

**Equality  
Report**  
2015/16

# **Gloucestershire Hospitals NHS Foundation Trust**

**Annual Equality Report**

**2015/16**

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## 1. Introduction

Over the last year the Equality and Diversity Steering Committee has continued to bring this topic to the forefront of all policy decisions and service changes within our Trust. The focus remains on adhering to and delivering against the 2010 Equalities Act by ensuring we have visible leadership on equality issues. This is achieved by the high level attendance within the committee of a Non-Executive Director (as Chair), Director of Human Resources and Organisational Development, Director of Clinical Strategy, Joint Staff Side Chair and the Head of Patient Experience to name a few.

To ensure compliance with the Public Sector Equality Duty, our Trust adopted the Equality Delivery System (EDS) commissioned by the Equality and Diversity Council. In November 2013, following evaluation and consultation by NHS England, 'EDS2' was launched, which contains 18 outcomes grouped into 4 goals – 2 for patient/service users and 2 for staff.

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) has a drive and passion to build on our relations with our diverse local population and identifying any health inequalities amongst our patient and service user groups.

Equality is about creating a fairer society where everyone is encouraged to participate and has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference for the benefit of the patient, carer, staff and public.

The aim of our Trust is to ensure that service users and staff receive equitable, fair and consistent treatment irrespective of their origin and background. The NHS should be a service for everyone with equity of access and equity of treatment at its core. Provision of healthcare should be person centred and individuals should receive adequate information about their health needs and choices available to them.

These principles remain fundamental to the Health Service and to our Trust which we will continually strive towards for the benefit of our patients and staff alike.

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

The Equality Act 2010 (the Act) replaced previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. It also strengthened the law in important ways, to help tackle discrimination and inequality.

The Public Sector Equality Duty (section 149 of the Act) came into force on 5 April 2011. The Equality Duty applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.

The Equality Duty is supported by specific duties, set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives.

Publishing relevant equality information will make public bodies transparent about their decision-making processes, and accountable to their service users. It will give the public the information they need to hold public bodies to account for their performance on equality.

The specific duties require public bodies to:

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

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

Public bodies subject to the specific duties must publish information to show their compliance with the Equality Duty. This means that the information they publish must show that they had due regard to the need to:

- **eliminate unlawful discrimination**, harassment and victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and

- **foster good relations** between people who share a protected characteristic and people who do not share it.

These are described as the three aims of the Equality Duty.

The protected characteristics covered by the Equality Duty are:

- age
- disability
- gender reassignment
- marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation

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

The information published must include:

- information relating to employees who share protected characteristics (for public bodies with 150 or more employees); and
- information relating to people who are affected by the public body's policies and practices who share protected characteristics (for example, service users).

### **3. Equality Delivery System**

The Equality Delivery System (EDS) is a tool kit designed to help the NHS improve the services they provide for their local communities, consider health inequalities in their locality and provide better working environments for those who work in the NHS. This system has been adopted by our Trust throughout the last 12 months and has helped us to:

- meet the public sector Equality Duty of the Equality Act 2010
- deliver on the NHS Outcomes Framework and the NHS Constitution
- and, as a provider, meet the Care Quality Commission's "Essential Standards of Quality and Safety"

Within EDS are four goals, with each goal having separate outcomes as shown below.

#### **Goal 1 - Better health outcomes for all**

##### **Outcome**

- 1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
- 1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
- 1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
- 1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all
- 1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups

#### **Goal 2 - Improved patient access and experience**

##### **Outcome**

- 2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
- 2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment

- 2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised
- 2.4 Patients and carers complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently

### **Goal 3 - Empowered, engaged and well-supported staff**

#### **Outcome**

- 3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
- 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
- 3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately
- 3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleges, with redress being open and fair to all
- 3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
- 3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population

### **Goal 4 - Inclusive leadership at all levels**

#### **Outcome**

- 4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
- 4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
- 4.3 The organisation uses the 'Competency Framework for Equality and Diversity Leadership' to recruit, develop and support strategic leaders to advance equality outcomes



In November 2013 a refreshed and streamlined EDS – called EDS2, was launched following evaluation and consultation of the original system by NHS England. There is much in common with the original EDS but some important changes have been made. There are still 18 outcomes, two of the original EDS outcomes have been dropped and two new outcomes added, along with a simplified rewording of each EDS2 outcome. The assessment and grading component of EDS2 has been simplified with just one factor to focus on within the grading system. For most outcomes the key question is 'How well do people from protected groups fare compared with people overall?'.  
The revised outcomes are:

### **Goal 1 - Better health outcomes**

- 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
- 1.2 Individual peoples health needs are assessed and met in appropriate and effective ways
- 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
- 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
- 1.5 Screening, vaccination and other health promotions services reach and benefit all local communities

### **Goal 2 - Improved patient access and experience**

- 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
- 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
- 2.3 People report positive experiences of the NHS
- 2.4 Peoples complaints about services are handled respectfully and efficiently

### **Goal 3 – A representative and supported workforce**

- 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
- 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
- 3.3 Training and development opportunities are taken up and positively evaluated by all staff
- 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source

- 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
- 3.6 Staff report positive experiences of their membership of the workforce

**Goal 4 – Inclusive leadership**

- 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
- 4.2 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination
- 4.3 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

Our Trust agreed to make the transition from EDS to EDS2 in April 2014.

## **4. What are our 2015/16 equality objectives**

Our Trust Equality and Diversity Committee has set 2 objectives for 2015/16 ensuring there is a strong focus on current national issues. Limiting this focus will allow us to concentrate on each on in more detail to ensure we make a greater impact on these matters across our Trust. Each objective will be led and driven by senior members of the committee to ensure focus and drive for achieving these. The objectives are:

### **Equality Objective 1 – BME Staff**

Engaging with this group of staff will support further development that is being built upon through the Workforce Race Equality Standards. We will look to set up a BME network within the Trust to provide a voice for this group of staff

### **Equality Objective 2 – Working with staff who have a disability**

We will support staff into employment who have learning disabilities, where we have committed to support this through the national campaign

## **5. The Population of Gloucestershire**

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

### **Appendix A – Gloucestershire County Council Population Profile (2016)**

## 6. Our patients/service users

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

### Inpatient Data

The data provided below spans April 2015 to March 2016 for our Trust:

**Table 25: Inpatients by Gender**

Admission Type	Male	% Male	Female	% Female	Total
Daycase	31366	46.0%	36884	54.0%	68250
Elective IP	6142	47.7%	6735	52.3%	12877
Non-Elective IP	24970	37.8%	41124	62.2%	66094
<b>Total</b>	<b>62478</b>	<b>42.4%</b>	<b>84743</b>	<b>57.6%</b>	<b>147221</b>

**Table 26: Inpatients by Age**

Age Band	Male	Female	Total	%
0	2470	2118	4588	3.1%
1-5	2541	1640	4181	2.8%
6-15	2260	1991	4251	2.9%
16-40	7511	25405	32916	22.4%
41-65	19507	23415	42922	29.2%
66-80	20197	19362	39559	26.9%
80+	7992	10812	18804	12.8%
<b>Total</b>	<b>62478</b>	<b>84743</b>	<b>147221</b>	<b>100%</b>

**Table 27 : Inpatients by Ethnicity**

2015/16 Admitted Patient Activity by Ethnicity		
Ethnicity	Total	%
African	376	0.3%
Any other Asian background	417	0.3%
Any other black background	290	0.2%
Any other ethnic group	1420	1.0%
Any other mixed background	365	0.2%
Any other white background	3689	2.5%
Bangladeshi	226	0.2%
British	129260	87.8%
Caribbean	658	0.4%
Chinese	211	0.1%
Indian	918	0.6%
Irish	725	0.5%
Pakistani	187	0.1%
White and Asian	294	0.2%
White and black African	160	0.1%
White and black Caribbean	545	0.4%
Not known	14	0.0%
Not stated	7516	5.1%
<b>Total</b>	<b>147221</b>	
<b>% Not Known</b>	<b>0.01%</b>	

## Outpatient Data

Again the data provided span April 2015 to March 2016 for our Trust:

**Table 28 : Outpatients by Gender**

2015/16 Outpatient Attendances					
Admission Type	Male	% Male	Female	% Female	Total
New	102338	41.9%	141901	58.1%	244139
Follow Up	249581	45.8%	294477	54.2%	543058
<b>Total</b>	<b>350919</b>	<b>44.6%</b>	<b>436278</b>	<b>55.4%</b>	<b>787197</b>

**Table 29 : Outpatients by Age**

Age Band	Male	Female	Total	%
0	3038	2623	5661	0.7%
1-5	13903	10494	24397	3.1%
6-15	21102	19447	40549	5.2%
16-40	44335	90629	134963	17.1%
41-65	112497	147773	260270	33.1%
66-90	116006	111677	227683	28.9%
90+	40038	53636	93674	11.9%
<b>Total</b>	<b>350919</b>	<b>436278</b>	<b>787197</b>	<b>100%</b>

**Table 30 : Outpatients by Ethnicity**

2015/16 Outpatient Attendances by Ethnicity		
Ethnicity	Total	%
African	1736	0.2%
Any other Asian background	2067	0.3%
Any other black background	1077	0.1%
Any other ethnic group	5678	0.7%
Any other mixed background	1414	0.2%
Any other white background	16356	2.1%
Bangladeshi	1296	0.2%
British	690080	87.7%
Caribbean	3368	0.4%
Chinese	1303	0.2%
Indian	5808	0.7%
Irish	3458	0.4%
Not known	24640	3.1%
Not stated	23318	3.0%
Pakistani	976	0.1%
White and Asian	1549	0.2%
White and black African	803	0.1%
White and black Caribbean	2270	0.3%
Not known	24640	3.1
Not stated	23318	3.0%
<b>Total</b>	<b>787197</b>	
<b>% Not Known</b>	<b>3.13%</b>	

The data for both our inpatient and outpatient appointments are limited to three of the nine protected characteristics. It is anticipated that with the new clinical information system (Trakcare) being introduced from 2016, the quality of data will improve and reporting against the nine protected characteristics will be available.



## 7. Our Trust Staff

With circa 8,000 employees, our Trust is the largest employer in the county. The majority of Trust staff live in the local communities so they and their families are also users of our services. The Trust has always been very clear on the link between a skilled, committed and engaged workforce and the delivery of high quality patient care and this underpins many of our plans for staff development and engagement.

As an employer we are committed to equality and valuing diversity within our workforce and to ensure that these commitments, reinforced by our values, are embedded in our day-to-day working practices.

We continue to operate to a set of values, developed in conjunction with staff and these are the values to which all staff have agreed to live by and which are reinforced through a number of Trust 'institutions', including both induction and appraisal. Setting this tone for all staff is crucial, but critical at the point of joining. Induction is mandatory for all staff to attend, from new Executive Directors down and this event firmly places patients and the Trust values at the heart of everything we do. It is reviewed frequently and has enabled us to reflect and reinforce important developments in our trust, most notably, the introduction of the NHS Constitution, the launch of our 'Kindness and Respect' behaviours, our focus on care and compassion through the '6 C's' (care, compassion, competence, communication, courage and commitment) and more recently our development of our procedures supporting 'Raising Concerns'.

### Workforce Data

The following tables provide information between April 2015 and March 2016 about our staff recruitment and the makeup of our full workforce, comparing it to the nine protected characteristics if available.

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

Due to the permanence of many of our staff, most of the data we hold historically on them will not include all of the 9 protected characteristics. As we see the turnover of these staff, the data overtime will become more meaningful for the purposes of this report. Whilst significantly more information is now gathered at recruitment stage, much of this is voluntary and must not be considered in recruitment decisions.

**Table 31 : Recruitment by Gender**

Description	Applications	%	Shortlisted	% Short / Short	Appointed	% Apptd / Apptd
Male	4,329	26.00%	1,188	20.40%	193	15.90%
Female	12,307	73.80%	4,615	79.30%	1,017	83.80%
Undisclosed	44	0.30%	14	0.20%	4	0.30%

**Table 32 : Recruitment with a Disability**

Description	Applications	%	Shortlisted	% Short / Short	Appointed	% Apptd / Apptd
Yes	560	3.40%	260	4.50%	35	2.90%
No	15,945	95.60%	5,495	94.50%	1,163	95.80%
Undisclosed	175	1.00%	62	1.10%	16	1.30%

**Table 33 : Recruitment by Age**

Description	Applications	%	Shortlisted	% Short / Short	Appointed	% Apptd / Apptd
Under 18	231	1.40%	63	1.10%	20	1.60%
18 to 19	748	4.50%	234	4.00%	63	5.20%
20 to 24	2,843	17.00%	989	17.00%	253	20.80%
25 to 29	3,414	20.50%	1,062	18.30%	239	19.70%
30 to 34	2,564	15.40%	866	14.90%	162	13.30%
35 to 39	1,611	9.70%	592	10.20%	111	9.10%
40 to 44	1,447	8.70%	595	10.20%	122	10.00%
45 to 49	1,359	8.10%	539	9.30%	100	8.20%
50 to 54	1,265	7.60%	497	8.50%	91	7.50%
55 to 59	856	5.10%	278	4.80%	41	3.40%
60 to 64	275	1.60%	78	1.30%	9	0.70%
65 to 69	22	0.10%	8	0.10%	1	0.10%
70 and over	21	0.10%	12	0.20%	2	0.20%
Undisclosed	24	0.10%	4	0.10%	0	0.00%

**Table 34 : Recruitment by Religion**

Description	Applications	%	Shortlisted	% Short / Short	Appointed	% Apptd / Apptd
Atheism	2,307	13.80%	922	15.90%	236	19.40%
Buddhism	123	0.70%	30	0.50%	5	0.40%
Christianity	8,725	52.30%	3,230	55.50%	681	56.10%
Hinduism	726	4.40%	167	2.90%	19	1.60%
Islam	1198	7.20%	217	3.70%	15	1.20%
Jainism	19	0.10%	4	0.10%	0	0.00%
Judaism	13	0.10%	3	0.10%	0	0.00%
Sikhism	83	0.50%	19	0.30%	3	0.20%
Other	1,823	10.90%	614	10.60%	123	10.10%
Undisclosed	1663	10.00%	611	10.50%	132	10.90%

**Table 35 : Recruitment by Sexual Orientation**

Description	Applications	%	Shortlisted	% Short / Short	Appointed	% Apptd / Apptd
Lesbian	118	0.70%	51	0.90%	8	0.70%
Gay	110	0.70%	37	0.60%	5	0.40%
Bisexual	232	1.40%	66	1.10%	8	0.70%
Heterosexual	14,978	89.80%	5,268	90.60%	1,114	91.80%
Undisclosed	1242	7.40%	395	6.80%	79	6.50%

**Table 36 : Recruitment by Ethnicity**

Description	Applications	%	Shortlisted	% Short / Short	Appointed	% Apptd / Apptd
WHITE - British	10,046	60.20%	4,004	68.80%	959	79.00%
WHITE - Irish	156	0.90%	69	1.20%	15	1.20%
WHITE - Any other white background	1,404	8.40%	361	6.20%	66	5.40%
ASIAN or ASIAN BRITISH - Indian	2,010	12.10%	589	10.10%	58	4.80%
ASIAN or ASIAN BRITISH - Pakistani	460	2.80%	82	1.40%	2	0.20%
ASIAN or ASIAN BRITISH - Bangladeshi	148	0.90%	29	0.50%	3	0.20%
ASIAN or ASIAN BRITISH – Any other Asian background	499	3.00%	148	2.50%	28	2.30%
MIXED - White & Black Caribbean	142	0.90%	42	0.70%	13	1.10%
MIXED - White & Black African	71	0.40%	17	0.30%	2	0.20%
MIXED - White & Asian	66	0.40%	21	0.40%	2	0.20%
MIXED - any other mixed background	83	0.50%	26	0.40%	3	0.20%
BLACK or BLACK BRITISH - Caribbean	186	1.10%	63	1.10%	9	0.70%
BLACK or BLACK BRITISH - African	754	4.50%	184	3.20%	27	2.20%
BLACK or BLACK BRITISH - Any other black background	45	0.30%	13	0.20%	2	0.20%
OTHER ETHNIC GROUP - Chinese	83	0.50%	24	0.40%	3	0.20%
OTHER ETHNIC GROUP - Any other ethnic group	263	1.60%	71	1.20%	7	0.60%
Undisclosed	264	1.60%	74	1.30%	15	1.20%

**Table 37 : Recruitment by Marital Status**

Description	Applications	%	Shortlisted	% Short / Short	Appointed	% Apptd / Apptd
Married	6,296	37.70%	2,246	38.60%	418	34.40%
Single	8,579	51.40%	2,883	49.60%	655	54.00%
Civil partnership	336	2.00%	119	2.00%	27	2.20%
Legally separated	122	0.70%	46	0.80%	15	1.20%
Divorced	867	5.20%	331	5.70%	51	4.20%
Widowed	91	0.50%	34	0.60%	8	0.70%
Undisclosed	389	2.30%	158	2.70%	40	3.30%

**Table 38 : Total of Workforce - Pay band v Gender**

	Heads		
	Gender	Female	Male
<b>AfC Band</b>			
		5,651	1,095
<b>Band 1</b>		194	100
<b>Band 2</b>		1,310	287
<b>Band 3</b>		601	92
<b>Band 4</b>		394	82
<b>Band 5</b>		1,478	198
<b>Band 6</b>		1,000	146
<b>Band 7</b>		440	89
<b>Band 8a</b>		82	31
<b>Band 8b</b>		39	22
<b>Band 8c</b>		13	6
<b>Band 8d</b>		22	6
<b>Band 9</b>			2
<b>Non AFC</b>		78	34

Role	Heads		
	Gender	Female	Male
		796	581
Associate Specialist (Closed)		6	14
Clinical Assistant		5	2
Consultant		124	249
Foundation Year 1		32	19
Foundation Year 2		32	19
Hospital Practitioner		2	3
Medical Director		2	1
Senior House Officer (Closed)		4	3
Specialty Doctor		38	31
Specialty Registrar		543	229
Trust Grade Doctor - Career Grade level			4
Trust Grade Doctor - Specialist Registrar Level (Closed)			1
Trust Grade Doctor - Specialty Registrar		8	6

**Table 39 : Total Workforce – Pay Band/Staff Group v Age**

	Age Band	16 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70
<b>AfC Band</b>												
<b>Band 1</b>		7	15	17	30	25	37	34	46	45	26	10
<b>Band 2</b>		68	198	195	128	132	143	190	218	187	95	35
<b>Band 3</b>		6	46	71	62	50	81	84	114	112	49	16
<b>Band 4</b>		1	20	57	59	39	57	66	90	58	26	2
<b>Band 5</b>			199	294	208	221	220	197	160	126	40	11
<b>Band 6</b>			37	111	163	145	175	155	184	129	44	3
<b>Band 7</b>				24	51	70	84	110	112	65	12	1
<b>Band 8a</b>				2	12	14	17	27	25	14	2	
<b>Band 8b</b>				1	2	5	13	15	14	9	2	
<b>Band 8c</b>						1	1	6	6	5		
<b>Band 8d</b>				1	10	6	1	5	4	1		
<b>Band 9</b>								1	1			
<b>Non AfC*</b>		63	76	467	294	138	126	126	96	61	27	9
		<b>145</b>	<b>591</b>	<b>1,240</b>	<b>1,019</b>	<b>846</b>	<b>955</b>	<b>1,016</b>	<b>1,070</b>	<b>812</b>	<b>323</b>	<b>87</b>

	Age Band	16 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70
<b>Staff Group</b>												
<b>Add Prof Scientific and Technic</b>			11	33	58	35	33	34	32	14	9	2
<b>Additional Clinical Services</b>		98	195	210	147	128	148	147	160	127	66	17
<b>Administrative and Clerical</b>		43	92	142	120	128	192	238	287	244	94	24
<b>Allied Health Professionals</b>			64	62	56	50	29	41	40	34	8	
<b>Estates and Ancillary</b>		3	23	22	41	39	50	62	96	91	54	23
<b>Healthcare Scientists</b>			15	30	26	28	36	42	33	34	17	1
<b>Medical and Dental</b>			55	173	134	98	110	118	86	55	26	9
<b>Nursing and Midwifery Registered</b>			125	273	268	295	344	325	333	213	49	11
<b>Students</b>		1	6	1	3		1					
		<b>145</b>	<b>586</b>	<b>946</b>	<b>853</b>	<b>801</b>	<b>943</b>	<b>1,007</b>	<b>1,067</b>	<b>812</b>	<b>323</b>	<b>87</b>

**Table 40 : Total Workforce – Pay Band v Ethnicity**

	White	Mixed	Asian	Black	Chinese	Other	Not Stated
<b>AfC Band</b>							
<b>Band 1</b>	214	5	11	38	1	13	12
<b>Band 2</b>	1,380	13	74	31	6	45	48
<b>Band 3</b>	645	4	13	12	2	7	10
<b>Band 4</b>	447	1	10	8		2	8
<b>Band 5</b>	1,312	16	159	37	6	119	27
<b>Band 6</b>	1,035	4	25	16	3	13	50
<b>Band 7</b>	499	3	7	5	2	4	9
<b>Band 8a</b>	108	0	3	0	1	0	1
<b>Band 8b</b>	57	0	3	1		0	
<b>Band 8c</b>	19	0	0	0		0	
<b>Band 8d</b>	28	0	0	0		0	
<b>Band 9</b>	2	0	0	0		0	
<b>Non AfC*</b>	84	1	3	0		0	6
	<b>5,830</b>	<b>47</b>	<b>308</b>	<b>148</b>	<b>21</b>	<b>203</b>	<b>171</b>

	White	Mixed	Asian	Black	Chinese	Other	Not Stated
<b>Role</b>							
Associate Specialist (Closed)	10		7		1	2	
Clinical Assistant	6		1				
Consultant	297	2	47		2	8	9
Foundation Year 1	47	1	1				2
Foundation Year 2	40	1	1				9
Hospital Practitioner	3		2				
Medical Director	3						
Senior House Officer (Closed)	5		2				
Specialty Doctor	39	1	21	1		6	1
Specialty Registrar	616	21	49	7	8	12	59
Trust Grade Doctor - Career Grade level	3		1				
Trust Grade Doctor - Specialist Registrar Level (Closed)	1						
Trust Grade Doctor - Specialty Registrar	8		2	1		2	1
	<b>1,078</b>	<b>26</b>	<b>134</b>	<b>17</b>	<b>11</b>	<b>30</b>	<b>81</b>

**Table 41 : Total Workforce - Full/Part Time v Gender**

	Full Time	Part Time
<b>Total</b>	4,619	3,622
Female	3,212	3,343
Male	1,407	279

**Table 42 : Total Workforce – Gender v Pay Band v Full/Part Time**

	Gender	Female	Male	Female	Male
AfC Band					
<b>Total</b>		2,622	872	3,136	231
Band 1		31	41	164	59
Band 2		488	202	862	86
Band 3		276	79	339	16
Band 4		194	74	203	8
Band 5		803	171	689	27
Band 6		411	130	602	16
Band 7		237	80	223	11
Band 8a		58	28	26	4
Band 8b		30	21	9	1
Band 8c		8	6	5	1
Band 8d		11	6	11	
Band 9			2		
Non AfC band		75	32	3	2

Role	Full Time		Part Time	
	Female	Male	Female	Male
	Assignment Count	Assignment Count	Assignment Count	Assignment Count
<b>Total</b>	590	535	207	48
Associate Specialist (Closed)	3	12	4	2
Clinical Assistant			5	3
Consultant	75	230	49	20
Foundation Year 1	32	19		
Foundation Year 2	32	19		
Hospital Practitioner			2	3
Medical Director	1		1	1
Senior House Officer (Closed)	3	3	1	
Specialty Doctor	12	23	26	8
Specialty Registrar	426	219	117	10
Trust Grade Doctor - Career Grade level		4		
Trust Grade Doctor - Specialist Registrar Level (Closed)		1		
Trust Grade Doctor - Specialty Registrar	6	5	2	1

## Annual Staff Survey

Between October and December 2015, the national NHS staff survey was undertaken, inviting staff to share their experiences of working in Gloucestershire Hospitals Foundation Trust (GHFT). The Board opted to undertake a full census of all staff across the Trust recognising that the link between employee engagement and patient experience is so fundamental that it is vital to give the opportunity for all of our workforce to have their say. Our response rate in the 2015 survey dropped to 51% in comparison to 54% last year. This remains a national trend, possibly attributable to the amount of surveys being requested and we remain in the highest 20% of response rates for 'acute' trusts in England.

The results of the survey are received by the Trust in two ways. The main survey provider (Quality Health) reports the 'raw data' scores for every single question, including a comparison with the average score for other Trusts as well as progress over the prior year. The scores, which are not widely published, are broken down into 5 main areas – *Your Job, Your Personal Development, Your Managers, Your Organisation and Your Health, Wellbeing and Safety at work*. The survey went through something of an overhaul in 2015 and whilst the majority of questions remained the same, a number had subtle changes involving a single word (eg 'care' instead of 'patient care'), or a reclassification of responses. Therefore, for a number of questions, there is not a precise comparison with the prior year. This report does not break the score down into staff groups or divisions and as a consequence allows for general conclusions rather than targeted actions. The main published report sees the findings of the questionnaires summarised by the national survey centre PickerEurope on behalf of the Department of Health and presented in the form of 32 key findings (KF) categorised to reflect the four NHS Constitution pledges to staff.

*Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs.*

*Staff Pledge 2: To provide all staff with personal development, access to appropriate training for their jobs and line management support to enable them to fulfil their potential.*

*Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.*

*Staff Pledge 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.*



The experiences of staff working in GHFT and the results of the survey are set in the context of ongoing challenges – both local and national. This year’s survey results suggest that the many targeted work streams being undertaken throughout the Trust are leading to some level of improvement, but not at the pace required. There is still significant work to be done in maintaining and accelerating progress and this will require sustained energy and commitment over several more years yet. Appendix 1, provides a full breakdown of Trust scores, however summarised scores are presented below in the following way;

- Staff Engagement
- Progress against the rolling action plans
- Top and Bottom Ranking Scores
- Improvements and deterioration since last year
- Key observations by Division and Staff Group

Appendix B – Gloucestershire Hospitals NHS Foundation Trust Main Board Paper February 2016 (Staff Survey Results)

## **8. Conclusion**

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

The patient data which we have at our disposal do not compare with what we know of the Gloucestershire community demographics; due to quantifying the number of individual patients that have used our services and who may have had repeat visits, which skews the results. Very little data are currently gathered on protected characteristics of sexual orientation, transgender, marital status or maternity and as such comparisons of how we are progressing in these areas can only be made by the positive feedback that we receive from these groups. Data gathering will always be problematic; however with the introduction of the new Clinical Information System (Smartcare), we will be able to tackle this issue and improve data recording, allowing us to have a better understanding of our service users to proactively change and develop the experiences that they have.