



Great Western Hospitals
NHS Foundation Trust

Equality, Diversity and Inclusion (EDI) Annual Report 2021-2022



EDI Annual Report (2021-2022)

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Our Commitment

Over the last year, we have been working hard to embed the objectives we set out in our Equality, Diversity and Inclusion strategy across the organisation.

We promised to be vocal advocates and allies for all the people we serve - including our staff, patients, visitors and our local communities - by challenging all forms of discrimination and supporting thriving networks to give our staff a stronger voice.

All of this is so we can keep celebrating and championing diversity, across an organisation that is open and transparent, but we know we can't achieve our ambitions alone. We're stronger working with others, and together we can make a real difference to people's lives.

One of our biggest steps forward in this approach is by becoming an Anchor organisation. This means bettering the lives of the people in our communities, by working collaboratively to share what we have and providing opportunities for people to improve their health and life chances, for example through expanded employment opportunities – all of which benefit the whole of Swindon and the surrounding areas.

We are now working closer with patients, families, carers, local faith leaders and community groups to listen, understand and share ideas that will make all of our organisations more inclusive, supporting and in touch with our communities.

Internally, we've established a new staff network, the Differently Abled Network, to run alongside our existing BAME and LGBTQ+ Networks and all three are active, vocal, and proactive in championing change at every level of the organisation.

We are also accredited as a Veteran Aware organisation, offering dedicated support and guidance to staff and patients who have linked to the Armed Forces; including our veterans, reservists and spouses.

Our Trust Board and senior staff management are more representative of the population it serves, and we are focusing on providing all applicants with equal opportunities to not only join our NHS Trust, but to thrive as a valued member of our NHS Trust family.

Despite this good work, we know there is much more we need to do. Evidence suggests that some people in our community – our friends, relatives, and neighbours – having poorer health outcomes because of their financial position, ethnicity, sexuality, or a disability. This is simply wrong.

We will be exploring how we can maximise the contribution we make to local communities in terms of reducing health inequalities, supporting employment, and promoting overall health.

The NHS is the greatest symbol of what it means to live in a compassionate society and diversity, and inclusion is central to that and in how we serve our local community and our staff better.



Kevin McNamara
Chief Executive



EDI Annual Report Summary



The Equality, Diversity and Inclusion (EDI) Annual Report for 2021-2022 seeks to present an 'holistic portrait' 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 services we have developed to improve patient care, and better support our workforce.

The supporting efforts have assumed an added importance when we reflect on the long-term impact of the Covid-19 pandemic, which continues to place our staff under increased levels of pressure, and calls 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 remained relatively stable, with a small net increase in the numbers of Whole Time Equivalent staff. As per last year, the highest staff numbers are 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. Alongside this small net increase, our Black, Asian and Minority Ethnic (BAME) workforce has grown by around 21% since last year, 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 adopted a new data collection system in September 2021 that will help to standardise and improve consistency levels when it comes to data collection. Alongside this, we continue to work 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. For the first time, we are also collecting data on the trans status of our patients and workforce, to better support this group.

We're seeking more ways to ensure that our patients' voices are heard, and learn from their experience. In 2021, we launched our Patient Experience and Engagement Framework, to facilitate that process, and are working more closely with Swindon's BAME groups to better provide for their health needs.

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 is vital to combat long standing health inequalities and to create a compassionate, equitable and inclusive workplace. 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 2021.

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. The forewords to our national reports have been provided by our network leads, reflecting this commitment.

Our Patients

Our Patients



Tania Currie

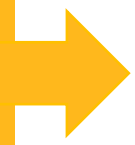
Tania Currie (left), Head of Patient Experience and Engagement continues to strive to ensure that we are engaging with our patients, their families, carers and the wider public, including with some of the seldom heard and minority groups. Over the last year we have increased this feedback and engagement which is vitally important to ensure that the patients voice is heard and that our development work includes their views.

Moving forward we want to expand the opportunities for public members to work with us as joint partners in-order to influence improvements and we will ensure that this engagement work is central to our new Improving Together programme. Patient, Carer and family representation bring important views, perspectives and challenge to the work that we are doing. We have advertised opportunities for public

members to become involved in three key areas of work:

- The Way Forward Programme
- Quality Improvement
- Recruitment

We continue to work closely with system partners including:- Healthwatch, Voluntary Action Swindon, Bath & North East Somerset, Swindon and Wiltshire CCG, Swindon Equality Coalition, Maternity Voices Partnership, Learning Disability Partnership Board, Disability Experts and Swindon Children's and Young Peoples Participation network.



Some Collaborative Working Partners



Patient Experience and Engagement Framework
2021 – 2023

Tania Currie
Head of Patient Experience and Engagement



Patient Experience and Engagement Framework

In 2021 Tania Currie launched our new Patient Experience and Engagement Framework. The document, that was jointly created with staff and patients, articulates our commitment to increase opportunities for patients, families and cares to provide feedback and to become involved in our work.

We are working to provide more opportunities for people across Swindon and Wiltshire to get involved in improving their local healthcare services, and the Framework provides the chance to directly feed into our improvement and development plans with a specific focus on better engagement with some of the seldom heard and minority groups.

Our Patients

Care Reflections

We are developing a suite of 'Care Reflections' with a dedicated intranet site that closely links to our Learning Zone. These reflections recount real life patient and family stories and provide an excellent resource for staff to reflect and learn from their experiences. The stories articulate relevant learning and improvements but also feedback from staff about receiving this feedback. One particular story reflects on the experience of a patient who is a wheelchair user and her planned attendance at an outpatient's appointment. Her experience was very poor but learning, actions and improvements have been made as a result and are reflected in the short Care Reflection film that is available online. The film can be viewed [here](#).

Accessible Information Standards

Work to further embed the national Accessible Information Standard (AIS) is ongoing and we are working to ensure that information can be read, received and understood by the individual or group for which it is intended. We also provide individualised communication support when it is needed to enable effective, accurate dialogue between a professional and a service user.

The trust webpage now contains links to the 'My Needs' form for patients to electronically submit AIS requirements. Family, friends and carers are able to submit the form on behalf of patients or any requests can also be raised on attendance at the hospital or with their GP. We are continuing to promote awareness through a Trust Communications campaign, both internally and externally which includes through our Social Media channels as well as hospital wide signage/posters and business cards in patient facing departments.

Through new IT software, Prism Synertec, we are now able to ensure that hospital letters are sent to patients in the applicable format identified by them. This may include for instance; large print, easy read, a language other than English or Braille. We have implemented specific AIS staff Training and are also working closely with the specialities who have large cohorts of patients with AIS requirements.



Our Patients



CARERS CHAIRS



We have 6 Carers Chairs available for anyone who may be staying long hours or overnight in the trust to support care

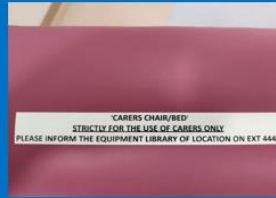
To request a chair please call the Equipment Library on Ext: 4446 (Porters: 4646 out of hours)
(Please return any chairs when not in use by calling the same number)



Service Teamwork Ambition Respect



For further Carers information please contact: tania.currie1@nhs.net



Carers

The Head of Patient Experience and Engagement has become the new Carers lead for the trust. Following COVID the focus on Carers requires some review and awareness raising once again to ensure appropriate provision and support is in place across the trust.

Our Carers café, Information service, Carers passport and Staff carers support are all being relaunched. We are also working towards achieving a Carers Accreditation Standard for outpatients areas.

Volunteers Patient Experience Forum

A new Volunteers Patient Experience Forum has been set up in order for the Head of Patient Experience and Engagement to meet regularly with volunteers and the team managers. The forum provides the opportunity to ensure that the Volunteers

are sighted on any key challenges for the clinical teams so that their resource can be appropriately directed. A recent focus was directed towards loneliness and isolation, with volunteers working to provide meaningful engagement and support virtual visiting and telephone calls to family and friends, particularly for some of our most vulnerable patients.

Bath and North East Somerset, Swindon, and Wiltshire (BSW) Collaborative working

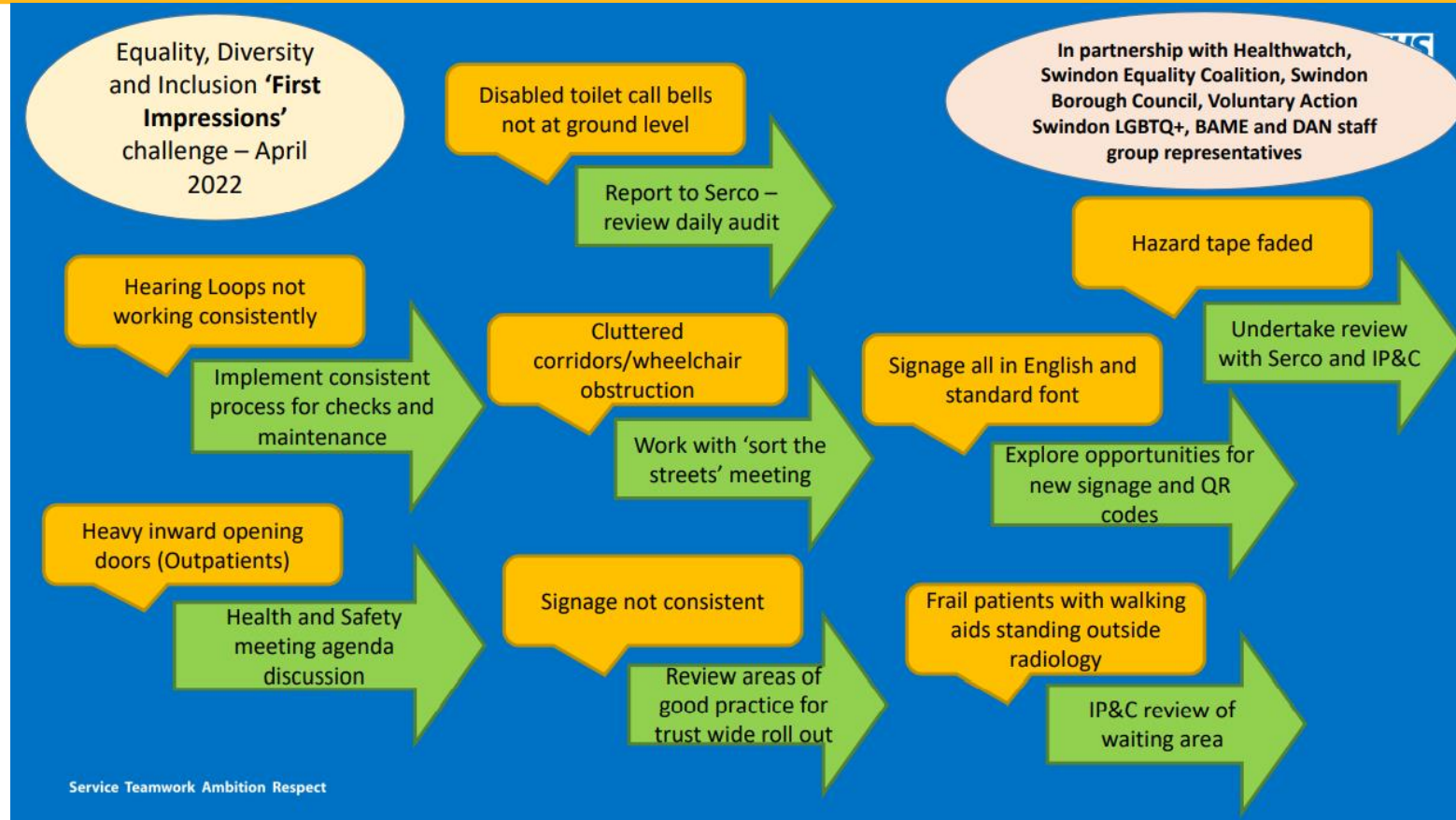
We are working closely with BSW colleagues including with the new BSW Academy which is enabling collaboration across health and care services for the benefit of staff and patients. The academy provides five core pillars of focus: Leadership, Learning, Inclusion, Innovation and Improvement.

As part of the BSW EDI strategy group we are linking with the Academy to introduce standardised training aimed at ensuring our staff better understand health inequalities and social injustice.

Our Patients

EDI First Impressions Challenge

In April we undertook our first ever EDI focussed 'first impressions challenge'. The process was based on a previous national 15 step challenge programme but specifically reviewed how accessible and inclusive areas across the Trust were. We were joined by staff from our BAME, LGBTQ+ and DAN groups along with public members from Healthwatch, Swindon Borough Council and Swindon Equality Coalition. Small teams visited and reviewed some of our inpatient wards, outpatients departments and communal areas across the Trust. Feedback and actions are outlined in the graphic (opposite).



Trans Toolkit

A toolkit to support caring for patients from our Trans community is currently in production. The toolkit will help to raise awareness and understanding and provide guidance and advice for staff caring for patients, in order to ensure that the care is individualised, sensitive and appropriate. The toolkit is being devised in conjunction with members of our Trans community and advice from the West of England Specialist Gender Identity Service.

Our Patients

Interpreting and Translation Services

Our interpreting and translation services continue to grow in use. The main languages that we are asked to translate are Urdu, Polish and Konkani (the official language of Goa). We continue to offer face to face, telephone, Skype and Sign Live (British Sign Language, BSL) services to ensure effective communication. There are around 360 interpreting requests each quarter, including for face-to-face interpreters, and these services can be booked in advance if the patient has a planned attendance, or on the day for urgent and emergency attendances.

We also have an Eye Care Liaison Officer in place at the hospital to provide additional support in our Ophthalmology department.

We plan to undertake a Trust wide audit in summer 2022 to review all communication devices across the Trust and ensure that the necessary provision is in place, along with staff training and awareness.

Our Patient Information Leaflets are available in all languages, formats, and easy read and many of these leaflets are available via the Trust website for patients to access themselves.

Changing Places

Our new Urgent Treatment Centre opened this Summer, and includes a specially designed accessible bathroom facility. We also have a similar facility in our Children's unit.

These facilities will meet the Changing Places accreditation standard to ensure that both children and adults accessing our service have access to appropriate facilities.

Our Patients

Swindon Participation Network

We have recently joined Swindon Participation Network who are a multidisciplinary, multi-organisation group of interested parties working closely with vulnerable children and their families. The Network links closely with Wiltshire and Swindon Youth Commission in- order to engage and gather specific feedback from Children and Young people whilst also supporting joined up training across the partners.

Next Steps

In the coming months further work will be focussed on hearing more feedback from seldom heard groups. This will include a series of workshops/drop in opportunities in the community with the aim of:

- Us demonstrating our commitment to the EDI agenda and explaining the work that we are doing
- Understanding what is important to that particular community from a patient experience point of view, what adjustments are needed if any
- Understanding any health inequalities for the community, why they may not access health care and explaining how outcomes could be improved

We are also working closely with the Maternity Voices Partnership to target feedback opportunities with some of the groups who often do not respond to our traditional survey methods including young mums and families whose first language is not English.

Our Patients

The Learning Disability (LD) Service

For a long time, people with learning disabilities and their advocates have been fighting for equality with the rest of the population. While progress has been made, there is still some way to go. People with learning disabilities still suffer inequality of treatment in healthcare settings and can face barriers to accessing healthcare that people without learning disabilities do not. The Covid-19 Pandemic has accentuated these difficulties. The LD agenda remains a priority for our Trust, and there is a wide range of activities to support people with learning disabilities in our locality. Principal among these is the **Learning Disability 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 (although this was paused during the Covid-19 Pandemic).
- Is chaired by the Associate Director for Safeguarding and has a collaborative working model with multi-professional engagement from the acute site, community, service users, carers, community care providers, advocacy groups and the Primary Care Network (or PCN).

Key Achievements 2021-2022

- Employment and development of two LD Liaison Nurses (1.0wte/Job share) to ensure staff are supported to provide reasonably adjusted, high quality care to patients with LD.
- Delivery of the annual workplan reflecting learning from National Report recommendations (Learning Disabilities Mortality Review, or LeDeR), local need (Swindon JNSA) and local intelligence data.
- Development of the Learning Disability (LD) Liaison Nurse role at the Trust.
- Learning Disability liaison oversight of quality of care and auditing of care experiences for inpatients and day case admissions.
- Development of an 'easy read' patient feedback form for use on the Trust intranet.
- Design, development, creation, and Implementation of a new 'Enhanced Care' process (including documentation) to support appropriate delegation of 1-1 care provision.
- Development of a Complex Care admissions care pathway for day case admissions.
- System/partner agency collaboration: Trust attendance and contribution at the following Boards: Learning Disability Partnership Board (LDPB), Autism partnership board, Suicide Prevention Group and Domestic Abuse forum (DA and WAGV).
- Through the Associate Director of Safeguarding, practice is monitored, and risk identified and acted on through established internal systems and processes'. Learning from incidents in relation to LD practice is a standing agenda item at the following meetings: MACS Forum, LD Forum, and Mental Health Governance Committee (MHGG).

Learning Disability Support in the Trust



Jade Pearce

Sue Ellingham

The Trust has two Learning Disability Liaison Nurses, Sue Ellingham and Jade Pearce (both above).

Their main role is to improve health outcomes, inequalities, and experiences for patients with a learning disability accessing our services, including inpatients, and planning for admissions/attendances, in addition to supporting patients with Autism that do not have a learning disability.

Our Patients

Changes Places Bathroom



Changing Places Bathrooms are for people who need accessible toilets and changing areas who are unable to use the standard accessible toilets. Equipment is provided in these areas to help support people and their carers to use these facilities.



The Trust has a changing place bathroom in the new onsite Radiology Centre and Changing Places bathrooms in the Urgent Treatment Centre and the Children's Unit. This means people with disabilities have a safe, clean place with everything they need on site and protects their dignity.

Changing Places Facility (top, left)

Primary Care Network

LD Annual Health Checks are currently provided one day per

week. The Annual Health Check includes putting a health action plan in place that includes early cancer screening. The service is moving along well and seeing good progress. Four care homes link into the Primary Care Network and are aligned to GP Practice's. All residents in the care homes have received an annual health check. This is tremendous work by the team.

Learning Disability (LD) Education

The use of the LD education toolkit is now established in the HCA Academy curriculum and has been well evaluated to date. Over the year training was provided to ED doctors (all grades), theatre staff, foundation doctors and to newly recruited Health Care Assistants in relation to LD practice.

Children's Services

Children's LD/Autism has been added as a separate item to the LD Forum meeting agenda. The LD work plan for 2022/23 will include Children Services.



Our Trust was an early pioneer of children's Hidden Disabilities Lanyards. Any child arriving to hospital for an appointment, who has a hidden disability, can collect a lanyard from reception and staff know to tailor their care to meet the needs of the patient. Above, children's ward staff and children in their lanyards.

Dementia Care

The LD Liaison Nurses are linking in with Admiral Nurses at GWH to identify areas of work where processes/ pathways cross over/ can be shared.



Admiral Nurses, above

NHS England & NHS Improvement Learning Disabilities Year 4 Improvement Standards for NHS Trusts – Audit

The audit allows the Trust to monitor its progress as to how well we meet the needs of people with Learning Disabilities.

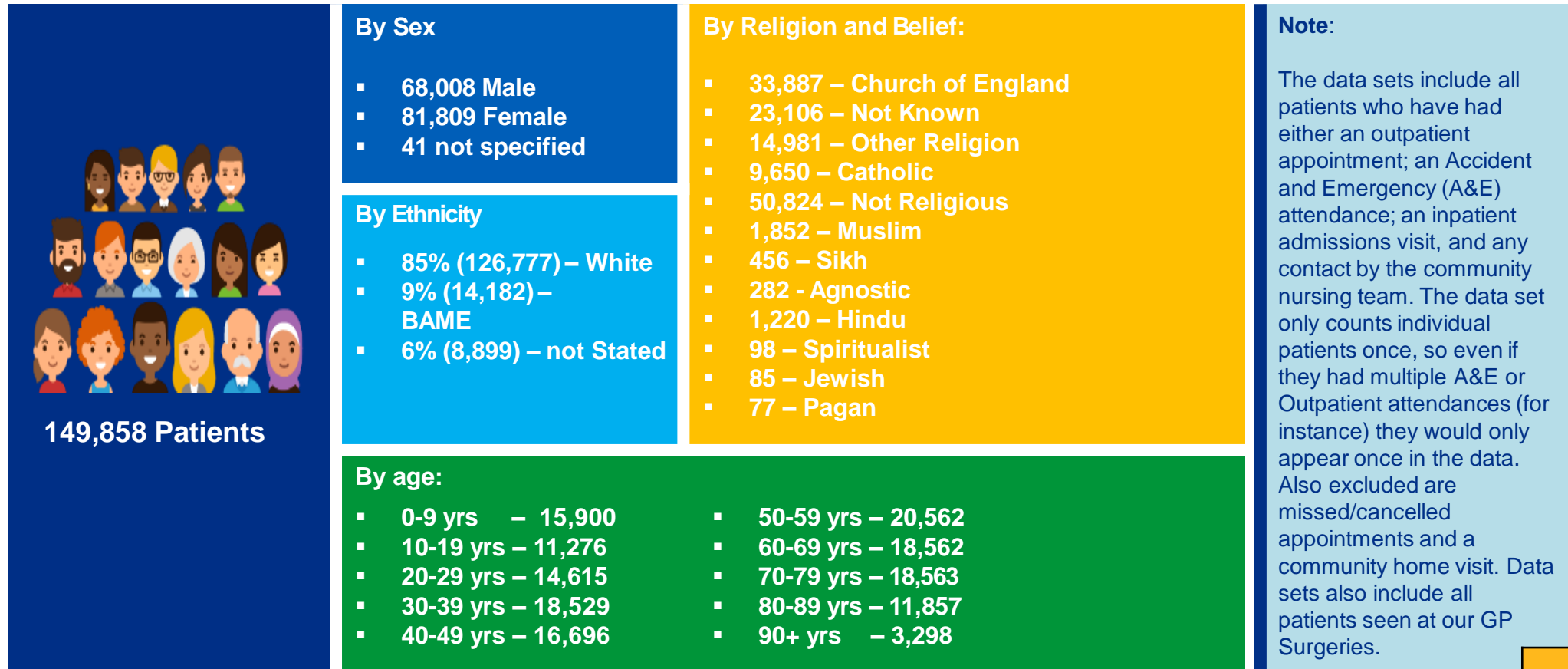
The Trust was requested to submit data for the audit. 100 x Patient Service User questionnaires were sent out by GWH to patients as per the NHSI request. A Staff Survey link was circulated to key areas in GWH, 50 surveys required and completed. Trust data uploaded and submitted. The Trust are currently awaiting the report from the NHSI team.

Our Patients

The People We Serve

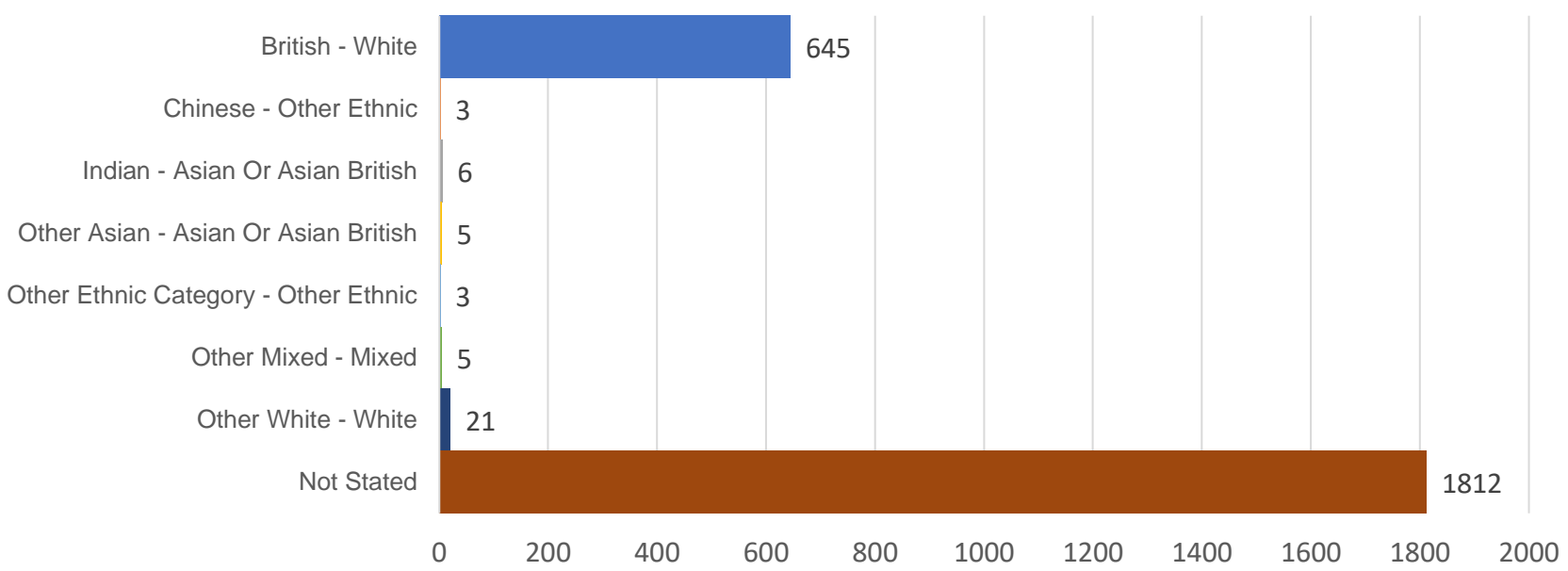
During the financial year 2021/22, Great Western Hospitals NHS Foundation Trust cared for 149,858 patients, from new born babies to people aged 90 and over. Information on these patients can be seen in the infographic below, which contains basic demographic data for all individual patients who had contact with the Trust during the aforementioned 2021/22 period.

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 have reviewed the way equality data is recorded in the Trust, and we hope to have a more detailed picture in our next report.



Our Patients

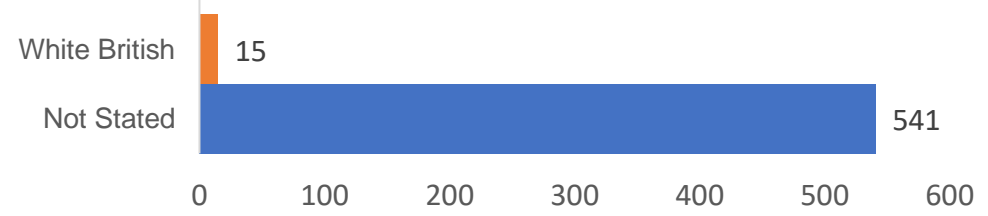
Complaints and Concerns, by Ethnicity



Data on complaints and concerns (opposite) is aggregated, data on compliments appears below. All data is for the period April 2021 to March 2022.

Our new data system has enabled us to gather more detailed information on ethnicity, than in previous years.

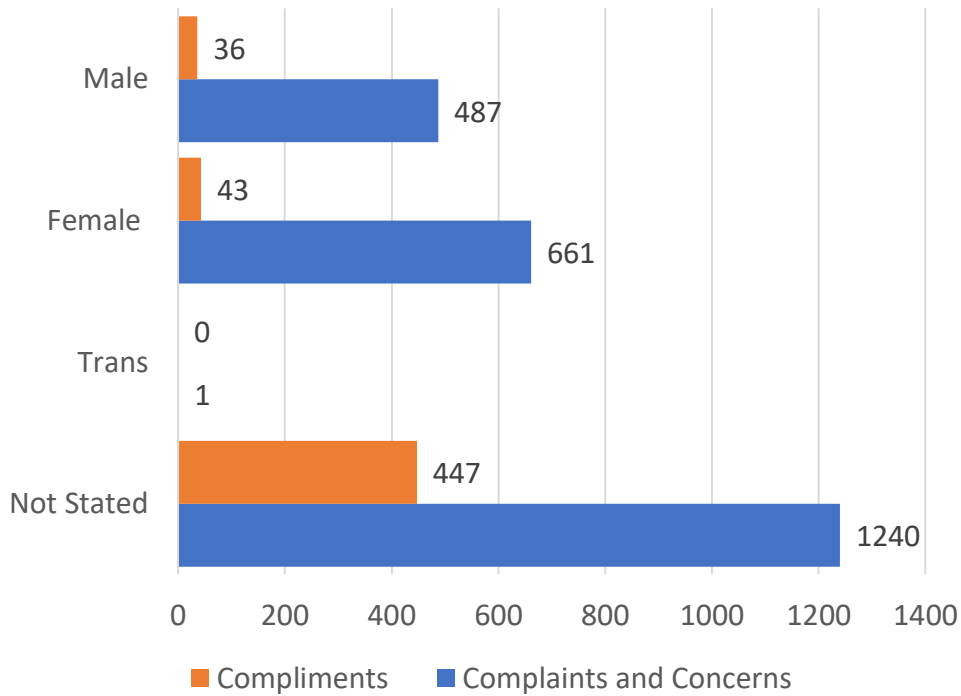
Compliments, by Ethnicity



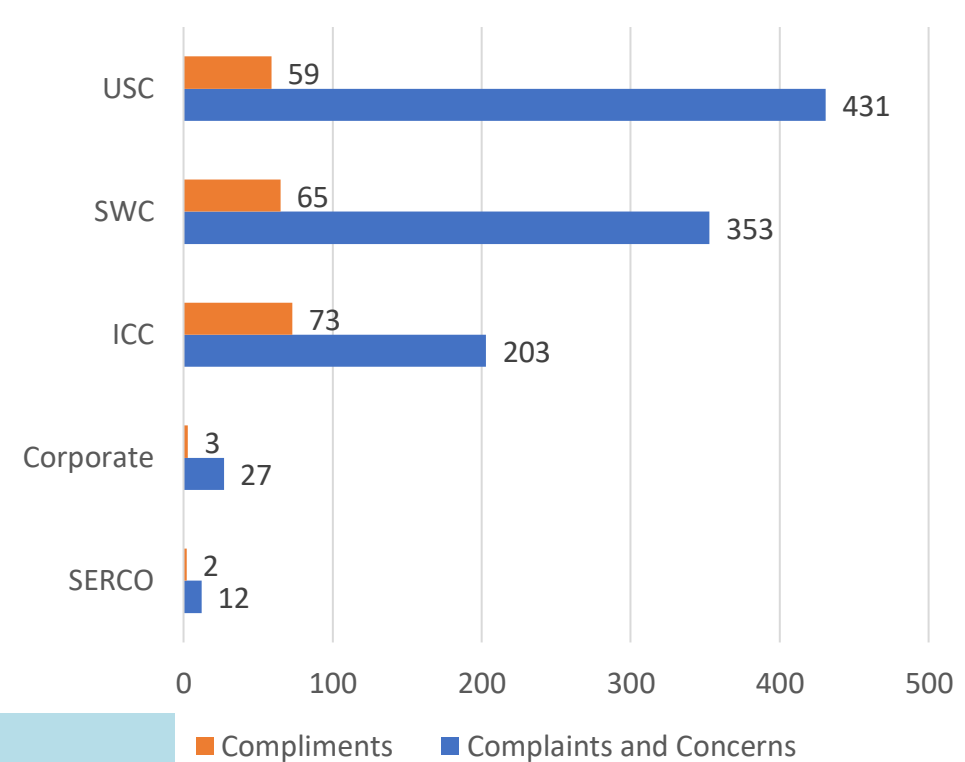
Note
No compliments were received, apart from 'White British' and 'Not Stated', so the other categories have been removed

Our Patients

Complaints and Concerns / Compliments By Gender



Complaints and Concerns / Compliments By Service



Notes

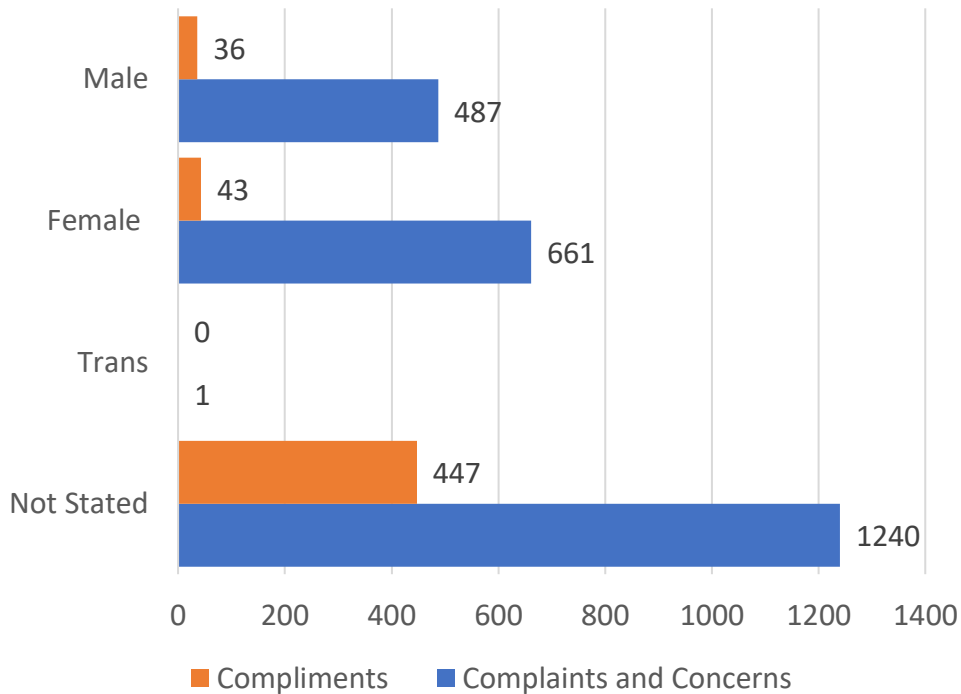
Following a change to our data systems in September 2021, we are able to gather more detailed information on personal protected characteristics. For the first time, our recording system has included people who identify as *Trans* (see elsewhere in this report also). The recorded data shows we received one complaint from a Trans patient.

The recorded data shows that our Unscheduled and Planned Care divisions receive the most concerns and complaints. These are also the areas that record the highest patient numbers. ICC recorded the most compliments.

Following the above mentioned system change, data from last year is not directly comparable, but our USC received 20 fewer concerns and complaints, and 83 fewer compliments, than last year; whilst our Corporate Services received 47 fewer complaints and 14 fewer compliments than last year.

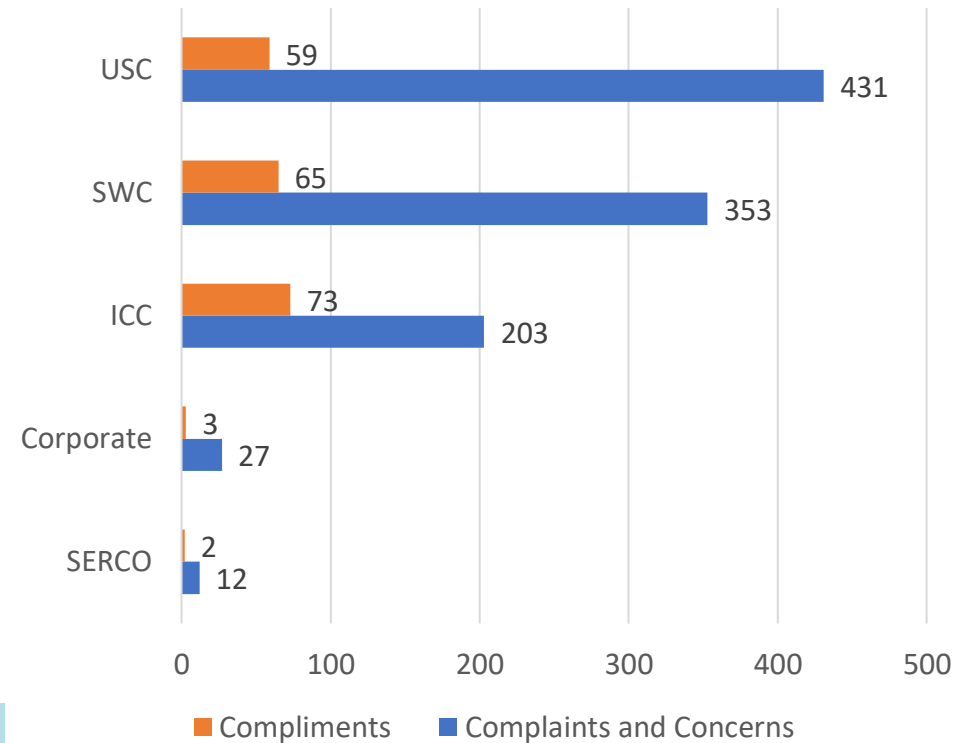
Our Patients

Complaints and Concerns / Compliments By Gender



Following a change to our data systems in September 2021, we are able to gather more detailed information on personal protected characteristics. For the first time, our recording system has included people who identify as *Trans* (see elsewhere in this report also).

Complaints and Concerns / Compliments By Service



The recorded data shows that our Unscheduled and Planned Care divisions receive the most concerns and complaints. These are also the areas that record the highest patient numbers. ICC recorded the most compliments.

Our Patients

The Chaplaincy Service

The 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

“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 George Mireku-Yeboah



Rev Jean Brown

We have one whole time Lead and two part time Chaplains supported by 33 chaplaincy volunteers from a range of social and religious backgrounds. Chris Mattock our chaplaincy team leader is a Baptist Minister, George Mireku-Yeboah a part time chaplain is an Assemblies of God Minister and Jean Brown also a part time chaplain is a Church of England Priest. We currently have one honorary Chaplain, Jacob Frimpong a charismatic Pentecostal Christian Pastor who is studying for a Masters Degree in Healthcare chaplaincy. During the next 12 months our aim is to have 4 more honorary Chaplains from Muslim, Sikh, Hindu and Pagan religious backgrounds.

Our Roman Catholic Chaplaincy is provided by the Swindon RC Deanery with a Priest on call 24/7 via a dedicated mobile and the Roman Catholic Diocese have provided prayer booklets for staff and families to use with end-of-life patients. We have reinforced links with the Thamesdown Islamic Association, Swindon Hindu Temple and the Pagan Federation Hospital Ministry.

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.

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.

Reverend Christopher Mattock
Chaplaincy Team Leader

Our Patients

The Chaplaincy Service

As the Pandemic reduces our chaplaincy volunteers are making a gradual return and our regular teaching and training is beginning to increase. In 2020 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 connect with patients for prayers and other religious rituals, and this has proved to be so successful that it will continue

From the beginning of the pandemic, we have been able to keep the multi-faith room open 24/7 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. We maintain frequent cleaning and sanitation and the use of disposable prayer mats to keep infection risk low.

Emergency religious contacts list has again been approved by Swindon Interfaith Group and is available to all staff on the Chaplaincy intranet page. Our lead Chaplain has been appointed to the organising committee of the Swindon Interfaith Group

Gideons International have ceased operation in the UK and Bibles and New Testaments and Psalms for patients and staff are now provided by the organisation Good News for Everyone.

The last set of meaningful statistics are from 2019 (opposite) and we look forward to returning to this level of activity in 2022/3.

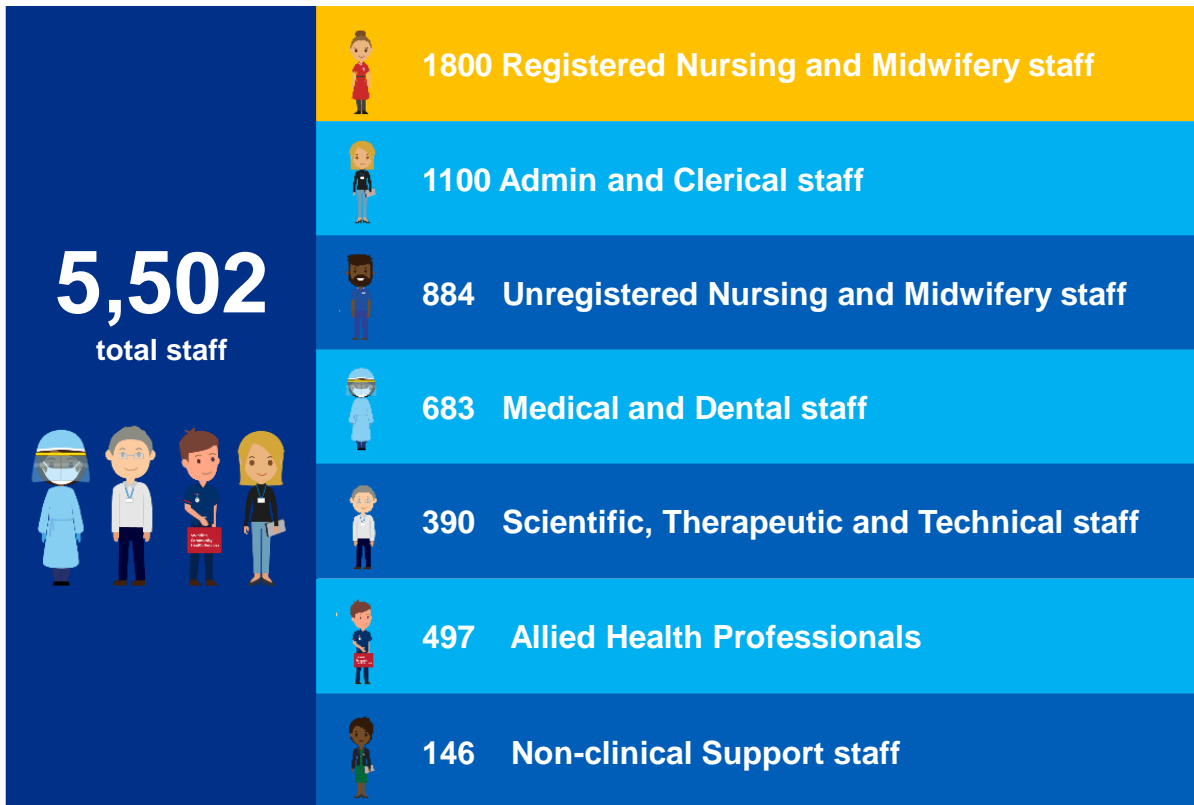


Our Staff

Our Staff

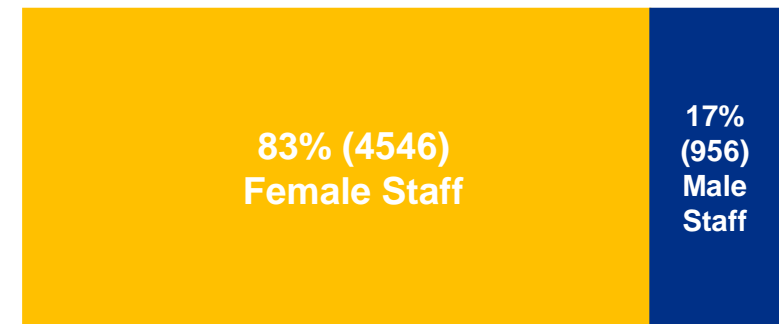
By Staff Group

At the time the snapshot was taken (to 31 March 2022), the Trust had 5,502 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.



By Sex

The majority of our staff are female, and our figure of 83% is above the national average, according to a [recent study from NHS England](#), which found that around 77% of all NHS staff are female.



Note

These 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).

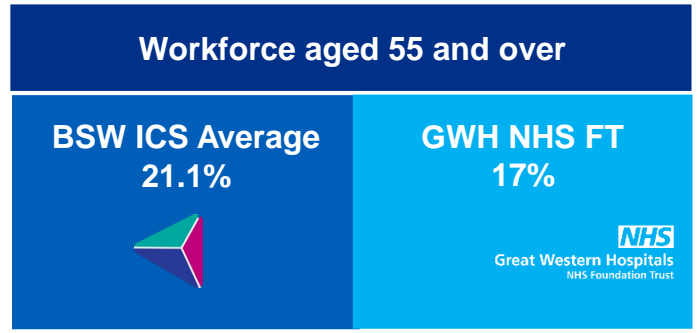
Two employees on a career break have been removed from these figures, which explains the slight discrepancy when compared with our national reporting data.

By Age

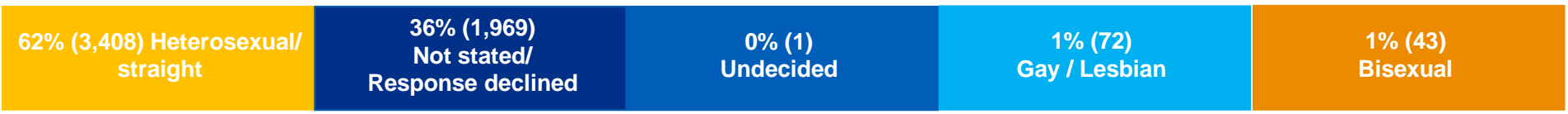
The majority of our staff (15%) are aged between 31 and 35. This varies slightly from the national picture. According to [research from NHS Digital](#), the largest age group employed is staff between 35-39 years.

Our workforce by age			
< 20 years	55	46-50 years	655
21-25 years	376	51-55 years	655
26-30 years	729	56-60 years	536
31-35 years	821	61-65 years	306
36-40 years	677	66-70 years	70
41-45 years	592	>71 years	29

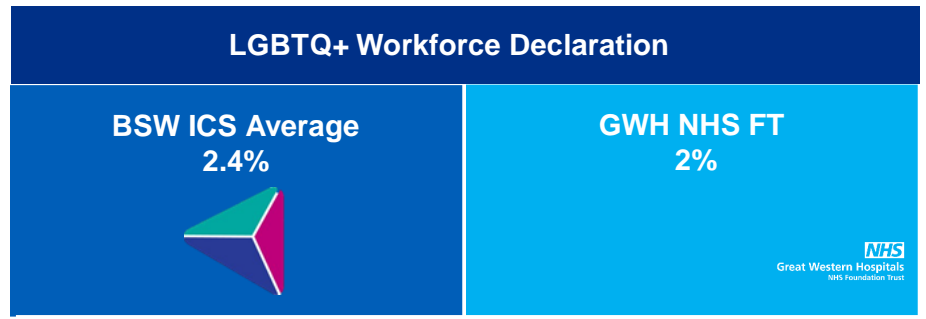
Our Trust also has a younger workforce than the average within the BSW ICS.



By Sexual Orientation



Modern data collection processes are safe, secure, and the results yielded are key to service improvement. Nonetheless, a sizeable proportion of our staff (36%) 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.



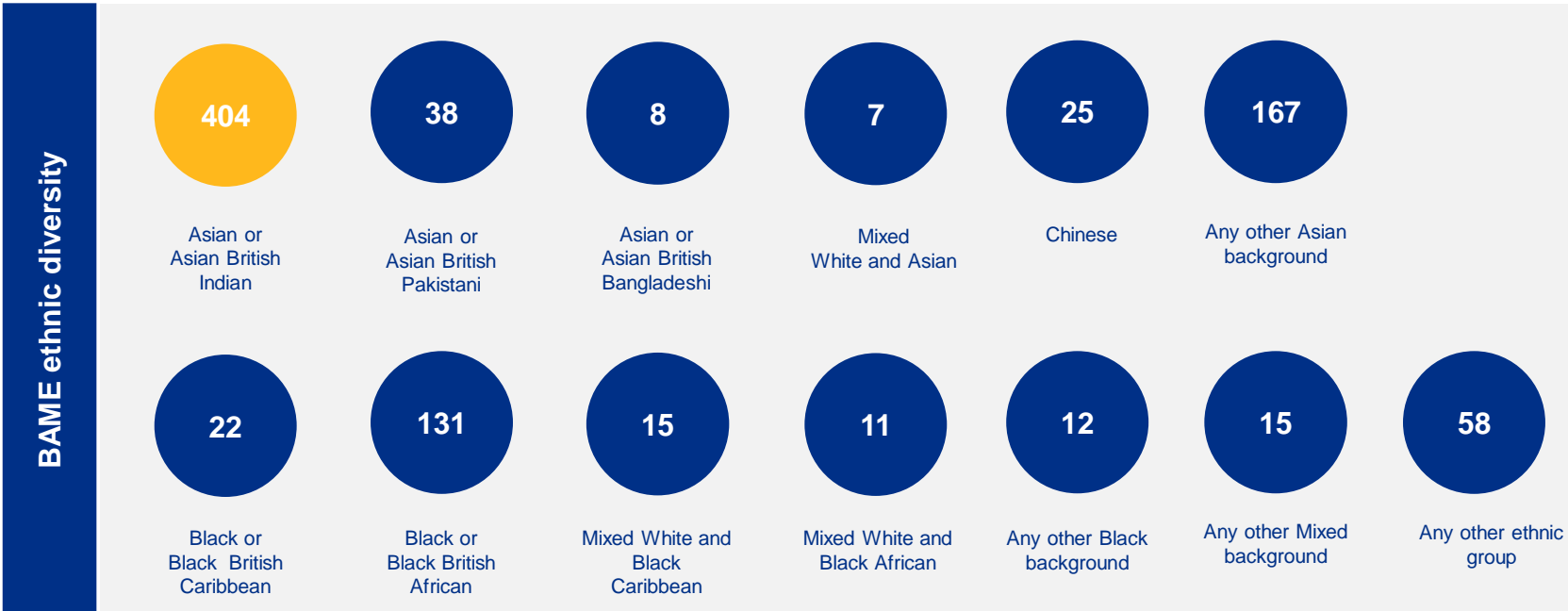
This low reporting trend is also mirrored in the BSW ICS data.

By Ethnicity



Whilst the majority of our staff (3598, 65%) identify as White British, there is also an additional level of White ethnic diversity to be seen when we look at data for staff with 'any other White Background'. This encompasses a range of White identities, such as White Irish, White Polish and White Greek.

In 2021/22, when this snapshot was taken, our Black, Asian and Minority Ethnic (BAME) workforce increased by 21% (193) on the previous year, and now makes up around 21% of our total workforce (headcount 1131).

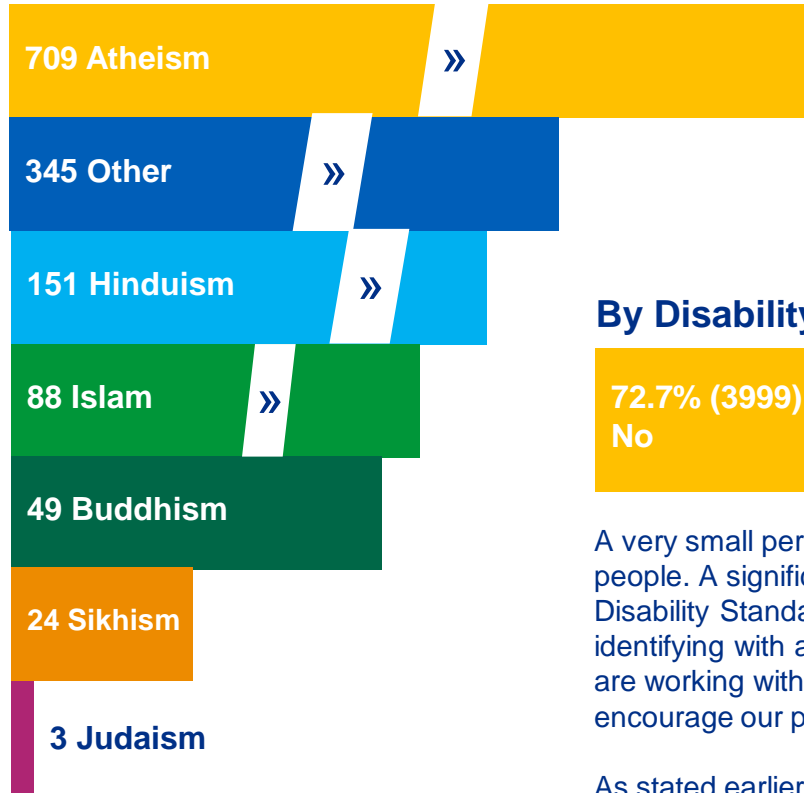


The chart opposite shows the diversity of our workforce, by BAME categories in the 2001 census.

As we have only included census categories, the total is smaller than our actual BAME staff number, which includes other BAME categories. We can see that the largest BAME minority is Asian or Asian British – Indian.

Our Staff

By Religion and Belief



A proportion of our staff (40%, 2203 headcount) follow the Christian faith; whilst a smaller proportion (35%, headcount 1930) did not wish to disclose their religion/belief. The religious preferences of the other staff can be seen in the chart opposite, which shows that the majority of these staff (13%, headcount 709) identify as atheist.

Note:

35% of staff (1930) chose not to disclose their religion or belief

By Disability



A very small percentage of our staff (2.4%) have indicated that they have a disability, equating to 133 people. A significant number of staff (1238) reported not know or prefer not to say. The Workforce Disability Standard (WDES) Report, findings summarised 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.

Note

All numeric and percentage charts on pages 22 to 28 are approximate pictorial representations only, and not to scale.

Our Staff

Starters and Leavers

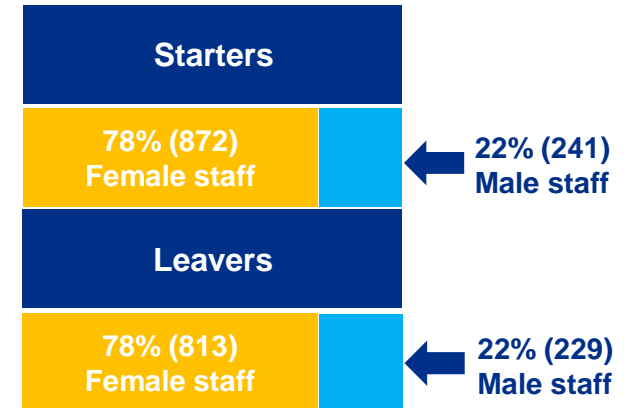
+ 71 Staff Headcount	+ 1,113 staff joined
	- 1042 staff left

In the year 2021/22, a total of 1113 staff joined the Trust and 1042 left, giving a net increase of 71. Demographic information on our starters and leavers is shown in the charts below.

By Age

By Sex

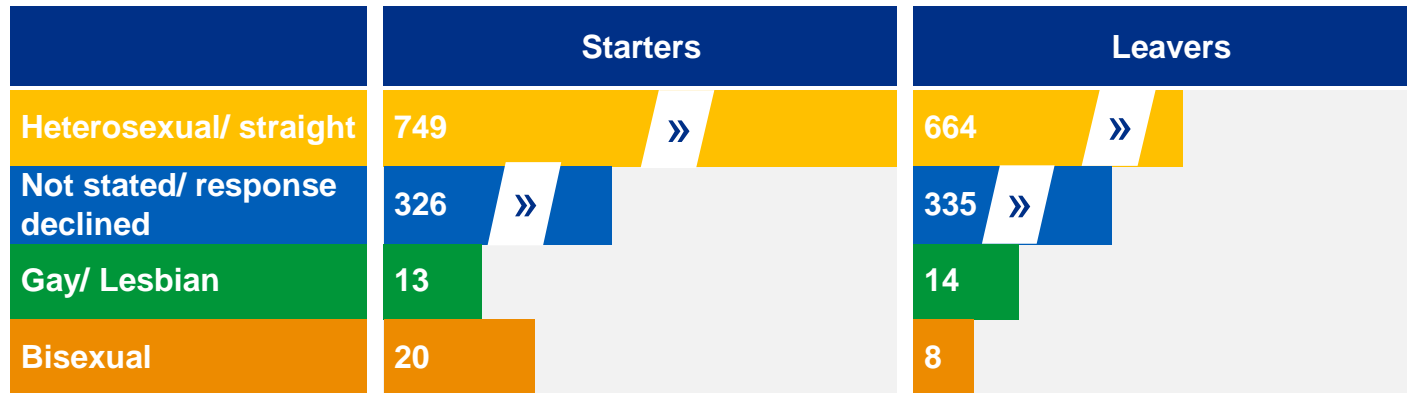
Starters				Leavers			
< 20 years	59	46-50 years	62	< 20 years	24	46-50 years	68
21-25 years	233	51-55 years	61	21-25 years	129	51-55 years	58
26-30 years	249	56-60 years	37	26-30 years	219	56-60 years	86
31-35 years	213	61-65 years	10	31-35 years	163	61-65 years	67
36-40 years	121	70+ years	1	36-40 years	125	66-70 years	26
41-45 years	67			41-45 years	65	70+ years	12



The age profiles of our starters and leavers also broadly reflects the profile of our pre-existing (recruited and in post before 2022) workforce.

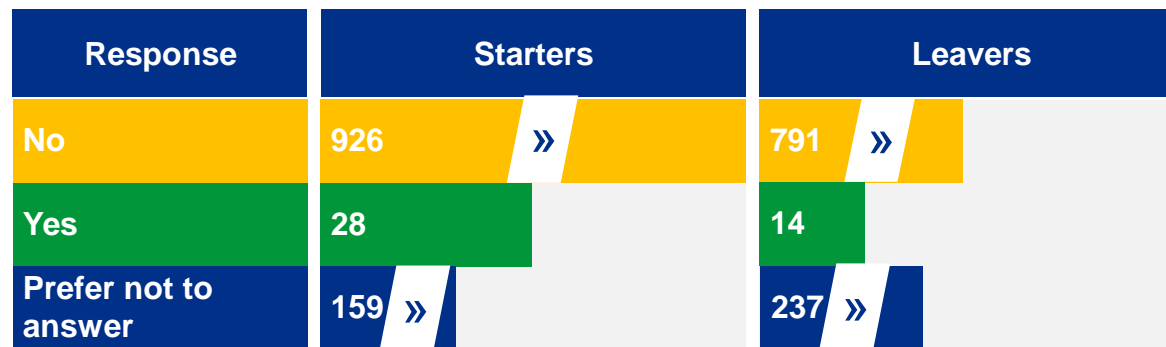
Our Staff: Starters and Leavers

By Sexual Orientation



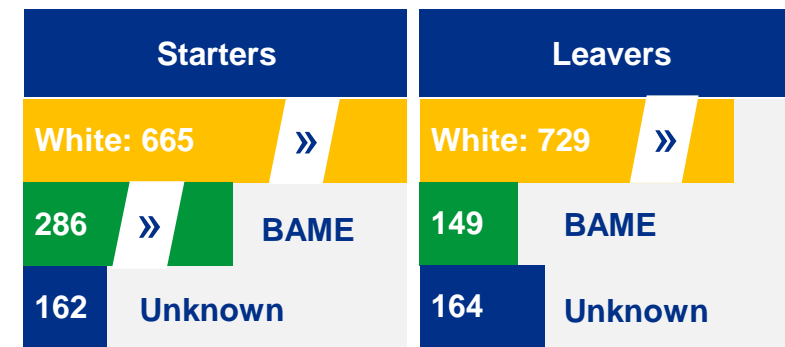
A significant proportion of both our starters and leavers (29% of starters; 34% of leavers) chose not to declare their sexual orientation. It is likely that this is for the reasons already discussed, and is consistent with findings for our pre-existing workforce.

By Disability



In common with our pre-existing and retained workforce, the vast majority of our starters and leavers have declared that they do not have a disability. Starters and leavers sharing information that they have a disability has increased from last year, but we also recognise that sharing rates are low.

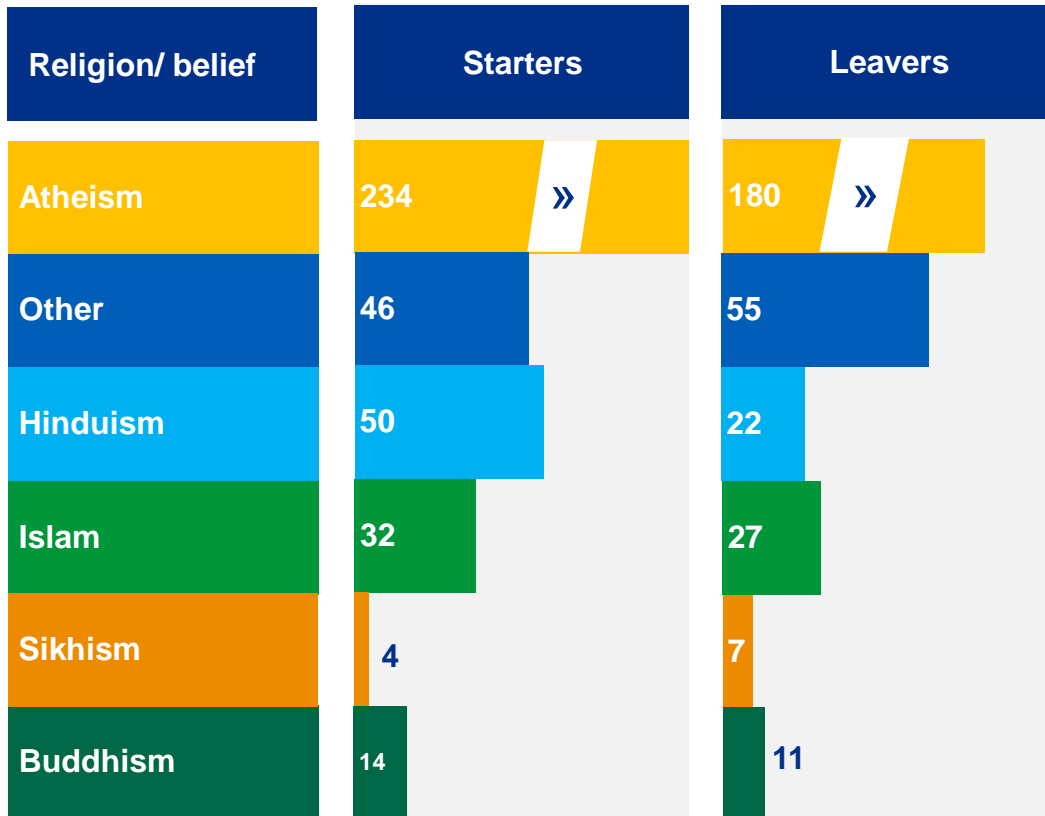
By Ethnicity



Unknown is 'any other ethnic group', 'not stated' and 'other specified categories'. The majority of our starters and leavers are White British and this is consistent with our pre-existing workforce.

Our Staff: Starters and Leavers

By Religion and Belief



The majority of our starters and leavers follow the Christian faith; whilst a similar total (around 35%) did not wish to disclose their religion/belief. A sizeable number of starters (337) left the data form blank. The religious preferences of the other starters and leavers can be seen in the pictorial representations opposite (not to scale).

Note:

This data includes:

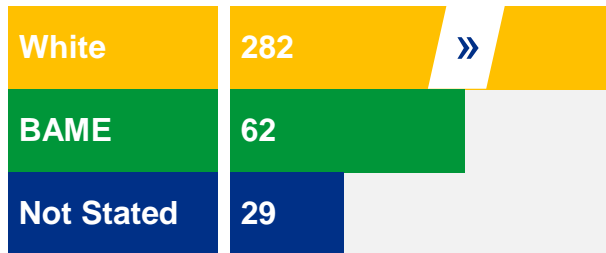
- Maternity leave, but excludes those on career breaks;
- Substantive staff only;
- Staff in post, based on the official data from our Electronic staff Records.

Our Staff: Volunteers

373
volunteers



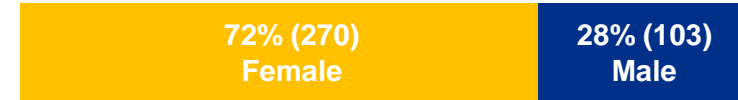
By Ethnicity



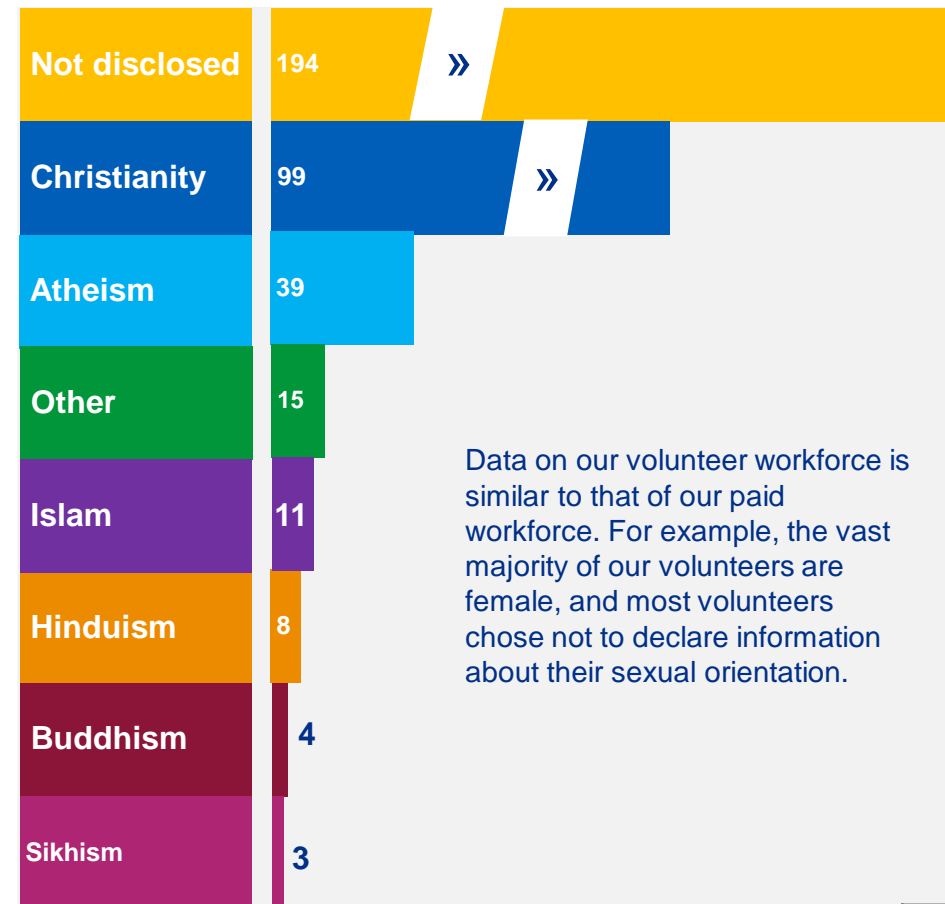
Note

During the Covid-19 pandemic, the majority of volunteers did not attend the hospital site. As we slowly returned our volunteers back to their roles, we requested that they complete new equality information. As a result, we have a much more complete picture of the volunteers on site. The following graphs show the equality data relating to our current team of 373 volunteers.

By Sex



By Religious Beliefs



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.

Our Staff: Volunteers

By Age

< 20 years	87	46-50 years	18
21-25 years	8	51-55 years	24
26-30 years	12	56-60 years	31
31-35 years	12	61-65 years	34
36-40 years	12	70+ years	78
41-45 years	11		

The age profile of the majority of our volunteers shows that they are likely to be both the oldest and youngest members of staff

By Disability

No	299
Prefer not to answer	39
Yes	35

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

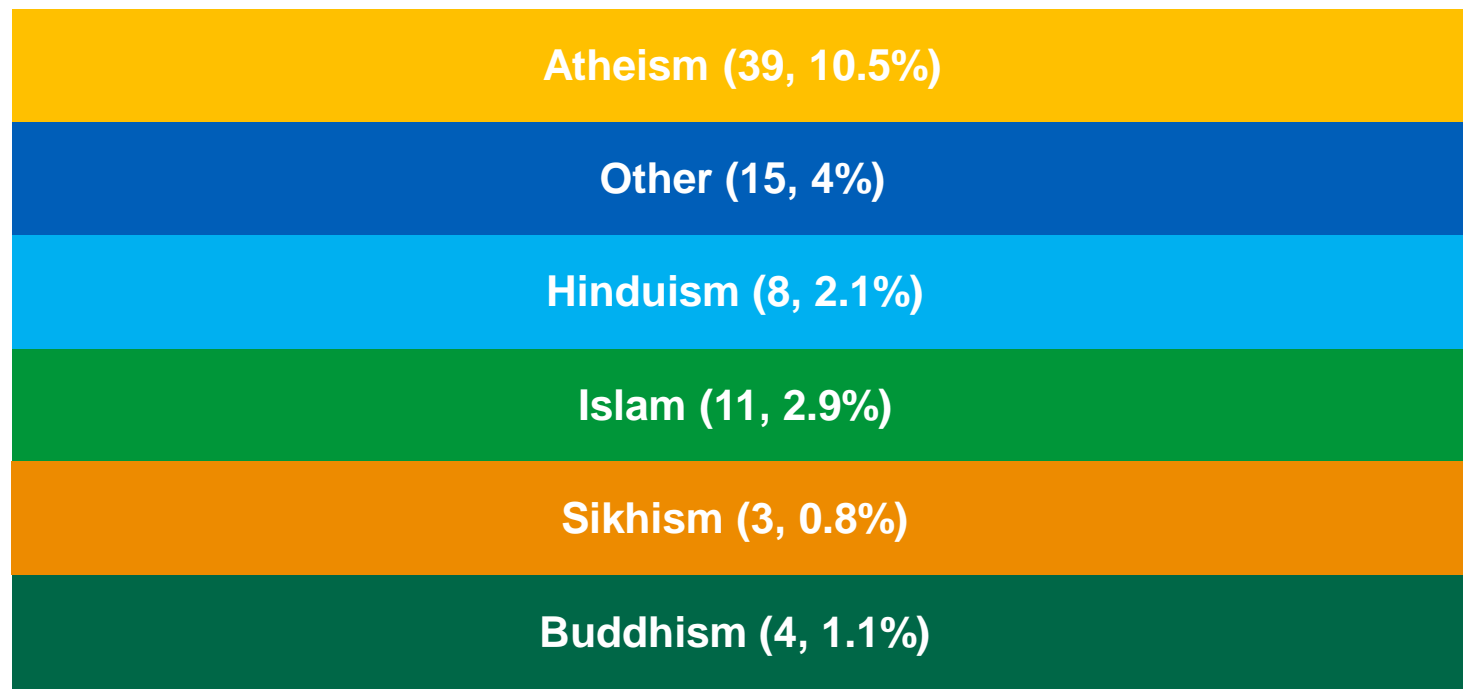
By Sexual Orientation

Not stated/ response declined	186
Heterosexual/ straight	175
Gay/ Lesbian	6
Bisexual	4

Our Staff: Volunteers

The majority of our volunteers (26.5%) follow the Christian faith; whilst a sizeable total (52%) did not wish to disclose their religion/belief. The religious preferences of the other volunteers can be seen in the pictorial representation opposite.

By Religion and Belief



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 continues to be 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 2021 and 2022. We will continue to review our leadership programs to ensure that diversity and inclusion is contained throughout our Talent Management and Leadership Development Programmes.

Leadership Programmes

We have continued to offer a mandatory EDI training module within our internal Leadership Development Programme (Bands 7 and 8a) and now incorporate this within our internal Aspiring Leaders programme (Bands 4-6). Both programmes focus on the inclusion of everyone within a diverse team, enabling them to feel more empowered, share ideas and promote innovative thinking with an emphasis on ensuring those in under-represented groups have a voice. This provides leaders and aspiring leaders the opportunity to identify how ED&I will fit into their development as a leader, rather than viewing it in isolation.

We also support leaders to undertake accredited training either with the NHS Leadership Academy which includes programmes specifically aimed at Black, Asian and minority ethnic colleagues. These include:

Stepping Up Programme: which is designed to bridge the gap between where applicants are and where they need to be, to progress into more senior roles, empowering them to drive forward the inclusion agenda and develop their skills and abilities to grow and progress. Applications are expected to reopen in Summer 2022 and were paused during the Covid-19 Pandemic, so there were no participants in 2021/22.

Ready Now Programme: supports senior BAME leaders to move into board level positions and significantly more senior roles, contributing to a more inclusive leadership culture within the Trust and wider system. The program is yet to restart, following the Covid-19 Pandemic.

An alternative accredited training route is via leadership apprenticeships which provides opportunities ranging from levels three to seven (Masters level). The Apprenticeship Diversity Champions Network (ADCN) champions apprenticeships and diversity amongst employers and encourages more people from underrepresented groups to consider apprenticeships. We have enrolled three staff members at Level 7, and one staff member at Level 5.

Training and Development

Talent Management and Succession Planning

In 2021/22, the Trust has been successful in securing approval to pilot the national Scope for Growth project (official launch date July 2022), which focuses on career conversations and will support delivery of the People Plan and the People Promise by fostering a culture of inclusion and belonging. It defines potential in terms of a person's ability to make a positive difference to the NHS now and, in the longer-term-people who have the ambition, motivation and desire for growth, development and to stretch themselves.

Scope for Growth Timetable

- Facilitators were accepted on to the pilot project in January 2022, and started their training in May 2022.
- We started offering the training sessions to individuals and managers / ambassadors in July 2022.
- Once both the individual and line manager / ambassador have completed their training then they can start the career conversations.

The first phase will include Black, Asian and Minority Ethnic colleagues and International Nurses. The provision of a framework for more person-centred development conversations, will:

- Support aspirations
- Improve diversity
- Support health and wellbeing

Improving Together-and a new Leadership framework

Leadership behaviours have been identified as critical in supporting the 'Improving Together' methodology currently being rolled out across the Trust. A new leadership framework has been developed with an emphasis on the fundamental and re-enforcing behaviours required to lead within a culture of continuous improvement.

This approach has provided an opportunity to work with staff across the organisation, delivering an OD module to develop energetic, enthusiastic, and passionate leadership behaviours in readiness for this new way of working, inspiring positive changes in those who follow. The whole emphasis is on the inclusion of all team members in improvement-harnessing their knowledge, skills and creativity in the service of our patients.

Coaching and Mentoring

The Trust has invested in developing staff to undertake the level five and level seven ILM accredited training in Coaching and Mentoring. Developing an employee coaching and mentoring register will supports leaders and future leaders to develop knowledge and skills, to become better able to affect diversity and inclusion in an authentic way. The unique nature of coaching can help support those from under-represented groups, who often experience unique challenges in the workplace. We had seven Level 5 and four Level 7 trainees at GWH, and no qualified coaches on the register.

Training and Development



Jackie Fawcett

Training data

Over the last year (to 31 March 2022) compliance data across our mandatory EDI training was 90.32% which is an increase of 10.32% on the previous year (to 31 March 2021).

Widening Participation

As an anchor institution (one whose long-term sustainability is tied to the wellbeing of our local community), 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:

- Scoping and creating opportunities to raise the aspirations of children and young people through work experience, informed presentations, and outreach activities by creating a strong network within schools, colleges and other providers within our local community.
- Supporting Local Authorities in their role as corporate guardians, to secure the best outcomes for looked after and young people.
- Supporting and exploring projects that examine routes into employment and training, making a positive impact on local communities. For example, the NHS Cadet Scheme, supporting schools with ASDAN students' programmes, and colleges with T-Level placements.

Early Years Careers Service

Jackie Fawcett (pictured, above) 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 20% 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.

EDI Activity



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

the Trust. The Trust's Equality, Diversity and Inclusion Lead and Head of Patient Experience and Engagement support the delivery of the Strategy, which has benefited from the input of our network staff. EDI highlights have included:



We committed to a job creation scheme that encourages people with learning disabilities and autism into the workplace. You can read about **Project SEARCH** [here](#).

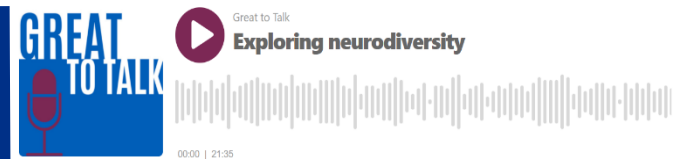
Celebrating South Asian Heritage Month

We celebrated South Asian Heritage Month for the first time, recognising the hugely important and lasting contributions that South Asian staff have made to our modern NHS.



Click [here](#) to see our short celebratory video

Podcast Series



A series of Podcasts, providing a platform for more intimate and authentic, deep dive discussions on topics relevant to health and social care staff. There were four episodes in the series, focusing on Neurodivergence, the effects of the menopause, becoming a good Ally, and the importance of Role Models.

All the recordings can be accessed [here](#).

Reciprocal Mentoring Programme



Following a successful pilot, Phase One of a Trust-wide reciprocal mentoring programme has been rolled out to all staff.

Click [here](#) to see what participants learned;
Click [here](#) to see what worked well

Black History Month



The Trust helped to fund the South West Black History Month event, held on 11 October 2021. The event was an overwhelming success, with over 2,200 registrations, and attendees from the UK and world wide. The speakers David Olusoga OBE, June Sarpong OBE, Hon Stuart Lawrence and Anton Ferdinand were all amazing, as was expected! This was followed by a Trust-wide event, adopting the national theme: 'Proud to be', held on 14 October. Events and resources included educational videos, information stands, merchandising, educational podcasts, national flags; food, music, and more!

Staff Support Networks and Services

The BAME Network

Our BAME* Network (Black, Asian and Minority Ethnic. Please also see Note overleaf) continues to support and celebrate the contributions 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.

Over the last year we have been growing as a network and involving more staff in the Trust. We continue to hold Black History Month in October with the addition of South Asian Month and Diwali this year. We continue to make strong connections both in and outside of 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 all staff.

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. We have been working with the GWH international nurses and encouraging staff to develop through the NHS wide leadership programmes.

The Network meetings remain monthly, although we are flexible about this, to try and reach staff who can't attend a meeting and also to sustain momentum. We will also add in extra dates where we can to accommodate some events and speakers who would like to join the conversations we have. Meetings can have anything from five to 30 people attending and have been held virtually due to the pandemic. At present we remain on a virtual platform but will hold some face to face events going forward.

Across all the Networks we work together as themes will relate to staff. We will be having a network relaunch day across the Trust to showcase what we can do to support and how we can all work together. 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.

“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.”



Alicia Messiah
Chair, BAME Network

Staff Support Networks and Services

The BAME Network

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 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.

*A Note on our use of the acronym 'BAME'

A number of terms have been used to collectively refer to Britain's ethnic minority populations. These include "Black and Minority Ethnic" (BME), 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 has decided to retain the term BAME. We recognise 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.

A similar conclusion was reached by The National Centre for Diversity. Their article can be accessed [here](#).

Staff Support Networks and Services

The 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 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 December, the LGBTQ+ Network said goodbye to outgoing Chair Ryan Jary. The Trust thanked Ryan for his efforts to grow the Network. The new Network Chair is Ashley Boyd, with Howard Chitty as vice Chair. Ashley combines this role with being the Trust's first ever Trans (see below) liaison nurse.

Notable highlights have been:

- Supported the Swindon Pride event, held on 07 August 2021.
- A Q&A/information led session with Stonewall, to address myths and misinformation around support for trans staff.
- Collaborating with Brighter Futures to implement a Rainbow bench in our new garden.
- Developed the Trust's first policy to support Trans staff.
- Currently developing the Trust's first patient guidance to support Trans patients.
- Part of an EDI 'First Impressions' challenge with the Patient Experience Team to give us an insight into looking at GWH through an inclusion lens.



Ashley describes his role as a Trans liaison nurse:

"Much of [it] involves simply listening to patients. I start the conversation and listen to their experiences, worries and anxieties, and try my best to offer compassionate advice, support, and guidance.

"I am constantly learning, through patient experiences, advocacy organisations like Stonewall and even listening to people on YouTube. I also signpost patients and families to local charities and other services when I think they need further support.



Ashley Boyd
Chair, LGBTQ+ Network

Note

Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, cross-dresser, genderless, agender, non-gender, third gender, bi-gender, trans man, trans woman, trans masculine, and trans feminine. Our incoming Trans staff and service user policies will help us to better meet the needs of this group.

Staff Support Networks and Services

The Differently Abled Network

The Differently Abled Network - DAN (formerly called the Disability Equality Network) is a space for staff to connect, share experiences and information, and support each other.

Our aim is to raise awareness and visibility of disability issues, to help promote an inclusive culture that improves the work experience for staff with visible and hidden disabilities and be a safe point of contact for differently abled staff.

The network aims to actively influence policies that may impact on differently abled staff and support the recruitment of people with disabilities.

Throughout 2021/2022 the network has met regularly to discuss a range of topics and offer support to its members.

The DAN group are also delighted to continue to add new members to the group, and welcome anyone who would like to join.

Notable highlights have been:

- Building up a library of knowledge accessed via the DAN Intranet site, with the aim of growing this into an information 'portal', filled with information and support.
- Continued to build on the Neurodiversity toolkit. The toolkit not only helps raise awareness, but can also be used by managers to support staff.
- Working with the Health and Wellbeing Team about the use of a 'Health Passport'. This is a valuable tool to help facilitate 1 to 1 conversations about any reasonable adjustments that staff may need.
- Working with Salim Suleman (Head of Service, Audiology) to promote the use of clear face masks in the Audiology Department.
- Part of an EDI 'First Impressions' challenge with the Patient Experience Team to give us an insight into looking at GWH through an inclusion lens.



"I have been the chair for our Differently Abled Network for about a year now and continue to be enthused by the passion and energy of our group to make a real difference to our staff and our patient's experience in the Trust. I would like to thank all the members of the Differently Abled Network for their contributions in the past year and look forward to continuing to make a difference with them"



Justin Sysum
Chair, Differently Abled Network

Note

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

Staff Support Networks and Services

Freedom To Speak Up (FTSU)

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:

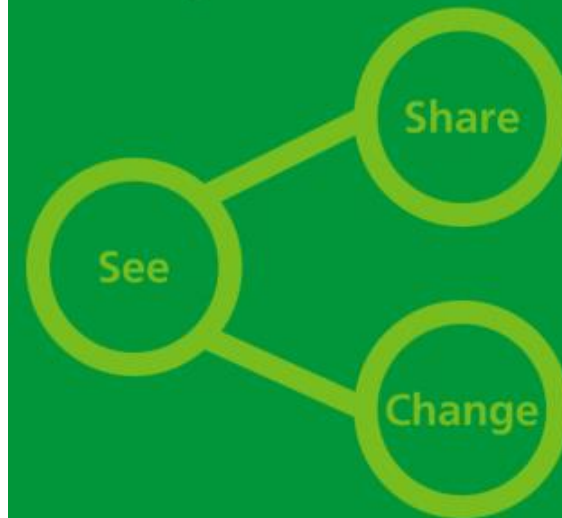
- Providing information on Trust intranet pages about our FTSUG, including Guardian contact details and biographies;
- Increasing FTSUG visibility by issuing Guardian business cards, badges and FTSU lanyards;
- Sharing green FTSU ribbons across the Trust, so that our Guardians were instantly recognisable;
- 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.
- FTSU training is now available to all staff.

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.

Freedom to Speak Up

If you've seen something that's wrong, do what's right and share your concern.

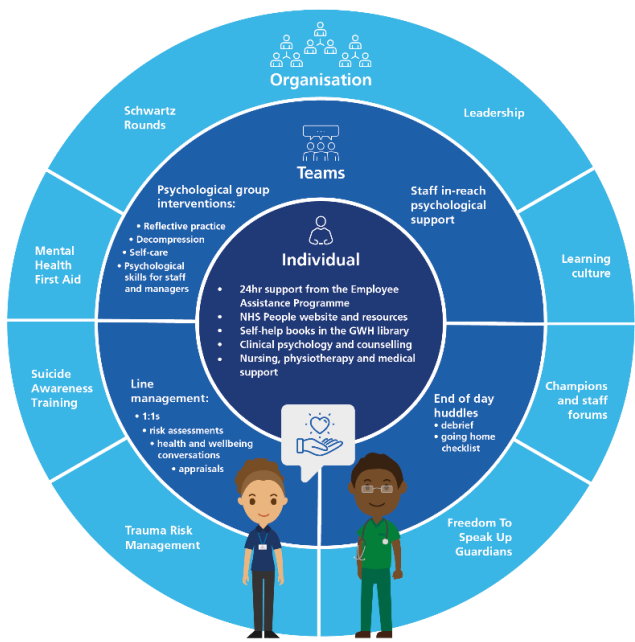


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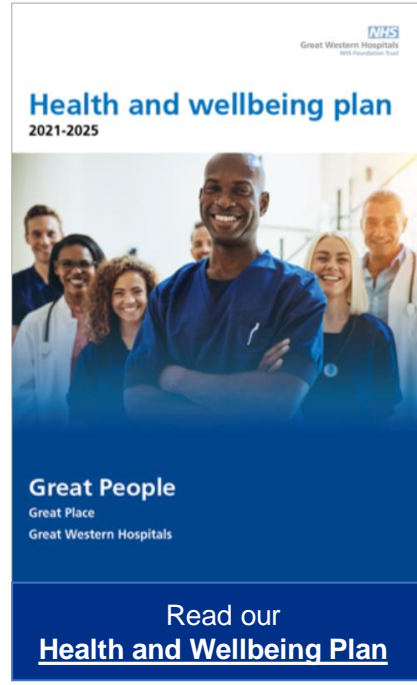
gwh.speakup@nhs.net

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



Mental Health Provision in Numbers

- 137 staff trained in Mental Health First Aid
- 47 staff trained to be Suicide First Aiders



Training delivered by Sarah Webb (above)

- 90 psychological in-reach group-based sessions for departments
- 372 staff attended mental health bite-sized sessions



Sessions led by Dr Sarah Masson (above)

'It's been a busy yet satisfying year in Staff Health and Wellbeing. Being able to support so many colleagues to keep well and to overcome difficulties they are experiencing is a real privilege. This support not only benefits us as a GWH family, but also our patients. Seeing the numbers of staff trained in Mental Health First Aid and also Suicide First Aid grow, as well as the numbers accessing our in-reach wellbeing groups, is a great achievement and reflects the cultural shift in how we think about and access health and wellbeing support.'



Dr Jon Freeman
Clinical Lead for Staff Health and Wellbeing

The Health and Wellbeing Team have submitted a separate annual report detailing in full developments over the last year. The report can be accessed [here](#).

National Report Summaries

National Report Summaries

The Gender Pay Gap Report 2020-2021

Our organisation shows a slight reduction in the mean gender pay gap for hourly pay, from 29.66% to 29.10%. This amounts to a 0.56% narrowing of the gap, and shows that we are moving in the right direction. 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 mean pay gap as mentioned above narrows significantly, from 29.10% to 6.47%.
- The median gender pay gap has been reduced for staff in Bands 3,4,6,7,8b, and Medical; and, with the exception of Medical grades, these Bands are also where we have achieved parity between males and females.

There are areas where our progress is less marked:

- Some pay gaps have widened or remained constant. For example, the median gender pay gap has increased for women at Bands 8c and 8d.

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 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.



Note
A national independent review looking at gender pay gaps in medicine can be accessed [here](#).

Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England
December 2020
Chair - Professor Dame Jane Dacre
Lead Researcher - Professor Carol Woodhams

Gender Pay: Calculations and Findings

01

Mean gender pay gap in hourly pay

Adding together the hourly pay rates of all male or female full-pay and dividing this by the number of male or female employees. The gap is calculated by subtracting the results for females from results for males and dividing by the mean hourly rate for males. This number is multiplied by 100 to give a percentage.

29.10%
6.47%

02

Median gender pay gap in hourly pay

Arranging the hourly pay rates of all male or female employees from highest to lowest and finding the point that is in the middle of the range.

19.81%
3.05%

03

Mean bonus gender pay gap

Adding together bonus payments for all male or female employees and dividing by the number of male or female employees. The gap is calculated by subtracting the results for females from results for men and dividing by the mean hourly rate for men. This number is multiplied by 100 to give a percentage.

79.37%
-2.41%

04

Median bonus gender pay gap

Arranging the bonus payments of all male or female employees from highest to lowest and find the point that is in the middle of the range.

79.76%
-20.00%

Notes:
Figures in yellow squares (below) are our results when medical and dental staff are excluded from calculations.

We are adopting the standard convention when looking at pay differences between males and females. A negative measure (for example, -2.41 as shown), indicates the extent to which females earn more per hour, on average, than their male counterparts.

National Report Summaries

The Workforce Race Equality Standard (WRES) Report 2021-2022

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 change from our 2021/22 WRES report are:

- A 21% (193) overall increase in BME staff numbers since 2019;
- The greatest movement for BME (clinical and non-clinical) staff into Band 5 (from 32.8% to 42.3% of clinical staff);
- Noticeable increases in the proportions of BME clinical trainee grade staff (from 16.1% to 25%);
- The number of Very Senior Managers (VSMs – which includes Non Executive Directors and Associate Non-Executive Directors) in the Trust has risen from zero to three, which represents a 16.7% increase.);
- BME staff are less likely than White staff to enter the formal disciplinary process. This bucks the national trend, but the gap between the proportion of BME and the proportion of White staff entering the formal disciplinary process has grown smaller, since 2020/21.

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

- White applicants are more likely to be appointed to job roles from shortlisting than BME applicants, with the ratio similar to the previous year;
- All harassment and bullying indicators have shown a deterioration for staff, which is particularly marked for BME staff. In particular, harassment, bullying or abuse from patients, relatives or members of the public has increased from 22.8% to 32.8% for BME staff;
- Fewer staff believe the Trust provides equal opportunities for career progression or promotion, with the decline particularly marked for BME staff. The figure for BME staff has declined from 71% to 39%, since last year;
- 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 BME staff at various Agenda for Change (AfC) bands in a Trust, compared to the proportion of White staff at those bands. Our overall disparity ratio is 5.59. This means that White staff are 5.59 times more likely to progress from a lower band (1-5) to the upper employment bands (8a and above) as BME staff. Looking more closely at our figures, this disparity is greater from the middle bands (6,7) to the upper bands, although the disparity has decreased since last year. National findings also indicate that BME Band 5 clinical staff continue to struggle to attain promotions to higher grades and bands.



National Report Summaries

The Workforce Disability Equality Standard (WDES) Report 2021-2022

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 mixed picture regarding career progression and improved work experiences for staff with disabilities. Whilst some WDES indicators show an improvement on scores from previous years, and when viewed against the national averages, others have deteriorated or remained the same.

Our disabled staff are:

- More likely to share their disability status;
- Equally likely as non-disabled applicants to be appointed to roles once shortlisted;
- Less likely to enter the formal capability process;
- Part of a growing network, increasing awareness of member's issues. For example, raising awareness of and providing support for neurodiverse staff.

When compared with the national average for benchmark Trusts, we also know that:

- Our disabled staff believe there are more opportunities for career progression and promotion;
- Fewer disabled staff feel pressured to come to work when ill.

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

- We have yet to have any members of our Executive team or Board with a declared disability;
- Very few staff (133, or 2.4%) have self-declared a disability;
- There is a large disparity between the number of staff declaring a disability through the ESR, and the number of staff declaring a disability when completing the National NHS Staff Survey.
- More likely to experience abuse, than in previous years;
- Less likely to be satisfied with adjustments made to the workplace, compared with previous years;
- Less likely to feel valued by the organisation, compared with previous years.



Note

With such low numbers declaring a disability, and with a large disparity between the ESR and NHS staff survey, it is difficult to draw firm conclusions. However, our Differently Abled Network continues to build on the work being done to improve experiences for disabled staff.

National Report Summaries

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](#)

Work continues 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 active EDI Leads Network continues to identify areas of joint working to create an inclusive and fair culture.

Conclusions

This report presents progress made during 2021/22 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 is well underway. 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;
- Stronger links developed with community groups and services to reduce any inequalities identified through their feedback;
- A Program to retain, develop and support our staff recruited from overseas;
- A project partnership to increase employment rates for people with disabilities;
- EDI training to ensure diverse and representative Board and leaders;
- 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

Conclusions and Recommendations

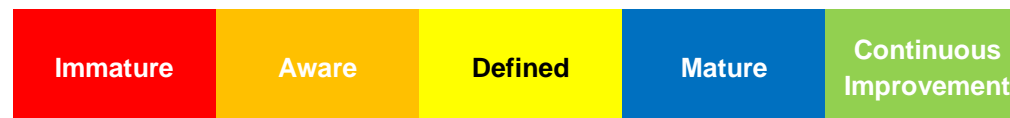
Recommendations

Further to the priorities identified for 2021/22 in the WRES, WDES and the five-year 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.

Since last year, we have taken the following actions as we continue our equality, diversity and inclusion journey:

- Introduced a new system to record staff data and patient records. The system includes a broader set of questions on protected characteristics. At the moment we do not record all the protected characteristics, but we are moving towards this.
- The Lead for Equality, Diversity and Inclusion continues to ensure EDI is embedded in all training provided by the Trust.
- The EDI Group is developing 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.
- As part of BSW, and our commitment to delivering the People Plan, we will continue to work with our regional partners to develop a joined up approach to EDI for the future (see the WRES and WDES reports for examples of how we are doing this).
- We undertook an EDI self-assessment audit of our current position, in October 2021. The audit's purpose was 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. Overall, we were assessed as 'Mature' (the second highest measure on a five-point scale, measuring from scale of categories ranging from 'Immature' to 'Continuous Improvement'. We will continue to build on the audit findings, to develop our Trust into a position of Continuous Improvement overall.

External Auditor EDI Assessment Categories



Our Trust's Overall Assessment

Author and Sponsor

Author: Dr 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. The Act 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.

This EDI Annual Report is one way in which we seek to discharge the PSED.

Public Sector Equality Duty



Equality Act 2010



Appendix 2

A Snapshot of Swindon

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 since 2019, due to the continued 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.

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

