



EQUALITY & DIVERSITY Annual Report 2018 - 2019

**NHS Cambridgeshire and Peterborough
Clinical Commissioning Group**

This document will be made available in other languages and formats on request.

1. INTRODUCTION

- 1.1 A key element of Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) commitment to the people we serve is to promote equality and value the diversity of our staff and service users. We are dedicated to developing an organisational culture that promotes inclusion and embraces diversity ensuring that the focus on equality is maintained and strengthened across the local NHS. This includes addressing health inequalities and embedding equality values into all commissioning activity. Our aim is to provide equality of opportunity to all our patients, their families and carers and to proactively eliminate direct or indirect discrimination of any kind.
- 1.2 This Equality & Diversity (E&D) Annual Report shows how we have met our equality duties and objectives and demonstrates progress against our commitment to promoting equality and reducing health inequalities. This report sets out the way in which the CCG fulfils its responsibilities arising from the Equality Act 2010. This Act requires public bodies to publish relevant, proportionate information showing compliance with the Equality Duty each year.

2. OUR VISION, VALUES AND OBJECTIVES

Vision

Cambridgeshire and Peterborough CCG will work in partnership to improve quality of care and to develop healthy communities through change and innovation, making wise decisions about how we use the resources available to us.

Values

We are committed to being:

- Organised
- Honest
- Decisive
- Innovative
- Ambitious
- Compassionate

CCG Objectives 2019/20

- Ensure clear patient voice in everything we do
- Deliver improvements that make best use of the public pound and save system 'cost'
- Use data and information to prove everything
- Deliver the prioritised performance standards
- Deliver the 6 transformation programmes
- Deliver the CCG Financial Plan.

3. SETTING THE LEGAL CONTEXT FOR EQUALITY & DIVERSITY

- 3.1 Underpinning the E&D agenda is key legislation which is outlined below.

3.2 NHS Constitution

The NHS Constitution Principles states that:

“The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.”

This is referred to in the C&P CCG’s own Constitution (Section 5.1.2b) which states *“we will meet the public sector equality duty by adopting an Equality Delivery System (EDS) to ensure compliance with the Equality Act 2010”*.

3.3 The Equality Act 2010

The Equality Act 2010 replaced previous anti-discrimination laws and places key duties on statutory organisations that provide public services. It protects people from unfavourable treatment, and this refers particularly to people from the following categories known as protected characteristics:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including national identity and ethnicity
- Religion or belief
- Sex (that is, male or female)
- Sexual orientation

Section 149 of the Equality Act (2010) requires us to demonstrate compliance with the “Public Sector Equality Duty” which places a statutory duty on C&P CCG to address unlawful discrimination, advance equality of opportunity and foster good relations between people when carrying out their activities. It covers leadership and governance, decision-making, policy development, budgeting, procurement and employment process.

The “Public Sector Duty “(PSED) has two parts:

i) The General Duties to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010.

- Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- Foster good relations between people who share a protected characteristic and people who do not share it.

ii) The specific duties are to:

- Publish information to demonstrate their compliance with the Equality Duty, at least annually.
- Set equality objectives, at least every four years.

3.4 Human Rights Act

The Human Rights Act 1998 came into effect in the United Kingdom in October 2000. This means that we need to ensure our engagement and interaction with patients and service users and each other are in line with the FREDA principles. Therefore, our service users, carers and staff can expect to be treated with: Fairness, Respect, Equality, Dignity and Autonomy. The CCG aims to introduce the FREDA principle in our policies, strategies and procedures.

4. EQUALITY DELIVERY SYSTEM

- 4.1 In addition to the above statutory duties, NHS England has developed the Equality Delivery System (EDS2), a tool to help NHS commissioners and providers to deliver better outcomes for patients and communities to help all staff and NHS organisations understand how equality can drive improvements and strengthen the accountability of services to patients and the public.
- 4.2 At the heart of the EDS2 is a set of 18 outcomes grouped into four goals known as the EDS Outcomes Framework. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. The four EDS2 goals are:
1. Better health outcomes for all
 2. Improved patient access and experience
 3. Empowered, engaged and included staff
 4. Inclusive leadership at all levels
- 4.3 The core component of the EDS2 is engagement with stakeholders, service users, staff and local community. It is people from these local interest groups that will contribute to the grading and decide how well the Trust is performing.
- 4.4 In light of the inclusion of EDS2 in the NHS Standard Contract and in the CCG Assurance Framework, all NHS organisations are mandated to use the EDS2 summary report template to produce and publish a summary of their EDS2 implementation.

5. NHS STANDARD CONTRACT

- 5.1 The relevant extracts from the NHS Standard Contract are set out below:

SC13 Equity of Access, Equality and Non-Discrimination

13.1 The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, gender reassignment, or any other non-medical characteristics, except as permitted by the Law.

13.2 The Provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.

13.3 In performing its obligations under this Contract the Provider must comply with the obligations contained in section 149 of the Equality Act 2010, the Equality Act 2010 (Specific Duties) Regulations and section 6 of the HRA. If the Provider is not a public authority for the purposes of those sections, it must comply with them as if it were.

13.4 In consultation with the Co-ordinating Commissioner, and on reasonable request, the Provider must provide a plan or plans setting out how it will comply with its obligations under SC13.3. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Coordinating Commissioner in order to comply with this SC13.4.

13.5 The Provider must implement EDS2.

13.6 The provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.

13.7 In accordance with the timescale and guidance to be published by NHS England, the Provider must:

13.7.1 implement the National Workforce Disability Equality Standard; and

13.7.2 report to the Co-ordinating Commissioner on its progress.

- 5.2 For the purposes of the contract, a 'small provider' is defined as a provider 'whose aggregate annual income for the relevant Contract Year in respect of services provided to any NHS commissioners commissioned under any contract based on the NHS Standard Contract is not expected to exceed £200,000'.
- 5.3 We believe that our compliance with the PSED is very much dependent on how we commission services; and how our providers comply with their equality duty. It is also important that any sub-contractors are compliant with the equality duties.

6. CCG COMPLIANCE WITH PUBLIC SECTOR EQUALITY DUTY

- 6.2 Equality Delivery System** - The CCG published its own annual report and ensured that its key providers completed and published the summary of the EDS2 on the NHS England Template.
- 6.3 Workforce Race Equality Standard** - The CCG published the Workforce Race Equality Standards (WRES). The CCG ensured that its key providers completed and published their WRES report in the NHS England Template.
- 6.4 Equality Impact Assessment** - The CCG ensures that Equality Impact Assessment is completed for all its projects and policies that are presented to the CCG Governing Body.
- 6.5 Equality Information** -To ensure that the CCG comply with the Specific Duties, the Equality Annual Report and related documents are published on the CCG website.

7. Governance Arrangements

The following guidance and strategy are in place:

- 7.1 Equality & Diversity Strategy** - The CCG's E&D Strategy and its improvement plan demonstrate the commitment of this CCG to promote equality and value the diversity of our staff and service users. The CCG's E&D Strategy was reviewed in 2017 setting out new objectives.
- 7.2 Equality Improvement Plan 2018-19**, which is in line with the CCG's equality objectives (as identified on the EDS2). The Improvement Plan is reviewed on a quarterly basis at the EDSG.
- 7.3 Equality & Diversity Policy** – This policy is to ensuring compliance with all the statutory obligations around equality and diversity (the Equality Act 2010) in respect of our duties as employers and as commissioners of NHS services.
- 7.4 Equality and Diversity Steering Group** oversees our compliance against statutory duties and regulations and reports to the Clinical Executive Team on progress. The Group is chaired by the Chief Operating Officer and includes representatives from HR, the Quality Team, the Communications and Engagement Team, the Continuing Health Care Team and the Commissioning Team. The Group meets on a quarterly basis and is responsible for implementing the equality agenda, monitoring, analysing and reporting on progress. The ED Annual Report is published following approval from the CCG's Governing Body.

8. CCG EQUALITY & DIVERSITY OBJECTIVES

- 8.1** The CCG revised its Equality and Diversity Strategy in June 2017. The Strategy demonstrates the commitment of this CCG to promote equality and value the diversity of our staff and service users.

- 8.2 The revised E&D Strategy and its Improvement Plan aim to improve the way the CCG commissions services from other NHS organisations. The CCG works with service providers and other stakeholders to improve the health of its local community by assessing what the health needs are and providing and developing services that respond to those needs.
- 8.3 The E&D Strategy 2017-2020 sets out how the CCG will meet its equality duties as set out in the Equality Act 2010. The Strategy has been revised to not only meet statutory requirements, but to achieve its aims to embed the principles of the Equality Act 2010 throughout the CCG and its services.
- 8.4 As part of the EDS2, healthcare organisations are required to consult with stakeholders and ask for feedback on the progress being made. The CCG consulted on its revised Strategy with its providers and the patient reference Group and the Cambridge and Peterborough Local Authorities.
- 8.5 Year on year the CCG aims to make progress towards achieving the long-term objectives set out in the E&D Strategy. Each year objectives and an improvement plan, supported by close monitoring are set to support this progression. The objectives for 2018/19 are outlined below:

Objective 1: To achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

Objective 2: To improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience.

Objective 3: To ensure staff report positive experiences of their membership of the workforce.

Objective 4: To ensure that papers that come before the Board and other major Committees identify equality-related impacts including risks and say how these risks are to be managed.

9. PROGRESS AGAINST EACH OBJECTIVE DURING THE 2018/19:

9.1.1 Goal 1- Better Health Outcomes

Objective 1: To achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results.

9.1.2 What we do

All clinical services are contracted for using the NHS Standard Contract. Therefore, no supplier can obtain or keep the contract without meeting the equality duty as the tendering process will reflect the needs of the standard contract.

Additionally, Health Inequality Impact assessments (HIAs) and Equality Impact Assessment (EIAs) and acting on the evidence or outcomes, ensured that the CCG retained a robust, fair and compliant process towards commissioning principles, procedures and service delivery and improvement. HIAs and EIAs formed part of our core business as seen in assessments for business cases and service reviews.

For example, the Learning from Disability Death Review highlighted that the current commissioned service was not meeting this groups complex health needs especially for physical needs. Further review and feedback from Social Care in the Local Authority, highlighted that people with a learning disability are likely to die 20 years earlier that the rest of the population.

An integrated service with the Local Authority was put in place to allow a positive and proactive approach ensuring the children access a range of options and that we are flexible to accommodate them for better communication and integration with the nursing teams and specialist services.

Positive impact

The positive impact of this review was that there will be better communication and integration with nursing teams and specialist services. This will ensure that any young person with continuing care needs are accessing this service and have a choice of a range of overnight short breaks/respite to meet their health needs.

A Step by Step guidance document and template are in place and are accessible to all staff via CCG's website <https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/how-we-meet-our-duties/equality-and-diversity/>. HIA and EIA are briefly covered in the Staff Induction programme and in the E&D mandatory training programme. All EIAs are approved and logged by the E&D Adviser and ratified by the E&D Steering Group.

9.2 Goal 2: Improved patient access and experience

Objective 2: To improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience.

9.2.1 What we do

One example is improving Access in General Practice procurement

The aim of this review was to ensure all patients who are permanently and temporarily registered with a GP practice within Cambridgeshire and Peterborough CCG has easier and more convenient access to GP services, including appointments at evenings and weekends, as well as to offer a joined up service to patients which effectively connects extended access to the wider system, especially urgent care.

The health inequality impact assessment identified the hard to reach populations which may not be included in the cohort above (Gypsies/travellers etc) and these groups have been built into the service specifications for the Providers to consider how their health benefits can be delivered.

The desired outcome from this review to promote transformation in general practice, including a step change in the use of digital technologies, support for urgent care and changes in general practice services that lay the foundations for general practice

providers to move to a model of more integrated services through delivery of new models of care described in the General Practice Forward View and Five Year Forward View.

Positive Impact

The Provider of the Improved Access to General Practice service will be responsible for delivering a service which supports patients to access same day or bookable appointments at a time of their choosing. This should contribute to improved patient satisfaction rates in the GP survey for the CCG, and impact on patients accessing A&E inappropriately, while increasing patients accessing UTCs and GP OOHs services through better integration with 111. Transformation of general practice and at scale primary care services will require the Provider and the Commissioner (CCG or STP(s)) to work together to deliver this model. Improving Access in General Practice is seen as an enabler to move towards at scale primary care services.

The Provider will be responsible for delivering an agreed health inequalities action plan, and the Commissioner will be responsible for monitoring the delivery of the plan and invoking the contract where necessary to ensure it is delivered as agreed.

9.2.2 Patient and Public Engagement

The CCG ensures that all community groups, particularly Protected Characteristic groups, have the opportunity to have their say on proposed changes and that their needs are taken into consideration to reduce inequalities in health care provision.

For each communication, engagement or consultation process we produce a relevant communication and engagement process plan. The Equality Impact Assessments are used to inform the engagement needed in terms of protected groups that may be affected. We also list each group or community that will be affected by the proposed project or change to service; we then explore how we will engage with that community.

The CCG aims to work with local people including patients, carers and their representatives, as well as with other partner organisation, to ensure that local health services meet the needs of the local population.

For example, during the consultation process for the Local Urgent Care Service hubs pilot, The CCG embarked on a series of patient engagement meetings. Engagement has taken place with local Patient Forum and Healthwatch. In Wisbech patients whose first language is not English are provided with a feedback form in their language if requested. Feedback forms will be available in three main languages spoken by patients in Wisbech. These are Polish, Lithuanian and Russian. Additionally, a patient feedback questionnaire and map is available in Polish. The questionnaire and responses will also be translated into Lithuanian and Russian. When patients who are not able to speak English attend MIU there is an option to translate using Language Line. If a face to face appointment is required for the patient North Brink Practice will follow their translation process. Information gained from the engagement activity has been used to develop the LUCS model.

The engagement team welcomes invitation to talk to community group meeting. Staff and residents are encouraged to do this by emailing the engagement team or through the online survey.

We aim to engage fully with all members of our diverse communities, making efforts to engage with those whose viewpoint is not often heard or who may find it difficult to access services for whatever reasons. We aim to ensure that information is accessible in different languages for people whose first language is not English. Other support is available through Browse Aloud and different font sizes for people with hearing impairment or low vision.

The **CCG website** comply with the World Wide Web Consortium's (W3C's) level. The CCG website also features Browse Aloud which adds speech, reading and translation support tools to online content for people who require reading support.

Equality information is published on the Equality page of the CCG's website. All publications and leaflets produced by the CCG included a standard piece of text outlining that the information is available in alternative languages and formats. The same sentence was also translated into the top three languages within the area and used along with the English sentence. The guidance given would be for the stakeholder to contact the CCG via the Communications and Engagement team email address and telephone number. The communications and Engagement team would take responsibility for the production of the translations.

Prior to translation or transcription into alternative formats, [The Information Standard](#), is followed to ensure and assure the quality and accuracy of the document information. The Information Standard is a quality assurance kitemark scheme for organisations producing health and care information for the public.

The Communication and Engagement team also ensured that public information was made accessible to different audiences as appropriate, in line with the national policy and guidance, with specific reference to NHS Accessible Information Standard (SCC1605).

We liaise with the Patient Reference Groups to seek views from patients using local patient feedback and surveys.

9.3 EDS Goal 3: A representative and supported workforce

9.3.1 Objective 3: To ensure staff report positive experiences of their membership of the workforce.

9.3.2 What we do

Through support, training, personal development and performance appraisal, the CCG ensures that staff are confident and competent to do their work. The CCG is committed to ensuring learning and development opportunities are available to all its staff, in order to provide an effective and efficient service to our service users.

Our Corporate Induction is the process of introducing the new member of staff to their new organisation so that new employees understand the context in which they are working and feel valued. The induction programme helps new recruit to integrate into the organisation as quickly and effectively as possible so that he/she can play an active and safe role as a new member of the team. The induction programme is completed within three months of commencement.

The Mandatory Induction Day is designed to ensure that all staff receive at the earliest opportunity, appropriate support and training to safeguard their own health and safety and that of patients and other people. The Induction Mandatory Training day incorporate a short orientation session to introduce new staff to the CCG values, behaviours and expectations. The rest of the programme comprise of Human Resources, Safety, Health & Safety, Quality and Safeguarding.

The process of orientation and induction will be completed within the employee's first three months and "signed off" by the employee and their manager.

All Managers will undergo mandatory training to ensure they have the skills and knowledge to undertake effective annual staff performance appraisals and performance reviews and support staff in constructing a personal development plan, which will be a key stepping stone in the development of an excellent organisation that is open to learning. Staff members identify with their Line Manager their learning needs through the annual performance appraisal process.

Individual Learning Account (ILA) has been developed in order to provide learning and development opportunities to enable employees to operate to their optimum performance level and to meet business objectives across the CCG.

Employees use the ILA to create a tailored programme of learning to meet their individual needs. Employees can choose from a selection of workshops and learning activities accessible via the central Learning Directory made available on the extranet.

The ILAs are available to all CCG employees, including employees working part time hours, or undertaking flexible working, as well as employees on fixed term contracts. During the year 2018/19 fifty-one member of staff attended training course through their ILA.

Equality & Diversity training

Equality and Diversity training is a **mandatory** requirement for all members of staff including new starters, temporary and agency workers. The CCG is required to ensure all staff are trained & skilled to deliver personal, fair and diverse services competently with dignity and respect with a view to support improved equality in health outcomes and workforce. The CCG must demonstrate 95% Equality and Diversity training compliance throughout the whole training year to comply with the requirements of the Public Sector Equality Duty.

Following a review of the CCG's Equality and Diversity training programme, it was recommended that an E-Learning programme should be introduced as part of the

refresher training for existing staff to complete every 3 years. During the year 2017/18 the e-Learning for Healthcare's Equality, Diversity and Human Rights Programme – Level 1 was introduced for refresher training. It is aimed at improving the ability of all staff to empathise with colleagues and patients from diverse backgrounds and contribute to ensuring that access and services are appropriate to individual's needs. This training programme is hosted by Health Education England on behalf of NHS Digital. To date 85% staff have completed the Equality & Diversity awareness training.

New starters receive a session on values, behaviours and expectations which includes Equality and Diversity. This is to ensure that new employees will be aware of their rights and responsibilities from the beginning of their employment at the CCG.

We will ensure that our provider organisations are aware of their responsibility in Equality & Diversity and that their staff are fully equipped to deliver services to all groups of the community. Providers are asked to give details of their training plans in the procurement process which is also written in the contracts awarded by the CCG.

Gender Pay Gap

The CCG published its Gender Pay report in March 2019. The Gender Pay Gap report indicates that

- Proportionately more females than males, compared to the whole CCG workforce, are in the lower and lower middle quartile pay bands. The proportion of females in the lowest quartile is significantly higher.
- The proportion of males and females in the upper middle quartile pay band is consistent with gender profile of the whole CCG workforce.
- The proportion of males in the upper quartile pay band is significantly greater than for the gender profile of the organisation.

The following summarises the CCG information for the year 2017-18 (snapshot date of 31 March 2018):

1. The CCG Mean Gender Pay Gap = 42.34%
2. The CCG Median Gender Pay Gap = 26.07%
3. The CCG did not pay any staff a bonus payment therefore the mean bonus gender pay gap is zero.
4. The CCG did not pay any staff a bonus payment therefore the median bonus gender pay gap is zero.
5. The proportion of males receiving a bonus payment = zero
6. The proportion of females receiving a bonus payment = zero
7. The Proportion of males and females in the CCG in each quartile pay band is shown in the table and chart below

Table 1: The Proportion of males and females in the CCG in each quartile pay band

	Male	Female
Lower Quartile Pay Band	7.50%	92.50%
Lower Middle Quartile Pay Band	21.33%	78.67%
Upper Middle Quartile Pay Band	24.10%	75.90%
Upper Quartile Pay Band	45.12%	54.88%

For reference, the CCG workforce on the snapshot date of 31 March 2018 comprised 24.69% males and 75.31% females.

The CCG will continue to act fairly, and within the law and act where possible to reduce gender pay gap.

Health and Wellbeing of staff

The CCG has a duty of care to all its employees and must ensure that they are adequately informed of any dangers to their health whilst undertaking work for the CCG.

In order to promote Health, Safety and Wellbeing amongst staff there are 16 trained Health Champions across the organisation. Their remit is to act as a point of contact for individuals who wish to discuss wellbeing matters, liaise with their teams to identify health and wellbeing initiatives and provide feedback collectively to the Health, Safety, and Wellbeing Forum (HSWF) amongst other things. They have each been trained and are accredited Royal Society of Public Health Level 2 Champions.

On commencing employment at the CCG, new staff are encouraged to think about their Health, Safety & Wellbeing with the introduction of a new wellbeing section on the Corporate Induction. The CCG continue to hold engagement events for all staff such as Time for a Cuppa, Healthy Eating sessions, Financial Roadshows, Time to Talk, Share an International Plate and many other activities. Flu vaccinations are offered through the CCG's Occupational Health Service which also includes counselling services through Insight. This is regularly promoted to staff along with Insight's Wellbeing at Work self-help portal.

9.4 EDS2 Goal 4 - Inclusive leadership

9.4.1 Objective 4: To ensure that papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.

9.4.2 What we do

Equality & Diversity is an integral part of the Leadership and Management Competency Framework to ensure managers and staff are aware of their rights and responsibilities in the workplace.

The Competency Framework is expected to be one of the key levers for cultural change in the CCG, where increased value is placed on the learning, development and coaching of staff to improve the development and retention of skilled staff and ensure the organisation continues to be an employer of choice for the local community.

Recruitment and Selection

The CCG has a well-developed Recruitment and Selection Policy and Procedure. This requires all line managers involved in recruiting staff to attend a specific training course to ensure they understand the equality aspects of recruiting and employing staff.

Managers and Recruiting Officers are briefed regularly and made aware of their responsibilities in terms of Equality & Diversity during the recruitment process. The CCG's Dignity at Work policy highlights impacts of bullying and harassment and the procedures for dealing with such cases.

In line with most NHS organisations the CCG advertises jobs and processes applications via NHS Jobs. All applicants are asked equalities monitoring questions covering 6 of the 9 protected characteristics. Equalities information for successful candidates is then pulled into the Electronic Staff Record system. Applicants have the option to not disclose their protected characteristics.

All CCG job descriptions include a requirement for staff to perform their duties in accordance with the CCG's commitment to Equality & Diversity. At shortlisting stage, we remove the monitoring form. Despite that, we acknowledge that there may be some existence of conscious or unconscious bias, and we are strengthening our recruitment and selection procedures to address any of these situations.

The CCG is a "Disability Confident" Employer. This suggests that we are positive about disability and applicants who have a disability and meet the minimum criteria of the post will be shortlisted and offered an opportunity to be interviewed.

The CCG is a 'Mindful Employer' charter signatory for employers who are positive about mental health.

The CCG is accredited with an Investors in People Award.

To assess whether our recruitment practices reach a diverse and representative range of applicants, the CCG has analysed the available protected characteristics of staff currently in post, starters, leavers and the protected characteristics of full time

and part time staff. The profile of staff who have been on learning and development programme is also illustrated. This involved looking at the age band, gender, ethnic group, declaration of disability, religious belief and sexual orientation of applicants for posts across the various pay bands. The results are shown in **Appendix 1**.

10. SUMMARY AND NEXT STEPS

- 10.1 With these processes in place the CCG has been able to meet all the EDS2 deadlines to show compliance with the Public Sector Equality Duty (PSED) and with stakeholders to provide continuous assessment of progress through the EDS grading system.
- 10.2 We have and will continue to monitor progress against targets, through the collection and publication of data annually. We have improved data quality, collection and coverage. However, more work is required in terms of data analysis by protected characteristics and identifying gaps that require addressing.
- 10.3 The E&D Steering Group will continue to direct the work for the EDS priority area for the CCG. The governance structure for Equality & Diversity is established within the Steering group terms and conditions. This entails provision of appropriate high-level leadership from Governing Body, Director Level and appropriate support for the EDS lead. The Group’s role is to advise, support, promote equality, diversity and inclusion, encourage good practice and monitor the development, implementation and evaluation of EDS and ensure good patient outcomes are fulfilled. The Steering Group monitor progress on delivery of the plan within the CCG, and report on progress across the CCG to the Integrated Performance Assurance Committee and the CCG Governing Body.
- 10.4 Finally, we have held our provider organisations to account through the contract and Clinical Quality Review process where we monitor the extent to which they have implemented the principles of E&D into their organisation. Examples of our key provider’s compliance with the NHS Standard Contract:

Cambridgeshire University Hospital (CUH)	NW Anglia NHS Foundation Trust (PSHFT)	Cambridgeshire and Peterborough Foundation Trust (CPFT)
<ul style="list-style-type: none"> Adopt and implement EDS2 and publish ESD2 summary report on NHS England Template Publish WRES report Publish equality objectives Publish Equality information on their Website 	<ul style="list-style-type: none"> Adopt and implement EDS2 and publish ESD2 summary report on NHS England Template Publish WRES report Publish equality objectives Publish Equality information on their Website 	<ul style="list-style-type: none"> Adopt and implement EDS2 and publish ESD2 summary report on NHS England Template Publish WRES report Publish equality objectives Publish Equality information on their Website

EDS remains the key to commissioning equitable services for our local diverse populations. With ongoing support and commitment, we will continue to build on our success and drive the EDS agenda in 2019/20.

A copy of the EDS Improvement Plan for 2019/20 is attached as Appendix 2

Key areas of work for 2019/20 Improve Plan will include:

- Ensure equality standards are embedded within our commissioning and procurement processes to ensure tenders/ specifications for new business include consideration of the protected groups
- To improve access to services to ensure patients can receive timely treatment
- To review the Equality Impact Assessment (EIA) process and enhance the recording system of all EIAs undertaken on policies and projects.
- To review equality and diversity information on the equality page of the CCG's website to ensure information is complete and up to date.
- To review our monitoring processes and encourage staff to declare their equality data in line with the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES)
- To continue to analyse the available protected characteristics of people who apply for jobs with the CCG, identify trends and patterns and take steps to address any imbalance
- To check for any gender bias in its recruitment information and appointment processes including starting salaries and look to remedy this as relevant.
- To check for any gender bias in the uptake of its training offers and other development processes and look to remedy this as relevant.
- To check for any gender bias amongst managers in the application of CCG policies for matters such as flexible working.
- To Check for any indicators from staff surveys and or exit interviews that might increase the understanding of the situation
- To publish information on the gender pay gap and gender bonus gap no later than April 2020
- To publish the Workforce Race Equality Standard (WRES) report no later than September 2020.

OD & HR Advisor - Equality & Diversity
 Cambridgeshire & Peterborough CCG
 May 2019

Annex relating to this report
 C&P CCG Equality & Diversity Strategy 2017-2020
 C&PCCG Equality & Policy 2017 -2020
www.cambridgeshireandpeterboroughccg.nhs.uk

Appendix 1

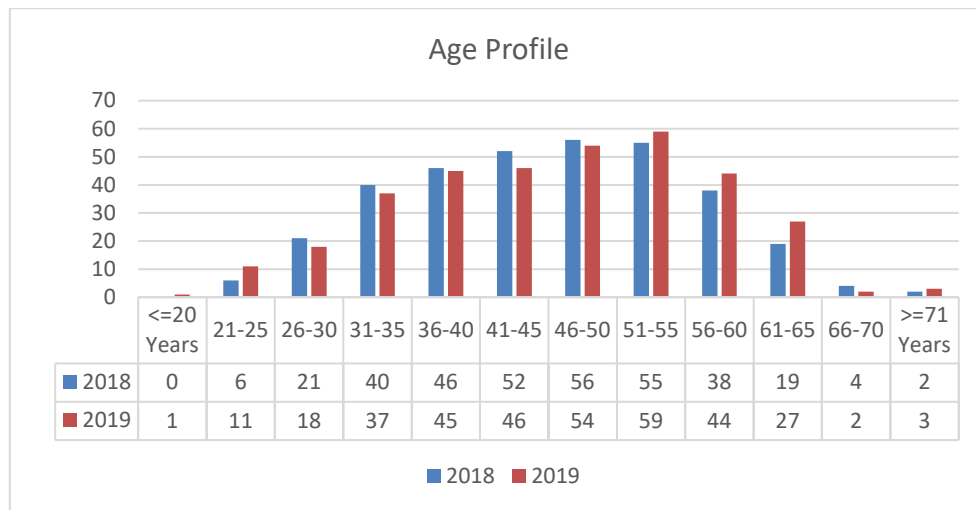
STAFF IN POST Total Headcount: 347

Equality and Diversity Data – Year to 31 March 2019

1. Headcount

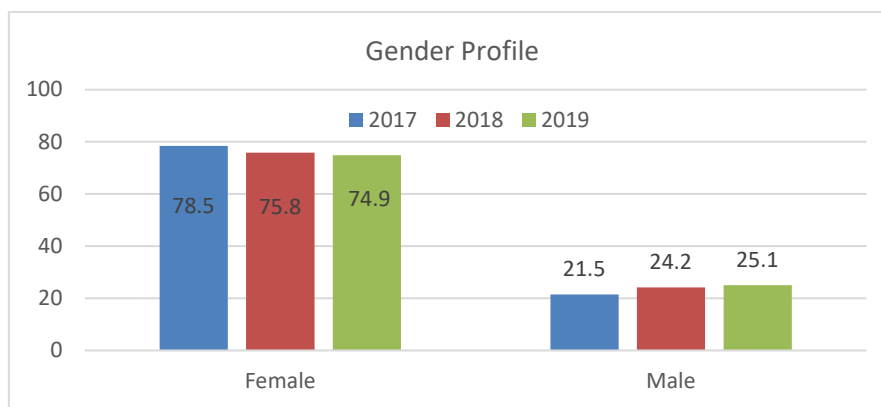
The workforce data analyses report includes a breakdown of the profile of C&P CCG staff. As at 31 March 2019, the CCG employed 347 staff. This is broken down to 220 full-time staff and 127 part-time staff. There has been an overall 2% increase in the CCG's headcount from 339 in April 2018 to 347 during the year 2018-19.

Figure 1: Age



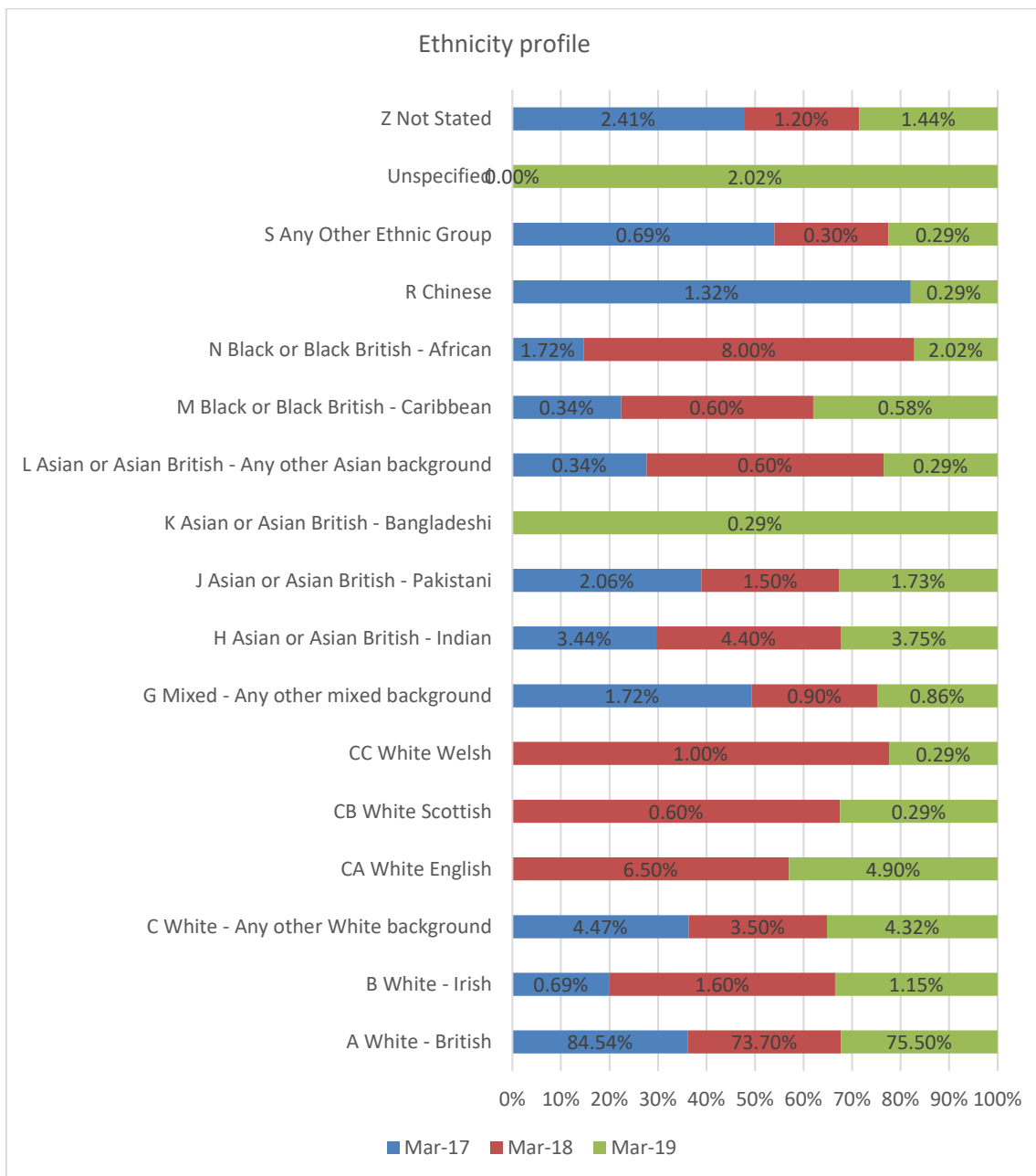
The 2018-19 report suggests that the highest number of the CCG's workforce is in the age range 51-55. There is a 15% increase in the age range 56-60 and a 42% increase in the age range 61-65. This indicates that the CCG's workforce in the age range 56-60 has risen over the last 2 years whereas the age other age range 30-50 has decreased in the year 2018-2019. Age range 20-25 and age range 66 and over represent our smallest proportion of the workforce respectively. Year 2017 is not compared in this chart as there is a slight variation in the makeup of the age ranges.

Figure 2: Gender



The CCG workforce is predominantly female, and this has remained unchanged through the years monitored. Female staff represented 75.8% of the workforce in 2018, with a slight decrease in percentage in year 2019. Male staff increased by 3.6% from 21.5% the year 2017 to 25.1 % in 2019.

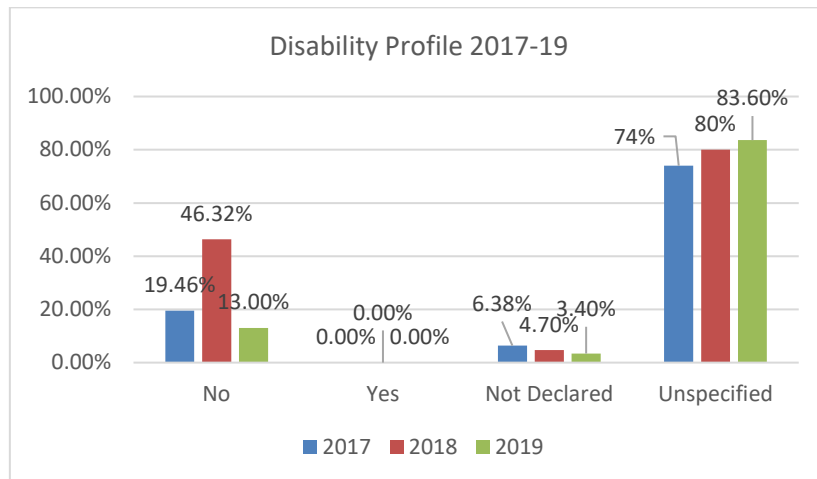
Figure 3: Ethnicity



Over the three reporting years, it can be observed that the trend for ethnicity breakdown shows a significant drop in the numbers of White British in year 2018 but this has slightly increased from 73.7% in year 2018 to 75.5% in year 2019. The data suggest 3 more categories where people identify themselves as being Welsh, Scottish, and English respectively. Based upon March 2019 data we have decreased representation of BME staff by 1.4% to 10.1% compared to 11.5% in the year 2017-18. However, we recognise that there may be under representation in some departments and particularly at senior levels. We will continue to monitor this in coming years and

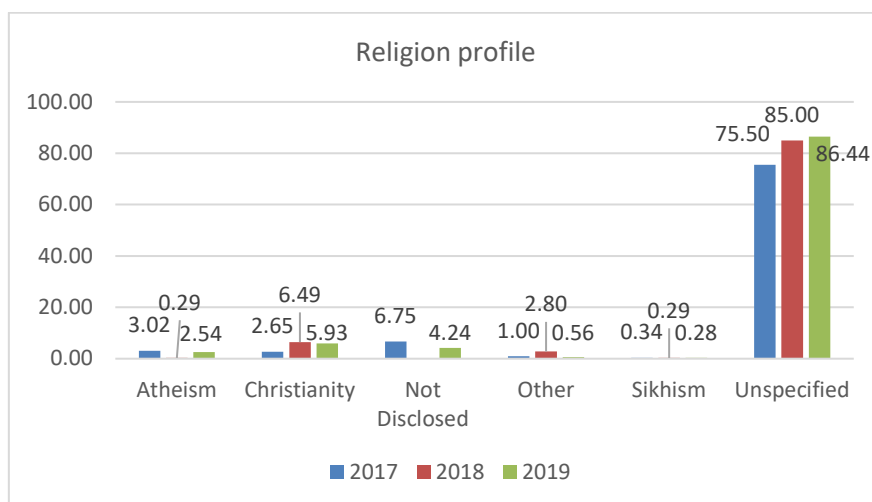
will look to put measures in place to reduce this trend bringing in line with the demographic profile of the community we serve.

Figure 4: Disability



The figure above shows the declared disability of C&P CCG’s workforce. From the year 2017 to the year 2019 staff diversity report indicate 0% of staff have a disability, however this does not appear to be a true reflection of the actual staff with disability across the CCG. In order to support staff with disability, more work is required to encourage staff to declare their disability status and to understand whether there are unintentional barriers in our recruitment processes.

Figure 5: Religious Belief

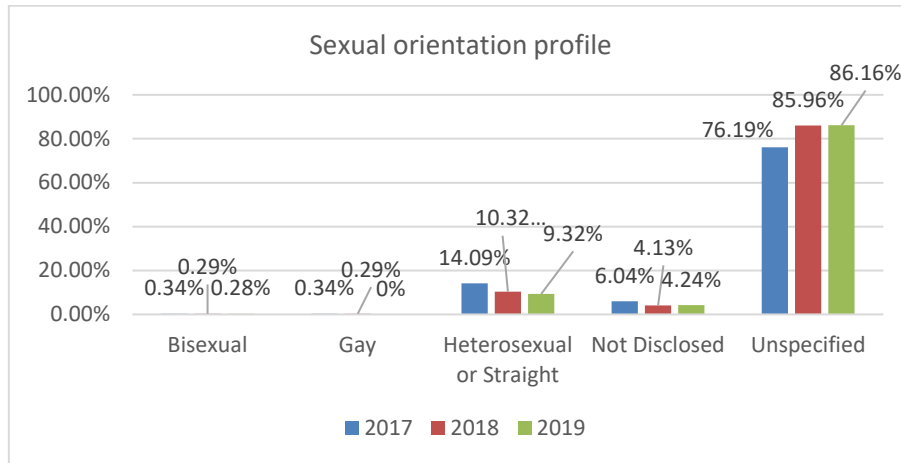


Employees are given the opportunity to disclose their religion and belief and the profile is shown above. We recognise that a religious belief is an important defining characteristic of people’s identity and complements other information that we gather, such as ethnicity.

Over the three reporting years, it can be observed that the trend for religious belief breakdown shows a slight variation in the percentages of each religious category. There is no evidence that staff with different religious beliefs experience barriers to participation. However, the percentage of

staff who do not wish to define their religious belief is increasing yearly from 75.5% in year 2017 to 86.4% in year 2019. Therefore, further work is needed to encourage disclosure to ensure there are no hidden issues for certain groups.

Figure 6: Sexual Orientation



Employees are given the opportunity to disclose their sexual orientation and the profile is shown above. There is no evidence that staff experience barriers to participation because of their sexual orientation. In comparison to year 2016-17, and year 2017-18 the number of staff not disclosing their sexual orientation is increasing which is indicated in year 2018-19.

LEAVERS PROFILE

Total Leavers: 88

The number of staff who left the C&P CCG during the year 2018-19 was 88 compared to 75 in year 2017-18. The following figures illustrate the profile breakdown by age, ethnicity, gender, disability, religious belief and sexual orientation.

Figure 7: Age

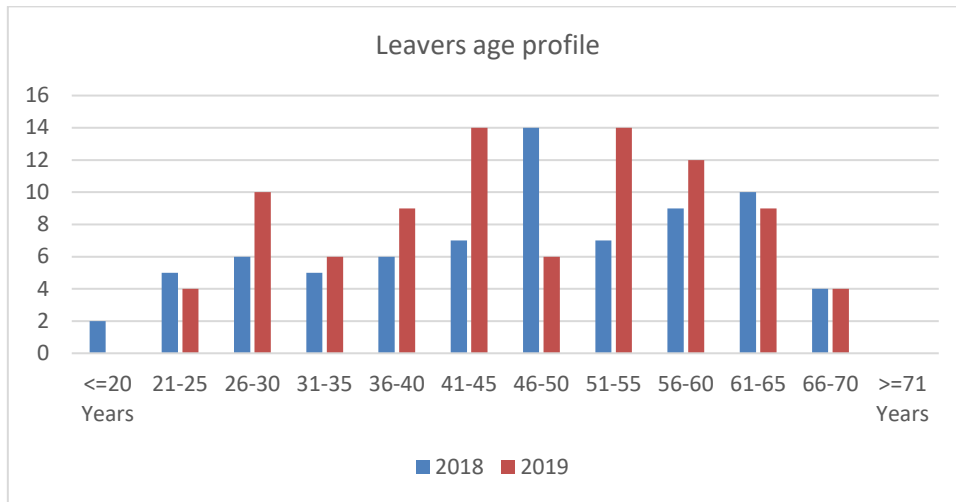
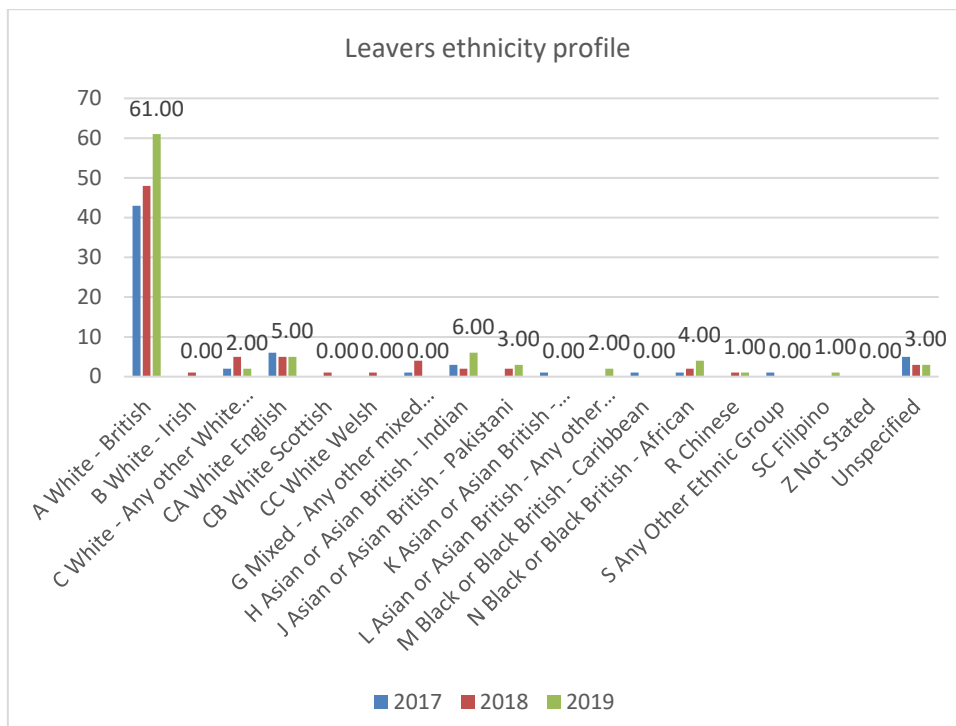


Figure 8: Ethnicity



LEAVERS PROFILE

Figure 9: Gender

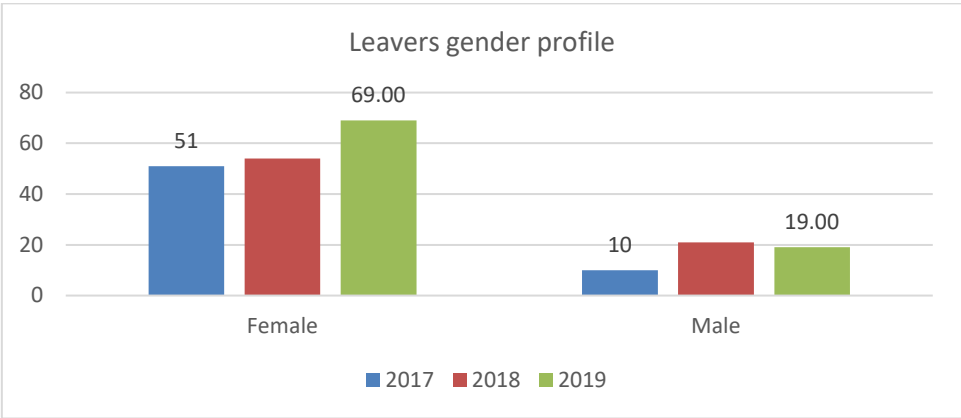


Figure 10: Disability

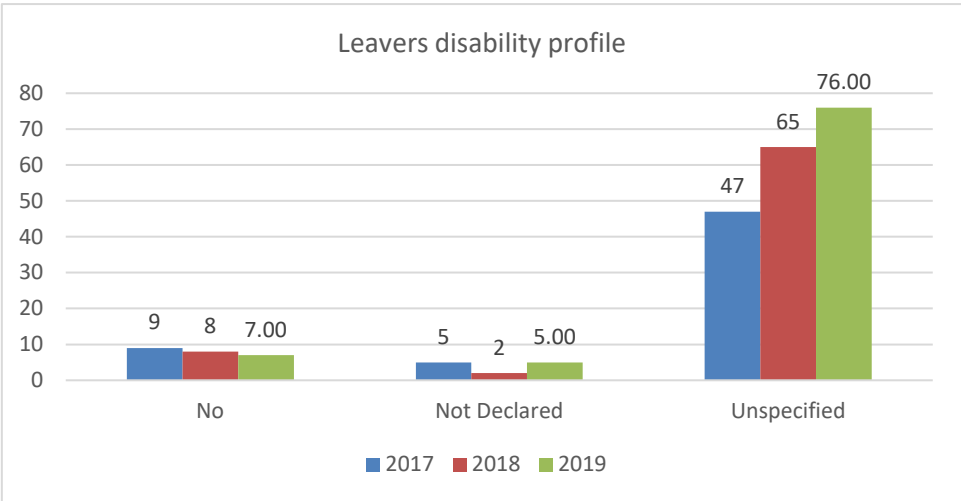


Figure 11: Religious Belief

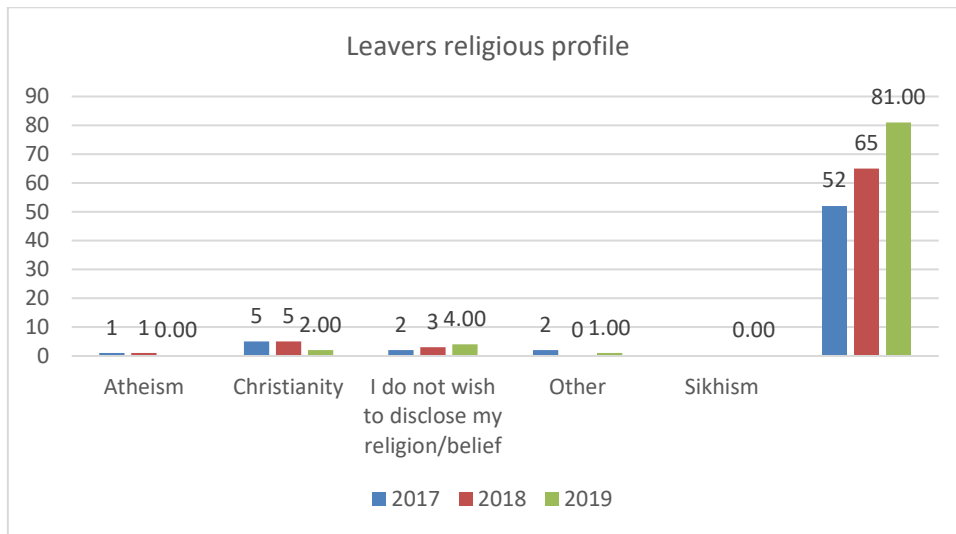
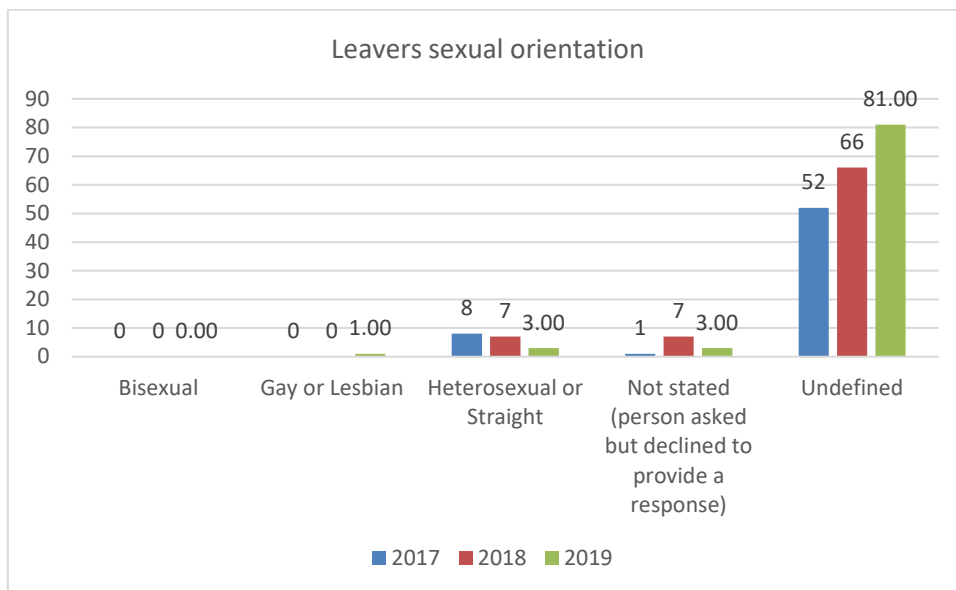


Figure 12: Sexual Orientation



STARTERS PROFILE

Total Starters: 87

The number of staff who started work at the C&P CCG during the year 2018-19 was 87 compared to 108 in year 2017-18. The following figures illustrate the profile breakdown of starters by age, ethnicity, gender, disability, religious belief and sexual orientation.

Figure 13: Age

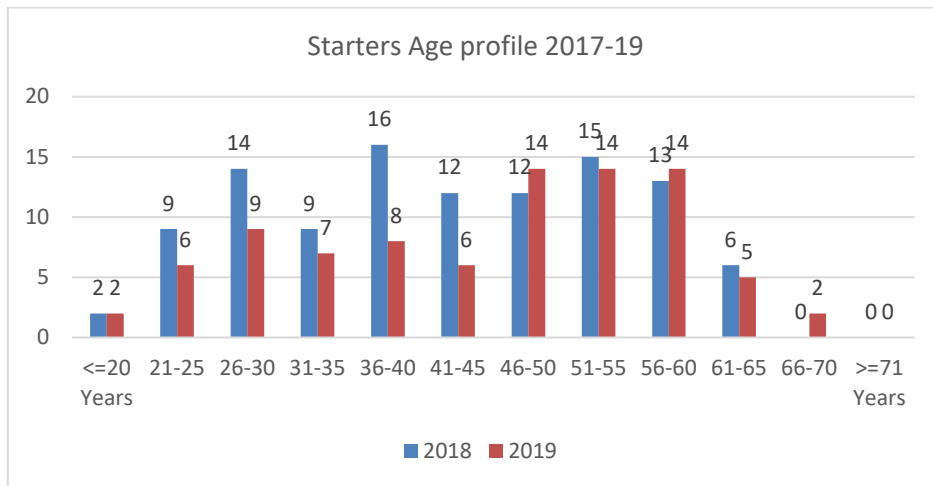
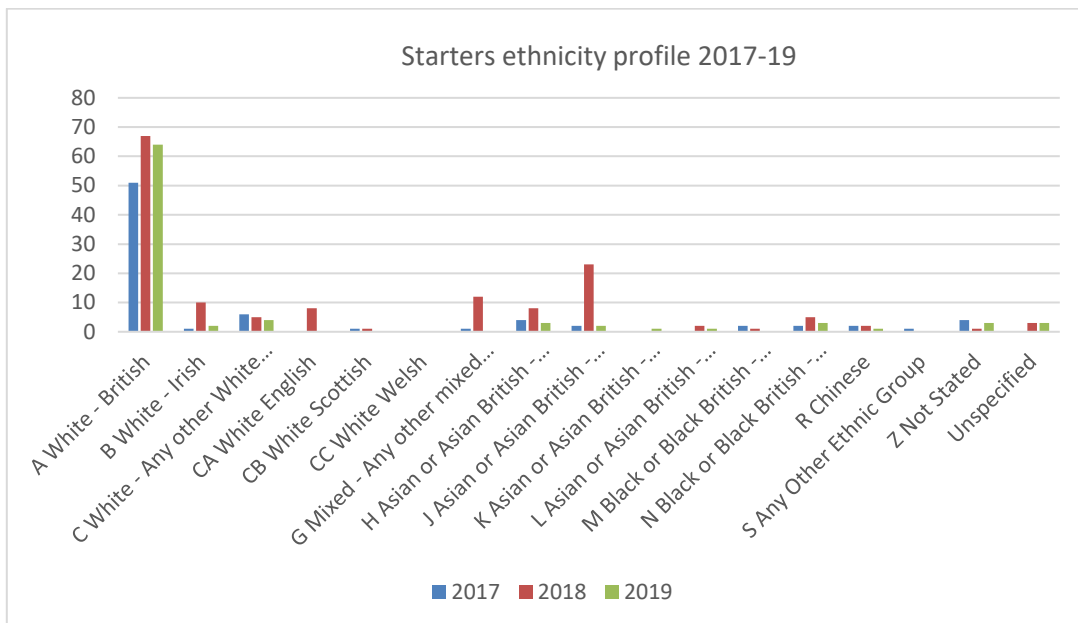


Figure 14: Ethnicity



STARTERS PROFILE

Figure 15: Gender

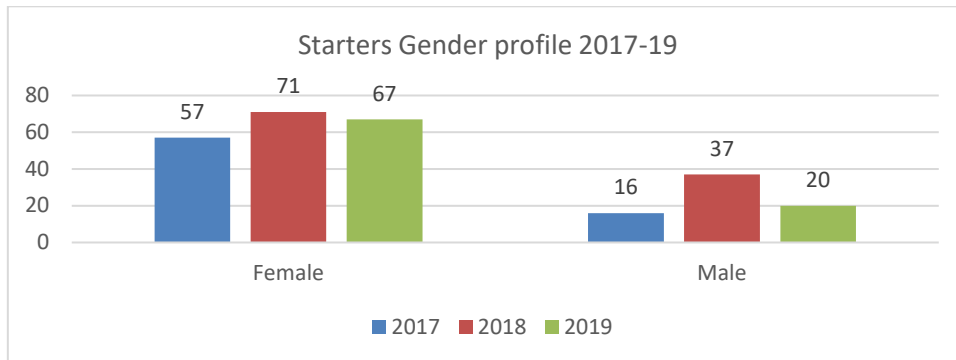


Figure 16: Disability

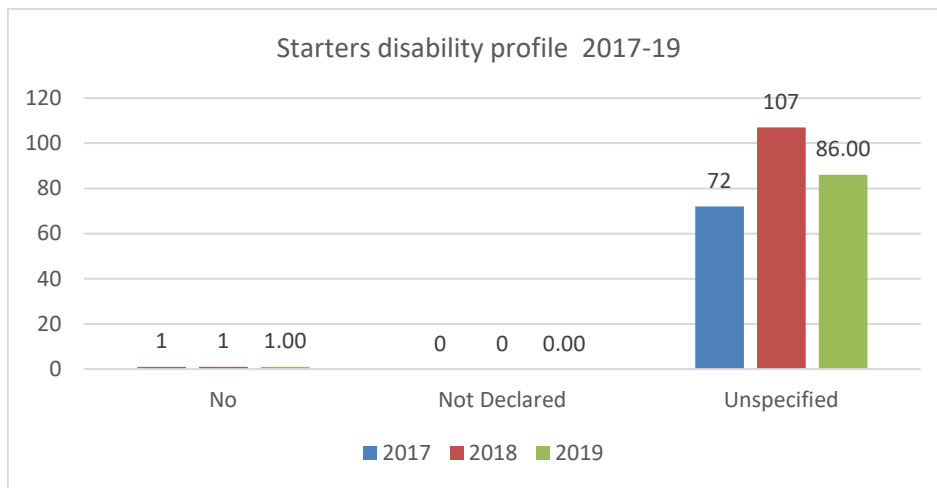


Figure 17: Sexual Orientation

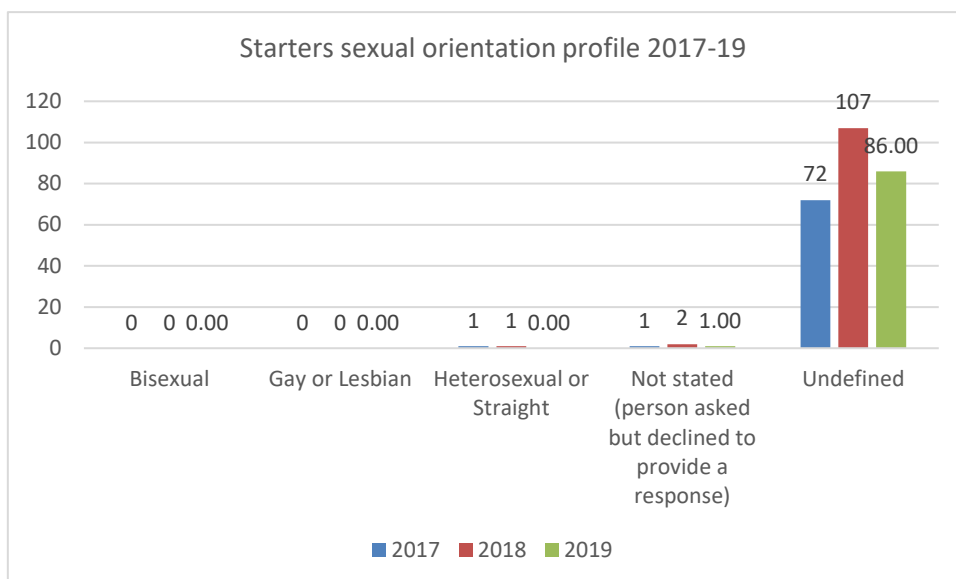
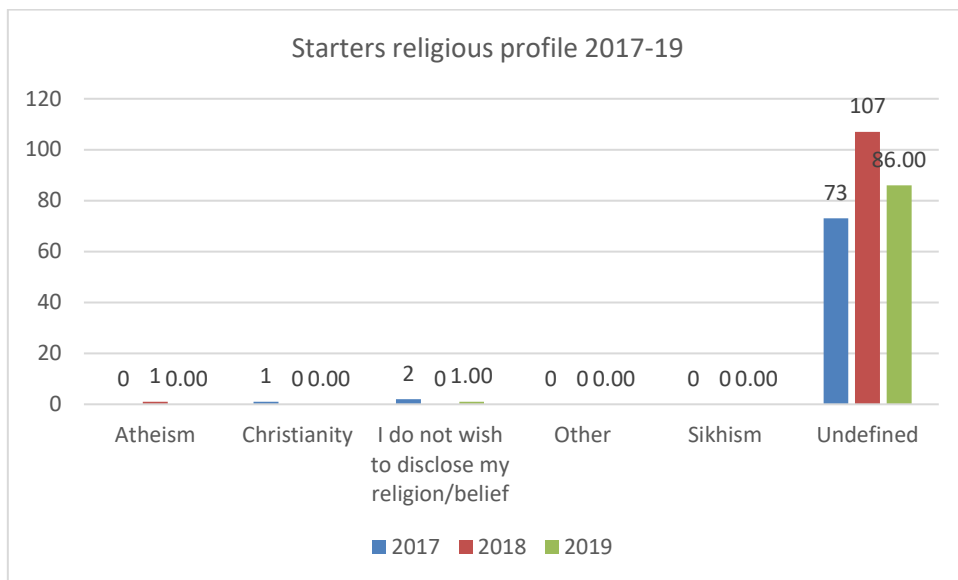


Figure 18: Religious Belief



Full Time/Part Time Split

Total Headcount: 347

During the year 2018-19 the full/part-time split of staff at the C&P CCG was 220 and 127 respectively. The figures below demonstrate the diversity profile of full/part –time staff by gender.

Figure19: Employee Category

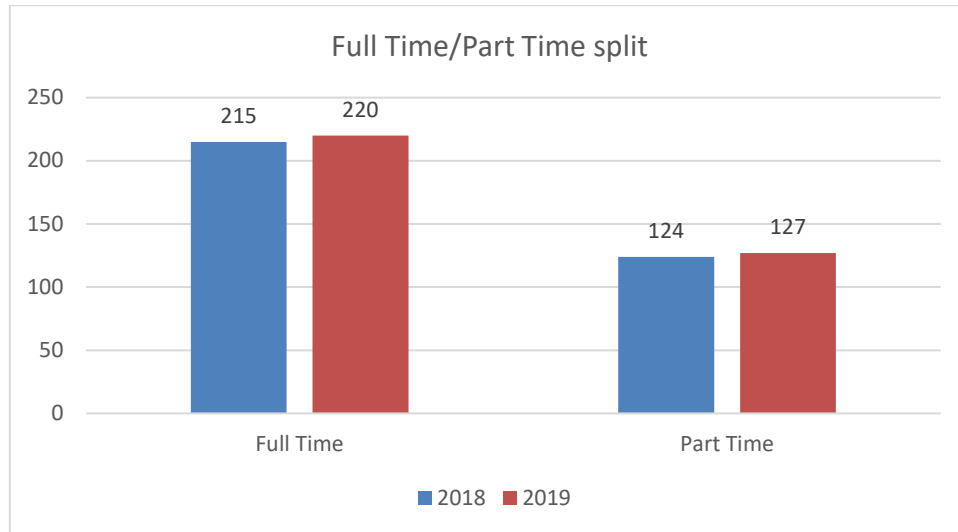
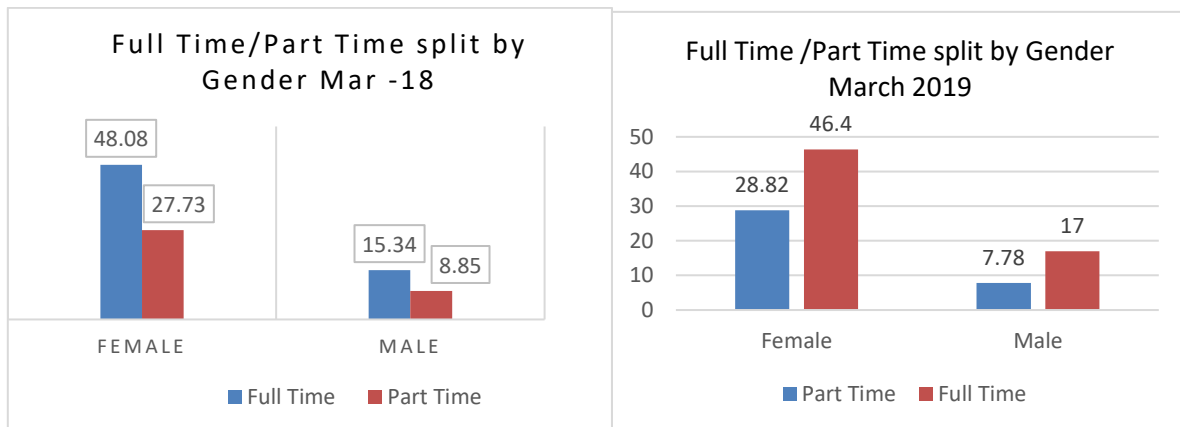


Figure 21: Gender



LEARNING AND DEVELOPMENT PROFILE

Total Trainees*: 51

There were 51 members of staff who have been booked on at least one course during the year 2018-19 compared to 66 in year 2017-18. The figures below demonstrate the diversity profile of trainees by age, gender, disability, ethnicity, religious belief and sexual orientation.

Figure 25: Age

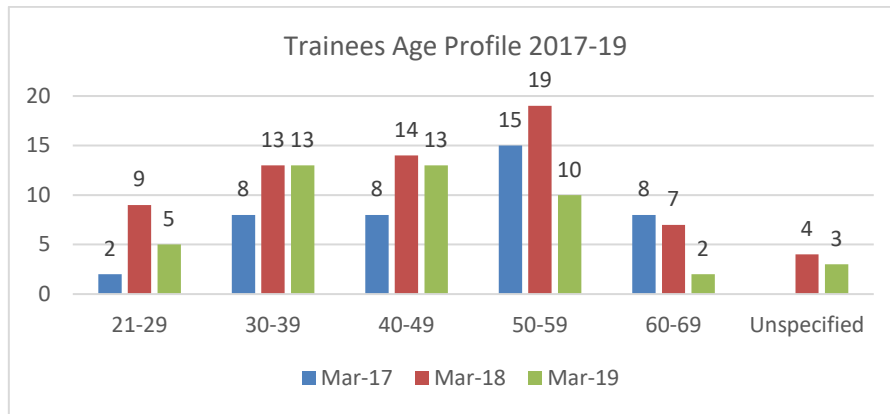
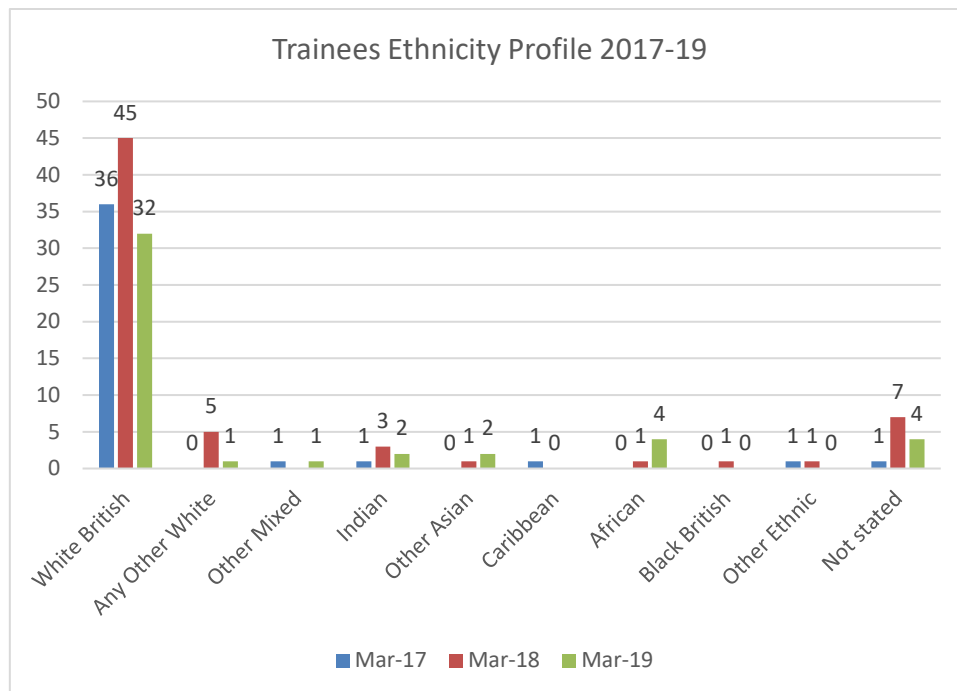


Figure 27: Ethnicity



LEARNING AND DEVELOPMENT PROFILE

Figure 28: Gender

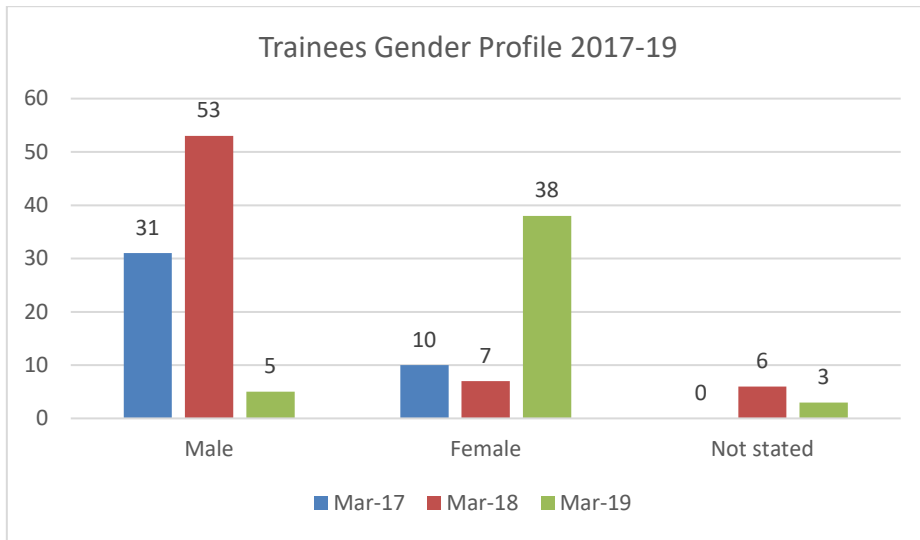


Figure 29: Disability

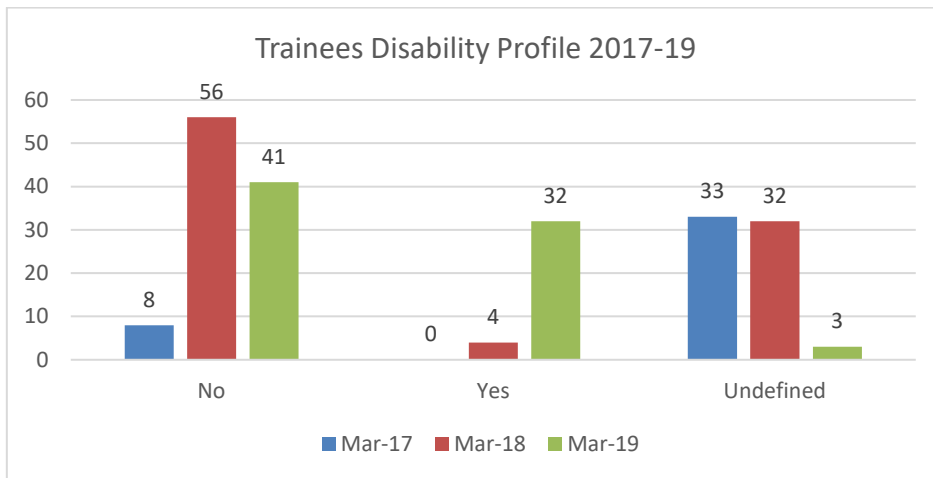


Figure 30: Religious Belief

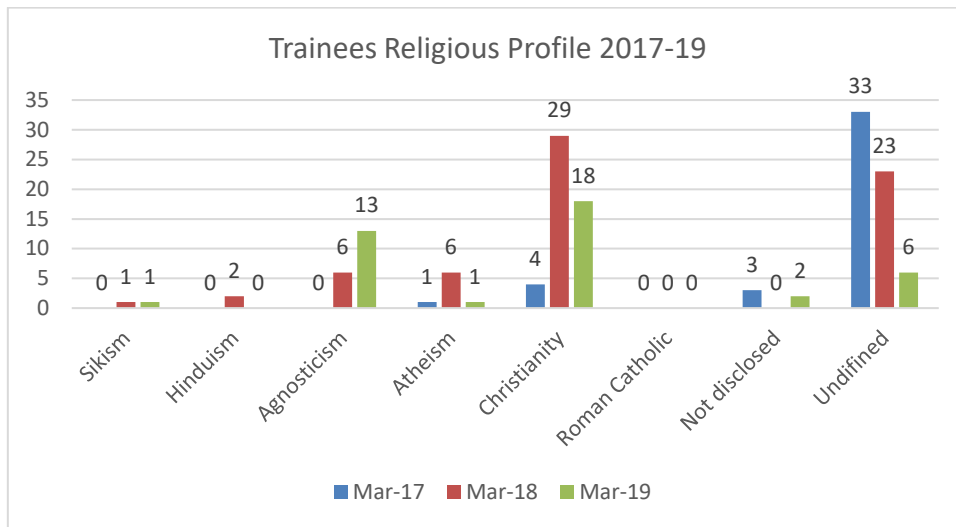


Figure 31: Sexual Orientation

