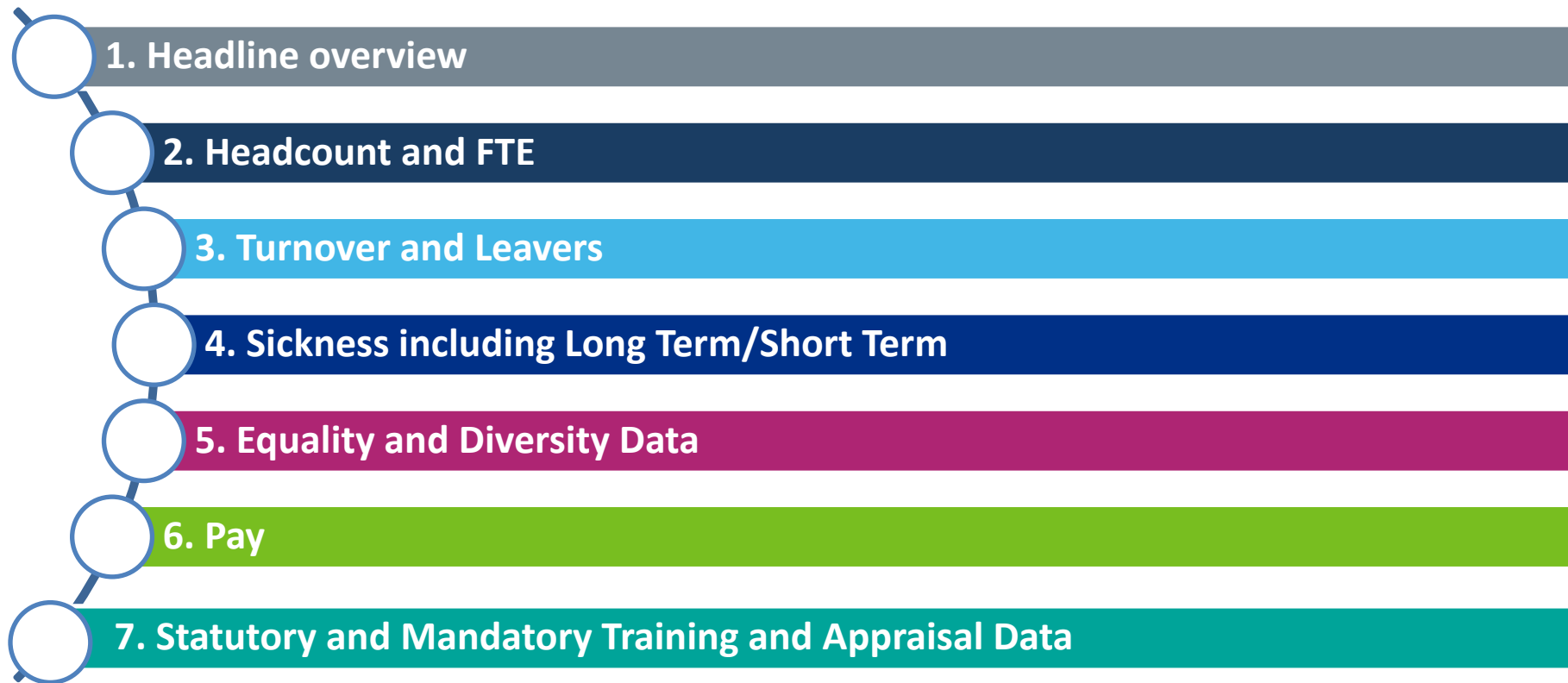


# **BaNES, Swindon and Wiltshire CCG Workforce Report**

**Annual Report covering period April 2020 to March 2021**



This report has been prepared for BSW CCG and represents the first annual report for BSW CCG for the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. It also reflects data for the fourth quarter as at 31<sup>st</sup> March 2021.

This report is produced at the end of each quarter and will align directly to the financial quarters however this report also provides an annual position for the CCG. The purpose of this report is to highlight key statistical data with a detailed narrative to provide a comprehensive overview of BSW CCGs current and core workforce activities. The statistics within this document are correct at the time of running the report from data held in ESR, subsequent reports may show differences in the numbers where additional data has been captured.

# 1. Headline overview

This is the first annual report for BaNES, Swindon and Wiltshire CCG following the merger on 1<sup>st</sup> April 2020. The reporting period is 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. However, some data is presented from January 2020 to March 2021, as the data from January 2020 to March 2020 was not affected by the merger and can be aggregated to reflect one employer. All of the data provided within the report has been pulled from the Employee Staff Record (ESR) system apart from the statutory and mandatory data which is reported via the Consult OD platform and the annual leave data that is reported via the external third party provider EASY.

Where data is recorded prior to April 2020, the figures are the combined totals from the three legacy CCGs. The data reflects all colleagues employed by the CCG except bank staff who do not work regular hours, the exception to this is the payroll figures that do include payments made to bank colleagues.

## 1.1 WORKFORCE EFFICIENCY

The sickness absence rate is based on the total amount of sickness absence for the CCG during April 2020 to March 2021; this includes long term and short term sickness absence.

- The sickness absence rate for quarter 3 (October 2020 to December 2020) was 1.12% compared to a national NHS sickness absence rate for CCGs of 2.36%.
- The sickness absence rate for quarter 4 (January 2021 to March 2021) was 2.31% which shows an increase in sickness absence compared to quarter 3 sickness absence reported for the CCG.
- The annual sickness absence rate for the CCG from April 2020 to March 2021 was 1.64%. The national NHS sickness absence rate for the year is not due to be published until July 2021.

The turnover rate is based on the number of leavers in the reporting period divided by the average headcount.

- The turnover rate for quarter 4 (January 2021 to March 2020) was 1.98% based on headcount.
- The turnover rate for the CCG from April 2020 to March 2021 was 11.34% based on headcount.

## 1.2 TRAINING & PERSONAL DEVELOPMENT

- The percentage of colleagues who have had an appraisal recorded is 56.31% and equates to 232 individuals who have had an appraisal between April 2020 and March 2021. Appraisal completion dates started to be recorded via ESR from 1<sup>st</sup> August 2020 and all managers have been encouraged to

record the dates of appraisals via ESR supervisor self-service. There is still a continual drive to ensure all appraisal dates are recorded via ESR and that colleagues who have 12 months CCG employment (including employment with the three legacy CCGs) have had an appraisal.

- To support managers the CCG commissioned the CSU to input the appraisal dates into ESR for managers, if managers had carried out appraisals but not had the capacity to input the information. As a result of this piece of work circa 160 appraisal dates were entered on behalf of managers. Moving forward all managers will be expected to input the appraisal dates into ESR via supervisor self-service and a regular email reminder will be sent out to colleagues about the importance of completing appraisals.
- Overall statutory and mandatory training compliance rate at the 31 March 2021 was 93.63%. The compliance rate has continued to increase over the year, as of 1<sup>st</sup> July 2020 the compliance rate was at 69%.

### 1.3 STABILITY INDEX

The labour stability index is calculated via ESR through comparing the headcount at the start of the period 1<sup>st</sup> April 2020 and the end of the period 31<sup>st</sup> March 2021. A higher stability index indicates that there has been a small amount of movement during the reporting period.

- The labour stability index for quarter 4 (based on headcount) was 98%.
- The labour stability index for the year, 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 was 89.15%.

### 1.4 HR CASE MANAGEMENT

The table below provides a summary of HR case management during the year, 1 April 2020 to 31 March 2021. The formal sickness cases listed below were supported by the ConsultHR team. Sickness cases become formal if; colleagues are being monitored under the informal section of the Managing Sickness Absence Policy and they breach the sickness absence targets that have been set for them during the three month review period, or if colleagues are removed from the informal sickness absence monitoring due to having a satisfactory level of attendance but in the following 6 months they have 3 further occasions of absence the management of their sickness absence will commence at the formal stage. Colleagues who are on long term sick (LTS), therefore having 4 weeks or more of sickness absence will be managed formally in line with the policy to ensure they are support by the organisation.

It should be noted that during the Covid-19 pandemic NHS organisations received England-wide industrial relations instructions from the National Staff Partnership Forum (SPF) that employee relation procedures, including the management of sickness absence should be paused. Due to the national instruction from the SPF sickness absence within the CCG has not been proactively managed in relation to setting targets if triggers have been reached, however colleagues have continued to be supported by their managers and HR in ensuring referrals to occupational health have been undertaken where

necessary, occupational health advice followed and support provided to colleagues. The management of formal sickness monitoring is due to recommence following a discussion with the CCG People Directors and monitoring recommences from 1<sup>st</sup> April 2021.

The table below also highlights that, as at 31<sup>st</sup> March 2021 there were 25 colleagues who commenced their probation period during 1<sup>st</sup> January 2021 to 31<sup>st</sup> March 2021.

Formal Cases	Number of Cases
LTS Cases	5
STS Cases	0
Formal Probation	25
Grievance	0
Disciplinary	1
Performance	0

## 1.5 WOVEN SCORE

The purpose of WoVen is to help drive up data quality within ESR. The scores are produced on a monthly basis for all NHS employers.

Below are the WoVen scores for BSW from January 2021 through to March 2021. This means that the CCG improved its ranking in January 2021, it then dipped in February but has improved again in March 2021 and the CCG is now ranked 258 out of a possible 375 NHS organisations across the country in terms of the quality of data held for its employees within ESR. Two of the main reasons for the lower WoVen score for BSW is in regards to a number of colleagues not having any equalities data recorded in ESR and the destination of colleagues on leaving the CCG not being recorded. Action is being taken to address this through an email going out to colleagues who do not have a complete set of equalities data to ask them to update it via ESR self service. If colleagues do not wish to record their personal equalities data they can select the do not wish to disclose option within ESR. Managers and colleagues are also going to be reminded of the importance of fully completing the termination form including stating the destination of individuals on leaving the CCG.

A significant amount of work continues to be undertaken behind the scenes regarding the data held in ESR. This work also includes the coding of positions within ESR.

Q4 (January 2021)	Ranked 250 out of 376 NHS employers
Q4 (February 2021)	Ranked 262 out of 375 NHS employers
Q4 (March 2021)	Ranked 258 out of 375 NHS employers

## 1.6 ORGANISATIONAL ANNUAL LEAVE POSITION AS AT 31<sup>ST</sup> MARCH 2021

On the 1<sup>st</sup> July 2020 BSW introduced an online annual leave booking system called EASY annual leave. As a result of this system, the amount of annual leave being taken within the organisation can be monitored and reported on each quarter through this report. All annual leave is recorded and booked in hours and includes bank holiday entitlement for the year.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
<i>Quarter</i>	<i>Hours to be taken per quarter (total hours of AL for year broken into quarters)</i>	<i>Annual leave physically taken during quarter</i>	<i>Requests for the remainder of the year that have been authorised</i>	<i>Cumulative total hours to be taken in the year by each quarter</i>	<i>Actual hours taken at the end of Q</i>	<i>Variance between Q1 and Q2</i>
<i>Q1 – April, May, June</i>	24,852	16,372  includes hours taken to cover bank holidays during this period	7072  requests for the remainder of the year that have been authorised	24,852	16,372	
<i>Q2 – July, August, September</i>	24,852	22,038  includes hours taken to cover bank holidays during this period	16,939  Requests for the remainder of the year that have been authorised.	49,704	38,410  <i>Actual hours taken at end of Q1 + 2</i>	<i>Variance between what should have been taken and actually taken (up to 22/09/20)</i>  <b>-11,294</b>
<i>Q3 – Oct, Nov, Dec</i>	24,852  <i>run in Jan 21 to review Q3</i>	25, 510		74,556	63,920  <i>Actual hours taken at end of Q1 + 2 + 3</i>	<i>Variance between what should have been taken and actually taken (up to 31/12/20)</i>  <b>-10,636</b>

Q4 – Jan, Feb, March	24,852 <i>run in April 21 to review Q4</i>	21, 728		99,408	85, 648  <i>Actual hours taken at end of year</i>	<i>Variance between what should have been taken and actually taken (up to 31/3/21)</i>  <b>-13,760</b>
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Throughout the year, there has been communication to colleagues about the importance of taking annual leave at regular intervals to ensure there is a chance for colleagues to switch off from work and rest. The annual leave policy confirms that all colleagues should have taken 75% of their annual leave by the end of December in each financial year.

For illustration purposes, this requires that the overall annual leave taken in each quarter is equal to 24,852 hours, which will provide an indication as to whether all annual leave is on track to be taken by the end of the financial year. The figure will fluctuate slightly as new colleagues join the CCG and current colleagues leave and therefore the overall annual leave entitlement for the CCG will change.

The table above highlights that 99,408 hours of leave should have been taken by the end of the financial year, however only 85,648 hours were taken. Therefore there were 13,760 hours of annual leave not taken within the financial year. As a result a decision was made by the Executive Team to allow colleagues to carry over 10 days annual leave (pro rata) into the financial year 2021/2022. This will be updated and reflected within the EASY annual leave system.

### **Next step regarding organisational annual leave position**

Regular communications will be shared with colleagues regarding the importance of using annual leave in a timely manner throughout 2021/2022.



## 2. Headcount and FTE

### 2.1 TABLE BELOW SHOWS HEADCOUNT & FTE FOR THE YEAR APRIL 2020 – MARCH 2021

Please note the headcount figures do not include bank colleagues.

CCG	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
<b>Headcount</b>	376	381	383	380	390	394	392	392	396	406	413	412
<b>FTE</b>	323.43	329.13	331.27	325.98	330.53	330.90	332.16	331.54	334.33	344.66	351.44	353.08

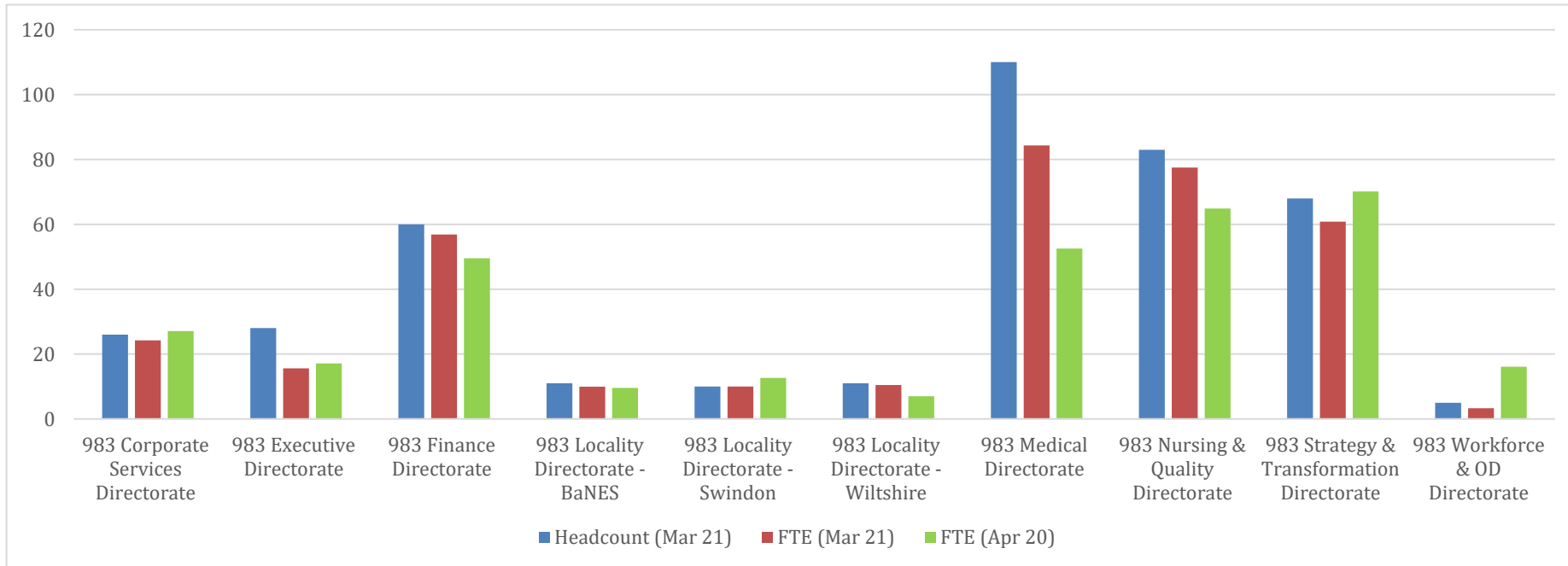
The table and graph below highlight that the biggest increases from April 20 to March 21 in relation to FTE have been within the Medical Directorate by 31.82 FTE and the Nursing and Quality Directorate by 12.64 FTE. Within the Medical Directorate 12 Clinical Leads were recruited during August and October 2020 and a number of new colleagues joined the Prescription Ordering Department and Medicines Management Team which also sit under the Medical Directorate.

Within the Nursing and Quality Directorate there were 8 new recruits who joined the Continuing Healthcare team, 4 new recruits to the Nursing and Quality Programme and new colleagues also joined the Safeguarding, Exceptions and Prior Approval, and Mental Health and Individualised Commissioning Teams.

Directorate	Headcount (Mar 21)	FTE (Mar 21)	FTE (Apr 20)
983 Corporate Services Directorate	26	24.24	27.09
983 Executive Directorate	28	15.61	17.12
983 Finance Directorate	60	<b>56.87</b>	49.56
983 Locality Directorate - BaNES	11	<b>9.96</b>	9.56
983 Locality Directorate - Swindon	10	10.00	12.64
983 Locality Directorate - Wiltshire	11	<b>10.44</b>	7.00
983 Medical Directorate	110	<b>84.34</b>	52.52
983 Nursing & Quality Directorate	83	<b>77.49</b>	64.85



983 Strategy & Transformation Directorate	68	60.83	70.15
983 Workforce & OD Directorate	5	3.30	16.08
<b>Total</b>	<b>412</b>	<b>353.08</b>	<b>326.57</b>





## 3. Turnover and Leavers

### 3.1 TABLE BELOW SHOWS TURNOVER FROM APRIL 2020 – MARCH 2021

The table below highlights that turnover for the end of the reporting year was 1.21%. Turnover has fluctuated throughout the year reaching 0% in December 2020. Turnover has then gradually increased from January through to March 2021. Overall turnover for the year was 11.34%.

CCG	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
<b>Turnover</b>	2.13%	1.05%	1.31%	1.05%	1.81%	1.02%	0.51%	0.51%	0.00%	0.25%	0.49%	1.21%

Directorate	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
983 Corporate Services Directorate (BSW)	3.57%	3.70%	3.85%	0.00%	0.00%	0.00%	3.85%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Executive Directorate (BSW)	7.69%	3.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Finance Directorate (BSW)	0.00%	1.72%	0.00%	0.00%	1.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Locality Directorate - BaNES (BSW)	10.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Locality Directorate - Swindon (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	9.09%	0.00%	0.00%	0.00%	0.00%	8.33%	0.00%
983 Locality Directorate - Wiltshire (BSW)	14.29%	0.00%	0.00%	0.00%	10.00%	0.00%	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%
983 Medical Directorate (BSW)	15.38%	0.00%	5.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.80%
983 Nursing & Quality Directorate (BSW)	2.78%	1.20%	1.16%	1.29%	1.90%	1.26%	0.64%	1.28%	0.00%	0.00%	0.58%	2.40%
983 Strategy & Transformation Directorate (BSW)	0.00%	3.95%	1.35%	1.39%	0.00%	1.36%	0.00%	0.00%	0.00%	0.00%	0.00%	1.46%
983 Workforce & OD Directorate (BSW)	0.00%	25.00%	0.00%	28.57%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

\*please note the 100% turnover figure within the Workforce and OD Directorate for August relates to trainee nurses who left during the month.

### 3.2 TABLE BELOW SHOWS BENCHMARKING TURNOVER DATA FROM APRIL 2020 TO MARCH 2021

The table below shows the turnover figures for 8 other CCGs that South Central and West Commissioning Support Unit (SCW CSU) support compared to the turnover figures for BSW CCG. The data missing for March 2021 for the other CCGs is due to the information not yet being available at the time this report was compiled. For January 2021 BSW CCG had the third lowest turnover rate out of the 9 CCGs the SWC CSU support, in February 2021 they had the 5th lowest turnover rate out of the 9 CCGs and in March 2021 they had the 2nd lowest turnover rate out of the 4 CCGs that had data available at the time the report was compiled.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
<b>Org A</b>				0.82%	1.10%	1.10%	0.55%	0.54%	0.27%	2.11%	1.04%	
<b>Org B</b>	0.78%	0.40%	0.00%	0.79%	0.41%	0.78%	1.54%	1.14%	0.75%	1.11%	0.37%	1.44%
<b>Org C</b>	1.06%	0.83%	0.55%	0.55%	0.58%	1.11%	0.84%	1.39%	0.28%	1.10%	0.82%	1.09%
<b>Org D</b>	0.50%	0.00%	2.36%	1.88%	1.96%	2.26%	1.83%	0.00%	0.90%	1.79%	1.34%	2.64%
<b>Org E</b>	0.00%	0.00%	1.14%	1.12%	0.00%	1.14%	2.30%	0.00%	0.00%	0.00%	1.12%	
<b>Org F</b>	0.00%	0.91%	1.83%	2.82%	1.00%	0.97%	1.94%	1.94%	0.00%	1.92%	0.00%	
<b>Org G</b>	0.88%	0.88%	0.00%	0.00%	1.69%	0.84%	0.00%	1.67%	0.00%	1.65%	0.00%	
<b>Org H</b>				0.00%	0.00%	0.80%	0.80%	1.59%	0.00%	0.00%	0.00%	
<b>BSW</b>	2.13%	1.05%	1.31%	1.05%	1.81%	1.02%	0.51%	0.51%	0.00%	0.25%	0.49%	1.21%

### 3.3 TABLE SHOWS LEAVERS HEADCOUNT BY CCG AND DIRECTORATE FROM APRIL 2020 – MARCH 2021

CCG	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
BSW CCG	8	4	5	4	7	4	2	2	0	1	2	5
<b>Grand Total</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>5</b>

Directorate	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
983 Corporate Services Directorate (BSW)	1	1	1	0	0	0	1	0	0	0	0	0	5
983 Executive Directorate (BSW)	2	1	0	0	0	0	0	0	0	0	0	0	3
983 Finance Directorate (BSW)	0	0	0	0	1	0	0	0	0	0	0	0	1
983 Locality Directorate - BaNES (BSW)	1	0	0	0	0	0	0	0	0	0	0	0	1
983 Locality Directorate - Swindon (BSW)	0	0	0	0	0	1	0	0	0	0	1	0	2
983 Locality Directorate - Wiltshire (BSW)	1	0	0	0	1	0	0	0	0	1	0	0	3
983 Medical Directorate (BSW)	0	0	1	0	0	0	0	0	0	0	0	2	3
983 Nursing & Quality Directorate (BSW)	2	1	2	2	2	2	1	2	0	0	1	2	17
983 Strategy & Transformation Directorate (BSW)	1	1	1	1	0	1	0	0	0	0	0	1	6
983 Workforce & OD Directorate (BSW)	0	0	0	1	2	0	0	0	0	0	0	0	3
<b>Grand Total</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>44</b>

\*please note the leavers stated within the Workforce and OD Directorate for July and August relates to trainee nurses who left during these months.

### 3.3 TABLE AND CHART SHOWING REASONS FOR LEAVING FROM APRIL 2020 TO MARCH 2021

The table below shows the number of leavers by leaving reason during the period April 2020 to March 2021, in total 44. The table provides a breakdown for the whole reporting year. It is worth noting that 11 colleagues left the CCG due to gaining a promotion elsewhere and this indicates they have developed during their employment with the CCG and were able to demonstrate to other organisations the skill set they could offer. The CCG as part of the CCG People Strategy is looking at talent management approaches and will be working with system partners through the BSW Academy to look at talent management. Seven colleagues also voluntarily resigned due to work life balance; the CCG continues to look at work life balance policies to ensure they are supporting colleagues and will continue to promote them. The agile working discussions may also help address any work life balance issues colleagues are experiencing.

Leaving Reason	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
End of Fixed Term Contract	1	3	2	1	2	1	0	0	0	0	0	1	10
Voluntary Early Retirement - with Actuarial Reduction	1	0	0	0	0	0	0	0	0	0	0	0	1
Voluntary Resignation - Better Reward Package	1	0	0	0	0	0	0	0	0	0	0	0	1
Voluntary Resignation - Other/Not Known	1	0	2	0	1	0	1	0	0	0	0	0	4
Voluntary Resignation - Promotion	2	0	0	2	0	2	0	1	0	0	2	2	11
Voluntary Resignation - Relocation	1	0	0	1	0	0	0	0	0	0	0	1	3
Voluntary Resignation - Work Life Balance	1	0	1	0	1	0	0	1	0	1	1	1	7
Voluntary Resignation – Adult Dependants	0	0	0	0	1	0	0	0	0	0	0	0	1
Retirement Age	0	1	0	0	2	1	1	0	0	0	0	0	5
												<b>Total</b>	<b>44</b>

## Next steps regarding workforce retention

As part of the CCG People Strategy the CCG is exploring talent management approaches and will continue to work with the system partners through the BSW Academy to identify the best way to implement talent management and succession planning, to avoid talented colleagues who are ready for promotion looking at opportunities outside of the CCG.

The CCG will continue to ensure work life balance policies support colleagues and are promoted so all colleagues are aware of the potential opportunities available to them to achieve a balanced work life.

### 3.4 EXIT QUESTIONNAIRE DATA

Out of the 44 leavers during the year, 10 colleagues completed an exit questionnaire. A full summary of all the exit questionnaire data gathered is available if required.

The following areas highlight the highest positive responses and the highest negative responses. Please note not every question is commented on however the answers to all questions and free text comments can be found in appendix 1.

#### Positive Responses

- I have been able to voice my opinions and influence change in my area of work (6 colleagues agreed, 2 colleagues strongly agreed)
- Communications is good and I knew what was happening in the organisation (5 colleagues agreed, 2 colleagues strongly agreed)
- Adequate facilities and flexibility exists to fit work around my family life (5 colleagues agreed, 3 colleagues strongly agreed)
- I have encountered no violence or aggression in the course of my work (3 colleagues agreed, 7 colleagues strongly agreed)
- I feel that my work load was appropriate for my grade (6 colleagues agreed, 3 colleagues strongly agreed)
- I feel that the quantity of work was manageable (7 colleagues agreed, 3 colleagues strongly agreed)
- My supervisor/line manager was a good leader and role model (1 colleague agreed, 5 colleagues strongly agreed)
- I would consider return to employment with the CCG (2 colleagues agreed, 6 colleagues strongly agreed)

#### Negative Responses

- I have always been involved in decisions that affect me in my area of work (1 colleague strongly disagreed, 3 colleagues disagreed)
- The organisation has encouraged me to learn and develop (3 colleagues disagree)
- I have regularly discussed my objectives and performance with my line manager (1 colleague strongly disagreed, 3 colleagues disagreed)
- My duties were clearly defined (2 colleagues strongly disagreed)

An email is sent to colleagues containing a link to the leaver's survey via ESR once a termination form is received and processed. The termination form must be completed in a timely manner to ensure there is time for the link to the leaver's survey to be generated via ESR.

The exit questionnaire data is a rich source of data to understand colleague's experiences with the CCG and how the CCG could improve from the colleague's perspective. Exit questionnaires can also detail any serious issues that the colleague may have experienced but not been comfortable talking about whilst employed by the CCG and therefore the CCG can look to learn from these experiences.

## Next steps regarding Exit Questionnaires

Managers will be reminded via the Senior Leadership Team meetings and colleague briefings of the importance of encouraging colleagues who are leaving the organisation to complete the exit questionnaire when they receive the link following the termination form being processed.





## 4. Sickness including Long Term/Short Term

### 4.1 TABLE BELOW SHOWS SICKNESS ABSENCE % (FTE) AS A WHOLE CCG APRIL 2020 TO MARCH 2021 AND SPLIT BY DIRECTORATE FOR APRIL 2020 – MARCH 21

The table below shows a decrease in sickness absence from February 2021 to March 2021. The sickness absence rate at the start of the year, April 2020 was 2.15% and at the end of the reporting year, March 2021 the sickness rate was 2.31%. Sickness absence has remained below 2.47% throughout the year. As detailed earlier in the report sickness absence will start to be monitored again and action taken in line with the CCG Sickness Absence Policy as necessary.

CCG	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Sickness %	2.15%	1.14%	0.82%	0.97%	0.97%	1.09%	1.13%	0.88%	0.96%	1.56%	2.47%	2.31%

The table below shows the directorates with the highest amount of sickness across the last three months of the reporting period as being the Nursing and Quality Directorate (5.85%) and Strategy and Transformation Directorate (2.91%).

Directorate	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
983 Corporate Services Directorate (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.46%	0.00%	0.00%	0.00%	0.00%	0.40%
983 Executive Directorate (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Finance Directorate (BSW)	1.78%	0.00%	0.00%	0.00%	0.00%	0.25%	0.06%	0.62%	0.11%	0.06%	0.33%	0.21%
983 Locality Directorate - BaNES (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Locality Directorate - Swindon (BSW)	0.00%	0.72%	0.00%	0.00%	0.00%	0.30%	8.67%	0.00%	10.26%	5.15%	0.00%	0.00%
983 Locality Directorate - Wiltshire (BSW)	0.00%	0.67%	5.53%	0.00%	0.00%	0.00%	0.37%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Medical Directorate (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.90%
983 Nursing & Quality Directorate (BSW)	3.47%	0.80%	0.12%	1.57%	1.31%	1.57%	0.57%	0.10%	0.28%	1.28%	4.60%	5.85%
983 Strategy & Transformation Directorate (BSW)	0.22%	3.83%	3.12%	1.57%	2.17%	1.91%	2.52%	3.77%	2.50%	4.29%	2.10%	2.91%
983 Workforce & OD Directorate (BSW)	*12.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

\*The table above also shows a high level of sickness absence in April 2020 within the Workforce and OD Directorate, which were as a result of two long term sickness cases. These were incorrectly coded to this budget code. It was identified (by the Finance Team) following the merger that an ESR data cleanse exercise needed to take place to amend and restructure cost centre codes for the Directorates within BSW, this included the Workforce and OD Directorate. Following this exercise the two individuals on long term sick within the Workforce and OD Directorate were moved to the correct cost centre hence the reduction to 0% sickness in May 2020.

#### 4.2 TABLE BELOW SHOWS SICKNESS ABSENCE % (FTE) BENCHMARKING DATA FOR APRIL TO MARCH 2021

The table below provides benchmarking data for sickness absence against 8 other CCGs that SCW CSU supports. It is worth noting that BSW CCG had the second lowest sickness absence rate in January 2021 compared to the other 8 CCGs; however for February 2021 the CCG has the third highest sickness absence rate compared to the other 8 CCGs. The data missing for March 2021 for the other CCGs is due to the information not yet being available at the time this report was compiled. Details are also provided below regarding the monthly national NHS sickness absence rate from April 2020 to December 2020, the statistics for January to March 2021 have not yet been released. The CCGs monthly sickness absence rates were below the national NHS sickness absence rates from April 2020 to December 2020.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Org A				1.58%	1.65%	1.79%	1.98%	2.06%	1.58%	1.97%	2.33%	
Org B	1.34%	1.54%	1.85%	1.80%	2.13%	2.19%	2.08%	3.01%	2.81%	1.90%	2.22%	1.57%
Org C	1.43%	2.28%	2.20%	1.39%	1.92%	2.23%	1.98%	1.55%	1.42%	1.71%	1.49%	1.31%
Org D	2.09%	1.41%	2.73%	2.97%	1.97%	2.41%	3.70%	3.67%	2.44%	3.40%	3.23%	3.33%
Org E	0.75%	0.74%	1.00%	1.43%	2.38%	2.88%	1.90%	2.09%	1.68%	5.65%	2.58%	
Org F	1.85%	1.78%	0.37%	0.44%	2.04%	1.31%	0.35%	0.14%	0.24%	1.02%	0.21%	
Org G	4.15%	4.24%	2.99%	2.62%	1.13%	2.06%	1.56%	1.53%	1.71%	1.75%	1.29%	
Org H				1.49%	1.03%	1.27%	0.41%	1.29%	1.37%	2.96%	1.37%	
BSW	2.15%	1.14%	0.82%	0.97%	0.97%	1.09%	1.13%	0.88%	0.96%	1.56%	2.47%	2.31%
NHS National sickness absence %	2.32%	1.80%	1.75%	1.75%	1.80%	2.01%	2.26%	2.51%	2.31%	NA	NA	NA

### 4.3 TABLES BELOW SHOW SICKNESS ABSENCE SHORT TERM % AS A WHOLE CCG AND SPLIT BY DIRECTORATE FROM APRIL 2020 – MARCH 2021

The table below highlights that short term sickness absence across the CCG decreased by 0.38% between January and April 2021. Short term sickness has fluctuated throughout the reporting year but has not exceeded 0.80%. The Swindon Locality Directorate had the highest amount of short term sickness absence during the quarter 4 reporting period, reporting 5.15% short term sickness absence in January 21, however this has since reduced to zero in February and March 2021.

CCG	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
BSW CCG	0.38%	0.44%	0.21%	0.67%	0.43%	0.32%	0.60%	0.39%	0.48%	0.80%	0.60%	0.42%

Directorate	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
983 Corporate Services Directorate (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.46%	0.00%	0.00%	0.00%	0.00%	0.40%
983 Executive Directorate (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Finance Directorate (BSW)	0.14%	0.00%	0.00%	0.00%	0.00%	0.25%	0.06%	0.62%	0.11%	0.06%	0.33%	0.21%
983 Locality Directorate - BaNES (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Locality Directorate - Swindon (BSW)	0.00%	0.72%	0.00%	0.00%	0.00%	0.30%	8.67%	0.00%	10.26%	5.15%	0.00%	0.00%
983 Locality Directorate - Wiltshire (BSW)	0.00%	0.67%	5.53%	0.00%	0.00%	0.00%	0.37%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Medical Directorate (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%
983 Nursing & Quality Directorate (BSW)	0.89%	0.46%	0.12%	1.57%	0.75%	0.46%	0.46%	0.10%	0.28%	1.28%	1.15%	0.08%
983 Strategy & Transformation Directorate (BSW)	0.22%	1.07%	0.00%	0.00%	0.60%	0.35%	0.00%	1.28%	0.05%	0.30%	0.22%	1.27%
983 Workforce & OD Directorate (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

#### 4.4 TABLES BELOW SHOW SICKNESS ABSENCE LONG TERM % AS A WHOLE CCG AND SPLIT BY DIRECTORATE FROM APRIL 2020 – MARCH 2021

The table below highlights that long term sickness absence has increased from January through to March 2021. Long term sickness absence has steadily increased from December 2020, where it was reported at 0.48% LTS absence through to March 2021 where it is recorded as 1.88%.

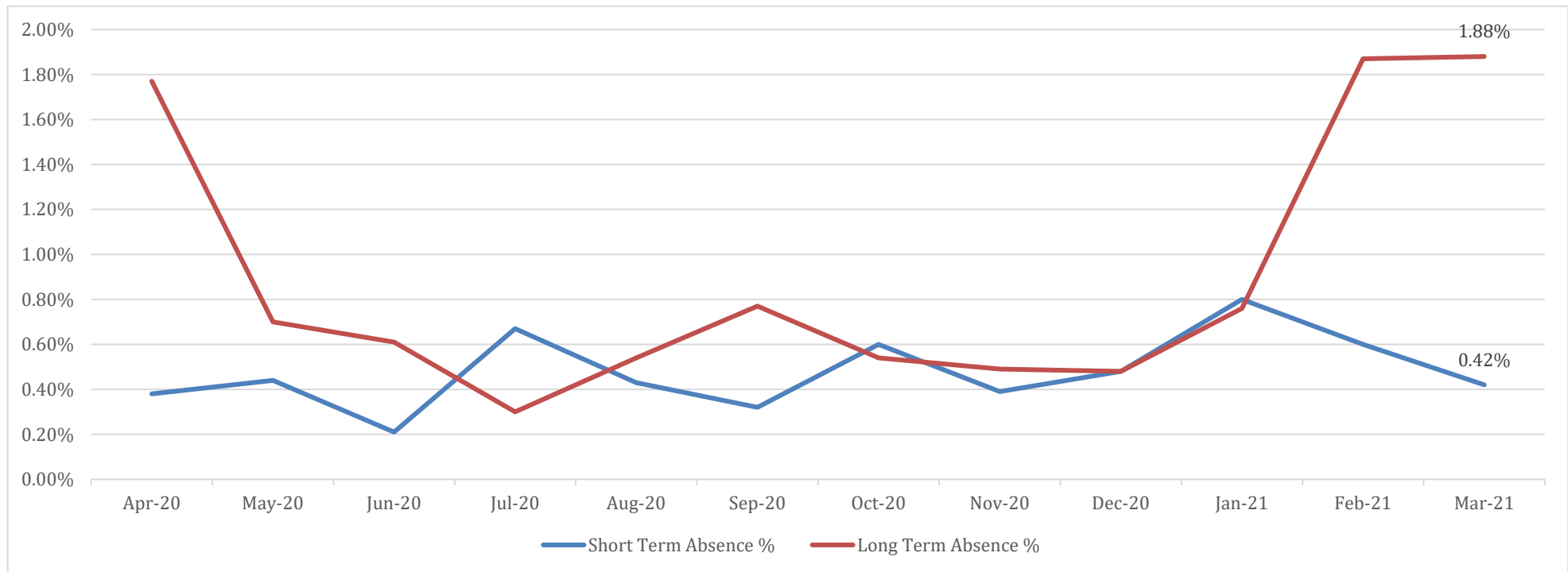
All long term sickness cases are being actively managed by the colleague's manager and supported by HR. The individuals have all been referred to OH and medical advice sought on how best to support the individuals. The highest amount of long term sickness absence reported for quarter 4 is within the nursing and quality directorate at 9.21%.

CCG	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
BSW CCG	1.77%	0.70%	0.61%	0.30%	0.54%	0.77%	0.54%	0.49%	0.48%	0.76%	1.87%	1.88%

\*The high figure for long term sickness absence stated in the table below for the Workforce and OD Directorate is explained above in section 4.1.

Directorate	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
983 Corporate Services Directorate (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Executive Directorate (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Finance Directorate (BSW)	1.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Locality Directorate - BaNES (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Locality Directorate - Swindon (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Locality Directorate - Wiltshire (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
983 Medical Directorate (BSW)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.37%
983 Nursing & Quality Directorate (BSW)	2.58%	0.34%	0.00%	0.00%	0.56%	1.11%	0.11%	0.00%	0.00%	0.00%	3.45%	5.76%
983 Strategy & Transformation Directorate (BSW)	0.00%	2.77%	3.12%	1.57%	1.56%	1.56%	2.52%	2.48%	2.45%	3.99%	1.87%	1.64%
983 Workforce & OD Directorate (BSW)	*12.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

#### 4.5 GRAPHICAL ANALYSIS SHOWING SICKNESS ABSENCE SHORT/LONG TERM FOR BSW CCG FROM APRIL 2020 – MAR 2021



## 4.6 ANALYSIS OF REASONS FOR SICKNESS ABSENCE FROM APRIL 2020 TO MARCH 2021

The following table shows FTE days lost by sickness absence reason during the reporting year April 2020 to March 2021 for BSW CCG and the breakdown by percentage for each absence reason.

Absence Reason	Number of Occurrences	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	26	628.29	32.3
S17 Benign and malignant tumours, cancers	2	230.00	11.8
S12 Other musculoskeletal problems	11	222.93	11.5
S25 Gastrointestinal problems	40	151.11	7.8
S98 Other known causes - not elsewhere classified	15	106.36	5.5
S15 Chest & respiratory problems	5	105.27	5.4
S99 Unknown causes / Not specified	6	75.59	3.9
S16 Headache / migraine	48	73.96	3.8
S31 Skin disorders	2	57.81	3.0
S21 Ear, nose, throat (ENT)	11	54.76	2.8
S13 Cold, Cough, Flu - Influenza	17	43.05	2.2
S19 Heart, cardiac & circulatory problems	3	41.00	2.1
S20 Burns, poisoning, frostbite, hypothermia	1	40.00	2.1
S11 Back Problems	6	36.76	1.9
S26 Genitourinary & gynaecological disorders	6	34.68	1.8
S28 Injury, fracture	5	12.00	0.6
S27 Infectious diseases	1	10.40	0.5
S29 Nervous system disorders	2	9.00	0.5
S30 Pregnancy related disorders	1	4.00	0.2
S24 Endocrine / glandular problems	3	3.60	0.2
S22 Dental and oral problems	1	2.00	0.1
Grand Total	212	1,942.57	100.0%

The table details that anxiety/stress/depression/other psychiatric illnesses has resulted in 628 FTE days being lost during the reporting period and accounts for 32.3% of all sickness absence. The ConsultHR team have supported a number of managers with completing the Health and Safety Executive (HSE) stress risk assessment with their direct reports and appropriate action taken where possible to reduce stress that colleagues are experiencing.

As a result of the high number of occurrences of anxiety/stress/depression/other psychiatric illnesses, the CCG is looking to explore commissioning a series of management of stress and resilience workshops. There will also be the opportunity for teams to access a workshop called Me and We that looks at the new ways in which we are now working, team dynamics and getting the best from each other.

75 FTE days have been lost but due to unknown causes/not specified. A further reminder will be sent out to all colleagues reminding them of the importance of recording the reasons for absence so the CCG are able to support colleagues appropriately.

There has also been 222 days lost due to musculoskeletal problems and 73 days lost due to headaches and migraines. These absences may be related to colleagues desk set ups at home and therefore managers will be reminded of the importance of ensuring colleagues have completed an up to date DSE assessment.

The days lost due to anxiety/stress/depression and/or other psychiatric illnesses relates to 15 short term episodes of absence (seven of which were less than a week), and 11 long term episodes of absence.

It is know which are the main areas within the CCG that have had individuals on sick leave due to anxiety/stress/depression and/or psychiatric illnesses and the EAP and Staff Support services are promoted regularly to colleagues in these areas, and Managers who have reached out to HR are asked to publicise these services to the individuals directly. Individuals on long term sick leave have been referred to occupational health to allow the individuals manager and the CCG to seek medical advice on how best to support them and if there is any action the individual can take themselves. The Health and Safety Stress Risk Assessment have been completed for individuals where this has been recommended by occupational health.

The wellbeing support available to colleagues is detailed on the intranet site and includes information about support for mental wellbeing, details on how to manage stress and a line manager's resource pack to support staff with a mental health condition, and details of the mental health first aiders who are available.

A programme of workshops have been commissioned called 'Me and We' to support teams to consider how to get the best out of working remotely given everyone has different personality and work style preferences and to explore further how individuals can cope, adapt and thrive. The follow up sessions of the Me and We programme will look at how team working can work more effectively when individuals begin to understand their own and colleagues preferred ways of working, stress points and strategies for enhanced communication. Through this programme it is expected that teams will have a better understanding of each other and working relationships will further develop to enable open and honest conversations to take place including discussions about wellbeing.

Through the drive to work in a more agile way how colleagues undertake their work is changing and the focus of work is on outcomes rather than processes or presenteeism, and through agile working one of the benefits aiming to be achieved is for the workforce to have the opportunity to lead balanced and healthy lives, and have an improved work-life balance. The physical office environment is also changing to ensure it supports collaboration and innovation. The CCG is on a journey for the workforce to be empowered by a new trust-based working culture and it is recognised this change in culture may take a period of time to be embedded. The Ways of Working programme will implement a range of flexible working options to benefit the workforce and service

users. It is highlighted within the Ways of Working Handbook that agile working practices can reduce absence and in particular reduce stress. The level of sickness absence related to stress/anxiety/depression and/or psychiatric illnesses will continue to be monitored as formalised ways of working continue to be embedded.

### **Next step regarding sickness absence recording**

A communication will be sent out to all managers and colleagues to inform them that sickness absence will start to be managed again from 1<sup>st</sup> April 2021 and if necessary targets set in line with the sickness absence policy if triggers have been reached.

The CCG will also look to explore stress management workshops with external providers due to one of the main reasons for absence being stress related illness.

The CSU HR Team will send out a reminder to all colleagues of the importance of carrying out DSE assessments especially given the majority of colleagues have now been working at home for over a year.

The CSU HR Team will remind Managers of the importance of recording reasons for absence and not stating unknown causes/not specified.





## 5. Equality and Diversity Data

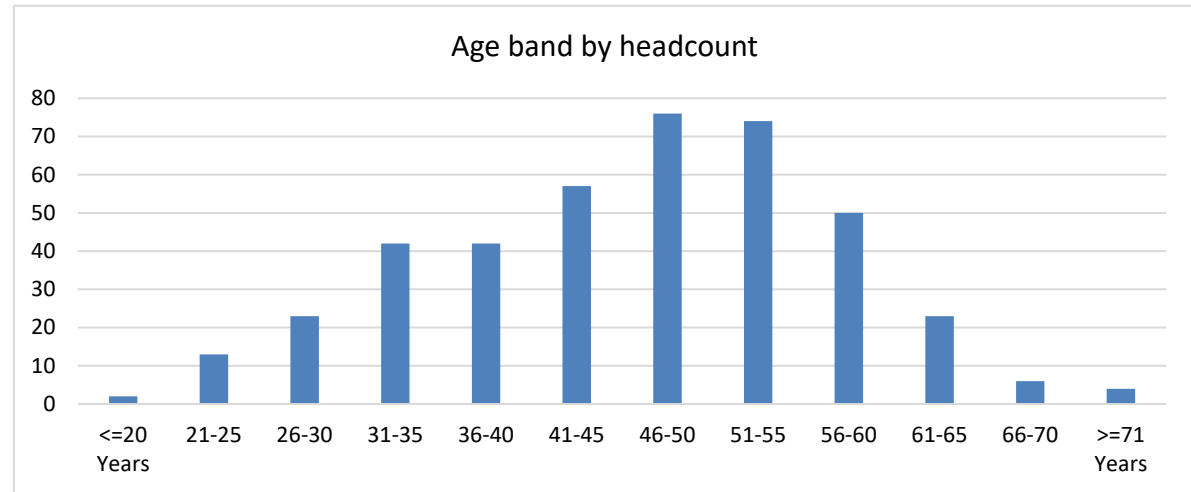
### Disability

Disability	Headcount	%	FTE
No	352	85.44%	307.63
Yes	14	3.40%	11.96
Unknown	46	11.17%	33.48
<b>Grand Total</b>	<b>412</b>	<b>100.00%</b>	<b>353.08</b>

### Gender

Gender	Headcount	%	FTE
Female	332	80.58%	286.00
Male	80	19.42%	67.08
<b>Grand Total</b>	<b>412</b>	<b>100.00%</b>	<b>353.08</b>

### Age Band



## Ethnic Group

Ethnic Group	Headcount	%	FTE
BME	23	5.58%	18.85
White	372	90.29%	325.31
Unknown	17	4.13%	8.92
<b>Grand Total</b>	<b>412</b>	<b>100.00%</b>	<b>353.08</b>

The tables and graphs display the demographic composition of the BSW CCG workforce. The number of colleagues opting to state that their disability and ethnic status is unknown has remained the same during the last 6 months. Further work will be undertaken to encourage colleagues to review and update their equality and diversity data on ESR for the CCG to have a clear picture of the demographic composition of the workforce. Work is continuing to address the unknown reasons for ethnicity via the CCG WRES action plan.

### Next step regarding data quality

A further communication will be sent out to all colleagues to ask them to check their data via ESR employee self-service to ensure it is accurate and if possible, to address the areas where *unknown or not specified* is recorded.

## 5.2 BENCHMARKING DATA AGAINST 2011 CENSUS FOR ETHNICITY

The following table shows how the CCG workforce compares to the BSW population it serves in relation to ethnicity. The percentage for the CCG workforce for White and BME colleagues does not total 100% as the ethnicity for 4.13% of the CCG workforce is unknown. The table also shows the ethnicity composition of the three legacy CCGs up until 31<sup>st</sup> March 2020.

For colleagues who have stated their ethnicity this has remained the same for BME colleagues from September 2020 to March 2021 and for white colleagues this has increased by 0.29%. The 2011 census statistics detail 5.47% of the BSW population as BME slightly less than the CCG BME workforce at 5.58% and the census statistics detail 94.53% of the BSW population as white, which is 4.24% higher than the CCG white workforce.

	2011 Census statistics		CCG % 31 Mar 20	CCG % 30 Sept 20	CCG % 31 Mar 21	2011 Census statistics		CCG % 31 Mar 20	CCG % 30 Sep 20	CCG % 31 Mar 21
	White	%	White	White	White	BME	%	BME	BME	BME
<b>BaNES CCG</b>	166473	94.58%	89.69%			9543	5.42%	5.15%		
<b>Swindon CCG</b>	187898	89.84%	86.33%			21258	10.16%	8.63%		
<b>Wiltshire CCG</b>	454971	96.60%	91.46%			16010	3.40%	3.66%		
<b>BSW TOTALS</b>	<b>809342</b>	94.53%		90.10%	90.29%	<b>46811</b>	5.47%		5.58%	5.58%

## 5.3 BENCHMARKING DATA AGAINST 2011 CENSUS AND NHS WORKFORCE FIGURES FOR GENDER

The table below shows how the CCG workforce compares to the BSW population it serves and the NHS workforce in relation to gender. The table highlights that the female composition of the CCG workforce is significantly higher compared to the percentage of females within the BSW population and 3.58% higher than the whole NHS workforce in relation to females. The amount of females within the BSW workforce has increased by 0.38% since September 2020.

With regards to the male composition of the BSW CCG workforce, this is significantly lower compared to the percentage of males within the BSW population and slightly lower compared to the NHS workforce in relation to males, 2.58%. The amount of males within the BSW workforce has decrease by 0.38% since September 2020.

Female				Male			
2011 Census statistics (England) of population	% of NHS workforce who are female	CCG (30 Sept 20)	CCG (31 March 21)	2011 Census statistics (England) of population	% of NHS workforce who are male	CCG (30 Sep 20)	CCG (31 Mar 21)
50.82%	77%	80.20%	80.58%	49.18%	22%	19.80%	19.42%

#### 5.4 BENCHMARKING DATA AGAINST 2011 CENSUS AND NHS WORKFORCE FIGURES FOR AGE

The table below shows how the CCG workforce compares to the age breakdown of England’s working population and the breakdown of the NHS workforce. It has not been possible to provide a breakdown for the BSW population as each locality presents the data with different age parameters.

The table highlights that the BSW CCG has a higher percentage, 34.47%, of its workforce in the age bracket 45 – 54 compared to England’s working population at 21% and the NHS workforce at 28%. The CCG also has a higher percentage of its workforce in the age bracket 55 – 64 compared to England’s working population and the NHS workforce. The age bracket where the CCG has a lower percentage of its workforce compared to the England’s working population and the NHS workforce, is the age brackets under 25 and 25 – 34, with 2.67% and 13.59% of the CCG workforce falling within this age range.

The CCG could look to address the lower representation within the under 25 and 25 – 34 age brackets through linking in with schools and universities to educate people about the roles that CCG can offer and also exploring apprenticeships and graduate schemes which may attract people under 34 years of age. The CCG membership of the BSW Recruitment and Retention Group will also support work in this area.

Age brackets	Age breakdown of England’s working population %	Age breakdown of the NHS workforce %	Age breakdown of the CCG workforce %
Under 25	12%	6%	2.67%
25 - 34	23%	22%	13.59%
35 - 44	22%	24%	25.24%
45 - 54	21%	28%	34.47%
55 - 64	18%	18%	20.63%
65 and over	4%	2%	3.40%

## 5.5 BENCHMARKING DATA AGAINST 2011 CENSUS FOR DISABILITY

The table below shows how the CCG workforce compares to the national census statistics for the population in relation to disability. Comparable data was not available for BANES, Swindon and Wiltshire locality from the census as each locality presented the data regarding disability differently. It was therefore not possible to compare the CCG workforce with the three localities, as the same information was not available.

The table highlights that the BSW CCG workforce has a significantly lower proportion of colleagues with a disability, 3.40%, compared to the national census statistics, 17.64%. However, it should be noted that the CCG has 11.17% of its workforce who have not declared if they have a disability or not and therefore the CCG figures recorded regarding colleagues having a disability or not are not a true reflection, as it does not include over 10% of the CCG workforce. The number of CCG colleagues who have declared they have a disability has increased by 0.60% from September 2020 to March 21.

Disability			No Disability			Unknown		
2011 Census statistics (England)	CCG (30 Sept 20)	CCG (31 Mar 21)	2011 Census statistics (England)	CCG (30 Sep 20)	CCG (31 Mar 21)	2011 Census statistics (England)	CCG (30 Sep 20)	CCG (31 Mar 21)
17.64%	2.80%	3.40%	82.36%	85.50%	85.44%	0.00%	11.70%	11.17%

## 5.6 GENDER PAY GAP REPORTING AS AT 31<sup>ST</sup> MARCH 2021

The gender pay gap is defined in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and means the difference between the average hourly earnings of men and women. It is unlawful to pay people inequitably because of gender. The gender pay gap highlights any disparity of average pay across an organisation.

BSW CCG will by law be required to report on and publish their gender pay gap on a yearly basis based on a snapshot from 31<sup>st</sup> March each year. Previously the legacy CCGs were not required to do this as they had less than 250 employees. BSW CCG will be required to publish a snapshot of date from 31<sup>st</sup> March 2021 by March 2022 on both the government website and the CCGs website.

The majority of BSW CCG colleagues are on Agenda for Change pay scales, which provide a clear process of paying employees equally, irrespective of their gender.

The mean pay gap is the difference between the pay of all male and all female colleagues when added up separately and divided respectively by the total number of males and the total number of females in the workforce.

The median pay gap is the difference between the pay of the middle male and middle female, when all employees and then all female employees are listed from the highest to the lowest paid.

The table below shows that the mean hourly rate of pay for males is £12.90 higher than that of females within the CCG, a gender pay gap of 35.93%. This has significantly reduced since the gender pay gap was reported in the 6 monthly report, where the gender pay gap based on average hourly rate was 50.52% and a difference of £20.17 between males and females average hourly rate.

The table also details that the median pay for males is £7.81 higher than females, a gender pay gap of 28.73%. Again, this has significantly reduced since the gender pay gap was reported in the 6 monthly report, where the gender pay gap based on the median pay was 50.52% and a difference of £16.98 between males and females median hourly rate.

Gender	Average Hourly Rate	Median Hourly Rate
Male	35.90	27.19
Female	23.00	19.37
Difference	12.90	7.81
Pay Gap %	<b>35.93</b>	<b>28.73</b>

The pay gender data has also been split into pay quartiles (blocks of 25%) and show the proportion of males and females in each quartile. The results of the split are shown below.

In all four quartiles, there is a significantly higher percentage of women than men within BSW CCG. The percentage of men in quartile 1 and 4 has decreased since gender pay data was published in the 6 monthly workforce report. As at the end of September 2020 there were 7.14% of men in quartile 1 which has now reduced to 4.72% and 48.84% in quartile 4, this has now reduced to 33.33%. There has however been an increase in the percentage of men in quarter 2 and 3 since the last gender pay gap report at the end of September 2020.

Quartile	Female %	Male %
1 Lower Quartile	95.28	4.72
2 Lower Middle Quartile	88.57	11.43
3 Upper Middle Quartile	76.34	23.66
4 Upper Quartile	66.67	33.33

Further analysis of the gender pay gap data has identified that when the 20 BSW Clinical Leads are excluded from the gender pay gap reporting the difference in the average hourly rate is slightly reduced from £12.90 to £11.86. The Clinical Lead workforce consists of 14 females and 6 males.

	Average Hourly rate
Female	21.66
Male	33.52
Grand Total	23.83
Difference	11.86

Analysis has been carried out in relation to the difference in the hourly pay rate between males and females for each pay band and ad hoc pay scales. The table below shows that, females earn more than males in the lower pay bands, bands 2 to 5 and band 7 and 8B. Males earn more than females in band 6 and 8A and the highest pay bands, 8C to 9 and ad hoc salaries. Within pay band 8C males earn £2.27 more per hour than females and within the ad hoc salaries' males earn £6.68 more than females per hour. With regards to the 8 males within band 8C, 6 of them are on the top of the 8C salary range compared to 3 females at the top of the 8C salary band out of 11.

The table highlights that the gender pay gap is impacted by males in bands 8C and above earning more than their female counterparts per hour and that there are no males in band 4 compared to 34 females. There is also a significant number of females in band 6, 36 in total compared to 5 males but the males earn more per hour than the females.

	Female staff Headcount	Male staff Headcount	Female Average Hourly rate	Male Average Hourly rate	Difference
Band 2	1	0	9.89	0.00	NA
Band 3	66	5	10.47	10.38	-£0.09
Band 4	34	0	11.95	0.00	NA
Band 5	31	4	14.24	13.32	-£0.92
Band 6	36	5	17.54	18.47	£0.93

Band 7	46	8	21.56	20.92	-£0.64
Band 8A	28	14	24.32	24.41	£0.09
Band 8B	31	6	28.84	27.59	-£1.24
Band 8C	11	8	34.12	36.39	£2.27
Band 8D	7	7	42.22	42.35	£0.13
Band 9	7	3	51.36	51.75	£0.39
Ad Hoc	30	19	58.13	64.81	£6.68

### Next step regarding Gender Pay Gap

The full gender pay gap report as required by law based on the workforce composition as at 31 March 2021 must be submitted by March 2022, it is therefore proposed that the full gender pay gap report will be compiled for BSW CCG by the 31 October 2021. The report will provide in depth analysis to examine the gender composition within each pay band. Following this an action plan will be developed which will aim to address any inequalities experienced by men or women in the workforce and to enhance the experiences for both genders within BSW CCG.





## 6. Pay

### 6.1 ANNUAL PAYROLL REPORT

The information below shows the overall accuracy of payments made to staff for the year April 2020 to March 2021. It includes details of payment errors and overtime/excess hours payments claimed.

#### PAYMENT ACCURACY

In the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021, a total of 4970 payments (this figure includes additional assignments) were made to 5027 colleagues. The payroll accuracy for these payments was 99.67%. Less payments than colleagues is recorded as some colleagues within the payroll report are bank colleagues and therefore may not have claimed during this period, especially if they only joined the CCG in March 2021 and therefore their March timesheet would not be paid until April 2021.

Underpayments identified	13
Over Payments identified	4
<b>Total Payment issues</b>	<b>17</b>

The main causes of payment errors are listed below; the majority of payment errors were caused by managers submitting paperwork late. The cut off dates for all forms is published on the CCG intranet site.

Team	No of Errors	Rationale To Support
Staff	3	Member of staff did not provide correct bank details, issue with inputting on EASY system as issue with EASY
Management	12	Late instructions/submissions
Payroll Provider	2	Late new starter as the change on the ESR record blocked the new starter arrears, incorrect assignment status.
HRinput	0	
HMRC	0	



## 7. Statutory and Mandatory Training and Appraisal Data

### 7.1 STATUTORY AND MANDATORY COMPLIANCE AS AT 31<sup>ST</sup> MARCH 2021

Compliance target for statutory/mandatory training is 90% and stood at 93.63% as at 31<sup>st</sup> March 2021.

The list of Mandatory Training for all colleagues is as follows:

Statutory & Mandatory Training
Conflict Resolution
Conflicts of Interest Module 1
Conflicts of Interest Module 2 * some colleagues
Conflicts of Interest Module 3 * some colleagues
Data Security Awareness - Level 1 2020/21
Equality and Diversity
Fire Safety
Health, Safety and Welfare
Infection Prevention and Control Level 1
Mental Health Awareness
Moving and Handling
PREVENT Radicalisation 1 & 2
Safeguarding Adults Level 1
Safeguarding Adults Level 2
Safeguarding Adults Level 3 * some colleagues
Safeguarding Children Level 1
Safeguarding Children Level 2

## Next Steps regarding Mandatory Training Compliance

Frequent communications will continue to be sent out to all colleagues with regards to the importance of completing their statutory and mandatory training to ensure continual compliance across the organisation.

## 7.2 PERFORMANCE REVIEW (APPRAISAL) COMPLIANCE

Please note this data is extracted from ESR and only started to be used for the recording of performance review dates from 1<sup>st</sup> August 2020. The figures below show a total of 232 staff had an Appraisal between 1 April 2020 and 31 March 2021, representing 56.31% of the workforce. However since the end of March 2021 appraisal compliance rates have increased further and as at the end of May 2021 stand at 63.48%.

A new BSW Performance Review protocol has been launched in the timeline of this report and introduction/training sessions have been made available.

CCG	Compliance Headcount	Compliance %
BSW CCG	232	56.31%
<b>Grand Total</b>	<b>232</b>	<b>56.31%</b>

## Next Step regarding Performance Reviews (Appraisal)

Communications will continue to be sent out to colleagues to remind them that they need to have completed their appraisals and six monthly reviews and the date needs to be recorded in ESR and the documentation uploaded to the ConsultOD portal.

## SUMMARY OF ACTIONS TO BE TAKEN

The CCG Executive Team and Governing Body are asked to review and note the information contained within this annual workforce report. The Executive Team are also asked to support the organisation in ensuring data is recorded in a timely and accurate manner in relation to sickness absence and appraisal compliance and that all colleagues are encouraged to complete their statutory and mandatory training. The following actions will be taken to aid this process:

- Regular communications will be shared with colleagues regarding the importance of using annual leave in a timely manner throughout 2021/2022.
- As part of the CCG People Strategy the CCG is exploring talent management approaches and will continue to work with the system partners through the BSW Academy to identify the best way to implement talent management and succession planning to avoid talented colleagues who are ready for promotion looking at opportunities outside of the CCG.
- The CCG will continue to ensure work life balance policies support colleagues and are promoted so all colleagues are aware of the potential opportunities available to them to achieve a balanced work life.
- Managers will be reminded via the Senior Leadership Team meetings and colleague briefing of the importance of encouraging colleagues who are leaving the organisation to complete the exit questionnaire when they receive the link following the termination form being processed.
- A communication will be sent out to all managers and colleagues to inform them that sickness absence will start to be managed again from 1<sup>st</sup> April 2021 and if necessary, targets set in line with the sickness absence policy if triggers have been reached.
- The CCG will also look to explore stress management workshops with external providers due to one of the main reasons for absence being stress related illness.
- The CCG will send out a reminder to all colleagues of the importance of carrying out DSE assessments especially given the majority of colleagues have now been working at home for over a year.
- Managers will also be reminded of the importance of recoding reasons for absence and not stating unknown causes/not specified.
- A further communication will be sent out to all colleagues to ask them to check their data via ESR employee self-service to ensure it is accurate and if possible, to address the areas where *unknown or not specified* is recorded.
- A full gender pay gap report and action plan will be compiled by 31 October 2021 to meet the legal requirements for publishing this data.
- Frequent communications will continue to be sent out to all colleagues regarding the importance of completing their statutory and mandatory training to ensure continual compliance across the organisation.

- Communications will continue to be sent out to colleagues to remind them that they need to have completed their appraisals and 6 monthly reviews and the date needs to be recorded in ESR and the documentation uploaded to the ConsultOD portal.