

NHS Somerset
Public Sector Equality Duty
Report
2025/26



Ensuring **inclusion** and
belonging for all

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“The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms” (NHS People Plan)

A. Introduction

What is the Equality Act and the Public Sector Equality Duty?

The Public Sector Equality Duty (PSED) came into effect on 5th April 2011 as part of the Equality Act 2010¹.

The Equality Act combined several anti-discrimination laws covering race, disability, and gender into one single piece of legislation. It protects people from discrimination in the workplace and the wider community.

Who is Protected?

The Act identifies nine protected characteristics:

1. Age
2. Gender
3. Ethnicity
4. Religion or Belief
5. Marital Status
6. Disability
7. Pregnancy and Maternity
8. Sexual Orientation
9. Gender Reassignment

It is considered good practice to define additional characteristics that have geographical relevance. In Somerset, we have jointly agreed the following as characteristics that we wish to consider when making decision about how we provide services to our population:

¹ <https://www.equalityhumanrights.com/guidance/public-sector-equality-duty-psed>

Digital confidence

- Homelessness
- Military and veterans
- Rurality and coastal communities

Further information about each of the protected characteristics can be found in 'Appendix I – Protected Characteristics'

The Public Sector Equality Duty (PSED)

Public sector organisations have a legal duty to promote equality. This is split into:

1. The General Duty, which requires public bodies to:
 - Eliminate discrimination, harassment, and victimisation.
 - Advance equality of opportunity for all.
 - Foster good relations between different groups.
2. The Specific Duties, which require public bodies to:
 - Publish equality data about their employees and service users.
 - Set at least one clear and measurable equality objective every four years
 - Report on gender pay gap information.

Why Does This Matter?

The PSED ensures that public organisations actively promote equality in all areas, including:

- Decision-making
- Policies and procedures (internal and external)
- Buying goods and services
- Service delivery
- Recruitment, promotion, and the management/leadership of the workforce

At NHS Somerset, we believe that by embedding equality into everything we do, we can:

- proactively meet our diverse workforces' needs
- will run more efficiently and dynamically

- attract better talent, represent our community delivering better outcomes for Somerset's population, and;
- have an engaged workforce that feels supported, heard, and valued.

B. How this report is structured

This report is a combined one that provides equalities information regarding our workforce and the population we serve. Data sources for both areas are included in the relevant sections of this report but include areas like Census 2021 data, our staff survey results, our national returns for our Workforce Race and Disability Equality Standards (WRES, WDES) and gender pay gap outcomes.

In addition, this report draws upon and makes reference to our [Joint Forward Plan 2024-2029](#), [NHS Somerset Annual Report 2023-2024](#) (being currently updated) and our Tackling Inequalities Report which is a statutory requirement as part of NHS Somerset's Annual Plan reporting (the full report will be publicised as part of the Annual Plan in June 2025)

Although the data in this report is broken down between workforce and our customers, and where possible against each of the 9 protected characteristics (if data quality allows), our equality objectives are a single set for the whole organisation

We recognise inter-sectionality; people's lived experience can't often be identified against a single protected characteristic on its own – lives and identities are more complicated and complex and so our objectives are designed with this in mind.

It needs to be noted that this report presents a 'snapshot' in time and our improvement work on equality, diversity and inclusion will be ongoing; this report makes specific recognition of the improvements we need to take

Work on tackling inequalities doesn't stand still and policies, practices – the ways in which we work and behave always need to be scrutinised to understand where we can do better.

It is about continuous improvement through understanding our data and open, transparent dialogue with our workforce and members of the public and taking action. It is an area that cuts through everything that we do – through being reported via our internal committees and forums, through our Equality Impact Assessment processes, but also through our public facing communications using different channels such as our social media platforms, press releases and reports published on our NHS Somerset website

For any questions regarding this report, please email somicb.icsworkforceteam@nhs.net or write to us: NHS Somerset, Wynford House, Yeovil, BA22 8HR

C. The national, regional and local context:

Our work on Equality, Diversity and Inclusion (EDI) is shaped by various influences. As an NHS organisation, we use the work from NHS England as a starting point, building on it using local information to ensure our work on EDI is specific, relevant and appropriate to the population and workforce of Somerset

Nationally:

In 2023, NHS England (NHSE) produced the NHS Equality, Diversity and Inclusion Plan for its workforce². This described a set of 6 'High Impact Actions' to "...address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce". The Plan also integrates the NHS People Promise (appendix 1), and elements of the NHS Long Term Plan.

The High Impact Actions form the backbone of our NHS Somerset Equality Objectives and actions as set out in section F but also includes objectives and actions addressing patient/public-facing inequalities formed through local consultation and engagement to make them 'Somerset specific'

Under the NHS standard contract, there is a requirement for the implementation of the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), and the Gender Pay Gap. All of these national requirements are embedded in our equality work at a local level and have informed our Somerset equality objectives and action plan

Regionally:

A Southwest 'Leading for Inclusion Vision' has been produced by regional partners, led by NHSE and overseen by a regional EDI Delivery Group and EDI Leads Group stating "We will improve the future for generations, so that they feel they belong in the South West health and care system – it is a great place to work, delivering outstanding care, outcomes, and experience for all and supporting the work to reduce health inequalities" and with 4 purpose statements:

² https://www.england.nhs.uk/wp-content/uploads/2023/06/B2044_NHS_EDI_Workforce_Plan.pdf

- Create a culture where our people feel valued, heard and able to be their best selves at work
- Develop our leaders to be compassionate and inclusive in all they do
- Recruit, develop and retain a more diverse workforce to ensure equitable representation with an initial focus on disabilities, race and ethnicity, and LGBTQ+
- Improve staff experience across all protected characteristics to ensure the Southwest NHS is the best place to work

The 'Leading for Inclusion' Strategy and plan is currently being reviewed and refreshed for 2025/26 by NHSE in collaboration with EDI NHS leads and Non-Exec directors from across the region

In February 2025, the regional NHSE team supported ICS' in understanding progress and areas for improvement against the High Impact Actions (overview table for Somerset (this includes results for Somerset NHS Foundation Trust as well as NHS Somerset ICB) shown in Appendix 4). The information relating to NHS Somerset has been used to inform our objectives and improvement plan in relation to our proactive improvement work for our workforce

Locally:

Our approach to EDI locally is being done on an Integrated Care System footprint. Whilst the equality objectives and improvement plan are NHS Somerset 'owned', where possible and appropriate, work to tackle inequality, reduce harassment and discrimination and promote equality of opportunity is explored with our public sector partners through the Somerset Equality Partnership (SEP).

SEP is a public sector partnership of EDI leads in Somerset, chaired by Somerset Council and with NHS Somerset representation.

Taking a system-wide approach where appropriate reduces duplication and brings extra capacity and expertise to complying with the PSED, especially where there are common challenges. Our customers are also accessing our different public sector services at different times in their lives – whether that is on a regular or irregular basis and so it becomes vitally important that our public services are accessible and inclusive wherever they are being delivered in the County and regardless of who is delivering the service

Overview of Somerset

The majority of the data in this section has been taken from the 2021 UK Census³ hosted by Nomis unless otherwise stated.

Somerset is a large county with a population of 571,548⁴. The county is mainly rural and has a large agricultural industry. There are two main towns, Taunton which is the county town, and Yeovil which is the second largest. Other main urban centres include Bridgwater, Shepton Mallet, and Frome.

There are two acute hospital facilities in Somerset, Musgrove Park Hospital in Taunton and Yeovil District Hospital in Yeovil. Both are operated by Somerset NHS Foundation Trust, along with 13 community hospitals⁵.

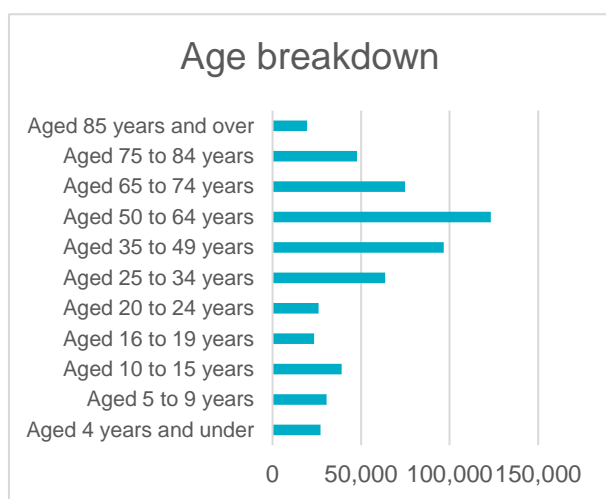
Seven of the community hospitals across Somerset also host Minor Injury Units.

Somerset has a single unitary authority, Somerset Council which has its main office in Taunton.

Age

Somerset has a higher proportion of older people compared to other counties.

Error! Reference source not found. shows the breakdown of ages by five-year gap. There is a total of 141,897 people who are 65 or over equating to 24.9% of the total



population.

³ [Data downloads - Nomis - Official Census and Labour Market Statistics](#)

⁴ [Nomis - Official Census and Labour Market Statistics](#)

⁵ [Community Hospitals - Somerset NHS Foundation Trust](#)

Sex

The split between the legal sexes of female and male is in line with the national average (51% female and 49% male).

Race and ethnicity

Somerset is not generally considered to be ethnically diverse with 96% of the population identifying as white. The remaining 4% is represented by people who identify as Asian/Asian British (1.5%), black or black British (0.4%), mixed or multiple ethnic groups (1.2%), and other ethnic groups (0.4%).

Bridgwater has a hotel that hosts asylum seekers and refugees and has a fluid population and can accommodate up to approximately 250 residents. The hotel is allocated to accommodate families or single females.

Somerset has pockets of privately run Gypsy and Traveller sites located across the county. The number of residents on these sites is difficult to estimate. In addition, Somerset is on one of the main travelling routes for more mobile travellers and there is a marked increase in numbers during the traditional travelling period (April – October). Somerset does not have any provision for “stopping places” for travellers and many will set up “roadside” which makes it difficult to get a full picture of the numbers that may travel through Somerset or are in Somerset at any given point. In addition to the ethnic travellers mentioned above, Somerset has many New [Age] Travellers, particularly around the area of Glastonbury. This is a transient community and populations fluctuate regularly. It is estimated that there are approximately 180 vehicles parked roadside in the Glastonbury area.

Language

There are 532,913 (95.9%) of the population over the age of three who have English as a first language. Of the remaining 22,875 (4.1%) of people:

- 10,347 (1.9%) can speak English very well
- 8,769 (1.6%) can speak English well
- 3,244 (0.6%) cannot speak English well, and
- 515 (0.1%) cannot speak English

Sexual orientation

The population of over 16s in Somerset was 474,940. Figure 1 shows that the majority (90%) of this population identify as straight or heterosexual. A further 1.2% as gay or lesbian, 1.1% as bisexual, and 0.3% as all other sexual orientations. 7.5% elected not to respond to this question in the 2021 Census.



Figure 1 - Split of population by sexual orientation

Gender identity

The population size for over 16s in respect of questions around gender identity is 474,940.

446,072 (94%) of this population identified as having a gender which matched that which was assigned at birth.

665 (0.35%) of this population identify as having a gender that is different to the gender assigned at birth, which is broken down as follows:

Gender identity	Number	Percentage
Trans woman	308	0.06%
Trans man	313	0.07%
Non-binary	193	0.04%
Other	163	0.03%

Figure 2 - Breakdown of population whose gender does not match that which was assigned at birth

27,266 (5.73%) elected not to answer this question in the 2021 Census.

Religion

The 2021 Census identified that 296,905 (52.0%) of the population has a religion or belief and 237,262 (41.5%) do not. Those considered as not having a religion include agnostic, atheist, free-thinker, and humanist, along with those who identify as having no religion.

Religion	Number	Percentage
Christian	286,672	96.55%
Muslim	2,600	0.88%
Buddhist	1,930	0.65%
Hindu	1,103	0.37%
Jewish	451	0.15%
Sikh	189	0.06%
Other ⁶	3,960	1.33%

Figure 3 - Breakdown of religions and beliefs.

Transport

Somerset has bus services across the county and has mainline train services and national coach services. Of the 250,120 households in Somerset, 34,931 (14%) do not have access to a private vehicle, with 215,189 (86%) having access to at least one private vehicle.

Carers

Of the 544,501 people aged five or over, 494,564 (90.8%) do not have caring responsibilities. Figure 4 shows a breakdown of the number of hours per week spent undertaking caring responsibilities.

⁶ A total of 35 “other” religions were identified in the 2021 census which can be found in ‘Appendix IV’.

Caring responsibility per week	Number	Percentage
9 hours or <	19,474	3.58%
10-19 hours	6,584	1.21%
20-34 hours	4,447	0.82%
35-49 hours	4,688	0.86%
50+ hours	14,744	2.71%

Figure 4 - Level of caring responsibilities per week

Health inequalities

Finally tackling health inequalities and recognising the wider or social determinants of health has to be done on a system-wide, multi- partnership basis. Many of the determinants of poor health are shaped by factors outside the healthcare system and require a multi-agency approach. Our developing work on tackling health inequalities and the statutory requirement for population health data to be analysed and included within the NHS Somerset Annual Plan (due to be published June 2025) already tells us that:

- Those populations most impacted by health inequalities experience or share the following characteristics and often these needs can overlap and intersect, further compounding the risk of poor health outcomes:
 - they live in areas of multiple disadvantage
 - they are influenced by geographical factors that affect access to services
 - and they are part of groups who have protected characteristics or are in inclusion health groups.

On a geographical/postcode level:

- Of the 327 Lower Super Output Areas (LSOAs)⁷ in Somerset:
 - 29 are within the most deprived 20% in England, up from 25 LSOAs at the time of Indices of Multiple Deprivation (IMD) 2015.
 - The “Somerset North” area has the highest number of LSOAs in this category (13), followed by Somerset West (8), Somerset South (6) and Somerset East (2). These neighbourhoods have a combined population of approximately 46,000.

⁷ LSOAs are clusters of households within a certain geographical normally comprising of, on average, 1500 people

- Additionally, the county experiences unique challenges with rurality and data shows that coastal communities can be unfairly impacted⁸
- Health inequalities affect multiple inclusion health groups, not just geography or postcode.
 - Refugees and asylum seekers in the county have increased 15-fold since Autumn 2021, now making up 0.8% of displaced people nationally.
 - Approximately 600 people experience homelessness, with 50% engaging with health services at any time.
 - Gypsy, Roma, Traveller, and vulnerable migrant populations face health impacts based on their living conditions

This data has been woven throughout our equality objectives and action plan, and is being used to target our work across the different services in NHS Somerset particularly in relation to the priority health conditions set by the ICS Inequalities Health Group (these include smoking cessation, cardiovascular disease, homeless health for example)

⁸ Chief Medical Officer's annual report 2021: health in coastal communities - GOV.UK (www.gov.uk)

D. Our workforce: data and analysis

Our workforce data has primarily been extracted from our Electronic Staff Record (ESR) system on 30th January 2024 and includes 362 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.

a. Our workforce profile

NHS Somerset’s structure is made up of the following Directorates and our workforce is shown (in headcount) against each:

NHS Somerset workforce by Directorate			
Directorate	Headcount	Male/Female	Full/Part-time
Clinical, Medicine & Primary Care	105	23/83	62/45
Corporate Affairs	17	3/14	13/4
Communications & Engagement	14	0/11	8/6
Continuing Health Care	70	5/65	43/27
Finance, Performance & Contracting	23	8/15	18/5
Quality, Patient Safety & Improvement	49	6/43	30/19
People Directorate	9	2/7	7/2
Strategy, Digital & Integration	65	14/51	46/19
NHS Somerset Executive Directors (paid)			
Headcount	Male/Female	Full/Part-time	(%) not White British
14	7/7	7/7	0%

NHS Somerset Non-Executive Directors (NEDs)		
Headcount	Male/Female	% not White British
5	4/1	20%

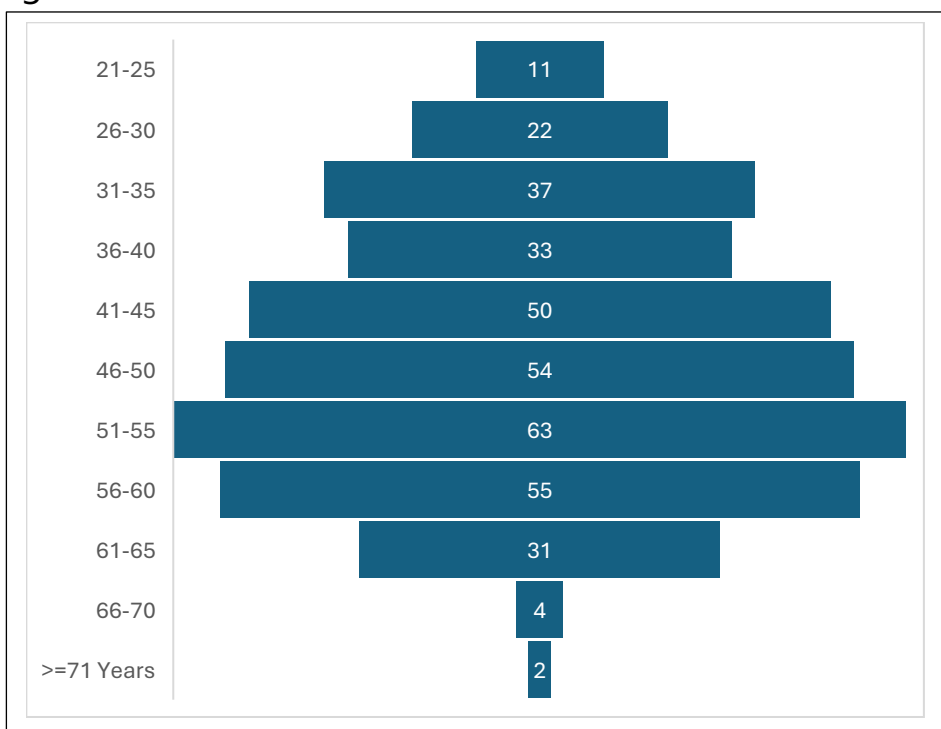
Note: due to the small numbers in our executive teams, reporting against any further protected characteristic is not possible due to potential identification (numbers > 10)

Our workforce data has been analysed separately by each of the 9 Protected characteristics but also equality impact assessed against these key areas to understand whether any one group is disproportionately represented in the data, informing our action plan:

- Flexible working
- Sickness absence
- Disciplinary and grievance
- Freedom to Speak Up

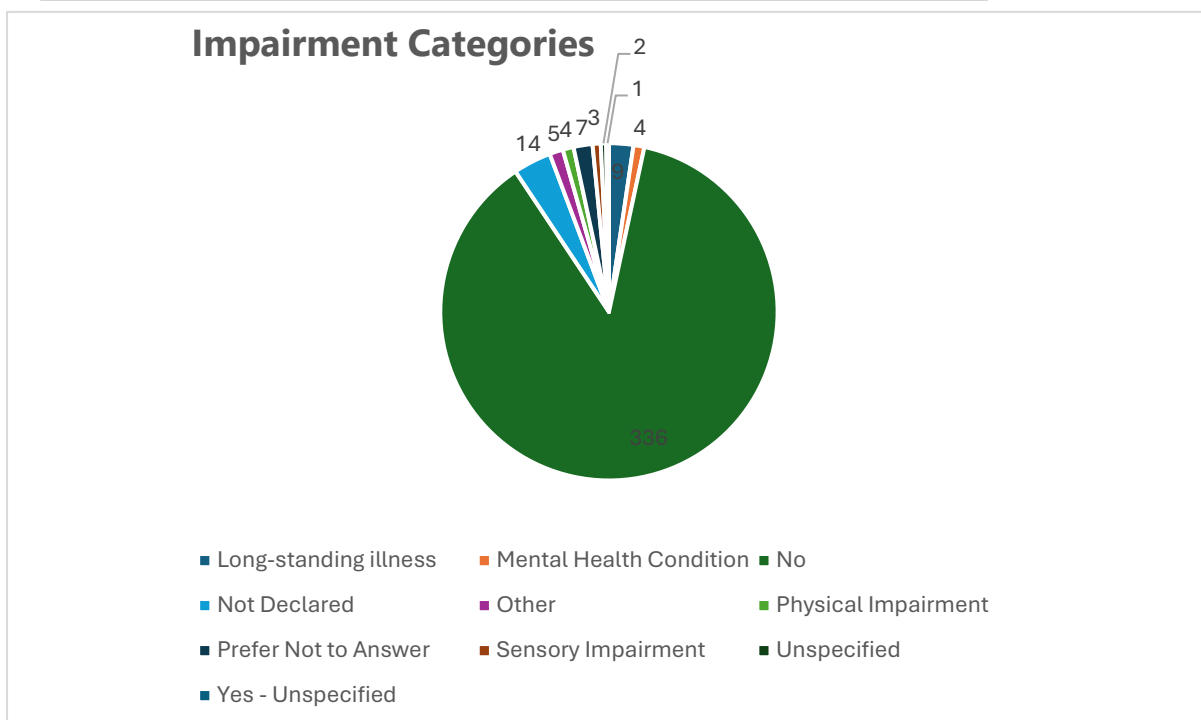
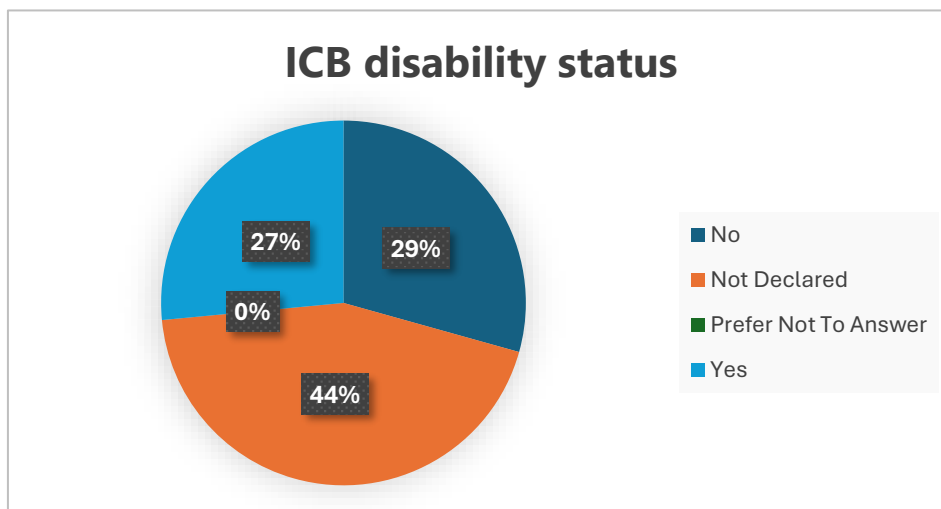
By each protected characteristic, our data showed the following make up of our workforce:

Age



- The numbers shown on the population pyramid above are workforce headcount numbers
- Our biggest age group is the 51 – 55 age bracket which accounts for 17.5% of the total of all ICB staff
- Nearly a ¼ of the total ICB workforce are near to/close approaching the state retirement age (those 56 – 65 years)

Disability



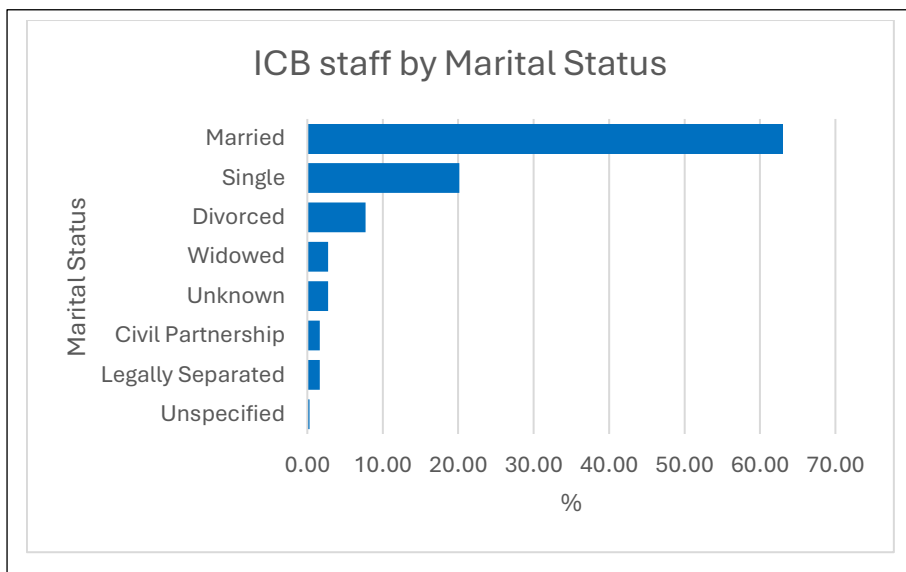
Pie chart showing impairment categories for staff who have declared a disability (total 97 headcount)

- 27% of staff have declared that they have a disability.
- From those staff who declared a disability, the two largest categories were physical impairments and long-standing illnesses.
- 38% of ICB staff have not specified the type of impairment they have
- It is noteworthy to mention that almost half of our staff have not declared their disability status

Gender Reassignment

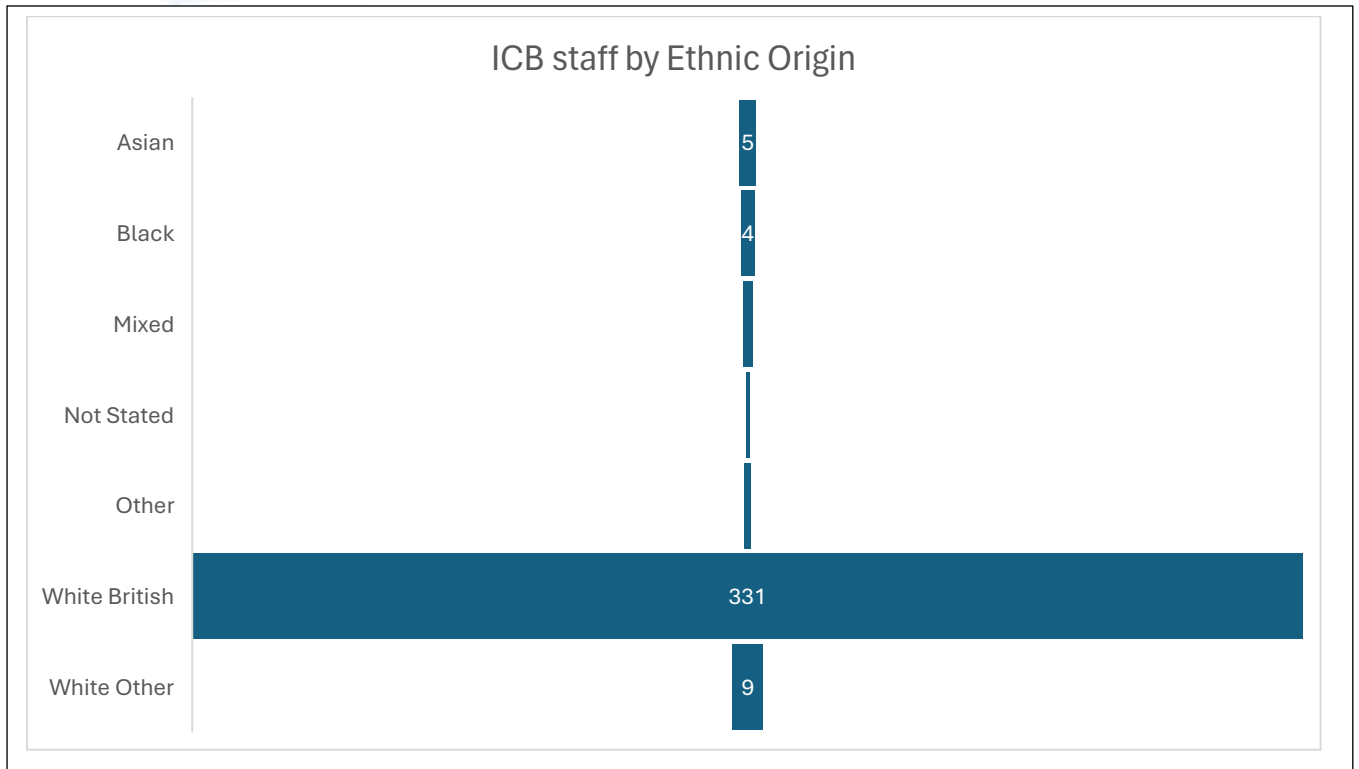
The data that is collected on our Electronic Staff Record (ESR) does not record gender identity outside of the male/female binary. Equally, it does not record whether a staff member's gender identity is the same or different from what was assigned at birth.

Marriage or civil partnership



- The majority of our ICB staff are currently married or single.
- Around 7% of our staff are divorced, separated or widowed, and around 0.2% have not declared their marriage/civil partnership status.

Race



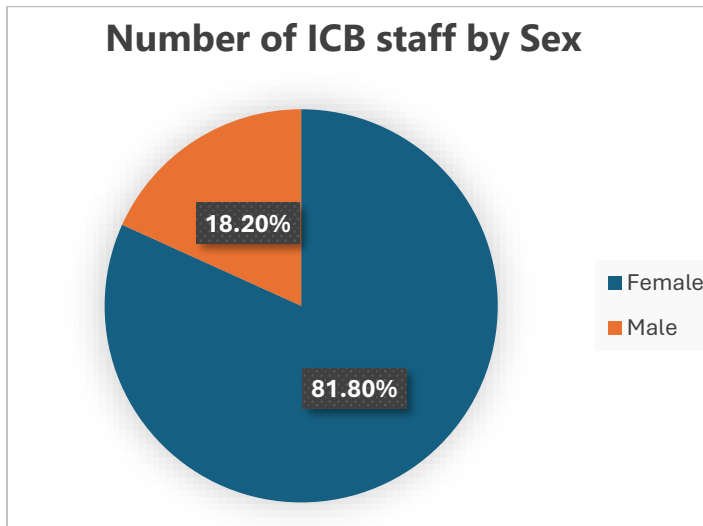
- Our data shows that 331 of our staff are White, and 10 are Asian and Black staff.

Religion or belief



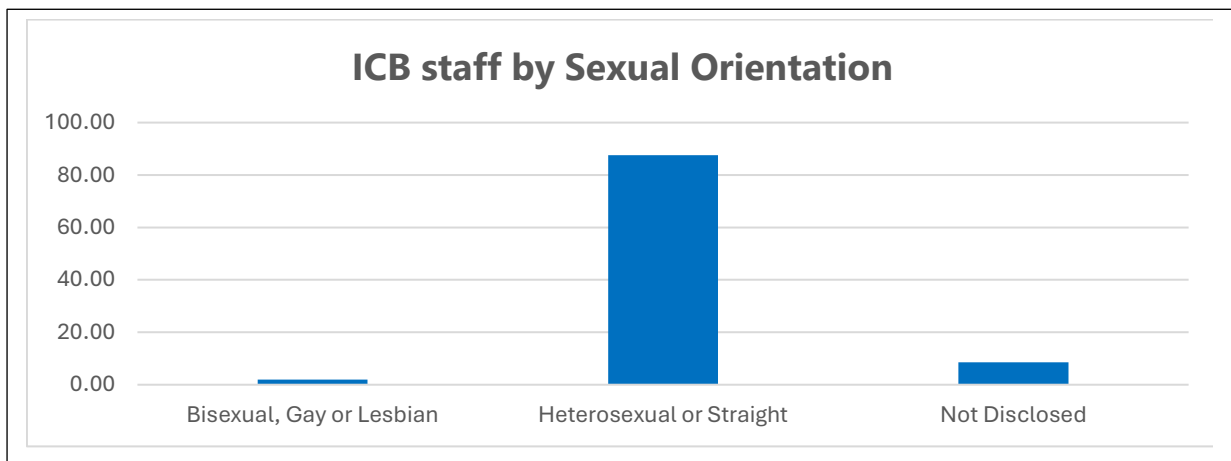
- Over 48% of staff who have declared their religion are Christian and over 28% are Atheist.

Sex



- Our data shows a predominantly female workforce with an 80 female: 20 male split
- 81.8% of females and 67% of males are employed on full time contracts.

Sexual Orientation



- Nearly 87% of our ICB staff identify as Heterosexual or Straight.
- Around 1.9% identify as Lesbian, Gay, Bisexual, Undecided or another orientation not listed

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’.

b. Key Highlights from the Workforce Race and Disability Equality Standards (WRES and WDES)

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are requirements for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

Please note, that both WRES and WDES outturns below relate to the 2023/2024 reporting year and will include responses, where appropriate from the NHS Staff Survey for 2023. However, the NHS Staff Survey results for 2024 have been published at the time of this report and consequently, this information will be used, alongside the 2023/24 metrics/indicators below to inform NHS Somerset’s Equality Objectives. Where reference to the NHS Staff Survey for 2024 has been used, this is indicated in the table below

The WRES aims to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It is monitored against 5 key indicators: and the summary outcome is shown below

Indicator	Description	Analysis
1	Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and VSM (including executive Board members).	Whilst the staff numbers examined are low the data does not demonstrate a significant concern with progression for BME staff.
2	Relative likelihood of staff being appointed from shortlisting across all posts	Indicates that white applicants are more likely than BME staff to be appointed following shortlisting

		Objective [x]: inclusive recruitment
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	The data does not suggest that BME staff are more likely to enter a formal process than white staff.
4	Relative likelihood of staff accessing non-mandatory and mandatory training and CPD	The data shows that 88% of white employees accessed non-mandatory / mandatory training courses and CPD on ESR, as compared to 83% BME employees *note – not all learning/CPD is recorded on ESR and hence this output may not be fully accurate
5	The percentage difference between the organisations' Board voting membership and its overall workforce	NHS Somerset has one BME representative on the board.

The Workforce Disability Equality Standard (WDES) consists of 10 metrics that aim to compare the workplace and career experiences of Disabled and non-disabled staff:

- Three (3) metrics focus on workforce data
- Five (5) are based on questions from the NHS Staff Survey.
- One (1) metric focuses on disability representation on boards.
- One (1) metric (metric 9b) focuses on the voices of Disabled staff. This asks for evidence to be provided within trusts' WDES annual reports.

Metric	Description	Analysis
1	Percentage of disabled ICB staff in each NHS Agenda for Change Band	The figures indicate that there are low numbers of disabled people/those who declare a disability across all bands For Agenda for Change Bands 1 – 6, disability representation totals 1.6%

2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts. 1 April 2023 – 31 March 2024.	The analysis shows a slightly higher likelihood for disabled staff versus non-disabled staff
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	We cannot meaningfully report against this metric given the very small number of formal capability cases we have in the ICB.
4a-c	Staff Survey: Bullying and harassment from patients, managers and colleagues	*please note – the 2024 staff survey response rate was 21.4% but this was 35% down on 2023 survey results
4d	Staff Survey: % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Not required for 23/24 return. *please note the outturn for the 2024 staff survey was 28%
5	Staff Survey: % of staff who believe that their organisation provides equal opportunities for career progression or promotion.	We cannot meaningfully report against this metric given the very small numbers.
6	Staff Survey: % of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	We cannot meaningfully report against this metric given the very small numbers.
7	Staff Survey: % of staff satisfied with the extent to which their organisation values their work	We cannot meaningfully report against this metric given the very small numbers.
8	Staff Survey: % of disabled staff with a saying their employer has made adequate adjustment(s) to enable them to carry out their work.	We cannot meaningfully report against this metric given the very small numbers.
9a.	*Staff engagement score (0-10)	We cannot meaningfully report against this metric

		given the very small numbers.	
9b.	Have you taken action to facilitate the voices of Disabled staff in your organisation to be heard?	The ICB has launched an approach to Colleague Networks where all colleagues have the opportunities to develop a platform for discussion on matters that they are passionate about.	
10	% difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: a. By voting membership of the Board. b. By Executive and non-executive membership of the Board.	See below	
	Disabled	Non-Disabled	Not Declared
ICB Board Including NED's	5.84%	88.51%	3.09%
Executive Directors	5.48%	88.51%	2.09%

- c. Key highlights from the 2023 Gender Pay Gap Report (NHS Somerset's report is published on www.gov.uk/genderpaygap as well as our website)

Gender pay gap (GPG) legislation requires all employers of 250 or more employees to publish their gender pay gap information each year. The aim of GPG reporting is to show the difference between what women get paid at a workplace and what men get paid at the same organisation, irrespective of their jobs. Gender pay gap transparency increases accountability and drives action to advance gender equality in the workplace.

The 2024 Gender Pay Gap report is currently being prepared

Our analysis showed (based on 2022 data) that:

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- On average: women in the ICB earned 62.62 pence for every £1 earned by men (described as a mean gender pay gap of 37.38%) with a median gender pay gap of 26.67%
- Women are more commonly employed more in lower paid NHS Agenda for Change bands than men
- Women make up 13% off the medical workforce, 25% Very Senior managers (VSM) and only 13% of the Non-Executive Director (NED) & Chair roles, meaning women are more significantly underrepresented in these specific highly paid roles (*note: in 2024, women now form 50% of our Executive Directors and 40% of our ICB Board membership)
- The % of our workforce working part-time is broadly comparable between men and women and does not have a significant impact on the gender pay gap

To improve the position on the areas identified as a result of the gender pay gap exercise:

- An internal women's network was started in 2022 to provide direct support and direction for those colleagues who identify as women in such areas such as career development, personal development, menopause, family friendly policies and processes etc
- Collaboration with system partners to ensure equity across Somerset in respect to recruitment and wellbeing
- Reviewing and implementing positive changes to any outdated policies and processes which may limit development or movement for women or those who identify as women in response to the gender pay gap

The 2024/25 updated Gender Pay Gap report will give us understanding of the current position, whether it has improved/worsened and inform our action plan

Qualitative information:

a. The NHS Staff Survey 2023-24

The NHS Staff Survey is conducted annually. All NHS organisations in England are required to participate in the survey. Questionnaires were sent to 341 colleagues in NHS Somerset. 251 questionnaires were completed, yielding a response rate of 73.6%

The results showed:

- A slight decrease in the People Promise element score - "We are compassionate and inclusive" from 7.57 to 7.43
- A 35.7% decrease in the positive answers to experiencing discrimination on the grounds of disability
- A 28.6% increase in the positive answers to experiencing discrimination on the grounds of ethnicity

Although there has been a decrease for disabled staff experiencing discrimination compared to 2023, the 2024 score is still high and requires investigation. The sudden increase in colleagues experiencing discrimination on the grounds of ethnicity is also of concern and needs immediate investigating

Based on the staff survey analysis, and the results around harassment, abuse, bullying and discrimination the ICB will look to improve how we can:

- Empower staff to report incidents of harassment, bullying and abuse whether they experience this directly or observe it in their team. Ensure managers stress the importance of reporting HBA at work and reinforce the policy and procedures in one to one meetings.
- Provide staff with an anonymous whistleblowing service to make these reports. Consider organising support groups or de-briefing sessions for staff.
- Ensure systems are set up for ease of use when reporting these incidents.
- Take targeted action to understand the experience of colleagues declaring a disability in response to the high number of disabled colleagues responding that they had experience discrimination because of their disability

This recommendation has a direct relationship to the ICB's work on developing the Freedom to Speak Up work as well as strengthening colleague engagement, management training and all staff communication in this area

Further work is underway to disaggregate the staff survey results, where possible (without risk of identifying individuals) by protected characteristic to understand whether there are any significant differences in responses

b. The GP Staff Survey 2024

Somerset took part in the national GP Staff Survey for the first time in 2024.

There are a number of areas where the scores for Somerset ICS as a whole were higher than the national average, including:

Compassionate and Inclusive Culture (8.1 vs. 7.9)

- o Strong sense of compassion and inclusion.
- o High scores in compassionate leadership (7.5 vs. 7.3).
- o Strong performance in diversity and equality (9.0 vs. 8.8).
- o High sense of team belonging and respectful culture.

At the time of compiling this report, the 2024 GP Staff Survey (GPSS) results have only just been released and work is already beginning on the 2025 GPSS. However, there is a recognition that further work needs to be done on building inclusive cultures, particularly carrying out more deep dive analysis on scores by individual PCN (Primary Care Network) areas, individual GP Practices and especially analysis of responses, where possible to understand any differences between different protected characteristic groups to target interventions. This has informed our Equality Objectives

E. Equality activity and progress

a. Workforce:

- We have supported the Primary care Learning Organisation Approval with EDI training, advice and guidance
- FTSU process, Champions and Guardian identified, implemented within the ICB with further implementation mapped out for primary care
- Enabled Employee Programme outlined and conversations started – hopeful for implementation to be during 25/26
- Equality, Diversity, Inclusion and Retention programme outlined, stakeholder engagement started and key focus areas identified (talent progression and representation)
- Some best practices introduced for inclusive recruitment – e.g. diverse interview panels, structured assessments, initial steps taken to reduce bias, and engagement with underrepresented groups has started
- EDI Workshop delivered for ICS People Board, March 2025

b. Population/patient-facing:

We undertake several initiatives and activities to improve access and experience of services in Somerset. These are a combination of those which we are asked to undertake as part of national initiatives but also include activities that we choose to undertake to address the local needs of patients.

Below is a summary of our activity for the period 2023/2024.

Reasonable adjustment flag

NHS Digital has launched a new requirement for NHS organisations to adopt a reasonable adjustment flag⁹.

The main aim of the reasonable adjustment flag is to record and share the access needs of patients when using any NHS service. For example, where a patient

⁹ <https://digital.nhs.uk/services/reasonable-adjustment-flag>

records their needs with their GP practice, this is then shared with other NHS services, such as hospitals, community teams, etc.

NHS Somerset has a working group to support the technical implementation of this flag for providers of healthcare across the county. This working group comprises members of the Digital Team, Equality Leads and people with particular expertise in areas such as Learning Disability, Mental Health, etc.

One key aim of this initiative is to support the success of the Accessible Information Standard. More information about the [Accessible Information Standard](#) can be found below.

[Accessible Information Standard](#)

The Accessible Information Standard (AIS)¹⁰ which was introduced in 2016 and is a national initiative to support the successful recording and implementation of patient needs in respect of [disability](#).

The AIS requires five core actions in respect of recording a patient's needs to make the NHS accessible. These are:

1. Identify

Establish the needs of patients and their carers relating to accessibility needs. Where appropriate, the identification of needs should involve the patients and their carers.

2. Record

Appropriate recording of a patient's needs and those of their carers should be maintained on the patient's record. Guidance provided by NHS emphasises the need to record the required adjustments, rather than the condition or disability itself.

3. Flag

Any details of adjustments should appear prominently to ensure that anyone accessing the patient record is alerted that there are needs to be considered.

¹⁰ <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>

4. Share

Where a requirement has been detailed in a particular health setting, e.g. a GP practice, this information should be shared with other providers of NHS services and social care. This should be undertaken using existing data sharing agreements with other organisations.

5. Meet

Where an adjustment has been recorded, every organisation is required to meet the needs detailed. This is a duty under the Equality Act 2010 for organisations to make Reasonable Adjustments¹¹ for people using its services.

NHS Somerset is not required to meet the Accessible Information Standard. This is partly because we do not routinely hold patient information. However, we have taken the decision locally to focus on areas of the organisation that do have direct patient access, specifically Continuing Healthcare (CHC) and Patient Advice and Liaison Service (PALS). The systems used to record information were successfully updated and assessed as compliant with the AIS in 2021 and there is ongoing monitoring of their compliance.

CHC is currently procuring a new system to manage patient records, and the AIS has been included in the procurement process to ensure that the successful bidder retains its compliance with the AIS.

Armed Forces Covenant

For several years, the NHS Constitution has referred to the Armed Forces Covenant, as set out in the fourth principle.¹² More recently, the Armed Forces Covenant has been enshrined in law.



¹¹ <https://www.legislation.gov.uk/ukpga/2010/15/part/2/chapter/2/crossheading/adjustments-for-disabled-persons>

¹² <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

We have undertaken a number of initiatives to ensure that serving military personnel, veterans and their families are not disadvantaged when using NHS services in Somerset.

During the year we undertook extensive engagement activity with military personnel and veterans during which incorporated to the recommendations made in the 'Healthcare for the Armed Forces community: a forward view.'¹³ These include:

1. Ongoing engagement with the Armed Forces community in Somerset
2. To improve the relationship between NHS Somerset and the Armed Forces community at times of transition
3. Continue / develop / enhance Education and training for all NHS staff in Somerset
4. Improve access to dentistry for military children
5. Ensure access to mental health services for those currently serving in the Armed Forces
6. Provide mental health care for the children of serving personnel
7. Audiology referral for veterans with hearing loss
8. Regular physical and mental health checks for veterans
9. Mesothelioma screening programme
10. Skin cancer research in veterans

More information about our engagement around serving personnel and veterans can be found in our '[Meeting the needs of the Armed Forces community in Somerset](#)' on our website.

Community outreach

We undertake various activities to reach our diverse communities within Somerset.

We have worked closely with Somerset Council to support migrant and displaced communities. This includes the many people who have arrived in the UK under the Homes for Ukraine scheme, the Afghan Relocations and Assistance Policy (ARAP) and Afghan Citizens Resettlement Scheme (ACRS). In addition, we have been central to supporting the large population of migrant workers in the county providing

¹³ [Healthcare for the Armed Forces community: a forward view to 2022](#)

education and signposting into appropriate health services and support with wider access to other public services.

Somerset has an outreach vaccination team, initially to deliver the Covid-19 vaccination to our underserved communities. During this reporting period the team have also developed their skills to support and build on the outreach model such as targeted vaccination programmes such as MMR.

[Migrant workers](#)

During this period, we continued to provide direct support to a large group of migrant workers originally from Bulgaria.

Support included registration with local GP services and signposting away from Accident and Emergency to more appropriate settings.

A total of 136 GP registrations were undertaken for this community along with education on how to navigate the health system in the UK.

We also facilitated the attendance of nurses from Somerset's outreach nursing team to provide on site support, and additional support from maternity services where required.

This approach has demonstrated the need for ongoing consistent support from known individuals is necessary to address fears and mistrust of "authorities" and allowed us to engage other agencies to offer engagement of other services, such as health visitors, education, housing, DWP, and many more.

The learning from engaging this group has given us the opportunity to respond more efficiently should similar groups arrive in the future.

[Equality training](#)

During 2023/2024 a total of six training workshops were delivered to GP practices on the topic of equality. Three of these included an extended session covering trans health and one included a focus on Gypsy, Roma and Traveller health at the request of the practices. Approximately 240 practice staff attended these workshops.

Furthermore, we provided tailored training to Somerset's homelessness outreach nursing team with a focus on Lesbian, Gay, Bisexual and Trans (LGBT) health. This

focus was selected due to the disproportionate representation of LGBTQ+ people within the homeless communities nationally.

We provided a full-day workshop to Taunton's trainee GPs covering patient experiences across many of the protected characteristics. These included topics such as LGBTQ+, Gypsy, Roma and Traveller communities, homeless people, D/deaf communities and people, and migrant health. This was a combination of patient experiences, cultural awareness, unconscious bias, and reasonable adjustments, along with practical information around clinical pathways and ICB policies.

F. Our combined equality objectives & actions

Using our equality information, its analysis we have developed a set of objectives for our workforce within NHS Somerset (ICB) and for our outward-facing work with our patients and general population

The High Impact Actions (HIA), as part of NHSE EDI strategy and action plan form the backbone of our improvement work and compliance to the PSED although there are other objectives and actions identified through our community engagement work, other NHS policy drivers and data analysis which are articulated via our combined objectives

The HIA action plan was presented to and approved by the NHS Somerset Leadership Committee in October 2023 and is shown below:

NHS Somerset High Impact Action Plan

Chair, Chief Executive & Board members EDI accountability	Embed fair and inclusive recruitment processes & talent management strategies	Develop improvement plan to eliminate pay gaps	Implement improvements to address health inequalities in the workforce	Induction, onboarding & development program for (internationally) recruited staff	Eliminate conditions conducive to bullying, discrimination, harassment and physical violence at work
<ul style="list-style-type: none"> Implementing the Building Leadership for Inclusion Initiative (BLFII) Share learning with leaders in partner organisations. Annual chair and chief executive appraisal on EDI objectives is implemented* Further development of transparent recruitment processes at board-level including NEDS processes for vacancies Reverse & reciprocal mentorship program-piloted at ICB with aim to roll out across the system 	<ul style="list-style-type: none"> Equality Impact all existing and new processes and policies and publish on our internet page Achieve Disability Confident Employer Level 3 Continued Armed Forces Covenant work on Inclusive Recruitment, Wellbeing and Engagement Implement the Enabled Employee Programme (Disability & Reasonable adjustments in support of Access to Work) Support innovations which benefit minority groups i.e., Women in Finance , Shuri programme (Black women in Digital) WRES/WDES indicators are monitored effectively and improvements identified feeding into our ICB Equality Objectives 	<ul style="list-style-type: none"> Review the requirements for Mend the Gap for medical and senior non-medical workforce Analyse data to understand pay gaps by protected characteristic and implement improvements through pay gap reporting Implement a flexible working policy 	<ul style="list-style-type: none"> Adopt and embed existing and proven good practices that enhance the experience of staff with a protected characteristic, including Neurodiverse, Hidden/Visible disability, Race, and LGBT Implement a new career and wellbeing conversational framework Improve collection, analysis, and use of equality data and monitoring for protected groups via ESR Programmes are established which support the reduction in health inequalities across our health and care workforce 	<ul style="list-style-type: none"> Create engaging content and opportunities to discuss EDI within induction and onboarding processes Support GP EDI Fellow for funded period to systemically embed EDI into Primary care and support international medical graduates Enabled Employee Programme (Disability & Reasonable adjustments in support of Access to Work) Reverse & reciprocal mentorship program-embedded within organisational vision Embed Equality, Diversity & Inclusion representatives in Recruitment & Onboarding processes 	<ul style="list-style-type: none"> Embed a robust reporting system within the ICB, via the Freedom To Speak Up offer. Line Manager Training specifically on values and behaviours (as part of the ICB OD plan & refresh of our values)* <p>* Part of our system OD plan as well</p>

Bold actions = system-wide

Objective 1: Ensure Chief Executives, Chair and Board members have specific measurable objectives, which they will be individually and collectively accountable for (HIA 1)

Summary:	<ul style="list-style-type: none"> • Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024). • Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025). • NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).
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Actions	<ul style="list-style-type: none"> ✓ Implementation of the Building Leadership for Inclusion Initiative (BLFII) ✓ Annual chair and Chief Executive appraisal on EDI objectives is implemented ✓ Reverse and reciprocal mentorship programme piloted at ICB with aim to roll out across the system
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Related actions:	<ul style="list-style-type: none"> ✓ Further development of transparent recruitment processes at board -level including NED vacancies
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Delivery date:	Tuesday, 30 September 2025
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Relevant protected characteristic(s)		
Age	Disability	Gender reassignment
Marriage and civil partnership	Pregnancy and maternity	Race and ethnicity
Religion or belief	Sex	Sexual orientation

Objective 2:	Review our all-staff equality training and development programmes (including induction & onboarding) to provide a more holistic training package (HIA 5)
Summary:	<p>NHS Somerset ICB has a long-established training programme in respect of all areas of equality, diversity and inclusion. These take on various forms, such as online mandatory training which is complemented by:</p> <ul style="list-style-type: none"> • General equality training • Corporate induction • Tailored workshops in health settings • Topic-based workshops and online sessions • Introductory sessions to various topics (Lunch and Learn) • Bespoke training by request • Oliver McGowan training <p>In 2025, we will extend this training package to include in-depth workshops looking at specific topics which fall under the heading of Equality, Diversity and Inclusion. We will also review our on-boarding and corporate induction processes to ensure clear communication and support is made with respect to EDI, including embedding a values-led culture within management training</p>
Actions	<ul style="list-style-type: none"> ✓ Offer at least one training opportunity per month throughout 2025 ✓ Gather feedback from each session and report this quarterly to relevant committees. ✓ Respond to requests for ad-hoc training requests in an appropriate and timely manner. ✓ Work with Primary Care colleagues, and the Somerset Training Hub to understand learning and development actions as a result of analysis of the GP Staff Survey 2024
Related actions:	<ul style="list-style-type: none"> ✓ Create course content & update the current EDI Course Catalogue and calendar of training events. ✓ Publish the updated catalogue to ICB staff, and partner organisations, including primary care. ✓ Support GP EDI Fellow for funded period to systemically embed EDI into Primary care and support international medical graduates ✓ Continue to implement the Enabled Employee Programme) ✓ Embed the reverse & reciprocal mentorship program ✓ Embed Equality, Diversity & Inclusion representatives in Recruitment & Onboarding processes
Delivery date:	Tuesday, 30 September 2025
Relevant protected characteristic(s)	

Age	Disability	Gender reassignment
Marriage and civil partnership	Pregnancy and maternity	Race and ethnicity
Religion or belief	Sex	Sexual orientation

Objective 3: A fair and inclusive recruitment process and talent management strategy is implemented that targets under-represented groups and lack of diversity (HIA 2)		
Summary:	<ul style="list-style-type: none"> NHS Somerset will continue to advance the creation of a talent management program to improve executive and senior leadership diversity. NHS Somerset will implement a plan to widen recruitment opportunities within the local community, aligning with the NHS Long-Term Workforce Plan. We will continue to create career pathways i.e. apprenticeships, graduate management training schemes, and veteran recruitment opportunities. Whilst developing these inclusive programs, NHS Somerset will be mindful of social mobility 	
Actions:	<ul style="list-style-type: none"> ✓ Equality Impact all existing and new processes and policies and publish on our internet page ✓ Achieve Disability Confident Employer Level 3 ✓ Implement the Enabled Employee Programme (Disability & Reasonable adjustments in support of Access to Work ✓ WRES/WDES indicators are monitored effectively and improvements identified feeding into our ICB Equality Objectives ✓ Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (link to HIA 1/Objective 1) ✓ Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint 	
Related actions:	<ul style="list-style-type: none"> ✓ Continued Armed Forces Covenant work on Inclusive Recruitment, Wellbeing and Engagement ✓ Support innovations which benefit minority groups i.e., Women in Finance, Shuri programme (Black women in Digital) 	
Delivery date:	Tuesday, 31 March 2026	
Relevant protected characteristic(s)		
Age	Disability	Gender reassignment
Marriage and civil partnership	Pregnancy and maternity	Race and ethnicity
Religion or belief	Sex	Sexual orientation

Objective 4: Develop an improvement plan to eliminate pay gaps (HIA 3)		
Summary:	<ul style="list-style-type: none"> • A gender pay gap report has been carried out for 2023 and is currently being updated for 2024 • A disability pay gap report is being undertaken for 2025 • NHS Somerset continues to be predominantly a female workforce (80%) with a Median hourly pay gap of 73.30 pence. NHS Somerset has an over-representation of women in lowered paid bands (Bands 2,4,5 and 6) but comparable higher bands (Bands 7,8C and 8D). We have been working consistently on lowering this divide by reviewing current processes and practices so there are equitable opportunities for women within the organisation, whether they work full or part-time. There is also a minor difference between women (41%) and men (37%) working part time. • NHS Somerset strives for Workplace equity by implementing an effective flexible working policy which includes flexible working options, including career breaks, retire and return, secondment, and appropriate promotion within recruitment and advertising 	
Measures:	<ul style="list-style-type: none"> ✓ Pay gap analysis for 2024 to be completed and recommendations to be considered and actioned by the People and Committee group ✓ Pay gap information/analysis is used to drive improvements and take action ✓ The requirements for Mend the Gap for medical and senior non-medical workforce is explored and recommendations are made ✓ Review the effectiveness and consistency in application to & messaging of (e.g. recruitment advertising) the flexible working policy 	
Related actions:	✓ .	
Delivery date:	Wednesday, 30 April 2025	
Relevant protected characteristic(s)		
Age	Disability	Gender reassignment
Marriage and civil partnership	Pregnancy and maternity	Race and ethnicity
Religion or belief	Sex	Sexual orientation

Objective 5:	Addressing health inequalities in the workplace, creating an environment that eliminates the conditions in which bullying, discrimination, harassment and physical/sexual violence at work occur (HIA 4 & 6)
Summary:	<ul style="list-style-type: none"> • NHS Somerset launched and communicated their Sexual Safety Charter during 2024 and has a current policy regarding this area • In 2023, NHS Somerset also launched Freedom to Speak Up (FTSU) with a Guardian, Champions and a working process for reporting FTSU concerns in place which is monitored regularly • The 2024 NHS Staff Survey reported an increase in responses from colleagues experiencing discrimination on the grounds of race/their ethnicity and only 28% of respondents experiencing harassment, bullying or abuse at work reporting it
Measures:	<ul style="list-style-type: none"> ✓ Deliver the new NHS Values work, integrate key messages in all communications, employee lifecycle, policies to ensure a consistent approach is taken to create the conditions for a psychologically and physical safe space at work ✓ Implement a new career and wellbeing conversational framework, informed through proven practices and staff engagement to ensure inclusivity & to understand colleague experience as it relates to EDI ✓ Improve collection, analysis, and use of equality data and monitoring for protected groups via ESR, taking a targeted and personal approach to collection (including communications as to the importance of why this level of data is needed to make our workplace the best place to work) ✓ Understand the relevance and impact of population health data on our workforce to inform appropriate programmes to support the reduction in health inequalities across our health and care workforce ✓ Deliver staff engagement events (as part of forward plan) to understand the responses around harassment, bullying and abuse in the NHS Staff Survey ✓ Integrate messaging and reporting processes (including FTSU) in all staff training, with a focus on managers to improve reporting and reduce incidents
Related actions:	<ul style="list-style-type: none"> ✓ Adopt and embed existing and proven good practices that enhance the experience of staff with a protected characteristic, including Neurodiverse, Hidden/Visible disability, Race, and LGBT

Delivery date:	Wednesday, 30 April 2025	
Relevant protected characteristic(s)		
Age	Disability	Gender reassignment
Marriage and civil partnership	Pregnancy and maternity	Race and ethnicity
Religion or belief	Sex	Sexual orientation

Objective 6: Combined Equality Impact Assessment		
Summary:	NHS Somerset Integrated Care Board has had an Equality Impact Assessment (EIA) process embedded for some years. This is now due for review in order to incorporate additional duties and requirements, including areas, such as Core20Plus5 (health inequalities). It is also an opportunity to combine other assessments, such as Quality Impact Assessment (QIA) process and to consider the inclusion of areas such as environmental and sustainability (ICS Green Plan) impacts. Currently the process is undertaken in partnership with Somerset Council which is subject for review 25/26	
Measures:	<ul style="list-style-type: none"> ✓ Revised template published to incorporate additional areas of assessment ✓ Internal communication to all staff at NHS Somerset Integrated Care Board relating to the revised templates and processes, and a reminder of the legal duties underpinning these ✓ Training available to all staff on completing and reviewing assessments (links to objective 2) ✓ Auditing process of completion and quality of Combined Impact Assessments (CIAs) 	
Related actions:	<ul style="list-style-type: none"> ✓ Convene working group within NHS Somerset Integrated Care Board to fully understand experiences of the existing forms and processes ✓ Create proposed template for review and agreement within the organisation ✓ Develop training workshop for all staff ✓ Generate communication plan to all staff incorporating usual internal communication methods and attendance at directorate or team meetings across the organisation 	
Delivery date:	Monday, 30 June 2025	
Relevant protected characteristic(s)		
Age	Disability	Gender reassignment
Marriage and civil partnership	Pregnancy and maternity	Race and ethnicity
Religion or belief	Sex	Sexual orientation

Objective 7: Implementing the Accessible Information Standard (AIS)

Summary: The Accessible Information Standard (AIS) is an NHS mandated requirement for all providers of NHS services to ensure that it has a standard way of gathering, recording and sharing details of patient needs, including reasonable adjustments. This does not apply to Integrated Care Boards, however in Somerset we have elected to adopt this where patient records are maintained, for example Continuing Healthcare (CHC).
The AIS relates specifically to the protected characteristic of Disability but in NHS Somerset Integrated Care Board, the same processes are applied to capture other access needs, for example spoken language and other cultural considerations.

- Measures:**
- ✓ Audit of existing systems that contain patient information to ensure its ability to comply with the AIS requirements
 - ✓ Guidance available to all staff that access or maintain patient records within NHS Somerset Integrated Care Board

- Related actions:**
- ✓ Obtain a list of all systems within NHS Somerset Integrated Care Board that hold patient information
 - ✓ Identify key stakeholders in teams that process patient information
 - ✓ Create guidance around meeting the requirements of the AIS (including the extension of these to include other access requirements, such as spoken languages)

Delivery date: Friday, 31 October 2025

Relevant protected characteristic(s)

Age	Disability	Gender reassignment
Marriage and civil partnership	Pregnancy and maternity	Race and ethnicity
Religion or belief	Sex	Sexual orientation

Objective 8: Equity of care for Trans, Non-Binary and Intersex Health		
Summary:	<p>We are aware of many challenges that are faced by our Trans, Non-Binary and Intersex (TNBI) population when accessing health care. This is both in respect of accessing trans-affirming care and also wider access to general health services.</p> <p>The knowledge that we hold is based on a combination of national and international research and local intelligence and anecdotal evidence.</p> <p>We understand that these challenges to gaining equitable care are a combination of awareness, service design and commissioning gaps within the county.</p> <p>We aim to gain a more comprehensive and evidence-based summary of the challenges with a view to addressing these to ensure fair participation and equitable health services for our TNBI population.</p>	
Measures:	<ul style="list-style-type: none"> ✓ Produce a patient experience report capturing individual stories and general themes ✓ Evidence of continued TNBI awareness training across all commissioned services and within NHS Somerset Integrated Care Board ✓ Clearly documented shortcomings in commissioned services within Somerset with an associated action plan to address these ✓ Evidence of improvements to patient experience through continual engagement with our TNBI population and service providers 	
Related actions:	<ul style="list-style-type: none"> ✓ Create and engagement plan to capture the views and experiences of our TNBI population and providers of services to our TNBI population ✓ Generate a report setting out the current challenges and proposed actions to address these ✓ Implement approved and assess improved actions ✓ Provide ongoing updates to highlight improvements and other gaps that may be highlighted as part of the ongoing engagement with our TNBI population 	
Delivery date:	Tuesday, 31 March 2026	
Relevant protected characteristic(s)		
Age	Disability	Gender reassignment
Marriage and civil partnership	Pregnancy and maternity	Race and ethnicity
Religion or belief	Sex	Sexual orientation

G. Monitoring and oversight

Our work on equality diversity and inclusion is monitored by various internal committees (listed below)

- ICB People and Culture Committee
- ICB Somerset Management Board
- ICB Safeguarding Assurance Committee
- ICB Quality Committee
- ICS People Board

This monitoring extends to our public facing [ICB Board](#) which has ultimate oversight, reporting to the ICS People Board (contributions to the delivery of our Somerset system People Plan) with progress and future work contained within published documents such as our NHS Somerset Annual Plan, integrated within as a cross-cutting theme throughout our ICB Joint Forward Plan, its Priority Programme areas and the ICS Integrated Care Strategy

Appendix 1: Protected Characteristics

Age

Age relates to a person's actual age, or an age group, for example 18 to 25-year-olds. It also can relate to age-related references or terms, such as teenagers, elderly, pre-schoolers, etc.

Disability

The Equality Act 2010 provides a legal test in respect of the protected characteristic of Disability:

A psychological or physical condition that has a substantial and long-term impact on a person's ability to undertake day-to-day activities.

In addition to the legal test above, the Act also states that cancer, multiple sclerosis, and HIV are all treated as disabilities, irrespective of the impact they may or may not have on a person's day-to-day life.

Protection from Prohibited Conduct in respect of disability also extends to people caring for someone who is disabled.

Gender reassignment

This is defined as a person who is considering undergoing, is undergoing, or has undergone the process of changing from one sex to another.

Marriage and civil partnership

This relates only to people who are married or have a civil partnership. It does not extend to people who are single, in a romantic or sexual relationship, or people who are co-habiting.

Pregnancy and maternity

Protection for pregnancy starts when a person becomes pregnant.

Protection for maternity starts when a person gives birth and continues for 28 weeks. One exception to this period relates to breast/chest feeding. Anyone who is feeding is protected from Prohibited Conduct for however long this continues.

In the case of early termination or still birth, where a pregnancy has lasted for more than 24 weeks, the same protection from Prohibited Conduct applies.

Race and ethnicity

This relates to a person's skin colour, e.g. black, brown, white, etc. It also relates to a person's national identity.

Furthermore, ethnicity relates to any ethnic identities, such as Gypsy, Roma, or other travelling communities.

Religion or belief

This relates to a person's religion, e.g. Christianity, Islam, Judaism, etc.

In addition to what might be considered "organised religions", belief extends to any commonly held values that have an impact on how someone might conduct their life. Successful legal cases in respect of belief include veganism and environmentalism.

The Equality Act 2010 does not provide a defined list of religions or beliefs, however any philosophical belief that:

- is genuinely held and more than simply an opinion.

- is cogent, serious and applies to an important aspect of human life or behaviour.

- is worth of respect in a democratic society and does not affect other people's fundamental rights.

Protection also includes anyone who does not have any religion or belief.

Sex

Sometimes referred to as Gender, sex is simply a man or a woman.

Sexual orientation

This relates to people who are attracted to the opposite sex (heterosexual), the same sex (homosexual) or both sexes (bisexual).

It does not currently extend to include other sexual identities, such as asexuality, aromantic, or pansexuality.

Appendix 2: Prohibited Conduct

The Equality Act 2010 sets out what are prohibited conduct. These are actions, activities or behaviours that are unlawful when related to any of the protected characteristics defined by the Act.

Prohibited conduct are defined as:

Discrimination

Discrimination is divided into three types.

Direct discrimination is where a person or group of people are directly treated less favourably because of one of the protected characteristics. An example of this might be where a person is overlooked for an employment opportunity because of their ethnic background, their age, their sexual orientation, etc.

Indirect discrimination usually occurs where an organisation has a policy that leads to people being treated less favourably because of one of the protected characteristics. For example, a policy where all patients can only telephone a GP practice or hospital, with no alternative contact method, would most likely indirectly discriminate against certain people, for example d/Deaf people.

Discrimination on the grounds of disability relates solely to the protected characteristic of Disability.

Discrimination on the grounds of disability occurs when a person is treated less favourably due to something that is related to their disability, rather than the disability itself.

Harassment

Harassment relates to any unwanted or offensive behaviour on the grounds of any of the protected characteristics.

Types of harassment can include, but are not limited to:

- Bullying
- Inappropriate “jokes”
- Name calling
- Sexual harassment
- Teasing

Victimisation

Victimisation can occur where a person who has made a complaint of discrimination or harassment and, because of this, is treated less favourably.

Appendix 3: the NHS People Promise¹⁴

People Promise



¹⁴ <https://www.england.nhs.uk/our-nhs-people/online-version/lfaop/our-nhs-people-promise/>

Appendix 4: High Impact Action Progress Overview

High Impact Action Progress Overview Somerset				Overall rating: Good Progress
	Every board and executive team member must have EDI objectives		NHS boards must review relevant data to establish EDI areas of concern and prioritise actions	
HIA 1	EDI objectives are in place for some in both organisations		Progress has started in understanding areas of concern in both organisations.	
	Create and implement a talent management plan to improve the diversity of executive and senior leadership teams		Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan	
HIA 2	Both organisations have started to create their talent management plans.		A plan to widen opportunities has started in both organisations.	
	Implement Mend the Gap recommendations	Will plans be in place for sex and race in 2024, disability in 2025 and other protected characteristics in 2026	Implement an effective flexible working policy	
HIA 3	1 organisation has started to implement the recommendations. 1 has not yet started	1 organisation has noted that they will have plans in place. 1 has noted that they will not.	1 organisation has an effective flexible working policy in place and the second is under review	
	Line managers and supervisors should have regular effective wellbeing conversations with their teams			
HIA 4	Wellbeing conversations are in place in both organisations, however they have noted that these are not yet consistent.			
	International recruits receive clear communication, guidance and support around their conditions of employment		Personal development plans are in place for international staff	
HIA 5	Clear communication is in place across 2 organisations.		Plans to complete PDPs are in place for 1 organisation but not yet started in the second.	
	Reduction targets must be set and plans implemented to improve staff experience year-on-year	Are safe and effective policies and processes in place to support staff affected by domestic abuse and sexual violence?	Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements	Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence
HIA 6	Proposed reduction targets set and plans developed but not yet agreed or implemented in both	Policies and processes are under review for both organisations	A review has taken place and actions identified in 1 organisation and in progress in the 2nd.	Comprehensive support provided in both organisations
Limited progress		Good Progress	Very Good Progress	8