able to have more control over how they make, amend and cancel their appointments electronically.

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## Patient Letters

Further improvements to the format and content of patient letters. Work is ongoing with the Physiotherapy team to trial an amended letter, which is being developed alongside our Healthwatch partners.

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## EDS22

Our focussed area's following the EDS22 outcomes are accessibility of our services and translation and interpreting services.

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## Accessibility Experience Group

In order to support delivery of the accessible information standard and wider improvements to accessibility of our services we are establishing an accessibility experience group of people with lived experience.

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## Reducing Cognitive Deconditioning

We will be introducing a team of volunteers to support our older patients with reducing cognitive deconditioning. This team will be lead by a dedicated Volunteer Coordinator which has kindly been funded by Cheltenham and Gloucester Hospital Charity. This role will also look to build partnerships with other charities and community groups to provide support to our patients.

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## Arts in Our Community

We have some exciting Arts projects planned including:

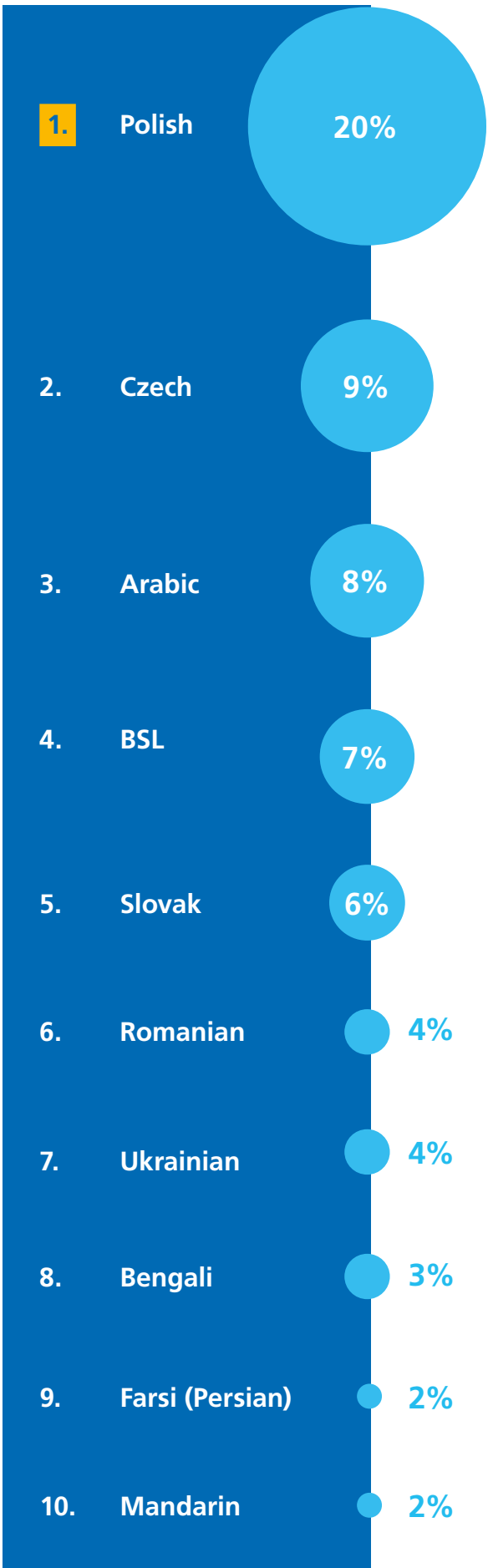
- ▶ Improving the experience of children and young people in our emergency department
- ▶ Baby memorial garden
- ▶ Dementia friendly art work at the new Community Diagnostic Centre
- ▶ Installation of Submergence, a light and sound immersive experience. This will be installed in both Oncology outpatients and Childrens Centre. It is hoped these installations will support wellbeing of patients in these areas.



# Interpretation and Translation

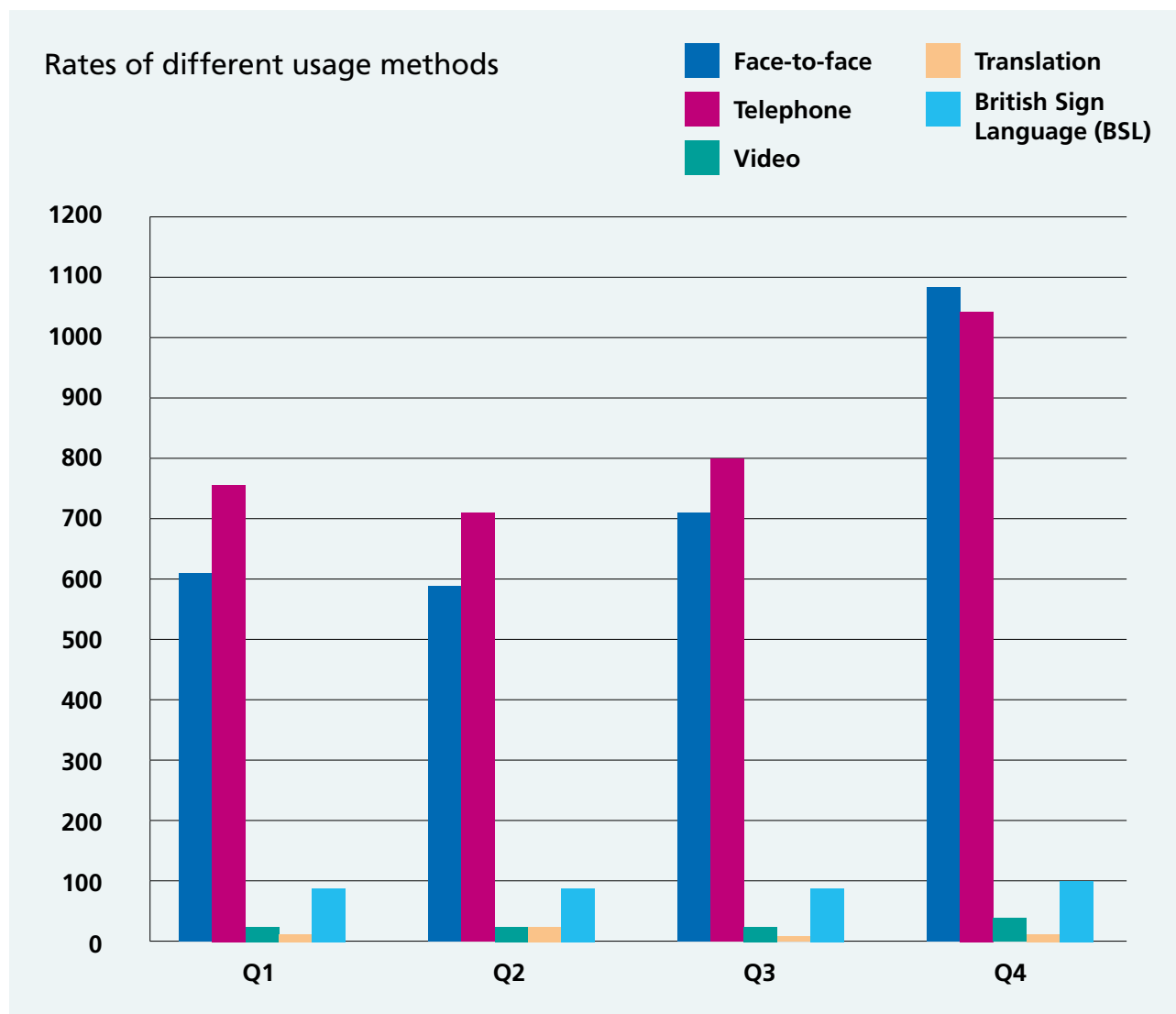
The following data shows the 10 most commonly requested languages for interpretation and translation in the Trust, including British Sign Language (BSL). The data is compared to 2021-22. Overall, the total number accessing this service has increased in all commonly requested languages.

We had 53 different languages requested during 2022/23.



Data: 2022–23

The following charts demonstrate the rates of different methods of interpreting, for example, face to face, telephone, video, British Sign Language and translation of written materials including Braille.



We are re-tendering our translation and interpreting contract collaboratively with our colleagues at Gloucestershire Health and Care, Gloucestershire Integrated Care Board and Gloucestershire County Council. This is to ensure people in Gloucestershire have a high quality, efficient translation and interpreting service available to them.

In addition, all four organisations will be working together to support the engagement of our patients and service users and increase awareness of the importance of interpreting and translation services.

We are working with our current provider for translation and interpreting services to offer a relay telephone service for our patients to be able to call an interpreter and then they will contact the department requested by the patient. This will enable patients to be able to make contact with the Trust to be able make, amend and cancel appointments but also to seek advice and support too.

Improvement work continues in maternity services including introducing the use of iPads for video interpreting and looking at how interpreting can be improved for those needing to go to theatre.

All interpreting and Translation services are available across all settings, however, some services may not be deemed appropriate by clinicians in every setting. There are national challenges in providing an interpreter as the demand is outweighing the supply across all providers. We are however, out to tender for a new interpreting and translation contract and we are undertaking this as an Integrated Care System with colleagues from NHS Gloucestershire Integrated Care Board, Gloucestershire Health and Care NHS FT and Gloucestershire County Council. As part of this partnership working, we will also embark on a community engagement programme not only to raise awareness of interpreting services but to also promote the role of an interpreter for those that may be interested in this as a role. This will hopefully build some resilience locally and support our local communities.



# Equality Impact Assessment

The Equality Impact Assessment is a tool that helps to ensure decisions, practices and policies within the organisation are fair, and do not discriminate against the protected characteristics.

In order to meet the requirements of this duty, the Trust will use the Equality Impact Assessment process which has been developed to be compliant with the Equality Act 2010

The Trust has an obligation to:

- ▶ Evidence the analysis that has been undertaken to establish whether our policies and practices have (or would) further the aims of the general equality duty.
- ▶ Provide details of information that we have considered when carrying out an analysis.
- ▶ Provide details of engagement (consultation / involvement) that we have undertaken with people whom we consider would have an interest in furthering the aims of the general equality duty.

An equality impact assessment (EIA) is most effective when used at the primary stages of planning and is expected to be used for the following activities:

- ▶ Organisational change
- ▶ Considering any new or changing activity
- ▶ Developing or changing service delivery
- ▶ Procuring services
- ▶ Developing projects
- ▶ Developing a policy / procedure / guidance or changing or updating existing ones

Used to assess whether there may be any barriers or difficulties, harassment or exclusion, or any positive impact such as promotion of equality of opportunity, developing good community relationships, encouraging participation and involvement as experienced by service users, patients, carers, relatives, staff, the general public and key stakeholders.



# Recruitment

This section identifies disparities of the likelihood of being appointed to a role based on identifying with a protected characteristic. A score of 1.0 means that there is no greater or lesser likelihood of someone being appointed over another. A score of more than 1.0 indicates a greater likelihood: the higher the score, the greater the likelihood.

## Ethnicity

When comparing the data between White and Ethnic Minority groups, in line with our WRES submission our data indicates that White applicants are more likely to be appointed compared to BME applicants.

### From application to appointment:

- ▶ White applicants are 15.47 times more likely to be appointed compared to Black Ethnic applicants, and 4.28 times more likely to be appointed compared to Asian Ethnic applicants
- ▶ Asian Ethnic applicants 3.62 times more likely to be appointed compared to Black Ethnic applicants

### From shortlisting to appointment:

- ▶ White applicants are 1.60 times more likely to be appointed compared to Black Ethnic applicants, and 1.33 times more likely to be appointed compared to Asian Ethnic applicants

- ▶ Asian Ethnic applicants are 1.21 times more likely to be appointed compared to Asian Ethnic applicants

## Disability

When comparing disabled and non-disabled applicants, in line with our WDES submission, the data indicates that disabled applicants are less likely to be appointed compared to non-disabled applicants. Applicants who have declared having a disability include those with mental health conditions, physical disabilities and impairments, and longstanding illness.

- ▶ From application to appointment, disabled applicants are 1.57 times more likely to be appointed compared to non-disabled applicants.
- ▶ From shortlisting to appointment, non-disabled applicants are 1.39 times more likely to be appointed compared to disabled applicants.

## Gender

When comparing male and female applicants, the data indicates that females are more likely to be appointed than males. This may reflect that a large proportion of healthcare roles are historically filled by women.



When comparing male and female applicants, the data indicates that females are more likely to be appointed than males. This may reflect that a large proportion of healthcare roles are historically filled by women.

- ▶ From application to appointment, female applicants are 2.40 times more likely to be appointed compared to males.
- ▶ From shortlisting to appointment, female applicants are 1.35 times more likely to be appointed compared to males

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## Sexual Orientation

When comparing heterosexual and LGBTQ+ applicants, the data indicates a fair recruitment process for those who have declared their sexuality as heterosexual, non-disclosure, Gay or Lesbian, other sexual orientation and undisclosed. However, the data indicates a less equitable outcome for those who identify as bisexual. It is worth noting that the reliability of data for 'other sexual orientation' and 'undecided' is low due to very low number of applications for these groups.

**From application to appointment, heterosexual applicants are:**

- ▶ 2.33 times less likely to be appointed compared to Gay/ Lesbian applicants.
- ▶ 1.44 times less likely to be appointed than bisexual applicants

- ▶ 1.85 times less likely to be appointed than 'other sexual orientation' applicants.
- ▶ 1.96 times less likely to be appointed than undecided applicants.
- ▶ 1.13 times less likely to be appointed than undisclosed applicants

**From shortlisting to appointment, heterosexual applicants are:**

- ▶ 1.12 times less likely to be appointed compared to gay/ lesbian applicants. This means heterosexual applicants are marginally less likely to be appointed
- ▶ 1.06 times more likely to be appointed than bisexual applicants
- ▶ 1.08 times less likely to be appointed than other orientated applicants
- ▶ 1.39 times less likely to be appointed than undecided applicants
- ▶ 1.17 times more likely to be appointed than undisclosed applicants

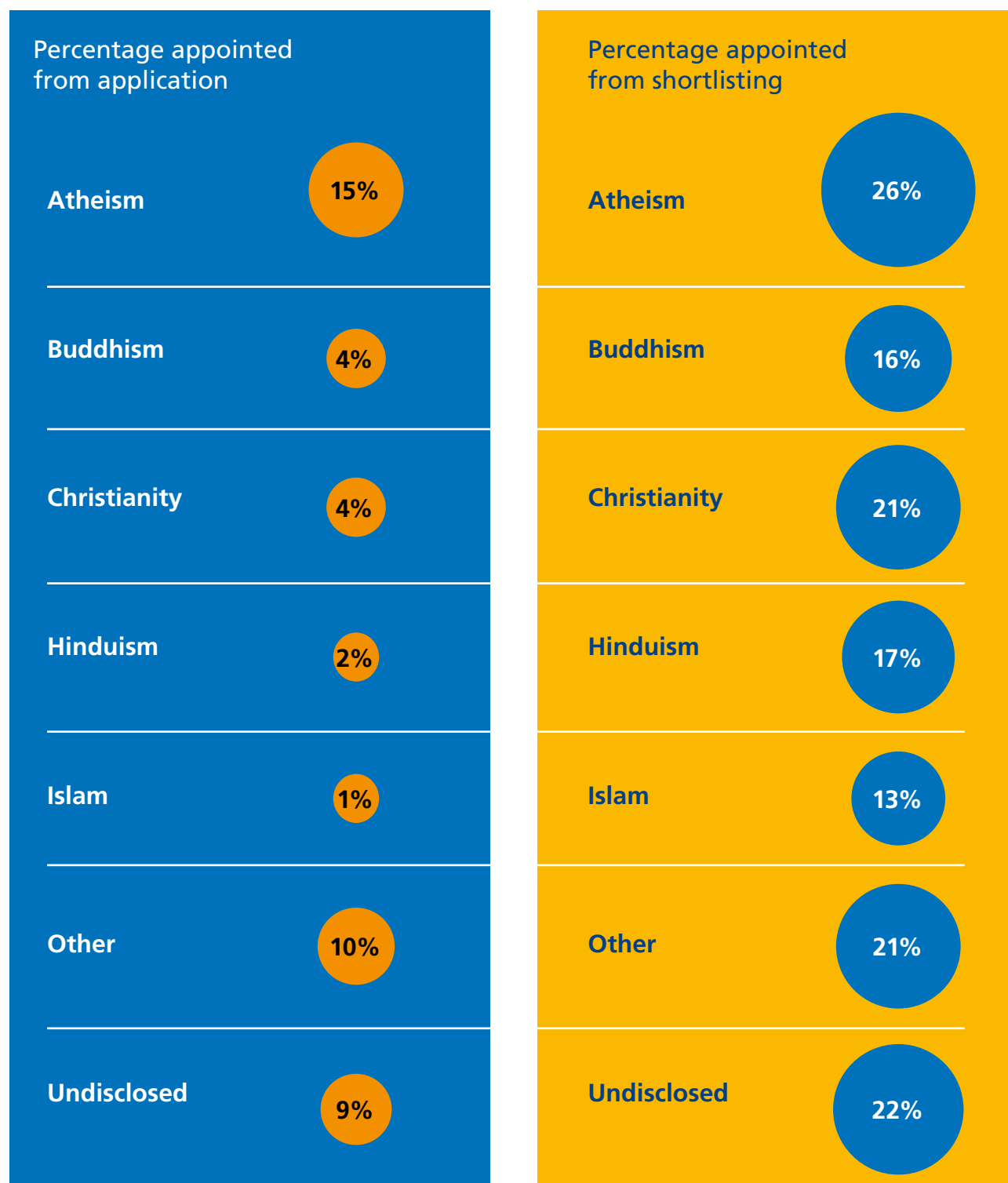
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## Religion and belief

When comparing applicants with different religions/beliefs, those who identify as Hindu and Muslim are considerably less likely to be appointed from application compared to other religious/belief groups.

For some religions, the reliability of the data is low and should be viewed with caution. In 2022/23 we received 100 applications in total from the following: Sikhism; Judaism; Jainism.

For the other religions where application numbers are higher, the table below illustrates the percentage of applicants who were appointed from application, and from shortlisting:



Data indicates that those who are Atheist, Other, undisclosed or Christian are most likely to be appointed from shortlisting, and those who are Buddhist, Hindu or Islam are less likely to be appointed from shortlisting.

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## Age

Applicants in the age groups of under 20 years; 55-59 years and 60-64 years are more likely to be appointed than those in other age groups.

Recruitment remains a real focus for our Trust and we are committed to the principles of diversity and inclusion. Our recruitment processes encourage candidates from diverse backgrounds to apply for positions, and we are working to ensure that diversity and inclusion are taken into consideration when evaluating the skills, knowledge and experience needed for each candidate.

All Band 8a and above interviews have to have an Inclusion Champion on selection panels, and this is a mandatory requirement. The role of the inclusion champion is to monitor and challenge bias, and decision making to ensure fair recruitment practices and positive action are in place.

# Workforce Data

The Trust is committed to treating all its patients and colleagues with dignity and respect. Embracing diversity supports the delivery of our Strategic vision and helps to ensure that we are providing effective services that meet the needs of our community. We have an EDI strategy which is a public declaration of how we will demonstrate our commitment to ensure EDI is embedded within all aspects of the organisation.

This analysis gives an overview of the existing workforce in 2022/23:

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## Ethnicity

As per the Trust's annual WRES submission, BME staff as a proportion of the workforce has increased from 16.5% to 18.1% at the time the data was analysed. Additionally, 11.1% no longer disclose their ethnicity status to the Trust: this has increased by 3.4% since the previous year.

Overall representation across all ethnic groups has remained fairly stable since 2016/17.

### **8.93% of our workforce are Asian.**

Asian colleagues are most represented in the following staff groups:

- ▶ Medical and Dental (15.95% of staff group)
- ▶ Nursing and midwifery (12.2%)
- ▶ Additional clinical services (6.88%)
- ▶ Estates and ancillary (5.68%)

## 4.07% of our workforce are Black.

Black colleagues are most represented in the following staff groups:

- ▶ Estates and ancillary (8.22%)
- ▶ Medical and dental (6.34%)
- ▶ Additional professional scientific and technical (3.99%)
- ▶ Nursing and midwifery (3.91%)

## Disability

As per the Trust's annual WDES submission, 2.9% of the Trust's workforce have declared a disability.

This is an increase of 0.3% on the previous year. There remains a high proportion of colleagues (43.83%) for whom we do not know their disability status. We will continue to encourage colleagues to tell us if they have disability or long-term condition.

## Gender

In 2022/23, 80.80% of the workforce were female, and 19.20% were male. This is a change of 3.2% decrease in males and 3.21% decrease in females.

## Age

The majority of the workforce is made up of people in the age groups:

- ▶ 21-30 years (20.70%)
- ▶ 31-40 years (27.80%)
- ▶ 41-50 years (21.70%)
- ▶ 51-60 years (21%)

Collectively these groups represent 91.2% of the workforce

More recently we have seen an increase in representation in age groups 31–40 years (going from 27.8% in 2020/21 to 28.5% in 2021/22).



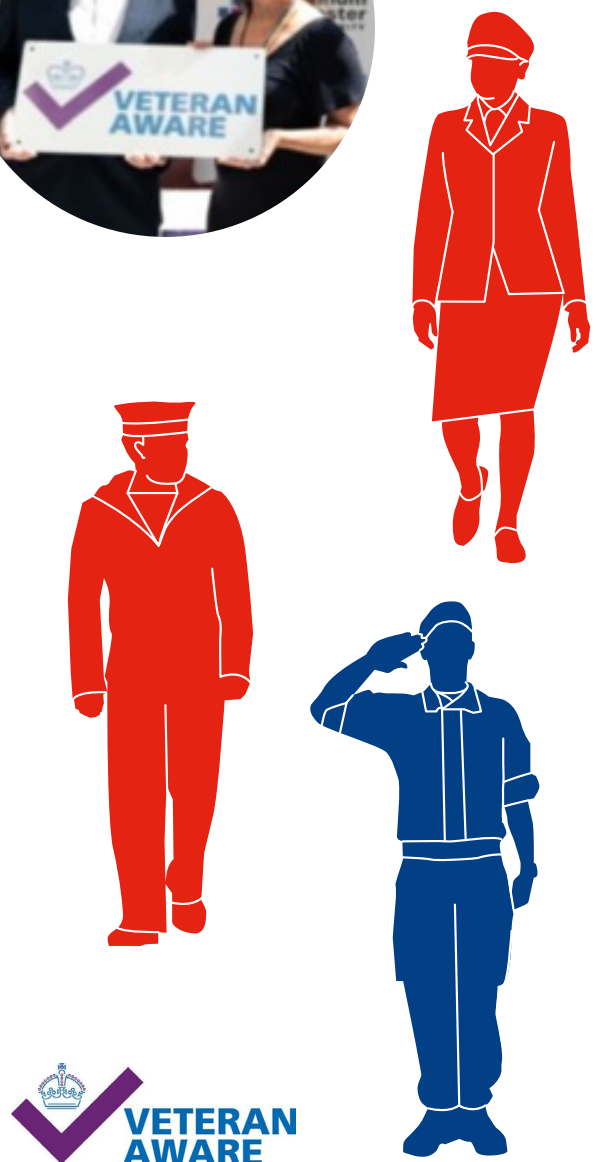
# Key achievements in the last year

Through our equality, diversity and inclusion initiatives, we continue to promote our values and behaviours at every opportunity and specifically to engender a sense of belonging for all by creating an environment where we value unique differences. We strive to build a workforce which is representative of the communities that we serve and to create a work environment where colleagues are supported, treated fairly, which is free from discrimination and where there is psychological safety for all. While we acknowledge that there is much work still to be done to achieve our ambitious EDI objectives, we are proud of the progress we have already made over the past 12 months and still continue to make, they include:

## Veteran

The Trust was reaccredited by the Veterans Convenance Healthcare Alliance (VCHA) in July 2022 in recognition for the work and relationships undertaken with the local Armed Forces Community. NHS Providers that have been accredited demonstrate themselves as exemplars of the best care for veterans, helping to drive improvements in NHS care for people who serve or have served in the UK armed forces and their families.

## Veterans Aware award Presentation for the hospital and Armed Forces Community



## Veteran Aware Trusts:

- ▶ Provide leaflets and posters to veterans and their families explaining what to expect and train staff to be aware of veterans' needs and the commitments of the NHS under the Armed Forces Covenant
- ▶ Inform staff if a veteran or their GP has told the hospital they have served in the armed forces
- ▶ Ensure that members of the armed forces community do not face disadvantage compared to other citizens when accessing NHS services
- ▶ Signpost to extra services that might be provided to the armed forces community by a charity or service organisation in the trust
- ▶ Look into what services are available in their locality, which patients would benefit from being referred to
- ▶ Veteran attendance in 2022-2023 is 1520
- ▶ Veteran EPR compliance from April 2022-2023 was 79%
- ▶ Armed Forces Breakdown by Month Year Month Armed Forces Admission Documents

## Objectives 2023-2024

- ▶ Re-sign Armed Forces Covenant to acknowledge The Armed Forces Act 2021 was amended to include the Armed Forces Covenant as a Statutory requirement within the Private Sector
- ▶ Pledge support to Step into Health programme to actively recruit workforce from the Armed Forces Community
- ▶ Register with Forces Family Jobs to proactively engage with the Armed Forces Community
- ▶ Design and produce a Banner Scroll promoting the Trust as a Veteran Aware Hospital
- ▶ Increase compliance with the Electronic Patient Records System
- ▶ Work with Business intelligence to design a live Veteran portal for support
- ▶ Request a Veteran e-refer tab on the Trust intranet to accommodate Advocate Referrals out of hours
- ▶ Publication in Trust Newsletter, Twitter and local Press about the Armed Forces work in the hospital
- ▶ Publication in Armed Forces Journal
- ▶ Armed Forces Advocate uniform
- ▶ Remembrance Service attended by Veteran patients as able
- ▶ Armed Forces screen saver for Armed Forces Week
- ▶ Armed Forces Blog for Chief Exec weekly Blog during Armed Forces week



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## Health Inequalities

The NHS Long Term Plan set out clear commitments for NHS action to improve prevention by tackling avoidable illness, as the demand for NHS services continues to grow. Supporting patients, service users and staff to overcome their tobacco dependence will not only provide improvements in their health, but reduce health inequalities and also decrease demand on services by reducing the number of smoking related admissions and readmissions. The Global Burden of Disease (GBD) ranks tobacco as the top modifiable risk factor that drives deaths and disability, with 96,058 avoidable deaths associated with its use in England in 2019 (GBD, 2019).

Tackling smoking remains the leading modifiable cause of health inequalities. Tobacco dependence treatment is effective and improves the health and wellbeing of the person smoking and their family, as well as saving them money. Being in hospital is a significant event in someone's life and people can be more open to making healthier choices.

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## Adult Programme Update

Supporting patients, service users and staff to overcome their tobacco dependence will not only provide improvements in their health, but reduce health inequalities and also decrease demand on services by reducing the number of smoking related admissions and readmissions.

The recommended acute inpatient pathway is underpinned by published evidence on the Ottawa Model for Smoking Cessation and based on work undertaken in Greater Manchester as part of the CURE model. We are pleased to offer this to inpatients admitted to Gloucestershire Hospitals Trust.

By the end of 2023/24 every patient admitted to Gloucestershire Hospitals NHS Foundation Trust (GHT) who smoke will be offered NHS funded tobacco treatment:

- ▶ Screened for smoking status
- ▶ Opt-out referred to tobacco treatment advisor
- ▶ Provided personalised behavioural support and Nicotine Replacement Therapy (NRT)
- ▶ Provided discharge package including continued smoking support by community team.

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## Staff Psychology Service

The Staff Psychology Service was initially launched in October 2020. In 2021-22, additional investment, using NHS Charities Together funds, was secured to increase the number of Staff Psychologists and the addition of an Assistant Psychologist. In March 2023, the service went through a restructure and members of the service left before funding was made substantive. There will be a 1.0 WTE Staff Psychologist post going out to advert in the next couple of months.

The service offers a limited amount of 1:1 trauma focused intervention for colleagues who have experienced trauma at work. We provide access to a four-week online course provided by Balanced Minds which allows individuals to learn Compassionate Mind skills to help them access their soothing system. The service facilitates two online workshops, Compassionate Resilience and Managers, you matter: Supporting You and Your Supporting of Others.

There are a range of bespoke teaching sessions available for teams to request including 'what is compassion?'. The team can also join team away days for one off teaching or can provide a whole day focused on Compassionate interventions and practices. Decompression sessions and a debrief training package can also be requested by teams. The service will be reinstating its lunchtime mindfulness sessions soon and they will be online to provide easier access.

The 2020 Hub continues to support the emotional, physical and financial wellbeing of staff throughout the organisation via a telephone, email and walk in advice and signposting service. The Hub also outreaches to disseminate information to staff through mobile hubs across Gloucester and Cheltenham sites.

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### Staff support services:

- ▶ **Salary Finance** – Assisting the financial wellbeing of staff through advance access to salary already earned; loans (with repayments made via payroll); savings and the Governments Help to Save Scheme; financial education resources
- ▶ **Salary Sacrifice** – Eligible staff have access to an online purchasing system, a bike-to-work scheme and a car lease scheme. These spread costs through monthly payments across at least a year, and payments are deducted directly from gross pay
- ▶ **Menopause at work** – The 2020 Hub runs monthly online menopause support sessions providing an informal safe space for colleagues to share experiences and provide mutual support
- ▶ **Peer Support Network** – Staff going through a difficult time at work or at home can be matched with a volunteer peer supporter via the 2020 Hub. Our trained peer supporters provide a confidential, non-judgemental and understanding ear when times get hard

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### The Chaplaincy Team

Our Chaplaincy department have been instrumental in ensuring everyone in the hospital community has the opportunity to access pastoral, spiritual or religious support when they need it. The service is for everyone - patients, visitors and our staff. Whether religious, spiritual or no faith, the team offer person centred, holistic and non-judgemental care for people experiencing any kind of traumatic, difficult, or life-changing situation in the hospital.



## Admiral Nurse Service

The Admiral Nurse Service in our Trust is now in its third year. Admiral Nurses specialises in dementia care, by providing support to family carers and people affected by dementia, particularly during complex periods of transition. Admiral Nurses also provides education, leadership, development and support to other colleagues and service providers.

Some positive feedback from the service include:

*"I was in hospital for 2 weeks before the dementia nurse was involved - everything changed when she saw me - staff respected her and care improved."*

*"Asma was involved in my care, and she was my lifeline."*

*"Asma helped staff to understand me, if she wasn't working, I would be scared and lonely,"*

Asma is looking for additional staff who have a passion for caring for people with dementia or want to learn more about dementia.



## Training and Development:

### Specialist Equality Diversity & Inclusion (EDI) Training

In 2021, a fixed term EDI Training Specialist was appointed to deliver a range of training courses across the Trust. The emphasis being to support Colleagues and Managers, skills, address accountability and commitment to the Equality, Diversity and Inclusion agenda. The Specialist EDI trainer updated and relaunched the new e-learning package as well as deliver additional Disability Awareness training to managers to support their Colleagues with a disability or long-term condition.

### Reciprocal Mentoring

In collaboration with One Gloucestershire the Trust Executive Team are taking part in their first pilot Reciprocal Mentoring Programme. Launched in April 2023 the programme is a positive action initiative designed to support staff members from underrepresented groups to develop the skills and confidence to move into more senior roles.

For the Pilot the decision was made that the Executive Team would be mentored by 8 BME colleagues from across the Trust. The aims being to raise awareness and appreciation of the lived experiences of racial inequalities, and factors that might negatively impact the experience of people from an ethnic minority group whilst working in the Trust.

An evaluation of the programme will be completed once the programme has ended. The Trust has decided that would be 2024 to extend its follow up programme to the second tier of managers and across a wider range of protected characteristic groups.

### Training - Skill Boosters

In August 2022 the Trust launched a series of online training videos through Skill Boosters, an online platform where staff can preview and download courses and resources to train our workforce. Skill Boosters is designed for self-managed learning and to address the skills that many managers and leaders to give a better understanding of;

- ▶ the benefits of being an inclusive organisation
- ▶ the key traits of inclusive leadership
- ▶ the skills necessary to become an inclusive leader
- ▶ why inclusive leaders and inclusive teams are more effective
- ▶ how to build an inclusive culture
- ▶ the importance of building inclusive relationships
- ▶ how tackling the impact of unconscious bias in the workplace leads to better decision-making.

The training consisted of 5 mini-Videos;

1. Sexual Orientation
2. Disability Etiquette
3. Trans Non-Binary Awareness
4. Understanding Race bias at work
5. Unconscious Bias

## International Educated Nurses

We positively embrace diversity and believe that a diverse workforce, that shares its knowledge and experience, facilitates the provision of high-quality patient care. In 2022, we welcomed 192 international nurses, (184 IENs, 2 Midwives & 6 Radiographers) from the Philippines, India, and the African Continent. Our new nurses will help us to deliver safe and timely care for our patients and provide a greater staff experience. Upon arrival, our new nurses commenced their intensive training for the Objective Structured Clinical Examination (OSCE) which will allow them to register with the NMC. Our international nurses are supported by an experienced team of OSCE trainers for international nurses alongside the On Boarding Team, EDI Team and Overseas Buddies supporters who ensures they receive the support they need to adapt in their new workplace and Gloucestershire.



**NHS**  
Gloucestershire Hospitals  
NHS Foundation Trust





## Overseas Buddy System

We continue to work together to improve the transition and experience of our overseas nurses by providing a support overseas buddy support (OBS) for the first 3 months of their arrival. In addition to the OBS an International Council has also been established.

## Interview skills workshops

The workshop continues to be popular with not just our Ethnic Minority colleagues but by all Colleagues. We are conscious of some of the gaps in development opportunities for some groups, in particular our ethnic minority groups. We have introduced supported initiatives to improve access to development opportunities. In 2021, we commissioned the design and delivery of a series of half-day Interview Skills workshops. The workshops were so successful, we continued to run them again in 2022/23. We have already begun to see progress in this area with a number of ethnic minority Colleagues seeking and gaining promotion.

The workshop explored the following:

- ▶ Overview of the recruitment and selection process
- ▶ Feedback from the CQC report, WRES data and Staff Survey
- ▶ Positive Action
- ▶ Answering Questions
- ▶ Presentations
- ▶ Feedback
- ▶ Actions and next steps

Feedback from the participants who attended the workshops



*a big thank you to you for hosting the interview skills event! I attended the event because I have failed to bag the charge nurse role, my inexperience was exposed, and I waffled immeasurably during the interview. This time around, using the things I've learned in your lecture, I have managed to bag the band 6 charge nurse role in our ward.*



*I invented the way I answered the question, to the mantra of the STAR technique, and I made sure I didn't open my mouth until I knew what was coming out. I also made sure the clothes I wore to the interview were something smart and that I commanded presence into the room when I came in. I walked out of that room yesterday, promoted.*



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## Safe Space Event

Colleagues from Ethnic Minorities were able to sit with a panel that consisted of Deputy Directors of Quality and Nursing, and the Chief Nurse. EM colleagues asked questions to the panel, and discussions were held around discrimination and racism within the Trust, and what changes attendees wanted to see to improve their experiences working here.

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## Exposed: Racism and the Pandemic Screening

An event was held for the screening of the documentary film 'Exposed: Racism and the Pandemic'. Around 40 colleagues attended, including many senior leaders in the Trust. Following the screening, a discussion was held with attendees to discuss how they felt following the screening and their experiences within our Trust.

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## Race Equality Week

In February the Trust took part in Race Equality Week by joining with Race Equality Matters in their continued effort to address the barriers to race equality. Over the five working days of Race Equality Week, our CEO asked everyone to take just 5-minutes each day to reflect and commit to action to drive change. The week included lots of online events and the opportunity to make a personal pledge.

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## Schwartz Round – Discrimination in our Workplace

Schwartz rounds are an opportunity through narrative to explore the impact of what happens at work on how we care and are cared for. The Schwartz round was an opportunity to listen to the personal experiences of colleagues who have been impacted by discrimination particularly in relation to racism. Colleagues were able to share their experiences in a supportive confidential forum or simply hear about the experience of other.

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## EDI Ambassador Pilot

The Equality, Diversity and Inclusion Ambassador (EDIA) pilot was launched to improve communication, promotion and awareness with hard-to-reach groups of colleagues in the Trust. 12 pilot areas were identified based on the results of the cultural barometer. Ambassadors were able to volunteer to take part with their managers approval. Some of the areas originally identified did not have any volunteers so did not take part, and some areas had more than one ambassador volunteer. The final number of ambassadors taking part in the pilot was 16. To ensure consistent communication to support ambassadors, share information and collect feedback, quarterly meetings were arranged and ambassadors were sent monthly emails. Ambassadors were encouraged to contact the Equality, Diversity and Inclusion (EDI) team at any point if they needed additional support or had queries or concerns.

There were a number of successes that emerged from having EDI ambassadors in the pilot areas. We found that for some of these areas there was an increase in problems and concerns being brought to the EDI team, allowing additional support to be given. An example of concerns is lack of perceived promotion opportunities in these areas. This enabled the EDI team to give additional information on initiatives in the organisation for the EDI Ambassadors to share with areas.

There were two areas that were particularly engaged in the EDI Ambassador pilot. Finance had three Ambassadors, each of whom have joined quarterly meetings, corresponded via email and joined other EDI related meetings including the EDI steering group and Ethnic Minority Council Meetings. The Finance Ambassadors had some fantastic successes including a series of Black History Month communications, and the introduction of department wide conversations during meetings around EDI related topics.

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## Partnerships and Collaboration

We are proud to be a diverse workforce and we want to make sure that our working environment welcomes all people to help serve and care for our local community and each other. One of the key actions for us to achieve our ambition of putting EDI at the heart of everything we do is building community partnerships. A great deal of work has been done by our Community Outreach Worker Juwairiyia Motala, who since taking on the role has been instrumental in bridging the gap between the Trust and the wider Community of Gloucester.

### Examples of this include:

Attending a Women's Well-Being Group, being a Supporting body at the Gloucester Asylum Seekers Welcome Café and also along with a team of colleagues arranged a Iftar event, where the Colleagues and the Community were able to come together to break their fast.



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## Governance Structure for Equality Diversity and Inclusion

Whilst equality, diversity and inclusion is threaded across all structures and services in our Trust, we have a formal governance route which ensures that an overarching strategic and operational function is in place to both deliver and provide assurance on our progress. Colleagues from across the Trust can get involved in our umbrella Inclusion Network which is open to all.

We also have specific networks aimed at colleagues who identify with the following communities: Ethnic minorities, disabilities/long-term conditions, and LGBTQ+.

These all feed into our Equality Diversity and Inclusion Steering Group (EDISG) which formally reports into the Trust's People and OD Delivery Group (PODG). The People and OD Committee (PODC) seeks assurance of the Steering Group's activities on behalf of the Trust Board.

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## Inclusion Network

The Inclusion network has 3 sub networks, LGBTQ+, Ethnic Minority and Disability and we hope to establish 2 further networks (Women's network & Mens Conversation network) in the coming year. All of which support colleagues to have their voices heard, shared lived experience, raise awareness and provide a space for us to learn and improve how we do things

All three networks continue to be a source of peer-to-peer advice and support for colleagues. The Trust continues to improve awareness of the Freedom to Speak up Guardian, the EDI Team and Health and Wellbeing Hub who provide a confidential service for colleagues to reach out for advice where they feel they may have experienced harassment and bullying or discrimination.

It was identified that there were a number of improvements that could be made to the staff networks, in order to make them more inclusive, easier to access, to ensure a focus on the networks aims and to improve visibility. In order to do this, we relaunched what was previously the 'Diversity Network' as the 'Inclusion Network'.

This was done with a refresh of network branding, and a launch of our new 'Inclusion Council', which brings together our three sub-networks (Ethnic Minority, LGBTQ+ and Disability) and is chaired by the co-chairs of these subnetworks. This has allowed for a collaborative and inclusive way of working towards colleague-led change within the Trust, and has allowed more space for allyship and intersectionality.

We have worked tirelessly to address the issues of discrimination in particular racism by holding a number of events which has shone a light on the inequalities and inequity colleagues experience. We have worked incredibly hard to ensure those who work in our Trust feel valued, appreciated and safe to be who they are.



## Disability Network

The Disability Network is for staff with a disability or long-term health condition and their allies who work for the Trust. The aim of the group is to discuss and improve issues that may affect members of staff with a disability. Unfortunately, despite our efforts we have not been able to recruit a Disability Chair, however we still continue to update our colleagues in the monthly Inclusion meetings, through social media platforms and the Inclusion network newsletters.

## Ethnic Minority Network

**Empowering Black, Asian, and Minority Ethnic Colleagues to achieve their potential through creating positive change.** The Network aims to create an inclusive culture and environment to ensure all staff are able to thrive. The group strives to raise the importance of the cultural diversity agenda and facilitate improvement across the Trust

For **Black History Month** in October, we celebrated with posters around the Trust sites highlighting the stories of some of our senior nursing colleagues from ethnic minorities. We also asked colleagues who their Black historical role models were, why they were #Proud to be, and sent out an updated recipe book with colleagues favourite cultural recipes called 'Menu of Memories'. The library were busy promoting books related to Black History Month.

**Race Equality Week February.** The Trust took part in Race Equality Week by joining with Race Equality Matters in their continued effort to address the barriers to race equality. Over the five working days of Race Equality Week, our CEO asked everyone to take just 5-minutes each day to reflect and commit to action to drive change. The week included lots of online events and with the opportunity to make a personal pledge.



*I am personally appealing to everyone to reflect on their own behaviours, your inherent bias – conscious or otherwise and to have the courage to talk to colleagues whose behaviours gives you cause for concern. Last month, a number of us attended a Schwartz Round where we heard the experiences of an international nurse and two doctors in training which will remain with me forever and my resolve to respond to their experience is stronger than ever. This was very powerful testimony and one which we intend to use as part of our efforts to raise awareness of the need for each and every one of us to play our part in making our Trust a place where everyone can thrive. We know that to make our hospitals a place that people want to work that we have to tackle, head on, the discrimination that many colleagues experience, day in day out. Make your promise online.*



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## A new member of the Ethnic Minority network



*I joined the Trust in May 2023 and was inspired by the honesty of the Chief Executive in our induction. In Deborah Lee's welcome speech, she not only highlighted areas of inadequacy and discontentment within the Trust, but called on each of us to be accountable and call out concerns and discrimination.*

Tali Blake



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## Lesbian Gay Bisexual Transgender and Queer (LGBTQ+) Network.

The LGBTQ network comes together to celebrate difference. It provides an accepting, open and understanding community, and to make positive changes within the Trust. During September we celebrated Pride by asking colleagues to wear rainbow to show support for the LGBTQ+ community. We also had colleagues let us know what Pride means to them and sharing colleagues' LGBTQ+ role models. The library also did a spotlight on LGBTQ+ library books. This was all communicated via our social media channels and a special pride themed newsletter.

The network is working to increase the awareness of our LGBTQ+ Colleagues and patients. Particularly those who are transgender. Transgender individuals can sometimes experience a cycle of vulnerability, discrimination and exclusion.

Our LGBTQ+ Chair has been working hard to educate colleagues and has been holding a number of 'Ask me anything' 'This is me' sessions to educate and increase awareness of the trans community.



### *This is me.*

*My name is Emma and I'm a transwoman. I work in the theatre department as an Operating Department Practitioner and came out as transgender in 2017.*

*I have received a massive amount of support but have equally have suffered discrimination due to misconceptions and poor education toward to trans community.*

*The EDI team has not only given me the support I need, but have also enabled me to educate and dispel falsehoods about the trans community, and the LGBTQ+ community as a whole. I hope to keep sharing information, educating and helping those who need support in the future.*

By Emma



## The Trust has hosted and celebrated a number of Cultural and religious events

Our events-based calendar is used to raise awareness of diversity and promote equality, inclusion, and acceptance across the wider NHS and locally here at the Trust. Events and celebrations 2022/23 have included: a number of events including. South Asian Heritage Month, Race Equality Week, LGBT History month, PRIDE, Black History Month and Disability Awareness Month.

- ▶ March to April 2023 was the Muslim holy month of Ramadan. Colleagues marking Ramadan are supported in breaking the fast, Iftar. Iftar is the breaking of the fast which is an essential part of a typical day during Ramadan. This can be done either with their families or for those who are working, can be part of their daily routine. At the hospital we incorporated this by having our own Iftar in Fosters restaurant



- ▶ We also celebrated 75 Years of the NHS with a celebration at Gloucester Cathedral. Staff from across the NHS and social care were invited to attend. The event included songs and readings NHS leaders and community partners offered their reflections on the significant contributions made by the county's dedicated health and care professionals over the years.
- ▶ There was an opportunity to visit an NHS 75 Exhibition in the Cathedral, which included images and items from across the local NHS as well as from Windrush.
- ▶ In July the NHS teamed up with parkrun UK to mark the 75th anniversary. NHS staff and volunteers, as well as local communities, were encouraged to take part.
- ▶ 75th anniversary of Windrush, was celebrated by the raising of the Windrush flag outside the Tower Entrance at GRH, followed by Readings, Cake, Refreshments and entertainment from Music works in the Memorial Garden in GRH and outside Sandford Education Centre.
- ▶ In December Coral Christmas Carols took place in the Atrium. Staff were asked to join us to celebrate the festive period. This proved to be extremely popular for both staff, visitors and patients. It increased staff morale and wellbeing and we hope to do this again in Dec 2023.

- ▶ Kyle Marasigan had a once-in-a-lifetime opportunity to go to Buckingham Palace to celebrate British East and South-East Asian Communities in February 2023.

*It was truly a remarkable experience to meet His Majesty the King, the Queen Consort and members of the royal family to celebrate my heritage and for us to be recognised on our contributions to the United Kingdom. I got to meet senior NHS leaders and senior Filipino nursing leaders too!*

*I attended wearing our national Filipino attire, the Barong Tagalog, I have never been prouder being one of the many Filipino nurses working for the NHS.*



# Our vision, purpose and values

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## Purpose

Our Trust has a clear purpose which is to improve the health, wellbeing and experience of the people we serve by delivering outstanding care every day.

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## Vision

Gloucestershire Hospitals NHS Foundation Trust has a clear vision of the best care for everyone. This means that, regardless of who you are, we aspire that all patients will receive the best possible care and treatment. To truly achieve this, we must be able to adapt our services flexibly to meet the different needs of everyone.

## Values

We have three core values of Listening, Caring and Excelling. These are interdependent with one another. We recognise that in order to excel in the delivery of our services we need to truly listen to our patients and colleagues, take action to remove barriers and make improvements to enhance the quality of care and overall experience. These are underpinned by compassion and we have launched our new compassionate behaviours framework which focus on four key elements:

- ▶ We are attentive
- ▶ We are understanding
- ▶ We show empathy and compassion
- ▶ We are helpful

Our values and behaviours help to articulate what the principles of equality diversity and inclusion look like on a day-to-day basis, and can be demonstrated by all members of the Trust when communicating with patients, families and one another.

Gloucestershire Hospital is committed to providing an environment in which diversity is valued and encouraged, and to ensuring patients, carers, families and staff are treated with dignity and respect, no matter their protected characteristics.

We strive to provide the best care and treatment we can, within the resources available to us, while ensuring everyone working in the NHS has the right training and skills for their job within a safe and clean environment. This cannot be achieved if there is prejudice, discrimination, alienation, or social exclusion. Services need to be accessible, appropriate and sensitive to the needs of all service users.

No-one should be excluded or experience particular difficulty in accessing and effectively using our services due to their age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race/ethnicity, religion or belief, sex or sexual orientation.

As an Equal Opportunities employer, we strive to have staff with the right skills to deliver equitable and quality services. We are committed to ensuring that our employees are not discriminated against and are appropriately supported in the workplace.

