NHS

Gloucestershire Hospitals
NHS Foundation Trust

Equality Annual Report 2021–2022

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

Contents

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ghn-tr.comms@nhs.net

Executive foreword

The Trust is fully committed to achieving demonstrable positive change in all aspects of the Equality, Diversity and Inclusion (EDI) agenda.

It's easy to get caught up in thinking that 'this year has been like no other' and in many ways that's true – the combined effects of the COVID-19 pandemic alongside the resulting operational pressures we have faced, and continue to face, have had a significant impact on all staff. However, the operational pressures don't explain fully the current staff experience. We know from a wide range of sources that colleagues and patients who identify with minority groups continue to have a worse experience than their counterparts. This is not, and never will be, ok. The staff survey and race equality statistics paint a deteriorating picture, which means we must increase our focus on and change our approach to the EDI agenda if we are to improve not only the experience of staff, but also the patient experience that flows from having an engaged, valued workforce. Our vision of 'the best care for everyone' can only be achieved with this focus.

This is precisely what we're doing.

A new approach to addressing our Trust culture is bringing energy and insight. Of course, culture takes time to change, there will be bumps along the way, and it'll be some of the hardest work we ever do, but it's absolutely critical that we do so. More than this, it is a moral imperative.

Our annual Equality Report highlights the actions we have been taking; a great platform from which to build our future activity that will create a truly compassionate, just and inclusive culture.

Let's build our future together.

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

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 over 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 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 focus on four key elements:

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

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

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.

Page 50 demonstrates how all colleagues across the Trust can get involved in our umbrella Diversity Network which is open to all.

We also have specific networks aimed at colleagues who identify with the following communities: Ethnic minorities, disabilities/long-term conditions, and LGBTQ+. These 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 the Steering Group's activities on behalf of the Trust Board.

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                        │   Trust Board    │
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          │ Trust Leadership Team │   │   People and OD      │
          │                       │   │ Committee (Assurance)│
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          │ Quality Delivery Group│   │ People and OD Delivery│
          │   (patient focus)     │   │ Group (colleague focus)│
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                        │  Equality Diversity and  │
                        │ Inclusion Steering Group │
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                        │ Diversity Network │
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   │Ethnic        │   │Disability/long-  │   │LGBTQ+        │
   │Minorities    │   │term conditions   │   │colleague     │
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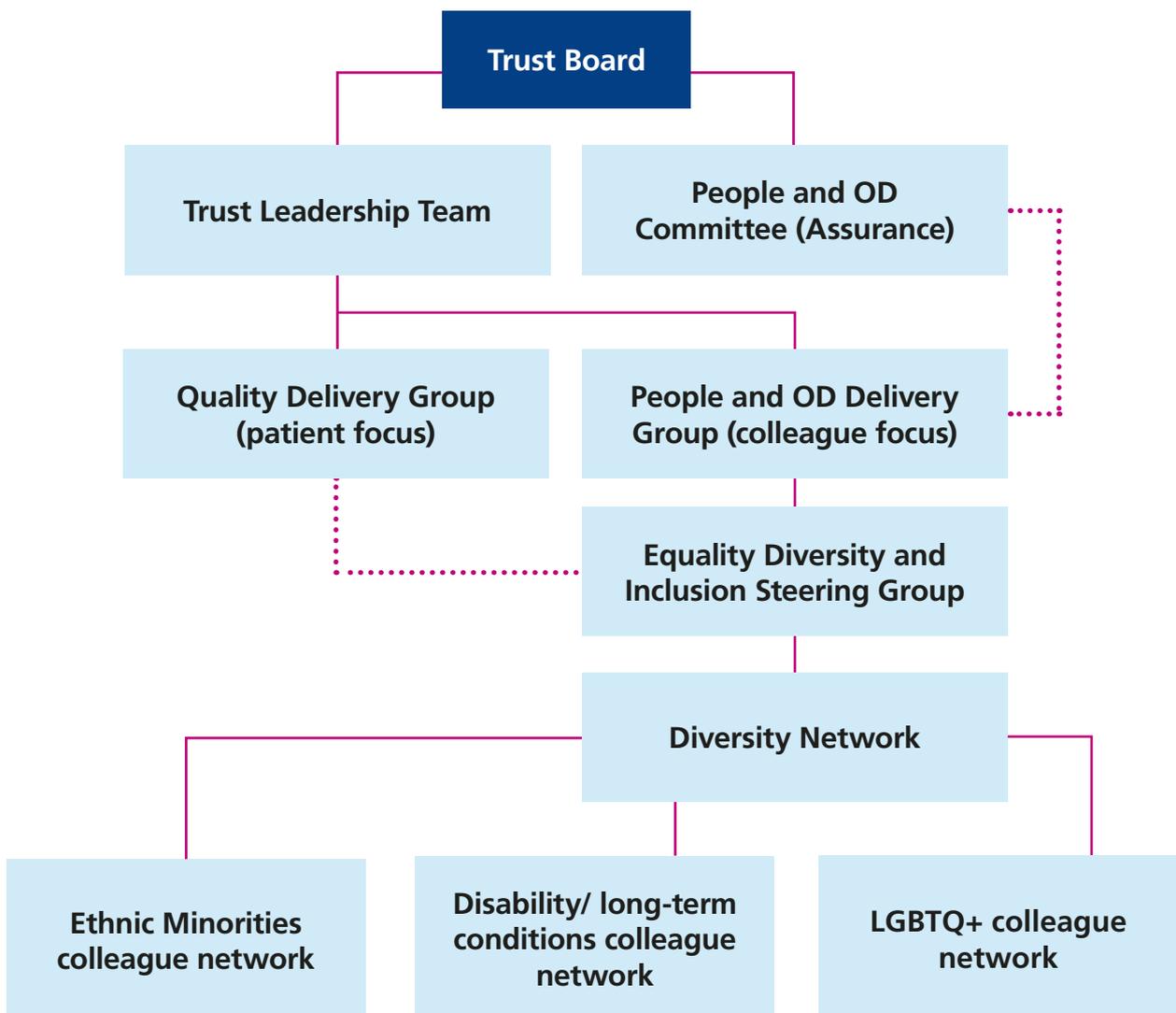
our
compassionate
culture

Legal and regulatory frameworks

Equality Act 2010

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.

Section 149 (1) of the Equality Act 2010 imposes a duty on 'public authorities' and other bodies when exercising public functions to have due regard to the need to:

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or 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.

These are referred to as the three aims of the general equality duty.

The broad aim of the general equality duty is to integrate consideration of the advancement of equality into the day-to-day business of all bodies subject to the duty.

The general equality duty is intended to accelerate progress towards equality for all, by placing a responsibility on bodies subject to the duty to consider how they can work to tackle systemic discrimination and disadvantage affecting people with particular protected characteristics.

There are 9 characteristics that are protected by law.

Equality and Human Rights Commission

www.equalityhumanrights.com/en

Age

This refers to a person belonging to a particular age (e.g. 50 years old) or a range of ages (e.g. 18 to 30 years old). Age includes treating someone less favourable for reasons relating to their age (whether young or old).

Disability

A person has a disability if they have a physical impairment, mental impairment, sensory impairment or learning disability which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Gender Reassignment and Gender Identity

Gender reassignment is the process of transitioning from one gender to another, this can include undergoing some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and the individual living in their self-identified gender.

Gender identity refers to the innate sense of a person's own gender, whether male, female or something else which may or may not correspond to the sex assigned at birth.

Marriage and Civil Partnership

The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same-sex partners. Marriage can be between a man and a women or between partners of the same sex. Civil partnership is between partners of the same sex.

Pregnancy and Maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context.

Protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a parent unfavourably because of breastfeeding.

Race

Race refers to a group of people defined by their race, colour and nationality (including citizenship), ethnic or national origins

Equality and Human Rights Commission

www.equalityhumanrights.com/en

Religion and Belief

Religion has the meaning usually given to it, but belief includes religious convictions and beliefs, including philosophical belief and lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex

Is often expressed in terms of being male or female, it is largely culturally determined (masculinity and femininity) and is assumed from the sex assigned at birth.

Sexual Orientation

Is an umbrella term describing a person's attraction to other people. Along with romantic orientation, this forms a person's orientation identity. These terms refer to a person's sense of identity based on their attractions, or lack of. Orientations include but are not limited to, lesbian, gay, bisexual, ace and straight.

Equality and Human Rights Commission

www.equalityhumanrights.com/en

The Act recognises that not everyone's needs or experiences are the same and that equality does not mean always treating everybody in exactly the same way. For everyone to have an equal opportunity to achieve their full potential, they need to be free from any artificial barriers, such as prejudice or a failure to respond to the specific needs of people with different protected characteristics.

The second aim of the duty in particular reflects this by requiring relevant bodies to have due regard to the need to minimise or remove disadvantages; to take steps to meet the different needs of people with different protected characteristics; and by encouraging participation in activities by those whose participation is disproportionately low.

The Act makes it clear that in some circumstances compliance with the general equality duty may involve treating some persons more favourably than others, but not where this would be prohibited by the other provisions of the Act.

Compliance with the duty should result in:

- ▶ Better-informed decision making and policy development

- ▶ A clearer understanding of the needs of service users, resulting in better quality services which meet varied needs

- ▶ More effective targeting of policy, resources and the use of regulatory powers

- ▶ Better results and greater confidence in, and satisfaction with, public services

- ▶ A more effective use of talent in the workforce

- ▶ A reduction in instances of discrimination.

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 (listed below) 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 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 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

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

The Public Sector Equality Duty (PSED) and the Equality Delivery System (EDS2)

EDS2 Goal	Trust Equality Objectives 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.

Our progress against each of these objectives is detailed from page 18 of the report.

Annual reports and submissions

Workforce Race Equality Standard

Every year the Trust complies with the Workforce Race Equality Standard (WRES) submission to NHS England. This measures the Trust's performance against 9 indicators, some of which relate to workforce statistics, and others which are derived from the annual NHS staff survey results.

In 2022 our performance against these indicators can be summarised, with comparisons made to our performance in 2020/21, as follows:

▶ There has been no change in the Black and Minority Ethnic (BME) workforce which constitutes 16.5% of the overall workforce;

▶ This year, 37.6% BME staff reported experiencing harassment, bullying and abuse from patients compared to 29.9% of white staff. The number of BME staff reporting this has increased by 4.9%.

▶ There are 4.9% more BME staff who reported experiencing harassment, bullying and abuse from patients;

▶ We have more BME representation at Board level (22%), and this is now above the overall BME workforce percentage.

▶ White staff are 1.17 times more likely to be appointed from shortlisting. This difference in likelihood has decreased from the previous year by 0.23.

▶ White staff are now marginally more likely to enter the formal disciplinary process than BME staff, which is a significant change from 20/21.

▶ BME staff are now marginally more likely to access non-mandatory training than White staff, although the difference is negligible;

▶ 8 .1% more BME staff than White staff reported experiencing harassment, bullying and abuse from staff, their manager and their colleagues, however the figure decreased by 0.5% since 2020/21;

▶ There was a drop of 3.8% in BME staff reporting they believe the Trust provides equal opportunities for career progression and promotion.

Workforce Disability Quality 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 2021/22, our performance can be summarised as follows:

▶ 2.9% of our workforce is disabled, which is an increase of 0.3% on the previous year. However, we do not know the disability status for 43.83% of our workforce, therefore this statistic is under-represented and likely inaccurate.

▶ Non-disabled staff are more likely to be appointed from shortlisting, and the gap between disabled and non disabled staff has increased since 2021.

▶ More disabled staff reported experiencing harassment, bullying and abuse from patients, managers and colleagues, compared to both non-disabled staff and previous years.

▶ 8% more disabled staff compared to 20/21 reported feeling pressure from their manager to come to work despite feeling unwell;

▶ Less disabled staff reported that reasonable adjustments had been made to enable them to carry out their work;

▶ Disabled staff are 4.45 times more likely to enter the formal capability process than non-disabled staff;

Workforce Disability Quality 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 2021/22, our performance can be summarised as follows:

▶ The overall engagement score for disabled staff has decreased, and the gap between disabled and non-disabled staff has increased by 0.3;

▶ More disabled staff said they had reported any harassment, bullying and abuse they experienced than the previous year. This year, 0.9% less disabled staff compared to non-disabled said that they had reported harassment bullying and abuse.

▶ Less disabled staff report believing the Trust provides equal opportunities for career progress and promotion compared to both non-disabled staff and previous years.

▶ Less disabled staff reported feeling satisfied with the extent the organisation values their work; the gap has remained the same between disabled and non-disabled staff; compared to both non-disabled staff and previous years.

▶ The Board has no representation of disabled staff, which is below the overall workforce (0% vs. 2.6% workforce).

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

We recognise that there is more work to be done to improve our performance against the WRES/WDES indicators. The Trust will work with our colleagues to better understand the experiences of our ethnic minority/disabled workforce. The EDI action plan has been established to monitor the progress against the actions planned in the WRES/WDES Report.

Gender reporting pay gap

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

The Gender pay Gap is one example of the Trusts equality monitoring, as a public sector organisation with over 8,000 employees. The Trust is required to publish a Gender Pay Gap report on an annual basis. The Trust gender pay gap at 31 March 2021.

The **mean** pay for men

28.5% higher in favour of male employees

2021

28.6%

2020

The **median** pay for men

23.4% higher in favour of male employees

2021

19.8%

2020
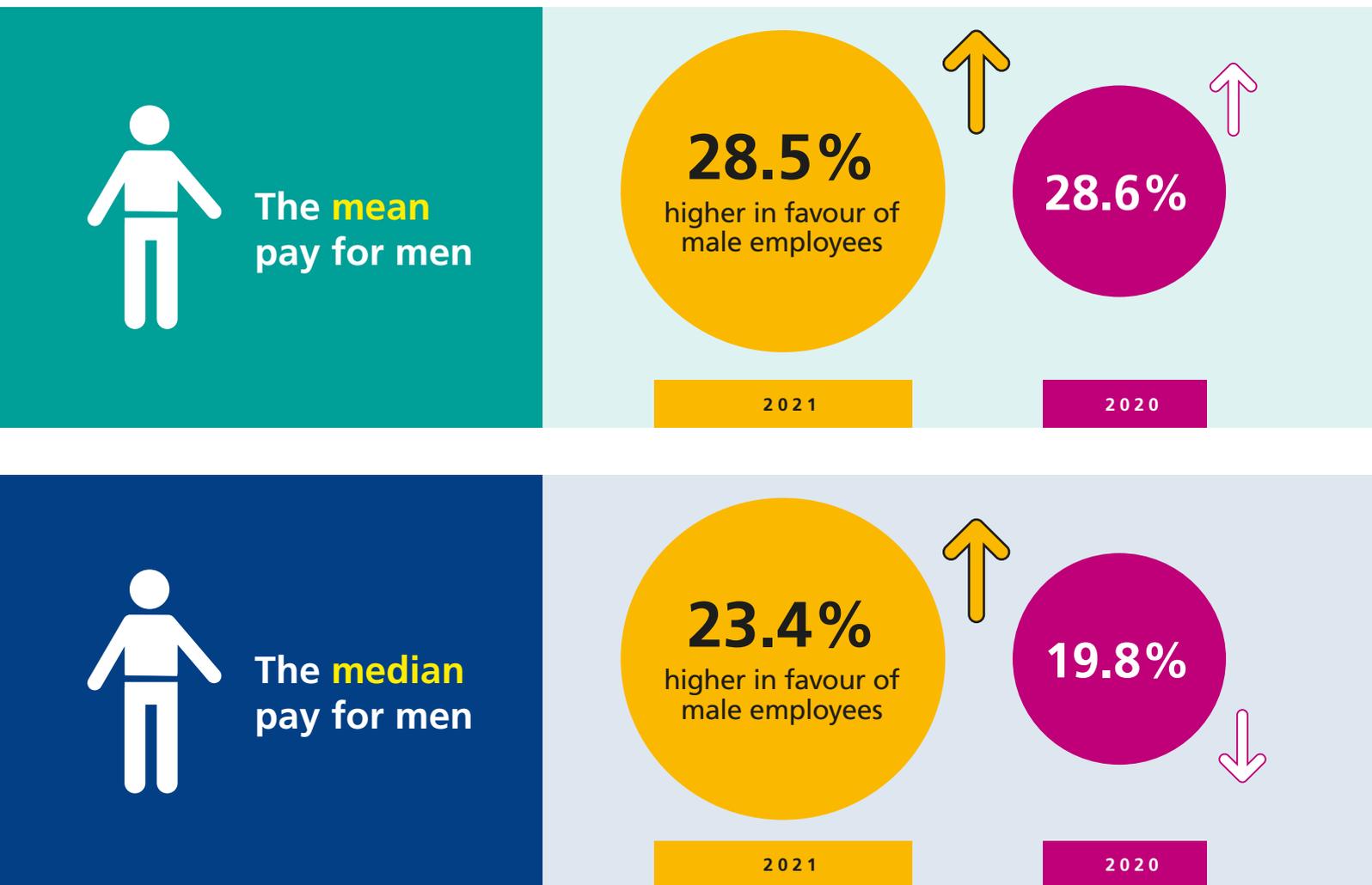
These figures reflect the combined gender pay gap of both medical and non – medical staff.

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.

# Progress made against our equality objectives in 2021/2022

01

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

Through attendance at LGBTQ+ community events, a gap was identified in the provision of patient information on equality, diversity and inclusion in the Trust; a set of 3 EDI booklets have been developed for patients and the public.

What to expect when coming to our hospitals as a **person with protected characteristics or diverse needs**

www.gloshospitals.nhs.uk   BEST CARE FOR EVERYONE

Accessible Information Standard

www.gloshospitals.nhs.uk   BEST CARE FOR EVERYONE

An overview of the work undertaken by the Trust to ensure equality, diversity and inclusion for patients, carers and visitors

www.gloshospitals.nhs.uk   BEST CARE FOR EVERYONE

A programme of work is underway to review and update existing Easy Read patient information leaflets and extend catalogue to cover a broader range of subjects and ensure we are consistently using images from the Photosymbols library, the approved source of images for information for people with learning disability.

The Trust has been working with National Star College students, our patients and carers to work on ensuring our site is accessible

We regularly engage with our carers through our monthly Hospital Reflection Group set up with Gloucestershire Carers Hub, where carers and colleagues from the Trust can meet to discuss concerns and issues, and where carers are involved in shaping our priorities. We began working with our carers to update our plan for how to improve the experiences of our carers.
We have strengthened how we support carers as a whole system. This is as a direct result of carer feedback that our systems are difficult to navigate and many were having to use services across the system. Our carers have been involved in reviewing maps of our sites, plans for service development and the accessibility of our environment.

Easy read

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Information about changes to some of our hospital services

1	Plans	We are making plans about how our hospitals will work in response to COVID-19 (Coronavirus).
2		We need to do this so we can carry on giving people the care they need in a safe way.
3		We made some changes because of COVID-19 (Coronavirus).
4		We did this so we could make our hospitals safe so people do not catch COVID-19 (Coronavirus) while they are in hospital.

Easy read

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Covid-19:
Going to hospital during Coronavirus outbreak

	Coronavirus is also called Covid or Covid-19.
	If you are very ill you may need to come to hospital during the Covid-19 outbreak.
	This leaflet is to help you understand what will happen when you come to hospital.

www.gloshospitals.nhs.uk   **BEST CARE FOR EVERYONE**

As part of our Fit for the Future programme we engaged with service users on our Lung Function and Sleep Services and our Planned General Surgery. More than 100 people completed surveys and were involved in conversations, providing feedback to help shape how the services would be delivered.

Whole Person Care Strategy
Integrating physical and mental health

We also engaged with a wide range of communities and staff on our Whole Person Care Strategy, ensuring the Trust understood what matters most to people with mental health and cognitive illness.

YOUTH AMBASSADOR

Our Young Influencers group has continued to grow and are now directly led by an elected Chair and Deputy Chair, who attend the Trust's Council of Governors.

We have begun to develop training for all doctors, nurses and clinical colleagues to ensure vulnerable patients (with a focus on homelessness) receive a 'team around the person' approach. The training is supported by Health Education England and a number of local charity partners.

The Trust published its second Engagement and Involvement Annual Review, outlining our work and impact, which is available on our website:

Engagement and Involvement
Strategy 2020–2024

www.gloshospitals.nhs.uk/about-us/reports-and-publications/reports/engagement-and-involvement-annual-review-2021-22/

Progress made against our equality objectives in 2021/2022

02

Develop a Person-Centred Care Charter (Dignity and 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

- The 'person-centred care charter' has been finalised and designed. This was developed in partnership with community groups and colleagues, to ensure the wording reflected what matters to the people we serve and our colleagues who deliver our services.

- This includes the document being called a pledge rather than a charter, as it felt more meaningful to our patients and communities.

- The Trust is developing a Whole Person Care strategy, and the pledge will form part of this work

- An Experience of Care Group is being set up which will have a key focus of person-centred care and the wider work of the Whole Person Care strategy

Gloucesters

We pledge to give
personalised

You have told us what matters to you when you come to
We have listened and used your comments to create our

1   We listen and speak to you with respect
- we know you are the expert on your condition as you live with
- we ask how you would like things to be done where possible
- we want to understand your individual needs

2   We give respectful care, regardless of differen
- we do not discriminate against anyone who is different to us
- we will ask, rather than make assumptions
- our priority is to keep you safe while in our care

3   We give you clear information about your care
- we take time to explain your care and treatment
- we make sure you feel confident about taking your medicatio recuperation after leaving hospital
- we keep your support network informed and ensure they are about supporting you after you leave hospital

4   We make sure your basic needs are met
- we make sure you have help with eating while the food is still
- we provide good nutritious food to suit all diets
- we make sure fresh water is always available at the bedside an our waiting areas

www.gloshospitals.nhs.uk

Progress made against our equality objectives in 2021/2022

03

Significantly strengthen the support provided to colleagues with disabilities, mental health and long-term conditions; including an implementation of disabilities awareness training aimed at managers.

▸ Our disability colleague network – for those who identify as disabled, have a long tern condition or identify as neurodiverse – has continued to grow in size and influence. The network has met virtually, meaning that colleagues who continued to work from home and shield during 2021/22 were able to benefit from the group's support and advice.

▸ In early 2022 virtual Disability "Tea Break" events were held, to share information, listen and act on any concerns raised by the network, particularly for those who continued to work from home.

Progress made against our equality objectives in 2021/2022

04

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

▸ There are now 8 Freedom to Speak up Guardians in the Trust. The Guardians act as an independent channel to raise concerns. They also play a key role in signposting colleagues to the appropriate support services within the Trust. During the last 12 months the new Guardians have focused on raising their profile and improving accessibility. This has included updating their page on the intranet, building working relationships with key stakeholders from across the organisation, and implementing a variety of different department visits.

▸ The Peer Support Network, launched in late 2019, continues to offer colleagues access to a Peer Supporter if they need someone to listen to them. Peer supporters are fellow colleagues who volunteer to listen with a confidential and non-judgemental ear, and offer to "walk alongside" someone who may be going through a difficult time.

▸ Since 2021/22 we have continued to have conversations with colleagues to explore ways in which we can improve the reporting of incidents, and increase colleagues' confidence in speaking up and calling it out when they witness or experience instances of discrimination.

Improving the experience of our patients

In Gloucester, the population size has increased by 8.9%, from around 121,700 in 2011 to 132,500 in 2021. This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800. The Ethnicity Data will be released in November 2022.

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

Demographic information on the population we served during 2021-22

Age group

Of the 805,987 Outpatients:

▸ The largest proportion: 20.61% were aged 70 to 79

▸ The next largest group: 16.88% were aged 60 to 69

▸ Followed by: 14.22% were aged 50 to 59

Of the 169,215 inpatients:

▸ The largest proportion: 16.97% were aged 70 to 79

▸ The next largest group: 13.61% were aged 60 to 69

▸ Followed by: 11.83% were aged 0 to 9

Ethnicity

Of the 805,987 Outpatients:

▸ The majority: 80% were White British

▸ The next largest group: 8.36% did not disclose

▸ Followed by: 4.28% were not known, 2.66% were other White background

Of the 169,215 inpatients:

▸ The majority: 82.96% were White British

▸ The next largest group: 6.27% did not disclose

▸ Followed by: 3.67% were not known, 3.54% were other White background

Marriage and Civil Partnership

Of the 805,987 Outpatients:

▸ The largest proportion: 35.84% were married or in a Civil Partnership

▸ The next largest group: 34.89% left the field blank

▸ Followed by: 23.36% were single

Of the 169,215 inpatients:

▸ The largest proportion: 38% left the field blank

▸ The next largest group: 31.1% were married or in a Civil Partnership

▸ Followed by: 24.85% were single

Religious belief

Of the 805,987 Outpatients:

▸ The majority: 32.37% patient religion unknown

▸ The next largest group: 32.42% were Church of England

▸ Followed by: 17.65% left the field blank, 7.31% were not religious, 3.67% were Roman Catholic

Sex

Of the 805,987 Outpatients:

▸ The majority: 57.55% were Female

▸ Followed by 42.44% being Male

Of the 169,215 inpatients:

▸ The majority: 56.65% were Female

▸ Followed by 43.34% being Male

Disability

Of the 805,987 Outpatients:

▸ The majority: 73.93%
left this field blank

▸ Followed by 9.23% being
diabetic, 3.15% receiving pain
management support

Of the 169,215 inpatients:

▸ The majority: 73.07%
left this field blank

▸ Followed by 7.95% being
diabetic, 2.40% receiving pain
management support

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.

It is unclear if this data is
captured in TrakCare.

Sexual orientation

**We do not currently collect
data on sexual orientation.**

Patient Experience EDI improvements

We have implemented some key improvements which help to improve the experience of all our patients and those with specific needs.

Health Inequalities

To support the Health Inequalities agenda and the NHS People Plan, the Trust recruited a Head of Health Inequalities and Healthy Hospitals. The Healthy Hospitals Programme is part of the NHS Long Term Plan which gives a commitment that the NHS will play a part in health improvement and prevention using the Core20plus5 approach. There will be a focus on developing and implementing the Tackling Tobacco Dependency programme. Tobacco dependency affects almost all patient pathways from pregnancy and neonates to children and adults and thus tackling smoking in inpatients will have a positive impact on health inequalities.

In our Trust we are implementing a comprehensive treatment pathway for treating tobacco dependence focussing on:

▸ Systematically identifying all active smokers admitted to GHNHSFT;

▸ Immediately offered Nicotine replacement therapy (NRT) by admitting clinician;

▸ Offered specialist bedside support by a newly appointed team of tobacco treatment advisors;

▸ Provided with a supply of NRT upon discharge.

'Changing Places' accessible sanitary facilities

Changing Places facilities at Cheltenham General and Gloucestershire Royal Hospitals were officially opened in October 2021 by the son of the campaigner who initiated the project several years ago, on behalf him and other profoundly disabled people coming to our hospitals. Signage was put up at both facilities and their locations added to our directory signs in both hospitals.

Trust-wide Hearing Audit

The audit was completed at the beginning of 2021-22. The findings were then collated and a comprehensive report put together, which included recommendations for meeting the requirements of the Building Regulations and improving the experiences of Deaf people and those with hearing loss, coming to our hospitals.

The report was then passed to the Communications team to convert into our Trust's corporate style.

The report was presented at the Equality, Diversity and Inclusion Steering Group in Quarter 1 of 2022–23, where it was agreed to set up a working group with members of the Access and Egress Group, to consider and take forward the recommendations.

EDI information booklets for patients

Through attendance at community Pride events with other public sector organisations, we identified a need for patient information on equality, diversity and inclusion matters in the Trust. As a result, three booklets were compiled covering the following topics:

1. What to expect when coming to our hospitals as a person with a minority characteristics or diverse needs

2. The Accessible Information Standard

3. An overview of the work undertaken by the Trust, to promote equality, diversity and inclusion for patients, carers and visitors

The first two booklets were printed at the end of 2021–22 and began to be circulated in the community.

The 3rd booklet was printed in Quarter 2 of 2022–23 in time for the main Pride events in Gloucestershire

Banner promoting 'look after your hearing'

Towards the end of 2021–22, a large pull-up banner promoting the value of looking after your hearing was designed in Patient Experience.

Two banners were produced, one for each main hospital, one for Hearing Services on the 1st Floor of the Atrium in main Outpatients at GRH, and on the Ground Floor of East Block at CGH.

Veteran Aware Trust

The Trust was accredited by the Veterans Convenance Healthcare Alliance (VCHA) in 2019 in recognition for the work and relationships undertaken with the local Armed Forces Community.

NHS Providers that have been accredited demonstrate themselves as exemplars of the best care for veterans, helping to drive improvements in NHS care for people who serve or have served in the UK armed forces and their families.

Veteran Aware Trusts will:

▸ Provide leaflets and posters to veterans and their families explaining what to expect

▸ Train relevant staff to be aware of veterans' needs and the commitments of the NHS under the Armed Forces Covenant

▸ Inform staff if a veteran or their GP has told the hospital they have served in the armed forces

▸ Ensure that members of the armed forces community do not face disadvantage compared to other citizens when accessing NHS services

▸ Signpost to extra services that might be provided to the armed forces community by a charity or service organisation in the trust

▸ Look into what services are available in their locality, which patients would benefit from being referred to

Over a 12 month period the Trust had 1388 Veteran inpatients, however with EPR compliance to record this on admission at only 75.7%, the Veteran inpatient population within this 12 month period is likely to be considerably higher.

VETERAN AWARE
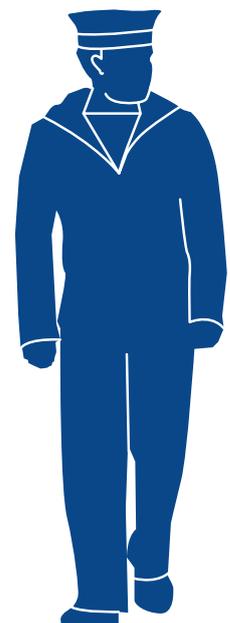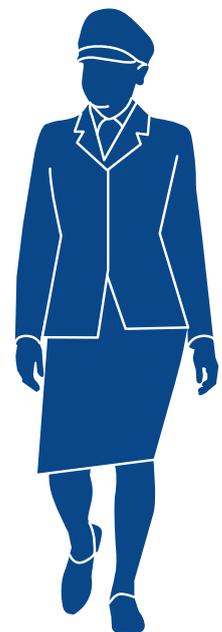
Figure 1: Veteran attendance and EPR compliance from March 2021–2022

Armed Forces Breakdown by Month

Year	Month	Armed Forces	Admission Documents	Completed	Compliance
2021	March	99	3462	2501	72.2%
	April	123	3922	2933	74.8%
	May	149	4320	3367	77.9%
	June	151	4341	3442	79.3%
	July	127	4375	3373	77.1%
	August	142	4264	3253	76.3%
	September	110	3856	2899	75.2%
	October	114	3887	2955	76.0%
	November	109	3724	2872	77.1%
	December	103	3420	2533	74.1%
2022	January	71	3178	2288	72.0%
	February	90	3189	2433	76.3%
Total		1388	45938	34849	75.5%

During the COVID-19 Pandemic the usual military dates normally celebrated within the Trust had to be recognised on social media and there was little activity undertaken by the Armed Forces Champions and the Operational Lead for the Armed Forces due to government restrictions.

Main points to note for 20/21

▶ Multi-faith Armistice Day in the Garden of Remembrance at Gloucestershire Royal Hospital

▶ Armistice Day cards sent to all Veterans on our wards to thank them for their service

▶ 3 year re-accreditation submission due by June 2022 to retain Veteran Aware status for 2022–2025

▶ Recruitment of two Armed Forces Advocates sponsored by the Armed Forces Covenant Fund Trust for a 2 year period.

▶ The Armed Forces Act 2021 was amended to include the Armed Forces Covenant as a Statutory requirement within the Private Sector

▶ Participant in the Veteran in an Acute Setting Programme, sponsored jointly by Armed Forces Covenant Fund Trust and NHSE/I

Objectives for 21/22

▶ Educate Trust workforce in relation to the Armed Forces Covenant and EPR compliance.

▶ Embed Armed Forces Covenant Training in to the Trust Induction Programme.

▶ Armed Forces Advocates to represent Gloucestershire Hospitals at Gloucester Armed Forces Day on 25 June 2022.

▶ Develop partner working across the ICS

▶ Trust representation at the SW NHS Challenge hosted by 243 Field Hospital.

▶ Continue to collect and submit data as part of the Veterans in an Acute Setting Programme

Planned future Patient Experience EDI improvements 2022–23

Patient letters in Large Print and Braille

The facility to generate patient letters in Large Print has been available to staff for some time, but we are now looking to raise awareness of this amongst staff in the TrakCare Optimisation Team.

We have recently initiated a project to enable staff to generate patient letters in Braille through TrakCare in collaboration with the TrakCare Optimisation Team, who in turn have been liaising with the parent company Synertec.

This facility is due to be tested in the Autumn of 2022 then implemented soon after

Accessible Information Standard

Working collaboratively with our Countywide NHS and Social Care partners, alongside representatives from disability organisations, we will devise a plan of action that will help us to meet the requirements of the Accessible Information Standard as a whole community.

We recognise that to achieve this, we have to coordinate cross-system working from the start of the patient's journey in Primary Care, through Secondary Care and into the Social Care setting.

## Wheelchair-users mini access audits of hospital areas

Liaison with the National Star College is ongoing, to arrange for students and staff to visit areas in the Trust and carry out mini-access audits from a service user's perspective. A Plain English checklist has been designed, to be used as the audit tool. National Star College staff will document students' responses to the questions about small areas in the Trust which will include:

▶ a building entrance
▶ circulation space: corridor, ramp, stairs or lift
▶ waiting area
▶ internal door
▶ reception desk
▶ accessible toilet facility

We anticipate that the mini access audits will take place in Quarters 3 or 4 and that results will inform an action plan of improvements to be approved by the Equality, Diversity and Inclusion Steering Group.

Interpretation and translation for people whose first language is not English, including British Sign Language (BSL)

The following data shows the 10 most commonly requested languages for interpretation and translation in the Trust, including British Sign Language (BSL), with the data from 2020–21 for comparison. Overall, the total number accessing this service has increased in all of the commonly requested languages.
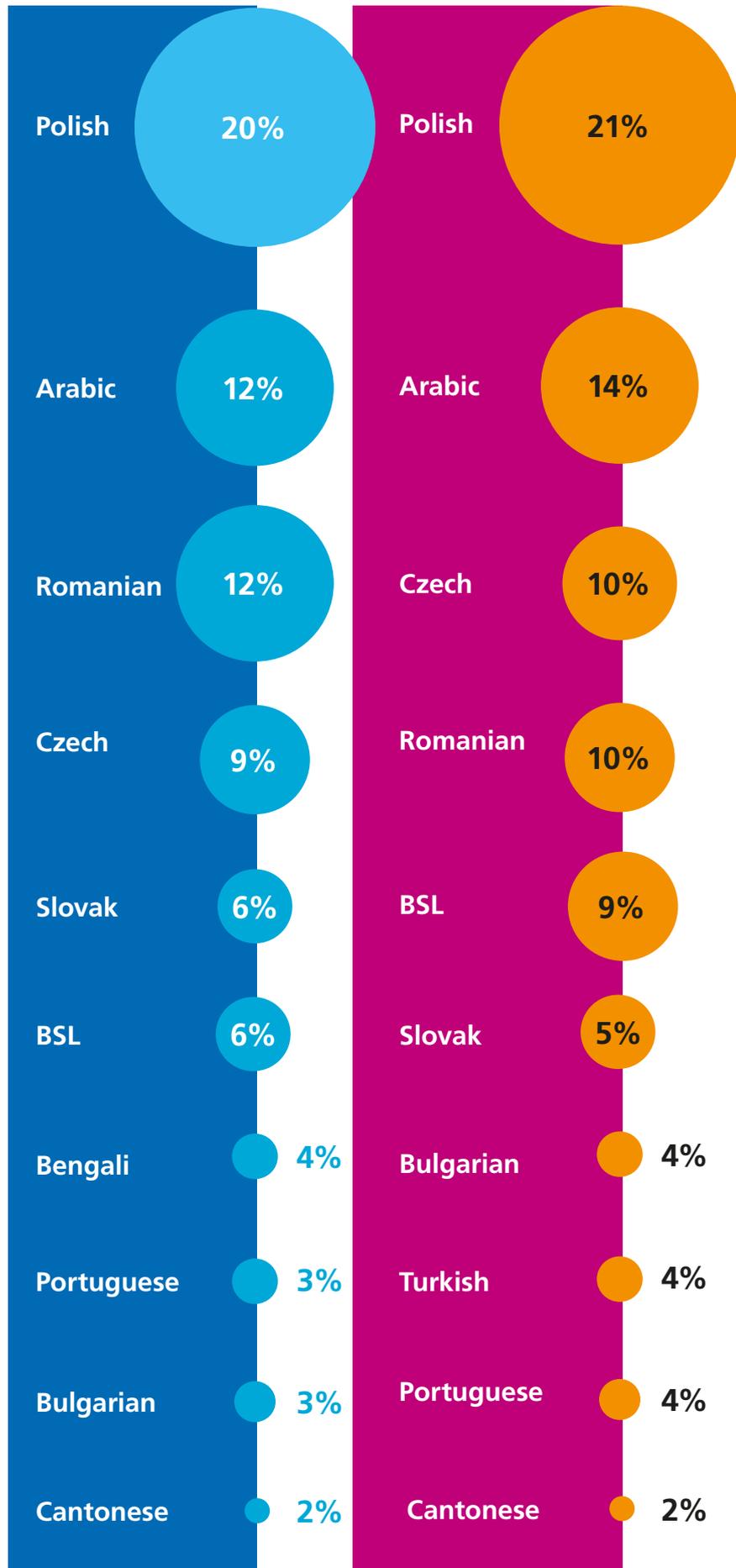
Data: 2020–21	Data: 2020–21 COVID-19
Polish — 20%	Polish — 21%
Arabic — 12%	Arabic — 14%
Romanian — 12%	Czech — 10%
Czech — 9%	Romanian — 10%
Slovak — 6%	BSL — 9%
BSL — 6%	Slovak — 5%
Bengali — 4%	Bulgarian — 4%
Portuguese — 3%	Turkish — 4%
Bulgarian — 3%	Portuguese — 4%
Cantonese — 2%	Cantonese — 2%

The following are 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, telephone and BSL interpretation bookings in 2021–22

Legend: Face-to-face, Telephone, BSL

Quarter	Face-to-face	Telephone	BSL
Q1	470	665	70
Q2	565	645	95
Q3	610	645	95
Q4	645	765	90

Rates of video and translation bookings for 2021–22

Legend: Video, Translation

Quarter	Video	Translation
Q1	24.5	17
Q2	29	7
Q3	17	17
Q4	23	27
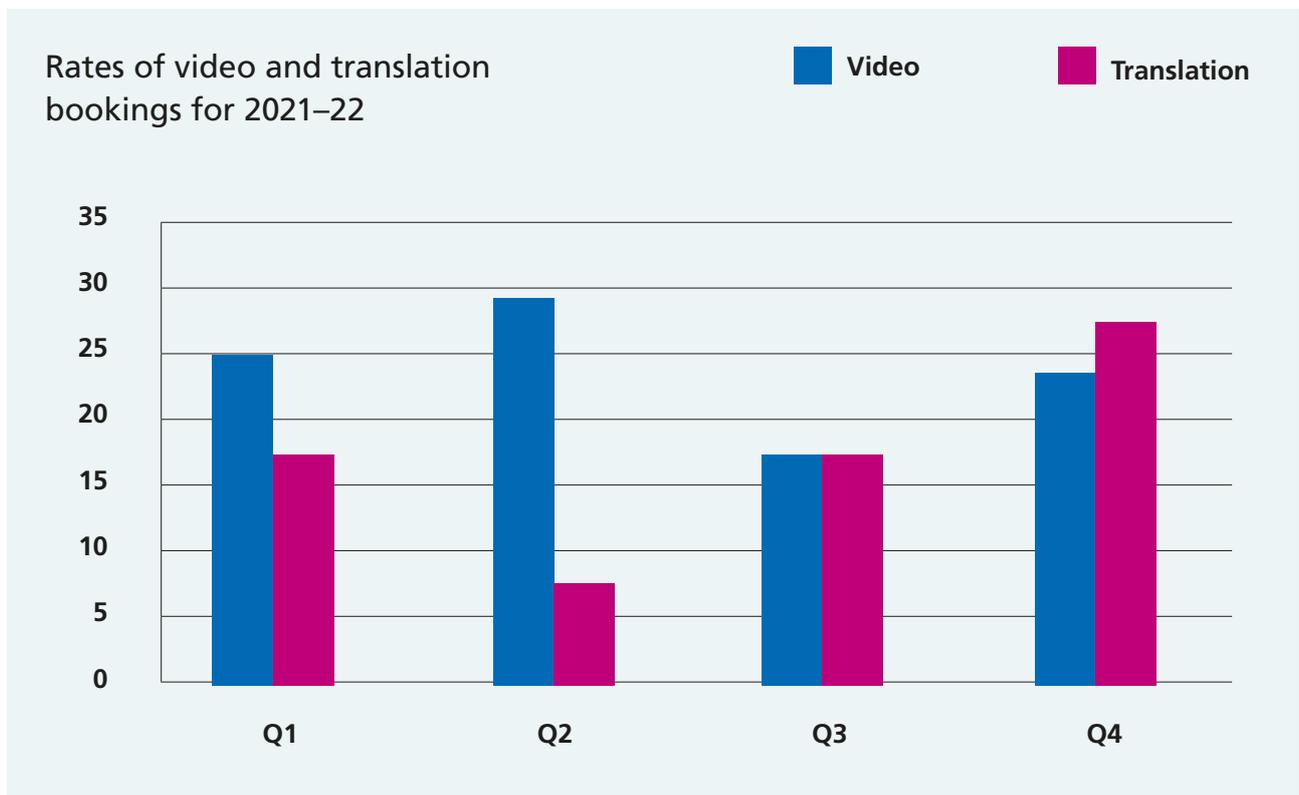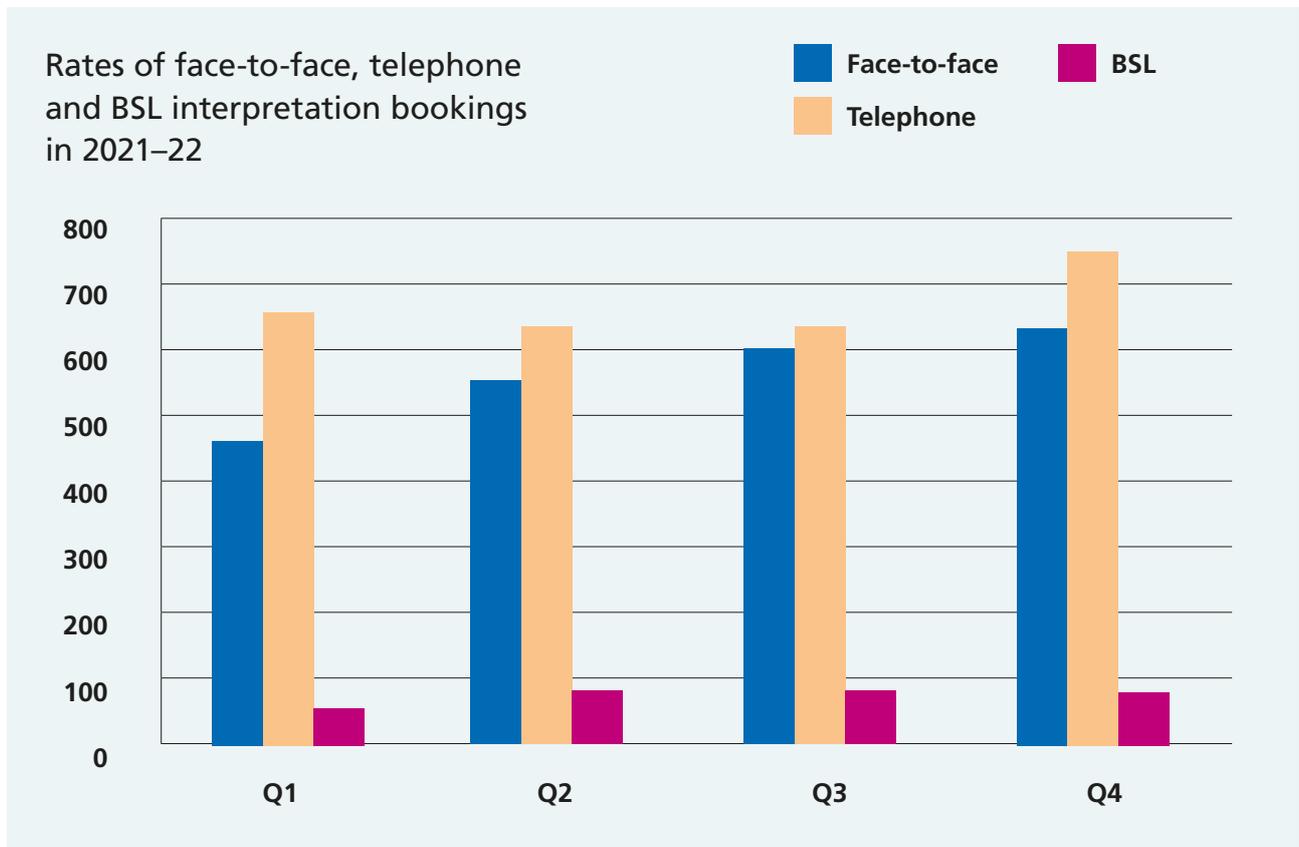
Planned future interpretation and translation improvements

A6 spiral bound Interpretation and translation guide

1. For midwives
2. For Emergency Department staff

These new booklets will contain all the information staff need to access interpretation and translation services 24 hours a day. The booklets include the following information:

▶ how to register and access the main contractor's booking portal

▶ how to access face-to-face, telephone, video and BSL interpretation services

▶ how to request translation services

▶ a comprehensive list of all the available languages with their access codes

▶ the PINs for all associated wards/ departments in the division

Maternity version printed and distributed during Q1 with 2nd printing in Q2. The Emergency Department version printed and distributed in Q2
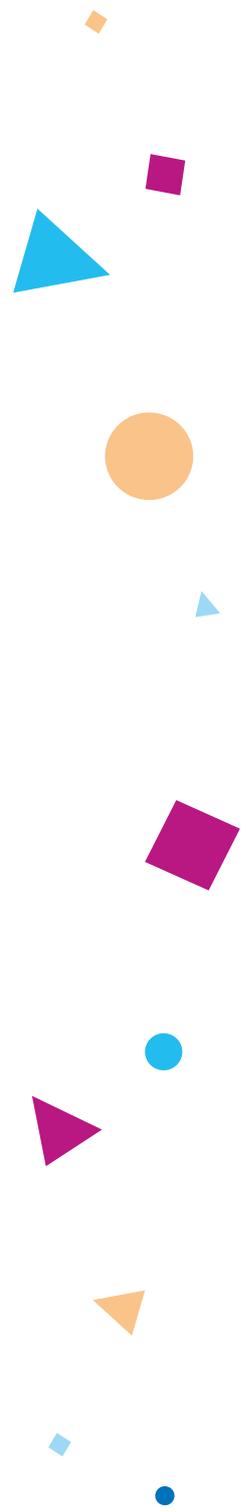
Improving the experience of our colleagues

With over 8,000 employees, our Trust is the largest employer in the county.

The majority of the workforce live in the local communities so they and their families are also users of our services

Recruitment

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

We strongly encourage Recruiting Managers to have an Inclusion Champion on selection panels, and this is a mandatory requirement for band 8a and above vacancies. The role of an inclusion champion is to monitor and challenge bias and decision making to ensure fair recruitment practices are in place.

Compared to 2021, there has been no change in the overall representation of the Trusts' ethnicity makeup. However, we will continue to make improvements to increase further and become representative of the community we serve and representative at all Bands.

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 someone being appointed over another. A score of more than 1.0 indicates a greater likelihood: the higher the score, the greater the likelihood.

Ethnicity

When comparing the data between White and Ethnic Minority groups, in line with our WRES submission (See Page 15), it indicates that White applicants are more likely to be appointed compared to Asian 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 15.34 times more likely to be appointed compared to Black Ethnic applicants, and 2.12 times more likely to be appointed compared to Asian Ethnic applicants

▶ Asian Ethnic applicants 7.24 times more likely to be appointed compared to Black Ethnic applicants

From shortlisting to appointment:

▶ White applicants are 1.65 times more likely to be appointed compared to Black Ethnic applicants, and 1.1 times more likely to be appointed compared to Asian Ethnic applicants

▶ Asian Ethnic applicants are 1.51 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 (Page 16 – 17), 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 long-standing illness.

▶ From application to appointment, non-disabled applicants are 1.34 times more likely to be appointed compared to disabled applicants.

▶ From shortlisting to appointment, non-disabled applicants are 1.8 times more likely to be appointed compared to disabled applicants

Gender

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

▶ From application to appointment, female applicants are 1.39 times more likely to be appointed compared to males.

▶ From shortlisting to appointment, female applicants are 1.14 times more likely to be appointed compared to males.

Sexual Orientation

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

From application to appointment, heterosexual applicants are:

▶ 0.56 times as likely to be appointed compared to Gay/ Lesbian applicants. This means heterosexual applicants are less likely to be appointed

▶ 1.42 times more likely to be appointed than bisexual applicants

▶ 0.81 times as likely to be appointed than 'other sexual orientation' applicants.

▶ 0.4 times as likely to be appointed than undecided applicants.

▶ 1.05 times more likely to be appointed than undisclosed applicants

From shortlisting to appointment, heterosexual applicants are:

▶ 0.94 times as likely to be appointed compared to gay/ lesbian applicants. This means heterosexual applicants are marginally less likely to be appointed

▶ 1.51 times more likely to be appointed than bisexual applicants

▶ 0.48 times as likely to be appointed than other orientated applicants

▶ 0.56 times as likely to be appointed than undecided applicants

▶ 1.2 times more likely to be appointed than undisclosed applicants

Religion and belief

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

For some religions, the reliability of the data is low and should be viewed with caution. In 2021/22 we received less than 37 applications from each of the following: Sikhism; Judaism; Jainism.

For the other religions where application numbers

are higher, the table below illustrates the percentage of applicants who were appointed from application, and from shortlisting:

Percentage appointed from application		Percentage appointed from shortlisting	
Atheism	24%	Atheism	41%
Buddhism	12%	Buddhism	25%
Christianity	10%	Christianity	34%
Hinduism	6%	Hinduism	37%
Islam	6%	Islam	25%
Other	17%	Other	30%
Undisclosed	16%	Undisclosed	28%
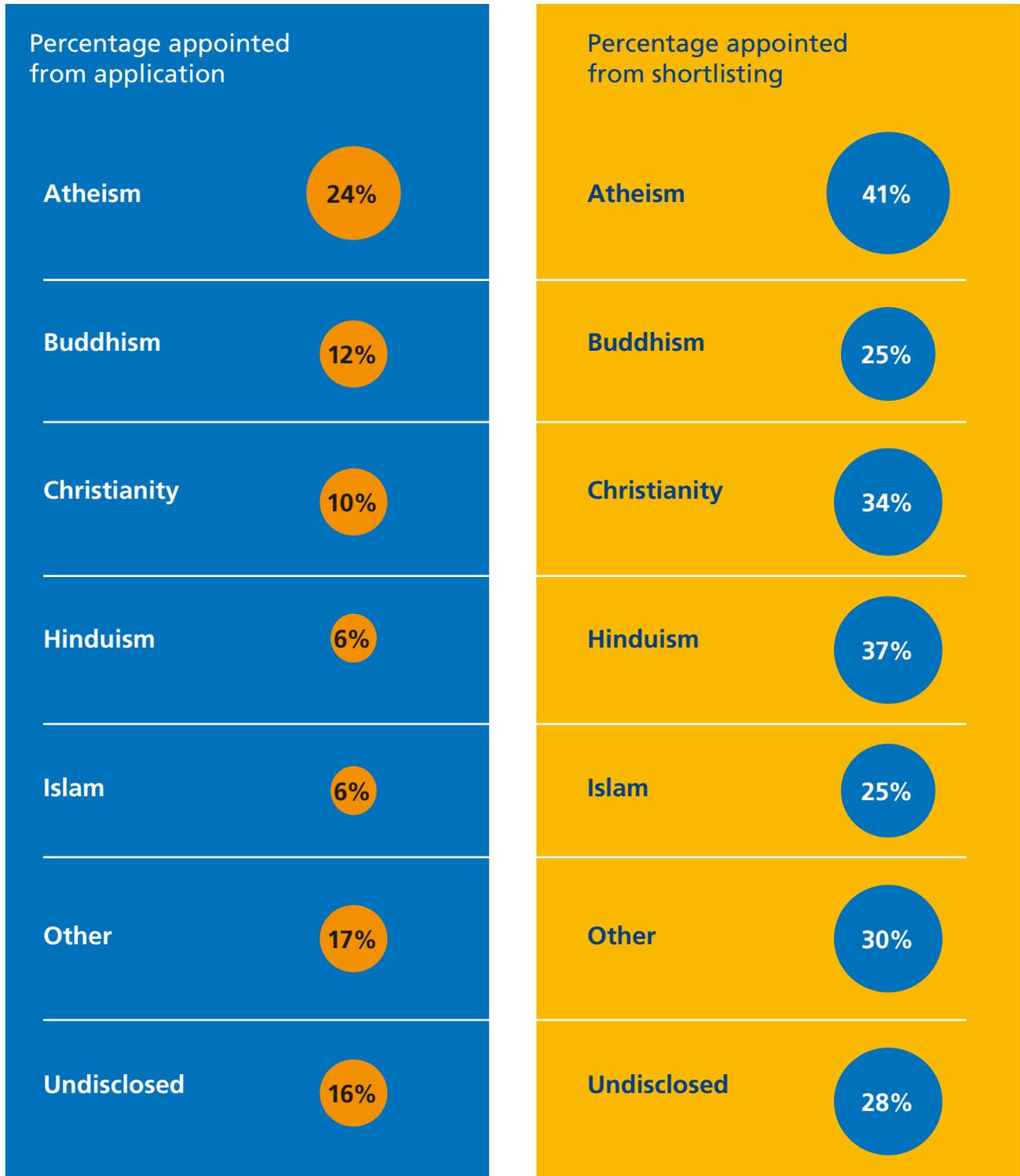
Data indicates that those who are Atheist, Hindu, or Christian are most likely to be appointed from shortlisting, and those who are Buddhist or Islamic are less likely to be appointed from shortlisting.

Age

The data indicates that a significantly greater percentage of people aged 65+ years were employed over any other, the lowest group being 25–29 years.

Proportionally, applicants in the age groups of Under 20 years; 50–54 years; 60–64 years and 65+ years are more likely to be appointed than those in other age groups.

Workforce Data

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

This analysis gives an overview of the existing workforce in 2021/22

Ethnicity

As per the Trust's annual WRES submission (Page 15), BME staff as a proportion of the workforce has remained at 16.5% the same from 2020/21 to 2021/22.

Additionally, a higher volume of colleagues (increase of 2.5%) no longer disclose their ethnicity status to the Trust.

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

8.93% of our workforce are Asian.

Asian colleagues are most represented in the following staff groups:

▶ Medical and Dental (15.95% of staff group)

▶ Nursing and midwifery (12.2%)

▶ Additional clinical services (6.88%)

▶ Estates and ancillary (5.68%)

4.07% of our workforce are Black.

Black colleagues are most represented in the following staff groups:

- ▶ Estates and ancillary (8.22%)

- ▶ Medical and dental (6.34%)

- ▶ Additional professional scientific and technical (3.99%)

- ▶ Nursing and midwifery (3.91%)

Disability

As per the Trust's annual WDES submission (Page 16–17), 2.9% of the Trust's workforce has declared a disability.

This is an increase of 0.3% on the previous year. There remain a high proportion of colleagues (43.83%) for whom we do not know their disability status.

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

Gender

In 2021/22 77.59% of the workforce was female, and 22.4% was male. This is a change of 1.61% by increase in males.

Age

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

- ▶ 21–30 years (21.63%)

- ▶ 31–40 years (28.51%)

- ▶ 41–50 years (21.19%)

- ▶ 51–60 years (20.27%)

Collectively these groups represent 91.59% of the workforce

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

Key achievements in the last year include the following

Through our equality, diversity and inclusion initiatives we continue to promote our values and behaviours at every opportunity and specifically to engender a sense of belonging for all by creating an environment where we value and celebrate unique differences.

We strive to build a workforce which is representative of the communities that we serve and to create a work environment where colleagues are supported, treated fairly, which is free from discrimination and where there is psychological safety for all.

While we acknowledge that there is much work still to be done to achieve our ambitious EDI objectives, we are proud of the progress we have already made over the past 12 months and still continue to make, they include:

Widening Participation Review

Over the last 2 years, there have been a number of factors which have been the catalyst for shining a light on the profound inequalities that exist across society.

The murder of George Floyd in the United States, the rise in the profile of the Black Lives Matter movement, and the COVID-19 pandemic. We recognise that just as they do across wider society,

we know that these inequalities also manifest in the workplace and it's through that lens that we were able to have a number of open discussions with colleagues throughout the organisation called '**The Big Conversation'**.

In 2020 an independent company, DWC Consulting, were asked to undertake an objective and transparent review to learn more about the lived experience of our ethnic minority colleagues. Making recommendations to develop our culture towards one that is truly compassionate and inclusive.

Our Black, Asian and Ethnic Minority colleagues told us that far too often they do not have the same positive experience at work than our white colleagues. This was also highlighted by some of our LGBTQ colleagues as well as our disabled colleagues.

The report highlighted five key areas for action:

1. Leadership Ambition

2. Taking Positive Action

3. Operating Culture and Cultural Competence

4. Speaking Up with Confidence

5. Governance and Accountability

The report concluded that, if we embrace equality, diversity and inclusion, it will make a difference to the quality of health care we provide, the experience of colleagues, and the quality of our partnership with communities.

As a Trust we are continuing to address all of these areas with many positive initiatives in hand which have been described by DWC throughout their report.

Equality, Diversity and Inclusion Team

The EDI Team have expanded, with the recruitment of an EDI coordinator and administrator. A fixed term EDI Training specialist was also recruited in September 2021 to develop and deliver a range of training and cultural awareness programmes as well as undertaking a comprehensive review and re-write of the Trust's mandatory EDI e-learning module.

Admiral Nurse

Asma Pandor continues to work as an Admiral Nurse, working between the Trust and Dementia UK. The role not only supports people with dementia but their families too. Admiral Nurses work alongside families, giving one-to-one support, expert guidance and practical solutions which sometimes can be difficult to find elsewhere. They are a lifeline, helping families to live more positively with dementia in the present, and to face the challenges of tomorrow with more confidence and less fear.

Since July 5964 members of staff have completed the dementia eLearning which has some focus of cultural appropriate care and highlights the need for healthcare professionals to take into consideration different backgrounds / religions / races – to provide individualised person centred care.

Aside from this I have been working with Gloucester Health & Care Trust to help engage with different ethnic minority groups to establish the barriers they perceive to accessing dementia support. We held a session in June and was attended by over 80 people from Guajarati, Polish, Chinese and Afro Caribbean communities.

We have another session booked for Feb 2023 where we aim to work with people from Bangladeshi and Arabic communities as well as people from the Hindu faith.

Spiritual Care Team

The Department of Spiritual Care is committed to supporting patients, carers and staff across the spectrum of religion and spirituality. The regular volunteer team now comprises more than 10% Muslims working alongside volunteers drawn from many Christian traditions as well as those with Quaker, Hindu, Buddhist and pagan backgrounds. A register of faith contacts is maintained so that it is usually possible to offer specific faith support when required. All volunteers follow the same ten-session training course, and regular team members visit across the hospital community regardless of their own faith backgrounds. Religious festivals are supported and the specific needs of religious groups – particularly at end of life – are accommodated.

Pastoral Care Quality Award

In March, it was announced that the Trust had achieved the Pastoral Care Quality Award for International recruitment support. Launched in March 2022, the NHS Pastoral Care Quality Award scheme helps to standardise the quality and delivery of pastoral care for international nurses and midwives across England to ensure they receive high-quality pastoral support. It's also an opportunity for trusts to recognise their work in international recruitment and demonstrate their commitment to staff wellbeing both to potential and existing employees.

Colleague Health and Wellbeing

The colleague health and wellbeing team continue to support to all staff throughout the organisation, they offer telephone, email and walk in service as well as visiting department and wards.

The Staff Psychology service was initially launched in October 2020. In 2021–22, additional investment, using NHS Charities Together funds, was secured to increase the number of Staff Psychologists. The service offers 1:1 support for individuals and managers, team interventions such as decompression groups and drop-in sessions. The team provides specialised training such as Compassionate Resilience workshops as well as bespoke teaching sessions for junior doctors and teams.

In addition to the above the Hub team has also launched and embedded the following services:

- **Salary Finance** – a package of financial wellbeing packages and resources including access to the following: loans (with repayments made through salary/payroll); savings and the Government's Help to Save scheme; financial education resources; advance access to salary already earned

- **Mobile Hub** – the Hub team visits teams and departments to talk about the services available, attending meetings or hosting a stand for colleagues to learn more about the support they can access
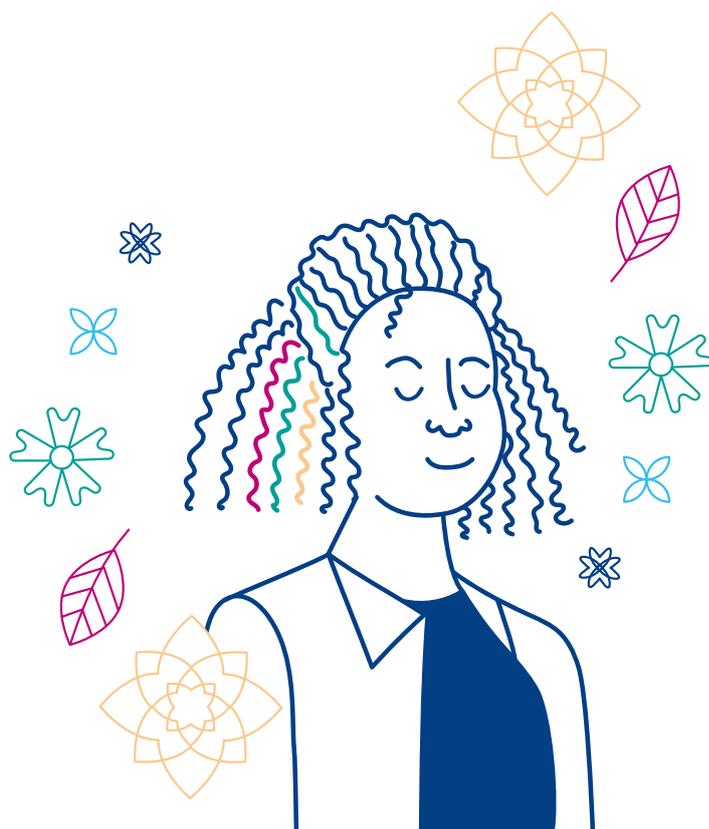
- **Volunteer** – a volunteer now supports the Hub team on a weekly basis to distribute wellbeing information and resources to all wards and departments.

- **Financial Resource pack** – in response to the emerging cost of living pressures, existing financial support offers available in-house and externally have been compiled into a new pamphlet for staff to access information easily

- **Menopause at Work** – a Menopause at Work group has been established which meets monthly on each site. An informal, safe space for colleagues to share their experiences of menopause and provide mutual support.

▶ **Links with ICS health-wellbeing services** – the Hub team works in partnership with ICS colleagues to collaborate and share resources on areas of mutual concern. For example, an ICS wide Long COVID support group has been established to support colleagues who are suffering from Long COVID.

▶ **Peer Support Network** – we continue to offer colleagues access to a Peer Supporter if they need someone to listen to them. There are 24 trained peer supporters who volunteer to listen with a confidential and non-judgemental ear, and offer to "walk alongside" someone who may be going through a difficult time in or outside of work.

▶ **Trauma Awareness Training for Managers** – 160 colleagues participated in half day Trauma Awareness training for Managers which was delivered by the Trauma Specialist charity, PTSD Resolution.

▶ **TRiM model** – we have established a support system called TRiM (Trauma Risk Incident Management) which is a trauma focused peer support system to help employees after traumatic events by providing support and education to those who require it. Fifty colleagues have been trained as a TRiM Practitioner or TRiM Manager and they are able to support, assess and signpost colleagues following a potentially traumatic incident, and/or are showing trauma related symptoms in their behaviour.
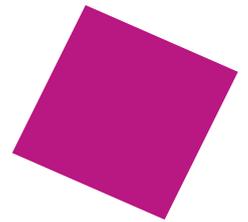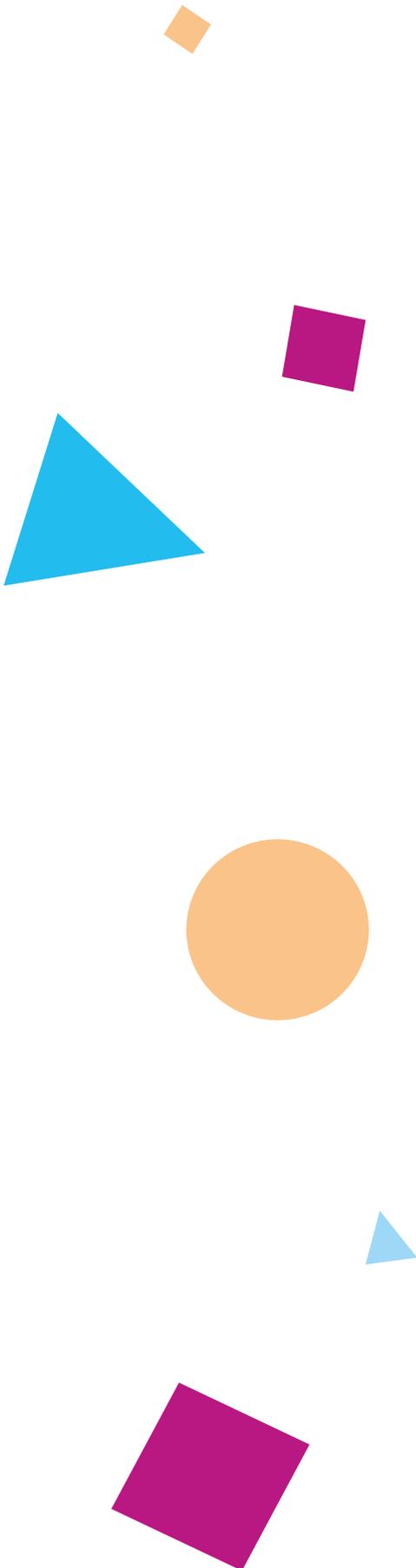
Interview skills workshops

We are conscious of some of the gaps in development opportunities for some groups, in particular our ethnic minority groups. We have introduced supported initiatives to improve access to development opportunities. In 2021, we commissioned the design and delivery of a series of half day Interview Skills workshops. We have already begun to see progress in this area with a number of ethnic minority Colleagues seeking and gaining promotion. As the workshops were so successful, we have agreed to run them again in 2022/23.

Colleague Engagement

We have engaged with the networks to support responses to issues identified in surveys and other reports to ensure our response reflects actual need. For example, holding drop-in clinics, Tea break events. And, to target those who work unsociable hours the EDI Lead holds informal breakfast catch ups, where colleagues can be made aware of upcoming events and initiatives as well as signposting.

Overseas Buddy System

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

Staff Network

As part of a broader workforce agenda to promote equality, diversity, and Inclusion, there are currently three staff networks.

▶ Disability Network

▶ Ethnic Minority Network

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

The aims of the networks are:

▶ Connect with other colleagues and provide a safe space for discussions.

▶ Share lived experience, knowledge, ideas, and raise awareness of issues within the wider organisation.

▶ Influence change, offering a collective voice.

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

The network uses a range of well-established communications channels to ensure that all our colleagues are aware of both internal and external development opportunities through weekly and quarterly newsletters as well as using our WhatsApp group and other social media platforms.

Weekly diversity newsletters are published and disseminated to its members to update on activities development opportunities and new initiatives in the Trust.

The network have hosted a number of celebratory events throughout the year

Members of our diversity network were invited to a tea & coffee afternoon to meet people from different backgrounds helping to build friendships and support networks

In October as part of Black History Month celebrations, the Trust hosted a series of events to promote and highlight the importance and significance of Black History. The campaign, which takes place nationally across the month of October, aims to shine a light on Black history and to increase knowledge of how Black, African and Caribbean people have positively shaped our society.

As part of our celebrations, the network organised an internal communications campaign entitled (Proud to be). Colleagues were asked to provide a short paragraph, sharing what Black History Month means to them, and why they are proud.

Below is 'What does Black History Month mean to me'' extract from a Leonard Cheshire Graduate who spent several months working with the EDI Team.

What does Black History Month mean to me as a Caucasian? First thought is not much; something that those from an Ethnic Minorities feel passionately about and that is a celebration and a statement of the journey Ethnic Minorities have been on and all they have overcome. When I take a moment to pause (something that is rare in the NHS) my thoughts start to grow. I think of Obama, Simone Biles and Amanda Gordon, how they did not conform and took a stand, of how privileged I am. I see it as a space for people to come together in sorrow but also in celebration and, perhaps, defiance. My view as seeing everyone as equal may be a sign of my generation, and will of course influence the filter I see the world though, but I hope that my generation will embrace everyone as they are as a societal norm. That we can all come to celebrate each other, for it is the diversity and individuality that leads to a thriving and dynamic environment

Food is a significant part of most cultures, the network, celebrated Black History Month with a Menu of Memories (colleagues were asked to share some of their favourite African and Caribbean recipes.

The EDI team were invited to Gloucestershire Constabulary Black History Month conference. Themed as 'Undaunted by struggle, inspired by hope', inspiring speakers included David Olusoga OBE and Teddy Burton.

The library took part by asking colleagues to share books written by black authors

The hospital restaurants supported the month by offering a choice of cultural dishes.

The library team, launched 'Desert Island Books' where they asked colleagues to share their favourite books by black authors or about black history.

Stands in the atrium and glasshouse were presented for staff, patients and visitors to showcase Black history Month and its significance.

The EDI Lead was also invited to take part in a local radio broadcast, where she discussed what Black History means to her, role models and her career Journey.

Supported by the mentoring and Coaching faculty, our ethnic minority colleagues were offered the opportunity to take part in a single one hour speed coaching session.

The network launched a successful LGBTQ+ History Month in February 2022 with a number of celebration days, blogs, articles and social media. Colleagues were asked to share 'what Pride means to them'. And to send their LGBTQ+ role models which was shared on the intranet.

The network also participated in Gloucester PRIDE 2021 event, where Trust members led the parade through the streets of Gloucester. All participants had an enjoyable experience celebrating achievements of the LGBTQ+ community.

April to May 2021 was the Muslim holy month of Ramadan. Colleagues were invited to support our Muslim colleagues during their fast. A guide was also produced with information and practical advice to support patients and colleagues who were fasting.

Plans for 2022/23

As we look to the year ahead the following actions are proposed:

▶ We recognise as an important way for the organisation to embed the EDI agenda into the Board development. Our Executive Trust Board will engage in a Pilot Reciprocal Mentoring programme, with our ethnic Minority colleagues.

▶ Foster a restorative, just and learning culture by integrating learning from concerns and complaints made by patients, families, carers and colleagues into the Trust learning to improve processes. Continue to engage with the Integrated Care System to share best practice and resources.

▶ Working towards the Pastoral Care Quality Award for international Nurses & Midwives.

▶ Develop accountability across the Trust to systemically challenge discrimination.

▶ The trust's Transgender policy is under review to enhance staff knowledge in areas such as transgender and transitioning.

▶ Relaunching our Colleague network as the 'Inclusion Network', we want colleagues to understand our commitment to how they feel working at our trust. We want them to feel included and that their voice matters to us.

▶ The creation of an Inclusion Council which aims to give all colleagues from minority groups a space to raise and discuss the issues affecting them in our organisation, and to empower them to make changes that are going to improve their work life here. Disability and LGBTQ networks haven't had a space to do this previously, and we want to ensure that everyone is able to have a voice and be involved in changes that affect them.

▶ By raising the profile of the networks and giving them a new look, we want to make sure all colleagues know how to access and join the network, which in turn should mean that those that don't always hear about the initiatives happening that could benefit them will be able to hear about and access all opportunities and support.

▶ Targeted coaching / mentoring for colleagues from under-represented groups

▶ We are also going to establish divisional data that will give divisions a greater degree of visibility on how their workforce profile compares to the whole Trust. Rather than looking at our Trust wide data and statistics, actually, what it looks like at the local level, and that will help divisions to set ambition for changing its profile and therefore better able to define the actions that will achieve that ambition.

Implement 2022 – 24 EDI Action plan, which will focus on four work streams

1. Attracting and recruiting a diverse and Inclusive workforce

2. Developing and retaining a diverse and inclusive workforce

3. Engaging and involving diverse voices in our workforce

4. Embedding an inclusive and compassionate workforce

Some of the actions we have agreed to focus on in 2022/23

▶ Launch and deliver Cultural Intelligence training

▶ Launch and deliver Inclusion Ally training opportunities

▶ Launch and deliver Bystander training opportunities to all colleagues

▶ Take Positive action to encourage participation from diverse communities in leadership and personal development opportunities.

▶ Apply and monitor positive action to all vacancies where there is under representation of ethnic minorities in roles, banding and departments

▶ Review, update and implement required training support for managers when writing job descriptions and person specifications to ensure these are written without bias.

▶ Review Inclusion Champion role in the Recruitment and Selection process and implement changes to strengthen effectiveness.

▶ Launch recruitment campaigns and positive action statements in the job adverts targeted at communities who are currently under – represented in workforce and/or particular staff groups.

Equality Diversity and Inclusion Lead

I started this role in 2020 with a vision of creating an environment where anyone can take part, have their say and achieve their dreams.

Whilst we recognise there is still work to be done, we are making progress but there is further to go. The battles for equality of opportunity for every person is not yet fully won we have work to do to fulfil our ambitions and secure a safe working environment for our colleagues. We will continue with our vital work on fair recruitment, equal opportunity for everyone, progression and anti-discrimination.

In our Trust we have worked extremely hard on our EDI agenda and will continue to work even harder to sustain and build an inclusive working environment.

We have achieved so much and I am incredibly proud to be the EDI Lead and to support the Trust to achieve its aims and objectives. There will always be some who believe this is not necessary but it is vital that we aid the understanding of all colleagues as to why measures are being introduced and how it benefits the wider organisation.

Our work has created a more visible EDI presence in the Trust. We are having more conversations about intersectionality, race and culture more than we ever have. Some conversations have been positive and, if I am honest some have been challenging but necessary.

My priority in the last 12 months has been to support the trust to create a healthy workplace culture which is fully inclusive for both colleagues and patients.

We are constantly holding a mirror against who we are, and challenging behaviours and attitudes to embed meaningful actions which can make a change. Equality and Inclusion is everyone's business, in every role across our Trust. We have a responsibility; we can no longer sit back and simply do nothing.

**Coral Boston,
EDI Lead**

Conclusion

Our Trust continues to invest in the Equality Diversity and Inclusion agenda and we continue to demonstrate some positive differences to our practices and supporting infrastructure.

We are implementing governance and additional resources to support the delivery of our priorities.