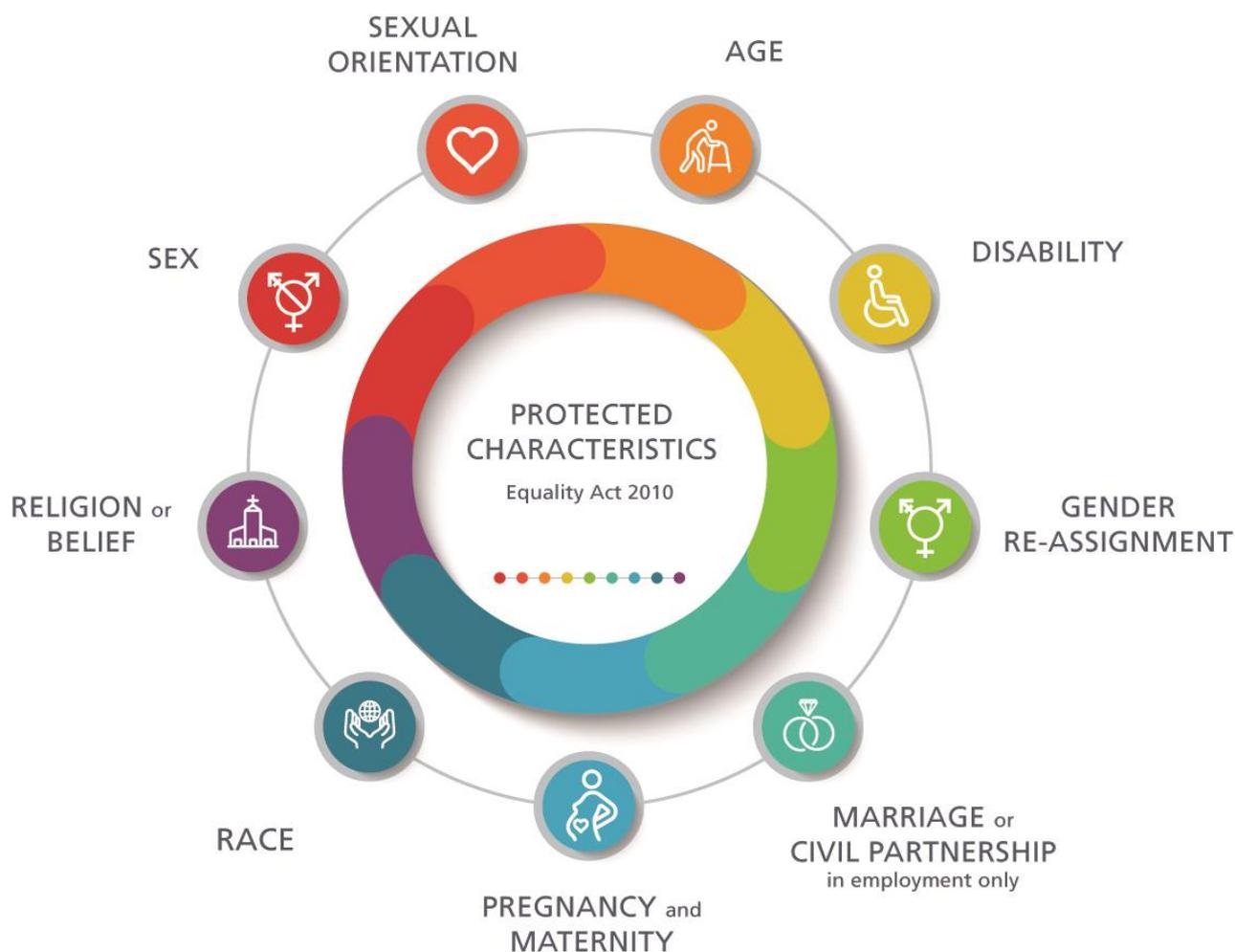


# Public Sector Equality Duty (PSED) Equality, Diversity and Inclusion Annual Report

Staffordshire and Stoke-on-Trent Integrated Care Board

2022/23



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Material from the Staffordshire and Stoke-on-Trent ICB website or our key publications is available in alternative formats (such as audio, Clear Information, Easy Read, British Sign Language, interpreter services, large print, or Braille) on request.

- Please contact the general reception number (01782 298002) and speak to any member of the administration team
- Alternatively, deaf and hard of hearing patients, carers and staff can use the [Next Generation Text service](#).

# Introduction

This will be Staffordshire and Stoke-on-Trent Integrated Care Board's (ICB) first Equality, Diversity and Inclusion Annual Report. As of 1 July 2022, Staffordshire and Stoke-on-Trent ICB became the new statutory organisation via legislation that replaced the six NHS clinical commissioning groups (CCGs). [Read more about Integrated Care Boards \(digital.nhs.uk\)](https://digital.nhs.uk).

During the transition from CCGs to an ICB, our staff had access to various support and communication mechanisms, including:

- Consultation – Transfer of Undertakings (Protection of Employment) to ICB (TUPE) which included supporting documentation, access to wellbeing resources and drop-in sessions
- Appointment of change ambassadors
- 'Ask Peter' (an opportunity to raise any questions or concerns with the Chief Executive)
- Health and wellbeing conversations
- Access to the Staff Psychological Wellbeing Hub
- 'Care First' Employee Assistance Programme
- Freedom to Speak Up Guardian.

This report will reflect the equality programme of work during this reporting period and how, as an ICB, we have considered and evidenced our Equality Act and Public Sector Equality Duty (PSED) responsibilities.

Addressing inequality and health inequalities continues to be a key focus for the ICB and the wider [Staffordshire and Stoke-on-Trent Integrated Care System](#). The ICB has adopted, adapted and implemented the Equality, Diversity and Inclusion (EDI) principles developed by the previous CCGs. We will continue to advance EDI through a range of initiatives, activities and collaborations, which this report will highlight.

# Primary legislation

## Equality Act 2010 and its Public Sector Equality Duty (PSED)

1. The [Public Sector Equality Duty](#) came in to force in April 2011 (s.149 of the Equality Act 2010) and public authorities like the NHS are now required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:
2. (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
3. (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
4. (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 (Specific Duties) Regulations 2011 require the ICB to:

- Publish information to show compliance with the PSED, at least once a year
- Produce Equality Objectives at least every four years.

## Human Rights Act 1998

The Human Rights Act 1998 sets out universal standards to make sure that an individual's basic needs as a human being are recognised and met. Public authorities have a mandated duty to ensure they have arrangements in place to comply with the Act.

It is unlawful for a healthcare organisation to act in any way that is incompatible with the Act. In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy – known as the FREDAs principles.

[Read more about the Human Rights Act \(equalityhumanrights.com\)](http://equalityhumanrights.com).

# Associated legislation

## Health and Social Care Act 2022

### Statutory obligations on ICBs under the NHS Act 2006 (as amended by the Health and Care Act 2022)

Section 14Z35 of the 2006 Act (as added by section 25(2) of the 2022 Act) imposes the general inequality duty on an ICB that it: must, in the exercise of its functions, have regard to the need to:

1. reduce inequalities between persons with respect to their ability to access health services
2. reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services (including the outcomes described in section 14Z34(3)).

## Modern Slavery Act 2015

The Modern Slavery Act 2015 applies to all organisations in the United Kingdom with a turnover of £36 million or above. A key element of the Act is the 'Transparency in Supply Chains' provision, which requires businesses above a certain threshold to produce a 'Slavery and Human Trafficking Statement' outlining what steps they have taken in their supply chain to ensure slavery and human trafficking is not taking place.

[View our Modern Slavery Act Statement \(staffsstokeicb.nhs.uk\)](https://staffsstokeicb.nhs.uk).

# ICB Equality Objectives 2022–25

The CCGs made a proposal to adopt the [Equality Delivery System](#) (EDS) as the ICB Equality Objectives. The EDS is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The ICB agreed to adopt the EDS.

As an ICB, we considered our role in the new Integrated Care System (ICS) and the need to develop stronger partnerships between the local NHS, public bodies and voluntary organisations. By working more closely together, these organisations can coordinate services and plan in a way that improves our population's health and reduces inequalities between different groups.

## EDS domains and outcomes

The EDS has three domains, which are:

1. Commissioned or provided services
2. Workforce health and wellbeing
3. Inclusive leadership.

The ICB Equality Objectives duplicate the EDS' three domains and the 11 outcomes that support them. They were designed to:

- align to the new way of working
- encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010
- help NHS organisations meet the Public Sector Equality Duty (PSED) and set equality objectives.

Most ICBs considered 2022/23 to be a planning year, with full implementation of the EDS to follow next year. However, Staffordshire and Stoke-on-Trent ICB decided to complete Domain 2 (Workforce health and wellbeing) in 2022/23.

The ICB has produced and published its EDS Template and EDS Report, which outlines the process and activity including the grading assessment and participants' feedback. [View the EDS 2022 Report and Template \(staffsstokeicb.nhs.uk\)](https://staffsstokeicb.nhs.uk).

The ICB has adopted the [RACE Equality Code](#) as part of our commitment to addressing race equality. The Race Equality Code is an accredited leadership-focused programme which requires two diagnostic assessments, which were completed during January and March 2023. The assessment process produced 31 short- to long-term actions. The implementation of these actions will form a significant part of the ICB's EDI work for 2023/24.

The following tables show the results of the assessment and grading event held in February 2023, which focused on EDS Domain 2 – Workforce health and wellbeing.

A large thank you to the ICB Staff Network members, mental health first aiders, diversity champions, ICB Staff Engagement Group representatives, ICS Staff Side representatives, and menopause and domestic abuse ambassadors who participated in this year's EDS grading event.

ICB Objective 1, EDS Domain 1: Commissioned or provided services

Equality outcomes	Status
1A: People can readily access the service	Not measured this year
1B: Individual people's health needs are met	Not measured this year
1C: When people use the service, they are free from harm	Not measured this year
1D: People report positive experiences of the service	Not measured this year

ICB Objective 2, EDS Domain 2: Workforce health and wellbeing

Equality outcomes	Status
2A: When at work, staff are provided with support to promote healthy lifestyles and manage their long-term conditions	Voted as <b>Achieving</b>
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Voted as Developing
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source	Voted as <b>Achieving</b>
2D: Staff recommend the organisation as a place to work	Voted as <b>Achieving</b>

ICB Objective 3, Domain 3: Inclusive leadership

Equality outcomes	Status
3A: Board members and senior leaders (Band 9 and VSM) routinely demonstrate their commitment to equality	Not measured this year
3B: Board/Committee papers (including minutes) identify equality related impacts and risks and how they will be mitigated and managed	Not measured this year
3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Not measured this year

# Statutory and mandated requirements

The following key reporting tools and mechanisms were typically used in an annual reporting period:

- NHS Accessible Information Standard
- NHS Equality Delivery System 2022
- Workforce Disability Equality Standard
- Workforce Diversity Profile Report
- Race Disparity Ratio
- ICB Annual Equality Action Plan
- ICB Equality Strategy and Objectives
- Gender Pay Gap
- Workforce Race Equality Standard
- PSED Equality Diversity and Inclusion Annual Report.

As the ICB has not yet operated for a full year, some of the activity timelines have been altered and/or new benchmarking figures are being established.

Throughout this reporting period, we have published legal and mandated information about equality on our dedicated equality ICB webpages and staff intranet pages. We will refresh these webpages and intranet pages as required and review them annually.

# Commissioning and procurement

ICBs buy services for their local community from any service provider that meets NHS standards and costs – these could be NHS hospitals, social enterprises, voluntary organisations, or private sector providers. This means better care for patients, designed with knowledge of local services and commissioned in response to their needs.

As an ICB we commission a wide range of services including mental health services, urgent and emergency care, elective hospital services and community care.

Equality, Diversity and Inclusion (EDI) continues to play a significant role in procurement. During the procurement process EDI questions are designed and evaluated. The initial process requires all services to undertake an Equality and Health Inequalities Impact Assessment (EHIIRA: see below).

During 2022/23, the following procurements were carried out:

- Staffordshire and Stoke-on-Trent Wheelchair Service
- NHS East Staffordshire Community Outpatients Service and Minor Procedures
- Staffordshire ICB Non-Emergency Patient Transport Service
- Staffordshire and Stoke-on-Trent GP Out of Hours Services
- NHS Staffordshire ICB Termination of Pregnancy Services
- Pulmonary Rehabilitation Services to East Staffordshire and South East Staffordshire.

# Equality and Health Inequalities Impact and Risk Assessments (EHIIRA)

Equality and Health Inequalities Impact and Risk Assessments (EHIIRAs) are a well-established and embedded tool in the ICB. Using EHIIRAs helps ensure that services, policies and day-to-day functions are fair, accessible and inclusive. Through a process of questions and data analysis, EHIIRAs help to identify gaps and potential risks and highlight opportunities to improve staff and patient, access, experience and outcomes. EHIIRAs are evidence-based tools, requiring stakeholder engagement. A Stakeholder is an individual or group that has an interest and a say in any decision or activity of an organisation and can include staff, patients, the public, support groups or business partners.

During this reporting period a total of 18 assessments were completed and approved, ranging from ICB Human Resources and Organisational Development (HR/OD) policies to commissioning system-wide services.

ICB staff can access one-to-one training and support to complete Equality and Health Inequalities Impact and Risk Assessments. Quarterly update reports are produced and presented to the General Purpose Committee for assurance.

# Improving patient experience and health outcomes

The Equality and Human Rights Commission recently asked ICBs to demonstrate the steps being taken to tackle both the inappropriate detention of people with a learning disability and autism and the disproportionate rates of ethnic minority people being detained under the Mental Health Act.

Children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives. This was the mandate within [Building the Right Support](#), which was published in 2015 by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) as part of the Transforming Care Programme.

The guidance supports NHS and local authority commissioners to reduce the number of people with a learning disability and autistic people in mental health inpatient settings and to develop community alternatives to inpatient care in line with the [National Service Model](#).

[Read more about NHS England's National Plan](#) and [Building the Right Support: one year on and two years ahead](#).

Locally the system has worked together to respond to the Building the Right Support Plan and the NHS Long Term Plan. The following relates to preventing inappropriate admission.

## Dynamic Support Register (DSR)

The DSR, which was co-produced with Experts by Experience, has been live since August 2022. [Our DSR webpage \(staffsstokeicb.nhs.uk\)](#) has supporting information and links to the Digital DSR. Currently both local authorities are developing a webpage in their respective 'local offer' sites to provide further information and links to the DSR. The DSR data is embedded within the Learning Disability and Autism Dashboard, which is presented to the Learning Disability and Autism Partnership Board monthly.

The DSR enables systems to identify adults, children and young people with increasing and/or complex health and care needs who may need extra support, care and treatment in the community as a safe and effective alternative to admission to a mental health hospital. Additionally, they play a role in ensuring that people's needs are included in commissioning plans, financial plans, service delivery and development.

DSRs are also a mechanism for local systems to:

- Use risk stratification to identify people at risk of admission to a mental health hospital
- Work together to review the needs of each person registered on the DSR
- Mobilise the right support (for example, a Care (Education) and Treatment Review, referral to a keyworker service for children and young people, extra support at home) to help prevent the person being admitted to a mental health hospital.

As of 2 March 2023, 152 people were registered on the DSR – 69 children and young people and 83 adults:

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- 14 individuals or 9.2% identify as being from ethnic minority backgrounds
- 3 individuals or 2% have not stated their ethnicity
- 132 individuals or 86.8% identify as White: British
- 3 individuals or 2% identify as White: Any other White background.

NHS England published [Dynamic support register and Care \(Education\) and Treatment Review policy and guide](#) on 31 January 2023. This new policy aims to prevent unnecessary hospital admissions for people with a learning disability and autistic people. The policy includes new guidance on the implementation of dynamic support registers and updates to the Care (Education) and Treatment Reviews (C(E)TRs).

Staffordshire and Stoke-on-Trent have evaluated compliance against the new policy. We are proud to say that there are only two areas which are new to the guidance:

1. **Self-referral:** there is a working group co-producing the self-referral process with people with lived experience
2. **ICS C(E)TR panel:** the system will implement this in 2023/24.

## Key workers

The local key worker service is linked to the DSR. The new guidance says that, by March 2024, children and young people (up to 25) with a learning disability, autism or both, who have the most complex needs, will have a designated keyworker.

Initially, children and young people who are inpatients or at risk of being admitted to hospital (as a minimum, those with a red/amber rating on the DSR) should have access to support from the key worker service. Key workers support children, young people and their families to avoid admission to a mental health hospital wherever possible.

Where admission to hospital cannot be avoided, the key worker should remain as a core member of the professional network throughout the person's period of admission and be included in C(E)TRs and support through to discharge.

The system is currently working with the Council for Disabled Children who will be commissioned to independently evaluate the key worker service during quarter one of 2023. Read the [Dynamic support register and Care \(Education\) and Treatment Review policy and guidance](#) from NHS England.

The key worker performance will be a feature of the Learning Disability and Autism dashboard from 1 April 2023, which will be monitored by the LDA Partnership Board.

## Transforming care

By March 2024, no more than 30 adults with a learning disability, autism or both out of one million adults should be in mental health hospitals. There should also be no more than 15 children and young people with a learning disability, autism or both out of one million in mental health hospitals.

The system is monitored very closely against this trajectory by NHS England and submits data through Assuring Transformation. Assuring Transformation is what we call the information we collect about people with a learning disability, autism or both who are getting care in hospitals for their mental health or because they have had behaviour that can be challenging.

This information tells us:

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- how many people are in hospital
- how long they have been in hospital for
- when their care and treatment is checked
- what kind of hospital they are in.

This is done so that NHS England can make sure people are not in hospital if they would be better looked after in the community.

The Learning Disability and Autism Partnership Board is a system-wide partnership which includes people with lived experience. The Board has seen a consistent reduction in inpatient numbers over the last five years and as such has moved from one of the worst performing systems to one of the best.

## Current performance

As of 24 March 2023 the number of people in hospital with a learning disability or autism, or both are:

- 25 adults
- 5 children and young people
- 0% of inpatients are from ethnic minority backgrounds.

Each inpatient is monitored through the Care and Treatment Review process, which was 100% compliant as of 2 March 2023. Inpatients placed out of area also have a face-to-face visit every six to eight weeks as part of the quality oversight. The system has recently undertaken a 'safe and well' process to ensure that all inpatients have appropriate care, treatment and discharge planning.

[Read more about the monitoring of the quality of care and safety for people with a learning disability and/or people with autism in inpatient care \(england.nhs.uk\).](https://www.england.nhs.uk/learning-disability/monitoring-quality-care-safety/)

## S117 – Preventing inappropriate readmission

Section 117 (S117) requires local authorities and the NHS to jointly provide or arrange for the provision of mental health aftercare services to people detained in hospital for treatment under section 3,37,45A,47 or 48 of the Mental Health Act after their discharge into the community.

The [ICS's Section 117 webpage \(staffsstokeics.org.uk\)](https://www.staffsstokeics.org.uk/section-117/) provides an overview, detailed guidance and procedures, and multiple contact details.

For people with learning disabilities, autism and/or ethnically diverse backgrounds, a range of community services provide support. We work in partnership with the two Staffordshire and Stoke-on-Trent local authorities (Staffordshire County Council and Stoke-on-Trent City Council) who also play a significant role in providing community services.

# Workforce diversity profile and reporting

We aim to employ a diverse workforce that is representative of our local communities, as we believe this will improve our decision making in the development of health and care services.

This section of the report illustrates the demographics of Staffordshire and Stoke-on-Trent ICB workforce as of 30 September 2022. The ICB will use this data as a baseline to measure the diversity of our staff across the full range of NHS pay grades and in future workforce planning.

The table below provides a summary of the key findings.

Protected characteristic	Narrative
Age	The age ranges 16 to 19 and 20 to 24 years are not so well represented in the ICB workforce.
Disability	People with a disability are not represented within the ICB workforce as a proportion of the population of Staffordshire and Stoke-on-Trent. The highest percentage staff band not declaring if they have a disability or not, is Non-Agenda for Change (Very Senior Managers), 10.42%.
Gender re-assignment data gap	Data is not collected for this characteristic. There is no national agreement on the collection of data or what question/s to ask.
Marriage and Civil Partnership	Civil relationships were reported to be at 0.33% – this is above the combined Staffordshire and Stoke-on-Trent profile figure of 0.2%. 63% of the ICB workforce identified as being married, which is higher than the local profile figure of 50%. The highest percentage staff band range where marital status is unknown is non-AfC (Very Senior Managers), 16.67%.
Pregnancy and maternity	This data is not currently collected.
Race	<p>88.3% of the workforce identify as White, which is lower than the Staffordshire and Stoke-on-Trent population profile of 94%. 8.33% identify as having Asian ethnicity, which is higher than the local combined population average of 4%. Asian staff are positively represented (29.17%) at the non-AfC pay bands. Black staff are represented in the middle of the ICB broad pay band ranges as a proportion of the population and overall are slightly under-represented when compared to their population size (1%).</p> <p>While certain ethnic groups are positively represented at senior positions in the ICB, data has shown this varies across roles (for example, Board and/or Executive Team positions, departments and/or directorates). The highest percentage staff band not stating their race was non-AfC (Very Senior Managers/Professionals) at 2%.</p>

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Religion and belief	The percentage of staff who identify as Christian is 43.3%, which is less than the local population average of 67%. Non-disclosure among staff is 37% overall. Islam is slightly below the local population average. The percentage of staff who give their religion as Sikhism, Hinduism, Buddhism and other religions is representative of the local population. A significant figure in relation to religion and belief is the percentage of non-AfC (Very Senior Managers/Professionals) who did not wish to disclose this information (87%).
Part-time and full-time working arrangements	Age, disability, religion and belief, race, pregnancy and maternity are all determining factors to consider in better understanding the dynamics of full- and part-time working arrangements. While ensuring organisational day to day functions are being met, equality of opportunity should be given to ensure that part-time staff are afforded the same opportunities as their full-time counterparts.
Sex	The national NHS workforce is 76.7% female and 23.3% male. The female/male mix of our ICB staff is similar, with 75.67% of staff female and 24.33% male. This is also reflected at pay band levels 8a to 9. In the most senior (non-AfC) roles, male staff are significantly over-represented as a proportion of the ICB workforce (56%). Males are also significantly under-represented in pay band groupings 1–4 (2.78%) and 5–7 (11.8%) when measured against their overall workforce size of 24.33%.
Sexual orientation *(LGBT) data gaps	Staff who identified as lesbian, gay or bisexual are found in the middle broad pay band ranges 8a to 9 (1.63%). These pay bands are upper middle/senior manager roles. A total of 70.3 % of staff identified as heterosexual or straight. 28% of staff preferred not to state their sexual orientation. This makes it difficult to establish if the workforce is representative of the national estimated LGBT figure of 3.1% of the population over 16 years of age. 66.7% of staff in non-AfC roles did not state this characteristic.

Any actions resulting from these recommendations and considerations will be included in the 2023/24 ICB EDI Action Plan. After approval, the plan will be implemented from April or May 2023.

## Recruitment process data by protected characteristic

Recruitment data will be analysed by protected characteristics on a quarterly basis by the MLCSU EDI Team. The information provides a breakdown of applicants by protected characteristics and how they fared in the recruitment process. We are the first ICB to do any monitoring of this data.

From July to September 2022 (Quarter 2), there were 152 applicants – 40 were shortlisted, 23 were interviewed and six were appointed. During October to December (Quarter 3), there were no staff appointments (one conditional offer). This low number is a direct result of the Management of Change/ICB Restructure consultation.

As this will be the first time the ICB has produced and published this information, no clear messaging, analysis or comparisons can be drawn from this first set of data. It should be used as a baseline for identifying any future trends where potential disparities between certain protected groups may exist during the recruitment process, where any such disparities might be mitigated or rationalised.

[View our Workforce Diversity Profile and Recruitment Report \(staffsstokeicb.nhs.uk\)](https://staffsstokeicb.nhs.uk).

## Workforce Race Equality Standard (WRES) 2022

The WRES requirement was paused for ICBs during this reporting year as we were newly established organisations. The NHSE WRES Team suggests that ICBs will only be required to produce data around their board-level representation by race, which is equivalent to WRES indicator 9. While data on the other metrics/indicators will not be collected and reported nationally, the NHSE WRES Team will support ICBs that want to produce this data themselves by providing templates and guidance.

[Read more about WRES \(england.nhs.uk\)](https://www.england.nhs.uk).

## Workforce Disability Equality Standard (WDES) 2022

ICBs were not required to produce WDES data for 2022. Regarding future WDES data, it is likely that ICBs will be asked to produce board membership representation by Disability (the equivalent of metric 10). The opportunity to provide this will be during May and June.

[Read more about WDES \(england.nhs.uk\)](https://www.england.nhs.uk).

## Gender pay gap reporting 2022

The deadline for reporting is 30 March 2023 for public sector employers with 250 or more employees on the relevant snapshot date, which is March 2022. This will not apply to ICBs, which were not yet established at that point.

Therefore, the ICB will take a snapshot of data in March 2023, for data relating to 2022 figures. This will act as a baseline. We will then be required to produce data on 2023 figures and report our gender pay gap before the reporting deadline of March 2024, comparing 2022 against 2023.

# Race Equality Code 2022



The ICB has adopted the [RACE Equality Code](#) as a commitment to addressing race equality. The Race Equality Code is a leadership-focused programme which gives us a robust and comprehensive framework for demonstrating accountability.

Real change only happens when you can influence leadership – the board and executive management – and hold organisations to account. The Race Equality Code does just that.

As part of the programme, we completed two Diagnostic Assessments in January and March 2023. The code has been developed around 12 core principles focusing on three areas, Resources, Competency and Execution. The assessment process resulted in a total of 31 short- to longer-term actions.

The sessions were positively received by the ICB leadership, with the following people attending:

- ICB Board Chair
- ICB CEO
- Director of Corporate Governance
- Chief People Officer
- Non-Executive Director/Chair of the People, Culture and Organisational Development Committee
- With support from the MLCSU EDI Team and Head of People, OD and Inclusion.

The focus of the ICB's 2023/24 EDI Action Plan will be implementing the 31 Race Equality Code actions, as these actions are far-reaching. Although the focus will be on race, many will also be relevant to other protected characteristics.

Any actions resulting from the EDS process, the Workforce Profile reports or the NHS Staff Survey which are not reflected in the 31 Race Equality Code actions will be included in the 2023/24 EDI Action Plan. The Action Plan will be approved and implemented in April and May 2023.

# ICB Equality Policy

We have updated our Equality Policy to be more aligned to and reflective of our new functions and structure., Our commitment to providing inclusive and accessible health and care services will continue.

The policy provides details of how, in carrying out our day-to-day functions and activities, the ICB will consider our due regard responsibilities to the Equality Act and its associated duties.

The policy includes details of:

- Roles and responsibilities
- Having due regard to equality
- Assessing equality performance
- ICB Equality Objectives
- Reporting mechanisms
- Communication, monitoring and review
- Staff training.

[View our Equality Policy \(staffsstokeicb.nhs.uk\)](https://staffsstokeicb.nhs.uk).

## ICB staff networks and support groups

During 2022/23, staff networks and support groups were active and provided a platform for staff to support, express and voice a range of experiences. Information and feedback from these network groups progress through the governance process with the aim of influencing ICB policies, procedures and day-to-day functions.

### ICB Ethnic Diverse Group

The ICB Ethnic Diverse Group (EDG) continued to play an active role throughout 2022/23. The group provides a confidential space for members to discuss any issues or concerns and to comment on key workstreams and ICB policies. For example, the EDI Policy was circulated to the group for comment in January 2023. The group also welcomes allies from the ICB workforce.

The EDG formed an action group and decided that as part of their contribution to Black History Month, members of the group would provide a short biography around three questions.

[Read a short biography of Denis Kanu, a member of the EDG.](#)

The EDG participated in the Stoke-on-Trent Festival for Practice week at the end of June 2022. Various organisations including the police, social care and health came together as part of the festival to help organisations across Staffordshire and Stoke-on-Trent feel better equipped to deal with hate crime in any form.

Key achievements of the EDG throughout 2022/23 include:

- Supporting the development of Unconscious Bias training which is now mandatory for all staff
- Recruitment Standard Operating Procedure in place where one interview question is dedicated to equality and diversity, emphasising the importance our organisation places on this
- Procedures in place whereby an EDG member or diversity champion is invited to take part in the interview panel to provide an added assurance that no bias is taking place
- Successfully delivered presentation on how to commission culturally sensitive services which resulted in guidance for dermatology on darker skin being rolled out to primary care.
- Supporting the development of the ICB EDI Policy.

Leyla Laksari (pictured) started her apprenticeship with the CCGs in September 2021. Most recently, Leyla was successfully appointed as a Band 2 Patient Care Advisor following a successful application and interview.

The interview panel was the first one to include a member of the EDG to support the process.



### ICB Disability and Neurodiverse Staff Network

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

The Disability and Neurodiverse Staff Network was established in 2021. Virtual meetings have continued to take place monthly and anyone is welcome to join. Staff who are currently members of the group have various disabilities, invisible disabilities and either new or existing long-term conditions. Members can comment on key HR policies and initiatives.

Key achievements of the Disability and Neurodiverse group during 2022/23 include:

- Raising awareness of the group in the wider organisation by presenting in team briefings
- Highlighting the importance of treating people as individuals, not as conditions
- Providing a safe environment to discuss issues and problems and obtain support from each other
- Shared learning and opportunities for outside support
- Working with the equality and inclusion team to support staff with disabilities and neurodiversity
- Providing support and advice to the organisation on policy development
- Three Disability/Neurodiverse champions in place to provide support if needed.

Next steps for the group in 2023/24:

- Raise awareness of the group again, through the Staff Engagement Group in April and May
- Link with diversity champions and support understanding through this network
- Explore opportunities to work with other staff groups in the organisation on how we can support each other and work together to support staff.

## LGBT+ Staff Network

The ICB continues to encourage and support the development of an LGBT+ organisational network group with support from the Head of People/OD and Inclusion lead and the Equality Diversity and Inclusion Team and EDI allies.

LGBTQ+ staff are encouraged to engage with and attend the system-wide LGBTQ+ staff network. Its members cover Staffordshire and Stoke-on-Trent and include NHS provider organisations as well as other public sector staff. Meetings and activities are promoted through several ICB internal communication media platforms. Examples include Stoke-on-Trent Pride and LGBT+ Month.

## ICB Support Group (originally Staff Shielding/Vulnerable or Living Alone)

This group meets informally and anyone is welcome to join if they wish to share any experiences, ways of coping and what may be needed going forward. The group provides an opportunity for staff to connect, talk and support each other.

## Individual ICB-appointed roles allied to equality, diversity and inclusion

In addition to these staff support groups, the ICB has several voluntary EDI-related ally/staff support roles. These roles have been taken up by staff across a range of pay bands including very senior managers, and include:

- Diversity champions
- Menopause ambassadors (with Executive sponsor)
- Invisible conditions reps
- Mental health first aiders
- Wellbeing champions
- Wellbeing guardian (NED)
- Freedom to Speak Up Guardian and Champion
- Domestic abuse ambassadors
- Change ambassadors.

# Human resources, organisational development and inclusion

As mentioned at the beginning of the report, as of July 2022, Staffordshire and Stoke-on-Trent ICB replaced the functions of the six clinical commissioning groups (CCGs). The process included a restructure implemented under the management of change policy.

During the transition from CCGs to an ICB, our staff had access to various support and communication mechanisms including:

- Consultation – Transfer of Undertakings (Protection of Employment) to ICB (TUPE) which included supporting documentation, access to wellbeing resources and drop-in sessions
- Appointment of change ambassadors
- ‘Ask Peter’ (an opportunity to raise any questions or concerns with the Chief Executive)
- Health and wellbeing conversations
- Access to the Staff Psychological Wellbeing Hub
- ‘Care First’ Employee Assistance Programme
- Freedom to Speak Up Guardian.

More information on how staff were supported through this process is provided further on in the report.

## NHS Staff Survey 2022/23

Staffordshire and Stoke-on-Trent ICB had an overall response rate of 79.58% (226 respondents from an eligible 284 staff). The average response rate for similar organisations is 79%.

Everyone will own the Action Plan for the Staff Survey, with Staff Survey discussions being a new standing item on the Staff Engagement Group’s formal meetings each month.



The data is currently being collated and analysed and will be published and presented to ICB staff. Any EDI-associated actions not reflected in the Race Equality Code 31 actions will be added to the ICB EDI 2023/24 Action Plan which will be approved and implemented in April and May 2023.

## Accreditations and initiatives

### Disability Confident Employer Scheme

The ICB has signed up to become a Disability Confident Organisation. Our commitments will include anticipating and providing reasonable adjustments, and supporting any existing employee who acquires a disability or long-term health condition to stay in work.



### Differently-Abled Buddy Scheme

This work is being developed at system level. For example, our ICS partner North Staffordshire Combined Healthcare has secured Innovation funding from the Workforce Disability Equality Standard (WDES) team to establish a Differently-Abled Buddy Scheme.



This project will provide a 'buddy' to support new and recently recruited staff with a disability or a long-term health and/or neurodiverse condition to help them settle into their new role. The ICB already has similar roles for staff in the Disability/Neurodiverse Staff Network.

## Equality statement used in recruitment

### Our Equality Standard

To support our Public Sector Equality Duty, the ICB participates in external monitoring standards which hold us accountable for improving workforce equality, diversity and inclusion. These are the Workforce Race Equality Standard, the Race Equality Code, the Workforce Diversity Profile Report and the Gender Pay Gap. We are also committed to reporting on the Workforce Disability Equality Standard and Ethnicity Pay Gap monitoring, when further guidance is agreed and released by NHS England. Additionally, all non-mandatory training and CPD that we undertake will be monitored by protected characteristics.

# EDI staff-related training and development opportunities

Throughout this reporting period ICB staff have been invited to a wide range of voluntary and mandated equality-related training and awareness sessions.

As of February 2023, the compliance figure for ICB staff completing their mandatory Equality, Diversity and Human Rights training was 88.4%.

## Equality monitoring of staff in relation to the training and development catalogue programme

- As of February 2023, 65 Equality Monitoring Forms had been sent out to staff applying for training, with 23 responses received
- From the responses received four members of staff have identified as being from an ethnically diverse background (two males and two females).

## ICB Mandated Unconscious Bias training

The aim of the training sessions is to give participants a general understanding of issues in relation to unconscious bias to support inclusive decision making across the ICB. Five training sessions took place from June 2022 to March 2023.

An Unconscious Bias training session for new starters will be delivered each quarter by the Midlands and Lancashire Commissioning Support Unit (MLCSU) Equality and Inclusion Team. A refresher session will also be provided for people who have previously attended the training.

## ICB Mandated Invisible Disability training

The aim of the training session is to give a general understanding of invisible disabilities, what they are, how they can affect people's lives and what we can do to raise awareness of invisible disabilities as individuals and as an NHS organisation. Between December 2022 and March 2023, the MLCSU Equality and Inclusion Team provided four Invisible Disability training sessions.

Each quarter, the CSU Equality and Inclusion Team will deliver Invisible Disability training for new starters. A refresher session will also be offered.

## Other training opportunities

ICB staff have also attended or had access to the following training (please note that this is not an exhaustive list):

- All new staff receive an Equality and Inclusion induction session
- One-to-one Equality Impact Assessment (EIA) and U-Assure sessions
- Recruitment and selection training
- Diversity masterclass
- Healthy Ageing in Staffordshire workshop
- Population Health Management training.

# ICB corporate communications and involvement

The Staffordshire and Stoke-on-Trent ICB engages with staff, patients and the public on an ongoing basis. There are occasions when we are required to carry out a formal consultation. This is usually when we are considering a change to existing services, and we want to seek the views and opinions of patients and the public.

## Patients and the public

Patients and the public are at the heart of everything that the NHS does, in line with the [NHS Constitution](#).

Some examples of formal consultations and engagement activities that have taken place during this reporting period are listed below:

- [Inpatient mental health services in south east Staffordshire](#)
- [The families of children and young people who have asthma are being asked for their views about a 'new' nursing service in Stoke-on-Trent.](#)

The ICB communicates regularly with patients and the public in a variety of ways:

- Surveys (online and printed)
- Social media
- Healthwatch reports
- Patient Participation Groups
- Care Quality Commission (CQC) reviews
- Public events
- Interviews
- Focus groups
- Insight from the Patient Advice and Liaison Service (PALs)
- Data from previous public involvement exercises.

The ICB has social media profiles on the main four platforms:

- **Facebook:** @StaffsICB
- **Twitter:** @StaffsICB
- **Instagram:** @StaffsICB
- **YouTube:** Staffordshire and Stoke-on-Trent ICB

## Staff

### ICB restructure – management of change

The ICB produced a Communication and Engagement Plan to give staff the opportunity to voice any issues or concerns and for the ICB to keep staff informed and offer support where needed.

- **Team Brief:** via Microsoft Teams each Monday as usual. If an urgent communication is needed, we will arrange a special Team Brief
- **Wednesday Wellbeing Message:** the vehicle for documents for structural change and key messages about process, policy and system updates
- **Friday Message:** a message directly from the Chief Executive Officer, Peter Axon. These are stored on the staff intranet Information and News (IAN)
- **Time out sessions:** the main sessions are recorded but not if there are breakout rooms. Jamboard or an alternative is used to collate questions and answers, allowing people to ask their questions confidentially
- **Raising questions:** people can raise their questions through various channels, for example 'Ask Peter' (a line of communication direct to the Chief Executive Officer) or via Staff Engagement Group representatives
- **FAQs:** these were developed as the process continued and were shared in the various communications and stored on the IAN structural change page.

A new information page was developed on the ICB's intranet called Speak UP. The page included the various ways that staff could get support, including from:

- Leadership team
- Chief People Officer and People Function team
- Staff Side representatives
- Change ambassadors
- Diversity champions
- Care First
- Psychological and Wellbeing Hub.

### Zero tolerance to bullying

#### Message from Peter Axon, Chief Executive Officer, and Alex Brett, Chief People Officer

The ICB has a [zero tolerance approach](#) to bullying of staff, at any level. This was reinforced in a staff message from the leadership team: "All staff should be treated with civility and respect at all times, and everyone is reminded that as part of the NHS People Promise we should be compassionate and inclusive in carrying out our duties and responsibilities, and even more so if you are a line manager."



## Staff time out sessions

Staff time out sessions have continued in the same format throughout 2022/23, giving staff the chance to discuss a range of issues, including EDI. Since July 2022, the sessions have focused on the transition from CCGs to the ICB and the ICB's management of change. Examples of sessions include:

- Developing the portfolio approach
- Integrated Care Board (ICB) functions and decisions
- Cultivating courage and compassion for ourselves and others.

## Regular staff messages

The Chief Executive Officer continues to send Friday and mid-week staff messages. These keep staff updated on a range of topics affecting the ICB and the wider system, patients, staff and stakeholders. Equality-related information is published.

A sample of equality-related themes through the year are listed below:

- Health and Wellbeing Week
- Black History Month 'Time for Change: Action not Words'
- Disability History Month
- Alzheimer's Awareness Month
- Race Equality Week in the Midlands
- LGBT+ History Month – participation request
- Diversity champions
- Launch of the Midlands Menopause Network
- Race Equality Awareness Week
- Equality Delivery System (EDS) 2022
- Development opportunities for ethnically diverse staff
- HR drop-in sessions regarding the consultation process
- Freedom to Speak Up Month.

## Weekly staff team briefs

In weekly staff team briefs, the ICB Chief Executive Officer and various executive team members update staff on equality-related topics affecting the ICB and the wider system, patients, local communities, staff and stakeholders.

During the year's team briefs, staff received information, updates, introductions and discussion points on several equality-related topics, including:

- NHS Equality Delivery System
- Menopause ambassadors
- Domestic abuse ambassadors
- Management of change and consultation updates
- Staff development days
- Agile working support mechanisms

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

- Black History Month
- Wellbeing apps
- LGBT+ History Month
- Disability Month
- Equality-related training and development opportunities
- Freedom to Speak Up Guardians
- NHS Staff Survey
- Staff time out sessions.

## Information and News (IAN)

The ICB staff intranet is a digital resource for ICB staff and members, which holds a wealth of information. For example, IAN stores information on health and wellbeing and organisational development, and has dedicated equality, diversity and inclusion and general resource sections. Friday and mid-week staff messages have links to this internal resource.

IAN has an Equality Resource Section



## Monthly awareness articles

Throughout the year the Equality, Diversity and Inclusion team provides equality awareness articles which are distributed via the Friday Message and IAN. From July 2022 to February 2023, the ICB highlighted a range of events that promote awareness and celebrate protected characteristics and other groups including (but not limited to):

- Eid al-Adha
- South Asian Heritage Month
- World Alzheimer's Day
- International Day of Older people
- Black History Month
- World Mental Health Day
- International Men's Day
- Anti-Bullying Week
- Race Equality Week
- LGBT+ History Month.

## ICS activity

This section of the report provides a snapshot of key equality-related activity in Staffordshire and Stoke-on-Trent. Most of the work this year has been influenced by national and regional directives as a result of several reports highlighting health inequalities within and between the different protected characteristic and other vulnerable communities in the population we serve.

### Midlands/Staffordshire and Stoke-on-Trent Workforce Race Equality and Inclusion (WREI) Strategy

The Midlands Workforce Race, Equality and Inclusion Strategy was launched in May 2021. Information and the lived experience of staff shows us how discrimination can make staff unhealthy and how race discrimination affects people's health the most. The disproportionate level of discrimination affecting staff from ethnic minority backgrounds is evident in our NHS Staff Survey and WRES data.

The regional plan does not only support staff from an ethnically diverse background. By making the Midland region fairer it will support other protected groups in the Equality Act 2010. These include people of different ages, disabled people, people who are changing their gender, pregnant women and mothers, people who believe in a religion or have no religion, people attracted to the same sex or the opposite sex.

This regional strategy is supported by steps and actions to be taken at a local (Staffordshire and Stoke-on-Trent) level.

[Read more about the WREI Strategy \(england.nhs.uk\).](https://www.england.nhs.uk/wrei/)

### Six high-level action plans

Staffordshire and Stoke-on-Trent ICB has implemented six high-impact actions on recruitment and promotion, along with the regional WREI Strategy. These aim to address disparities in recruitment and promotion outcomes among staff with protected characteristics.

The six high-level actions are:

1. Ensure executive senior managers own the agenda
2. Introduce a system of 'comply or explain' to ensure fairness during interviews
3. Organise talent panels
4. Enhance equality, diversity and inclusion support
5. Overhaul interview processes
6. Adopt resources, guides and tools for productive conversations about race.

The ICB provides regular updates to Staffordshire and Stoke-on-Trent Human Resource Development and Equality Diversity Inclusion leads, who monitor and assess progress against the WREI strategy and high-level actions.

## Staffordshire and Stoke-on-Trent system-wide staff networks

In addition to ICB support groups, system-wide networks have been set up to look at a collaborative approach towards Equality, Diversity and Inclusion. The system's equality staff support networks allow staff to share their experiences in a safe and respectful space. It is where staff can connect and have a voice. Members share their insight as experts by lived experience. These groups are:

### System-wide Equality Network of Race Inclusion and Cultural Heritage (ENRICH)

Activity and guest speakers have included:

- **Workforce Race Equality and Inclusion Strategy:** Kuvy Seenan, Head of Equality and Inclusion – Midlands Region, NHS England and NHS Improvement
- **Celebrating Our Staff:** Paul Singh, Equality and Inclusion WRES Manager, Midlands Region
- **Discussion on Midlands CNO Work on Race Equality and Nursing and Midwifery:** Tom Warner, Nurse Equalities Manager and Jennifer Pearson, Lead Nurse for Shared Governance, Birmingham
- Black History Month initiatives and programmes.

### System-wide Disability and Neurodiversity Equality Staff Network

Activity and guest speakers have included:

- Introduction by Network Sponsor: Our Developing ICS: Alex Brett, Director of People, Midlands Partnership Foundation Trust, and Director of People, Staffordshire and Stoke-on-Trent ICS
- Health Passports and Reasonable Adjustment Passports
- ICS health and well-being programme of work
- Disability History Month
- Proposal for Network Survey.

### System-wide Lesbian Gay Bi-Sexual Transgender (LGBT+) Equality Staff Network

Activity and guest speakers have included:

- Introduction by Network Sponsor: Paul Bytheway, Chief Operating Officer, UHNM
- LGBT+ History Month activities and promotion
- Stoke-on-Trent Pride event – June 2022
- EDI System Update to include – LGBTQ+ Proposal for Network Survey
- Planning for LGBT+ History Month 2023.

## System Carers Peer Support Group

The system [Carers Peer Support Group](#) was launched at the end of September 2022. The hub hosts a space in which carers and allies can come together to support each other.

## ICS leadership and system-wide training programmes

Inclusion Schools are particularly aimed at leaders of all levels from across the ICS, along with colleagues at any level with ethnically diverse heritage or a passion for inclusion. Below we give a summary of the Inclusion Schools that have taken place over this reporting period.

### ICS Spring Inclusion School 2022

The ICS hosted its first 2022 Inclusion School session on 10 May 2022.



This event welcomed influential guest speaker John Amaechi OBE (pictured). John spoke about inclusion and intersectionality, looking at the big questions that cut across different inclusion groups, piling on layers of advantage or disadvantage depending on the blend of characteristics held by the individual and how these are perceived in different situations.

### ICS Winter Inclusion School 2022

Inclusion School kicked off 2023 with a session on race inclusion, to update and follow on from the original Let's Talk About Race session in November 2020.

The session was entitled **RACE Forward: Your Role in Creating an Anti-Racist ICS**, and was held online on 8 February 2023.

The session had a strong focus on progressing leadership action to bring about sustained progress towards becoming an anti-racist system, using the RACE Equality Code as a key change vehicle.



## Development opportunities for ethnically diverse staff

### New Futures Programme

The ICS is delighted to launch our second cohort of the New Futures Programme. This positive action leadership and personal development programme is offered to system colleagues with ethnically diverse heritage

- in AFC band 5–7 roles (or equivalent non-AFC pay band)
- with drive and ambition to advance your leadership career.



The NHS WRES tells us that ethnically diverse colleagues across the NHS have typically had unequal access to development opportunities and career progression due to deeply rooted historic inequalities. We are determined to change this in Staffordshire – making our vision of an inclusive and representative system at every level a reality.

### Developing Aspirant Leaders Programme



This innovative programme supports ethnic minority nurses and midwives Bands 6 to 8a who aspire to a senior leadership role. The Developing Aspirant Ethnic Minority Nursing and Midwifery Leaders (DAL) Programme aims to provide holistic, bespoke leadership support for aspiring ethnic minority nursing and midwifery leaders.

### High Potential Scheme

The High Potential Scheme (HPS) supports staff from all backgrounds, including Black, Asian and minority ethnic groups plus those who consider themselves to have a disability, or who are in the LGBTQ community.

In Cohort 2, five ICB staff members have gained a place on the two-year programme.

# ICB priorities for 2023/24

- Continue to work, support and develop EDI across the ICS
- Implement the Race Equality Code and actions
- Agree and implement the ICB 2023/24 Equality Action Plan
- Provide timely and appropriate training and development to the workforce.

**This report was produced by Midlands and Lancashire Commissioning Support Unit (MLCSU) Equality and Inclusion Business Partners, March 2023.**