**NHS South Sefton CCG**

**Equality and Diversity Annual Report**

**2021/2022**



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# Accessibility

If you need this document in an alternative format, such as large print or another language please contact us by:

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# Introduction

The outbreak of the COVID-19 pandemic in the UK has meant that the NHS has been operating under unprecedented emergency measures. People who have been worst affected by the virus are generally those who had worse health outcomes before the pandemic, including people from ethnic minority communities and those living in poorer areas. COVID-19 exposed and exacerbated the deep inequalities that exist between different population groups and areas of the country.

A central part of responding to COVID-19, restoring services and now “living with COVID-19” is to increase the scale and pace of the CCGs and our partners work to tackle health inequalities.

# Legal Context

NHS South Sefton CCG is committed to promoting equality and eliminating discrimination as an employer, and in ensuring the services we commission are accessible and inclusive.

This report sets out how the CCG is working with the Equality Act 2010 and in particular paying ‘due regard’ to the Public Sector Equality Duty’s (PSED) three objectives to: -

1. Eliminating unlawful discrimination, harassment and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic. The protected characteristics defined by the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
2. Advancing equality of opportunity between people who share a protected characteristic and people who do not share it. This means:
* Removing or minimising disadvantage experienced by people due to their personal characteristics
* Meeting the needs of people with protected characteristics
* Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
1. Fostering good relations between people who share a protected characteristic and people who do not share it, which means:
* Tackling prejudice, with relevant information and reducing stigma
* Promoting understanding between people who share a protected characteristic and others who do not.

‘Due regard’ is a legal requirement. Having due regard means considering the above in all decision making, including:

* How the organisation acts as an employer
* Developing, reviewing and evaluating policies
* Designing, delivering and reviewing services
* Procuring and commissioning
* Providing equitable access to services.

‘Due regard’ means that the Governing Body of the CCG has to give *advanced* consideration to issues of ‘equality and discrimination’ before making any commissioning or policy decisions that may affect or impact on people who share protected characteristics. It is vitally important to consider equality implications as an integral part of the work and activities that the CCG does.

‘Due regard’ can only be paid by the Governing Body or by the CCG decision makers. Officers can only support this process by developing and presenting information and views to the decision makers. The reports that are presented to the CCG’s committee (in line with the CCG’s Operational Scheme of Delegation) are called Equality Analysis reports – commonly known as Equality Impact Assessments (EIAs). The reports will test the proposal/s and say whether it meets PSED and ultimately complies with the Equality Act 2010. The CCG is under a statutory duty to comply with the Equality Act 2010. Recommendations will be part of the reporting process, the Governing Body in making decisions have to consciously take into consideration the content of the reports as part of their deliberations and decision-making process. Equality Analysis reports cannot be undertaken after a decision is made as this is unlawful and could be grounds for Judicial Review (legal challenge).

The CCG continues to strengthen internal governance by developing and delivering Equality Analysis reports and linking them to the current change programmes. Equality Analysis reports have to consider the effect or impact of any change to policy, practice or procedure against all the protected characteristics this means that there has to be a strong link to the consultation and engagement process in order to identify different people’s perspectives and concerns.

Support continues to be provided to staff making them aware of the process and there are strong support mechanisms in place to help staff and the organisation to develop and deliver timely and accurate reports.

# Governance and Management Arrangements

All our staff are aware that it is everybody’s responsibility to promote equality, diversity and inclusion. This is reflected in our Equality and Diversity Policy and staff training. The CCG has developed an implementation plan on inclusive recruitment to ensure Senior Leaders own the agenda with specific actions to improve workforce diversity in under-represented groups as part of objectives and appraisal.

In addition to this the CCG’s Interim Programme Lead for Corporate Services is directly responsible to the Senior Management Team and Governing Body of the CCG for providing the necessary information on progress and compliance to the PSED as part of their update on equality and diversity, which is planned into meeting cycles. The Finance and Resource Committee and the The Engagement and Patient Experience **Group** **(EPEG)** Committee receive bi-annual and annual updates respectively on equality and diversity. The Corporate Governance meeting receives quarterly reports on activities during the previous quarter to evidence compliance with Public Sector Equality Duty.

# Commissioner of Services

The CCG works with our partners and the people of South Sefton to commission services and improve the health of the people and communities of South Sefton. The CCG’s programmes are based on evidence about the population, with a focus on health needs and inequalities. These include:

* Population Health Management data
* Ward level public health profiles
* Sefton2gether – our plan for Sefton
* Delivery of the NHS Long Term Plan
* Better Care in Sefton- through integration with the local authority
* Delivering safe, high-quality services
* Building relationships with communities
* Taking action on health inequalities and the local strategy for health and wellbeing

# Equality Delivery System (EDS2)

The CCG adopted the Equality Delivery System (EDS2) as the framework to support us in demonstrating our compliance with the Public Sector Equality Duty. The Equality Delivery System (EDS2) is a toolkit that can support the CCG improve the services we provide for our local communities, consider health inequalities in our area and provide better working environments, free of discrimination, for those who work with us in the NHS.

The EDS2 has four key goals (with 18 specific outcomes); **achieving** **better outcomes**, **improving patient access and experience, developing a representative and supported workforce and finally, demonstration of inclusive leadership**. Each of these goals can beassessed and a grading applied to illustrate progress in achieving the outcomes and the involvement of the communities and organisations which represent the views of people with protected characteristics. The grading descriptions are as follows:

***Undeveloped*** if there is no evidence one way or another for any protected group ofhow people fare and there is no evidence to address and mitigate poor access and/ or outcomes

***Developing:*** the organisation has evidence and plans that it is addressing and mitigating poor access and /or outcomes against 3 to 5 protected characteristics.

***Achieving:*** the organisation has evidence and plans that it is addressing and mitigating poor access and /or outcomes against 6 to 8 protected characteristics.

***Excelling:*** if evidence shows that the majority of people in all nine protected groupsfare well.

The CCG has historically worked collaboratively with all NHS Trusts and Clinical Commissioning Groups across Merseyside to implement the EDS2 toolkit. The collaborative extended in 2020 to include other secondary care NHS providers and also Cheshire and Wirral NHS Trusts. The collaborative (Patient Equality Focused Forum - PEFF) is made up of equality leads and key officers from across the healthcare system and meets on a bi-monthly basis. This group works collaboratively to share best practice, identify issues, and provide recommended actions to their respective organisations to address health inequalities and barriers in accessing healthcare services to improve patient journey and experience.  Priority areas for this group include:

* Identifying barriers in accessing services across Protected Characteristics and other groups who are more likely to experience discrimination. This is through continued open dialogue and engagement with local organisations that represent our local communities and groups.
* Patient Safety issues
* Health Inequalities
* Charter Marks/ Accreditations e.g. Navajo, Rainbow Badge, Armed Forces Covenant.
* Monitoring and Governance
* Board Development
* Exchange information on key developments including: - Organisation and System service change proposals, Workforce Equality Focused Forum links, legislation and national reporting requirements, contract issues and patient experience and barriers.

Task and Finish groups are then subsequently established to focus on priority areas agreed by the Patient Equality Focused Forum. Task and finish groups currently in progress are as follows:

* Transgender Best Practice Task and Finish Group:

Monthly meetings attended by equality leads and other key representatives from NHS Trusts across Cheshire and Merseyside, including Mersey Care NHS FT as the host organisation (in collaboration with CMAGIC) delivering the national Gender Identity Clinic pilot for Cheshire and Merseyside patients.  This group is working collaboratively with a view to implementing a system-wide workforce policy for supporting people who have transitioned or people who are undergoing transition in the workplace, and also developing a best practice document for patient care, again for implementation by all Trusts across Cheshire and Merseyside.

* Military Veterans and Armed Forces Community Task and Finish Group:

Monthly meetings attended by equality leads and other key representatives from NHS Trusts and CCGs across Cheshire and Merseyside. The group provides a platform for healthcare partners to collaborate and share best practice in providing healthcare support to members of the Armed Forces Community and to share learning and knowledge of best practice and to help raise awareness of the wider support services that are available. The current priority areas for this group are to raise the profile of the agenda with the Integrated Care Board Executive team, develop a workforce policy specific to supporting Reservists and Adult Cadets for system-wide implementation, and to develop a standard narrative for public facing websites on our support offer for the Armed Forces community.

The CCG’s EDS2 outcome performance was last graded in September 2021 and was ‘achieving’ status across fifteen of the eighteen outcome areas and the CCG remains at ‘developing’ status across three outcomes. The EDS2 summary report is published on the CCG’s equality and health inequalities page on the external website: <https://www.southseftonccg.nhs.uk/get-informed/equality-and-health-inequalities/>

Further to the recent cascade of the revised Equality Delivery System Framework, the collaborative has now commenced discussions on implementation.

*NB Caution should always be applied to performance managing equality performance as health inequalities in the North of England are poor and PSED is an anticipatory duty and always applies to the CCG as and when it makes commissioning decisions that impact on patients.*

# Equality Objective Plan

The CCG refreshed its equality objective action plan in 2019, in 2020 and again in 2021. Updates and progress against the plan can be seen in **appendix (A)**. This version will be published on the CCG’s equality and health inequalities page on the external website (website link in section 6 above). The Equality Objectives are:

* 1. To make fair and transparent commissioning decisions;
	2. To improve access and outcomes for patients and communities who experience disadvantage;
	3. To improve the equality performance of our providers through collaboration and partnership working;
	4. To empower and engage our workforce.

# Equality and Diversity and the workforce

The CCG is committed to developing a representative and supported workforce and we specifically consider equality and diversity for our staff. We are supported by Midlands and Lancashire Commissioning Support Unit (MLCSU) human resource team to ensure our policies are equality impact assessed. We aim to ensure that we have fair and equitable employment and recruitment practices as well as holding up to date information about the CCG’s workforce. Our Finance and Resource Committee receives our Workforce Equality action plan which ensures we are cognisant of Equality Duties and our Workforce Equality Standards and that our relevant committees scrutinise the data available to them and ensure we value diversity and advance equality of opportunity for our staff. The Workforce Equality action plan is enclosed as an **appendix** **(B)**. This latest version will be published on the CCG’s website.

## Gender Pay Gap reporting

The CCG employs 141 staff as of March 2022, and therefore is not subject to this reporting duty. The CCG does however regularly analyse our workforce data.

## Workforce Race Equality Standard

CCGs are required to participate in the national Workforce Race Equality Standard (WRES) data return. The nine WRES indicators cover recruitment and pay; access to training; disciplinary; discrimination, bullying and harassment and Governing Body membership. The main purpose of the WRES as outlined by NHS England is to:

• help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against nine indicators

• produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,

• improve BME representation at the Board level of the organisation

The standard supports the vision originally set out in the NHS Long Term Plan and the more recently refreshed NHS people’s plan and the need to ensure NHS workforces experience inclusive and non-discriminatory opportunities.

In practice this requires CCGs to collect data on their workforce, analyse it, and produce and publish an annual WRES report and action plan.

The CCG’s 2020/21 WRES summary report is published on the CCG’s website.

All organisations are expected to be able to demonstrate that they are starting to close the differences between the treatment and experience of White and Black and Minority Ethnic staff and also to reduce race disparity in working towards the Model Employer target to reflect representation of ethnic minority staff at equal proportions in all Agenda for Change (AfC) pay scales by 2025.

CCG staff have access to a North Mersey CCGs Black, Asian and Minority Ethnic Peer Support Group for North Mersey CCGs and Liverpool General Practice staff. The group has recently reviewed its terms of reference with a view to increasing representation from CCGs and General Practice at the meetings.

## Workforce Disability Equality Standard

The Workforce Disability Equality Standard WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of disabled staff in the NHS. The WDES is mandated by the NHS Standard Contract and became applicable to all NHS Trusts and Foundation Trusts in April 2019.

Mandatory reporting on WDES is restricted to NHS Trusts and Foundation Trusts however, in accordance with its commitment to best practice beyond compliance, the CCG reviewed its workforce disability data for the first time in 2021. The CCG has since undertaken a number of actions to encourage disclosure of disabilities and actively promoting disability awareness information in staff bulletins.

CCG staff have access to a Staff Equality Network for North Mersey CCGs. This group meets on a quarterly basis. This is an open forum run to provide staff with a safe and supportive environment in which to discuss issues relating to protected characteristics or social needs.

## Workforce and Equality Delivery System (EDS2)

A key part of our EDS 2 (Goal 3) assessment focuses on our workforce. Information and evidence that feeds into our performance are measured on staff survey results, WRES findings and work against our workforce equality plan. The CCG is also represented at the Cheshire and Merseyside Workforce Equality Focused Forum (WEFF). This is a collaborative forum attended by Equality, Human Resource and Organisational Development leads.

## Staff training

Staff working within the CCG undertake equality and diversity training. The training is designed not only as an introduction to diversity and cultural awareness, but also as a practical guide to making our organisational culture an inclusive one. It combines a focus on personal and organisational beliefs, values and behaviours and the impact they have in our interactions at workplace, internally and externally.

# The CCG’s role as a commissioner of services and monitoring provider equality and diversity performance

Due to the impact of COVID-19 on NHS organisations, quality compliance reporting paused in 2020/21 and for the first two quarters of 2021/22. The CCG’s Equality and Inclusion Service however developed a COVID-19 Equality Briefing in March 2020 to highlight Equality legal risks and challenges that Commissioners and Providers needed to be cognisant of in their response to COVID-19. The briefing highlighted that despite NHS organisations operating under emergency measures Public Sector Equality Duty remained in force. The briefing has continued to be updated to reflect the changing phases; response, recovery and reset planning, further waves, the COVID-19 vaccination programme and winter planning, “living with COVID-19” and provides a number of recommendations, information sources and resources. (Latest issue version 16). The briefing brings together national guidance, national and regional intelligence and local reported issues for people with protected characteristics and other vulnerable groups from both a patient and workforce perspective. The briefing continues to be shared with CCG and Provider Incident Management Teams and other key partners across Cheshire and Merseyside footprint for information and action as appropriate for their respective organisation.

The CCG reviewed the equality reporting requirements in preparation for formal quality compliance reporting resuming and again in preparation for 2022/23 contracts. The indicators are as follows:

* Evidence service change/ redesign proposals at the beginning and end of the process to ensure that the CCG is sighted and assured by the decision-making process that the Provider has paid due regard to their statutory duties.
* Action Plan to be submitted to update on progress in relation to Reasonable Adjustments, Accessible Information Standard, improving access to services for people who are Deaf or hard of hearing and also areas to address improving access to services for people whose first language is not English and an annual audit of compliance of reasonable adjustments.
* Evidence in the public domain (website) of annual equality report including objectives
* Workforce Disability Equality Standard report
* Workforce Race Equality Standard report

# Health Inequalities and COVID-19 impact

The NHS has been facing unprecedented financial and demographic challenges for a number of years. Widening health inequalities are evident in a number of publications, and more recently in the report; Building Back Fairer in Cheshire and Merseyside[[1]](#footnote-1) (October 2021). Professor Marmot highlights in this report that life expectancy in Cheshire and Merseyside is lower than the average for England. Health inequalities in the region are wider than for the rest of England. COVID-19 has exposed deep inequalities and stark differences in life expectancy.

As Cheshire and Merseyside emerges from the COVID-19 pandemic, there is an urgent need to build a wellbeing economy that puts the achievement of improved health and wellbeing, and health equity at the heart of its system wide strategy. The work led by Professor Sir Michael Marmot has informed a new strategy for tackling health inequalities over the next five years. An event to hear about the

the new strategy and its priorities and plan for system working to achieve delivery will take place in May 2022.

# Priorities for 2022/23

The Health and Care Bill, currently progressing through Parliament, sets out plans to put Integrated Care Systems (ICSs) on a statutory footing, empowering them to better join up health and care services, improve population health and reduce health inequalities.

The current proposals mean that each ICS would be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy. When ICBs are legally established, clinical commissioning groups (CCGs) will be abolished.

It was originally expected that these changes would come in to effect in April 2022. However, this target date has now been changed to 1 July 2022 to allow more time for the remaining parliamentary stages and to enable organisations to manage their more immediate pandemic response priorities.

The CCG’s priority during this transition phase April 2022 to July 2022 is to ensure the safe transition of staff and functions to the ICB and to ensure that the CCG continues to drive operational progress and integration of Equality, Diversity and Inclusion within all of our programmes of work. We will continue to ensure that at Place and Neighbourhood level we listen to and understand our local communities and work in partnership with local authorities to address health inequalities and strengthen local accountability.

The CCG will look to strengthen equality, diversity and inclusion links with partners to work together towards implementing the revised equality delivery system framework, understanding the system approach and partnership working to deliver Core20PLUS5[[2]](#footnote-2), which is NHS England and Improvement’s approach to reducing health inequalities.

The CCG will also ensure that planned equality, diversity and inclusion priorities / actions, for example Patient Equality Focused Forum task and finish group priorities, workforce priorities; including cultural competency awareness training, application for NAVAJO accreditation and Disability confident employer alongside other areas are addressed in wider system plans.

**End**

**Appendices:**

1. Equality Objective Plan
2. Workforce Equality Action Plan

### Appendix A Equality Objective Plan

**EQUALITY OBJECTIVE PLAN 2019 – 2023 (update March 2022)**

**The CCGs current equality objectives are: -**

1. To make fair and transparent commissioning decisions
2. To improve access and outcomes for patients and communities who experience disadvantage
3. To improve the equality performance of our providers through collaboration and partnership working
4. To empower and engage our workforce

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Protected characteristic**  | **The barriers and issue at play (as identified by EDS2 collaborative engagement)** | **Action** | **Responsible officer** | **Time and date of completion**  | **EDS Outcome PSED****CCG Equality Objective** | **Status****Blue-** action ongoing**Green -** complete**Amber-** in progress**Red** – not started |
| **Disability**  | Poor access to services and poor outcomes | Ensure the CCG works closely with providers and General practice to progress the D/deaf access action plan. | Interim Programme lead- corporate Services  | December 2021**Update April 2022** New BSL interpreter and translated documents (Learning Disability and partial sight formats) provision and contract monitoring arrangements in place for Sefton GP practices following the Liverpool CCG led procurement. The CCG’s equality lead continues to facilitate the Patient Equality Focused Forum in which secondary care providers are able to raise any issues with access to interpreter provision for escalation as appropriate.Following the publication of the SignHealth report on the Accessible Information Standard (February 2022) and Healthwatch’s National Campaign launch (March 2022) on Accessible Information Standards, and NHS England’s (NHSE) review of the Accessible Information Standards (ongoing) further plans will need to be developed following the establishment of the Integrated Care Board for both system and place.**Propose close action to CCG** | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3Advance Equality of opportunity and eliminate discriminationEquality Objectives2,3 |  |
| **Disability/ Age** | Poor access to services (secondary and primary Care) and poor outcomes | Support Providers of NHS services to implement Reasonable adjustments (including The Accessible Information Accessible Standard)  | Chief Nurse | December 2021**Update April 2022**All acute, community, mental health and independent sector organisations resumed quality compliance reporting in Quarter 2 (2021/22). An indicator in the quality schedule is to provide regular updates on Reasonable Adjustments including the Accessible Information Standard. The CCG continues to share resources with General Practice colleagues via the COVID-19 equality briefings and practice bulletins. Further plans will need to be developed following ICB establishment in view of the above-mentioned report, national campaign and NHSE review. **Propose close action to CCG**  | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3Advance Equality of opportunity and eliminate discriminationEquality Objectives2,3 |  |
| **Race/ Disability**  | Poor access to services (secondary and primary Care) and poor outcomes | Approve Translation and Interpretation Quality Standards and support providers to implement standards across South Sefton  | Chief Finance Officer | During contract year 2019/20**Update April 2022** **Complete.**The Translation and Interpretation Quality Standards have been transferred into the service specification for the Liverpool CCG-led system-wide procurement for interpreter services. | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3Advance Equality of opportunity and eliminate discriminationEquality Objectives2,3 |  |
| **Race** | Poor access and outcomes  | Work in close collaboration with CDW service to ensure access and outcome are improved and aligned to NHS pathways across all Black, Asian, minority and ethnic communities. | Director of Commissioning and Redesign  | December 2019**Update April 2022** **Complete**The CCG Equality and Inclusion Service continues to facilitate the Black and Minority Ethnic Community Development Worker Steering Group meeting (quarterly) and receives key issues / highlight reports with clear links in place with CCG and Provider colleagues to escalate issues as required.The CCG has worked closely with the CDW during the COVID-19 pandemic to support delivery of key health messages to local communities and to support the uptake of COVID-19 vaccine.The CDW continues to support local practices with patient registrations whose first language may not be English, and also supports patients to access other health and wellbeing support as necessary.  | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3Advance Equality of opportunity and eliminate discriminationEquality Objectives2,3 |  |
| **Age children and young people**  | Poor access and outcomes  | Ensure service change considers PSED and health inequalities and the appropriate level of engagement  | Interim Programme lead- corporate Services  | December 2021**Update April 2022** The CCG’s Equality and Inclusion has supported a number of Equality Impact Assessments during the COVID-19 pandemic and for system-wide proposals which include, for example the Stroke reconfiguration proposal, Long COVID-19 service, phlebotomy service for ages 12 to 16 reconfiguration.Work continues to develop ICB and place structures and governance. During the period of transition to the ICB the CCG will continue to consider the Public Sector Equality Duty (PSED) and health inequalities and the appropriate level of engagement for proposed service changes through existing processes and governance arrangements and therefore it is **proposed that this action be closed by the CCG** as existing processes and governance will ensure that the CCG is able to evidence due regard | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3Advance Equality of opportunity and eliminate discriminationEquality Objectives2,3 |  |
| **Age** **Working age and older citizens**  | Poor access and outcomes | Ensure service change considers PSED and health inequalities and the appropriate level of engagement | Interim Programme lead- corporate Services  | December 2021Update April 2022Refer to above narrative. | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3Advance Equality of opportunity and eliminate discriminationEquality Objectives 2,3 |  |
| **Sex**  | Access to service and poor outcomes linked to sex | Ensure service change considers PSED and health inequalities and the appropriate level of engagement. | Interim Programme lead- corporate Services  | December 2021**Update April 2022** Refer to narrative included above;Age Children and Young People | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3Advance Equality of opportunity and eliminate discriminationEquality Objectives2,3 |  |
| **Sexual orientation**  | Access to service, poor outcomes and poor patient experience | Work with key departments across the CCG to ensure sexual orientation is considered and appropriate levels of engagement are in place. | Interim Programme lead- corporate Services | December 2021**Update April 2022** The CCG Equality and Inclusion Services continues to work directly with commissioning leads to consider the impact on people with protected characteristics as part of any service change/redesign proposal. The CCG continues to promote inclusion. The COVID-19 Equality Briefing continues to be shared with CCGs and providers which includes a number of resources. During the period of transition to the ICB the CCG will continue to consider the Public Sector Equality Duty (PSED) and health inequalities and the appropriate level of engagement for proposed service changes through existing processes and governance arrangements and therefore it is **proposed that this action be closed by the CCG** as existing processes and governance will ensure that the CCG is able to evidence due regard | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3Advance Equality of opportunity and eliminate discriminationEquality Objectives2,3 |  |
| **Transgender**  | Access to service, poor outcomes and poor patient experience | Ensure the CCG is aligned to the CMAGIC service and transgender pathway via both STP project and national NHSE pilot. | Director of Commissioning and Redesign | March 2021Update February 2021**Complete.**The NHSE Specialised Commissioning pilot launched in Cheshire and Merseyside on 18th January 2021.  | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3Advance Equality of opportunity and eliminate discriminationEquality Objectives2,3 |  |
| **Religion and belief** | Poor patients experience and outcomes | Ensure collaborative action plan around meeting religious and spiritual needs of patients is developed by the provider Collaborative forum and the CCG support implementation across all NHS providers | Chief Nurse  | December 2021**Update April 2022**A national review of the NHS guidance is still awaited. The Patient Equality Focused Forum, facilitated by the CCG’s Equality and Inclusion service continue to share learning and resources whilst awaiting further national instruction. Further plans may need to be developed at place following the national review.**Propose close action to CCG** | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3Advance Equality of opportunity Equality Objectives2,3 |  |
| **ALL**  | Workforce and Human resources | CCG works closely with the EDS2 providers and CSU on progressing the CCG workforce Equality plan. | Interim programme Lead- Corporate Services  | December 2019**Update April 2022** The CCG’s Workforce Equality Action plan is enclosed. |  |  |
| **ALL**  | Cultural sensitivity and patient safety  | Support providers to meet the cultural needs of All protected groups and improve patient safety | Chief Nurse | December 2021Update **Update April 2022** All NHS organisations in the North West have committed to being an anti-racist region. All organisations have developed action plans to ensure fair and inclusive recruitment and career progression practices. A cultural competency training session was held for CCG staff in January 2022 and a further session in planned for June 2022. As the BAME Peer Support group has extended its membership to general practice the forum is being used to share practices, and as the BAME peer support group continues to develop with general practice colleagues this is a forum to share learning and support colleagues to meet the cultural needs of patients. **Propose close action to CCG** |  |  |
| **ALL**  | Ensure CCG pays ‘due regard’ to PSED and health inequalities during unprecedented challenge facing NHS | Ensure Governing Body and executive leads are trained and briefed on lawful decision making and consideration of public law duties.  | Interim programme Lead- Corporate Services  | April 2020**Update April 2022**Whilst a refresher session on lawful decision-making for Governing Body and Exec leads has not formally taken place, the Governing Body continues to evidence due regard by considering regular equality reports developed by the CCG’s Equality and Inclusion lead, including regular publications of the COVID-19 Equality Briefing to ensure they are briefed on lawful decision-making**Propose close action to CCG** | 4.1,4.2, 4.3Equality Objective 1,1Eliminate discrimination Advance equality of opportunity  |  |
| **Socio economic (poverty)** | Widening health inequalities  | Ensure the CCG embeds consideration of health inequalities in decision making and PMO | Interim programme Lead- Corporate Services  | March 2020Update February 2021 **Complete**PMO process and documentation reviewed. |  |  |

### Appendix B Workforce Equality and Diversity Plan 2021/22

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task** | **Associated Actions** | **Outcomes** | **Owner(s)** | **Completion Date** | **EDS****Comparators** |
| Annual completion of NHS Workforce Race Equality Standard (WRES) | 1. Implement and embed the 9 national Workforce Race Equality Standard indicators as per NHS England guidance. Continue commissioning the NHS Staff Survey including equality specific indicators.
2. CCG to be represented on the Regional Black, Asian and Minority Ethnic Strategic Advisory Group.
3. CCG to have Board Level Health Inequalities Lead (in line with the NHS People Plan).
4. CCG to review internal Equality and Diversity training offer with a view to incorporating Unconscious Bias training and/ or Reverse Mentoring Programme in addition to HR’s ongoing review of content of mandatory Equality and Diversity Training.
5. CCG to develop internal processes to record non-mandatory training.
6. CCG to liaise with HR colleagues to benchmark the CCG’s Disciplinary Policy against Imperial College Trust’s policy (as recommended to all NHS Trusts by Amanda Pritchard, Chief Operating Officer for NHS England and Improvement).
 | Eliminate DiscriminationAdvance equality of opportunity  | Interim Programme Lead- Corporate Services, Human Resources Business Partner and Merseyside CCGs Equality and Inclusion Service Lead | **October 2021****Complete**Workforce Race Equality Standard summary report presented to Finance and Resource Committee in October 2021 and is published on the CCG website. **October 2020**Update February 2021**Complete** A Liverpool GP colleague is Liverpool CCG’s representative on the Regional Advisory Group. The GP feeds into the North Mersey CCGs informal BAME Peer Support Group of which South Sefton CCG and Southport and Formby CCGs are invited to attend. **October 2020**Update September 2021 Complete.The CCG’s Chief Nurse confirmed as health inequalities lead. **January 2022**Update April 2022**Complete**Complete. Cultural competency training delivered to CCG staff in January 2022 and further session planned for June 2022.**November 2020**Update September 2021 **Complete**Function to record non-mandatory training activated in ESR and a formal communication issued to all staff via the staff bulletin to promote self-recording.**March 2021**Update September 2021**Complete**Disciplinary policy benchmarked against Imperial College Trust’s policy. The amended version progressed through theCCG’s internal governance process and is now ratified.  | 3.13.23.33.43.64.14.24.3 |
| Development of a system wide approach to Positive Action initiatives allowed under the Equality Act 2010.  | 1. Monitor performance of Human Resource policies against the Public Sector Equality Duty to establish baseline.
2. Identify trends from CCG data.
3. CCG and Merseyside CCGs Equality and Inclusion Service to ensure that Human Resource services are linked into the Workforce Equality Focused Forum (WEFF) and facilitate sharing of best practice, development opportunities.
4. Review and refresh workforce communications (Bulletins, intranet) to promote inclusivity.
5. Promote access to Staff Equality Networks and review reporting mechanisms to enable staff contribution to and inform decision-making processes.
 | Challenge barriers if data/evidence identifies themAdvance equality of opportunityAims to ensure collaboration and partnership working.Ideas to promote diversity in the workplace are being considered and will be shared.. | Interim Programme Lead- Corporate Services, Human Resources Business Partner and Merseyside CCGs Equality and Inclusion Service Lead | **Ongoing****Update April 2022**Process established with Impact Assessed Policies being presented to Corporate Governance Steering Group. The recommendations of that group are then presented to Finance and Resource Committee for consideration. Positive action initiatives include the development of the staff networks, reviewing how vacancies are advised.**Ongoing**Update April 2022The CCG is currently reviewing the results of the latest NHS staff survey. Survey findings will be shared, and an action plan developed which will be reviewed and overseen by the Sounding Board.No issues identified during the period in relation to the application of CCG HR policies.The CCG reviewed staff disability data for the first time in 2021. Further narrative provided in WDES section.**September 2020**Update February 2021**Complete**HR business partner invited to attend WEFF meetings.**Ongoing**Update September 2021The CCG communications team continues to promote webinars, events and information relating to equality and health inequalities with regular publications of the North West Regional Equalities team bulletins.**Ongoing**Update April 2022**Complete**Dedicated page on the CCG intranet launched to promote staff networks. Following internal engagement with staff the sounding board now receive minutes of the staff equality network meetings. This forum was determined as the most appropriate to aid informing decision making. | 3.23.53.13.33.54.14.3 |
| Support Primary Care colleagues to identify and address workforce Equality issues. | 1. Meeting to be arranged with Primary Care Commissioning Leads in the first instance with a view to developing a specific action plan.
 | Eliminate DiscriminationAdvance equality of opportunityFoster Good Relations | Interim Programme Lead- Corporate Services, Human Resources Business Partner and Merseyside CCGs Equality and Inclusion Service Lead | **December 2020**Update April 2022A meeting has not yet taken place with Primary Care leads. **Propose to extend the completion date to June 2022 with a view that support for primary care will ultimately need to transfer into system and place plans.** | 3.13.33.43.6 |
| Implementation of the Workforce Disability Equality Standard (WDES) as per NHS England guidance.  | 1. Prepare for the implementation of the WDES, to include familiarisation with proposed national KPIs.
 | Eliminate DiscriminationAdvance equality of opportunity | Interim Programme Lead- Corporate Services, Human Resources Business Partner and Merseyside CCGs Equality and Inclusion Service Lead | **Ongoing**Update April 2022 Whilst not currently mandated for CCGs, the CCG reviewed its workforce disability data for the first time in 2021.The CCG continues to promote inclusion through the staff bulletins. The CCG is also exploring available training offers to increase awareness of neurodiversity in the workplace. ***Propose close action to CCG.*** | 3.13.33.43.64.14.3 |

Action Plan to implement 6 inclusive recruitment actions – NHSE return 3rd September 2021:

| **#** | **Key Action** | **Steps to achieve action** | **Due by**  | **Risks** | **Mitigations** | **Status**  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Ensure VSMs own the agenda, as part of culture changes in organisations, with improvements in BAME representation (and other under-represented groups) as part of objectives and appraisal by:a) Setting specific KPIs and targets linked to recruitment.b) KPIs and targets must be time limited, specific and linked to incentives or sanctions | Identify appraisal dates for VSM to ensure equality specific objectives and actions can be included at next review. Ongoing monitoring of WRES data and career progression disparity ratio. Job advert template to include standard requirements e.g. inclusivity statement once agreed.Remind hiring managers to prioritise disabled candidates meeting essential criteria for interview (2 Ticks Disability Scheme). Promote external job adverts wider than usual using existing networks – via social media and more inclusive job boards and partnering with BAME communities (to promote jobs and see if potential to hold targeted recruitment fairs for under-represented groups). | 31st October 2021 Ongoing 31st October 2021 30th September 2021 Ongoing  | Small number of VSMs in the organisation. VSMs could transition into different roles within the ICS before April 2022.  | The CCG has equality objectives and associated action plans which will continue to be monitored. The equality and inclusion service will continue to support delivery and embedding the equality agenda.  | VSM appraisal dates identified and CCG Officer will commence those discussions on equality specific objections. Covered by workforce equality action plan.Complete Workforce Disability Briefing shared with staff in staff bulletin.Not started |
| 2. | Introduce a system of ‘comply or explain’ to ensure fairness during interviewsThis system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process, if it was deemed unfair. | Explore NHSE regional equalities team training offer on recruitment bias. Consider connecting with local partner organisations who have a more diverse workforce to support interviews.  | Ongoing | CCG recruitment currently restricted due to ICS integration. Due to the size of the organisation, capacity to increase representative interview panels may not be possible.  | Recruitment bias presentation to be shared with all recruiting managers.CCG equality and inclusion leads to liaise with ICS HRD and Strategic planning lead to ensure this action forms part of system and place recruitment plans. | The CCG’s Equality and inclusion service is liaising with the regional team for EDR training dates. |
| 3. | Organise talent panels to:a) Create a ‘database’ of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staffb) Agree positive action approaches to filling roles for under-represented groupsc) Set transparent minimum criteria for candidate selection into talent pools | Communicate basic principles of internal and external recruitment and promotion processes to staff through staff bulletins and team meetings. | 31st October 2021 | Limited number of opportunities currently available.  | Recommend ICS consideration of talent panels.Positive action approaches included in the CCG’s workforce equality action plan.  | Workforce Disability staff briefing share in staff bulletin which included resources on recruitment principles.  |
| 4. | Enhance EDI support available to:a) Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policiesb) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.  | Not applicable- MLCSU Equality and Inclusive service undertaken equality analysis on HR policies. Include at least 1 additional EDI question on the interview scoring matrix, and share supporting guidance with recruiting managers to assess whether a satisfactory response.Record EDI training of interview panel on the recruitment documentation.Remind staff of key areas relating to EDI when recruiting staff and record-keeping to evidence decisions.  | 31st October 2021Ongoing31st October 2021  | EDI training status not recorded.Scoring / rationale not recorded.  | Ensure action forms part of ICS and place plans.Review internal training log to obtain status.Recruiting manager to check documentation for completeness.  | Not startedNot startedNot started |
| 5. | Overhaul interview processes to incorporate:a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used. b) Ensure adoption of values-based shortlisting and interview approachc) Consider skills-based assessment such as using scenarios | Explore recruitment bias training for recruiting managers. | 30th November 2021  | Preferred method for delivery of this type of training is face to face – due to ongoing work from home arrangements it may not be possible to hold face to face training which may impact on the training effectiveness.  | Recruitment bias presentation to be shared with all recruiting managers.Unconscious bias training planned. | Covered by workforce equality action plan. |

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| 6. | Adopt resources, guides and tools to help leaders and individuals have productive conversations about race | Continue to share resources EDI resources with CCG staff e.g. Covid-19 briefings as a comprehensive information resource.Review and expand EDI/accessibility content on CCG website and intranet.Continue to promote the North Mersey CCGs Staff Equality Network and Black, Asian and Minority Ethnic Peer Support Group and inclusivity calendars  | Ongoing  | The CCG had planned to look at adopting the Race Equality Code 2020 however in view of the national Race Equality Strategy review this has paused.  | NHS Race Equality Strategy currently being developed.  | Covered by workforce equality action plan.Covered by workforce equality action plan.Covered by workforce equality action plan. |

1. https://www.instituteofhealthequity.org/resources-reports/briefing-note-building-back-fairer-in-cheshire-and-merseyside [↑](#footnote-ref-1)
2. https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/ [↑](#footnote-ref-2)