

Equality, Diversity and Inclusion Summary Report 2024-2025 (based on 2023-24's Equality Work)

in support of Bedfordshire, Luton and Milton Keynes Integrated Care Board's commitment
to the Public Sector Equality Duty

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1. Introduction

- 1.1 The purpose of this report is to summarise the equality work undertaken in 2023/24 by NHS Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) to meet its Public Sector Equality Duty (PSED).
- 1.2 The ICB serve a local population of over one million and is responsible for planning and allocating resources to meet the four core purposes of an Integrated Care System (ICS) to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience, and access; enhance productivity and value for money; and help the NHS support broader social and economic development.
- 1.3 As a public sector organisation, BLMK ICB have a legal duty under the [Equality Act 2010](#) to have 'due regard' for the Public Sector Equality Duty to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between different groups of people who share and do not share the same [protected characteristics](#) as described in the Equality Act.
 - foster good relations between people who share a protected characteristic and those who do not.

2. Our Workforce

- 2.1 As of 31st March 2024, BLMK ICB employed 400 people, and our workforce's profile broken down by the protected characteristics is tabulated below, with the number of employees less than 10 in a category redacted to ensure anonymity and represented by the hyphen symbol, '-'.

Age Band	Headcount	Percentage
>=71 Years	-	0.25%
21-25	-	1.25%
26-30	14	3.50%
31-35	36	9.00%
36-40	34	8.50%
41-45	48	12.00%
46-50	72	18.00%
51-55	73	18.25%
56-60	66	16.50%
61-65	37	9.25%

66-70	14	3.50%
Grand Total	400	100.00%

Disability	Headcount	Percentage
No	334	83.50%
Not Declared	30	7.50%
Prefer Not to Answer	-	0.75%
Yes	33	8.25%
Grand Total	400	100.00%

Ethnicity Group	Headcount	Percentage
BME	96	24.00%
Not Stated	16	4.00%
White	271	67.75%
White Other	17	4.25%
Grand Total	400	100.00%

Religion	Headcount	Percentage
Atheism	61	15.25%
Christianity	189	47.25%
Hinduism	11	2.75%
I do not wish to disclose	89	22.25%
Islam	22	5.50%
Jainism	-	0.25%
Judaism	-	0.25%
Other	20	5.00%
Sikhism	-	1.50%
Grand Total	400	100.00%

Gender	Headcount	Percentage
Female	319	79.75%
Male	81	20.25%
Grand Total	400	100.00%

Sexual Orientation	Headcount	Percentage
Bisexual	-	0.50%
Gay or Lesbian	-	1.75%
Heterosexual or Straight	324	81.00%
Not stated (declined to provide response)	67	16.75%
Grand Total	400	100.00%

3 Our Local Population

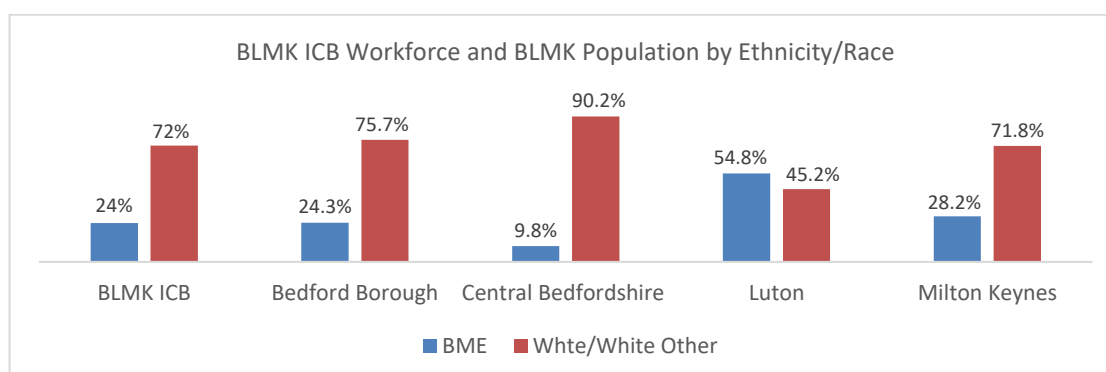
- 3.1 The overall population¹ of Bedford Borough, Central Bedfordshire, Luton and Milton Keynes is 1,140,903 people, with 205,441 in Bedford Borough, 305,495 in Central Bedfordshire, 279,088 in Luton and 350,879 in Milton Keynes. The overall breakdown is 49.45% female, 50.55% male, 30.64% Black and Minority Ethnic (BME), 70.72% White and 11.25% disabled.

BLMK Area	Gender		Ethnicity/Race		Disability
	Female	Male	BME	White	Disabled
Bedford Borough	50.8%	49.2%	24.3%	75.7%	15.5%
Central Bedfordshire	50.7%	49.3%	9.8%	90.2%	15%
Luton	49.9%	50.1%	54.8%	45.2%	13.7%
Milton Keynes	50.7%	49.3%	28.2%	71.8%	14.8%

4 Comparisons of Local Population, BLMK ICB's Workforce and Regional ICBs

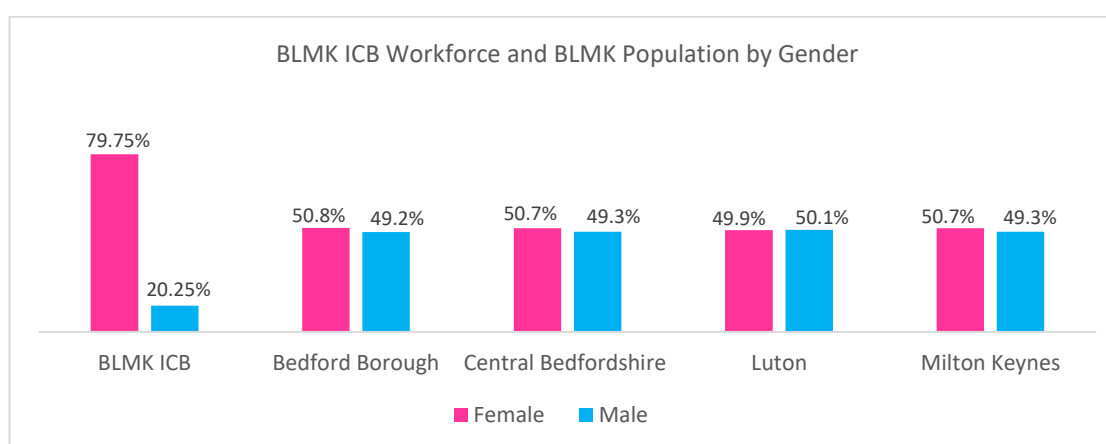
- 4.1 Overall, BME staff make up 24% of BLMK ICB's workforce compared to our system average of 29.3%, which is made up of:
- Bedford Borough's BME population at 24.3%.
 - Central Bedfordshire's BME population at 9.8%.
 - Luton's BME population at 54.8%.
 - Milton Keynes' BME population at 28.2%.

¹ [Build a custom area profile - Census 2021, ONS](#) (Unitary authority figures used) accessed on 7 March 2025.



4.2 Overall, the representation of BLMK ICB's female staff at 79.75% is:

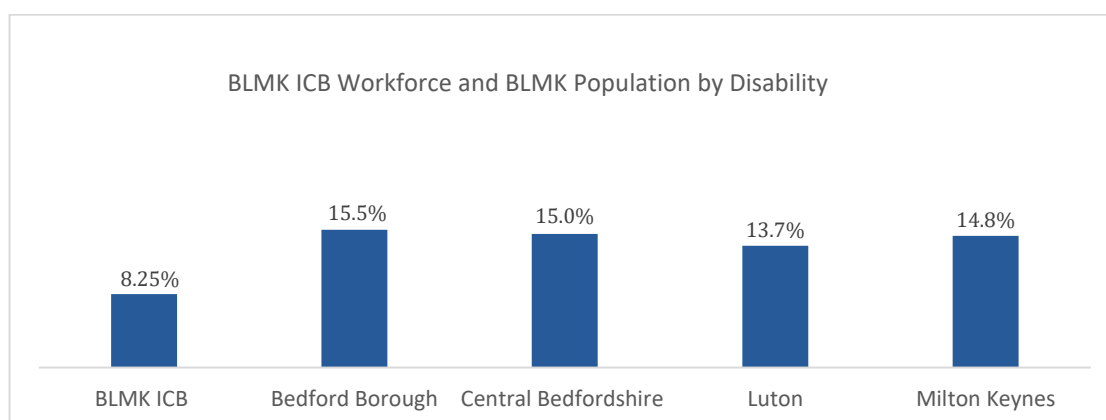
- higher than the Bedford Borough female population at 50.8%.
- higher than Central Bedfordshire's female population at 50.7%.
- higher than Luton's female population at 49.9%.
- higher than Milton Keynes' female population at 50.7%.



4.2.1 This figure (79.75%) is higher than the total female population of Bedford, Bedfordshire, Luton and Milton Keynes at 50.52%.

4.3 Overall, the representation of our staff living with a disability at 8.25% is:

- lower than the Bedford Borough disabled population at 15.5%.
- lower than the Central Bedfordshire disabled population at 15%.
- lower than the Luton disabled population at 13.7%.
- lower than the Milton Keynes disabled population at 14.8%.



- 4.3.1 This figure (8.25%) is lower than total population for Bedford, Bedfordshire, Luton and Milton Keynes at 14.75% of people with a disability.
- 4.3.2 We are aware that the ICB's low representation may be due to our staff's low disability declaration rates on the NHS' Electronic Staff Record (ESR), and work will be periodically undertaken to urge staff to update their equality and diversity details, including disability, on ESR.
- 4.4 The table below shows our datasets/rating, in comparison with the other ICBs in the NHS East of England region, on the mean and median gender pay gap, WDES (indicator 2), WRES (indicator 2) and EDS (overall organisational rating).

Equality Framework	East of England Integrated Care Boards					
	BLMK ICB	Mid & South Essex ICB	Hertfordshire & West Essex ICB	Cambridge & Peterborough ICB	Norfolk & Waveney ICB	Suffolk & North East Essex ICB
Mean Gender Pay Gap	24%	20%	20%	24%	32%	N/A
Median Gender Pay Gap	20%	14%	3%	12%	26%	N/A
Likelihood of appointment from shortlisting - Workforce Disability Equality Standard Indicator 2	Non-disabled applicants are 2.5 times more likely to be appointed	Cannot find reports	Disabled applicants are 1.04 times more likely to be appointed	Cannot find report	Cannot find report	Non-disabled applicants are 2 times more likely to be appointed
Likelihood of appointment from shortlisting - Workforce Race Equality Standard Indicator 2	White applicants are 3.5 times more likely to be appointed	Cannot find report	White applicants are 1.72 times more likely to be appointed	Cannot find report	Cannot find report	White applicants are 3 times more likely to be appointed
Equality Delivery System Rating	Developing	Developing	Achieving	Cannot find report	Developing	N/A

5 Update on 2022/23 EDI Priorities

- 5.1 Following the transition from a Clinical Commissioning Group (CCG) to an Integrated Care Board (ICB) on 1st July 2022, coupled with subsequent workforce changes, BLMK ICB continued to work on the CCG's equality themes, with appropriate alterations to ensure that equality, diversity and inclusion (EDI) continued to be priority areas of focus as part of the system reform since the ICB's inception. This section outlines some of the progress being made against each equality theme.
- 5.2 **Theme 1: To improve the quality of employee data on the ESR, data recording and monitoring**
- 5.2.1 In June 2023, NHS England published the Equality, Diversity and Inclusion Improvement Plan (EDIIP), which sets out six High Impact Actions for NHS organisations for addressing inequalities across the nine protected characteristics. Addressing all forms of discrimination and inequalities and embracing inclusion will enable our workforce to use their full range of skills and experience to deliver the best possible care to our patients and service users. The ICB recognises that outcomes are better for people served by diverse teams.
- 5.2.2 The ICB developed a comprehensive action plan based on the EDIIP's High Impact Actions to monitor and ensure we have a strategic view on all activities and progress. To support the streamlining of all our work on this agenda, we developed our local EDI Implementation Plan to align with the work being progressed on the:
- NHS Workforce Race Equality Standard (WRES)
 - NHS Workforce Disability Equality Standard (WDES)
 - NHS East of England's Anti-Racist Strategy
 - Pay Gap reporting
- 5.2.3 Additionally, the ICB published the Denny Review, which sets out a clear challenge to continue our inequalities improvement work.
- 5.2.4 BLMK ICB has a holistic approach to EDI using the EDIIP that sets out a 'wrapper' for EDI work across the NHS, this has resulted in increasing efficiency by reducing the potential for duplication of work and has strengthened collaborative and matrix working. We plan to continue to monitor and review progress.
- 5.2.5 **WRES:** BLMK ICB submitted WRES data to NHS England and produced an internal report (redacted for publication) that was approved by the Remuneration Committee in October 2024.

- 5.2.6 Staff survey results, alongside discussions with staff, suggest that our BME staff are subject to more bullying, harassment and suffer from career discrimination compared to White staff. For example:
- White applicants were 3.44 times more likely to be appointed from shortlisting compared to BME applicants, compared with 2.19 times more likely in 2023, with the desired ratio being 1:1.
 - The 2023 NHS Staff Survey shows that 25.5% of BME staff experienced harassment, bullying or abuse from staff in the previous 12 months compared to 11% of White staff. This is a 7.3% increase from 18.2% in 2022's survey.
 - 2023's Survey results show that 25% of BME staff believed there were equal career progression or promotion opportunities compared to 51.5% of White staff.
- 5.2.7 **WDES:** As part of the ICB continuous improvement-driven approach and commitment to developing good practice, the ICB voluntarily compiled and published WDES data. As with the WRES, a WDES action plan was developed and is being implemented. Like the WRES survey indicator, employees who identify as living with a disability, reported being disadvantaged compared to non-disabled employees, or reported incidents of discrimination. For example, the 2023's Staff Survey results indicate that:
- many staff living with a disability do not feel that they have the same access to career opportunities as non-disabled staff and are subject to more bullying and harassment.
 - our WDES data also shows that people who do not declare a disability were 2.5 times more likely to be appointed from shortlisting compared to applicants living with a disability; an increase on the previous year when the likelihood was 1.19 times more likely, with the desired ratio being 1:1.
- 5.2.8 The mean and median gender pay gap datasets of BLMK ICB and the other East of England region's ICBs are tabulated below for comparisons.
- 5.2.9 The WRES and WDES datasets show that there is still more work to be done to improve the collation of workforce data to identify areas of underrepresentation among different protected groups and to develop initiatives to close or narrow gaps in HR and recruitment practices.
- 5.2.10 The WRES and WDES action plans set out how the ICB aims to improve these, with focus on providing support to staff and enhancing our workforce data. Our 2024 [WRES](#) and [WDES](#) reports were published in October 2024 as mandated.

- 5.3 **Theme 2: To show inclusive leadership and commitment to being a leader in equality, diversity and Inclusion**
- 5.3.1 As part of our leadership development offer, we delivered a Leadership programme to our System Transformation Team/Place Teams which included modules on inclusive leadership.
- 5.3.2 ICB leaders met regularly with Equality, Inclusion and Human Rights (EIHR) experts who were invited to review our EDI work, discuss our EIHR priorities and better understand roles and responsibilities for the Public Sector Equality Duty as well as NHS England's requirements. In response to their feedback, we have worked hard to ensure that our online EDI information is laid out clearly and is easily accessible to the public. Furthermore, our Organisational Development and Inclusion Team reviewed the staff intranet's design to ensure that colleagues have access to wide-ranging resources and information on inclusion
- 5.3.3 **Governance:** BLMK ICB governance structure continues to ensure that there is robust oversight with assurance of delivery on our equality commitments, including having 'due regard' for the equality duty (section 1.2). During 2023/24, the Board of the ICB comprising executive and non-executive directors had a session on the importance of the EDI agenda as well as on civility and respect.
- 5.3.4 **NHS Equality Delivery System (EDS) 2022:** The EDS has also guided some of the equality work across three EDS domains on which further details are outlined in section 5.7. the ICB overall EDS rating is 'developing', indicating that 'minimal/basic equality activity is taking place', and that more still needs to be done.
- 5.4 **Theme 2: To improve the processes for recruitment, retention, experience and progress**
- 5.4.1 **Recruitment Processes:** The ICB has developed and launched an inclusive recruitment guidance, which includes content and delivery of training on unconscious bias and discrimination. A support training programme for this guidance is offered to recruiting managers.
- 5.4.2 The Board of the ICB is diverse, and further work is continually being undertaken to ensure any more Board recruitment targets community groups that might otherwise not engage with the NHS. The ICB recognises the need for equality and diversity within its own workforce, and is committed to improving the processes for recruitment, retention, experience and progression of all its staff.
- 5.4.3 **Gender Pay Gap (GPG):** The ICB aim to achieve a gender (male/female) balance at different levels across our workforce, including at the most senior levels, and

annually produce a statutory GPG report with calculations based on the mean and median average to give a more balanced overview of our overall GPG, with the results being used to assess the levels of our workforce gender equality and how effectively talent is being maximised and rewarded.

5.4.4 The mean gender pay gap was 24.48% and median was 20.34% based on data extract as of 31st March 2024. To close or reduce our gender pay gap, we developed an action plan to check for any gender bias in our recruitment information and appointment processes, in our training and development offer's uptake and monitoring the application of policies such as flexible working.

5.4.5 The ICB are committed to eliminating ethnicity pay gap and disability pay gap. Further details on these can be found in our pay gap reports accessible [here](#).

5.5 **Theme 4: To actively engage with, promote, support and encourage the work of staff networks and recognised forums**

Staff Network: BLMK ICB staff network held its inaugural meeting in June 2023, with consensus to have one network to support all protected characteristics due to our workforce size. The network's Terms of Reference outlines the network's purpose, which entail to provide a voice for staff and a solution-focussed platform to share opinions and or/raise concern. It encourages all staff to celebrate diversity as well as to understand the needs of individuals within the community so that ICB's vision, values and objectives are fulfilled. The network's role includes to advise the ICB on relevant strategies and influence improvement in organisational culture.

5.5.1 **Freedom to Speak Up (FSTU):** The ICB has a FSTU Policy in place, which outlines that staff can raise concerns by contacting the FTSU Guardian, of which we have two. In addition to FTSU Guardians and Executive escalation, we have FTSU Champions along with a rolling programme of recruitment to these roles, which are a link for ICB staff to discuss/raise any concern and will act as role models for creating or fostering an open, honest and transparent speaking up culture.

5.6 **Theme 5: To ensure staff feel confident to access the health and wellbeing schemes according to their individual needs**

5.6.1 In 2023/24, the ICB continued to offer wellbeing support to our staff, premised on the notion that a healthy and happy workforce is crucial to delivering improved patient care. With ongoing hybrid working, we continued support for our staff through regular communication/staff briefings, regular contact between managers and teams and a suite of wellbeing resources.

- 5.6.2 **Employee Assistance Programme (EAP):** The staff wellbeing offer includes EAP accessible through a free and confidential helpline. We also support staff with general health-related matters through our Occupational Health Services and the Shiny Mind app, while also seeking external accreditation for Menopause-friendly employer status.
- 5.6.3 The Wellbeing Leaders Programme was launched, enabling senior members of staff to raise awareness of health and wellbeing issues in the workplace. The programme is aimed at championing the importance of wellbeing, creating opportunities for staff to access support, including making it easier to have wellbeing conversations in the workplace.
- 5.6.4 The ICB achieved Disability Confident Employer Level 2 status in November 2024. In 2025 the Civility and Respect Programme, intended to create a civil and respectful organisational culture where staff feel valued, supported, respected and live our organisational values, including show kindness and compassion, will be launched.
- 5.7 **Theme 6: To create a more welcoming and supportive learning environment linked to Personal Development Plan which better meets the development needs of staff**
- 5.7.1 The ICB continues to encourage supportive career development conversations with line management across the organisation. Through our membership of NHS Elect, we provide all staff access to wide-ranging resources, training, coaching and webinars.
- 5.7.2 The ICB has recently hosted several workshops led by a variety of teams across the organisation to allow all staff the opportunity to talk about partnership working, and how to spread good practice across the system. Details on these are accessible via [here](#).
- 5.8 **Theme 7: Actively participate with relevant equality standards and benchmarks**
- 5.8.1 **Equality Delivery System (EDS) 2022:** The EDS is an inequalities improvement framework for patients, staff and leaders of the NHS to support NHS organisations in England, through active engagement with patients, members of the public, community groups, staff, staff networks and trade unions and other stakeholders to review and enhance their approach in addressing inequalities in access, experiences and outcomes.

Domains	Outcomes
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
2. Workforce health and wellbeing	2a: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions (response to Covid-19) 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 (response to Covid-19) 2d: Staff recommend the organisation as a place to work and receive treatment
3. Inclusive leadership	3a: Board members, system leaders (Band 9 & 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 (response to Covid-19)

5.8.2 Domain 1 of the EDS' three domains (outlined in the table above) must be implemented at ICS level, ICB-led and applied to 3 clinical services or care pathways commissioned and/or provided by local system partner organisations, with a view to assess their evidence against the domain outcomes. Mental Health care pathway was selected across the BLMK ICS, with good engagement from system partners such as Healthwatch and the Mental Health Equalities Group that formed part of the peer review group.

5.8.3 Domains 2 and 3 focus on staff wellbeing and inclusive leadership respectively and implemented at organisational level. Part of domain 2 action plan focuses on:

- Implementation of Viv Up platform for staff
- BLMK ICS Wellbeing Festival
- Implementation of Health and Wellbeing champions
- Deliver Mental Health First aid training
- Menopause Friendly Accreditation
- Menopause awareness mandatory training
- Suicide Prevention mandatory training
- BLMK ICS FTSU Conference.
- Increase the number of Freedom to Speak Up Champions to ensure there are people at different levels who can help
- DASV steering group to be established including Safeguarding team, HR, ODI, FTSU, Trade Union and Wellbeing in Primary Care
- Civility and Respect Toolkit roll out
- Launch staff awards including award for support wellbeing
- Roll out of leading for wellbeing training to managers

- Roll out of Affina OD Team Development Programme to encourage all teams to work well together.

5.8.4 The EDS supports the WRES and WDES outcomes by encouraging NHS organisations to understand the interconnection between patient outcomes and staff wellbeing. It provides a focus for organisations to assess the physical impact of discrimination, stress and inequalities, with an opportunity for organisations to support a healthier and happier workforce that, in turn, will improve the quality of care for patients/service users. Further details are outlined in the ICB's 2023/24 EDS report, which can be accessed [here](#).

5.9 Theme 7: Strategy and Policy Development and Equality training

- 5.9.1 **Equality Strategy and Objectives:** During 2022/23, the ICB focused on establishing systems and procedures to enable our organisation to meet our statutory and regulatory requirements, placing us in a position to build on this work and develop a more strategic approach to embed equality, diversity and inclusion across the organisation. Our priorities include to:
- strengthen the Board and executive level support to deliver the EDI Agenda
 - development of Black and Minority Ethnic (BME) staff and other underrepresented groups to progress as leaders including training, mentoring and talent management opportunities.
 - enable diverse voices to be heard
 - eliminate the conditions in which bullying, discrimination, harassment and physical violence at work occur
 - implement the NHS East of England Region's Anti-Racism Strategy, in partnership with our NHS England's System Culture Transformation Lead.
- 5.9.2 **Equality Impact Assessment (EIA):** Over the past year, staff continued to undertake EIA to have 'due regard' to equalities when assessing the impact of an activity, policy, or project either in its revision or developmental stage. EIA enables staff to ensure that the services provided to the workforce, providers and the diverse communities are free from discrimination and are accessible to all. The EIA process was further embedded during 2023/24. Six EIA training sessions, with ongoing support in the form of drop-in sessions for staff on its use, was made available to our staff. The training sessions were developed as previous feedback indicated delegates wanted more time allocated to the practical aspect of completing the EIA template, including working through a case study.
- 5.9.3 **Equality Training:** This was an opportunity for our staff to refresh their understanding of equality, diversity and inclusion. The learning was developed and delivered as a 'lunch and learn' event, with positive feedback from attendees.

6 2023/24 EDI Priorities

6.1 The EDI priorities for April 2023 - March 2024 were:

- **Monitor progress against action plans** on workstreams such as the EDS, WRES, WDES and pay gaps. To monitor and regularly update the relevant groups or committees.
- **Declaration rates:** To promote the importance of declaring personal equality information on ESR through ongoing communications with our workforce.
- **Workforce demographics:** Regularly monitor and review the ICB's recruitment and workforce data.
- **Training Needs Analysis:** Assess current equality training provision and staff professional development, and introduce packages to enhance their knowledge and awareness
- **Staff Networks:** To support setting up staff-led networks for our workforce from an intersectionality perspective.

7 Conclusion

- 7.1 The ICB remain strongly committed to continue to build on the equality work undertaken over the past year and recognise that more still needs to be done in the coming year to address inequalities in all its forms for our people.
- 7.2 The ICB plan to carry on using the WRES, WDES, EDS, Staff Survey, pay gap reporting, training, programmes, among other tools and frameworks to tackle inequalities and effect culture change.
- 7.3 Areas of improvements have been identified such as the need to build an accurate picture of our workforce demographics, regularly monitor our data and encourage our staff to share their equality and diversity information on ESR. The ICB will prioritise engagement with our people to better understand their experiences of working for the ICB, with a view to fulfilling our vision for BLMK to be an excellent place in which to work, volunteer, learn and live.