WORKFORCE 'DISABILITY' AND 'RACE' EQUALITY STANDARDS

GHC Workforce Report, Data and Action Plans 2024/25

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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![Gloucestershire Health and Care NHS Foundation Trust logo] with you, for you

Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) Data and Action Plan October 2024 - October 2025

Contents (page numbers)

SUMMARY REPORT

Executive summary

We strive to be an inclusive employer 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.

It is worth noting that the introduction of the NHS Equality, Diversity and Inclusion (EDI) Improvement Plan, launched in May 2023 advise organisations focus on embedding 6 High Impact Actions (HIAs) and we have linked our WDES/WRES data and actions with those 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 2024 submission date. Unlike last year in 2023, we were not required to report on the data for **Bank Workforce Race Equality Standard (BWRES)** and **Medical Workforce Race Equality Standard (MWRES).**

2.4 Work is continuing to align the data with its corresponding Action Plan which is being shared with the relevant Board Committee responsible for workforce matters – the Great Place to Work Committee -- for approval prior to uploading onto our external facing website by 31st October 2024.

2.5 WDES and WRES submissions rely upon ESR data as at 31st March 2024 and qualitative data from the NHS Staff Survey, undertaken in November 2023, for our 2024-25 submissions.

2.6 It is worth noting that the NHS EDI Improvement Action Plan 2023 (NHSEDIIP) and the Equality Delivery System (EDS) are also required to contain actions to improve our approach to disability and race and the links are made between these frameworks.

3.0 WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

3.1 The Trust's data, taken from ESR as at 31.03.24 shows that **5.9%** of GHC colleagues on substantive contracts (i.e., not Bank worker agreements) shared that they have a disability and **84.8%** have shared that they do not have a disability. However, **9.3%** 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. **5.9%** is an improvement from last year where our Disabled workforce was at **4.8%** and unknown was **10.8%. ACTION: to continue with the ESR data campaign alongside the Staff Survey communication plan to encourage higher updating of data and participation, with the aim of improved data and accuracy of reporting.** This will better inform future actions, decision making, and ability to know how we are doing.

3.2 **Board Data** - the voting Board Members has a total headcount of **14** (15 in 2023-24) with **7.14%** of the Board Members disabled and **92.86%** not disabled. We had a **100%** return on Board disability data which is consistent with last year's 100% return.

4.0   THE WORKFORCE RACE EQUALITY STANDARD (WRES)

4.1   The Trust's data, taken from ESR as at 31.03.24 shows that currently **10.9%** of GHC colleagues have shared that they are from a black, Asian or minority ethnic (global majority) background which is an increase of just under **1%** from last year's **9.91%.** Furthermore, **87.49%** have shared that they are "White" which has decreased by **0.81%** compared to last year's **90.14%. ACTION: To continue with the ESR data campaign alongside the Staff Survey communication plan to encourage higher updating of data and participation, with the aim of improved data and accuracy of reporting.**

4.2   Of our workforce, **1.61%** have not shared their ethnicity data with us. This is a significant reduction on last year's **1.79%** 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 and are excluded from the overall figures, noting that Bank workers are now included in the staff survey.

4.4   **Board Members -** As at 31st March 2024, the voting Board Members total headcount was **14** (15 in 2023-24).   **14.3%** are from a black, Asian, minority ethnic background, leaving **85.7%** who are white. This is an increase of 1% from last year, there was, and remains a **100%** return on ethnicity data for this indicator.

4.5   **Staff Survey data** – 2023 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 established staff Networks (Disability Awareness Network, Race and Cultural Awareness Network, Rainbow Network and Women's 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 (EDS) 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.

Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES)
Data 31st March 2024

Data page numbers

WDES and WRES Metrics and Indicators templates (5)
WDES Data (6-14)
WRES Data (15-21)

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 2024 set by NHSE

WDES Metric	Disability (excludes 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 (excludes 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 2024
Number of Staff in Workforce = 4964. 5.9% of our Workforce are Disabled

As at 31.03.24	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
TOTAL, Clinical AND Medical excluding Bank	294	5.9	4207	84.8	463	9.3	4964
For reference at 31.03.23		*4.8*				*10.8*	

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 31.03.24	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
Under Band 1	1	10	8	80	1	10	10
Band 1	1	9.1	5	45.5	5	46.5	11
Band 2	18	5.5	258	78.4	53	16.1	329
Band 3	20	5.9	288	84.7	32	9.4	340
Band 4	14	6.4	157	85.8	17	7.8	218
Band 5	11	8.4	114	87	6	4.6	131
Band 6	7	7.1	87	88.8	4	4.1	98
Band 7	2	2.9	64	92.8	3	4.3	69
Band 8a	3	7.1	38	90.5	1	2.4	42
Band 8b	1	3.3	28	93.3	1	3.3	30
Band 8c	1	11.1	8	88.9	0	0	9
Band 8d	0	0	5	100	0	0	5
Band 9	0	0	0	0	0	0	0
VSM	0	0	6	100	0	0	6
Other e.g. Agency and/or any other groups, please specify	0	0	0	0	0	0	0
	79		1066		123		1298
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 31.03.24	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	54	5.9	746	82.2	108	11.9	908
AfC Bands 5, 6 and 7	20	6.7	265	88.9	13	4.4	298
AfC Bands 8a and 8b	4	5.6	66	91.7	2	2.8	72
AfC Bands 8c, 8d, 9 and VSM	1	5	19	95	0	0	20
TOTALS	79	6.1	1096	84.4	123	9.5	1298

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 31.03.24	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
Under Band 1	0	0	6	100	0	0	6
Band 1	0	0	0	0	0	0	0
Band 2	7	2.9	216	89.3	19	7.9	242
Band 3	22	4.9	391	86.7	38	8.4	451
Band 4	19	5.9	267	82.9	36	11.2	322
Band 5	54	7.4	619	84.8	57	7.8	730
Band 6	65	6.4	861	84.7	90	8.9	1016
Band 7	36	6.8	428	80.9	65	12.3	529
Band 8a	4	2.7	133	89.9	11	7.4	148
Band 8b	1	1.9	48	90.6	4	7.5	53
Band 8c	0	0	3	75	1	25	4
Band 8d	0	0	7	87.5	1	12.5	8
Band 9	0	0	3	100	0	0	3
VSM	0	0	1	100	0	0	1
Other e.g. Agency and/or any other groups, please specify	0	0	0	0	0	0	0
TOTAL Clinical	208		2983		322		3513

As at 31.03.24	Disabled Headcount	Disabled %	Non-disabled Headcount	Non-disabled %	Disability Unknown Headcount	Disability Unknown %	Total Headcount
Medical & Dental Staff Consultants	1	1.5	57	86.4	8	12.1	66
Medical & Dental Staff, Non-Consultants career grade	3	6.1	37	75.5	9	18.4	49
Medical & Dental Staff, trainee grades	3	7.9	34	89.5	1	2.6	38
TOTAL medical and dental	7	4.6	128	83.7	18	11.8	153

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

As at 31.03.24	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	48	4.7	880	86.2	93	9.1	1021
AfC Bands 5, 6 and 7	155	6,8	1908	83.9	212	9.3	2275
AfC Bands 8a and 8b	5	2.5	181	90	15	7.5	201
AfC Bands 8c, 8d, 9 and VSM	0	0	14	87.5	2	12.5	16

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 31.03.24	Disabled	Non-disabled	Disability Unknown	Total
Number of shortlisted applicants **(Headcount)**	194	1860	46	2100
Number appointed from shortlisting **(Headcount)**	109	1157	25	
Likelihood of shortlisting / appointed **(Percentage)**	0.56%	0.62%	0.54%	

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	**1.11**
For reference as at 31.03.23	*1.05*

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 31.03.24	Disabled Headcount	Non-disabled Headcount	Disability Unknown Headcount
Number of staff in workforce	294	4207	463
Average number of staff entering the formal capability process for any reason	0.5	17.5	5
Of these, how many are on the grounds of ill-health only?	0.5	12	4.5
Likelihood of staff entering the formal capability process	0.000000	0.001307	0.001080

Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff.	**0.000000**
For reference as at 31.03.23	*0.000000*

Notes: Disabled colleagues are no more likely than non-disable colleagues to enter formal capability processes. However, our figure of an average of 17.5 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 2022/23 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).	23.59%
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).	5.89%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Q11e	Have you felt pressure from your manager to come to work (No).	15.00%
YOUR JOB	Q4b	The extent to which my organisation values my work (Satisfied/Very satisfied).	53.79%
BACKGROUND INFORMATION	Q31b	Has your employer made reasonable adjustment(s) to enable you to carry out your work (Yes).	84.38%
STAFF ENGAGEMENT		Staff Engagement score	7.27%

Workforce Disability Metric 4a – Harassment, bullying or abuse (Staff Survey)

Metric 4a	Previous 2021 by %		Previous 2022 by %	Previous 2022 by %	Current 2023 by %	
	Disabled	*Not Disabled*	*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*	**7.54%**	**5.21**
Percentage of staff who experienced at least one incident of harassment, bullying or abuse from **other colleagues**	*16.6*	*14.1*	*18*	*11.9*	**14.84**	**10.52**
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*	*23.7*	**28.72**	**21.92**

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 (Staff Survey)

Metric 4b	Previous 2021 by %		Previous 2022 by %		Current 2023 by %	
	Disabled	*Not Disabled*	*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*	**61.00**	**58.67**

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) (Staff Survey)

Metric 5	Previous 2021 by %		Previous 2022 by %		Current 2023 by %	
	Disabled	Not Disabled	Disabled	Not Disabled	Disabled	Not Disabled
Percentage of staff who believe that their organisation acts fairly with regard to career progression / promotion	57.0	59.1	58.1	61.7	56.66	60.91

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) (Staff Survey)

Metric 6	Previous 2021 by %		Previous 2022 by %		Current 2023 by %	
	Disabled	Not Disabled	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	19.2	11.9

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) (Staff Survey)

Metric 7	Previous 2021 by %		Current 2022 by %		Current 2022 by %	
	Disabled	Not Disabled	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	44.6	57.3

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) (Staff Survey)

Metric 8	Previous 2022 by %	Current 2023 by %
	Disabled	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	85

Workforce Disability Metric 9a – Staff Engagement (Staff Survey)

Metric 9a	Previous 2021 by %		Previous 2022		Current 2023	
Metric 9a, question b)	Disabled	Not Disabled	Disabled	Not Disabled	Disabled	Not Disabled
Staff engagement score	7.0	7.3	6.9	7.3	6.95	7.39

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 (Staff Survey)

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	We have a proactive Disability Awareness Network (DAN) which links into the overarching Diversity Network, chaired by a NED, co-chaired by the Dir. Of HR&OD and supported by the EDI Lead of the Trust. The Chair of the DAN has a designated slot at the Diversity Network to raise issues and share experiences and practice.

Notes: Our bi-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 31.03.24	Disabled	Not Disabled	Disability Unknown	Total
Total Board members*	1	13	0	14
How many are voting members?	1	13	0	14
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	6	0	7
Number of staff in overall workforce (from Metric 1)	294	4207	463	4964
Total Board members - % by Disability	7.14 %	92.86 %	0	
Voting Board members - % by Disability	7.14 %	92.86 %	0	
Non-Voting Board Member - % by Disability	0	0	0	
Executive Board Member - % by Disability	0	100 %	0	
Non-Executive Board Member - % by Disability	14.29 %	85.71 %	0	
Overall workforce - % by Disability	5.92 %	84.75 %	9.33 %	
Difference % (Total Board - Overall workforce)	1.22 %	8.11 %	-9.33 %	
Difference % (Voting membership - Overall Workforce)	1.22 %	8.11 %	-9.33 %	
Difference % (Executive membership - Overall Workforce)	- 5.92 %	15.25 %	-9.33 %	

*Excluding Associates

WRES Data Submission 2024
Number of Staff in Workforce = 4964
10.9% of our workforce are black, Asian or of a minority ethnicity

As at 31.03.24	BME Headcount	BME %	White Headcount	White %	Ethnicity Unknown / Null Headcount	Ethnicity Unknown / Null %	Total Headcount
TOTAL Clinical AND Medical excluding Bank	541	10.9	4343	87.49	80	1.61	4964
For reference at 31.03.23		*9.91*				*1.79*	

Workforce Race Indicator 1a – Non-Clinical

As at 31.03.24	BME Headcount	BME %	White Headcount	White %	Ethnicity Unknown / Null Headcount	Ethnicity Unknown / Null %	Total Headcount
Under Band 1	2	20	8	80	0	0	10
Band 1	3	27.27	8	72.73	0	0	11
Band 2	28	8.51	296	89.97	5	1.52	329
Band 3	22	6.47	312	91.77	6	1.76	340
Band 4	12	5.50	203	93.12	3	1.38	218
Band 5	12	9.16	117	89.31	2	1.53	131
Band 6	13	13.27	84	85.71	1	1.02	98
Band 7	5	7.14	63	90	2	2.86	70
Band 8a	2	4.76	39	92.86	1	2.38	42
Band 8b	1	3.45	28	96.55	0	0	29
Band 8c	1	10	8	80	1	10	10
Band 8d	0	0	5	100	0	0	5
Band 9	1	100	0	0	0	0	1
VSM	0	0	5	100	0	0	5
Totals	102		1176		21		1299

Workforce Race Indicator 1b – Clinical

As at 31.03.24	BME Headcount	BME %	White Headcount	White %	Ethnicity Unknown / Null Headcount	Ethnicity Unknown / Null %	Total Headcount
Under Band 1	2	33.33	4	66.67	0	0	6
Band 1	0	0	0	0	0	0	0
Band 2	26	10.74	209	86.36	7	2.90	242
Band 3	89	19.73	357	79.16	5	1.11	451
Band 4	24	7.45	296	91.93	2	0.62	322
Band 5	147	20.14	570	78.08	13	1.78	730
Band 6	74	7.28	924	90.95	18	1.77	1016
Band 7	23	4.36	500	94.51	6	1.13	529
Band 8a	5	3.38	140	94.59	3	2.03	148
Band 8b	0	0	52	98.11	1	1.89	53
Band 8c	0	0	4	100	0	0	4
Band 8d	0	0	7	87.5	1	12.5	8
Band 9	0	0	2	100	0	0	2
VSM	1	50	1	50	0	0	2
Totals	391		3066		56		3513

Workforce Race Indicator 1 – Medical and Dental Consultants

As at 31.03.24	BME Headcount	BME %	White Headcount	White %	Ethnicity Unknown / Null Headcount	Ethnicity Unknown / Null %	Total Headcount
Medical & Dental Consultants	20	30.77	42	64.62	3	4.61	65
Of which Senior Medical Manager	0	0	3	100	0	0	3
Non-Consultant Career Grade	12	24	38	76	0	0	50
Trainee Grades	16	42.11	21	55.26	1	2.63	38
Other	0	0	0	0	0	0	0
Totals	48		104		4		156

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

As at 31.03.24	BME Headcount	White Headcount	Ethnicity Unknown / Null Headcount	Total Headcount
Number of shortlisted applicants	294	1776	144	2214
Number appointed from shortlisting	163	1107	62	
Likelihood of shortlisting / appointed	55.4%	62.3%	43.0%	

Relative likelihood of White staff being appointed from shortlisting compared to black, Asian and minority ethnic staff across all posts (Near to 1 is equal)	**1.12**
For reference as at 31.03.23	*1.1*

Notes: Introduced TRAC which aimed to give a more accurate figure going forward. Currently, still using a blend of TRAC and ESR appointments since transitioning 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 31.03.24	BME	White	Ethnicity Unknown / Null
Number of staff in workforce **(Headcount)**	541	4343	80
Number of staff entering the formal disciplinary process **(Headcount)**	6	7	2
Likelihood of staff entering the formal disciplinary process **(Percentage)**	1.11%	0.16%	2.5%

Relative likelihood of black, Asian and minority ethnic staff entering the formal disciplinary process compared to White staff.	**6.94**
For reference as at 31.03.23	*1.62*

Notes: The increase is noted and targeted actions are outlined in the action plan below

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

As at 31.03.24	BME	White	Ethnicity Unknown / Null
Number of staff in workforce **(Headcount)**	541	4343	80

Number of staff accessing non-mandatory training and CPD **(Headcount)**	338	2507	52
Likelihood of staff accessing non-mandatory and CPD **(Percentage)**	62.48%	57.73%	65%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to black, Asian and minority ethnic staff			**0.92**
For reference as at 31.03.23			*0.97*

Notes: White staff are not more likely than black, Asian and minority ethnic colleagues to access non-mandatory training and CPD.

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).	59.71%
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).	6.71%
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).	5.25%
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).	11.51%

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

Indicator 5	Previous 2021 by %		Previous 2022 by %		Current 2023 by %	
	Black, Asian and minority ethnic	White	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	**34.06**	**22.69**

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 (Staff Survey)

Indicator 6	Previous 2021 by %		Previous 2022 by %		Current 2023 by %	
	Black, Asian and minority ethnic	White	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	**20.73**	**14.31%**

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 provides equal opportunities for career progression / promotion (Staff Survey)

Indicator 7	Previous 2021 by %		Current 2022 by %		Current 2023 by %	
	Black, Asian and minority ethnic	*White*	*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*	**44.89%**	**61.59**

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 (Staff Survey)

Indicator 8	Previous 2021 by %		Current 2022 by %		Current 2023 by %	
	Black, Asian and minority ethnic	*White*	*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*	**15.75**	**4.05**

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 31.03.24	BME*	White	Ethnicity Unknown/Null	Total
Total Board members*	2	12	0	14
of which: voting Board members	2	12	0	14
Non-voting Board members	0	0	0	0
Exec Board members	1	6	0	7
Non-Exec Board members	1	6	0	7
Number of staff in overall workforce (from Metric 1)	541	4343	80	4964
Total Board members - % by Ethnicity	14.3 %	85.7 %	0 %	
Voting Board members - % by Ethnicity	14.3 %	85.7 %	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	14.3 %	85.7 %	0 %	
Overall workforce - % by Ethnicity	10.9 %	87.5 %	1.6 %	
Difference % (Total Board - Overall workforce)	3.4 %	- 1.7 %	- 1.6 %	

*Excludes Associates.

RAG, Key and Workforce Commitments

RAG Status

Red	**Start /** Area of focus (or new 24/25)		**Priority 1**
Amber	**Started /** Continue to monitor (and rolled over 23/24)		**Priority 2**
Green	**Complete /** (No action at this stage)		**Priority 3**

"**DM 1-10**" = Disability Metric and its number
"**RI 1-9**" = Race Indicator and its number

Workforce Commitments

	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.
	Health & Wellbeing We will put the physical and mental health and wellbeing of our people as one of our top workforce priorities
	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.
	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.
	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.
	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.

COMPLETED ACTIONS FROM 2023 / 24 – looking back

COMPLETED 2023/24 ACTIONS: Workforce Disability Equality Standard (WDES)
8 out of 9 actions completed for 2023-24 as follows:

Objective	Data Analysis	COMPLETED WDES Actions 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG
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.	*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%. 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.	(1) Continue to encourage ESR data completion through all communication channels, including managers, internal website, social media and via colleague networks. (2) The campaign includes: how-to support materials and videos to promote and clarify the need for quality disability data. **This is a continued action and aligns to business objective.**	• Assoc Dir. Workforce • ESR Systems / • Manager / Analyst • EDI Lead	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'	Jan 2024	*DM1 - Action complete with commitment to continue to promote through the EDI Workshops 2024 and the Networks And the 2024 launch of the monthly Workforce Newsletter which has increased the engagement with ESR*

Objective	Data Analysis	COMPLETED WDES Actions 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG
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.**	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. 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	(4) Further promote good practice reflected in our data of the Managing Attendance Policy and the Purple Passport principles **This is a continued action and aligns to business objectives.** 	• Dep. Dir. HR	Reduction in the disparity of application of formal procedures	March 2024	***DM-3 Action complete but commitment to on-going promotion of reasonable adjustments.*** ***The Trust's Purple Passport scheme (supporting adjustments) has been implemented and promoted widely throughout our Trust and we are mindful that further promotion will encourage the use and benefits of the PP.*** ***2023 Restorative Just & Learning Culture programme rolling out 2024 – links with the Ambass. Cultural Change/FTSU***

Objective	Data Analysis	COMPLETED WDES Actions 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG
	inform our Disability support strategies.					
Metrics 4 – 9a Staff Survey	See Staff Survey and data above, noting a common objective is increase engagement and making links with the colleague Networks. 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.	(5) Engage with colleagues to 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. **This is a continued action and aligns to business objectives.**	• Ambass. Cultural Change/FTSU	Further development of the Freedom to Speak Up Champion Network in line with Trust Values Reduction in B&H incidents taking place	On-going	**DM-4 Launched Roadmap for reporting abuse in March 2024 EDI session with FTSUC's and work on Allyship for champions.** **Roadshows and further poster campaigns continuing to roll out across the Trust to highlight support from H&B.**
Metric 10 **Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated.**	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. 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.	(6) Build on learning from Cohort 1 of the Reciprocal Mentoring Programme (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). (8) Board members should demonstrate how organisational data and	Dir. of HR & OD Dir. of HR & OD	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. Board members reciprocally mentoring cohort of	Dec 2023 March 2024 March 2025	**DM-10 Actions complete or in progress. EDI objectives and Board Development Session 20th June.** **Our Board endorses he NHS EDI Improvement Plan High Impact Action 1 which sets out the plan for EDI objectives.** **Board members involved in reciprocal mentoring scheme and**

Objective	Data Analysis	COMPLETED WDES Actions 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG
	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	lived experience have been used to improve culture (by March 2025). (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). **This is a new action and aligns to business objectives.** 	*Dir. of HR & OD* *Dir. of HR & OD*	colleagues with positive evaluation evidencing Board better understanding obstacles and enablers. Increased % of disabled applicants for Board and directly sub-Board roles. Board leading by example and appearing accessible to colleagues. Annual chair and chief executive appraisals on EDI objectives.	*March 2024*	***Board Development session covering biases and privilege completed,*** ***Board Search Partners commissioned for diversity but no evidence yet of success.***

COMPLETED 2023/24 ACTIONS: Workforce Race Equality Standard (WRES)
10 out of 11 action completed for 2023-24 as follows:

Objective	Data Analysis	COMPLETED WRES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG
Indicator 1 **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.**	***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%**.* *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.* *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.*	*(1) Continue to encourage ESR data completion through all communication channels, including mangers, internal website, social media and via colleague networks.* *(2) The campaign includes how-to support materials and videos to promote and clarify the need for quality disability data.* ***This is a continued action and aligns to business objective.***	• Assoc. Dir. Workforce • ESR Systems / • Manager / Analyst • EDI Lead	*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.'*	Dec 2023	***RI-1 Action complete with commitment to continue to promote through the EDI Workshops programme through 2024 and the Networks.***

Objective	Data Analysis	COMPLETED WRES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG
Indicator 3 **Relative likelihood of BME staff entering the formal disciplinary process compared to white staff**	Data shows the likelihood on non-white staff entering the formal disciplinary process is 1.62. 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.	(4) Identify and develop relevant training for managers (5) Equality Impact Assess revamped employee relations policies **This is a continued action and aligns to business objectives.**	• Dep. Dir. HR • OD Project Lead	Reduction in the disparity of application in the use of formal procedures Lessons learnt and process developed from cases (e.g. Lucy Letby case)	March 2024	**Refreshed EDI Workshops contain a focus on bias and recruitment panels will be encouraged to attend this training.** **2023 Restorative Just & Learning Culture programme rolling out 2024 – links with the Ambass. Cultural Change/FTSU.**
Indicator 4 **Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff**	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. The gap is closing but our white colleagues are slightly more likely to access non-mandatory training.	(6) Continue to achieve equity by monitoring and evaluating programmes through the thematic Networks **This is a continued action and aligns to business objectives.**	• Dep. Dir. HR • Assoc Dir. OD/L&D • EDI Lead	Wider pool of promotion opportunities	Oct 2024	**RI-4 The gap continues to improve, and our white staff are not more likely to access non-mandatory training than our non-white staff.** **Continuing to work with training to monitor take-up.**
Indicators 5 - 8 Staff Survey	See Staff Survey and data above, noting a common objective is increase engagement and making links with the thematic colleague Networks.	(7) Engage with colleagues and further develop a network of Speak Up Champions across the Trust to help champion diversity, challenge inappropriate	• Ambass. Cultural Change/FTSU	Further development of the Freedom to Speak Up Champion Network in line with Trust Values Reduction in B&H incidents taking place	On-going	**RI-5-8 Launched Roadmap for reporting abuse in Jan 2024** **EDI session with FTSUC's and work**

Objective	Data Analysis	COMPLETED WRES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG
	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.	*behaviour and act as knowledge points to signpost colleagues appropriate to resources.* **This is a continued action and aligns to business objectives.** 				**on Allyship for champions.** **Roadshows and further poster campaigns continuing to roll out across the Trust to highlight support from H&B.**
Indicator 9 ***Board Membership*** ***Percentage difference between the organisation's board voting membership and its overall workforce***	*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.* *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*	*(8) Build on learning from Cohort 1 of the Reciprocal Mentoring Programme* *(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).* *(10) Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).* *(11) NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be*	• *Dir. of HR & OD* • *Dir. of HR & OD* • *Dir. of HR & OD*	*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* *Board members reciprocally mentoring cohort of staff with positive evaluation evidencing Board better understanding obstacles and enablers.* *Board leading by example and appearing accessible to colleagues.* *Annual chair and chief executive appraisals on EDI objectives.*	*Dec 2023* *March 2024* *March 2025* *March 2024*	**RI- 9 Actions complete or in progress. EDI objectives and Board Development Session 20th June.** **Our Board endorses the NHS EDI Improvement Plan High Impact Action 1 which sets out the plan for EDI objectives.** **Board Assurance Framework Risk 4: Inclusive Culture in place.**

Objective	Data Analysis	COMPLETED WRES Action 2023-24	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG
		tracked and monitored via the Board Assurance Framework (by March 2024). **This is a new action and aligns to business objectives.**	• *Dir. of HR & OD*			

2024-25 ACTION PLANS – looking forward

Workforce Disability Equality Standard (WDES) 8-Point ACTION PLAN 2024/25

Objective	Data Analysis	ACTIVE WDES Actions 2024-25	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
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.	**5.9%** of GHC colleagues on substantive contracts (i.e., not Bank contracts) shared that they have a disability and **84.8%** have shared that they do not have a disability. However, **9.3%** 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. **5.9%** is an improvement from last year where our Disabled workforce was at **4.8%** and unknown was **10.8%**. 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.	**(1)** **Continue to encourage ESR data completion through all communication channels, including managers, internal website, social media and via colleague networks.** *This is a continued action and aligns to business objective.*	• Assoc Dir. Workforce • ESR Systems / • EDI Lead	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' Increased engagement with the monthly workforce newsletter	Jan 2025	**DM-1 On-going regular updates supported by networks, workshops, briefings and face to face visits to county sites by the EDI Lead and People Promise Manager**	2
	DM-1 [Notes]						

Objective	Data Analysis	ACTIVE WDES Actions 2024-25	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
Metric 2 *Recruitment Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.*	The likelihood of non-disabled applicants being appointed after shortlisting is **1.11** times more likely than disabled applicants. This is not a significant difference to last year's **1.05** times more likely but it does show a decline in our data and improvements need to be achieved through our actions.	**(2)** **Target recruiting managers / recruitment panels to attend the face-to-face EDI Workshops, covering biases.** **(3)** **Review our selection processes to ensure they are inclusive, giving the greatest chance of appointment through values based recruitment** *This is a continued and new action and aligns to business objectives.*	• Dep. Dir. HR&OD • Rect Mgr (Ops) • EDI Lead • Rect Mgr (Ops)	Reduction in disparity ratios between number of applicants to appointments Diverse panels and trained recruiting managers, panels and focus groups. Values Based Recruitment implemented Candidates offered information and questions to enhance their performance at interview Website shows details of support and information around inclusive recruitment	Oct 2025 Oct 2025	**DM-2 EDI Workshops programme in place. Not specifically targeted at recruiting managers / panels but delegates who have attended or are booked on form part of recruitment panels.**	**2**
	DM-2 [Notes]						
Metric 3 *Capability Relative likelihood of Disabled staff compared to non-disabled staff entering the formal*	Data is "**0.000000**". The figure of an average of **17.5** cases on the grounds of Ill Health only, seems higher than we would like and is an increase from last year's 12.5 cases. 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."	**(4)** **Further promote good practice reflected in our data of the Managing Attendance Policy and the Purple Passport principles** and reasonable adjustment decisions.	• Dep. Dir. of HR&OD • Rect Mgr (Ops) • EDI LEad	Reduction in the disparity of application of formal procedures	On-going	**DM-3 On-going commitment to supporting reasonable adjustments.** **The Trust's Purple Passport scheme**	**2**

Objective	Data Analysis	ACTIVE WDES Actions 2024-25	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
capability process, as measured by entry into the formal capability procedure.	However, we feel "0" does not give us a true picture of our employee relations processes that consider ill-health cases. 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.	*This is a continued action and aligns to business objectives.*				**(supporting adjustments) has been promoted widely throughout our Trust and are mindful that further promotion will encourage the use and benefits of the PP.** **Adopting the Restorative Just & Learning approach to supporting cases. Second cohort of colleagues identified and being trained in 2024.** **Director level review implemented prior to disciplinary process commencing for BME colleagues.**	
	DM-3 [Notes]						

Objective	Data Analysis	ACTIVE WDES Actions 2024-25	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
	• Workshops have been run for managers and supervisors following the roll out of the updated Supporting Attendance policy. The workshops have been specific sessions to train managers on the updated policy and covered reasonable adjustments within that. • A Reasonable Adjustment Manager Guide and Reasonable Adjustment Assessment Form have been created which are available for managers to access on the intranet which sit alongside the update policy in the new policy manual						
Metrics 4 – 9a Staff Survey	See Staff Survey and data above, noting a common objective is increase engagement and making links with the colleague Networks. 2023 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.	**(5)** **Further promote the Incident Roadmap through the Speak Up Champions across the Trust to champion diversity, challenge inappropriate behaviour and act as knowledge points to signpost colleagues appropriate to resources.** *This is a continued action and aligns to business objectives.*	• Ambass. Cultural Change/FTSU • Head of Leadership/OD	Further development of the Freedom to Speak Up Champion Network in line with Trust Values +/- 1 % variation in staff reporting B&H within the staff survey 1% increase in staff with LTS reporting that we are an inclusive employer within staff survey Continued focus with champions at monthly check-ins to signposting and awareness-raising	On-going	**DM-4 Launched Roadmap for reporting abuse Jan 2024, with on-going dynamic development. EDI session with FTSUC's and work on Allyship for champions**	**2**
	DM-4 [Notes]						
Metric 10 *Percentage difference between the organisation'*	The voting Board Members has a total headcount of 14 with **7.14%** of the Board Members disabled, compared to last year's **6.67%.**	**(6)** **Every board and executive team member to review and monitor their SMART EDI objectives and be assessed against these**	• Dir. of HR&OD	Board and Senior Leadership level representation to reflect County disability demographics.	March 2025	**DM-10 Actions complete or in progress. EDI objectives and Board Development**	**2**

Objective	Data Analysis	ACTIVE WDES Actions 2024-25	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
s Board voting membership and its organisation's overall workforce, disaggregated.	**92.86%** are not disabled compared to last year's 93.33% which is a slight improvement. We maintain a **100%** return on Board disability data, **5.9%** of our workforce is Disabled and is just **0.77%** lower than our Board, suggesting that the voice of Disabled colleagues is represented at Board level. This is an improvement from the **1.87%** last year. 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	**as part of their annual appraisal process (by March 2025).** **(7)** **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 2025).** *This is a continued action and aligns to business objectives.*	• Dir. of HR&OD • Head of Leadership/OD	Annual review of relevant corporate data by Board to identify EDI areas of concern Increased % of disabled applicants for Board and directly sub-Board roles. Board representation at 80% of planned Disability Evant and Network meetings 100% of board members have an EDI objective set within appraisals.	March 2025	**Session June 2024 supporting the EDI objectives setting.** **Our Board endorses he NHS EDI Improvement Plan High Impact Action 1 which sets out the plan for EDI objectives.**	
	DM-10 [Notes]						
Survey Questions	WDES asks 29 Survey Questions which we review each year. For 2024/25, the Trust will be applying to Disability Confident Leader Status re-validation. Much of the qualifying criteria mirrors that of the WDES Survey.	**(8)** **Prepare for 3-year re-validation for Disability Confident Leader (DCL)Status due in August 2025** *This is a new action and aligns to business objectives.*	• EDI Lead (with the Disability Awareness Network)	2025 – 2028 Disability Confident Leader status in place "Blueprint" in place for other accreditations we might seek (e.g., sustainable neurodiversity in the workplace)	August 2025	**DM-Survey** **Work has started to review the DCL status**	1

Workforce Race Equality Standard (WRES) 11-Point ACTION PLAN 2024/25

Objective	Data Analysis	ACTIVE WRES Actions 2024-25	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
Indicator 1 ***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.***	**10.9%** of GHC colleagues have shared that they are from a black, Asian or minority ethnic background which is an increase of just under **1%** from last year's **9.91%**. Furthermore, **87.49%** have shared that they are "White" which has decreased by **0.81%** compared to last year's **88.3%**. Just **1.61%** of our workforce who have <u>not</u> shared their ethnicity with us. This has improved from last year's **1.79%** and is considerably a better data collection rate than that of Disability status. 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.	**(1)** **Continue to encourage ESR data completion through all communication channels, including managers, internal website, social media and via colleague networks.** *This is a continued action and aligns to business objective.*	• Assoc Dir. Workforce • ESR Systems / • EDI Lead	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'	Jan 2025	**RI-1 On-going regular updates supported by networks, workshops, briefings and face to face visits to county sites by the EDI Lead and People Promise Manager**	**2**
	RI-1 [Notes]						
Indicator 2 ***Relative likelihood of white***	The likelihood of white applicants being appointed after shortlisting compared to black, Asian and minority-ethnic applicants is **1.12** times more	**(2)** **Target recruiting managers / recruitment panels to attend the face-to-face EDI Workshops, covering biases.**	• Dep. Dir. of HR&OD • Rect Mgr (Ops) • EDI Lead	Reduction in disparity ratios between number of applicants to appointments	Oct 2025	**RI-2 EDI Workshops have taken place and continuing.**	**2**

Objective	Data Analysis	ACTIVE WRES Actions 2024-25	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
applicants being appointed from shortlisting compared to BME applicants	likely than last year's **1.1** times. This is not a significant difference and no material improvement on last year's **1.1** difference.	**(3)** **Review our selection processes to ensure they are inclusive, giving the greatest chance of appointment through values based recruitment** This is a continued action and aligns to business objectives. Equality, Diversity and Inclusion Full Potential	• Rect Mgr (Ops)	Diverse panels and trained recruiting managers, panels and focus groups. Values Based Recruitment implemented Candidates offered information and questions to enhance their performance at interview Website shows details of support and information around inclusive recruitment	Oct 2025	**Not specifically targeted at recruiting managers / panels but delegates who have attended or are booked on will form part of recruitment panels.**	
	RI-2 [Notes]						
Indicator 3 *Relative likelihood of BME staff entering the formal disciplinary process compared to white staff*	Data shows the likelihood on non-white staff entering the formal disciplinary process is **6.94** time more likely as opposed to last year's **1.62**. This is an increase of over **5** times more likely than last year's likelihood and we should be aiming for **1**.	**(4)** **Deep dive and review of interventions to identify and develop relevant training for managers.** **(5)** **Equality Impact Assess revamped employee relations policies.** **(6) Launch examination of our approach to formal**	• Dep. Dir. of HR&OD • OD Project Lead • • EDI Lead • Dir. of HR&OD • Dep. Dir of HR&OD	Reduction in the disparity of application in the use of formal procedures Lessons learnt and process developed from cases set out in the THTH Report	March 2024	**RI-3 – Remains a target area. Deep dive and targeted interventions are planned for 2024 with strong links with HR, Directors and EDI Lead**	1

Objective	Data Analysis	ACTIVE WRES Actions 2024-25	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
		cases and the application of procedures. **(7)** **Adopt the recommendations in the "Too Hot To Handle" 2024 report.** *This is a continued and new action set and aligns to business objectives.*	• Dep. Dir of HR&OD • Head of HR Ops				
	RI-3 [Notes] A review of our application of processes by protected characteristics was planned before the 2023 Roger Kline THTH Report which sets out the case for this						
Indicator 4 *Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff*	The relative likelihood of White staff accessing non-mandatory training and CPD compared to black, Asian and minority ethnic staff is **0.91** and last year it was **0.97** with equity being **1.** Our White colleagues are slightly less likely to access non-mandatory training / CPD than our non-white colleagues. This could be regarded as a positive in the drive to becoming an anti-racist organisation, although it doesn't correlate with indicator 3 and the disciplinary process so further examination of our data and what we determine NM/CPD training	**(8)** **Define what we include as "non-mandatory training and CPD" and keep a record of what we include as non-mandatory training.** *This is a new action and aligns to business objectives.*	• Assoc Dir. OD/L&D • L&D Systems Mgr	Wider pool of promotion opportunities	Oct 2025	**RI-4 The gap continues to improve, and our white staff are not more likely to access non-mandatory training than our non-white staff.** **Appropriate for a review**	2

Objective	Data Analysis	ACTIVE WRES Actions 2024-25	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
	should be considered in line with the WRES guidance. The current definition does not explicitly include access to acting up, shadowing, leading projects, secondments, coaching etc. which may be the most important aspects of staff development and which we may consider including.						
	RI-4 [Notes]						
Indicators 5 - 8 Staff Survey	See Staff Survey and data above, noting a common objective is increase engagement and making links with the thematic colleague Networks. 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.	**(9)** **Further promote the Incident Roadmap through the Speak Up Champions across the Trust to champion diversity, challenge inappropriate behaviour and act as knowledge points to signpost colleagues appropriate to resources.** *This is a continued action and aligns to business objectives.*	• Ambass. Cultural Change/FTSU • Head of Leadership/OD	Further development of the Freedom to Speak Up Champion Network in line with Trust Values +/- 2 % variation in staff reporting B&H within the staff survey 1% increase in staff black and ethnic minority staff reporting that we are an inclusive employer within staff survey Continued focus with champions at monthly check-ins to signposting and awareness-raising	On-going	**RI 5-8 Launched Roadmap for reporting abuse Jan 2024 EDI session with FTSUC's and work on Allyship for champions**	2

Objective	Data Analysis	ACTIVE WRES Actions 2024-25	Owner / Lead / Stakeholder	KPIs for monitoring actions and sustainability	Target Date	RAG	Priority
Indicator 9 *Board Membership* *Percentage difference between the organisation's board voting membership and its overall workforce*	The voting Board Members total headcount was 14. **14.3%** are from a black, Asian, minority ethnic background, leaving **85.7%** who are white. This is an increase of **1%** from last year. There was and remains a **100%** return on ethnicity data for this indicator. 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.	**(10)** **Every board and executive team member to review and monitor their SMART EDI objectives and be assessed against these as part of their annual appraisal process (by March 2025).** **(11)** **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 2025).** *This is a continued action and aligns to business objectives.*	• Dir. of HR & OD • Dir. of HR & OD • Head of Leadership/OD	Board and Senior Leadership level representation to reflect County ethnicity demographics. 50% of Board meetings to include equality related patient/colleague stories in order increase awareness Annual review of relevant corporate data by Board to identify EDI areas of concern. 100% of board members have an EDI objective set within appraisals.	March 2025 March 2025	**RI-9 Actions complete or in progress. EDI objectives and Board Development Session June 2024 supporting the EDI objectives setting.** **Our Board endorses he NHS EDI Improvement Plan High Impact Action 1 which sets out the plan for EDI objectives.**	2
	RI-9 [Notes]						

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