

Equality Delivery System 2

Baseline Assessment and Equality Objectives

June 2014

An introduction to the Equality Delivery System 2

The NHS Equality and Delivery System (EDS) was formally launched on 11 November 2011. It was designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS covers all those people with characteristics protected by the Equality Act 2010. There are nine characteristics in total:

Age

Disability

Gender re-assignment

Marriage and civil partnership.

Pregnancy and maternity

Race including nationality and ethnicity

Religion or belief

Sex

Sexual orientation

The use of the EDS has resulted in significant improvements in the way services are planned and delivered, and workplaces are organised. EDS2 is the result of a refresh based on an evaluation of the original framework and designed through stakeholder consultation and collaboration to enable organisations to evidence their equality performance.

NHS England has set itself an equality objective to support CCGs in implementing the EDS2. At the heart of EDS2 are 18 outcomes against which NHS organisations assess and grade themselves. The outcomes are grouped under four overarching goals which focus on the issues of most concern to patients, carers, communities, NHS staff and Boards.

Outcomes are graded as follows:



People/staff from all protected groups fare well



People/staff from most protected groups fare well



People/staff from only some protected groups fare well



People/staff from all protected groups fare poorly

Equality Objectives

The baseline assessment has been out to consultation and moderation with patients and communities in South West Lincolnshire inclusive of people with protected characteristics and the following Equality Objectives have been agreed:

Based on the

- Improve proactive care for patients with Long Term Conditions and their carers through development of neighbourhood teams;
- Promote parity of esteem for people with severe mental health conditions;
- Promote the health of carers;
- Improve access to child and adolescent mental health services;
- Improve provision of inpatient care for people with learning disabilities;
- Support staff to work in culturally competent ways.

Baseline assessment

GOAL: Better health outcomes
Description of Outcome: Services are commissioned, procured, designed and delivered to meet the health needs of local communities (1.1)
Narrative
<p>NHS South West Lincolnshire Clinical Commissioning Group (CCG) is responsible for designing and buying healthcare services for its registered population. The GP registered population for South West Lincolnshire CCG is 128,329 (65,013 females and 63,316 males). The resident population according to the 2011 Census is 120,562 and there is a predicted growth of 10,000 by 2014/15. The difference in these numbers suggests that there are people resident outside the area who are registering with South West Lincolnshire GPs. South West Lincolnshire CCG is a group of 19 GP practices. The area covers the main towns of Grantham and Sleaford. Other surrounding villages within the area are Ruskington, Ancaster and Corby Glen. The area has relatively low levels of deprivation, poverty and unemployment compared to other areas in Lincolnshire. There is a high proportion of population of people aged 40-49 and significantly lower proportion of people in their 20s than the England average. Life expectancy is slightly better than the England average but the prevalence of cancer, diabetes, hypertension, coronary heart disease and stroke are higher than the England rates.</p> <p>The local Joint Strategic Needs Assessment (JSNA) is routinely reported to the Governing Body and used to inform prioritisation of commissioning intentions. Local health needs assessments and public/stakeholder consultation were undertaken to identify commissioning priorities for of the population of Grantham (Shaping Health for Mid kesteven). A number of service redesigns were identified as a result including a need for significant changes in the way both Maternity and children’s services are commissioned was identified as a result. A Midwifery Led Birthing Unit has now opened at ULHT (Lincolnshire County Site) and a paediatric hub at ULHT (Grantham Site) is under development. The JSNA has also informed the Lincolnshire Sustainable Services Review (LSSR) which has identified the need for improved continuity of care and improved patient satisfaction and choice in a number of care design areas including proactive care of long term conditions.</p> <p>The Governing Body oversees the development of commissioning intentions, the design and procurement of services to meet local health needs and monitors performance of commissioned services in relation to experience, safety and outcomes (including protected characteristics of service users and workforce). The Governing Body is supported in this function by the Public Health representative, Equality Champion and Patient and Public Engagement Lay Member. The CCG Council co-ordinates and, where agreed, aligns commissioning intentions, plans, contracting, patient and public engagement, contract performance monitoring and impact of CCG actions on the system as a whole. It will also interact with other statutory and non-statutory bodies, as is necessary, to support the individual CCGs in delivering their statutory functions in a way consistent with the Nolan principles, the NHS Constitution and the visions and goals of the CCGs.</p>

Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	✓		✓	✓	✓	✓	✓
Development Areas Identified							Outcome Grading	
Improving proactive care for patients with Long Term Conditions and their carers through development of neighbourhood teams								
Improve services for neurological conditions								

GOAL: Better health outcomes
Description of Outcome: Individual people’s health needs are assessed and met in appropriate and effective ways (1.2)
Narrative
<p>All CCG Member Practices have signed up to the Constitution which outlines our collective responsibility to strive for the continued improvement in health and wellbeing for all residents in our population and make appropriate arrangements to ensure efficient and effective provision of health care to prevent patients from dying prematurely, enhance the quality of life for patients with long term conditions, help patients recover from injury or episodes of ill health and ensure patients have a positive experience of care. The responsibility of the CCG and its member practices in terms of its equality duties and the protected characteristics is clearly set out in the constitution.</p> <p>Ensuring that the individual health needs of patients are assessed and met through appropriate care pathways is monitored through the contracting arrangements with individual providers and reviewed by the Governing Body on a monthly basis. The Governing Body is currently overseeing gaps in the appropriate and effective assessment of individual health needs for patients on the following care pathways:</p> <ul style="list-style-type: none"> • application of standards applied to the Care Programme Approach (CPA) for adults requiring mental health services; • root causes in relation to cancer referral to treatment times are being reviewed by member practices;

- Child and Adolescent Mental Health Services (CAMHS) where an interim mitigating strategy has been put in place between providers pending a competitive tender exercise starting in April 2014 to radically re-design the services to improve appropriateness and effectiveness of service;
- the case management for individuals with learning disabilities (Winterbourne) to ensure commissioning intentions reflect both the need to deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people and that individual health needs of existing people in placements have been assessed taking account of ethnicity, age profile and gender issues in planning and understanding future care services.

The CCG has a clear framework for assuring the quality of care we commission on behalf of our patients and population. The process of quality assurance of commissioned services is overseen by the Quality and Patient Experience Committee and has a number of component parts which are inter-dependent including Clinical Quality Review Meetings with providers, audits and review visits, a focus on extending the depth of 'soft' intelligence through reporting of incidents and concerns by health professionals, complaints, serious incidents, MP letters, media reports and patient stories that added together form a comprehensive picture of whether the care patients receive is assessed and met appropriately and effectively.

Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	?		✓	✓		✓	✓
Development Areas Identified							Outcome Grading	
Implementation of standards for CPA								
Re-provision of Child and Adolescent Mental Health Service (CAMHS)								
Re-provision of services for people with learning disabilities								

GOAL: Better health outcomes								
Description of Outcome: Description of Outcome: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed (1.3)								
Narrative								
<p>Effective implementation of care pathways is monitored through the contracting processes and the Governing Body reviews performance in relation to transitions from one service to another across pathways on a monthly basis including but not exclusively; referral to treatment times, handovers between ambulance services and A&E, waiting times in A&E before transition to appropriate care setting or discharge and cancer waits.</p> <p>The Patient Safety Team introduced a reporting of incidents and concerns Health Professional Feedback Form as part of the incident reporting process in 2013. This has strengthened the CCG oversight of the patients experience and safety when transitioning across care pathways particularly those patients with Long Term Conditions. Forms are predominantly received from GP Practices, 111 Providers and Nursing Homes A number of issues have been addressed through this system to improve transition including a focus on the accuracy and completeness of discharge referral information and the introduction of an Electronic Discharge Documentation system within the acute provider.</p> <p>The Care Quality Commission inspection of Safeguarding and Looked After children’s functions identified a gap in suitable inpatient environment for adolescence accessing acute care and the implementation of a mitigating strategy is being monitored by the Safeguarding Steering Group a sub group of the Quality and Patient Experience Committee.</p>								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓			✓	✓	✓	✓	✓
Development Areas Identified							Outcome Grading	

GOAL: Better health outcomes								
Description of Outcome: When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse (1.4)								
Narrative								
<p>The CCG'S Quality Assurance Structure and processes ensure that when people access services their safety is prioritised. The commissioning and contract processes include sections relating to requiring providers to adhere to all legal and regulatory standards to ensure patient safety. The organisation has detailed quality schedules with all provider organisations with a number of key performance indicators (KPIs) relating to patient safety, including, but not exclusively:</p> <ul style="list-style-type: none"> • serious incident reporting (including never events) • medicines management • compliance with the hygiene code • compliance with essential standards for CQC • safeguarding (including whistle-blowing) • and the reporting of all risks above an agreed threshold. <p>These KPIs are monitored on a quarterly basis through the respective provider's quality contract review group. Provider Patient Safety Meetings are held on a quarterly basis. The Governing Body receives monthly quality performance reports and quarterly patient safety and patient experience reports (including complaints) and a programme of external audits is also undertaken by the CCGs. The CCGs Federated Patient Safety Team receives all serious incident reports and the Executive Nurse oversees and signs off RCAs and associated action plans.</p> <p>The JSNA identified that the number of old people going into care homes is gone up and Lincolnshire has seen a year on year increase in the number of patients eligible for Continuing Health Care funding. The Quality and Patient Experience Committee identified that the current arrangements for the commissioning and provision of adult care placements was complex and involves a range of stakeholders resulting in a lack of clarity regarding roles and responsibilities, communication, coordination of roles and sequencing of activity along the care pathway. This was raised with the CCG Council and an adult care placements quality assurance group and Quality Dashboard to strengthen the monitoring of patient outcomes, promote patient safety and optimising the use of resources is now established.</p>								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	✓		✓	✓	✓	✓	✓

Development Areas Identified	Outcome Grading
	

GOAL: Better health outcomes

Description of Outcome: Screening, vaccination and other health promotion services reach and benefit all local Communities (1.5)

Narrative

The CCG is working with partners across the health and care community to develop proactive care models and this includes ensuring access to preventative health services across the county to reach a geographically spread community and ensuring services work collaboratively to avoid fragmentation of service delivery through a neighbourhood team model. The CCG will support Public Health England’s approach that recognises that the whole of the public sector workforce are potential contributors to public health. The CCG will focus on:

- developing pan health and care infection prevention and control plans;
- encourage member practices to achieve increase in number of annual health checks and learning disability health checks;
- Development of provider plans for making every contact count

Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	✓		✓	✓		✓	

Development Areas Identified	Outcome Grading
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<p>Gap in parity of esteem and need to focus on improving physical healthcare in people with severe mental illness (SMI) to reduce premature mortality</p> <p>Focus required on screening for dementia and early intervention</p> <p>Promote the health of Carer</p>	
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<p>GOAL: Improved patient access and experience</p>								
<p>Description of Outcome: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds (2.1)</p>								
<p>Narrative</p>								
<p>The CCG through its contract management functions requires all providers to monitor access to the services they are delivering. Access and Right to Treatment across care pathways is monitored by the Governing Body through the monthly performance report. The Governing Body takes action to address poor access to services in line with the CCG Constitution. Access is measured as part of the GP Survey and the Governing Body and Members Council, sighted on the planned housing developments and future service needs, are considering future access and models of access to primary and community services in the Sleaford area, particularly for those with long term conditions and the frail elderly.</p> <p>The Governing Bodies Public Health representative provides regular public health reports and Health Needs Assessments to the Executive Committee which informs commissioning decisions and contract management processes. For example the Executive Committee has reviewed the Health Needs Assessment for A8 Migrants in Lincolnshire and the views of service users, service providers and other stakeholders in relation to the utilisation and provision of health services. It was noted that whilst this population was accessing Out of Hours (OOH) services, utilization of general practice provision was poor and actions were taken to ensure that the OOH service encouraged registration with GP practices.</p>								
<p>Age</p>	<p>Disability</p>	<p>Gender reassignment</p>	<p>Marriage & civil partnership</p>	<p>Pregnancy & maternity</p>	<p>Race</p>	<p>Religion & belief</p>	<p>Sex</p>	<p>Sexual Orientation</p>

✓	✓	✓	✓	✓	✓	✓	✓	✓
Development Areas Identified							Outcome Grading	
Supporting Area Team with the development of Primary Care Services in Sleaford								
Improved access of A8 Migrants to GP practices								

GOAL: Improved patient access and experience								
Description of Outcome: People are informed and supported to be as involved as they wish to be in decisions about their care (2.2)								
Narrative								
<p>As a leading local healthcare commissioner, South West Lincolnshire Clinical Commissioning Group (CCG) is committed to excellent communications and engagement work that ensures sustained and meaningful dialogue with a broad range of stakeholders including carers, patients and communities. Through its Shaping Health for Mid-Kesteven programme the CCG has already made significant progress consulting and involving the local communities in decisions about care and getting public feedback on a range of issues including treatment choices. The CCG has appointed a Patient and Public Engagement Lay Member and established a Patients Council to act as a diverse reference group, to enable the patients and public of South West Lincolnshire to make an effective contribution to the prioritisation, design, planning and commissioning of health care services in alignment with the CCGs strategic objectives.</p> <p>A continuous listening model has been developed based on the patient engagement methodology employed by Keogh in response to ‘Transforming Participation in Health and Care’. The CCG webpage has been developed, 166 tweets issued – 43,993 potential impressions, 37 new followers on Twitter – 38% increase since Quarter 1 and 71 Facebook posts issued – 29,900 potential impressions. Patient choice and involvement in decisions about their care are mandatory measures through the quality schedule in place with providers. Engagement with most patient groups is good. Engagement with communities from protected groups on a range of topics is supported by both the engagement team and the Integrated Equality Service for most protected groups.</p>								
Age	Disability	Gender reassignment	Marriage & civil	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation

✓	✓	✓	partnership	✓	✓	✓	✓	✓
Development Areas Identified							Outcome Grading	
Continued development of the Patients Council								
Audit patient choice and involvement in decisions about their care in programme of visits								

GOAL: Improved patient access and experience
Description of Outcome: People report positive experiences of the NHS (2.3)
Narrative
<p>South West Lincolnshire CCG values the views and experiences of patients and carers and reported care outcomes that have been provided by patients accessing the services commissioned. Patient Experience is embedded into the quality schedule with all providers through a number of key performance indicators including, but not exclusively,</p> <ul style="list-style-type: none"> • improvements in patient survey results; • progress in respect of the providers patient experience work plan; • improvement in patient and service user reported measure of respect and dignity in their treatment; • improvement in overall satisfaction with care; • Friends and Family Test; • involvement in decisions about treatment. <p>The quality schedules are monitored via quarterly quality contract review meetings with the provider. Any areas where compliance falls below agreed thresholds is escalated through the contract performance process and action plans are put in place with the provider to achieve compliance within agreed timeframes.</p> <p>The Quality and Patient Experience Committee retains oversight of achievement of positive patient experience and the Governing Body receives a monthly</p>

Quality Indicators Dashboard within includes patient experience indicators i.e. Friends and Family Test, Primary Care patient experience, Hospital Care Patient Experience, PROMS, Mixed Sex Accommodation Breaches. Patient Stories are becoming a feature of the Governing Bodies monthly Board meeting.

The Keogh review identified the need for a greater focus on listening to and acting on patients experience of care. Listening events have been introduced on a rolling programme to ensure patients experience of care is regularly captured and fed into decisions about the commissioning of care.

Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓
Development Areas Identified							Outcome Grading	

GOAL: Improved patient access and experience

Description of Outcome: People’s complaints about services are handled respectfully and efficiently (2.4)

Narrative

The CCGs Complaints process can be accessed via a number of routes including e-mail, telephone and in writing. The Handling of Complaints in line with current legislation is managed by GEM Shared Service and all complaints are discussed, reviewed and signed off by the Executive Nurse or Accountable Officer to ensure a consistent approach is being applied to resolve the complaint effectively. Patients are offered local resolution and face to face meetings with a member of the Governing Body or Senior Management Team. The complaints team works to response timelines that are generally met. However, some investigations can take longer to complete for example if they involve more than one provider or agency, and in each of these cases the complainants are kept informed and new timescales agreed.

Complaints and learning from complaints is reported on a quarterly basis to the Quality and Patient Experience Committee. The Patient Council are also engaged in ensuring that patients are familiar with the complaints system and that the information about complaints handling is user friendly. The

complaints policy is currently under review and a more detailed analysis of complaints by protected groups is being incorporated into the new policy.								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	✓		✓	✓		✓	✓
Development Areas Identified							Outcome Grading	
Develop process to review complaints by protected characteristics Develop patient easy read leaflet Review requirements for access to translators Review requirement for access to local advocacy								

GOAL: A representative and supported workforce								
Description of Outcome: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels (3.1)								
Narrative								
<p>The CCG uses the recruitment and selection processes through NHS Jobs website, whereby applicant demographic information is separated from the application and an anonymised application goes through to the short-listing stage, after which point anonymity falls out of the process. Analysis of the data across protected characteristics, for which robust data is available, ie, ethnicity, disability, gender, religion and belief and age, shows no variation from the shortlisting to the appointment stage. The staff survey indicates that when benchmarked against other Trusts the CCG has a slightly higher number of male employees than average, higher number of employees declaring ethnic background as British and twice the number of employees declaring a long-standing illness, health problem or disability</p> <p>?</p>								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Development Areas Identified							Outcome Grading	

GOAL: A representative and supported workforce								
Description of Outcome: 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 (3.2)								
Narrative								
<p>The CCG utilises the NHS Agenda for Change pay structure and terms and conditions of employment for staff. All job roles under Agenda for Change have gone through a process of internal evaluation and external benchmarking. Information on pay bands is available for most of the protected characteristics. The Staff Survey reported that when benchmarked against other Trusts a higher number of employees were satisfied with their level of pay.</p>								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓
Development Areas Identified							Outcome Grading	

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GOAL: A representative and supported workforce								
Description of Outcome: Training and development opportunities are taken up and positively evaluated by all staff (3.3)								
Narrative								
<p>The staff survey demonstrated that when benchmarked against other Trusts employees have better access to training with the exception of training in the management of confidential information. Monitoring of attendees on training and development sessions is carried out across most protected groups and including attendees working pattern (whether full or part-time). Whilst the survey identified that the majority of employees were satisfied that they had clear objectives, the number of employees who have had an appraisal is below the benchmarked average for Trusts. Employees also reported that when benchmarked against other Trusts the CCG acted fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.</p>								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓				✓	✓	✓	✓
Development Areas Identified							Outcome Grading	
<p>Focus on appraisal of employees Focus on information governance training for employees Development of an O/D Plan to focus on training and development opportunities for all staff</p>								

GOAL: A representative and supported workforce								
Description of Outcome: When at work, staff are free from abuse, harassment, bullying and violence from any source (3.4)								
Narrative								

<p>The CCG has a Dignity at Work and Whistle-blowing policy in place. The Staff Survey reported that the number of employees that had experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public as a percentage of the workforce was higher than the benchmarked average and the percentage of the workforce personally experiencing harassment, bullying or abuse at work from managers/team leader or other colleagues was lower.</p>								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓			✓	✓	✓	✓	✓
Development Areas Identified							Outcome Grading	
Focus on managing conflict								

GOAL: A representative and supported workforce								
Description of Outcome: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives (3.5)								
Narrative								
<p>South West Lincolnshire CCG has a firm commitment to flexible working options for all staff, this is supported by the Flexible Working Policy. Each case is assessed based on needs of service area and individuals personal circumstances. There is a separate policy for home working which increases flexibility. The Governing Body has oversight of flexible working policies.</p>								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓			✓	✓		✓	

Development Areas Identified							Outcome Grading	

GOAL: A representative and supported workforce								
Description of Outcome: Staff report positive experiences of their membership of the workforce (3.6)								
Narrative								
All staff in the CCG have clearly defined roles and responsibilities and access to all policies and workforce practices to ensure they support inclusiveness and equality both in the delivery of health services and in the workplace. We aim to ensure that all members of the CCGs and federated teams understand the equality agenda and are trained to take due regard so that services are commissioned or provided appropriately								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Development Areas Identified	Outcome Grading
	

GOAL: Inclusive leadership								
Description of Outcome: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations (4.1)								
Narrative								
<p>The Governing Body leads on equality supported by an Equality Lead, board level Equality Champion, Patient and Public Engagement Lay Member and Public Health Member. The Governing Body has established a Patients Council to act as a diverse reference group, to enable the patients and public of South West Lincolnshire to make an effective contribution to the prioritisation, design, planning and commissioning of health care services in alignment with the CCGs strategic objectives. The Quality and Patient Experience Committee were tasked by the Governing Body to focus on prevention of pressure Ulcers. The Patients Council has been tasked by the Committee to talk to their respective patient groups about pressure ulcers and return to the next meeting with ideas and suggestions on how we can improve in this area. The Council has also been engaged in the recent Pressure Ulcer Summit. Governing Body and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond. Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination</p>								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓			✓	✓	✓	✓	✓
								Outcome Grading

Development Areas Identified	

GOAL: Inclusive leadership

Description of Outcome: 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 (4.2)

Narrative

Due regard is embedded into the CCGs corporate governance processes and on-going training is provided to CCG employees ensuring that all the policies and practices carried out in NHS South West Lincolnshire CCG or on behalf of the CCG have made informed decisions based on equality analysis and assessment of impact that has identified if there are any effects on people, specifically those with protected characteristics within our community who may use our services or on the people we employ in line with the Equality Act 2010. All reports submitted to the Governing Body and its subcommittees have a front sheet which requires due regard of equalities to be recorded before they are received. An audit of the Governing Body papers has identified that not all staff have adhered to this process over the last quarter.

Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓

Development Areas Identified	Outcome Grading



Staff to receive refresher training on due regard	
Corporate Officer to ensure all papers assessed for due regard	

GOAL: Inclusive leadership								
Description of Outcome: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination (4.3)								
Narrative								
Feedback and staff survey results show that cultural competence is developing in the CCG and that the perception of discrimination decreases year on year. The CCG works with the Equality Lead to have in place a training plan that manages risks around Equality and Diversity and enables management and clinical staff to feel confident and competent in working with all people.								
Age	Disability	Gender reassignment	Marriage & civil partnership	Pregnancy & maternity	Race	Religion & belief	Sex	Sexual Orientation
✓	✓	✓	✓	✓	✓	✓	✓	✓
Development Areas Identified							Outcome Grading	
Due regard is not embedded in the programme management of all service redesigns.								

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