

NW EDI Programme



England

Ethnicity Pay Gap – A NW Regional Perspective

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Ethnicity Pay Gap – What Is It?

How helpful is it ?

A singular value, representing multiple, variable elements.

A very blunt instrument that measures distributive representation in a different way.

Another way to “admire the problem”.

Another thing for people to do and report on.

An alternative evidence metric, progress and outcome measure if we get everything right.

A measure that does not recognise nuance, variation between groups and lived experience.

Ethnicity Pay Gap – Multi-Dimensional Approach

Considerations

Pay Gap variations between racialised groups. “The darker you are the bigger the gap”.

Masking – eg variations between bands, low progression = longer lengths of service = distorted pay gaps.

Need to take intersectional approach between ethnicity and BME gender, as distorted. Eg Exnicity Group.

Recognise workforce planning vs succession vs progression – multi-step approach.

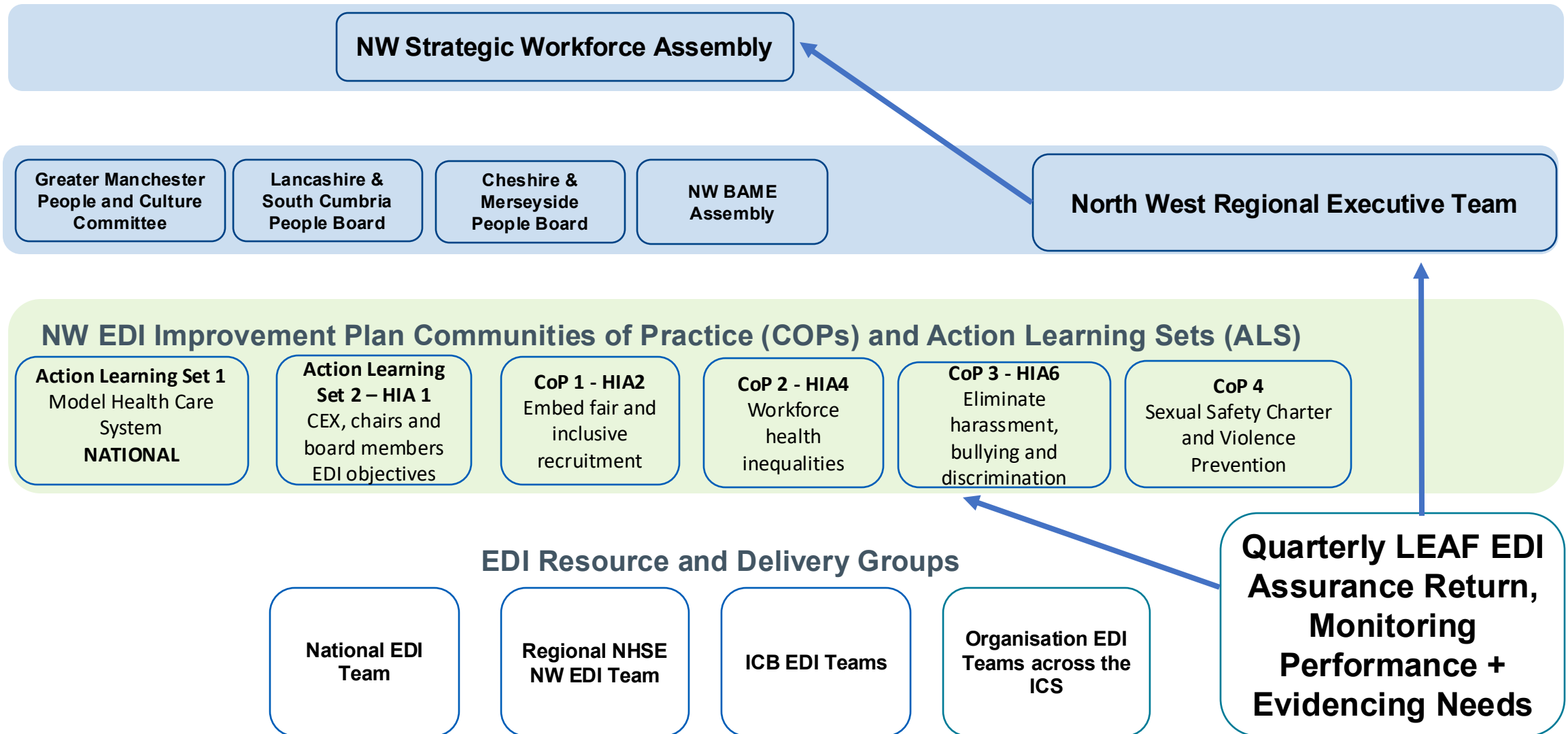
Must look at all causative points and barriers within the employee life cycle to dismantle the engine – attraction, recruitment, induction, development, in-work equality of opportunity, progression, retention.
EVERYTHING MUST IMPROVE IN PRACTICE OR NOTHING WILL IMPROVE IN MEASURES

How are we delivering systemic change?

North West EDI Governance and Leadership Equality Assurance Framework (LEAF) 2025



NW FUTURES EDI WEBSITE



NW Strategic Workforce Assembly

Greater Manchester People and Culture Committee

Lancashire & South Cumbria People Board

Cheshire & Merseyside People Board

NW BAME Assembly

North West Regional Executive Team

NW EDI Improvement Plan Communities of Practice (COPs) and Action Learning Sets (ALS)

Action Learning Set 1 Model Health Care System NATIONAL

Action Learning Set 2 - HIA 1 CEX, chairs and board members EDI objectives

CoP 1 - HIA2 Embed fair and inclusive recruitment

CoP 2 - HIA4 Workforce health inequalities

CoP 3 - HIA6 Eliminate harassment, bullying and discrimination

CoP 4 Sexual Safety Charter and Violence Prevention

EDI Resource and Delivery Groups

National EDI Team

Regional NHSE NW EDI Team

ICB EDI Teams

Organisation EDI Teams across the ICS

Quarterly LEAF EDI Assurance Return, Monitoring Performance + Evidencing Needs

LEAF Results North West

LEAF CoP and ALS 2024 – 2025 – Key Principles

- 1 – Evidence led
- 2 – Strengths Based
- 3 – Peer to peer developmental sessions
- 4 – Designated roles and responsibilities
- 5 – Consistent TOR
- 6 – Curriculum Based - 6 sessions – based on key recommendations and flow of work eg recruitment
- 7 – Each COP has a dedicated Milestone Planner to track and monitoring key milestones



LEAF Response Rates

Q2 Response – 100%

Q3 Response - 80% - to set COPs

Q4 Response – 100%



LEAF CoPs and ALS – from Feb 2025

We are now looking to design and deliver the Communities of Practice (CoP) and Action Learning Sets (ALS). A series of regular CoP (quarterly) and ALS (monthly) will create supportive groups and safe spaces.

The Northwest NHSE EDI Team will set the Terms Of Reference (TOR) and Chair and coordinate the sessions. The lead will facilitate the sessions, to enable the group to focus on design, development and delivery of solutions. Your answers will help us to plan and coordinate these CoP and ALS Groups to commence from March 2024.



ALS 1 – NATIONAL LAUNCH Model Health Care System – 6 months, monthly, rapid improvement, working against a detailed SMART milestone planner, March launch



ALS 2 – HIA1 - Chief executives, chairs and board members must have specific and measurable **EDI objectives** to which they will be individually and collectively accountable - 6 months, monthly, rapid improvement, working against a detailed SMART milestone planner, March launch



CoP 1 - HIA2 – Embed fair and **inclusive recruitment** processes and talent management strategies that target under-representation and lack of diversity. – Quarterly, Chaired NHSE, Led and Facilitated by Provider, foundational learning and development, sharing best practice and accelerating



CoP 2 HIA4 - Develop and implement an improvement plan to address **health inequalities** within the workforce – Quarterly, Chaired NHSE, Led and Facilitated by Provider, foundational learning and development, sharing best practice and accelerating progress



CoP 3 HIA6 - Create an environment that eliminates the conditions in which **bullying, discrimination, harassment and physical violence at work occur** - Quarterly, Chaired NHSE, Led and Facilitated by Provider, foundational learning and development, sharing best practice and accelerating progress



CoP 4 - Sexual Safety Charter - Quarterly, Chaired NHSE, Led and Facilitated by Provider, foundational learning and development, sharing best practice and accelerating progress

High Impact Actions and success metrics

The availability of all metrics will be checked, validated and fed into development of the EDI dashboard.

HIA 1 - Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

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



HIA 2 - Overhaul of recruitment processes and embed talent management processes

Success metric

Relative likelihood of staff being appointed from shortlisting across all posts.

NSS Q on access to career progression and training and development opportunities

Improvement in race and disability representation leading to parity

Improvement in representation senior leadership (Band 8C upwards) leading to parity.

Diversity in shortlisted candidates

NETS Combined indicator Score metric on quality of training



HIA 3 - Eliminate total pay gaps with respect to race, disability and gender

Success metric

Improvement in gender, race and disability pay gap



HIA 4 - Address Health Inequalities within their workforce.

Success metric

NSS Q on organisation action on health and wellbeing concerns

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

To be developed in year 2



HIA5 - Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

NSS Q on belonging for IR staff

NSSQ on bullying harassment from manager/colleagues for IR staff



HIA 6 - Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

Improvement in staff survey results on bullying/harassment from manager/colleagues (All Staff)

Improvement in staff survey results on discrimination from manager/colleagues (All staff)

NETS Bullying & Harassment score metric (NHS professional groups)

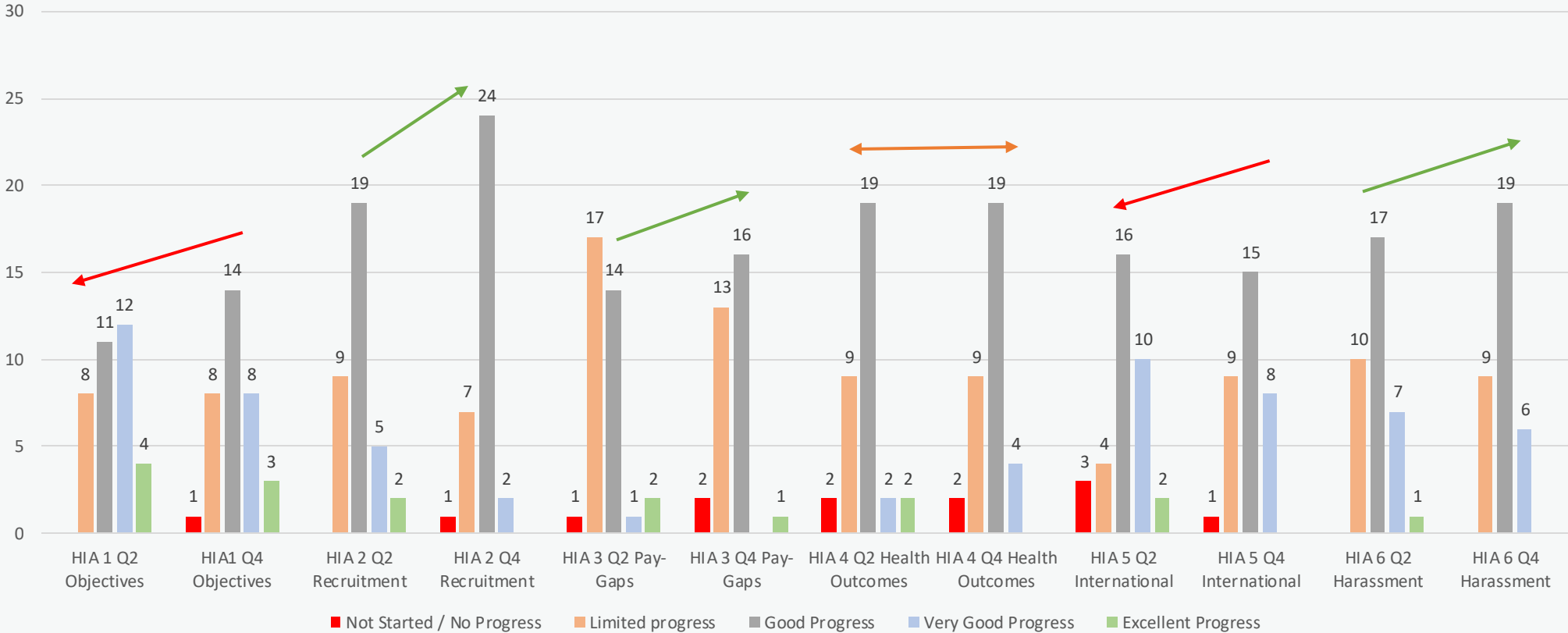


LEAF Q2 and Q4 Results North West

EDI Improvement Plan High Impact Actions

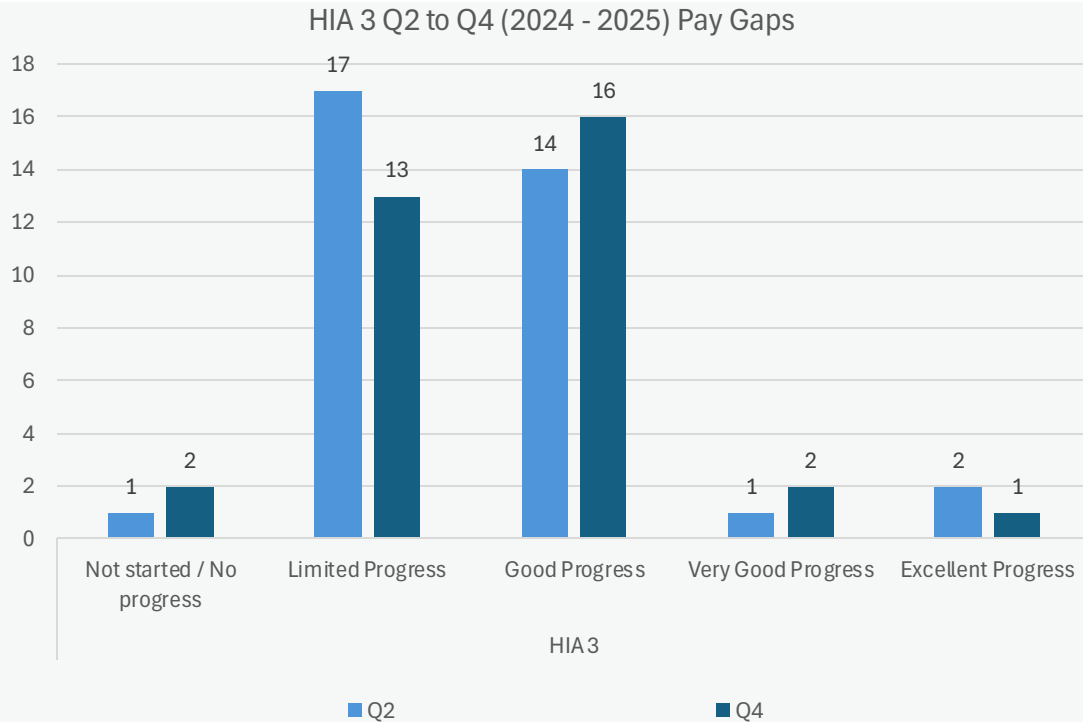
Overall – Good Progress against HIA 2, HIA 3 and HIA 6. Steady progress being made against HIA 4. A decline in progress this quarter against HIA 1 and HIA 6.

High Impact Actions Quarter 2 and Quarter 4 Data and Trend Analysis



LEAF Results North West

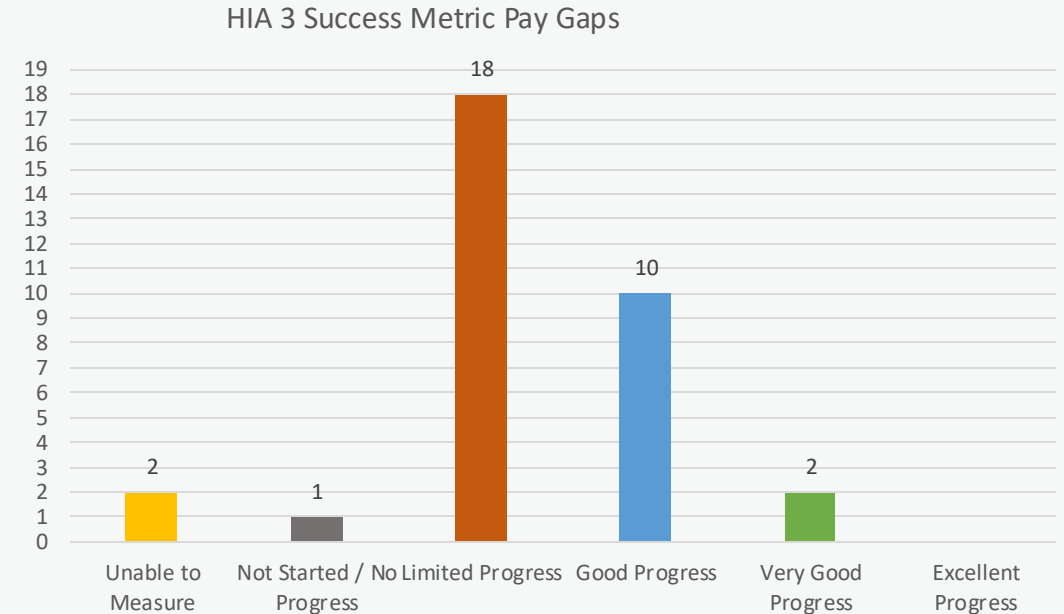
HIA 3 Pay Gaps



There was a reduction in the number of organisations rating themselves as Limited Progress at Q2 (51%) reducing in Q4 (40%). The number of organisations rating themselves As Good or Very Good Progress between Q2 and Q4, has increased. (from 45% to 55%).

Success Metric for HIA 3

Year-on-year reductions in the gender, race and disability pay gaps

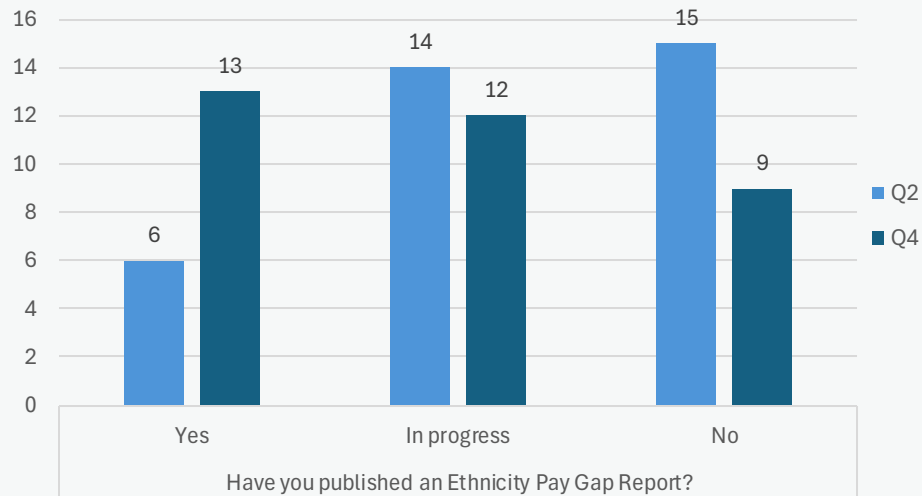


Most organisations are making Limited, No Progress or have been unable to measure this (63%). There is An inconsistent difference between overall progress ratings compared to the in-year progress ratings provided for the lower-level metric of HIA 3.

LEAF Results North West

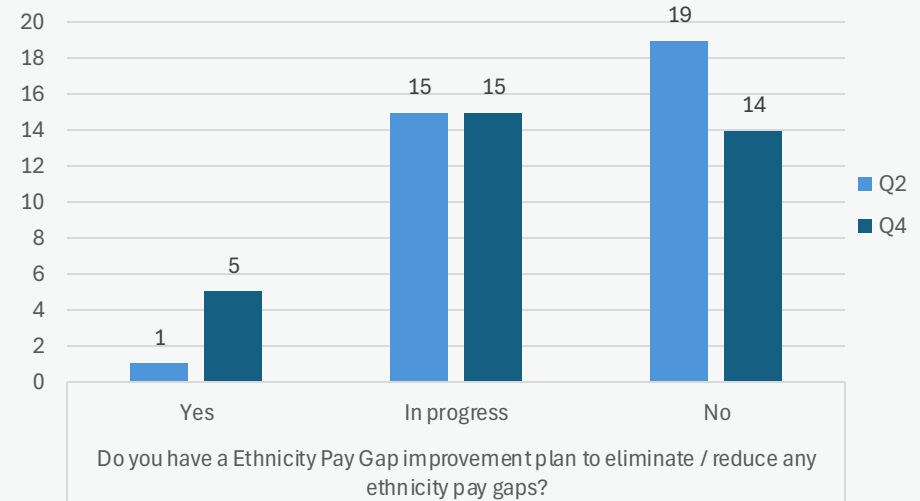
Ethnicity Pay Gap Reporting

Have you published your Ethnicity Pay Gap Report?



The number of organisations who now have now published their Ethnicity Pay Gap Report has doubled from Q2 with a reduction in the number of organisations who have not.

Do you have an Ethnicity Pay Gap improvement plan to eliminate / reduce any ethnicity pay gaps?



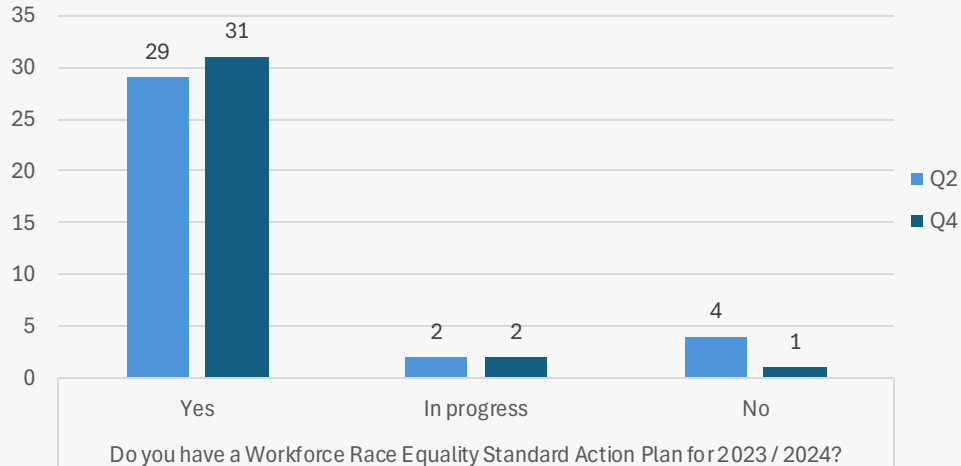
Progress in this area is still slow however there is a reduction in the number of organisation who did not have an ethnicity pay gap plan in Q2 to that reported in Q4 and a small increase in the number of organisations who now have this in place.

Overall –very positive that most regional organisations have either conducted or are progressing pay gap analysis and action planning.

LEAF Results North West

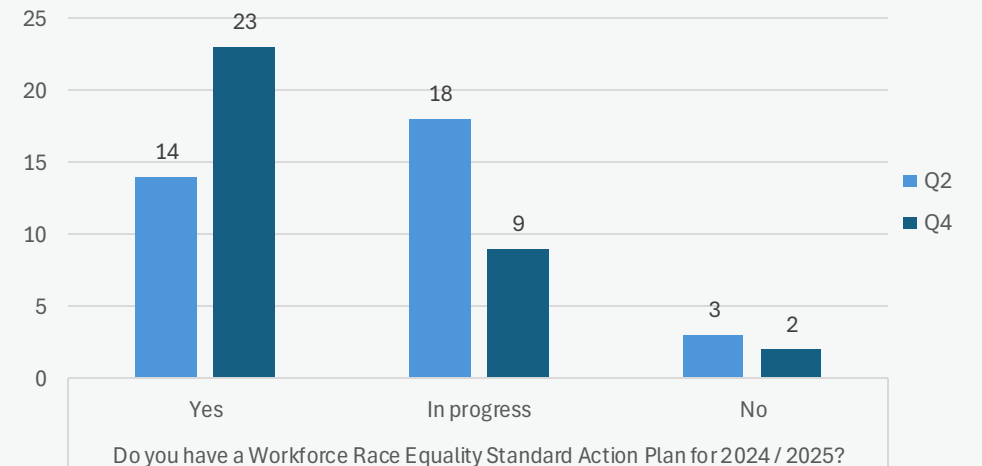
Workforce Race Equality Standard

Do you have a Workforce Race Equality Standard Action Plan for 2023 / 2024?



There has been an increase between Q2 and Q4 in those organisations who have a Workforce Race Equality Action Plan 2023-2024 (from 88% to 93%).

Do you have a Workforce Race Equality Standard Action Plan for 2024 / 2025?



There has been an increase between Q2 and Q4 in those organisations who have a Workforce Race Equality Action Plan 2024-2025 (from 42% to 70%).

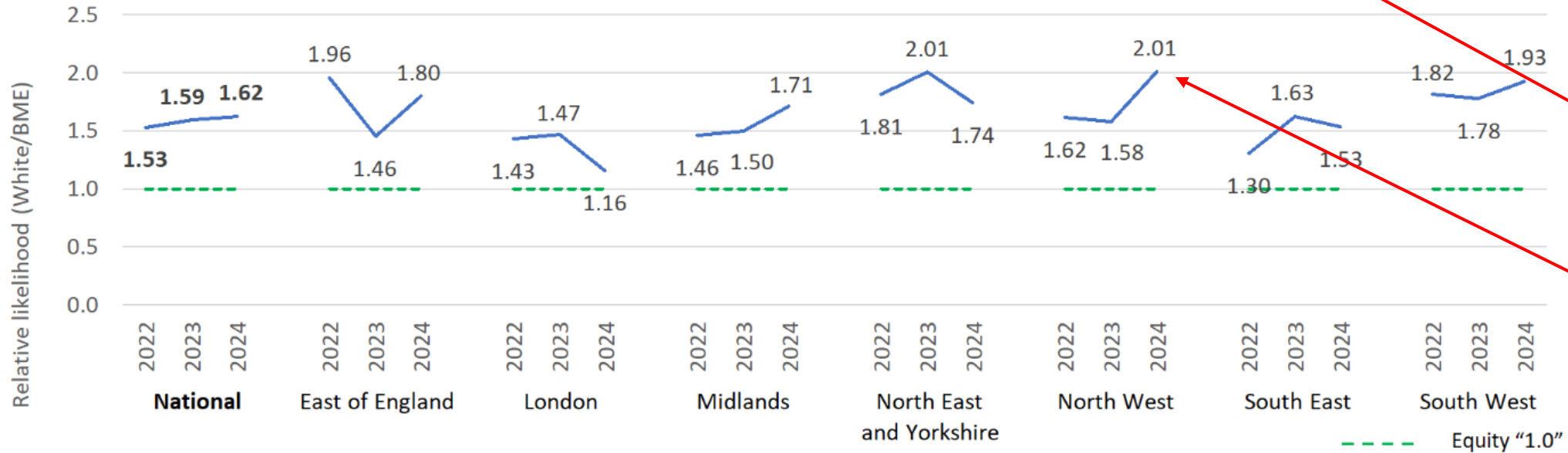
Overall – good compliance progress, further assurance exercises will start to evolve our approach and build a deeper understanding of specific plans, activities, impacts and areas of best practice and support.

WRES 2024 Indicator 2 – Regional Results

The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants.

At 80% of NHS trusts, white applicants were significantly more likely than BME applicants to be appointed from shortlisting. This is a worsening position from 76% last year and 71% the year before. Trends differ between regions, with year-on-year improvements in the London region, progressive deterioration in the Midlands region, and a marked deterioration in the North West. Recruitment from interview remains the most difficult to change metric, with the national likelihood ratio remaining broadly unchanged since the inception of the WRES in 2016.

Figure 9: Indicator 2, the relative likelihood of White applicants being appointed from shortlisting compared to BME applicants, national and regional, year ending March 2022 to 2024



Data source: WRES data collection portal, NHS trusts only.

A significant, systemic regional challenge. National report references **NW** as "marked deterioration".

A need for a strong systemic improvement response.

BAME Assembly Anti-Racism Framework - Bronze

Bronze status

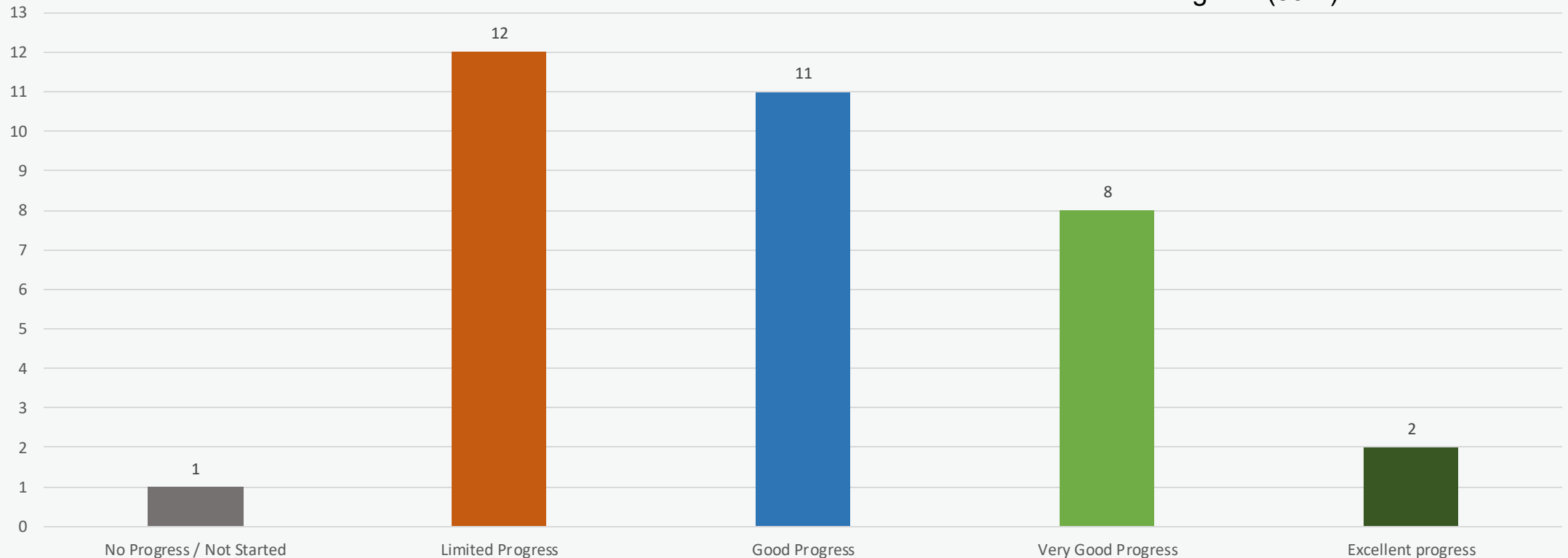
Bronze status signifies that an organisation has taken initial steps towards becoming an intentionally anti-racist organisation. These deliverables are those that embed structures and accountability for the delivery of racial equity in an organisation.

Key Drivers	Direct Deliverables	Supporting Actions
Leading from the front	The appointment of an executive or director level EDI sponsor with a commitment to advancing anti-racism within the organisation.	<ul style="list-style-type: none">• This senior director level EDI sponsor has a clear role description, including annual personal development performance goals related to advancing anti-racism.• Must report as a minimum into an executive director and / or chief executive officer and be considered a part of the wider senior leadership team to facilitate and enable change on racial equity.
Anti-racism as Mission Critical	Evidence of how the organisation has acted to make anti-racism work mission critical in the past year.	<ul style="list-style-type: none">• An anti-racism statement to be produced and published detailing organisational commitment to racial equity.
Actions Not Words	An organisation must have set and published at least one stretch goal that goes beyond legal or NHS assurance frameworks compliance.	<ul style="list-style-type: none">• Implementation of equality and inclusion KPIs with a focus on addressing race-based disparities.
We do this together	The organisation can demonstrate progress over the last 12 months of reducing an identified health inequality.	<ul style="list-style-type: none">• The organisation can demonstrate working in partnership to reduce a specific health inequality through an anti-racism lens and publish progress within the organisational annual report.
Zero Tolerance	The organisation must have communicated clearly that it takes a zero-tolerance approach to racist abuse from service users or staff members.	<ul style="list-style-type: none">• Explicit processes for addressing instances of racist abuse, discrimination and harassment should be developed within or in addition to current organisational disciplinary procedures.

LEAF Q4 Results North West

NW BAME Anti-Racism Framework Progress

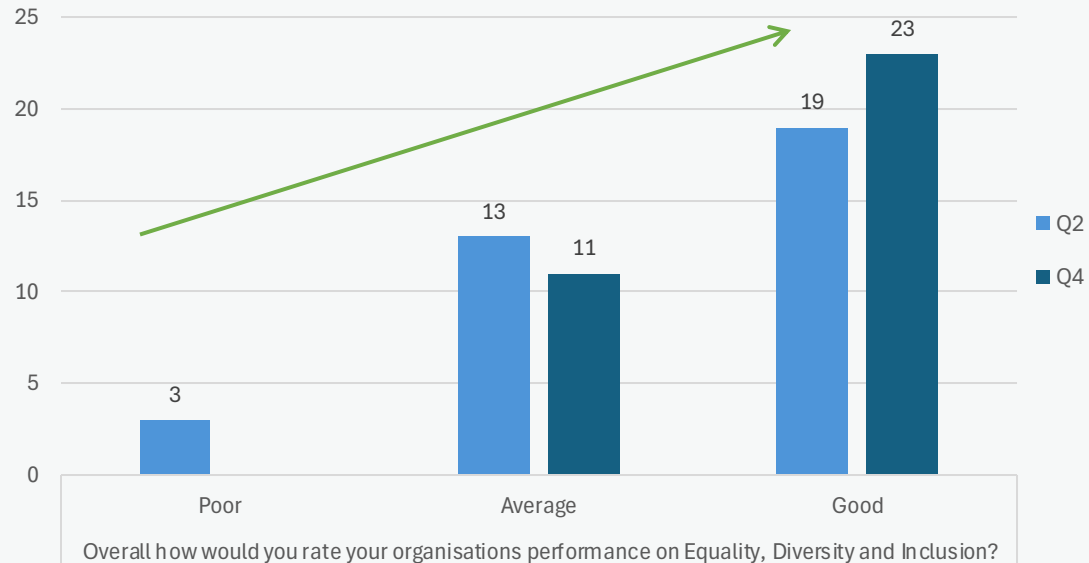
Most organisations have rated themselves as making Good, Very Good or Excellent progress against the NW ARF (64%). There are still organisations who are making Limited or No Progress (36%).



LEAF Results North West

Overall Performance

Overall, how would you rate your organisations performance on Equality, Diversity and Inclusion in the 2024-2025 financial year?



Most organisations have rated their overall progress on EDI as Good in Q4 (68%). No organisations rated themselves as poor at Q4 in comparison to 3 organisations who rated their progress as poor at Q2.

Overall – Overall improving picture, with more compliance and progress, supported by good attendance at LEAF Communities of Practice.

Thank You



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