

Wiltshire CCG Equality Information Compliance Report 2019

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Annex A - EDS2 Summary Report

1. Introduction

1.1 About NHS Wiltshire Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group (CCG) is a commissioning organisation, that is to say, we plan and buy health services for Wiltshire residents. We do not provide health services ourselves. For more information on what health services we commission, please visit our [website](#).

The CCG came into existence on the 1st April 2013 and has developed since then.

During 2018, Wiltshire CCG's Governing Body agreed to formalise its good working relationships with other partner organisations to commission services for the population it serves. With BANES and Swindon CCGs, Wiltshire is now a member of the BSW Commissioning Alliance (BSW). This will support the delivery of commissioning 'at scale' services for patients across the wider geographical patch of BSW. However, the alliance also makes provision for 'place-based' commissioning to ensure that the health and social care integration arrangements with Local Authorities continues and so collaboration continues with Wiltshire Council. The three CCGs will maintain their sovereignty and operate under separate constitutions and maintain their lines of accountability to the public and NHS England. However, to gain improvements harnessed from the collaboration, a single executive management tier reporting to a single Chief Executive Officer will be established. This body will shape the future direction and deploy resources to make improvements which will include responsibilities for equality and diversity and good governance in this matter.

Wiltshire CCG retains its involvement in the BSW Sustainability and Transformation Partnership involving commissioners, health providers, and local authority organisations from across the region. For more information on the STP, please visit the [website](#).

1.2 Public Sector Equality Duty and the purpose of this document

The Public Sector Equality Duty (PSED) is a specific duty placed on public authorities and requires us to publish equality information to demonstrate our compliance with the legislation set out in the Equality Act 2010 supported by the 2017 Regulations.

In this document we set out what we are currently doing to comply with the general duty.

The document is structured in four sections¹:

- i. Equality information on our workforce and leadership;
- ii. Equality information on our services;

¹ Based on the format used by the Equality and Human Rights Commission

- iii. Equality information on our ways of working;
- iv. Equality information to show due regard to the three aims of the general duty.

2. Profile of equality groups in Wiltshire

The population of Wiltshire, based on Wiltshire CCG's Joint Strategic Assessment 2018 (JSA) is estimated to be 490,018 – an increase of 4.7% since 2013 with the greatest growth of 7.6% seen in those aged 65 and over. The full document can be found [here](#).

The following are headline figures for different sections of the community in Wiltshire taken from information published by Wiltshire Council:

- 20% of those registered in Wiltshire are aged 19 or below. 23% of England residents are 19 or below
- 58% of those registered in Wiltshire are between 20-64 years. 60% of England residents are 20-64
- 22% of those registered in Wiltshire are aged over 65 years. 17% of England residents are over 65
- 5% of Wiltshire residents live in some of the most deprived areas nationally. 29% of Wiltshire residents live in some of the least deprived areas nationally.
- There is a 0.8% registered prevalence of Mental Health conditions in Wiltshire, compared to 0.9% for England
- 14.1 people per 1,000 of the population in Wiltshire are receiving carers' allowance, compared to 20 per 1,000 in England.
- There is a near equal split between males and females.
- According to the Council's Corporate Equality 2017 Plan, 'Wiltshire has become more diverse' when comparing the census of 2001 to 2011. 'Wiltshire's minority ethnic population has changed from a largely Asian or Asian British grouping since 2001 to an Eastern European grouping where Polish migrants feature prominently'. The next census is due in 2021.
- 'The number of those classifying themselves as from a 'mixed' background increased by just over 0.5% from 2001-2011 with the Black African population growing significantly over this period also. There is a long history of some minority communities in Wiltshire – for example, Polish in Westbury, Moroccan in Trowbridge and Gypsy Traveller communities in the South of the county. We also know that 2.5% of those aged three and over do not have English as a first language (see Schools Equality Information Report for further breakdown of languages spoken).'
- The majority of Wiltshire's residents reported that they were Christian (64%) or had no religion (26%). The largest religions other than Christianity are

Muslim (0.4%) and Buddhism (0.3%) with Hindu, Jewish and Sikh groups making up 0.4% of the population. (Wiltshire Census 2011)

- The Integrated Household Survey data collected from January 2012 – December 2012 indicated that 1.1% of those that were surveyed identified themselves as Gay or Lesbian with 0.4% as Bisexual.
- The Gender Identity Research and Education Society, GIRES, estimate (in 2011) that 1% of the population (16+) experience some degree of gender variance, which in Wiltshire (based on 16+ population of 400,680) would equate to approximately 2,404 - 4,007 people. The majority of these would continue to live in their birth gender and not request medical intervention, and GIRES estimates that, at some stage, about 0.2% may undergo treatment for gender transition – an estimate of up to 801 people in Wiltshire.
- According to Wiltshire Council's Equality Profile there were '129 civil partnerships formed in Wiltshire between 2007 and 2009; 69 female partnerships and 60 male partnerships.
- 97.5% of residents' main language is English, and 99.6% of the resident population of Wiltshire can speak English well. Polish is the main language spoken after English. This was followed by Nepalese, German, Tagalog (Filipino) and Chinese.

3. Equality Information on our Workforce and Leadership

3.1 Workforce

Information is collected on an annual basis on the CCG's workforce and where possible against the protected characteristics allowing staff to determine whether this personal information is disclosed. As of 31 December 2018, there were 148 people employed to carry the functions of the CCG and attributed to our directorates. This excludes Governing Body members.

120 members of staff are female (81.1%) and this majority is consistent with previous years. The majority of the workforce has declared an ethnic group of 'White-British' (86.49%). The top three age categories of the CCG are identified in the table below:

AGE BAND	HEADCOUNT	%
46-50	27	18.24
51-55	25	16.89
56-60	19	12.84

As the numbers are so small, it is relatively easy to identify staff and as a consequence this gives rise to potential breaches of confidentiality. The PSED exempts those organisations with fewer than 150 staff from publishing information relating to the protected characteristics of their employees in detail. However, some relevant statistics are as follows:

- 39.19% of the workforce declared their religion to be Christianity.
- 77.70% of the workforce declared their sexual orientation to be Heterosexual or Straight.

The CCG has in place, and has implemented a number of workforce related policies that support and protect staff from discrimination, harassment, bullying and victimisation.

3.2 Leadership

The CCG's standard of leadership is monitored by NHS England as part of the Improvement and Assessment Framework indicators. Assessment is made in the following areas:

- Probity and Corporate Governance
- Staff Engagement Index
- Progress against the Workforce Race Equality Standard
- Effectiveness of Working Relationships in the Local System

The CCG leadership is rated as green as evidenced here:

[My NHS - BETA Organisation Scorecard Page](#)

The CCG governing body is made up of GPs, lay members, clinical and health professionals from the workforce. As there are only 13 Governing Body members, the CCG are again exempt from publishing equalities information relating to their protected characteristics.

However, it is important to note that the core attributes and competencies for all Governing Body members include a requirement to 'be committed to ensuring that the organisation values diversity and promotes equality and inclusivity on all aspects of its business'.

Individual members of the governing body will bring different perspectives, drawn from their different professions, roles, backgrounds and experience. Many of the Governing Body members are GPs who are selected from the three groups of the CCG as defined in our Constitution. The groups are clusters of practices and are called NEW, West and Sarum. These GPs work closely with their patient bodies and contribute to the commissioning decisions made by the organisation through the use of this local knowledge. These differing insights into the range of challenges and opportunities facing the CCG will, together, ensure that the CCG takes a balanced view across the whole of its business.

The CCG has a lay member on the governing body with specific responsibility for Patient and Public Involvement. In 2018, the CCG also recruited a third lay member to increase the level of scrutiny provided to the organisation.

For the CCG to carry out its clinical commissioning functions affectively, its Governing Body and workforce is assisted by GP leaders selected from its membership. There are 25 GPs in this supportive leadership category.

To support the BSW Alliance and in response to the new model constitution published for use by NHS England, Wiltshire CCG's Governing Body has agreed a revised constitution which is with NHS for approval. The revised constitution retains the roles of the lay members, its accountability to the public and increases the engagement of the CCG to its membership.

Despite the BSW Alliance being in its early stages of development, its intention to involve patients and public is already evident. Communications Teams and other commissioning staff are already working jointly. In 2018, Wiltshire CCG has stated its intention to form a Patient and Public Engagement forum and secured funding to support the development. As part of the BSW organisation and the development of joint governance arrangements the leadership are considering how this forum might feature across the area.

4. Equality Information on our Services

The CCG does not provide health services, but plans and buys (commissions) health services for the population of Wiltshire.

The CCG hold monthly Clinical Quality Review Meetings (CQRMs) with each NHS Provider at which relevant Equality and Diversity areas are discussed such as mixed sex accommodation and the underlying essence of care requirements. These meetings are discussed further in the next section of this report.

The CCG's approach to project management used to enable service transformation involves the use of a Quality Impact Analysis which includes a focus on Equality and Diversity matters to support compliance with the General Data Protection Regulations introduced in May 2018, the CCG has introduced a new Data Privacy Impact Assessment to support the management of projects to protect individuals rights.

5. Equality information on our ways of working

The Chief Operating Officer provides strategic leadership on equalities and assurance to the CCG Governing Body on whether we are meeting our statutory obligations.

The CCG has an Equality and Diversity Strategy which is available on our website, which was updated in 2015 and is due for renewal as part of BSW joint governance arrangements..

The Equality and Diversity Strategy states the following equality objectives for the CCG:

- To develop a fresh strategy and action plan for promoting equality, diversity, Human Rights, inclusion and reduction in health inequalities including the implementation of the revised Equality Delivery System.
- To increase awareness of the importance of promoting equality/reducing health inequalities within the CCG and across member practices.
- To improve quality of and accessibility to demographic profile of Wiltshire by protected characteristics and identify variations in health needs to enable staff to undertake meaningful equality impact analysis on the work as it develops.
- Support staff to put equality/reduction in health inequalities at the heart of commissioning cycle.

The CCG requires all staff to undertake mandatory Equality and Diversity training. Training is provided by an online module which staff have to complete and pass three yearly. We have trained and have implemented Equality and Diversity Champions to enable them to signpost colleagues, and has proved an effective way for us to ensure that Equality and Diversity expertise is available across the workforce

The CCG conducts Equality Impact Assessments (EIAs) on all policies, Governing Body papers and when formulating proposals for changes to services to ensure that these do not discriminate against protected groups and to identify opportunities to promote equality. The EIA forms are approved by the Executive Sponsor for the work. Examples of Equality Impact Assessments are available on our website and are attached to the relevant governing body papers.

The CCG has continued to engage patients and stakeholders as part of our approach to developing strategies or service transformation. Evidence of patient engagement activities that have taken place are:

- **Maternity Services Public Consultation**

Across the STP, mums, dads and families have been asked for their views on proposals to improve maternity services across the region. The proposals have been put forward by local health leaders following a two year period of working with over 2000 women and families, staff and partners to look at how and where improvements can be made. Specifically, maternity service leaders want to provide more equal access to the different birthing options available to women, improve personalised care and provide better continuity of care to improve the relationship between mother, family and midwife. The proposed improvements would also look to boost community support to provide targeted care close to home and integrated care regardless of where and how women choose to give birth. To help shape the future service model formal public consultation has been undertaken with 35 public events staged across the county and into neighbouring CCG areas. 1,775 responses have been received from members of the public as part of the formal consultation which ended in February 2019 after 3 months. The response rate is welcomed and is higher than anticipated. The results of the consultation are being prepared and involve independent scrutiny.

- **CaTHEDRAL Project**

To support improvements in patient experience, the CCG has been engaged in the CaTHEDRAL project. The project involves close working with patients and care homes to ensure individuals' belongings are transferred with them as part of any hospital admission. There was involvement by HealthWatch at the start of the project and they remain an identified stakeholder in the project which also aims to reduce length of stay in hospital. Quality improvements are also to be derived from the use of informed consent permitting disclosure of care related information about individuals between partner organisations. Benefits to patients will also be derived through the use of the Comprehensive Geriatric Assessment enabling information to be shared across partner organisations. Our intention is to put together a forum of residents in a care home to get their input into some of the decisions regarding the project.

- **Stoke Collaborative**

As part of the Stroke Collaborative involving STP providers, commissioners and local authority organisations, the CCG has been working for the past 18 months to improve services for patients and their families affected by stroke. Prior to the commencement of this work the CCG fell below the national performance standards for stroke care. The aim of the work is to align and improve services and to improve opportunities for patient outcome after a stroke. To ensure common understanding of challenges facing stroke patients and their families, commissioners and providers invited a patient and his wife and carer to attend the collaborative meeting. Through the sharing of patient experience, partners are able to understand the impact of poor communication between organisations and where improvements are needed to improve recovery and pathways from acute to community health services.

- **Recommissioning of Non-Emergency Patient Transport Services**

During the procurement for the Non-Emergency Patient Transport Service (NEPTS) in 2018, patient/public representatives were invited to take part in the process which involved collaborative commissioning of this service by a number of CCGs. A patient representative attended the Stakeholder workshop alongside participants from HealthWatch. Patient involvement continued through our relationship with the Centre for Independent Living with participation in the evaluation phase of the procurement.

- **Recommissioning of Community Equipment Contract**

As part of the initial phases of the procurement of the contract for the supply of community equipment which supports the discharge of patients from hospital and independent living, workshops have been held to gain insight into patients' requirements for inclusion in the commissioning specifications.

- **Diabetes**

As part of the CCG's ongoing Diabetes programme to support the development of services for patients with this long term condition, the CCG has continued its engagement with patients. Through the involvement of the Warminster and Chippenham Diabetes UK Groups, patient input has resulted in the development of a Patient information leaflet for people newly diagnosed type 2 Diabetes and a patient website.

We require providers to meet equality and diversity legislative requirements as part of the procurement process for new or revised commissioning contracts. As part of

the CCG's stewardship of the procurement for Patient Transport Services , evaluation of bidders' ability to provide equitable services to patients across a wide geographical area was conducted

The CCG is committed to providing the best possible service at all times. We welcome suggestions and feedback about our services and want to resolve any problems experienced to help make local healthcare services more effective. The CCG oversees all comments, concerns, compliments and complaints that are received. Patients' Stories are included as part of the Governing Body meetings in public. These allow individuals to recount their experience of the delivery of care received as individuals, carers or by family members. This approach ensures that the Governing Body is connected to the communities served by the CCG.

Complaints and PALS is an impartial service and will try and resolve any concerns or problems that are raised by patients, their families and/or representatives. Complaints can be made in writing, by e-mail, by telephone or in person.

Complaints and PALS provide monthly updates via the Quality report to the CCG Governing Body and a Complaints report is also presented to the Quality and Clinical Governance Committee when requested. This report will be developed to include the protected characteristics of the individual where disclosed.

The CCG has a regular programme of meetings 'Clinical Quality Review meeting (CQRM) with providers. During these meetings, the following issues are raised and where needed, the provider is required to implement an action plan which is then monitored. Issues discussed include:

- Quality Indicators including the Safety Thermometer and mixed sex accommodation breaches.
- Incidents where patient safety was compromised, including incidents of abuse, harassment, bullying and violence, across the protected characteristics.
- Survey information showing patients' experience of treatment and care outcomes, for all major services or departments. The most notable of this is the Friends and Family Test.
- Information from PALS, indicating the issues that patients most complained about, with follow-up information on redress

Wiltshire CCG continues to have close links with HealthWatch Wiltshire and to ensure that the patient is represented. The Chair of HealthWatch Wiltshire is a standing attendee at the public meetings of our Governing Body

Our premises in Southgate House are accessible and when we have hosted meetings in venues outside our main offices we have ensured that all our public meetings are held in accessible premises.

6. Equality Information to show due regard to the three aims of the General Duty

6.1 Workforce

We have systems and procedures in place to implement the aims of the general equality duty:

- Elimination of discrimination, victimisation and harassment:
In 2018, the CCG repeated its annual staff survey which seeks to identify areas of good practice as well as factors requiring improvement in leadership, communication, the working environment and employ relations. The questionnaire explicitly asks for responses about bullying and harassment enabling activities to be planned if any response is required. The results of the survey are being compiled.
- Advancing equality of opportunity and fostering good relations:
The CCG operates a Staff Partnership Forum which maintains involvement in staff related policy development and changes affecting the organisation. In 2018, representatives have congregated more frequently than in previous years with professional support provided to the group through HR. During 2018, significant staff engagement took place to develop and launch the CCGs policy on Flexible working including the harmonisation of practice for flexitime.

The CCG continues to refine its recruitment arrangements to ensure equality of opportunity is provided to applicants wishing to become employed by the CCG.

Policies continue to be developed which support flexible approaches to working to enable staff to balance work and life commitments including in regard to caring duties.

Through the CCG's Learning and Development Policy, opportunities for development are made available to applicants. Opportunities have included two leadership programmes aimed at different tiers of the workforce as well as courses on Improving Personal Effectiveness which included support for developing personal resilience. Targeted groups of staff have also received training to assist them deliver good customer service and therefore reduce the risk of harm to themselves through an enhanced understanding of managing conflict.

6.2 Patient and Public

- Elimination of discrimination, victimisation and harassment:
In January 2019, The CCG's Quality and Clinical Governance Committee agreed a revised policy on the management of complaints. Complaints and Concerns are raised through the CCG's Patient Advice and Liaison Service (PALS). As part of the procedure for managing complaints the PALS department continues to undertake equality and diversity monitoring at the point of acknowledging each complaint. This information is reported as part of the CCG's Annual Report. As mentioned earlier, we use EIAs to ensure that the CCG is meeting general duty and we require providers to comply with equalities legislation.
- Advancing equality of opportunity and fostering good relations:
The CCG has adopted the NHS Equality Delivery System (EDS2) as its equality performance tool, to assess performance In accordance with the '9 steps for EDS2 implementation'.

The CCG participates in the annual 360 degree survey of stakeholder organisations to ensure that it is able to maintain good working relationships.

Our self-assessment in Annex A provides evidence of our performance against the EDS2.

The CCG has participated in NHS England's assessment of health service performance against EDS2 through its broadcast to stakeholders of the opportunity to complete an online survey.

The CCG is engaged in working with partner organisations to ensure the provision of services for refugees and asylum seekers to ensure that care for people in these disadvantaged communities.

The EDS2 summary report will be published on the CCG website and linked to the national EDS2 Dashboard. This report will be updated as appropriate.

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Annex A

EDS2 Performance Assessment (March 2019)

Introduction

In November 2013 NHS England issued the updated Equality Delivery System (EDS2) designed to be slimmer and more flexible. The system has been simplified and two of the outcomes changes from the original EDS. The CCG adopted the use of EDS as part of their Equality and Diversity strategy during the authorisation process.

A generic tool

EDS2 is a generic tool designed for both NHS commissioners and NHS providers. As different NHS organisations apply *EDS2* outcomes to their performance, they should do so with regard to their specific roles and responsibilities. They may have to adjust the generic language of the outcomes to suit what they do. Moreover, NHS commissioners should apply *EDS2* in light of the performance of the providers they commission services from. NHS commissioners might also ask private providers who provide NHS services for all or some of their patients, working under contracts to them, to use *EDS2* as appropriate.

People covered by *EDS2*

EDS2 should be applied to people whose characteristics are protected by the Equality Act 2010. The nine characteristics are as follows:

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

Other 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

EDS2

NHS organisations should choose which aspect of each protected characteristic to focus on when using *EDS2*. Local insight and evidence, and discussion with local stakeholders, should inform the choice. At any one time, assessing and grading the performance of NHS organisations across all the aspects of each protected characteristic will not be useful if it draws attention away from either significant progress or the most serious inequalities. However, it would be sensible for NHS organisations to ensure that all aspects of all characteristics are explored in the longer-term, in a balanced way.

Grading	Undeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people overall OR evidence is not available	If evidence shows that the majority of people in three to five protected groups fare as well as people overall	If evidence shows that the majority of people in six to eight protected groups fare as well as people overall	If evidence shows that the majority of people in all nine protected groups fare as well as people overall

For the following outcomes, the grading rules are different:

- 4.1: choose 10 to 20 instances when Governing Body members and senior leaders had the opportunity to demonstrate their commitment to equality in the past year or, if needs be, a longer period; assess and grade the extent to which the Board and senior leaders showed a strong and sustained commitment to promoting equality, within and beyond the organisation.
- 4.2: select 10 to 20 substantive papers that came to the Governing Body and other major committees in the past year or, if needs be, a longer period; assess and grade the extent to which the selected papers took account of equality- related impacts, including risks, and said how risks will be managed.

During 2016, Wiltshire CCG carried out a self-assessment by key personnel within the CCG.

The summary results of this assessment exercise are as follows. The full summary report, which will be published separately on the CCG Website and linked to the EDS2 Dashboard, is included:

EDS2 Goals	Self-Assessed Grade
1. Better health outcomes	Achieving
2. Improved patient access and experience	Achieving
3. A representative and supported workforce	Developing
4. Inclusive leadership	Achieving
Overall Grade	Achieving

EDS2 Outcomes	Self-Assessed Grade
1.1 Services are commissioned, designed and procured to meet the health needs of local communities	Achieving
1.2 Individual people's health needs are assessed, and met in appropriate ways	Achieving
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	Achieving
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	N/A
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	Achieving
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
2.3 People report positive experiences of the NHS	Achieving
2.4 People's complaints about services are handled respectfully and efficiently	Achieving
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
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	Achieving
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	Achieving
3.6 Staff report positive experiences of their membership of the workforce	Developing
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving
4.2 Papers that come before the Governing Body, Quality and Assurance Group and other major committees identify equality-related impacts, including risks, and say how these will be managed	Achieving
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving

EDS2 Summary Report

Section Number	Title	Evidence
	Organisation's Equality Objectives (including duration period)	<p>NHS Wiltshire CCG current objectives:</p> <ul style="list-style-type: none"> • To develop a fresh strategy and action plan for promoting equality, diversity, Human Rights, inclusion and reduction in health inequalities including implementation of the revised Equality Delivery System. • To increase awareness of the importance of promoting equality/reducing health inequalities within the CCG and across member practices. • To improve quality of and accessibility to demographic profile of Wiltshire by protected characteristics and identify variations in health needs to enable staff to undertake meaningful equality impact analysis on the work as it develops • Support staff to put equality and reducing health inequalities at the heart of the commissioning cycle
	Level of stakeholder involvements in EDS2 grading and subsequent actions:	<p>Involvement with CCG staff, partner organisations e.g. Wiltshire Council and NHS Providers. Stakeholder engagement through participation in events including Maternity Services Consultation Involvement with HealthWatch Wiltshire and other community group stakeholders.</p>
	Headline good practice examples of EDS2 outcomes (for patients/community/workforce):	
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<p>Our approach to reducing health inequalities is set out in our Five Year Strategic Plan and services are contracted using the standard NHS contract template, which includes equality and diversity in schedule (SC13). Project plans and procurement of new services include a requirement to complete an equality assessment impact when appropriate, as does every Governing Body paper requiring decision. Public have been engaged in shaping developments through the CCG's presence across BSW with the Maternity Services Consultation.</p>
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	<p>General Health needs are assessed in the Local Authority JSNA which identifies the local health needs of several key groups specifically: sex, age, pregnancy & maternity, disability & learning, disability and ethnicity.</p>
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<p>As part of the process of service change the public are involved in consultations to ensure their views are taken into account. The CCG is engaged in work to improve the interoperability of IT systems to improve the flow of information between organisations responsible for the care of patients.</p>
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatments and abuse	<p>The quality team monitor the Trusts whose service we commission via the trust quality reports and a quality report is presented at each Governing Body meeting. Incidents are reported on the Strategic Executive Information System (STEIS) which records gender, age and ethnicity. Patients are often invited to attend meetings of the Governing Body to describe their experience of care to inform our improvements. The CCG employs Child and Adult Safeguarding leads to participate in safeguarding reviews.</p>
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	N/A for NHS Wiltshire CCG

Section Number	Title	Evidence
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	The core requirements for equal access are indicated in the NHS Contract (SC13). The CCG monitors access in several areas as part of the NHS constitution commitments.
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	The CCG uses information from NHS patient surveys, GP surveys and the friends and family test to monitor the level of satisfaction and involvement of patients in their own care.
2.3	People report positive experiences of the NHS	Patients' views are monitored by the CCG through NHS patient surveys and local consultations. The feedback is reported into the Governing Body every month via the performance report usually enhanced by patient story. The CCG also log compliments received.
2.4	People's complaints about services are handled respectfully and efficiently	The CCG has an updated Complaints Policy in place. There is a weekly status report which is submitted to the Executive Management Team and other senior managers, so that they can monitor the efficiency and timeliness of complaints management. All people making complaints are sent an equality and diversity return form to assist in data collection.
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	The CCG buys in a Human Resources service from NHS South, Central and West Commissioning Support Unit (SCWCSU). A recruitment toolkit has been developed to support managers through the process of fair recruitment. Applications via NHS jobs include equalities monitoring for 7 of 9 protected characteristics. Equalities information for successful candidates is then pulled into the Electronic Staff Record (ESR) system. Applications have the option not to disclose their protected characteristics. Our entire range of core employment policies are developed with HR support to ensure compliance with appropriate legislation and our Staff Partnership Forum engages in HR policy development.
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	The CCG has access to fair job evaluation through its HR provider and this reflects the Agenda for Change national banding process.
3.3	Training and development opportunities are taken up and positively evaluated by all staff	Staff are required to complete mandatory training, this includes a module on equality and diversity and the CCG will be provided with baseline reports periodically to ensure compliance which are enhanced by an online portal to facilitate access and also monitoring including by the Audit and Assurance Committee. The CCG provides several training opportunities centrally which are open to all and each individual is encouraged to have their own personal development plan (PDP) to support their development which is part of the CCG's appraisal process. The CCG has a Learning and Development Policy which has procedures in place to make fair decisions on the allocation of support to support development.
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	The CCG has policies in place covering the issues of abuse, harassment, bullying and violence. The CCG also has an Employee Assistance Programme. Any issues highlighted regarding abuse, harassment, bullying or violence are immediately investigated. Policies are available through the intranet and all staff are made aware of policies as part of their induction. The Annual Staff survey collects the view of staff on their experience of the workplace. The CCG contracts with a Local Security Management Specialist to assist with delivering a safe working environment. Incidents are reported and investigated.
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	The CCG had several employee friendly policies in place in line with Agenda For Change requirements.

Section Number	Title	Evidence
3.6	Staff report positive experiences of their membership of the workforce	The CCG has a well-established staff partnership forum which provides a formal mechanism for dialogue between management and the workforce. We also have a people group, which is well established and highly regarded, which provides opportunities which cater for the health and wellbeing of the workforce. In 2018 we have repeated our annual staff survey enabling staff to report their experiences. Results are awaited but previously the general feel of the workforce is that the CCG is a positive place to work.
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within the beyond their organisations	Papers for Governing Body are all supported by an Equality Impact Assessment (EIA) and the CCG has an Equality and Diversity strategy, which the Governing Body has signed up to, where the equality objectives set out the responsibility of all employees to support the vision of promoting equality and diversity. The CCG is an active member of the BSW STP and leads on the Planned Care Programme and ambition of which is to drive out unwarranted variation of care across the geographical footprint which is wider than Wiltshire
4.2	Papers that come before the Board and other major Committees identify quality related impacts including risks, and say how these risks are to be managed	Every Governing Body paper requiring a decision has to be supported by an EIA and the front cover for board and sub-committees include equality analysis and the identification of risks and mitigations. The CCG Business case template, used for investment proposals also has relevant sections covering benefits and risks.
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	We have embedded equality and diversity champions into each directorate. We have also provided refresher training for the Champions so that they are able to support/signpost colleagues. On-line mandatory training in Equality and Diversity is a requirement for all employees. Where there are concerns about practice the CCG has policies for appeals, grievance and the Freedom to Speak Up (formerly whistleblowing). Policies on Flexible Working exists allowing employees and managers to balance home and work life demands. All this, along with the requirement for completing an EIA for any decision paper, ensures that a culture of working free from discrimination is embedded in the organisation.