NHS
Gloucestershire Hospitals
NHS Foundation Trust

Annual Equality Report 2019/20

(Equality, Diversity, Inclusion and Human Rights)
the Best Care for Everyone 2019/20

Contents

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Executive Address

Equality, diversity, inclusion (EDI) and human rights are fundamental components of a positive experience for our staff and our patients alike. They underpin our vision of “the best care for everyone” and act as key enablers for an engaged workforce and safe, high quality patient care. Health care is a people business and so together we have been defining how we want to deliver services to our community. The quality of care that patients receive depends first and foremost on the skill and dedication of our colleagues as we know that engaged colleagues really do deliver better health outcomes. This year, 2019/20, our Quality Strategy and our People and Organisational Development Strategy were both approved by our Board. The strategies were both developed through conversations with our colleagues; by listening and reviewing feedback from our community; by listening to our key stakeholders and by reviewing insight, indicators, data, feedback and intelligence. Our strategies are focused on promoting a fair and inclusive workplace. We want all our colleagues to be able to flourish and reach their full potential; and for our community we aim to deliver healthcare services that are accessible and inclusive to everyone, in an environment characterised by dignity and mutual respect.

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) was rated by our regulators, the Care Quality Commission (CQC), as “Good” in January 2019. A number of factors within the CQC’s inspection regime are linked with equality, diversity and inclusion (EDI). The CQC inspection report helps to demonstrate how we are progressing in delivering fair, equitable and inclusive services, as both a healthcare provider and as an employer. The world has changed considerably since then, and at the time of writing this report we reflect on the individual, community and societal impact of the Covid-19 pandemic. The global events that have taken place throughout 2020 serve to sharply highlight the health, social and structural inequalities that sadly persist in our society. At Gloucestershire Hospitals NHS Trust we are engaging with our colleagues, patients, partners and communities to learn from these and make continual improvements to our culture and the services we provide.

The focus of this Equality Report, however, is to recognise the work and progress we have already made with the EDI agenda between April 2019 and March 2020 (2019/20). Some of our planned activities were unfortunately placed on hold so that we could prioritise the Trust’s pandemic response in the immediate term. Much of the EDI work that we are now progressing in 20/21 reflects the urgencies and priorities which have emerged since March 2020.

Respecting diversity, promoting equality and ensuring human rights helps to ensure that everyone using our services receives safe and good quality care - our core purpose. A human rights approach helps us to apply our values - Caring, Listening, and Excelling - so that we consistently integrate human rights into the way we operate and deliver services.

Emma Wood, Deputy CEO/ Director of People & OD

Steve Hams, Director of Quality and Chief Nurse

About this report

Our annual equality report has been written to demonstrate compliance with the Equality Act 2010, specifically the Public Sector Equality Duty contained within it. The Act states people interacting with public services should: be treated fairly, have equitable access to services, and not experience discrimination or harassment because of:

1. their age
2. any disabilities they may have
3. their sex
4. their gender identity
5. being in a marriage or civil partnership
6. pregnancy or having recently had a baby
7. their race
8. their religion or belief system
9. their sexual orientation

The report is also driven by a number of other legal and regulatory drivers which include:

- Equality and Human Rights Commission - codes of practice
- Human Rights Act 1998
- The NHS Equality Delivery System 2 (EDS2)
- The NHS Constitution
- CQC - The Fundamental Standards (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014)

We are committed to demonstrating compliance with, and ultimately becoming an exemplar regarding, the Public Sector Equality Duty and the EDS2.

Who benefits from this report

This report can be used by those who interact with our services, partners, local charities and commissioners to review any barriers to access, outcomes or quality of experience. Publishing this report is an important part of demonstrating transparency and acts as an enabler to communicate how we are tackling inequity as a lever to improve quality.

2. Public Sector Equality Duty: overview

Section 149 (1) of the Equality Act 2010 stipulates various requirements on NHS organisations when exercising their functions. The **general equality duty** requires NHS organisations to have due regard to:

1. **Eliminate discrimination, harassment and victimisation** and other conduct prohibited under the Act
2. **Advance equality of opportunity** between persons who share a relevant protected characteristic and persons who do not share it
3. **Foster good relations** between persons who share a relevant protected characteristic and persons who do not share it.

Public bodies must consider how different people will be affected by their activities, thereby helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.

The **Public Sector Equality Duty (PSED)** requires public bodies to:

- publish information annually to show their compliance with the Equality Duty
- set and publish equality objectives, at least every four years

Public bodies must also publish information to show that they have consciously thought about the three aims of the Equality Duty as part of the process of decision-making.

All information must be published in a way which makes it easy for people to access it.

Our new equality objectives were published in late 2018/19. These will steer the focus of our equality activity until 2023. Refer to **section 4** for more details.

3. Equality Delivery System (EDS2): overview

As an organisation we need to be more intelligence driven and so collecting and analysing our data allows us to see if it we are meeting both our strategic corporate objectives and our equality objectives. Our data helps to us demonstrate if services are being delivered in a safe and effective way and are of high quality. Our data can also highlight areas where we need to improve and opens the door to inclusive engagement with our relevant stakeholders. In order for us to understand our intelligence/data we have completed the Equality Delivery System (EDS2) toolkit.

The EDS2 toolkit is designed to help us analyse how we can:

- improve the services we provide for our local communities
- consider health inequalities in our locality
- provide better working environments for our staff, who work in the NHS.

The EDS2 has been adopted by our Trust and has helped us to:

- meet the Public Sector Equality Duty of the Equality Act 2010 (see **section 2**)
- deliver on the NHS Outcomes Framework and the NHS Constitution
- meet the Care Quality Commission's "Essential Standards of Quality and Safety"

Within EDS2 there are four overarching goals:

- Goal 1 – Better health outcomes
- Goal 2 – Improved patient access and experience
- Goal 3 – A representative and supported workforce
- Goal 4 – Inclusive leadership

In late 2018/19 we used the EDS2 toolkit to help us identify a new set of 4-year Equality Objectives. Refer to **section 4** for more details.

4. Equality Objectives

4.1 Equality Objectives 2019-2023

Using the EDS2 toolkit, in February 2019 we engaged with stakeholders to identify a new set of equality objectives which we will focus on during 2019-2023. These are:

Patient-focused equality objectives

1. Develop "conversations in the community" engagement events to reach out to different areas served by the Trust, covering different socio-economic and geographical areas.

2. Develop a Person-Centred Care Charter (Dignity & Respect) for patients which clearly states that our Trust is committed to providing services that are non-discriminatory and ensures equitable provision for all regardless of any protected characteristic.

Colleague-focused equality objectives

3. Significantly strengthen the support provided to staff with disabilities, mental health and long-term health conditions; including implementation of an education/ awareness campaign aimed at managers and staff to ensure people with these conditions feel safe, valued and have equal opportunity in the Trust.

4. Improve the support and reporting mechanisms for staff when they experience or witness bullying, abuse, harassment or violence in our Trust to ensure staff feel able to respond effectively and receive the support they need.

Alongside delivery of these objectives we will also explore opportunities to collaborate more closely with our partners on equality, diversity, inclusion and human rights matters affecting patients and colleagues across One Gloucestershire Integrated Care System (ICS).

Our human rights approach

In addition, through all of our EDI activities and engagement with colleagues and patients we want to be able to achieve the following human rights principles for people who use our services.

- **Fairness –** people who use and provide our services, and people acting on their behalf, have access to clear and fair processes for getting their views heard, for decision- making about care and treatment and to raise and resolve concerns or complaints.

- **Respect –** people who use and provide our services are valued as individuals and are listened to, and what is important to them is viewed as important by the service. People acting on behalf of others, such as family and friends, are also valued and listened to.

- **Equality –** people who use and provide our services do not experience discrimination and have their needs met, including on the grounds of age, disability, sex, gender, race, religion and belief, sexual orientation, gender reassignment and pregnancy and maternity status. This includes looking at the needs of people who may experience multiple discrimination or disadvantage on more than one ground.

- **Dignity** – people who use and provide our services are always treated in a humanitarian way – with empathy and compassion and in a way that values them as a human being and supports

their self-respect, even if their wishes are not known at the time.

- **Autonomy** – people who use and provide our services can exercise the maximum amount of choice and control possible – in care planning, in their individual care and treatment, in service development, in their relationships with others such as family and friends and as citizens beyond the services that they are using. Autonomy covers the concept of 'personalisation' of care.

- **Right to life** – people who use and provide our services will have their right to life protected and respected by the services that they use. This means that we will fulfil our obligation to protect the right to life, to refrain from unlawfully interfering with the right to life, and to carry out an effective investigation if a person dies, for example, while in our care.

4.2 Progress we have made against our equality objectives in 2019/20

1. Develop "conversations in the community" engagement events to reach out to different areas served by the Trust, covering different socio-economic and geographical areas.

- Held a Transgender Workshop in December 2019 to discuss views on the Trust's Transgender Care Policy, accompanying action card and to listen to feedback on the proposed 'This is Me' card
- A small working group is in the process of being set up comprising people who are transgender, trans-allies and staff who are keen to champion the rights of trans people in their wards or clinics, to monitor improvements in the Trust
- Continued collaborative working with Gloucestershire Deaf Association, to:
  - set-up and promote video BSL interpreting using the 'Attend Anywhere' platform
  - plan the content of 'lived experience' 3-minute Deaf Awareness film (October 2020)

2. Develop a Person-Centred Care Charter (Dignity & Respect) for patients which clearly states that our Trust is committed to providing services that are non-discriminatory and ensures equitable provision for all regardless of any protected characteristic.

- Continued collaborative working with Gloucestershire Deaf Association, to:
  - discuss means of engaging with hearing impaired people to gather their feedback on 'what matters to me' to help shape the Person-Centred Care Charter
- Contacted a wide range of Countywide charities and organisations representing the 9 protected characteristics, to engage with their members about 'what matters to me' to shape the Trust's Person-Centred Care Charter
- Developed a set of 'reasonable adjustments' booklets, each concerned with a particular disability/long-term health condition, to be available to patients. Currently the leaflets are being reviewed by key staff
- Developed a 'helpful tips for communicating with people with hearing impairment' sheet for every ward and department
- Developing a Countywide 'Information about Me' card, which has developed from the 'This is Me' card introduced at the Transgender workshop. The card will capture information that will ensure person-centred care when using health services and is being developed in collaboration with our Countywide NHS partners

3. Significantly strengthen the support provided to staff with disabilities, mental health and long-term health conditions; including implementation of an education/ awareness campaign aimed at managers and staff to ensure people with these conditions feel safe, valued and have equal opportunity in the Trust.

- In May 2019 we launched our 2020 Staff Advice and Support Hub which provides a confidential signposting service to all staff regarding any aspect of their physical, mental and financial wellbeing.
- The 2020 Hub provides a dedicated service to managers and colleagues regarding reasonable adjustment requests, to ensure these are processed in a timely and fair manner.
- To coincide with the launch of the 2020 Hub, we introduced an Employee Assistance Provision

(EAP) telephone counselling service to complement our existing in-house staff support face-to-face counselling service. This is accessible 24/7 and enables colleagues to book a counselling session at short notice, thereby reducing waiting times and relieving demand on our face-to-face service.

- In May 2019 we held a lunchtime event with GDA to raise staff awareness about deafness and hard of hearing, as part of Deaf Awareness Week.
- The Trust re-pledged to the 'Time to Change' mental health de-stigmatisation campaign as part of World Mental Health Day 2019.
- Our Deputy Chief Executive/Director of People & OD worked closely with NHS Employers to develop and front an awareness campaign around inclusive recruitment: https://www.nhsemployers.org/case-studies-and-resources/2019/09/inclusive-recruitment-videos
- As part of our Diversity Network, we have identified volunteer 'Diversity Leads' for a number of protected characteristics which are more vulnerable to discrimination, including disability. We have four disability diversity leads covering: physical disabilities; mental health; learning disabilities; hidden disabilities and autism)
- Our Chief Executive, Medical Director and Head of Leadership & OD participated in a NHS Employers podcast on the topic of mental health: https://www.nhsemployers.org/case-studies-and-resources/2019/09/deborah-lee-on-mental-health-leading-the-way-and-tackling-stigma
- We have recruited 20 volunteers from around the trust who will belong to a **Peer Support Network**. The Peer Supporters will provide empathetic, informal support and guidance to individual staff members who feel they are experiencing difficulties either at work or in their personal lives. They will support colleagues experiencing acute emotional distress or need a level of ongoing pastoral support whilst they undergo an investigation (safety or HR-related). All Peer Supporters will be Mental Health First Aid trained. The launch of the network has been delayed as a result of the Covid-19 pandemic but this is now scheduled for autumn 2020.
- With colleagues from around the Trust, we have developed a new behaviour framework to complement our organisational values (Caring, Listening, Excelling). The launch of this was delayed due to the Covid-19 pandemic response and is now scheduled for autumn 2020. We will also launch compassionate leadership training for leaders and managers with content including psychological safety, civility saves lives, cultural awareness and bullying/harassment.
- We have launched an Accelerated Development Pool scheme (ADP) for staff who perform highly and demonstrate strong levels of aspiration and potential to progress their career. The principles of diversity and equality opportunity are a key focus in talent development activity.

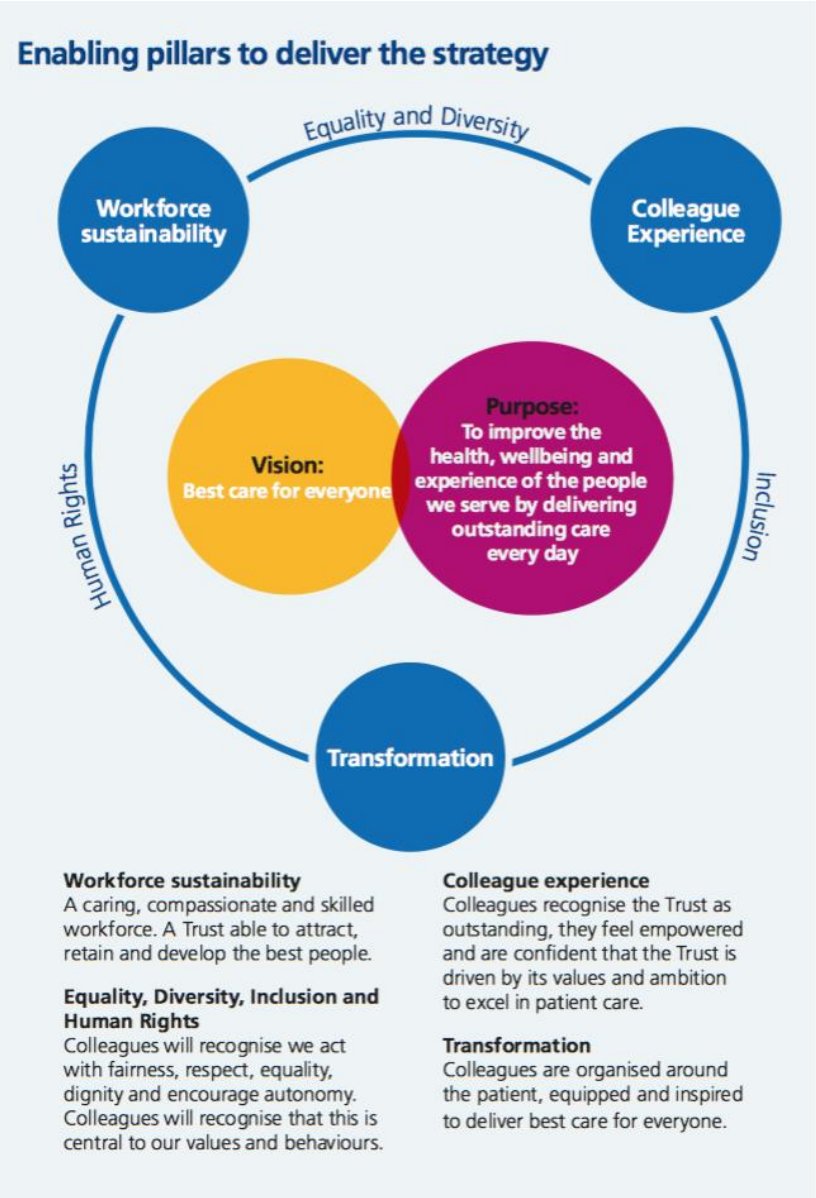
4. Improve the support and reporting mechanisms for staff when they experience or witness bullying, abuse, harassment or violence in our Trust to ensure staff feel able to respond effectively and receive the support they need.

- We have increased the number of Freedom to Speak Up Guardians to six, including Guardians representing a range of professional groups and protected characteristics
- The 2020 Hub can provide support, advice and signposting to colleagues who have experienced bullying and harassment behaviours at work
- With colleagues from around the Trust, we have developed a new behaviour framework to complement our organisational values (Caring, Listening, Excelling). The launch of this was delayed due to the Covid-19 pandemic response and is now scheduled for autumn 2020. We will also launch compassionate leadership training for leaders and managers with content including psychological safety, civility saves lives, cultural awareness and bullying/harassment.

4.3 Other ways our Trust has supported the colleague equality diversity & inclusion agenda in 2019/20

- The People and OD Strategy was endorsed by Board and equality, diversity, inclusion and human rights were central to the delivery of the pillars.

  Picture: People and OD Strategy Enabling Pillars



- We published our first Workforce Disability Equality Standard (WDES) report
- We published an annual Equality Diversity Inclusion Action Plan for the Trust, which incorporated recommendations from the annual staff survey results, Workforce Race Equality Standard (WRES), WDES and Gender Pay Gap report findings.
- We have continued to deliver Unconscious Bias training and mandated this for all HR managers and managers who lead the recruitment process.
- Our Recruitment & Selection skills training for recruitment managers and panel members has been updated to include content relating to unconscious bias and decision-making.
- We have embedded equality, diversity and inclusion training into all of our leadership and

management development programmes.

- We have launched three subgroups/networks which sit underneath our umbrella Diversity Network: BAME; Disability; LGBT+
- One of our Senior Infection Prevention & Control Nurses became our WRES Lead and participated in national WRES (Workforce Race Equality Standard) workshops along with our Director of Corporate Governance.
- In early 2020 we piloted a cultural awareness workshop.
- We launched a campaign inviting BAME colleagues to join our interview panels for all band 8a+ vacancies. In our first cohort we trained 12 individuals from BAME backgrounds to fulfil this role.
- In December 2019, we hosted our first ever BAME conference. Over 60 delegates from the Trust attended. We invited speakers from the Gloucestershire community, explored the experiences of BAME colleagues and ways we can improve career development opportunities for BAME colleagues in our Trust.
- We developed a Board Champion role description, to support our Executive and Non-Executive Directors to fulfil this role more effectively for each of the protected characteristics.
- We launched the NHS Rainbow Badge scheme and over 1000 colleagues pledged to wear their badge and act as an ambassador and advocate for our LGBT+ patients and colleagues.
- We held a community and staff engagement event in December 2019 to get feedback on our new Transgender Care policy. This policy has subsequently been finalised and published.
- We participated in the Stonewall Workplace Equality Index once again, and improved our score and ranking compared to 2018 (when we completed it for the first time).
- We participated in the annual “Pride in Gloucestershire” parade to celebrate and recognise LGBT+ in September. A record number of colleagues participated, and we also joined up with partner NHS organisations - Gloucestershire CCG; Gloucestershire Care Services and 2gether Mental Health trust (prior to their merge).
- A member of our Chaplaincy team has trained as a Freedom to Speak Up Guardian.

4.4 How our Trust has supported the patient equality diversity & inclusion agenda in 2019/20

Patients and their families still experience differences in NHS services both in terms of access, and their treatment and outcomes. Our aim as a Trust is to improve the patient experience for everyone, regardless of any protected characteristic.

Alongside our specific objectives for improving equality for our patients, their carers and their families, we have continued to drive improvement across a number of areas, including:

- Care to people with a learning disability with our Hospital Liaison Learning Disability Nurses Team
- Care to people who have Dementia
- Communication support services e.g. British Sign Language interpreters
- Compliance to meet the NHS Accessible Information Standard
- Overseas language interpretation and translation services

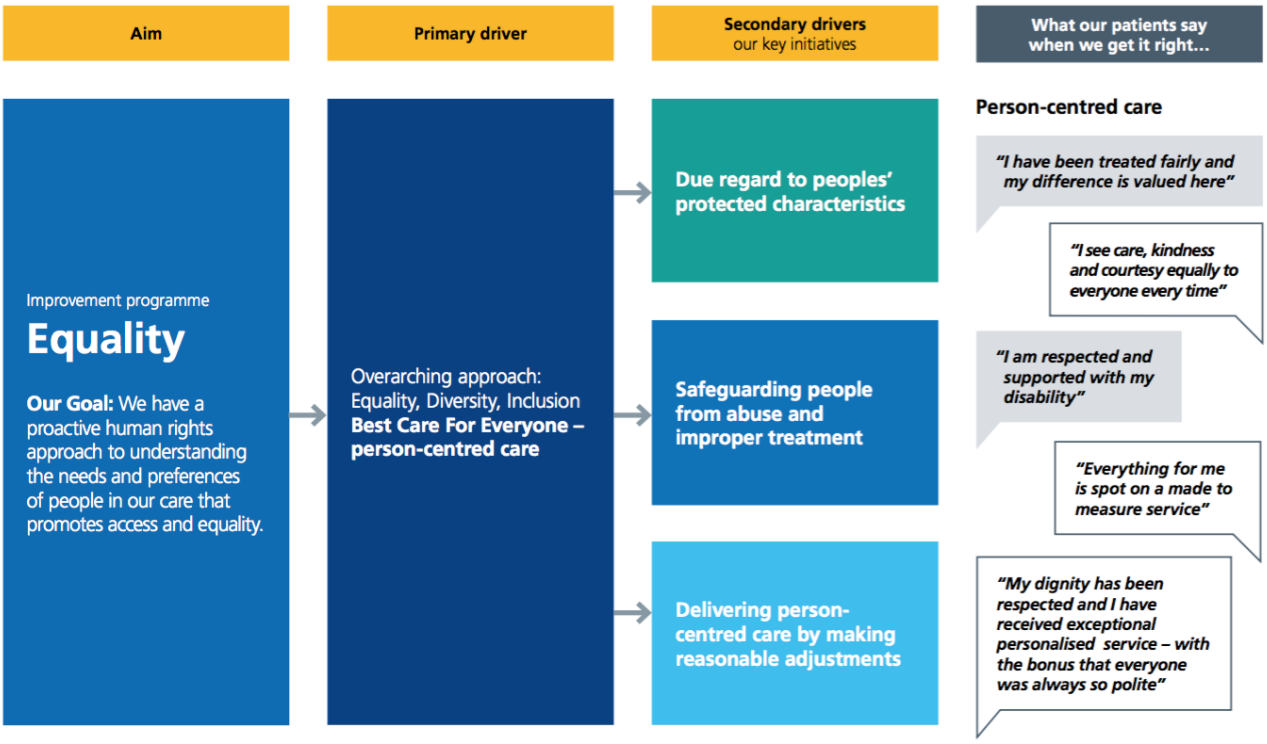
4.4.1 Examples of our work

See below for more information for examples of our progress and improvement work.

- The latest Trust Quality Strategy has been launched, which has a clear focus on improving patient experience and accessibility of our services from an equality perspective. Key drivers within the strategy for this work include:
    - Improving our understanding of our performance and equality data at service/specialty level by drawing insight from multiple sources
    - People can access services and appointments in a timely way and in line with NHS Constitution pledges with services that are designed and improved to meet the needs of patients
    - Our services are co-designed to support people (start of life, during referral, transfer between services, discharge and at the end of life)
    - Ensuring due regard to peoples' protected characteristics
    - Delivering person-centred care by making reasonable adjustments
    - Safeguarding people from abuse and improper treatment

Diagram: Quality Strategy driver diagram for our improvement programme for equality diversity and inclusion

Programme: Equality, Diversity, Inclusion and Human Rights



- Submitted our audit data to the National LD Standards Audit at NHSE/I, and our Deputy Director of Quality and the Trust Safeguarding Lead have been developing an improvement plan as a result of this audit.
- We have been developing a Quality Volunteer role, to support the involvement of patients in our QI work, including individuals covering all nine of the protected characteristics.
- Reviewed and retendered for our translation and interpretation contracts, with a focus on improving ease of accessibility, reliability and overall experience for our colleagues and patients when using this service.
- The Trust was successful in getting central match funding to install two Changing Places facilities at our sites, one at Gloucestershire Royal Hospital, and one at Cheltenham General Hospital. Installation will happen in 2020/21, and the process has been delivered in partnership with a local family.
- Maternity services have been working closely with BAME women from local communities as part of their Continuity of Carer workstreams.
- A new Accessible Information Standard policy for the Trust is in development, with refreshed guidance for colleagues.
- We have started carrying out a Trust-wide hearing audit which will culminate in a report with recommendations which will greatly improve Patient Experience for people with impaired hearing.
- We had patients share their experiences at each public Board meeting, with the ambition that we would hear from people across all protected characteristics throughout the year. This included:
    - A patient, her partner and her hearing service dog coming to Board to share experience of navigating healthcare services when suffering from profound hearing loss;
    - A patient sharing his and his family's experience of using our services, thinking particularly about the support provided from a religious perspective and cultural understanding
    - Patients sharing their experiences of our maternity services

    - A carer of an autistic patient sharing their experiences of our services, and some of the challenges they faced.
- Piloted a cultural awareness training session which was led by our Chaplaincy team, to support greater understanding and confidence in having conversations with patients to understand what matters to them.
- The Trust held its first Youth Forum this year, looking to get greater engagement and involvement of young people in how we deliver and improve our services, including the introduction of the Youth Ambassadors. This is being supported by the Patient and Public Involvement Manager, alongside our Children and Young People's team.
- Dementia improvement programme is being led by the Deputy Chief Nurse, to improve the experience of our dementia patients in our hospitals. An Admiral Nurse is being appointed in 2020 to continue this agenda.
- There has been a review of what data we capture regarding protected characteristics of our patients, and how/where it is recorded. This has shown that there is inconsistency in how this is captured, and work is planned in partnership with our digital and clinical teams to look at how we can improve this in 2020/21.
- Shona Duffy and Becca Shaw led a QI project called "Homelessness in the Emergency Department", focussed on improving the support we offer to homeless people who access ED services. This project won a Patient Experience National Network Award in 2020. More details can be seen in Appendix C.

4.4.2 Our data

Reviewing our data has been challenging because equality and human rights data is generally poorly developed compared with other areas, such as patient safety or effectiveness of healthcare treatments. Additionally, there are few nationally agreed measures for equality and human rights in health and social care. We have used our key National Patient Surveys whether people are treated with dignity and respect, namely:

- Adult Inpatient Survey
- Maternity Survey
- Children and Young People Survey
- Emergency Department Survey
- Cancer Survey

The Cancer Survey data included in this report is the 2018 data, as no updated survey scores were received in 2019/20.

4.4.2.1 Adult Inpatient Survey (2019)

The Adult Inpatient Survey showed that the Trust was rated the "**about the same**" in most of the sections except that the Trust was rated "**worse**" than average in 1 section which was the 'feedback and care on research participation', and specifically information about complaints.

The question that scored lowest was "**Patients** seeing, or being given, any information explaining how to complain to the hospital about care received". We scored 1.1/10 and in comparison, Northumbria HC Trust (rated outstanding) scored 2.0 and they have had established feedback systems for many years.

This feedback has now enabled the Trust to make the decision to reinstate a real-time feedback electronic monitoring system. Our aim will be to introduce specific real-time surveys for each of the core services focused on the questions or sections that we aspire to improve for each survey within 5 years.

Across the survey questions, as a benchmark we have looked at privacy, respect and dignity and involvement in decisions as three key areas that we want to improve on through our values work with staff. Below will be our benchmark scores across all the surveys that we want to improve on.

Table: Adult Inpatient Survey scores for caring behaviours

Caring behaviours	Score
Privacy for being given enough **privacy** when being examined or treated in A&E	**8.9/10**
Respect and dignity for being treated with **respect and dignity**	**9.0/10**
Involvement in decisions for being **involved** as much as they wanted to be in decisions about their care and treatment	**7.2/10**

Our aim will be provide care to the highest standards to people as measured by specific key questions within the National Survey Programmes related to privacy, dignity and involvement in decisions.

4.4.2.2 Maternity Survey (2019)

The Maternity Survey showed that the Trust was rated the "**about the same**" as other Trusts in all sections. Three of the four scores below have improved on the 2018 scores, and the partners involvement in decisions score remained the same.

Across the questions, as a benchmark we have looked at privacy, respect and dignity and involvement in decisions as three key areas that we want to improve on through our values work with staff. Below will be our benchmark scores across all the surveys that we want to improve on.

Table: Maternity Survey scores for caring behaviours

Caring behaviours	Score
Respect and dignity Being treated with **respect and dignity** during labour and birth	**9.4/10**
Kind and understanding care Being treated with **kindness and understanding** by **staff** after the birth	**9.0/10**
Partners involvement in decisions for being **involved** as much as they wanted to be in decisions about care and treatment	**9.8/10**
Women Involvement in decisions Being **involved** enough in **decisions** about their care during labour and birth	**9.0/10**

4.4.2.3 Children and Young People Survey (2019)

The Children and Young People Survey published in 2097 showed that the Trust was rated the "**about the same**" as other Trusts in all sections.

Below will be our benchmark scores across all the surveys that we want to improve on.

The Children and Young People teams are running a Quality Improvement collaborative, using the scores and feedback from this survey to identify areas for improving our patient, carer and family experience of our services, particularly around facilities for parents, food choice and overnight stays (which was the one 'worse' score in the survey results).

Below are the scores for the caring behaviours in the National Survey 2019; the involvement of children and young people score has moved from 5.6 and a 'worse' score in our last survey to 6.5 and 'about the same' in this survey.

Table: Children Survey scores for caring behaviours

Caring behaviours	Score
Dignity and respect for parents and carers saying they were treated with dignity and respect by staff looking after their child	**9.2/10**
Privacy for children and young people feeling they had enough privacy during their care and treatment *We asked patients aged 8-15 this question*	**8.7/10**
Involvement for children and young people saying that they were involved in decisions about their care and treatment *We asked patients aged 8-15 this question*	**6.5/10**

4.4.2.4 Emergency Department (ED) Survey (2018)

The ED Survey showed that the Trust was rated the "**about the same**" as other Trusts in all sections. The Trust has received the ED Survey results for 2018 and they are currently being reviewed internally.

Across the questions, as a benchmark we have looked at privacy, respect and dignity and involvement in decisions as three key areas that we want to improve on through our values work with staff. Below will be our benchmark scores across all the surveys that we want to improve on.

Table: ED Survey scores for caring behaviours

Caring behaviours	Score
Respect and dignity for being treated with **respect and dignity**	**8.9/10**
Privacy at reception for having **enough privacy** when discussing their condition with the receptionist	**7.1/10**
Involving family or friends for family, or someone else close to them, having enough **opportunity to talk to a doctor** if they wanted to	**7.9/10**
Privacy for being given **enough privacy** during examinations and treatment	**9.2/10**
Involvement in decisions for being **involved** as much as they wanted to be in **decisions** about their care and treatment	**8.0/10**

4.4.2.5 National Cancer Experience Survey (2018)

The table shows that the Trust has improved its position from its scores last year (24 questions scored higher than last year, 10 the same and 17 worse). However, compared to national average the 2017 results have not kept up with national improvements (22 questions scored better or similar than national averages in 2017 compared to 34 in 2016). Patients scored our care as 8.8 out 10 (same as national average) and this the same score as last year. A QI collaborative will commence in Q4 and this is currently being scoped.

Table: Cancer Survey scores for caring behaviours

Score	Caring
76%	of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
87%	of respondents said that, overall, they were always treated with dignity and respect while they were in hospital

We will be continuing to develop our human rights approach to care – Best Care for Everyone. We want to be able to always recognise the rights of everyone in a situation – as the point of human

rights is that they are universal. Therefore, it is vital that we consider the rights that staff have, alongside the rights of people who use our services.

5. Conclusion

As a Trust, we are committed to continuous improvement. We know that there can be no quality of care without equality for people using services and without their human rights being respected.

In this report we have given an update on our progress to deliver against the Public Sector Equality Duty and some of the activities that are contributing towards reducing or minimising disadvantages suffered by people due to their protected characteristics.

We have continued to make progress in 2019/20 and have started to bring our new equality objectives to life.

We are committed to making improvements and deepening the scope and scale of our EDI activities in 2020/21.

Appendix A - Data on the population of Gloucestershire against protected characteristics, and the demographics of our patients

Reviewing protected characteristic data about the Gloucestershire population helps us to make informed decisions based on the needs of our communities and patients/service users. This will ensure that we deliver a local Health Service that meets these requirements and ensures we adapt to any changes.

Data downloaded from Gloucestershire County Council Population Profile 2018
Source: https://www.gloucestershire.gov.uk/media/12777/equality-profile-2019-final.pdf

Viewing and comparing our inpatient and outpatient data of that of the Gloucestershire population allows a more meaningful and tangible way of looking at our services to ensure development and redesign is focussed in the correct areas due to the ongoing change of the local residents. It is noted that users can be from outside of the county; however the main users will be those that reside within it.

***Notes for inpatient data**:*

- *Discharges between 1st April 2019 and 31st March 2020*
- *Data excludes well babies.*

***Notes for outpatient data**:*

- *Attendances between 1st April 2019 and 31st March 2020*
- *Includes face-to-face and telephone attendances.*
- *Excludes patients who did not attend and cancelled appointment.*

Age

Table 1: Gloucestershire population by broad age group, 2017[3]

	Number of people	% of population		
		0-19	20-64	65+
Cheltenham	117,128	22.5	58.5	19.0
Cotswold	87,509	20.4	54.3	25.2
Forest of Dean	85,957	21.5	54.6	23.9
Gloucester	129,083	24.9	58.7	16.4
Stroud	118,130	22.3	55.5	22.2
Tewkesbury	90,332	22.4	55.6	22.1
Gloucestershire	**628,139**	**22.5**	**56.4**	**21.0**
England	55,619,430	23.7	58.3	18.0

Table 2: Population change in Gloucestershire, 2007-2017[5]

	0-19			20-64			65+		
	Number of people		% change	Number of people		% change	Number of people		% change
	2007	2017	2007 to 2017	2007	2017	2007 to 2017	2007	2017	2007 to 2017
Cheltenham	25,774	26,351	2.2	67,979	68,525	0.8	18,758	22,252	18.6
Cotswold	18,394	17,870	-2.8	47,764	47,561	-0.4	17,044	22,078	29.5
Forest of Dean	19,067	18,444	-3.3	47,612	46,931	-1.4	15,325	20,582	34.3
Gloucester	30,110	32,157	6.8	70,226	75,782	7.9	16,889	21,144	25.2
Stroud	26,799	26,340	-1.7	64,081	65,576	2.3	20,189	26,214	29.8
Tewkesbury	18,304	20,191	10.3	46,043	50,199	9.0	15,057	19,942	32.4
Gloucestershire	**138,448**	**141,353**	**2.1**	**343,705**	**354,574**	**3.2**	**103,262**	**132,212**	**28.0**
England	12,486,551	13,169,095	5.5	30,769,374	32,419,824	5.4	8,125,168	10,030,511	23.4

Inpatients by Age Band	Discharges	Percentage
0 Years	3,590	2.2%
01 to 05 Years	4,761	3.0%
06 to 15 Years	4,746	3.0%
16 to 40 Years	34,584	21.6%
41 to 65 Years	47,543	29.7%
66 to 80 Years	44,368	27.7%
80+ Years	20,716	12.9%
Total Discharges	**160,308**	

Outpatients by Age Band	Attendances	Percentage
0 Years	5,171	0.7%
01 to 05 Years	21,627	2.8%
06 to 15 Years	38,811	5.1%
16 to 40 Years	148,379	19.4%
41 to 65 Years	241,043	31.5%
66 to 80 Years	219,999	28.8%
80+ Years	89,542	11.7%
Total Attendances	**764,572**	

What does this tell us?

The data in the table above shows that patients aged 41-80 and above, required more medical care particularly as inpatients. This is not unusual as it is acknowledged that access to healthcare is greater as people get older.

Sex

Table 10: Population by sex, Gloucestershire 2017[25]

	% of population	
	male	female
Cheltenham	49.0	51.0
Cotswold	48.4	51.6
Forest of Dean	49.2	50.8
Gloucester	49.5	50.5
Stroud	49.2	50.8
Tewkesbury	48.8	51.2
Gloucestershire	**49.1**	**50.9**
England	49.4	50.6

Inpatients by Sex	Discharges	Percentage
Female	90,493	56.4%
Male	69,809	43.5%
Not specified	6	0.0%
Total Discharges	**160,308**	

Outpatients by Sex	Attendances	Percentage
Female	432,825	56.6%
Male	331,729	43.4%
Not specified	18	0.0%
Total Attendances	**764,572**	

What does this tell us?

The table above shows analysis by sex indicating that the breakdown of female and male patients is broadly representative of our local population. Female patients appear to use our inpatient and outpatient services more than male patients. The slight increase might also be attributable to women using gender specific services e.g. Maternity or Gynaecology.

Marriage and Civil Partnership

Table 14: Marital status of Gloucestershire residents, 2011[43]

	% of population					
	Single (never married or never registered a same-sex civil partnership)	Married	In a registered same-sex civil partnership	Separated (but still legally married or still legally in a same-sex civil partnership)	Divorced or formerly in a same-sex civil partnership which is now legally dissolved	Widowed or surviving partner from a same-sex civil partnership
Cheltenham	38.8	42.6	0.2	2.4	9.2	6.7
Cotswold	25.7	54.9	0.3	2.2	9.0	8.0
Forest of Dean	27.4	53.2	0.2	2.1	9.2	7.9
Gloucester	34.1	46.6	0.3	2.7	10.0	6.4
Stroud	27.5	53.0	0.3	2.3	9.6	7.3
Tewkesbury	26.1	54.3	0.3	2.3	9.7	7.4
Gloucestershire	30.5	50.2	0.3	2.3	9.5	7.2
England	34.6	46.6	0.2	2.7	9.0	6.9

Inpatients by Marital Status	Discharges	Percentage
Divorced/person whose civil partnership has been dissolved	5,214	3.3%
Married/civil partner	56,995	35.6%
Separated	933	0.6%
Single	36,479	22.8%
Widowed/surviving civil partner	3,872	2.4%
Not stated	56,815	35.4%
Total Discharges	**160,308**	

Outpatients by Marital Status	Attendances	Percentage
Divorced/person whose civil partnership has been dissolved	24,401	3.2%
Married/civil partner	281,489	36.8%
Separated	4,276	0.6%
Single	183,719	24.0%
Widowed/surviving civil partner	15,739	2.1%
Not stated	254,948	33.3%
Total Attendances	**764,572**	

What does this tell us?

For both inpatients and outpatients, at least a third of patients have not stated their marital status. More work needs to be done to understand if this is because the question is not being asked, or people do not feel comfortable to answer.

Ethnicity

Table 17: Population by ethnic group, Gloucestershire 2011 (number of people)[47]

	Total Black and Ethnic Minority	Mixed/ Multiple Ethnic Group	Asian/ Asian British	Black/ African/ Caribbean / Black British	Other Ethnic Group	Total White	English/ Welsh/ Scottish/ Northern Irish/ British	Irish	Gypsy or Irish Traveller	Other White
Cheltenham	6,648	1,878	3,675	721	374	109,084	102,140	1,058	68	5,818
Cotswold	1,806	698	794	229	85	81,075	78,284	503	87	2,201
Forest of Dean	1,262	528	473	199	62	80,699	79,227	277	78	1,117
Gloucester	13,226	3,565	5,839	3,486	336	108,462	102,912	850	136	4,564
Stroud	2,353	1,216	751	260	126	110,426	107,026	591	57	2,752
Tewkesbury	2,042	776	901	255	110	79,901	77,010	480	305	2,106
Gloucestershire	**27,337**	**8,661**	**12,433**	**5,150**	**1,093**	**569,647**	**546,599**	**3,759**	**731**	**18,558**

Table 18: Population by ethnic group, Gloucestershire 2011 (% of population)

	Total Black and Ethnic Minority	Mixed/ Multiple Ethnic Group	Asian/ Asian British	Black/ African/ Caribbean / Black British	Other Ethnic Group	Total White	English/ Welsh/ Scottish/ Northern Irish/ British	Irish	Gypsy or Irish Traveller	Other White
Cheltenham	5.7	1.6	3.2	0.6	0.3	94.3	88.3	0.9	0.1	5.0
Cotswold	2.2	0.8	1.0	0.3	0.1	97.8	94.5	0.6	0.1	2.7
Forest of Dean	1.5	0.6	0.6	0.2	0.1	98.5	96.7	0.3	0.1	1.4
Gloucester	10.9	2.9	4.8	2.9	0.3	89.1	84.6	0.7	0.1	3.8
Stroud	2.1	1.1	0.7	0.2	0.1	97.9	94.9	0.5	0.1	2.4
Tewkesbury	2.5	0.9	1.1	0.3	0.1	97.5	94.0	0.6	0.4	2.6
Gloucestershire	**4.6**	**1.5**	**2.1**	**0.9**	**0.2**	**95.4**	**91.6**	**0.6**	**0.1**	**3.1**
England	14.6	2.3	7.8	3.5	1.0	85.4	79.8	1.0	0.1	4.6

Inpatients by Ethnicity	Discharges	Percentage
African	384	0.2%
Any other Asian background	610	0.4%
Any other black background	275	0.2%
Any other ethnic group	1,051	0.7%
Any other mixed background	667	0.4%
Any other white background	4,723	2.9%
Bangladeshi	226	0.1%
British	132,581	82.7%
Caribbean	517	0.3%
Chinese	164	0.1%
Indian	958	0.6%
Irish	747	0.5%
Pakistani	211	0.0%
White and Asian	249	0.0%
White and black African	136	0.1%
White and black Caribbean	668	0.4%
Not known	5,848	3.6%
Not stated	10,293	6.4%
Total Discharges	**160,308**	

Outpatients by Ethnicity	Attendances	Percentage
African	1,948	0.3%
Any other Asian background	2,998	0.4%
Any other black background	1,185	0.2%
Any other ethnic group	4,748	0.6%
Any other mixed background	2,395	0.3%

Any other white background	21,033	2.8%
Bangladeshi	1,020	0.1%
British	628,093	82.1%
Caribbean	3,301	0.4%
Chinese	1,044	0.1%
Indian	6,279	0.8%
Irish	3,140	0.4%
Pakistani	1,030	0.1%
White and Asian	1,308	0.2%
White and black African	754	0.1%
White and black Caribbean	2,853	0.4%
Not known	34,117	4.5%
Not stated	47,326	6.2%
Total Attendances	**764,572**	

What does this tell us?

The table above shows analysis by ethnicity indicating that the breakdown of patients is broadly representative of our local population. Approximately 10% of our inpatients and outpatients, however, have their ethnicity recorded as not known or not stated. More work needs to be done to understand if this is not being asked, or patients are choosing not to share this information (detailed further in this appendix)

Religion/belief/no belief

Table 23: Religion in Gloucestershire 2011[54]

	% of population								
	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other Religion	No Religion	Religion not stated
Cheltenham	58.7	0.4	0.8	0.1	0.9	0.1	0.4	30.8	7.6
Cotswold	68.7	0.3	0.1	0.1	0.2	0.0	0.4	22.9	7.3
Forest of Dean	65.8	0.2	0.1	0.1	0.1	0.1	0.5	25.2	7.9
Gloucester	62.4	0.3	0.6	0.0	3.2	0.1	0.4	26.2	6.9
Stroud	62.0	0.3	0.1	0.1	0.2	0.0	0.8	28.3	8.1
Tewkesbury	66.6	0.2	0.3	0.1	0.3	0.1	0.3	25.0	7.1
Gloucestershire	**63.5**	**0.3**	**0.4**	**0.1**	**1.0**	**0.1**	**0.5**	**26.7**	**7.5**
England	59.4	0.5	1.5	0.5	5.0	0.8	0.4	24.7	7.2

Inpatients by Religion	Discharges	Percentage
Agnostic	164	0.1%
Anglican	269	0.2%
Atheist	330	0.2%
Baha'i	3	0.0%
Baptist	620	0.4%
Brethren	8	0.0%
Buddhist	61	0.0%
Bulgarian Orthodox	1	0.0%
Catholic: Not Roman Catholic	50	0.0%
Christadelphian	5	0.0%
Christian	4,169	2.6%
Christian Scientists	27	0.0%

Inpatients by Religion	Discharges	Percentage
Church in Wales	35	0.0%
Church of England	52,294	32.6%
Church of God of Prophecy	11	0.0%
Church of Scotland	322	0.2%
Congregationalist	123	0.1%
Evangelical Christian	27	0.0%
Free Church	12	0.0%
Greek Orthodox	93	0.1%
Hindu	178	0.1%
Ismaili Muslim	58	0.0%
Jehovah's Witness	246	0.2%
Jewish	71	0.0%
Lutheran	22	0.0%
Methodist	1,333	0.8%
Moravian	1	0.0%
Mormon	54	0.0%
Muslim	694	0.4%
Nonconformist	91	0.1%
Not Religious	11,739	7.3%
Orthodox Christian	19	0.0%
Pagan	52	0.0%
Pentecostalist	135	0.1%
Plymouth Brethren	6	0.0%
Presbyterian	74	0.0%
Protestant	233	0.1%
Quaker	84	0.1%
Rastafari	1	0.0%
Reformed Protestant	6	0.0%
Roman Catholic	6,210	3.9%
Romanian Orthodox	2	0.0%
Russian Orthodox	12	0.0%
Salvation Army Member	87	0.1%
Serbian Orthodox	6	0.0%
Seventh Day Adventist	62	0.0%
Sikh	62	0.0%
Spiritualist	113	0.1%
Unitarian	18	0.0%
United Reform	133	0.1%
Patient Religion Unknown	52,326	32.6%
Not stated	27,556	17.2%
Total Discharges	**160,308**	

Outpatients by Religion	Attendances	Percentage
Agnostic	748	0.1%
Anglican	1,293	0.2%
Atheist	1,700	0.2%
Baha'i	26	0.0%

Outpatients by Religion	Attendances	Percentage
Baptist	3,139	0.4%
Brethren	81	0.0%
Buddhist	439	0.1%
Catholic: Not Roman Catholic	169	0.0%
Christadelphian	18	0.0%
Christian	20,189	2.6%
Christian Scientists	113	0.0%
Church in Wales	123	0.0%
Church of England	256,979	33.6%
Church of God of Prophecy	63	0.0%
Church of Scotland	1,434	0.2%
Congregationalist	503	0.1%
Druid	1	0.0%
Evangelical Christian	163	0.0%
Free Church	70	0.0%
Greek Orthodox	392	0.1%
Hindu	1,601	0.2%
Indian Orthodox	8	0.0%
Ismaili Muslim	176	0.0%
Jehovah's Witness	1,468	0.2%
Jewish	361	0.0%
Lutheran	74	0.0%
Methodist	6,596	0.9%
Moravian	19	0.0%
Mormon	224	0.0%
Muslim	3,900	0.5%
New Testament Pentacostalist	3	0.0%
Nonconformist	507	0.1%
Not Religious	56,528	7.4%
Orthodox Christian	52	0.0%
Pagan	230	0.0%
Pentecostalist	749	0.1%
Plymouth Brethren	30	0.0%
Presbyterian	328	0.0%
Protestant	1,042	0.1%
Quaker	498	0.1%
Rastafari	46	0.0%
Reformed Protestant	3	0.0%
Religion not given Patient refused	5	0.0%
Roman Catholic	30,948	4.0%
Romanian Orthodox	4	0.0%
Russian Orthodox	76	0.0%
Salvation Army Member	372	0.0%
Serbian Orthodox	32	0.0%
Seventh Day Adventist	269	0.0%
Sikh	287	0.0%
Spiritualist	425	0.1%

Outpatients by Religion	Attendances	Percentage
Unitarian	38	0.0%
United Reform	745	0.1%
Patient Religion Unknown	263,271	34.4%
Not stated	106,014	13.9%
Total Attendances	**764,572**	

What does this tell us?

For approximately 50% of both inpatients and outpatients, the patients religion has not been stated or is not known, meaning we cannot understand how representative this is of our population. We will be looking at how we can support teams to feel confident in asking these questions of our patients, explaining why we ask for this information and how we use it (more details below)

Gaps in our data

As an organisation, we have Public Sector Equality Duties which are outlined in the Equality Act 2010. The Act states people interacting with public services should: be treated fairly, have equitable access to services, and not experience discrimination or harassment because of their protected characteristics, namely:

1. their age
2. any disabilities they may have
3. their sex
4. their gender identity
5. being in a marriage or civil partnership
6. pregnancy or having recently had a baby
7. their race
8. their religion or belief system
9. their sexual orientation

At Quality and Performance Committee, there were concerns raised about our incomplete data collection for our patients regarding protected characteristics, as this means we are unable to accurately assess if any of our patients are having an inequity of experience due to their protected characteristics. A review of this was requested, to understand what information we current collect, where it is stored, and where the gaps in our systems and processes are (see table below)

Protected Characteristic	Where we capture it currently	Current completion status	Known issues/Barriers to completion
Age	Trak	100%	None – 100% completion rate across all settings
Disability	Learning disability (LD) is flagged in EPR, Hearing loss flagged in Trak; mixed picture about what we can log and where	This is currently still unknown due to issues with identifying what codes we are capturing in which system; working on what reporting can be done for the known flags around LD and hearing loss	Issues identified around coding, as only able to identify medical disabilities using available codes. From an EPR perspective, until medics are doing clerking in EPR, we will not be able to deliver against some of the current codes for

Protected Characteristic	Where we capture it currently	Current completion status	Known issues/Barriers to completion
			disability. More work is needed to understand what is available to record in Trak as well as future plans for EPR, and engagement with teams about what we should be capturing
Sex	Trak	100%	None – 100% completion rate across all settings
Gender Identity	This is not currently captured	No data	Currently reviewing what codes are available for capturing this in Trak/EPR, and working with teams to map how we introduce this to the system and support colleagues with capturing this information
Marital Status	Trak	64% for inpatients, 66% for outpatients	This has been a long established field in Trak, and so further engagement with colleagues is needed to understand this in more detail.
Pregnancy	In our maternity systems, and this is fed through to Trak	All patients who are pregnant and being treated by our maternity teams will be flagged on our systems	Patients who we are not treating for their pregnancy (out of county for example) will not be flagged, although there is a space on EPR this can be completed

The data above for religion is an adjusted completion rate, which factors in the numbers of records left blank and also those with an inserted entry of 'Not Known'. Further analysis has been done to identify the top five inpatient and outpatient specialties where not known/not recorded was entered into the religion field, so that we can prioritise engagement with those service areas. For inpatients, these are Paediatrics, Interventional Radiology, Gynaecological Oncology, Medical Oncology and Maxillofacial; and for outpatients these are Ophthalmology, Trauma and Orthopaedics, Medical Oncology, Physiotherapy and Clinical Oncology.

As a Trust we are not able to report on inpatient or outpatient data for the following protected characteristics:

- Disability
- Gender Reassignment
- Sexual Orientation
- Pregnancy

During 2020/21, the Head of Quality will be working with ward and specialty colleagues, Business Intelligence and the Digital team to develop an improvement plan for the recording of protected characteristics. This will include engagement work with colleagues across the Trust to understand any barriers to completing the data, continuing to review and update our systems, and providing information and materials to support these conversations and explain to patients why it is important that we capture this information. Progress reports on this will be reviewed at Quality Delivery Group.

Although we do not have this data available for our inpatients and outpatients, below is the data on the population of Gloucestershire against these four protected characteristics.

Sexual Orientation

Table 26: Stonewall estimates of the number of Lesbian, Gay and Bisexual people living in Gloucestershire[68]

	Lower Estimate		Upper Estimate	
	Number	%	Number	%
Cheltenham	4,800	5	6,800	7
Cotswold	3,700	5	5,100	7
Forest of Dean	3,600	5	5,000	7
Gloucester	5,200	5	7,200	7
Stroud	4,900	5	6,800	7
Tewkesbury	3,700	5	5,200	7
Gloucestershire	**25,800**	**5**	**36,100**	**7**
England	2,249,100	5	3,148,700	7

Note: Figures may not sum due to rounding

Table 27: Annual Population Survey Estimates of Sexual Orientation[69].

	Number of people aged 16 or over	Gay, lesbian, or bisexual (% in England)
Cheltenham	2,000	2.1
Cotswold	1,500	2.1
Forest of Dean	1,500	2.1
Gloucester	2,200	2.1
Stroud	2,000	2.1
Tewkesbury	1,500	2.1
Gloucestershire	**10,800**	**2.1**
England	944,600	2.1

Note: Figures may not sum due to rounding

Pregnancy and Maternity

Table 16: Live births by age of mother, Gloucestershire, 2016[45]

	Total number of live births	% of total births by age of mother						
		under 20	20-24	25-29	30-34	35-39	40-44	45+
Cheltenham	1,328	2.0	10.6	24.4	36.3	21.5	5.1	0.2
Cotswold	730	1.5	10.5	25.2	34.2	22.6	5.3	0.5
Forest of Dean	844	3.6	15.8	32.5	29.5	15.2	3.3	0.2
Gloucester	1,768	4.0	16.2	31.6	31.6	13.7	2.7	0.3
Stroud	1,094	1.9	10.3	28.6	34.3	19.7	4.8	0.3
Tewkesbury	975	1.9	11.7	31.4	33.8	17.5	3.5	0.1
Gloucestershire	**6,739**	2.6	12.8	29.1	33.3	17.9	4.0	0.3
England	663,157	3.2	14.6	28.0	31.8	18.1	4.0	0.3

Gender reassignment

Table 13: Estimates of gender reassignment, 2017[39]

	Lower Estimate		Upper Estimate	
	Number of people	% of 16+ population	Number of people	% of 16+ population
Cheltenham	579	0.6	965	1.0
Cotswold	440	0.6	733	1.0
Forest of Dean	431	0.6	718	1.0
Gloucester	618	0.6	1,031	1.0
Stroud	582	0.6	970	1.0
Tewkesbury	442	0.6	737	1.0
Gloucestershire	**3,092**	**0.6**	**5,154**	**1.0**
England	269,889	0.6	449,815	1.0

Note: Figures may not sum due to rounding

Disability

Table 5: Percentage of people with a long-term limiting health problem or disability, by broad age group, Gloucestershire, 2011[9]

	% of age group				
	All ages	**0-15**	**16-49**	**50-64**	**65+**
Cheltenham	15.1	2.7	7.0	18.1	48.8
Cotswold	16.1	2.7	6.7	14.8	43.9
Forest of Dean	19.6	3.6	9.2	20.3	52.2
Gloucester	16.8	3.5	8.5	22.6	54.4
Stroud	16.7	3.3	7.9	16.8	47.6
Tewkesbury	16.5	2.9	7.1	16.9	47.6
Gloucestershire	**16.7**	**3.1**	**7.8**	**18.3**	**49.0**
England	17.6	3.7	8.7	23.8	53.6

Table 8: Visual and hearing impairments[22]

	Gloucestershire			England		
	2016	**2017**	**2018**	**2016**	**2017**	**2018**
% reporting blindness or partial sight	1.0	1.0	1.6	1.0	1.0	1.6
% reporting deafness or hearing loss	4.2	3.8	7.0	3.8	3.8	6.6

Appendix B – Data on Trust Staff against protected characteristics

With almost 8000 employees, our Trust is the largest employer in the county. The majority of Trust colleagues live in the local communities so they and their families are also users of our services. Our Trust has always been very clear on the link between a skilled, committed and engaged workforce and the delivery of high quality patient care and this underpins many of our plans for staff development and engagement.

As an employer we are committed to equality, inclusion, valuing the diversity of our workforce and ensuring that these commitments, reinforced by our values, are embedded in our day-to-day working practices.
We present data and analysis in two sections:

- Recruitment Data
- Workforce Data

Section 1 - Recruitment Data

The following tables provide information between April 2019 and March 2020 about our staff recruitment, comparing it to the nine protected characteristics if available.

Whilst significantly more information regarding applicants' protected characteristic data is now gathered at recruitment stage, much of this is voluntary and must not be considered in recruitment decisions.

Recruitment by Gender

Description	Applications	% applications 2019/20	% applications 2018/19	Difference compared to previous year
Male	6,979	**29.4%**	24.8%	+4.6%
Female	16,647	**70.2%**	74.9%	-4.7%
Undisclosed	77	**0.3%**	0.3%	-

Description	Shortlisted	% shortlisted 2019/20	% applications 2018/19	Difference compared to previous year
Male	1,558	**19.3%**	19.3%	-
Female	6,479	**80.4%**	80.5%	-0.1%
Undisclosed	23	**0.3%**	0.2%	+0.1%

Description	Appointed	% Appointed 2019/20	% applications 2018/19	Difference compared to previous year
Male	318	**15.8%**	16.3%	-0.5%
Female	1,692	**83.9%**	83.4%	+0.5%
Undisclosed	6	**0.3%**	0.3%	-

What does this tell us?
The data indicates that we continue to receive an overwhelming majority of job applications from females. This reflects the dominant female workforce in certain staff groups such as nursing, additional clinical services, Allied Health Professionals and Admin & Clerical. Compared to 2018/19 we have attracted more males to apply for jobs in our Trust.

This is not translating into shortlisted applicants, where the percentage of shortlisted male applicants remains unchanged since 2018/19.

We appear to be appointing more females relative to the number of applications, and this difference has increased since 2018/19.

More investigation needs to be done to better understand the reasons for the differences in applications vs. appointments of males/females. This is something we will undertake in the next 12 months.

Recruitment by Disability

Responding to the statement: "I have a disability, mental health or long-term health condition".

Description	Applications	% applications 2019/20	% applications 2018/19	Difference compared to previous year
Yes	1,075	**4.5%**	3.8%	+0.7%
No	22,085	**93.2%**	93.8%	-0.5%
Undisclosed	543	**2.3%**	2.5%	-0.2%

Description	Shortlisted	% shortlisted 2019/20	% applications 2018/19	Difference compared to previous year
Yes	470	**5.8%**	4.8%	+1.0%
No	7451	**92.4%**	93.3%	-0.9%
Undisclosed	139	**1.7%**	1.9%	-0.2%

Description	Appointed	% Appointed 2019/20	% applications 2018/19	Difference compared to previous year
Yes	67	**3.3%**	3.5%	-0.2%
No	1918	**95.1%**	95.2%	-0.1%
Undisclosed	31	**1.5%**	1.3%	+1.2%

What does this tell us?

Since 2018/19 we have seen an increase in applicants who have declared they have a disability. This is also reflected in shortlisted candidates which has also seen a similar percentage increase, and reflects that we are shortlisting candidates with a disability who meet the essential criteria in line with our aspirations to be a Two-Ticks disability confident employer.

This is not translating through into appointed candidates, which has seen a small percentage drop since 2018/19 and is not reflective of the percentage who are shortlisted.

More investigation needs to be done to better understand the reasons for the differences in shortlisting vs. appointments of candidates with disabilities. This is something we will undertake in the next 12 months.

Recruitment by Age

Description	Applications	% applications 2019/20	% applications 2018/19	Difference compared to previous year
Under 18	159	0.7%	0.9%	-0.2%
18 to 19	628	2.6%	3.8%	-1.2%
20 to 29	8,623	36.4%	35.2%	+1.2%
30 to 39	6,653	28.0%	26.0%	+2.0%
40 to 49	3,872	16.3%	17.4%	-1.1%
50 to 59	3,024	12.8%	13.5%	-0.7%
60 to 64	572	2.4%	2.9%	-0.5%
65 and over	164	0.7%	0.5%	+0.2%
Undisclosed	8	0.0%	0.1%	-0.1%

Description	Shortlisted	% shortlisted 2019/20	% shortlisted 2018/19	Difference compared to previous year
Under 18	51	0.6%	0.9%	-0.3%
18 to 19	216	2.7%	4.2%	-1.5%
20 to 29	2,588	32.1%	31.7%	+0.4%
30 to 39	1,949	24.2%	24.2%	-
40 to 49	1,651	20.5%	20.2%	+0.3%
50 to 59	1,352	16.8%	15.1%	+1.7%
60 to 64	193	2.4%	3.0%	-0.6%
65 and over	59	0.8%	0.4%	+0.4%
Undisclosed	1	0.0%	0.1%	-0.1%

Description	Appointed	% appointed 2019/20	% appointed 2018/19	Difference compared to previous year
Under 18	9	0.4%	0.7%	-0.3%
18 to 19	62	3.1%	5.0%	-1.9%
20 to 29	727	36.1%	35.7%	+0.4%
30 to 39	519	25.7%	24.9%	+0.8%
40 to 49	377	18.7%	19.3%	-0.6%
50 to 59	268	13.3%	11.9%	+1.4%
60 to 64	39	1.9%	2.4%	-0.5%
65 and over	15	0.7%	0.6%	+0.1%
Undisclosed	0	0.0%	0.1%	-0.1%

What does this tell us?

The majority of applicants, shortlisted candidates and those appointed are in the 20-29 age bracket. These numbers have increased since 2018/19 and percentage of appointed candidates is largely proportional to those applying.

Applications from those aged under 20 has dropped since 2018/19 and this is reflected in the numbers shortlisted and appointed.

Applicants in the 30-39 age bracket are less likely to be shortlisted and appointed proportional to the percentage of applications received.

The percentage of applicants in the 40-49 age bracket have dropped however these are more likely to be shortlisted and appointed proportionately. The percentage of appointed candidates in this age group has, however, dropped compared to 18/19.
Applicants in the 50-59 age bracket are proportionally more likely to be shortlisted, although the percentage of applicants appointed is proportional to the percentage of those who applied.

We have seen an increase in the number of applicants aged 65+, and numbers shortlisted and appointed is in proportion.

Recruitment by Religion

Description	Applications	% applications 2019/20	% applications 2018/19	Difference compared to previous year
Atheism	3,695	15.6%	16.3%	-0.7%
Buddhism	297	1.3%	0.9%	+0.4%
Christianity	10,724	45.2%	49.9%	-4.7%
Hinduism	960	4.1%	3.1%	+1.0%
Islam	3,073	13.0%	7.4%	+5.6%
Jainism	17	0.1%	0.1%	-
Judaism	11	0.0%	0.1%	-0.1%
Sikhism	109	0.5%	0.3%	+0.2%
Other	2,625	11.1%	11.9%	-0.7%
Undisclosed	2192	9.2%	10.1%	-0.9%

Description	Shortlisted	% shortlisted 2019/20	% shortlisted 2018/19	Difference compared to previous year
Atheism	1623	20.1%	19.1%	+1.0%
Buddhism	51	0.6%	0.7%	-0.1%
Christianity	4056	50.3%	52.1%	-1.8%
Hinduism	172	2.1%	2.2%	-0.1%
Islam	353	4.4%	3.7%	+0.7%
Jainism	1	0.0%	0.0%	-
Judaism	1	0.0%	0.1%	-0.1%
Sikhism	22	0.3%	0.2%	+0.1%
Other	972	12.1%	11.5%	+0.6%
Undisclosed	809	10.0%	10.3%	-0.3%

Description	Appointed	% appointed 2019/20	% appointed 2018/19	Difference compared to previous year
Atheism	465	23.1%	21.7%	+1.4%
Buddhism	13	0.6%	0.4%	+0.2%
Christianity	1017	50.4%	51.6%	-1.2%
Hinduism	26	1.3%	1.8%	-0.5%
Islam	35	1.7%	2.6%	-0.9%
Jainism	0	0.0%	0.1%	-0.1%
Judaism	1	0.0%	0.0%	-
Sikhism	3	0.1%	0.1%	-
Other	254	12.6%	11.3%	+1.3%

Description	Appointed	% appointed 2019/20	% appointed 2018/19	Difference compared to previous year
Undisclosed	202	10.0%	10.4%	-0.4%

What does this tell us?

The data shows us that we attract applicants from a wide range of religious, faith and belief communities. The most popular religion/belief of applicants and appointees is Christianity, followed by Atheism.

The percentage of applications has fallen from people who are atheist and Christian, and have increased from those who practice other religions. In particular, we have received a large increase in applications from those people who practice the Muslim faith.

In spite of the reduced percentage of applications, those who are atheist are more likely to be shortlisted and appointed, and this has increased since 2018/19.

Conversely, applicant numbers from those who are Muslim are similar to atheists (3,073 and 3,695 respectively), whereas shortlisting and subsequent appointment of Muslim applicants is significantly disproportionate. Similarly, applicants who are Hindu are disproportionately less likely to be shortlisted and appointed.

More investigation needs to be done to better understand the reasons for the differences in applications vs. shortlisting vs. appointments of candidates who are Muslim and Hindu. This is something we will undertake in the next 12 months.

Recruitment by Sexual Orientation

Description	Applications	% applications 2019/20	% applications 2018/19	Difference compared to previous year
Heterosexual	21,845	92.2%	92.1%	+0.1%
Gay/Lesbian	481	2.0%	2.0%	-
Bisexual	459	1.9%	1.4%	+0.5%
Other	32	0.1%	0.1%	-
Undecided	80	0.3%	0.4%	-0.1%
Undisclosed	806	3.4%	4.0%	-0.6%

Description	Shortlisted	% shortlisted 2019/20	% shortlisted 2018/19	Difference compared to previous year
Heterosexual	7330	90.9%	91.5%	-0.6%
Gay/Lesbian	190	2.4%	2.2%	+0.2%
Bisexual	182	2.3%	1.8%	+0.5%
Other	8	0.1%	0.2%	-0.1%
Undecided	30	0.4%	0.3%	+0.1%
Undisclosed	320	4.0%	3.9%	+0.1%

Description	Appointed	% appointed 2019/20	% appointed 2018/19	Difference compared to previous year

Heterosexual	1846	91.6%	93.0%	-1.4%
Gay/Lesbian	64	3.2%	2.0%	+1.2%
Bisexual	43	2.1%	1.5%	+0.6%
Other	3	0.1%	0.3%	-0.2%
Undecided	2	0.1%	0.2%	-0.1%
Undisclosed	58	2.9%	3.0%	-0.1%

What does this tell us?

The data indicates there are no significant differences between the percentages of people applying with different sexual orientation, relative to the percentages of people who are shortlisted and then appointed. Although Gay/Lesbian applicants are now starting to be more likely to be appointed proportional to the percentage of applicants.

Recruitment by Ethnicity

Description	Applications	% applications 2019/20	% applications 2018/19	Difference compared to previous year
WHITE - British	13,440	**56.7%**	63.8%	-7.1%
WHITE - Irish	78	**0.3%**	0.6%	-0.3%
WHITE - Any other white background	1,444	**6.1%**	6.5%	-0.4%
ASIAN or ASIAN BRITISH - Indian	2,009	**8.5%**	7.9%	+0.6%
ASIAN or ASIAN BRITISH - Pakistani	1,051	**4.4%**	2.8%	+1.6%
ASIAN or ASIAN BRITISH - Bangladeshi	256	**1.1%**	0.8%	+0.3%
ASIAN or ASIAN BRITISH - Any other Asian background	745	**3.1%**	2.3%	+0.8%
MIXED - White & Black Caribbean	267	**1.1%**	1.0%	+0.1%
MIXED - White & Black African	339	**1.4%**	0.8%	+0.6%
MIXED - White & Asian	100	**0.4%**	0.6%	-0.2%
MIXED - any other mixed background	226	**1.0%**	0.6%	+0.4%
BLACK or BLACK BRITISH - Caribbean	295	**1.2%**	1.3%	-0.1%
BLACK or BLACK BRITISH - African	1,857	**7.8%**	6.6%	+0.8%
BLACK or BLACK BRITISH - Any other black background	107	**0.5%**	0.4%	+0.1%
OTHER ETHNIC GROUP - Chinese	90	**0.4%**	0.3%	+0.1%
OTHER ETHNIC GROUP - Any other ethnic group	920	**3.9%**	2.3%	+1.6%
Undisclosed	479	**2.0%**	1.4%	+0.6%
TOTAL WHITE	14,962	**63.1%**	71.8%	-8.7%
TOTAL BAME	8,262	**34.8%**	26.8%	+8.0%

Description	Shortlisted	% shortlisted 2019/20	% shortlisted 2018/19	Difference compared to previous year

Description	Shortlisted	% shortlisted 2019/20	% shortlisted 2018/19	Difference compared to previous year
WHITE - British	5812	**72.1%**	72.9%	-0.8%
WHITE - Irish	46	**0.6%**	0.9%	-0.3%
WHITE - Any other white background	457	**5.7%**	5.2%	+0.5%
ASIAN or ASIAN BRITISH - Indian	523	**6.5%**	7.7%	-1.2%
ASIAN or ASIAN BRITISH - Pakistani	113	**1.4%**	1.1%	+0.3%
ASIAN or ASIAN BRITISH - Bangladeshi	21	**0.3%**	0.4%	-0.1%
ASIAN or ASIAN BRITISH - Any other Asian background	210	**2.6%**	2.2%	+0.4%
MIXED - White & Black Caribbean	89	**1.1%**	0.9%	+0.2%
MIXED - White & Black African	28	**0.3%**	0.3%	-
MIXED - White & Asian	33	**0.4%**	0.6%	-0.2%
MIXED - any other mixed background	49	**0.6%**	0.6%	-
BLACK or BLACK BRITISH - Caribbean	94	**1.2%**	1.4%	-0.2%
BLACK or BLACK BRITISH - African	288	**3.6%**	3.2%	+0.4%
BLACK or BLACK BRITISH - Any other black background	23	**0.3%**	0.2%	+0.1%
OTHER ETHNIC GROUP - Chinese	21	**0.3%**	0.2%	+0.1%
OTHER ETHNIC GROUP - Any other ethnic group	99	**1.2%**	1.0%	+0.2%
Undisclosed	154	**1.9%**	1.2%	+0.7%
TOTAL WHITE	6,315	**78.4%**	79.9%	-1.5%
TOTAL BAME	1,591	**19.8%**	18.9%	+0.9%

Description	Appointed	% appointed 2019/20	% appointed 2018/19	Difference compared to previous year
WHITE - British	1564	**77.6%**	74.2%	+3.4%
WHITE - Irish	14	**0.7%**	0.9%	-0.2%
WHITE - Any other white background	109	**5.4%**	4.6%	+0.8%
ASIAN or ASIAN BRITISH - Indian	83	**4.1%**	6.5%	-2.4%
ASIAN or ASIAN BRITISH - Pakistani	9	**0.4%**	0.6%	-0.2%
ASIAN or ASIAN BRITISH - Bangladeshi	2	**0.1%**	0.2%	-0.1%
ASIAN or ASIAN BRITISH - Any other Asian background	56	**2.8%**	3.0%	-0.2%
MIXED - White & Black Caribbean	20	**1.0%**	1.6%	-0.6%
MIXED - White & Black African	4	**0.2%**	0.3%	-0.1%
MIXED - White & Asian	7	**0.3%**	0.6%	-0.3%

Description	Appointed	% appointed 2019/20	% appointed 2018/19	Difference compared to previous year
MIXED - any other mixed background	7	**0.3%**	0.2%	+0.1%
BLACK or BLACK BRITISH - Caribbean	28	**1.4%**	1.4%	-
BLACK or BLACK BRITISH - African	59	**2.9%**	3.5%	-0.6%
BLACK or BLACK BRITISH - Any other black background	4	**0.2%**	0.3%	-0.1%
OTHER ETHNIC GROUP - Chinese	8	**0.4%**	0.3%	+0.1%
OTHER ETHNIC GROUP - Any other ethnic group	23	**1.1%**	1.0%	+0.1%
Undisclosed	19	**0.9%**	0.9%	-
TOTAL WHITE	1,687	**83.7%**	80.4%	+3.3%
TOTAL BAME	310	**15.2%**	18.7%	-3.5%

Summary of White and BAME 2019/20

Description	% Applications	% Shortlisted	% Appointed
White	63.1%	78.4%	83.7%
BAME	34.8%	19.8%	15.2%
Undisclosed	2.0%	1.9%	0.9%

What does this tell us?

We have a high number of BAME applicants to our roles, relative to the last census data for Gloucestershire (34.8% vs. 4.6%).

Overall, white applicants are more likely to be shortlisted and appointed relative to the numbers that apply.

Applications from all BAME ethnicities have increased in 2019/20, except for MIXED – White and Asian, where there has been a marginal drop.

Whilst there is a significant drop in the percentage of BAME applicants that are shortlisted, the percentage has increased since 2018/19.

Unfortunately this has not translated into increased appointments of BAME applicants, with the vast majority of BAME ethnicities seeing a reduction in the percentage appointed.

More investigation needs to be done to better understand the reasons for the differences in applications vs. shortlisting vs. appointments of BAME applicants. This is something we will undertake in the next 12 months using an external organisation who will undertake a Widening Participation Review of the experiences of BAME colleagues in Gloucestershire Hospitals. We will also be undertaking a comprehensive review of our Recruitment & Selection policy and procedures to ensure fairness and meritocracy are at their heart.

Recruitment by Marital Status

Description	Applications	% applications 2019/20	% applications 2018/19	Difference compared to previous year
Married	8,732	36.8%	35.6%	+1.2%
Single	12,047	50.8%	51.0%	-0.2%
Civil partnership	526	2.2%	2.6%	-0.4%
Legally separated	194	0.8%	0.7%	+0.1%
Divorced	1,120	4.7%	5.1%	-0.4%
Widowed	123	0.5%	0.3%	+0.2%
Undisclosed	961	4.1%	4.7%	-0.6%

Description	Shortlisted	% shortlisted 2019/20	% shortlisted 2018/19	Difference compared to previous year
Married	3002	37.2%	37.6%	-0.4%
Single	3970	49.3%	49.9%	-0.6%
Civil partnership	189	2.3%	2.8%	-0.5%
Legally separated	84	1.0%	0.9%	+0.1%
Divorced	492	6.1%	5.4%	+0.7%
Widowed	46	0.6%	0.4%	+0.2%
Undisclosed	277	3.4%	3.1%	+0.3%

Description	Appointed	% appointed 2019/20	% appointed 2018/19	Difference compared to previous year
Married	735	36.5%	39.2%	-2.7%
Single	1021	50.6%	49.4%	+1.2%
Civil partnership	64	3.2%	2.9%	+0.3%
Legally separated	23	1.1%	0.8%	+0.3%
Divorced	107	5.3%	4.8%	+0.5%
Widowed	12	0.6%	0.4%	+0.2%
Undisclosed	54	2.7%	2.5%	+0.2%

What does this tell us?

The data indicates there are no significant differences between the percentages of people applying with different marital status, relative to the percentages of people who are shortlisted and then appointed.

Section 2 - Workforce Data

The following tables provide information between April 2019 and March 2020 about the makeup of our full workforce, comparing it to the nine protected characteristics if available.

Non Agenda for Change (National Terms and Conditions of Service) includes senior managers and apprentices.

Due to the permanence of many of our staff, most of the data we hold historically on them will not include all of the 9 protected characteristics. As we see the turnover of these staff, the data overtime will become more meaningful for the purposes of this report.

Total of Workforce – Staff Group v Gender

	Female	Male	Female %	Male %
Add Prof Scientific and Technic	229	60	79.2%	20.8%
Additional Clinical Services	1287	197	86.7%	13.3%
Administrative and Clerical	1428	290	83.1%	16.9%
Allied Health Professionals	364	59	86.1%	13.9%
Estates and Ancillary	19	34	35.8%	64.2%
Healthcare Scientists	188	67	73.7%	26.3%
Medical and Dental	859	644	57.2%	42.8%
Nursing and Midwifery Registered	2190	179	92.4%	7.6%
Students	1		100.0%	0.0%
Grand Total	**6565**	**1530**	**81.1%**	**18.9%**

What does this tell us?
81.1% of the workforce is female, and 18.9% is male. Slightly more males are employed in the Trust compared to 2018/19 (82.3% vs. 17.7%).

All staff groups have majority female with the exception of Estates and Ancillary. In the Medical & Dental there is a greater balance of ratio between males and females, with more females in post overall. This contrasts to 2018/19 when there were slightly more males than females in this staff group.

Overall this data reflects the dominant female workforce across the NHS in certain staff groups.

Total of Workforce – Gender v Full/Part Time

	Full Time	Part Time	Full Time %	Part Time %
Female	3309	3256	50.4%	49.6%
Male	1297	233	84.8%	15.2%
Grand Total	**4606**	**3489**	**56.9%**	**43.1%**

What does this tell us?
There is a fairly even split between females who work full time compared to part-time, with slightly more working full-time (50.4%). This contrasts with 2018/19 when slightly more females were working part-time (52.2%).

In contrast, a significantly lower percentage of men work part-time (15.2%). This has also reduced from 2018/19 (16.6%).

Overall this illustrates that more people are working full-time roles in the Trust compared to 2018/19. Equally, we still have a high number of colleagues working part-time. This reflects a societal trend that women are more likely to reduce their working hours in order to improve work-life balance and look after family. This also indicates the Trust's flexibility towards colleagues who have other commitments beyond their work.

Total of Workforce - Pay band v Gender v Full/Part Time

	Full Time		Part Time	
	Female	**Male**	**Female**	**Male**
Apprentice	43	10	1	
Associate Specialist	3	11	3	
Band 1	4	3	8	1
Band 2	469	123	770	74
Band 3	372	61	371	12
Band 4	208	52	159	5
Band 5	784	198	700	24
Band 6	435	100	644	28
Band 7	246	87	249	12
Band 8 - Range A	96	31	49	2
Band 8 - Range B	31	22	10	2
Band 8 - Range C	13	14	4	
Band 8 - Range D	16	10	7	1
Band 9	5	2		
Clinical Assistant			3	2
Consultant	82	221	61	38
Dental Core Trainee	3	4		
Foundation Year 1	40	15		
Foundation Year 2	37	17	1	
Hospital Practitioner				2
Non AfC	9	9	3	4
Senior House Officer	1			
Specialist Registrar	2	2	1	
Specialty Doctor	15	24	26	9
Specialty Registrar	365	252	184	17
Trust Grade Doctor - Career Grade	3	2		
Trust Grade Doctor - Foundation Level		1		
Trust Grade Doctor - Specialty Registrar	27	26	2	
Grand Total	**3309**	**1297**	**3256**	**233**

What does this tell us?

There are opportunities for part-time working arrangements across all levels of the organisation. Part-time working appears to be most popular in band 2, band 5 and band 6 roles for women. There are marginally more women in part-time band 7 roles than full-time band 7 roles.

Part-time working for men is most common in band 2 roles, followed by Consultants.

Part-time working becomes less common in senior Agenda for Change (band 8a+) roles.

Total Workforce – Staff Group v Age

	<=20 Years	21-30	31-40	41-50	51-60	61-65	66 and above
Add Prof Scientific and Technic		59	109	58	54	7	3
Additional Clinical Services	90	350	368	311	265	77	23
Administrative and Clerical	49	285	290	379	520	151	44
Allied Health Professionals		137	126	79	68	12	1
Estates and Ancillary		1	5	7	13	16	11
Healthcare Scientists		59	64	67	55	8	2
Medical and Dental		449	598	234	186	23	13
Nursing and Midwifery Registered		433	431	660	570	88	7
Students		1					
Grand Total	**139**	**1774**	**2190**	**1795**	**1711**	**382**	**108**

What does this tell us?

The workforce is spread fairly evenly across all age groups, with slightly more colleagues aged 31-40. There are considerably lower numbers of colleagues aged under 20 and 61+ years. This would reflect general trends in society of younger people being in the education system and older people taking retirement.

Total Workforce – Pay Band v Ethnicity

	Asian or Asian British	Black or Black British	Chinese	Mixed Ethnicity	Other Ethnic Group	White	Not Stated/ Unknown
Apprentice	2	1		2		48	1
Band 1	1			2		13	
Band 2	93	46	3	21	27	1209	37
Band 3	24	14	1	14	8	737	18
Band 4	9	6		3	2	396	8
Band 5	229	72	7	18	153	1143	84
Band 6	44	11	5	7	21	1084	35
Band 7	12	7	3	4	6	547	15
Band 8 - Range A	4	1	1	3		166	3
Band 8 - Range B	3	3		1		57	1
Band 8 - Range C	1	2				27	1
Band 8 - Range D			1			33	
Band 9						7	
Non AfC	1	1				20	2
Non Medical Staff Total	**423**	**164**	**21**	**75**	**217**	**5487**	**205**
Associate Specialist	6		1		2	8	
Clinical Assistant						5	
Consultant	59	6	3	8	7	310	9
Dental Core Trainee	1					6	
Foundation Year 1	1		2	5	1	41	5
Foundation Year 2	3	3	1	2	2	40	4

	Asian or Asian British	Black or Black British	Chinese	Mixed Ethnicity	Other Ethnic Group	White	Not Stated/ Unknown
Hospital Practitioner	1					1	
Senior House Officer						1	
Specialist Registrar		1				4	
Specialty Doctor	20	1		1	6	43	3
Specialty Registrar	97	48	9	14	11	614	25
Trust Grade Doctor - Career Grade level	3					1	1
Trust Grade Doctor - Foundation Level	1						
Trust Grade Doctor - Specialty Registrar	12	3		1	4	32	3
Non AfC						1	
Medical Staff Total	**204**	**62**	**16**	**31**	**33**	**1107**	**50**
Overall Total	**627**	**226**	**37**	**106**	**250**	**6594**	**255**
% of Workforce	**7.75%**	**2.79%**	**0.46%**	**1.31%**	**3.09%**	**81.46%**	**3.15%**

What does this tell us?

As per our previous WRES submissions, we can see that there is a concentration of BAME staff in lower bands of the organisation and there is little or no BAME representation in senior non-medical roles. This is slowly starting to shift, however, and we now have more BAME colleagues in Band 8a+ roles than ever before.

In the medical workforce, we employ more Asian colleagues than black colleagues. Overall we employ more Asian colleagues than any other ethnic minority.

Total Workforce – Staff Group v Ethnicity

	Asian or Asian British	Black or Black British	Chinese	Mixed Ethnicity	Other Ethnic Group	White	Not Stated/ Unknown
Add Prof Scientific and Technic	4.5%	2.8%	0.7%	0.4%	0.7%	88.2%	2.8%
Additional Clinical Services	6.9%	3.1%	0.3%	1.7%	2.3%	83.0%	2.7%
Administrative and Clerical	2.6%	1.9%	0.2%	1.2%	0.2%	91.6%	2.3%
Allied Health Professionals	1.9%	3.8%	0.5%	1.0%	0.2%	90.5%	2.1%
Estates and Ancillary	1.9%					94.3%	3.8%
Healthcare Scientists	5.5%	2.0%	1.6%	0.4%	0.4%	85.9%	4.3%
Medical and Dental	13.6%	4.1%	1.1%	2.1%	2.2%	73.7%	3.3%
Nursing and Midwifery Registered	10.1%	2.4%	0.2%	1.0%	7.4%	74.8%	4.1%
Students						100.0%	

Total 2019/20	**7.8%**	**2.8%**	**0.5%**	**1.3%**	**3.1%**	**81.5%**	**3.2%**
2018/19	*6.92%*	*2.2%*	*0.4%*	*1.2%*	*3.2%*	*82.5%*	*3.6%*

What does this tell us?

The colour coding illustrates where we have seen ethnic representation shift across different staff groups since 2018/19. Overall, all ethnic minority groups are more represented across the Trust with the exception of “any other ethnic group” which has seen a minor reduction.

Black and Black British colleagues are more represented across all staff groups compared to 2018/19 with the exception of Healthcare Scientists.

Staff groups: Additional Clinical Services, Administrative & Clerical, and Nursing & Midwifery have seen increased representation across three ethnicity groups.

The Medical & Dental group has seen an increase in Black/Black British representation although representation of all other ethnic minorities has fallen since 2018/19, and white representation has increased. The number of colleagues with Chinese ethnicity are most represented in HealthCare Scientists. Colleagues who fall into ‘any other ethnic group’ are most represented in Nursing & Midwifery.

Black colleagues are most represented in the Medical & Dental and Allied Health Professionals groups. Asian colleagues are most represented in the Medical & Dental and Nursing & Midwifery staff groups.

Appendix C

Homelessness in the Emergency Department

https://www.gloshospitals.nhs.uk/media/documents/Shona_Duffy_Becca_Shaw_-_Poster.pdf

Gloucestershire Safety and Quality Improvement Academy

Gloucestershire Hospitals NHS
NHS Foundation Trust

Homelessness in the Emergency Department (ED)

Shona Duffy and Becca Shaw

Aim	Primary Drivers	Secondary Drivers	Change Ideas
To initiate and improve the referral rate of homeless patients to the Local Authority (LA) from the Emergency Departments.	Legislation	Agree referral pathways	Ensure fit service demands
			Agree types of referrals, phone or email.
		Create guidelines	Multi agency working
		Information governance	Data sharing
			Consent
	Documentation	Checklist	Create checklist document
			Use as data collection
			To be initiated at triage for all homeless patients
		Leaflets	To be given to all homeless patients
			Covers information sharing
		Safeguarding	Are you homeless or at risk of homelessness?
			Question to be added to safeguarding checklist
	Information Technology	Trakcare issues	Underestimates numbers
			Can we get NFA alert?
		Data retrieval	Trak / business reports to be set up
			Collect data from completed checklists
		Receptionists	To put NFA next to presenting complaint
			To ask homeless question
	Education	Teaching sessions	Regular and adhoc teaching sessions
			Aim for >80% of staff
		Staff inductions	ED induction slot (nursing and medical)
		Posters	ED newsletters
			Ensure guidelines visible
			Topic of the month

INTRODUCTION

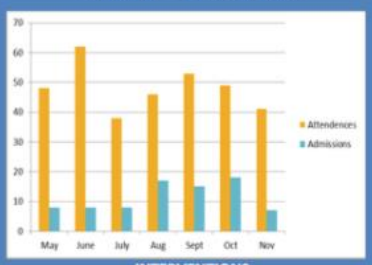
The Homeless Reduction Act (HRA) 2017 places a legal duty on the trust to refer all those that are homeless or at risk of homelessness to a local authority. This came into force on October 2018 , and at that time GHFT had no process for this. Our project has focused on implementing this legislation but also using it as an opportunity to improve the care our homeless patients receive in the ED. By working with community services and local authorities as well as developing documentation, homeless patients now receive appropriate support post discharge from ED.

BACKGROUND

GHFT see roughly between 400 and 600 homeless presentations annually. We started collecting broad data in May 2019 of patients declaring No Fixed Abode (NFA) at presentation.

Until now homeless patients were discharged from ED back to the streets without any ongoing support 24 hours a day.

The graph below shows the NFA attendance's and admission rate across the trust.



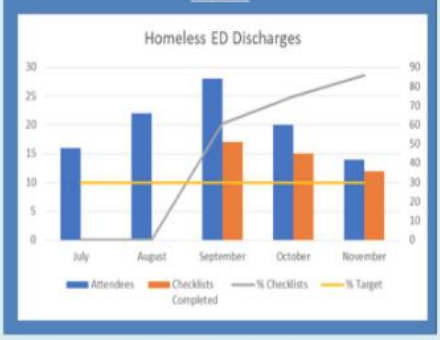
INTERVENTIONS

- Work with community services to set up new pathways.
- Create guidelines and Checklist (used since September 2019)
- Update Patient information leaflet according to information governance protocols.
- Multi Disciplinary Staff education using one to one teaching , focus groups and noticeboard presentations.

OUTCOME & PROCESS MEASURES

- Our measure was NFA/Trakcare data vs. checklist completion to give a compliance rate.
- Our target group was patients homeless or at risk of homelessness that were medically fit for discharge from the ED.
- Those who did not wait for assessment were discounted from the figures.
- Limitations with the accuracy of Trak care mean NFA numbers are underestimated and don't account for hidden homelessness.
- All referrals to the Local authority are made with the consent of the patient.

RESULTS



BALANCING MEASURES

- Time pressures to staff work load.
- Trakcare inconsistencies.
- Patients streamed out of department eg AEC/AMIA therefore checklist not completed.
- Added work load to medical secretaries.

SUMMARY AND FUTURE AIMS

We have met our aim of a compliance of 30% referral rate to the Local authority and are complying with our legal duty to refer.

Future aims for this project are that the compliance with legislation is rolled out across that acute trust . Furthermore, that documentation is implemented that allows staff to make good holistic assessments of the homeless patient leading to improve care. Work for this Quality Improvement project (QI) has helped secure funding to improve services at Cheltenham General Hospital in form of dedicated housing officer and also a trust Homeless Specialist Nurse, with both roles starting in the new year.

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