



**Gloucestershire Hospitals**  
NHS Foundation Trust



A large, abstract graphic in the background consists of several overlapping and nested shapes in various shades of green and blue. It includes a large central blue rectangle at the bottom, a green rectangle above it, and several diagonal and curved shapes in lighter green and blue tones that create a sense of depth and movement.

# **Annual Equality Report**

## **2024 – 2025**

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# Introduction

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This report reflects not just our compliance with the Equality Act 2010, but our ongoing commitment to recognising what we do well and where we need to improve. Both in how we support our patients and how we care for our people. It brings together the data required under the Public Sector Equality Duty and highlights the Equality, Diversity, and Inclusion (EDI) work we've been leading across our Trust.

Each year, we publish this report to share how we're doing and where we're heading. It allows us to track progress, compare data from previous years, and understand the real impact of our actions. Through this, we can identify where inequalities exist and take meaningful steps to support those who are underrepresented or disadvantaged. Ensuring everyone who works with or receives care from us can thrive.

As we look ahead to 2025–26, we have set clear EDI priorities focused on improving the day-to-day experience of our people.

These are:

- ▶ Recruitment and EDI
- ▶ Anti-discrimination
- ▶ Allyship and Leadership Practices

We know there's still work to do. We're committed to ensuring every staff member have the tools, confidence, and support to put EDI into practice in everything they do. Our goal is to build a culture where everyone feels they belong and where fairness, respect and inclusion are not just talked about, but genuinely lived.

[\(Continued on next page\)](#)

# Introduction

Over the last year, we've taken important steps forward. From strengthening our staff networks and delivering tailored training, to listening through national surveys, group discussions and one-to-one conversations, we've worked with purpose to support staff across our Trust.

EDI is part of who we are, not a separate project, but a value that runs through our teams, our decisions, and our future. We have collaborated across departments, connected with communities, and opened powerful conversations — sometimes within our own walls, and sometimes with our System partners.

We have challenged assumptions, elevated voices that need to be heard, and held ourselves accountable as leaders. Our focus on EDI is not just about meeting standards, it's about shaping a better, more compassionate organisation for everyone.



**Coral Boston,**  
**Equality, Diversity and**  
**Inclusion Manager**

# Executive Foreword

We have made considerable progress in our cultural journey this year, reflected in our improved staff survey results. Our collective efforts and dedication to create a more inclusive workplace are leading to improvements, but we also know there is much more to do. We continue to seek and reflect on feedback, engage with staff, patients and service-users with wide-ranging backgrounds and experiences, and focus on the issues that have the biggest impact. Undoubtedly, the more our staff feel able to be themselves at work, the better care they are able to provide.

This report highlights evidence of our commitment to Equality, Diversity, and Inclusion, describing the tangible steps we have taken and the progress we are making. It sets out our achievements and serves as a foundation for the exciting ambitions we have for the coming year.



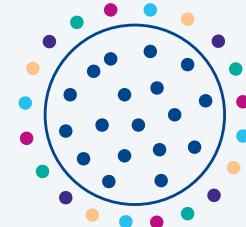
*C. Radley*

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

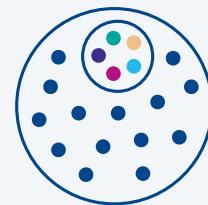
# What do we mean by Equality, Diversity, and Inclusion

## Equality

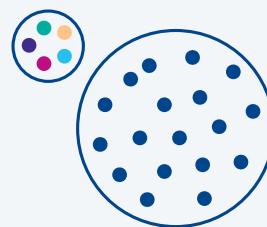
A culture that embraces a wide range of ideas, experiences, and practices can lead to an environment where differences are both respected and celebrated. This inclusivity benefits not only us as individuals but also the diverse communities we serve. By valuing and acknowledging various perspectives, we foster a richer and more dynamic workplace that promotes innovation and excellence in our work. This approach enhances our ability to address the unique needs of our community, ultimately creating stronger, more meaningful connections, leading to a better quality of life.



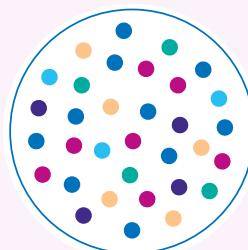
**Exclusion**



**Integration**



**Segregation**



**Inclusion**

## Diversity

Diversity is the fact that there are many different people in our workplaces and communities, many of whom have different backgrounds, social positions, and lifestyles. We encourage everyone to recognise, respect and value the differences between individuals within our workforce and amongst our service users.

## Inclusion

Inclusion is the act of ensuring that all staff can access and enjoy the benefits of working for the Trust including, but not limited to, employment opportunities, flexible and agile working, training and development opportunities, team and Trust-wide activities and ensuring that no person or persons is excluded, especially those from disadvantaged groups ensuring a positive experience for all.

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



The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions. These are to:

- ▶ Eliminate 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 those who do not.

We are required to do this by:



- ▶ Removing or minimising disadvantages suffered by people due to their protected characteristic.
- ▶ Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- ▶ Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
- ▶ The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include steps to take account of disabled person's disabilities.
- ▶ Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to tackle prejudice and promote understanding.

## The Protected Characteristics covered by the Equality Act 2010 are:



Age



Disability



Gender Reassignment



Marriage and Civil partnership



Pregnancy and Maternity



Race



Religion or Belief



Sex



Sexual Orientation

## Progress made 2024/2025.

We have continued to support staff in the trust by carrying out a few activities.

Our key areas of focus for Equality, Diversity, and Inclusion (EDI) over the next 12 months are closely aligned with both our Trust Strategy and the national EDI Improvement Plan. We are committed to driving meaningful change by focusing on priority areas that will make a real difference to the experiences of our staff and the communities we serve.

Our priority objectives include ensuring equal opportunities in recruitment, career progression, and promotion for all. We are taking active steps to embed inclusion into our recruitment processes. One example being the introduction of Inclusion Champions on interview panels for roles at Band 8a and above. This is a significant step forward in our efforts to create fair and equitable processes at all levels of the organisation.

We continue to use national frameworks such as the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to better understand and address disparities. These reports, published alongside this document, provide valuable insights by comparing the experiences of Ethnic Minority and White staff through the WRES, and of disabled and non-disabled staff through the WDES.

We are using these insights not only to inform our planning but to hold ourselves accountable. They guide our actions and help us identify where we must do better. Our commitment is not just about meeting targets. It is about creating an inclusive culture and working towards levelling the playing field.

## Progress on our objectives

In line with our 2024 Equality, Diversity, and Inclusion (EDI) objectives and informed by our EDI data, we have actively listened to our staff, collaborating on new initiatives, and addressing areas where we need to make improvements.

We regularly collect and review recruitment data to track progress, identify trends, and spot any gaps. This helps us take informed action and plan our next steps. Our ongoing analysis guides our strategy and ensures our recruitment is fair, open, and in line with our core EDI values.



## EDI Development Plan

We shaped our actions by grounding them in rich data sources such as the National Staff Survey (NSS), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), National Quarterly Pulse Survey (NQPS), Gender Pay Gap (GPG), Listening Events, Staff Engagement, Freedom to Speak Up themes (FTSU) and feedback from our Inclusion Network.

Our work has been carefully aligned with both local and national priorities, including the NHSE EDI Improvement Plan's High Impact Actions, the NHS People Plan, and the EDS22 Domains 2 and 3. By aligning our activity against each High Impact Action, we were able to carry out a gap analysis and identify where focused efforts were most needed. We also ensured that all our actions were linked to our Trust's Business Assurance Framework and risk registers, keeping accountability and transparency at the heart of what we do.

We have designed our actions to complement and strengthen ongoing work, including the Staff Experience Improvement Project (SEIP), The Well-Being Collective (TWBC), and a range of local and national learning opportunities.

Our priorities have been shaped by the needs we've identified. Setting clear timelines for delivery. We continue to encourage open, collaborative conversations at our Equality, Diversity, and Inclusion Steering Group, ensuring that we stay aligned, responsive, and passionate about creating a culture where every staff member feels seen, valued, and empowered.



## Priority actions

- ▶ Recruitment and EDI Principles
- ▶ Anti-discrimination
- ▶ Allyship - Leadership practice

## Trust EDI Objectives

- ▶ To provide staff with the knowledge, skills, and resources to empower them to incorporate EDI into our daily activities.
- ▶ To create and grow a culture of belonging for staff and imbed our anti-discrimination principles.
- ▶ To ensure that EDI is the cornerstone of all policies, processes and decision making for staff and patients.

## Trust 8 overarching EDI Actions

- ▶ Action 1  
Board Requirements
- ▶ Action 2  
Internationally Educated staff.
- ▶ Action 3  
Training Requirements and Priorities
- ▶ Action 4  
EDI Team Actions
- ▶ Action 5  
EDI Principles within Recruitment Process
- ▶ Action 6  
Staff Experience Improvement Programme – Including Anti – Discrimination Workstream
- ▶ Action 7  
Patient EDI and Health Inequalities
- ▶ Action 8  
Divisional EDI Improvement Plans and Action Planning

# Staff Experience Improvement Programme

Following the 2022 staff survey results, the Staff Experience Improvement Programme was established with support from the Board of Directors, to drive activity and improvement across three workstreams and continues each year with an analysis of the Staff Survey to direct the relevant workstreams.

**The focus for 2024/2025:**

► **Workstream 1**

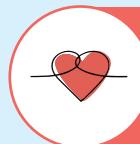
Teamwork and Leadership (aligned to People Promise 7: We are a Team)



**People Promise:  
We are a team**

► **Workstream 2**

Anti-discrimination (aligned to sub score Equality and Diversity, part of People Promise 1: We are Compassionate and Inclusive)



**People Promise:  
We are Compassionate  
and Inclusive**

► **Workstream 3**

Building a Safe Speaking Up Culture (aligned to People Promise 3: We each have a voice that counts)



**People Promise:  
We each have a voice  
that counts**

► **Workstream 4**

Restorative Just and Learning Culture

► **Workstream 5**

Colleague Communications and Engagement

► **Workstream 6**

People Promise Exemplar Programme



## Principles for bringing about culture change in the Trust include:

- ▶ Change happens through relationships.
- ▶ Change happens when people can talk, think, and problem-solve together skilfully.
- ▶ Change only really happens when you work at a behavioural level.
- ▶ No change comes from stability.
- ▶ We can't work with what we're not talking about
- ▶ People own what they help to create.
- ▶ The process is as, if not more important, than the outcome
- ▶ Change will be sustained when we build internal capacity and capability.

The activities within the Anti-discrimination workstream identified the need for a mechanism for staff to feel safe and confident in reporting cases of discrimination. As a result, the workstream worked through task and finish groups and identified the Report and Support platform was able to fulfil our needs. Forward looking into 2025/2026 the Report Support and Learn process will launch whereby managers will be supported in addressing reports of inappropriate behaviour through the Restorative Just and Learning Culture. This workstream has also established a task and finish to launch an anti-racism campaign.



Report, Support + Learn tool

Following the 2024 staff survey results, the priorities for 2025/2026 are:

► **Workstream 1**

Teamwork Development (aligned to People Promise 7: We are a Team) – with the Leadership elements of this workstream moving into the business-as-usual activities, such as the new “Licence to Lead”



People Promise:  
**We are a team**

► **Workstream 2**

Inappropriate Behaviours (aligned to sub score Equality and Diversity, part of People Promise 1: We are Compassionate and Inclusive) – this will continue to deliver the elements of the former Anti-Discrimination workstream, widening the scope to address all inappropriate behaviours such as discrimination, bullying, harassment, and sexual misconduct.



People Promise:  
**We are Compassionate  
and Inclusive**

► **Workstream 3**

Building a Safe Speaking Up Culture (aligned to People Promise 3: We each have a voice that counts)



People Promise:  
**We each have a voice  
that counts**

► **Workstream 4**

Restorative Just and Learning Culture

► **Workstream 5**

Colleague Communications and Engagement

► **Workstream 6**

People Promise Exemplar Programme



# NHS Equality Delivery System

The Equality Delivery System (EDS) is a supportive framework developed by NHS England to help NHS organisations make meaningful improvements in equality, diversity, wellbeing, and inclusion for the benefit of both patients and staff. It also helps us respond to the needs of individuals and communities protected under the Equality Act 2010, while supporting us in meeting our Public Sector Equality Duties.

The EDS focuses on two key areas: the quality of services we commission or provide, and the health and wellbeing of our workforce. As an NHS provider organisation, completing the EDS is part of our standard responsibilities, and we are committed to engaging with this process thoughtfully. Each year, we produce and publish a summary of our progress and priorities around equality and inclusion.

As part of this work, we gather a wide range of evidence, which we then share with staff, peer reviewers, and local stakeholder volunteers for their insight and evaluation. This reflective and collaborative process takes place across three key domains:

## 1

**Domain 1:**  
Commissioned or  
provided services

System partners reviewed  
Domain 1, with a  
specific focus on health  
visiting, respiratory, and  
circulatory services.

## 2

**Domain 2:**  
Workforce health  
and wellbeing

Our Trust reviewed Domain 2 and 3 which were assessed by the Inclusion network followed by a peer review meeting with Gloucestershire and Health and Care Trust to assess the support of our Board with EDI matters for Domain 3.

Both domains were graded as per NHSE EDS criteria (from lowest to highest grade with score) Undeveloped (0), Developing (1), Achieving (2) or Excelling (3). Total domain scores were added together to provide the EDS Organisation Rating, the Trusts total overall score for Domain 2 and 3 as 'DEVELOPING'.

Domain 2 and 3 rated



0

1

2

3

UNDEVELOPED

DEVELOPING

ACHIEVING

EXCELLING

We will continue to work towards making improvements in areas identified in EDS improvement action plans and we hope to see some improvement over the next year.

## Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) consists of nine key indicators designed to assess and support progress in promoting equality for Black and Minority Ethnic (BME) staff within the workforce. It serves as a practical tool to help ensure that BME employees are treated fairly, with their skills recognised and nurtured. NHS organisations use the insights gained from WRES data to create and publish action plans aimed at driving improvement. By reviewing the indicators year on year, organisations can track their progress and meet the requirements of the NHS national contract. This also enables our Trust to compare our performance with other Trusts and healthcare bodies across the country.

### WRES Indicators:

- ▶ 1 to 4 Workforce Indicators
- ▶ 5 to 8 Staff Survey Indicators
- ▶ 9 Board Representation Indicator

The report has the following key roles: To enable organisations to compare their performance with others in their region and those providing similar services, to encourage improvement by learning and sharing good practice. To provide a national picture of WRES in practice to staff, organisations, and the public on the developments in the workforce race equality agenda.



## Key findings include:

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- ▶ 22% of the Trusts staff are BME, which is an increase of 2% since 2024.
- ▶ The number of BME senior leaders (Band 8a+) has increased from 41 to 43, which equates to an increase of 0.4%. The highest percentage representation is in Band 8c, at 15.6%.
- ▶ The relative likelihood of White staff being appointed from shortlisting compared to BME staff has increased by 0.55 to 2.12.
- ▶ BME staff remain more likely to enter the formal disciplinary process than White staff (relative likelihood of 1.07). This figure is similar to what was reported in 2024.
- ▶ BME staff are more likely to access non-mandatory training and CPD than White staff (relative likelihood of 0.97). This has shifted marginally to be more equal, with White staff slightly more likely to access non-mandatory training than they were in 2024.
- ▶ 3.45% less BME staff reported experiencing harassment, bullying or abuse from patients, relatives, or the public since the 2023 staff survey. White staff also report experiencing a reduction.
- ▶ There has been a decrease in BME staff experiencing harassment, bullying or abuse from other staff members (27.98% in 2023 to now 26.7%), however BME staff still experience this more than White staff.
- ▶ There was an increase (of 1.45%) in both White and BME staff believing that the Trust provides equal opportunities for career progression and promotion.
- ▶ BME staff are still more likely than White staff to experience discrimination at work from a manager/team leader or other staff, although this has decreased to 16.95%. White staff have reported experiencing a small increase.
- ▶ Numbers of BME Total Board members have increased from 2 to 3 in 2025, which is a 5.89% increase.

## Workforce Disability Equality Standard (WDES)

Our Disability Network continues to play a vital and valued role in supporting staff with disabilities and long-term health conditions. As a trusted voice within our organisation, the network has actively contributed to shaping how we embed the high-impact actions from the National EDI Improvement Plan into our day-to-day practices.

Through open dialogue, challenge, and collaboration, the network helps us to identify and address both direct and indirect forms of prejudice and discrimination. Whether in behaviours, policies, practices, or aspects of our organisational culture. Their insights are instrumental in helping us build a workplace where every member of staff feels seen, heard, and respected.

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan as part of the national contract. Year-on-year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality. Additionally, it allows our Trust to benchmark ourselves on all Trusts and national healthcare organisations.

### WDES Indicators:

- ▶ 1 to 3 Workforce Indicators
- ▶ 4 to 8 Staff Survey Indicators
- ▶ 9 Staff Survey Engagement Indicator
- ▶ 10 Board Representation Indicator



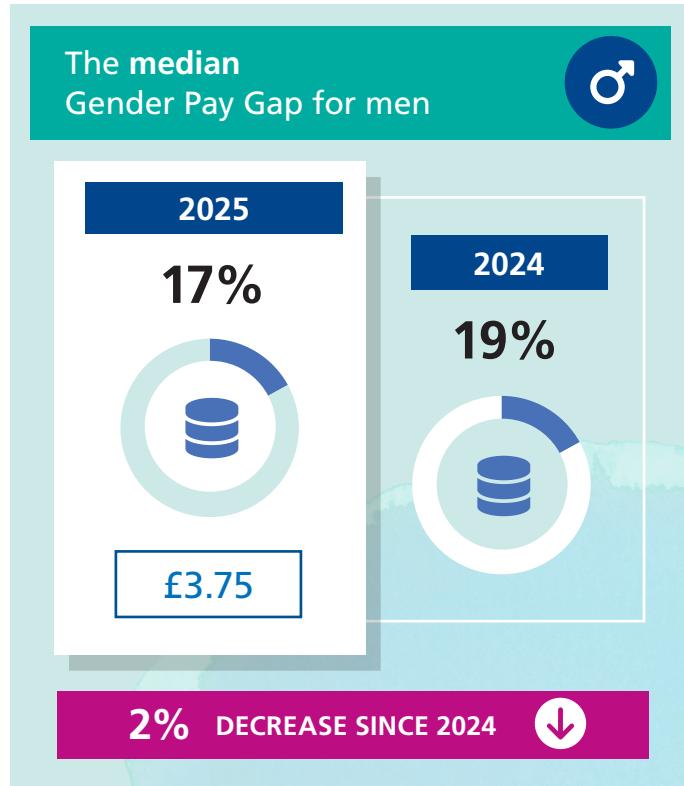
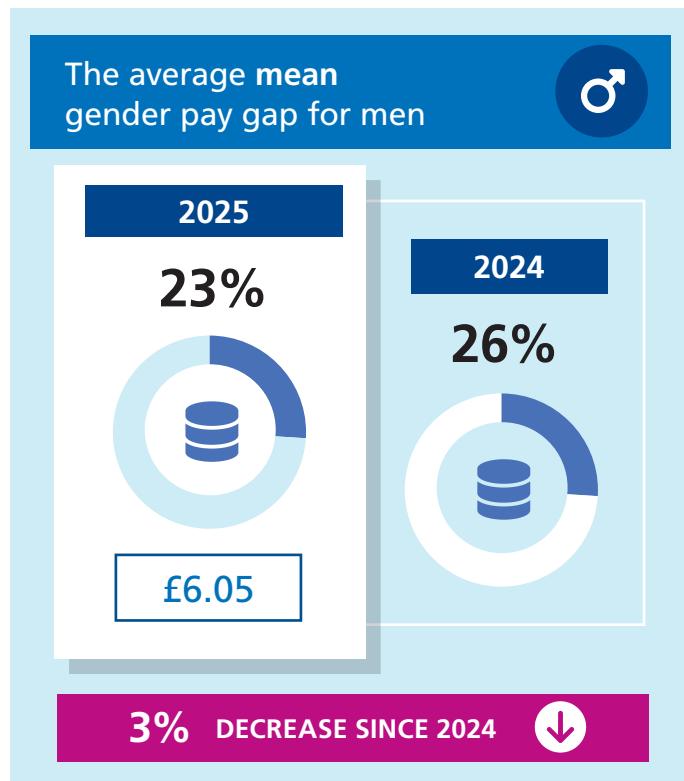
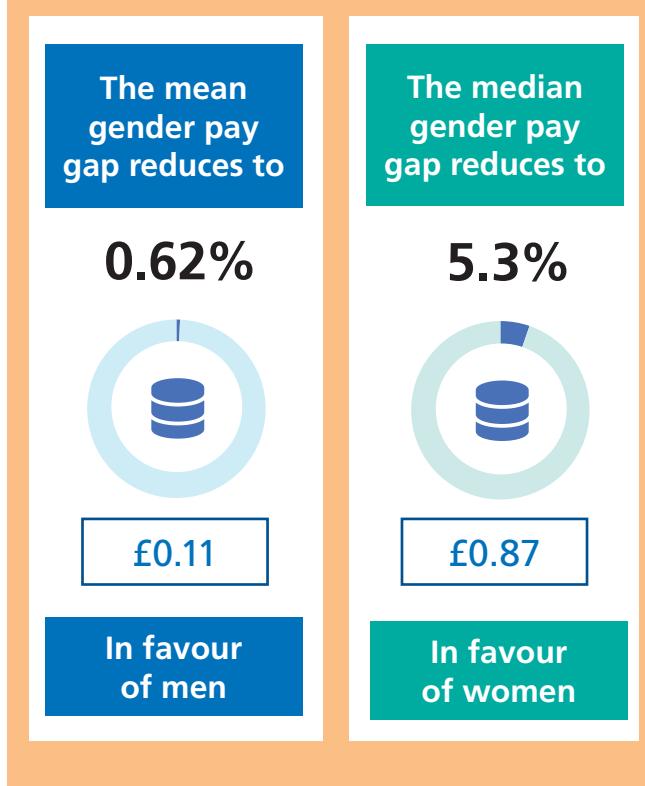
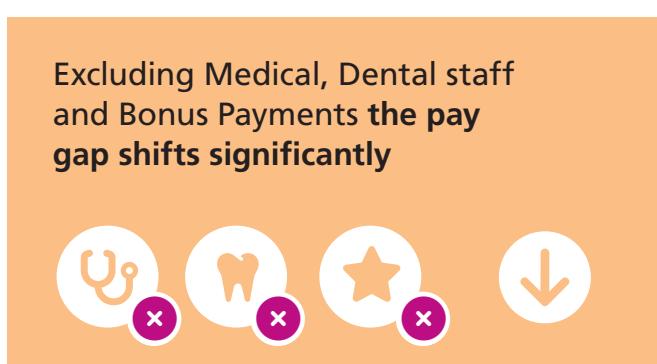
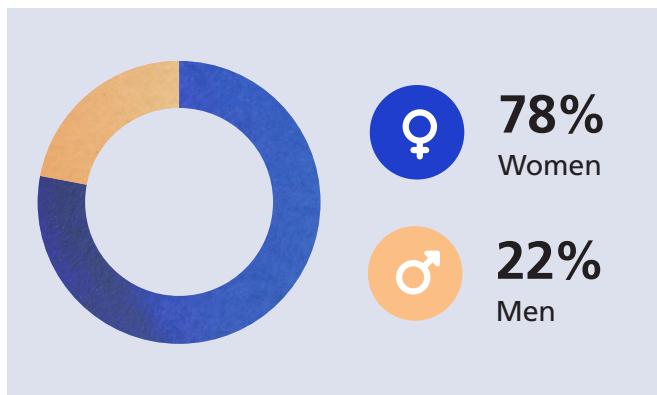
## Key findings include:

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- ▶ There has been a decrease of 25% of staff with an undeclared/unknown disability status. This demonstrates a large improvement in staff declaring their disability status.
- ▶ 4.92% of the Trusts staff have declared a disability, which is an increase of 1.35% since 2024.
- ▶ There has been an increase of 9 senior staff members (Band 8a+) declaring a disability, which is an increase of 1.91%. Band 9 has the highest representation of disabled staff at 14.29%.
- ▶ Non-disabled applicants are more likely to be appointed from shortlisting than disabled (relative likelihood of 1.37). This likelihood has shown a small decrease since 2024.
- ▶ Disabled staff are much more likely to enter the formal capability process than non-disabled (relative likelihood of 3.69), and this likelihood has shown a small increase since 2024.
- ▶ Disabled staff reported a decrease in experiencing harassment, bullying or abuse from patients (of 4.17%) since the 2023 staff survey.
- ▶ Both disabled and non-disabled staff reported a decrease in harassment, bullying or abuse from managers since 2023 (-1.44% and -0.77% respectively).
- ▶ There was a small reduction of 0.56% of disabled staff reporting experiences of harassment, bullying or abuse from staff.
- ▶ 50.8% of disabled staff said that the last time they experienced harassment, bullying or abuse at work they or a colleague reported it. This is a 6.87% increase.
- ▶ There was a decrease (of 2.25%) in disabled staff reporting that they feel the Trust provides equal opportunities for career progression or promotion.
- ▶ The percentages of staff who felt pressure from their manager to come to work despite not feeling well enough has remained largely the same for both disabled and non-disabled staff (with a small 0.16% increase for disabled staff).
- ▶ 70.99% of disabled staff felt that the organisation had made reasonable adjustments to enable them to carry out their work. This is a small increase on 2023 results.
- ▶ There has been an increase of 1 board member declaring a disability since 2024.

## Gender Pay Gap and Ethnicity Pay Gap

This is Gloucestershire Hospitals NHS Foundation Trust's (GHNHSFT) GPG Report, based on a workforce snapshot as of 31 March 2024. At that time, GHNHSFT employed 9192 staff, with a workforce composition of approximately 78.1% women and 21.9% men.



## Gender Pay Gap and Ethnicity Pay Gap (continued)

When excluding Medical and Dental staff, the mean gender pay gap (GPG) reduces to 0.62% (£0.11) in favour of men, indicating near parity in average earnings, while the median GPG shifts to 5.3% in favour of women. This contrasts with the ongoing impact of Bonus payments which remain significant contributors to the gender pay gap within the Medical and Dental workforce.

Although the Trust previously operated annual local clinical excellence awards (LCEA) to reward consultants for exceptional contributions to patient care, this scheme was discontinued in 2020. The associated budget was subsequently distributed equally among all substantive consultants, regardless of their working hours. With the abolition of Clinical Excellence Awards (CEA) under the new consultant con-tract agreed in last year's pay negotiations, only a small number of consultants, fewer than 10 continue to receive national CEA. These high-value awards disproportionately affect the overall gender pay gap, particularly within the Medical and Dental staff group.

Nationally, the GPG has been gradually decreasing, falling by about a quarter over the past decade among full-time employees, reaching 7.7% in April 2023.

These regulations underpin the Public Sector Equality Duty and require relevant organisations to annually publish their gender pay gap by 30 March on their website and the designated Government website at:

➡ [www.gov.uk/genderpaygap](https://www.gov.uk/genderpaygap)

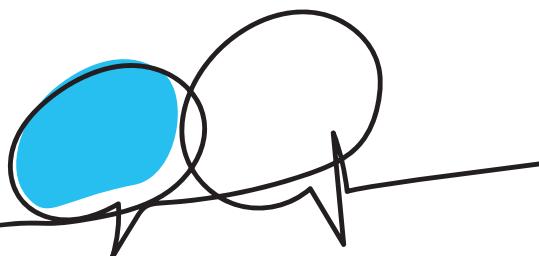
For the first time, the Trust also conducted an Ethnicity Pay Gap (EPG) analysis. As of 30 March 2024, 22% of staff identified as being from an Ethnic Minority back-ground. The mean EPG showed a 3.2% gap in favour of EM staff, with a median gap of 5.25% also in their favour. EM staff are more likely to undertake more unsocial shifts, such as Bank, lates, nights or weekends. Which could account for the pay gap.

While most bonus payments were awarded to White consultants (74%), EM consultants accounted for 23%, showing some progress in representation within senior clinical roles. These findings will help inform future actions to ensure fairness and transparency across all pay structures.

## NHS National Staff Survey

There was a 65% response rate for the organisation in 2024, which is a positive outcome and can be attributed to the engagement programme, which was implemented in 2023, resulting in a Trust record response rate of 68%. The national average for other NHS Acute Trusts is 49% response rate which places us in the top 5 responding Acute and Acute Community Trusts.

The independent analysis by NHS England has noted a number of statistically significant improvements in each of the seven People Promise themes and the two themes. Although there have been improvements, including modest increases in the Net Promoter Scores, the Trust continues to trail behind national averages for the People Promise and staff engagement metrics.



There is still much to do as an organisation, despite the green shoots that show we are beginning to move in the right direction. We must not be complacent, with the focus on staff experience seen over the last two years continuing. There is an absolute commitment in creating the right culture to support this improvement.

**Care of patients/service users is organisation's top priority**



**I would recommend my organisation as a place to work:**



**If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation:**



## Recruitment

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There was a 65% response rate for the organisation in 2024, which is a positive outcome and can be attributed to the engagement programme, which was implemented in 2023, resulting in a Trust record response rate of 68%. The national average for other NHS Acute Trusts is 49% response rate which places us in the top 5 responding Acute and Acute Community Trusts.

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# 1

## 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

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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 15.78 times more likely to be appointed compared to Black Ethnic applicants, and 11.89 times more likely to be appointed compared to Asian Ethnic applicants.
- ▶ Asian Ethnic applicants are 1.33 times more likely to be appointed compared to Black Ethnic applicants.

### From shortlisting to appointment:

- ▶ White applicants are 2.63 times more likely to be appointed compared to Black Ethnic applicants, and 1.92 times more likely to be appointed compared to Asian Ethnic applicants.
- ▶ Asian Ethnic applicants are 1.37 times more likely to be appointed compared to Black Ethnic applicants.

## Disability

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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 2.38 times more likely to be appointed compared to non-disabled applicants.
- ▶ From shortlisting to appointment, non-disabled applicants are 1.37 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.

- ▶ From application to appointment, female applicants are 2.16 times more likely to be appointed compared to males.
- ▶ From shortlisting to appointment, female applicants are 1.42 times more likely to be appointed compared to males.

## 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:

- ▶ 1.86 times less likely to be appointed compared to Gay/ Lesbian applicants.
- ▶ 1.74 times less likely to be appointed than bisexual applicants.
- ▶ 2.96 times less likely to be appointed than 'other sexual orientation' applicants.
- ▶ Just as likely to be appointed than undecided applicants.
- ▶ 1.53 times less likely to be appointed than undisclosed applicants.

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

- ▶ 1.12 times more likely to be appointed compared to gay/ lesbian applicants.
- ▶ 1.27 times more likely to be appointed than bisexual applicants.
- ▶ 1.28 times more likely to be appointed than other orientated applicants.
- ▶ 2.05 times more likely to be appointed than undecided applicants.
- ▶ Just as likely to be appointed than undisclosed applicants.

## Recruitment – EDI Focused Activity Summary

A range of targeted actions are underway to embed EDI across our recruitment processes. This includes the work of the EDI and Recruitment Task and Finish Group and ongoing positive action initiatives. Key developments include:

- ▶ JD/PS writing and interview training incorporating positive action principles.
- ▶ A review of medical recruitment processes and the Recruitment and Selection Policy
- ▶ Analysis of recruitment data by protected characteristics, with actions identified.
- ▶ Evaluation of TRAC system capabilities for capturing EDI data
- ▶ Planned implementation of Interview Skills Training in 2024/2025
- ▶ Review of the Inclusion Champion role
- ▶ Development of recruitment-focused eLearning
- ▶ Completion of Equality Impact Assessments (EIAs) across the recruitment journey, from advert to onboarding

2

# Our Commitment to Equality, Diversity and Inclusion

Progress Made in 2024/25

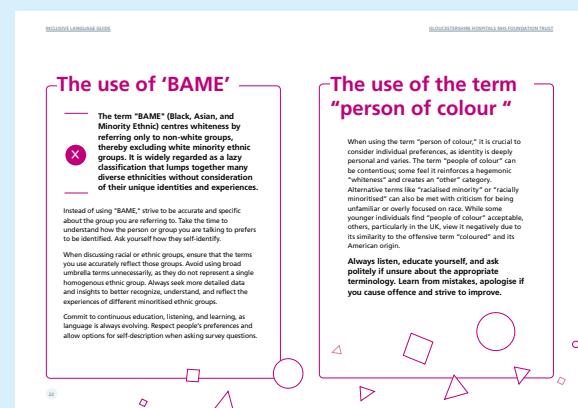
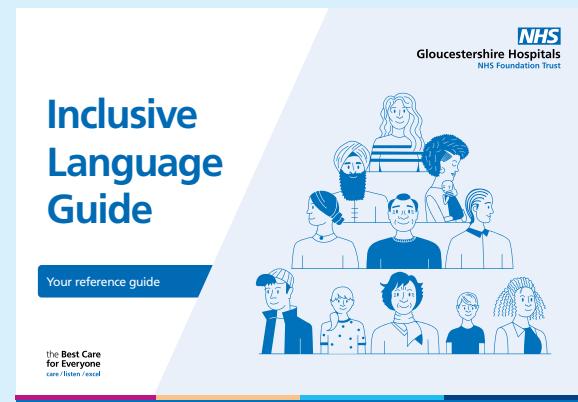


## Inclusion Champions

The trust introduced the role of the Inclusion Champion in 2022. Inclusion Champions are present on all Band 8a interview panels, with plans to review the potential for their involvement across other bands. Our focus includes actively promoting and implementing positive action to create a more inclusive and fair recruitment process. In the coming year there will be an even greater focus on our recruitment process to ensure there is diversity representation particularly in those bands where we have seen no or little progress over the past two years.

## Language Guide

A new Inclusive language guide has been developed to ensure inclusive language is being used in all discussions and language adopted throughout. This guide has been extremely positive with surrounding organisation requesting to share our work.



## Inclusive Culture Workshops

As part of our ongoing commitment to creating a more inclusive organisation, we recently launched a pilot Cultural Awareness Programme. This initiative gave staff the opportunity to reflect, learn, and engage in open discussions on culture, identity, and belonging. The programme provided a safe and supportive space for meaningful conversations, helping to build understanding and strengthen connections across the organisation.

The session explored a wide range of topics, including culture, diversity, and inclusion; recognising and addressing bias; and understanding the legal frameworks that support inclusive practices.

Participants also engaged with concepts such as the Wheel of Power and Privilege, unconscious bias, and allyship. Developing a clearer sense of how these dynamics play out in the workplace.

By equipping staff with practical tools and real-world strategies, the workshop supported staff to take action in their own roles, challenge assumptions, and contribute to meaningful change.

A key focus was also on building confidence to approach difficult conversations with empathy, curiosity, and kindness.

## Leading For Inclusion Strategy Seminar

This year the Southwest ICB Leaders met for an all-day event to hear success stories share concerns and clarify what the strategic EDI priorities should be for the region. The seminar provided an opportunity to:

- ▶ Establish the right oversight for tracking progress and evaluating EDI delivery across the system.
- ▶ Define the requirements for EDI development in knowledge, skills, and behaviours, ensuring alignment before procurement.
- ▶ Explore how EDI priorities can enhance patient outcomes and better support our communities.
- ▶ Identify 2-3 key priorities on workforce inclusion and service delivery that align with our collective regional strategy.

## Restorative, Just, and Learning Culture

Our Trust has embraced a Restorative, Just, and Learning Culture (RJLC) as a compassionate and constructive approach to responding to incidents. Rather than focusing on blame, this culture prioritises learning, support, fairness, and accountability to create a safer, more supportive working environment.

At the heart of RJLC is a commitment to:

- ▶ Learning from mistakes – recognising that errors can happen in any organisation, and using them as valuable opportunities to reflect, improve, and prevent recurrence.
- ▶ Supporting those affected – identifying who has been impacted by an incident and ensuring that they are given space to share their experiences, be heard, and receive the care and support they need.
- ▶ Repairing relationships – helping individuals and teams rebuild trust and restore working relationships that may have been harmed.
- ▶ Ensuring accountability – taking responsibility for actions in a fair, transparent, and proportionate way, using structured steps to guide the process when appropriate.

We have trained staff available to support teams in using this approach. They are there to guide conversations, provide reassurance, and help ensure that responses to incidents are handled in a way that is respectful, balanced, and focused on learning.

## International Women's Day

To celebrate International Women's Day, we invited staff to nominate a woman within the Trust who has inspired them through her leadership, contributions, and unwavering commitment. We were humbled and uplifted by the overwhelming response, seeing 54 women in our Trust nominated. Each one recognised for making a meaningful impact in their unique way.

Building on this celebration, we are proud to announce the launch of our new Women's Network in April 2025. This network will provide a dedicated space for women across the Trust to connect, share experiences, advocate for gender equity, and empower one another to achieve their full potential. It will be a place where we can continue to elevate the voices of women, drive forward initiatives for equality, and ensure that our staff have the tools and support they need to succeed in their careers.



## Black History Month Conference 2024: Reclaiming the Narrative

To mark Black History Month 2024, we held a powerful and transformative conference focused on this year's theme: 'Reclaiming the Narrative'. The event was a pivotal moment for bringing staff together.

We were honoured to welcome an exceptional lineup of keynote speakers, including Dr. Claire Radley, Director for People; Patricia Miller, CEO of the Integrated Care Board (ICB); and Olga Leach-Walters, West Midlands Representative for the Royal College of Nursing (RCN). Their reflections on leadership, representation, and the systemic changes required to ensure ethnic minority voices are heard and valued were both insightful and inspiring.

Our CEO took the time to engage directly with attendees. His presence and willingness to listen, reflect, and explore actionable steps demonstrated a genuine commitment to addressing disparities.

Building on the momentum of the conference, we have already held two follow-up events, extended the conversation, and deepened the exploration of solutions. These sessions have allowed participants to delve into specific themes, shape future strategies, and continue the important work of promoting Equality, Diversity, and Inclusion.

## Black History Month

In addition to the conference, staff enjoyed lively music and a delicious selection of Caribbean and African dishes in our restaurants. This event offered a chance to experience traditional, culturally rich food and celebrate our diverse heritage. Many African staff, joined by supportive allies, wore traditional clothing, adding colour, joy, and pride to the day.

The Blood Transfusion team also played an essential role during this event by raising awareness about the urgent need for more Black blood donors. Because certain blood types are more prevalent in Black communities, ensuring a diverse and inclusive pool of donors is crucial for life-saving matches. 33 new donors signed up on the day.

As part of the celebration, the community came together to honour the achievements of Black and minority ethnic women with the inspiring 'Saluting Our Sisters' exhibition. The exhibition celebrated the significant contributions of some of the women in our organisation, with several of them being honoured for their dedication, leadership, and impact.

## Disability Conference

In December we held our first-ever disability conference. While attendance was modest, the event proved to be incredibly productive, offering a powerful platform for open and honest discussions about the challenges faced by staff with disabilities and long-term health conditions.

Staff courageously shared the barriers and highlighted the opportunities for improvement within our organisation.

As a direct result of these conversations, we are committed to reviewing and improving our current processes. Our priorities moving forward include:

### ► **Access to Work Funding**

We are simplifying the process for staff who require financial assistance through the Access to Work scheme, ensuring that they can access the support they need quickly and without unnecessary delays or complications.

### ► **Strengthening the Reasonable Adjustments Process**

We are working to make the implementation of reasonable adjustments in the workplace more efficient and effective, ensuring that staff can easily access the tools, adaptations, and accommodations they need to perform their roles to the best of their abilities.

### ► **Promoting Awareness and Advocacy**

We recognise that fostering a culture of awareness and ongoing conversation around disability and long-term health conditions is key. We are committed to ensuring that all staff feel comfortable discussing their needs, seeking the support they deserve, and advocating for positive change within the organisation.

## Celebrating Ramadan Across the Trust

This year, the Trust proudly celebrated the holy month of Ramadan with two special events held on both sides of the organisation. These gatherings created an opportunity for staff to come together in the spirit of learning, reflection, and community.

Staff shared insights into the significance of Ramadan, highlighting its focus on spiritual growth, compassion, and self-discipline.

Both events saw a good turnout of staff members attending and showing their support. It was heartening to see staff of all backgrounds engaging in open conversations, asking questions, and learning more about the practices and values observed during Ramadan.



## Christmas Celebration with Widden School

Once again, Widden Primary School visited the hospital to bring some festive cheer through carol singing. This year, their performance took place in the staff restaurant, as the children wanted to sing specifically for our hardworking hospital staff. It was a heartwarming and thoughtful gesture that was warmly received by all who attended.

The catering team in Fosters went above and beyond to make the children feel welcome, transforming the space into a delightful setting reminiscent of a festive afternoon tea. After the performance, the children were treated to drinks and cake, adding a special touch to the experience, and showing just how appreciated their efforts were.

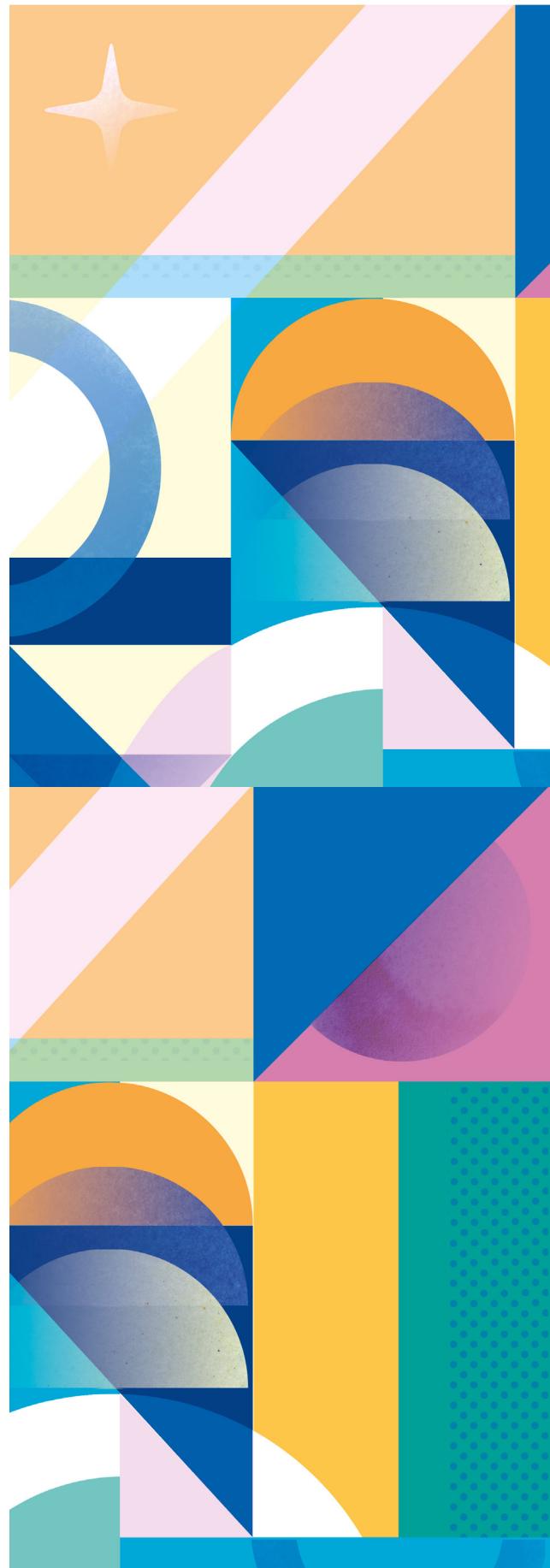
More than just a festive visit, this was also a valuable opportunity for the children to engage with positive role models within the hospital setting. In line with the "See One, Be One" ethos, the visit gave the children a glimpse into the diverse and impactful roles within healthcare, inspiring them through meaningful interaction and appreciation.

## Deaf Awareness Week

As part of Deaf Awareness Week, we were proud to celebrate the incredible work and contributions of Shannane Squire, one of our valued staff member who is Deaf.

To mark the occasion, we produced a vlog featuring Shannane, in which she shared her personal experiences and insights. The vlog also included contributions from two of our Executive Team members, Mark Pietroni, Director for Safety, Medical Director and Deputy Chief Executive and Kaye Law Fox, Chair of Gloucestershire Managed Services (GMS)

The experience was not just a celebration of Deaf Awareness, but also a demonstration of the impact that learning and embracing BSL can have in fostering a more inclusive and supportive environment.



3

# For the Year ahead 2025/2026



## Equality Diversity and Inclusion Link Ambassadors

We will be introducing the role of equality, diversity, and inclusion Link Ambassador (EDILA) to increase awareness and engagement with EDI initiatives across all departments in the Trust. EDILA representatives will receive training and have regular touchpoints with the EDI Team throughout the year. The role also supports personal development by offering opportunities to attend key Trust meetings and contribute to inclusive practices within their areas.

## Inclusion Champions

We are working to increase the number of Inclusion Champions taking part in interviews at Band 8A and above. As part of this, we're developing dedicated training to support more inclusive recruitment across the Trust.

The training will help staff build the awareness, confidence, and understanding they need to take part in recruitment panels. Inclusion Champions will play an important role in promoting fairness, challenging bias, and bringing a range of perspectives to the decision-making process.



## EDI Interview Questions

We are creating a central bank of EDI interview questions to ensure consistent and inclusive recruitment across all roles. These questions will assess candidates' commitment to diversity, inclusive behaviours, and the values that guide their actions, helping embed EDI at every stage of the recruitment process.

## EDI Board Development Programme

We are in the final stages of launching a potential 12–18-month EDI Board Development Programme. A structured initiative designed to strengthen inclusive leadership at board level. This programme will focus on deepening understanding of EDI principles, addressing systemic inequities, and embedding inclusive governance practices.

Once underway, it will support our Board in placing inclusion at the heart of strategic decision-making and organisational priorities. The programme will also connect closely with our Inclusion Network and ensure EDI activities are fully integrated across all areas of the Trust.

## Reciprocal Mentoring Programme

There are plans to relaunch a further Reciprocal Mentoring Programme. This time, we're excited to broaden participation beyond our executive team to also include members of our senior leadership team and, for the first time, some of our medics.

## Access to work Research Project

As part of our ongoing commitment to improving disability, we will be undertaking a research project aligned with the Access to Work. This project will involve benchmarking our current practices against those of other organisations, allowing us to identify areas of good practices and where we will need to make improvements in our disability support.

By exploring a wide range of external examples, we aim to gain a clearer understanding of what truly works. We will be working closely with our department managers to get a clearer picture of what the challenges are.

## Revised Job descriptions

We will launch a new co-designed job description template for each staff group across the Trust. The templates have been developed to reflect our current recruitment messaging, branding, and values.

## Training and Development

We plan to launch a range of training and development initiatives designed to empower our workforce and support career progression at every level. These initiatives include Interviewing with Impact, structured Managers Development Programme, and Inclusion Champion training.



## Podcast

To ensure we are engaging a broad range of our staff, we will be launching a new podcast series throughout the year. This is an exciting way to connect with more people across the organisation, offering flexibility for staff to listen whenever and wherever it suits them.

As part of this series, we'll be exploring important conversations such as disability, race etc. amplifying lived experiences, breaking down misconceptions, and opening dialogue across our teams in a more personal way.

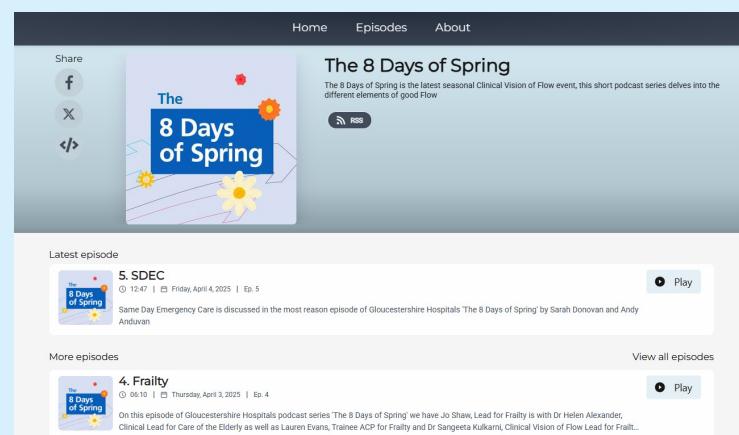
## Interviewing with Impact Workshops

We will be launching our Interviewing with Impact workshop. An initiative designed to give staff the tools, confidence, and support they need to shine in interviews.

Alongside this, the Equality, Diversity, and Inclusion team have been offering one-to-one interview coaching for staff who benefit from a little more personalised support.



→ Click here to watch the Mental Health in Profile podcast series



→ Click here to watch the 8 Days of Spring podcast series

## Education and Learning

### Safe Learning Environment Charter and Partner

We are actively embedding the principles of the Safe Learning Environment Charter to support the development of a positive safety culture and continuous learning across all our learning environments.

## Anti-discrimination Workstream

We are working to tackle all forms of discrimination, including those related to race, gender, disability, and sexual orientation. Our focus is on ensuring our policies are current and clearly support the raising of concerns around discriminatory behaviour. We're increasing awareness, delivering targeted training, and making it clear that discrimination will not be tolerated in any form.

We are also reviewing and improving how staff report staff-to-staff discriminatory behaviour, ensuring that the support offered afterwards is effective and compassionate. As part of this, we are embedding a Restorative, Just and Learning Culture to help us respond to incidents in a way that promotes accountability, learning, and meaningful change.

## Report, Support and Learn

The Trust has recently invested in a reporting software that will enable colleagues to report events of staff-to-staff discrimination, bullying, harassment, sexual misconduct, and incivility.



## Sexual Safety Charter

We have signed up to the NHS Sexual Safety Charter, reaffirming our commitment to eliminating sexual misconduct across our organisation. As a result, we have brought our related initiatives together under the umbrella of the Inappropriate Behaviour Campaign, ensuring a more coordinated and visible approach. This campaign sets out clear standards and consequences for inappropriate behaviour, while also providing dedicated resources and support for those affected. Through this work, we are creating a safer, more respectful environment for all.

## System Partnership

This summer, we will be hosting a System-wide Leadership Conference titled *Anti-Racist Leadership Practice in Action: Question, Learn, Practise, Transform*.

The conference is a response to staff requests for support in building the knowledge, skills, and behaviours needed to actively tackle racism and embed antiracist thinking into leadership and decision-making. The day will focus on helping participants critically reflect on their leadership experiences and better align their practices with antiracist values. The aim is to equip leaders with the tools to drive lasting change and to support others in doing the same.

We are also honoured to have Tracie Jolliff, the recognised lead for equity, inclusion, and system transformation, who will be joining us to share her expertise. Her insights will be a valuable part of the day's programme, helping to shape meaningful conversations and inspire action.

## Staff Advice and Support Hub:

Within the Trust, we seek to understand and support staff wellbeing in three different ways:

1. How is the wellbeing of staff?
2. How do staff perceive the culture of wellbeing at the Trust?
3. What is staff usage and experience of the wellbeing support offer in place?

These three elements of wellbeing provide us the opportunity to determine what we know from available intelligence, and where the challenges are.

### What we know

#### 1

#### How is the wellbeing of staff?

It is important to acknowledge that available data is extracted from different sources, with varying quantities available. However, the available data sources do support the indication that there are significant concerns about the well-being of staff at the Trust.

- ▶ 'Anxiety, stress, depression, and other psychiatric illnesses' (S10) is year on year the highest absence reason and is on average double the amount of the next highest sickness reason.
- ▶ In 2024, 26,327 FTE days were lost due to S10; equating to £2,258,857 – based only on the national minimum wage of £11.44/hour during the reporting period.
- ▶ Also in 2024, combined MSK codes equate to 18,288 FTE days lost.

- ▶ In 2024, the NHS Staff Survey was completed by 5,522 staff at the Trust. Of those, there are...
  - **41% of staff experiencing work-related stress (2,264 staff).**
  - **29.4% of staff experiencing work-related MSK issues (1,623 staff).**
  - **53.8% of staff reporting presenteeism behaviour (2,970 staff).**

What this data does not tell us is what the causes are, and what the appropriate solutions might be. Variables which contribute to a person's wellbeing are incredibly broad, and concern both work and personal factors.

## Staff Advice and Support Hub:

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### What we know

## 2

### How do staff perceive the culture of wellbeing at the Trust?

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Available data indicating staff attitudes to the wellbeing culture at the Trust, seems to suggest that a significant proportion of staff feel there are improvements needed in the Trust's culture of wellbeing, and the approach of line managers in supporting wellbeing.

- ▶ In 2024, the NHS Staff Survey was completed by 5,522 staff at the Trust. Of those, there are...
  - 18.36% of staff do not feel the Trust takes positive action on health and wellbeing (1,022 staff).
  - 13.6% of staff do not feel their line manager takes a positive interest in their health and wellbeing (759 staff).

Whilst a small sample size, the data available from the Trust's internal Wellbeing Survey identified trends in contributing factors to negative wellbeing in the workplace, and these fit with anecdotal feedback. There is an opportunity to utilise this survey again in 2025 to try to better understand this area and inform appropriate actions.

# Staff Advice and Support Hub:

## What we know

### 3

### What is staff' usage and experience of the wellbeing support offer in place?

Given the prevalence of wellbeing issues in staff, usage of the available offer appears lower than would be anticipated. There is not currently an agreed standardised mechanism for reporting on uptake and impact data across the services which make up the wellbeing offer. Developing this, forms one of the key actions for 2025.

#### A summary of the wellbeing offers:

The workplace wellbeing offer is comprised of the following services:

► **Staff Advice and Support Hub:**

Available 9-5, Monday-Friday; providing support and signposting for issues relating to the physical or psychological wellbeing of staff. In 2024, there were 2,772 contacts from staff utilizing services provided by the Hub; such as 1:1 support, team awareness sessions, Menopause workshops, and manager training. The Hub also coordinates the Wellbeing Champion network.

► **Employee Assistance Programme (EAP) provided by VIVUP:**

Offering 24/7 'in-the-moment' support and 6x sessions of telephone counselling. In 2024, there were 212 contacts from staff utilizing these services.

► **Staff Psychology Service:**

The Staff Psychology Service offers 1:1 support for individuals and managers, trauma focused therapy for work related trauma, team interventions such as decompression groups, reflective practice and Compassion Focused away day support. The service provides specialised training such as 'Compassionate Resilience' workshops, 'Supporting Managers' workshops, hot and cold debrief training as well as bespoke teaching sessions for junior doctors and staff teams.

► **Occupational Health:**

As seen above in section 'Occupational Health'.

► **Other in-house support options:**

In addition to the support options already named, there are many roles across the Trust which directly support the wellbeing of staff; including Legacy Mentors, Professional Nurse Advocates, Professional Midwifery Advocates, Peer Support Advisors. Further, the work of the Library and Knowledge Service, and the Spiritual Care Team also contribute to the wellbeing offer.

# Staff Advice and Support Hub:

## Key progress in 2024

In 2024, the approach to workplace wellbeing at the Trust has progressed in multiple areas in line with the 2024 Wellbeing Strategic Action Plan; however, there are three specific areas where work has focused:

1. Opportunity to improve governance and accountability around workplace wellbeing; apparent through the absence of scheduled stakeholder meetings, and a single strategic plan.

**Progress in 2024 to address this included:** Formation of Wellbeing Steering Group; design of Wellbeing Strategic Action Plan; identification of Divisional Wellbeing Leads; utilisation of multiple task-finish groups to promote collaboration.

2. Inconsistent staff awareness of the wellbeing offer; apparent through low uptake figures, anecdotal feedback, and Trust Wellbeing Survey data.

**Progress in 2024 to address this included:** growing the network of Wellbeing Champions from 40 to 170; re-designing the wellbeing intranet site; creating a wellbeing booklet and wellbeing lanyard cards to enhance access for non-computer users; introducing weekly 'Wellbeing Wednesday' videos; walk-arounds to promote the offer; the launch of a 'Take a break' campaign, supported by Divisional pledges.

3. A need to enhance Manager skills in supporting wellbeing of employees; apparent from results from the 2023 NHS Staff Survey, and the Trust's internal Wellbeing Survey, which indicated a lack of satisfaction with managers supporting wellbeing.

**Progress in 2024 to address this included:** Launch of manager training for supporting wellbeing, which has so far been delivered to 180 Managers, and evaluated to show positive impact; launch of 'Wellbeing Conversation guides'; launch of a suicide prevention toolkit; development of a Reasonable Adjustments Policy and Purple Passport resource; launch of Menopause guidance for managers.

In addition to these developments, other successes include the introduction of free weekly yoga sessions, recruitment to a Wellbeing Nurse role to deliver free physical health checks to staff to help address health inequalities, launch of an internal wellbeing survey to engage and learn from staff, delivery of wellbeing training and learning events, and collaboration with the ICS Health and Wellbeing Group.

## Staff Advice and Support Hub:

### Focus for 2025

1. Improve the use of data, KPIs and reporting, to support the three elements of wellbeing (staff wellbeing, perception of a wellbeing culture, and engagement and experience of the wellbeing offer).

**Planned activity for 2025:** Re-design of the Trust annual Wellbeing Survey; developing wellbeing metrics and KPIs; exploring use of new impact measures to understand service-user satisfaction; seek to work with Divisional Tri's/Quad's to support them in identifying and delivering divisional wellbeing goals; identify a Trust-wide Wellbeing Guardian to provide a necessary two-way information path with the Board of Executives; ensure wellbeing data is effectively reported within appropriate forums.

2. Continued development of line managers, to build confidence and competence in supporting wellbeing.

**Planned activity for 2025:** Embedding the evaluated wellbeing training content within the new Manager Development Programme; embedding wellbeing conversations within the new appraisal process; supporting Managers to identify and support wellbeing needs of staff, through the use of the new Report, Support and Learn system.

3. Enhancing utilisation of the wellbeing offer and understanding and addressing areas of inequity.

**Planned activity for 2025:** Utilising task groups and the Inclusion Network to explore and understand variation of accessibility across different staff demographics; review of the provision of the physical and mental wellbeing support provided by external providers; introduction of free, onsite physical health checks, with emphasis on addressing health inequalities.

## Staff Psychology Service

The Staff Psychology Service (SPS) was initially launched following the pandemic in October 2020. Then, it consisted of a six-month, 0.5 WTE 'Psychology Link Worker' role. In 2021-22, additional investment had been secured using the Charities Together funds combined with staff support vacancies in the Clinical Health Psychology team. To provide an integrated staff wellbeing agenda, the SPS became situated within the People and OD department and was delivered in partnership with existing health and wellbeing offers from the 2020 Hub and the Leadership and OD team. In 2023 the SPS was made substantive and moved back to sit under the professional line management of the Chief Psychological Professions Officer but maintains existing links to the wider People and OD wellbeing initiatives.

### Current service provision:

- ▶ The SPS provides 1-to-1 trauma-focused support for individuals and consultations for managers.
- ▶ The service offers a range of team interventions such as psychological debriefs, compassion focused away day support and bespoke teaching sessions.
- ▶ In collaboration with the patient safety team, the team also deliver hot and cold debrief training.
- ▶ The service provides specialised training such as a 'Supporting Your Wellbeing' workshop and a 'Compassionate Resilience' workshop.
- ▶ In addition, the team offers weekly online mindfulness sessions available to anyone working within the Trust.

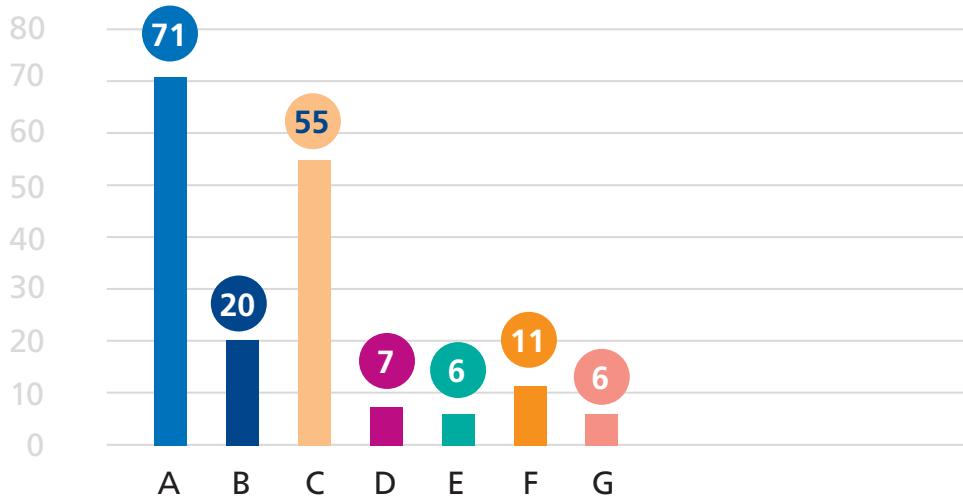
Across the last 12 months there has been a total of

1712

direct points of contact with staff who have accessed support from the SPS

## Staff Psychology Service

1712 direct points of contact over the last 12 months includes:



- A. 71 staff self-referring for individual support, averaging 6 per month.
- B. 20 reflective group sessions, with 138 staff in attendance
- C. 55 compassion focused teaching sessions, with 849 staff in attendance
- D. 7 Supporting Wellbeing workshops, with 63 staff in attendance
- E. 6 Compassionate Resilience workshops, with 63 staff in attendance
- F. 11 Hot debrief training sessions, with 127 staff in attendance.
- G. 6 Cold debrief training sessions, 157 staff in attendance

# Staff Psychology Service

## Tree of Life Workshops

We had the privilege of participating in the Tree of Life workshops, led by the Staff Psychology Service, which provided a nurturing space for members of the network to reflect on and share their unique experiences and strengths. Rooted in a Zimbabwean healing tradition, the workshops used storytelling and creative drawings to guide each of them in creating their own “Tree of Life.” These personal trees were then brought together to form a collective “forest,” symbolising the strength they share in unity.

In the second session, they reflected on the challenges—the “storms”—that they had faced, such as racism and social unrest. Together, they discussed the ways in which they can remain true to their values while navigating these difficult experiences. These powerful conversations not only helped build resilience but also fostered a deep sense of connection and empowerment.

Through these workshops, they gained a renewed sense of strength and solidarity. It was a valuable opportunity to explore their personal journeys while supporting each other in a shared commitment to growth and inclusion.

## The Inclusion Network

We are incredibly proud of the strength and growth of our Inclusion Network, which plays a central role in championing equity, diversity, and inclusion across our organisation. Currently, our network is made up of three vibrant and active subnetworks, each dedicated to amplifying the voices and experiences of staff from different backgrounds and communities:

Over the past 12 months, our Inclusion Network has seen exceptional growth, with membership now exceeding 500 members.



### Intranet:

We plan to refresh our intranet page to include more detailed information about the work we are currently doing, as well as our future plans.

We have also, created new Equality, Diversity, and Inclusion (EDI) leaflets, which are being distributed in staff areas to raise awareness and reinforce our commitment to EDI and what it represents.

## The Inclusion Network



### **Disability Network:**

Advocating for staff with disabilities and long-term health conditions by promoting greater accessibility, reasonable workplace adjustments, and raising awareness of the barriers they may face.



### **LGBTQ+ Network:**

Creating a safe, inclusive, and empowering space for Lesbian, Gay, Bisexual, Transgender, Queer, and other identities, while encouraging visibility, allyship, and meaningful conversations across the Trust.

We were thrilled to install a new rainbow pedestrian crossing at both Cheltenham General Hospital and Gloucester Royal Hospital to celebrate and show our support for the LGBTQ+ community. These vibrant crossings, reflecting the colours of the rainbow flag, stand as a visible symbol of solidarity with our LGBTQ+ staff, patients, and the wider public.



### **Ethnic Minority Network:**

Driving forward race equality, improving representation, and fostering cultural awareness, with a clear focus on dismantling barriers and ensuring all ethnic minority staff are supported and valued.

Building on this momentum and the passion of our staff, we are thrilled to announce the launch of the women's subnetwork.

## Spiritual Care Team (Chaplaincy)

The Spiritual Care team supports patients and their carers at some of life's most difficult points including End of Life and pregnancy Loss. Support is provided in a sensitive, open, and confidential manner, seeking to help people reflect on their lives and find strength, comfort and meaning. Staff, either as individuals or as groups and departments, are also able to access the department's support. This is often in the context of bereavement where a staff group, perhaps unable to attend a colleague's funeral, are able to gather in a hospital chapel for a time of remembrance and storytelling.

The chapels and prayer rooms are an important aspect of the department's work, providing safe and quiet places of retreat. Many staff start or end their shifts by pausing in the chapels for prayer and reflection. And, like the chaplaincy service itself, these spaces remain open 24/7.

The team is increasingly diverse to reflect the religious and cultural profile of the county and has actively recruited new volunteers to fulfil this ambition. The volunteer team includes members of world faiths along with humanists and pagans. So, while most people in Gloucestershire would default to a basically Christian viewpoint, the team aims to be able to give appropriate support across the religious spectrum.

As well as delivering spiritual, religious, and pastoral care directly, the department is engaged in other initiatives across the trust: these include the programme to welcome international nurses, leading Schwarz Rounds and the organisation of seasonal events such as Remembrance Day.



## Veterans and Armed Forces Work

The Armed Forces Covenant is a statement of the nation's moral obligation to the Armed Forces, ensuring fair treatment for those who serve or have served, and their families. This is a legal obligation on specific public bodies, including the NHS, to consider the principles of the Covenant when making decisions and providing services related to healthcare, education, and housing. The Armed Forces Act 2021 introduced this legal duty, making it a statutory obligation. This legal obligation means that when we have 'due regard' for Armed Forces personnel and their families when planning our services or implementing care for our patients.

We do this by identifying our Veterans, Serving and Armed Forces families on our patient administration system within our outpatient and in-patient settings. Our nursing in-patient documentation also identifies and reports Veteran and Armed Forces personnel. In 2025/6 we anticipate a new version of the General Practice information system passing the Armed Forces and Veteran status automatically through patient information systems. This means we will more accurately identify where our patients are in our system and be able to prevent disadvantage.

We have increased our training for Armed Forces Champions and have two champions in our Patient Advice and Liaison Service (PALS), who are the first point of contact for patient compliments and concerns. We had a lovely compliment from a Veteran who was most impressed with his care in the orthopaedic department after a significant motorbike crash with serious injuries. Our PALS champions might discuss more complex patients with our Armed Forces Lead and a referral to the Defence Medical Welfare Service was made for one of our patients, for complex care needs. Similarly, we have been able to signpost Armed Forces personnel who are struggling to find a dentist, orthodontist and options for a quick CT scan.



## Veterans and Armed Forces Work

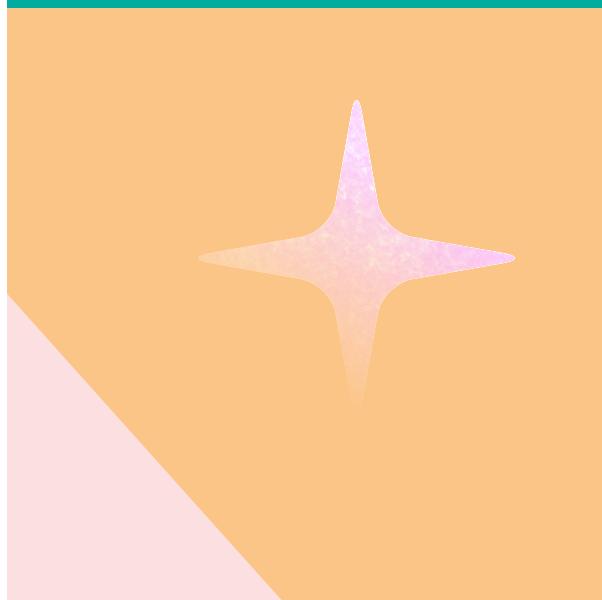
Although the Armed Forces Covenant is not legally binding for employees, we have set up an Armed Forces Network to improve both our patient and staff experience, by increasing awareness of Armed Forces needs and referral pathways. We work with ICB and GHC colleagues and have presentations from significant stakeholders such as the local RAF Association Lead, as our Veteran work can be focussed on the Army. One of our network colleagues presented to the NHS Employers Community Connect webinar, presenting on the mutual benefits of working in the NHS as an IT consultant and as an Army Reserve person in the Royal Wessex Yeomanry cavalry regiment. We use our X social media site @GlosAFA linked to our intranet and internet pages for advertising Armed Forces and Veteran events such as Armed Forces Breakfast Clubs and the Pop-Up Forces Hub in Gloucester city centre. We advertise significant events such as commemorating the Falklands War and signposting to the Royal British Legion assistance for justice for our LGBT Veterans who were dismissed from the Service due to the Armed Forces Act prior to January 2000.

Our new Chief Executive re-signed our pledge to the Armed Forces Covenant during Armed Forces week 2024, and led one of our two very popular Remembrance Services, please see the pictures on the previous page.



# 4

## Patient and Carer Experience



## Executive Summary

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This part of the report evaluates the effectiveness of Gloucestershire Hospitals NHS Foundation Trust in promoting equality, diversity, and inclusion (EDI) within patient and carer experiences.

Our organisation is committed to EDI, guided by legislation such as the Equality Act 2010 and the Accessible Information Standard, alongside frameworks like the Care Quality Commission (CQC) assessments. Our Trust actively collects demographic data through various avenues, including patient surveys and assessments, allowing us to understand the diverse needs of our patients better. However, challenges remain in capturing full demographic information, particularly regarding protected characteristic groups, which impacts our ability to identify and address health disparities effectively.

Feedback from patients and carers indicates that those with disabilities and long-term health conditions report lower satisfaction levels compared to those without. Additionally, our surveys reveal underrepresentation from patients in economically deprived areas. Where we have gaps, we utilise alternative methods to engage with these communities and understand their experiences.

Engagement initiatives, such as the Young Influencers Programme and the Accessibility Panel, have shown the importance of involving local communities and tailoring services to meet the needs of those using the services. This report also highlights several key projects aimed at improving patient and carer experiences, such as the introduction of accessibility maps and the integration of youth workers into our Children's Ward.

Looking ahead, we recognise the need to improve our data collection methods and increase insight capture to ensure all voices are heard. Planned improvements include the development of more accessible feedback channels and continuing to build on an already successful engagement programme. We use continuous evaluation and partnership working to build on work already done to increase the equity and inclusivity of our services.

# Background

## National policy and context

The NHS approach to promoting equality, diversity and inclusion in the delivery of its services to patients and carers is supported by several key pieces of legislation including:

- ▶ Equality Act 2010
- ▶ Public Sector Equality Duty
- ▶ Accessible Information Standard (2016)
- ▶ NHS Constitution

Additionally, the Care Quality Commission (CQC) assessment framework contains five key questions, each supported by quality statements. These quality statements are the commitments, we, as a provider, should meet. These quality statements are presented as 'we' statements and show what is needed to deliver high-quality, person-centred care.

To further support NHS organisations to meet their duty and to ensure we provide accessible services, NHS England have provided statutory guidance, 'Working in partnership with people and communities' (2022), which sets out the principles to enable effective partnership working.

## Our Trust

Our Trust Electronic Patient Record enables our staff to capture demographic data about our patients; this enables us to understand who is using our services. Additionally, we utilise a health inequalities dashboard which enables us to have a picture of health disparities within Gloucestershire.

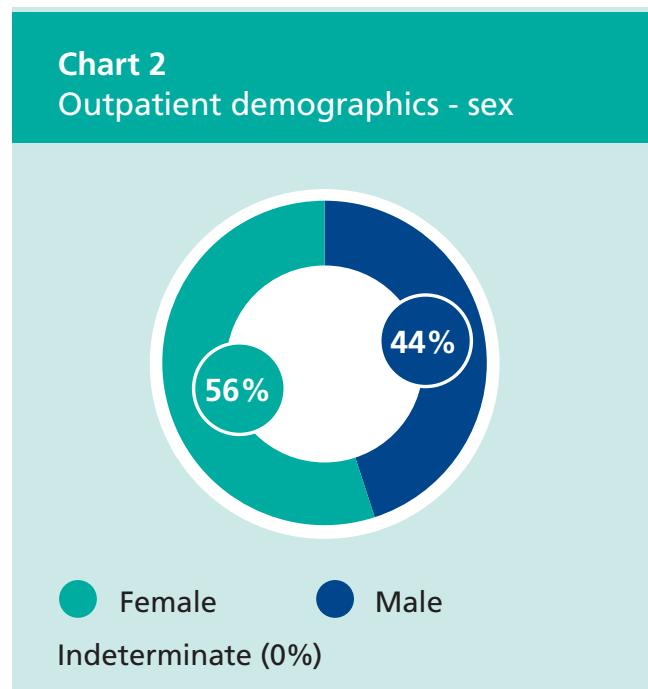
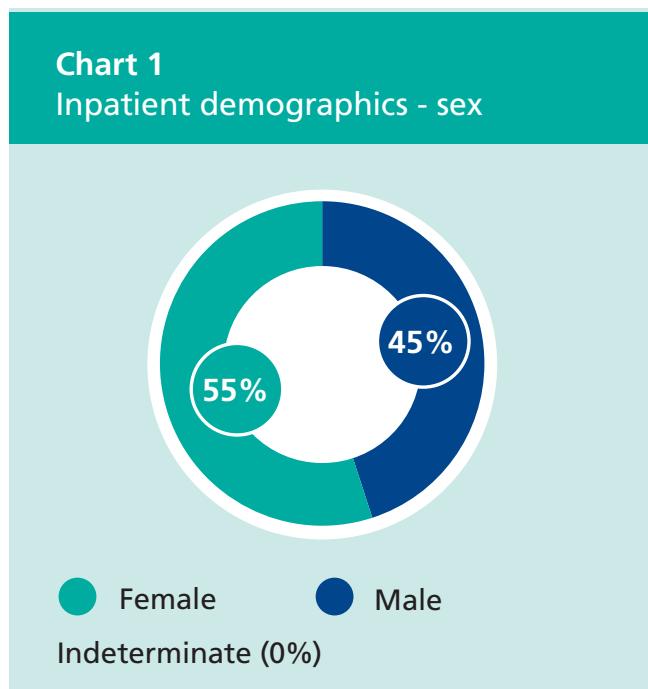
We collect demographic data within the CQC national patient survey programme to enable us to better understand experiences of patients within the protected characteristic groups. This is further supported by additional insight routes, such as Patient Led Assessments of the Care Environment, patients' stories, focus groups and 15 steps challenges.

We recognise that we must offer a range of methods for our patients, carers and public to provide feedback in order to enable people to feel comfortable and safe to do so, this means that we do not always ask demographic questions on our survey's, this is following feedback from patients that they want to remain completely anonymous.

## Our patients

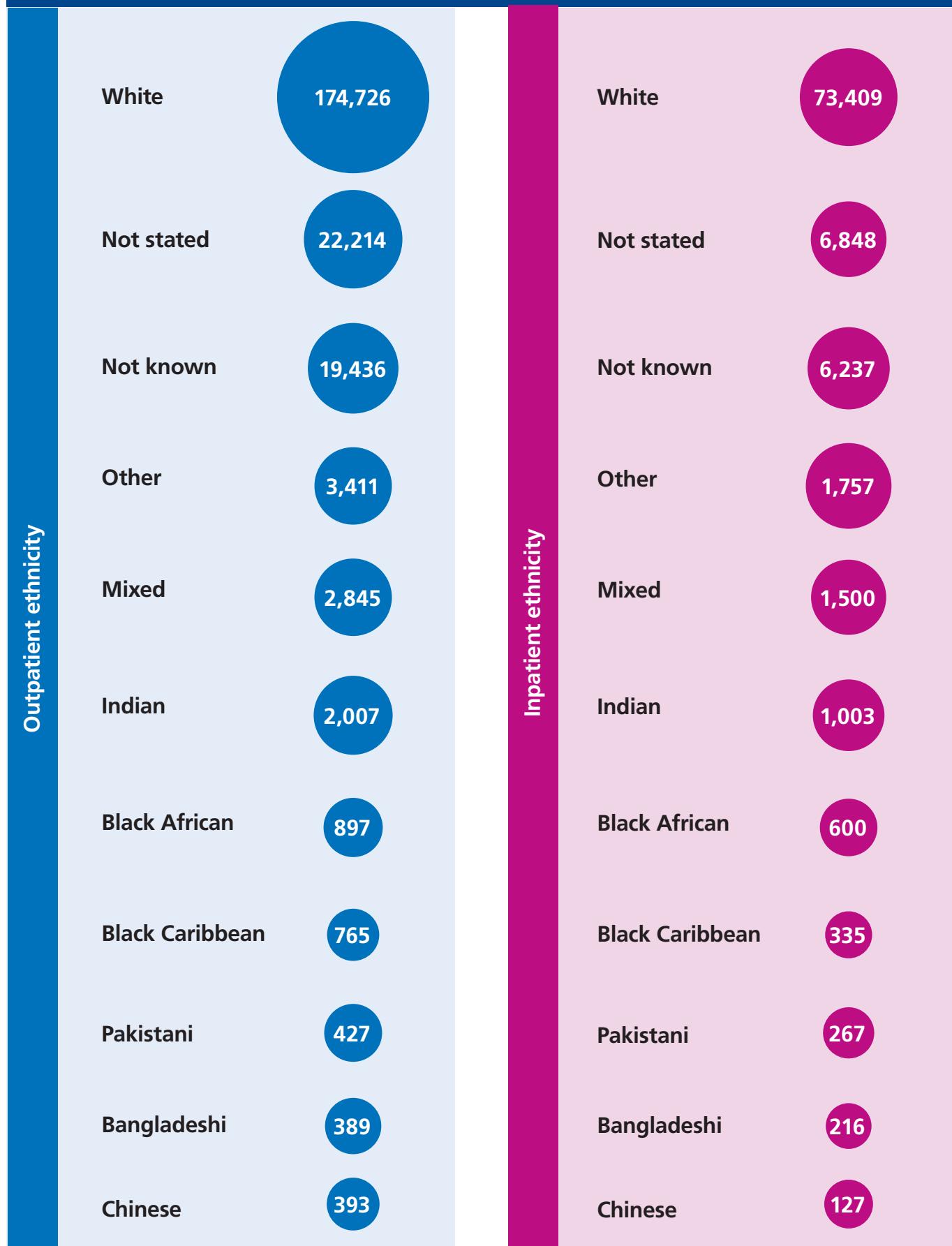
The Equality Act 2010 expects us to collect demographic data of those using our services. It is important, however, that we understand the demographics of our patients, to enable us to identify potential inequalities, ensure the services we are providing meet the needs of our population, monitor any trends in those using our services and ensure we are providing a quality service.

Our patient data for 2024-2025 is presented in the following tables.

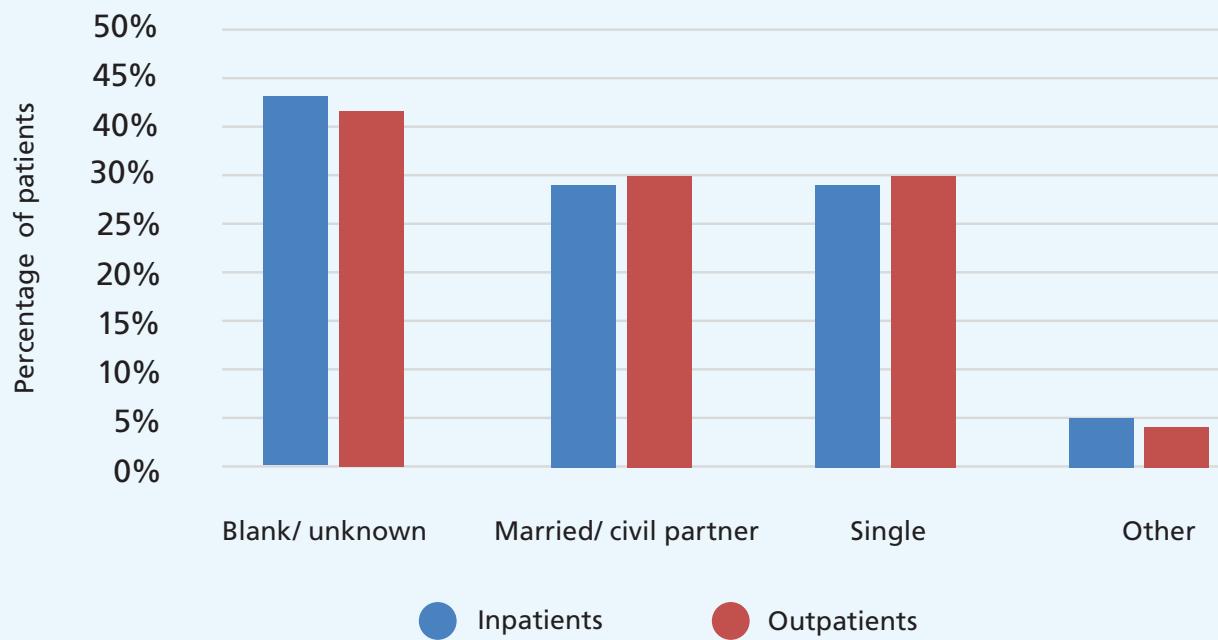
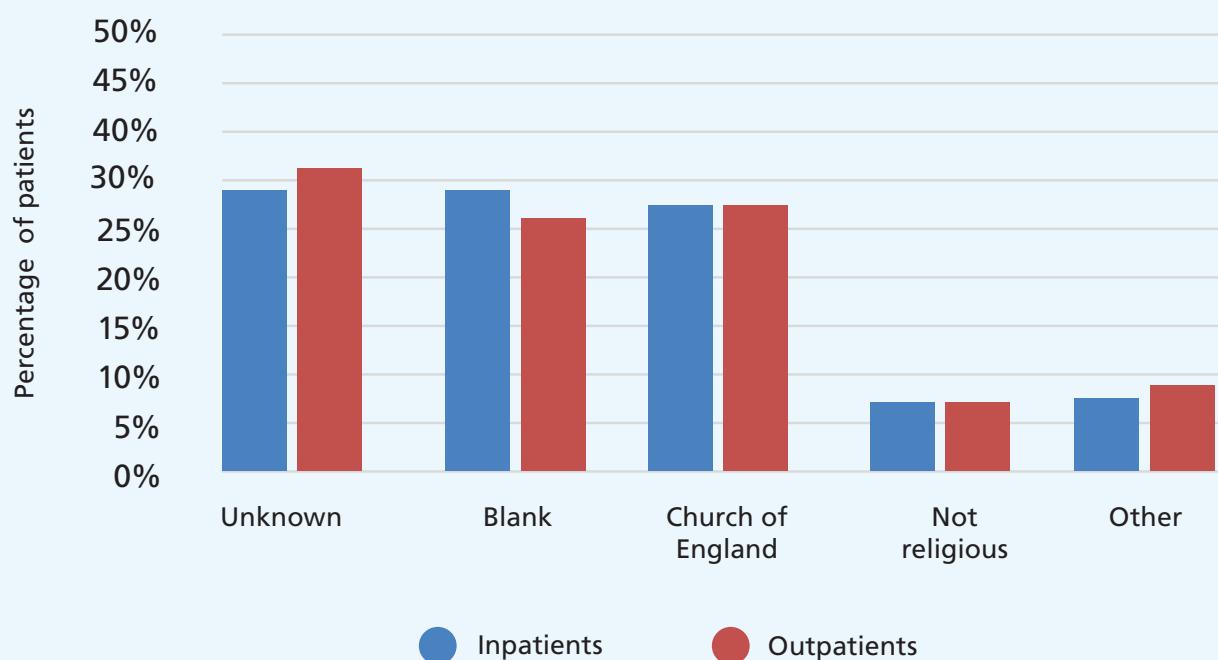


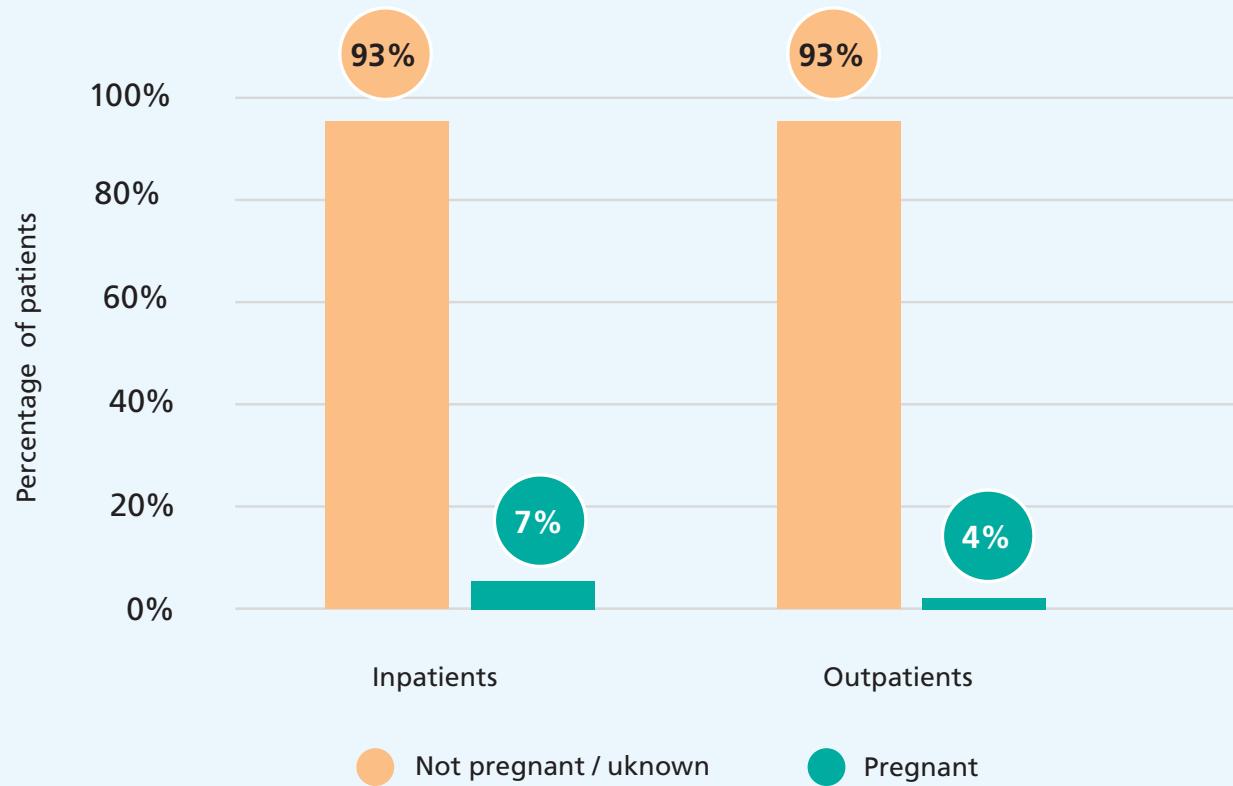
**Chart 3**  
Patient demographic - age

Age Group	Outpatients	Inpatients	Total Patients
0 Years	2,271	2,787	5,058
01 to 05 Years	8,863	3,510	12,373
06 to 15 Years	16,750	6,081	22,831
16 to 40 Years	49,069	20,991	70,060
41 to 65 Years	73,187	26,118	99,305
66 to 80 Years	56,758	21,955	78,713
80+ Years	24,951	11,394	36,345

**Chart 4****Patient demographic - ethnicity**  
(simplified categories but inpatient and outpatient attendances 2024/25)

The data for the remaining protected characteristic groups has very high proportions of either remaining blank or unknown.

**Chart 5****Patient demographic - percentage of marriage and civil partnerships****Chart 6****Patient demographic - percentage of religious belief**

**Chart 7****Patient demographic - percentage of patients pregnant/ not pregnant**

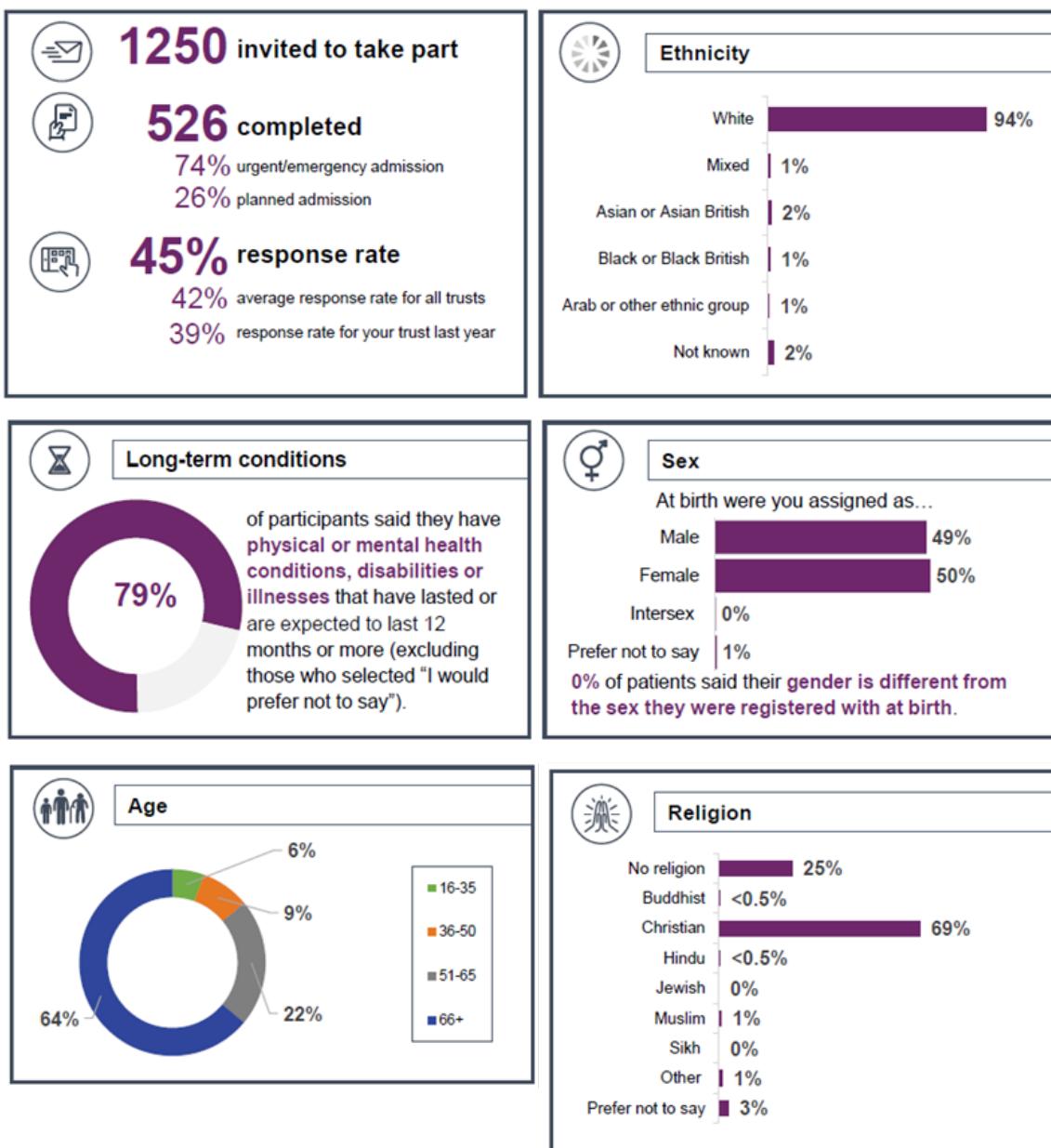
We can see from the data that there is a gap in our collection of demographic data against the protected characteristic groups as defined by the Equality Act 2010. This makes identifying whether we are providing appropriate services for the demographics of our patients more challenging.

# Using Insight and Feedback – CQC National Patient Survey Programme

The NHS Patient Survey Programme collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day case services and urgent and emergency care services. The programme is commissioned by the Care Quality Commission (CQC) and is used to build an understanding of the risk and quality of services in an area. Each survey survey's a sample of patients that meet the clear eligibility criteria. The results are standardised to account for differences in demographic profiles between Trusts.

## National Adult Inpatient Survey 2023, results published 2024.

The following charts show the patient demographic of those that completed the survey:



## Using Insight and Feedback – CQC National Patient Survey Programme

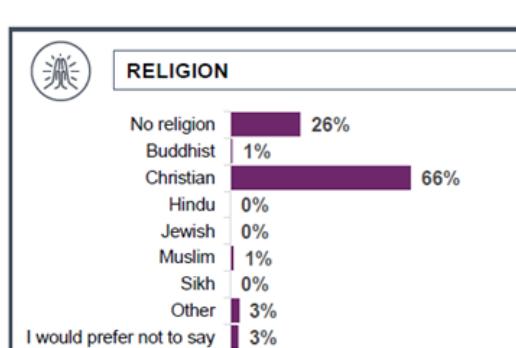
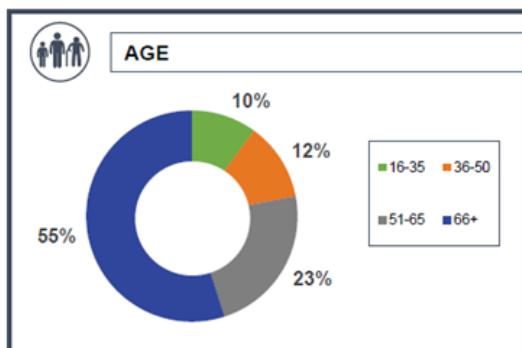
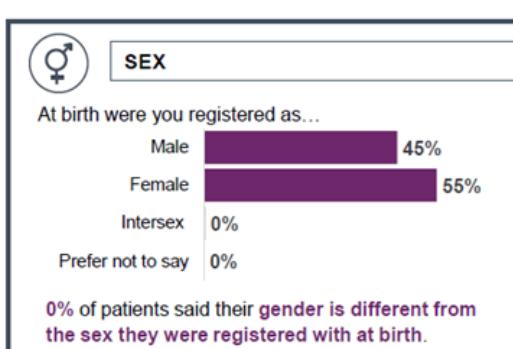
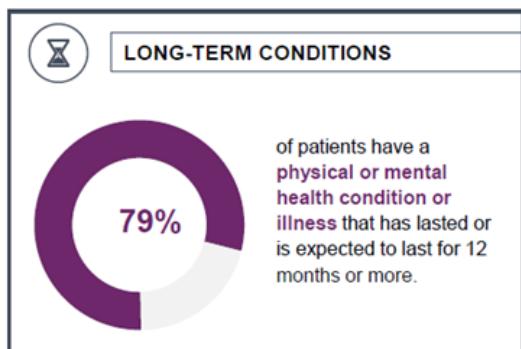
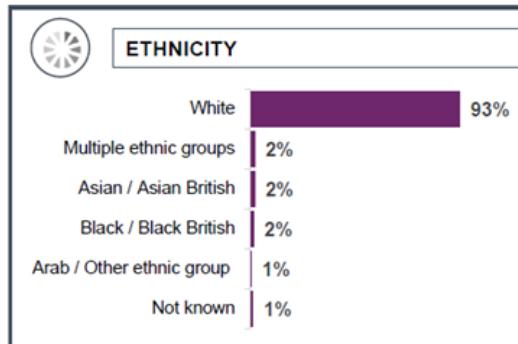
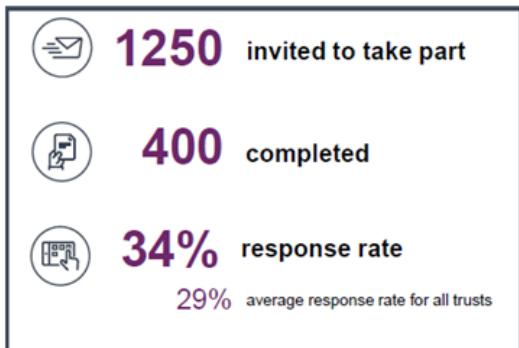
When looking at our results against protected characteristic, in some cases the number of responses is not high enough and therefore the results are suppressed. We can see, however, that those with certain disabilities and long-term health conditions report a poorer experience to those with no long-term health condition. We can also see from the data that the majority of patients responding to the survey, report having a long-term health condition.

Further work with our Business Intelligence team has also reviewed the responses against deprivation deciles and we have identified that those patients living in areas with high deprivation are not responding to the survey. We therefore, need to ensure we have other options for patients in these areas to provide feedback should they wish.

# Using Insight and Feedback – CQC National Patient Survey Programme

## National Urgent and Emergency Care Survey 2024, results published 2024

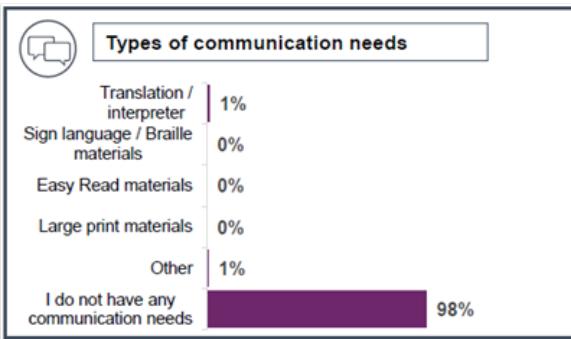
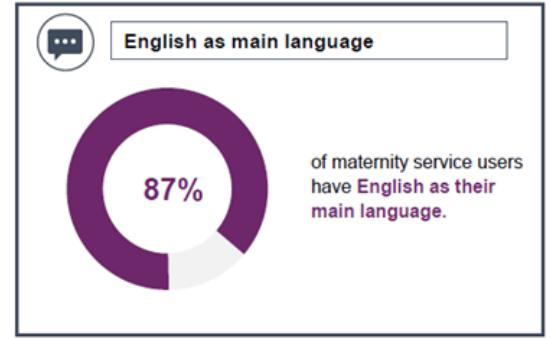
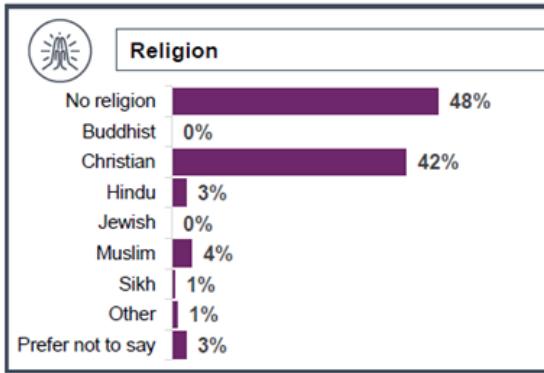
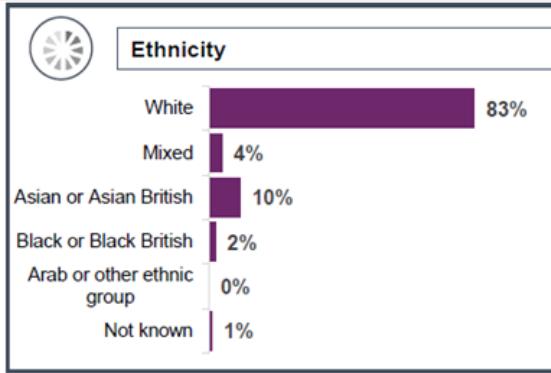
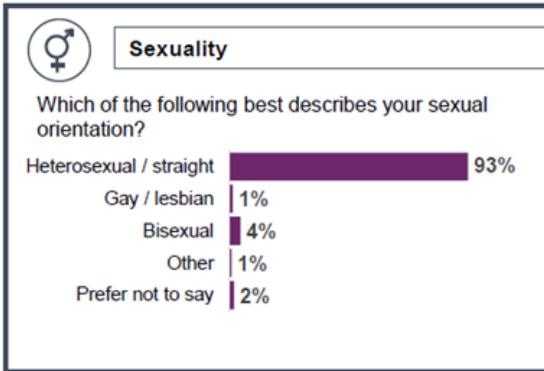
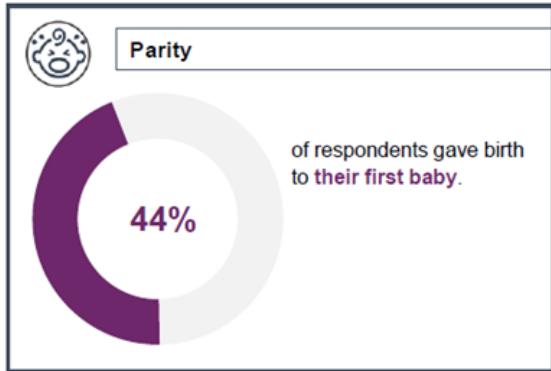
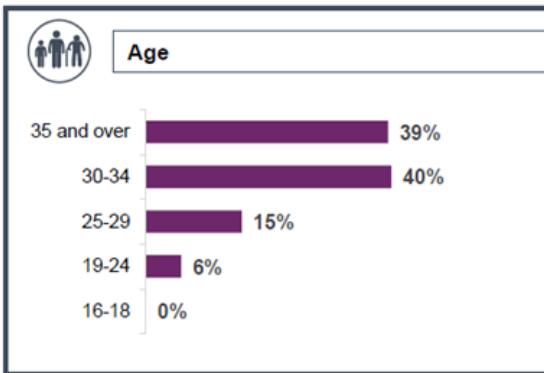
The following charts show the patient demographic of those that completed the survey:



Much of the data for this survey is suppressed, however, we can see that similarly to the adult inpatient survey, we are not hearing from those patients that live in more deprived areas of the county.

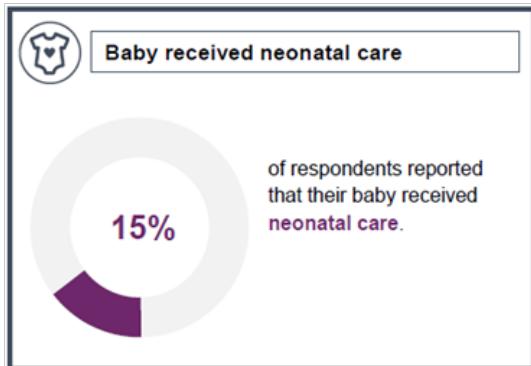
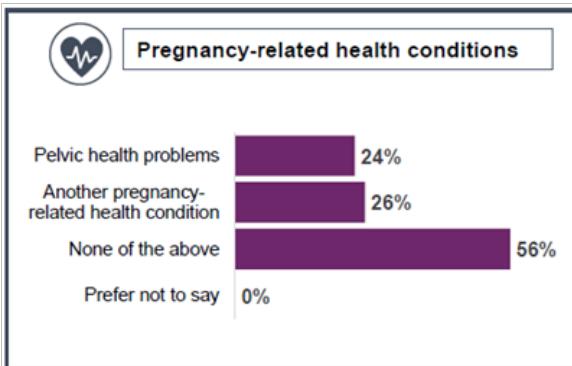
# National Maternity Survey 2024, results published 2024

The following charts show the patient demographic of those that completed the survey:



## National Maternity Survey 2024, results published 2024

The following charts show the patient demographic of those that completed the survey:



Unfortunately, due to the numbers of responses against some of the protected characteristic groups being lower than the threshold for the data to be published, the data has been suppressed. This means we cannot compare and draw conclusions about the experiences of women within some of the protected characteristic groups, e.g. ethnicity. We can see that women who state that their ethnicity is other than White report a slightly above average experience. We can also see that women that report that they have a long-term health condition report a below average experience.

By identifying where experiences are less positive, we can begin to work with women to improve experiences.

## Using Insight and Feedback – Patient Led Assessments of the Care Environment (PLACE)

Patient Led Assessments of the Care Environment (PLACE) involve local people as patient assessors working with staff assessors to assess our environments using defined criteria. As part of these assessments, we also review the extent to which the environment is able to support the care of those patients with dementia or with a disability. As an organisation we scored 64.92% for Dementia domain and 64.28% for the Disability domain. The national averages were 83.66% and 85.20% respectively.

## Using Insight and Feedback – Equality Delivery System – Domain 1

The Equality Delivery System (EDS), an improvement framework and toolkit that is designed to assist organisations in assessing their performance and identifying future improvement actions to demonstrate they are meeting the requirements of the Public Sector Equality Duty (PSED).

Domain 1 – commissioned or provided services of the framework focusses on four outcomes:

1A – Patients (service users) have required levels of access to the service

1B – Individual patients (service user's) health needs are met

1C – When patients (service users) use the service, they are free from harm

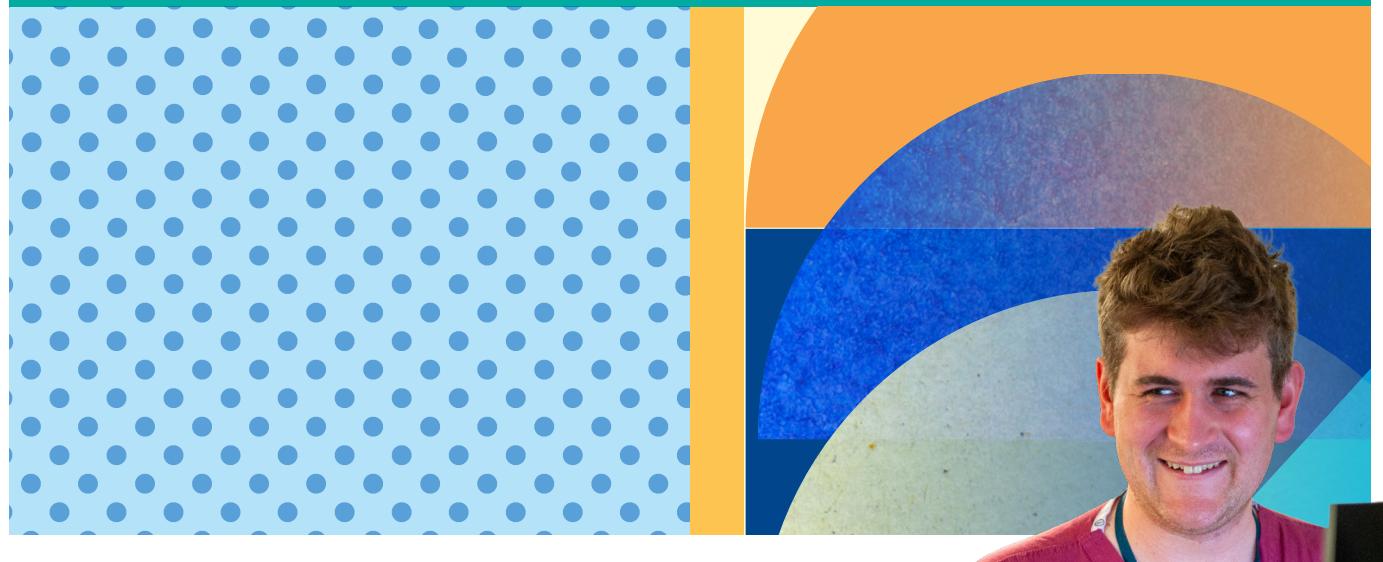
1D – Patients (service users) report positive experiences of the service.

The service areas assessed for 2024/25 were Respiratory Services, Blood Pressure and Children's Mental Health and our assessment rating is 'Developing'. The action taken is to continue to build an understanding of our population and their health needs, through improvements in the quality of our data recording and robust use of Equality, Quality and Health Inequality Impact Assessments.

# 6

## Engagement with people and communities

Through working with people and communities helps us to reduce health inequalities by understanding needs, developing solutions with them and to improve the services we provide as an organisation by focussing on what matters to those using our services.



## Community engagement

Throughout 2024/25 we have worked with a number of local communities to better understand their needs and experiences. These include:

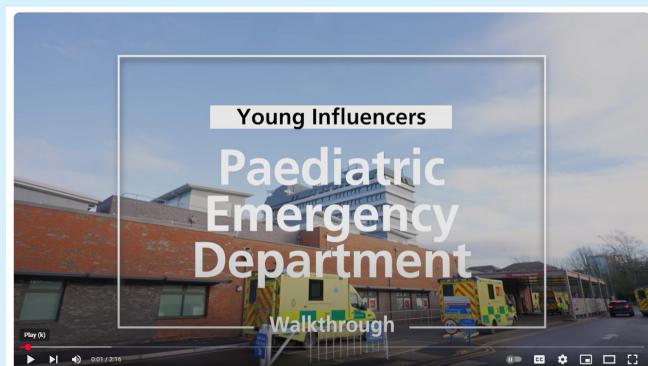
- ▶ Focussed engagement work with communities identified as high risk for hepatitis c. The development of culturally tailored awareness and screening programmes were produced with resources available in four additional languages, Romanian, Polish, Punjabi and Urdu.
- ▶ Philippines community - resulting in the development of a bowel cancer screening awareness film. This was then expanded to 10 further communities and a bowel cancer screening film was developed and made available in thirteen different languages.
- ▶ Jewish community – following a listening event with leaders in the community a breast cancer awareness session was delivered to the wider Jewish community. The aims of this session were agreed with the community and were to empower members of the community to start a conversation about breast cancer; to learn more about the services available and to share their experiences and ideas for how we can work together.

## Young Influencers

The Young Influencer Programme has evolved into a cornerstone of our youth engagement approach. With 19 young people now regularly involved, this group plays a crucial role in bridging the gap between the Trust and younger demographics.

Their contributions go beyond internal Trust discussions—they have reviewed patient experience materials, co-produced educational resources, and led peer consultations. Highlights this year include:

- ▶ Providing qualitative feedback to the Gloucester City Council's Preparation for Adulthood Team
- ▶ Producing child-friendly video walkthroughs of our Paediatric Assessment Unit (PAU) and Emergency Department, now used in parent and Special Educational Needs and Disabilities (SEND) outreach.
- ▶ Partnering with Gloucester Council's Cultural Service Team to contribute to Refugee Week activities.



- [Click here to watch the Young Influencers Paediatric Emergency Department Walk Through](#)

## Accessibility Panel

Our Accessibility Panel, made up of experts by experience, was developed in response to data telling us that patients with a disability and sensory impairment are more likely to have a poorer experience of our services. They have successfully worked with us on a number of projects including:

- ▶ co-developing an Accessible Map
- ▶ providing unique insight to architects working on the designs for the new Gloucestershire Cancer build
- ▶ supporting the implementation of new signage to the GP out of hours service from the emergency department and the main Tower Block entrance
- ▶ reviewing the accessibility of our Emergency Department at Gloucestershire Royal Hospital resulting in accessible doors being installed and redesign of the waiting area in minors.

## 7

## Improving experience of care

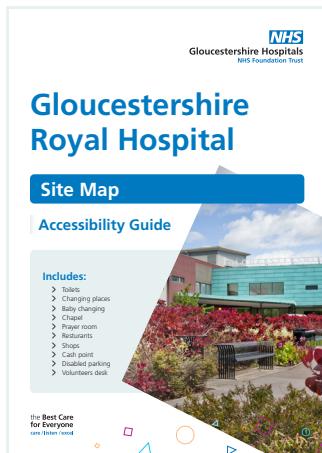
There are many projects throughout the organisation designed to improve the experiences of our patients, some of these are large programmes of work and others are smaller projects that can make a big difference to our patients and carers experiences. These projects are designed to respond to feedback. We work with experts by experience to coproduce and inform projects.



## Accessibility Maps

These have been developed alongside our Accessibility Panel and in response to feedback that it would be helpful to know where Changing Places facilities, accessible toilets, chapel, prayer rooms, baby changing and disabled parking.

The map is currently available for our Gloucestershire Royal Hospital site only but will be expanded to include Cheltenham General in the coming year.



## Youth Worker support on Children's Ward

In Gloucestershire we have seen an increase in mental health issues among young people as a result of a combination of factors. Through working with Young Gloucestershire, we have embarked on a partnership where Youth Workers are now an integrated role on the children's ward at Gloucestershire Royal Hospital.

The Youth Workers are specialised professionals that are equipped to offer essential support and guidance to young people aged 11-16 years who are admitted for their safety due to mental health concerns.

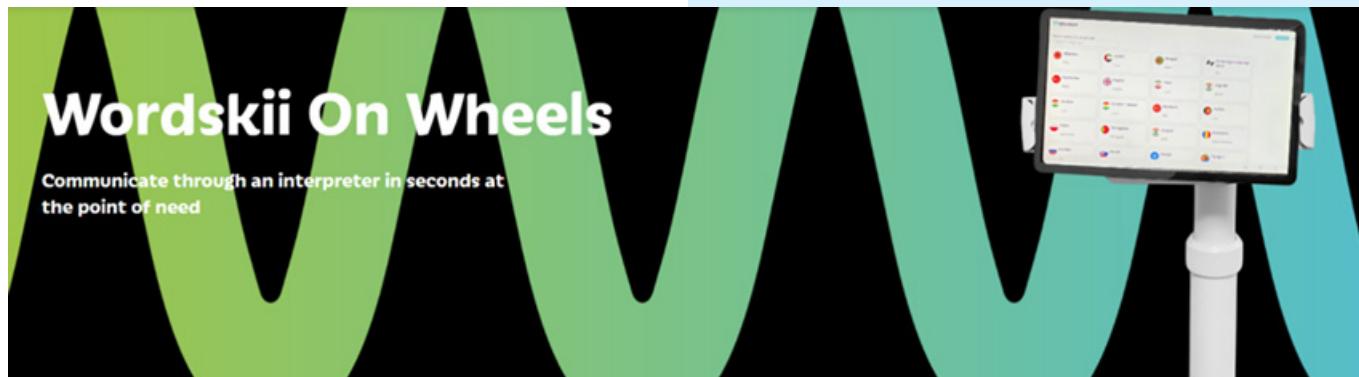
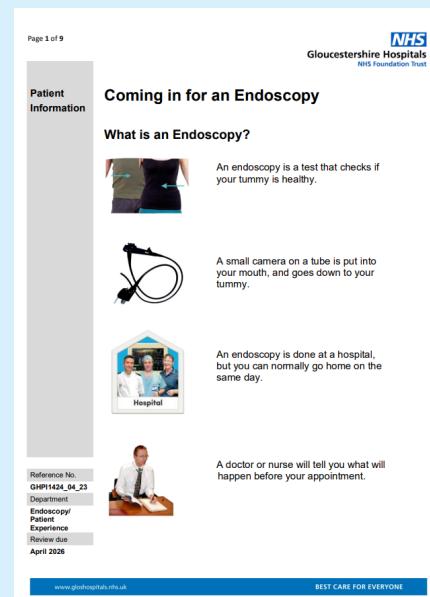
The initiative has led to a reduction in calls relating to violence and aggression and a reduction in the use of rapid sedation. Importantly, the initiative has also enabled more than 80 young people to feel heard and supported through personalised activities or simply just having a trusted ally through their journey.

## Wordskii on Wheels

Working alongside staff in Maternity, Physiotherapy, Endoscopy and Oncology and in conjunction with feedback through PALS, complaints and incidents of the some of the challenges of using telephones to support interpretation of spoken language. We embarked on a pilot of on demand video interpreting through our interpretation and translation provider, Word 360. This used devices called Wordskii on Wheels or WoWs. The challenges were more prevalent in maternity. During the trial period there has been increased use of interpreters and a reduction in the number of incidents related to accessing interpreters.

## Easy Read information

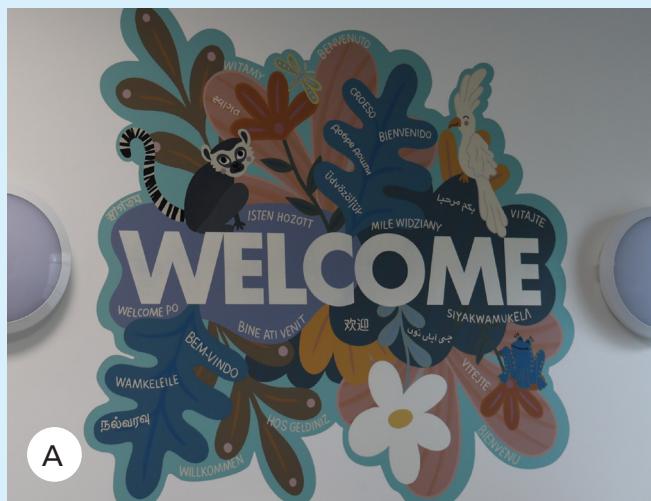
Working alongside our partners at Inclusion Gloucestershire, we have increased the availability of our patient information in easy read format. We worked with experts by experience on prioritising which information was made available in easy read. It was agreed that we would start with our leaflets linked to some of our diagnostic services. Inclusion Gloucestershire translated the agreed leaflets, and they were reviewed by experts by experience. These are now accessible on our website.



## Arts in Trust

Our Arts in Trust team have continued to work with patients across several areas of the hospital. The installation of artwork in the children's emergency department during July 2024, has received positive feedback from children, young people, parents and staff. Thanks for having a welcome sign in multiple languages, consideration for the age ranges using the area, the distraction of pieces to support patients requiring investigation or treatment.

Further paediatric artwork is planned for the coming year, with neurodivergent sensitive art work being installed in Battledown.

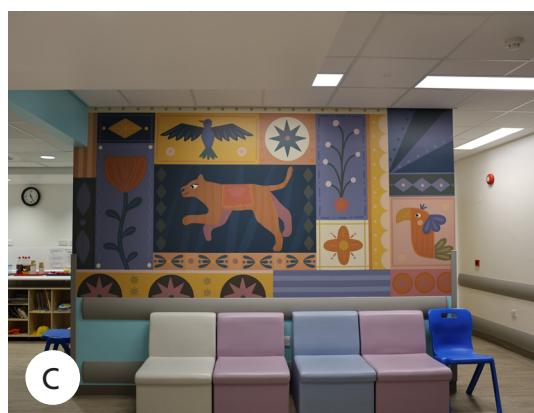


A

- A** Welcome sign incorporating our top languages
- B** Spot the difference walls in the younger children area
- C** Main focus piece designed to soften the environment and to support the wellbeing of our patients
- D** Artwork along the corridor from children's ED through to radiology
- E** Softening of the environment including some pieces of interest on the ceiling



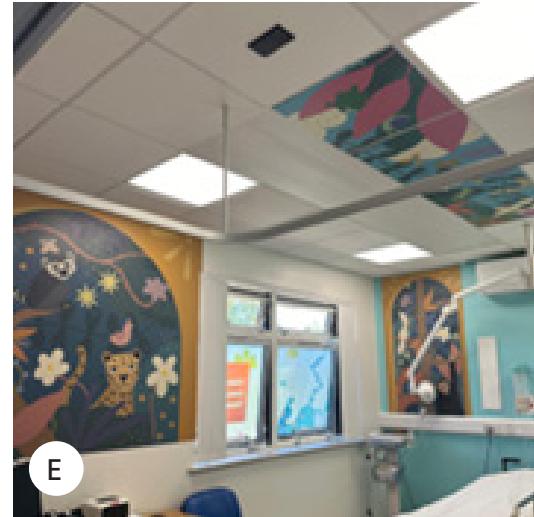
B



C



D



E

# Supporting equality, diversity and inclusion and reducing health inequalities

## Black lives matter (anti-racist training)

In the UK, women, and babies racialised as Black experience notable disparities in maternal and neonatal health outcomes, marked by elevated mortality and stillbirth rates in comparison to their white counterparts. These disparities stem from systemic biases, structural racism, and the absence of racial literacy and anti-racist practices within healthcare systems. In collaboration with Black Mothers Matter, Representation Matters, BCohCo and the Health Innovation West of England, the Black Maternity Matters initiative was launched in 2022 to address these challenges. Our Maternity Service have commissioned the delivery of an improvement programme and are in the process of delivering anti-racist training for the perinatal teams and wider community staff.

The programme delivery includes:

- ▶ Adaptation and delivery of Black Maternity Matters Training
- ▶ Provision of Quality Improvement coaching and communities of practice
- ▶ Provision of learning resources
- ▶ Communications and marketing materials
- ▶ Post delivery impact evaluation

The programme we have commissioned aims to combat any issues we may have through targeted anti-racism education, peer support, and quality improvement for our perinatal team. In addition to our perinatal training, a senior leadership programme was launched across the South West in 2024, and our Obstetric Specialty Director attended this Leadership Programme.

As our staff receive anti-racism training, we will create a new set of values and behaviours which are inclusive, equitable and respectful of all people.

# Supporting equality, diversity and inclusion and reducing health inequalities

## Inclusive communication training

Following feedback to PALS about the poor experiences of patients with a learning disability and those who are neuro divergent and in response to our communication safety priority. We asked Inclusion Gloucestershire to deliver Inclusive Communication training to trust staff. As this training is co-delivered with an expert by experience the training is run in small groups.

The aims of the Inclusive Communication training were to:

- ▶ Build awareness and understanding of the importance of language.
- ▶ Feel more comfortable using inclusive language.
- ▶ Build awareness and understanding of the disabling barriers people face.
- ▶ Provide strategies that help people communicate and behave in a way that creates an inclusive experience.
- ▶ Increase confidence in communicating with people with a learning disability, Autism and who face disabling barriers.
- ▶ Increase understanding of inclusive practice and communication

The feedback from those attending the training was incredibly positive and we will look to provide further training.

## Dementia and cultural awareness

Cultural awareness with regards to people with Dementia is incorporated into all our training delivered by our Admiral Nurse. It is identified that it is imperative for staff to focus on this when delivering care. This training is delivered to all clinical staff. Additionally, we have worked in collaboration with Gloucestershire Health and Care to deliver 'Dementia and Inclusive Communities CPD session'. The first session is planned for early 2025/26 with over 30 staff booked to attend. We will collate feedback and look to expand this training if valuable.

Our Engagement team have worked collaboratively with our South Asian elders' groups and carers on a community playlist called 'Sounds of the Soul'. It has been developed in order to provide culturally meaningful musical resource for Muslim individuals living with dementia.

## Spiritual Care

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Our Department of Spiritual Care maintains a 24/7 chaplaincy service across the organisation. This team is supported by around 80 volunteers from within the community. During 2024/ 25 the team made over 10,000 bedside visits to patients to provide spiritual care support.

The team supported religious celebrations and festivities through the year including the very successful community Iftar events at both Gloucestershire Royal and Cheltenham General Hospitals. This gave an opportunity for the community, both those observing Ramadan and those wanting to support staff and friends to come together to break their fast.

## Patient Engagement Portal

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Patient Engagement Portal has been implemented to enable patients to have greater control and engagement in their care. We have received positive feedback from patients, particularly among our carers who have found they are now more able to support their cared for and those patients that have a communication need where using the telephone or receiving a letter is not accessible. These benefits help to reduce disparities between patients and can improve satisfaction services.

We are looking to increase our understanding of patient's experiences of the patient engagement portal as next steps to the project.

# 8

## Next steps



## Enhance data collection.

There is opportunity for us to further improve and refine the collecting, triangulation and reporting of our data by protected characteristic. This will enable us to further engage with our people and communities. As a result, we will be able to seek to ensure the delivery of our services is right and any improvements or learning from best practice are implemented.

## Improve insight capture

We also have a responsibility as an organisation to ensure that we are enable all our patients to provide feedback should they wish. In order to do this, we need to provide our FFT survey in other formats including other languages and look to include demographic questions. This work is planned to be implemented by July 2025.

## Strengthen partnership working

We are looking to increase the accessibility of our site for our patients and improve our PLACE scores for Disability and Dementia. Additionally, we are also working to increase accessibility of our services through increased offer of interpreting, translation, and reasonable adjustments to aid communication.

## Evaluation of initiatives

We will continuously monitor the effectiveness and impact of initiatives to improve EDI and reduce health inequalities. Utilising a quality improvement approach to projects will enable this approach.

## 9

# Conclusion



# Conclusion

Our annual report on equality, diversity and inclusion for patients and public highlights some of the work that has been undertaken by a variety of teams within the organisation to promote equality and to build an inclusive environment.

We have a commitment to improving data quality as this is crucial to understanding the diverse needs of our patient population. Where we have had better quality demographic data this has allowed us to see where there are disparities and seek to improve services.

Through engagement with our communities, we have been able to gain valuable insights, but also, importantly, been able to work in partnership to create services and initiatives that resonate with the communities we serve. Coproduction remains a key strategy for us as we have seen this approach ensures any improvement projects are effective and delivered sensitively.

