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NHS
Mid Essex
Clinical Commissioning Group

Equality & Diversity

Annual Report

2018/19

Contents

Welcome

Mid Essex CCG is delighted to present our 2018/19 Equality and Diversity annual report highlighting the CCG's progress in promoting equality and diversity in commissioning healthcare services and in managing our local NHS workforce.

This report brings together information, evidence and recommendations demonstrating how Mid Essex CCG is meeting its statutory duties under the Equality Act 2010 and how we will continue to integrate the principles of human rights, equality and diversity as an employer and a commissioner of services.

The CCG has supported the completion of an extensive Joint Strategic Needs Assessment and continues to engage with the local population to help inform its commissioning decisions.

Our approach to equality and diversity includes working closely with Essex County Council and the Essex Health and Wellbeing Board in agreeing local needs assessments and developing the strategy to address these needs. We use the Essex Joint Strategic Needs Assessment and Mid Essex CCG Joint Strategic Needs Assessment to inform our commissioning intentions and decision making. The JSNA is a collection of research about the local people, places and communities for which the CCG commissions services. We use the JSNA to try to understand what needs to be done in collaboration with local knowledge and community feedback.

As an organisation, the CCG implemented the Equality Delivery System 2 (EDS2) in 2014/15. The CCG has steadily increased its compliance against EDS2 in consecutive years and has maintained its 2017/18 level of achievement in 2018/19.

We have, consequently, refreshed our Equality Objectives and corresponding action plan to support us in improving further.

We are confident that our staff will be well versed with the principles we are embedding and that services will become more responsive to community needs enabling us to reduce the gap in health inequalities and improve health and wellbeing outcomes.

Viv Barnes
Director of Governance & Performance &
Chair of Equality & Diversity Sub-Committee

Executive Summary

This report sets out how Mid Essex CCG is working to demonstrate its compliance with the Public Sector Equality Duty, highlighting progress to date and setting out some key recommendations for building on the extensive work already in place.

The CCG has a duty to eliminate discrimination and promote equality, fairness and respecting human rights, both as an employer and a commissioner of local health services. We believe that diversity is about recognising and valuing the diverse population we serve and implementing good employment practices. We also recognise our responsibility to promote inclusion regardless of age, disability gender reassignment, marital status, pregnancy, race/ethnicity, religious beliefs, sex (male or female) or sexual orientation and respecting family values attached to conception and parenting capabilities.

We have continued to strive over the past year through our Equality Objectives to embed the consideration of equality and diversity issues into all aspects of our work, including policy development, commissioning processes and employment practices. We have achieved these though a number of measures including:

- Supporting the production of a Joint Strategic Needs Assessment and other local needs assessments.
- The ratification of Equality Objectives and implementation of an associated action plan.
- The implementation of an Equality Impact Assessment framework to review and support changes in service provision and policy development and updates.
- Improving our data recording and positive approach in our recruitment practices and publishing a comprehensive report on our workforce.
- Better engagement with the public, both in reaching difficult commissioning decisions and consulting on innovative service provision, as well as listening to the patient's voice, such as through the Patient Story at Board meetings and consultation on the reconfiguration of acute hospital services across the Mid and South Essex Sustainability and Transformation Partnership (STP).
- Supporting the national consultation on Evidence Based Interventions.
- Working with other CCGs within the Mid and South Essex STP footprint to standardise equality and health inequalities impact assessment documentation.

The CCG's financial position has been challenging throughout 2018/19 and will be even more challenging in 2019/20. We will continue to ensure that decisions are evidence-based and have had considerable engagement with our local population and people with protected characteristics. This will be supported by further equality and diversity awareness training for CCG Board members and staff.

A number of recommendations are highlighted at the end of this report which, when implemented, will provide assurance that the CCG will continue to promote equality and diversity and work with all stakeholders in reducing health inequalities. To this end, the CCG has updated its Equality Objectives and corresponding action plan and will endeavour to improve its rating in some of the key goals during 2019/20.

Introduction

1.1 About Mid Essex Clinical Commissioning Group

Mid Essex Clinical Commissioning Group (MECCG) is a NHS commissioning organisation which was formed on 1 April 2013. The CCG commissions (buys) health services for residents of the districts of Braintree, Chelmsford and Maldon. Some services are commissioned in collaboration with other NHS organisations as well as Essex County Council.

For more information on the health services we commission, please visit our website https://midessexccg.nhs.uk/.

1.2 Public Sector Equality Duty

Section 149 of the Equality Act 2010 places a Public Sector Equality Duty (PSED) on all statutory public authorities and those who act on their behalf. CCGs may not delegate these duties and are responsible for ensuring compliance by providers commissioned to deliver healthcare services.

The Equality Act 2010 replaced previous anti-discrimination legislation aimed to protect people from unfavourable treatment because of nine 'protected' characteristics, some of which apply to everyone while others to groups of people:

- Age
- Disability
- Gender-reassignment
- Marriage and civil partnership
- Pregnancy and maternity (including breastfeeding mothers)
- Race (including nationality and ethnicity)
- Religion or belief
- Sex (male or female)
- Sexual orientation

The PSED is made up of a 'general duty' which is the overarching requirement and the 'specific duties' which are intended to help performance of the general duty. The general duty applies to most public authorities, including CCGs, who must, in the exercise of their functions, have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act,
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it,
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The CCG is required to publish, in a manner that is accessible to the public, information to demonstrate its compliance with the public sector equality duty. This information must include, in particular, information relating to people who share a protected characteristic who are the CCG's employees and people affected by the CCG's policies and practices.

We must also set equality objectives at least every four years. In early 2019 the CCG reviewed and updated its Equality and Diversity Strategy and action plan to show how the CCG planned to improve compliance against our equality obligations as well as developing a more explicit approach in tackling health inequalities.

The CCG has published this report as a requirement of the PSED. This report highlights the work that the CCG has undertaken towards meeting the general PSED duty, gaps it has identified and actions it is going to take to improve quality outcomes.

The CCG is also required to complete an EDS2 Summary Report template for submission to NHS England and publish the template on our website.

We use the Essex Joint Strategic Needs Assessment (E-JSNA) and Mid Essex CCG Joint Strategic Needs Assessment (ME-JSNA) to inform our commissioning intentions and decision making.

The JSNA is a collection of research about the local people, places and communities to which the CCG and our partners deliver services. We use the JSNA, in collaboration with local knowledge and community feedback, to better understand the needs of our local population.

The information in this report meets many of the Equality and Human Rights Commission's recommendations on publishing annual equality information as the data is online, easily available and has been updated.

We know that we need to make full use of the JSNA in our commissioning practices. All staff including the Board will receive further equality and diversity training which will include information on evidence based commissioning.

2. Profile of Equality Groups in Mid Essex

The CCG has committed to using the information obtained from its JSNA and equality analysis process to inform the decisions it reaches.

The JSNA process has been less successful in gathering more qualitative information to inform local decision-making. The CCG has therefore adopted a broad equality analysis, through its Equality Impact Assessment process, to help the CCG in considering the impact that a service it is seeking to commission will have on specific protected groups and those identified as vulnerable, such as carers.

2.1 Wider Inequalities

Despite overall improvement in average health measures, there are variations in the health and wellbeing of people within the districts of Mid Essex.

Life expectancy at birth is either similar or above the national average across the Mid-Essex districts. In Chelmsford, life expectancy for both males (81.3) and females (84) are significantly higher than the national average of 79.6 and 83.1 respectively. Life expectancy in Maldon is similar to the national average for both men and women. In Braintree, male life expectancy is higher than the national average whilst female life expectancy is similar to the national average.

When reviewing the inequality in life expectancy across Mid-Essex districts (the range in years of life expectancy across the social gradient within each area, from most to least deprived), Maldon has the lowest level of inequality in life expectancy at birth for both males (3.9 years in Maldon) and females (2.3 years in Maldon). Inequalities in life expectancy are higher for males than females across all Mid-Essex districts. Chelmsford has the highest level of inequality in life expectancy for males (6 years) whilst Braintree had the highest level for females (5 years).

Deprivation and fuel poverty (households whose fuel requirements are above the national average and would be left with a residual income below the official poverty line if they were to spend that amount) are key challenges in some of our communities, with associated poor health and social outcomes.

There are 87 Lower Super Output Areas (LSOAs) in Braintree, with none of them being amongst the most deprived 10% in England and just two that are in the bottom 20%. The distribution would suggest that there are some affluent areas of Braintree but few that are relatively deprived. Braintree is ranked 202 out of 326 local authorities in England on overall deprivation (where 1 is the highest level of deprivation).

There are 102 LSOAs in Chelmsford, with just one of them being amongst the most deprived 10% in England and just two that are in the bottom 20%. There are 25 LSOAs in the top 10% most affluent areas. The distribution would suggest that there are many affluent areas of Chelmsford but few that are relatively deprived. Chelmsford is ranked 256 out of 326 local authorities in England on overall deprivation.

There are 40 LSOAs in Maldon, with none of them being amongst the most deprived 10% in England. There is one (Maldon West) that is in the top 10%, i.e. the most affluent. The distribution would suggest that there are some affluent areas of Maldon but few that are relatively deprived. Maldon is ranked 216 out of 326 local authorities in England on overall deprivation.

The percentage of households in an area that experience fuel poverty varies across the districts of Mid Essex with Maldon at 9%, Braintree at 8.8% and Chelmsford at 7.9%. This is compared to the national percentage of 11.1% of households experiencing fuel poverty. Tackling fuel poverty is important for improving health outcomes and reducing health inequalities in England.

The rate of alcohol related admissions appears to increase with the level of deprivation across the county with the highest levels in those in the most deprived decile of the population. The directly standardised rate of alcohol related admissions in Mid-Essex is 943 per 100,000 people compared to 1258 per 100,000 nationally.

2.2 Population Age and Gender

The population of mid Essex is estimated to be around 392,000 – the breakdown by gender and age groups are shown in the population pyramid. This is split at a district level as follows:

- Braintree District Council: 151,700
- Chelmsford City Council: 176,200
- Maldon District Council: 64,000

This population is expected to increase by 2021 with a significant increase expected in individuals aged 65 years and above. There is a roughly even gender split within the population. 19.8% of the GP registered population in Mid-Essex are aged 65 years and over, which has increased from 16.6% in 2010.

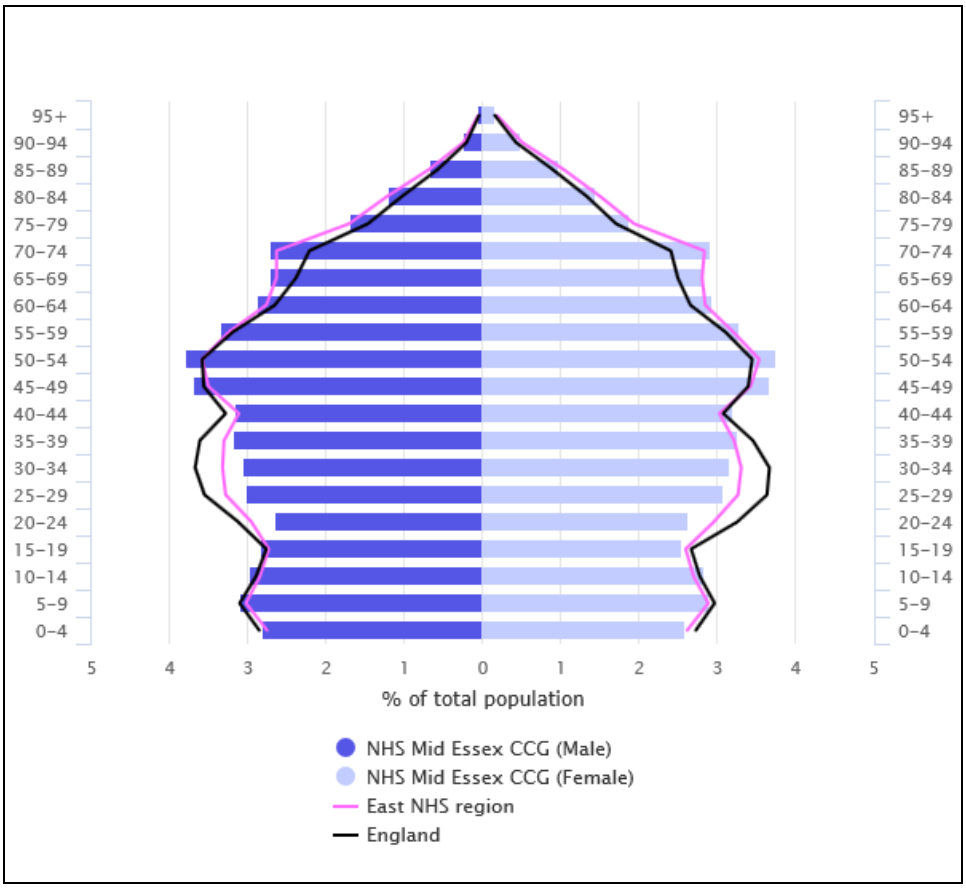

Figure1
2018 age profile of GP registered population by sex and age band (Source: PHE fingertips)

2.3 Local Ethnicity

Ethnic Group	Braintree	Chelmsford	Maldon	Mid-Essex total	Proportion of Mid Essex population
All usual residents	147,084	168,310	61,629	377,023	100%
White	142,087	157,983	60,429	360,499	95.62%
Mixed/multiple ethnic groups	1,837	2,646	506	4,989	1.32%
Asian/Asian British	1,998	4,962	484	7,444	1.97%
Black/African/Caribbean/Black British	913	2,051	150	3,114	0.83%
Other ethnic group	249	668	60	977	0.26%

Table 1: 2011 census ethnicity data for Mid-Essex

Detailed ethnicity data is available through the 2011 census however may not be up to date. The 2011 census suggested that the BME population comprises 4.38% of the overall Mid-Essex population. 1.97% of the Mid-Essex population were classified as Asian/Asian British, 0.83% as Black/African/Caribbean/Black British, 1.32% as mixed/multiple ethnic group, 0.26% as other ethnic group. In the 2011 census, 0.14% of the population were classified as Gypsy or Irish Traveller.

Maldon has the lowest proportion of the population recorded as BME(1.9%) compared to Braintree (3.4%) and Chelmsford (6.1%) (2011 Census data). However this may have changed since the data was originally published. The more recent annual population survey (2018) suggests that the BME population may be increasing (to 5.6% in 2018) however this data has limited reliability in view of small sample sizes.

The proportion of live births in Mid-Essex where one or both parents were not born in the UK is 17.2% which is lower than the national proportion of 34%.

BME groups generally have worse health outcomes than the overall population. Barriers to accessing services due to language and cultural attitudes can have an impact on the health of the BME groups, asylum seekers and recent migrant groups. Therefore in response to such health inequalities, we ensure that health services reflect the specific needs of BME and faith groups, ensuring accessibility and cultural competency.

2.4 Disability, Mental Health and Inequalities

The claimant count (the number of people claiming benefit principally for the reason of being unemployed as a proportion of those resident in the area aged between 16-65) varies across the region. Maldon's proportion is 0.9%, Chelmsford is 1.2%, Braintree is 1.7% compared to 1.8% across East of England and 2.4% across Great Britain.

The prevalence of learning disability within Mid-Essex (as measured by the proportion of patients with learning disabilities as recorded on practice disease registers) is 0.4% which is lower than both the East NHS region (0.5%) and national proportion (0.5%).

In England, approximately one in six people experience a common mental health disorder which would equate to approximately 65,300 people in Mid-Essex. Smoking prevalence in adults (18+) with serious mental illness is 39.9% in Mid-Essex compared to 40.5% nationally. It is worth noting that life expectancy for people with severe mental illness such as schizophrenia can be 20 years less than for the general population. The suicide rate amongst males in Mid-Essex is 18.8 per 100,000, which is significantly different from females at 5.9 per 100,000.

The prevalence of dementia in the population of Mid-Essex is 0.8%, which is the same as the national average of 0.8%.

The 2018 GP patient survey highlights that 8.4% of respondents in Mid-Essex reported a long-term mental health problem (similar to the national proportion). 52.6% of respondents with long-term conditions visiting their GPs felt that they had enough support from services in the last 12 months which is lower than the national proportion of 55.3%. The survey reflected wide variation within practice populations in Mid-Essex (39.8% to 64.5%), in the proportion of those over 16 reporting a long-standing health condition.

There is a consistent picture of increased mortality rates in areas of higher deprivation for all causes including circulatory disease and cancer. The high rates of long-term limiting illness in more deprived wards also reflect the significant role that deprivation plays in morbidity and mortality. Mid-Essex mortality rates from cardiovascular disease are lower than the national average whilst stroke mortality rates (in both under 75 and over 75 age groups) are similar to the national average.

2.5 Sexual Orientation

A lack of information/ knowledge has led to Lesbian, Gay, Bisexual and Transgender (LGBT) people's needs being a relatively low priority in health and social care policy. Evidence suggests that LGBT groups are disproportionately affected by poor mental health, problematic alcohol use, smoking and sexually transmitted infections.

The 2017 national LGBT survey received 108,100 responses from people who self-identified as having a minority sexual orientation or gender identity, or self-identified as intersex and were 16 or above living in the UK. It highlights that nationally, 23.2% of those who responded to the survey had accessed mental health services whilst 8% tried but were unsuccessful. Of those respondents in care, 27.6% felt that disclosing their LGBT status positively affected their care whilst 22.8% felt it had negatively affected their care. 15.6% of respondents felt that disclosing their LGBT status to health care staff had a positive effect on their care compared to 7.4% who felt there was a negative effect. These findings illustrate the importance of better local understanding of LGBT group needs to ensure they are being met.

2.6 Fertility Rate and Inequalities

In 2017, there were just under 4300 new births in Mid-Essex. In Braintree, the age group with the highest fertility rate is the 25-29 age group whilst the highest fertility rate is seen in the 30-34 age group for Chelmsford and Maldon. Within Mid-Essex, Maldon has the highest age specific fertility rate for the under 18 age group, whilst Chelmsford has the highest age specific fertility rate for the group aged 40-44. The former age group are associated with fewer pregnancy complications and the latter age group with a higher risk of complications. Following an extensive public consultation the CCG suspended access to fertility treatment in October 2014 on financial grounds, but continues to review this decision annually.

Deprivation impacts on the health of mothers and newly-born children. This can be, for example, due to increased levels of smoking (5.9% women were recorded as smoking at the time of delivery in Mid-Essex in the last year) and poor diet and nutrition. Infant mortality varies within deprivation deciles across the country with 6 deaths in infants under 1 per 1000 live births in the most deprived decile compared to 3.1 per 1000 live births in the least deprived decile. In Mid-Essex, infant mortality is 3 per 1000 live births which is similar to the national average.

The 2018 survey of maternity services carried out by the CQC (162 MEHT patients), covered three main areas; labour & birth, staff during labour and birth and care in hospital after the birth, for which MEHT scored the rating of "about the same" as most other Trusts.

2.7 Communities with Specific Health and Social Care Needs

Carers

2.36% of the population in Maldon are providing more than 50 hours of unpaid care, compared to 1.82% in Chelmsford and 2.3% in Braintree.

Frail and Older People

In Mid Essex, 11% of the population who responded to the GP patient survey reported problems with physical mobility e.g. difficulty getting around the house. Poor mobility can lead to poor health and wellbeing – such as falls and poor continence care. 6% reported feeling isolated in the last 12 months. Loneliness can affect both physical and

mental health and can be further exacerbated by lack of transport and poor mobility. 16% felt that a long term medical condition significantly reduced their ability to carry out day to day activities whilst 40% felt this ability was reduced a little.

3. Equality & Diversity and the Workplace

The CCG is committed to the on-going development of a represented and supported workforce, aiming to ensure that we have fair and equitable employment and recruitment practices.

3.1 The CCG's Workforce Profile

This section of the report details Mid Essex CCG's workforce composition under the nine protected equality characteristics. The data used in table 1 below has been sourced from the Electronic Staff Record (ESR) system as at 31st March 2019 for 2018/2019 data and 31st March 2018 for 2017/2018 data. It should be noted that ESR is not configured to hold information on Gender Reassignment and so this data is not currently collated.

Workforce Profile

	2018/2019	2017/2018
Total Staff	178	149

	2018/2019		2017/2018	
	No.	%	No.	%
Gender				
Female	149	84%	120	81%
Male	29	16%	29	19%
Sexual Orientation				
Bisexual	3	1.68%	2	1.34%
Gay or Lesbian	2	1.12%	2	1.34%
Heterosexual or Straight	155	87.08%	118	79.19%
Not stated (person asked but declined to provide a response)	14	7.87%	15	10.06%
Undecided	1	0.56%	12	8.05%
Unspecified	3	1.69%	N/A	0.00%
Age				
<=20 Years	2	1.12%	1	0.67%
21-25	2	1.12%	1	0.67%
26-30	13	7.30%	9	6.04%
31-35	24	13.48%	18	12.08%
36-40	28	15.73%	20	13.42%
41-45	32	17.98%	26	17.44%
46-50	20	11.24%	15	10.06%
51-55	28	15.73%	27	18.12%
Age				
56-60	12	6.74%	13	8.72%
61-65	16	8.99%	18	12.08%
66-76	1	0.56%	1	0.67%

Ethnic Origin				
A White – British	153	85.96%	124	83.22%
B White – Irish	1	0.56%	2	1.34%
C White - Any other White background	4	2.25%	4	2.68%
D Mixed - White & Black Caribbean	1	0.56%	2	1.34%
F Mixed - White & Asian	3	1.69%	1	0.67%
G Mixed - Any other mixed background	1	0.56%	1	0.67%
H Asian or Asian British - Indian	7	3.93%	2	1.34%
J Asian or Asian British - Pakistani	1	0.56%	3	2.01%
L Asian or Asian British - Any other Asian background	1	0.56%	1	0.67%
M Black or Black British - Caribbean	1	0.56%	1	0.67%
N Black or Black British - African	2	1.12%	1	0.67%
R Chinese	2	1.12%	2	1.34%
S Any Other Ethnic Group	1	0.56%	5	3.35%
Religion				
Atheism	26	14.61%	13	8.72%
Buddhism	2	1.12%	2	1.34%
Christianity	97	54.49%	81	54.36%
Hinduism	6	3.37%	2	1.34%
I do not wish to disclose my religion/belief	30	16.85%	29	19.46%
Islam	1	0.56%	2	1.34%
Other	11	6.18%	8	5.36%
Sikhism	1	0.56%	No data	N/A
Unspecified	4	2.25%	12	8.05%
Disability				
No	167	93.82%	138	93%
Yes	10	5.62%	6	4%
Unspecified/Not declared/undefined	1	0.56%	5	3%
Marital Status				
Divorced	15	8.43%	12	8%
Legally Separated	2	1.12%	2	1%
Married	116	65.17%	102	69%
Single	43	24.16%	31	21%
Unknown	1	0.56%	2	1%
Widowed	1	0.56%	0	0%

Table 1 – Workforce Data

Although the CCG has seen an increase of staffing levels over the last twelve months, the diversity of the CCG's workforce remains consistent in comparison to 2017/18 with BME staff making up 11.22% of the CCG's workforce (10% in 2017/18). The 2011 census suggests that the BME population comprises 4.38% of the Mid-Essex population. However, the more recent annual population survey (APS 2018) suggests this proportion could be increasing (estimated as 5.6% in 2018). It should be noted however, that this proportion from the APS has limited reliability in view of small sample sizes. Overall this information suggests that the CCG continues to have a representative workforce in comparison to the Mid-Essex population.

The CCG's disability profile remains consistent with 2017/18, with 5.62% of staff declaring that they have a disability in 2018/2019. The CCG works with its

Occupational Health provider to gain advice and support to ensure that any reasonable adjustments are made for those staff who have declared a disability.

Our age profile shows that we are consistent with 2017/18 with the highest percentage of staff falling between ages 41-55 (51-55 2017/18), closely followed by age groups 36-40 and 51-55. We continue to employ very few staff between the ages of 16 and 25 (2.25% 2018/19), although we recognise most 16-17 year olds remain in full-time education, and this correlates with our recruitment analysis below in respect of the low levels of job applications received. 74.16% of the workforce falls between the ages of 31 and 55.

Our sexual orientation profile remains consistent with 2017-18 with 1.12% of the workforce stating that they are gay or lesbian (1.34 % 2017/18). 10.12% of current staff have not stated, or have indicated that they do not wish to state, their sexual orientation.

The table below shows how the Board is represented:-

Male		Female	
BME	White	BME	White
6.66%	33.34%	0%	60%

Table 2 – Board Representation

The CCG recognises that although 60% of the Board are female, we have no BME female staff representation. The CCG will be looking to develop its BME representation at senior management and Board level in line with the recently published NHS Workforce Race Equality Standard (WRES) leadership strategy. The CCG has seen an increase of 2.94% of BME staff at band 7 level and above in comparison to 2017/2018 and we will continue to review recruitment processes to ensure they are fair and robust. This also forms part of the WRES action plan and wider CCG Equality & Diversity Action Plan.

	Band												
Ethnicity	2	3	4	5	6	7	8A	8B	8C	8D	9	Other	Total
A White - British	0.56%	6.74%	11.24%	11.24%	7.87%	12.92%	10.67%	8.99%	5.06%	3.37%	3.37%	3.93%	85.96%
B White - Irish	0.00%	0.00%	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%
C White - Any other White background	0.00%	0.00%	0.56%	0.00%	0.56%	0.00%	1.12%	0.00%	0.00%	0.00%	0.00%	0.00%	2.25%
D Mixed - White & Black Caribbean	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%
F Mixed - White & Asian	0.00%	0.00%	0.56%	0.00%	0.56%	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	0.00%	1.69%
G Mixed - Any other mixed background	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	0.56%
H Asian or Asian British - Indian	0.00%	0.56%	0.00%	0.56%	0.00%	1.12%	1.12%	0.00%	0.56%	0.00%	0.00%	0.00%	3.93%
J Asian or Asian British - Pakistani	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%
L Asian or Asian British - Any other Asian background	0.00%	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%
M Black or Black British - Caribbean	0.00%	0.00%	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%
N Black or Black British - African	0.00%	0.00%	0.00%	0.56%	0.00%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.12%
R Chinese	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	1.12%
S Any Other Ethnic Group	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%
Total	1.12%	7.30%	13.48%	12.92%	10.11%	14.61%	14.04%	9.55%	6.18%	3.37%	3.37%	3.93%	100.00%

Table 3 – Ethnicity by band

3.2 Recruitment Statistics

An analysis has been undertaken of Mid Essex CCG job applications against the protected equality characteristics. The data used in this section has been obtained from the NHS Jobs website and Electronic Staff Record (ESR) system as at 31st March 2019. It should be noted that NHS Jobs is not currently able to report information on Maternity, Paternity, Adoption or Gender Reassignment.

2018/2019	Applications		Appointments	
	No.	%	No.	%
Gender				
Female	619	70.26%	40	83.33%
Male	252	28.60%	8	16.67%
Undisclosed	10	1.14%	0	0.00%
Ethnicity				
WHITE - British	557	63.22%	35	72.92%
WHITE - Irish	9	1.02%	0	0%
WHITE - Any other white background	34	3.86%	2	4.17%
MIXED - White & Black Caribbean	2	0.23%	0	0.00%
MIXED - White & Asian	1	0.11%	1	2.08%
MIXED - White & Black African	2	0.23%	0	0.00%
MIXED - any other mixed background	7	0.79%	1	2.08%
ASIAN or ASIAN BRITISH - Indian	51	5.79%	5	10.42%
ASIAN or ASIAN BRITISH - Pakistani	19	2.16%	0	0.00%
ASIAN or ASIAN BRITISH - Bangladeshi	6	0.68%	0	0.00%
ASIAN or ASIAN BRITISH - Any other Asian background	22	2.50%	0	0.00%
BLACK or BLACK BRITISH - Caribbean	9	1.02%	1	2.08%
BLACK or BLACK BRITISH - African	113	12.83%	2	4.17%
BLACK or BLACK BRITISH - Any other black background	7	0.79%	1	2.08%
OTHER ETHNIC GROUP - Chinese	5	0.57%	0	0.00%
OTHER ETHNIC GROUP - Any other ethnic group	7	0.79%	0	0.00%
Undisclosed	30	3.41%	0	0.00%
Religion				
Atheism	143	16.23%	14	29.17%
Buddhism	3	0.34%	0	0.00%
Christianity	449	50.96%	20	41.67%
Hinduism	40	4.54%	4	8.33%
Islam	40	4.54%	0	0.00%
Jainism	0	0.00%	0	0.00%
Judaism	3	0.34%	0	0.00%
Other	97	11.01%	5	10.42%
Sikhism	4	0.45%	1	2.08%
Undisclosed/do not wish to disclose/unspecified	102	11.58%	4	8.33%
Disability				
No	814	92.08%	47	97.92%
Undisclosed	30	3.39%	0	0.00%
Yes	37	4.19%	1	2.08%
Impairment Learning Disability/Difficulty	3	0.34%	0	0.00%

Age Band				
<=20	7	0.79%	1	2.08%
21-25	75	8.51%	2	4.17%
26-30	113	12.82%	2	4.17%
31-35	120	13.62%	11	22.92%
36-40	117	13.28%	10	20.83%
41-45	120	13.62%	7	14.58%
46-50	127	14.41%	5	10.42%
51-55	101	11.46%	5	10.42%
56-60	72	8.17%	4	8.33%
61-65	26	2.95%	1	2.08%
66 and over	3	0.34%	0	0%
Sexual Orientation				
Bisexual	7	0.79%	1	2.08%
Gay/Lesbian	11	1.25%	0	0.00%
Heterosexual	802	91.03%	43	89.58%
Other	0	0.00%	0	0.00%
Undecided	1	0.11%	1	2.08%
Undisclosed/do not wish to disclose	60	6.81%	3	7.81%
Marital Status				
Civil partnership	21	2.38%	0	0.00%
Divorced	73	8.29%	2	4.17%
Legally separated	8	0.91%	1	2.08%
Married	403	45.74%	31	64.58%
Single	326	37.00%	14	29.17%
Undisclosed	40	4.54%	0	0.00%
Widowed	10	1.14%	0	0.00%

Table 4 – Applications and Appointments

Highlights

The data for 2018/2019 (Table 4) shows an increase in male applicants from 21.9% in 2017/2018 to 28.60% for 2018/2019.

BME individuals made up 11.22% of the CCG's workforce at the end of the 2018/19 financial year. The CCG has seen improvements in the reduction of the gap for BME applicants from application to appointment in comparison to White applicants, with BME applications increasing to 28.49% for 2018/19 (22.9% 2017/18) and 18.75% of BME applicants being appointed - an increase of over 12% from the 2017/18 figure of 5.88%. This also meant that White applicants comprised 77.09% of appointments – a decrease of 5% in comparison to 2017/18. The percentage of those who did not disclose their ethinic origin remained the same as 2017/2018 at 3.41%.

Applications received during 2018/19 were more consistently from all age spectrums.

Areas Requiring Development

There was a decrease in the appointment of male applicants from 19% in 2017/2018 to 16.67% in 2019/2019.

There was also a decrease in the number of appliants with a disability from 6% in 2017/2018 to 4.19% 2018/2019, with 2.08% of those applicants appointed.

We continue to receive low levels of applications from those who declared they were gay/lesbian/bisexual, however this has increased slightly in 2018/2019 to 2.04% (1.56% in 2017/2018). However only 2.08% of applicants were appointed as opposed to 5.88% in 2017/2018.

We continue to see very low applications from the age range 18 – 24 and there is a similar decrease from age 55 upwards. 16 to 25 years olds make up only 2.25% of the total workforce and recruitment statistics, as outlined in table 4, show the low levels of applicants and appointments within this age range (although we recognise most 16-17 year olds remain in full-time education).

It is recognised that further work is needed to review the roles that we offer against the experience required to ensure that we are not inadvertently making roles inaccessible to people within the nine protected groups.

The CCG is currently working towards becoming an accredited Disability Confident employer, committed to ensuring that our recruitment process is inclusive and accessible and that we are doing everything we can to retain staff with disabilities. In addition the CCG has recently started training a group of staff who will become 'Super Recruiters'. The training covers all aspects of recruitment from developing the Job Description and advert to Unconscious Bias and Safer Recruitment training. The aim will be to eventually have enough staff trained so that at least one 'Super Recruiter' will be involved with the whole recruitment process; from start to finish ensuring that we have a fair and consistent recruitment process across the organisation.

4. Equality & Diversity Governance

4.1 Governance Arrangements

In order to meet the CCG's Public Sector Equality Duty, the CCG set five Equality Objectives (see Appendix 1). The CCG ensures equality and diversity is embedded through the Equality Delivery System (EDS2) which is a national framework to assist the NHS with this responsibility.

The CCG has a clear governance framework in place for monitoring Equality and Diversity. The Equality and Diversity Sub-Committee meets bi-monthly and reports to the Quality and Governance Committee and thereafter the CCG's Board. This group is responsible for:

- Developing an Equality and Diversity Strategy and Action Plan, monitoring/reviewing its implementation and reporting on outcomes;
- Carrying out a self-assessment using EDS2, with patient and public involvement from those who speak for or a within the protected groups to inform future equality objectives;
- Leading on information and evidence gathering on equality and diversity using the Joint Needs Strategic Assessment;
- Ensuring the publication at least annually of agreed information to meet the CCG's Public Sector Equality Duty;

- The quality assurance of all Equality Impact Assessments and advising where further strengthening is required or where the assessments meet the PSED fully.

4.2 Robust System for Equality and Health Inequality Impact Assessments

Equality and Health Inequality Impact Assessments (EHIIAs) are the process we use to check that our policies and decisions are fair for all groups.

Where necessary, consultation with protected or hard to reach groups on services is carried out. Each EHIIA is shared with members of the Equality & Diversity Sub-committee for review and comment.

All EHIIAs must be signed-off by the Chair of the Equality and Diversity Sub-committee. The Quality & Governance Committee receives copies of the minutes of the Equality & Sub-Committee detailing EHIIA's carried out. The EHIIA process flowchart is shown at **Appendix 2**.

We undertake these assessments to ensure that we provide a fair and equitable service to all, including our staff, through the policies and procedures that we have in place and also through the services that we commission for our residents and other service users.

4.3 Complaints Procedure and Equalities Monitoring

The CCG is committed to equality and diversity and anti-discriminatory practice. To guide us in fulfilling this commitment, we ensure that the CCG's governance processes support full compliance with the Equality Act 2010 and the Human Rights Act 1998.

The Equality Act 2010 requires the CCG as a public authority to have "due regard" to the need to tackle prejudice and promote understanding between people who share a protected characteristic and those who do not.

The Human Rights Act 1998 sets out the basic rights and focuses on the core principles of Fairness, Respect, Equality, Dignity and Autonomy. Under the Act public authorities and those organisations providing a public function must promote these rights while safeguarding the rights of the wider community.

The PALS and Complaints Team support the delivery of the core principles listed above when addressing concerns and complaints raised by patients or the public. A robust recording/reporting mechanism has been developed to monitor complaints and concerns relating to discrimination and equality. To date no complaints relating to discrimination and equality have been received.

5. Communications & Engagement

5.1 Communications and Engagement

The CCG has an ongoing ambition to be as proactive and inclusive as possible with our patient and public involvement to ensure the services we commission are tailored to the needs of people in mid Essex.

Our current Communications and Engagement Strategy describes how the CCG has laid foundations to engage and involve communities, including protected groups, in line with our duties under section 14Z2 of the Health and Social Care Act 2012.

This strategy is now being reviewed and updated in order to reflect strategic priorities for the CCG going forwards. A new strategy will be shared with our Board for approval in summer 2019 setting out our ambitions to use innovation in digital marketing and platforms to widen our reach and involvement of different communities.

Our regular reports to Board, published in the Board report papers, provide a detailed record of how we have engaged and involved patients and the public in core CCG business.

The report also aims to give more detail regarding actions and feedback shared by local people during engagement events including focus groups, public meetings, through social media or surveys. This style of 'you said, we did' reporting will continue over the next 12 months and look to include demographic information where possible in order to help evaluate the CCG's approach to working with seldom heard groups.

Over the past 12 months, we have worked hard to strengthen some of our more traditional methods of engagement as well as testing new ways to actively involve local people in shaping CCG plans.

The CCG Board actively reviews and considers reports on community and stakeholder engagement and public involvement every three months when it meets in public. The Board report papers aim to update CCG Members on key conversations, meetings, involvement and patient experience.

The CCG's Lay Member for Patient and Public Participation presents the report to Board and is able to give an overview of all involvement for that period. In the past 12 months, the CCG has also actively asked for the lived experience of patients to be shared at Board – hearing how patients have engaged with services; what works and how we can improve. These patient stories are available on our website.

The CCG Board also receives a quarterly report on patient experience including data from the family and friends test; patient complaints and requests.

Our Lay Member chairs the Patient Reference Group and recently formed Locality Patient Reference groups. In addition our Lay Member for Patient and Public Participation attends a number of meetings including the CCG's Equality and Diversity Committee and chairs the Primary Care Commissioning Committee.

5.2 Patient Reference Groups

Historically the CCG has had a Patient Reference Group (PRG), which is made up of members of our local GP practice Patient Participation Groups and people with keen interest in reaching out to their local community to gather views on health services. Members of Healthwatch Essex and our local Community and Voluntary Sector have also been part of our PRG so that we can make sure patient experience and voice remains core in our focus when shaping services.

In November 2018, the CCG worked in partnership with our Patient Reference Group members to review and reshape the main way we hear from our communities. It was agreed that rather than have a single meeting every two months for representatives

from across mid Essex, we would trial a new system for a year with separate meetings for community representatives in Braintree District, Chelmsford City and Maldon District.

The idea of holding separate meetings once every three months is to give a good idea of local health-related issues and our actions around them to our Lay Board Member – Patient and Public Engagement so she can feed back to each CCG Board meeting in public. It is the Lay Member's role to represent our residents and hold the CCG accountable for how we involve residents in our decisions and plans.

These new Locality Reference Groups (LRGs) consist of:

- Chairs of all the local GP practices' Patient Participation Groups
- Chairs of the hospital friends groups and patient council
- The local umbrella organisation for voluntary groups and charities
- Representatives from local physical and learning disability groups
- Faith and minority ethnic groups
- Healthwatch Essex Ambassadors and members
- Local emergency services
- Further and higher education providers
- Resident groups and housing associations with an interest in healthcare
- Local authority partners

Read further information about our Locality Patient Reference Groups meetings on our website.

5.3 Engagement and Involvement Programmes

We have taken active steps this year to focus on engaging seldom heard groups through targeted campaigns and engagement events to ensure they can have a say and input into any changes in services, get involved in our work including designing pathways/new diagnosis tools and also accessing services/support more easily. This has included patients affected by cancer, dementia patients and young men and women at risk of mental health conditions.

We have also started to build on this by developing our locality based patient reference groups within Braintree, Chelmsford and Maldon, which will involve seldom heard group representatives as noted above.

Specific examples include:

- **The Up! Project** - We have delivered an intergenerational engagement project in Maldon called the Up! Project which has brought primary school pupils into local care and nursing homes to gain a greater understanding of the challenges that older people can face. The launch of the project received extensive regional media including on ITV Anglia and a video we produced about the project went viral reaching over 70,000 people in the first week making it the most successful social media post the CCG has ever had. We have successfully supported a crowdfunding scheme run by the first school involved to extend the project and we asked Anglian Ruskin University's Positive Ageing Research Institute to evaluate the benefits of the scheme so we can consider rolling it out more widely. Results of the academic study are expected in autumn 2019.

- **Young and men women in need of mental health support** – Mid Essex CCG was the first NHS organisation nationally to use Facebook advertising to target men and women aged under 45 who may be in need of mental health support. One of the unique aspects of our digital approach was use of imagery. We set up a small virtual focus group of men aged between 25 and 45 to gain feedback on types of images to use and content of messaging. The feedback from the group was to steer away from the traditional photos used of people looking anxious or worried and focused instead on depicting a positive, everyday image to attract a wider cohort of the targeted audience. All communications went out with the premise that by self-referring to Health in Mind, you can "find ways to get help you get back to the things you enjoy." Overall, referrals to Health in Mind increased by 36% over the trial period with a marked improvement in male referrals - one of the specific targeted audiences identified. The provider feedback has demonstrated a week-on-week increase in referrals. The project was shortlisted for two awards in 2019 - an HSJ award and highly commended at the Digital Health Awards.

- **Cancer patient partners** – the Mid and South Essex CCG Joint Committee worked with patient partners living with cancer across mid and south Essex to co-design pathways and new diagnostic tools for earlier diagnosis of cancer including Faecal Immunochemical Test and Vague Symptom Indicative of Cancer Pathways. We have delivered engagement events around this with Healthwatch Essex.

  We have also redeveloped our website to ensure greater accessibility by allowing visitors to make use of Browsealoud features (for people with sight loss), and changed its language, text size and colour contrast. We also ensure all key corporate documents include details of how residents can request them in different formats.

5.4 You Said, We Did

As part of the improvements to our website, we created a new "You Said, We Did" section on our website to demonstrate the impact on our commissioning policies of input from our Patient and latterly Locality Reference Group meetings. Examples from 2018/19 include:

You said – "Move forwards on improving how the CCG's Patient Reference Group (PRG) represents our communities".

We did – Presented an options paper to PRG and a locality based PRG approach was agreed at the PRG meeting which took place on 20 November 2018. This will consist of three locality based PRG groups – one for each mid Essex district – rather than a single central meeting.

As explained above, these localised meetings have a broader invitation list, including local authorities, education institutions, faith and BAME groups and third sector organisations. These meetings will be held in the communities they represent to give people without their own transport more opportunity to attend than the previous PRG meetings held at the CCG's offices. You can read more about this below.

You said – "Keep South Woodham Ferrers patient groups updated on the new healthcare facility being built in the town and support the GP practices to deliver a public engagement event for local residents about their moves to the new centre later in 2019."

We did – Supported Brickfields, Greenwood and Kingsway Surgeries to organise and deliver an event on Wednesday 9 January at William de Ferrers School in South Woodham Ferrers. We worked with the three practices' Patient Participation Groups and the town's volunteer Health and Social Care Group to organise and promote the meeting, which more than 300 residents, stakeholders and local politicians attended.
We are supporting the practices to arrange follow-up drop-in sessions and regular newsletters to keep South Woodham Ferrers residents updated on progress of the new facility and the practices' planned move.

You said – "PRG members asked for a presentation about sepsis, the prevalence and what could be done to support early diagnosis."

We did – Carole Bishop from Mid Essex Hospital Services Trust presented at the PRG meeting on 20 November 2018 about the Essex Sepsis Support Group for patients she set up. She also talked about the research audits being conducted and other support services she is looking to introduce such as a phone clinic. It was agreed that the CCG and PRG groups would support the World Sepsis Day campaign taking place on 13 September 2019.

You said – "Explain in more detail how the CCG is involved with planning primary care around new housing developments."

We did –Explanation provided that the CCG usually sees major planning applications and has a chance to comment. We also gave a commitment to discuss new housing developments in more depth at a future meeting and in July 2018 an NHS England premises specialist and the CCG Director responsible for estates gave a presentation to the Patient Reference Group on the subject, explaining how the NHS feeds back on health needs around new housing.

You said – "Support the creation of a communications strategy by a GP practice's Patient Participation Group (PPG)."

We did – Met representatives from the PPG in June 2018 to discuss their communication requirements and share suggestions.

You said – "Provide a printed version of the CCG patient and public newsletter for those unable to access it online."

We did – Designed and launched a new-look version of the magazine which now has a regular quarterly production schedule, with printed copies being distributed to member GP practices, patient groups and partner organisations.

5.5 How we work with partner organisations

Members of the CCG Executive team attend a wide variety of partnership meetings including One Board Chelmsford, Healthwatch 555 events, Braintree District's health and wellbeing committee and Maldon District's overview and scrutiny. These meetings offer an opportunity to widen our engagement on health service plans and ensure we act on wider feedback.

The CCG also reports regularly to the Health Overview and Scrutiny Committee of Essex County Council – in particular on the Mid and South Essex Sustainability and Transformation Partnership (STP) acute reconfiguration business case and consultation.

As well as these meetings, the informal relationships with our key stakeholders are strong and there is much collaboration on campaigns, awareness events and information days to ensure local people can access and are informed about health and wellbeing services.

The CCG has established a communications and marketing steering group to which colleagues from across the mid Essex health and care system are invited, so we can coordinate our campaigns with partner organisations, engage with a broader spread of our communities and avoid repetition of effort.

Carers First, the organisation commissioned by Essex County Council to provide carer services locally, now attends this steering group and has helped the CCG to reach carers in our area. The group has also helped the CCG to promote wellbeing initiatives such as the Mid Essex Child Health App we launched in autumn 2018 and our recent Winter Heroes campaign to recognise the hard work of NHS staff during the very busy winter 2018/19 period.

The CCG and other STP organisations and stakeholders met at a strategic planning event in February 2019. The event's purpose was to identify ways we could work with communities to develop localised health and wellbeing and resilience. A wide array of local authority, NHS trust, community interest company providers and third sector partners attended the meeting and together they discussed how to implement a place-based approach to future plans.

More than 30 organisations attended the summit and feedback was reported to the multi-partnership Live Well Committee. ~~We are looking at how we can take action on suggestions and how we can maximise the value of collaborative working between health and the voluntary sector.

5.6 Increasing Our Reach and Use of Digital Media

In 2018/19, the CCG has greatly expanded its public engagement through digital media – making use of new techniques to extend our reach into the community and prompt conversation with younger and diverse audiences. We redesigned our website to make it easier to navigate, offer a much stronger element of public and patient involvement, and improve its accessibility as noted above.

Our social media presence continues to grow and the paid advertising to target specific audiences we have been undertaking yielded measurable improvements in referrals. By carefully analysing our social media use, we were able to increase referrals to our first-tier mental health services – doubling the number of people contacting our Improving Access to Psychological Therapies service in just one week. On any one day, the CCG's information, conversation and messages on Twitter are seen by more than 5,000 people and our network is growing daily.

We have also begun releasing apps for smart devices to broaden our involvement with a younger demographic, particularly new parents and young families. As noted above, we launched the Mid Essex Child Health app for Apple and Android devices during 2018/19 and to the end of March 2019 it had been downloaded more than 1,000 times, empowering more of our residents to seek the most appropriate care for their children.

Because we appreciate that digital marketing alone is not a sufficient means of involving and engaging with our residents, we aim to make it part of broader communications

plans wherever possible. In the case of the app, we accompanied its launch with a series of face-to-face workshops at local schools hosted by mid Essex clinicians.

5.7 Supporting Wider Consultation Across Mid and South Essex

The Mid and South Essex Sustainability and Transformation Partnership (which Mid Essex CCG is part of) has been successful in securing funding to set up a Citizens Panel**.** The ambition for this project is to develop a panel for mid and south Essex which recruits around 1,000 residents who are representative of our population, including people of varying age, gender, geographical area, ethnicity, socio-economic status, mental health conditions, physical health conditions and learning disabilities. The CCG's Communications and Engagement team are part of the STP project team to help set up the Citizens Panel which will be developed over the next year.

6. Equality Delivery System (EDS2) Assessment 2018/19

The CCG carried out its annual review of the EDS2 self-assessment in March 2019 against the following nationally set goals:-

- Goal 1 - Better health outcomes
- Goal 2 - Improved patient access and experience
- Goal 3 - A representative and supported workforce
- Goal 4 - Inclusive leadership

These goals have a total of 18 outcomes, against which the CCG is required to assess its performance as either 'Underdeveloped', 'Developing', 'Achieving' or 'Excelling'. The table below sets out the 18 outcomes.

National Goal	Number	Description of Outcome
1. 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 & abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all communities
2. 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 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

National Goal	Number	Description of Outcome
3. 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 obligations.
	3.3	Training and development opportunities are taken up and positively evaluated by all staff.
	3.4	When at work, members of staff are free from abuse, harassment, bullying and violence from any source.
	3.5	Flexible working options are made available to all staff, consistent with the needs of the service and the way people lead their lives.
	3.6	Staff report positive experiences of their membership of the workforce.
4. 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.

The final agreed performance indicators were as follows:-

- Developing – 1 outcome
- Achieving – 17 outcomes

The table below summarises the CCG's performance:

National Goal	No of Outcomes	Final Rating
1. Better Health Outcomes	5	Developing – 0 Achieving - 5
2. Improved patient access and experience)	4	Developing – 0 Achieving - 4
3. A representative and supported workforce	6	Developing – 0 Achieving - 6
4. Inclusive Leadership	3	Developing – 1 Achieving - 2
Totals	18	Developing – 1 Achieving – 17

The following points are of note:-

- The overall score of 1 x 'Developing' and 17 x 'Achieving' is the same as 2017/18.
- There were no perceptions that the CCG was either 'Underdeveloped' or 'Excelling'.

It should be noted that the outcome of the EDS2 assessment is based on where the CCG can evidence what it has done to meet each objective.

Appendix 3 provides the full EDS2 self-assessment.

7. Local Equality Objectives

The Equality and Diversity Sub-Committee has developed local objectives to deliver against the four national goals. These were last updated in 2018/19 as follows:-

Objective 1 – Ensure there is local engagement from vulnerable and ethnic groups in assessing health needs, service redesign and measuring the impact of commissioned services.

Objective 2 - Gather the intelligence to enable the CCG to understand the experience of protected groups when accessing and using NHS Services

Objective 3 – Improve overall staff health & wellbeing within the CCG by implementing a variety of approaches including the provision of workplace health activities and social events planned in partnership with the CCG's Work Well Committee.

Objective 4 – To ensure the CCG has a representative workforce who suffers no inequity in remuneration and is empowered to promote equality at work, and to provide assurance to the Board and seek their support on action being taken by the CCG to achieve this

Objective 5 – Embed equality and diversity at Board level and at every level within the CCG.

Progress against these objectives was monitored during the year by the Equality and Diversity Group and a number of key actions were completed during 2018/19, including:-

- The continued development of a new Equality and Health Inequalities Impact Assessment template and associated guidance, which will be used across the Mid and South Essex STP footprint.
- Assessment against the Workforce Race Equality Standard (WRES). The WRES assessment is set out at **Appendix 4** and the WRES action plan 2019/20 is at **Appendix 5**.
- Review of the CCG's main providers' compliance with the Accessible Information Standard, EDS2 and WRES and the provision of feedback where the CCG was of the view that further information or action was required.
- Celebrating 70 years of the NHS with a CCG staff Away Day and Awards ceremony
- Setting a '100 day challenge' during 2018 focusing on Mental Health and launching 'A time to shine' challenge on the 1st April focusing on community, being active and mindfulness showing the Executive and staffs' commitment to improving overall mental health and wellbeing.
- Arranging a number of staff wellbeing initiatives over the month of December including the CCG's first Christmas Party, Staff Christmas Quiz and supporting a local charity, Chess, by holding a Christmas raffle.

Appendix 1 sets out the local objectives and action plan for 2019/20, which will further improve the CCG's ability to meet its equality duties.

8. Next Steps

This report demonstrates that the CCG has undertaken a considerable amount of work in relation to equality and diversity and provides evidence of our commitment to commissioning for equal access and improving health outcomes for vulnerable groups as well as for people with protected characteristics.

However, the CCG also recognises the need to improve its approach in a number of areas to deliver continued improvement in the self-assessment of EDS goals, namely:

- Standardise Equality and Health Inequalities Impact Assessment (EHIIA) documentation and guidance across the Mid and South Essex STP footprint
- Provide staff training to support the EHIIA process
- Provide further Equality & Diversity training to the CCG's Board members
- Continue to develop a framework to promote workplace health and wellbeing

9. Appendices

Appendix 1 – Local Equality & Diversity Objectives Action Plan 2019/20
Appendix 2 – Process for Equality and Health Inequality Impact Assessments
Appendix 3 – Equality Delivery System (EDS2) Assessment 2018/19
Appendix 4 – Workforce Race Equality Standard Assessment 2018/19
Appendix 5 – Workforce Race Equality Standard Action Plan 2019/20

Appendix 1

Local Equality & Diversity Objectives Action Plan 2019/20

Equality Objective in support of Goal One – Better Health Outcomes

Lead: PPE Executive Lead – Dan Doherty, Director of Clinical Transformation

Objective 1 – Ensure there is local engagement from vulnerable and ethnic groups in assessing health needs, service redesign and measuring the impact of commissioned services.

Actions	Timescale	Current Position
Review stakeholder database to identify any gaps in contacts for protected characteristic groups and refresh with new contacts where necessary.	August 2019	We completed a review of our database in August 2018 and continually update it throughout the year. We will conduct our next full review by August 2019.
Following NHS England's release to CCGs of best practice examples for PPE and the framework tool, review the CCGs current engagement approach.	June 2019	Best practice examples incorporated into updated Engagement and Involvement Strategy which is currently in development and will be presented to the CCG Board in June 2019 as part of the wider Communications and Engagement Strategy for 2019/2020.
Set out new methods and action plan for engagement with protected groups within the new Communications and Engagement Strategy approved by Board	September 2019	New ways we will engage protected groups over the next year are listed below: • Implementing a new locality based patient reference group model with groups for Braintree District, Chelmsford City and Maldon District. These groups will include members of local patient groups and organisations which support residents with protected characteristics. • The Mid and South Essex Sustainability and Transformation Partnership has been successful in securing funding to set up a Citizens Panel**.**

Local Equality & Diversity Objectives Action Plan 2019/20

Actions	Timescale	Current Position
		The ambition for this project is to develop a panel for mid and south Essex which recruits around 1,000 residents who are representative of our population, including people of varying age, gender, geographical area, ethnicity, socio-economic status, mental health conditions, physical health conditions and learning disabilities. The Communications and Engagement team at Mid Essex CCG are part of the STP project team to help set up the Citizens Panel. To support the Healthwatch led campaign to engage residents and staff in the development of our local STP Long Term Plan including groups with protected characteristics.

Local Equality & Diversity Objectives Action Plan 2019/20

Equality Objective in support of Goal Two – Improved Patient Access and Experience

Lead: Quality Lead – Viv Barker, Deputy Director of Quality & Nursing and Katherine Raven, Head of Communications & Engagement

Objective 2 – Gather the intelligence to enable the CCG to understand the experience of protected groups when accessing and using NHS Services

Actions	**Timescale**	**Current Position**
Undertake a review of literature regarding access to healthcare services by LGBT service users to highlight areas that may need to be addressed locally.	August 2019	Deputy Director of Nursing to identify lead to take this action forward. Patient Experience Manager to share literature with Head of Corporate Governance for inclusion in EHIIA guidance (completed).
Ensure that the CCG's stakeholder database is up-to-date and regularly reviewed to ensure that contact can be made with relevant groups regarding service development, changes and other initiatives.	March 2020	Ongoing.
Work with the LGBT Foundation to Implement 'Pride in Practice' which is a quality assurance programme for Primary Care.	March 2020	Work to implement this programme has commenced.

Local Equality & Diversity Objectives Action Plan 2019/20

Equality Objective in support of Goal Three – A representative and supported workforce

Lead: HR Lead – Julie Burton

Objective 3 – Improve overall staff health & wellbeing within the CCG by implementing a variety of approaches including the provision of workplace health activities and social events planned in partnership with the CCG's Work Well Committee.

Actions	Timescale	Current Position
Staff Away Day / Staff Awards	October 2019	In progress
Develop programme of activities through the Working Well Initiative, regarding preferred health activities and social events and identify staff "Health Champions", including Mental Health & Wellbeing.	March 2020	'Time to Shine' initiative to be launched with staff in April 19. Workplace Health Champions meet regularly and will be planning events for the next financial year. Looking to recruit Mental Health First Aiders and Workplace Health Champions from the Basildon Office.
Annual Staff Survey	March 2020	Staff Survey Results shared with staff and an action plan developed and agreed with Executive Team.
Promote awareness and uptake of next annual staff survey.	December 2019	Work will commence in July in relation to the planning and preparation for SS19 which will launch in late autumn/beginning of winter.
Prepare for Disability Confident Scheme	July 2019	Report to go to Execs for review and agreement on level of commitment the CCG will sign up to.

Local Equality & Diversity Objectives Action Plan 2019/20

Equality Objective in support of Goal Three – A representative and supported workforce

Lead: HR Lead – Julie Burton

Objective 4 – To ensure the CCG has a representative workforce who suffers no inequity in remuneration and is empowered to promote equality at work, and to provide assurance to the Board and seek their support on action being taken by the CCG to achieve this

Actions	**Timescale**	
Contact provider of workforce information to request report (Feb 2018) in order to meet WRES & Board deadlines of June 2019	March 2020	Complete for 2019
Reporting of NHS Workforce Race Equality Standard	June 2019	WRES report complete, agreed at E&D committee and ready for submission to Quality & Governance committee.
Update and Review of WRES Action Plan	June 2019 and on-going	WRES Action plan developed for 2019/20 and agreed at E&D committee. Ready for submission to Quality & Governance.
Workforce Disability Equality Standard (WDES) Reporting	March 2020	Awaiting further guidance on CCG requirements.

Local Equality & Diversity Objectives Action Plan 2019/20

Equality Objective to support Goal Four – Inclusive Leadership at all Levels

Lead: PPE Executive Lead - Viv Barnes

Objective 5 – Embed equality and diversity at Board level and at every level within the CCG

Actions	Timescale	Current position
Finalise STP-wide Equality & Health Inequalities Impact Assessment templates and guidance.	July 2019	Head of Corporate Governance to review guidance to ensure it aligns with final template.
Agree STP-wide process for approval of EHIIAs.	July 2019	Proposal for STP-wide process for reviewing and approving EHIIAs is being drafted for approval by JCT/CCGs.
Equality Impact Training for Commissioners.	July 2019	To be delivered once E&D documentation/process has been agreed.
Equality & Diversity Strategy to be reviewed.	31 March 2019	**Completed:** Approved at March Board. Shared with other M&SE CCGs.
Unconscious Bias training for Board members.	June 2019	**Completed** – provided on 25 April 2019.
Consider implications of NHS England WRES Action Plan to improve BME representation at VSM level	December 2019	Action plan awaited from NHS England

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Appendix 2

Process for Equality and Health Inequality Impact Assessments (EHIIA)

EHIIA and a copy of the relevant policy/strategy or other supporting document(s) to be emailed to Business Support Administrator (charlotte.tannett@nhs.net) for logging and circulation to Equality & Diversity (E&D) Sub-Committee members

↓

EHIIA recorded on EHIIA Log Sheet by Business Support Administrator

↓

EHIIA and relevant document to be emailed by Business Support Administrator to E&D Sub-Committee members (and appropriate GP Board member where the EHIIA relates to clinical services) inviting comments / approval with a commitment to respond even if 'nil' response. EHIIA Author to be cc'd.
(Expected turnaround of one week or as advised by the EHIIA author)

↓

Business Support Administrator to log comments received from E&D Sub-Committee members and feed these back to the EHIIA author as they are received. Copy of all collated responses to be provided to the EHIIA author (cc'd to Director of Governance & Performance) with a request that comments are considered to decide whether the policy/strategy/other document should be amended. Where appropriate, a rationale not to amend should be provided by the EHIIA author.
Business Support Administrator to circulate response from EHIIA author and, if necessary, follow-up as required if no response received within one week.

↓

Amended documents to be provided to Business Support Administrator who will forward to Director of Governance & Performance (viv.barnes@nhs.net) for sign-off. Sign-off will be given once the Director of Governance & Performance is satisfied that all queries raised have been taken into consideration in revised documents. EHIIA will then be closed-off and EHIIA author informed.

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EHIIAs will be a standing item on each E&D Committee meeting agenda where they a formally endorsed.

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Quality & Governance Committee to be advised of completed EHIIAs via E&D Sub-Committee minutes.

Appendix 3

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (Broad/National)	Rating through Self-Assessment
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Age ☒ Disability ☒ Gender Reassignment ☐ Marriage/Civil Partnership ☐ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒ Sex ☒ Sexual Orientation ☐	Governance Processes, e.g. Financial Recovery Plan Business cases. Equality Report to Board. PALS service Quality report to Board. Mid-Essex JSNA and other local analysis. Local Consultations and Engagement Exercises (Home First, STP plans). Any Qualified Provider Framework for Care Agencies and Continuing Health Care. Business Cases for new services (i.e. Dementia Intensive Support Scheme, AposTherapy) Live Well Strategy. Maternity Services Liaison Committee. Frailty work plan. Provider EDS2 assessments. Primary Care Forum. Right Care. Equality Impact Assessments. Better Care Fund initiatives. Winter escalation plans.	Standard NHS Contracts NHS Patient surveys GP Patient surveys Friends and Family Test	**2018/19 Achieving** (2017/18 Achieving)

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (Broad/National)	Rating through Self-Assessment
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Age ☒ Disability ☒ Gender Reassignment ☒ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	PALS service. Translation Services. Advocates for LD/MH. Quality report to Board. Continuing Health Care (CHC) service. Patient Transport Service. Clinical Review Group and Individual Funding Requests. Contracts with Providers. Patient Stories to Board. Continuing Health Care Assessments. End of Life Fast Track. Personal Health Budgets. Improving Access to Pyschological Therapies (IAPT). Use of 'IAM' form. Review of CHC and Referrals booking process to meet Accessible Information Standard.	Quality Accounts Healthwatch and PALS Friends and Family Test. National Framework for CHC.	**2018/19 Achieving** (2017/18 Achieving)
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	Age ☒ Disability ☒ Gender Reassignment ☐ Marriage/Civil Partnership ☐ Pregnancy/Maternity ☒ Race ☐ Religion/Belief ☐ Sex ☐ Sexual Orientation ☐	Quality Accounts, PALS, Complaints, Serious Incident reports. IAM form. Patient Stories to Board. Clinical Triage Service between IAPT and NEP. New CAMHS service. Changes to Cancer 2 week wait pathway from GP to Hospital. Development of Home First Service	Friends and Family Test Serious Incidents Reports	**2018/19 Achieving** (2017/18 Achieving)

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (Broad/National)	Rating through Self-Assessment
				End of Life Fast-track Discharge from hospital to social care. Vanguard Red Bag Scheme System-wide daily reporting regarding demand management. Management of stranded patients. CCG employed Integrated Discharge Nurse. CHC Any Qualified Provider Framework (Standard Care)		
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment & abuse	Age ☒ Disability ☒ Gender Reassignment ☐ Marriage/Civil Partnership ☐ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☐ Sex ☒ Sexual Orientation ☐	CCG Constitution. Key Performance Indicators (KPIs). Quality Reports and Dashboard. Walkarounds and High Impact Team deep dives. Complaints, Serious Incidents, Child Death Review and LeDeR process. Safeguarding processes, including staff training. Provider contract monitoring and taking action as appropriate. CQC Reports Duty of Candour Whistleblowing Policy.	NHS Constitution Quality Accounts Friends and Family Test CQC Reports on providers.	**2018/19 Achieving** (2017/18 Achieving)

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (Broad/National)	Rating through Self-Assessment
				Monitoring of provider compliance against EDS2 and AIS.		
	1.5	Screening, vaccination and other health promotion services reach and benefit all communities	Age ☒ Disability ☒ Gender Reassignment ☐ Marriage/Civil Partnership ☐ Pregnancy/Maternity ☒ Race ☐ Religion/Belief ☐ Sex ☒ Sexual Orientation ☒	Local reporting in NHSE Promotion of flu vaccination via social media and involvement in national campaigns (e,g. Public Health England programme). Local campaigns to raise awareness of lifestyle services, e.g. smoking cessation, weight management, Live Well advent calendar campaign.	Health & Social Care Information Centre Health Promotion and Health Protection publications	**2018/19 Achieving** (2017/18 Achieving)
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 on unreasonable grounds	Age ☒ Disability ☒ Gender Reassignment ☒ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	Contracts. Reasonable adjustment requirements and reports. KPIs. Equality Impact Assessments process specifically focuses on access to services. Quality Accounts.	NHS patient surveys GP patient surveys A&E and other waiting times surveys Healthwatch and PALS	**2018/19 Achieving** (2017/18 Achieving)

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (Broad/National)	Rating through Self-Assessment
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Age ☒ Disability ☒ Gender Reassignment ☒ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	Complaints, PALS, Advocacy/Interpretation Services. Personal Health Budgets, Continuing Health Care and IFR processes. Quality Accounts from Providers. Consultations on Service Restriction Policies. Patient User Groups. Maternity Services Liaison Committee. Compliance with Information Access Standard. Public Consultations. Pilot of patient decision aids at GP surgery (hips and knee replacement). Development of Home First Service	Requirement under NHS Standard contract re shared decision making between the provider and patient.	**2018/19 Achieving** (2017/18 Achieving)
	2.3	People report positive experiences of the NHS	Age ☒ Disability ☒ Gender Reassignment ☐ Marriage/Civil Partnership ☐ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☐ Sex ☒ Sexual Orientation ☐	Compliments received. Patient experience surveys. Reports to Quality & Governance/Board on complaints analysis. Patient stories to Board. 360 CCG Stakeholder Survey. Patient experience report by MEHT. Providers' Friends & Family Test Results. CQC Reports.	NHS patient surveys GP patient surveys A&E and other waiting times surveys Quality Accounts Friends and Family Test	**2018/19 Achieving** (2017/18 Achieving)

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (Broad/National)	Rating through Self-Assessment
				Healthwatch Essex Reports. Patient Reference Group. Positive comments via social media. Evaluation of Childhood illness workshops.		
	2.4	People's complaints about services are handled respectfully and efficiently	Age ☒ Disability ☒ Gender Reassignment ☒ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	Further development of consent form. PALS. Complaints. Patient experience reports, implementation of PHSO recommendations. Quality Reports. Annual Complaints Report. Lived Experience Network. Complaints received via PRG or Board are referred to the PALS/Complaints Team.	Ombudsman Reports	**2018/19 Achieving** 2017/18 Achieving

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (National)	Rating Through Self-Assessment
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	Age ☐ Disability ☐ Gender Reassignment ☐ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒	The 2011 census suggests that the BME population comprises 4.38% of the Mid-Essex population. The more recent annual	Health & Social Care Information Centre Workforce Statistics Local Staff Survey Local NHS workforce data. Local demographic data of the	**2018/19 Achieving** (2017/18 Achieving)

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (National)	Rating Through Self-Assessment
			Sex ☒ Sexual Orientation ☒	population survey (2018) suggests that the BME population may be increasing (to 5.6% in 2018) however this data has limited reliability in view of small sample sizes.BME individuals make up 11.22% of the CCG's workforce at the end 0f 18/19 financial year. The CCG has seen improvements in the reduction of the gap for BME staff from application to appointment in comparison to White staff, seeing an increase in applications from BME staff at 28.49% for 18/19 (22% 17/18) and 18.75% of BME applicants being appointed - an increase of over 10% from 17/18 which sat at 8%. We continue to see a low number of applicants from the younger age range	working age population	

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (National)	Rating Through Self-Assessment
				(0.11% of 18-19 years old's and 6.92% from 20 to 24 year olds). We see that we received 7.49% from the age range 55-59 and reduced by nearly half in comparison to the age group 50 to 54 (14.07%). 5.62% of our workforce declared that they have a disability, a small increase from 2017/18 which sat at 4%. The CCG received 4.19% of its job applications from those who declared they have a disability and 2.08% of those applicants were appointed. Our Board is well represented with 60% of the board being female and 6.6% male BME staff. Overall the information		

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (National)	Rating Through Self-Assessment
				collated suggests that most protected groups continue to fare well.		
	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 obligations	Age ☒ Disability ☒ Gender Reassignment ☒ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	As the CCG has less than 250 employees the organisation is not required to carry out an equal pay audit, however the CCG is confident that this is applied due to the undertaking of job evaluation for all roles within the CCG using the national Agenda for change protocols.	Agenda for change evidence	**2018/19 Achieving** (2017/18 Achieving)
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Age ☒ Disability ☒ Gender Reassignment ☒ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	All ad hoc training requests were agreed for 2018/19. Non mandatory training is shared with the wider team to ensure shared learning. Mandatory training is monitored by Q&G Committee and protected time is given to complete this each month. Bi monthly reports are sent out to each Directorate to pick up on non-compliance. Development of a HR Training Calendar which is sent to all staff on a	Local Staff Survey Local NHS workforce data. Information on the take up and evaluation of local training and development opportunities. Feedback from in-house training.	**2018/19 Achieving** **2017/18** Achieving

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (National)	Rating Through Self-Assessment
				monthly basis with a suite of training sessions ranging from Absence management to Appraisal Training that all staff are able to book themselves onto. Feedback from staff on the effectiveness of internal training showed an average score of 4.71 (1 being poor up to 5 being excellent). This figure was based on the last seven internal courses run in 2018/19 which saw 64 attendees with 87.5% of those providing feedback. We continue to support staff in attending the various NHS Leadership courses including Stepping up and Ready Now Programmes with 20% of BME staff either already starting or have signed up to start one of these programmes in 2019/20. Continuation of work on succession planning with the introduction of a new Appraisal system which		

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (National)	Rating Through Self-Assessment
				will enable the collation & analysis of data relating to training needs and talent management.		
	3.4	**New Description:** When at work, staff are free from abuse, harassment, bullying and violence from any source	Age ☒ Disability ☒ Gender Reassignment ☒ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☐ Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	Whistleblowing Policy and Dignity at Work Policy in place. The CCG has trained Contact Officers who provide support and advice to staff and we regularly roll out Bullying & Harassment training. The CCG's 2018 staff survey showed that we continue to see a reduction in staff reporting that they have experienced bullying, harassment and violence/aggression at work. Out of those that responded (78% of the workforce):- 3% of staff reported they had experienced bullying or harassment from a line manager (12.9% in 2017). 3% of staff reported that they had experienced bullying or harassment from a colleague (4% 2017).	Local Staff Survey Local NHS Workforce data. The monitoring of local Dignity at Work, Grievance, Disciplinary, Whistleblowing and domestic Abuse policies and procedures	**2018/19 Achieving** 2017/18 Achieving

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (National)	Rating Through Self-Assessment
				0.76% of staff reported that they had experienced physical violence or aggression from either a line manager or colleague (1% 2017) No formal bullying and harassment cases reported to HR for 2018/2019. The outcome of the assessment against Workforce Race Equality Standard does however show that there was a higher percentage of BME staff who reported that they had experienced Bullying and Harassment from staff which sat at 11.76% in comparison to white staff which was 3.49%		

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (National)	Rating Through Self-Assessment
	3.5	Flexible working options are made available to all staff, consistent with the needs of the service and the way people lead their lives.	Age ☒ Disability ☒ Gender Reassignment ☐ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	The CCG has a flexible Working Policy in place along with Working Practices that support flexible working within core hours. In 2018/2019 we received five formal Flexible Working Requests (2.08% of workforce), out of which 80% were agreed with one application (received at the end of the financial year) still being considered. 100% of applications were from female staff with 40% from BME staff. In relation to feedback from the 2018 the CCG recognises that there is more work to be done in respect of flexible working with over half of the those that responded (51.5%) saying that the CCG should do more around flexible working.	NHS Staff Survey, local Workforce data.	**2018/19 Achieving** (2017/18 Achieving)
	3.6	Staff report positive experiences of their membership of the workforce.	Age ☒ Disability ☒ Gender Reassignment ☐ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒	The CCG is committed to the engagement and positive experience of its employees. Through the development of the CCGs Live Well values and	Local Staff Survey, local Workforce data and surveys	**2018/19 Achieving** (2017/18

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (National)	Rating Through Self-Assessment
			Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	annual incentives such as the 100 day challenges. The CCG's commitment has also been recognised locally and in 2018 the CCG was awarded Active Essex " Workplace of the Year" Staff Survey data for 2018 showed that of the % of staff that completed the survey, 90% of them enjoy working at the CCG, 82% said the CCG is a friendly place to work, 87% said they are advocates the CCG's Livewell values, 81% of staff enjoy the work they do and 75% of staff feel the CCG takes positive action on health and wellbeing. The CCG has a Stress Management Policy and access to Occupational Health and IAPT services and has trained workstation assessors. The CCG is a Mindful Employer and has access to a range of resources to enable us to support those with mental health		Achieving)

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No	Description of Outcome	Which Protected Characteristics Fare Well?	Evidence (Local)	Evidence (National)	Rating Through Self-Assessment
				conditions at work. We also have Trained Mental Health First Aiders available to all staff and Workplace Health champions who support and develop health and wellbeing initiatives at the CCG.		

Goal	No.	Description of Outcome	Which protected characteristics fare well?	Evidence (Locality)	Evidence (Broad/National)	Rating through Self Assessment
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Age ☒ Disability ☒ Gender Reassignment ☒ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	Board and senior leaders' involvement in consultation and engagement events. Annual Equality Report to Board. Representation on Equality & Diversity Group. E&D Training provided at Board Development, 19 April 2017. Board member involvement in review of EIA process. Reference to EIA process on Board report cover sheets.		**2018/19 Achieving** (2017/18 Achieving)

Mid-Essex Clinical Commissioning Group – Assessment against EDS2 - 2018-2019

Goal	No.	Description of Outcome	Which protected characteristics fare well?	Evidence (Locality)	Evidence (Broad/National)	Rating through Self Assessment
	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	Age ☒ Disability ☒ Gender Reassignment ☐ Marriage/Civil Partnership ☐ Pregnancy/Maternity ☒ Race ☐ Religion/Belief ☐ Sex ☒ Sexual Orientation ☐	Process in place – Board/Committee summary sheet contains entry to identify equality related impacts Outcome of Consultations flagged in Committee/Board reports		**2018/19 Developing** (2017/18 Developing)
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Age ☒ Disability ☒ Gender Reassignment ☒ Marriage/Civil Partnership ☒ Pregnancy/Maternity ☒ Race ☒ Religion/Belief ☒ Sex ☒ Sexual Orientation ☒	No cases or grievances Turnover rates Exit interviews Equality & Diversity Training. HR policies. Live Well Values within job descriptions/appraisal and recruitment processes.	NHS Staff survey Local NHS workforce data and surveys	**2018/19 Achieving** (2017/18 Achieving)

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Appendix 4

Workforce Race Equality Standards (WRES)
2018/2019 submission

1	**Name of organisation**	Mid Essex Clinical Commissioning Group
2	**Date of Report**	June 2019
3	**Name and title of Board lead for the Workforce Race Equality Standard**	Viv Barnes, Director of Governance & Performance
4	**Name and contact details of lead manager compiling this report**	Michelle Escott, HR Manager Michelle.escott@nhs.net, 01245 398076
5	**Name of commissioners this report has been sent to**	N/A
6	**Name and contact details of co-ordinating commissioner this report has been sent to**	N/A
7	**Unique URL link on which this report and associated action plan will be found**	TBC
8	**This report has been signed off by on behalf of the board on:**	Name: Viv Barnes Date:
9	**Any Issues of completeness of data**	The CCG did not complete the national staff survey in 2018 therefore the data for indicators KF25, KF26, KF21 and Q17 is from the CCG's internal staff survey. Data from NHS jobs in respect of shortlisted candidates may not be 100% accurate due to not all applicant records being kept up to date as they progressed through the recruitment process.
10	**Any matters relating to reliability of comparisons of previous years**	Data for indicators 5-9 in regards to National Staff Survey 2017 was not available for BME staff due to having less than 11 responses.
11	**Total number of staff employed within this organisation at the date of the report**	178
12	**Proportion of BME staff employed within this organisation at the date of this report**	11.25.% (19)
13	**The proportion of total staff who have self-reported their ethnicity**	100%
14	**Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?**	Yes – completion of data cleanse in 2018 to ensure we had up to date workforce information which included details of staff ethnicity.
15	**Are there any steps planned during the current reporting period to improve the level of staff reporting by ethnicity?**	N/A
16	**What period does the organisation's workforce data refer to?**	1st April 2018 – 31st March 2019 (with the exception of data for Question 19 which is 1st April 2017 – 31st March 2019)

	Indicator	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative	Action taken and planned
17	Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce. Very Senior Managers (VSM) salaries generally begin at £100k (including executive Board members). Organisations should undertake this calculation separately for non-clinical and for clinical staff.	See Appendix 1	See Appendix 2	Out of those staff that hold a clinical post 7.5% of BME staff have a post that is a band 8a or above with 42.5% of White staff who have a clinical post that is a band 8a or above. Out of those staff that hold a non-clinical post 2.9% of BME staff have a post that is a band 8a or above with 34.78% of white staff who have a clinical post that is a band 8a or above.	Review procedures for ensuring NHS Jobs is kept up to date in respect of the status of an applicant i.e. shortlisted/appointed etc. Continue to monitor and review all stages of the recruitment cycle. Completion of 'Super Recruiters' training and arrangements for 2nd tranche of training with a view to having at least one 'Super Recruiter' involved in the recruitment process from beginning to end i.e. shortlisting and interview etc. Continue to review how we advertise vacancies, reviewing adverts the use of social media (Facebook, LinkedIn and Twitter) to ensure our roles are always advertised to a wide audience.
18	Relative likelihood of staff being appointed from shortlisting across all posts	Likelihood of white staff shortlisted/appointed (37/288) = 0.12. Likelihood of BME staff shortlisted/appointed (11/89) = 0.12.	Likelihood of white staff shortlisted/appointed (24/129) = 0.18. Likelihood of BME staff shortlisted/appointed (2/31) = 0.06.	Relative likelihood of White staff being appointed from shortlisting compared to BME staff is therefore the same (1). 14 shortlisted candidates did not disclose ethnicity. This data shows that there has been a positive change from 2017/2018 where the relative likelihood of White staff being appointed from shortlisting compared to BME staff was 3 times greater. There is a caveat to this data as not all applicants records were updated as they progressed through the recruitment process on NHS jobs. Therefore to ensure equity any applicant who had one of the following	

	Indicator	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative	Action taken and planned
				statuses was included in these figures:- Shortlisted Shortlist reserve In review Withdrawn Recruited Offer (conditional)	
19	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and previous year.	Likelihood of White staff entering formal disciplinary process (3/158) = 0.0189. BME staff entering formal disciplinary process (0/20) = 0	Likelihood of White staff entering formal disciplinary process (4/129) = 0.0310. BME staff entering formal disciplinary process (1/15) = 0.0666	Numbers recorded over the required period are too small to enable us to make a comparison. The CCG will only take formal action where it is deemed necessary regardless of ethnicity and will always follow Investigation and Disciplinary policies and procedures to ensure a fair process for every case.	No action needed in relation to this indicator at the present time however it will be monitored throughout the next financial year.
20	Relative likelihood of staff accessing non-mandatory training and CPD.	Likelihood of White staff accessing non-mandatory training and CPD (117/158) = 0.74 Likelihood of BME accessing non-mandatory training and CPD (12/20) = 0.60	Likelihood of White staff accessing non-mandatory training and CPD (85/129) = 0.658. Likelihood of BME accessing non-mandatory training and CPD (5/15) = 0.33	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff is therefore 0.81 times greater. (1 or less indicates that white staff are less likely to access non-mandatory training than BME staff)	Continue to promote all non-mandatory training. The HR team has developed a HR calendar with a range of internal training that all staff are able to attend. Review of PDP's following appraisal process (end June 19) to develop key areas of training over the coming financial year.
21	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 4.65% BME: 5.88%	White: 7% BME: No data available	The CCG conducted an internal staff survey for 2018 – Staff employed as at the 1st November 2018 were eligible to participate. A total of 131 employees completed the staff survey with an	All staff will continue to be actively encouraged to take part in the annual staff survey and will be made aware of the implications of not reporting details correctly (i.e. ethnicity).

	Indicator	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative	Action taken and planned
				overall response rate of 78%. 18 BME staff responded to the 2018 survey however, as at the eligibility date the CCG only employed 17 BME staff. As indicated under question 9 this may be as a result of how staff reported their ethnicity or that someone completed the survey that was not eligible i.e. started after the 1st November). Based on the figures above we have seen a positive increase in the number of BME staff completing the staff survey but we recognise that this figure may not be an accurate reflection. Unfortunately as we do not have data from the 2017 staff survey for BME staff to enable us to make a comparison. This was due to NHS survey data requirements for anonymity for any staff group which contributed fewer than 11 responses.	Review CPD requirements once appraisal year is complete. There may be a requirement to source some supportive training in respect of dealing with challenging behavior from patients, relatives and the public.
22	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 3.49% BME: 11.76%	White: 15% BME: No data available	The CCG conducted an internal staff survey for 2018 – Staff employed as at the 1st November 2018 were eligible to participate. A total of 131 employees completed the staff survey with an overall response rate of 78%. 18 BME staff responded to the 2018 survey however, as at the eligibility date the CCG only employed 17 BME staff. As indicated under question 9 this may be as a result of how staff reported their	All staff will continue to be actively encouraged to take part in the annual staff survey and will be made aware of the implications of not reporting there details correctly (i.e. ethnicity) The CCG will continue to roll out Bullying & Harassment training on a regular basis and staff are aware that the CCG has a zero tolerance for Bullying and Harassment in the

	Indicator	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative	Action taken and planned
				ethnicity or that someone completed the survey that was not eligible i.e. started after the 1st November). The CCG received no formal complaints of Bullying and Harassment in 2018/19, but notes that staff are reporting incidents of bullying and harassment through the staff survey. The CCG has addressed this at Directorate staff meetings encouraging staff to report any incidents, reminding them of the trained Contact Officers, rolling out Bulling and Harassment training and asking staff for feedback and suggestions as to how we can make improvements but to date have not received any feedback. Unfortunately as we do not have data from the 2017 staff survey for BME staff to enable us to make a comparison. This was due to NHS survey data requirements for anonymity for any staff group which contributed fewer than 11 responses.	workplace. Address pockets of Bullying & Harassment identified within specific teams from feedback following 2018 Staff Survey. Continue to promote our Contact Officers and what they can do to support staff with the aim that this will encourage anyone to raise any concerns over Bullying & Harassment. Contact Officer quarterly meetings will continue with a view to understanding if we need additional trained officers and understand the volume of contact they may be having with staff and why it is not reported i.e. resolved outside of the formal process etc.
23	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 84.88% BME: 70.59%	White: 90% BME: No data available	The CCG conducted an internal staff survey for 2018 – Staff employed as at the 1st November 2018 were eligible to participate. A total of 131 employees completed the staff survey with an overall response rate of 78%. 18 BME	All staff will continue to be actively encouraged to take part in the annual staff survey and will be made aware of the implications of not reporting there details correctly (i.e. ethnicity)

	Indicator	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative	Action taken and planned
				staff responded to the 2018 survey however, as at the eligibility date the CCG only employed 17 BME staff. As indicated under question 9 this may be as a result of how staff reported their ethnicity or that someone completed the survey that was not eligible i.e. started after the 1st November). Unfortunately as we do not have data from the 2017 staff survey for BME staff to enable us to make a comparison. This was due to NHS survey data requirements for anonymity for any staff group which contributed fewer than 11 responses.	The CCG has developed (as part of the new appraisal system (STAR)) a system for the Management of a talent pipeline and succession planning which is identified through the talent monitoring and ongoing career conversations had at an individual's appraisal
24	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following b) Manager/team leader or other colleagues	White: 2.33% BME: 17.65%	White: 1% BME: No data available	The CCG conducted an internal staff survey for 2018 – Staff employed as at the 1st November 2018 were eligible to participate. A total of 131 employees completed the staff survey with an overall response rate of 78%. 18 BME staff responded to the 2018 survey however, as at the eligibility date the CCG only employed 17 BME staff. As indicated under question 9 this may be as a result of how staff reported their ethnicity or that someone completed the survey that was not eligible i.e. started after the 1st November). Unfortunately as we do not have data from the 2017 staff survey for BME	All staff will continue to be actively encouraged to take part in the annual staff survey and will be made aware of the implications of not reporting there details correctly (i.e. ethnicity). The CCG has an Equality in Employment Policy, which is available for all staff. Reinforce the values of the CCG, its zero tolerance to discrimination and ensure that staff are aware of how to report and act upon discrimination. Review effectiveness of current Equality and Diversity Mandatory

	Indicator	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative	Action taken and planned
				staff to enable us to make a comparison. This was due to NHS survey data requirements for anonymity for any staff group which contributed fewer than 11 responses.	Training and compliance rates.
25	Percentage difference between the organisations' Board voting membership and its overall workforce.	-4.59%	-10%	Percentage difference between the organisation's BME board voting membership (6.66%) and its overall BME workforce is -4.59%. It should be noted that the board comprises of only 15 voting members.	Board vacancies only come up at the end of a term or when a position is vacated. The CCG will work towards implementing the NHS WRES Leadership strategy aimed at improving BME representation at senior management and Board level over time.
26	Are there any factors or data which should be taken into consideration in assessing progress?	N/A	N/A	We are unable to compare data for questions 21 – 24 from 2017/18 to 2018/19 due to the low level of BME respondents. This was due to NHS survey data requirements (2017) for anonymity for any staff group which contributed fewer than 11 responses.	
27	Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisations website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at board level, such as ED2. You are asked to provide a link to your WRES action plan in the space below.	N/A	N/A	Action Plan attached	

Appendix 1

Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce. Very Senior Managers (VSM) salaries generally begin at £100k (including executive Board members). Please note that this data was not split between Clinical and Non-Clinical staff for 2017/2018 data.

2018/2019 Data

Clinical

Ethnicity	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	Non AFC
BME	0%	0%	0%	2.50%	2.50%	0.00%	5.00%	2.50%	0.00%	0.00%	0.00%	0.00%
White	0%	0%	0%	2.50%	20.00%	22.50%	12.50%	15.00%	5.00%	5.00%	5.00%	0.00%

Non – Clinical

Ethnicity	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	Non AFC
BME	0.72%	0.72%	2.17%	1.45%	0.72%	2.17%	1.45%	0.00%	1.45%	0.00%	0.00%	0.00%
White	0.72%	8.70%	15.22%	13.77%	5.80%	10.14%	11.59%	7.25%	5.07%	2.90%	2.90%	5.07%

2017/2018 Data

BAND	% of CCG's headcount (White)	% of CCG's headcount (BME)	% of CCG's headcount (not stated)	% of staff within pay band (White)	% of staff within pay band (BME)	% of staff within pay band (Not stated)
1	0%	0%	0%	0%	0%	0%
2	0%	1%	0%	0%	100%	0%
3	7%	0%	0%	100%	0%	0%
4	12%	2%	0%	85.7%	14.3%	0%
5	10%	1%	0%	93.33%	6.67%	0%
6	10%	2%	0%	88.23%	11.77%	0%
7	16%	1%	0%	95.83%	4.17%	0%
8A	6%	3%	2%	60%	20%	20%
8B	9%	0%	0%	100%	0%	0%
8C	3%	0%	0%	100%	0%	0%
8D	2%	0%	0%	100%	0%	0%
9	3%	0%	0%	100%	0%	0%
Non AFC	10%	3%	1%	75%	15%	10%

livewell

NHS
Mid Essex
Clinical Commissioning Group

Appendix 5

Workforce Race Equality Standards (WRES) Action Plan 2019/2020

Indicator	Data	Narrative	Action to be taken	Timescale	Lead	Status
Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce. Very Senior Managers (VSM) salaries generally begin at £100k (including executive Board members). Organisations should undertake this calculation separately for non-clinical and for clinical staff.	See appendix 1 & 2	Out of those staff that hold a clinical post 7.5% of BME staff have a post that is a band 8a or above with 42.5% of White staff who have a clinical post that is a band 8a or above. Out of those staff that hold a non-clinical post 2.9% of BME staff have a post that is a band 8a or above with 34.78% of white staff who have a clinical post that is a band 8a or above.	Review procedures for ensuring NHS Jobs is kept up to date in respect of the status of an applicant i.e. shortlisted/appointed etc. Continue to monitor and review all stages of the recruitment cycle. Completion of 'Super Recruiters' training and arrangements for 2nd trench of training with a view to having at least one 'Super Recruiter' involved in the recruitment process from beginning to end i.e. shortlisting and interview etc. Continue to review how we advertise vacancies, reviewing adverts the use of social media (Facebook, LinkedIn and Twitter) to ensure our roles are always advertised to a wide audience.	June 2019 Ongoing December 2019 Ongoing	HR HR HR HR	
Relative likelihood of staff being appointed from shortlisting across all posts	Likelihood of white staff shortlisted/appointed (37/288) = 0.12. Likelihood of BME staff shortlisted/appointed (11/89) = 0.12.	Relative likelihood of White staff being appointed from shortlisting compared to BME staff is therefore the same (1). 14 shortlisted candidates did				

Indicator	Data	Narrative	Action to be taken	Timescale	Lead	Status
		not disclose ethnicity. This data shows that there has been a positive change from 2017/2018 where the relative likelihood of White staff being appointed from shortlisting compared to BME staff was 3 times greater. There is a caveat to this data as not all applicants records were updated as they progressed through the recruitment process on NHS jobs. Therefore to ensure equity any applicant who had one of the following statuses was included in these figures:- Shortlisted Shortlist reserve In review Withdrawn Recruited Offer (conditional)				
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from	Likelihood of White staff entering formal disciplinary process (3/158) = 0.0189. BME staff entering formal disciplinary process (0/20) = 0	Numbers recorded over the required period are too small to enable us to make a comparison. The CCG will only take formal action where it is	No action needed in relation to this indicator at the present time however it will be monitored throughout the next financial year.	Ongoing	HR	

Indicator	Data	Narrative	Action to be taken	Timescale	Lead	Status
a two year rolling average of the current year and previous year.		deemed necessary regardless of ethnicity and will always follow Investigation and Disciplinary policies and procedures to ensure a fair process for every case.				
Relative likelihood of staff accessing non-mandatory training and CPD.	Likelihood of White staff accessing non-mandatory training and CPD (117/158) = 0.74 Likelihood of BME accessing non-mandatory training and CPD (12/20) = 0.60	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff is therefore 0.81 times greater. (1 or less indicates that white staff are less likely to access non-mandatory training than BME staff)	Continue to promote all non-mandatory training. The HR team has developed a HR calendar with a range of internal training that all staff are able to attend. Review of PDP's following appraisal process (end June 19) to develop key areas of training over the coming financial year.	Ongoing August 2019	HR	
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 4.65% BME: 5.88%	The CCG conducted an internal staff survey for 2018 – Staff employed as at the 1st November 2018 were eligible to participate. A total of 131 employees completed the staff survey with an overall response rate of 78%. 18 BME staff responded to the 2018 survey however, as at the eligibility date the CCG only employed 17 BME staff. As indicated under question 9 this may be as a result of how staff reported their ethnicity or that someone completed the survey that	All staff will continue to be actively encouraged to take part in the annual staff survey and will be made aware of the implications of not reporting details correctly (i.e. ethnicity). Review CPD requirements once appraisal year is complete. There may be a requirement to source some supportive training in respect of dealing with challenging behavior from patients, relatives and the public.	September 2019 - December 2019 October 2019	HR HR/Director of Nursing?	

Indicator	Data	Narrative	Action to be taken	Timescale	Lead	Status
		was not eligible i.e. started after the 1st November). Based on the figures above we have seen a positive increase in the number of BME staff completing the staff survey but we recognise that this figure may not be an accurate reflection. Unfortunately as we do not have data from the 2017 staff survey for BME staff to enable us to make a comparison. This was due to NHS survey data requirements for anonymity for any staff group which contributed fewer than 11 responses.				
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 3.49% BME: 11.76%	The CCG conducted an internal staff survey for 2018 – Staff employed as at the 1st November 2018 were eligible to participate. A total of 131 employees completed the staff survey with an overall response rate of 78%. 18 BME staff responded to the 2018 survey however, as at the eligibility date the CCG only employed 17 BME staff. As	All staff will continue to be actively encouraged to take part in the annual staff survey and will be made aware of the implications of not reporting there details correctly (i.e. ethnicity) The CCG will continue to roll out Bullying & Harassment training on a regular basis and staff are aware that the CCG has a zero tolerance for Bullying and Harassment in the workplace.	September 2019 - December 2019 Ongoing	HR HR	

Indicator	Data	Narrative	Action to be taken	Timescale	Lead	Status
		indicated under question 9 this may be as a result of how staff reported their ethnicity or that someone completed the survey that was not eligible i.e. started after the 1st November). The CCG received no formal complaints of Bullying and Harassment in 2018/19, but notes that staff are reporting incidents of bullying and harassment through the staff survey. The CCG has addressed this at Directorate staff meetings encouraging staff to report any incidents, reminding them of the trained Contact Officers, rolling out Bulling and Harassment training and asking staff for feedback and suggestions as to how we can make improvements but to date have not received any feedback. Unfortunately as we do not have data from the 2017 staff survey for BME staff to enable us to make a comparison. This was due to NHS survey data	Address pockets of Bullying & Harassment identified within specific teams from feedback following 2018 Staff Survey. Continue to promote our Contact Officers and what they can do to support staff with the aim that this will encourage anyone to raise any concerns over Bullying & Harassment. Contact Officer quarterly meetings will continue with a view to understanding if we need additional trained officers and understand the volume of contact they may be having with staff and why it is not reported i.e. resolved outside of the formal process etc.	TBC (feeds in through Staff Survey Action Plan 2018) July 2019 & throughout the financial year June 2019	HR & Execs HR HR	

Indicator	Data	Narrative	Action to be taken	Timescale	Lead	Status
		requirements for anonymity for any staff group which contributed fewer than 11 responses.				
KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 84.88% BME: 70.59%	The CCG conducted an internal staff survey for 2018 – Staff employed as at the 1st November 2018 were eligible to participate. A total of 131 employees completed the staff survey with an overall response rate of 78%. 18 BME staff responded to the 2018 survey however, as at the eligibility date the CCG only employed 17 BME staff. As indicated under question 9 this may be as a result of how staff reported their ethnicity or that someone completed the survey that was not eligible i.e. started after the 1st November). Unfortunately as we do not have data from the 2017 staff survey for BME staff to enable us to make a comparison. This was due to NHS survey data requirements for anonymity for any staff group which contributed fewer than 11 responses.	All staff will continue to be actively encouraged to take part in the annual staff survey and will be made aware of the implications of not reporting there details correctly (i.e. ethnicity) The CCG has developed (as part of the new appraisal system (STAR)) a system for the Management of talent pipeline and succession planning which is identified through the talent monitoring and ongoing career conversations had at an individuals' appraisal.	September 2019 - December 2019 July 2019 (feeds through from Staff Survey Action Plan)	HR HR	

Indicator	Data	Narrative	Action to be taken	Timescale	Lead	Status
		Unfortunately we do not have data from the 2017 staff survey for BME staff to enable us to make a comparison. This is due to NHS survey data requirements for anonymity for any staff group which contributed fewer than 11 responses.				
Q17. In the last 12 months have you personally experienced discrimination at work from any of the following b) Manager/team leader or other colleagues	White: 2.33% BME: 17.65%	The CCG conducted an internal staff survey for 2018 – Staff employed as at the 1st November 2018 were eligible to participate. A total of 131 employees completed the staff survey with an overall response rate of 78%. 18 BME staff responded to the 2018 survey however, as at the eligibility date the CCG only employed 17 BME staff. As indicated under question 9 this may be as a result of how staff reported their ethnicity or that someone completed the survey that was not eligible i.e. started after the 1st November). Unfortunately as we do not have data from the 2017 staff survey for BME staff to	All staff will continue to be actively encouraged to take part in the annual staff survey and will be made aware of the implications of not reporting there details correctly (i.e. ethnicity). The CCG has an Equality in Employment Policy, which is available for all staff. Reinforce the values of the CCG, its zero tolerance to discrimination and ensure that staff are aware of how to report and act upon discrimination. Review effectiveness of current Equality and Diversity Mandatory Training and compliance rates.	September 2019 - December 2019 September 2019 September 2019	HR HR HR	

Indicator	Data	Narrative	Action to be taken	Timescale	Lead	Status
		enable us to make a comparison. This was due to NHS survey data requirements for anonymity for any staff group which contributed fewer than 11 responses.				
Percentage difference between the organisations' Board voting membership and its overall workforce.	-4.59%	Percentage difference between the organisation's BME board voting membership (6.66%) and its overall BME workforce is -4.59%. It should be noted that the board comprises of only 15 voting members.	Board vacancies only come up at the end of a term or when a position is vacated. The CCG will work towards implementing the NHS WRES Leadership strategy, aimed at improving BME representation at senior management and Board level, over time.	On-going	HR/Corporate Governance	

Appendix 1

Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce. Very Senior Managers (VSM) salaries generally begin at £100k (including executive Board members). Please note that this data was not split between Clinical and Non-Clinical staff for 2017/2018 data.

2018/2019 Data

Clinical

Ethnicity	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	Non AFC
BME	0%	0%	0%	2.50%	2.50%	0.00%	5.00%	2.50%	0.00%	0.00%	0.00%	0.00%
White	0%	0%	0%	2.50%	20.00%	22.50%	12.50%	15.00%	5.00%	5.00%	5.00%	0.00%

Non – Clinical

Ethnicity	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	Non AFC
BME	0.72%	0.72%	2.17%	1.45%	0.72%	2.17%	1.45%	0.00%	1.45%	0.00%	0.00%	0.00%
White	0.72%	8.70%	15.22%	13.77%	5.80%	10.14%	11.59%	7.25%	5.07%	2.90%	2.90%	5.07%