Equality and Diversity Annual Report

2017 - 2018

INTRODUCTION

From birth to care of the elderly, University Hospitals Bristol NHS Foundation Trust provides care to the socially and ethnically diverse population of Bristol and the south west from the very beginning of life to its later stages, and specialist services to a wider population through the south west and beyond.

Each of our patients and members of staff is a unique individual with different needs and aspirations. The Trust aims to recognise and celebrate these differences by providing an environment which is inclusive for patients, carers, visitors and staff.

We are a diverse workforce, working together to serve a diverse community.

25% of our workforce are from black, Asian or other non-white British backgrounds

3% of our workforce tell us that they have a disability

2% of our workforce tell us that they are lesbian, gay or bisexual

77% of our workforce are female

42% of our workforce say that they belong to one of the major world faiths

The Trust is fully committed to adherence to the Equality Act 2010, and undertaking action under the Public Sector Equality Duties (PSED) as defined within the Act. More information about the Equality Act and measures to improve equality are included at Appendix A.

EQUALITY & DIVERSITY STRATEGIC OBJECTIVES 2016 - 2019

In 2016 the Trust's Board agreed three strategic objectives developed by the Equality & Diversity Group. They are designed to have a positive impact on the Trust's continuing commitment to improve both patient and staff experience:

To improve access to services for our local communities;

To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust;

To work towards a more inclusive and supportive working environment for all of our staff.

This Annual Report will show how we are working to make a positive difference for our patients and staff through these objectives. It will highlight some of our success stories and initiatives, tell you about our performance in regulatory areas, and say what we plan to do next, acknowledging that our aspiration to be an organisation that treats people differently - in the sense that there is something special about how we care for people, whether they are patients or members of staff – requires constant attention.

Actions to support delivery of the objectives are part of a plan which is reviewed and updated to respond to the experience of staff as reported in the National Staff Survey and the Workforce Race Equality Standard, and feedback from staff and patients through other channels. The most recent version of the plan is included at Appendix B.

To improve access to services for our local communities

We need to continue to examine whether the services we provide and access to those services meet the needs of the changing communities we serve. The first three items in this section show steps we are taking to scrutinise our response to those needs, and what we plan to do during the coming year.

Patient Inclusion and Diversity Group

We have established a Patient Inclusion and diversity Group (PIDG) which acts as the key group in relation to all equality and diversity issues affecting patients and service users. It works in partnership with the Trust Equality and Diversity Group and leads a patient facing equality and diversity group agenda concentrating on how the Trust can meet the needs of all our patients and families.

The key themes for PIDG in the coming year will include:
- Ongoing delivery of the requirements of the Accessible Information Standard
- Re-provision of interpreting services
- Responding to the needs of Deaf people who use our services
- Mapping and improving physical access to our hospitals
- Exploring the place of spiritual and pastoral care within our hospitals

In addition, members of the Group have worked with organisations representing the D/deaf[1] community to take a leading role in establishing the Bristol Deaf Health Partnership – the purpose of which is to provide a single forum enabling us to work together to understand and improve the experience of Deaf, hard of hearing and deaf blind people in our hospitals and across the health community in Bristol.

Refreshed Equality Impact Assessment Guidance

Making sure the Trust considers the needs of patients and staff from all protected groups as part of our decision-making process shows that we have an understanding of the effect of our activities and decisions on different people. Equality Impact Assessments (EIAs) are a way of

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[1] Big D deaf people are those who are born deaf or experience hearing loss before spoken language is acquired and regard their deafness as part of their identity and culture rather than as a disability. They form the Deaf Community and are predominantly British Sign Language (BSL) users.
Small d deaf people are those who have become deafened or hard of hearing in later life, after they have acquired a spoken language and so identify themselves with the hearing community. Small d deaf people are more likely to use hearing aids and develop lipreading skills. *(ageUK)*

exploring the potential impact on patients, service users and staff of a policy, operational decision, strategy, service development or change, or consultation. In particular they look at the likely impact on service users and/or staff who have one or more characteristic protected by the Equality Act 2010.

In March of this year the Trust agreed refreshed Equality Impact (EIA) guidance and forms to make the process clearer and more straightforward. During October an audit of policies, strategies and processes agreed across the Trust during April to September *need* will be carried out to evaluate the effective use of Equality Impact Assessments.

Estates Audit of Main Entrances

In response to a question from the Board about access to Trust premises, an Entrance Audit Survey of the main entrances to the buildings on the Trust's central Bristol sites was carried out by the Estates Department in November 2017. This was to establish whether the main entrances to Trust buildings comply with the British Standard Code of Practice on the design of approaches to buildings to meet the needs of disabled people. The audit found that the Trust is compliant with many elements, and needs to remedy colour contrast between some doors and their frames, and ensure that plain glass doors include a broken line or logo or other suitable indication for blind or partially sighted people. The next step is to obtain costings to enable compliance in all areas.

Success stories and initiatives

We know that a huge amount of work which is difficult to measure goes on throughout the Trust to improve the experience of patients and service users.   Here are just a few examples.

Access to Services – Division of Medicine

The Homelessness Support Team was introduced in early 2017 to help provide a specialist service to homeless patients, focussing on their post-discharge arrangements. Since then, the Team has received over five hundred referrals.

A series of mini access audits is being conducted in the Division of Medicine's inpatient and outpatient areas to assess basic physical access (including to staff areas), signage to clinics, clarity of information boards, provision of induction and counter loops and staff understanding of how and when to book interpreters.

New appointment cards have been designed for patients with Tuberculosis who have limited English. The usual outpatient procedure for booking follow-up appointments has also been adapted for these patients, with Divisional agreement that these can be booked beyond the 8 week cut off, so that patients with limited English can walk away from the clinic with their next appointment confirmed.

The Integrated Discharge Service (IDS) provides specialist support for patients needing post-discharge care through the integration of acute and community sectors (Bristol City Council, Bristol Community Health and UH Bristol). Analysis of the existing services identified a gap in some of the areas of support provided to patients who are not entitled to Social Care funding. So, in February 2018, the IDS piloted a discharge co-ordination service for self-funding patients requiring post-discharge care home placements or packages of care. The feedback from users has been so positive that the three-month pilot has been extended.

The Care Quality Commission National Accident and Emergency Survey 2016 Results for type 1 centres and patients aged 16+ put the Trust's Emergency Department in the top 10 of all English Trusts on measures of patient reported experience.

Five of our scores were the best of any trust score nationally. These were:
- Treating patients with respect and dignity
- Patients having confidence and trust in our doctors and nurses
- Doctors and nurses giving patients a clear explanation of the condition and treatment
- Our staff involving patients in decisions about their care and treatment
- Explaining the purpose of medications that patients take home with them

In terms of next steps, a more detailed analysis of the results will be carried out and areas for improvement will be identified with relevant actions developed to address these.

Support for patients living with dementia

The Trust uses a specific care plan to ensure that the care we provide for those living with dementia is tailored to suit their needs. It covers all aspects of care, from eating to communication and making sure the environment is dementia friendly.

A visual identification system - the Forget-Me-Not - is used in the hospital to make all staff aware that someone has a diagnosis of dementia, or has a current cognitive impairment.

The Trust's Dementia Champions are staff, of any grade or profession, who want to improve the experience, care, treatment and outcomes for people with dementia. Champions can be identified by a Forget-Me-Not pin on their lanyard or uniform and are always happy to help.

The Trust has piloted the use of an activity box with patients and iPads for reminiscence - connecting to apps for games, and YouTube for film and music clips - with the aim to roll these out across our hospitals after evaluation. And there has been some very positive feedback on knitted or crocheted muffs and blankets, sent in by staff and members of the public since May 2016. These 'Twiddles' provide a source of visual, tactile and sensory stimulation, while also keeping patients warm.

Patient and Public Involvement

A quarterly report incorporating Patient and Public Involvement activities is published on the Trust's website: What patients tell us about UH Bristol.

Next steps

As well as the programme of work identified by the Patient Inclusion & Diversity Group, the evaluation of the effective use of Equality impact Assessments will show how far we have come in improving access to services for our local communities.

Objective: To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust

Bristol is a diverse community and we mustn't miss out on the talent available on our doorstep. We said that we will focus on two areas in particular, one regarding local recruitment, encouraging people from all backgrounds to view the Trust as an employer of choice, and the other supporting equality of access to development for existing staff.

These are some of the key achievements of the past year:

Disability Confident Employer

The Trust has been re-accredited for a further two years as a Disability Confident Employer as part of the government's disability confident scheme. This means that we have committed to ensuring that disabled people and those with long term health conditions have the opportunities to fulfil their potential and realise their aspirations.

As part of this commitment:

- Our recruitment process is free of discrimination with anonymised shortlisting and open assistance for candidates requiring any form of adaptation or support.

- We offer a guaranteed interview scheme fully supported and included in all recruitment training. Information about this is also included in the Recruitment policy with active prompts to managers.

- Candidates are prompted at the interview invite stage to flag any reasonable adjustments they might need. The recruitment team have regular training on this support.

- We have a very active relationship with Jobentreplus and Bristol City Council to actively support the long-term unemployed with a variety of challenges into the work place.

- The Trust has signed the Time to Change Employer Pledge and is developing a mental wellbeing action plan which will be aligned to a 3-year Workplace Wellbeing Strategy. Wellbeing services and interventions are designed to be inclusive and accessible.

- The Trust has a full time work experience coordinator who actively works with the local schools, and a work experience policy

Local Recruitment Events

Members of the Resourcing team regularly attend local recruitment events and careers fairs. During the past year these have included events in conjunction with Jobcentreplus and Bristol City Council in areas of the city which have supported targeted recruitment of black, Asian and minority ethnic staff.

Recruitment Drop-in Sessions

The Resourcing team held drop-in sessions during NHS Equality, Diversity and Human Rights week in May. The sessions were designed to give managers a clearer understanding of the service provided by the Resourcing Team and how reasonable adjustments can be made in line with being a Disability Confident Employer. Managers were able to meet key members of the team and ask questions about the process.
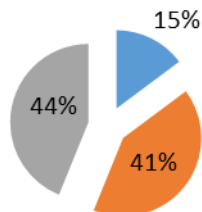
Apprenticeships

The Trust is an official main provider of apprenticeships and offers a wide range of career opportunities in clinical and support services. These work-based training programmes are available to anyone aged 16 to retirement age who is looking for a new opportunity to train, develop and further their career. They allow people to gain professional skills, knowledge and UK-recognised accreditations while in a paid job.

UH Bristol supports life-long learning and apprenticeships are also available for existing staff who want to develop new skills or to have the skills they have developed in their role acknowledged as they look for career recognition and progression.

The Trust employed their first apprentice under the new apprenticeship levy scheme in July 2017. As at April 2018 155 new apprentices have started on their new career pathways through a variety of apprenticeship programmes. These are being delivered either in-house or using specially selected external training providers. As part of the Talent for Care and Widening Participation Policy the following demographic data was compiled in March 2018 on all our new start apprentices. Information about disabilities has not been included as none have been disclosed.
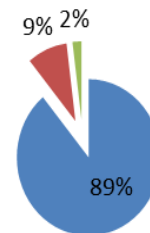
Age Range of Trust Apprentices

- Aged 16-18 (total = 23)
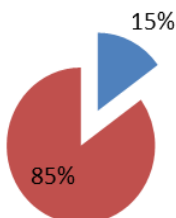- Aged 19-24 (total = 64)
- Aged 25+ (total = 68)

15%
44%
41%

Ethnicity of Trust Apprentices

- White British (total = 138)
- Black, Asian and Minority Ethnic (total - 13)
- Undisclosed (total = 3)

9% 2%
89%

Gender of Trust Apprentices

- Male (total = 24)
- Female (total = 131)

15%
85%

Apprentices as % of Trust workforce

- Apprentices
- Other Trust employess

1%
99%
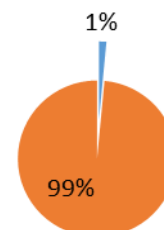
The apprenticeships offered across the Trust provide ideal opportunities for career development and staff retention. It is essential that people from all staff groups are aware of and have access to these opportunities. Working with the Apprenticeship Team and the Head of Education to make sure that this is extended to all staff is a priority for the forthcoming year. Alongside this, the Trust will work with Weston College to enable any members of staff who wish to take advantage of the numeracy and literacy skills training being offered in the Trust to do so.

Success stories and initiatives

Opportunities for Development

Our Hotel Services and other Facilities teams are among the most diverse of our workforce. Without the cleaners, porters and catering staff our hospitals would not be able to function, so this section focuses on them.

A new Hotel Services Assistant had support from her line manager and a MENCAP support worker to achieve the competencies needed for her role. Talking to everyone involved on the medical ward where she works and agreeing on a reasonable adjustment to daily duties has meant that the new member of staff has flourished and become an integral part of the service. This team member continues to acquire a wide range of professional experience and the Trust has gained a dedicated and highly motivated professional, who is proving to be very helpful with her colleagues, patients and visitors.

In partnership with N-Gaged and the Restore Trust, the Division of Estates & Facilities has run two Sector Based Work Academies in the form of a two-week course, where individuals can obtain two qualifications - Customer Services and Introduction to Facilities & Cleaning. Participants also obtain a Level 2 Food Hygiene certificate. The course is aimed at the long-term unemployed, in lower socio-economic areas, and has a particular remit to support those who have spent criminal convictions. As a result of two successful courses, thirteen people have been offered employment. The course is funded by the European Social Fund, whose primary focus is to support our community in obtaining employment and a better life in general, and more courses are planned in the near future.

Estates & Facilities are also working closely with the Learning & Development Team to offer a number of new apprenticeships. These will give staff the opportunity to develop under a managed educational scheme, whilst attaining 'on the job' experience and gaining a qualification which will increase their potential for future roles. In an area where traditionally the proportion of male employees is very high, the Estates Department has recruited a female Mechanical Apprentice and a female Decontamination Engineer.

To make sure that all employment and development opportunities reach the widest audience of staff from these groups who work across all sites of the Trust, details are circulated by the Divisional Recruitment Manager so that managers and team leaders can print and display them on staff notice boards.

Regulatory reporting measures

The Workforce Race Equality Standard reporting provides two measures of progress for black, Asian and minority ethnic (BAME) staff in the area of recruitment and progression within the Trust.

The first is the relative likelihood of BAME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.

The Trust data for 2017 showed that white staff were 1.9 times more likely to be appointed from shortlisting than BAME staff, compared with 1.54 times more likely in 2016. This is a disappointing decrease but it should be noted that, for system reasons, the 2017 data did not include medical & dental appointments. (In March 2018, medical & dental staff made up 13.76% of the workforce.) The data for this year will include medical & dental appointments.

Whilst some recruiting managers are receiving training to raise awareness of unconscious bias in the recruitment process, more work needs to be done in this area.

The second measure is taken from responses to the National Staff Survey, which represent what staff say about their experience of working for the Trust. Whilst 88% of Trust staff who responded to the survey believed that the organisation acts fairly with regard to career progression/promotion (regardless of ethnic background, gender, religion, sexual orientation, disability or age), only 69% of BAME staff who responded agreed.

Percentage of staff believing the organisation provides equal opportunities for career progression / promotion

■ 2016 ■ 2017

	Trust Score	Male	Female	Disabled	Not disabled	BME	White	LGBO	Heterosexual
2016	89%	85%	90%	83%	91%	77%	91%	84%	90%
2017	88%	84%	89%	78%	89%	69%	90%	84%	89%
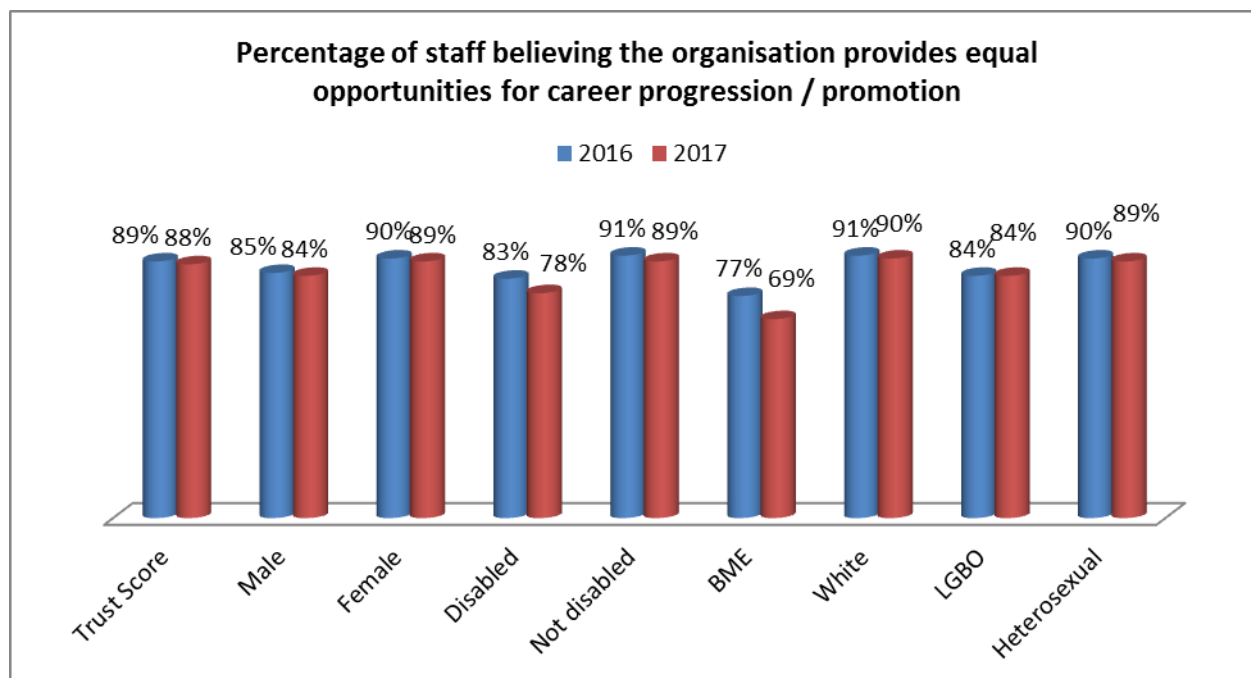
 (National Staff Survey 2017 – responses to Question 16.
(Note: Transgender is not given as an option for identifying in the staff survey returns, hence LGBO (Lesbian, Gay, Bisexual, Other), and BME is used instead of BAME.)

Although the Trust score is still in the top 20% of acute trusts, following three years of improving responses to this question (from 62.8% in 2014 to 77.49% in 2016) from BAME staff, this year's results are very disappointing and indicate that there is an increased perception that there are barriers to progression for BME staff and disabled staff within the Trust.

Gender Pay Gap Reporting

Along with other public sector organisations, the Trust published its first Gender Pay Gap Report in March 2018.

The gender pay gap is different to equal pay and is a measure of the difference between the average earnings of men and women, expressed as a percentage of men's earnings.   For all non-medical and dental staff except very senior managers, the Trust uses Agenda for Change terms and conditions of employment, job evaluation and levels of pay which have been legally recognised to abide by the principles of equal pay for work of equal value. Job evaluation evaluates the job and not the post holder. It makes no reference to gender or any other personal characteristics of existing or potential job holders.

Analysis of the Gender Pay Gap Report to understand any action required will take place during the next year.

Next steps

To make sure that we continue to improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust, we will be working on the following:

A review of our actions and plans as a Disability Confident Employer to ensure that the Trust is taking all necessary steps to provide appropriate support to potential and existing employees with a disability.

A Reverse Mentoring scheme involving staff from black, Asian and minority ethnic backgrounds and senior managers. This will act as a development tool for BAME staff, increase the cultural competence and understanding of senior managers, and help to improve recruitment and retention levels of BAME staff across the Trust. The programme is being developed in partnership with Bristol City Council and will be introduced in autumn 2018.

Divisional action, through Improving Staff Experience Plans, to find out why staff from some protected groups believe that the organisation does not provide equal opportunities for career progression or promotion, and what will be done to remedy this.

Analysis of the Gender Pay Gap Report to understand any action required, as identified as part of the Culture Work Plan for the forthcoming year.

Objective: To work towards a more inclusive and supportive working environment for all of our staff.

Our Board said that they wanted to see an emphasis on providing an environment free from harassment, bullying or abuse from colleagues or service users. Key to this is promoting a culture of dignity and respect so, in partnership with Staff Side and colleagues from the Employee Services Team, the Trust's Tackling Harassment & Bullying at Work Policy was revised and re-launched in September 2017 as the **Dignity at Work Policy (incorporating bullying & harassment at work)**. Presentations to introduce the revised policy were delivered to more than 220 leaders and team members.

By placing an emphasis on the positive, Values-based behaviours we expect from all colleagues it is anticipated that use of the policy will promote the culture of respect and inclusion which contributes to improved staff experience. This is supported by the Leadership Behaviours and other Organisational Development interventions within the Trust's Improving Staff Experience plans.

To support and publicise the introduction of the policy, and to promote the sources of support available to staff who may wish to raise a concern, a series of events took place to co-incide with national anti-bullying week.

The theme chosen by the Anti-bullying Alliance for 2017 was All Different, All Equal. The Trust adopted this theme and combined it with the title of the Policy to celebrate our differences and ask what Dignity at Work means to our staff.

Success stories and initiatives

The Dignity at Work roadshows in November 2017, which visited as many of the Trust's sites as possible, were followed in April 2018 by You Said We Did Together – a series of pop-up events which picked up on some of the themes from Dignity at Work Week and the National Staff Survey Results.

The Division of Specialised Services held a Health & Wellbeing Day, and the Dental Hospital has invited staff to celebrate positive behaviours and opportunities during a month of events under the badge of PositiviTeeth.

In response to the 2017 Staff Survey results, the Division of Specialised Services has identified the need to develop and introduce some staff workshops to focus on supporting managers to deal with complaints of bullying and harassment. This project will also involve working with colleagues in Human Resources to offer more support and guidance around resilience building and managing behaviours associated with stress.

To make sure that all staff have access to the Trust's Equality, Diversity & Human Rights training package, a face-to-face version is available to teams and individuals. Between October 2017 and the end of May 2018, face-to-face sessions were delivered to 417 members of staff. As Equality, Diversity & Human Rights is one of the eleven Core Skills mandated in the UK Core Skills Training framework, this has helped the Trust to achieve a 90% compliance rate.

The Divisional representatives on the Trust's Equality & Diversity Group routinely distribute information about local and national diversity and inclusion activities. Some areas cascade updates via email, and the Facilities teams have developed a monthly briefing document. This is to try to ensure that all of their staff – the majority of whom are not desk-based – receive information about current issues and initiatives.

The Division of Medicine has adopted a new flexible working process to ensure consistency across the board with a panel meeting monthly to discuss any new requests or amendments to existing ones.

Staff champions meetings are held every six weeks for Facilities staff. Nominated staff representatives from all staff groups are invited to attend and bring with them any operational issues and ideas for improvement. If any advice or assistance is needed to achieve the desired outcomes, senior managers and Human Resources are available to help. All actions on the action log are followed through to conclusion. As a result, a "You Said – We Did" document can be presented back to staff, demonstrating that their issues and ideas are listened to, discussed, and addressed or realised where at all possible.

The Chair and other members of the Living & Working with Disability, Illness or Impairment (LAWDII) Staff Forum carried out a review of the provision of reasonable adjustments for staff. They found that there are some areas of very good practice, and others where more awareness, guidance and support is needed. Their review includes several recommendations – including a team who can be contacted for advice - which will be developed over the next few months.

Support for Staff

During the past year and as part of conversations about Dignity at Work, the message that there are individuals and groups who can provide support to staff has been reinforced. This section gives an idea of the vital role they perform.

Spiritual and Pastoral Care (Chaplaincy)

It is a commonly held perception that chaplains are only available to support patients and in particular those with strong religious views or those who are close to death. Whilst this forms part of the work of chaplains, their remit is much broader and importantly, they play a key support role for members of staff too.

The Spiritual and Pastoral Care Department is made up of chaplains and chaplaincy volunteers from a range of faith groups who work to support the Trust in meeting the spiritual, religious and pastoral needs of its patients, visitors and staff.

The Chaplaincy Team is producing a leaflet to highlight how chaplains support staff in the workplace, and is keen to promote the support they can provide, including:
Spiritual and pastoral support for staff
Facing challenges in the workplace
Religious information, support and advice for staff
Sanctuary, Quiet and Reflective Spaces
Bereavement support for staff

Confidential Harassment and Bullying Advisors Service

Harassment & Bullying Advisors play a vital role in supporting colleagues who may be experiencing harassment, bullying or other unacceptable behaviour at work.

The Advisory Service offers colleagues the opportunity to discuss, in confidence, any concerns about bullying or harassment at work and provides support and objective advice on the options available to reach a resolution.

During the past year the advisors – who are all volunteers – have continued to provide this vital service and have embraced the changes in emphasis and process in the new Dignity at Work Policy.

Workplace Health & Wellbeing

Time to Change Employer Pledge
Time to Change is a growing movement of employers across all sectors who are demonstrating their commitment to changing how we think and act about mental health in the workplace. With one in four employees affected by anxiety, depression, and stress every year, mental ill health is the leading cause of sickness absence in the UK. The Trust signed the Time to Change Employer Pledge on Time to Talk Day in February 2018 to demonstrate its commitment to make sure colleagues who face mental health issues feel supported. To promote a culture of openness, the Trust provides a range of initiatives to promote workplace wellbeing to staff, students and volunteers.

Workplace Mental Wellbeing Lead
The Trust is committed to challenging mental health stigma. Staff, students and volunteers have access to reliable information, guidance, training and resources which promote positive workplace wellbeing and the Trust is seeking to extend its provision of psychological wellbeing services for individual colleagues and managers through the introduction of the new post of Workplace Mental Wellbeing Lead. The aim of the role will be to provide an accessible advisory and triage service to colleagues and act as the key point of contact and expertise to individuals, managers and senior leads employed at the Trust, to provide timely, reliable information and informed advice across the full spectrum of workplace issues experienced.

Freedom to Speak Up Guardian and Advocates

The Trust has fully implemented the national requirements as recommended by Sir Robert Francis in his Freedom to Speak Up review. The Trust has appointed the Trust Secretary as the Freedom to Speak Up Guardian, and has approved a Freedom to Speak Up Policy which provides a framework of support for members of staff who wish to raise concerns. The Guardian is supported by a number of Freedom to Speak Up Advocates who operate across the Trust and are accessible to all staff. The Trust is compliant with the requirements as set out by the National Freedom to Speak Up Guardian and ensure that all training and quarterly returns are achieved.

An annual report on issues and learning from the Freedom to Speak Up process is presented to the Board by the Guardian. In summary for 2017/18 there were 13 referrals to the Freedom to Speak Up Guardian, all of which were investigated and responses provided to the individual's raising the concerns. Where possible learning to ensure issues were not repeated were identified and shared. The issues raised related to a range of concerns which included attitude and behaviour of staff, staffing issues, and application of Trust policy.

Further actions are planned during 2018/19 to ensure that a positive speaking up culture is maintained and developed. The Trust has worked with its charity, Above and Beyond, to produce and circulate publicity materials to promote the Freedom to Speak Up Guardian and Advocate roles and the key messages about Speaking Up. There is enhanced information in the Trust induction for all staff, and the Trust is planning to increase the number of Advocates who are locally accessible to staff. The Guardian is also ensuring that he is visible across the Trust by attending key meetings and talking to staff groups to promote the messages.

STAFF FORUMS

The Trust supports and commends the work of the Staff Forums, actively encourages staff to join and has developed guidance to set out clearly the arrangements for paid release time for duties associated with membership of one of the Trust Staff Forums.

The Trust currently has three Staff Forums which, among other activities, provide peer support to colleagues. The Lead for each Forum is a member of the Trust's Equality & Diversity Group, and they have provided the following updates.

Lesbian, Gay, Bisexual & Transgender (LGBT) Forum 2017-18

The forum is for Lesbian, Gay, Bisexual and Transgender members of Trust staff and supporters within UHBristol. We are a safe space for staff to discuss issues and assist in advising HR on staff policy relating to LGBT issues within the organisation.

We have been working on improving membership numbers and interactions with other forums. We have taken part in activities for LGBT History month with members attending Bristol LGBT History month activities. We also took part activities around the Trust Inclusion and Diversity week as well as meetings and social events.
Over the next year we aim to form closer links with our local NHS partners LGBT forums as well as continuing the work with LAWDI and BAME forums to increase participation across the board.

Black, Asian & Minority Ethnic Workers (BAMEW) Forum 2017 -2018

The BAME (Black & Minority Ethnic) Workers Forum is open to all workers at UH Bristol from Black, Asian and minority ethnic groups, including staff from other European countries and further afield.

The Forum is a network of UH Bristol staff from different staff groups across the Trust which meets to discuss issues in the workplace that affect the working lives of black and minority

ethnic workers. It also works with other groups and individuals to develop best practice within and outside the Trust.

Our objectives for 2017-2018 were as follows:-
- Develop strategies to encourage BAME staff to become more actively involved in forum meetings.
- Re-design and re-launch of the BAME Forum, promoted through leaflets and posters for distribution to BAME staff via the all staff electronic newsletter, staff noticeboards and available at corporate induction; and refresh the BAME page(s) on the Trust staff intranet.
- Development and promotion of three BAME forum meetings, bi-monthly core group meetings and an annual general meeting
- Revisit the Reverse mentoring scheme.
- Revisit Black History Month

We achieved most of our objectives apart from the Reverse mentoring scheme which is scheduled for later in 2018. We have submitted regular reports to Equality and Diversity Group to update them on our progress. The forum has had some good success with the following:
- Working with the Equality & Diversity Officer on a number of cross staff group events
- Supporting the Equality & Diversity Officer in developing a leaflet for all staff group forums.
- Finding ways of raising awareness of BAME staff Forum
- Establishing an assurance that BAME staff are entitled to protected time to attend forum events.
- Establishing our first draft Terms of Reference
- Creating an internal database in order build up our contacts of BAME staff within the Trust

In conclusion, it has been a good year: attendance has improved, interest has increased, and we are very proud of those who have made positive contributions to our success so far. Finally we still have a long way to go but we are encouraged with what has been achieved so far.

Living & Working with Disability, Illness or Impairment (LAWDII) 2017 – 2018

The Trust LAWDII Forum (Living and Working with Disability, Illness or Impairment - formerly the Staff Disability Forum), enables staff and volunteers with physical, sensory or mental impairments to raise awareness of any issues they may have encountered at work.

LAWDII is a group of UH Bristol staff with visible and non-visible disabilities and impairments from various multi-disciplinary backgrounds across the whole of the Trust. We are of different gender, ethnicity, religion/faith, age and sexual orientation.

The Forum acts as a network for sharing best practice and the empowerment of staff members, supporting non-disabled staff and managers by raising awareness of issues relating to disability, illness and injury, and ensuring that the Trust benefits from its disabled employees - using members' experiences to inform policy and practice as a result. We act as a consultative group for improved accessibility and as a resource for staff and managers in the field of 'Reasonable Adjustments'.

We are an open group with a democratic structure and a focus on engaging with and listening to staff and managers, and we are supported by the Trust - with interest and active support coming from the Trust Chairman and Director of People. This ensures links to the Trust board and Council of Governors.

We are great believers in 'One size doesn't fit all!' and to this end have championed chair safety (particularly for staff who need specially adapted chairs), Dyslexia, and Mental Health awareness and support so far this year. We will be building on our successes next year by

providing support for implementation of the Workforce Disability Equality Standard in the Trust, and continuing to promote support available for reasonable adjustments.

We know that staff can play a key part in problem solving and resolving concerns around any forms of discrimination, including physical access problems, barriers to communication and any lack of consideration or understanding from colleagues. Staff are often the best resource to resolve issues - LAWDII is making full use of this resource!
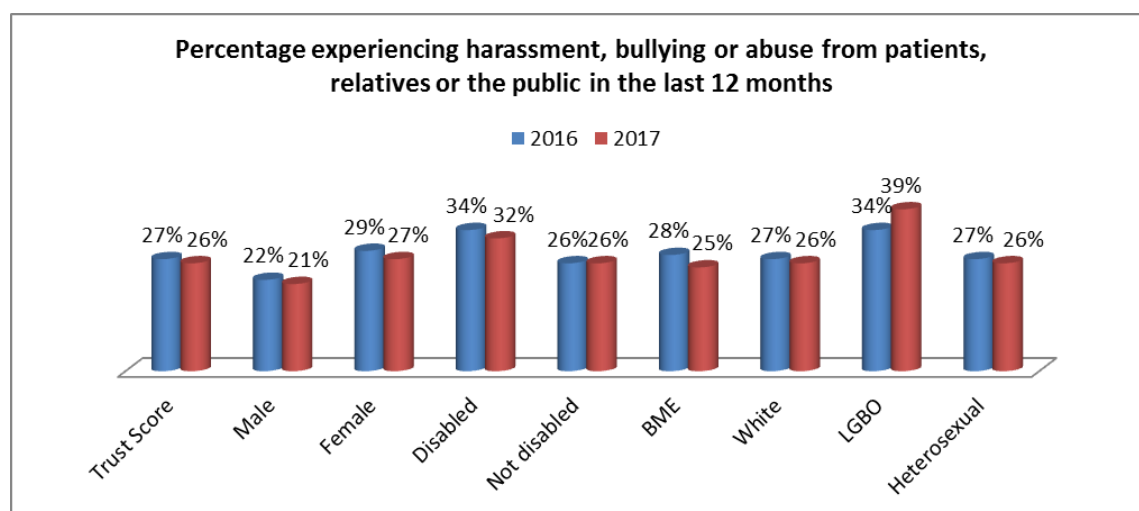
Staff Survey Results

All of the initiatives described above show ways in which we are trying to provide a more inclusive and supportive working environment for all of our staff. We can measure what staff tell us about their experiences through their responses to the National Staff Survey.

Each year, NHS organisations are given the opportunity to ask all of their staff about what it's like to work for that organisation. The results of the annual National Staff Survey are regarded as a good indicator of overall staff experience and also provide an insight into the experience of staff from some of the protected groups.

The 2017 National Staff Survey questionnaires were sent to all substantively employed staff across University Hospitals Bristol NHS Foundation Trust and 3,752 staff completed and returned the survey – a response rate of 44%.

Because the results of the Staff Survey are used as an important measure of staff experience, it is helpful to know how the demographic make-up of staff who responded to the Staff Survey compares to the make-up of the workforce as a whole. You can find this information at Appendix G.

We said that providing a working environment free from harassment, bullying or abuse from colleagues or service users is a key measure of whether we are achieving this objective. The graphs below show the responses to questions in the National Staff Survey. (For example, 27% of female staff who responded to the Staff Survey said they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.)

Percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

■ 2016   ■ 2017

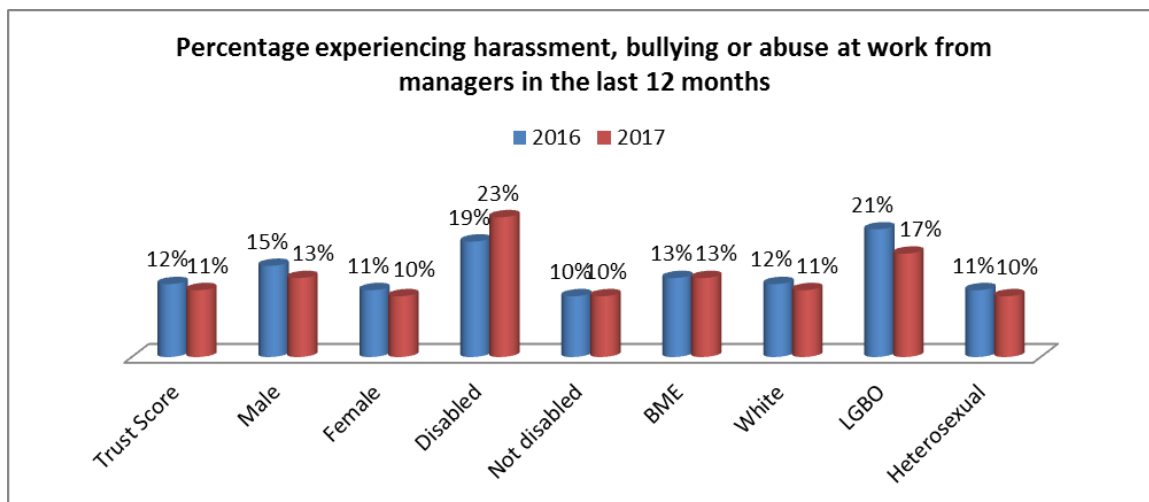|	2016	2017
Trust Score	27%	26%
Male	22%	21%
Female	29%	27%
Disabled	34%	32%
Not disabled	26%	26%
BME	28%	25%
White	27%	26%
LGBO	34%	39%
Heterosexual	27%	26%

Q15a National staff Survey 2017

The Trust's incident reporting system also shows that some of our front-line staff are subject to verbal and, sometimes, physical abuse from patients, their relatives or other visitors. Whilst it is often not reported on the system whether the abuse is directed at a member of staff

because of a protected characteristic, the number of incidents and the responses to the question in the Staff Survey show that levels are unacceptably high.

In response to an increase in the number and severity of violent and aggressive incidents towards staff, both verbal and physical, an Emergency Department violence and aggression group has been established. The purpose of the group is to offer local monitoring with appropriate and responsive action-planning to optimise the controls in place within the Emergency Department to minimise the number of incidents occurring, increase protection of our staff and offer support to those who have been affected by such incidents.

Percentage experiencing harassment, bullying or abuse at work from managers in the last 12 months

Q15b National Staff Survey 2017

 (The 23% of disabled staff who said they experienced harassment, bullying or abuse at work from managers equates to 26 staff who responded to the National Staff Survey and said they have a disability or long-term impairment.)

Percentage experiencing harassment, bullying or abuse at work from other colleagues in the last 12 months
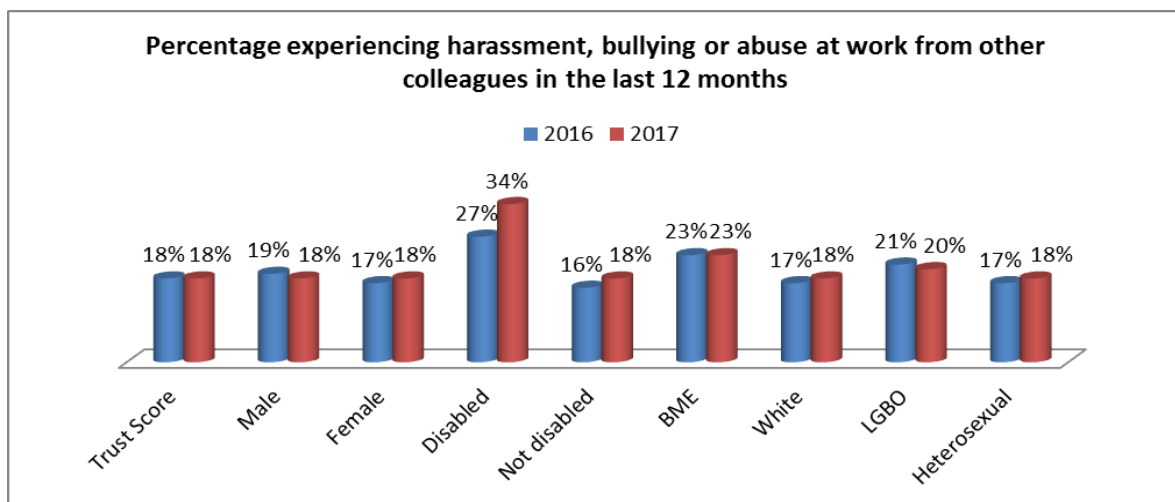
Q15c National Staff Survey

(The 23% of BME staff who said they experienced harassment, bullying or abuse at work from other colleagues equates to 97 BME staff who responded to the National Staff Survey.)

We are continuing to promote the ethos behind Dignity at Work to staff and to leaders at all levels, either through ad hoc training and other events like the Wellbeing Day in the BHI and the Dental Hospital's Positiviteeth month, or through our Leadership for Leaders training programmes.

Next steps

To continue to work towards a more inclusive and supportive working environment for all of our staff, these are some of the steps which will be taken:

The Culture Work Plan for the forthcoming year will include work with staff side colleagues to build confidence to challenge unacceptable behaviour using the Trust Values, Leadership Behaviours and the Dignity at Work Policy.

The LAWDII review of provision of reasonable adjustments for all staff will be developed into a work plan.

A simple guide in the form of a poster for use Trust-wide will be developed, laying out the steps for staff to follow if they have been subject to verbal or physical abuse and showing what support is available

Workforce Race Equality Standard (WRES)

There are nine WRES indicators which are used to highlight any differences between the experiences of white staff and black & minority ethnic (BME) staff in the NHS. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BME representation on Boards.
NHS organisations are required to submit and publish their data in August of each year, together with their action plans outlining the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

The Trust's Workforce Race Equality Standard reports and action plans are published on the UH Bristol website: Equality & Diversity - Measures to improve equality

Workforce Race Equality Standard (WRES) – 2018 Report

The data for this year's report against the nine metrics which are indicators of workforce race equality is due for submission to NHS England between 2nd July and 10th August. It will inform the Trust's WRES report and action plan for publication in September 2018.

The information already available shows little change in the make-up of the Trust's workforce. The experience of BME staff as measured by the Staff Survey results which are included in the WRES has not shown the improvement we would wish this year, so we are more than ever aware that there is still much to be done to ensure an equally positive experience for all.

PLANS FOR THE FUTURE

Equality, Diversity & Human Rights are about people, so we must be responsive to their changing needs. This means that some of the actions we thought were the best way to deliver our Strategic Objectives when they were agreed in 2016 have been succeeded and superceded by others better suited to their achievement.   Our plans evolve in response to suggestions from the people we work with about what would contribute to a more inclusive and supportive working environment, or improve access to services for our local communities.

So, whilst the detailed update to our corporate action plan is a work in progress at the time of writing, we are clear that the next year will see:
- Ongoing delivery of the requirements of the Accessible Information Standard
- Re-provision of interpreting services
- Responding to the needs of d/Deaf people who use our services
- Mapping and improving physical access to our hospitals
- Exploring the place of spiritual and pastoral care within our hospitals
- Re-introduction of a Reverse Mentoring scheme involving staff from BME backgrounds and senior managers
- Introduction of UH Bristol Staff Listening & Advice Bureaux
- Establishment of a 'one stop shop' for information about reasonable adjustments for staff and applicants with a disability
- Continuing promotion of Dignity at Work, including a week of activities in November 2018

The Workforce Disability Equality Standard, which was likely to be mandated for reporting in 2018, will now be reported on in 2019. Members of Trust staff, including the lead for the Living & Working with Disability, Illness or Impairment Staff Forum, took part in an NHS England consultation event in March 2018, and we look forward to the extra focus this reporting will bring to the work experience of disabled colleagues.

CONCLUSION

The introduction of the Patient Inclusion and Diversity Group is pivotal in enabling us to deliver on our objective of improving access to services for our local communities, and its workplan for the forthcoming year will allow the Trust to make significant progress in this area.

The activities during Dignity at Work (anti-bullying) week, and the face-to-face Equality, Diversity & Human Rights training provided opportunities for real engagement with staff. Whilst we might not like all that we hear, we are listening, and what our staff have told us about their experience of working for the Trust will continue to inform our plans to improve staff experience.

Local Population, Workforce, and Patients – a snapshot

Local Population

Sex: 77% of UH Bristol staff are female, compared with 51% of the local population (but note that it is usual for NHS organisations to have a higher proportion of female staff)

UH Bristol v Local Population - Gender

Male / Female

- UH Bristol: Male 23%, Female 77%
- Bristol population: Male 49%, Female 51%
- North Somerset: Male 49%, Female 51%
- South Gloucestershire: Male 49%, Female 51%
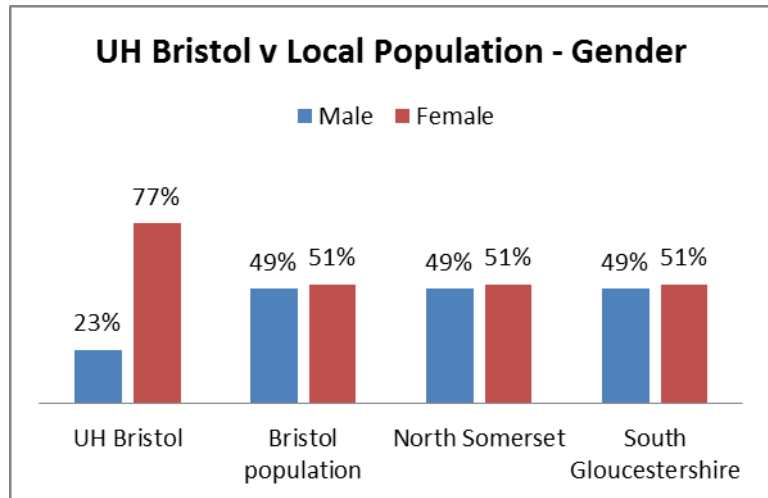
Disability: 3% of UH Bristol staff compared with 15 – 20% of local population

UH Bristol v Local Population - Disability

Yes / No / Not declared

- UH Bristol: Yes 3%, No 93%, Not declared 4%
- Bristol population: Yes 16.75%, No 83.25%
- North Somerset: Yes 20%, No 80%
- South Gloucestershire: Yes 15%, No 85%
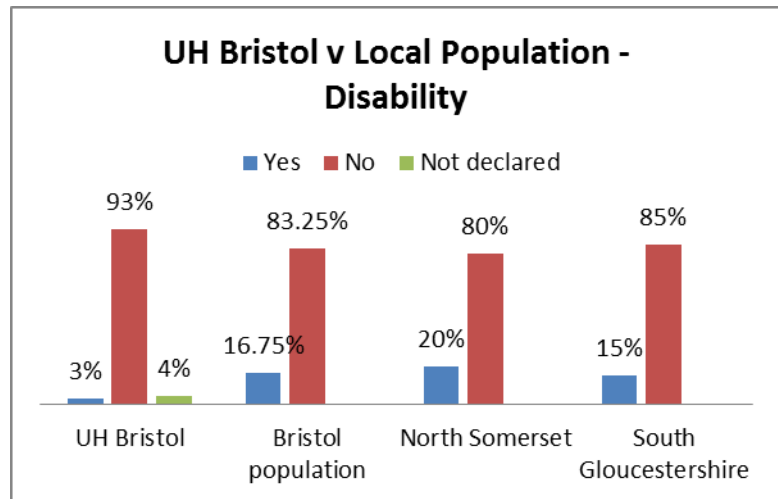
Race: 15% of UH Bristol staff are from a BME background, compared with 22% of the Bristol population

(76% of UH Bristol staff declare as White British)

UH Bristol v Local Population - Ethnic Group

White / Black & Minority Ethnic background / Not stated

- UH Bristol: White 84%, BME 15%, Not stated 1%
- Bristol population: White 78%, BME 22%
- North Somerset: White 97.08%, BME 2.92%
- South Gloucestershire: White 95%, BME 5%
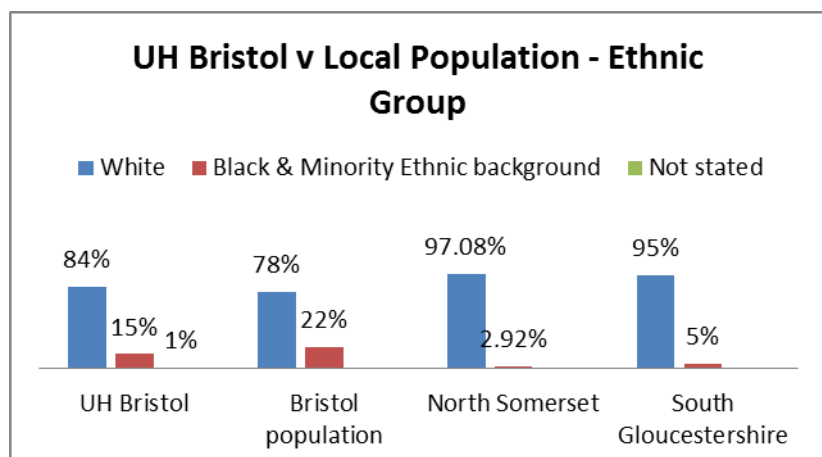
Our Workforce – Non-White British

UH Bristol Workforce - Groups other than white British (31st March 2018)

Categories (left to right):
- White - Irish
- Any other White background
- Mixed - White & Black Caribbean
- Mixed - White & Black African
- Mixed - White & Asian
- Any other mixed background
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - ...
- Any other Asian background
- Black or Black British - Caribbean
- Black or Black British - African
- Any other Black background
- Chinese
- Any Other Ethnic Group
- Not Stated

Y-axis: 0.0% to 9.0%

Our patients and service users (data from January to December 2017)

Inpatient & Outpatient Attendances - Ethnicity

Inpatient admissions:
- Black & Minority Ethnic: 9.01%
- White: 81.83%
- Not Stated/Unknown: 9.16%

Outpatient attendances:
- Black & Minority Ethnic: 8.97%
- White: 83.51%
- Not Stated/Unknown: 7.52%

Inpatient & Outpatient Admissions - Sex

	Inpatient admissions		Outpatient attendance	
	Female	Male	Female	Male
	54.51%	45.47%	53.53%	46.46%
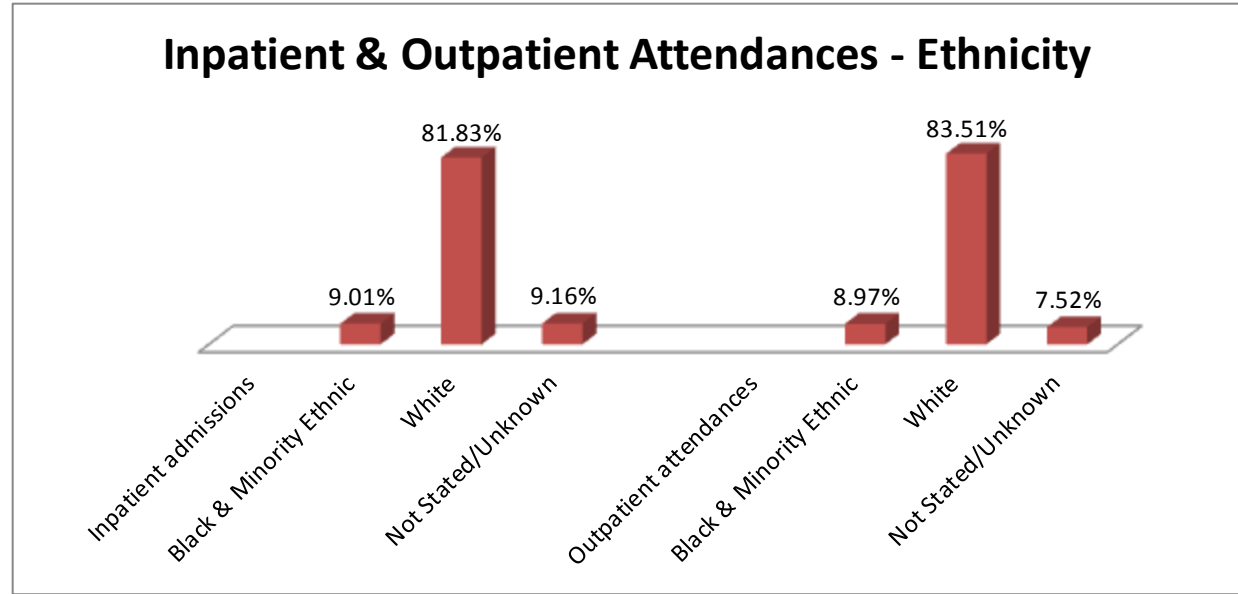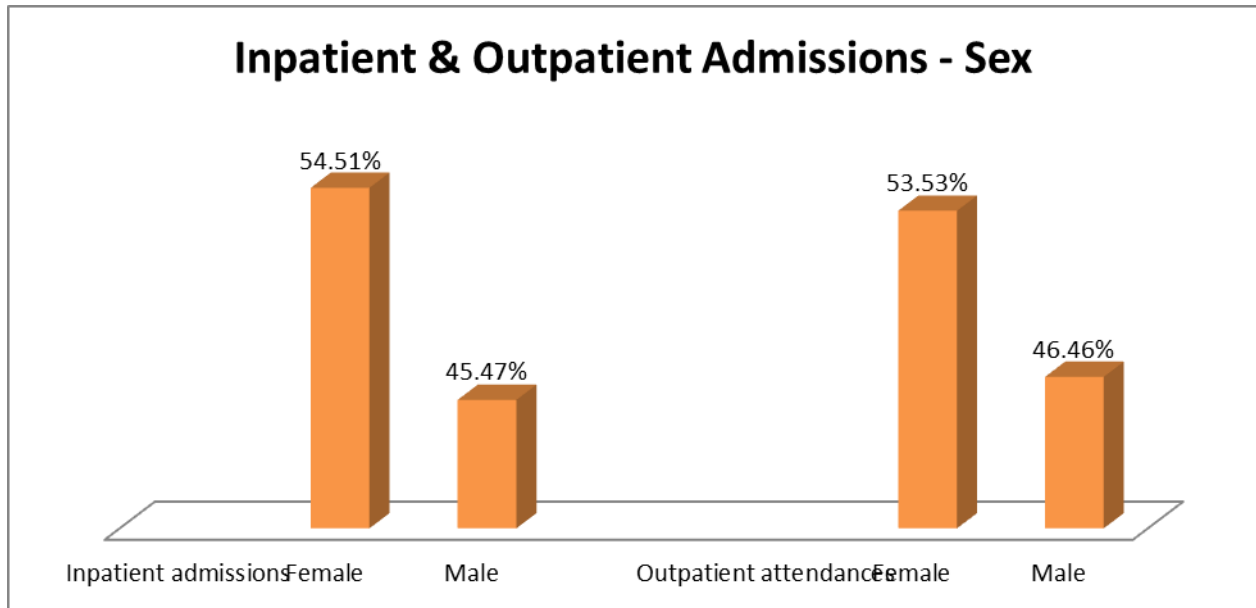
Appendices

Appendix A   The Equality Act 2010 and measures to improve equality

Appendix B   Integrated Equality & Diversity Action Plan

Appendix C   Demographic Analysis of Patient Surveys 2017-2018

Appendix D   Staff Survey Respondents v Workforce demographics

Acknowledgements

With thanks to colleagues across the Trust who have contributed to this report.

The Equality Act 2010 and measures to improve equality

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

The Equality Act 2010 gives the NHS and its organisations responsibilities to work towards eliminating discrimination and reducing inequalities in care. The Public Sector Equality Duty applies to public bodies and others carrying out public functions, and requires these organisations to publish information to show their compliance with the Equality Duty. The information (including strategic Equality & Diversity objectives) must show that the organisation has had due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and people who do not;
- foster good relations between people who share a protected characteristic and people who do not share it

Protected Characteristics

The protected characteristics covered by the Equality Act and PSED are:
Age
Disability
Gender reassignment
Marriage and civil partnership
Pregnancy and maternity
Race (including ethnic or national origins, colour or nationality
Religion or belief (including lack of belief)
Sex
Sexual orientation

The Trust's information in relation to its members of staff and its service users is published on the UH Bristol Website: Equality Duty Monitoring

Measures to improve equality

The Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard requires organisations to publish information against a number of indicators of workforce equality, and to demonstrate progress against them. The WRES highlights any differences between the experience and treatment of White staff and Black & Minority Ethnic (BME) staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.
The Trust's results for 2015, 2016 and 2017 are available on the Trust's website. You can read the 2017 report here: Workforce Race Equality Standard Progress Report 2017

The Equality Delivery System (EDS2)

The EDS2 is a toolkit which aims to help organisation improve the services they provide for their local communities and provide better working environments for all groups. There are four goals within the EDS2:

Goal 1 – Better Health Outcomes
Goal 2 – Improved Patient Access and Experience
Goal 3 – A Representative & Supported Workforce
Goal 4 – Inclusive Leadership

The goals are divided into eighteen outcomes. For most of these outcomes, the key question is "How well do people from protected groups fare, compared with people overall?"

The Trust is continuing with the extensive piece of work required to grade its performance against these goals and outcomes (and to have the self-assessment commented on by internal and external stakeholders.)

The Accessible Information Standard

The Accessible Information Standard (SCCI1605 NHS England, 2015) places a mandatory requirement on NHS and Adult Health and Social Care providers to develop a standardised approach to identify, record, flag, meet and share information relating to patients and their information and/or communication needs, where those needs relate to a disability, cognitive impairment or sensory loss.

The Equality Act (2010) strengthened existing legislation which protected specific groups including disability. However, the reality is that many service users receive information from their healthcare providers in a format that they are unable to read and do not always receive communication support.

There is a legal requirement for all Trust staff, volunteers and others representing University Hospitals Bristol NHS Foundation Trust to provide every possible reasonable adjustment with regards to communication and information support when related to disability, impairment or sensory loss.

Those with information and/or communication support needs should not be put at disadvantage as compared to those who do not have any information or communication support needs.

Gender Pay Gap Reporting

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap to show the pay gap between their male and female employees. The figures must be calculated using a specific reference date – the 'snapshot date' – which is 31st March each year for public sector organisations. The figures must be published within a year of this date – by 30th March each year. Organisations must publish these figures annually.

The Trust's first Gender Pay Gap report is available on the Trust's website: Gender Pay Report

Integrated Equality & Diversity Action Plan (reviewed & updated for January - June 2018)

Planned actions	Planned Completion Date/Frequency	Supports Objective/EDS2 Goal/WRES	RAG rating
TRAINING			
Resource pack on Equality and Diversity available for all staff to access via HR Web	Ongoing (as information is provided/becomes available)	**To work towards a more inclusive and supportive working environment for all of our staff**. EDS2 Outcome 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	
Training and briefings/seminars for the Senior Leadership Team to be implemented	End of December 2017 (and ongoing as appropriate)	**To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.** EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels EDS2 Goal 4: Inclusive Leadership WRES Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts	Board Seminar in October 2017 included presentation on 3 forthcoming priorities.
Equality & Diversity online training in place for all staff. Face to face version of Equality, Diversity & Human Rights training to be available from October 2017 to ensure training is accessible to all.	End of May 2017 October 2017	**To work towards a more inclusive and supportive working environment for all of our staff**. EDS2 Outcome 3.6 Staff report positive experiences of their membership of the workforce. WRES Indicators 6 & 8 re experience of harassment, bullying, discrimination from staff	On-line training added to all staff portfolios Feb 17. Inclusion in 3-yearly Corporate Updates approved by ETSG April 2017. Face-to-face version available & delivered from Oct 2017.
Promotion of Apprenticeships and functional skills to all staff groups. (To include awareness-raising among managers in the Trust.)	Jan to June 2018 and ongoing	**To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.**	Ongoing

		To work towards a more inclusive and supportive working environment for all of our staff. EDS2 Outcome 3.3 Training and development opportunities are taken up and positively evaluated by all staff WRES Indicator 4 (Relative likelihood of staff accessing non-mandatory training and CPD) and 7 (Percentage believing the Trust provides equal opportunities for career progression/promotion Workforce Disability Equality Standard	
Introduction of Reverse Mentoring Scheme involving staff from BAME backgrounds and senior managers.	Autumn 2018	To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust. To work towards a more inclusive and supportive working environment for all of our staff. EDS2 Outcome 3.3 Training and development opportunities are taken up and positively evaluated by all staff WRES Indicator 4 (Relative likelihood of staff accessing non-mandatory training and CPD) and 7 (Percentage believing the Trust provides equal opportunities for career progression/promotion	
IMPROVING STAFF EXPERIENCE			
Support the introduction of a 'Dignity at Work Policy'	November 2017	To work towards a more inclusive and supportive working environment for all of our staff. EDS2 Outcome 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source, and 3.6 Staff report positive experiences of their membership of the workforce WRES Indicators 5, 6 and 8 re experience of harassment, bullying and discrimination	Policy approved Sept 2017. Rollout of introductory sessions starting late September. Anti-bullying week (13th - 17th November 2017) used for further promotion.
Develop a 'one stop shop' for information about Reasonable Adjustments for staff with disabilities.	By end Oct 2018	To improve the opportunities for members of our diverse communities to gain employment with and	Working towards completion.

Promote the information to HR teams, managers, and staff.		**progress within the Trust** **To work towards a more inclusive and supportive working environment for all of our staff.** **EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels** **Workforce Disability Equality Standard**	
Develop and publish support for staff who are verbally or physically abused by patients. (Includes promotion of existing materials/processes.)	By end Oct 2018	**To work towards a more inclusive and supportive working environment for all of our staff.** **EDS2 Outcome 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.** **WRES Indicators 5, 6 and 8 re experience of harassment, bullying and discrimination** **Workforce Disability Equality Standard**	
Work in partnership with other HR Teams to introduce regular drop-in sessions across the Trust to allow staff to ask for advice about policies, terms & conditions or other issues.	End June 2018	**To work towards a more inclusive and supportive working environment for all of our staff.**	Going live July 2018
PATIENT EXPERIENCE			
To enable equalities reporting for patients in line with the Public Sector Equality duty (PSED)	End of June 2017	**To improve access to services for our local communities** EDS2 Goals: Better health outcomes Improved patient access and experience	To be incorporated into PIDG workplan
EQUALITY DELIVERY SYSTEM (EDS2)			
Completion of the EDS2 self-assessment (Representative & supported workforce) & publication on external website for comment.	End of December 2016	**To improve access to services for our local communities** **To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust.**	Completed April 2017
Develop and implement timeframe for roll-out of EDS2 self-assessment across the Trust	End of August 2018	**To work towards a more inclusive and supportive working environment for all of our staff.** And all EDS2 Goals & Outcomes: Better health outcomes Improved patient access and experience A representative and supported workforce	

		Inclusive leadership	
Completion of the EDS2 self-assessment (Inclusive Leadership)	End of August 2018		
GOVERNANCE			
Review and refresh the Equality Objectives for the Trust to give us a clear, measurable framework for our activities.	Completed and published August 2016	**Public Sector Equality Duty**	Due for update 2019
Support the Trust in fulfilling its obligation under the PSED, by reporting on and publishing equalities data for workforce and service users. (Includes Annual Equality & Diversity report, and reporting on the WRES, EDS2, AIS and other regulatory requirements.)	Annually (June/July) and as required.	**All Trust E&D Strategic Objectives** All EDS2 Goals & Outcomes All WRES Indicators and outcomes	On track for 2018
To provide a six-monthly update on Equality, Diversity & Human Rights to QOC (Quality & Outcomes Committee)	End of Feb 2018	**All Trust E&D Strategic Objectives** **All EDS2 Goals & Outcomes** **All WRES Indicators and outcomes**	QOC 26th Feb 2018
Complete scheduled review of the Trust's Equality, Diversity & Human Rights Policy	End of June 2018	**To work towards a more inclusive and supportive working environment for all of our staff.**	Approved June 2018.
Review and introduce a refreshed process for undertaking and completing equality impact analysis Trust-wide.	End of June 2018	**To improve access to services for our local communities** **To work towards a more inclusive and supportive working environment for all of our staff** **EDS2 Outcome 4.2**	Appropriate approval route and endorsed by SDG March 2018
MONITORING & ASSURANCE			
Work in partnership with other HR Teams to ensure equalities information is recorded for all staff	End of June 2018	**To improve the opportunities for members of our diverse communities to gain employment with and progress within the Trust** **EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels** **WRES Indicator 1 (Percentage of staff in each of the AfC Bands and VSM) & 7 (Percentage believing that Trust provides equal opportunities for career progression or promotion)** **Workforce Disability Equality Standard**	

University Hospitals Bristol **NHS**

NHS Foundation Trust

Demographic analysis of UH Bristol's monthly inpatient postal survey (2017-18)

1. Purpose of this report

This report presents a breakdown of overall patient-reported care ratings by the demographic variables collected via UH Bristol's monthly inpatient postal survey (age, sex, ethnicity, sexuality, religion, and disability). The analysis aims to identify trends in the data to generate further discussion about equality and diversity issues in the delivery of care at UH Bristol. Due to the complexity of the issues being considered, and that it draws on data from a survey that is not specifically designed to measure these factors, the report cannot be used to *prove* whether differences exist between demographic groups or provide insight on why any differences are occurring.

Please note that, whilst comparisons are provided to previous years, a change in the methodology for 16/17 generally led to slightly higher satisfaction scores from that year onwards. Unless otherwise stated, the charts presented in this report refer to the proportion of inpatients aged 12 and over who rate the care they received at UH Bristol as excellent, very good, or good[2].

Margins of error in the data mean that scores fluctuate naturally over time and between groups. Unless otherwise stated in the report, it should be assumed that differences in scores are not statistically significant.

This report is marked as "draft" because it is not scheduled to be reviewed by the Trust's Patient Experience Group until August 2018.

2. Executive summary

- Patient ratings of UH Bristol's care are positive across all demographic groups analysed in this report.

- The most consistent demographic effect in the data is that older age groups tend to report a more negative experience. This is mirrored at a national level. UH Bristol's Patient Experience and Involvement Team studied this effect in detail in 2017/18. It was found that feedback from service-users is generally very positive about our "care of the elderly" services, and that our scores compare favourably compared to national and peer benchmarks.

- Patients from the Sikh community give care ratings that are consistently less positive than other religious groups in our survey. The Patient Experience and Involvement Team will carry out a focussed piece of work to better understand this effect during Quarter 2 2018/19.

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[2] UH Bristol's inpatient survey is mailed to people aged 12 years and over, and to the parents of 0-11 year olds.

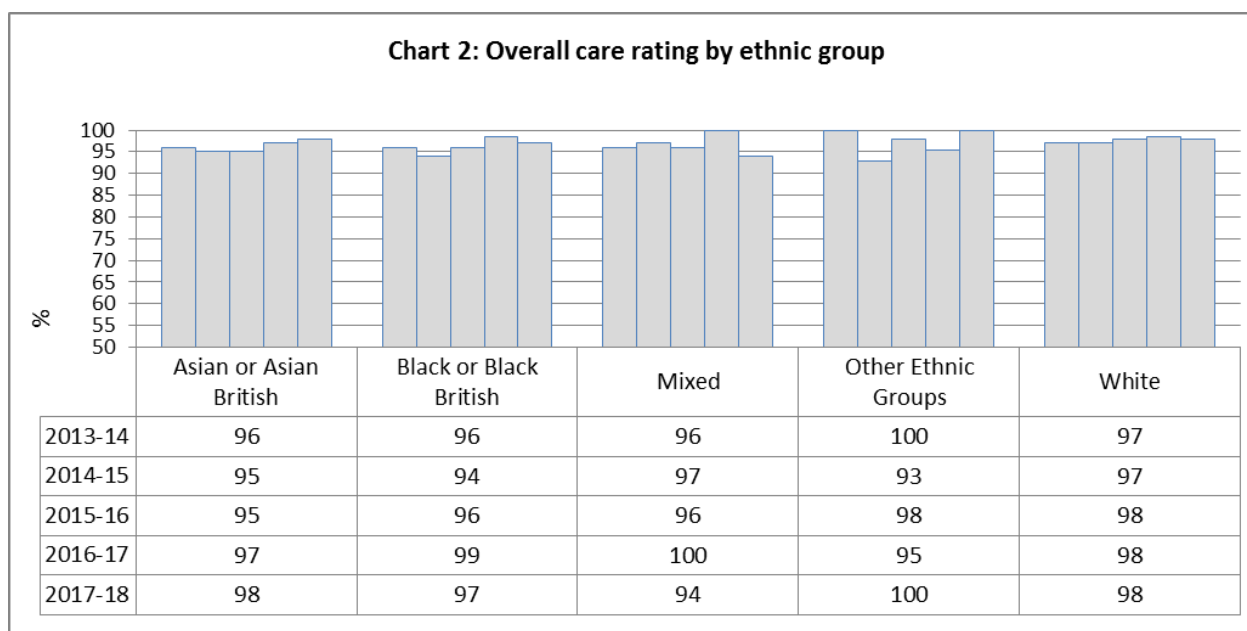3. Overall inpatient care ratings by demographic group

Sex

Females tend to report slightly lower satisfaction with their hospital care than males. This is in line with trends seen at a national level. The reasons for this are unclear and it could be linked to a number of other factors (e.g. women tend to live longer and experience different hospital services). In 2017-18, no difference between males and females was observed on this measure – until further data is available next year, this should be considered to be a reflection of chance fluctuation in the data, rather than a genuine change in the overall trend.

Chart 6: Overall care rating by sex

	2014-15	2015-16	2016-17	2017-18
Male	98	100	99	98
Female	96	98	98	98
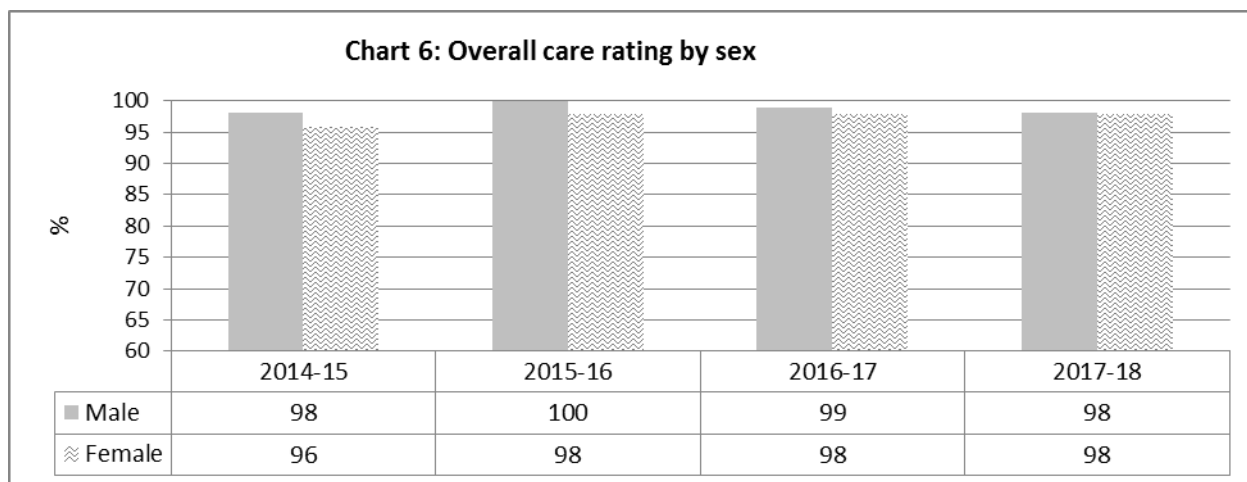
Ethnicity

The scores given by UH Bristol's patients from non-white ethnic groups tend to fluctuate considerably. This is likely to be a reflection of relatively small sample sizes impacting on data accuracy each year, rather than a real-world effect. Care ratings are positive across all groups.

Chart 2: Overall care rating by ethnic group

	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	White
2013-14	96	96	96	100	97
2014-15	95	94	97	93	97
2015-16	95	96	96	98	98
2016-17	97	99	100	95	98
2017-18	98	97	94	100	98

Age

The proportion of patients rating their care as excellent, very good, or good, is consistent across age groups (Chart 3). However, within this, if you look at the "top-box" score, the proportion of patients rating their care as excellent declines steeply from around 67 years of age onwards. This broad effect is seen at a national level too.

Chart 3: Overall care rating by age group
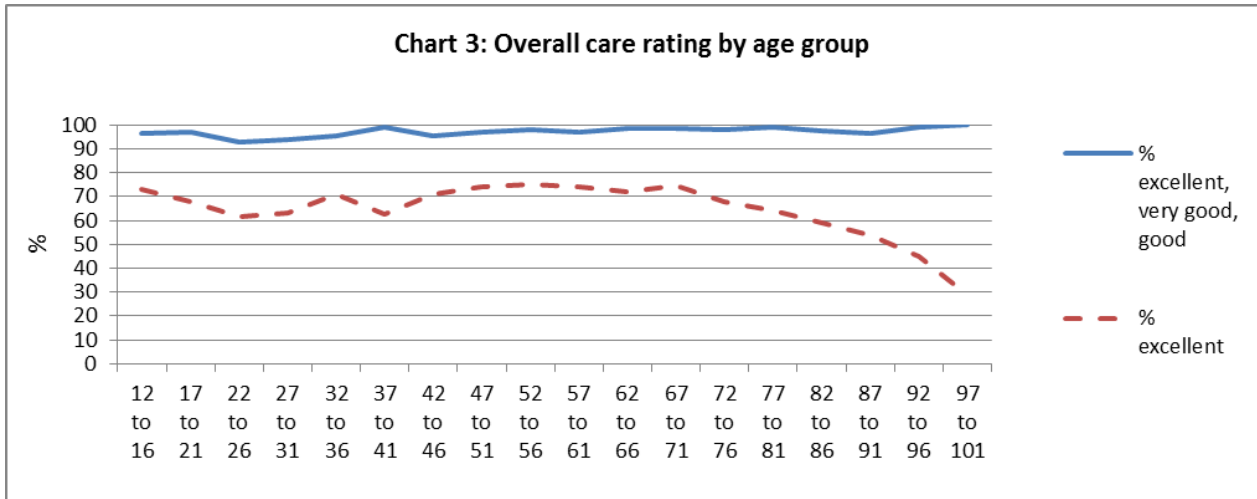
In Quarter 1 2017/18, the Trust's Patient Experience team had a specific focus on "care of the elderly" patients and families to better understand their experience and identify improvement opportunities. We used the *Face2Face* volunteer interview team to talk to over 50 patient / family / carer interviews. We also carried out desk research, engagement with the Trust's Involvement Network, and a "patient experience at heart" staff workshop. The feedback received from patients and families was generally very positive. In addition, the Patient Experience and Involvement Team carried out a bespoke analysis of the Care Quality Commission's 2016 national inpatient survey. This analysis showed that in every age group, overall experience ratings at UH Bristol were more positive than both the national average and a benchmark of peer trusts (Chart 4).

Chart 4: overall experience ratings by age group - comparison of UH Bristol to national benchmarks (2016 national inpatient survey)
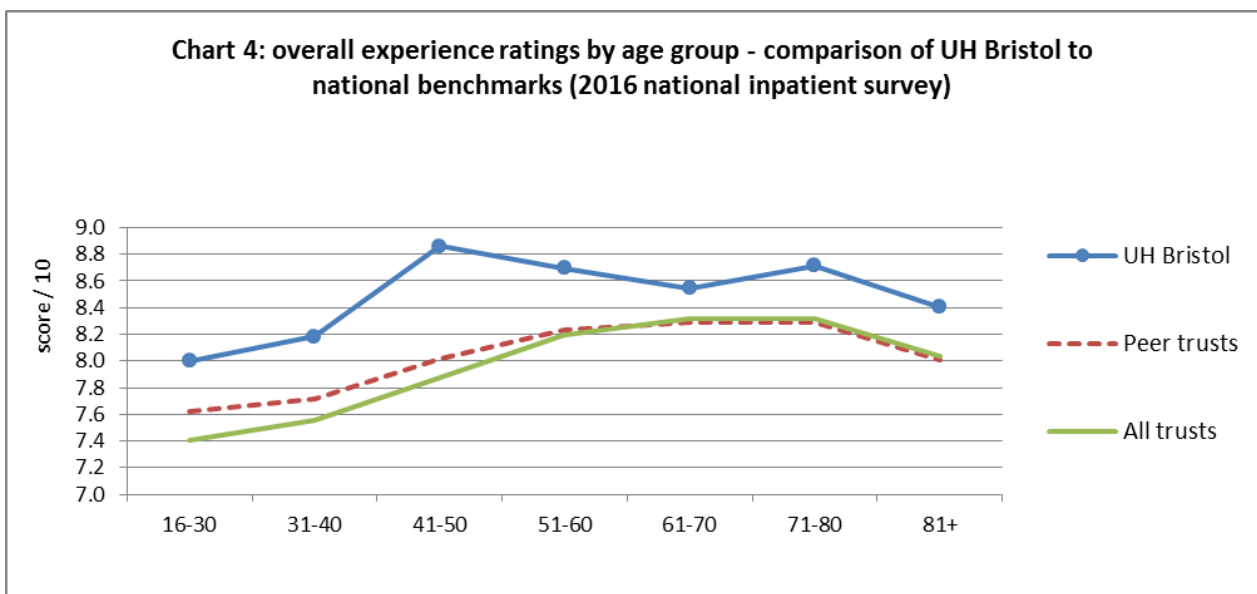
Disability

In our questionnaire, patients are asked to state whether they consider themselves to have a disability. It can be seen in Chart 5 that patients with a disability are slightly less likely to rate their care as excellent, very good, or good. This is a statistically significant finding, primarily due to the large sample sizes available for this question: in a real-world sense, the scores are all very positive and the difference between them is marginal.

Chart 5: Overall care rating by disability

	2014-15	2015-16	2016-17	2017-18
With disability	96	97	98	97
Without disability	98	98	99	98
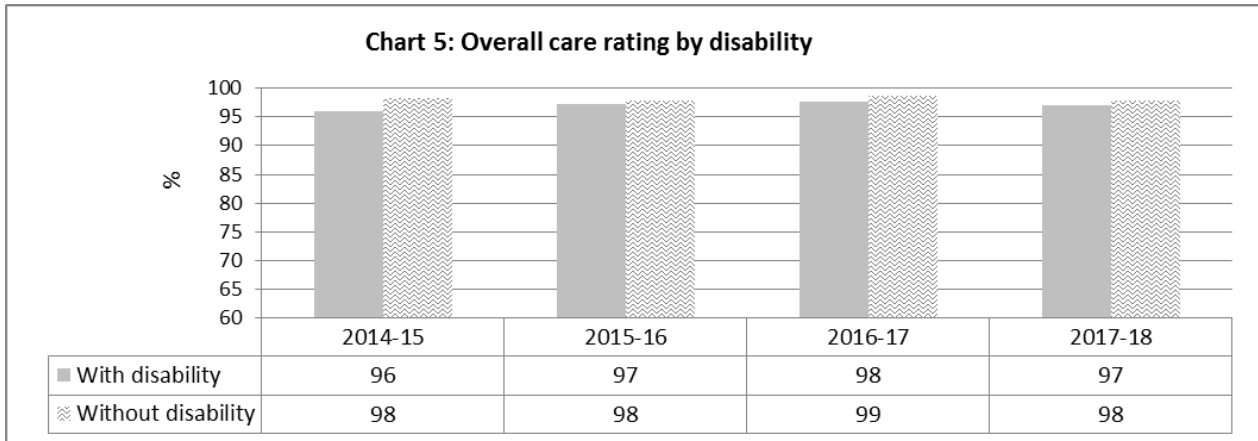
Sexuality

The sample sizes for the gay and bi-sexual groups are very small in Chart 7 and so we can see quite large fluctuations in the data. The differences do not reach statistical significance however.

Chart 7: % rating care as excellent, very good, or good (by sexuality)

	Heterosexual	Gay/Lesbian	Bi-sexual
2014-15	98	98	100
2015-16	97	94	89
2016-17	99	96	90
2017-18	98	96	94
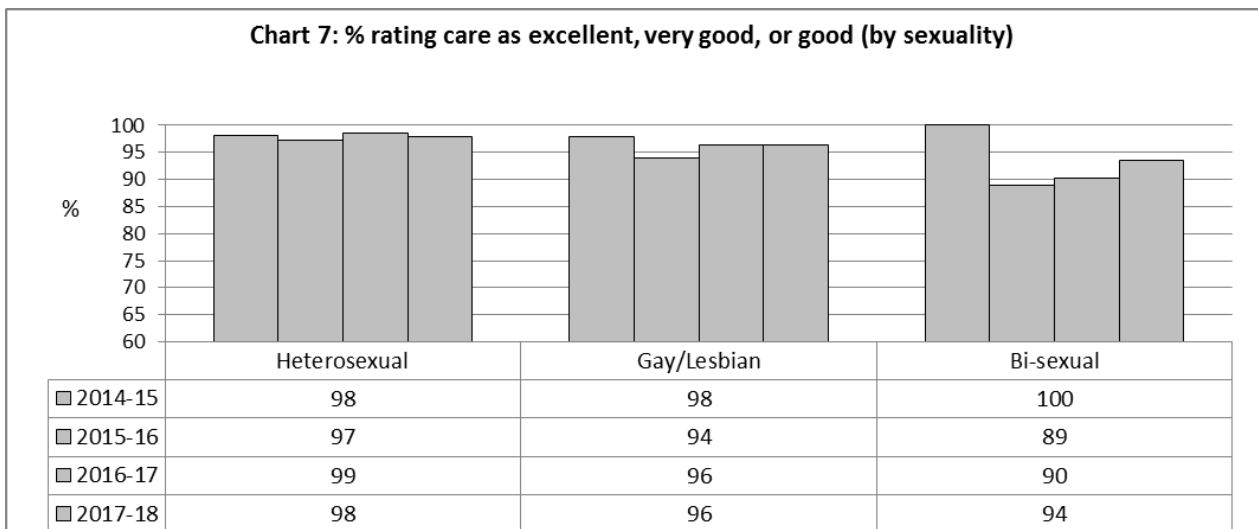
Religion

Again the sample sizes are very low for some of the groups shown in Chart 8. There is no statistically significant difference evident in this data. However, it is interesting that the data for Sikh patients is consistent, both in itself, and in that these scores are always lower than the other religious groupings. Based on this finding, the Patient Experience and Involvement Team will have a specific focus on understanding the experience of Sikh patients during Quarter 2 2018/19.

Chart 8: % rating care as excellent, very good, or good (by religion)

	No religion	Buddhist	Christian	Hindu	Jewish	Muslim	Sikh	Other
2014-15	96	100	97	100	100	97	92	95
2015-16	98	100	98	95	100	97	90	97
2016-17	98	100	99	100	91	92	90	95
2017-18	97	100	98	100	100	97	93	96
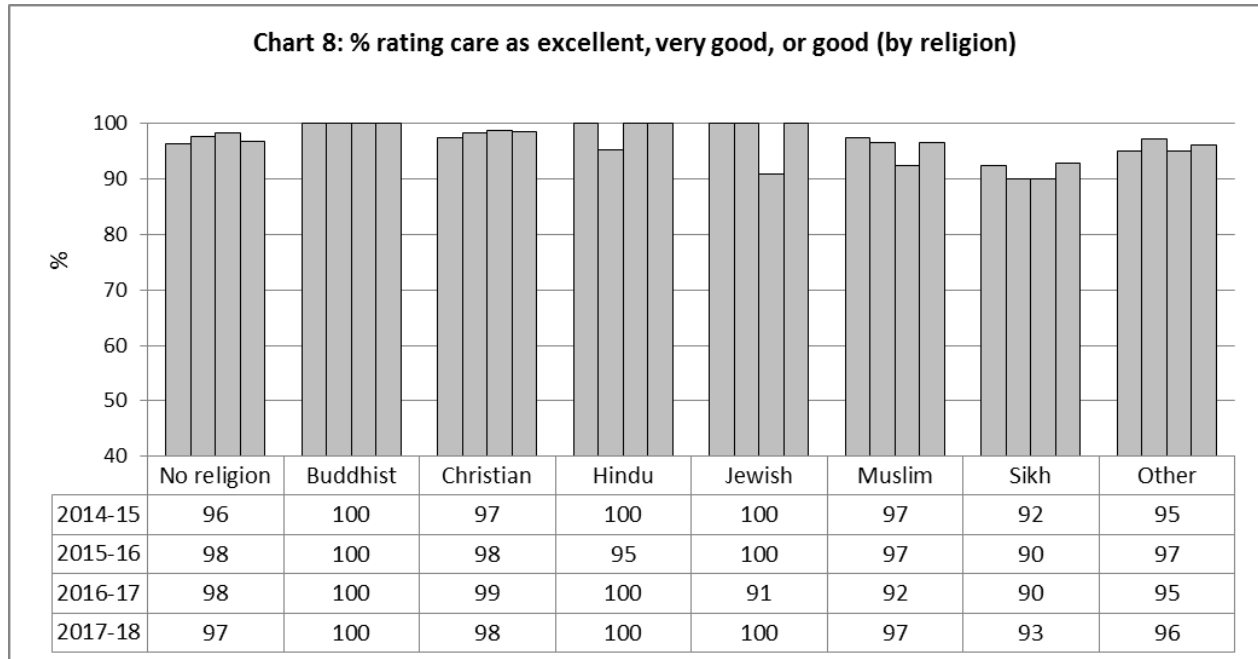
4. Conclusions

The data presented in this report does not in itself provide evidence of an "equalities and diversities" bias in the delivery of UH Bristol's inpatient care. Even where a difference is identified between demographic groups in this analysis, it is not possible to isolate the various factors that may be influencing the outcome, and therefore to identify where to target improvements. Nevertheless, the Patient Experience Group will consider the key findings of this report and identify potential opportunities to improve care.

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APPENDIX D - Staff Survey Respondents v Workforce Demographics

Staff in Post as at 31st March 2017

Gender	Headcount	% of Total
Female	7,113	77.1%
Male	2,111	22.9%
Prefer to self-describe		
Prefer not to say		
Did not specify		
Grand Total	9,230	100.0%

**Staff Survey 2016
(42% returns)**

Number returned	Percentage of survey respondents
2,721	78%
759	22%
117	
3,597	100%

**Staff Survey 2017
(43% returns)**

Number returned	Percentage of survey respondents
2,856	77%
773	21%
22	1%
60	2%
111	
3,822	

Disabled	Headcount	% of Total
Yes	255	2.8%
No	8,689	94.1%
Not Declared/Did not specify	286	3.1%
Grand Total	9,230	100.0%

Number returned	Percentage of survey respondents
512	15%
2,942	85%
143	
3,597	100%

Number returned	Percentage of survey respondents
623	17%
2,941	83%
188	
3,752	

Ethnic Group	Headcount	% of Total
White	7,729	83.7%
Black & Minority Ethnic background	1,414	15.3%
Not stated / did not specify	87	0.9%
TOTAL	9,230	100.0%

Number returned	Percentage of survey respondents
3,136	90%
365	10%
96	
3,597	100%

Number returned	Percentage of survey respondents
3,215	88%
442	12%
95	
3,752	

Staff in Post as at 31st March 2017

Sexual Orientation	Headcount	% of Total
Heterosexual	6,451	69.9%
LGBO	142	1.5%
Do not wish to disclose / did not specify	2,637	28.6%
TOTAL	9,230	100.0%

Staff Survey 2016
(42% returns)

Number returned	Percentage of survey respondents
3,185	87%
120	3%
292	8%
3,597	

Staff Survey 2017
(43% returns)

Number returned	Percentage of survey respondents
3,312	88%
138	4%
302	8%
3,752	

Age Range	Headcount	% of Total	Number returned	Percentage of survey respondents	Number returned	Percentage of survey respondents
16 - 20	74	0.8%				
21 - 25	803	8.7%				
26 - 30	1,431	15.5%	659	19%	686	19%
31 - 35	1,355	14.7%				
36 - 40	1,206	13.1%	818	23%	879	24%
41 - 45	1,066	11.5%				
46 - 50	997	10.8%	830	24%	919	25%
51 - 55	1,036	11.2%				
56 - 60	803	8.7%				
61 - 65	357	3.9%				
66 - 70	81	0.9%				
71 - 80	21	0.2%	1,214	34%	1,157	32%
Did not specify			76		111	
Grand Total	9,230	100.0%	3,597	100%	3,752	100%