



# **EQUALITY & DIVERSITY**

## **Annual Report**

### **2020- 2021**

**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 2020/21**

- Ensure everyone has the opportunity to improve their health and wellbeing
- Level-up health and care provision to ensure our communities in areas of high deprivations and need get the resources need to minimise inequalities.
- Focus time and resources on area where people receive most of their health and care services
- Facilitate organisations to join forces at 'place' and offer 'patient first' well-coordinated efficient services to those who need them
- 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 discrimination on the basis of any protected characteristics, these are:

- 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 FRED A 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 FRED A 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 is currently under setting out new objectives.
- 7.2 Equality Improvement Plan 2019-21.** This 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 Equality and Diversity Steering Group.
- 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.** The Group oversees the CCG's compliance against statutory duties and regulations and reports to the Clinical Executive Team on progress. The Group is chaired by the Director of Strategy and Planning 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 Equality and Diversity Annual Report is published following approval from the CCG's Governing Body.

## **8. CCG EQUALITY & DIVERSITY OBJECTIVES**

- 8.1** The CCG Equality and Diversity Strategy is currently being revised to incorporate the transition to ICS. The Strategy will demonstrate 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 will 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 revised E&D Strategy set 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 and the NHS Workforce Race Equality Standard 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 2019-21 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 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 YEARS 2019 - 21:**

### **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.

The CCG published its Health Inequality Strategy in September 2020. The COVID Health Inequality Reduction Plan was aligned with Health Inequality Strategy to identify clinically vulnerable/inclusion groups and put suitable interventions in place to maximise vaccination uptake and ensure access to health care services to those who are most at risk.

Additionally, monitoring of Sentinel Indicators has been developed by the Health Intelligence and Insight team within the CCG to monitor health inequalities over time to support our recovery plans. 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, during the commissioning process of the Wheelchair Mobilisation, E&D was taken into consideration and was integrated into all aspects of the commissioning process.

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 to improve patient experience.

### **9.2.1 What we do**

One example is improving Access in General Practice procurement

The aim of this service 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 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

The health inequality impact assessment identified the hard-to-reach populations which may not currently be registered with GP Practices (Gypsies/travellers/homeless etc). The service specification still requires that each Provider of Extended Access services undertakes an annual health inequalities impact assessment from which they must develop an action plan to address any identified access barriers for these groups. For 2021-22, these health inequality action plans must also be aligned to the CCG Health Inequalities Strategy and these requirements have been built into the service specifications for the Providers to consider how their health benefits can be delivered.

GP practices have benefited from this service during the pandemic with business resilience support and assistance with urgent care demand from patients. This has been redirected to the Extended Access Providers which frees up Primary Care to focus on the more complex patients.

### **Positive Impact**

All patients have easier and more convenient access to GP services, including appointments at evenings and weekends, whilst being flexible to accommodate different levels and types of surges across the localities.

The service is offering telephone, virtual and face to face appointments. Digital approaches such as practice website signposting; telephone booking; text

messaging; online/video/telephone consultations; online booking of appointments; 111 direct booking into extended access services are put in place and are being routinely used. Integration with urgent care services such as 111 is also in place. Health Promotion and health/cancer screenings are offered to working age patients during the evening and weekends. A home visiting service provides Health Care Assistants to help GP Practices manage more patients in their homes. A remote monitoring service is also available to support patients to remain in their homes.

### 9.2.2 Patient and Public Engagement

The CCG ensures that all community groups, particularly Protected Characteristic groups, can 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.

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

The CCG aims 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. The CCG aims 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 to produce 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, 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 recruits 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 steppingstone 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 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 2019/20 48 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.

A review of the Equality and Diversity training programme was carried out and 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 2019/20 the e-Learning for Healthcare's Equality, Diversity and Human Rights Programme – Level 1 has been undertaken 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 94% 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.

More recently the CCG has introduced mandatory unconscious bias training for all staff but particularly those involved in recruitment.

## **Gender Pay Gap**

The CCG published its Gender Pay report in March 2020. 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 2018-19 (snapshot date of 31 March 2019):

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

1. The CCG Mean Gender Pay Gap = 40.45%
2. The CCG Median Gender Pay Gap = 25.63%
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
<b>Lower Quartile Pay Band</b>	12.94%	87.06%
<b>Lower Middle Quartile Pay Band</b>	21.43%	78.57%
<b>Upper Middle Quarter Pay Band</b>	22.09%	77.91%
<b>Upper Quartile Pay Band</b>	45.35%	54.65%

For reference, the CCG workforce on the snapshot date of 31 March 2019 comprised 25.4 % males and 74.6% 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.

For example, when concerns were raised in the UK due to disproportionately higher rates of COVID-19 in minority ethnic (ME) health population compared to white population, the CCG introduced a detailed risk assessment process ahead of any national guidance. This was in preparation for assessing the readiness for the

redeployment to front line operations for its clinical and allied staff. This process involved a conversation with each individual staff member identified as having the right skill set and experience to be deployed into another health care setting, which were further checked to confirm their suitability. There were also a series of open questions sessions held by the CCG's Chief Accountable Officer to allow staff to express any anxieties or concerns they may have. Through this process some of our ME staff brought up their anxieties about what was beginning to be reported in the press, other staff brought up health conditions for family members and the desire not to expose them to further risk.

All staff were advised that the decision to be redeployed was entirely their own. The result of this was that all CCG ME staff except one chose not to be deployed into COVID 19 environments. The one member of staff who has remained redeployed into the Care Homes Team to do Care Home visits was re risk assessed during the placement and continued to be content to work.

The CCG's risk assessment process for the deployment of all CCG staff was robust and already included the principles gained in the recent guidance. The risk assessment process was repeated by line managers with support from members of TOC 5 as part of a broader staff wellness checks. TOC 5 lead with the support of HR ensured that the recommendation from the Risk Reduction Framework which completed the existing guidance was incorporated into the CCG's existing risk assessment process internally and system wide.

To promote Health, Safety and Wellbeing amongst staff there are 22 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 Governing Body and other major Committees identify equality-related impacts including risks and explain 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.

For example, during the pandemic, the CCG, like the whole NHS, dealt with the COVID-19 National Emergency. Throughout the incident, the CCG worked hard to maintain high standards of corporate governance. In line with our Business Continuity Plan, we reviewed our Critical Functions to ensure that our statutory obligations were maintained, and a Business Continuity Tactical Operational Cell (TOC) within our Incident Response had continued to ensure that resources were maintained to deliver the CCG corporate governance function.

When concerns were raised about the increased number of deaths of NHS ME staff, the Chief Officer of CCG had incredibly valuable conversations with all staff and had separate conversations with Minority Ethnic staff who expressed their concerns regarding lack of support and opportunities to progress in the organisation and indeed in the NHS.

The CCG introduced a collaborative mentoring scheme to support Minority Ethnic staff. As part of this scheme, our Chief Officer Team (COT) committed to enter a mentoring relationship with Minority Ethnic members of staff from October 2020 with a view to rolling out to Senior Management Team members in the future. The collaborative mentoring scheme involved staff entering a mentoring partnership with a member of COT where they had the opportunity to mentor and learn from each other collaboratively.

## **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 the requirements of the EDS2 to ensure 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"> <li>Adopt and implement EDS2 and publish ESD2 summary report on NHS England Template</li> <li>Publish WRES report</li> <li>Publish equality objectives</li> </ul>	<ul style="list-style-type: none"> <li>Adopt and implement EDS2 and publish ESD2 summary report on NHS England Template</li> <li>Publish WRES report</li> <li>Publish equality objectives</li> </ul>	<ul style="list-style-type: none"> <li>Adopt and implement EDS2 and publish ESD2 summary report on NHS England Template</li> <li>Publish WRES report</li> <li>Publish equality objectives</li> <li>Publish Equality information on their Website</li> </ul>

- Publish Equality information on their Website

- Publish Equality information on their Website

**Examples of positive action interventions** introduced by provider organisations during the year 2020-21:

- Cultural Ambassador scheme and diverse interview panels (CCS and CUH)
- Reverse mentoring (CUH and CPFT)
- Investment in CQ cultural intelligence for inclusive leadership (CUH)

**C&P strategy: 3 areas of focus: leadership, talent management; antiracism tackling harassment:**

- Locally funded Stepping up and Ready Now programmes
- System Talent management: Secondments, Talent pool; stretch assignments
- Ethnic minority mentoring network – mentoring training

**Best Practice:**

Staff networks coproducing: WRES and WDES action plans include Purple Passport: Reasonable adjustments Passport; digital staff stories curated with Patient Voices, EDI Stories book (CPFT)

Accessible Information: Signlive (RPH)

LGBT+ and Trans awareness training delivered by Kite Trust (CUH)

Trans awareness by Gendered Intelligence (RPH)

COVID- 19: Staff network coproduced Risk assessments, BAME staff health task force Networks supporting vaccination campaign webinars: (CUH RPH CPFT) and across local system.

Organised EDI events with guest speakers live streamed via CUH Facebook group and live streamed You Tube channel shared across system.

EDS remains the key to commissioning equitable services for our local diverse populations. 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. With ongoing support and commitment and collaboration, we will continue to build on our success and drive the EDS agenda in 2021/22.

Key areas of work for 2021/22 Improvement 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 accessibility and information and deliver the right services that are targeted, useful, useable and used to improve patient experience.
- To ensure our HR Processes actively support best practice in people management to include the requirements of the NHS People Plan which include the value-based recruitment; freedom from abuse, bullying and harassment, actively supporting wellbeing and ensuring fair and equitable treatment for all CCG staff.

- To ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.
- 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 unconscious bias in its recruitment information and appointment processes including starting salaries and look to remedy this as relevant.
- To check for any unconscious bias in the uptake of its training offers and other development processes and look to remedy this as relevant.
- To check for any unconscious 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 2021
- To publish the Workforce Race Equality Standard (WRES) report no later than September 2021.
- To publish EDI annual report 2020/21 no later than October 2021.

June 2021

Annex relating to this report  
 C&P CCG Equality & Diversity Strategy  
 C&PCCG Equality & Policy  
[www.cambridgeshireandpeterboroughccg.nhs.uk](http://www.cambridgeshireandpeterboroughccg.nhs.uk)

## **Appendix 1**

### **STAFF IN POST**

Total Headcount: 409

### **Equality and Diversity Data – Year to 31 March 2021**

#### **Headcount**

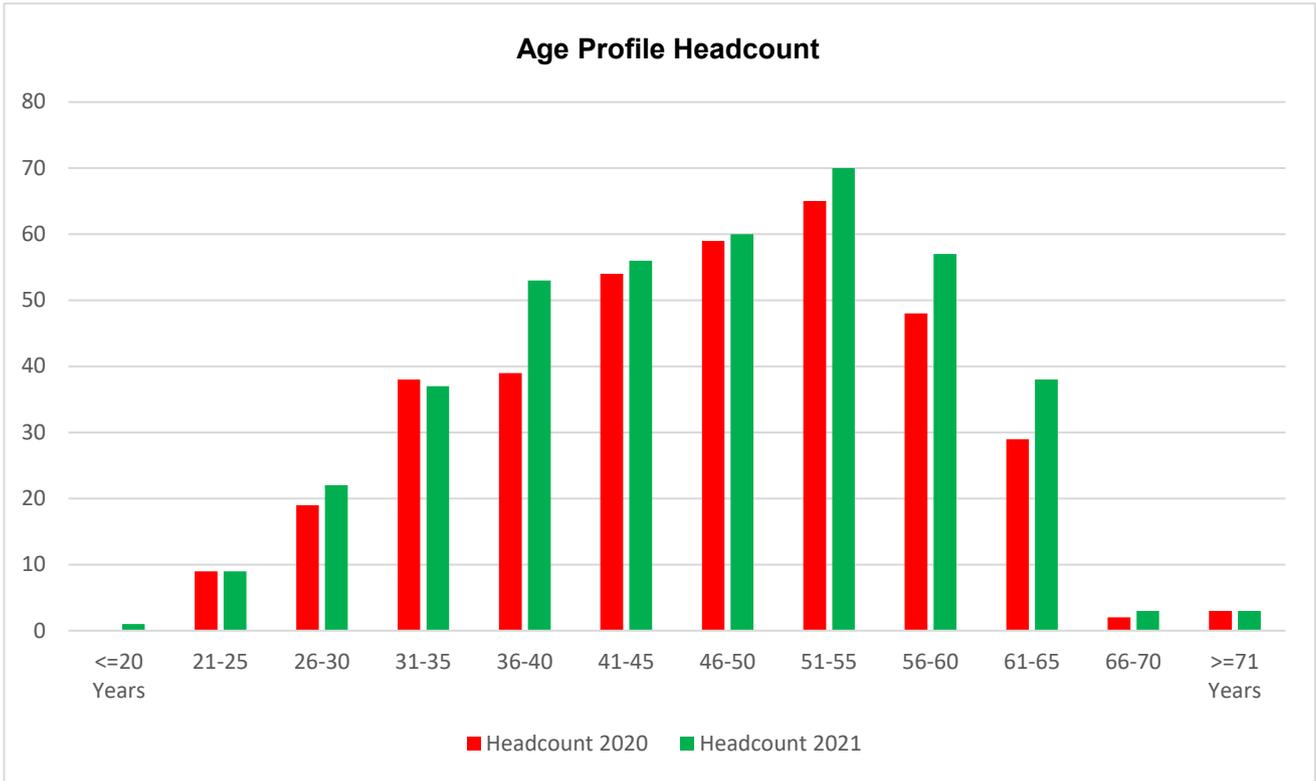
The workforce data analysis report includes a breakdown of the profile of C&P CCG staff. As of 31 March 2021, the CCG employed 409 staff. This is broken down to 280 full-time staff and 129 part-time staff. There has been a 12% increase overall in the CCG's headcount from 365 in March 2020 to 409 in March 2021.

The 2020/21 report identifies that the highest number of the CCG's workforce is in the age range 51-55. There has been a 36% increase in the number of staff in the age range 36-40 and a 7% increase in the age range 51-55, a 19% increase in the age bracket 56-60 and a 31% increase in the range 61-65. The number of CCG staff that are 51 or over has increased by 16% compared with the previous year.

Age range 20-25 and age range 66 and over, represent our smallest proportion of the workforce respectively.

**Age Profile**

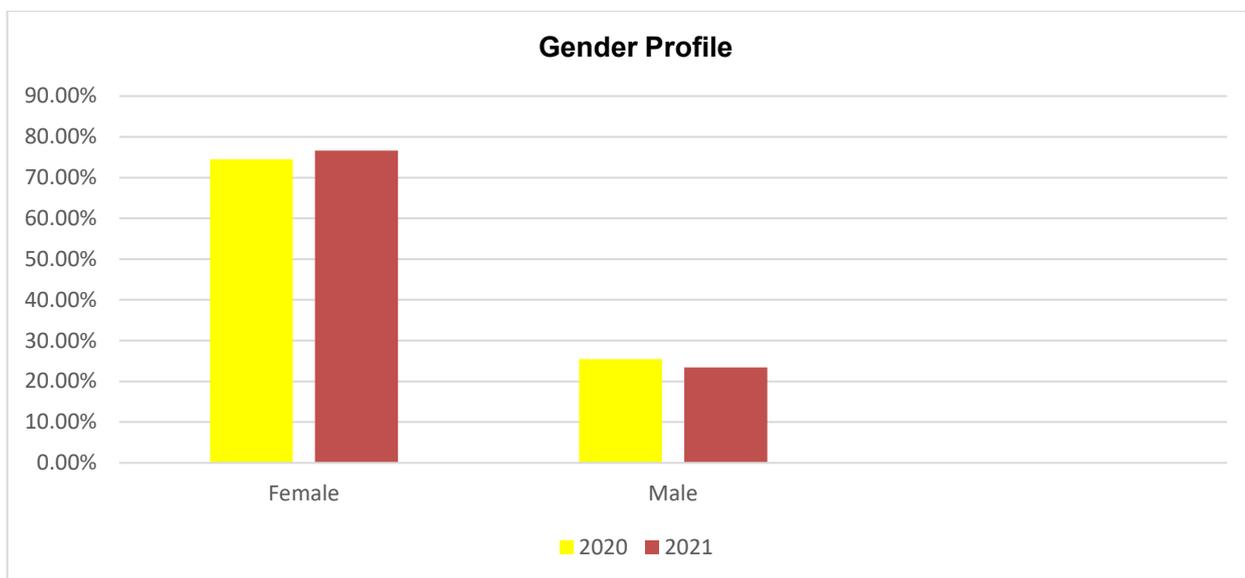
**Figure 1: Age**



**Gender Mix**

The CCG workforce is predominantly female, and this has remained unchanged through the years monitored. Female staff represented 74.5% of the workforce in 2020, with an increase of 2.1% in 2021 making a total of 76.6%. The proportion of Male staff decreased by the corresponding 2.1% from 25.5% in March 2020 to 23.4 % in March 2021.

**Figure 2: Gender**



### Ethnic Origin

The ethnicity/nationality makeup of the CCG’s workforce (snapshot date 31 March 2021) is shown in Table 1 with data for the previous year included for comparison. Please note table 1 indicates nationality whereas tables 2 and 3 indicate ethnicity.

**Table 1: Ethnicity/Nationality**

Ethnicity Profile	2020	2021
A White British	74.52%	74.52%
B White - Irish	0.55%	0.55%
C White - Any other White background	5.48%	5.48%
C2 White Northern Irish	0.27%	0.27%
CA White English	4.38%	4.38%
CB White Scottish	0.55%	0.55%
CC White Welsh	0.27%	0.27%
CY White Other European	0.00%	0.00%
F Mixed - White & Asian	0.00%	0.49%
G Mixed - Any other mixed background	0.82%	0.73%
H Asian or Asian British - Indian	4.38%	3.67%
J Asian or Asian British - Pakistani	1.37%	1.47%
L Asian or Asian British - Any other Asian background	0.55%	0.73%
M Black or Black British - Caribbean	0.27%	0.24%
N Black or Black British - African	2.74%	2.93%
PA Black Somali	0.00%	0.24%
PD Black British	0.00%	0.24%
R Chinese	0.27%	0.00%
S Any Other Ethnic Group	0.27%	0.24%
SC Filipino	0.00%	0.24%
SD Malaysian	0.00%	0.24%
Unspecified	1.10%	1.71%

At 86.02% the proportion of White staff in the CCG has remained broadly the same as for the general population of England (86.00%). The representation of Minority Ethnic staff has increased from 10.67% in year 2019-20 to 11.46% in the year 2020-21 but it still falls below the figure of 13.10% for the working population (England and Wales). 1.71% of CCG staff have not declared their ethnicity/nationality. Monitoring will continue with the intention of bringing the CCG in line with the demographic profile of the community we serve. More work is required to encourage staff to declare

their ethnicity, and to understand whether there are unintentional barriers in our recruitment and employment processes.

**Table 2: Ethnicity**

Ethnicity Profile	CPCCG Workforce %	NHS Workforce*	England working population *
White	86.02	76.00	86.00
Black or Black British	3.65	6.00	3.00
Asian or Asian British	5.87	9.00	7.00
Mixed	1.22	2.00	1.00
Chinese	0.00	1.00	1.00
Any Other Ethnic Group	0.72	2.00	1.00
Not Stated/unknown	1.71	5.00	0.00

Source: NHS Employers\*

<https://www.nhsemployers.org/articles/ethnicity-nhs-infographic>

**Table 3: Ethnicity**

Ethnic Group	Proportion of Cambridgeshire population	Proportion of Peterborough population	Proportion of England and Wales population	Proportion of the CCG Workforce (31 Mar 2021)
White	92.60%	82.50%	85.50%	86.02%
BME	5.90%	16.80%	13.10%	11.46%
Other & not stated	1.50%	0.70%	1.40%	1.71%
(Based on 2011 Census data)				

### Staff with disabilities

The figure shows the declared disability of C&P CCG's workforce. From April 2020 to March 2021 the disability data for staff indicates 1.71% of staff to have identified to the CCG that they consider themselves to have a disability. This is low and may not be a true reflection of the actual number of staff with a disability across the CCG. More work is required to encourage staff to declare their disability status, and to understand whether there are unintentional barriers in our recruitment and employment processes.

**Table 4: Disability**

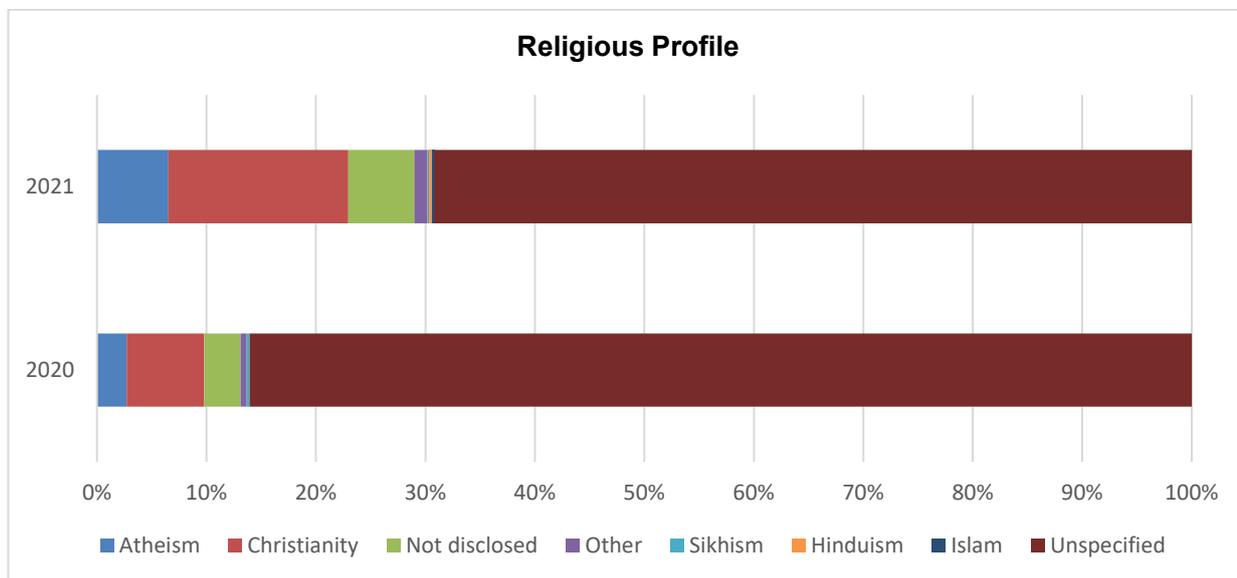
Disability Profile	2020	2021
No	12.33%	26.89%
Yes	0.27%	1.71%
Not declared	2.74%	2.69%
Unspecified	84.66%	68.70%

### Religious Belief

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

Over the two 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. Therefore, further work is needed to encourage disclosure to ensure there are no hidden issues for certain groups. The proportion of staff for which no information is held (unspecified) has been reduced over the year.

**Figure 3: Religious Belief**



**Table 5: Religion**

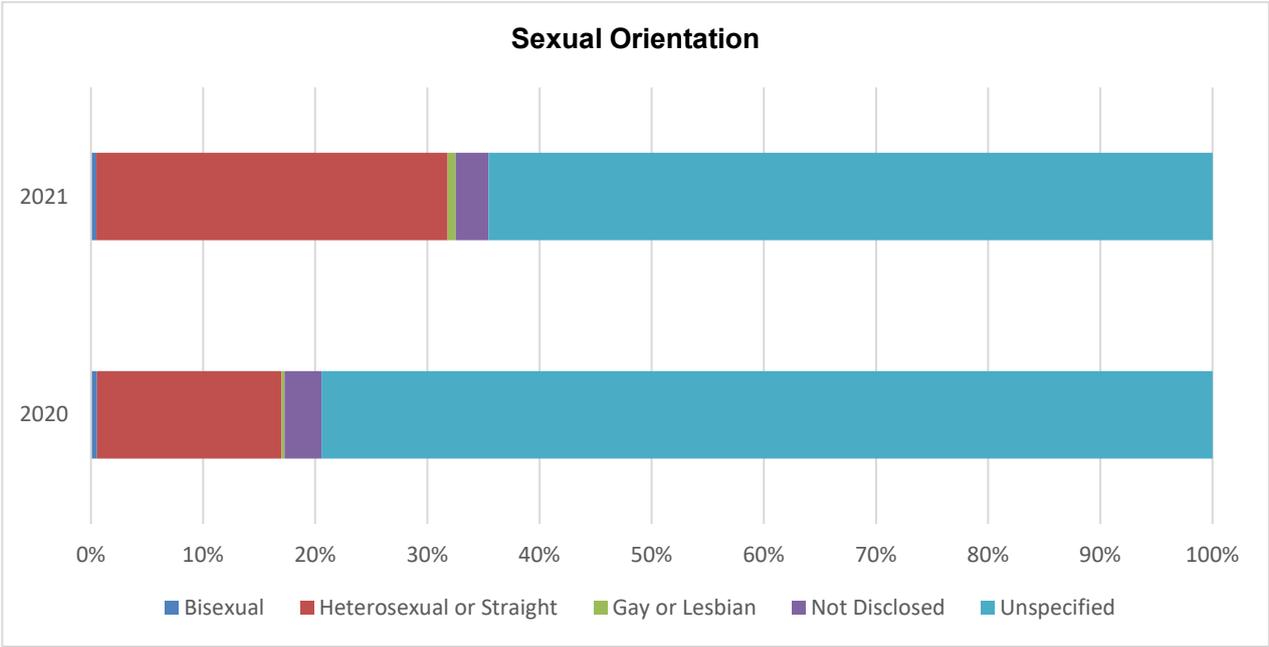
Religion	2020	2021
Atheism	5.21%	7.58%
Christianity	9.32%	18.83%
Hinduism	0.27%	0.49%
Islam	0.00%	0.24%
Not disclosed	4.11%	6.36%
Other	0.55%	1.22%
Sikhism	0.27%	0.24%
Unspecified	80.27%	65.04%

### Sexual Orientation

Employees are given the opportunity to disclose their sexual orientation and the profile is shown below. There is no evidence that staff experience barriers to participation because of their sexual orientation. In comparison to year 2019/20 and year 2020/21, the proportion of staff who have not

disclosed their sexual orientation is fewer than in previous years. Proportionately more staff have specified than in previous years which suggests overall a growing confidence in reporting.

**Figure 4 Sexual Orientation**



**Table 6: Sexual Orientation**

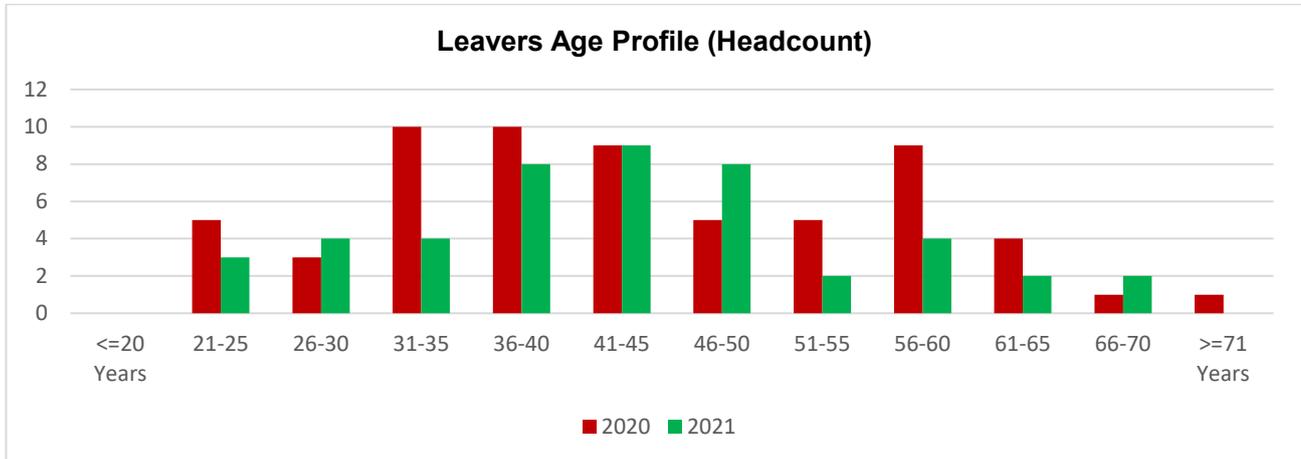
<b>Sexual Orientation</b>	<b>2020</b>	<b>2021</b>
Bisexual	0.55%	0.49%
Heterosexual or straight	16.44%	31.30%
Gay or Lesbian	0.27%	0.73%
Not Disclosed	3.29%	2.93%
Unspecified	79.45%	64.55%

## LEAVERS PROFILE

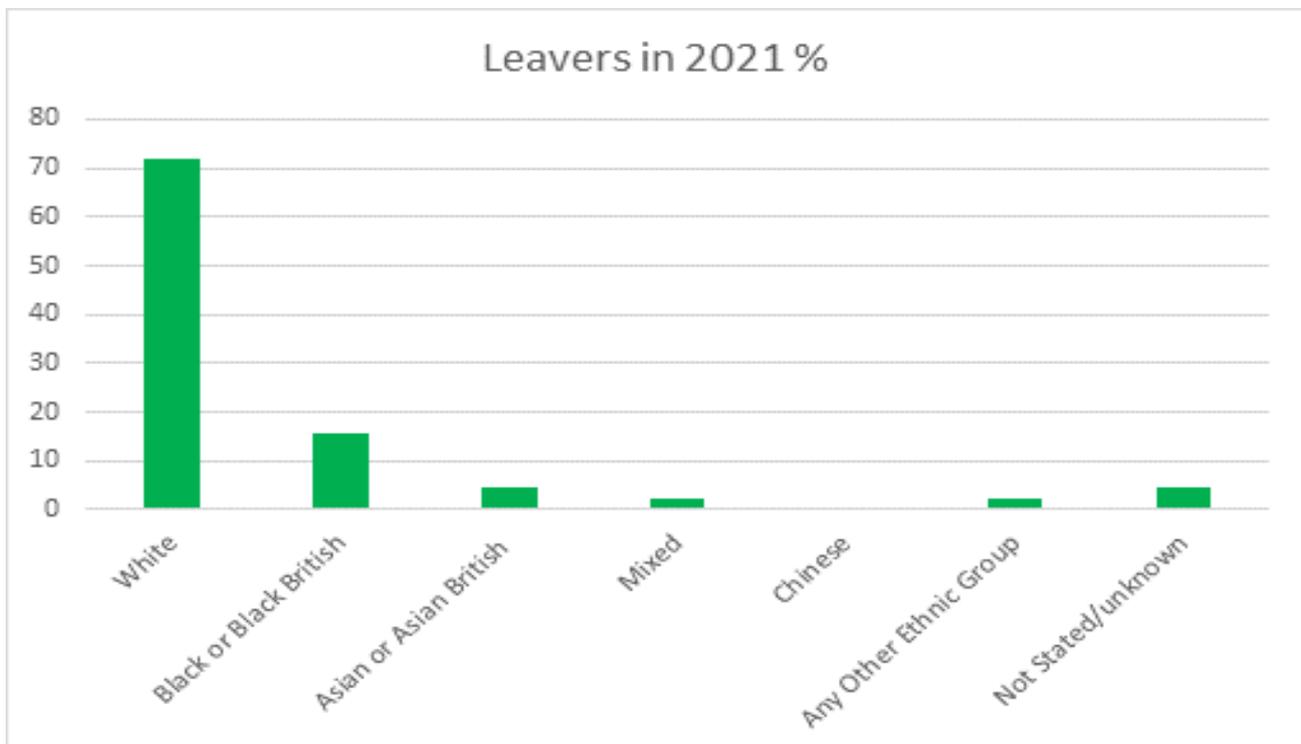
Total Leavers: 46

The number of staff who left the C&P CCG during the year 2020/21 was 46 compared to 62 in year 2019/20. The following figures illustrate the profile breakdown by age, ethnicity, gender, disability, religious belief and sexual orientation.

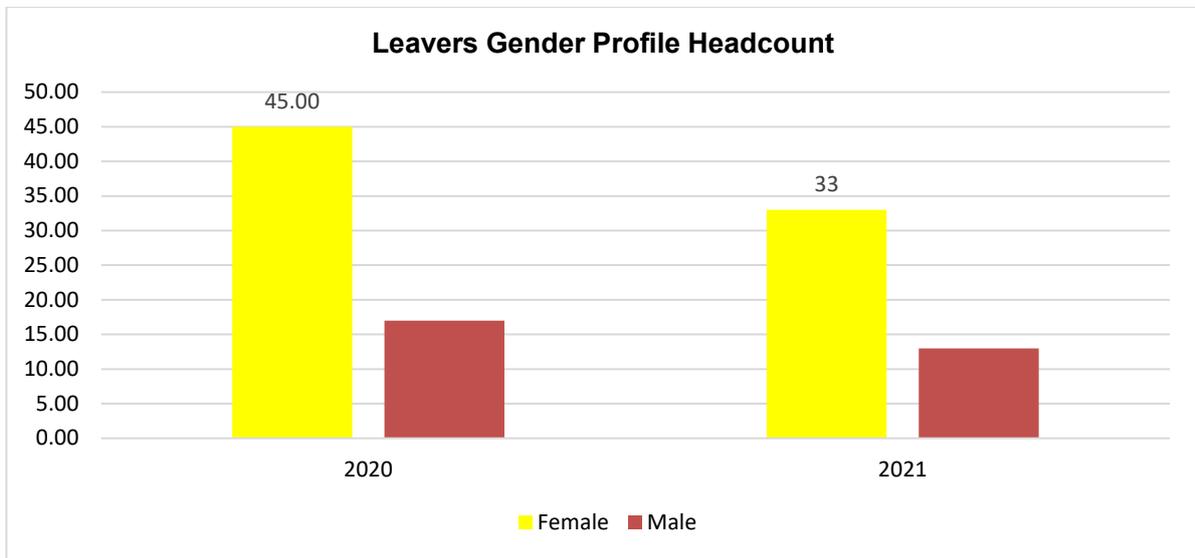
**Figure 5 Leavers Age Profile**



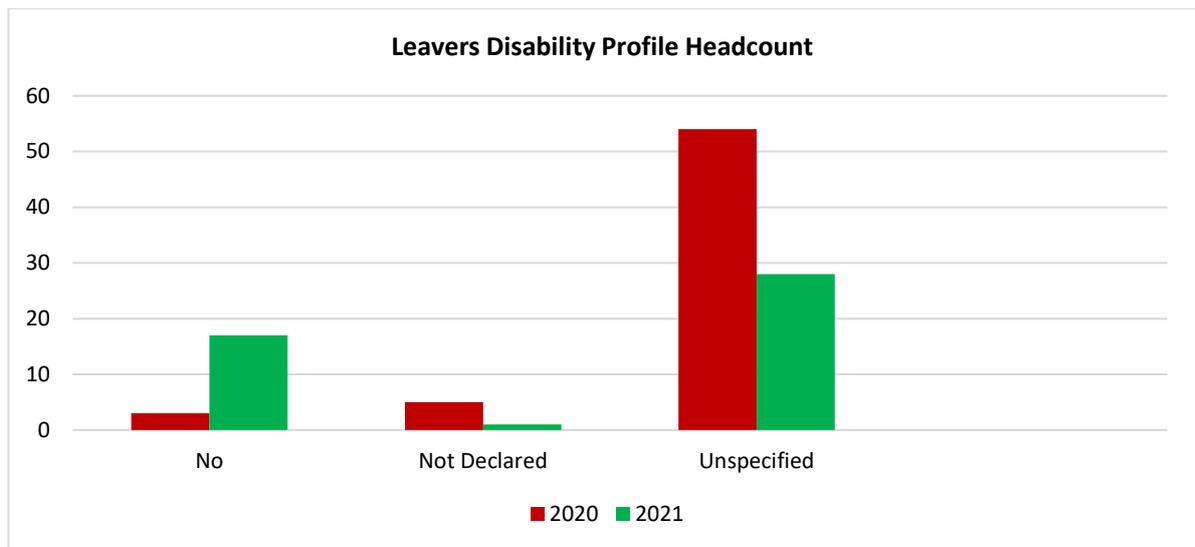
**Figure 6 Leavers Ethnicity profile.**



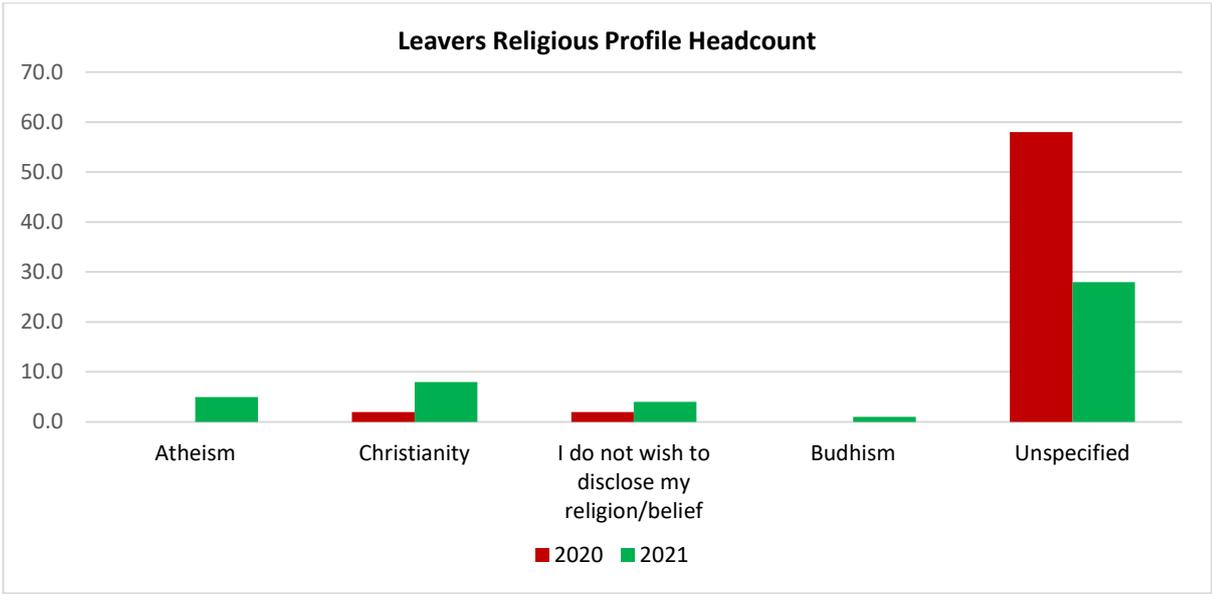
**Figure 7 Leavers Gender profile.**



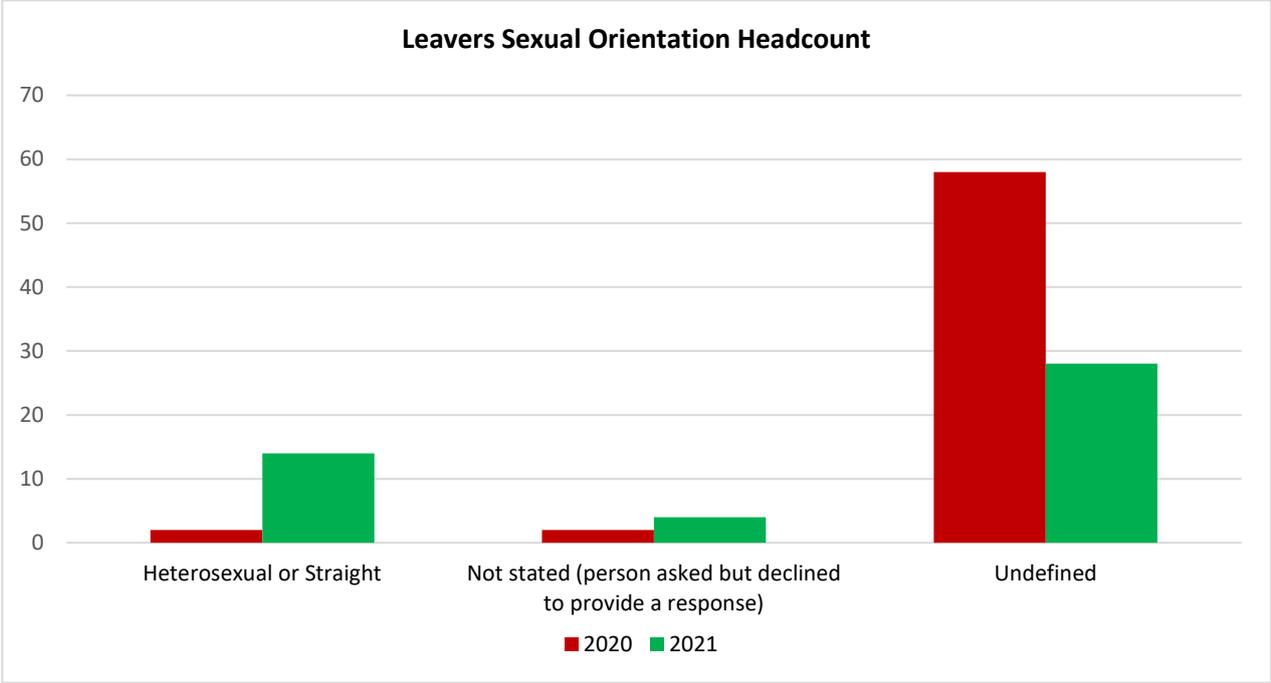
**Figure 8: Leavers Disability profile**



**Figure 9 Leavers Religious profile.**



**Figure 10 Leavers Sexual Orientation Profile**

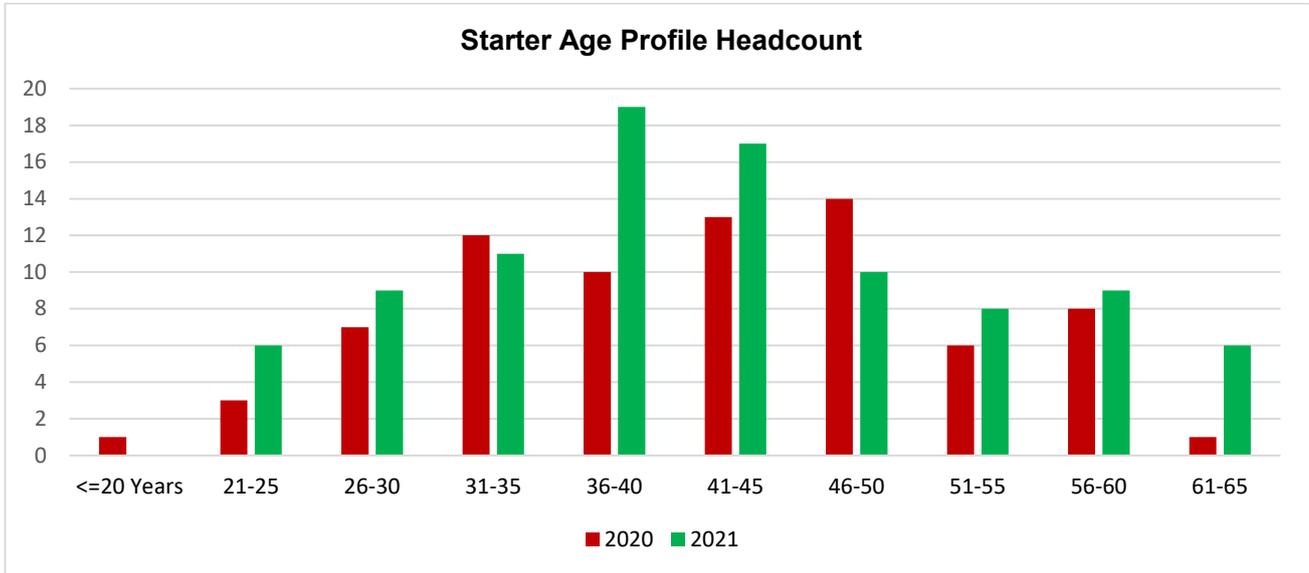


## STARTERS PROFILE

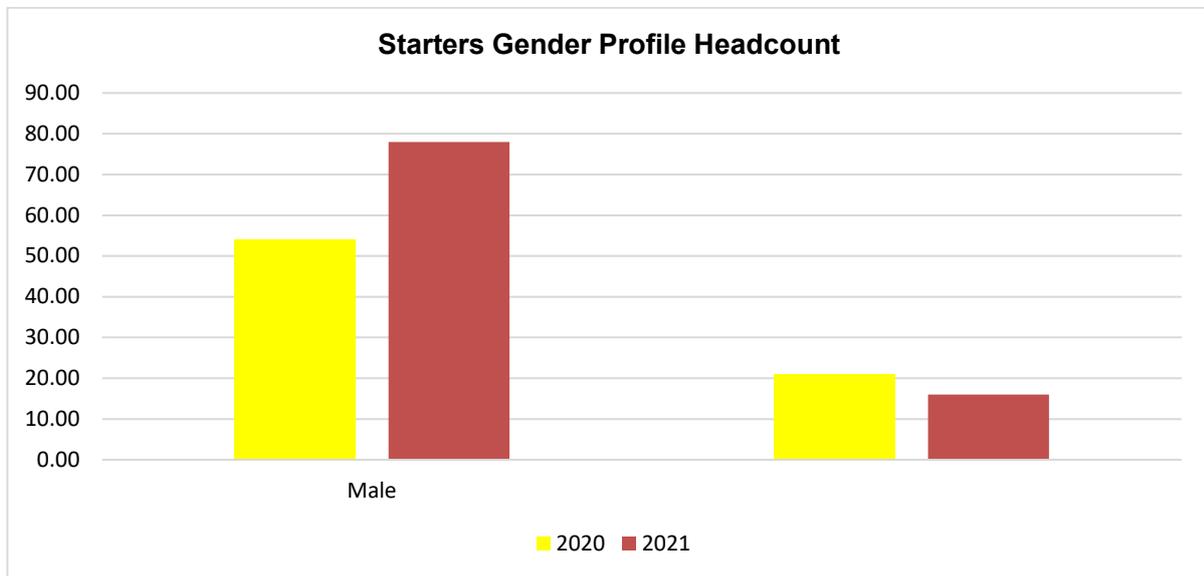
**Total Starters: 95**

The number of staff who started work at the C&P CCG during the year 2020/21 was 95 compared to 75 in year 2019/20. The following figures illustrate the profile breakdown of starters by age, ethnicity, gender, disability, religious belief and sexual orientation.

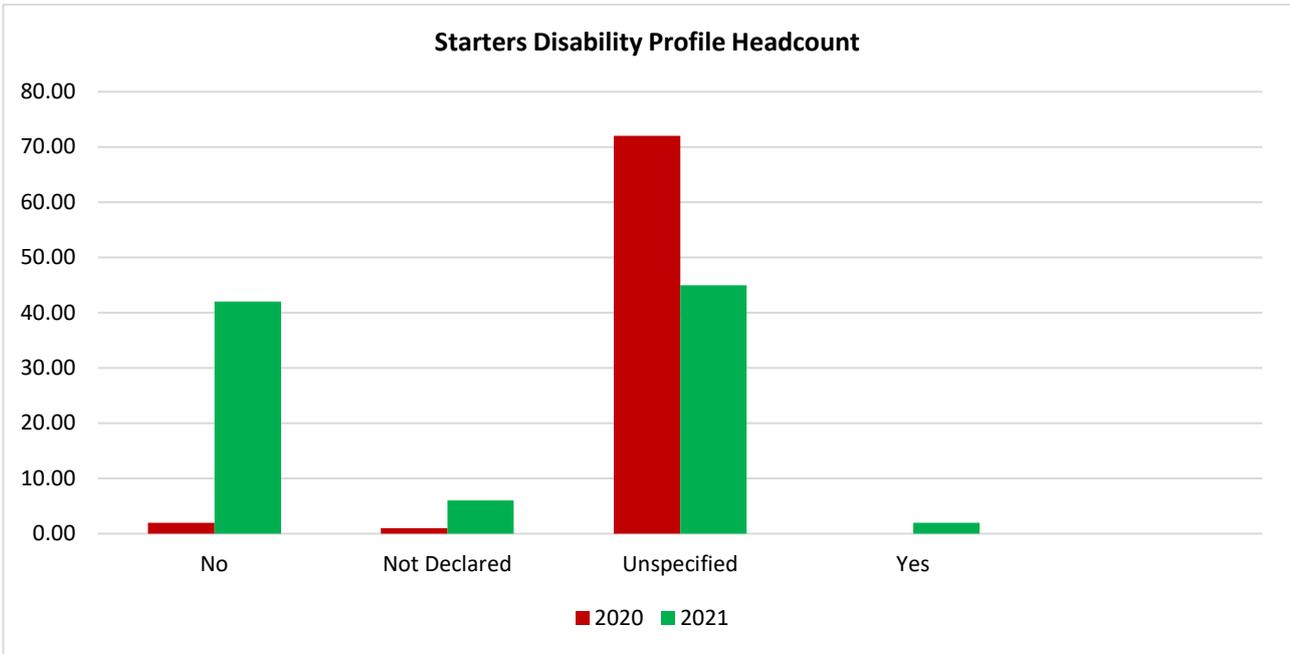
**Figure 11: Starters Age Profile**



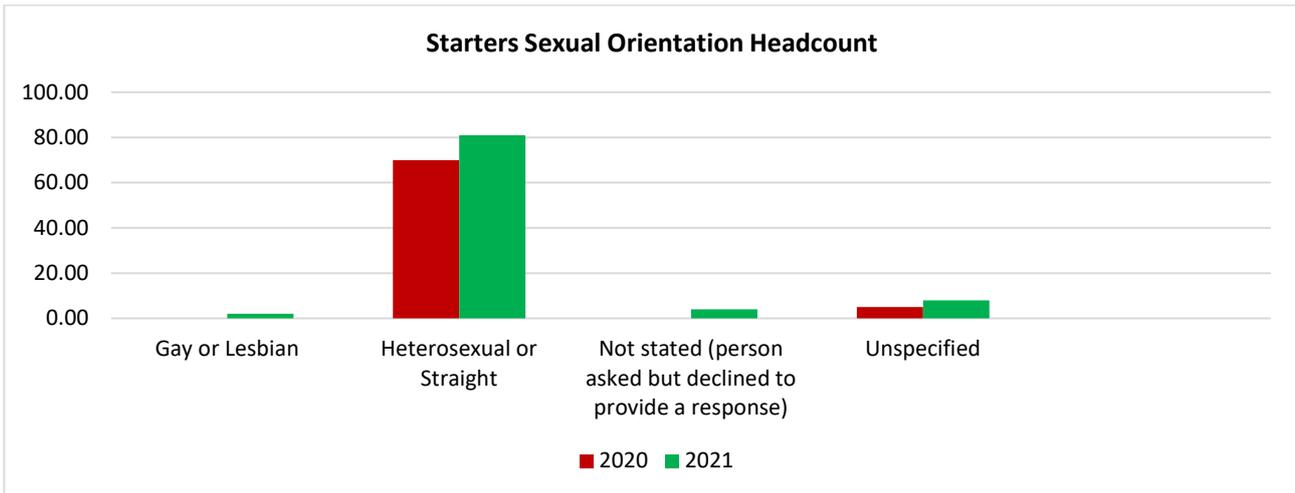
**Figure 12: Starters Gender profile**



**Figure 13: Starters Disability Profile**



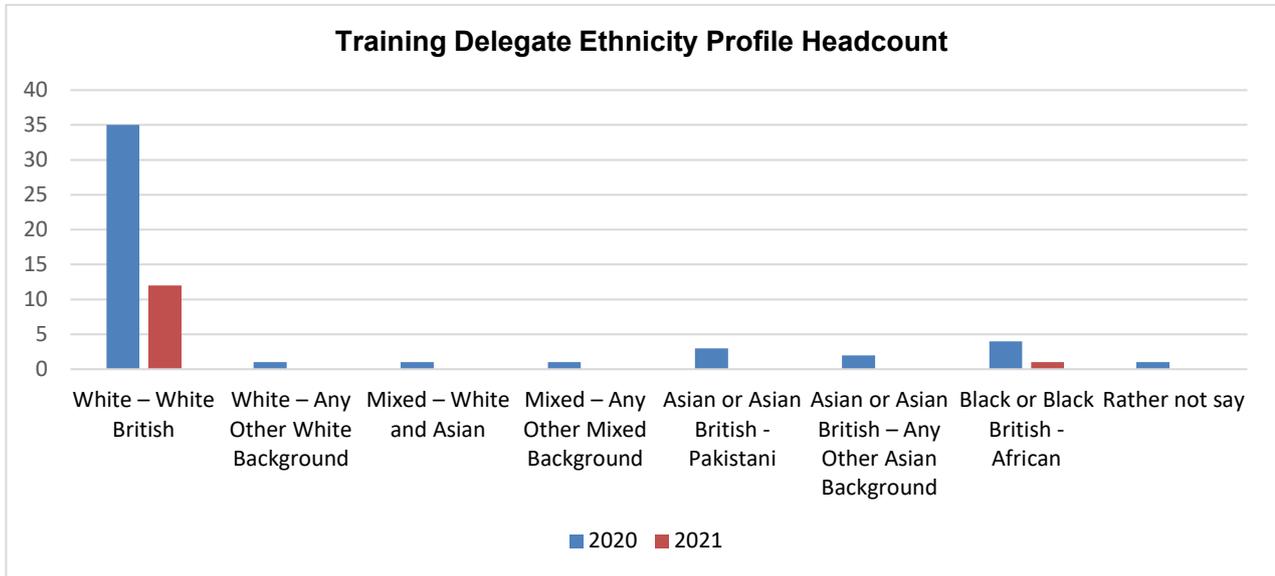
**Figure 14: Starters Sexual Orientation profile**



**Total Delegates: 13**

There were 13 members of staff who have been booked on at least one course during the year 2020-21 compared to 48 in year 2019/20. Training activity other than mandatory training has reduced significantly during the pandemic. The figures below demonstrate the diversity profile of delegates by ethnicity, gender and disability.

**Figure 14 L&D Ethnicity Profile.**



**Figure 15: L&D Gender Profile**

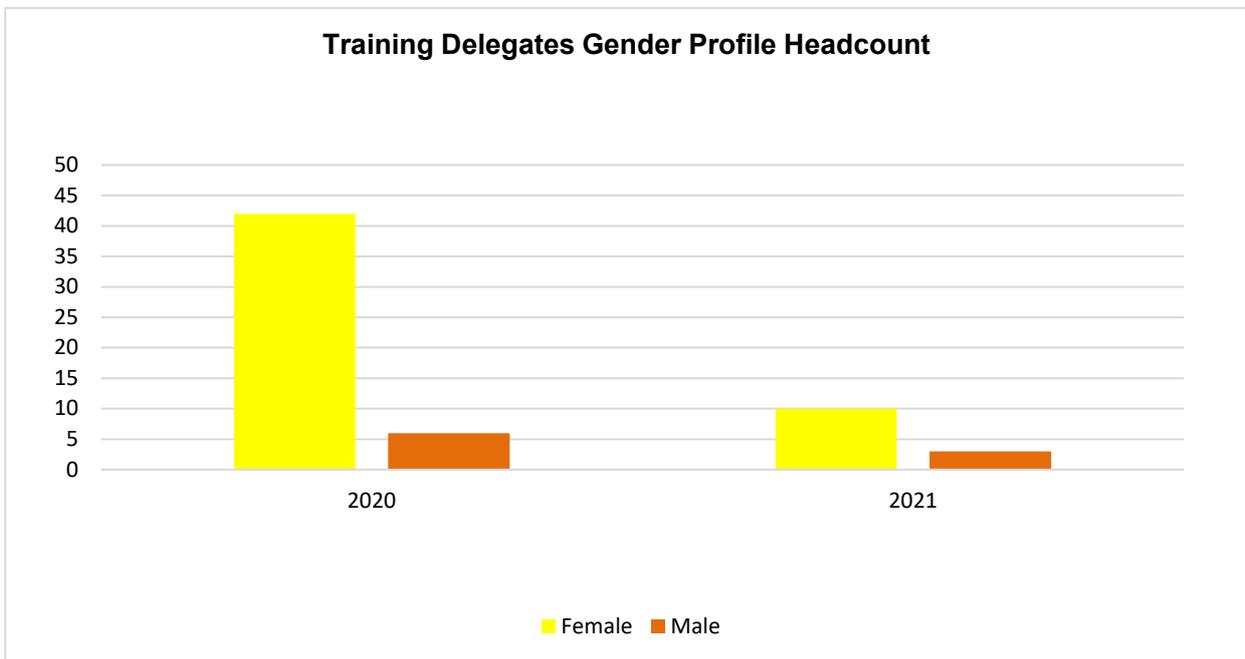


Figure 16: L&D Disability Profile

