

# **NHS Calderdale Clinical Commissioning Group**

## **Equality and Diversity Strategy**

### **2015-2019**



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## **1. Executive Summary**

This strategy outlines Calderdale Clinical Commissioning Group's (CCCG) commitment and intentions to promote equality, tackle health inequalities and improve health outcomes for our local people and communities. As a commissioning organisation (who plans and buys healthcare services) we understand that we have a responsibility to ensure that we meet this commitment for all our staff, patients, carers and the public as well as in ensuring that our providers are also meeting their commitments and legal responsibilities.

We recognise that for equality and diversity to move beyond legal requirements, and become embedded within our organisation, it must form the 'golden thread' that runs through all that we do and the way that we do it. We will continue to address health inequality, by building on our understanding of local health inequality, including the impact belonging to a protected group has on individuals and those groups' access, experience and outcomes of health services. This strategy sets out our vision, values, objectives, principles and priority areas of work for 2015-2019. It should be considered alongside our 5 Year Strategic Plan 2014/15-2018/19, our Patient Engagement and Experience Strategy and our Communications Strategy.

CCCG recognises that people experience inequality; we know that people in Calderdale may have different life expectancies due to where they live, what sex they are or their ability to access services. We know some people have different access, experiences and outcomes when they use services. We want to address this to achieve our vision:

'the best health and wellbeing for the people of Calderdale within our available resources'.

The strategy lays the foundations for effective delivery of personal, fair and diverse commissioning, services and employment, that goes beyond meeting our statutory and mandatory requirements for equality and diversity. To do this we will:

- Publish our annual public sector equality report.
- Continue to deliver on our equality objectives, through delivery of our 2 action plans, which were created through engagement with local people and aligned with our strategic priorities.
- Continue to use the mandatory NHS Equality Delivery System (EDS2) as a framework to drive up improvements in equality for us as

commissioners and employer and monitor and hold to account our providers.

- Implement and monitor against the new mandatory NHS Workforce Race Equality Standard (WRES) and indicators. Provide equality advice and assurance to our Care closer to Home and Hospital service review programmes.
- Use robust Equality Impact Assessments (EQIA) and our Engagement and Equality Assurance process to ensure that our decision making will be informed and has given 'due regard'.
- Embed equality effectively in our governance structures and monitor, performance manage and report on our progress and results through our Patient and Public Engagement and Experience Steering Group and Quality and Safety Committee.

This strategy is about ensuring that equality and health inequalities are recognised and addressed within our resourcing, commissioning, policies, employment and services. We believe that diversity, within our society and our workforce is a source of great strength and added value and we will continue to promote and seek improvements through this strategy.

Inequality has a negative impact on individuals, communities and our wider society. We believe this strategy will improve local people's and communities experience, access and outcomes in using health services and makes good business sense, by enabling informed use of our resources.

## **2. Introduction**

This strategy and plan sets out CCGG commitment and intentions to equality and diversity. We recognise our statutory duty to involve and engage patients and local communities, including equality groups in decisions about health care and health services. We see equality and diversity as the 'golden thread' that runs through all that we do and the way that we do it. Equality and diversity is about our commitment to ensure the patient is at the heart of all we do. It is about how and what we procure and commission; how we engage with our clinicians, patients, carers and communities; how we listen to, treat and engage with our staff and how we hold our providers to account to ensure services are personal, fair and diverse.

This will be achieved via effective engagement and involvement of local people in decision making and commissioning of services, and by working in partnership with local people, clinicians, our local authorities, third sector, and other health care providers to improve health outcomes.

This strategy has been developed to move beyond legal compliance and to support CCGG to initiate and adopt best practice that will reduce health inequalities and improve health for both staff and our local people and diverse communities, whilst also reducing wasted resources.

We recognise that equality makes sense on many levels:

- Financial - we will be able to use our resources more effectively by listening to what our communities think and analysing health information about them; getting their services right first time reducing duplication, delayed diagnosis and missed opportunity.
- Organisation – by recruiting and retaining a diverse workforce we will be able to harness the skills and understanding of individuals to deliver better commissioning decisions.
- Happier patients and the public – if we listen and respond to what our patients and carers feel would work best for them and include them in our planning and decision making we will build trust and investment in the NHS as a whole. Effective community engagement and consultation also supports organisational change, particularly cultural change improving how services are managed and delivered. This is a significant benefit for patients and the public, but also for staff morale and confidence.

As a CCG we aim to commission health services that give protected groups equal access, experiences and outcomes, we recognise that there are many

things that influence this which we may not have control over, but we will work to;

- Reduce inequalities in health outcomes and experience between patients. We will do this by planning our strategic aims and working in partnership with Calderdale Council and others to address the needs of protected groups as shown in the JSNA
- Remove any barriers or inequalities faced by protected community groups in accessing healthcare, including making reasonable adjustments.
- Remove or minimise disadvantages suffered by people due to their protected characteristics.
- Promote the involvement of patients and their carers in decisions about the way their health care is provided and the way we commission our services
- Raise awareness of our services and their benefits with groups who are under-represented in services use.

To help us understand the issues for our population we work closely with our communities to listen to their needs and to understand how best to commission services to meet those needs. Monitoring who is using, and not using services is one of the ways to understand whether there are any significant issues. We also use workforce data and engage with and listen to our staff to better understand any issues and improvements we need to make eliminate discrimination and support us to become an employer of choice who is representative at all levels of the communities we serve. In developing this strategy we have:

- Based it on our vision and values.
- Identified our strategic priorities, actions, and how progress will be measured.
- Ensured we have the governance in place to ensure success and mitigate risk.
- Aspired to make a difference as an organisation, as a commissioner and as an employer.

We have a legal duty to eliminate discrimination, advance equality and foster good relations, but more than this, we understand that if we fail to ensure that the services we commission are relevant and accessible for all, we are failing in our ambitions for Calderdale. Engaging with our local community, so we can better understand how to meet its needs most effectively is at the heart of our vision and values.

## **Our Vision**

The best health and wellbeing for the people of Calderdale within our available resources

## **Our values**

- Preserve and uphold the values set out in the NHS constitution
- Treat each other with dignity and respect
- Encourage innovation to inspire people to do great things
- Be ambassadors for the people of Calderdale
- Work with our partners for the benefit of local people
- Value individuality and diversity and promote equity of access based on need
- Commission high quality services that are evidence-based and make the most of available resources
- Encourage and enable the development of Care Closer to Home

## **Case Study 1**

EDS grading and bench marking across West Yorkshire, identified that transgender people, have some of the worst patient experiences and outcomes of all protected groups. The West Yorkshire Trans Multi-agency Partnership Group identified that this was often the result of a lack of awareness and confidence in staff delivering services.

To combat this group went through a procurement process and commissioned a third sector agency to develop and deliver awareness training for staff across West Yorkshire health and social care services. This evaluated extremely well and was oversubscribed. In addition, the same agency was commissioned to work with trans people across West Yorkshire to provide a 'Top Tips' guide for frontline staff working with trans people. Both the training and the guide were publicised and available in Calderdale.

## **Case Study 2**

CCCG used the EDS to identify South Asian communities and diabetes as one of their equality objectives. People from South Asian communities are six times more likely to develop Type 2 diabetes compared with the white general population but report poor access to and experience of services and support.

A task and finish group was established in July 2014, covering Calderdale and Greater Huddersfield CCGs, the latter having the same equality objective. The task and finish group has considered data from various sources to identify specific themes for further exploration.

The group reviewed evidence of good practice including the University of Leicester's Diabetes Centre, which shared various research projects on diabetes amongst Britain's Black and Minority Ethnic communities.

The group is currently taking forward work in the following areas:

- Undertaking more detailed work with South Asian people with diabetes to identify specific areas of focus for improvement (Calderdale and Greater Huddersfield)
- Developing a community champions scheme to support people in the South Asian community with diabetes and their families/carers, based on the outputs from the above engagement work (Calderdale)
- Developing a Diabetes Forum where professionals and patients/ carers from the South Asian community can meet and discuss matters of common interest (Greater Huddersfield)
- Looking at whether developing a smartphone app aimed at people with diabetes or at risk of diabetes would be of use/interest to the local population (Greater Huddersfield)

### **3. Legislation**

#### **Health and Social Care Act 2012**

The Health and Social Care Act 2012 states that 'each commissioning group must, in the exercise of its functions, have the regard to the need to:

- reduce inequalities between patients with respect to their ability to access health services;
- reduce inequalities between patients with respect to the outcomes achieved for them by provision of health services;
- promote the involvement of patients and their carers in decisions about provision of the health services to them, and
- enable patients to make choices with respect to aspects of health services provided to them.'

#### **The NHS Constitution**

The NHS Constitution was created to protect the NHS and make sure it will always do the things it was set up to do in 1948, to provide high quality healthcare that's free and for everyone. The NHS Constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service.

The NHS Constitution includes clear values and principles about equality and fairness and sets out your rights:

As an NHS patient:

"You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age."

As a member of staff:

You have a duty "Not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation."

You have the right "To a working environment (including practices on recruitment and promotion) free from unlawful discrimination on the basis of race, gender, sexual orientation, disability, age or religion or belief."

#### **Equality Act 2010**

The Equality Act 2010 came into force on 1 October 2010. The Act brings together and replaces the previous anti-discrimination laws with a single Act, which aims to simplify and strengthen the law, removing inconsistencies and making it easier for people to understand and comply with it. The Act covers the following protected characteristics:

- Age
- Sex

- Disability
- Gender Reassignment (Transgender)
- Race
- Religion or Belief
- Sexual Orientation
- Pregnancy and maternity
- Marriage and civil partnership

### **Public Sector Equality Duty – General Equality Duty**

The Equality Act 2010 also includes a general equality duty, the aim of the general equality duty is to ensure that public authorities and those carrying out public functions, consider how they can positively contribute to a fairer society through advancing equality and fostering good relations in their day to day activities. The duty ensures that equality considerations are built in to the design of policies and the delivery of services and that they are kept under review.

We are required to have due regard of the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a relevant characteristic and those who do not.
- Foster good relations between people who share a relevant characteristic and those who do not.

Having “due regard” means consciously thinking about the three aims of the Equality duty as part of the process of decision-making. This means that consideration of equality issues must influence how our decisions are reached on how services are commissioned.

To make sure we comply with the Act we must:

- Remove or minimise disadvantages experienced by people due to their protected characteristics.
- Take steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encourage people with protected characteristics to take part in public life or in other activities where their participation is disproportionately low.

### **Public Sector Equality Duty – Specific duties**

Specific duties set out in the Equality Act 2010 promote better performance of the general equality duty by requiring the publication of:

- Equality objectives, at least every four years, and

- Information to demonstrate compliance with the equality duty, at least annually.

We also have a responsibility to hold our providers to account in meeting their statutory and mandatory equality duties.

### **The Human Rights Act 1998**

The Human Rights Act (HRA) 1998 details how the UK complies with and implements the rights and freedoms guaranteed under the European Convention on Human Rights. All public bodies have an obligation to ensure respect for human rights, acting in ways that positively reinforce the principles of the HRA 1998.

The HRA 1998 came into force in October 2000 and enabled people to enforce the European Convention on Human Rights in the UK courts. Article 14 of the HRA 1998 refers to the prohibition of discrimination, and states that the enjoyment of the rights and freedoms set out in the European Convention on Human Rights shall be secured without discrimination on the grounds of sex, race, colour, language, religion, political or other opinion, national or social origin, associated with a national minority, property, birth or other status.

### **NHS Equality Delivery System (EDS2)**

The Equality Delivery System (EDS) is an equality outcomes framework specifically designed for the NHS to support 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 aims to assist organisations to achieve compliance with the Public Sector Equality Duty by encouraging them – in engagement with stakeholders – to review their equality performance and to identify future priorities and actions.

EDS2 includes a set of 18 outcomes grouped into four objectives. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed and graded and action determined.

The four EDS2 objectives are:

1. Better health outcomes.
2. Improved patient access and experience.
3. A representative and supported workforce.
4. Inclusive leadership.

For each EDS2 outcome, there are four grades to choose from:

- Excelling (all protected groups) – Purple
- Achieving (for most (6-8) protected groups) – Green
- Developing (for some (3-5) protected groups) – Amber

- Undeveloped (no evidence at all, few or no protected groups) – Red

It should be recognised that the grades are intended to help organisations clearly identify equality progress and challenges. Whilst both good and poor performance may come to light, the purpose of the EDS2 and its grades should, primarily, be about helping the CCG maintain and further improve their performance and so embed equality into mainstream business.

The grades for the performance of CCG, following analysis and engagement undertaken during 2013, are [here](#). This contributed to a gap analysis which has been used to inform our equality objectives and help identify what actions we might take. The initial report and future monitoring of progress against EDS2 will be available on our website.

It will also help us demonstrate ourselves to be an employer that recognises the importance of embedding equality among our workforce; develop a working culture where employees feel they can work in an environment free from discrimination and, recognition that differences among individuals can be an asset to an organisation.

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

The NHS Equality and diversity Council announced in July 2014 that it had agreed action to ensure employers 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 that 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 workforce Race Equality Standard (WRES) became mandatory for NHS organisations in 2015, and requires NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. The WRES metrics have been confirmed and are now part of the NHS Standard Contract for 2015 – 2016.

The Standard is applicable to providers, and extended to clinical commissioning groups through the annual assurance process. A voluntary reporting template has been developed.

## **4. Context**

### **Calderdale Population**

CCCG is a membership organisation comprising 26 member practices and we believe working with our clinicians in planning and delivering healthcare is more likely to make a real difference to people's lives. We recognise that to be able to respond appropriately to our communities' needs we have to understand more about the population of Calderdale, we source this information from the census, Calderdale Joint Strategic Needs Assessment (JSNA) and our engagement and experience work with the local community

Some key equality themes from the JSNA include;

- The largest population growth is expected to occur in the older age groups with a 28% increase in those aged 65 plus, combined with a significant increase in children.
- There has been an increase of around 4300 non-UK born residents between the 2001 and 2011 Censuses. The largest increase has been in those born in Poland, which has increased by around five times since 2001. There has also been a large increase in those born in Pakistan, which has increased by 1200 since 2001.
- From the Census the majority of the population is White 90% with 1% being Irish heritage and 2% being 'other White'. The Asian/Asian British heritage population stands at 8% with the majority being of Pakistani heritage 7%.
- The gender split is mostly even until the older age groups where women outnumber men due to the higher life expectancy.
- The majority of residents identify as Christian, 60% though this is a 15% reduction since 2001, 8% are Muslim and 30% have no religion.
- The Census of 2011, found that there were 491 people in a registered same-sex civil partnership across Calderdale (0.3% of the population).
- The 2011 Census detailed people who identified that their day to day activities have been limited a lot 8% and those limited a little 10%.

## **5. How we'll make it happen**

The Governing Bodies role is to ensure that we deliver on this strategy and that evidence of assurance is provided by commissioning managers regarding 'due regard' being given in any decision making or proposed plans to change the way services are provided, delivered or commissioned in the future. We will provide this assurance through robust equality impact assessments and our Engagement and Equality Assurance Tool.

We have developed an operational plan to outline our actions for the future (Appendix 4); this plan will be reviewed annually to ensure it continues to be aligned to our strategic objectives and priorities. The progress of the plan will be monitored through the Patient and Public Engagement and Experience Steering Group and reported to the Quality Committee. The plan is based on our equality objectives and strategic priorities as our primary focus to deliver equality improvement.

### **Our Strategic Outcomes**

- Empowered citizens and communities
- Reduce preventable deaths
- Reduce health inequalities
- Improve quality of life
- Improve patient experience
- Maximise independence
- Ensure services are safe
- Reduce reliance on hospital based care

### **Our Equality Objectives**

1. Improve the access, experience and outcome for South Asian patients with diabetes
2. Improve patient experience equality monitoring measures

In order to successfully implement our Strategy, the CCG will adhere to the following principles of good practice:

- Ensure clear and visible leadership at Board level and make equality and diversity the business of every member of staff and the wider membership of practices
- Embed equality and diversity in our organisational culture, rather than merely complying with equality and diversity legislation
- Ensure robust governance arrangements to ensure quality, outcome focussed equality activity, with transparent reporting of progress
- Train staff in equality and diversity to increase capacity and capability and improve patient and customer experience

- Involve local people, ensuring that our communication and engagement activity is accessible to all and is planned, timely and targeted, using plain language appropriate for the audience
- Work in partnership with other public sector bodies, provider organisations, stakeholders, patients and carers to improve services for protected groups
- Base our decisions on the best evidence available, both quantitative and qualitative
- Be clear, open, honest, consistent and accountable

This strategy aligns with other key plans within the organisation, including the;

- 5 year Strategic Plan
- Constitution
- Patient Engagement and Experience Strategy

### **Roles and responsibilities**

To ensure the Strategy is successfully implemented and its aims achieved everyone has a part to play. The roles and responsibilities are outlined below:

- The Chief Officer is accountable for CCG compliance with equality and diversity legislation and delivery of this Strategy
- The Head of Quality has day to day responsibility for delivery of the Strategy, including compliance with legislation, standards and governance arrangements and has delegated responsibility for ensuring that all services commissioned understand our Equality and Diversity responsibilities, advance this strategy's aims and promote the principles of equality and diversity amongst providers, service users and the wider public
- CCG membership of constituent GP practices, managers and staff have a duty to comply with legislation, ensuring that the CCG and commissioned services and providers deliver their responsibilities and service users and the public are treated with dignity and respect.

### **Robust decision making**

To make good decisions and secure excellent services, meaningful engagement with our whole community has to be integral to all we do. We will undertake equality impact assessments, engage local people, target seldom heard communities and use our equality principles to ensure that we live our values as an organisation to improve the health of the community of Calderdale. This is underpinned by our communication Strategy and our Patient Engagement and Experience Strategy.

To assure our decision making we will be informed by robust Equality Impact Assessments (EQIA), which consider and analyse actual and potential outcomes, using the best quality data available. Where issues are noted action will be taken to reduce or remove any differential impact, unless this is intentional.

Calderdale CCG will use EQIA as a tool to demonstrate this due regard, in particular the CCG will use be guided by the 'Brown<sup>1</sup>' principles drawn from case law to describe our decision making processes:

- **Knowledge** – decision makers must be aware of the requirements of general duty
- **Timeliness** – the duty must be complied with before a policy, strategy or service is developed, not afterwards
- **Real consideration** – this is not a tick box exercise, but an integral part of the decision making process
- **Sufficient information** – decision makers must consider what information they need to ensure proper consideration is given to the duty
- **No delegation** – whilst third parties may exercise functions on behalf of public bodies, the duty cannot be delegated
- **Review** – this is a continuing duty, which extends beyond the development stage and the point at which decisions are made through to implementation and review
- **Record keeping** – there is no legal requirement, however without a record it would be difficult to defend a challenge and evidence the duty had been met.

The CCG Engagement and Equality Assurance Tool will support our EQIA process and these principles.

## **Governance**

We recognise that progress on this agenda is critical to our success as commissioners of local NHS services. To ensure we deliver our objectives through our operational plan and effectively embed equality as a core principle of our organisation we must have robust governance systems in

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<sup>1</sup> In *R. (Brown) v. Secretary of State for Work and Pensions* [2008] EWHC 3158 the court considered what a relevant body has to do to fulfil its obligation to have due regard to the aims set out in the general equality duty. The six 'Brown principles' it set out<sup>1</sup> have been accepted by courts in later cases

place. This will ensure that we are able to monitor, performance manage, review and regularly report on equality progress. This will be achieved by:

- The leadership of the agenda being supported by a CCG and Clinical Lead and Lay Member on the Governing Body.
- Providing updates as required to the Governing Body and publish our annual equality report.
- Embedding EQIAs into our reporting templates to ensure that consideration of equality is at the forefront of business cases, service reviews and service changes. The Governing Body and other CCG decision making groups will ensure that valid EQIAs and engagement have been completed and the Quality Committee will receive an annual report and quarterly updates on our progress in relation to this agenda. This is in line with our Engagement and Equality Assurance process.
- Providing quarterly updates on progress to our Quality Committee including progress against our equality objectives and the WRES.
- Recognising the integral relationship between equality and engagement, we will provide regular updates on our progress and results to our Patient and Public Engagement and Experience Steering Group.
- Ensuring that our engagement activity representative of our local communities supported by EQIAs and that any differential impact or trends are identified and can be used to inform our decision making.
- Holding our providers to account through our contract monitoring and reporting systems.

The CCG is not a large organisation and will rely on its partners and providers to support them in their endeavours. We will also expect that these organisations will prioritise equality in all their work with us, in line with our obligations and principles. We will work cooperatively with other local CCGs to ensure we deliver the best, most effective, efficient and economic NHS for Calderdale.

### **Reporting**

To demonstrate our success and to be transparent about our progress we will publish;

- As part of our annual public sector equality report, information relating to people who share a relevant protected characteristic who are affected by our policies and practices and also information on our workforce.
- The results of our Equality Delivery System grading and progress.
- Progress against the Workforce Race Equality Standard.

- Progress on our equality objectives.

We will ensure that the information we publish is accessible to the local population.

## Appendix one:

### Legislation

- NHS Constitution  
<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx>
- Equality Act 2010 <http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/>
- Public Sector Equality Duty <http://www.homeoffice.gov.uk/equalities/equality-act/equality-duty/>
- Human Rights Act 1998  
[http://www.direct.gov.uk/en/Governmentcitizensandrights/Yourrightsandresponsibilities/DG\\_4002951](http://www.direct.gov.uk/en/Governmentcitizensandrights/Yourrightsandresponsibilities/DG_4002951)
- Health and Social Care Act 2012 <http://www.dh.gov.uk/health/2012/06/act-explained/>

## Appendix two

EDS2 <http://www.england.nhs.uk/ourwork/gov/equality-hub/eds/>

## Appendix three

WRES <http://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/>

## Appendix four Operational Plan

	Action	Measure	Timescale	Progress
<b>Statutory compliance</b>				
General equality duty	Evidence 'due regard' in decision making. Utilise EQIA.	Governing Body and other decisions supported by an EQIA. Published EQIAs.	On-going.	EQIAs published as part of Governing Body papers.

	Action	Measure	Timescale	Progress
Public Sector Equality Duty	Develop and implement equality objectives:			
	Objective 1 - Improving the access, experience and outcomes of South Asian patients with diabetes	<ul style="list-style-type: none"> <li>Views and experiences of practitioners and South Asian patients with diabetes collected and analysed</li> <li>Recommendations made for improved diabetes care for this population group</li> <li>Improved ethnicity monitoring in diabetes care</li> <li>Initially identify success measures for pilot projects</li> <li>Once any successful interventions have been implemented identify appropriate ways to measure their success</li> </ul>	Publish at least every 4 years. Report on progress annually.	Equality objectives monitored, published and being implemented details <a href="#">here</a>

	Action	Measure	Timescale	Progress
	Objective 2 – Improve patient experience equality monitoring measures	<ul style="list-style-type: none"> <li>• Equality Monitoring audit tool developed</li> <li>• Improved equality monitoring data available in specific provider services</li> <li>• Measures of patient experience disaggregated and reported by protected group in specific provider services</li> <li>• Measurable improvement in patient experience for equality groups where action is undertaken</li> </ul>		
	Annual publication of information supporting CCG decisions	Report published annually in January	Publish annually by 31 <sup>st</sup> January.	Report <a href="#">here</a>
Equality delivery system 2 (EDS)	Implement EDS2 with local health providers	EDS2 ratings published across the health economy	Report annually.	Previous EDS results <a href="#">here</a> .

	Action	Measure	Timescale	Progress
NHS Workforce Race Equality Standard (WRES)	Report on WRES indicators and implement with local providers	WRES reports published by CCG and providers	Report on progress annually.	Report <a href="#">here</a>
<b>Effective engagement mechanisms to ensure informed commissioning decisions</b>				
Protected groups represented in all engagement and action taken where under-representation found.	Effective equality monitoring developed	Template developed	July 2015.	
	Care Closer to Home Programme	Report on protected groups representation. Advise on ensuring protected groups participate and develop actions where gaps emerge.	In line with commissioning plans.	
	Hospital Services programme	Report on protected groups representation. Advise on ensuring protected groups participate and develop actions where gaps emerge.	In line with Hospital Services plans.	
	Other transformation projects and plans	Report on protected groups representation. Advise on ensuring	In line with transformation projects and	

	Action	Measure	Timescale	Progress
		protected groups participate and develop actions where gaps emerge.	plans.	
<b>Organisational support</b>				
	Equality and diversity training, standard and tailored	Training courses held	Mandatory compliance - every 3 years for all staff. Tailored as required.	
	Prepare and present reports to Governing body and other relevant committees	Reports produced and presented.	Quarterly report to Quality Committee. As required.	
	Develop and publish plans and programmes of work	Delivery of plans	In line with commissioning plans and programmes of work.	
	Website/intranet	Keep current and ensure compliance.	Annual review and as required.	