

ICB Equality, Diversity and Inclusion Report – March 2024 (published January 2025)

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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.

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 31.03.24

- The ICB's annual report includes a staff report noting the ICB has a highly skilled, motivated and experience workforce of commissioning managers and support staff. During the reporting period the average workforce was 711.1 WTC (whole time equivalent). In addition to employed staff, NHS Norfolk and Waveney engaged with general practitioners and nurses across the Norfolk and Waveney-to provide crucial clinical expertise and input into its decision making and actively supporting the organisation in aspiring for better health, better care and better value for its population.

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 2024.

Staff Composition by Occupational Code (headcount)	Female	Male	Total
Chair & Non-Executive Board Members	5	2	7
Clerical and Administrative	278	67	345
Clinical Members	17	11	28
Managers	96	59	155
Nursing Professionals	96	9	105
Scientific, Therapeutic & Technical Professionals	33	3	36
Senior Managers	20	16	36
Other - Non AfC non-ICB shared posts	8	3	11
Other - Seconded/Agency staff	43	10	53
Total	596	180	776

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.

Our Workforce Equality Information – pay bands as at 31.03.24

Staff Composition by band (headcount)	Female	Male	Total
VSM	7	4	11
Chair & Non-Executive Board Members	5	2	7
Other - Non AfC ICB members	18	14	32
Band 9	6	3	9
Band 8d	12	9	21
Band 8c	38	12	50
Band 8b	44	24	68
Band 8a	77	32	109
Band 7	91	35	126
Band 6	105	19	124
Band 5	65	14	79
Band 4	66	6	72
Band 3	54	3	57
NCC Recharges	8	3	11
Total	596	180	776

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.

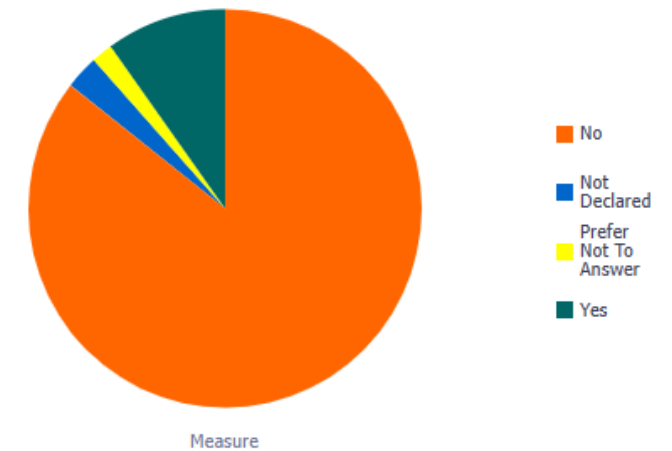
Our Workforce – Age & Disability as at 31.03.24

Our workforce data on 31.03.2024 includes employees who are full and part time and those who have permanent and temporary contracts.

Age Band

Age Band	Headcount	%	FTE
<=20 Years	2	0.29	2.00
21-25	7	1.02	6.40
26-30	55	7.99	51.97
31-35	89	12.94	82.45
36-40	79	11.48	70.14
41-45	95	13.81	87.40
46-50	113	16.42	104.47
51-55	93	13.52	87.54
56-60	95	13.81	87.21
61-65	52	7.56	41.92
66-70	8	1.16	5.90
Grand Total	688	100.00	627.39

Disability Category	Headcount	%
Learning disability/difficulty	7	1.02
Long-standing illness	23	3.34
Mental Health Condition	7	1.02
No	594	86.34
Not Declared	27	3.92
Other	7	1.02
Physical Impairment	8	1.16
Prefer Not to Answer	12	1.74
Sensory Impairment	2	0.29
Yes - Unspecified	22	3.20
Grand Total	709	103.05



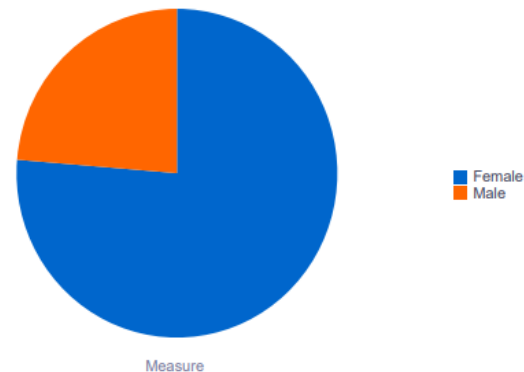
- 16% of our workforce are between 46 – 50 years of age
- 9% of our workforce is under 30 years of age
- 14% of our workforce has a disability
- Nearly 2% of our workforce preferred not to answer and a further 3% declared a disability but did not specify what this was

Our workforce Gender, Gender reassignment and marriage or civil partnership as at 31.03.24

Gender

Gender	Headcount	%	FTE
Female	525	76.3	475.47
Male	163	23.7	151.92
Grand Total	688	100.0	627.39

Gender



Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	10	1.45	9.20
Divorced	64	9.30	58.68
Legally Separated	4	0.58	3.60
Married	395	57.41	353.25
Single	180	26.16	171.22
Unknown	29	4.22	26.04
Unspecified	3	0.44	2.80
Widowed	3	0.44	2.60
Grand Total	688	100.00	627.39

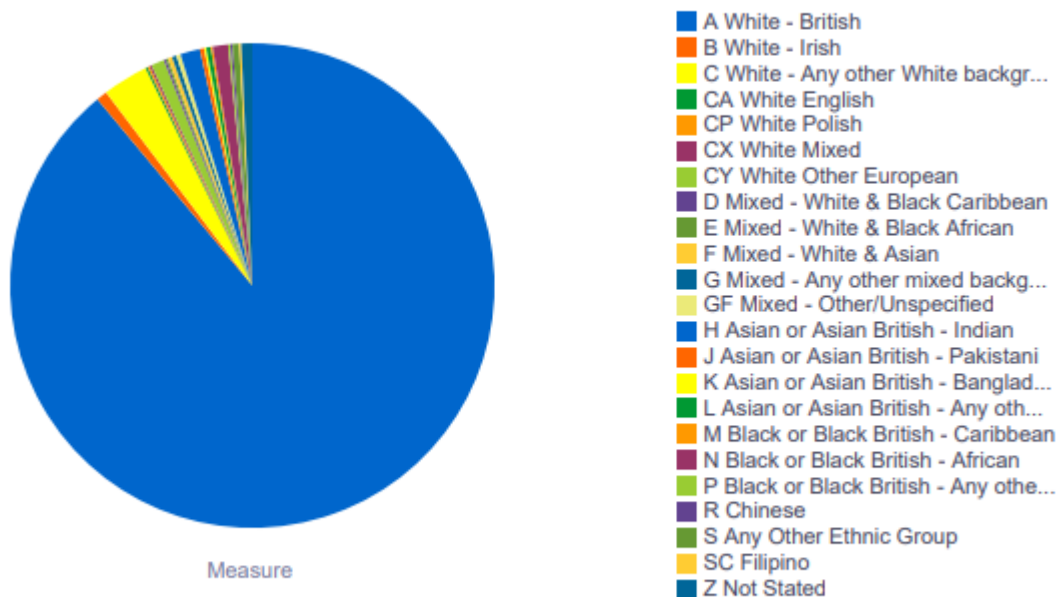
Gender reassignment

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%), compared to 23% that are male.
- The majority of our workforce are married or in a civil partnership

Our workforce – Ethnic Origin as at 31.03.24

Ethnicity



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.

Ethnicity

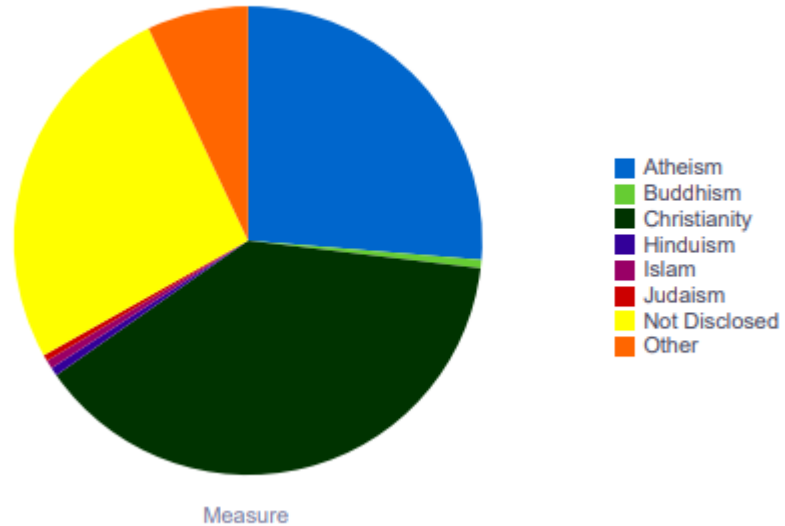
Ethnic Group	Headcount	%	FTE
A White - British	612	88.95%	560.18
B White - Irish	5	0.73%	4.60
C White - Any other White background	21	3.05%	19.77
CA White English	1	0.15%	1.00
CP White Polish	1	0.15%	0.80
CX White Mixed	1	0.15%	1.00
CY White Other European	6	0.87%	5.44
D Mixed - White & Black Caribbean	1	0.15%	1.00
E Mixed - White & Black African	1	0.15%	1.00
F Mixed - White & Asian	2	0.29%	2.00
G Mixed - Any other mixed background	2	0.29%	1.60
GF Mixed - Other/Unspecified	2	0.29%	0.50
H Asian or Asian British - Indian	9	1.31%	7.50
J Asian or Asian British - Pakistani	2	0.29%	1.40
K Asian or Asian British - Bangladeshi	1	0.15%	1.00
L Asian or Asian British - Any other Asian background	2	0.29%	1.20
M Black or Black British - Caribbean	1	0.15%	1.00
N Black or Black British - African	7	1.02%	7.00
P Black or Black British - Any other Black background	1	0.15%	1.00
R Chinese	1	0.15%	1.00
S Any Other Ethnic Group	3	0.44%	2.60
SC Filipino	1	0.15%	1.00
Z Not Stated	5	0.73%	3.80
Grand Total	688	100.00%	627.39

Our workforce – Religion or belief as at 31.03.24

Religion

Religious Belief	Headcount	%	FTE
Atheism	181	26.31	170.07
Buddhism	4	0.58	2.80
Christianity	264	38.37	235.77
Hinduism	4	0.58	2.70
Islam	4	0.58	3.00
Judaism	3	0.44	3.00
Not Disclosed	180	26.16	165.18
Other	48	6.98	44.86
Grand Total	688	100.00	627.39

Religion



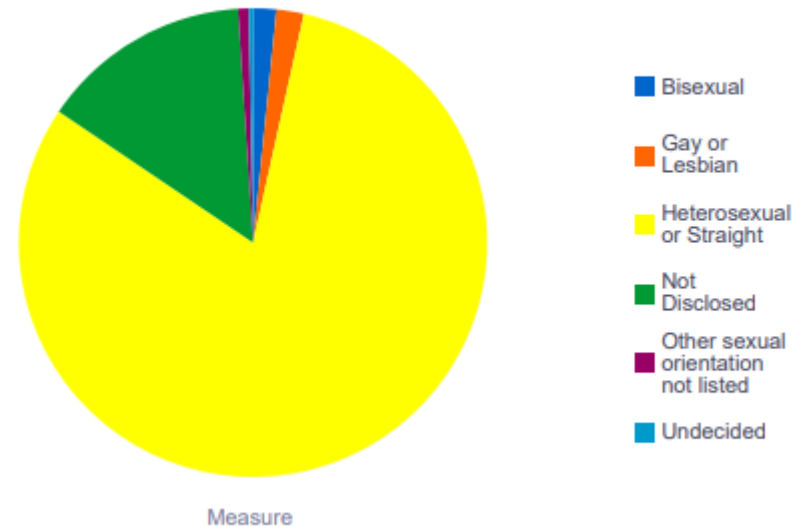
The data shows 38% of workforce declared they are Christian and over 26% are atheist. 26% of staff did not disclose their religion and under 3% of our colleagues who have stated their beliefs are Buddhism, Hinduism, Islam or Judaism. A significant percentage of our workforce (26%) preferred not to declare 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

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	11	1.60	10.20
Gay or Lesbian	13	1.89	12.20
Heterosexual or Straight	557	80.96	505.57
Not Disclosed	100	14.53	92.41
Other sexual orientation not listed	5	0.73	5.00
Undecided	2	0.29	2.00
Grand Total	688	100.00	627.39

Sexual Orientation



- The data shows that 80% of our staff have declared they are heterosexual or straight. Just over 3% identify as lesbian, gay, bisexual. 14% of staff have chosen not to state their sexual orientation.

Our workforce – Pregnancy & Maternity as at 31.03.24

- *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 2024. The key trends in this report are:

Non-Medical vs. Medical Applications:

- The majority of applications are for non-medical positions (633 applied) compared to medical positions (13 applied).
- Non-medical positions have a higher number of shortlisted, interviewed, and appointed candidates compared to medical positions.

Gender Distribution:

- More males applied for non-medical positions (373) compared to females (254).
- 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 lower application numbers but relatively higher success rates in being shortlisted and appointed.

Ethnic Origin:

- A significant number of applicants are from the "BLACK or BLACK BRITISH - African" and "ASIAN or ASIAN BRITISH - Indian" categories.
- "WHITE - British" applicants have higher success rates in being shortlisted and appointed.



Religion:

- Christianity and Atheism are the most common religions among applicants.

Applicants who identify as Christian have higher success rates in being shortlisted and appointed.

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 (579), and those who do have a disability have lower success rates in being appointed.


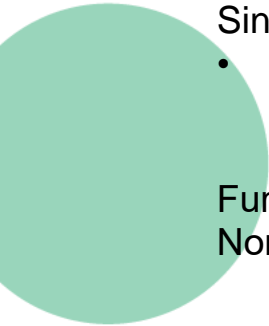
Source of Applications:

- The majority of applications come from NHS Jobs websites (366), followed by Indeed (59) and Google (30).
- 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 01.04.2023 to 31.03.2024

- 5 grievances were heard by the ICB
- 3 were male and 2 were female employees
- All were of British nationality and were white
- 2 employees were Christians and 3 did not wish to state their religious beliefs
- 4 did not have disabilities and 1 employee preferred not to say
- All were above 30 years (1 employee was 51-55 years and 1 employee was 61-65 years)

Equality Information about ICB Workforce Leavers 01.04.2023 to 31.03.2024

- 133 employees resigned from the ICB
- 32 (24%) were in nursing, midwifery, medical, dental or professional scientific or technical posts
- 102 employees were female and 31 were male
- 8 (6%) employees were either black, Asian or of minority ethnic origin
- 5 (4%) employees were gay, lesbian or bisexual and 31 employees preferred not to state their sexual orientation
- 3 (2%) employees nationalities were not British
- 32% 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 Programme during 2023 and 2024

The ICB change program has 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.

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 slides below summarises the equality impact on the staff affected by the proposals by percentage of total substantive:

ICB Change Programme – Equality Impact Assessment

- Key information to note in line with each protected characteristic is as follows:

Protected characteristic	Equality Impact Assessment
Age	<p>The majority of staff affected by the changes are between the ages of 26 and 60, with the spread across age brackets in line with the age profile of the ICB.</p> <p>There is therefore not anticipated to be a disproportionate impact on any age group within the organisation</p>
Disability	<p>The percentage of ICB staff who declared they had a disability broadly mirrored the percentage of staff who were in scope of the change program.</p> <p>There is therefore not anticipated to be a disproportionate impact on disabled individuals within the organisation however the ICB has noted that there individuals who either chose not to declare or responded “prefer not to say” to the question on whether an individual has a disability.</p> <p>The ICB is mindful that the need for reasonable adjustments could have a material impact on individuals that will be going through assessments and so will be actively encouraging individuals with disabilities, particularly hidden disabilities to make the ICB aware of these so every effort can be made to support staff with reasonable adjustments.</p>
Ethnicity	<p>The majority of staff within the ICB are classed as “white British or other white heritage”. The percentage of “white British or other white heritage” staff affected by the change is in line with the organisation’s ethnicity profile.</p> <p>The percentage of staff affected by the changes who classed themselves as “Asian and other Asian Heritage, “other ethnic group” and “White European and Dual Heritage” was proportionately higher than the ICB average however it is noted that there were very small numbers of staff in these cohorts and therefore this was likely to skew the data.</p> <p>There is therefore not anticipated to be any disproportionate impact on any ethnic group.</p>

Pregnancy and Maternity Leave	<p>The percentage of women who are pregnant or on Maternity leave in the organisation was in line with the percentage of pregnant women / women on maternity leave who were affected by the change program.</p> <p>There is therefore not anticipated to be any disproportionate impact on a woman who is pregnant or on maternity leave.</p> <p>And it should be noted that any employees on maternity leave, adoption leave, or shared parental leave have an automatic right to be offered suitable alternative employment (where available) and the ICB HR team will provide advice on the appropriate process for these colleagues.</p>
Gender	<p>The percentage of women affected by the changes is slightly higher than the proportion of women within the ICB.</p> <p>The organisation has therefore put in place measures to mitigate any disproportionate impact on female employees which can be found in section 21.3</p>
Religion	<p>The largest groups who declared religious data are those that are “atheist”, “Christian” and “do not wish to disclose their religion and beliefs” with the category “other” coming in behind these groups. The remaining religious groups had relatively small numbers.</p> <p>The number of individuals impacted by the changes that were “atheist”, “Christian”, those who “do not wish to disclose their religion” and those who declared “other” is in proportion with the religious profile of the organisation.</p> <p>There is therefore not anticipated to be any disproportionate impact on any religious group within the ICB.</p>
Sex	<p>The majority of staff in the ICB are “heterosexual or straight” with the second cohort of staff self-declared as “Not stated, person asked but declined to provide a response”; there were very small numbers declared across other sexual orientations. The proportion of staff affected by the change program who were “heterosexual or straight” or self-declared as “not stated, person asked but declined to provide a response” is in line with the ICB.</p> <p>There is therefore not anticipated to be any disproportionate impact on any individual with the ICB on the grounds of their sexual orientation.</p>

ICB Change Programme – Equality Impact Assessment (continued)

Marital Status	<p>The profile of the marital status of the staff affected by the changes largely <u>mirror</u> he profile of the marital status of the staff in the ICB.</p> <p>There is therefore not anticipated to be any disproportionate impact on any particular marital status within the ICB.</p>
Gender Reassignment	<p>This data is not held by the ICB. There is therefore not anticipated to be any disproportionate impact on any member of staff undergoing, or who has undergone, gender reassignment group within the ICB.</p> <p>To further support staff, the ICB will re-iterate its commitment to the Equality, Diversity and Inclusion agenda and signpost to available resources for ease of reference.</p>

Pregnancy and maternity	<p>There is no specific evidence to suggest the change program will disproportionately impact individuals due to being pregnant or on maternity leave, however, it is noted that:</p> <ul style="list-style-type: none"> • Managers may not use shortlisting criteria for new roles appropriately and disadvantage women who are pregnant or on maternity leave • A Lack of job flexibility or adequate facilities may impact individuals in their search for alternative employment • A lack of flexibility may limit <u>individuals</u> opportunities for retraining to secure alterative employment 	<p>Good practice to follow is below:</p> <ul style="list-style-type: none"> • Ensure pregnancy related sickness absence is excluded from any consideration • Flexible working arrangements to be offered with all roles and every effort be made to accommodate individual needs <u>i.e</u> childcare curing the change process • Flexible working agreements to be actively considered for all roles • All role to consider support that may need to be put in pace <u>i.e.</u> breastfeeding facilities to support individual gain employment <p>The ICB will actively work <u>wit</u> wider partners to seek ways to broaden participation and provide opportunities for effected staff</p>
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Potential impact and recommendations for mitigations

Protected Characteristic	Potential Impact	Recommendations to mitigate (if required)
Age	<p>There is no specific evidence to suggest the change program will disproportionately impact individuals due to their age however it is noted that:</p> <ul style="list-style-type: none"> Older employees may be more likely to apply for voluntary redundancy. Older employees may find it more difficult to get a new job or access training. Younger employees may find it more difficult to demonstrate high levels of experience and therefore may find it more difficult to secure employment. Younger employees may also be more likely to be in more junior roles 	<p>Good practice to follow is below:</p> <ul style="list-style-type: none"> Due process to be followed for all requests to approve a voluntary redundancy - the ICB ensured that there was no age discriminatory practice included in consideration of requests. Targeted support to be provided with regards to assessment preparation and training for all staff groups Assessment format to accessible to all age profiles i.e. no assumed ability to access and use technology, appropriate cultural references used where applicable
Disability	<p>There is no specific evidence to suggest the change program will disproportionately impact individuals due to their disability however it is noted that:</p> <ul style="list-style-type: none"> Employees with a disability may find it more difficult to get a new job or access training. There are individuals within the ICB who may have a disability and have chosen not to declare or would prefer to say 	<p>Good practice to follow is below:</p> <ul style="list-style-type: none"> Reasonable adjustments and flexible working arrangements should be considered for all new roles. Targeted support to be provided with regards to assessment preparation and training Reasonable adjustments to be put in place to support individuals with assessments Staff should proactively be asked to confidently declare if they have a disability and may require support for the next phases of the change program
Ethnicity	<p>There is no specific evidence to suggest the change program will impact on people due to their ethnicity</p>	<p>There are not formal mitigations to be put in place however the ICB will take the opportunity to reiterate its commitment to the Equality, Diversity and Inclusion agenda and signpost to available resources for ease of reference.</p>
Gender re-assignment	<p>The ICB does not hold this data and there is not anticipated to be a disproportionate impact on individuals who may have had gender reassignment.</p>	<p>There are not formal mitigations to be put in place however the ICB will take the opportunity to reiterate its commitment to the Equality, Diversity and Inclusion agenda and signpost to available resources for ease of reference.</p>

Sex (male or female)	<p>The data has highlighted that there is a disproportionate impact on female employees within the ICB as there is a higher proportion of female workers who are impacted by the change program than the proportion of women within the ICB.</p> <ul style="list-style-type: none"> It is noted that these individuals are within the more junior Agenda for Change pay bands It is noted that female employees are more likely to be part time workers, and may find it more difficult to secure employment or access training 	<p>The following mitigations are to be put in place:</p> <ul style="list-style-type: none"> Flexible working arrangements to be offered with all roles and every effort be made to accommodate individual needs i.e. childcare commitment during the change process. Flexible working arrangements to be actively considered for all roles Flexible working opportunities and support for work life balance to be stated in all job adverts Targeted support to be provided with regards to assessment preparation and training. Re-training opportunities to be provided for all staff to maximise career opportunities (i.e. via apprenticeships) The ICB will actively work with national and regional colleagues and broader system partners to maximise redeployment opportunities where possible, and fully support staff to access these opportunities
Sexual Orientation	<p>There is no evidence to suggest there is a disproportionate impact on individuals due to their sexual orientation</p>	<p>No mitigations to be put in place however the ICB will take the opportunity to reiterate its commitment to the Equality, Diversity and Inclusion agenda and signpost to available resources for ease of reference.</p>
Marriage and civil partnership	<p>There is no evidence to suggest the change program disproportionately impacts individuals due to their marital status</p>	<p>No mitigations to be put in place however the ICB will take the opportunity to reiterate its commitment to the Equality, Diversity and Inclusion agenda and signpost to available resources for ease of reference.</p>

Screening process for relevance to equality & diversity issues

Do the proposals have any equality & diversity relevance in the following areas?

Protected Characteristics	Yes	No
Age:		X
Disability:		X
Ethnicity:		x
Religion/Belief:		X
Gender (Male / Female)	X (female employees)	
Sexual Orientation:		X
Marriage and civil partnership		X
Pregnancy and maternity		X
Gender Reassignment		x

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 Guardian and Champion.
- 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.

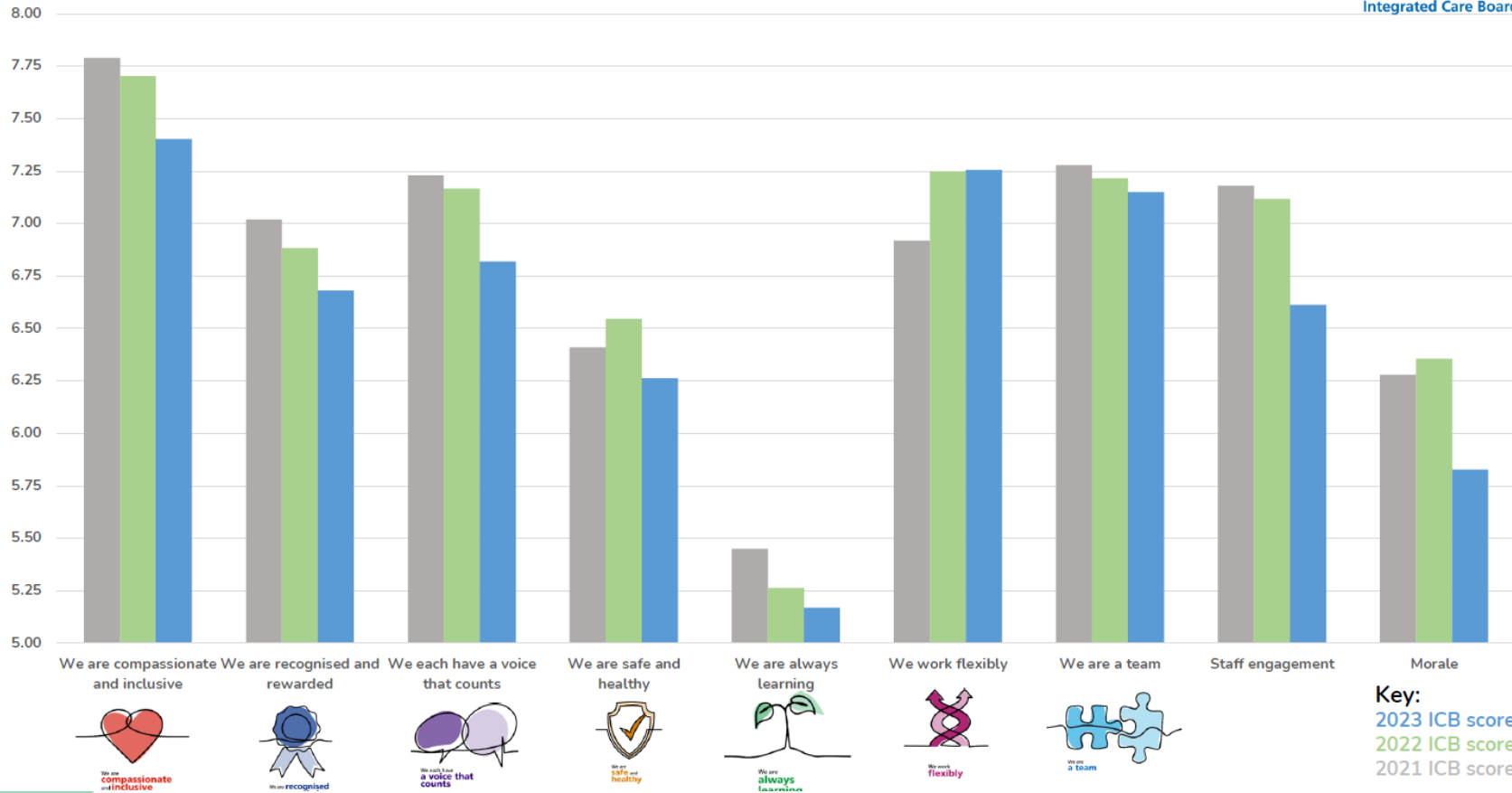
2023 National Staff Survey Results

- 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 final response rate for NHS Norfolk and Waveney ICB was 67%.
- **Our 2023 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 flexible working opportunities and bullying/harassment at work by patients/service users
 - a **significant improvement** in managers encouraging staff, involving them in decisions, supporting with wellbeing, and valuing work
 - areas showing a **decline** since our 2022 survey (in line with a national deterioration in these areas) include teams not working together to achieve objectives, feeling unwell as a result of work-related stress and staff reporting feeling worn out

2023 National Staff Survey Results

NHS National Staff Survey Trend 2021 to 2023
by People Promise Themes

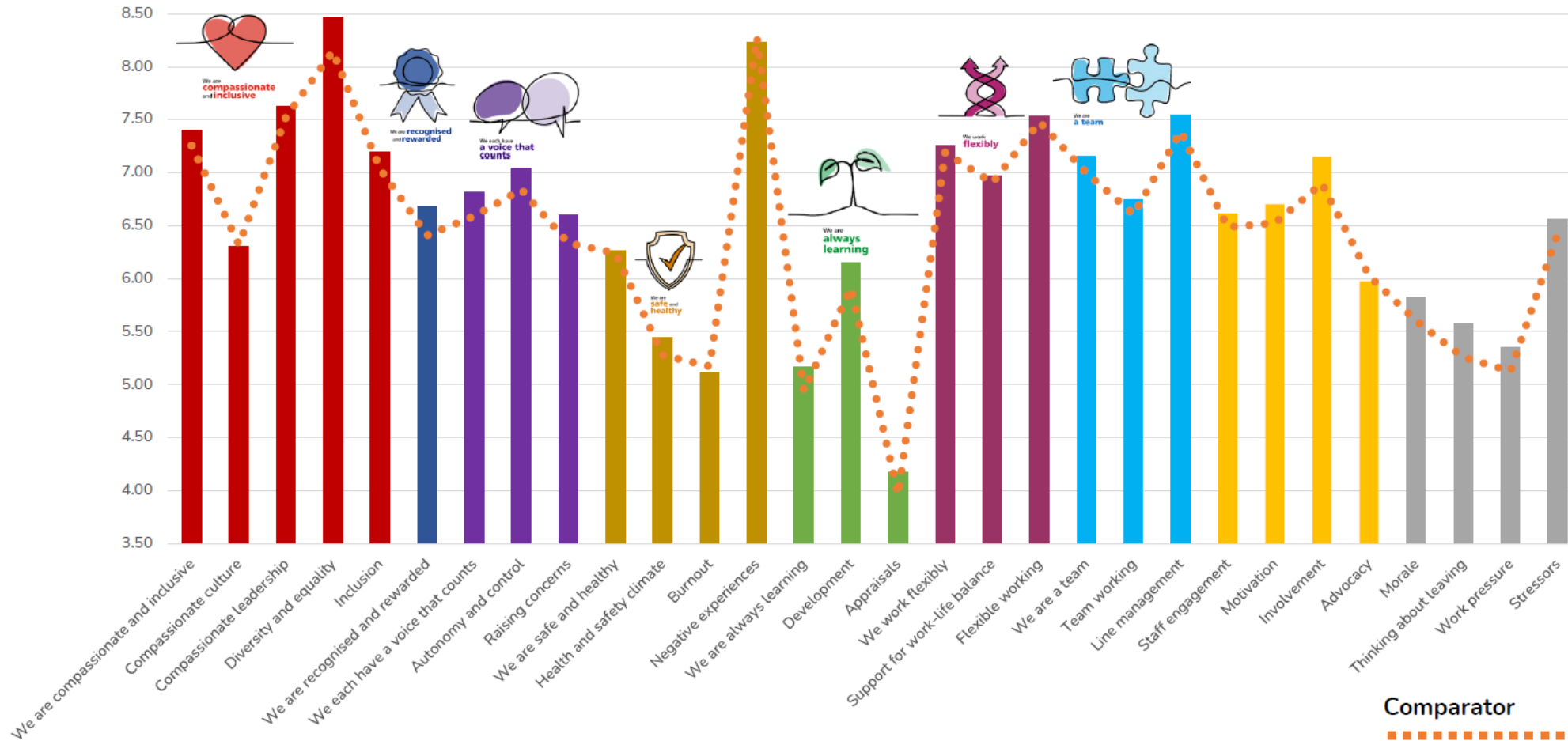
NHS
Norfolk and Waveney
Integrated Care Board



2023 National Staff Survey Results

NHS National Staff Survey 2023 (ICB and Comparator)
by People Promise Themes

NHS
Norfolk and Waveney
Integrated Care Board



Comparator



2023 National Staff Survey Results

Significant Improvement since 2022 Survey

- 7a The team I work in has a set of shared objectives ↑2.0%
- 9a My immediate manager encourages me at work ↑5.7%
- 9c My immediate manager asks for my opinion before making decisions that affect my work ↑7.0%
- 9d My immediate manager takes a positive interest in my health and well-being ↑1.9%
- 9e My immediate manager values my work ↑2.9%
- 11e Have you felt pressure from your manager to come to work? (responses no) ↑5.1%
- 13d *The last time you experienced physical violence at work, did you or a colleague report it? (response yes)* ↑41.7%
- 14a *In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? (response of no)* ↑3.9%
- 24a This organisation offers me challenging work ↑2.5%



Significant Deterioration since 2022 Survey

- 5c Relationships at work are strained (people answering never or rarely) ↓12.2%
 - 8a Teams within this organisation work well together to achieve their objectives ↓6.7%
 - 11a My organisation takes positive action on health and well-being ↓9.8%
 - 11c During the last 12 months, have you felt unwell as a result of work-related stress? (response of no) ↓7.0%
 - 12f How often, if at all, do you feel that every working hour is tiring for you? (response of never or rarely) ↓7.2%
 - 12g How often, if at all, do you not have enough energy for family and friends during leisure time? ↓5.1%
 - 14d *The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? (yes)* ↓7.1%
 - 15 Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? ↓9.9%
 - 19c When errors, near misses/incidents are reported, my organisation takes action to ensure that they do not happen again (agree) ↓7.2%
 - 20b I am confident that my organisation would address my concern
 - 25a Care of patients / service users is my organisation's top priority ↓16.2%
 - 25b My organisation acts on concerns raised by patients / service users ↓10.4%
 - 25c I would recommend my organisation as a place to work ↓18.6%
 - 25e I feel safe to speak up about anything that concerns me in this organisation (agree) ↓7.3%
 - 25f If I spoke up about something that concerned me, I am confident my organisation would address my concern (agree) ↓10.6%
- 16b In the last 12 months, have you personally experienced discrimination at work from a manager/team leader or other colleagues? 18 answered yes

2023 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 2023 Staff Survey Results in our Equality Diversity Inclusion 2 report which will be published on 28 February 2025.

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 2025

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 2023](#) (completed in March 2024).
- NHS Norfolk and Waveney ICB's Gender Pay Gap Report for March 2024 will be published on Norfolk and Waveney's ICB Improving Lives Website by 30 March 2025

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 [2022-23 EDS2 Summary Report](#)

NHS Norfolk and Waveney ICB's EDS Report & EDI Improvement Plan 2023 – 2024 will be published on Norfolk and Waveney's ICB Improving Lives Website by 28 February 2025

Next steps in 2025

- Accredited Menopause Friendly Employer in 2025
- Sign up to Sexual Safety Charter and commitment to principles and actions 2025
- More to follow