

WORKFORCE 'DISABILITY' AND 'RACE' EQUALITY STANDARDS

GHC Workforce Report, Data and Action Plans
2023/24

The following sets out Gloucestershire Health and Care NHS Foundation Trust's plans to address Disability and Race inequalities within in its workforce and the provision of its services

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**Workforce Disability Equality Standard (WDES) and
Workforce Race Equality Standard (WRES)
Data and Action Plan October 2023 - October 2024**

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REPORT

Executive summary

As an employer we strive to be inclusive, with fair and equitable policies and practices for all employees regardless of any protected characteristics. This is in keeping with our Trust values, and in alignment to one of our four strategic aims to be “A great place to work”,

In line with NHS national requirements, the Trust is required to submit data annually for both the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) and produce updated comprehensive Action Plans to address the data.

In addition, the Trust submitted ethnicity data against our workforce who are solely engaged on the Bank, and we voluntarily submitted separate ethnicity data against our Medical workforce.

It is worth noting that the introduction of the NHS EDI Improvement Plan, launched in May 2023 advise organisations focus on 6 High Impact Actions (HIAs) and we have linked our WDES/WRES data and actions with the 6 HIAs.

1.0 INTRODUCTION

- 1.1 Gloucestershire Health and Care NHS Foundation Trust works across the county, with over 55 sites spread across Gloucestershire and with around 5,600 employees and bank workers. As an employer we strive to be inclusive, with fair and equitable policies and practices for all employees regardless of any protected characteristics*, as set out in the Equality Act 2010 (**age, disability, gender reassignment and identity, marriage and civil partnership, maternity and pregnancy, race, religion or belief, sexual orientation or sex*).
- 1.2 Our Trust People Strategy has Equality, Diversity and Inclusion as one of its 6 core commitments, striving to provide ‘a fair organisation that celebrates diversity and ensures real equality and inclusion’ and where people can ‘bring their hearts to work, free from bullying or discrimination. Whilst the Equality Act 2010 is one of the drivers in becoming an inclusive workplace, it is fundamentally in-keeping with our Trust values and alignment to one of our four strategic aims to be “A great place to work”.

2.0 THE NATIONAL NHS WORKFORCE EQUALITY STANDARDS – DISABILITY AND RACE FOR ALL STAFF

- 2.1 **The Workforce Disability Equality Standard (WDES)** is a set of ten ‘metrics’ plus 29 disability related survey questions. The data enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The intention is that involvement in the WDES enables NHS organisations to better understand the experiences of their disabled staff and supports positive change for all staff by creating a more inclusive environment for disabled people working and seeking employment in the NHS.
- 2.2 **The Workforce Race Equality Standard (WRES)** is a set of 9 ‘indicators’ where the Trust, along with the NHS nationally, is mandated to show progress against these indicators.
- 2.3 We submitted our data for both the WDES and WRES in time for the 31st May 2023 submission date and the data for **Bank Workforce Race Equality Standard (BWRES)** and **Medical Workforce Race Equality Standard (MWRES)** in time for the 30th June 2023. Work is continuing to align the data with its corresponding Action Plan which is being shared with the Great Place to Work Committee for approval prior to uploading onto our external facing website by 31st October 2023.
- 2.4 WDES, WRES, BWRES and MWRES submissions rely upon ESR data as at 31st March 2023 and qualitative data from the NHS Staff Survey, undertaken in November 2022, for our 2023-24 submissions.
- 2.5 It is worth noting that the NHS EDI Improvement Action Plan 2023 (NHSEDIIP) and the Equality Delivery System 2022 (EDS22) are also required to contain actions to improve our approach to disability and race and the links are made.

3.0 WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

- 3.1 The Trust’s data, taken from ESR as at 31.03.23 shows that **4.8%** of GHC colleagues on substantive contracts (i.e., not Bank worker agreements) shared that they have a disability and **84.4%** have shared that they do not have a disability. However, **10.8%** of our workforce have not shared their disability status with us and fall within the category “Disability unknown”, which is more likely to be a consequence of not making a choice, and not that staff do not know their disability status. **4.8%** is an improvement from last year where our Disabled workforce was at 4.1% and unknown was 11.9%. **ACTION: to continue with the data campaign and align to the Staff Survey campaign.**
- 3.2 **Board Data** - the voting Board Members has a total headcount of 15 (14 in 2022-23) with **6.67%** of the Board Members disabled and **93.33%** not disabled. We had a **100%** return on Board disability data which is a significant improvement last year’s 28.57% unknown. This is now in line with the ethnicity Board data where we also have 100% return. **ACTION: to proactively engage the Board with HIA 1 around Board objectives.**

4.0 THE WORKFORCE RACE EQUALITY STANDARD (WRES)

- 4.1 The Trust's data, taken from ESR as at 31.03.23 shows that currently **9.91%** of GHC colleagues have shared that they are from a black, Asian or minority ethnic background which is an increase of **1.51%** from last year's **8.4%**. Furthermore, **88.3** have shared that they are "White" which has decreased by **1.84%** compared to last year's **90.14%**. **ACTION: to continue with the data campaign and align to the Staff Survey campaign.**
- 4.2 Of our workforce, **1.72%** have not shared their ethnicity data with us. This is an increase on last year's **1.41%** although it is a better return on data than data shared for Disability. Our Board has 100% return on both ethnicity and disability data.
- 4.3 The category for WRES data on Bank workers is defined as those who are solely on Bank worker agreements, of which we have a headcount of **939** which was run separately and in line with the national staff survey where Bank workers are now included. This is new for 2022 and differs from WDES who advise we mirror what we adopted in previous years.
- 4.4 *New* Bank WRES indicators 2 and 3 ask for information around disciplinary and capability cases. We reported a zero return, accompanied with the following narrative:

None are subject of/to disciplinary or capability cases.

Indicator 2 - The Trust does not apply the formal disciplinary procedures to those engaged solely as bank staff; they would not be re-engaged. If a substantive member of staff has an additional bank workers agreement, and the need arose for disciplinary action relating to their bank role, we would review the situation and determine how best to proceed. It is likely that the individual would be managed in their substantive contract and the appropriate course of action would be considered, based on the allegation(s) and the role(s). In this case, if disciplinary action for their bank role was deemed appropriate to be taken with the individual during their substantive contract, the individual would already be included in the WRES return and therefore, we would not double-count, particularly as the way we record cases on our casework tracker, preventing double-counting.

Indicator 3 - As for Indicator 2, the Trust does not apply the formal disciplinary or capability procedures to those engaged solely as bank workers. Should an act of gross misconduct or safeguarding concern arise, the appropriate referral to the appropriate statutory body would be made.

- 4.5 *New* Medical WRES (MWRES) indicators 1a), 1b) and 1 are reported as follows:

1a) The number of staff in each medical and dental sub group, disaggregated by ethnicity (based on the workforce as at 31st March in the reporting year)

1 non-white Medical Director and 5 white Clinical Directors

1b) The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award [CEA], disaggregated by ethnicity (based on the financial year)

The return was zero for this indicator. GHC cannot show CRAs on the Data Collections Framework (DCF). Our Trust had no funds to run an award round for 2022/23. This was due to a change in the scheme affecting the availability of funds for Trusts.

2) Consultant recruitment disaggregated by ethnicity (based on the financial year)

3 appointments were made after application and shortlisting comprising of 1 white, 1 non-white and 1 ethnicity unknown by GHC. There appears to be no disparity by ethnicity between applications, shortlisting and appointment.

- 4.6 **Board Members** - As at 31st March 2023, the voting Board Members total headcount was 15 (14 in 2022-23). **13.3%** are from a black, Asian, minority ethnic background, leaving **86.7%** who are white. Although this is a decrease of 0.95% from last year, there was, and remains a **100%** return on ethnicity data for this indicator. **ACTION: to proactively engage the Board with HIA 1 around Board objectives.**
- 4.7 **Staff Survey data** – 2022 results show improvements in some areas but highlights the justification for our targeted work to support our black, Asian and minority ethnic colleagues who reported experiencing harassment, bullying and abuse from patients, service users and their relatives.

5.0 COLLABORATION

Equality, Diversity and Inclusion is a regular feature of the Workforce Management Group (WOMAG), the Trust Networks, Executive Meetings (Execs) and the Board of Director's Great Place to Work Committee.

Five staff Networks (Disability Awareness Network, Race and Cultural Awareness Network, LGBTQI+ Network and Women in Leadership Network, link to the overarching Diversity Network Chaired by a Non-Executive Director.

Links with the NHS EDI Improvement Plan 2023 (NHSEDIIP) and the Equality Delivery System (EDS22) are being made and linked with the ICB's EDI strategy at the system-wide Organisational Development Steering Group of which the EDI Lead is a part.

DATA

At a glance summary of the WDES metrics and WRES indicators and the data required from ESR and the Staff Survey are set below in tables 1 and 2 respectively:

Table 1 – Data Collection Framework “Metrics” and “Indicators” for 2023 set by NHSE

WDES Metric	Disability (includes Bank Workers) Disabled Non-Disabled	WRES Indicator	Race – Excludes Bank Workers White BME Other
1	Headcount	1	Headcount
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
		4	Relative likelihood of staff accessing non-mandatory training and CPD
4 - 9a	NHS Staff Survey (4a – 9a)	5 – 8	NHS Staff Survey (5 – 8)
9b	Action taken to facilitate the voices of Disabled staff		
10	Board Members - % difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated	9	Board Members - % difference between the organisations’ Board voting membership and its overall workforce
WDES Survey	Disability Survey on experiences, action and targets (29 questions)		

Table 2 – Staff Survey Questions

WDES Metric	Disability (includes Bank Workers) Disabled Non-Disabled	WRES Indicator	Race – Excludes Bank Workers White BME Other
4a	Experience bullying / harassment / abuse	5	% Experiencing bullying / harassment / abuse – from public / patients in last 12 months
4b	Reporting bullying and harassment	6	% Experiencing bullying / harassment / abuse – from colleagues in last 12 months
5	Equal opportunities for progression and promotion	7	Equal opportunities for progression and promotion
6	Experiencing pressure to attend work when feeling unwell	8	Personal experience of discrimination from manager / colleagues
7	Staff satisfaction and extent to feeling valued		
8	Adequate adjustments for long-term illness		
9a	Staff Engagement		

WDES Data Submission 2023

Number of Staff in Workforce - 4.8% of our Workforce are Disabled

As at 31.03.23	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
TOTAL Clinical AND Medical excluding Bank	229	4.8	4063	84.4	521	10.8	4813
<i>For reference at 31.03.22</i>		4.1				11.9	

Workforce Disability Metric 1 – Non-Clinical (The percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.)

As at 31.03.23	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
Under Band 1	3	25	9	75	0	0	12
Band 1	1	8.3	6	50	5	41.7	12
Band 2	16	4.6	272	78.4	59	17	347
Band 3	18	5.3	281	83.4	38	11.3	337
Band 4	11	5.6	168	85.7	17	8.7	196
Band 5	6	4.9	111	90.2	6	4.9	123
Band 6	7	7.4	83	87.4	5	5.3	95
Band 7	2	3.2	57	91.9	3	4.8	62
Band 8a	0	0	37	97.4	1	2.6	38
Band 8b	1	4.2	23	95.8	0	0	24
Band 8c	0	0	9	90	1	10	10
Band 8d	0	0	7	100	0	0	7
Band 9	0	0	0	0	0	0	0
VSM	0	0	4	80	1	20	5
Other e.g. Agency and/or any other groups, please specify	0	0	1	100	0	0	1
	65		1068		136		1269
For "Other", the notes are: "Deputy Medical Director / Admin & Clerical only" Our Band 1s and under are Apprentices							

Workforce Disability Metric 1 – Total Non-Clinical (by pay band grouping)

As at 31.03.23	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
AfC Bands 1 (and under), 1, 2, 3 and 4	49	5.4	736	81.4	119	13.2	904
AfC Bands 5, 6 and 7	15	5.4	251	89.6	14	5	280
AfC Bands 8a and 8b	1	1.6	60	96.8	1	1.6	62
AfC Bands 8c, 8d, 9 and VSM	0	0	20	90.9	2	9.1	22
TOTALS	65	5.1	1068	84.2	136	10.7	1269

Workforce Disability Metric 1 – Clinical (The percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.)

As at 31.03.23	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
Under Band 1	0	0	6	75	2	25	8
Band 1	0	0	0	0	0	0	0
Band 2	7	2.9	213	88	22	9.1	242
Band 3	20	4.5	374	85	46	10.5	440
Band 4	13	4	270	84.1	38	11.8	321
Band 5	42	6.3	567	85	58	8.7	667
Band 6	46	4.6	853	85	104	10.4	1003
Band 7	29	5.7	404	79.8	73	14.4	506
Band 8a	1	0.7	127	90.7	12	8.6	140
Band 8b	1	2.3	37	86	5	11.6	43
Band 8c	0	0	5	88.3	1	16.7	6
Band 8d	0	0	8	100	0	0	8
Band 9	0	0	3	100	0	0	3
VSM	0	0	2	100	0	0	2
Other e.g. Agency and/or any other groups, please specify	0	0	1	16.7	5	83.3	6
TOTAL Clinical	159	4.7	2870	84.5	366	10.8	2295

As at 31.03.23	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
Medical & Dental Staff Consultants	1	1.5	59	86.8	8	11.8	68
Medical & Dental Staff, Non-Consultants career grade	3	6	36	72	11	22	50
Medical & Dental Staff, trainee grades	1	3.2	30	96.8	0	0	31
TOTAL medical and dental	5	3.4	125	83.9	19	12.8	149

Workforce Disability Metric 1 – Total Clinical (summary by pay band grouping)

As at 31.03.23	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
AfC Bands 1 (and under), 1, 2, 3 and 4	40	4	863	85.4	108	10.7	1011
AfC Bands 5, 6 and 7	117	5.4	1824	83.8	235	10.8	2176
AfC Bands 8a and 8b	2	1.1	164	89.6	17	9.3	183
AfC Bands 8c, 8d, 9 and VSM	0	0	18	94.7	1	5.3	19

Workforce Disability Metric 2 – Recruitment - Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts, internal and external.

As at 31.03.23	Disabled Headcount	Non-disabled Headcount	Disability Unknown Headcount	Total Headcount
Number of shortlisted applicants	158	1780	182	2120
Number appointed from shortlisting	82	971	85	
Likelihood of shortlisting / appointed	0.52	0.55	0.47	

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	1.05
<i>For reference as at 31.03.22</i>	<i>1.59</i>

Workforce Disability Metric 3 – Capability - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. *

This Metric will be based on data from a two-year rolling average of the current year and the previous year. ii. This metric applies to capability on the grounds of performance and not ill health. iii. If a member of staff enters the capability process for reasons of both performance and ill health, they should not be included in the count of “ill health only” cases. iv. For clarification: the data required is the numbers of staff entering the capability process from 1 April 2021 to 31 March 2023, divided by 2.

As at 31.03.23	Disabled Headcount	Non-disabled Headcount	Disability Unknown Headcount
Number of staff in workforce	229	4063	521
Average number of staff entering the formal capability process for any reason	0	12.5	3.5
Of these, how many are on the grounds of ill-health only?	0	8	2.5
Likelihood of staff entering the formal capability process	0.000000	0.001108	0.001919

Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff.	0.000000
<i>For reference as at 31.03.22</i>	<i>0.000000</i>

Notes: Our figure of an average of 12.5 cases on the grounds of IH only, seems higher than we would like. We note the guidance says, “If ill health related issues are dealt with using a separate policy, zero values may be entered for the ill health data.” However, we feel this does not give us a true picture of our employee relations processes that consider ill-health cases. At GHC, we have a Policy & Procedure for both

“Capability” and for “Supporting Attendance”. Ill-health cases are supported via our Supporting Attendance. However, both policies have capability processes within them. A Stage 3 Hearing within the Supporting Attendance Policy is considered a ‘capability’ and could result in someone being ‘dismissed on the grounds of capability’. Equally, if we have to give an employee notice to end their employment using an option / process in the Supporting Attendance Policy it would also be a ‘dismissal on the grounds of capability’. With this in mind, we have included only those health-related cases that would be considered ‘capability’ cases, but for both Capability and Supporting Attendance Policies. If we hadn’t applied both policies, and relied solely on applying figures for the Capability Policy, we would have a return of “nil” and that does not accurately inform our Disability support strategies.

Workforce Disability Metrics 4 to 9a – Staff Survey

Metrics 4 to 9a Response			
These metrics relate to the 2021/22 NHS Staff Survey and is automatically pulled by the NHS on these themes. The annual report, which should be developed in partnership with the organisation’s Disabled Awareness Network and ratified by the Board, must contain data for all 10 metrics along with an action plan that sets out the actions the organisation will deliver over the coming 12 months			
People Promise Theme	Question no. in survey	Question	Organisation response
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (Never).	15.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers (Never).	6.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q11e	Have you felt pressure from your manager to come to work (No).	15.4%
YOUR JOB	Q4b	The extent to which my organisation values my work (Satisfied/Very satisfied).	51.8%
BACKGROUND INFORMATION	Q30b	Has your employer made reasonable adjustment(s) to enable you to carry out your work (Yes).	83.0%
STAFF ENGAGEMENT		Staff Engagement score	7.16%

Workforce Disability Metric 4a – Harassment, bullying or abuse

Metric 4a	Previous 2021 by %		Current 2022 by %	
	Disabled	Not Disabled	Disabled	Not Disabled
Percentage of staff who experienced at least one incident of harassment, bullying or abuse from Managers	11.8	7.3	9.8	5.8
Percentage of staff who experienced at least one incident of harassment, bullying or abuse from other colleagues	16.6	14.1	18	11.8
Percentage of staff who experienced at least one incident of harassment, bullying or abuse from Patients / service users their relatives, or other members of the public	29.4	27	33	23

Notes: The data shows improvement in the overall experiences of HB&A since the previous year. However, work still needs to be done to improve further. Action plans below highlight our approach.

Workforce Disability Metric 4b – Reporting harassment, bullying or abuse

Metric 4b	Previous 2021 by %		Current 2022 by %	
	Disabled	Not Disabled	Disabled	Not Disabled
Percentage of staff saying they or a colleague, reported harassment, bullying or abuse	60.2	60	61	54.8

Notes: The data shows improvement since the previous year in the overall reporting of cases from our Disabled colleagues, but a reduction in the number of reports from our Non-Disabled colleagues.

Workforce Disability Metric 5 – Organisation acts fairly with regard to progression / promotion (q15)

Metric 5	Previous 2021 by %		Current 2022 by %	
	Disabled	Not Disabled	Disabled	Not Disabled
Percentage of staff who believe that their organisation acts fairly with regard to career progression / promotion	57	59.1	58.1	61.7

Notes: The data shows an increase in fairness since the previous year in our progression and pathways for both Disabled and Non-Disabled colleagues

Workforce Disability Metric 6 – Experiencing pressure from your manager to attend work when unwell (q11e)

Metric 6	Previous 2021 by %		Current 2022 by %	
	Disabled	Not Disabled	Disabled	Not Disabled
Percentage of staff who felt pressure from their manager to come to work despite not feeling well enough to perform duties	20.5	17.5	19.6	13.3

Notes: The data shows a reduction from the previous year in the number of colleagues who felt pressured to come to work

Workforce Disability Metric 7 – Staff satisfaction with extent work is valued by organisation (q4b)

Metric 7	Previous 2021 by %		Current 2022 by %	
	Disabled	Not Disabled	Disabled	Not Disabled
Percentage of staff that were satisfied with the extent to which their organisation valued their work	43.1	51.3	44	54.9

Notes: The data shows improvement since the previous year in the number of colleagues feeling valued

Workforce Disability Metric 8 – Reasonable adjustments made for staff with a long-term condition or illness (q30b)

Metric 8	Current 2022 by %
	Disabled
Percentage of staff with a long-lasting health condition or illness who said their employer has made reasonable adjustments to enable them to carry out their work	83

Workforce Disability Metric 9a – Staff Engagement

Metric 9a Metric 9a, question b)	Previous 2021 by %		Current 2022	
	Disabled	Not Disabled	Disabled	Not Disabled
Staff engagement score	7.0	7.3	6.9	7.3

Notes: The data shows a reduction in the engagement score for our Disabled colleagues from previous year's score

Workforce Disability Metric 9b – Staff Engagement

Metric 9b, question b)	Response
Has your organisation taken action to facilitate the voices of Disabled staff to be heard? Yes or No	Yes
At least one practical example of current action being taken in the relevant section of your WDES annual report	Disability Awareness Network (DAN) Terms of Reference and formal invite to link in with the Board and senior leaders team meeting. A specific action is for all colleagues to test red chords in public spaces and disabled toilets to measure accessibility and response times.

Notes: Our monthly Disability Awareness Network has a Chair and Co-Chair who are formally invited to update the overarching quarterly Diversity Network chaired by a NED and the Dir. of HR&OD. The DAN reviews the ToR and is given the platform to showcase their work and make requests of senior leaders.

Board Disability Metric 10 (Percentage difference between GHC’s Board voting membership and our overall workforce, disaggregated by voting members and executive members)

As at 31.03.23	Disabled	Not Disabled	Disability Unknown	Total
Total Board members	1	14	0	15
How many are voting members?	1	14	0	15
Number of non-voting members	0	0	0	0
How many are Exec Board members?	0	7	0	7
Number of non-exec members	1	7	0	8
Number of staff in overall workforce (from Metric 1)	229	4063	521	4813
Total Board members - % by Disability	6.67 %	93.33 %	0	
Voting Board members - % by Disability	6.67 %	93.33 %	0	
Non-Voting Board Member - % by Disability	0	0	0	
Executive Board Member - % by Disability	0	100 %	0	
Non-Executive Board Member - % by Disability	12.5 %	87.5 %	0	
Overall workforce - % by Disability	4.76 %	84.42 %	10.82 %	
Difference % (Total Board - Overall workforce)	1.91 %	8.91 %	-10.82 %	
Difference % (Voting membership - Overall Workforce)	1.91 %	8.91 %	-10.82 %	
Difference % (Executive membership - Overall Workforce)	- 4.76 %	15.58 %	-10.82 %	

WRES Data Submission 2023

Number of Staff in Workforce –

9.91 % of our workforce are black, Asian or of a minority ethnicity

As at 31.03.23	BME Headcount	BME %	White Headcount	White %	Ethnicity Unknown / Null Headcount	Ethnicity Unknown / Null %	Total Headcount
TOTAL Clinical AND Medical excluding Bank	477	9.91	4250	88.3	86	1.79	4813
<i>For reference at 31.03.22</i>		8.4				1.42	

Workforce Race Indicator 1a – Non-Clinical

As at 31.03.23	BME Headcount	BME %	White Headcount	White %	Ethnicity Unknown / Null Headcount	Ethnicity Unknown / Null %	Total Headcount
Under Band 1	1	8.4	11	91.6	0	0	12
Band 1	3	25	9	75	0	0	12
Band 2	28	8.07	315	90.78	4	1.15	347
Band 3	16	4.75	315	93.47	6	1.78	337
Band 4	11	5.61	183	93.37	2	1.02	196
Band 5	12	9.76	108	87.80	3	2.44	123
Band 6	11	11.58	83	87.37	1	1.05	95
Band 7	1	1.61	59	95.16	2	3.23	62
Band 8a	2	5.27	35	92.10	1	2.63	38
Band 8b	1	4.17	23	95.83	0	0	24
Band 8c	0	0	9	90	1	10	10
Band 8d	1	14.28	6	85.72	0	0	7
Band 9	0	0	0	0	0	0	0
VSM	0	0	6	0	0	0	6

Workforce Race Indicator 1b – Clinical

As at 31.03.23	BME Headcount	BME %	White Headcount	White %	Ethnicity Unknown / Null Headcount	Ethnicity Unknown / Null %	Total Headcount
Under Band 1	0	0	8	100	0	0	8
Band 1	0	0	0	0	0	0	0
Band 2	27	11.15	208	85.96	7	2.89	242
Band 3	67	15.22	365	82.95	8	1.82	440
Band 4	38	11.84	280	87.22	3	0.94	321
Band 5	123	18.44	532	79.76	12	1.8	667
Band 6	60	5.98	928	92.52	15	1.5	1003
Band 7	24	4.74	475	93.88	7	1.38	506
Band 8a	5	3.57	132	94.29	3	2.14	140
Band 8b	1	2.32	40	93.03	2	4.65	43
Band 8c	0	0	6	100	0	0	6
Band 8d	0	0	7	87.5	1	12.5	8
Band 9	0	0	3	100	0	0	3
VSM	1	50	1	50	0	0	2

Workforce Race Indicator 1 – Medical and Dental Consultants

As at 31.03.23	BME Headcount	BME %	White Headcount	White %	Ethnicity Unknown / Null Headcount	Ethnicity Unknown / Null %	Total Headcount
Medical & Dental Consultants	20	29.41	45	68.18	3	4.41	68
Of which Senior Medical Manager	2	100	0	0	0	0	2
Non-Consultant Career Grade	16	32	33	66	1	2	50
Trainee Grades	8	25.80	22	70.97	1	3.23	31
Other	0	0	3	50	3	50	6

Workforce Race Indicator 2 – Recruitment - Relative likelihood of staff being appointed from shortlisting across all posts.

As at 31.03.23	BME Headcount	White Headcount	Ethnicity Unknown / Null Headcount	Total Headcount
Number of shortlisted applicants	219	1746	155	2120
Number appointed from shortlisting	109	958	71	
Likelihood of shortlisting / appointed	49.77	54.87	45.81	

Relative likelihood of White staff being appointed from shortlisting compared to black, Asian and minority ethnic staff across all posts	1.1
<i>For reference as at 31.03.22</i>	<i>1.87</i>

Notes: Introduced TRAC which will give a more accurate figure going forward. Currently in transition from NHS Jobs to TRAC

Workforce Race Indicator 3 – Disciplinary - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. *

This indicator will be based on year-end data.

As at 31.03.23	BME Headcount	White Headcount	Ethnicity Unknown / Null Headcount
Number of staff in workforce	477	4250	86
Number of staff entering the formal disciplinary process	4	22	1
Likelihood of staff entering the formal disciplinary process	0.84	0.52	1.16

Relative likelihood of black, Asian and minority ethnic staff entering the formal disciplinary process compared to White staff.	1.62
<i>For reference as at 31.03.22 – data was shown as a % and is not comparable with this year's ratio.</i>	<i>0%</i>

Workforce Race Indicator 4 – CPD - Relative likelihood of staff accessing non-mandatory training and CPD

As at 31.03.23	BME Headcount	BME Headcount	Ethnicity Unknown / Null Headcount
Number of staff in workforce	477	4250	86
Number of staff accessing non-mandatory training and CPD	1884	217	43
Likelihood of staff accessing non-mandatory and CPD	45.49	44.33	50
Relative likelihood of White staff accessing non-mandatory training and CPD compared to black, Asian and minority ethnic staff			0.97
<i>For reference as at 31.03.22</i>			1

Workforce Race Indicators 5 to 8 – Staff Survey

Metrics 5 to 8			
These indicators relate to the NHS Staff Survey.			
People Promise Theme	Question no. in survey	Question	Organisation response
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q15	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (Yes).	60.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public (No).	5.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q16b	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues (No).	5.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues (Never).	13.5%

Workforce Race Indicator 5 – Harassment, bullying or abuse from patients / service users / their relatives

Indicator 5	Previous 2021 by %		Current 2022 by %	
	Black, Asian and minority ethnic	White	Black, Asian and minority ethnic	White
Percentage of staff experiencing harassment, bullying or abuse from Patients / service users their relatives, or other members of the public in the last 12 months	34.1	27.4	30.1	26.1

Notes: The data shows a slight overall reduction in the number of our colleagues from both white and from our black, Asian and minority ethnic colleagues experiencing harassment, bullying or abuse from patients and relatives. Focussed work with key people at all levels in the Trust is taking place.

Workforce Race Indicator 6 – Harassment, bullying or abuse from staff

Indicator 6	Previous 2021 by %		Current 2022 by %	
	Black, Asian and minority ethnic	White	Black, Asian and minority ethnic	White
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	21.8	18.9	25.9	16.6

Notes: There is a reduction in the number of our white colleague who are experiencing harassment, bullying and abuse from other colleagues. However, there is an increase on experience from our black, Asian and minority ethnic colleagues. Targeted and focussed work with key people at all levels from across the Trust is taking place.

Workforce Race Indicator 7 – Percentage of staff who said their organisation acts fairly with regard to career progression / promotion

Indicator 7	Previous 2021 by %		Current 2022 by %	
	Black, Asian and minority ethnic	White	Black, Asian and minority ethnic	White
Percentage of staff who believe that their organisation acts fairly with regard to career progression / promotion	45.9	59.6	50.6	61.9

Notes: The data shows an increase in fairness since the previous year in our progression and pathways for both white colleagues and for those from black, Asian and minority ethnic backgrounds

Workforce Race Indicator 8 – In the last 12 months, have you personally experienced discrimination from any of the following: Manager / team leader or other colleagues

Indicator 8	Previous 2021 by %		Current 2022 by %	
	Black, Asian and minority ethnic	White	Black, Asian and minority ethnic	White
Percentage of staff who in the last 12 months, personally experienced discrimination from any of the following: Manager / team leader or other colleagues	12.3	4.3	13.5	4.8

Notes: There is a slight increase from the previous year for our white colleagues with an increase for our black, Asian and minority ethnic colleagues who have experienced discrimination from their managers/team leaders.

Board Race Indicator 9







As at 31.03.23	BME*	White	Ethnicity Unknown/Null	Total
Total Board members	2	13	0	15
of which: voting Board members	2	13	0	15
Non-voting Board members	0	0	0	0
Exec Board members	1	6	0	7
Non-Exec Board members	1	7	0	8
Number of staff in overall workforce (from Metric 1)	477	4250	86	4813
Total Board members - % by Ethnicity	13.3 %	86.7 %	0 %	
Voting Board members - % by Ethnicity	13.3 %	86.7 %	0 %	
Non-Voting Board Member - % by Ethnicity	0 %	0 %	0 %	
Executive Board Member - % by Ethnicity	14.3 %	85.7 %	0 %	
Non-Executive Board Member - % by Ethnicity	12.5 %	87.5 %	0 %	
Overall workforce - % by Ethnicity	9.9 %	88.3 %	1.8 %	
Difference % (Total Board - Overall workforce)	3.4 %	- 1.5 %	- 1.8 %	

ACTION PLANS and KEY


RAG Status



Red	Start / Area of focus (or new 23/24)		Priority 1
Amber	Started / Continue to monitor (and rolled over 22/23)		Priority 2
Green	Complete / (No action at this stage)		Priority 3

Business Objectives


 <small>Model Recruitment and Retention</small>	Model Recruitment and Retention We will attract new people who are as great as those we already have. We will do what we can to encourage people to stay, welcoming flexible working, innovative roles and new ways of working.
 <small>Health and Wellbeing</small>	Health & Wellbeing We will put the physical and mental health and wellbeing of our people as one of our top workforce priorities
 <small>Great Culture, Values and Behaviours</small>	Great Culture, Values and Behaviours We will develop a great culture with kind, compassionate leadership, strong values and behaviours, and where working life can be passionate, vibrant, innovative and inspiring.
 <small>Strong Voice</small>	Strong Voice We will make sure people have a strong voice, are heard, valued and influential in the organisation and in the wider local, regional and national systems.
 <small>Equality, Diversity and Inclusion</small>	EDI We will be a fair organisation that celebrates diversity and ensures real equality and inclusion. People will be able to bring their hearts to work, free from bullying or discrimination.
 <small>Full Potential</small>	Full Potential We will make this a place where people get great training and development to realise their full potential. We will develop stronger partnerships with education and training providers.


ACTION PLAN: Workforce Disability Equality Standard (WDES) Nine actions for 2023-24

Objective	Data Analysis	WDES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
<p>Metric 1 aims to highlight how the disability make-up of the Board and senior managers will align with the overall make up of our overall workforce with disabilities.</p>	<p>4.8% of GHC colleagues on substantive contracts (i.e., not Bank contracts) shared that they have a disability and 84.4% have shared that they do not have a disability. However, 10.8% of our workforce have not shared their disability status with us and fall within the category “Disability unknown”, which is more likely to be a consequence of not making a choice, and not that colleagues do not know their disability status. 4.8% is an improvement from last year where our Disabled workforce was at 4.1% and unknown was 11.9%.</p> <p>Electronic Staff Record (ESR) does not currently reflect a true representation, in contrast to the Staff Survey which shows a larger proportion of colleagues voluntarily share data about their disability and is therefore more representative.</p>	<p>(1) Continue to encourage ESR data completion through all communication channels, including managers, internal website, social media and via colleague networks.</p> <p>(2) The campaign includes: how-to support materials and videos to promote and clarify the need for quality disability data.</p> <p style="text-align: center;"><i>This is a continued action and aligns to business objective</i></p> <div style="text-align: center;">  </div>	<ul style="list-style-type: none"> • Assoc Dir. Workforce • ESR Systems / • Manager / Analyst • EDI Lead 	<p>ESR data quality and WDES reporting will significantly improve >50% and mirror the NHS Staff Survey data. >=10% year on year reduction in ‘not stated’</p>	Jan 2024	<p>We recognise on-going regular updates can be further supported by workshops, briefings and face to face visits to county sites by the EDI Lead</p>	2

Objective	Data Analysis	WDES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
<p>Metric 2</p> <p>Recruitment Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts</p>	<p>The likelihood of non-disabled applicants being appointed after shortlisting is 1.05 times more likely than disabled applicants. This is not a significant difference and is an improvement on last year's 1.59 difference.</p> <p>The marginal difference suggests there is improvement from last year but will continue with the training and the accessing pools of candidates from the colleague networks.</p>	<p>(3) Train all members of recruitment panels in Brilliant Recruitment</p> <p>This is a continued action and aligns to business objectives</p> 	<ul style="list-style-type: none"> • HRM (Rect) • EDI Lead 	<p>Reduction in disparity ratios between number of applicants to appointments</p> <p>Diverse panels and trained panels and focus groups</p>	March 2024	<p>The improved EDI face to face workshops, embedding our Recruiting for Excellence training workshops have 6 dates planned for 2024, targeting recruitment panels.</p> <p>Cohort 2 of the Reciprocal Mentoring Programme (Disability / Race / LGBTQI+) starts Nov 2023</p>	2
<p>Metric 3</p> <p>Capability Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as</p>	<p>Data is "0.000000". The figure of an average of 12.5 cases on the grounds of Ill Health only, seems higher than we would like. We note the guidance says, "If ill health related issues are dealt with using a separate policy, zero values may be entered for the ill health data." However, we feel "0" does not give us a true picture of our employee relations processes that consider ill-health cases.</p>	<p>(4) Further promote good practice reflected in our data of the Managing Attendance Policy and the Purple Passport principles</p> <p>This is a continued action and aligns to business objectives</p> 	<ul style="list-style-type: none"> • Dep. Dir. HR 	<p>Reduction in the disparity of application of formal procedures</p>	March 2024	<p>The Trust's Purple Passport scheme (supporting adjustments) has been promoted widely throughout our Trust and are mindful that further promotion will encourage the use and benefits of the PP</p>	2


Objective	Data Analysis	WDES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
<i>measured by entry into the formal capability procedure.</i>	We have a Policy & Procedure for both “Capability” and for “Supporting Attendance”. Ill-health cases are supported via our Supporting Attendance - both policies contain capability processes. A Stage 3 Hearing within the Supporting Attendance Policy is considered a ‘capability’ and could result in dismissal on the grounds of capability’. Equally, if we have to give an employee notice to end their employment using an option / process in the Supporting Attendance Policy it would also be a ‘dismissal on the grounds of capability’. With this in mind, we have included only those health-related cases that would be considered ‘capability’ cases, but for both Capability and Supporting Attendance Policies. If we hadn’t applied both policies, and relied solely on applying figures for the Capability Policy, we would have a return of “nil” and that does not accurately inform our Disability support strategies.					2023 Restorative Just & Learning Culture programme rolling out 2024 – links with the Ambass. Cultural Change/FTSU	
Metrics 4 – 9a Staff Survey	See Staff Survey and data above, noting a common objective is increase	(5) Engage with colleagues to further develop a network of Speak Up Champions	<ul style="list-style-type: none"> Ambass. Cultural Change/FTSU 	Further development of the Freedom to Speak Up Champion	On-going	Completion of the SS is at 51% and with still 5 weeks to go	2


Objective	Data Analysis	WDES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
	<p>engagement and making links with the colleague Networks.</p> <p>2022 results show improvements in some areas but continued work to improve the experiences of our colleagues with long term health conditions and not feeling pressured to come to work must continue.</p>	<p>across the Trust to help champion diversity, challenge inappropriate behaviour and act as knowledge points to signpost colleagues appropriate to resources.</p> <p><i>This is a continued action and aligns to business objectives</i></p> 		<p>Network in line with Trust Values</p> <p>Reduction in B&H incidents taking place</p>		Roadshows and traditional poster campaigns continuing to roll out across the Trust to highlight support from H&B	
<p>Metric 10</p> <p>Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated.</p>	<p>The voting Board Members has a total headcount of 15 with 6.67% of the Board Members disabled and 93.33% not disabled. We had a 100% return on Board disability data which is a significant improvement last year's 28.57% unknown. This is now in line with the ethnicity Board data where we also have 100% return.</p> <p>4.8% of our workforce is Disabled and is 1.87% lower than our Board, suggesting that the voice of Disabled colleagues is represented at Board level.</p>	<p>(6) Build on learning from Cohort 1 of the Reciprocal Mentoring Programme</p> <p>(7) Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024).</p> <p>(8) Board members should demonstrate how organisational data and lived experience have</p>	<p>Dir. of HR & OD</p> <p>Dir. of HR & OD</p> <p>Dir. of HR & OD</p>	<p>Better representation of the Gloucestershire community's disability demographics at Board and Senior Leadership level. Awareness to the Trust Board around equality issues through the use of patient/colleague stories</p> <p>Board members reciprocally mentoring cohort of colleagues with positive evaluation evidencing Board</p>	<p>Dec 2023</p> <p>March 2024</p> <p>March 2025</p>	Our Board endorses the NHS EDI Improvement Plan High Impact Action 1 which sets out the plan for EDI objectives	1



Objective	Data Analysis	WDES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
Metric 10 (con'td)	The main Board objectives derive from the NHS EDI Improvement Plan – High Impact Action 1, and EDI should be embedded into the Board appraisals objectives	<p>been used to improve culture (by March 2025).</p> <p>(9) NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).</p> <p><i>This is a new action and aligns to business objectives</i></p> 	Dir. of HR & OD	<p>better understanding obstacles and enablers</p> <p>Increased % of disabled applicants for Board and directly sub Board roles</p> <p>Board leading by example and appearing accessible to colleagues</p> <p>Annual chair and chief executive appraisals on EDI objectives.</p>	March 2024		


ACTION PLAN - Workforce Race Equality Standard (WRES) Eleven actions for 2023-24


Red	Start / Area of focus (or new 23/24)		Priority 1
Amber	Started / Continue to monitor (and rolled over 22/23)		Priority 2
Green	Complete / (No action at this stage)		Priority 3

Objective	Data Analysis	WRES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
<p>Indicator 1</p> <p>Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce</p>	<p>9.91% of GHC colleagues have shared that they are from a black, Asian or minority ethnic background which is an increase of 1.51% from last year's 8.4%. Furthermore, 88.3 have shared that they are "White" which has decreased by 1.84% compared to last year's 90.14%.</p> <p>Just 1.79% of our workforce who have not shared their ethnicity with us. This is considerably a better data collection rate than that of Disability status.</p> <p>Electronic Staff Record (ESR) does not currently reflect a true representation, in contrast to the Staff Survey which shows a larger proportion of colleagues voluntarily share data about their disability and is</p>	<p>(1) Continue to encourage ESR data completion through all communication channels, including managers, internal website, social media and via colleague networks.</p> <p>(2) The campaign includes: how-to support materials and videos to promote and clarify the need for quality disability data.</p> <p style="text-align: center;"><i>This is a continued action and aligns to business objective</i></p> <div style="text-align: center;">  </div>	<ul style="list-style-type: none"> Assoc Dir. Workforce ESR Systems / Manager / Analyst EDI Lead 	<p>ESR data quality and WDES reporting will significantly improve >50% and mirror the NHS Staff Survey data. >=10% year on year reduction in 'not stated'</p>	Dec 2023	We recognise on-going regular updates can be further supported by workshops, briefings and face to face visits to county sites by the EDI Lead	2

Objective	Data Analysis	WRES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
	therefore more representative.						
<p>Indicator 2</p> <p>Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants</p>	<p>The likelihood of white applicants being appointed after shortlisting compared to black, Asian and minority-ethnic applicants is 1.1 times more likely. This is not a significant difference and is an improvement on last year's 1.87 difference.</p> <p>The marginal difference suggests there is improvement from last year but will continue with the training and the accessing pools of candidates from the colleague networks.</p>	<p>(3) Train panels who are representative of protected groups</p> <p><i>This is a continued action and aligns to business objectives</i></p> 	<ul style="list-style-type: none"> • HRM (Rect) • EDI Lead 	Reduction in disparity ratios between number of applicants to appointments	March 2024	<p>The improved EDI face to face workshops, embedding our Recruiting for Excellence training workshops have 6 dates planned for 2024, targeting recruitment panels.</p> <p>Cohort 2 of the Reciprocal Mentoring Programme (Disability / Race / LGBTQI+) starts Nov 2023</p>	2
<p>Indicator 3</p> <p>Relative likelihood of BME staff entering the formal disciplinary process compared to white staff</p>	<p>Data shows the likelihood on non-white staff entering the formal disciplinary process is 1.62.</p> <p>Last year, as at 31.03.22, data was shown as a % and is not comparable with this year's, however, 1.62 is high and we should be aiming for 1.</p>	<p>(4) Identify and develop relevant training for managers</p> <p>(5) Equality Impact Assess revamped employee relations policies</p>	<ul style="list-style-type: none"> • Dep. Dir. HR • OD Expert 	<p>Reduction in the disparity of application in the use of formal procedures</p> <p>Lessons learnt and process developed from cases (e.g. Lucy Letby case)</p>	March 2024	<p>Refreshed EDI Workshops contain a focus on bias and recruitment panels will be encouraged to attend this training</p> <p>2023 Restorative Just & Learning</p>	1

Objective	Data Analysis	WRES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
		<p><i>This is a continued action and aligns to business objectives</i></p> 				Culture programme rolling out 2024 – links with the Ambass. Cultural Change/FTSU	
<p>Indicator 4</p> <p><i>Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff</i></p>	<p>The relative likelihood of White staff accessing non-mandatory training and CPD compared to black, Asian and minority ethnic staff is 0.97 and last year it was 1.</p> <p>The gap is closing but our white colleagues are slightly more likely to access non-mandatory training.</p>	<p>(6) Continue to achieve equity by monitoring and evaluating programmes through the thematic Networks</p> <p><i>This is a continued action and aligns to business objectives</i></p> 	<ul style="list-style-type: none"> • Dep. Dir. HR • Assoc Dir. OD/L&D • EDI Lead 	Wider pool of promotion opportunities	Oct 2024	Continuing to work with training to monitor take-up	2
<p>Indicators 5 - 8 Staff Survey</p>	<p>See Staff Survey and data above, noting a common objective is increase engagement and making links with the thematic colleague Networks.</p> <p>2022 results show improvements in some areas but highlights the justification for our targeted work to support our black, Asian and minority ethnic colleagues who reported experiencing</p>	<p>(7) Engage with colleagues and further develop a network of Speak Up Champions across the Trust to help champion diversity, challenge inappropriate behaviour and act as knowledge points to signpost colleagues appropriate to resources.</p>	<ul style="list-style-type: none"> • Ambass. Cultural Change/FTSU 	<p>Further development of the Freedom to Speak Up Champion Network in line with Trust Values</p> <p>Reduction in B&H incidents taking place</p>	On-going	<p>Completion of the SS is at 51% and with still 5 weeks to go</p> <p>Roadshows and traditional poster campaigns continuing to roll out across the Trust to highlight support from H&B</p>	2

Objective	Data Analysis	WRES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
	harassment, bullying and abuse from patients, service users and their relatives.	<p><i>This is a continued action and aligns to business objectives</i></p> 					
<p>Indicator 9</p> <p>Board Membership</p> <p>Percentage difference between the organisation's board voting membership and its overall workforce</p>	<p>The voting Board Members total headcount was 15. 13.3% are from a black, Asian, minority ethnic background, leaving 86.7% who are white. Although this is a decrease of 0.95% from last year, there was, and remains a 100% return on ethnicity data for this indicator.</p> <p>The main Board objectives derive from the NHS EDI Improvement Plan – High Impact Action 1, and EDI should be embedded into the Board appraisals objectives</p>	<p>(8) Build on learning from Cohort 1 of the Reciprocal Mentoring Programme</p> <p>(9) Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024).</p> <p>(10) Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).</p> <p>(11) NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be</p>	<ul style="list-style-type: none"> • Dir. of HR & OD • Dir. of HR & OD • Dir. of HR & OD • Dir. of HR & OD 	<p>Better representation of the Gloucestershire community's ethnicity demographics at Board and Senior Leadership level. Awareness to the Trust Board around equality issues through the use of patient/colleague stories</p> <p>Board members reciprocally mentoring cohort of staff with positive evaluation evidencing Board better understanding obstacles and enablers</p>	<p>Dec 2023</p> <p>March 2024</p> <p>March 2025</p> <p>March 2024</p>	<p>Our Board endorses the NHS EDI Improvement Plan High Impact Action 1 which sets out the plan for EDI objectives</p>	<p>1</p>

Objective	Data Analysis	WRES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
		tracked and monitored via the Board Assurance Framework (by March 2024). <i>This is a new action and aligns to business objectives</i> 		Board leading by example and appearing accessible to colleagues Annual chair and chief executive appraisals on EDI objectives.			

Owner / Lead / Stakeholder Titles	Abbreviations
Ambassador for Cultural Change / Freedom to Speak Up Guardian	<i>Ambass. Cultural Change/FTSU</i>
Associate Director of Organisational Development & Learning & Development	<i>Assoc Dir. OD/L&D</i>
Associate Dir. Of Workforce Systems & Planning	<i>Assoc Dir. Workforce Systems</i>
Chief Executive	<i>Chief Executive</i>
Deputy Director of Human Resources	<i>Dep. Dir. HR</i>
Director of Human Resources & Organisational Development	<i>Dir. of HR/OD</i>
Equality, Diversity & Inclusion Lead	<i>EDI Lead</i>
Service Director, Working Well Occupational Health	<i>Svc Dir. OH</i>
Head of Communications	<i>Head of Comms</i>
Head of Leadership & Organisational Development	<i>Head of Leadership/OD</i>
Human Resources & Engagement Manager	<i>HR Engagement Mgr</i>
Organisational Development Expert	<i>OD Expert</i>
Security Management Specialists	<i>Security Management Specialists</i>
Senior HR Manager (Recruitment)	<i>HRM (Rect)</i>
Trust Chair	<i>Trust Chair</i>