BNSSG Workforce EDI Report 2023 - 2024

Introduction

Integrated Care Boards have a vital role in tackling inequalities for both patients and staff.

BNSSG ICB has overarching equalities objectives as detailed in our system strategy in 2023:

- Tackling Systemic Inequalities – We will value all individuals and populations equally, recognising and rectifying historical injustices and providing resources according to need.
- Strengthening Building Blocks - We will support the significant workforce and volunteers across our partnership and help them to achieve good health and wellbeing. Increasing recruitment from disadvantaged communities and amongst underrepresented groups to levels that reflect the rich diversity of our local population.
- Prevention and Early Intervention - Doing the basics well means a relentless focus on improvement in Core20Plus5 outcomes for children and adults.

This report reflects the activity and reporting specifically in relation to the ICB workforce over the last year, any work in this area directly feed into our tackling systemic inequalities and strengthening building blocks objectives.

It should be noted that within this report we use the term 'BME' to refer to people who identify as Black or as part of a minoritised ethnicity, community or group. We recognise that this is a contested term and not everyone will identify with it however for the purpose of analysis we have used the term so that we can draw comparisons between people from White British and BME backgrounds in line with NHS recorded data sets.
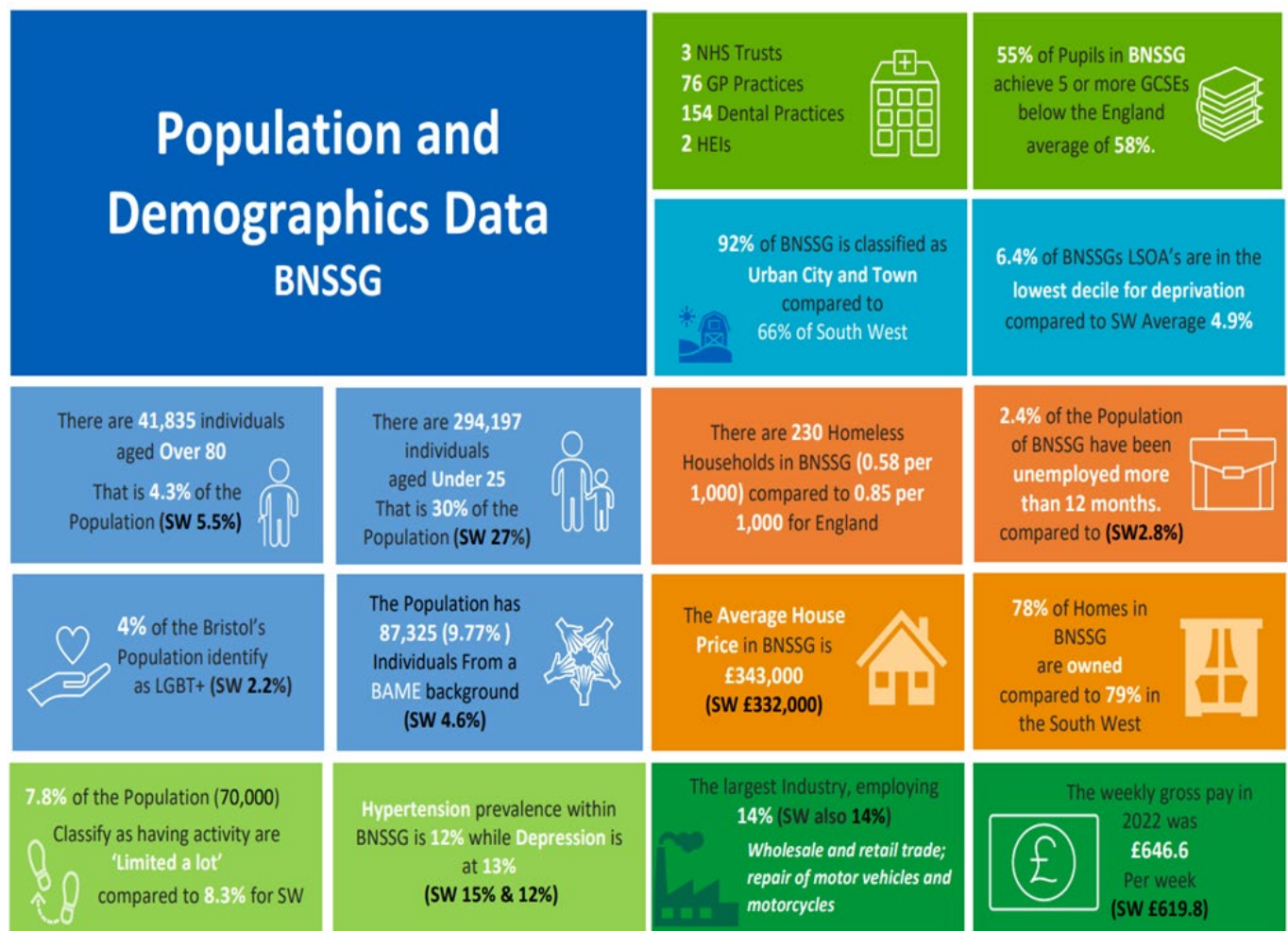
Population Data

BNSSG covers three unitary authorities each with a differing profile in relation to protected characteristics. 2021 Census data as summarised in Appendix 1. To summarise some key areas of difference:
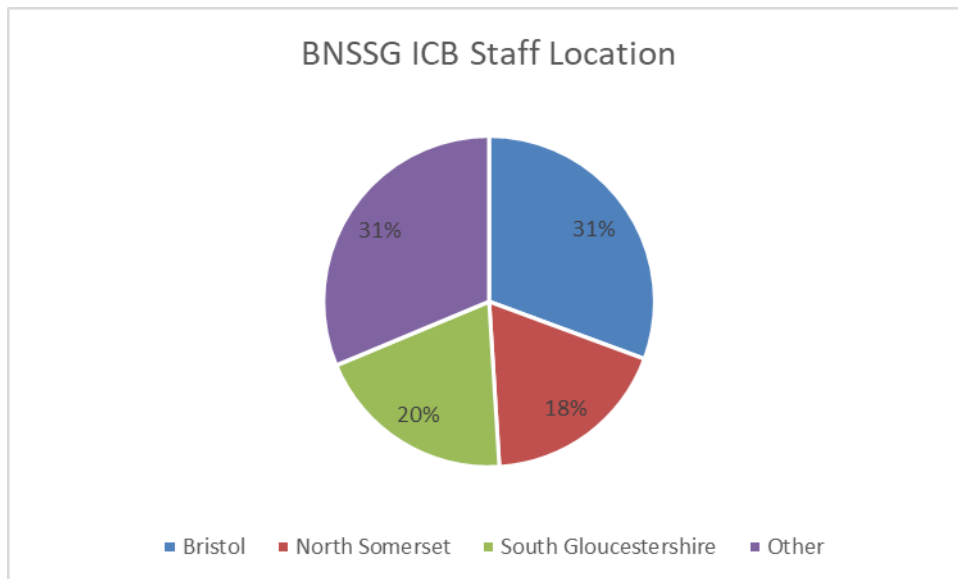
Age Profile	Bristol has a higher proportion of the population in younger age groups, particularly ages 20 – 39 and conversely North Somerset and South Gloucestershire have a higher proportion of the population within higher age bands, particularly those over 65.
Legal Partnership status	There are significantly more people within Bristol who have never married or registered a civil partnership (22% - 25% higher than in North Somerset and South Gloucestershire). North Somerset has the highest proportion of divorced or widowed individuals in comparison to the other authorities.

Ethnic Group	Bristol is far more ethnically diverse than the other two authorities with 18.9% of the population have a non-white ethnicity compared to 4.3% in North Somerset and 8.8% in South Gloucestershire.
Religion	Bristol has a significantly higher proportion of the population who are Muslim (6.7% verses 0.6% & 1.6% respectively). It also has a lower population of Christians and a higher population with no religion.
Disability	This is similar across all authorities although highest in North Somerset at 18.7%
Gender Identity	Bristol has approximately 2% fewer members of the population who identify the same sex as the sex registered at birth in comparison to the other authorities. (92.45% in Bristol vs 94.46% and 94.59% in North Somerset and South Gloucestershire respectively).
Sexual Orientation	Bristol has a more diverse population than the other authorities in relation to sexual orientation with approximately 1% more of the population identifying as Gay or lesbian and 1.7 – 1.9% more identifying as bisexual when compared to the other authorities. (85.4% of the Bristol population identify as heterosexual vs 90.6% in the other local authorities).

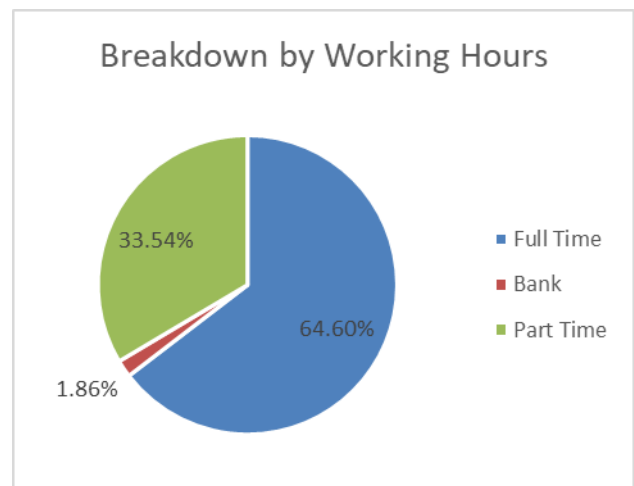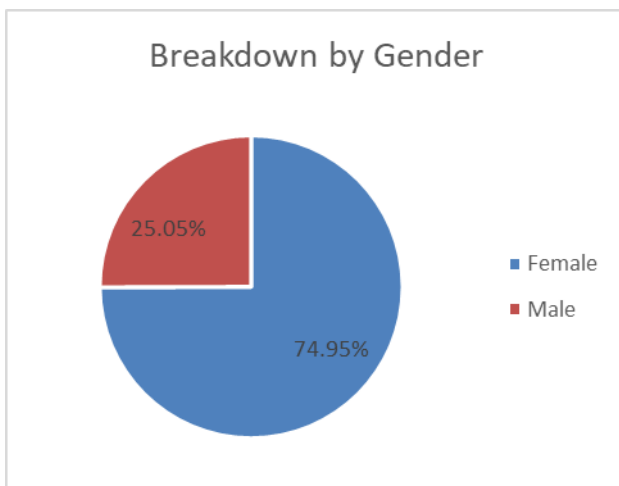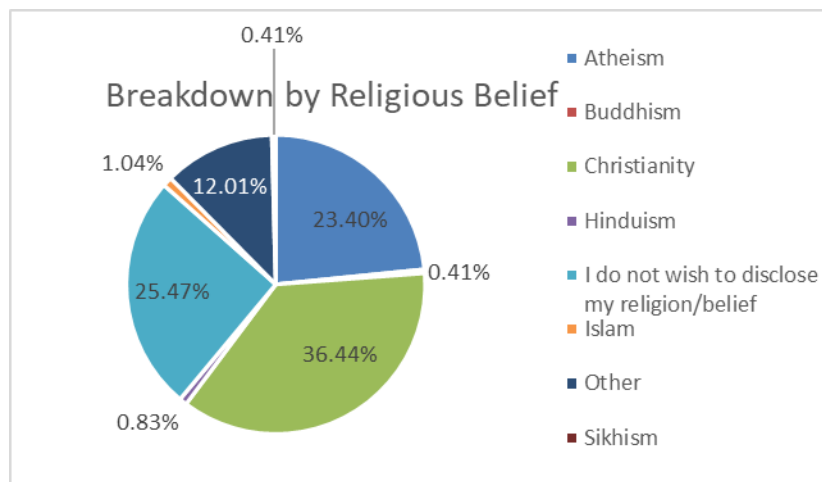The BNSSG Population and Demographics data are as follows:

Population and Demographics Data BNSSG

- 3 NHS Trusts
- 76 GP Practices
- 154 Dental Practices
- 2 HEIs

55% of Pupils in BNSSG achieve 5 or more GCSEs below the England average of 58%.

92% of BNSSG is classified as Urban City and Town compared to 66% of South West

6.4% of BNSSGs LSOA's are in the lowest decile for deprivation compared to SW Average 4.9%

There are 41,835 individuals aged Over 80
That is 4.3% of the Population (SW 5.5%)

There are 294,197 individuals aged Under 25
That is 30% of the Population (SW 27%)

There are 230 Homeless Households in BNSSG (0.58 per 1,000) compared to 0.85 per 1,000 for England

2.4% of the Population of BNSSG have been unemployed more than 12 months. compared to (SW2.8%)

4% of the Bristol's Population identify as LGBT+ (SW 2.2%)

The Population has 87,325 (9.77%) Individuals From a BAME background (SW 4.6%)

The Average House Price in BNSSG is £343,000 (SW £332,000)

78% of Homes in BNSSG are owned compared to 79% in the South West

7.8% of the Population (70,000) Classify as having activity are 'Limited a lot' compared to 8.3% for SW

Hypertension prevalence within BNSSG is 12% while Depression is at 13% (SW 15% & 12%)

The largest Industry, employing 14% (SW also 14%) Wholesale and retail trade; repair of motor vehicles and motorcycles
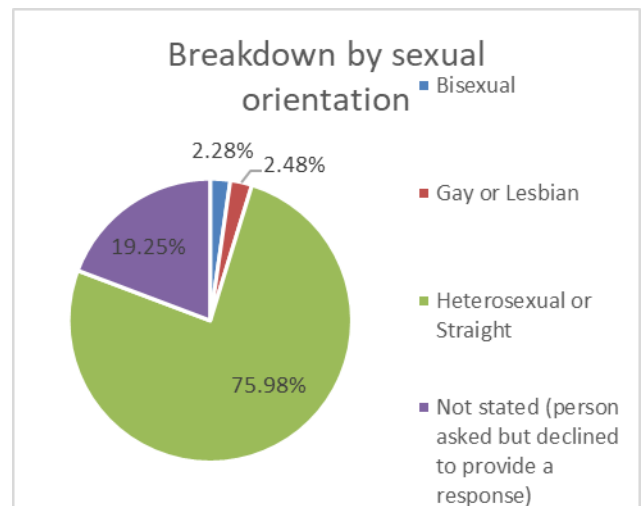
The weekly gross pay in 2022 was £646.6 Per week (SW £619.8)

Staff address data indicates the following:

BNSSG ICB Staff Location

- Bristol 31%
- North Somerset 18%
- South Gloucestershire 20%
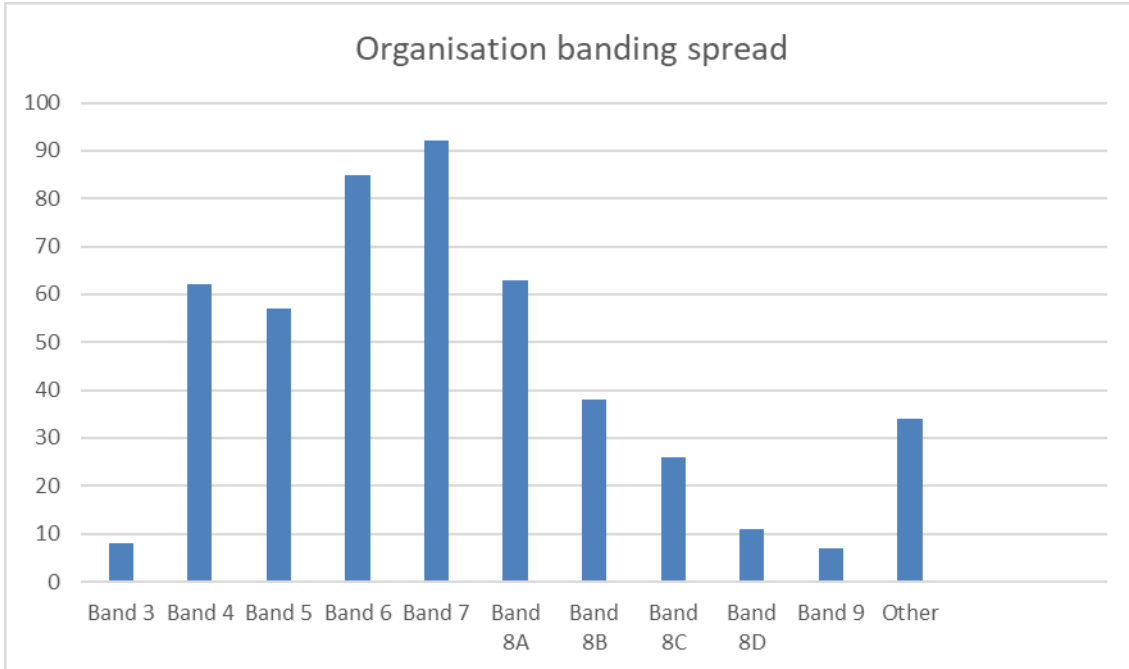- Other 31%

Based on this we need to recognise that our workforce population should show a demographic diversity in line with BNSSG overall however, we need to note the higher proportion of the workforce that live within Bristol in comparison to the other authorities.

BNSSG ICB Workforce as at 31 March 2024 (please note this report was run in July 2024 as snapshot data and therefore reflects any changes made to ESR staff records between 31/03 and 26/07 2024).

Breakdown by Gender

- Female 74.95%
- Male 25.05%

Breakdown by Working Hours

- Full Time 64.60%
- Bank 1.86%
- Part Time 33.54%

Breakdown by Age Band

Age Band	Percentage
21-25	2.07%
26-30	9.11%
31-35	13.46%
36-40	17.18%
41-45	15.53%
46-50	13.46%
51-55	13.66%
56-60	8.49%
61-65	6.00%
66-70	1.04%

Breakdown by Disability

	Percentage
No	79.09%
Not Declared	10.97%
Prefer Not To Answer	1.04%
Yes	8.90%

Breakdown by Ethnicity Group

	Percentage
BME	9.32%
Not Stated	6.21%
White	84.47%

Breakdown by sexual orientation

	Percentage
Bisexual	2.28%
Gay or Lesbian	2.48%
Heterosexual or Straight	75.98%
Not stated (person asked but declined to provide a response)	19.25%

Breakdown by Religious Belief

	Percentage
Atheism	23.40%
Buddhism	0.41%
Christianity	36.44%
Hinduism	0.83%
I do not wish to disclose my religion/belief	25.47%
Islam	1.04%
Other	12.01%
Sikhism	0.41%

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Organisation banding spread

Statutory Reporting

BNSSG ICB has undertaken a range of statutory reporting across this year.

Workforce Disability Equality Standard (WDES)

The full report can be found in Appendix 2 (noting the snapshot data was taken at the beginning April 2024 as opposed to the information above).

Key findings from this activity:

- There is an increase in staff recorded as having a disability (5.6% vs 3% in 2018-19) however this is still under representation in comparison to population data.
- Clinical band 5-7 are most significantly underrepresented (2.4%), with the highest proportion of disabled staff in clinical roles being within the highest bands (8c to VSM). In non-clinical bands the highest proportion (8.0%) of disabled staff are within bands 5 to 7, with the lowest number in the most senior roles.
- We are underrepresented in terms of applications from those with disabilities however, proportionally this increases through shortlisting and interview, however, drops again at appointment.
- The relative likelihood of non-disabled candidate being appointed from shortlisting compared to a disabled candidate is 1.35 (a figure above 1 indicates that non-disabled staff are more likely to be appointed).
- Disabled staff are more likely than non-disabled staff to experience bullying and harassment particularly from managers and other colleagues where there is a 16% and 13% variation respectively.
- Disabled staff are also more likely than their non-disabled colleagues to experience discrimination from their manager or other colleagues (13% vs 6%) and are 7% less likely to believe that the organisation acts fairly with regard to career progression / promotion.

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- The Staff survey data also indicates that health and wellbeing of staff with a disability is poorer than for those without including work related musculoskeletal problems, presenteeism, feeling exhausted and burnt out.
- A higher proportion of disabled staff have been the target of unwanted behaviour of a sexual nature from staff and colleagues, 7% vs 3% of non-disabled staff.
- It is recognised that the data sets currently do not allow a greater depth of understanding in terms of intersectionality.

Workforce Race Equality Standard (WRES)

The full report can be found in Appendix 3 (noting the snapshot data was taken at the beginning April 2024 as opposed to the information above).

Key findings from this activity:

- There is an increase of staff with a BME ethnicity (9.75% vs 8.4% in 2018-19), while this is in line with the BNSSG population (9.77%) we should recognise that 31% of our staff live in Bristol where 18.9% of the population have an ethnic grouped identity of BME.
- For both clinical and non-clinical roles the highest proportion of BME staff members are within the lowest bandings (15.7% non-clinical up to band 4 and 15.5% clinical band 5-7).
- Recruitment data indicates that we are not underrepresented in terms of applications from BME candidates however the proportion of non-white candidates that are then shortlisted reduces significantly, this reduces again for interview attendance.
- The relative likelihood of white candidates being appointed from shortlisting compared to BME candidates is 2.59 (a figure above 1 indicates that white staff are more likely to be appointed).
- Noting the small number of cases, the relative likelihood of BME staff entering into a formal disciplinary process compared to White staff is 2.59 (a figure above 1 indicates that BME staff are more likely than White staff to enter a formal disciplinary process).
- BME staff are more likely to experience bullying and harassment from patients and from line managers (15% vs 9% and 23% vs 9% respectively), but less likely to experience it from colleagues.
- BME staff are more likely to experience discrimination from manager or other colleagues (12% vs 7%).
- It is recognised that the data sets currently do not allow a greater depth of understanding in terms of intersectionality.
- Results from other areas of the staff survey vary for example, BME staff are more likely to be often / always enthusiastic about their role (68% vs 55%), are satisfied / very satisfied to the extent in which the organisation values their work (62% vs 46%) and agree / strongly agree that they are able to access the right training and development (77% vs 49%). However, they are more likely to feel that relationships are strained at work. While the survey results suggest that BME staff have a positive experience in relation to wellbeing when compared to White staff, we must recognise

the difference in population size, potential population expectations and be mindful not to make assumptions. The wider evidence, such as the work of Professor David R Williams, shows that racism makes people sick.

Gender Pay Gap

The full report can be found in Appendix 4 (noting the snapshot data was taken at the beginning April 2024 as opposed to the information above).

Key findings from this activity:

- BNSSG has a mean gender pay gap of 17.86%. This has decreased over the reporting lifespan (24.76% in 2019-20). The median gender pay gap is 12.88% (decreased from 15.78% in 2019-20).
- Women occupied 61.54% of jobs in upper quartile but 80.70% and 82.57% in the lower and lower middle quartiles respectively. The gender pay gap can therefore be explained by the proportion of men in more senior roles and an overrepresentation of females in lower paid roles.
- There is an overrepresentation of women in part time roles; 29.99% vs 4.14% men. The highest proportion of part time roles are in bands 6 and 7 but this reduces as there is grade progression with no part time roles at 8D or Band 9. There are a high proportion of part time roles within the 'other' pay band which includes Independent Non-Executive Members and specific clinical focused roles which are all part time and will often be taken as part of portfolio careers.
- It is recognised that the data sets currently do not allow a greater depth of understanding in terms of intersectionality, this needs to be addressed.

Ethnicity Pay Gap

The full report can be found in Appendix 5.

Key findings from this activity:

- This is a non-statutory report and the first time that BNSSG has reported on ethnicity pay gap.
- BNSSG has a mean ethnicity pay gap of 4.89% and a median pay gap of 7.34%
- The percentage of BME staff was greatest within the lower quartile and this decreased as the pay increased; 13.16% in lower quartile vs 5.98% in upper quartile.
- When compared to the BNSSG staffing data this shows that we are underrepresented within the highest paid roles within the organisation.
- It is recognised that the data sets currently do not allow a greater depth of understanding in terms of intersectionality, this needs to be addressed.

Equality Delivery System (EDS)

The overall EDS reporting was undertaken at a system level. The full report can be found here and summary board report in Appendix 6.

To feed into the system report a specific ICB review was undertaken. The report can be found in Appendix 7.

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Domains two and three focused on Workforce health and Wellbeing and Inclusive Leadership respectively and overall BNSSG ICB scored as 'Developing Activity'.

Key finding from this activity:

- While there is a range of health and wellbeing support for staff this does not focus on the specific physical health conditions mentioned (obesity, asthma, diabetes, COPD). Additional review and support for disabled staff with relation to these conditions is required. We must also note that the support provided does not focus on addressing the impact of discrimination on staff members.
- Additional proactive work needs to be undertaken to ensure a zero-tolerance policy and approach for verbal and physical abuse towards staff with action undertaken to address and prevent bullying behaviour and closed cultures. A review of support available to staff experiencing these behaviours is also required.
- The needs to be a focus on exit data with regular review of its finding disaggregated to show the experiences of BME, Disabled and LGBT+ staff against other staff members. This data will help to ensure we can address these issues proactively.
- The use of sickness and absence data in relation to retention activity should be reviewed.
- Executive sponsorship of staff networks may help to support the embedding and growth of these.
- Equality and Health Impact Assessments need to be further embedded in all work and shared at board level.
- Board members should consider implementing the Leadership Framework for Health Inequalities Improvement.
- Evidence showing how equality, diversity and health inequalities are considered at board level and how the board holds services to account should be appropriately shared and available. Likewise, we need to be clear on how the board is being held to account on these issues.

Additional ICB Workforce Data

While statutory reporting activity reflects upon gender, disability and race it is recognised that the Equality Act covers a wider range of protected characteristics.

Age

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Grade banding by age:
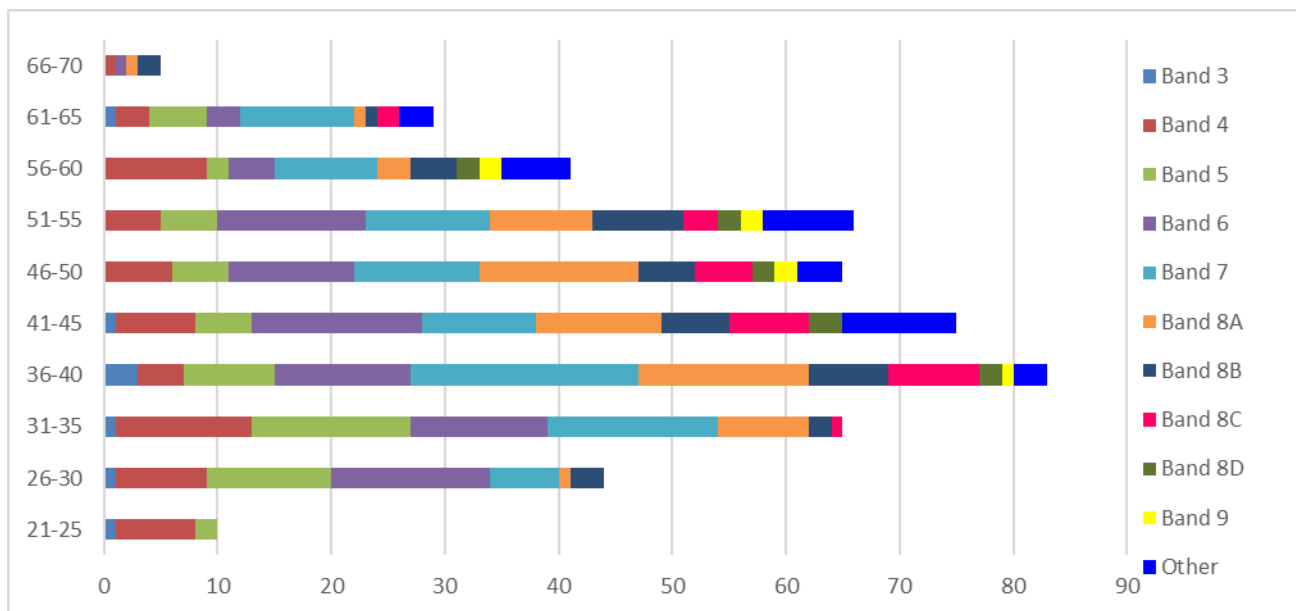
The data shows a fairly even spread of ages working within the ICB with highest numbers within the 31 – 55 age brackets. Within the 'Other' banding category we would see the executive team, independent non-executive members and specialist clinical roles, all of which would require extensive career experience and / or specialist development which would explain why we do not see people entering these roles until their mid-thirties. It is also worth noting that we have no staff under the age of 25 in roles above a band 5, this does pose the question as to whether we are providing opportunities for early talent to develop at pace.

Recruitment data shows the following:

Age Range	% of total All Applications	% of total Shortlisted	% of total interviewed	% of total appointed
Under 20	0.4	0	0	0
20 – 24	8.2	7	4	2
25 - 29	24.2	18	23	14.2
30 – 34	23.6	21	24	20.4
35 – 39	15.2	16	18	22.4
40 – 44	10.3	13	13	12.2
45 – 49	5.9	6	5	10.2
50 – 54	5.8	9	7	10.2
55 – 59	4.5	7	2	4.1
60 – 64	1.1	2	2	4.1
60+	0.9	1	1	0

While we do have a spread of ages applying and working through the recruitment process, the data does suggest that those between 35 - 54 are more likely to be appointed in comparison to the proportion of applications made.

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The staff survey data indicates that staff aged between 21-30 score lower when compared to the organisation as a whole in areas such as development, work-life balance and flexibility, motivation and staff engagement however they are less likely than others to be thinking about leaving. Staff aged 51-65 are most likely to be thinking about leaving the organisation.

Sexual Orientation

Grade by sexual orientation has been reviewed, however due to the data set size the results will not be shared as there may be a risk of the data becoming identifiable. Some key points of note:

- While organisationally we are broadly representative of the community as a whole for those that identify at Gay, Lesbian or Bisexual, this is not reflected in certain grades particularly grade 8A where only 1.59% of staff have a stated sexuality of Gay, Lesbian or Bisexual and in grades 8C and above where no staff have stated this.
- It should be noted that there is significant underreporting of sexual orientation with 19.25% of the organisation declining to provide a response (within the 2021 census this is between 6.53 and 8.48%) this may indicate that individuals do not feel comfortable disclosing their sexual identity at work.

Recruitment data shows the following:

Sexual Orientation	% of total All Applications	% of total Shortlisted	% of total interviewed	% of total appointed
Heterosexual or Straight	87	76	76	76
Gay or Lesbian	2	3	5	6
Bisexual	4	8	2	0
Other sexual orientation not listed	1	1	2	0
Undecided	0	0	0	0
I do not wish to disclose	6	11	16	18
Not stated	1	2	0	0

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Similarly to workforce data there is a high proportion of candidates who do not disclose sexual orientation during the recruitment process.

Within the staff survey results there is only one area where staff who identify as Gay, Lesbian, Bisexual, Other has scored higher that the organisation as a whole; the compassionate leadership sub score within People Promise element one, 'we are compassionate and inclusive'. In 60% of themed RAG scores this staff group scored lower than the organisation as a whole. In 97% of themed RAG scores of the staff grouping 'prefer not to say' scored lower than the organisation as a whole.

Religious Belief

As with sexual orientation Grade by religious belief has been reviewed, however due to the data set size the results will not be shared as there may be a risk of the data becoming identifiable. Some key points of note:
- Overall workforce data shows that BNSSG ICB are underrepresented (when compared to Bristol data) from individuals of the Islamic faith.
- A high proportion of staff have an undisclosed religious belief.
- Within census data there is no 'atheism' option, however there is a 'no religion' option (between 45.3% - 51.4%). BNSSG ICB data shows 23.4% under atheism and 12.01% from the 'other category', this might explain some of the discrepancies when compared to census data.

Religious Belief	% of total All Applications	% of total Shortlisted	% of total interviewed	% of total appointed
Atheism	14.5	17.6	12.2	26.5
Buddhism	2.8	2.6	3.0	2
Christianity	46.8	46.3	50.6	32.7
Hinduism	10	4.5	8.5	0
Islam	8.2	5.1	7.9	0
Jainism	0	0	0	0
Judaism	0	0	0	0
Sikhism	1.4	0.3	0	0
Other	5.3	7.1	3.7	8.2
I do not wish to disclose	11.3	15.3	14.0	30.6
Not stated	0.8	1.1	0	0

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Recruitment data shows that we are broadly representative from application to interview however this decreases at appointment, particularly in relation to Islam, and while smaller proportionally Hinduism and Sikhism (noting that for these religions the shortlisting is broadly representative however this has not followed through into interviewing).

Within the staff survey analysis, due to the response numbers when broken down by religion, we do not have a breakdown by religious belief other than 'no religion', Christianity and 'prefer not to say'. However, it should be noted that under every People Promise theme except 'We are safe and healthy – burnout', the staff grouped under 'prefer not to say' RAG rated under the organisation overall (greater than 0.4 ppt below).

Key activities during 2023-24

Organisational Change

This year was significantly impacted by organisational change with the executive portfolio transition and transformation completing in May 2023, a voluntary redundancy scheme running from October to December 2023 and Shaping Our Future running from December 2023 to March 2024 (with final implementation processes running to July 2024).

A workforce demographics summary in relation to the Executive Transition and Transformation can be found in Appendix 8. A key finding from this review and outlined in the evaluation report was in relation to fixed term workers whose contracts were not extended as part of this process. Reviewing the demographics for this group of staff (those on fixed term contacts) 58% of staff were working on part-time basis with a fairly even mix between male and female, with female part time working being slightly over 55%. Of staff who identified their ethnicity, 4 of the leavers (11%) identified their ethnicity are non-white. There were 3 (8.3%) of leavers who disclosed disability status as disabled. The data does therefore indicate that the ending of fixed term contracts may have had an increased impact for those who identified as having a disability or non-white ethnicity and part time workers and as an organisation we should continue to be mindful of this moving forward.

Data in relation to protected characteristics was reviewed at each stage of the voluntary redundancy scheme. The charts below show comparisons at each stage up to voluntary redundancy approval based on protected characteristics and working hours (noting that some applicants later withdrew their applications).

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Gender

Age Band

Religious Belief

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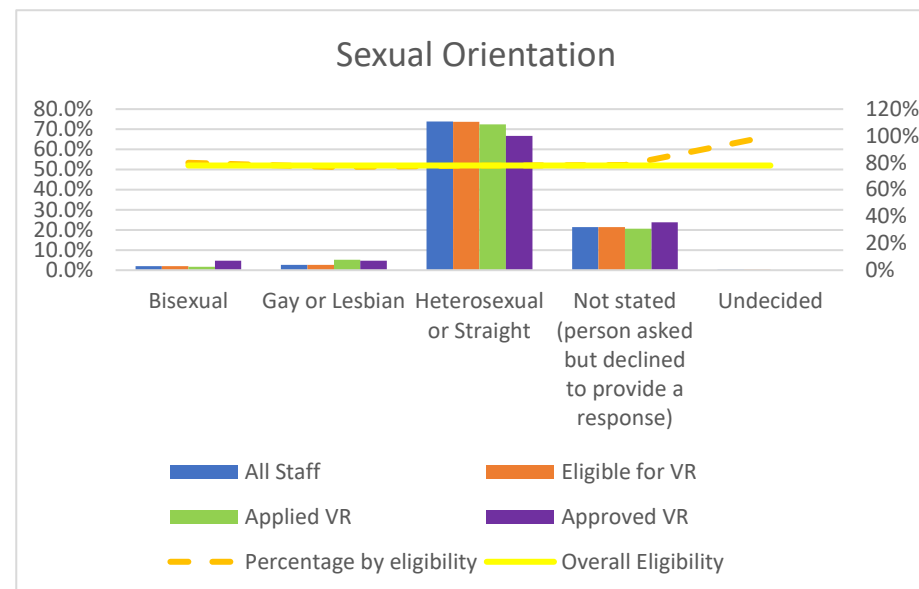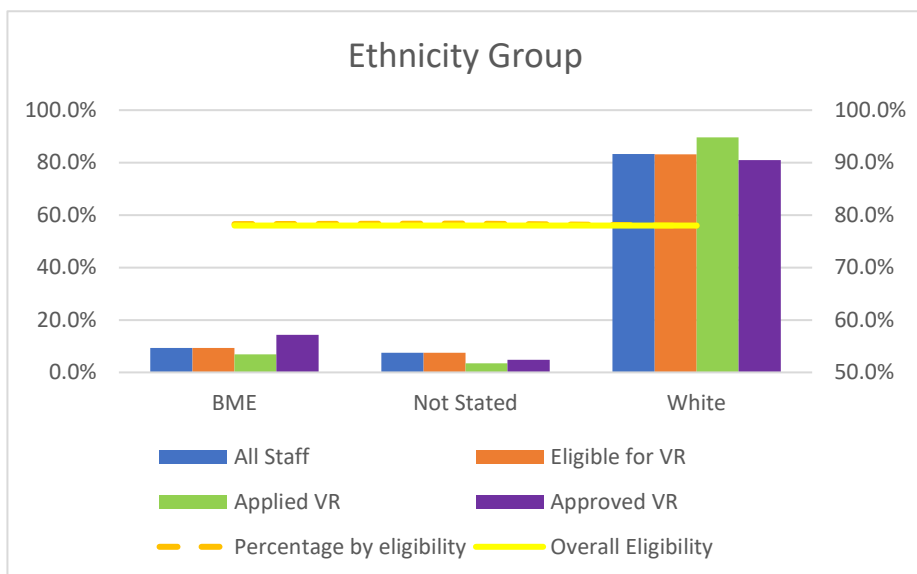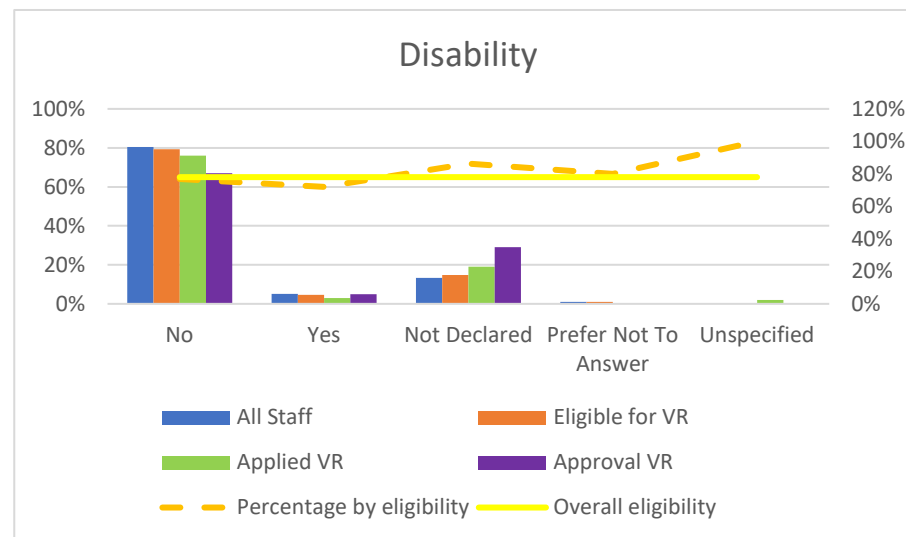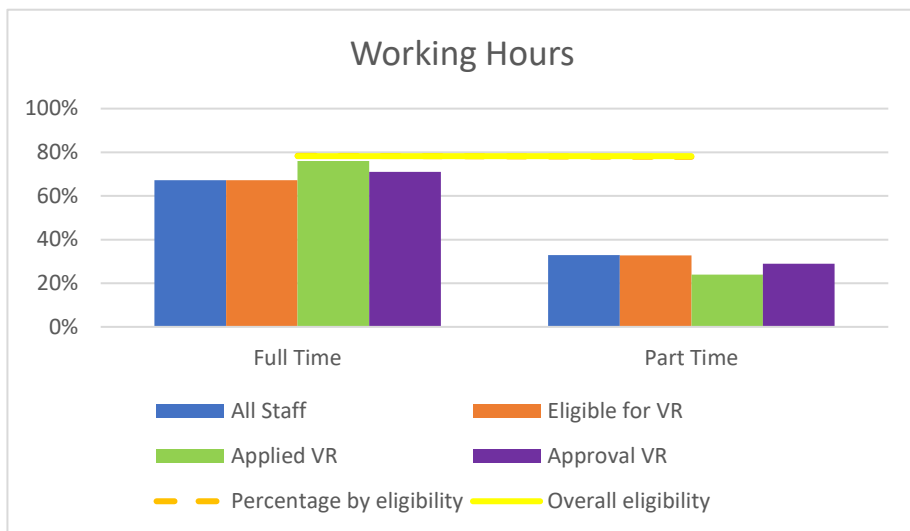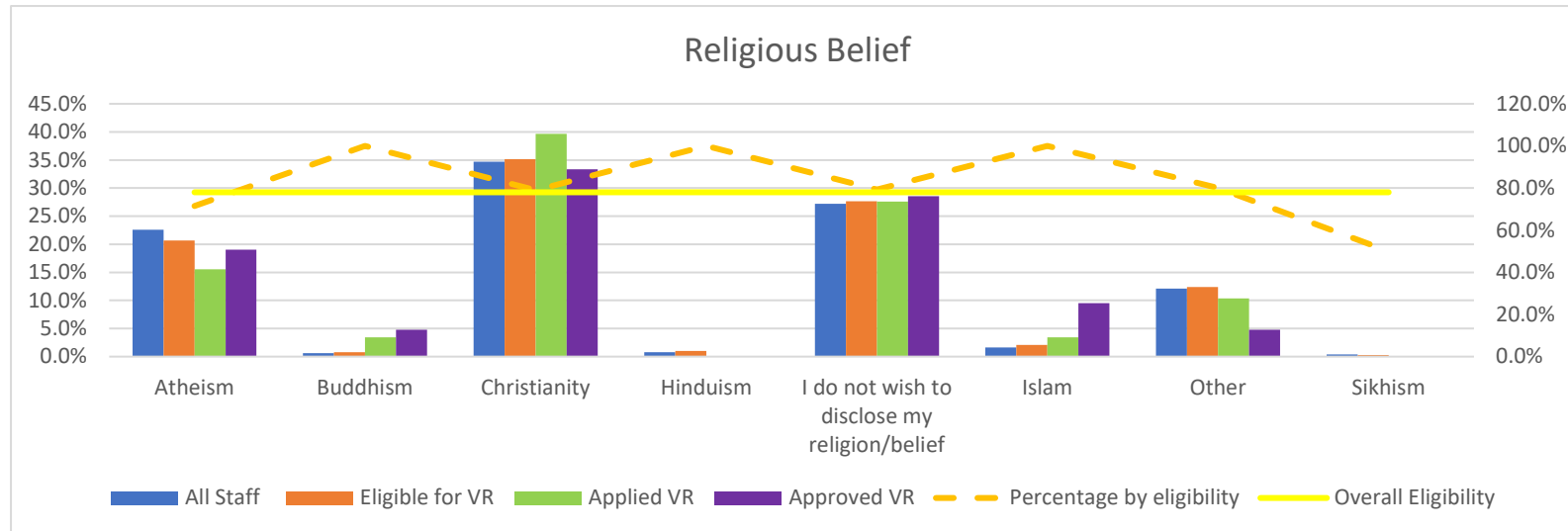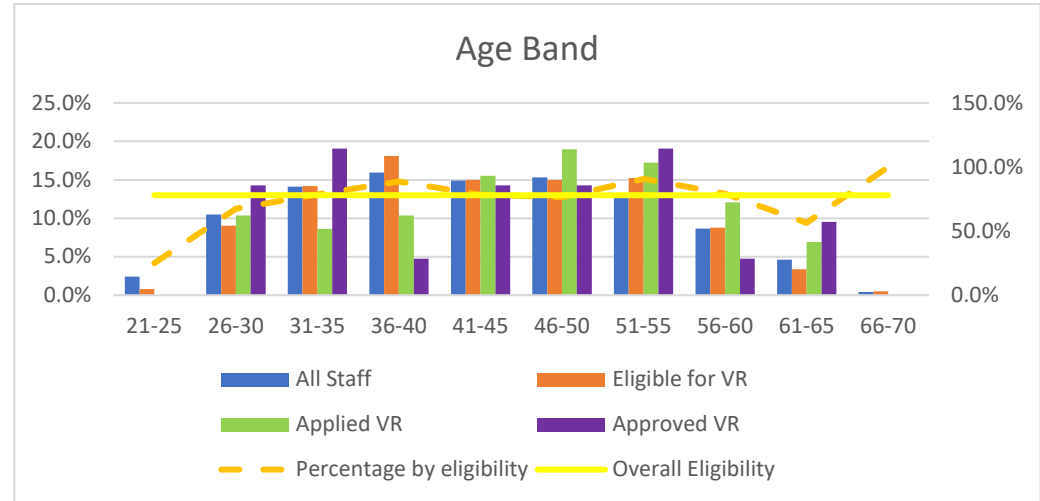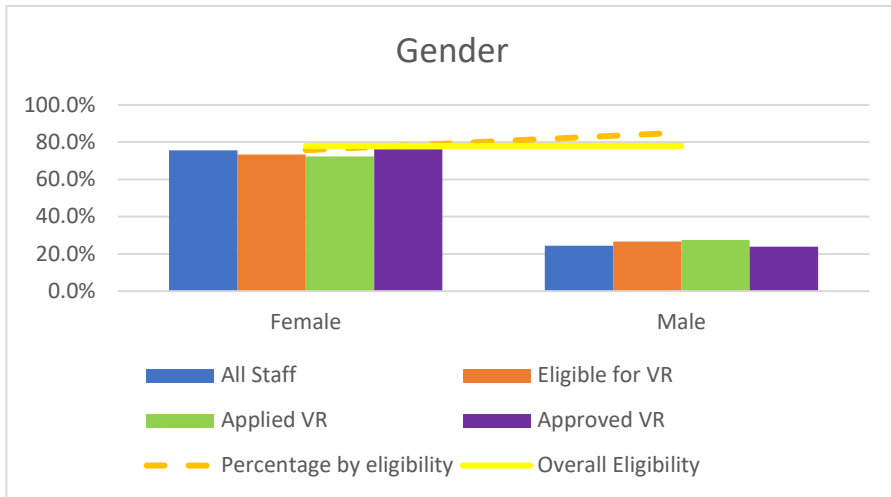
While there was concern through the process that certain groups of staff with protected characteristics (based on disability status and ethnicity) were impacted adversely, a review of overall make up pre and post voluntary redundancy scheme indicated that there had not been a significant impact to the overall organisational make up (Appendix 9).

Ahead of Shaping Our Future consultation a full EHIA was undertaken (Appendix 10). Key points of note at this stage were that:

- Full time workers were more impacted at this stage than part time workers (75% vs 67% in organisation overall).
- Those with a disability status of No were less impacted than those with a Yes status or not declared (67% vs 81% in overall organisation).
- Staff within the 'White' ethnicity grouping were less impacted than those within the 'BME' or 'not stated' groupings (77% affected vs 83% in an organisation overall).
- Those in pay band 8C were the most impacted pay band.

The EHIA was updated following consultation (Appendix 11) and a further review undertaken as at the end of May 2024 (Appendix 12). To note that the 'At risk' data labels have been removed to stop information being potentially identifiable due to the small numbers involved.

Key points of notes in relation to 'at risk' status:

- Full time workers were impacted more than part time workers.
- Those aged between 51 – 60 proportionally more impacted.
- Those in higher bands were more affected due to the reduction of more senior roles with limited suitable alternative positions available.

Throughout the change process the equalities data was regularly reviewed by the remuneration committee to ensure that there was appropriate oversight and challenge. Shaping Our Future was also a standing agenda item within the Inclusion Council and Staff Partnership Forum meetings, ensuring that there was engagement from across our workforce throughout the process; actions as a result of this included specific training on 'Coping with Change' and 'Resilience', the creation of diverse panels and appropriate reasonable adjustments within the organisational change selection procedures.

A comparison of organisation by protected characteristic was undertaken pre and post Shaping out Future and showed the following:

Working Hours

	Pre SoF	Post SoF (July 24)
Bank	0.40%	1.85%
Full Time	67.00%	63.86%
Part Time	32.60%	34.29%

Gender

	Pre SoF	Post SoF (July 24)
Female	75.45%	74.95%
Male	24.55%	25.05%

Age Range

	Pre SoF	Post SoF (July 24)
21-25	2.20%	1.44%
26-30	9.38%	9.65%
31-35	13.97%	13.35%
36-40	17.37%	17.04%
41-45	14.37%	16.02%
46-50	14.77%	13.35%
51-55	13.17%	13.76%
56-60	9.38%	8.21%
61-65	4.79%	5.95%
66-70	0.60%	1.23%

Disability

	Pre SoF	Post SoF (July 24)
No	81.40%	79.47%
Not Declared	12.60%	10.68%
Prefer Not To Answer	1.00%	0.82%
Unspecified		0.21%
Yes	5.00%	8.83%

Ethnicity Group

	Pre SoF	Post SoF (July 24)
BME	9.58%	9.86%
Not Stated	6.99%	5.95%
White	83.43%	84.19%

Sexuality

	Pre SoF	Post SoF (July 24)
Bisexual	1.80%	2.26%
Gay or Lesbian	2.59%	2.46%
Heterosexual or Straight	75.45%	76.80%
Not stated	20.16%	18.48%

It should be noted that these comparisons will include all staff changes during the time period, not just those as a result of Shaping Our Future.

Staff Networks and Inclusion Council

Across this year the inclusion council continued to meet. Specific work undertaken by the council (or specific networks) included;

- Policy reviews e.g. maternity policy, sickness absence policy
- Reasonable adjustment process review undertaken by the Business Disability Forum and Disability Staff Network (DSN)
- A review of the new office location and plans (DSN)
- A review of the organisational hot desk booking system and run and hide protocols to improve inclusivity (DSN)
- Engagement in the system wide inclusive recruitment video script creation
- Providing support to staff via lean in circles (DSN)
- Providing 'Effective Allyship' lunch and learn session (Proud)
- Cultural food sharing event (EmPowered)
- System wide collaboration at Bristol Pride and Trans Pride

Equality, Diversity & Inclusion Training and Development

BNSSG ICB undertook the Diversity in Health and Care Partners Programme 2023/24 which included a board member only virtual masterclass and specific modules focusing on how to shape and influence cultural change, importance of values based, ethical and de-

biased decision making in organisational processes, anti-racism strategies, culture and continuous improvement programmes and sharing best practice and collaboration.

EDI mandatory training compliance increased from 86% (Quarter 4 22-23) to 93% (Quarter 4 23-24).

Future Activity

While we have seen increments of improvement in aspects of our reporting it is clear that there is still much to do.

BNSSG is currently developing an Organisational Development Plan that will include a range of EDI focused activity including:

- Refine inclusive recruitment practices to build on existing tools and resources to employ applicants and retain employees from all communities (High impact action 2 & 3). We will review each stage of the application and selection process including inclusive language and positive action statements (and implementation), use of bias decoders, effective development and support for hiring managers and a proactive approach for unsuccessful candidates. There will also be a specific focus on groups not covered by the equality act such as care leavers and the armed forces community.
- A range of activities to support a zero-tolerance approach to discrimination. Clarity that all allegations will be taken seriously and handled in a sensitive and confidential manner and improved reporting mechanisms and support for staff impacted by discrimination and harassment (High impact action 6). This will include ensuring all staff receive training in the next 12 months on Bullying & Harassment, Violence and Aggression and Sexual Safety at work. Recognising that fear and power imbalance inhibit reporting, there will also be a refreshed emphasis on Freedom to Speak up with the NHSE approved training available to all staff.
- A deeper understanding of data in terms of intersectionality is required, future data reviews will aim to address this where the data allows.
- Using a preventative approach, develop a truly anti-racist environment for our staff including identifying structural, cultural and policy barriers that are causing inequity within the organisation, an end-to-end review of the staff lifecycle and people management approach and ensuring clear communication and development in relation to becoming an anti-racist organisation.
- We will update and promote our flexible working policy to help colleagues achieve work life balance (High impact action 3). This will include promoting part time roles and the opportunity to job share.
- We will continue to promote our reasonable adjustment procedures across the ICB, ensuring that line managers recognise the need to start from an assumption that requests for adjustments are reasonable.
- We will finalise and promote our Hybrid Working policy which provides colleagues with greater flexibility to carry out their role while managing their personal health and wellbeing priorities and meeting business and service need.

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- A review of our policies and processes related to disciplinary to ensure bias is removed from this process.
- We will record protected characteristic information for talent and learning activities to better understand if there are discrepancies in how this information is being accessed and understanding the impact in relation to career progression.
- A focus on creating a healthy workplace culture with particular emphasis on understanding stress experienced by staff, effectively utilising culturally competent EAP services, mental health first aiders and return to work conversations, targeting specific questions within the NHS Staff Survey. (High Impact Action 4).
- Continuing to measure staff experience through pulse and staff surveys regarding how good they feel about their working environment the organisations' practices, culture and ethos.
- An improved focus on exit data with regular review of its finding disaggregated to show the experiences of BME, Disabled and LGBT+ staff against other staff members.
- Work with our staff networks to help develop interventions and collaborative actions that will support these activities, including support and development for network members as required.
- Ensure that all senior leaders within the organisation have specific and measurable EDI objectives with a particular focus on dismantling racism (High impact action 1).
- Upskill line managers in inclusive workforce practice to ensure colleagues are managed equitably and fairly and people are valued in their diversity.

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Appendices

Appendix 1	2021 census data
Appendix 2	2023-2024 Workforce Disability Equality Standard Data Review
Appendix 3	2023-2024 Workforce Race Equality Standard Data Review
Appendix 4	Gender pay gap
Appendix 5	Ethnicity pay gap
Appendix 6	BNSSG ICB Public Sector Equality Duty
Appendix 7	ICB EDS Domain 2-3 Information
Appendix 8	Executive Transition and Transformation Workforce Demographics
Appendix 9	Pre and Post Voluntary Redundancy Scheme Workforce Data
Appendix 10	EHIA Shaping Our Future Consultation
Appendix 11	EHIA Shaping Our Future Consultation Updated Feb 24
Appendix 12	SoF Impact Assessment Report 29-05-2024

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