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Annual Equality and Inclusion Assurance Report

**April 2023 to March 2024**

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# Section 1 Welcome

## Introduction

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) was established on 1 July 2022 under the Government’s Health and Care Act 2022.

The ICB recognises and values the diverse needs of the population we serve, and we are committed to embedding equality, diversity, inclusion, and human rights considerations into all aspects of our work, including policy development, commissioning processes and employment practices.

Our ambition – over the next few years – is to make a real difference to citizens’ health and wellbeing, quality of service delivery and use of resources.

Our philosophy is to build on what is working well and to act as one system, rather than a collection of organisations.

Whilst we still have considerable work to do, we believe we can enable each and every citizen to enjoy their best possible health and wellbeing.

The equalities information presented in this report represents the ICB’s progress in incorporating equality, diversity, and inclusion into all aspects of its work. The publication of this report and the information contained within demonstrates compliance with the Public Sector Equality Duty, and the requirement to publish equality information annually.

This report sets out:

NHS Nottingham and Nottinghamshire ICB’s commitment to equality, diversity and inclusion   
Evidence of our ‘due regard’ to the Public Sector Equality Duty   
Progress made against the ICB’s equality objectives   
Future planning

## Legal Duties

The Equality Act 2010 requires us to demonstrate compliance with the Public Sector Equality Duty (PSED).

The PSED places a statutory duty on the ICB to address:

* Eliminating unlawful discrimination, harassment and any other conduct prohibited by the Equality Act.
* Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
* Foster good relations between people who share a protected characteristic and people who do not

The ICB also has a specific duty under the PSED to complete the following actions:

• Publish information to demonstrate their compliance with the Equality Duties, at least annually.

• Set equality objectives, at least every four years

NHS employers are mandated by NHS England to show compliance of the PSED via Equality Delivery System (2022).

The Equality Delivery System (EDS) helps NHS organisations improve the services that they provide for their local communities and provide better working environments, free from discrimination, for those who work in the NHS, whilst meeting the requirements of the Equality Act (2010). EDS is an evidence-driven accountable improvement tool for NHS organisations in England – in active conversations with patients, public, staff, staff networks and trade unions – to review and develop their services, workforces, and leadership.

NHS England also require NHS providers to publish evidence against the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) on an annual basis. The WRES and WDES are not currently mandated returns for ICB’s, but we will be publishing our position for both standards for 2023/24 onwards.

Details of the wider legislation the ICB must adhere to is detailed in Appendix A

## Our Organisation

The ICB is committed to having a workforce that is representative of the population we serve within Nottingham and Nottinghamshire. Having a representative workforce enables the organisation to have a diverse range of experiences that positively impact our commissioning decisions.

We recognise that there is much more that the organisation can do to attract and retain applicants from diverse communities, as well as retaining and improving experiences for our existing workforce.

The ICB encourages staff to self-declare their diversity information at the point of recruitment and via our Electronic Staff Record (ESR) self-service. We acknowledge that there is more we can do to help staff feel comfortable in declaring their diversity information.

The following section provides the demographic detail of the ICB in comparison to our local population as of 31 March 2024. Where declared numbers are relatively low, to avoid potential identification of individuals we have clustered protected characteristics together. We have not been able to report on marital status and pregnancy due to the current low reported numbers. We are unfortunately not able to report on gender reassignment as staff are not currently able to select this option with ESR.

**Sex** – The ICB’s sex profile is typically representative of the NHS with 75% female and 25% males. The 2021 Census information for Nottingham and Nottinghamshire residents informs that 50.2% is female and 49.8% is male.

**Disability** – The ICB is committed to supporting all staff and applicants who have a disability. We are a Disability Confident employer and aim to support all staff with reasonable adjustments in the workplace to ensure that they are able to work to their full potential.

Currently only 6.4% of the ICB’s workforce have declared that they have a disability, 77.2% have declared that they do not have a disability and 16.4% have not declared their status.

We know from the 2021 Census that 19.5% of the Nottingham and Nottinghamshire population are living with a disability as defined within the Equality Act.

**Ethnicity** – The ICB’s workforce ethnicity profile is predominantly white at 81%. Staff from an ethnically diverse background (non-white British) is currently 13%. 6% of staff have not declared their ethnicity to the organisation.

From the 2021 Census we know that the proportion of the Nottingham and Nottinghamshire population from an ethnically diverse background is currently 14.6%, with 85.4% stating that they are white.

Within Nottingham City the ethnicity mix much more diverse with 42.7% stating they from a non-white British background.

**Religion** – The ICB collects our workforce’s self-declared religions and beliefs. For the purposes of this report, to protect individuals from potentially being identified, we have categorised religions with smaller representations together.

The table below shows the ICB workforce religion and beliefs in comparison to the data collected from the 2021 Census for residents of Nottingham and Nottinghamshire.

We recognise that we have a high proportion of our workforce that have not declared a religion or belief. We have committed to working with our Staff Networks to understand this trend with all protected characteristics.

|  |  |  |
| --- | --- | --- |
| **Religion** | **ICB** | **Nottingham and Nottinghamshire Census 2021** |
| **Christianity** | 37% | 43% |
| **Atheism/No religion** | 21% | 44% |
| **Other religions** | 10% | 7% |
| **Not declared** | 32% | 6% |

**Sexual Orientation** – The table below details the sexual orientation profile of our ICB workforce in comparison to the resident population of Nottingham and Nottinghamshire from the 2021 Census information.

We acknowledge that we have a high percentage of our workforce who have not declared their sexual orientation. We have committed to working with our Staff Networks to understand this trend with all protected characteristics

|  |  |  |
| --- | --- | --- |
| **Sexual Orientation** | **ICB** | **Nottingham and Nottinghamshire Census 202** |
| **Straight/**  **Heterosexual** | 74.04% | 89.3% |
| **Gay or Lesbian** | 1.28% | 1.4% |
| **Other sexual orientation** | 2.56% | 1.8% |
| **Not declared** | 22.12% | 7.5% |

# **Section 2 Measuring Equality and what we’ve achieved**

## Measuring Equality

The ICB has established robust governance processes to monitor our equality performance throughout the year.

Our Equality, Inclusion and Human Rights Steering Group develops, populates and reviews the progress against the EDI (Equality, Diversity and Inclusion) Action Plan and the EDS before submitting to the ICB’s Quality and People Committee, a sub-committee of the ICB Board, for formal monitoring and approval.

The following are examples of how we measure equality within the ICB.

**NHS England High Impact Action**

The High Impact Actions have been developed by NHS England as part of an EDI improvement plan to support the Long-Term Workforce Plan.

The High Impact Actions will improve the culture of our workplaces and experiences of our workforce and to improve recruitment and retention of diverse talent. The High Impact Actions also support the achievement of the following strategic EDI outcomes:

* **Address discrimination**, enabling staff to use the full range of their skills and experience to deliver the best possible patient care
* **Increase accountability of all leaders** to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the [NHS Constitution](https://www.gov.uk/government/publications/the-nhs-constitution-for-england), the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents), the [Messenger Review](https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future/leadership-for-a-collaborative-and-inclusive-future)
* **Support the levelling up agenda** by improving EDI within the NHS workforce, enhancing the NHS’s reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce
* **Make opportunities for progression equitable**, facilitating social mobility in the communities we serve.

The High Impact Actions should be developed and implemented in partnership with trade union colleagues and in collaboration with local staff networks.  
   
The High Impact Actions are:

Action 1 Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

Action 2 Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity

Action 3 Develop and implement an improvement plan to eliminate pay gaps

Action 4 Develop and implement an improvement plan to address health inequalities within the workforce

Action 5 Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.

Action 6 Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

**Gender Pay Gap**

The gender pay gap measures the difference between average (median) hourly earnings of men and women, usually shown by the percentage men earn more than women.

Since 2017/18, public and private sector employers with 250 or more employees have been required annually to publish data on the gender pay gap within their organisations. Organisations must report the data to the Government, who then publishes it.

The ICB published our [Gender Pay Gap](https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/Gender-pay-gap-2023-1.pdf) information in February 2024.

**Ethnicity Pay Gap**

The ethnicity pay gap shows the difference in the average pay between all Black, Asian and minority ethnic staff in a workforce and all white staff.

Ethnicity pay reporting is voluntary, many employers already report on their ethnicity pay data

**Workforce Race Equality Standard (WRES)**

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers

NHS providers and commissioners are required to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

During 2023/24 ICB’s are not formally required to submit their WRES data to NHS England for inclusion in national analysis.

**Workforce Disability Equality Standard (WDES)**

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

During 2023/24 ICB’s are not formally required to submit their WDES data to NHS England for inclusion in national analysis.

**What we’ve achieved**

At the start of the year the ICB developed some equality objectives that we felt would align with our ICB objectives and purpose to improve the health and wellbeing of our citizens and improve the working experience of all our employees.

The following sections detail what we have progressed against our objectives and other key achievements over the last 12 months.

## Equality Objectives

The Integrated Care Board (ICB) has a duty under the Public Sector Equality Duty (PSED): Specific Duty Two, which requires public bodies and organisations to publish at least one Equality Objective every four years.

The ICB currently has nine equality objectives with a two-year Action Plan (April 2023 to March 2025).

The ICB has made good progress against its overarching Equality Objectives. Several objectives set in April 2023 have been completed. The Head of EDI, in consultation with the identified leads, has added new actions where all the specific actions have been completed for an objective. This ensures that work continues, and we strive for the best service and outcomes for our diverse population.

The ICB published our Annual Equality Objectives and Action Plan in March 2024.

## Equality Delivery System (EDS)

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.  The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers.

The EDS Report is designed to give an overview of the organisation’s most recent EDS implementation and grade.

The ICB has undertaken a self-assessment of the EDS Domains for the first time in 2023/24. The EDS three Domains are detailed below – with specified outcomes within each domain:

**Domain 1: Commissioned or provided services**

1A: Patients (service users) have required levels of access to the service   
1B: Individual patients (service user’s) health needs are met   
1C: When patients (service users) use the service, they are free from harm   
1D: Patients (service users) report positive experiences of the service

**Domain 2: Workforce health and well-being**

2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions   
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source   
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source   
2D: Staff recommend the organisation as a place to work and receive treatment

**Domain 3: Inclusive leadership**

3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities   
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed 3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

The EDS Report requires the organisation to score their evidence under each outcome and provide an overall score for each Domain. The ICB has assessed as DEVELOPING across all domains.

The ICB published our Equality Delivery System self-assessment in April 2024.

**5.3 Equity in Maternity & Neonatal Services**

The [MBRRACE-UK](https://www.npeu.ox.ac.uk/mbrrace-uk/reports) report about maternal and perinatal mortality shows worse outcomes for those from Black, Asian and Mixed ethnic groups and those living in the most deprived areas. Black women are 4 times more likely to die in childbirth than white women, those from mixed backgrounds are 3 times more likely and those from Asian backgrounds are twice as likely.

In addition, the NHS People Plan highlights *“…where an NHS workforce is representative of the community that it serves, patient care and…patient experience is more personalised and improves”.* If equity for mothers and babies is to improve, so must race equality for staff.

Therefore, the main aims of our Local Maternity & Neonatal System (LMNS) Equity Plan are to improve:

* equity for **mothers and babies** from Black, Asian and Mixed ethnic groups and those living in the most deprived areas
* race equality **for staff**

Locally, we will also be looking to improve equity in maternity for other protected characteristics including (but not limited to), disability, mental health, & autism.

Good health in pregnancy significantly influences a baby’s development in the womb which, in turn, influences long-term health and educational outcomes. By giving every child the best start in life, we will help them fulfil their health, wellbeing and socioeconomic potential.

The ICB has published the [Local Maternity & Neonatal System High-Level Equity Strategy](https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/Nottm-Notts-MATERNITY-EQUITY-Strategy-v0.3-April-2023.docx)

**5.4 Increased commissioning focus on equity through a strengthen EQIA**

A key priority has been to enable commissioning managers to focus on equity and to do this through the Equality, Quality Impact Assessments (EQIA).

To support understanding and completion of the EQIA, the ICB’s has developed a Standard Operating Procedure along with consultation panels that consist of subject matter experts to help and support the commissioning process. EQIAs are seen as ‘live’ documents, and as such, are required to be revisited at key stages of any project development and implementation, particularly following the conclusion of any engagement and consultation activities to inform decision-making.

# Section 3 Future Planning

The ICB recognises that we are on an journey to develop and improve our equality diversity and inclusion practices. This section details the delivery commitments we have made to be achieved within the next year.

**Equality Objectives**

In January 2024, the ICB met with the Equality and Human Rights Commission to review the content and accessibility of the EDI information available on the ICB’s external website.

The feedback was positive, though they did identify some areas of focus for the future. The key area of focus was to review our Equality Objectives. They identified that our current objectives were more of a list of tasks and would benefit from being reworked to become SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

The Equality, Inclusion and Human Rights Steering Group have committed to completing this in the first quarter of 2024/25

We will also be reviewing the objectives during 2024 to establish new objectives which are streamlined and aligned to the work detailed in this section. Using tools such as the maturity matrix and health inequalities dashboard to help set measurable progress indicators.

1. **Race Health Equalities Maturity Matrix**

With the objective of challenging the deep-rooted structural racism that exists within parts of the health and care system, the main focus of the programme has been on the development and roll out of the Race Health Inequalities Maturity Matrix. Co-produced between health and care partners and community leaders in Nottingham, the matrix is now supporting over 30 organisations in Nottingham and Nottinghamshire to address structures and process that contribute to the exacerbation of health inequalities experienced in minority ethnic communities.

Communities of practice have been established to support organisations to embed the matrix across the organisation often focusing on organisational processes, commissioning cycles, team or service or policy development.

The Maturity Matrix has a clear focus on 7 Domains and with 4 self-assessment outcomes:

* Community Engagement
* Inclusive Decision Making
* Representative Workforce
* Equality Impact Assessments
* Accountable Leadership
* Data and Evidence
* Financial Investment

Assessments scoring:

* Emerging
* Developing
* Maintaining
* Thriving

The ICB had a board development session with the developers of the tool, where they the Matrix to gain insightful reflection of where individuals and the organisation sit withing that matrix,

Following this a number of nest steps were agreed

* The Board would be undertake a full and consider Maturity Matrix self-assessment
* The Board is likely to adopt Accountable Leadership as its priority area following this review, and discussions at the board development session.
* The priority development area will be linked to the organisation EDI objectives.
* The framework and learning from it will support the development of personal equity objectives for board members during appraisals.
* Promoting the further roll out across the ICB to support team and individual development and equity objectives.

1. **Inclusive Leadership**

Each board member will have an equity objective set during the appraisal process which will be linked into the work being done in relation to maturity self assessment.

NHS England have developed a [Leadership Competency Framework for Board Members](https://www.england.nhs.uk/long-read/nhs-leadership-competency-framework-for-board-members/) that has an EDI domain embedded within the framework. The competency framework details that leaders should be:

* Promoting equality and inclusion, and reducing health and workforce inequalities

The framework measures the equality competency through four domains:

* I contribute as a leader
* I assess and understand
* I recognise and champion
* I personally

The frameworks appraisal process will be launched in Autumn 2024 and we have committed to reviewing this and adopting it into our appraisal practice. In addition, all staff are also supported to develop an equity objective with this being an integrated element in our appraisal form.

This work be further strengthened by additional development sessions in 2024/25 for our Board members.

1. **Freedom to Speak Up (FTSU)**

In June 2022, NHS England and the National Guardian’s Office published an [updated Freedom to Speak Up guide and improvement tool](https://www.england.nhs.uk/publication/the-guide-for-the-nhs-on-freedom-to-speak-up/) to support organisations with delivering a speaking-up culture for their workers.

The ICB opted to appoint a part-time FTSU Guardian to provide staff routes to speak up. Their initial focus over the coming 12 months will be building relationships internally with HR, Network Chairs, and Trade Union colleagues and reviewing the trends within our 2023 National Staff Survey results in order to triangulate trends and themes within the organisation.

The Nottingham and Nottinghamshire system is developing an FTSU network which the ICB’s Guardian will be a member of. The Network will allow learning to be shared and allow them to identify areas of commonality across the organisations.  
   
In addition, the ICB will be developing the offer for Primary Care, signing up to and attending NHSE learning events, to share best practice from other areas.

[NHS England » Integrated care boards, integrated care systems and Freedom to Speak Up](https://www.england.nhs.uk/ourwork/freedom-to-speak-up/integrated-care-boards-integrated-care-systems-and-freedom-to-speak-up/)

1. **WRES & WDES**

During 2023/24 the ICB has collated the data for both WRES and WDES workforce indicators and developed an action plan that has been reviewed and approved internally.

As an ICB we have not yet published this information but have committed to do so during 2024/25.

# Appendices

## Appendix A – Summary of the legislative framework for equality

|  |  |
| --- | --- |
| Equality Act 2010 | The [Equality Act 2010](https://www.gov.uk/guidance/equality-act-2010-guidance) legally protects people from discrimination in the workplace and in wider society.  It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and the strengthening protection in some situations. It sets out the different way in which its unlawful to treat someone.  The Equality Act 2010 defines the 9 protected characteristics as the following:  Age  Disability  Gender reassignment  Marriage and civil partnership  Pregnancy and maternity  Race  Religion and belief  Sex  Sexual orientation |
| Modern Slavery Act 2018 | The [Modern Slavery Act](https://www.gov.uk/government/collections/modern-slavery-bill) 2018 will give law enforcement the tools to fight modern slavery, ensure perpetrators can receive suitably severe punishments for these appalling crimes and enhance support and protection for victims. It received Royal Assent on Thursday 26 March 2015.  The act will:   * consolidate and simplify existing offences into a single act * ensure that perpetrators receive suitably severe punishments for modern slavery crimes (including life sentences) * enhance the court’s ability to put restrictions on individuals where it’s necessary to protect people from the harm caused by modern slavery offences * create an independent anti-slavery commissioner to improve and better coordinate the response to modern slavery * introduce a defence for victims of slavery and trafficking * place a duty on the secretary of state to produce statutory guidance on victim identification and victim services * enable the secretary of state to make regulations relating to the identification of and support for victims * make provision for independent child trafficking advocates * introduce a new reparation order to encourage the courts to compensate victims where assets are confiscated from perpetrators * enable law enforcement to stop boats where slaves are suspected of being held or trafficked * require businesses over a certain size to disclose each year what action they have taken to ensure there is no modern slavery in their business or supply chains |
| Health and Social Care Act 2012 | The Kings Fund provides a succinct summary of the [Health a Care Act 2012](https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-and-care-act-key-questions).  The Heath and Care Act introduced significant reforms to the the organisation and delivery of health and care services in England.  The main purpose of the Heath and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients. Among a wide range of other measures, the Act also includes targeted changes to public health, social care and the oversight of quality and safety. |
| Human Rights Act 1998 | The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. The Human Rights Act came into force in the UK in October 2000  The Act sets out your human rights in a series of ‘Articles’. Each Article deals with a different right. These are all taken from the ECHR and are commonly known as ‘the Convention Rights  The Equality and Human Rights Commision provides more information on the [Human Rights Act 1998](https://www.equalityhumanrights.com/human-rights/human-rights-act) and provides details of the Articles. |