

Agenda Item No:	XX
Date of Meeting:	26 May 2023

Board/Committee Meeting in Common

Paper Title:	Annual Workforce Equality Data Report 2022
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Decision or Approval **Discussion** **Information**

Report author/s:	Paul Curry, Equality and Diversity Lead
Report signed off by:	Tania Marcus, Chief People Officer

Executive Summary:	This paper compares the proportion of staff by equality group taken on two snapshot dates, 31 March 2021 and 20 March 2022.
Recommendations to the Boards / Governing Bodies:	The Board is being asked to: note the workforce equality data report presented, the actions being taken and suggestions for further actions outlined in the report
Due Regard	<p>Agreement of and publication of this report does not require a decision that directly stops, starts or changes a policy, practice or procedure that could impact on a person because of their protected equality characteristic. Therefore an equality impact assessment is not required.</p> <p>Understanding the workforce equality status supports the organisation to meet its equality duties under the Equality Act 2010. The Equality Act also specifically required that workforce equality data is published annually.</p> <p>Paul Curry, Equality and Diversity Lead, 15 May 2022.</p>
Conflicts of Interest involved:	None

1. Background

- 1.1 It is a requirement of the Equality Act 2010 that the CCGs publish workforce equality data annually. This requirement is met through the publication of workforce equality data in the Annual Report for each CCG. Additional reports, such as this report, look to understand further the equality makeup of the workforce.
- 1.2 The 2021 annual workforce data report for each CCG was presented in March 2021. At that meeting Board asked for a workforce equality report that combined the three CCGs. A snapshot date of 31 March 2021 was used, and the combined report was presented in May 2021.
- 1.3 This report also looks at the combined CCGs and uses a snapshot date of 20 March 2022. Although slightly less than a year later this data has been chosen as it was the date that was used to collect data for the initial snapshot for the equality work on the transition to the ICB. There were no significant changes in staffing between 20 March 2022 and 31 March 2022. For simplicity this report refers to it being a year between snapshot dates.

2. Data analysis.

- 2.1 In the year between snapshot dates there was a 47 person increase in the workforce.
- 2.2 The data (Appendix 1) shows that, overall, the equality breakdown of the workforce remained stable. There are some small increases and decreases in the percentages difference between the two snapshot dates. Some are likely to be the result of increases in that equality group in the workforce (such as the increase in Male employees) and some are likely to be the result of the number of people in the equality group staying broadly the same but the overall workforce increasing (such as the percentage of Lesbian, Gay and Bisexual staff).

4. Equality group analysis

- 4.1 Looking in more detail at the data in Appendix 1 which compares 2022 with 2021:

Gender: There has been a slight increase (1.46%) in the percentage of men employed

Disability: There has been a slight increase (0.18%) in the percentage of disabled people employed, along with the same percentage reduction in the number being undeclared. At 3.6% this is under the level expected for the working age population of 11.5%.

Ethnicity: There has been a slight increase (0.64%) in the percentage of BME staff employed. There has been a small increase (0.96%) in staff not declaring their ethnicity and a decrease of 1.61% in White staff.

The 2022 figures show that 67.39% of our workforce are White, 27.58% are Black or Ethnic Minority (BME) and 5.03% are undeclared. As best as we can calculate (using 2011 census data) the BME population of each CCG area was between 11.24% and 19.2%. Using these as the basis we are likely to be representative of the CCGs' BME resident population.

Age Band: The largest age bands for staff are 41-50 (31.53% of all staff) and 51-65 (37.77% of all staff). Just over a quarter (27.94%) of staff are under 40.

Religion and Belief: Christianity remains the highest declared religion (36.45% of all staff). There have been slight decreases in Hinduism, Jainism, Sikhism and Other. There has also been a slight decrease on those not wishing to declare.

Sexual Orientation: The number of staff declaring as Lesbian, Gay or Bisexual has remained at 19 but the increase in staff overall has seen this result in a 0.12% decrease in proportion of the workforce between 2021 and 2022. Heterosexual and Other have both increased (0.97% and 0.11% respectively)

Marital Status: There has been a reduction in staff who are married or in a civil partnership (of 0.87%), divorced (1.22%) and widowed (0.07%) between the years. There has been an increase in those who are single (0.32%), separated (0.29% and where their status is unknown (1.54%) between the years.

5. Pay band analysis by equality group.

5.1 Appendix 2 compares pay band by ethnicity for 2022 with 2021. The 2022 figures show that BME staff are underrepresented in pay bands 2-5 and 8b-Other. BME staff are overrepresented in pay bands 6, 7 and 8a. Actions to support the recruitment of BME staff to pay bands 2-5 and progression from band 8a are actions that are covered in the CCG Workforce Race Equality Action plan 2021-23.

5.2 Appendix 4 compares pay band by gender for 2022 and 2021. The 2022 figures show that men, who are the minority gender in the workforce) are underrepresented in pay bands 2, 3, 4, 6, 8a, 8b (but only by 0.04%) and 9.

Men are overrepresented in pay bands 5, 8b, 8c, 8d, and Other. In 8b and above men are overrepresented by the equivalent of 1 or 2 people.

A significant area of underrepresentation of female staff is in Band 5, where there has been the largest reduction in the proportion of female staff between 2021 and 2022.

6. Role Analysis by equality group.

6.1 Appendix 3 shows role by ethnicity where more than 10 staff are employed. BME staff are overrepresented in the following roles: Analyst, General Medical Practitioner, Pharmacist and Technician. White staff are overrepresented in Clerical Worker, Community Nurse, Non-Executive Director, Nurse Manager, Other Executive Director and Senior Manager.

6.2 Appendix 5 shows role by gender where more than 10 staff are employed. Men are overrepresented in the following roles: Analyst, General Medical Practitioner, Manager, Non-Executive Director, Other Executive Director, Senior Manager and Technician. Women are overrepresented in Clerical Worker, Community Nurse, Nurse Manager, Officer, and Pharmacist.

7. Comparison with NHS organisations within the HWE system

7.1 The most recent published snapshot date for other NHS organisations within the HWE system is 31 March 2021. Some of the organisations have data published for March 2020 and for some the data is not available on their website.

7.2 For two the organisations where that data has been published on their website, we can compare the HWE ICB performance against the three main equality groups. From this we can see the HWE compares well on the percentage of disabled and male staff but is performing less well when it comes to BAME staff.

Equality Group	HWE ICB	Princess Alexandra Hospital	Central London Community Healthcare NHS Trust
BME	26.94%	33%	49.1%
Disability	3.18%	1.45%	3.9%
Male	27.32%	22%	14.5%

8. Further action

8.1 Whilst the analysis of the two year shows that staffing level by equality groups has stayed, broadly the same, there is clear action needed to increase the number of disabled staff employed. The CCGs are Positive About Disabled People (Two Ticks) employers. This guarantees that a person declaring themselves as disabled when applying for a job is guaranteed and interview if they meet the essential criteria. Further action could be taken to encourage applications from disabled people. In addition, the ICB need to ensure that they hold accurate data on the number of disabled people employed and support people to declare this information.

8.2 Depending on the roles available, the recruitment of people under 20 within the organisation is an area that could be further explored. The current apprentice scheme could be a useful tool to support this as well as programmes such as Step into work. Further consideration should be given to how to attract more under 20s to the programme.

8.3 With over 40% of staff being age 51 and above the talent mapping and succession planning currently being undertaken becomes important. This will be facilitated by the appraisal process and the integration of the CCGs into the ICB. The Accelerated Directors Development Programme is a key part of our talent management programme and additional work is being undertaken to support colleagues to be ready to apply for such programmes.

Work is also being done in the Health and Wellbeing workstream to support people to stay at work / work flexibly etc – particularly people experiencing perimenopause / menopause who often leave if they're not supported

8.4 The ICS inclusive career development training manager has developed an overview of a career development programme covering all 9 protected characteristics and is starting to develop modules to go into the programmes in conjunction with the EDI leads and others across the ICS. A detailed project plan is now in place with timescales for the pilot cohorts.

8.5 Other work to support inclusivity includes:

- Utilising the system-network of equality, diversity and inclusion leads and BAME network chairs where a programme of work is now well underway. The leads are currently looking at staff survey data as well as Workforce Race Equality Standard (WRES) data to determine priorities.
- Inclusion ambassadors are being utilised across the ICS, including Inclusion Ambassadors in the CCGs, for various senior roles including ICB executive roles. In the near future, all interview panels across the ICS band 8a and above will have an IA on them.

- Recruitment and selection training is being revised to include unconscious bias with practical scenarios to challenge people. All staff sitting on an interview panel will ultimately be required to have completed this training before sitting on a panel.
- An ICS wide equality statement to accompany job vacancies has been agreed and, alongside that, there's agreement on equality questions to be asked at interview to support the ICS organisations to recruit individuals who Recruitment leads have now been tasked with implementing the new paperwork and ensuring it's embedded in all organisations processes.
- Unconscious bias and cultural intelligence training: Proposals have now been received from relevant providers to deliver a series of webinars, masterclasses and training sessions on unconscious bias and cultural intelligence training to the boards and senior leaders. In addition 10 facilitators across the ICS will be trained to deliver the training for sustainability. Training will commence with all boards across the ICS to set the environment for culture change, this will then cascade down in each organisation.
- Following a hugely successful Meet The Staff Networks event, networks across the ICS are now collaborating to share what they're doing and work together more.

9. Recommendations

It is recommended that the Board note the workforce equality data report presented, the actions being taken and suggestions for further actions outlined in the report.

Appendix 1

Three CCG Workforce Profile Comparison – March 2021 and March 2022

Characteristic	As at 31 March 2021		As at 20 March 2022		% change
	Headcount	%	Headcount	%	
Gender					
Male	215	27.32	240	28.78	1.46
Female	572	72.68	594	71.22	-1.46
Disability Status					
Yes	25	3.18	28	3.36	0.18
No	670	85.13	710	85.13	0
Undeclared/Unspecified	92	11.69	96	11.51	-0.18
Ethnicity					
White	543	69.00	562	67.39	-1.61
BME	212	26.94	230	27.58	0.64
Unspecified/Not Stated	32	4.07	42	5.03	0.96
Age Band					
Under 20	1	0.13	2	0.24	0.11
21 to 40	222	28.21	231	27.70	-0.51
41 to 50	250	31.77	263	31.53	-0.24
51 to 65	297	37.74	315	37.77	0.03
66 +	17	2.16	23	2.76	0.6
Religion					
Atheism	98	12.45	105	12.59	0.14
Buddhism	4	0.51	7	0.84	0.33
Christianity	284	36.09	304	36.45	0.36
Hinduism	36	4.57	36	4.32	-0.25
I do not wish to disclose my religion/belief	230	29.22	236	28.29	-0.93
Islam	230	3.05	32	3.84	0.79
Jainism	24	0.76	6	0.72	-0.04
Judaism	6	0.76	7	0.83	0.07
Other	6	6.10	43	5.16	-0.94
Sikhism	48	1.02	6	0.72	-0.3
Unspecified	8	5.46	52	6.24	0.78
Sexual Orientation					
LGB	19	2.4	19	2.28	-0.12
Heterosexual	550	69.89	591	70.86	0.97
Other	2	0.25	3	0.36	0.11
Undecided	2	0.25	2	0.24	-0.01
Not stated	214	27.19	219	26.26	-0.93
Marital Status					
Married / Civil Partnership	480	61.54	506	60.67	-0.87
Single	192	24.62	208	24.94	0.32
Separated	8	1.03	11	1.32	0.29
Divorced	60	7.69	54	6.47	-1.22
Widowed	8	1.03	8	0.96	-0.07
Unknown	39	4.10	47	5.64	1.54

Appendix 2: Pay Band by Ethnicity

	2021 BME employees are 26.94% of the workforce.				2022 BME employees are 27.58% of the workforce.			
%of workforce		69.00	26.94	4.07		67.39	27.58	5.03
Pay Band	Headcount	White (%)	BME (%)	Not Known/ Undisclosed (%)	Headcount	White (%)	BME (%)	Not Known/ Undisclosed (%)
Band 2	2	100	0.00	0.00	4	100.00	0.00	0.00
Band 3	12	83.33	16.67	0.00	11	90.91	9.09	0.00
Band 4	75	84.00	16.00	0.00	62	83.87	14.52	1.61
Band 5	71	70.42	28.17	1.41	88	76.14	22.73	1.14
Band 6	113	59.29	33.63	7.08	103	61.17	32.04	6.80
Band 7	133	64.66	33.08	2.26	144	58.33	36.11	5.56
Band 8a	107	64.49	34.58	0.93	121	59.50	38.84	1.65
Band 8b	85	77.65	20.00	2.35	87	78.16	20.69	1.15
Band 8c	35	85.71	14.29	0.00	32	78.13	18.75	3.13
Band 8d	30	73.33	20.00	6.66	36	75.00	19.44	5.56
Band 9	7	57.14	14.29	28.57	8	62.50	25.00	12.50
Other*	117	63.25	25.64	11.11	138	61.59	25.36	13.04

*Other includes Medical & Dental, Non-AfC and VSM. At the point of compiling this report this data wasn't available for 2022 so 2021 results have been combined to produce figures to compare with 2022.

Appendix 2a

Difference between 2022 and 2021 figures (2022 minus 2021)

Pay Band	Headcount	White %	BME %	Not Known / Undeclared %
Band 2	2	0	0	0
Band 3	-1	7.58	-7.58	0
Band 4	-13	-0.13	-1.48	1.61
Band 5	17	5.72	-5.44	-0.27
Band 6	-10	1.88	-1.59	-0.28
Band 7	11	-6.33	3.03	3.3
Band 8a	14	-4.99	4.26	0.72
Band 8b	2	0.51	0.69	-1.2
Band 8c	-3	-7.58	4.46	3.13
Band 8d	6	1.67	-0.56	-1.1
Band 9	1	5.36	10.71	-16.07
Other*	21	-1.66	-0.28	1.93

Appendix 3 Role by Ethnicity (in roles where 10 or more staff are employed in the role)

	2021				2022			
	BME employees are 26.94% of the workforce.				BME employees are 27.58% of the workforce.			
	Headcount	BME %	White %	Not Stated	Headcount	BME %	White %	Not Stated
Analyst	39	33.33	61.54	5.13	43	30.23	58.14	11.63
Clerical Worker	64	17.19	82.81	0.00	67	14.93	83.58	0.00
Community Nurse	31	41.94	58.06	0.00	26	26.92	73.08	0.00
General Medical Practitioner	55	40.00	52.00	8.00	63	38.10	42.86	11.11
Manager	94	22.34	75.53	2.13	118	27.12	69.49	2.54
Non-Executive Director	24	4.35	86.96	8.70	30	6.67	80.00	10.00
Nurse Manager	25	16.00	84.00	0.00	26	26.92	73.08	0.00
Officer	148	25.34	71.23	3.42	142	23.94	70.42	4.23
Other Executive Director	10	10.00	90.00	0.00	10	10.00	90.00	0.00
Pharmacist	52	66.67	31.37	1.96	54	68.52	29.63	1.85
Practice Nurse	11	0.00	100.00	0.00	< 10			
Senior Manager	140	24.09	75.91	0.00	140	24.29	74.29	0.71%
Technician	26	30.77	69.23	0.00	28	32.14	67.86	0.00%

Appendix 4: Pay Band by Gender

Pay Band	2021 Male employees are 27.32% of the workforce			2022 Male employees are 28.78% of the workforce		
	Headcount	Male (%)	Female (%)	Headcount	Male (%)	Female (%)
Band 2	2	0.00	100.00	4	25.00	75.00
Band 3	12	8.33	91.67	11	9.09	90.91
Band 4	75	22.67	77.33	62	12.90	87.10
Band 5	71	26.76	73.24	88	34.09	65.91
Band 6	113	23.89	76.11	103	21.36	78.64
Band 7	133	25.56	74.44	144	27.78	72.22
Band 8a	107	20.56	79.44	121	19.83	80.17
Band 8b	85	25.88	74.12	87	28.74	71.26
Band 8c	35	31.43	68.57	32	31.25	68.75
Band 8d	30	36.67	63.33	36	33.33	66.67
Band 9	7	0.00	100.00	8	25.00	75.00
Other*	117	43.59	56.41	138	47.10	52.90

*Other includes Medical & Dental, Non-AfC and VSM. At the point of compiling this report this data wasn't available for 2022 so 2021 results have been combined to produce figures to compare with 2022.

Appendix 4a

Difference between 2022 and 2021 figures (2022 minus 2021)

Pay Band	Headcount	Male (%)	Female (%)
Band 2	2	25	-25
Band 3	-1	0.76	-0.76
Band 4	-13	-9.77	9.77
Band 5	17	7.33	-7.33
Band 6	-10	-2.53	2.53
Band 7	11	2.22	-2.22
Band 8a	14	-0.73	0.73
Band 8b	2	2.86	-2.86
Band 8c	-3	-0.18	0.18
Band 8d	6	-3.34	3.34
Band 9	1	25	-25
Other*	21	3.51	-3.51

Appendix 5: Role by Gender (where 10 or more staff are employed in the role)

	2021			2022		
	Male employees are 27.32% of the workforce			Male employees are 28.78% of the workforce		
	Headcount	Female %	Male %	Headcount	Female %	Male %
Analyst	39	53.85	46.15	43	55.81	44.19%
Clerical Worker	64	84.38	15.63	67	82.09	17.91
Community Nurse	31	93.55	6.45	26	96.15	3.85
General Medical Practitioner	55	58.18	41.82	63	47.62	52.38
Manager	94	70.21	29.79	118	68.64	31.36
Non-Executive Director	24	54.17	45.83	30	53.33	46.67
Nurse Manager	25	76.00	24.00	26	88.46	11.54
Officer	148	79.05	20.95	142	80.28	19.72
Other Executive Director	10	60.00	40.00	10	60.00	40.00
Pharmacist	52	82.69	17.31	54	77.78	22.22
Practice Nurse	11	100.00	0.00	< 10		
Senior Manager	140	69.29	30.71	140	69.29	30.71
Technician	26	38.46	61.54	28	35.71	64.29