

# Equality Analysis

*(Health Inequalities, Human Rights, Social Value)*

## Appraisal and Performance Review Policy

**Before** completing this equality analysis it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

## 1. Background

<b>EA Title</b>	Appraisal and Performance Review Policy		
<b>EA Author</b>	Michelle Dunne	<b>Team</b>	Equality, Diversity & Inclusion
<b>Date Started</b>	12 <sup>th</sup> November 2018	<b>Date Completed</b>	7 <sup>th</sup> January 2019
<b>EA Version</b>	V0.1	<b>Reviewed by E&amp;D</b>	Yes
<b>What are the intended outcomes of this work?</b> Include outline of objectives and function aims			
<p>NHS Birmingham and Solihull Clinical Commissioning Group is committed to supporting staff in their development and ensuring that they are clear on their objectives and priorities. A well planned and consistently implemented staff appraisal ensures that all employees are aware of the objectives and values of the organisation and how they, as a member of staff, can support these. This assists in:</p> <ul style="list-style-type: none"><li>• The creation of an organisation which is clear on its current talent which enables it to develop succession planning</li><li>• A focus on the organisational strategic priorities and values, thus ensuring a high performing CCG</li></ul> <p>Training and support will be provided to all Line Managers in the implementation and application of this policy.</p> <p>Appraisal involves a twelve monthly cycle of performance review and personal development which culminates in a 1-to-1 structures appraisal discussion. This cycle also incorporates a six-month review and any other local arrangements appropriate for individuals e.g. monthly 1-to-1 or informal meetings to discuss progress on objectives.</p> <p>The overall objective of an effective appraisal process should be to help staff to maximise their job performance for the joint benefit of the individual, their team and the CCG.</p> <p>All staff must have an appraisal discussion at least once every 12 months and reviewed on a 6 monthly basis.</p> <p>These meeting should be held annually during August and should enable CCG employees to feel supported and valued for their ongoing work and contribution to the CCG.</p>			
<b>Who will be affected by this work?</b> e.g. staff, patients, service users, partner organisations etc.			
This policy applies to all CCG staff members, whether temporary or permanent. All interim consultants and agency staff are excluded from this policy.			

## 2. Research

<b>What evidence have you identified and considered?</b> This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.		
<b>Research/Publications</b>	<b>Working Groups</b>	<b>Clinical Experts</b>
NHS Agenda for Change Terms & Conditions handbook	Staff Council	
Data Protection Act 2018	JNCC	
Equality Act 2010		
Fraud Act 2006		

### 3. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

**Age:** Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

#### CCG Staff Profile

The CCG monitors the age profile of its staff. The following table illustrates the age profile of the CCG as at 30 November 2018. Broad age bandings have been utilised to ensure the information is non-identifiable.

<b>Age Profile</b>					
	<b>Age Bands</b>				
	<b>20-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>
<b>Male</b>	6.4%	26.9%	34.6%	28.2%	3.9%
<b>Female</b>	13.5%	25.3%	26.6%	27.5%	7%
<b>Totals</b>	11.7%	25.7%	28.7%	27.7%	6.2%

- No employees are aged below 20 and very few over the age of 60
- Over a quarter of all staff are in the age 50 to 59 age band, which has implications for succession planning.

No negative impacts have been identified in the review of this policy in relation to age. The policy puts in place an effective appraisal process, supported by regular one to one discussions aimed at helping staff to maximise their job performance for the joint benefit of the individual, their team and the CCG

**Disability:** Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

#### CCG Staff Profile

### 3. Impact and Evidence:

The CCG collects and monitors the disability profile of its staff,

- 3% of staff have indicated that they have a disability;
- 83% of staff have stated that they do not have a disability; and
- Just under 14% of staff have not provided information on their disability status.

The CCG has recently signed up to the Disability Confident scheme which is designed to help you recruit and retain disabled people and people with health conditions for their skills and talent.

No negative impacts have been identified in the review of this policy in relation to disability. The policy puts in place an effective appraisal process, supported by regular one to one discussions aimed at helping staff to maximise their job performance for the joint benefit of the individual, their team and the CCG.

**Gender reassignment (including transgender):** Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

No impact identified in relation to gender reassignment.

**Marriage and civil partnership:** Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

#### **CCG Staff Profile**

The marital status is known for 96% of CCG staff.

No impact identified in relation to marriage and civil partnerships.

**Pregnancy and maternity:** Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

No impact identified in relation to pregnancy and maternity. Where a member of staff is on maternity leave the appraisal will be arranged to take place on their return to the workplace.

**Race:** Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

#### **CCG Staff Profile**

The chart below illustrates the race profile of staff as at 30 November 2018, compared to the Birmingham and Solihull population data. The CCG has an overall BME profile of 31.6% which is lower than that of the local population figure of 37% (taken from 2011 Census).

### 3. Impact and Evidence:

	2018	Bham & Solihull Population 2011 (census)
Black Minority Ethnic (BME)	31.6%	37%
White / White British	62.5%	63%
Undisclosed / Unknown	5.9%	-

The following table illustrates the spread of staff by race and pay banding.

Pay Banding by Race			
	Bands		
	3-7	8a-VSM	Other Pay Bands
White	42.2%	53.7%	4.2%
BME	55.2%	34.5%	10.3%
Undisclosed	11.1%	27.8%	61.1%

The CCG reports annually on their performance against the nine metrics contained in the Workforce Race Equality Standard. As a newly merged organisation, data is unavailable for 2018. The outcomes of the relevant metric 'Relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff' will be reported to the Quality and Safety Committee in 2019.

The draft appraisal and performance review policy, does not encourage staff to record any non-mandatory training on their personal ESR record.

No negative impacts have been identified in the review of this policy in relation to race. The policy puts in place an effective appraisal process, supported by regular one to one discussions aimed at helping staff to maximise their job performance for the joint benefit of the individual, their team and the CCG.

**Religion or belief:** Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

#### CCG Staff Profile

The CCG collects and monitors the religion and belief profile of its staff, and is unable to publish comprehensive data due to the small numbers involved. The data has been grouped according to whether staff ascribe to a religion or belief, religion is unknown, no religion, or do not wish to disclose this information. This has been compared to the figures for the Birmingham and Solihull population information, as per the Census 2011.

### 3. Impact and Evidence:

Religion or Belief Data					
		Ascribe to a Religion or Belief	Unknown	Do not wish to disclose	No Religion
Year	Group				
2018	Staff	51.5%	0.3%	48.2%	-
2011	Bham & Solihull Pop	73.88%	6.5%	-	19.61%

No negative impacts have been identified in the review of this policy in relation to religion. The policy puts in place an effective appraisal process, supported by regular one to one discussions aimed at helping staff to maximise their job performance for the joint benefit of the individual, their team and the CCG.

**Sex:** Describe any impact and evidence on men and women. This could include access to services and employment:

#### CCG Staff Profile

As at 30<sup>th</sup> November 2018 the profile of staff by sex, reveals that over 74% are female.

CCG Staff	2018
Male	25.4%
Female	74.6%

No negative impacts have been identified in the review of this policy in relation to sex. The policy puts in place an effective appraisal process, supported by regular one to one discussions aimed at helping staff to maximise their job performance for the joint benefit of the individual, their team and the CCG.

**Sexual orientation:** Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

#### CCG Staff Profile

The CCG collects and monitors the sexual orientation profile of its staff:

- 51.5% of staff are heterosexual;
- 2.3% of staff are lesbian, gay or bisexual; and
- Just over 46% of staff have been asked, but declined to provide a response.

No negative impacts have been identified in the review of this policy in relation to sexual orientation. The policy puts in place an effective appraisal process, supported by regular one to one discussions aimed at helping staff to maximise their job performance for the joint benefit of the individual, their team and the CCG.

3. Impact and Evidence:
<p><b>Carers:</b> Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:</p> <p>No impact identified on carers.</p>
<p><b>Other disadvantaged groups:</b> Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)</p> <p>No impact identified on other disadvantaged groups.</p>

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	N/A	
Is there any impact for groups or communities living in particular geographical areas?	N/A	
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	N/A	
<p><b>How will you ensure the proposals reduce health inequalities?</b> This is a staff employment policy which is unlikely to impact on health inequalities.</p>		

5. FREDA Principles/ Human Rights	Question	Response
<b>Fairness</b> – Fair and equal access to services	How will this respect a person's entitlement to access this service?	Policy is applicable to all staff.
<b>Respect</b> – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	Policy does not negatively impact on respect principle.
<b>Equality</b> – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	Policy is monitored and applicable to all staff.
	How will this affect a person's right to freedom of thought, conscience and religion?	No impact.
<b>Dignity</b> – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	Positive equality statement included within policy.

<b>Autonomy</b> – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	No impact.
Right to <b>Life</b>	Will or could it affect someone's right to life? How?	No impact.
Right to <b>Liberty</b>	Will or could someone be deprived of their liberty? How?	No impact.

## 6. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
Staff Council	Representative of all CCG staff	November 2018

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us .... So we will .....):

No equality related issues or concerns raised. Concerns were raised regarding the linkage between pay and performance. The policy is based on national NHS terms and conditions and the CCG is implementing these national requirements.

## 7. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

The policy is based on nationally agreed changes arising from the NHS Pay Deal and reflects the NHS Agenda for Change Terms and Conditions.

The purpose of the policy is to support staff in their development and ensure that they are clear on their objectives and priorities. Having such a policy assists in:

- The creation of an organisation which is clear on its current talent which enables it to develop succession planning;
- Providing a focus on the organisational strategic priorities and values, thus ensuring a high performing CCG.

CCG staff appear to be unaware of the national changes regarding pay and performance which came about as part of the nationally negotiated and agreed pay deal.

## 8. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include

action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

**Recommendation:**

The equality statement within the policy, is not the corporate BSol CCG statement agreed for inclusion in all policies; it needs to be replaced with the following:

**3. Equality Statement**

3.1 The general equality duty requires public authorities (such as the CCG) to have due regard to the aims of the general equality duty when making decisions and setting policies. To do this, it is necessary for the organisation to understand the potential impact of its decision making on different people. This can help to identify practical steps to tackle any negative impacts or discrimination, and to advance equality.

3.2 The CCG endeavours to challenge discrimination, promote equality and respect human rights and aims to design and implement policies, services and measures that meet the diverse needs of our population, patients and workforce, ensuring that non are placed at a disadvantage.

The policy also needs to make reference to the equality analysis, using this standard statement which forms part of the template policy form:

**4. Equality Analysis**

4.1 The CCG undertakes an Equality Analysis of policies, strategies, service design and other relevant activities to assess the impact of decision making against:

- The nine protected characteristics (age, disability, ethnic origin, sex, sexual orientation, gender reassignment, religion and belief, marriage or civil partnership, pregnancy or maternity status);
- Other groups or communities known to suffer disadvantage, such as the homeless, carers, migrants and sex workers;
- Human Rights
- Known health inequalities.

This analysis also explores the potential to support the Social Value Act.

4.2 An equality analysis of this policy was undertaken on xxxx and is attached as an Appendix to this policy.

**Recommendation**

Inclusion of the need to record non mandatory training on ESR and discuss this at appraisal and performance reviews... This will assist in understanding who is accessing training/learning and contributes to analysis of the CCGs performance in relation to the WRES.

**Recommendation**

Communication with staff regarding the changes around increments, pay and performance to ensure that they are fully aware that the content of this policy is based on nationally agreed (under Agenda for Change) terms and conditions.

9. Publication
<p><b>How will you share the findings of the Equality Analysis?</b></p> <p>This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.</p>
<p>Policy to be signed off by the Senior Leadership Team, after which it will be published along with the equality analysis on the CCG web pages.</p>
<p><b>Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: <a href="mailto:bsol.comms@nhs.net">bsol.comms@nhs.net</a></b></p>

10. Sign Off		
<p>The Equality Analysis will need to go through a process of <b>quality assurance</b> by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager <b>and</b> signed-off by a delegated committee</p>		
	<b>Name</b>	<b>Date</b>
<b>Quality Assured By:</b>	<i>M K Dunne</i>	7 <sup>th</sup> January 2019
<b>Which Committee will be considering the findings and signing off the EA?</b>	Senior Leadership Team	11 <sup>th</sup> January 2019
<b>Minute number</b> (to be inserted following presentation to committee)		

**Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance.**

**Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: [bsol.comms@nhs.net](mailto:bsol.comms@nhs.net)**