

# Equality Diversity and Inclusion Annual Report 2017



**NHS DORSET CLINICAL COMMISSIONING GROUP  
EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2017**

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## EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2017

### 1. INTRODUCTION

- 1.1 NHS Dorset Clinical Commissioning Group's (CCG) Equality, Diversity and Inclusion Annual Report 2017 sets out how the CCG has been demonstrating 'due regard' to the [Public Sector Equality Duty](#), (PSED) which requires all public sector organisations to publish their information annually.
- 1.2 Showing 'due regard' means that NHS Dorset CCG has given advanced consideration to issues of equality, diversity and inclusion before making any policy decision that may be affected by them. This is viewed by the CCG as integral to ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010. Further detail on the CCG's legal duties can be found on our [website](#).
- 1.3 The CCG is committed to ensuring that we reduce health inequalities and that we have the needs of our communities at the heart of our commissioning functions. We recognise that people access services and need support in a range of different ways. Our challenge is to understand these communities, engage effectively with them and then commission services to meet their local needs.
- 1.4 We are keen to build on the work already undertaken in developing a strong and effective approach to our PSED and will continue to ensure that, as commissioners, our providers of services have also considered all elements of the community and can evidence how they have taken into consideration the needs of diverse communities throughout Dorset in their provision of health services.
- 1.5 This report sets out our achievements and challenges over the last year.

### 2. LOCAL CONTEXT

#### **The CCG Leadership and Equality**

- 2.1 Dorset CCG is a membership organisation consisting of 86 GP practices (as at 12 October 2017). Our Governing Body includes an elected Chair, 13 elected locality GP representatives from our member practices, a secondary care doctor, a registered nurse, and three lay members all offering a wide range of experience to local health services. Further information on our Governing Body can be found on our website [www.dorsetccg.nhs.uk](http://www.dorsetccg.nhs.uk).
- 2.2 We assumed our statutory responsibilities in April 2013 and are responsible for the commissioning of the majority of secondary, primary general practice services (delegated to the CCG from NHS England since April 2016), community and mental health services for the population of Dorset.

- 2.3 Our mission is to “support people in Dorset to lead healthier lives”. Working in partnership with local authorities, health and care providers, public health, voluntary sector organisations and patient and carer groups, we aim to reduce inequalities by providing high quality services accessible to all and to ensure that people receive the right care in the right place at the right time.
- 2.4 All Governing Body members have a collective and individual responsibility to ensure compliance with the public sector equality duty, which in turn aims to secure the delivery of successful equality outcomes for us as a commissioner and employer.
- 2.5 The Registered Nurse Member is the executive lead for equality, diversity and inclusion, chairs the Equality and Diversity Steering Group and provides assurance reports to the Governing Body.
- 2.6 The Lay Member for Patient and Public Engagement (also the Deputy CCG Chair) has oversight responsibility for ensuring that opportunities are created for patient and public involvement, including engagement with diverse communities and groups, ensuring that the voice of the local population is heard in the commissioning process.

### **Our Population Key Facts**

- 2.7 The following section of the report provides some key facts about the population of Dorset; as follows:
- the population of Dorset is reported to be 771,880 (Office for National Statistics midyear estimate 2016);
  - by 2023, the population of Dorset is expected to grow to over 800,000 with much of the growth happening amongst the oldest;
  - we have higher numbers of people with heart problems and diabetes and we expect this to grow faster than the national average. More information on health profiles of the population can be found on the Dorset Public Health’s [website](#);
  - the top five spoken languages are Polish (24.7%), Portuguese (9.6%), Spanish (6.1%), all Chinese languages (except Mandarin and Cantonese Chinese) (5%) and German (2.7%);
  - in Dorset 65.3% of people reported that they were Christian (national average 59.3%). Just 1.4% expressed an affiliation to a non-Christian religion which is below England and Wales average (England and Wales was 8.4%), while 25.2% reported that they had no religion and 8% did not report religious preference (both similar to the national figures of 25.1% and 7.2% respectively);

- in Dorset 144,222 people are registered as having a form of mental or physical impairment. 18.6% of the population in Bournemouth, said their day-to-day activities were limited either a lot (8.6%) or a little (10%) by a long-term health problem or disability;
- in Dorset, 63.9% of all people aged 16 and over were living as a heterosexual couple, being higher than the national average (56.9%). With the percentage of people living in a registered same-sex civil partnership or cohabiting (same-sex) in an upper tier local authority area as 1.28% in Bournemouth, 0.92% Poole, 0.66% Dorset;
- Dorset residents report some of the lowest levels of anxiety in the country.

### Our Workforce Key Facts

- 2.8 The CCG employs a total of 328 staff (as of 31 March 2017), across two sites in Dorset, Vespasian House in Dorchester (designated CCG Headquarters) and Canford House in Poole. There are 254 (77%) female and 74 (23%) male members of staff. This is the same as the national NHS gender profile.
- 2.9 Within the CCG Governing Body, the breakdown by gender is 13 males and seven females, as of October 2017, 5% of the Governing Body members were from a BME background. Additionally, there is one female and four male directors within the CCG.
- 2.10 The sexual orientation breakdown of Dorset CCG staff is 88.92% heterosexual, 1.2% gay, 0.9% bisexual, 0.3% lesbian and 8.68% undisclosed. The breakdown by ethnic grouping of CCG staff can be seen in Table 1.

**Table 1: Dorset CCG Workforce Ethnicity Breakdown**

Ethnic Group	2015/16		2016/17	
	Headcount	%	Headcount	%
White - British	269	86.77%	287	87.50%
White - Irish	3	0.97%	3	0.91%
White - Any other White background	7	2.26%	6	1.83%
White English	19	6.13%	18	5.49%
White Scottish	1	0.32%	0	0.00%
White Welsh	1	0.32%	1	0.30%
Mixed - White and Asian	2	0.65%	2	0.61%
Mixed - Any other mixed background	1	0.32%	2	0.61%
Asian or Asian British - Indian	1	0.32%	1	0.30%
Black or Black British - African	2	0.65%	2	0.61%
Black or Black British - Any other Black background	1	0.32%	1	0.30%
Undefined	1	0.32%	3	0.91%
Not Stated	2	0.65%	1	0.30%
<b>Total</b>	<b>310</b>		<b>328</b>	

### 3. OUR EQUALITY OBJECTIVES

- 3.1 In line with our PSED, we have reviewed and published our refreshed Equality, Diversity and Inclusion Strategy and our equality objectives (see table 3 below) which was approved by the CCG Governing Body in November 2016.
- 3.2 The strategy sets out how we will meet the needs of our diverse population, continuously improve the way we employ, support and retain a high quality, diverse workforce, improve the way we involve and engage our stakeholders, ensuring the CCG delivers the equality duties.
- 3.3 Recognising the links and inter relationship between the Equality Delivery System 2 (see appendix 1 which covers 2015-2018) goals and our equality objectives we have mapped our objectives against the EDS 2 goals to integrate these two frameworks; these can be seen in table 2 below.

**Table 2: Dorset CCG Equality Objectives**

CCG Equality Objective	EDS 2 Goal
1. to engage with our diverse communities ensuring their needs are taken into account when co-producing, designing and commissioning services	Goal 1: Better health outcomes
2. to ensure information is collected, collated and analysed therefore enabling a better understanding of diverse needs and the profiles of who is accessing services	Goal 2: Improved patients access and experience
3. to continue to support and develop our workforce to maximise their potential through the promotion of equality of opportunity, in an environment free from bullying and harassment	Goal 3: Representative and supported workforce
4. to ensure that equality, diversity and inclusion is 'everybody's business' across the CCG	Goal 4: Inclusive leadership

- 3.4 In delivering the objectives, we aim to achieve the following outcomes:
- we are better able to understand and monitor the evidence and impact that supports the Clinical Services Review and Mental Health Services Review for patients, staff and carers;
  - we will be able to increase the awareness of commissioners and providers about cultural and diverse issues and some of the barriers facing communities in accessing services;
  - we will be able to understand local communities' needs better through effective data analysis and sharing. This will enable us to understand who is using our services and importantly who is not. Any disproportionality can then be addressed;
  - through the results from the staff survey and the findings from the Workforce Race Equality Standard (WRES), we will understand and better support our workforce.

3.5 The following section provides an overview of the work we have undertaken to comply with the Public Sector Equality Duty.

#### **4. OUR PUBLIC SECTOR EQUALITY DUTY WORK DURING 2017**

**Aim 1: to eliminate unlawful discrimination, harassment and victimisation;**

**Aim 2: advance equality of opportunity between different groups;**

**Aim 3: foster good relations between different groups.**

##### **Equality Impact Analysis**

4.1 Equality Impact Analysis (EIAs) are used to demonstrate that an organisation is giving due regard to equality, including consideration of the nine protected characteristics covered by the Equality Act 2010, when developing and implementing changes to strategy, policy and practice.

4.2 Heads of Services for our clinical programmes have been undertaking EIAs for the clinical services review. The CCG recognises that this is a continuous process and these assessments will be updated to reflect the status of the programmes. The current EIA have been through internal governance process (Quality Assurance Group) and have been published on the CCGs website (<http://www.dorsetccg.nhs.uk/aboutus/policies-and-plans-with-equality-impact-assessments.htm>).

4.3 To ensure that EIAs are completed and the correct governance is followed we have undertaken the following:

- continue to provide training to staff on equality, diversity and inclusion and completion of EIAs;
- simplified the EIA template and guidance and published this on the CCGs intranet;
- clear governance route for sign off of EIAs through the Quality Assurance Group;
- refined and implemented our action plan to deliver our equality, diversity and inclusion objectives;
- continued to work with partners across they system to support them in delivering their contractual obligations;
- look to develop a system wide approach for equality, diversity and inclusion.

##### **Workforce Race Equality Standard (WRES)**

4.4 The NHS Equality and Diversity Council announced in July 2014 that it had agreed actions to ensure employees from black and minority ethnic (BME)

backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

4.5 The actions are reflected in the WRES report and you can read the full national WRES Report for 2016/17 [here](#).

4.6 The CCG has published its [third local WRES Report](#), the findings of which showed:

- 2.74% of 328 of staff are classed as BME on the electronic staff record (ESR) system (nearly 99% of staff report their ethnicity which is recorded on ESR);
- BME staff have increased from 2.11% in 2015/16 and compares to a local BME population size of 8.1% (2011 census);
- there is one BME member of staff in a leadership role in the organisation (bands 7- VSM). In 2015/2016 there were two;
- the number of BME Governing Body members has increased from 2.11% in 2015/16 to 5.26% in 2016/17;
- between 2015/16 and 2016/17, there was an increase in BME applicants to the organisation however this was lower than the increase seen in white applicants;
- the number of BME staff in formal meetings is comparable with the percentage of BME staff in the organisation; as it is with the number of white staff in formal meetings.

4.7 The CCG has incorporated the actions identified from the WRES report into the overarching Equality, Diversity and Inclusion Strategy action plan. Key actions already taken include:

- introduction of unconscious bias learning into the organisation to improve perceptions around recruitment mainly the interviewing process;
- BME staff are being encouraged to link in with local BME Staff Networks as a safe space to raise concerns other than the annual Staff Survey. The Governing Body is working to cultivate a culture of mutual understanding around some of the WRES indicators;
- ensuring that job vacancy lists are widely publicised within our diverse contacts and that conversations around development opportunities or lack of, are carried out during annual appraisals. Where opportunities are requested or denied should be clearly recorded on the staff record.

4.8 The Governing Body lead on equality and diversity will be championing the WRES in line with their other responsibilities.

## Staff Support

- 4.9 The CCG is committed to supporting all staff through training and development opportunities in line with our equality objectives. We have achieved a great deal over the year, highlights include:
- implemented manager essential module;
  - continued to monitor the unconscious bias learning into the organisation to improve perceptions around recruitment;
  - continued to roll out communication between BME staff and the Governing Body to cultivate a culture of mutual understanding around some of the WRES indicators;
  - introduced a buddy system;
  - held Employee Assistance Programme webinars;
  - continue to have clear policies and monitoring processes in place such as our dignity at work, conduct and capability, and grievance policies, our workforce team monitor staff concerns to identify issues of discrimination and other prohibited conduct within the work place;
  - developed equality and diversity awareness for all staff and this included equality, diversity and inclusion as a key part of staff induction programmes;
  - implementing quarterly stress drop in sessions;
  - introduction of our first Health and Wellbeing plan which feeds into Dorset Workforce Action Board to ensure system wide approach.
  - supported the development of regional lesbian, gay, bisexual and transgender (LGBT), disability and BME staff networks;
  - Governing Body Workshop on equality and diversity;
  - Freedom to Speak Up Guardian has been established and linked to the national support network;
  - equality and diversity level 3 training to include EIA for managers has been developed and will be closely monitored over the coming year.
- 4.10 The CCG is also committed to improving the working environment and supporting flexible working. In doing this we have continue to support staff through flexible working arrangements where appropriate or making reasonable adjustments to ensure the working environment is conducive to their specific needs e.g. location of desk, specialist equipment etc.

## Contract Monitoring - amended

- 4.11 The 2017/18 NHS Standard Contract sets out equality related requirements which NHS providers must comply with, including compliance with the Public Sector Equality Duty, implementing EDS2 and the Workforce Race Equality Standard and the implementation of the Accessible Information Standard. During the year the CCG has supported providers and worked in partnership to further embed equality and diversity across organisations, e.g. our multi-agency service agreement with Dorset Race Equality Council.
- 4.12 In December 2017, the CCG reviewed equality compliance for the main NHS providers where the CCG is the lead commissioner; the results can be seen in the table below.

**Table 3:**

Provider	Annual Equality Report published on website	Equality Objectives published on website	Equality Delivery System results published on website	Workforce Race Equality Standard results published on websites	Accessible Information Standard progress reports received
Dorset HealthCare University NHS Foundation Trust	✓	✓	✓	✓	✓
Dorset County Hospital NHS Foundation Trust	✓	✓	✓	✓	✓
Poole Hospital NHS Foundation Trust	✓	✓	✓	✓	✓
Royal Bournemouth Hospital NHS Foundation Trust	✓	✓	✓	✓	✓

- 4.13 The CCG will continue to work in partnership with its main NHS providers to ensure compliance with their contractual obligations, including:
- clarification of the PSED/WRES requirements through quality review meetings with providers;
  - where providers are not compliant and have not published (or have out of date publications) their equality objectives, WRES or annual equality report we will request a plan setting out how they will comply.

## Accessible Communications

- 4.14 We have continued to build on the progress made on accessible communications and continue to reach out to diverse communities. We do this through publishing information on the website about our approach to equality, media releases about health campaigns and general communications on the work of the CCG. Information is also made available in different formats and languages on request, to ensure that our messages are understood to a wide range of the community.
- 4.15 We have reviewed and updated the staff intranet site to provide staff with access to equality and diversity resources and information to assist their work. We continue to offer translation of documents into other formats and

languages – i.e. paragraph at the end of major documents such as the CCG Annual Report and Accounts, to increase wider accessibility.

- 4.16 The web portals and social media pages of voluntary sector partners such as Access Dorset, South West Dorset Multicultural Network, Dorchester Muslim Group, the Prejudice Free Dorset Hate Crime Group and the Dorset Race Equality Council are used to ensure that our campaigns, health alerts and any changes to local services are featured on them.
- 4.17 The on-going communication activities of the CCG, ensures that it uses imagery and language that is appropriate and reflects as many protected characteristics as possible. Feedback from our LGBT Health Advisory Group, Learning Disability Groups continue to provide advice and guidance on the use of representative images and Easy Read documents.

### **Engagement and Involvement**

- 4.18 Numerous stakeholder events have been held during the year and across the county to inform and seek views on the CCG's [Clinical Services Review](#) (CSR), Mental Health Acute Care Pathway and Dementia Service Review.
- 4.19 The Patient (Carer) and Public Engagement Group (PPEG) and the STP PPEG was used to inform diverse considerations into the activities of the review and the diverse membership included race, LGBT, age, faith and disability groups.
- 4.20 The CCG's 'Stronger Voices' patient panel continues to welcome more representatives from diverse communities. Diverse monitoring forms are routinely collected in order to inform us about gaps in representation. Consideration is also always given to accessibility of venue, provision of hearing loop and special dietary requirements.
- 4.21 We have worked closely with partners to identify opportunities to engage with diverse audiences through the equality and diversity forums for Bournemouth, Poole and Dorset, with [Access Dorset](#) and numerous black and minority ethnic (BME) organisations such as the [Dorset Race Equality Council](#) and [Unity in Vision](#), in addition to engaging with young people through youth forums.
- 4.22 Further details on all our engagement activity will be available in our annual engagement report which will be published in May 2018.

### **Stakeholder Insight**

- 4.23 Working in partnership with the Local Authorities across Bournemouth, Dorset and Poole, we have jointly identified the health needs of the local population and associated health inequalities. This information is collated in the form of a [Joint Strategic Needs Assessment](#) (JSNA) which is used to inform the [Sustainability and Transformation Plan](#) and the CCG's Operational Plan.

## **Forward Planning for 2018**

4.24 We have made considerable progress over the last year in embedding equality, diversity and inclusion within the CCG. We have worked with our staff and partners across the system to ensure that our communities are well informed about our work, and how they can access services. We remain an organisation that strives to make continual improvements in equality and diversity, during 2018 we will:

- ensure Dorset CCG is prepared for the introduction of the Gender Equality Pay requirements and reporting from 30 March 2018;
- plan for the implementation of the Disability Workforce Equality Standard (DWES) requirements from April 2018;
- plan for the implementation of the Sexual Orientation Monitoring Standard (SOMS) requirement from April 2018;
- engage with the development and implementation of the Dorset Care Record;
- work closely with partners and community groups during the implementation phase of the clinical services review to reduce any disproportionate impact on communities;
- engage with further work and analysis to better understand the profiles of our service users so that specific work can be undertaken with those communities or services.

## EDS 2 Grading Exercise Results for NHS Organisations and CCG Staff

Goal	Equality Outcome	2012	2015
<b>General Public</b>			
<b>1. Better health outcomes</b>  Dorset CCG 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	Under Developed	Developing
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	Developing
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well- informed	Under Developed	Under Developed
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Developing	Achieving
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.	Achieving	Achieving
<b>2. Improved patient access and experience</b>  Dorset CCG should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order 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	Developing
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	Under Developed	Achieving
	2.3 People report positive experiences of the NHS.	Developing	Achieving
	2.4 People's complaints about services are handled respectfully and efficiently.	Developing	Achieving
<b>CCG Staff</b>			
<b>3. A representative and supported workforce</b>  Dorset CCG 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	Achieving	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	Achieving	Achieving
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	Achieving	Achieving
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving	Achieving
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	N/A	Achieving
	3.6 Staff report positive experiences of their membership of the workforce	Achieving	Achieving
<b>4. Inclusive Leadership</b>  Dorset CCG 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	Achieving	Achieving
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Achieving	Achieving
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	N/A	Achieving

## Equality, Diversity and Inclusion Action Plan 2017/18

CCG Objective	Action	Success Measure	Lead	Timescale	RAG Rating at November 2017
<b>EDS Goal 1: Better Health Outcomes for all</b>					
To ensure information is collected, collated and analysed therefore enabling a better understanding of the needs of who is accessing services	Support providers to record and monitor patient take up, access and experience by protective characteristic	Increased understanding of trends and health experiences, and due regard considered	Quality Lead Service Delivery Lead	31 March 2018	
	Annual review of 2 service pathways to understand how they are meeting patients' needs		Service Delivery	31 March 2018	
	Support the development of high quality Equality Impact Assessments		Equality and Diversity Officer	On-going	
	Undertake the annual review of how diverse communities have been engaged in commissioning decisions (annual PPE report)	Assurance that communities have been engaged and their view and opinion are listened to and valued	Communication and Engagement Lead	17 March 2017 (16/17 ARA) Mid March 2018 (17/18 ARA)	
<b>EDS Goal 2: Improved Patient Access and Experience</b>					
	Ensure that patient leaflets, CCG strategies and plans are/ can be available in a variety of formats and where possible work with partners across the system to promote services (linked to AIS below)	Availability of resources in appropriate formats	Equality and Diversity Officer	End June 2017; End September 2017; End December 2017; End March 2018.	
	Ensure provider compliance with the Accessible Information Standard (AIS), through the pan Dorset AIS project group	Successful implementation of AIS across the system	Equality and Diversity Officer Provider AIS Leads	End June 2017	

CCG Objective	Action	Success Measure	Lead	Timescale	RAG Rating at November 2017
<b>EDS Goal 3: Empowered, Engaged and Well Supported Staff</b>					
To continue to support and develop our workforce to maximise their potential through the promotion of equality of opportunity, in an environment free from bullying and harassment	Undertake the annual Workforce Race Equality Standard, sharing the results and acting on areas of concern	All staff, irrespective of protected characteristic, feeling valued and respected within the CCG	Workforce Lead Equality and Diversity Officer	01 August 2017	
	Actively contribute to the Workforce Disability Equality Standard preparatory work in 2017/18		Workforce Lead Equality and Diversity Officer	April 2018	
	Continue to provide 'Unconscious Bias' training for line managers and staff included within recruitment and selection programmes		Workforce Lead	On-going	
	Engage with trade union representatives and staff forum to inform staff engagement and equality initiative		Workforce Lead Equality and Diversity Officer	Quarterly	
	Working across the system, identify existing organisational staff support groups and consider the opportunities for system wide staff groups		Equality and Diversity Officer	On-going	
	Monitor staff uptake of training courses, secondment opportunities by protected characteristics		Workforce Lead	On-going	
<b>EDS Goal 4: Inclusive Leadership at all Levels</b>					
To ensure that equality and diversity is everybody's business across the CCG	Equality and diversity lead identified for each directorate and is part of the equality and diversity steering group	All staff to be better informed about diverse issues and needs affecting local communities	Equality and Diversity Officer	January 2017	
	Each directorate to have equality and diversity related content to within their workstreams		Directorate Equality and Diversity Steering Group Representative	On-going	
	Develop equality champions across the CCG to raise awareness of equality issues and promote understanding amongst wider teams	To increase equality and diversity awareness at all levels through information sharing and training	Equality and Diversity Officer	31 March 2018	

CCG Objective	Action	Success Measure	Lead	Timescale	RAG Rating at November 2017
	Develop and implement an enhanced rolling programme of 'practical based' equality and diversity training to CCG staff		Equality and Diversity Officer Workforce Lead	30 June 2017	
	Undertake equal pay audits as part of the workforce planning process	Equal pay audit completed and outcomes shared	Workforce Lead	31 March 2018	
	Promote recruitment opportunities with partners such as Dorset Race Equality Council, Disability Action	Recruitment opportunities advertised through partners	Workforce Lead Equality and Diversity Officer	On-going	

RAG status – against plan	
Green – on track	G
Amber – some delay but mitigating plans in place	A
Red – serious/off track, no mitigation in place	R