

Equality Delivery System Self-Assessment – November 2014

1. Introduction

The Equality Delivery System (EDS) for the NHS was formally launched in November 2011. Following an evaluation of the implementation of the Equality Delivery System in 2012 and subsequent consultation with a spread of NHS organisations, a refreshed Equality Delivery System known as *EDS2* was launched in November 2013.

The main purpose of the Equality Delivery System was, and remains, to help local NHS organisations, in discussion with local partners including local people, to review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the Equality Delivery System, NHS organisations can also be helped to demonstrate delivery on the public sector Equality Duty (PSED).

2. Background

Outcomes: The Equality Delivery system comprises 18 outcomes grouped into four goals as detailed below.

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

Protected Characteristics: Compliance with the Equality Delivery System standards is assessed across the 9 protected characteristics under the Equality Act:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

Disadvantaged Groups: *EDS2* can also be readily applied to people from other disadvantaged groups, including people who fall into “Inclusion Health” groups, who experience difficulties in accessing, and benefitting from, the NHS. “Inclusion Health” was defined in a Social Care Task Force and Department of Health publication of 2010. These other disadvantaged groups typically include but are not restricted to:

- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as women and men involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated

Grading: Essentially, there is just one factor for NHS organisations to focus on within the Equality Delivery System grading process. For most outcomes the key question is: *How well do people from protected groups fare compared with people overall?* There are four grades – undeveloped, developing, achieving and excelling.

RED	Undeveloped if there is no evidence one way or another for any protected group of how people fare, or evidence is not available. Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well.
AMBER	Developing if evidence shows that the majority of people in three to five protected groups fare well.
GREEN	Achieving if evidence shows that the majority of people in six to eight protected groups fare well.
PURPLE	Excelling if evidence shows that the majority of people in all nine protected groups fare well.

3. Use of EDS in NHS Doncaster CCG

NHS Doncaster CCG was formally established on 1st April 2013. Prior to this, the shadow CCG used the original Equality Delivery System (EDS) under the overarching responsible body of Doncaster Primary Care.

Our CCG equality objectives were refreshed and re-published in October 2013 in line with our public sector equality duties. Unfortunately the publication of the revised Equality Delivery System in November 2013 was immediately after our equality objective refresh and therefore we chose not to use the system during 2013/14.

During 2014/15 we have used the Equality Delivery System in two ways:

- Concentrating on two of our six clinical priority areas to focus our application of the Equality Delivery System: Cancer and Dementia. Engagement with patients, carers and the public which had already taken place around our clinical priorities of Cancer and Dementia influenced our self-assessment in these areas.
- A more general self-assessment across the organisation based on our existing engagement work and the patient experience data that we collate.

4. Results

Appendix A overleaf summarise our results from the overarching organisational self-assessment. The summary sheet contains links to evidence for each discrete EDS goal and outcome.

Summary EDS Self-Assessment *(please click on a score to be taken to the background information behind the score)*

Goal	Ref	Description	Self-assessed score				Overall score per Goal				Organisation rating			
			R	A	G	P	R	A	G	P	R	A	G	P
Goal 1 Better health outcomes	1.1	Commissioning, procurement, design and delivery	A				A							
	1.2	Assessing health needs	A											
	1.3	Care pathway transitions	A											
	1.4	Patient safety	A											
	1.5	Health Promotion	G											
Goal 2 Improved patient access and experience	2.1	Access to services	A				A	G						
	2.2	Informing, supporting & involving patients in care decisions	G											
	2.3	Patient Experience of care	A											
	2.4	Complaints	G											
Goal 3 A representative and supported workforce	3.1	Recruitment and selection	G				G							
	3.2	Equal pay	G											
	3.3	Training & development	G											
	3.4	Staff safety	G											
	3.5	Flexible working	G											
	3.6	Staff experience	G											
Goal 4 Inclusive leadership	4.1	Board Leadership	G				G							
	4.2	Identification of equality impact	G											
	4.3	Line management	G											

Amber /Green
(see Equality Objectives)

Equality Delivery System (EDS) Self-Assessment by Goal

Goal	Ref	Outcome	RED Under developed	AMBER Developing	GREEN Achieving	PURPLE Excelling
1 Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities		X		
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways		X		
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed		X		
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse		X		
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities			X	
Overall score for Goal 1:			AMBER			

Goal	Ref	Outcome	RED Under developed	AMBER Developing	GREEN Achieving	PURPLE Excelling
2 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		X		
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care			X	
	2.3	People report positive experiences of the NHS		X		
	2.4	People's complaints about services are handled respectfully and efficiently			X	

Overall score for Goal 2:	AMBER / GREEN
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Goal	Ref	Outcome	RED Under developed	AMBER Developing	GREEN Achieving	PURPLE Excelling
3 A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels			G	
	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			G	
	3.3	Training and development opportunities are taken up and positively evaluated by all staff			G	
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source			G	
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives			G	
	3.6	Staff report positive experiences of their membership of the workforce			G	
Overall score for Goal 3:			GREEN			

Goal	Ref	Outcome	RED Under developed	AMBER Developing	GREEN Achieving	PURPLE Excelling
4 Inclusive Leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations			X	
	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			X	
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination			X	
Overall score for Goal 4:			GREEN			

Equality Objectives – NHS Doncaster CCG

Objective	Equality Objective Description	Link to EDS Goal(s)
Objective 1	Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within Provider contracts.	Goal 1
Objective 2	Ensure appropriate and accessible targeted communication with local communities to empower patients.	Goal 2

EDS Outcome 1.1 (EDS Goal 1 – Better health outcomes)

Services are commissioned, procured, designed and delivered to meet the health needs of local communities

Organisational self-assessment	Grade
<p>Commentary:</p> <p>NHS Doncaster CCG’s commissioning priorities are based on evidence within the local Joint Strategic Needs Assessment (JSNA) produced by the Health & Wellbeing Board which highlights local health needs and key areas of inequality. The JSNA includes data on age, gender, disability, ethnicity, deprivation and the slope index of inequality. Our commissioning priorities are also fed by local Needs Assessments and the 88 local Community Profiles.</p> <p>We have a clear 5-year data-driven commissioning strategy <i>Moving Forward, Getting Better</i> which focusses on 6 clinical priorities (Cancer, Mental Health, Dementia, Children’s Services, Continuing Healthcare, and Unplanned Care / Long Term Conditions). These clinical priorities are supported by the transformational enablers of Care Outside Hospital, Community Services, and Coordinated Care. We set out clear commissioning intentions in line with this strategy at the commencement of each annual contracting round. We have a Procurement Strategy which maps out the open and transparent nature of our procurement processes and links to the Equality Act. Specifications are developed for each service which is procured. Specifications are outcome based and include requirements around equality, as do each resulting contract. Large-scale procurements for redesigned services are subject to equality analysis prior to procurement. Providers are required to comply with reporting against the Equality Act 2010. Where the data shows that there are areas of inequality for protected groups, we work to commission services or areas of work to address identified needs. We seek feedback from patients and act on it to improve services, reporting patient experience themes and trends to Engagement & Experience Committee.</p> <p>We recognise that whilst the Equality Delivery System is a useful tool across the breadth of our organisation, it can be applied to even greater effect within our clinical priorities. In 2014/15 we are concentrating on 2 of our 6 clinical priority areas, Cancer and Dementia, and undertaking a “deep dive” using the equality delivery system as an analysis tool into these areas.</p>	A
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Using a range of data including equality data and patient experience data within commissioning. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • We do not always have information available in all our commissioning areas by the 9 protected characteristics, and this is something on which we are trying to build and this forms one of our Equality Objectives. 	

EDS Outcome 1.2 (EDS Goal 1 – Better health outcomes)

**Individual people’s health needs are assessed and met
in appropriate and effective ways**

Organisational self-assessment	Grade	
<p>Commentary:</p> <p>We commission personalisation of care through the contracts which we hold with our Providers. As a Commissioner, NHS Doncaster CCG requires through our contractual mechanisms that Providers take account of patients’ individual needs and make reasonable adaptations to meet these needs. We seek patient experience data and challenge Providers on the results.</p> <p>We try to meet the needs of individual patients through commissioning a wide range of general services and also commissioning specific services to meet specific needs e.g. single sex accommodation and culturally sensitive services.</p> <p>An example of meeting individualised needs which is a key area of work for 2014/15 is Continuing Healthcare, where each person’s package of care is assessed individually based on their needs and commissioned individually to meet these needs. We commission to meet cultural needs wherever practicable e.g. a choice of carer.</p> <p>Our patients have told us that they want care closer to home within their communities. We are therefore undertaking a review of Community Nursing Services, End of Life Care, and Intermediate Care with this in mind.</p> <p>We have produced information in EasyRead format to support people to access their primary healthcare professionals as the main entry point to the health system.</p>	<p>A</p>	
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • A focus on care closer to home within communities in response to patient feedback. 		
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • We do not always have information available in all our commissioning areas by the 9 protected characteristics, and this is something on which we are trying to build and this forms one of our Equality Objectives. 		

EDS Outcome 1.3 (EDS Goal 1 – Better health outcomes)

Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

Organisational self-assessment	Grade
<p>Commentary:</p> <p>As a Commissioner, NHS Doncaster CCG places a requirement upon Providers to work in partnership to ensure seamless care. Service specifications are developed which specify the integrated service to be provided, and large-scale changes are discussed with patients with feedback monitored by protected characteristic. We try to directly target under-represented groups by engaging with their local interest groups within the community. Commissioner-led service changes are assessed for equality impact and mitigating actions put in place where possible.</p> <p>NHS Doncaster CCG values feedback from patients and proactively engages across the engagement continuum to try to identify where transitions are not working effectively. An example in 2014/15 has been on the Autism Spectrum Disorder pathway where we engaged with parents and children to redesign the referral, diagnosis and care pathway.</p> <p>We aim to pilot gathering patient experience across the Stroke care pathway across multiple organisations: a commissioner-led project.</p> <p>We are working in partnership with Doncaster Council on the integration of health and social care through the Better Care Fund.</p>	A
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Patient experience across the Stroke care pathway. • We have a <i>Choose Well</i> campaign to help Doncaster residents to access the right services for their health need, first time. We recognised that we have a number of ethnic minority communities in Doncaster for which English may not be their first language. We have therefore invested in translations of the <i>Choose Well</i> literature into Arabic, Czech, Farsi, Kurdish, Latvian, Lithuanian, Polish, Slovak, Turkish and Urdu and added these to our website. Distribution of the leaflets is being targeted into communities and take-up is being monitored. We also have a Choose Well British Sign Language video and Choose Well app for mobile devices. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • As a Commissioner we are largely reliant on our Providers to share patient experience data. For this reason, we are engaging with our patients to try to seek direct feedback across our clinical priority areas. • Continuing to provide targeted care pathway information would be beneficial. • We do not always have information available in all our commissioning areas by the 9 protected characteristics, and this is something on which we are trying to build and this forms one of our Equality Objectives. 	

EDS Outcome 1.4 (EDS Goal 1 – Better health outcomes)

When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

Organisational self-assessment	Grade
<p>Commentary:</p> <p>NHS Doncaster CCG has a zero tolerance approach to abuse, whether from patients or staff, and staff are encouraged to report all such incidents which are then investigated. A Whistleblowing Policy protects staff who raise concerns.</p> <p>NHS Doncaster CCG puts patient safety and quality at the heart of commissioning, and has a Quality & Safety Committee reporting directly to the Governing Body. This Group takes reports from our two main Providers of all patient safety incidents, and collates what Keogh called the “smoke detectors” of poor care into a patient safety dashboard to identify areas of risk. The Incident Management Forum monitors Serious Untoward Incidents from Providers and requires staff and patient involvement in the investigation of these. Clinical Quality Review Group meetings are held with our two main Providers where risks and themes are discussed. Quality monitoring includes liaison with the Care Quality Commission and oversight of Quality Accounts, Commissioning for Quality and Innovation measures (CQUINS), Quality Outcome Frameworks, Prescribing, Safeguarding, Infection Control and Serious Untoward Incidents. There are no indications in the quality data that any one protected characteristic group is more disadvantaged in terms of quality than patients from a non-characteristic group.</p> <p>Complaints are monitored by protected characteristic and areas of risk identified.</p>	A
<p>Areas of good practice:</p> <ul style="list-style-type: none">• Quality & Safety Committee identifying the “smoke detectors” of poor care.• Regular meetings with Providers to consider Quality themes and trends.	
<p>Potential areas for development:</p> <ul style="list-style-type: none">• We do not always have information available in all our commissioning areas by the 9 protected characteristics, and this is something on which we are trying to build and this forms one of our Equality Objectives.	

EDS Outcome 1.5 (EDS Goal 1 – Better health outcomes)

Screening, vaccination and other health promotion services reach and benefit all local communities

Organisational self-assessment	Grade	
<p>Commentary:</p> <p>NHS Doncaster CCG does not have responsibility for commissioning or providing screening, vaccination or health promotion services. However we take our role as the local leader of the NHS very seriously and we aim to undertake health promotion activity linked to our strategic priorities and to the early diagnosis and treatment of conditions in the most appropriate setting.</p> <p>In 2014/15 we are concentrating on 2 areas: Cancer and Dementia. Our cancer diagnosis awareness campaign includes targeting the 3 main cancer killers in Doncaster (bowel cancer and prostate cancer for men, and lung cancer for both men and women). We are working with the Doncaster Rovers Community Foundation to target men as they often present late with symptoms. In terms of dementia, we are working in partnership with Doncaster Council to make Doncaster Dementia Friendly. The 3000 target for Dementia Friends was reached early, and we are now looking to target the campaign into under-represented groups such as BME communities.</p> <p>We are working in partnership through <i>Team Doncaster</i> to join up initiatives. We work in partnership with the Public Health Team within Doncaster Council, and as part of an agreement with the team they provide the CCG with Needs Assessments linked to our strategic priority areas. Recent needs assessments have included children and young people with lower respiratory tract infection, substance misuse health needs, Looked After Children, and Dementia health needs. We are supplied with population demographics by the Data Observatory.</p>	G	
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Targeted early diagnosis and treatment campaigns. 		
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • Further targeting of campaigns across the protected characteristics. • Working with NHS England to influence screening for at risk protected groups. 		

EDS Outcome 2.1 (EDS Goal 2 – Improved patient access and experience)

People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

Organisational self-assessment	Grade
<p>Commentary:</p> <p>As a Commissioner, access requirements are included in our commissioning contracts. We monitor the performance of our contracts through our Performance Team, with reporting to our Delivery & Performance Committee and our Governing Body. We monitor against all the Access targets within the national performance framework and the commitments in the NHS Constitution e.g. 2 week wait for urgent cancer referrals, 18 week wait from referral to first definitive treatment.</p> <p>We promote choice through a Choice Strategy which was refreshed during 2014/15. We commission for Choice by embedding this in commissioned services contracts.</p> <p>We engage with our communities to understand their needs and access wants (e.g. care closer to home) and then redesign services and/or procure to meet these needs.</p> <p>In some areas we can lack provider performance data broken down by protected characteristic.</p>	<p>A</p>
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Choice Strategy. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • We would like to further develop our performance data by protected characteristic. Whilst this is sophisticated in some areas, it can be lacking in others. 	

EDS Outcome 2.2 (EDS Goal 2 – Improved patient access and experience)

People are informed and supported to be as involved as they wish to be in decisions about their care

Organisational self-assessment	Grade	
<p>Commentary:</p> <p>We promote choice through a Choice Strategy which was refreshed during 2014/15. We commission for Choice by embedding this in commissioned services contracts. We consult patients if we are planning to commission changes to services. We have a Communication, Engagement & Experience Strategy approved by our Governing Body which captures our strategic vision for communication, engagement & experience. The outcomes the strategy aims to achieve are a) Better Information, b) Engaged Communities, and c) Experience of appropriate and responsive services. We employ different engagement methodologies to best suit each area within our commissioning cycle:</p> <ul style="list-style-type: none"> • Consultation – on our strategic plans and priorities. • Engagement – on how we specify outcomes, redesign pathways or services and procure services • Validation – of the quality and performance of the services we commission <p>We recognise that there are some groups within any community who may not wish to engage or may need more support to engage with the CCG. We try to support this through a contract with Doncaster CVS for engagement support with more seldom heard groups, and through targeting our engagement activity e.g. through the Conversation Club and Men’s Group Doncaster. We capture protected characteristic data where people are willing to share this with us so that we can be assured that we are capturing a representative view. We are also working closely with Healthwatch Doncaster which provides independent advocacy for the patient voice. We undertake face-to-face engagement through established community groups such as the Quaker Conversation Club, and where we are engaging on specific issues such as Children’s Services we try to target those groups e.g. Little Rainbows Autism Support Group. We also use new methods e.g. social media.</p>	<p>G</p>	
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Our range of engagement methodologies. • Patient Stories at our Governing Body. • We received an outcome of “significant assurance” from a Patient & Public Engagement Internal Audit in 2014/15. 		
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • The engagement activity of the CCG is constantly ongoing. We will need to continue to look for new ways to engage with our communities in a manner and at a time that suits our communities. We are currently considering the structure of our engagement approach. 		

EDS Outcome 2.3 (EDS Goal 2 – Improved patient access and experience)

People report positive experiences of the NHS

Organisational self-assessment	Grade
<p>Commentary:</p> <p>Effective patient engagement runs like a golden thread through our mission, vision and values as a core element of our work. Having high quality patient and public engagement is the key to unlocking many benefits for good patient experience, better value for healthcare resources and trusted relationships in the community.</p> <p>We have a Communication, Engagement & Experience Strategy approved by our Governing Body which captures our strategic vision for communication, engagement & experience. The outcomes the strategy aims to achieve are a) Better Information, b) Engaged Communities, and c) Experience of appropriate and responsive services</p> <p>The Engagement & Experience Committee oversees activity to ensure effective engagement with patients to elicit patient experience, which is fed into our commissioning cycle. We have mapped all our patient experience entry points, developed a patient experience dashboard, and quarterly we identify themes and trends emerging from this. When surveying patients, we seek equality information to ensure we are receiving a representative range of responses across our population. We are currently piloting the collation of patient experience data across the care pathway of stroke.</p> <p>We have embedded patient experience collation and reporting requirements within our commissioned services contracts, and our Clinical Quality Review Groups for our main contracts receive regular reports. Our Governing Body receives highlight reports. We engage with the engagement/experience governance structures within our main provider trusts. Though requested, equality data from engagements can be limited. Data from our providers tends to include age, disability, race & gender.</p>	A
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Patient Experience Dashboard. • Piloting the collation of patient experience data across the stroke care pathway. • We received an outcome of “significant assurance” from a Patient & Public Engagement Internal Audit in 2014/15. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • We recognise that as a commissioner it is difficult to engage directly with our patients to glean patient experience. We are exploring multiple methodologies for so doing, including social media, care pathway reviews, online surveying, face-to-face engagement, patient stories at our Governing Body and a contract with Doncaster CVS to engage on our behalf. We will continue to explore these methodologies and the representativeness of responses. 	

EDS Outcome 2.4 (EDS Goal 2 – Improved patient access and experience

People’s complaints about services are handled respectfully and efficiently

Organisational self-assessment	Grade
<p>Commentary:</p> <p>We have an open complaints policy in place which is published on our website and supported by a patient leaflet <i>Listening, Responding, Improving</i> which explains the complaints process and responsible organisations for complaints in an accessible format. We have displayed posters featuring people from protected characteristics in our public reception with the aim of encouraging people from protected characteristics to feel able to complain when the care they receive isn’t right.</p> <p>Complaints are monitored by protected characteristic where complainants provide this data – it is requested from every complainant.</p> <p>Feedback from patients through the complaints process is taken into consideration for the future commissioning of services and is fed back to Providers as relevant through the Quality contracting meetings.</p>	G
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Posters featuring people from protected characteristics. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • No further areas for development have been identified at this point. 	

EDS Outcome 3.1 (EDS Goal 3 – A representative and supported workforce)

**Fair NHS recruitment and selection processes
lead to a more representative workforce at all levels**

Organisational self-assessment	Grade
<p>Commentary:</p> <p>Recruitment and selection policies confirm that NHS Doncaster CCG has a fair, open and transparent recruitment process. We recruit via NHS Jobs. All applications request protected characteristic data to monitor application/success rates, but in line with good practice this is not shared with recruiting managers. We offer a guaranteed interview scheme for disabled applicants who meet the core selection criteria for the role.</p> <p>The composition of our workforce is monitored by protected characteristic. We can compare this to the composition of the Doncaster population using Census data on DataShine and this demonstrates broad comparability. We report the composition of our workforce via our Corporate Assurance Report.</p> <p>We work with Doncaster CVS to draw the attention of relevant Voluntary and Community Sector to employment opportunities.</p>	<p>G</p>
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Human Resources Policies. • Partnership working with Doncaster CVS. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • No further areas for development have been identified at this point. 	

EDS Outcome 3.2 (EDS Goal 3 – A representative and supported workforce)

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

Organisational self-assessment	Grade	
<p>Commentary:</p> <p>The national Agenda for Change or Very Senior Managers Terms and Conditions are applied to all posts, ensuring equal pay. We have a clear Grading Policy and grading panels consist of both management and staff side representatives. Nationally agreed Agenda for Change profiles are used when undertaking job evaluation. The national terms and conditions handbook is used.</p>	G	
<p>Areas of good practice:</p> <ul style="list-style-type: none">• Application of national Agenda for Change terms and conditions.		
<p>Potential areas for development:</p> <ul style="list-style-type: none">• An equal pay review has not been conducted recently. This may be an area for future consideration.		

EDS Outcome 3.3 (EDS Goal 3 – A representative and supported workforce)

Training and development opportunities are taken up and positively evaluated by all staff

Organisational self-assessment	Grade
<p>Commentary:</p> <p>Equality & Diversity training is mandatory for all employed staff. Understanding is tested through a questionnaire with a required pass rate at the end of the module. Compliance is monitored through the quarterly Corporate Assurance Report. The Engagement & Equalities Officer provides 1:1 challenge and support to individual officers working on areas which may have equality impact. Equality training and awareness includes cultural competence.</p> <p>We have a Learning and Development programme which links opportunities to Personal Development Plans developed at Personal Development Reviews. Opportunities are therefore tailored to individual needs identified by each individual and/or their line manager. The Study Leave Policy requires evaluation of each learning and development opportunity.</p> <p>A recent Organisational Development Programme looking at personality preferences in the workplace evaluated positively.</p> <p>We have developed a “lunchtime learning” approach to updating each other on our work area so that we develop a more matrix approach to working across teams.</p> <p>Training and development opportunities are taken up equally across the organisation.</p>	<p>G</p>
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Investment in organisational development. • Personalised approach to development via Personal Development Plans. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • No further areas for development have been identified at this point. 	

EDS Outcome 3.4 (EDS Goal 3 – A representative and supported workforce)

When at work, staff are free from abuse, harassment, bullying and violence from any source

Organisational self-assessment	Grade
<p>Commentary:</p> <p>Staff are protected through a number of policies including:</p> <ul style="list-style-type: none"> • Equal Opportunities Policy • Grievance Policy • Disciplinary Policy • Harassment & Bullying At Work Policy • Workplace Wellbeing Policy • Whistleblowing Policy <p>Fraud training is mandatory. Conflict Resolution training is provided based on a risk assessment for frontline staff.</p> <p>We have a Colleague Engagement Group which makes suggestions for improvements and responds to concerns raised through the Staff Survey.</p> <p>The application of both the Grievance Policy and the Disciplinary Policy are monitored by protected characteristic.</p>	G
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Range of Human Resources Policies. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • No further areas for development have been identified at this point. 	

EDS Outcome 3.5 (EDS Goal 3 – A representative and supported workforce)

Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

Organisational self-assessment	Grade
<p>Commentary:</p> <p>We have a range of employment policies to support staff around the equality agenda, and all have been updated since the inception of the CCG. Policies include:</p> <ul style="list-style-type: none"> • Flexible Working Policy • Annual Leave Policy • Hours of Work Policy • Management of Work Related Stress Policy • Retirement Policy • Secondment Policy • Study Leave Policy • Workplace Wellbeing Policy <p>Flexible working options are available for application and are accessed by staff across the organisation. The Flexible Working policy includes options around flexi-time, 9 day fortnights, condensed hours, part time and term-time only contracts.</p> <p>NHS Doncaster CCG continues to participate in and promote the child care voucher scheme.</p>	G
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Range of Human Resources Policies. • Flexible working opportunities. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • No further areas for development have been identified at this point. 	

EDS Outcome 3.6 (EDS Goal 3 – A representative and supported workforce)

Staff report positive experiences of their membership of the workforce

Organisational self-assessment	Grade	
<p>Commentary:</p> <p>NHS Doncaster CCG has a Colleague Engagement Group (CEG) which monitors outcomes from the Staff Survey and recommends actions to improve the workplace for all staff. In recent months the CEG has led the development of behavioural standards for team members across the organisation which are to be included in Personal Development Reviews and pay progression discussions:</p> <ul style="list-style-type: none">• T - Trust• R – Respect• U – Understanding• S – Supportiveness• T – Teamwork <p>The Staff Survey from 2013/14 resulted in a full action plan developed by CEG team members which has been completed. The 2014/15 survey is currently underway and CEG will again lead the action planning from the results.</p>	G	
<p>Areas of good practice:</p> <ul style="list-style-type: none">• Colleague Engagement Group.		
<p>Potential areas for development:</p> <ul style="list-style-type: none">• There is the potential to further empower the Colleague Engagement Group, and next steps are planned around Workplace Wellbeing.		

EDS Outcome 4.1 (EDS Goal 4 – Inclusive leadership)

Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

Organisational self-assessment	Grade
<p>Commentary:</p> <p>We have an Engagement & Experience Committee reporting directly to our Governing Body which oversees the equality agenda within our organisation.</p> <p>We have a Governing Body approved Equality & Diversity Strategy. The Engagement & Experience Committee reviews underpinning delivery plans associated with this strategy.</p> <p>We ensure strategic leadership of the equality and diversity agenda at Governing Body level via:</p> <ul style="list-style-type: none"> • Lay Member for Public & Patient Engagement and Equality • Clinical Lead for Public & Patient Engagement and Equality • Chief of Service with strategic responsibility for communication, engagement, experience & equality <p>We ensure that all Governing Body members are trained in equality & diversity.</p> <p>Tackling health inequalities in Doncaster is a multi-dimensional challenge reaching beyond the boundaries of health. We are represented at every level of <i>Team Doncaster</i>, the Local Strategic Partnership, with equality issues particularly focussing in the Inclusion & Fairness Advancement Group reporting to the Stronger Communities Theme Group.</p>	G
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • A Prostate Cancer Awareness Campaign in partnership with Doncaster Rovers Football Club led by our Chair and a clinical Governing Body lead. • The CCG, Doncaster Council and the Alzheimer’s Society working together along with Dementia patients and their carers on an initiative to make Doncaster a ‘Dementia Friendly Community’. • A partnership with community pharmacies on a <i>Choose Well</i> initiative. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • No further areas for development have been identified at this point. 	

EDS Outcome 4.2 (EDS Goal 4 – Inclusive leadership)

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

Organisational self-assessment	Grade	
<p>Commentary:</p> <p>All Governing Body and Committee papers are accompanied by a coversheet which identifies equality impact and any risk areas.</p> <p>Where appropriate to the level of the activity, a separate Equality Analysis is conducted – recent examples include the Better Care Fund Plan and our Unplanned Care Procurement.</p> <p>Equality issues are included within new business cases.</p>	G	
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Governing Body and Committee coversheets. • Equality Analyses. 		
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • There is the potential to embed equality analysis more consistently across the organisation. 		

EDS Outcome 4.3 (EDS Goal 4 – Inclusive leadership)

Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Organisational self-assessment	Grade
<p>Commentary:</p> <p>Equality & Diversity training is mandatory for all employed staff. Understanding is tested through a questionnaire with a required pass rate at the end of the Equality & Diversity module. Compliance is monitored through the quarterly Corporate Assurance Report.</p> <p>The Engagement & Equalities Officer provides 1:1 challenge and support to individual officers working on areas which may have equality impact.</p> <p>Training and awareness includes cultural competence.</p> <p>Human Resources Policies enshrine equal opportunities within the workplace.</p>	G
<p>Areas of good practice:</p> <ul style="list-style-type: none"> • Mandatory e-learning training. • Additional 1:1 support available from Engagement & Equalities Officer. 	
<p>Potential areas for development:</p> <ul style="list-style-type: none"> • The CCG may wish to consider offering an alternative method to the existing e-learning training for key staff e.g. lunchtime learning. 	