Equality Annual Report 2023–2024

Gloucestershire Hospitals
NHS Foundation Trust

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

Contents

Introduction

This report aims not only to comply with the requirements of the Equality Act 2010 but also to highlight good practices and identify gaps in both service provision and staff support. It captures data required under the general duty and showcases our ongoing Equality, Diversity and Inclusion (EDI) initiatives.

Our annual equality report details our performance as a Trust and outlines our plans for improvement. This fulfils the requirements of the Equality Act 2010's Public Sector Equality Duty, which mandates the Trust to annually publish equality data on our service users and workforce.

By comparing data across years, we can monitor the impact of previous actions and ensure that our activities effectively reduce inequalities. This process allows us to identify under-represented or disadvantaged groups and plan actions to improve their experiences.

As we move into 2024-2025, this report outlines our EDI priorities, focusing on key actions to enhance the experiences of our Trust's staff. Our priorities include:

▸ Recruitment and EDI

▸ Anti-discrimination

▸ Allyship and leadership practices

We recognise the significant work required to equip all colleagues with the knowledge, skills, and resources to integrate EDI into their daily activities. Our goal is to create and nurture a culture of belonging for all colleagues and embed our anti-discrimination principles. We are committed to ensuring that EDI is the cornerstone of all policies, processes, and decision-making for both colleagues and patients.

This commitment involves taking an anti-discrimination approach in every aspect of our work, providing a workplace where all patients and colleagues feel a genuine sense of belonging and are protected from the harm caused by discrimination.

Equality, Diversity and Inclusion (EDI) Lead

At Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), we are committed to fostering a welcoming and inclusive atmosphere where patients receive high-quality, personalised care tailored to their unique needs. Promoting diversity and eradicating discrimination within our workforce is essential to the evolution of our services and the hospital environment.

We align our efforts with our Trust Values, emphasising a culture of support and inclusion. Our goal is to provide outstanding, person-centred care to patients and ensure that our staff feel valued, heard, and respected, empowering them to bring their whole selves to work.

Our dedication includes upholding equity and fairness for all staff, without discrimination based on the nine protected characteristics outlined in the Equality Act 2010. Beyond compliance, we strive to cultivate a culture of inclusion that embraces the 'whole person,' naturally leading to greater equality and diversity.

Recognising the vulnerable health groups within our staff who may face health disparities, we are committed to addressing their needs as part of our broader Health and Wellbeing initiative.

While we acknowledge the need for progress, we are committed to enacting the necessary changes. Everyone plays a role in promoting equity, diversity, and Inclusion in all our practices.

Empathy is key to successful EDI practices, yet it can be limited without broadening our understanding of the differences between groups and individuals. The phrase "I treat others as I want to be treated" is well-intentioned, but it overlooks the importance of considering individual preferences and needs. Just as we ask our patients how we can best care for them, we should extend the same respect to our colleagues.

Our EDI priorities focus on enhancing both individual and collective emotional and cultural intelligence. We aim to nurture a more empathetic environment by deepening our knowledge and understanding to ensure everyone feels a sense of belonging, included and empowered.

Inclusion is paramount at GHNHSFT. We actively work to reflect the rich diversity of Gloucestershire in our workforce and tailor our services to meet the specific needs of our local community. Our goal is to foster an environment where our staff, patients, family, and carers feel a sense of belonging and can be their authentic selves. This commitment forms the foundation of our vision and values.

Coral Boston
Equality, Diversity and Inclusion Lead

Executive foreword

As we continue our cultural journey, we remain steadfast in our dedication to fostering an inclusive and equitable environment for all. Our journey is one of growth and transformation, reflecting our values of Caring, Listening and Excelling, and our commitment to Equality, Diversity, and Inclusion (EDI).

We have developed a much greater understanding this year, using our data to really highlight the areas that warrant the most attention, and providing us with a comprehensive understanding of the challenges our colleagues still face. Despite these ongoing challenges, the past year has shown small but meaningful improvements in our cultural landscape. We should feel proud that these reflect our collective efforts and dedication to creating a more inclusive workplace, but also cautious because these early improvements risk being fragile.

This report highlights compelling evidence of our commitment to EDI, showcasing the tangible steps we have taken and the progress we are making. It serves as a reflection of our achievements, an acknowledgment of the work that remains, and a roadmap for the future as we strive to build a truly inclusive and equitable environment for everyone.

Claire Radley
Director for People and OD

What do we mean by Equality, Diversity and Inclusion?

Equality

A culture that embraces a wide range of ideas, experiences, and practices can lead to an environment where differences are both respected and celebrated.

This inclusivity benefits not only us as individuals but also the diverse communities we serve. By valuing and acknowledging various perspectives, we foster a richer and more dynamic workplace that promotes innovation and excellence in our work.

This approach enhances our ability to address the unique needs of our community, ultimately creating stronger, more meaningful connections, leading to a better quality of life.

Diversity

Diversity is the fact that there are many different citizens in our workplaces and communities, many of whom have different backgrounds, social positions and lifestyles.

We encourage everyone to recognise, respect and value the differences between individuals within our workforce and amongst our service users.

Inclusion

Inclusion is the act of ensuring that all colleagues are able to access and enjoy the benefits of working for the Trust including, but not limited to, employment opportunities, flexible and agile working, training and development opportunities, team and Trust-wide activities and ensuring that no person or persons is excluded, especially those from disadvantaged groups ensuring a positive experience for all.
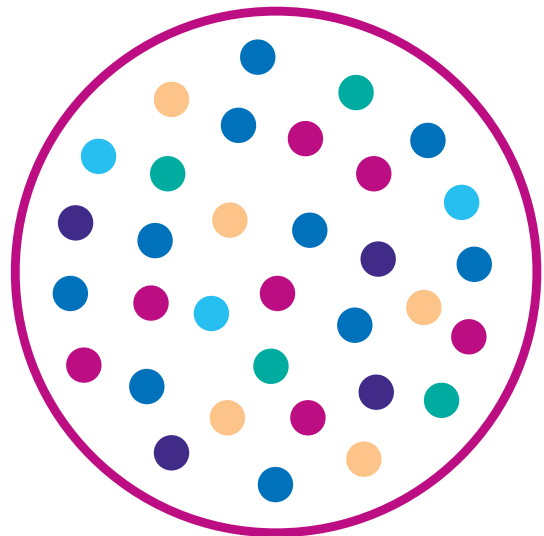
Inclusion ⊘
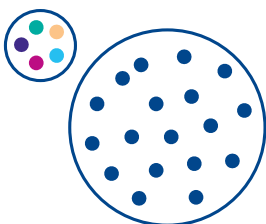
Segregation
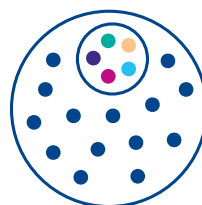
Integration
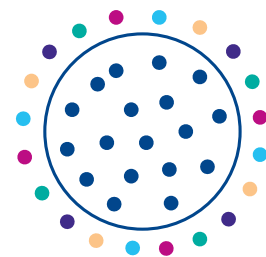
Exclusion

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

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions. These are to:

▸ Eliminate 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 those who do not.

We are required to do this by:

▸ Removing or minimising disadvantages suffered by people due to their protected characteristic.

▸ Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

▸ Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

▸ The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include steps to take account of disabled person's disabilities.

▸ Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to tackle prejudice and promote understanding.

The Protected Characteristics covered by the Equality Act 2010 are:

▸ Age

▸ Disability

▸ Gender Reassignment

▸ Marriage and Civil partnership

▸ Pregnancy and Maternity

▸ Race

▸ Religion or Belief

▸ Sex

▸ Sexual Orientation

EDI development plan

To ensure that there is an alignment of the various action plans and metrics for Equality, Diversity and Inclusion (EDI) a Trust EDI Development Plan was created as a working document, and to also ensure there is accountability of EDI activities being the responsibility interwoven in divisional activities.

This document refined the Trust EDI Priorities to 3:

▶ Recruitment and EDI

▶ Anti-discrimination

▶ Allyship and leadership practices

The Trust now has 3 EDI Objectives:

▶ To provide all colleagues with the knowledge, skills and resources to empower them to incorporate EDI into our daily activities

▶ To create and grow a culture of belonging for all colleagues and embed our anti-discrimination principles

▶ To ensure that EDI is the cornerstone of all policies, processes and decision making for colleagues and patients

EDI Actions were refined from 41 to 8 overarching Trust Actions:

▶ Action 1: Board Requirements

▶ Action 2: Internationally Educated Colleagues

▶ Action 3: Training Requirements and Priorities

▶ Action 4: EDI Team Actions

▶ Action 5: EDI Principles within Recruitment Process

▶ Action 6: Staff Experience Improvement Programme – Including Anti–discrimination Work stream

▶ Action 7: Patient and Colleague EDI Collaboration / Health Inequalities

▶ Action 8: Divisional EDI Improvement Plans and Action Planning

The EDI Development plan has aligned all our activity and actions to the NHSE EDI Improvement Plan's 6 High Impact Actions, but also all the WRES and WDES actions are embedded into the 8 Trust Actions.

The NHS Equality Delivery System (EDS 2022)

The EDS 2022 replaces the EDS2 and is a revised approach which supports meeting the Public Sector Equality Duty.

Implementation of the EDS is a requirement on both NHS commissioners and NHS providers.

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, Staff Networks, community groups and trade unions - to review and develop their approach in addressing inequalities in health access, experiences, impact and outcomes through three domains: Commissioned or provided services, Workforce health and Wellbeing and Inclusive leadership, all of which is driven by data, evidence, engagement and insight

▶ Eliminate 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 those who do not.

EDS2 has 3 Domains and 11 Outcomes.

EDS Domain 1: Commissioned or provided services:

▶ **Outcome 1A:** Patients (service users) have required levels of access to the service.

▶ **Outcome 1B:** Individual patients (service users) health needs are met.

▶ **Outcome 1C:** When patients (service users) use the service, they are free from harm.

▶ **Outcome 1D:** Patients (service users) report positive experiences of the service.

EDS Domain 2: Workforce health and well-being:

▶ **Outcome 2A:** When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.

▶ **Outcome 2B:** When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

▶ **Outcome 2C:** Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.

▶ **Outcome 2D:** Staff recommend the organisation as a place to work and receive treatment.

EDS Domain 3: Inclusive leadership:

▶ Outcome 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.

▶ Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

▶ Outcome 3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

EDS2 is a toolkit designed around four primary goals, and grades are given against each:

The Trust has completed its assessment against Domain 1 and Domain 2. Results of the Assessment and Scoring can be found on our website.

Our Commitment to Equality, Diversity and Inclusion: Maria Smith

The appointment of Associate Director for Education, Learning and Culture in 2023 serves several key purposes within the Equality, Diversity and Inclusion (EDI) space. To have oversight of and provide direction of EDI initiatives, actions, measurables and milestones and ensuring that these efforts are aligned with the overall Trusts cultural journey. To embed EDI into divisional accountability, and to implement comprehensive EDI strategies that can drive meaningful change.

Progress made 2023/2024

Our Workforce Race and Equality Standard (WRES) and Workforce Disability Standard (WDES) reports are published alongside this report.

They providing valuable insights through the comparison of two distinct groups: Black and Ethnic Minority (BME) and White staff for the WRES, and disabled and non-disabled staff for the WDES.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES), introduced in 2015 with the first report produced in 2016, was designed to demonstrate progress against nine key indicators focused on addressing inequality and unfair treatment at work for Black and Minority Ethnic (BME) staff. These nine measures allow NHS organisations to compare the experiences of BME and white staff, track progress over the years, identify areas requiring improvement, and make necessary changes.

The report includes data for the nine key WRES metrics and outlines actions taken during 2023 as well as those planned for 2024/25. These actions are based on areas identified for further development, informed by the WRES metrics, action plan, and staff survey. Metrics 5 to 8 are derived from the staff survey results for 2023.

Over the last 12 months the Trust has undertaken a vast amount of work to improve on indicators. As such, we have seen improvements since 2022 in 6 of the 9 indicators, which shows the work being completed has been paying off, and the Trust is on a positive trajectory in some areas.

Although this is positive, it is clear that much more work is needed. Notably, the Trust continues to perform worse than the National Average on most indicators.
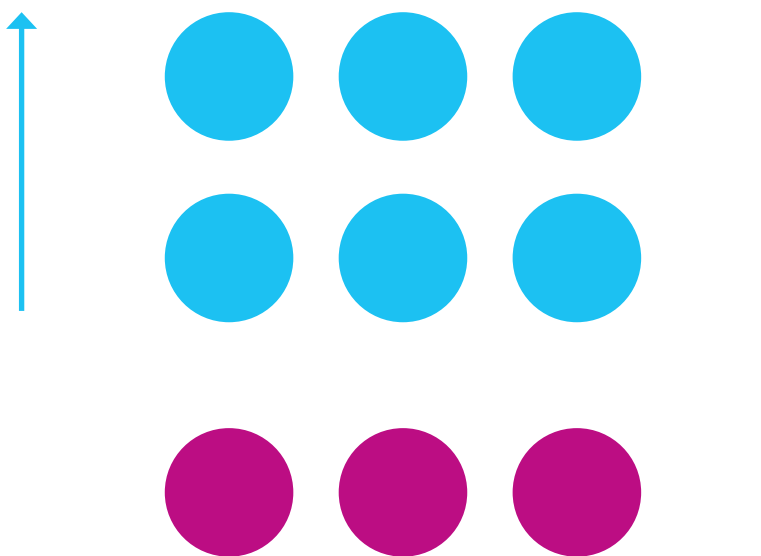
Workforce Race Equality Standard (WRES) metrics

We have seen improvements since 2022 in **6 of the 9** *indicators*

Key findings include:

▶ 20% (1741) of the Trusts staff are BME, which is an increase of 1.9% (1466) from 2023.

▶ The number of BME senior leaders (Band 8a+) has increased from 30 to 41, this equates to a very small percentage decrease (0.8%)

▶ The likelihood of White staff being appointed from shortlisting compared to BME staff has remained largely the same (1.46 in 2023 compared to 1.57 in 2024).

▶ The relative likelihood of White or BME staff entering the formal disciplinary process has become more equal, however with White staff remaining more likely than BME staff.

▶ The relative likelihood of BME staff accessing non-mandatory training and CPD continues to be higher than White staff, and has seen an increase from 0.78 to 0.81.

▶ There was an increase (of 0.53%) in BME staff experiencing harassment, bullying or abuse from patients, relatives or the public. White staff reported a 2.01% decrease.

▶ Both BME and White staff reported a decrease in experiencing harassment, bullying or abuse from other staff since the 2022 staff survey.

▶ 5.94% more BME staff believe the Trust provides equal opportunities for career progression or promotion (going from 41.14% to 47.08%) along with 1.52% more White staff.

▶ There has been a decrease in BME Board members from 3 to 0, which equates to 16.7%.

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) was implemented in 2019 to enable NHS organisations to compare the workplace experiences of disabled and non-disabled staff across 10 metrics.

This framework supports the creation and monitoring of action plans to demonstrate progress and identify areas for improvement in the Trust's culture, addressing inequality and unfair treatment at work.

During the 2023–24 year, Gloucestershire Hospitals NHS Foundation Trust advanced various initiatives and projects aimed at improving these indicators.

As a result, improvements have been seen in 7 out of the 10 metrics. Although some changes are small, they indicate that the Trust is moving in a positive direction in several areas.

However, significant work remains to be done, as the Trust continues to perform worse than the national average on all metrics.

Workforce Disability Equality Standard (WRES) metrics

We have seen improvements since 2022 in **7 of the 10** *indicators*
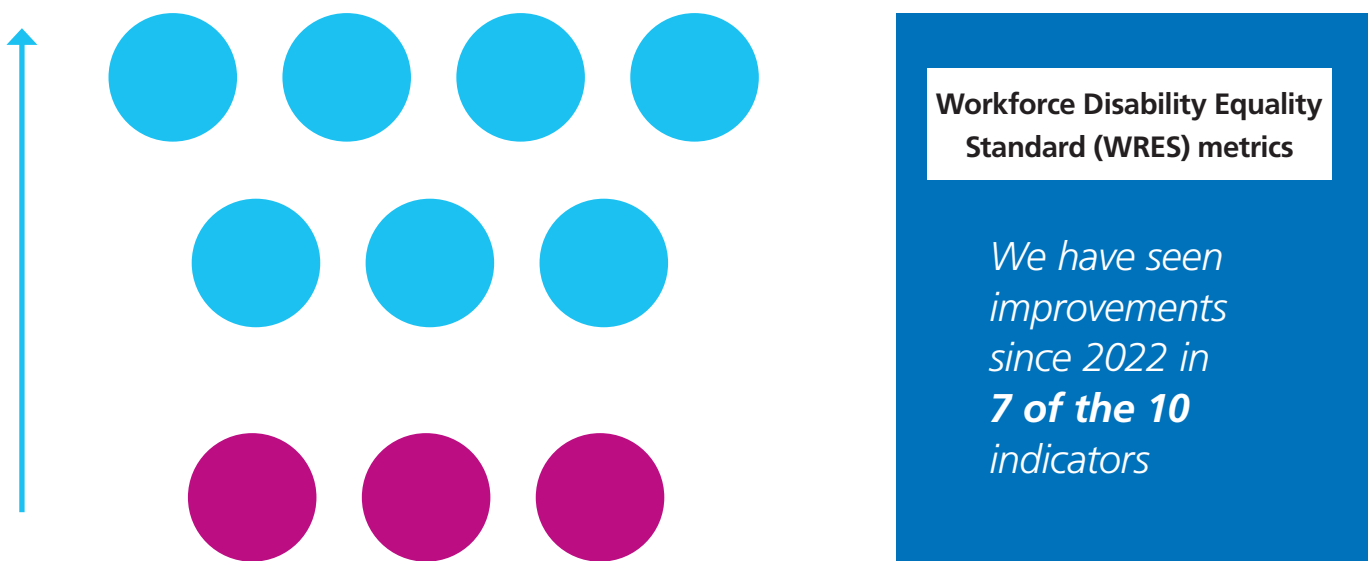
Key findings include:

▸ 3.57% (310) of the Trusts staff have declared a disability, which is an increase of 0.63% (238) from 2023.

▸ The number of senior leaders declaring a disability (AfC Pay band grouping 8C+) has increased by 3, which equates to a 3.4% increase.

▸ The likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff has seen a very small decrease, from 1.39 in 2023 to 1.33 in 2024.

▸ Disabled staff are much more likely (3.64) to enter the formal capability process compared to non-disabled staff. This likelihood has increased since 2023.

▸ Disabled staff are more likely to experience bullying, harassment or abuse from all groups (patients, relatives or the public, managers and colleagues) than non-disabled staff. However, disabled staff reporting experiencing a decrease since the 2022 staff survey (4% decrease from patients, relatives or the public, 3.9% decrease from managers and 1.41% decrease from colleagues).

▸ Of those that experienced harassment, bullying or abuse, 5.28% less said that they or a colleague reported it in 2023 than in 2022.

▸ More disabled staff and non-disabled staff believed that the organisation provides equal opportunities for career progression and promotion (4.78% and 1.57% respectively).

▸ There was a decrease in disabled staff (3.51% decrease) and non-disabled staff (3.76% decrease) reporting feeling pressured to come to work despite not feeling well enough. There was still considerably more disabled staff than non-disabled staff who felt pressured to come to work.

▸ 1.64% more disabled staff felt satisfied with the extent to which the organisation values their work.

▸ Less disabled staff felt that the Trust had made reasonable adjustments to enable them to carry out their work (1.86% decrease).

▸ The staff engagement score is higher for non-disabled staff compared to disabled staff (6.54 compared to 6.02). The score has increased for both groups since 2022 however.

▸ There has been no change in disability representation at Board level since 2023, with it still remaining at 0.

Gender Pay Gap

Gender pay gap legislation, introduced in April 2017, mandates that all organisations with 250 or more employees annually publish their gender pay gap. This gap reflects the average difference in pay between men and women at the organisational level

The report measures the difference in average pay between men and women across the entire workforce. It is distinct from equal pay, which addresses pay differences between men and women doing the same or similar work. While gender-based pay discrimination is illegal, it's possible to maintain pay parity for comparable roles while still encountering a notable gender pay gap.

The Gloucestershire Hospitals NHS Foundation Trust gender pay gap at 31 March 2023 is reported at:

The **mean** pay for men

25.7%
higher in favour of male employees
2023

28.2%
2022

The **median** gender pay gap

19.1%
in favour of male employees
2023

21.7%
2022

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

Our Trust upholds the principle of equal opportunities and treatment for all its staff, regardless of their protected characteristics. Consequently, we maintain a clear policy of providing equal pay for equal work, irrespective of gender or any other protected characteristic. The Agenda for Change pay framework, integral to NHS Trusts, is instrumental in ensuring equitable pay for NHS employees, a principle fully integrated within our Trust.

With a workforce that is predominantly female, in line with many other NHS organisations, our Trust is committed to maintaining gender diversity. Data reported as at 31 March 2023, 79.3% of our workforce comprises women, while 20.7% are men. This marks a slight increase for both male and female representation compared to the previous year.

Our Gender Pay Gap report for 2024 is available on our website.

As of 31 March 2023 our workforce is split by gender as follows:

20.7%
Male

79.3%
Female
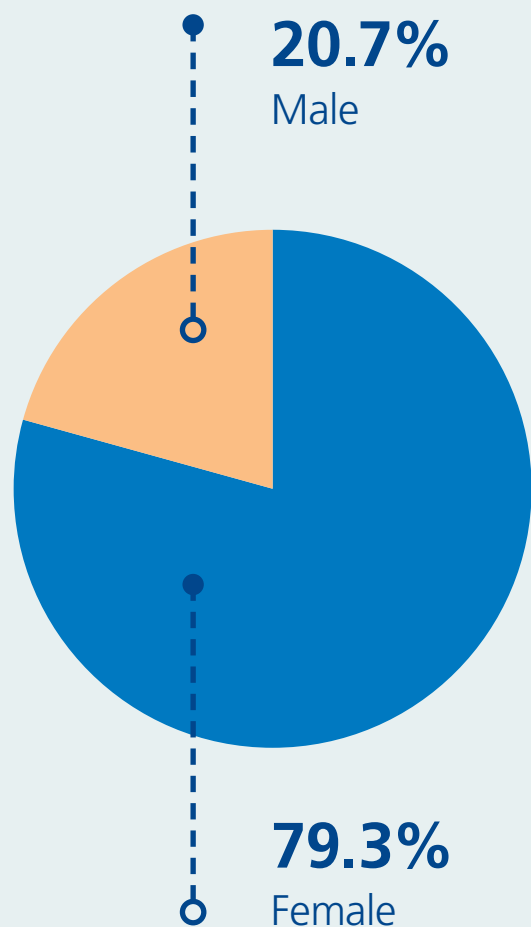
Recruitment

This section identifies disparities of the likelihood of being appointed to a role based on identifying with a protected characteristic.

A score of 1.0 means that there is no greater or lesser likelihood of someone being appointed over another.

A score of more than 1.0 indicates a greater likelihood: the higher the score, the greater the likelihood.

Ethnicity

When comparing the data between White and Ethnic Minority groups, in line with our WRES submission our data indicates that White applicants are more likely to be appointed compared to BME applicants.

From application to appointment:

▸ White applicants are 17.96 times more likely to be appointed compared to Black Ethnic applicants, and 6.37 times more likely to be appointed compared to Asian Ethnic applicants

▸ Asian Ethnic applicants 2.82 times more likely to be appointed compared to Black Ethnic applicants

From shortlisting to appointment:

▸ White applicants are 2.14 times more likely to be appointed compared to Black Ethnic applicants, and 1.47 times more likely to be appointed compared to Asian Ethnic applicants

▸ Asian Ethnic applicants are 1.46 times more likely to be appointed compared to Black Ethnic applicants

Disability

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

▸ From application to appointment, disabled applicants are 2.04 times more likely to be appointed compared to non-disabled applicants.

▸ From shortlisting to appointment, non-disabled applicants are 1.33 times more likely to be appointed compared to disabled applicants.

Gender

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

From application to appointment, female applicants are 2.22 times more likely to be appointed compared to males.

From shortlisting to appointment, female applicants are 1.35 times more likely to be appointed compared to males

Sexual orientation

When comparing heterosexual and LGBTQ+ applicants, the data indicates a fair recruitment process for those who have declared their sexuality as heterosexual, non-disclosure, Gay or Lesbian, other sexual orientation and undisclosed.

However, the data indicates a less equitable outcome for those who identify as bisexual. It is worth noting that the reliability of data for 'other sexual orientation' and 'undecided' is low due to very low number of applications for these groups.

From application to appointment, heterosexual applicants are:

▶ 2.92 times less likely to be appointed compared to Gay/ Lesbian applicants.

▶ 2.06 times less likely to be appointed than bisexual applicants

▶ 3.29 times less likely to be appointed than 'other sexual orientation' applicants.

▶ 3.22 times more likely to be appointed than undecided applicants.

▶ 1.39 times less likely to be appointed than undisclosed applicants

From shortlisting to appointment, heterosexual applicants are:

▶ 1.51 times less likely to be appointed compared to gay/ lesbian applicants.

▶ 1.22 times less likely to be appointed than bisexual applicants

▶ 2.15 times less likely to be appointed than other orientated applicants

▶ 5.40 times more likely to be appointed than undecided applicants

▶ 1.04 times less likely to be appointed than undisclosed applicants

NHS national staff survey

In 2023, the response rate for the Trust's National Staff Survey (NSS) reached 68%, marking the highest response rate to date and a significant increase from 50% the previous year. This places us among the most responsive acute trusts in the country.

More employees are now recommending our Trust as a good place to work and as a reliable provider of care, showing improvement over 2022:

▶ Workplace Recommendation: 46% in 2023, up from 43% in 2022.

▶ Care Recommendation: 46% in 2023, up from 44% in 2022.

The percentage of employees who agree that patient care is the organization's top priority remained steady at 63% in both 2023 and 2022.

There was also a notable improvement in eight of the People Promise themes, which is encouraging. However, our scores still lag behind the average for acute trusts. It is evident that more work is needed to enhance the overall work experience within our Trust.

Staff experience improvement programme

In 2023, the Staff Experience Improvement Programme was established to tackle the concerns raised in last year's survey. The initiative is focusing on the below key priorities:

▸ **Teamwork and Leadership:** Strengthening team dynamics and promoting effective leadership to boost collaboration and communication.

▸ **Anti-Discrimination:** Cultivating an inclusive workplace where every employee feels respected and valued.

▸ **Promoting a Safe Speaking-Up Culture:** Encouraging open and honest communication so that staff can comfortably voice their concerns.

It's crucial for our staff to have the freedom to voice their concerns as soon as they arise. Improving our workplace culture is a continuous effort that demands patience and persistence. It is essential because it aligns with our core values and significantly impacts patient safety and outcomes.

For example, a 5% increase in staff feeling part of an effective team correlates with a 3.3% reduction in mortality rates in an average-sized hospital. Prioritising cultural improvements not only boosts our job satisfaction and efficiency but also is crucial for providing high-quality care.

To support these efforts, the Trust has appointed an Associate Director for Education, Learning, and Culture and has designated a full-time Lead Freedom to Speak Up Guardian.

As a forward-thinking organisation, we need to recognise and address any systemic issues within our work practices or culture, as well as feedback provided to us as individuals. Our newly appointed Lead Guardian has worked diligently to establish a psychologically safe environment where colleagues feel comfortable raising concerns.

Since their appointment, the number of colleagues willing to speak up has significantly increased.

Staff wellbeing

Throughout 2023 and 2024, our commitment to fostering a culture of wellbeing at GHNHSFT and GMS has remained steadfast.

In November 2023, we introduced the pivotal role of Lead for Colleague Health and Wellbeing, followed by the establishment of the Workplace Wellbeing Steering Group in January. This group convenes regularly to collaborate and ensure alignment with the new Workplace Wellbeing Strategic Action Plan, comprising 8 strategic objectives aimed at prioritizing proactive measures to prevent wellbeing issues and provide responsive support. In February, we initiated the drafting of a new Workplace Wellbeing Strategy, scheduled for launch in Quarter 1, 2024. Furthermore, we are actively developing a corporate risk assessment to mitigate any potential adverse effects on staff wellbeing originating from the workplace.

Service provision and uptake

Staff Advice and Support Hub

Our in-house team continue to support to all staff throughout the organisation, by helping colleagues to identify the right support when they need it. As well as providing a drop-in service, the Hub are contactable via telephone and email. In 2023/24 the Hub were contacted 1,674 times.

Employee Assistance Programme (EAP)

The Trust commission an EAP to provide 24/7 in-the-moment support for staff, as well as access to courses of therapeutic support where appropriate. In 2023/24 the EAP interacted with 241 staff, and 79 accessed counselling.

Staff Psychology Service

The Staff Psychology Service began in October 2020 with a 0.5 WTE Psychology Link Worker role for six months following the pandemic. In 2021-22, additional funding from Charities Together and available positions in the Clinical Health Psychology team enabled the service to expand.

The Staff Psychology service offers 1:1 support for staff and managers, trauma focused therapy for work related trauma, team interventions such as decompression groups, reflective practice and Compassion Focused away day support. The service provides specialised training such as Compassionate Resilience workshops, Supporting Managers workshops, hot and cold debrief training as well as bespoke teaching sessions for junior doctors and staff teams. From September 2023 to May 2024, the Staff Psychology Service ran a mindfulness session pilot. This included a weekly online drop-in session for all GHNHSFT staff to attend.

Trauma Risk Management (TRiM):

trained peers are available to help staff following potentially traumatic events, by providing education and signposting.

Physiotherapy: staff can self-refer for an assessment, advice and specialist treatment.

Menopause workshops: provide an informal, safe space for colleagues once a month to share their experiences of menopause and provide mutual support. 12 workshops were provided in 2023/24 to 180 participants. A new guidance resource for Managers is being developed to enhance awareness and support around menopause, which will be available by end of Quarter 1 in 2024.

Peer Support Network: Colleagues can access one of the 11 Peer Supporters who volunteer to listen with a confidential and non-judgemental ear, and offer to "walk alongside" someone who may be going through a difficult time in or outside of work.

Schwartz Rounds: a unique opportunity for staff to share experiences and insights into the emotional aspects of working in health care.

Cycle to work: As well as other salary sacrifice options are available, and 565 staff utilised elements of the Trust's salary sacrifice options in 2023/24.

Enhancing awareness of workplace wellbeing

Mobile Hubs

The Staff Advice and Support Hub provide 'outreach' sessions to teams to enhance awareness and reduce stigma around accessing support. In 2023/24 49 of these sessions were provided across GHNHSFT and GMS.

Wellbeing Champions

The Staff Advice and Support Hub have refreshed the role of Wellbeing Champions at GHNHSFT and GMS, and have recruited over 100 Wellbeing Champions in 2023/24. The Champions receive a monthly update newsletter, and are invited to a biannual engagement event.

Workplace Wellbeing section on staff Intranet

In response to feedback, we have redesigned these pages to ensure the best user experience for finding and understanding the wellbeing offer. A new booklet and lanyard card will launch later in the year to help promote the offer to those without computer access.

Year Ahead:

Free Yoga

To help positive physical activity, and mindful practice, we will be offering free weekly yoga sessions for staff, from April 2024.

Walk and Talk group

A weekly walking group was launched in April 2024, to encourage taking breaks and feeling connected with others around the Trust.

Manager workshop on 'Supporting wellbeing in your team'

We have designed a new 2-hour training session to give practical tools to understand and support a culture of wellbeing in teams, for the benefit of colleagues, the service and also managers. It will look at what we mean by 'workplace wellbeing', how to identify when people are experiencing challenges, having wellbeing conversations with them, and appropriate signposting to the available support. Launching in May 2024.

Guidance for having Wellbeing Conversations

This new resource will encourage and enable colleagues to have more conversations about wellbeing, to help promote the culture of self-awareness and support-seeking behaviours when helpful to do so. Launching in June 2024.

Reasonable Adjustment Policy

This new Policy will be accompanied by several tools to support staff in having conversations about reasonable adjustments, as well as clarifying the process and support available. Due to launch in June 2024.

Spiritual care team (Chaplaincy)

The Trust's chaplaincy service offers comprehensive pastoral, spiritual, and religious care to patients, carers, and staff. This team plays a significant role in supporting individuals through challenges such as illness, anxiety, end-of-life care, and bereavement, offering guidance and comfort regardless of their faith, beliefs, or even lack thereof.

By investing in the chaplaincy service, we can enhance the diversity of the team, which would, in turn, allow us to extend our support to a broader group of staff and patients. This includes individuals from Muslim, Roman Catholic, and non-religious backgrounds, ensuring that everyone receives the care they need.

Are you having thoughts of harming yourself or ending your life?

You don't have to manage these thoughts on your own. Whatever you are going through, confidential, non-judgemental help is available any time day or night.

Speak with someone in person
Make an urgent appointment with your GP. If you feel you cannot keep yourself safe, immediately take a taxi to the nearest A&E (Emergency Department).

Speak on the phone
Samaritans: 116 123
Gloucester Crisis Team: 0800 169 0398
NHS 111: Call '111'
All are free from any phone and available 24/7

Text message
Shout Crisis Text Line: Text "SHOUT" to 85258.

Email
Samaritans: jo@samaritans.org
(it may take up to 24 hours to receive a response)

Support app for your phone
Download the Stay Alive app for your smartphone, for Android or iOS.

Further support
Visit NHS.UK

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

Suicide Prevention TOOLKIT:

This work comprises a ' what to do' guidance document for any staff member with concerns about the risk-to-self or a colleague, alongside e learning from national provider 'Zero Suicide Alliance' and a new support options document that can be given to anyone having thoughts of self harm or suicide.

Education Learning and Development

Our organisation takes a comprehensive approach to enhancing knowledge of EDI across all levels.

Our key initiatives:

Leadership Training

We offer targeted leadership training to equip our current and future leaders with the skills and knowledge to lead inclusively and champion EDI initiatives within their teams and departments.

Bespoke department and ward training

Our EDI team provide customised training tailored to the unique needs of each department and ward. This approach ensures that our teams have the specific tools and knowledge necessary to create an inclusive and equitable environment.

While many recognise the advantages of an inclusive workplace, they may lack the confidence and knowledge to achieve it. Our goal is to bridge this gap by providing practical guidance on how to create inclusive environments. These tailored sessions have been well-received, with feedback highlighting improvements in personal confidence and team unity.

Through our training, we empower individuals and teams to put inclusive practices into action, leading to a more cohesive and supportive work culture.

Reciprocal mentoring

The successful first pilot Reciprocal Mentoring program paired employees from ethnic minority backgrounds with the Executive Team, fostering opportunities for staff from minority groups to share their perspectives.

This initiative demonstrates our commitment to listening and learning in accordance with our values and promotes a culture where every team member can thrive, feel a sense of belonging, grow, and excel.

Since the last Equality report, the Executive and VSM teams have conducted another System-wide reciprocal mentoring program for staff with protected characteristics. We hope to start a 3rd Cohort in 2024–2025.

International recruitment:

We have persistently pursued the recruitment of Nurses, Allied Health Professionals, Midwives, and Medics from overseas to join our Trust.

Since 2023, over 252 international recruits have been welcomed, enhancing our team with diverse skills and perspectives. Upon arrival, international nurses' benefit from comprehensive support and pastoral care provided by our OSCE Team, EDI Team, and pastoral Team.

Similarly, Allied Health professionals receive substantial support from their colleagues with whom they collaborate, supplemented by a dedicated Buddy system offering additional one-on-one support. These initiatives ensure our new international recruits feel valued and supported as they integrate into our healthcare community

Veterans

The veteran aware accreditation for our Veterans and Armed forces Community was successfully reassessed by the Veterans covenant healthcare alliance.

To enhance our data capture of the whole Armed Forces community we have amended our Patient administration system to capture veterans serving personnel and their families and dependents in order to better understand our patient experience and service use.

The research project for understanding the healthcare needs of Veterans in acute care has concluded along with the secondment of our Armed Forces Advocates. Our patient advisory and liaison service colleagues have been trained as NHS Armed forces Champions to further support our Armed forces community. We have strengthened links with local Armed Forces charities SSAFA and the Royal British Legion for visiting and practical support for our Armed Forces community.

Inclusion network

Within the Trust, we have three Staff Networks whose work we actively promote while encouraging greater membership and participation. These Networks are open to all staff and play a crucial role in our decision-making processes.

Over the past 12 months, the Inclusion Network has seen significant growth, now boasting more than 465 members. Since April 2024, over 75 colleagues have joined, indicating strong interest in fostering a more inclusive and equitable workplace. As the network expands, it provides a robust platform for colleagues to connect, share experiences, and drive diversity and inclusion initiatives across the organisation. This growth reflects our staff's dedication and underscores the network's positive impact.

These networks are central to our diversity and inclusion agenda, providing avenues for staff to share insights and influence organisational policies. Network representatives actively engage in the Inclusion Council, advocating for EDI initiatives throughout the organisation.

We continue to strengthen our engagement with diverse staff across the Trust, creating safe spaces where their voices are heard and their concerns addressed. Understanding their lived experiences is essential for fostering cultural change and ensuring an inclusive environment.

We are fortunate to have 6 Chairs who are dedicated and passionate about their roles. They bring a wealth of experience, passion, and knowledge to drive their respective networks forward. Since being in post the chairs have held: Safe space/Listening events, Tea/Coffee and Talk Sessions, Awareness Stands, Disability Open day, Mobile hubs and drop-in sessions.

When applying for the role as network chairs, each of the chairs were asked the question: What Equality, diversity and Inclusion means to them.

"To me, equality is the recognition that everyone is born with different attributes, personal capacity and access to resources but all with equal value and rights.

I see diversity as enriching collective spaces through shared culture and protected characteristics. This creates a wealth of opportunities to learn from others and deepen our own understanding of differing perspectives.

Inclusion is welcoming diversity and taking meaningful and practical steps to enable access for all"

Tally

"Equality means treating people fairly in a way that reflects their needs, ensuring they equal opportunity to achieve their desire outcome, and eliminating.

Diversity is about valuing for different perceptive they have to offer and maximising the range of voices. Inclusion means ensuring that everybody has a voice and a means to participate, which may involve making reasonable adjustments to our usual processes."

Remi

"To me, equality, diversity and inclusion are allied to one other. They symbolise a space where every person, regardless of sex, gender, ethnicity, culture, disability or orientation, are valued, protected and celebrated"

Jules

Disability network

We take great pride in Becky Fell, Chair of the Disability Network, whose outstanding work has been highlighted in the Royal College of Nursing Magazine. Throughout her tenure as Chair, Becky has made remarkable contributions, advocating tirelessly for disability rights and fostering a supportive environment within our organisation. Her leadership has significantly enhanced awareness, support, and inclusivity for disabled staff

and patients alike. This recognition in the RCN Magazine underscores Becky's dedication and the positive impact she has made during her time as Chair.

Rebecca (Becky) Fell, Chair of Disability Network, discusses the critical issue of disability discrimination in her article "Tackling Disability Discrimination: [Tackling disability discrimination: beating the bigots with career success | RCN Magazine | Royal College of Nursing](). Beating the Bigots with Career Success" in the Royal College of Nursing Magazine. She emphasises how individuals with disabilities can overcome discrimination and succeed professionally by leveraging their unique perspectives and experiences.

Becky highlights the importance of resilience, resourcefulness, and empathy that disabled individuals bring to their roles, enhancing their care giving capabilities. She underscores that understanding one's legal rights under UK Equality law and advocating for necessary workplace adjustments are crucial steps in navigating and overcoming discrimination.

Becky also draws attention to the valuable support provided by the RCN Peer Support Service, which offers guidance on disclosing disabilities, requesting reasonable adjustments, and creating a Disability Passport to document these needs. This service ensures that members receive the support they need to thrive in their careers despite any health challenges.

Neurodivergent Peer Support Group: Disability Network

We have recently launched a monthly peer support group within our Disability Network specifically for Neurodivergent staff. This initiative offers a safe environment for staff to listen, share (if comfortable), and support one another. It aims to provide a supportive space for those living with various neurodiverse conditions such as Attention deficit hyperactivity disorder (ADHD), Autism, Tourette's Syndrome, Dyslexia, and Dyspraxia.

Deaf Awareness Week

This year the network marked Deaf Awareness Week, an annual event that aimed to raise awareness about deafness and hearing loss.

This event highlighted the challenges faced by individuals who are deaf or hard of hearing. Acknowledging that people who are deaf or hard of hearing frequently face challenges such as communication and accessibility barriers, restricted access to information, employment and promotion discrimination, and social isolation, a video was created to raise awareness of these issues. Mark Pietroni, Director for Safety and Medical Director, Kaye Law-Fox, GMS Chair, and Shananne Squire, Domestic, engaged in an insightful conversation about Deaf Awareness and the importance of supporting our deaf and hard of hearing peers.

Their discussion emphasised the Trust's commitment to improving accessibility and support for both patients and staff.

Ethnic Minority Chairs

The Ethnic Minority Chairs have maintained their active promotion within the Trust. They have conducted drop-in sessions in strategic locations and made themselves accessible for questions and support across the organisation. By prioritising visibility and establishing trust, they have successfully expanded the network and strengthened its presence.

Celebrating Windrush 75 and NHS 75

Windrush 75

This year marked a special celebration: 75 years since the HMT Empire Windrush docked in Tilbury, Essex, bringing passengers from the Caribbean to the UK to fill post-war labour shortages and rebuild the economy.

Many of those on board, including nurses, played a crucial role in supporting the newly-established NHS. To commemorate this milestone, the Trust hosted a special event celebrating the 75th anniversary. Staff and local community members

gathered to raise the Windrush flag and enjoy an afternoon tea with cupcakes, tea, and coffee. The event also featured music from Music Works, a charity that supports people of all ages and backgrounds in making music in Gloucester.

NHS 75

The Trust marked this milestone by showcasing the best aspects of the NHS and encouraged as many staff as possible to participate in NHS 75 activities. There was also a NHS75 Anniversary celebration at Gloucester Cathedral. Staff from across the NHS and social care were invited to attend.

The event began with Evensong, featuring songs and readings that, for the NHS75, reflected themes of health and healing. Following Evensong, NHS leaders and community partners offered their reflections on the significant contributions made by the county's dedicated health and care professionals over the years.

Black History Month

Celebrated in October, recognises the achievements of Black individuals and amplifies Black voices and stories, addressing the ongoing under-representation in discussions of Black history. During this month, the Royal College of Nursing collaborated with our minority nurses in holding a listening event where colleagues watched the 'Exposed' Video and shared their experiences of working in the Trust.

South Asian Heritage Month

The Trust celebrated South Asian Heritage Month by actively promoting communication and raising awareness about the rich cultural history of South Asian communities. This initiative aimed to highlight and honour the diverse cultural contributions of South Asian heritage within our organisation.

Pookalam

Our staff participated in an Onam celebration by dressing in traditional attire and arranging vibrant floral displays in the atrium. The event was a festive showcase of Kerala's rich cultural heritage, complete with colourful flower arrangements known as pookalam. These designs are a central part of Onam celebrations and added to the festive atmosphere.

Count me in

Following Black History Month 2023, our Ethnic Minority Chair Tali Blake, introduced the "Count Me In" initiative, which focuses on fostering allyship and promoting inclusion throughout our organisation. As part of this initiative, monthly recommended reading books are featured. The group has now grown to include over 50 members actively participating in these efforts.

Ramadan

Our Trust celebrated Ramadan by supporting our colleagues and the community in meaningful ways. The highlight of our support was hosting special Iftar events, where colleagues and community members came together to break their fast.

These gatherings not only allowed us to share a meal but also strengthened our communal bonds and demonstrated our commitment to inclusivity and respect for our Muslim Colleagues.

LGBT History Month:

Our Our Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+) network has recently appointed a new chair and has been revitalised.

The network has played an active role in promoting LGBTQ+ equality throughout the Trust, including efforts to ensure inclusive language in Trust communications and materials is used.

In recognition of LGBTQ+ History Month, we are committed to celebrating the rich history and significant contributions of the LGBTQ+ community. Our initiatives aim to create an inclusive environment and demonstrate our ongoing support for LGBTQ+ Colleagues, patients and the Community

Recent Activities

Gloucester Pride Participation (September 2023): Network members actively participated in Gloucester Pride, showing our solidarity and support for the local LGBTQ+ community.

Rainbow Crossings: To further celebrate national Pride, we have painted two vibrant rainbow crossings at CGH and GRH. These crossings symbolise our commitment.

Upcoming Plans

LGBT History Month events

We will host a series of events throughout LGBT History Month, including educational workshops, guest speakers, and community activities, to raise awareness and honour the achievements of the LGBTQ+ community.

Visibility and support

Our efforts to increase visibility and support for LGBTQ+ colleagues and community members will continue, with initiatives such as the installation of pride flags, inclusive policy reviews, and support networks for LGBTQ+ staff.

Christmas celebration with Widden School Gloucester

In preparation for the Christmas season, we collaborated with the local community and schools, inviting children from Widden School to join us in singing Christmas carols.

This initiative provided the children with a positive experience of the hospital and opportunities to talk with staff about potential careers in the NHS. Our Director for Safety and Medical Director, Deputy Chief Executive Mark Pietroni, thanked the children for attending and singing so beautifully. Each child was presented with a small gift as a token of our appreciation.

To honour Black History Month, staff from our Ethnic Minority Network visited the school to share their career journeys within the NHS. This outreach aimed to inspire and educate the children about the diverse career paths available in healthcare

International Women's Day

In recognition of our commitment to celebrating women's achievements, we invited staff to nominate inspirational women within our Trust who had made a significant impact on them personally or professionally. The nominations highlighted these exceptional women's leadership, creativity, and dedication. There were 29 nominations.

International Educated Professionals 'Walk and Talk' Walking Group

Karen Organ and Sue McShane created a walking group for international recruits to experience the Gloucestershire countryside. Participants embarked on refreshing walks, made new friends, and soaked in the beautiful scenery along the way. Most importantly, they wound down after the walk with a warm drink and snack.

Planned future patient experience: Equality, Diversity and Inclusion improvements 2024–25

Accessibility of our services

We will continue to build the work we do with our Accessibility Panel with the group planned to support the delivery of a programme of 15 steps challenges, delivery of PLACE and co-design of the implementation of an accessibility map. The group will also co-design and co-deliver a programme of Accessible Information Standard training.

Patient Portal

The PEP (Patient Engagement Portal) has been procured and will roll out in quarter 1 of 2024/25. The basis of the PEP being that it allows the opportunity to communicate digitally with patients, with information being surfaced through the NHS App. One of the key features is the ability to send appointment letters digitally without reliance on paper/postage, and this will be one of the first initiatives to be rolled out. Recognising that not all patients are digitally enabled, both paper and digital solutions will be available with the decision down to patient preference. A phased approach will be taken in the roll-out of digital appointment letters, starting with outpatient clinics and then progressing to elective procedures/diagnostics, and ultimately clinic letters.

Patient portals will be rolled out to support patients being able to have more control over how they make, amend and cancel their appointments electronically.

Equality Delivery System (EDS)

Our focussed area's following the EDS outcomes we will focus on during 2024/25 accessibility of our services and translation and interpreting services.

Arts in Trust

To introduce a 'Boredom Buster' newspaper for our patients in quarter 1 of 2024/25 including evaluation, installation of a piano in the Atrium in quarter 2 including volunteer rota, further art work in Chedworth Day Unit, Discharge Lounge, Community Diagnostic Centre, Radiology at CGH, Neonatal unit and Children's Centre all to follow in the second half of 2024/25.

We are also really pleased to have secured funding from the charity to recruit some additional support for our Arts Programme and will be recruiting to this position during quarter 2.

Translation and Interpretation Services

We will be implementing the new contract with the successful bidder as part of our re-tendering of our spoken language translation and interpretation contract. We will be doing this as an ICS along with our ICB, Council and Health and Care colleagues. This collaborative approach is aiming to increase the quality of service for our patients and more competitive pricing. Although we anticipate we will see an increase in usage hopefully the pricing will help us to realise either a small increase in spend or almost static spend compared to 2023/24.

We will be embarking on engagement work with our local communities and our staff to increase awareness of the provision we have and why it is important. Both of these points were identified as gaps in the EDS reporting.

We will also be looking at working collaboratively with Gloucestershire Health and Care NHS Foundation Trust colleagues on the re-tendering of our British Sign Language (BSL) contract.

For the Year ahead 2024/2025

▸ Develop a Cultural Awareness training programme with the aim of adopting a model for organisation wide implementation across the Trust. This training will specifically focus on supporting managers, particularly those who work with internationally educated colleagues.

▸ All Board and Executive team members must establish SMART objectives focused on Equality, Diversity, and Inclusion (EDI), which will be assessed during their annual performance evaluations.

▸ We will review, update, and implement the necessary training and support for managers to ensure that job descriptions and person specifications are written without bias.

▸ We will continue to advance and execute the Staff Experience Improvement Programme, which features dedicated work streams on:

> ▸ Discrimination

> ▸ Teamwork and leadership development

> ▸ Speaking and Raising Concerns

▸ As part of the Teamwork and Leadership Development work stream specific deliverables include:

> ▸ Workshops for leaders and teams across the Trust which include reflection and skills development on responding to inappropriate behaviours and building psychological safety

> ▸ Executive and senior leadership workshops

> ▸ Action Learning Sets for leaders which will have a specific focus on team culture

▸ We will work with One Gloucestershire system partners to commission the delivery of another cohort of the Inclusion Allies training programme, the first cohort of which was successfully delivered in 2022/23

▸ Data from WRES and WDES will be collected for each division. Divisional leads will be required to develop action plans tailored to their specific division based on this data.

▸ To support staff development, we will organize 'Interviewing Impact Workshops' to provide guidance and assistance. These workshops will focus on enhancing interview skills and techniques, empowering staff to effectively showcase their capabilities for career development within the organisation.

▸ As part of our ongoing initiatives, we plan to update our Inclusion Network intranet page. This update will include information on protected characteristics and discrimination, as well as links directing staff to available support resources.

▸ This year, we will host a listening event for Internationally Educated Nurses, providing them with a platform to engage in conversations with senior members of the Trust and the Royal College of Nursing.

▸ For 2024/2025, we will commission the delivery of another cohort of the Inclusion Allies training programme in collaboration with One Gloucestershire system partners.

▸ As part of our collaborative efforts within the system, we intend to sustain our Reciprocal Mentoring Programme. This initiative will be extended to include all Staff with a protected characteristic.

▸ We will integrate Equality, Diversity, and Inclusion (EDI) principles into the recruitment process as part of the Trust's broader EDI Development Plan.

▸ We will be Conducting a comprehensive review of current recruitment policies and procedures.

▸ We will be conducting a review of the Interview Inclusion Champion role to assess whether the current process is effective. The results will be presented to the Recruitment Team and the Equality, Diversity, and Inclusion Steering Group (EDISG), followed by a discussion to determine necessary actions for improvement.

▸ As part of the review, we will thoroughly evaluate the Inclusion Champion role utilized in interviews for positions at band 8a and above. This evaluation will involve assessing the current effectiveness of the role, identifying any areas for improvement, and developing a more comprehensive and robust process to enhance inclusivity in our recruitment process. The goal is to ensure that the Inclusion Champion role effectively contributes to our commitment to EDI within the organisation.

▸ We are reviewing an updated, appraisal document to ensure it promotes inclusivity and encourages colleagues to outline their plans for advancing the inclusion agenda for both patients and staff

▸ Expand membership in our staff networks by boosting awareness, enhancing visibility, and increasing communication.

▸ We will Continue to observe awareness days, weeks, and months to deepen knowledge and understanding among our workforce.

▸ Continue to hold EDI Drop-in Clinics for staff, providing a confidential and safe environment to discuss EDI-related experiences, offer support and guidance, and share positive experiences and ideas.

▸ Featuring more staff spotlights in biweekly inclusion network communications, including stories from our disabled colleagues.

▸ The Health and Wellbeing Team will be launching the new Reasonable Adjustment policy with a Trust-wide communications plan to raise awareness, including its integration into a new Managers' training session on 'Supporting Wellbeing in Teams'.

▸ We will launch a Disability/Workplace Adjustments Passport as a resource for staff to review and maintain their accommodations when transitioning between teams.

▸ We will continue to organise dedicated listening events, workshops, and focus groups to ensure that insights contribute to our broader Anti-Discrimination Work stream.

▸ Launching new groups, such as the Neurodivergence Peer Support Group in collaboration with our Disability Network Chairs, to provide safe spaces for staff to share and address workplace challenges.

▸ Neurodiversity Project Working Group with an immediate focus on support learners with neurodiversity with developing educators. This is in conjunction with the new SSHINE learning package.

▸ Planned disability-specific conferences to foster networking among our disabled colleagues and support ongoing initiatives within our Trust's disability space.

▸ Initiatives for Disability History Month include promoting awareness of invisible disabilities through stories and experiences shared by our Trust's staff via posters and other promotional materials.

▸ Following Deaf awareness week, we will be creating a video for Deaf Awareness Week to encourage sign language use within the Trust and highlight the experiences of individuals who are deaf or hard of hearing.

Patient Experience

Demographic information on the patient population during 2023-24.

Age group

We had 771,832 Outpatient attendances, of these:

▸ The largest proportion: 31.74% were aged 41-65

▸ The next largest group: 29.68% were aged 66 – 80

▸ Followed by: 18.61% were aged 16 – 40

We had 164,240 inpatient discharges, of these:

▸ The largest proportion: 27.75% were aged 41-65

▸ The next largest group: 25.17% were aged 66 – 80

▸ Followed by: 24.01% were aged 16 – 40

Ethnicity

We had 771,832 Outpatient attendances, of these:

▸ The majority: 91.01% were White British

▸ The next largest registered group: 3.16% Any other White background

▸ Followed by: 1.03% Indian

▸ A large proportion of patients (15.29% of the total) did not disclose or their ethnic group is unknown, the above figures have been determined with these patients excluded

We had 164,240 inpatient discharges, of these:

▸ The majority: 89.11% were White British

▸ The next largest group: 3.94% Any other White background

▸ Followed by: 1.05% Indian

▸ A large proportion of patients (12.59% of the total) did not disclose or their ethnic group is unknown, the above figures have been determined with these patients excluded

Marriage and civil partnership

We had 771,832 Outpatient attendances, of these:

▸ The majority: 55.36% were Married or in a Civil Partnership

▸ The next largest group: 36.24% were Single

▸ Followed by: 4.82% Divorced/ Person whose Civil Partnership has been dissolved

▸ A large proportion of patients (61.63% of the total) did not disclose or we do not have this any data recorded as to their status, the above figures have been determined with these patients excluded

We had 164,240 inpatient discharges, of these:

▸ The majority: 52.09% were Married or in a Civil Partnership

▸ The next largest group: 39.48% Single

▸ Followed by: 23.2% Divorced/ Person whose Civil Partnership has been dissolved

▸ A large proportion of patients (59.14% of the total) did not disclose or we do not have this any data recorded as to their status, the above figures have been determined with these patients excluded

Religious belief

We had 771,832 Outpatient attendances, of these:

▸ The majority: 64.32% Church of England

▸ The next largest group: 15.09% were Not religious

▸ Followed by: 7.62% Roman Catholic

▸ A large proportion of patients (46.65% of the total) did not disclose or we do not have this any data recorded as to their religious belief, the above figures have been determined with these patients excluded

We had 164,240 inpatient discharges, of these:

▸ The majority: 63.18% Church of England

▸ The next largest group: 16.38% Not religious

▸ Followed by: 7.70% Roman Catholic

▸ A large proportion of patients (44.41% of the total) did not disclose or we do not have this any data recorded as to their religious belief, the above figures have been determined with these patients excluded

Sex

We had 771,832 Outpatient attendances, of these:

▸ The majority: 56.77% Female

▸ Followed by: 43.23% Male

We had 164,240 inpatient discharges, of these:

▸ The majority: 56.78% Female

▸ Followed by: 43.21% Male

Sexual Orientation

We had 771,832 Outpatient attendances, of these:

▸ For the majority of patients, 99.90%, this information has been left blank followed by 0.08% identifying as heterosexual or straight.

We had 164,240 inpatient discharges, of these:

▸ For pays the majority of patients, 99.87% this information has been left blank followed by 0.11% identifying as heterosexual or straight.

Pregnancy and Maternity

We had 771,832 Outpatient attendances, of these:

▸ The majority: 95.11% were not pregnant
▸ Followed by: 4.89% were pregnant

We had 164,240 inpatient discharges, of these:

▸ The majority: 90.45% were not pregnant
▸ Followed by: 9.55% were pregnant

Gender reassignment

We do not currently collect this data.

Patient and carer experience: Equality, Diversity and Inclusion (EDI) improvements

We have implemented initiatives and built on existing ones to help to continue to improve the experiences of our patients. We have successfully recruited to a Patient Experience Improvement Manager with a specific focus on EDI.

Accessibility

We have established an Accessibility Panel consisting of patients, carers, representatives of community groups and others with lived experience. The group have so far supported participating in the Patient Led Assessments of the Care Environment (PLACE), providing feedback on our Patient Engagement Portal and development of a film to provide understanding of the importance of the Accessible Information Standard.

We have also supported a 15 steps challenge of our Emergency Department at Gloucestershire Royal Hospital in conjunction with Healthwatch Gloucestershire. Areas for improvement were identified and prioritisation of actions was undertaken with the main priorities taken forward to Access and Egress group for consideration and action. As a result of feedback from our colleagues at Inclusion Gloucestershire, more accessible beds are now available and greater access to hoists.

Easy Read

We have continued to work with Inclusion Gloucestershire to further support the development of easy read patient information leaflets including to support our children as well as our patients with a learning disability.

We have also worked with Inclusion Gloucestershire to develop an Easy Read version of 'Ask 3 questions' which is an initiative we have begun rolling out across our organisation.

This enables patients to be more involved in decisions about their care and treatment by also providing this in Easy Read the information is in a way that meets their communication need.

Audio guides

We worked with colleagues at the Sight Loss Council and Pocklington Trust to improve the wayfinding options available to our patients including co-producing audio guides providing directions to several locations as identified by our patients.

The finished guides are available to listen to on our website.

Equality Delivery System (domain 1)

The Equality Delivery System (EDS) was first launched for the NHS in 2011 and is a system that helps NHS organisations improve the services they provide for their local communities. The main purpose of the EDS is to review and improve our performance for people with characteristics protected by the Equality Act 2010.

This year we have continued to work across Gloucestershire to revisit our EDS progress from 2022/23 for Cancer Services and Translation and Interpretation Services and we have also included Maternity Services.

We have collated information to support this assessment from NHS Gloucestershire Integrated Care Board (ICB), Gloucestershire Health and Care NHS Foundation Trust and Gloucestershire Hospitals NHS Foundation Trust. The evidence gathered includes statistical data, policies, strategies, working protocols and procedures, service specifications and health inequalities action plans. The evidence has been discussed with the ICB Working with People and Communities Advisory Group and Maternity and Neonatal Voices Partnership representatives, who gave valuable insight into our self-assessment and made recommendations regarding ratings for each of the four outcomes.

Each outcome was scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Using the middle

score out of the three services from Domain 1, domain scores are then added together to provide the overall score, or the EDS organisation rating. Ratings in accordance to scores are below.

The scoring system allows us to identify gaps and areas requiring action.

Gloucestershire scores for domain 1: Our assessment rating

There is a range of scores across the different services, but when combined they equate to the following:

▶ Outcome 1A: Patients (service users) have required levels of access to the service – Achieving activity = score 2

▶ Outcome 1B: Individual patients (service user's) health needs are met – Achieving activity = score 2

▶ • Outcome 1C: When patients (service users) use the service, they are free from harm – Achieving activity = score 2

▶ • Outcome 1D: Patients (service users) report positive experiences of the service – Achieving activity = score 2

▶ Overall Rating for Domain 1: Commissioned or Provided services is Achieving Activity (score 8 out of possible 12)

Interpretation and translation

Our Trust policy is to ensure that any patient requiring an interpreter should have access to an independent interpreter.

As a Trust we hold a contract with DA Languages Plc to deliver our spoken language translation and interpreting services. For those patients requiring British Sign Language our contract is with Gloucestershire Deaf Association.

Activity in 2023/24

Our usage and spend as a Trust have been:

Service Type	Volume delivered	Spend
Face to face Interpreting	4,490	£216,532.22
Telephone Interpreting	4,546	£38,674.44
Translation / Transcription	50	£5,096.85
Video Remote Interpreting	122	£11,240.66
British Sign Language	339	£71,258.81
Total usage	9,547	£342,802.98

Our top 10 spoken languages by frequency for 2023/24 were:

Language	Requests
Polish	1438
Romanian	773
Czech	707
Arabic	701
Ukrainian	549
Slovak	534
Bengali	382
Farsi (Persian)	312
Portuguese	292
Kurdish Sorani	212

We have undertaken engagement work with staff in response to any incidents relating to accessing our translation and interpreting services.

This has led to a greater understanding of the options available to staff and also for the Patient Experience Team to support the re-tendering process.

Arts for our community

We have worked collaboratively with our patients and staff to create bespoke pieces of art to enhance the experiences of our patients in our hospitals, many of which have been supported by the Cheltenham and Gloucester Hospital Charity. Stand out pieces include

Submergence

We hosted 'Submergence' a light and sound installation at both Gloucestershire Royal Hospital (GRH) in the Children's Centre and Cheltenham General Hospital (CGH) in the Oncology Centre.

This formed part of a scoping project in collaboration with Squid soup, a group of local artists. The project measured the reported wellbeing of those using the installation. The installation was completely accessible including for those of our patients' using wheelchairs. The lights and sounds could be turned off independently of one another and adjusted in terms of volume and speed to support those patients sensitive to both.

The results were overwhelmingly positive with patients noting that they felt calmer after engaging with the installation.

Children's Centre mural

The completion of a large mural outside of the Children's Centre at Gloucestershire Royal Hospital, kindly supported by the Pied Piper Appeal was completed.

Children's ED

Artwork in the Children's emergency department including the use of art to support wayfinding to the department

Bunting to celebrate the 75th birthday of the NHS which was created by community groups, patients, carers and staff. This was displayed in the Cathedral as part of the celebrations
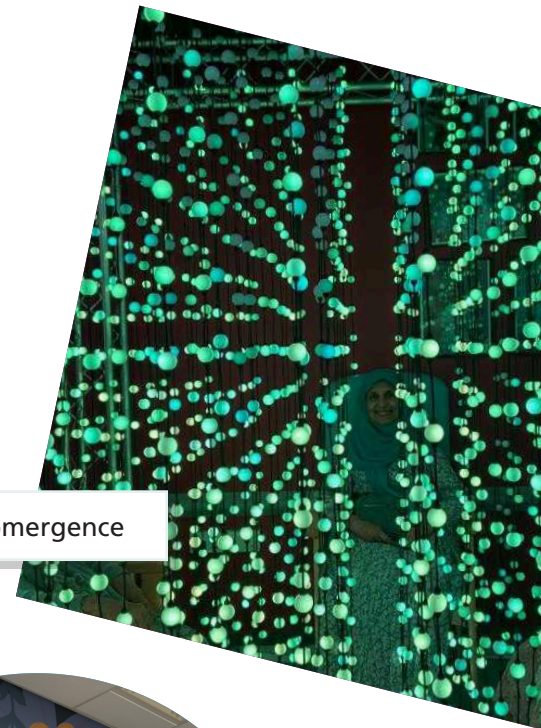
Submergence

Artwork in Children's ED