NHS
Gloucestershire Hospitals
NHS Foundation Trust

Equality Annual Report 2020–2021

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

Contents

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0300 422 3563 / 3120

ghn-tr.comms@nhs.net

Executive foreword

The Trust is wholly committed to achieving demonstrable change and positive impact on the Equality Diversity and Inclusion (EDI) agenda.

2020/21 has been a year like no other and the COVID-19 pandemic has had profound and lasting effects on society.

COVID-19 has had a disproportionate impact on ethnic minorities and has heightened the isolation and barriers which people from other minority communities are more likely to experience. This is coupled with the global Black Lives Matter movement in spring 2020 that was spurred on by the tragic murder of George Floyd.

Additionally, as a Trust we have acknowledged that, in spite of the progress we have made with the EDI agenda over recent years, colleagues and patients who identify with minority groups continue to have a worse experience than their counterparts. Together these factors have brought into sharp focus the critical importance and urgency required to progress on the EDI agenda in the Trust.

We repeat that EDI and human rights are fundamental components of delivering a safe and positive experience for our colleagues 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.

Our annual Equality Report showcases some of our responses to the pandemic through the lens of equality diversity and inclusion. We accept that some of our planned EDI activities for 2020/21 have been delayed or placed on hold as the organisation has responded to meet the needs of patients who contracted COVID-19 during the first and second waves. Likewise, we also highlight that some of our EDI activities have increased considerably, partly thanks to the pandemic, and partly to reflect our strategic ambition to create a truly compassionate, just and inclusive culture.

Emma Wood, Deputy CEO/ Director of People and OD

Steve Hams, Director of Quality and Chief Nurse

This report

About this report

The annual equality report demonstrates our Trust's compliance with the Equality Act 2010, specifically the Public Sector Equality Duty contained within it.

Moreover, our Trust is deeply committed to the principles of equality diversity and inclusion across all of its services. We are proud to showcase the work we have been doing in the last 12 months to progress our performance in this area, by addressing the inequalities and barriers which impact on the experiences of our patients and colleagues.

Publishing this report is an important part of demonstrating transparency and helps us to communicate how we are tackling inequity, celebrating diversity and promoting inclusion.

Who benefits from this report

This report is available for anyone who interacts with or is interested in the services we provide. This includes patients and their families, our colleagues, our partners, local charities and commissioners.

Equality, diversity and inclusion are at the centre of everything we do

Our vision, purpose and values

Vision

Gloucestershire Hospitals NHS Foundation Trust has a clear vision of **the Best Care For Everyone**.

This means that, regardless of who you are, we aspire that all patients will receive the best possible care and treatment. To truly achieve this, we must be able to adapt our services flexibly to meet the different needs of everyone.

In early 2021/22 we added **the Best Care For Everyone** for each other to our vision, in recognition that our colleagues also need to effectively support one another in order for us, as a whole, to be able to deliver the best care for our patients.

Purpose

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

Values

We have three core values of Listening, Caring and Excelling. These are interdependent with one another.

We recognise that in order to excel in the delivery of our services we need to truly listen to our patients and colleagues, take action to remove barriers and make improvements to enhance the quality of care and overall experience.

These are underpinned by compassion and we have launched our new compassionate behaviours framework which focuses on four key elements:

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

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

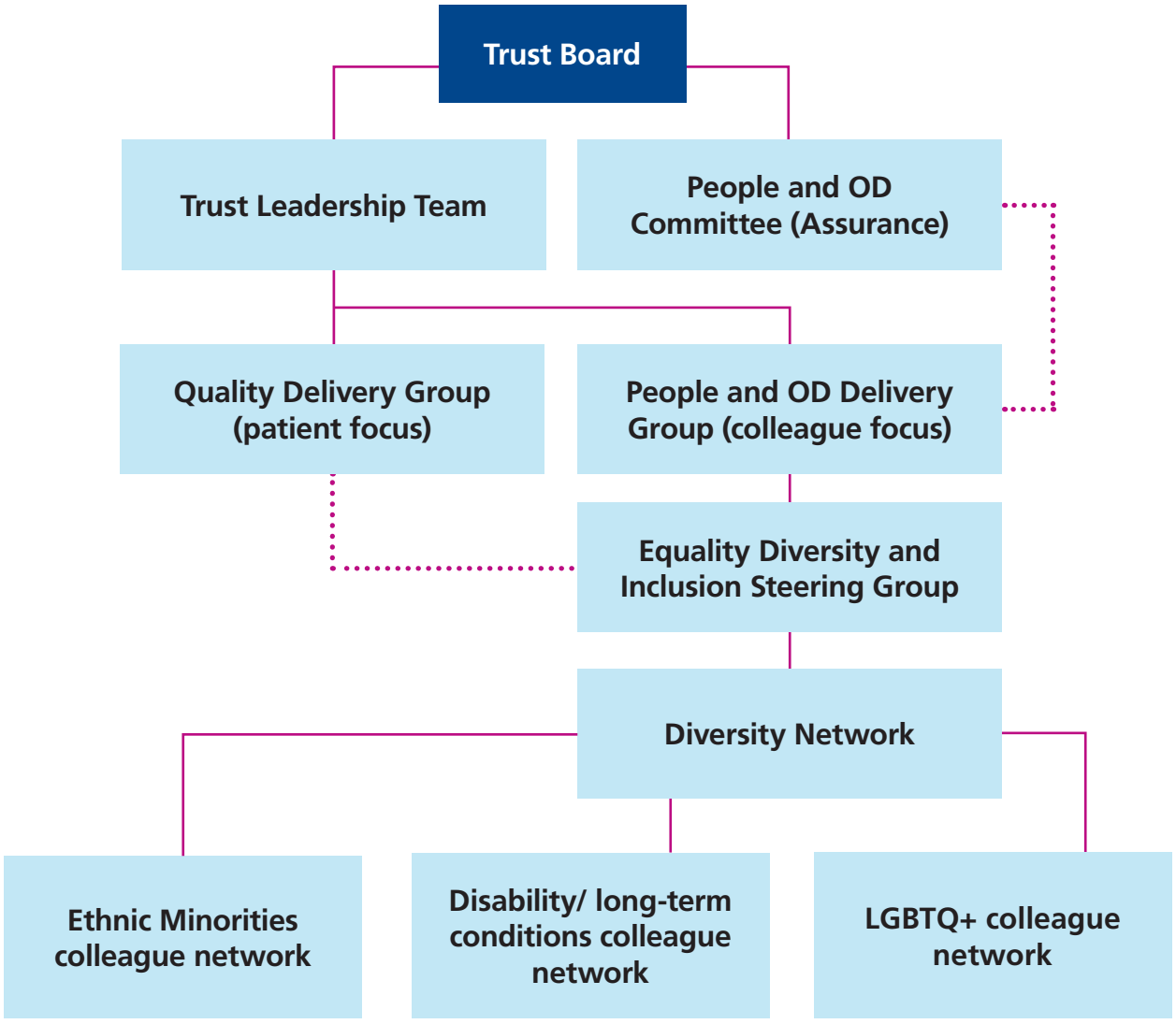
Governance Structure for Equality Diversity and Inclusion

Whilst equality, diversity and inclusion is threaded across all structures and services in our Trust, we have a formal governance route which ensures that an overarching strategic and operational function is in place to both deliver and provide assurance on our progress.

The figure below demonstrates how all colleagues across the Trust can get involved in our umbrella Diversity Network which is open to all.

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

These feed into our Equality Diversity and Inclusion Steering Group which formally reports into the Trust's People and OD Delivery Group. It also feeds into the Quality Delivery Group. The People and OD Committee seeks assurance of its activities on behalf of the Trust Board.



NHS
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our
compassionate culture

our values

caring
We care for our patients and colleagues by showing respect and compassion

listening
We listen actively to better meet the needs of our patients and colleagues

excelling
We are a learning organisation and we strive to excel. We expect our colleagues to be and do the very best they can

our behaviours

I am attentive
- I am welcoming and introduce myself to everyone I meet
- I give you my full attention when we communicate with one another, and I acknowledge your perspective
- When you explain, challenge or ask me something, I will listen and respond accordingly
- I say thank you and I recognise everyone's contributions

I am understanding
- I check we both understand one another, and that you know I have listened to you
- I invite feedback on what could be better. I am open to discussion and other views
- I respond flexibly to different communication needs and give you time to express yourself
- I seek to understand what matters to others and respect when their priorities are different from my own

I am empathetic
- I am respectful, kind and treat all others fairly
- I am caring towards others and try to understand without judgement
- I encourage and support all colleagues to make suggestions on how we can improve our work
- I always try to make a positive difference to my colleagues and our patients

I am helpful
- I offer support and encouragement to colleagues and patients
- I can be trusted to take action whenever someone needs help, or when something needs putting right
- I take responsibility and reflect on my actions and behaviours to help me to improve
- I call out wherever I witness unlawful discrimination, bullying or harassment; and I support those who experience it

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More than ever please remember to
be kind to yourself & others

A poster showing our values and our behaviours

Legal and regulatory frameworks

This section of the report outlines some of the key legislation and regulatory duties which our Trust adheres to.

Where relevant we have also included a summary of our latest submissions against national standards.

Equality Act 2010

The Equality Act 2010 states that people interacting with public services should: be treated fairly, have equitable access to services, and not experience discrimination or harassment because of:

- age
- disability
- gender reassignment
- marriage or civil partnership
- pregnancy and maternity
- race
- religion or belief system
- sex
- sexual orientation

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) and the Equality Delivery System (EDS2)

The 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.

To support the Trust's creation of latest Equality Objectives and to demonstrate conscious consideration of the three aims of the Equality Duty, in 2018/19 we worked with stakeholders to complete the Equality Delivery System (EDS2) toolkit. This enabled us to collate and analyse our data about patients' and colleagues' experiences, to identify and highlight where we need to improve.

The EDS2 toolkit has supported us to meet our Public Sector Equality Duty, deliver standards in the NHS Constitution, and adhere to the Care Quality Commission's "Essential Standards of Quality and Safety". Completion of the toolkit has helped us to better understand 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

Our Equality Objectives 2019–2023

Within EDS2 there are four overarching goals. These have guided the creation of our 4-year equality objectives which we agreed in consultation with our colleagues, patients and stakeholder representatives:

Our progress against each of these objectives is detailed in section 4 of the report.

EDS2 Goal	Trust Equality Objective 2019-2023
Patient-centred goals	
1. Better health outcomes	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. Improved patient access and experience	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-centred goals	
3. A representative and supported workforce	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. Inclusive leadership	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.

Annual reports and submissions

Workforce Race Equality Standard (WRES)

Every year the Trust complies with the WRES submission to NHS England. This measures the Trust's performance against nine indicators, some of which relate to workforce statistics, and others which are derived from the annual NHS staff survey results.

In 2020/21 our performance against these indicators can be summarised as follows. Compared to 2019/20:

- There has been a 1% increase in the Black and Minority Ethnic (BME) workforce, so that it now constitutes 16.5% of the overall workforce;
- There are less BME staff who reported experiencing harassment, bullying and abuse from patients;
- We have more BME representation at Board level (16.7%), and this is now in line with the overall BME workforce;
- There has been a marginal increase in the likelihood of White staff being appointed in the recruitment process over BME staff;
- There is an increase in the likelihood of BME staff entering the formal disciplinary process, however the way this metric is reported has changed this year so it's hard to make direct comparisons with the previous year/s;
- White staff are now marginally more likely to access non-mandatory training than BME staff, although the difference is negligible;
- More BME staff reported experiencing harassment, bullying and abuse from staff; and more BME staff also reported experiencing discrimination at work from their manager/ colleagues;
- There was a drop of 9.4% in BME staff reporting they believe the Trust provides equal opportunities for career progression and promotion.

Further details of our WRES report and submission can be accessed on the Trust's internet.

Workforce Disability Equality Standard (WDES)

As with the WRES, every year the Trust also complies with the Workforce Disability Standard (WDES). This measures the Trust against ten indicators (two indicators have sub-categories, meaning a total of 14 metrics).

In 2020/21, our performance can be summarised as follows:

- 2.6% of our workforce is disabled, which is an increase of 0.6% on the previous year. However we do not know the disability status for 40% of our workforce, therefore this statistic is under-represented and likely inaccurate.

- Non-disabled staff are more likely to be appointed from shortlisting, however the gap between disabled and non-disabled staff has narrowed;
- Less disabled staff reported experiencing harassment, bullying and abuse from patients, managers and colleagues;
- Less disabled staff reported feeling pressure from their manager to come to work despite feeling unwell;
- More disabled staff reported that reasonable adjustments had been made to enable them to carry out their work;
- Disabled staff are no more likely to enter the formal capability process than non-disabled staff;
- The overall engagement score for disabled staff has increased for the third year running, narrowing the gap between disabled and non-disabled staff;
- Less disabled staff said they had reported any harassment, bullying and abuse they experienced;
- Less disabled staff report believing the Trust provides equal opportunities for career progress and promotion;
- Marginally less disabled staff reported feeling satisfied with the extent the organisation values their work; the gap has widened between disabled and non-disabled staff;
- The Board continues to have representation of disabled staff which is in excess of the overall workforce (5.6% Board vs. 2.6% workforce).

Further details of our WDES report and submission can be located on the Trust's internet.

Gender Pay Gap Report

The Trust is required to publish a Gender Pay Gap report on an annual basis. The Trust gender pay gap at 31 March 2020, was reported at:

- Median gender pay gap, 19.8% in favour of male employees (20.3% in 2019)
- Mean gender pay gap, 28.6% in favour of male employees (29.4% in 2019)

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

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

2020/21: A year of change and momentum

The impact of COVID-19 and world events

2020 has been a year like no other and a number of key events have shone a spotlight on the Equality Diversity & Inclusion agenda.

The experiences of colleagues in our Trust were brought into sharp focus in spring 2020 as a combination of the following:

- The disproportionate impact of COVID on ethnic minority communities;
- The impact of COVID on colleagues who have been shielding at home because of a disability or long-term condition;
- The global response to the George Floyd murder and Black Lives Matter protests highlighting the systemic racism and disadvantage perpetuated by prevailing cultural norms and attitudes;
- The impact of COVID on patients and families – increased isolation and delays/difficulty accessing care/ treatment especially for minority groups; additional communication barriers with enhanced PPE

These national and global events reinforced what we have also been aware of at a Trust level, whereby progress to achieve and sustain demonstrable change for our colleagues holding minority protected characteristics has been slower than we would like.

The reported experience of ethnic minority colleagues across the NHS has been stagnant for decades and Gloucestershire Hospitals NHS Foundation Trust is no exception to this.

Following the Black Lives Matters protests in 2020, the Trust connected with ethnic minority colleagues through a number of avenues (such as listening events, surveys, and a WhatsApp group) and it became evident that taking more rapid action to improve the experiences of our ethnic minority colleagues was urgently required, including a deep review of why our colleagues with minority protected characteristics experience the Trust so differently to their counterparts.

Consequently, in July 2020 the Board agreed to the following:

1. Commission, design and deliver a Trust-wide cultural review – known as the Widening Participation Review, and termed colloquially as the "Big Conversation" – to better understand the experiences of ethnic minority colleagues and other colleagues with minority protected characteristics who are more prone to bullying, unlawful discrimination and having a worse experience working in our Trust;
2. Delivery of an EDI action plan which sought to address and expedite the Trust's response to known barriers and existing areas of practice which need significant improvement/reform.

In addition, to reflect the high priority and Trust's focus on the EDI agenda, a one-year secondment role – Equality Diversity and Inclusion Lead – commenced in July 2020 and has played an integral role in the design and delivery of the EDI Action Plan as well as engagement of colleagues in the Big Conversation. Further details of the outputs and progress made following this investment is in on page 35.

From a patient perspective, during 2020/21 many equality improvements have been paused as key colleagues with the relevant expertise and influence have been re-directed to support the COVID response across the Trust.

Additionally, another repercussion of the COVID-19 pandemic has been the diminished level of patient and public involvement opportunities due to charities and other support organisations experiencing reduced engagement from their members, and having to temporarily suspend their services.

In spite of this, we have maintained contact with various communities to help us continue developing the Trust's Person-Centred Care Charter, utilising networks and digital solutions to continue dialogue with patients, communities and community organisations, including the setting up of our Accessibility Advisory Group.

Progress made against our equality objectives in 2020/21

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.

- Fit for the Future consultation on our vision for the future of specialist hospital care and to develop Centres of Excellence involved engagement across the county
- Involving a wide range of people to improve the experience of mental health patients attending our Emergency Departments
- The start of a co-design 'Bright Ideas Project' to explore the experiences of patients, families and colleagues in The Children Centre
- Creation of our Youth Ambassadors, with over 20 active members from across Gloucestershire
- Establishing our Accessibility Advisory Group, providing expert advice and feedback to ensure our services are accessible for people across the county
- Working with our Partnership Involvement Network to hear from local communities, build connections, improve how we collaborate and cascade information through the voluntary and community sector to people with lived experience
- Continuing to run our Hospital Reflections Group with carers, which has enabled us to develop our carers information and support
- More information about engagement events throughout the year can be seen in our Engagement and Involvement Annual Report

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.

- Contact was made in the Autumn of 2020 with a diverse range of charities and community organisations representative of protected characteristics, requesting that their members are asked 'what matters to me' when coming to hospital.
- Feedback has been collated and used to shape the Trust's 'Person-Centred Care Charter', which will be displayed in every ward and patient-facing department in the Trust. This has been tested with colleagues, patients and communities, and has been designed to align to the 'Promise' that has been developed in partnership with children and young people for our paediatric services.

- This is scheduled for launch in August 2021.

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.

- We have established a Disability Staff Network which is open to all colleagues who identify as disabled, have a long-term condition or identify as neurodiverse.
- The network has a WhatsApp group which is used as a peer support function and also to get feedback/ share information. It was particularly helpful bringing colleagues together whilst shielding during the pandemic, and for sharing updates about access to vaccinations and returning to work after shielding.

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.

- The EDI Lead has been trained as a Freedom to Speak Up Guardian and is now part of an expanded FTSU team of seven Guardians providing support to colleagues who wish to raise concerns. The EDI Lead has actively reached out to Ethnic Minority colleagues and all of the Guardians have supported colleagues from a wide range of backgrounds.
- The Peer Support Network was launched in October 2020 and this includes volunteer supporters from different backgrounds including ethnic minorities, disability and LGBTQ+. Peer Supporters provide additional support to colleagues if they are experiencing problems or need someone to talk to. The Network is closely connected into the 2020 Colleague Wellbeing Hub and the Freedom to Speak Up Guardian team.
- There are now seven Freedom to Speak Up Guardians in the Trust, and there has been an increase in the walkabouts and promotion of the team, to increase visibility and accessibility of the Guardian function.
- We have commissioned a package of learning materials and resources called ‘Respectful Resolution’ which supports colleagues and managers to respond constructively to rude and bullying behaviours they may experience. This is scheduled for launch in September 2021 and will be complemented by a new version of the Trust’s Dignity at Work policy.

Improving the experience of our patients

The demographics of our patient population are diverse and we expect the 2021 census results to give us much greater insight into this when it is published in 2021/22.

A summary of what we know about our patients' backgrounds and differences is shown in across the following pages.

Demographic information on the population we served during 2020-21

Age group

Of the 647,929 Outpatients:

- The largest proportion: 32.2% were aged 41 to 65
- The next largest group: 28.7% were aged 66 to 80
- Followed by: 20% were aged 16 to 40, 11% were aged 80+, 4.5% were aged 6 to 15

Of the 114,105 Inpatients:

- The largest proportion: 25.6% were aged 41 to 65
- The next largest groups were statistically very similar: 25% were aged 66 to 80 or 16 to 40
- Followed by: 14% were aged 80+

Ethnicity

Of the 647,929 Outpatients:

- The majority: 80.8% were White British
- The next largest group: 12% did not disclose
- Followed by: 2.7% other White background, 0.7% Indian, 0.6% other ethnic group

Of the 114,105 Inpatients:

- The majority: 82.8% were White British
- The next largest group: 9.2% did not disclose
- Followed by: 3.2% other White background, 0.7% other ethnic group, 6.7% Indian

Marriage and Civil Partnership

Of the 647,929 Outpatients:

- The largest proportion: 36% were married on in a Civil Partnership
- The next largest group: 35% did not disclose
- Followed by: 23.4% were single, 3% divorced/civil partnership dissolved, 1.7% widowed

Of the 114,105 Inpatients:

- The largest proportion: 34.9% did not disclose
- The next largest group: 33% were married on in a Civil Partnership
- Followed by: 26% were single, 3.2% divorced/civil partnership dissolved, 2.2% widowed

Religious belief

Of the 647,929 Outpatients

- The majority: 49.4% did not disclose

- The next largest group: 32.7% were Church of England
- Followed by: 7.3% had no religion, 3.8% were Roman Catholic, 2.7% were Christian

Of the 114,105 Inpatients:

- The majority: 50.5% did not disclose
- The next largest group: 31% were Church of England
- Followed by: 7.8% had no religion, 3.8% were Roman Catholic, 2.5% were Christian

Sex

Of the 647,929 Outpatients:

- The majority: 57% were Female
- Followed by 42.8% being Male

Of the 114,105 Inpatients:

- The majority: 56.6% were Female
- Followed by 43.3% being Male

Disability

- The Trust has Deaf BSL user alerts on the TrakCare health record of every known Deaf BSL user in the County, so that bookings staff are aware of a patient's communication needs and will request a BSL interpreter for the appointment they are booking.
- We have the facility to record communication needs for patients with hearing or visual impairment and for learning disability. There is currently no set process for identifying and flagging this information, but work is planned to address this.

Gender reassignment

- We do not currently collect data on gender reassignment.

Pregnancy and maternity

- Data on pregnancy is gathered and recorded in patients' electronic health records held by the Women's and Children's Division. This is then fed through to TrakCare

Sexual orientation

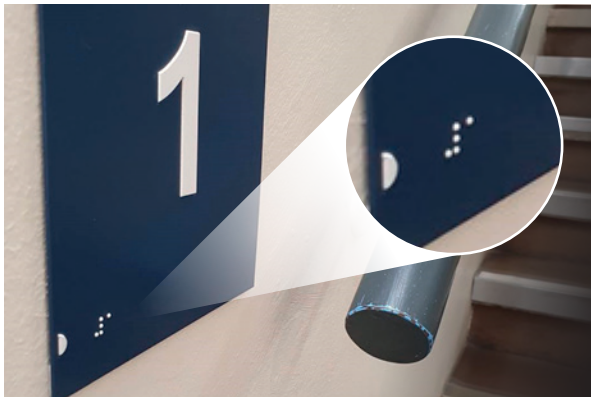
- We do not currently collect data on sexual orientation.

Key improvements

In addition to the progress identified against our Equality Objectives on page 11; against a backdrop of operational challenges and revised priorities throughout the waves of the COVID-19 pandemic, we have still been able to implement some key improvements which help to improve the experience of all our patients and those with specific needs.

Some of the improvements bridge 2020/21 into 2021/22 and as such have been identified here.

Braille denoting floor levels in the Tower Block stairwell



Following concerns raised by a blind member of staff, Braille numbers were applied to the walls, at the end of the handrails where the flight meets each floor level landing in the Tower Block stairwell.

The Braille numbers indicate the floor level a blind person is arriving at when they are ascending and descending the stairwell.

Clear face-masks

Discussions took place with Infection Prevention and Control, Hearing Services and Patient Experience, to agree on a face-mask which permits clear sight of a person's mouth when they are speaking, to facilitate lip-reading by people with hearing loss.

The clear face-masks were made available for ordering in March 2021.

Replacement doors into Fosters Restaurant, GRH

> *Scheduled completion May 2021*

Funding has been sourced and a contractor has been appointed to install contactless activated doors with vision panels in accordance with Approved Document M (Building Regulations).

The doors will greatly enhance accessibility for disabled people.

‘Changing Places’ accessible sanitary facilities

Scheduled completion June 2021.

Co-funding has been received from NHS England specifically for ‘Changing Places’ facilities to be installed at both Cheltenham General and Gloucestershire Royal hospitals.

A contractor has been appointed and work is underway, with both facilities scheduled to be officially opened by a disabled service user.

Trust-wide Hearing Audit

Scheduled completion and presentation of Hearing Audit report August 2021

Following improvements that were made in 2017, a review of their long-term effectiveness developed into a more comprehensive audit to assess a multitude of factors which impact on Patient Experience for Deaf BSL users, deaf people and those with hearing loss.

Cheltenham General Hospital and Thirlestaine Breast Care Centre were audited in the Autumn of 2020, but a heightened wave of COVID-19 infections meant that the auditing of Gloucestershire Royal Hospital and Stroud Maternity were postponed until April 2021 and completed in June 2021.

Updated policies

Publication of all policies by September 2021

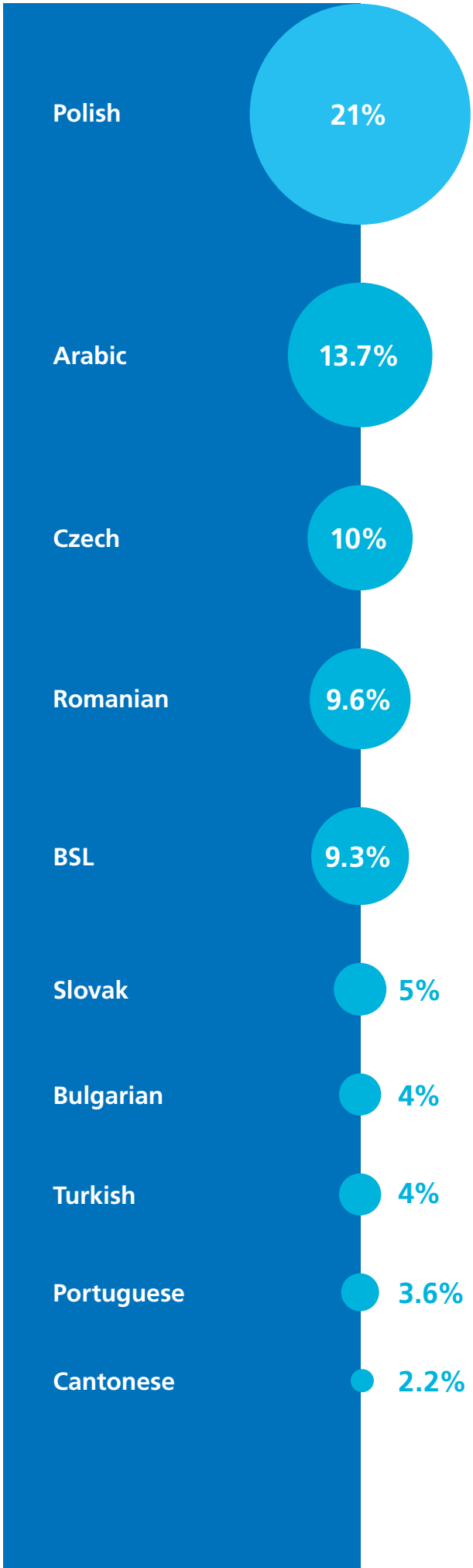
We have updated a range of existing policies which progress and promote our EDI agenda and fair, inclusive treatment of all people.

- Transgender Care Policy
- Equality, Diversity and Inclusion Policy
- Deaf and Hearing Loss Awareness Policy and action cards
- Accessible Information Policy

Interpretation, translation and British Sign Language (BSL)

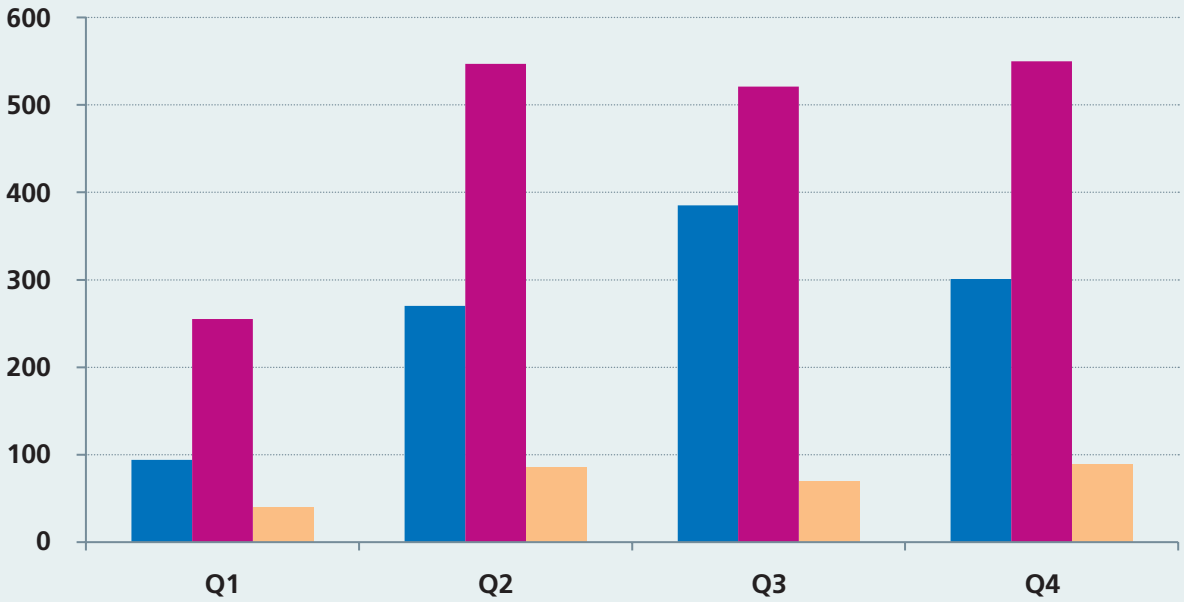
The main Interpretation and Translation contract went out to tender and DA Languages were considered to be the best provider in terms of service quality and performance.

The following data shows the ten most commonly requested languages for interpretation and translation in the Trust, including British Sign Language (BSL).

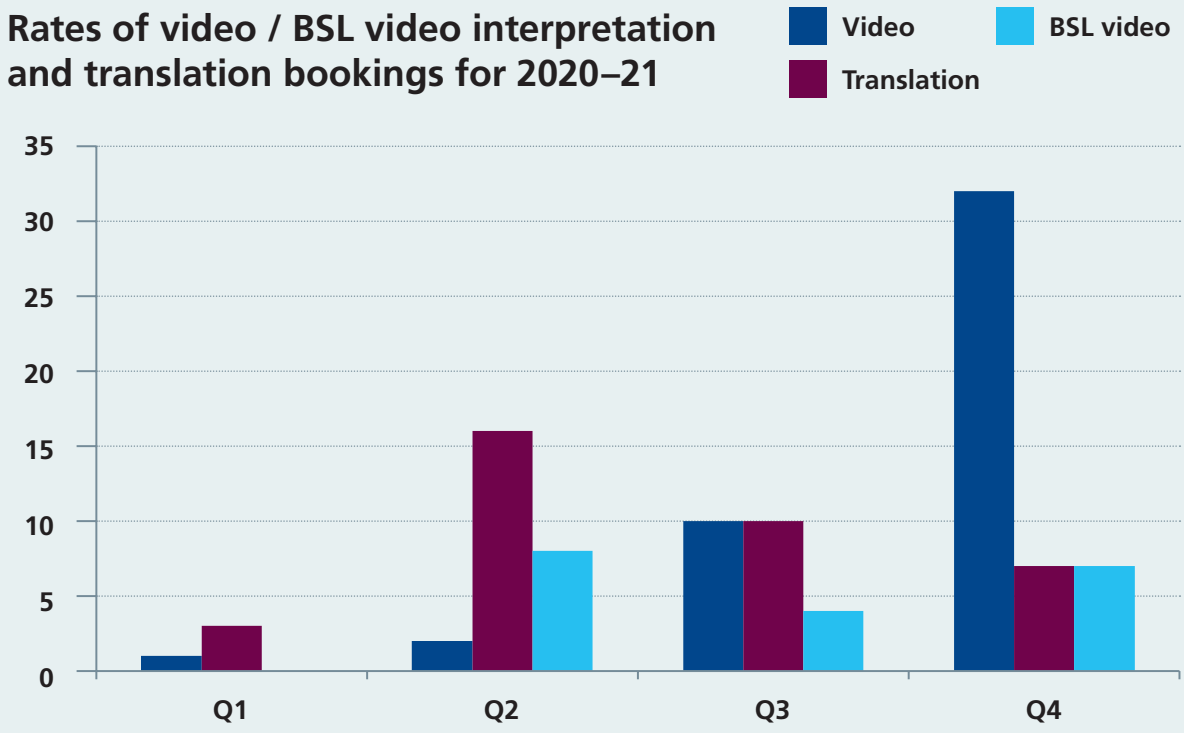


These charts which illustrate the rates of different methods of interpreting, such as face-to-face, via telephone or video for example.

Rates of face-to-face and telephone interpretation bookings in 2020–21



Rates of video / BSL video interpretation and translation bookings for 2020–21



Improving the experience of our colleagues

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. Similar to our patient population, our colleagues are diverse and reflect the diversity of those we serve.

A summary of what we know about the backgrounds and differences of our colleagues, and those who apply to work with us, is shown over the following pages.

Recruitment data

> *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 one being appointed over another. A score of more than 1.0 indicates a greater likelihood; the higher the score, the greater the likelihood.*

Ethnicity

When comparing the data between White and Ethnic Minority groups, in line with our WRES submission (see p12), it indicates that White applicants are more likely to be appointed compared to Asians or Black applicants. The data also indicates that Asian applicants are more likely to appointed compared to Black applicants.

From application to appointment:

- White applicants are 7.3 times more likely to be appointed compared to Black Ethnic applicants, and 2.3 times more likely to be appointed compared to Asian Ethnic applicants
- Asian Ethnic applicants 3.2 times more likely to be appointed compared to Black Ethnic applicants

From shortlisting to appointment:

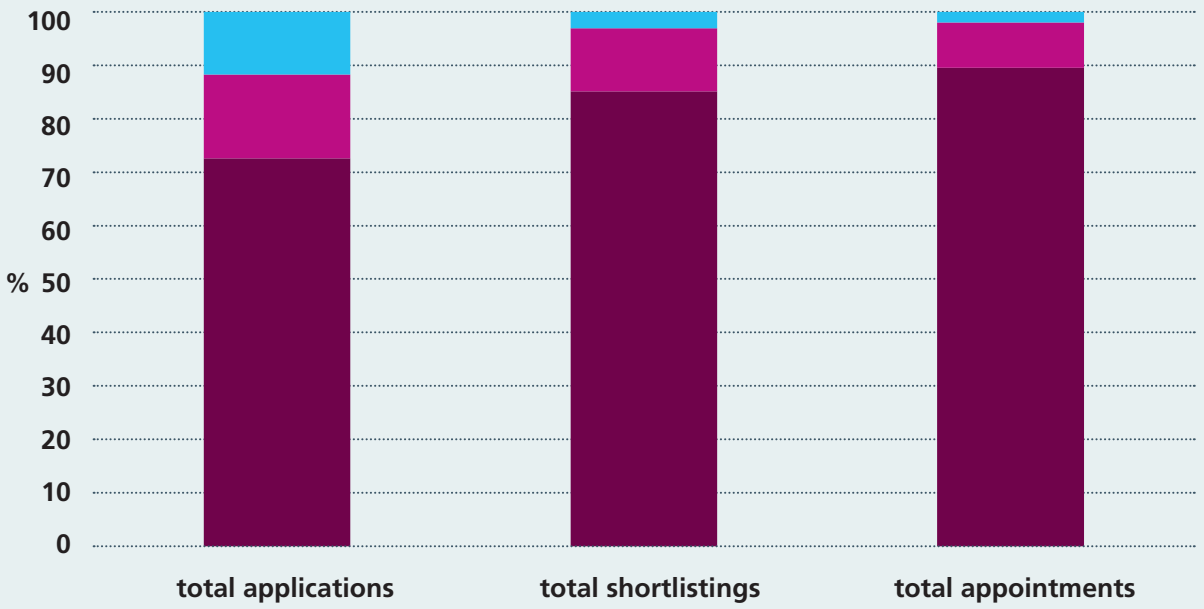
- White applicants are 1.6 times more likely to be appointed compared to Black Ethnic applicants, and 1.5 times more likely to be appointed compared to Asian Ethnic applicants
- Asian Ethnic applicants are 1.1 times more likely to be appointed compared to Black Ethnic applicants

Disability

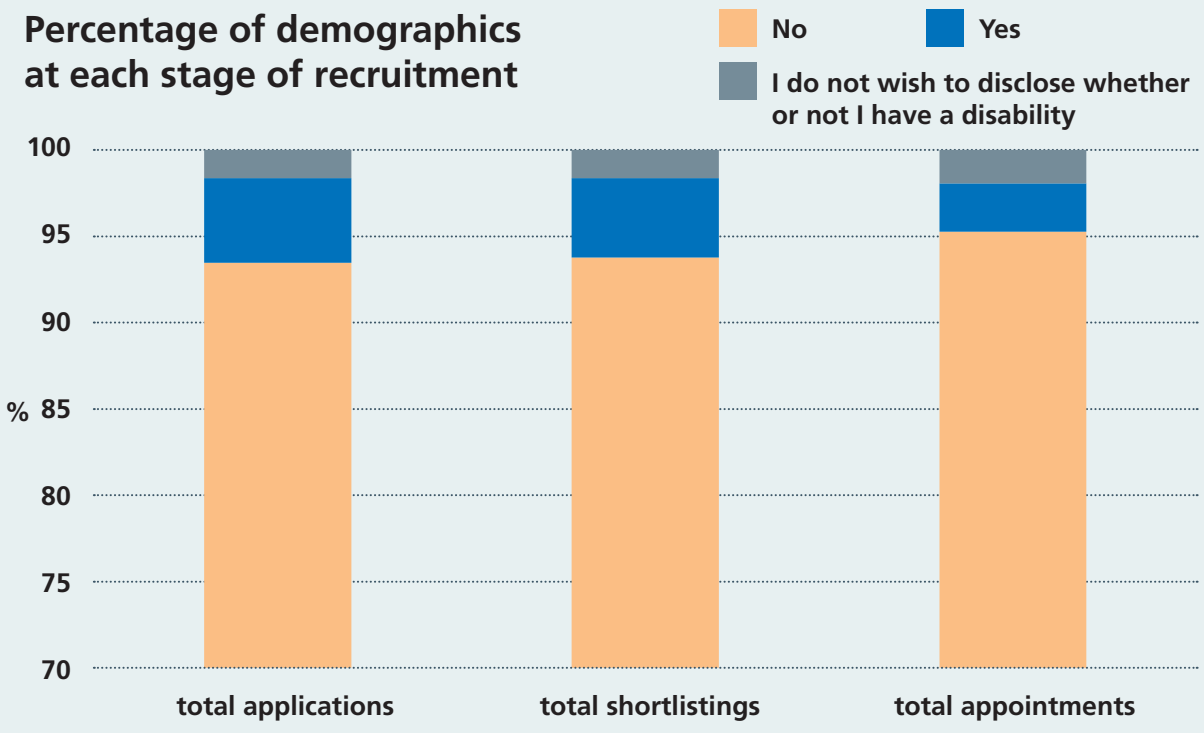
When comparing disabled and non-disabled applicants, in line with our WDES submission (see section 3.4), the data indicates that disabled applicants are less likely to be appointed compared to non-disabled applicants. Applicants who have declared having a disability include those with mental health conditions, physical disabilities and impairments, and longstanding illness.

- From application to appointment, non-disabled applicants are 1.77 times more likely to be appointed compared to disabled applicants.
- From shortlisting to appointment, non-disabled applicants are 1.67 times more likely to be appointed compared to disabled applicants.

Demographic percentage at each stage of recruitment



Percentage of demographics at each stage of recruitment



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, and Gay or Lesbian. However, the data indicates a less equitable outcome for those who identify as bisexual.

From application to appointment, heterosexual applicants are:

- 1.2 times more likely to be appointed compared to Gay/ Lesbian applicants.
- 1.5 times more likely to be appointed than bisexual applicants
- 1.4 times more likely to be appointed than 'other sexual orientation' applicants
- 1.8 times more likely to be appointed than undecided applicants
- 1.2 times more likely to be appointed than undisclosed applicants

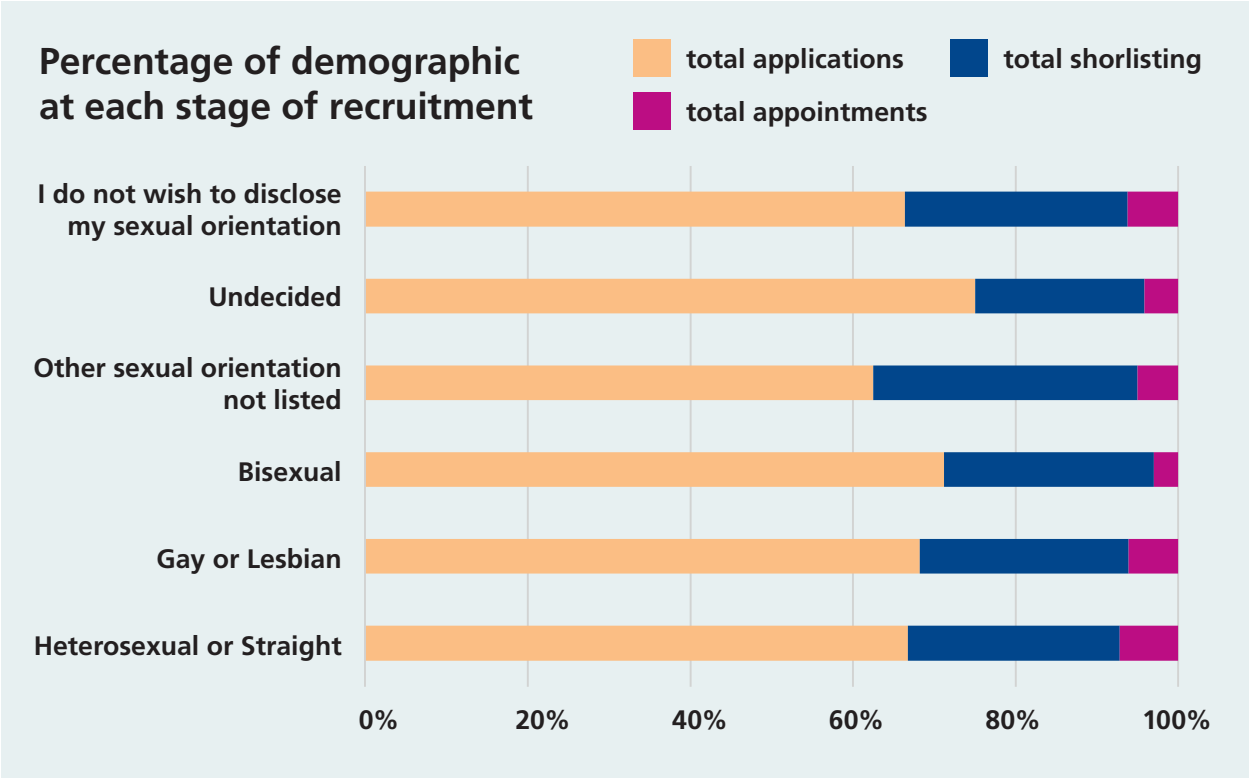
From shortlisting to appointment, heterosexual applicants are:

- 1.2 times more likely to be appointed compared to gay/ lesbian applicants.
- 2.6 times more likely to be appointed than bisexual applicants
- 1.8 times more likely to be appointed than other orientated applicants
- 1.4 times more likely to be appointed than undecided applicants
- 1.2 times more likely to be appointed than undisclosed applicants

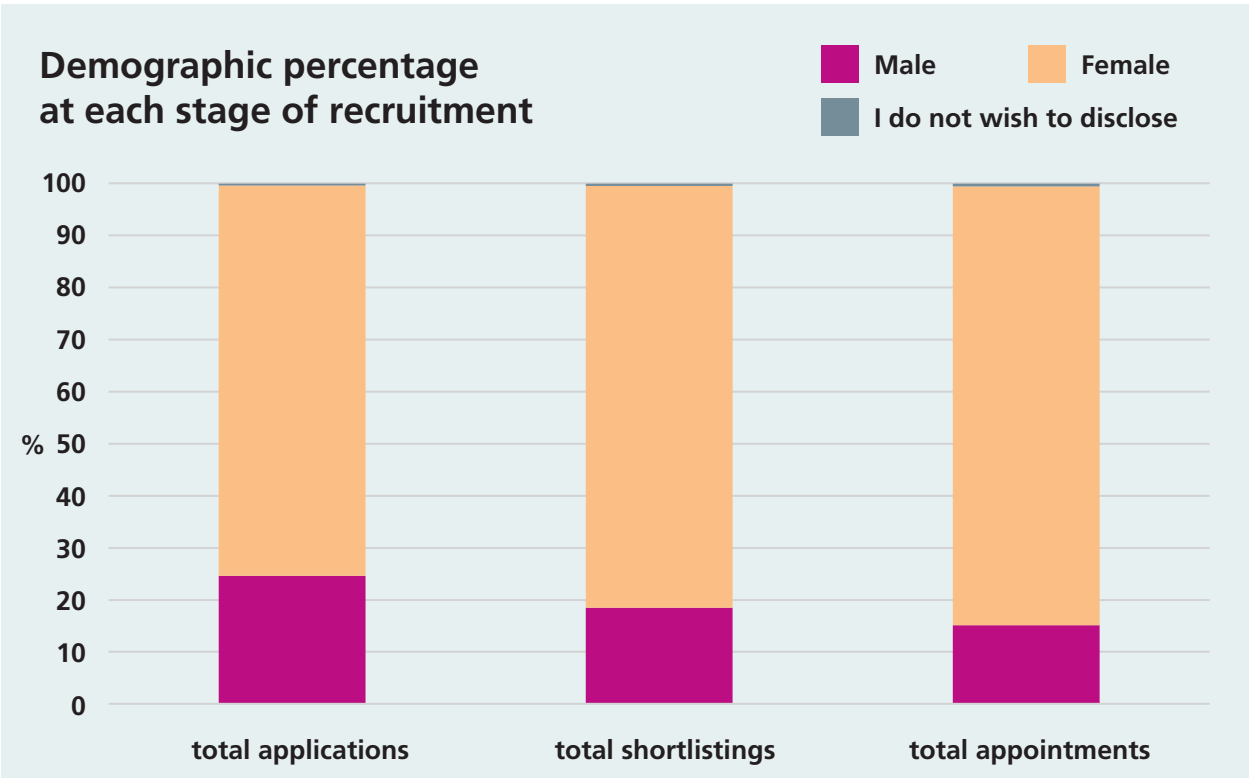
Gender

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 1.8 times more likely to be appointed compared to males.
- From shortlisting to appointment, female applicants are 1.3 times more likely to be appointed compared to males.



The simplest way to interpret this type of chart is that, all things being equitable, the pink portion would be the same size for all of the categories. A larger pink portion would indicate preference. Similarly, so would a smaller tan portion.



Religion and belief

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

- For some religions, the reliability of the data is low and should be viewed with caution. In 2020/21 we received less than 31 applications from each of the following: Sikhism; Judaism; Jainism; Buddhism
- For the other religions where application numbers are higher, the table below illustrates the percentage of applicants who were appointed from application, and from shortlisting:

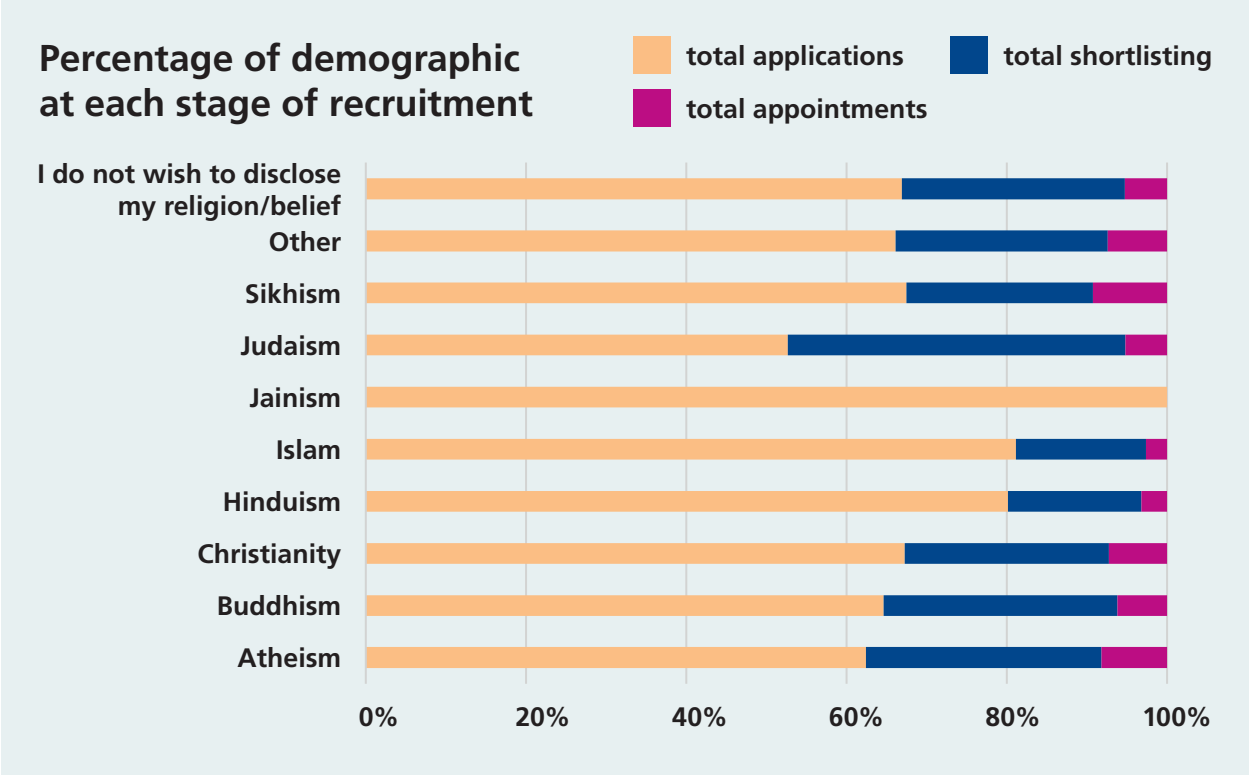
Religion / Belief	Percentage appointed from application	Percentage appointed from shortlisting
Athiesm	13.2%	27.9%
Christianity	10.9%	28.6%
Hinduism	4.1%	19.5%
Islam	3.3%	16.4%
Other	11.2%	28.0%

- Data indicates that those who are Atheist, Christian, or Other are more likely to be appointed than those who are Muslim or Hindu.

Age

The data indicates that a significantly greater percentage of people aged 65+ years were employed over any other, the lowest group being 20-24 years.

- Proportionally, applicants in the age groups of Under 20 years; 40-49 years; 55-59 years and 65+ years are more likely to be appointed than those in other age groups.



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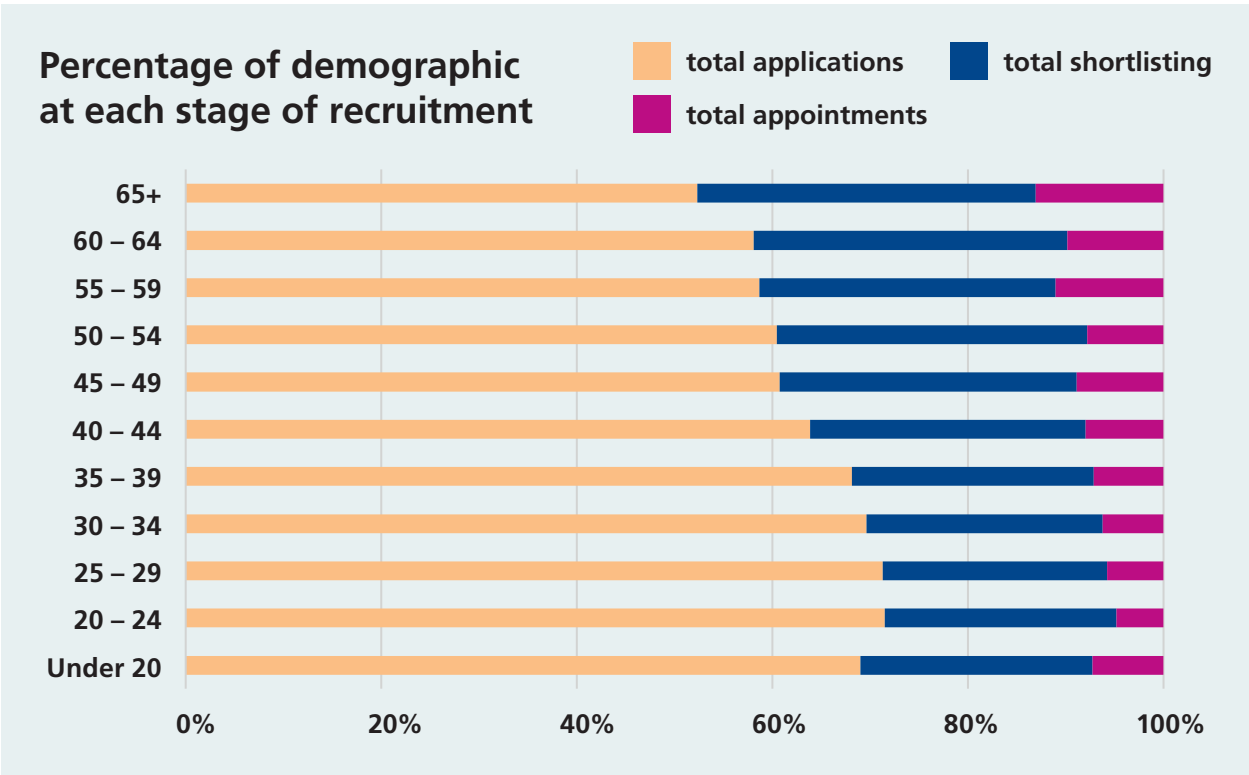


Workforce data

Ethnicity

As per the Trust's annual WRES submission (see p12), BME staff as a proportion of the workforce has grown from 14.0% in 2016/17 to 16.5% in 2020/21. The increase in representation is partly down to the creation of the Trust's subsidiary company, Gloucestershire Managed Services (GMS), in 2018 which is a predominantly White workforce.

Additionally, whilst small in number, a higher volume of colleagues no longer disclose their ethnicity status to the Trust.

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

Asian colleagues are most represented in the following staff groups:

- Additional Professional Scientific and Technical (4.5% of staff group)
- Additional Clinical Services (6.9%)
- Medical and Dental (13.6%)
- Nursing and Midwifery (10.1%)

Black colleagues are most represented in the following staff groups:

- Add Professional Scientific and Technical (2.8%)
- Additional Clinical Services (3.1%)
- Allied Health Professionals (3.8%)
- Medical and Dental (4.8%)
- Nursing and Midwifery (2.4%)

Disability

As per the Trust's annual WDES submission (see section 3.4), 2.6% of the Trust's workforce has declared a disability.

This is an increase of 0.6% on the previous year. There remain a high proportion of colleagues (40%) for whom we do not know their disability status.

We will continue to encourage colleagues to tell us if they have disability or long-term condition.

Gender

The Trust's female and male workforce has remained stable since 2016/17 with no significant shifts in representation. In 2020/21 79.2% of the workforce was female, and 20.8% was male.

Age

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

- 21-30 years (22.6%)
- 31–40 years (27.8%)
- 41-50 years (21.5%) and
- 51–60 years (20.5%).

Collectively these groups represent 92.4% of the workforce.

More recently we have seen an increase in representation in age groups 21–30 years and 31–40 years.

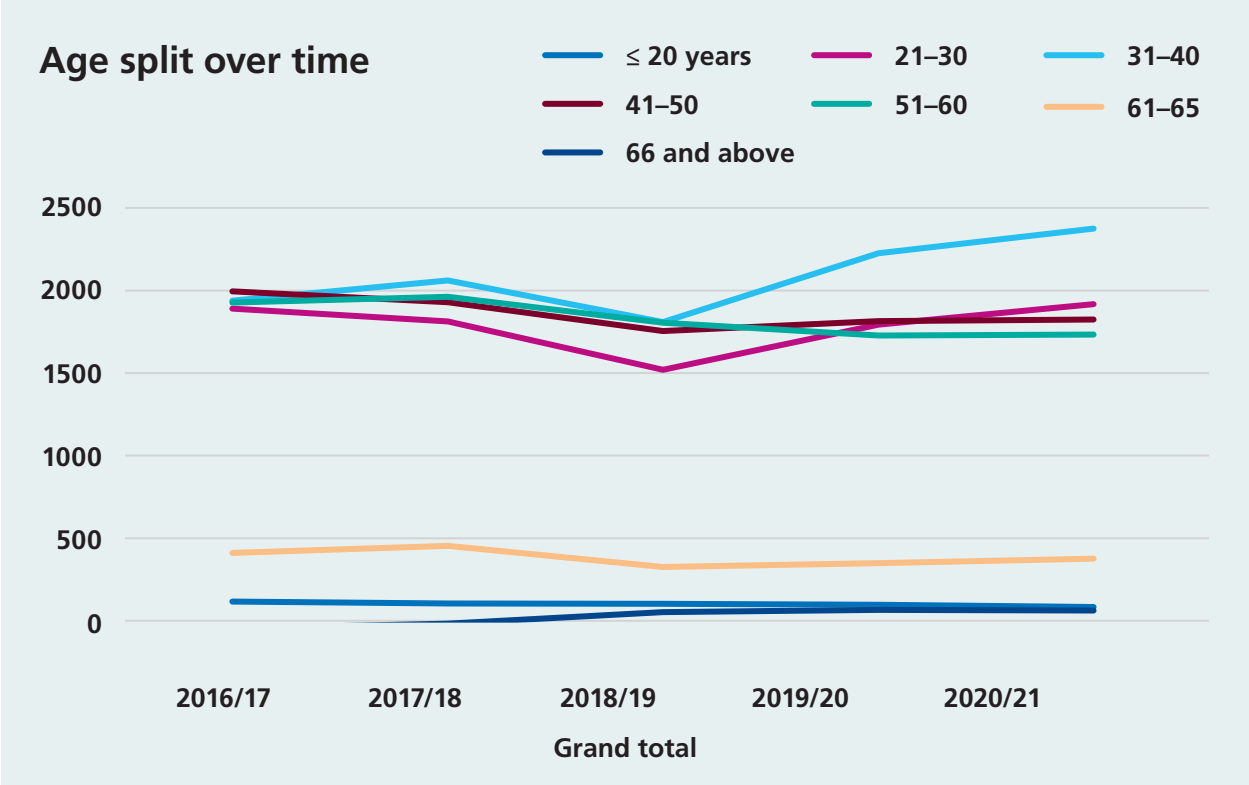
Other characteristics

Historically we have not undertaken analysis of workforce data against the following characteristics:

- Sexual orientation
- Religion
- Marital status

We do not collect data on colleagues who have transitioned their gender status.

Further analysis of the above characteristics be undertaken, where data is available, for the next annual Equality Report 2021/22.



Our Trust's first Equality Diversity and Inclusion Lead

In July 2020 we created a new post to help us progress and expedite our EDI activities in the Trust. Coral Boston joined the Leadership & OD team on secondment from the Infection Prevention and Control team and here she shares her reflections on the work she has been doing.

Coral Boston
Equality, Diversity and inclusion Lead

"2020 was a turbulent year. It proved to be a year of global challenges particularly for those from ethnic minority groups. As a multi-ethnic society this was a year of challenges, revelations and social transition. The response to the horrific killing of George Floyd in the United States of America resulted in Black Lives Matter protests across the UK highlighting the existence of racism and inequality.

In addition to this traumatic event, the global pandemic further highlighted issues of racial inequality. Data suggests that individuals from an ethnic minority background have been disproportionately affected by COVID-19 with higher death rates in comparison to their white counterparts.

It was against this backdrop that I was recruited as the Trust's first Equality Diversity & Inclusion Lead, a role I was honoured and privileged to accept.

One of my priorities has been to support the Trust in the rollout of its vaccination programme in early 2021; we know that people in ethnic minority groups are at a higher risk of dying from COVID-10 than White people and there were significant differences in mortality between ethnic minority groups.

Losing members of my own family and friends has made the outcome of the pandemic real, therefore it was important for me to encourage and engage with my colleagues. This constituted working alongside the team in the vaccination hub to administer the vaccine, being available to talk to colleagues who were anxious about having the vaccine and organising a Q&A event for colleagues to discuss their concerns with a panel of specialists. In addition to this, and to ensure our message to encourage vaccination uptake from ethnic minority communities is high, I took part in a radio broadcast to promote my role to the community in the vaccination rollout.

> "The progress that we have made does not take away the importance of the need to address deeper inequalities that affect communities within our Trust."

Despite the challenges of the pandemic, we have managed to celebrate a number of cultural events.

As a child of Jamaican immigrants it was important for me to celebrate Black History Month (BHM) in October 2020. BHM has become one of the most celebrated cultural heritage months in the calendar. Due to COVID restrictions we were limited in what we could do. Nonetheless, the hospital restaurant served a traditional Caribbean menu consisting of Rice & Peas, Jerk Chicken, Curried Goat and Jollof rice. A Gospel choir performed music virtually to recognise the dedicated work of our staff and a number of our Black colleagues participated in a vlog with the CEO to talk about the importance and contribution of Black people in British society.

In February 2021 the Trust established its first Ethnic Minority Excellence Council, which supports multi-professional shared decision making. The Council meets on a monthly basis and is open to all ethnic minority colleagues and allies to discuss ways in which we can progress the race equality agenda in our Trust.

We have also launched an Overseas Buddying scheme for all new starters who join the Trust and have arrived in the UK to take up a role in Gloucestershire Hospitals. In their first three months of joining the Trust, new starters from overseas are matched with a Buddy who will show them around and check in with them on a regular basis. They are then invited to also become a Buddy to new starters in the future.

The progress that we have made does not take away the importance of the need to address deeper inequalities that affect communities within our Trust. Tackling inequality and injustice is a priority and we will continue to build upon the work that has already been done."

Other key achievements in the last year include the following.

Expanded Coaching and Mentoring Faculty

In October 2020 we launched a new mentoring skills workshop and have taken positive action to encourage ethnic minority colleagues to a) participate in the training and b) sign up to access a Mentor.

We have launched a Mentoring Faculty in early 2021 to complement our Coaching Faculty.

We took positive action in the Spring of 2021 to encourage colleagues with minority protected characteristics to apply for places on the ICS-wide Coaching certificate programme, to achieve a more diverse representation of protected characteristics in our Coaching Faculty.

New Recruitment Policy

> *The finalised Recruitment policy and associated resources will launch in June 2021.*

We appointed an interim EDI Specialist in late 2020/early 2021 to help us develop strong, robust and innovative approaches to Recruitment.

The new recruitment and selection policy ensures best practice is applied for both internal and external recruitment and a robust process for positive action has been designed which includes the provision of a quarterly report per division and speciality identify where data suggests positive action should be taken.

Launch of new compassionate behaviours framework.

Following engagement with colleagues and stakeholders before the pandemic, after a delay we launched our refreshed values and new compassionate behaviours framework in October 2020.

This sets out the expectations we have around behaviours from all colleagues in our Trust and underpins new Compassionate Leadership training which we launched in January 2021 and is mandatory for all leaders and managers.

The Compassionate Leadership training has a strong emphasis on EDI considerations, including topics of unconscious bias and privilege. To support us with the design, we worked with an external consultant who has previously worked with Professor Michael West and on the national WRES Experts programme.

Opportunities to connect and speak up

In July 2020, the Trust Board agreed to oversee the commission, design and delivery of a Trust-wide cultural review – known as the Widening Participation Review, and termed

colloquially as the "Big Conversation" – to better understand the experiences of ethnic minority colleagues and other colleagues with minority protected characteristics who are more prone to bullying, unlawful discrimination and having a worse experience working in our Trust. Conversations took place October-December 2020, and following a pause due to another wave of the COVID-19 pandemic, are scheduled to resume and conclude in June 2021. In the first wave of engagement, colleagues from across the Trust participated in virtual group and 1:1 conversations. These will inform a final report from DWC which will be published in 2021/22.

In addition, the Ethnic Minority Excellence Council was established in early 2021 and has continued to grow and develop since it was launched.

Over the last year there have been regular opportunities for ethnic minority colleagues to come together, share, reflect, feedback and celebrate. These have been led by the EDI Lead with support from the co-chairs of the Ethnic Minority Staff network.

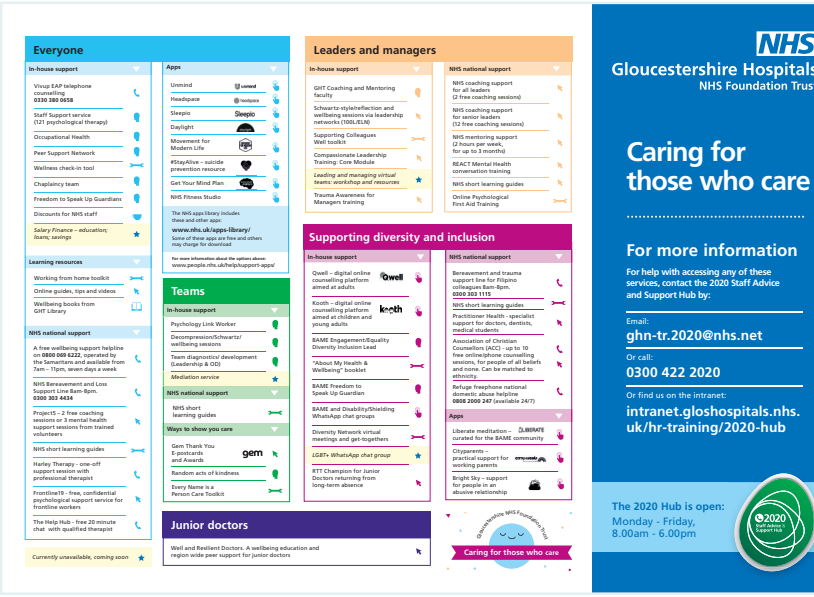
Divisions have also increased their presence with colleagues to provide open forums for sharing of lived experiences.

Health and wellbeing support

The online counselling tools, QWELL (adults) and KOOTH (youth), commissioned by Gloucestershire County Council, have been actively promoted alongside existing health-wellbeing offers including the Peer Support Network.

The Trust's Health-wellbeing COVID-19 infographic, which was actively promoted throughout 2020/21, included a specific section relating to offers available for our diverse colleagues.

In addition to the infographic, posters promoting QWELL and KOOTH have been distributed around the Trust, along with wallet cards which were handed out by the EDI Lead. It has also been mentioned in the fortnightly vlogs and the quarterly 2020 Hub newsletter which is distributed Trust-wide.



Looking ahead to 2021/22: A year of embedding

We have many plans for the year ahead and intend to maintain the focus and momentum behind the progress of the EDI agenda and improvements we can make to the experiences of our patients and colleagues.

Planned future improvements for our patients

Develop multi-lingual SMS text appointment reminders.

In collaboration with DA Languages (free service) we will send text alerts to patients in their first language, with the intention of reducing the 'did not attend' (DNA) rate.

Capture patients' demographic data prior to their first appointment.

We aim to capture this data from our patients consistently, and in accordance with the Accessible Information Standard. Some improvement ideas for discussions include:

- a) a short survey issued in different languages;
- b) implementation of a GP checklist for completion at referral;
- c) launch the 'Information about Me' card – currently in development – in collaboration with Gloucestershire Clinical Commissioning Group (CCG) and Gloucestershire Health and Care (GHC).

Being aware of patients' differences, and in particular their communication needs, will enable us to communicate with the patient in the best way for them.

Implementation of the Accessible Information Standard

Previous efforts to implement this have included carrying out a gap analysis and identifying where the Trust needs to make changes. Considerable work is still required with the involvement of data, systems and the appointment bookings team, to agree what and how changes should be made. This is a piece of work we will take forward this year.

Two-way SMS text communication

Deaf BSL users and people who have hearing loss have a less favourable experience communicating with the Trust than those who have hearing. A simple and cost-effective solution is communicating via SMS text regarding e.g. if someone is unable to attend an appointment, or to ask for information about an appointment. This will be a collaborative piece of work to explore feasibility and costs.

Reasonable adjustment hub and resources.

Six booklets have been produced so far about different disabilities and how adjustments can be made to meet the needs of people living with these. We would like to launch these on a 'reasonable adjustments' internet page and promote throughout the organisation.

Planned improvements for our colleagues

We will conclude our work with DWC Consultancy and the 'Big Conversation'.

We will listen to and take action to implement the recommendations for achieving a truly compassionate, just and inclusive culture. To support the promotion of their findings/ recommendations along with the EDI activities we have been undertaking this will be supported by:

- A short animation video which crystallises the initial findings of 'The Big Conversation' and the actions we are taking to make improvements around recruitment and unacceptable behaviours;
- A dedicated section on our intranet which will serve as an 'Inclusion Hub' and which will provide colleagues with easy access to the animation video, and further information about the steps we are taking. This will provide a 'one stop shop' of support and resource for colleagues and managers.

The Trust has been selected to join the NHS Employers Diversity and Inclusion Partners programme in 2021/22. The programme will enable the Trust to:

- work with NHS Employers, partner organisations and alumni to support system wide efforts to improve the robust measurement of equality, diversity and inclusion across the health and social care system;
- respond and focus on delivering solutions which positively impact upon the NHS Long term plan, the pending NHS People Plan with a specific focus on the Workforce Disability Equality Standard (WDES), the Learning Disability Employment Programme (LDEP) and gender pay gaps.

In summer 2021 we will recruit four new roles to progress and embed the EDI agenda:

- EDI Lead: following a successful one-year internal secondment which started in July 2020, we have secured funds to make this role substantive
- EDI Coordinator
- EDI Administrator
- EDI Training Specialist: one-year fixed term role which will focus on the design and delivery of training around: disability and cultural awareness; allyship; Inclusion Champion training; review/refresh of the mandatory EDI e-learning which all staff must complete every three years

We will launch our Respectful Resolution campaign

This is a package of training, guides and tools to support colleagues who experience, witness or are accused of rude or bullying behaviours.

Based on the concept of 'nipping it in the bud' and helping people with differences cultivate mutual understanding and identify constructive ways forward.

This will coincide with publication of an updated Dignity at Work policy. It will be complemented by the introduction of a new Mediation Faculty in the Trust.

This will comprise of multidisciplinary colleagues from around the Trust who are trained as accredited mediators.

We will trial and launch additional training to support our compassionate, just and inclusive culture including:

- Human factors and bystander training
- "Just and Learning culture" training which has been developed by Mersey Care NHS Foundation Trust

We will establish a 'check and challenge' panel for potential disciplinary cases to ensure that decisions are being made fairly and compassionately. We will provide more support to colleagues involved in disciplinary and grievance investigations by growing our Peer Support Network.

We will launch and embed our new Recruitment policy including establishing the role of Inclusion Champions on all selection panels, to ensure decisions are made fairly and consistently.

We will continue to grow our Diversity Networks and build the engagement with Shared Professional Decision-Making Councils.

We will embed positive action into our leadership development programmes

This will include the launch of an ICS-wide Positive Action Development programme called 'Flourish': aimed at ethnic minorities, disabled and LGBTQ+ colleagues in bands 3-7 roles.

Conclusion

Our Trust has accelerated and invested in the Equality Diversity and Inclusion agenda significantly in 2020/21 and we can already demonstrate some positive differences to our practices and supporting infrastructure.

We are implementing governance and additional resources to support the delivery of our priorities and ensure that momentum is sustained.

The Trust has made progress on its journey to create a truly compassionate, just and inclusive culture. We look ahead with excitement and determination to making further demonstrable progress and impact in the year ahead.

Equality Annual Report 2020–2021