



*South Sefton
Clinical Commissioning Group*

EQUALITY & DIVERSITY ANNUAL REPORT

Contents

- 1.0 Intro page 4.
 - 1.1 what is due regard and the Public Sector Equality Duty
 - 1.2 what is discrimination
 - 1.3 What the equality Act means to you?
 - 1.4 Protected characteristics

- 2.0 Equality Delivery Systems 2 (EDS2) page 6.
 - 2.1 Local Approach to EDS 2
 - 2.2 How did we do?

- 3.0 Equality Objective plan 2015/18, page 8.

- 4.0 Monitoring Equality Performance with key NHS providers, page 8

- 5.0 Equality and the Workforce, page 9
 - 5.1 EDS 2 and the workforce

- 6.0 Governance, page 10.

- 7.0 Conclusion, page 10

- 8.0 Appendices, page 11, page 11
 - Appendix 1 – CCG EDS 2 grades
 - Appendix 2 - Equality objective Plan 2015/18
 - Appendix 3 – EDS 2 Provider performance
 - Appendix 4-E&D Workforce Plan

Foreword

There is clear evidence that people's health, their access to health services and experiences of health services are affected by their age, gender, race, sex, sexual orientation, religion/belief, transgender, marital/civil partnership status and pregnancy/maternity status. NHS South Sefton Clinical Commissioning Group (CCG) strive to commission services that meet the needs of our communities; improving access and outcomes for residents and communities in the area.

South Sefton CCG believes that equality & diversity should be embedded into all our commissioning activity as well as addressing health inequalities.

1.0 Introduction

This document is the CCG's annual Equality & Diversity Report which sets out how the CCG has been paying 'due regard' to the Equality Act 2010's, Public Sector Equality Duty's (PSED) three objectives to:-

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Protected characteristics include the age Race, sex, gender reassignment status, disability, religion or belief, sexual orientation, marriage and civil partnership status

This document outlines the CCG's approach to embedding Equality & Diversity within the organisations via the EDS 2 toolkit, setting Equality objectives, monitoring the equality performance of our key NHS providers, ensuring our workforce are supported and engaged and we have robust processes in place to consider our Public Sector Equality Duty (PSED) when we are making commissioning decisions. The report also outlines our strategy and plans to ensure we have strong engagement with people who share protected characteristics.

1.1 What is 'due regard'?

"Due regard" means that the CCGs have given *advanced* consideration to issues of equality and discrimination before making any commissioning decision or policy that may affect or impact on people who share protected characteristics. It is vitally important Equality is an integral part of what we as a CCG do.

The CCG has considered their PSED by undertaking Equality Assessments on Policy and Service changes, by undertaking their Equality Delivery Systems 2 toolkit over 2015 and by ensuring communities who share protected characteristics have a voice in how services are delivered. The CCG prides itself of our involvement of local organisations within the Community and Voluntary Sector who have expertise or who represent the issues of communities and people who share protected characteristics.

1.2 What is discrimination?

Discrimination can be direct or indirect.

Direct discrimination is when one person receives less favourable treatment than another person because of a protected characteristic. For example, if a clinic refuses to offer fertility services to a lesbian couple because they are not heterosexual, this constitutes direct discrimination on grounds of sexual orientation.

Indirect discrimination is when there is a condition, rule, policy or practice that applies to everyone, but which particularly disadvantages people who share a protected characteristic. For example, a social care provider that runs a day centre decides to apply a 'no hats or other headgear' rule to its service users. If this rule is applied to every service user, then Sikhs, Jews, Muslims and Rastafarians, who may cover their heads as part of their religion, will not be allowed to use the drop-in centre. Unless the social care provider can objectively justify using the rule, this is indirect discrimination.

The Equality and Human Rights Commission has developed guidance for users of health and social care

For more information please visit <http://www.nhs.uk/NHSEngland/thenhs/equality-and-diversity/Pages/equality-and-diversity-in-the-NHS.aspx>

1.3 What the Equality Act 2010 means for you

The Equality Act 2010 gives the NHS opportunities to work towards eliminating discrimination and reducing inequalities in care. The NHS already has clear values and principles about equality and fairness, as set out in the NHS Constitution, and the laws under the Equality Act 2010 reinforce many of these.

Most of us need to visit a doctor or may need hospital treatment on occasion. Others may rely on the NHS and social care services for help with long-term health conditions or disabilities. Whenever you need healthcare, medical treatment or social care, you have the right to be treated fairly and not to be discriminated against, regardless of your 'protected characteristics' (you can see a list of protected characteristics below). Laws under the Equality Act set out that every patient should be treated as an individual and with respect and dignity.

The laws mean that all NHS organisations will be required to make sure health and social care services are fair and meet the needs of everyone, whatever their background or circumstances

1.4 Protected characteristics

The Equality Act 2010 offers protection to nine characteristics. These are:

- age
- race
- sex
- gender reassignment status
- disability
- religion or belief
- sexual orientation
- marriage and civil partnership status
- pregnancy and maternity

For the first time the law also protects people who are at risk of discrimination by association or perception. This could include, for example, a carer who looks after a disabled person.

This Equality and Diversity report sets out our ambitions for equality and diversity between 2015 and 2018, both in relation to staff and in delivering services to the public.

2.0 Equality Delivery Systems (EDS2)

We have adopted the Equality Delivery System (EDS2) as our performance toolkit to support us in demonstrating our compliance with the Public Sector Equality Duty. The Equality Delivery System (EDS) is a tool-kit that can the CCG improve the services we provide for our local communities, consider health inequalities in our locality and provide better working environments, free of discrimination, for those who work with us in the NHS.

The EDS 2 has four goals key goals (with 18 specific outcomes) achieving **better outcomes, improving patient access and experience, developing a representative and supported workforce and finally, demonstration of inclusive leadership**. Each of these goals can be assessed and a grading applied to illustrate progress in achieving the outcomes and the involvement of the communities and organisations who represent the views of people with protected characteristics is important. The grading's applied as follows:

Undeveloped if there is no evidence one way or another for any protected group of how people fare or Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well

Developing if evidence shows that the majority of people in three to five protected groups fare well

Achieving if evidence shows that the majority of people in six to eight protected groups fare well

Excelling if evidence shows that the majority of people in all nine protected groups fare well

2.1 The local approach to EDS 2

During 2015/16, the CCG's adopted an innovative approach to delivering the EDS 2 Toolkit; engaging with national, regional and local organisations who represent the views of people and communities who share protected characteristics. We undertook one-to-one meetings, workshops, interviews, briefings and research with partner organisations and stakeholders including to name but a few: Healthwatch, The Race Equality Foundation, Deaf Health Champions (Sick of It Report), In Trust Merseyside, Alzheimer's Society, Age Concern, Sefton Equalities Partnership and other key networks across Sefton CVS. The aim of the engagement was to ensure the CCG's understand the 'barriers' communities across protected characteristics face to enable the CCG to improve access and outcomes.

The CCG recognises that patients and staff who share certain protected characteristics are less likely to complain, complete NHS surveys or access community networks to provide their feedback and this level of engagement with stakeholders will ensure that entrenched barriers communities face in relation to accessing healthcare services are understood and mitigated as part of the CCG strategic and operational programmes. Meeting and understanding the needs of people is essential to remove disadvantage and advance equality of opportunity, so we will continue to endeavour to address these issues through mainstream plans, changing service specifications, the way we monitor our NHS providers, business plans and strategies, procurement activity, contract monitoring and discussions with key partners including NHS England, the Local Authority and community, voluntary and faith sectors.

The EDS2 findings identified a range of actions for CCGs' Equality Objective Plan and fair EDS 2 grading. This process also informed the preparation of the CCG's *EDS2 Summary Submission* to NHS England for 2015/16, which explains some of our processes.

Currently Grading for the vast majority of patient and public related services (Goals 1, 2& 4) for the CCG is assessed as **Developing**. Once these key issues are being addressed and or mitigated via mainstream business plans then the CCG can progress from **developing** status to **achieving** status across the relevant outcomes and goals.

The EDS2 assessment for the CCGs can be viewed in **Appendix 1** below and each goal is presented alongside the national EDS 2 grading achieved by the CCGs.

3.0 NHS South Sefton CCG Equality Objective Plan 2015/18 (Appendix Two)

As a direct result of EDS 2 the CCG has developed a specific long term Equality Objectives Action Plan, which will enable the CCG to address barriers through mainstream plans including- changes to specifications, business plans and strategies, improving procurement activity and processes, changing quality contract monitoring and enabling improved

information and intelligence exchange with key partners including NHS England, the Local Authority and Community Voluntary and Faith Sector.

Some of the key issues are

- Translation and interpretation across health services remains varied and standards need to be raised via work through the Quality Contract Schedule for Secondary Care Providers and establishing a base line of standards and usage in Primary Care
- the duty to carry out reasonable adjustments (Equality Act 2010) to support better access and outcomes for disabled people and frail elderly is often misunderstood, and needs to be addressed via contract monitoring and collaborative work between providers
- Understanding Transgender issues across health services is a key priority and needs to be progressed further within the CCG, the services they commission and Primary Care.

The CCG's current equality objectives are:-

- To make fair and transparent commissioning decisions;
- To improve access and outcomes for patients and communities who experience disadvantage
- To improve the equality performance of our providers through robust procurement and monitoring practice
- To empower and engage our workforce

The Objective plan has mapped the Objectives, EDS 2 outcomes and Public Sector Equality Duties to each action area.

4.0 Monitoring the Equality & Diversity performance of our key NHS providers

During the year we collaborated with neighbouring CCGs to ensure that contracts with key local NHS providers include requirements to achieve and improve equality and diversity standards, including through the Equality Delivery System.

Providers over 2015/16 were expected to:

- Agree a Smart Equality Objectives Plan;
- Complete an EDS assessment
- Provide evidence of compliance with Equality Act 2010 specific duties (including the Workforce Race Equality Standard)
- Only take decisions about service redesign after an equality analysis or equality impact assessment has been carried out to demonstrate due regard of the PSED
- Provide data on the use of translation and interpretation services.

5.0 Equality & Diversity and the Workforce

The CCG is committed to developing a representative and supported workforce and we specifically consider equality and diversity for our staff. We aim to ensure that we have fair and equitable employment and recruitment practices as well as holding up to date information about the CCGs' workforce. It should be noted that as the CCGs have a small workforce and as such we are not required under the Specific Equality Duty to publish our workforce data. Over the next year our Workforce Equality plan in **Appendix 4** below will ensure we are cognisant of Equality Duties and our Workforce Race Equality Standard and that our relevant committees scrutinise the data available to them and ensure we value diversity and advance equality of opportunity for our staff.

5.1 Workforce and EDS 2

A key part of our EDS 2 (Goal 3) assessment focusses on our workforce and for the majority of our outcomes we are graded as achieving and developing status. These grades can be viewed in **Appendix 1**. By rolling out our Equality Workforce Plan over the next year we intend to progress to **achieving** across all our EDS 2 workforce outcomes.

5.2 Staff Training

Staff working within the CCGs undertakes annual equality and diversity training. The training is designed not only as an introduction to diversity and cultural awareness, but also as a practical guide to making our organisational culture an inclusive one. It combines a focus on personal and organisational beliefs, values and behaviours and the impact they have in our interactions at workplace, internally and externally. Furthermore programme leads within the CCG who are responsible for transforming health services have received training and one to one coaching on undertaking Equality Assessment reports.

6.0 Governance and accountability

The corporate team managed by the Chief Corporate Delivery and Integration Officer will be directly responsible to the Senior Management Team and Governing Body of the clinical commissioning group for providing the necessary information on progress and compliance to the PSED as part of their update on equality and diversity, which is planned into the Governing Body reporting and meeting cycle.

Over the last two years update reports on our compliance and issues associated with meeting our statutory duties have taken place in our EPEG Committee, Sefton Corporate Governance Group and Human Resources committee.

7.0 Conclusion

The CCG will continue to strive to ensure that the services the CCG commission are accessible to all. During the last twelve months we have made good progress around equality & diversity developing new and building on existing relationships with groups and individuals who share and represent the interests of protected characteristics. This year's EDS exercise has allowed us to fully improve our understanding of what barriers certain communities face and tackle them through mainstream processes and plans. We have developed a refreshed and long term Equality Objective Plan 2015-18 that focuses' on the internal processes we need to improve and the actions we need to undertake to tackle barriers and disadvantages certain communities face. The CCG has developed Workforce Equality & diversity Plan which aims to build on the solid foundations that are already in place. The CCG will continue to engage with the population and staff as a whole and continue to develop strong links with members of the population and groups who represent the interests of people who share protected characteristics and ensure that their views are built into the services we commission or the policies we develop.

NHS South Sefton CCG is committed to reducing health inequalities, promoting equality and valuing diversity as an important part of everything we do. This document clearly describes the headline activity that has taken place and more importantly it sets out the work and approaches that need to be undertaken to advance equality of opportunity.

We will continue to monitor our progress against the action plan and report annually and openly on the development of this work.

APPENDIX 1 SOUTH SEFTON CCG EDS 2 GRADES AND OUTCOMES

NHS South Sefton CCG EDS2: The Goals and Outcomes			Grade Status
Goal	Number	Description of outcome	
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Developing
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing
	1.4	When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	Developing



South Sefton
Clinical Commissioning Group

	1.5	Local health campaigns reach communities	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
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
	2.3	People report positive experiences of the NHS	Developing
	2.4	People's complaints about services are handled respectfully and efficiently	Developing
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing
	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
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Developing
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing
	3.6	Staff report positive experiences of their membership of the workforce	Developing
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing
	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	Developing
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing

APPENDIX 2 NHS South Sefton CCG Equality Objective Plan 2015-18

The CCGs current equality objectives are:-

1. To make fair and transparent commissioning decisions;
2. To improve access and outcomes for patients and communities who experience disadvantage
3. To improve the equality performance of our providers through robust procurement and monitoring practice
4. To empower and engage our workforce

The Objective plan has mapped the Objectives, EDS 2 outcomes and Public Sector equality Duties to each action area

Protected Characteristic	Key Issue and Barrier Identified	Action and Activity	Responsible Officer	Date	EDS Outcome PSED CCG Equality Objective
Race	Language and cultural barriers	Consider implementation of the new NHS England Translation and Interpretation (T&I) Framework for primary care when it is launched in 2016/17	E&D Lead & Chief Corporate Delivery and Integration Officer	Awaiting launch	1.1, 1.2,1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 2.4 Eliminate Discrimination Advance Equality Of Opportunity
		Develop a local T&I Policy and awareness raising programme for the CCG and Primary Care (and cross-reference with the NHS England guidance when received).	E&D Lead & Chief Corporate Delivery and Integration Officer	March 2018 In progress	Equality Objectives 1,2,3

		Identify relevant data that can support the CCG to measure T&I usage in Primary Care	E&D Lead & Chief Corporate Delivery and Integration Officer	July 2017 In progress	
		Ensure key secondary care providers continue to report on T&I usage as set out in the Quality Contract Schedule 2016/17	Chief Nurse/ Programme Manager Quality & Performance	On-going	
		CCG to consider sustaining and developing the Bilingual Volunteer project to provide non-clinical T&I support to the CCG and partners (In progress)	E&D Lead & Chief Corporate Delivery and Integration Officer	March 2017 (In progress)	
Race	Lack of understanding of which services to access and inappropriate A&E	Work collaboratively with relevant community groups and health services to develop local communications to support appropriate access - including registration with GPs	E&D lead & Programme Managers (Primary Care) Head of Communications	March 2018 (In progress)	2.1, 1.1 Advance Equality of Opportunity Equality Objectives 1,2

	attendance	Ensure Specification for CCG funded Community Development (CD) BME related project reflects actions within the Equality Objective Plan and EDS2 exercise	E&D Lead & Chief Corporate Delivery and Integration Officer	March 2017 (In progress)	
Race	Lack of Cultural understanding within commissioning and primary and secondary care services	Promote CD BME organisation's offer and promote cultural competency training across CCGs, primary and secondary care	E&D Lead & Chief Corporate Delivery and Integration Officer	December 2017	1.1, 1.5, 2.1 Advance Equality Of Opportunity Foster Good Community Relations Equality Objectives 1, 2,3
Disability / age /older citizens and young people	Lack of understanding of mental health resulting in negative attitudes	Ensure issues identified in the EDS2 engagement, as addressed in the CCG's Mental Health Strategy, are raised at the Merseyside Quality Surveillance Group (co-ordinated by Halton CCG's Chief Nurse)	E&D Lead & Chief Nurse/	December 2016 On-going	2.1,1.2, 1.3, 1.4 Eliminate Discrimination Advance Equality Of Opportunity Equality Objectives 1,2,3

Disability / age / frail elderly	Lack of understanding of reasonable adjustments by health professionals across health services	Accessible information Standard is embedded across the CCG and promoted across GP Practices	E&D Lead & Chief Corporate Delivery and Integration Officer	March 2018 In progress	1.1,1.2,1.3,2.1 Advance Equality of Opportunity
	Implement Accessible Information Standard	Develop a local T&I policy and awareness raising programme for the CCG and Primary Care. (Future NHS England guidance will be cross referenced into the local policy and programme)	E&D Lead & Chief Corporate Delivery and Integration Officer	March 2018 In progress	Equality Objectives 1,2,3
	Duty to make Reasonable Adjustments	Develop comprehensive reasonable adjustment guidance to support improvements in standards in Primary, Community and Secondary Care and share with the Local Authority to consider for their services	E&D Lead	December 2016 In progress	
		Ensure Accessible Information Standard and the need to make reasonable adjustments is monitored with the providers via the Quality Contract Schedule	CCG E&D Lead and Chief Nurse/	Completed	
	Develop and distribute Reasonable Adjustment Guidance Develop communication brief on the Standard to be issued to primary care (GPs)	E&D Lead & Programme Manager - Governance	Completed		

		Produce brief 'Consider Reasonable Adjustments' CQUIN proposal' and address in Quality schedule	E & D Lead	Completed	
Age - young people and working age older citizens	Further explore potential for vulnerable Young People to face disadvantages	Issue will be addressed in the Merseyside Quality Surveillance thematic work stream for mental health and Crisis Care (co-ordinated by Halton CCG's Chief Nurse)	E&D Lead & Chief Nurse/ Integrated Team Commissioning Manager	December 2016 In progress	1.1, 1.2, 1.4, 1.3 Advance Equality of Opportunity Equality Objectives 2,3
		Voice of the Child activity and continued work of EPEG Children Mental Health service reviews	Programme Manager Quality and & Safety Chief Corporate Delivery and Integration Officer	March 2018	

Age - older citizens	Waiting times and timescales of referrals and appointments for frail elderly and older citizens living alone	Address concerns raised by age organisations in the community specifically on inappropriate appointment times in Primary and Secondary Care (in conjunction with Halton CCG's Chief Nurse)	E&D Lead & Chief Nurse/	December 2016	1.1,1.2,1.3, 1.4, 2.1, 2.3, Advance Equality of Opportunity Equality Objectives 2,3
		Implement Accessible Information Standard into provider contracts and monitor	E&D Lead & Programme Manager Quality & Performance	Completed	
		Address concerns raised in EDS2 engagement relating to older people and mental health jointly with Halton CCG	E&D Lead & Chief Nurse/	December 2016	
Age	Access to primary care for vulnerable young people Lack of understanding regarding children and young people	Work underway via review of children's Mental Health Services	Integrated Team Commissioning Manager	In progress	2.1, 1.4 Advance Equality of Opportunity Foster Good Community relations Equality Objectives 1,2,3

		Ensure Serious Incidents Policy and activity consider PSED and needs associated with protected characteristics via the Quality Surveillance Group in conjunction with Halton CCG's Chief Nurse	E&D Lead & Chief Nurse/	March 2017	
		Forward concerns on lack of understanding of legal highs by partners to Local Authority (Public Health) highlighting the need for an awareness raising campaign	Chief Corporate Delivery and Integration Officer	December 2016	
Transgender	Lack of understanding of trans issues and variation in service standards	<p>Explore options to improve knowledge and understanding of the Transgender community across health services (issues raised are stored in EDS Engagement Excel spreadsheet) via the Quality Surveillance Group in conjunction with Halton CCG</p> <p>Continue to develop local responses to Trans needs across Primary Care and links with In Trust Merseyside</p>	<p>E&D Lead & Chief Nurse/</p> <p>Programme Manager</p>	<p>March 2018</p> <p>On- going</p>	<p>1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 2.3</p> <p>Eliminate discrimination, Advance Equality of Opportunity</p> <p>Equality Objectives 1,2,3,4</p>

<p>Sexual Orientation & Transgender</p>	<p>Poorer patient experience and lack of understanding of needs across health services</p>	<p>Develop a proposal to support and improve awareness raising of LGBT issues across the CCG, primary care and secondary care to improve access and outcomes</p> <p>Please note barriers are listed in the EDS2 engagement document</p>	<p>E&D Lead & Chief Corporate Delivery and Integration Officer & LGBT Lead Programme Manager</p>	<p>March 2017</p>	<p>1.1, 1.2, 1.4 Eliminate Discrimination Advance Equality of Opportunity Foster Good Community relations</p> <p>Equality Objectives 1,2,3,4</p>
<p>Pregnancy & Maternity</p>	<p>Barriers will be identified via the maternity services review pre and post Equality Assessment process</p>	<p>Barriers will identified via the maternity services review pre and post Equality Assessment process –in line with Improving Me timescales</p>	<p>Co-ordinating CCG lead (Halton CCG) & Director of Commissioning</p>	<p>March 2018</p>	<p>1.1,2.1,1.21.3</p> <p>Eliminate Discrimination Advance Equality of Opportunity Foster Good Community Relations</p> <p>Equality Objectives 1,2,3,4</p>
<p>All Protected Groups</p>	<p>Human resources and workforce</p>	<p>Develop an Equality Workforce Plan in conjunction with CSU HR Business Partners to be ratified and approved at CCG HR Committee</p>	<p>Chief Corporate Delivery and Integration Officer & CSU Business Partner</p>	<p>Completed</p>	<p>3.1,3.2,3.3,3.4,3.5,3.6</p> <p>Eliminate Discrimination Advance Equality of Opportunity Foster Good Community</p>

					relations Equality Objective 4
		Embed and implement the Workforce Race Equality Standard	Chief Corporate Delivery and Integration Officer	April 2016 In progress	
All Protected Groups		Ensure EDS2 approach and plans are embedded into the refreshed Communications and Engagement Plans & activity	E&D Lead & Chief Corporate Delivery and Integration Officer Head of Communications	November 2017	Equality Objectives 1,2,3,4 All PSED 1.1,1.2,2.1,4.2
		Ensure that Governing Body, and other key decision- making panels (including Individual Funding Requests) and programme leads receive the appropriate level of E&D training	E&D Lead & Chief Corporate Delivery and Integration Officer	March 2018 In Progress	

	Develop guidance to support the CCG to pay due regard to PSED for difficult commissioning decisions, including reductions in service and cessations	E&D Lead & Chief Corporate Delivery and Integration Officer	June 2016 Completed	
	Continue to monitor and improve the equality performance of providers	E&D Lead & Programme Manager Quality & Performance	On-going In progress	
	Continue to work closely with NHS provider's Equality Leads through the NHS Equality Leads Provider Forum to improve access and outcomes for protected groups	E&D Lead	March 2018 In progress	

	Ensure governance and decision-making committee templates are reviewed to meet Equality Act 2010 requirements	Chief Corporate Delivery and Integration Officer	March 2017 Completed	
	Develop guidance and support embedding the Equality Act requirements and Fair Consultation principles into consultation and engagement activity	E&D Lead & Chief Corporate Delivery and Integration Officer	March 2018 In Progress	
	Embed comprehensive Equality Analysis into the CCG's key Projects and redesign Programme Management Process	E&D Lead & Chief redesign & Commissioning Officer	March 2017 In Progress	



***South Sefton
Clinical Commissioning Group***



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APPENDIX 3 Key NHS Provider EDS 2 grades

Goal	Number	Liverpool Womens	Aintree	Liverpool Community Health	Alder Hey	Mersey Care	Liverpool Heart & Chest
Better health outcomes	1.1	Achieving	Developing	Achieving	Developing	Achieving	Developing
	1.2	Achieving	Developing	Achieving	Developing	Achieving	Developing
	1.3	Developing	Developing	Achieving	Developing	Achieving	Developing
	1.4	Achieving	Developing	Achieving	Developing	Achieving	Developing
	1.5	Achieving	Developing	Achieving	Developing	Achieving	Developing
Improved patient access and experience	2.1	Achieving	Developing	Achieving	Developing	Achieving	Developing
	2.2	Achieving	Developing	Excelling	Developing	Achieving	Developing
	2.3	Achieving	Developing	Achieving	Developing	Achieving	Achieving
	2.4	Achieving	Developing	Achieving	Developing	Achieving	Achieving

APPENDIX 4 Workforce E&D plan

A representative and supported workforce	3.1	Achieving	Developing	Achieving	Developing	Achieving	Developing
	3.2	Achieving	Developing	Achieving	Developing	Achieving	Achieving
	3.3	Developing	Developing	Achieving	Developing	Achieving	Developing
	3.4	Developing	Developing	Achieving	Developing	Achieving	Developing
	3.5	Achieving	Developing	Developing	Developing	Achieving	Developing
	3.6	Achieving	Developing	Developing	Developing	Achieving	Developing
Inclusive leadership	4.1	Developing	Developing	Achieving	Developing	Achieving	Developing
	4.2	Developing	Developing	Achieving	Developing	Achieving	Developing
	4.3	Developing	Developing	Developing	Developing	Achieving	Developing

Task	Activity	Outcome	EDS comparator
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Policy Proofing	<ol style="list-style-type: none"> 1. Prioritise policies 2. Identify policy against essential list¹ 3. Identify guidance with policy² and test for indirect discrimination & advancing opportunity 	<ol style="list-style-type: none"> 1. Proportional input. 2. Cover fundamental elements of Equality Act 2010 3. Impact assess process against PSED – identifying any remedial actions 	<p>3.1 3.2 3.4</p>
Monitoring	<p>Identify policies and performances for monitoring – check against key tasks:</p> <ul style="list-style-type: none"> • Recruitment • Selection • Review & performance • Disciplinary 	<ol style="list-style-type: none"> 1. Establish monitoring system 2. Identify indirect discrimination 3. Consider positive action or corrective action 	<p>3.1 3.2 3.3 3.4 4.3</p>
Training	<p>Identify current training programmes linked to E&D</p>	<p>Proof suitability and identify gaps in provision.</p>	<p>3.3 4.3</p>

¹ See annex 2 and worksheet 1

² policy may be a statement of intention but the process of enacting the policy, i.e. guidance notes , also needs to be proofed

		Check profile of attendees against worker profile	
Annual review	Establish best measure for review programme	Performance of polices monitored against PSED	3.3 3.4
Publish equality Objectives	Develop and review action plan in HR committee		3.5 4.3
Staff profile and surveys	Establish staff profile and include questions on E&D	Understanding staff relationship with organisational culture to eliminate any institutional discrimination	3.4 3.6 4.3
Positive Action	<ol style="list-style-type: none"> 1. Monitor performance against policies to establish base line. 2. Identify trends 3. Establish conditions for positive action 	<p>Understanding travel of workers by protected characteristic through organisation's functions.</p> <p>Challenge barriers if data/evidence identifies them</p> <p>Advance equality of opportunity.</p>	3.2 3.5 3.1 3.3 3.5 4.1 4.3
WRES	Complete the WRES template and ensure it is in the public domain	<p>Advance Equality of opportunity and Foster good Community Relations</p> <p>Satisfy NHS England assurance processes</p>	3.1 to 3.6



***South Sefton
Clinical Commissioning Group***