

**Hertfordshire and West Essex Integrated Care Board
Annual Workforce Equality Report 2023**

Contents

Hertfordshire and West Essex ICB Annual Workforce Data Report 2023	2
1. ICB Action Plans	2
2. The Public Sector Equality Duty Data Reporting Requirements.....	3
3. Gender Pay Gap	3
4. The NHS Workforce Race Equality Standard (WRES).....	4
5. NHS Workforce Disability Equality Standard (WDES).....	5
6 Summary.....	6
Appendix 1 Workforce Profile – 31 March 2023.....	8
Appendix 2: Pay Band by Ethnicity – 31 March 2023.....	9
Appendix 3: Pay Band by Gender – 31 March 2023	10
Appendix 3a: Role by Gender (where 10 or more staff are employed in the role)....	10
Appendix 4 Board Membership - May 2023	11
Appendix 5 Gender Pay Gap – Snapshot date of 31 March 2023.....	12
Appendix 6 NHS Workforce Race Equality Standard and Workforce Disability Equality Standard.....	13
Appendix 7 Likelihood of Appointment in the year to 31 March 2023.....	14
Appendix 8 Action Planning	15
Appendix 9 2021 Census Data for Hertfordshire and West Essex.....	17

Hertfordshire and West Essex ICB Annual Workforce Data Report 2023

A note on language used. Several terms are used in public policy and wider society to refer to collective ethnic minority populations. These include black, Asian and minority ethnic (BAME), black and minority ethnic (BME), people of colour, and racialised minorities. The ICB staff network for Black and minority ethnic staff use the term BAME, so this is the term used in this report.

We use the word disabled to refer to a group of staff. This is used for reporting convenience. We recognise that individual staff may prefer to be referred to as 'a disabled person' or 'a person with a disability' and we recognise that colleagues who identify as Deaf may see themselves primarily as part of the Deaf community, rather than a disability community.

Identification of males and females are as selected by individuals for the NHS Employee Staff Record (ESR).

The ICB was established on 1 July 2022. Therefore, this is the first Equality, Diversity and Inclusion (EDI) report for the ICB. It serves as a benchmark for future measurement of improvement.

Where appropriate we have used data from the year 1 April 2022 to 31 March 2023. For example this is an appropriate timeframe for calculating the likelihood of appointment from shortlisting as recruitment to the ICB began before the 1 July launch date.

1. ICB Action Plans

The ICB Equality, Diversity and Inclusion Policy and Strategy 2023-27 (available on the ICB equalities reports page, <https://hertsandWestessex.icb.nhs.uk/us/equalities-reports>) includes an overarching action plan for the next four years (2023-27) to give a direction of travel to the EDI work in the organisation. It supports the ICB to meet the Public Sector Equality Duty and is drawn from our consideration of the findings of EDS 2022, this annual workforce data report, the NHS Staff Survey and other statutory and NHS requirements. This is supported by a wider implementation plan.

The specific action plan using the information in this workforce data report is provided in Appendix 8.

The ICB has produced an equality action plan as part of the NHS Equality Delivery System report (available on the ICB equalities reports page, <https://hertsandWestessex.icb.nhs.uk/us/equalities-reports>).

A further action plan is being developed to include the NHS equality, diversity, and inclusion improvement plan six high impact actions (<https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan>)

2. The Public Sector Equality Duty Data Reporting Requirements.

The ICB is legally required to monitor, analyse and publish equality, diversity and inclusion data on its employees as part of its commitment to the Public Sector Equality Duty.

The information covers the protected characteristics within the Equality Act 2010 (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy & Maternity, Race (Ethnicity), Religion & Belief, Sex and Sexual Orientation).

This information is provided in the following appendices:

- Appendix 1 Workforce Profile – 31 March 2023
- Appendix 2: Pay Band by Ethnicity – 31 March 2023
- Appendix 2a Role by Ethnicity (where 10 or more staff are employed in the role)
- Appendix 3: Pay Band by Gender – 31 March 2023
- Appendix 3a: Role by Gender (where 10 or more staff are employed in the role)
- Appendix 4 Board Membership - May 2023

3. Gender Pay Gap

As the ICB employs more than 250 people we are required to meet the statutory requirement to publish information on our Gender Pay Gap. This will be published through the national Gender Pay Gap Service reporting portal. The information is provided in Appendix 5 of this report.

An employer must publish six calculations showing their:

- Average gender pay gap as a mean average;
- Average gender pay gap as a median average;
- Proportion of males and females when divided into four groups (quartiles) ordered from lowest to highest pay;
- Average bonus gender pay gap as a mean;
- Average bonus gender pay gap as a median; and
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment

The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle salary. We believe this is a more representative measure of the pay gap because it is not affected by outliers – a few individuals at the top or bottom of the range. This is our preferred measure of any gender pay gap.

The median pay gap for the ICB on the 31 March 2023 was 1.69%. This means that, on average, for every £1.00 a woman was paid a man was paid £1.0169.

Men are the minority gender in the workforce. Whilst most pay bands are at about the 27.6% level of male employees in the workforce there is noticeable over representation at pay bands 3,5, 8c, 8d and Other and underrepresentation (on a low number) at band 2.

When looking at the roles men are employed in there is noticeable over representation at Analyst, General Medical Practitioner, Other Executive Director and Technician and noticeable under representation at Clerical Worker, Staff Nurse, Nurse Manager and Officer.

This indicates that there may be work needed to support and encourage both genders to take up roles to balance the workforce.

Men make up 44.83% of the Board.

4. The NHS Workforce Race Equality Standard (WRES)

ICBs are required to:

- Collect data on their workforce
- Carry out data analyses
- Produce and publish an annual report and action plan

The data reporting requirements are provided in the following appendices:

Appendix 1 Workforce Profile – 31 March 2023

Appendix 2: Pay Band by Ethnicity – 31 March 2023

Appendix 2a Role by Ethnicity (in roles where 10 or more staff are employed in the role)

Appendix 4 Board Membership - May 2023

Appendix 6 NHS Workforce Race Equality Standard Staff Survey Results

Appendix 7 Likelihood of Appointment in the year to 31 March 2023

Appendix 8 2012 Census Data for Hertfordshire and West Essex.

BAME Staff are 27.73% of the workforce. This is above the BAMEs percentage of the Hertfordshire and West Essex (HWE) population (at 19%). No data is available on the working age population which would be a better measure.

Using the 27.73% figure we can see that BAME staff are over represented in pay bands 6, 7 and 8a. The lowest bands of representation are at band 4 & 5 and senior level (bands 8c and above. The EDI action plan includes an action to improve representation of BAME staff at senior levels but some additional work may be required to encourage entry level applicants.

When looking at the roles BAME staff are employed in there is noticeable over representation at Manager, Pharmacist, Staff Nurse and Technician and noticeable under representation at Clerical Worker, General Medical Practitioner and Other Executive Director.

10.34% of Board members identify as BAME. This is not representative of the BAME staff membership or the HWE population.

The findings of the 2022 NHS Staff Survey (appendix 6) show that in comparison to White staff:

- BAME staff are less likely to believe that the organisation provided equal opportunities for career progression or promotion.
- Almost twice as many BAME staff experienced discrimination at work from manager / team leader or other colleagues in the last 12 months.

We looked at staff promotion, permanent and temporary, by ethnicity for 1 July 2022 to 31 March 2023 (from the start of the ICB being established to the snapshot date of this report). This showed that of the 69 people promoted 83% were White. This compares to a White workforce of 65.73%. As the numbers are low for some promotions, we are unable to publish the details. However, this data gives us a baseline for 2024, when we will be able to look at a whole year and consider actions to address any disparity.

5. NHS Workforce Disability Equality Standard (WDES)

In 2023, ICBs are required to provide data on Board representation only (metric 10).

Metric 10 Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By voting and non-voting membership of the Board.
- By Executive and non-exec membership of the Board.

This is provided in Appendix 4.

As part of our annual data collection we also collect other relevant data, as it applies to disabled staff. This can be found in the following appendices:

Appendix 1 Workforce Profile – 31 March 2023

Appendix 6 NHS Workforce Disability Equality Standard

Appendix 7 Likelihood of Appointment in the year to 31 March 2023

Appendix 8 2012 Census Data for Hertfordshire and West Essex

The workforce data included in this report is sourced from substantive staff as recorded on the NHS Electronic Staff Record (ESR).

3.2% of the workforce identify as disabled. This is lower than the HWE population of 14.4% (including both working age and non-working age disabled) and below the national (2021) estimate of a working age disabled population of 17.7%.

When looking at the recruitment of disabled people, the ICBs likelihood of appointment figures shows that 6.1% of applicants were disabled and 7.4% of those shortlisted were disabled. The ICB is signed up to the Disability Confident scheme that guarantees an interview to disabled people who meet the essential criteria for a vacancy. A larger proportion of disabled people being invited for interview, compared to the total number of applicants, suggests that this commitment is being met. However more work is required to encourage disabled people to apply for appropriate vacancies in the ICB.

The findings of the 2022 NHS Staff Survey (appendix 6) show that in comparison to non-disabled staff:

- Disabled staff are more likely to have experienced harassment, bullying or abuse from managers and colleagues in the last 12 months.
- Less likely to believe that the organisation provided equal opportunities for career progression or promotion.

6 Summary

This is the first annual workforce data report for the ICB. As such, it gives us a baseline from which to measure improvements in the future.

It provides data that supports the ICB to meet the requirements placed on the ICB by legislation and the NHS.

Whilst all the nine protected quality groups, as defined by the Equality Act 2010, have been considered the primary focus is on Race, Disability and Gender as these are the characteristics that impact most on the ICB, when looking at the breakdown of our staff. We will continue to monitor all the protected equality groups and should the focus change in the future we will adjust as needed.

The 2022 NHS Staff Survey results have already been considered by the ICB and an action plan based on what was called The Big Five was developed and is being actioned. The 2023 survey has just opened, and it is expected that the work undertaken through The Big Five action plan will lead to improvements.

Race: Black, Asian and minority ethnic (BAME) staff are 27.73% of our workforce. This is when positive compared to the Hertfordshire and West Essex population at 19% (2021 census data). As the census data is developed to show groups of ethnicity the ICB will look at if the range of populations are represented in our workforce.

The data in this report shows that there is an underrepresentation of BAME staff at senior levels and the workforce action plan (Appendix 8) links actions to address this through the recommendations of the No More Tick Boxes report published by the NHS, and the subsequent If Your Face Fits guidance. Both are available at <https://www.england.nhs.uk/east-of-england/nhs-east-of-england-equality-diversity-and-inclusion/publications-and-practical-resources/>

The workforce action plan will support the ICB to improve the likelihood of appointment data that shows that following shortlisting, when applicants have shown that they meet the essential criteria for a role, White applicants were more than twice as likely to be appointed than BAME candidates.

It is noted that the ICB Board is not representative of the Female or BAME (where declared) workforce but is over representative (where declared) of the disabled workforce (Appendix 4) . This is partly because the Board includes members who are not recorded as employees on the NHS Employee Staff Record (ESR). An action has been included to look at if this is possible and, if not, for a separate equality

survey of Board members to be undertaken at the time of the next workforce data snapshot to look to reduce this data gap.

Disability: Disabled staff make up 3.2% of the workforce as recorded through ESR. The NHS Staff survey results clearly suggest that this is an under reporting. The action plan includes a specific action to encourage staff to update their equality status on ESR.

Whilst the ICB meeting the Disability Confident commitments has been successful in supporting disabled applicants to move from application to shortlisting for vacancies there is still underrepresentation of the number of disabled people applying for vacancies. Further action should be taken to encourage disabled people to apply for vacancies. A specific action in the action plan is provided to progress this.

Gender: It is positive that the Gender Pay Gap is, whilst not zero, minimal at 1.69%. This is the result of the NHS pay banding where staff are paid the band for the job whether they are male or female. Any small difference can be accounted for by considering if staff are at the top or bottom of the pay band, which progression is only obtained by length of service.

Men are the minority gender in the ICB workforce. Men make up nearly half of all applicants for vacancies in the ICB but about a third of those shortlisted. The likelihood of a woman being appointed from shortlisting is 1.25 times that of a man being appointed. Whilst this is within the statistical range for parity it is at the top of the range and only looks at those appointed from shortlisting, not what happened before shortlisting. Discussions with the ICB recruitment team suggest that other than for vacancies in HBLICT (the ICB's IT provider), most shortlisting and interview panels are made up of women only. An action is included to recommend that where possible shortlisting and interview panel include both male and female staff.

The findings detailed above form the priority areas of focus for the ICB EDI workforce action plan for 2023-24, as detailed in Appendix 8. In addition, the data collected will form a benchmark for future years comparison.

Appendix 1 Workforce Profile – 31 March 2023

The workforce data in appendix 1-3 is substantive staff in post on the snapshot date of 31 March 2023.

Characteristic	Headcount	%
Gender		
Male	207	27.60%
Female	543	72.40%
Disability Status		
Yes	24	3.20%
No	664	88.53%
Undeclared/Unspecified	62	8.27%
Ethnicity		
White	493	65.73%
BAME	208	27.73%
Unspecified/Not Stated	49	6.53%
Age Band		
Under 20	2	0.27%
21 to 40	214	28.53%
41 to 50	232	30.93%
51 to 65	286	38.13%
66 +	16	2.13%
Religion		
Atheism	102	13.60%
Buddhism	5	0.67%
Christianity	274	36.53%
Hinduism	38	5.07%
I do not wish to disclose my religion/belief	204	27.20%
Islam	29	3.87%
Jainism	5	0.67%
Judaism	5	0.67%
Other	46	6.13%
Sikhism	5	0.67%
Unspecified	37	4.93%
Sexual Orientation		
Bisexual	10	1.33%
Gay or Lesbian	11	1.47%
Heterosexual	536	71.47%
Not Stated	4	0.53%
Other	1	0.13%
Undecided	188	25.07%
Marital Status		
Divorced	442	58.93%
Married / Civil Partnership	204	27.20%
Separated	9	1.20%
Single	52	6.93%
Widowed	8	1.07%
Unknown	35	4.67%

Appendix 2: Pay Band by Ethnicity – 31 March 2023

	BME employees are 27.73% of the workforce.			
Pay Band	Headcount	White (%)	BAME (%)	Not Known/ Undisclosed (%)
Band 2	2	100.00	0.00	0
Band 3	3	100.00	0.00	0.00
Band 4	57	82.46	15.79	1.75
Band 5	93	75.27	24.73	0.00
Band 6	96	61.46	32.29	6.25
Band 7	137	58.39	36.50	5.11
Band 8a	119	60.50	37.82	1.68
Band 8b	88	76.14	23.86	0.00
Band 8c	40	77.50	20.00	2.50
Band 8d	36	77.78	13.89	8.33
Band 9	5	80.00	20.00	0.00
Other*	74	40.54	20.27	39.19

*Other includes Medical & Dental, Non-AfC and VSM.

Appendix 2a Role by Ethnicity (in roles where 10 or more staff are employed in the role)

	BAME employees are 27.73% of the workforce.			
	Headcount	White %	BAME %	Not Stated %
Adviser	17	70.59	23.53	5.88
Analyst	43	65.12	25.58	9.30
Clerical Worker	28	92.86	7.14	0.00
General Medical Practitioner	36	13.89	16.67	69.44
Manager	102	65.69	30.39	3.92
Nurse Manager	19	73.68	26.32	0.00
Officer	143	74.83	23.08	2.10
Other Executive Director	13	92.31	7.69	0.00
Pharmacist	52	28.85	69.23	1.92
Senior Manager	180	71.11	25.00	3.89
Staff Nurse	29	62.07	34.48	3.45
Technician	28	67.86	32.14	0.00

Appendix 3: Pay Band by Gender – 31 March 2023

	Male employees are 27.60% of the workforce		
Pay Band	Headcount	Male %	Female %
Band 2	2	0.00	100.00
Band 3	3	33.33	66.67
Band 4	57	12.28	87.72
Band 5	93	35.48	64.52
Band 6	96	18.75	81.25
Band 7	137	29.93	70.07
Band 8a	119	18.49	81.51
Band 8b	88	29.55	70.45
Band 8c	40	30.00	70.00
Band 8d	36	33.33	66.67
Band 9	5	20.00	80.00
Other*	74	45.95	54.05

*Other includes Medical & Dental, Non-AfC and VSM.

Appendix 3a: Role by Gender (where 10 or more staff are employed in the role)

	Male employees are 27.60% of the workforce		
	Headcount	Male %	Female %
Adviser	17	23.53	76.47
Analyst	43	53.49	46.51
Clerical Worker	28	17.86	82.14
General Medical Practitioner	36	47.22	52.78
Manager	102	29.41	70.59
Nurse Manager	19	15.79	84.21
Officer	143	18.88	81.12
Other Executive Director	13	30.77	69.23
Pharmacist	52	23.08	76.92
Senior Manager	180	28.89	71.11
Staff Nurse	29	6.90	93.10
Technician	28	60.71	39.29

Appendix 4 Board Membership - May 2023

This includes 6 voting partner Board members who are not directly employed by the ICB and are included in the Unspecified/Not Stated columns.

Table 4a – Gender

	Total	Female %	Male %
Total Board Members - % by Gender Total	29	55.17	44.83
Voting Board Member - % by Gender	18	50.00	50.00
Executive Board Member (non-voting) - % by Gender	11	63.64	36.36

Table 4b - Ethnicity

	Total	White %	BAME %	Unspecified/Not Stated %
Total Board Members - % by Ethnicity Total	29	62.07	10.34	27.59
Voting Board Member - % by Ethnicity	18	44.44	11.11	44.44
Executive Board Member (non-voting) - % by Ethnicity	11	90.91	9.09	0.00

Table 4c – Disability

	Total	Disabled %	Non-disabled %	Unspecified/Not Stated %
Total Board Members - % by Disability	29	6.90	65.52	27.59
Voting Board Member - % by Disability	18	0.00	61.11	38.89
Executive Board Member (non-voting) - % by Disability	11	18.18	72.73	9.09

Appendix 5 Gender Pay Gap – Snapshot date of 31 March 2023

An employer must publish six calculations showing their:

- Average gender pay gap as a mean average;
- Average gender pay gap as a median average;
- Proportion of males and females when divided into four groups (quartiles) ordered from lowest to highest pay;
- Average bonus gender pay gap as a mean;
- Average bonus gender pay gap as a median; and
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment

The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle salary. We believe this is a more representative measure of the pay gap because it is not affected by outliers – a few individuals at the top or bottom of the range. This is our preferred measure of any gender pay gap.

5a Mean & Median Hourly Rates

Gender	Mean Hourly Rate	Median Hourly Rate
Male	33.2816	25.7957
Female	27.9639	25.3590
Difference	5.3177	0.4367
Pay Gap %	15.9780	1.6929

5b Proportion of employees | Q1 = Low, Q4 = High (Males make up 28.34% of the workforce)

Quartile	Female %	Male %
1	74.18	25.82
2	74.88	25.12
3	75.63	24.37
4	61.94	38.06

5c Bonus Payments – As only one bonus payment was made in the year mean and median calculations cannot be made.

Gender	Employees Paid Bonuses
Female	1.00
Male	0.00

Appendix 6 NHS Workforce Race Equality Standard and Workforce Disability Equality Standard.

6a Workforce Race Equality Standard – 2022 Staff Survey results.

Staff Survey Question	White staff (393 responses)	All other ethnic groups (135 responses)
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	6.8% (27/393)	7.4% (10/135)
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	16.7% (66/393)	16.3% (22/135)
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	61.3% (240/393)	45.2% (61/135)
Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.	6.1% (24/393)	11.9% (16/135)

6b Workforce Disability Equality Standard – 2022 Staff Survey results

Staff Survey Question	Staff without a LTC or illness: (429 responses)	Staff with a LTC or illness: (110 responses*)
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.	6.8% (29/429)	7.3% (1/110)
Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	9.1% (39/429))	16.5% (18/110)
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	10.2% (44/429))	17.1% (19/110)
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	37.5% (160/429))	34.5% (38/110)
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	58.9% (253/429))	49.1% (54/110)
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	13.6% (58/429))	18.3% (20/110)
Percentage of staff satisfied with the extent to which their organisation values their work.	55.6% (239/429))	41.4% (46/110)

* It is worth noting that 110 responses from staff who say that they have a disability or long term condition is higher than the ESR data which shows 24 staff declaring a disability. The reasons for this may include staff not considering a long term condition a disability when

completing ESR or staff feeling more confident in the anonymity of the staff survey compared to ESR.

Appendix 7 Likelihood of Appointment in the year to 31 March 2023.

NB – Statistically an overall likelihood score of 0.8-1.25 is considered parity or close to parity. Anything outside of this range, above or below, identifies significant differences. Total number of applications does not include where specific equality group status was not identified.

7a Disability (48% of disabled applicants were shortlisted compared to 39% of non-disabled applicants which suggests that the commitment to interview those disabled applicants who meet the essential criteria under the Disability Confident scheme is being met.)

	Number of Applicants	Number Shortlisted (%)	Number Appointed	Relative likelihood of being appointed from shortlisting:
Disabled	106 (6.1%)	51 (7.4%)	12 (6.4%)	0.23
Non-Disabled	1631 (93.9%)	642 (92.6%)	175 (93.6%)	0.27

Overall likelihood of being appointed: Non-disabled applicants who were shortlisted were 1.17 times more likely to be appointed.

7b Ethnicity

	Number of Applicants	Number Shortlisted	Number Appointed	Relative likelihood of being appointed from shortlisting:
White	593 (34.5%)	363 (53.0%)	131 (70.4%)	0.36
BAME	1128 (65.5%)	322 (47.0%)	55 (29.6%)	0.17

Overall likelihood of being appointed: White applicants who were shortlisted were 2.11 times more likely to be appointed.

7c Gender

	Number of Applicants	Number Shortlisted	Number Appointed	Relative likelihood of being appointed from shortlisting:
Male	862 (47.5%)	259 (34.2%)	69 (28.9%)	0.27
Female	949 (52.5%)	498 (65.8%)	170 (71.1%)	0.34

Overall likelihood of being appointed: Female applicants who were shortlisted were 1.25 times more likely to be appointed.

Please note: We are using the WRES definition for relative likelihood calculations. <https://www.england.nhs.uk/wp-content/uploads/2017/03/wres-technical-guidance-2019-v2.pdf>

Appendix 8 Action Planning

The following actions have been developed as a response to the data in this annual workforce data report.

Source	Action	Completion Date	Responsible Person
2023 ICB EDI Annual Workforce Data Report (this report)	Promote activities to address the staff survey results that show people from protected groups are less likely to believe that the organisation provides equal opportunities for career progression and promotion. Show year on year improvement through the staff survey results. These activities will include; <ul style="list-style-type: none"> - Advertising of acting up and secondment opportunities - Emerging leaders programme - Inclusive Development programme - Mentoring / Coaching - Reverse mentoring 	Jan-24	Associate Director- Organisational Development, Leadership, Education and Culture
	Encourage all staff to update/complete their equality data on ESR.	Oct-23	Associate Director People Services
	Analyse the Race and Gender balance of roles in the ICB and develop a plan to address under representation.	Jan-24	Associate Director People Services
	Ensure there is support available to staff experiencing discrimination and/or harassment, bullying or abuse at work Ensure that there are and well promoted opportunities to speak up / raise concerns and issues for these colleagues. Promote learning opportunities, organisational conversations, ways of working and networks to influence a change in culture. Show year on year improvement through the staff survey results.	Jan-24	Associate Director- Organisational Development, Leadership, Education and Culture
	Look at whether Board members who not employees can be recorded on ESR and, if not, the Chief of Staff to conduct a confidential paper based equality audit of the Board and to share the findings with the EDI Lead for inclusion in the next annual workforce data report	Mar- 24	Chief of Staff
	An action plan be produced to identify ways to support disabled people to apply for ICB vacancies. This could include consideration of the feasibility if the ICB working with specialist disability employment organisations and looking to increase the scope of reasonable adjustments to the recruitment process to facilitate disabled applicants.	Mar-24	Associate Director People Services

	As well as continuing to include Inclusion Ambassadors for posts at band 8a and above to support equality, shortlisting and interview panels for all pay bands should have a mix of male and female members. The Recruitment Team to encourage panel Chairs to consider the gender balance of the panel.	Mar-24	Associate Director People Services
No More Tick Boxes	At Band 8c and above initially to help with improving diversity at a senior level we will work towards offering a guaranteed interview to candidates from minority ethnic backgrounds who meet all essential criteria for the vacancy.	Sep-24	Associate Director People Services
	When requested panels to give feedback on the shortlisting process – indicating why individuals had not been shortlisted, using the criteria.	Mar-24	Associate Director People Services
	Panels to routinely give feedback to unsuccessful candidates at appointment. With internal candidates to be offered additional support for future applications.	Mar-24	Associate Director People Services
Other	Introduce Active Bystander training to support a non-discriminatory workplace culture.	Sep-23	Associate Director- Organisational Development, Leadership, Education and Culture

Appendix 9 2021 Census Data for Hertfordshire and West Essex.

8a Age Group	Hertfordshire and West Essex ICS %
under 10	12.3
11 to 15	6.4
16 to 24	9.4
25 to 34	12.4
35 to 44	14.2
45 to 54	13.9
55 to 64	12.8
65 to 74	9.2
75 to 84	6.3
85 over	3.0

8b Disability	Hertfordshire and West Essex ICS %
Not disabled under the Equality Act: No long term physical or mental health conditions	78.7
Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	6.8
Disabled under the Equality Act: Day-to-day activities limited a lot	5.6
Disabled under the Equality Act: Day-to-day activities limited a little	8.8

8c Ethnicity	Hertfordshire and West Essex ICS %
English, Welsh, Scottish, Northern Irish or British	73.2
Other White	7.8
Indian	3.6
African	2.3
Any other ethnic group	1.7
Other Asian	1.6
Pakistani	1.4
Irish	1.4
White and Asian	1.1
White and Black Caribbean	1
Other Mixed or Multiple ethnic groups	1
Caribbean	0.9
Chinese	0.7
Bangladeshi	0.6
White and Black African	0.5
Other Black	0.4
Arab	0.3
Roma	0.2

Gypsy or Irish Traveller	0.1
--------------------------	-----

8d Gender Identity	Hertfordshire and West Essex ICS %
Gender identity the same as sex registered at birth	94.3
Gender identity different from sex registered at birth but no specific identity given	0.2
Trans woman	0.1
Trans man	0.1
All other gender identities	0.1
Not answered	5.3

8e Religion	Hertfordshire and West Essex ICS %
No religion	37.0
Christian	46.9
Buddhist	0.5
Hindu	2.6
Jewish	2.1
Muslim	3.7
Sikh	0.5
Other religion	0.7
Not answered	6.0

8f Sexual Orientation	Hertfordshire and West Essex ICS %
Straight or Heterosexual	90.8
Gay or Lesbian	1.1
Bisexual	1
All other sexual orientations	0.3
Not answered	6.8