

## **Hertfordshire and West Essex Integrated Care Board Annual Workforce Equality Report 2024**

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# Hertfordshire and West Essex ICB Annual Workforce Data Report 2024

## To note

**Language-** 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) and Global Majority. The NHS Workforce Race Equality Scheme uses the term BME, 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.

**Self-identification-** Identification of Gender, Sexuality and Religion in this report are as selected by individuals on the NHS Electronic Staff Record (ESR).

**Data Range**—This report uses data from 1 April 2023 to 31 March 2024.

**Promotion**—The report considers staff promotion, which is the term used in the Public Sector Equality Duty Technical Guidance and the NHS Staff Survey. In the ICB, staff can be promoted and obtain a higher band by securing new roles within the ICB or a promotion in role.

This report is submitted as part of meeting the requirements of the Public Sector Equality Duty, as required by the Equality Act 2010. It considers the ICB workforce. Reports that consider the wider work of the ICB, such as our Annual Report and our patient priorities, are on the ICB website ([link here](#)).

## 1. ICB Action Plans

The ICB has an Equality, Diversity and Inclusion Policy and Strategy 2023-27, which is available on the ICB equalities reports page ([link to the page](#)) and includes an overarching action plan for 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. A wider implementation plan supports this.

Progress against the 2023 Annual Workforce Data Report is provided in Appendix 8. The new action plan using the information in this workforce data report is provided in Appendix 9.

The ICB has produced an equality action plan as part of the NHS Equality Delivery System report (available on the ICB equalities reports page).

A further action plan has been 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. Statutory and NHS Reporting Requirements**

The following sections show the equality reporting requirements placed on the ICB. For each reporting requirement, the data to be reported is shown and the appendix where that data is reported is given.

Detailed analysis, where required, is included in the specific data summary sections looking at Race, Disability and Gender (sections 3.1-3.3)

### **2.1. The Public Sector Equality Duty Data Reporting Requirements.**

The ICB must legally 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 under 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 2024
- Appendix 2: Pay Band by Ethnicity – 31 March 2024
- Appendix 2a: Role by Ethnicity (where 10 or more staff are employed in the role)
- Appendix 3: Pay Band by Gender – 31 March 2024
- Appendix 3a: Role by Gender (where 10 or more staff are employed in the role)
- Appendix 4: Board Membership – 31 March 2024

### **2.2. Gender Pay Gap**

A Gender Pay Gap report provides an analysis and breakdown of the difference in average earnings between men and women within an organisation, industry, or country. It aims to highlight any disparities in pay based on gender and shed light on potential gender inequality in the workplace.

Gender Pay Gap reporting is a vital measure of diversity, equity, and inclusion. It identifies how we are performing against key metrics of gender representation highlighting both the wins and more importantly, the areas of improvement.

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.

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 information is provided in Appendix 5 of this report.

## **2.3. The NHS Workforce Race Equality Standard (WRES)**

The Workforce Race Equality Standard is an NHS reporting requirement. ICBs are required to:

- Collect data on the workforce
- Carry out data analysis
- 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 2024

Appendix 2: Pay Band by Ethnicity – 31 March 2024

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

Appendix 4: Board Membership - May 2024

Appendix 6: NHS Workforce Race Equality Standard Staff Survey Results

Appendix 7: Likelihood of Appointment in the year to 31 March 2024

## **2.4. NHS Workforce Disability Equality Standard (WDES)**

From 2023, ICBs were required to provide data on voting Board representation only (metric 10).

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 2024

Appendix 6: NHS Workforce Disability Equality Standard

Appendix 7: Likelihood of Appointment in the year to 31 March 2024

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

## **3. Data Summaries**

The data referred to in this section is taken from data provided in Appendix 1-7.

As of 31 March 2024, the ICB employed 758 staff. This is down from 794 on 31 March 2023. This is a headcount figure. The ICBs employee work patterns include employees who, for example, work on a sessional basis and have their primary employment in another part of the NHS. The ICB also employs the staff of a specialised ICT service supporting the ICB and several other local NHS organisations.

Work was undertaken in 2024 to encourage staff who had not declared their equality group status on the NHS Electronic Staff Record (ESR) to update their information. Overall, this has been successful, and the proportion of staff not declaring has been reduced.

Whilst all 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 most impact 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.

It is noted that the ICB Board is not representative of the BME and Disabled workforce and over representative of the male workforce (Appendix 4). This is partly because the Board includes members not recorded as employees on the NHS Employee Staff Record (ESR). Due to the nature of ICBs partnership working, Board members are appointed to the ICB Board because of their position in the organisation that they represent. This means the ICB cannot require Diversity as a selection criterion and will not be on the ICB ESR system.

**3.1 Race:** BME Staff are 29.82% of the workforce, slightly up from 27.73% in 2023. This is above the BMEs percentage of the Hertfordshire and West Essex (HWE) population (at 19%). No data is available on the working age population of HWE which would be a better measure.

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 the 2023 report). This showed that of the 69 people promoted 83% were White. This compares to a White workforce of 65.73%. For the first full year available, 1<sup>st</sup> April 2023 to 31 March 2024, 66 people were promoted in the ICB, with 45 being on a permanent basis. Of those promoted, 43 (65.2%) were White, and 23 (34.8%) were BME, compared to the staff levels of the organisations where White staff are 67.94% and BME staff are 29.82% of the total workforce. This suggests that the positive actions we have initiated (including training, strengthened appraisal processes and the use of Inclusion Ambassadors as part of interview panels for more senior posts) are helping support this improvement. There are several reasons which may be the cause for this increase in both permanent and temporary promotions. Firstly, the organisation continues to undergo change, and therefore both temporary and permanent opportunities have been available for our staff. Secondly, our vacancies are advertised internally before going to external recruitment to encourage our staff to apply and many of our vacancies are filled in this way.

As with the 2023 report, BME staff are underrepresented at lower and senior grades (Appendix 2). In the mid-range pay bands, Bands 6-8a, BME staff are positively (above

the ICB BME level) represented, and there has been an increase in BME representation at Bands 8b and 8c compared to last year.

The ICB looks at the likelihood of all applicants from the Race, Disability and Gender equality groups being appointed from shortlisting (appendix 8). When looking at Race, White applicants were 1.72 times more likely to be appointed from shortlisting. This is an improvement from 2.11 times in 2023.

We have compared the 2022 and 2023 NHS Staff Surveys, Appendix 6. We acknowledge that there is still work to be done to improve the results around discrimination, bullying, and harassment of BME staff. The action plan developed as part of the consideration of this workforce annual data report includes an action to ensure there is support available to staff experiencing discrimination and/or harassment, bullying, or abuse at work.

As an area of positive improvement, more BME staff reported believing that the organisation provides equal opportunities for career progression or promotion, and the number of staff reporting experiencing harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months decreased.

Following the 2023 NHS Staff Survey the ICB produced, and is implementing, an action plan to address issues raised. From May to October 2024 a theme has been given to each month with actions to support the theme. For example, September's theme is Raising My Concerns and actions will include sharing the support available through the ICB Freedom To Speak Up Champions and awareness sessions such as how to be an Active Bystander to support staff.

The ICB is continuing to work on the recommendations made in 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 ICB audited its recruitment process against No More Tick Boxes in 2022 (as a CCG). Of the recommendations provided, the ICB has introduced them. For example, this report shows that the 2023 action plan requirement to offer feedback to applicants has been met. The ICB is also working with partners across the Integrated Care System (ICS) to ensure this work is implemented.

### **3.2 Disability:**

4.62% of the 2024 workforce identify as Disabled. This is slightly higher than in 2023 when 3.2% of the workforce identified as Disabled. At 4.62% we are below the HWE Disabled 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 (Appendix 8) shows that 45.21% of Disabled applicants were shortlisted, compared to 30.73% of non-Disabled applicants. 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.

### **3.3 Gender:**

Men are the minority gender in the ICB workforce at 25.73% of the workforce. This is down from 27.60% in 2023.

Men are overrepresented in pay bands 3, 5, 7, 8b, 8c, 8d and “other” but underrepresented in pay bands 4, 6, 8a and 9.

In 2024 men made up 45.77% of all applicants for vacancies in the ICB. This is similar to 2023's level of 47.5%. In 2024 about a quarter of those shortlisted (26.07%) were men. This is down from the 2023 level of 34.2%.

In 2024 a woman was twice as likely to be appointed from shortlisting, up from 1.25 times more likely in 2023.

The ICB is required to publish its Gender Pay Gap information for 2024 through the national gender pay gap reporting service by 30 March 2025. This deadline will be met. The data for 2024 is summarised below.

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 2024 was 2.94%. This means that, on average, for every £1.00 a woman was paid a man was paid £1.0294. The median pay gap for the ICB on the 31 March 2023 was 1.69%. This marginal negative trend shows a widening gap between men and women in 2024 compared to the 2023 data.

This compares very well to the two ICBs in our region, which have reported their gender pay gap. On 31 March 2023, the latest figures reported, Bedfordshire, Luton and Milton Keynes ICB reported a median difference of 13.6% and Norfolk and Waveney ICB reported a median of 25.7%.

The NHS Agenda for Change pay banding ensures that staff are paid the band for the job, whether male or female. Any slight difference can be accounted for by considering if staff are at the top or bottom of the pay band, where progression is only obtained by length of service.

## 4. Conclusion

This is the ICB's second Annual Workforce Data Report. While the difference between the two years shows promising positive trends, it is not yet statistically significant. We will have a better idea of any trends in our data after the third report in 2025.

Whilst there are some areas where work is still required, there have been year-on-year improvements that should be recognised, such as the recruitment of BME staff.

This work is also part of a wider ICB programme to support awareness and knowledge of Equality, Diversity and Inclusion and how individuals and organisations can have an impact. The ICB runs Equality, Diversity and Inclusion training, reciprocal mentoring with 9 executive colleagues, and targeted career conversations for staff at all levels. The ICB leads a system-wide inclusive career development programme for BME and Disabled staff. The organisation also broadly supports staff with staff networks, including the ICBs Race Equality Inclusion Network and Disability staff networks and a staff EDI Committee. The ICB has adopted positive action programmes such as the Disability Confident scheme alongside other initiatives such as Carers and Menopause accreditation. Inclusion Ambassador roles have been introduced in all 8a and above recruitment to support equality in recruitment. The ICB leadership have fully committed to the NHS Equality, Diversity, and Inclusion improvement plan.



## Appendix 1: Workforce Profile – 31 March 2024

	As at 31 March 2023		As at 31 March 2024		% Change
Gender	Headcount	%	Headcount	%	% Change
Male	225	28.34%	195	25.73%	-2.61%
Female	569	71.66%	563	74.27%	2.61%
<b>Disability Status</b>					
Disabled	24	3.02%	35	4.62%	1.59%
Non-Disabled	699	88.04%	680	89.71%	1.67%
Prefer Not to Answer	0	0.00%	4	0.53%	0.53%
Unknown	71	8.94%	39	5.15%	-3.80%
<b>Ethnicity</b>					
White	499	62.85%	515	67.94%	5.10%
BME	213	26.83%	226	29.82%	2.99%
Unspecified/Not Stated	82	10.32%	17	2.24%	-8.08%
<b>Age Band</b>					
Under 20	2	0.25%	1	0.13%	-0.12%
21 to 40	222	27.96%	215	28.36%	0.40%
41 to 50	251	31.61%	221	29.16%	-2.46%
51 to 65	300	37.78%	306	40.37%	2.59%
66 +	19	2.39%	15	1.98%	-0.41%
<b>Religion</b>					
Atheism	102	12.85%	109	14.38%	1.53%
Buddhism	6	0.76%	5	0.66%	-0.10%
Christianity	276	34.76%	293	38.65%	3.89%
Hinduism	39	4.91%	41	5.41%	0.50%
I do not wish to disclose my religion/belief	237	29.85%	186	24.54%	-5.31%
Islam	29	3.65%	31	4.09%	0.44%
Jainism	5	0.63%	5	0.66%	0.03%
Judaism	5	0.63%	7	0.92%	0.29%
Other	46	5.79%	55	7.26%	1.46%
Sikhism	5	0.63%	5	0.66%	0.03%
Undeclared/Unspecified	44	5.54%	21	2.77%	-2.77%
<b>Sexual Orientation</b>					
Bisexual	10	1.26%	9	1.19%	-0.07%
Gay or Lesbian	11	1.39%	11	1.45%	0.07%
Heterosexual	542	68.26%	579	76.39%	8.12%
Other	4	0.50%	4	0.53%	0.02%
Undecided	1	0.13%	1	0.13%	0.01%
Not Stated	226	28.46%	154	20.32%	-8.15%
<b>Marital Status</b>					
Married / Civil Partnership	479	60.33%	443	58.44%	-1.88%
Single	206	25.94%	208	27.44%	1.50%
Separated	9	1.13%	7	0.92%	-0.21%
Divorced	55	6.93%	62	8.18%	1.25%
Widowed	8	1.01%	10	1.32%	0.31%
Unknown	37	4.66%	28	3.69%	-0.97%

## Appendix 2: Pay Band by Ethnicity 31 March 2024

	2023 BME employees are 27.73% of the workforce.				2024 BME employees are 29.82% of the workforce.			
Pay Band	Headcount	White (%)	BME (%)	Not Known/ Undisclosed (%)	Headcount	White (%)	BME (%)	Not Known/ Undisclosed (%)
Band 2	2	100	0.00	0	0	0	0	0
Band 3	3	100	0.00	0.00	4	75.00	25.00	0.00
Band 4	57	82.46	15.79	1.75	62	80.65	17.74	1.61
Band 5	93	75.27	24.73	0.00	92	76.09	23.91	0.00
Band 6	96	61.46	32.29	6.25	115	62.61	34.78	2.61
Band 7	137	58.39	36.50	5.11	140	60.00	36.43	3.57
Band 8a	119	60.50	37.82	1.68	131	56.49	41.98	1.53
Band 8b	88	76.14	23.86	0.00	97	75.26	24.74	0.00
Band 8c	40	77.50	20.00	2.50	42	78.57	21.43	0.00
Band 8d	36	77.78	13.89	8.33	30	76.67	13.33	10.00
Band 9	5	80.00	20.00	0.00	11	81.82	18.18	0.00
Other	74	40.54	20.27	39.19	34	70.59	20.59	8.82

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

## Appendix 2a: 2024 Role by Ethnicity (in roles where 10 or more staff are employed in the role)

	BME employees are 29.82% of the workforce.			
	Headcount	White %	BME %	Not Stated %
Adviser	14	78.57	21.43	0.00
Analyst	42	52.38	40.48	7.14
Clerical Worker	20	80.00	15.00	5.00
Manager	103	66.99	31.07	1.94
Nurse Manager	18	66.67	33.33	0.00
Officer	146	77.40	21.23	1.37
Other Executive Director	12	91.67	8.33	0.00
Personal Assistant	10	90.00	10.00	0.00
Pharmacist	49	26.53	71.43	2.04
Senior Manager	212	72.17	25.47	2.36
Staff Nurse	39	53.85	43.59	2.56
Technician	47	70.21	29.79	0.00

### Appendix 3: Pay Band by Gender – 31 March 2024

	2023 Male employees are 27.60% of the workforce			2024 Male employees are 25.73% of the workforce		
Pay Band	Headcount	Male %	Female %	Headcount	Male %	Female %
<b>Band 2</b>	2	0.00	100.00	0	0	0
Band 3	3	33.33	66.67	4	50.00	50.00
Band 4	57	12.28	87.72	62	8.06	91.94
Band 5	93	35.48	64.52	92	35.87	64.13
Band 6	96	18.75	81.25	115	18.26	81.74
Band 7	137	29.93	70.07	140	27.14	72.86
Band 8a	119	18.49	81.51	131	18.32	81.68
Band 8b	88	29.55	70.45	97	30.93	69.07
Band 8c	40	30.00	70.00	42	30.95	69.05
Band 8d	36	33.33	66.67	30	43.33	56.67
Band 9	5	20.00	80.00	11	18.18	81.82
Other*	74	45.95	54.05	34	41.18	58.82

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

### Appendix 3a: 2024 Role by Gender (where 10 or more staff are employed in the role)

	Male employees are 25.73% of the workforce		
	Headcount	Male %	Female %
Senior Manager	212	30.66	69.34
Officer	146	18.49	81.51
Manager	103	22.33	77.67
Pharmacist	49	20.41	79.59
Technician	47	61.70	38.30
Analyst	42	47.62	52.38
Staff Nurse	39	0.00	100.00
Clerical Worker	20	15.00	85.00
Nurse Manager	18	22.22	77.78
Adviser	14	14.29	85.71
Other Executive Director	12	25.00	75.00
Personal Assistant	10	0.00	100.00

## Appendix 4 Board Membership – 31 March 2024

The ICB Board membership is:

- 5 Non-Executive members
- 3 Provider Partners members
- 4 ICB Executive members
- 3 Primary Care members
- 1 Voluntary, Community and Faith Sector (VCFS) member, and,
- 2 Local Government members.

It is noted that the ICB Board is not representative of the BME and Disabled workforce and over representative of the male workforce. This is partly because the Board includes members who are not recorded as employees on the NHS Employee Staff Record (ESR). Due to the nature of the ICB's partnership working, some Board members are appointed to the ICB Board because of their position in the organisation they represent. This means the ICB cannot require diversity as a selection criteria.

Table 4a – Gender

	<b>Total</b>	<b>Female %</b>	<b>Male %</b>
Total Board Members - % by Gender	18	44.44	55.56

Table 4b - Ethnicity

	<b>Total</b>	<b>White %</b>	<b>BME %</b>	<b>Unspecified/ Not Stated %</b>
Total Board Members - % by Ethnicity	18	44.44	11.11	44.44

Table 4c – Disability

	<b>Total</b>	<b>Disabled %</b>	<b>Non-Disabled %</b>	<b>Unspecified/ Not Stated %</b>
Total Board Members - % by Disability	18	0.00	61.11	38.89

## Appendix 5: Gender Pay Gap – Snapshot date of 31 March 2024

Any employer with 250 or more staff is required by law to 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

This must be published annually on the gender pay gap reporting service website at <https://gender-pay-gap.service.gov.uk/>

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.

As covered in para 3.3, Hertfordshire and West Essex ICB has a significantly lower median gender pay gap than other ICBs in our NHS system group, which means that there is less of a gender pay gap in our ICB.

### 5a Mean & Median Hourly Rates

Gender	Mean Hourly Rate	Median Hourly Rate
Male	38.2941	27.4328
Female	30.5735	26.6272
Difference	7.7206	0.8056
Pay Gap %	20.1612	2.9366

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

Quartile	Female %	Male %
1	77.18	22.82
2	75.49	24.51
3	76.65	23.35
4	60.27	39.73

### 5c Bonus Payment

For the purposes of reporting gender pay gaps, Clinical Excellence payments are considered 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
Male	0

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

### 6a Workforce Race Equality Standard – 2023 Staff Survey results.

Staff Survey Question	2023 White staff % (2022 by %)	2023 All other ethnic groups % (2022 by %)
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	5.03 (6.7)	5.97 (7.4)
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	13.64 (16.7)	17.16 (16.3)
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	58.67 (61.3)	51.91 (45.2)
Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.	3.08 (6.1)	14.50 (11.9)

### 6b Workforce Disability Equality Standard – 2023 Staff Survey results

Staff Survey Question	2023 Staff without a LTC or illness % (2022 by %)	2023 Staff with a LTC or illness % (2022 by %)
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.	4.88 (6.8)	6.35 (7.3)
Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	7.84 (9.1)	12.00 (16.5)
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	8.40 (10.2)	14.52 (17.1)
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	39.29 (37.5)	55.17 (34.5)
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	58.96 (58.9)	48.00 (49.1)
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	6.49 (13.6)	14.10 (18.3)
Percentage of staff satisfied with the extent to which their organisation values their work.	55.15 (55.6)	42.06 (41.4)

## Appendix 7: Likelihood of Appointment in the year to 31 March 2024.

Understanding the likelihood of appointment helps to identify if there may be potential discrimination taking place. All those shortlisted have met the essential criteria for the role. However, not all those who meet the essential criteria may be interviewed because additional desirable criteria may be used to shortlist.

In the reporting period there were a total of 1844 applications for posts. 601 of those were shortlisted and 157 were appointed.

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 for each group below does not include where specific equality group status was not disclosed by the applicant, so may be less than 1844.

### 7a Disability

	Number of Applicants	Number Shortlisted	Number Appointed	Relative likelihood of being appointed from shortlisting:
Disabled	115	52	13	0.25
Non-Disabled	1679	516	124	0.24

Overall likelihood of being appointed: Disabled applicants 1.04 times more likely to be appointed from shortlisting.

### 7b Ethnicity

	Number of Applicants	Number Shortlisted	Number Appointed	Relative likelihood of being appointed from shortlisting:
White	506	285	87	<b>0.31</b>
BME	1265	279	50	<b>0.18</b>

Overall likelihood of being appointed: White applicants 1.72 times more likely to be appointed from shortlisting.

### 7c Gender

	Number of Applicants	Number Shortlisted	Number Appointed	Relative likelihood of being appointed from shortlisting:
Male	840	219	35	0.16
Female	995	379	122	0.32

Overall likelihood of being appointed: Women were twice as likely to be appointed from shortlisting.

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 – Review of 2023-4 Action Plan

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

Source	Action	Completion Date	Responsible Person	Progress
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"> <li>- Advertising of acting up and secondment opportunities</li> <li>- Emerging Leaders programme</li> <li>- Inclusive Development programme</li> <li>- Mentoring / Coaching</li> <li>- Reverse mentoring</li> </ul>	Jan-24	Associate Director- Organisational Development, Leadership, Education and Culture	Action met. Activities were undertaken and are ongoing. Results have been mixed. BME staff reported an improvement in the result looking at equal opportunities for career progression and promotion, but less Disabled and White staff believed that to be the case than in 2022. Addressed as part of the wider Staff Survey action plan.
	Encourage all staff to update/complete their equality data on ESR.	Oct-23	Associate Director People Services	Action met. There has been an increase in staff declaring their equality status.
	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	Not completed. Change of Associate Director People Services. Carried forward to new action plan.
	Ensure there is support available to staff experiencing discrimination and/or harassment, bullying or abuse at work. Ensure that there are well promoted opportunities to speak up / raise concerns and issues for these colleagues.	Jan-24	Associate Director- Organisational Development, Leadership,	Action partially met. Work has been undertaken; however, this action is too vague and revised actions carried forward to the new action plan.

	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.		Education and Culture	
	Look at whether Board members who are 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	Action partially met. There are still challenges with inputting to ESR. This year some EDI data was disclosed but there were gaps around declaring ethnicity. Work to meet this will continue.
	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	Not completed. Carried forward to new action plan.
	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	Action met. Encouragement takes place. Action to review take up included in new action plan.
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	Action partially met. Discussions are taking place at a national level to consider if this can be incorporated into the TRAC recruitment system, similar to the guaranteed interview scheme offered to Disabled applicants who meet the minimum criteria.

	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	Action met. This now happens.
	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	Action met. This now happens.
Other	Introduce Active Bystander training to support a non-discriminatory workplace culture.	Sep-23	Associate Director- Organisational Development, Leadership, Education and Culture	Action met. Active Bystander training was introduced and is ongoing. The ICB also working with system partners to support Active Bystander training across the system.

## Appendix 9: Action Planning - Action Plan 2024-5

Action	Completion Date	Responsible Person
Analyse the Race and Gender balance of roles in the ICB and develop a plan to address any under representation.	Jan-25	Associate Director People Services
Promote opportunities to speak up throughout the ICB, including with those staff groups that can encounter additional barriers to speaking up, for example through engagement with Staff Networks. Promote the opportunity to speak up through, multiple different routes within the ICB, including through contact with the Freedom to Speak Up Guardian (FTSUG). In regard to FTSUG contacts and subject to confidentiality arrangements, FTSU reporting to identify equality issues raised'	March-25	Freedom to Speak Up Guardian
Ensure there is support available to staff experiencing discrimination and/or harassment, bullying or abuse at work. Show year on year improvement through the staff survey results.	March-25	Associate Director- Organisational Development, Leadership, Education and Culture
For vacancies below Band 8 select a random sample of vacancies to review to consider the equity of the shortlisting process, looking specifically at the proportion of white and BME and male and female applicants shortlisted.	Mar-25	Associate Director People Services