University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the People Committee
27 July 2023

Report Title	**UHBW Equality Report 2023**
Report Authors	**GPG: Dave Don, Pay & Reward Lead** **WDES / WRES/ Model Employer/ RDR: Charlotte Nicol, People EDI Manager**
Executive Lead	**Emma Wood, Director of People**

1. Purpose

The purpose of this paper is to provide an update and compare the data set baseline position for all Equality Diversity & Inclusion (EDI) Key Performance Indicators (KPIs) and draw a comparison with last year's data, in order to inform the actions required to achieve the ambition to be a fully inclusive employer. This work aligns to the "Inclusion and Belonging" and "Looking After Our People" pillars of the People Strategy.

In summary, the aforementioned data show that UHBW has:

- Over 3 times more female than male employees, this has remained largely unchanged from 2022, where it was 76.9% female, compared to 76.4% in 2023
- 3.7% of staff recorded as having a disability on the electronic staff records, which is a small increase from 2022, when it was 3.1%, but still significantly over than the number of staff who self-declare as having a disability in the staff survey
- 21% of staff from BAME background, this is an increase from 2022 when the figure was 16.7%

2. Key points to note *(Including any previous decisions taken)*

Gender Pay Gap:
Public sector organisations with over 250 employees are required to report on and publish their gender pay gap on a yearly basis. This is based on a snapshot from 31st March.
UHBW's Mean Gender Pay Gap for 2023 is 16.20% in favour of male employees.
UHBW's Median Gender Pay Gap for 2023 is 4.34% in favour of male employees.

The reported figures all show a favourable trend in comparison with the 2022 report.

The reporting requirements include a split of the workforce by pay, into quartiles and show the proportion of males and females in each quartile. In broad terms the data show an expectable distribution; while 24.5% of the total workforce are male, there are proportionally more males in the highest pay quartile (34.03%) but also in the lowest pay quartile, owing to the types of roles that are represented in those pay brackets.

The report breaks the data down into more specific groups and shows that the gender pay gap among medical and dental staff is 7.17%, but is broadly equal once further broken down by grade. The pay gap for all non-medical staff is 3.46% in favour of female staff, but again is broadly equal when set out by pay band.

The bonus pay gap continues to trend downwards in mean terms as legacy awards are lost, and remains equal by median, as local clinical excellence awards continue to be spread equally among all eligible consultants.

Workforce Disability Equality Standards:
The WDES focuses on 10 metrics which consist of a combination of demographic data, relative likelihoods and staff survey results, with a specific emphasis on issues that are likely to disproportionately impact staff with disabilities, such as presenteeism and reasonable adjustments.

UHBW's data shows that:

- Staff with a disability or long-term health condition (LTC) are 3.62 times as likely to enter formal disciplinary investigation, as measured by entry into a capability process, compared to non-disabled staff. This is an increase from 2.7 times in 2022
- Non-disabled staff are 1.36 times as likely to be appointed than disabled colleagues. This is an increase from 1.22 times in 2022

Across all metrics, staff at UHBW who report having a disability in the 2022 staff survey, continue to express that their experience at work is more negative than their non-disabled colleagues but the gap has closed in all but 2 metrics, which show a small deterioration in the number of staff experiencing bullying and harassment from colleagues and those receiving the reasonable adjustments they need.
The staff survey metrics show:

- The number of disabled staff who have felt pressure from their manager to come to work, when they do not feel well enough to do so, has fallen to 23.4% in 2022, compared to 25.4% in 2021. This remains more than the 19.3% of non-disabled staff
- The number of staff who believe the Trust provides equal opportunities for career progression has increased substantially from 53.6% in 2021 to 79.2% in 2022
- 21.7% of disabled staff expressed that they have not had adequate reasonable adjustments made in the workplace, to enable them to complete their roles. This is an increase from 2021 when it was 20.3%

Workforce Race Equality Standards, Model Employer & Race Disparity Ratio (RDR):
As part of WRES, NHS providers are expected to show progress against nine indicators of workforce equality, which consist of a combination of demographic data, relative likelihoods and staff survey results. In addition to this, in the 2019 NHSE document "A Model Employer: Increasing Black, Asian, Minority Ethnic (BAME) Representation at Senior Level across the NHS", the government set a clear goal that NHS leadership should be as diverse as the rest of the workforce by 2028.

UHBW's data show that:

- BAME staff are 1.28 times as likely to enter formal disciplinary investigation. This is an improved picture from 2022, when it was 2.31 times as likely
- White staff are 1.62 times as likely to be appointed from shortlisting, which is a worse picture compared to 2022, when it was 1.41 times as likely

Across all staff survey indicators, BAME staff are expressing that their experience of working in UHBW is more negative than their white colleagues, but the picture has improved from 2021 staff survey in all indicators except indicator 8 (discrimination from colleagues):

- 17.2% of BAME staff report experiencing discrimination from colleagues, compared to 5.5% of white staff. The figures for 2021 were 14.4% and 5.6% respectively
- 24.2% of BAME staff have experienced harassment, bullying or abuse from patients, relatives or the public in 2022, compared to 22.2% for white staff. This is an improved picture from 2021, when it was 25.5% BAME staff and 24.5% white staff
- 20.2% of staff have experienced harassment, bullying or abuse from staff in the last 12 months, compared to 21.3% in 2021. The figures for white staff have remained largely unchanged at 15.7% in 2022 and 15.8% in 2021
- 71.2% of BAME staff report that they think the Trust provides equal opportunities for career progression. The figure was 44.9% in 2021 so this represents the biggest improvement in the data. The figures for white staff has also improved to 85.8% in 2022, compared to 57.3% in 2021

From a model employer point of view, the number of BAME staff in band 8a+ posts has increased from 5% in 2022 to 6.4% in 2023 and the Divisions have exceeded their 2023 recruitment targets of 10 additional BAME colleagues in 8a+ roles by 2 colleagues as an additional 12 colleagues are now in post compared to the numbers in 2022.

Both the WDES & WRES data show that staff with disabilities and from BAME backgrounds remain underrepresented across higher pay bands and on the Board, compared to the wider workforce but this gap has decreased in 2023 compared to 2022.

Next steps:
The areas of particular concern from the GPG, WRES / WDES data and therefore the areas to focus monitoring and actions on include:

- **Development of new local clinical excellence award (LCEA) scheme:** All Trusts are required to develop their own LCEAs and we are in the early stages of developing a scheme that will go beyond the equal split formula, in order to leverage this fund toward the achievement of the Trust's strategic objectives.
- **The scheduled review of pre-2018 local clinical excellence awards:** We are reviewing with our medical Local Negotiating Committee how we can integrate this work with the redesign of the LCEA awards mentioned above and would therefore be effective within the 24/25 LCEA round.
- **Review of the incremental credits awarded:**
  A review of the incremental credits agreed for Agenda for Change staff through the Divisional Pay Control Panels, in the last 12 months, will be undertaken to see if any pattern can be identified suggesting systemic bias towards men receiving a pay step increase.
- **Inclusive recruitment practices:** Work will continue with the Divisions and the Resourcing Team and in collaboration with BNSSG ICS, to further develop our positive actions processes to improve our inclusive recruitment practices and achieve more parity of diversity in higher band roles. A deep dive exercise will be undertaken to examine the data for patterns to establish if the shortlisting disparity appears in certain roles only or across the board. This would enable us to think about where an improved recruitment and shortlisting practice should be focused.
- **Disproportionate impact of HR processes on BAME and disabled staff**: Just Learning Culture initiative and Respecting Everyone Policy will be launched in November 2023 and aims to reduce the number of colleagues being taken through formal HR processes and place greater emphasis on informal resolutions. A deep dive exercise will be undertaken to identify any patterns and previous capability cases will a reviewed through the lens of the new Respecting Everyone processes.
- **Bullying and harassment**: The above mentioned policy and process improvements will have a positive impact on this and improve the experience of BAME & disabled colleagues as measured through the yearly staff survey and intervening Pulse surveys. The new "It stops with me" campaign, as referenced in the "Violence and Aggression Paper" presented to People Committee alongside this report, will also help to address this issue.
- **Career progression and talent management:** To include further cohorts of Bridges Talent Management Programme due to commence in October 2023. The Stay and Thrive initiative for the development of our Internationally Educated Nurses will also be strengthened.
- **Leadership development:** Work to continue to set clear expectations of managers and build a culture of making a stand and being an active bystander. A new working group is planned to consider team and individual development to lead compassionately.

In June 2023, NHSE published a new EDI Improvement Plan which consists of 6 high-impact, intersectional actions that are recommended to address the negative experiences of staff with protected characteristics, as defined in the Equality Act, 2010. NHS England will provide

regulatory accountability and oversight through existing mechanisms, such as the NHS Oversight Framework, and through the CQC well-led domain of the single assessment framework, which is being refreshed to include a review and assessment of EDI in organisations. The Trust has work programmes associated with all 6 high-impact actions which are reported into the relevant committees and whilst there is more work to be done in all of these areas, it is pleasing to note that the national actions are aligned to the Trust activity.

3. Strategic Alignment

This report aligns to the People objective in Patient First "Stay with Us" and helps inform the direction of travel for the People Strategy and milestones for 2023/24

4. Risks and Opportunities

Risk 285 (Strategic Risk Register; current rating:9)
Risk that the Trust fails to have a fully diverse workforce

Other risks mitigated by the EDI programme of work:

- Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff
- Risk 793: Risk that staff experience work related stress
- Risk 2694: Risk that Trust is unable to retain members of the substantive workforce

5. Advice and Recommendations

*(Support and Board/Committee decisions requested)***:**

- This report is for **Assurance**

6. History of the paper

Please include details of where paper has previously been received.

People Learning and Development Group	28 June 2023

UHBW Equality Report 2023

1. Introduction

The purpose of this paper is to provide a data set baseline position for all Equality Diversity & Inclusion (EDI) Key Performance Indicators (KPIs) at the beginning of the first quarter of the year 2023/2024 and draw a comparison with last year's data, in order to inform the actions required to achieve the ambition to be a fully inclusive employer. This work aligns to the "Inclusion and Belonging" and "Looking After Our People" pillars of the People Strategy.

UHBW is committed to providing the best possible working environment for our staff, ensuring we are, *'committed to inclusion in everything we do'*. This will be delivered through the ambitions set out in the strategic objectives in the Workforce Diversity & Inclusion Strategy 2020-2025 and the overarching UHBW People Strategy. All of which was further endorsed in the NHS People Plan: Our NHS.

At the end of each fiscal year, Gender Pay Gap (GPG), Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) data are submitted to NHS England. Alongside this return data, the Model Employer and Race Disparity Ratio (RDR) are utilised to further understand the Trust's benchmarked position.

The descriptors for each of the data sets and their requirements can be found in Appendix 1.

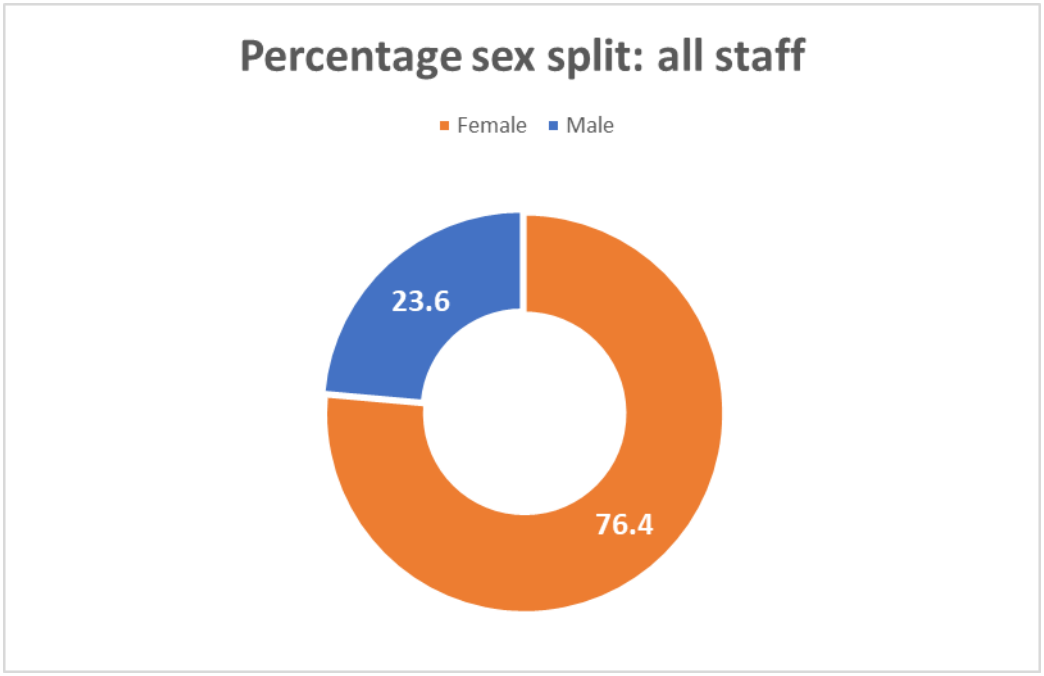
2. Trust Overview

Table 1 shows the division of staff in UHBW on 31 March 2023 by sex, ethnicity (BAME/White) and disability.

Table 1	UHBW	Total staff 2022: 12,013		Total staff 2023: 12,678**	
		Headcount	Percentage of whole workforce	Headcount	Percentage of whole workforce
Female		**9238**	**76.9%**	**9688**	**76.4%**
Male		**2775**	**23.1%**	**2990**	**23.6%**
Disabled		**373**	**3.1%***	**469**	**3.7%***
Non-disabled		**10378**	**86.4%***	**10880**	**85.8%***
BAME		**2010**	**16.7%***	**2667**	**21.0%***
White		**9472**	**78.8%***	**9462**	**74.6%***

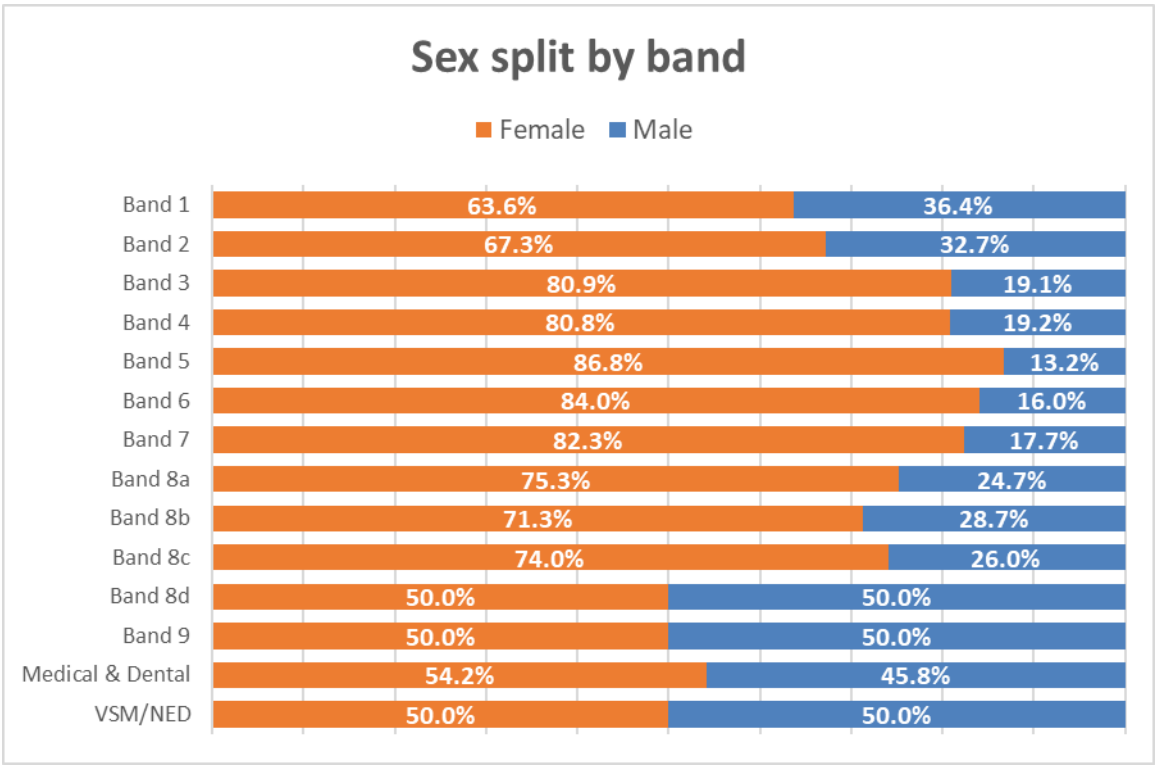
*Where percentages do not add up to 100% this is due to missing data recorded as undeclared or unknown.
**This represents substantive staff only, not including colleagues who work solely on the bank.

Graph 1



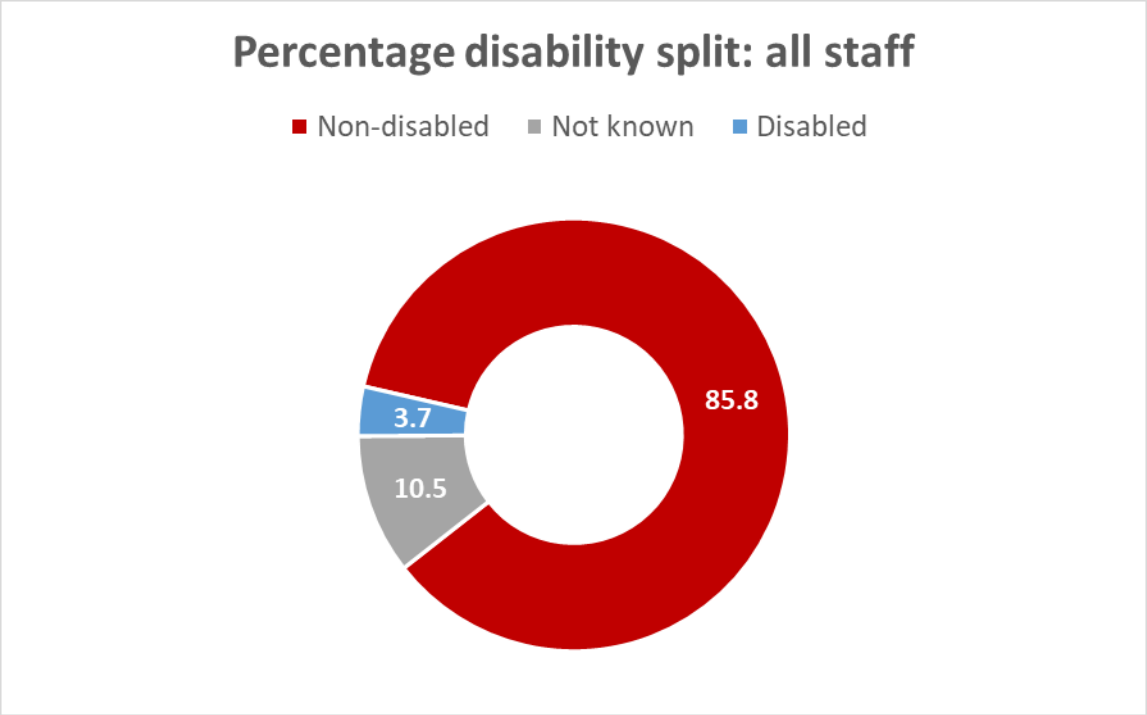
Graph 1 shows the sex split of all staff within the Trust. Like the majority of NHS Trusts, UHBW has a predominantly female workforce, with **76.4%** being female and **23.6%** being male.

Graph 2



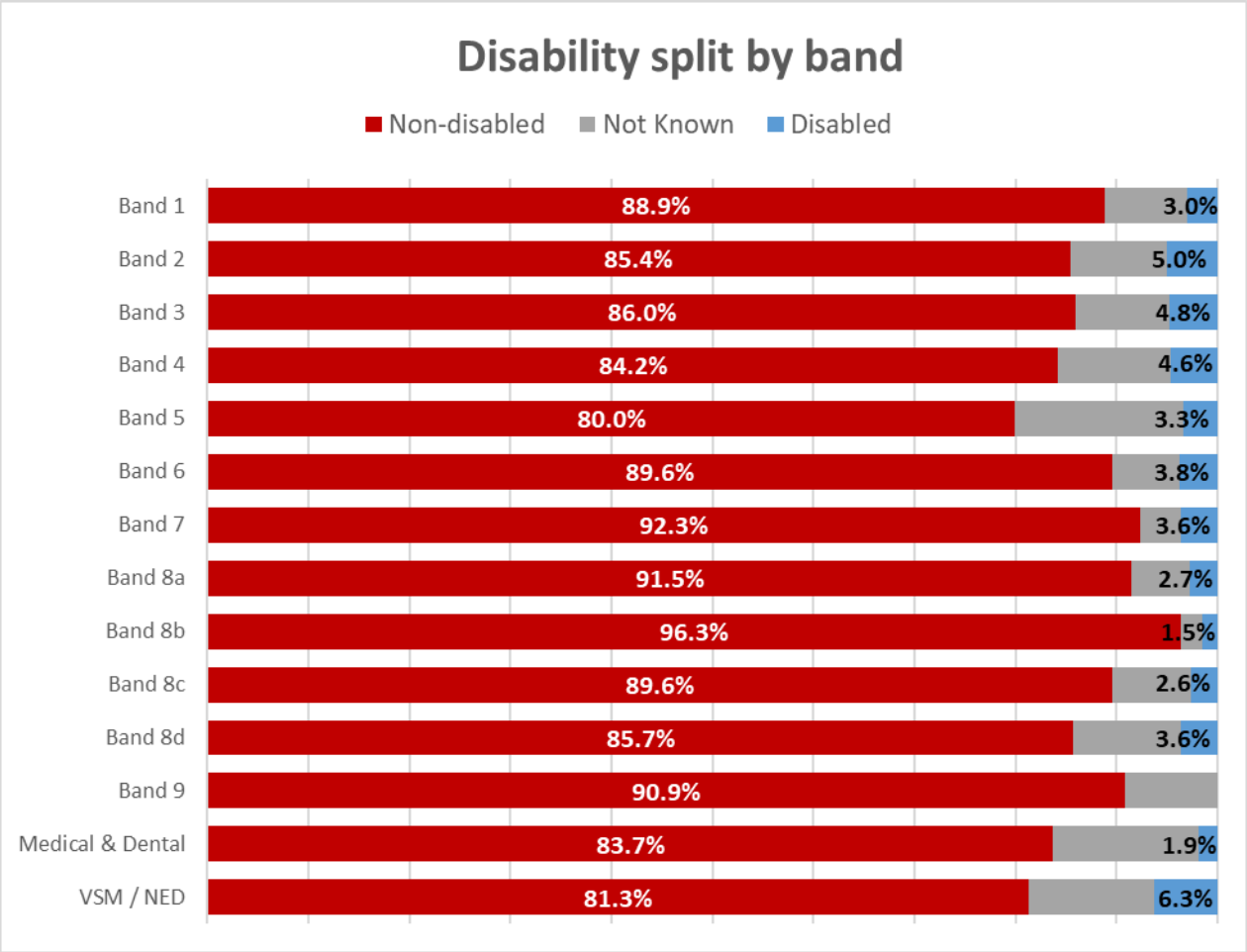
Graph 2 shows the sex split by band and the increase in male representation in the higher bands can be clearly seen, with all bands in the highest bands (8a+) being above the overall Trust proportion of male employees.

Graph 3



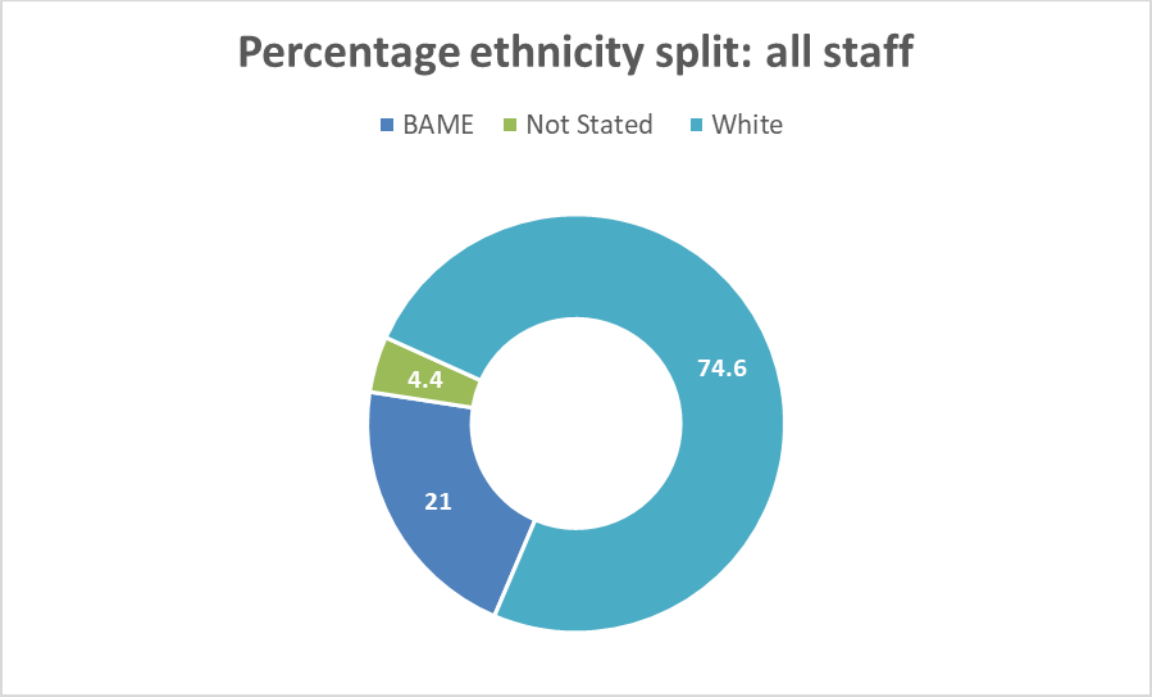
Graph 3 shows the disability percentage split between all staff in UHBW. The percentage of disabled staff in these data extracted from the Electronic Staff Records (ESR) is significantly lower (3.7%) than the percentage of staff who self-declared a disability in the 2022 staff survey (21.7%).

Graph 4



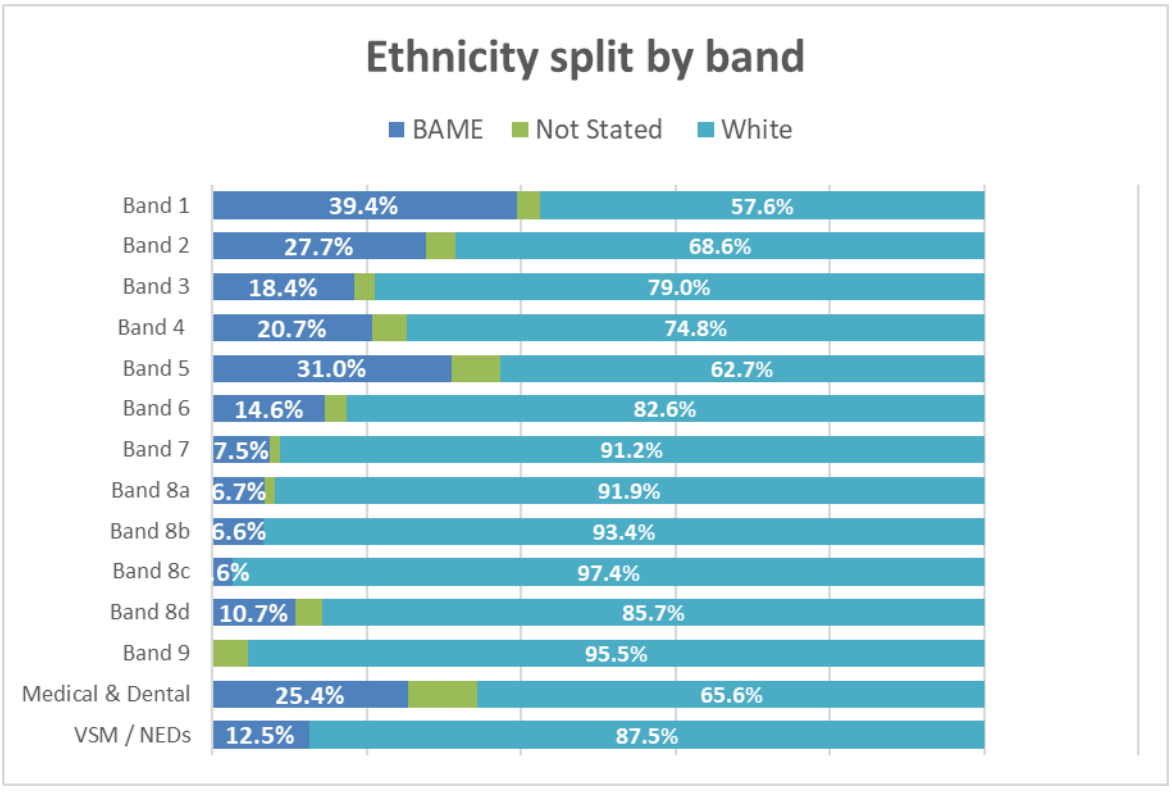
Graph 4 shows the percentage of disabled staff split by band. It demonstrates a decrease in disabled staff at higher bands.

Graph 5



Graph 5 shows the ethnicity percentage split between white and Black Asian Minority Ethnic (BAME) staff in UHBW. The percentage of BAME staff in the Trust has increased by 4.3% from 2022. The 2021 census also shows an increase in the BAME population in Bristol, which now sits at 18.9%, so the Trust has 2.1% higher representation than the Bristol population. It also has significantly higher representation than Weston Super Mare, which has a 5.3% BAME population in its demographic.

Graph 6



Graph 6 shows the ethnicity split by band. These data will be explored in more detail in the Model Employer section below.

In summary, the above data show that UHBW has:

- Over 3 times more female than male employees, this has remained largely unchanged from 2022, where is was 76.9% female, compared to 76.4% in 2023
- 3.7% of staff recorded as having a disability on the electronic staff records, which is a small increase from 2022, when it was 3.1%, but still significantly lower than the number of staff who self-declare as having a disability in the staff survey
- 21% of staff from BAME background, this is an increase from 2022, when the figure was 16.7%

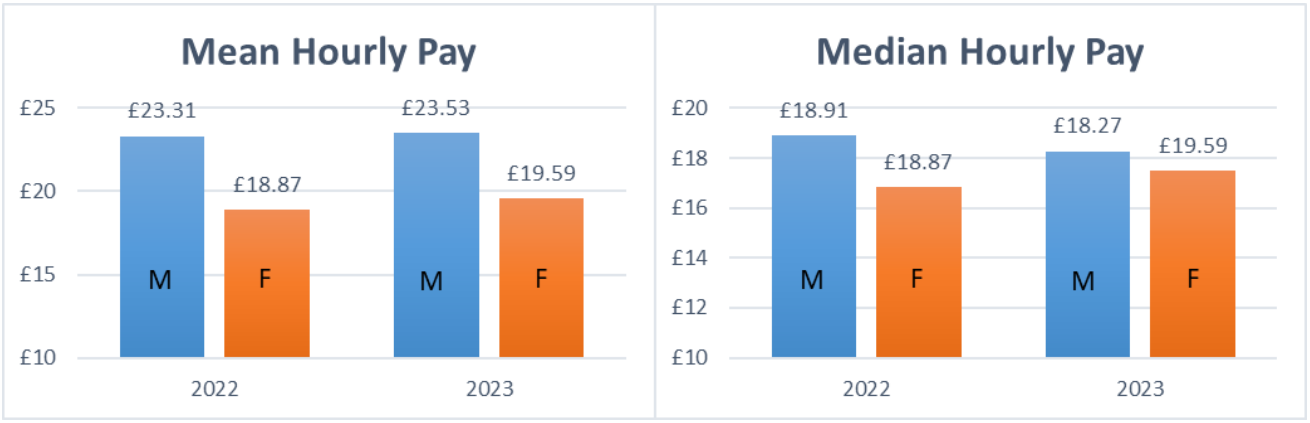
3. Gender Pay Gap

The gender pay gap is the difference between the average hourly earnings of men and women. This is not the same as equal pay, which is concerned with men and women earning equal pay for the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because of gender. Instead, the gender pay gap highlights any imbalance of average pay across an organisation. For example, if an organisation's workforce is predominantly female yet the majority of senior positions are held by men, the average female salary would be lower than the average male salary. UHBW is required to report on a 'mean' and a 'median' gender pay gap.

The **mean pay gap** is the difference between the pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce. It is calculated for all employees who have been paid at their full basic pay during the relevant pay period. The mean pay gap percentage is based on a calculation of the hourly rate of pay for each employee, a calculation of the mean hourly rate by gender and then a calculation of the difference between the mean hourly rate between males and females.

The **median pay gap** is the difference between the pay of the middle male and the middle female when all male employees and then all female employees are listed from the highest to the lowest paid. The median pay gap percentage is based on a calculation of the hourly rate for each employee, which is then sorted by gender and hourly rate then finding the mid-point in the list for each gender. The difference between the middle values is calculated and this difference is divided by the male middle value.

Graph 7



Graph 7 shows the mean and median pay rates on which the pay gap calculation is based.

UHBW's Mean Gender Pay Gap for 2023 is 16.20% in favour of male employees.
UHBW's Median Gender Pay Gap for 2023 is 4.34% in favour of male employees.

There is a significant difference between the mean and median pay gaps. The mean average takes into account the absolute salary values of all staff, whereas the median takes the actual value of the salary in the middle of the range. By controlling for the effect of a relatively small number of the highest earners, the median can be expected to offer a more accurate average of relative pay levels across the organisation.

The significant gender gap in mean hourly rate is largely attributable to the difference in gender profile across roles in the organisation. A greater proportion of male employees in the Trust occupy senior or medical roles. Female employees make up a disproportionate amount of nursing roles in particular, lowering the mean hourly earnings in comparison. The fact of such a range of heterogeneous roles means that any headline average is of limited value.

As expected, the mean hourly pay rate has increased slightly for both males and female staff, primarily reflecting the 2022/23 AfC pay award (the supplementary non-consolidated payment for 2022/23 is not included in these figures). The mean pay gap of 16.2% is a modest reduction on the 2022 gap of 19.03%.

The median GPG has reduced significantly from 2022 (10.89%) to 4.34%, bringing it close to the 2021 level of 4.22%. It is not entirely unexpected for the median to be variable from year to year. The narrowing of the gap this year reflects the fact that the median female employee this year is band 6 rather than band 5. A positive cause of this could be more women being promoted or appointed to more senior posts, but general demographic swings and vacancies in lower banded posts could be expected to have a much greater mathematical effect on the median. It would be theoretically possible to calculate the relative weight of different factors in the reduction, but at significant effort for little obvious utility.

The remainder of the median pay gap likely arises from the gender profile of roles across the organisation, as explained above. The median male employee is at AfC band 6, on the intermediate pay point. The median female employee is now also at band 6, but at the entry pay point. In isolation, it is not possible to infer purely from the median that there is a systemic bias (e.g. women being overlooked for promotion in favour of men).

With reference to other potential sources of gender pay bias, most elements of remuneration are set by a process of national collective bargaining. However, as a Foundation Trust, UHBW retains the right to deviate from national terms, as necessary. The Trust's Pay Assurance Group (TPAG) is the Executive body responsible for determining such deviations, and all requests to apply local terms must be approved by TPAG. In doing so, this ensures central oversight of pay arrangements, and provides assurance that any deviation from consistent terms of remuneration are based on robust statements of case and business need. The Joint Union Committee Chair sits on TPAG in an advisory capacity to offer challenge and ensure transparency of decisions.

One extant potential source of gender pay bias could be pay step credits for AfC staff (also known as incremental credits), whereby upon appointment the employee is paid at a higher pay point than would be the default based on their NHS experience. In most cases this process is used to recognise non-NHS experience, but divisions do have the discretion to apply pay step credits as necessary. These are managed through the divisional Pay/Vacancy Control Panels (PCP), the structure of which differs by Division but at a minimum comprises the HR Business Partner, Divisional Finance Manager, and a senior operational manager. It is possible that decisions made through these panels could reflect some systemic bias (e.g. men may be more likely to ask for pay step credit at appointment), however there is no indication that this is the case. A review of the incremental credits agreed for Agenda for Change staff through the Divisional Pay Control Panels, in the last 12 months, will be undertaken to

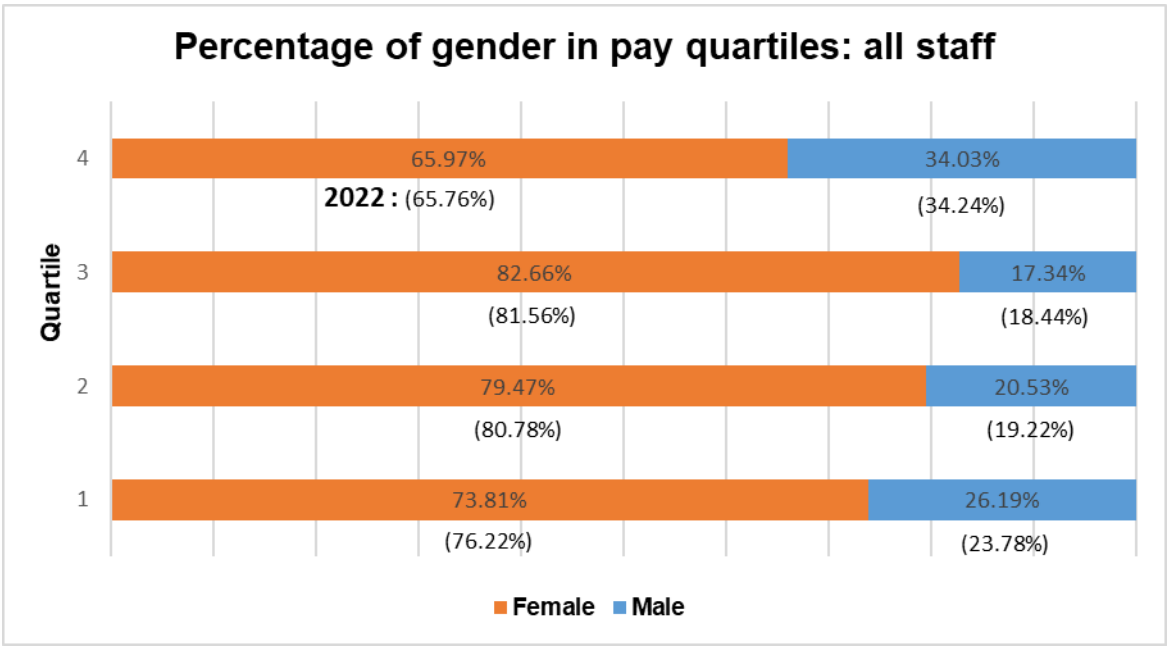
see if any pattern can be identified suggesting systemic bias towards men receiving a pay step increase.

If there were cause for a comprehensive review of local pay decisions then this would be technically feasible, but would require a significant data exercise to reference historical decisions against gender records.

The Gender Pay Gap reporting also requires a split of the workforce by pay, into quartiles and show the proportion of males and females in each quartile. The results of this split are shown in graph 8. In broad terms this shows that compared to the position across the workforce as a whole, where males represent 24.5%, there are proportionally more males in the highest pay quartile (34.03%).

Again, this is not unexpected given the stratification of gender in roles across the organisation, and is a small reduction on the 2022 figure (34.24%).

Graph 8



Quartile 4 is the highest pay quartile.

As shown in table 2, the mean gender pay gap becomes 3.46% in favour of female staff when medical and dental staff are removed. This is because among AfC staff, men are more likely to be in estates and facilities roles, as shown by the greater male representation in the lowest pay quartile.

Table 2	Male Average Hourly Pay	Female Average Hourly Pay	Difference	Mean Pay Gap
Medical and Dental staff	£39.52	£36.87	£2.64	**7.17%**
All other staff	£17.16	£17.77	-£0.61	**-3.46%**

The mean pay gap for medical and dental staff of 7.17% is a reduction from the 2022 figure of 8.84%.

When the medical and dental staff only are represented in pay quartiles (graph 9), male staff make up a greater proportion of the top pay quartile (55.4%) than their overall representation among this staff group (49.2%). However this almost perfectly reflects the proportion of male staff holding consultant posts (55.6%).

Graph 9

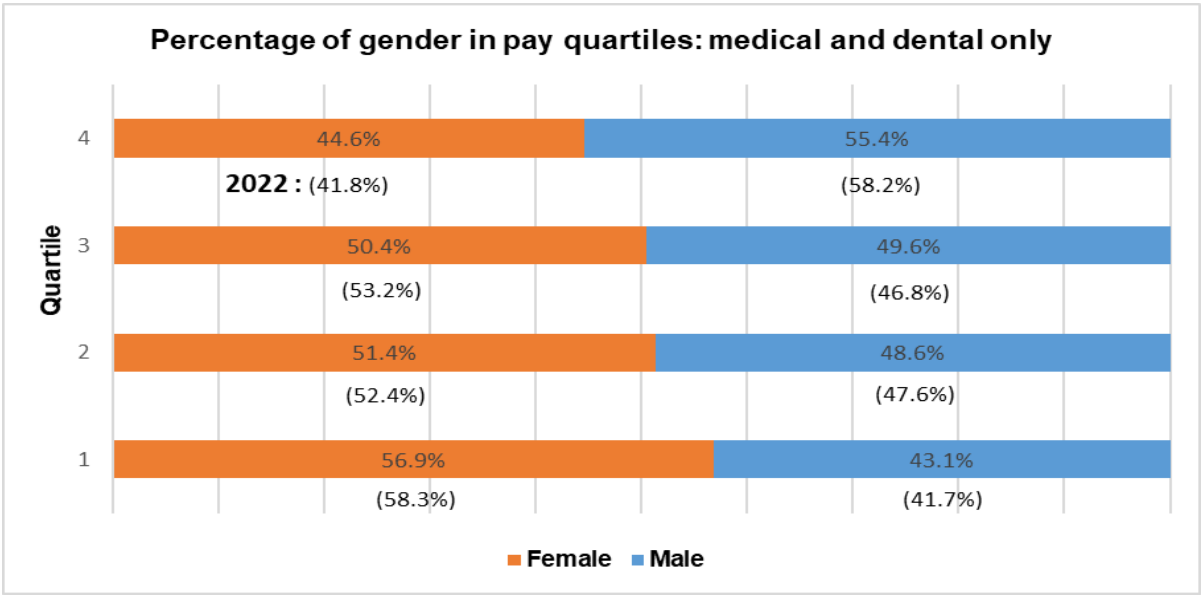


Table 3 shows the mean rate of male and female staff in the different pay bands, including very senior managers (VSM) and medical and dental staff. The mean is a more valid average here as individual bands have fewer outliers.

It shows that the majority of the lower bands have higher mean pay rates for female staff but that this trend is reversed for the very senior bands, from Band 8c onwards so that on average, male staff in these bands have a higher hourly rate of pay than female staff.

The only pay band with a significant gender pay gap is among VSMs, but this arises from the two highest paid roles (Chief Executive and Medical Director) being held by men.

Table 3	**Mean Hourly Pay Rate by Band / Grade**						
Band	Headcount Male	Headcount Female	Male Mean Hourly Rate	Female Mean Hourly Rate	Difference	Gap	2022
Band 1	41	56	£13.29	£14.42	-£1.13	-8.5%	-8.1%
Band 2	886	2090	£13.27	£13.60	-£0.33	-2.5%	-3.0%
Band 3	494	2152	£13.86	£13.82	£0.04	0.3%	3.4%
Band 4	207	920	£13.46	£13.50	-£0.04	-0.3%	2.8%
Band 5	437	3107	£17.45	£18.05	-£0.60	-3.4%	-5.5%
Band 6	354	2039	£19.73	£20.39	-£0.66	-3.3%	-4.2%
Band 7	279	1309	£23.45	£24.03	-£0.58	-2.5%	-5.0%
Band 8a	121	410	£26.23	£26.42	-£0.19	-0.7%	-3.8%
Band 8b	44	105	£31.43	£30.39	£1.04	3.3%	-0.4%
Band 8c	22	59	£36.36	£36.53	-£0.17	-0.5%	0.5%
Band 8d	16	14	£42.72	£41.22	£1.50	3.5%	6.2%
Band 9	11	12	£53.71	£51.99	£1.72	3.2%	7.3%
VSM	3	4	£115.19	£85.44	£29.75	25.8%	21.9%
Consultant	573	456	£50.48	£50.10	£0.38	0.8%	1.1%
Other M&D	743	905	£31.06	£30.21	£0.85	2.7%	10.0%

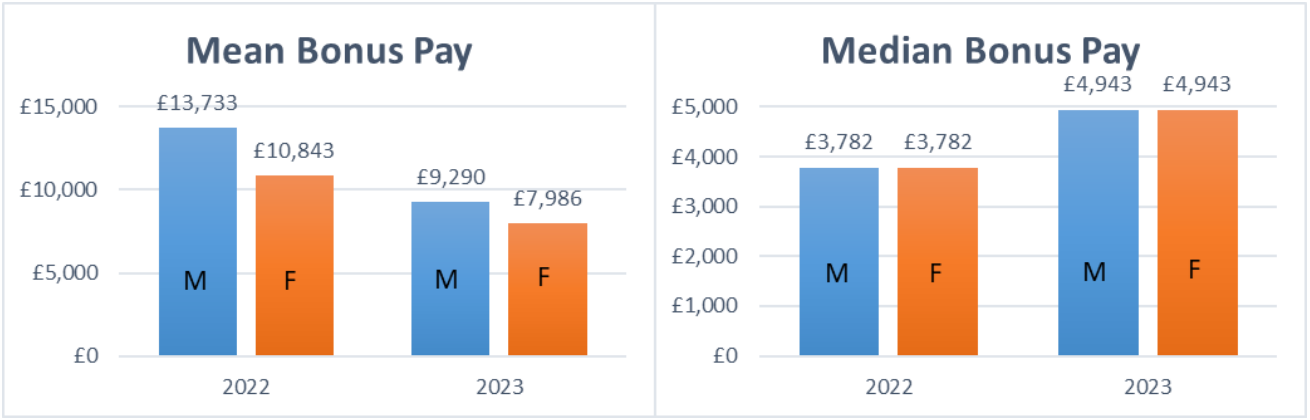
Notably, the gap has significantly reduced among non-consultant M&D staff since 2022. Table 4 further breaks down this data into medical grades.

Table 4	**Mean Hourly Pay Rate by medical role**						
Grade	Headcount Male	Headcount Female	Male Mean Hourly Rate	Female Mean Hourly Rate	Difference	Gap	2022
Foundation Year 1	33	62	£16.13	£16.48	-£0.35	-2.2%	10.8%
Foundation Year 2	22	84	£19.80	£19.55	£0.25	1.3%	-3.5%
Clinical Fellow	211	179	£28.98	£28.12	£0.86	3.0%	3.9%
Specialty Registrar	216	322	£30.57	£31.47	-£0.90	-2.9%	4.7%
Trust grade bank, misc. roles	232	200	£34.90	£37.62	-£2.72	-7.8%	5.8%
Associate Specialist	9	20	£42.88	£42.29	£0.59	1.4%	N/A
Consultant	573	456	£50.48	£50.10	£0.38	0.8%	1.1%

We are also required to report on gender pay gap in bonus pay. The only payments that qualify as bonus pay are Clinical Excellence Awards, which are paid at both a local and national level.

The bonus pay gap is calculated by isolating bonuses paid in the previous 12 months, to staff who were still employed at the snapshot date of 31 March, with the difference by gender again expressed in both mean and median. Staff who received no bonus pay are therefore not included in this dataset.

Graph 10



Graph 10 shows the mean and median bonus pay. The mean bonus pay gap in 2023 is 14%, down from 21% in 2022. The median gap is 0%, with no difference from 2022.

Under the national terms and conditions for Consultants, the Trust is required to spend on Local Clinical Excellence Awards (LCEAs) a nationally-agreed sum per consultant whole time equivalent, which in 2022-23 totalled just over £4million.

From this pot are deducted all pre-2018 LCEAs. These were paid on a long-term basis and in most cases are only lost upon retirement. The remainder has, since the pandemic, been split equally among eligible consultants rather than requiring applications.

National awards are also paid on a long-term basis for clinical excellence, but these are not administered by the Trust. Recipients of national awards do not receive the local award.

As recipients of national and pre-2018 awards retire, the mean bonus pay gap reduces over time as these historic payments are lost.

National negotiations to introduce a new LCEA scheme have broken down, and as a result individual Trusts have been directed to develop their own methods for distributing funds.

The Trust is in the early stages of developing a new LCEA scheme that goes beyond the equal split formula, in order to leverage this fund toward the achievement of the Trust's strategic objectives. While this will reintroduce a possible avenue for gender pay bias, this risk is not great enough to renounce the meaningful use of this mandatory expenditure, and will be controlled by the close support of the Organisational Development team with the Medical Director's office in developing locally, and potentially regionally, a scheme which avoids gender bias.

Historical gender pay gap data

This is included for long-term reference, though UHBristol data from before 2021 is of greatly limited salience.

Table 5	Mean pay gap	Median pay gap	Mean bonus gap	Median bonus gap
2017	22.24%	0.94%	22.83%	33.33%
2018	20.11%	1.02%	22.78%	33.33%
2019	20.60%	1.40%	24.84%	33.33%
2020	19.54%	0.95%	10.42%	2.46%
2021	18.30%	4.22%	20.02%	33.33%
2022	19.03%	10.89%	21.04%	0%
2023	16.20%	4.34%	14.03%	0%

Future actions

The gender pay gap figures reported here represent a positive trend towards pay parity, with some expected variance over time owing to normal movements of staff. The overall increase in pay gap that had been attributed to the inclusion of Weston staff has subsided as consistent pay controls have been embedded across the merged Trust.

Unusual figures from the 2022 dataset have not repeated in this year's data, notably an apparent pay gap among F1 doctors. The only extant median pay gap of any notable size is among VSMs, which is explainable by the roles held.

Work that will potentially impact on the gender pay gap includes:

- The scheduled review of pre-2018 local clinical excellence awards
- Development of new local clinical excellence award scheme
- Review of the incremental credits awarded to Agenda for Change staff

4. Workforce Disability Equality Standards (WDES)

The WDES refers to 10 metrics which consist of a combination of demographic data, relative likelihoods and staff survey results.

Table 6		WDES Metrics	2022 Relative likelihood	2023 Relative likelihood
Workforce	1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	See table 7 below	
	2	Relative likelihood of staff being appointed from shortlisting across all posts	1.22	1.36
	3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal capability process	2.7	3.62

Table 6 shows that that there has been a decline in the relative likelihood for colleagues with a disability or long-term health condition (LTC), in both metrics. This year we have undertaken a data cleanse exercise and feel assured that this year's data provides an accurate picture of the position, taken from Datix, which is the case management reporting system.

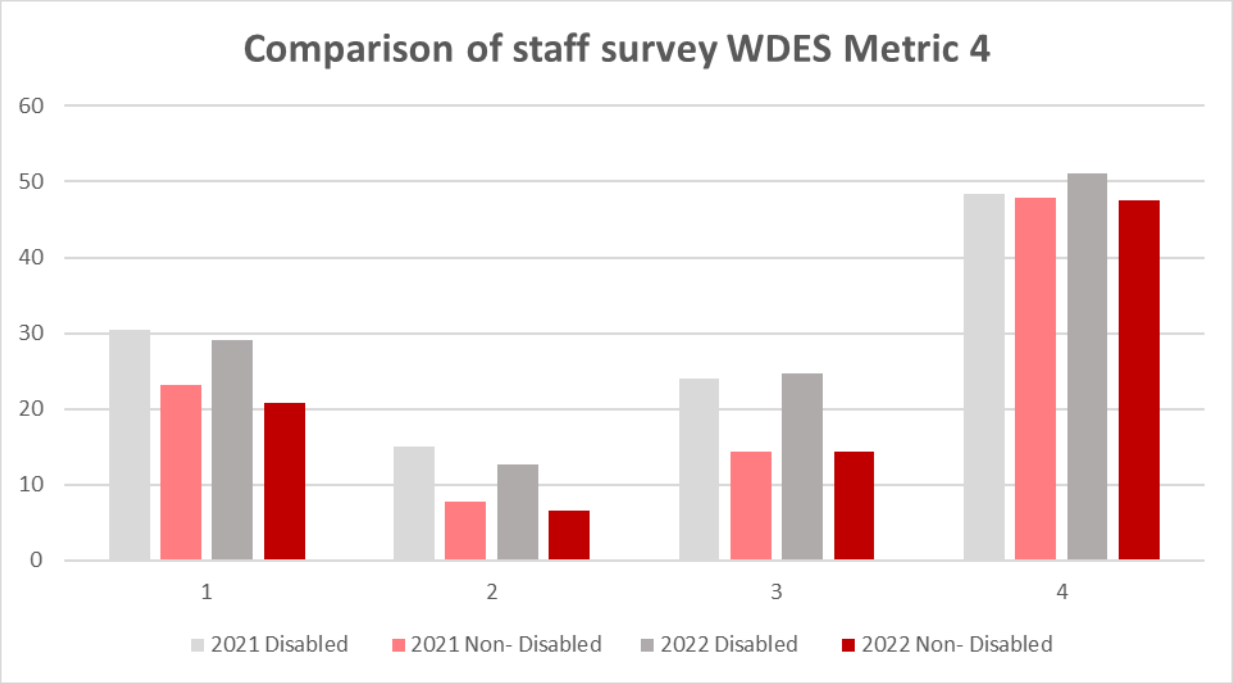
Table 7	2022 WDES Metric 1			2023 WDES Metric 1		
BAND	DISABLED	NON-DISABLED	UNKNOWN	DISABLED	NON-DISABLED	UNKNOWN
Band 1	1.7%	92.7%	5.6%	3.0%	88.9%	8.1%
Band 2	4.7%	84.4%	10.9%	5.0%	85.4%	9.6%
Band 3	3.8%	86.5%	9.7%	4.8%	86.0%	9.3%
Band 4	4.1%	82.1%	13.8%	4.6%	84.2%	11.2%
Band 5	2.3%	84.9%	12.8%	3.3%	80.0%	16.7%
Band 6	2.9%	89.9%	7.2%	3.8%	89.6%	6.6%
Band 7	3.4%	91.5%	5.1%	3.6%	92.3%	4.0%
Band 8a	2.9%	92.0%	5.1%	2.7%	91.5%	5.8%
Band 8b	0.0%	95.7%	4.3%	1.5%	96.3%	2.2%
Band 8c	2.5%	90.0%	7.5%	2.6%	89.6%	7.8%
Band 8d	0.0%	85.2%	14.8%	3.6%	85.7%	10.7%
Band 9	0.0%	90.5%	9.5%	0.0%	90.9%	9.1%
VSM/ NEDS	7.1%	76.2%	16.7%	6.3%	81.3%	12.4%
Medical & Dental	1.7%	83.5%	14.8%	1.9%	83.7%	14.4%

Table 7 shows that in 2023, there has been an increase in the number of staff recorded as having a disability or Long-Term Condition on the Electronic Staff Record (ESR) system in all Bands, except 8a and VSM/NEDs. This is likely to be as a result of a campaign run to remind staff how to update their own ESR records and the importance of doing so. This is a positive step as it helps to ensure we have a more accurate picture of the needs of colleagues. The figures recorded on ESR are still significantly lower than the self-declared levels of 21.7% from the staff survey.

WDES Metrics			2021 staff survey results		2022 staff survey results	
Table 8			NON-DISABLED	DISABLED	NON-DISABLED	DISABLED
National NHS Staff Survey	4	Percentage of staff experiencing harassment, bullying or abuse in the last 12 months by: 1. Patients, service users or public	23.1	30.4	20.8	29.0
		2. Line manager	7.8	15.1	6.6	12.6
		3. Other colleagues	14.4	24.0	14.3	24.7
		4. Percentage who reported the harassment or bullying	47.9	48.4	47.6	51.1
	5	Percentage believing that Trust provides equal opportunities for career progression or promotion	56.1	53.6	84.6	79.2
	6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (“presenteeism”).	19.3	25.4	14.7	23.4
	7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work	43.3	34.1	43.6	34.8
	8	Percentage staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	NA	79.7	NA	78.3
	9	The staff engagement score for staff and the overall engagement score for the organisation	7	6.6	7	6.6
			Overall 6.9		Overall 6.9	

Table 8 and Graphs 11 & 12 below show a comparison of staff survey Metrics 4 to 9, between 2021 and 2022 (most recent staff survey results) and show improvements in the majority of the points measured, except for a small deterioration in the number of staff experiencing bullying and harassment from colleagues and those receiving the reasonable adjustments they need. They remain worse in all measures, than non-disabled staff, however. It is anticipated that the continuing work around the Just Culture and Respecting Everyone Policy will show improvements in next year’s data. A new reasonable adjustments policy and accompanying video guide has been produced in the last quarter of this year. This policy details the process, led by HR Services in collaboration with line managers, required to arrange reasonable adjustments.

Graph 11



Graph 12

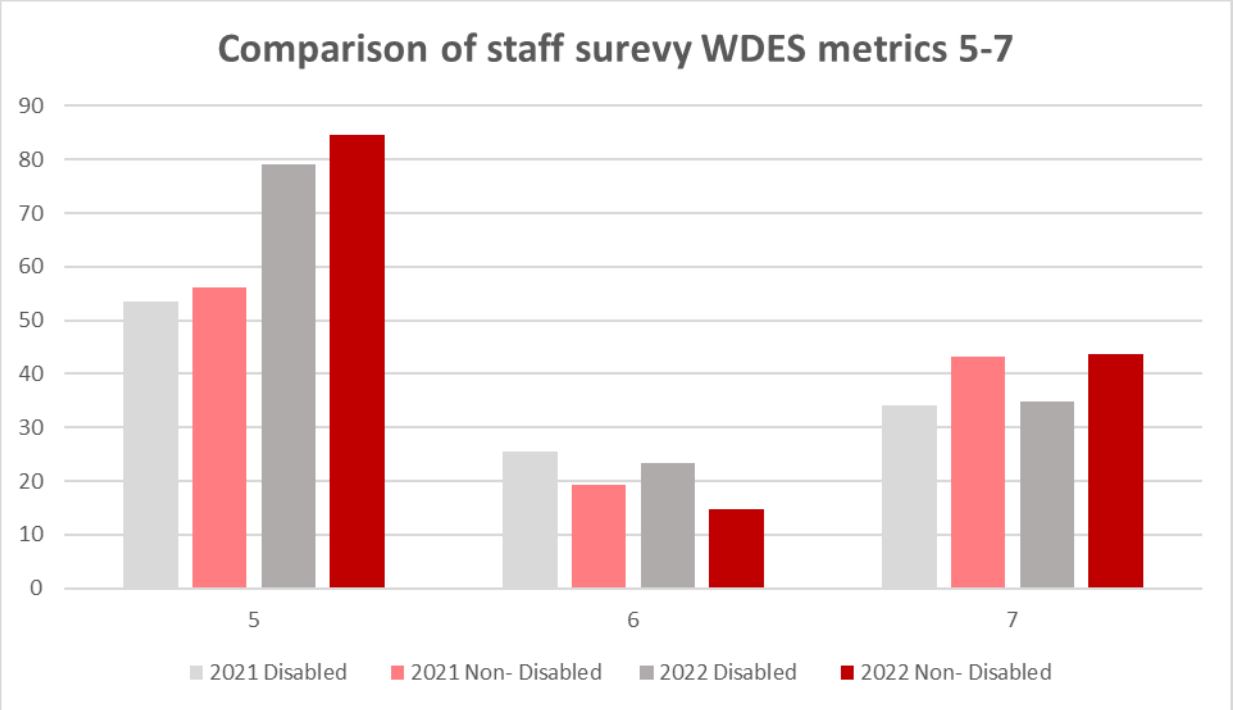


Table 9		WDES Indicators	2022 % Difference	2023 % Difference
Board representation	**10**	This indicator presents the percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce.	(i) -3.1 (ii) -3.1	(i) +2.6 (ii) +2.6

Metric 10, displayed in Table 9, is calculated by deducting the percentage of disabled staff in the workforce from the percentage of disabled members on the Board. A value of "0.0" means that the percentage of disabled members on the Board is exactly the same as the percentage of disabled staff in the workforce. A positive value means that the percentage of disabled members on the Board is higher than in the workforce, and a negative value means that the percentage of disabled members on the Board is lower than in the workforce. These calculations are made for all Board members considered together, as well as for voting members and executive members considered separately.
In UHBW, the VSMs / NEDS on the Board consist of 6.3% disabled staff, according to ESR, compared to 3.7% in the Trust as a whole. This means the VSM / NEDs are more diverse from a disability point of view than the rest of the Trust, according to ESR. The Staff Survey suggests, however, that ESR is not fully representative of the true disability percentage in the Trust.

Additional actions to address identified WDES areas of concern
As described in section 4, progress has already been made towards reducing the inequalities disabled colleagues face, the details of which have been documented in previous EDI Bi-annual reports and strategic plan quarterly updates. Achievements include the introduction of Workplace Adjustments Passports and an accompanying video that introduces and explains the new reasonable adjustment policy to colleagues and line managers. Additional work includes embedding HR Services as the central place to hold reasonable adjustments and a deep dive into previous capability cases is planned, to review them through the lens of the new Respecting Everyone processes. More details of the actions underway to help mitigate the issues identified can be found in the Strategic Action plan 23-24. It is anticipated that the work on the Just Culture and Respecting Everyone policy, in alignment with the People Strategy and Patient First will further shift the dial to ensuring a fairer work environment for all colleagues.

5. Workforce Race Equality Standards (WRES) & Model Employer / Race Disparity Ratio

WRES
The WRES indicator 1 data is a snapshot taken on 31 March 2023 and shows the BAME / white split of all staff in UHBW, divided into bands / medical and dental staff. WRES indicators 2 to 4 demonstrate the relative likelihoods of the indicators, calculated from data taken between 1 April 2022 and 31 March 2023. A relative likelihood of 1 means that BAME staff and white staff have equal chance of meeting the indicator. A figure above 1 indicates a worse picture for BAME staff and below 1 indicates a better picture for BAME staff.

Table 10		WRES Indicators	2022 Relative likelihood	2023 Relative likelihood
Workforce	1	Percentage of staff in each of the AFC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	See table 11 below	
	2	Relative likelihood of staff being appointed from shortlisting across all posts	1.41	1.62
	3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	2.31	1.28

	4	Relative likelihood of staff accessing non-mandatory training and CPD	1.15	0.85

Table 10 shows that in UHBW in 2023, BAME staff are 1.28 times as likely to enter formal disciplinary investigation as white staff, which is an improved picture from 2022 when it was 2.31 times. This is likely to be the result of a change in approach in formal disciplinary processes and a more robust data collection system. The data also show that white staff are 1.62 as likely to be appointed from shortlisting which is a worse picture than 2022, when it was 1.41 times. Indicator 4 shows that BAME staff are more likely to access non-mandatory training then white colleagues.

Table 11	BAME		White	
Band	**2022**	**2023**	**2022**	**2023**
Band 1	45.3%	39.4%	52.5%	57.6%
Band 2	20.5%	27.7%	76.1%	68.6%
Band 3	11.7%	18.4%	85.3%	79.0%
Band 4	14.0%	20.7%	82.2%	74.8%
Band 5	22.8%	31.0%	71.1%	62.7%
Band 6	11.7%	14.6%	85.5%	82.6%
Band 7	7.5%	7.5%	91.0%	91.2%
Band 8a	5.3%	6.7%	93.7%	91.9%
Band 8b	5.2%	6.6%	94.8%	93.4%
Band 8c	2.5%	2.6%	97.5%	97.4%
Band 8d	3.7%	10.7%	88.9%	85.7%
Band 9	0.0%	0.0%	95.2%	95.5%
Medical & Dental	22.1%	25.4%	68.3%	65.6%
VSM / NEDs	0.0%	12.5%	92.3%	87.5%

Table 11 shows a comparison of the ethnicity of each band / pay scale in the Trust in 2022 and 2023. There has been an increase in colleagues from ethnic minority in all but three bands. The biggest increase in seen in band 5, which is a result of the 314 Internationally Educated Nurses (IENs) we welcomed, from 9 different countries, during that period. Band 1 showed a reduction in BAME staff but this band is no longer open to recruitment and so this change either represents colleagues moving to higher banded roles or leaving the organisation.

Table 12		WRES Indicators	2021 Staff Survey Percentages		2022 Staff Survey Percentages	
			White	BAME	White	BAME
National NHS Staff Survey	5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	24.5	25.5	22.2	24.2
	6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	15.8	21.3	15.7	20.2

	7	Percentage believing that Trust provides equal opportunities for career progression or promotion	57.3	44.9	85.8	71.2
	8	Percentage of staff who have personally experienced discrimination at work from manager/team leader or other colleagues in the last 12 months	5.6	14.4	5.5	17.2

Table 12 shows the results of the latest available staff survey from 2022, compared to the previous one in 2021. Across all indicators, BAME staff are still expressing that their experience of working in UHBW is more negative than their white colleagues but there has been improvement in all indicators except indicator 8. Over 3 times as many BAME staff than white staff are experiencing discrimination from colleagues and this therefore represents the biggest experience gap.

Graph 13

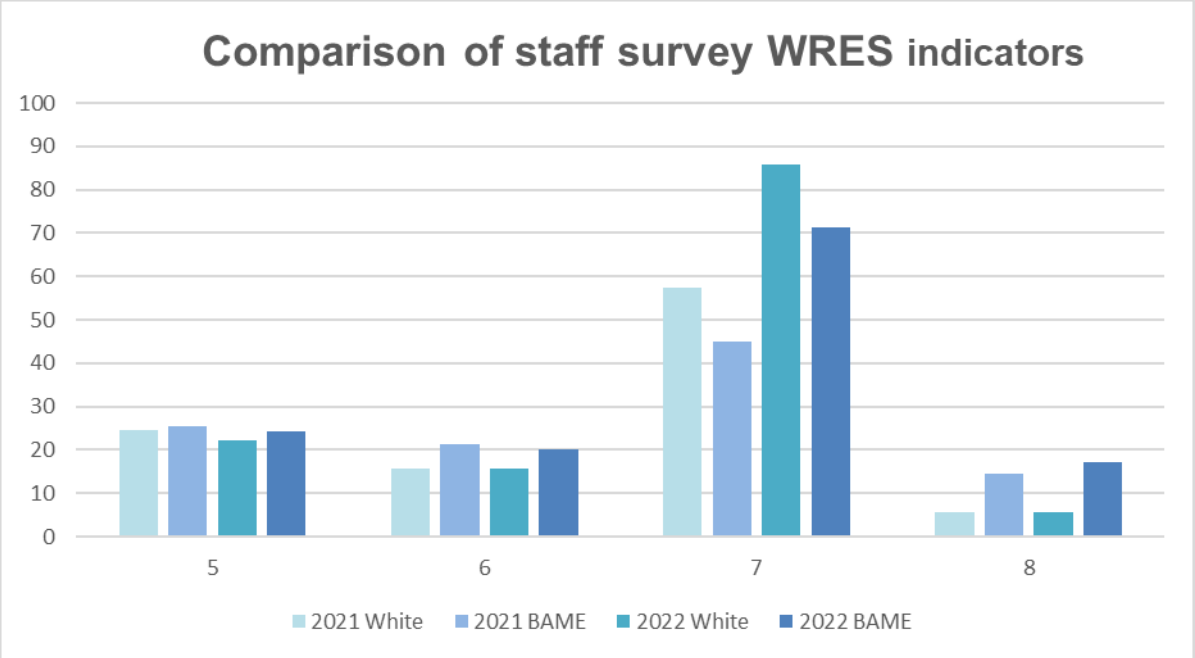


Table 13		WRES Indicators	2022 % Difference	2023 % Difference
Board representation	**9**	This indicator presents the percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce.	(i) -16.7 (ii) -16.7	(i) -8.5 (ii) -8.5

In table 13, the Board representation indicator 9, is calculated using the same method as described for WDES indicator 10 and shows that there is more ethnic diversity in 2023 than in 2023 and that the difference between the overall ethnic diversity of the Trust and the Board is less pronounced (-8.5 in 2023 compared to -16.7 in 2022).

Model Employer

As set out in the 2019 NHSE/I Model Employer paper, the aspiration is to achieve a workforce, within the NHS, where all senior bands (8a+) match the ethnicity split of the rest of the organisation. In 2022, this represented an increase from 5% to 16.7% in UHBW but now that the ethnic diversity in the Trust has risen to 21%, the recruitment targets will need to be adjusted to ensure the intention of the Model Employer aspirations are met.

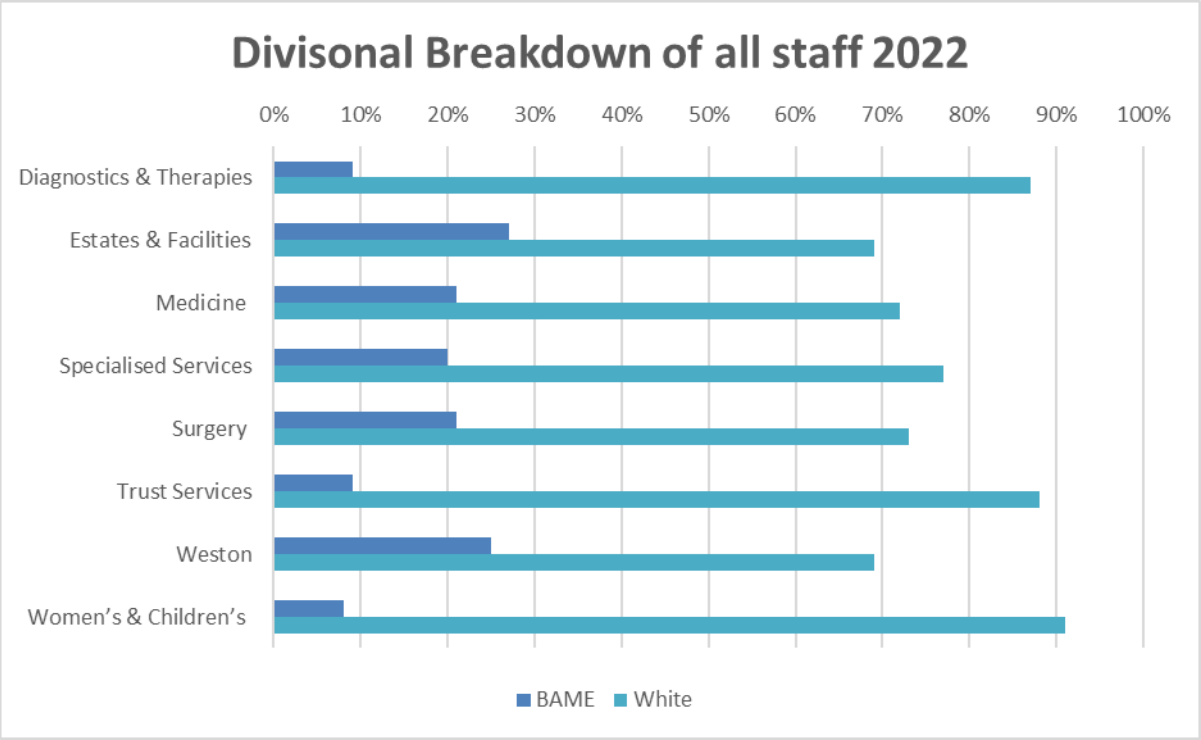
In order to understand our opportunities and set recruitment targets to meet the model employer aspirations, further data analysis was undertaken in 2022 to understand the diversity breakdown across the different bands and Divisions.

Table 14 shows the comparison between the percentage of BAME & white staff in each Division from 2022 and 2023. It is clear that the number of BAME staff has increased in each Division which is the picture we were expecting to see.

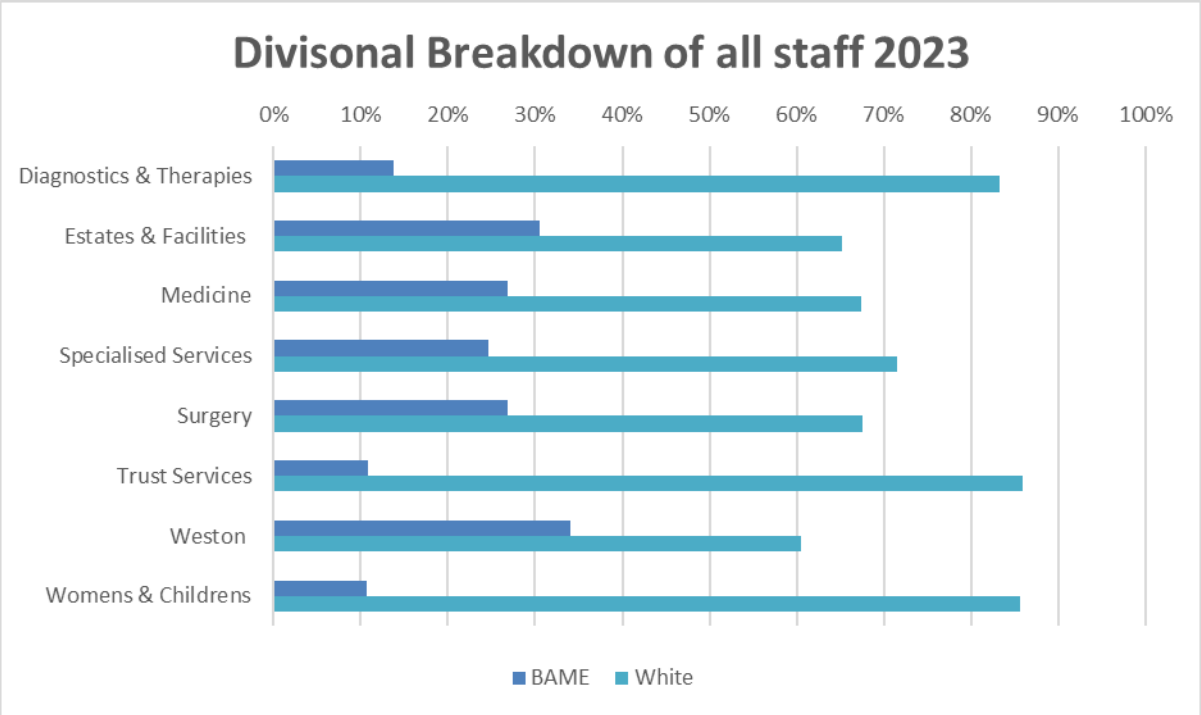
Table 14	2022		2023	
Division	BAME	White	BAME	White
Diagnostics & Therapies	9%	87%	14%	83%
Estates & Facilities	27%	69%	31%	65%
Medicine	21%	72%	27%	67%
Specialised Services	20%	77%	25%	72%
Surgery	21%	73%	27%	68%
Trust Services	9%	88%	11%	86%
Weston	25%	69%	34%	61%
Women's & Children's	8%	91%	11%	86%

Graphs 14a and 14b show the percentage of BAME and white staff in each Division and demonstrates less variation between the Divisions in 2023 than in the 2022 data, as the percentage of BAME staff increases across all the Divisions. The lowest levels of diversity remain in the Divisions of Diagnostics and Therapies, Trust Services and Women's and Children's but the increase of BAME representation has been more in these Divisions than in the others.

Graph 14a

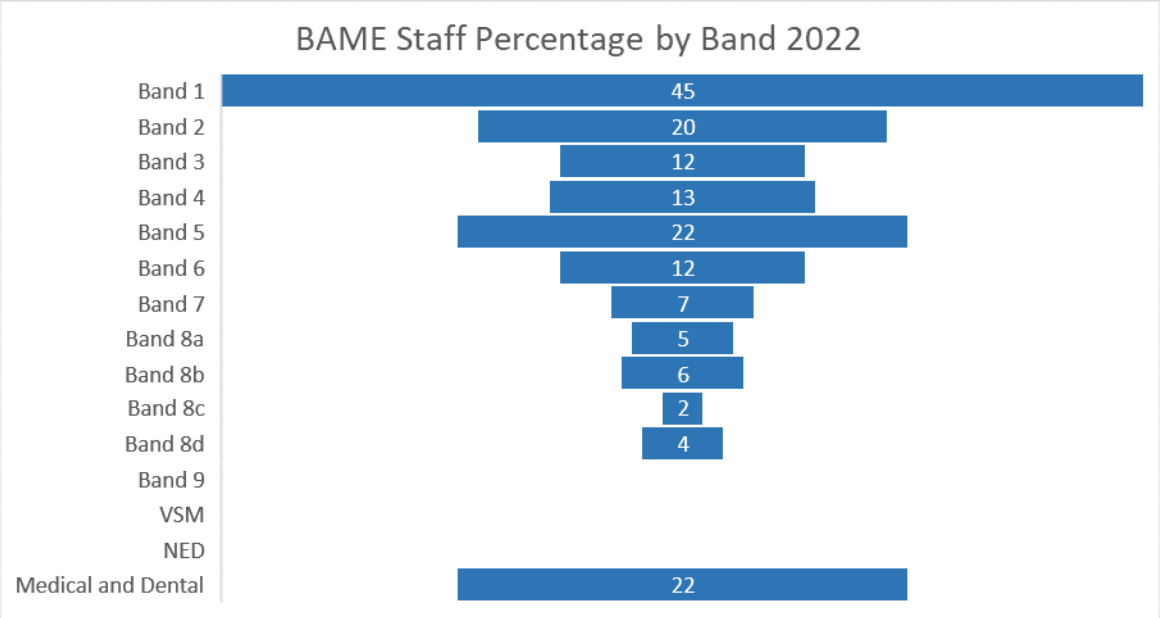


Graph 14b



Graph 15a & 15b show an increase in the percentage of BAME staff across all the bands, except Band 1 and 9. Although the percentages have increased, the proportional distribution across the different Bands remains largely unchanged and therefore the opportunity remains to build the pipeline and promote colleagues from lower bands to upper bands, in line with the Model Employer targets which aim to increase the number of BAME staff at bands 8a+.

Graph 15a



Graph 15b

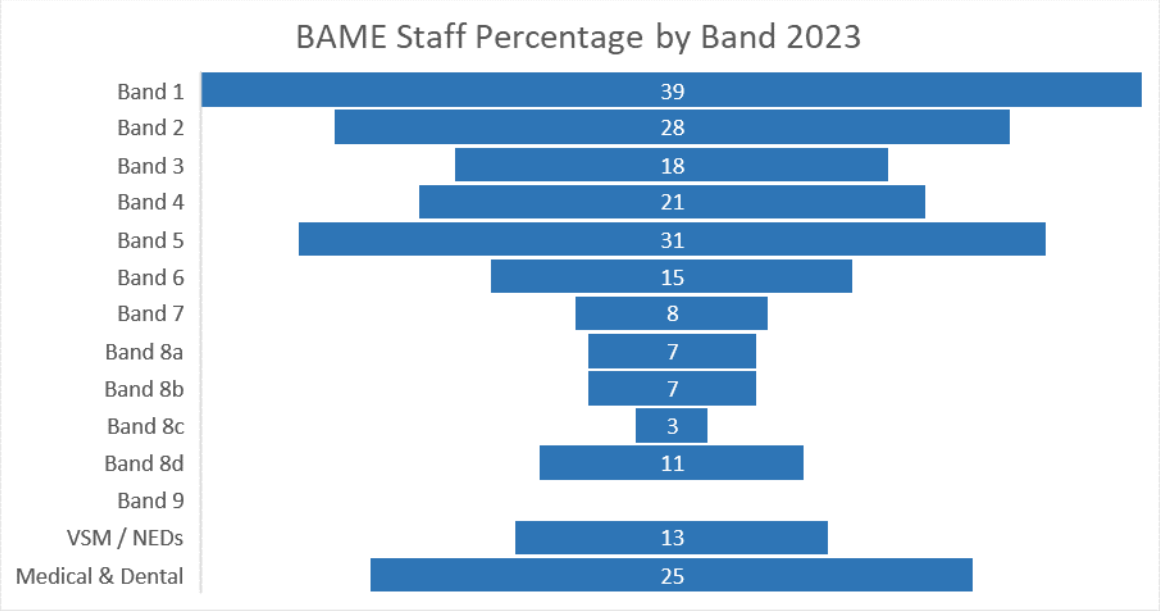
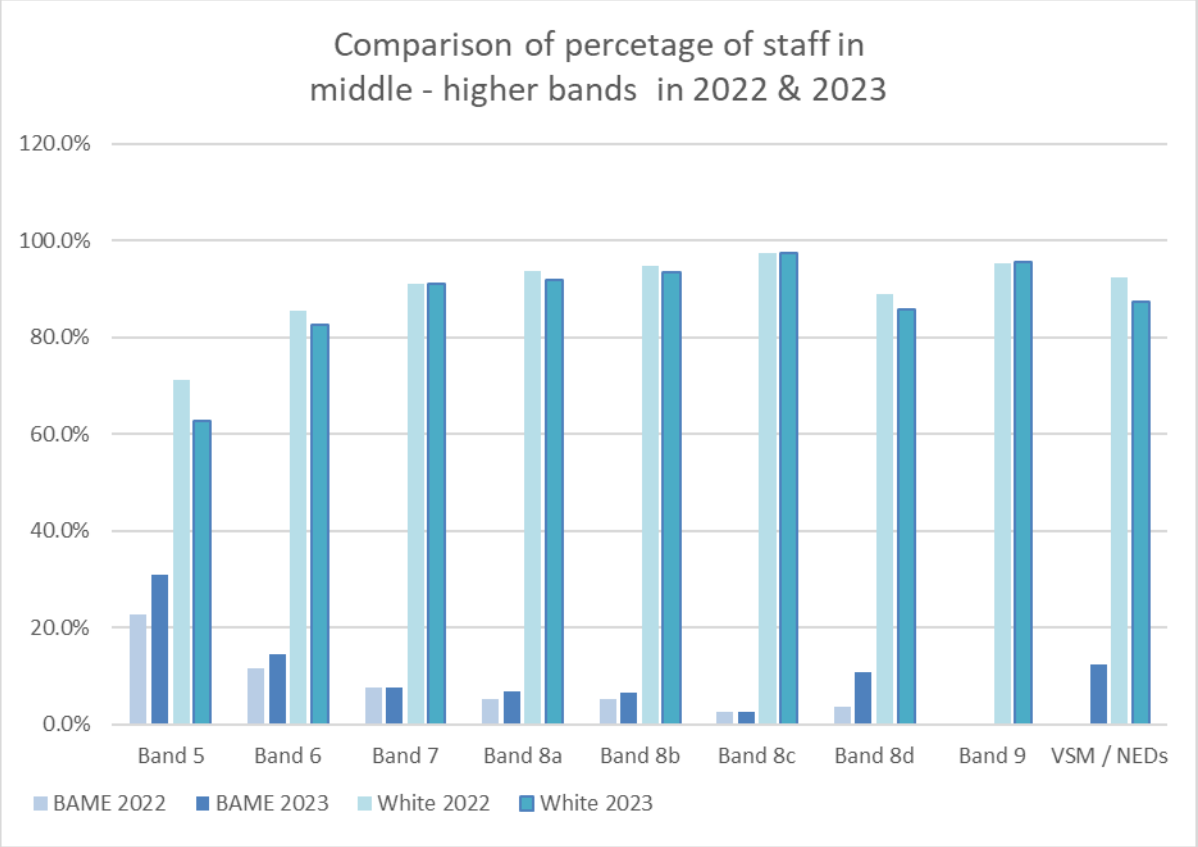


Table 15	Headcount 2022		Headcount 2023	
Bands	BAME	White	BAME	White
Band 5	529	1685	761	1538
Band 6	208	1517	267	1512
Band 7	92	1145	99	1203
Band 8a	22	396	30	409
Band 8b	7	115	9	127
Band 8c	2	78	2	75
Band 8d	1	23	3	24
Band 9	0	18	0	21
VSM & NEDs	0	11	2	14
Medical & Dental	382	1166	454	1174

Table 15 shows the headcount of staff in the higher bands. It shows that there has been an increase in BAME staff at all Bands except 8c & 9, which have remained the same. It also shows the increase in BAME staff in the middle Bands 5-7, which adds to the potential in the pipeline to develop more BAME staff to higher bands in the next 3-5 years.

Graph 16



Graph 16 presents the percentage of BAME and white staff in the middle-high bands in 2022 and 2023 and shows the potential pipeline in the middle bands, that can be developed into higher 8a+ bands. Year on year, to reach our model employer ambitions, we would expect to see the height of the white columns and the BAME columns equalising as the workforce diversifies.

Table 16 shows the model employer recruitment targets in the higher bands, set in collaboration with Divisions in 2022. Overall, the target for 2023 has been exceeded by 2 BAME colleagues recruited to higher bands as 12 BAME colleagues have been recruited against a target of 10. As previously stated, the overall target will need to increase to 21% in order to represent the diversity in the Trust in 2023 and work will take place with the Divisions in quarter 2, to amend their recruitment targets.

Table 16 Band	UHBW 1 March 2022	UHBW 2023 Target	UHBW 2024 Target	UHBW 2025 Target	UHBW 2026 Target	UHBW 2027 Target	UHBW 2028 Target 16.7%	Additional numbers to recruit by 2028
Band 8a	22 (5%)	29 (+7)	37 (+8)	45 (+8)	52 (+7)	60 (+8)	67 (+7)	45
Band 8b	7 (6%)	9 (+2)	12 (+3)	14 (+2)	16(+2)	19 (+2)	21 (+3)	14
Band 8c	2 (2%)	3 (+1)	5 (+2)	7 (+2)	9 (+2)	11 (+2)	13 (+2)	11
Band 8d	1 (4%)	1	2 (+1)	2	3(+1)	3	4 (+1)	3
Band 9	0	0	1 (+1)	1	2 (+1)	2	3 (+1)	3
VSM	0	0	0	1 (+1)	1	1	2 (+1)	2
TOTAL	**32**	**42 (+10)**	**57 (+15)**	**70 (+13)**	**83 (+13)**	**96 (+12)**	**110 (+15)**	**78**

Race Disparity Ratios (RDR)

The RDR is calculated from the WRES data on total numbers of BAME and white staff and the likelihood of them progressing through the AFC bands. It represents the difference in proportion of BAME staff at various AFC bands, in a Trust, compared to the proportion of white staff at those bands. It is presented at three tiers:

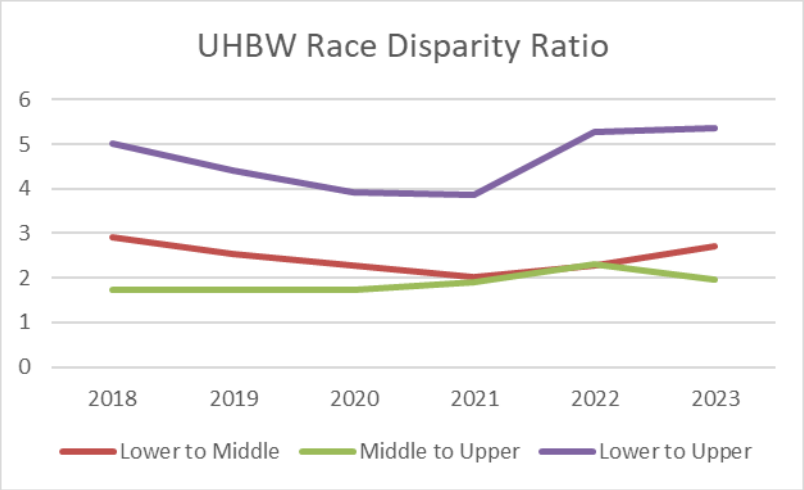
a. bands 5 and below (lower)
b. bands 6 and 7 (middle)
c. bands 8a and above (upper)

There is no separate target set for race disparity ratio as the overall expectation is to achieve parity with BAME and white staff, indicated by a ratio of 1:1.

Table 17 Race Disparity Ratio	2018	2019	2020	2021	2022	2023
Lower to Middle	2.90	2.55	2.28	2.03	2.28	2.72
Middle to Upper	1.73	1.73	1.73	1.91	2.32	1.96
Lower to Upper	5.02	4.41	3.93	3.87	5.28	5.35

Table 17 presents a decline in the likelihood of staff from ethnic minorities progressing in UHBW from lower to middle bands and lower to upper bands but the picture is improved from middle to upper bands. The fluctuation in these ratios is presented in Graph 17.

Graph 17



The Race Disparity Ratio can also be broken down into Clinical and Non-clinical roles. A comparison of UHBW's performance against the Southwest, other similar Acute Trusts and the National picture in the 2021/2022 data can be seen in Table 18. The data for 2022/2023 is not yet available.

Table 18	2021/2022 Clinical			2021/2022 Non-Clinical		
	Lower to Middle	Middle to Upper	Lower to Upper	Lower to Middle	Middle to Upper	Lower to Upper
UHBW	2.72	1.91	5.21	1.78	3.34	5.96
South West	2.55	1.84	4.68	1.22	1.60	1.95
Acute	1.77	1.54	2.73	0.89	1.46	1.30
National	1.70	1.37	2.34	0.88	1.42	2.34

Actions to address identified WRES areas of concern

The Race Disparity Ratio in UHBW remains a concern and focussed work supporting the progression of colleagues from ethnic minorities and developing the pipeline continues to be a priority. From a staff experience point of view, the focus needs to be on targeted work to decrease bullying and harassment and discrimination against staff from ethnic minority backgrounds. Progress has already been made towards these aims, the details of which have been documented in previous EDI Bi-annual reports and strategic plan quarterly updates. Achievements include focused work on the staff networks and the launch of the Bridges Talent Management Programme, which has welcomed over 40 participants and has already seen 4 colleagues being promoted into higher band roles. As improvement in this area can only be achieved through commitment to a long-term plan, large improvements are not expected to be seen on a year by year basis but progress has clearly been made in the right direction, as can be seen in the increase in the percentage of colleagues from ethnic minorities now working in senior roles.

Full details of the actions underway to help mitigate the issues identified in this report can be found in the Strategic Action plan 23-24 and includes a focus on inclusive recruitment and Internationally Educated Nurses (IEN) support. In addition to this, it is intended that each Division be provided with a detailed data pack containing the ethnicity breakdown of their workforce by Band and job title, to assist them in identifying further opportunities for recruitment into more senior roles, including an analysis of the recruitment figures for 2022/23 to identify any missed opportunities. This will enable Divisions to identify roles that could be ring-fenced for positive action, as part of a targeted recruitment

process. A break down of the Divisional Staff survey results through the EDI lens will also be provided to Divisions to help support their Culture and People Plan actions.

6. Other Protected Characteristics

As well as focusing on the GPG, WDES, WRES, Model Employer and RDR data, it is important to be mindful of the other personal characteristics protected under the Equality Act, as it is essential the Trust provides a fully inclusive work environment for all staff.

The infographic above presents some of the initiative, groups and individuals in place to offer support to all staff with protected characteristics, with an emphasis on intersectional working.

In 2022, the Trust signed up to take part in the phase 2 NHS rainbow badge pilot, which involves an accreditation style assessment process.

The assessment structure involved involve the following processes:

1. Policy review
2. Staff survey
3. Patient survey
4. Services Survey- Sent to clinical leads for completion based on their area of practice
5. Workforce assessment

The following subjects were assessed:

- Clinical service provision: Including Perinatal, Oncology, Laboratory, Sexual Health & Gynaecology
- Workforce inclusion
- Leadership
- Sexual Orientation, Gender and Trans Status monitoring
- Facilities
- Engagement

The information from all aspects of the assessment process will be reviewed and the Trust will receive a graded award reflecting our current LGBTQIA+ inclusion work by July 2023. In addition to the award the Trust will also receive a comprehensive feedback report and action plan, designed to help achieve the next level and facilitate meaningful change.

7. Next Steps

It is recognised that a number of factors have the potential to impact on the agreed targets and overall aim and as such, particular focus will be placed on the following areas of concern.

- **Development of new local clinical excellence award (LCEA) scheme:** All Trusts are required to develop their own LCEAs and we are in the early stages of developing a scheme that will go beyond the equal split formula, in order to leverage this fund toward the achievement of the Trust's strategic objectives.
- **The scheduled review of pre-2018 local clinical excellence awards:** We are reviewing with our medical Local Negotiating Committee how we can integrate this work with the redesign of the LCEA awards mentioned above, and would therefore be effective within the 24/25 LCEA round.
- **Review of the incremental credits awarded:**
  A review of the incremental credits agreed for Agenda for Change staff through the Divisional Pay Control Panels, in the last 12 months, will be undertaken to see if any pattern can be identified suggesting systemic bias towards men receiving a pay step increase.
- **Inclusive recruitment practices:** Work will continue with the Divisions and the Resourcing Team and in collaboration with BNSSG ICS, to further develop our positive actions processes to improve our inclusive recruitment practices and achieve more parity of diversity in higher band roles. A deep dive exercise will be undertaken to examine the data for patterns to establish if the shortlisting disparity appears in certain roles only or across the board. This would enable us to think about where an improved recruitment and shortlisting practice should be focused.
- **Disproportionate impact of HR processes on BAME and disabled staff**: Just Learning Culture initiative and Respecting Everyone Policy will be launched in November 2023 and aims to reduce the number of colleagues being taken through formal HR processes and place greater emphasis on informal resolutions. A deep dive exercise will be undertaken to identify any patterns and previous capability cases will a reviewed through the lens of the new Respecting Everyone processes.
- **Bullying and harassment**: The above mentioned policy and process improvements will have a positive impact on this and improve the experience of BAME & disabled colleagues as measured through the yearly staff survey and intervening Pulse surveys. The new "It stops with me" campaign, as referenced in the "Violence and Aggression Paper" presented to People Committee alongside this report, will also help to address this issue.
- **Career progression and talent management:** To include further cohorts of Bridges Talent Management Programme due to commence in October 2023. The Stay and Thrive initiative for the development of our Internationally Educated Nurses will also be strengthened.
- **Leadership development:** Work to continue to set clear expectations of managers and build a culture of making a stand and being an active bystander. A new working group is planned to consider team and individual development to lead compassionately.

Additional actions include but are not limited to:

- A full review of existing advocate and champion roles to explore combining the roles, to create greater allyship across the whole organisation
- Collaborative working with the Patient Experience of Care Team to ensure we are meeting the requirements of the Equality Delivery System 2022 to tackle the health inequalities faced by the patients in our care
- Widening the reach of the reciprocal mentoring programme, started as part of Bridges, which has resulted in the recruitment of over 40 reciprocal mentors, to increase the positive impact on a wider group of colleagues
- The continuation of the Executive Sponsor role for the staff networks and increased

intersectional working within the network group, building on the Staff Network Conference run in May 2023

The first NHS Equality, Diversity and Inclusion (EDI) improvement plan was released in June 2023 (See Appendix 2 for more details), supporting the NHS People Plan, 2020. The evidence continues to show that where diversity-across the whole workforce- is underpinned by inclusion, staff engagement; retention; innovation and productivity improve. Managing staff with respect and compassion also correlates with improved patient satisfaction, infection control, Care Quality Commission (CQC) ratings and financial performance. The plan lays out the expectations held of Trusts, and Boards specifically, with the key change management principle being is that EDI is everyone's business and progressing the EDI agenda requires not only a change in systems and processes, but also cultures and behaviours. The plan prioritises six high impact actions to address the widely known intersectional impacts of discrimination and bias:

- Measurable objectives on EDI for Chairs Chief Executives and Board members
- Overhaul recruitment processes and embed talent management processes
- Eliminate total pay gaps with respect to race, disability and gender
- Address Health Inequalities within their workforce
- Comprehensive Induction and onboarding programme for International recruited staff
- Eliminate conditions and environment in which bullying, harassment and physical harassment occurs

The Trust has work programmes associated with these 6 hight-impact actions which are reported into the relevant committees and whilst there is more work to be done in all of these areas it is pleasing to note that the national actions are aligned to the Trust activity. NHS England will provide regulatory accountability and oversight through existing mechanisms, such as the NHS Oversight Framework, and the CQC through the well-led domain of the single assessment framework, which is being refreshed to include a review and assessment of EDI in organisations.

This paper has detailed a number of initiatives that have been developed and progressed since the Board received the 2022 baseline data papers. Progress also continues to be made on improving the organisational understanding of the data and what it means to the experience of our colleagues through:

- Opening the narrative after the baseline presentation, to demonstrate the journey that we are on, now that the basics are in place
- The presentation, by the People EDI Manager, of Division specific data to all Divisional Board meetings in order to support the development and delivery of Model Employer recruitment targets
- Board and Senior Leadership Team Development sessions, commissioned by our CEO and delivered by Eden Charles, to assist the Board in exploring their role in the continued journey the Trust is on, to reduce the experience gap of colleagues with protected characteristics

People Committee is asked to:

- Note the findings of this report
- Support the delivery of the Divisional CAP plans and EDI Strategic Action plan 2023-24, incorporating the GPG, WDES, WRES, Model Employer and RDR key areas of concern, as described in this paper
- Receive an update in November 2023 as part of the EDI Biannual report

Appendix 1

Gender Pay Gap (GPG)

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 (the Regulations) require public sector organisations with over 250 employees to report on and publish their gender pay gap on a yearly basis. This is based on a snapshot from 31st March each year, and each organisation is duty bound to publish information on their website. This report captures data from 31st March 2023.

UHBW employs 12,678 substantive staff in a number of staff groups, including: administrative; nursing; allied health; and medical and dental roles. All staff, except for medical and dental and Very Senior Managers (VSMs), are on Agenda for Change (AFC) pay-scales.

Workforce Disability Equality Standards (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The metrics have an emphasis on issues that are likely to disproportionately impact on staff with disabilities, such as presenteeism and reasonable adjustments. NHS organisations use the metrics data to develop and publish an action plan each year. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality.

Workforce Race Equality Standards (WRES)

Implementing the Workforce Race Equality Standard is a requirement for NHS commissioners and NHS healthcare providers. NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

NHS providers are expected to show progress against nine indicators of workforce equality, including a specific indicator to address the low numbers of BAME board members across organisations.

Model Employer

The 2019 NHSE document “A Model Employer: Increasing Black, Asian, Minority Ethnic (BAME) Representation at Senior Level across the NHS” outlined the NHS plans, in line with the NHS Long Term Plan (NHSLTP) stating *“NHS England and NHS Improvement, with their partners, are committed to tackling race discrimination and creating an NHS where the talents of all staff are valued and developed – not least for the sake of our patients”.*

The government set a clear goal that NHS leadership should be as diverse as the rest of the workforce, therefore addressing the race disparity ratio; and in particular, we should “…*ensure that BAME representation at senior management matches that across the rest of the NHS workforce within ten years”*.

The Term “BAME” is used in this report to represent staff from ethnic minorities as this is the terminology that is used in NHSE/I publications.

Race Disparity Ratio

In addition to the model employer targets we also need to consider the race disparity ratio. As described by the National WRES Team, this ratio is calculated from the WRES data on total numbers of BAME and White staff and the likelihood of them progressing through the AFC bands. It represents

the difference in proportion of BAME staff at various AFC bands, in a Trust, compared to the proportion of White staff at those bands. It is presented at three tiers:

a. bands 5 and below (lower)
b. bands 6 and 7 (middle)
c. bands 8a and above (upper)

There is no separate target set for race disparity ratio as the overall expectation is to achieve parity with BAME and White staff, indicated by a ratio of 1:1.

Appendix 2

ORGANISATIONAL DEVELOPMENT

Released June 2023

We are supportive | We are respectful | We are innovative | We are collaborative

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

NHS EDI Improvement Plan

- First NHS Equality, Diversity and Inclusion (EDI) improvement plan, released June 2023
- Supports the NHS People Plan, 2020 which says, “The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms”
- Based around 6 high impact actions, including recommended intersectional interventions
- The key change management principle is that EDI is everyone’s business
- Progressing the EDI agenda requires not only a change in systems and processes, but also cultures and behaviours

The case for change;
What the research shows

- Where diversity – across the whole workforce – is underpinned by inclusion, staff engagement, retention, innovation and productivity improve

- Managing staff with respect and compassion correlates with improved patient satisfaction, infection control, Care Quality Commission (CQC) ratings and financial performance

- Inclusive environments create psychological safety and release the benefits of diversity – for individuals and teams, and in turn efficient, productive and safe patient care

High-impact actions

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

Overhaul recruitment processes and embed talent management processes.

Success metric

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. NETS Combined Indicator Score metric on quality of training

Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap

Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2

Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

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)

Make Change Happen

- As England's largest employer, the NHS must lead the way in establishing equitable and inclusive workplace environments
- NHS leaders, specifically chairs and chief executives, should lead by example, taking an active role in ending all forms of discrimination, role-modelling inclusive behaviours and creating an environment in which our workforce feel safe and empowered BUT everybody has a role to play in supporting, encouraging and promoting inclusion
- Board members should collectively and individually decide what support and development they require to confidently lead this complex and challenging agenda
- The Trust is working on all 6 of the hight-impact actions and recognises there is further work to do on each of them
- NHS England will provide regulatory accountability and oversight through existing mechanisms, such as the NHS Oversight Framework, and through the CQC well-led domain of the single assessment framework, which is being refreshed to include a review and assessment of EDI in organisations.