

ICB Equality, Diversity and Inclusion Report – March 2025 (published March 2026)

Content

- [Introduction](#)
- [Consultation](#)
- [ICB EDI objectives](#)
- [Public Sector Equality Duty](#)
- [ICB Workforce Equality Standards data & Information](#)
- [Equality Information](#)
- [ICB Change Programme / Re-org](#)
- [Staff Networks and EDI Group](#)
- [National Staff Survey Results](#)
- [Race \(WRES\) & Disability \(WDES\)](#)
- [Gender Pay Gap Reporting](#)
- [Equality Delivery System & EDI Improvement Plan](#)
- [Next steps in 2026](#)

Introduction

As an [NHS Integrated Care Board \(ICB\)](#), we are committed to equality, diversity and inclusion. We recognise the importance of having a diverse and engaged workforce and are committed to ensuring all our employees and workers have the opportunity to succeed. The [ICB's annual report](#) states 'we are continuously working to enhance resources for our staff and communities across Norfolk and Waveney to support Equality, Diversity and Inclusion'.

Our Values

Our organisational values were co-created through a collaborative process with our staff.

When the CCG became an ICB in July 2022, our values were reviewed, and it was agreed they still represented how we wanted to live our values through everything we do. Connected to; each other, the work we do, a common purpose, our partners across the system.....and always to our patients/public. **At all times being respectful, inclusive and embracing new ways of working by being innovative and continually improving.**



This is underpinned by the [NHS Long Term Workforce Plan](#) and [NHS People Promise](#) and established employment practices, policies and procedures to ensure that no colleague, or potential colleague, receives less favourable treatment on the grounds of sex, race, sexual orientation, marriage or civil partnership, religion or belief, age, trade union membership, disability, offending background, domestic circumstances, social and employment status, gender reassignment, political affiliation or any other personal characteristic. Ensuring our workforce is diverse and developing an inclusive culture ensures that we are best placed to deliver services to our diverse stakeholders and reflect the populations we serve. Enabling our staff to support and deliver the eight ambitions of the five year [Joint Forward Plan](#) across Norfolk and Waveney.

Diversity is viewed positively, we recognise that everyone is different and value the unique contribution that everyone's experience, knowledge and skills can make. Equality and inclusion are stated objectives. The promotion of equality, diversity and inclusion is pursued through policies that ensure colleagues receive fair, equitable and consistent treatment and existing and potential colleagues are not subject to any form of discrimination. Enabling colleagues to work in an environment where they can thrive. The ICB's Equality, Diversity and Inclusion Policy seeks to meet and exceed our responsibilities as a public-sector employer under the [Equality Act 2010](#). The Equality, Diversity and Inclusion policy also complements the ICB's Dignity and Respect at Work Policy.

Consultation March 2025

On 13 March 2025, the government made two key announcements in relation to a national NHS financial reset.

- NHS England will be abolished, and its functions fully integrated with the Department of Health and Social Care (DHSC) within two years.
- Integrated Care Boards (ICBs) are expected to make 50% savings to reduce running costs to £19 per head of the population.

ICBs have been notified they will take the role as strategic commissioners. There are three main purposes of an ICB (Improving population health, Reducing health inequalities and Improving access to services). ICBs will focus on four core functions:

- Understand local context - through population data and intelligence, forecasting and modelling and reviewing provision.
- Develop a long-term population health strategy - through developing strategies through engagement and testing and then setting strategies collaboratively.
- Use contract design, management and oversight to support the delivery of our strategy - through strategic purchasing, market shaping and management, contracting and payment mechanisms.
- Evaluate impact - through understanding how services are used, evaluating outcomes, and acting on findings and feedback

Together SNEE ICB and N&W ICB are required to make savings of £45.8m (52%). The proposed structures have been developed by the Executive Directors to ensure the new ICB can achieve the £19 per head of population financial allocation. Any staff reductions are to improve efficiency and value for money and support closer working with other ICBs in a cluster. It is proposed that there will be a net reduction in headcount across the organisations of 527.18 Whole Time Equivalent (WTE).

NW ICB EDI Objectives

As an NHS Integrated Care Board (ICB), we are committed to equality, diversity and inclusion. We recognise the importance of having a diverse and engaged workforce and we are committed to and actively promote a fair and inclusive environment which aligns to the ICB's values of Respectful, Inclusive and Innovative. We want to create an inclusive culture which empowers individuals to succeed and reach their full potential.

Equality, Diversity and inclusivity is essential to us achieving the eight ambitions in our Joint Forward Plan and working closely with Partners in the ICS to promote equality, address health inequalities to ensure delivery against our 21 objectives.

Our EDI Policy supports this aim and the ICB's EDI objectives are reviewed annually and updated every four years:

- To create an environment where staff feel valued, respected and included.
- To improve staff awareness and personal accountability
- To provide equality of opportunity in our employment practices to ensure we are a fair and inclusive employer
- To provide learning and development opportunities for staff
- To empower and support staff networks and employee led groups to implement, educate and communicate EDI initiatives.
- To continue to engage and listen to staff to further strengthen our engagement processes

Our ambition is to ensure staff fully understand EDI issues, feel empowered to challenge prejudice and feel confident to make reasonable adjustments in the workplace. We will be offering EDI training for all staff where we will share and discuss our EDI objectives to gain a greater understanding and awareness. We will seek to promote cultural and behaviour changes following the ICB's cultural survey and also feedback from the ICB's Staff Opinion Survey.

The Public Sector Equality Duty (PSED)

The Equality Act 2010 [Public Sector Equality Duty \(PSED\)](#) is set out in section 149 of the Act. In summary, those subject to the general equality and inclusion duty must have due regard (consideration) to the three aims of the general equality duty:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity between different groups.
- Foster good relations between different groups.

The Equality Act 2010 includes [Specific Duties](#) Regulations 2011, which require the ICB to publish annually on how it is meeting the PSED and thereafter every 4 years, refresh and update its Equality Objectives.

To meet the PSED, the ICB has a Specific Duty to publish by March 30 annually:

- Gender Pay Gap information
- Information on its staff and service users/populations, analysed by protected characteristics.
- One or more specific and measurable Equality Objectives, refreshed at agreed intervals.

The Equality Act 2010 focuses on nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). Its purpose is to integrate equality considerations into everyday business practices and accelerate progress for all.

Our Workforce – Pay bands as at 31.03.25

Staff numbers and composition (subject to audit)

As an employer we adopt the National Agenda for Change (AfC) pay framework and the following tables show the breakdown of functional categories and gender as at year end:

The staff headcount is of all staff employed by NHS Norfolk and Waveney as at 31 March 2025.

Staff Composition by Occupational Code (headcount)	Female	Male	Total
Chair & Non-Executive Board Members	4	2	6
Clerical and Administrative	267	62	329
Clinical Members	18	12	30
Managers	113	60	173
Nursing Professionals	86	11	97
Scientific, Therapeutic & Technical Professionals	33	5	38
Senior Managers	16	18	34
Other - Non AfC non-ICB shared posts	6	1	7
Other - Seconded/Agency staff	15	1	16
Total	558	172	730

NHS Occupational codes presented above reflect the nature of the role undertaken, this may show a difference to the roles in the table below. For example, Board Members where occupational codes consider these as Nursing or Clinical.

The ICB's annual report includes a staff report noting the ICB has a highly skilled, motivated and experienced workforce of commissioning managers and support staff. During the reporting period the average workforce was 637.7 WTE (whole time equivalent). In addition to employed staff, NHS Norfolk and Waveney engaged with general practitioners and nurses from across the Norfolk and Waveney area to provide clinical expertise and input into its decision making and actively supporting the organisation in aspiring for better health, better care and better value for the population.

Our Workforce Equality Information – pay bands as at 31.03.25

Staff Composition by band (headcount)	Female	Male	Total
VSM	6	5	11
Chair & Non-Executive Board Members	4	2	6
Other - Non AfC ICB members	18	15	33
Band 9	4	5	9
Band 8d	10	7	17
Band 8c	36	17	53
Band 8b	50	20	70
Band 8a	83	33	116
Band 7	105	32	137
Band 6	100	17	117
Band 5	56	11	67
Band 4	61	4	65
Band 3	18	3	21
Band 2	1	0	1
NCC Shared posts	6	1	7
Total	558	172	730

Whilst these tables detail the breakdown of staffing by banding from a gender perspective, other metrics are monitored including the Workforce Race Equality Standard (WRES) which reflects career progression and personal perceptions of black and minority ethnic staff treatment by colleagues. The progress against workplans are reviewed by both the workforce team and the staff Equality, Diversity and Inclusion Group.

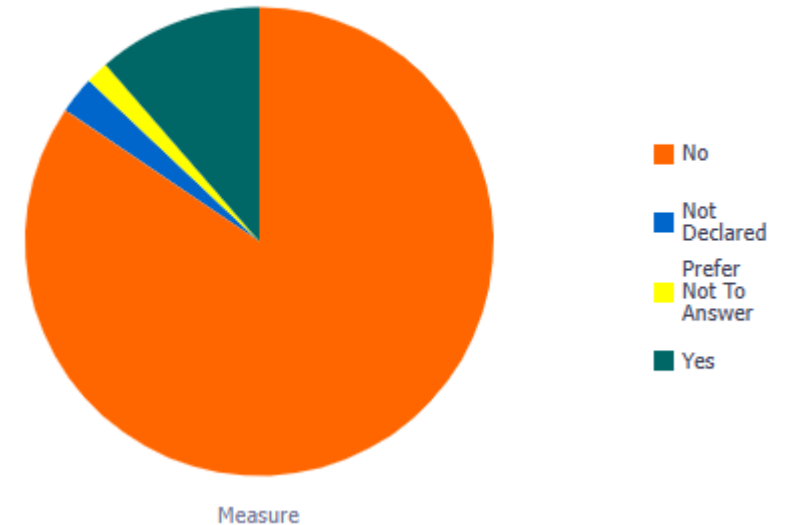
NHS Norfolk and Waveney also recognises that individuals may identify themselves outside of female or male categories however these tables capture NHS Norfolk and Waveney's workforce.

Our Workforce – Age & Disability as at 31.03.25

Our workforce data on 31.03.2025 includes employees who are full and part time and those who have permanent and temporary contracts.

Age Band	Headcount	%	FTE
<=20 Years	2	0.28	2.00
21-25	8	1.14	7.40
26-30	55	7.83	52.12
31-35	91	12.96	84.40
36-40	78	11.11	69.74
41-45	98	13.96	90.20
46-50	116	16.52	106.84
51-55	95	13.53	89.24
56-60	99	14.10	91.41
61-65	52	7.41	41.64
66-70	8	1.14	5.90
Grand Total	702	100.00	640.88

Disability Category	Headcount	%
Learning disability/difficulty	10	1.42
Long-standing illness	28	3.99
Mental Health Condition	8	1.14
No	609	86.75
Not Declared	37	5.27
Other	7	1.00
Physical Impairment	9	1.28
Prefer Not to Answer	11	1.57
Sensory Impairment	3	0.43
Yes - Unspecified	26	3.70
Grand Total	748	106.55

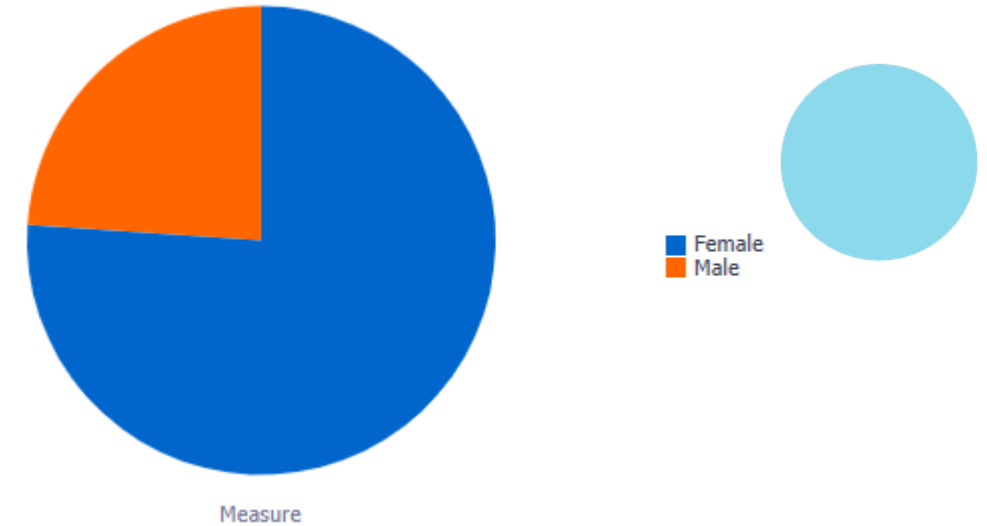


- 16.52% of our workforce are between 46 – 50 years of age
- 9.25% of our workforce is under 30 years of age
- 11.40% of our workforce has a disability
- 1.57% of our workforce preferred not to answer and a further 3.7% declared a disability but did not specify what this was

Our workforce Gender, Gender reassignment and marriage or civil partnership as at 31.03.25

Gender	Headcount	%	FTE
Female	534	76.1	484.27
Male	168	23.9	156.62
Grand Total	702	100.0	640.88

Marital Status	Headcount	%	FTE
Civil Partnership	14	1.99	13.40
Divorced	68	9.69	61.01
Legally Separated	4	0.57	3.60
Married	408	58.12	365.34
Single	177	25.21	169.49
Unknown	27	3.85	24.44
Unspecified	1	0.14	1.00
Widowed	3	0.43	2.60
Grand Total	702	100.00	640.88

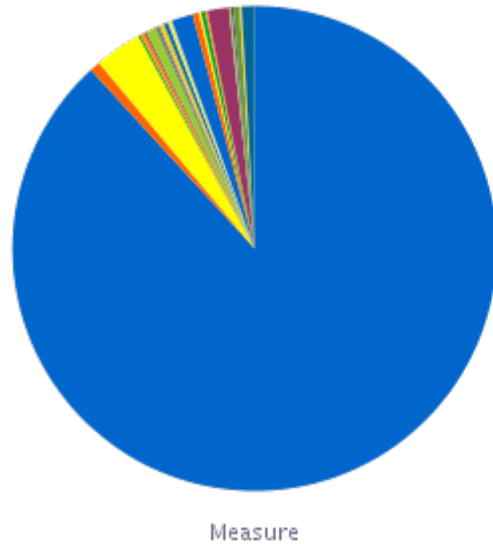


Gender reassignment

The data that is collected on Electronic Staff Record (ESR), does not record gender identities outside of the female / male binaries. We continue to work closely with our EDI Staff Group Network to create safe spaces for colleagues to raise issues.

- Over three quarters of our staff are female (76.07%), compared to 23.93% that are male.
- The majority of our workforce are married or in a civil partnership

Our workforce – Ethnic Origin as at 31.03.25



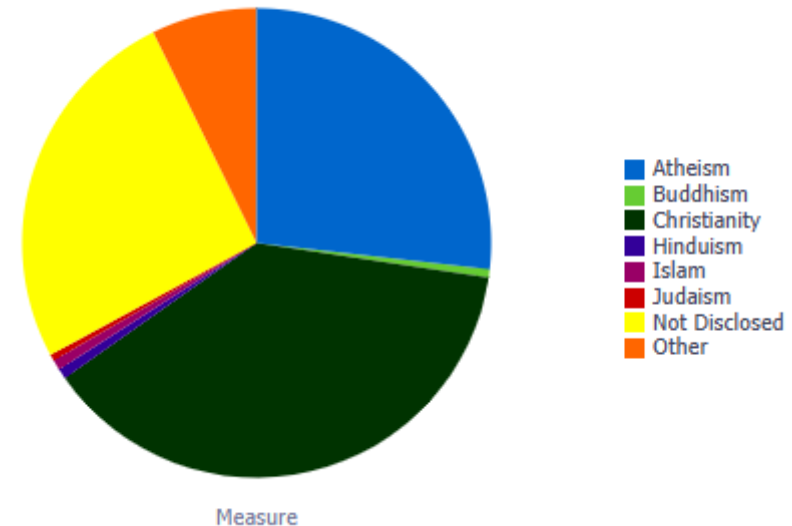
- A White - British
- B White - Irish
- C White - Any other White backgr...
- CA White English
- CP White Polish
- CX White Mixed
- CY White Other European
- D Mixed - White & Black Caribbean
- E Mixed - White & Black African
- F Mixed - White & Asian
- G Mixed - Any other mixed backg...
- GF Mixed - Other/Unspecified
- H Asian or Asian British - Indian
- J Asian or Asian British - Pakistani
- K Asian or Asian British - Banglad...
- L Asian or Asian British - Any oth...
- M Black or Black British - Caribbean
- N Black or Black British - African
- P Black or Black British - Any othe...
- R Chinese
- S Any Other Ethnic Group
- SC Filipino
- Z Not Stated

The above graph clearly shows our workforce is predominantly white, or white & mixed race. This is very reflective of the population of Norfolk & Waveney. Hybrid and flexible working has supported us in attracting greater diversity of candidates when recruiting to new roles. The table, provides a breakdown of all other ethnic groups that make up our workforce.

Ethnic Group	Headcount	%	FTE
A White - British	619	88.18%	567.97
B White - Irish	5	0.71%	4.60
C White - Any other White background	22	3.13%	20.77
CA White English	1	0.14%	1.00
CP White Polish	2	0.28%	1.80
CX White Mixed	1	0.14%	1.00
CY White Other European	5	0.71%	4.44
D Mixed - White & Black Caribbean	1	0.14%	1.00
E Mixed - White & Black African	1	0.14%	1.00
F Mixed - White & Asian	2	0.28%	2.00
G Mixed - Any other mixed background	2	0.28%	1.60
GF Mixed - Other/Unspecified	2	0.28%	0.50
H Asian or Asian British - Indian	10	1.42%	7.51
J Asian or Asian British - Pakistani	3	0.43%	2.20
K Asian or Asian British - Bangladeshi	1	0.14%	1.00
L Asian or Asian British - Any other Asian background	2	0.28%	1.20
M Black or Black British - Caribbean	1	0.14%	1.00
N Black or Black British - African	10	1.42%	10.00
P Black or Black British - Any other Black background	1	0.14%	1.00
R Chinese	1	0.14%	1.00
S Any Other Ethnic Group	3	0.43%	2.60
SC Filipino	1	0.14%	1.00
Z Not Stated	6	0.85%	4.70
Grand Total	702	100.00%	640.88

Our workforce – Religion or belief as at 31.03.25

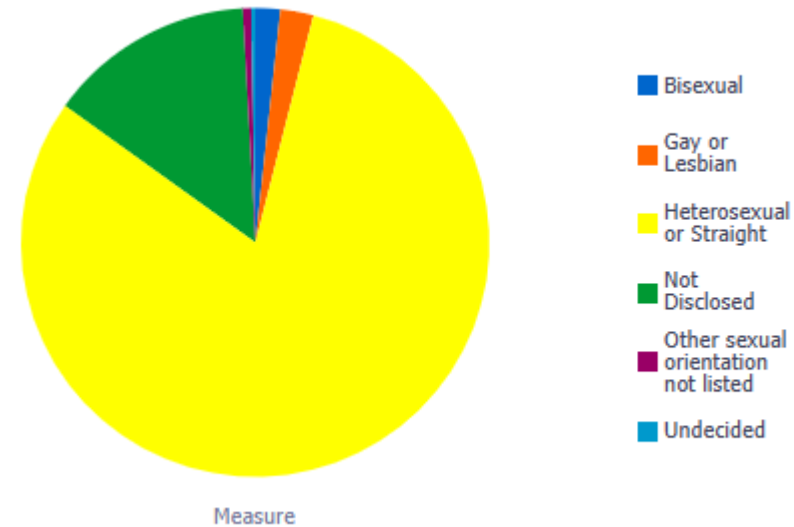
Religious Belief	Headcount	%	FTE
Atheism	188	26.78	177.77
Buddhism	4	0.57	2.80
Christianity	266	37.89	238.86
Hinduism	5	0.71	2.71
Islam	5	0.71	3.80
Judaism	3	0.43	3.00
Not Disclosed	180	25.64	164.23
Other	51	7.26	47.71
Grand Total	702	100.00	640.88



The data shows 38% of workforce declared they are Christian and over 26% are atheist. 26% of staff did not disclose their religion and under 3% of our colleagues who have stated their beliefs are: Buddhism, Hinduism, Islam or Judaism. A significant percentage of our workforce (26%) preferred not to declare their religion which may suggest an issue with staff not feeling comfortable in disclosing sensitive personal information. **The management training module will support with the development of our culture and ways of speaking up to ensure staff have confidence in our systems. We will continue to work with our EDI staff network group to understand where there might be gaps or reluctance to share personal information and how we can bridge them.**

Our workforce – Sexual orientation as at 31.03.25

Sexual Orientation	Headcount	%	FTE
Bisexual	12	1.71	10.80
Gay or Lesbian	16	2.28	15.10
Heterosexual or Straight	568	80.91	517.44
Not Disclosed	100	14.25	91.54
Other sexual orientation not listed	4	0.57	4.00
Undecided	2	0.28	2.00
Grand Total	702	100.00	640.88



The data shows that just over 80% of our staff have declared they are heterosexual or straight. 4% identify as lesbian, gay, bisexual. 14% of staff have chosen not to state their sexual orientation.

Our workforce – Pregnancy & Maternity as at 31.03.25

- *The available data set is too small to yield statistically significant insights. Additionally, due to its sensitive nature and relevance to governance, careful handling and interpretation are required to ensure compliance with regulatory and ethical standards.*

Employment equal opportunity statistics for those seeking employment opportunities with the ICB

- Please see [employment equal opportunity statistics](#) for those seeking employment opportunities with the ICB as at 31 March 2025. The key trends in this report are:

Non-Medical vs. Medical Applications:

- The majority of applications are for non-medical positions (1555 applied) compared to medical positions (110 applied).
- Non-medical positions have a higher number of shortlisted, interviewed, and appointed candidates compared to medical positions, Medical roles had smaller volumes but higher appointment rates.

Gender Distribution:

- More females applied for non-medical positions (850) compared to males (694).
- Females have a higher success rate in being shortlisted, interviewed, and appointed compared to males.

Age Distribution:

- The majority of applicants are in the 25-29 and 30-34 age groups.
- Younger age groups (20-24) have higher application numbers, whereas applicants aged 45+ tend to achieve higher success rates in being appointed.

Ethnic Origin:

- A significant number of applicants are from the "WHITE BRITISH" (29.7%), "BLACK or BLACK BRITISH - African" (29.1%) and "ASIAN or ASIAN BRITISH - Indian" (23.1%) categories.
- "WHITE - British" applicants have higher success rates in being shortlisted and appointed.
- Applicant diversity is strong, but appointment outcomes vary by ethnic group. This aligns with national workforce equality analysis and supports ongoing actions under Workforce Race Equality Standard (WRES) frameworks. ([NHS England](#))

Employment equal opportunity statistics for those seeking employment opportunities with the ICB

Religion:

- The majority of applications were Christian (45.7%) Hinduism (17.3%) and Atheism (13.8%) are the next most common religions among applicants.
- Applicants who identify as Christian and Atheist showed similar appointment rates.
- These trends highlight the disparities in application success rates based on gender, age, ethnic origin, and source of application.

Disability:

- Most applicants do not have a disability (1376 for non-medical roles and 103 for Medical roles), and those who do have a disability have lower success rates in being appointed.

Source of Applications:

- The majority of applications came from NHS Jobs websites (877), followed by HealthJobsUK/ NursingNetUK (275) and Indeed (152).
- Applications from the NHS Jobs website have a higher success rate in being shortlisted and appointed.

Marital Status:

- Single and married applicants form the majority of the applicant pool.
- Married applicants have a higher success rate in being shortlisted and appointed compared to single applicants.

Further information regarding the ICB's Workforce racial and disability equality standards will be published on the Norfolk and Waveney's ICB Improving Lives Website by 31 March 2025.

Equality Information about ICB Workforce Grievances from 01.04.2024 to 31.03.2025

- 6 grievances were heard by the ICB
- 3 were female and 3 were male employees
- 5 were of British Nationality: 3 were White, 1 was Black or Black British, 1 was Asian or Asian British (Any other Asian background) 1 was Not Stated and 1 was Nigerian
- 3 did not wish to state their religious beliefs, 1 was Atheist, 1 was Christian and 1 declared their religion was other
- 5 did not have disabilities, 1 employee preferred not to say
- All were above 30 years (1 employee was 36-40, 2 employee's were 41-45, 3 employee's were 46-50)

Equality Information about ICB Workforce Leavers 01.04.2024 to 31.03.2025

103 employees resigned from the ICB of which:

- 22% were in Nursing, Midwifery, Medical, Dental or Professional Scientific or Technical posts
- 76% employees were female and 24% were male
- 10% employees were either black, Asian or of minority ethnic origin
- 4% employees were gay, lesbian or bisexual and 21 employees preferred not to state their sexual orientation
- All employees were British nationalities
- 26% of leavers completed an exit questionnaire.

The ICB will continue to focus efforts on further understanding employee turnover, improving retention strategies, boosting employee engagement and gaining honest feedback to demonstrate to employees both current and departing that the ICB values their input and is committed to continuous improvement.

ICB Change Programmes

The ICB change program was finalised in July 2024 and redesigned the operating framework and organisational structures to deliver on the collective ambitions and priorities for the system which are as follows:

- To deliver on the eight ambitions outlined in the system Joint Forward Plan
- To deliver on the mandated running cost reductions outlined in NHS England's letter dated 2 March 2023, which requires a real time 30% running cost reduction by 2025/26 with at least 20% delivered in 2024/ 25
- To realign the organisation's operating framework, organisational structures, and ways of working from a merged CCG model to fulfil the new ambitions and purpose of an ICB

On 1st April 2025 in his letter 'Working together in 2025/26 to lay the foundations for reform' NHS England Chief Executive Sir James Mackey, set that over the next 12 months NHS England will be embarking on a transformative journey to lay the foundations for significant reform. Specifically, the period shall focus on:

- 1. Strategic Leadership and Integrated Care: Emphasising collaboration among leaders and the pivotal role of Integrated Care Boards (ICBs) in strategic commissioning.
- 2. Financial Stability and Efficiency: Addressing a headline deficit of £311 million and implementing measures to reverse corporate cost growth in NHS providers by 50%.
- 3. Operational Excellence: Enhancing recovery through the NHS Standard Contract and streamlining central operations to improve efficiency and accountability.
- 4. Quality and Transparency: Promoting a rules-based operating model that incentivises good financial and operational performance, with a renewed focus on quality and transparency.

ICB Change Programmes

The letter set out that ICBs must undergo significant changes to enhance their effectiveness and impact, whilst reducing costs by 50%.

Key changes include:

- **Strengthened Strategic Role:** ICBs will take on a more prominent role in strategic commissioning, ensuring that resources are allocated efficiently to meet local health needs.
- **Enhanced Collaboration:** ICBs will foster greater collaboration among healthcare providers, local authorities, and community organisations to deliver integrated care.
- **Improved Accountability:** new measures will be introduced to hold ICBs accountable for their performance, with a focus on transparency and outcomes.
- **Capacity Building:** investments will be made to build the capacity of ICBs, equipping them with the necessary tools and expertise to drive improvements in care delivery.

The reforms and changes planned for 2025/26 by NHS England aim to deliver several positive outcomes for patients, including:

- **Improved Access to Care:** patients will benefit from more efficient and integrated care pathways, reducing wait times and improving access to necessary services.
- **Enhanced Quality of Care:** with a focus on quality and transparency, patients can expect higher standards of care and better health outcomes.
- **Personalised Care:** Integrated Care Boards (ICBs) will ensure that care is tailored to meet the specific needs of local populations, leading to more personalised and effective treatments.
- **Better Coordination:** enhanced collaboration among healthcare providers will lead to more coordinated and seamless care experiences for patients.
- **Increased Accountability:** patients will benefit from a healthcare system that is more accountable and transparent, ensuring that their needs and concerns are addressed promptly and effectively.

These outcomes aim to create a patient-centred healthcare system that is responsive, efficient and of high quality.

ICB Change Programmes

Therefore NHS England's mandate was to reduce management costs and improve ICB effectiveness is the primary driver for change. On 9 September 2025 a ministerial statement announced the formation of Norfolk and Suffolk ICB and align with the Model ICB blueprint and national expectations for ICB structures and, redesign with guiding principles:

- Maintain Core Functions
- Protect Finance & Contracting Capacity
- Invest in Strategy & Analytics
- Develop Neighbourhood Health Commissioning

The organisation was also required to reduce running costs, equating to 57% savings

In August 2025 a single VSM team was announced with a 60% reduction at the VSM level.

On 19 November 2025 the organisation went into formal consultation to proposing staff reductions and to ensure the new ICB aligned to the core purpose of being a strategic commissioner and meet its strategic objectives and to fulfil its statutory and other duties.

The consultation ended on 19 January 2026 and the final structure will be announced in mid-February 2026.

The ICB has carried out an Equality Impact Assessment on all staff that are affected by the changes to ensure that the selection for redundancy is undertaken in a way that does not discriminate.

The slide below summaries the equality impact on the staff affected by the proposals by percentage of total substantive.

ICB Transition Proposed Structures – Service Users – check for direct discrimination against any minority group

Does the document contain any statements which may exclude people from using services who otherwise meet the criteria under the grounds of:	Response	Action Required	Resource Implication
Age	No	No	N/A
Gender (Sex)	No	No	N/A
Disability	No	No	N/A
Race	No	No	N/A
Religion Belief or Non Belief	No	No	N/A
Sexual Orientation	No	No	N/A
Marital Status	No	No	N/A
Pregnancy, maternity & paternity	No	No	N/A
Transgender	No	No	N/A

If yes is answered to any of the above, the document may be considered discriminatory and requires review and further work to ensure compliance with legislation.

ICB Transition Proposed Structures – Employees– check for direct discrimination against any minority group

Does the document contain any statements which may exclude employees from operating under the grounds of:	Response	Action Required	Resource Implication
Age	No	No	N/A
Gender (Sex)	No	No	N/A
Disability	No	No	N/A
Race	No	No	N/A
Religion Belief or Non Belief	No	No	N/A
Sexual Orientation	No	No	N/A
Marital Status	No	No	N/A
Pregnancy, maternity & paternity	No	No	N/A
Transgender	No	No	N/A

If yes is answered to any of the above, the document may be considered discriminatory and requires review and further work to ensure compliance with legislation.

ICB Transition Proposed Structures – Services Users – check for indirect discrimination against any minority group

Does the document contain any conditions or requirements which are applied equally to everyone, but may disadvantage certain individuals or groups because they cannot comply due to:	Response	Action Required	Resource Implication
Age	No	No	N/A
Gender (Sex)	No	No	N/A
Disability	No	No	N/A
Race	No	No	N/A
Religion Belief or Non Belief	No	No	N/A
Sexual Orientation	No	No	N/A
Marital Status	No	No	N/A
Pregnancy, maternity & paternity	No	No	N/A
Transgender	No	No	N/A

If yes is answered to any of the above, the document may be considered discriminatory and requires review and further work to ensure compliance with legislation.

ICB Transition Proposed Structures – Employees – check for indirect discrimination against any minority group

Does employees document contain any statements which may exclude employees from operating under the grounds of:	Response	Action Required	Resource Implication
Age	No	No	N/A
Gender (Sex)	No	No	N/A
Disability	No	No	N/A
Race	No	No	N/A
Religion Belief or Non Belief	No	No	N/A
Sexual Orientation	No	No	N/A
Marital Status	No	No	N/A
Pregnancy, maternity & paternity	No	No	N/A
Transgender	No	No	N/A

If yes is answered to any of the above, the document may be considered discriminatory and requires review and further work to ensure compliance with legislation.

ICB Transition Proposed Structures – Check for Access Discrimination

Is the document accessible:	Response	Action Required	Resource Implication
In a variety of languages	No	Yes, if a need is identified	If a need is drawn to our attention we will respond on an individual basis.
To specific disabled service users/employees	No	Yes, if a need is identified	If a need is drawn to our attention we will respond on an individual basis.

If no is answered to any of the above, the document may be considered discriminatory and requires review and further work to ensure compliance with legislation. If a need is drawn to our attention we will respond on an individual basis.

ICB Change Programme – Equality Impact Assessment

Primarily, who are the most adversely affected groups (e.g. geography, community, protected characteristics, clinical needs).

655 Staff in post as at 19/11/25:

- Age: Largest age group 46-50 (16.34%), closely followed by 56-60 (15%) and 51-55(14%)
- Disability: Majority of staff state they have no disability (84%) Staff who have declared a disability (11%), few staff have not declared or preferred not to answer (5%)
- Ethnic Origin: Majority of staff are white British, or any other white background (92%)
- Maternity: Approximately 4% of staff have maternity protection. It should be noted that reporting data is limited to those on maternity or adoption leave.
- Gender: Majority of staff are Female (76.5%) compared to Males (23.5%)
- Religion: Majority are staff are Christian (39%), Atheist (26%), or have not disclosed their religion (26%)
- Sexual Orientation: Majority of staff are Heterosexual/ Straight (81%) or not disclosed (14%) Bisexual, Gay or Lesbian (4%)
- Martial Status: Majority are Married (59%) or Single (24%)
- Gender reassignment: The data that is collected on Electronic Staff Record (ESR), does not record gender identities outside of the female / male binaries currently.

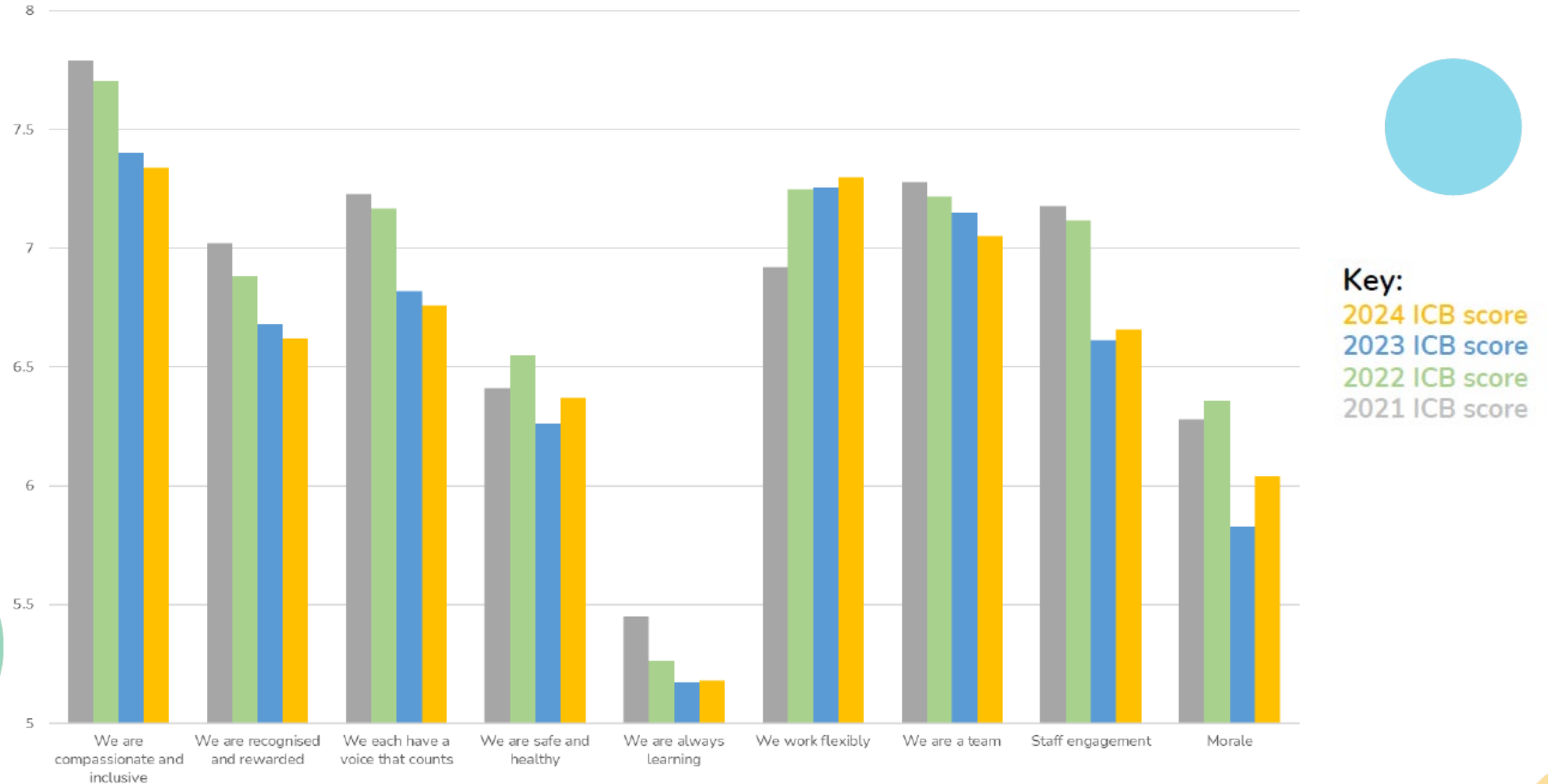
Staff Networks & EDI Staff Group

- The ICB is committed to supporting, engaging and listening to its employees. We wish to continue to strengthen our engagement processes to ensure diversity and inclusion is a key part of what we do by listening to individuals and groups and supporting and engaging with our staff network groups; the Staff Involvement Group made up of representatives from each directorate and the Equality, Diversity and Inclusion Group, which was developed in 2021 and is made up of members of staff who have a keen interest in supporting and championing EDI. The group is representative of a cross section of our workforce. The Equality, Diversity and Inclusion Staff Group promote awareness of equality, diversity and inclusion predominantly utilising the dedicated 'all staff' ICB Teams EDI channel, regularly attending staff briefing to raise awareness and highlighting and providing focus to support events detailed in the Diversity and Inclusion Calendar 2025.
- The ICB also continues to implement the Schwartz Rounds across the ICB/ICS to support the narrative around empathy and compassionate care.
- The ICB continues to support the micro aggression portal to allow all staff the opportunity to log incidences of bullying and harassment informally and anonymously.
- The ICB also works closely with its Freedom to Speak Up Guardians and Champions.
- We are pleased to support staff with ICB Health and Wellbeing Champions covering the following areas Mental Health, Men's Health, Women's Health, Financial Health, Social Health and Physical Health. Our champions support our staff by caring and ensuring we look after all our staff, organising activities to support health and wellbeing in the workplace, seeking feedback, listening to staff's ideas and suggestions, acting as a role model and promoting a healthy culture and promoting health campaigns through staff briefings, emails and meetings.
- All staff across the ICB have access to the [Equality, Diversity & Inclusion – Resource Hub](#) on the Improving Lives Website which aims to share resources, information and encourage engagement, involvement and action in the wide range of events, networks and activities happening across Norfolk and Waveney ICB.

2024 National Staff Survey Results

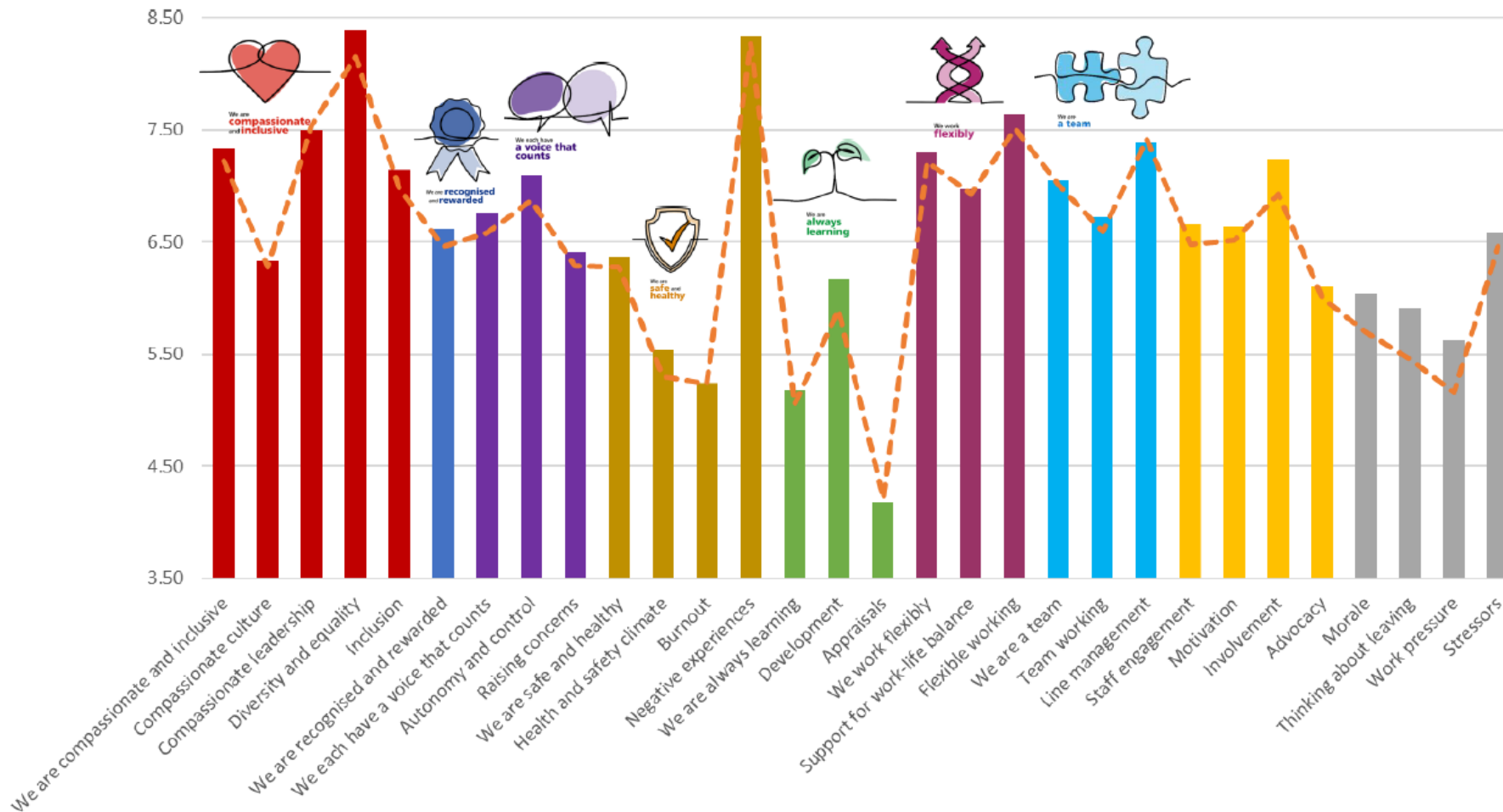
- The principal aim of the national NHS survey is to gather information that will help individual NHS organisations to improve the working lives of their staff and so help to provide better care for patients. The survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. The survey is aligned to the NHS People Promise.
- The annual survey, completed by all NHS organisations in England, focuses on nine themes, aligned to the NHS People Promise and provides a detailed insight into how staff feel about culture, their wellbeing, levels of engagement and motivation, equality, diversity and inclusion, safety, and quality of care.
- There is a wide range of evidence that highlights how good staff and patient experience go hand in hand, which is why making sure our staff are happy and supported is so crucial. We know there is always room for improvement, and we will continue to work with our teams to improve our offer to ensure we support staff wellbeing as best we can.
- Results are benchmarked against both the national average scores, and our comparable group of 41 ICBs. The response rate for NHS Norfolk and Waveney was 68.2% (439 responses) which was higher than 2023 but slightly lower than our comparator average of 72%.
- **Our 2024 ICB results include;**
 - **above** our comparator average for all 7 People Promise themes.
 - **above** our comparator average for staff engagement and morale.
 - areas showing **most improvement** include opportunities to show initiative, make suggestions and involvement in decision making.
 - areas showing a decline since our 2023 survey (in line with a national deterioration in these areas) include immediate manager support, and working together to achieve objectives.

2024 National Staff Survey Results



2024 National Staff Survey Results

NHS National Staff Survey 2024 (ICB and Comparator) by People Promise Themes



Comparator



2024 National Staff Survey Results

Significant Improvement since 2023 Survey

- 3d I am able to make suggestions to improve the work of my team / department ↑ 3.3%
- 3e I am involved in deciding on changes introduced that affect my work area / team / department ↑ 3.6%
- 3g I am able to meet all the conflicting demands on my time at work ↑ 4.8%
- 3i There are enough staff at this organisation for me to do my job properly ↑ 7.8%
- 5b I have a choice in deciding how to do my work ↑ 3.9%
- 7d Team members understand each other's roles ↑ 3.5%
- 11b In the past year, have you experienced musculoskeletal problems (MSK) as a result of work activities? (no) ↑ 3.0%
- 11d In the last 3 months have you ever come to work despite not feeling well enough to perform your duties? (no) ↑ 3.6%
- 12f How often, if at all, do you feel that every working hour is tiring for you? (response of never or rarely) ↑ 4.0%
- 13d *The last time you experienced physical violence at work, did you or a colleague report it? (response yes)* ↑ 33.3%
- 24a This organisation offers me challenging work ↑ 2.5%

Significant Deterioration since 2023 Survey

- 3a I always know what my work responsibilities are ↓ -8.3%
- 4b The extent to which my organisation values my work ↓ -3.7%
- 7e I enjoy working with the colleagues in my team ↓ -4.6%
- 7h I feel valued by my team ↓ -3.7%
- 8a Teams within this organisation work well together to achieve their objectives ↓ -6.8%
- 8d The people I work with show appreciation to one another ↓ -3.1%
- 9a My immediate manager encourages me at work ↓ -3.5%
- 9b My immediate manager gives me clear feedback on my work ↓ -3.4%
- 9c My immediate manager asks for my opinion before making decisions that affect my work ↓ -4.3%
- 9d My immediate manager takes a positive interest in my health and well-being ↓ -3.0%
- 9e My immediate manager values my work ↓ -3.3%
- 11a My organisation takes positive action on health and well-being ↓ -10.4%
- 11e Have you felt pressure from your manager to come to work? (response of no) ↓ -7.9%
- 14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? (yes) ↓ -6.8%
- 19d We are given feedback about changes made in response to reported errors, near misses and incidents (responses agree) ↓ -4.1%
- 20b I am confident that my organisation would address my concern ↓ -5.5%
- 25a Care of patients / service users is my organisation's top priority ↓ -9.6%
- 25b My organisation acts on concerns raised by patients / service users ↓ -3.5%
- 25e I feel safe to speak up about anything that concerns me in this organisation (response agree) ↓ -3.9%
- 25f If I spoke up about something that concerned me, I am confident my organisation would address my concern (response agree) ↓ -5.9%
- 31b Has your employer made reasonable adjustment(s) to enable you to carry out your work? ↓ -7.2%
- 16b In the last 12 months, have you personally experienced discrimination at work from a manager/team leader or other colleagues? 17 answered yes



2024 National Staff Survey Results

- Please see the link to the [NHS Norfolk and Waveney ICB Benchmark report Staff Survey](#) please see section workforce equality standards p103 and p121 for information about our respondents.
- Please see further information regarding the 2024 Staff Survey Results in our Equality Diversity Inclusion 2 report which will be published on 28 February 2026.
- Our full results can be found here [National results across the NHS in England | NHS Staff Survey](#)

Race (WRES) & Disability (WDES)

- The ICB does commit to the principles of the WRES and WDES and applies as much as possible to their own workforce.
- The ICB's Race and Disability Reports and action plans will be published on Norfolk and Waveney's ICB Improving Lives Website by 30 March 2026

Gender Pay Gap Reporting

- In accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, employers with 250 or more employees are required to publish Gender Pay Gap calculations no later than 30 March each year.
- NHS Norfolk and Waveney ICB's Gender Pay Gap Report for March 2025 will be published on Norfolk and Waveney's ICB Improving Lives Website by 30 March 2026

Equality Delivery System & EDI Improvement Plan

The main purpose of the Equality Delivery System 2 (EDS2) is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. It is aligned to NHS England's commitment to an inclusive NHS that is fair and accessible to all.

The four EDS2 goals are:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

Please see the [2024-25 EDS2 Summary Report](#)

NHS Norfolk and Waveney ICB's EDS Report & EDI Improvement Plan 2025 – 2026 will be published on Norfolk and Waveney's ICB Improving Lives Website by 31 March 2026

Next steps in 2026

- To achieve the savings N&W ICB and SNEE ICB will be running a full staff consultation which will provide feedback to the proposed changes to structures this will end on 19 January 2026.
- Upon completion of the formal consultation period, feedback will be collated and reviewed. Based on feedback received, amendments will be made to the structures. Final structures will be shared in an outcome report alongside a personalised outcome letter to staff in late February 2026.
- The process for filling of posts will commence from 23 February 2026 and be in two stages
 1. Stage one Competitive slotting interviews
 2. Stage two Filling of remaining posts

The newly formed Norfolk and Suffolk ICB will continue support and deliver on the EDI Annual Plan and will align and refocus its EDI Strategy and Plans in 2026/27 ensuring and implementing commitments to EDS2, WRES & WDES action plans, and Gender Pay Gap reporting information. Together with ensuring its compliance with the PSED and the NHS People Promise.

Most noticeable this will continue to support and achieve:

- Accreditation of Menopause Friendly
- Accreditation of Sexual Safety Charter
- Disability Confident Employer