

# Equality Analysis

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

## Long Service Awards 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>	Long Service Awards Policy		
<b>EA Author</b>	Michelle Dunne	<b>Team</b>	Equality & Diversity
<b>Date Started</b>	17 <sup>th</sup> April 2019	<b>Date Completed</b>	18 <sup>th</sup> April 2019
<b>EA Version</b>	V0.1	<b>Reviewed by E&amp;D</b>	18 <sup>th</sup> April 2019

### What are the intended outcomes of this work? Include outline of objectives and function aims

This staff Long Service Award policy enables the CCG to recognise and demonstrate how it values the contribution of all its employees. The policy acknowledges that many staff have worked in the wider NHS for many years and the loyalty, commitment and high level of skills brought by individuals is a key factor in the CCGs success. In recognition of those attributes Birmingham & Solihull CCG is committed to celebrate with those staff who have reached certain service with Birmingham and Solihull CCG.

### Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

The policy applies to those employees with continuous and reckonable NHS Service who have reached certain service 'milestones' who are directly employed by the CCG at the time of reaching these milestones.

The Long Service Award **will not** apply in the following circumstances:

- Non qualifying self-employment i.e. Contractors
- Agency Staff
- Bank Staff
- GPs
- Practice Staff

Birmingham and Solihull CCG have the discretion to withhold or postpone a Long Service Award to an employee on the following basis:

- Employees who are currently engaged in formal HR process and proceedings, including Sickness Absence, Disciplinary, Fraud, Capability and Performance
- Employees who have been previously compensated for continuous or reckonable service i.e. Voluntary Redundancy Schemes, Mutually Agreed Resignation Schemes (MARs)
- Employees subject to compromise agreements

#### The policy includes a list of Exemptions:

Birmingham and Solihull CCG have the discretion to withhold or postpone a Long Service Award to an employee on the following basis:

- Employees who are currently engaged in formal HR process and proceedings, including Sickness Absence, Disciplinary, Fraud, Capability and Performance
- Employees who have been previously compensated for continuous or reckonable service i.e. Voluntary Redundancy Schemes, Mutually Agreed Resignation Schemes (MARs)
- Employees subject to compromise agreements

### There is also an Appeals process:

The right to appeal exists for staff who have been subject to their reward being withheld or postponed for reasons listed above. Employees are to submit their appeal in writing and all appeals will be considered by the Chief Executive and Chief Finance Officer.

## 2. Research

**What evidence have you identified and considered?** This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Research/Publications	Working Groups	Clinical Experts
Review of 12 other NHS Long Service Award Policies.		Not applicable.
BSol Annual Equality Report 2018/19		

## 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:

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.

Age Profile						
Total Staff (328 headcount)	Age Bands					
	20-29	30-39	40-49	50-59	60-69	Total %
	11.7%	25.7%	28.7%	27.7%	6.2%	100%

- No employees are aged below 20 and very few over the age of 60. The bulk of staff are in the mid-age range of 30-49 years representing over half of the workforce 54.4%
- Almost 34% of all staff in the workforce are aged over 50 years.

**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:

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

- 3% of staff have indicated that they have a disability;

### 3. Impact and Evidence:

- 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.

During 2018 the CCG signed up to the Disability Confident scheme which is designed to help employers recruit and retain disabled people and people with health conditions for their skills and talent.

**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. Data is not currently collected.

**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:

No impact identified. Data is collected and available.

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

Since April 2018 five members of staff have gone onto maternity leave and one member of staff (who went on maternity leave in 2017) has returned to work. Additionally, there are a further four staff who are currently on maternity leave which commenced between January and March 2018.

The policy does not state how staff on maternity/paternity or adoption leave will be communicated with regarding this new opportunity to claim a long service award.

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

The table 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 BAME profile of 31.6% which is lower than that of the total BSol local population figure of 37% (taken from Census 2011).

	BSol CCG Staff Profile 2018 %	BSol CCG Staff Profile No.	Bham & Solihull Population	Birmingham Population 2011	Solihull Population 2011
<b>Black Minority Ethnic (BAME)</b>	31.6%	104	37%	42%	11%
<b>White/ White British</b>	62.5%	205	63%	58%	89%
<b>Undisclosed/ Unknown</b>	5.9%	19			
<b>Total Staff (328)</b>	100%	328			

### 3. Impact and Evidence:

- The numbers of staff whose race is 'undisclosed/unknown' on the electronic staff record – ESR at 5.9% represents 19 members of staff.

The following table illustrates the distribution of staff by race and pay band.

Pay Band by Race				
	Pay Bands			Total
	3-7	8a - VSM	Other Pay Bands	
White	42.2%	53.7%	4.2%	100%
BAME	55.2%	34.5%	10.3%	100%
Undisclosed	11.1%	27.8%	61.1%	100%

- White staff are over-represented in the higher pay bands of 8a to VSM when compared to BAME staff.
- 34.5% of BAME staff are represented in bands 8a-VSM compared to 37% Birmingham and Solihull population.

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

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 2011 Census.

Religion or Belief Data						
Year	Group	Ascribe to a religion or belief	Unknown	Do not wish to disclose	No religion	Total %
2018	CCG Staff	51.5%	0.3%	48.2%	-	100%
2011	Bham & Solihull Pop	73.88%	6.5%	-	19.61%	100%

- The proportion of staff who do not wish to disclose their religion or belief is 48.2%
- The numbers of staff who ascribe to a religion or belief is 51.5% which is lower than the figure for the local area at 73.8%

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

The following table sets out the gender breakdown of the staff profile as at 30 November 2018, and compares the staff profile with that of the population of Birmingham and Solihull. In total there are 78 male employees and 229 female employees.

CCG staff	2018/19 %	2018/19 No.	Bham & Solihull Population 2011
Male	25.4%	78	49%
Female	74.6%	229	51%

### 3. Impact and Evidence:

- The staff profile does not reflect the gender profile of the local area, though it is broadly comparable with the NHS workforce census (September 2017) which revealed that 77% of NHS staff are women.

The table below sets out the proportions of male and female staff according to their employment status (permanent or fixed term) as at 30 November 2018.

Employment Status	2018			
	Permanent	Fixed Term	Non-Exec Dir/Chair	Total Staff Headcount (328)
Males (total: 78)	69%	25%	6%	100%
Females (total 229)	91%	8%	1%	100%

- Overall, just under 86% of staff are employed on a permanent contract basis.
- Men are more likely to hold a fixed term or non-exec contract than women.

The table below illustrates the participation in full time and part time employment by gender:

2018			
Staff	Full Time (FT)	Part Time (PT)	Totals %
Male	17%	8%	25%
Female	56%	19%	75%
Total % of Staff working FT/PT	73%	27%	100%

- Overall, 73% of staff work full time and 27%-part time;
- 19% of females employed work part time compared to 8% males. The significantly higher numbers of females working part time is likely to be related to family commitments and work life balance.

**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:

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.

**Carers:** Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

Staff who work part time are as equally eligible to apply for the long service award as those who work full-time.

**Other disadvantaged groups:** 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,

3. Impact and Evidence:
looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)
Not applicable.

4. 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?	The policy is open to employees with continuous and reckonable NHS Service
<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?	The employee is responsible for applying for the award themselves and so, if they do not wish to have their service recognised they do not have to apply.
<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?	The list of exemptions are clear and an appeals process is included within the policy.
	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?	No impact.
<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?	Staff have the choice to apply for the award.
<b>Right to Life</b>	Will or could it affect someone’s right to life? How?	Not applicable
<b>Right to Liberty</b>	Will or could someone be deprived of their liberty? How?	Not applicable

5. 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
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 engagement undertaken.		

## 6. Summary of Analysis

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

No specific equality impacts which would negatively impact on any one protected characteristic have been identified relating to the policy content; in terms of application the following three areas require addressing:

**Requirement to apply within one year:**

The CCG was formed via merger of 3 former CCGs on 1 April 2018; the previous organisations did not have a Long Service Award policy and so staff were unable to gain recognition for their years of service to the NHS. This policy requires staff to apply within one year of their 20<sup>th</sup>,30<sup>th</sup>,40<sup>th</sup> or 50<sup>th</sup> year of service – which means that some staff who completed such service with the previous organisations are ineligible to apply.

**The value of the awards:**

The policy does not contain exact information on what the award value will be and indicates that this value will be set on a yearly basis by the Executive Committee. All other NHS policies reviewed do include the value of their awards. This lack of transparency could contribute to a perception of unfairness and inequity.

**Staff on maternity/adoption/paternity leave:** as this is a new policy, staff may be unaware of the content.

## 7. 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:**

As this is the first year in which the CCG is operating (an in recognition that many staff are from the predecessor organisation, who did not have such a policy) that consideration is given to providing some leniency to the application of the policy “Employees are to apply for their Long Service Award within one year of their 20<sup>th</sup>,30<sup>th</sup>,40<sup>th</sup> or 50<sup>th</sup> year of service.” This could be in the form of some initial guidance to staff, for example ‘whilst the policy requires staff to apply for their award within one year of their 20<sup>th</sup>,30<sup>th</sup>,40<sup>th</sup> or 50<sup>th</sup> year of service, we will for 2019 Awards allow staff who have not, previously within any other NHS organisations claimed their 20<sup>th</sup>,30<sup>th</sup>,40<sup>th</sup> or 50<sup>th</sup> year of service award to apply’

i.e.: You have completed 34 years of service in 2019 and have not previously claimed your 30 years’ service award, you can on this occasion apply for it. You would not however, be able to claim for your 20<sup>th</sup> year award at the same time.

**Recommendation:**

Currently the policy at 1.8 indicates that “The award may be of monetary or non-monetary value of equal comparison, consistent with other Long Service rewards” and that “Each year the Executive committee will agree the award eligible for long service for the forthcoming financial year”

This lack of specifics in relation to value and potential for the value to change yearly has a potential for being viewed as not congruent with the CCG value of being open and honest and demonstrating the behaviours associated with this value.

Review of 12 other NHS policies on this subject show that they all publish the value of the award within their policy. It is recommended that this strategy is adopted by BSol CCG.

**Recommendation:**

Line Managers are required to ensure that staff on Maternity/Paternity/Adoption leave are made aware of the new policy and how to apply for an award.

## 8. Publication

### How will you share the findings of the Equality Analysis?

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.

The policy will be signed off by the Senior Leadership Team together with the equality analysis. Both the policy and equality analysis will be published on the CCG webpages.

**Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: [bsol.comms@nhs.net](mailto:bsol.comms@nhs.net)**

## 9. Sign Off

The Equality Analysis will need to go through a process of **quality assurance** by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager **and** signed-off by a delegated committee

	Name	Date
<b>Quality Assured By:</b>	<i>M K Dunne</i>	18 April 2019
<b>Which Committee will be considering the findings and signing off the EA?</b>	Senior Leadership Team	April 2019
<b>Minute number (to be inserted following presentation to committee)</b>		

**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)**