

Response ID ANON-R89M-8J8V-Z

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2018-09-25 11:01:42**

Introduction

1 Name of organisation

Name of organisation:

Gloucestershire Hospitals NHS Foundation Trust

2 Date of report

Month/Year:

September 2018

3 Name and title of Board lead for the Workforce Race Equality Standard

Name and title of Board lead for the Workforce Race Equality Standard :

Emma Wood, Director of People & OD/Deputy Chief Executive

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Abigail Hopewell

Head of Leadership and OD

Vice-Chair Equality, Diversity & Inclusion Steering Group

Abigail.hopewell@nhs.net

03004226064

5 Names of commissioners this report has been sent to

Complete as applicable::

Workforce Race Equality Standard reporting template

6 Name and contact details of co-ordinating commissioner this report has been sent to

Complete as applicable.:

7 Unique URL link on which this report and associated Action Plan will be found

Unique URL link on which this Report and associated Action Plan will be found:

<https://www.gloshospitals.nhs.uk/about-us/our-trust/equality-diversity/>

8 This report has been signed off by on behalf of the board on

Name::

Emma Wood, Director of People & OD/Deputy Chief Executive

Date::

12/07/18

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

We identified an error in the calculation of indicator 3 in last year's report. This has been corrected and reflected in the year's report so that an accurate comparison can be made.

Self reporting

11 Total number of staff employed within this organisation at the date of the report:

Total number of staff employed within this organisation at the date of the report:

8098

12 Proportion of BME staff employed within this organisation at the date of the report?

Proportion of BME staff employed within this organisation at the date of the report:

1185

13 The proportion of total staff who have self reporting their ethnicity?

The proportion of total staff who have self-reported their ethnicity:

253

14 Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?

Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:

None taken.

15 Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity?

Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity:

We are scheduled to launch ESR self-service during 18/19 which will be an opportunity to encourage staff to self-report their ethnicity.

Workforce data

16 What period does the organisation's workforce data refer to?

What period does the organisation's workforce data refer to?:

1st April 2017 - 31st March 2018

Workforce Race Equality Indicators

17 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.

Data for reporting year:

Non Clinical BME:

B1 – 30%

B2 – 4.2%

B3 – 4.5%

B4 – 5.1%

B5 – 5.7%

B6 – 4.2%

B7 – 4.3%

B8a – 2.8%

B8b – 4.5%

B8c – 0%

B8d – 0%

B9 – 0%

VSM – 0%

Total – 8.1%

Clinical:

B1 – 0%

B2 – 14.2%

B3 – 21.4%

B4 – 3.4%

B5 – 27.1%

B6 – 7.4%

B7 – 4.2%

B8a – 5.4%

B8b – 7.9%

B8c – 0%

B8d – 0%

B9 – 0%

VSM – 0%

Consultants – 19.6%

Non-Consultant career grade – 40%

Trainee grade – 18.3%

Other – 44.9%
TOTAL – 16.9%

OVERALL TOTAL = 14.6%

Data for previous year:

Non Clinical BME:

B1 - 30%
B2 - 5%
B3 - 4%
B4 - 6%
B5 - 5%
B6 - 5%
B7 - 2%
B8a - 3%
B8b - 17%
B8c - 0%
B8d - 0%
B9 - 50%
VSM - 0%
TOTAL - 9%

Clinical:

B1 - 0%
B2 - 11%
B3 - 25%
B4 - 2%
B5 - 24%
B6 - 7%
B7 - 4%
B8a - 5%
B8b - 9%
B8c - 0%
B8d - 0%
B9 - 0%
VSM - 0%
Consultants - 19%
Non-Consultant career grade - 41%
Trainee grades - 16%
Other - 13%
TOTAL - 15%

OVERALL TOTAL = 14%

The implications of the data and any additional background explanatory narrative:

Overall 14.6% of staff are BME, an increase of 0.6% on the previous year.

8.1% of the non-clinical workforce is BME; compared to 16.9% of the clinical workforce. We have an increased representation in the following bands:

Non-clinical: B3 up 0.5%; B5 up 0.7%; B7 up 2.3%

Clinical: B2 up 3.2%; B4 up 1.4%; B5 up 3.1%; B6 up 0.4%; B8a up 0.4%; Consultants up 0.6%; Trainee Grades up 2.3%; Other up 31.9%.

We have seen a drop in representation of BME as follows:

Non-clinical: B2 down 0.8%; B4 down 0.9%; B6 down 0.8%; B8a down 0.2%; B8b down 12.5%

Clinical: B3 down 3.6%; B8b down 1.1%; non-consultant career grade down 1%

BME staff have representation below the Gloucestershire BME population of 4.6% in the following bands:

Non-clinical: B2 (4.2%); B3 (4.5%); B6 (4.2%); B7 (4.3%); B8a (2.8%); B8b (4.5%)

B8c (0%); B8d (0%); B9 (0%); VSM (0%)

Clinical: B1 (0%); B4 (3.4%); B7 (4.2%); B8c (0%); B8d (0%); B9 (0%); VSM (0%)

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

We have embedded equality, diversity and inclusion training into all of our leadership and management development programmes and courses.

We have launched training sessions in Unconscious Bias. These are aimed at HR and Recruiting Managers in the first instance. Plan is to extend to Board and Senior Leader.

In December 2017 we launched a Diversity Network to strengthen the voice and visibility of staff with protected characteristics.

A Trust-wide online survey was launched during NHS Diversity, Inclusion and Human Rights week to find out more about people's experiences of working in the Trust with a protected characteristic. We will use the findings from this to inform future priorities of the both the Diversity Network and Equality, Diversity & Inclusion Steering Group.

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:

White staff are 1.53 times more likely to be appointed from shortlisting

Data for previous year:

White staff are 1.43 times more likely to be appointed from shortlisting

The implications of the data and any additional background explanatory narrative:

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.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

We have launched training sessions in Unconscious Bias aimed at HR and Recruiting Managers in the first instance.

19 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.**Data for reporting year:**

BME staff 1.87 times more likely to enter formal investigation

Data for previous year:

BME staff 1.51 times more likely to enter formal investigation

The implications of the data and any additional background explanatory narrative:

We have identified an error in the figure submitted for this WRES indicator in 2016/17. We reported BME staff were 1.47 times more likely to enter formal investigation but can now confirm they were 1.51 times more likely to enter formal investigation.

Whilst it appears that BME staff are more likely to enter formal investigation compared to the previous submission, the actual numbers in FY17/18 have dropped dramatically alongside for both white and BME staff, together with an increase in the number of BME staff employed by the Trust. We expect that this figure will reduce in future years in light of the 2-year rolling average calculation.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

We have launched training sessions in Unconscious Bias. We have also embedded equality, diversity and inclusion training into all of our leadership and management development programmes and courses.

We are reviewing and updating the training courses offered to managers in performance management and the disciplinary process and will be re-launching these in autumn 2018.

20 Relative likelihood of staff accessing non-mandatory training and CPD.**Data for reporting year:**

White staff 1.07 times more likely to access non-mandatory training/CPD

Data for previous year:

White staff 0.99 times more likely to access non-mandatory training/CPD

The implications of the data and any additional background explanatory narrative:

In the last year there is slightly less likelihood of BME staff accessing non-mandatory training vs. white staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

We have embedded equality, diversity and inclusion training into all of our leadership and management development programmes and courses.

We have recently launched a new approach to appraisals and talent development, which places a strong focus on having a good quality conversation. We also have a new Talent Development intranet site which has an easy search facility for accessing all learning opportunities.

In the Autumn we will launch an Accelerated Development Pool scheme (ADP) for staff who perform highly and demonstrate strong levels of aspiration and potential to progress in their career. All members of the ADP selection panel will undergo Unconscious Bias training.

Workforce Race Equality Indicators**21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.****White:**

29%

BME:

32%

White:

30%

BME:

27%

The implications of the data and any additional background explanatory narrative:

In the last year there has been an increase of 5 percentage points of BME staff experiencing harassment, bullying or abuse, alongside a 1 percentage point reduction for white staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

We engaged with staff in early 2018 to better understand the nature and volume of violent and aggressive incidents against staff. A working group has recently been established to drive forward the recommendations highlighted in the report.

We will look at this data in more depth to understand which areas across the Trust are reporting a worse experience in this area. We will work with Risk Managers across the high-incident divisions to identify ways to address this.

We will use the Diversity Network to explore with BME staff why they think there may be an increase and what we can do to reduce the volume of such incidents.

23 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

White:

87%

BME:

79%

White:

89%

BME:

82%

The implications of the data and any additional background explanatory narrative:

There appears to be a clear distinction between the two groups although both groups have seen a change in their scores compared to the previous year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

We have recently launched a new approach to appraisals and talent development. Some of the key principles underpinning this are Diversity and Meritocracy and we will be implementing systems to mitigate against any potential favouritism or holding back of individuals who deserve recognition and the opportunity to progress in their career.

We will use the Diversity Network to engage with staff to understand what prevents and holds people back from accessing career development/progression.

We have launched a pilot development programme for aspiring managers: "IAspire" and upon conclusion of this in Autumn 2018 will consult with the Diversity Network to understand what this would need to look like to support and encourage minorities in the future.

24 Q17. 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%

BME:

16%

White:

6%

BME:

15%

The implications of the data and any additional background explanatory narrative:

There appears to be a distinction between the experience of the two groups and unfortunately this appears to have gotten slightly worse for both in the last year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

We have introduced Unconscious Bias training to the organisation, and we have embedded EDI considerations into all of our existing and new leadership development opportunities.

We have launched the Trust's Diversity Network and have plans to expand the visibility and impact of this group over the next 12 months.

We will be undertaking an engagement campaign over the next 12 months to talk to staff and patients to re-launch our organisational values and discuss what these mean in practice from a behavioural perspective.

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

White:

25%

BME:

28%

White:

25%

BME:

26%

The implications of the data and any additional background explanatory narrative:

The experience of BME staff in relation to this key finding appears to have changed in the last 12 months.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

We have introduced Unconscious Bias training to the organisation.

We have launched the Trust's Diversity Network and have plans to expand the visibility and impact of this group over the next 12 months.

Workforce Race Equality Indicators**25 Percentage difference between the organisations' Board voting membership and its overall workforce.****White:**

100% of the Board is White vs. 85.6% of the overall workforce is White

BME:

0% of the Board is BME vs. 14.6% of the overall workforce is BME

White:

92.3% of the Board is White vs. 85% of the overall workforce is White

BME:

7.7% of the Board is BME vs. 14% of the overall workforce is BME

The implications of the data and any additional background explanatory narrative:

All members of the Trust Board are white and therefore not representative of the workforce or local Gloucestershire population from an ethnicity perspective.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust recently recruited two new non-executive directors and specifically targeted individuals from a range of diverse backgrounds, in an attempt to address the current imbalance on the Board. Unfortunately we did not succeed in finding someone from a BME background.

As-and-when new Board vacancies arise in the future, we will proactively consider how BME and other minorities can be attracted and encouraged to apply. Approaches are being made to assist in creating a pipeline of BME NED's for future recruitment Initiatives.

26 Are there any other factors or data which should be taken into consideration in assessing progress?

Are there any other factors or data which should be taken into consideration in assessing progress?:

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.:

The Trust's Equality of Opportunity Plan is accessible from our Equality & Diversity pages on our website