

OLDHAM CCG (INCLUDING GMSS) PUBLIC SECTOR EQUALITY DUTY WORKFORCE REPORT

USING DATA AS AT 31 MARCH 2018

Version	Date	Comment
V1	26.11.2018	Mark Drury, Mark Carroll, Andrea Anderson
	8.01.2019	SMT
V2	23.01.2019	People and OD Committee

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1. Introduction

To design integrated services that provide quality care to an ever more diverse population, we recognise that we need a varied skill-base from diverse professional groups all working in an environment that is able to truly harness their skills and experience. This includes the vital role that equality and diversity can play in bringing together a range of health care professionals from diverse backgrounds, together with patients and members of the public.

Oldham CCG has taken on the role of host of Greater Manchester Shared Services, which supports Greater Manchester's CCGs and others by providing a range of outsourced functions. **In the context of this report, "we" refers to the joint workforce and joint actions.**

This hosting role has increased the total CCG staff complement considerably and importantly, as an employer of more than 150 staff members, we are now required to publish information relating to our employees and the impact of our employment policies and procedures on the joint workforce.

This workforce report forms part of the equality information that we use to help us meet our duty to eliminate discrimination and harassment, promote equality of opportunities and foster good relations between different groups within our workforce.

We seek to develop positive practice and promote equality of opportunity in our employment practices. We regularly review our policies and procedures to consider their impact, with a view, to spreading good practice and removing any unintended barriers. All our employees have a requirement to meet a basic competency level in equality and diversity and monitoring of this forms part of their annual appraisal.

Both GMSS and Oldham CCG have separate suites of policies and procedures in place to ensure that they operate in a fair and non-discriminatory manner towards their employees. On-going training and awareness sessions are provided to line managers in the light of any new employee related policies and procedures to ensure that they are applied in a non-discriminatory manner. Policies cover the following areas:

- Dignity at Work
- Grievance and Disciplinary
- Absence and Sickness
- Flexible Working
- Performance Management
- Appraisals
- Recruitment and Selection

We use the NHS Jobs website to advertise most vacancies in line with other NHS bodies, and review our recruitment procedures and processes. We explore different solutions to encourage applications from local communities.

Disaggregated data concerning the processes listed below has been omitted from this report as the numbers are very small and publishing the data could identify individuals.

- Employees subject to disciplinary procedures: warnings, cautions, and dismissals
- Grievances

Any actions falling out of this report will be included in our separate overarching Equality and Diversity annual action plan and will align with the principles of the Equality Delivery System (EDS2) Goal 3 'A Representative and Supported Workforce'.

2. Executive Summary

This report is an equality analysis of workforce data held on employees of Oldham CCG (including GMSS) as at 31 March 2018. The focus is on (where data is available) seven of the nine characteristics protected by the Equality Act 2010, namely: age; disability; gender; ethnicity; sexual orientation; religion or belief and marriage and civil partnership.

This report looks into the make-up of our workforce by protected characteristics, as defined in the Equality Act (2010). It uses data taken from our Electronic Staff Records (ESR) and identifies possible trends and recommendations for consideration.

The schedule of data used has been collated as a snapshot in time and represents information collated as at 31st March 2018. Recruitment data covers the period 1st April 2017 to 31st March 2018. Where possible, the 2018 information is compared with the findings from previous years to show progress.

The workforce data includes Clinical Directors, Lay Members, GP member representatives on the Governing Body, and the Chair and is presented as percentages of the total workforce, which at 31st March 2018 was 441, an increase of 11 from 430 in 2017. Percentage figures are rounded to one decimal place and may not sum to 100%.

Information is generally expressed as percentages, so individuals are unlikely to be identified. In all cases where numbers are given, numbers less than 10 are represented by # in line with the Equality and Human Rights Commission guidelines. Because of this, in some cases categories have been combined to give a meaningful graph.

Figure 2 shows a summary of our workforce by protected characteristic, mapped against figures from the 2011 census. Figures for Oldham Borough and Greater Manchester in the following summary are based on the 2011 Census, apart from the Sexual Orientation data which use the ONS 2012 National Survey, North West region.

All figures and percentages are those of the combined Oldham CCG (including GMSS) workforce unless otherwise stated

Key findings

As at 31st March 2018:

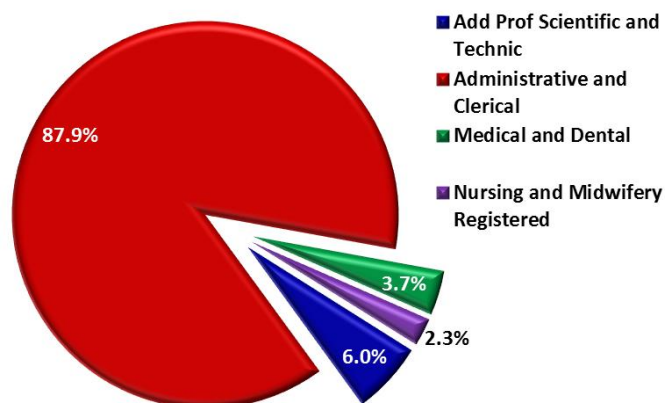
- Oldham CCG (including GMSS) had 441 employees.
- The overall uptake of non-mandatory training opportunities is 21%, well down on the 80% in 2017. There are areas where the uptake is lower than this.
- There may be a cumulative disadvantage for staff who fall into more than 1 category.
- 5% employees declared a disability, 85.9% declared no disability
- People with a disability are generally more likely to be working at lower levels within the organisation (below band 7).
- Staff with a disability are more likely to work full time than part time.
- The gender balance in the workforce (51.5% female, 48.5% male) is similar to that of the general population of Greater Manchester (50.6% female, 49.4% male).
- Male staff are more likely to work at higher levels within the organisation.
- There is a diversity of religions within the workforce; these do not always correspond with the spread across Oldham borough or Greater Manchester.
- In 2018, 81.9% of staff disclosed their sexual orientation, up from 80.9% in 2017. 3.2% disclosed as LGB, an increase from 2.3 in 2017.

Actions

- Ensure that training and promotion opportunities are available for part-time staff and staff who fall into more than one disadvantaged category.
- Investigate the reasons behind discrepancies in recruitment to ensure that there is no discrimination.
- Promote the NHS as an employer to men, different religious groups, BAME and white ME groups.
- Encourage staff to take up development opportunities in order to progress to higher levels.
- Create opportunities for part-time working at higher levels.

3. Staff Roles

Figure 1 Staff roles

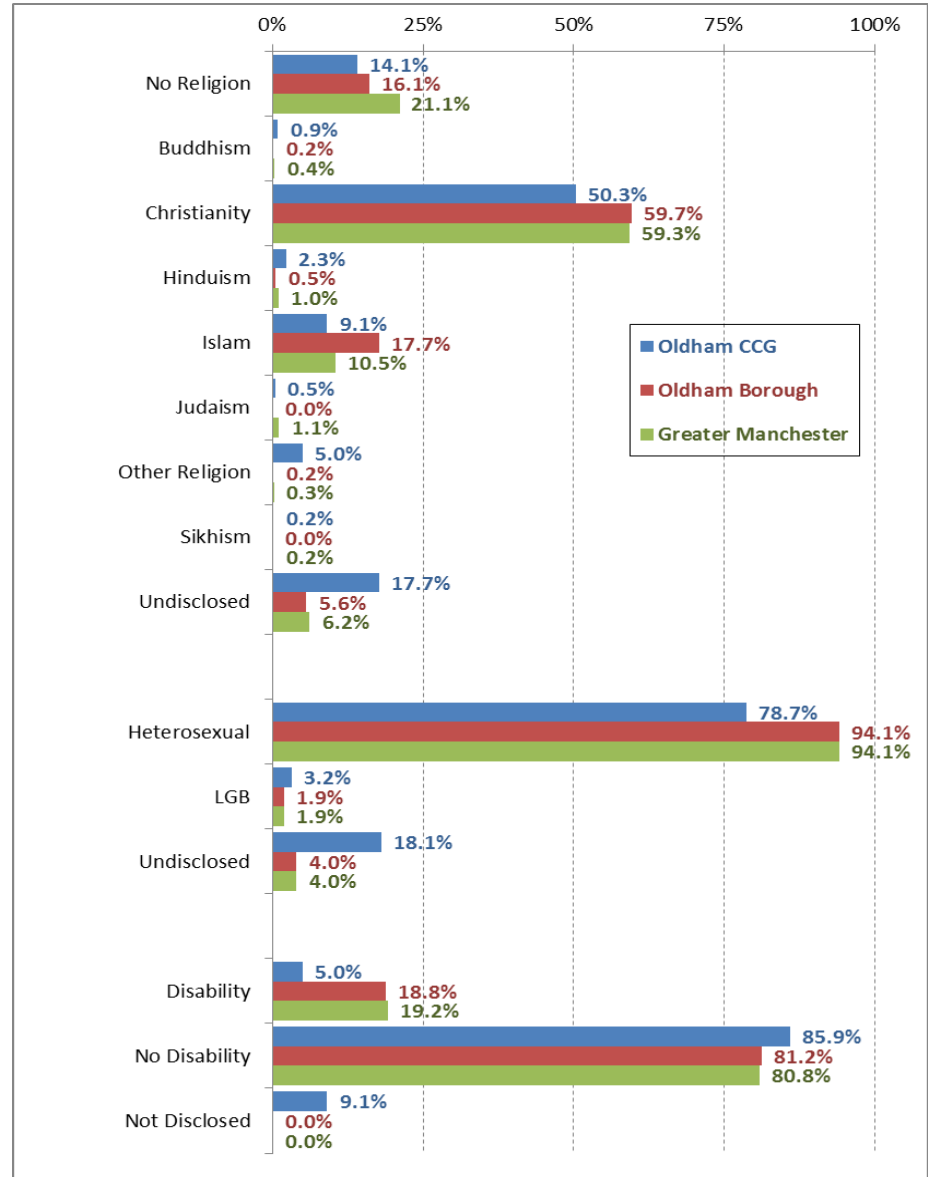
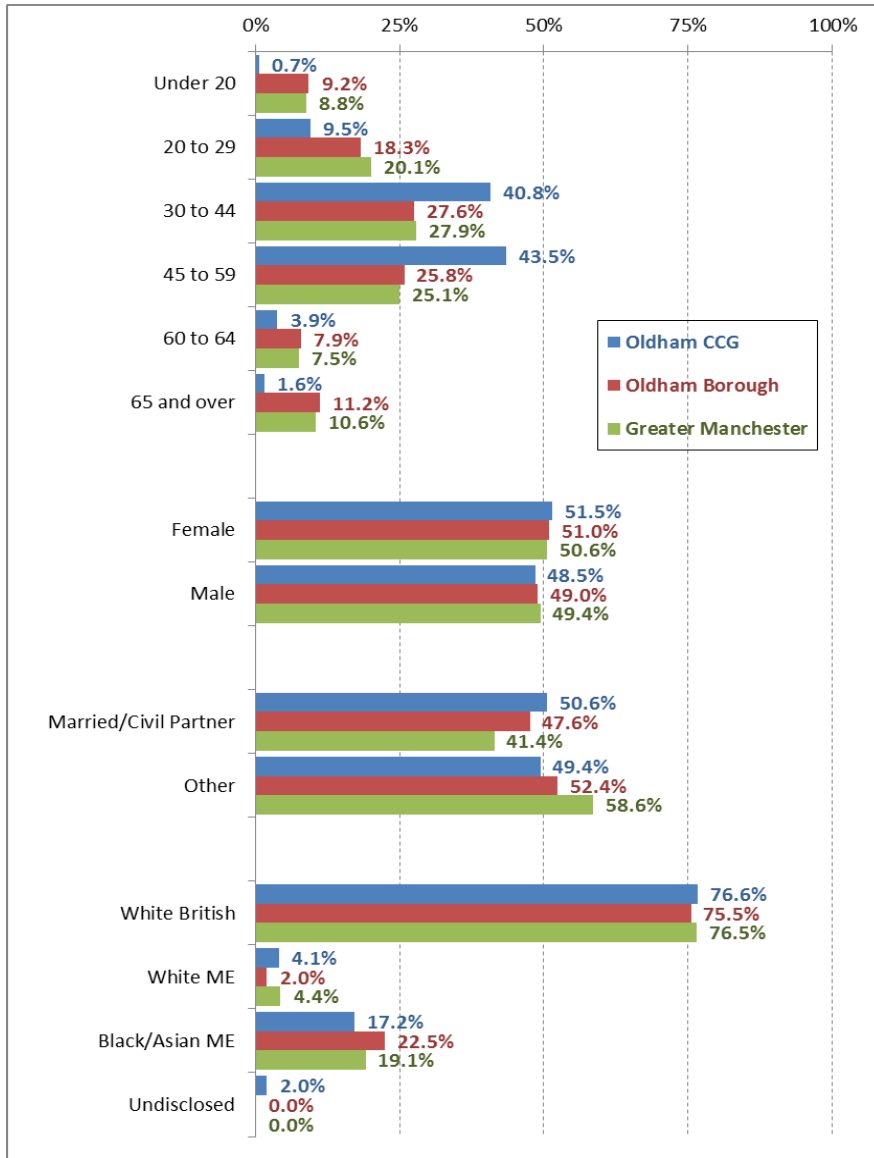


It can be seen from figure 1 that Administrative and clerical staff make up the vast majority of our staff, with clinical staff making up 12 % of staff.

4. OUR WORKFORCE AT A GLANCE

The summary at figure 2 shows our workforce, disaggregated by protected characteristic and compared with the working age populations of Oldham and Greater Manchester. It does not include the characteristics of gender reassignment or pregnancy/maternity, as figures for gender reassignment are not collected, and it is not possible to collect data on pregnancy. The numbers of staff on maternity leave, however, are notified internally in monthly reports.

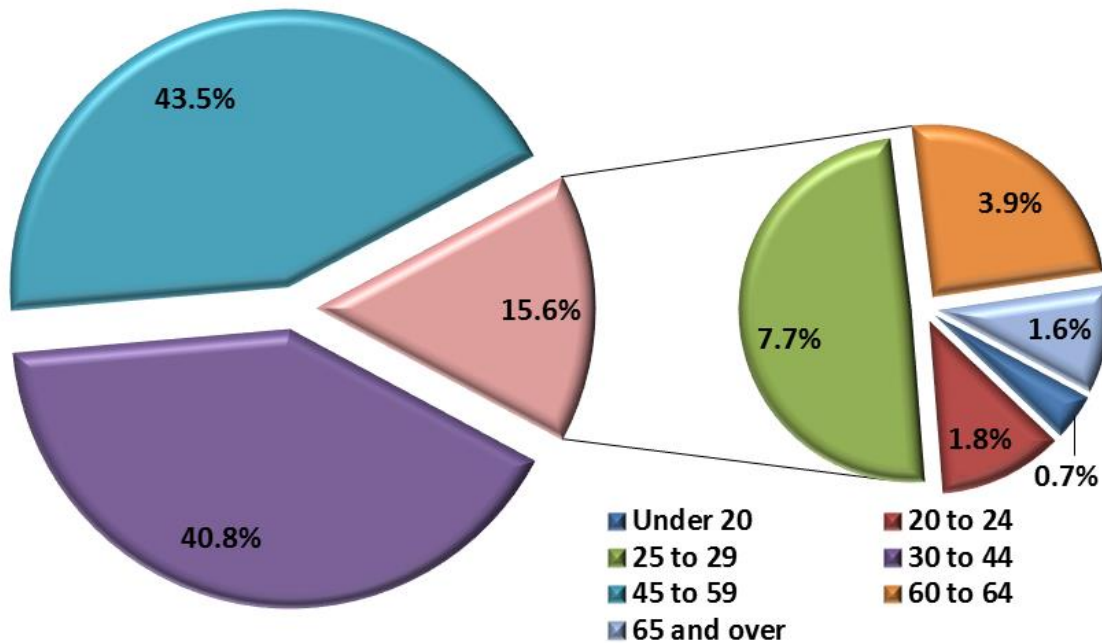
Figure 2 Workforce at a glance



5. Age

Figure 2 above summarises the workforce profile and compares it to the local Oldham and Greater Manchester working populations, and the figures below give a more detailed breakdown.

Figure 3 Age breakdown 2018

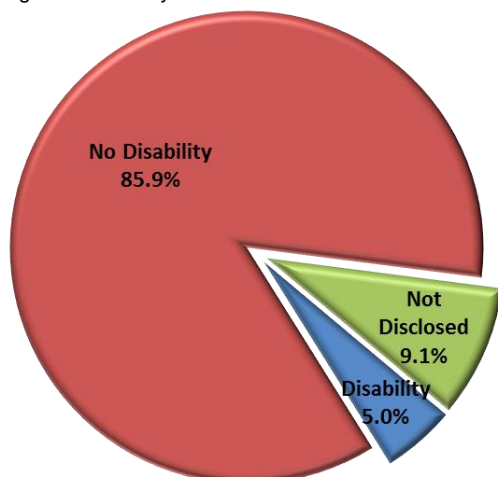


The majority of our employees are in the age bands of 30-59 years of age.

6. Disability

At the end of March 2018, 5% employees declared a disability, 85.9% declared no disability. This is down from last year's figure of 7.2% disclosing a disability. The percentage of people with a disability/long term condition in GM varies slightly from borough to borough, but is 19.7% in Oldham.

Figure 4 Disability Profile March 2018



	Clinical	Non Clinical
Disability	#	21
No Disability	52	327
Not Disclosed	#	34

However, an Equality Survey undertaken in September 2017 suggests that more people believe they have a disability/long-term condition than have disclosed it to HR or line managers. More work must be done to raise awareness of what could be a disability under the terms of the Equality Act, and why disclosure is beneficial to both the individual and the organisation. Best practice would identify this as being significantly low and an area for improvement. It is recognised that this data may not accurately reflect the proportion of the workforce.

Our occupational health referrals suggest a higher proportion of people with a disability and we have implemented reasonable adjustments where required. However, these this is not reflected in our current data collection. Further work will be required to reflect the reasonable adjustments made for staff.

7. Gender

Figure 5 Gender Profile 2018

Gender	Heads	%
Male	214	48.5%
Female	227	51.5%

This table shows that the gender balance in the workforce is similar to that of the general population of Greater Manchester (50.6% female, 49.4% male). Male staff are more likely to work at higher levels within the organisation.

Comparison with last year shows that the percentage of female staff has slightly decreased. The CCG will work to promote the NHS as an employer to men, and establish succession plans to encourage women to apply for appointment to higher level posts, including Governing body.

Figure 6 Gender headcount 2017

Gender	Headcount	%
Male	205	47.7%
Female	225	52.3%

8. Gender reassignment

There is currently no data field in the National Electronic Staff Record (ESR) System to record gender re-assignment.

9. Ethnicity

Figure 7 Race Profile 2018

The census figures given in figure 2 above are 22.3% for Oldham, and it can be seen that the BME workforce is unrepresentative. However, the figure for Greater Manchester is 19.1, and the workforce BME total is much closer to this percentage. The CCG/GMSS will promote the NHS as an employer to people from different communities.

Ethnic Origin	Heads	%
BAME	76	17.2%
White ME	18	4.1%
White British	338	76.6%
Undisclosed	#	#

These figures can be further split as shown in figures 8 and 9 below.

Figure 8 Ethnicity

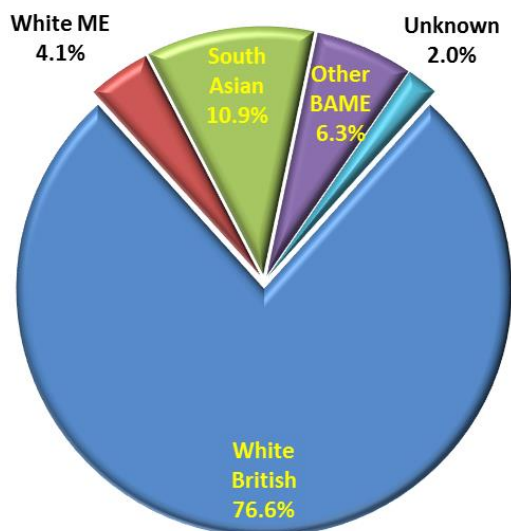
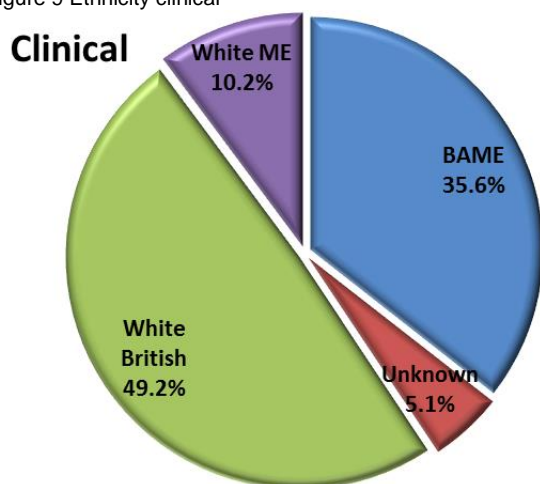
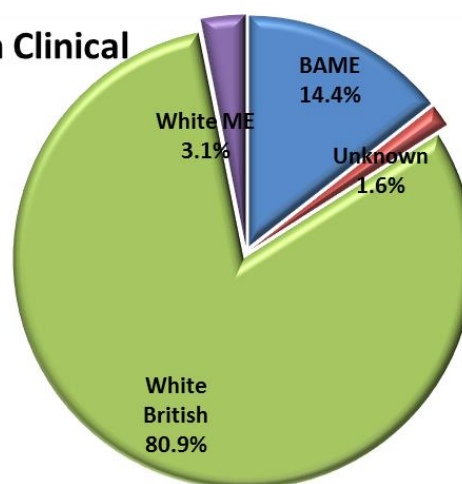


Figure 9 Ethnicity clinical



Non Clinical



10. Religion and Belief

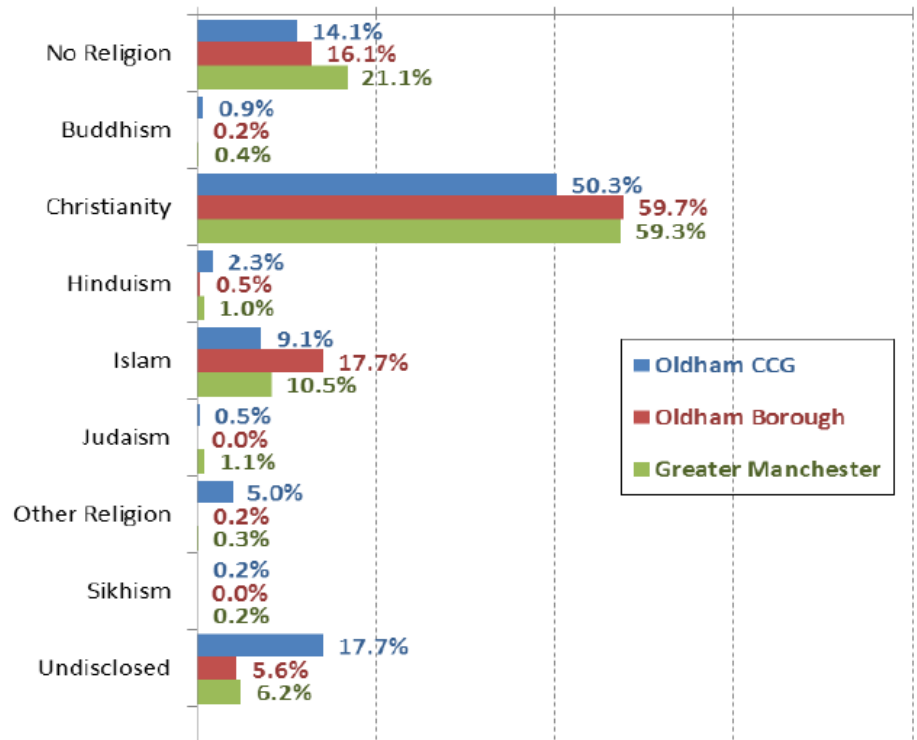
Figure 10 Religion and Belief profile

Religious Belief	%
Atheism	14.1%
Buddhism	0.9%
Christianity	50.3%
Hinduism	2.3%
Undisclosed	17.7%
Islam	9.1%
Jainism	0.0%
Judaism	0.5%
Other	5.0%
Sikhism	0.2%

It can be seen that there is a diversity of religions within the workforce, though these do not always correspond with the spread across Oldham borough. For example, the two largest disclosed religion and belief groups within our workforce are Christian 50.2% and 12.8% Atheist/no religion; these are both fairly represented in comparison to the local Oldham population (see figure 11 below). Islam is the third largest disclosed religion and belief group at 9.1% (up from 7.7% in 2017); this is under represented in comparison to the local Oldham population

Figure 11 Religion/belief comparison with local population

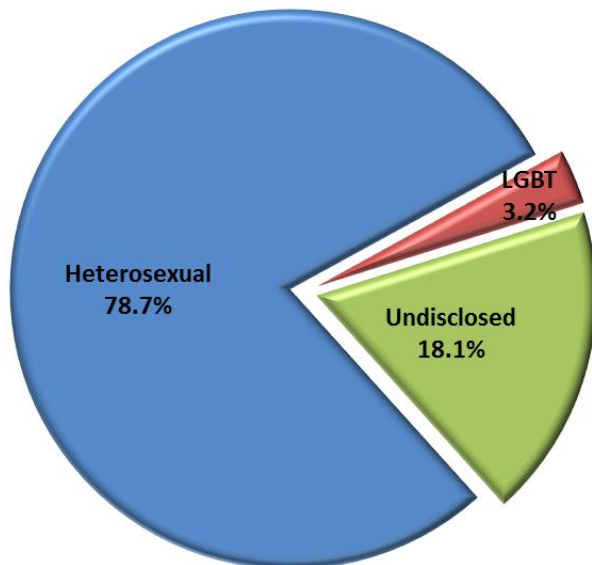
However, when this is compared with the population of Greater Manchester, it can be seen that the total percentage of staff disclosing Islam as their religion is much closer to the GM percentage. The CCG/GMSS will promote the NHS as an employer to people from different religious groups.



11. Sexual Orientation

In 2018, 81.9% of staff disclosed their sexual orientation, up from 80.9% in 2017. 3.2% disclosed as LGBT, an increase from 2.3 in 2017

Figure 12 Sexual Orientation Profile 2018

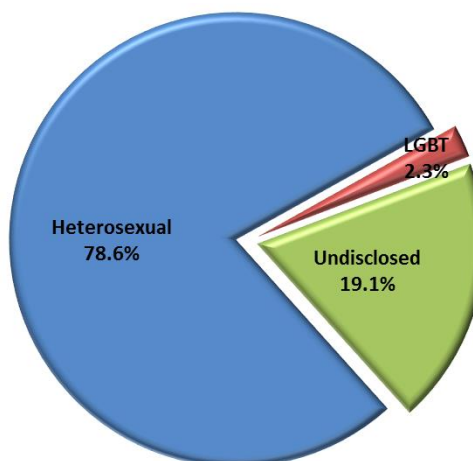


Government research indicates that between 5% and 9% of the UK population is lesbian, gay or bisexual (LGB). Greater Manchester's 2011 census population suggests that there are around 134,000 to 187,600 LGB people in Greater Manchester. This would suggest that our workforce is not representative of the Greater Manchester population.

Figure 13 Sexual orientation comparison with 2017

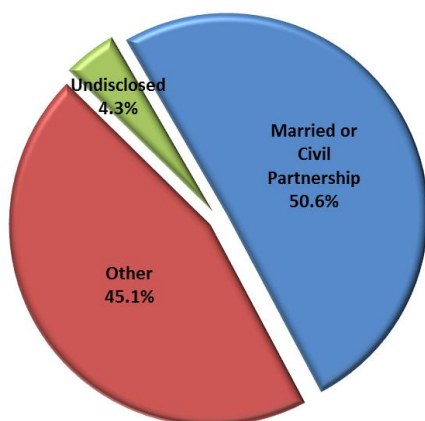
A comparison with data from 2017 shows that the percentage of LGBT staff has increased slightly, and the percentage of staff not disclosing their sexual orientation has decreased slightly.

This is one of the most sensitive areas for both employee and service user monitoring. National figures for all CCGs are not known as sexual orientation information was not collected. Good practice suggests that staff engagement would be useful to build confidence in staff to declare their sexual orientation. This information would be useful to identify trends in areas such as promotion and disciplinarys and any workplace barriers they may face.



12. Marriage and Civil Partnership

Figure 14 Marriage and Civil Partnership Profile



At the end of March 2018, 50.6 (down from 51.2% in 2017) of our employees were in a marriage or civil partnership.

13. Agenda for Change Pay Grades

Figure 15 Overview of Staff – Agenda for Change Pay Grades 2018

Pay Band	Headcount	Percent
AfC2	16	3.7%
AfC3	27	6.3%
AfC4	34	7.9%
AfC5	92	21.4%
AfC6	76	17.7%
AfC7	66	15.3%
AfC8a	42	9.8%
AfC8b	32	7.4%
AfC8c	#	1.9%
AfC8d	#	2.1%
AfC9	#	0.5%
Non-AfC	26	6.0%
Total	430	100.0%

We employ our staff in line with the nationally agreed Agenda for Change (AfC) banding system. The table at figure 15 shows that the majority of staff are employed on the middle bands of 5, 6 and 7. This can be further broken down to show the percentage of part-time and full-time staff at each level of the organisation (figure 16).

Figure 16 Working Patterns – Agenda for Change Pay Grades

It can be seen that part time working is statistically higher than full-time working in the very highest and the very lowest bands, and at non-Agenda for Change levels. For example, 2.8% of full time staff work at band 2 level, but 8.2% of part-time staff work at that level. The high percentage of part time staff at high, non AfC levels reflects the number of Clinical Directors within the CCG.

Pay Band	Full Time	Part Time
AfC2	2.8%	8.2%
AfC3	5.9%	8.2%
AfC4	8.4%	5.5%
AfC5	24.1%	8.2%
AfC6	19.3%	9.6%
AfC7	16.0%	12.3%
AfC8a	10.6%	5.5%
AfC8b	7.6%	6.8%
AfC8c	1.7%	2.7%
AfC8d	1.7%	4.1%
AfC9	0.6%	0.0%
Non-AfC	1.4%	28.8%

14. Age and Pay Bands

Figure 17 Overview of Age and Agenda for Change Pay Grades 2018

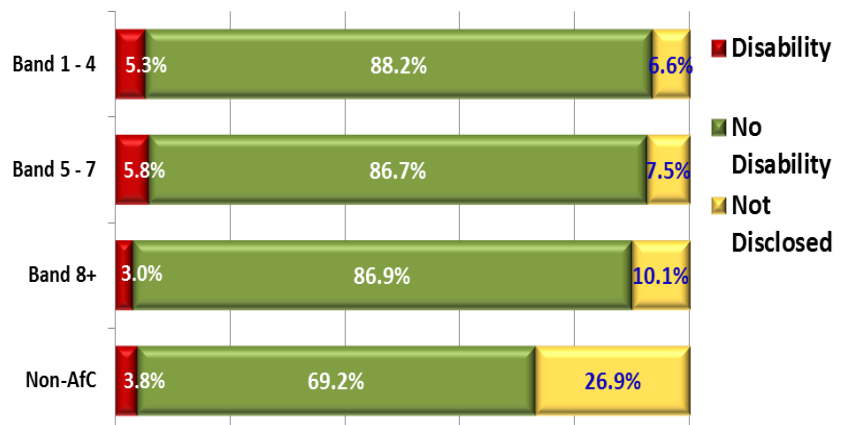
Age Group	Band 1 - 4	Band 5 - 7	Band 8+	Non-AfC
Under 20	0.0%	0.0%	0.0%	11.5%
20 to 24	7.9%	0.4%	0.0%	3.8%
25 to 29	9.2%	10.8%	1.0%	0.0%
30 to 44	22.4%	46.3%	48.5%	15.4%
45 to 59	52.6%	37.1%	49.5%	53.8%
60 to 64	5.3%	4.2%	1.0%	7.7%
65 and over	2.6%	1.3%	0.0%	7.7%

It can be seen most staff at all grades are aged between 30 and 59, which corresponds to the age pattern of our organisation.

15. Disability and Pay Bands

Figure 18 Disability – Agenda for Change Pay Grades 2018

It can be seen that people with a disability are generally more likely to be working at lower levels within the organisation. The higher percentage at very senior and non-Agenda for Change reflects the large statistical difference that is made by very small numbers at this level. Work will be undertaken to encourage staff with disabilities to take up development opportunities in order to progress to higher levels.

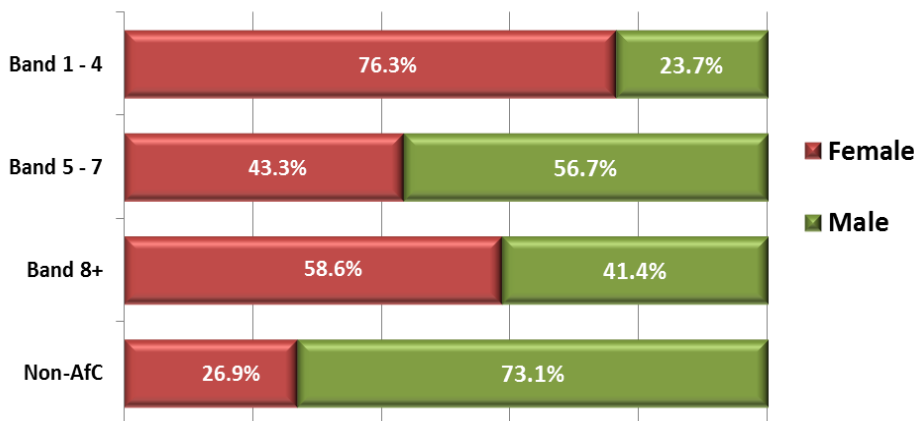


16. Gender and Pay Bands

Figure 19 Gender – Agenda for Change Pay Grades 2018

Pay Band	Female	Male
Band 1 - 4	58	18
Band 5 - 7	104	136
Band 8+	58	41
Non AfC	#	19

Figure 20 Agenda for Change Pay Grades 2018 percentages



It can be seen that male employees are in general less likely to be in the lower pay grades and that a higher proportion of staff in the lowest pay grades (AfC 2-4) are female. Both GMSS and Oldham CCG will work to ensure progression of female staff into higher-level positions

17. Ethnicity and Pay Bands

Figure 21 Ethnicity and Pay Bands 2018

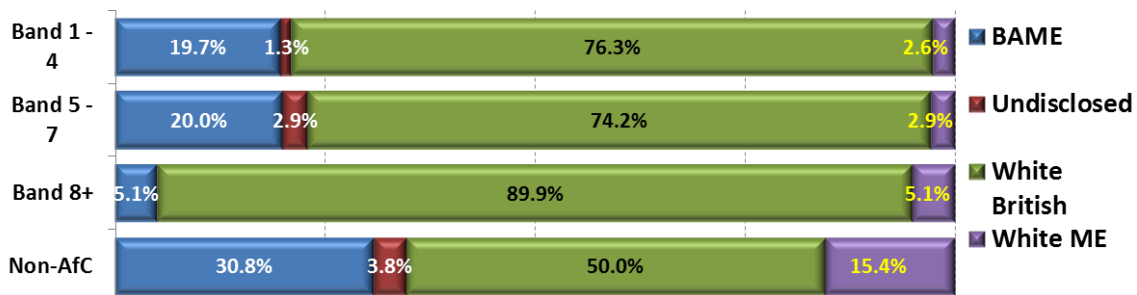


Figure 21 shows the Agenda for Change and ethnicity makeup of employees. Staff from BME and white ME groups are generally not reflected across the higher Agenda for Change grades. However there appears to be better representation at the non- Agenda for Change pay scale.

18. Religion/belief and Agenda for Change

Figure 22 Religion/belief and Agenda for Change 2018

This shows that there is a spread of staff from a variety of religions at all levels of the organisation, although Islam is not well-represented at senior levels (except non-AfC).

Religious Belief	Band 1 - 4	Band 5 - 7	Band 8+	Non-AfC
Christianity	57.9%	48.3%	52.5%	38.5%
Islam	9.2%	12.1%	1.0%	11.5%
Atheism	9.2%	14.6%	17.2%	11.5%
Other	6.6%	10.4%	5.1%	15.4%
Undisclosed	17.1%	14.6%	24.2%	23.1%

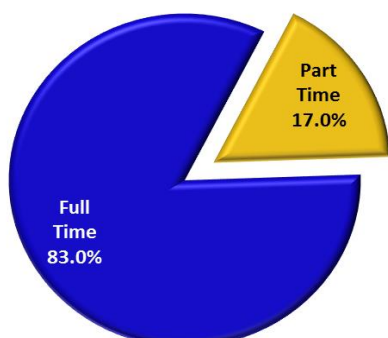
19. Sexual Orientation and agenda for change

These figures have not been analysed in order not to identify individuals.

20. Working Patterns

We have a Flexible Working Policy, which provides a range of flexible working patterns to support employees have a work life balance. In addition the national requirement for CCGs to be led by practicing local clinicians contributes to the part-time figures.

Figure 23 Working Patterns 2018



It can be seen that a large majority (83%) of staff work full-time

21. Age and Working Pattern

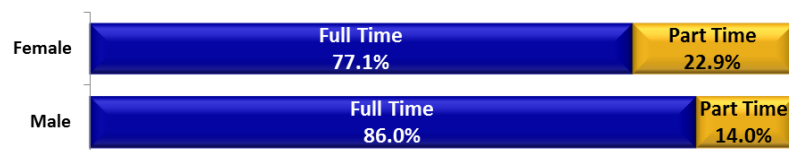
Figure 24 Working patterns and Age 2018

These figures show that in general, staff are more likely to work part time as they age. For example, 83.9% of 30-44 year olds work full time, but only 58.8% of 60-64 year olds work full time. The percentage of staff who work part time may be due to the CCG's flexible working policies, which allow staff to work part time in order to fulfil caring responsibilities. The CCG will make best endeavours to enable part-time staff to work full time if and when they wish to extend their hours and ensure that training and promotion opportunities are available for part-time staff.

Age Group	Percent		Headcount	
	Full Time	Part Time	Full Time	Part Time
Under 20	100.0%	0.0%	#	#
20 to 24	87.5%	12.5%	#	#
25 to 29	91.2%	8.8%	31	#
30 to 44	83.9%	16.1%	151	29
45 to 59	79.7%	20.3%	153	39
60 to 64	58.8%	41.2%	#	#
65 and over	57.1%	42.9%	#	#

22. Gender and Working Pattern

Figure 25 Working Patterns and Gender 2018



These figures show that more female staff (22.9%) than male staff (14%) work part-time. This is a contributory factor in the relatively high

Gender Pay Gap (section 24). When combined with the Pay Band and working patterns in Figure 16, this suggests that most part-time work is likely to be lower-paid and done by women. The CCG will ensure that part-time staff are given the same training and promotion opportunities as full-time staff.

23. Disability and Working Pattern

Figure 26 Working Patterns and Disability 2018

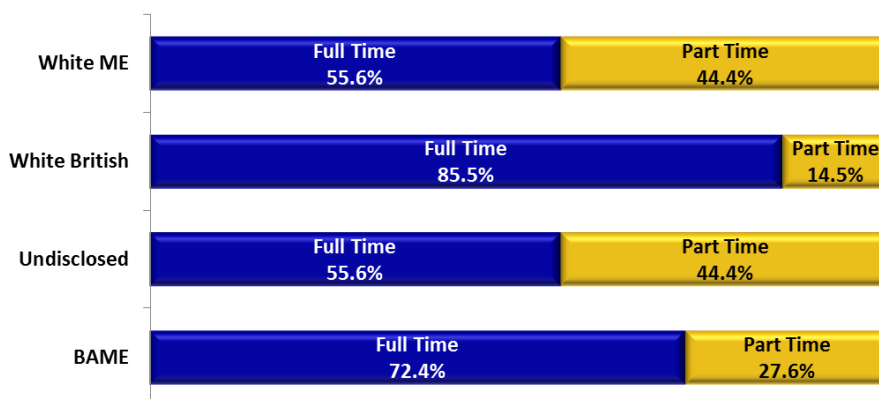
	Full Time	Part Time
Disability	86.4%	13.6%
No Disability	81.5%	18.5%
Not Disclosed	77.5%	22.5%

This shows that a higher percentage of staff who have disclosed a disability work full time than staff who have not disclosed a disability.

24. Ethnicity and Working Patterns

Figure 27 Working Patterns and Ethnicity 2018

The total percentage of staff working full time is 83%. It can be seen that a lower percentage of BAME and white ME staff work full time.



25. Religious belief and working patterns

Figure 28 Religious belief and working patterns

Religious Belief	Full Time	Part Time
Christianity	80.6%	19.4%
Islam	72.5%	27.5%
Atheism	91.9%	8.1%
Other	79.5%	20.5%
Undisclosed	80.8%	19.2%

Part-time work is more prevalent among staff who have disclosed Islam as their religion or belief.

26. Gender Pay Gap

The Office of National Statistics defines the overall gender gap as the comparison of average pay between men and women. The gender gap remains at a national level due to different ways man and women participate in the labour market. This may be due to choice of occupations, under-valuation of women's work, caring responsibilities and pay systems that are not so transparent.

In a change to the legislation (Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017), the government made GPG reporting mandatory so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps. It has also clarified the ways in which the GPG should be calculated.

An employer must comply with the regulations for any year where they have a 'headcount' of 250 or more employees at 31 March, which means that Oldham CCG is required to publish its GPG. Our first report was published in March 2018.

It is important to note that the Gender Pay Gap is different from Equal Pay; equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value, whereas the gender pay gap shows the difference in the average pay between all men and women in a workforce. Within the NHS, equal pay is safeguarded by the Agenda for Change process.

According to the requirements of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, we must calculate:

- the hourly rate of ordinary pay relating to the pay period in which the snapshot day falls (31st March 2018)
- the difference between the mean and median hourly rates of ordinary pay of male and female employees
- the difference between the mean and median bonus pay paid to male and female employees
- the proportions of male and female employees who were paid bonus pay
- the proportions of male and female employees in the lower, lower middle, upper middle and upper quartile pay bands by number of employees rather than rate of pay

These conclusions are shown below.

Figure 29 Staff by quartile

Quartile	Head Counts		Percentages	
	Female	Male	Female %	Male %
1	72	36	66.7	33.3
2	39	69	36.1	63.9
3	43	45	48.9	51.1
4	66	62	51.6	48.4

Figure 29 shows the number of male and female staff within each pay quartile, and the percentage of male and female staff within each quartile. The total numbers of staff per quartile are not the same. Because of the NHS pay provisions under Agenda for Change, many staff are on the same rate of pay, so could not be split into separate quartiles. They have therefore been included in the same quartile as other staff members on the same rate of pay, resulting in apparent anomalies.

It can be seen that 105 male staff fall into the lower two quartiles (49% of the male staff, as opposed to 50.4% of female staff). This difference is even more marked in the lowest quartile (32.7% of female staff as opposed to 17% of male staff).

Figure 30 Gender Pay Gap

Gender	Mean Hourly Rate	Median Hourly Rate
Male	£21.95	£16.74
Female	£19.08	£16.21
Difference	£2.87	£0.53
Pay Gap %	13.08	3.16

The median salary is the salary of the person earning the middle rate of pay. It can be seen that the median female rate of pay is £16.1 (up from £15.00 in 2017) and the median male rate of pay is £16.74 (very slightly down from £16.77 in 2017). This means that the difference in median rates is £0.53, giving a median gender pay gap of 3.16%. The 2018 figures give a lower median gender pay gap than in 2017 (almost 12%). The mean rate, too, is down from 2017 (figure 31)

It is likely that the figures are affected by the % of the total number of male staff in Quartile 4, which includes Clinical Directors paid at non-Agenda for Change rates, and by the number of women in Quartiles 1/2; whilst the higher non-AfC rates of pay for Quartile 4 women and men are similar, the high comparative % of men paid at this level pushes up the male mean and median rates of pay, whereas the low comparative % of women does not change the female mean/median much.

Figure 31 Bonus 2018

Gender	Mean Pay	Median Pay
Male	£10,000	£10,000
Female	£5,000	£5,000
Difference	£5,000	£5,000
Pay Gap %	50.00	50.00

In 2017/18, Women's median bonus pay was 50% lower than men's median bonus pay, and women's mean bonus pay was 50% lower than men's mean bonus pay. However, bonuses were paid to very few individuals.

Further analysis and actions can be found in our full report.

27. Grievance and Disciplinary

Disaggregated data for grievances and disciplinary has been omitted from this report as the numbers are very small and publishing the data could identify individuals. The data is scrutinised internally for any trends or hot spots, and action is taken to address any equality or inclusion issues.

28. Non-mandatory Training

The data below reflects the combined data related to the uptake of non-mandatory training for Oldham CCG/GMSS between: 1st April 2017 - 31st March 2018. The total percentage of staff taking up opportunities for non-mandatory training was only 21%, which makes the disaggregated figures less robust than if the figure were larger. Categories have been combined to give a more meaningful result and to reduce the possibility of identifying individuals.

Figure 32 Non-mandatory training

Overall	Yes	No	% Undertaken
Headcount	90	349	21%
Ethnic Origin Group	Yes	No	% Undertaken
A White - British	70	268	21%
C White - Any other White background	#	14	26%
D Mixed - White & Black Caribbean/Asian	#	#	20%
H Asian or Asian British - Indian	0	19	0%
J Asian or Asian British - Pakistani	#	14	39%
K Asian or Asian British - Bangladeshi	#	#	60%
L Asian or Asian British - Any other Asian background	#	#	11%
M Black or Black British - Caribbean	0	#	0%
N Black or Black British - African	#	0	100%
R Chinese	#	#	17%
S Any Other Ethnic Group	0	#	0%
Undefined	0	#	0%
Disability	Yes	No	% Undertaken
No	82	295	22%
Not Declared	#	34	15%
Yes	#	20	2%
Age Band	Yes	No	% Undertaken
Under 20	#	#	33%
20 to 29	15	27	36%
30 to 39	21	102	17%
40 to 49	31	99	24%
50 to 59	20	97	17%
Over 60	#	22	8%
Gender	Yes	No	% Undertaken

Female	55	163	25%
Male	35	186	16%
Religious Belief	Yes	No	% Undertaken
Islam	14	32	30%
Christianity	49	167	42%
I do not wish to disclose my religion/belief	#	66	12%
Other	#	23	13%
Atheism	14	54	21%
Pay Band	Yes	No	% Undertaken
Band 1 - 4	19	57	25%
Band 5 - 7	41	197	17%
Band 8+	28	71	28%
Not Assimilated	#	24	8%
Sexual Orientation	Yes	No	% Undertaken
I do not wish to disclose my sexual orientation	10	70	12.5%
Heterosexual	79	266	23%
Lesbian, Gay or Bisexual	#	#	7%
Marital Status	Yes	No	% Undertaken
Married/civil partner	49	179	38%
Single	51	170	42%

All staff have their development needs included in their appraisals, and an organisational training needs assessment is compiled as a result. Staff from the groups above will be encouraged to take up the training opportunities that are offered.

29. Recruitment

The data below reflects the combined data related to recruitment for Oldham CCG and GMSS between: 1st April 2017 - 31st March 2018. Some categories have been merged, and the “undisclosed” category for each protected characteristic has been excluded.

Figure 33 Recruitment

Description	Applications	Shortlisted	% Shortlisted from application	Appointed	% Appointed from shortlisted
Total applications	7,711	1186	15.4%	177	14.9%

Gender	Male	2,382	525	22%	91	17.3%
	Female	5,308	650	12.2%	84	12.9%
Disability	Yes	393	79	20.1%	#	2.5%
	No	7,168	1078	15%	169	15.7%
Ethnicity	WHITE - British	4,802	759	15.8%	121	15.9%
	WHITE - Minority	286	35	12.2%	#	22.8%
	BME	2,376	364	15.3%	44	12.1%
Age Band	Under 20	101	#	5.9%	0	0.00%
	20 to 29	2349	227	9.7%	34	14.9%
	30 to 39	2366	377	15.9%	59	15.6%
	40 to 49	1602	339	21.2%	55	16.2%
	50 to 59	1135	217	19.1%	25	11.5
	60 to 69	152	20	13.2%	#	20%
Religion	Atheism	896	137	15.3%	25	18.2%
	Christianity	3,783	598	15.8%	88	14.7%
	Islam	1,264	196	15.5%	26	13.2%
	Other (including no religion)	1089	139	12.8%	16	11.5%
Sexual Orientation	Heterosexual	7,042	1069	15.2%	162	15.1%
	Gay/Lesbian	179	36	20.1%	#	16.7%
	Bisexual	82	12	14.6%	#	16.7%
Marital Status	Married	2,791	546	19.6%	84	15.3%
	Civil partnership	202	24	11.9%	#	16.7%
	Other	4500	581	12.9%	69	11.9%

When shortlisting, staff do not know what protected characteristics the applicants have disclosed. This information is only made available to them when candidates have been invited for interview and have accepted. In this table, the numbers of applicants, candidates shortlisted and candidates appointed who disclosed particular protected characteristics can be seen. If the percentage of candidates shortlisted from applications is compared to the percentage of candidates appointed, it can be seen that:

- In general, the percentage of applicants shortlisted and the percentage of applicants appointed after shortlisting is broadly similar across all protected characteristics.
- However, 20.1% of people shortlisted disclosed a disability (5.1% of total applicants), but only 2.5% of these applicants were appointed (1.1% of all staff appointed). This figure should be investigated to ensure that there is no discrimination against candidates with a disability.

30. Multiple disadvantages

There is likely to be a cumulative disadvantage for staff who fall into more than one disadvantaged category.

- Staff who are part-time and female are more likely to be working at lower bandings.
- Staff who are female and disabled are more likely to be working at lower bandings
- Staff who are female and Muslim are more likely to be working at lower bandings
- Male staff disclosing Indian ethnicity are less likely to take up training opportunities

31. Key actions

The overall uptake of non-mandatory training opportunities is 21%, well down on the 80% in 2017. There are areas where the uptake is lower than this. Both GMSS and Oldham CCG will encourage take-up of non-mandatory training to develop and upskill the workforce.

There may be a cumulative disadvantage for staff who fall into more than 1 category so both GMSS and Oldham CCG will ensure that training and promotion opportunities are available for part-time staff and staff who fall into more than one disadvantaged category.

At the end of March 2018, 5% employees declared a disability, 85.9% declared no disability. This is down from last year's figure of 7.2% disclosing a disability. The percentage of people with a disability/long term condition in GM varies slightly from borough to borough, but is 19.7% in Oldham. However, an Equality Survey undertaken in September 2017 suggests that more people believe they have a disability/long-term condition than have disclosed it to HR or line managers. More work must be done to raise awareness of what could be a disability under the terms of the Equality Act, and why disclosure is beneficial to both the individual and the organisation. Our occupational health referrals suggest a higher proportion of people with a disability and we have implemented reasonable adjustments where required. However, these this is not reflected in our current data collection. Further work will be required to reflect the reasonable adjustments made for staff.

Male staff are more likely to work at higher levels within the organisations, so both GMSS and Oldham CCG will encourage the progression of female staff into higher banded roles.

3.2% disclosed as LGB, an increase from 2.3 in 2017. However, it is estimated that between 5-7% of the population are LGB, so both GMSS and Oldham CCG will encourage the disclosure of all protected characteristics and enhance staff understanding of the issues faced by people who share a particular characteristic.

32. Conclusion

NHS Oldham CCG (including GMSS) is committed to addressing inequalities within its workforce. Any approved actions will be incorporated into GMSS and the CCG's SMART action planning processes for 2019/20 and progress will be reported in next year's Annual Equality Data Publications.

The information in this report demonstrates that we understand our workforce and the areas we need to work on. We have undertaken significant work in relation to equality and diversity in our ambition to become an exemplary inclusive employer.

We know there is more work to be done when addressing inequalities in the workforce and both GMSS and Oldham CCG look forward to becoming ever more diverse, fair and inclusive as we meet the challenges of our developing organisations.