**WORKFORCE RACE EQUALITY STANDARD – WRES – DATA AND NARRATIVE**

**DEADLINE FOR SUBMISSION TO NHS ENGLAND: 31ST AUGUST 2022**

| **Indicator** | **Data for reporting year 2021/22** | **Data for reporting year 2020/21** | **Narrative – the implications of the data** | **Action taken in 21/22 and planned 22/23** |
| --- | --- | --- | --- | --- |
| 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.
 | **OVERALL BME =** **16.5%****Non Clinical BME:****TOTAL – 7.5%**UB1 – 26.7%B1 – 20.0%B2 – 7.7%B3 – 7.1%B4 – 4.7%B5 – 10.2%B6 – 7.8%B7 – 3.7%B8a – 7.8%B8b – 9.1%B8c – 4.5%B8d – 7.1%B9 – 0.0%VSM – 14.3%**Clinical BME:****TOTAL – 19.3%**UB1 – 4.4%B1 – 0.0%B2 – 18.3%B3 – 12.8%B4 – 3.9%B5 – 31.8%B6 – 13.0%B7 – 7.5%B8a – 9.0%B8b – 4.4%B8c – 21.4%B8d – 20.0%B9 – 0.0%VSM – 0.0%Consultants – 21.3%Non-Consultant career grade – 40.0%Trainee grade – 16.5%Other – 0.0% | **OVERALL BME = 16.5%****Non Clinical BME:****TOTAL – 6.8%**UB1 – 7.7%B1 – 11.1%B2 – 7.9%B3 – 5.7%B4 – 4.5%B5 – 11.3%B6 – 8.0%B7 – 6.3%B8a – 11.4%B8b – 3.5%B8c – 8.3%B8d – 0.0%B9 – 0.0%VSM – 0.0%**Clinical:****TOTAL – 18.6%**UB1 – 8.2%B1 – 0.0%B2 – 14.5%B3 – 11.3%B4 – 6.2%B5 – 31.2%B6 – 9.4%B7 – 7.3%B8a – 7.0%B8b – 11.9%B8c – 9.0%B8d – 10.5%B9 – 0.0%VSM – 0.0%Consultants – 21.1%Non-Consultant career grade – 41.7% Trainee grade – 23.2% Other – 27.3% | 16.5% of staff are from a BME background (equal to 2020/2021).7.7% have unknown ethnicities on our ESR system, which is an increase of 2.5% since 2021.75.8% of staff are White which is 2.6% lower than the previous year’s data. Given that this number has decreased by a similar percentage that unknown ethnicities has increased, there seems to be a correlation between these two changes.For Non-Clinical, where BME representation has increased by 0.7%, White representation has decreased by 2.3%, and unknown has increased by 1.6%. For Clinical, where BME representation has increased by 0.7%, White representation has decreased by 3.2% and unknown has increased by 2.6%. The impact of the increase in BME colleagues in both Clinical and Non-clinical groups is lessened due to large increases in the unknown category, and results in overall BME representation remaining the same. As per the last census 2011, 4.6% of the Gloucestershire population are BME. We will receive the latest 2021 census data towards the end of this year, and we expect this figure to have increased.8.5% of our senior leaders (band 8a+) are from BME backgrounds. A 1.1% increase from last year. **Total BME representation in Bands 8a+**B8a – 8.7% - increase of 0.6% since 2020/21B8b – 6.4% - decrease of 2.1% since 2020/21B8c – 11.1% - increase of 2.5% since 2020/21B8d – 10.5% - increase of 4% since 2020/21B9 – 0% - same as 2020/21VSM – 12.5% - increase of 12.5% since 2020/21The increase in VSM representation makes that band fairly in line with the overall Trust BME representation. **Increased representation** **of BME staff** in the following bands compared to March 2021:* **Non-Clinical**: Increased representation in 7/14 pay bands.

UB1(+19.0%), B1(+8.9%), B3(+1.4%), B4(+0.2%), B8b(+5.6%), B8d(+7.1%), VSM(+14.3%)* **Clinical**: Increased representation in 8/14 pay bands.B2(+3.8%), B3(+1.5%), B5(+0.6%), B6(+3.6%), B7(+0.2%), B8a(+2.0%), B8c(+12.4%), B8d(+9.5%)
* **Medical and Dental**: Increased representation in 1/4 pay categories.Consultants(+0.2%)

**Decreased representation of BME staff** in the following bands compared to March 2021:* **Non-Clinical**: Decreased representation in 6/14 pay bands.B2(-0.2%), B5(-1.1%), B6(-0.2%), B7(-2.6%), B8a(-3.6%), B8c(-3.8%)
* **Clinical**: Decreased representation in 3/14 pay bands.UB1(-3.8%), B4(-2.3%), B8b(-7.5%)
* **Medical and Dental**: Decreased representation in 3/4 pay categories.

Non-consultant career grade(-1.7%), Trainee grade(-6.7%), Other(-27.3%)**Representation stayed the same** in the following bands compared to March 2021:* **Non-clinical:** Equal representation in 1/14 pay bands

B9(0.0%)* **Clinical:** Equal representation in 3/14 pay bands.

B1(0.0%), B9(0.0%), VSM(0.0%)**Representation approximately in line with, or above average of a) overall workforce (16.5%) and b) clinical/non clinical average**:* **Non-Clinical (7.5%)**:

a)UB1, B1b) UB1, B1, B2, B5, B6, B8a, B8b, VSM* **Clinical (19.3%):**

a)B2, B5, B8c, B8db) B5, B8c, B8d* **Medical and Dental**:
1. Consultants, Non-Consultant career grade, Trainee grade

**Representation on or above the Census 2011 Gloucestershire BME population of 4.6%** in the following bands:* **Non-Clinical**: UB1-B6, B8a, B8b, B8d, VSM
* **Clinical**: B2, B3, B5-B8a, B8c, B8d
* **Medical and Dental**: Consultants, Non-Consultant career grade, Trainee grade
 | **In 2021/22** * The Inclusion Champion role was launched as part of all interview panels for roles band 8A and above, and for lower bands in some instances. A survey was also conducted and analysed of the Inclusion Champion role so far, in order to implement improvements in 22/23.
* The Trust arranged for a series of interview skills workshop sessions for Ethnic Minority colleagues.
* A number of ICS development programmes were promoted to our Ethnic Minority network to attend including the Flourish leadership programme, and an allyship programme was promoted to the Trust as a whole.
* The Widening Participation review concluded in Q3 21/22.
* An EDI Co-ordinator was recruited to support the EDI Lead.
* An EDI trainer was recruited to develop a range of training programmes for all divisions.
* The Ethnic Minority network continued to operate including monthly meetings and a support WhatsApp group. As part of this we increased the number of Ethnic Minority network co-chairs, which offered development opportunities.

**Planned for 22/23*** Changes and improvements identified in the Inclusion Champion review to be implemented.
* There is another series of interview skills workshops planned to take place in Q3.
* The Trust will be launching a number of training programmes including cultural awareness and a refresh of mandatory EDI training.
 |
| 1. Relative likelihood of staff being appointed from shortlisting across all posts.
 | White staff are 1.17 times more likely to be appointed from shortlisting.  | White staff are 1.40 times more likely to be appointed from shortlisting. | A figure below 1.0 indicates that BME staff are more likely to be appointed from shortlisting. A relative likelihood of 1 indicates that there is no difference: i.e. BME applicants are equally as likely of being appointed from shortlisting as White applicantsThis difference has decreased from the year previous by 0.23. White staff are still more likely to be appointed from shortlisting compared to BME.Our percentage of BME staff is three times that of the population of Gloucestershire, although we recognise the census data is likely to be out of date.  | **In 2021/22*** The Inclusion Champion role was launched as part of all interview panels for roles band 8A and above, and for lower bands in some instances.
* A survey was also conducted and analysed of the Inclusion Champion role so far, in order to implement improvements in 22/23.

**Planned for 22/23*** Changes and improvements identified in the Inclusion Champion review to be implemented.
 |
|

|  |
| --- |
| 1. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
 |

 | White staff marginally more likely to enter formal disciplinary process than BME staff (0.8).  | BME staff 1.59 times more likely to enter formal investigation. | From 2021, the way this figure is calculated is different compared to previous years. It is no longer based on a 2-year rolling average but based on end of year statistics over a 12 month period (in line with other indicators).A figure above 1 indicates that BME staff are more likely to enter the formal disciplinary process over White staff. A figure equal to 1 indicates that BME staff are no more likely to enter the formal disciplinary process over White staff. The figure has decreased by 0.79, and shows that white staff are marginally more likely to enter a formal disciplinary process than BME staff. | **In 2021/22*** Respectful Resolutions was launched to the entire Trust.
* Compassionate leadership was rolled out as a mandatory course to all leaders within the Organisation.

**Planned for 22/23*** A Just and Restorative culture piece is planned to be launched.
* The Trust values will be reviewed and changed, engaging the entire organisation in the process.
 |
| 1. Relative likelihood of staff accessing non-mandatory training and CPD
 | BME staff are marginally more likely to attend non-mandatory training/CPD compared to White staff (0.9) | White staff are marginally more likely to attend non-mandatory training/CPD compared to BME staff (1.04) | A figure above 1.0 indicates that White staff are more likely to access non-mandatory training compared to BME staff. There is an almost even likelihood of BME staff accessing non-mandatory training compared to white staff. This gap has decreased since 2021 by 0.5 decimal points, with white staff becoming less likely to access mandatory training/CPD. Please note, as we do not record all non-mandatory training our figures for this indicator are unlikely to depict an accurate reflection of all non-mandatory training undertaken.  |  |
| 1. Q14a.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.  | White – 29.9%BME – 37.6% | White – 27.0%BME – 32.7% | These figures have increased for both ethnic categories. The increase for BME staff was significant at 4.9%, and White staff reporting a 2.9% increase Over previous years the scores had remained relatively stable for both groups, so this demonstrates a considerable change.  | **In 2021/22*** The EDI team launched a monthly drop-in EDI clinic to allow colleagues to confidentially discuss anything they would like to.
* An Ethnic Minority Freedom to Speak Up Guardian was available in the Trust.
* At Ethnic Minority council meetings a topic of focus was reporting incidents of harassment, bullying or abuse and the process to do that.
* An EDI ambassador pilot programme was launched, with key areas as highlighted in the Widening Participation Review having an EDI Ambassador in place to begin the pilot in 22/23.

**Planned 22/23*** Continuation of the EDI Ambassador Pilot, with a review and launch to the wider Organisation planned for Q3.
* The creation of an anti-racism video for use within the Trust, and potentially with the wider public.
* The launch of a new violence and aggression policy
* The launch of a new EDI policy alongside a supporting discrimination statement.
* Safe space events pilot planned for Ethnic Minority colleagues, allowing them to have conversations with senior members of the Trust.
* An Ethnic Minority breakfast club to take place monthly.
* A planned relaunch of the Diversity networks and refocus of Ethnic Minority network, to ensure that we are allowing colleagues’ voices to be heard.
 |
| 1. Q14 b/c.

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. | White – 26.5%BME – 34.6% | White – 25.0%BME – 35.1% | The figure for White staff has increased by 1.5%, while the figure for BME staff has decreased very slightly by 0.5%. |
| 1. Q15

Percentage believing that trust provides equal opportunities for career progression or promotion. | White – 56.4%BME – 35.7% | White – 56.2%BME – 39.5% | The figure for white staff has increased very slightly by 0.2%. The figure for BME staff has decreased by 3.8%. This reflects a persistent trend for BME respondents where the score has fallen every year since 2019.Note: The figures reported here for 2021/22 are different to the figures in the 2021/22 report. This is due to a change in the calculation of this score. The figures shown here reflect how it will be reported going forwards.  | **In 2021/22*** The promotion of a series of Ethnic Minority network member role model stories.
* Monthly meetings with Ethnic Minority network co-chairs to support with their development.
* Ethnic Minority network co-chairs had the opportunity to attend ICS Network support programme for their development.

**Planned for 22/23*** A poster campaign to coincide with Black History Month to showcase our Ethnic Minority leaders as role models.
* A continuation of Ethnic Minority network member career story promotion to support development and progression.
 |
| 1. Q15b

In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/ team leader or other colleagues | White – 7.7%BME – 24.9% | White – 6.2%BME – 23.6% | The figures have increased for both ethnic categories. White staff reported an increase of 1.5%, whilst BME staff reported an increase of 1.3%. | **In 2021/22*** The EDI team launched a monthly drop-in EDI clinic to allow colleagues to confidentially discuss anything they would like to.
* An Ethnic Minority Freedom to Speak Up Guardian was available in the Trust.
* At Ethnic Minority council meetings, a topic of focus was reporting incidents of harassment, bullying or abuse and the process to do that.
* An EDI ambassador pilot programme was launched, with key areas as highlighted in the Widening Participation Review having an EDI Ambassador in place to begin the pilot in 22/23.

**Planned 22/23*** Continuation of the EDI Ambassador Pilot, with a review and launch to the wider Organisation planned for Q3.
* The creation of an anti-racism video for use within the Trust, and potentially with the wider public.
* The launch of a new violence and aggression policy.
* The launch of a new EDI policy alongside a supporting discrimination statement.
* Safe space events pilot planned for Ethnic Minority colleagues, allowing them to have conversations with senior members of the Trust.
* An Ethnic Minority breakfast club to take place monthly.
* A planned relaunch of the Diversity networks and refocus of Ethnic Minority network, to ensure that we are allowing colleagues’ voices to be heard.
 |
| 1. Percentage difference between the organisations’ Board voting membership and its overall workforce
 | 78% of the Total Board is White; 22% of the Board is BME (vs 16.5% BME of the overall workforce)81.3% of the Board voting membership is White, 18.8% of the Board voting membership is BME. 87.5% of the Executive Board is White; 12.5% of the Executive Board is BME. 70% of the Non-Executive Board is White; 30% of the Non-Executive Board is BME. | 83.3% of the Total Board is White; 16.7% of the Board is BME (vs. 16.5% BME of the overall workforce).87.5% of the Board voting membership is White; 12.5% of the Board voting membership is BME.100% of the Executive Board is White.70% of the Non-Executive Board is White; 30% of the Non-Executive Board is BME. | There is a higher percentage of BME representation in the Board than in the overall workforce, which has seen a 5.3% increase in BME representation. There has been a 6.3% increase in BME Board voting membership.There has also been an increase in BME representation in the Executive board, going from 0% in 20/21 to 12.5% in 21/22. There remains to be a strong BME representation in the Non-Executive Director posts at 30%, which is almost double the percentage of the overall BME workforce.  | **Planned 22/23*** All Executives will champion at least one of the protected characteristics and where possible attend the Diversity subnetworks for Ethnic Minorities, LGBTQ+ and Disability.
* To increase their understanding of issues related to race the Board will be taking part in a Reciprocal Mentoring Programme, this will be specifically aimed at Ethnic Minority Colleagues.
* Positive action will be taken for future Executive vacancies to attract a broader field of applicants from different backgrounds.
 |