

**Equality Objectives Action Plan (Equality Delivery System EDS) 2020-22 v1-0 approved Quality & Safety Committee 05 01 2021**

(Based on the anticipated and potential EDS3 framework due to be launched)

Grading	Underdeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall
				

**Objective 1 – Provide evidence that commissioned services are meeting the needs of patients and providing positive outcomes.**

**Lead – Anya Paradis/Janet Arris/Gary Charlton**

**Aim** - We will involve, engage and listen to people from communities to inform the work of the CCG to improve health outcomes and reduce health inequalities for the CCG’s local population.

**Evidence** - Provide analysis of service delivery data captured from protected groups; looking at how that analysis is applied in practice when commissioning, procuring, designing and delivering services; Evidence engagement with individual protected groups; Evidence Action plans for the services that require improvement or further engagement. Data and insight for these outcomes can be drawn from a mix of national and local sources. **Choose, evaluate and grade up to three services.**

Action	Benefits/ Rationale	Lead(s)	Update	Timescale/ Deadline	Current Status	Future Goal
<p><b>Objective 1/Action 1</b> The outcomes within the ‘Commissioned or provided services’ goal focus on: good access to services; needs being met; patients being free from harm; and positive patient experience. NHS organisations and their stakeholders are asked to choose, evaluate and grade up to three services on these four outcomes. Data and insight for these outcomes can be drawn from a mix of national and local sources.</p>	<p>Ensure measures are in place to analyse services in relation to patient needs, access and experience</p>	<p>Anya Paradis/ Janet Arris</p>	<p>Equality impact analysis (EIA) is an integrated part of the commissioning process. No decisions about service changes are made without the relevant senior officers being asked to consider the potential impact on equalities.</p> <p>Patient stories through ‘Hear My Voice’</p> <p>We have a vibrant patient forum who hold us to account on : good access to services; needs being met; patients being free from harm; and positive patient experience, inclusive of sub groups in the following areas:</p> <ul style="list-style-type: none"> <li>• Mental health</li> <li>• Self Care</li> <li>• Future Care</li> <li>• Innovations</li> <li>• End of Life</li> </ul>	<p><b>December 2021</b></p>		<p>Excelling</p> 

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Action	Benefits/ Rationale	Lead(s)	Update	Timescale/ Deadline	Current Status	Future Goal
			<u>Action</u> Demonstrate how 'Hear My Voice' responses have influenced commissioned or provided services.			
<b>Objective 1/Action 2</b> Explore new ways of working and engaging with the public following analysis. Implement at least one new way of working to improve barriers to access and/or patient experience.	Ensures that the local population are consistently and effectively engaged, patient experience improved and barriers to access reduced.	Anya Paradis/ Janet Arris/ Gary Charlton	Future Care Programme and the subsequent sub groups explore new ways of working and have patient and public engagement throughout. This has led to enhanced service provision with regards to older people, mental health and how we deliver primary care digitally in a post-covid era.  <u>Action</u> Describe enhanced service provision as a result of the Future Care Programme	<b>December 2021</b>		Excelling 

**Objective 2 – Monitor and review staff satisfaction to ensure they are engaged, supported and feel valued in their workplace.**

**Lead:** Lesley Young-Murphy/Gary Charlton/Wally Charlton/Anne Timmins

**Aim** - To maintain and retain a well-supported, diverse, empowered, motivated and engaged workforce. Ensure staff are free from bullying and other harm; staff believe they have equal opportunities for career development; staff would recommend their organisation as a place or work or treatment;

**Evidence** - Capture staff profiles for the workforce; Monitor staff experiences, record data from the whole workforce that can be used to compare staff from specific groups against staff overall. For all protected groups assess and grade how well the workforce is representative, taking into account the fairness of recruitment and selection processes.

If needs be, choose specific types of people within each protected group, where key lessons can be learnt and applied. Suggested sources of data include- Health & Social Care Information Centre Workforce Statistics; NHS Staff Survey and/or internal staff surveys.

The outcomes within the ‘Workforce Development and Well-Being’ goal focus on: staff being free from bullying and other harm; staff believing they have equal opportunities for career development; staff who would recommend their organisation as a place or work or treatment; and the fair and balanced composition of the workforce. Data for these outcomes can be drawn to some extent from Key Indicators from the NHS Staff Survey, and are aligned with the WRES. The data and other insights should be evaluated and graded by NHS organisations working with staff networks and unions.

Action	Benefits/ rationale	Lead(s)	Update	Timescale/ Deadline	Current Status	Future Goal
<p><b><u>Objective 2/Action 1</u></b></p> <p>Undertake a staff survey with a minimum of 70% response rate from staff who are not on long term sick or maternity leave</p>	<p>To engage staff and gain feedback on areas for improvement</p>	<p>Gary Charlton/Anne Timmins</p>	<p>We took part in the National NHS Staff Survey in 2019 and the results have been analysed and any areas of improvement are being addressed. We are also taking part in the Better Health at Work Scheme and we currently have our gold award. As part of the award you have to commit to undertake a survey every 2 years. We did this as part of our Gold award in 2019 and we will therefore be undertaking another one in 2021.</p> <p><u>Action</u> Undertake Better Health at Work Survey in 2021.</p>	<p><b>December 2021</b></p>		<p><b>Excelling</b></p> 

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<p><b><u>Objective 2/Action 2</u></b></p> <p>Evidence findings from staff survey and other monitoring tools</p>	Understand staff opinions on the organisation	Gary Charlton/Anne Timmins/Wally Charlton	The results of the Better Health at Work award survey form part of the campaigns that we undertake. We have a number of Health Advocates across the organisation to ensure representation from all the different departments. This ensures we have an understanding of the needs of the staff and enables us to adapt the campaigns as and when necessary. During the COVID pandemic we have undertaken a number of risk assessments including an agile, return to work and a health and wellbeing survey. This has allowed us to gauge and understand how the staff are coping with the current situation. We have implemented new ways of working and made adjustments for those staff who have needed it.	December 2021		<p>Excelling</p> 
<p><b><u>Objective 2/Action 3</u></b></p> <p>Implement at least one new way of working to improve staff satisfaction</p>	Improve staff experience in relation to health and wellbeing, bullying and harassment and/or equal opportunities at work.	Gary Charlton/Anne Timmins/Wally Charlton	<p>Due to COVID19 the majority of staff remain working from home whilst we have skeleton staff in our building. The staff onsite are a mixture of those that need to be there because of their role and those that are for personal reasons. . We will be continue to work this way for the foreseeable future to ensure the safety of the staff. We have continued to support staff during the lockdown and have introduced TEAMS as a new way of working ensuring that staff can quickly and easily communicate with other staff members, line managers or other staff from other CCG's.</p> <p>One of the outcomes from our Health &amp; Wellbeing survey was staff thought that working from home could be adopted more widely as we plan to return to normality.</p> <p>Fortnightly staff briefings</p> <p>Friday afternoon quiz</p> <p><u>Action</u> Describe changed/improved ways of working that have become embedded as Business as Usual at the end of COVID</p>	December 2021		<p>Excelling</p> 

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			Pandemic.			

**Objective 3 – Ensure that the CCG Governing Body actively leads and promotes Equality and Diversity throughout the organisation.**

**Lead:** Lesley Young-Murphy/ Irene Walker/Jeff Goldthorpe/Anne Timmins

**Aim-** Ensure the CCG Governing Body actively leads on Equality and Diversity throughout the organisation and demonstrates that leadership is inclusive at all levels.

**Evidence** - Choose instances when Board members and senior leaders had the opportunity to demonstrate their commitment to equality in the past year or, if needs be, a longer period.

For the selected instances, 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.

Sources of evidence for grading may include: speeches given by Board members and senior leaders to various audiences; reports presented by Board members and senior leaders to various audiences; participation in Board Leadership Programmes for equality; and active promotion of equality-based initiatives for services and the workforce including local mentoring schemes.

Action	Benefits/ rationale	Lead(s)	Update	Timescale/ Deadline	Current Status	Future Goal
<p><b><u>Objective 3/Action 1</u></b></p> <p>Ensure Equality Analysis is undertaken for all new policies and procedures that impact on the local population or staff</p>	To assess the practical benefits for protected groups and to show consideration has been given to each of the protected groups when developing the policy/procedure	Irene Walker	<p>All reports, to all committees must indicate what equalities impact assessment has been undertaken, the outcome and how this will be actioned.</p> <p>Equality impact analysis (EIA) is an integrated part of the policy development and review process. No policy is approved without the detailed EIA assessment being completed and signed off.</p> <p>Equality analysis is an integrated part of the design and approval of Quality, Innovation, Productivity and Prevention programme (QIPP) schemes, i.e. before consideration by committee an EIA must be undertaken and approved.</p>	March 2022		<p><b>Excelling</b></p> 
<p><b><u>Objective 3/Action 2</u></b></p> <p>Ensure 100% staff who are not on long term sick or maternity leave complete mandatory E&amp;D training</p>	To ensure awareness of E&D throughout the CCG	Irene Walker/ Anne Timmins	<p>All staff must complete mandatory Equality &amp; Diversity every three years. This is closely monitored to ensure compliance. Non-compliance may affect an individual's annual pay review.</p> <p>Status (snap shot) 14/8/2020 (excludes those on Long</p>	<p>Interim Review March 2021</p> <p>March 2022</p>		<p><b>Achieving</b></p> 

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			<p>Term absence) =100% Evidence here:  <a href="S:\Corporate\Organisation\Equality and Diversity\-\E&amp;D Strategy and Objectives\Action Plan 2020-2022\Evidence\Evidence of E and D Training 14 08 2020 - Table of Stat &amp; Mand.pdf">S:\Corporate\Organisation\Equality and Diversity\-\E&amp;D Strategy and Objectives\Action Plan 2020-2022\Evidence\Evidence of E and D Training 14 08 2020 - Table of Stat &amp; Mand.pdf</a></p> <p><u>Note</u>                      The maximum possible status for this action is 'achieving' i.e. it's not possible to exceed a 100% performance and therefore it is not possible to 'excel'.</p>			
<p><b>Objective 3/Action 3</b></p> <p>Evidence examples of how senior leaders show strong and sustained commitment to Equality and Diversity within the timeframe provided</p>	<p>To show that senior leaders demonstrate commitment to promoting E&amp;D as part of a well led organisation</p>	<p>Lesley Young-Murphy/Irene Walker</p>	<p>The Patient Forum is a committee of the Governing Body. The membership is patients from North Tyneside GP Practices. The Chair is a Lay member of the Board for Patient and Public Involvement. The Chair of the Patient Forum provides a verbal report of Patient Forum business to every Board meeting and this is minuted. The North Tyneside Community Health Care Forum administers the Patient Forum and has strong and direct links with the Chair, Lead Officer and members of the Patient Forum.</p> <p>The CCG commissions North Tyneside Community and Health Care Forum (CHCF) to support our engagement work and help us listen to people in our borough. The forum is closely linked to a range of local networks which has grown and developed through 25 years of engagement work. This includes providing current and timely local health and social care information in flexible and appropriate ways groups and organisations supporting hard to reach groups in our community.</p> <p>This work directly feeds back into the Patient Forum and the Chair's reports back to Board.</p>	<p><b>Interim Review</b>  <b>March 2021</b></p> <p><b>March 2022</b></p>	<p><b>Developing</b></p>  <p><b>(status carried forward from existing 2019/20 action)</b></p>	<p><b>Achieving</b></p> 

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Action	Benefits/ rationale	Lead(s)	Update	Timescale/ Deadline	Current Status	Future Goal
			<p>The Executive Director of Nursing &amp; Chief Operating Officer is the CCG's Board E&amp;D Champion ensuring senior leaders show strong and sustained commitment to Equality and Diversity.</p> <p><u>Action</u> Evidence to include:</p> <ul style="list-style-type: none"> <li>a. All service development and change must complete an Equalities Impact Assessment <b>(provide copies)</b>;</li> <li>b. Individual examples of members' actions that support and promote the EDI agenda <b>(list)</b>;</li> <li>c. Patient Forum recommendations are considered as part of service development, reform and commissioning. Agreed recommendations are included in papers to 4Cs <b>(provide copies of sample papers)</b>.</li> <li>d. That there is two - way engagement between Governing Body members and staff <b>(through regular scheduled staff briefings)</b>.</li> <li>e. That there is two - way engagement between Governing Body and patients, via reports from the Patient Forum <b>(see Governing Body minutes)</b>.</li> <li>f. Board members have undertaken E&amp;D training <b>(as per ESR reports)</b>.</li> </ul>			