

Equality and Diversity Progress Report and publication of the 2016-18 Action Plan

Foreword

Bedfordshire Clinical Commissioning Group (BCCG/CCG) is committed to promoting equality, diversity and human rights for service users and our staff.

Our equality and diversity strategy and action plans commit and support BCCG to integrating equality and diversity across our work. It is an indication of our intention to take a robust, practical, approach to the equalities agenda.

This report provides an update on progress against our Equality and Diversity Strategy and Action Plan, which sets out the CCG's approach to promoting equality and diversity.

It looks at how we met the actions in our 2015 equality action plan and publishes a new action plan, based on what we learnt in 2015, for 2016-18.

This report follows on from our Equality and Diversity Strategy 2015-18 and Action Plan 2015 document and the BCCG 2015 Equality Action Plan RAG Reports documents, which are available on the equality and diversity pages of our website at www.bedfordshireccg.nhs.uk.

This report also considers the impact of our assessment against the NHS Equality Delivery System and the results of our Staff Data Verification Exercise on our work and includes plans to learn and improve.

1. Executive summary

Our Equality and Diversity Strategy 2015-18 and Action Plan 2015 highlighted the consideration of equality and diversity in all BCCG business and how equality and diversity will be embedded into our core activities.

For 2015 we identified that the main areas of our work would be:

1. Ensuring the CCG is legally compliant with the Equality Act 2010
2. Ensuring the agreed equality objective(s) feature in all aspects of the CCG's activity, especially when commissioning services
3. Undertaking timely Equality Impact Assessment (EqIAs) whenever new projects, proposals or policies, commissioning and strategies are being developed
4. Engaging with diverse communities
5. Raising staff disclosure rates for disability and sexual orientation

6. Training in equality and diversity for all staff
7. Effective governance arrangements for equality and diversity work

These formed the basis of our action plan for 2015. The 2016-18 action plan builds on the work undertaken in 2015 and includes new actions based on where we have identified that we can make further improvements.

The equality legislation underpinning this strategy is the Equality Act 2010. The Act places key duties on statutory organisations that provide public services. To be compliant BCCG must meet the General and Specific Duties specified in the Act. More information about the Act and the Duties are in Appendix 2.

The equality groups (protected characteristics) identified in the Act are as follows:

- Age,
- Disability,
- Gender Reassignment,
- Marriage and Civil Partnership,
- Pregnancy and Maternity,
- Race,
- Religion and belief,
- Sex, and
- Sexual orientation

2. Purpose

The strategy and action plans set out how BCCG will meet the Equality Act Duties by putting the patient at the heart of everything we do.

We will do this through effective engagement and involvement of local people in decision making and commissioning of services and by working in partnership with local people, our local authorities and other health care providers to improve health outcomes for the protected groups.

We will ensure that all our policies, functions and services will be supported by Equality Impact Assessments (EqlAs) and propose actions to address impact where appropriate.

This strategy looks to move beyond legal compliance, to support BCCG to initiate best practice and to improve both working and service conditions, and health outcomes while reducing wasted resources.

3. The 2015 action plan

BCCG is a clinically led organisation where local GPs, practice managers, nurses and members of the public work together to improve health outcomes in Bedfordshire.

We published our Equality and Diversity Strategy 2015-18 and Action Plan for 2015 in January 2015. Our aim was to use 2015 to set in place the right organisational structures and culture to help us deliver the equality and diversity intentions of the strategy. We started by identifying the areas we needed to focus on to obtain the maximum benefit for the work involved while still ensuring that we met the legal requirements placed on us. We achieved this.

The 2015 action plan had 27 actions in total. Of those, we completed 22, three are considered ongoing pieces of work, there was one where the timescale slipped, the Bedfordshire and Milton Keynes Healthcare Review, and one that was closed as it was not possible to complete the action (IT systems could not give the information required).

We worked hard to identify areas where we can make improvements, such as making equality impact assessments an effective tool for supporting our equality work by making completing them 'user friendly' while still gathering the information required to make sound, evidence based decisions.

We looked at our governance structures and, as part of an organisation wide review of governance, made the governance of equality and diversity as robust as we can at this time.

We reviewed the training available to staff and to decision makers and, with the support of our equality and diversity manager, we are looking to improve the training available. This will include new face-to-face equality and diversity training and a wider suite of targeted training options, such as equality and diversity for commissioners and refreshed equality impact assessment training, being made available.

The work undertaken in 2015 provided a solid base for our equality and diversity work.

The full breakdown of progress against the 2015 actions can be found in the quality and diversity pages of our website at www.bedfordshireccg.nhs.uk

We have produced an action plan for 2016-18 building on what we achieved and learnt in 2015 and to ensure that, by 2018, we are organisation that is consistently and deliberately including equality and diversity as one of the key components of our work.

4. The NHS Equality Delivery System (EDS2)

Grading against the NHS Equality Delivery System (EDS2) is now a requirement for CCGs. The outcomes of the grading exercise are expected to lead to the development of actions, which, once completed, will support the CCG to meet its equality and human rights obligations, including the legal requirements of the Equality Act 2010.

We completed our first EDS2 assessment in December 2015. The full report can be found on the equality and diversity pages of our website at www.bedfordshireccg.nhs.uk

We were not starting from zero. Every day people from all the protected groups are accessing and using the services that we commission. The challenge for us as commissioners, and an employer, is to make sure that people from the protected groups identified in the Equality Act do not face disadvantage because of their protected characteristic(s).

EDS2 specifically asks us to look at how people with a protected characteristic fare compared to others when accessing services. By trying to answer that question we are helped to consider how all patients are able to access services, and all staff are employed, in a way that meets their needs. Answering the question supports us to identify if there are any areas where there may be a risk of discrimination.

EDS2 grade assessment is evidence based and the four grades available are Undeveloped, Developing, Achieving and Excelling.

An initial, internal, assessment graded us as Developing. This assessment was put to the CCG's Public Engagement Forum for formal grading. They agreed the overall grade of Developing and gave us direction on some priority areas for our work. Our next assessment will take place in December 2017.

Areas of work resulting from the EDS2 assessment that are incorporated into the 2016-18 equality and diversity action plan include.

- Improving the information from the protected groups on health and/or access needs they have, particularly around any intersectionality of health and/or access needs, and using that information to influence our commissioning decisions.
- Collecting information on services and how they consider the different protected characteristics when assessing need.
- Developing and implementing an equality and diversity report template for key providers. Work with providers, through the contract monitoring process (using the clauses in the standard NHS contract), to review the data collected and reported and use that information to improve services, where needed, and inform future commissioning decisions.
- Identifying and evidencing the experience of patients on specific care pathways.
- Working with providers, and internally, to monitor complaints and comments by protected groups.
- Looking at how to identify the impact of our communications and engagement activity on protected groups, particularly their take up of services and their experience of services.
- Working with seldom heard communities to identify any challenges they face accessing services.
- Continuing the work around the recruitment and promotion of staff to support achieving a representative workforce across equalities groups and grades.
- Investigating the take up of mandatory and other training by equality group. Where differences are identified put remedies in place to rebalance.

- Addressing the issues raised by the NHS Staff Survey results.
- Implementing the equality and diversity recommendations of the governance review to ensure that Due Regard is paid at the appropriate stages of the decision making process.
- Implementing the revised equality and diversity training programme.

5. Equality and Diversity in Employment

Each year we undertake a workforce data verification exercise and produce a report to meet a requirement of the Equality Act 2010. This report analyses the equality data held about staff and breaks it down, anonymously, into areas such as pay, grading, recruitment and training and development. It is an important way for us to identify employment and workforce trends and flag potential issues.

Our published (on our website) 2016 workforce data report follows on equivalent reports published in 2014 and 2015. A set of three years of data has enabled us to start to look at long term trends.

It was identified in January 2015 that improvements on the baseline figures of January 2014 could be down to chance rather than a planned response to the equalities issues raised. We found for the 2016 report that most of the improvements have returned to the January 2014 level suggesting that this was an accurate assumption and that targeted action is now required to improve results.

The only area where there has been an improvement is in the number of staff declaring that they have a disability. This improvement should be qualified as we know that in the 2014 NHS Staff Survey (published after the 2015 BCCG staff data report) 19 staff responding to the survey identified themselves as disabled, compared to the 8 employees recorded on our HR system as disabled. The 2015 NHS Staff Survey results are due to be published and it will be interesting to see if this pattern continues.

The findings have helped us to identify priority areas that will be looked at as part of the 2016-18 equality action plan.

Proposed priority areas are:

- Actions to improve the recruitment and retention of men. This could include a statement in our recruitment information that we welcome applications from men as they are currently under-represented in our workforce.
- The further reduction of non-disclosure rates. This could include the Communications and Engagement team issuing messages in the period up to the staff data validation exercise explaining why we collect the data, stressing the anonymity of the results and giving examples of how we have used the data to improve equality for staff.

- The use of positive action, where allowed by the Equality Act, to support an increase in Lesbian, Gay, Bisexual and Transgender (LGBT), BME and disabled applicants, for example, targeting recruitment adverts or articles about the CCG to the specialist press.
- The review of shortlisting and interviewing procedures and practices to ensure that fair recruitment is practiced.
- An examination of the roles that are likely to be taken up by staff in the under 20 and 20-39 age groups, to look to counteract our aging workforce. To look how to retain the skills and experience of this group of staff
- The consideration of including a question to capture information on any staff who have caring responsibilities in the data collected for new starters and leavers. This will support us to identify if employment practices need to be adapted to the needs of this group of employees.
- The examination of whether there are any barriers to promotion to Band 8A and above for women within the organisation.
- The examination of whether there are any reasons for the disproportionate grouping of disabled staff at Band 7 or below.
- To work with HR to look at data as it relates to both the local population and the wider Travel to Work statistical area, which in our case would include the population of Luton.
- To work with HR to continue to fully meet the Equality & Human Rights Commission guidance on data publication.

Workforce Race Equality Standard (WRES)

The NHS Workforce Race Equality Standard (WRES) has been developed as a tool to measure improvements in the workforce with respect to Black & Minority Ethnic (BME) staff with many of the methods being transferable to focusing on other groups. It is an NHS initiative that has been conceived by the national NHS Equality & Diversity Council; through collaboration with NHS staff and independent researchers.

The challenge is to ensure BME staff are treated fairly and their talents valued and developed.

The WRES CCG Technical Guidance states:

“CCGs are required to have “due regard” to the WRES in respect of their own workforce. It is recognised that the small size of many CCGs means that a literal application and interpretation of the indicators should be approached with caution”
 “CCGs should pay due regard to the WRES both as an indication they are complying with their Public Sector Equality Duty and in order to demonstrate that as commissioners they also take the intent of the WRES seriously.”

When looking at our performance as an employer, a key indicator from the WRES is the relative likelihood of a BME applicant being appointed once shortlisted. This is important

because to be shortlisted the applicant has shown that they are likely to meet the criteria for the post.

Using the data in the January 2015 staff data report, with 33 vacancies filled in the year, we can calculate that a White shortlisted applicant was 2.8 times more likely to be appointed than a BME shortlisted applicant. Using the data from the January 2016 staff data report, with 40 vacancies filled in the year, that likelihood has increased to White shortlisted applicants being 4 times more likely to be appointed than a shortlisted BME candidate. This is an area where there is an urgent need to look at what is happening, why it is happening and to produce solutions. This is reflected in the proposed priority areas developed.

6. Our 2016-18 Equality Objectives

Our 2016-18 actions are grouped into four broad areas, based on the EDS2 assessment categories:

- Better health outcomes for all.
- Improved patient access and experience.
- Empowered, engaged and included staff.
- Inclusive leadership at all levels.

Our detailed 2016-18 equality action plan is in appendix 1

7. Governance arrangements for equality and diversity work

The CCG has constitutional and governance arrangements to deliver on its duties and responsibilities, as a fair employer and commissioner of services.

The BCCG Governing Body has overall responsibility for discharging duties under the Equality Act 2010.

Day to day equality and diversity work is covered by the Equality and Diversity Manager reporting to the Lead Director for Equalities. Issues that need Executive Management Team (the Executive) and/or Governing Body discussion or agreement are taken by the Lead Director to those groups, with the support of the Equality and Diversity Manager where specialist equality and diversity knowledge is required.

Where needed, and building on a working group model successfully used for our EDS2 assessment, cross-Directorate Equality and Diversity task and finish groups, coordinated by the Equality and Diversity Manager, will be established, as required, to undertake the assessment of the equality and diversity implications of particular pieces of work. The Executive can request that such a task and finish group be established and advise on the reporting lines for the group. The Lead Director for Equality and Diversity can also recommend to the Executive that such a group be established.

This will result in a focused and agile approach to equality and diversity within the organisation.

8. Partnerships

We will work in partnership with trade unions and staff networks, as appropriate, in taking forward the equality and diversity agenda. This will ensure that all staff members in BCCG are empowered to communicate issues and ways of working that support effective delivery of the strategy and its action plan.

We will also ensure through further development and use of identified voluntary sector/community organisations in Bedfordshire, that we reach out and establish creative and mutually respectful relationships across protected characteristics. These will be relationships that support dialogue and build trust and relationship sustainability for BCCG and the communities we serve. We will work in partnership with local authorities, trusts, and others who deliver health services.

9. Monitoring progress

The strategy and action plan will be reviewed on an annual basis (usually in December/January) to ensure that it remains fit for purpose, takes account of any changes in legislation, equality data/information, health equality outcomes and consultation feedback as and when appropriate and is able to inform the CCG plans for the following business year.

Appendix 1 – 2016-18 Equality Action Plan

	EDS Goal	Action	By when?	Responsible Director/ Senior Officer	How will we know it has been completed?
1	Better health outcomes for all.	Develop and implement an equality and diversity report template for key providers. Key providers to include large generic health care providers and smaller specialist providers that have services more likely to be taken up by people with a particular protected characteristic, or combinations of protected characteristics.	September 2016	Equality and Diversity Manager (development) Director of Contracts and Performance (implementation)	Template(s) produced Key & specialist providers identified and reporting using the templates(s)
2		Work with providers, through the contract monitoring process, to review the data collected and reported and use that information to improve services where needed and to inform future commissioning decisions.	September 2017	Director of Contracts and Performance with Equality and Diversity Manager	Regular reports delivered by key and specialist providers and reported on to the CCG Able to show improvements, where needed Able to link data to commissioning decisions
3	Improved patient access and experience	Implement the equality elements of the CCG complaints policy and monitor complaints and comments by equalities group.	September 2016	Director of Communications and Corporate Affairs with Complaints Manager	Data available and analysed and reports produced.
4		Review the equalities components of our communications and engagement activity and how those contacts can be used to gather information on the experience of protected and seldom heard groups.	September 2016	Director of Communications and Corporate Affairs with Head of Communications	Communications and engagement activity clearly and consciously used as a tool to develop contacts with and receive information from equalities groups
5	Empowered, engaged and included staff.	Produce an annual workforce report meeting the requirements of the Equality Act 2010, in line with Equality and Human Rights Commission guidance.	January 2017	Director of Workforce with Equality and Diversity Manager	Annual workforce data report published
6		Develop and implement a separate recruitment and employment action plan (for 2016-18) addressing the workforce issues identified in the EDS2 assessment, the 2015	September 2016	Director of Workforce with Equality and Diversity Manager	An action plan developed and being implemented.

		staff data verification exercise findings and the Staff Survey findings.			
7		Implement the revised equality and diversity training programme.	June 2016	Director of Workforce with Equality and Diversity Manager	Training programme being delivered
8	Inclusive leadership at all levels	Implement the equality and diversity recommendations of the governance review to ensure that Due Regard is paid at the appropriate stages of the decision making process.	June 2016	Lead Director for Equalities with Equality and Diversity Manager	Governance changes result in auditable evidence that Due Regard is being shown by the right people at the appropriate time in the decision making process.
9		Publish an annual equality and diversity report, in addition to the employee report required by the Equality Act 2010, giving both statistical and narrative information about progress against the equality action plan, equalities information from providers, equalities findings of engagement activities and the equality relevant activities of the organisation in the previous year.	January 2017	Lead Director for Equalities with Equality and Diversity Manager	Annual report produced and published
10		A statement encouraging people with protected characteristics to attend is included in notifications of all public meetings.	June 2016	Director of Communications and Corporate Affairs with Head of Communications	Evidence of statements being included in notifications
11		Develop metrics to identify the impact of our communications and engagement activity on protected groups.	September 2016	Director of Communications and Corporate Affairs with Head of Communications and Engagement	Comms and engagement activity leads to the production of data around equalities that can be reported on.
12		Equality and diversity strategy and action plan 2018 - 2021 produced	March 2018	Director of Communications and Corporate Affairs with Equality and Diversity Manager	New strategy and action plan published

Appendix 2: Legal and Statutory Responsibilities

The focus of Bedfordshire Clinical Commissioning Group (BCCG/CCG) is to ensure we commission best quality care, drive better clinical outcomes for our patients and improve performance of our providers. The requirements contained in current legislation underpin policies and initiatives developed by our CCG.

The Health and Social Care Act 2012

The Health and Social Care Act states that each commissioning group must have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services;
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services;
- Promote the involvement of patients and their carers in decisions about provision of the health services to them;
- Enable patients to make choices with respect to aspects of health services provided to them

The Equality Act 2010

The Equality Act 2010 replaced previous anti-discrimination laws with a single Act. The Act provides a legal framework for service users, patients and employees to seek redress where discrimination has occurred. The Act places key duties on statutory organisations that provide public services. To be compliant, BCCG must meet the General and Specific Duty.

The equality groups (protected characteristics) identified in the Act are listed in the table below.

AGE	Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).
DISABILITY	A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
GENDER (SEX)	Being a man or woman
GENDER REASSIGNMENT	The process of transitioning from one gender to another.
PREGNANCY AND MATERNITY	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
RACE	It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
RELIGION OR BELIEF	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your

	life choices or the way you live for it to be included in the definition
SEXUAL ORIENTATION	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.
MARRIAGE AND CIVIL PARTNERSHIP	You must not be discriminated against in employment because you are married or in a civil partnership. Marriage can either be between a man and a woman, or between partners of the same sex. Civil partnership is between partners of the same sex.

Public Sector Equality Duties (PSED)

A key measure in the Equality Act 2010 are the public sector equality duties (PSED) (section 49 of the Act). The PSED applies to all public bodies and others carrying out public functions. BCCG will ensure that all its policies and practices carried out within the organisation or on behalf of the CCG will make informed decisions based on robust equality analysis.

Equality Act General Duties

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Equality Act Specific Duties

Publication of information - Each public authority must publish information to show that it is complying with the s.149 duty by 31st January 2012 and at least on an annual basis after that. Authorities must include information about persons who share a protected characteristic who are its employees and its service users.

Equality objectives - Each public authority must prepare and publish one or more objectives it thinks it should achieve to have due regard to the need to eliminate discrimination and harassment, to advance equality of opportunity or to foster good relations. The objective must be specific and measurable.

Appendix 3: Human Rights

The Human Rights Act 1998 (HRA) came into force in 2000. Everyone in the UK is protected under the Act. Bedfordshire CCG as a public authority is obliged by law to respect the basic human rights of all citizens. As a public body, we must all times act in a manner compatible with rights protected in this Act and safeguard these for patients and staff in our care and employment.

Human Rights are underpinned by a set of common values and have been adopted by the NHS under the acronym FREDA.

The FREDA principles represent:

Fairness (e.g. fair and transparent grievance and complaints procedures)

Respect (e.g. respect for same sex couples, teenage parents, homeless)

Equality (e.g. not being denied treatment due to age, sex, race etc.)

Dignity (e.g. sufficient staff to change soiled sheets, help patient to eat/drink)

Autonomy (e.g. involving people in decisions about their treatment and care)

Consideration of Human Rights is also given in our equality impact assessment process, to ensure that our policies and strategies are compatible with the rights afforded by this Act.