

BNSSG ICB Public Sector Equality Duty (PSED) 2024/25

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1.0 Purpose of the document

Integrated Care Boards have a vital role in tackling inequalities for both patients and staff. Each year public sector bodies must demonstrate they have met the requirement of the Public Sector Equality Duty (PSED). The PSED is designed to support ICBs and other bodies to think about equality across our work programme, to identify the major challenges and to agree the actions we will take to tackle them.

The PSED consists of a general duty and specific duties. The general duty requires ICBs to think about how they can prevent discrimination, advance equality and foster good relations. This applies to the services that are provided and commissioned and to the employment of staff. The PSED requires a thorough consideration of the needs of people with each protected characteristic and is therefore different to the focus of the health

inequalities duty which includes a focus on geographical inequalities and other non-protected characteristic inequalities.

The specific duty requires the ICB to be transparent about our work on equality and to show how we are meeting the requirements of the general duty. Each year we must publish equality information that demonstrates how we are thinking about equality across the services we provide and commission and the employment of staff.

ICBs should also have one or more published equality objectives, that are specific and measurable and cover a period of up to four years. The Equality and Human Rights Commission (EHRC) monitor the performance of ICBs and require the annual publication of equality information.

2.0 Overview of BNSSG Equality Information

The 2021 Census data information provides us with more accurate and up to date information about the profile of our local population. The infographics at Appendix 1 shows our position across a number of protected characteristics.

See appendix 1 for census data.

2.1 Gender Pay Gap (GPG)

BNSSG ICB does not operate a bonus scheme, therefore there is no bonus data to report. The NHS is a significant employer of female staff. The NHS uses the Agenda for Change pay framework, which seeks to harmonise pay for NHS staff across the country. It attempts to deliver on the principles of 'equal pay for work of equal value', thus staff are paid equitably irrespective of gender. Pay grades are determined by the level of responsibility for each role, and a formal process is used to evaluate all jobs.

The mean gender pay gap is the difference between men's and women's average hourly pay, which is £5.79 (5.4 last year and 6.8 in 21-22), or expressed as a percentage, 18.11%. As the BNSSG ICB has higher proportion of men in the upper quartiles the mean difference can exaggerate pay difference. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women, which is £3.40 or 12.61% in percentage terms and provides a more accurate overview of the pay gap difference. There has been an increase in the mean and reduction to the median pay gaps in comparison to last year and the pay gap is still significant year on year.

We aim to continue to reduce our gender pay gap year on year with the intention to create greater equality. Reducing the gender pay gap will require increasing the number of men in the organisation across the various grades. A more in depth report breakdown with actions can be found on our intranet page (see appendix 2).

2.2 Ethnicity Pay Gap (EPG)

As previously stated BNSSG does not operate a bonus scheme. This means ethnicity pay gap, the difference between the average hourly pay of those of BME ethnic origin and those of white ethnic origin, is £1.44 or 5.25%. The median pay gap is the difference between the midpoints in the ranges of hourly earnings, is £1.82 or 7.34% in percentage terms.

While the ethnicity pay gap is relatively small (particularly in comparison with the gender pay gap), the data does show that we are underrepresented within our more senior, higher paid roles both relative to our workforce demographics and our population as a whole. Therefore, showing that this may be more of a statistical thinning rather than a reflection of equity.

We aim to further reduce our ethnicity pay gap year on year with the intention to create greater equality. A more in-depth report breakdown with actions can be found on our intranet page (see appendix 2).

2.3 Disability Pay Gap (DPG)

As previously stated BNSSG does not operate a bonus scheme. The mean disability pay gap, the difference between the average hourly pay of those declaring a disability and those who declare they do not have one, is £4.80 or 17.39%. The median pay gap is the difference between the midpoints in the ranges of hourly earnings, is £2.46 or 8.94% in percentage terms.

The disability pay gap is similar to the gender pay gap due to most of our workforce who declare a disability sitting in quartile 1 (lower) and quartile 3 (upper middle). Therefore, the median pay gap difference provides the most accurate overview. We aim to further reduce our disability pay gap year on year with the intention to create greater equality. A more in-depth report breakdown with actions can be found on our intranet page (see appendix 2).

2.4 Workforce Disability Equality Standards (WDES)

In relation to disability data the 2021 Census shows the following:

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

Year-on-year analysis of staff in post shows that in 2024-25, we had our highest recorded percentage of staff with recorded disability (2024/25 – 9.13% vs 2023/24 5.60%). Although it should also be noted that our ‘unknown’ category has continued to reduce year-on-year (2024/25 – 9.34% vs 2023/24 – 13.07%) and therefore may indicate an underreporting previously, and we remain underrepresented when compared to census data.

Within banding, it should be noted that clinical bands 8c to VSM has no staff declared as having a disability. Furthermore, clinical staff bandings 5 – 7 (lowest banding employed within the ICB for this category) have the highest levels of staff reporting to have a disability. Non-Clinical bandings see the same trend with 8c to VSM showing the lowest levels of declared disability (5.30%) in comparison to band 4 and below, showing the highest levels (12.70%).

The percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients, managers or colleagues has increased (2024/25 - 34.4% vs 2023/24 -18.9%). A more in-depth report breakdown with actions can be found on our intranet page (see appendix 2).

2.5 Workforce Race Equality Standards (WRES)

Within NHS WRES data sets, ethnicity is recorded as White, BME or Unknown / Null. Within this report we use the term ‘BME’ to refer to people who identify as Black, Brown or as part of a racially 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, Black and Minority Ethnic backgrounds in line with the recording of data within NHS data sets.

Therefore, for comparison purposes:

	Bristol (%)	North Somerset (%)	South Glos (%)	England (%)
BME	18.9	4.3	8.8	19.0
White	81.1	95.7	91.2	81.0

Year on year analysis of staff in post shows that 2024-25 we had our highest recorded percentage of staff with a BME ethnicity (2024/25 - 11.68% vs 2023/24 9.75). Our ethnicity reporting for our White workforce remained largely unchanged (2024/25 – 83.61% vs 2023/24 – 83.44%). This looks to be largely due to changes in the number of people not declaring, which has seen a year on year decrease (2024/25 – 4.88% vs 2023/25 – 6.64%). While this is a positive trend it must be noted that for both clinical and non-clinical staff the percentage of BME staff members remain within the lowest band clusters. This has been a theme year on year.

Recruitment data indicated that we are overrepresented in terms of BME application, however this reduced significantly at each stage of the process. We have therefore implemented mandatory equality and diversity training for all staff to further educate on bias and best practice for inclusive recruitment. This is one step in improvements to our inclusive recruitment journey and further work, and action are planned for 2026/27.

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months has increase year on year (2024/24 – 26.7% vs 2023/24 – 13.5%). A more in-depth report breakdown with actions can be found on our intranet page (see appendix 3).

2.6 Equality Delivery Standards (EDS22)

BNSSG ICB took a facilitator role within the EDS report, publishing the system overview report on our intranet. It was collectively agreed that due to various duplications in reporting for workforce related domains (2 & 3) via other statutory reporting systems, BNSSG ICS would collaborate on Domain 1 only (Commissioned and Provided Services). This decision

was made in support of the work already taking place via the EDI Improvement Plan and its high-impact actions that feed into Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) and the Staff Survey.

BNSSG ICS report is a collaboration with:

- Avon and Wiltshire Mental Health Partnership (AWP)
- North Bristol Trust (NBT)
- Sirona Health and Care
- University Hospitals Bristol and Weston (UHBW)

As a system, it was agreed that the three focus areas for Domain 1 would be Accessible Information Standard (AIS), Cardiovascular Disease and a further review of Maternity Services to ensure that we continue progressing in this areas.

Domain 1 – AWP, NBT, Sirona, UHBW

Overall rating: Achieving activity, scoring 23.

The revisit to **Maternity** showed improvements with:

- Improved translation / interpreting (e.g. BadgerNet), digital tools and specialist support (e.g. Black Mothers Matter programme, continuity team)
- New community focused models improving access in areas of high deprivation

Key cross system priorities and action plan created. Highlights as follows:

- Continued focus on equity for ethnically minoritised groups and deprived areas
- Collaboration and cultural awareness training required

Cardiovascular services highlighted:

- Proactive contact with patients in deprived areas to reduce the level of DNA's
- Focus groups to understand barriers; interpreting and translated material made available

Key cross system priorities and action plan created. Highlights as follows:

- Improve visibility, access and outreach to underserved groups
- Reduced DNAs by addressing trust and communication barriers

Accessible Information Services (AIS) highlighted:

- Significant progress in interpreting services, digital accessibility and patient alert systems (e.g. CareFlow AIS flags)
- UHBW developing AI-powered audio guides for hospital navigation. This being one of the first in the NHS.

Key cross system priorities and action plan created. Highlights as follows:

- Establish an ICS-wide AIS network with shared resources, templates and digital tools
- Strengthen workforce understanding of accessibility requirements

Domain 2 – BNSSG ICB only

Workforce Health & Wellbeing – Overall rating: Developing, scoring 6.

Key strengths were identified as follows:

- Strong reasonable adjustments process, occupational health, wellbeing hub and Mental Health First Aiders (MHFA) network
- Comprehensive Employee Access Programme (EAP) offering, including physical / mental health tools and counselling

Development areas were identified as:

- Increase reports of bullying and harassment (WRES & WDES indicators)
- Some staff survey indicators fell, though 2024 data shows early improvements
- Under-use of reporting mechanisms (FTSU grievance) compared to survey results

Domain 3 – BNSSG ICB only

Inclusive Leadership – Overall rating: Developing, scoring 3

Key strengths were identified as follows:

- Well established Inclusion Council chair by Chief Executive Officer / Chief People Officer
- Launch of Independent Advisory Group for Race Equality
- Systematic inclusion of inequalities within Board papers and risk registers
- Commitment to anti-racism development programme and EHIA scrutiny

Development areas were identified as:

- Need for clearer levers and performance management alignment
- Strengthening accountability in EDI objectives across leadership

A full review of the report and Domain 1 action plan and timelines available at [Equality Delivery System \(EDS22\) Report 2025 - BNSSG Healthier Together](#).

An action plan for domains 2 & 3 were due to be woven into the BNSSG ICB's organisational development plan. However, due to ICBs being instructed to reduce running costs by 50% and shift to a particular focus on strategic commissioning this work was paused with key equality objectives remaining a focus.

3.0 Equality Objectives

In line with the Public Sector Equality Duty requirements, we are required to have one or more published equality objectives, that are specific and measurable and cover a period of up to four years.

Workforce Equality objectives as detailed in our system strategy and agreed in 2023 and measured through both the operational and joint forward plans are:

- To make recruitment practice more equitable, making year on year improvements in hiring outcomes for those from racialised communities as compared to 2023-24 disparity data.
- A year-on-year reduction in the disparity for colleagues from racialised communities and those with disabilities in relation to bullying, harassment and discrimination from managers and colleagues as reported in staff survey data in comparison to 2024 data.
- To increase the proportion of staff from racialised communities in Band 8a or above to 12% by April 2028.
- To continue to reduce the gender pay gap year on year, ensuring that the proportion of females within the upper quartile are comparable to overall organisation composition.

A [progress report](#) was published in October 2025 (see appendix 5). This report also gives an updated on all ICB Equalities objectives related to our commitments in:

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

4.0 Future Issues to Consider

In March 2025, the Government announced significant changes for the Department of Health and Social Care and many NHS organisations. As part of these changes, all Integrated Care Boards (ICBs) have been instructed to reduce running costs by 50% and shift to a particular focus on strategic commissioning. To help achieve this, ICBs have formed clusters, covering larger areas. BNSSG ICB is now clustered with NHS Gloucestershire ICB. Both our ICBs continue to be statutory bodies and legal entities for now but are working together in partnership. A single Chair and Chief Executive for the cluster were appointed in September 2025, and work is ongoing to develop a single executive team.

Our previous PSED report we noted that the EHRC are working collaboratively with NHS England, and the Care Quality Commission has been reviewing how every ICB is meeting its PSED obligations. They will use this information to target support and share information on best practice. This position remains the same and organisational change will not impact our duty to report.

Initially the EHRC undertook an online review of EDI information on websites with feedback being that the ICB have:

- a requirement to publish updated objectives online, these need to be specific and measurable with clear success criteria.
- that wider information is required within the reporting in relation to workforce reporting and service user information (for example in relation to commissioning of services).
- Information needs to be accessible to the public.

As an ICB we will continue to publish our updated Equality objectives (as stated above) online. We have published the overall EDS report for 2024/25 which is now accessible to the public. However, will not be publishing an EDS report for 2025/26 due to extensive duplication of information that takes time and resource that will be used to focus on our key objectives that to ensure we meet our public sector equality duty going forward. Health Inequalities updates are provided regularly to the Board as part of the Triple Aim and five priority areas and information is made available to the public.

As planned, we launched a system BNSSG Health Inequalities Group in 2024, this group through its Terms of Reference will publish against the statutory inequalities guidance and we will align the EDS domains to meet the ongoing requirements of the PSED.

6.0 People Response to Healthier Together 2040

Healthier Together 2040 published in 2025 set out eight priority intentions to meet population health in BNSSG. The People Response to HT2040 was developed through the extensive learning gathered through stakeholder engagement to develop the BNSSG People and Culture Plan, which has now been incorporated into the wider HT2040 strategy.

The People Response outlines two approaches that will be taken to meet these intentions through One Workforce and Good Employment. Through the commitments made in these approaches, and the development of an integrated workforce development model we have fully integrated Equality and Wellbeing as 2 key components to all workforce development activity. The activity undertaken to deliver the commitments made are driven by elements of the People Promise, continuous learning from the Staff Survey, Safe Learning Environment Charter as well as Get Britain Working and the WECA Good Employment Charter.

Through these approaches and the application of the development model we aim to deliver a workforce movement for change that delivers the cultural, skills knowledge and behavioural changes required to tackle the broader system issues affecting EDI. We continue to be committed to establishing as an anti-racist system, which we will deliver through the application of the principles of the integrated workforce development model in our commissioning practices.

Work to define the core activities for 2026/27 will be carried out through a series of system wide engagement events over Q4 of 2025/26, informing a new programme of work with key objectives and KPIs.

7.0 Recommendations

Within the Organisational Development Plan for BNSSG we had included a number of actions to support improvement against the workforce equality objectives, these included:

- A programme of work to create an inclusive culture across the organisation including:
 - o full inclusive recruitment review (from advert to appointment) to make improvement at each stage of the recruitment journey.
 - o An anti-racist development programme for executive and extended leadership teams followed with organisation wide anti racism development
- Developing line managers specifically in relation to 'difficult conversations'
- Incorporate EDI objectives within all appraisals
- Improve attendance and directorate representation at the Inclusion Council
- Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur including focus on sexual safety charter & refreshed Freedom to Speak Up

Unfortunately, due to the announcements of 50% reductions and the resulting organisational change working, we have been unable to focus on implementing the organisational development plan meaning that there has been a limited focus on these areas.

However, our objectives are as follows:

- **Objective One:** To make recruitment practice more equitable, making year on year improvements in hiring outcomes for those from racialised communities as compared to 2023-24 disparity data.
- **Objective Two:** A year-on-year reduction in the disparity for colleagues from racialised communities and those with disabilities in relation to bullying, harassment and discrimination from managers and colleagues as reported in staff survey data in comparison to 2024 data.
- **Objective Three:** To increase the proportion of staff from racialised communities in Band 8a or above to 12% by April 2028.
- **Objective Four:** To continue to reduce the gender pay gap year on year, ensuring that the proportion of females within the upper quartile are comparable to overall organisation composition.

Progress report from October 2025 available (see appendix 5)

Appendix 1

[BNSSG Census 2021 data](#)

Appendix 2

Gender Pay Gap 2024/25

Ethnicity Pay Gap 2024/25

Disability Pay Gap 2024/25

Appendix 3

[WDES report 2024/25](#)

[WRES report 2024/25](#)

Appendix 4

[EDS report 2024/25](#)

Appendix 5

[Equalities objectives progress report – Oct 2025](#)