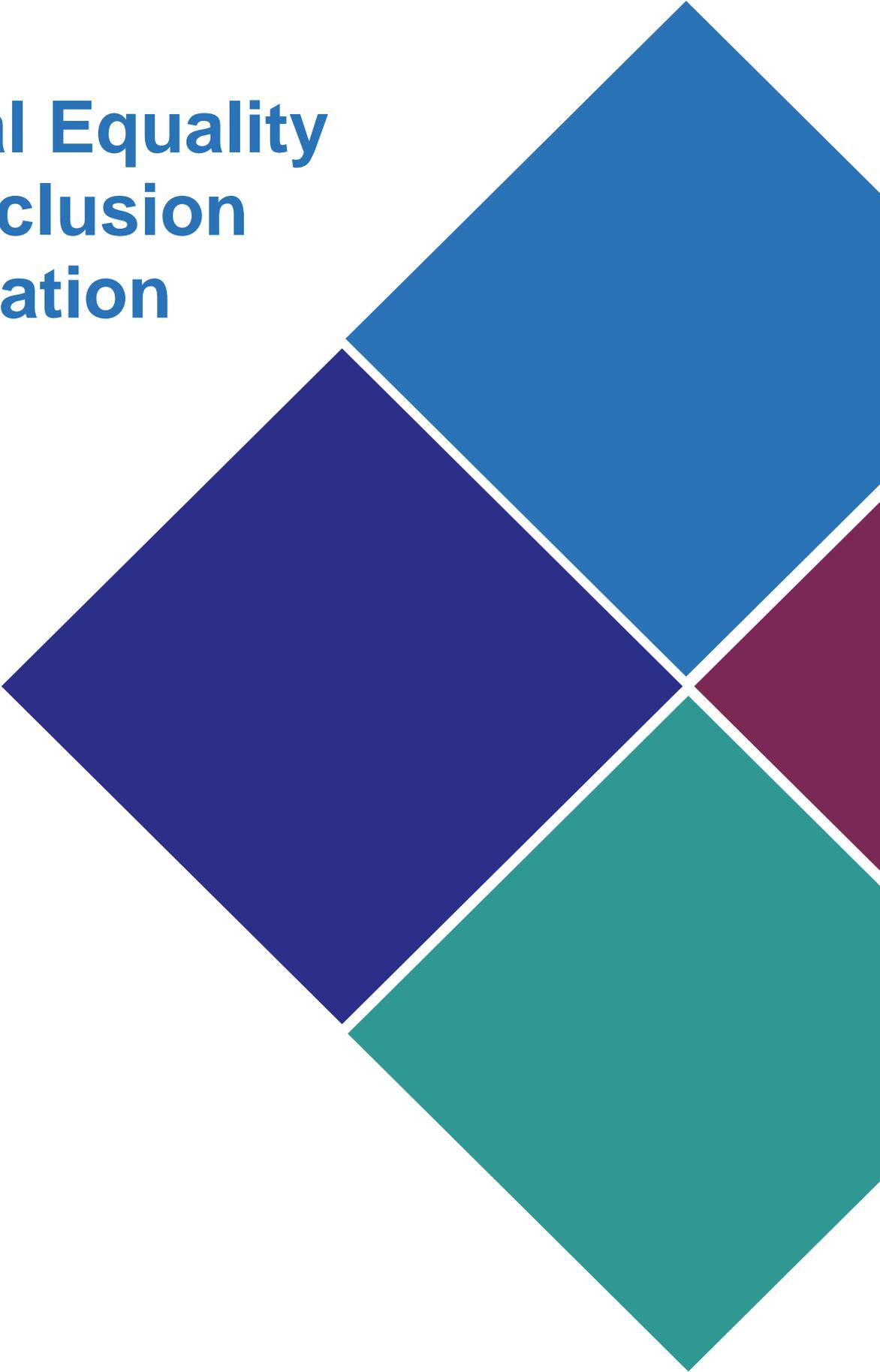


Annual Equality and Inclusion Publication

2017



The healthiest place to live and work by 2025

Contents	Page
Contents	2
Introduction	3-4
Local Demographic Context	5 – 6
Our Finances	7
Compliance with Equality and Human Rights Legislation & the Public Sector Equality Duty (PSED)	8
What have we done to progress Equality and Inclusion in 2017	9 - 15
Meeting and Monitoring NHS Mandated Requirements	16 - 17
Engagement with local people and our communities	18 – 19
Monitoring our Workforce	20 - 22
The Way Forward and Conclusion	23

Introduction

Cannock Chase Clinical Commissioning Group (CCG), South East Staffordshire and Seisdon Peninsula CCG, and Stafford and Surrounds CCG (the three CCGs) are pleased to present our fourth annual Equality and Inclusion Annual Report, which sets out how each of these CCGs have performed in meeting the legal duties set out in the Equality Act 2010 and the Human Rights Act 1998.

We are committed to addressing health inequalities and recognise the role that we have to play in ensuring that equality is embedded into all commissioning activity. We understand that in the current austere climate it is essential that we spend our money wisely to meet the needs of our local populations. We aim to provide equality of opportunity to all our patients, their families and carers, and our aim is to proactively eliminate discrimination and reduce health inequalities within the health care context.

We are acutely aware that patients' carers and staff have differing needs and our aim is to ensure that there is no disadvantage in the take up of health care services within the county of Staffordshire.

This publication sets out what we have achieved over the past year in relation to our equality and diversity performance and sets out equality data we are aware of in 2016/17 for local protected groups and highlights any significant gaps or trends with links to our agreed equality objectives.

The role of CCGs is to buy healthcare services for local communities through contracts with approved provider partner organisations. Provider partners are required to similarly publish their (1) workforce and (2) service delivery equality data of who is taking up services from protected groups, and differential satisfaction levels in patient experience of healthcare services.

The three CCGs are keen to involve local people in the continuing development and monitoring of our annual equality and inclusion publication to ensure that we commission (buy) the right health care services; provide well-trained staff to deliver excellence in healthcare; and ensure that our providers meet the equality duties, set out in the Equality Act 2010. We will continue to ensure that we engage with patients about our equality and diversity work, through the our active patient groups.

This report sets out how the three CCGs are meeting the Public Sector Equality Duty through commissioning activities. All three CCGs have demonstrated 'due regard' since 1 April 2015 and the purpose of this report is to provide evidence for the specific Equality Duty, which requires all public sector organisations to publish their equality information annually.

Demonstrating 'due regard' means that the CCGs have given consideration to issues of equality and discrimination before making policy decisions. It is an integral and important part of the mechanisms that ensures the CCGs meet the aims of the 2010 Equality Acts Public Sector Equality Duty.

The Sustainability and Transformation Partnership (STP) for Staffordshire and Stoke-on-Trent will create new challenges and opportunities for all three organisations and equality and inclusion will be a key feature within the STP and focus in 2017 and beyond.

The three CCGs have undergone a significant amount of organisational change in the last 12 months to integrate new ways of working across the three organisations. This is supported by a new management structure and the reconfiguration of various teams working across the three CCGs. We have recognised the importance of the equality and inclusion work by establishing a dedicated health engagement and health inequalities role.

Furthermore, a robust Organisation Development Plan has been developed for the three CCG's. Equality and inclusion is a golden thread throughout the Organisation Development Plan as it is recognised that equality and inclusion should form part of new ways of working and organisation culture in the future.

The CCGs have continued to ensure there are lay members that sit on each of the governing bodies with specific responsibility for equality and inclusion and patient and public involvement since June 2015. The role of these lay members is to champion equality and inclusion and to make sure that there is sufficient oversight and scrutiny of equality and inclusion at governing body meetings. The Director of Corporate Services Governance and Communications oversees all of the equality and Inclusion work for the CCG and is supported by the Senior Commissioner - Health Engagement and Equalities.

We have also commissioned further support for the equality and diversity agenda by having a dedicated equality and inclusion lead from the Midland and Lancashire Commissioning Support Unit for two and a half days per week for the first time this year.

Local Demographic Context

Clinical Commissioning Groups (CCGs) exist to commission healthcare on behalf of the communities they serve. GPs are at the heart of clinical decision making, and each GP practice is a member of a CCG. GPs bring both clinical expertise and local knowledge of patient need, and it is therefore essential that they lead the healthcare decisions being made for the local population.

Our geographic area

The area we cover in the South Staffordshire CCG's is Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula as outlined in the map below.

White British is the largest ethnicity in Staffordshire, making up approximately 96% of the population. This is followed by White Irish, making up 0.6%. Non-White citizens make up 2% of the population. 94% of the population was born in England, and those born in Scotland and Wales together make up 1% of the total population.



Our Vision, Values and Goals are consistent across the three CCGs, and were agreed following engagement with clinicians, staff and members of the public:



We are honest, accessible and we listen



Quality is our day job



We innovate and deliver



Care and respect for all

We have our own health challenges in the South Staffordshire CCGs and a distinct make up within our practices all of which has a big impact on our equality and diversity as is outlined in the following infographics.

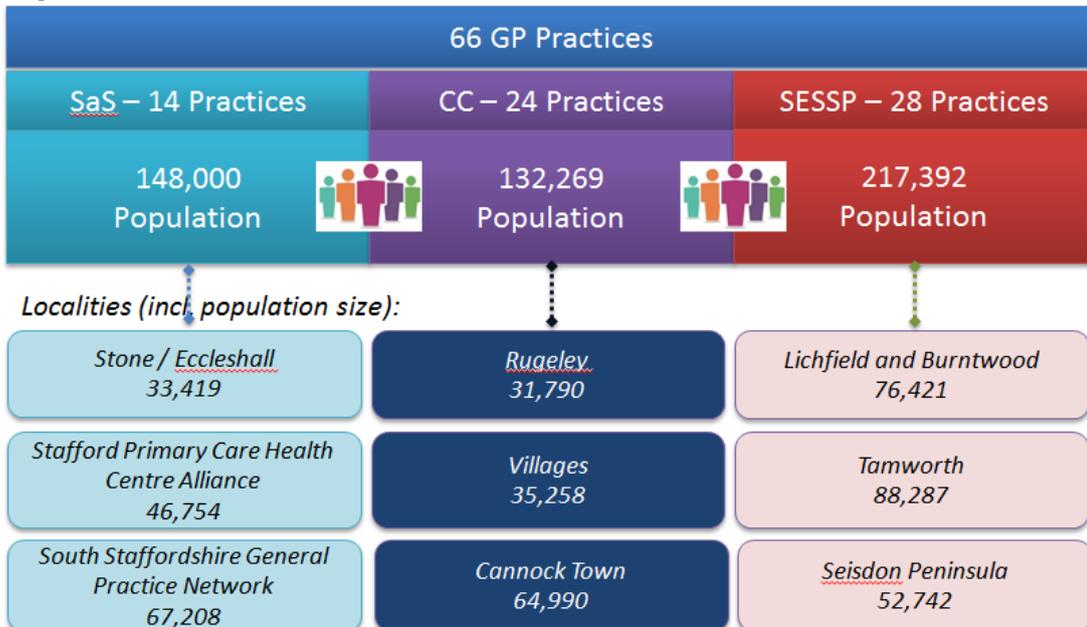
Health challenges:



Describing our population:



Our practices



Our finances

The breakdown of our overall spending is outlined here showing that 55% of our spend is on hospital contracts:



The services we commission as CCGs include:

- Hospital care: If your doctor decides you need to go to hospital for a consultation, tests or treatment, we make sure you get the service you need, in the right place, at the right time.
- Community care: These are health services delivered to people in their own homes, such as a visit from a district nurse or other health specialist like a physiotherapist.
- Rehabilitation care: The services put in place to help patients recover from a period of ill health and help patients to return to being as independent as possible.
- Out-of-hours and emergency care: This includes on-call doctors, local Minor Injuries Units and Accident and Emergency visits.
- Mental health services: Making sure local people with mental health needs get the support they need, whether they live in their own home or not.
- Learning disability services: Making sure people with learning disabilities get the most appropriate help to enable them to live as independently as possible

Our aim is to match the health priorities and key challenges of local people with the available resource, and we will do this in a completely open and transparent way. We work with partners, including other NHS bodies, patients, statutory organisations and the voluntary sector and also consult as widely as possible to make sure the needs of local people are prioritised.

Compliance with Equality and Human Rights Legislation and the Public Sector Equality Duty

Since 1 April 2014, Cannock Chase CCG, South East Staffordshire and Seisdon Peninsula CCG, and Stafford and Surrounds CCG have worked with local people and its employees to show due regard to the aims of the Public Sector Equality Duty, as set out in the Equality Act:

- Aim 1: Eliminate unlawful discrimination, harassment and victimisation
- Aim 2: Advance equality of opportunity between different groups
- Aim 3: Foster good relations between different groups

Below are the protected characteristics as set out in the Equality Act 2010:

- Age
- Gender (M/F)
- Gender Reassignment
- Disability
- Race
- Religion or belief
- Sexual orientation
- Marriage and civil partnership
- Pregnancy maternity and breastfeeding mums



The Human Rights Act 1998 sets out a range of rights which have implications for the way a CCG buys services and manages their workforce. In practice this means that we must:

- Act in accordance with the rights contained in the Human Rights Act in everything we do
- Recognise that anyone who is a 'victim' under the Human Rights Act can bring a claim against a CCG (in a UK court, tribunal, hearing or complaints procedure)
- Wherever possible, existing laws that govern CCGs, must be interpreted and applied in a way that fits with the rights in the Human Rights Act 1998.

The CCG is committed to Equality and Human Rights based approaches to decision making and these are incorporated into the Equality Impact and Risk Assessment Toolkit.

This approach to commissioning ensures that local people staff and stakeholders views are listened to and incorporated into the design and development of commissioned services and the decision making process wherever possible.

What We Done to Progress Equality and Inclusion in 2017

Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula CCGs Equality and Inclusion Strategy Action Plan 2017-2020

This year 2017 we were required by law under the Equality Acts, Public Sector Specific Duty to produce and publish the CCGs equality objectives for the next four years. The three CCGs have shared equality objectives for this period. Below is a table outlining our progress against the new equality objectives and associated action plans.

If you wish to view the full strategy and action plan you can view it here [CCGs Equality 2017- 2020 Strategy](#)

The table below identifies the four EDS objectives which are accompanied with associated action plans. These actions will be assessed each year and graded based on performance and outcomes using the following grading system.

Undeveloped – Red
Developing – Amber
Achieving – Green
Excelling – Purple

These four objectives are supported by actions which we will develop over the period of the 2017 – 2020 Strategy. However, these objectives and actions may be reviewed in light of all Staffordshire and Stoke on Trent CCGs working collaboratively under a single leadership team. Plans are already in place to develop a more combined 2018 work plan.

Equality Objective	Associated Actions	Performance Outcome for 2017
1.To work with stakeholders to ensure the consideration of the community in the development of future commissioning plans	1.1 Ensure all stakeholders, community groups, representative groups, patient and voluntary sector groups, can have their say on forthcoming and proposed changes.	Developing
	1.2 Work closely with Healthwatch Staffordshire to engage with those who may not currently have their voices heard through the ambassadors and champions programmes	Developing
	1.3 Identify hard to reach communities and develop and implement a variety of communications and engagement plans as required.	Developing
	1.4 Work with key stakeholders and feedback to local community how their views have been considered	Developing
2.To work with protected and disadvantaged groups to identify	2.1 Utilise the Enhanced Joint Strategic Needs Assessment data and quantitative data from Staffordshire Observatory regarding protected groups and health care needs review the quality of information available in relation to protected groups and access to health care.	Developing

specific needs and to improve any inequalities and improve access and experience in health care services	2.2 Put in place appropriate plans within commissioning and work with providers to reduce any inequalities as required, within the resource available.	Developing
	2.3 Ensure appropriate Equality Impact and Risk Assessments (EIRA) are completed for future commissioning plans in advance of work streams being implemented, linking to the CCGs operational plans	Developing
	2.4 Ensure consultation materials are made available in various formats and different community languages where appropriate and on request for future commissioning plans	Developing
	2.5 Ensure Accessible Information Standards are embedded within the CCGs and our providers work	Achieving
3. Fully embed the Equality Impact and Risk Assessment process (EIRA) into commissioning activity.	3.1 Ensure that a revised Governing Body Board report templates incorporates a section for EIRA and explanation of risks.	Achieving
	3.2 Ensure that no major decisions are taken without sufficient scrutiny of EIRA at various CCG committees	Achieving
	3.3 Embed and implement the EIRA via online U assure system.	Achieving
	3.4 Monitor the number and quality of EI&RA that are being completed and report on outcomes at HR/OD Committee as part of the Equality and Inclusion update	Developing
	3.5 Ensure CCG staff are up to date on their requirements - repeat at least two development sessions per year on EIRA and invite relevant staff to attend.	Achieving
4.To ensure that equality is everyone's business by developing and embedding an equality and inclusion framework throughout the organisation to support improved equality health outcomes and workforce diversity	4.1 Ensure that a framework is developed and incorporated into the Organisation Development Plan for Staffordshire and Stoke on Trent CCGs.	Developing
	4.2 The framework will include targets for Equality and Diversity Mandatory training and WRES targets	Not Started or No Progress
	4.3 Embed an inclusive behaviours and values checklist to accompany Personal Development Reviews. Ensure staff are fully trained and up to date through a series of equality and inclusion development programmes e.g. master classes bite size sessions to include generic EIRA development programme	Developing
	4.4 Governing Body members to ensure they ask the three main questions concerning EIRA at Governing Body meetings when making strategic decisions	Developing

Supporting the Equality Strategy

There has been a process of prioritisation in 2017 in which a key focus was given to the development and implementation of robust and consistent EIRAs, including training of all commissioning staff.

Staffordshire-wide there are now two new Equality Business Partners in post one of which supports these three CCGs.

There have been several areas where progress has been made including:

Equality Impact and Risk Assessments (EIRA)

Equality Impact and Risk Assessments assist CCGs in meeting their legislative equality obligations and to demonstrate that “Due Regard” has been given to the policy/service or day to day business functions. Case law known as the ‘[Brown Principles](#)’ sets out a broad indication of what public sector organisations need to do to in respect of to the aims set out in the general equality duties.

The EIRA process assess any likely impact (positive or negative) on a proposed change, review or decommissioning of a service/policy or function. It identifies through a range of evidence gathering and analysis which groups with a protected characteristic as set in the Equality Act could potentially experience an adverse experience when compared to the population as a whole. EIRAs should be completed by someone who has knowledge of both the issue and the employees who will be carrying out the work.

The three CCGs are utilising the same U-assure system to complete EIRAs and have support from the Midlands and Lancashire Commissioning Support Unit to complete robust and meaningful EIRAs.

Review of current Quality EIRAs

A review of current EIRA process was carried out in 2017 to ensure the completion of each EIRA would be robust and the detail contained within each assessment would provide assurance that the CCGs are meeting their statutory and mandatory requirements.

This has required several activities to be carried out including; re-submission of previous assessments or the suspension of the process to allow the equality team, project management office and communication and engagement team to address any issues/concerns/risk, establish ownership and request any clarifying information and/or sign off.

A revised framework for the process currently being developed will be approved by the Human Resources and Organisational Development Committee, who are one of the CCGs executive led decision making bodies. This will enable the CCGs to bring the governance, support, implementation and monitoring processes together. For example, the EIRA stage 2 process currently being developed will ensure effective use of resources to support commissioners and other relevant staff to carrying out

equality assessments. By working closely with the Communication and Engagement Team there will be the opportunity for advice and support on levels of timely and meaningful engagement plans to ensure we meet legal requirements and utilise the current service user data/feedback that is already available.

Governance Arrangements in relation to EIRAs

A provisional process has been agreed between the equality lead the Project Management Office (PMO) Support Manager and the Communication and Engagement Team. Currently both the PMO Support Manager and equalities lead meet regularly to discuss progress, gaps and compliance. This information will then be scrutinised/reviewed by senior managers and other possible stakeholders. User guides have been produced and sent are sent out to all staff completing an assessment.

Each EIRA is assessed on U-assure (an electronic data base system) by the equalities lead and either approved or sent back for further information/clarification.

Whilst we are confident that arrangements are now in place to ensure the completion of EIRAs in a consistent and timely manner, the next stage required is to ensure all

EIRAs are being governed and reviewed effectively with overview and scrutiny. It is accepted that we need to establish a more formal mechanism for undertaking this is now being developed in a partnership approach. A draft guidance document has been produced and will be piloted.

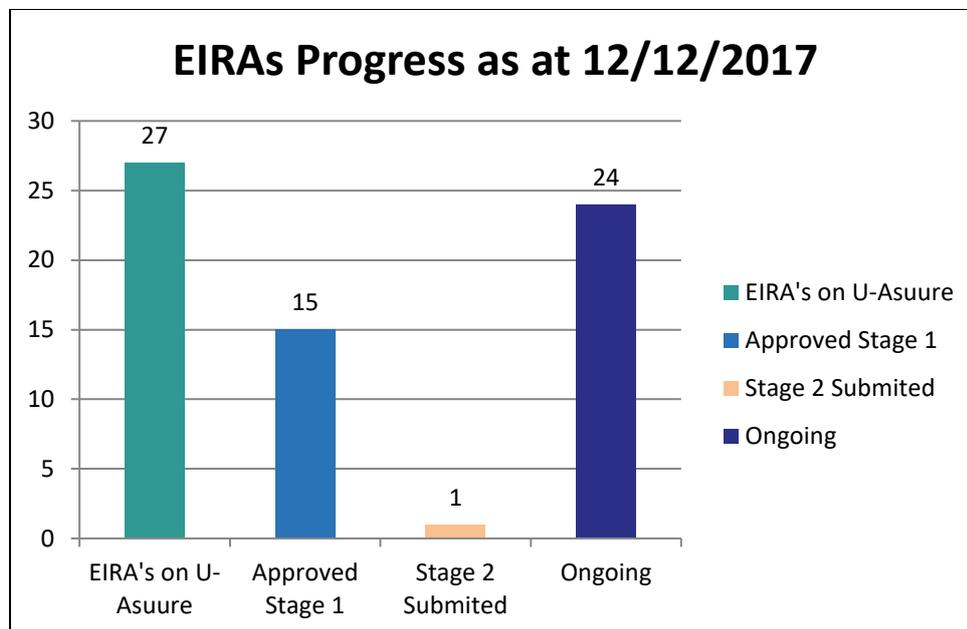
Communication and Engagement Criteria for Equality Impact and Risk Assessment

Understanding the importance of engagement within the EIRA process is essential, the Project Management Office, Equality and Engagement Teams have worked collaboratively and produced a draft guidance document to ensure that appropriate attention and due consideration has been satisfied in a structured way. This will improve the process, ensuring that engagement is timely and meaningful but will also minimise the length of time taken to equality assess policy services and functions.

With the six CCGs moving towards working collaboratively, the agreed option at the last Communication and Engagement Committee was to work with the North and East CCGs and establish and align one common governance process across Staffordshire.

The benefit of this approach is that all 6 CCGs have support from the same CSU equalities team, plus other CCGs processes may be working adequately already. Work and discussions have already begun on this approach there are short term plans to align training and development opportunities and longer term plans to ensure appropriate reporting into any revised committee arrangements that may arise from the six Staffordshire and Stoke on Trent CCGs integrating their operating structures. It is anticipated within the new structure there will need to be a joint work plan for equality, health inequality and inclusion.

EIRAs on U-Assure including QIPP and policies and functions to date are as follows:



N.B. These assessments are and can be made available upon request.

Training of Staff in EIRA

There have been two training sessions on EIRA on the 21st September, and 5th December for 20 CCG staff. During the training there is the opportunity to complete an EIRA with support from the equalities lead. We are completing a review of staff to establish how many need training. There has also been ongoing one to one support for commissioning managers as required.

There are further sessions arranged for early 2018 across all 6 Staffordshire and Stoke on Trent CCGs for all staff to attend and this is being supported by senior leadership across Staffordshire to encourage all commissioners and relevant staff to attend.

Equality Delivery System 2 (EDS2)

The CCGs adopted the Equality Delivery System 2 (EDS2) (Department of Health, 2013) as our performance toolkit, to support the CCG in demonstrating its compliance with the three aims of the public sector general Equality Duty. The EDS2 grading process has provided each of the CCGs' governing bodies with an assurance mechanism for compliance with the Public Sector Equality Duty.

In 2017 we presented our annual EDS grading event on all 5 outcomes of Goal 1 (Better Health Outcomes) and established an overall grading of **Developing**.

On the 6th of June 2017 Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula CCGs decided to focus on grading goal 1, **Better Health Outcomes** of the Equality Delivery System 2. This was a partnership exercise with South Staffordshire and Shropshire Foundation Trust (SSSFT) and our other local providers of mental health services. Invites were sent out to patient groups, the voluntary and community sector organisations, provider trusts, the police, the fire service, county and district councils and external partners. Over 85 people attended in total.

The four EDS goals are:

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

1. **Undeveloped – Red**
2. **Developing – Amber**
3. **Achieving – Green**
4. **Excelling – Purple**

Evidence was placed in folders on the tables and was shared by the facilitators with key points being highlighted and discussed. Attendees also had the chance to look at the evidence over lunch time. At the end of the event attendees got to decide a grade for each section of goal one as outlined below.

Goal 1: Better Health Outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing

To view the EDS 2 Grading Event Summary Report [click here](#).

Equality and Inclusion Training and Development

All three governing bodies across the three CCGs have undertaken an equality and inclusion development session. The session covered the Public Sector Equality Duties, (including the brown principles and the gunning principles for engagement), information on due regard, and the importance of Equality Impact and Risk Assessments (EIRA).

All staff working across the three CCGs are required to undertake online mandatory equality and inclusion training. In addition, there were face to face equality and inclusion masterclass sessions delivered across all three CCGs in 2017.

Commissioning staff working across the three CCGs have participated in EIRA training and the new online EIRA toolkit has been rolled out across the three CCGs. The assessment process has been further developed to reduce the risk of any intended or unintended adverse impact against any protected, disadvantaged or at risk groups.

Meeting and Monitoring NHS Mandated Requirements

Accessible Information Standard CCG

Our CCG has a legal and moral responsibility under the Equality Act 2010 to provide our documents, leaflets, electronic resources in an alternative format if requested.

We have a fair access document on the CCG websites with information about who to contact to request information in an alternative format such as braille, larger print, audio or another format. If additional support is required, this can be provided e.g. a British Sign Language (BSL) interpreter or language support where the first spoken language is not English.

Our websites contain the NHS England Accessibility and Communications policy produced by NHS England. <http://staffordsurroundsccg.nhs.uk/news-events/333-nhse-accessibility>

Also see our dedicated Equality and Inclusion webpage (click on the above link) for information about

- Workforce Race Equality Standard
- Modern Day Slavery Statement

Workforce Race Equality Standard CCG

NHS England has introduced the Workforce Race Quality Standard (WRES), which requires NHS organisations to demonstrate progress against a number of indicators of workforce equality. The WRES will ensure that all healthcare staff are treated fairly and with respect, which will have a positive impact on patient care.

WRES Reporting

As part of our Workforce Race Equality Standards (WRES) and statutory duties each year we produce a report analysing our staff profile. As a CCG we have prepared the WRES report for internal use to enable improvements where relevant to be made. We have analysed the data for 2016 and 2017 WRES reports and reported on its implications and what steps should be taken to address gaps between the treatment and experience of white and BME staff through an action plan.

In South East Staffordshire & Seisdon Peninsula Clinical Commissioning Group (CCG), the numbers of Black Minority ethnic (BME) staff employed are relatively small. In accordance with the provisions of the Data Protection Act, where publication might reasonably lead to the identification of individuals due to small numbers, wider publication of very small numbers in any of the indicators is not appropriate, therefore not published these reports online.

Provider Monitoring

In line with national guidance we are ensuring that our commissioning and procurement processes, are compliant with statutory and mandatory requirements as set out the NHS Standard Contract.

The equality team carried out an equality audit of the CCGs key providers to ensure they were meeting their obligations in relation to:

- NHS Workforce Race Equality Standard
- NHS Equality Delivery System 2
- Accessible Information Standard

The results varied between providers which prompted the CCGs and the equality team produce a briefing document informing contract and / or monitoring teams with information on what providers are required to produce and publish to comply with the Equality Acts Public Sector Equality Duty.

The CCGs now have a baseline from which they can measure provider compliance with regards to meeting their equality obligations

As part of the provider monitoring process, the equality team carry out audits on the provider websites to ensure they are meeting equality requirements. This is an essential part of our work as it enables the CCGs to quality assure their equality obligations which include monitoring providers of primary and secondary care.

In 2017 to help our GPs to meet the Accessible Information Standards requirement:

- We sent out up-to-date information in our e-newsletters to practice staff
- Presented a summary paper on NHS England's Accessible Information Standard Post Implementation Review Report to the three locality Board Meetings, this included an update template on the Accessible Information Standards 5 key outcomes.

Engagement with Local People and our Communities

During the last year, the CCGs has considered local implementation and new joined-up thinking, to make participation a reality and engagement a key 'feed' to drive quality improvement. The team (including patients) have begun to co-create a new model for engagement across the three CCG's. Governance has been strengthened, so information about engagement activity is reported to both the Quality Committee and the Governing Body. The Patient Council, District and Locality Patient Groups are instrumental in their involvement in our equalities and diversity work.

The CCGs are committed to engaging with local people, both from the nine protected characteristic groups and the wider communities, including deprived and vulnerable groups, such as the homeless. Below are a number of examples of how the CCGs are enabling local people to be more involved in determining what healthcare services need to be in place, to improve health outcomes and reduce health inequalities.

We have ensured equality and inclusion and supporting agendas are a standing item in our new Human Resources and Organisational Development committee. This is the forum for equality impact and risk assessments to be considered.

Individual Participation

- Joined up patient case management in complex care cases, which will now be further developed by implementing new models of care linked into the Sustainability and Transformation Plans
- Last year we held over 50 'quality visits' with our healthcare providers, as well as regularly reviewing NHS 111 calls
- We regularly visit and monitor nursing homes, as well as providing support and training to them. We work closely with the local authority on improving quality and safety in the homes
- The CCGs have worked with patients to develop the dementia strategy and commissioning of key services. For example, St Giles Hospice offering Dementia Friends training, and dementia friendly practices and localities
- We have a specialised team who promote the safeguarding of vulnerable adults and children. They also train GPs and internal staff
- The CCGs have continued to develop a strong partnership working model with Staffordshire Healthwatch and has supported Healthwatch Champion organisations
- The CCGs have been instrumental in the new Healthwatch ambassadors programme to spread the word about the case for change and the Sustainability and Transformation plans
- The CCGs have been encouraging the sharing of soft intelligence and patient stories, working closely to ensure quality services

Public Participation

- The Commissioning Patient Council has been refocused and has a much more strategic role across the South Staffordshire CCGs. This consistent model will incorporate the patient voice throughout the governance structure of the three CCGs
- The Patient Council reports directly to the Governing Body and Joint Quality Committee. A culture of trust has been developed where members know that any issues raised will be acted upon
- A clinical team, reporting to the Governing Bodies, assess all CCG work. They look at the quality of services and patient safety. They also ensure that people have a fair opportunity to have their say
- The Wolverhampton Urgent Care strategy group includes members of the Patient Council and District Patient Groups and they are collecting a database of interested volunteers
- The CCGs are feeding into the Dudley Urgent Care Strategy and taking patient feedback to inform the strategy
- The CCGs supported the consultation process for the County Health and Wellbeing Strategy and analysis has fed into the CCG strategic and operational plans
- The CCGs has a programme of clinical visits, which involve staff talking to patients and feeding back
- The Joint Quality Committee now includes 60 second updates from the GP Clinical Leads for Quality about the key issues the public are facing
- The CCGs utilises quality data from patient opinion, the friends and family test, in-house surveys and monitoring arrangements to inform the planning process
- Working with the STP and Staffordshire and Stoke on Trent Healthwatch organisations we have run 9 engagement events across Staffordshire covering Cannock, Codsall, Stafford and Tamworth

Partner and Staff Participation

- The Human Resources and Organisational Development (HR/OD) Committee continues as a formal sub-Committee of the three CCGs and has a representative from each Directorate, Staff-side and Human Resources and is also where the equality and inclusion agenda is a standing item
- External communications are improving including the development of the websites. The production of various reports and newsletters has improved with a joined up patient newsletter, being regularly distributed
- There is a fit for purpose social media strategy being implementation and the use of twitter has dramatically increased along with our number of followers
- We have an internal organisational development plan across the three CCGs
- The CCGs are active leaders on the Sustainability and Transformation Plan for Staffordshire and Stoke-on-Trent
- Staff and partners are encouraged to take part in consultations internally and externally, particularly those focussing on staff health and wellbeing
- The three CCGs run an annual staff survey. Throughout the year are regular mini-surveys for particular issues. The results of the surveys are discussed at the HR/OD Committee and actions planned to respond

Monitoring our workforce

Health and wellbeing is increasingly being acknowledged as a vital element in supporting and developing the workforce. Not only are there positive benefits to staff and patients there are also financial benefits to the organisation.

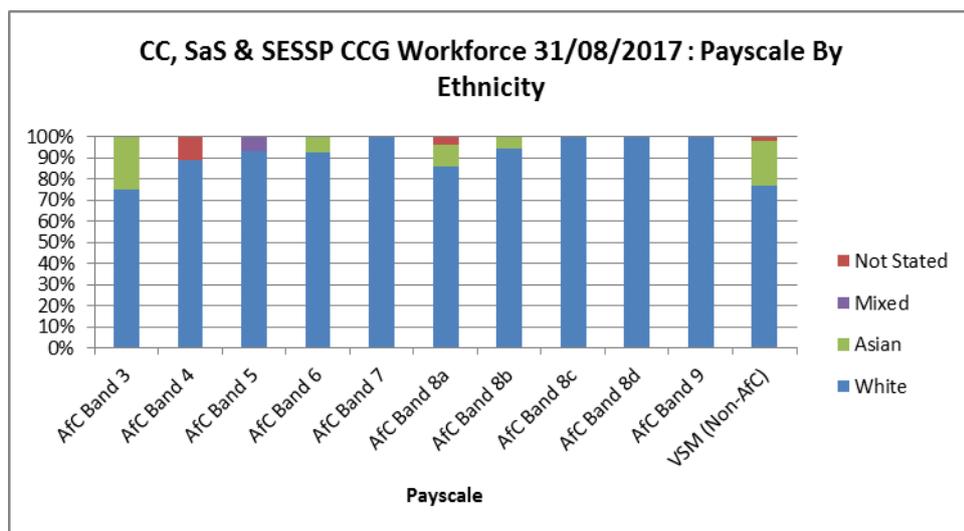
The composition of our workforce can enable an organisation to highlight differences between groups in terms of satisfaction, engagement and representation. This in turn can enable CCGs to identify, tackle and prevent issues that may otherwise undermine engagement with staff.

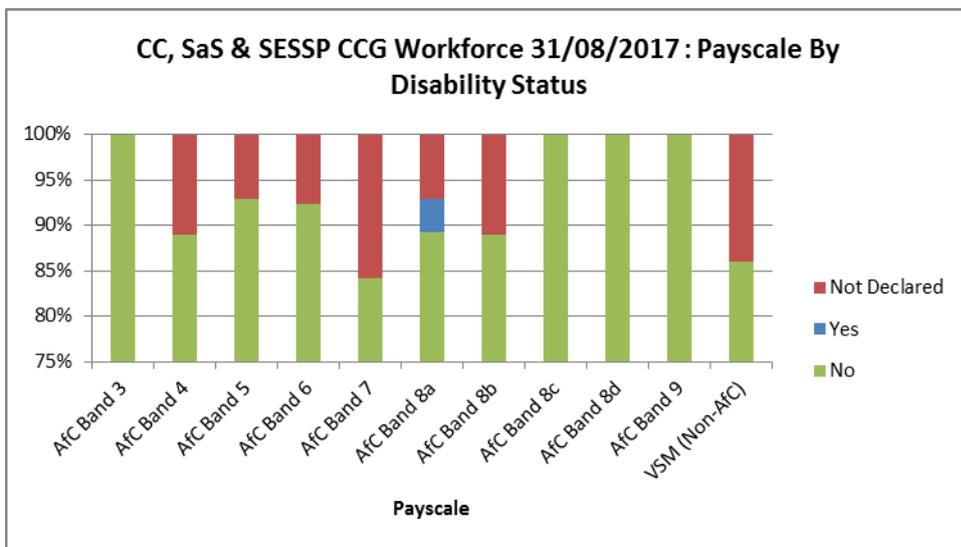
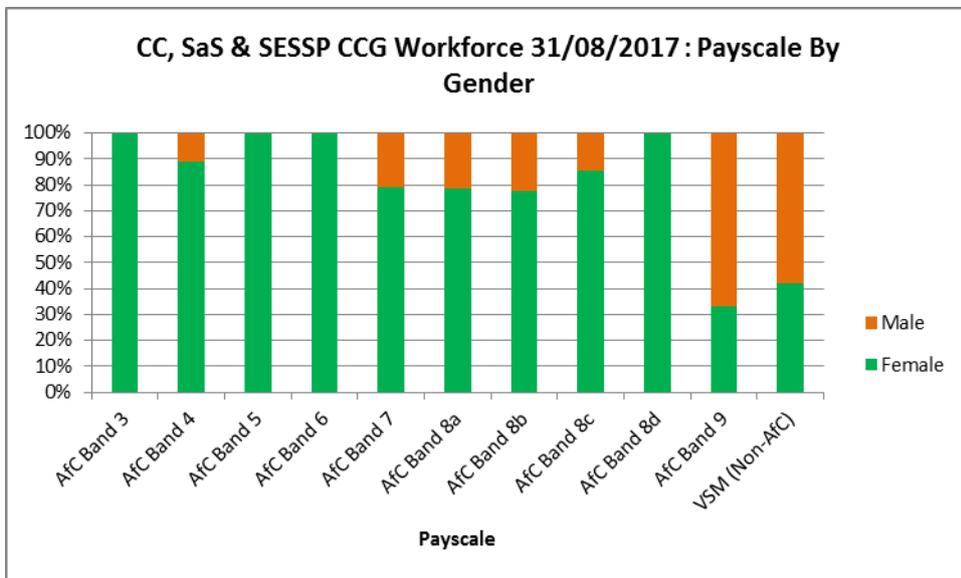
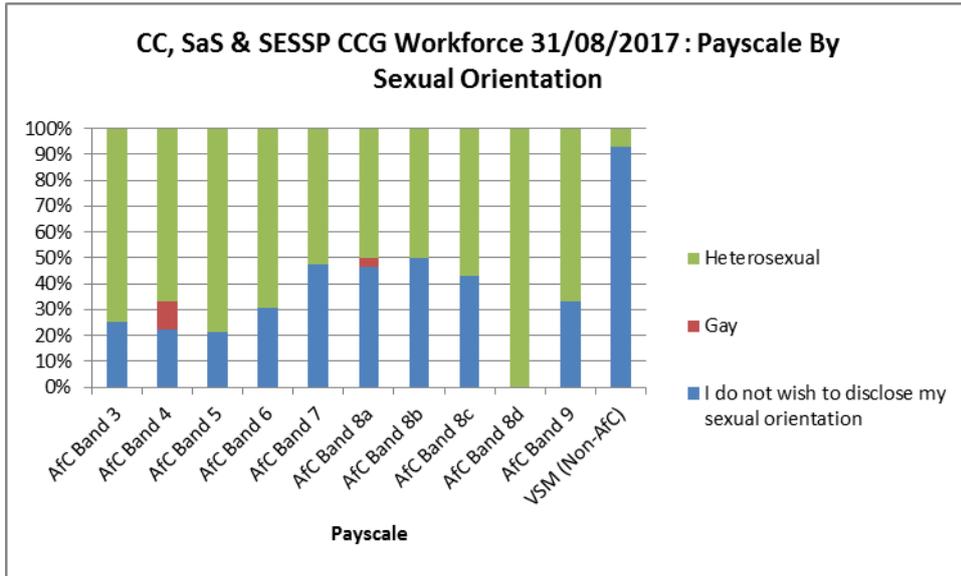
The combined data for the three CCGs illustrate that the workforce is predominantly female with females being over represented in senior positions, e.g. bands 8a and band 9. Males are underrepresented overall across the three clinical commissioning groups. The figures for ethnic minorities and disabled employees are too small to draw any reasonable conclusions.

The Workforce Race Equality Standard and the forthcoming Workforce Disability Equality Standard will support the CCGs to put plans in place to address any underrepresentation in the future.

The CCGs have monitored the equality and diversity of its workforce over the last few years across several protected groups. The three CCGs employ a total of 150 employees and believe it is important to maintain transparency and have therefore published a combined workforce profile in this report.

The figures below are a result of combined data for the three CCGs and reflect the workforce profile as of the 31st August 2017 with little change against 2016 figures.





Staffordshire CCGs Workforce Data Cleanse 2018

The three CCGs intend to work with staff to improve the quality of our workforce data which we can use to better promote health wellbeing and equality of opportunity.

The staff data cleanse is one such mechanism to support the achievement of these aims it includes confidential and anonymised self-declared data, recorded onto the Electronic Staff Record. This provides staff with the choice to confidentially declare / update their profile details onto our electronic based system via completion and return of a paper based workforce profile form. The form includes disaggregated demographic information e.g. an emphasis will be placed on encouraging staff to be aware of the benefits in declaring their disability profile under the new NHS England mandated DWES (Disability Workforce Equality Standard).

Conclusion and Way Forward

The evidence set out in this report demonstrates that all three CCGs have made some significant progress across a range of issues, particularly in terms of the EIRA which supports the embedding of equality and inclusion matters in our decision making. We will continue to make progress in line with our Equality and Diversity Strategy and associated plan will regularly report our progress.

Although there are significant areas where progress has been made, there are some areas where further work is required to ensure that equality and inclusion is fully embedded into the day to day work of the CCGs and part of the organisation culture.

The CCG will continue to embed equality and inclusion into the heart of our core business functions as set out below. The diagram below shows key components of mainstreaming equality and inclusion within the commissioning cycle:



In 2018 there are plans in place to:

Develop an aligned Staffordshire and Stoke on Trent wide equality work plan for 2018 including:

- Joined up training and development in equality and inclusion for boards, commissioners and contracts teams
- Work towards aligning provider monitoring in equality and inclusion
- Continue to embed the Equality Impact and Risk Assessment process as part of the six CCGs day to day functions
- Work to meet the new Workforce Disability Equality Standard
- Work with the STP on a system wide approach to equality and inclusion
- Work with primary care to look at health inequalities and access to GP's
- Align patient engagement opportunities across the six CCG's.