

CCG Equality and Diversity Workforce Survey: FAQs

How was the survey undertaken?

The survey was designed to use data already available to CCGs using information that they are required to collect anyway as part of their equality duties. It was first performed in 2013, the results can be found at: http://www.england.nhs.uk/wp-content/uploads/2013/12/nationaled_surveys_V8-2013-12-06.pdf

Why is NHS England asking for this information?

We have asked CCGs to share information about their workforce profile in relation to gender, age, disability, religion and ethnicity, for the whole CCG organisation and also specifically for the governing body and GP members of the governing body. This is for several reasons:

- To understand to what extent the skill of the whole workforce are being used, allowing everyone to develop their potential, particularly people with protected characteristics such as ethnicity.
- To ensure we have a leadership that reflects the communities they serve
- To help us in determining our approach to leadership development for commissioning in the future, to ensure it is adequately focused on supporting diversity as needed
- To understand to what extent the principles of equality and diversity, which are embedded in the vision and values of the new NHS system are reflected in CCGs

How might the survey benefit CCGs?

CCGs may find that completion of the survey will help them to meet:

- the requirements of the Public Sector Equality Duty
- implementation of the Equality Delivery System – EDS2 and the Workforce Race Equality Standard
- equality aspects of the NHS Constitution
- equality aspects of the NHS Outcomes Framework
- equality aspects of CQC's inspection regime
- equality aspects of the Human Resources Transition Framework - See more at: http://www.institute.nhs.uk/building_capability/breaking_through/equality_and_diversity_system.html#sthash.cUMnz5GS.dpuf

What is the Workforce Race Equality Standard and the EDS2?

Recent reports have highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population. In response the NHS Equality and Diversity Council announced on July 31st 2014 that it had agreed action to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The first is a Workforce Race Equality Standard that would, for the first time, require organisations employing almost all of the 1.4 million NHS workforce to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

Alongside the Standard, the Equality Delivery System (EDS2) will also become mandatory in the NHS standard contract from April 2015. This is a system, which has previously been voluntarily implemented across the NHS. EDS2 aims to help organisations improve the services they provide for their local communities and provide better working environments for all groups.

The proposal would be applicable to providers, and extended to clinical commissioning groups through the annual CCG assurance process.

Why were optional questions asked about the involvement of sessional GPs in decision making and succession planning?

Sessional GPs are an increasing proportion of the primary care workforce. Inclusion of these optional questions aims to raise awareness of the disparity in CCG Constitutions towards sessional GPs which may exclude them from membership of some CCGs or eligibility to apply to senior leadership roles. The engagement of this significant majority is important to the collective impact of clinical commissioning, back fill and current and future leadership capacity, particularly because women have a greater propensity to work as a sessional GP.

Why does the survey not have more specific details about the sexual orientation, ethnicity, religion and disability of individual CCG Governing Body members, such as the Accountable Officer or Chair?

NHS England has a duty to protect individual privacy; the only personal data that should be published is data generally in the public domain. The handling of personal data is regulated by the Data Protection Act 1998, which the Information Commissioner's Office oversees. As the data is sensitive this restricts how much can be done with it at a CCG level. The small number of individuals in a CCG Governing

Body increases the risk of the identification of individuals and associated protected characteristics/sensitive personal data not likely to be in the public domain (such as Sexual Orientation, Ethnicity, Religion, Disability – Physical and Mental Health).

CCGs were asked for equality and diversity information of their workforce. For most dimensions information is requested only for the whole CCG workforce. However for two (gender and ethnicity) information was requested for the whole workforce, the governing body and GP members of the governing body. We were able to do this as it is likely that these details about the Governing Body (gender and ethnicity) can reasonably be expected to be in the public domain either via public meetings of the Governing Body or through details in the CCGs Annual Report.

How was data security protected?

Data security is paramount, which is why we have liaised with experts in the Department of Health and the Health and Social Care Information Centre to design a collection process that conformed to ethical and data protection standards that included:

- use of a secure NHS mail inbox and email address specifically for the survey
- ensuring that any potentially identifiable data that occurred was suppressed, and will not be shared. Therefore no individual will be identifiable. The advice we have been given is to suppress any data values less than 5
- password protection of the survey and all analyses
- restricted access to the data

The above safeguards can only apply to data received in NHS England, individual CCGs are responsible for the safeguarding of personal information within their organisations and in transit.

Contact:

For more information contact the Equality and Health Inequalities Team at NHSEngland: england.eandhi@nhs.net