

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

**DEADLINE FOR SUBMISSION TO NHS ENGLAND: 31<sup>ST</sup> AUGUST 2021**

Indicator	Data for reporting year 2020/21	Data for reporting year 2019/20	Narrative – the implications of the data	Action taken in 20/21 and planned 21/22
<p>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.</p>	<p><b>OVERALL = 16.6%</b></p> <p><b>Non Clinical BME: TOTAL – 6.8%</b></p> <p>UB1 – 7.7% B1 – 11.1% B2 – 7.9% B3 – 5.9% B4 – 4.5% B5 – 11.3% B6 – 23.5% B7 – 6.3% B8a – 11.4% B8b – 3.4% B8c – 8.3% B8d – 0% B9 – 0% VSM – 0%</p> <p><b>Clinical: TOTAL – 16.8%</b></p> <p>UB1 – 8.2% B1 – 0% B2 – 14.5% B3 – 11.3% B4 – 6.1% B5 – 31.2% B6 – 9.4% B7 – 7.3% B8a – 7.0% B8b – 11.9% B8c – 9.1% B8d – 10.5% B9 – 0% VSM – 0%</p> <p>Consultants –</p>	<p><b>OVERALL = 15.5%</b></p> <p><b>Non Clinical BME: TOTAL – 6%</b></p> <p>UB1 – 12.5% B1 – 18.8% B2 – 6.2% B3 – 4.9% B4 – 5.1 % B5 – 12.6 % B6 – 4.3% B7 – 4.4% B8a – 4.3% B8b – 4.3% B8c – 9.5 % B8d – 0% B9 – 0% VSM – 0%</p> <p><b>Clinical: TOTAL – 15.8%</b></p> <p>UB1 – 7.9% B1 – 0% B2 – 14.4% B3 – 11.9% B4 – 4.3% B5 – 29.5% B6 – 7.7% B7 – 5.5% B8a – 5.3% B8b – 20.7% B8c – 2.8% B8d – 10% B9 – 0% VSM – 0%</p> <p>Consultants –</p>	<p>16.6% of staff are from a BME background (increase of 2.9% since March 2019, and increase of 1.1% since March 2020). 5.4% have unknown ethnicities on our ESR system.</p> <p>78.0% of staff are White which is 3.1% lower than the previous year's data. Though there does seem to be a correlation between White ethnicity falling and Unknown ethnicity increasing.</p> <p>As per the last census 2011, 4.6% of the Gloucestershire population are BME. We will receive the latest 2021 census data next year, and we expect this figure to have increased.</p> <p>7.6% of our senior leaders (band 8a+) are from BME backgrounds. A 1.6% increase from last year.</p> <p><b>Increased representation of BME staff</b> in the following bands compared to March 2020:</p> <ul style="list-style-type: none"> <li>• <b>Non-Clinical:</b> Increased representation in 5/14 pay bands. B2 (+1.6%), B3 (+1%), B6 (+19.3%), B7 (+1.8%), B8a (+7.0%)</li> <li>• <b>Clinical:</b> Increased representation in 9/14 pay bands. UB1 (+0.3%), B2 (+0.1%), B4 (+1.9%), B5 (+1.7%), B6 (+1.7%), B7 (+1.8%), B8a (+1.7%), B8c (+6.3%), B8d (+0.5%)</li> <li>• <b>Medical and Dental:</b> Increased representation in 4/4 pay categories. Consultants (+0.6%), Non-Consultant career grade (+2.0%), Trainee grade (+1.3%), Other (+5.1%)</li> </ul>	<p>Refer to Equality Diversity &amp; Inclusion “One Year On” report, presented to the Trust Board in July 2021.</p>

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	21.1% Non-Consultant career grade – 41.7% Trainee grade – 23.2% Other – 27.3%	20.5% Non-Consultant career grade – 39.6% Trainee grade – 21.9% Other – 22.2%	<p><b>Decreased representation of BME staff</b> in the following bands compared to March 2020:</p> <ul style="list-style-type: none"> <li>• <b>Non-Clinical:</b> Decreased representation in 6/14 pay bands. UB1 (-4.8%), B1 (-7.6%), B4 (-0.6%), B5 (-1.3%), B8b (-0.9%), B8c (-1.2%)</li> <li>• B8D, B9, VSM remained the same (0%)</li> <li>• <b>Clinical:</b> Decreased representation in 2/14 pay bands. B3 (+0.6%), B8b (-8.8%)</li> <li>• B1, B9 and VSM remained the same (0%)</li> </ul> <p><b>Representation approximately in line with, or above average of a) overall workforce (16.6%) and b) clinical/non clinical average</b></p> <ul style="list-style-type: none"> <li>• <b>Non-Clinical (6.8%):</b> <ul style="list-style-type: none"> <li>a) No pay bands</li> <li>b) UB1, B1, B2, B5, B6, B8a, B8c</li> </ul> </li> <li>• <b>Clinical (18.6%):</b> <ul style="list-style-type: none"> <li>a) B5</li> <li>b) B5</li> </ul> </li> <li>• <b>Medical and Dental:</b> <ul style="list-style-type: none"> <li>a) Consultants; Non-Consultant Career grade; Trainee grade; Other</li> </ul> </li> </ul> <p><b>Representation on or above the Census 2011 Gloucestershire BME population of 4.6%</b> in the following bands:</p> <ul style="list-style-type: none"> <li>• <b>Non-Clinical:</b> UB1-8a, B8c</li> <li>• <b>Clinical:</b> UB1, B2-B8d</li> <li>• <b>Medical and Dental:</b> Consultants, Non-Consultant career grade, Trainee grade, Other</li> </ul>	
2. Relative likelihood of staff being appointed from shortlisting across all posts.	White staff are 1.40 times more likely to be appointed from shortlisting.	White staff are 1.37 times more likely to be appointed from shortlisting	<p>A figure below 1.0 indicates that BME staff are more likely to be appointed from shortlisting.</p> <p>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 applicants</p>	Refer to Equality Diversity & Inclusion “One Year On” report presented to the Trust Board in July 2021.

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			<p>This gap has increased from the year previous by 0.03 decimal points. White staff are more likely to be appointed from shortlisting compared to BME.</p> <p>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.</p>	
<p>3. 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.</p>	<p>BME staff 1.56 times more likely to enter formal investigation.</p>	<p>BME staff 1.38 times more likely to enter formal investigation (based on a two year rolling average)</p>	<p>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).</p> <p>A figure above 1 indicates that BME staff are more likely to enter the formal disciplinary process over White staff.</p> <p>A figure equal to 1 indicates that BME staff are no more likely to enter the formal disciplinary process over White staff.</p> <p>The figure has increased by 0.18 however comparisons should be done with caution given the different calculation of this indicator compared to previous years.</p>	<p>Refer to Equality Diversity &amp; Inclusion “One Year On” report presented to the Trust Board in July 2021.</p>
<p>4. Relative likelihood of staff accessing non-mandatory training and CPD</p>	<p>White staff are marginally more likely to attend non-mandatory training/CPD compared to BME staff (1.06)</p>	<p>White staff are no likely to non-mandatory training/CPD compared to BAME staff (0.99)</p>	<p>A figure above 1.0 indicates that White staff are more likely to access non-mandatory training compared to BME staff.</p> <p>There is an almost even likelihood of BME staff accessing non-mandatory training compared to white staff. However this gap has decreased by 0.07 decimal points since 2019/20 meaning that White staff, instead of BME staff are marginally more likely to access non-mandatory training.</p> <p>Please note, as we do not record all non-</p>	<p>Refer to Equality Diversity &amp; Inclusion “One Year On” report presented to the Trust Board in July 2021.</p>

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			mandatory training our figures for this indicator are unlikely to depict an accurate reflection of all non-mandatory training undertaken.	
5. Q13a. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White – 27% BME – 32.7%	White – 28.5% BME – 33.4%	These figures have dropped slightly for both ethnic categories. Over the last four years the scores have remained relatively stable for both groups.	Refer to Equality Diversity & Inclusion “One Year On” report presented to the Trust Board in July 2021.
6. Q13 b/c. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White – 24.4% BME – 35.1%	White – 25.3% BME – 29.9%	The figure has dropped slightly for White colleagues, but has increased significantly for BME colleagues by 5.2%	
7. Q14. Percentage believing that trust provides equal opportunities for career progression or promotion.	White – 84.6% BME – 60.7%	White – 86.7% BME – 70.1%	The figures for both ethnicities have fallen, however there has been a significant drop of 9.4% for BME respondents. This reflects a persistent trend for BME respondents where the score has fallen every year since 2017 (79.4%).	Refer to Equality Diversity & Inclusion “One Year On” report presented to the Trust Board in July 2021.
8. 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 – 6.2% BME – 23.6%	White – 5.9% BME – 18.7%	White respondents reported a marginal increase in experiencing discrimination from manager/team leaders/colleagues; unfortunately this figure has increased significantly (5.3%) for BME colleagues.	Refer to Equality Diversity & Inclusion “One Year On” report presented to the Trust Board in July 2021.
9. Percentage difference between the organisations’ Board voting	83.3% of the Total Board is White; 16.7% of the Board is BME (vs. 16.6% BME of the overall	87,5% of the Total Board is White; 12.5% of the Board is BME (vs. 15.5% BME of the overall	The ethnicity of the Board (White vs. BME) is now representative of the overall workforce. There is strong BME representation in the Non-Executive Director posts, which is almost double the percentage of the overall BME workforce. All Executive Director posts are filled by White	All Executives are champions for at least one of the protected characteristics and some of them sit on the Diversity subnetworks for Ethnic Minorities, LGBTQ+ and Disability.  Positive action will be taken for future Executive

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membership and its overall workforce	<p>workforce).</p> <p>87.5% of the Board voting membership is White; 12.5% of the Board voting membership is BME.</p> <p>100% of the Executive Board is White.</p> <p>70% of the Non-Executive Board is White; 30% of the Non-Executive Board is BME.</p>	<p>workforce).</p> <p>100% of the Board voting membership is White; 0% of the Board voting membership is BME.</p> <p>100% of the Executive Board is White.</p> <p>75% of the Non-Executive Board is White; 25% of the Non-Executive Board is BME</p>	colleagues.	vacancies to attract a broader field of applicants from different backgrounds.