



**EQUALITY AND DIVERSITY REPORT 2015/16**

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## 1. INTRODUCTION

This is NHS Dorset Clinical Commissioning Group's (CCG) Annual Equality and Diversity Report which sets out the CCG's compliance and how we have been demonstrating 'due regard' to the Public Sector Equality [Duty](#)<sup>1</sup>, which requires all public sector organisations to publish their information annually.

Showing 'due regard' means that the CCG has given advanced consideration to issues of equality and diversity 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 legislations set out in the Equality Act 2010. Further detail on the CCG's legal duties can be seen in **Appendix 1**.

The CCG is also 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 commission services to meet their local needs. Working with our stakeholders and staff, we identified the following equality objectives for 2013 – 2017:

- Changes across services are informed by engagement of patients and local communities, and transitions are made smoothly;
- Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently;
- Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues with redress being open and fair for all;
- Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisation and beyond.

We are keen to build on the work already undertaken in developing a strong and effective approach to equalities 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. This report sets out our achievements over the last year.

## 2. LOCAL CONTEXT

### Our Population

Dorset CCG is the commissioning organisation for health services across the whole county of Dorset. Formed of all 98 GP practices in Dorset organised around locality (geographical) groups. Our mission is to support people in Dorset to lead healthier lives. Working in partnership with Local Authorities, healthcare providers, Public Health, voluntary sector organisations and patient/carer groups, we aim to reduce inequalities by providing high quality services accessible to all and to ensure that people receive the right care.

Dorset is governed by Dorset County Council and the unitary authorities of Bournemouth Borough Council and Borough of Poole. Dorset's resident population is around 754,000, (*however Dorset GP practices serve a population of around 766,000*) living in sparsely distributed rural areas and within the conurbations of Bournemouth, Poole and Weymouth.

By 2023, the population of Dorset is expected to grow by six per cent to over 800,000 with much of the growth happening amongst the oldest. Due to our older population we have higher numbers of people with heart problems and diabetes and we expect this to grow faster than the national average. By 2020 around one in ten of the people in our county are predicted to have

diabetes and one in eight will experience heart disease. More information on health profiles of the population can be found on the Dorset Public Health’s [website](#).

Overall, Dorset’s population enjoys better than average social and economic conditions. However, there are some areas where the health needs are far greater, often as a result of greater socio-economic deprivation. For example, men in the most deprived areas of Weymouth and Portland die 11.3 years earlier than those in the least-deprived areas; for men in Bournemouth the gap is 10 years. This means that a man in a deprived area in Weymouth and Portland is expected to die at the age of 73 years rather than 84.3 years and a man in a deprived area in Bournemouth is more likely to die at the age of 74 years rather than 84 years.

We continue to work closely with our partners such as Public Health Dorset to ensure that we work towards reducing some of the health inequalities that exist in Dorset and that these are taken into consideration during the research, design and development phases of our services.

### Ethnicity

Between 2001 and 2011 the size of the minority ethnic population as a proportion of the total population increased for all ethnic categories and in all districts of Dorset by 49.9%. The largest percentage growth was for the “Other White” category in Bournemouth, which accounted for 4% more of the total enumerated population in 2011 than in 2001.

**Table 1: Change in percentage of minority ethnic category as percentage of total population**

	Bourne mouth	Poole	Dorset	Christ Church	East Dorset	North Dorset	Purbeck	West Dorset	Weymouth Portland
Other White	4.0*	1.7	0.4	0.4	0.2	1.0	0.2	0.3	0.7
All mixed	1.1	0.6	0.3	0.6	0.2	0.	0.3	0.3	0.2
Indian Sub continent	0.9	0.7	0.2	0.1	0.3	0.1	0.1	0.2	0.2
Chinese/ Other Asian	1.8	0.8	0.3	0.5	0.2	0.4	0.1	0.2	0.4
African Caribbean	0.5	0.2	0.1	0.0	0.1	0.2	0.0	0.0	0.1

\*Category with largest growth in a district is marked in red.

The largest proportional increases in the minority ethnic population was within the urban conurbation of Bournemouth and Poole, with Bournemouth’s numbers rising from around 3% in 1991 to just over 16% in 2011.

Gypsies and Travellers are a particular population group that is not well represented by available data due to the transient nature of some of their lifestyles. People within this group tend to suffer from higher mortality rates as well. Within Dorset there are four designated sites for Gypsies and Travellers.

The main foreign languages spoken vary across Dorset with some similarities across the board. The most common languages for instance in Poole include: Polish, Cantonese and Mandarin, Malayalam and Portuguese.

## Religion and Belief

Around 60% professed a belief in Christianity, slightly higher in Dorset and lower in Bournemouth and around 30% had no religious convictions. This leaves around 10% of the local population following other faiths.

## Disability

Historically, disability has been difficult to measure as it is often personal perception that dictates whether an individual regards themselves as disabled or not, however according to the 2011 census, 144,222 registered as having a form of disability in Dorset. In 2011, 18.6% of the population in Bournemouth, for instance 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. The CCG actively works with organisations such as Access Dorset, Pro Disability and the local learning disability organisations to ensure that they receive timely information about our services and are fully included in consultations and other engagement opportunities.

## Our Workforce

CCG is committed to holding up to date information on our workforce, in line with Data Protection legislation, and to ensure that decisions affecting the workforce are based on accurate reporting and data. We aim to fully understand the diversity of the workforce, so that we can monitor any discrimination and work with staff and staff representatives to identify and eliminate barriers and provide equal opportunities.

The CCG employs a total of 287 staff across two bases in Dorset, Canford House in Poole and Vespasian House in Dorchester. There are 220 Female and 67 Male members of staff. The sexual orientation breakdown of CCG staff is 9% undisclosed, 1% lesbian/bisexual and 90% heterosexual and compared to Poole Hospital for instance, 60% disclose as heterosexual, 38% undisclosed and 1.48% as Homosexual/Bisexual. Disclosure rates for sexual orientation remain a challenge in NHS organisations nationwide. The breakdown by ethnic grouping can be seen in Table 2 below.

**Table 2: Dorset CCG Workforce Ethnicity Breakdown**

Ethnic Group	Headcount	%	FTE
A White - British	251	87.5	232.78
B White - Irish	3	1.0	3.00
C White - Any other White background	4	1.4	3.45
CA White English	19	6.6	18.75
CB White Scottish	1	0.3	1.00
CC White Welsh	1	0.3	1.00
D Mixed - White & Black Caribbean	1	0.3	1.00
F Mixed - White & Asian	1	0.3	1.00
G Mixed - Any other mixed background	1	0.3	1.00
H Asian or Asian British - Indian	1	0.3	1.00
N Black or Black British - African	1	0.3	1.00
P Black or Black British - Any other Black background	1	0.3	1.00
S Any Other Ethnic Group	1	0.3	1.00
Z Not Stated	1	0.3	1.00
<b>Grand Total</b>	<b>287</b>	<b>100.0</b>	<b>267.98</b>

### 3. EQUALITY DELIVERY SYSTEM (EDS and EDS2)

The Equality Delivery System (EDS) was officially launched by the Department of Health in November 2011, with a refreshed Equality Delivery System 2 (EDS2) launched in November 2013. The system is a tool to help all staff and NHS organisations perform well with equality, diversity and human rights, and to understand how equality can drive service improvements and accountability alongside workplaces being free of discrimination.

The EDS2 also helps NHS organisations to deliver the requirements of the Public Sector Equality Duties under the Equality Act 2010 by focusing less on process and more on outcomes.

The CCG has adopted the EDS 2 and in October 2015 we coordinated a grading exercise across all the NHS organisations in Dorset with staff and the general public to look at how our respective NHS organisations are performing in terms of the four EDS 2 goals, which are:

- 1) Better health outcomes for all;
- 2) Improved patient access and experience;
- 3) Empowered, engaged and included staff;
- 4) Inclusive leadership at all levels.

The grades used were as follows:

- Underdeveloped (red)      The NHS organisations needs to do much more;
- Developed (Amber)        The NHS organisations are doing OK but needs to do more;
- Achieving (Green)        The NHS organisations are doing well but should continue to do more;
- Excelling (purple)        The NHS group is doing very well with this.

120 responses were collected from patients, the public and voluntary sector organisations through an online survey and two public drop-in sessions and 67 responses from CCG staff.

#### EDS 2 Grading Results

The table overleaf sets out the position of how the public, organisations, patients and staff graded:

- NHS Organisations in Dorset against Goals 1 and 2; and
- CCG Staff graded the CCG against Goals 3 and 4.

The results have indicated that improvements have been made against the majority of goals, however further focus is required on:

- Reviewing our E&D Strategy and objectives in relation to commissioning effectively and equitably, ensuring the outcomes of the Workforce Race Equality Standard and EDS 2 outcomes are incorporated;
- Establishing a E&D working group to support development and delivery of the strategy across the organisation;
- that information about how our services change, are communicated effectively to patients;
- Continuing to develop our links with our diverse communities, ensuring we are engaging with them and seeking their views;
- Continue to ensure that we recognise and support our staff, through having a better understanding of their needs, to ensure they do not suffer any abuse, violence, bullying or harassment in the workplace and are accessing training and development opportunities available.

**Table 3: EDS2 Grading Results**

Goals	Equality Outcome	2012	2015
<b>Goal 1</b> <b>Better health outcomes</b>	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	<b>Under Developed</b>	<b>Developing</b>
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways.	<b>Achieving</b>	<b>Developing</b>
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	<b>Under Developed</b>	<b>Under Developed</b>
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	<b>Developing</b>	<b>Achieving</b>
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.	<b>Achieving</b>	<b>Achieving</b>
<b>Goal 2</b> <b>Improved patient access and experience</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>Developing</b>	<b>Developing</b>
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	<b>Under Developed</b>	<b>Achieving</b>
	2.3 People report positive experiences of the NHS.	<b>Developing</b>	<b>Achieving</b>
	2.4 People's complaints about services are handled respectfully and efficiently	<b>Developing</b>	<b>Achieving</b>
<b>Goal 3</b> <b>A representative and supported workforce</b>	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce	<b>Achieving</b>	<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>	<b>Achieving</b>
	3.3 Training and development opportunities are taken up and positively evaluated by all staff.	<b>Achieving</b>	<b>Achieving</b>
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	<b>Achieving</b>	<b>Achieving</b>
	3.5 Flexible working options are available to all staff consistent with eth needs of the service sand the way people lead their lives.	<b>N/A</b>	<b>Achieving</b>
<b>Goal 4</b> <b>Inclusive Leadership</b>	4.1 Boards and senior leader routinely demonstrate their commitment to promoting equality within and beyond their organisations.	<b>Achieving</b>	<b>Achieving</b>
	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.	<b>Achieving</b>	<b>Achieving</b>
	4.3 Middle manager and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	<b>N/A</b>	<b>Achieving</b>

#### **4. WORKFORCE RACE EQUALITY STANDARD (WRES)**

The NHS Equality and Diversity Council announced on the 31st July 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 move follows recent reports which 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.

The CCG has recently published its first WRES report. Initial findings show that on average, the CCG has a higher average of BME staff at senior positions, in relation to the total number of BME staff. There is a slight disparity between overall BME levels in the general workforce and those involved in general disciplinary processes. The percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months is higher amongst BME staff.

An action plan to look at some of the learning from this year's report has been approved. Plans are in place:

- To introduce unconscious bias learning into the organisation to improve perceptions around recruitment;
- Establish a channel of communication between BME staff and the governing body to cultivate a culture of mutual understanding around some of the WRES indicators;
- Ensure that job vacancy lists are widely publicised within our diverse contacts and that conversations around development opportunities or lack of, are carried out.

The main purpose of the action plan is to take a proactive view in improving on last year's report. The governing board lead on E&D will be championing the WRES in line with his other responsibilities.

#### **5. WHAT HAVE WE ACHIEVED**

During 2015 we have made considerable progress in achieving our equality and diversity objectives through raising awareness and building support systems for our commissioners to make more equitable decisions. Key achievements have been:

- Strengthened our governance for Equality and Diversity, through:
  - Identifying a Governing Body GP Lead to provide assurance in line with our legal requirements, and effectively support and monitor equality & diversity;
  - Improving performance reporting of E&D activities through quarterly reports to the Quality Group which is a designated sub group of the Audit and Quality Committee;
  - Equality Impact Assessments (EIA's) are undertaken for all significant service design/ reviews and are published on the policies page of the CCG's website.
- Further developed engagement opportunities with diverse communities, such as:
  - The Community Health Ambassadors Programme (CHAP), which continues to gather pace with community representatives being trained on carers' issues, mental health and diabetes awareness. The ambassadors will use their knowledge to disseminate information to their communities;
  - The establishment of a Lesbian Gay Bisexual and Transgender (LGBT) health advisory group, a first of its kind in the southwest of England. The group have been providing insight on our policies, visual representation and reviewing our intranet and external website ;
- Continue to support and provide opportunities for our workforce, through:

- Having clear policies and monitoring processes in place such as our dignity at work, conduct & capability and grievance policies, our workforce team monitor staff concerns to identify issues of discrimination and other prohibited conduct within the work place;
- Development of a wide range of training programmes including equality and diversity for all staff;
- The amount of BME people who were shortlisted and subsequently appointed, has also increased from the previous year, with 15% being shortlisted and 14.8% of those being appointed out of a total of 22.4% applicants. In 2014, the figures were 22.25% of applications with 15.53% being shortlisted and 8.16% appointed.

## 6. COMPLIANCE WITH THE PUBLIC SECTOR EQUALITY DUTY

The CCG has worked tirelessly this year to show due regard to the Public Sector Equality Duty as set out in the Equality Act. We have ensured that our members of staff reflect due regard in how they execute their duties. The aims of the duty are to:

**Aim 1: Eliminate unlawful discrimination, harassment and victimisation;**

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

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

The following section below provides highlights of work undertaken with more detail available in **Appendix 2**. During this year; we have continued to make progress on the following:

### **Equality Monitoring**

Our Continuing Healthcare Team (CHC) ensures that members of staff complete the equality monitoring form as part of the assessment process. Completion is routinely audited.

The Planned and Specialist services Clinical Development Groups (CDGs) ensures that all service specifications described are available for any service user (unless clinical evidence is that inappropriate due to age, gender) and do not discriminate against anyone with a protected characteristic. There is a requirement for service providers to provide a chaperone if requested by service users.

### **Contract Monitoring**

The Clinical Development Groups (CDGs) ensures that all provider contracts require best practice E&D policies and adherence.

Specific groups of people with protected characteristics are included within contract monitoring for quality; including making reasonable adjustments, mixed sex accommodation requirements and workforce reports.

### **Training**

Equality and Diversity is a mandatory training requirement for all staff through an online training programme. Training is currently planned for the Governing Body, Heads of Service and senior programme leads.

An unconscious bias module is also going to be added to the 'management essentials' training programme for line managers.

## **Communication with Staff and External Stakeholders**

In terms of widening our reach out to diverse communities, the CCG continues to publish information on the web site about our approach to equality, other media releases about health campaigns and general communications about 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.

Pages are also available on the staff intranet site to enable staff to have access to equality and diversity resources and information to assist their work. The offer of translating documents into other languages is printed at the end of major documents such as the annual report, to increase wider accessibility.

The web portals of voluntary sector partners such as Access Dorset 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.

The ongoing 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 continues to provide advice and guidance on the use of representative images.

## **Engagement and Involvement**

Numerous stakeholder events were held during the year and across the county to inform and seek engagement on the CCG's [Clinical Services Review \(CSR\)](#)<sup>2</sup>. The One World festival, Dorset's Gay Pride and the Sandbanks Youth festival are just few of the events where the CCG had a significant presence at. Diverse range of community, organisational, NHS and local partners, patient involvement groups, disease specific support groups, diversity and third sector groups, have been invited to feedback on the CSR so far.

The Patient and Public Engagement Group (PPEG) continues to feed in diverse considerations into the activities of the review and the diverse membership includes race, LGBT, Age, Faith and Disability groups.

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.

The general public are invited to Patient and Carer panel meetings inclusive of core group of patients/carers with and without various disabilities and Long-term Conditions.

Realising a gap in health related knowledge about our Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBT&Q) population, a study was undertaken to find out about their health experiences. The findings has started to be cascaded across the CCG culminating in the setting up of a Health Advisory Group to be a critical friend as well as raise awareness of LGBT&Q issues across all NHS organisations.

Opportunities to engage with diverse audiences has also been made possible with a Dorset-wide youth conference, through the equality and diversity Forums for Bournemouth, Poole and Dorset,

with Access Dorset and numerous Black and minority ethnic organizations such as the [Dorset Race Equality Council](#)<sup>3</sup> and Unity in Vision.

### **Stakeholder Insight**

Working in partnership with the Local Authorities across Bournemouth, Dorset and Poole, we have jointly identified the health needs of the local population and any health inequalities. This information is collated in the form of a [Joint Strategic Needs Assessment](#)<sup>4</sup> (JSNA) which is used to inform the CCG's commissioning strategy and delivery plan.

### **Staff Support**

As part of improving the working environment the CHC team issued the NHS Behaviours and Values framework to all staff and it is pinned on the walls in all CHC offices. This was to promote improved behaviours between colleagues; it incorporates the key elements of equality and diversity legislation.

The management team within Continuing Healthcare is also very responsive to staff with protected characteristics and seeks to support them through flexible working arrangements where appropriate or makes reasonable adjustments to ensure the working environment is conducive to their specific needs e.g. location of desk, specialist equipment etc.

### **Focus on Protected Characteristics**

The Pan Dorset Special Educational Needs and Disability (SEND) Programme Board, on which the CCG is a strategic partner, leads, oversees and monitors implementation of the SEND reforms. The CCG is also represented on the Pan Dorset Leads Group with attendance at sub groups as appropriate.

## **7. RECOMMENDATIONS FOR IMPROVEMENTS FOR 2016**

Even though much progress has been made in commissioning equitable services, ensuring that access is communicated and available to all and that our communities are well informed about our work, we remain an organisation that strives to make continual improvements in equality and diversity by targeting the following below:

- To revamp the steering group in order to ensure that the action plan is at the forefront of peoples' minds and that having conversations on implementation and progress, will enable more mainstreaming of E&D. Members of the steering group will include senior managers and programme leads from each directorate. They will be pivotal in carrying out the actions of the E&D strategy as well with their teams;
- In order to ensure that the service planning and programmes changes embed E&D issues, the pledge to make equality and diversity considerations a standard agenda item at the clinical development groups and at other major meetings will also increase the opportunities for equitable commissioning;
- To develop a proactive workforce plan to ensure the delivery of equality related actions that may be identified from the 2015 CCG staff survey;
- To develop an organisation-wide equality and diversity tracker to further embed equality and diversity into day to day working, by demonstrating how E&D issues are considered when developing services.

## APPENDIX 1: LEGAL DUTIES

### Equality Act 2010

The Equality Act 2010 protects people in the workplace and in wider society from discrimination due to the following 9 protected characteristics;

- Age;
- Disability;
- Gender re-assignment;
- Marriage and Civil Partnership;
- Pregnancy and Maternity;
- Race;
- Religion/ Belief;
- Sex (male or female);
- Sexual Orientation.

The Act replaces previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in certain situations.

### Public Sector Equality Duties

The Public Sector Equality Duty (PSED) is part of the Equality Act 2010; Section 149<sup>1</sup> and replaces the specific race, disability and gender equality duties. It comprises of two parts; “general duties” and “specific duties” and is applicable in England, Scotland and Wales.

#### General duty

The general duties set out the expectation for all Public Sector organisations to consider all individuals in their day-to-day work when forming policies, shaping and delivering services, and for all employees. It requires Public Sector organisations to;

- have due regard to the need to eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups;
- foster good relations between different groups.

The duty to have due regard to the need to eliminate discrimination also covers marriage and civil partnership. The Equality Act 2010<sup>2</sup> also gives Ministers the power to impose specific duties through regulations.

#### Specific duties

Following Government consultation, the Equality Act 2010 (Specific Duties) Regulations 2011 came into force on 10 September 2011. The specific duties are legal requirements designed to help those public bodies covered by the specific duties meet the general duty.

Under the specific duties, public bodies must publish:

- Information to demonstrate their compliance with the equality duty, at least annually. This must also include, where appropriate, information relating to:
  - Employee’s (where organisation’s employ 150+ people;
  - People affected by the CCG’s policies and procedures (including patients, carers and communities).
- Equality objectives at least every four years which will support the implementation of both the “general duties” and “specific duties”.

**APPENDIX 2: IMPLEMENTING THE EQUALITY ACT PUBLIC SECTOR EQUALITY DUTIES**

Most of the information referenced in tables 1 to 3 (and in bold) can be found in the evidence list above.

**Table 1: Examples of evidence to show how NHS Dorset Clinical Commissioning Group (CCG) have due regard to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act.**

Group	Requirement	Currently available (Narrative)
Staff	Information from NHS Jobs monitoring forms to show the range of people who applied for posts, who was short-listed and who was appointed, across all protected characteristics.	<p>Information from NHS Jobs monitoring shows that as at 23/10/2015 for the calendar year 2015 the CCG have received a total of 1294 job applications, 353 applications were shortlisted and 27 appointments have been made.</p> <p>With regard to Gender- 67.2% of applications were from females, with women making up 71.7% of those shortlisted and 70.4% of appointees. Men made 32.6% of applications and made up 28.3% of those shortlisted and 29.6% of appointees</p> <p>On Ethnicity- 77.6% of applications were from people identifying themselves as White British, with White British making up 85% of those shortlisted and 85.20% of appointees. Other Ethnic backgrounds and Undisclosed made 22.4% of applications and made up 15% of those shortlisted and 14.8% of appointees.</p> <p>On Age- 51.5% of applications came from people under 40, with 39.5% from those between 40 and 55 and 9.2% from over 55s. Subsequently, under 40s made up 37.1% of appointments, those aged 40 and above making up 62.9%.</p> <p>With regard to Disability- those who declared a disability made up 7% of applications and 6.8% of those shortlisted.</p> <p>Sexual Orientation made little impact on progress through an application with those identifying themselves as heterosexual making up 90.80% of applicants, 91.80% of those shortlisted and 88.9% of appointees.</p>

Group	Requirement	Currently available (Narrative)
		<p>On Marital Status- 39.7% of applications were from married people with married people making up 47.9% of those shortlisted and 51.9% of appointees. Those in civil partnerships made up 2.5% of applicants, 2.5% of shortlisted people and 7.4% of appointees. Divorced and Legally Separated made up c.10% of each category with Single, Widowed and Undisclosed making up the balance.</p> <p>Finally, on Religion- the biggest category was Christianity with 54.4% of applications from those identifying themselves as Christians. They also formed 56.1% of those shortlisted and 59.3% of appointees. Other religions and non-disclosed made up 29.1% of applicants, 27.7% of those shortlisted and 25.9% of appointees. Atheists made up 16.5% of applicants, 16.1% of those shortlisted and 14.8% of appointees.</p>
	<p>Audit information showing for jobs involving equal work, pay differentials between female and male staff, and across the other protected characteristics. Plus details of how the Board has responded to pay differentials revealed by the information.</p>	<p>NHS Dorset CCG is assured that for jobs involving equal work there are no pay differentials between either male and female staff, or across any protected characteristics. Pay within NHS Dorset CCG is set according to Agenda for Change with each role having been banded by a job evaluation panel. This provides a safeguard against any differentials.</p> <p>A monthly Workforce Scorecard is produced with graphs showing a range of reports on protected characteristics. This is reviewed by the Executive team on a monthly basis. Part of the reporting mechanism for this is a full staff list download from ESR. This report allows a comparison to be made which shows no variation.</p>
	<p>Routine information showing the offer and take-up of flexible working options across the protected characteristics, with a focus on reasonable adjustments made for disabled staff.</p>	<p>The CCG has in place a Work Life Balance policy that sets out the rights of staff. This policy applies to all staff, with no exclusions.</p> <p>The CCG is proactive in its response to adjustments required by its staff on joining the organisation, and during the course of their employment.</p> <p>With regard to the working environment we have trained a number of internal DSE assessors and work closely with our Occupational Health service to ensure the right support is put in place and appropriate guidance received.</p>

Group	Requirement	Currently available (Narrative)
Patients	<p>Routine information showing the issues that patients most complained about, with follow-up information on redress, across the protected characteristics. Plus details of Board action to improve the experiences of, and complaints processes for, patients from protected characteristics.</p>	<p>From 1 January 2015 to date we have received 193 complaints and 6 compliments. The most complained about has been within Continuing Health Services across accessibility and communication issues.</p> <p>Of the diverse monitoring forms received, there is a 50-50 split in terms of gender with all of the complainants monitored being white British.</p> <p>Follow-up action has been in the form of letters to the complainants whether upheld or not.</p>
Public	<p>The number of leaflets distributed, or other communications made available, to local communities explaining particular services in a range of languages, matched by information on increased take-up of services across the protected characteristics, including people for whom English is not the preferred language. Additionally, insights into how these activities may have improved access to, and take-up of, services for people with protected characteristics.</p>	<p>The CCG's 'How to use your local NHS services' has now been translated into 12 different languages and in easy read format, printed and distributed to diverse community across Dorset. A similar exercise has been done with the 'choose well' leaflets. This has enabled communities to be better equipped in accessing the right services.</p> <p>Our documents such as the Clinical Services Review's 'the Need to Change' document, the equality delivery system grading questionnaire have also been translated into easy read.</p> <p>All media releases are sent out to diverse stakeholders and support organisations to encourage the onward distribution through specific networks and to increase awareness about local health services.</p>

**Table 2: Examples of evidence to show how NHS Dorset Clinical Commissioning Group have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**

Group	Requirement	Currently available(narrative)
Staff	Information on how staff are advised of the organization’s health and well-being program for the workforce, with details of how staff across all the protected characteristics were encouraged and supported to take part.	<p>The CCG widely promotes the support available to staff through;</p> <ul style="list-style-type: none"> <li>• The role of the line manager</li> <li>• Staff intranet</li> <li>• Staff bulletins</li> <li>• Meetings and correspondence to individuals.</li> </ul> <p>In 2015 the Workforce Team continued to lead Our Voice: Our Health which was a staff health and wellbeing initiative developed as a result of the outcomes of the staff survey. A series of open forums were held to which all staff were invited. The work and actions are now aligned to the discussions at Our Voice Our Forum, of which there is now a regular agenda item on wellbeing.</p> <p>The aim is to support all aspects of our staff’s health and wellbeing by listening to, and acting on staff suggestions. This has already seen the introduction of a cycle to work scheme as well as sessions on meditation and wellness and training on managing change. We also introduced a session on Resilience through an external provider which was very well attended throughout the organisation.</p> <p>The CCG provides an Employee Assistance Programme, Occupational Health services, and support through line managers, Workforce and recognised Trade Unions. Additionally, through Our Voice Our Forum our staff are able to raise any concerns either personally or through a nominated representative.</p>
	Information on development opportunities for staff within the organisation, with a breakdown of people’s protected characteristics where these opportunities were taken	The CCG widely promotes development opportunities for staff via the intranet, appraisals and 1-1 meetings with line managers. The CCG is committed to ensuring all staff have an annual and mid-year appraisal review where development needs are discussed and captured.

Group	Requirement	Currently available(narrative)
	up, and information of any positive action needed to encourage and support particular staff members to access these opportunities	<p>The Workforce Team then responds to the development identified through the production of a Training Needs Analysis and prioritisation of the development required. The CCG is inclusive to all staff in the opportunities available.</p> <p>The CCG has development its own suite of development opportunities under the banners of 'Manager Essentials' and 'Business Support Essentials' both of which have seen significant uptake.</p> <p>The CCG also works closely with Thames Valley and Wessex Leadership Academy. They offer a range of leadership development programmes including ones aimed specifically for BME individuals.</p>
Patients	Information on access patterns to NHS services across people's protected characteristics, with details of reasonable adjustments made as a result for disabled patients and other patients.	<p>We have an Interpreters' Guidelines which ensures that patients have access to the appropriate communication support when accessing primary health care, free of charge.</p> <p>We continue to advice primary care practices on how best to offer communication support to the hard of hearing and for people whom English is a second language</p> <p>Reasonable adjustments are made for people with learning disabilities by ensuring that as much information as possible is translated into easy read as possible</p>
	Equality Analysis of Key Policies and Strategies	<p>There is an Equality analysis (EA) process to enable managers to consider the positive or negative impacts of new or updated policies, services and organisational decisions on individuals with protected personal characteristics.</p> <p>A robust equality analysis as part of the Dorset-wide clinical services review (CSR) is currently taking place to take into account these important issues as the CCG considers emerging models.</p> <p>One-to-one EA training is also offered to colleagues.</p>

Group	Requirement	Currently available(narrative)
Public	The number of PPI surveys broken by topic, giving information on those members of the public who took part by their protected characteristics.	Over 1,280 people have been engaged with online surveys in 2015. The topics ranged from an IVF consultation, the Acute Care Mental Health Review, the yellow book review for people with a learning disability, a Community Pediatrics review and views from the Maternity Voices' group. Diversity monitoring was conducted in the surveys to establish representation. Even though the majority of respondents remain white British, female and middle aged, there has been an increased representation from black and minority ethnic and from the LGBT community.
	Services commissioned or adjusted to look after the needs of the public according to protected characteristics	<p>We worked hard to increase our dementia diagnosis rate and improve support for patients once they have received their diagnosis. We have developed a Dementia Diagnosis and Improvement Plan which builds on current work including reducing waiting times for Memory Assessment Services and improving dementia knowledge and skills in staff.</p> <p>Within the 'Active 4health Referral Hub, Working with the Christchurch Locality this project focuses on preventing ill health and reducing inequalities by creating a system to enable clients to be referred to the most appropriate physical activity service to address their needs. The Green Exercise Referral Concept is currently offered from Moors Valley Country Park and Forest.</p>
	Information on development opportunities for groups from protected characteristics to create better awareness of health issues amongst their communities	The CCG have partnered with the Dorset Race Equality Council to provide information sharing sessions to BME community leaders around understanding their health service, accessing services and how to disseminate information to their communities. Training around carers' issues, mental health and diabetes has been conducted already.
	Incidents where particular community groups, representing people with protected characteristics, are supported	The CCG supports organisations like the Dorset Race Equality Council <sup>6</sup> under service level agreement to undertake engagement events, act as a critical friend and provide insight into our commissioning plans

Group	Requirement	Currently available(narrative)
	to bid for funds and/or set up social enterprises, whereas otherwise they would not be in a position to compete with other community groups.	<p>The Bournemouth and Poole Council for Voluntary Service and Dorset Community Action receive financial support to assist in wider engagement activities and development of the third sector's role in community development around health.</p> <p>The CCG recently supported Unity in Vision to apply for funding to set up an advocacy support program for BME carers in West Dorset. The project has helped to identify hidden carers, workshops have been carried out to provide information and advocacy support.</p>

**Table 3: Examples of evidence to show how NHS Dorset Clinical Commissioning Group cluster have due regard to the need to foster good relations between persons**

Group	Requirement	Currently available (narrative)
Staff	Details of the number and effectiveness of staff training that helps build staff awareness and skills in tackling prejudice and promoting understanding towards people with different protected characteristics.	The CCG provides statutory and mandatory training to all staff through e-learning and set days for clinical staff. This includes a tri-annual requirement for either face-to-face or online Equality and Diversity training, which is in line with our statutory requirements.
	Information on the number and outcomes of grievance or disciplinary proceedings (EV) that included an element of prejudice towards a protected characteristic. Plus details of how the organisation has responded to any trends revealed by this information.	<p>In the calendar year 2015 there has been one formal grievance which included reference to a protected characteristic. Whilst the employee involved did not produce evidence in support of the claim, the CCG took the claim very seriously. The outcome found no basis to the claim of discrimination. However, the party involved was reminded of their responsibilities and was directed to available Equality and Diversity training.</p> <p>The CCG is committed to ensuring everyone has the right to be treated fairly and</p>

Group	Requirement	Currently available (narrative)
		equitably, and managers are supported through Workforce to ensure this is achieved.
	The number of staff whose personal objectives include a commitment to reducing prejudice and promoting understanding, with a summary of those objectives, broken down by protected characteristics.	<p>All staff should have a KSF (Knowledge and Skills Framework) post outline where the Equality and Diversity is a core competency. The performance against this post outline should be reviewed annual as part of staff appraisal.</p> <p>The NHS Dorset CCG appraisal process continues to include a requirement for each employee to be assessed against the CCG's Values and behaviours.</p>
Patients	The use made of expert patients and community peer educators, for the purpose of tackling prejudice and promoting understanding broken down by people's protected characteristics.	<p>A BME Health Engagement Panel has been set up in partnership with Dorset Race Equality Council to act as a critical friend on CCG's plans and provide insight around patient care. The panel has been mainstreamed into taking into consideration wider diverse issues and maintains a presence at the Dorset-wide equality and diversity forum.</p> <p>The Stronger Voices group has more representatives from diverse communities than in 2014 with new representation from learning disability and sexual orientation groups.</p> <p>The CSR's Public and Patient Engagement group (PPEG) has representatives from six different protected characteristics and have been largely influential in feeding in equality and diversity insight into the CSR modelling process.</p> <p>The Mental health commissioning program, are members of established Learning Disability Partnership Boards for each Local Authority and the Multi Agency Pan Dorset Health Action Group for people with a Learning Disability.</p>
	The involvement of current or former patients, from a diverse range of backgrounds, in the organization's governance arrangements, including the	<p>The CCG works closely with partner organisations to engage effectively with our diverse population with the setting up of a Lesbian Gay Bisexual and Transgender health advisory group, a first of its kind in the southwest of England.</p> <p>Representatives from protected characteristics sit on the Acute Care Pathway</p>

Group	Requirement	Currently available (narrative)
	memberships of involvement networks, broken down by people's protected characteristics.	review reference group to ensure that equality and diversity issues are taken into consideration at every stage of the review.
Public	Information on the CCG's involvement in good relations initiatives in the local community	<p>The CCG took part in the One World multi-cultural festival held in Dorchester. An information stand of health information attracted over 200 visitors on the day.</p> <p>Events like the Gay Pride of Bournemouth and the Youth Beach festival at Sandbanks in Poole were also attended by the CCG where information about the clinical services review was shared.</p> <p>The CCG has convened a youth conference to establish relationship around information sharing with children and young people in the county and presented at the recent Women's Institute Annual General Meeting.</p>

## REFERENCES:

- <sup>1</sup> Public Sector Equality Duty: <http://www.legislation.gov.uk/ukpga/2010/15/section/149>
- <sup>2</sup> Clinical Services Review: <http://www.dorsetsvision.nhs.uk/>
- <sup>3</sup> Joint Strategic Needs Assessment: <https://www.dorsetforyou.com/public-health-dorset/about-us/what-we-do/JSNA>
- <sup>4</sup> Dorset Race Equality Council: [www.dorsetrec.org.uk](http://www.dorsetrec.org.uk)