



Annual Equalities Report

2023-24

Contents

1. Introduction	4
2. Our Vision and Values	4
3. Our Policy	6
4. Our Team	6
5. Who We Serve	7
6. Legal, Regulatory and Reporting Frameworks	8
7. Information Sources	14
8. Our Trust Profile - gender, age, religion/belief, sexual orientation	14
9. Pay Gap Reporting	23
10. Annual NHS Staff Survey	25
11. Workforce Disability and Race Equality Standards (WDES and WRES) 2023	31
12. Equality, Diversity and Inclusion Training	34
13. One Gloucestershire Integrated Care System (ICS)	35
14. Looking Back - key achievements and progress against EDI objectives 2022/23	36
15. Looking forward to 2024/25	38

Executive Foreword

I am delighted to present our latest Annual Equalities Report. This summarises our key activities, actions and plans for delivering on our Public Sector Equality Duty in 2023/24. It outlines how we've approached progressing our Equalities, Diversity and Inclusion strategic intent in the workplace.



While we are pleased with many of the continued improvements measured by how colleagues rate their experiences of working in the Trust in the annual NHS Staff Service, we also know that colleagues and patients from minority groups continue to often have a worse experience than those from majority groups. There is still much we need to do to improve workplace experiences and we need to continue prioritising our focus on solutions. For colleagues, these key differences in experiences are picked up through the Staff Survey, the Workforce Race and Disability Equality Standards and Pay Gap reporting.

Working with colleagues, we've continued to make great progress in some areas, which, in turn, has identified hot spots in other areas such as an increase in the number of reports of racism across the Trust from patients and colleagues. We have worked with colleagues and partners to create safe spaces to report incidents. This led to the successful launch of an anti-abuse Roadmap, signposting to the Trust's approach towards being an anti-racist organisation, aspiring to the recommendations of Roger Kline's "Too Hot To Handle Report" and developing our own "2024 Anti-Racist Programme".

In this report, you will read about what we've been doing to improve colleagues' workplace experiences. For example, you'll see that we've made solid improvements in further embedding our Diversity Network and its constituent networks – the Disability Awareness Network, the Rainbow Network, the Race and Cultural Awareness Network and the Women's Leadership Network. Through these networks, we strive to give a strong voice to colleagues, empowering them to take action and to work in partnership with the Trust to make improvements.

Our Board are embedding EDI into their day-to-day work with a range of development sessions and objective setting, we plan to adopt a 3 yearly approach to our planning to focus on delivery and monitoring our overall Board and Trust performance on EDI.

Over the year we've also achieved a "Good" Care Quality Commission assessment and report, noting that colleagues felt the Trust promoted equality and diversity in their daily work and provided opportunities for development and career progression.

We've also continued to improve our wider EDI reporting and have been working on the revisions to the national Equality Delivery System and the implementation of the EDS. We are pleased that this provides additional opportunities to focus on improvement and for the Board of Directors and Trust as a whole to continue to show its explicit commitment to Equality, Diversity and Inclusion.

Neil Savage
Director of HR and Organisational Development

1. Introduction

Welcome to Gloucestershire Health and Care NHS Foundation Trust's Annual Staff Equalities Report for 2023/2024.

The purpose of this report is to provide a brief overview for our service users, carers and colleagues of our Equalities profile and some key activities for the year 2023/2024.

This report gives assurance that we are acting in accordance with our responsibilities under the Equality Act 2010 and thereby meeting the requirements of the Public Sector Equality Duty.

2. Our vision and values

Our vision

The goal of Our People Strategy over a 5-year period is:

“To be a healthy and happy high quality workforce, performing well in all local and national performance standards.”

This cannot be achieved without programmes, policies, procedures and culture which nurtures and develops a strong thread of equality, diversity and inclusion in the workplace. In recognition of this, our aim is to take care of our people and reduce health inequalities, with a strong focus on their health and wellbeing. We will celebrate diversity, ensure real inclusivity and enable everyone to reach their potential. We will make sure colleagues are heard, valued and influential. We will develop a culture where working life can be passionate, vibrant and inspiring. This will help us to attract new people who are as great as those we already have, and we will make sure that those already with us, want to stay.

To support our workforce aims and ambitions, the Trust Board has made a commitment to 6 key areas. These are outlined below:

- Equality, Diversity and Inclusion
- Strong Voice
- Full Potential
- Model Recruitment and Retention
- Health and Wellbeing
- Great Culture, Values and Behaviours

Each of these commitments has elements of equality, diversity and inclusion running through them. Specifically, on Equality, Diversity and Inclusion, the Board has made the following commitment:

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.



Our values



Gloucestershire Health and Care
NHS Foundation Trust

Our values and behaviours

Our guiding principles to how we are with people who use our services, families, carers, partners and each other. We will:

working together

- Listen closely and consider everyone's point of view
- Work in partnership and recognise each other's expertise
- Communicate openly, honestly and effectively
- Cooperate and support one another

always improving

- Actively seek solutions and ways to improve
- Speak up to promote safety and quality
- Keep learning and developing to make things better
- Be a role model with a positive, can do approach

respectful and kind

- Value each other's individuality
- Show appreciation when things go well
- Be friendly, approachable and welcoming
- Uphold and protect dignity and wellbeing

making a difference

- Take responsibility for our actions
- Take time to understand
- Be open to feedback
- Make the best use of available resources

working together | always improving | respectful and kind | making a difference

3. Our policy

Our Diversity and Inclusion Policy underpins the Trust Values and highlights the inclusive partnership with its professional associations and trades unions, summarises the aims and intentions of the Trust and describes the value that it places on diversity and inclusion in the delivery of our services and the support for our colleagues to optimise equality, diversity and inclusion.

It emphasises our commitment to avoid using acronyms to describe colleagues from minority ethnic backgrounds .As an early adopter of inclusive language by committing to remove the unnecessary use of acronyms when describing black, Asian and minority ethnic colleagues, and continue to not use the term "BAME" to describe our colleagues.

4. Our team

Anis Ghanti

Head of Leadership and Organisational Development

"Equality, Diversity and Inclusion (EDI) is part of my portfolio and having worked in various people and organisational development senior roles I am both humbled and yet proud to be working within an organisation with a great reputation as a people centric organisation.



"Our EDI approach is firmly about focusing on inclusivity that will help us achieve diversity as well as achievements and improvements in some of the measures here in. Whilst this annual report provides data from various Equality frameworks and a physical measure for how we treat our People, the commitment; effort; leadership; time investment and authenticity that exists within the Trust (our People) on treating people fairly should also be recognised.

Fundamentally our culture and services are informed by how we treat our People, which is about inclusivity, respect and a person-centred approach. Where we, as colleagues, treat each other with the respect and inclusivity, it permeates into the way in which people experience our services. Our Cultural Competence programme and approaches to dealing with Harassment and Bullying, provide the vision for change.

"This is the journey that we are on and committed to as a health and social care system; Trust; team and as individuals and look forward to what we have planned for the coming year – being inclusive and experiencing inclusivity is for everyone."

Tania Hamilton

Equality, Diversity and Inclusion (EDI) Lead



“As the Equality, Diversity and Inclusion Lead (EDI Lead) since 2021, I see EDI as the cultural framework to promote, support, develop and retain a diverse workforce to work free from discrimination on the basis of any protected characteristics they may have.

“EDI belongs to everyone at the Trust and part of the challenge we can face is supporting everyone in the delivery of this into their roles. In contrast, the key tasks to my role are to:

- Provide support to the Trust’s 5 staff Networks and their Chairs
- Lead on EDI projects and campaigns for the Trust
- Collaborate with ‘One Gloucestershire’ on countywide EDI programmes, including ‘Reciprocal Mentoring’
- Work alongside our Leaders to embed and drive EDI into our overall Trust Strategy

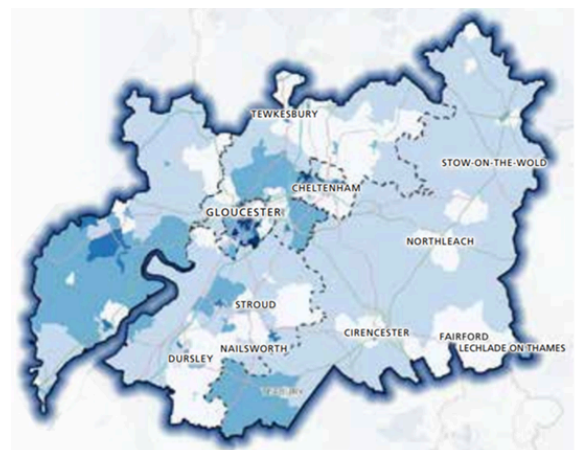
“The Trust has achieved so much great work and yet there always seems an ever-increasing ‘to do list’ to demonstrate our commitment to EDI, especially when responding to national and international events, most recently the Roger Kline report “Too Hot To Handle” which evidences the gap in NHS Trust to becoming anti-racist organisations.

“I am proud of my role and aspire to EDI being at the heart of everything we do, whilst enhancing the Trust’s EDI vision and continuing work the Trust does to becoming a fully inclusive employer and service provider.”

5. Who we serve

Overview of our Community

Our Trust provides community, physical health, mental health and social care to the population of Gloucestershire. Our workforce consists of over 6000 colleagues working in the community and 55 sites across over 100 different clinical services and support services. We provide our services to a population of approximately 637,070 people widely spread across a geographical area of some 1,024 square miles.

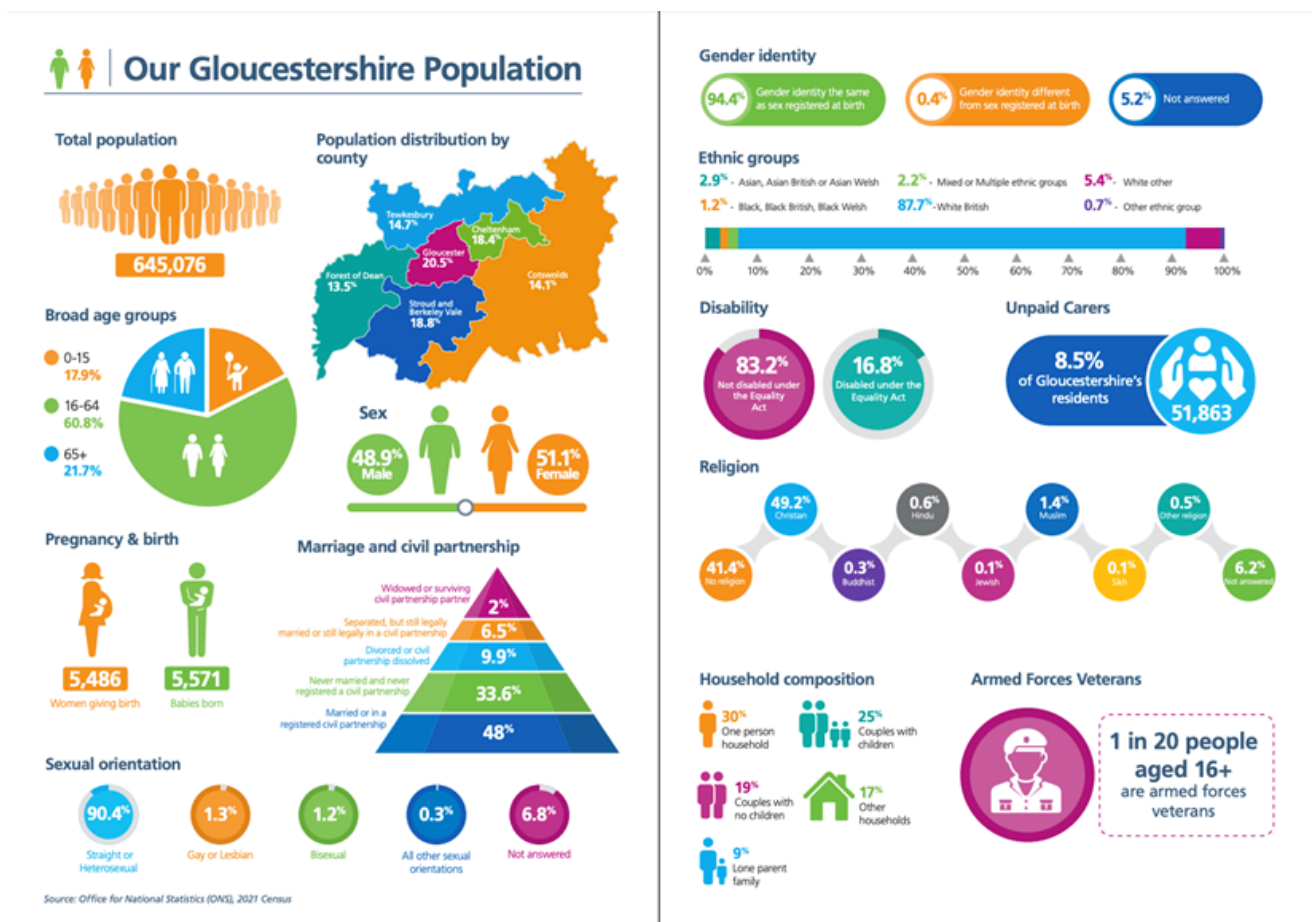


We are a Foundation Trust which means we are accountable to our local community through our members and governors who live and work in Gloucestershire and beyond. Foundation status provides us with greater freedom to decide our own strategy and the way our services are run. To help ensure accountability and ensure local ownership of NHS services in our area, we are regulated by NHSE.

An in-depth profile of our Trust can be found in our Annual Report, which will be published on our website www.ghc.nhs.uk

Overview of Gloucestershire’s Equality Information

The 2021 Census data information is now available providing us with more accurate and up to date information about the profile of our local population. The infographic below shows our position across the nine protected characteristics.



6. Legal, Regulatory and Reporting Frameworks

This section of the report outlines some of the key legislation and regulatory duties which our Trust adheres to. Where relevant we have also included a summary of our latest submissions against national standards throughout the report.

6.1 Equality Act 2010 (The Act)

You can view the Equality Act 2010 www.gov.uk

The Equality Act identifies specific and general duties for public sector organisations. The general duty is composed of three main elements:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

The Act offers protection to individuals from discrimination on the grounds of their protected characteristics.

The Equality Act 2010 describes 9 protected characteristics, against:

- Age
- Disability
- Gender
- Gender reassignment
- Race
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Religion or Belief
- Sexual Orientation



In addition to information about the geographical area in which we provide our services and the make-up of our workforce, this report will also consider the results of the Workforce Disability Equality Standard (WDES), the Workforce Race Equality Standard (WRES) and the plans for the Equality Delivery System (EDS).

Also emphasised in the Act is the need to have due regard for the advancement of equality with three broad aims:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in activities where their participation is disproportionately low.

6.2 Equality and Human Rights Commission (EHRC)

The EHRC is responsible for promoting and upholding equality and human rights ideals and laws across England, Scotland and Wales. You can find out more at: equalityhumanrights.com

The UK Parliament gives the Commission to challenge discrimination, and to protect and promote human rights. Their job is to help make Britain fairer by protecting people against discriminatory treatment and hold organisations, including NHS Trusts and government, to account for what they do.

You can read their annual reports on equalityhumanrights.com

6.3 Public Sector Equality Duty (PSED)

The Public sector equality duty came in to force in April 2011 (s.149 of the Equality Act 2010) and public authorities like the Ministry of Justice are now required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

It is a duty on public authorities to consider or think about how our policies or decisions affect people who are protected under the Equality Act. Private organisations and individuals don't have to comply with the duty.

To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require public authorities to publish equality objectives, at least every four years and information to demonstrate their compliance with the public sector equality duty.

6.4 Equality Delivery System (EDS)

[NHS England » Equality Delivery System 2022](#)

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, it helps us and other NHS organisations to deliver on the Public Sector Equality Duty.

Our 2023 submission is located here [Policies & Procedures > Glos Health & Care NHS Foundation Trust \(ghc.nhs.uk\)](#)

6.5 NHS Workforce Disability and Race Equality Standards

The national Workforce Disability Equality Standards’ metrics and the Workforce Race Equality Standards indicators use data from Electronic Staff Records (ESR) is set out below. The standards also seek data from the national Staff Survey and this is set out in the staff survey section 6.9.

Figure 2 - Data Collection Framework Metrics and Indicators

WDES Metric	Disability – INCLUDES Bank Workers <ul style="list-style-type: none"> • Disabled • Non-Disabled 	WRES Indicator	Race – EXCLUDES Bank Workers <ul style="list-style-type: none"> • White • BME • Ethnicity Unknown / Null
1	Headcount	1	Headcount
2	Shortlisted applicants and likelihood of appt	2	Shortlisted applicants and likelihood of appt
3	Average number [average headcount] entering formal Capability and how many are solely ill-health	3	Number [actual headcount] entering formal Disciplinary/Investigation to calculate the relative likelihood
		4	Accessing non-mandatory training and CPD and likelihood
4a – 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 – by disability and % to overall workforce <ul style="list-style-type: none"> • by voting / non-voting • by Exec / Non-Exec 	9	Board Members – by ethnicity and % to overall workforce <ul style="list-style-type: none"> • by voting / non-voting • by Exec / Non-Exec
WDES Survey	Disability Survey on experiences, actions and targets (25 questions)		

[NHS England » Workforce Disability Equality Standard](#)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) and 29 survey questions, which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an annual action plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality.

Making a difference for disabled staff, the WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

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.

6.6 Workforce Race Equality Standard (WRES)

[NHS England » NHS Workforce Race Equality Standard](#)

The Workforce Race Equality Standard (WRES) is a set of 9 specific measures (indicators) which enables NHS organisations to compare the workplace and career experiences of its workforce from minority ethnic backgrounds. WRES is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract and aims to ensure employees from black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace and work free from discrimination.

This is important because studies show that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

The WRES results from all NHS Trusts must be published annually on their websites. This presents challenges in developing meaningful plans when the data sets used are at least one year apart, resulting in our staff survey data for the current WDES and WRES plans is now 2 years old. The NHSE teams have introduced earlier reporting timescales of May for the 2023/24 submission in line for the action plans to be published on October 2023.

The Trust's WRES [report](#) and [action plans](#) are available on the Trust website.

6.7 Gender Reporting Pay Gap

The gender pay gap is the difference between the average pay of men and women in an organisation.

Any employer with 250 or more employees on a specific date each year must report their gender pay gap data. Please see Pay Gap Reporting section 9 for more information.

6.8 2023 Staff Survey

[Working together to improve NHS staff experiences | NHS Staff Survey \(nhsstaffsurveys.com\)](#)

The NHS Staff Survey is one of the largest workforce surveys in the world has been conducted every year since 2003 to improve staff experiences across the NHS. Each autumn everyone who works in the NHS in England is invited to take part in the NHS Staff Survey.

The survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling a range of organisations to understand what it is like for staff across different parts of the NHS and work to make improvements.

In 2021 the questions were aligned with the [NHS People Promise](#) to track progress against its ambition to make the NHS the workplace we all want it to be by 2024. The fieldwork for the NHS Staff Survey 2023 has taken place and was carried out between September and November 2023.

The Staff Survey Coordination Centre at [Picker Institute Europe](#) and the survey's independent advisory group support NHS England with the implementation of the survey.

The national staff survey supports the WDES and WRES report and action plans with the following questions in Figure 3.

Figure 3 - WDES and WRES Staff Survey Questions for reference

NHS Staff Survey 2021 WRES & WDES dashboard					
WDES			WRES		
4(a)	Experiencing bullying / harassment / abuse	5	% Experiencing bullying / harassment / abuse – from public/patients 12 months		
4(b)	Reporting bullying and harassment taken to facilitate the voices of disabled staff	6	% Experiencing bullying / harassment / abuse – from colleagues 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				
9(a)	Staff engagement				

Figure 4 - WDES and WRES Staff Survey Results

The % of disabled colleagues experiencing H&B

WDES (Disabled staff)	2020	2021	2022	2023	Increase/Decrease
H&B from Patients/public ...	25.50%	29.40%	32.98%	28.72%	Decrease of 4.26% from previous year
H&B from a Manager	12.10%	11.80%	9.83%	7.54%	Decreased of 2.29% from previous year
H&B from Staff	20.10%	16.60%	18.03%	14.84%	Decrease of 3.19 % from previous year
% who reported H&B	50.00%	60.20%	61.00%	61.00%	No change from previous year
Average number of responses	353	491	553	622	Increase of 69 in no.of colleagues completing this section of the staff survey on previous year

The % of colleagues experiencing H&B from black, Asian and minority ethnic groups

WRES (black, Asian and minority ethnic staff)	2020	2021	2022	2023	Increase/Decrease
H&B from Patients/public ...	33%	34.10%	30.12%	34.06%	Increase of 3.94% from previous year
H&B from Staff	24.70%	21.80%	25.90%	20.73%	Decrease of 5.17% from previous year
H&B from Manager	10.20%	12.30%	13.50%	15.75%	Increase of 2.25% from previous year

6.9 Staff Friends and Family Test (FFT)

The staff Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

The FFT asks people if they would recommend the services they have used and offers a range of responses and the questions have been updated with new guidance to see overall experience of using a service.

The FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice and NHS organisations across the country to stimulate local improvement and empower staff to carry out the sorts of changes that make a real difference to patients and their care.

Whilst the results are not statistically comparable against other organisations because of the various data collection methods, FFT provides a broad measure of patient experience that can be used alongside other data to inform service improvement and patient choice.

7. Information Sources

Information contained within this report is Trust generated unless otherwise stated. Our main source of workforce information is the Electronic Staff Record, known as ESR. The system records all staff details including pay, location, contracted hours and protected characteristics. Trust generated data is based on our staffing level for reporting year 31st March 2024. Staff Survey data for the purpose of our statutory disability and race returns is from 2022, resulting in our plans having to consider and compare data which is 2 years old. Plans are in place nationally to address this for 2023/24 and covered later in this report.

Unless otherwise stated, staffing numbers are exclusive of bank workers who are not substantive employees. This is to avoid confusion as many substantive colleagues also hold an agreement to work on the bank in addition to their contracted employment and therefore data could be counted more than once.

Information pertaining to recruitment has been extracted from NHS Jobs, the Trust's principle method of recruiting. The Trust always encourages staff and applicants to share their protected characteristics but this is not compulsory and some people choose, for whatever reason not to do so. Therefore, all information relating to protected characteristics will not be complete but will reflect the available data.

The annual NHS Staff Survey is a valuable source of data but does not report on all protected characteristics, and staff volunteer their data. It does however provide details of responses by Age, Gender, Ethnicity, and Disability.

Demographics for the county of Gloucestershire is from 'inForm', Gloucestershire Research and Intelligence and from the Office of National Statistics.

8. Our Trust Profile

The Trust workforce stood at 5,890 on 31st March 2024 which includes full time and part time employees and bank workers across a very broad range of roles and over 40 professions.

The following is a breakdown by protected characteristic as set out in section 6.1.

8.1 Gender

Figure 5 - Workforce Gender Distribution (Includes - Bank, F/T, Perm, Non-Exec, Locum)

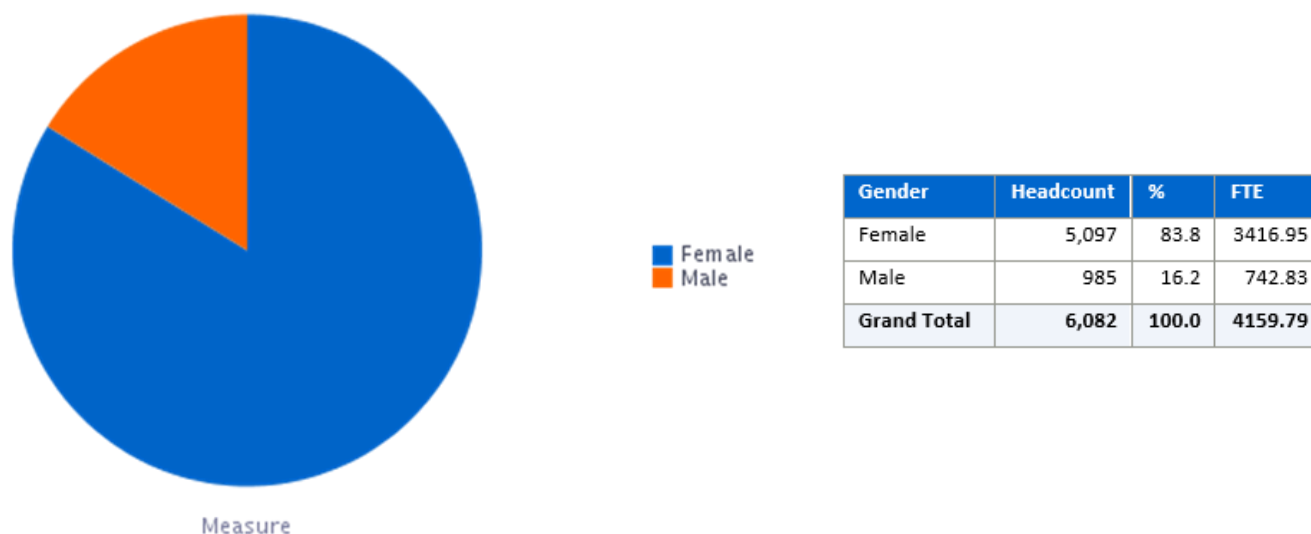


Figure 5 above provides an illustration of how gender is represented in the Trust on 31st March 2024 including bank workers. 84.16% of our colleagues identify as Female compared to 84.16% last year. 15.84% identify as Male compared to 15.84% last year. This shows a slight reduction in female colleagues and a slight increase of male colleagues.

Figure 6 - Workforce Group by Gender

Staff Group	Female	%	Male	%	Grand Total
Add Prof Scientific and Technic	201	88%	41	18%	229
Additional Clinical Services	1337	87%	270	17%	1544
Administrative and Clerical	968	83%	226	19%	1171
Allied Health Professionals	572	90%	94	15%	633
Estates and Ancillary	187	66%	84	30%	284
Medical and Dental	134	67%	81	41%	199
Nursing and Midwifery Registered	1686	93%	188	10%	1806
Students	12	50%	1	4%	24
Grand Total	5097	87%	985	17%	5890

Figure 6 above shows that each staff group broadly reflects the gender distribution of the Trust with the exception of medical colleagues where there is higher male distribution and nursing where there is a much higher female distribution.

The majority of staff in the Trust are subject to the national NHS terms and conditions called 'Agenda For Change'. Each post is formally evaluated using the tried and tested Agenda For Change job evaluation process. Each post is aligned to a pay band / pay range. Progression through each pay band is achieved incrementally until the maximum of the band is achieved, indicating that the post holder is fully experienced and meets the full requirements of the post. The Agenda For Change job evaluation process is an equal pay system.

The facility exists to progress colleagues incrementally on their pay band, or, alternatively to withhold an increment from a colleague who is subject to formal measures to support them achieve the level of performance expected.

Figure 7a - Pay Band by Gender

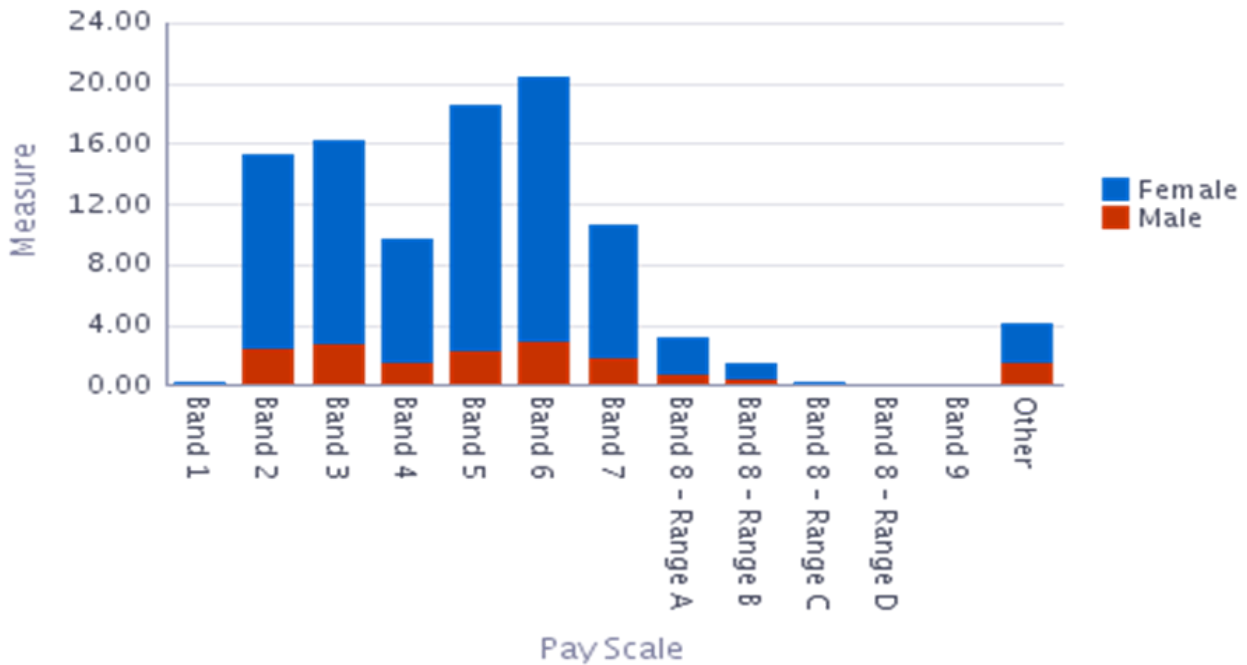


Figure 7b - Pay Band by Gender

	Female	%	Male	%
Band 1	0.16	91%	0.02	9%
Band 2	12.87	84%	2.38	16%
Band 3	13.43	83%	2.73	17%
Band 4	8.17	85%	1.46	15%
Band 5	16.24	88%	2.22	12%
Band 6	17.53	86%	2.89	14%
Band 7	8.76	83%	1.78	17%
Band 8 - Range A	2.55	80%	0.64	20%
Band 8 - Range B	1.10	77%	0.33	23%
Band 8 - Range C	0.16	63%	0.10	38%
Band 8 - Range D	0.12	50%	0.12	50%
Band 9	0.05	75%	0.02	25%
Other	2.65	64%	1.51	36%

Figures 7a and 7b show that the gender distribution across each pay band broadly reflects the gender distribution of the Trust up to and including Band 7. Between Bands 8 to 9 and within the Medical workforce there is less representative and proportionate female to male distribution.

Medical, Dental and Director colleagues are employed on different terms and conditions and are included as “other” in this comparison table.

8.2 Ethnicity/Race

Figure 8 - Workforce Group by Ethnicity/Race

Ethnic Group	Headcount	%	FTE
A White - British	4,967	81.67%	3397.58
B White - Irish	37	0.61%	30.47
C White - Any other White background	246	4.04%	169.14
C3 White Unspecified	3	0.05%	1.30
CA White English	3	0.05%	1.60
CC White Welsh	1	0.02%	0.60
CX White Mixed	1	0.02%	0.00
CY White Other European	1	0.02%	1.00
D Mixed - White & Black Caribbean	41	0.67%	27.60
E Mixed - White & Black African	12	0.20%	7.15
F Mixed - White & Asian	28	0.46%	21.35
G Mixed - Any other mixed background	21	0.35%	12.21
GC Mixed - Black & White	1	0.02%	0.00
H Asian or Asian British - Indian	224	3.68%	175.44
J Asian or Asian British - Pakistani	16	0.26%	12.13
K Asian or Asian British - Bangladeshi	7	0.12%	3.17
L Asian or Asian British - Any other Asian background	43	0.71%	28.85
LA Asian Mixed	1	0.02%	1.00
LE Asian Sri Lankan	2	0.03%	0.00
LH Asian British	1	0.02%	1.00
M Black or Black British - Caribbean	50	0.82%	30.71
N Black or Black British - African	200	3.29%	120.02
P Black or Black British - Any other Black background	11	0.18%	5.26
PC Black Nigerian	3	0.05%	1.00
PD Black British	1	0.02%	1.00
R Chinese	20	0.33%	15.35
S Any Other Ethnic Group	31	0.51%	22.18
SC Filipino	2	0.03%	1.61
SE Other Specified	1	0.02%	1.00
Unspecified	6	0.10%	0.80
Z Not Stated	101	1.66%	69.28
Grand Total	6,082	100.00%	4159.79

Pay Grade	White	BME	Not Stated	Grand Total
Band 1	8	3		11
Band 2	788	123	17	928
Band 3	810	157	16	983
Band 4	540	41	5	586
Band 5	917	190	16	1123
Band 6	1129	92	21	1242
Band 7	602	30	9	641
Band 8 - Range A	183	7	4	194
Band 8 - Range B	85	1	1	87
Band 8 - Range C	13	1	2	16
Band 8 - Range D	13		1	14
Band 9	3	1		4
Other	168	70	15	253
Grand Total	5259	716	107	6082

The tables in figures 8a and 8b show that the distribution by ethnicity with 81.67% being White British compared to 82.95% last year and 18.33% being of all other ethnic categories compared to 17.05% last year.

It can be seen that the Trust employs staff from a wide range of ethnic backgrounds but remains overwhelmingly 'White'. 81.67% of colleagues have shared their ethnic background to be 'White'. Although the Trust makes every effort to record details of all protected characteristics at the recruitment stage and during other surveys carried out, there are still 1.76% of colleagues for whom the Trust has no record of ethnicity. Although this percentage is low, it has improved from last year's 1.87%. We will continue to encourage people to provide this information, so we have the most complete profile possible of our workforce.

The non-white British ethnic makeup of the Trust exceeds that of the county of Gloucestershire. From the latest census, 4.1% of the population in Gloucestershire was from black, Asian and minority ethnic backgrounds; this figure increased to 12.3% when the Irish, Gypsy or Irish Traveller and 'other White' categories were included. The proportion of people from black, Asian and minority ethnic backgrounds was considerably lower than the national figure of 18.3%.

Colleagues from a non-white ethnic background are represented across all Agenda For Change pay bands but with much lower representation at senior management level. The Trust has led the One Gloucestershire Integrated Care System partners during and launched the system wide Reciprocal Mentoring Programme. Senior Leaders across the system are paired with junior colleagues who personally identify as belonging to a minority ethnic group, have a disabled/long term condition, or identify with the LGBTQI+ community, and supports them to more easily progress their careers.

Figure 9 main countries

Country of Birth (UK and "no info" are not included)	2023	Count of Employee 2024	Increase by %
India	116	143	23.28
Nigeria	57	92	61.4
Poland	38	51	34.21
Germany	40	47	17.5
Zimbabwe	36	39	8.33
Philippines	28	33	17.85
South Africa	22	31	40.90
Ireland	23	23	0
Kenya	9	17	88.88
Romania	12	17	41.66
Ghana	12	16	33.33
Zambia	14	15	7.14
Portugal	13	15	15.38
United States	12	15	25.0
Pakistan	8	11	37.5

The main top countries are listed in Figure 9 above with 790 colleagues having been born overseas compared to last year's 638 (and 366 the year before). Our International Educated Nurse programme has seen a significant increase in colleagues from Kenya, Nigeria, and South Africa.

8.3 Disability

Figures 10 and 11 - Workforce Group by Disability

Figure 10

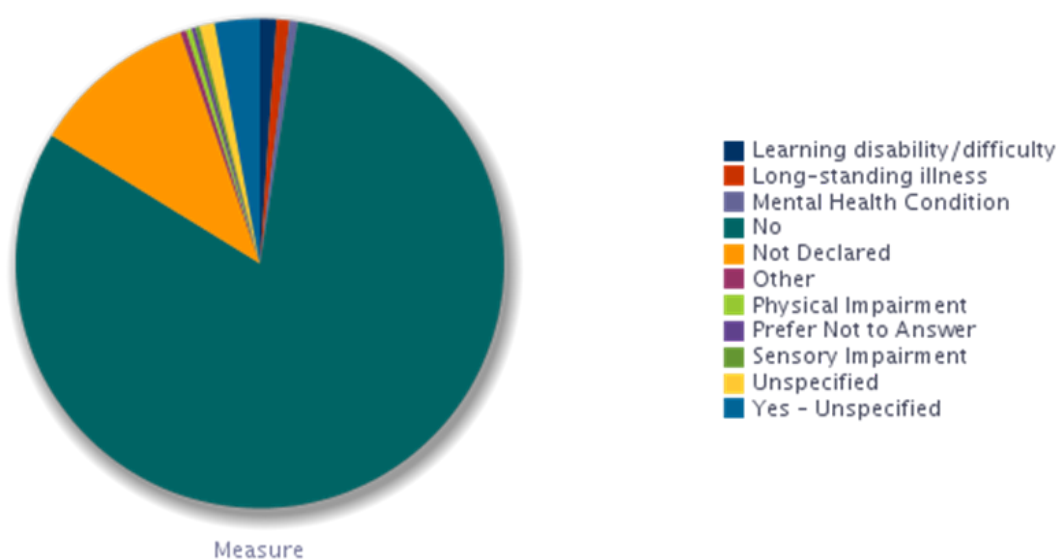


Figure 11

Disability Flag	Headcount	%	FTE
No	5,128	84.31	3556.48
Not Declared	516	8.48	316.33
Prefer Not <u>To</u> Answer	15	0.25	9.92
Unspecified	66	1.09	30.74
Yes	357	5.87	246.33
Grand Total	6,082	100.00	4159.79

Figures 10 and 11 illustrate what staff have shared as to their disability, with 5.87% sharing that they have a Disability compared to last year's 4.96%, and 84.31% who do not have a Disability compared to 84.04% last year. We do not have data around Disability for 9.82% of our workforce. Although still higher than we would like, the sharing of disability data has improved by 1.18% from last year's 11%.

It is not fully understood why people choose not to make this information available to us. A disability is no bar to employment with the Trust and affords additional support. If an individual does have a disability or subsequently becomes disabled during the course of their employment, the Trust will, with expert advice from professional leads and Working Well, our occupational health service, explore with the individual any reasonable adjustments that can be made to ensure they can continue in employment with the Trust.

According to the 2011 Census 16.8% of Gloucestershire residents reported having a long-term limiting health problem or disability.

Both at the recruitment stage and during various surveys that are carried out by the Trust, applicants and colleagues are asked to provide information on protected characteristics. We recognise that while the percentages shared have improved over previous years, the workforce disability figure of 5.87% still appears to be low and we are continuing to regularly support colleagues to update their records. Key actions to address and support both disabled staff have included the continued support to the Disability Awareness Network, which includes those with long term health conditions.

The launch of the Purple Passport launched in the Trust in 2022 encourages employees and managers to work together to agree and capture reasonable adjustments to support the employee's ability to remain and thrive at work. It means they only have to tell us once about their disability or long-term condition and reasonable adjustments required and agreed.

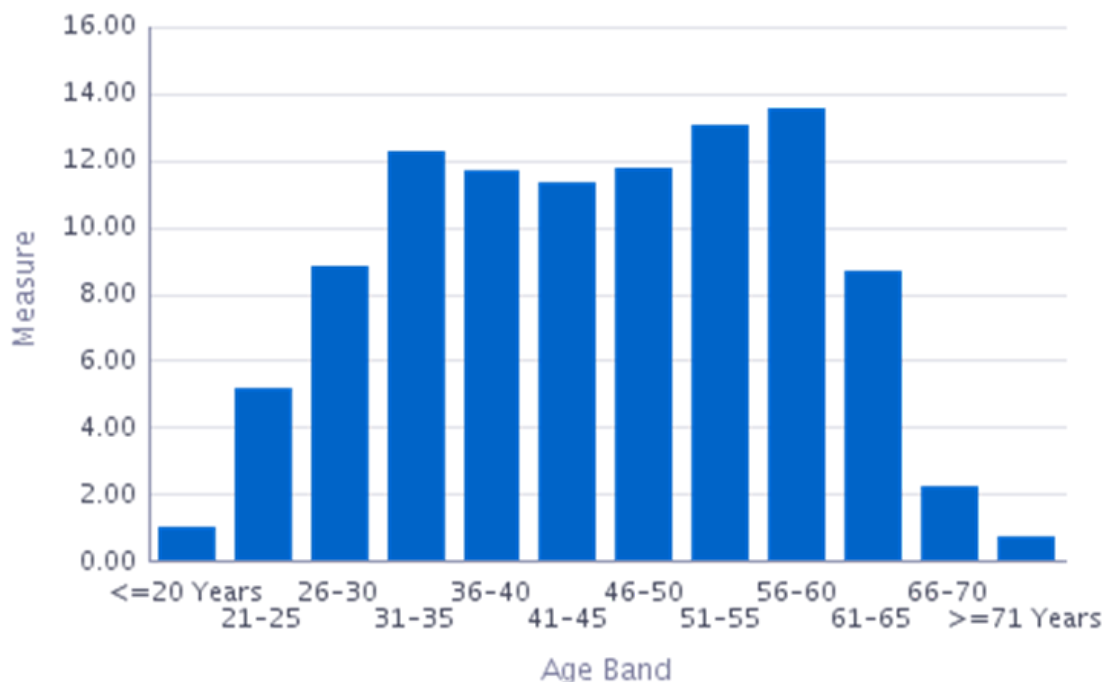
The Trust has been externally assessed as meeting the standards required for the Disability Confident Leader status until August 2025. This means we have been assessed as meeting a range of employment standards relating to disabilities. The Trust has also ensured that all of its in-house management and leadership development programmes promote inclusive and diverse leadership through lived experiences supported by the Reciprocal Mentoring Programme.

8.3 Workforce Age Profile

The Trust currently employs people from age 18 to 80 years. This clearly indicates there is no actual barrier to working from purely an age point of view. Since the ending of the default retirement age of 65, people are now able to decide when they retire. This will of course depend on personal circumstance.

The age profile of the Trust also recognises experience and is outlined below.

Figure 12 - Trust Age Profile



The number of colleagues employed by the Trust below the age of 20 is very low, but by the very nature of the work we do, many colleagues will have to have completed some form of qualification and entrance into a regulated profession before embarking on their employment. The Trust is growing its number of apprentices and is also working closely with system partners and Higher Education Institutes on a pipeline to widen access, grow degree and apprenticeship programmes which will encourage more young people to want to come and work in healthcare within Gloucestershire generally and the Trust specifically.

8.4 Religion or belief

The Trust employs people across a wide range of religions and beliefs and as with all protected characteristics, applicants are invited to share their religions or beliefs during the application process but this is not mandatory.

The growth in our Race and Cultural Awareness Network and the development of our Cultural Awareness portal and cultural competency training aims to support and promote greater understanding of religion or beliefs.

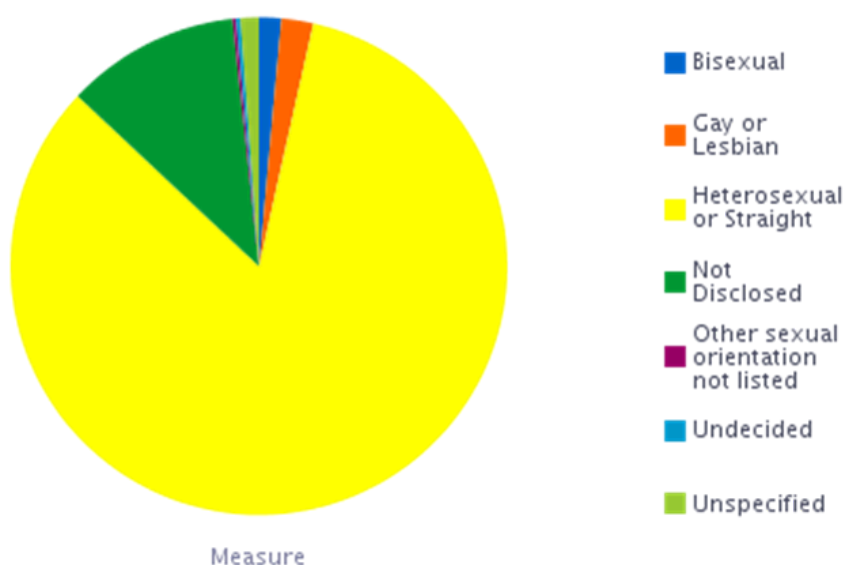
8.5 Sexual Orientation

As with other protected characteristics, colleagues are not compelled to tell us about their sexual orientation. 82.43% have shared that they are heterosexual with 5.06% who have not specified, are undecided or we do not have the category for the employee to select that they identify with. 12.51% of colleagues have chosen not to share their sexuality.

Figure 14 - Sexual Orientation Headcount / FTE

Sexual Orientation	Headcount	%	FTE
Bisexual	88	1.45	63.51
Gay or Lesbian	126	2.07	99.37
Heterosexual or Straight	5,077	83.48	3490.40
Not Disclosed	687	11.30	441.76
Other sexual orientation not listed	14	0.23	9.79
Undecided	18	0.30	11.53
Unspecified	72	1.18	43.43
Grand Total	6,082	100.00	4159.79

Figure 15 - Sexual Orientation by Category



Because numbers are small, analysis of the sexual orientation of colleagues in professions or pay bands may lead to identification of individuals so this is not included in this report.

The Trust continues to support the development and growth of the Rainbow Network which represents Trust colleagues from the LGBTQI+ community. Its growth has been highlighted by LGBTQI+ being one of the protected characteristics as part of the One Gloucestershire Reciprocal Mentoring Programme with senior leaders across the system. The aim being to support senior leaders with their thinking and decision making having learned from mentors who identify as being from the LGBTQI+ community.

9. Pay Gap Reporting

One of the founding principles of Agenda For Change was equal pay for work of equal value. A pay gap report seeks to prove that commitment. When results aren't so favourable, organisations will have to work harder to recruit a diverse workforce and prove that they take equality seriously. Pay gap reports can also be used to highlight where unconscious bias might be impacting the workplace.

The Equality Act 2010 mandates that employers with 250 or more employees must publish annual gender pay gap reports, detailing the difference in average hourly earnings between male and female employees. While the Equality Act 2010 specifically focuses on gender pay gap reporting, there is currently no specific legislation that mandates the reporting of ethnicity or disability pay gap information. However, to drive our equality and diversity agenda, the Trust transparently elected to report on pay gaps affecting colleagues from black, Asian and minority backgrounds or for those who have a disability or long-term condition.

In reporting the Ethnicity and Disability gap, we have applied the same principles for calculating the data as stipulated by the government guidance below on Gender pay gap reporting: www.gov.uk/guidance/making-your-gender-pay-gap-calculations

9.1 Pay Gaps - Gender / Race / Disability

These are calculated from the Trust's workforce data on the required date in 2024 and are summarised below:

Gender Pay Gap

- **Mean average gender pay gap.** Women earn less than men by 12.17%. This is an improvement and compares with a previous 2023 gap of 12.42%
- **Median average gender pay gap.** Women earn less than men by 5.27%. This is an improvement and compares with a previous 2022 gap of 4.72%
- **Mean average bonus gender pay gap.** Women are paid similar than men, a difference of 0.18% which compares with women being paid 0.17% more than men in 2023.
- **Median average bonus gender pay gap.** Women are paid more than men by 24.91%. This compares with a previous 2022 gap of 51%

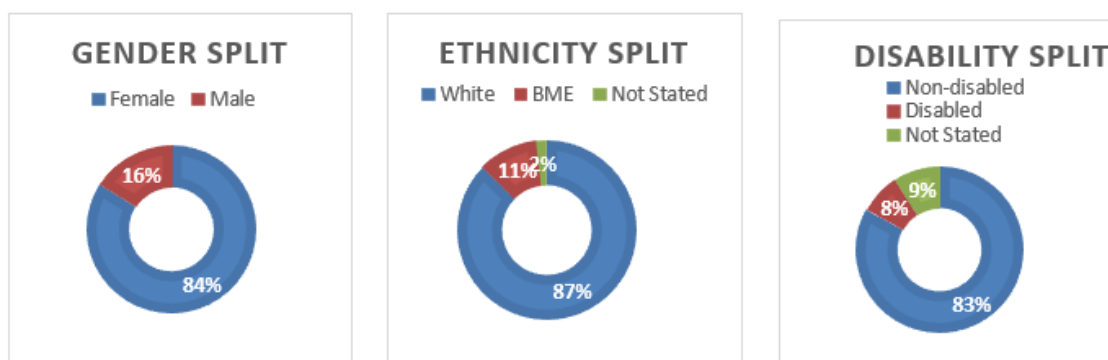
Ethnicity Pay Gap - (first year of reporting)

- **Mean average ethnicity pay gap.** The mean gap is 2.41% in favour of BME colleagues.
- **Median ethnicity pay gap.** The ethnicity median gap shows a 0.67% hourly rate in favour of White employees.
- **Mean ethnicity bonus pay gap.** This shows a gap of 31.34% in favour of White consultants
- **Median ethnicity bonus pay gap.** This shows a 34.67% median bonus in favour of White consultants.

Disability Pay Gap (first year of reporting)

- **Mean disability pay gap.** This shows a gap of 7.20% in favour of Non-Disabled colleagues
- **Median disability pay gap.** This shows a gap of 6.90% in favour of Non-Disabled colleagues
- **Mean disability bonus pay gap.** This shows a 39.43% in favour of Non-Disabled colleagues
- **Median disability pay gap.** This shows a 33.33% in favour of Non-Disabled colleagues. For context, 1 colleague is recorded as having a disability against a group of 21.

As of 31 March 2024, the Trust had a total of 4935 headcount, substantive colleagues. The tables below show the percentages of colleagues in relation to Gender, Ethnicity and Disability. This provides a context to view the pay gaps.



In our workforce, there are 84% females and 16% males. This reflects the overall gender demographics nationally within the NHS. In our Trust females are represented across all pay bandings, including at Very Senior Management levels.

Our ethnic minority workforce population is at 11%. In comparison to the overall ethnic population of 6.9% in Gloucestershire, (data extracted from the Gloucestershire County Council Population Profile 2023 overview - www.gloucestershire.gov.uk/media/uxvcfrsp/equality-profile-2023.pdf), the Trust has good representation overall. But also noting that Gloucestershire, despite recent increases is below the national average of 19%.

We have a Disabled workforce population of 8%. Data derived from the Gloucestershire County Council Population Profile 2023 overview - www.gloucestershire.gov.uk/media/uxvcfrsp/equality-profile-2023.pdf, shows that the percentage of population of Disabled people within our area of coverage is 16.8%, therefore we do not have proportional representation of Disabled people in our organisation.

The Trust will continue to analyse its pay gaps based on gender, race and disability and engage in Trust, and system-wide programmes to reduce gaps such as engaging with our diversity networks and on-going participation in the "One Gloucestershire Reciprocal Mentoring Programme" which seeks to support progression and retention of colleagues from black, Asian and minority ethnic backgrounds.

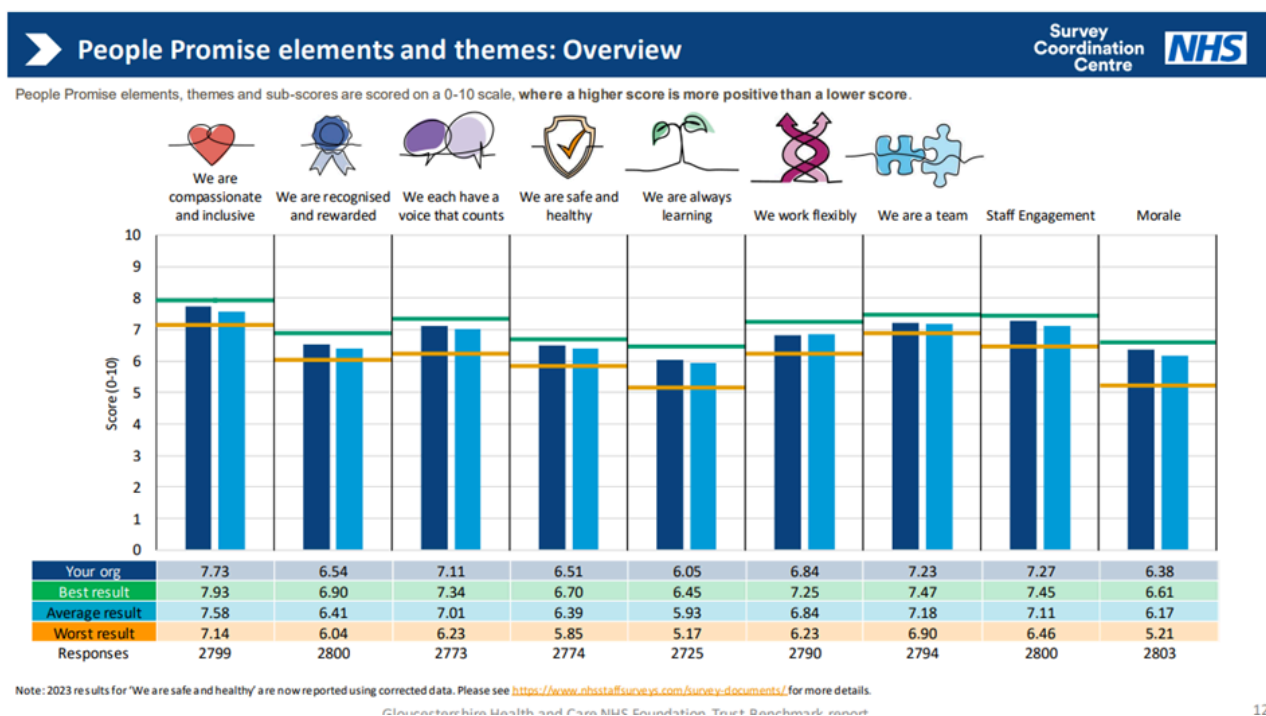
10. Annual Staff Survey

The Staff Survey has been referred to several times in this report and it provides a rich source of information. The 2023 survey was carried out both online and in paper format. Further details of the Trust Staff Survey results will be published online separately, and this report will be updated with the links as necessary.

We are pleased that our response rate to the survey improved from 55% for 2022 to 58.5% in 2023. The median response rate for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts was at 52%.

The following is a snapshot of some of our publicly available data which we think is helpful to see in this report.

People Promise Theme: We are compassionate and Inclusive



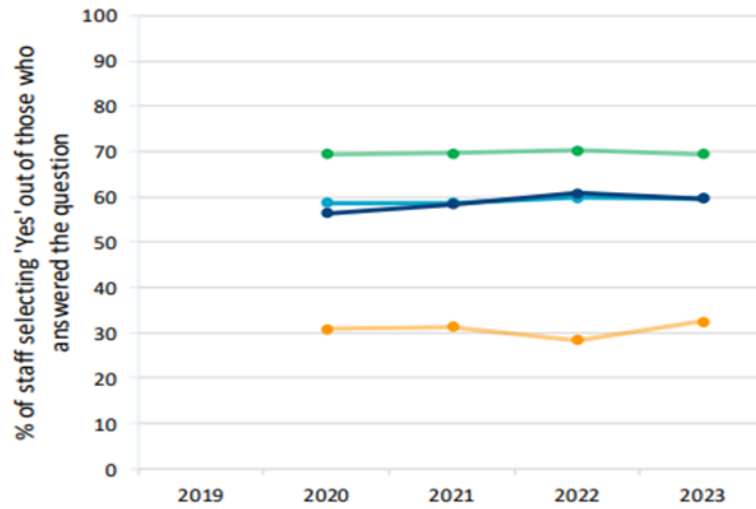
The People Promise responses to the questionnaire are compiled into a series of 9 themes (7 NHS People Promise Themes, plus Engagement and Morale) and published as a full report and a directorate/service/occupation level report. The theme “We are compassionate and inclusive” covers matters of inclusion and equality. On this theme colleagues rated us just above the average rating for this group.

The Workforce Race and Disability Equality Standard (WDES and WRES) ratings are mentioned earlier in this report and detailed in the corresponding annual reports on our public site also. The figures in this report provide a snapshot from the Survey report of the profile of respondents by “protected characteristic” (e.g. race, disability, etc). To reassure confidentiality, please note the recipients are a representative sample selected solely by our external contractor. The breakdown of respondents to the survey broadly reflects the profile of our workforce.

The Survey showed that overall staff engagement had improved and is above average for similar Community, Mental Health and Learning Disability Trusts, and for all NHS Organisations.



Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

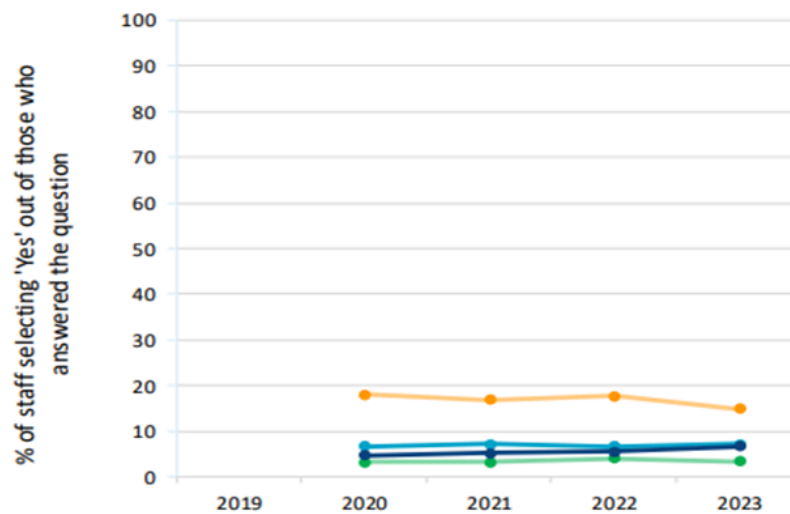


	2019	2020	2021	2022	2023
Your org	-	56.46%	58.32%	60.73%	59.71%
Best result	-	69.39%	69.57%	70.24%	69.35%
Average result	-	58.60%	58.69%	59.83%	59.69%
Worst result	-	30.76%	31.37%	28.35%	32.49%
Responses	-	2020	2341	2465	2767

It is encouraging to see a year-on-year increase in the percentage of staff believing the Trust to offer equal opportunities for career progression or promotion and is above the average benchmark score.

Discrimination

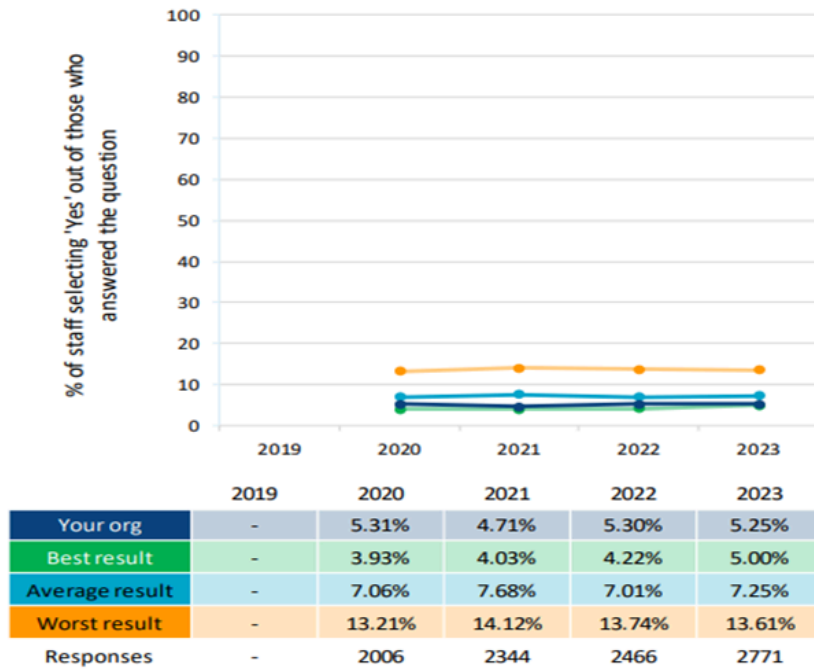
Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2019	2020	2021	2022	2023
Your org	-	4.74%	5.18%	5.59%	6.71%
Best result	-	3.22%	3.23%	4.04%	3.41%
Average result	-	6.71%	7.24%	6.76%	7.22%
Worst result	-	17.98%	16.85%	17.64%	14.88%
Responses	-	2010	2355	2477	2784

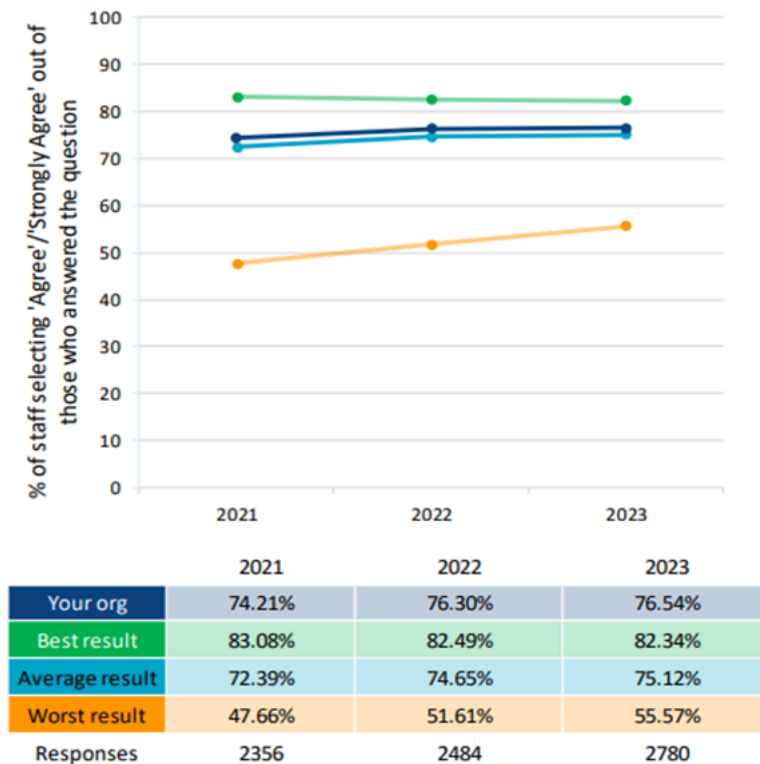


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



Organisation respects Individuals

Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

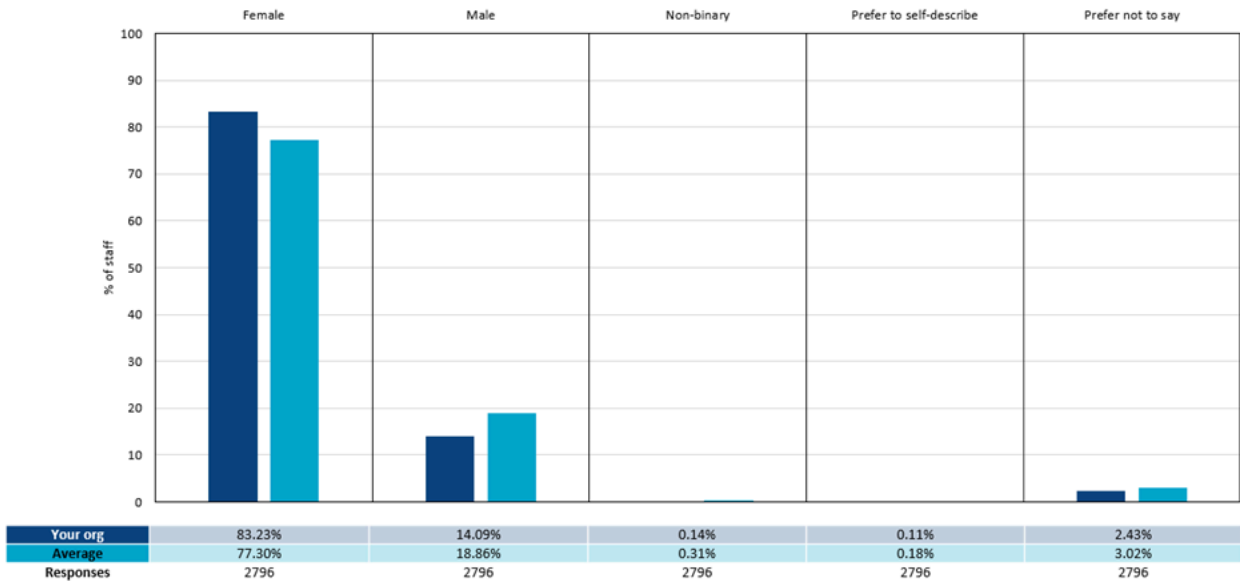


Similarly, a year-on-year increase and a better than average percentage of colleagues' who think that the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc). The breakdown of respondents to the survey broadly reflects the profile of our workforce.

Staff Survey and Protected Characteristics

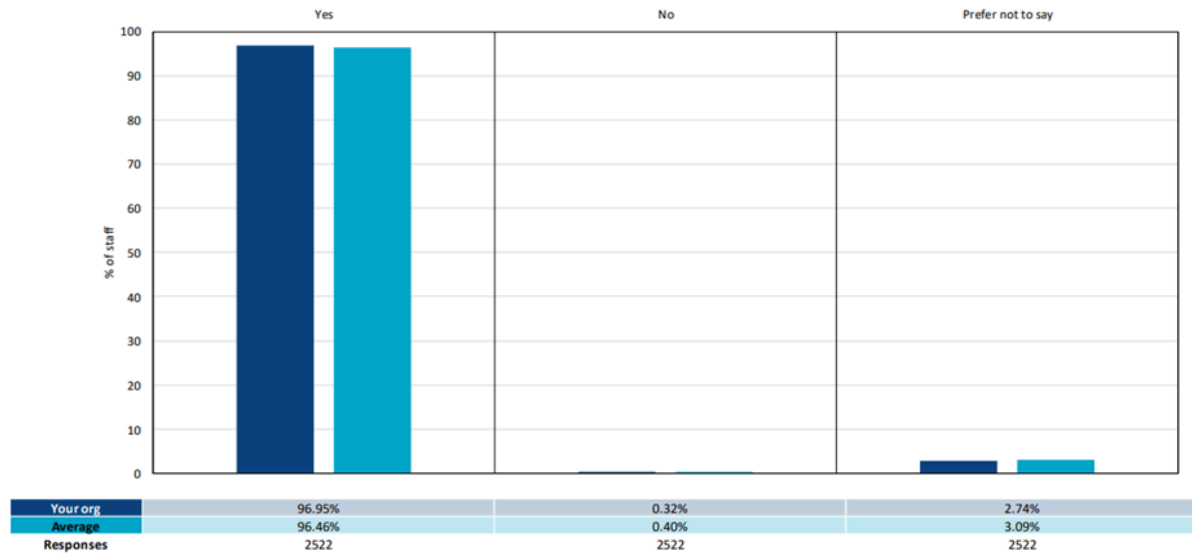
Gender

Background details - Gender Survey Coordination Centre **NHS**



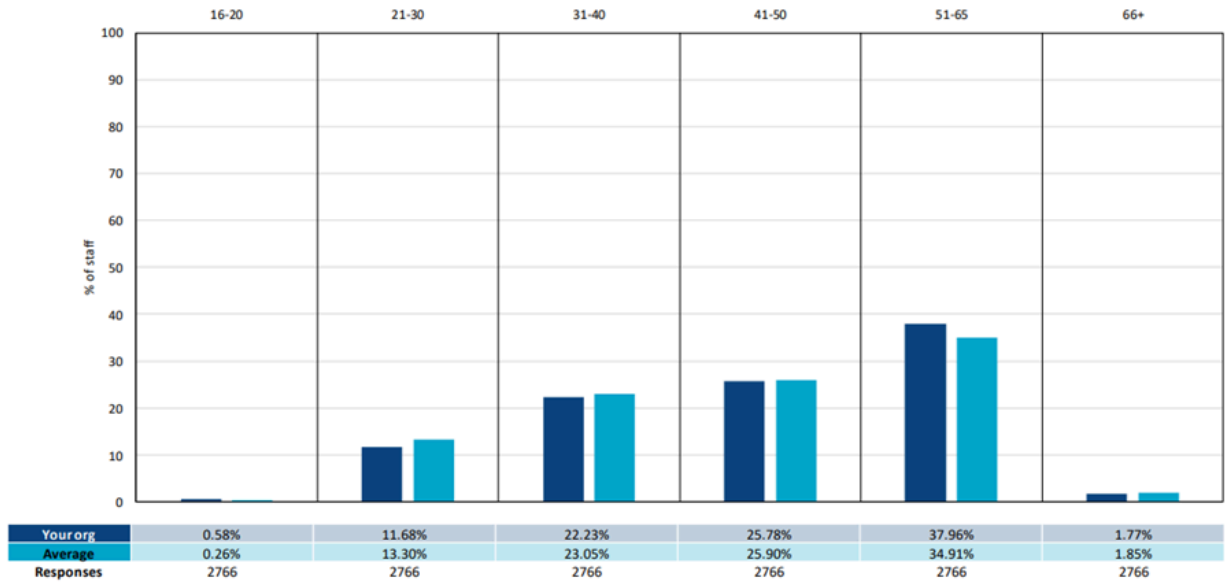
Gender identity same as registered at birth

Background details – Is your gender identity the same as the sex you were registered at birth? Survey Coordination Centre **NHS**



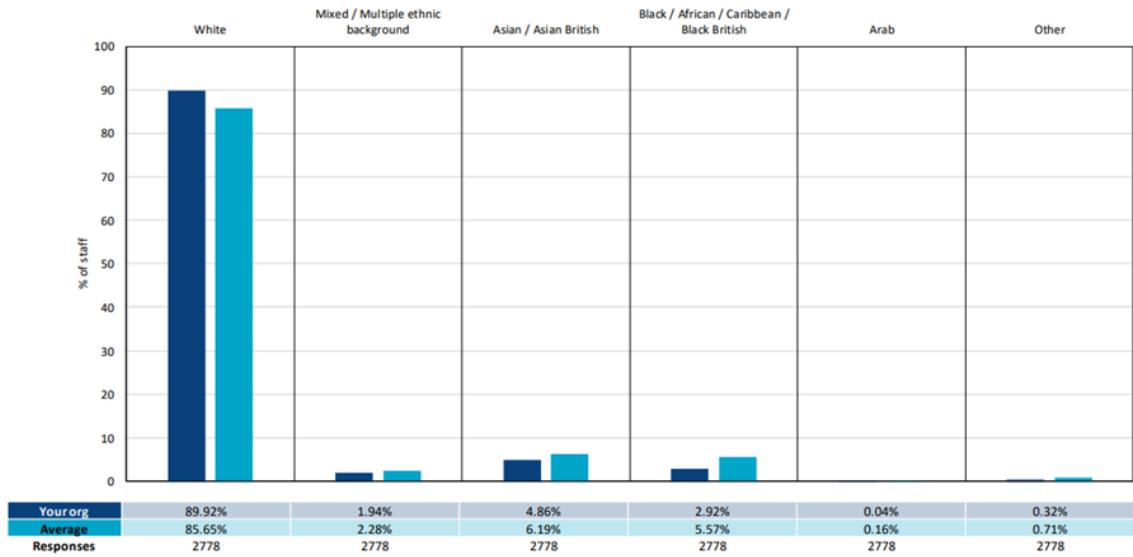
Age

Background details - Age Survey Coordination Centre **NHS**



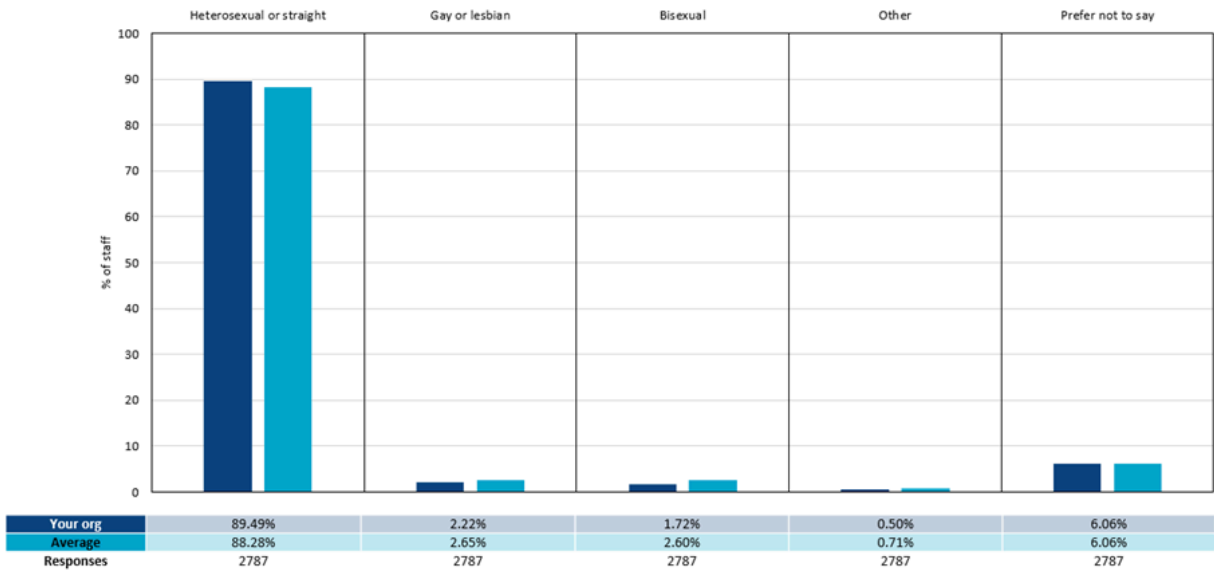
Ethnicity

Background details - Ethnicity Survey Coordination Centre **NHS**



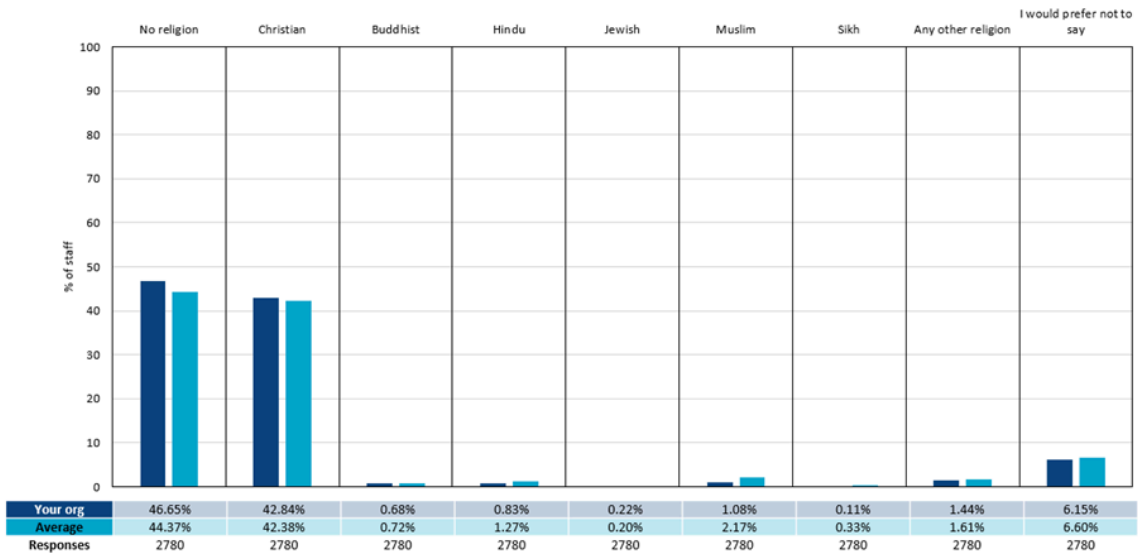
Sexual Orientation

Background details – Sexual orientation



Religion

Background details - Religion



11. Workforce Disability and Race Equality Standards (WDES and WRES) 2023

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

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

We published our annual WDES and WRES data and action plans on our public facing website within the national deadline of 31st October 2023. The link to this information and our report is here [Workforce 'disability' and 'Race' Equality Standards \(ghc.nhs.uk\)](https://ghc.nhs.uk/workforce-disability-and-race-equality-standards)

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

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

We submitted our data for both the WDES and WRES in time for the 31st May 2023 submission date and the data for Bank Workforce Race Equality Standard (BWRES) and Medical Workforce Race Equality Standard (MWRES) in time for the 30th June 2023.

WDES, WRES, BWRES and MWRES submissions rely upon Electronic Staff Records data as at 31st March 2023 and qualitative data from the NHS Staff Survey, undertaken in November 2022, for our 2023-24 submissions.

11.1 Workforce Disability Equality Standard (WDES) 2023

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.

WDES also has an additional 29 Survey Questions which are aligned to the questions asked of this Trust for its Disability Confident Leader assessment.

Data Collection Framework WDES Metrics

Table 1: WDES metrics based on ESR and HR/Recruitment databases

Metric	Description
1	Percentage of Disabled staff.
2	Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff.
3	Relative likelihood of Disabled staff entering the formal capability process (performance management rather than ill health) compared to non-disabled staff.
9b	Percentage of trusts that facilitate the voices of Disabled staff to be heard within the organisation.
10	Percentage of Disabled staff on Boards.

Table 2: WDES metrics based on NHS Staff Survey data

Metric	Description
4	Percentage of staff experiencing harassment, bullying or abuse in the last 12 months
5	Percentage of staff believing that trust provides equal opportunities for career progression or promotion
6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
9a	Staff engagement score (a composite of nine questions)

Number of Staff in Workforce

4.8% of our Workforce are Disabled

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

The Trust's data, taken from ESR as at 31.03.23 shows that 4.8% of GHC colleagues on substantive contracts (i.e., not Bank worker agreements) shared that they have a disability and 84.4% have shared that they do not have a disability. However, 10.8% of our workforce have not shared their disability status with us and fall within the category "Disability unknown", which is more likely to be a consequence of not making a choice, and not that staff do not know their disability status. 4.8% is an improvement from last year where our Disabled workforce was at 4.1% and unknown was 11.9%.

Board Data - the voting Board Members has a total headcount of 15 (14 in 2022-23) with 6.67% of the Board Members disabled and 93.33% not disabled. We had a 100% return on Board disability data which is a significant improvement last year's 28.57% unknown. This is now in line with the ethnicity Board data where we also have 100% return.

11.2 Workforce Race Equality Standard (WRES) 2023

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.

The WRES is intended to highlight any areas where the work experience of colleagues from a non-white ethnic background is significantly worse than that of white staff, enabling action to be taken where appropriate.

Data Collection Framework WRES Indicators

Indicators	Workforce indicators For each of these four workforce indicators, compare the data for white and BAME staff
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 disaggregated by: Non-clinical staff, Clinical staff, of which - Non-medical staff - Medical and dental staff
2	Relative likelihood of staff being appointed from shortlisting across all posts.
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.
National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for white and BAME staff	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7	Percentage believing that trust provides equal opportunities for career progression or promotion.
8	In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues.
Board representation indicator For this indicator, compare the difference for white and BAME staff	
9	Percentage difference between the organisations' board membership and its overall workforce disaggregated: • By voting membership of the board • By executive membership of the board

Number of Staff in Workforce

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

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

The Trust's data, taken from ESR as at 31.03.23 shows that currently 9.91% of GHC colleagues have shared that they are from a black, Asian or minority ethnic background which is an increase of 1.51% from last year's 8.4%. Furthermore, 88.3 have shared that they are "White" which has decreased by 1.84% compared to last year's 90.14%.

Of our workforce, 1.72% have not shared their ethnicity data with us. This is an increase on last year's 1.41% although it is a better return on data than data shared for Disability. Our Board has 100% return on both ethnicity and disability data.

The category for WRES data on Bank workers is defined as those who are solely on Bank worker agreements, of which we have a headcount of 939 which was run separately and in line with the national staff survey where Bank workers are now included. This is new for 2022 and differs from WDES who advise we mirror what we adopted in previous years.

Board Members - As at 31st March 2023, the voting Board Members total headcount was 15 (14 in 2022-23). 13.3% are from a black, Asian, minority ethnic background, leaving 86.7% who are white. Although this is a decrease of 0.95% from last year, there was, and remains a 100% return on ethnicity data for this indicator.

12. Equality, Diversity and Inclusion Training

Equality, Diversity and Inclusion is a key part of how the Trust onboards new staff through our induction processes.

GHC colleagues complete the Equality, Diversity and Human Rights training programme and we are continuing to review options for developing improved training programmes this coming year.

Our Thrive Leadership Development programme includes a number of related modules, currently including the following:

- How to be Inclusive and Why It Matters
- How to be an Inclusive Leader and Why It Matters

The success of our development programmes will be reviewed over the 2023/24 period.

We recognise that development and growth in our Trust does not mean everyone will become senior leaders, or even aspire to. Growth in the context of EDI encourages and supports promotion, resulting in our workforce being the best they can, being themselves and being free from discrimination.

The Trust continues to invest in a range of tools to support and enhance the equality, diversity and inclusion experiences of colleagues at work over the past year. Face to face EDI and Cultural Competence Workshops have been rolled out across the Trust, targeting areas with higher need.

Our "Recruiting for Excellence" programme "GHC's Managers' Guide to Safer Recruitment" on Care to Learn targets recruiting managers and covers good practice recruitment, diversity of panels and decision makers, and "conscious" and "unconscious" biases and how to remove them.

13. One Gloucestershire Integrated Care System (ICS)

The Trust plays a key role in EDI work across the system.

13.1 Reciprocal Mentoring Programme (RMP)

Proactively supported colleagues and system partners in collaborating on the system wide RMP.

The aim of the One Gloucestershire ICS Reciprocal Mentoring programme is to create a mutually beneficial partnership by giving staff in leadership roles, greater insight into the lived experience and development needs of under-represented groups, whilst providing these groups opportunities to access knowledge, skills networks, to enhance their career progression. This two-way relationship is not based on seniority or status; it is entirely driven by the individuals involved to meet the specific learning needs of both parties.

Cohort 2 saw 34 participants forming 17 pairs of across the ICS, include Trust chairs and senior CEOs. Improvements were made based on positive feedback received where senior participants have reported they are “very excited about the programme”.

13.2 Network Chairs Development

The feedback from the 2022 Network Chairs Development Programme, saw:

- the creation of a role outline for Chairs
- a review of the Network Terms of Reference
- a streamline of the occurrence of the meetings to facilitate the increase of engagement
- a network survey to understand what is working and what is not

4 structured themes for the 2024 Diversity Network agenda:

- Theme 1 - “Networks, growth and how we develop”
- Theme 2 - “Focusing on eliminating bullying and harassment”
- Theme 3 - “Embedding fairer recruitment across GHC”
- Theme 4 - “Looking at prioritising programmes that tackle health inequalities”

We recognise that the Chairs play a vital role in the success of their respective Networks and dedicate their time on a voluntary basis. To assist, we have created an MS Teams channel to share and update on a need’s basis, helping with learning and co-support to each other.

The Trust recognises that Staff Networks play the crucial role in sharpening and channelling authentic voices as well as building organisational capacity around inclusive behaviours and fostering wider community partnership to tackle health inequalities and agreed to supporting further development of and implementing of the recommendations.

13.3 Black History Month 2023

Black History Month October 2023 celebrated the national theme of "Saluting Our Sisters" in recognition of the contribution black women play in society.

A small group of people from local Voluntary/Community Sector organisations, Councils, NHS and the University of Gloucestershire who work together to organise and coordinate Black History Month activities and other significant and relatable cultural celebrations in Gloucestershire, collaborated to recognise and applaud the invaluable contributions that black and ethnic minority women have made to Gloucestershire. The Trust's EDI Lead was one of the 19 women across Gloucestershire nominated and recognised for Saluting Our Sisters.

In conjunction with our Race and Cultural Awareness Network (RCAN) and Women's Leadership Network (WLN) we linked "Saluting Our Sisters" with Women's International Day on 8th March. The successful collaboration with system partners resulted in a montage of empowering photographs to celebrate Saluting Our Sisters, shown across Gloucestershire.

13.4 NHS EDI Improvement Plan

June 2023 saw the launch of the NHSE EDI Improvement Plan (NHSEDIIP). It sets out 6 High Impact Action (HIAs), targeted to address the prejudice and discrimination, direct and indirect, that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. It has been co-produced through engagement with staff networks and senior leaders and we adopted the same approach in implementing our overarching EDI Action Plan within GHC. We were not required to produce an additional plan, but to ensure the 6 HIAs were embedded in our substantive plans. [NHS England » NHS equality, diversity and inclusion \(EDI\) improvement plan](#)

14. Looking Back - Key achievements and progress against EDI objectives 2022/23

Looking back on our key achievements and progress provides an opportunity to look forward to improving our overall EDI performance.

14.1 Our 2022/23 EDI Plan had and overall aim to:

"Establish an annual plan and programme of activities that promotes access, inclusion and reduces inequity for, and with staff of GHC services."

14.2 Some Key achievements

- Staff Survey completion rates increased from 55% to 58%
- Disability Leader Confident Status until August 2025
- Networks – improved attendance and engagement with themed meetings
- Social Media – WhatsApp and Facebook thriving
- Rainbow pledge – over 1,100 pledges made
- Launched Anti-Abuse Roadmap
- Launched Anti-Racism Programme 2024

The Trust has a programme of EDI work mapped out to include the range of EDI activities and obligations across the Trust and the One Gloucestershire system.

14.3 Our 2023/4 Equality, Diversity and Inclusion Plan

Through business planning, we have also committed to establishing a three-yearly plan and programme of activities that promote access, inclusion and reduces inequity for and with staff and of GHC services (plan on a page section 15)

The Trust has committed to enhancing a single aligned action plan highlighting the key actions from the nationally required EDI action plans. This will facilitate a formalised reporting structure to the Workforce Operations Management Group (WOMAG) and Great Place To Work Committee (GPTWC) providing oversight and showing progress against agreed targets and RAG ratings.

14.4 Equality Delivery System (EDS)

The EDS contains actions to improve our patient care and experience by reducing health inequalities amongst those who may be marginalised in society because of their protected characteristics. In summary the EDS is a framework designed to help facilitate NHS organisations to assess, rate and improve services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010 and Public Sector Equality Duty. Detailed information about the system, the ratings and guidance on how we applied the framework can be found here [NHS England » Equality Delivery System 2022](#)

The EDS comprises 11 outcomes spread across three Domains - Services (1), Workforce (2) and Leadership (3). For Domain 1, we collaborated with our system partners and agreed to focus on maternity services which was the Perinatal Services for our Trust (last year, Cancer Services (Macmillan Next Steps Cancer Services) and Translation & Interpretation Services which make up 3 services in total).

Driven by data, evidence, engagement and insight, it captures the great work that we are already doing so it acts as an opportunity to showcase our Trust's commitment to diversity and inclusion. This year, our overall rating is 23.5 which is "Achieving Activity" which continues to be where we want to be.

Neil Savage (Director of HR & OD) is the Trust’s Board sponsor and Tania Hamilton is the EDI Lead, co-ordinating the responses on behalf of the services and Domains 2 and 3 in conjunction with a number of stakeholders, including the staff networks, Execs and staff side.

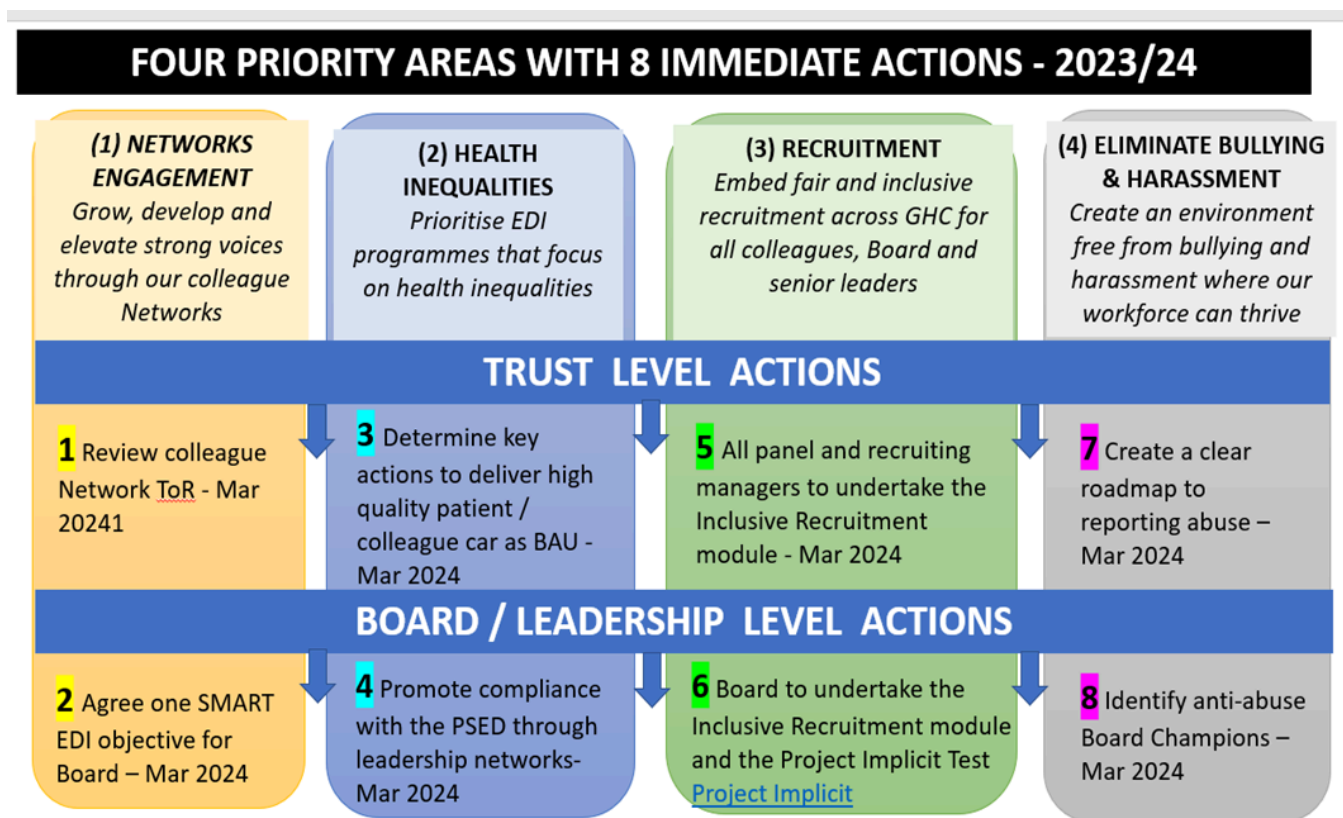
14.6 Anti-Abuse Roadmap 2024

Our response to supporting colleagues either directly experiencing, or witnessing racist and/or discriminatory abuse, resulted in the co-production of our Roadmap and supporting guidance; signposting to existing reporting and support platforms – and all in one place.

15. Looking Forward to 2024 - 2025

15.1 2023-2024 EDI Action Plan

Our 2023/24 EDI Action Plan sets out our key priorities at with the plan-on-a-page below.

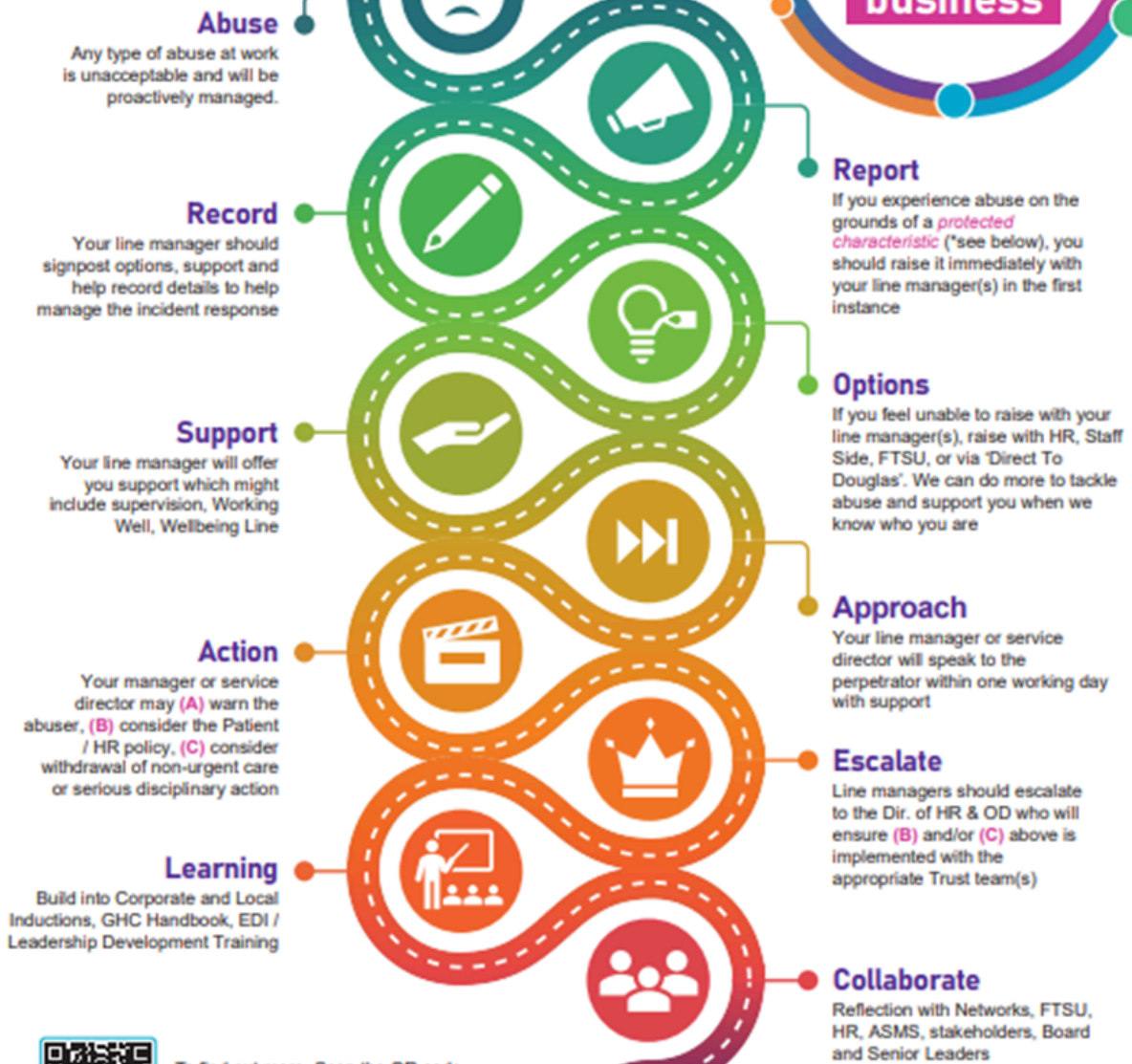


15.2 Anti-Racist Programme 2024 Onwards

Towards the end of 2023, the Trust saw an increase in the quantity and severity of racist abuse, leading to the launch of our Incident Roadmap and our Anti-Racist Programme in February 2024. It sets out SMART short, medium and long term action and activities whilst providing a framework showing the steps we are taking in our commitment to becoming an Anti-Racist organisation.

Incident Roadmap

GHC Equality, Diversity and Inclusion (EDI) for colleagues



To find out more. Scan the QR code or follow the link below.
intranet.ghc.nhs.uk/EDI-Roadmap

* 9 Protected characteristics: Age, Gender, Disability, Race/Ethnicity, Religion/Belief, Sexual Orientation, Gender Reassignment, Pregnancy/Maternity, Marriage/Civil Partnership

15.3 Networks

Continue support to ensure our colleagues have a voice to improve practice and health and wellbeing which in turn, reduces health inequalities. Senior leaders attend the Networks and the development of a Board Sponsor for each Network will be scoped out and tested for 2024/25.

15.4 Patient and Carers Race Equality Framework (PCREF)

PCREF provides a framework to show the steps we are taking in our commitment to reduce inequality and inequity for people from racialised communities that come into contact with our services and who have faced barriers to access and suffered worse experiences in mental health services for decades.

To implement the framework, a working group has been set up led by Deputy Chief Operating Officer. PCREF is a patient focussed tool which has strong links with workforce delivering those services.

To find out more about the Patient and Carer Race Equality Framework, visit: [NHS England » Advancing mental health equalities](#)

15.3 Training and Development

In addition to the Trust focus on leadership development, we are continuing to invest in a range of tools, workshops, programmes and system wide events and to support and enhance the equality, diversity and inclusion experiences of colleagues. Feedback from previous programmes is shaping what we deliver this year coming year and how colleagues and partners can access them.

15.4 Statutory and Voluntary Returns

Actions to improve equality, diversity and inclusion within the Trust are contained within a variety of documents. These include the Staff Survey action plan, the EDS plan, WRES and WDES action plans, the Gender Pay Gap Reporting, Patient Carer Race Equality Framework (PCREF) and the in-year business objectives for the HR and OD directorate.

Finally, within the year we also aim to provide a comprehensive succession planning guidance and toolkit for the Trust to maximise the development, succession and retention of our talent in a fair and equitable way.