



Great Western Hospitals  
NHS Foundation Trust

# Equality, Diversity and Inclusion Annual Report

2020-2021



# Contents

Our commitment	3
Report summary	4
Foreword	5
Our patients	6
Our workforce	8
Training and development	25
EDI activity	30
Staff support networks and services	33
National report summaries	41
Gender Pay Gap	
Workforce Race Equality Standard (WRES)	
Workforce Disability Equality Standard (WDES)	
Conclusions and recommendations	46
Appendices	48
The Public Sector Equality Duty	
A snapshot of Swindon	
A statement on Joint Systems Working	

# Our Commitment



Over the last 18 months, the killing of George Floyd in the United States, the conviction stemming from the death of Dalian Atkinson, the rise in profile of the Black Lives Matter movement, and the Covid-19 pandemic are among the events that have helped to bring many of the issues surrounding inequality into really sharp focus.

During this year we launched a new Equality, Diversity and Inclusion Strategy, an important step on our journey as an organisation to challenge injustice, proactively work to reduce inequality and begin to create opportunities for everyone, so that it is not only health we improve, but life chances too.

We have also introduced a new EDI Lead role which will help us to drive forward the change that is needed, but we know this isn't an issue which can be tackled by one person alone – it is everyone's responsibility and we are asking staff at every level to bring EDI to the forefront of their minds and think about how we can all make positive improvements.

Swindon and the surrounding area has a diverse population and we must do all we can to ensure our organisation, at all levels, is reflective of the community it serves and celebrates diversity.

Our Board is beginning to become more representative of our local communities which is a positive step forward but we know there is more to do.

This is supported by new and evolving opportunities for patients to get involved in improving the services we offer, and sharing constructive feedback on areas that aren't yet accessible or inclusive for all.

At this time, the issue of EDI generates strong views in some quarters against why we should focus our energies on tackling these issues or, indeed, whether they are too big for us to tackle as a Trust.

All the evidence points to some people in our community – our friends, relatives and neighbours – having poorer health outcomes and dying earlier because of their skin colour, their sexuality or a disability. As an organisation whose reason for being is to change and save lives, it is as important to our mission as responding to the pandemic.

We, therefore, all have the opportunity to work together to make this organisation a supportive and inclusive workplace for all and the large amount of work which has been done to do just that is detailed in this report.

We have made progress this year, but we aren't yet in a position where we can say we are truly proud of what we've done or say we've gone far enough. We must all keep pushing forwards to build on the work we've done until we can be strongly assured that our organisation is completely supportive and inclusive for all.



**Kevin McNamara**  
Chief Executive

# Report Summary



The Equality, Diversity and Inclusion (EDI) Annual Report for 2020-2021 has a number of parts. It seeks to present a 'painted by numbers' profile picture of our staff and patients, through data on their personal protected characteristics (mainly age, disability, ethnicity, and gender). Alongside this, the report outlines the range of staff and patient services we have developed to improve patient care (including the creation of a new staff network), and better support our workforce.

The supporting efforts have assumed an added importance when we reflect on the impact of the Covid-19 pandemic, which has placed our staff under increased levels of pressure, and called for monumental levels of resilience.

A summary of our progress against national reporting requirements is also included, focusing on the gender pay gap, and workforce improvement standards for 'race' and disability.

Over the last year, our workforce has increased by 515, with the highest staff numbers in the area of Registered Nursing and Midwifery. Our workforce continues to be predominantly female, aged between 26 and 60 years, and identifies as White British. This profile also reflects the national picture. Our Black, Asian and Minority Ethnic (BAME) workforce has increased in the last year, by 5.3%, and data collection on ethnicity reveals an increasingly wide range of backgrounds, and countries of origin (see *A Note on the use of the acronym BAME*, page 34).

The picture for staff and patients appears less certain when we consider other protected personal characteristics – specifically religion and belief, sexuality and disability. We recognise that our data collection in these areas is uneven, inconsistent, and therefore not necessarily reflective of the organisation as a whole. We are adopting a new data collection system in September that will standardise and improve consistency levels when it comes to data collection. Alongside this, we are working with staff to understand and address their fears about data safety, and to re-emphasise the importance of data collection, as a way to improve services.

We're seeking more ways to ensure that our patients' voices are heard, and learn from their experience. Patients were involved in the design of our new Urgent Treatment Centre, and our Covid-19 Task and Finish Group has provided important insights into understanding the barriers that Swindon's BAME groups face about coming forward to receive the Covid-19 vaccine.

Where possible, we have compared our position with that of our local partners in the [Bath and North East Somerset, Swindon and Wiltshire Integrated Care System](#). The significance of partnership working to alleviate health inequalities is emphasised by Rex Webb, the BSW systems EDI Lead. In his words: "Equality, Diversity and Inclusion is a golden thread which runs through the work of all our organisations. In the past 12 months we have been reminded about the importance of this work to combat long standing health inequalities and to create a compassionate, equitable and inclusive workplace" (see Appendix 3 for Rex's full statement).

Datasets extracted from the South West Workforce Planning and Intelligence Systems Information Pack were used to create a quarterly report for the BSW/South West Region, and any compatible metrics have been taken from the report released in December 2020.

Finally, we are pleased to announce that [Ifem Onuora](#) has contributed the foreword to this annual report. He is the English Premier League's first Head of Equality, Diversity and Inclusion, and has close links with Swindon, having been a player and then general manager of Swindon Town football club. He has also managed the England national under-21 football team.

# Foreword



The last year or so has proved as tumultuous as any I've experienced in my lifetime, and I'm sure it's the same for many of you too. The onset of Covid-19 in early 2020 became part of a wider narrative in society around issues of race and social justice, that's still being played out in 2021. In total they created a perfect storm, as lockdown and protest became the backdrop to combatting a health pandemic that few of us had any prior experience of.

I know from my time living in Swindon and having family still based in the South West, that the effects of discrimination were felt disproportionately among poorer sections of the population.

This was reflected in the high death rates from Covid-19 recorded for minority ethnic communities, who often comprise this demographic. This is a local as well as national issue, and has prompted a collective soul-searching against the backdrop of a disease that has claimed thousands of lives prematurely.

Nearly a year on, and the vaccination programme has been a huge success in mitigating against the worst effects of Covid-19, and lowering hospital admissions. However, the wider societal issues persist. In my new role as the English Premier League's first Head of Equality, Diversity and Inclusion, I'm looking to use my extensive experiences within the game, both as player, manager and player's representative, to overcome the challenges that remain in football, and make it as inclusive as possible. In particular, the lack of Black and Asian people in key decision-making positions both in boardrooms and the coaching fraternity, indicate there is still much work to be done, though I detect a greater willingness now from the game as a whole, to affect change.

Though the health of the national game is important, it shouldn't detract from other key sectors in society in meeting similar changes within their own environments. Whether it be education, business, media or the health sector, each has its own distinct constituency. Yet the issues of under-representation amongst marginalised groups is a common thread throughout society, and to truly be inclusive, tolerant and equitable, it's incumbent on those of us in visible positions to drive the change that needs to happen.

Some progress is being made, but much more still needs to be done. I admire enormously the commitment to these goals that your CEO, EDI lead and staff have demonstrated, and I know that the people of Swindon will support them as they continue their work. We all have a part to play in this movement for change, even if only on a small scale. Previous generations have faced similar challenges and society can only progress and move forward through the commitment of ordinary men and women. Whether it be in your own homes, schools or workplaces, you can always make a difference!

## **Ifem Onuora**

Head of Equality, Diversity and Inclusion  
English Premier League

# Our Patients



In December 2020, the Trust recruited Tania Currie (pictured left) as its new Head of Patient Experience and Engagement.

The post provides a strategic focus to ensure that patient and carer voices are heard; and that we use opportunities to learn from their experience, actively seek their engagement in service development and patient experience work streams, and ensure that diverse groups, vulnerable groups, children and young people are included.

We are committed to ensuring that our patients, their families and the wider public have opportunities to understand, get involved and influence the care that we provide. By involving patients and their families and ensuring that their voice is heard, we believe that this can have a positive impact on the outcome of their care and treatment.

Patient, Carer and family representation brings important views, perspectives and challenge to the work that we do, and is essential in championing a service user viewpoint and driving improvements.

## Collaborative working



External links have been established with various third sector organisations including: Healthwatch, Voluntary Action Swindon, Bath & North East Somerset, Swindon and Wiltshire CCG, Swindon Equality Coalition, Maternity Voices Partnership, Learning Disability Partnership Board and Disability Experts in order to work collaboratively and ensure we are meeting the needs of our wide and diverse community.

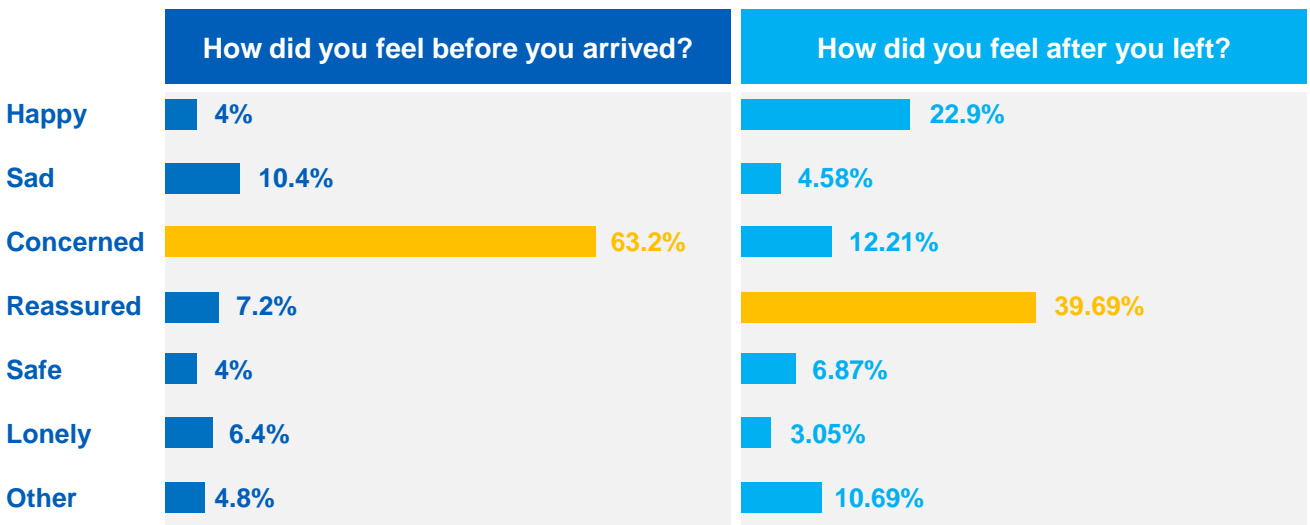


# Our Patients

## A new Urgent Treatment Centre

A patient experience survey was carried out to collect views from our patients regarding their experience of the current Urgent Treatment Centre. The feedback was based on how patients were ‘feeling’ throughout their journey and has been used to help inform our plans for the new Urgent Treatment Centre.

The questions included a specific Equality, Diversity and Inclusion (EDI) focus to ensure that we are meeting the needs of all patients and their families. The feedback in relation to EDI considerations was gathered and reviewed to ensure that they were within the current scope and plans of the Way Forward Programme for the new Urgent Treatment Centre.



## Changing Places

Funding has been agreed to establish an accessible bathroom facility within both the new Urgent Treatment Centre and the Children’s Unit.

The Head of Patient Experience and Engagement is working with patient groups and individual parents in order to ensure that the facility is co-designed and all requirements are considered.

This will ensure that we are able to provide accredited Changing Places facilities for both children and adults accessing our services.



# Our Patients

## Swindon BAME COVID-19 Task and Finish Group

The Head of Patient Experience and Engagement joined the group to gain an understanding of the barriers in Swindon for the BAME community coming forward for the COVID-19 vaccination, in order to improve uptake. Work included raising awareness of the importance of vaccination and myth busting around concerns. A report is expected to be presented to the local Health Overview and Scrutiny Committee in October 2021.

## Patient Led Assessment of Care Environment (PLACE)

The PLACE audit reviews maintenance, environment and food supply within the Great Western Hospital. Feedback from the 2019 PLACE, has led to a project to raise money through Brighter Futures to install special clocks to support dementia care as this was raised as an area of concern. In some outpatient areas, a lack of a varied range of seating and in some cases space to accommodate wheelchairs was identified.

Actions to address this have unfortunately stalled due to the COVID-19 pandemic but are now being revisited. However, due to changes in the way the departments are now functioning these issues have not been of such concern. Unfortunately the 2020 PLACE audit was cancelled due to the COVID-19 pandemic and we await confirmation of the 2021 audit.

## Interpreting and Translation Services

We continue to offer the Sign Live (SKYPE British Sign Language -BSL) service to all deaf and hearing-impaired patients that require communication support, either at their outpatient appointments or whilst an inpatient on the ward. This ensures that staff can communicate using BSL with their patients at all times throughout their stay.

Sign Live is regularly used by deaf and hearing-impaired patients as a method of contacting the hospital using the Sign Live app. This method of communication is where a patient can speak in the comfort of their own home using an online interpreter. The Interpreter will telephone the hospital informing the hospital staff of the patient's requests/wishes or confirming a hospital appointment as a three way conversation with the patient.

**Feedback received from patients - "this has been a huge improvement and has given back independence and an easier method of communicating with the hospital".**



# Our Patients

## Leaflets

We ensure that all documentation and Patient Information Leaflets are available in other languages. Some of our leaflets are now accessible on the [Trust Website](#).

## Engagement Event

An Engagement Event took place in March 2020, working with patients with Learning Disabilities who require additional support. The event was to promote the PALS service and to ensure that patients who require additional support know who and how to make contact. This was an important event to ensure that we are listening to patients to understand their preferred method of contact.

An Easy Read PALS/Feedback form has been produced and is available for patients to complete on the [Trust website](#).

## Communication

Our Patient Advice and Liaison Service (PALS) has developed a range of Easy Read leaflets and feedback forms that are available on our website for patients to read and complete.

## Environment

A government-commissioned review of hospital food made recommendations on improving choice, nutritional value and minimising food waste. The report was published on 26 October 2020, and includes a number of recommendations to improve food safety, based largely on evidence provided by the Foods Standards Agency.

This includes the importance of healthy, nutritious and tasty food for physical health and wellbeing, and the nation's dietary health; and the importance of ensuring that food service is understood and integrated within patient recovery, governance and staff training.

It also includes ensuring that a wide variety of dietary needs are met. The Trust's Nutritional Steering Group are working within a three-year programme to implement these improvements to support and empower our patients to take better ownership of their own health and care.

# Our Patients



## Our Learning Disability Service

There is a wide range of activities to support people with learning disabilities in our locality. Principal among these are:

### The Learning Disability (LD) Forum, which:

- Delivers an annual work plan, to reduce inequality of access to healthcare. The Trust has an established patient feedback programme to ensure the patient is at the heart of all our service delivery and planning.
- Has a collaborative working model with multi-professional engagement from the acute site, community, service users, carers, community care providers and advocacy groups.

**The annual LD plan 2021/2022** incorporates national and local audit recommendations. Key projects correlating to the equality and diversity agenda included the following:

- Progressing compliance against the NICE108 (2018) (Consent and Decision-making)/NHSi LD and Autistic Spectrum Improvement Standards (IS) (2018);
- Embedding an LD risk dashboard with clear escalation and feedback reporting, to ensure early identification and management of risk and learning opportunities;
- The LD Liaison Nurse has started training across the Trust to raise awareness and create critical discussion around the needs of individuals with LD from an inpatient and day case perspective. Sessions have been delivered to (among others) include theatre staff, and the foundation doctor programme.

### Matt's Hospital Visit film and training toolkit,

which includes a fictional case study to explain the principles behind improving the quality of care for people with learning disabilities in hospital. It continues to be used across the organisation and has been recognised nationally.



# Our Patients

## LD Liaison Nurse

Maria Cozens (pictured right) was appointed as our LD Liaison Nurse, in June 2020.

Her three main areas of focus are:

- Administering a system for internal and external referrals, with a range of specialist input options, including specialist LD reviews, with reference to challenging behaviours, complex decision making, liaison and support for internal and external stakeholders;
- Providing teaching sessions and one-to-one support for ward staff;
- Developing a complex day case admission pathway, and engaging with groups to raise the profile of individuals with LD across the hospital, such as our staff network groups.



Maria Cozens

## Learning Disabilities Mortality Review (LeDeR) Programme

This programme was established to explore local death in individuals with LD and identify learning from these deaths. Within the Trust, internal LeDeR reviews are carried by the LD Liaison Nurse. Any noteworthy learning has been shared directly back to the wards and in some cases feedback has been given directly back to the medical team and relevant departments. The LD Liaison Nurse has been nominated to be a LeDeR reviewer across the Bath, North East Somerset, Swindon and Wiltshire region.

## Learning Disability Patient Board (LDPB)

GWH continues to work closely with the Learning Disability Patient Board (LDPB) looking at practice in the local area. A core focus of work has related to improving the uptake of annual health checks in the local area. One of our primary care services has employed a LD nurse one day a week to complete the annual health checks, and this has been working very well.

Other Improvements impacting patient outcomes include:

- A sepsis easy read leaflet, produced by our radiology department;
- We have received approval for the [Changing Spaces Project](#);
- Introduction of an internal and external direct referral system for LD Liaison Nurse support for either inpatient admission or day case admission;
- We have an increased number of professional /MDT meetings during hospital admission;
- Improved and early discharge planning for patients with LD requiring complex discharge planning;
- Support for patients needing complex admission who are COVID-19 swab phobic.

**Note:** we do not currently collect demographic data on the numbers and personal protected characteristics of patients who access our LD services, and are currently reviewing the ways this data is collected.

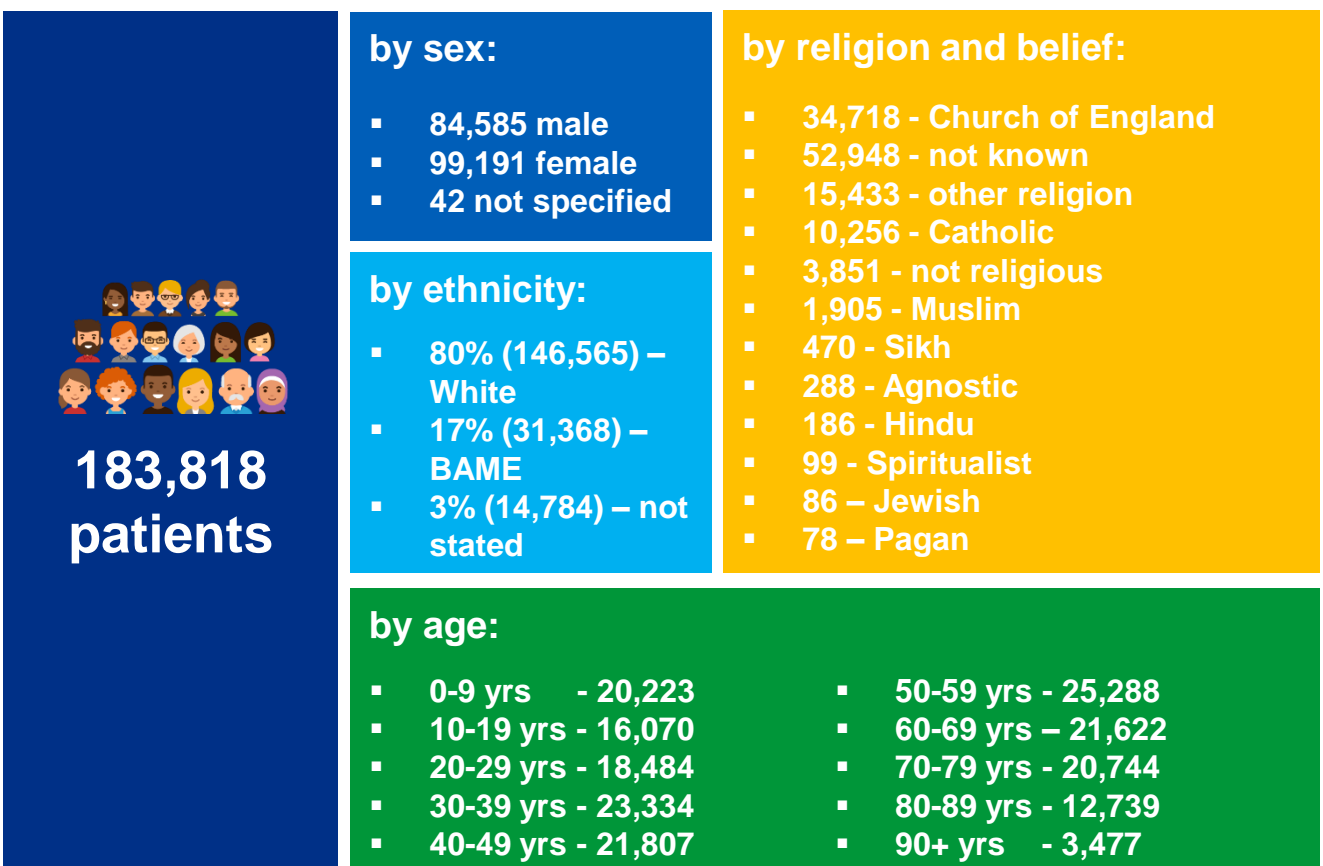
# Our Patients

## The people we serve

During the financial year 2020/21, Great Western Hospitals NHS Foundation Trust cared for 183,818 patients, from new born babies to people aged 90 and over.

Information on these patients can be seen in the infographic below, which contains basic demographic data for all individual patients who had contact with the Trust during the financial year 2020/21.

At present, we do not have access to the level of data that would indicate sexual orientation or disability. However, ethnicity, religion, gender and age range are recorded. We are currently reviewing the way equality data is recorded in the Trust.

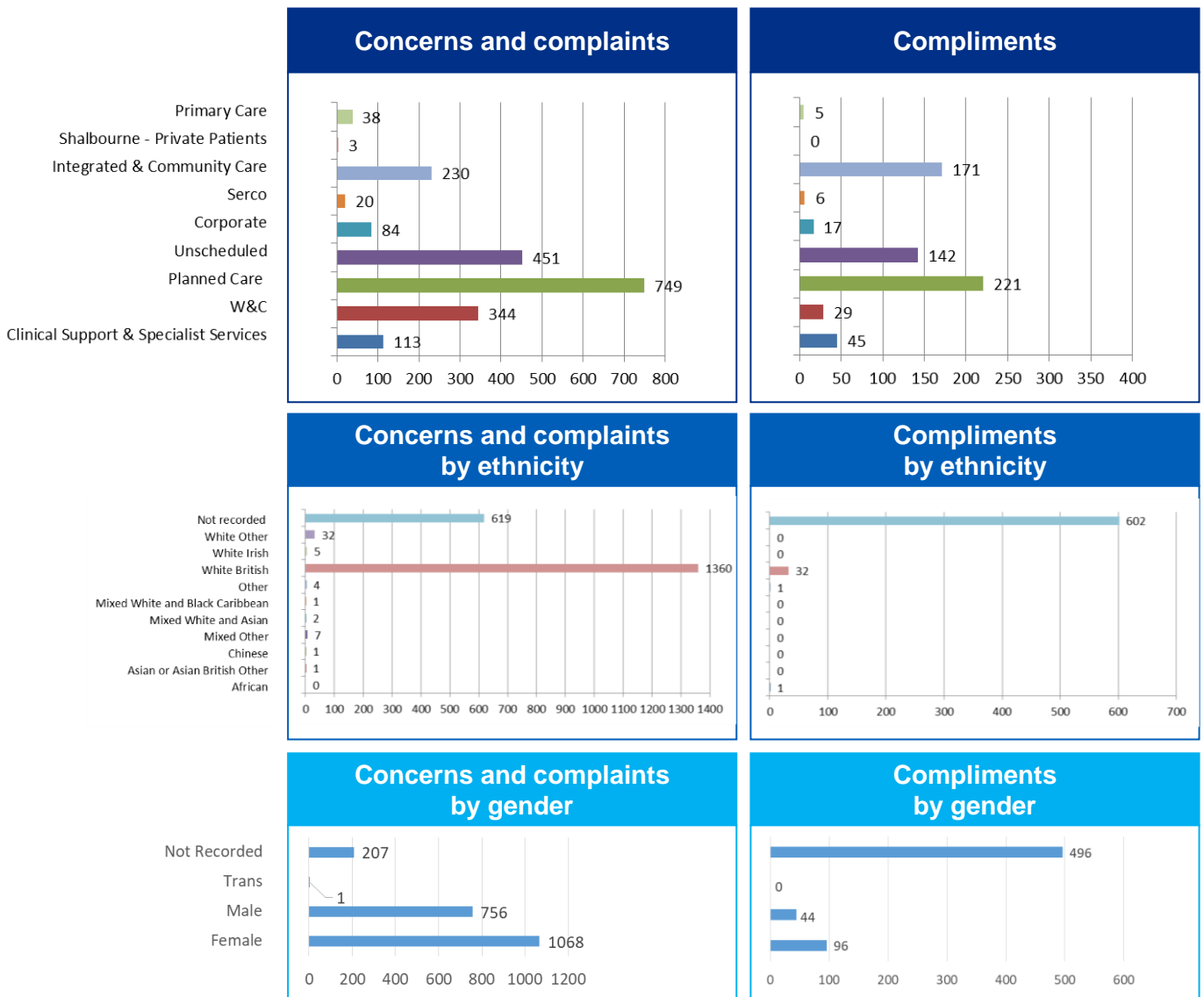


**Note:** The data sets include all patients who have had either an outpatient appointment; an Accident and Emergency (A&E) attendance; an inpatient admissions visit, and any contact by the community nursing team. The data set only counts individual patients once, so even if they had multiple A&E or Outpatient attendances (for instance) they would only appear once in the data. Also excluded are missed/cancelled appointments and a community home visit. Data sets also include all patients seen at our GP surgeries.

# Our Patients

## Concerns, complaints and compliments

The following data on concerns, complaints and compliments is for the period April 2020 to March 2021.



**Note:** At the moment we do not record all the protected characteristics, and are limited with what we can pull from our recording current system. As part of our data collection review, we are due to change our data systems from 1 September 2021, which will enable us to gather more detailed information.

- The recorded data shows that our Unscheduled and Planned Care divisions receive the most concerns and complaints, with Planned Care also recording the most compliments. These are also the areas that record the highest patient numbers.
- There are low or 'negligible' responses by ethnic category, with the highest category being 'not recorded.'
- The highest category for compliments by gender is, again, 'not recorded.'

# Our Patients

## Our Chaplaincy Service

Our Chaplaincy Service is religion-non-specific, denominationally neutral, and thus able to offer generic spiritual and pastoral care to all patients and their carers, family and friends, staff and volunteers to help deal with the experiences of illness and injury, life and death and to process issues of personal meaning and purpose.

**“Chaplains are trained and experienced in listening to and supporting people in difficult situations and offer a sensitive and discreet support. The team can also help with cultural and religious routines and rites of passage.”**



Rev Christopher Mattock  
Chaplaincy Team Leader

We have one whole time lead and two part-time Chaplains (pictured right), supported by 33 chaplaincy volunteers from a range of social and religious backgrounds.

Our Roman Catholic Chaplaincy is provided by the Swindon RC Deanery and we have close links with the Swindon Interfaith Group, Thamesdown Islamic Association and Swindon Hindu Temple.



Rev George Mireku-Yeboah

The Chaplaincy Centre and multi-faith room is on the First Floor of the hospital, near Main Theatres and the Daisy Unit. It is open at all times for reflection, quietude and if wished, prayer. Local religious communities and faith groups supply the chaplaincy with a range of religious texts from the major world religions to be available for staff and patients.



Rev Jean Brown

Within the multi-faith room are artefacts from the Christian, Muslim, Sikh, Hindu, Buddhist and Jewish religions kept in bespoke cabinets which can be opened, or closed, as appropriate

# Our Patients

## Our Chaplaincy Service

2020 brought significant changes...

- In March we stood down our chaplaincy volunteers, stopped our regular teaching and training and increased our staff support role.
- We were early adopters of virtual visiting technology using iPads and mobiles phones to assist families of patients unable to visit the hospital. We were also able to use the same technology to enable local religious leaders to connect with patients for prayers and other religious rituals.
- From the beginning of Covid-19 we were concerned to keep the multi-faith room open for private prayer and reflection; particularly as a space for staff to take time out of an intense working day or as a place for decompression following a difficult shift. By restricting numbers in the room, frequent cleaning and sanitation and the use of disposable prayer mats we have been able to keep the room available at all times.
- An emergency religious contacts list has been approved by Swindon Interfaith Group and is available to all staff on the Chaplaincy intranet page.
- Quran for Hospitals ([www.quranforhospitals.co.uk](http://www.quranforhospitals.co.uk)) have donated 5 Quran Cubes which are mp3 players loaded with a full recitation of the Quran in Arabic and English. These have been checked and approved by Mufti Belim of Swindon Mosque.
- The Gita Project (<https://thegitaproject.org/>) have donated copies of the Bhagavad Gita Hindu text to the chaplaincy to be made available for patients and staff
- Gideons International have provided Bibles and New Testaments and Psalm for patients and staff.

The last set of meaningful statistics are from 2019 and we look forward to returning to this level of activity in 2022. Here are our significant episodes of spiritual/religious care' recorded as contacts:



**Reverend Chris Mattock,**  
Chaplaincy Team Leader



# Our Workforce

## Our Workforce Demographics

### By staff group

At the time the snapshot was taken (to 31 March 2021), the Trust had 5437 staff (by headcount). The following infographic shows the breakdown of our staff by occupational group, and where data is recorded for their personal protected characteristics.



This shows that Registered Nursing and Midwifery staff group makes up the largest proportion of our workforce, whilst Non-Clinical Support is our smallest proportion.

Note: The above staff groups are recognised by the Trust. They differ from those used by national teams, or when data is extracted manually from the Electronic Staff Record (ESR).

### By sex



More than four in five of our staff are female. This is slightly above the national average, according to a [recent study from NHS England](#), which found that around 77% of all NHS staff are female.



# Our Workforce

## By age

The majority of our staff (14%) are aged between 31 and 35. This varies slightly from the national picture. According to [research from NHS Digital](#), the largest age group employed is staff between 35-39 years.


Our workforce by age				Workforce aged 55 and over	
< 20 years	47	46-50 years	680	BSW ICS Average 21.1% 	GWH NHS FT 17.7% 
21-25 years	359	51-55 years	641		
26-30 years	737	56-60 years	544		
31-35 years	760	61-65 years	324		
36-40 years	666	66-70 years	63		
41-45 years	584	>71 years	32		

Our Trust also has a younger workforce than the average within the BSW ICS.

## By sexual orientation

58% (3,136) Heterosexual/ straight	33% (1,776) Not stated/ response declined	7% (397) Blank/ no response	1% (67) Gay/ Lesbian	1% (31) Bisexual
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Modern data collection processes are safe, secure, and the results yielded are key to service improvement. Nonetheless, a sizeable proportion of our staff (40%) chose not to declare their sexual orientation. This abstention reflects a national trend, and mirrors findings from the Equality and Human Rights Commission. [Their study](#) found that staff felt uncomfortable disclosing their sexual orientation in a monitoring form if the reasons for being asked, how the data would be used, and whether it would remain anonymous and confidential, were not fully explained. In addition, the evidence shows that some individuals, employers and service providers still consider sexual orientation to be more 'private' than other characteristics for monitoring purposes.

LGBT+ workforce declaration	
BSW ICS Average 2.4% 	GWH NHS FT 1.8% 

This low reporting trend is also mirrored in the BSW ICS data.

# Our Workforce

## By ethnicity

**72% (3,928)**  
White

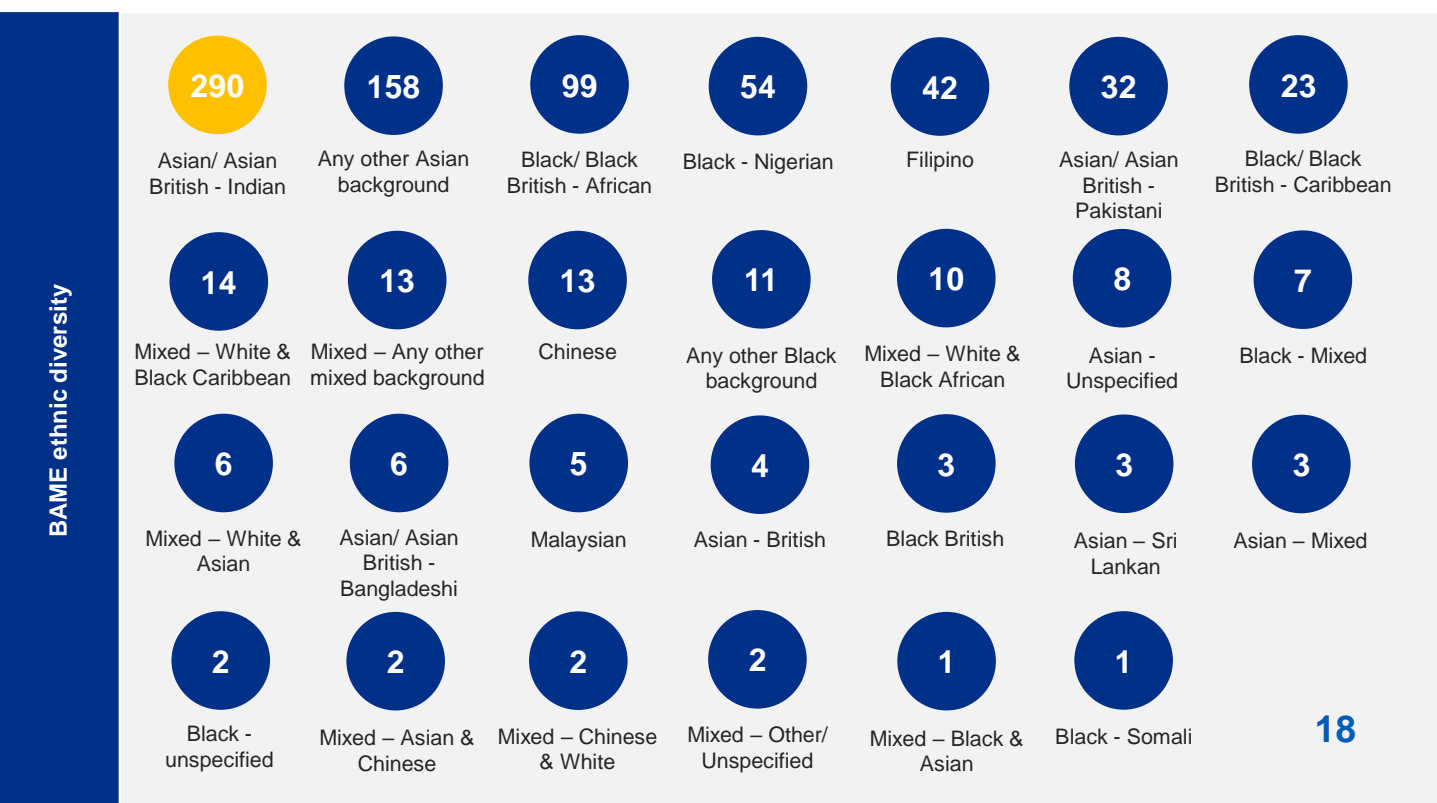
**17% (916)**  
BAME

**11% (593)**  
Not stated

The majority of our staff (3674, 68%) identify as White British. There is an additional level of White ethnic diversity to be seen when we look at data for staff who do not identify as British, shown in the chart below.



In 2020/21, when this snapshot was taken, our Black, Asian and Minority Ethnic (BAME) workforce increased by 5.3% (185) on the previous year, and now makes up around 17% of our total workforce (headcount 916). We can see that their number (excluding non-recorded responses) is composed of multiple ethnic identities, as shown in the chart below, the largest being Asian or Asian British – Indian.



# Our Workforce

## By religion and belief



A proportion of our staff (38%, 2087 headcount) follow the Christian faith; whilst a smaller proportion (32%, headcount 1734) did not wish to disclose their religion/belief. A further number left the data form blank (7%, headcount 380). The religious preferences of the other staff can be seen in the chart above, which shows that the majority of these staff (12%, headcount 628) identify as atheist.

## By disability

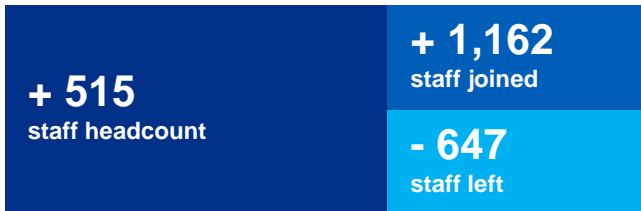


A very small percentage of our staff (1.5%) have indicated that they have a disability, equating to 83 people. A significant number of staff (1421) reported not know or prefer not to say. The Workforce Disability Standard (WDES) Report, referred to later, shows that the number of our people identifying with a disability in the NHS Staff Survey is much higher, and does not reflect this number. We are working with the Differently Abled Network (formerly called the Disability Equality Network) to encourage our people to feel confident to disclose their relevant disabilities.

As stated earlier, our Trust emphasises that data collection is safe, secure, and a vital way to improve services. Nonetheless, small numbers of staff have declared a disability. This reflects a national trend, and mirrors findings from the Equality and Human Rights Commission. The evidence shows that some individuals, employers and service providers still consider disability to be more 'private' than other characteristics for monitoring purposes.

# Our Workforce

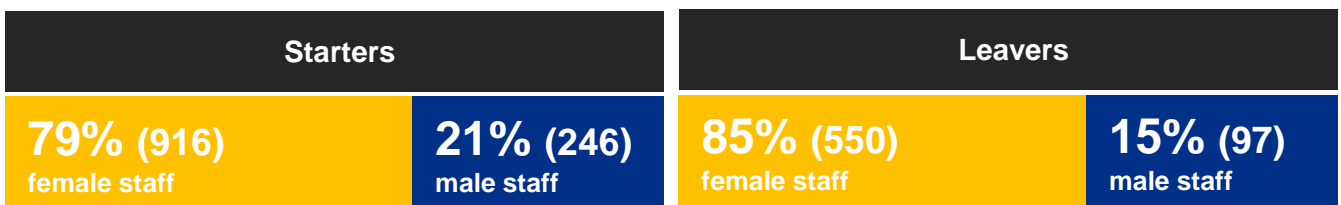
## Starters and Leavers



In the year 2020/21, a total of 1162 staff joined the Trust and 647 left, giving a net increase of 515. Demographic information on our starters and leavers is shown in the charts below.

## Starters and Leavers Demographics

### By sex



### By age

Starters				Leavers			
< 20 years	34	46-50 years	70	< 20 years	19	46-50 years	50
21-25 years	253	51-55 years	50	21-25 years	87	51-55 years	52
26-30 years	267	56-60 years	33	26-30 years	91	56-60 years	55
31-35 years	210	61-65 years	12	31-35 years	91	61-65 years	52
36-40 years	145	66-70 years	1	36-40 years	78	66-70 years	15
41-45 years	87			41-45 years	51	>71 years	6

The age profiles of our starters and leavers also broadly reflects the profile of our pre-existing (recruited and in post before 2021) workforce.

# Our Workforce

## By sexual orientation

A significant percentage of both our starters and leavers (25% of starters; 29% of leavers) chose not to declare their sexual orientation. It is likely that this is for the reasons already discussed, and is consistent with findings for our pre-existing workforce.

Sexual orientation	Starters	Leavers
Heterosexual/ straight	685	342
Not stated/ response declined	291	186
Blank/ no response	151	109
Gay/ Lesbian	22	4
Bisexual	13	5

## By disability

In common with our pre-existing workforce, the vast majority of our starters and leavers have declared that they do not have a disability.

Response	Starters	Leavers
No	961	495
Yes	17	9
Prefer not to answer	1	0

## By ethnicity

The majority of our starters and leavers are White British, and this is consistent with our pre-existing workforce.

Response	Starters	Leavers
White	683	486
BAME	323	94
Unknown	156	67

# Our Workforce

## By Religion and Belief

The majority of our starters and leavers (an aggregate total of 553, or 31%) follow the Christian faith; whilst a similar total did not wish to disclose their religion/belief. A further number left the data form blank (258). The religious preferences of the other starters and leavers can be seen in the bar chart below.

Religion/ belief	Starters	Leavers
Atheism	198	92
Other	43	36
Hinduism	43	7
Islam	37	9
Buddhism	12	4
Sikhism	8	3
Judaism	3	1

**Note:** This data includes:

- Maternity leave, but excludes those on career breaks;
- Substantive staff only;
- Staff in post, based on the official data from our Electronic staff Records.



# Our Workforce

## Volunteers



During the Covid-19 pandemic, the majority of volunteers have not been attending the hospital site. As we slowly return our volunteers back to their roles, we will request that they complete new equality information and next year we will have a more complete picture of the volunteers on site. The following graphs show the equality data relating to our team of 438 volunteers, of which 112 joined the Trust in 2020.

### When comparing our volunteers with the pre-existing workforce:

Data on our volunteer workforce is similar to that of our paid workforce. For example, the vast majority of our volunteers are female, and most volunteers chose not to declare information about their sexual orientation.

## Volunteers Demographics

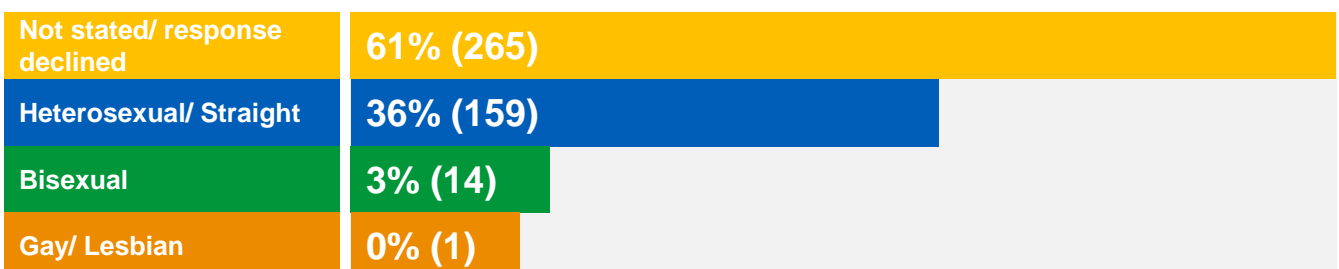
### By sex



### By age



### By sexual orientation



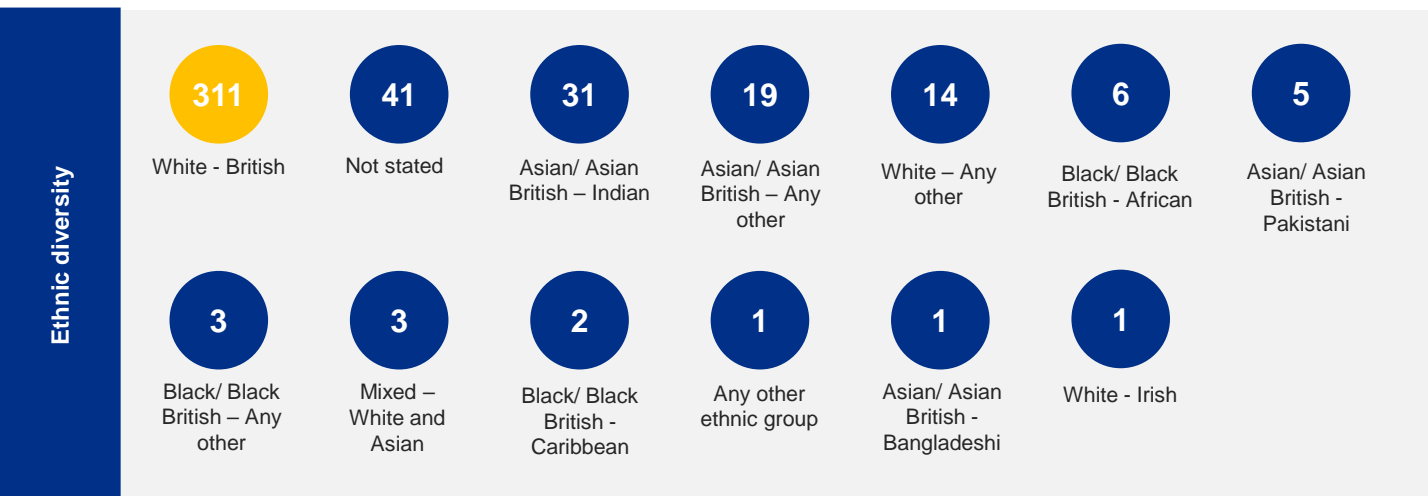
Note: A lot of our volunteers were recruited before 2019. After that date, we changed our application form in line with the one used for staff recruitment. Prior to 2019, questions about sexuality were not asked, and this information recorded as 'not disclosed.'

# Our Workforce

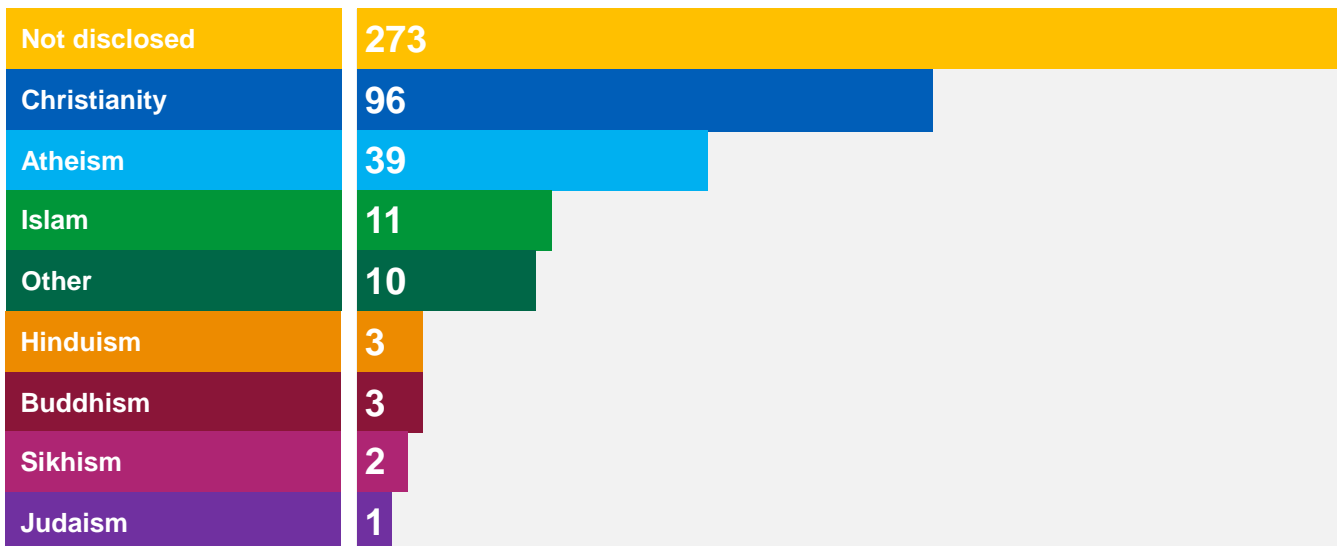
## By disability



## By ethnicity



## By religion



# Training and Development

Effective leadership is crucial to ensure the smooth operational running of the Trust, develop and gain the best from each member of staff, and provide all of our staff with an equal opportunity to contribute. Our training and development has been affected by the Covid-19 pandemic, with some programmes and plans delayed.

Despite this, the Trust has continued to develop its leadership offer, and below shows the progression and plans for 2020 and 2021. We have reviewed our leadership programs to ensure that diversity and inclusion is contained throughout our Talent Management and Leadership Development Programmes.

## Leadership Development Program

Our Leadership Development Programme (for staff at Bands 7 and 8a), includes a mandatory EDI training module. This year we have added an audio-visual resource that focuses on the following:

- Identifying different forms of Institutional Discrimination;
- Developing our approaches to tackling these forms, and the most effective ways to lessen the chances of these situations recurring;
- Understanding how and why other strategies for combating discrimination (such as 'positive action' and unconscious bias training) are interlinked.

## Training Data

Over the last year (to 31 March 2021) compliance data across our mandatory EDI courses is around 80%. We are working to increase training compliance rates.

## License to Recruit Training

The Trust has developed an online in-house training programme called 'License to Recruit' that focuses on three key areas;

- Safer Recruitment;
- Equality, Diversity and Inclusion;
- Unconscious Bias.

All recruiting managers will be able to access this module via ESR E-learning, and this information will be monitored and reported.

# Training and Development

## The Leadership Forum

The Leadership Forum was launched in October 2019. The first Forum was used as an opportunity to co-produce the Trust's first Leadership Framework (based on the Leadership Principles). This document sets out the Trust's expectations of its leaders, including their responsibilities in relation to equality, diversity and inclusion.

The forum has met several times since, including once in 2021. The first meeting in 2021 included a focus on diversity and inclusion, and provided an opportunity for leaders from diverse backgrounds to share their learning and experience. A second meeting is scheduled, and will focus on the lived experiences of our BAME staff. It will include:

- Their experiences about developing in to a place of leadership;
- Who has been their influence/role model;
- The support/struggles/positives and/or negatives that have helped them to succeed

The first meeting was attended by around 45 members of staff and was well received. We are anticipating similar numbers and feedback for this second meeting.

## Leadership at Four Levels

The Leadership framework has four defined levels. These describe the behaviours expected at each level and is supported by a developing 'leadership offer'. The Leadership Framework is explicit in the expectation that leaders support and create a diverse and inclusive workforce.

- Aspiring Leaders – Leading myself.  
Under this level, we are currently seeking to increase awareness of aspiring leaders, through sharing positive stories.
- First Line Leaders – Leading others;
- Established Leaders – Leading a service/department/division;
- Senior Leaders – Leading the Trust and within the Integrated Care System/Sustainability and Transformation Plan.

The aim is to clearly set out the appropriate development offer which will support staff to become leaders, and this work is progressing.

# Training and Development

## Talent Management – a phased, tailored approach

The Trust has introduced a phased approach to Talent Management. This will be rolled out further across the organisation over the coming months and will enable honest conversations about an individual's aspirations and potential. It will include understanding the individual's placement on a talent grid, and should support discussion about future career paths, barriers and development needs.

## Stepping Up Programme

The NHS Leadership Academy delivers the 'Stepping Up' programme aimed at BAME staff in Bands 5-7; and along with other relevant targeted programmes, it will continue to be promoted in future. The programme was suspended in 2020 due to the Covid-19 pandemic, but reopens in August 2021, with the first cohort due in November 2021.

In the interim, and as a foundation to this work, we are seeking to understand the barriers to promotion faced by our BAME staff at Bands 5 and 6 (the issue of career progression for BAME staff at these Bands has been recognised more widely, throughout the South West). We have produced a confidential survey about barriers to career progression. The survey was completed by 60 staff members, and following this we are holding a series of facilitated staff focus groups to develop action plans and agree our next steps.

## Freedom to Speak Up (FTSU)

The Freedom To Speak Up initiative is a key element of equality, diversity and inclusion as it allows staff a safe way of raising issues of patient safety concern. The Freedom to Speak Up Guardians report an improved Board focus and clear leadership governance from the Trust Chairman, Chief Executive and the Senior Independent Director who maintain access to the Guardians and involvement with the FTSU framework.

The Trust has successfully introduced and integrated the FTSU service model across the acute, community and primary care services and promotional events, such as a Freedom to Speak Up drop in session, tea trolley visits to wards and departments have taken place to raise the visibility of the Guardians and the role and support that they offer.

See elsewhere in this report for more detail on the work of our FTSU ambassadors.

# Training and Development

## EDI and Board Development

Reciprocal Mentoring is commonly recognised as an important way for organisations to embed the EDI agenda into Board development. Our pilot scheme was introduced in May 2021. It involved 13 Board members and senior Executives being mentored by an equal number of more junior colleague from a different background to that of the senior leader, and who therefore experience their careers differently. Key outcomes for Board members include:

- Gaining a new perspective on some complex diversity issues within the Trust;
- Improving understanding and knowledge of equality issues by sharing learning with our Network staff;
- Stimulating creative thinking about how to develop diversity in the workforce and practical strategies for increasing diversity; and
- Gaining increased confidence about the diversity agenda and ways in which they can be agents of change, through harnessing candid and honest feedback

Initial feedback from Board members has been extremely positive. We will evaluate the programme when the pilot is finished, with a view to extending it to all staff in the Trust. In addition, we are consulting with our new and existing Non-Executive Directors, to shape the content of EDI Board development; and are ensuring that personal stories, regarding the issues and challenges faced by staff with personal protected characteristics, are regularly shared with our Board.

## Widening Participation

As an anchor institution (one whose long-term sustainability is tied to the wellbeing of the populations they serve), we seek to improve and increase entry routes for staff from diverse backgrounds, to facilitate better access to development and career opportunities. Current projects include:

- Collaboration with an award-winning advertiser and film-maker to create a free training program for young adults in the locality. The program will be targeted at our most disadvantaged communities, with a proposed start date of September 2021.
- Scoping and creating opportunities to enable children and young people to aim high through work experience opportunities, mentorship and coaching and employment opportunities;
- Supporting Local Authorities in their role as corporate guardians, to secure the best outcomes, for looked after children and young people.
- Supporting and exploring projects that examine routes into employment and training, and making a positive impact on local communities. For example, the [Cadet Scheme](#).

# Training and Development

## The Early Years Careers Service



Rachel Smith

Rachel Smith (left) is our Early Years Careers Advisor. The Early Years Careers Service (EYCS) aims to attract a wide diversity of students through multiple routes, such as the school careers advisory service, local council careers hubs and social media outlets.

Our data shows that around 24% of our programme intake identify as Black, Asian and Minority Ethnic (BAME), and our programmes are tailored more widely to meet diverse student interests, needs and academic abilities.

The table below several ongoing EYCS projects over the last year. We do not currently collect full demographic data on the numbers and personal protected characteristics of people who access our EYCS, and are currently reviewing ways this data is collected.

Project	Description	Target Audience	Male	Female	BAME	Total
Primary School Day	We went to Colebrook primary school to try to target young students and teach them about the different roles within hospitals, specifically doctor roles. We did different activities such as: dressing up in scrubs, using stethoscopes, flash cards, practicing bandaging and a simulation session	Primary School Students			12	226
Nursing day	Focus was to inform students about routes into nursing	Ages 12 - 18				53
AHP Day	The focus was to educate students on the different AHP professions, what they do and how to get into the professions	Ages 12 - 18				91
Springpod 1613 applicants, 409 places offered.	We ran a 2 week virtual programme where students learnt about a range of different professions, attended live webinars to meet our staff, completed activities and quizzes as well as watched videos and read the information supplied (10 hours worth of work)	Ages 14 - 18 - high achieving students	102	307	102	409
Princes Trust - 25 spaces	We ran a 3 day programme where the aim was to support the young people into employment. Currently we have around 10 of these young people working as HCAs within the Trust	Ages 18 - 30 - unemployed individuals	1	18	6	19
Pathway (Feb) - 123 spaces offered	The focus of the session was Nursing, we helped to show students the different routes to become a nurse	Ages 14 - 18 - high achieving students	6	117	28	123
Pathway (June) - 162 spaces offered	The focus of the session was apprenticeships and entry level roles	Ages 14 - 18 - low achieving students	Awaiting report	Awaiting report	Awaiting report	162
Swap Student	We were asked to support one student with a 2 week placement for their course (Kickstart).	1 student	1	0	0	1
Learn Live	The sessions ran 10am-2pm for students and 5pm-7pm for parents. The	Secondary Schools				4840
	Total				148	5924



# EDI Activity



Our Equality, Diversity and Inclusion (EDI) Strategy was developed and published in February 2021. The strategy identified areas of priority to work on over a four year period, to improve equality, diversity and inclusion at the Trust.

To support the delivery of the strategy, the Trust created two new roles, an Equality, Diversity and Inclusion Lead and a Patient Experience and Engagement Lead. The strategy was developed with valuable input from staff in our Black, Asian and Minority Ethnic (BAME) and Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ+) staff networks. Our highlights include:

## Holding our second Diversity Day



A second Diversity Day was held virtually in October 2020. Guest speakers from across the country were invited, shared their experiences of securing roles in senior positions, and offered advice to the Trust on how we can improve our recruitment processes.

Over 200 staff joined the online sessions and spoke about their own experiences and difficulties in career progression within the NHS, to make our organisation more inclusive and diverse. Members of staff made individual pledges, outlining what each person would do to drive forward positive change. Since the Diversity Days, regular contact has been maintained between the guest speakers and the organisation, and our Chief Executive has built lasting relationships.

## Appointing an Equality, Diversity and Inclusion Lead

In 2020 we recruited an Equality and Diversity Lead, to help us drive forward more action on this essential agenda.

## Creating a Disability Equality Network



A new Disability Equality Network, created in February 2021, as a space for staff to connect, share experiences and information (see page 37).

# EDI Activity

## Developing training resources

Several training and instructional resources, in audio-visual, case study format, focused on common scenarios faced by staff; areas including ‘zero tolerance’, abuse from patients, and recognising forms of institutional discrimination. Staff can access these resources for suggestions on how to tackle these situations when they occur, and to understand how the Trust will support them.

## Quarterly EDI Newsletter and annual calendar



A Trust-wide EDI newsletter as a source of information and guidance. The bi-monthly publication includes staff interviews and a regular focus on our wellbeing initiatives.

An annual calendar of regional, national and international EDI events and celebrations, some with hyperlinks for further reading.

## Trans policy and guidance

Developing a draft Trans policy/guidance document, to ensure that Trans staff receive equal treatment, and partnered with a reputable organisation to advance this agenda.

## Community links

Developed strong links with community groups and services to reduce any inequalities identified through their feedback. This was particularly relevant for the Covid-19 pandemic. Several radio interviews, vaccine journey podcast helped to dispel myths and misinformation about the Covid-19 vaccine, and thereby encourage take-up.

# EDI Activity

## Gender Pay Gap Report

We published our Gender Pay Gap report (see page 44) alongside an action plan to reduce the pay gap between males and females.

## Progressing the EDI agenda with our divisions

Our three clinical divisions (Unscheduled Care, Women's, Surgery and Children's, and Intermediate Critical Care) have each committed to progressing three areas of the EDI agenda.

Note: See elsewhere in this report to learn about the work of our Learning Disabilities Service, our Differently Abled Network and our Chaplaincy.

# Staff Support Networks and Services

## BAME Network

Our BAME\* (Black, Asian and Minority Ethnic) Network supports and celebrates the contribution and ethnic diversity of staff who work and study at The Great Western Hospitals NHS Foundation Trust.

We support staff towards improving and progressing in their chosen career paths with the support of the Trust for all of our BAME staff.

**“We hear a lot of negativity in the press and more so lately, asking what has changed in the last year for inequality. I find myself deep in thought. It starts negatively and then turns to positivity.”**

**Alicia Messiah**  
Chair, BAME Network



In the last year, we have started from a fresh perspective due to the pandemic and also the coverage of inequalities such as Black Lives Matter. We held a Black History Month in October, have seen the Network grow, and connections made both in and outside of the GWH. We have asked more allies to join the network and see and hear from our staff about their experiences and what we can do to support.

Members of our Board (Executive and Non-Executive Directors) have met staff to more fully understand what's happening 'on the ground', and the day-to-day running of the trust. Going forward, we are planning to work with Pride, develop a BAME leadership event, and celebrate dates such as Diwali and Windrush day.

The Network meetings take place monthly, although we are flexible about this, to try and reach staff who can't attend a meeting and also to sustain momentum. Meetings can have anything from five to 30 people attending; and have been held virtually, due to the pandemic. Going forwards, we're looking to use both face-to-face and virtual meetings, to maximise attendance.

# Staff Support Networks and Services

We are having more challenging conversations within the BAME network and more staff have understood different points of view. We've heard those people at the top listening to our Network. Hearing real stories in real time about experiences from staff and how we go forward with staff needs and experiences.

Our Chief Executive made a pledge to support the BAME Network and EDI and so far he has delivered. He's spoken to the BAME Network and is happy to support what we do. We have an EDI lead that can also bring forward the work the BAME network does and the feelings we have and support any actions that the WRES network needs to implement. We have seen more concerns and complaints and more openness in the organisation and more actions being taken.

Covid-19 highlighted inequalities in health, how different our bodies and minds are. The inequalities with poorer and richer areas and accessibility to health care. We hear about what different cultures think about health care and vaccines. It highlighted that as a country, government, NHS, we have a lot of work to do to educate and change people's mindsets. Its celebrated cultures and what they bring to the table. BLM started a movement which has been around for a long time to the forefront of our minds again.

This network isn't to focus on negativity but to hear the points of view and celebrate what we do. We are all different colours and lets embrace and acknowledge this, not hide this. We are not all races but one human race.

**Alicia Messiah**  
Chair, BAME Network

## \*A Note on the use of the acronym 'BAME'

A number of terms have been used, by successive British governments and in society more generally, to collectively refer to Britain's ethnic minority populations. These include "Black and Minority Ethnic" (BME), "Black, Asian and Minority Ethnic" (BAME) and "Black and Ethnic Minority" (BEM). The terms have been challenged on a number of grounds: for example, for excluding national minorities such as the Cornish, Welsh, Scottish and Northern Irish from the definition of ethnic minorities; and for suggesting that black people (and Asian people, specifically South Asians with regards to BAME) are racially separate from the minority ethnic population.

Our Trust network, in common with The National Centre for Diversity (TNCD), has decided to retain the term BAME. This is because, in common with TNCD, our Network recognises the changing, cyclical nature of language in the area; that one label will not encompass the entirety of experiences and identities in a way that we all agree; and that the most important consideration is to disaggregate data within the label, to get an accurate picture of health inequalities, and staff progression. It is important to then use the monitoring data to understand where the gaps are, and develop strategies and action plans to close them.

We have therefore used our staff network's BAME acronym throughout this report, for consistency and ease.

The relevant article from The National Centre for Diversity can be accessed [here](#).

# Staff Support Networks and Services

## LGBTQ+ Network

Our LGBTQ+ Staff Network was established to increase awareness of issues specifically faced by LGBTQ+ staff, actively influence Trust Policies and strategies that impact on LGBTQ+ staff, and to build a safe space for all.

The Network exists to provide first-level support to LGBTQ+ staff who feel they are being bullied or harassed on the grounds of sexual orientation or sexual identity.

**“The Network was once described as an escape from the pressures and challenges of working through a pandemic, which expresses how valuable it is becoming.”**

**Ryan Jary**  
Chair, LGBTQ+ Network



The Trust places great importance on, and is committed to, equality for all staff and the network gives staff a voice to face inequalities at all levels.

In February, The network celebrated LGBTQ+ History Month, an annual celebration of lesbian, gay, bisexual, Trans, and non-binary history, including the history of LGBTQ+ rights and related civil rights movements. The celebrations took place virtually calling for staff to show their support by sharing pictures of themselves and their rainbow badge.

This coincided with the appointment of an LGBTQ+ Network chair and deputy chair and the network ‘relaunch’. The network had previously been inactive and in an effort to engage staff in this new climate the network believed that LGBT history month was the perfect opportunity to promote the network.

Whilst not yet published the Network turned their attentions to supporting our Trans colleagues at work and drafted the first ‘supporting Trans staff’ Trust policy within the BSW and are excited to launch this to the wider Trust.

# Staff Support Networks and Services



The LGBTQ+ staff Network have proudly pledged to be a 'Stonewall Diversity champion', joining one of the UK's largest equality networks. As an employer, being a champion will showcase our commitment to inclusion and attract diverse talent and will give us access to resources such as empowerment programs for members and allies alike.

Access to national LGBTQ+ research Stonewall will facilitate informed discussions and access to a Recruitment advertising platform specifically for the LGBTQ+ community. The Network is committed to working towards the diversity and equality workplace index and aim for accreditation in 2022.

The network has seen significant growth since December 2020, going from five active members across predominantly non-clinical corporate services to 21 active members across all divisions, including clinical and medical representation.

The Network aims to meet every 6 weeks and following a recent review will now vary the days and times of each meeting to capture different staff, possibly unable to attend a set meeting as they are on shift.

The LGBTQ+ Network, like many other groups has faced significant challenges in last year (Covid-19) one being on building our membership. With the move from face-to-face meeting to virtual the network has struggled to engage with staff Trust wide. Staff Networks relied upon attending events and meeting people face to face which we have not be able to do and have forced many to think outside the box.

Whilst we have faced challenges during the last year we take pride in being a small part of a wider agenda that strives to build a truly inclusive environment for all staff.

# Staff Support Networks and Services

## Differently Abled Network

The Differently Abled Network (or DAN) was formed in February 2021, and had its first meeting in March. Following discussion at our last meeting, the Disability Equality Network has changed its name, and will now be called the Differently Abled Network.

**“The Network felt that the term ‘disability’ had too many negative connotations, and defined staff by their limitations. By contrast, ‘differently abled’ was seen to embrace a more empowering, complex, ‘can do’ identity.”**

**Patrick Ismond**  
Chair, Differently Abled Network



We are aware that other Trusts and organisations do not use this term, so ‘disability’ may be also be used when liaising with other outside networks, for ease and familiarity.

To date, activities and projects have focused on:

- Finalising the Network Terms of Reference;
- Providing a ‘sense check’ on disability issues in the Trust (for example, how to address staff reluctance to declare their disability status on the Electronic Staff Record);
- Joining the SW Disabled Staff Network;
- Attending the South West Disability Summit;
- Agreeing several areas of focus in the coming six months: mainly around promotion, engagement, raising awareness;
- Publicising Information about Leader: Disability Confident Level III;
- Updating the New Starter Pack to include information on the DAN;
- Assessing a Neurodiversity Toolkit to raise awareness and cascade for staff use and guidance.



# Staff Support Networks and Services

## Freedom To Speak Up

Freedom to Speak Up Guardians (FTSUGs) help to make raising concerns the norm in NHS organisations, and standardise how NHS organisations support staff when concerns are raised.

**We have taken several steps to embed and normalise a culture of raising concerns** when necessary. For example:

- Providing information on Trust intranet pages about our FTSUG, including Guardian contact details and biographies;
- Increasing FTSUG visibility by issuing Guardian business cards, badges and FTSU lanyards;
- Sharing green FTSU ribbons across the Trust, so that our Guardians were instantly recognisable;
- Ensuring our Trust induction program for new staff makes reference to the role of our FTUSGs and the importance of the service generally.
- Guardians got out and about, either together or individually to meet people and spread the message that speaking up is a positive step. Ward tea trolley rounds provided a great opportunity to do this;
- Hosting several drop-in sessions to meet Guardians in the acute, community and primary care settings

### **The Trust vision on speaking up incorporates:**

- Promoting an open and transparent culture across the organisation
- Ensuring that all members of staff feel safe and confident to speak out
- Continuing to develop a culture of speaking up so that it is instilled throughout the organisation
- Modelling behaviours which promote a positive culture in the organisation
- Senior leaders readily articulating the Trust's FTSU vision and key learning issues that workers have spoken up about, as well as regularly communicating the value of speaking up



# Staff Support Networks and Services

## Freedom to Speak Up Index Scores

Measuring the effect of culture change can be difficult, and the acid test is the view of staff. In NHS Trusts we can seek to measure the impact of improvements that have been put into place through responses to the NHS Annual Staff Survey.

The annual NHS staff survey contains several questions that are helpful indicators of speaking up culture, and the questions and response rates from the most recent survey are detailed below. Responses are shown as a percentage. Comparisons are made between figures from 2020/21, and national averages, to rate our 'direction of travel', with an assessment of positive or negative referring to the indicator's impact on staff.

Staff Survey Indicator		2019/20 (benchmark year)	2020/21	National Score	Trust 2020/21 Comparison with National Averages	
16a	% of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly	61.8 %	63.8%	61.4%	Up +ve	
16b	% of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents.	92.8%	90.7%	88.2%	Up +ve	
17a	% of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it.	95.8%	93.6%	94.6%	Similar	
17b	% of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice.	74.7%	72%	71%	Similar	

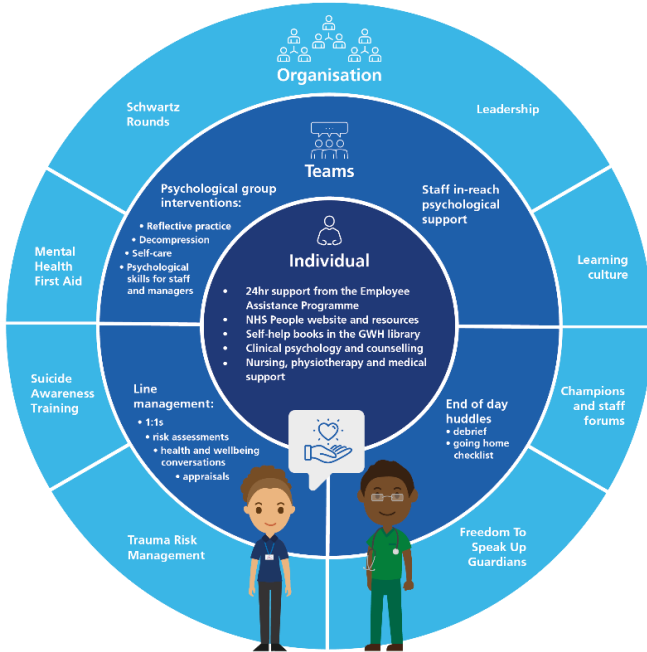
Improvement for staff Similar findings

The above table shows that although our scores for 2020/21 are generally above or comparable with the national averages, they are slightly down on the preceding Trust Survey results.

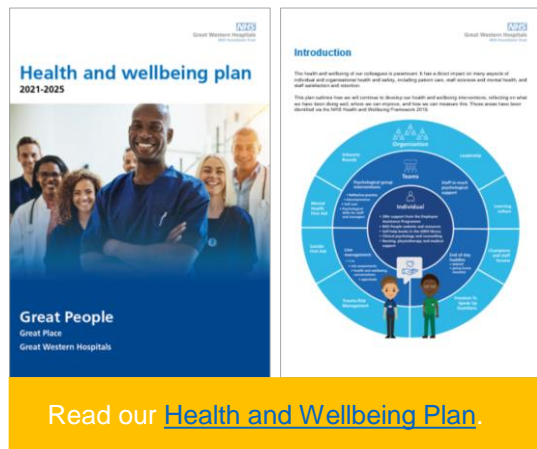
The FTSU index is calculated as the mean average of responses to the four questions above, resulting in a score of 79.6%. This represents an overall decrease from the 2020 score of 82%, resulting in the Trust being rated as having the greatest overall decrease in the index score. The score demonstrates there is room to improve the culture within the organisation regarding 'speaking up'.

# Staff Support Networks and Services

## Staff Health and Wellbeing



Our Circles of Support (pictured left) is the umbrella term for our Health and Wellbeing Plan.



Read our [Health and Wellbeing Plan](#).

It highlights all of the health and wellbeing interventions and strategy in place within the organisation.

**“We are supporting staff teams who have had particularly challenging experiences during the pandemic, including the death of a colleague and exceptionally high patient deaths in some departments (which we are managing by providing drop-in / in-reach support to those departments), including running group reflective practice sessions for them.”**



**Jon Freeman**  
Clinical Lead for Staff Health and Wellbeing

### Mental health training in numbers

**137** staff trained in  
Mental Health First Aid (MHFA)

**47** staff trained in  
Trauma Risk Management (TRiM)

# National Report Summaries

## The Workforce Race Equality Standard (WRES) Report 2021

The Workforce Race Equality Standard (WRES) was launched and mandated for all NHS Trusts in 2015/16, with the first report published in June 2016. It was introduced to ensure employees from Black, Asian and Minority Ethnic (BAME) backgrounds have equal access to career opportunities, and receive fair treatment in the workplace.

There are nine WRES indicators, including four relating to the workplace covering recruitment, promotion, career progression and staff development, as well as one which specifically measures BAME representation at Board level. The remaining four indicators cover harassment, bullying or abuse from managers, colleagues, patients, relatives or the public.

The aim is for results to be published annually in order to support organisations, particularly those with lower scores, to continuously improve standards. Trusts can compare their performance with others in the same region or providing similar services.

### Key areas of progress from our 2021 WRES report are:

- A 5.5% (382) overall increase in BAME staff numbers since 2019;
- The greatest movement for BAME clinical staff into Band 5 (from 18.8% to 32.8% of clinical staff);
- Noticeable increases in the proportions of trainee grade (from 16.1% to 25%) and Band 8c (from 10% to 28.6%) for BAME clinical staff;
- White applicants are more likely to be appointed to job roles from shortlisting than BAME applicants, but the ratio is closer to parity now than in 2020;
- BAME staff were less likely than White staff to enter the formal disciplinary process. This bucks the national trend, and is an improvement on our own position from 2020.



# National Report Summaries

**There are areas where our progress is less marked. Namely:**

- There are no BAME staff at Board level in the Trust in 2020-21 (although this position has changed for the Trust Board through Non-Executive Director appointments and this change will be reflected in our next report).
- Harassment, bullying or abuse from manager, team leader or other colleague towards BAME staff has risen from 8.8% to 16.0%. Harassment, bullying and abuse from patients, relatives or the public remained the same (around 23%); and equal opportunities for career progression and promotion remained the same.
- The Disparity Ratio has been developed as a metric by the national WRES team to help set trajectories and monitor them. It is the difference in proportion of BAME staff at various AfC bands in a Trust compared to proportion of White staff at those bands. Our disparity ratio is 5.12. This means that White staff are 5.12 times more likely to progress from lower to the upper employment bands as BAME staff.
- The national WRES findings indicate that BAME Band 5 clinical staff struggle to attain promotions to higher grades and bands.
- There is a percentage drop for BAME non-clinical staff at Band 9 level (from 20% to 11%). This appears more marked, given the small numbers of BAME staff at that level.

# National Report Summaries

## The Workforce Disability Equality Standard (WDES) Report 2021

The NHS Workforce Disability Equality Standard (WDES) launched on 1 April 2019. The overall aim is to make the NHS an exemplar employer for disabled people and to address the issues they face.

There are nine WDES indicators. Key areas covered include representation across pay Bands, recruitment, involvement in formal capability processes, and experiences of bullying and harassment. The aim is for results to be published annually in order to support organisations, particularly those with lower scores, to continuously improve standards. Trusts can compare their performance with others in the same region or providing similar services.

Our data presents a broadly positive picture regarding career progress and work experiences for staff with disabilities. The majority of indicators for the WDES show an improvement on scores from previous years, and when viewed against the national averages.

### **When compared with previous years, our staff who declare a disability are:**

- More likely to be appointed to roles once shortlisted;
- Less likely to enter the formal capability process;
- Less likely to experience abuse from managers and members of the public;
- Increasingly more satisfied with adjustments made to the workplace, and with the value our organisation places on them and their work.

### **There are areas where our progress is less marked. Namely:**

- We have yet to have a declared disability at Board level;
- Outside of Board level, very few staff (83, or 1.5%) have self-declared a disability;
- Staff have felt more pressured than in previous years to come to work, when not feeling well enough to perform their duties;
- There is a disparity between the numbers of staff declaring a disability through the ESR, and the numbers of staff declaring a disability when completing the National NHS Staff Survey.



# National Report Summaries

## The Gender Pay Gap Report 2021

Our organisation shows a slight reduction in the overall pay gap, from 31.99% to 29.66%. This amounts to a 2.33% narrowing of the gap, and shows that we are moving in the right direction.

However, the picture is mixed.

Despite mechanisms in place to harmonise pay scales and career progression arrangements, some elements of our gender pay gap have a historical /national context which will take a period of time to resolve. This partly explains why males continue to be paid more than females.

The overall picture, therefore, is mixed.

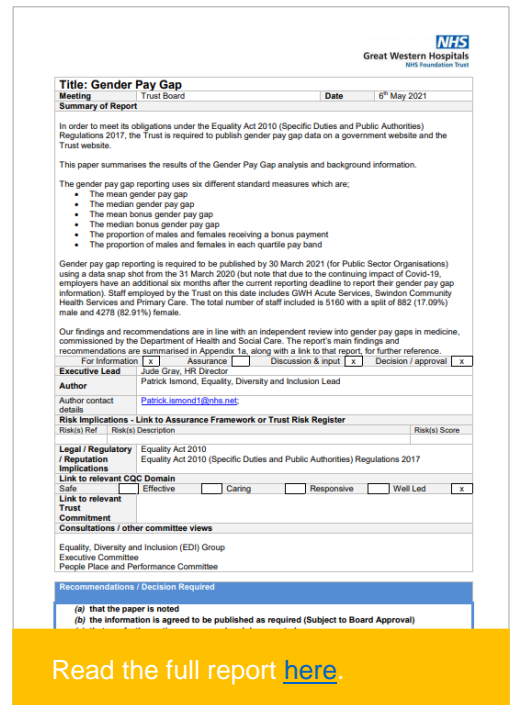
### We have made progress, because:

- When excluding medical and dental staff from the calculations, the overall pay gap narrows significantly, from 29.66% to 7.30%.
- We have reduced the gender pay gap between males and females across the majority of our bands. For example, the median gender pay gap has been reduced for our staff in Bands 2, 3, 5 and 7.

### There are areas where our progress is less marked. Namely:

- Some pay gaps have widened or remained constant. For example, the median gender pay gap has increased for our apprentice staff and those at Band 8b.
- The pay gap has increased for males in some Bands, and increased for females in some bands. For instance, the gender pay gap has increased for females at Bands 3, 4, and 6, and has increased for males at Bands 8c and 9.

As stated above, removing medical and dental staff from calculations significantly lowers the gender pay gap. For this reason, our 2021 action plan focuses on the Medical grades that most affect the pay gap, and any barriers to progression.



The screenshot shows the title page of the Gender Pay Gap Report 2021. It includes the NHS logo and the title 'Title: Gender Pay Gap'. The meeting was held on 6th May 2021. The report is a summary of the results of the Gender Pay Gap analysis and background information. It lists the standard measures used: mean gender pay gap, median gender pay gap, mean bonus gender pay gap, median bonus gender pay gap, and the proportion of males and females receiving a bonus payment. It also provides a brief overview of the staff included in the analysis and the findings and recommendations, which are summarised in Appendix 1a. The report is available for information, discussion, and approval.

**Read the full report [here](#).**

# National Report Summaries

A national independent review looking at gender pay gaps in medicine showed that the causes of these pay gaps were explained by several factors. For example:

- Women being more likely to work less than full-time (LTFT). Periods of LTFT working were seen to have long-term implications for women's career and pay trajectories as they reduced their experience and slowed down or stalled their progress to senior positions.
- Men reporting as working more unpaid overtime, which meant their effective pay was overstated.
- Male doctors more likely to be older, have more experience and hold more senior positions.

Our findings explaining the gender pay gap broadly align to the national independent review, and consequently our action plan in part reflects the report's recommendations. For example, our action plan will focus on increasing transparency around additional allowances and individually negotiated pay; and monitoring the gender split of applications for Clinical Excellence Awards. We already promote flexible working for both men and women.

The gender pay audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people and listed in Schedule 2 to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 we must publish and report specific information about our gender pay gap.

The national independent review can be accessed [here](#).



# Conclusions and Recommendations

## Future influencing factors

The following initiatives will influence and effect our approach to EDI over the coming months:

- [The NHS People Plan](#)
- [The NHS Long Term Plan](#)
- Annual contributions to the WRES and WDES programmes
- Annual reporting against the Gender Pay Gap
- [A Model Employer – NHS England](#)
- The Learning Disability programme
- [The Equality Delivery System](#)
- [The NHS staff Survey](#)
- Covid-19 pandemic response
- [Disability Confident Employer Scheme](#)

Work has commenced across the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System to identify EDI resources and opportunities to promote the inclusion agenda. An EDI Leads Network has been developed across the system to identify areas of joint working to create an inclusive and fair culture.

## Conclusions

This report presents progress made during 2020/21 to improve equality, diversity and inclusion for staff and patients. With this in mind, our EDI Strategy identified areas of priority to work on over a four year period, and that work has already begun. The work is being supported by our Lead for Equality, Diversity and Inclusion, and our Lead for Patient Experience and Engagement.

Examples of ongoing work include:

- A developed Patient Experience and Engagement Plan;
- Patient feedback systems extended to improve patient services;
- A Reciprocal Mentoring Programme for Network staff and senior leaders;
- A new staff network formed for staff with disabilities;
- Stronger links developed with community groups and services to reduce any inequalities identified through their feedback;
- EDI training to ensure diverse and representative Board and leaders;
- Audio-visual resources created to tackle discrimination in the workplace;
- Several ongoing initiatives to help people from more diverse backgrounds to access development and career opportunities;
- A talent management programme rolled out across the organisation.

# Conclusions and Recommendations

## Recommendations

Further to the priorities identified for 2021/22 in the WRES, WDES and Equality, Diversity and Inclusion Strategy, the Trust is committed to improve both staff and patient experiences through increased awareness, and to continue to take practical steps to develop and embrace a culture of equality, diversity and inclusion.

It is recommended that The Trust should consider the following actions to continue our equality, diversity and inclusion journey:

- The Lead for Equality, Diversity and Inclusion to work with Information Governance to develop an Equality Monitoring Policy to ensure that a standard set of equality data is recorded across all directorates in the Trust. At the moment we do not record all the protected characteristics. The plan is to look at these when we move to a more advanced patient records system.
- The Lead for Equality, Diversity and Inclusion to continue to ensure EDI is embedded in all training provided by the Trust.
- The EDI Group to develop a mechanism for identifying and collecting EDI related work across all directorates.
- The Trust continues to provide appropriate resources to ensure the development of efficient and effective staff support networks.
- Our overall ambition for EDI within the Trust is to empower our diversity networks to be able to implement the actions prioritised by the ED&I Group, and for the networks to drive the agenda going forward.
- As part of BSW, and our commitment to delivering the People Plan, we will work with our regional partners to develop a joined up approach to EDI for the future.
- We will complete an EDI self-assessment audit of our current position, in October 2021. The audit's purpose is to help ensure that an effective approach to Equality, Diversity and Inclusion becomes embedded across the Trust, by highlighting areas where processes could be improved.

### Author and Sponsor

Author: Patrick Ismond

Sponsor: Jude Gray

# Appendices

## Appendix 1: The Public Sector Equality Duty

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society.

It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

Under section 149 of the Equality Act (2010), a public sector equality duty was created, which is a statutory obligation for all public authorities. This is defined in legislation as the general duty, and all public authorities must pay 'due regard' to the need to:

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

The general duty is underpinned by a set of actions and assurances termed the specific duties. These serve as guidance on how the general duty can be met, through a range of actions and the provision of evidence in varied formats. The specific duties are to:

- Publish Information outlining how they will comply with the general duty by 31/1/2012 (Annually thereafter).
- Formulate at least one Equality objective

All information published on how they will meet the equality duty must be presented in such a manner that it is accessible to the public.

# Appendices

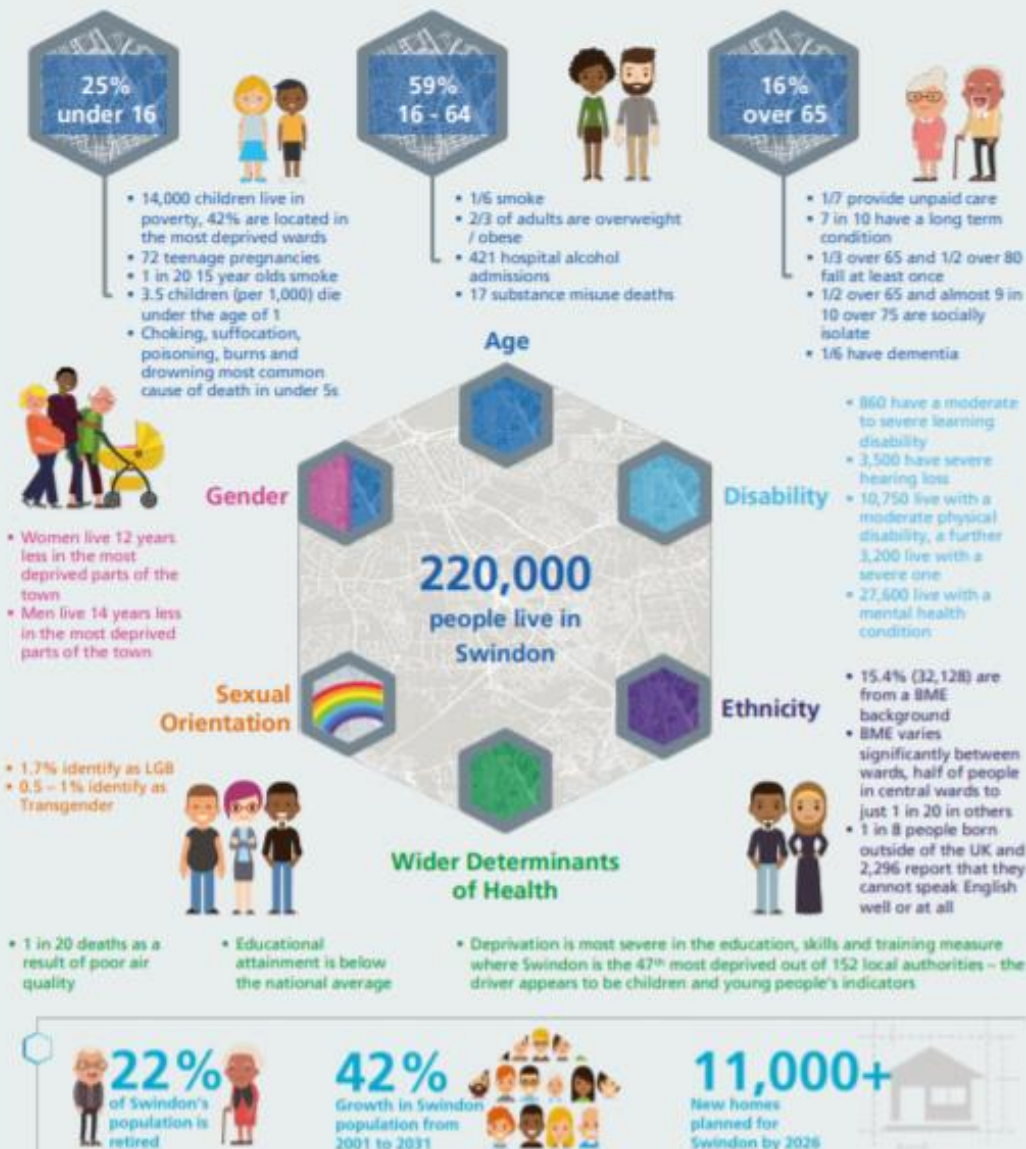
## Appendix 2: Snapshot of Swindon (see also Notes below)



### Understanding our community

The information below sets out broadly what we know about the profile of different groups of people in Swindon, and helps us to understand better the equality, diversity and inclusion issues which may impact on the people who may use our services. We know that many people, outside of Swindon, in North Wiltshire also access our care. There are many similarities in these communities with those in Swindon but we will be working closely with Wiltshire Council and local community groups in the coming years to better understand this part of the county and any specific needs they may have.

#### A snapshot of Swindon in 2019



# Appendices

## Notes:

The data we used to create the snapshot of Swindon has been provided by Swindon's [Joint Strategic Needs Assessment](#) (JSNA). The JSNA has not updated that data, due to the impact of the Covid-19 pandemic.

We wanted to present an equivalent data set for North Wiltshire. However, this has been researched, and only data for the whole of Wiltshire is available.

## Appendix 3: Statement in Support of Joint Working



I would like to thank you for inviting me to contribute to the Great Western Hospital NHS Foundation Trust annual Equality Report. In December 2020 I was seconded to the role of Equality, Diversity and Inclusion (EDI) Lead for the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (ICS).

Since December I have been working to identify the EDI Leads in each of the organisations which make up the ICS.

We have brought those people together in an EDI Leads network which meets at regular intervals. Our role as a network is to work together to identify areas of best practice and joint working in the EDI arena.

It is clear that Equality, Diversity and Inclusion is a golden thread which runs through the work of all our organisations. In the past twelve months we have been reminded about the importance of this work to combat long standing health inequalities and to create a compassionate, equitable and inclusive workplace.

The BSW EDI Leads Network is committed to working together with our colleagues across the Integrated Care System to achieve positive cultural change within our organisations and also within the communities we serve.

I look forward to working with many of you over the coming months to identify and develop creative ways to move the EDI agenda forward #StrongerTogether.

**Rex Webb**  
BSW EDI Lead