BNSSG ICB Board Meeting

Date: Thursday 16th January 2025
Time: 09:30 – 11:55
Location: Virtual, via Microsoft Teams

Agenda Number:	6.2	
Title:	BNSSG ICS Workforce EDI Report 2023-2024	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Discussion		
Key Points for Discussion:		
This report summarises the equality diversity and inclusion activity and reporting in relation to the ICS workforce during 2023-24 financial year any work in this area directly feed into our tackling systemic inequalities and strengthening building blocks ICS objectives as outlined within the Healthier Together strategy.		
Recommendations:	To discuss and approve	
Previously Considered By and feedback :	ICB People Programme Board	

Management of Declared Interest:	N/A
Risk and Assurance:	Resource implications for ongoing work
Financial / Resource Implications:	Organisational EDI focused resource
Legal, Policy and Regulatory Requirements:	Equality Act 2010 & Public Sector Equality Duty
How does this reduce Health Inequalities:	Improved diversity and equity within the workforce can support systemic change to reduce health inequalities.
How does this impact on Equality & diversity	The report focuses on Workforce EDI
Patient and Public Involvement:	N/A
Communications and Engagement:	Information contained has been collected from data published at an organisational level or provided by EDI or workforce data leads.
Author(s):	Samantha Hill
Sponsoring Director / Clinical Lead / Lay Member:	Jo Hicks

Agenda item: 6.2

Report title: BNSSG ICS Workforce EDI Report 2023-2024

1. Background

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 ICS workforce during 2023-24 financial year any work in this area directly feed into our tackling systemic inequalities and strengthening building blocks objectives.

The report reviews BNSSG Workforce Profile in Health (NHS Employers & GP Practices) & Social Care and summarises the mandatory reporting from across system partners which includes:

- Public Sector Equality Duty
- Gender Pay Gap (plus Ethnicity Pay gap where reported)
- Equality Delivery System
- Workforce Race Equality Standard
- Workforce Disability Equality Standard

The report also summarises work undertaken in the 23-24 financial year plus ongoing and planned activity.

2. Gender Pay Gap

- High proportion of females in workforce, >70% (excl BCC)
- All organisations have a mean pay gap (ranges from 1.4% - 17.86%)
- Most have a median pay gap in favour of males (excl. BrisDoc & NBT). These range from 2% to 12.88%. Median pay gap is considered more reflective / accurate as not skewed by outliers in either direction.

- Higher proportion of men in upper pay quartiles. In certain Health organisations this is impacted by consultant workforce and high numbers of female nurses in lower pay quartiles.
- Two organisations noted that part time roles are often held by female staff members and are often lower banded.
- Actions: Flexible / hybrid working, staff engagement, talent management opportunities.

3. Ethnicity Pay Gap

- Not currently reported on by all organisations but expected to become so as part of the Equality (Race & Disability) Bill. Disability pay gap reporting also anticipated.
- Mean and median pay gaps in all organisations where ethnicity pay gap reported.
- Higher proportion of racialised staff members in lower and mid pay quartiles and under reporting of ethnicity in upper quartiles. This continues the long seen barrier for racialised colleagues in relation to progression.
- Actions: Inclusive recruitment, talent development programmes, line management development.

4. Workforce Race Equality Standard (WRES)

- Increase of 3% in staff from Black, Asian and Minority Ethnic ethnicities (22% of total staff).
- Banding variations; data shows highest proportion of racialised staff in lowest bandings, drops off significantly from B7 upwards with rise at VSM.
- Recruitment: shortlisting improving (1 to 2 for white candidates, 1 to 2.2 for racialised candidates), appointment has significant disparity (1 to 5.6 for white candidates, 1 to 11.3 for racialised candidates).
- Disciplinary date shows relative likelihood from 0.76 – 3.53, a figure above 1 indicates a higher impact for staff from racialised communities.
- Training & CPD data shows positive outcomes generally however must notes that the training of international recruits may impact these findings.
- Bullying, Harassment & Discrimination data shows improvement in figures from both patients and staff / colleagues in most organisations although still a differential based on ethnicity.
- Actions: Inclusive recruitment, specialised training plus range of organisation specific activities. System wide Anti-Racism focused work.

5. Workforce Disability Equality Standard (WDES)

- While there are organisational variations, all organisations are underrepresented when compared to the community figure of 16 – 18% of population having disabilities or long-term health conditions. Generally there is higher representation within non-clinical roles when compared with clinical roles.
- Relative likelihood of appointment varies between 0.32 – 1.39, a figure above 1 indicates a higher likelihood of appointment for a non-disabled candidate.
- Relative likelihood of formal capability processes between 1.04 – 2.73, a figure above 1 indicates a higher likelihood of a disabled candidate entering capability processes.

- Differentials in many of the aspects outlined in the staff survey such as experience of bullying, harassment & discrimination, opportunities for progression and organisational satisfaction however the key take away is that there is still significant disparity between the experiences of disabled and non-disabled staff members.
- Activity plans in place based on individual organisational findings.

6. Equality Delivery System (EDS) & High Impact Actions

- EDS 23-24 review previously brought to Board.
- EDS 2024-2025 Domain 1 focus will be Cardiovascular, re-review of Maternity services and Accessible Information Standard.
- All NHS Employers have embedded the 6 High Impact Actions from the NHS Equality, Diversity & Inclusion Improvement plan into their action plans for delivery, key actions to support this are:
    - Inclusive recruitment review and implementation
    - Pay gap action plans at organisational level
    - Upskilling of line managers
    - Focused work to reduce bullying, harassment & discrimination

7. Financial resource implications

The ICB employees a Senior People Business Partner who has system and ICB EDI as part of their portfolio and an ICS Workforce EDI Manager who is fully focused on supporting system integration and collaboration across the EDI portfolio.

Within partner organisations there are a range of EDI focused roles that focus on sovereign organisation EDI work but also collaborate as part of the system EDI leads group and various task and finish groups.

8. Legal implications

Any EDI focused work must take into consideration the Equality Act 2010 and Public Sector Equality Duty.

9. Risk implications

The key risks associated with this work are the limited resource available across the system, the alignment of priorities across the system and ensuring that there is cross organisational working to reduce / eliminate duplication. Additionally, the mandated reporting requirements for NHS Employers is significant and therefore reduces the capacity to deliver effective, systemic change at both organisational and system levels.

10. How does this reduce health inequalities

A diverse workforce plays a significant role in improving health inequalities by fostering inclusivity, improving representation, and addressing the social determinants of health for example by improving cultural competence and sensitivity, improved understanding of health literacy across communities, improved patient and service user trust and engagement and more innovative and effective solutions to address health inequalities.

11. How does this impact on Equality and Diversity?

This report focuses of equality and diversity across our workforce.

12. Consultation and Communication including Public Involvement

This report pulls together the activity and reporting from a range of system partners using information that is either available publicly or has been provided by local EDI leads.

Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICS Workforce EDI Report 2023-2024

Contents

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.

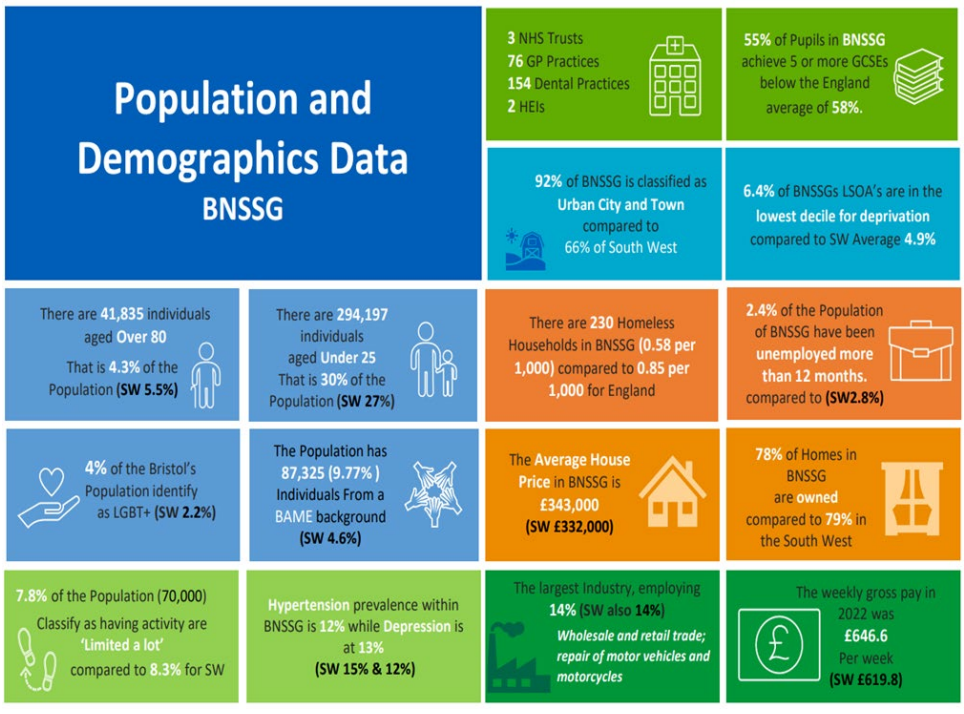
This report reflects the activity and reporting specifically in relation to the ICS workforce during 2023-24 financial year, any work in this area directly feed into our tackling systemic inequalities and strengthening building blocks objectives.

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.

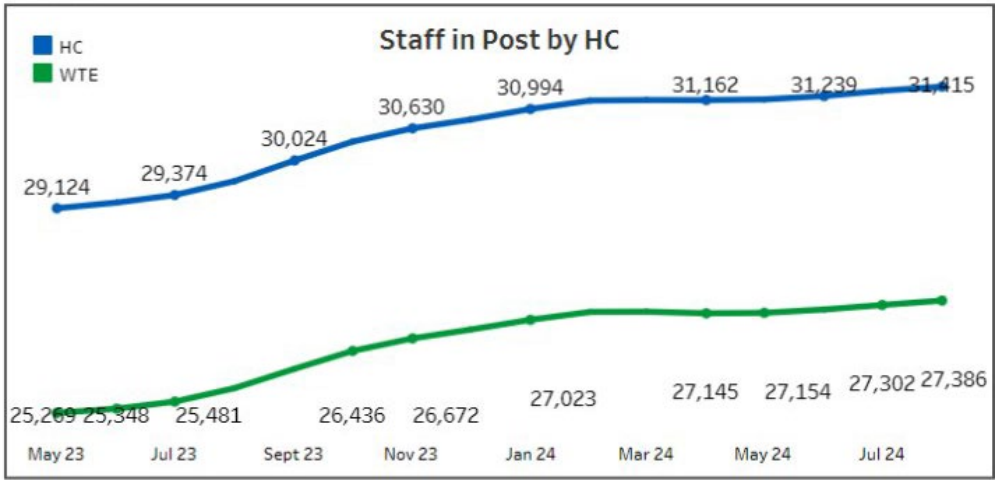
The BNSSG Population and Demographics data are as follows:

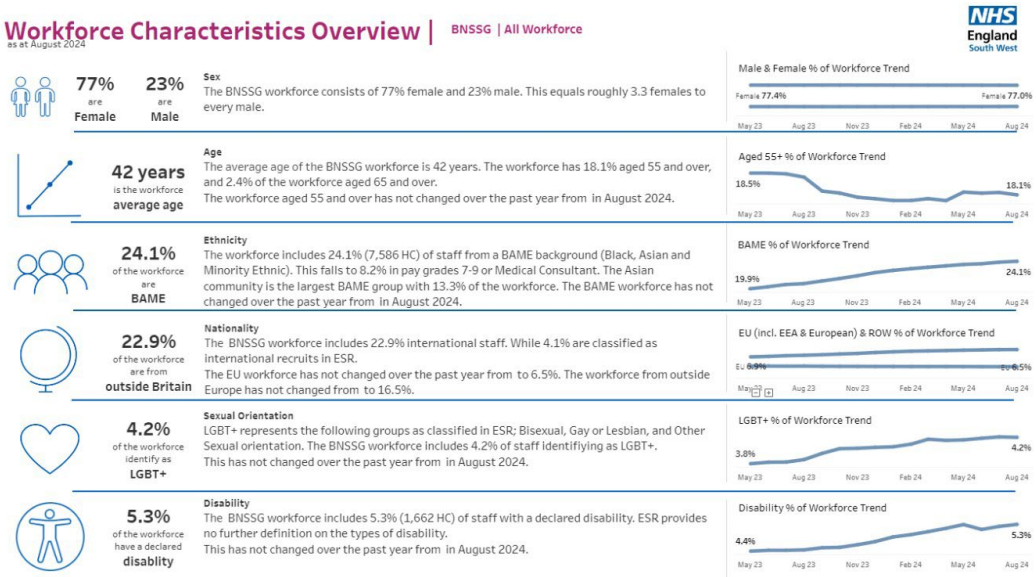


BNSSG Workforce Profile

Health – NHS Employers

The data below includes workforce demographic data for NHS health providers in BNSSG as at August 2024 provided by NHSE South West. To note AWP are included by location of service and therefore this incorporates 58% of their workforce.





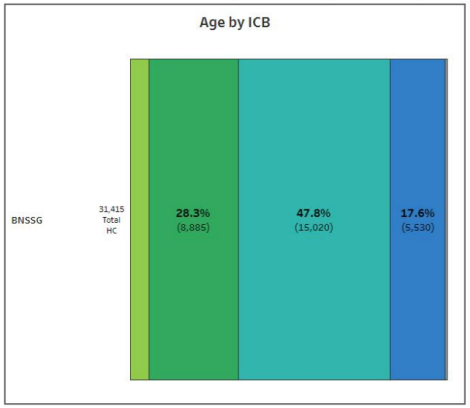
Workforce Age | BNSSG | All Workforce

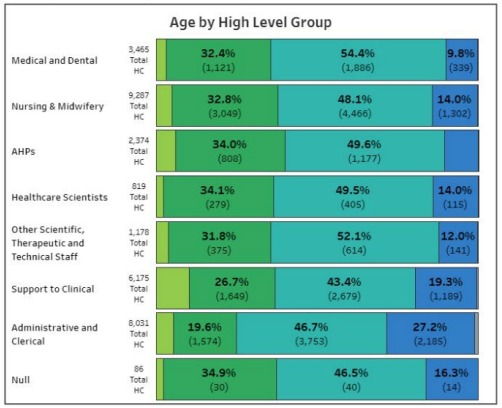
NHS England South West

as at August 2024

Under 25 | 25-34 | 35-54 | 55-69 | Over 70

Under 25	25-34	35-54	55-69	Over 70
5.8%	28.3%	47.8%	17.6%	0.5%
1,810	8,885	15,020	5,530	170





Age & Sex | BNSSG | All Workforce

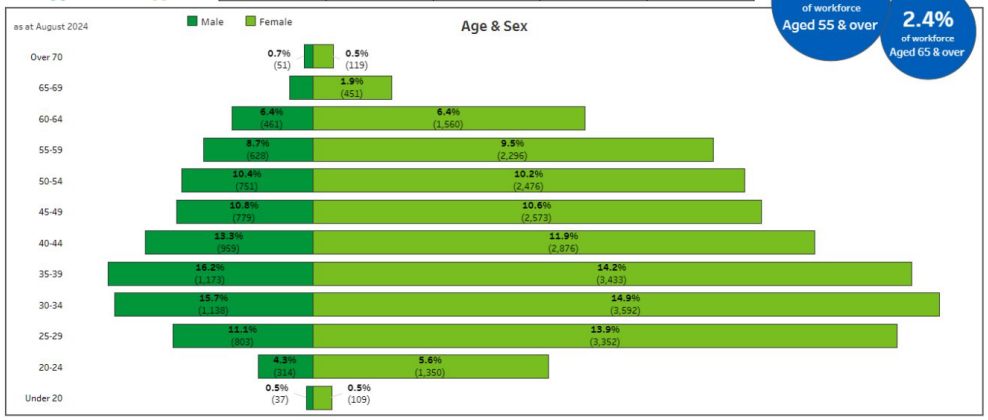
NHS England

23.0% Male | 77.0% Female

Under 25	25-34	35-54	55-69	Over 70
5.8%	28.3%	47.8%	17.6%	0.5%
1,810	8,885	15,020	5,530	170

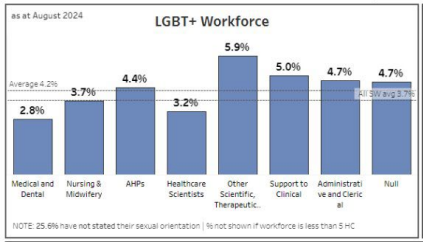
18.1% of workforce Aged 55 & over

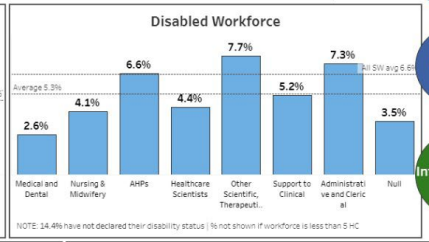
2.4% of workforce Aged 65 & over



Equality, Diversity and Inclusion | BNSSG | All Workforce

NHS England South West



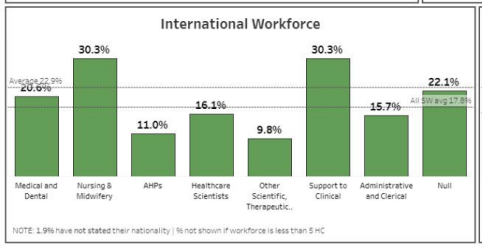


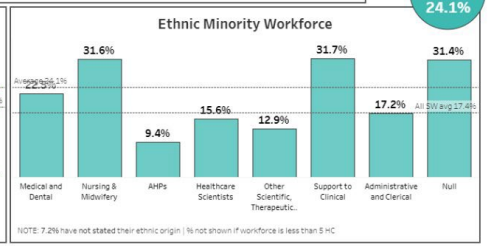
LGBT+ Workforce 4.2%

Workforce with Disability 5.3%

Workforce International 22.9%

Workforce BAME 24.1%





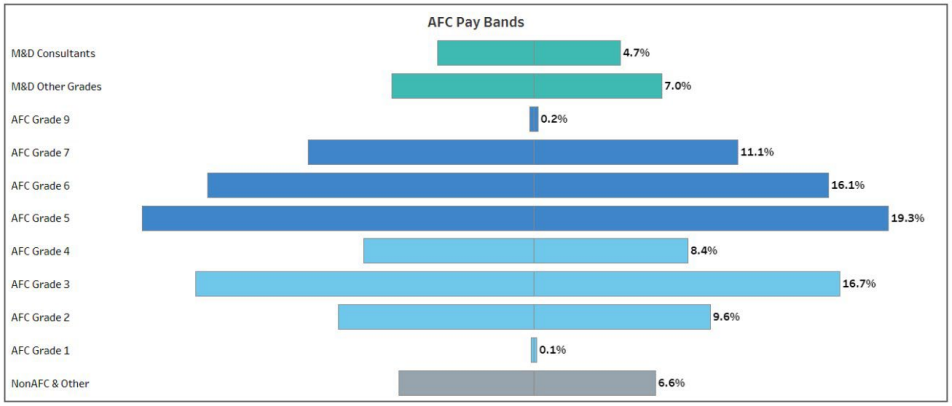
Workforce Skill Mix | BNSSG | All Workforce

NHS England South West

as at August 2024

Medical & Dental | Grade 5-9 | Grade 1-4 | NonAFC & Other

Medical & Dental	Grade 5-9	Grade 1-4	NonAFC & Other
11.7%	46.8%	34.9%	6.6%



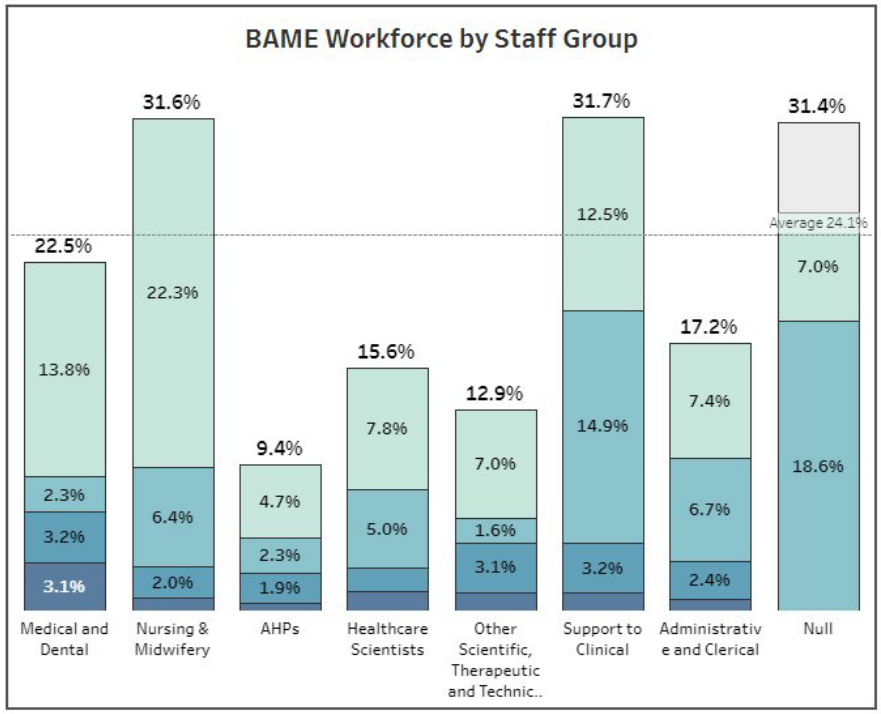
Ethnic Origin | BNSSG | All Workforce

as at August 2024

- Asian/ Asian British
- Black/ Black British
- Multiple Ethnic Groups
- Other Ethnic Group

masked due to detail headcount <5

Asian/ Asian British	Black/ Black British	Multiple Ethnic Groups	Other Ethnic Group	White	Not Stated
13.3%	7.2%	2.5%	1.2%	68.6%	7.2%
4,178	2,258	787	363	21,566	2,263



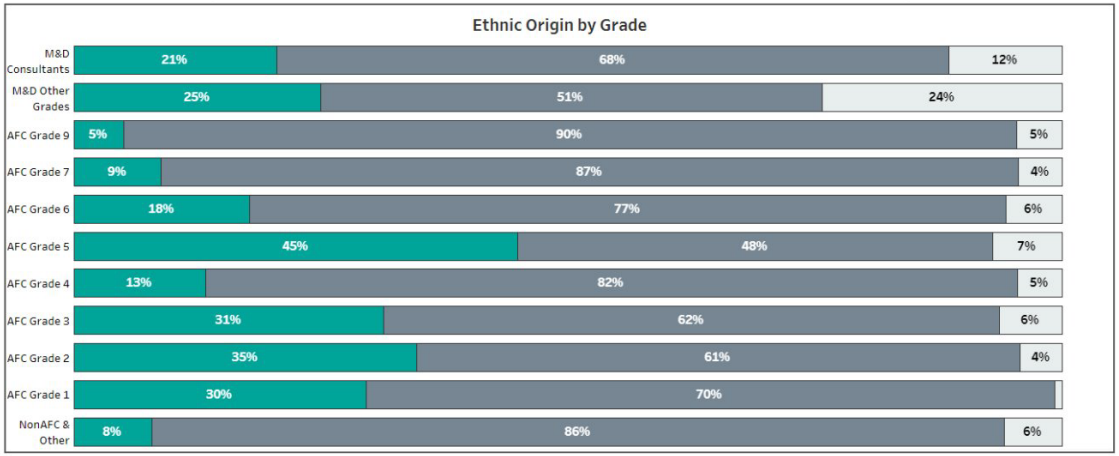
Ethnic Origin by Pay Band (WTE) BNSSG | All Workforce

NHS England South West

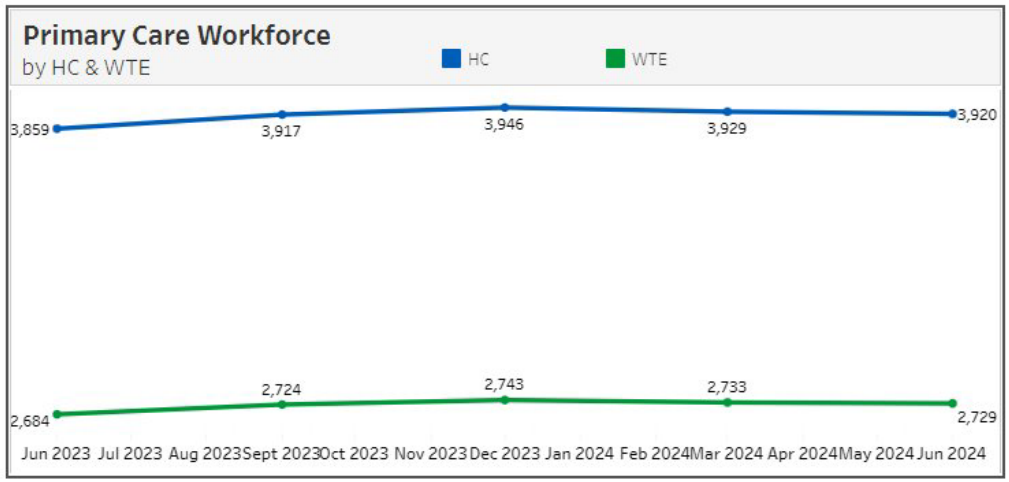
as at August 2024

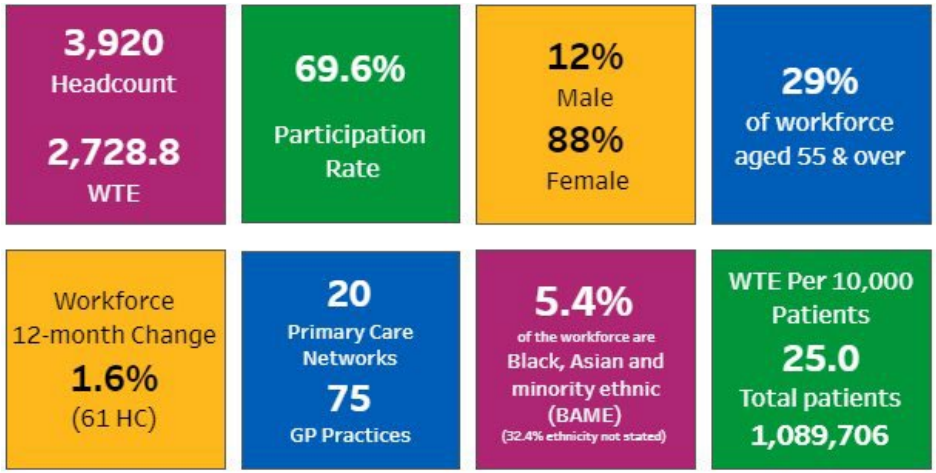
- BAME
- White
- Not Stated

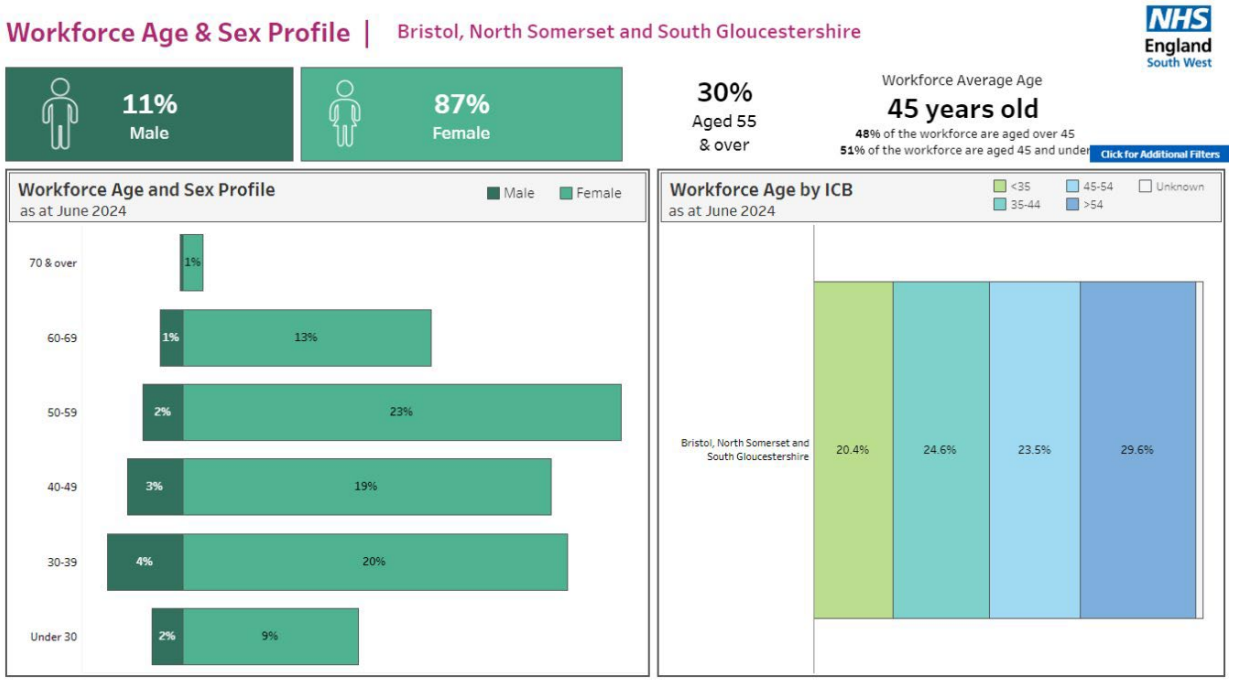
% of BAME Representation by Grade					
M&D Consultants	M&D Other Grades	Grade 7-9	Grade 5-6	Grade 1-4	NonAFC & Other
20.5%	25.0%	8.8%	32.5%	27.9%	7.9%



Health – GP Practices - As provided by NHSE South West







Social Care - 2023/24 Demographics (Local Authority & Independent sectors)

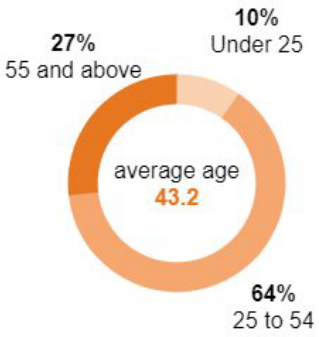
31,000
Total posts

29,000
Filled posts

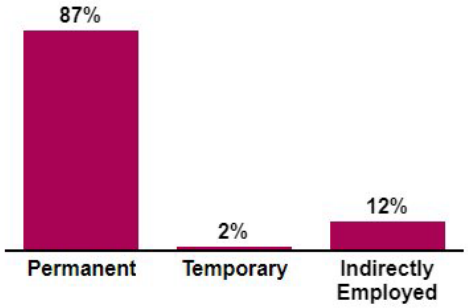
2,100
Vacant posts

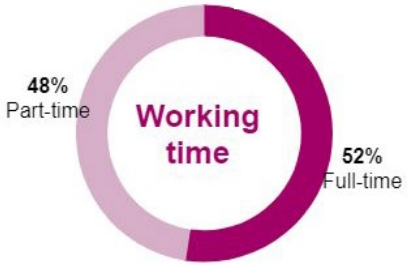
Full-time equivalent (FTE) annual pay

Age



Employment status





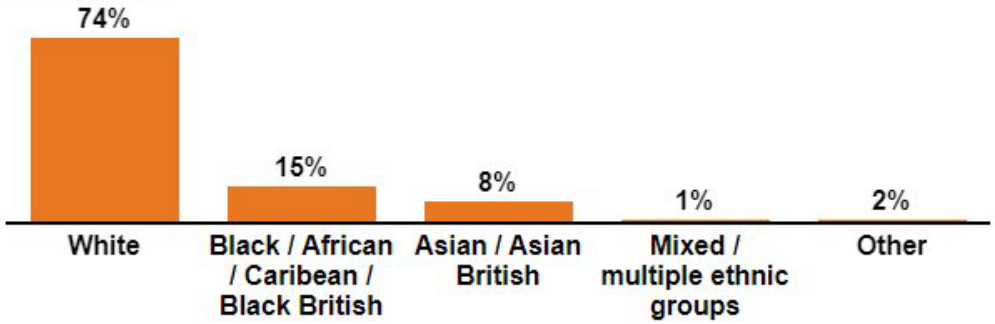
Gender

'Other' gender is collected but not yet included in analysis. See the glossary for more information.

78% of the workforce were **female**

22% of the workforce were **male**

Ethnicity



Reporting Requirements and Timelines

The information provided within this overview has been taken from a number of publications and information provided directly by the EDI leads group.

Standard reporting requirements and timelines are:

Requirement	For whom	Requestor	Deadline
Public Sector Equality Duty	Public Authorities & organisations carrying out public functions	Legal Duty	Annually (plus objectives 4 yearly)
*Gender Pay Gap	Organisations with over 250 employees	UK Government	30 March each year
Equality Delivery System	NHS Employers	NHSE	Final day in February
Workforce Race Equality Standard	NHS Employers	NHSE	30 June
Workforce Disability Equality Standard	NHS Employers	NHSE	30 June

*Ethnicity & Disability pay gap not yet legal requirement but anticipated

Gender Pay Gap

Employers with 250 or more employees must report their gender pay gap data. This includes both private and public sector organisations. Employers must publish specific information about their gender pay gap, including:

1. **Mean Gender Pay Gap**: The difference between the pay of all male and all female employees when added separately and divided respectively by the total number of each gender. The mean pay gap percentage is a calculation of the difference between the mean hourly rates between males and females. This is a sensitive measure that can be easily distorted by outliers.
2. **Median Gender Pay Gap**: The middle hourly pay when all employees are listed in from highest to lowest pay by gender. The median pay gap percentage is the mid point for each gender and the difference divided by the male mid value. This helps to mitigate the effect of extreme values.
3. **Mean Bonus Gap**: The average bonus pay for men compared to women.
4. **Median Bonus Gap**: The median bonus pay for men compared to women.
5. **Proportion of Males and Females Receiving a Bonus**: The percentage of men and women who received a bonus in the relevant pay period.
6. **Gender Distribution Across Pay Quartiles**: The percentage of men and women in four pay bands (quartiles) to show how pay varies across different levels of the organisation.

Pay gap information across system partners:

*indicates 22-23 data as 23-24 pay gap data not required nationally until 30 March 2025

Organisation	Organisation Type	% Male	% Female	Mean Pay Gap %	Median Pay Gap %
AWP	NHS Employer	25%	75%	11.2%	5.6%
BrisDoc*	Social Enterprise	28.3%	71.1%	1.4%	-20.1%
Bristol City Council	Local Authority	39%	61%	7.78%	2.99%
ICB (BNSSG)	NHS Employer	26.1%	73.9%	17.86%	12.88%
NBT	NHS Employer	25.51%	74.49%	17.43%	-0.79%
North Somerset Council*	Local Authority	25%	75%	5.45%	2.89%
Sirona	Community Interest	9.99%	90.01%	8.9%	2.0%
South Gloucestershire Council*	Local Authority	29.9%	70.1%	9%	10.4%
UHBW	NHS Employer	23.5%	76.1%	15.11%	3.19%

A positive value indicates the percentage difference in favour of males, a negative in favour of females.

As can be seen from the data, a high proportion of staff working across our system are female, in most cases this is upwards of 70% however, there is still a mean pay gap for all employers where data has been reviewed and a median pay gap in most with only NBT and BrisDoc having a median pay gap in favour of females.

NHS Employers have the majority of remuneration elements set by a process of collective bargaining with all the NHS employers listed above using NHS job evaluation processes and Agenda for Change pay scales (non-medical staff), as do Sirona. It is noted that Foundation Trusts have the right to deviate from national terms however there are robust assurance mechanisms in place for determining such deviations.

Local authority partners have similar national bargaining arrangements and job evaluation processes in place.

The overall trend across partners is a decreasing gender pay gap both for mean and median rates.

Pay Quartiles

Where there is a gender pay gap seen, this is due to a higher proportion of males in the upper quartile and, often a proportionally lower number of men in the lowest quartile.

Within our acute and mental health settings this is often impacted by the consultant workforce which has a proportionally higher number of males than females, for example NBT note that when reviewing non-medical workforce, they have a mean gap of -3.5% and median of -15.79%. Female employees make up a disproportionate amount of nursing roles in particular, lowering the mean hourly earnings in comparison.

Within local authority partners there is a similar flavour with reports noting that the gap is as a result of the roles in which men and women work within the council and the salaries that these roles attract. North Somerset also note that it may also be reflective of where certain roles have been contracted out, such as street cleaning and refuse collection which traditionally employ more men, verses children's centres and nursery workers which have a predominantly female workforce which remain as services directly provided by the council.

Within certain reports (ICB, South Gloucestershire Council) it is also noted that part time employment opportunities may also have an impact on the pay gaps seen with part time roles being typically held by women and earning less per hour than those working full-time.

Bonus pay gaps

Bonus' are only seen within specific providers.

Bonus Pay Gaps

Organisation	Mean Bonus Pay Gap	Median Bonus Pay Gap
AWP	8.4%	0%
NBT	16.97%	0%
Sirona	16.4%%	-46.7%
UHBW	14.04%	0%

Within acute and mental health services these bonus' are Clinical Excellence Awards, Local (including pre-2018) and National. National and pre-2018 awards have been paid on a long terms basis and in most cases are only lost upon retirement. As part of the consultant pay award agreed in April 2024, Local Clinical Excellence Awards will no longer be paid. It is therefore expected that in future years the median bonus pay gap will increase as only national historic awards will be in place but the mean bonus pay gap should reduce as these holders retire and these historic payments lost.

Sirona have noted that their bonus pay gap has increased considerably this year. Upon further analysis this can be attributed to the number of staff being eligible for bonus payments, from 10 last year to 20 this year. This changed the gender split from 80% to 75% female. Given the small number of employees eligible this has made a disproportionate impact on the results

From those providers reported upon, BrisDoc (an employee owned social enterprise) are the only other provider to provide a bonus and their most recent published report indicates that more women have received bonuses than men with 87.8% of women and 86% of men in receipt.

Actions

There are a range of action plans in place across providers. Some common themes include:

- Review of flexible working policies and promotion of flexible working across organisations, staff networks and during recruitment activity.
- Advancement of women through engagement with staff networks and active promotion of learning and development opportunities.
- Where applicable; use of hybrid and / or home working opportunities.

- A focus on inclusive recruitment practices including developing line managers.
- Analysis of staff survey information and workforce data, with appropriate actions as a result.
- Continued use of robust job evaluation processes.

Ethnicity Pay Gap

The Ethnicity Pay Gap is essentially the difference in average pay between people from different ethnic backgrounds. It's similar to the gender pay gap but focuses specifically on ethnicity. This gap can highlight systemic inequalities in the workplace, revealing how certain ethnic groups may earn less than their peers for the same work or within similar roles.

To calculate it, you typically compare the average hourly earnings of different ethnic groups. The ethnicity pay gap is important because it sheds light on broader issues of equality and inclusion. By acknowledging these gaps, organisations can implement strategies to foster a more equitable workplace, ensuring that everyone has the same opportunities for career growth and fair compensation, regardless of their ethnic background.

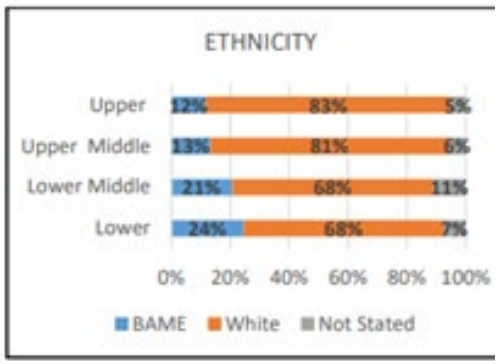
While not currently mandated, the Labour government, indicated in their 'Make Work Pay' report that this will be the case in future. A number of partners across BNSSG already report this information.

Organisation	Organisation Type	BAME	White	Unknown	Mean pay Gap	Median Pay Gap
AWP	NHS Employer	17%	75%	7%	9.2%	17.2%
Bristol City Council	Local Authority				6.2%	10.3%
ICB (BNSSG)	NHS Employer	9.44%	83.91%	6.65%	4.89%	7.34%
NBT	NHS Employer				8.12%	3.19%

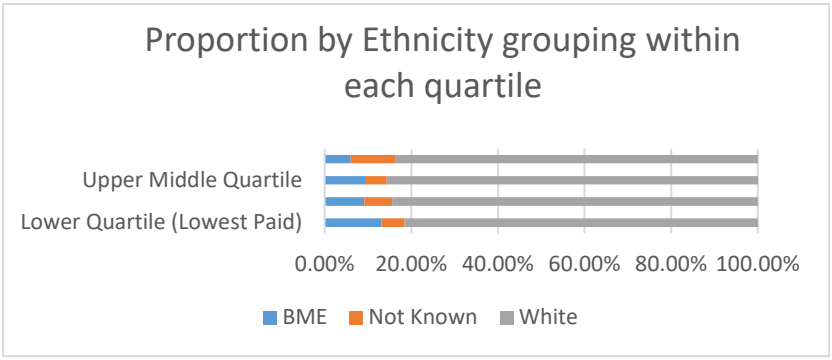
As can be seen from the data, for those organisations that report on ethnicity pay gaps there are both mean and median gaps.

The main reasoning for this is the proportion of BAME staff within lower or mid quartiles and the relatively lower proportion in the upper quartile.

AWP:



ICB:



NBT:

Quartiles	Ethnic minority	Undisclosed	White
1	24.09%	4.67%	71.24%
2	31.44%	5.14%	63.41%
3	30.9%	5.32%	63.79%
4	13.86%	14.97%	71.7%

It should be noted that particularly in NBT & ICB there is a significant proportion of those in the upper quartile have no stated ethnicity which could significantly impact results dependant on ethnicity.

Where bonus' are provided (in the form of clinical excellence awards), a higher proportion of BAME staff receive these than white staff and the median pay gap is 0% in both cases.

Actions

Although, at this stage there is limited reporting of ethnicity pay gap across the system actions that are being taken include:

- A phased approach to developing a BAME talent pool at band 7 and above (AWP).
- Refining inclusive recruitment practices and embedding the system wide inclusive recruitment toolkit.
- Upskilling of line managers.
- Recording of protected characteristic information for talent and learning activities and better understand if there are discrepancies in how this development is being accessed and / or offered (ICB).

Workforce Race Equality Standard (WRES)

The WRES is a set of measures and standards designed to promote equity and inclusion for staff from Black, Asian, and Minority Ethnic (BAME) backgrounds within the NHS. Established in 2015, and an annual reporting requirement for NHS Employers, WRES aims to address disparities in experiences and opportunities for employees by focusing on race equality and workforce diversity.

WRES uses specific metrics to monitor and improve equality. These indicators focus on representation, career progression, and workplace experiences. There are nine primary WRES indicators, divided into two categories:

- Workforce Metrics: These include indicators on recruitment, career progression, and representation of BAME staff across various levels in the NHS.
    - Indicator 1: Representation - The percentage of BAME staff across different pay bands and senior management roles, compared to the overall workforce and population demographics.
    - Indicator 2: Appointments after Shortlisting - The relative likelihood of White staff being appointed from shortlisting compared to BAME staff.
    - Indicator 3: Formal Disciplinary Process - The relative likelihood of BAME staff entering a formal disciplinary process compared to White staff.
    - Indicator 4: Non-mandatory Training and CPD - The relative likelihood of White staff accessing non-mandatory training and continuing professional development (CPD) compared to BAME staff.
- Workplace Experience Metrics: These focus on aspects like staff satisfaction, workplace bullying, harassment, and discrimination incidents reported by BAME staff.
    - Indicator 5: Bullying and Harassment from Patients, Relatives, or the Public - The percentage of BAME and White staff who report experiencing bullying or harassment from patients or the public.
    - Indicator 6: Bullying and Harassment from Colleagues - The percentage of BAME and White staff who report experiencing bullying, harassment, or abuse from colleagues.
    - Indicator 7: Feeling of Fairness in Career Progression - The percentage of BAME and White staff who feel the NHS provides equal opportunities for career progression.
    - Indicator 8: Experiencing Discrimination - The percentage of BAME and White staff who report experiencing discrimination at work, particularly from managers or other colleagues

Indicator 9 focuses on representation at board level, the percentage of BAME board members compared to the local population demographic.

The key objectives for WRES are to;

- Increase BAME Representation: A core objective is ensuring BAME staff representation at all levels, especially in senior roles where representation has historically been lower.
- Reduce Discrimination: WRES aims to reduce instances of discrimination in recruitment, promotions, and everyday work experiences.

- Improve Workforce Experience: It seeks to foster a supportive environment for BAME employees, enhancing job satisfaction and reducing reported incidents of bullying and harassment.

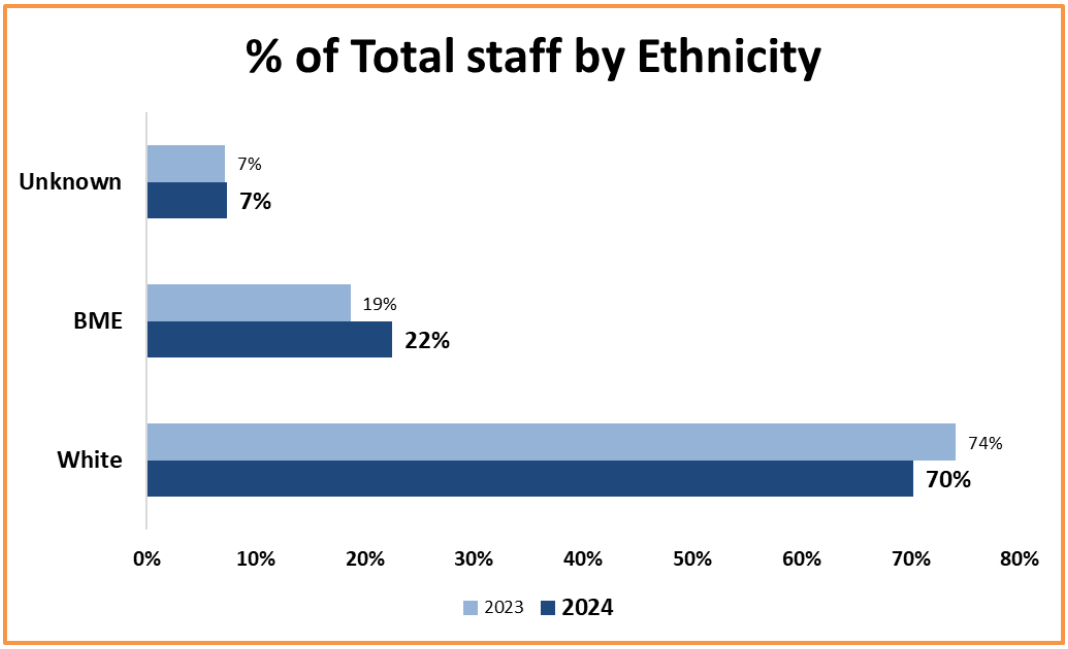
WRES complements other NHS equality and inclusion frameworks, such as the Gender Pay Gap Reporting and Disability Equality Standards, to foster a holistic approach to diversity and inclusion across the workforce.

WRES remains a key tool in NHS efforts to create a fairer, more inclusive environment for BAME staff, aiming for a healthcare workforce that better reflects the diversity of the communities it serves.

Specific organisational WRES reports can be found within the appendix.

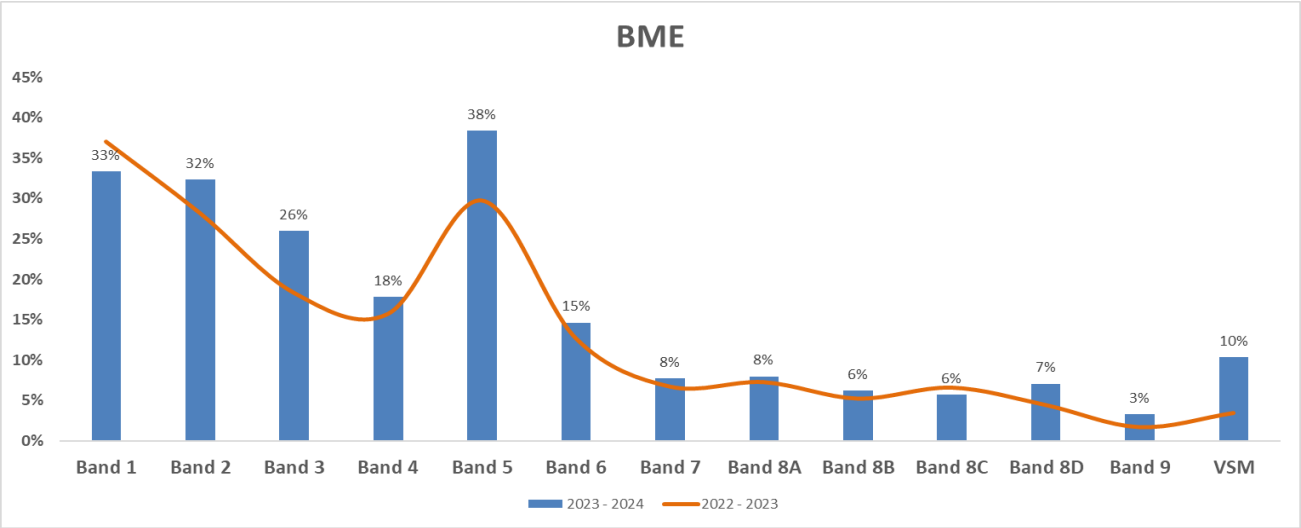
The data from across BNSSG NHS employers has been reviewed and summarised.

Indicator 1: Total Staff % by ethnicity 2024 vs 2023



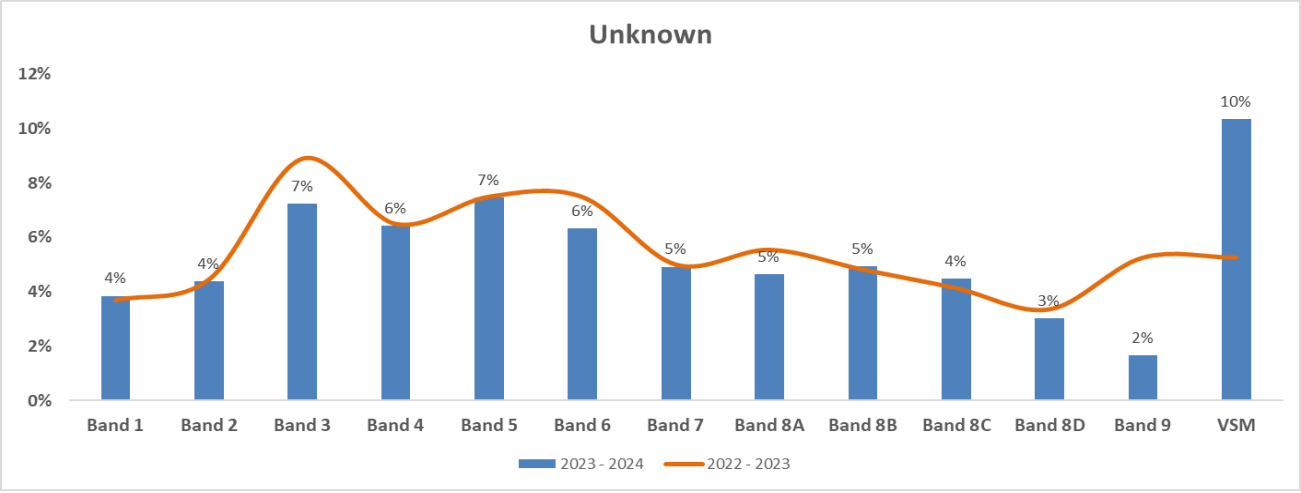
The data shows that there has been an overall 3% increase in the proportion of ethnically minoritised staff within the workforce compared to the previous year).

Indicator 1: All BME staff (excl. Doctors) 2024 vs 2023



BME	B1	B2	B3	B4	B5	B6	B7	B8A	B8B	B8C	B8D	B9	VSM
22 - 23	37%	28%	18%	16%	30%	13%	7%	7%	5%	7%	4%	2%	4%
23 - 24	33%	32%	26%	18%	38%	15%	8%	8%	6%	6%	7%	3%	10%

Indicator 1: All unknown staff (excl. Doctors) 2024 vs 2023



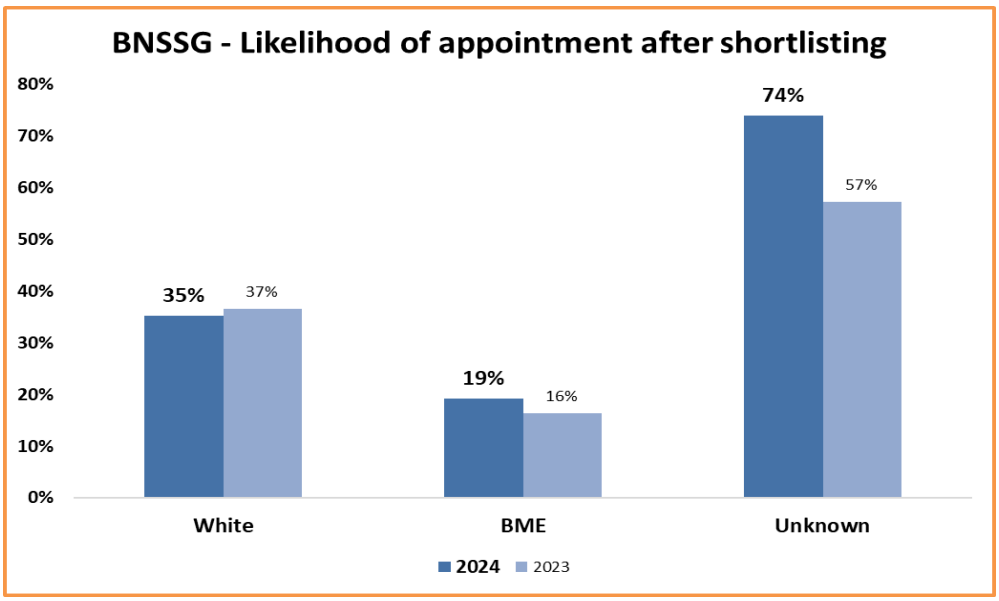
Unknown	B1	B2	B3	B4	B5	B6	B7	B8A	B8B	B8C	B8D	B9	VSM
22 - 23	4%	4%	9%	6%	7%	7%	5%	6%	5%	4%	3%	5%	5%
23 - 24	4%	4%	7%	6%	7%	6%	5%	5%	5%	4%	3%	2%	10%

Indicator 2: WRES ration of Shortlisting

Ratio of shortlisting by ethnicity by Year	White	BME	Unknown
2022	1.5	3.3	40.3
2023	1.7	2.6	22.6
2024	2.0	2.2	15.7
Change (2024 -2023)	0.3	-0.4	-6.9

This indicates that 1 application from a BAME candidate is shortlisted for every 2.2 applications, year on year a decrease which is a step in the right direction.

Indicator 2: WRES Likelihood of appointment after shortlisting



Indicator 2: WRES Ratio of appointment

Ratio of appointment by Year	White	BME	Unknown
2022	5.3	22.7	77.9
2023	4.6	16.8	39.5
2024	5.6	11.3	21.3
Change (2024 -2023)	1.0	-5.4	-18.2

This shows that for BAME candidates 1 person is appointed for every 11.3 shortlisted applications vs 1 white person for every 5.6 shortlisted applications.

While there has been a year-on-year improvement at a system level there is still disparity based on ethnicity and it is reasonable to believe that this may be due to institutionally racist practices within recruitment processes.

It is also worth noting that there were high levels of international recruitment during 22-23 and 23-24 which may skew recruitment figures.

In some cases (eg UHBW) further analysis has been undertaken to review the impact of applications from those without the right to work within the UK, they have found that within the organisation specific data “when colleagues without the right to work in the UK are removed from the dataset, for the majority of the divisions the gap gets wider, showing the gap is not due to shortlisted individuals not being appointed due to visas or sponsorship.”

Indicator 3: Formal Disciplinary Process - The relative likelihood of BAME staff entering a formal disciplinary process compared to White staff

*A figure above 1.00 would indicate that Ethnically Minoritised colleagues are more likely than White colleagues to enter the formal disciplinary process. A figure below 1.00 would indicate that Ethnically Minoritised colleagues are less likely than White colleagues to enter the formal disciplinary process.

AWP	3.53
ICB	2.86 (total 4 cases)
NBT	0.76 (total 19 cases)
Sirona	1.64
UHBW	1.92

Indicator 4: Non-mandatory Training and CPD - The relative likelihood of White staff accessing non-mandatory training and continuing professional development (CPD) compared to BAME staff

AWP	1.22
ICB	Unknown*
NBT	0.85
Sirona	0.85
UHBW	0.78

It should be noted that increased international recruitment could lead to a false positive where induction is counted as non-mandatory training.

*Currently all staff undertake statutory, mandatory and essential to role elearning and compliance rate is monitored but not broken down by protected characteristics. Additional training and development activity such as NHS Elect provision and access to apprenticeships and wider development is likewise recorded but not broken down. This is part of the ongoing action plan for the ICB.

Indicator 5: Bullying and Harassment from Patients, Relatives, or the Public - The percentage of BAME and White staff who report experiencing bullying or harassment from patients or the public.

Each organisation reports this data slightly differently, to summarise:

- Within each organisation there is a difference between ethnically minoritised and white staff.
- Within AWP there has been a 4% decrease since the last reporting year in the percentage of BAME staff experiencing bullying, harassment and abuse from patients, relatives and members of the public, from 38% to 34%. There has also been a 1% decrease in White staff experiencing such behaviour, from 28% to 27%
- Within the ICB there is a 1% difference between BAME staff and white staff (10% vs 9%).

- NBT see a difference between staff who self-identify as Black (22.3%) and Asian (18.5%) with the former being worse that the overall organisation average and the latter being better.
- Sirona shows a decrease of 1.92% of BAME staff experiencing harassment, bullying or abuse from patients, relatives, or the public from 26.37% to 24.45%.
- UHBW shows a 1.5% point difference between ethnically minoritised staff and white staff but notes divisional differences with Facilities and Estates at 4.0% points, Diagnostics and Therapies at 3.5% point and Weston General Hospital at 3.5% points. Within Medicine, more White staff experience harassment, bullying and abuse, although this area has the second highest proportion of Ethnically Minoritised Staff experiencing it (36.7% of Ethnically Minoritised Colleagues). Culturally both Medicine and Weston general Hospital have overall high levels of harassment, bullying or abuse from patients / service users, their relatives, or the public compared to the other divisions.

Indicator 6: Bullying and Harassment from Colleagues - The percentage of BAME and White staff who report experiencing bullying, harassment, or abuse from colleagues.

Organisation	Ethnicity	2020	2021	2022	2023	Trend
ICB	BME	29.0%	15.4%	6.9%	20.0%	
ICB	White	15.1%	14.5%	15.4%	15.7%	
AWP	BME	29.9%	26.3%	24.2%	21.0%	
AWP	White	23.0%	20.5%	20.7%	17.4%	
NBT	BME	25.7%	25.1%	23.5%	19.2%	
NBT	White	21.9%	22.3%	21.6%	19.0%	
UHBW	BME	27.9%	24.2%	22.8%	20.2%	
UHBW	White	21.7%	20.3%	19.5%	19.3%	
Sirona	BME	21.7%	12.7%	21.7%	21.3%	
Sirona	White	15.1%	14.8%	13.0%	14.1%	
BNSSG	**BME**	26.8%	20.7%	19.8%	20.4%	
BNSSG	**White**	19.4%	18.5%	18.0%	17.1%	
SWAS	BME	27.2%	26.4%	22.5%	17.7%	
SWAS	White	22.7%	21.8%	23.1%	23.1%	
BNSSG(with SWAS)	**BME**	26.9%	21.7%	20.3%	19.9%	
BNSSG(with SWAS)	**White**	19.9%	19.0%	18.9%	18.1%	

While in most organisations the trend is a decrease in these behaviours it should still be noted that a high proportion of colleagues do experience bullying harassment and abuse from colleagues.

Within the ICB it should be noted that this breakdown is as follows:

Experienced Bullying & Harassment	% organisation overall	% White	% BME
From Managers	10	9	23
From Other Colleagues	11	11	4

This is in the context of back-to-back years of organisational change and a staff size of 482 at the time of reporting of which 9.75% were recorded as BME within ESR. The ICB OD plan will build in activities to support a zero-tolerance approach to discrimination and improved reporting mechanisms and support for staff impacted by discrimination and harassment.

Indicator 7: Feeling of Fairness in Career Progression - The percentage of BAME and White staff who feel the NHS provides equal opportunities for career progression.

Organisation	Ethnicity	2020	2021	2022	2023	Trend
ICB	BME	36.4%	38.5%	41.4%	50.0%	
ICB	White	62.7%	61.4%	59.3%	55.7%	
AWP	BME	31.1%	34.9%	43.1%	47.8%	
AWP	White	52.6%	55.5%	57.7%	55.8%	
NBT	BME	41.2%	40.5%	41.8%	49.1%	
NBT	White	59.2%	58.7%	57.1%	57.3%	
UHBW	BME	43.9%	44.9%	45.4%	55.7%	
UHBW	White	60.1%	57.3%	56.3%	59.9%	
Sirona	BME	41.7%	45.2%	34.1%	47.8%	
Sirona	White	56.6%	56.2%	60.7%	61.5%	
BNSSG	**BME**	38.9%	40.8%	41.1%	50.1%	
BNSSG	**White**	58.2%	57.9%	58.2%	58.1%	
SWAS	BME	39.8%	43.2%	35.8%	51.3%	
SWAS	White	51.7%	47.7%	49.8%	49.6%	
BNSSG(with SWAS)	**BME**	39.0%	41.2%	40.3%	50.3%	
BNSSG(with SWAS)	**White**	57.2%	56.2%	56.8%	56.7%	

While there has been a positive trend for ethnically minoritised staff in all organisations it should be noted that at a system level only half of those staff believe that there is equal opportunity to career progression.

Indicator 8: Experiencing Discrimination - The percentage of BAME and White staff who report experiencing discrimination at work, particularly from managers or other colleagues

Organisation	Ethnicity	2020	2021	2022	2023	Trend
ICB	BME	15.2%	11.5%	6.9%	12.0%	
ICB	White	5.5%	6.4%	8.0%	6.7%	
AWP	BME	19.0%	19.0%	15.7%	14.4%	
AWP	White	7.1%	7.3%	6.9%	6.2%	
NBT	BME	25.1%	25.0%	25.9%	13.8%	
NBT	White	26.3%	27.8%	27.4%	5.7%	
UHBW	BME	18.3%	14.3%	17.2%	11.8%	
UHBW	White	5.5%	5.9%	5.5%	5.4%	
Sirona	BME	17.2%	8.1%	17.4%	12.7%	
Sirona	White	4.4%	5.6%	4.4%	3.2%	
BNSSG	**BME**	19.0%	15.6%	16.6%	13.0%	
BNSSG	**White**	9.8%	10.6%	10.4%	5.4%	
SWAS	BME	16.1%	10.1%	14.8%	14.1%	
SWAS	White	8.2%	9.1%	8.9%	9.7%	
BNSSG(with SWAS)	**BME**	18.5%	14.7%	16.3%	13.2%	
BNSSG(with SWAS)	**White**	9.5%	10.4%	10.2%	6.1%	

The data shows that while the general trend is positive there is still a significant differential based on ethnicity across our system.

Indicator 9 focuses on representation at board level, the percentage of BAME board members compared to the local population demographic.

Each organisation reports on this metric slightly differently, in summary;

- AWP
  - 12.5% of Board members are represented by BAME colleagues, compared to 17.4% of the overall workforce.
  - The Trust has 16.7% (i.e. 2 of 12) of voting members who are BAME. This compares to the overall 17.4% BAME workforce.
  - The difference between organisation BAME voting membership and overall BAME work force is -0.8% (16.7% - 17.4%). This is a positive change from -3.9% in the previous reporting year.
  - There are no BAME staff represented in the Executive Board membership, and therefore the difference between the organisations BAME Executive membership and overall BAME workforce is -17.4%.
- ICB
  - 7.14% of all board members identify as BAME vs 71.43% white and 21.43% undisclosed, this gives a -3% differential in comparison to the organisation as a whole.
  - 10% of voting board members identify as BAME and 0% non voting board members.
  - 16.67% of non-executive board members identify as BAME and 0% executive giving a -10% differential of executive members vs the overall workforce.
- NBT
  - There are 4 Board Members (Executives, Non-Executive and Associate Non-Executive Directors) who identify as ethnic minority (25%), which is an improvement of 11.67% since 2022/23. However, only 2 have voting rights.
- Sirona
  - 10 voting board members and 4 non-voting (7 Executives and 6 Non-Executives).
  - 1.2% of board members are represented by BAME colleagues (3 BAME staff represented in the Executive board membership).
- UHBW
  - Year on year the representation of Ethnically Minoritised colleagues on the Board is increasing with 20% in March 2024 vs 12.5% in March 2023.

Actions

Across the system a range of actions have and continue to be undertaken to tackle areas of concern within the WRES data. These include:

- System wide
  - An inclusive recruitment toolkit was launched in April 2024 and this continues to be iterated with various system partner contributions.

    - The majority of partners are reviewing and implementing training to support anti-racist behaviours whether this is organisationally or via the toolkits / resources provided as part of the NHSE / UWE Inclusive Training in Practice programme.
- AWP
    - Established a Prevention of Bullying and Intimidation Task and Finish Group
    - Established a trustwide Violence and Aggression Reduction Group
    - Refreshed the Appraisal Best Tool for Employees and Managers
    - Work towards a phased approach to establishing a BAME Talent Pool at band 7 and above in clinical roles
    - Recruit and train more Independent Equality Advisors for the Disciplinary process and review its deployment.
    - Link with trustwide Race Equity Advisory Network to ensure that antiracism and discrimination is included in the roll out of Restorative Just Culture Training.
- ICB
    - Inclusive recruitment review to be undertaken with associated action plan.
    - Activities to support a zero-tolerance approach to discrimination and improved reporting mechanisms and support for staff impacted by discrimination and harassment.
    - A review of our policies and processes related to disciplinary is also required to removing bias from this process.
    - Recording of protected characteristic information for talent and learning activities.
- NBT
    - Evaluate the impact of the Diverse Recruitment Panel Pilot; extend/embed best practice into Divisions
    - Continue to promote Positive Action recruitment and training programmes
    - Commence anti-racism training across 3 cohorts: SLG, Champions, staff groups
    - Develop an anti-racism vision and approach across UHBW and NBT following both Boards' commitment to being anti-racist organisations
    - Undertake deep-dive into ethnicity related casework and share outcomes and actions
- Sirona
    - The continuation of the EDI Taskforce to continue progressing it’s work on Anti Racism throughout 2025.
    - To foster a more diverse and inclusive workplace, unconscious bias training, reviewing recruitment strategies and endorsing staff to attend anti racism training has been recommended.
    - Equality Diversity and Inclusion Taskforce to continue to monitor recruitment data, to create a sustainable method of shortlisting and selection training for recruitment teams to be able to deliver to recruiting managers.
    - Development of guidance for managers and staff following focus group with that staff that have experienced racism and discrimination from patients.
    - Development of an organisational stance on racism and discrimination.

    - Career progression and talent management. An ‘Aspiring Band 6’ programme focussing on international workforce has been developed. This will be continued with continual input from the Equality Diversity and Inclusion Taskforce. A career development staff survey will be sent out to Global Majority staff to focus on understanding barriers to career development. Global Majority career coaching for talent management.
    - Development of new workforce strategy.
    - Royal Collage of Nursing Cultural Ambassador Programme to launch.
- UHBW
    - Divisions have EDI objectives in their Culture and People plans.
    - Bridges Programme, a positive action recruitment programme, continues to support Ethnically Minoritised colleagues with their career development. Options for Bridges+, the next stage of the Bridges programme will be explored, to determine the best approach for career development support into bands 7 and above
    - Creating Pro-Equity training for HR colleagues which will cover anti-racist practice.
    - Embedding Respecting Everyone approach.
    - EDI advocate scheme has been reviewed, with a refreshed approach launching summer 2024.

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of specific measures aimed at improving workplace equality for disabled staff in the NHS. It was introduced to ensure that all NHS organisations can identify and address workplace inequalities experienced by disabled employees.

The WDES covers areas like recruitment, workplace support, opportunities for career development, and addressing workplace culture. It uses ten metrics that assess how disabled employees experience the workplace compared to non-disabled colleagues.

- **Workforce Representation**
  Measures the proportion of disabled staff compared to non-disabled staff within each pay band and across different seniority levels.
- **Recruitment**
  Examines the relative likelihood of disabled applicants being appointed compared to non-disabled applicants, helping to ensure fair hiring practices.
- **Formal Capability Processes**
  Assesses the likelihood of disabled employees facing formal capability procedures due to performance concerns, compared to their non-disabled colleagues.
- **Workplace Support and Adjustments**
  Measures how effectively reasonable adjustments are made for disabled employees, ensuring they have the tools and support needed to succeed.

- **Bullying, Harassment, and Abuse (from Patients, Relatives, and the Public)**
  Surveys the proportion of disabled staff who report experiencing bullying, harassment, or abuse from patients or the public, compared to non-disabled staff.
- **Bullying, Harassment, and Abuse (from Managers)**
  Focuses on disabled staff's experiences of bullying or harassment from managers and senior colleagues, comparing their experiences to those of non-disabled staff.
- **Bullying, Harassment, and Abuse (from Colleagues)**
  Measures the incidence of bullying or harassment of disabled staff from their co-workers, again comparing this to non-disabled staff experiences.
- **Feeling Supported by the Employer**
  Examines the extent to which disabled staff feel that the organisation they work for take their health and well-being seriously.
- **Engagement and Voice**
  Assesses disabled staff engagement levels and measures how often disabled staff feel their voices are heard within the organization.
- **Leadership Representation**
  Looks at the percentage of disabled staff at board level and within senior leadership roles, assessing representation in decision-making positions

In relation to disability the 2021 Census shows the following:

	Bristol (%)	North Somerset (%)	South Glos (%)	England (%)
Disabled under the Equality Act	17.2	18.7	16.3	17.3
Not disabled under the Equality Act	82.8	81.3	83.7	82.7

Proportion of disabled staff by organisation:

	Disabled Staff	Non-Disabled Staff	Unknown
AWP	9.1%	77.5%	13.5%
ICB (BNSSG)	5.6%	81.33%	15.56%
NBT	2.89%	75.14%	21.97%
Sirona	6%	73%	21%
UHBW	4.2%	86.2%	9.7%

For most organisations the proportion of disabled staff declared on ESR (above) is much lower than those that report through the staff survey.

Metric 1 Percentage of staff in Agenda for Change (AfC) pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

These have been reported on slightly differently by each organisation:

AWP

Banding	Non-Clinical			Clinical		
	Disabled	Non Disabled	Unknown	Disabled	Non Disabled	Unknown
<1 to 4	7.9%	80.9%	11.2%	7%	74.7%	18.3%
5 to 7	10.6%	78.8%	10.6%	11.4%	76.1%	12.5%
8a & 8b	11.6%	81.2%	7.2%	8%	82.4%	9.6%
8c to VSM	0%	75%	25%	3%	86.6%	10.4%
Medical & Dental Staff, Consultants	N/A	N/A	N/A	6.5%	75.4%	18.1%
Medical & Dental Staff, Non Consultants career grade	N/A	N/A	N/A	6%	78%	16%
Medical & Dental Staff, Medical and dental trainee grades	N/A	N/A	N/A	6.2%	83.2%	10.6%

ICB

Banding	Non-Clinical			Clinical		
	Disabled	Non Disabled	Unknown	Disabled	Non Disabled	Unknown
<1 to 4	5.7%	84.3%	10.0%			
5 to 7	8.0%	78.7%	13.3%	2.4%	88.1%	9.5%
8a & 8b	6.0%	79.1%	14.9%	6.1%	87.9%	6.1%
8c to VSM	4.5%	79.5%	15.9%	10.0%	90%	7.8%

NBT

Proportion of Staff in Band 7 or Higher by Disability Category – March 2024	Yes	No	Not declared/ Prefer not to answer
Clinical	2.06%	74.95%	22.99%
Below Band 7	2.16%	79.57%	18.27%
Band 7 & 8a	2.37%	72.69%	24.93%
8b or Higher	0.00%	75.73%	24.27%
Medical & Dental / Non-AFC	1.52%	56.71%	41.77%
Non-Clinical	5.34%	75.71%	18.95%
Below Band 7	5.39%	74.72%	19.88%
Band 7 & 8a	5.32%	79.08%	15.60%
8b or Higher	4.51%	84.96%	10.53%
Medical & Dental / Non-AFC	5.56%	77.78%	16.67%
Grand Total	**2.89%**	**75.14%**	**21.97%**

Sirona

Banding	Non-Clinical			Clinical		
	Disabled	Non Disabled	Unknown	Disabled	Non Disabled	Unknown
<1 to 4	6.5%	73.2%	20.3%	5.9%	64.1%	30%
5 to 7	6.5%	70.6%	22.9%	4.9%	73.7%	21.4%
8a & 8b	14.9%	61.2%	23.9%	3.5%	75.4%	21.1%
8c to VSM	7.1%	67.9%	25.0%	0%	75.0%	25.0%
Total	7.2%	71.4%	21.4%	5.1%	71.0%	23.8%

UHBW

Banding	Non-Clinical			Clinical		
	Disabled	Non Disabled	Unknown	Disabled	Non Disabled	Unknown
<1 to 4	5.7%	85.9%	8.4%	4.4%	88.4%	7.2%
5 to 7	5.8%	88.2%	6.0%	3.9%	88.1%	8.0%
8a & 8b	3.8%	88.6%	7.6%	3.3%	92.7%	4.0%
8c to VSM	2.5%	86.1%	11.4%	0%	93%	7.0%
Medical & Dental Staff, Consultants	N/A			1.62%	85.27%	13.11%
Medical & Dental Staff, Non Consultants career grade				2.17%	75.88%	21.95%
Medical & Dental Staff, Medical and dental trainee grades				2.31%	64.27%	32.61%

Across all organisations there is an underrepresentation of disabled staff and a high proportion of staff that do not disclose disability status within their ESR record.

Metric 2

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

Organisation	Relative likelihood of appointment
AWP	0.324
ICB	1.35
NBT	1.07
Sirona	0.99
UHBW	1.08

A figure above 1 indicates that non-disabled staff are more likely to be appointed.

Metric 3

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process on the grounds of performance, as measured by entry into the formal capability procedure.

Organisation	Relative likelihood
AWP	2.3
ICB	N/A*
NBT	1.04
Sirona	1.48% staff who are disabled who enter formal capability. 0.31% staff who are non-disabled who enter formal capability.**
UHBW	2.73

*No disabled staff entered into formal capability processes this year

** Not shown as relative likelihood in reporting.

In all organisations this has been either no change (AWP, ICB) or an improvement on the previous years figures.

Metric 4

Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

Metric 4a – Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.

		Metric 4a				
Organisation	Staff	2020	2021	2022	2023	Trend
ICB	**Disabled**	17.4%	10.5%	12.1%	13.6%	
ICB	Non-Disabled	10.2%	9.5%	7.9%	9.9%	
AWP	**Disabled**	36.5%	35.5%	32.8%	33.1%	
AWP	Non-Disabled	30.3%	29.8%	27.9%	26.6%	
NBT	**Disabled**	33.2%	32.7%	34.8%	25.1%	
NBT	Non-Disabled	24.5%	25.8%	24.8%	20.6%	
UHBW	**Disabled**	28.0%	30.5%	29.0%	29.1%	
UHBW	Non-Disabled	22.0%	23.1%	20.8%	20.1%	
Sirona	**Disabled**	27.5%	29.7%	29.2%	22.0%	
Sirona	Non-Disabled	22.7%	24.8%	23.9%	21.6%	
BNSSG	**Disabled**	**28.5%**	**27.8%**	**27.6%**	**24.6%**	
BNSSG	Non-Disabled	**21.9%**	**22.6%**	**21.0%**	**19.8%**	
SWAS	**Disabled**	53.2%	49.5%	47.9%	44.5%	
SWAS	Non-Disabled	45.3%	42.8%	39.9%	41.4%	
BNSSG(with SWAS)	**Disabled**	**32.6%**	**31.4%**	**31.0%**	**27.9%**	
BNSSG(with SWAS)	Non-Disabled	**25.8%**	**26.0%**	**24.2%**	**23.4%**	

Metric 4b - Percentage of staff experiencing harassment, abuse or bullying from Managers in the last 12 months.

		Metric 4b				
Organisation	**Staff**	**2020**	**2021**	**2022**	**2023**	**Trend**
ICB	**Disabled**	15.9%	10.7%	16.3%	21.4%	
ICB	Non-Disabled	9.4%	6.7%	6.1%	6.5%	
AWP	**Disabled**	18.2%	18.8%	16.5%	13.0%	
AWP	Non-Disabled	9.0%	7.7%	7.6%	6.7%	
NBT	**Disabled**	15.9%	13.9%	13.4%	10.7%	
NBT	Non-Disabled	8.4%	8.3%	7.8%	5.9%	
UHBW	**Disabled**	17.4%	15.1%	12.6%	11.8%	
UHBW	Non-Disabled	9.1%	7.8%	6.7%	6.5%	
Sirona	**Disabled**	12.9%	12.3%	8.6%	9.1%	
Sirona	Non-Disabled	6.3%	5.3%	5.0%	4.9%	
BNSSG	**Disabled**	**16.1%**	**14.2%**	**13.5%**	**13.2%**	
BNSSG	Non-Disabled	**8.5%**	**7.2%**	**6.6%**	**6.1%**	
SWAS	**Disabled**	19.2%	16.2%	16.8%	15.9%	
SWAS	Non-Disabled	9.1%	9.5%	9.2%	8.7%	
BNSSG(with SWAS)	**Disabled**	**16.6%**	**14.5%**	**14.0%**	**13.7%**	
BNSSG(with SWAS)	Non-Disabled	**8.6%**	**7.5%**	**7.1%**	**6.5%**	

Metric 4c - Percentage of staff experiencing harassment, abuse or bullying from colleagues in the last 12 months

		Metric 4c				
Organisation	**Staff**	**2020**	**2021**	**2022**	**2023**	**Trend**
ICB	**Disabled**	20.6%	14.5%	21.4%	20.5%	
ICB	Non-Disabled	9.1%	10.1%	6.2%	7.7%	
AWP	**Disabled**	23.2%	22.7%	23.5%	17.9%	
AWP	Non-Disabled	15.1%	12.6%	13.4%	11.8%	
NBT	**Disabled**	27.4%	27.1%	26.3%	23.2%	
NBT	Non-Disabled	15.2%	15.4%	15.7%	13.8%	
UHBW	**Disabled**	25.4%	24.0%	24.7%	24.4%	
UHBW	Non-Disabled	16.0%	14.4%	14.3%	14.1%	
Sirona	**Disabled**	16.4%	19.5%	16.5%	14.8%	
Sirona	Non-Disabled	9.8%	7.9%	7.7%	10.1%	
BNSSG	**Disabled**	**22.6%**	**21.6%**	**22.5%**	**20.2%**	
BNSSG	Non-Disabled	**13.0%**	**12.1%**	**11.4%**	**11.5%**	
SWAS	**Disabled**	26.9%	23.9%	20.8%	23.4%	
SWAS	Non-Disabled	15.8%	14.6%	17.2%	15.5%	
BNSSG(with SWAS)	**Disabled**	**23.3%**	**21.9%**	**22.2%**	**20.7%**	
BNSSG(with SWAS)	Non-Disabled	**13.5%**	**12.5%**	**12.4%**	**12.2%**	

When excluding SWAS figures Metrics 4a – c show an overall picture of improvement for disabled staff across BNSSG although there is variation at an organisational level.

Metric 4d - Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

		Metric 4d				
Organisation	Staff	2020	2021	2022	2023	Trend
ICB	**Disabled**	36.8%	35.3%	53.6%	50.0%	
ICB	Non-Disabled	50.0%	55.1%	59.1%	56.1%	
AWP	**Disabled**	52.1%	55.6%	56.6%	53.5%	
AWP	Non-Disabled	54.4%	59.7%	59.4%	61.0%	
NBT	**Disabled**	48.1%	43.5%	47.6%	47.8%	
NBT	Non-Disabled	46.7%	42.5%	48.3%	50.6%	
UHBW	**Disabled**	50.4%	48.4%	52.5%	51.9%	
UHBW	Non-Disabled	48.0%	48.0%	48.9%	49.9%	
Sirona	**Disabled**	52.4%	60.1%	52.1%	52.5%	
Sirona	Non-Disabled	54.0%	54.9%	55.8%	57.2%	
BNSSG	**Disabled**	**48.0%**	**48.6%**	**52.5%**	**51.1%**	
BNSSG	Non-Disabled	**50.6%**	**52.0%**	**54.3%**	**54.9%**	
SWAS	**Disabled**	43.1%	52.3%	49.7%	56.0%	
SWAS	Non-Disabled	46.0%	47.1%	52.0%	50.2%	
BNSSG(with SWAS)	**Disabled**	**47.1%**	**49.2%**	**52.0%**	**51.9%**	
BNSSG(with SWAS)	Non-Disabled	**49.8%**	**51.2%**	**53.9%**	**54.1%**	

It is worth noting that where there is an increase in these numbers (ie red) this is actually positive as it shows an increase in the reporting of these issues. That said the results show that at a system level only 51.1% of disabled staff and 54.9% of non disabled staff report harassment, bullying or abuse.

Metric 5 - Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

		Metric 5				
Organisation	Staff	2020	2021	2022	2023	Trend
ICB	**Disabled**	62.0%	57.5%	48.5%	49.4%	
ICB	Non-Disabled	59.3%	59.9%	61.2%	55.9%	
AWP	**Disabled**	49.1%	50.6%	54.5%	50.4%	
AWP	Non-Disabled	50.3%	54.4%	56.6%	55.9%	
NBT	**Disabled**	52.6%	51.6%	52.4%	51.5%	
NBT	Non-Disabled	57.3%	57.1%	54.4%	56.1%	
UHBW	**Disabled**	53.7%	53.6%	52.3%	54.6%	
UHBW	Non-Disabled	58.9%	56.1%	54.9%	60.3%	
Sirona	**Disabled**	51.8%	51.6%	53.9%	54.5%	
Sirona	Non-Disabled	57.1%	56.6%	61.1%	62.6%	
BNSSG	**Disabled**	**53.8%**	**53.0%**	**52.3%**	**52.1%**	
BNSSG	Non-Disabled	**56.6%**	**56.8%**	**57.6%**	**58.2%**	
SWAS	**Disabled**	45.3%	41.7%	42.3%	47.2%	
SWAS	Non-Disabled	52.7%	49.3%	51.3%	50.6%	
BNSSG(with SWAS)	**Disabled**	**52.4%**	**51.1%**	**50.6%**	**51.3%**	
BNSSG(with SWAS)	Non-Disabled	**55.9%**	**55.6%**	**56.6%**	**56.9%**	

Across the system a lower proportion of disabled staff believe that there are equal opportunities for career progression or promotion than non-disabled staff.

Metric 6 - Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

		Metric 6				
Organisation	**Staff**	**2020**	**2021**	**2022**	**2023**	**Trend**
ICB	**Disabled**	21.1%	13.2%	19.1%	23.7%	
ICB	Non-Disabled	14.0%	11.4%	7.5%	7.4%	
AWP	**Disabled**	25.8%	18.7%	15.2%	17.6%	
AWP	Non-Disabled	15.5%	13.0%	11.5%	10.2%	
NBT	**Disabled**	29.8%	27.2%	26.2%	20.0%	
NBT	Non-Disabled	21.7%	21.0%	18.4%	15.8%	
UHBW	**Disabled**	26.7%	25.3%	23.4%	20.9%	
UHBW	Non-Disabled	20.5%	19.4%	14.7%	14.9%	
Sirona	**Disabled**	23.2%	24.7%	16.6%	19.9%	
Sirona	Non-Disabled	16.0%	14.9%	13.3%	10.8%	
BNSSG	**Disabled**	**25.3%**	**21.8%**	**20.1%**	**20.4%**	
BNSSG	Non-Disabled	**17.5%**	**15.9%**	**13.1%**	**11.8%**	
SWAS	**Disabled**	38.3%	38.5%	37.0%	34.4%	
SWAS	Non-Disabled	29.8%	29.3%	28.1%	27.8%	
BNSSG(with SWAS)	**Disabled**	**27.5%**	**24.6%**	**22.9%**	**22.7%**	
BNSSG(with SWAS)	Non-Disabled	**19.6%**	**18.1%**	**15.6%**	**14.5%**	

Metric 7 - Percentage of staff satisfied with the extent to which their organisation values their work

		Metric 7				
Organisation	**Staff**	**2020**	**2021**	**2022**	**2023**	**Trend**
ICB	**Disabled**	47.9%	43.8%	34.3%	38.9%	
ICB	Non-Disabled	49.0%	52.4%	51.2%	48.9%	
AWP	**Disabled**	34.9%	41.1%	41.1%	40.8%	
AWP	Non-Disabled	47.2%	46.1%	49.4%	51.2%	
NBT	**Disabled**	38.6%	30.0%	31.4%	36.9%	
NBT	Non-Disabled	49.2%	43.4%	44.1%	50.4%	
UHBW	**Disabled**	40.1%	34.1%	34.8%	39.6%	
UHBW	Non-Disabled	50.5%	43.3%	43.6%	50.1%	
Sirona	**Disabled**	37.0%	34.0%	40.7%	42.6%	
Sirona	Non-Disabled	47.1%	40.5%	47.4%	47.3%	
BNSSG	**Disabled**	**39.7%**	**36.6%**	**36.5%**	**39.8%**	
BNSSG	Non-Disabled	**48.6%**	**45.1%**	**47.2%**	**49.6%**	
SWAS	**Disabled**	27.6%	20.0%	23.2%	22.0%	
SWAS	Non-Disabled	37.9%	29.4%	29.4%	30.5%	
BNSSG(with SWAS)	**Disabled**	**37.7%**	**33.8%**	**34.3%**	**36.8%**	
BNSSG(with SWAS)	Non-Disabled	**46.8%**	**42.5%**	**44.2%**	**46.4%**	

Metric 8 - Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.

		Metric 8		
Organisation	**Staff**	**2022**	**2023**	**Trend**
ICB	**Disabled**	75.0%	74.6%	
ICB	Non-Disabled	N/A	N/A	
AWP	**Disabled**	78.1%	76.6%	
AWP	Non-Disabled	N/A	N/A	
NBT	**Disabled**	72.9%	77.7%	
NBT	Non-Disabled	N/A	N/A	
UHBW	**Disabled**	78.3%	79.4%	
UHBW	Non-Disabled	N/A	N/A	
Sirona	**Disabled**	76.0%	79.9%	
Sirona	Non-Disabled	N/A	N/A	
BNSSG	**Disabled**	**76.1%**	**77.6%**	
BNSSG	Non-Disabled	**N/A**	**N/A**	
SWAS	**Disabled**	66.0%	62.2%	
SWAS	Non-Disabled	N/A	N/A	
BNSSG(with SWAS)	**Disabled**	**74.4%**	**75.1%**	
BNSSG(with SWAS)	Non-Disabled	**N/A**	**N/A**	

Metric 9 - Staff engagement score of staff with long lasting condition or illness

		Metric 9a				
Organisation	**Staff**	**2020**	**2021**	**2022**	**2023**	**Trend**
ICB	**Disabled**	6.8	6.4	6.6	6.2	
ICB	Non-Disabled	6.8	6.4	6.6	6.2	
AWP	**Disabled**	6.6	6.6	6.7	6.6	
AWP	Non-Disabled	6.9	6.9	7.0	7.0	
NBT	**Disabled**	6.8	6.5	6.4	6.7	
NBT	Non-Disabled	7.2	7.0	7.0	7.2	
UHBW	**Disabled**	6.8	6.6	6.5	6.7	
UHBW	Non-Disabled	7.2	7.0	7.0	7.2	
Sirona	**Disabled**	6.9	6.3	6.6	6.7	
Sirona	Non-Disabled	7.1	6.7	6.9	7.1	
BNSSG	**Disabled**	**6.8**	**6.5**	**6.5**	**6.6**	
BNSSG	Non-Disabled	**7.1**	**6.8**	**6.9**	**6.9**	
SWAS	**Disabled**	6.1	5.5	5.6	5.7	
SWAS	Non-Disabled	6.6	6.1	6.0	6.0	
BNSSG(with SWAS	**Disabled**	**6.7**	**6.3**	**6.4**	**6.4**	
BNSSG(with SWAS)	Non-Disabled	**7.0**	**6.7**	**6.7**	**6.8**	

Metric 10 - Percentage difference between the organisation's board membership and its organisation's overall workforce, disaggregated: • by voting and non-voting membership of the board • by executive and non-exec membership of the board.

While each report shows disaggregated data, totals only are shown here.

	Total	Disabled	Non Disabled	Not declared	Comments
AWP	16	6.23%	43.75%	50.00%	0% recorded disability for non-voting and non-executive board members
ICB	14	7.14%	64.29%	28.57%	0% recorded disability for non-voting and non-executive board members
NBT	16	6.25%	81.25%	12.5%	
Sirona	13	15.38%	53.85%	30.77%	
UHBW		0%	80%	20%	

Actions

As with WRES findings, each organisation has outlined a range of activity to improve WDES findings, key aspects are outlined below.

All organisations will be working with their staff networks to support ongoing activity as well as reviewing, updating or improving implementation of appropriate reasonable adjustment procedures organisationally.

AWP

- Involvement of Disability Network in relevant policy reviews and processes that impact on Disabled staff leading to meaningful coproduction of policies / processes
- Education to wider staff groups and managers on Reasonable Adjustments, neurodiversity / hidden disabilities etc., to challenge negative and discriminatory stereotypes

ICB

- Inclusive recruitment review to include improving attraction for disabled candidates and de-biasing of selection procedures,
- Zero -tolerance approach to discrimination within the ICB
- Promotion of both flexible and hybrid working practices.

NBT

- Embed Disability Inclusion Ambassadors into our formal HR support processes for staff
- Embed the Social Model of Disability into our HR policies, process and practice.
- Review and analyse the Disability Pay Gap
- Share WDES data widely, across our organisation so that it is understood and owned

Sirona

- Sustained approach to ensure equity of appointment is maintained
- Reduce the difference of Disabled staff experiencing bullying, harassment or abuse compared to non-disabled
- Improve activities and provision of engagement opportunities for disabled staff.

UHBW

- Divisions have EDI objectives in their Culture and People plans. They will be using their divisional level data to deliver the strategic priority (patient first) pro-Equity breakthrough objective to address inequalities.
- Adoption of the Social Model of Disability introduced through Pro-Equity work. Creation of Pro-Equity training which will cover the social model of disability and approaches to tackling ableism.

Equality Delivery System (EDS)

The Equality Delivery System (EDS) is a framework designed to help NHS organisations promote equality and improve health outcomes for all patients, especially those from disadvantaged or underserved backgrounds. The EDS aims to ensure that NHS services and workplaces are fair, inclusive, and accessible to everyone, regardless of characteristics such as race, age, gender, disability, sexual orientation, or religion.

The EDS Framework was updated in 2022 and BNSSG first used the framework in 23/24 with initial reporting in February 2024. The framework comprises 11 outcomes spread across 3 Domains:

- Domain 1 - Commissioned or provided services (System Partners)
- Domain 2 - Workforce health and well-being (System & ICB Employed Staff)
- Domain 3 - Inclusive leadership (System & ICB Employed Staff).

AWP, BNSSG ICB, NBT and UHBW undertook assessments in this timeframe and an overview report was created, this is linked in the appendix as is the initial board report in relation to this. As part of this process each organisation assessed its performance against the outlined goals using a set of outcomes and ranked itself on how well it met them. The assessment process involves engaging with patients, and staff to gather insights, allowing the NHS to set equality goals based on real community needs.

Within Domain 1 the following services were reviewed:

- Maternity Services*
- Communications*
- PALS and Complains

* It should be noted that as a mental health provider working across two systems AWP undertook a review of BSW SMI Physical Health Service and Children and Adolescent Mental Health Service alongside PALS and Complaints.

The overall score for Domain 1 was 19.8 – Developing Activity with the following actions outlined:

- Maternity - Actions aligned to Maternity & Neonatal Equity and Equality Action Plan
    - Improve data collection – develop and launch a Maternity services data dashboard.
    - Ensure a fair start for per-term newborns – improve maternity intervention uptake to where they are within ethnicities presenting with inequality. Provide support for lifestyle changes, including changes to smoking status and reducing body weight for health of adult and future child.
    - Maternity Neonatal Voice Partnership recruitment – proportional to service user ethnic representation.
    - Continue to work towards equity of outcomes through data-driven understanding of difference, investigating cause and identifying solutions that restore health equity.
    - Drive equitable access to maternity service for all women and their babies.
    - Maternity staff training – ensuring continuous improvement in the delivery of equitable care e.g. Delivering the Black Maternity Matters Training.
    - Inclusive Recruitment – create an action plan to ensure access to employment within maternity service for cultures less proportionally present.
- PALS & Complaints
    - To include equality data recording within a systematic approach to PALS & Complaints
    - To engage in a proactive campaign with staff in all organisations that encourages staff training, utilises best practice, various forms of communications and acts on patient complaint feedback to ensure reasonable adjustments to meet patients' needs.
    - Ensure that patients understand that complaints are confidential and there to increase effectiveness of care and would not be detrimental.
    - Review the mechanisms for gathering patient experience and explore innovation in improving awareness, access and visibility of the PALS and complaints services.
    - Ensure that Boards are made aware of the feedback from patients through their complaints procedures.
- Communications
    - Ensure that information is accessible to meet individual needs.
    - Review compliance with the Accessible Information Standard and where needed provide additional training and support for staff.
    - To build greater awareness and understanding on the appropriate methods of communication from both staff and service users, linked to the campaign regarding PALS and complaints.
    - To build into a patient feedback cycle with staff that encourages and motivates.

Domain 2, when combined the overall rating for this domain was 25, with individual scores ranging from 5 to 7 – Developing Activity to Achieving Activity with the following actions outlined;

- To have physically and mentally capable ready staff, providing access to mental and physical resources for staff to use;
- Ensuring staff training and development is available on Bullying & Harassment, Violence and Aggression, Sexual Safety and Leaner Safety at work.
- Refreshed emphasis on Freedom to Speak up.
- A focus on creating healthy workplace cultures.
- Continuing to measure staff experience through pulse and staff surveys regarding.

Domain 3, when combined the overall rating for this domain was 17, with individual scores ranging from 5 to 3 - Developing Activity with the following actions outlined;

- To ensure that all senior staff have appropriate EDI / Health Inequalities objectives
- Bring the lived experience anti racist work into the Extended Leadership Team of the ICB.
- To ensure that all submissions at board level have appropriate and effective equality and health impact assessments undertaken.
- Have a clear feedback loop on inclusive leadership impacts and outcomes that goes beyond reporting into decision making.

The actions listed above are a summarised system outlook, each organisation will have specific activity associated with EDS within their own organisational activity planning.

Moving into 24-25 reporting, Domains 2 and 3 requirements will remain unchanged, the service review of Domain 1 will re-review maternity services to help support the embedding of the Maternity & Neonatal Equity and Equality Action Plan, look at cardio-vascular (with specific focus depending on service type) and Accessible Information Standard.

NHS Equality, Diversity and Inclusion Improvement Plan

The NHS Equality, Diversity, and Inclusion (EDI) Improvement Plan, launched in June 2023, is a comprehensive strategy aimed at fostering a more inclusive, diverse, and equitable environment within NHS workplaces. Its primary goals are to address systemic barriers and discriminatory practices, support staff from diverse backgrounds, and enhance workforce wellbeing. The plan was developed with input from various staff networks and senior leaders, emphasising an intersectional approach to issues like race, gender, and disability within the NHS workforce.

The plan is organized around six "high-impact actions":

1. **Accountable Leadership**: NHS executives and board members are given specific EDI objectives to improve inclusivity within their organisations. Progress is measured through data-driven assessments and regular appraisals.
2. **Fair Recruitment and Talent Management**: Initiatives are in place to diversify recruitment practices, including creating local career pathways and improving the representation of underrepresented groups in leadership roles.

3. **Addressing Pay Gaps**: The NHS is committed to reducing pay disparities by analysing data and implementing specific strategies to address gaps by race, sex, and disability.
4. **Workforce Health Inequalities**: Focused on reducing health disparities, the plan promotes partnerships with community organisations and regular wellbeing check-ins between staff and managers.
5. **Support for International Recruits**: A structured onboarding and development program for internationally recruited staff is designed to ensure fair treatment, access to growth opportunities, and a supportive work environment.
6. **Tackling Bullying and Harassment**: The plan includes measures to reduce workplace bullying, discrimination, and violence, creating a safer environment for all staff.

The EDI Improvement Plan aligns with the NHS People Plan and the NHS Long-Term Workforce Plan, underpinned by principles of leadership, accountability, and equity.

Each NHS organisation is building the high impact actions into their overall EDI strategy and activity and a number of these are linked to actions being taken as a result of pay gap, WRES, WDES and EDS reporting and action planning outlined previously. The system wide EDI Leads group review this activity to ensure good practice is shared across all system partners.

Key areas of focus to support implementation are:

- EDI objectives for board members (high impact action 1); to date AWP, NBT, ICB and UHBW have confirmed that this has, or is being implemented.
- A focus on recruitment practices (high impact action 2) across all partner organisations, with the system recruitment group actively participating in this work area, this includes iteration of the recruitment toolkit which will include video guidance for hiring managers (as being developed by UHBW in support of system working).
- Action plans to address pay gaps across each organisation (high impact 3).
- Addressing workforce health inequalities work (high impact 4) is linked to the EDS domain 2 metrics and there are a variety of ways organisations are looking to address these including a focus on appraisals and upskilling line managers in relation to wellbeing conversations.
- A variety of focused work to reduce bullying, harassment and discrimination (high impact action 6) including implementation of the NHS Sexual Safety Charter, development of anti-racism vison and approach (system, NBT, UHBW), action plans to deliver anti-racist training, zero-acceptance campaign (NBT), focus on Speaking Up (NBT, ICB) and using data driven approaches to improving policies and procedures.

Staff Networks

There are a range of staff networks in place across our system (both within Health and local authority providers). In addition to organisation specific networks there is an overarching system network and newsletter.

These networks bring together employees who share certain protected characteristics and their allies to broadly support awareness raising, advocacy and community support, although the foci for each network will depend upon its Terms of reference. These networks feed into organisational development in a variety of ways, for example the ICB has an inclusion council chaired by the Chief Executive.

Organisational Activity 23-24

As highlighted throughout this report, each organisation has, and continues, to deliver a range of activities to support improvement in workforce equity, equality, diversity and inclusion based on their specific action plans. Some key examples of work undertaken in 23-24 to highlight (in addition to those already noted);

- AWP have, in collaboration with staff equality networks, delivered a Board level EDI seminar which focused on protected characteristics and the Patient & Carer Race Equality Framework (PCREF).
- BNSSG ICB have worked with staff networks to review a number on workforce policies and have undertaken a full reasonable adjustment process review. There has been a focused improvement in relation to mandatory EDI training and initial steps undertaken to widen this eg. Effective Allyship Lunch and learn.
- NBT have launched new EDI governance and division / service level EDI improvement accountability. They have also launched a zero-acceptance campaign and approach to discrimination.
- Sirona have further developed their Equality Impact assessments and delivered training sessions to colleagues.
- UHBW launched their respecting everyone approach and have reviewed their EDI advocate scheme. They also continued their board level work with Eden Charles which has defined their Pro-equity approach moving forward.
- Two of our providers are People Promise Exemplar sites, driving forward programmes of cultural change.

Ongoing Activity

At a system level there are key focus areas:

- Improving inclusive practice
  The continued interaction of the inclusive recruitment toolkit and collaboration between recruitment and EDI leads to improve practices.
- Anti-racist focus

    - An anti-racist task and finish group has been established with a broad range of participants including NHS Employers, GP Practice representation and local authority partners. Umbrella guidance for a zero-acceptance approach has been developed to support any internal organisational guidance and policy.
    - A range of anti-racist training and development activity is being implemented (this will vary by provider).
    - Early stage development of an anti-racist statement and subsequent 'action-plan' to support the work already undertaken at organisational level.
- Staff network support
- EDS delivery coordination

There is extensive work being undertaken at organisational level, with activity plans in place to support the delivery of the findings from pay gap, WRES and WDES reporting, staff survey findings and to support the implementation of the high impact actions. The EDI leads group share best practice and collaborate.

Ongoing System Governance

The ICS People Committee will continue to monitor progress at system level and provide assurance on all areas of workforce EDI to the ICB Board. Focus on areas of concern and sharing notable practice across system partners.

The ICS People Programme Board will provide leadership and direction across system partners, working collaboratively on areas of concern and sharing notable practice across system partners.

The System EDI Leads Group will take forward collective activity, creating system wide solutions and joint action.

The ICB lead for workforce EDI will become a member of the SHHIP or appropriate subgroup to ensure alignment and synergy between areas of inequalities work.

Appendices

Appendix 1 2021 Census Data	2021 Census Data.docx
UHBW	Equality Report 2024
AWP WRES	AWP WRES Report 2024
ICB WRES	BNSSG ICB WRES Report 2024
Sirona WRES	Sirona WRES Report 2024
AWP WDES	AWP WDES Report 2024
ICB WDES	BNSSG ICB WDES Review 23-24
Sirona WDES	Sirona WDES Report 2024
System EDS Report	BNSSG ICS EDS Report 2024
EDS Board Report	BNSSG ICB Public Sector Equality Duty & Equality Delivery System Progress Report 23/24
AWP EDS	AWP EDS Reports
UHBW EDS	UHBW EDS Report
BNSSG ICB Workforce EDI Report 23-24	BNSSG ICB Workforce EDI Report 23-24
Sirona PSED Report	Sirona PSED Report 2024