**NHS South Sefton CCG**

**Equality and Diversity Annual Report**

**2020/2021**



**Contents**

[1. Accessibility 3](#_Toc83024861)

[2. Introduction 4](#_Toc83024862)

[3. Legal Context 4](#_Toc83024863)

[4. Governance and Management Arrangements 5](#_Toc83024864)

[5. Commissioner of Services 6](#_Toc83024865)

[6. Equality Delivery System (EDS2) 6](#_Toc83024866)

[7. Equality Objective Plan 8](#_Toc83024867)

[8. Equality and Diversity and the workforce 8](#_Toc83024868)

[8.1 Gender Pay Gap reporting 8](#_Toc83024869)

[8.2 Workforce Race Equality Standard 8](#_Toc83024870)

[8.3 Workforce Disability Equality Standard 9](#_Toc83024871)

[8.4 Workforce and Equality Delivery System (EDS2) 9](#_Toc83024872)

[8.5 Staff training 9](#_Toc83024873)

[9. The CCG’s role as a commissioner of services and monitoring provider equality and diversity performance 10](#_Toc83024874)

[10. Health Inequalities and COVID-19 impact 10](#_Toc83024875)

[10.1 Our response 11](#_Toc83024876)

[11. Priorities for 2021/22 12](#_Toc83024877)

[Appendix A EDS2 Summary Report 13](#_Toc83024878)

[Appendix B Equality Objective Plan 15](#_Toc83024879)

[Appendix C Workforce Equality and Diversity Plan 2021/22 29](#_Toc83024880)

# 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 has 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 and restoring services is to increase the scale and pace of the CCGs and our partners work to tackle health inequalities to protect those at greatest risk.

# 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 is becoming stronger at developing and delivering Equality Analysis reports and linking them to the current change programmes. More work is required as the NHS nationally and locally continues to face unprecedented challenges and widening health inequalities.

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 peoples 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 in an integrated and sustained way. 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. The group continues to work closely with a range of stakeholders who represent the interests of people who share protected characteristics or face disadvantages in accessing health services. The organisations, groups and networks operate at either a national, regional or local level and have provided the collaborative with information, research and data that ensures NHS organisations across the Cheshire and Merseyside footprint identify the key ‘barriers; and inequalities that impact on access and unequal outcomes. The collaborative collates intelligence which subsequently translate into organisations' Equality Objective plans. This approach enables a system wide approach to addressing and mitigating the same issues. Examples of key stakeholders who have provided intelligence to inform EDS2 grading (whether in the form of published reports or virtual meetings) include Healthwatch organisations from across Merseyside, Merseyside Society for Deaf People, Black Asian Minority Ethnic Community Development Workers project across Merseyside, InTrust Merseyside and Cheshire to name but a few. The CCG recognises that patients and staff who share protected characteristics are less likely to complain, complete NHS surveys or access community networks to provide their feedback. This approach to EDS2 therefore ensures that the entrenched barriers which communities face in relation to accessing healthcare services are understood and mitigated as part of Cheshire and Merseyside’s strategic and operational objectives.

The CCG’s performance and grades have progressed to ‘achieving’ status across fifteen of the eighteen outcome areas and the CCG remains at ‘developing’ status across three outcomes.

The EDS2 summary report is enclosed as an **appendix** **(A)** and will be 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/>

*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 and again in 2020. Updates and progress against the plan can be seen as an **appendix (B)** and 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** **(C)** and will be published on the CCG’s website.

## Gender Pay Gap reporting

The CCG employs 163 staff as at March 2021, 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 attached as an **appendix** and will be 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.

## 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 has collected WDES data with a view to learning from the information and will be putting measures in place to improve self-reporting, access and opportunities for disabled staff and candidates.

## 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. EDS2 grades available in ***appendix A.***

## 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. The CCG’s equality and inclusion service however developed a COVID-19 equality briefing to highlight that Public Sector Equality Duty remained in force. The briefing also provides links to guidance, reports and resources. Further information on the briefing is provided in Section 10.

The CCG has however reviewed the equality reporting requirements in preparation for formal quality compliance reporting resuming. 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) to workforce equality reports required as part of the NHS standard contract requirements and reports to evidence compliance with legal specific duties.

# Health Inequalities and COVID-19 impact

COVID has highlighted inequalities at a local, national and global level, with the impact of the pandemic disproportionately impacting Black, Asian and minority ethnic people, disabled people and other vulnerable groups. NHS England and Improvement issued an urgent communication in the summer of 2020 requiring action across the healthcare system (Phase 3 COVID Response to health and workforce inequalities). Particular sections within the Phase 3 implementation guidance have direct relevance to our Equality and Diversity plans. These include:

* Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.
* Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders.
* Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities.
* Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September 2020; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact.

## Our response

At the start of the pandemic the CCG established a multi-disciplinary incident management team (IMT). The IMT reported directly to the leadership team on a daily basis and the leadership team provided regular updates to the Governing Body and the Wider Membership.

The IMT had responsibility for supporting the local response to the pandemic in conjunction with key NHS and local authority partners. The CCG’s Chief Officer immediately established a system oversight group comprising senior representation from all stakeholders that met frequently throughout the pandemic.

As part of the COVID-19 vaccination deployment programme CCG staff were re-deployed to support the vaccine programme both in a clinical and managerial capacity to ensure the success of the programme. A Mass Vaccine Strategic Group comprising key partners was also established to oversee delivery.

The CCG were members of a steering group brought together by Cheshire and Merseyside Health and Care Partnership as part of a programme called ‘Getting under the skin’ to understand vaccine hesitancy amongst ethnic minority communities. An insight exercise reconfirmed our understanding of our local ethnic minority communities and their views on COVID-19 vaccination. A campaign – Let’s get vaccinated - was developed from the resulting insight and with support from our BME Community Development Worker, we have been able to tailor the materials and approach working with community leaders from key groups in Sefton.

Working with our local partners it became clear that there were barriers in accessing the vaccination for other groups of people and the CCG established a COVID-19 vaccination hesitancy group. The group is represented by CCG, Local Authority, local Trusts, local voluntary organisations and Pharmacy colleagues and other key partners to identify barriers in people accessing vaccinations and to target support as needed. This group continues to meet on a regular basis.

The CCG’s Equality and Inclusion Service 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 and provides a number of recommendations, information sources and resources. (Latest issue version 14). 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.

Furthermore, at a national level, NHS England (NHSE) issued an urgent directive to address health inequalities as part of the Phase 3 response to the COVID-19 pandemic, this included specific requirement for a Board lead for health inequalities, a role that CCG Chief Nurse Chrissie Cooke has been undertaking.

The Sefton Health and Wellbeing Board continues to develop plans on the place-based approach to Integrated Health and Care in Sefton, referred to as Integrated Care Partnership (ICP). Place plans include protecting the most vulnerable,

During 2021/22 the CCG will move into a transition period to transfer many of its commissioning functions into an Integrated Care System, with increased collaboration across Cheshire and Merseyside. A wider system approach to elements of the Equality, Diversity and Inclusion agenda are anticipated however the CCG 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.

# Priorities for 2021/22

The CCG will continue to drive operational progress and integration of Equality, Diversity and Inclusion within all of our programmes of work. During the last twelve months we have made good progress around equality and diversity, developing new and building on existing relationships with groups and individuals who share and represent the interests of protected characteristics.

We will work towards implementing EDS3 once guidance is received and we will look to strengthen Equality, Diversity and Inclusion links with:

* Primary Care Networks
* The Integrated Care System
* Provider Alliances
* Local authority
* Other key partners

**End**

**Appendices:**

1. EDS2 Summary Report
2. Equality Objective Plan
3. Workforce Equality Action Plan

### Appendix A EDS2 Summary Report

Key:

**Undeveloped**

**Developing**

**Achieving**

**Excelling**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Goal | Number | Description of Outcome | Grading  **2019/20** | Grading  **2020/21** |
| **Better Health Outcomes** | 1.1 | Services are commissioned, procured, designed and delivered to meet the health needs of local communities |  |  |
| 1.2 | Individual people’s health needs are assessed and met in appropriate and effective ways |  |  |
| 1.3 | Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed |  |  |
| 1.4 | When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse |  |  |
| 1.5 | Screening, vaccination and other health promotion services reach and benefit all local communities |  |  |
| **Improved patient access and experience** | 2.1 | People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds |  |  |
| 2.2 | People are informed and supported to be as involved as they wish to be in decisions about their care |  |  |
| 2.3 | People report positive experiences of the NHS |  |  |
| 2.4 | People’s complaints about services are handled respectfully and efficiently |  |  |
| **A representative and supported workforce** | 3.1 | Fair NHS recruitment and selection processes lead to a more representative workforce at all levels |  |  |
| 3.2 | The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations |  |  |
| 3.3 | Training and development opportunities are taken up and positively evaluated by all staff |  |  |
| 3.4 | When at work, staff are free from abuse, harassment, bullying and violence from any source |  |  |
| 3.5 | Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives |  |  |
| 3.6 | Staff report positive experiences of their membership of the workforce |  |  |
| **Inclusive Leadership** | 4.1 | Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations |  |  |
| 4.2 | 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 |  |  |
| 4.3 | Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination |  |  |

### Appendix B Equality Objective Plan

**EQUALITY OBJECTIVE PLAN 2019 – 2023 (update September 2021)**

**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 September 2021  The CCG is part of a Liverpool CCG-led system wide procurement for interpretation and translation services which includes British Sign Language. The service specification incorporates the Quality Standards that the Merseyside CCGs Equality Collaborative produced in 2018. The Liverpool CCG-led procurement exercise is now complete for interpretation and the contract has been awarded. A timeline is currently in development by Liverpool CCG colleagues to confirm “go live” date for Sefton practices. | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives  2,3 |  |
| **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 September 2021  All acute, community, mental health and independent sectors organisations are refreshing their reasonable adjustments action plans to be reflective of COVID-19 impacts. Providers are expected to resume quality compliance reporting in quarter 2 (2021/22) and updates on those plans is required as part of that submission.  The COVID-19 Equality Briefing continues to be updated by the Merseyside CCGs Equality and Inclusion service which provides a number of resources and guidance documents around providing reasonable adjustments and access to accessible information.  As part of the COVID-19 vaccination deployment programme the CCG along with key partners supported people with learning disabilities and people with severe mental illness to access the COVID-19 vaccination by providing reasonable adjustments (home visits, dedicated clinics) | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives  2,3 |  |
| **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 September 2021  Quality Standards incorporated into interpreter and translation services service specification. | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives  2,3 |  |
| **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 September 2021  The CCG Equality and Inclusion Service continues to facilitates 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, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives  2,3 |  |
| **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 September 2021  Merseyside CCGs Equality and Inclusion has supported a number of Equality Impact Assessments during the period e.g. post-consultation equality impact assessment for haemato-oncology service change proposal, Local Quality Contract changes, | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives  2,3 |  |
| **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 2021  Update September 2021  Refer to above narrative. | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality 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 September 2021  Refer to narrative included above;  Age  Children and Young People | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives  2,3 |  |
| **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 September 2021  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, most recently LGBT+ history month. | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives  2,3 |  |
| **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 2021  Update 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, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives  2,3 |  |
| **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 the all NHS providers | Chief Nurse | December 2021  Update September 2021  A national review of the NHS guidance has been delayed and therefore the work of the Equality Collaborative has paused. CCG awaiting further national instruction. As a result of COVID-19 the CCG Equality and Inclusion Service has highlighted issues and proposed mitigations to support meeting the religious and spiritual needs of patients during the pandemic. | 1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity  Equality Objectives  2,3 |  |
| **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 September 2021  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 2021  Update September 2021  The COVID-19 Equality Briefing continues to be updated and shared with all providers. The briefing has a number of resources and guidance to support services to meet cultural needs.  A number of local Trusts have commissioned our local BME Community Development Worker services to deliver cultural awareness training or unconscious bias training. |  |  |
| **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 September 2021  Date for Board training to be confirmed. The COVID-19 Equality Briefing continues to be shared with CCG leads to ensure they are briefed on lawful decision making. | 4.1,4.2, 4.3  Equality Objective 1,1  Eliminate 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 2020  Update February 2021 Complete  PMO process and documentation reviewed. |  |  |

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

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| **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 Discrimination  Advance equality of opportunity | Interim Programme Lead- Corporate Services, Human Resources Business Partner and Merseyside CCGs Equality and Inclusion Service Lead | **October 2021**  Update September 2021  Workforce Race Equality data submitted to the national team before 31st August 2021 deadline. Summary report enclosed. The summary report is due to be published on the external website by the end of October 2021.  **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.  The CCG’s Chief Officer has also been invited to attend an online engagement event with the BAME assembly in September 2021.  **October 2020**  Update September 2021 Complete.  The CCG’s Chief Nurse confirmed as health inequalities lead.  **January 2022**  Update September 2021  Due by date amended as cultural competency training for all CCG staff was planned for July 2021. Due to ongoing working from home arrangements as a result of the COVID-19 pandemic this has paused due to face to face being the preferred delivery method for this type of training,  **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 the CCG’s internal governance process and is now ratified. | 3.1  3.2  3.3  3.4  3.6  4.1  4.2  4.3 |
| 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 them  Advance equality of opportunity  Aims 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 September 2021  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. The Corporate Governance Steering Group meetings had paused for a period during the COVID-19 pandemic however has since been reinstated.  **Ongoing**  Update September 2021  The CCG reviewed the results of the latest NHS staff survey and internal surveys about changes to usual working practices during the COVID-19 pandemic. Survey findings and recommended actions are reviewed and overseen by the Sounding Board.  No issues identified during the period in relation to the application of CCG HR policies.  The CCG has for the first time reviewed staff disability data. Further narrative provided in WDES section.  **September 2020**  Update February 2021  Complete  HR business partner invited to attend WEFF meetings.  **Ongoing**  Update September 2021  Dedicated page on the CCG intranet launched to promote staff networks. The CCG communications team continues to promote webinars, events and information relating to equality and health inequalities.  The CCG recently approved an inclusivity statement for use with job adverts.  **Ongoing**  Update September 2021  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. | 3.2  3.5  3.1  3.3  3.5  4.1  4.3 |
| 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 Discrimination  Advance equality of opportunity  Foster Good Relations | Interim Programme Lead- Corporate Services, Human Resources Business Partner and Merseyside CCGs Equality and Inclusion Service Lead | **December 2020**  Update September 2021  A meeting has not yet taken place with Primary Care leads due to those colleagues supporting the COVID-19 vaccination programme and other key areas of work to recover services. **Propose to extend the completion date to March 2022 with a view that support for primary care will ultimately need to transfer into system and place plans.** | 3.1  3.3  3.4  3.6 |
| 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 Discrimination  Advance equality of opportunity | Interim Programme Lead- Corporate Services, Human Resources Business Partner and Merseyside CCGs Equality and Inclusion Service Lead | **Ongoing**  Update September 2021  The CCG planned to submit a voluntary submission in 2021/22 as WDES has not yet been mandated for CCGs. Due to the national team supporting the system in different ways during the pandemic the request to include the CCG on the portal for voluntary submission was not actioned in time.  The CCG has however continued to progress as planned just without the formal submission. A separate paper has been developed to summarise the baseline workforce disability data and propose recommended next steps. | 3.1  3.3  3.4  3.6  4.1  4.3 |

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

| **#** | **Key Action** | **Steps to achieve action** | **Due by** | **Risks** | **Mitigations** | **Status** |
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| 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. | Not started  Covered by workforce equality action plan.  Complete  Not started  Not started |
| 2. | Introduce a system of ‘comply or explain’ to ensure fairness during interviews  This 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. | Not started |
| 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 staff  b) Agree positive action approaches to filling roles for under-represented groups  c) 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. | Not started |
| 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 policies  b) 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 2021  Ongoing  31st 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 started  Not started  Not 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 approach  c) 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. |