

Staffordshire and Stoke-on-Trent Integrated Care Board Public Sector Equality Duty (PSED) Equality, Diversity, and Inclusion Annual Report 2025/2026

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

PSED Annual Report (Workforce)

Staffordshire and Stoke-on-Trent ICB

The 2025–26 reporting period has been a year of significant organisational transition for Staffordshire and Stoke-on-Trent Integrated Care Board (ICB). As the ICB continues to embed the ambitions of the **ICB Blueprint** and respond to the direction set within the **NHS Long Term Plan**, our operating environment has evolved considerably. In parallel, the development of the **cluster arrangement with Shropshire, Telford and Wrekin ICB** has created new opportunities for shared leadership, alignment of functions, and a more collaborative approach to workforce planning.

These developments have inevitably shaped the focus and pace of our Equality, Diversity, and Inclusion (EDI) work. While our statutory responsibilities under the **Public Sector Equality Duty (PSED)** remain unchanged, the organisational restructuring required to support the Blueprint and cluster model has, at times, taken priority. As a result, some EDI workforce initiatives were paused or deferred to ensure safe transition of services, clarity of roles, and stability for our people during a period of operational change.

Despite these challenges, the ICB has continued to act on its duty to eliminate discrimination, advance equality of opportunity, and foster good relations across its workforce. This report outlines the activity undertaken over the year to meet our PSED requirements, highlights areas of progress, and acknowledges where work will resume once structural changes are fully embedded. Importantly, it provides a transparent account of how system-level transformation has influenced our capacity, our priorities, and the shape of our future workforce EDI programmes.

Moving forward, an alignment created through the cluster arrangement presents a renewed opportunity to build a stronger, more consistent approach to EDI across organisational boundaries. As our new structures settle, the ICB remains committed to strengthening its culture, embedding equality into decision making, and ensuring that our workforce reflects, represents, and is equipped to serve the diverse communities of Staffordshire and Stoke-on-Trent. -making, and ensuring that our workforce reflects, represents, and is equipped to serve the diverse communities of Staffordshire and Stoke-on-Trent.

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

Stoke-on-Trent

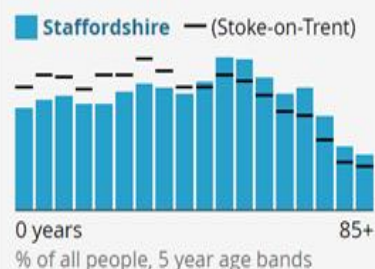
Population

876,100

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

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*

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

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 into 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 FREDA 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.
- 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)).

ICB Equality Objectives 2025

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

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) continues to move through a significant period of organisational transformation driven by the requirements of the **ICB Blueprint**, the **NHS Long Term Plan**, and the development of the emerging **cluster arrangement with Shropshire, Telford, and Wrekin ICB**. These changes are reshaping our leadership structures, workforce configuration, and future operating model.

During 2025–26, a major milestone was achieved with the appointment of the **cluster Executive Team**, establishing shared strategic leadership across the two ICBs. Building on this, the organisation is now progressing through the next phase of the **Management of Change (MoC)** process, which focuses on redesigning the **senior management team structures** within the ICB. This work is essential to ensuring clear governance, aligned responsibilities and the right leadership capacity for the new cluster model. A final, wider restructure of the remaining ICB workforce will follow once senior structures are fully established.

Running in parallel to the MoC activity is an ongoing **Voluntary Redundancy (VR) programme**, which has been introduced to support workforce realignment, ensure organisational affordability, and provide staff with choice and stability during a period of structural change. The VR programme forms one of several mechanisms enabling the ICB to transition safely and responsibly into its future operating arrangements, while continuing to mitigate the impact on staff wherever possible.

In addition to this the ICBs workforce increased significantly as a result of the Continuing Health Care Team and function was typed into the increasing the workforce 484 employees.

Given this transitional landscape, and the fact that organisational design, team structures, and workforce data remain fluid, each ICB has produced its own **separate PSED Workforce Report and Workforce Profile Report** for the 2025–26 cycle. This approach ensures clarity, accuracy and accountability against each organisation's statutory obligations under the Public Sector Equality Duty (PSED) at a time when structures are not yet fully aligned.

As the cluster arrangements mature and the new workforce model becomes fully embedded, it is anticipated that future reporting cycles will move towards **joint cluster workforce reporting**. This will allow for a more unified view of equality,

diversity and inclusion across the cluster footprint, support consistent workforce planning, and promote shared learning and improvement across both ICBs.

Throughout this period of transformation including MoC, VR activity, and the development of new shared leadership structures the ICB remains committed to fulfilling its PSED responsibilities. Equality considerations continue to be integral to decision-making, organisational design, and the support offered to our workforce during this complex period of change.

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.

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.

Overview

As of September 2025, the ICB employed 484 staff, following the TUPE transfer of the CHC team. The workforce continues to be mid-to-late career, strongly female, with modest improvements in ethnic diversity and disability declaration. High nondisclosure rates and disparities in recruitment outcomes highlight key areas for strengthened PSED and EDI action.

Workforce Profile – Key Patterns

Age

The profile remains concentrated in the 35–64 age range. Under-25 representation is disproportionately low (2.3%), affecting future pipelines.

Disability

Declared disability increased to 7.9% (fourth annual rise), but nondisclosure rose sharply to 9.9%, especially in Bands 1–4 and Non-AfC roles. Disabled staff remain underrepresented relative to the local population.

Ethnicity

Non-White representation increased slightly (9.9%). Asian and Black staff increased in some senior AfC bands, though numbers remain small. Non-AfC roles show greatest diversity but also the highest nondisclosure.

Sex

Women represent 81.6% of the workforce (up from 76.3%), influenced by new female Directors. Men remain concentrated in Non-AfC roles.

Other Characteristics

Religion and sexual orientation disclosures remain inconsistent, with particularly high nondisclosure in Non-AfC roles.

Flexible working continues to grow part-time increased to 33.5%.

Directorate-Level Overview

The ICB analyses workforce profile trends down to Directorate level. These demonstrate:

- Directorates show significant variation shaped by small numbers and functional differences:
- Medical: One of the most diverse directorates, particularly in Non-AfC roles.
- Nursing & Therapies: Most female-dominated (89–94%).
- Delivery: Strongest growth in ethnic diversity.
- Corporate Governance: Higher disability declaration and more younger staff in Bands 1–4.
- Finance/Performance/Information: Predominantly White, mid-career.
- People and Transformation: High nondisclosure limits reliable interpretation.

- Across all areas: under-25 staff remain absent.

Recruitment Profile (Oct 2024–Sep 2025)

574 applied → 104 shortlisted → 79 interviewed → 35 appointed

Positive Indicators

- High diversity at application stage (22% Asian and 22% Black).
- Female applicants successful throughout (65.7% of appointments).

Disparities

- No under-25 applicants progressed beyond application stage.
- Disabled applicants dropped from 10.8% at application to 2.9% appointments.
- Black applicants experienced the clearest disadvantage (22% of applicants; 0% appointed).
- Over 50% of appointed candidates did not disclose ethnicity, religion, or sexual orientation.

- These patterns raise questions regarding fairness, proportionality, and process effectiveness under the PSED.

Overall Conclusion

Progress includes improved senior ethnic representation, rising disability declaration, and enhanced female leadership. However:

- Recruitment outcomes for disabled and Black candidates require review.
- High nondisclosure at appointment stage limits PSED transparency.
- Early-career underrepresentation persists, weakening long-term succession.
- Gender imbalance between AfC and Non-AfC roles remains.
- Directorate variation indicates the need for tailored EDI plans rather than a single ICB-wide approach.

As ICB reform and cluster arrangements with STW continue, establishing a consistent cross-ICB approach to workforce equality and PSED delivery will be crucial for accountability and improved outcomes.

The Workforce Diversity Profile Report also provides a workforce profile of the ICB directorates and 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 2025](#)

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 is 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

This year's gender pay gap figures should be interpreted with caution due to the significant organisational changes currently taking place within the ICB. The workforce has grown during the transition period, and further substantial changes are expected next year as the new cluster structures and Management of Change processes are completed. Because of this shifting workforce profile, comparing this year's results with previous years would not provide a reliable or meaningful assessment of trends.

Any targeted actions based on this year's figures may also become quickly outdated as the new staffing structure is finalised. Once the new organisation design is fully embedded and workforce numbers stabilise, the ICB will be in a stronger position to

undertake a more accurate analysis of the gender pay gap and implement actions that reflect the future workforce.

The ICB remains committed to transparency and to addressing gender-based inequalities and will continue to monitor developments closely throughout this period of transition.

Average & Median Hourly Rates 2025

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£40.34	£33.87
Female	£30.84	£27.49
Difference	£9.49	£6.38
Pay Gap %	23.54%	18.85%

Average Hourly Rate Pay Gap

The difference in the average hourly rate between Male and Female is £9.49 compared to the previous reporting period average hourly rate of £10.73 The pay gap in percentage terms is now 23.54% compared to the previous reporting period of 27.71% a reduction of 4.17%%.

Median Hourly Rate Pay Gap

The difference in the median hourly rate between Male and Female is £6.38 compared to the previous reporting period median hourly rate of £6.19. The pay gap in percentage terms is now 18.85% compared to the previous reporting period of 19.46% a small reduction.

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.

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 ICB combined workforce by female or male for 2025 was as follows:

- Female Staff 81.6%
- Male Staff 18.4%

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 2025

Quartile	Female	Male	Female %	Male %
1. Lower	58.00	12.00	82.86	17.14
2.	69.00	16.00	81.18	18.82
3.	65.00	23.00	73.86	26.14
4. Higher	51.00	31.00	62.20	37.80

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.

This year's staff survey results must be viewed in the context of the significant organisational change taking place within the ICB. The ongoing restructure, the cluster development, and the increase in recently tuded staff have all shaped how people are experiencing work during this period. Because the workforce profile has changed, it would not be meaningful to compare this year's results with previous years.

Throughout the year, the ICB has prioritised supporting staff by providing regular communication, wellbeing resources, and opportunities to raise concerns. As the new structures stabilise, future surveys will offer a clearer picture of staff experience and help guide ongoing improvement.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

The relevant Staff Survey Questions are:

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

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

In the tables below, the key is as follows:

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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* Indicates the total staff responses was less than ten.

Age		Comparator (Organisation Overall)	16-20	21-30	31-40	41-50	51-65	66+
Q	Description	n = 343	n = *	n = 13	n = 71	n = 114	n = 129	n = *
Q14b	Not experienced harassment, bullying or abuse from managers	87.1%	*	92.3%	88.7%	86.8%	86.7%	*
Q14c	Not experienced harassment, bullying or abuse from other colleagues	87.0%	*	92.3%	90.1%	81.3%	90.6%	*
Q15	Organisation acts fairly: career progression	58.6%	*	76.9%	62.0%	55.3%	57.4%	*
Q16b	Not experienced discrimination from manager/team leader or other colleagues	94.2%	*	92.3%	91.5%	94.7%	95.3%	*
Q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	98.5%	*	92.3%	98.6%	99.1%	98.4%	*
Q21	Feel organisation respects individual differences	73.0%	*	76.9%	70.4%	72.6%	74.2%	*

Summary

Younger staff (21–30) reported highly positive experiences, including 92.3% not experiencing harassment or bullying from managers or colleagues. In contrast, staff aged 41–50 reported lower experiences of positive colleague behaviour (81.3% versus 87% overall). This may indicate a need to explore cultural or team-level issues affecting mid-career staff.

Disability		Comparator (Organisation Overall)	Yes	No
Q	Description	n = 343	n = 98	n = 240
Q14b	Not experienced harassment, bullying or abuse from managers	87.1%	76.3%	91.3%
Q14c	Not experienced harassment, bullying or abuse from other colleagues	87.0%	81.3%	89.9%
Q15	Organisation acts fairly: career progression	58.6%	50.0%	61.3%
Q16b	Not experienced discrimination from manager/team leader or other colleagues	94.2%	87.8%	96.7%
Q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	98.5%	99.0%	98.3%
Q21	Feel organisation respects individual differences	73.0%	63.3%	77.3%
Q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	80.4%	80.4%	*

Summary

Staff generally showed lower levels of positive experience regarding harassment, bullying or abuse, discrimination or respect compared to non-disabled colleagues across most indicators.

Race/Ethnicity		Comparator (Organisation Overall)	White	Mixed/ Multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other ethnic groups
Q	Description	n = 343	n=309	n=<10	n=16	n=<10	n=0
Q14b	Not experienced harassment, bullying or abuse from managers	87.1%	87.7%	*	87.5%	*	*
Q14c	Not experienced harassment, bullying or abuse from other colleagues	87.0%	87.9%	*	93.8%	*	*
Q15	Organisation acts fairly: career progression	58.6%	60.5%	*	31.3%	*	*
Q16b	Not experienced discrimination from manager/team leader or other colleagues	94.2%	94.5%	*	87.5%	*	*
Q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	98.5%	98.5%	*	100.0%	*	*
Q21	Feel organisation respects individual differences	73.0%	73.3%	*	81.3%	*	*

Summary

There are two indicators where Asian staff report poorer experiences, one of which is significant. Q15 which asks if the ICB acts fairly regarding career progression with the disparity in Asian experience is career progression fairness is 31.3% compared to 60.5% for White staff. Other non-white groups were below the reporting threshold of 10 staff.

Sex (Gender)		Comparatyo (Organisation Overall)	Female	Male	Non-binary	Prefer to self-describe:	Prefer not to say
Q	Description	n = 343	n = 268	n = 47	n = 0	n = <10	n = 25
Q14b	Not experienced harassment, bullying or abuse from managers	86.1%	86.9%	95.7%	*	*	72.0%
Q14c	Not experienced harassment, bullying or abuse from other colleagues	87.0%	87.2%	91.3%	*	*	80.0%
Q15	Organisation acts fairly: career progression	58.6%	61.6%	61.7%	*	*	20.0%
Q16b	Not experienced discrimination from manager/team leader or other colleagues	94.2%	94.4%	95.7%	*	*	88.0%
Q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	98.5%	98.5%	97.9%	*	*	100.0%
Q21	Feel organisation respects individual differences	73.0%	74.2%	80.4%	*	*	48.0%

Summary

Women and men reported broadly similar outcomes, with men reporting slightly more positive on several indicators. The “prefer not to say” group consistently scored markedly lower, including 20% on career progression, signalling reduced trust or psychological safety. 98.5% of female staff reported to not experiencing unwanted behaviour of a sexual nature from colleagues

Sexual Orientation		Comparator (Organisation Overall)	Heterosexual or straight	Gay or Lesbian	Bisexual	Other	I would prefer not to say
Q	Description	n = 343	n = 294	n = <10	n = <10	n = <10	n = 34
Q14b	Not experienced harassment, bullying or abuse from managers	87.1%	88.0%	*	*	*	73.5%
Q14c	Not experienced harassment, bullying or abuse from other colleagues	87.0%	87.9%	*	*	*	82.4%
Q15	Organisation acts fairly: career progression	58.6%	63.3%	*	*	*	20.6%
Q16b	Not experienced discrimination from manager/team leader or other colleagues	94.2%	94.9%	*	*	*	88.2%
Q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	98.5%	98.6%	*	*	*	97.1%
Q21	Feel organisation respects individual differences	73.0%	75.7%	*	*	*	52.9%

Summary

Heterosexual staff rated their experience close to or above the organisational average.

As in other categories, “prefer not to say” reported significantly weaker outcomes (e.g., 20.6% for career progression fairness compared to the organisational average of 58.6% or 52.9% who felt the organisation respects individual differences compared to the organisations average of 73%.

Religion or Belief		Comparator (Organisation Overall)	No religion	Christian	Hindu	Muslim	Sikh	Any other religion (please specify)	I would prefer not to say
Q	Description	n = 343	n = 125	n = 163	n = <10	n = <10	n = <10	n = <10	n = 32
Q14b	Not experienced harassment, bullying or abuse from managers	87.1%	83.1%	90.2%					87.5%
Q14c	Not experienced harassment, bullying or abuse from other colleagues	87.0%	87.9%	88.8%					87.1%
Q15	Organisation acts fairly: career progression	58.6%	62.4%	63.8%					28.1%
Q16b	Not experienced discrimination from manager/team leader or other colleagues	94.2%	93.6%	96.9%					90.6%
Q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	98.5%	99.2%	98.2%					96.8%
Q21	Feel organisation respects individual differences	73.0%	72.6%	74.7%					68.8%

Summary

Staff who identified as Christian, or No Religion groups reported experiences broadly aligned with or better than organisational averages, with the exception of the No religions group who had experienced higher level of harassment, bullying or abuse compared to the; ICB average, Christian or the preferred not to state groups. Minority faith staff fell below the reporting threshold of 10 staff. The “prefer not to say” group which totalled 32 staff reported low levels of experiences in three indicators compared to the other groups. These were; career progression, discrimination from staff at all levels and feeling the organisation respects individual difference

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

Directorates		Comparator (Organisation Overall)	Corporate Governance	Delivery Directorate	Finance Perf & Intel Directorate	Management Directorate	Medical Directorate	Nursing & Therapies Directorate	People Directorate	Transformation Directorate
Description		n = 343	n = 35	n = 26	n = 49	n = <10	n = 73	n = 105	n = 22	n = 24
Q14b	Not experienced harassment, bullying or abuse from managers	87.1%	34.3%	88.5%	89.8%	*	84.9%	86.5%	95.5%	70.8%
Q14c	Not experienced harassment, bullying or abuse from other colleagues	87.0%	34.3%	80.8%	79.2%	*	84.7%	92.2%	90.9%	79.2%
Q15	Organisation acts fairly: career progression	58.6%	68.6%	50.0%	63.3%	*	54.8%	58.1%	72.7%	37.5%
Q16b	Not experienced discrimination from manager/team leader or other colleagues	94.2%	100.0%	84.6%	100.0%	*	91.8%	95.2%	95.5%	83.3%
Q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	98.5%	100.0%	100.0%	95.9%	*	98.6%	100.0%	100.0%	91.7%
Q21	Feel organisation respects individual differences	73.0%	85.3%	88.5%	70.8%	*	76.7%	65.7%	81.8%	45.8%

Summary

Overall, colleagues report prominent levels of safety from discrimination and sexual harassment, but perceptions of fairness in career progression remain comparatively weak and show the widest disparities across several characteristics and directorates. Disabled staff, some ethnic minority groups, and colleagues who prefer not to disclose their sex or sexual orientation report materially poorer experiences on multiple measures. There are also directorate-level hotspots that require focused follow-up and leadership attention

Overall Summary

Overall, colleagues report prominent levels of safety from discrimination and sexual harassment, but perceptions of fairness in career progression remain comparatively weak and show the widest disparities across several characteristics and directorates. Disabled staff, some ethnic minority groups, and colleagues who prefer not to disclose their sex or sexual orientation report materially poorer experiences on multiple measures. There are also directorate-level hotspots that require focused follow-up and leadership attention.

ICB Staff Networks

The ICB's staff networks have remained active and in place throughout the period of organisational reform, although their capacity to deliver regular programmes of activity has been understandably reduced due to the scale and pace of change. Despite this, network members have continued to contribute to the wider staff voice and inclusion agenda, with several colleagues also participating in other groups such as the Staff Engagement Group and local workforce forums. Their ongoing involvement has ensured that lived experience and diverse perspectives continue to inform organisational decision making during a period of significant transition. As the new cluster arrangements for 2026–27 take shape, reenergising and supporting the networks will be an important priority to strengthen staff voice and reinforce the ICB's wider EDI commitments.

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

We reviewed our mandated training in 2024 and as a result changed the content to align closer with ICB strategic EDI aims and objectives. The new training now focuses 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 commissioning, 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.

Staff Feedback – Reasonable Adjustment

100% participants said the session fully met their expectations, previous 92%

100% said the trainers were easy to understand and engaging to listen to, previous 86%

- “Detailed and engaging training session, the presentation was informative with just the right amount of information on,”
- “The knowledge of the trainers was excellent; it really helped having practical examples.”
- “Interesting and important to have this knowledge.”

Staff feedback – Equality Health Impact Assessment

- It was really well thought out and in sequence - clear and concise speech. Very informative.”
- “Really informative and engaging.”

- “Informative and necessary for all to learn about - contact name given if assistance is needed.”

ICB corporate communications and involvement - Staff

A significant amount of organisational time and leadership focus has been dedicated to delivering the ICB Reform 10-Year Plan, alongside Management of Change (MoC) Stages 1 and 2 and the associated voluntary redundancy process. This period has involved substantial restructuring at Executive and senior management levels and has understandably created uncertainty and pressure for many colleagues.

Throughout this process, the ICB has prioritised clear communication and enhanced staff support. Regular weekly briefs, targeted engagement sessions, and direct leadership updates have been used to keep colleagues informed at every stage. Additional wellbeing resources, accessible HR guidance, and opportunities for one-to-one support were provided to help staff navigate what has been a challenging and emotionally demanding time. The organisation remains committed to delivering change in a fair, inclusive and compassionate way, consistent with its Public Sector Equality Duty.



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 2026/-2027

As the ICB enters 2026–27, a key organisational priority will be progressing the next phase of the **ICB Reform Blueprint** and operationalising the newly formed cluster between **Staffordshire & Stoke-on-Trent (SSoT) ICB and Shropshire, Telford & Wrekin (STW) ICB**. This new cluster arrangement creates an opportunity to strengthen consistency, reduce duplication, and develop a shared approach to equality, diversity and inclusion (EDI) and the Public Sector Equality Duty (PSED). Establishing common standards, governance expectations and ways of working will be central to ensuring both ICBs operate with clarity, fairness, and transparency in how workforce decisions are made.

During 2026–27, the ICB will focus on aligning policies, data practices, leadership responsibilities, and cultural expectations across the cluster to create a coherent and collaborative EDIPSED agenda. The intention is to build a shared framework that supports inclusive employment practices, improves workforce experience, and ensures that both ICBs continue to meet their statutory duties while adapting to the

evolving reform landscape. This work will require sustained engagement, careful change management and a continued emphasis on staff wellbeing and communication throughout the transition.

Key requirements for delivering a shared EDI-PSED agenda across the cluster:

- **Harmonising EDI and PSED governance**, including aligned decision-making structures, reporting expectations, and organisational leads.
- **Developing joint workforce data standards**, ensuring consistent collection, analysis and use of equality and workforce insight across both ICBs.
- **Aligning policies and procedures**, particularly around recruitment, reasonable adjustments, equality impact assessments, and staff experience processes.
- **Creating a shared cultural and leadership development offer**, supporting managers to embed inclusive behaviours and meet PSED responsibilities consistently across the cluster

This report was produced by the SSOT ICB Equality and Inclusion Business Partner, March 2026.