

**Clinical Commissioning Group Governing Body**  
**Paper Summary Sheet**  
**Date of Meeting: 22 March 2016**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/16/03/21 Equality Information – Compliance Report 2016</b>
<b>Author:</b>	David Noyes, Director of Planning, Performance and Corporate Services
<b>Lead Director/GP from CCG:</b>	David Noyes, Director of Planning, Performance and Corporate Services
<b>Executive summary:</b>	<p>The Public Sector Equality Duty (PSED) is a specific duty placed on public authorities and requires us to publish equality information to demonstrate our compliance with the legislation set out in the Equality Act 2010. An equality compliance report is to be published by the CCG by the end of January 2016. This report is available on the CCG website.</p> <p>The CCG has arranged a Service Level Agreement specification with the CSU to provide specialist assistance for this area as the CCG takes forward its performance assessment for Equality &amp; Diversity using the 'Equality Delivery System for the NHS (EDS2)'.</p>
<b>Evidence in support of arguments:</b>	<p>Equality Impact Assessments are undertaken and presented with papers to the Governing Body to inform discussion and approval. CCG staffs undertake mandatory equality and diversity training.</p> <p>The Report will support compliance with the Equality Act 2010.</p>
<b>Who has been involved/contributed:</b>	The report has been drafted in collaboration with the CSU.
<b>Cross Reference to Strategic Objectives:</b>	The report contributes to all strategic objectives as it aims to improve equality and diversity.
<b>Engagement and Involvement:</b>	This is an internal document and has not received further engagement or involvement at this time.
<b>Communications Issues:</b>	This document has been published on the CCG website since February 2016 and is available for release under the FOI Act.

<b>Financial Implications:</b>	There are no direct financial implications.
<b>Review arrangements:</b>	The report will be reviewed after one year.
<b>Risk Management:</b>	The report will reduce the risk of discrimination.
<b>National Policy/ Legislation:</b>	The report supports the requirements of national policy and legislation, particularly the Equality Act 2010 and the Public Sector Equality Duty.
<b>Equality &amp; Diversity:</b>	An Equality Impact Assessment has been carried out and no negative impact has been identified.
<b>Other External Assessment:</b>	None.
<b>What specific action do you wish the Governing Body to take?</b>	The Governing Body is asked to note the report.

# Equality Information – Compliance Report 2016

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If you have any comments, suggestions or feedback about this document, please contact the Communication and Engagement Department.

The report is currently in draft format. It will be ratified at the Governing Body in March 2016.

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## 1. Introduction

### 1.1 About NHS Wiltshire Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group (CCG) is a commissioning organisation, that is to say, we plan and buy health services for Wiltshire residents. We do not provide health services ourselves. For more information on what health services we commission, please visit our [website](#).

The CCG came into existence on the 1<sup>st</sup> April 2013.

### 1.2 Public Sector Equality Duty and the purpose of this document

The Public Sector Equality Duty (PSED) is a specific duty placed on public authorities and requires us to publish equality information to demonstrate our compliance with the legislation set out in the Equality Act 2010.

In this document we set out what we are currently doing to comply with the general duty.

The document is structured in four sections<sup>1</sup>:

- i. Equality information on our workforce and leadership;
- ii. Equality information on our services;
- iii. Equality information on our ways of working;
- iv. Equality information to show due regard to the three aims of the general duty.

## 2. Profile of equality groups in Wiltshire

The population of Wiltshire, based on September 2015 data, is approximately 485,770.

The following are headline figures for different sections of the community in Wiltshire:

- Children (aged between 0-15) make up 18.0% of the population, people of pensionable age (65+) make up 20.2% of the population and the largest age group is people of working age (16-64) who make up 63.4% of the population.
- There is a near equal split between males and females.
- The Black and Minority Ethnic (BME) population make up 4.7% of the Wiltshire population
- Within the BME groups of Wiltshire population, the Moroccan community is considered to be the largest outside London. The Safe

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<sup>1</sup> Based on the format used by the Equality and Human Rights Commission

and Sound report identified 106 self-declared ethnicities in Wiltshire. There are also significant African-Caribbean, Polish, Slovakian, Chinese, Bangladeshi, Pilipino, Gypsy and traveller, Indian and Pakistani communities in Wiltshire and a significant gypsy and traveller community.

- The majority of Wiltshire's residents reported that they were Christian (64%) or had no religion (26%). The largest religions other than Christianity are Muslim (0.4%) and Buddhism (0.3%) with Hindu, Jewish and Sikh groups making up 0.4% of the population. (Wiltshire Census 2011)
- The government establish that 5-7% of the population is lesbian, gay or bisexual, so Wiltshire may have approximately 23,850 people who are lesbian, gay or bisexual.
- The Gender Identity Research and Education Society, GIRES, estimate (in 2011) that 0.6%-1% of the population (16+) experience some degree of gender variance, which in Wiltshire (based on 16+ population of 400,680) would equate to approximately 2,404 - 4,007 people. The majority of these would continue to live in their birth gender and not request medical intervention, and GIRES estimates that, at some stage, about 0.2% may undergo treatment for gender transition – an estimate of up to 801 people in Wiltshire.
- 97.5% of residents' main language is English, and 99.6% of the resident population of Wiltshire can speak English well. Polish is the main language spoken after English. This was followed by Nepalese, German, Tagalog (Filipino) and Chinese.
- 10% of the population are carers.

### 3. Equality Information on our Workforce and Leadership

#### 3.1 Workforce

Information is collected on an annual basis on the CCGs workforce and where possible against the protected characteristics. As of 31<sup>st</sup> December 2015, there were 120 people.

The majority of workforce is female (75.8%) within the CCG. The majority of the workforce has declared an ethnic group of 'White-British' (93.3%). 9.1% of the workforce of the CCG are aged 60 years and over.

As the numbers are so small, it is relatively easy to identify staff and as a consequence this gives rise to potential breaches of confidentiality. The PSED exempts those organisations with fewer than 150 staff from publishing information relating to the protected characteristics of their employees.

The CCG has in place, and has implemented a number of workforce related policies that support and protect staff from discrimination, harassment, bullying and victimisation.

### **3.2 Leadership**

The CCG governing body is made up of GPs, lay members, clinical and health professionals from the workforce. As there are only 13 board members, the CCG are again exempt from publishing equalities information relating to their protected characteristics.

However, it is important to note that the core attributes and competencies for all Board members include a requirement to 'be committed to ensuring that the organisation values diversity and promotes equality and inclusivity on all aspects of its business'.

Individual members of the governing body will bring different perspectives, drawn from their different professions, roles, backgrounds and experience. These differing insights into the range of challenges and opportunities facing the CCG will, together, ensure that the CCG takes a balanced view across the whole of its business.

The CCG has a lay member on the governing body with specific responsibility for Patient and Public Involvement.

## **4. Equality Information on our Services**

The CCG does not provide health services, but plans and buys (commissions) health services for the population of Wiltshire.

The CCG hold monthly Clinical Quality Review Meetings (CQRMs) with each NHS Provider at which relevant Equality and Diversity areas are discussed such as mixed sex accommodation and the underlying essence of care requirements. These meetings are discussed further in the next section of this report.

## **5. Equality information on our ways of working**

The Director of Planning, Performance and Corporate Services provides strategic leadership on equalities and assurance to the CCG Board on whether we are meeting our statutory obligations.

The CCG has an Equality and Diversity Strategy which is available on our website, which was updated in 2015. A yearly action plan accompanies the CCG's Strategy.

The Equality and Diversity Strategy has revised the following equality objectives for the CCG over the period, April 2015 to March 2018:

- To develop a fresh strategy and action plan for promoting equality, diversity, Human Rights, inclusion and reduction in health inequalities including the implementation of the revised Equality Delivery System.
- To increase awareness of the importance of promoting equality/reducing health inequalities within the CCG and across member practices.
- To improve quality of and accessibility to demographic profile of Wiltshire by protected characteristics and identify variations in health needs to enable staff to undertake meaningful equality impact analysis on the work as it develops.
- Support staff to put equality/reduction in health inequalities at the heart of commissioning cycle.

The CCG requires all staff to undertake mandatory Equality and Diversity training. Training is provided by an online module which staff have to pass. The Trust also provides face to face training and have implemented the Equality and Diversity Champions within each directorate. There is not an explicit requirement in the Equality Act 2010 about type or level of training.

The CCG conducts Equality Impact Assessments (EIAs) on all policies, Governing Body papers and when formulating proposals for changes to services to ensure that these do not discriminate against protected groups and to identify opportunities to promote equality. The EIA forms will be approved by the Executive Sponsor for the work. Examples of Equality Impact Assessments are available on our website and are attached to the relevant governing body papers.

During 2015/16, the CCG has been procuring a new contract for Adult Community Services. In line with the CCG's five year strategy, the aim of the procurement is to seek an enhanced adult community healthcare service.

The procurement has been complex due to the size of the current contract and the arrangements in place across Wiltshire with the current provider. Patients have been involved in this process of reviewing existing service specifications with the CCG describing outcomes for future services. This has ensured that there has been appropriate engagement.

Commissioning of these services has been influenced by the [Joint Health & Wellbeing Strategy](#) produced by Wiltshire Council Public Health. An EIA has been undertaken and presented to the Governing Body.

The CCG continues to aspire to be systematic in how it engages people in the development of its commissioning intentions and we do this through a series of engagement events, including public meetings and stakeholder events.

We will continue to engage patients and stakeholder when we are developing our commissioning strategies. Examples of how we plan to do this include:

- Holding meetings throughout the year to give residents of Wiltshire the opportunity to share their views and be involved in the development of the CCG's plans
- Create members list of patients and carers to help us review and look at different services and patient pathways
- Working more closely with Healthwatch Wiltshire on specific projects
- Consider the impact on people with protected characteristics, identified by the Equality Act 2010, when redesigning services

We require providers to meet equality and diversity legislative requirements as part of the procurement process for new or revised commissioning contracts.

The CCG is committed to providing the best possible service at all times. We welcome suggestions and feedback about our services and want to resolve any problems experienced to help make local healthcare services more effective. The CCG oversees all comments, concerns, compliments and complaints that are received.

Complaints and PALS is an impartial service and will try and resolve any concerns or problems that are raised by patients, their families and/or representatives. Complaints can be made in writing, by e-mail, by telephone or in person.

Complaints and PALS provide regular reports to the CCG Governing Body and a Complaints report is also presented to the Quality and Clinical

Governance Committee. This report will be developed to include the protected characteristics of the individual where disclosed.

The CCG has a regular programme of meetings 'Clinical Quality Review meeting (CQRM) with providers. During these meetings, the following issues are raised and where needed, the provider is required to implement an action plan which is then monitored. Issues discussed include:

- Quality Indicators including the Safety Thermometer and mixed sex accommodation breaches.
- Incidents where patient safety was compromised, including incidents of abuse, harassment, bullying and violence, across the protected characteristics.
- Survey information showing patients' experience of treatment and care outcomes, for all major services or departments. The most notable of this is the Friends and Family Test.
- Information from PALS, indicating the issues that patients most complained about, with follow-up information on redress

We are currently working with other NHS colleagues and the local Healthwatch Wiltshire to develop and support a group of representatives from across the equalities communities to help us in our work to improve healthcare services.

Our premises are accessible and we ensure that all our public meetings are held in accessible premises.

## **6. Equality Information to show due regard to the three aims of the General Duty**

### **6.1 Workforce**

We have systems and procedures in place to implement the aims of the general equality duty:

- Elimination of discrimination, victimisation and harassment:

The Quality and Clinical Governance Committee has delegated powers to approve policies and have been appraised of their role in relation to the requirements of the Equality Act and PSED ensuring the CCG meet the relevant duties.

- Advancing equality of opportunity and fostering good relations:

We are a comparatively small public sector organisation, and do not have the critical mass to sustain our own staff networks. We are looking at mechanisms for involving our staff including the Bristol, North Somerset and South Gloucestershire wide Black and ethnic Minority, Disability and Lesbian, Gay and Bisexual and Transgender staff networks.

## **6.2 Patient and Public**

- Elimination of discrimination, victimisation and harassment:  
As mentioned earlier, we use EIAs to ensure that the CCG is meeting general duty and we require providers to comply with equalities legislation.
- Advancing equality of opportunity and fostering good relations:

The CCG has adopted the NHS Equality Delivery System (EDS2) as its equality performance tool, to assess performance.

The CCG Executive Lead assisted by the CCG Equality and Diversity Lead conducted a review of our performance against the EDS2 framework supported by feedback from a Stakeholder event in November 2015, the CCG staff survey, staff partnership forum, the people group, our performance reporting and other routine governance reports, see Annex A.

### **Prepared by:**

David Noyes, Director of Planning, Performance and Corporate Services  
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## **EDS2 Performance Assessment (March 2016)**

### **Introduction**

In November 2013 NHS England issued the updated Equality Delivery System (EDS2) designed to be slimmer and more flexible. The system has been simplified and two of the outcomes changes from the original EDS. The CCGs adopted the use of EDS as part of their Equality and Diversity strategy during the authorisation process.

### **A generic tool**

*EDS2* is a generic tool designed for both NHS commissioners and NHS providers. As different NHS organisations apply *EDS2* outcomes to their performance, they should do so with regard to their specific roles and responsibilities. They may have to adjust the generic language of the outcomes to suit what they do. Moreover, NHS commissioners should apply *EDS2* in light of the performance of the providers they commission services from. NHS commissioners might also ask private providers who provide NHS services for all or some of their patients, working under contracts to them, to use *EDS2* as appropriate.

### **People covered by *EDS2***

*EDS2* should be applied to people whose characteristics are protected by the Equality Act 2010. The nine characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

## Other disadvantaged Groups

EDS2 can also be readily applied to people from other disadvantaged groups, including people who fall into “Inclusion Health” groups, who experience difficulties in accessing, and benefitting from, the NHS. “Inclusion Health” was defined in a Social Care Task Force and Department of Health publication of 2010.

These other disadvantaged groups typically include but are not restricted to:

- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as women and men involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated

## EDS2

NHS organisations should choose which aspect of each protected characteristic to focus on when using *EDS2*. Local insight and evidence, and discussion with local stakeholders, should inform the choice. At any one time, assessing and grading the performance of NHS organisations across all the aspects of each protected characteristic will not be useful if it draws attention away from either significant progress or the most serious inequalities. However, it would be sensible for NHS organisations to ensure that all aspects of all characteristics are explored in the longer-term, in a balanced way.

Grading	Undeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people overall OR evidence is not available	If evidence shows that the majority of people in three to five protected groups fare as well as people overall	If evidence shows that the majority of people in six to eight protected groups fare as well as people overall	If evidence shows that the majority of people in all nine protected groups fare as well as people overall

For the following outcomes, the grading rules are different:

- 4.1: choose 10 to 20 instances when Governing Body members and senior leaders had the opportunity to demonstrate their commitment to equality in the past year or, if needs be, a longer period; assess and grade the extent to which the Board and senior leaders showed a strong and sustained commitment to promoting equality, within and beyond the organisation.
- 4.2: select 10 to 20 substantive papers that came to the Governing Body and other major committees in the past year or, if needs be, a longer period; assess and grade the extent to which the selected papers took account of equality- related impacts, including risks, and said how risks will be managed.

During 2015, Wiltshire CCG carried out a self-assessment by key personnel within the CCG.

The summary results of this assessment exercise are as follows:

<b>EDS2 Goals</b>	<b>Self-Assessed Grade</b>
1. Better health outcomes	Achieving
2. Improved patient access and experience	Achieving
3. A representative and supported workforce	Developing
4. Inclusive leadership	Achieving
<b>Overall Grade</b>	<b>Achieving</b>

<b>EDS2 Outcomes</b>	<b>Self-Assessed Grade</b>
1.1 Services are commissioned, designed and procured to meet the health needs of local communities	<b>Achieving</b>
1.2 Individual people's health needs are assessed, and met in appropriate ways	<b>Achieving</b>
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<b>Developing</b>
1.4 When people use NHS services, their safety is prioritised and they are free from mistakes, mistreatment and abuse	<b>Achieving</b>
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	<b>N/A</b>
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	<b>Achieving</b>
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	<b>Achieving</b>
2.3 People report positive experiences of the NHS	<b>Achieving</b>
2.4 People's complaints about services are handled respectfully and efficiently	<b>Achieving</b>
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	<b>Achieving</b>
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	<b>Achieving</b>
3.3 Training and development opportunities are taken up and positively evaluated by all staff	<b>Achieving</b>
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	<b>Developing</b>
3.5 Flexible working options are available to all staff, consistent with the needs of the service and the way people lead their lives	<b>Achieving</b>
3.6 Staff report positive experiences of their membership of the workforce	<b>Developing</b>
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	<b>Achieving</b>
4.2 Papers that come before the Governing Body, Quality and Assurance Group and other major committees identify equality-related impacts, including risks, and say how these will be managed	<b>Achieving</b>
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	<b>Achieving</b>

## Reasons for Grading (Wiltshire CCG January 2015)

A more detailed presentation of the grade awarded against each outcome is given below, along with the reasons given for the award of each grade.

Goal	Outcome	Evidence	Initial Grading
<b>Better health Outcomes</b>	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<p>Our commitment to equality and diversity is set out in the Five Year Strategy and services are contracted using the standard NHS contract template which includes quality and diversity in schedule (SC13). Project plans and Procurement of new services include a requirement to complete an equality assessment impact when appropriate, as does every Governing Body paper requiring decision.</p> <p>Our commissioning intentions and plans are framed around the Joint Strategic Needs Assessment (JSNA) where data is available at a very localised level enabling us to design service change with the specific needs of our population in mind.</p>	Achieving
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	General health needs are assessed in the Local Authority JSNA which identifies the local health needs of several key groups specifically: sex, age, pregnancy & maternity, disability & learning disability and ethnicity. The data produced from the Friend and Family test provides the CCG with feedback from individual patients on their direct experience of health care.	Achieving
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well- informed	As part of the process of service change the public are involved in consultations to ensure their views are taken into account. There are areas where the CCG could do better specifically regarding discharge from hospital into the community and the transition of young people with mental health issues as they enter adulthood.	Developing

	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	The quality team monitor the Trusts whose service we commission via the trust quality reports and a quality report is presented at each Governing Body meeting. Incidents are reported on the strategic executive information system (STEIS) which records gender, age and ethnicity.	Achieving
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	The CCG is not directly responsible for screening, vaccination and health promotion services.  General information on uptake levels is available to the CCG but this does not include data on take up by characteristics. Trusts are monitored for their seasonal flu vaccination staff uptake.	N/A
<b>Improved patient access and experience</b>	2.1 People, carer's and communities can readily access hospital, community health or primary care services and should not be denied access on reasonable grounds	The core requirement for equal access is indicated in the NHS Contract (SC 13). The CCG monitors access in several areas as part of the NHS constitution commitments. Furthermore, the pre-procurement of our community health services will drive improved access to care in and out of a hospital setting entirely in-line with our strategy.	Achieving
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	The CCG uses information from NHS Patient surveys, GP survey and the friends and family test to monitor the level of satisfaction and involvement of patients in their own care.	Achieving
	2.3 People report positive experiences of the NHS	Patient views are monitored by the CCG through the results of the friend and family test, NHS patient surveys and local consultations. The feedback is reported into the Governing Body every month via the performance report usually enhanced by a patient story.	Achieving

	2.4 Peoples complaints about services are handled respectfully and efficiently	<p>The CCG has a recently updated Complaints Policy in place. There is a weekly status report which is submitted to the Executive Management team and other senior managers, so that they can monitor the efficiency and timeliness of complaints management.</p> <p>All people making complaints are sent an equality and diversity return form to assist in data collection.</p>	Achieving
<b>A representative and supported workforce</b>	3.1 Fair NHS recruitment and selection process lead to a more representative Workforce	<p>The CCG buys in a Human Resource service from NHS South Central and West Commissioning Support Unit (SCWCSU).</p> <p>Applications via NHS Jobs include equalities monitoring for 7 of the 9 protected characteristics. Equalities information for successful candidates is then pulled into the Electronic Staff Record (ESR) system. Applicants have the option to not disclose their protected characteristics. Our entire range of core employment policies have been double checked to ensure compliance.</p>	Achieving
	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	The CCG has a policy on job evaluation and banding which reflects the Agenda for Change national process.	Achieving
	3.3 Training & Development opportunities are taken up and positively evaluated by all staff	<p>Staff are required to complete mandatory training; this includes a module on equality and diversity and the CCG will be provided with baseline reports periodically to ensure compliance.</p> <p>The CCG provides several training opportunities centrally which are open to all and each individual is encouraged to have their own personal development plan (PDP) to support their development.</p>	Achieving
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	The CCG has polices in place covering the issues of abuse, harassment, bullying and violence. The CCG also has a staff support service. Any issues highlighted regarding abuse, harassment, bullying or violence are immediately investigated.	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	The CCG has a flexible working policy in place which includes Maternity, Adoption and Paternity Leave.	Achieving
	3.6 Staff report positive experiences of their membership of the workforce	<p>The CCG has a well establish staff partnership forum which provides a formal mechanism for dialogue between management and the workforce. We also have a people group, which is well established and highly regarded, which looks after the health and wellbeing of the work force.</p> <p>Each year we conduct our own staff survey and the general feel of the workforce is that it the CCG is a positive place to work.</p>	developing
<b>Inclusive leadership</b>	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Papers for the Governing Body are all supported by an Equality Impact Assessment (EIA) and the CCG have an Equality and Diversity strategy which the Governing Body has signed up to.	Achieving
	4.2 Papers that come before the Board and other major Committees identify equality related impacts including risks, and say how these risk are to be managed	Every Governing Body paper requiring a decision has to be supported by an EIA.	Achieving

	<p>4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p>	<p>We have provided two face to face training events on equality and diversity issues for our staff and on-line educational training is an annual requirement for our statutory mandatory training.</p> <p>We have also embedded equality and diversity champions into each directorate.</p> <p>All this, along with the requirement for completing an EIA for any decision paper, ensures that a culture of working free from discrimination is flourishing within our CCG.</p>	<p>Achieving</p>
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