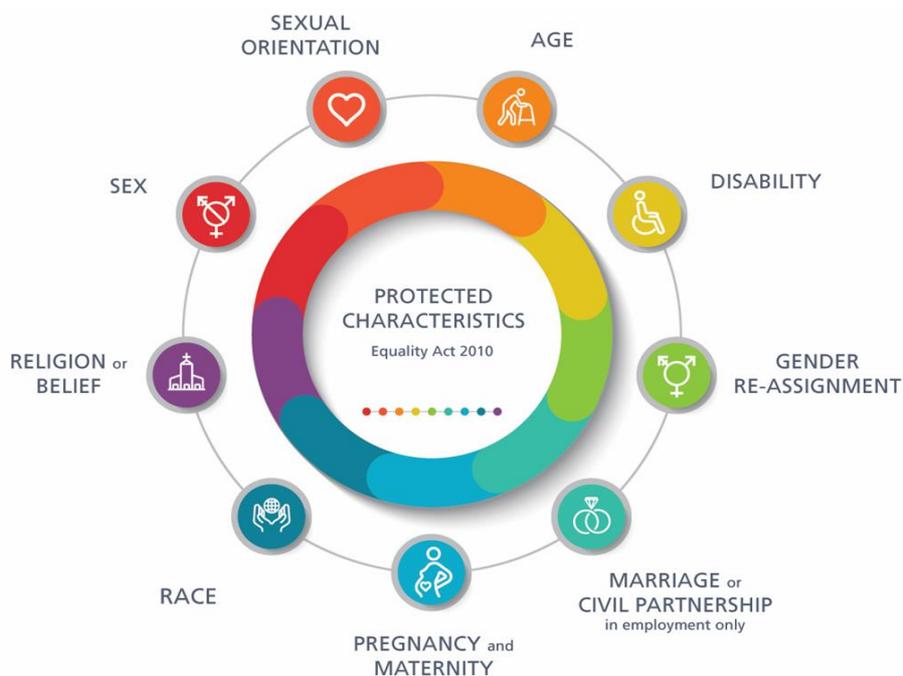


Public Sector Equality Duty (PSED) Equality, Diversity, and Inclusion Annual Report 2023/2024

St 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](#).

Staffordshire and Stoke-on-Trent Integrated Care Board

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Introduction

This Staffordshire and Stoke-on-Trent Integrated Care Board's second 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 continue to adopt and implemented good Equality, Diversity, and Inclusion (EDI) principles developed from a range of sources.

This year has seen a continued focus on both workforce and patient equality, from NHS England and the Equality and Human Rights Commission and the ICB's own commitment to the equality diversity and inclusion agenda.

In 2023 NHS England launched its [NHS equality, diversity and inclusion \(EDI\) improvement plan](#). Staff survey and workforce data reflecting the lived experience of NHS staff demonstrates that we have more to do before we can say inclusive workplace environments are the norm across the NHS. For example,

- Women make up 77% of the NHS workforce but are under-represented at senior level.
- Just over 24% of the workforce are from black and minority ethnic (BME) backgrounds but face discrimination across many aspects of their working lives The [2022 Workforce Race Equality Standard \(WRES\)](#) data showed that 27.6% of Black and minority ethnic (BME) staff experienced bullying, harassment or abuse from other staff in the preceding year;
- The NHS Staff Survey along with the [Workforce Disability Equality Standard \(WDES\)](#) shows that disabled staff in the NHS are under-represented when compared to the general population. The NHS staff survey data shows that 25% of disabled staff have experienced bullying from their colleagues, compared to 16.6% of non-disabled staff.
- Similarly, 23.5% of our LGBT+ colleagues face bullying and harassment at work compared to 17.9% of heterosexual staff.

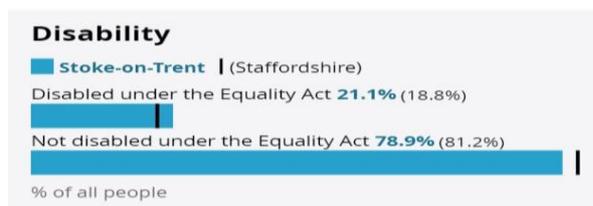
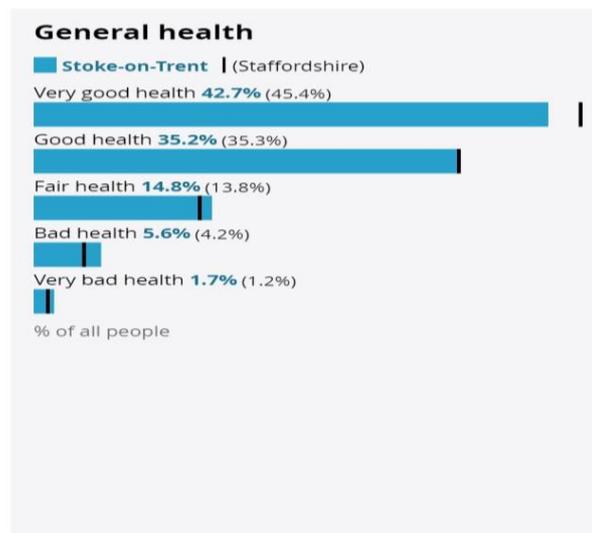
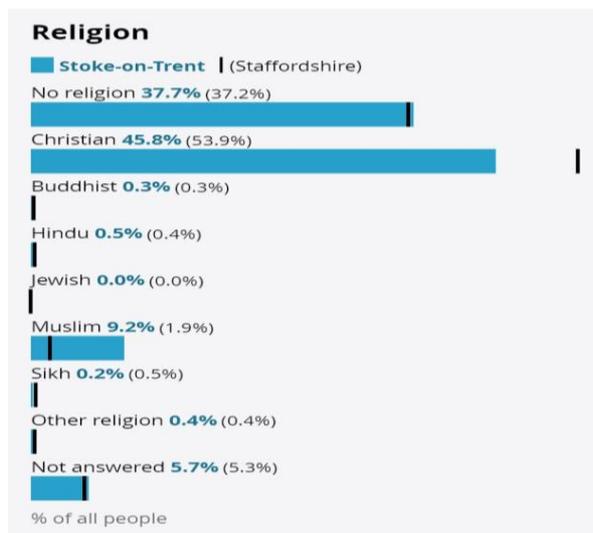
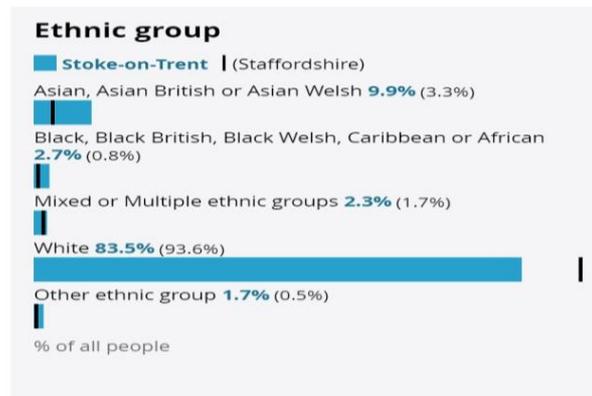
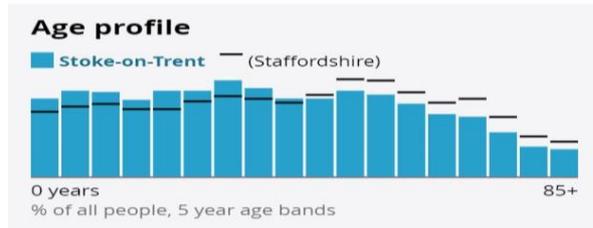
In 2023 the [Equality and Human Rights Commission](#) (EHRC) wrote to all 42 Integrated Care Boards informing them how they would be conducting a monitoring project starting with websites audits, to see how every ICB is meeting its public sector reporting and publishing duties. This is so that they could better understand how ICBs are considering and prioritising the needs of people with different protected characteristics. They will use the findings from this exercise to help target support and to share learning about best practice.

The feedback provided from the EHRC compliance team acknowledged how our ICB had produced a good range of workforce data and information by protected characteristics and even shared some of this work with other ICB's as best practice. The EHRC did highlight that our level of published service user information with regards access experiences and outcomes would need to be improved and an area for focus.

Population Profile

Population 876,100 people in Staffordshire - 258,400 people in Stoke-on-Trent.

The populations of Staffordshire and Stoke-on-Trent (SSoT) are diverse with complex health and care needs, comprising both rural and urban areas, extremes of affluence, deprivation, as well as significant health inequalities. Nineteen percent of the SSoT population are in the two most deprived national deciles (i.e. the most deprived 20%, or the most deprived quintile). The majority (63%) of the most deprived population with SSoT reside in Stoke-on-Trent. *Source: Staffordshire & Stoke-on-Trent LMNS*



LGBT - Stoke-on-Trent has the highest proportion of people who identify as LGBTQ+ at 3.1%, while South Staffordshire has the highest proportion of people who said they were straight or heterosexual at 92.8%. People who identified as bisexual represented 1%. *Source: Staffordshire Live*

Source: Office for National Statistics - Census 2021

Equality legislation

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

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:

- (a) eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010.
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- (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.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017

- These Regulations impose obligations on employers with 250 or more employees to publish information relating to the gender pay gap in their organisation.

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.

[Click here to 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

In July 2022 the ICB adopted 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.

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 eleven 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.

The ICB's equality objectives are to be reviewed in 2024 considering the:

- Equality Human Rights Commission's (EHRC) ICB Public Sector Equality Duty (PSED) Monitoring Programme initial findings and recommendations,
- NHS England's NHS equality, diversity, and inclusion improvement plan and six high level actions
- Race Equality Code

Throughout this reporting period, the ICB have published a range of information on their external and internal equality webpages. These pages are updated as required and reviewed annually.

Workforce Equality

Workforce Diversity Profile Report

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 2023. 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	Age: Age ranges 16-19 and 20-24 years are not so well represented in the ICB Workforce
Disability	Disability: People with a disability are not represented within the ICB workforce as a proportion of the population of Staffordshire and Stoke. The highest percentage staff band not declaring if they have a disability or not, is Non-Afc (Very Senior Managers) 11.4% this is slightly higher than 2022 figure of 10.4%.
Gender re-assignment data gap	Gender Re-assignment: Data is not collected for this characteristic. No National agreement on the collection of data or what question/s to ask has yet been determined.
Marriage and Civil Partnership	Marriage and Civil Partnership: Civil partnerships were reported to be at 0.4% this is above the combined Staffordshire and Stoke-on-Trent (SSoT) profile figure of 0.2%. 63% of the ICB workforce identified as being married which is higher than the (SSoT) profile figure of 50%. The highest percentage staff band range where marital status is unknown is Non-AfC (Very Senior Managers) 16.7%.
Pregnancy and maternity	Pregnancy and Maternity: Data is not currently collected.
Race	Race: 90.07% of the workforce identifies as White which is lower than Staffordshire and Stoke-on-Trent (SSoT) population profile of 94%. Asian ethnicity of 6.74% is higher than the SSoT 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 and overall are slightly underrepresented when compared to their population size has a whole (1%).

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	While certain ethnic groups are positively represented at senior positions within the ICB, data has shown this varies across roles e.g. Board and/or Executive Team positions, departments and/or directorates.
Religion and belief	Religion and Belief: Staff who identify as Christian is 43.3% less than the (SSoT) population average of 67%, non-disclosure among staff is 37.2% overall. Islam is slightly below the (SSoT) population average. Sikhism, Hinduism Buddhism, and other religious groups are representative. A significant figure in relation to religion and belief is the percentage of non-AfC (very senior managers/professional) who did not wish to disclose this information 80%.
Part-time and full-time working arrangements	Staff working full time represent 70.9% of the ICB workforce with 29.1% working. Across pay bands full time working is represented as follows; bands 1-4 (66.7%), bands 5-7 (84.5%), bands 8a-9 (75.6%) and non-AfC (25.6%). Part time working bands 1-4 (33.3%), bands 5-7 (15.5%), bands 8a-9 (24.4%) and non-AfC (74.6%)
Sex (Female Male)	Sex (Female – Male): When we compare the NHS National workforce figure of 76.7% female 23.3% male this is close to the ICB staff figure of 75.67% female and 24.3% male. This is also reflected at Pay Band levels 8a-9. When looking at the most senior (non-AfC) roles, male staff are significantly overrepresented (56%) as a proportion of their overall workforce 24.3%. Conversely Males are underrepresented at both pay band groupings 1-4 (2.8%) and 5-7 (11.8%) respectively.
Sexual orientation *(LGBT) data gaps	Sexual Orientation: Staff who identified as LGB are found in the middle broad pay band ranges 8a-9 (1.63%). A total of 70.3 % of staff identified as Heterosexual or Straight. 27% declined to provide their sexual orientation status. This makes it difficult to establish if the workforce is representative of the National estimated figure of 3.1% of the population over 16 years of age.

[Click here to view the full Workforce Diversity Profile Report for 2023](#)

During this reporting period there has been a 2% improvement in staff retention on this time last year, and a 1% reduction in sickness and staff absence on this time last year.

Gender Pay Gap (GPG) Report

The tables below provide the ICB first years GPG reporting data and shows the average and median hourly rates between male and female staff and expressed as both a monetary and percentage difference (Pay Gap).

Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£40.67	£33.38
Female	£26.70	£24.38
Difference	£13.97	£9.00
Pay Gap %	34.34%	26.96%

Average Hourly Rate Pay Gap

The difference in the average hourly rate between Male and Female is £13.97. The pay gap in percentage terms is 34.34%

Median Hourly Rate Pay Gap

The difference in the median hourly rate between Male and Female is £9.00. The pay gap in percentage terms is 26.96%

As mentioned at the top of this report a median average might show a better indication of the 'middle of the road' pay gap where very highly paid specific employees and board members might distort the average hourly rate.

A reason for variations in hourly pay rates may be a result of:

- Female staff taking up roles which have historically been taken up by male staff, such as Information Technology.
- Female staff taking up roles part time roles, which are higher within Non AfC pay structures and historically taken up by male staff.
- Female staff taking up highly specialised roles which are sessional and occupied by males.
- Male staff have left the above roles and positions have not been filled.

It is also worth noting that when working with small staff numbers any variation in these numbers can have, what may appear to be, significant or disproportionate changes in percentages.

The ICB combined workforce by female or male for 2023 was as follows:

- Female Staff 77.3%
- Male Staff 22.7%

The above figure can be used to give an approximation if the quartiles are representative of the ICB workforce profile by sex.

Proportion of Male and Female Staff by Quartile Pay Bands.

Quartile	Female	Male	Female %	Male %
1 Lower	62	6	91.18	8.82
2	51	10	83.61	16.39
3	59	21	73.75	26.25
4 Higher	39	31	55.71	44.29

The reasons for overrepresentation in the quartile 1 and 2 again may be attributed to historical factors such as preferred part time working arrangements for women with families or who may have carer commitments.

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The reason for the differences in representation between female and male staff across the four quartiles varies. One reason for the underrepresentation in this quartile may be that there are specialist part time or seasonal roles that traditionally have been taken up by males. It may be that women with similar expertise with young families choose not to implement their current salary remuneration.

A further understanding may be gained through engagement, seeking staff thoughts and experiences with regards to pay gaps and through assessing policies, processes, and functions for gender bias.

As we move towards working collaboratively across the system, there will be opportunities to discuss a system approach to understanding and reducing the Gender Pay Gap.

Workforce Race Equality Standard (WRES) 2022

The main purpose of the Workforce Race Equality Standard (WRES) is to help NHS organisations to review their data against the nine WRES indicators and produce an action plan to close the gaps in workplace experience between ethnic diverse staff. The WRES also places an obligation on NHS organisations to improve ethnic diverse representation at Board level.

As the Staffordshire and Stoke on Trent Integrated Care Board (ICB) is a new constituted organisation this year's analysis will function as baseline data. It covers the period 1st July 2022- March 31st, 2023. At the point of this report being produced the ICB workforce totalled 305.

When looking at the overall workforce, the data demonstrates the ICB workforce is positively represented when compared to the combined ethnic diverse populations across Staffordshire and Stoke-on-Trent of 8.7%. Further analysis shows that not all areas of the workforce is proportionately represented as some of the WRES indicators in the report will show.

For more Information, please click the links below which will take you to:

- [NHS England Workforce Race Equality Standard webpage](#)
- [Staffordshire and Stoke-on-Trent ICB WRES report.](#)

Workforce Disability Equality Standard (WDES) 2023

At present, Integrated Care Boards (ICBs) are not required to undertake the WDES assessment. However, as part of our commitment to workforce equality diversity and inclusion it was agreed to voluntarily commence work on the WDES for the new Integrated Care Board (ICB). It is essential the ICB plays an initiative-taking role in the development of EDI across the Staffordshire and Stoke-on-Trent Integrated Care System.

It is anticipated that ICBs will be required to undertake a WDES assessment in the next reporting year. This year's report will provide baseline data for most of the metrics and will enable a better understanding where any inequalities for disabled colleagues exist.

As the ICB is a newly constituted organisation this year's analysis will function as baseline data. It covers the period 1st July 2022 - March 31st, 2023. At the point of this report being produced, the ICB workforce totalled 305.

ICB's are often made up of small numbers of staff/teams, this can be problematic when assuring against any personal data breaches. We therefore cannot meaningfully report against some metrics given the small numbers.

For more Information, please click the links below which will take you to:

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

- [NHS England Workforce Disability Equality Standard webpage.](#)
- [Staffordshire and Stoke-on-Trent ICB WDES report.](#)

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Staff Survey

The NHS Staff Survey results are aimed at NHS organisations, to inform local improvements in staff experience and well-being. The Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. The tables below are taken from a section of the Staff Survey which looked at staff experience regarding harassment, bullying or abuse from a protected characteristic and a departmental perspective.

Q14a - Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	<ul style="list-style-type: none"> • Male staff 97.4% and age groups (21-30) (31-40) 100% respectively, reported not to having experienced harassment, bullying or abuse higher than the total staff figure of 92.9%. • Staff aged between (16-20yrs) & (66+yrs), staff who preferred not say (gender), Lesbian, Gay or Bi-Sexual (LGB)/Other and staff who identified as Muslim, Sikh or other religion (excluding Christianity or no religion) fell below the reporting threshold of 10 staff. • All other groups responses were within 3% of the ICB total staff figure of 92.9%.
Q14b - Not experienced harassment, bullying or abuse from managers	<ul style="list-style-type: none"> • Age group (21-30) reported to not having experienced harassment, bullying or abuse from managers higher than the total staff figure of 87.7%. • Age group (31-40), Staff with a disability, ethnic diverse staff, staff who preferred not to say or identify their sexual orientation or religion reported a lower percentage response compared to the total staff figure of 87.7%. • (16-20yrs) & (66+yrs), staff who preferred not to identify gender, LGB/Other or staff who identified as Muslim, Sikh or other religion (excluding Christianity or no religion) fell below the reporting threshold of 10 staff. • All other groups responses were within 3% of the ICB total staff of 87.7%%.
Q14C - Not experienced harassment, bullying or abuse from other colleagues	<ul style="list-style-type: none"> • Age groups (21-30) (51-56) and staff without a disability reported to not having experienced harassment, bullying or abuse from other colleagues higher than the total staff figure of 84.4%. • Age group (41-50), Staff with a disability, ethnic diverse and male staff, reported a lower percentage response compared to the total staff figure of 84.4%. • (16-20yrs) & (66+yrs), staff who preferred not to identify gender, LGB/Other or staff who identified as Muslim, Sikh or other religion (excluding Christianity or no religion) fell below the reporting threshold of 10 staff. • All other groups responses were within 3% of the ICB total staff figure of 84.4%%.
Q14d - Q14d - Last experience of harassment, bullying, abuse reported	<ul style="list-style-type: none"> • Age group (41-15) staff without a disability, female staff, heterosexual and staff who identified as having no religion last experience of harassment, bullying or abuse reported higher than the ICB total staff figure of 50%. • Age groups (31-40) (51-65), Staff without a disability and male staff reported a lower percentage response compared to the total staff figure of 50%. • (16-20yrs) & (66+yrs), ethnic diverse staff or staff who preferred not to say (ethnicity), staff who preferred not to say (gender), LGB or staff who preferred not to say (LGB), Muslim, Sikh or other religion (excluding Christianity or no religion) or staff who preferred not to say Religion and Belief) fell below the reporting threshold of 10 staff. • All other groups responses were within 3% of the ICB total staff figure of 50%.

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Key	Overall ICB staff survey response %.	Green – at least 3% above overall staff response	Red - at least 3% below overall staff response	Amber - within 3% of overall staff response	* Below reporting threshold of 10 staff
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	2023 Staff Survey questions around harassment bully and abuse by Portfolio or Other	All ICB Staff	Corporate Governance Staff	Delivery Staff	FPI Staff	Medical Staff	Nursing & Therapies Staff	Other Staff	Trans-Formation Staff
Q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	92.9%	78.8%	92%	100%	100%	97%	*	93.3%
Q14b	Not experienced harassment, bullying or abuse from managers	87.7%	90.9%	80%	90.3%	81%	93.9%	*	86.7%
Q14c	Not experienced harassment, bullying or abuse from other colleagues	84.4%	90.9%	84%	90.3%	85%	83.9%	*	78.9%
Q14d	Last experience of harassment/bullying/abuse reported	50%	*	*	*	*	*	*	52.6%
Q25e	Feel safe to speak up about anything that concerns me in this organisation.	65.4%	75.8%	48%	71.9%	52.4%	72.7%	*	60.7%

	Other possible or relevant questions in relation to harassment bully and abuse	All ICB Staff	Staff by Age			Staff by Disability	Staff by Ethnicity	Staff by Gender	Staff by Sexual Orientation	Staff by Religion or Belief
Q25f	Feel safe to speak up about anything that concerns me in this organisation.	65.4%	*(16-20)	(21-30) 70%	(31-40) 55.8%	Staff with Disability 60%	White Staff 60.1%	Female 64.5%	Heterosexual 66.3%	Christian 68.1%
			(41-50) 63.6%	(51-65) 71.6%	66+*	Staff without Disability 68.5%	Ethnic Diverse Staff 43.8%	Male 74.4%	Lesbian/Gay/Bisexual 57.1%	*Muslim - Sikh
							* Prefer not to say	*Prefer not to say		No Religion 65.3%
										Prefer not to say 60%

Staff Survey q25e - Feel safe to speak up about anything that concerns me in this organisation.

By Race: All ICB staff 64.4 % - White Staff 67.4% - Ethnic Diverse Staff 43.8%

By Disability: All ICB staff 64.4% - Staff with a disability 60%

By Age: All ICB staff 64.4% - Staff aged between (31-40) 55.8%.

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Bullying and Harassment in the Workplace Workshops

The ICB have held workshops to explore some figures with regards to bullying and harassment, as well as exploring the impacts that bullying and harassment has on individuals and organisations.

- Tuesday 11 April 13:00
- Thursday 13 April 10:00

Action Ref/No	Action	Responsible Lead/s	Current Status
EDS 4	Establish baseline for abuse, harassment, bullying and/or physical violence.	Staff Networks & Diversity Champions/Staff Engagement Group	Compliant
	Develop a more action orientated approach to bullying with a focus on prevention.	Staff Networks & Diversity Champions/ Staff Engagement Group	Partially Compliant

The ICB's equality action plan includes an action where members from the ethnic diverse staff network group and staff engagement group members are working on a strategy to develop a more action orientated approach to bullying with a focus on prevention.

Race equality in recruitment, retention, training, and development.

Comfortable Being Uncomfortable with Race

ICB staff and leaders were invited to attend this truly innovative and thought-provoking development session around Race equality. An immersive, experiential development programme on race inclusion was delivered for Staffordshire and Stoke-on-Trent system colleagues and leaders.



This drama-based developmental and education sessions highlight workplace inequality, created a shared language around race and inclusion and supported staff in having open cultural conversations.

Workforce Race Equality Standard (WRES) Champions Development Programme

The WRES Champions Development Programme is a partnership between the Inspiring Hope Company and the National WRES Experts. This initiative aims to close gaps in the NHS and wider Care systems, by nurturing a new generation of leaders dedicated to racial equality in healthcare. The programme extends its reach to local authorities and the ICS, targeting HR, Nursing/Midwifery managers, and service leads. Participants gain a deep understanding of WRES, acquire tools to drive change, and thrive in diverse settings, elevating their role as 'WRES Champions.' with mandatory training modules and a dedicated support structure, this is an opportunity to be a catalyst for empowerment and change.

Reciprocal Mentoring Programme

The Reciprocal Mentoring Programme is a dynamic initiative facilitated by the Inspiring Hope Company. This unique opportunity aims to foster reciprocal mentoring partnerships for twenty pairs across Integrated Care System (ICS) organisations including the ICB. Through this programme, we are championing a positive approach to achieving race equity, recognising the significance of learning from the diverse lived experiences of our staff.

Developing You, Developing me programme

The Developing You, Developing Me programme aims to facilitate the much-needed cultural transformation in nursing and maternity by supporting middle managers whilst they support the development journey of colleagues with ethnic diverse heritage to progress in their careers.



The program incorporates evidence-based interventions like reciprocal mentoring, sponsorship, and talent management, as well as a new digital psychological wrap-around feature to ensure participants' safety and well-being.

The goal is to reduce health inequalities and disparities for ethnic diverse patients and staff while also improving career progression, leadership enablement, and psychological support.

Midlands Perinatal Workforce Development Survey



This survey, developed jointly by the Midlands Perinatal Team and the Maternity and Neonatal Workforce Equality, Diversity, and Inclusion Steering Group, is being relaunched to encourage wider participation, especially from our Black, Asian, and Ethnic minority workforce who were not representative of our workforce numbers in the original survey responses. The survey is designed to support the Equality, Diversity and Inclusion agenda across the perinatal workforce and will provide a baseline of staff experiences to understand potential bias or barriers to workforce inclusion as well as identifying regional actions to make improvements.

Leadership Alumni Event



The Leadership Alumni Event 27 June 2023.

We were delighted to be joined by Maggie Alphonsi, the face of international women's rugby and one of the most well-known names in women's team sports.

Visible Leaders Network

The Visible Leaders Network is a unique leadership network designed for Black, Asian and minority ethnic (BAME) staff aimed at aspiring and emerging leaders and managers, and you can join the VLN if you are an NHS employee working in the Midlands region at Bands 3 - 8a level.



Celebrating South Asian Heritage month event

The ICB welcomed the opportunity to support and promote the National NHS Muslim Network who were excited to welcome all our Muslim colleagues, allies, and friends in Celebrating South Asian Heritage Month Event! A key theme for South Asian Heritage Month was celebrating and sharing the stories from this diverse and vibrant community.



Wider workforce equality in recruitment, retention, training, and development.

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.

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 is also be provided for people who have previously attended the training.

ICB mandated Invisible Disability training.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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.

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

Team Development for Managers

Team development opportunities for ICB managers provide an opportunity to:

- Increase strategic knowledge base within the equality context.
- Confidently champion the approach to tackling workforce and health inequalities with an equality lens.
- Approach data and analytics with the lens that you can champion and take a continuous improvement approach.
- Understand the legal framework around equality and their responsibilities to embed it into their work.

LGBTQIA+ e-learning programme

ICB staff were encouraged to attend a new e-learning programme created to help raise awareness of the challenges that the LGBTQIA+ community faces when accessing healthcare. The programme has been designed to educate all NHS staff and improve their experiences both as part of the workforce and as patients. around race and inclusion and support staff in having open cultural conversations.

Stoke Pride

Stoke-on-Trent Pride has quickly grown into one of Stoke-on-Trent's biggest and most vibrant annual community festivals welcoming not only the Lesbian, Gay, bisexual and transgender community but everyone who values diversity and wishes to celebrate equality. This year's Stoke Pride event took place on Saturday 24 June at Hanley Park, in Stoke-on-Trent. The ICS Workforce Team including support from the ICBs Head of OD/HR and Inclusion and EDI Business Partner attended the event to publicise what we have to offer as a system.



Skills Development Network (SDN)

To support the ICS Digital roadmap initiative, we have invested in the Skills Development Network (SDN) and are now pleased to offer various face to face or online courses to empower and digitally upskill staff.

All the available courses can be found in this catalogue or [online](#). Please share the available courses with your teams and register to get course notifications. Please discuss attending any course with your line manager before booking. If you have a query, the local SDN leads are:

- SSoT ICB – nadeem.janjua3@nhs.net

NHS Staffordshire and Stoke-on-Trent Inclusion School Session - Carrying the ball - Our ICS journey to Disability Inclusion with Aaron Phipps MBE Wednesday, 15 November

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Our next instalment of Inclusion School will mark Disability History Month. Our special guest speaker, **Aaron Phipps MBE**, will expand our thinking through sharing insights into his own journey as a wheelchair user and his personal approach to setting and achieving goals, with transferability to work and personal life for all.



Oliver McGowan/Small Changes campaign

As a reminder, if you have any questions about the Oliver McGowan training, the answers to all the most frequently asked questions can be found on our intranet site.

We would like to thank everyone who has sent in their pledge for the Small Changes campaign, supporting people who have a Learning Disability and/or Autism. A big thank you to managers and colleagues who have discussed the pledges as part of the Small Changes campaign in their meetings. We encourage you to keep having these conversations.



ICB corporate communications and involvement - Staff

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
- Race Equality Week in the Midlands
- LGBT+ History Month – Participation request
- Diversity champions
- Menopause Ambassadors
- Development opportunities for ethnically diverse staff
- Freedom to Speak Up Month.

Weekly staff team briefs

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In weekly staff team briefs, the ICB Chief Executive Officer and executive portfolio and enabling teams provide updates to staff on a wide range of 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:

- Menopause ambassadors
- Domestic abuse ambassadors
- Staff Time Out Sessions
- Black History Month
- Health and Wellbeing apps
- LGBT+ History Month
- Disability Month
- Equality-related training and development opportunities
- Freedom to Speak Up Guardians
- NHS Staff Survey
- Staff time out session

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.



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.

Staff Disability and Neuro-diverse Support Group

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.

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During this reporting period, members discussed and agreed to deliver a presentation to ICB colleagues. The presentation would discuss themes and initiatives to encourage staff to disclose health conditions and/or seek support and would consider:

- Defining what disability is from the ICB perspective.
- Barriers to why staff do not disclose their disability status and who has access to our Electric Staff Records data.
- What are the implications of disclosing this data.
- Why should we disclose information.
- ICB Health Passports as an initiative to advance this action.
- The use of staff lived experiences to develop a greater understanding and to evidence the positive impact that reasonable adjustments have.
- Presenting a range of disability equality data.

Ethnic Diverse Group

The ICB Ethnic Diverse Group (EDG) continued to play an active role throughout 2023/24. The group provides a confidential space for members to discuss any issues or concerns and to comment on key workstreams and ICB policies. Two key areas for discussion this were around:

- Discussions and consideration to ICB staff network groups periodically collaborating around shared equality objectives.
- Develop a more action orientated approach to bullying, harassment, and abuse with a focus on prevention.

Discussions have led to the Co-chairs of the Ethnic Diverse Group with the support from the executive sponsor to develop and host an away day where ICB and NHS providers staff networks members, sponsors and allies will be invited to discuss a range of equality themes, ideas, and experiences.

LGBT+ Staff Network

The ICB continues to encourage and support the development of an LGBT+ network group. Participation rates to this group may be due to the small size of the organisation along with other factors for example some staff may not be confident or wish not to disclose their sexual orientation.

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.

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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.

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:

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.

Patient Equality - Improving patient access, experience, and health outcomes.

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 2023/24, the following procurements were conducted:

- Staffordshire and Stoke-on-Trent Wheelchair Service
- NHS East Staffordshire Community Outpatients Service and Minor Procedures
- Staffordshire ICB Non-Emergency Patient Transport Service

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- Staffordshire and Stoke-on-Trent GP Out of Hours Services
- NHS Staffordshire ICB Termination of Pregnancy Services
- Pulmonary Rehabilitation Services to East Staffordshire and Southeast Staffordshire.

Equality and Health Inequalities Impact and Risk Assessments (EHIA)

Equality Impact Assessments (EHIA) are a well-established and embedded tool in the ICB. An (EHIA) is a tool that helps ensure decisions, practices and policies within organisations are fair and do not discriminate against any protected or vulnerable/excluded group.

An important part of an (EHIA) is to ensure 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 thirty-five assessments were completed and approved, around twenty have been paused or in the process of being completed. The assessments range from ICB policies, services, and functions.

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 Senior Matrix Managers (SMM) for assurance.

ICB corporate communications and involvement - Patients

The Staffordshire and Stoke-on-Trent ICB engages with patients, communities, and the public on an ongoing basis. There are occasions when we are required to conduct 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.

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.

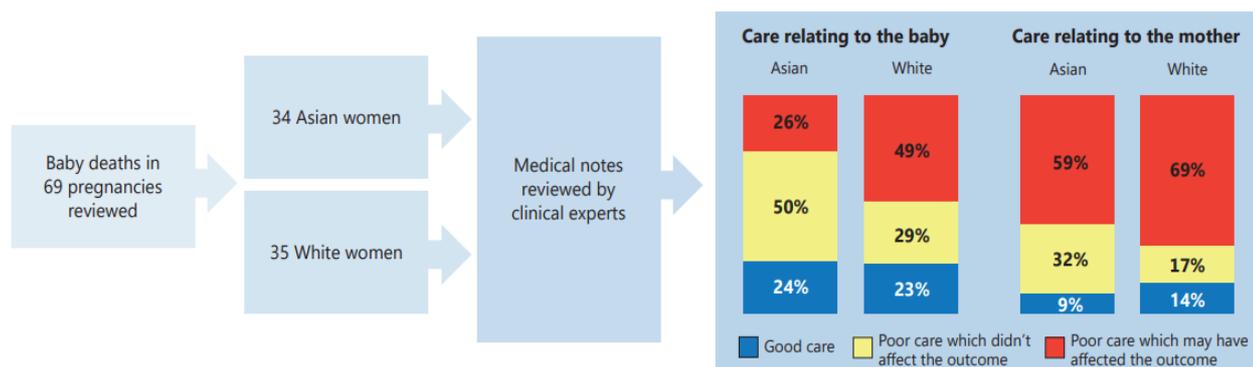
The ICB has social media profiles on the main four platforms:

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

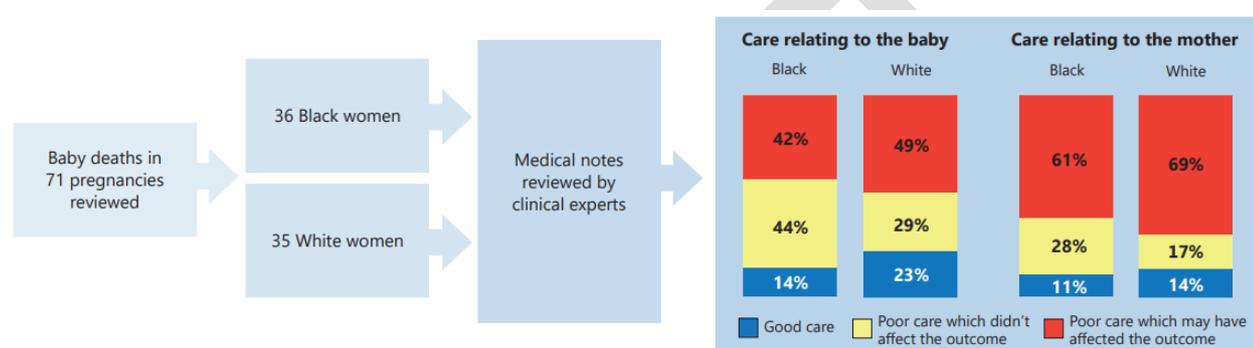
Ethnic disparities in maternity care

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The latest Mothers and Babies Reducing Risk through Audits and Confidential Enquires (MBRRACE) infographics present an extremely worrying picture.



[MBRRACE-UK-confidential enquiry-asian-white-infographic.pdf](#)



[MBRRACE-UK-confidential enquiry-black-white-infographic.pdf](#)

The ICB acknowledges the need for urgent action to address both the health and social determinants that contribute to inequalities. This is critical, given that the MBRRACE-UK infographics/reports make clear that the differences in perinatal mortality rates are driven by a 'constellation of biases,' which include social determinants such as deprivation and unemployment.

[NHS England and NHS Improvement published Equity and Equality guidance in 2021](#), for Local Maternity Systems. This was aimed at improving maternal health outcomes with a focus on mothers and babies from Black, Asian, and Mixed ethnic groups and those living in the most deprived areas.

There is also a national three-year delivery plan for Maternity and Neonatal services. This plan sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and their families. Within this plan there are four themes. **Theme 1 is Listening to and collaborating with women and families with compassion** and includes but not limited to:

- All women are offered personalised care and support plans which take account of their physical health, mental health, social complexities, and choices. Plans consider inequalities in the broadest sense, including protected characteristics and [Core20PLUS5](#). The care plan includes a risk assessment updated at every contact, including when the woman is in early or established labour.

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- Women have clear choices, supported by unbiased information and evidence-based guidelines. Information is provided in a range of formats and languages, uses terminology in line with the [Re: Birth report](#), and is co-produced.
- Compassionate and high-quality care for bereaved families including appropriate accommodation, which is easily accessible but separate from maternity and neonatal units.

The [Staffordshire and Stoke-on-Trent Local Maternity and Neonatal System 5 Year Equity and Equality Action plan](#) is in line with the guidance. However, there are challenges in effective implementation including ownership and effective multidisciplinary team (MDT) working. While the ICB have made some progress, there is still much to do in terms of both activity and reporting in relation to ethnic disparities in maternity care. The ICB are expecting a more detailed report that will include provider level data, in April 2024.

Mortality is a key priority for several partnerships and boards including the Health and Wellbeing Board (HWBB), Local Maternity and Neonatal System (LMNS), Child Death Overview Panel (CDOP) amongst others as well as several local authority boards within both Stoke-on-Trent and Staffordshire. Infant Mortality is also a priority for the Children's Integrated Care System for Staffordshire and Stoke-on-Trent. There is an ICS Infant Mortality Steering Group that aims to provide oversight for this work across the system and targeted working groups responsible for key areas of delivery.

Preventing Inappropriate Admissions

The inappropriate detention of people with learning disabilities and autism and disproportionate detention of people from ethnic minorities under the Mental Health Act

The ICB and wider 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.

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As of 30 November 2023, 200 people were registered on the DSR – 112 children and young people and eighty-eight adults:

- 8.8% identify as being from ethnic minority backgrounds.
- 2.2% have not stated their ethnicity.
- 87.0% identify as White: British
- 2.0% 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 has collaborated with the Council for Disabled Children who were commissioned to independently evaluate the key worker service during quarter one of 2023. The report has been accepted by the system and a process of realignment and development is planned for Q4 and Q1 of 2024. 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 thirty 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 fifteen 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

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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:

- 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 discharges 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 31 December 2023:

- Twenty-six adults
- Eight children and young people
- Zero percent of inpatients are from ethnic minority backgrounds.

Each inpatient is monitored through the Care and Treatment Review process, which was 100% compliant as of 31 December 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-and-autism/monitoring-quality-care-safety-inpatient-care/)

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 \(staffsstoikeics.org.uk\)](https://www.staffsstoikeics.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.

ICB/ICSDigital Road Map

This Digital Road map sets out how and where we prioritise our digital investment across the Integrated Care System, ensure health and care information is available to health and care professionals as and when they need it, regardless of their location and organisation.

It aims to provide a system approach for future digital investments, to realise improvements and deliver most benefit for care recipients and providers.

Product Name or Supplier	Description	Intended Future Plans
OHC [Graphnet]	One Health and Care (OHC) is the brand name for the Shared Care Record in Staffordshire and Stoke on Trent, Shropshire, Wrekin and Telford and Black Country One Health and Care brings data together from our hospitals, councils, and primary care Completely confidential and secure, it's designed to ensure health and care information is available to doctors, nurses and other registered health and social care professionals directly involved in providing care to make better, safer decisions	Data enhancement [Ambulance, Community Pharmacies, Hospices, Care Homes, Prisons] and analytics to enable initiative-taking care platform
Link to GP Connect	A National service It allows authorised clinical staff to share and view GP practice clinical information and data between IT systems, quickly and efficiently. It makes patient information available to all appropriate clinicians when and where they need it, leading to improvements in both care and outcomes GP Connect can only be used to share patient information for direct care purposes, not for any other reasons such as planning or research Products and services can be used individually or combined to support interoperability between differing system across a variety of care settings These products are developed and delivered by the GP Connect team in NHS England	In pipeline. To understand benefits of integrating OHC with GP Connect [noting OHC already receives this info directly from Primary Care EMIS and TPP systems]
HN	HN (Previously known as Health Navigator) specialises in the provision of innovative health care services to achieve improved outcomes for high-risk patient groups Its key service is "Initiative-taking Health Coaching," a nurse led, digitally supported intervention that helps people manage their health through evidence-based support and coaching, reducing unplanned hospital care by 30-50% Staffordshire and Stoke-on Trent Portfolios (are working with HN to train an AI product which will sit over datasets to identify those in our population who may benefit from early interventions/education to prevent increased frailty	
Optum	Staffordshire and Stoke-on-Trent Population Health Management Portfolio has commissioned Optum UK to support the use of advanced analytics, digital products, and advisory services to identify population cohorts within our region to help make health and care systems work better for them.	A three-year investment ending 2025. Analytics for population health management.

Progress against ICB Action Plan 2023/2024

2023 - 2024 ICB EDI Action Plan as at 08/02/24			
Action Ref/No.	Action	Key Evidence Source	Current Status
NHSE High impact action 6	Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024).	Mental health hub - Occupational Health - 24hr employee support system available to all staff	Compliant/Ongoing
NHSE High impact action 6	Have mechanisms to ensure staff who raise concerns are protected by their organisation.	Freedom to speak up guardians. Freedom to speak up policy produced and published on ICB website.	Compliant/Ongoing
A1 (WDR2)	Communicate the rationale behind and importance of disclosing data to the wider workforce.	EDI Business Partner has produced paper titled "Why we request equality monitoring data. Need to establish how and where this is presented. Possibly At a Staff Time Out Session.	Compliant/Complete
E1	Continue work being done on rolling out 'Comfortable being uncomfortable' training requested by staff.	Comfortable Being Uncomfortable with Race and Difference - Delivered 8th June 9.30 - 12.30pm	Compliant/Ongoing
E3	Establish formal race diversity networks and consult with the networks as appropriate - NO FURTHER ACTIONsS REQUIRED	Ethnic Diverse Group established and are consulted, engaged and involved around the EDI as much as they choose to do so.	Compliant/Complete
EHRC 1	Report on any inappropriate detention of people with a learning disability and autism.	Update included in 2023-24 PSED Annual Report	Compliant/Ongoing
EHRC 2	Report on action to tackle disproportionate rates of detention of ethnic minority people under the Mental Health Act 1983.	Update included in 2023-24 PSED Annual Report	Compliant/Ongoing
WDR 4 (WDES 2)	Increase disclosure rates of staff with a disability within the ICB (4.7%)	Disclosure rate for 2023 as increased from the 2022 figure of 4.7% to 5.7%.	Compliant/Ongoing
EDS 4	Establish baseline for abuse, harassment, bullying and/or physical violence.	Baseline line established via staff survey any subsequent ICB staff survey responses will be measured against 2023 figures.	Compliant/Ongoing
GPG 1	Collate relevant GPG data for snapshot. Date of 31 March 2023 Public sector reporting deadline comparing 2023/24 data published by 30 March 2024.	Collated snapshot data for 2022/23 and is included in the 2023/2024 ICB PSED Annual Report	Compliant/Complete

As

a result of implementing Race Equality Code, receiving the NHS England EDI Improvement Plan and its six high-level actions, along with the other equality statutory and mandated tools and mechanisms we use, we accumulated a large and detailed EDI action plan for 2023/2024. It became apparent despite our efforts that we will need to concentrate these efforts towards a vastly reduced [SMART](#) action plan of activities for 2024/2025. What this means is that the activities in the current 2023/24 action plan will need to be spread over a wider period 1-3 years. Below is a sample of the actions we have completed over this reporting period.

ICB priorities for 2024/0-2025

- Review and revise ICB equality objectives considering both Workforce and Patient equality against national guidance, directives, and local need.
- Implement the Race Equality Code and actions.
- Improve how the ICB collates, reports, and publishes service user information by protected characteristics on its external website.
- Agree and implement a revised ICB Equality Action Plan for 2024/2025
- Implement NHS Equality, Diversity, and inclusion (EDI) improvement plan and six high level actions.

This report was produced by the ICB Equality and Inclusion Business Partner, February 2024.