NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Equality, Diversity, and Inclusion. BSW ICB Annual Employer Report 2022/23

A review of equality and diversity metrics

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1. BSW ICB Chief Executives Foreword

Diversity and inclusion have become increasingly important topics in today's workplace. As society continues to grow and evolve, so do our expectations for how we interact with one another. We believe that creating a respectful, diverse, and inclusive workplace not only benefits our employees but also enhances our ability to better represent and engage with the citizens of Bristol Northeast Somerset, Swindon and Wiltshire, and to support the effective running of the Integrated Care Board and the System.

Each year, we are required to report against a variety of Public Service Equality Data (PSED) and NHS-specific data including WRES, WDES and the newly introduced Six High Impact Actions at different points in the year, often resulting in extensive action plans which are difficult to deliver. This year instead we have drawn our Equality, Diversity, and Inclusion (EDI) data together into one annual report which better allows us to understand our EDI position in the round, and to identify instead a reduced number of measurable, sustainable actions that we can commit to delivering well for our BSW ICB colleagues. We have taken this opportunity to expand our data further to include population benchmarking and the ethnicity pay gaps.

This new focus, together with the addition of quarterly pulse surveys which we have adopted for the first time in April 2023, also allows us to move our people focus away from a retrospective 'stop-start' approach which disparate reporting can create, towards a long-term internal facing ICB People and Culture Plan, underpinned by our commitment to Equality, Diversity, and Inclusion, and aligned to the ICS and ICB strategies.

We are pleased that we are moving in the right direction – our ethnic minority colleagues and colleagues declaring a disability are beginning to better represent our population, our gender pay gap is reducing, our ethnicity pay gap demonstrates that BME colleagues are not disadvantaged by pay, and we are beginning as a new ICB to create the right conditions for greater inclusion. We cannot afford to be complacent about the positive steps forward that have been taken. We will continue to take concrete steps to foster a culture of respect and belonging, where our policies and practices make our organisation more inclusive and accessible for our colleagues; particularly in the areas of fair and effective recruitment practices which should better enable diversity and progression across our ICB, by encouraging colleagues to record their protected characteristics without fear of stigma, and in ensuring that our culture emulates our organisational values of respect, free from discrimination or harassment, supported by a genuine freedom to speak up when required.

Kind Regards

Sue Harriman,

Chief Executive Officer

2. Our Year in Highlights

We have launched our BSW ICB 'Everyone Counts' Inclusion Charter.	BME colleague representation has increased from 4% (2021) to 7% (2023).	We educated and celebrated Pride Month through a series of interactive blogs, events, and inviting colleagues to join in and share in the Pride marches and carnivals across our region.
6 High Impact Actions introduced future requirements for NHS bodies to monitor a broader range of protected characteristic pay gaps by 2024 and 2025 – BSWICB have introduced this in 22/23 report to bring about improvements sooner.	We have audited our recruitment and selection guidance documentation and training to ensure its gender neutrality.	Median Gender Pay Gap has reduced by 10% since 2022 to 16%.
We have created a diverse and inclusive Colleague Engagement Group designed to ensure that we provide an open forum for discussion, consultation, and involvement.		We have redesigned and relaunched our Freedom to Speak up policies and behaviours with the aim of reducing incidences of unwelcome behaviours.
We are monitoring our EDI data against the BSW population data in order to support targeted action.	Ethnicity Pay Gap is x	We have changed our approach to appraisals – one point in the year, they include a focus on inclusion and values, health and wellbeing, and enables us to spot trends for action.
Colleagues declaring a disability represent 6% of the workforce, an increase of 2% since 2021.	We have celebrated our colleagues volunteering activities – ranging from support for a foodbank through to rural music festivals!	LGBTQ+ Colleagues are better represented increasing to 4% (2% 2021)

3. Introduction

This report covers the period 1st April 2022 to 31st March 2023 and details the data as of 31st March 2023 for the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) and Gender Pay Gap (GPG) for BSW Integrated Care Board. This is the first report combining all three areas of equality reporting and provides strategic oversight of all actions required and recommendations to improve and progress equality for all BSW ICB colleagues, from which one rather than multiple action plans will be developed to drive changes throughout 2023/2024. Our workforce data is collated via our HR Payroll system (ESR) and only relates to staff directly employed by the ICB.

BSW ICB became a legal entity in July 2022 however data on the workforce as of March 2022 was not published in relation to WRES and WDES, due to the transition from BSW Clinical Commissioning Group to BSW Integrated Care Board and because there was not a legal requirement to do so. This report details BSW's journey in promoting equality and diversity utilising existing reports set by the NHS England[1] which include metrics that highlight the inequalities inherent in WRES and WDES.

The report also details Gender Pay Gap reporting to include additional protected characteristics which informs the ambition of achieving "high impact action 3" from the NHS equality, diversity, and inclusion improvement plan[2].

The key findings for 2023 (as of 31st March) have been presented, where possible alongside a comparison with key findings from previous years to highlight any changes or trends, benchmarked against National WRES, WDES and GPG data where possible. To compare the characteristics of our workforce with the wider BSW population in terms of people of working age, data from the 2021 Census for BSW ICB local authority districts (Bath and Northeast Somerset, Swindon, Wiltshire) has been used.

The report includes recommendations from the NHS equality, diversity, and inclusion improvement plan, which focuses on six high impact actions and leverages the data we already have to identify opportunities for improvement in our community representation. It is acknowledged by the ICB and reiterated within the NHS EDI Improvement Plan that to achieve equality of health outcomes the identification of barriers and biases and targeted action to overcome specific inequalities and discrimination are essential. BSW ICB are striving to identify any barriers or biases that exist and are committed to overcome them, ensuring there is a positive sense of belonging at BSW ICB exists for all colleagues. Where possible, all protected characteristics are included in the scope of this report to support our duty under the Public Sector Equality Duty legislation.[3]

As part of BSW Together one of the five key strategic aims is to increase staff wellbeing and retain, attract, and deploy an inclusive, engaged, and flexible workforce. Through a critical analysis of the WRES, WDES, GPG and annual and quarterly staff survey data we can ensure that focused action is taken to support this strategic aim and to make BSW ICB an employer of choice. BSW ICB has five core values which include being caring and inclusive and the organisation strives to ensure every colleague is cared for and included throughout their employment.

Overarching the BSW Together strategic aims and BSW ICB values is the NHS People Plan that has the ambition of “more people, working differently, in a compassionate and inclusive culture.” The NHS People Promise, is a promise that all of us will “work together to improve the experience

[1] https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/
[2] https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/
[3] https://www.gov.uk/government/publications/public-sector-equality-duty

of working in the NHS for everyone." BSW ICB Executive Team and Board are committed to this promise and the culture at BSW ICB is built on this.

The data from the three annual reports and annual and quarterly staff survey will also form the foundations of the culture programme that is being relaunched within the ICB in 2023/2024.

BSW ICB is not only committed to meeting its statutory duties but to also go beyond this by providing colleagues with the best work experience possible, free from prejudice and discrimination, allowing colleagues to bring their whole selves to work and to have a voice that is heard, understood, and acted upon.

This report fulfils our duties under section 78 of the Equality Act 2010 to publish BSW ICBs gender pay gap as of 31st March 2023. The regulations came into effect on 6th April 2017. Prior to BANES, Swindon and Wiltshire CCGs merging on 1st April 2020, none of the CCGs had to report their gender pay gap as they had less than 250 employees. Since the merger BSW CCG have continued to publish their gender pay gap on an annual basis.

From April 2019 it was mandated by the NHS Standard Contract that WDES applies to all Trusts and Foundation Trusts and WRES was mandated for NHS Trusts from April 2015. WRES and WDES is not currently mandated for Integrated Care Boards, however BSW ICB will continue to focus and share their WDES and WRES data to support the advancement of equality.

4. What we do and don't know

4.1. Definitions

When the term "Black or Minority Ethnic" (BME) colleagues is used within this report, we are referring to colleagues who describe their identity as being from a visible minority ethnic background, including Black, Asian, Chinese, Arabic or Dual/Mixed Heritage. When we use the term "non-BME," we are referring to colleagues who describe their identify as being from a White British or any other White ethnic background, including Irish or European

4.2. Data Collection

The data presented in this report is from the following sources:

- Electronic Staff Record (ESR): Annual workforce profile information as of 31st March 2023
- NHS jobs: Annual recruitment data up to 31st March 2023
- Human resources information on the employee relation processes over the defined time period.
- National NHS Staff Survey responses 2023

4.3. Reporting capability

Below is an overview of the protected characteristics grouped by different themes, which we will explore in more detail later in the report. The Electronic Staff Record (ESR) system provides data on eight out of the nine protected characteristics for reporting staff in post. The only characteristic that is not collected is gender reassignment. However, when we expand our analysis to include other aspects of the employee life cycle and staff experience, such as HR processes, recruitment, and continuous professional development, the reporting is less comprehensive, and in some cases, the data is unavailable.

Protected Characteristic	Staff in post	Pay Audit	Staff Experience	HR Processes	Recruitment	CPD
Age	☑	☑	⚠	⚠	⚠	☒
Sex	☑	☑	⚠	⚠	⚠	☒
marriage and civil partnership	☑	☑	⚠	⚠	⚠	☒
Disability	☑	☑	☑	☑	☑	☒
Race	☑	☑	☑	☑	☑	☒
Pregnancy and maternity	☑	⚠	⚠	⚠	⚠	☒
Religion or belief	☑	☑	⚠	⚠	⚠	☒
Sexual Orientation	☑	☑	⚠	⚠	⚠	☒
Gender reassignment	☒	☒	☒	☒	☒	☒
KEY	☑ - Know and do report		⚠ - Know but don't report		☒ - Don't know	

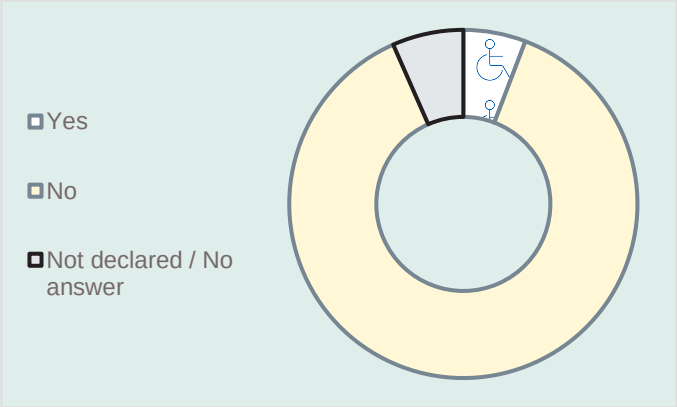
5. Who are we?

Ethnicity

The BSW workforce comprises 89% white staff, 7% staff from a BME background (4% 2021), and 4% of staff who haven't declared.

Sex

BSW has a predominately (80%) female workforce with approximately 400 female employees.

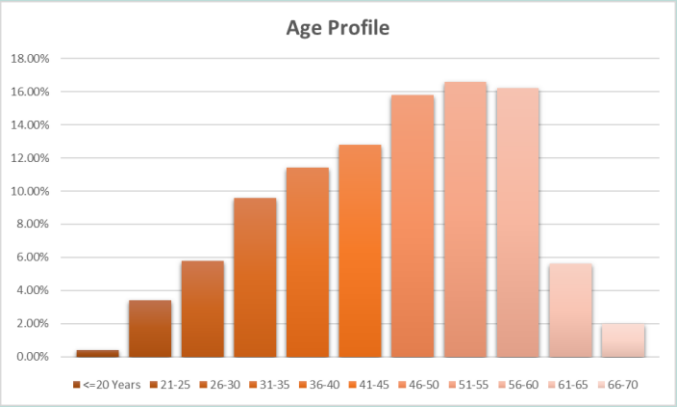


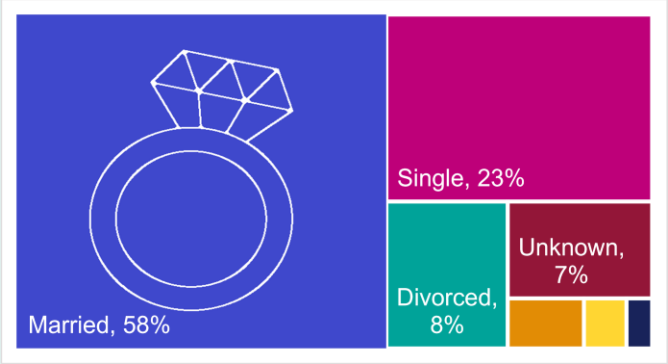
Disability

29 members of BSW staff have declared a long-term condition or disability - approximately 6% of our total workforce.

Age

Approximately half (48%) of BSW colleagues is aged between 46 - 60



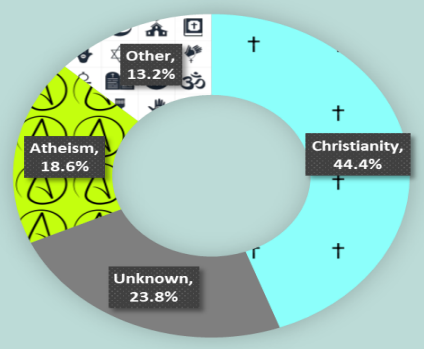


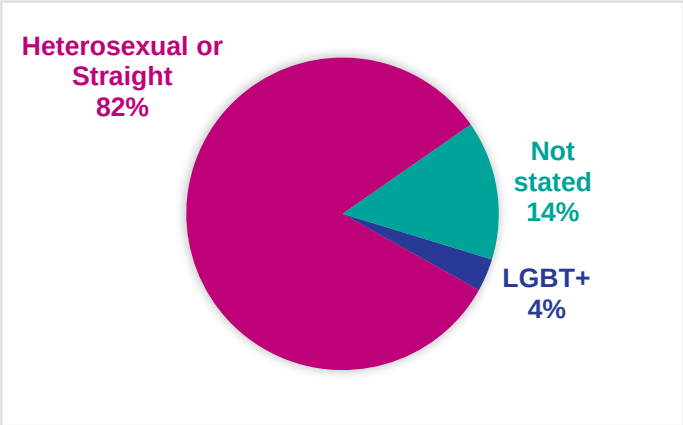
Marital status

58% of BSW Staff are married, with 23% single and 8% listing themselves as divorced.

Religion or belief

Christianity is the most declared religion. While the religious beliefs of BSW staff broadly mirror those of the general population, we have a higher representation of individuals practicing religions other than the majority.





Sexual Orientation

4% of BSW staff have declared their sexual orientation as lesbian, gay, or bisexual (2% 2021). However, 14% of staff have not stated their sexual orientation.

Gender reassignment

BSW population, 0.42% identify as a gender identity different from the sex registered at birth. However, this information is not currently recorded in the ESR system, so we are unable to provide a direct comparison with our organisation's data.

Pregnancy and maternity

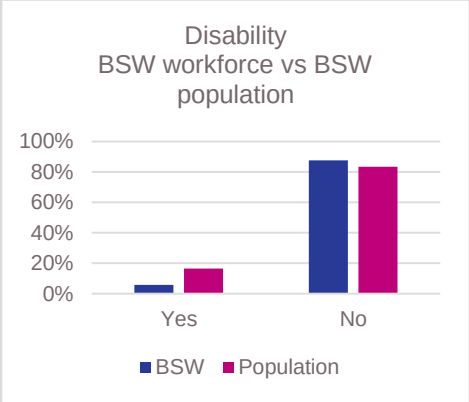
At the time of this report, 0.8% of our organisation is on pregnancy or maternity leave.

6. How do we compare to the community we serve?

A high-level overview of the current BSW workforce in comparison to the population, as measured against the 2021 census informs an assessment of how well BSW ICB align with the population we represent, identifying areas of interest. The data provided is current as of March 31, 2023, and as per the 2021 census.

The first three characteristics we examine are those frequently reported in the NHS workforce, namely, in WRES/WDES and GPG reports – **Gender, Ethnicity, and Disability.**

Sex – Female	Ethnicity – BAME	Disability – (Yes)
51% Census vs. 80% BSW	9% Census vs. 7% BSW	17%* Census vs 6% BSW



*census disability is reported based on the Equality Act 2010 definitions which are different to ESR definitions.

As of March 31, 2023, our workforce is 80% female, which is similar to the average of other ICBs, where the female representation stands at around 70%[4]. However, when compared to the overall population in BSW, which is 51% female, our workforce shows a higher female representation.

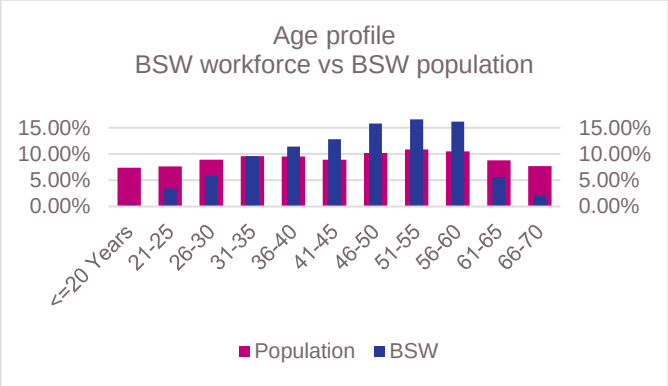
In terms of ethnicity, 9% of the geographical BSW population comes from a Black or minority ethnic (BAME) background. However, this figure varies across BSW locations, with Wiltshire (6 %), Bath and North-East Somerset (8%), representing a lower BAME representation than Swindon (19%). Overall, BSW BAME workforce representation is 7%, slightly lower than the population it represents.

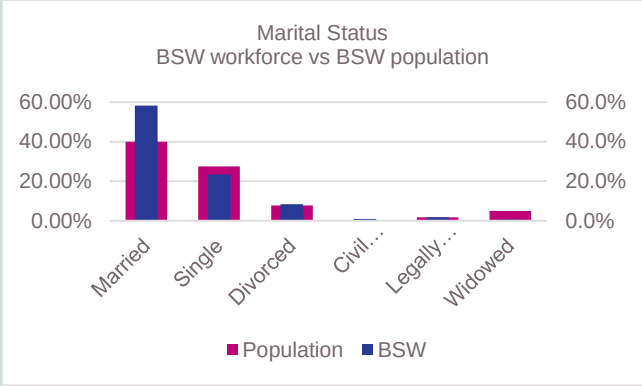
Disability is recorded differently in the ESR which categorizes disabilities, compared to how it is recorded in the census based on the Equality Act 2010 definitions. Census data indicates a much higher rate of disability at 16.5% compared to the ESR's recorded rate of 5.8% for the BSWICB Workforce. It's important to note that 6.6% of our workforce either did not declare their disability or stated a preference not to disclose this information, which may contribute to the disparity in the reported rates. We will make this an area of future focus, particularly reducing any perceived stigma which may be associated with declaring a disability.

[4] https://eproduct.hee.nhs.uk/dashboard/workforce-equality-diversity-and-inclusion#Tile%201:%20Secondary%20Care%20Profile%20-%20Detail

The next four characteristics – Age, Marital Status, Sexual Orientation and Religious Belief - are not typically included in NHS reports but meet our Public Sector Equality Duty (PSED) and provide important context for the ICB as an employer and convenor of services within the broader BSW community that we serve.

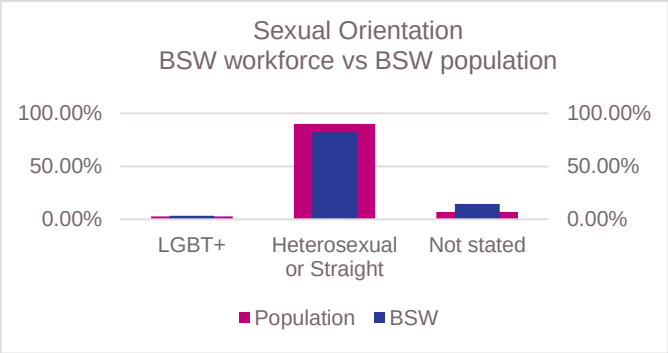
Distribution of ages between 16 - 70	Marital Status
46–60-year-olds comprise 49% of the workforce but only 31% of population.	58.2% of BSW are married compared to 39.9% of the population

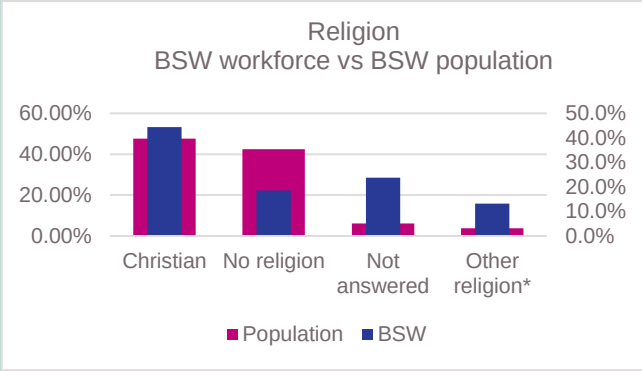




In the working-age population (ages 16-70), we have a higher proportion of middle-aged staff (36-60) compared to the BSW population. As we review our future organisational design, we will pay attention to the development of future talent which attracts a more even distribution and therefore a succession plan for the future. Interestingly, BSW ICB has a substantially higher proportion of married colleagues compared to the general BSW population.

Sexual Orientation	Religious belief
3.4% of the organisation identify as LGBT+ compared to 2.9% of the population of BSW	23.8% of BSW have declined to provide an answer on their religion





*Other religions include, Islam, Hindu, Buddhist, Sikh and Jewish.

When comparing the sexual orientation of BSW employees to the community, we find minor variations. For instance, within BSW, 3.4% identify as LGBT+, slightly higher than the census representation of 2.9% across the BSW area. While the religious beliefs of BSW staff broadly mirror those of the general population, we have a higher representation of individuals practicing religions other than the majority. Specifically, employees who identify with Islam, Hinduism, Buddhism, Sikhism, and Judaism comprise 13.2% of our organisation, compared to the corresponding population representation of 3.8%.

7. How do we monitor EDI?

The NHS has several tools for monitoring of EDI information which we've published here. The information from these reports allows us to make local recommendations and develop an action plan to help improve and progress equality across the organisation.

7.1. WRES

The NHS Workforce Race Equality Standard (WRES) ensures that colleagues from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It uses a series of indicators to compare the outcomes and experiences of BME and non-BME colleagues in the NHS. In this next section we highlight the key intelligence from each indicator. The appendix section provides the detailed breakdown of all indicators.

- **Indicator 1: Percentage of BME staff in each AfC Band 1-9 and VSM compared to overall workforce.**

Pay bandings	Bands 1 - 4	Bands 5 - 7	Bands 8a - 8b	Bands 8c - VSMs	Medical & Dental	ICS Board	BSW Overall
Ethnicity - BME	2%	8%	8%	6%	35%	0%	7%

7% of BSW ICB colleagues identify as Black or Minority Ethnic (BME). This has increased by 1.8% from 2021. We have fewer BME colleagues in lower banded role, and medical roles have more representation. We see this positively represented in turn within the ethnicity pay gap.

- **Indicator 2: the relative likelihood of BME staff being appointed from shortlisting across all posts.**

	WHITE	BME
Relative likelihood of appointment from shortlisting	**8%**	**1%**
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	**8 times**	

We appointed 8% of white applicants that we shortlisted compared to only 1% of BME shortlisted. This means that white job applicants are 8 times more likely to be appointed from shortlisting than BME applicants. This is considerably worse outcome than in 2021 (2 times). ACTION - This is an area for further review and remedial action.

- **Indicator 3 – The relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.**

	WHITE	BME
Likelihood of staff entering the formal disciplinary process	0.22%	0.00%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0 times	

No BME colleagues entered the formal disciplinary process in 2021 or 2023. This means that non-BME colleagues were more likely to enter the process.

- **Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD.**

No information is available about staff who have undertaken CPD in the last year and how this breaks down to protected characteristics, as the system does not support this data collection. ACTION: This is a future area for focus.

- **Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months.**

	WHITE	BME
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public	14%	5%

From this indicator, we can observe that white staff are more likely to experience bullying or harassment from service users compared to their BME colleagues. Additionally, 14% of our white staff report experiencing bullying or harassment in the last 12 months, which is 6% higher than white staff at other ICBs. In contrast, 5% of our BME staff reported the same measure, which is 3% lower than other ICBs based on national data.

- **Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.**

	WHITE	BME
Percentage of staff experiencing harassment, bullying or abuse from staff	13%	14%

In contrast, BME staff report a slightly higher rate of experiencing bullying from colleagues than their white colleagues. This is lower than national outcomes, where white staff at other ICBs report an average of 15.5% experiencing this, while 20% of BME staff report the same so we are both lower than national averages and with less discrepancies between ethnicities.

- **Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.**

	WHITE	BME
Percentage of staff who said their organisation acts fairly with regard to career progression/promotion	56.3%	47.6%

Fewer of our BME colleagues believe that BSW acts fairly with regards to career progression / promotion compared to their white colleagues. We benchmark 3% lower than the national median for white staff, but significantly higher (9%) than the national median for BME staff.

- **Indicator 8: Percentage of staff personally experiencing discrimination at work by a manager/team leader or other colleagues.**

	WHITE	BME
Percentage of staff personally experiencing discrimination at work by a manager/team leader or other colleagues	4%	19%

4% of white colleagues have reported in the staff survey that they experienced bullying or harassment from a manager in the last 12 months, which is comparable with the national picture. However, approximately five times as many (19%) BME staff have reported bullying from a leader in the same period. This rate is also 6% higher than colleagues at the average of other ICBs.

ACTION - Indicators 2, 5, 6 and 8 are of concern, and during the early part of 2023/24 we have taken active steps to review, strengthen and relaunch our Freedom to Speak Up policy and culture. We will actively monitor it's impact both through metrics and active colleague conversations.

- **Indicator 9 – the percentage difference between the organisations 'Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator.**

	BME	BSW Overall
Total Voting Board members	0%	7%

Our overall workforce is 7% BME, and none of our voting board members have declared a BME ethnicity. This results in a 7% difference in representation. This has deteriorated from previous years when 17% of our board members had a declared BME ethnicity.

ACTION – Whilst these roles are fewer in number, we will ensure that attaining representation across a range of protected characteristics is a focus as Board Membership develops. In the intervening period we will ensure that the Board maximises regular opportunities to mitigate this impact.

7.2. WDES

The NHS Workforce Disability Equality Standard is a set of metrics that enable us to compare the experiences of disabled and non-disabled colleagues. Key intelligence from each indicator is highlighted below. The appendix section provides the detailed breakdown of all indicators.

Indicator 1: Percentage of staff (with a disability) in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

Pay bandings	Bands 1 - 4	Bands 5 - 7	Bands 8a - 8b	Bands 8c - VSMs	Medical & Dental	Board	BSW Overall
Disability	4%	7%	11%	0%	0%	10%	6%

6% of colleagues have declared a disability on ESR. This marks a positive increase of 2% since 2021. None of the Very Senior Management (VSM) or Medical and Dental staff have declared a disability. This suggests a potential under-reporting or lack of disclosure of disabilities within these specific staff groups.
ACTION – We will undertake an EDI data review and encourage staff to complete their EDI data.

Indicator 2: Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

	Disabled	Non - disabled
Relative likelihood of appointment from shortlisting	5%	6%
Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff	1.2 times	

22 of the 260 applicants shortlisted had declared a disability of which 1 was appointed, meaning 4.5% disabled staff shortlisted were appointed. In comparison, of the 233 non-disabled shortlisted, 13 applicants were appointed - a rate of 5.6%.

This means that staff from non-disabled backgrounds are 1.2 times more likely to appointed than disabled colleagues this has increased from 0.61 times in 2021. This is in line with national average published by the NHS England team and an area for BSWICB improvement.

Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

	Disabled	Non - disabled
Likelihood of staff entering the formal disciplinary process	0 %	0.22%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0 times	

No disabled colleagues entered a formal capability process during the last two years.

Indicator 4a: Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.

Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from	Disabled	Non - disabled
Patients	14.4%	13.2%
Managers	10.4%	4.6%
Other colleagues	15.5%	7.2%

From the table above, it is evident that disabled staff report a higher rate of experiencing bullying or harassment from patients, managers, and other colleagues compared to their non-disabled colleagues. The difference is particularly notable when it comes to disabled staff reporting incidents of bullying from managers and colleagues, as they are approximately twice as likely to experience these behaviours compared to their non-disabled colleagues.

Indicator 4b: Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

	Disabled	Non - disabled
Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	29.6%	38.1%

Only 30% - 40% of incidents of bullying or harassment are reported by colleagues at BSW ICB. With disabled colleagues stating they have been less likely to report the incident.

Indicator 5: Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion.

	Disabled	Non - disabled
Provides equal opportunities	52%	57%

52% of disabled staff believe that BSW provides equality, which is a little lower than the percentage among non-disabled colleagues. This is 2% higher than what disabled staff at other ICBs reported in the national staff survey. Action: we will focus on improving candidate perception in general and make efforts to ensure that we adopt and socialise equitable practices including representative panels, inclusive recruitment training, and regular spot check audits.

Indicator 6: Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	Disabled	Non - disabled
% come to work, despite not feeling well	18%	6%

18% of disabled staff have reported coming to work despite feeling unwell. This rate is three times higher than that of their non-disabled colleagues.

Indicator 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

	Disabled	Non - disabled
% staff saying that they are satisfied	46%	53%

The table illustrates the satisfaction with the organization's valuation of work, comparing the levels of satisfaction between disabled and non-disabled staff. It indicates that 46% of disabled staff reported feeling satisfied, while a slightly higher percentage of 53% among non-disabled staff expressed satisfaction.

Indicator 8: Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

	Disabled	Non - disabled
% adequate adjustment(s)	74%	-

Approximately three-quarters of disabled staff have stated that adequate adjustments have been made to enable them to carry out their roles. This percentage is slightly lower than the national average for ICBs, where 80% of staff reported that adequate adjustments have been made.

Indicator 9: Has your organisation taken action to facilitate the voices of your Disabled staff to be heard? (yes) or (no)

Yes, through staff and pulse surveys and the newly introduced Colleague Engagement Forum. EQIA are actively considered against all proposals for decision.

Indicator 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce

	Disabled	BSW Overall
Total Voting Board members	10%	6%

10% of the board's voting membership have registered on ESR that they have a long-term condition or disability. Overall, this indicates that our board is representative of our disabled workforce.

7.3. Pay Gap Reporting

Organisations with over 250 colleagues are mandated to report their gender pay gap, which is the difference in average earnings between women and men every year, with the aim to reduce the gender pay gap.

The purpose of providing this data is to ensure fair and non-discriminatory pay practices based on protected characteristics. The overall objective is to identify any inequalities and take actions to eliminate pay gaps with respect to race, disability, gender, and other protected characteristics, aligning with the NHS High Impact Action 3.

It is important to note that the pay gap is different from equal pay, which focuses on the pay of individuals performing equal or similar work. The pay gap, on the other hand, compares the average (mean and median) earnings of different groups, irrespective of their roles, seniority, or type of work.

In this report, both the mean and median pay figures are considered. Ideally, these numbers should be the same for each characteristic, indicating an equal distribution of pay within a group. However, the presence of higher earners, typically in the Medical & Dental staff category, can skew the data.

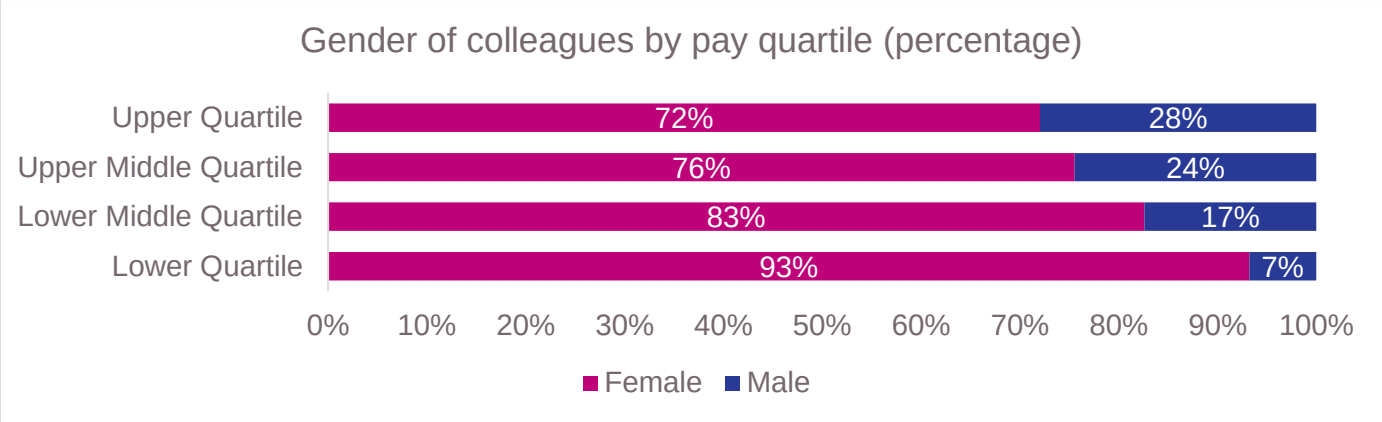
The report encompasses data from 504 full-time relevant employees during this period.

Gender Pay Gap

Characteristic		Mean 22	Median 22	Mean 23	Median 23	Mean p	Median p
Gender	Female - lowest	£23.39	£19.95	£24.27	£20.76	£0.88	£0.81
	Male - highest	£33.89	£27.21	£32.16	£24.82	-£1.73	-£2.39
	Gap	£10.50	£7.26	£7.89	£4.06	-£2.61	-£3.20
	Gap %	31%	27%	25%	16%	-6%	-10%

The gender pay gap is 16% for median pay and 25% for mean pay in 2023. With female staff on mean average earning £7.89 less than male colleagues having reduced from £10.50 less in 2022.

The mean pay gap has reduced by 6.48% since 2022 and the median pay gap has reduced by 10.2%, a significant improvement. We've achieved this by increasing the average pay of women and reducing the average pay of male staff. The number of women in bands 8a – 8b has increased from 73.1% in 2022 to 76.8% in 2023. There has also been a significant increase in women in bands 8C to VSM. In 2022 the band was made up of 61.7% women and in 2023 this has increased to 70.3%. In addition to this the percentage of women in bands 1 – 7 has decreased slightly since 2022.



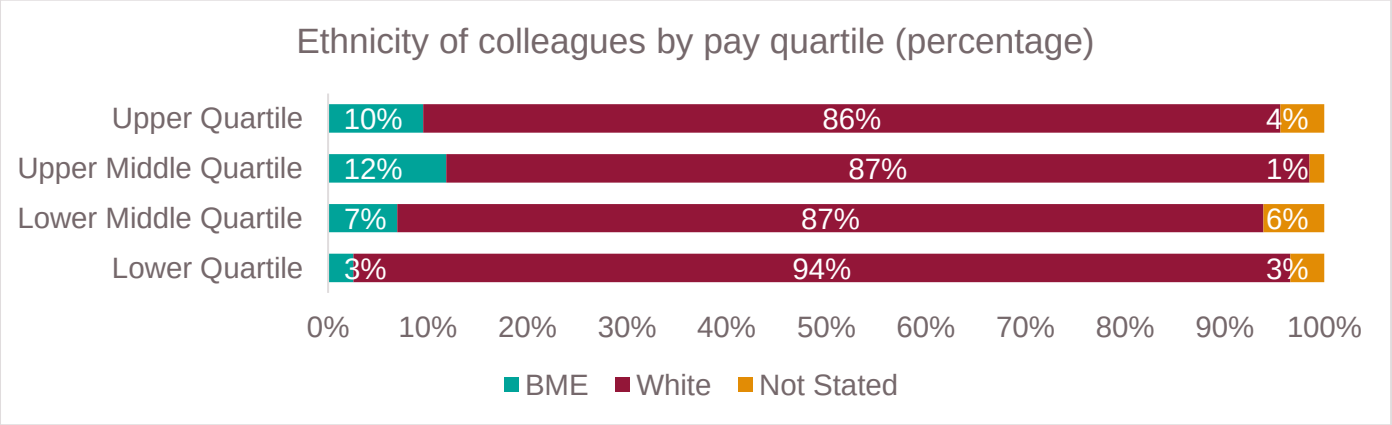
We can further explore this by examining the pay quartiles for all staff, where we observe that female colleagues are overrepresented in all pay quartiles, especially in the lower quartile. This is to be expected, considering that women constitute 80% of the BSW ICB workforce.

From this we note the pay inequality is largely due to over representation of females in bands 1 – 4 with 95% of the workforce being female in these bands. Increasing male representation to 50% in bands 1 - 4 would align staffing with the population and would reduce the mean pay gap to £0.65 / 2.5%. However, our band 1 – 4 roles are likely to be attractive to women with 50 roles within this category being able to be undertaken on a part time basis based on ONS reporting in 2021 stating that three in four mothers with dependent children are working. Out of the 50 part time roles, 49 of them are undertaken by females at this time.

Ethnicity Pay Gap

Characteristic		Mean	Median
Ethnicity	BME - highest	£31.41	£24.72
	White - lowest	£25.23	£21.30
	Gap	£6.18	£3.97
	Gap %	19.7%	16.0%

The ethnicity pay gap is 16.0% for median pay and 19.7% in favour of staff from an ethnic minority background. On average earning a £6.18 more than White colleagues. This is the first time the ICB has reported on the ethnicity pay gap but will continue to report on this on an annual basis.

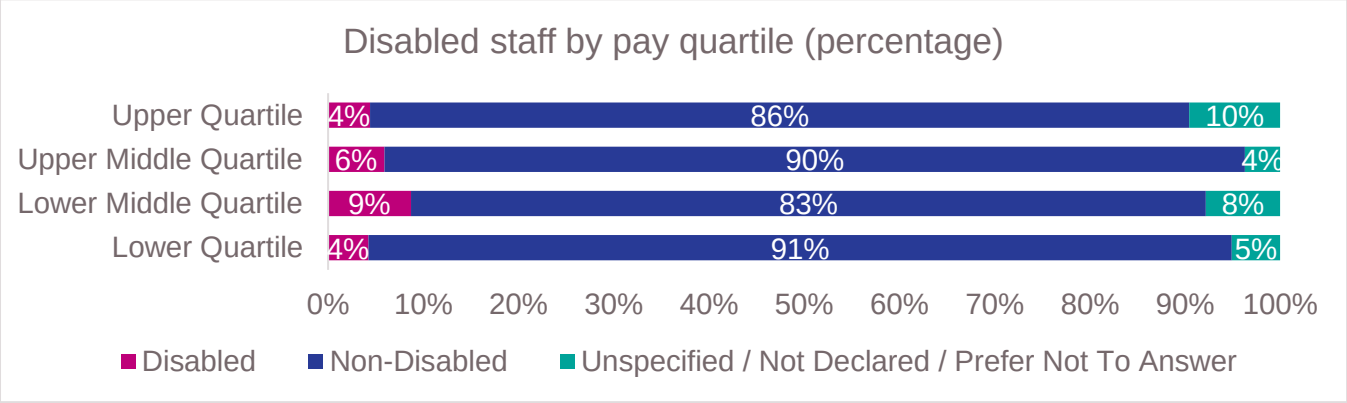


Reviewing the pay quartiles, we can see that BME staff are a higher proportion of our upper quartile and upper middle quartiles which is because 22% of BAME staff employed at BSW are medics whose pay is higher. Furthermore, there is an under representation of ethnic minority staff in lower quartile where they only represent 3% of the workforce, increasing this to 9.3% (in line with the census) of the workforce in these bands would reduce the pay gap by 10% to £2.71.

Disability / Long term condition Pay Gap

Characteristic		Mean	Median
Disability / Long term condition	Yes	£22.25	£21.04
	No	£25.65	£21.30
	Gap	£3.40	£0.26
	Gap %	13%	1%

There is a mean pay gap of £3.40 per hour and a median pay gap of £0.26 per hour between staff who declare they don't have a disability on ESR and those who report a disability. This corresponds to a difference of 13% for mean pay and 1% for median pay.



This is largely because declaration rate decreases in higher bands and medical and dental staff who are our highest paid staff. If all staff in bands 8b and above declared and this was in line with census data, our pay gap would decrease to £1.02 or 4% for mean pay.

8. Our EDI Improvement Commitment (Action Plan)

The commitment from BSW ICB to improve equality, diversity and inclusion for the whole workforce is at the forefront of the ICBs Executive Teams agenda. The actions to achieve these changes will be in line with the NHS EDI Improvement Plan and the 6 high impact actions. The plan will look to prioritise six high impact actions to address the widely known intersectional impacts of discrimination and bias.

The NHS EDI improvement plan supports the NHS Long Term Workforce Plan by improving the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to the NHS. The plan also supports the achievement of strategic EDI outcomes, which are to:

- **Address discrimination**, enabling staff to use the full range of their skills and experience to deliver the best possible patient care.
- **Increase accountability of all leaders** to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010, and the Messenger Review.
- **Support the levelling up agenda** by improving EDI within the NHS workforce, enhancing the NHS's reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce.
- **Make opportunities for progression equitable**, facilitating social mobility in the communities we serve."

The successful implementation of the proposed plan will encourage "a diverse workforce in an inclusive environment will likely improve staff engagement, lower turnover and enhance innovation." BSW ICBs culture programme has inclusivity at the heart of aimed at ensuring that all BSW ICB colleagues to feel that they belong and can be their true selves at work.

HIA 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.	
All board members must have SMART (specific, measurable, achievable, relevant and timebound (March 2024). EDI objectives and be assessed against these as part of their annual appraisal. (March 2024)	• 100% of Board members to have an EDI objective as part of the appraisal process. • EDI board development to be agreed in 23/24 • Longer-term opportunities to diversify the Board.
Board members should demonstrate how data and lived experience have been utilised to improve organisational culture. (March 2025)	• Board patient stories and part of other groups such as UEC, quality, community engagement and people • EDI Standing Agenda Item on People Committee
NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. (March 2024). Progress will be tracked and monitored via the Board Assurance Framework (March 2024).	• BAF to be reviewed. • Annual EDI Report developed – Board to discuss action plan.
HIA 1 Success Metric: Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).	
High Impact Action 2: Embed Fair and inclusive recruitment processes and talent management strategies that target under–representation and lack of diversity	
Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (June 2024) and evidence progress of implementation (June 2025)	• To develop a talent management programme • Conduct an audit of recruitment practices to understand opportunities for improvement leading to better progression and perception of fairness for all.
Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (October 2024).	• Explore opportunities to increase apprenticeships and work experience. • Increase diversity and number of applicants on the Regional/National Aspiring Director Talent programme.
HIA 2 Success Metrics: **2a.** Relative likelihood of staff being appointed from shortlisting across all posts, **2b.** NSS Q on access to career progression and training and development opportunities, **2c.** Improvement in race and disability representation leading to parity, **2d.** Improvement in representation senior leadership (Band 8C upwards) leading to	

parity, **2e.** Diversity in shortlisted candidates, **2f.** National Education & Training Survey, (NETS) Combined Indicator Score metric on quality of training	
High Impact Action 3: Develop and implement an improvement plan to eliminate Pay Gaps	
Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. **Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026**.	• Expanded data sets already published according to sex, race, and disability by 2025. • A focus on recruitment activity and roles in bands 1-4 to make sure we are attracting diverse staff and retaining them. • Targeted work to encourage all colleagues to complete recorded personal EDI data without fear of stigma.
Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (March 2024)	• Assessment to understand take up and success of flexible working in general and by protected characteristics
Success Metric: 3a. Improvement in gender, race, and disability pay gap	
High Impact Action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur	
Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (March 2024).	• FTSU revised and strengthened – re-launch programme in July 23. This is an area of particular focus and will be regularly audited.
Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination, or violence (March 2024).	• EAP and Occupational Health provision to be reviewed.
Success Metrics 6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff), 6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff), 6c. NETS Bullying & Harassment score metric (NHS professional groups)	

9. Appendices

9.1. WRES Indicators 2023

DATA ITEM		MEASURE	WHITE	White %	BME	BME %	ETHNICITY UNKNOWN/NULL	ETHNICITY UNKNOWN/NULL %	Total
1) Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce									
1a) Non-Clinical workforce			**Verified figures**		**Verified figures**		**Verified figures**		
1	Under Band 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
2	Band 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
3	Band 2	Headcount	2	100.0%	0	0.0%	0	0.0%	2
4	Band 3	Headcount	73	93.6%	2	2.6%	3	3.8%	78
5	Band 4	Headcount	37	100.0%	0	0.0%	0	0.0%	37
6	Band 5	Headcount	35	81.4%	5	11.6%	3	7.0%	43
7	Band 6	Headcount	28	100.0%	0	0.0%	0	0.0%	28
8	Band 7	Headcount	39	92.9%	3	7.1%	0	0.0%	42
9	Band 8A	Headcount	40	90.9%	3	6.8%	1	2.3%	44
10	Band 8B	Headcount	24	85.7%	2	7.1%	2	7.1%	28
11	Band 8C	Headcount	17	94.4%	1	5.6%	0	0.0%	18
12	Band 8D	Headcount	14	93.3%	1	6.7%	0	0.0%	15
13	Band 9	Headcount	8	88.9%	0	0.0%	1	11.1%	9
14	VSM	Headcount	10	71.4%	2	14.3%	2	14.3%	14
	Cluster 1: AfC Bands <1 to 4	%	112	95.7%	2	1.7%	3	2.6%	117
	Cluster 2: AfC bands 5 to 7	%	102	90.3%	8	7.1%	3	2.7%	113
	Cluster 3: AfC bands 8a and 8b	%	64	88.9%	5	6.9%	3	4.2%	72
	Cluster 4: AfC bands 8c to VSM	%	49	87.5%	4	7.1%	3	5.4%	56
	Total Non-Clinical	%	327	91.3%	19	5.3%	12	3.4%	358

DATA ITEM		MEASURE	WHITE	White %	BME	BME %	ETHNICITY UNKNOWN/ NULL	ETHNICITY UNKNOWN /NULL %	Total
1) Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce									
1b) Clinical workforce of which Non-Medical			**Verified figures**		**Verified figures**		**Verified figures**		
15	Under Band 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
16	Band 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
17	Band 2	Headcount	0	0.0%	0	0.0%	0	0.0%	0
18	Band 3	Headcount	0	0.0%	0	0.0%	0	0.0%	0
19	Band 4	Headcount	2	100.0%	0	0.0%	0	0.0%	2
20	Band 5	Headcount	8	88.9%	0	0.0%	1	11.1%	9
21	Band 6	Headcount	28	82.4%	3	8.8%	3	8.8%	34
22	Band 7	Headcount	23	82.1%	4	14.3%	1	3.6%	28
23	Band 8A	Headcount	13	86.7%	2	13.3%	0	0.0%	15
24	Band 8B	Headcount	11	100.0%	0	0.0%	0	0.0%	11
25	Band 8C	Headcount	4	100.0%	0	0.0%	0	0.0%	4
26	Band 8D	Headcount	3	100.0%	0	0.0%	0	0.0%	3
27	Band 9	Headcount	5	100.0%	0	0.0%	0	0.0%	5
28	VSM	Headcount	5	100.0%	0	0.0%	0	0.0%	5
	Cluster 1: AfC Bands <1 to 4	%	2	100.0%	0	0.0%	0	0.0%	2
	Cluster 2: AfC bands 5 to 7	%	59	83.1%	7	9.9%	5	7.0%	71
	Cluster 3: AfC bands 8a and 8b	%	24	92.3%	2	7.7%	0	0.0%	26
	Cluster 4: AfC bands 8c to VSM	%	17	100.0%	0	0.0%	0	0.0%	17
	Total Non-Clinical	%	102	87.9%	9	7.8%	5	4.3%	116
	Of which Medical & Dental								
29	Consultants	Headcount	0	0.0%	0	0.0%	0	0.0%	0
30	*of which Senior medical manager*	Headcount	0	0.0%	0	0.0%	0	0.0%	0
31	Non-consultant career grade	Headcount	0	0.0%	0	0.0%	0	0.0%	0
32	Trainee grades	Headcount	0	0.0%	0	0.0%	0	0.0%	0
33	Other	Headcount	16	61.5%	9	34.6%	1	3.8%	26
			16	61.54%	9	34.62%	1	3.85%	26
Combined Clinical and non-clinical total									
Total			445	89.00%	37	7.40%	18	3.60%	500

DATA ITEM		MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NULL
2) Relative likelihood of staff being appointed from shortlisting across all posts					
34	Number of shortlisted applicants	Headcount	160	99	1
35	Number appointed from shortlisting	Headcount	13	1	2
36	Relative likelihood of appointment from shortlisting	Auto calculated	8.13%	1.01%	200.00%
37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	8.04		
3) Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation **Note: This indicator will be based on year-end data.**					
38	Number of staff in workforce	Auto calculated	445	37	18
39	Number of staff entering the formal disciplinary process	Headcount	1	0	0
40	Likelihood of staff entering the formal disciplinary process	Auto calculated	0.22%	0.00%	0.00%
41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		0.00	
4) Relative likelihood of staff accessing non-mandatory training and CPD					
42	Number of staff in workforce	Auto calculated	445	37	18
43	Number of staff accessing non-mandatory training and CPD:	Headcount			
44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	0.00%	0.00%	0.00%
45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated			

DATA ITEM		MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NULL
Indicator 5 & 6 - Percentage of staff experiencing harassment, bullying or abuse from … in the last 12 months					
5	From patients / Service users	Percentage	13.5%	4.8%	
6	From other staff	Percentage	12.6%	14.3%	
Indicator 7 - Percentage of staff who said their organisation acts fairly with regard to career progression/promotion					
7	Acts fairly to career progression / promotion	Percentage	56.3%	47.6%	
Indicator 8 - In the last 12 months have you personally experienced discrimination from any of the following: Manager / team leader or other colleagues					
8	Personally experienced discrimination	Percentage	3.8%	19.0%	

DATA ITEM		MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NULL
9) Percentage difference between the organisations' Board voting membership and its overall workforce **Note: Only voting members of the Board should be included when considering this indicator**					
46	Total Board members	Headcount	10	0	0
47	*of which: Voting Board members*	Headcount	10	0	0
48	*: Non-Voting Board members*	Auto calculated	0	0	0
49	Total Board members	Auto calculated	10	0	0
50	*of which: Exec Board members*	Headcount	4	0	0
51	*: Non-Executive Board members*	Auto calculated	6	0	0
52	Number of staff in overall workforce	Auto calculated	445	37	18
53	Total Board members - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%
54	Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%
55	Non-Voting Board Member - % by Ethnicity	Auto calculated			
56	Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%
57	Non-Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%
58	Overall workforce - % by Ethnicity	Auto calculated			
59	Difference (Total Board -Overall workforce)	Auto calculated			

9.2. WDES Indicators 2023

Metric		Measure	# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/ Null	% Unknown/ Null	Total
1	**1a) Non-Clinical Staff**								
	Under Band 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
	Bands 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
	Bands 2	Headcount	0	0.0%	1	50.0%	1	50.0%	2
	Bands 3	Headcount	4	5.1%	69	88.5%	5	6.4%	78
	Bands 4	Headcount	1	2.7%	35	94.6%	1	2.7%	37
	Bands 5	Headcount	0	0.0%	40	93.0%	3	7.0%	43
	Bands 6	Headcount	4	14.3%	24	85.7%	0	0.0%	28
	Bands 7	Headcount	2	4.8%	40	95.2%	0	0.0%	42
	Bands 8a	Headcount	6	13.6%	37	84.1%	1	2.3%	44
	Bands 8b	Headcount	1	3.6%	25	89.3%	2	7.1%	28
	Bands 8c	Headcount	0	0.0%	17	94.4%	1	5.6%	18
	Bands 8d	Headcount	0	0.0%	15	100.0%	0	0.0%	15
	Bands 9	Headcount	0	0.0%	8	88.9%	1	11.1%	9
	VSM	Headcount	0	0.0%	9	100.0%	0	0.0%	9
	Other. Please specify in notes.	Headcount	1	20.0%	4	80.0%	0	0.0%	5
	Cluster 1: AfC Bands <1 to 4	Auto Calculated	5	4.3%	105	89.7%	7	6.0%	117
	Cluster 2: AfC bands 5 to 7	Auto Calculated	6	5.3%	104	92.0%	3	2.7%	113
	Cluster 3: AfC bands 8a and 8b	Auto Calculated	7	9.7%	62	86.1%	3	4.2%	72
	Cluster 4: AfC bands 8c to VSM	Auto Calculated	0	0.0%	49	96.1%	2	3.9%	51
	Total Non-Clinical	Auto Calculated	19	5.3%	324	90.5%	15	4.2%	358

Metric		Measure	# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/Null	% Unknown/Null	Total
1	**1b) Clinical Staff**								
	Under Band 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
	Bands 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
	Bands 2	Headcount	0	0.00%	0	0.00%	0	0.00%	0
	Bands 3	Headcount	0	0.00%	0	0.00%	0	0.00%	0
	Bands 4	Headcount	0	0.00%	2	100.00%	0	0.00%	2
	Bands 5	Headcount	0	0.00%	7	77.78%	2	22.22%	9
	Bands 6	Headcount	5	14.71%	25	73.53%	4	11.76%	34
	Bands 7	Headcount	1	3.57%	25	89.29%	2	7.14%	28
	Bands 8a	Headcount	0	0.00%	13	86.67%	2	13.33%	15
	Bands 8b	Headcount	4	36.36%	6	54.55%	1	9.09%	11
	Bands 8c	Headcount	0	0.00%	3	75.00%	1	25.00%	4
	Bands 8d	Headcount	0	0.00%	3	100.00%	0	0.00%	3
	Bands 9	Headcount	0	0.00%	4	80.00%	1	20.00%	5
	VSM	Headcount	0	0.00%	0	0.00%	0	0.00%	0
	Other. Please specify in notes.	Headcount	0	0.0%	5	100.0%	0	0.0%	5
	Cluster 1: AfC Bands <1 to 4	Auto Calculated	0	0.0%	2	100.0%	0	0.0%	2
	Cluster 2: AfC bands 5 to 7	Auto Calculated	6	8.5%	57	80.3%	8	11.3%	71
	Cluster 3: AfC bands 8a and 8b	Auto Calculated	4	15.4%	19	73.1%	3	11.5%	26
	Cluster 4: AfC bands 8c to VSM	Auto Calculated	0	0.0%	10	83.3%	2	16.7%	12
	Total Clinical	Auto Calculated	10	8.6%	93	80.2%	13	11.2%	116
	Medical & Dental Staff, Consultants	Headcount	0	0.00%	21	80.77%	5	19.23%	26
	Medical & Dental Staff, Non-Consultants career grade	Headcount	0		0		0		0
	Medical & Dental Staff, Medical and dental trainee grades	Headcount	0		0		0		0
	Total Medical and Dental	Auto Calculated	0	0.00%	21	80.77%	5	19.23%	26
	Number of staff in workforce	Auto Calculated	29	5.80%	438	87.60%	33	6.60%	500

Metric	Measure	# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/Null	% Unknown/Null	Total
Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts. Note: This refers to both external and internal posts.								
2	Number of shortlisted applicants	Headcount	233		22		5	
	Number appointed from shortlisting	Headcount	13		1		2	
	Likelihood of shortlisting/appointed	Auto Calculated	0.056		0.045		0.40	
	Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	Auto Calculated	0.81					
" Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. **Note:** **This Metric will be based on data from a two-year rolling average of the current year and the previous year (April 2021 to March 2022 and April 2022 to March 2023).**								
3	Average number of staff entering the formal capability process over the last 2 years for any reason. (i.e., Total divided by 2.)	Headcount	0		1		0	
	Of these, how many were on the grounds of ill-health?	Headcount	0		0		0	
	Likelihood of staff entering the formal capability process	Auto Calculated	0.00		0.00		0.00	
	Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	Auto Calculated	0.00					

	Metric	Measure	# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/Null	% Unknown/Null	Total
4	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives, or other members of the public ii. Managers iii. Other colleagues								
	i. Patients	Percentage		14.4%		13.2%			
	ii. Managers	Percentage		10.4%		4.6%			
	iii. Other colleagues	Percentage		15.5%		7.2%			
	b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.								
	Reported it	Percentage		29.6%		38.1%			
	Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion.								
5	Equal opportunities	Percentage		52.0%		56.8%			
	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.								
6	% come to work, despite not feeling well	Percentage		18.1%		5.6%			
	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.								
7	% staff saying that they are satisfied	Percentage		45.9%		52.8%			
	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.								
8	% adequate adjustment(s)	Percentage		73.9%					
	a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation								
9a	Comparison of engagement score	Score		6.4		7.0			
	b) Has your organisation taken action to facilitate the voices of your Disabled staff to be heard? (yes) or (no) **Note: For your response to b):** **If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples can be found in the WDES 2020 Annual Report.**								
9b	Has your organisation taken action to facilitate the voices of your Disabled staff to be heard? (yes) or (no)	(yes) or (no)							

	Metric	Measure	# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/ Null	% Unknown/ Null	Total
Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: **• By Voting membership of the Board** **• By Executive membership of the Board** **This is a snapshot as of on 31st March 2023.**									
10	Total Board members	Headcount	1	10.00%	9	90.00%	0	0.00%	10
	of which: Voting Board members	Headcount	1	10.00%	9	90.00%	0	0.00%	10
	of which: Non-Voting Board members	Auto Calculated	0		0		0		0
	of which: Exec Board members	Headcount	0	0.00%	4	100.00%	0	0.00%	4
	of which: Non-Executive Board members	Auto Calculated	1	16.67%	5	83.33%	0	0.00%	6
	Difference (Total Board - Overall workforce)	Auto Calculated		4%		2%		-7%	
	Difference (Voting membership - Overall Workforce)	Auto Calculated		4%		2%		-7%	
	Difference (Executive membership - Overall Workforce)	Auto Calculated		-6%		12%		-7%	

9.3. Mean and median and Pay Gap

Characteristic		Mean	Median
Gender	Female - lowest	£24.27	£20.76
	Male - highest	£32.16	£24.82
	Gap	£7.89	£4.06
	Gap %	24.5%	16.4%
Ethnicity	BME - highest	£31.41	£24.72
	White - lowest	£25.23	£21.30
	Not Stated	£27.88	£20.76
	Gap	£6.18	£3.97
	Gap %	19.7%	16.0%
Disability	Yes - lowest	£22.25	£21.04
	No	£25.65	£21.30
	Unspecified / Not Declared / Prefer Not To Answer - highest	£31.27	£24.38
	Gap	£9.02	£3.34
	Gap %	28.8%	13.7%
Sexual Orientation	LGBT+ - lowest	£21.90	£20.76
	Heterosexual or Straight	£25.36	£21.30
	Not stated - highest	£29.24	£24.38
	Gap	£7.35	£3.62
	Gap %	25.1%	14.9%
Religious Belief	Christianity	£26.45	£21.30
	Atheism - lowest	£22.79	£21.30
	Other religion	£25.35	£21.30
	I do not wish to disclose my religion/belief - highest	£27.27	£22.50
	Gap	£4.48	£1.20
	Gap %	16.4%	5.3%

Characteristic		Mean	Median
Age	<=20 Years - lowest	£11.03	£11.11
	21-25	£12.78	£12.05
	26-30	£17.59	£16.08
	31-35	£20.76	£21.30
	36-40	£25.55	£21.30
	41-45	£29.43	£24.38
	46-50	£29.60	£24.82
	51-55 - highest	£30.04	£24.38
	56-60	£25.73	£21.30
	61-65	£24.58	£19.47
	66-70	£20.31	£17.10
	>=71 Years	£20.69	£20.69
	Gap	£19.01	£13.70
	Gap %	63.3%	55.2%
Marital Status	Married - highest	£29.04	£24.38
	Single	£19.46	£17.24
	Divorced	£23.31	£20.76
	Legally Separated	£22.48	£21.30
	Civil Partnership	£26.15	£20.76
	Widowed - lowest	£16.82	£13.84
	Unknown	£24.58	£20.76
	Gap	£12.22	£10.54
	Gap %	42.1%	43.2%

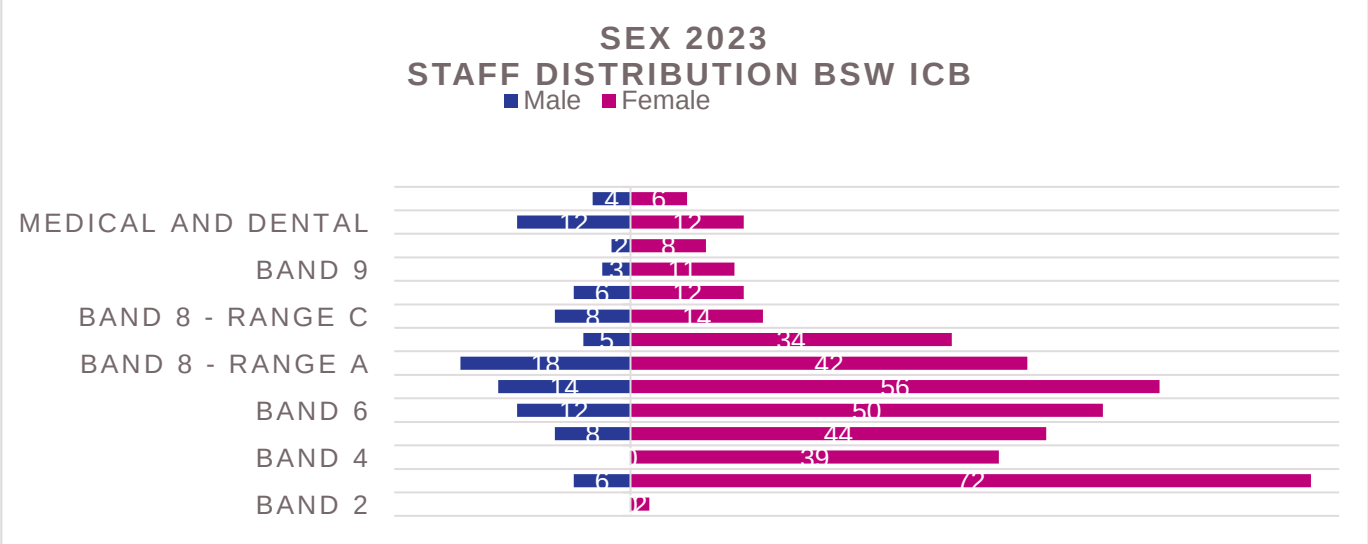
9.4. Pay Quartiles

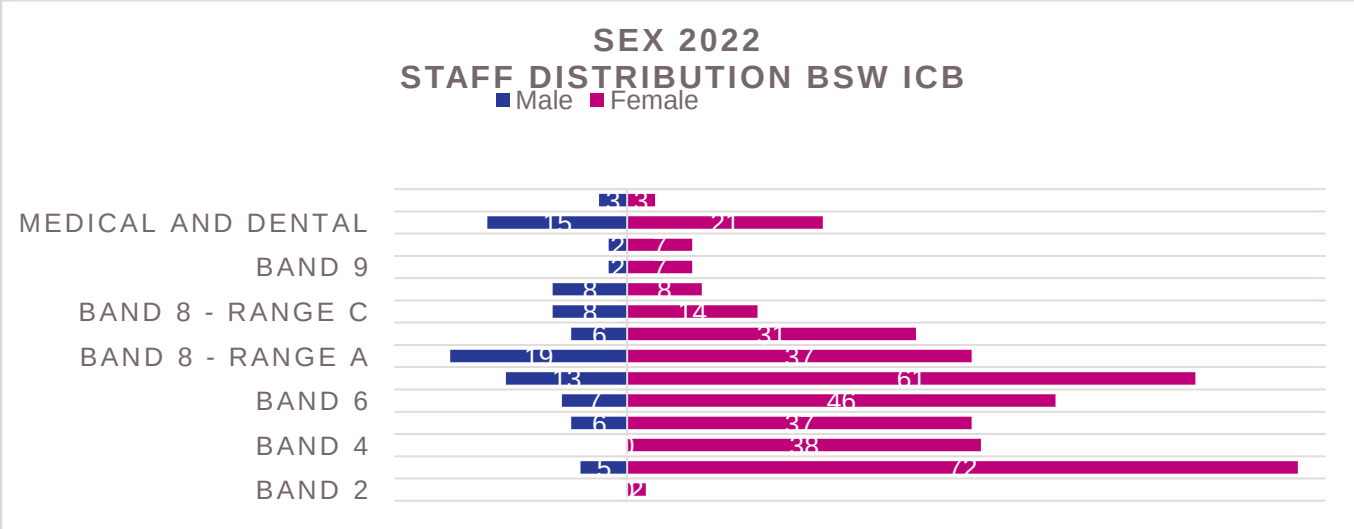
Characteristic		Q1	Q2	Q3	Q4
Gender	Female	110	95	102	98
	Male	8	20	33	38
Ethnicity	BME	3	8	16	13
	White	111	100	117	117
	Not Stated	4	7	2	6
Disability	Yes	5	10	8	6
	No	107	96	122	117
	Unspecified / Not Declared / Prefer Not To Answer	6	9	5	13
Sexual Orientation	LGBT+	5	5	3	4
	Heterosexual or Straight	102	91	115	104
	Not stated (person asked but declined to provide a response)	11	19	17	28
Religious Belief	Christianity	52	52	56	63
	Atheism	27	17	32	18
	Other religion	18	13	19	16
	I do not wish to disclose my religion/belief	21	33	28	39

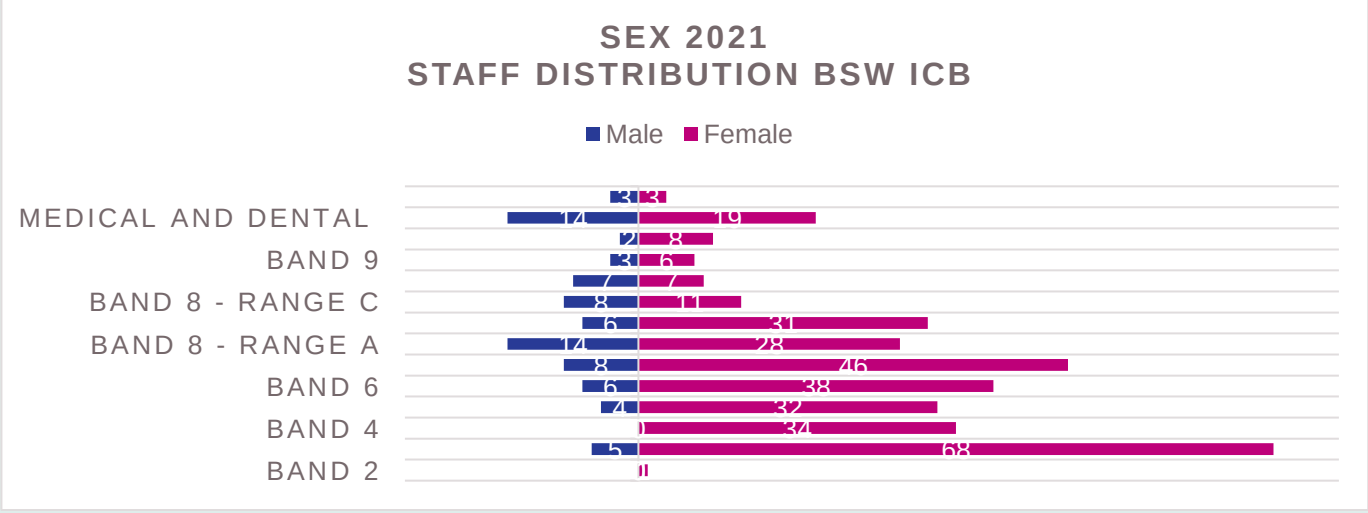
Characteristic		Q1	Q2	Q3	Q4
Age	<=20 Years	4	0	1	0
	21-25	13	5	0	0
	26-30	9	11	10	0
	31-35	7	12	23	4
	36-40	15	8	19	13
	41-45	7	18	19	21
	46-50	11	18	19	32
	51-55	18	14	18	32
	56-60	21	20	18	24
	61-65	8	8	5	9
	66-70	5	1	3	1
	>=71 Years	0	0	0	0
Marital Status	Married	51	60	81	102
	Single	39	33	30	15
	Divorced	15	8	10	10
	Legally Separated	2	1	3	3
	Civil Partnership	0	3	1	1
	Widowed	1	1	1	0
	Unknown	10	9	9	5

9.5. Banding population pyramids

Report images & Observations distribution of Sex







Female representation

Bands	2021	2022	2023
Bands 1 - 4	95.37%	95.7%	95.0%
Bands 5 - 7	86.57%	84.7%	81.5%
Bands 8a - 8b	74.68%	73.1%	76.8%
Bands 8c - VSMs	56.58%	61.7%	70.3%
Medical & Dental	0.00%	100.0%	50.0%
Board	85.71%	81.8%	60.0%
BSW	80.78%	80.4%	80.4%

Report image & Observations distribution of Ethnicity

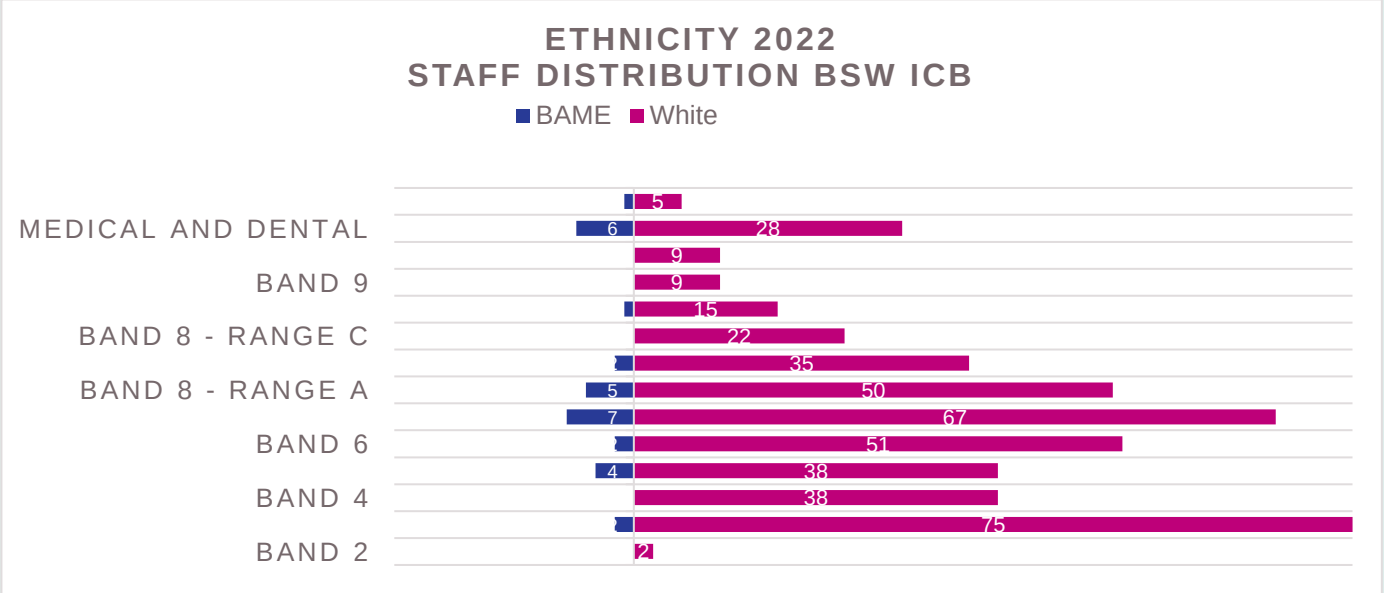
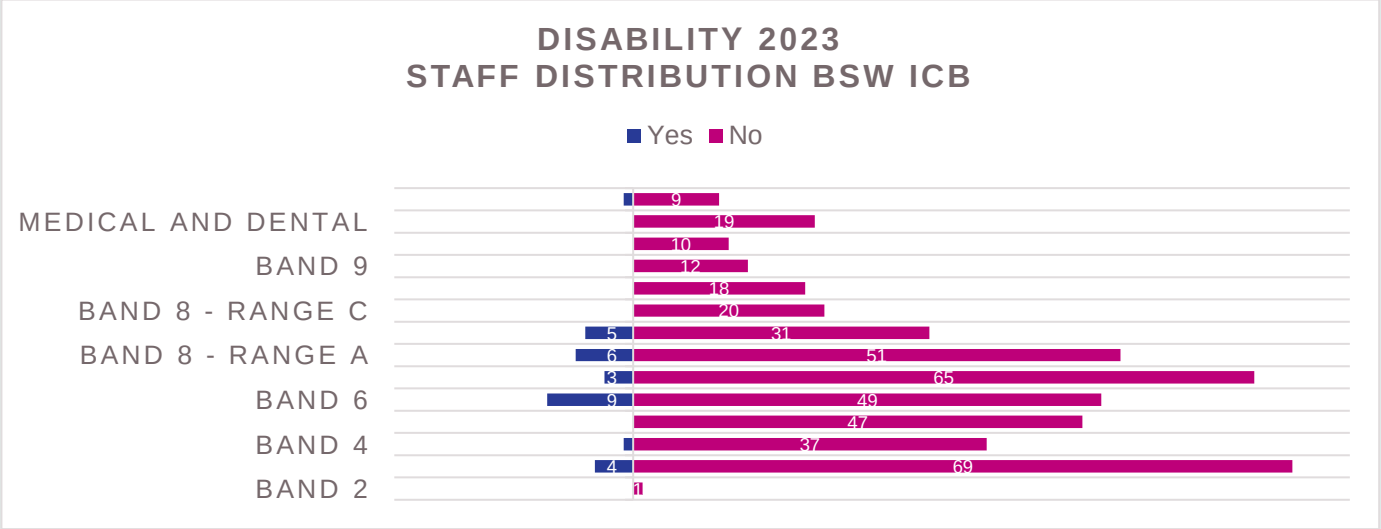
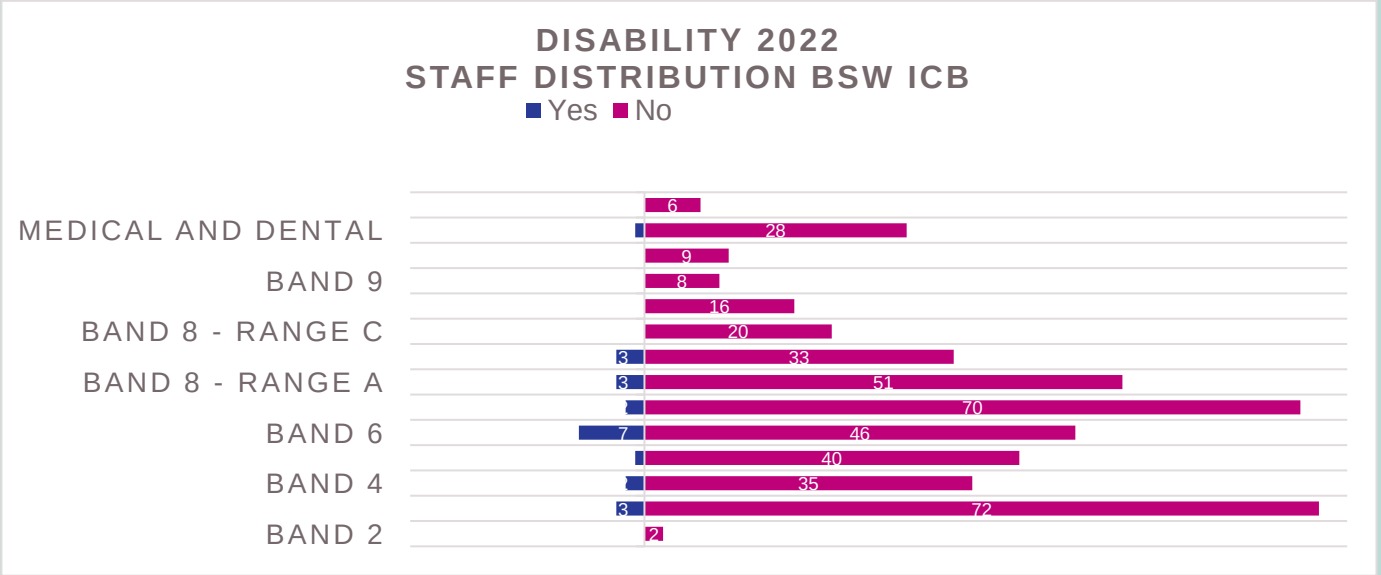
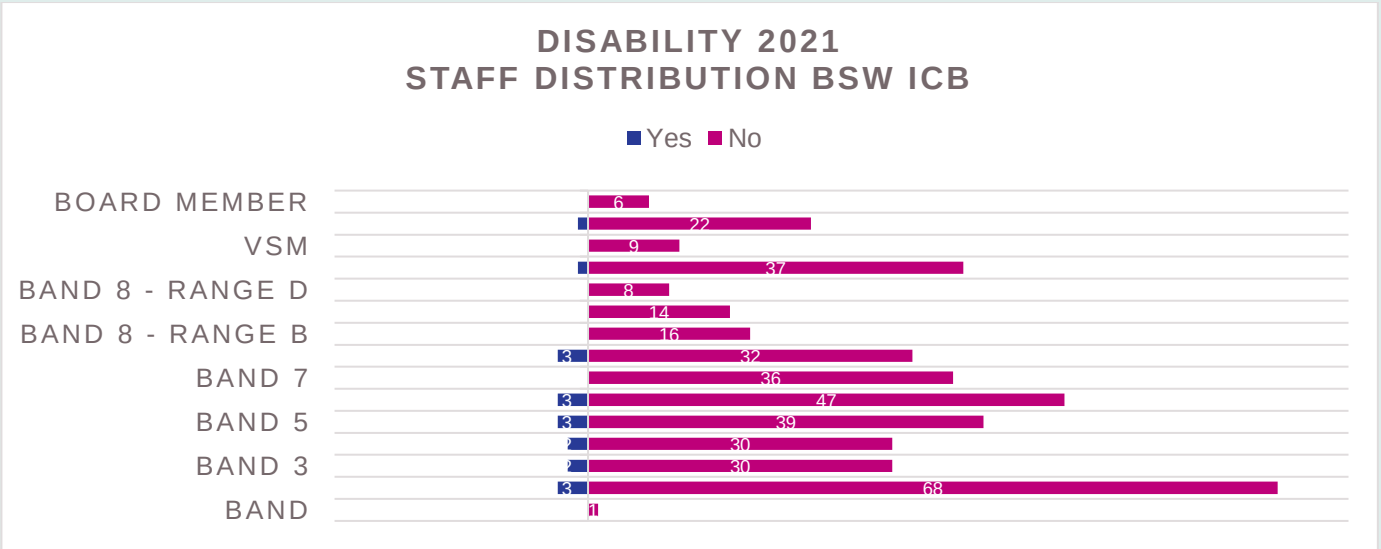


Table of changes

Band	2021	2022	2023
Bands 1 - 4	1.85%	1.71%	1.68%
Bands 5 - 7	2.99%	7.65%	8.15%
Bands 8a - 8b	3.82%	7.53%	8.08%
Bands 8c - VSMs	0.00%	2.00%	6.25%
Medical & Dental	23.33%	20.00%	33.33%
Board	0.00%	0.00%	0.00%

Report image & Observations distribution of Disability