

Equality, Diversity, and Inclusion

Annual Report

March 2024





Contents

Foreword	3
Introduction	3
Our Communities	4
Our Workforce	9
ICB EDI Ambitions and Objectives	13
ICB Workforce Equality Standards	15
Race (WRES)	15
Disability (WDES)	18
Pay Gap Reporting	20
Frimley ICS EDI Ambitions	21
Anti-Racism in Frimley ICS	21
NHS England Priorities	22
Additional EDI Workstreams across the ICB and ICS	23
Equality Delivery System & EDI Improvement Plan	23
Next steps in 2024	23
Integrated Care Board	23
Integrated Care System	23

Foreword

In Frimley, we are proud that everything we do is driven by equality, fairness and social justice for all. Addressing inequalities remains a core purpose of all our work.

Our Equality Diversity & Inclusion (EDI) strategy has helped us focus on understanding where our highest inequalities lie, so we can implement the relevant actions and strategies to help address these and invest in efforts to improve the lives of our people and the communities we serve.



We have delivered a number of initiatives over the last year to help us achieve our ambitions. We have broadened opportunities for staff to share their lived experiences as well as increased the number of external speakers delivering on wide range of EDI topics. Our staff networks have been supported to influence policies and processes and we have launched the Mirror Board Programme to help bring an EDI lens into key strategic issues.

We know we have much more to do and we will continue to listen to our people and our communities to ensure Frimley is the best place to work, live and receive care.

Fiona Edwards
**Chief Executive,
NHS Frimley**

Introduction

Frimley ICS covers five main 'Places': Bracknell Forest, North East Hampshire and Farnham (comprising Hart, Rushmoor and Waverley Local Authority Districts), Slough, Surrey Heath, and Windsor and Maidenhead.

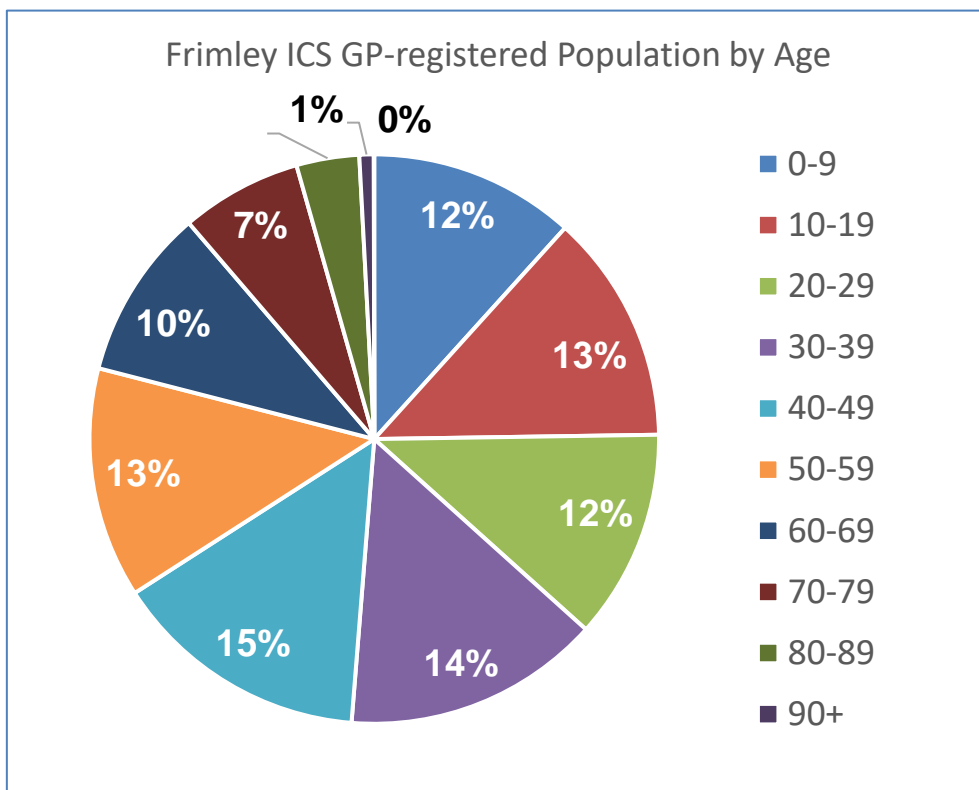
Data used in this report for our population is taken from two main repositories. The Census gives data relating to people living within our Frimley ICS geography, while our internal ICS data records information for patients registered with a GP surgery in our System.

In interpreting this data, it is important to understand that some of our residents may access GP services in other Systems. Equally, some residents from other Systems may be registered and receiving care with Frimley ICS. Furthermore, internal data does not reflect patients who have opted out of secondary data usage

This Annual Report provides an overview of the work we have delivered this year through our EDI strategy, for the people who work for us and the communities we serve. It also describes how we have delivered our [Public Sector Equality Duty](#).

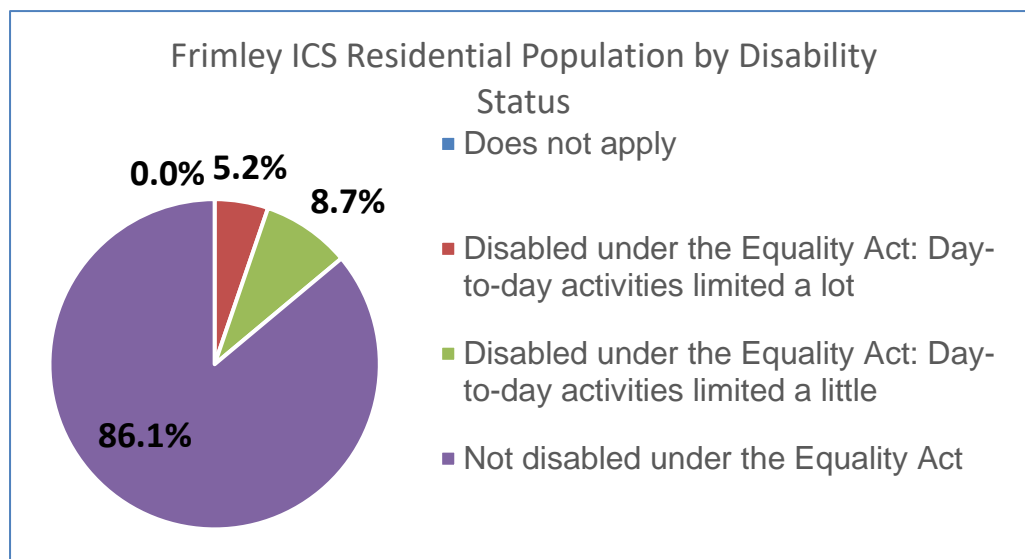
Our Communities

Age



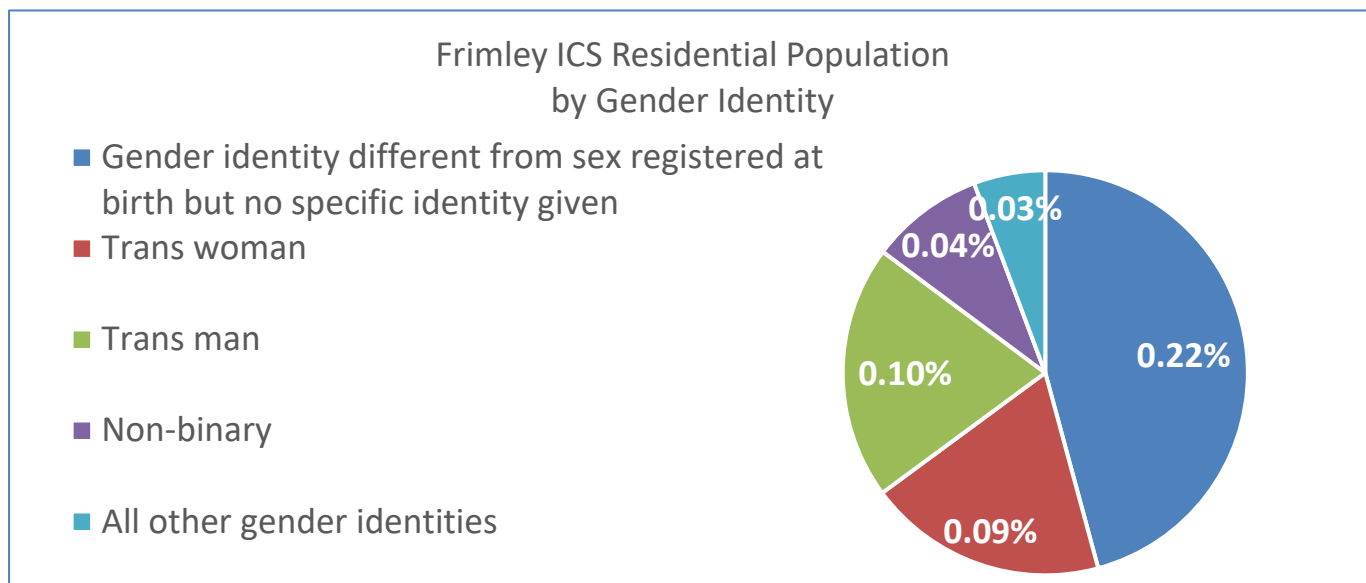
Our average life expectancy is 84 years for females and 81 years for males, while *healthy* life expectancy is 67.4 years and 66.8 years respectively.

Disability



Census data finds 9% of our residential population registered that they have a disability that limits their daily activities a little, while 5% stated they have a disability that limits their daily activities a lot.

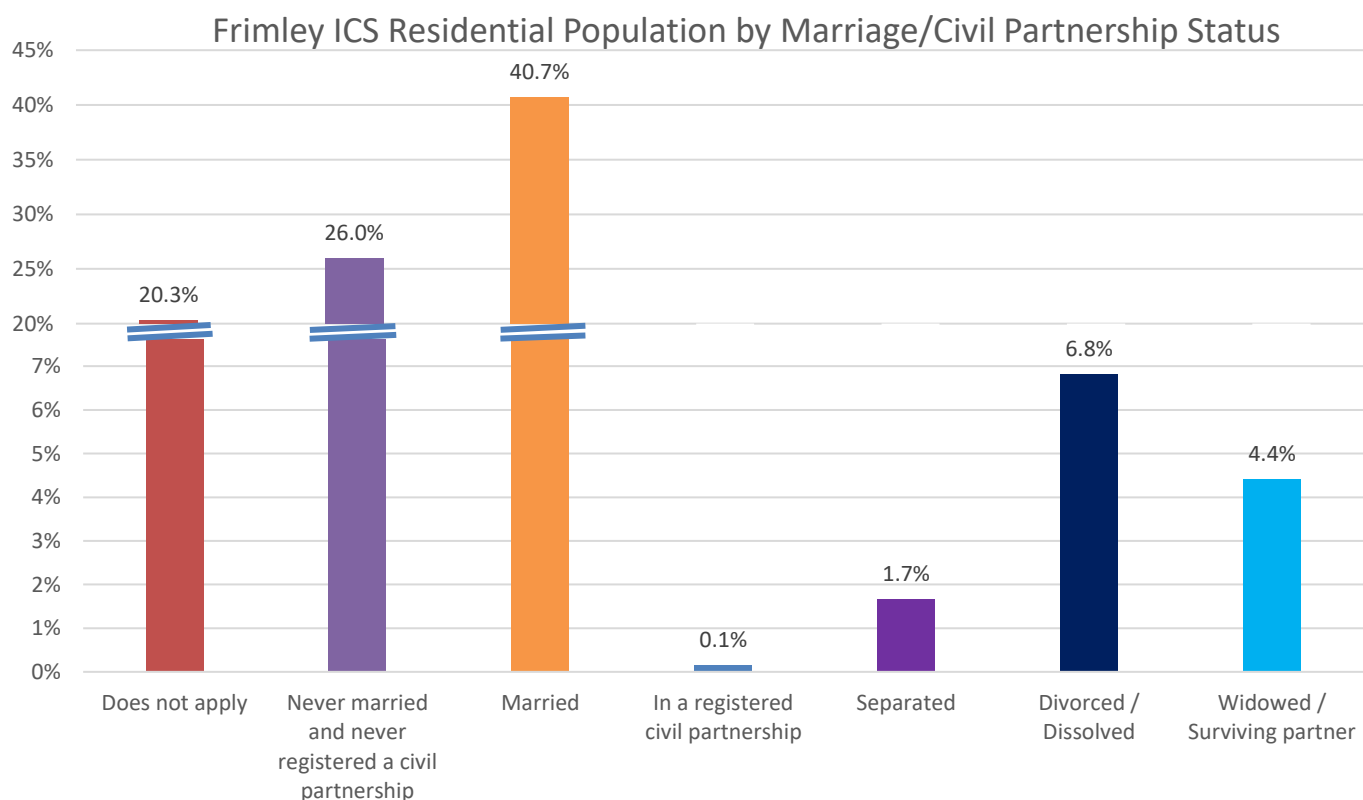
Gender



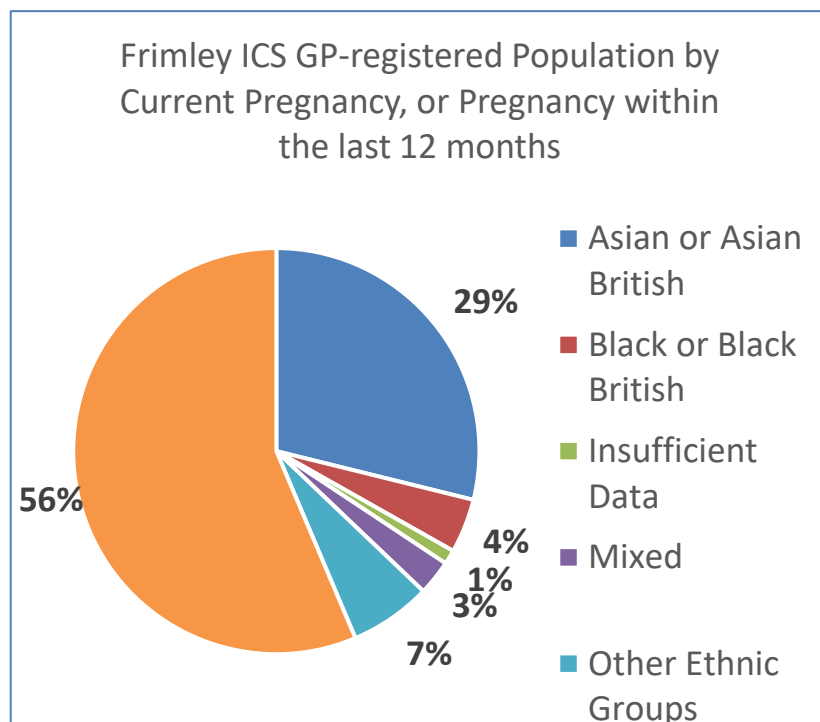
From the Census data 93.5% of our residents stated their gender identity was the same as the sex they had registered at birth. Of the remaining 6.5% of our residents, 5.94% did not answer. The split of our gender-diverse residents is above.

Marriage or civil partnership

Census data shows that the majority of our residents are married. 26% have never registered a marriage or civil partnership, and a further 20% of our residential population stated that this metric 'does not apply'.



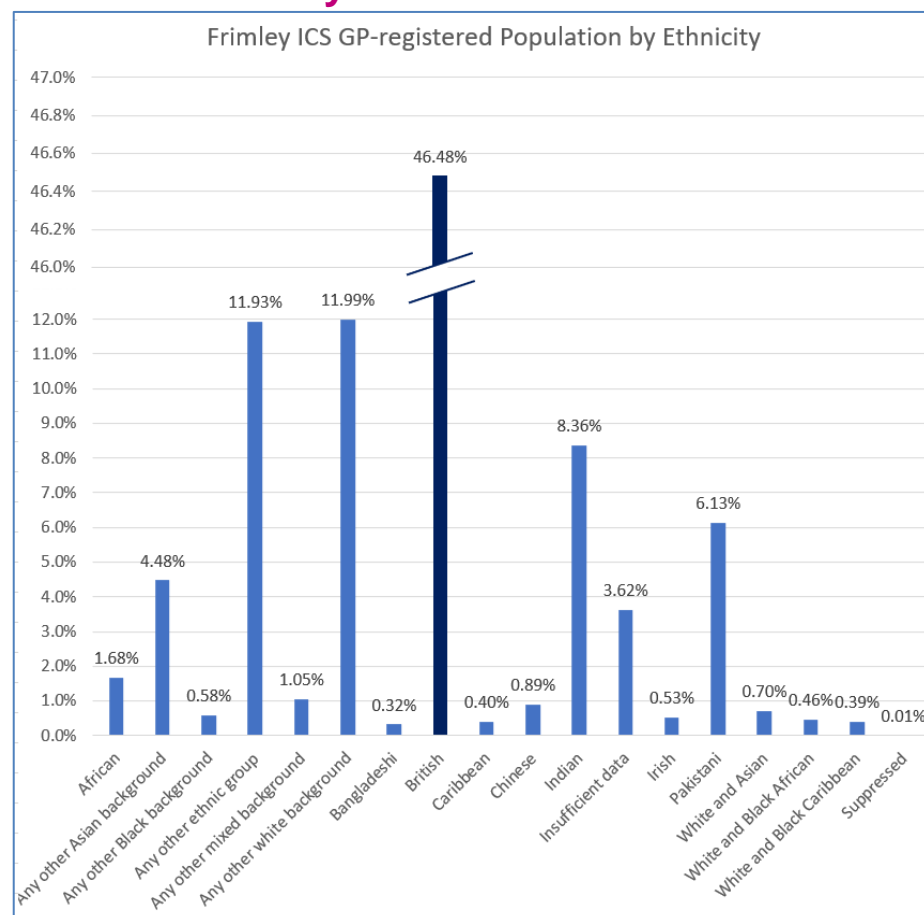
Pregnancy and maternity



Internal data from GP-registered patients shows that 1.92% are pregnant or have been pregnant within the last 12 months of the data retrieval on 19th January 2024.

This data also shows that just over half of these pregnancies were White patients, while just under one third were Asian or Asian British patients.

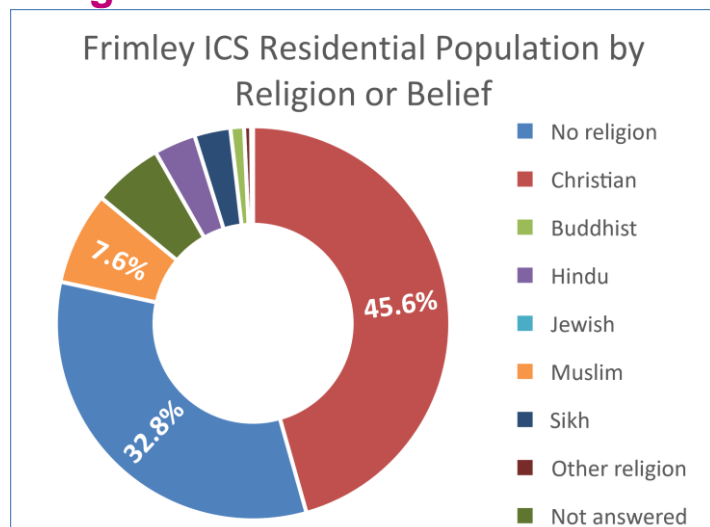
Race & Ethnicity



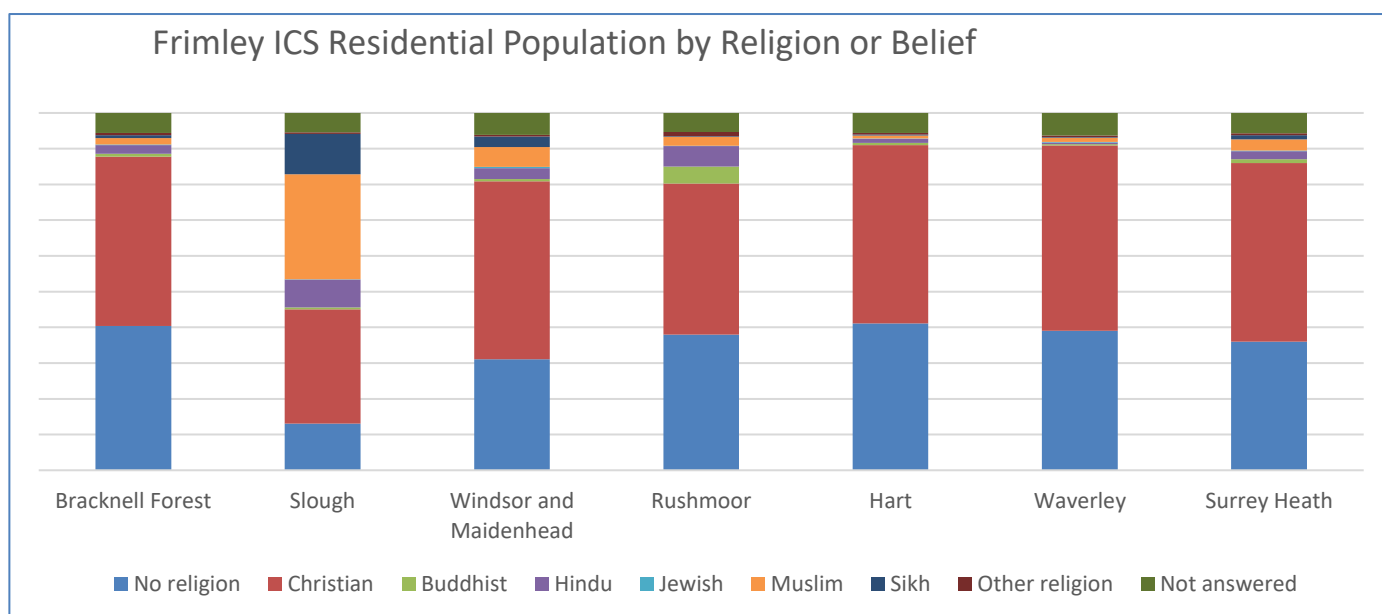
Reviewing our internal data by ethnicity, 46.5% of our GP-registered patients are 'White British'. The broken bar chart below demonstrates this alongside our other populations, which shows 'Any other white background,' 'Any other ethnic group' and 'Indian' as our next largest demographic groups respectively.

Nearly 100,000 of our resident population do not speak English as their main language, with over 122 languages spoken, including Urdu, Polish, Punjabi, Nepali and Hindi.

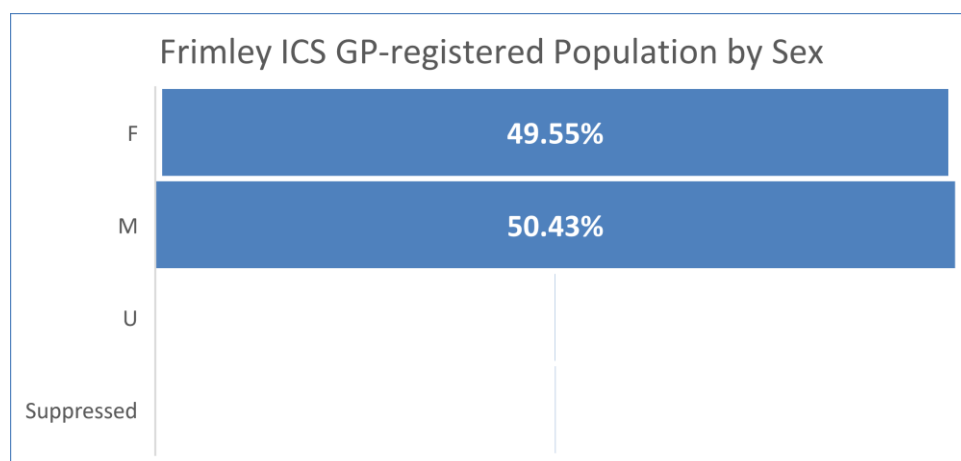
Religion or belief



45% of our population stated their religion as Christian and just under 33% said they had no religion. We have a higher than national average of Muslims living in Frimley, many of which live in Slough but also in other area. Slough also has more of our Sikh residents and most of our Buddhist population live in Rushmoor. We have low numbers of Jewish and 'Other Religion' groups across our places.

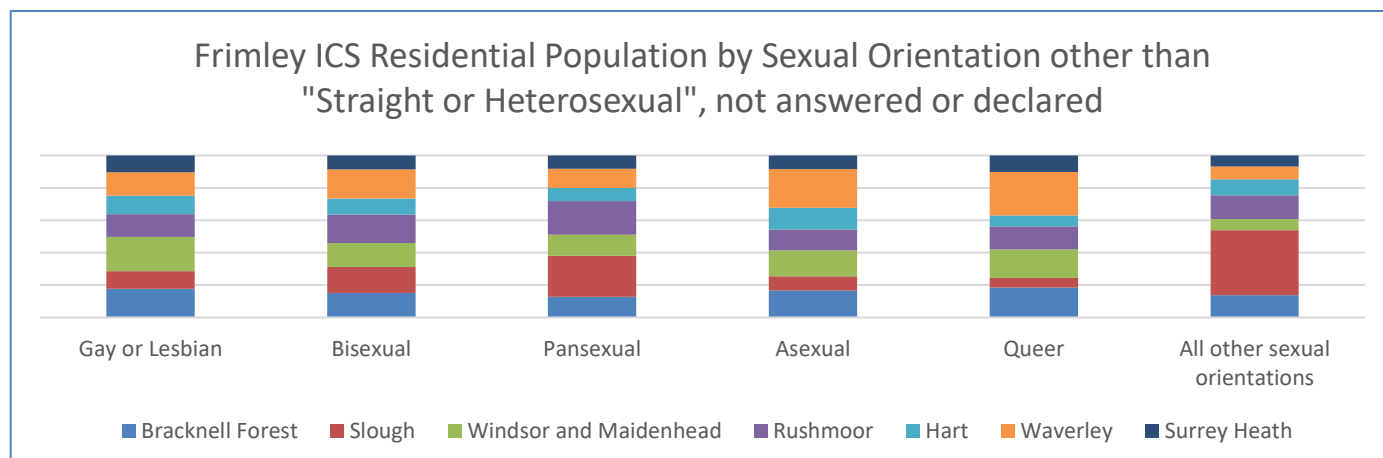


Sex



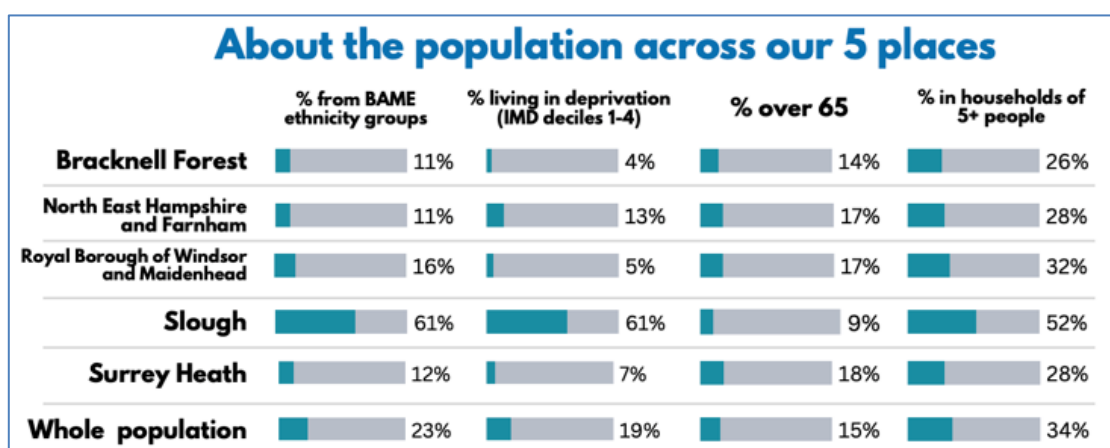
Internal data shows we have slightly more male patients registered with our GP services than female. Combining patients with suppressed data and unknown Sex are 0.02% of our population.

Sexual Orientation



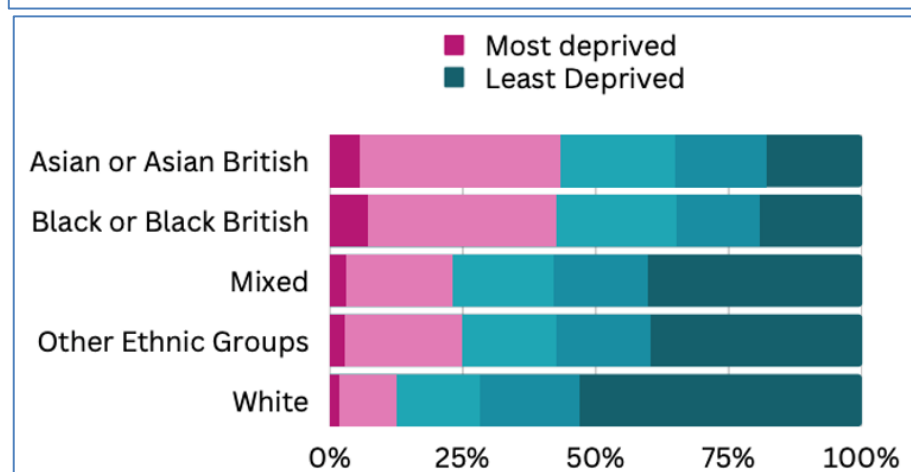
Data from the 2021 Census revealed that 90% of our residential population are Heterosexual, while a further 7.3% of our residential population did not answer or declare their sexual orientation. The remaining 2.4% of our residential population identified as above. Our largest demographics in this chart sit within the "Gay or Lesbian" and "Bisexual" categories. Windsor and Maidenhead Place hosts the largest population of people who are not heterosexual, followed by Rushmoor and Bracknell Forest Places respectively.

Socioeconomic vulnerabilities and deprivation



Around 3% of our population live in the most deprived areas of England. Of those living in deprivation, over 30% of residents are from Black,

Asian and Minority Ethnicity backgrounds.



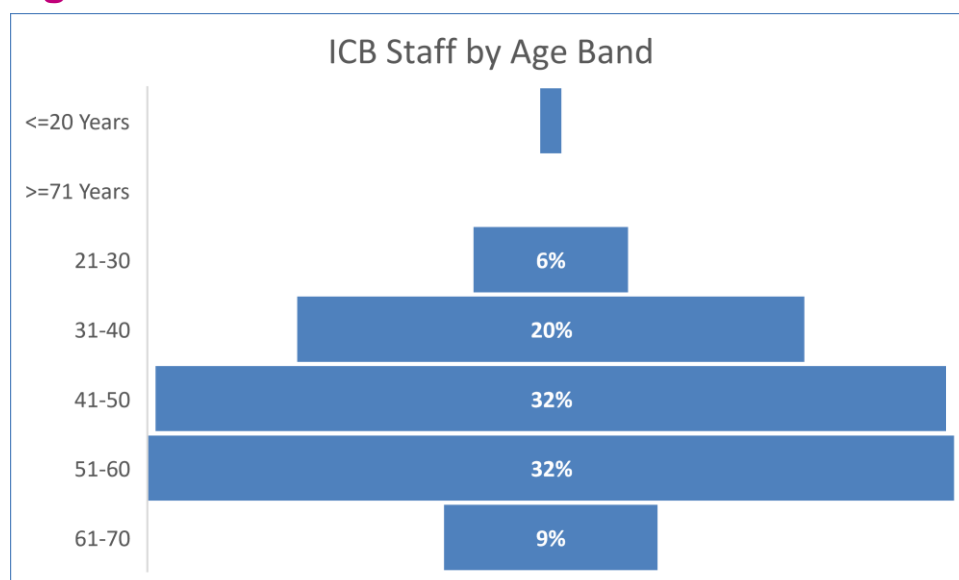
Our Gypsy Roma Traveler community are seven times more likely, and our Nepalese community are three times more likely to live in deprivation than our white community.

We have 56,000 residents living in deprived areas who are at risk of fuel poverty due to poorly insulated homes; nearly one third of our population are in some form of rented accommodation.

Our Workforce

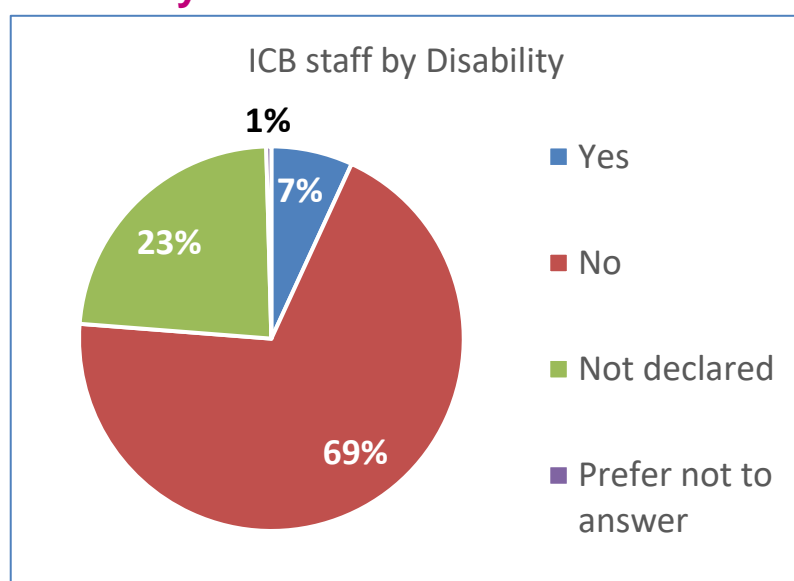
Our workforce data on 30th January 2024 includes 467 staff who are full and part time, as well as those employed on permanent, bank and temporary bases. It includes staff on active assignments, career breaks, secondments and acting up, maternity and adoption, as well as those who are inactive or suspended. By each protected characteristic, our data showed:

Age



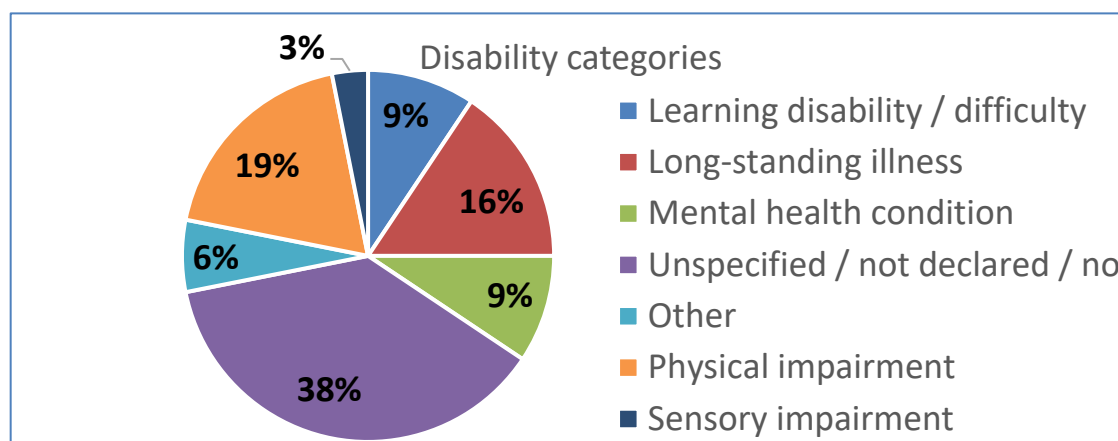
64% of ICB staff are between 41 - 60 years

Disability



7% of staff have declared that they have a disability.

It is noteworthy to mention that almost a quarter of our staff have not declared their disability status. There is ongoing work across the ICB to understand why and improve declaration rates.

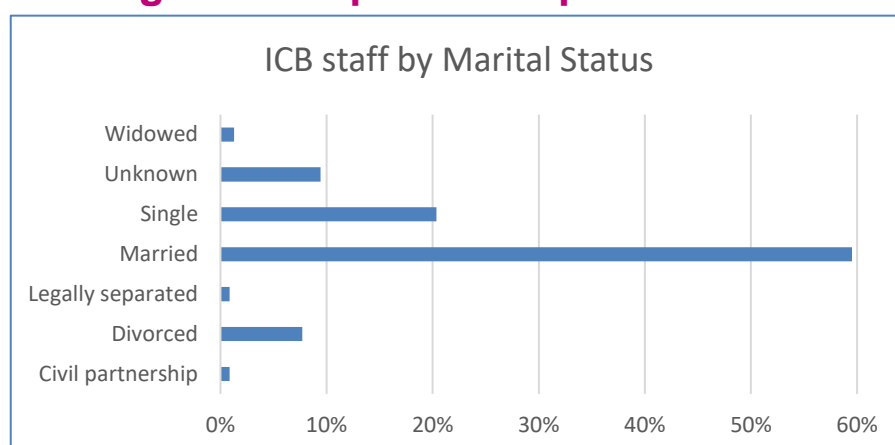


Of the disabilities that have been identified, the two largest groups of declared disabilities were physical impairments and long-standing illnesses 38% of ICB staff have not specified the type of disability they have. This can make it difficult to understand issues for staff and impact on their work experiences. We are continuously working with our disability staff network to understand what support our disabled colleagues need to ensure they have the right support and adjustments in the workplace.

Gender Reassignment

The data that is collected on our Electronic Staff Record (ESR) does not record gender identities outside of the male/female binary. Equally, it does not record whether a staff member's gender identity is the same or different from what was assigned at birth. We work closely with our LGBT staff network to create safe spaces for colleagues to raise issues.

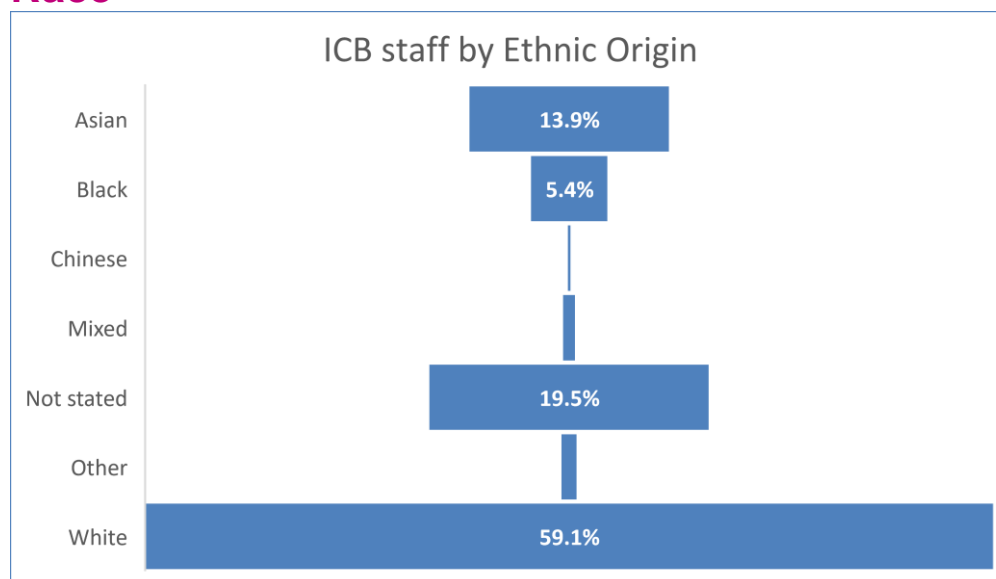
Marriage or civil partnership



The majority of our ICB staff are currently married or in a civil partnership.

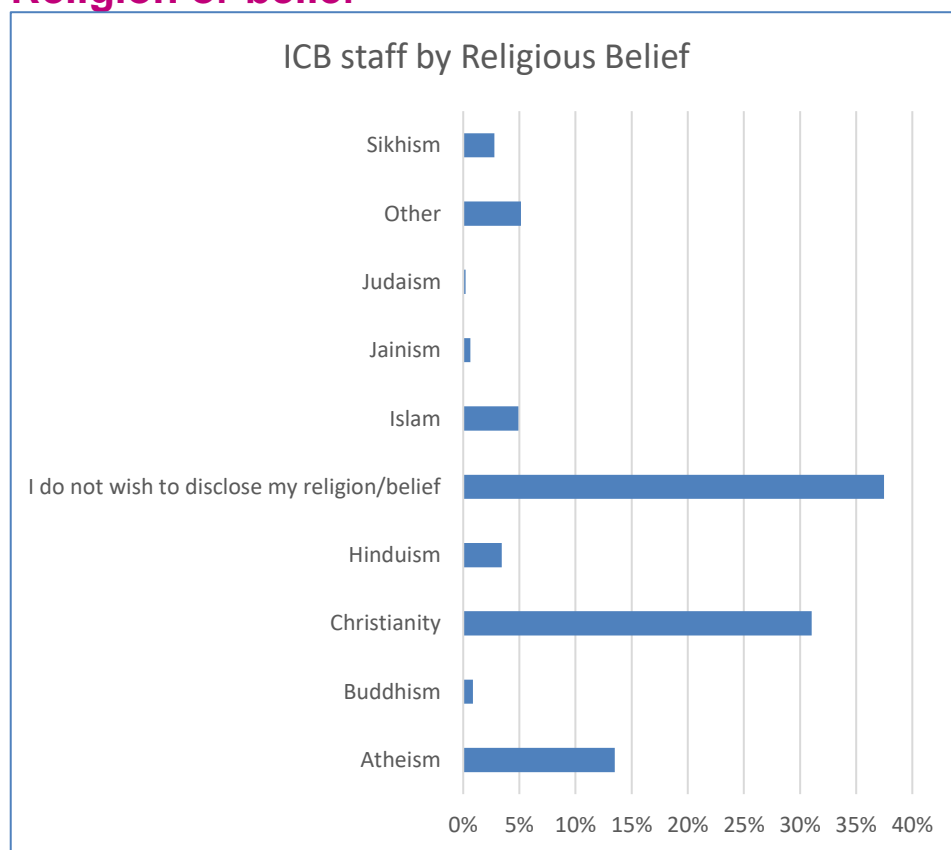
Around 30% of our staff are single, separated or widowed, and around 10% have not declared their marriage/civil partnership status.

Race



Data shows that 59% of our staff are White, and 19.3% Asian and Black staff. Work is ongoing to increase declaration of ethnicity and other protected characteristics so that we can understand who is employed at the ICB, and embed fair recruitment processes to increase representation from colleagues from Black, Asian and Minority staff (BAME) backgrounds.

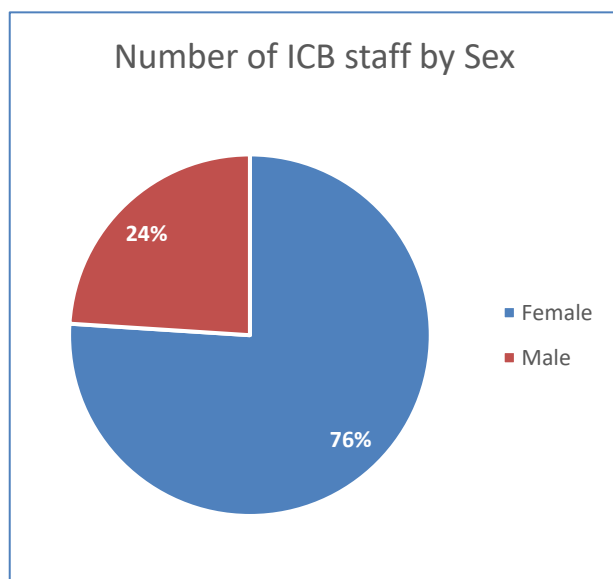
Religion or belief



Over 30% of staff who have declared their religion are Christian and over 10% are Atheist. We have 5% of colleague who have stated they are Muslim and have small numbers of staff across a wide representation of religions and beliefs such as Sikh, Judaism and Hinduism. We have a significant number of staff who have not declared their religion and continue to work with our staff networks to improve this.

Sex

Our staff split between female and male colleagues is as follows:

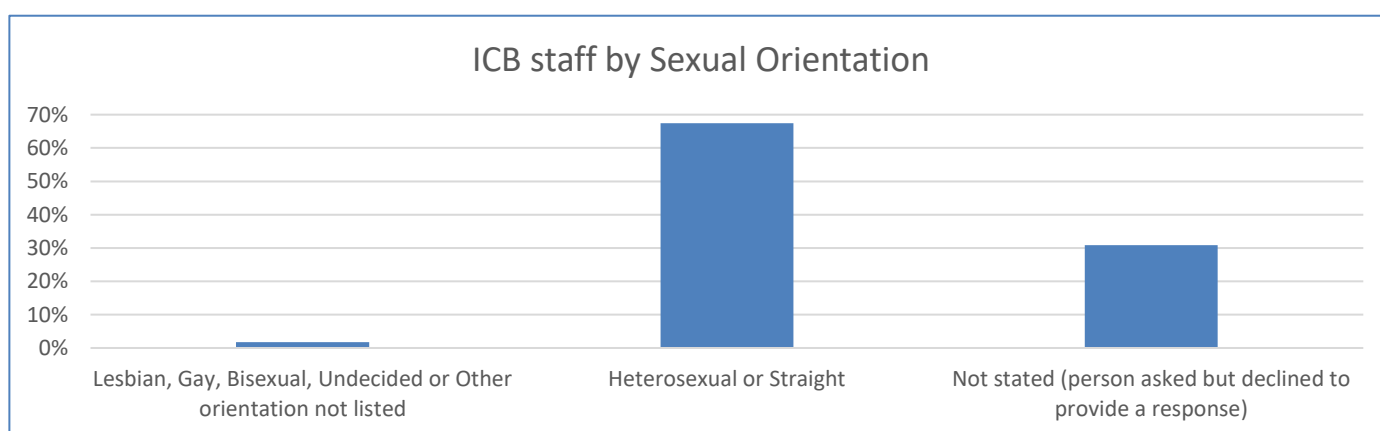


	Total	Part time	Full Time
Female	76%	28%	48%
Male	24%	8%	16%

Of all our ICB staff, 63% of females and 67% of males are employed on full time contracts.

Compared to 2023, this shows that slightly less staff in both female and male groups are working full time in the ICB.

Sexual Orientation



Nearly 70% of our ICB staff identify as Heterosexual or Straight. Around 1.7% identify as Lesbian, Gay, Bisexual, Undecided or another orientation not listed, which has reduced from 2.71% in 2023 and is below the Census 2021 findings of 3% of the general population of the United Kingdom. It is noteworthy to mention that over 25% of our staff have not stated their sexual orientation.

Pregnancy & Maternity

At the point of our data collection, less than 2% of ICB staff were classified with the assignment status “Maternity & Adoption”. This is a snapshot, and does not allow or consider for staff whose circumstances may have changed to other assignment statuses such as ‘career break’ or ‘inactive not worked’.

ICB EDI Ambitions and Objectives

NHS Frimley ICB EDI Strategic Equality Objectives

The following objectives have been developed for the Frimley ICB and will be reviewed this year.

OBJECTIVE	
1	To create an environment where staff feel valued, respected and included
2	To improve staff awareness, understanding and implementation of EDI including their legal obligations
3	To provide equality of opportunity in our employment practices
4	To provide learning and development opportunities for staff
5	To continually improve what we do based on equality

As part of our OD Strategic action plan, we have included the following objective:
Embed an open, inclusive, compassionate and learning culture that doesn't tolerate discrimination.

What we know

NHS Frimley scores at or above average when compared to other ICBs on diversity and equality, and particularly highly in the organisation respecting individual differences. *However*, detailed review by protected characteristics shows differential experiences amongst staff.

- Higher % of BAME staff experienced harassment, bullying or abuse from other staff
- Higher % of BAME experienced discrimination at work
- Higher % of disabled staff experienced bullying, harassment or abuse from patients, managers or colleagues
- 78% of staff feel their line manager and senior managers support and encourage challenging discriminatory practices, but this is lower for BAME staff
- NHS Frimley scores well compared to other ICBs for line management and compassionate leadership, with significant improvements since 2021
- All staff groups report lack of consistency across the organisation about the compassion with which they're treated and how personal circumstances are accounted for.

Findings from NHS Staff survey 2022.

What we want to achieve

NHS Frimley values and behaviours are embedded into working life

Our people are well led and managed

A diverse workplace where everyone feels included

Zero tolerance of racism and other discrimination, bullying and harassment



ICB Staff Survey

The 2023 NHS national Staff Survey analysis results has been undertaken. Due to the demographics of NHS Frimley staff who answered the Survey, detailed breakdown of results could only be determined for BAME staff and / or staff with a Disability or Long-Term condition. This is because staff from other groups, such as LGBTQ+, are too small in number to report without being identifiable.

The standout Staff Survey results are included with the Workforce Race and Disability Equality Standards below.



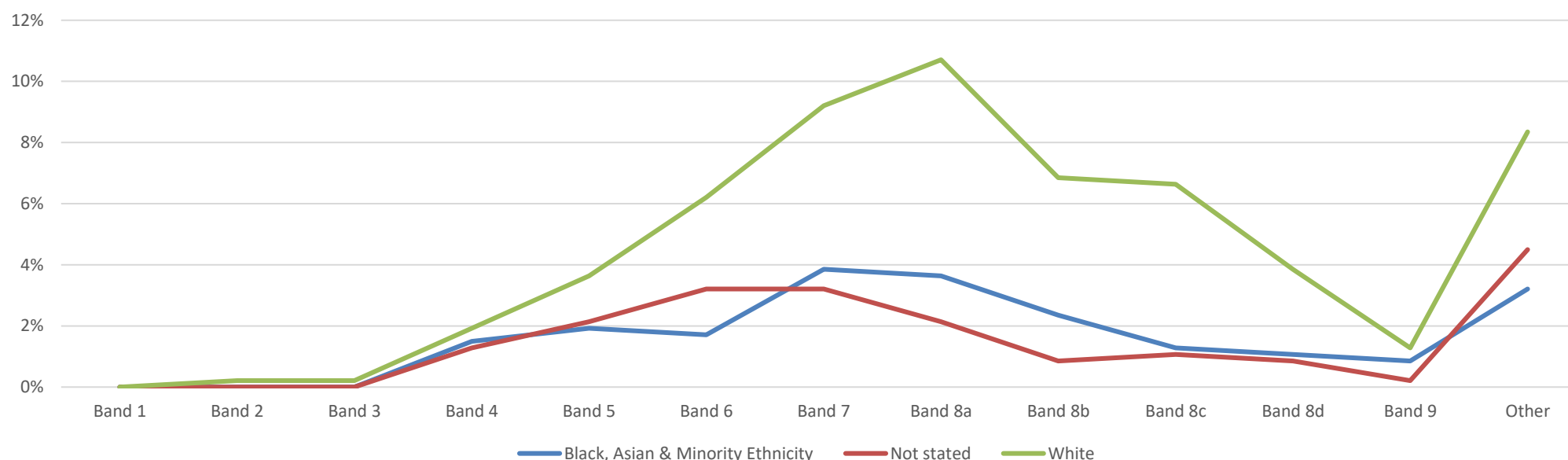
ICB Workforce Equality Standards

Race (WRES)

The ICB has remained committed to BAME staff since its' formation in June 2022. It is currently undergoing a restructure, but data at 30th January 2024 showed the following breakdown of staff by pay band and ethnicity:

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Other
BAME	0.0%	0.0%	0.0%	1.5%	1.9%	1.7%	3.9%	3.6%	2.4%	1.3%	1.1%	0.9%	3.2%
Not stated	0.0%	0.0%	0.0%	1.3%	2.1%	3.2%	3.2%	2.1%	0.9%	1.1%	0.9%	0.2%	4.5%
White	0.0%	0.2%	0.2%	1.9%	3.6%	6.2%	9.2%	10.7%	6.9%	6.6%	3.9%	1.3%	8.4%

ICB staff by Ethnic Origin at each Pay Band



The data finds that we continue to employ less BAME staff at all levels within the ICB. Most of our BAME staff sit within Band 7, whereas the highest number of White staff sit in Band 8a.

It is noteworthy to find that staff who have not stated their ethnic origin tend to sit in Band 6 and Band 7 roles. The reason for this is unclear, but one hypothesis could be that staff feel declaring their ethnic origin may impact their ability to progress into senior or higher banded roles. Similarly, there is an unexplained increase in staff who have not stated their ethnic origin in the 'Other' category.

The ICB are dedicated to understanding the workforce it employs and ensuring there are fair and equitable processes in place for recruitment, progression and retention of its' staff. [To view our WRES Action Plan, click here.](#)

WRES by indicator for 2023

The ICB completed its' WRES submission in June 2023 using data from Frimley Clinical Commissioning Group as this was the only information available at the time of writing. The ICB have since received and reviewed WRES data. This showed:

Indicator	Key findings
1	There is a greater number of BAME staff in bands 1-4 and above band 6.
2	White staff are 2.66 times more likely to be appointed from shortlisting than the BAME community. This is worse than the national average (1.54 times more likely) and has implications on our Organisational Change Programme, which we are addressing by implementing equality representatives on job matching panels and in interviews.
3	No staff within the ICB entered a formal disciplinary process. We know from the staff networks that microaggressions are continuing but are not being reported. We are addressing this by working with staff networks and equality advocates to understand experiences, reporting thresholds and barriers to reporting.
4	Non-mandatory training and continuing professional development isn't formally recorded within the ICB. We are working to include this information in future.
5	White staff are reporting experiencing more physical violence, harassment, bullying or abuse than BAME staff. The reason for this is unclear; it could be experiential, reporting, or a combination.



6	BAME staff experience more harassment, bullying or abuse from colleagues than their White counterparts. We are working with staff networks and equality advocates to understand experiences, reporting, and developing training around workplace culture and microaggressions.
7	BAME staff feel that there are less opportunities for career improvement than their White counterparts.
8	A greater percentage of BAME staff experienced and reported harassment, bullying or abuse from managers and colleagues. This is significant for the Organisational Change Programme as it may impact staff welfare, managing change programme, career decision making, workforce retention and the quality of decisions being made across the ICB.
9	Our Senior Leadership Team has 19% representation from the BAME; we are improving diversity by having an EDI Lead advisor to the SLT, as well as implementing a Mirror Board to our ICB Board.

NHS Frimley Staff Survey Results: Race

For Staff Survey Results only, 'minority' refers to staff who are "Mixed/Multiple Ethnic Groups" or "Asian/Asian".

Metric / Question	2022/23	2023/24
Demographic of respondents	25% Minority staff 75% White staff	22% Minority staff 78% White staff
Minority staff who have experienced harassment, bullying or abuse from colleagues in past 12 months	28.1%	28.6%
Minority staff who believe NHS Frimley acts fairly with regard to career progression / promotion, regardless of Protected Characteristic	40.4%	32.7%
Minority staff who have experienced discrimination from work manager, colleague or other member of staff	17.2%	24.5%

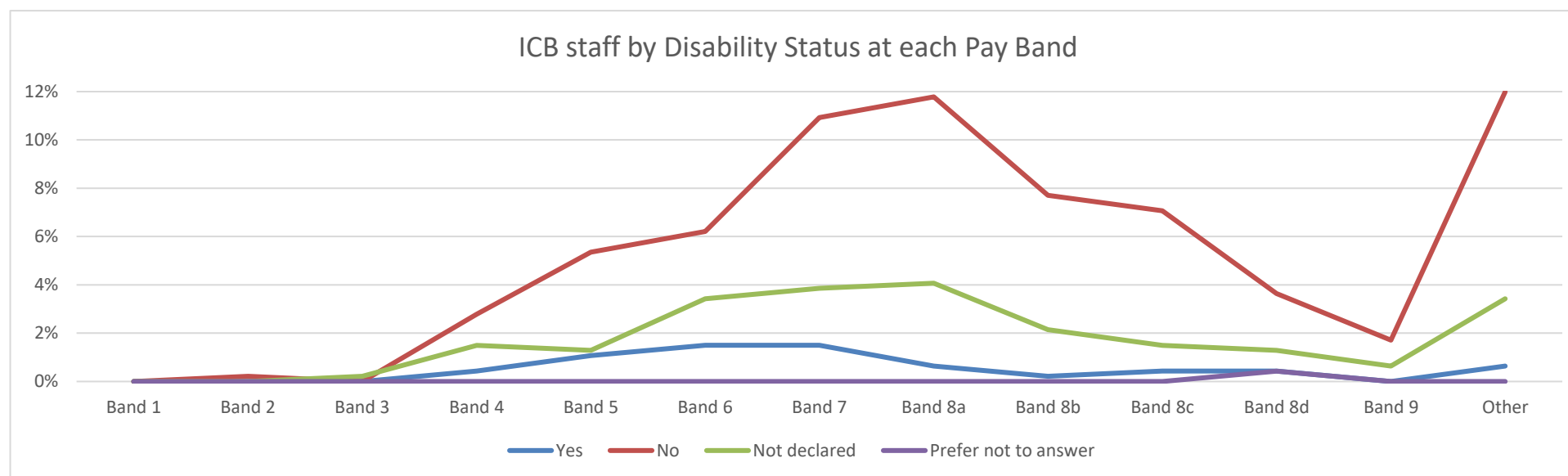
This data shows that fewer BAME staff chose to participate in the Staff Survey this year. We have found:

- Increase in BAME staff experiencing harassment, bullying or abuse and discrimination from colleagues in the past 12 months
- Fewer BAME staff feeling that NHS Frimley is acting fairly regarding career progression or promotion.

Disability (WDES)

As for our BAME staff, the ICB has remained committed to staff with Disabilities since its' formation in June 2022. Data at 30th January 2024 showed the following breakdown of staff by pay band and disability:

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Other
Yes	0.0%	0.0%	0.0%	0.4%	1.1%	1.5%	1.5%	0.6%	0.2%	0.4%	0.4%	0.0%	0.6%
No	0.0%	0.2%	0.0%	2.8%	5.4%	6.2%	10.9%	11.8%	7.7%	7.1%	3.6%	1.7%	12.0%
Not declared	0.0%	0.0%	0.2%	1.5%	1.3%	3.4%	3.9%	4.1%	2.1%	1.5%	1.3%	0.6%	3.4%
Prefer not to answer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%



This data shows that the majority of our Disabled staff are within Bands 6 and 7, while the majority of staff who have not declared their Disability status sit within Bands 6, 7 and 8a.

WDES by indicator for 2023

Indicator	Key findings
1	At the time of writing, less than 4% of staff had declared a disability. This is lower than the national average, but continues a year-on-year improvement trend.
2	We have a higher likelihood of disabled staff being recruited from shortlisting than non-disabled staff.
3	There is a higher likelihood of disabled staff going through a formal capability process than non-disabled staff. Our data is aligned with the national average for the NHS.
4	Until 2022, disabled staff experienced a slight reduction in harassment, bullying or abuse from their manager.
5	Over half our staff believe that the ICB provides equal opportunities to disabled and non-disabled staff.
6	Until 2022, the trend of presenteeism has been falling year-on-year. Our rate is very slightly higher than the national average.
7	Until 2022, staff are more satisfied that their work is valued year-on-year. Our rate is higher than the national average.
8	Until 2022, facilitation of reasonable adjustments has fluctuated for our workforce; this could have been impacted by the Pandemic. Data has shown that ICB staff are more likely to have their adjustments facilitated than the national average in 2022.
9a	From 2020 to 2022, year-on-year data shows disabled staff have been less engaged. Despite this, all staff remain more engaged than the national average.
9b	The ICB and CCGs have always reported that they were putting mechanisms in place for the voices of Disabled staff to be heard.
10	The ICB has less Board representation of Disabilities than the national average. We have more representation of Disabilities at executive level than the national average.

NHS Frimley Staff Survey Results: Disability / Long-Term Condition

For the purposes of Staff Survey Results only, DLTC refers to staff who are Disabled or have a Long-Term Condition.

Metric / Question	2022/23	2023/24
Demographic of the 95% respondents who answered DLTC questions	16% DLTC 84% non-DLTC	23% DLTC 77% non-DLTC
DLTC staff who have experienced harassment, bullying or abuse at work	Suppressed	33%
DLTC staff who have felt pressure from their manager to attend work when feeling unwell	18.5%	14.7%
DLTC staff who feel the organisation values their work	50%	46.8%
DLTC staff who say NHS Frimley have made reasonable adjustments to enable them to carry out their work	90.5%	85.7%
DLTC staff who have experienced harassment, bullying or abuse from patients and members of the public in past 12 months	28.9%	26.6%

This data shows that:

- More DLTC staff chose to participate in the Staff Survey this year
- We are unable to prove any changes in the rate of harassment, bullying or abuse from work colleagues as the 2022/23 rate was suppressed
 - o We *do* know that a third of our colleagues are currently experiencing poor behaviours from colleagues at work
- DLTC staff are feeling less pressure to attend work when they are unwell
- DLTC staff are feeling less valued for the work that they do at NHS Frimley
- Less DLTC staff feel that reasonable adjustments have been made for them.

[To view our WDES Action Plan, click here.](#)

Pay Gap Reporting

[To view our Pay Gap Report, click here.](#)

Frimley ICS EDI Ambitions

Our ICB equality objectives align closely with the wider ICS Ambitions:

Examples of progress on the equality objectives and ambitions include:

- Training and embedding Equality Advocates throughout the ICB to act as active bystanders, listen to and signpost colleagues to support.
- Development and implementation of an Inclusive Recruitment Toolkit, which provides best practice from writing the job description through to appointing to roles and giving constructive feedback to unsuccessful applicants.
- Provision of educational webinars with Staff, Lived Experience and Professional speakers including Simon Steel, Peju Abuchi and John Amaechi OBE
- Fortnightly newsletters to embed EDI as 'business as usual' and influence cultural change.
- Delivery of a 'Virtual Roadshow EDI Conference' to foster cross-System working, learning and development.

Anti-Racism in Frimley ICS

Agreed as a key System Ambition in June 2022, Frimley ICS has been working towards being an Anti-Racism system

The ICB has supported BHFT, who have developed and agreed their Anti-Racism action statement as follows:

Berkshire Healthcare is committed to becoming an Anti-Racist organisation, in a purposeful and impactful way as part of our corporate strategy.

We take an active role in identifying and addressing all types and impacts of racism, not just when it is obvious.

The ICB are also developing a zero-tolerance statement which fits with all work undertaken by and with our staff.

The plan is for the ICB to work with Partners across the System to convene an Anti-Racism Alliance. This aims to collaborate and cross-apply learning and strategies from BHFT across Partner Organisations in the ICS to improve working experiences of staff across Health and Social Care providers. It will therefore improve equity and equality of services being delivered to patients and service users across the System.

Equality and Human Rights Commission (EHRC) Monitoring Project

NHS Frimley comply with regulatory requirements to report on metrics monitored by the EHRC. These are:

1. The inappropriate detention of people with Learning Disabilities and Autism
2. The disproportionate detention of people from ethnic minorities under the Mental Health Act
3. Ethnic disparities in maternity care
4. Race equality in NHS recruitment and retention
5. LGBTQ+ Healthcare
6. Artificial Intelligence and Digitisation

[To view our report, which includes case studies of how we are achieving these metrics, please click here.](#)

NHS England Priorities

Sexual Safety in Healthcare

Colleagues in SCAS undertook a campaign that highlighted issues related to sexual safety; this was initiated by the leadership agreeing to a sexual safety charter to make clear the behavioural expectations and cultural change. The campaign has, through co-production (with the Women's network and FTSU guardians) defined expected behaviours, this also helped to distinguish the intention and severity of any particular concern and help to develop an adequate response.

The campaign has upskilled the workforce in recognising, challenging and reporting poor behaviours through poster, intranet resources, webinars and podcasts. Staff networks have supported the EDI and FTSU teams to embed the charter, and Sexual Safety is included in mandatory training including SCAS' trust induction.

SCAS are producing a pack for managers on handling disclosures sensitively, and are upskilling them to have difficult and uncomfortable conversations. The campaign is ongoing, and is looking to work with a theatre company to create scenarios for staff training.

The ICB, as well as Partner NHS Organisations, have signed up to the Sexual Safety Charter.

Additional EDI Workstreams across the ICB and ICS

Equality Delivery System & EDI Improvement Plan

NHS England published the refreshed [Equality Delivery System](#) in 2022, which uses Services, Workforce and Leadership Domains to drive improvement for patients, staff and leaders. It was complimented by the publication of the [Equality, Diversity and Inclusion Improvement Plan](#) in June 2023. This body of work set six High Impact Actions for NHS organisations to address between its' publication date and March 2026.

In recognising the duality of this reporting, we have developed a report showcasing workstreams that demonstrate our ongoing efforts. [To view the Equality Delivery System & Improvement Plan Case Studies Report, click here.](#)

Next steps in 2024

Integrated Care Board

1. Working to improve staff declaration of protected characteristics.
2. Optimising recruitment practices to improve BAME representation within the ICB, particularly in senior positions.
3. Empowering staff to understand Microaggressions, actively challenge them and positively influence working culture.

Integrated Care System

1. Developing membership of the Anti-Racism Alliance beyond Staff Network Chairs, to include key Stakeholders from across the System.
2. Working to analyse and submit Ethnicity Pay Gap data and improvement plans where required in 2025.
3. Collaboration to organize, promote and deliver 2024 EDI Conference.