Agenda Item 14.0.

EDS – Equality Delivery System Report

NHS Morecambe Bay Clinical Commissioning Group

March 2017

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Midlands and Lancashire Commissioning Support Unit

Morecambe Bay Clinical Commissioning Group

Equality Delivery System Report 2017/2018

Introduction

This report describes Morecambe Bay Clinical Commissioning Group's (CCG) approach and performance for the Equality Delivery System (EDS) Grading Assessment for 2017/18. Morecambe Bay CCG was formed in April 2017, as such it was decided to carry out a baseline exercise to establish a starting grade for all four EDS goals and 18 outcomes so ensuring that a starting point was decided upon to work from for the next 4 years.

EDS is an assessment tool designed to measure NHS equality performance with an aim to produce better outcomes for people using and working in the NHS and to gather equality evidence that demonstrates compliance with the Public Sector Equality Duty (PSED) and the Equality Act 2010.

EDS supports NHS organisations to perform well on equality, and was designed to measure NHS equality performance against the four EDS Goals outlined in the table below:

EDS Goals
1. **Better health outcomes**
2. **Improved patient access and experience**
3. **A representative and supported workforce**
4. **Inclusive leadership**

2. EDS Grading Assessment for 2017/2018

The CCG decided to focus on the all the goals and outcomes within EDS2. These are outlined below with the grading achieved.

The CCG has a total of 56 members of staff and 18 staff from Midlands and Lancashire Commissioning support unit. The process was completed in two stages.

Goal 1 and 2 was graded by the Equalities and Engagement Strategic Group and goal 3 and 4 was graded by staff who volunteered to take part in the grading from across the CCG. Evidence was presented to staff via power point slides and an explanation of the process, the individual outcomes and the four categories below. Staff then had the opportunity to grade the organisation for Goal 1 to 4 as either **Underdeveloped**, **Developing**, **Achieving** or **Excelling**.

EDS Goal 1 Better health outcomes	2017/2018 Grade
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

EDS2 Goal 2 Improved Patient access and experience	2017/2018 Grade
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
2.3 People report positive experiences of the NHS	Developing
2.4 People's complaints about services are handled respectfully and efficiently	Developing

EDS Goal A representative and supported workforce	2017/2018 Grade
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Developing
3.3 Training and development opportunities are taken up and positively evaluated by all staff	Underdeveloped
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving
3.6 Staff report positive experiences of their membership of the workforce	Developing

EDS Goal 4 Inclusive leadership	2017/2018 Grade
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation	Developing
4.2 Papers that come before the Board and other major committees identify equality related impacts and say how these risks are managed	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	Developing

3. EDS Grading Evidence and Outcomes

3A - Goal 1 Better health outcomes

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing

Evidence presented for 1.1

- How do we know what we need and what needs to change?
- How we build a business case
- The commissioning cycle and how we incorporate equalities into the cycle
- Examples used from continuing health care, children and maternity, equalities, mental health and wellbeing services

1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing

Evidence presented for Goal 1.2

Clinical policy development – using the Pan Lancashire policy harmonisation and the role of Equality Impact Assessments

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Case study: clinical policy development
- The CCGs have been working with other Lancashire CCGs to review a number of clinical policies, with the aim of reducing inequalities in access or treatment across our region, and to ensure limited NHS resources are used appropriately and effectively.
- We align clinical polices to national guidance, where possible.
- We are members of the Pan-Lancashire Commissioning Policy Developing and Implementation Group (CPDIG)
- We write, review and update existing and new clinical commissioning policies.
- We consult with members of the public on changes to our policies that they may be affected by, such as the fertility policy and cosmetics policy
- Specialist and legal advice is requested, if required
- We undertake equality impact assessments and include the changes or justifications in the policy to mitigate the risk of inequality
- We commission services to review 'individual funding requests' (IFR) for people who have been to their GP but their condition does not meet the criteria of the associated clinical policy to enable them to receive treatment
- Engagement is targeted at groups identified via the initial equality impact assessment process
- Monitoring information is gathered to assess who has given views and any themes linked to protected groups.
- Range of methods to gain views including online and paper questionnaires, focus groups and patient forums to ensure all parts of the community can take part and give their views
- Feedback from the public / stakeholders and issues raised during this process are highlighted to the policy group who decide the appropriate course of action in order to reduce risk / negative impact

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Policy development process	Equality impact assessment
• Evidence based: latest clinical evidence • Consultative: stakeholder involvement • Robust: agreed protocols for decision making • Inclusive: public and clinical engagement	The impact on all patients is considered during the **decision making process**. Concerns are highlighted and **action is taken** to eliminate or reduce the risks. With the assisted conception policy, concerns were raised during the EIA process regarding the impact this may have on minority groups. This was rectified during the development process.

1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing

Evidence included the Children and young people Transformation Plan

The **Lancashire-wide strategy for children and young people** requires all partners to focus on mental health for 0 to 25-year olds.

The aim of this programme is to create equity across the county by all CCGs working in partnership with their own localities to share good practice and reduce health inequalities.

Includes –

- **Children's paediatric Diabetes**. In Lancaster they are doing joint nurse clinics with adult and paediatric nurses to support transition for CYP that haven't been particularly involved with the transition clinics
- **My 10-step transition pathway** model from Alder hay
- **avoiding admissions project** - To avoid the need for admission inpatient mental health beds and crisis admissions to acute hospitals by improving the capacity of families, the CYP workforce and the local community to promote resilience at times of crisis and prevent and de-escalate crisis.
- Also working with CYP + Families about developing tools and resources to **prevent T4 admissions** into MH units and acute settings
- **Young people's CAMHS passport**

1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing

Evidence presented included:

• Safeguarding policies • Safeguarding Children & Vulnerable Adult Policy • Safeguarding training LSCB/SB • Safeguarding boards • Quality schedule for providers • Quality Reports • GP training – protected learning time • Healthwatch – observers on GB • Patient Stories /chatty Van – collect views on 5 hard truths • Joint Health & Social Care Learning Disabilities Self-Assessment • Chief nurse lead on safeguarding for CCG	• Designated Doctors for safeguarding children and for child deaths, Looked after children & GP lead for people with learning disabilities • Complaints policy • Friends and family tests • Walk rounds at hospital • Complaints & Whistleblowing Experience • Mental Health Act Implementation Policy • Head of complex care • Designated nurses for safeguarding adults and for children • Serious case review

1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing

Evidence included

- Primary Health screening initiatives

- Be well in winter

- Diabetes prevention programme

- Patient activation measures

- Self-care videos on website

- Change for life

- Seasonal flu

- Stroke initiative

- Staff bulletin highlighting health promotion initiatives to staff who can Cascade to partners

- Play for young people on access to health services

3B - Goal 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 access on unreasonable grounds	Developing

Evidence presented included

- Continuing health care

- Governing Body Meeting Comments & Feedback Form

- Communication and engagement

- Equality Impact and Risk assessments

- Redesigning CAMHS services

- Provider quality checks

- The GP Patient Survey results include data around access in terms of reported experiences of patients but isn't directly linked in terms of responses to Equality monitoring collection set out in the survey, this survey is compiled centrally.

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing

Evidence presented included;

- Personal health budgets

- Diabetes scoping event

- Redesign of Children and young people services Lancashire wide and south Cumbria

- Art of Hosting – training people to be able to host a space and discussion

- Patient Activation Measures

- Self-care videos on website

- Better care together – play

- Motivational interview training so can have positive conversations with staff

- Quality and Safeguarding

- CCG website

2.3 **People** report positive experiences of the NHS	Developing

• Patient surveys • Patient Stories • Friends & Family Test • The CCGs record all compliments received via its Governance & Compliance database system (DATIX). – themes can be analysed and used in contract meetings • Ongoing work with Healthwatch • CQUIN • Equality Act 2010 • complaints go to Jacqui/CSU	• Community conversations – providing art of hosting training which enables us and others to have better conversations. • Family and Friends test/feedback • Engagement Work including annual public events, specific focus groups, surveys, attending Third Sector groups and events. • Healthwatch information/feedback • The CCG 360 stakeholder survey 2017/18 • External Experiences • Walk throughs

2.4 **People's** complaints about services are handled respectfully and efficiently	Developing

This included information on;

- Comments, Compliments & Complaints
- Complaints Policy
- Insight Report
- Complaints Breakdown
- PALS leaflet
- MB CCG oversee CSU PALS service

Complaint Phase	Action	Respo
Assessment	• Complaint forwarded to CSU • Complaint within scope, acknowledged and logged • Consider early and informal resolution – by the end of the next working day	CCG CSU CSU

Complaints Summary	• Personal contact to agree 'heads of complaint' and desired outcomes • Explanation of process and timescales • Consent sought	CSU CSU CSU
Investigation	• Sent for investigation with agreed timescale • Complaint investigated • Investigation findings received and accepted	CSU Invest CSU
Response	• Response drafted and sent to CCG • CCG clinical and quality review, accept, sign, send to complainant with a copy to CSU	CSU CCG
Improvements and Lessons Learned	• Individual actions to resolve complaint • Wider service improvements	Shared Shared

The CCG achieved the score of developing for outcomes 3.1 – 3.6

The graphs below show the percentages of staff who attended the grading event and how staff voted for each outcome

To support evidence for goal 3 – A representative and supported workforce - a staff survey of 11 equality and inclusion related questions was carried out asking staff views on their views on equalities related knowledge and practice across the CCG. The questionnaire and summary of findings can be found in appendix 1

33 respondents completed the questionnaire out of a workforce of 74 staff

3C - Goal 3 A representative and supported workforce

3.1 **Fair** NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing

Outcome 3.1
Evidence presented for goal 3.1, 100% of staff attending the grading felt that the CCG was developing.

- Our website has step by step guidelines and procedures to ensure a fair recruitment and selection process.
- The CCG's Head of Governance and Corporate Business oversees that managers understand and follow the fair process.
- Disability Confident Employer Scheme
- We carry out technical and value based interviews

- We utilise anonymous application forms to reduce unconscious bias

3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Developing

II) Outcome 3.2

3.2 the NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfill their legal obligations

5

■ underdeveloped   ■ developing

Evidence presented for Goal 3.2

- Job evaluation – There is an opportunity during the process of integrated organisation to ensure that any new posts created, are evaluated by the Human Resources Team, prior to being advertised internally or externally
- During transformation, there will be a clear talent management recruitment and retention plan to:
  - o ensure that suitably qualified and experienced staff, will be sourced and retained
  - o achieve Gender Pay Gap Reporting
  - o evidence our WRES as the organisation is consolidated

3.3 Training and development opportunities are taken up and positively evaluated by all staff	Underdeveloped

III) Outcome 3.3

Outcome 3.3 Training and development opportunities are taken up and positively evaluated by all staff

0 0

2

3

■ underdeveloped   ■ developing   ■ achieving   ■ exceling
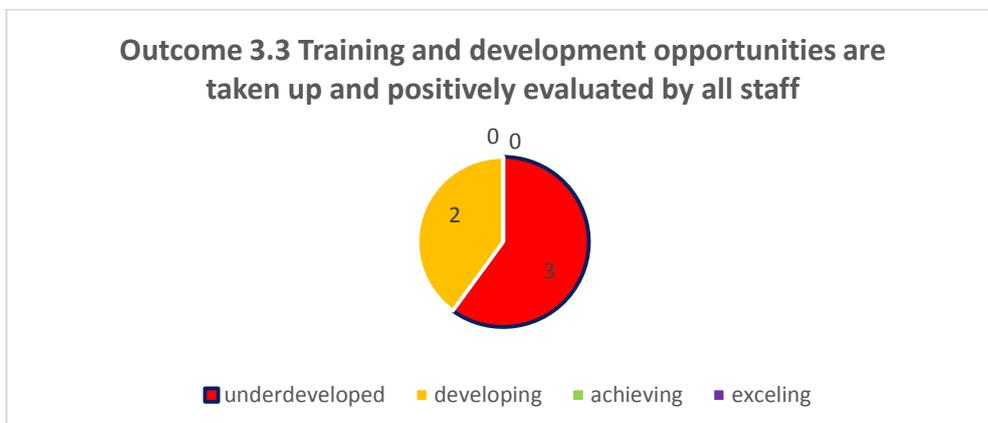
Evidence presented for outcome 3.3

- Governing Body Training inclusive of EDHR planned for 2018

- EIAs 1:1 coaching conversations
- Uassure EIA training
- Briefing with Commissioners re EIA embedded in the Commissioning cycle
- List of staff briefings and Staff Engagement Events are available
- Staff have access to statutory and mandatory training programmes
- Staff survey results will inform the appraisal process and EDS2
- 19 respondents to the staff survey felt they have had the opportunities for training and development not including mandatory training, 13 felt they had no access to training

3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing

IV) Outcome 3.4

outcome 3.4 when at work staff are free from abuse, harassment bullying and violence from any source

- Underachieving ■ developing ■ achieving ■ excelling

Evidence presented for goal 3.4

- Promotion of Anti bullying and harassment policy is planned
- Staff Forums, staff briefings raise awareness
- The CCG ensures that all staff are aware of the expected standards of performance and will provide appropriate training and support to ensure such standards are achieved. This procedure provides a fair, objective, consistent and confidential way of dealing with matters when standards of work performance fall short of the required standard.
- Action plan developed in response to Staff survey results.
- Equalities questionnaire highlighted than no staff had experienced discrimination from their manager or colleagues in the workplace

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3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving

V) Outcome 3.5
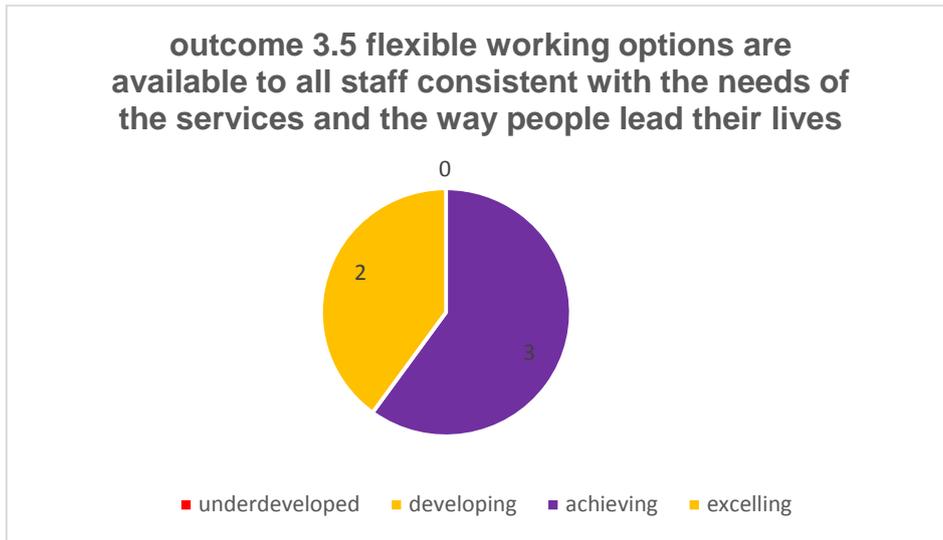
Evidence presented for goal 3.5

- We implement a Flexible Working Policy and this is supportive for staff with caring responsibilities and communicates our message that all staff are valuable contributors to our performance outcomes.

3.6 Staff report positive experiences of their membership of the workforce	Developing

VI) Outcome 3.6
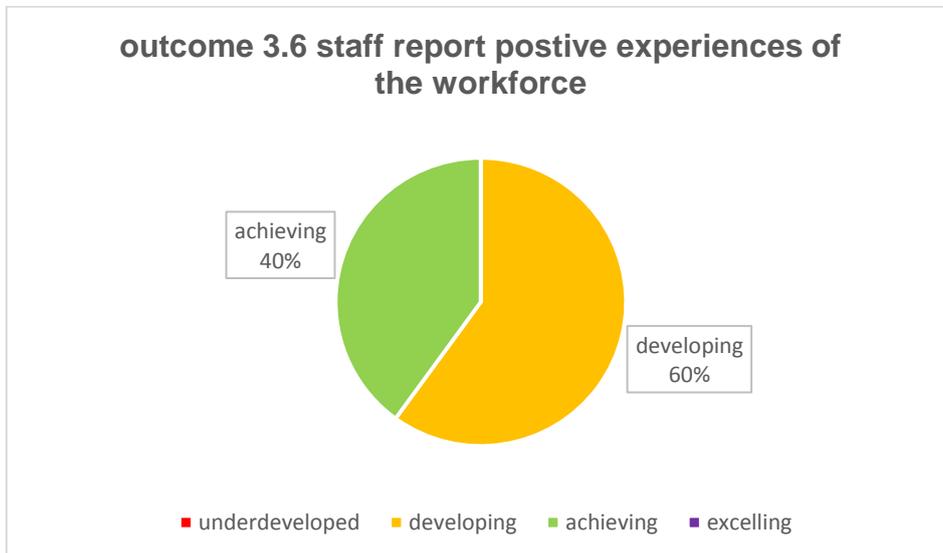

Evidence presented for goal 3.6

- Staff survey showed high % evidence
- Positive communication across the CCG
- Good functioning teams
- Stable workforce
- Good office space
- Thank You initiatives

- Team events
- Strong commitment to Patient Care
- Staff Exit form captures positive experience

The CCG maintained their grading of '**Developing'** for Outcome 4.1 ,4.2 and 4.3.   The graphs below show the percentages of the staff who attended the grading event and how staff voted for each outcome:

3D - Goal 4 Inclusive leadership at all levels

| **4.1** Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation	Developing
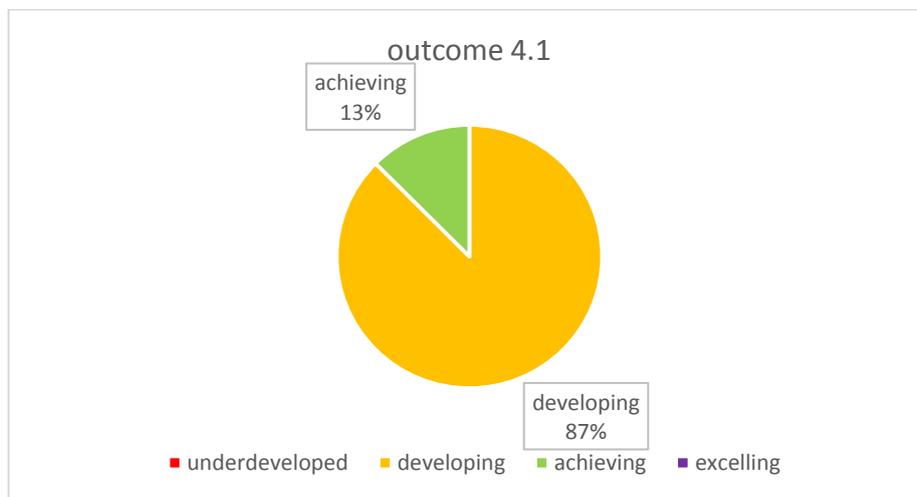
Evidence for EDS Outcome 4.1

- Staff data Cleanse
- Equality reporting
- Equality Impact Risk Assessments
- Equality and Inclusion training
- Staff forum led by chief officer
- Stakeholder questionnaire and newsletter
- Equality Website Page
- Patient and Public Engagement
- Contract monitoring
- Better Care Together
- Equality and Inclusion Lead and accountability for CCG
- Equality and Engagement strategy group
- Collaborative working with council and other stakeholders
- Art of hosting "social movement" community empowerment
- Patient and Pubic Engagement Mandated equality training
- Collaborative working with local council, health watch, voluntary sector and other stakeholders
- Governing Body session planned for 2018
- Equality Impact Assessment (EIAs) sessions
- EIA help via Equality and inclusion business partner

- Senior Management Equality Lead –Jacqui Thompson
- Proactive Engagement and communication across MB
- Communication and engagement team covering Morecambe Bay footprint
- Communication and Engagement Strategy being developed
- Complaints and compliments team MLCSU, Looks at complaints / feedback to evidence good equality culture
- Policies and Procedures
- Equality and Engagement Strategy Group, CCG, Health Watch and Lay member
- Moving towards Accountable care system
- Andy Knox previous award around leadership

4.2 Papers that come before the Board and other major committees identify equality related impacts and say how these risks are managed	Developing

EDS Outcome 4.2:

outcome 4.2
achieving 0%
developing 100%
■ underachieving ■ developing ■ achieving ■ excelling
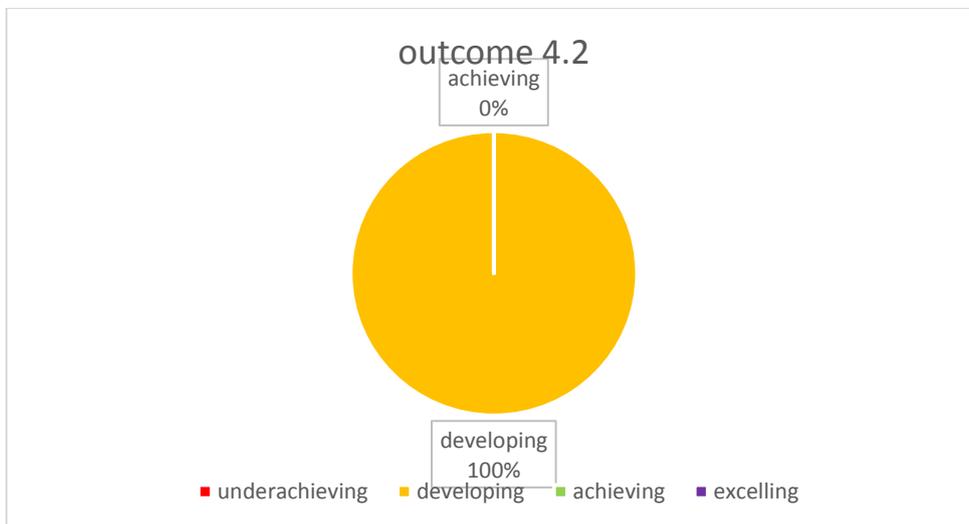
Evidence for 4.2

- All papers submitted to the Governing Body Meetings include a front cover sheet – this requires the author to demonstrate how their paper has proportionally considered Equality and Inclusion by stating if an EIRA has been completed.
- The Equality Impact and Risk Assessment Toolkit has a section on risks and an action plan section to state how the equality risks will be managed.

> **Equality Impact Assessments (EIAs) – evidence of due regard**
> - The CCG decision makers have awareness of how they can evidence that they have considered needs of different groups.
> - Moving to EIAs to be completed for all commissioning and policies:
> - A template to record impact of decision making involving data / evidence / specialist knowledge of groups. Includes Human Rights screening
> - Examine impacts on groups with all Protected Characteristics and other wider determinants of health e.g. deprivation / Asylum seekers
> - Highlights risk before a decision is finalised
> - Once done they are Quality Assured and attached to front sheet for ratifying at the

> relevant meeting.
> - The CCG's Governing Body have overall responsibility for ensuring that the CCG complies with their legal Equality duties

- Equality mandated reporting shared with the CCG
- Accessible Information Standard to meet differing communication needs of patients
- Annual Equality and Inclusion Development session keeps the Board updated with their legal duties
- Meetings / agendas
- Papers - front cover
- Equality Impact Assessments - EIA's
- Risk register and Risk Management Process
- Governing Body Equality and Inclusion session

How the CCG identify equality related risks:

- Staff awareness of Equality issues
- Engagement to affected groups
- Compliance with Brown and Gunning principles
- EIAs logged and quality assured
- Papers for Governing Body have an EIA completed for compliance
- Process for managing risk in place

Governing Body role:

- Annual development session
- To maintain high level of awareness of meeting the duties of the Public Sector Equality Duty
- Needed in order to reduce risk of challenge, complaint and judicial review

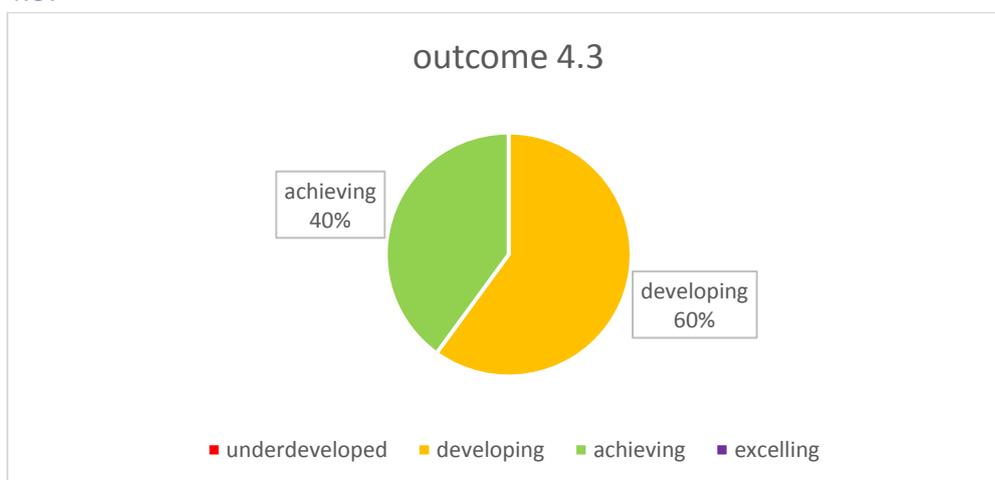|	
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing

Evidence for 4.3

- Building compliant with disability laws
- Managers understanding of equality issues
- WRES- Workforce Race Equality Standard - Action Planned for 2018 DWES
- One to Ones
- Incident reporting
- Staff survey
- Forum groups – feedback
- Policies (Human Resources)
- Recruitment
- Annual Appraisals

- Weekly staff bulletins / Team Meetings / Weekly face to face staff briefings

The work environment

- Accessibility– disability compliant
- Safe working – Security
- Adaptive office furniture
- Reasonable adjustments – 30% of respondents in equalities survey identified they had had reasonable adjustments within their job
- Religious observance flexible hours, room for prayers? annual leave option
- Flexi hours requests – helpful for carers
- Policies such as - Code of conduct, use of IT and incident reporting

EDS Outcome 4.3:

outcome 4.3

achieving 40%

developing 60%

■ underdeveloped ■ developing ■ achieving ■ excelling

4 EDS Grading Feedback from CCG Staff

Staff reported that they enjoyed the grading assessment and found it accessible, staff also found the session factual, informative and interactive. There was general feeling that the CCG has areas where it is inclusive but still has some way to go to meet the needs of all staff.

5 Reporting and Publishing the EDS Report

The EDS report for 2017 will be published on the CCG's website. The EDS report will be sent to NHS England to assure them of the CCG's compliance with the EDS NHS mandated standard.

6 Monitoring and Reviewing

Trafford CCG will continue to monitor and review the progress of the EDS on an annual basis with the support of the Equality and Inclusion Business Partner, NHS Midlands and Lancashire Commissioning Support Unit (MLCSU). Staff, Executive Teams, patient groups and partner organisations will continue to be involved in ensuring improved outcomes for all the protected groups.

7 Recommendations

1. Approve the report for publication on the CCG's website.

2. Equality Impact and Risk Assessment (EIRA) training will be the focus for the Equality and inclusion work for 2018-19 to ensure that all staff understand the EIRA process and can identify when to implement the EIRA process.

3. Add Equality and inclusion to induction process for new staff – induction with the E&I Business Partner, MLCSU.

4. Inform staff how to contact the Equality and inclusion business partner, MLCSU via the staff bulletin newsletter.

5. Regular communications about EDS prior to the CCG's grading assessment to keep staff well informed about the process and what the CCG are focusing on annually.

6. When Equality Impact and Risk Assessments are not completed at the beginning of a project, the CCG to add to the CCG's Risk Register – this is an area of risk to the organisation as the CCG could be potentially challenged on how they have considered the equality groups when making decisions.

8 Conclusion

Overall, it was a positive assessment of the CCG continuing to move in a positive direction in regard to its equality journey and compliance in demonstrating 'due regard' the Public-Sector Equality Duty, Equality Act 2010

1.   Note the content of the report

2.   Approve the recommendations within the report

This report has been produced by the: Equality and Inclusion Team, Midlands and Lancashire Commissioning Support Unit

April   **2018**

	Objective	Narrative	Outcome	2017
1.	Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	**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
2.	Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used to improve patient experience	**2.1** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing
			2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
			2.3 People report positive experiences of the NHS	Developing
			2.4 People's complaints about services are handled respectfully and efficiently	Developing
3.	A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	**3.1 Fair** NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing
			3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Developing
			3.3 Training and development opportunities are taken up and positively evaluated by all staff	underdeveloped
			3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	developing
			3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	achieving
			3.6 Staff report positive experiences of their membership of the workforce	developing
4.	Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	**4.1 Boards** and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	developing
			4.2 Papers that come before the Board and other major Committees identify, equality related impacts including risks and say how these risks are managed	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	developing

Appendix 1

Morecambe Bay Clinical Commissioning Group Staff Survey

This survey is being sent to all staff employed by Morecambe Bay CCG to help support the CCG in meeting the mandated NHS England - Equality Delivery System (EDS) requirements of EDS Goal 3: A representative and supported workforce.

We will be grateful if you could take a little time to complete this staff survey, it aims to find out your views of how equality and inclusion are promoted in the workplace. We would like to get 100% participation in order to ensure that each and every employee's voice is heard.

Your views are really important in letting us know how staff feel about working here and to highlight areas that we need to improve to make sure that the workplace is a fair and inclusive workplace.

The results of this survey will provide us with the opportunity to understand your views and experiences throughout your employment with us.

Response by Friday 19th January 2018

SURVEY

Please tick only one box for each question

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
There is a culture of valuing Equality, Diversity and Human Rights in this organisation					
The organisation welcomes and accommodates the different needs of all staff					
I am aware of how to raise an Equality and Diversity concern/complaint in this organisation					
How aware are you of the following Equality and Diversity policies in the CCG?	**No knowledge**	**Little knowledge**	**Some knowledge**	**Familiar with**	**Fully familiar with**
Equal Opportunities Policy					
Equality and Diversity Policy					
Whistle Blowing Policy					
Bullying and Harassment Policy					
Flexible Working Policy					

Secondment policy					
Do you know who to ask for support around Equality and Inclusion in the CCG	Yes	No	Not Sure		
Do you know who the equality lead is on the CCG Governing Body?	Yes	No	Not sure		
Do you think the recruitment and selection process and opportunities for promotion are fair in the CCG?	Yes	No	Not sure	Prefer not to say	
	If you answered No, please briefly explain why this was				
Do you think that men and women have equal opportunities in the CCG?	Yes	No	Not sure	Prefer not to say	
	If you answered No, please briefly explain why this was				
At any time during your employment have you had any reasonable adjustments made for you in relation to a disability or/and for caring responsibilities?	Yes	No	Not sure	Not applicable	
	Please can you briefly explain your answered				
Does your manager take a positive interest in your health and well-being?	Yes	No	Not sure		
	If you answered No, please briefly explain				
Do you feel you have had the opportunities for training and development (please do not include mandatory training)	Yes	No	Not sure		
	If you answered No, please briefly explain				
In the last 12 months have you personally experienced discrimination at work from any of the following? a. **Patients/service users, their relatives or other members of the public or** b. **Manager / team leader**	Yes	No	Not sure		
	If you answered Yes, please briefly explain why this was				

or other colleagues					
How familiar are you with the Workforce Race Equality Standard mandated by NHS England?	Very familiar	Familiar	Some knowledge	Little knowledge	No knowledge
I am aware of how to complete an Stage 1 and Stage 2 Equality Impact and Risk Assessment	Not applicable to my role at the CCG	I am not aware of the process	I am aware of the process but have not completed an assessment	I have completed a stage 1 assessment	I have completed a stage 2 assessment
How familiar are you with the Accessible Information Standard	Very familiar	Familiar	Some knowledge	Little knowledge	No knowledge
Please add any further comments to you have in relation to this staff survey	Further comments				

Summary of findings from questionnaire

- 33 staff completed the questionnaire.
  - Most staff were between 46 -55 age group, followed by 36 - 45 years.
  - 22 were female.
  - All staff who participated had the same gender as birth,
  - 30 were neither pregnant or on Maternity leave.
  - 30 were White British, 2 chose not to say.
  - 29 had no disability, 3 staff preferred not to say.
  - 30 of the staff were heterosexual,
  - 20 were Christian but 10 felt they had no religion or belief
  - 24 were married.
- From the questions asked most staff felt that women and men had equal opportunities in the CCG but 10/33 were not sure of preferred not to say
- 11 staff had had reasonable adjustments and 29/33 felt their manager took a positive interest in their health and wellbeing.
- 19 staff felt they had access to training outside the mandated modules we must complete, but 13 felt they had no access and so had little opportunity for progression.
- 31 staff had never experienced discrimination at work from Patients/service users, their relatives or other members of the public or from Manager / team leader or other colleagues.
- 26 staff had some knowledge of the Workforce Race Equality Standard. 19 of the 33 respondents were aware of how to complete an Equality Impact assessment but only 6 had completed one. Finally, 10 staff has some knowledge of the Accessible Information standard. 11 had some and 5 were familiar.