

# NHS HMR CCG Equality Workforce

Showing data for 31<sup>st</sup> August 2016

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## 1. INTRODUCTION

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

In order to ensure the CCG is reflective of the communities it serves, we need to understand our community and workforce demographics.

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

We have a suite of policies and procedures in place to ensure that we operate in a fair and non-discriminatory manner towards our employees. On-going training and awareness sessions are provided to line managers in the light of any new employee related policies and procedures to ensure that they are applied in a non-discriminatory manner. Some of the key policies are:

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

Whilst we use the NHS Jobs website to advertise most vacancies in line with other NHS bodies, we continuously review our recruitment procedures and processes (including training for recruiting staff). We explore different solutions to encourage applications from local communities as well as aiming to ensure that we do not disadvantage any particular group.

Disaggregated data concerning the processes listed below has been omitted from this report as the numbers are very small and publishing the data could identify individuals. However, the data is scrutinised internally for any trends or hot spots, with any potential actions to address, being considered by the CCG

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

This report will support us to benchmark ourselves against NHS Equality Delivery System (EDS) Goals 3 and 4 as described in the table below. In 2015 we were graded as achieving against EDS Goal 4 'Inclusive Leadership. Any actions falling out of this report will be included This report will support us to benchmark ourselves against NHS Equality Delivery System (EDS) Goals 3 and 4 as described in the table below.

EDS Goals	Outcomes
3. A representative and well –supported staff	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades.
	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay.
	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately.
	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all.
	3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives.
	3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population.
4. Inclusive leadership at all levels	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered within their organisations and beyond
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.
	4.3 The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes

## Summary

This report is an equality analysis of workforce data held on employees HMR CCG as at 31 August 2016.

The focus is on (where data is available) seven of the nine characteristics protected by the Equality Act 2010, namely: age; disability; gender; ethnicity; sexual orientation; religion or belief and marriage and civil partnership. The report is organised into the following sections:

1. Key workforce facts as of 31 August 2016
2. Pay grades and working patterns as of 31 August 2016
3. Gender pay gap as of 31 August 2016
4. Grievance and Disciplinary
5. Sickness Absence
6. Recommendations and Conclusion

### Equality Monitoring Data

Table 1: HMR CCG Workforce

Table 2: HMR CCG Recruitment

The information on which this report is based has been given voluntarily by individuals when applying for a post with the organisation. This information is recorded on the NHS Jobs recruitment database. Once an applicant is appointed, the information is transferred onto another database, the electronic staff record (ESR).

This report identifies gaps in information to be addressed in our next report these include:

- Staff leaving the CCG;
- Staff applying for additional non-mandatory training and leadership opportunities;
- Staff who require and receive reasonable adjustments in the workplace and good practice that is happening when staff do not class themselves as being disabled.

### **Headlines:**

As at the 31<sup>st</sup> August 2016 HMRCCG employed 109 individuals.

We employ 67% full-time equivalents, including salaried members of the Governing Body.

The national requirement for CCGs to be led by practicing local clinicians means that 33% of the workforce is part-time.

The workforce is fairly representative of the growing ethnic diversity in the local community; religious beliefs, sexual orientation and our aging population (see our workforce at a glance on page 7).

Staff records data collection has improved on disability and sexual orientation.

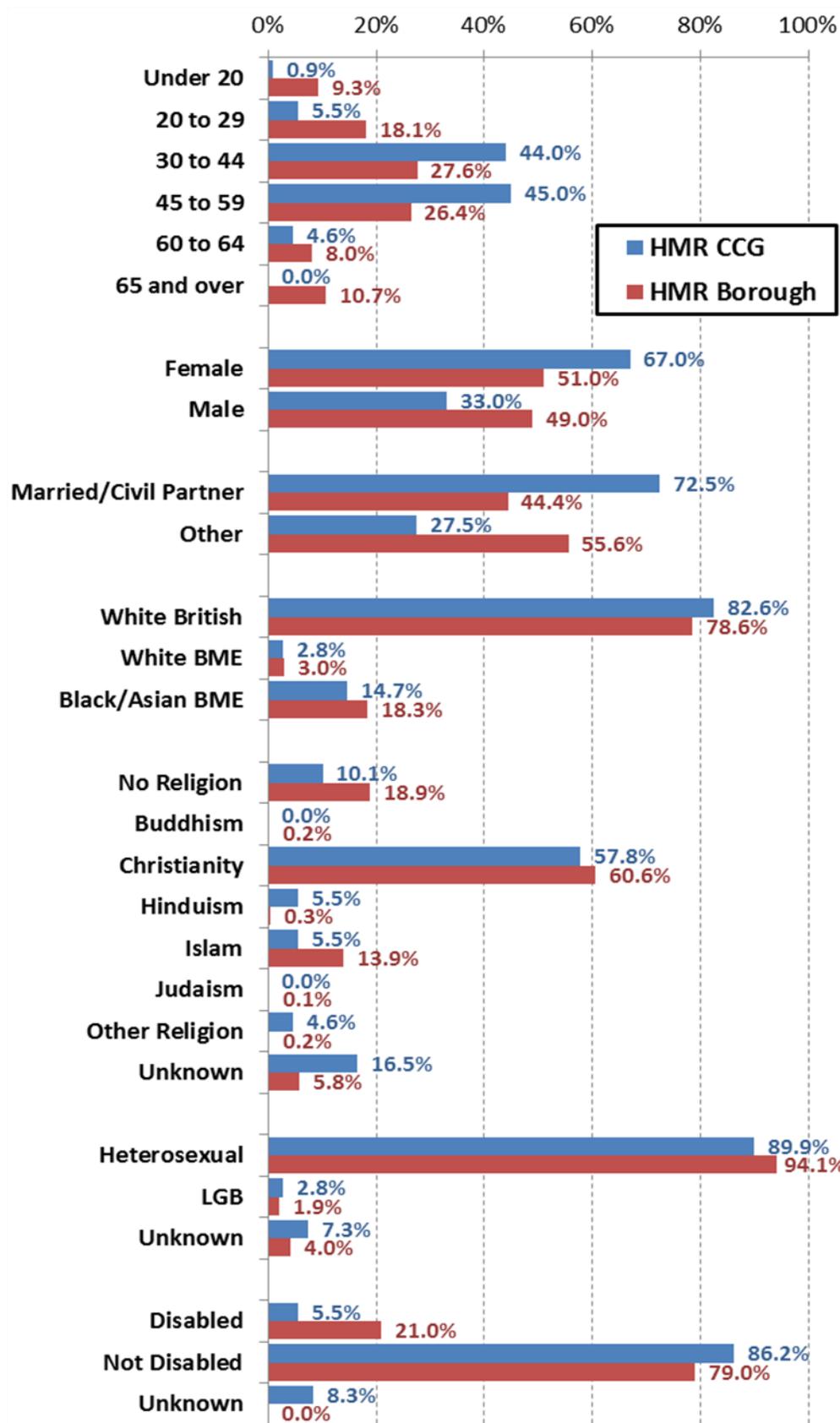
Last year, a recommendation was made to support staff to understand the reasons for equality monitoring and the safeguards in place to protect anonymity so as to improve reporting rates and our understanding of diversity within the organisation. Our staff were given self-service access to update equality monitoring data on the Electronic Staff Record (ESR).

This year has seen significant improvements in data collection through the Electronic Staff Records, including:

- 3.4% increase in ethnicity reporting
- 46.6% improvement in disability reporting
- 22.8% improvement in religion and belief reporting
- 28.7% increase in sexual orientation reporting.

It should be noted that NHS HMR CCG workforce being so small no statistical reliable inference can be made as to whether the workforce is representative of the working age population. As commissioners we work closely with our providers to understand how well equipped they are to respond to our population needs.

## Our Workforce at a Glance



Figures for “HMR Borough” in the following summary are based on the 2011 Census, apart from the Sexual Orientation data which use the ONS 2012 National Survey, North West region.

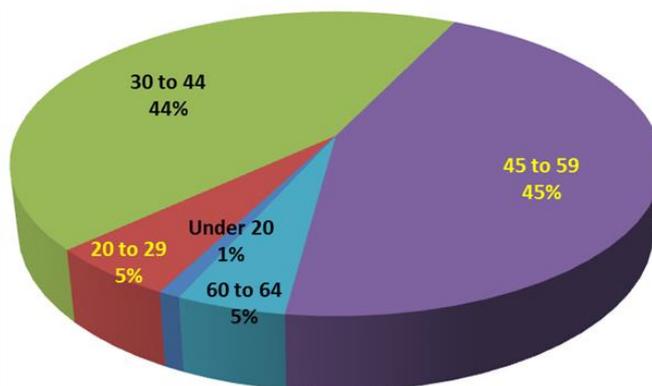
## 2. KEY WORKFORCE FACTS

### 2.1 Age

The population in Rochdale Borough is relatively young, with 19.8% of the population being under 15, compared with 18.9% across Greater Manchester and 17.7% in England. The Borough also has an aging population with the largest age bands, 40-44 (10.5%) and 45-50 (10.1%).

**Figure 2.1a Age profile**

At the end of August 2016, our data showed relatively low levels of employees aged under 20 years old. The majority of our employees were in the age bands of 45 – 59 years of age (45%) and 30 -44 years of age, (44%); followed by the age bands 20- 29 and 60-64 years of age both representing 5% of the workforce.



**Table 2.1b Age profile: 3 year comparison**

The percentage of employees in the age bands 30-34 and 40-44 has increased over the past 3 years. Our data shows low levels of employees aged under 29 years old for the past 3 years.

Age Group	CCG		
	Aug 2014	Aug 2015	Aug 2016
Under 20	0.00%	1.12%	0.92%
20 to 24	0.00%	1.12%	2.75%
25 to 29	7.04%	5.62%	2.75%
30 to 34	5.63%	3.37%	8.26%
35 to 39	18.31%	25.84%	21.10%
40 to 44	7.04%	7.87%	14.68%
45 to 49	18.31%	13.48%	11.93%
50 to 54	26.76%	22.47%	18.35%
55 to 59	14.08%	14.61%	14.68%
60 to 64	2.82%	4.49%	4.59%

The average age of our employees is 44 years of age.

#### 2.1.1 Age and Data Quality

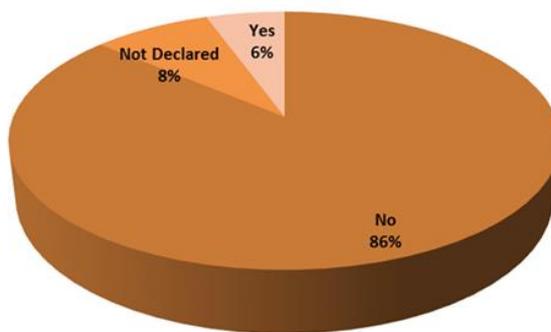
There are no data quality issues in relation to the protected characteristic of age, given all staff records contain the date of birth of employees.

### 2.2 Disability

The census 2011 found that 21% of the population of Rochdale Borough described themselves having a disability or a long-term, life limiting illness; of which 11.3 % are of working age adults. The number of employees reporting a disability is low.

**Figure 2.2a Disability Profile**

As of the end of August 2016, 6% of employees declared a disability. 86% declared no disability. **The amount of unknown data for disability is 8%.**



### 2.2.1 Disability and Data Quality

Our data shows an increase in declaring disability since October 2015. See table 2.2b below.

**Table 2.2b Disability 4 year comparison.**

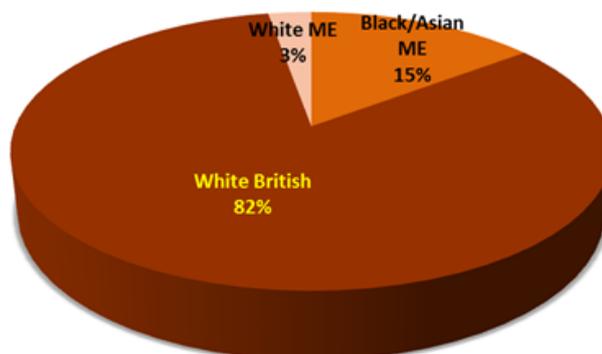
Disability	HMR CCG			
	Oct 2013	Aug 2014	Aug 2015	Aug 2016
Yes	3.1%	1.41%	3.4%	5.5%%
No	48.4%	43.7%	58.4%	86.2%
Not declared	48.4%	54.9%	38.2%	8.3%

### 2.3 Ethnicity

Rochdale Borough is predominately White British 78.6% and has 3% White minority ethnicities (WME including: White Irish, White Gypsy Irish Traveller and White Other). 18.3% Black Minority Ethnic (BME: Black, Asian, Mixed, and Other Ethnic). 21.4% is the total calculation of WME and BME population (census 2011).

**Figure 2.3a Ethnicity Profile**

At the end of August 2016, 17.4 % of our employees were from Black or Minority Ethnic (BME) backgrounds. This includes 14.7 % of employees from Black and Asian Minority Ethnicities (BAME) and 2.8% from White Minority Ethnicities (WME).



### 2.3.1 Ethnicity and Data Quality

All of our staff had declared their ethnicity, making the data reasonably reliable. Our data shows an increase in declaring ethnicity since Aug 2015 and an increase in BAME staff. See table 2.3b below.

**Table 2.3b Ethnicity Profile 3 year comparison**

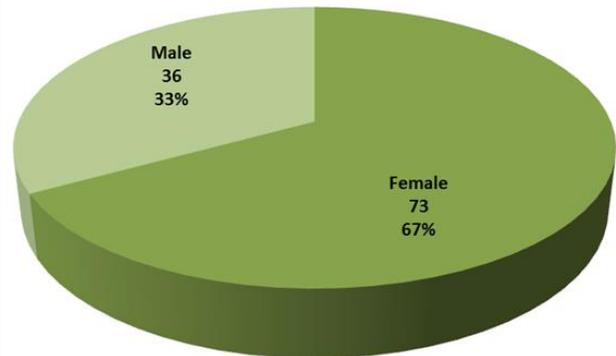
Ethnic Origin	CCG		
	Aug 2014	Aug 2015	Aug 2016
White British	70.42%	78.65%	82.57%
White ME	7.05%	5.62%	2.75%
Black/Asian ME	8.44%	12.36%	14.68%
Unknown	14.09%	3.37%	0.00%

## 2.4 Gender

Rochdale Borough's gender make-up is 51% female.

**Figure 2.4a Gender Profile**

At the end of August 2016, 67% of is female and 33% are male staff.



### 2.4.1 Gender and Data Quality

There are no data quality issues in relation to the protected characteristic of gender, given all staff records contain the gender of employees. Our data shows a slight increase of male employees since August 2015. See table 2.4b below.

**Table 2.4b Gender Profile 3 year comparison**

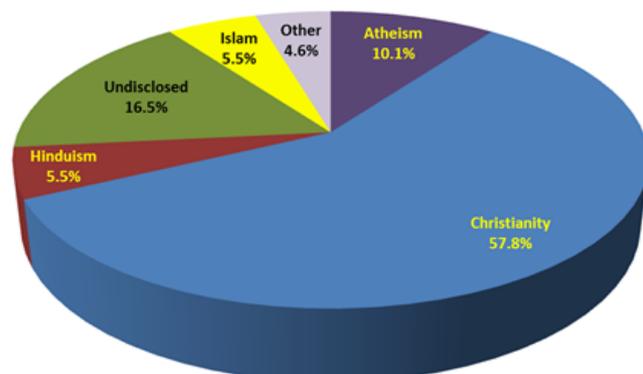
Gender	CCG		
	Aug 2014	Aug 2015	Aug 2016
Female	70.42%	68.54%	66.97%
Male	29.58%	31.46%	33.03%

## 2.5 Religion and Belief

Most people in the Borough follow a religion; the census 2011 showed over 35 religions observed across the borough. Around 60.6% are Christian, around 10.5% are Muslim and around 18.9 % state they have no religion.

**Figure 2.5a Religion and Belief Profile**

At the end of August 2016, 83% of employees disclosed their religion and belief; 58% of these were Christian; 10% were Atheist; 5% were Hindu and Muslim; 5% follow an 'other' religion



## 2.5.1 Religion and Belief and Data Quality

Religion and belief by its very nature is personal matter, which may result in low levels of declaration. **Religion and Belief is not known for 16.5% of staff.** Again, reporting levels have increased on last year, when only 60% of employees declared their religion or belief. See table 2.5b below.

*Table 2.5b Religion and Belief profile 3 year comparison*

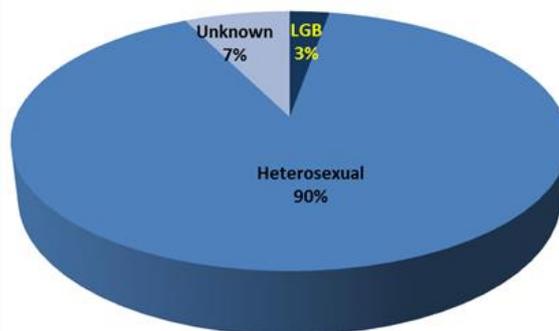
Religious Belief	CCG		
	Aug 2014	Aug 2015	Aug 2016
Atheism	2.8%	5.6%	10.1%
Christianity	23.9%	42.7%	57.8%
Hinduism	2.8%	3.4%	5.5%
Islam	0.0%	1.1%	5.5%
Judaism	1.4%	1.1%	0.0%
Other	2.8%	6.7%	4.6%
Undisclosed	66.2%	39.3%	16.5%

## 2.6 Sexual Orientation

Government research indicates that between 5 and 7% of the UK population are lesbian, gay or bisexual (LGB). This would suggest that there are around 10,585 to 14,819 LGB people in Rochdale Borough.

*Figure 2.6a Sexual Orientation Profile*

At the end of August 2016 3% of employees declared that they were lesbian, gay or bisexual. 90% of employees declared their sexual orientation as heterosexual. **The amount of unknown data for sexual orientation is 7%.**



### 2.6.1 Sexual Orientation and Data Quality

Sexual orientation is one of the most sensitive areas for both employee and service user monitoring. Our data shows that staff declaring their sexual orientation has significantly increased since August 2015. See table 2.6b below.

Increasing the confidence of staff through engagement to declare their sexual orientation is useful to identify trends in areas like promotion and disciplinarys and workplace barriers that may be faced.

*Table 2.6b Sexual Orientation Profile 3 year comparison*

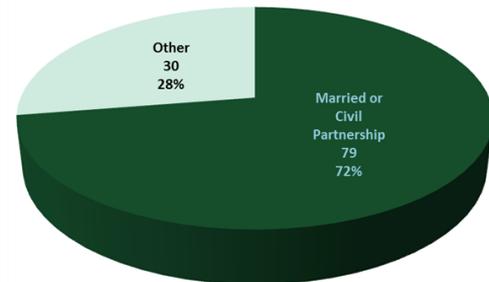
Sexual Orientation	CCG		
	Aug 2014	Aug 2015	Aug 2016
LGB	1.41%	3.37%	2.75%
Heterosexual	23.94%	60.67%	89.91%
Not declared	74.65%	35.96%	7.34%

## 2.7 Marriage/Civil Partnership

The census 2011 showed in Borough those married as 44.2% and those in a registered civil partnership status is as 0.2%.

**Figure 2.7a Marriage and Civil Partnership**

At the end of August 2016 72% of employees were in a marriage or civil partnership.



## 3. AGENDA FOR CHANGE PAY GRADES AND WORKING PATTERNS

### 3.1 Agenda for Change Pay Grades

We employ our staff in line with the nationally agreed Agenda for Change (AfC) banding system; please note that not all Directors and members of the Governing Body are on AfC.

**Table 3.1a Agenda for Change Pay Grades**

The largest cohort of staff was in the group of staff on AfC band 7 (15.9%), followed by AfC band 5 (12.9%); AfC bands 6 and 3 both at (11.4%); AfC band 8b (10.6). It is important to note that 15.2% of employees are employed in the Non-AfC bands; this includes some Directors and Governing Body members.

Pay Grade	% Sept 14	% Sept 15	% Sept 16
AfC 3	9.9%	6.7%	11.4%
AfC 4	4.2%	4.5%	6.8%
AfC 5	7.0%	5.6%	12.9%
AfC 6	11.3%	12.4%	11.4%
AfC 7	21.1%	22.5%	15.9%
AfC 8a	5.6%	10.1%	9.8%
AfC 8b	8.5%	6.7%	10.6%
AfC 8c	4.2%	5.6%	3.8%
AfC 8d	5.6%	3.4%	2.3%
AfC 9		1.1%	
Non-AfC	22.5%	21.3%	15.2%

### 3.2 Working Patterns

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

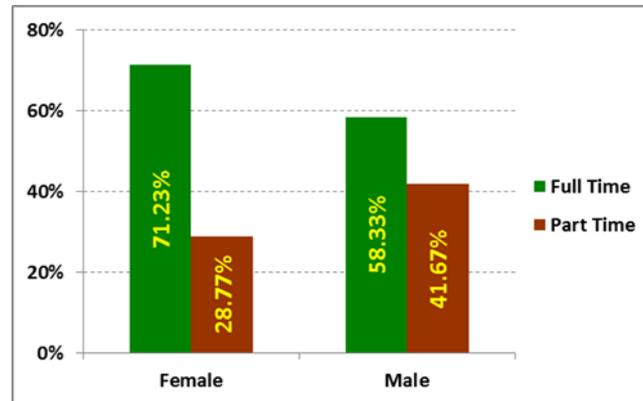
Our data shows an increase in full time working since August 2015.

**Table 3.2a Working patterns**

Working Pattern	August 2015	August 2016
Full Time	62.9%	67%
Part Time	37.1%	33%

**Table 3.2b Working Patterns and Gender**

Our data shows that men fare slightly higher in relation to part-time working compared to women at HMR CCG.



## 4. GENDER PAY GAP

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

This shows that even though women are the majority across the CCG, men are being paid higher, as they feature more prominently at the senior levels of the organisations. **Table 3a** highlights the differences between the gender averages pay spinal point ranges. However the table below does not reflect other factors such as length of service.

At the end of August 2016, the CCG female employees were more likely to be on lower pay grades and work part time.

**Table 3a Agenda for Change –Pay Average**

Pay Band	Spinal Points Range	Gender Average	
		Female	Male
AfC3	6 to 12	6.33	
AfC4	11 to 17	13.33	##
AfC5	16 to 23	19.13	##
AfC6	21 to 29	27.71	27.20
AfC7	26 to 34	31.57	30.17
AfC8a	33 to 38	36.00	33.67
AfC8b	37 to 42	39.50	39.67
AfC8c	41 to 46	43.00	##
AfC8d	45 to 50	##	##
Grand Total		28.30	33.00

Based on a comparison of take home pay at HMR CCG:

- **Average Female wage = £37,060 (excludes non-AfC)**
- **Average Male salary = £43,325 (excludes non-AfC)**

## 5. GRIEVANCES AND DISCIPLINARY

Disaggregated data for grievances and disciplinary has been omitted from this report as the numbers are very small and publishing the data could identify individuals. However, the data is scrutinised internally for any trends or hot spots, with any potential actions to address, being considered by HMR CCG.

## 6. Sickness Absence

**Table 6a Sickness Absence and Protected Groups**

Available data for level of sickness by protected groups; shows on average each member of our workforce spends 2.69% of their working time absent through sickness.

	% Abs Rate (FTE)
<b>Disability</b>	
No	2.68%
Undisclosed	1.49%
Yes	4.29%
<b>Ethnic Origin</b>	
Black/Asian ME	1.67%
White British	2.16%
White ME	21.31%
<b>Gender</b>	
Female	3.18%
Male	1.49%
<b>Marital Status</b>	
Married or Civil Partnership	2.80%
Other	2.52%
<b>Sexual Orientation</b>	
Heterosexual	2.91%
LGB	0.82%
Undisclosed	1.21%
<b>Religious Belief</b>	
Atheism	1.51%
Christianity	2.44%
Other	0.70%
Undisclosed	5.67%
<b>Summary</b>	<b>2.69%</b>

## 7. Workforce of our Providers

NHS HMR CCG recognises and actively monitors the workforce profile of the providers we commission who deliver face to face patient care. As commissioners we work closely with our providers to understand how well equipped they are to respond to our population needs.

We have requested and will be making available the workforce profile on our website for:

- Pennine Care Foundation Trust  
<https://www.penninecare.nhs.uk/about-us/equality-and-diversity>
- Pennine Acute Hospital Trust –  
<http://www.pat.nhs.uk/working-for-us/equality-performance-data.htm>
- Rochdale Metropolitan Borough Council
- Greater Manchester Shared Service

## 8. Conclusions and Recommendations

NHS HMR CCG is committed to addressing inequalities within its workforce we will consider the recommendations and incorporate them into our objectives through business planning for 2017/18 wherever possible.

### Recommendations

- Continue to improve our Electronic Staff Records data and inform staff of the reason for this data collection.
- Further work to explore the gender and race balance in training and leadership opportunities.
- Commit to the Disability Confident employers scheme (which has replaced the “two ticks” scheme since July 2016).
- Review recruitment and selection training to include equality and diversity issues and develop a schedule for staff across the CCG
- Include non-mandatory training data in the next CCG workforce report January 2018.
- Ensure that when new posts are advertised, they are worded so as to encourage applications from people with a disability.
- Ensure that all new staff, on induction, are encouraged to disclose a disability if they have one to ensure any necessary reasonable adjustments can be made and to disclose other protected characteristics to enable the CCG to identify employment equality trends.
- The majority of roles are recruited via NHS jobs. The CCG should consider alternative cost effective recruitment tools e.g. Linked in, social media, to promote recruitment at all levels from currently under-represented communities and provide development opportunities for these groups to progress to the highest non-clinical bands.
- Think Autism, the national strategy for adults with autism, recommends that employers promote the employment of people on the autistic spectrum. The CCG should consider delivering training around autism to support line managers with making reasonable adjustment for staff on the autistic spectrum.
- Develop and undertake staff survey during 2017 and include key questions from Workforce Race Equality Standard and the anticipated Workforce Disability Equality Standard.
- Develop an agreed HMR CCG EDHR workforce plan, aligned with Workforce Race Equality Standard; anticipated Workforce Disability Standard; EDS 2 Goals 3 and 4. Monitor progress via CCG EMT.
- To publish this report on the CCG website.

## Equality Monitoring Data

The following data has been taken from the CCGs Electronic Staff Record (ESR) to show as at the end of August 2016.

It is split into the following tables:

**Table 1** - HMR CCG Workforce Data as of 31August 2016

**Table 2** - HMR CCG Recruitment data from 1 September 2015- 31 August 2016

**Table 1: HMR CCG Workforce**

<b>Race</b>			
<b>White</b>		Other BAME	0.9%
British	82.6%	Unknown	0.0%
White other	2.8%		
<b>Asian or British Asian</b>			
Indian	5.5%		
Pakistani	1.8%	WME (White Minority Ethnic)	2.8%
Bangladeshi	2.8%	BAME (Black Asian Minority Ethnic)	14.7%
Other Asian	3.7%	Total WME + BAME = BME	17.4%

<b>Disability</b>			
Disabled	5.5%	Unknown	8.3%
Not Disabled	86.2%		

<b>Gender</b>			
Male	33.0%	Female	67.0%

<b>Age</b>			
Under 20 years	0.9%	30-44 years	44.0%
20-24 years	2.8%	45-59 years	45.0%
25-29 years	2.8%	60-64 years	4.6%

<b>Sexual Orientation</b>			
Heterosexual	89.9%	Unknown	7.3%
LGB	2.8%		

<b>Religion and Belief</b>			
Christianity	57.8%	Atheism	10.1%
Islam	5.5%	Other	4.6%
Hinduism	5.5%	Unknown	16.5%

<b>Marriage and Civil Partnership</b>			
Marriage & Civil Partnership	72.5%	Other	27.5%

**Total number of Employees as at end of August 2016 = 109**

**Table 2: Recruitment HMR CCG**

The data below reflects data related to recruitment for HMR CCG between: 1<sup>st</sup> September 2015 - 31<sup>st</sup> August 2016.

Equality Characteristic		Applications	Interviews	Appointments
<b>Race</b>	White British	61.02%	17.26%	6.63%
	WME	4.16%	0.62%	0.46%
	BAME	31.90%	6.78%	2.77%
	Total BME	36.06%	7.40%	3.24%
	<b>Unknown</b>	2.93%	0.77%	0.00%
<b>Disability</b>	Disabled	6.78%	2.31%	0.62%
	Not Disabled	92.14%	22.96%	8.47%
	<b>Unknown</b>	1.23%	0.92%	0.77%
<b>Gender</b>	Male	44.38%	8.01%	4.16%
	Female	55.32%	17.26%	5.70%
	<b>Unknown</b>	0.00%	0.00%	0.00%
<b>Age</b>	Under 20	0.62%	0.00%	0.00%
	20-24	16.33%	1.85%	0.62%
	25-29	15.56%	3.39%	0.31%
	30-34	19.26%	5.39%	1.23%
	35-39	12.17%	3.70%	2.31%
	40-44	11.40%	3.08%	1.54%
	45-49	14.64%	3.85%	0.92%
	50-54	10.79%	2.00%	1.39%
	55-59	5.70%	1.54%	0.77%
	60-64	1.85%	0.92%	0.77%
	Over 64	0.15%	0.00%	0.00%
<b>Sexual Orientation</b>	Heterosexual	90.60%	23.57%	9.40%
	Lesbian/Gay/ Bisexual	4.01%	0.62%	0.00%
	<b>Unknown</b>	5.39%	1.08%	0.46%
<b>Religion and Belief</b>	Christianity	53.31%	14.79%	4.93%
	Islam	17.87%	4.01%	1.39%

	Hinduism	1.39%	0.31%	1.23%
	Judaism	0.31%	0.15%	0.15%
	Sikhism	0.31%	0.00%	0.00%
	Buddhism	0.00%	0.00%	0.00%
	Atheism	10.48%	2.31%	0.77%
	Other	7.40%	2.00%	0.31%
	<b>Unknown</b>	9.09%	2.00%	1.08%
<b>Marriage and Civil Partnership</b>	Married & Civil Partnership	45.61%	12.79%	6.93%
	Other	36.67%	11.86%	2.93%
	<b>Unknown</b>	4.31%	0.77%	0.00%
<b>Applicants 1<sup>st</sup> September 2015 - 31<sup>st</sup> August 2016</b>				
<b>Number of applicants</b>		<b>649</b>		
<b>Number shortlisted</b>		<b>165</b>		
<b>Number appointed</b>		<b>64</b>		

**Please note:**

- The number appointed figure of 64 includes: changes to positions, internal recruitment and extension to fixed term contracts from data within ESR.
- HMR CCG had 37 new starters during 1st September 2015 - 31st August 2016.