

## BOARD PAPER - NHS COMMISSIONING BOARD

**Title:** Recruitment update

**Clearance:** Jo-Anne Wass, National Director: HR

**Purpose of Paper:**

- This paper provides an update for the Board on the implementation of the recruitment strategy. It summarises the progress that has been made since the December 2012 meeting of the Board, and presents updated information about the diversity of our emerging workforce.

**Key Issues and Recommendations:**

- Significant progress has now been made against the NHS Commissioning Board's (NHS CB's) recruitment targets. The large majority of posts in the organisation have now been filled and recruitment to remaining vacancies is nearing completion.
- Work is being undertaken to process all the appointments that have been made to the NHS CB. For staff who have been recruited from the existing system, this involves working with sending organisations and the Department of Health (DH) to prepare transfer schemes for relevant staff, and the development of the HR systems that are necessary for the NHS CB to employ these staff.

**Actions Required by Board Members:**

- to note progress with recruitment;
- to note the latest organisational diversity profile;
- to note the timetable for the authorisation of transfer schemes.

## **Recruitment update**

### **Executive summary**

1. This paper provides an update for the Board on the implementation of the recruitment strategy. It summarises the progress that has been made since the December 2012 meeting of the Board, and presents updated information about the diversity of our emerging workforce.

### **Introduction**

- 2 There will be approximately 5984 posts within the NHS CB establishment, and plans are currently in place to recruit to the majority of these posts to ensure that the organisation is in a position to deliver its statutory duties by 1 April 2013. The majority of staff appointed to these posts will join us from a range of 'sending' organisations.
- 3 The total number of posts within the establishment includes approximately 1,803 family health services (FHS) staff who will administer contracts with GPs, dentists, pharmacists and optometrists.
- 4 It also includes the NHS Improving Quality (NIQ), which will have approximately 73 posts in its end state.
- 5 The NHS CB's recruitment strategy has planned to deliver two objectives:
  - to ensure that all staff at risk or affected by change in sending organisations had clarity about their future employment by the end of December 2012, and
  - to fill posts in the NHS CB's organisational structure in a timely manner in order to enable the NHS CB to discharge its responsibilities. This requires the NHS CB to fill the large majority of its posts by the end of March 2013.
6. Previous reports to the Board have focused primarily on the delivery of the first of these objectives. At the December 2012 meeting, it was reported that 98 per cent of posts in the NHS CB's organisational structure were compliant with the December target.
7. The focus of this report is, therefore, on delivery of the March 2013 target.

### **Progress since December**

8. A stock take of all appointments to date (whether made through transfer or recruitment) has been undertaken, to assess progress and to inform the plan for further recruitment going forward.
9. A summary of progress with filling posts is contained in Appendix A. This represents the position as at 31 January 2013. An update on the latest position will be presented at the Board meeting.

10. The table in Appendix A shows that at the time of writing, of the total number of posts within the establishment (5984), approximately 77 per cent of posts (4594) have been filled. There are therefore 23 per cent (1390) of posts still to be filled.
11. Of the 5984 posts, 51.4 per cent of posts (3076) have been filled through job matching/transfer and the remaining 25.4 per cent (1520) have been filled through ring fenced recruitment. Of the posts that have been filled through recruitment, approximately 95 per cent (1444) of appointments are from the 'at risk' group.
12. Having been unable to fill some posts through matching or ring-fenced recruitment, managers are now reviewing aspects of the organisational design. As a consequence, approximately 4 per cent (239 posts) of the total 5984 posts are under review.
13. Excluding those posts on hold, recruitment to the remaining 19.2 per cent (1149) NHS CB posts will take place throughout February and March 2013. The majority of these remaining vacancies were advertised before 31 January 2013 to maximise the chances of appointments being made by 1 April 2013.
14. Analysis of appointments to date by region shows that the percentage of posts filled ranges from 83 per cent in London to 62 per cent in the South. Recruitment in the South has increased significantly over the past few weeks from 51 per cent at the beginning of January 2013 and plans are in place to continue to increase the rate of recruitment over the next few weeks.
15. The lowest percentage of posts filled is within the National Support Centre with just less than half of the posts filled, (48 per cent of posts (490)). Although again, this has significantly increased from 39 per cent of posts filled at the beginning of January 2013.
16. Three per cent of posts have been filled in the NIQ. The core NIQ will be relatively small with 73 posts and the remainder will be advertised in February/March 2013. Approximately 200 staff will transfer to the NHS CB on 1 April 2013 from six legacy body organisations currently delivering improvement activity.
17. An analysis of percentage of posts filled within the National Support Centre by directorate, from highest to lowest, is as follows:

• Commissioning Development	79 per cent
• HR/OD	63 per cent
• Nursing	61 per cent
• Operations	43 per cent
• Policy	42 per cent
• Patients and Information	42 per cent
• Finance	42 per cent

- Medical 33 per cent

18. This shows that the highest percentage of posts filled is within the commissioning development directorate. The directorates with the lowest percentages of posts filled are the finance and medical directorates. However, it should be noted that the percentage of posts filled in each of these directorates has significantly increased since the beginning of January 2013.

### **Remaining Appointments**

19. Based on an analysis of the current position it is anticipated that the regions will have recruited to at least 90 per cent of posts by 1 April 2013. Whilst it is the case that only 62 per cent of posts have been filled in the South, a significant amount of recruitment has taken place over recent weeks and plans are in place to achieve at least a 90 per cent fill rate.
20. A review of plans for recruitment to the remaining vacancies has also been carried out. An analysis of progress in particular with appointment to business critical posts within the NHS CB has been undertaken in the section below.

### **Review of Business Critical Posts**

#### VSM Posts

21. Recruitment to very senior manager (VSM) posts across the organisation is almost complete. 96 per cent (214) of the 222 VSM posts in the organisation have been filled at the time of writing. There is evidence of difficulties in some areas in attracting suitable candidates to some of the remaining business critical VSM posts. However, strategies are in place to address these particular problems and to seek suitably qualified candidates.

#### Administrative Support Posts

22. Recruitment to Agenda for Change (AfC) and Medical and Dental (M&D) posts is well advanced. At the time of writing, 77 per cent (4341) of the AfC and 67 per cent (39) of M&D posts in the organisation have been filled.
23. Within the National Support Centre, there is evidence that whilst appointments have been made to the majority of the senior AfC posts, a number of the vacancies in all directorates are the administrative support posts (Bands 4 and 5) including Personal Assistant posts to Directors and Senior Managers. There is also evidence that the NHS CB is not always successful in attracting suitably qualified staff to these posts as well as evidence that there may also be insufficient supply within the local market. This presents a risk to the capacity of senior staff. This is a particular issue for the Medical Directorate who, at the time of writing has 20 administrative posts still vacant.

#### Policy Directorate – Analysts and Corporate IT Posts

24. The Policy Directorate has the largest number of posts within the National Support Centre (299). However, only about half of these posts have been filled to date. Plans are in place to ensure recruitment to the majority of posts by 1 April 2013.
25. There has been some delay to the recruitment of the Strategy and Equality and Health Inequalities Posts due to the recent transfer of these functions from the previous Transformation Directorate and subsequent reconfiguration of structures. However, recruitment to these posts is now taking place.
26. Business critical vacancies within the directorate are IT and analyst posts.
27. There are 17 posts within the corporate IT structure of which 6 have been filled through ring fenced recruitment. The remaining 11 posts were advertised to external competition in January 2013. Whilst this is a relatively small number, there may be difficulties in attracting suitably qualified candidates. A further stocktake of progress will therefore be taken during early February 2013 in order to develop plans to address any short falls.
28. There are 143 analyst posts within the NHS CB structure at various bands. In terms of current recruitment progress, 49 per cent of posts (70) have been filled to date. This includes 33 on a bulk secondment arrangement from the DH and 37 posts that have been filled through recruitment. The majority of the remaining posts were advertised to external competition during the week commencing 14 January 2013.

#### Patients and Information Directorate - Communications

29. A review of progress with the filling of posts within the Patients and Information Directorate shows that appointment to all director posts and their direct reports and support posts is a key priority. Appointment to at least 75 to 80 per cent of all posts will be essential to enable the directorate to carry out its responsibilities from 1 April 2013. This will be particularly important in relation to communications posts which are business critical within the directorate.
30. There are 46 posts within the communications structure. Of these, 26 posts have been filled which includes 19 through job matching and 7 through ring fenced recruitment. The remaining 20 posts were advertised during January 2013 to external competition. It is anticipated that the majority of these posts will be filled by 31 March 2013.

#### Finance Directorate

31. There are 118 posts within the finance directorate structure, 27 of these posts are on hold and 49 posts have now been filled. This is a significant improvement on the position at the beginning of January 2013 where only 21 posts had been filled. Of the posts filled, 1 has been filled through matching, 29 through ring fenced recruitment, and 19 through open competition.

32. There are 27 posts within the finance directorate currently on hold or under review. These include 10 posts within the CSU finance team, which are being redesigned within the same budget envelope and in conjunction with the CSU team. These posts are expected to be advertised by 28 February. A further 14 posts that have been under review within the payment by results (PbR) team where it had been initially agreed that the DH would continue to host the team shared by the NHS CB and Monitor during 2013/14. However, the PbR structure is now agreed and the recruitment process will begin from April 2013 and will identify appropriate arrangements for securing the expertise required for this function.
33. In terms of the rest of the directorate, there are 3 administration posts are also on hold. Of the remaining 42 posts, 33 were advertised to external competition by 31 January 2013 and the remaining 9 are in progress.
34. Whilst there may be difficulties with recruitment to some of the posts within this directorate, it is anticipated that recruitment to the majority of core posts will be achieved by 31 March 2013.
35. The finance directorate are currently undertaking an assessment of the critical posts and will follow the mitigation plan agreed to ensure that any unfilled, core posts have the appropriate interim cover arrangements from 1 April 2013.

#### Medical Directorate

36. Within the medical directorate, appointments have been made to around two thirds of posts within the domains, clinical informatics and quality teams. Recruitment is continuing to the remaining posts including a number of National Clinical Director posts vacant which will be filled by part time secondees and action is being taken to progress with recruitment to these posts.
37. The medical directorate has successfully appointed to the Clinical Informatics Director post and recruitment to the remaining posts is well under way. Following a review of NHS CB structures, the innovation, research and business improvement functions have recently been allocated to the medical directorate. Recruitment to these posts is now underway and based on the experience of earlier recruitment in the directorate it is expected that the directorate will have appointed to critical posts by 31 March 2013 to enable the directorate to function effectively.

#### Nursing Directorate

38. The Nursing Directorate has initially benefited from some continuity and stability as a result of the earlier transfer of staff within the National Patient Safety Agency. With regard to the remaining areas within the directorate, a review of some of the structures has recently been undertaken and all posts have now been advertised. There is evidence of a good response to these advertisements and it is expected that the directorate will have appointed sufficient critical mass by 31 March 2013 to enable the directorate to function effectively.

### Human Resources Directorate

39. Within the HR Directorate, recruitment to posts within the Chair and Chief Executive's Office has been completed. There has been good progress with recruitment to posts within the organisational development function but there are a number of unfilled posts remaining within the human resources function. However, action is currently being taken to ensure that sufficient interim and transitional arrangements are in place until such time as recruitment to all vacancies has taken place.

### Commissioning Development

40. This review has identified that the Commissioning Development Directorate have made good progress with the filling of posts and have not identified any barriers to recruitment. The directorate expects therefore aim fill 100 per cent of their posts as at 31 March 2013.

### Operations Directorate – National, Regional and Area Team Posts

41. Business critical posts that need to be filled within the Operations directorate in the National Support Centre are the posts are in Emergency Planning, Resilience and Response (EPRR). Interviews for these posts are scheduled to be held during the first week of February 2013. Other priority posts include those managing Gateway and Operations and Delivery and the interviews for these posts will take place during the second and third weeks of February 2013. In addition, recruitment to 12 posts at Band 8 and 9 within Direct Commissioning is in progress with interviews taking place during the last week of January 2013. Based on the response to the advertisements for these posts there is currently no reason to suggest the need for contingencies in these areas although this will be kept under review.
42. There has been good progress with the filling of posts within the regions and the majority of posts that have been advertised to date have been filled.
43. Business critical posts within the regions are key finance posts for primary care and specialised direct commissioning, emergency planning posts and key positions within the clinical networks including senior clinical leads. Each region is actively monitoring the recruitment position on a weekly basis. Work is already taking place with each team to ensure that contingency interim arrangements have been identified, should it become apparent at any stage that there are problems with filling any of these business critical posts.

### **Offer Letters and Transfer Welcome Letters**

44. There has been a delay in the processing of offer letters whilst system-wide discussions with trade unions on transfer arrangements were being completed and documentation and templates were then finalised. A recent review identified that current systems and processes would no longer be fit for purpose to meet

remaining timescales for delivery. As a result therefore, urgent action was taken during the first few weeks of January, to develop and implement a revised system for managing the backlog in a more efficient way and improving systems for processing future offer letters. As at 28 January 2013, over 200 offer letters had been issued. However, plans are in place and on target to ensure that the majority of outstanding offer letters and transfer welcome letters are issued by the end of February 2013. Offer letters for future recruitment can then be progressed for remaining appointments made during February and March 2013.

## **Payroll**

45. The NHS CB already has a payroll service in operation.
46. A comprehensive project plan and project initiation document has been produced detailing the planned stages and priority tasks, as well as key risks and mitigating actions, to ensure that NHS CB appointed staff are accurately transferred onto the payroll in accordance with planned deadlines. There are joint SROs led by finance (Paul Baumann) and HR (Jo-Anne Wass) who are accountable for this priority project.
47. Processes are in place to ensure that any identified threats to success are escalated to the Payroll Project Board. The project is currently highly dependent upon HR transition processes, for example, receipt of payroll data from sender organisations.
48. The migration of staff records started in December 2012. There have been a number of delays in receipt of the required volumes of information within planned timescales. As a result action has been taken in partnership with sender organisations to address this and to ensure that the final planned deadline of 1 February 2013 can be met for the submission of the first tranche of data to the payroll provider. At the time of writing, over 66 per cent of the expected data had been received. The target date for the remaining data to be submitted is by the end of February 2013.

## **Transfer Schemes**

49. Work is being undertaken to process all the appointments that have been made to the NHS CB to date. For staff who have been job matched, transferred or recruited from the existing system, this involves working with sending organisations and the DH to prepare transfer schemes for relevant staff and the development of the HR systems that are necessary for the NHS CB to employ these staff.
50. The wording of the transfer scheme document has recently been agreed in partnership with Trade Unions. This document is in the form of a generic template. Work is currently underway on the preparation of the organisation specific information to be included in the transfer schemes, for example, in relation to pension schemes.



51. Senders (in conjunction with the NHS CB) will now update their people tracker with a list of staff who will transfer to the NHS CB.
52. The NHS CB Board will then be required to formally confirm the transfer of staff and notify senders accordingly, (see paper NHS CB 28025 for further details).
53. The NHS CB and relevant senders will then submit the completed assurance templates to the People Transition Team in DH. This will then represent the final list of staff transfers.

### **Risk assessment**

54. It has been recognised throughout the past year that there are significant risks associated with the delivery of the NHS CB Recruitment Strategy. However, the risk assessment (as detailed in the Board Assurance Framework) was revised in December as a result of the significant progress made with recruitment in November and December 2012.

### Risks and Actions to Mitigate Risks

55. As stated earlier, our analysis of remaining vacancies indicates that there may be some difficulties in filling posts in some of the key business critical areas.
56. Work is in hand to mitigate this risk, involving;
  - The development of resourcing plans to ensure, as far as possible, recruitment takes place to the majority of business critical NHS CB posts by 31 March 2013. Plans include:
    - reviewing and streamlining recruitment systems and processes;
    - developing tailored recruitment campaigns targeting relevant professional groups;
    - for a small number of VSM posts, advertising in national journals and maximising use of headhunting organisations.
    - maximising use of the following temporary or transition arrangements:
      - new or extended secondments;
      - interim staff (including assignments through NHS Interim Management and Support services (NHS IMAS));
      - Retention and Exit Terms Scheme (RETS), which is a scheme to sustain business continuity by identifying and helping retain those staff who are critical to sustaining capacity and capability by offering some certainty around severance terms during the transition and on exit.
      - Agency Staff;

- Establishing an agreement with the DH to continue to provide key services where appropriate.
  - Regular monitoring of recruitment to these posts during February 2013 to enable early identification of risks to recruitment and to enable alternative recruitment strategies to be deployed where necessary.
57. There is also a potential risk that employment queries may not be completely resolved with all staff prior to 1 April 2013 as a result of the time required to issue the volume of offer letters. Also, there may be a need to respond to a number of queries relating to terms and conditions for certain individuals.
58. In order to address this risk, urgent action to speed up processes for the issue of offer letters has already been taken as outlined above. This has included the development and implementation of a plan to address this. The aim of this plan is to improve significantly efficiency with the issuing of offer letters and to improve accuracy and quality of information by maximising use of HR capacity and capability across the organisation. The plans also aim to ensure that the majority of outstanding offer letters and transfer welcome letters will be issued by February 2013. Key actions have included:
- devolving responsibility to the regional HR teams for processing offer letters for staff appointed to the operations directorate at regional and area team level. This model is consistent with that already used for recruitment and previously used for initiating job matching with senders; and
  - an increase in the transitional HR resource within the centre and in the regions to increase the speed and quality of information processing.
59. Furthermore, there may be potential risks to the capacity of the transitional payroll project team in having to address issues arising from incomplete or inaccurate payroll data prior to 31 March 2013.
60. In order to mitigate these risks work is taking place with senders and all other key stakeholders to clarify data requirements, address queries and carry out regular monitoring of progress.

#### Current Risk Ratings

61. The internal risk rating relating to the filling of posts is currently amber in consideration of the resourcing plans and contingency arrangements in place to ensure appointment to the majority of posts and particularly those that have been identified as business critical. The risk rating relating to payroll is currently red/amber in light of delays in the receipt of payroll due diligence information. However based on urgent actions to address this and recent progress, it is anticipated that this position will significantly improve over the next few weeks.

## **Diversity of the workforce**

62. Data on the diversity of the NHS CB workforce has been presented to the Board since the September 2012 meeting. Further data, reflecting the diversity of the workforce appointed by the end of January 2013 is presented in Appendix B.
63. Although there is much more to do, we have seen some improvement in the proportion of appointments, in relation to the diversity of the application pool and the population in general.
- Non-white staff has increased from 7.2 per cent to 11.7 per cent overall with VSM posts more than doubling at 8.2 per cent compared with 3.9 per cent as reported previously in December 2012;
  - Staff over 50 now account for 27 per cent of appointments, which matches almost exactly the percentage of NHS staff in this age group affected by change. There is still some concern at lower appointment rates in VSM;
  - The percentage of female and male appointments, both for all staff and VSM are now more representative of the overall population, and the pool of applicants;
  - Our appointment rates for disabled staff remain in line with or greater than the population affected.
64. The Equality and Diversity Strategy Group has been established. The main aim of the group is to drive the NHS CB strategy and implementation plans for attracting, retaining and developing a diverse workforce.

## **Recommendation**

65. The Board is asked:
- to note progress with recruitment;
  - to note the latest organisation diversity information;
  - to note the timetable for the authorisation of transfer schemes.

**Jo-Anne Wass**  
**National Director: HR**  
**February 2013**

**Appendix A**  
**Progress towards March objective**

<b>NHS COMMISSIONING BOARD</b>			
<b>ORGANISATIONAL BREAKDOWN</b>			
<b>Filling of Posts</b>			
<b>All Posts</b>	<b>Total Posts in Establishment</b>	<b>Posts filled to date</b>	<b>Percentage of posts filled</b>
NSC (All directorates)	1019	490	48%
North	882	692	79%
Midlands & East	914	714	78%
London	460	381	83%
South	833	513	62%
FHS	1803	1803	100%
NIQ	73	2	3%
<b>Total</b>	<b>5984</b>	<b>4595</b>	<b>77%</b>

Position at 11 February 2013.  
 An update will be presented at the 28 February 2013 Board meeting.

## **Appendix B**

### **Diversity of NHS CB workforce (January 2013)**

#### **Summary**

December has once again seen a high number of applications for NHS Commissioning Board jobs through NHS Jobs with a total number of 10,548 applications received. This is less than the 16,000 received in November but higher than the 3,000 received in October 2012. The NHS CB has continued to receive applications from a very diverse candidate pool, as is reflected in the statistics provided in this report. Analysis of these statistics in January 2013 shows a slight increase in the overall diversity of the workforce in some areas,. However, the Board remains challenged to ensure the resulting appointments reflect the rich and diverse nature of the wider NHS workforce and the wider population.

Monthly diversity statistics were taken from the appointments system and compiled in a comparison report, by colleagues at the DH. A copy of the most recent report is attached. This data relates only to the roles that the NHS CB appointments process. This data relates only to directly employed staff appointed to NHS CB posts.

It is not possible at this time to gather statistical information on function transfer and job matched staff, as these are held in sender organisations. Under recent data sharing guidance, sensitive personal data is not disclosed, prior to the point of transfer, unless individual permission is received. Diversity data is classed in this category, and therefore will not be released in advance.

This does mean that full analysis of the entire NHS CB workforce will need to be undertaken after 1 April 2013. It should be noted that, as decisions regarding job matching and assignment of staff to 'lift and shift' transfers are a sender responsibility, the NHS CB therefore has no role in affecting the diversity of this transferring workforce.

The attached analysis of available diversity statistics shows that much of the previous information presented is still true in relation to the majority of our appointments to date. There has been however, some improvement in the proportion of appointments, in relation to the diversity of the application pool and the population in general.

- Non-white staff has increased from 7.2% to 11.7% overall with VSM posts more than doubling at 8.2% compared with 3.9% as reported previously in December 2012;
- Staff over 50 now account for 27% of appointments, which matches almost exactly the percentage of NHS staff in this age group affected by change. There is still some concern at lower appointment rates in VSM;
- The percentage of female and male appointments, both for all staff and VSM are now more representative of the overall population, and the pool of applicants;

- Our appointment rates for disabled staff remain in line with or greater than the population affected.

Further statistical collection, other than for open appointments, will be difficult as we move through the final transition phases. Therefore, the NHS CB will concentrate on securing and analysing the entire workforce diversity data from 1 April 2013.

## **Notes**

The further increase in total applications has reduced the volatility of the percentages to small numbers, thus the application statistics are more robust.

Respondents replying to any characteristic as "undisclosed" have been included in the analysis and are reported in the tables. However for illustrative purposes, they have been removed from the charts.

No internal job matching or regional transfer data will be available until 1 April 2013, thus this report only details applications and appointments resulting from vacancies advertised on NHS Jobs.

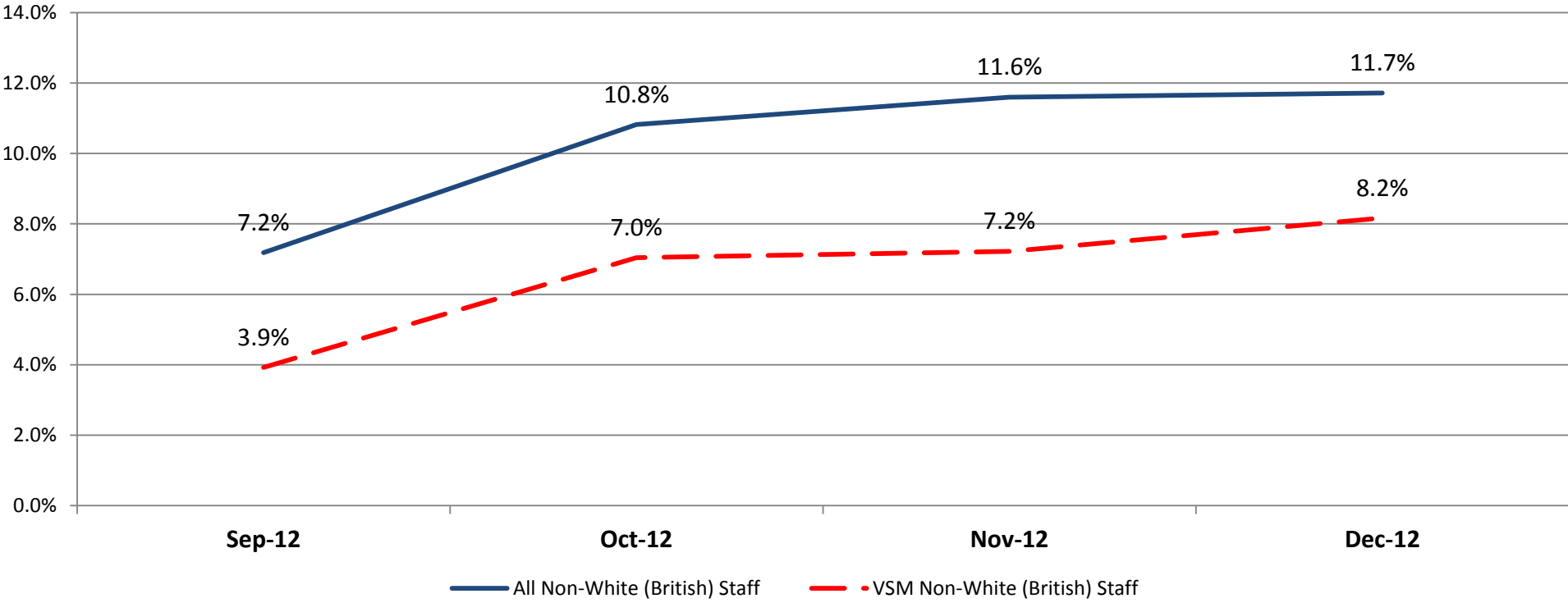
The equality profile for staff in transition has been calculated using information from regional senders in August 2012.

The equality profile for the English working age population has been extracted from the 2011 Census.

Application statistics currently refer to the number of applications received, current data provision does not facilitate identification of actual candidates, thus there will be instances of duplication (i.e. where a single candidate has applied for multiple jobs).

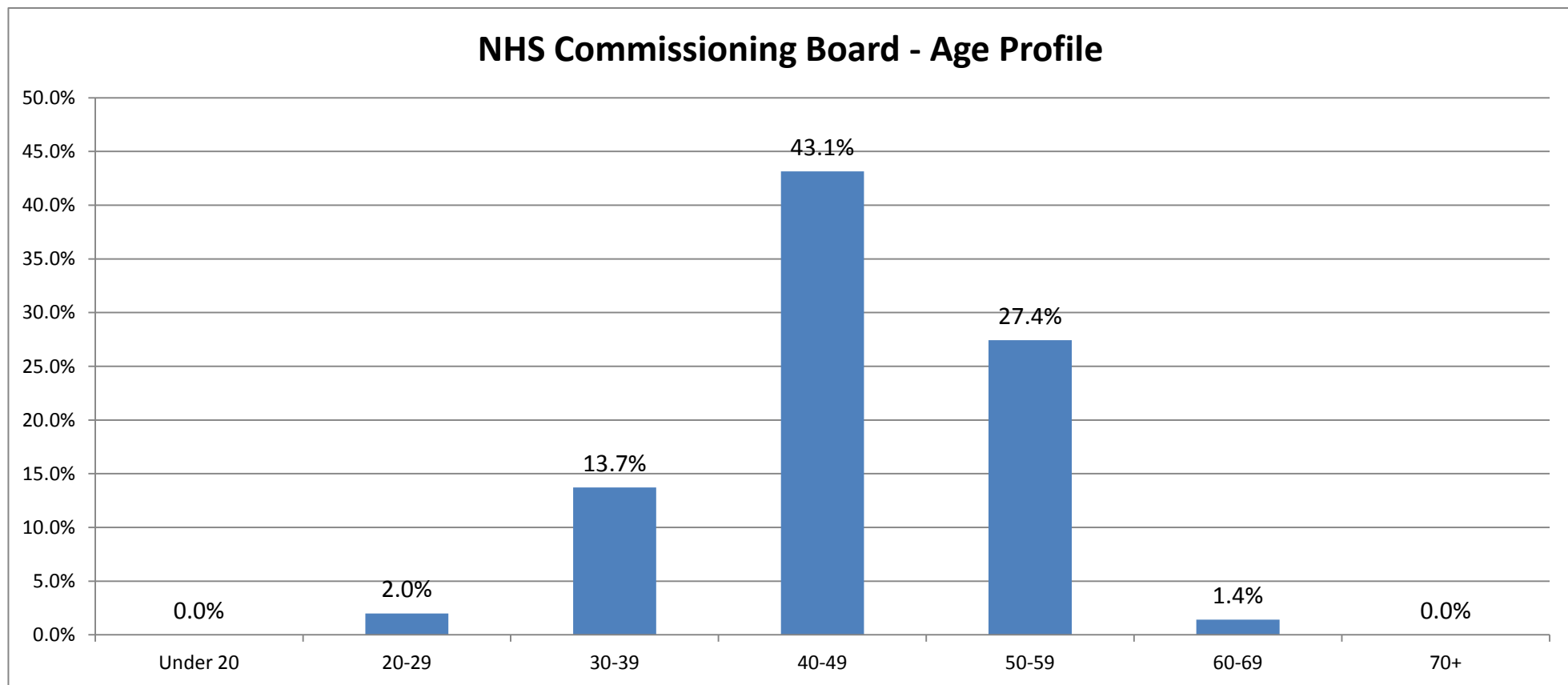
ETHNICITY	English Working Age Population	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
		NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
<b>WHITE</b>	<b>91.0%</b>	<b>81.9%</b>	<b>89.1%</b>	<b>63.3%</b>	<b>91.2%</b>	<b>93.9%</b>	<b>77.0%</b>
British			85.1%	57.1%		91.8%	69.0%
Irish			0.9%	1.2%		0.0%	3.8%
Other White Background			3.1%	4.9%		2.0%	4.2%
<b>NON-WHITE</b>	<b>9.0%</b>	<b>12.1%</b>	<b>7.7%</b>	<b>34.3%</b>	<b>3.3%</b>	<b>6.1%</b>	<b>18.8%</b>
<b>Black / Black British</b>	<b>2.4%</b>		<b>1.1%</b>	<b>12.1%</b>		<b>1.0%</b>	<b>5.2%</b>
African			0.9%	9.4%		0.0%	3.1%
Caribbean			0.3%	2.2%		1.0%	1.7%
Other Black Background			0.0%	0.5%		0.0%	0.4%
<b>Chinese</b>	<b>0.5%</b>		<b>1.4%</b>	<b>0.6%</b>		<b>3.1%</b>	<b>0.3%</b>
<b>Asian / Asian British</b>	<b>4.6%</b>		<b>3.7%</b>	<b>17.9%</b>		<b>2.0%</b>	<b>8.6%</b>
Bangladeshi			1.1%	1.2%		2.0%	0.6%
Indian			1.7%	7.6%		0.0%	3.1%
Pakistani			0.3%	6.8%		0.0%	2.8%
Other Asian Background			0.6%	2.4%		0.0%	2.1%
<b>Mixed</b>	<b>0.9%</b>		<b>1.4%</b>	<b>2.4%</b>		<b>0.0%</b>	<b>4.4%</b>
Asian and White			0.0%	0.6%		0.0%	0.9%
Black African and White			0.0%	0.7%		0.0%	1.8%
Black Caribbean and White			0.3%	0.6%		0.0%	0.0%
Other Mixed Background			1.1%	0.6%		0.0%	1.6%
<b>Other Ethnic Group</b>	<b>0.5%</b>		<b>0.0%</b>	<b>1.1%</b>		<b>0.0%</b>	<b>0.3%</b>
<b>UNDISCLOSED</b>	<b>0.0%</b>	<b>6.0%</b>	<b>3.1%</b>	<b>2.5%</b>	<b>5.5%</b>	<b>0.0%</b>	<b>4.1%</b>

# NHS Commissioning Board - Cumulative Ethnicity Profile

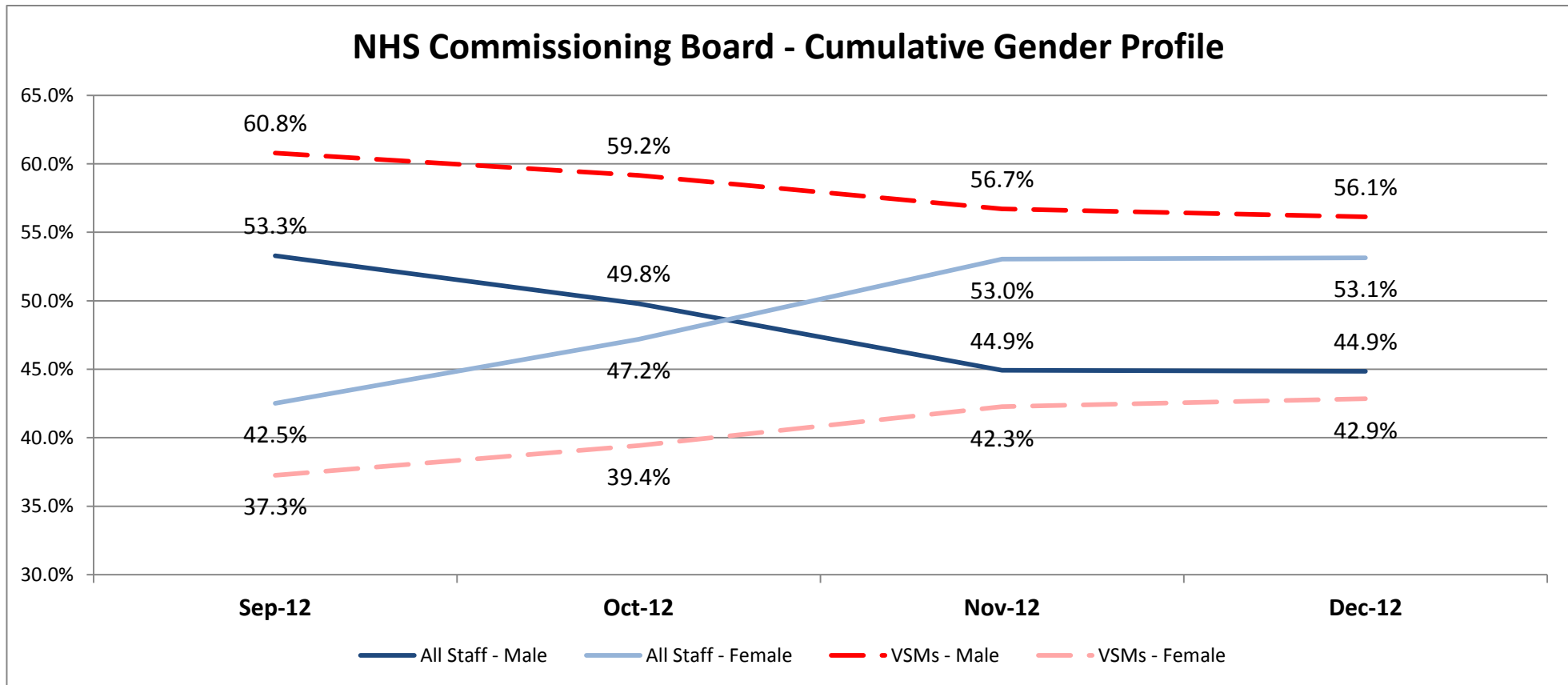




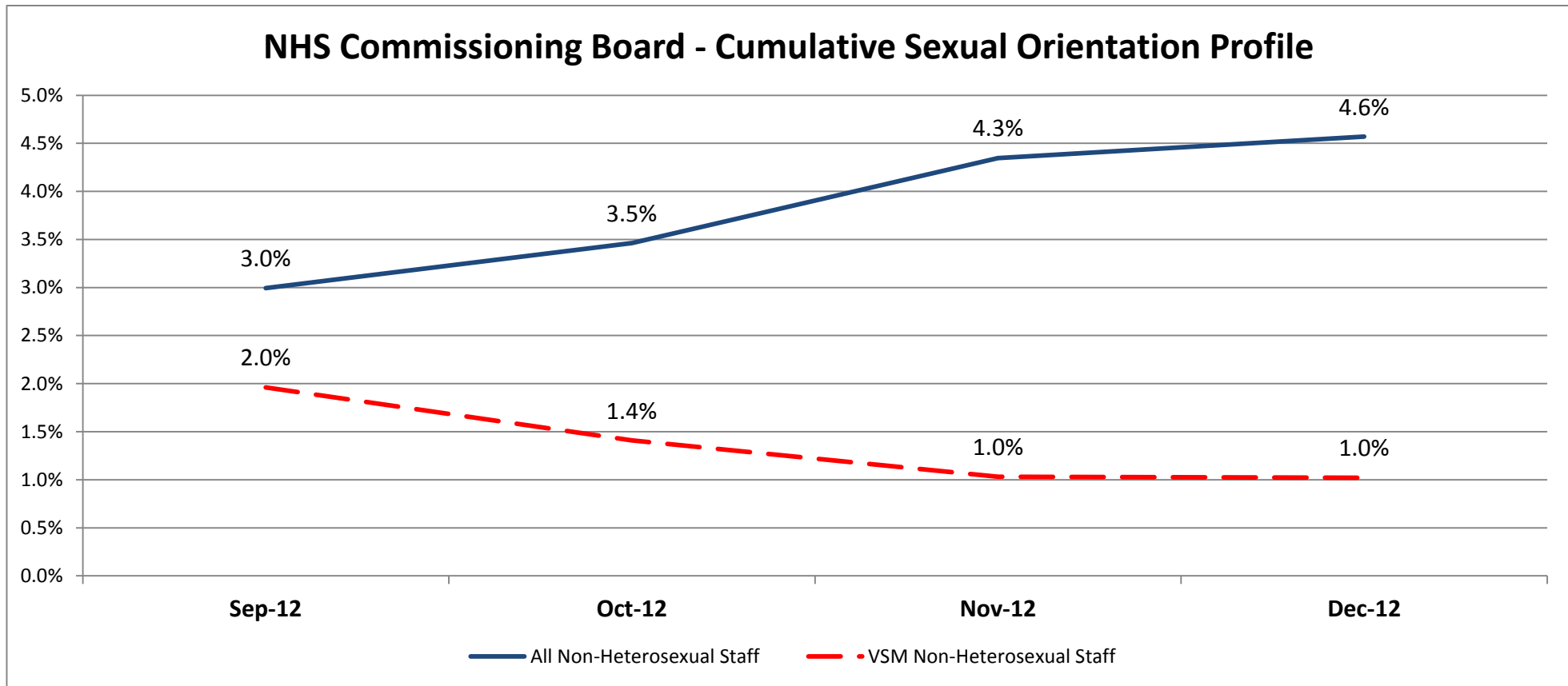
AGE RANGE	COMPARITORS English Working Age Population	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
		NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
<b>DISCLOSED</b>	<b>100.0%</b>	<b>99.6%</b>	<b>87.7%</b>	<b>98.8%</b>	<b>99.6%</b>	<b>95.9%</b>	<b>96.3%</b>
19 and Under	4.1%	0.1%	0.0%	0.5%	0.0%	0.0%	0.0%
20-29	21.6%	9.0%	2.0%	18.8%	0.0%	0.0%	3.2%
30-39	21.0%	23.9%	13.7%	27.9%	3.7%	5.1%	8.0%
40-49	23.2%	33.0%	43.1%	32.0%	40.6%	53.1%	41.1%
50-59	19.1%	27.3%	27.4%	18.0%	52.0%	34.7%	40.9%
60 and Over	11.0%	6.3%	1.4%	1.6%	3.3%	3.1%	3.1%
<b>UNDISCLOSED</b>	<b>0.0%</b>	<b>0.4%</b>	<b>12.3%</b>	<b>1.2%</b>	<b>0.4%</b>	<b>4.1%</b>	<b>3.7%</b>



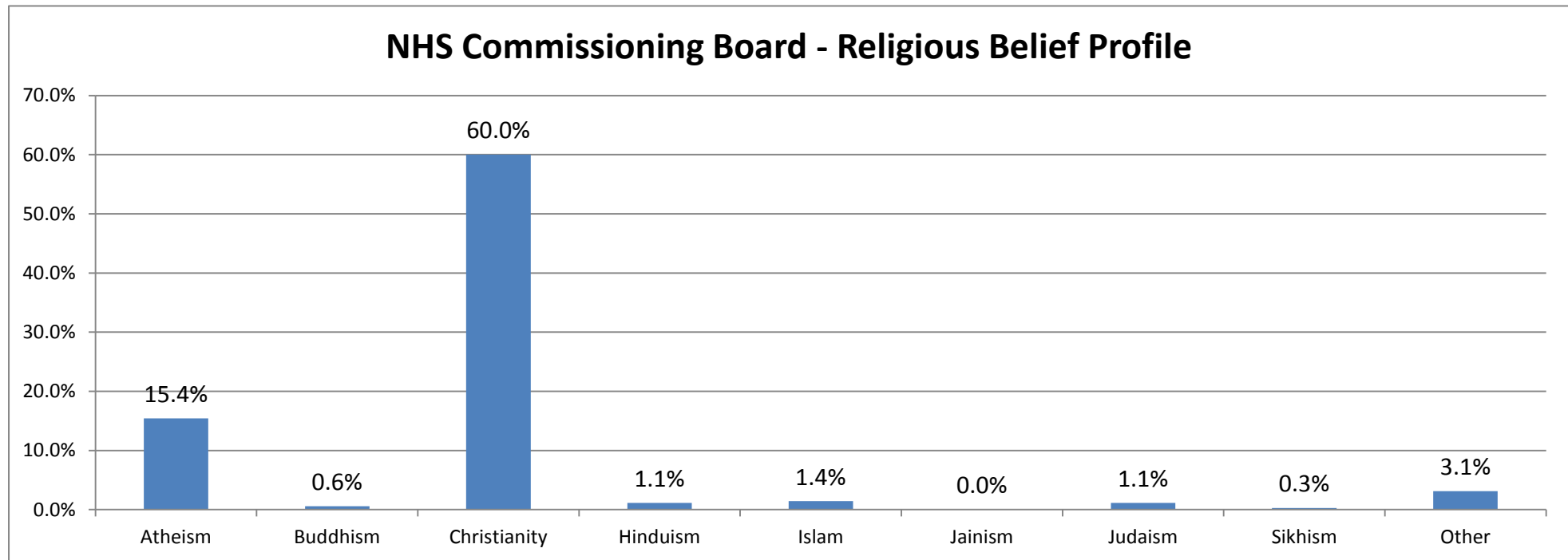
GENDER	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
	NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
<b>DISCLOSED</b>	<b>99.8%</b>	<b>98.0%</b>	<b>99.5%</b>	<b>99.8%</b>	<b>99.0%</b>	<b>98.9%</b>
Male	28.3%	44.9%	46.2%	45.9%	56.1%	59.2%
Female	71.5%	53.1%	53.3%	53.9%	42.9%	39.6%
<b>UNDISCLOSED</b>	<b>0.2%</b>	<b>2.0%</b>	<b>0.5%</b>	<b>0.2%</b>	<b>1.0%</b>	<b>1.1%</b>



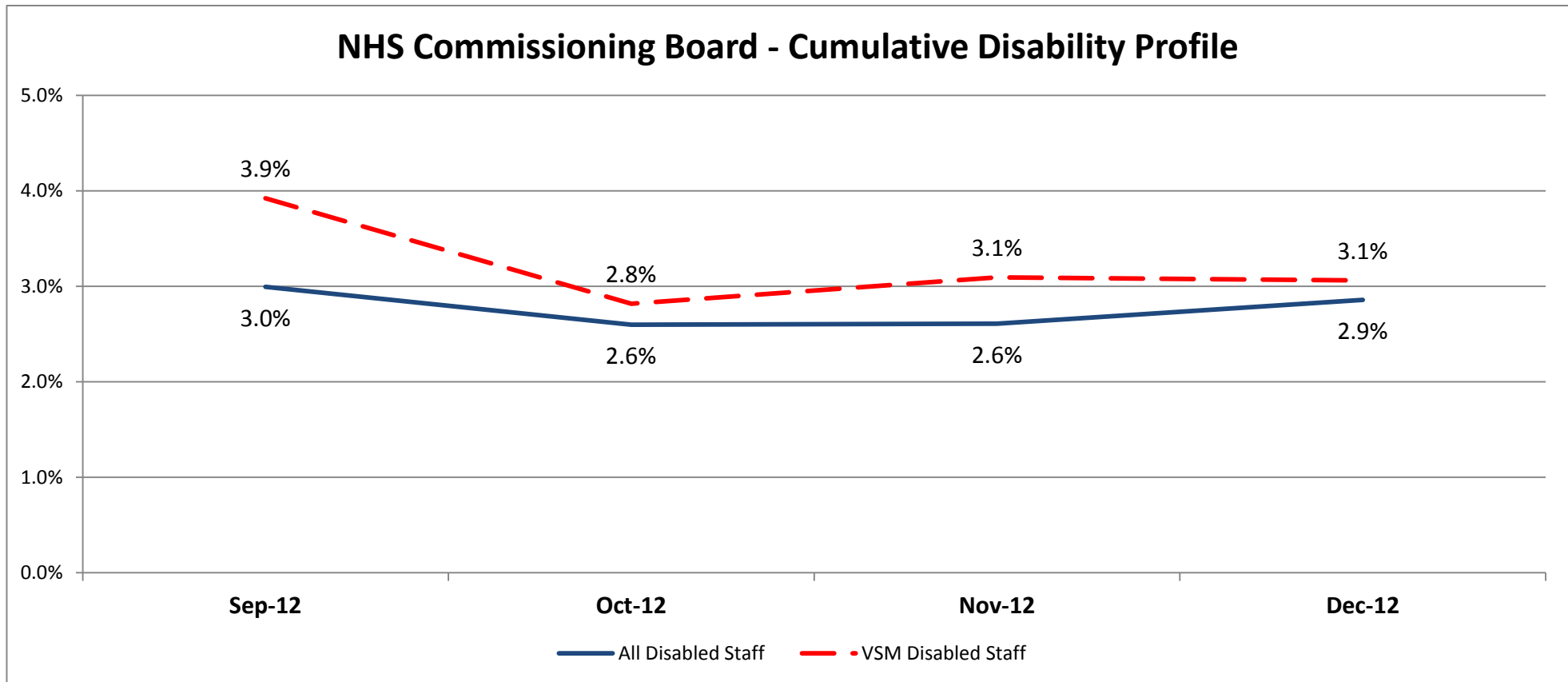
SEXUAL ORIENTATION	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
	NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
<b>DISCLOSED</b>	N/A	89.7%	92.8%	N/A	92.9%	91.8%
Lesbian/Gay/Bisexual/Transsexual/Transgender	N/A	4.6%	2.8%	N/A	1.0%	2.8%
Heterosexual	N/A	85.1%	90.0%	N/A	91.8%	89.1%
<b>UNDISCLOSED</b>	N/A	10.3%	7.2%	N/A	7.1%	8.2%



RELIGIOUS BELIEF	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
	NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
<b>DISCLOSED</b>	<b>N/A</b>	<b>83.1%</b>	<b>88.2%</b>	<b>N/A</b>	<b>84.7%</b>	<b>82.3%</b>
Atheism	N/A	15.4%	9.4%	N/A	16.3%	10.9%
Buddhism	N/A	0.6%	0.9%	N/A	0.0%	0.9%
Christianity	N/A	60.0%	54.2%	N/A	65.3%	59.4%
Hinduism	N/A	1.1%	4.2%	N/A	0.0%	2.4%
Islam	N/A	1.4%	10.8%	N/A	2.0%	5.2%
Jainism	N/A	0.0%	0.1%	N/A	0.0%	0.3%
Judaism	N/A	1.1%	0.4%	N/A	1.0%	0.5%
Sikhism	N/A	0.3%	1.8%	N/A	0.0%	0.4%
Other	N/A	3.1%	6.3%	N/A	0.0%	2.3%
<b>UNDISCLOSED</b>	<b>N/A</b>	<b>16.9%</b>	<b>11.8%</b>	<b>N/A</b>	<b>15.3%</b>	<b>17.7%</b>



DISABILITY	ALL NHS CB STAFF			VERY SENIOR MANAGERS		
	NHS Staff Affected by Transition	Appointed to Date	Applied to Date	NHS VSMs Affected by Transition	Appointed to Date	Applied to Date
<b>DISCLOSED</b>	<b>57.4%</b>	<b>96.0%</b>	<b>98.4%</b>	<b>55.3%</b>	<b>94.9%</b>	<b>97.9%</b>
Disabled	3.2%	2.9%	5.5%	2.0%	3.1%	5.5%
Not Disabled	54.2%	93.1%	93.0%	53.3%	91.8%	92.3%
<b>UNDISCLOSED</b>	<b>42.6%</b>	<b>4.0%</b>	<b>1.6%</b>	<b>44.7%</b>	<b>5.1%</b>	<b>2.1%</b>



## NHS Commissioning Board - Cumulative Undisclosed Responses

