



Birmingham and Solihull
Clinical Commissioning Group

BSOL CCG Annual Equality Report 2019 – Part 2 Workforce Equality

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Executive Summary

- **Workforce Profile**
 - The CCG has a total workforce of 328 staff. The gender profile is 25% male and 75% female. Females are more evenly represented in the pay bands 3 to 7 (than men) with 53% in bands 3-7 and 44% in pay bands 8A to Very Senior Manager (VSM). Males are overly represented in higher banded roles: 20% in bands 3 to 7 and 80% in 8a-VSM/other pay bands.
 - A BAME profile of 31% and 62.5% white. White staff are over-represented in the higher pay bands of 8a to VSM than BAME staff. 34.5% of BAME staff are represented in bands 8a-VSM compared to 37% BSOL BAME population. We are committed to improve representation across all levels of the workforce.
 - 3% of staff have indicated that they have a disability.
 - 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 54.4 % of the workforce.
 - 2.3% of staff identify as lesbian, gay or bisexual (LGB)
 - The proportion of staff who do not wish to disclose their religion or belief is 48.2%
- **Governing Body Profile**
 - 38% of the Board is female. 9.5% of the Board are from a BAME background; race is undefined (unknown) for 38% of the Board. We will work to improve the equality information on the Board.
- **Leavers**
 - 44 staff left the organisation representing a staff turnover rate of 13%, in line with the national average turnover rate for CCG's which is 12%. There is no significant variation between protected characteristics of staff leaving the organisation.
- **Personal Development Review**
 - 92% of the workforce completed a PDR during the period.
- **Recruitment**
 - The CCG received a total of 3557 applications in the recruiting period and is attracting a diverse pool of candidates from a range of backgrounds.
 - White applicants had a higher appointment rate with 59.7% appointed compared to 52.2% shortlisted and 39.2% who applied. The appointment rate for BAME applicants was fairly proportionate to the level shortlisted (40% applied compared to 44.1% shortlisted), but less than the proportion of BAME applicants (55%).
 - The CCG adopts a range of good practice to ensure equity in recruitment building on this we will continue to develop a diverse and representative workforce; revised recruitment policy, positive action where there is recognised and entrenched under-representation, recruitment and selection training that challenges unconscious bias, and diverse and accountable recruitment panels.
- **A range of activities have been undertaken to improve workforce equality including:**
 - *Registration of Disability Confident*
 - *Implementation of the Workforce Race Equality Standard (WRES) Action Plan*
 - *Development of health and wellbeing information and activities for staff*
 - *Mandatory equality and diversity training completed by 84% of staff*
 - *Development of the CCG Values and People Strategy*
 - *Development of a Transgender and Non Binary Policy for Staff*

Our Commitments

The Annual Equality Report 2019 sets out the Birmingham and Solihull Clinical Commissioning Group (hereafter referred to as the CCG) response to the Public Sector Equality Duty (PSED) and Equality Act 2010 (and Regulations 2017 to report on the **new** gender pay gap). We aim to eliminate discrimination and harassment, advance equality, and foster good relations between people who share a protected characteristic and those who do not. The CCG recognises the link between equalities and reducing health inequalities and in addition this report sets out our response to our legal duties under the Health and Social Care Act 2012.

The CCG was formed on 1 April 2018 following the successful merger of the former Birmingham Cross City CCG, Birmingham South Central CCG and Solihull CCG. During the past year our focus has been to ensure the delivery of the BSOL Equality Objectives and Health Inequalities Strategy 2018 – 2021. Our aims are to commission health services that meet the needs of our local diverse communities and populations. **We are committed to fulfilling our equality duties and obligations to reduce avoidable health inequalities in all aspects our role and functions. We will work to improve access to health services and health outcomes of patients, and where possible ensure services are provided in an integrated way where this may reduce health inequalities. We aim to understand the experiences of patients, communities, and the workforce, ensuring the needs of protected and vulnerable groups are identified, considered, and appropriately met.**

The report is structured as;

- Part 1: Our duties as a commissioner of health care services including our patient and demographic information, progress against equality objectives, and how we demonstrate due regard in our decision making.
- Part 2: Our responsibilities to our workforce including publishing our workforce information, Governing Body information and recruitment information.
- Part 3: Next Steps - based on the analysis and findings of the equality information and workforce information a set of actions have been identified for inclusion into the Strategic Equality and Health Inequalities Action Plan 2019/20
- A separate Gender Pay Gap 2019 Report will be published alongside the Annual Equality Report 2019.

The report sets out data and information for the period 1 April 2018 to 30 November 2018. The accompanying Gender Pay Gap (GPG) Report is drawn from snapshot data taken on 1 April 2018.

CONTEXT

Birmingham and Solihull CCG mirrors the footprint and ambitions of the Sustainability and Transformation Plan (STP) and developing Integrated Care System. The STP seeks to reduce health inequalities by improving its use of resources through addressing any variation in clinical services due to unjustified variation in quality and access, and by freeing up resources in acute settings by delivery of care in other settings.

The NHS Long Term Plan was published on 7 January 2019 and aims to continue the work to reduce health inequalities with a particular focus on ensuring optimal care settings where people are in the right place of care at the right time, and an emphasis on upstream prevention through improvements in avoidable illnesses; smoking cessation, diabetes prevention through obesity reduction, and enhancements in 'supported self-management' of long term health conditions. This means we will ensure our health inequality priorities target those groups and communities at highest risk of health inequalities. We will ensure our approach to reducing health inequalities is systematic and a core consideration in all our commissioning decisions.

Our services are delivered across a diverse and complex health economy encompassing 208 practices, two local authorities, a vibrant independent sector, serving a population of around 1.8 million people.

BSOL CCG Equality Objectives and Health Inequalities Strategy 2018 – 2021

We identified our equality objectives through a process of assessment, review, and engagement with stakeholders including partners and providers, drawing on the NHS Equality Delivery System 2 framework. We have in place three high level equality objectives which are underpinned by a supporting Equality Objectives and Health Inequalities Strategy which is published on the CCG web pages:

Our Equality Objectives

1. We will commission health services that are informed by local needs and people, improve access, and reduce health inequalities.
2. We will work with our local partners to improve health outcomes and in doing so, will support the voices of vulnerable and disadvantaged groups and communities to be heard.
3. We will develop our workforce across all levels of the organisation, where staff are engaged and supported, and leaders and managers foster a culture of inclusion, wellbeing, and diversity.

A subsequent Equality Objectives and Health Inequalities Action Plan was developed during 2018 (this can be found in appendix 1) in close collaboration with directorates and teams to ensure measurable actions and commitments to support and drive the strategy. The plan is monitored by the Quality and Safety Committee on a quarterly basis and reviewed regularly to ensure ongoing relevance to the needs of the organisation as it continues to evolve and develop.

Leadership and Governance

The BSOL CCG has developed its governance arrangements for the effective strategic oversight along with effective operational delivery of the equality and health inequalities agenda. The Quality and Safety Committee (QSC) has oversight of the Equality and Health Inequalities Strategy and receives quarterly progress reports. The QSC Policy Sub Group review all clinical policy decisions including service specifications and consider their impacts on equality and the general duty. The Governing Body retains delegated responsibility for the Public Sector Equality Duty and the Chief Nurse is the executive lead for equality and diversity for the organisation. The CCG has in place a dedicated Equalities Team to support equalities and inclusion across the workings of the organisation.

There are robust performance and business planning processes in place which ensure all commissioning decisions are assessed for their impacts on equality, health inequalities, social value, and human rights, and this forms an integral part of all policy and commissioned service development.

Tackling health inequalities is a challenging and complex task. We are committed to ensure the effective operational support is in place to refresh, deliver, develop and monitor the Strategic Equality and Health Inequalities Strategy and Action Plan ensuring ownership of the plan and opening up discussion across the CCG directorates and teams to innovate our approach to reducing health inequalities.

Since merging into one single much larger CCG the needs of the workforce and equality issues have become more apparent and significant. This has come at a time when the national WRES data has become sufficiently developed and indicative of some entrenched workforce inequalities that require a systematic and long term approach across the NHS. The CCG has recognised that greater alignment with Human Resources and Equalities is required to recognise and identify workforce equality issues, and most importantly address them. The governance around this is instrumental to ensure appropriate assurances are in place for the CCG to meet its legal duties and obligations.

ACTION: TO STRENGTHEN OUR GOVERNANCE ARRANGEMENTS FOR EQUALITY AND DIVERSITY BY SEPARATING OUT THE GOVERNANCE AND REPORTING ARRANGEMENTS FOR EQUALITY INTO 'REDUCING HEALTH INEQUALITIES' AND 'WORKFORCE EQUALITY', UNDERPINNED BY SUPPORTING OPERATIONAL DELIVERY GROUPS:

- **Reducing health inequalities** (patients, engagement, and commissioning)
- **Workforce equality** (staff side, workforce equality information, WRES, GPG, Disability Confident)

It is envisaged that this proposal will ensure the right resources, expertise, and focus is brought to each important area, strengthening our governance arrangements for equality.

Progress against our workforce equality objective

Equality Objective 3:

We will develop our workforce across all levels of the organisation, where staff are engaged and supported, and leaders and managers foster a culture of inclusion, wellbeing, and diversity.

Our key achievements:

- ***We published annual equality information, recruitment information, board profile and Gender Pay Gap***

- ***Registration of Disability Confident***
 - A One-year Disability Confident registration is in place.
 - The CCGs Work Placement Policy has been reviewed to ensure access to work placements for disabled people
 - Training on making reasonable adjustments will be offered to staff
 - Further activity will be explored with Remploy to support mental health within the workplace during 2019.

- ***Implementation of the Workforce Race Equality Standard (WRES) Action Plan***
 - The CCG published it's WRES and is undertaking actions to improve the representation of BAME staff in the workforce at bands 8C and above and improve our performance around bullying and harassment. We are working with the WM Leadership Academy to deliver the Inclusive Leadership Programme which will be available to managers and staff wishing to progress their development through an inclusive development approach. This programme will specifically engage BAME staff. Further work around Organisational Development will also be undertaken through the Inclusive Leadership Delivery Group.
 - An annual staff survey has been undertaken incorporating the WRES metrics
 - The Executive team attended a WRES session lead by the CEO and WRES Specialist Yvonne Coghill. This has resulted in renewed commitment and energy from the leadership of the organisation to address WRES issues. Progress reports will be taken to the Senior Leadership Team.

- ***Develop a programme of health and wellbeing information, support, and activities for staff***
 - This work area is in its early stages of development through the CCG Staff Council ensuring a programme of relevant activities and information is made available to staff. Key priorities have been agreed and these will be taken forward into the Spring. Progress will be measured through the WRES indicators alongside the staff survey results.
 - The CCG is developing a policy to support Transgender and Non-binary employees and potential employees. A draft policy has been produced which will be open to feedback from staff and staff representatives, and members of the trans community.

- ***Staff receive relevant equality and diversity training on pertinent equality and health inequality issues***
 - All staff are required to complete mandatory equality and diversity training every three years. This has been set up on the ESR Compliance Framework. Our compliance rate is 84%, we will seek to increase this next year.
 - The Equalities Team offers one-to-one support and coaching on the completion of Equality Analysis along with team meetings on how to demonstrate due regard in decision making.
 - Equality and diversity and health inequalities training needs will be further considered as part of the Organisational Development Plan and through the work of the Inclusive Leadership Delivery Group.

- ***Developed our CCG Values and People Strategy***
 - We engaged staff as part of an accelerated learning development day whereby leaders across the organisation came together to develop our Organisational Development Plan. This was followed by coffee mornings giving all staff the opportunity to shape the organisational values.

ACTIONS:

- **WE WILL REVIEW AND REFRESH THE STRATEGIC ANNUAL EQUALITY AND HEALTH INEQUALITIES ACTION PLAN OBJECTIVE 3**
- **WE WILL SEEK TO REVIEW THE GOVERNANCE ARRANGEMENTS FOR EQUALITY DIVERSITY AND INCLUSION TO ENSURE EFFECTIVELY DELIVERY AND MONITORING OF THE STRATEGIC EQUALITY AND HEALTH INEQUALITIES PLAN**
- **WE WILL PUT IN PLACE OPPORTUNITIES FOR STAFF TRAINING AND DEVELOPMENT ON HEALTH INEQUALITIES, EQUALITY AND DIVERSITY AND INCREASE OUR E&D MANDATORY TRAINING COMPLIANCE RATE TO 90%.**

Workforce Information

This chapter sets out the workforce information that the CCG is required to publish in line with the specific duties (PSED). It sets out the following workforce data by protected characteristic information (where this is available and meets the requirements of data protection):

- Staff headcount
- Governing Body profile
- Staff profile by sex, employment status, race, disability, age, sexual orientation, religion or belief,
- Employee relations data
- Leavers
- Training and Development
- Personal Development Reviews (PDR's)
- Recruitment data

The CCG has a total staff headcount of 328 as at 30 November 2018. Employment data is at 30th November 2018 and where appropriate (such as Leavers and Recruitment data) is for the period 1st April 2018 to 30th November 2018 inclusive.

The table below, sets out the equality data by protected characteristic that the CCG has available for its staff, no comparative data is available due to the CCG being within its inception year. There is robust and complete data held for sex and age, and high levels of this information returned for race, marital status and disability. There are lower levels of disclosure for the protected characteristics of religion or belief, and sexual orientation.

Staff Data Availability					
	Staff (307)		Governing Body (21)		Overall (328)
	Info. Provided	Not provided	Info. provided	Not provided	Info Provided
Sex	100%	0	100%	0	100%
Age	100%	0	100%	0	100%
Marital Status	94%	6%	81%	19%	93%
Race	94%	6%	62%	38%	92%
Disability	86%	14%	76%	24%	86%
Religion or Belief	51.5%	48.5%*	14%	86%*	49%

Sexual Orientation	54%	46%*	24%	76%*	52%
Pregnancy & Maternity	Data collected and available				
Gender Reassignment	Data not collected				

Note: * = Not stated (person asked but declined to provide a response)

2.1 GOVERNING BODY

The CCG had 21 Governing Body members made up of executive, non-executive, and elected members as at 30th November 2018. An analysis of this information has been completed by eight protected characteristics but information is published by sex, race, and age, and additionally by employment type, in order to ensure data protection. The following table sets out the equality profile of the Governing Body. A summary of the analysis indicates:

- 38% of the Board is female.
- 9.5% of the Board are from a BME background; race is undefined (unknown) for 38% of the Board.
- Comparison with the latest available national CCG bench marking data in 2013 indicates that on average females reflect 37% of CCG Boards, and BAME members represent 12%.
- A significant proportion of the Board are aged between 50 and 59, and nearly a quarter are aged 60+.

The CCG undertakes recruitment as Board positions become vacant; have come up for re-election or members have left. This process has been overseen by an independent adviser. The CCG has commitments to continue to monitor the equality of its Board to ensure it is balanced and attracts and recruits the best people to these roles. The CCG will continue to work in line with the requirements of the Workforce Race Equality Standard board diversity metric.

Governing Body				
Age	Under 40	40-49	50-59	60+
	4.8%	28.6%	42.9%	23.8%
Race	White British	BME	Unknown	
	52.4%	9.5%	38.1%	
Sex	Male	Female		
	62%	38%		
Employment Type	Full Time	Part Time		
	29%	71%		

ACTION: THE CCG WILL COMMIT TO UNDERTAKING AN EQUALITY DATA MONITORING EXERCISE WITH ITS GOVERNING BODY MEMBERSHIP TO IMPROVE OVERALL DECLARATION RATES OF PROTECTED CHARACTERISTIC INFORMATION.

2.2 STAFF PROFILE BY SEX

The following tables 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.	Population Bham and Solihull (2011)
Male	25.4%	78	49%
Female	74.6%	229	51%

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

The table below shows the spread of staff by pay band and sex as at 30th November 2018. The bands have been grouped for the purposes of data protection.

Staff Profile by Sex and Pay Band				
	Pay Bands			Total Staff
	3-7	8a-VSM	Other Pay Bands*	
Male	20%	52%	28%	100%
Female	53%	44%	3%	100%

*Note: "other pay bands" include Clinical Leads, Clinical Directors, Locality Network Leads and Independent GP roles.

- There are fewer males in the workforce overall (Male 78: Female 229).
- Females are more evenly represented in the pay bands 3 to 7 (than men) with 53% in bands 3-7 and 44% in pay bands 8A to Very Senior Manager (VSM).
- Males though are overly represented in higher banded roles: only 20% in bands 3 to 7 and 80% in 8a-VSM/other pay bands.
- Males are over represented in the 'other pay bands' which are very senior roles.

ACTIONS:

PUBLISH CCG GENDER PAY GAP REPORT

COMPLETE AN EQUAL PAY AUDIT TO ASSESS 'EQUAL PAY FOR WORK OF EQUAL VALUE' WITHIN CCG PAY

2.3 STAFF PROFILE BY EMPLOYMENT STATUS

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			Total Staff Headcount (328)
	Permanent	Fixed Term	Non-Exec Dir/Chair	
Males by Employment Status (total male headcount 78)	69%	25%	6%	100%
Females by Employment Status (total female headcount 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 sex:

Staff	2018		Total Male and Female %
	Full Time (FT)	Part Time (PT)	
Male	17%	8%	25%
Female	56%	19%	75%
Total % 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% of males. The significantly higher numbers of females working part-time is likely to be related to family commitments and work-life balance.

2.4 Maternity Data

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

Maternity Status	Jan to Nov 2018
Currently on Maternity Leave	9

Returned from Maternity Leave	1
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2.5 STAFF PROFILE BY RACE

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 2011 Census).

	BSOL CCG Staff Profile 2018 %	BSOL CCG Staff Profile NO.	Bham & Solihull Total Combined Population 2011 (census)	Birmingham Population 2011	Solihull Population 2011
Black Minority Ethnic (BAME)	31.6%	104	37%	42%	11%
White / White British	62.5%	205	63%	58%	89%
Undisclosed / Unknown	5.9%	19	-	-	-
Total Staff Headcount (328)	100%	328	-	-	-

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

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	Total
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 than BAME staff.
- 34.5% of BAME staff are represented in bands 8a-VSM compared to 37% BSOL BAME population
- The CCG undertakes the NHS Workforce Race Equality Standard where further detailed analysis of the workforce profile by race/ ethnicity is undertaken by grade. The [CCG WRES Report and Action Plan 2018](#) can be found on the CCG web pages. The CCG is committed to developing a representative workforce at all levels of the organisation, where all staff and candidates benefit fairly and equally to employment and development opportunities. Further analysis on race can be found in the recruitment section of the report.

2.6 STAFF PROFILE BY DISABILITY

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.

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.

2.7 STAFF AGE 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.

Age Profile						
	Age Bands					Total %
	20-29	30-39	40-49	50-59	60-69	
Total Staff (328 headcount)	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.

2.8 STAFF PROFILE BY SEXUAL ORIENTATION

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.

2.9 STAFF PROFILE BY RELIGION OR BELIEF

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.

Religion or Belief Data						
Year	Group	Ascribe to a Religion or Belief	Unknown	Do not wish to disclose	No Religion	Total %
2018	Staff (Total headcount 328)	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%.

2.10 EMPLOYEE RELATIONS DATA

Between the period 1st April and 30th November 2018 there has only been one formal grievance which is currently on-going (not yet resolved). Due to the small numbers involved the equality profile of individuals engaged in employee relations activity has not been published.

The likelihood of staff entering the formal disciplinary process is monitored annually through the Workforce Race Equality Standard.

Employee relations cases are also reported to the Senior Management Team via a workforce metrics report on a regular basis for assurance and monitoring.

2.11 LEAVERS

For the period of 1 April 2018 to 30 November 2018 there were a total of 44 staff leaving the organisation representing a staff turnover rate of (44/328) of 13%. Turnover describes the rate that employees leave an establishment. Turnover of staff can disrupt continuity and also involves a financial cost to an organisation for replacing members of staff who leave their role. The national average turnover for CCG's is 12%.

Analysis of CCG leavers during the period indicate the following:

- 66% of leavers were female
- 61% of leavers were white; 36% BAME and 2% undefined.
- No leavers had a declared disability; 82% of leavers did not have a disability; 18% had not declared either way.

- 43% of leavers were heterosexual; just over 2% were gay or lesbian and 54.5% did not wish to provide information on their sexual orientation.
- 27% of leavers were Christian, 4.5% Sikh, 9% Atheist and 59% did not wish to provide information on their religion or belief.
- 25% of leavers were from pay bands 4 to 6; 54.5% of leavers were from pay bands 7 to 8B and 20.5% from pay bands 8C to VSM/Other.
- Leavers data indicates no disproportional impact on equality i.e. leavers profile is reflective of the overall workforce profile.
- The CCG recognises the benefits of retaining its staff, particularly those staff from under-represented groups (including BAME staff and LGB staff), in order to improve the equality profile of the workforce.

ACTION: WORK IS NEEDED TO ENSURE THAT LEAVERS ARE ALWAYS OFFERED AN EXIT INTERVIEW AND INFORMATION FROM THIS IS EXTRACTED TO FURTHER UNDERSTAND REASONS AND ENABLE IMPROVED REPORTING AND MONITORING.

ACTION: THE CCG WILL ENSURE BAME STAFF ARE INSTRUMENTAL IN THE DESIGN DEVELOPMENTAL OPPORTUNITIES INCLUDING WM LEADERSHIP ACADEMY “INCLUSIVE LEADERSHIP FRAMEWORK” TO ENSURE DEVELOPMENT OPPORTUNITIES ARE RELEVANT AND ACCESSIBLE TO BAME STAFF

2.12 TRAINING AND DEVELOPMENT

All staff members are required to complete mandatory training. During 2018 mandatory training became a compulsory objective within all employee Performance Development Reviews (PDR). All mandatory training is completed on ESR and staff are issued with electronic reminders and notifications of compliance and completion timeframes.

The following table illustrates the percentage of staff completing each of the mandatory training courses.

Total Staff Mandatory Training Completion Rate					
Data Security	DSE	Fire Safety	Health and Safety	Equality & Diversity	Manual Handling
88%	87.5%	90%	88%	84%	90%
289 staff	287 staff	294 staff	290 staff	275 staff	294 staff

Due to the small numbers of staff involved and to protect against publishing identifiable protected characteristic information, only data on sex and race is detailed below (with race data aggregated to three groups – White/White British, Black and Minority Ethnic – BME and Unknown).

The training courses are available to all staff through an on-line platform and staff records are automatically updated with compliance. The figures below include all CCG staff including Governing Body/Executive members.

Fire Safety Training Compliance

The following tables set out the fire training compliance by available protected characteristic data:

Sex	% Compliance	Overall CCG Compliance
Male	80%	90%
Female	93%	

- 80% of males have completed their mandatory training compared to 93% of female staff.

Race / Ethnicity	% Compliance	Overall CCG Compliance
White/White British	95%	90%
BAME	90%	90%
Unknown	50%	90%

- There is minimal variation between ethnic groups in compliance with Fire Safety Training, with the exception of the Unknown group, which represent small numbers overall.

Equality and Diversity Training Compliance

The following tables set out the equality and diversity training compliance by available protected characteristic data:

Sex	% Compliance	Overall % Compliance
Male	70%	84%
Female	89%	

- Slightly more females than males have completed their Equality and Diversity Training.

Race	% Compliance	Overall CCG Compliance
White/White British	89%	84%
BAME	83%	84%
Unknown	46%	84%

- There is minimal variation between ethnic groups in compliance with Equality and Diversity Training, with the exception of the unknown group, which represent small numbers overall.

Manual Handling Training Compliance

The following tables set out the manual handling training compliance by available protected characteristic data:

Sex	% Compliance	Overall Compliance
Male	79%	90%
Female	94%	

- Slightly more females than males have completed their Manual Handling Training.

Race	% Compliance	Overall Compliance
White/White British	94%	90%
BAME	91%	90%
Unknown	54%	90%

- There is minimal variation between ethnic groups in compliance with Manual Handling Training, with the exception of the unknown groups which represent small numbers overall.

Health and Safety Training Compliance

The following tables set out the Health and Safety training compliance by available protected characteristic data:

Sex	% Compliance	Overall Compliance %
Male	79%	88%
Female	92%	

- Slightly more females than males have completed their Health and Safety Training.

Race	Overall	Overall Compliance %
White/White British	93%	88%
BAME	90%	88%
Unknown	50%	88%

- There is minimal variation between ethnic groups in compliance with Health and Safety Training.

Display Screen Equipment Training Compliance

The following tables set out the DSE training compliance by available protected characteristic data:

Sex	% Compliance	Overall Compliance %
Male	77%	87.5%
Female	92%	

- Slightly more females than males have completed their Display Screen Equipment Training.

Race	Overall	Overall Compliance %
White/White British	93%	87.5%
BAME	88%	87.5%
Unknown	46%	87.5%

- There is minimal variation between ethnic groups in compliance with Display Screen Equipment Training, with the exception of the unknown groups which represent small numbers overall.

Data Security Training Compliance

The following tables set out the Data Security training compliance by available protected characteristic data:

Sex	% Compliance	Overall Compliance %
Male	78%	88%
Female	92%	

- Slightly more females than males have completed their Data Security Training.

Race	Overall	Overall Compliance %
White/White British	93%	88%
BAME	89%	88%
Unknown	50%	88%

- There is minimal variation between ethnic groups in compliance with Data Security Training, with the exception of the unknown groups which represent small numbers overall.

2.13 EMPLOYEE PERFORMANCE DEVELOPMENT REVIEWS (PDR's)

The CCG monitors the completion of PDRs for its staff and board members. PDR is undertaken annually and reviewed periodically throughout the year. In the past year 92% of all staff completed their PDR with a return to the Human Resources team. 47% of PDRs were successfully recorded onto the BSOL CCG Employee Support System (ESR).

Analysis has also been undertaken by ethnicity and gender revealing no variation on the PDR completion rates of these groups.

The following table illustrates the PDR completion rates by directorate.

DIRECTORATE	Percentage of PDRs received as at 31st August
Medicines Management & Optimisation	100%
Integration	100%
Planning and delivery	97%
Organisational development and partnerships	93%
Nursing	86%
Finance	76%
Governing Body	91%

ACTION: ENSURE ALL MANAGERS ARE REMINDED TO RECORD PDR'S ONTO ESR FOR THE YEAR END

2.14 RECRUITMENT INFORMATION

BSOL CCG has introduced robust recruitment processes and monitors its recruitment information by protected characteristic to assure that its processes are working fairly. The recruitment data covers all recruitment activity for the period 1 April 2018 to 30 November 2018. All recruitment activity is managed through NHS Jobs and is applied consistently in line with the NHS recruitment process. Analysis of applicants, shortlisted, and appointments has been carried out.

Regular training is made available to staff involved in recruiting staff which covers the stages of the external recruitment process and the required paperwork; the roles of the recruiting manager and the people services team; in addition to specific areas of the NHS Jobs website such as shortlisting and creating interview schedules. Shortlisting is blind so identifying protected characteristic information is removed.

- A total of 3557 applications were submitted, of which 579 applicants were shortlisted.
- 62 appointments were made.
- As a newly formed organisation (from 1 April 2018) no historical comparative data is available for this annual report. The data presented is therefore limited and not indicative of any trending. Going forward the CCG will publish comparative year-on-year data to support the identification of any trending.
- The CCG has undertaken recruitment and selection training (in January 2018) for all managers incorporating a module on unconscious bias, and continue to follow best practice in its recruitment processes; mandatory equality and diversity training, recruitment and selection training, multiple membership recruitment panels, and on-going HR oversight and monitoring.

2.14a Recruitment Profile by Sex

The following table illustrates the comparative success rates of applicant's sex from initial applications, shortlisting, through to appointments. The blue columns highlight the success rates of each group in percentage terms offering a comparative success rate at appointment stage.

	Recruitment Profile by Sex					
	Applied % / No.		Shortlisted % / No.		Appointed % / No.	
Male	34.2%	1216	25%	145	9.7%	6
Female	64.6%	2296	74.3%	430	90.3%	56
Undisclosed	1.3%	45	0.7%	4	0%	0
Total	100%	3557	100%	579	100%	62

- Of the 3557 applications made, 45 applicants did not provide information on their sex.
- Females had a higher appointment rate with 90.3% appointed compared to 74.3% shortlisted and 64% who applied, indicating that proportionate to number of female applications more females were appointed.

- 9.7% of all appointments were made to males, compared to a shortlisting rate of 25% and application rate of 34.2%, indicating that proportionate to the number of male applications fewer males were appointed.
- During the recruitment period women had a 1.58 times greater likelihood of being **shortlisted** than men following submission of an application form and were 3.25 times more likely to be **appointed** from shortlisting, compared to male applicants.

2.14b Recruitment Profile by Race

The following table illustrates the comparative success rates of applicants by race / ethnicity from initial applications, shortlisting, through to appointments. The **blue columns** highlight the success rates of each group in percentage terms offering a comparative success rate at appointment stage.

	Recruitment Profile BAME / White					
	Applied		Shortlisted		Appointed	
	%	No.	%	No.	%	No.
BAME	55%	1988	44.1%	259	40%	25
White	39.2%	1394	52.2%	302	59.7%	37
Unknown	4.9%	175	3.1%	18	0%	0
Total	100%	3557	100%	579	100%	62

	Recruitment Profile by Race					
	Applied		Shortlisted		Appointed	
	%	No.	%	No.	%	No.
Asian	37.4%	1331	31.3%	181	27.4%	17
Black	13.7%	487	9.7%	56	9.7%	6
Mixed	3.7%	131	3.1%	18	3.2%	2
Other	1.1%	39	0.7%	4	0%	0
White	39.2%	1394	52.2%	302	59.7%	37
Unknown	4.9%	175	3.1%	18	0%	0
Total	100%	3557	100%	579	100%	62

- The largest number of applications came from white applicants followed closely by Asian applicants. The proportion of BAME applicants overall is 56% significantly higher than the Birmingham BAME demographic profile of 42%. As an Employer the CCG is attracting a diverse pool of candidates from a range of ethnic backgrounds.
- White applicants had a higher appointment rate with 59.7% appointed compared to 52.2% shortlisted and 39.2% who applied. The appointment rate for BAME applicants overall was proportionate to the level shortlisted (40% applied compared to 44.1% shortlisted), but less than the proportion of BAME applicants (55%).
- Asian applicants had a lower appointment rate compared to applications, with 27.4% Asian candidates appointed compared to 37.4% who applied. The appointment of Asian

candidates is however closely in line with the proportion of Asian candidates shortlisted indicating no disproportional impacts at the interview stage.

- Black candidates were appointed in proportion to those shortlisted, with 9.7% appointed compared to 9.7% shortlisted, indicating no disproportional impacts at the interview stage.
- The group with the poorest appointment rate were those from the 'unknown' group with no appointments made.
- No appointments were made to applicants whose race was either Other or Unknown.
- Mixed race candidates were appointed and shortlisted in proportion with the numbers that applied, indicating no disproportional impacts for this group across the recruitment and selection stages.
- During the recruitment period white applicants had a 1.69 times likelihood to be **shortlisted** than BAME applicants following submission of an application form and 1.3 times likelihood to be **appointed** than BAME applicants following shortlisting.
- The CCG undertakes the NHS Workforce Race Equality Standard where further detailed analysis of the workforce profile by race/ ethnicity is undertaken by grade. The [CCG WRES Report and Action Plan 2018](#) can be found on the CCG web pages. The recruitment activity during the period has not impacted the overall BAME profile of the CCG which remains unchanged at 31%. Workforce profile is also impacted by leavers data. Ensuring inclusive recruitment is a key component to fostering a workforce that is reflective of the communities we serve and addressing barriers to progression.

ACTIONS:

THE CCG WILL CONTINUE TO MONITOR ITS RECRUITMENT ACTIVITY AND WILL PUBLISH YEAR ON YEAR DATA TO ESTABLISH ANY TRENDING

THE CCG WILL FURTHER EXPLORE INITIATIVES THAT PROMOTE INCLUSIVE RECRUITMENT INCLUDING A REVISED RECRUITMENT POLICY, POSITIVE ACTION WHERE THERE IS RECOGNISED AND ENTRENCHED UNDER-REPRESENTATION, RECRUITMENT AND SELECTION TRAINING THAT CHALLENGES UNCONSCIOUS BIAS, AND DIVERSE RECRUITMENT PANELS

2.14c Recruitment Profile by Disability

The following table illustrates the comparative success rates of applicants by disability initial applications, shortlisting, through to appointments. The blue columns highlight the success rates of each group in percentage terms offering a comparative success rate at appointment stage.

	Recruitment Profile by Disability					
	Applied % / No.		Shortlisted % / No.		Appointed % / No.	
No Disability	91.5%	3254	93.6%	542	98.4%	61
Yes Disabled	5.2%	185	4.3%	25	1.6%	1
Undisclosed	3.3%	118	2.1%	12	0%	0
Total	100%	3557	100%	579	100%	62

Disabled Applicant by Impairment Type	Applied %	Applied
Physical	27%	50
Sensory	12.6%	23
Mental Health Condition	11.7%	22
Learning Disability	10.4%	19
Long Standing Illness	29.7%	55
Other	8.6%	16
Total	100%	185

- Overall there is a low disclosure rate for disability with only 5.2% declaring a disability and 3.3% choosing not to declare. Disability data for Birmingham indicates that around 10% of the population has life limiting condition or disability. The most prevalent type of disability amongst disabled candidates was long standing illness followed by physical disability.
- Of the 5.2% of applicants that declared a disability 4.3% were shortlisted and 1.6% (1 applicant) was appointed in 2018.
- During the period non-disabled applicants had a 2.75 times likelihood to be **appointed** than applicants with a disability (where disability status has been provided).
- The CCG registered as a Disability Confident Employer during 2018 guaranteeing an interview to all disabled candidates that met the essential criteria. The CCG works with staff and candidates to identify and support and reasonable adjustments that can be made to improve access to the recruitment process. All new members of staff are required to undertake an assessment of their work environment to ensure it is fit for purpose and where appropriate adjustments can be put into place. The CCG also provides access to Occupational Health Support to staff.

ACTION: REVIEW WORK UNDER DISABILITY CONFIDENT ENSURING MANAGERS ARE EQUIPPED TO SUPPORT DISABLED STAFF AND REASONABLE ADJUSTMENTS IN THE WORKPLACE

2.14d Recruitment Profile by Age

The following table illustrates the comparative success rates of applicants by age initial applications, shortlisting, through to appointments. The blue columns highlight the success rates of each group in percentage terms offering a comparative success rate at appointment stage.

Age Group	Recruitment Profile by Age					
	Applied %	Applied No.	Shortlisted %	Shortlisted No.	Appointed %	Appointed No.
Under 18	0%	0	0%	0	0%	0
18-19	0.7%	25	0.3%	2	0%	0
20-24	11.3%	402	6%	35	9.7%	6
25-29	19.8%	704	13.5%	78	19.4%	12
30-34	18.7%	665	15.2%	88	19.4%	12
35-39	12.3%	438	14.3%	83	12.9%	8
40-44	10%	356	11.4%	66	3.2%	2
45-49	9.7%	345	15.4%	89	19.4%	12
50-54	10.5%	373	13.8%	80	9.7%	6
55-59	4.7%	167	6%	35	4.8%	3
60-64	2.1%	75	3.3%	19	1.6%	1
65-69	0.1%	3	0.7%	4	0%	0
70+	0.1%	3	0%	0	0%	0
Undisclosed	0%	0	0%	0	0%	0
Total	100%	3557	100%	579	100%	62

- The highest proportions of applicants were from the 25-29 years' age group, and the smallest proportions of applicants were from the under 18 year's age group or the over 65 years' age groups.
- The most successful applicants came from the 25-29, 30-34 and 45-49 years' age groups.
- The 25-29 age group and the 30-34 age group had a slightly higher appointment rate proportionate to the numbers shortlisted, but the numbers appointed were proportionate to the numbers that had applied.

2.14e Recruitment Profile by Sexual Orientation

The following table illustrates the comparative success rates of applicants by age initial applications, shortlisting, through to appointments. The **blue columns** highlight the success rates of each group in percentage terms offering a comparative success rate at appointment stage.

	Recruitment Profile Sexual Orientation					
	Applied		Shortlisted		Appointed	
	%	No.	%	No.	%	No.
Heterosexual	87.9%	3127	90%	521	93.5%	58
Lesbian / Gay/ Bisexual (LGB)	2.6%	92	3.1%	18	1.6%	1
Undecided	0.03%	1	0%	0	0%	0
Undisclosed	9.1%	324	6.9%	40	4.8%	3
Total	100%	3557	100%	579	100%	62

- The CCG had a small number of applicants (2.6%) who declared as Lesbian, Gay and Bisexual, 9.1% undisclosed, and 87.9% declared as heterosexual. National estimates indicate around 6%-10% of the population identify as LGBT.
- LGB candidates were slightly more successful at shortlisting stage proportionate to the number of applicants, and were slightly less successful at the appointment stage proportionate to the numbers shortlisted.
- During the period Heterosexual applicants had a 1.8 times likelihood to be **appointed** than LGB applicants following shortlisting.
- The CCG will continue to monitor its recruitment activity by sexual orientation.

2.14f Recruitment Profile by Religion or Belief

The following table illustrates the comparative success rates of applicants by religion or belief initial applications, shortlisting, through to appointments. The **blue columns** highlight the success rates of each group in percentage terms offering a comparative success rate at appointment stage.

	Recruitment Profile Religion or Belief					
	Applied		Shortlisted		Appointed	
	%	No.	%	No.	%	No.
Christian	37.4	1330	42.1%	244	40.3%	25

Hindu	5.6%	199	5.5%	32	6.5%	4
Muslim	20.8%	740	14%	81	11.3%	7
Sikh	7.8%	277	9.5%	55	8.1%	5
Other	7.7%	274	8.8%	51	6.5%	4
No Religion	9.2%	327	9%	52	12.9%	8
Undisclosed	11.5%	409	11.1%	64	14.5%	9
Total	100%	3557	100%	579	100%	62

- The highest proportion of applications were from the Christian group (37.4% of all applications), followed by Muslim applicants (20.8%). 7.7% of applicants ascribed to other religions or beliefs.
- Generally, the proportion of appointments in relation to the proportion of applications is broadly similar for all candidates where religion was disclosed. The biggest variation between appointments and applications were for Muslim candidates where 20.8% applied, proportionately slightly fewer were shortlisted at 14%, and 11.3% appointed.
- The CCG will continue to monitor its recruitment activity by religion or belief. The CCG values ethnic and religious diversity and is sensitive to the needs of different religions and faiths with the workforce.

Next Steps

The CCG is committed to progressing its equalities agenda to reduce health inequalities and improve access and inclusion for protected and vulnerable groups and communities in accessing health care services. Equally, we recognise that our best chances to achieve equality for patients is by ensuring fairness and equity within the workforce. The Annual Equality Report 2018 has highlighted a number of areas for improvement and actions that will be taken forward into Strategic Equality and Health Inequalities Action Plan 2019/20:

1. We will review and refresh the strategic annual equality and health inequalities action plan building on the actions to support equality objective 3 on the workforce.
2. We will seek to review the governance arrangements for equality diversity and inclusion to ensure workforce equality issues are addressed appropriately.
3. We will put in place opportunities for staff training and development on health inequalities, equality and diversity.
4. We will continue to support managers with training, coaching, and guidance on the completion of robust EA's.
5. Publish the CCG Gender Pay Gap report.
6. Complete an equal pay audit to assess 'equal pay for work of equal value' within CCG pay and reward.
7. The CCG will ensure BAME staff are instrumental in the design and delivery of the Inclusive Leadership Framework to ensure development opportunities are relevant and accessible to BAME staff as well as all staff groups.
8. Ensure all managers are reminded to record PDR's onto ESR for the year end
9. The CCG will continue to monitor its recruitment activity and will publish year on year data to establish any trending.
10. The CCG will further explore initiatives that promote inclusive recruitment including a revised recruitment policy, positive action where there is recognised and entrenched under-representation, recruitment and selection training that challenges unconscious bias, and diverse and accountable recruitment panels.
11. Review work under Disability Confident ensuring managers are equipped to support disabled staff and reasonable adjustments in the workplace.

