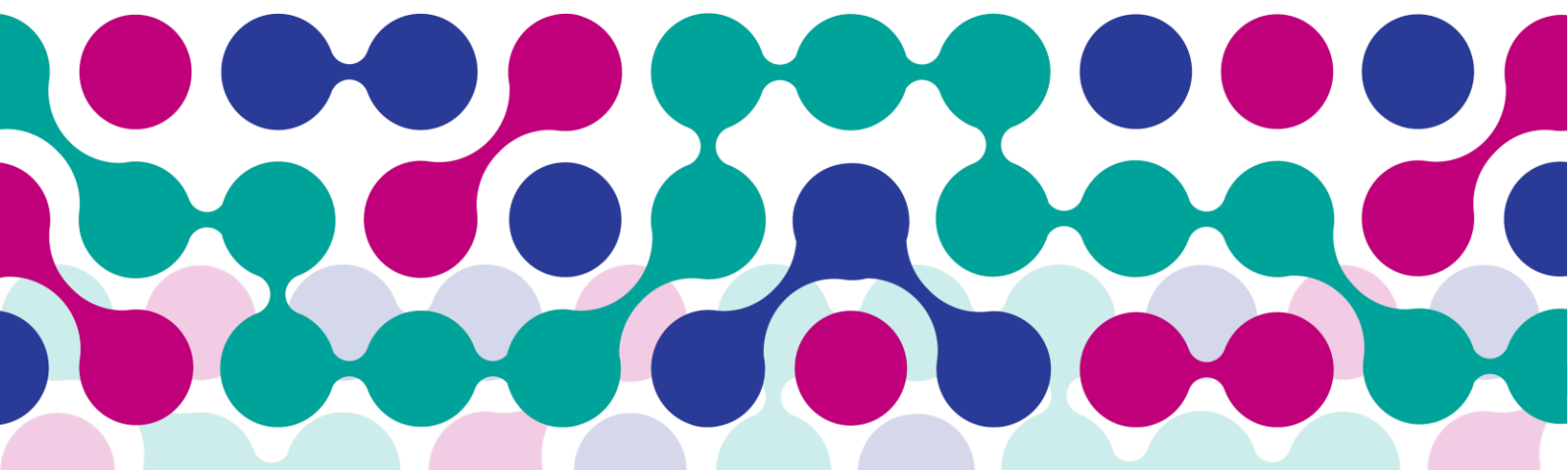


Equality, Diversity, and Inclusion. BSW ICB Annual Employer Report 2023/2024

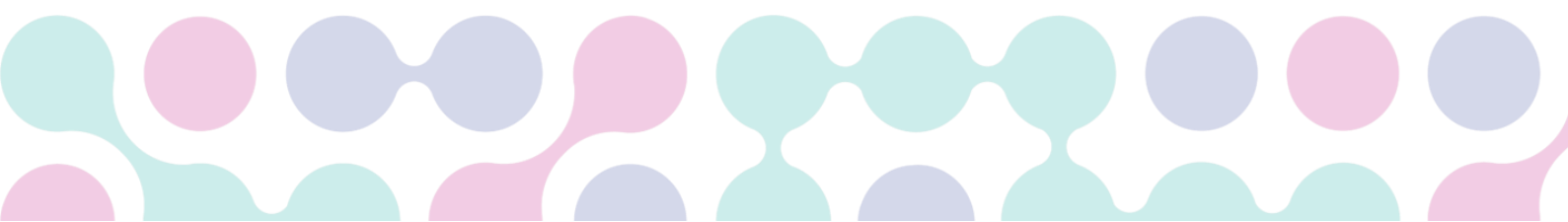
A review of equality and diversity metrics



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1. BSW ICB Chief Executives Foreword

Equality, diversity and inclusion are important and should be fundamental to our current and future workplaces. It is vital that in society, and at work, people can be known for who they are and feel safe to be themselves in the workplace. . Creating a diverse and inclusive workplace benefits the people who work with us and the communities that we serve. One of our ICB stated values is inclusion each of us have a responsibility to ensure people are treated equitably and without discrimination.

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 NHS Six High Impact Actions. This report draws all of our Equality, Diversity, and Inclusion (EDI) data together into one place helping us to build a picture of our workforce and how they feel about working in the ICB. This information gives us a rich picture of our EDI position and offers a number of measurable, sustainable actions. Following best practice, this year the data has been extended to include population benchmarking and ethnicity pay parity.

This EDI Annual Report, together with quarterly pulse surveys which commenced in April 2023 provides us with vital information as part of our ICB people and culture work. Our action plan needs to be owned by all of us and will be overseen through the Executive Management Meeting; with assurance provided through the ICB People and Remuneration committee to the ICB Board. The annual report also aligns with and supports the NHS South West Regional ambitions for EDI. This Regional Strategy which was co-produced and owned by all ICB CEO's in the SW Region will be our guiding framework within the ICB. Its stated purpose aligns beautifully with our ambition in BSW :

To create a culture where people feel valued and heard, helping them to be their best selves at work. We aim to do this through developing our leaders to be compassionate and inclusive. All while recruiting, training, and retaining a more diverse workforce that has fair representation, focusing on disabilities, Race, Ethnicity, and LGBTQ+). This will go hand in hand with how we go about improving staff experience across all protected characteristics

This report identifies areas where we have made improvements such as representation; ongoing reductions in gender pay gaps and recruitment of freedom to speak up guardians. However, there remains so much more to address if we really want to have an inclusive culture.. This means we will need to be brave, committed and unrelenting in our commitment to action and real change. We must face up to the realities, encourage courageous conversations and take real action for change. I personally commit to learning alongside team BSW and leading the ICB towards being an inclusive organisation we are all proud to work in.

Kind Regards

Sue Harriman,
Chief Executive Officer

2. Our Year in Highlights

<p>We have launched our BSW ICB 'Everyone Counts' Inclusion Charter.</p>	<p>BME colleague representation has increased from 7% (2023) to 8.4% (2024).</p>	<p>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.</p>
<p>6 High Impact Actions introduced future requirements for NHS bodies to monitor a broader range of protected characteristic pay gaps by 2024 and 2025 – BSW ICB have introduced this in 22/23 report to bring about improvements sooner.</p>	<p>We have audited our recruitment and selection guidance documentation and training to ensure its gender neutrality.</p>	<p>Median Gender Pay Gap has reduced by 10% since 2022 to 16%.</p>
<p>We have created a diverse and inclusive Colleague Engagement Group designed to ensure that we provide an open forum for discussion, consultation, and involvement.</p>	<p>We ran a workshop for people with caring responsibilities and continue to be a member of Carers UK Undertook a Board Development Session on Inclusion</p>	<p>We have redesigned and relaunched our Freedom to Speak up policies and behaviours with the aim of reducing incidences of unwelcome behaviours.</p>
<p>We are monitoring our EDI data against the BSW population data in order to support targeted action.</p>	<p>Ethnicity Pay Gap is -16.46% with BME colleagues earning a higher Median rate.</p>	<p>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.</p>
<p>Colleagues declaring a disability represent 5.6% of the workforce, a decrease of 0.4% since 2023.</p>	<p>We have celebrated our colleagues volunteering activities – ranging from support for a foodbank through to rural music festivals!</p>	<p>There has been a reduction in LGBTQ+ Colleagues represented decreasing to 3.5% (4% 2023)</p>

3. Introduction

This report covers the period 1st April 2023 to 31st March 2024 and details the data as of 31st March 2024 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 second 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 2024/2025. Our workforce data is collated via our HR Payroll system (ESR) and only relates to staff directly employed by the ICB.

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 Plan¹.

The key findings for 2024 (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.²

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/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/>

² <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.

As the future landscape has become clearer, the organisation has recognised that they need to be bolder to deliver an ICB which is new and different from its predecessor, both in terms of focus, relationships and agility. Steps have been taken to achieve this through redesigning structures to better align to the ICB’s purpose and are leaner.

The ICB has reflected and learned over the last year how it can work more effectively to deliver innovations and improvements to further reduce inequalities and during Autumn 2023, delivered the first step in establishing the ICB’s future operating model. This first step involved reshaping the directorates from eleven to nine, including the Chief Executive Office. The difficult decision was also taken to repatriate services to primary care partners, in line with the principles of equitability, cost efficiency and our core purpose. This did lead to some BSW ICB colleagues being redeployed into other areas of the organisation and some being made compulsory redundant.

Following this, in March 2024, a 45-day collective consultation was launched with the majority of BSW ICB colleagues to consult on proposed changes to the ICB’s functions, structures and roles. The feedback from the consultation has been carefully considered and the new structures and roles and changes for individuals are continuing to be implemented.

The data from the three annual equality reports and annual and quarterly staff survey will directly inform the people and culture programme during 2024/25 following the structural changes being made because of the organisational consultation.

BSW ICB is not only committed to meeting its statutory duties but aims to provide 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 2024. 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 and subsequent ICB 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.

The CQC has also implemented equity related standards of which the Well Led Domian continues to be the workforce component of the framework with the expectation of ‘Leaders take action to prevent and address bullying and harassment at all levels and for all staff, with a clear focus on those with protected characteristics under the Equality Act and those from excluded and marginalised groups.’

This report describes and analyses the current position regarding equality gaps within BSW ICB and any changes that have taken place since the last report for 2022/2023. Appendix one details the High Impact Action Plan that provides an update regarding the activity that has taken place against the 2023/2024 actions and the actions that are planned for 2024/2025 as a result of analysing the most recent data. All of the actions that BSW ICB commit to take during 2024/2025 are mapped to the NHS High Impact Action Plan (appendix 1).

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 identity as being from a White British or any other White ethnic background, including Irish or European.

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.

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 2024
- NHS jobs: Annual recruitment data up to 31st March 2024
- Human resources information on the employee relation processes over the defined time period.
- National NHS Staff Survey responses 2024
- WRES and WDES data collection

4.3. Reporting capability

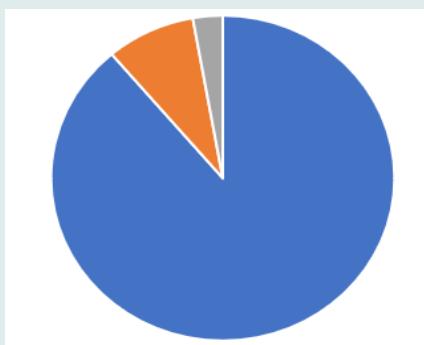
Below is an overview of the protected characteristics grouped by different themes, which we will explore in more detail later in the report. The Electronic Staff Record (ESR) system provides data on eight out of the nine protected characteristics for reporting staff in post. The only characteristic that 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?

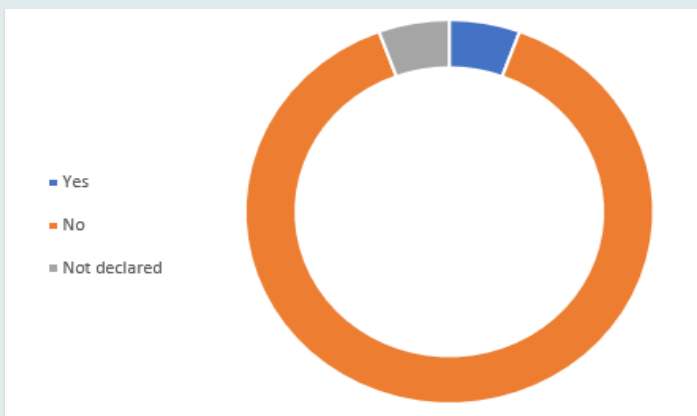
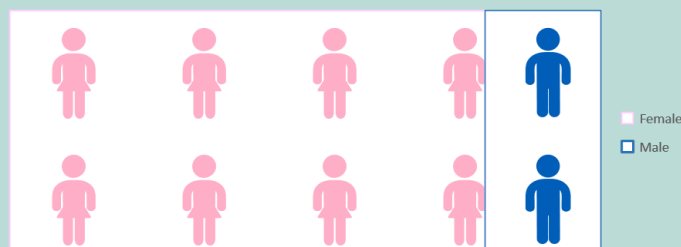


Ethnicity

The BSW workforce comprises 88.8% white staff, 8.4% staff from a BME background (7% 2023), and 2.8% of staff who haven't declared.

Sex

BSW has a predominately (80%) female workforce with approximately 393 female employees.

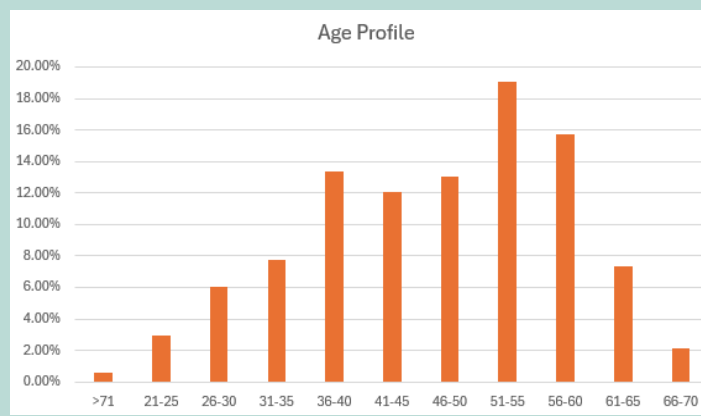


Disability

28 members of BSW staff have declared a long-term condition or disability - approximately 5.6% of our total workforce.

Age

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



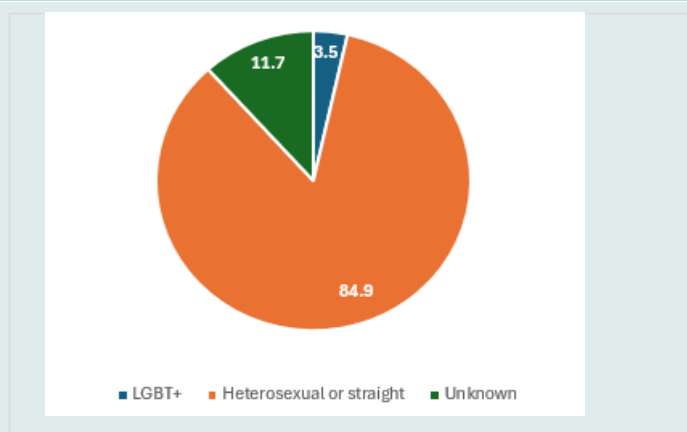
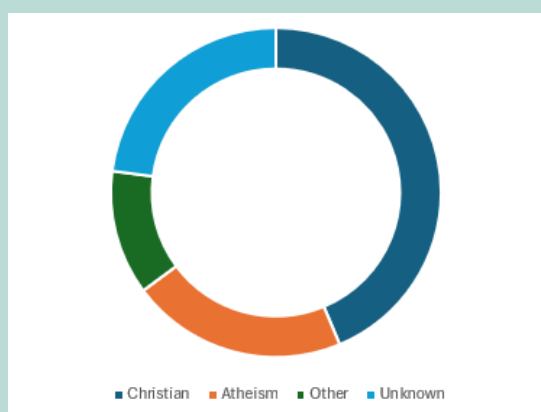


Marital status

60% of BSW Staff are married, with 22% single and 11% 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

3.5% of BSW staff have declared their sexual orientation as lesbian, gay, or bisexual (4% 2023). However, 11.7% 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.

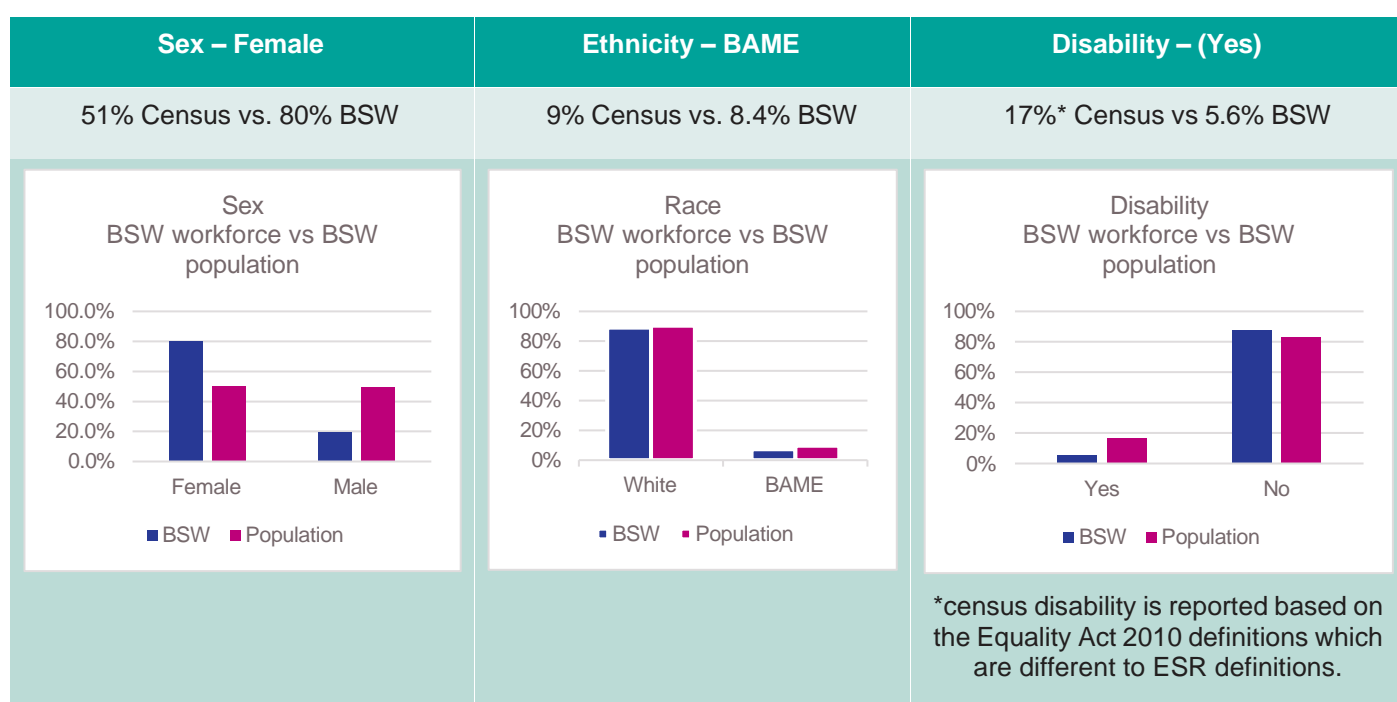
Pregnancy and maternity

At the time of this report, 1.7% of our organisation is pregnant or on 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, 2024, 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. The census data detailed below relates to the population of BSW.



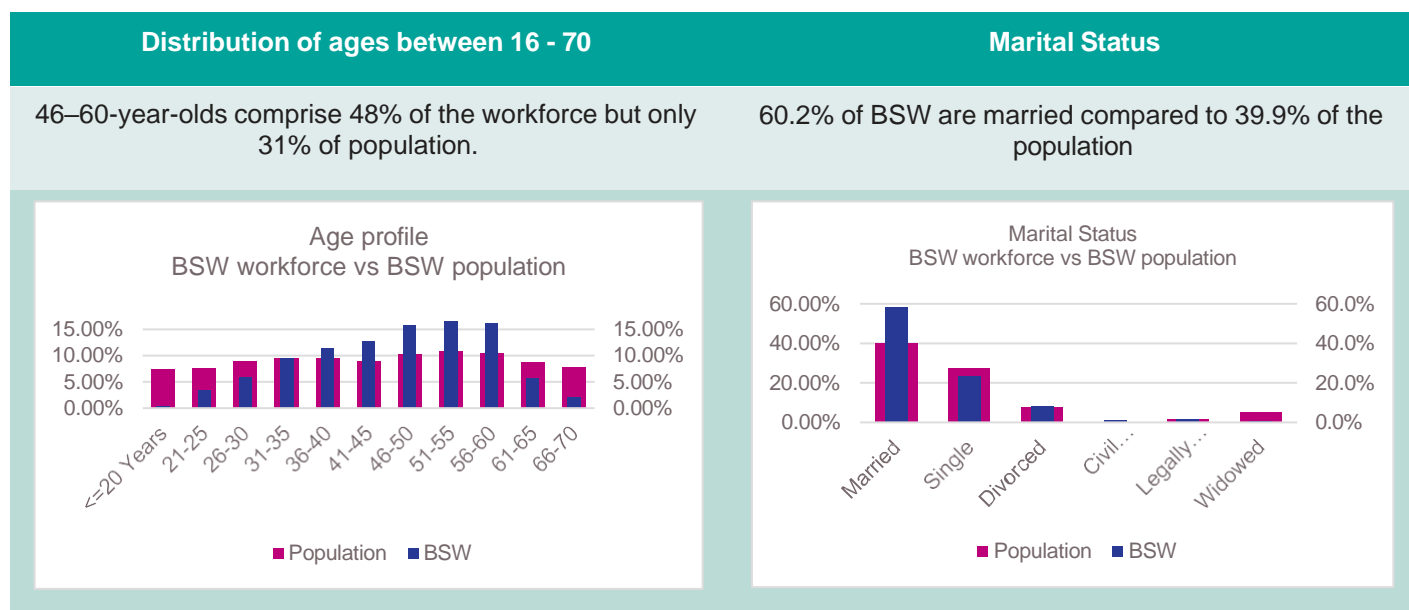
As of March 31, 2024, our workforce is 80% female, which is like the average of other ICBs, where the female representation stands at around 70%⁴. However, when compared to the overall population in BSW, which is 51% female, our workforce shows a higher female representation.

In terms of ethnicity, 9% of the geographical BSW population comes from a Black or minority ethnic (BME) background. However, this figure varies across BSW locations, with Wiltshire (6%), Bath and North-East Somerset (8%), representing a lower BME representation than Swindon (19%). Overall, BSW BAME workforce representation is 8.4%, slightly lower than the population it represents.

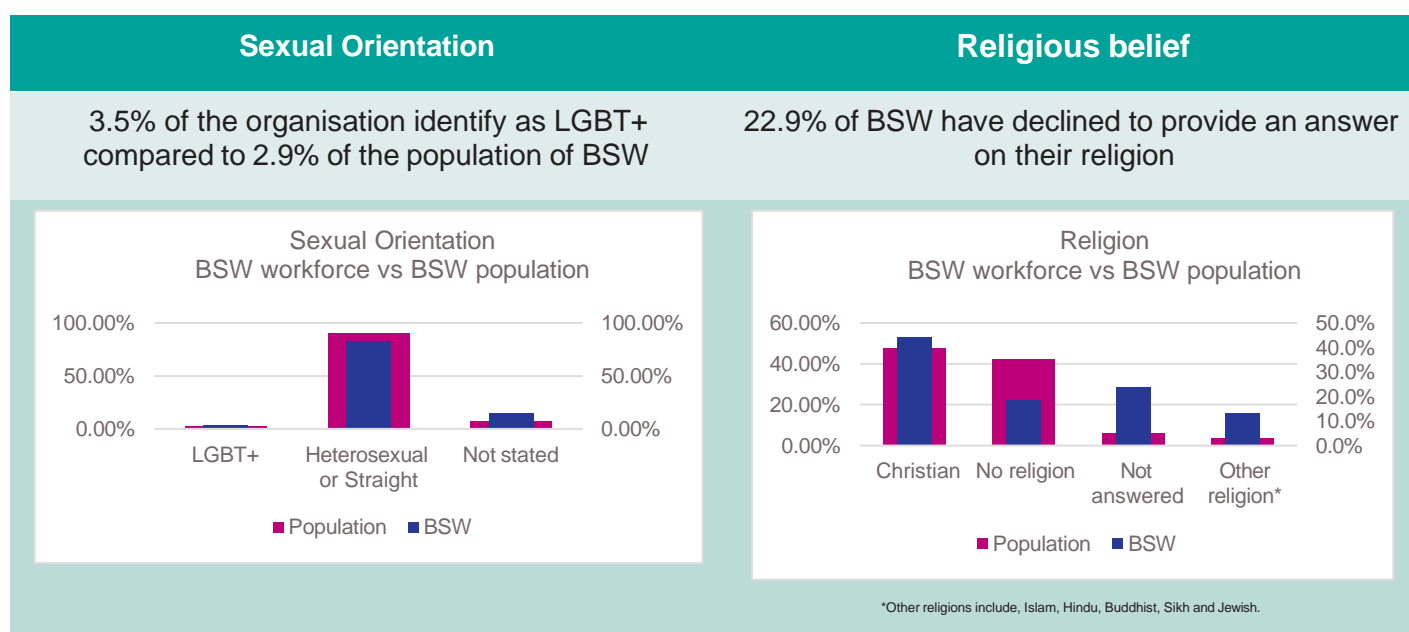
Disability is recorded differently in the ESR which categorizes disabilities, compared to how it is recorded in the census based on the Equality Act 2010 definitions. Census data indicates a much higher rate of disability at 16.5% compared to the ESR's recorded rate of 5.6% for the BSWICB Workforce. It's important to note that 5.6% 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.



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.



When comparing the sexual orientation of BSW employees to the community, we find minor variations. For instance, within BSW, 3.5% 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.

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	BSW Overall
Ethnicity - BME	4.6%	8.4%	9%	7%	31.6%	8.4%

8.4% of BSW ICB colleagues identify as Black or Minority Ethnic (BME). This has increased by 1.4% from 2022-23. We have fewer BME colleagues in lower banded role, and medical roles have more representation. In addition, there has been a 1% increase of BME colleagues in Bands 8a-8b and Bands 8c- VSM. 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	30%	6.6%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	4.6 times	

We appointed 30% of white applicants (59) that we shortlisted compared to only 6.6% of BME (13) shortlisted. This means that white job applicants are 4.6 times more likely to be appointed from shortlisting than BME applicants. This is an improvement on 2022-2023 (1%). This is addressed within the EDI action plan high impact action 2.



- **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.

- **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	10%	3%

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. The number of colleagues reporting experiencing harassment, bullying or abuse from patients, relatives or the public has decreased by 4% in relation to white colleagues and 2% in relation to BME colleagues since 2023.

- **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	9%	17%

The number of BME colleagues experiencing harassment, bullying or abuse from staff has increased by 3% since 2022/2023.



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	55%	41%

Fewer of our BME colleagues believe that BSW acts fairly with regards to career progression / promotion compared to their white colleagues. This is a decrease on the figure from last 2022/2023 when 47.6% of BME colleagues felt the organisation acted fairly.

- **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	3%	10%

3% of white colleagues have reported in the staff survey that they experienced bullying or harassment from a manager in the last 12 months. However, 10% of BME staff have reported bullying from a leader in the same period. This figure has however decreased from 19% in 2022/2023 to 10% in 2023/2024. Despite this it is recognised there is still significant work to be undertaken in this area as BSW ICB has zero tolerance towards any discrimination.

During the early part of 2023/2024 we have taken active steps to review, strengthen and relaunch our Freedom to Speak Up policy and culture. Action will continue to be taken in line with the high impact action 6 as detailed on the EDI action plan.

- **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%	8%

Our overall workforce is 8% BME, and none of our voting board members have declared a BME ethnicity. This results in an 8% difference in representation. This has deteriorated from previous years when 17% of our board members had a declared BME ethnicity. This is addressed within the EDI action plan.



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	BSW Overall
Disability	3.7%	5.4%	12%	1.9%	0%	5.6%

5.6% of colleagues have declared a disability on ESR. This marks a decrease of 0.4% since 2022-2023. 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.

BSW undertook an EDI data review following last year's EDI report to 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	6.9%	19.5%
Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff	2.8 times	

Out of 442 applicants shortlisted, 29 of those shortlisted had declared a disability of which 2 were appointed, meaning 6.9% disabled staff shortlisted were appointed. In comparison, of the 353 non-disabled shortlisted, 69 applicants were appointed - a rate of 19.5%.

This means that staff from non-disabled backgrounds are 2.8 times more likely to be appointed than disabled colleagues. This has increased from 1.2 times in 2022 - 2023.



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	12%	10%
Managers	7%	7%
Other colleagues	10%	12%

From the table above, it is evident that disabled staff report a higher rate of experiencing bullying or harassment from patients compared to their non-disabled colleagues. Disabled staff have reported a decrease in bullying from Managers by 3% whilst non-disabled colleagues have reported an increase by 2% of bullying from managers. Bullying from colleagues experienced by disabled staff has decreased by over 5% whilst is reported to have increased for non-disabled colleagues by just under 5%.

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.	50 %	27%

The figures above indicated that disabled colleagues are more likely to report their experience of harassment, bullying or abuse at work.



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	48%	57%

48% of disabled colleagues believe that BSW provides equality which is a decrease from last year when the figure was 52%. The figure reported by non-disabled colleagues has remained at 57%.

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	14%	9%

14% of disabled staff have reported coming to work despite feeling unwell. This has reduced from last year when the figure stood at 18%. However, the figure has increased for non-disabled staff by 3% since last year.

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	43%	46%

The table illustrates the satisfaction with the organization's valuation of work, comparing the levels of satisfaction between disabled and non-disabled staff. Satisfaction of disabled and non-disabled staff has decreased since last year, by 3% for disabled colleagues and 7% for non-disabled colleagues.



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)	42% (no adjustment required for 49% of colleagues who have declared a disability)	-

Out of 91 colleagues who answered this question 38 (42%) have stated the organisation has made adequate adjustments to enable them to carry out their work, 8 individuals (9%) have said no and 45 colleagues (49%) reported that no adjustment was needed.

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	1%	13%

1% of the board's voting membership have registered on ESR that they have a long-term condition or disability.



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 491 relevant employees during this period.

Gender Pay Gap

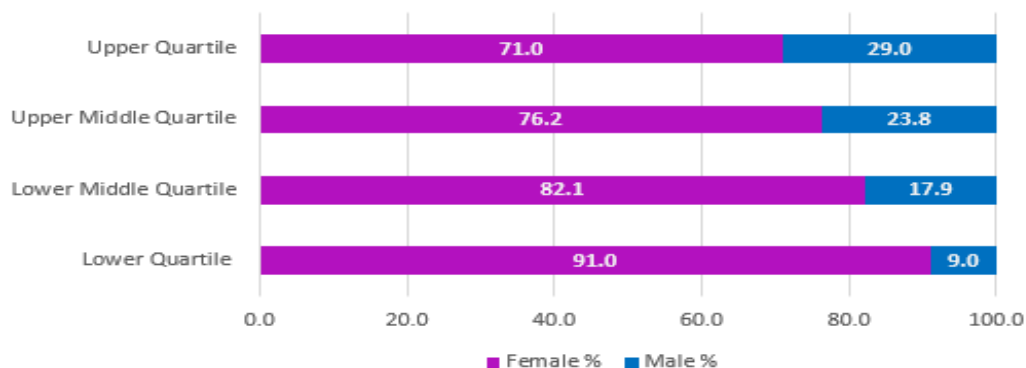
Characteristic		Mean 23	Median 23	Mean 24	Median 24	Mean p	Median p
Gender	Female	£24.27	£20.76	£24.85	£21.80	£0.58	£1.04
	Male	£32.16	£24.82	£32.46	£26.06	£0.30	£1.24
	Gap	£7.89	£4.06	£7.61	£4.26	-£0.28	-£0.20
	Gap %	25%	16%	23%	16%	-52%	19%

The gender pay gap is 16% for median pay and 23% for mean pay in 2024. With female staff on mean average earning £7.61 less than male colleagues having reduced from £7.89 less in 2023.

The mean pay gap has reduced by 2% since 2023 and the median pay gap has remained the same. 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 76.8% in 2023 to 77.2% in 2023. There has been a slight decrease in women in bands 8C to VSM. In 2023 the band was made up of 70.3% women and in 2024 this has decreased to 69%. In addition to this the percentage of women in bands 1 – 7 has increased slightly since 2023, from 280 to 286 in 2024.



Gender of colleagues by pay quartile (percentage)



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.

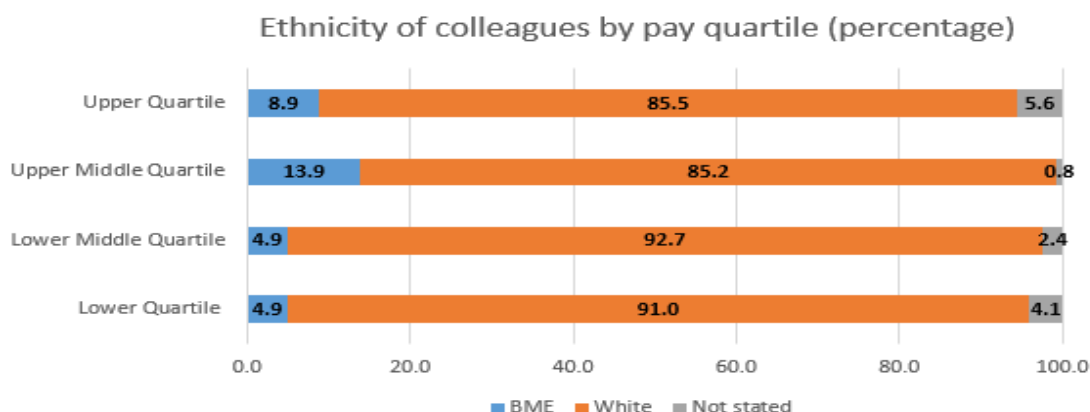
From this we note the pay inequality is largely due to increased representation of females in bands 1 – 4 with 91% of the workforce being female in these bands. However, our band 1 – 4 roles are likely to be attractive to women with 46 roles within this category being able to be undertaken on a part time basis.

Ethnicity Pay Gap

Characteristic		Mean	Median
Ethnicity	BME	£29.33	£26.05
	White	£25.83	£22.36
	Gap	£3.50	£3.69
	Gap %	-13.5%	16.5%

The ethnicity pay gap is 16.5% for median pay and 13.5% in favour of staff from an ethnic minority background. On average earning a £3.50 more than White colleagues.





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 17% of BAME staff employed at BSW are medics whose pay is higher. Furthermore, there is an under representation of ethnic minority staff in our lower quartiles where they only represent 4.9% of the workforce.

Disability / Long term condition Pay Gap

Characteristic		Mean	Median
Disability / Long term condition	Yes	£24.69	£22.37
	No	£26.32	£22.55
	Gap	£1.62	£0.18
	Gap %	7%	1%

There is a mean pay gap of £1.62 per hour and a median pay gap of £0.18 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 a mean reduction of £1.78 in comparison to 22/23 (£3.40).



8. Our EDI Improvement Commitment (Action Plan)

The commitment from BSW ICB to improve equality, diversity and inclusion for the whole workforce remains at the forefront of the ICBs Executive Teams agenda. The actions to achieve these changes will continue to 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.

Please see appendix one for the action plan for 2024/2025 and the progress that has been made during 2023/2024.

9. Appendices

9.1. WRES Indicators 2024

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	1	100.0%	0	0.0%	0	0.0%	1
4	Band 3	Headcount	64	92.8%	2	2.9%	3	4.3%	69
5	Band 4	Headcount	34	91.9%	3	8.1%	0	0.0%	37
6	Band 5	Headcount	36	81.8%	5	11.4%	3	6.8%	44
7	Band 6	Headcount	33	100.0%	0	0.0%	0	0.0%	33
8	Band 7	Headcount	44	91.7%	4	8.3%	0	0.0%	48
9	Band 8A	Headcount	42	89.4%	4	8.5%	1	2.1%	47
10	Band 8B	Headcount	21	87.5%	2	8.3%	1	4.2%	24
11	Band 8C	Headcount	16	88.9%	2	11.1%	0	0.0%	18
12	Band 8D	Headcount	15	88.2%	1	5.9%	1	5.9%	17
13	Band 9	Headcount	8	88.9%	0	0.0%	1	11.1%	9
14	VSM	Headcount	9	90%	1	6.7%	3	20%	15
	Cluster 1: AfC Bands <1 to 4	%	99	92.5%	5	4.7%	3	2.8%	107
	Cluster 2: AfC bands 5 to 7	%	113	90.4%	9	7.2%	3	2.8%	125
	Cluster 3: AfC bands 8a and 8b	%	63	88.7%	6	8.5%	2	2.8%	71
	Cluster 4: AfC bands 8c to VSM	%	51	85%	4	8.3%	4	6.7%	60

Total Non-Clinical	%	326	89.8. %	25	6.9%	12	3.3%	363
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DATA	MEASURE	WHITE	White	BME	BME %	ETHNICITY	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	1	100.0%	0	0.0%	0	0.0%	1
20	Band 5	Headcount	8	88.9%	0	0.0%	1	11.1%	9
21	Band 6	Headcount	32	88.9%	4	11.1%	0	0.0%	36
22	Band 7	Headcount	28	87.5%	4	12.5%	0	0.0%	32
23	Band 8A	Headcount	15	88.2%	2	11.7%	0	0.0%	17
24	Band 8B	Headcount	11	91.6%	1	8.3%	0	0.0%	12
25	Band 8C	Headcount	2	100.0%	0	0.0%	0	0.0%	2
26	Band 8D	Headcount	4	100.0%	0	0.0%	0	0.0%	4
27	Band 9	Headcount	4	100.0%	0	0.0%	0	0.0%	4
28	VSM	Headcount	1	100.0%	0	0.0%	0	0.0%	1
	Cluster 1: AfC Bands <1 to 4	%	0	0.0%	0	0.0%	0	0.0%	0
	Cluster 2: AfC bands 5 to 7	%	68	88.3%	8	10.4%	1	1.3%	77
	Cluster 3: AfC bands 8a and 8b	%	26	89.7%	2	10.3%	0	0.0%	29
	Cluster 4: AfC bands 8c to VSM	%	11	100.0%	0	0.0%	0	0.0%	11
	Total Clinical	%	106	89.8%	11	9.3%	1	0.8%	118
<i>Of which Medical & Dental</i>									
29	Consultants	Headcount	0	0.0%	0	0.0%	0	0.0%	0
30	<i>of which Senior medical manager</i>	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	12	63.1%	6	31.5%	1	5.2%	19
Combined Clinical and non-clinical total									
Total			42	8.40%	444	88.40%	14	2.80%	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	191	195	56
35	Number appointed from shortlisting	Headcount	59	13	8
36	Relative likelihood of appointment from shortlisting	Auto calculated	30.0%	6.06%	14.3%
37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	4.63		
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 organisation's 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	<i>of which: Voting Board members</i>	Headcount	10	0	0
48	<i>: Non-Voting Board members</i>	Auto calculated	0	0	0
49	Total Board members	Auto calculated	10	0	0
50	<i>of which: Exec Board members</i>	Headcount	4	0	0
51	<i>: Non-Executive Board members</i>	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 2024

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	100.0%	0	0.0%	1
	Bands 3	Headcount	4	5.8%	60	87.0%	5	7.2%	69
	Bands 4	Headcount	0	0.0%	36	97.3%	1	2.7%	37
	Bands 5	Headcount	0	0.0%	41	93.2%	3	6.8%	44
	Bands 6	Headcount	3	9.1%	30	90.9%	0	0.0%	33
	Bands 7	Headcount	1	2.1%	47	97.9%	0	0.0%	48
	Bands 8a	Headcount	7	14.9%	39	83.0%	1	2.1%	47
	Bands 8b	Headcount	1	4.2%	22	91.7%	1	4.2%	24
	Bands 8c	Headcount	0	0.0%	17	94.4%	1	5.6%	18
	Bands 8d	Headcount	1	5.9%	14	82.4%	2	11.8%	17
	Bands 9	Headcount	0	0.0%	10	100%	0	0.0%	10
	VSM	Headcount	0	0.0%	7	87.5%	1	12.5%	8
	Other. Please specify in notes.	Headcount	1	14.3%	6	85.7%	0	0.0%	7
	Cluster 1: AfC Bands <1 to 4	Auto Calculated	4	3.7%	97	90.7%	6	5.6%	107
	Cluster 2: AfC bands 5 to 7	Auto Calculated	4	3.2%	118	94.4%	3	2.4%	125
	Cluster 3: AfC bands 8a and 8b	Auto Calculated	8	11.3%	61	85.9%	2	2.8%	71
	Cluster 4: AfC bands 8c to VSM	Auto Calculated	1	1.9%	48	90.6%	4	7.5%	53
Total Non-Clinical	Auto Calculated	18	5.0%	330	90.9%	15	4.1%	363	

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%	1	100.00%	0	0.00%	1
	Bands 5	Headcount	0	0.00%	7	77.78%	2	22.22%	9
	Bands 6	Headcount	3	8.33%	29	80.56%	4	11.11%	36
	Bands 7	Headcount	4	12.50%	26	81.25%	2	6.25%	32
	Bands 8a	Headcount	0	0.00%	15	88.24%	2	11.76%	17
	Bands 8b	Headcount	3	25.00%	9	75.00%	0	0.00%	12
	Bands 8c	Headcount	0	0.00%	3	75.00%	1	25.00%	4
	Bands 8d	Headcount	0	0.00%	3	75.00%	1	25.00%	4
	Bands 9	Headcount	0	0.00%	3	75.00%	1	25.00%	4
	VSM	Headcount	0	0.00%	1	100.00%	0	0.00%	1
	Other. Please specify in notes.	Headcount	0	0.0%	0	0.0%	0	0.0%	0
	Cluster 1: AfC Bands <1 to 4	Auto Calculated	0	0.0%	1	100.0%	0	0.0%	1
	Cluster 2: AfC bands 5 to 7	Auto Calculated	7	9.1%	62	80.5%	8	10.4%	77
	Cluster 3: AfC bands 8a and 8b	Auto Calculated	3	10.3%	24	82.8%	2	18.2%	11
	Cluster 4: AfC bands 8c to VSM	Auto Calculated	0	0.0%	9	81.8%	2	18.2%	11
	Total Clinical	Auto Calculated	10	8.5%	96	81.4%	12	10.2%	118
Medical & Dental Staff, Consultants	Headcount	0		0		0		0	
Medical & Dental Staff, Non-Consultants career grade	Headcount	0		0		0		0	
Medical & Dental Staff, Medical and dental trainee grades	Headcount	0		18	94.74%	1	5.26%	19	
Total Medical and Dental	Auto Calculated	0	0.00%	18	94.74%	1	5.26%	19	
Number of staff in workforce	Auto Calculated	28	5.60%	444	88.80%	28	5.60%	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	29	353		60		
	Number appointed from shortlisting	Headcount	2	69		9		
	Likelihood of shortlisting/appointed	Auto Calculated	6.9%	19.5%		15%		
	Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	Auto Calculated	2.83					
" 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	2	1		0		
	Of these, how many were on the grounds of ill-health?	Headcount	2.0	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%			
5	Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion.								
	Equal opportunities	Percentage		52.0%		56.8%			
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.								
	% come to work, despite not feeling well	Percentage		18.1%		5.6%			
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.								
	% staff saying that they are satisfied	Percentage		45.9%		52.8%			
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.								
	% adequate adjustment(s)	Percentage		73.9%					
9a	a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation								
	Comparison of engagement score	Score		6.4		7.0			
9b	b) Has your organisation taken action to facilitate the voices of your Disabled staff to be heard? (yes) or (no)								
	<p>Note: For your response to b):</p> <p>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.</p>								
	Has your organisation taken action to facilitate the voices of your Disabled staff to be heard? (yes) or (no)	(yes) or (no)	Yes						

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:									
<ul style="list-style-type: none"> • 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
	<i>of which: Voting Board members</i>	Headcount	1	10.00%	9	90.00%	0	0.00%	10
	<i>of which: Non-Voting Board members</i>	Auto Calculated	0		0		0		0
	<i>of which: Exec Board members</i>	Headcount	0	0.00%	4	100.00%	0	0.00%	4
	<i>of which: Non-Executive Board members</i>	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%			



9.3. Mean and median and Pay Gap

Characteristic		Mean	Median
Gender	Female	£24.85	£21.80
	Male	£32.46	£26.06
	Gap	£7.61	£4.26
	Gap %	23.4%	16.3%
Ethnicity	BME	£29.33	£26.05
	White	£25.83	£22.36
	Not Stated	£34.42	£29.32
	Gap (White – BME)	-£3.50	-£3.69
	Gap %	-13.5%	-16.4%
Disability	Yes	£24.69	£22.37
	No	£26.32	£22.55
	Not Declared	£28.71	£21.80
	Prefer Not to Answer	£30.37	£29.33
	Gap (No – Yes)	£1.62	£0.18
	Gap %	7%	1%
Sexual Orientation	Bisexual	£18.96	£20.03
	Gay or Lesbian	£27.50	£21.80
	Heterosexual or Straight	£26.11	£22.73
	Not stated	£28.38	£24.66
	Gap (Heterosexual or Straight – Gay or Lesbian)	-£1.38	-£0.94
	Gap %	-5%	- 4%
Religious Belief	Christianity	£27.84	£23.52
	Atheism	£22.79	£21.30
	Other religion	£27.58	£23.88
	I do not wish to disclose my religion/belief	£26.96	£23.10
	Gap (Christianity – Other religion)	£0.26	-£0.36



Gap %

0.9%

-1.5%



	Characteristic	Mean	Median
Age	21-25	£15.42	£12.97
	26-30	£17.06	£14.53
	31-35	£21.64	£22.37
	36-40	£25.16	£23.52
	41-45	£29.64	£25.60
	46-50	£32.21	£26.06
	51-55	£28.93	£25.60
	56-60	£26.17	£22.08
	61-65	£26.79	£22.66
	66-70	£17.49	£14.11
	>=71 Years	£19.18	£14.11
	Gap (46-50 – 21-25)	£16.79	£13.09
	Gap %	109%	101%
Marital Status	Married	£29.28	£25.60
	Single	£21.17	£19.10
	Divorced	£22.70	£20.45
	Legally Separated	£22.59	£23.52
	Civil Partnership	£28.34	£21.80
	Widowed	£18.04	£15.67
	Unknown	£24.32	£21.79
	Gap (Married – Single)	£8.11	£6.50
	Gap %	38%	34%



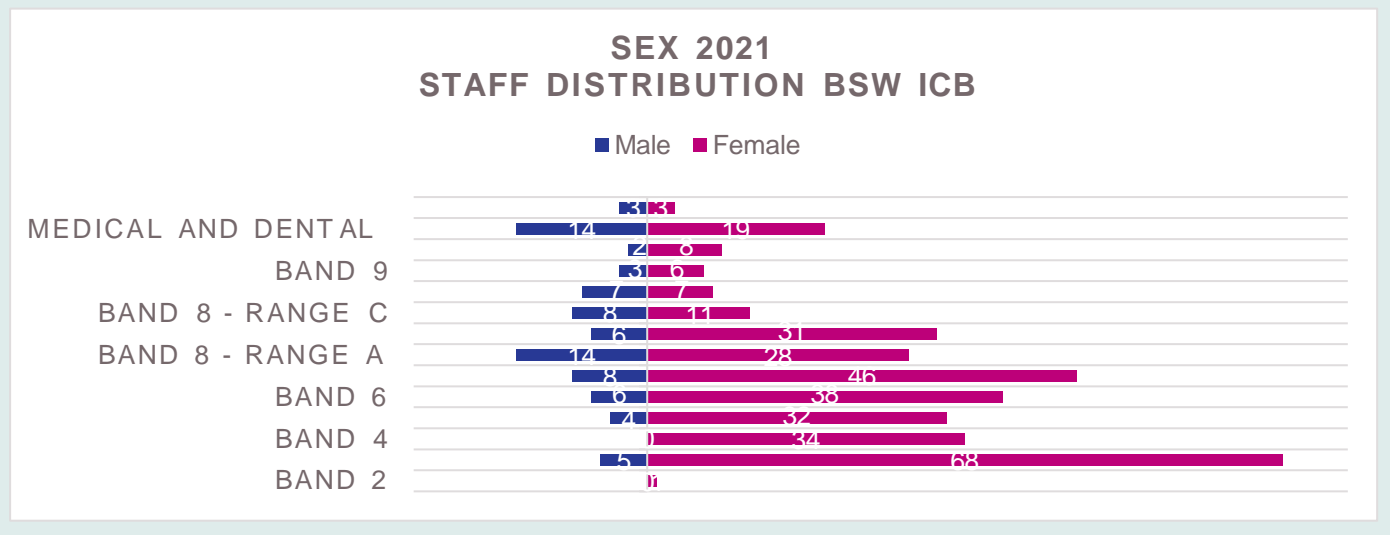
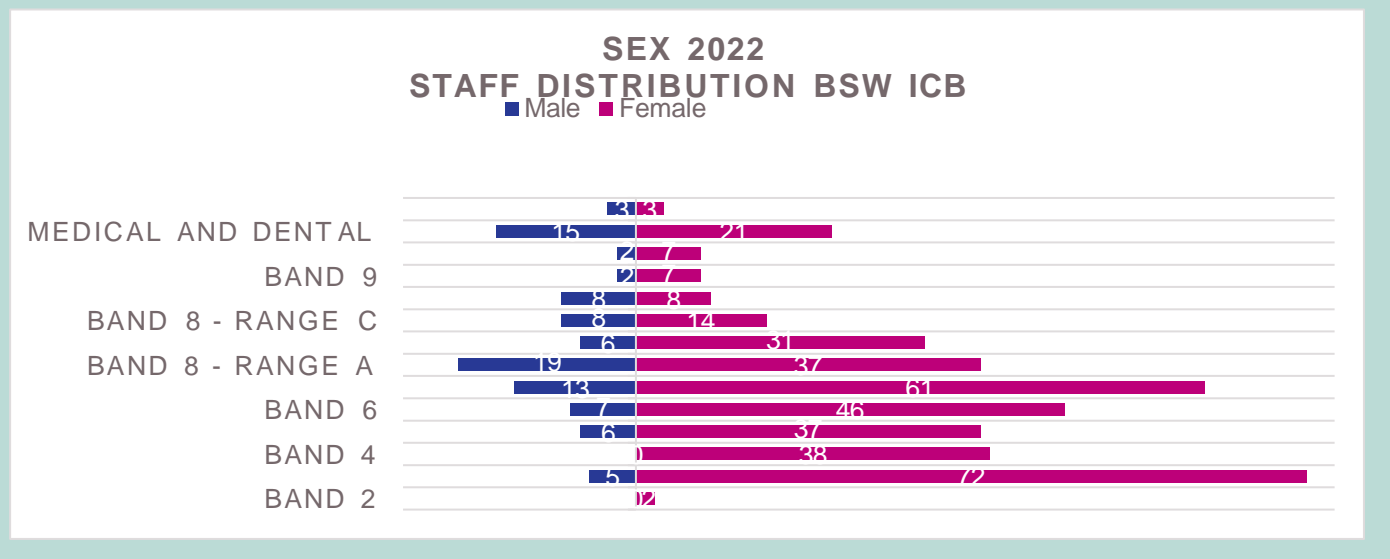
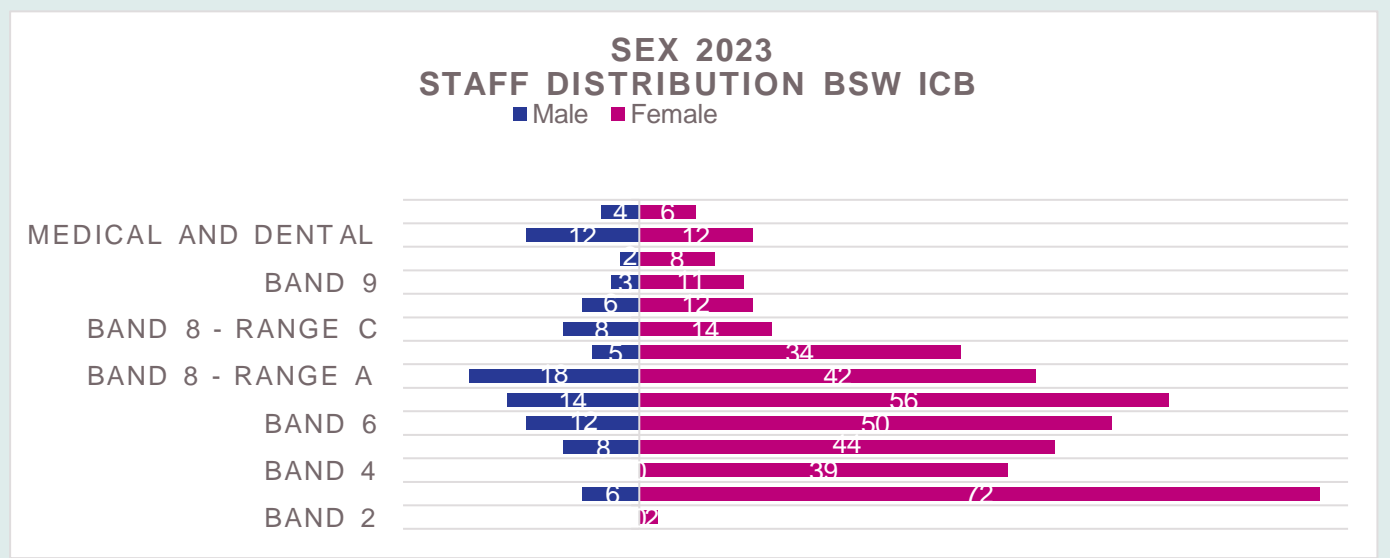
9.4. Pay Quartiles

Characteristic		Q1	Q2	Q3	Q4
Gender	Female	111	101	93	88
	Male	11	22	29	36
Ethnicity	BME	6	6	17	11
	White	111	114	104	106
	Not Stated/Other	5	3	1	7
Disability	Yes	5	9	6	6
	No	112	108	110	110
	Not Declared	4	6	3	6
	Prefer Not to Answer	1	0	3	2
Sexual Orientation	Bisexual	2	2	2	0
	Gay or Lesbian	1	5	0	4
	Heterosexual or Straight	108	100	109	100
	Not stated (person asked but declined to provide a response)	11	16	11	19
Religious Belief	Christianity	49	55	53	60
	Atheism	27	29	30	19
	Other religion	18	11	14	12
	I do not wish to disclose my religion/belief	28	28	25	33

Characteristic		Q1	Q2	Q3	Q4
Age	21-25	10	5	1	0
	26-30	16	7	5	0
	31-35	11	10	14	3
	36-40	14	16	23	10
	41-45	8	17	16	18
	46-50	6	15	17	27
	51-55	20	20	20	34
	56-60	21	20	16	21
	61-65	8	10	7	11
	66-70	6	3	2	0
	>=71 Years	2	0	1	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 image & Observations distribution of Ethnicity



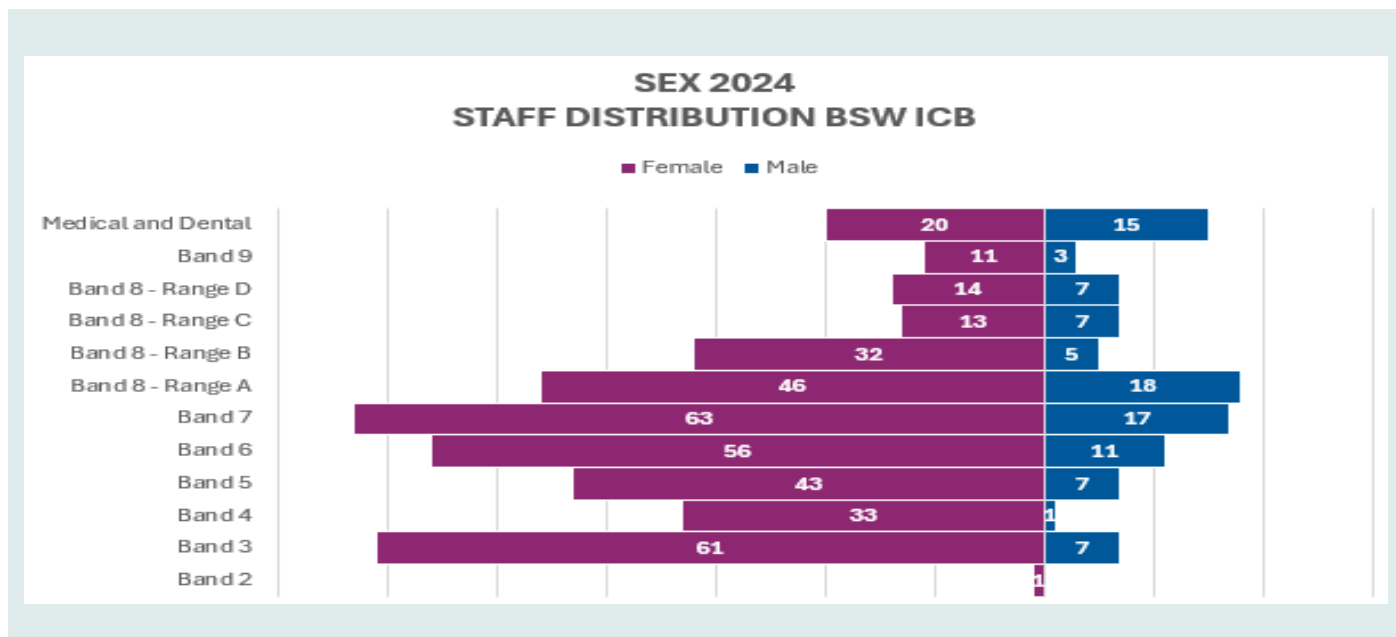
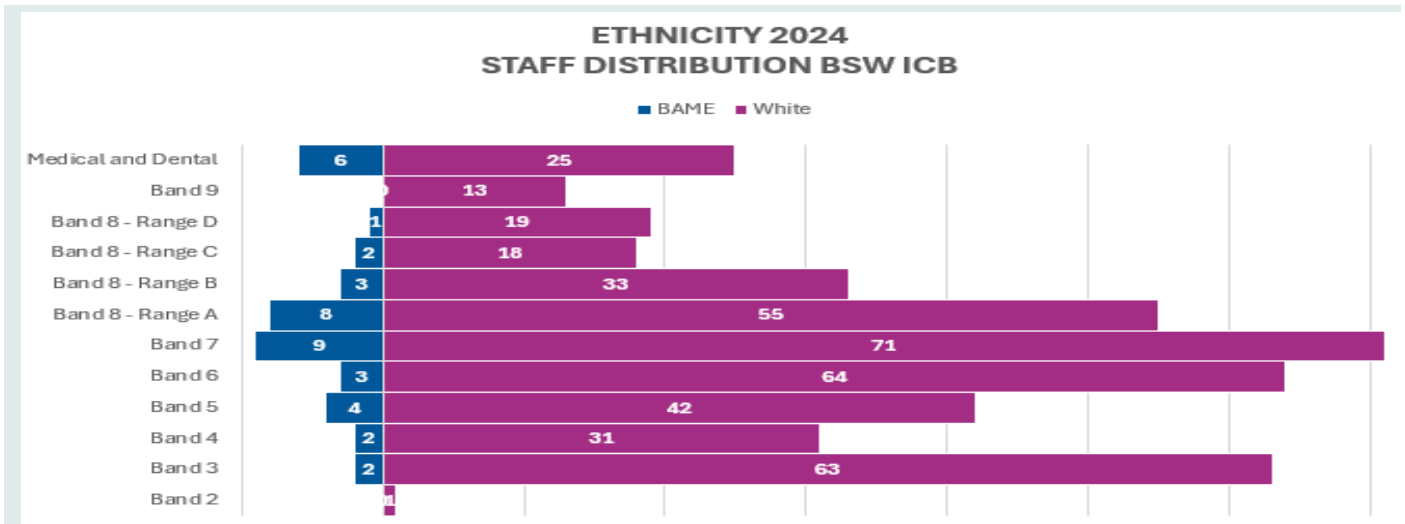


Table of changes

Band	2022	2023	2024
Bands 1 - 4	1.71%	1.68%	3.88%
Bands 5 - 7	7.65%	8.15%	8.12%
Bands 8a - 8b	7.53%	8.08%	10.89%
Bands 8c - VSMs	2.00%	6.25%	5.45%
Medical & Dental	20.00%	33.33%	17.14%
Board	0.00%	0.00%	0.00%

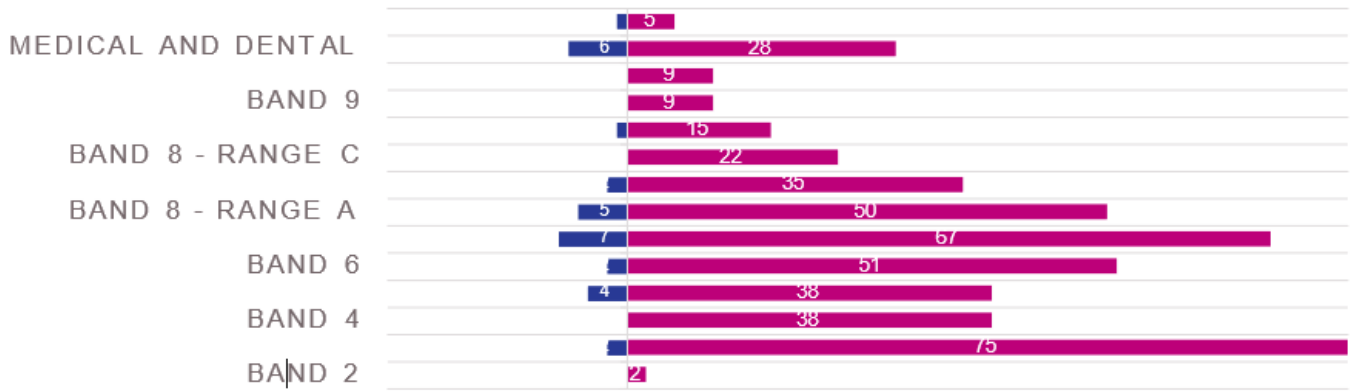


Report image & Observations distribution of Ethnicity

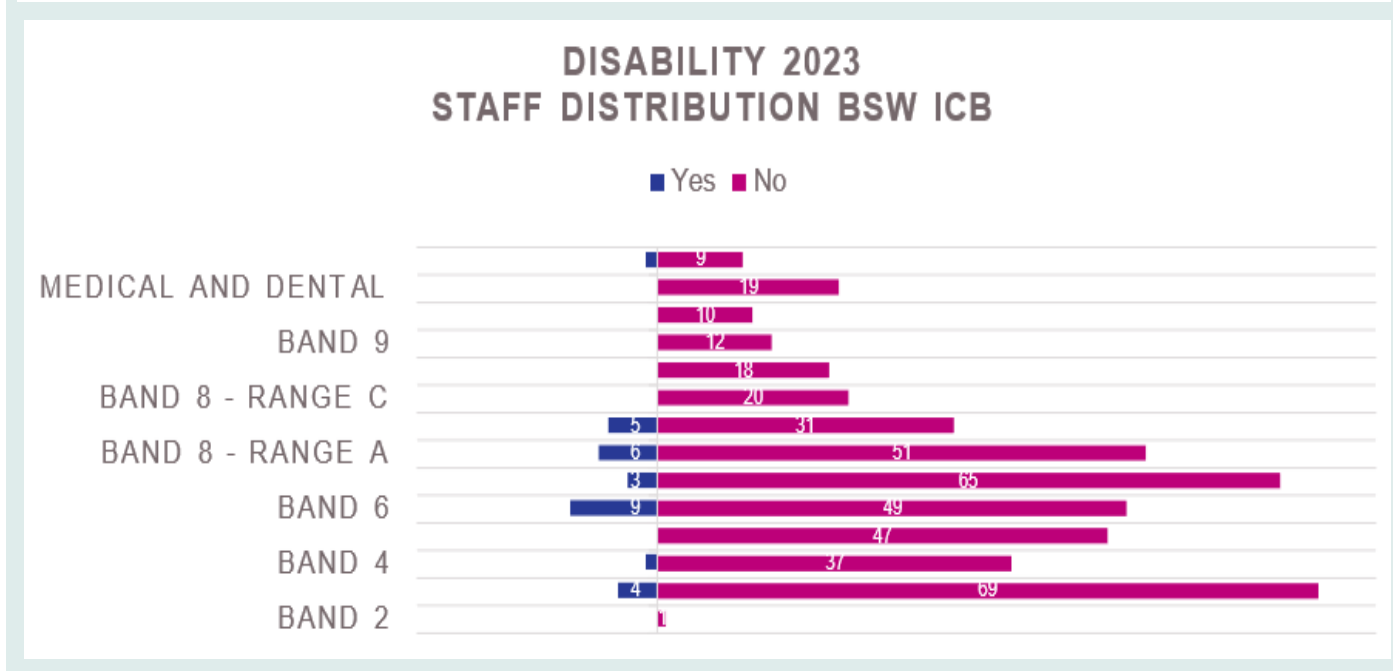


**ETHNICITY 2022
STAFF DISTRIBUTION BSW ICB**

■ BAME ■ White



Report image & Observations distribution of Disability



**DISABILITY 2022
STAFF DISTRIBUTION BSW ICB**
■ Yes ■ No

