

Staffordshire and Stoke-on-Trent Integrated Care Board Public Sector Equality Duty (PSED) Equality, Diversity, and Inclusion Annual Report 2024/2025

Workforce Equality



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

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Introduction

This Staffordshire and Stoke-on-Trent Integrated Care Board's third 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.

Population Profiles Staffordshire and 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.

Population Profile

Staffordshire

Population

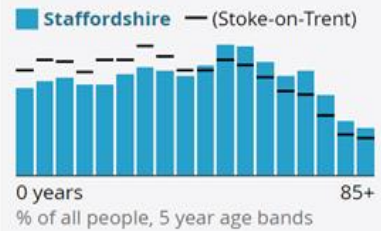
876,100

Stoke-on-Trent

Population

258,400

Age profile



Ethnic group

Staffordshire | Stoke-on-Trent

Asian, Asian British or Asian Welsh **3.3%** (9.9%)

Black, Black British, Black Welsh, Caribbean or African **0.8%** (2.7%)

Mixed or Multiple ethnic groups **1.7%** (2.3%)

White **93.6%** (83.5%)

Other ethnic group **0.5%** (1.7%)

% of all people

Religion

Staffordshire | Stoke-on-Trent

No religion **37.2%** (37.7%)

Christian **53.9%** (45.8%)

Buddhist **0.3%** (0.3%)

Hindu **0.4%** (0.5%)

Jewish **0.0%** (0.0%)

Muslim **1.9%** (9.2%)

Sikh **0.5%** (0.2%)

Other religion **0.4%** (0.4%)

Not answered **5.3%** (5.7%)

% of all people

General health

Staffordshire | Stoke-on-Trent

Very good health **45.4%** (42.7%)

Good health **35.3%** (35.2%)

Fair health **13.8%** (14.8%)

Bad health **4.2%** (5.6%)

Very bad health **1.2%** (1.7%)

% of all people

Disability

Staffordshire | Stoke-on-Trent

Disabled under the Equality Act **18.8%** (21.1%)

Not disabled under the Equality Act **81.2%** (78.9%)

% of all people

Sex

Staffordshire | Stoke-on-Trent

Female **50.5%** (50.3%)

Male **49.5%** (49.7%)

% of all people

Sexual Orientation -

Stoke-on-Trent highest

LGBT population **3.1%**.

South Staffordshire

highest heterosexual

population **92.8%**. People

who identified as a

bisexual person represent

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.

The Equality Act 2010 was amended in 2024 to include new duties aimed at preventing sexual harassment in the workplace. [These changes came into force on October 26, 2024, under the Worker Protection \(Amendment of Equality Act 2010\) Act 2023.](#)

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 FRED A principles.

[Click here to read more about the Human Rights Act \(equalityhumanrights.com\).](https://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)).

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 2025

In meeting its equality obligations under the Equality Act 2010, the ICB will approve and publish its equality objectives for 2025. The ICB will develop current and future equality objectives and specific actions in line with the new Integrated Care Board (ICB) blueprint.

The new Integrated Care Board (ICB) blueprint redefines ICBs as strategic commissioners focused on improving population health, reducing inequalities, and ensuring access to high-quality care. They will be tasked with implementing the 10-Year Health Plan, which aims to address workforce inequalities by implementing measures to increase diversity and inclusion. Additionally, the plan emphasises improving workforce retention and investing in technology and data to support a more equitable and efficient health service.

The ICB equality objectives will also align the Integrated Care System's (ICS) Organisational Development (OD) strategy which incorporates EDI as a key strategic and operational function and will help to galvanise system partners in meeting their workforce equality aims, objectives and responsibilities.

This approach by the ICB will provide solutions to address concerns around both workforce and patient equality and will include:

Promote Diversity and Inclusion: Ensuring recruitment processes are fair and inclusive will help to create a workforce that reflects the diverse population it serves. This enhances cultural competence and improves service delivery.

Address Under-representation: By actively recruiting under-represented groups, the ICB can address historical imbalances and promote equality within the workforce.

Enhance Organisational Performance: Diverse teams bring varied perspectives, leading to better problem-solving and innovation, which can improve overall organisational performance. There is also much evidence that suggests diverse workforce and teams are more effective, improves decision making and patient outcomes.

Legal and Ethical Compliance: Adhering to equality and diversity principles ensures compliance with legal standards and ethical practices, fostering a positive organisational reputation.

Draft ICB PSED Objectives 2025-2027

| Equality Objective 1 – Workforce Equality |
|--|
| Embed fair and inclusive recruitment processes across each ICB Directorate until such a time where the diversity of each Directorate is equivalent to the population demographic or overall workforce demographic whichever is the greater. |
| Specific Action 1: Refresh the language of our job descriptions, person specifications and recruitment information/adverts through an EDI lens. When shortlisting and recruiting– where candidates are of equal merit use positive action to recruit groups that are under-represented. |
| Specific Action 2: Reduce Gender Pay Gap - When appointing to Bands 2-6, where candidates are of equal merit consider positive action to recruit male staff where there is under-representation as a proportion of the total ICB male workforce. |
| Specific Action 3: Reduce Gender Pay Gap - When appointing to Bands 8c-9, VSM and Local Clinical & Professional Pay Framework roles, where candidates are of equal merit consider positive action to recruit female staff where there is under-representation as a proportion of the total ICB female workforce. |

Workforce Equality

Improving the Diversity Profile (Sex and Race) of the ICB Executive Team

During this reporting period, three individuals were appointed to Chief officer/Director positions:

Equality, Diversity, and Inclusion (EDI) requirements were embedded into all job descriptions and personnel specifications. Decision-making committees ensured salary differences were justifiable and free from bias based on protected characteristics.

Three appointed individuals were women, one of whom was from an Asian ethnic background. This has significantly increased the diversity profile of the ICB's executive team and reduced the Gender Pay Gap.

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 2024. The ICB will use this data to measure the diversity of our staff across the full range of NHS pay grades and in influence future EDI workforce planning.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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 table below provides a summary of the key findings.

| Protected characteristic | Summary |
|--------------------------------|---|
| Age | The ICB (16-25 yr) age profile currently represents 2.4% of the workforce compared to Staffordshire and Stoke on Trent combined 16–25-year-old population of 10.5% (ONS). However, there has been a year-on-year increase regarding this age group. |
| Disability | People with disabilities are underrepresented in the ICB workforce compared to the working-age population of Staffordshire and Stoke-on-Trent, which is around 19.5%. The highest percentage staff band not declaring their disability status is the non-AfC band at 15.2%, an increase from 11.4% in 2023. Overall staff who declare having a disability as increased year on year. |
| Gender re-assignment data gap | Data is not collected for this characteristic. No National agreement on the collection of data or what question/s to ask are yet to be determined. |
| Marriage and Civil Partnership | Staff who identified as being in a civil partnership was 0.4%, is above the estimated combined Staffordshire and Stoke-on-Trent (SSoT) profile figure of 0.2%. Sixty-three percent of all 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 at 16.7%. |
| Pregnancy and maternity | Data is not currently collected |
| Race | The combined average percentage of the non-white population in Staffordshire and Stoke-on-Trent is approximately 8.69% (ONS) when comparing this to the ICB workforce, non-white staff are proportionately represented within the ICB. When this is disaggregated by broad ethnic groups, we find that Asian staff are positive represented across all pay bands. Black staff are positively represented in bands 1-4 (2.4%) and 8a-9 (1.4%) and Mixed heritage staff positively represented at band 1-4. |

| | |
|--|---|
| Religion and belief | A significant theme in relation to religion and belief is the percentage of all staff across all pay bands who did not wish to disclose this information with the highest levels in the Non AfC Pay Band 72.7% though this as reduced from the 2023 figure of 80% |
| Part-time and full-time working arrangements | The percentage of staff working full time represented 67.2% of the workforce this was a 3.7% decrease compared to last year figure of 70.0% which meant that staff who worked part time increased from last year's figure of 29.1% to 32.8%. |
| Sex (Female Male) | When we compare the NHS National workforce figure of 76.7% female 23.3% male, it is closely representative at Pay Band levels 8a-9. When looking at the most senior (non-AfC) roles, male staff are overrepresented as a proportion of the ICB workforce. While male staff are underrepresented at both pay band groupings 1-4 (11.9%) and 5-7 (13.2%) respectively, their representation at band 1-4- as increased year on year. |
| Sexual orientation | Staff who identified as LGB are represented in the middle broad pay band ranges; 5-7 (1.9%) and 8a-9 (2.0%). A total of 67.8 % of staff identified as Heterosexual or Straight. 30.7% were asked but declined to provide their sexual orientation status. 63.4% of non-AfC pay band staff did not state or chose not to declare this information. |

The Workforce Diversity Profile Report also provides a workforce profile of the ICB directorates and also a profile of all the applicants who applied for posts within the ICB. This data shows how applicants by protected characteristics fared across the different recruitment stages. [Click here to view the full Workforce Diversity Profile Report for 2024](#)

Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard

NHS Integrated Care Boards (ICBs) are not mandated to produce Workforce Race Equality Standard (WRES) or Workforce Disability Equality Standard (WDES) reports. These requirements primarily apply to NHS Trusts and Foundation Trusts. However, we are encouraged to adopt the principles of these standards and apply them as much as possible to our own workforce. This will be reflected in this and our Workforce Diversity Profile report.

The ICB has also shared WRES and WDES data with the wider Integrated Care System.

Gender Pay Gap (GPG) Report

The tables below provide the ICB GPG reporting data for 2023 and 2024 and shows the average and median hourly rates between male and female staff and expressed as both a monetary and percentage difference (Pay Gap). The ICB are pleased to report a significant reduction in the GPG compared to the previous reporting period.

Average & Median Hourly Rates 2024

| Gender | Avg. Hourly Rate | Median Hourly Rate |
|------------|------------------|--------------------|
| Male | £38.72 | £31.79 |
| Female | £28.00 | £25.60 |
| Difference | £10.73 | £6.19 |
| Pay Gap % | 27.71% | 19.46% |

Average & Median Hourly Rates 2023

| 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 £10.73 compared to the previous reporting period average hourly rate of £13.97. The pay gap in percentage terms is now 27.71 % compared to the previous reporting period of 34.34% a reduction of 6.63%.

Median Hourly Rate Pay Gap

The difference in the median hourly rate between Male and Female is £6.19 compared to the previous reporting period average hourly rate of £9.00. The pay gap in percentage terms is now 19.46% compared to the previous reporting period of 26.96% a reduction of 7.5%

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 higher paid 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 2024 was as follows:

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

- Female Staff 76.3%
- Male Staff 23.7%

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 2024

| Quartile | Female | Male | Female % | Male % |
|-----------|--------|------|----------|--------|
| 1. Lower | 57 | 10 | 85.1% | 14.9% |
| 2. | 61 | 12 | 83.6% | 16.4% |
| 3. | 60 | 18 | 76.9% | 23.1% |
| 4. Higher | 50 | 37 | 57.5% | 42.5% |

Proportion of Male and Female Staff by Quartile Pay Bands 2023

| Quartile | Female | Male | Female % | Male % |
|-----------|--------|------|----------|--------|
| 1. Lower | 62 | 6 | 91.2% | 8.8% |
| 2. | 51 | 10 | 83.4% | 16.6% |
| 3. | 59 | 21 | 73.7% | 26.3% |
| 4. Higher | 39 | 31 | 55.7% | 44.3% |

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.

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 continue to work collaboratively across the system, there will be opportunities to discuss a system approach to understanding and reducing the Gender Pay Gap.

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 staff response to a sample of questions disaggregated by protected characteristics.

| | | |
|--|--|---|
| Q14b Not experienced harassment, bullying or abuse from managers. | Q14c Not experienced harassment, bullying or abuse from other colleagues. | Q15 Organisation acts fairly, career progression. |
| Q16b Not experienced discrimination from manager/team leader or other colleagues | Q17 Not experienced unwanted behaviour of a sexual nature from other colleagues. | Q21 Feel organisation respects individual differences |

Key

Age: 41–51-year-old staff response to question 15, career progression is 10% lower than the overall staff response.

Disability: Staff reported poorer experiences to the following questions compared to ICB staff as a whole – Q's 14b, 14c and 16b.

Race: Non-white ethnic groups reported poorer experiences at least 3% lower than the ICB workforce as a whole.

| 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 |
|-----|--------------------------------------|--|--|---|---|
|-----|--------------------------------------|--|--|---|---|

| Age | Overall Staff Response | 31 - 40 yrs | 41 - 50 yrs | 51 - 65 yrs |
|------|------------------------|-------------|-------------|-------------|
| Q | n = 244 | n = 52 | n = 76 | n = 96 |
| q14b | 88.0% | 90.2% | 88.2% | 87.4% |
| q14c | 85.1% | 82.0% | 85.5% | 89.6% |
| q15 | 59.1% | 69.2% | 49.3% | 56.8% |
| q16b | 94.6% | 88.5% | 95.9% | 96.8% |
| q17b | 98.4% | 98.1% | 97.4% | 100.0% |
| q21 | 79.8% | 80.8% | 81.6% | 76.0% |

| Disability | Comparator (Organisation Overall) | Yes | No |
|------------|-----------------------------------|--------|---------|
| Q | n = 244 | n = 74 | n = 169 |
| q14b | 88.0% | 84.9% | 89.9% |
| q14c | 85.1% | 80.8% | 86.9% |
| q15 | 59.1% | 56.8% | 60.5% |
| q16b | 94.6% | 89.2% | 97.0% |
| q17 | 98.4% | 100.0% | 97.6% |
| q21 | 79.8% | 79.7% | 80.4% |

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| Ethnicity | Overall Staff Response | White | Asian, Black, Mixed, Other |
|-----------|------------------------|---------|----------------------------|
| Q | n = 244 | n = 219 | n = 21 |
| q14b | 88.0% | 89.9% | 71.4% |
| q14c | 85.1% | 85.3% | 81.0% |
| q15 | 59.1% | 62.2% | 23.8% |
| q16b | 94.6% | 95.4% | 84.2% |
| q17b | 98.4% | 98.6% | 95.2% |
| q21 | 79.8% | 83.1% | 47.6% |

| Gender (Sex) | Overall Staff Response | Female | Male | Prefer not to say |
|--------------|------------------------|---------|--------|-------------------|
| Q | n = 244 | n = 185 | n = 44 | n = 15 |
| q14b | 88.0% | 87.5% | 93.2% | 78.6% |
| q14c | 85.1% | 83.2% | 90.7% | 92.9% |
| q15 | 59.1% | 59.8% | 62.8% | 40.0% |
| q16b | 94.6% | 94.5% | 97.7% | 85.7% |
| q17b | 98.4% | 98.4% | 97.7% | 100.0% |
| q21 | 79.8% | 83.2% | 75.0% | 53.3% |

| Sexual Orientation | Overall Staff Response | Heterosexual or straight | Gay or Lesbian | Bisexual | Prefer not to say |
|--------------------|------------------------|--------------------------|----------------|----------|-------------------|
| Q | n = 244 | n = 220 | * | * | n = 17 |
| q14b | 88.0% | 89.0% | * | * | 81.3% |
| q14c | 85.1% | 84.9% | * | * | 87.5% |
| q15 | 59.1% | 61.5% | * | * | 23.5% |
| q16b | 94.6% | 95.8% | * | * | 81.3% |
| q17b | 98.4% | 98.2% | * | * | 100.0% |
| q21 | 79.8% | 82.6% | * | * | 58.8% |

| Religion or Belief | Overall Staff Response | No religion | Christian | Hindu | Muslim | Sikh | Any other religion (please specify) | I would prefer not to say |
|--------------------|------------------------|-------------|-----------|-------|--------|------|-------------------------------------|---------------------------|
| Q | n = 244 | n = 89 | n = 119 | * | * | * | * | n = 25 |
| q14b | 88.0% | 88.8% | 90.7% | * | * | * | * | 87.5% |
| q14c | 85.1% | 85.2% | 84.0% | * | * | * | * | 95.8% |
| q15 | 59.1% | 57.3% | 65.8% | * | * | * | * | 48.0% |
| q16b | 94.6% | 93.2% | 97.4% | * | * | * | * | 87.0% |
| q17b | 98.4% | 97.8% | 99.2% | * | * | * | * | 100.0% |
| q21 | 79.8% | 84.1% | 83.2% | * | * | * | * | 60.0% |

* Indicates the total staff responses was less than ten.

Protected Characteristic data for Gender Re-assignment, Maternity & Pregnancy, Marriage, and Civil Partnership are not collated or analysed.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

The table below looks at each directorate within the ICB and compares staff responses to the questions.

| Response to questions by Directorate | Comparator (Organisation Overall) | Corporate Governance | Delivery | Finance Performance and Intelligence | Medical | Nursing & Therapies | Other | Transformation |
|--------------------------------------|-----------------------------------|----------------------|----------|--------------------------------------|---------|---------------------|--------|----------------|
| Q | n = 244 | n = 41 | n = 24 | n = 48 | n = 69 | n = 36 | n = 10 | n = 16 |
| q14b | 88.0% | 95.1% | 78.3% | 87.5% | 86.8% | 83.3% | 100.0% | 93.8% |
| q14c | 85.1% | 85.4% | 91.3% | 89.4% | 79.7% | 86.1% | 80.0% | 87.5% |
| q15 | 59.1% | 65.0% | 54.2% | 66.0% | 58.0% | 55.6% | 90.0% | 25.0% |
| q16b | 94.6% | 97.6% | 83.3% | 95.7% | 95.5% | 94.4% | 100.0% | 93.3% |
| q17b | 98.4% | 100.0% | 95.8% | 97.9% | 97.1% | 100.0% | 100.0% | 100.0% |
| q21 | 79.8% | 90.2% | 70.8% | 80.9% | 73.9% | 77.8% | 90.0% | 87.5% |

The tables below provide overall staff responses to questions from previous years and compared to 2024.

| Q | Description | 2022 | 2023 | 2024 |
|------|---|------|------|------|
| q14b | Not experienced harassment, bullying or abuse from managers | 88% | 88% | 88% |
| q14c | Not experienced harassment, bullying or abuse from other colleagues | 86% | 84% | 85% |
| q15 | Organisation acts fairly: career progression | 66% | 67% | 59% |
| q16b | Not experienced discrimination from manager/team leader or other colleagues | 92% | 93% | 95% |
| q17b | Not experienced unwanted behaviour of a sexual nature from other colleagues | - | 98% | 98% |
| q21 | Feel organisation respects individual differences | 80% | 79% | 80% |

Staff Survey question in relation to staff with a Disability: Reasonable Adjustments and how they are valued

| | | 2022 | 2023 | 2024 |
|------|---|------|------|------|
| q4b | Disability: Satisfied with extent organisation values my work | 53% | 58% | 58% |
| q31b | Disability: organisation made reasonable adjustment(s) to enable me to carry out work | 70% | 72% | 73% |

ICB Staff Networks

The two staff Networks that the ICB have in place are the Ethnic Diverse Group and Disability and Neuro Diverse Group. There is also Carers Support Group which is more informal. Both staff networks continue to meet on a regular basis to discuss a range of topics and to have that safe space to discuss issues relevant to the staff network. For example:

Ethnic Diverse Group

During the riots and civil unrest experienced across the country during the summer, we have worked closely with our staff network, Governance, Communications and Engagement and Executive Team colleagues to ensure that we provided the support our colleagues said they wanted. This included:

- Clarity of messaging about the organisation's zero tolerance stance to racism, as well as clarity on how individuals and line managers should act and what support was available in a range of scenarios
- Work with system Chief People Office colleagues on consistency and a shared approach
- Three drop-in sessions chaired by our EDI Business Partner and a Chair of the Ethnic Diverse Group
- A refreshing of support and private space for colleagues to pray, be quiet or prepare for prayer in all our office bases.

Staff Network members and chairs have been involved in the development of the ICS Organisational Development (OD) plan due to commence in April 2025. EDI is the golden thread which runs through the whole strategy and a key focus for its first strategic priority.

ICS (OD) Strategic Priority 1 Objective 1.2

- Work with EDI leads and staff networks to coordinate system-wide initiatives that address our most pressing System EDI priorities.

Understand and establishing these system priorities will help to develop the ICB staff networks, will provide the clarity and direction to the networks role and will inform the ICB equality objectives networks work for 2025 and beyond.

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.

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.

We reviewed our mandated training this year and as a result have changed the content to align closer with ICB strategic EDI aims and objectives. The new training will focus on two key areas

- Reasonable Adjustments
- Equality Impact Assessments

Focusing on reasonable adjustments and equality impact assessments promotes a more comprehensive approach to inclusion. It ensures that our policies and practices are evaluated for their impact on diverse groups, leading to systemic changes that benefit everyone, as an alternative to raising awareness of biases.

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 small sample of equality-related themes through the year 2024 are listed below:

- Together we say NO to harmful sexual behaviour
- Adult Mental Health Services. Join the conversation at a series of online events being held.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

- As part of the ICB's activity to respond to the Change NHS Ten Year Plan, we will be running two workshops to capture staff's views and experiences
- Core20PLUS Ambassador applications open
- In November, it will be a year since we launched the Small Changes campaign. We want to know what reasonable adjustments, or changes, you have made to make what you do more accessible.

Weekly staff team briefs

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, updates from ICB Teams/Directorates including:

- Health Inequality and Prevention
- All Age Safeguarding Collaborative
- Digital Transformation
- Freedom to Speak Up (FTSU) Month October 2024
- Service Transformation

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 a range of this internal resource.

ICB priorities for 2025/-2026

- Approve and publish both workforce equality objectives and specific actions against national guidance, directives, and local need.
- Implement NHS Equality, Diversity, and inclusion (EDI) improvement plan and six high level actions.

This draft report was produced by the ICB Equality and Inclusion Business Partner, February 2025 and updated in May 2025 to reflect some aspects of the Model Integrated Care Board - Blueprint