

# Equality, Diversity and Inclusion Annual Report 2019

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2019**

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# Equality, diversity and inclusion annual report for 2019

## 1. INTRODUCTION

- 1.1. NHS Dorset Clinical Commissioning Group's (CCG) Equality, Diversity and Inclusion Annual Report for 2019 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 the diverse needs of our 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

### 2.1. The CCG leadership and equality

2.1.1. NHS Dorset CCG is a membership organisation consisting of 81 GP practices. 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.

2.1.2. Further information on our Governing Body can be found on our [website](#).

2.1.3. Our member practices are at the heart of our communities and in a good position to understand the needs of their populations.

- 2.1.4. We assumed our statutory responsibilities in April 2013 and are responsible for the commissioning of the majority of secondary, primary general practice services, community and mental health services for the population of Dorset.
- 2.1.5. 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.
- 2.1.6. In June 2017, we were accepted by NHS England as one of eight first wave Integrated Care Systems (ICS). As an ICS we are at the forefront to provide joined up, better co-ordinated care breaking down the barriers between GPs and hospitals, physical and mental healthcare, social care and the NHS.
- 2.1.7. All CCG 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.
- 2.1.8. The Registered Nurse Member is the board lead for equality, diversity and inclusion and monitors assurance for the Governing Body in their role as Chair of the Equality, Diversity and Inclusion steering group.
- 2.1.9. The Lay Member for Patient and Public Engagement 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.
- 2.1.10. The CCG Equality, Diversity and Inclusion Steering Group is chaired by the Governing Body lead for equality, diversity and inclusion. Membership of the group includes representatives from directorates across the organisation. The group is responsible for overseeing the development and implementation of the Equality, Diversity and Inclusion Strategy and ensuring that the CCG is compliant in all its equality requirements through ongoing monitoring of the strategy and action plan.

## **2.2. Our population key facts**

2.3. Some key facts about the population of Dorset include:

- the population of Dorset is reported to be 772,270 [*Office for National Statistics midyear estimate 2018*];
- by 2024, the population of Dorset is expected to grow to over 797,000 with much of the growth happening amongst the oldest and with a 19.2% growth of 10-14 year olds [*Office for National Statistics*];
- we have higher numbers of people with heart problems, chronic kidney disease, cancer and musculoskeletal disorders and we expect this to grow faster than the national average [*Office for National Statistics*];
- of those whose main language is not English, the top three main languages spoken are Polish (24.6%), Portuguese (6.9%), and Spanish (5.2%) [*Census 2011*];

- in Dorset 62.3% of people reported that they were Christian, with 2.4% expressing an affiliation to a non-Christian religion, while 27.3% reported that they had no religion and 8% did not report religious preference, [*Census 2011*];
- 19.4% of the population said they had a long term health problem or disability, with their day-to-day activities limited either a lot (8.5%) or a little (10.9%) [*Census 2011*];
- people in Dorset generally live healthier and longer lives compared to the average for England, but this is not evenly spread across our population – the data reveals unacceptable inequalities between different groups.

Further information on [health profile](#) indicators can be found on Public Health England website.

## 2.4. Our workforce key facts

2.4.1. The reports quoted in this annual report come from a number of different reporting points in the year. However, to provide an up to date summary of the CCG the workforce key facts are all from 31 December 2019.

2.4.2. The CCG employs a total of 403 staff (as at 31 December 2019), across three sites in Dorset; Vespasian House in Dorchester (designated CCG Headquarters), Canford House in Poole and the Development Hub in West Moors.

2.4.3. NHS Dorset CCG has an employee base that is predominantly female. 78.41% of the employees of the CCG as at 31 December 2019 were female. This is in line with the national NHS gender profile where 80% of agenda for change staff are female.

2.4.4. Within the CCG Governing Body, the breakdown by gender is 13 male (including the Chief Officer and Chief Finance Officer) and 7 female, as at December 2019.

2.4.5. The percentage of BAME Governing body members has decreased slightly this year with 5.00% BAME.

2.4.6. The sexual orientation breakdown of Dorset CCG staff is 90.07% heterosexual, 0.99% gay or lesbian, 1.24% bisexual and 7.69% undisclosed.

2.4.7. 2.73% of 385 of staff class themselves as BAME on the Electronic Staff Record (ESR) system (97.77% of staff report their ethnicity which is recorded on ESR). This has increased from 1.82% in 2017/18.

## 3. OUR EQUALITY OBJECTIVES

3.1. The [Equality, Diversity and Inclusion Strategy 2016 -2020](#) outlines our strategy for this period.

3.2. Following an [equality delivery system \(EDS2\)](#) audit in 2018 the CCG agreed the equality objectives.

3.3. The top priorities identified by the public as being most important and have been adopted as our objectives are:

- patients' health needs are assessed, and resulting services provided, in appropriate and effective ways;
- when people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse;
- people, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds;
- patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment.

3.4. In addition, the top priorities for staff are:

- when at work, staff are free from abuse, harassment, bullying and violence from any source;
- middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

3.5. In delivering the objectives, we aim to achieve the following outcomes:

- we are better able to understand and monitor the evidence and impact on services 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.

3.6. Appendix 1 shows the results of the 2018 EDS grading exercise.

3.7. Appendix 2 shows how we have performed in 2019 against our four EDS2 goals:

- better health outcomes for all;
- improved patient access and experience;
- empowered, engaged and included staff;
- inclusive leadership at all levels.

#### 4. OUR PUBLIC SECTOR EQUALITY DUTY WORK DURING 2019

4.1. The Equality Act 2010 requires the CCG to pay due regard to the three aims of the general duty of the Act. The three aims are to:

- **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.**

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

### **4.3. Equality impact analysis**

4.3.1. 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.

4.3.2. The CCG recognises that this is a continuous process and these assessments will be updated to reflect the status of the programmes.

4.3.3. 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;
- published the simplified EIA template and guidance on the new Equality, Diversity and Inclusion pages on the CCG's intranet;
- include an extra layer of check and challenge, with EIAs reviewed by an external assessor, our EIA Public Engagement Group lay advisor, to provide advice and guidance.

### **4.4. Workforce race equality standard (WRES)**

4.4.1. 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.

4.4.2. The Workforce Race Equality Standard (WRES) is a benchmarking tool introduced by NHS England to assess the progress of race equality within NHS organisations annually, following an initial evidence baseline gathered in 2015.

4.4.3. The actions are reflected in the workforce race equality standard (WRES) report and you can read the full national WRES Report [here](#).

4.4.4. The main purpose of the WRES is to ensure local and national NHS organisations review their data against the nine WRES indicators. This in turn informs the development of local action plans to close any gap in workplace experience between White and Black, Asian and Minority Ethnic (BAME) staff and, where indicated, to improve BAME representation in the organisation.

4.4.5. NHS England asks that all commissioners of NHS services, including CCGs, have "due regard" to using the WRES in helping to improve workplace experiences and representation at all levels for their own BME staff.

4.4.6. NHS England recommends CCGs to implement as many of the WRES indicators as appropriate, whilst giving fair consideration to the principles of the WRES within their day-to-day activities.

4.4.7. In September 2019, the CCG has published its annual local WRES report, the findings of which showed:

- 1.82% of 385 of staff class themselves as BAME on the Electronic Staff Record (ESR) system (97.66% of staff report their ethnicity which is recorded on ESR), this remains relatively unchanged but has increased slightly from 1.70% in 2017/18;
- there are three BAME members of staff in leadership roles in the organisation (bands 7- Very Senior Managers). This is an increase from one in both 2016/17 and 2017/18;
- 1.76% of staff in leadership roles within the CCG are BAME which is broadly in line with BAME representation across the CCG;
- the percentage of BAME Governing body members has decreased slightly this year with 6.25% BAME. Previous years were 2.11% in 2015/16, 5.26% in 2016/17 and 6.67% in 2017/18;
- between 2017/18 and 2018/19, there was a 56.9% increase in BAME applicants to the organisation;
- in raw numbers, applications from BAME applicants rose from 204 to 320;
- the percentage of BAME applicants shortlisted in 2017/18 was 22.06%. This increased to 23.75% in 2018/19.

4.4.8. In summary, the CCG received more applications from BAME applicants and shortlisted a higher percentage of those applications. In 2018/19 the CCG shortlisted 76 BAME applications against 45 in 2017/18.

4.4.9. 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 mandated completion of unconscious bias training for all staff involved in recruitment to improve perceptions around recruitment mainly the interviewing process;
- continue to specifically welcome applications from under-represented groups and analyse NHS job applications for senior posts to understand the percentage of BAME applicants versus the number of appointments to senior roles;
- BAME staff are being encouraged to link in with local BAME Staff Networks as a safe space to raise concerns other than the annual Staff Survey;
- ensuring that job vacancy lists are widely publicised within our diverse contacts. We continue to connect more with organisations to promote vacancies, for example, we currently link with the Dorset Race Equality Council (DREC) to advertise roles;
- conversations around development opportunities are carried out during annual appraisals;
- ensure that ethnic diversity is built into the Our People and Culture Programme.

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



## 4.5. Staff support

4.5.1. 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:

- we continue to work closely with the Our People and Culture programme which launched in May 2018, ensuring equality, diversity and inclusion are considered and embedded throughout the programme;
- a refreshed staff training programme and launch of a new Learning and Development programme;
- equality, diversity and inclusion is a key part of staff induction programmes, and also included as part of the statutory and mandatory training for all staff;
- embedded unconscious bias learning into the organisation to improve perceptions around recruitment;
- maintained a buddy system which provides staff with an additional support mechanism to address workplace and non-work related concerns or as a point of contact for new starters to the organisation;
- maintained a calendar of support for staff, which included:
  - sexual harassment
  - mental health
  - age
  - discrimination of LGBT, race, disability
  - mindfulness
  - menopause awareness;
- continuing 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;
- gained independent advice from the YOU Trust to further develop our grievance, whistleblowing and harassment procedures;
- our Health and Wellbeing plan feeds into Dorset Workforce Action Board to ensure a system wide approach;
- Freedom to Speak Up Guardian is now in place, the Governing Body Registered Nurse Member links to the national support network, and concerns are annually reported to the audit committee;
- Freedom to Speak Up Guardian information is included in the staff induction;
- equality impact assessment training was delivered by an external provider, with 12 staff attending;
- new equality, diversity and inclusion pages launched on the staff intranet, providing information and news for staff;
- we have launched the NHS Rainbow badge pledge, where staff can sign up to show their support for an open, non-judgemental and inclusive organisation for our LGBT+ staff, participants and patient volunteers.

4.5.2. The CCG is also committed to improving the working environment and supporting flexible working. In doing this we have continued 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 and specialist equipment.

4.5.3. The Our People and Culture programme have established two new working groups which will help to develop these areas: Environment and Sustainability and Policies.

#### **4.6. Gender pay gap**

4.6.1. From 31 March 2017, all public sector organisations in England employing 250 or more staff were required to publish gender pay gap information annually.

4.6.2. Our full report published April 2019 for the year ending 31 March 2018, can be found on our [website](#).

4.6.3. The calculations make use of two types of averages, a mean average and a median average. Using these two different types of average is helpful to give a more balanced overview of an employer's overall gender pay gap.

4.6.4. The CCG mean gender pay gap is 20.91%. The CCG median gender pay gap is 20.26%.

4.6.5. NHS Dorset CCG has an employee base that is predominantly female. 78.75% of the employees of the CCG as at 31 March 2018 were female. This shows itself especially in the more junior Agenda for Change bands.

4.6.6. As at 31 March 2018 the CCG had only six male employees in bands 2 or 3. It is as a result of this, rather than a lack of female employees in senior bands, that we see a Gender Pay Gap.

4.6.7. It is important to note that Gender Pay Gap reporting is different from equal pay, Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

4.6.8. As an NHS organisation the CCG's pay bands are determined by Agenda for Change (AfC), a national NHS job evaluation scheme. Through this, and the job matching methodology involved, roles of equal value receive equal remuneration.

4.6.9. There is an even spread of female employees across the AfC bands within the CCG which means the median female salary is, effectively, the median salary of the CCG. However, there is not an even spread of male employees which means the median male salary is higher than the median CCG salary.

4.6.10. The CCG must act fairly, and within the law, and act where possible to reduce the gender pay gap.

4.6.11. The CCG will:

- check for any gender bias in its recruitment information and appointment processes and look to remedy this as relevant to promote a workforce representative of the population we serve;
- check for any gender bias in the uptake of its training offers and other development processes and look to remedy this as relevant;
- monitor the application of other policies and procedures, such as flexible working;
- check for any indicators from staff surveys and or exit interviews that might increase the understanding of the situation.

#### **4.7. Contract monitoring**

4.7.1. A key aspect of commissioning is to monitor the contract and services the CCG has commissioned to ensure that these services deliver high quality care for all.

4.7.2. The 2018/19 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.

4.7.3. 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.

4.7.4. The CCG will continue to work in partnership with its main NHS providers to ensure compliance with their contractual obligations, through quality review meetings with providers.

#### **4.8. Accessible communications**

4.8.1. We are committed to sharing our story with our public, stakeholders, opinion-formers and staff in a way that will help them to understand what we are doing and why.

4.8.2. We want to make it as easy as possible for people to get involved in our work and find out more about local health services.

4.8.3. We continue 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.

4.8.4. 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.

4.8.5. Our multi-agency service agreement with Dorset Race Equality Council (DREC) supports the CCG to communicate messages to and provide feedback from a range of diverse communities in Dorset.

4.8.6. The web portals and social media pages of voluntary sector partners such as Access Dorset, South West Dorset Multicultural Network, 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.

4.8.7. 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.

4.8.8. We have a new dedicated equality and diversity page on the staff intranet with resources and information to assist staff in their work.

#### **4.9. Engagement and Involvement**

4.9.1. We are committed to ensuring that we reduce health inequalities and we have the needs of our communities at the heart of our commissioning functions.

4.9.2. Dorset CCG takes seriously the particular needs that members of diverse communities or those with [protected characteristics](#) that use our services have. We believe, as is reflected in our planning and ethos, that healthcare provision on an equitable discrimination-free basis is the right of all in Dorset.

4.9.3. We recognise that people access services and need support in a variety of different ways. For us to succeed in our mission, we need to understand our communities, engage effectively with them and commission services to meet local needs.

4.9.4. We work closely with local people, patients, providers, staff and voluntary organisations to help reduce inequalities and eliminate any discrimination within our services and working environments.

4.9.5. We continue to work closely with a host of community and voluntary sector organisations, including the Community Action Network (formerly Bournemouth and Poole Council of Voluntary Services), Dorset Community Association, the Volunteer Centre Dorset, Access Dorset, Dorset Youth Association and Dorset Mental Health Forum, among many others.

4.9.6. We continue to have a strong working relationship with Dorset Race Equality Council (DREC). We meet quarterly with the health ambassadors, a group of people from different ethnic backgrounds who are very active in their respective communities. This helps to provide support to the network in carrying out their activities to communicate key messages about local health and care services, explore different views and develop an understanding of service provision and needs. This helps the CCG reach out into these local communities.

- 4.9.7. This year, we have strengthened our relationships with groups representing young people, which has helped to give young people and those representing them a strong voice in informing service change and development.
- 4.9.8. We are delighted to be working closely with Chatterboxes, SPACE, Dorset Youth Association, Dorset Parent Carer Council and the Local Council's Youth Participation Workers. This has made a huge difference to our engagement with younger people.
- 4.9.9. Working in partnership with these groups has helped us to provide opportunities for involvement to thousands of individuals, groups and organisations we may otherwise struggle to reach.
- 4.9.10. We have recently launched an Instagram account to help us reach a younger audience. We now have 283 followers.
- 4.9.11. The CCG has led on the development of the Public Engagement Group (PEG), which was set up in September 2017 to support participation and involvement across Dorset's Integrated Care System.
- 4.9.12. The PEG brings together around 25 local people with a wealth of life-experience and expertise across Dorset's geography, demography and diversity. Membership is regularly reviewed in terms of diversity and lived experience and knowledge of the 9 protected characteristics. A review of the membership is currently underway.
- 4.9.13. Collectively the PEG acts as a critical friend, providing invaluable feedback and a platform for critical thinking about new projects and services.
- 4.9.14. The refreshed 'Supporting Stronger Voices' public engagement group has representatives from around 200 organisations across Dorset. When inviting people to join the group there is due consideration of representation across Dorset's geography, demography and diversity.
- 4.9.15. The updated objectives of the 'Supporting Stronger Voices' group are to provide:
- the opportunity for public, patient, carer, voluntary and community representatives to meet and build relationships;
  - information and updates to help develop a collaborative understanding of Dorset's health and care system;
  - opportunities for people to provide their views on areas of Dorset's health and care system and to inform service provision or change;
  - opportunities for training to support members of Supporting Stronger Voices.
- 4.9.16. EIAs are carried out as part of care pathway reviews and care is given to provide appropriate opportunity for involvement in response to this, with targeted promotion to communities/groups as appropriate. E.g. During the consultation phase of the Dementia Services Review all 9 protected characteristics and representative groups were given consideration.

4.9.17. Further details on all our engagement activity will be available in our annual engagement report which will be published in July 2020.

## **5. NEXT STEPS**

- 5.1. 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.
- 5.2. We remain an organisation that strives to make continual improvements in equality and diversity, during 2020 we will:
  - continue with the Our People and Culture programme, now that the review and design and delivery phases are completed and we are in the implementation phase;
  - review the staff policies with the working group from the Our People and Culture Programme to ensure Equality, Diversity and Inclusion is considered;
  - review the Working Environment and Sustainability through the working group as part of the Our People and Culture Programme to ensure Equality, Diversity and Inclusion is considered;
  - report on Gender Equality Pay requirements and reporting on action taken and progress;
  - continue to provide training to staff to ensure equality, diversity and inclusion is embedded across the organisation;
  - 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.

**APPENDIX 1**

**Equality Duty Standard 2 Grading Exercise Results for NHS Organisations and CCG Staff 2018**

<b>Goal</b>	<b>Equality Outcome</b>	<b>2012</b>	<b>2015</b>	<b>2018</b>
Better health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Under developed	Developing	Achieving
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	Developing	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	Developing
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing	Achieving	Achieving
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving	Achieving	Developing
Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing	Developing	Achieving
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Under developed	Achieving	Developing
	2.3 People report positive experiences of the NHS	Developing	Achieving	Developing
	2.4 People's complaints about services are handled respectfully and efficiently	Developing	Achieving	Achieving
	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the	Achieving	Achieving	Achieving

A representative and supported workforce	workforce becomes as diverse as it can be within all occupations and grades			
	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	Achieving
	3.3 Training and development opportunities are taken up and positively evaluated by all staff.	Achieving	Achieving	Developing
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving	Achieving	Developing
	3.5 Flexible working options are available to all staff consistent with the needs of the service sand the way people lead their lives	N/A	Achieving	Developing
	3.6 Staff report positive experiences of their membership of the workforce.	Achieving	Achieving	Developing
Inclusive Leadership	4.1 Boards and senior leader routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Achieving	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	Achieving
	4.3 Middle manager and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	N/A	Achieving	Achieving



APPENDIX 2

Equality, Diversity and Inclusion Action Plan 2019/20

EDS2 Goal	Serial No	CCG Objective	Action	Success Measure	Timescale	RAG progress - November 2019
Overarching Objective	1	To ensure that the CCG's equality objectives continue to be up to date and in line with the CCG core values and principles.	Undertake a pan Dorset review of our equality objectives using the EDS2 Framework, key aspects are as follows: <ul style="list-style-type: none"> <li>• 2 public engagement workshops and surveys;</li> <li>• Staff survey</li> <li>• GB survey</li> </ul>	Refreshed equality objectives which are embedded within the CCG	14-Nov-18	
Goal 1: Better Health outcomes for all	2	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 including the delivery of the new sexual orientation monitoring standard (voluntary in 2018/19, mandated 2019/20)	Increased understanding of trends and health experiences, and due regard considered	31-Mar-19	

EDS2 Goal	Serial No	CCG Objective	Action	Success Measure	Timescale	RAG progress - November 2019
Goal 1: Better Health outcomes for all	3	To ensure information is collected, collated and analysed therefore enabling a better understanding of the needs of who is accessing services	Annual review of 2 service pathways to understand how they are meeting patients' needs, developing appropriate action plans for implementation		31-Mar-19	
Goal 1: Better Health outcomes for all	4	To ensure information is collected, collated and analysed therefore enabling a better understanding of the needs of who is accessing services	Support the development of high quality Equality Impact Assessments		On-going	
Goal 1: Better Health outcomes for all	5	To ensure information is collected, collated and analysed therefore enabling a better understanding of the needs of who is accessing services	Undertake the annual review of how people from 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.	Mid-March 2019 (18/19 ARA)	
Goal 2: Improved patient access and experience	6	Engage with our diverse communities ensuring their needs are taken into account when co-producing, designing and commissioning services	Work with partners to develop specific, targeted engagement opportunities	More effective targeted engagement, through approaches that are appropriate to them	On-going	

EDS2 Goal	Serial No	CCG Objective	Action	Success Measure	Timescale	RAG progress - November 2019
Goal 2: Improved patient access and experience	7	Engage with our diverse communities ensuring their needs are taken into account when co-producing, designing and commissioning services	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.	Availability of resources in appropriate formats.	On-going	
Goal 3: Empowered, engaged and well supported staff	8	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 (WRES), sharing the results and acting on areas of concern.	All staff, irrespective of protected characteristic, feeling valued and respected within the CCG.	August 2019	
Goal 3: Empowered, engaged and well supported staff	9	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.	Actively contribute to the Workforce Disability Equality Standard (WDES) preparatory work in 2018/19	All staff, irrespective of protected characteristic, feeling valued and respected within the CCG.	April 2019 - submission of templates	

EDS2 Goal	Serial No	CCG Objective	Action	Success Measure	Timescale	RAG progress - November 2019
Goal 3: Empowered, engaged and well supported staff	10	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.	Continue to provide 'unconscious bias' training for line managers and staff included within recruitment and selection programmes.	All staff, irrespective of protected characteristic, feeling valued and respected within the CCG.	On-going	
Goal 3: Empowered, engaged and well supported staff	11	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.	Engage with trade union representatives and staff forum to inform staff engagement and equality initiative.	All staff, irrespective of protected characteristic, feeling valued and respected within the CCG.	Quarterly	
Goal 3: Empowered, engaged and well supported staff	12	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.	Work across the system to identify new opportunities for organisational staff support groups.	All staff, irrespective of protected characteristic, feeling valued and respected within the CCG.	On-going	

EDS2 Goal	Serial No	CCG Objective	Action	Success Measure	Timescale	RAG progress - November 2019
Goal 3: Empowered, engaged and well supported staff	13	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.	Monitor staff uptake of training courses, secondment opportunities by protected characteristics	All staff, irrespective of protected characteristic, feeling valued and respected within the CCG.	On-going	
Goal 4: Inclusive leadership at all levels	14	To ensure that equality and diversity is everybody's business across the CCG.	Each directorate to have equality and diversity related content within their work streams	All staff, respective of protected characteristic, feeling valued and respected within the CCG	On-going	
Goal 4: Inclusive leadership at all levels	15	To ensure that equality and diversity is everybody's business across the CCG.	Develop and implement an enhanced rolling programme of 'practical based' equality and diversity training to CCG staff	To increase equality and diversity awareness at all levels through information sharing and training	31-Mar-19	
Goal 4: Inclusive leadership at all levels	16	To ensure that equality and diversity is everybody's business across the CCG.	Undertake equal pay audits as part of the workforce planning process (Gender Pay Gap)	Equal pay audit completed and outcomes shared	Mar-19	
Goal 4: Inclusive leadership at all levels	17	To ensure that equality and diversity is everybody's business across the CCG.	Promote recruitment opportunities with partners such as Dorset Race Equality Council, Disability Action	Recruitment opportunities advertised through partners	On-going	