



Annual Equality Report
Public Sector Equality Duty (PSED)
2016 – 2017



1. Introduction.

The NHS is progressing through a very challenging time where expectations of health services are high, making it essential that all NHS organisations, including Greenwich Clinical Commissioning Group, are faced with constrained finances and an increased demand for healthcare services. NHS Greenwich CCG has had to make choices and decisions about healthcare services and how we can best use allocated resources to commission services that maximise clinical benefit and treat those most in need.

NHS Greenwich CCG through its statutory duties has a responsibility to ensure that through the course of its business, it does not unfairly impact on those or affect people with particular protected characteristics. This report sets out the CCG's progress in relation to assuring itself that it is compliant with these duties, and to its commitment to an inclusive NHS.

The CCG is committed to an inclusive NHS that provides quality and compassionate care for all Greenwich people. Our commissioning intentions are based on the human rights principles of Fairness, Respect, Equality, Dignity and Autonomy (the FREDA Principles). In this respect, protecting and enhancing human rights, promoting equality and diversity are integral to the CCG's core business and reflected throughout everything that we do.

2. Legislative Context

The CCG is required to comply with the following duties in relation to commissioning intentions, strategies, service redesign, decommissioning, policy and procedures:

- The Equality Act 2010 (the nine protected characteristics)
- The Public Sector Equality Duty (PSED)
- The Human Rights Act 1998
- The Health and Social Care Act 2012 (duty on health inequalities)
- The NHS Constitution (rights and pledges)
- Equality Delivery System (EDS2)
- The Workforce Race Equality Standard (WRES) April 2015

3. Organisational Context

The CCG is a clinically led organisation led by local GPs and we work together to improve health outcomes in Greenwich. The Equality and Diversity Strategy demonstrates the commitment of this CCG to promote equality and value the diversity of its staff and service users. Our Equality strategy and Equality Delivery System 2 aims to improve the way that the CCG commissions services from other NHS organisations.

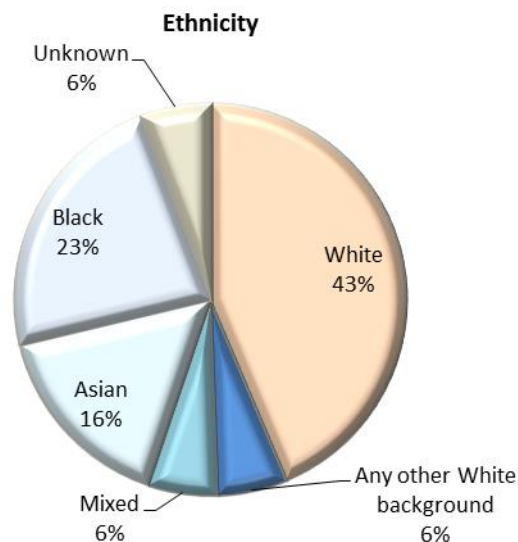
We recognised when reviewing our progress against our external EDS2 assessment that we needed a dedicated resource to help shape our equality and diversity agenda and to lead on the implementation and development of our equality and diversity strategy and EDS2.

This is taken forward by our Equality lead and Governing Body Equalities Champion. It is supported by the current reporting arrangements which monitor the CCG's progress against our workforce race equality scheme and equality and diversity action plans which are currently monitored through the Patient Reference Group and Quality Committee.

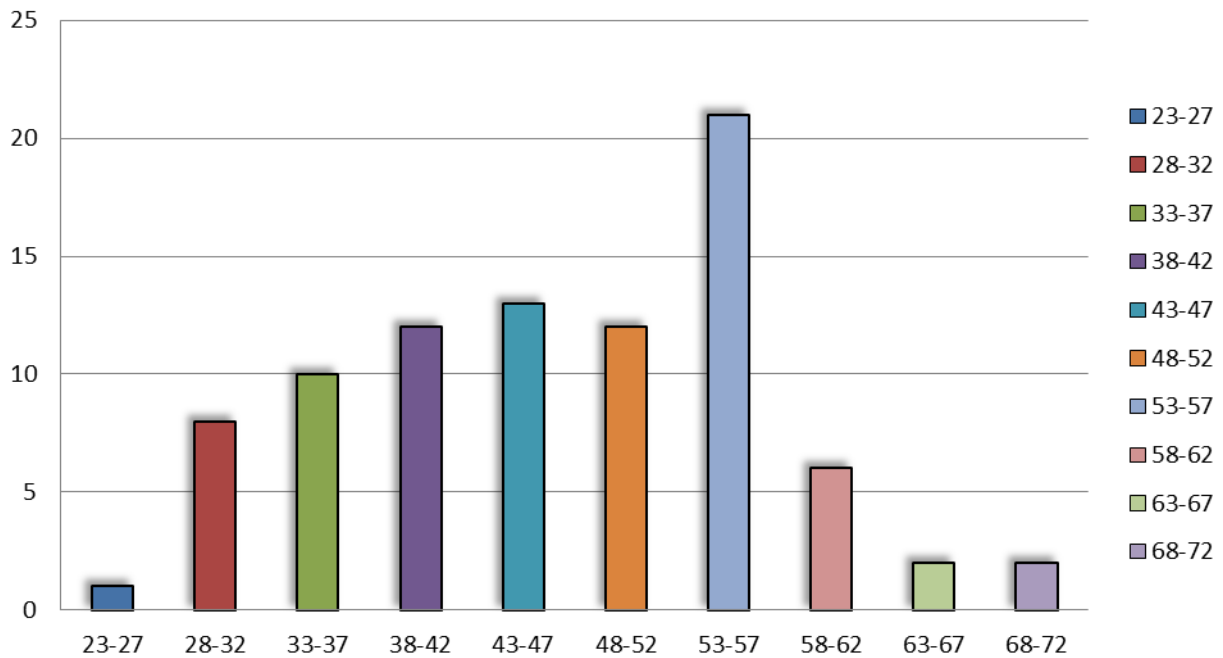
As a result of the outcome of the 2016-2017 EDS2 assessment the CCG is proposing to convene an Equality and Diversity Steering Group in April 2017 that will have a remit to enhance the focus, support and monitor the implementation of the EDS2 to ensure compliance with Equality Duties under the Equality Act 2010.

4. Workforce Profile

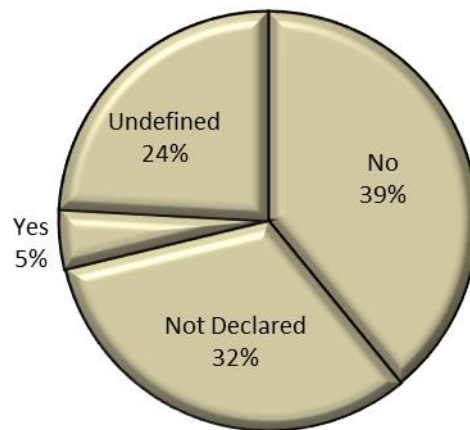
The CCG is a small yet dynamic organisation with 83 staff working of which 17 are interim staff and 13 are Governing Body Members. We have robust policies and procedures in place which ensure that all of our staff are treated fairly and with dignity and respect. We are committed to promoting equality of opportunity for all our current and potential employees. We are aware of our legal equality duties as a public sector employer and service commissioner and have equality and diversity training in place for all staff.



Age Profile



Disabled



5. Workforce Race Equality Standards (WRES)

The Five Year Forward View sets out the direction of travel for the NHS much of which depends on the health service embracing innovation, engaging and respecting staff and drawing on the immense talent of its workforce. The Workforce Race Equality Standard (WRES) is a mandatory standard that has been put in place to help NHS organisations achieve the important goals of drawing leadership from the diverse communities they serve and ensuring frontline staff are free from discrimination.

The main purpose of the Workforce Race Equality Standard (WRES) indicators is to provide NHS Greenwich's position against the nine WRES indicators. These aid NHS organisations to close the gap in workplace experience between White and Black and Ethnic Minority (BME) Staff and to improve BME representation at Board level of the organisation. Working towards race equality is rooted in the fundamental values, pledges and responsibilities of the NHS Constitution.

CCG Implementation of WRES

Implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations. CCGs should have meaningful dialogue with its providers regarding performance against the WRES standard. This will be part of the CQC's inspection programme and considered as part of the 'well led' domain. CCGs should commit to the principles of the WRES and apply as much of it as possible to their own workforce.

The 2016/17 CCG Assessment and Improvement Framework will require all CCGs in their role as commissioners of NHS services to provide data from their providers in relation to reported harassment, discrimination and lack of equal opportunities between White and BME groups in the workforce.

WRES should be part of contract monitoring and negotiation between CCGs and their respective providers. The CCG monitors WRES action plans through the Clinical Quality Review Groups (CQRG).

The WRES was included in the NHS Standard Contract 2015/16. NHS Greenwich CCG submitted via Unify on **1st August 2016**, on approval of its Governing Body. The CCG first submission was published on our website and access can be found at [Workforce Race Equality Standards Submission 2016](#)

6. WRES Action Plan 2016

Number	Action	Action owner	To be completed by	Comments
1.	Unconscious Bias Training for CCG employees for staff specifically involved in the recruitment of new staff and those responsible for line management.	Director of Integrated Governance (OD Lead)	Jan 2017	New training package is being developed through HR to incorporate Shortlisting, Interviewing Skills and Unconscious Bias Training.
2	Leadership on WRES	Director of Integrated		Leadership by Integrated

	Integrated Governance Directorate Lead the Annual Process	Governance (Compliance Manager)	July 2016	Governance but will need organisational wide support through analytics and HR functions.
3.	Introduction of the Workforce Learning and Development platform which will enable a central system to hold data on mandatory and non-mandatory training agreed in personal development plans.	Director of Integrated Governance (Compliance Manager)	Sept 2016	Monitoring of information such as non-mandatory training is good practice as it helps the organisation identify potential anomalies in the level and type of support offered to different groups within its workforce.
4.	ESR will maintain and overview of all employees of NHS Greenwich CCG Collect data on the workforce by ethnicity. This should cover both workforce data and staff survey data.	Director of Integrated Governance (HR)	Dec 2016	To include Governing Body members, CPLs, Syndicate Leads.
Number	Action	Action owner	To be completed by	Comments
5.	Carry out data analyses on staff employed: Regular reports on workforce to Greenwich Executive Group	Director of Integrated Governance (Analytics & HR)	Quarterly	This may be possible to explore jointly with neighbouring CCGs as CCGs have relatively small numbers of staff. CCGs may consider to come together to review their WRES data in

				the future and report jointly as a whole.
6.	CCGs in SEL may wish to consider a joint action plan based upon an amalgamated report in the future	Director of Integrated Governance (Governance/Quality Leads)	Dec 2016	Governance Leads to explore this option with SEL governance leads.

7. Our Communities

The CCG wholly committed to improving the health and wellbeing of its population. Greenwich faces significant challenges including indicators for socio-economic status and for deprivation; the significant incidence of long term illness; low overall life expectancy and the differential impact of these factors in different parts of the borough.

The CCG also faces considerable financial challenges, but we will seek to ensure that every pound spent on healthcare is spent wisely and works efficiently and effectively for the people of Greenwich. An awareness of the local population in Greenwich is a major source of evidence for decision making and ensures that equality and diversity intelligence informs its decisions. The overarching operational plan has been derived from key strategies. These include a joint health and wellbeing strategy which identifies three key imperatives; a focus on prevention as the most cost effective approach to health and wellbeing; the need for new approaches to tackling health inequalities and greater integration in the commissioning and delivery of local services.

Additionally, the Borough's Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy, which together form our integrated plan that sets out our priorities and associated commissioning intentions. These documents have therefore been used as a major source of data when setting and aligning our equality objectives.

8. Meeting the Public Sector Equality Duties (PSED) in 2016

Public Sector Equality Duties (PSED)

The PSED consists of both general and specific duties. The broad aim of the general equality duty is to integrate consideration of the advancement of equality into the day-to-day business of all bodies subject to the duty. The general equality duty is intended to accelerate progress towards equality for all, by placing a responsibility on bodies subject to the duty to consider how they can work to tackle systemic discrimination and disadvantage affected people with particular protected characteristics.

This report brings together the evidence of how we are meeting these legal obligations and demonstrates how the organisation has used the Public Sector Equality Duty (PSED) as part of the process of decision making in the following areas:

- Service delivery - evidence of equality impact assessments that have been undertaken
- Information - details of information taken into account when assessing impact
- Consultation - details of engagement activity that has taken place. The CCG continues to work to show due regard to the aims of the Public Sector General Equality duty as set out in the Equality Act as set out below:
 - Eliminate unlawful discrimination
 - Advance equality of opportunity
 - Foster good relations

Through the adoption of the NHS Equality Delivery System (EDS2) the CCG aims to demonstrate to the people we serve how we are meeting the three aims of the Equality Duty.

Compliance with the duty should result in:

- Better-informed decision making and policy development
- A clearer understanding of the needs of service users, resulting in better outcomes
- Quality services which meet varied needs
- More effective targeting of policy, resources and the use of regulatory powers
- Better results and greater confidence in, and satisfaction with, public services
- A more effective use of talent in the workforce
- A reduction in instances of discrimination

As part of the Public Sector Equality Duty (PSED) of the Equality Act 2010, we have developed equality objectives for 2017/20. The purpose of setting objectives is to strengthen our performance against this general equality duty. The development of the equality objectives has been aligned to the business of the organisation and aligned with the EDS2 goals and outcomes. The CCG is required to meet the specific duties and to publish relevant, proportionate information showing how we meet the PSED by 31 January each year, and to set specific measurable equality objectives by 6 April every four years. The purpose of setting objectives is to strengthen our performance of the general equality duty.

9. Greenwich CCG Refreshed Equality Objectives 2017-2020

1. Equality Act Principle: Eliminating unlawful discrimination, harassment and victimisation and any other conduct which is unlawful under the Equality Act 2010	
Objective	RAG
1.1 Equality and inclusion will be considered at all levels within the organisation to ensure that there is a clear and concise link between strategic thinking, function and service improvement.	
1.2 Ensure appropriate personnel in the organisation are trained in conducting Equality Analysis/Equality Impact Assessment	
2. Equality Act Principle: Advancing equality of opportunity by (a) removing or minimising disadvantages (b) Taking steps to meet the needs of people (c) Encouraging people who share a protected characteristic to participate in public life or in any other activity in which their participation is disproportionately low.	
Objective	RAG
2.0 Achieve Better health outcomes with services commissioned, procured, designed and delivered to meet the health needs of the local community that reduce health inequalities. Ensure that these services are safe free from mistakes, mistreatment and abuse	
2.1 Improve patient access and experience	
2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	
3. Equality Act Principle: Fostering good relations between people who share a protected characteristic, and those who don't have that characteristic	
Objective	RAG
3.1 Work with stakeholder organisations to develop and improve services	
3.2 Improve communications with people with learning disabilities	

10. Equality Delivery System (EDS2)

The Equality Delivery System (EDS) has been designed by the Department of Health to support NHS organisations in meeting the requirements of the Equality Act (2010). It supports organisations to understand how equality can drive improvements and strengthen the accountability of services to patients and the public.

The CCG is implementing EDS2. However, EDS2 RAG rating process is quite complex and fraught with difficulties in deciding 'which service or intervention' should be measured against the nine protected groups (and at what level), under each of the four goals and eighteen outcomes. There is no prescribed process, but the methodology is left to local NHS organisations to decide what might work best for them.

Like the majority of CCGs, we have taken a two-stage approach to implement EDS2.

During Stage One, the CCG has self-assessed its 'RAG' rating on the progress made against EDS2's four Goals and 18 Outcomes. A report of stage one self-assessment, including what evidence exists to support the RAG rating, outlines equality gaps and an action plan that will ensure that the CCG is progressing in the right direction.

Stage two, involved working with the local organisation Greenwich Inclusion Project, to develop a methodology (e.g. focus groups and engagement events) to take critical

feedback on the self-assessed RAG rating with the aim of publishing an 'agreed' EDS2 RAG rating for the CCG later in the year.

This work is integral to deliver on Operating Plans, the NHS Outcomes Framework and the NHS Constitution.

It is a comprehensive analysis focusing on four goals measured against eighteen equality and health inequalities outcomes.

- 1. Better health outcomes for all**
- 2. Improved patient experience and outcomes**
- 3. Empowered, engaged and well supported staff**
- 4. Inclusive leadership at all levels**

The relevant EDS2 outcomes have been aligned to the CCG's relevant equality objectives.

By introducing the EDS2 to our key stakeholders, the CCG has in place a partnership approach that will enable a monitoring and evaluating process for our staff and key stakeholder user groups. The EDS2 Scores are based on parameters such as the level of engagement being undertaken across different 'protected' groups, whether the issue has been mainstreamed and whether progress plans were in place.

EDS2Goals	Grading self -assessed for 2016-17
1- Better Health Outcomes	Developing
2- Improved patient access and experience	Developing
3- A representative and supported workforce	Developing
4- Inclusive leadership	Developing

The CCG completed an EDS 2 self-assessment on 8 January 2016 and has given consideration to the subsequent results of the external stakeholder assessment in July 2016. Utilizing the feedback received, it is proposed that the CCG's overall rating be amended to Amber (Developing) as across 14 outcomes the CCG is graded as (Developing) and Green (Achieving) in the remaining 4 outcomes.

Where evidence is presented, the evidence needs to meet the requirements of EDS2 and therefore it should be objective and specific regarding the different protected characteristics. As very little of the evidence the CCG provided makes reference to, or identifies, any community within the nine protected characteristics and no evidence of consideration of varying health needs of different communities or accessibility requirements, the CCG cannot fully assure itself that the EDS2 outcomes are reported for all protected characteristic groups. Whilst we can reasonably evidence in regard to our key providers Lewisham and Greenwich Trust and Oxleas we cannot claim the same for our smaller providers.

- Evidence of outcomes against the nine protected characteristics need to be

forthcoming in all our contract setting and monitoring. As a result during 2016/17 KPIs on equality were included in contracts and will form part of the contract performance monitoring for small providers.

- Future external assessment requires better indexing of the evidence and supporting documents so that our stakeholders can more directly consider the CCG's position. This will be aided through facilitated workshops with stakeholders.

Equalities are the responsibility of everyone and there is a need for wider contribution to the source of evidence data which the CCG uses for grading in relation to all services that are commissioned.

- It is therefore requested that there is Senior Management support for all staff to actively capture and disseminate examples of good practice demonstrating how the varying health needs of the nine protected characteristics have been considered and embedded into the CCG's mainstream business. The requirement for this is that it should be deposited and stored centrally.

11. EDS2 Action Plan

This is the CCG proposed EDS2 Action Plan that takes into account the emerging actions to address equality gaps and risks identified in the EDS2 summary report and external stakeholder assessment.

Objective	Action	Time Scale	Lead	Review
Map and review use of data across CCG, in terms of demographic data relating to access, outcomes and experience	Establish working group to review what data exists, what the CCG currently uses, what data provider provides to the CCG	Jan 2017	BI Team Via Equalities working group	Annual
Provider reports and operational plans to make specific reference to any community identified within the protected characteristics;	To assure that equality KPIs are incorporated within all NHS Contracts. That the CCG's providers provide evidence of consideration of varying health needs of different communities or accessibility requirements.	March 2017	AD Quality & Governance Carol Berry	Annual
Equality and health inequalities guidelines for commissioners embedding equality, human rights and inclusion in strategies, commissioning intentions, policies and service redesign.	Develop equality and health inequality guidelines for use across the commissioning cycle, including refresh of the equality impact assessment template	March 2017	AD Quality & Governance Carol Berry & Equalities Working Group	Annual
Integrate equality work into mainstream business	Integrated equality objectives and EDS2	March 2017	Equalities Working	Annual

planning	Goals and Outcomes within organisations' mainstream business planning processes and considerations documented in CCG plan/strategies/reports		Group AD Quality & Governance	
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12. Supporting QIPP through Equality Impact Assessment (EIA) in 2016

NHS Greenwich CCG has regard to the need to reduce inequalities by regularly consulting with the nine protected equality groups and undertakes equality impact assessments in respect of the impact of procurement and commissioning. This enables NHS Greenwich CCG to focus on those who are most deprived in Greenwich and ensure that actions are taken to reduce the widening gap in health inequalities in Greenwich.

Examples of Equality Impact Assessment undertaken during 2016:

Atlas House
 Time Court and Ash Green Care Home
 Improving GP Access Implementation of Right Care First Time
 MSK
 Medicines Management Proposals
 Managing Demand in Out-patients – A case for Change
 Termination of Pregnancy (TOPS) re-commission services
 Long Term Conditions Optional Appraisal
 Optimisation of existing community services to provide proactive, responsive and equitable access for Adults with Respiratory conditions such as COPD, Bronchitis, Bronchiectasis
 Decommissioning Stroke Association Service
 Decommissioning the Source
 Dermatology
 Paediatric Respiratory
 Diabetes Heart Failure
 Repatriation of service from Guys through referral management
 Stroke Elective Emergency XBD
 Decommissioning
 Decommissioning of Cruise Bereavement Service
 Decommissioning of Greenwich Mencap Service
 Falls
 Malnutrition
 Medicines Management SMOS
 Medicines Management PBR excluded drugs
 LTC GP Commissioning
 SEL TAP (i)
 SEL TAP (ii)
 Jackwood House
 QPDM - CHC

The NHS provides a comprehensive service, available to all - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

NHS Greenwich CCG has included an Equality Impact Assessment Checklist and an Equalities Statement in all CCG documents and has adopted a business case template which includes an Equality Impact Assessment checklist as part of the NHS Greenwich CCG constitution

Public Sector Equality Duty

Equality and diversity are at the heart of the NHS Strategy. Throughout the production of this document, due regard has been given to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it. This document therefore abides by the Equality and Diversity Act 2010.

The CCG will arrange for all necessary steps to be taken to comply with their public sector equality duties including any consultation.

The CCG cannot delegate its responsibilities and duties for equality but where another provider is being procured or commissioned to deliver services on behalf of the CCG they will be required to comply with the relevant equality duties. If such a provider is already subject to the Public Sector Equality Duties (PSED) the CCG will seek evidence of their fulfilment of the Duty as part of its assessment of their procurement.

13. Fostering Good Relations & Engagement Activities

RBG

During 2015 NHS Greenwich changed location of its HQ and now shares premises with the Royal Borough of Greenwich within the Woolwich Centre. Being co-located with the Royal Borough of Greenwich brings with it additional benefits of being able to work closer with RBG and further foster good relations. It also enhances our close working with Public Health. Some positive examples in year include:

- a refreshed MOU with Public Health
- Joint working in regard to the management of Healthcare Acquired Infections. A Health Protection Manager works across Public Health and NHS Greenwich CCG to work with local practices and the medicines management team to carry out

Post Infection Reviews in addressing community acquired cases of Clostridium Difficile.

- Participation on the Health Visiting, Family Nurse Partnership, and School Nursing Board to ensure a smooth transition of services and maintain patient safety and safeguarding.
- Membership on the Health Protection Committee (led by Public Health) to monitor health protection issues with partners (based on the Public Health Outcomes Framework and including immunisation coverage and priority areas that address inequalities within the Borough e.g. HIV diagnosis and STI testing).

Our Healthier South East London (OHSEL) Sustainability and Transformation Plan (STP)

Our Healthier South East London is a health and care strategy led by a partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, working with NHS England (London).

The strategy is being developed with local councils, primary and community care services, the six borough Healthwatch organisations and local people and patients.

The focus is on achieving improvements in physical and mental health in six key areas:

- Community based care
- Maternity
- Children and young people
- Cancer
- Planned care
- Urgent and emergency care

The strategy aims to improve health, reduce health inequalities and ensure the provision of services that meet safety and quality standards consistently and are sustainable in the longer term.

A key component of this is to develop a strong foundation of community based care to support people to live healthier lives, make services more joined up and make sure that everyone gets the care and outcomes they expect from their NHS.

OHSEL Equalities Group

NHS Greenwich CCG continues to contribute to and participates in the Our Healthier South London Equalities Group. This ensure the Our Healthier South London Programme (OHSEL) pays due regard to the Public Sector Equality Duty (PSED).

Stakeholder Survey Analysis

The CCG has taken part in the national CCG 360 survey between January and February 2017, and it is a key part of ensuring the CCG has strong relationships in place in order to be a successful commissioner. The full report will be available on the Greenwich CCG website. As part of the CCG annual assurance process, NHS England commissioned IPSOS Mori to co-ordinate the survey. This survey allowed our stakeholders to provide feedback on our working relationships. Stakeholders included GP member practices, other CCGs, Greenwich Health and Wellbeing Board, Royal Borough of Greenwich, Healthwatch and other patient groups, NHS providers and wider stakeholders.

Patient Engagement for 2016-17

Optimisation of the stroke pathway workshops

As part of the engagement activities, two workshops were organised for stroke survivors, carers and families on 18th October (at Charlton House) and 20th October 2016 (at Keith Peacock Suite, Charlton Athletic Football Club).

The workshops were delivered in partnership with RBG Public Health and their Community Health volunteers as well as members of the Community Neurological (Neuro) - rehabilitation and the Neuro-care navigation teams respectively.

The purpose of this report is to inform the CCG's decisions and actions around improving and enhancing existing core clinical stroke services, following the decommissioning of the services offered by the Stroke Association.

GP Clinical Programme Leads and Public Engagement Event

There was discussion about the general principles for the Clinical Commission Group (CCG) approach to smoking cessation, weight management and clinical prioritisation to shape public consultation on the way forward regarding changes to our policy for access to some elective and planned surgery.

Engagement activities with residents of Horn Park estate about the use of primary care services and The Source:

Local partners and stakeholders (including NHS England and Royal Borough of Greenwich) were consulted, as were The Health Overview and Scrutiny Committee (HOSC). In addition, three public engagement sessions were held at the Horn Park Community Centre. Dedicated "Have Your Say" spaces at the Source, The Dutch (local Pub) and the Horn Park Community Centre were provided and an online and paper survey (designed and implemented by NHS Greenwich CCG) was administered (112 responses). In addition, there was a dedicated website page with information about The Source and engagement opportunities.

Greenwich CCG at the Armed Forces Day -The Great Get Together

This was an opportunity to raise public awareness of Female Genital Mutilation (FGM) and child abuse. The Team engage with over 500 members of the public that day and had 130 public surveys completed

World Mental Health Day:

Event in General Gordon Square Woolwich to raise awareness about mental health and it affects communities in the borough and 46 face to face surveys

Governing Body Q&A sessions (in public)

All Governing Body Meetings in public have a session of protected time for members of the public to ask Questions to the members of the Governing Body.

All questions, if not answered there and then, are followed up and the CCG maintains a Question & Answer Log. This provides valuable insight into patient's perspectives and opportunity for the CCG to learn/take action on issues/concerns raised.

14. Our Main Provider Organisations

NHS Greenwich CCG has in place mechanisms to ensure that provider organisations comply with their Equality Duties.

NHS Greenwich CCG works in partnership with main provider organisations to include equality, diversity and human rights clauses within its contracts. 2016/17 KPI's on equality are now included in contracts and will form part of the contract performance monitoring for all service providers.

Clinical Quality Review Groups (CQRGs) of both main providers allows for scrutiny of this work. A Healthwatch representative is on both CQRGs and the NHS Greenwich CCG Quality Committee. The CCG Integrated Governance Team regularly review patient experience and staff engagement data from our main provider and safer staffing levels are published on the respective Trust website.

Lewisham & Greenwich Trust website:

<http://www.lewishamandgreenwich.nhs.uk/equality>

Oxleas NHS Foundation Trust website:

<http://www.oxleas.nhs.uk>equality-and-diversity>

NHS Provider	Annual Equality Report published on website	Equality Objectives published on website	Equality Delivery System results published on website	Workforce Race Equality Standard (WRES) published on website.
Lewisham & Greenwich Trust	√	√	√	√
Oxleas NHS FT	√	√	√	√

15. Use of Soft Intelligence & Working with Vulnerable Groups

NHS Greenwich CCG has established two key systems namely the QAMS System – The Quality Alert Management system and PAMs System – The Provider Assurance Monitoring System. The CCG works to ensure soft intelligence is utilised well, together with data from Complaints/MP enquiries/FOI and Ombudsman Reports. Regular Compliance Reports are provided to the Quality Committee, Greenwich Executive Group and the Governing Body.

If themes emerge from any of the above, issues are addressed through Clinical Quality Review Group meetings with the main providers. The Integrated Governance Team have also initiated an Issues Log which come from our clinical leads in their interactions with providers and also other members of staff across the organisation (e.g. contracting teams, performance teams, transformation teams).

The CCG purchased the Quality Alert Management System (QAMS). Traditionally, Greenwich CCG has relied on receiving intelligence from a small number of high-reporting practices. The intention was to get all practices using a simple Web form to quickly inform the CCG of any quality concerns. The system utilises a short, easy-to-use Web form to submit the alert rather than having to download the quality alert template off the intranet and email it to the CCG. QAMS also benefits from providers such as LGT and Oxleas having logins into the system and being able to deal with alerts more quickly, and GP practices should benefit by being able to have a more comprehensive overview of the alerts they raise, and the themes of alerts raised by their peers.

QAMS relies on GP practices to identify one or more individuals – usually GPs and practice managers but also administrative staff and healthcare professionals – to log in and raise an alert to the CCG when an issue occurs related to the quality of services supplied by our provider organisations.

The development of The Provider Assurance Monitoring System (PAMs) to improve quality safety and safeguarding in homes (nursing) across Greenwich provides insight into the most vulnerable members of our community. The majority of people referred to RBG through safeguarding are over 65 years old, often in care homes, tend to be socially isolated and vulnerable. A large proportion suffer from mental health problems or may have a learning disability.

The CCG safeguarding team works to address inequalities for groups that are at most risk. The team are members of the Domestic Violence Joint Commissioning Group. There is an Independent Domestic Violence Advocate within the QEH site, working closely with ED staff and other areas to provide training to staff and rapid access to Domestic Violence services for potential victims.

Safeguarding leads are members of the Tackling Gangs Strategic Group, which aims to identify and consider joint commissioning opportunities to tackle gang activity and aid rehabilitation of gang nominals.

16. Health & Well Being Group

NHS Greenwich CCG has established a Health & Well Being Staff Group which aims to ensure equity for staff in regard to career opportunity and personal development and training as well as the health and well-being of staff employed by the CCG.

Membership of the Health & Well Being Group includes a member of the senior management team, human resources, the CCG's equality lead and a union Equalities Champion. There is wide staff representation as well as a local Unite union representative.

The London Healthy Workplace Charter, backed by the Mayor of London, provides clear and easy steps for employers to make their workplaces healthier and happier. This year NHS Greenwich has been accredited at commitment level for the achievements in improving the workplace environment.

The CCG promotes the Staff Survey year on year as a way of receiving important feedback from staff.

There is a Staff Appraisal process in place for the CCG which gives employees and their line managers' opportunity to review personal development plans alongside achieving personal objectives and maintaining an overview of health and well-being matters of staff.

There is a legal requirement placed on employers to ensure that stress in the workplace is properly managed and that a risk assessment is undertaken. Managers are most likely to undertake the risk assessment and manage stress in the workplace and therefore need to be properly equipped to do so. Therefore the CCG has introduced Stress Awareness for Management Training for all line managers this year

17. Focus for 2016-2017

Equality and Diversity Training for Greenwich CCG staff and Governing Body Members continues to be a part of its Statutory and Mandatory Training

The CCG has refreshed its equalities objectives this year in line with its Operating Plan. It will continue to monitor and report on the progress the CCG is making on its equality

objectives and EDS2 to the Quality Committee and provide an Annual Equality Report to the Governing Body.

18. Training Proposal for Greenwich CCG against Equality Objectives

The Quality Committee has agreed to promote and implement a programme of training during 2016/17. This unfortunately was not achieved during 2016-17 and this was due to the turnover of staff within the CCG during turnaround and the restructure of the CCG. This action will therefore be taken over into 2017-18.

DRAFT