

“The last year has been incredibly challenging for all our staff who have continued to provide passionate and dedicated care to our patients and each other.

As one of the largest Trust in the country, employing over 13,000 staff, I cannot emphasise enough how crucial equality, diversity and inclusion are to our wellbeing and aspirations.

The publication of this bi-annual report is an important step showing the progress we are making on our five-year strategy to become inclusive in everything we do.

We have a long way to go, and on behalf of the Trust Board, I can give you our pledge to do whatever it takes to complete this journey.”

**Alex Nestor, Acting Director of People**



**University Hospitals  
Bristol and Weston**  
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# Workforce Equality, Diversity and Inclusion

Bi-annual Integrated Equality, Diversity and Inclusion  
Performance Report (October 2020 – March 2021)

July 2021

# Report sign-off pathway and glossary

**Report author - Harjinder Bahra, Trust Equality, Diversity and Inclusion Manager**

## Sign-off pathway for the bi-annual EDI integrated performance report

1	Support	People and Education Group	7 July 2021
2	Feedback	EDI Steering Group	8 July 2021
3	Assurance	People Committee	27 July 2021
4	Assurance & Ratification	Trust Board	29 July 2021

## Glossary

EDI	Equality, Diversity and Inclusion
D&I	Diversity and Inclusion
WRES	Workforce Race Equality Standard
EDS2	Equality Delivery System (version 2)
WDES	Workforce Disability Equality Standard
GPG	Gender Pay Gap

# Executive Summary

## Our Vision

Our vision is to be **‘inclusive in everything we do’**. We aim to do that through a programme of change initiatives that realises the following benefits:

- A culture of inclusion and engagement at University Hospitals Bristol and Weston for all staff
- Valuing and empowering staff to ensure better outcomes for individuals, the organisation and patients
- Ensuring talent is maximised in the organisation
- Our Leadership teams represent the community we serve
- An inclusive approach to development, education and promotion
- Greater innovation; as research shows that diverse teams are more likely to increase organisational effectiveness

## Our Ambition

Our ambition is to become an inclusive employer of choice. We aim to achieve this through:

- Leadership and cultural transformation
- Accountability and assurance
- Positive action and practical support
- Monitoring progress and benchmarking

## About this report

This is the Trust’s first bi-annual equality, diversity and inclusion integrated performance report. The purpose of the bi-annual EDI report is to ensure that the Trust has developed a robust assurance and delivery plan that realises our vision and ambition by mitigating risk by:

- Compliance with the public sector equality duty for all protected characteristics
- Responding to findings from staff surveys
- Using the Equality Delivery System (EDS2) as a cultural of care barometer
- Embedding the Workforce Race Equality Standard (WRES) and adopting the Model Employer framework
- Embedding the Workforce Disability Equality Standard (WDES)
- Addressing Gender Pay Gap

The bi-annual EDI report sets-out both corporate and divisional progress against the Trust 5-year D&I strategy in Q3 and Q4 of 2020/21. The report also sets-out the forward plans for WRES, WDES and Trust staff networks together with the strategic action plan for 2021/22



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# Key successes on Trust equality, diversity and inclusion action plan

The following slides set-out some of the key successes the Trust has made in the last six months on its five-year EDI strategy.

# Key Successes



## Senior Leadership Team EDI Summit 4 Nov 2020

Successful and well attended EDI seminar with keynote speech by Habib Naqvi, national WRES lead. Divisional updates on EDI activities since the launch of the Trust 5-year EDI strategy and action plan for 2020/21.



## Black History Month Webinar 22 Oct 2020

Black History Month was supported with a wide range of online activities. The well-attended webinar was address by RCN Regional Director, Lucy Muchina, and also by top British athlete and inspirational speaker, Vernon Samuels.



## LGBT History Month Event 24 Feb 2021

Very successful and generative event with over 60 people attending including the exec team with commitment to work with Freedom Youth (local LGBT organisation) and ShoutOut Radio.



## National Reciprocal Mentoring Programme

Trust successfully bid to be part of the national 18-month Reciprocal Mentoring for Inclusion programme.



## Stepping Up Diversity Leadership Programme 2021

Three Trust-funded staff members have successfully enrolled onto Bristol Council's award winning Stepping Up Diversity Leadership Programme.



## Cultural Awareness Training

New two-hour workshop, 'Cultural awareness for an inclusive workplace', was launched with positive feedback. Workshop focuses on exploration of 'You' and 'your place in the world' with the aim of creating a positive culture in the workplace.



## Equality, Diversity and Inclusion Steering Group

Relaunched EDI steering group with new terms of reference, governance pathways and refreshed membership that includes divisional EDI leads and the creation of operational EDI leads for local EDI reporting.



## Trust EDI Lead

A permanent EDI lead has been appointed to deliver the Trust 5-year diversity and inclusion strategy, support and build divisional and corporate EDI capacity including staff networks and EDI Advocates



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# Update on Trust equality, diversity and inclusion action plan Sept 2020 to March 2021

The following slides set-out the high level progress the Trust has made in the last six months on its five-year EDI strategy.

# Trust Equality, Diversity & Inclusion Action Plan 2021/22

## Progress update

KPIs	No	Action	Who	When	Progress	RAG
PSED EDS4.1 DPP6	1	Reciprocal Mentoring (RM). The Trust successfully bid to be part of the national 18-month RM for Inclusion programme.	EDI Manager Barnard Galton Sam Chapman	May 21	<ul style="list-style-type: none"> <li>Productive on-boarding day (3 Feb)</li> <li>RM has potentially better outcomes for mentoring relationships and co-production across the Trust</li> </ul>	
EA2010 PSED WRES WDES EDS2	2	Trust Staff Networks: Supporting and developing them to become sustainable with a wider reach and impact across all protected characteristics.	EDI Manager Staff Networks Chairs Jeff Farrar Matt Joint	Apr 21	<ul style="list-style-type: none"> <li>Draft feasibility report completed and options being considered including protected time for developing and running the networks</li> <li>Networks currently developing a 12 month action plan framework</li> </ul>	
PSED EDS4.1 DPP6	3	Stepping Up Diversity Leadership Programme 2021. The award winning programme is aimed at developing a diverse range of future leaders from BAME communities, women, people with disabilities and wider protected groups.	Divisional Directors HRBP's	Feb 21	<ul style="list-style-type: none"> <li>For the 2021 cohort, between 4 and 6 Trust staff have applied to join the programme</li> <li>Offer on the programme is subject to shortlisting and interview outcome</li> </ul>	
WRES WDES PSED EA2010 EDS2	4	Trust-wide capacity-building for divisional EDI Leads and EDI Advocates	EDI Manager Divisional EDI leads Divisional EDI Advocates HRBPs	Mar 21	<ul style="list-style-type: none"> <li>EDI Leads and Advocates support pack in progress</li> <li>EDI capacity-building training and development tools in development</li> </ul>	

# Trust Equality, Diversity & Inclusion Action Plan 2021/22

## Progress update

KPIs	No	Action	Who	When	Progress	RAG
EA2010 PSED BSS1 BSS2 BSS3 BSS4	5	Develop an EDI Inclusive Leadership Programme for Divisional EDI Leads & Advocates. This programme will provide robust baseline capacity-building on legal compliance, equality analysis and practical application of embedding EDI in all Trust activities and functions including equality of opportunity in career progression and development across all protected groups.	EDI Manager Head of Education Head of L&D Staff Networks Divisional EDI leads Divisional EDI Advocates	April 21 onwards	Ongoing support for Divisional EDI Leads & Advocates is already in place. In parallel, a wider scoping and feasibility study is underway to determine EDI capacity-building needs, programme content and delivery mechanisms.	
APP2	6	Support for line-managers to have 'meaningful' EDI conversations in Appraisals. There is a clear juxtaposition between, 'what have you done to improve EDI in the Trust?' and 'how can I support your pathway to EDI in the Trust'.	EDI Manager Oonagh McNeil	Feb 21	Draft guidance currently being developed.	
EDS4.3	7	Cultural Awareness Training.	EDI Manager Mike Sheppard	Ongoing	Training has been well received with 567 having completed it - ongoing promotion	
EDS3.1 DPP1	8	Building EDI into our Recruitment processes.	EDI Manager Peter Russell	April 21	Scoping and feasibility study underway to develop focused interventions.	
EDS3.3 APP2 DSS1	9	Building EDI into Talent Management as part of the Talent Management pilot in Estates to harnesses the talent that is lying dormant in our staff across all protected groups.	EDI Manager Faye Beddow	April 21	Scoping and feasibility study underway to develop focused interventions.	



# Trust Equality, Diversity & Inclusion Action Plan 2021/22

## Progress update

KPIs	No	Action	Who	When	Progress	RAG
EDS4.1 DSS1	10	Review Lift As You Climb pilot and develop an up scaled programme with self-sufficient management system allowing the mentor and mentee to contact directly.	EDI Manager Alex Millar	Feb 21	Review of the Lift As You Climb pilot has been completed and the self-service management system is currently being tested for functionality and integrity. The pilot has been well received and a number of inspirational staff have registered as mentors. The full programme should go live in Feb 21.	
EDS3.6 PSED	11	Celebrating and Valuing the Contribution of all our staff. OD has developed a comprehensive EDI communications plan for 2021 that is in the process of being implemented that showcases the diversity and richness of contribution by Trust staff. There will be particular focus on national and international events e.g. LGBT Month (Feb), Black History Month (Oct) and Disability Month (Dec) and also on festivals (e.g. Diwali) as well as celebration and awareness days/weeks e.g. men's health week.	EDI Manager OD team Staff Networks Divisional EDI Leads Divisional EDI Advocates Comms team	Ongoing 2021	Activities around LGBT Month are at the planning stage with a half-day LGBT conference taking place on 24 Feb (virtual conference). Planning around other events is also in progress.	

# Trust Equality, Diversity & Inclusion Action Plan 2021/22

## Progress update

KPIs	No	Action	Who	When	Progress	RAG
PSED DSS1 APP2	12	Equality of opportunity. The Trust is committed to understanding the barriers to equality of opportunity for career progression and development for all staff across all protected characteristics.	EDI Manager Staff Networks Divisional EDI leads Divisional EDI Advocates	2021-22	Scoping and feasibility study underway to develop focused interventions by understanding key barriers, hot spots and pressure points to EDI in the Trust.	
WDES PSED EDS3.6	14	Improving our WDES & LGBT staff data collection on ESR. The Trust recognises that there are genuine EDI barriers that prevent some staff from registering their disability and/or sexual orientation on ESR. This is a complex area with issues of trust, safety, confidentiality and inclusion needing to be addressed at an individual, team and organisational level. The Trust is committed to cultural change where staff from all protected groups feel safe, supported, valued and respected.	EDI Manager Lorna Hayles LGBT+ Staff Network Chair ABLE+ Staff Network Chair	2021-22	The learning from the WRES Cultural Change pilot, particularly, the diagnostics, gathering of quantitative and qualitative data, will be directly applicable to addressing some of the EDI barriers faced by our LGBT and disabled staff.	

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WRES DPP3 DPP4 DPP5 PSED	13	WRES Cultural Change Programme. The pilot involves deep-dive diagnostics on the WRES data, focus group facilitation and reviewing access to leadership development among other interventions. The learning from this programme will be applied across all protected characteristics to help the Trust build a more representative workforce.	EDI Manager Lorna Hayles Sam Chapman National WRES Team	Feb 21	The programme initiation meeting is set for Feb 21.	
WDES PSED EDS3.6	14	Improving our WDES & LGBT staff data collection on ESR. The Trust recognises that there are genuine EDI barriers that prevent some staff from registering their disability and/or sexual orientation on ESR. This is a complex area with issues of trust, safety, confidentiality and inclusion needing to be addressed at an individual, team and organisational level. The Trust is committed to cultural change where staff from all protected groups feel safe, supported, valued and respected.	EDI Manager Lorna Hayles LGBT+ Staff Network Chair ABLE+ Staff Network Chair	2021-22	The learning from the WRES Cultural Change pilot, particularly, the diagnostics, gathering of quantitative and qualitative data, will be directly applicable to addressing some of the EDI barriers faced by our LGBT and disabled staff.	

# Trust Equality, Diversity & Inclusion Action Plan 2021/22

## Progress update

KPIs	No	Action	Who	When	Progress	RAG
EA2010 PSED	15	EDI visibility on HRWeb. EDI Landing Page to be reviewed and refreshed.	EDI Manager Alex Millar	Jan 21	The EDI landing page on HRWeb has been refreshed with continued development throughout 2021 so it becomes a robust resource for all staff on Equality, Diversity and Inclusion.	
EA2010 PSED	16	EDI visibility on Public Website (external). EDI publications to be migrated from UHB to UHBW new website.	EDI Manager Tasmeen Warr John Kirk	Jan-Feb 21	Discussions are taking place on the timeframe when this can be achieved.	
EDS4.2 EA2010 PSED WRES WDES	17	Bi-annual EDI performance framework report. Develop a bi-annual EDI performance framework report to enable robust local reporting and targeted interventions that goes to People Committee and all governance routes within the Trust.	EDI Manager Sam Chapman	May 21	Draft outline of the framework report is in progress. The final report to be presented to the People Committee on 25 May 2021.	

# Trust Equality, Diversity & Inclusion Action Plan 2021/22

## Progress update

KPIs	No	Action	Who	When	Progress	RAG
EA2010 PSED WRES WDES EDS2	18	<p>Mystery Shopper - testing the assumptions.</p> <p>The Trust is committed to EDI for staff, students, volunteers and patients. However, we need to test how this works in practice. Therefore, in parallel with the BAME Student Placement Pilot (see action point 27), the Trust is developing a programme that will journal the EDI experience of placement students from other protected characteristics (e.g. LGBT, disability, religion or belief, pregnancy and age) in clinical and educational settings.</p>	EDI Manager Head of Education Head of L&D Head of Medicine Edu. Divisional EDI leads	April 21 onwards	Scoping and feasibility study is underway in advance of the design stage which will include 'safe and confidential space' for honest dialogue for students and supervisors to share about their respective experience of EDI in these settings/relationships.	

# Trust Equality, Diversity & Inclusion Action Plan 2021/22

## Progress update

KPIs	No	Action	Who	When	Progress	RAG
EA2010 PSED WRES WDES EDS2	19	<p>Positive Action and Practical Support on EDI</p> <p>Over the next 12 months, the Trust's focus will be to achieve high visibility on EDI internally (intranet) and externally (public website), with increased focus through our communication channels including Voices, Newsbeat, leaflets, webinars, focused EDI masterclasses and capacity building workshops.</p>	<p>EDI manager Tasmeen Warr John Kirk Staff Network chairs Divisional EDI Leads/Advocates Head of L&amp;D Head of Education</p>	2020-21	<p>EDI landing page on HRWeb refreshed. Focused interventions and messages are being developed as part of the Trust New EDI Offer to all staff, Divisional EDI Leads/Advocates as detailed throughout this report.</p>	

# Trust Equality, Diversity & Inclusion Action Plan 2021/22

## Progress update

KPIs	No	Action	Who	When	Progress	RAG
EA2010 PSED WRES WDES EDS2	20	The Trust is committed to supporting Staff Networks to become sustainable with increased visibility, membership, wider reach and impact across all protected characteristics.	EDI Manager Staff Network Chairs Jeff Farrar Matt Joint	Feb 21	A draft scoping and feasibility study for making Staff Networks sustainable is near completion for wider circulation and engagement.	
WRES WDES PSED EA2010	21	Access to facilities and room at Weston to enable staff based at Weston to attend Staff Network meetings virtually.	EDI Manager Staff Network Chairs Julian Newberry Mark Kellinger	Jan 21	An agreement is in place to provide a IT/Webcam equipped room to ensure that staff based at Weston can participate in all Staff Network meetings.	
WRES WDES PSED EA2010 EDS2	22	Increased visibility of Staff Networks on HRWeb.	EDI Manager Staff Network Chairs Alex Millar	Jan 21	Access to Staff Networks' landing page has been moved to HRWeb top menu below 'Staff Services'. Staff Network pages on HRWeb have also been refreshed with continued development throughout 2021 to become a robust resource for staff.	
WRES WDES PSED EA2010	23	Library facilities and support for Staff Networks to develop areas of expertise and resource.	EDI Manager Thomas Osborne Staff Network Chairs	Mar 21	Further dialogue on hold due to covid vaccine being rolled out from the academy building.	

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# Trust Equality, Diversity & Inclusion Action Plan 2021/22

## Progress update

KPIs	No	Action	Who	When	Progress	RAG
WRES WDES PSED EA2010 EDS2	26	The Trust has committed itself to a number of local, regional and national partnership working for 2020/22 these include attending, contributing and co-producing EDI interventions that benefit local people, staff and patients.	EDI Manager	2021/22	Attending and contributing to: <ul style="list-style-type: none"> <li>Bristol Race Equality Strategic Leaders Group</li> <li>Bristol, North Somerset And South Gloucestershire CCG EDI Leads Network</li> <li>North Bristol City Council stakeholder EDI Leads Network</li> <li>SWE Leadership Academy</li> <li>NHSI EDI Programmes</li> </ul>	
WRES PSED EDS2	27	BAME Student Support in Practice   A Collaborative Approach Pilot - led by UWE. This is a 18-month pilot that will focus on the EDI experience of BAME students when on formal work experience placement.	EDI Manager Head of Education Head of L&D	Phase 1 10 Feb 21	The Project Initiation Document (PID) published. BAME Student Support in Practice   A Collaborative Approach workshop taking place on 10 Feb	
WRES PSED EDS2	28	BAME Medical Students Pilot This project is led by University of Bristol with a focus on addressing racial harassment and bias in medical teaching.	EDI Manager Education Learning & Development	Phase 1 Feb 21	On-boarding and induction meeting have had to be cancelled due to Covid pressures. They are being rescheduled.	



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# Trust Staff Networks

Staff networks play a key role in meeting the objectives set in the Trust's 5 year EDI strategy. Currently the Trust has three staff networks and would like to grow these in the future.

The following slides set-out the current status of Trust staff networks with a forward plan to make them sustainable with greater reach and impact across the Trust.

# Staff Networks

## The value of staff networks

Staff networks play a key role in delivering on the Trust 5-year EDI strategy. Staff networks, bring an insight into organisational culture and are invaluable at creating solutions, enhancing motivation and making the Trust a place where people feel authentic with a sense of belonging as part of the **‘many voices – one community’** at the Trust. Currently the Trust has three staff networks these are:



ABLE+ network

ABLE+ (supporting staff with physical, sensory or mental impairments)



LGBT+ (supporting lesbian, gay, bisexual and trans staff)



BAME (supporting staff from the Black, Asian and ethnic minority communities)

## Contribution by staff networks

Despite the lack of protected time and resource, the three staff networks have made a positive, but limited impact by:

- Supporting members from under-represented and disadvantaged individuals/group in the workplace
- Contributing to the development and implementation of the Trust 2020/25 EDI strategy
- Playing an active part in celebrating the valuable contribution of our diverse staff
- Contributing to the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard WDES and LGBT reporting pathways and action plans
- Celebrating key events such as LGBT history month, Black history month and Disability history month

# Staff Networks

## Staff networks forward plan

In April 2021, the BAME staff network chair stepped down. The absence of an expression of interest leads to an opportunity to review the network by resourcing this on a temporary basis from the Trust EDI Manager who will become acting chair of the BAME staff network providing support to the network half a day per week until new elections can be arranged.

This will allow this temporary dedicated resource to deliver a forward plan for June to end of August 2021. This will allow a period of assessment on the impact on the BAME staff network in terms of sustainability, reach and meaningful contribution to the delivery of the Trust people strategy, 5-year EDI strategy and compliance with public sector equality duty.

This review will also enable understanding as to what resource is required to enable a strategic decision to be made as to how/if this is replicated across other networks to enable these to also work more effectively.

The learning from the BAME staff network pilot running from June to end of August 2021 will be used to:

- Inform requirements for other networks- both those established and those proposed
- Develop an approach to go through the appropriate governance given it is likely to involve a financial investment



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# Divisional equality, diversity and inclusion action plan update

The Trust comprises of eight divisions. Each division has developed a EDI action plan which is being imbedded with support from divisional EDI leads, operational EDI leads and HR Business Partners. The following slides set-out the progress and forward planning the eight divisions have made on the Trust five-year D&I strategy.





## Diagnostics and Therapies Division

### Our progress in the first year

#### Three things we feel proud to have done and made progress on since May 2019

1. We have strongly encouraged our staff to complete the cultural awareness on line training and are pleased to report that to date 108 D&T staff members have completed the course (out of 340 across the Trust)
2. We have rolled out D&I appraisal objectives for all D&T Managers. The initiative has had sponsorship and support from Divisional Board, Divisional Workforce Committee and has been communicated widely across D&T including a feature in our monthly HR update
3. We have successfully appointed two D&I Leads (one from Radiology and one from Pharmacy) to take on a dual role for the Division meaning more insight and support for our D&I agenda

### Our D&I plan going forward

#### Three priorities we will deliver for the remainder of 2020/2021

1. Continue to promote Cultural Awareness training across the Division, encouraging all staff and mandating Divisional Board and Heads of Service to complete it by the end of 2020/2021 (we now receive regular monthly reports to track progress)
2. Divisional Leaders have expressed interest in the reverse mentoring scheme which we are in the process of facilitating
3. Utilise our two D&I reps to increase awareness and understanding of D&I issues within the Division

### Our D&I plan going forward

#### What are we doing differently or going to do differently as a leadership team?

1. Ensure that all leaders have a full understanding of D&I Divisional Action plan and how they can support the Trust's ambitions by setting the culture within their areas of responsibility – D&I updates are regularly given at the Divisional Workforce Committee and reported to Divisional Board
2. Dedicate time to discussing the issues at a senior level and listen to feedback from staff. We have 2 staff members due to present their staff stories at forthcoming Board meetings
3. Sponsor and closely monitor the progress of the Divisional D&I plan and the impact on our culture and working environments across the Division



## Estates and Facilities Division

### Our progress in the first year

#### Three things we feel proud to have done and made progress on since May 2019

1. Recognise and run a Black History event – 2020 Pledge wall
2. Promote Diversity and Inclusion at internal meetings – staff champions; team meetings
3. Carry out values based recruitment with a focus on removing unconscious bias

### Our D&I plan going forward

#### Three priorities we will deliver for the remainder of 2020/2021

1. Recruit more D&I representatives from each hospital site
2. Work with Employee Services to review Employee Relations cases – use of sanctions
3. All managers/leaders/supervisors to complete Cultural Awareness for an Inclusive Workplace
4. D&I appraisal objective for estates and facilities staff

### Our D&I plan going forward

#### What are we doing differently or going to do differently as a leadership team?

1. Complete talent management pilot in Estates and use outcomes to increase Diversity and Inclusion
2. Create a dashboard with current demographics/internal promotions/access to training and education
3. Diversity and Inclusion items on monthly Divisional Management Board agenda (not only Divisional Workforce Group)



## Estates and Facilities Division – Some of our Pledges





## Medicine Division

### Our progress in the first year

#### Three things we feel proud to have done and made progress on since May 2019

##### 1. Support of CESR & TNA programmes

We have supported these development programmes in our medical and nursing staff groups; our aim being to ensure we are offering progression pathways for all employees, regardless of their education/development background. Evidence has shown that these programmes have offered us the opportunity to develop existing employees who have gained relevant professional qualification overseas, but have not been able to progress through more standard routes. We see this as a hugely valuable way to value our hard working and highly skilled existing workforce.

##### 2. Consultant Recruitment

D&I expectations - We have set an expectation that all consultant interview panels and/or focus groups should have BAME representation, with reasons clear stated to HR if recruiting panel agrees this is not appropriate or feasible. We also have recommended that all interview panels maintain gender equality at all times. All new consultant employees are encouraged to take on a leadership mentor. We utilise Women in Leadership BMA resources in our consultant packs, issued to all new consultants in post. This is also offered to all existing consultants. BAME representative role amongst consultant body has been introduced with key priorities being developed.

##### 2. Graduate Scheme

Balanced Shortlisting Pilot & D&I Buddies - Division of Medicine recently took the lead on developing, recruiting and launching the UHBW Operational Management Graduate Scheme. We piloted balanced shortlisting during the recruitment process, in which BAME candidates were shortlisted first against essential criteria, then matched by the same number of non-BAME candidates, to ensure a completely balanced shortlist. We have also identified D&I buddies within the Trust for each of the new trainees, to ensure conversations with BAME colleagues are always ongoing.



## Medicine Division

### Our D&I plan going forward

#### Three priorities we will deliver for the remainder of 2020/2021

##### 1. Divisional Diversity & Inclusion Advocate network

Aim to replicate the health & wellbeing advocate model within the division; the intention being that we develop a defined group of divisional colleagues with an interest in advocating for diversity and inclusion within their local teams and services. The central aim of this network is to establish a two way communication model in which key D&I initiatives are easily communicated locally across the division and advocates also have a feedback route upwards. D&I advocates would also be invited to nominate D&I representatives to attend divisional meetings ensuring that the focus on D&I is in everything they do in everything we do.

##### 2. Pilot 'A fair experience for all' lay member model to narrow the gap in rates of disciplinary rates of BAME staff

To address the high numbers of BAME representation in disciplinary casework, we are planning to implement a 'pre-formal action check' model, as recommended in NHS England's suggestions for closing the ethnicity gap in rates of disciplinary action across the NHS workforce. We will look to nominate a trained lay member to review cases and challenges any perceived bias in the process before cases go to formal action.

##### 3. Increase divisional participation in 'Lift as you Climb' and reverse mentoring schemes

Promote, encourage and support divisional participation in corporate-led mentoring schemes. These schemes offer our colleagues the opportunity to engage with senior colleagues in the organisation, outside of their day to day sphere of influence.

### Our D&I plan going forward

#### What are we doing differently or going to do differently as a leadership team?

##### 1. WRES Pilot

The division are pleased to be participating in the WRES pilot; this will allow the division to understand, plan, respond and proactively improve D&I across all areas. Of particular focus is the development opportunities and career progression for all. As well as equipping our workforce with the skills to thrive, creating a safe and respectful culture and working environment where everybody has a voice and their contribution is valued.

##### 2. Quiet Leadership Programme

The division have started to explore the development of this programme which recognises the importance of having diversity in leadership styles to create high performing teams. This programme aims to deliver various skills and techniques that enable individuals to work together across all personality types with focus on empowering quieter members of teams.

##### 3. D&I data in patient quality and safety data

The division's ambition is to begin to review key quality and safety data through a D&I lens ; initially this would be looking at clinic DNA rates across population groups in our patients to assess whether key themes can be identified and addressed. A longer term aspiration would be to monitor outcome data for different populations.

# Surgery Division

## Our progress in the first year

Three things we feel proud to have done and made progress on since May 2019

- Vulnerable Staff Risk Assessment:**  
Development & delivery
- Hosted International Student:**  
Underrepresentation of BME staff in non-medical management positions in the Division
- Leadership Action:** Positive Progress in Staff Experience

Factor	Staff Survey Question	2018	2019	Trend
Equality, Diversity & Inclusion	Organisation acts fairly: career progression	77%	84%	7%
	Disability: organisation made adequate adjustment(s) to enable me to carry out work	76%	77%	1%
	Experienced discrimination from manager/team leader or other colleagues	12%	10%	-2%
Bullying & Harassment	Experienced harassment, bullying or abuse from managers	17%	14%	-3%
	Experienced harassment, bullying or abuse from other colleagues	24%	25%	1%

## Our D&I plan going forward

Three priorities we will deliver for the remainder of 2020/2021

- Vulnerable Staff Risk Assessment:**
  - Engage with and support Trust review of Risk Assessment Guidance
  - Line managers to review current adjustments: remain fit-for-purpose?
- Present Research Recommendations to Divisional Workforce Committee:**
  - Improve mentorship – career and reverse
  - Enhance line management training – addressing non-inclusive behaviours
  - Improve the connection between management and BAME community
- Refresh Diversity & Inclusion Objectives:**
  - Start the conversation

## Our D&I plan going forward

What are we doing differently or going to do differently as a leadership team?

- Visible Commitment:** Hold self and others accountable and make D&I a personal priority
- Create a culture:** In which anyone can contribute to an important outcome
- Awareness of bias:** Personal blind spots and flaws in the system

## Specialised Services Division

### Our progress in the first year

#### Three things we feel proud to have done and made progress on since May 2019

1. Introduction of a Divisional Workforce Committee
2. All BAME or High Risk staff given opportunity for one to one meetings with line managers to complete a COVID-19 risk assessment, in order to feel supported during pandemic and enable interventions as required
3. Change to Divisional systems to capture D&I data e.g. applications for Divisional Training budget, monitoring Spotlight Award nominations and winners

### Our D&I plan going forward

#### Three priorities we will deliver for the remainder of 2020/2021

1. Divisional Board commitment to hold D&I Listening Events (5th, 16th & 30th November)
2. Creating a Divisional D&I Action Group
3. Continued use of Divisional Culture and People Plan, which includes Diversity & Inclusion focus and underpins all the divisional workforce plans

### Our D&I plan going forward

#### What are we doing differently or going to do differently as a leadership team?

1. Divisional Board members to have D&I objectives within their personal appraisals.
2. Continuous improvement around D&I based upon feedback provided by staff at Listening Events and Divisional Action Group.
3. Support and encourage all staff within the division to complete Cultural Awareness e-learning.
4. BAME observers at all interviews (following Medical model)
5. Divisional participation the D&I agenda;
  - BNSSG High Potential Scheme (Band 8 or equivalent M&D)
  - Lift as you climb
  - Reverse Mentoring

## Trust Services Division

### Our progress in the first year

#### Three things we feel proud to have done and made progress on since May 2019

1. Representatives from each of the 5 areas of Trust Services
2. D&I representative part of Trust Services Star Performers awards
3. Piloted balanced shortlisting
4. Piloted interview panel constitution to include a active panel member from one of the protected characteristic groups

### Our D&I plan going forward

#### Three priorities we will deliver for the remainder of 2020/2021

1. Recruit more D&I representatives
2. Further pilot balanced shortlisting
3. Review representation on shortlisting and interview panels
4. Review Recruitment statistics across the Division
5. Diversity and Inclusion objective to be included in appraisals
6. Identify how language acts as a barrier to good communication, recruitment and progression
7. Encourage all managers and staff to complete the online training: 'Nipping in the bud' and Cultural awareness for an inclusive workplace

### Our D&I plan going forward

#### What are we doing differently or going to do differently as a leadership team?

1. Agree how D&I discussion can become part of routine discussion in all we do at all level
2. Work with the OD team to seek the views of staff about what the challenges really are (not just what we think they are)
3. Run a seminar on challenging our unconscious bias



## Weston Division

### Our progress in the first year

#### Three things we feel proud to have done and made progress on since May 2019

1. Developed a divisional Culture & People Plan with D&I as one of the key priorities and a number of actions and initiatives to drive D&I in the division
2. Launched the BAME & LGBT staff forums at Weston, enabling access for staff based here
3. Promotion of the Rainbow Badge scheme has begun, enabling staff to visibly display their commitment to D&I and their colleagues

### Our D&I plan going forward

#### Three priorities we will deliver for the remainder of 2020/2021

1. Recruit a divisional D&I Lead and Diversity Champions – staff members who voluntarily lead on supporting the D&I agenda
2. Launch more staff forums on site at Weston, including Able+
3. Embed D&I objectives for all line managers as part of the appraisal process

### Our D&I plan going forward

#### What are we doing differently or going to do differently as a leadership team?

1. Put aside dedicated space and time to receive opinions, feedback and suggestions from all staff groups, directly as an SMT – ‘The Voice’ forum launches November 2020
2. Ensure we role model in the foundations of D&I – complete our own cultural awareness e-learning, ensure our direct reports do the same.
3. Reach out to traditionally underrepresented employee groups - invite Staff Stories regularly at Divisional Board.

## Women's and Children's Division

### Our progress in the first year

#### Three things we feel proud to have done and made progress on since May 2019

1. Held 'See It My Way' listening event for all staff to hear lived experiences from staff working with a difference/protected characteristic
2. Terms of reference written for divisional Staff Forum and D&I Advocate role, both launching 5 Nov 2020
3. Somali Outreach worker recruited and embedded within the diabetes service, with other specialties keen to introduce similar roles to improve access, outcomes and patient/family experience

### Our D&I plan going forward

#### Three priorities we will deliver for the remainder of 2020/2021

1. Midwifery: the next team to implement the continuity of carer pathway will target BAME community to improve outcomes in line with COVID response for maternity
2. Embed divisional Staff Forum and structure around D&I Advocates
3. Challenge our recruitment processes and advertising to target BAME applicants for nursing & midwifery roles, working collaboratively with our community & education providers

### Our D&I plan going forward

#### What are we doing differently or going to do differently as a leadership team?

1. Continue to hold meetings in a virtual format wherever possible, in order to improve access for staff unable to attend on site
2. Apply learning from unconscious bias training pilot for senior nurses to enhance staff experience
3. Champion the D&I Advocates and the role they play in improving equality, diversity and inclusion
4. Equality impact assessment to be introduced into capital bids





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# Workforce Race Equality Standard (WRES)

The WRES programme requires organisations employing the 1.3 million-strong NHS workforce to report against nine indicators of race equality; and supports continuous improvement through robust action planning to tackle the root causes of discrimination particularly in relation to Black, Asian and Minority Ethnic (BAME) staff.

The first full UHBW WRES data across all nine indicators of race equality as at 31 March 2021, will be collated and submitted to the national WRES team in July/August 2021.

The following slides set-out the Trust WRES 2020 data for University Hospitals Bristol (UHB) and University Hospitals Bristol and Weston (UHBW) 2020 staff survey.

The slides also set-out the Trust's WRES strategic forward plan 2021/22.

## Merged Trust complexity on the WRES 2020 data

The Workforce Race Equality Standard (WRES) programme requires organisations employing the 1.3 million-strong NHS workforce to report against nine indicators of race equality; and supports continuous improvement through robust action planning to tackle the root causes of discrimination particularly in relation to Black and Minority Ethnic (BEM) staff.

### Merged Trust complexity on the WRES data

The complexity of WRES data prior to the Trust merger makes benchmarking difficult.

- The WRES data is a snapshot taken on 31 March of each year
- The WRES indicators (1 to 4 and 9) represent data from University Hospitals Bristol (UHB) in 2020
- WRES indicators (5 to 8) represent data from the 2020 University Hospitals Bristol and Weston (UHBW) staff survey.
- The first full UHBW WRES data across all nine indicators of race equality as at 31 March 2021, will be collated and submitted to the national WRES team in July/August 2021
- A Trust report and action plan on the 2021 WRES data will follow in Q3 of 2021

## KEY FINDINGS from the WRES data 2020

### UHB (excluding Weston)

#### WRES indicator 1

% of staff in each of the Agenda for Change (AfC) Bands 1–9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce

#### Non-Clinical Staff

	White	BME	Unknown
<b>Band 1</b>	48.2%	45.9%	5.9%
<b>Band 2</b>	83.1%	11.1%	5.7%
<b>Band 3</b>	87.0%	9.9%	3.1%
<b>Band 4</b>	92.8%	5.6%	1.6%
<b>Band 5</b>	91.6%	7.2%	1.2%
<b>Band 6</b>	91.9%	6.8%	1.4%
<b>Band 7</b>	93.1%	4.6%	2.3%
<b>Band 8A</b>	96.0%	4.0%	0.0%
<b>Band 8B</b>	94.0%	4.0%	2.0%
<b>Band 8C</b>	95.7%	4.3%	0.0%
<b>Band 8D</b>	100.0%	0.0%	0.0%
<b>Band 9</b>	100.0%	0.0%	0.0%
<b>VSM</b>	100.0%	0.0%	0.0%

#### Clinical Staff - Non-Medical

	White	BME	Unknown
<b>Band 1</b>	65.0%	32.4%	2.6%
<b>Band 2</b>	80.1%	18.5%	1.4%
<b>Band 3</b>	85.8%	12.9%	1.3%
<b>Band 4</b>	92.9%	6.7%	0.4%
<b>Band 5</b>	79.6%	18.8%	1.6%
<b>Band 6</b>	89.1%	10.1%	0.8%
<b>Band 7</b>	94.5%	5.0%	0.5%
<b>Band 8A</b>	92.6%	6.5%	0.9%
<b>Band 8B</b>	96.6%	3.4%	0.0%
<b>Band 8C</b>	95.2%	2.4%	2.4%
<b>Band 8D</b>	85.7%	0.0%	14.3%
<b>Band 9</b>	100.0%	0.0%	0.0%
<b>VSM</b>	100.0%	0.0%	0.0%

#### Clinical Staff – Medical & Dental

	White	BME	Unknown
<b>Consultants (including Senior Medical Staff)</b>	80.0%	14.9%	5.0%
<b>Non-consultant career grades</b>	66.4%	26.7%	6.9%
<b>Trainee grades</b>	75.1%	16.1%	8.8%
<b>Other</b>	56.5%	8.7%	34.8%

## KEY FINDINGS from the WRES data 2020

### WRES indicator 2 (2020 UHB)

Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

White staff are 1.48 times more likely to be appointed from shortlisting than BME staff.

### WRES indicator 3 (2020 UHB)

Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

Relative likelihood of BME staff entering the formal disciplinary process is 2.06 times greater than white staff.

### WRES indicator 4 (2020 UHB)

Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff

Relative likelihood of white staff accessing non-mandatory training is 0.95 times greater

### WRES indicator 5 (Staff Survey)

% Staff experiencing harassment bullying or abuse from patients relatives or members of the public in last 12 months

UHB

2019  
%

UHBW

2020  
%

+/-

BME: Trust

26.7

24.8

1.9

BME: Acute average

29.9

28.0

1.9

White: Trust

24.5

22.9

1.6

White: Average

28.2

25.4

1.2

## KEY FINDINGS from the WRES data 2020

WRES indicator 6 (Staff Survey)	UHB	UHBW	
% Staff experiencing harassment bullying or abuse from staff in the last 12 months	2019 %	2020 %	+/-
BME: Trust	25.2	27.9	2.7
BME: Acute average	28.8	29.1	0.3
White: Trust	22.7	21.7	1.0
White: Average	25.8	24.4	1.4

WRES indicator 7 (Staff Survey)	UHB	UHBW	
% Staff believing the organisation provides equal opportunity for career progression/promotion	2019 %	2020 %	+/-
BME: Trust	68.9	71.4	2.5
BME: Acute average	74.4	72.5	1.9
White: Trust	89.7	88.6	1.1
White: Average	86.7	87.7	1.0

## KEY FINDINGS from the WRES data 2020

WRES indicator 8 (Staff Survey)	UHB	UHBW	
% Staff experienced discrimination from manager/team leader or other colleagues in last 12 months	2019 %	2020 %	+/-
BME: Trust	14.9	18.3	3.4
BME: Acute average	13.8	16.8	3.0
White: Trust	5.2	5.5	0.3
White: Average	6.0	6.1	0.1

### WRES indicator 9 (UHBW 2020)

% difference between the organisation's board voting membership and its overall workforce

- 100 % of Voting Board Members are White
- 0% of Voting Board Members are BME
- 0% of Voting Board Members are of unknown/not stated ethnicity
- 15.54% of the overall workforce are BME
- Percentage difference between Voting Board Membership & overall workforce is -15.54%
- Exec Board membership = 100% White

# Trust WRES Strategic Forward Plan

The Trust is developing its strategic action plan to address some of the key WRES findings locally, regionally and nationally. This includes:

## Overhaul of recruitment and promotion

At a Trust and system level, we are currently developing our response to the six high impact actions identified by the national EDI team as set out in the People Plan.

A regional action plan has been developed (see appendix 1) and submitted to NHSE/I with individual organisations taking the lead on intervention to:

1. Address unfair treatment experienced by staff from diverse background who may be disadvantaged in recruitment and promotion practices,
2. Embed accountability and make workforce diversity an organisational priority by tackling institutional racism and reducing bias, and
3. Increase diversity of talent pools, particularly those from diverse ethnic backgrounds.

## Trust Dataset Working Group

The Trust has set-up a dataset working group with membership comprising divisional EDI leads, HR business partners, HR information services, employment services and Trust EDI lead. The purpose of the working group is to undertake a detailed analysis of current data held by the Trust across a range of activities and functions with a view of developing a robust framework of current available data and future data requirements to deliver on the Trust D&I strategy and recruitment action plan.

## WRES Model Employer Goals and Race Disparity Ratios

The Trust is committed to adopting the WRES Model Employer and develop its 5-year action plan. The Race Disparity Ratio is the difference in proportion of BAME staff at various AfC bands in a Trust compared to proportion of White staff at those bands. It is presented at three tiers:

1. bands 5 and below ('lower')
2. bands 6 and 7 ('middle')
3. bands 8a and above ('upper')

The Trust's baseline target for their representation in bands 6 and above is the proportion who are in the workforce. At present BAME staff comprise 15.1% of the total workforce. The Trust projected race disparity ratios will be submitted to the national WRES team by 30 June 2021

# Trust WRES Strategic Forward Plan

The Trust is developing its action plan to address some of the key findings locally, regionally and nationally from the WRES data. This includes:

## Medical Workforce Race Equality Standard (MWRES)

The Trust has committed itself to an early adoption of MWRES. This is in recognition that 41 percent of the doctors in the NHS come from a BAME background. One of the key priorities for the national WRES team has been to develop a set of indicators that would enable ethnic variations in the experience of the medical workforce to be assessed. A bespoke set of WRES indicators have been developed for the NHS medical workforce. There are eleven indicators for the medical workforce. Four of the indicators reflect variation in career progression and pay, six represent medical staff perceptions of how they are treated by colleagues, employing organisations and patients, and one highlights the diversity of the councils and boards of medical institutions.

## Systems support for BAME staff networks

In addition to the Trust developing a robust framework to make staff networks sustainable with greater reach and impact, the Trust is part of a systems approach to supporting BAME staff networks. The first meeting took place on 22 June with BAME staff network chairs and allies coming together to agree a framework of working on WRES and overhaul of recruitment and retention processes across Bristol, North Somerset And South Gloucestershire (BNSSG). Good practice and shared learning will feedback into the Trust's WRES priority areas.

## Retaining our People – BNSSG Race Equality Talent Development Programme

A BAME talent development programme is in the process of going live that will support both the 6 key actions and help reduce the race disparity gap ratios. Through partnership working across our system and with regional and national teams, the goal of the programme is to:

- Increase engagement and retention of BAME colleagues across the BNSSG system, both clinical and non-clinical
- Increase the opportunity for BAME colleagues to achieve their potential within our organisations and wider system
- Build links with mainstream talent management colleagues and programmes to embed the race equality programme and equality, diversity and inclusion perspectives
- Increase the diversity of our Talent pipelines health & care professions; increasing leadership and management capability, representation and innovation





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# Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) programme requires organisations employing the 1.3 million-strong NHS workforce to report against ten matrix indicators of disability equality; and supports continuous improvement through robust action planning to tackle the root causes of discrimination in relation to disabled staff.

The first full UHBW WDES data across all ten indicators of disability equality as at 31 March 2021, will be collated and submitted to the national WDES team in August 2021.

The following slides set-out the Trust WDES 2020 data for University Hospitals Bristol (UHB) and University Hospitals Bristol and Weston (UHBW) 2020 staff survey.

The slides also set-out the Trust's WDES strategic forward plan 2021/22.

## Merged Trust complexity on the WDES data 2020

The Workforce Disability Equality Standard (WDES) programme requires organisations employing the 1.3 million-strong NHS workforce to report against **ten matrix indicators of disability equality**; and supports continuous improvement through robust action planning to tackle the root causes of discrimination in relation to disabled staff.

### Merged Trust complexity on the WDES data

The complexity of WDES data prior to the Trust merger makes benchmarking difficult.

- The WDES data is a snapshot taken on 31 March of each year
- The WDES matrix indicators (1 to 3 and 9b to 10) represent data from University Hospitals Bristol (UHB) in 2020
- WDES matrix indicators (4 to 9b) represent data from the 2020 University Hospitals Bristol and Weston (UHBW) staff survey.
- The first full UHBW WDES data across all ten indicators of disability as at 31 March 2021, will be collated and submitted to the national WRES team in July/August 2021.

## KEY FINDINGS from the WDES data 2020

### WRES indicator 1 - UHB (excluding Weston)

% of staff in each of the Agenda for Change (AfC) Bands 1–9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce

Matrix 1a - Non-Clinical Staff (UHB 2020)						
	Disability		No Disability		Not Stated	
	No	%	No	%	No	%
Band 1	6	2.6	217	92.7	11	4.7
Band 2	22	3.1	558	78.9	127	18.0
Band 3	29	4.5	564	87.2	54	8.3
Band 4	19	3.7	465	90.1	32	6.2
Band 5	16	5.5	248	85.8	25	8.7
Band 6	7	4.0	156	89.7	11	6.3
Band 7	7	4.2	153	92.2	6	3.6
Band 8a	2	2.3	80	90.9	6	6.8
Band 8b	0	0.0	57	87.7	8	12.3
Band 8c	1	3.1	29	90.6	2	6.3
Band 8d	0	0.0	11	84.6	2	15.4
Band 9	0	0.0	13	86.7	2	13.3
VSM	0	0.0	9	90.0	1	10.0
Other	0	0.0	1	14.3	6	85.7

## KEY FINDINGS from the WDES data 2020

Matrix 1b - Clinical Staff						
	Disability		No Disability		Not Stated	
	No	%	No	%	No	%
Band 1	3	1.6	173	92.5	11	5.8
Band 2	36	2.6	1203	88.7	117	8.6
Band 3	15	3.3	395	87.2	43	9.4
Band 4	7	2.6	240	89.8	20	7.4
Band 5	41	1.9	1937	92.7	110	5.2
Band 6	36	2.4	1332	91.9	80	5.5
Band 7	25	2.4	922	90.9	67	6.6
Band 8a	3	1.1	249	93.2	15	5.6
Band 8b	0	0.0	71	97.2	2	2.7
Band 8c	1	2.9	31	91.1	2	5.8
Band 8d	0	0.0	10	83.3	2	16.6
Band 9	0	0.0	3	100	0	0.0
VSM	0	0.0	2	100	0	0.0
Medical & Dental Staff, Consultants	7	1.1	532	85.39	84	13.4
Medical & Dental Staff, Non-Consultants career grade	3	1.0	262	87.63	34	11.3
Medical & Dental Staff, Medical and dental trainee grades	10	1.4	614	87.22	80	11.3
Other	2	6.2	21	65.63	9	28.1

## KEY FINDINGS from the WDES data 2020

### Metric 2

Metric 2 reports the relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

**The 2020 data shows that non-disabled staff were 1.57 times more likely to be appointed from shortlisting compared to disabled staff.**

### Metric 3

Metric 3 reports the relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. This is based on a two-year rolling average from this year and the previous year.

**Disabled staff are 3.22 times more likely than non-disabled staff to enter the formal capability process.**

**Metrics 4, 5, 6, 7, 8 and 9a - These metrics are part of the NHS Staff Survey UHBW 2020.**

**There are six questions in the Staff Survey that measure the Workforce Disability Equality Standard (WDES); out of the six questions there are two positive responses compared to last year. We compare more favourably to the average of Acute Trusts in 5 out of 6 questions.**

**LTC = Long Term Condition**

## KEY FINDINGS from the WDES data 2020

Metric 4 (Staff Survey)	UHB	UHBW	
% Staff experiencing harassment bullying or abuse from patients relatives or members of the public in last 12 months	2019 %	2020 %	+/-
LTC: Trust	27.7	28.0	0.3
LTC: Acute average	33.9	30.9	3.0
Without LTC: Trust	24.1	22.0	2.1
Without LTC: Average	27.3	24.5	2.8

Metric 5 (Staff Survey)	UHB	UHBW	
% Staff experiencing harassment bullying or abuse from manager in the last 12 months	2019 %	2020 %	+/-
LTC: Trust	17.4	17.4	
LTC: Acute average	19.7	19.3	0.4
Without LTC: Trust	9.0	9.1	0.1
Without LTC: Average	11.0	10.8	0.2

## KEY FINDINGS from the WDES data 2020

Metric 6 (Staff Survey)	UHB	UHBW	
% Staff experiencing harassment bullying or abuse from other colleagues in the last 12 months	2019 %	2020 %	+/-
LTC : Trust	24.5	25.4	0.9
LTC: Acute average	28.1	26.9	1.2
Without LTC : Trust	16.7	16.0	0.7
Without LTC : Average	18.4	17.8	0.6

Metric 7 (Staff Survey)	UHB	UHBW	
% Staff Experiencing Harassment bullying or abuse at work they or a colleague reported it	2019 %	2020 %	+/-
LTC: Trust	51.0	50.4	0.4
LTC: Acute average	46.7	47.0	0.7
Without LTC: Trust	45.4	48.0	2.6
Without LTC: Average	45.6	45.8	0.2

## KEY FINDINGS from the WDES data 2020

Metric 8 (Staff Survey)	UHB	UHBW	
	2019 %	2020 %	+/-
% Staff believe organisation provides equal opportunity for career progression or promotion			
LTC: Trust	84.1	80.7	3.4
LTC: Acute average	79.1	79.6	0.5
Without LTC: Trust	88.0	87.8	0.2
Without LTC: Average	85.6	86.3	0.7

Metric 9a (Staff Survey)	UHB	UHBW	
	2019 %	2020 %	+/-
% Staff felt pressure from manager to come to work despite not feeling well enough			
LTC: Trust	25.4	26.7	1.3
LTC: Acute average	32.7	33.0	0.3
Without LTC: Trust	17.5	20.5	3.0
Without LTC: Average	24.4	23.4	1.0



## KEY FINDINGS from the WDES data 2020

### Metric 9b

Metric 9b reports action taken to facilitate the voices of disabled staff at the Trust to be heard. At UHBW, a staff network called ABLE + has been actively involved in facilitating the voices and rights of disabled staff. In addition, UHBW has also launched a “reasonable adjustable support service’ to help disabled staff access the support they need enabling them to work to the best of their ability. UHBW also has a robust Health and Wellbeing service available to all staff.

**Metric 10** reports the percentage difference between the Trust Board’s voting membership and the Trust’s overall workforce, disaggregated.

	Disabled	Non-disabled	Unknown
Number of staff in overall workforce	298	10558	969
Total Board members - % by Disability	4%	92%	4%
Voting Board Member - % by Disability	4%	92%	4%
Non Voting Board Member - % by Disability	0%	0%	0%
Executive Board Member - % by Disability	0%	100%	0%
Non Executive Board Member - % by Disability	10%	80%	10%
Overall workforce - % by Disability	3%	89%	8%
Difference (Total Board - Overall workforce)	2%	2%	-4%
Difference (Voting membership - Overall Workforce)	2%	2%	-4%
Difference (Executive membership - Overall Workforce)	-3%	11%	-8%

# Trust WDES Strategic Forward Plan

At a Trust and system level, we are developing our action plan to address some of the key WDES findings locally, regionally and nationally. This includes:

## Supporting the ABLE Plus Staff Network

The Trust is currently scoping and reviewing how best to support staff networks to become sustainable with greater reach and impact for all disabled staff and other staff across all protected characteristics.

## Wheelchair challenge

Following the Wheelchair Challenge in May 2021, the ABLE Plus staff network will be working with Estates and Facilities and the comms team to raise awareness of the physical obstacles that wheelchair staff and patients have to navigate within the hospital/work environment.

## Reasonable adjustments resource room

A resource room is being identified in the Trust library where staff and managers can view accessibility aids and IT software solutions that can be purchased to make reasonable adjustments for disabled to remain in employment.

## Training for EDI Advocates on disability

EDI Advocates play a crucial role in helping change the culture of the Trust. To facilitate culture change, EDI Advocates will be trained on all aspects of physical and sensory disability so that they can be voice and allies of disabled staff.

## Overhaul of recruitment and talent development

At a Trust and system level, we are currently developing our response to WDES on recruitment of local disabled people and talent management programme for disabled staff.

## Equality monitoring data on ESR

The Trust working with the ABLE Plus staff network will be running an internal campaign to raise awareness of what a disability is and encouraging staff to record their disability on ESR.

## Policies and practice

The Trust will review policies such as absence management and reasonable adjustments to identify any gaps and make improvements.



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# Equality Delivery System (EDS2)

EDS2 provides a compressive evidence-based approach to equality, diversity and inclusion for staff and patients. The following slides set-out the Trust's EDS2 self-assessment (RAG grades to be agreed) on workforce goals three and four. The evidence drawn upon for the rating should be read in conjunction with the whole Trust EDI reporting and governance pathways.

The slides also set out evidence to support goals one and two (patient care), governance for which resides with the Patient Inclusion and Diversity Group

# Equality Delivery System (EDS2)

## EDS2 – a framework for NHS organisations.

EDS2 is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice. EDS2 is an equality, human rights and health inequalities reporting framework for the NHS containing four goals and 18 related outcomes.

The four goals are:

1. Better health outcomes.
2. Improved patient access and experience.
3. A representative and supported workforce.
4. Inclusive leadership.

## EDS2 – an integrated approach to equality, diversity and inclusion

The Trust has developed a robust 5-year diversity and inclusion strategy that integrates EDS2 reporting framework and other key performance indicators

### Determining the RAG rating:

RAG rating is determined by evidence showing how the Trust is meeting the health needs of **‘none, some, most or all’** of the protected groups, so that:

- **Red** – Underdeveloped (people from all protected groups fare poorly compared with people overall or evidence is not available)
- **Amber** – Developing (people from only some protected groups fare as well as people overall)
- **Green** – Achieving (people from most protected groups fare as well as people overall)
- **Purple** – Excelling (people from all protected groups fare as well as people overall)



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# EDS2 Goals One and Two

The Trust's Patient Inclusion and Diversity Group (PIDG), in 2019, agreed an approach for the self-assessment and validation of the Trust's performance in EDS2 Goals 1 and 2; to sample a cross-section of services and/or themes and in doing so, engage with patients, carers and staff to ensure the assessment was in the round. Due to the Covid-19 pandemic, this approach has not yet been undertaken, however there are plans to revisit this as soon as we are able to. In addition, there are clear actions in relation to our work in equality, diversity and inclusion for patients, carers and communities as part of the Patient Experience and Voluntary Services Team work plan for 2021/22.

Goal 1: Better health outcomes

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
Amber (Developing)	Age Disability Gender Reassignment Marriage/Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual orientation	<p><b>Race</b></p> <p>The Haemoglobinopathy Team worked with the Afro-caribbean community in 2021 to promote and run patient focus groups with patients and carers to inform the development of psychological services and the role of the Clinical Nurse Specialists for patients who have Sickle Cell and Thalassemia. The patient informed developments will include a greater emphasis on awareness raising and training for staff who support patients outside of the immediate Haemoglobinopathy Team so their needs are more widely understood and, the development of a community based peer support network to complement the existing health and well-being support provided by psychological services.</p> <p><b>Learning Disability</b></p> <p>Members of North Somerset People First, a voluntary sector self-advocacy charity working for and led by the voices of people with a learning disability in North Somerset, attend the Weston General Hospital Learning Disabilities Group bringing a service user voice to the work of that group. This work is on-going.</p> <p><b>Age</b></p> <p>The Youth Involvement Group work is on-going and has positively impacted on service development in the Trust in a number of ways including:</p> <ul style="list-style-type: none"> <li>Working with the Emergency Department to develop a process to support young people’s wellbeing and implementation of HEADSSS (a Psychosocial interview tool for adolescents)</li> <li>Contributing to the development of young people’s involvement in staff recruitment and the increased formal requirement on teams to involve young people</li> <li>Involvement of Young Governors at Board and a young person as a Equality, Diversity and Inclusion Advocate</li> </ul>

## Goal 1: Better health outcomes

### 1.2 Individual people’s health needs are assessed and met in appropriate and effective ways

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
Amber (Developing)	Age Disability Gender Reassignment Marriage/Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual orientation	<b>Disability</b>  The Trust continues to develop its approach to meeting the requirements of the NHS Accessible Information Standard to ensure that individuals who have additional communication needs and consistently asked about them and ensuring this is appropriately recorded and flagged on the patient record. Progress to date has included a clear policy, training for staff and flags on the ‘Medway’ system. The Trust recognises there is further work to do to ensure full compliance with the standard and a workshop is planned with key stakeholders in early August 2021 to take this work forward.

## Goal 1: Better health outcomes

### 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
<b>Amber (Developing)</b>	<b>Age</b> <b>Disability</b> <b>Gender Reassignment</b> <b>Marriage/Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual orientation</b>	<p><b>Young People's transition to adult services</b></p> <p>Over the past 5 years we have worked together with young people (YP) to improve how they transition to adult services. This includes:</p> <ul style="list-style-type: none"> <li>- An on-going process of service specific feedback gained by service teams either through online surveys or informal discussion at the end of clinic sessions</li> <li>- Transition support evenings/sessions held by clinical teams including meeting new clinical team, exploring new environments and meeting other transferring YP</li> <li>- Annual verification survey of sample patient group run by Transition Delivery Group - limited responses were received over the two years of running the survey so process was discontinued.</li> <li>- Young representatives attending Transition Delivery Group – original plan unsustainable due to YP commitments and frequent changes in meeting structure but likely to be revisited in next 6 months as part of Youth Voice programme.</li> <li>- Dedicated focus groups with transitioning and transitioned YP</li> </ul> <p>As part of our engagement with the Transition Programme run by NHSE, we discussed the challenges with the Youth Involvement Group who noted it may be hard to feel comfortable evaluating a process when you are not sure what it should look like. This resulted in a pre-Covid plan to increase patient and family understanding of transition and 'skill up' families to be taking a more active role in the process and have a better understanding of what should occur. We hope this work will restart shortly and are revisiting a wider remit focus group for young people, this time online to improve access, to explore their further thoughts on how we might achieve this.</p>



Goal 1: Better health outcomes

1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
Amber (Developing)	Age Disability Gender Reassignment Marriage/Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual orientation	

Goal 1: Better health outcomes

1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
Amber (Developing)	Age Disability Gender Reassignment Marriage/Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual orientation	<b>Race / Sexual Orientation</b>  Unity Sexual Health is a partnership led by UHBW. As part of service design and delivery, health promotion activity is targeted at communities at risk of poor sexual health. This includes the BAME communities and the LGBTQ community. A recent examples of targeted health promotion work in 2021 included the promotion of PrEP through targeted social media campaigning which resulted in an increase in PrEP uptake amongst these 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

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
<b>Amber (Developing)</b>	<b>Age</b> <b>Disability</b> <b>Gender Reassignment</b> <b>Marriage/Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual orientation</b>	<p><b>Carers</b></p> <p>Our Carers Strategy Steering Group works closely with members of the Carers Liaison Centre, a voluntary sector organisation providing support, information and advice to Carers of any age living in the Bristol and South Gloucestershire area and, a Carers Lay Representative Group, to ensure Carers are seen as partners in care within UHBW. This includes a review of our visiting arrangements during the pandemic and our joint Carers Charter with North Bristol NHS Trust. We are currently working with this organisation to recruit lay people with caring responsibilities to the trust Learning Disability Steering Group. This work is on-going.</p> <p><b>Disability</b></p> <p>The Trust has commissioned AccessAble, an organisation that produced accessible information guides for public spaces, to produce on-line guides for all our service locations and public spaces to enable patients and their carers to make informed decisions about accessing our hospitals. This work is due for completion in 2021.</p> <p><b>Physical and Sensory Impairment</b></p> <p>The Bristol Sight Loss Council is a group of local people who have sight loss or experience visual impairment and who work closely with the Trust to promote sight loss awareness. In partnership with the Trust they have produced a video based sight loss training resource for staff, contributed to the Trust non-clinical customer service training video and advised the Trust on the design and provision of consistent signage and product placement in relation to Covid-19 at hospital entrances and exits. This work is on-going</p>

**Goal 2: Improved patient access and experience****2.2 People are informed and supported to be as involved as they wish to be in decisions about their care**

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
<b>Amber (Developing)</b>	<b>Age</b> <b>Disability</b> <b>Gender Reassignment</b> <b>Marriage/Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual orientation</b>	<b>Religion / Belief</b>  During 2019 and 2020, our Chaplaincy team has given a particular focus to our relationship with the Sikh and Hindi community to explore what matters to them in terms of receiving care and the importance that community places on respect and dignity.  <b>Trans community</b>  Members of the Trans community and their representatives work with the trust to ensure that the needs of Trans people are met when in our care. This work commenced in 2019 and is ongoing. This includes an initiative to promote the use of personal pronouns which is being piloted in Endoscopy services.

## Goal 2: Improved patient access and experience

### 2.3 People report positive experiences of the NHS

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
<b>Amber (Developing)</b>	<b>Age</b> <b>Disability</b> <b>Gender Reassignment</b> <b>Marriage/Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual orientation</b>	<p><b>Disability</b></p> <p>UHBW is a member of the Bristol Deaf Health Partnership which provides a single forum that fosters dialogue; enabling us to work together to understand and improve the experience of Deaf, hard of hearing and deaf blind people across the health community in Bristol. As a result of this work we have been able to develop and promote the wider use of video based BSL interpreting. This work commenced in 2018 and is ongoing.</p> <p><b>Age</b></p> <p>In 2020, The Children's Disability team undertook their regular review of the hospital passport scheme, opening a short survey on experiences to over 600 existing passport users as well as to non-users via the hospital Facebook page. The response was predominantly positive but highlighted three key areas for development:</p> <ul style="list-style-type: none"> <li>• enhancing staff training around implementation of reasonable adjustments</li> <li>• administration challenges for families and staff around completing and updating the passport</li> <li>• further raising the profile of the scheme to reach families who may not yet be aware of it</li> </ul> <p>These themes will be addressed through the service work plan, working alongside our parent carer representatives to tackle these challenges.</p> <p><b>Patient experience by protected characteristics</b></p> <p>The Trust's Patient Experience Group (PEG) on an annual basis received reported of patient experience analysed by key protected characteristic groups. These allow the Trust to understand any variation in experience of care and take targeted engagement work where appropriate. An example of this was in relation to experience of care for the Sikh community which was poorer when compared to the population accessing services as whole. This results in specific engagement work with the Sikh community to ask 'What matters to you'.</p>

Goal 2: Improved patient access and experience

2.4 People’s complaints about services are handled respectfully and efficiently

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
Amber (Developing)	Age Disability Gender Reassignment Marriage/Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual orientation	The Trust’s Patient Support and Complaints Team has produced a learning disability leaflet, as well as supplies of the leaflet in the five most commonly spoken languages in the local area to ensure that information on how to raise a concern, compliant or compliment is accessible.

## Goal 3: A representative and supported workforce

### 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
<b>Amber (Developing)</b>	<b>Age</b> <b>Disability</b> <b>Gender Reassignment</b> <b>Marriage/Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>The Trust's Recruitment Policy follows the NHS Employment Standards. Advertised posts are recruited to through the NHS Jobs website or the TRAC online recruitment system.</li> <li>The systems do not allow shortlisting managers to have access to an applicant's personal details, although applicants may request a guaranteed interview those with a disability who are seeking employment.</li> <li>The Trust has been accredited to use the Disability Confident Symbol (which has replaced the Double Tick disability symbol accreditation) in its recruitment literature, and has signed up to the Mindful Employer charter.</li> <li>As of 31 March 2021, Trust workforce with substantive employment contract comprised of 12,054 (77.1% Female; 22.9 % Male; 71.9% White British; 24.7% BAME and Other White; 3.4% Not stated)</li> <li>The recruitment and selection processes are currently subject to a comprehensive corporate and divisional review</li> <li>The Trust is developing an action plan on the NHSE/I recruitment and promotion six priority areas</li> <li>The Trust has acknowledged through its reporting against the relevant WRES that there is under-representation of BAME staff at senior levels, as well as a greater likelihood of white staff staff being appointed from shortlisting than BME staff, and is developing more detailed actions to address these issues.</li> <li>The Trust is developing a WRES action plan including the five year Race Disparity Ratio action plan.</li> <li>The Trust has set-up an EDI dataset working group to develop a comprehensive staff dataset for all protected characteristics particularly to address disability and sexual orientation data gaps</li> <li>Currently, there is no staff data available on gender reassignment, marriage and civil partnership</li> </ul>

### Goal 3: A representative and supported workforce

#### 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

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
<b>Amber (Developing)</b>	<b>Age</b> <b>Disability</b> <b>Gender Reassignment</b> <b>Marriage/Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>• Equal pay has been set nationally as part of 'Agenda for Change'</li> <li>• The Trust allocates posts to pay bands – staff are placed in one of nine pay bands on the basis of their knowledge, responsibility, skills and effort needed for the job</li> <li>• The Trust has published its annual Gender Pay Gap report and action plan for the past four years</li> <li>• The Gender Pay Gap report 2020 will be published by 5 October 2021</li> <li>• The the first full UHBW NHS FT Gender Pay Gap report 2021 will be published by 31 March 2022.</li> </ul>



**Goal 3: A representative and supported workforce****3.3 Training and development opportunities are taken up and positively evaluated by all staff**

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
<b>Amber (Developing)</b>	<b>Age</b> <b>Disability</b> <b>Gender Reassignment</b> <b>Marriage/Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>The Trust is diligent in ensuring that all staff are provided with training, learning and development opportunities</li> <li>Further evidence can be found in the staff survey 2020 and divisional heat maps</li> </ul>

**Goal 3: A representative and supported workforce****3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source**

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
<b>Amber (Developing)</b>	<b>Age</b> <b>Disability</b> <b>Gender Reassignment</b> <b>Marriage/Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>• The Trust is diligent in ensuring that when at work, staff are free from abuse, harassment, bullying and violence from any source</li> <li>• The Trust has a bullying and harassment policy in place</li> <li>• The trust has a dedicated bullying and harassment lead that sits in OD</li> <li>• Further evidence can be found in the staff survey 2020 and divisional heat maps</li> </ul>

**Goal 3: A representative and supported workforce****3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives**

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
<b>Amber (Developing)</b>	<b>Age</b> <b>Disability</b> <b>Gender Reassignment</b> <b>Marriage/Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>The Trust is diligent in ensuring that flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives:</li> <li>There is a flexible working policy in place with a number of different flexible working options.</li> <li>Further evidence can be found in the staff survey 2020 and divisional heat maps</li> </ul>

**Goal 3: A representative and supported workforce****3.6 Staff report positive experiences of their membership of the workforce**

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
<b>Amber (Developing)</b>	<b>Age</b> <b>Disability</b> <b>Gender Reassignment</b> <b>Marriage/Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual orientation</b>	<ul style="list-style-type: none"> <li>The Trust is diligent in ensuring that staff report positive experiences of their membership of the workforce along with a good working environment</li> <li>Further evidence can be found in the staff survey 2020 and divisional heat maps</li> </ul>

Goal 4: Inclusive leadership

4.1 Governing body members and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
Amber (Developing)	Age Disability Gender Reassignment Marriage/Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual orientation	<ul style="list-style-type: none"> <li>Trust board members, divisional board members and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.</li> <li>Regular reports to the people committee and board on EDI progress and assurance</li> <li>Trust chair and interim chair regular attendees and contributors at the Bristol Strategic Race Equality Leaders Group meetings</li> <li>Interim Trust chair sponsor in the development of women's and also family and carers staff networks</li> </ul>

## Goal 4: Inclusive leadership

### 4.2 Papers that come before the governing body and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
Amber (Developing)	Age Disability Gender Reassignment Marriage/Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual orientation	<ul style="list-style-type: none"> <li>Trust execs monitor EDI risks on a quarterly basis as part of the Risk Management Group</li> <li>EDI risk registered on Datix (285) as:               <ol style="list-style-type: none"> <li>Risk of non-compliance with the public sector equality duty and equalities legislation resulting in reputational damage, inequity of experience for all staff and potential legal action</li> <li>Risk that the Trust fails to ensure equity of experience for all staff</li> </ol> </li> <li>Regular reports to the people committee and board on EDI risk, compliance and assurance</li> <li>Review of risk is a standing item at the 6-weekly EDI steering group meeting</li> <li>Trust has a robust EDI risk governance and reporting pathways that feed directly to the board via the people committee that is chaired by a board non executive director (NED)</li> <li>SW regional standardised single equality impact assessment template and guidance being developed</li> <li>At this point in time, however, the Trust cannot fully assure itself because we do not have full staff dataset across all protected groups</li> </ul>

Goal 4: Inclusive leadership

4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Grade	Protected characteristics that fare well (TBC)	Evidence drawn upon for the rating
Amber (Developing)	Age Disability Gender Reassignment Marriage/Civil Partnership Pregnancy and maternity Race Religion or Belief Sex Sexual orientation	<ul style="list-style-type: none"> <li>There is reasonable evidence to suggest that Trust middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</li> <li>Trust has developed a cultural awareness training that has been well received with xxx having completed the training so far</li> <li>Further evidence can be found in the staff survey 2020 and divisional heat maps</li> </ul>



**University Hospitals  
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# Gender Pay Gap 2020

The following slides set-out gender pay gap 2020 figures for University Hospitals Bristol NHS Foundation Trust. The figures reported are on a 'snapshot date', which is 31st March 2020. The calculation methodology has been set out by the Government Equalities Office.

For 2021, the gender pay gap reporting will refer to University Hospitals Bristol and Weston NHS Foundation Trust.

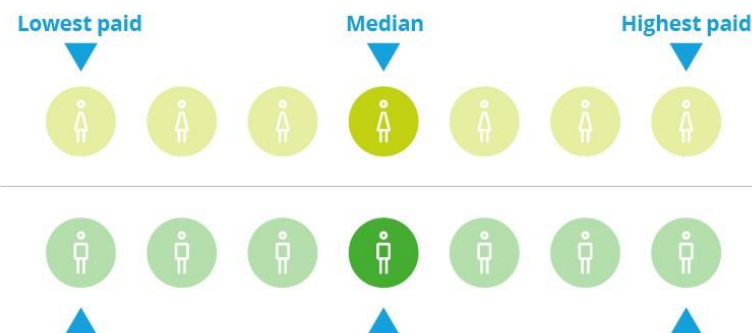


# Gender Pay Gap Update Report 2020

Since 2017, organisations with 250 or more employees are required to publish and report specific figures about their gender pay gap to show the pay gap between their male and female employees. The figures reported are on a 'snapshot date', which is 31st March each year for public sector organisations.

## Distinguishing between median and mean

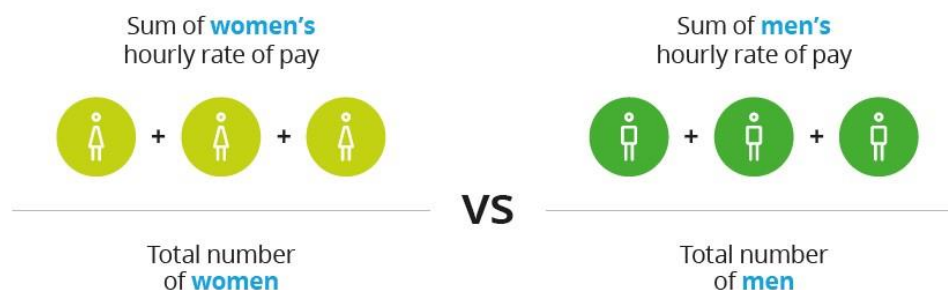
### Median calculation



The median is the figure that falls in the middle of a range when the wages of all relevant employees are lined up from smallest to largest.

The median gender pay gap is calculated based on the difference between the middle employee in the range of male wages and the middle employee in the range of female wages.

### Mean calculation



The mean is calculated by adding up the wages of all relevant employees and dividing the figure by the number of employees.

The mean gender pay gap is calculated based on the difference between mean male pay and mean female pay.

## Gender Pay Gap Update Report 2020



**NOTE:** The gender pay gap report for 2020 has been generated using data collected from University Hospitals Bristol NHS Foundation Trust between 31 March 2019 and 1 April 2020.

This is due to the data collection methodology set by the Government Equalities Office, which requires data to be published by 30 March the following year. Therefore, the 2020 gender pay gap report is the final report for University Hospitals Bristol NHS Foundation Trust and will be published on the Trust public website in October 2021.

### 2020 Gender Pay Gap findings

The continuing difference between men and women receiving bonus payments relates to historic national Clinical Excellence Awards. The outcomes from local awards demonstrate there is no ongoing bias towards male applicants but the continued payment of externally awarded bonus payments skews the figures.

### 2021 Gender Pay Gap Report

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) was formed on 1 April 2020 following the merger of University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. Therefore, the first full gender pay gap report for UHBW will be published by 30 March 2022 accompanied by a meaningful action plan to address the gaps and mitigate future risk where possible.



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# Risk, Compliance and Assurance

The following slides set-out a robust assurance and delivery plan that mitigates risk on compliance with our public sector equality duty across all protected characteristics and responding to findings from staff surveys, Equality Delivery System (EDS2), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap.

# Risk, Compliance and Assurance

The Equality Act 2010 makes it unlawful to discriminate against someone at work or wider society on the grounds of any of these nine characteristics: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion/belief, sex (gender) and sexual orientation. Other grounds include bullying and harassment or victimisation. In addition, public sector bodies, like NHS Trusts, also have a separate 'equality duty'.



## Public Sector Equality Duty

The Trust, like all other public bodies, has a public sector equality duty which has three crucial aims to embed EDI in everything we do:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
2. Advance equality of opportunity between people who share a protected characteristic and those who do not
3. Foster good relations between people who share a protected characteristic and those who do not

# Risk, Compliance and Assurance

If our HR governance and recruitment processes are not more inclusive, accessible and wide-reaching, the Trust may fail to realise the benefits of the equality, diversity and inclusion strategy resulting in a negative impact on staff recruitment, poor staff retention and reputational damage for the Trust.

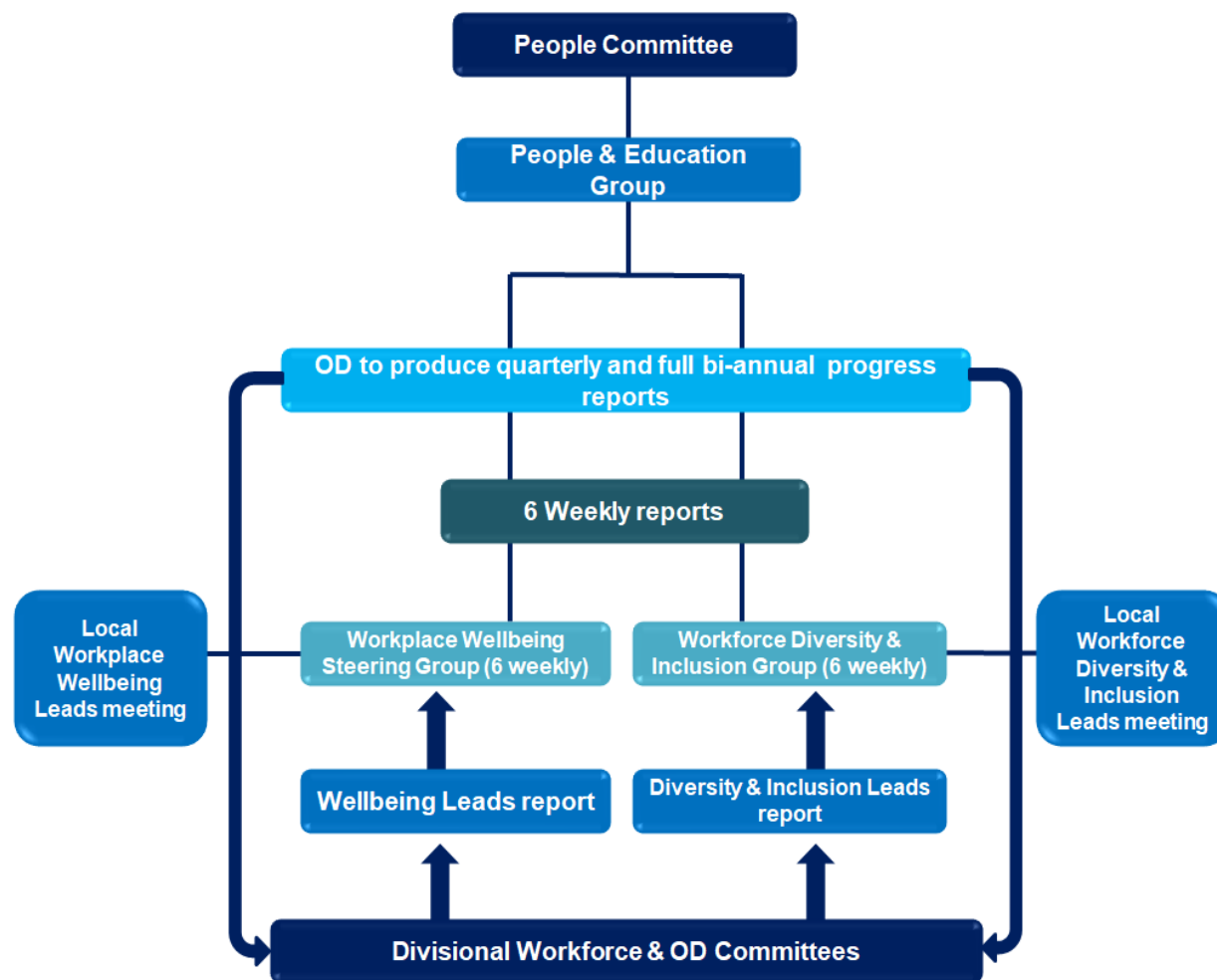
To mitigate risk on compliance, the Trust has developed a robust assurance and delivery plan to respond to our public sector equality duty across all protected characteristics including the findings from staff surveys, Equality Delivery System (EDS2), WRES, WDES and Gender Pay Gap. EDI risk is also registered on Datix as 285.



On Datix, Risk 285 is defined as:

**‘Risk that the Trust fails to ensure equity of experience for all staff’**

# Workforce Equality, Diversity and Inclusion Governance Pathway



For risk assurance, Organisational Development has established a robust governance pathway for both workforce EDI and wellbeing.

Divisional and corporate EDI leads provide 6-weekly strategic updates on progress against the Trust 5-year D&I strategy to the EDI steering group, which is chaired by the head of OD.

In addition, operational EDI leads provide 6-weekly updates on local EDI activities and share best practice at the operation EDI group, which is chaired by the Trust EDI lead.

The People and Education Group provides challenge and/or support for assurance received by the People Committee, which feeds into the Trust Board and is chaired by a non executive director.

# Mitigating compliance, inclusion and reputational risk

- 
- An illustration of a large iceberg floating in the ocean. The tip of the iceberg is visible above the water line, while the much larger, jagged base is submerged below the surface. The background is a bright blue sky with a sunburst effect and a few clouds, transitioning into a dark blue ocean.
- Bullying and harassment
  - Discrimination and victimisation
  - Fair recruitment process at all levels
  - Talent management
  - Inclusive leadership at all levels
  - Career development opportunities
  - Valuing and celebrating staff diversity across all protected groups
  - People policies and practices
  - Health and wellbeing of all our staff
  - Supported and representative workforce
  - Developing partnerships at local, regional and national level
  - Dignity and respect
  - Being allowed to come to work as a whole person
  - Career/personal development opportunities
  - Values and leadership behaviours
  - Embedding inclusion in everything we do
  - UHBW – inclusive employer of choice





**University Hospitals  
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# Equality, Diversity and Inclusion Action Plan

## April 2021 to March 2022

The following slides set-out the strategic action plan for the next year. Progress and exceptions on the action plan will be monitored by the six-weekly EDI steering group with quarterly updates to the People Committee.



# Equality, diversity and inclusion strategic objectives action plan 2021/22

## Strategic Priorities: Leadership and Cultural Transformation.

KPIs	No	Objective	Who	When and How
<b>Objective 1: As leaders we role model the Values and Leadership behaviours creating an environment that encourages feedback and where staff feel safe to challenge</b>				
PS EDS4.1 DPP6	1	In partnership with the national team launch the national reciprocal mentoring programme across divisions with recruitment of 20 mentor pairs across the Trust	EDI Manager Barnard Galton Sam Chapman	Launch at people committee in May; Commencement of programme by July 2021  The programme will continue for the duration of 2021/22
<b>Objective 2: We are committed to inclusion in everything we do and this is evident in all our people policies and practices</b>				
EA2010 PS BSS1 BSS2&3	2	Develop leadership tools and support the development of the EDI advocates and divisional leads to have the knowledge, skills and abilities to embed EDI in everything we do.	EDI Manager Divisional EDI leads	EDI advocates in place by June 2021 with bitesize training videos and capacity-building EDI training throughout 2021/22
EDS3.1 DPP1	3	Ensure EDI is further embedded into our recruitment processes ensuring the diversity of our workforce increases year on year	EDI Manager Peter Russell	Year plan being developed to further improve recruitment practices which will include the creation of a EDI working group within Resourcing to take forward this agenda. Q1 focus on recruitment of overseas nurses and divisional recruitment processes.
<b>Objective 3: We celebrate and value the contribution all of our staff make at all levels of the organisation</b>				
EDS3.6 PS ED	4	Develop an effective communication plan for sharing and promoting use of wellbeing resources and initiatives across the Trust that is embedded in to the UHBW cultural programme.	EDI manager Communications team Staff networks EDI leads	This has commenced with LGBT history month and will be ongoing throughout 2021/22.

# Equality, diversity and inclusion strategic objectives action plan 2021/22

## Strategic Priorities: Accountability and Assurance.

KPIs	No	Objective	Who	When and How
<b>Objective 4: We will encourage shared learning by openly sharing our diversity data in a meaningful way.</b>				
WRES WDES GPG DPP3 DPP4 DPP5 PSED EDS3.6	5	Develop a robust assurance and delivery plan to respond to our Public Sector Equalities Duties (PSED) across all protected characteristics.	EDI Manager HRIS team Workforce D&I Group	<p>With effect from June, a business cycle will be in place to ensure effective reporting and alignment of all findings to inform integrated solutions.</p> <p>This will include but not be limited to; staff survey results, WRES, WDES, gender pay gap and staff network action plans</p>
<b>Objective 5: Our strategy is communicated at all levels reflecting our commitment to change.</b>				
EA2010 PSED WRES WDES GPG	6	Ensure there is a robust reporting framework to communicate progress against the Trust's 5-year D&I strategy	EDI Manager Workforce D&I Group	With effect from May a bi-annual report will be in place to report on progress against the strategy and the business to ensure assurance and compliance (objective 5)

# Equality, diversity and inclusion strategic objectives action plan 2021/22

## Strategic Priorities: Positive Action and Practical Support.

KPIs	No	Objective	Who	When and How
<b>Objective 6: Our Education Strategy focuses on inclusion and is a key enabler to delivering the vision supported by our Trust values.</b>				
EA2010 PSED WRES WDES EDS2	7	Provide inclusive education that nurtures staff motivation and aspirational career development and values the individual and the teams that work together.	EDI Manager Senior Education Quality Manager Divisional EDI leads	Build on existing EDI dataset across all educational programmes for impact analysis and action including developing and supporting under-graduate medical students' EDI pathways at the Academy  Continue to build on external partnerships including participate in the UWE-led project supporting students' EDI pathways in clinical practice placement.
<b>Objective 7: Inclusion is integral in our people policies encouraging positive conversation and introducing informal processes where possible.</b>				
EA2010 PSED WRES WDES EDS2	8	Ensure there are robust divisional plans in place to enable the effective delivery of the strategy at a local level and to ensure local solutions are embedded in response to the staff survey	EDI manager Divisional EDI leads Operational EDI leads Staff Network chairs HRBPs	With effect from June divisional EDI action plans in place  EDI advocates support pack to launch in June 2021
<b>Objective 8: Staff forums grow to become an increased staff voice who represent our workforce and the community we serve</b>				
EA2010 PSED WRES WDES EDS2	9	Develop staff networks to have increased membership, greater reach and impact to support under-represented or disadvantaged staff across all protected characteristics.	EDI Manager Staff network chairs Jeff Farrar Matt Joint	Refreshed governance arrangements for staff networks and 12-month work plan to be in place by May 2021. This programme of work will be for the duration of 2021/22

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## Strategic Priorities: Monitoring Progress and Benchmarking.

KPIs	No	Objective	Who	When and How
<b>Objective 9: We will be recognised as an inclusive employer committed to ensuring our workforce reflects the community it serves.</b>				
PS ED EA2010 EDS2 WRES WDES	10	Ensure there is robust governance pathway across all divisions that reports into the corporate infrastructure and allows for a two way dialogue to monitor progress and share best practice	EDI Manager Divisional EDI leads Operational EDI leads	<p>April onwards</p> <p>Relaunched EDI steering group with new terms of reference and six weekly reporting which will report into corporate governance for assurance</p> <p>Refreshed divisional EDI leads and operational leads reporting pathways which will report into corporate governance for assurance</p>
<b>Objective 10: We will seek opportunities to learn from others, developing our partnerships at a regional and national level.</b>				
WRES WDES PS ED EA2010 EDS2	11	The Trust to actively play a leading role in contributing and learning from EDI strategies, activities and policies in partnership locally, regionally and nationally for the benefit of our staff and patients.	EDI Manager	<p>Membership at all regional and national forums ensuring best practice is adopted and shared.</p> <p>Learnings will be incorporated into the strategy plan as appropriate</p> <p>Partnership working has progressed with the development of a system wide EIA process commencing in July 2021</p>

## Equality, Diversity and Inclusion Key Performance Indicators (KPIs) Glossary

KPI	EQUALITY ACT 2010
EA2010	Protection against unlawful discrimination for the nine protected characteristics in the workplace
PSED	Public sector equality duty (the equality duty): <ul style="list-style-type: none"> <li>• Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.</li> <li>• Advance equality of opportunity between people who share a protected characteristic and those who do not</li> <li>• Foster good relations between people who share a protected characteristic and those who do not</li> </ul>
KPI	STAFF SURVEY
BSS1	Not experience harassment, bullying, or abuse from patients/service users, their relatives or members of the public.
BSS2	Not experience harassment, bullying or abuse from managers.
BSS3	Not experience harassment, bullying or abuse from other colleagues.
BSS4	Last experience of harassment/bullying/abuse reported
DSS1	Organisation acts fairly: career progression.
DSS2	Not experiences discrimination from patients/service users, their relatives or other members of the public.
DSS3	Not experiences discrimination from manager/team leader or other colleagues.
DSS4	Disability: organisation made adequate adjustment(s) to enable me to carry out work.
KPI	GENDER PAY GAP
GPG	Publish annual report with specific figures about gender pay gap, narrative and actions (if applicable)

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KPI	PEOPLE PLAN
APP2	Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table.
DPP1	Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.
DPP2	Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed.
DPP3	Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce.
DPP4	51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary processes
DPP5	Support organisations to achieve the above goal, including establishing robust decision- tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks.
DPP6	Refresh the evidence base for action, to ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics.
DPP7	Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.
DPP8	Design roles which make the greatest use of each person's skills and experiences and fit with their needs and preferences.
DPP9	Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect.
KPI	WORKFORCE RACE EQUALITY STANDARD (WRES) INDICATORS
WRES1	Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.
WRES2	Relative likelihood of staff being appointed from shortlisting across all posts.
WRES3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
WRES4	Relative likelihood of staff accessing non-mandatory training and CPD.
WRES5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

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KPI	WORKFORCE RACE EQUALITY STANDARD (WRES) INDICATORS
WRES6	Percentage of staff saying they have experienced harassment, bullying or abuse from staff in the last 12 months
WRES7	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.
WRES8	Percentage of staff personally experiencing discrimination at work from their manager/team leader or another colleague in the last 12 months
WRES9	Percentage of difference between the organisations' Board voting membership and its overall workforce. (Note: Only voting members of the board should be included with considering this indicator.)
KPI	WORKFORCE DISABILITY EQUALITY STANDARD (WDES) INDICATORS
WDES1	Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
WDES2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.
WDES3	Relative likelihood of Disabled staff compared to non-disabled staff as entering the formal capability process, as measured by entry into the formal capability procedure.
WDES4	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public; managers; other colleagues b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
WDES5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion
WDES6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
WDES7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

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KPI	WORKFORCE DISABILITY EQUALITY STANDARD (WDES) INDICATORS
WDES8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
WDES9a	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation
WDES9b	Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?
WDES10	Percentage difference between the organisations Board voting membership and its organisations overall workforce, disaggregated: <ul style="list-style-type: none"> <li>By voting membership of the board</li> <li>By executive membership of the board</li> </ul>
KPI	EQUALITY DELIVERY SYSTEM 2 (EDS2)
EDS2G3	<b>Goal 3: A representative and supported workforce</b>
EDS3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
EDS3.2	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
EDS3.3	Training and development opportunities are taken up and positively evaluated by all staff
EDS3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
EDS3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
EDS3.8	Staff report positive experiences of their membership of the workforce
EDS2G4	<b>Goal 4: Inclusive leadership</b>
EDS4.1	Governing body members and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
EDS4.2	Papers that come before the governing body and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
EDS4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination