



## Equality & Diversity Strategy

2017 - 2021

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### 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 Act 2010).

## Version Control

Version	Author	Date	Reason for review
1.0	Angelique Kempton	19.09.12	New Strategy
2.0	Carol Berry	11.04.16	Refresh Strategy and Equality Objectives

## Staff or Groups Consulted

This is optional.

Name	Job Title
Patient Reference Group	

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## FOREWORD

We have a vision in Greenwich where people live longer because they are healthier, where the health and services people experience are not determined by age, sex, race or social class and where people are confident that when they use services they will have a first class experience.

NHS Greenwich CCG takes its obligations under Equality Legislation very seriously and aims to provide fair and equitable treatment to, and value diversity in, its staff, patients and visitors. In doing so it aims to ensure that its actions and working practices comply with both the spirit and intention of the Human Rights Act (1998) and the Equality Act (2010) which consolidates existing equality legislation relating to the protected characteristics of age, disability, gender reassignment, marriage & civil partnerships, pregnancy & maternity, race, religion or belief, sex and sexual orientation.

The promotion of equality and achieving the elimination of unlawful discrimination within the organisation is a key priority for us. This will be achieved by ensuring this philosophy of equality runs through all aspects of policymaking, service redesign, service provision and employment and forms part of the operation of the organisation.

The publication of this Equality Strategy reflects this commitment. The Strategy will guide practical work within the organisation aimed at continuing to implement the commitment to equality and as such, will be reviewed and updated on a regular basis. We have involved all stakeholders (including staff, patients, carers, partners and members of diverse communities and their representatives) in the development of this Strategy. We will also ensure that all stakeholders have a real influence in implementing the Strategy in order to achieve real benefits for everyone.

We will continue with our programme of ensuring all staff are trained in recognising and responding positively to equality and diversity issues through our equality and diversity training which includes sessions as part of annual mandatory training. We have agreed a programme of work with the Capital People Project that will cover equality analysis training, Inclusion Champions and the proposed stream of work with the service redesign team on developing and testing out of a template on inclusion and human rights. Equality monitoring is routinely carried out to ensure fair and effective employment practices, including recruitment and selection.



## 1. Introduction

This Equality and Diversity Strategy published by Greenwich Clinical Commissioning Group (GCCG) describes how as a commissioner, we fulfill our moral, social and legal obligations to put equality and diversity at the center of all we do.

It sets out the organisation's approach to equality and diversity; both as an employer and as a healthcare commissioning organisation. It explains and responds to the organisation's statutory duties to promote equality amongst groups of people who have specific protected characteristics, as defined by the Equality Act 2010. The Strategy has been written taking into account the organisation's strategic objectives and aims for delivering equality and fairness to all patients, carers and staff. It sets out how we plan to meet our equality duties and includes areas of work against the 'protected characteristics'.

There are a number of equality based national drivers which impinge on the organisation. These drivers dictate and guide how we commission services to members of diverse communities. Some examples of these equality drivers include:

- The White Paper Equity and Excellence: Liberating the NHS, Department of Health, 2010
- The NHS Constitution, Department of Health, 2009
- Navigating Equality and Diversity: Guidance for the NHS, NHS Employers, 2008
- Human Rights Act 1998
- Human Rights in Health Care – A Framework for Local Action, Department of Health, 2007
- Equality Act 2010

We demonstrate our commitment to equality-based national drivers through providing a health service that respects and responds to the diversity of the local population. We oppose all forms of unlawful and unfair discrimination. This includes not discriminating against groups of people who have specific protected characteristics, as defined by the Equality Act 2010.



## **2. The Legislative Context**

### **2.1. Equality Act 2010 - Public Equality Sector PSED**

The Equality Act received Royal Assent on 8 April 2010. It consolidates, harmonises and consolidates existing equality legislation to ensure that there is no discrimination against groups of people with protected characteristics. These groups are as follows:

- 1) age
- 2) disability
- 3) gender reassignment
- 4) marriage and civil partnership
- 5) pregnancy and maternity
- 6) race
- 7) religion or belief (including lack of belief)
- 8) sex (i.e. gender)
- 9) sexual orientation

The Equality Act 2010 creates a new general duty on the NHS, when carrying out their functions to have due regard to:

- 1) The need to eliminate discrimination, harassment and victimisation
- 2) The need to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not
- 3) The need to foster good relations between people who share a relevant protected characteristic and people who do not (which will therefore cover good relations between people of different faiths and between people who have a religious faith and those who do not).

The Equality Act 2010 places another new duty on NHS and other public bodies to have due regard to the desirability of carrying out their functions, in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.

The Equality Act 2010 provides protection from “prohibited conduct” for groups of people with protected characteristics. Examples of prohibited conduct includes, direct discrimination (including combination discrimination), indirect discrimination, associative discrimination, perceptive discrimination, harassment and victimisation.

The Equality Act 2010 allows positive action to be carried out, as a means by which the NHS can give additional support, to some disadvantaged groups. Some people with protected characteristics are disadvantaged or under-represented in some areas of life or have particular needs linked to their characteristic. They may need extra help or encouragement if they are to have the same chances as everyone else. The positive action provision enables public sector organisations to take proportionate steps to help people overcome their disadvantages or to meet their needs.

## **3. Organisational Overview**

Greenwich has seen unprecedented regeneration over the last two decades and with the rapid increase in new housing. Greenwich has also seen a rapid increase in its population, and this rise is predicted to continue. There has also been a change in the demography of

the population, with significant migration into the borough by people from other parts of the world, most notably Nigeria and other West African countries, Nepal and a number of Eastern European countries such as Poland and Lithuania. Approximately half of the borough's population are now of black and minority ethnic background.

Greenwich still faces real challenges in relation to health of the population, linked to high levels of deprivation especially in the north of the borough and as well as expanding, the population is also ageing. This means that health and care services need to respond to greater numbers of people with higher levels of health need year-on-year.

Through a strong partnership focus on two of the major drivers of poor health in our population, obesity and mental health, we aim to make a significant contribution to the quality of life and opportunities for children and adults across all sections of our community, but especially those living in more deprived areas of the borough whose health is poorest. Making a difference in these areas will improve a wide range of health outcomes for our populations.

We work together to promote and improve the health and wellbeing of our staff within the CCG through the widespread adoption of healthy workplace initiatives, such as the London Healthy Workplace Charter, we will invest time and energy in promoting the physical and mental health of our staff. The CCG recognises and values the critical importance of good health and wellbeing and will equip our staff with the skills and confidence to incorporate preventative approaches effectively into their roles.

We are working proactively to ensure that staff are recruited and retained from all diverse backgrounds, provided with a positive and valuing work environment and given training and support to achieve their maximal career development potential.

#### **4. The Strategy**

The Equality Strategy sets out our commitment to ensuring that equality and human rights are taken into account in everything we do. This includes providing services, employing people, developing policies, and consulting with and involving people in our work, it will enable us to communicate and manage equality commitments, so ensuring that we:

- Maximise our contribution to reducing inequalities in people's health and promoting equality of access to, experience of and outcomes of healthcare
- Become a model employer in respect of equality in employment
- Meet our statutory duty and comply fully with current and future equality and human rights legislation
- Are accessible to all and recognise the need for a diverse workforce that is capable of understanding the needs and culture of its customers and staff.

We are ambitious to deliver our vision for health to the population we serve:

- To secure the best possible health and care services
- Developed in consultation with patients and the public, and in collaboration with health and social care professionals and partner organisations
- In primary care and community settings when possible, and in hospital when necessary to reduce health inequalities and improve health outcomes.

We will engage with:

- Patients
- Carers
- Community and voluntary groups
- NHS South East London staff members

Our Stakeholders will be asked for their views in respect of:

- What they liked about NHS services in Greenwich
- What further improvements NHS Greenwich CCG should make
- How NHS Greenwich CCG should involve and get feedback from everyone

## **5. Our joint strategic goals**

In Greenwich we commission physical and mental healthcare across home, primary, community and acute settings from a variety of NHS, voluntary and independent sector providers.

Our joint strategic goals are the development and improvement of:

- Community-based Care
- Planned Care
- Urgent and emergency care
- Maternity
- Children and young people
- Achievement of Cancer Targets
- Obesity, Diabetes, Dementia, Mental Health and Learning Disability outcomes

## **6. Our Principles**

We will:

- Provide and commission comprehensive and high quality services with equitable access for all, based on clinical need.
- Keep people healthy and work to reduce health inequalities.
- Work continuously to improve quality and safety.
- Make the most effective and sustainable use of resources and staff.
- Treat every patient with dignity and respect.
- Be innovative in designing our services to meet the health care needs of our local population.
- Practice and develop equality and non-discrimination.
- Support and value our staff.
- Work in partnership with others to ensure a seamless service for patients.
- Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance.



## **7. Reviewing and updating the Strategy**

Progress towards meeting commitments is detailed in the Equality Action Plan (see appendix A) and will be reported annually to the Greenwich CCG Governing Body and published. However minor revisions to the document may be made more frequently than this, ensuring that it remains up to date with any future changes in Government policy and legislation.

## **8. Equality Impact Assessment (EIA)**

We aim to design and implement policies, procedures and functions to meet the diverse needs of our service users, population and workforce, ensuring that they receive good access, outcome and experience. We have developed and instigated a rolling Equality Impact Assessment Programme for this purpose and also to ensure that it complies with the general duties referred to in the Equality Act 2010. Policies, procedures and functions of the CCG are impact assessed by Equality, Health Inequality, Quality and Privacy. (See Appendix 4)

## **9. Workforce Monitoring**

The CCG is committed to ensuring that staff are recruited and retained from all diverse backgrounds, provided with a positive and valuing work environment and given training and support to achieve their maximal career development potential. Collection and analysis of workforce statistics by groups of staff with protected characteristics is an important area of the CCG's work.

The CCG carries out analysis of equality based workforce statistics on a regular basis, in order to identify and address any unjustifiable adverse effects. This analysis looks at different Human Resource and Organisational functions, including recruitment, training and development, promotion, grievance, bullying and harassment, capability, conduct and short term and long term sickness.

## **10. Reporting to Stakeholders about the Progress of the Strategy**

The CCG has a range of communication structures in place (including printed publications for staff, patients and public, the organisations website, email, regular meetings, etc.) These means of communication will be used to disseminate to all stakeholders the progress being made on the Strategy.

## **11. Responsibility for Implementing the Strategy and Monitoring its Progress**

The CCG has a Patients Reference Group. The Group is the lead on Equality & Diversity for the CCG. Its purpose is to develop and monitor the Strategy and develop subsequent versions of the Strategy, update activity / action plans and handle enquiries. This group manages the Strategy and reports directly to the CCG's Quality Committee. Progression on the Strategy's Action Plan will be included in the CCG's Annual Report.

## **12. Equality Strategy Action Plan (EDS2)**

The CCG's Equality Strategy Action Plan (see Appendix 1) is based on the Government's Equality Delivery System 2 (EDS2). The EDS2 is aimed at improving the equality performance of the NHS and embedding equality into mainstream business. The EDS2 is about real people making real improvements that can be sustained over time. It

focuses on the things that matter the most for patients, communities and staff. It emphasises genuine engagement, transparency and the effective use of evidence. By using the EDS2 the NHS organisations will be able to meet the requirements of the Equality Act.

The EDS2 aims to help the CCG review and improve its equality performance and to help delivery on our public sector Equality Duty and is aligned to the NHS Outcomes Framework, the NHS Constitution and CQC's Essential Standards. The EDS2 provides the CCG with the mean to help deliver on the CCG's Assurance Framework focusing on continuous improvement in equality performance and tackling health inequality. EDS2 outcomes are matched to CQC's five key questions (safe, effective, caring, responsive, well-led) and will provide evidence of the CCG's oversight on equality. With 18 outcomes, grouped under four goals, as follows:

- 1) Better health outcomes for all
- 2) Improved patient access and experience
- 3) Workforce – the NHS as a fair employer
- 4) Inclusive leadership at all levels.

NHS organisations are expected to rate their performance on each outcome using four levels of grades, as follows:

- Excellent
- Achieving
- Developing
- Undeveloped

How do we get there?

In order to achieve our objective we will need to have

- an agreed strategy and implementation plan
- director level ownership
- transition from current strand activities to cross cutting functional processes
- equality considerations need to be embedded within the routine activities and processes of the CCG and capacity to coordinate EDS2 relevant activities within wider CCG activities

How will we know we are there?

- For patients/service users: The CCG will collect data on all 9 protected characteristics so that we are able to assess the extent to which there is equity in outcomes and patient experience across all groups
- For staff: The CCG will collect data on all 9 protected characteristics so that we are able to assess the extent to which there is equity in leadership development and support offered to staff across all groups.
- EDS and the management of equality business into the mainstream governance structure so that equality considerations will be routine to the clinical and operational activities of the CCG.

**Appendix 1 -**

**EQUALITY OBJECTIVES 2016/20**

Under the Public Sector Equality Duty (PSED) of the Equality Act 2010, Greenwich Clinical Commissioning Group has developed its Equality Objectives for 2016/2020. The purpose of setting objectives is to strengthen our performance of the general equality duty. The development of the equality objectives has been aligned to the business of the organisation and aligned with the Equality Delivery System goals and outcomes.

The purpose of setting specific, measurable equality objectives is to help us to meet the general equality duty, focusing on the outcomes to be achieved. The equality objectives help us to focus attention on the priority equality issues within our organisation in order to deliver improvements in policy making, service/function change, service delivery, employment, and resource allocation.

**Equality Act  
Principle 1:**

**Eliminating unlawful discrimination, harassment and victimisation and any other conduct which is unlawful under the Equality Act 2010**

Objective	Expected outcome	Measureable Actions	RAG rating against Objective	EDS2 Goals
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.	Equality and inclusion consideration are in all our decisions taken at all levels to reduce inequalities for all service users, the population and staff	<ul style="list-style-type: none"> <li>• Carry out Equality Impact Assessment checklists on all the services within NHS Greenwich CCG's QIPP programme.</li> <li>• 6 month Implementation review on all newly commissioned services</li> <li>• Quality Alerts</li> <li>• Provider CQC patient surveys</li> <li>• Friends and Family Tests</li> <li>• Complaints</li> <li>• Contract Monitoring and KPIs</li> <li>• CCG Quality Assurance Visits</li> <li>• JSNA</li> </ul>		1,2
1.2 Ensure appropriate personnel in the organisation are	Staff are competent in undertaking of all future EQIA and	<ul style="list-style-type: none"> <li>• Equality and Diversity Training forms part of the NHS GCCG statutory and mandatory training and is</li> </ul>		3

trained in conducting Equality Analysis	Equality Analysis embedded throughout the CCG, thereby providing clinical commissioners with excellent quality commissioning support.	being monitored for compliance by NHS GCCG's Compliance Manager <ul style="list-style-type: none"> <li>Equality analysis and Human Right Training uptake</li> </ul>		
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**Equality Act protected Principles 2:**

**Advance equality of opportunity between people who share a characteristic and those who do not.**

Objective	Expected outcome	Measurable Action	RAG rating against Objective	EDS2 Goals
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	Access to better coordinated care for all across <ul style="list-style-type: none"> <li>Community Based Care</li> <li>Planned Care</li> <li>Urgent and emergency care</li> <li>Maternity</li> <li>Children and young people</li> <li>Cancer Services</li> <li>Obesity</li> <li>Diabetes</li> <li>Dementia</li> <li>Mental Health and Learning Disability</li> </ul>	<ul style="list-style-type: none"> <li>JSNA</li> <li>Carry out Equality Impact Assessment checklists on all the services within NHS Greenwich CCG's QIPP programme.</li> <li>6 month Implementation review on all newly commissioned services</li> <li>Quality Alerts</li> <li>Provider CQC patient surveys</li> <li>NHS patient surveys</li> <li>GP patients</li> <li>Friends &amp; Family Tests</li> <li>Complaints</li> <li>Contract Monitoring and KPIs</li> <li>CCG Quality Assurance Visits</li> <li>Quality accounts</li> <li>Healthwatch Reports</li> <li>SI reports</li> <li>Feedback from Patient and Public Engagement and Consultation</li> </ul>		1,2,3
2.1 Improve patient access and experience	Patients, carers and communities can readily access hospital community health or primary care services and not denied access on unreasonable grounds.	<ul style="list-style-type: none"> <li>Carry out Equality Impact Assessment checklists on all the services within NHS Greenwich CCG's QIPP programme.</li> <li>6 month Implementation review on all newly commissioned services</li> <li>Quality Alerts</li> </ul>		

	<p>Improved data collection across all 9 protected characteristics</p> <p>The CCG will demonstrate how feedback from patients and carers is reflected in service delivery of providers</p>	<ul style="list-style-type: none"> <li>• Provider CQC patient surveys</li> <li>• Friends and Family reports</li> <li>• Complaints</li> <li>• Contract Monitoring and KPIs</li> <li>• CCG Quality Assurance Visits</li> <li>• A&amp;E and other waiting times surveys</li> <li>• Feedback from Patient and Public Engagement and Consultation</li> </ul>		
<p>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</p>	<p>Staff are culturally competent to recognise and discuss equalities issues with patients that may have an impact on the care they receive and accept</p> <p>Accessible information for patients for whom English is not their first language, who have visual impairment, and who have a learning disability</p> <p>Improved recording of protected characteristics particularly those where recording is lowest e.g. sexuality</p> <p>Positive experiences by protected groups is on par to those reported by patients as a whole</p>	<ul style="list-style-type: none"> <li>• Real time feedback/engagement</li> <li>• Provider CQC patient survey</li> <li>• NHS National Patient Survey</li> <li>• Quality Alerts</li> <li>• Complaints</li> <li>• CCG Quality Assurance Visits</li> <li>• Friends and Family Reports</li> </ul>		

Equality Act Foster good relations between people who share a protected characteristic and those who do not.  
 Principle 3:

Objective	Expected outcome	Measurable Actions	RAG rating against Objective	EDS2 Goals
3.1 Work with stakeholder organisations to develop and improve services	Active and engaged patient groups representing patients from national services in service changes and improvements	<ul style="list-style-type: none"> <li>• Engagement Actions Plan</li> <li>• Patient Reference Group attendance</li> <li>• Development of Patient Participation Groups</li> </ul>		1,2,4
3.2 Improving Communications with people with learning disability and groups who's voices are seldom heard.	Improved awareness of NHS services leading to better access and health outcomes. More effective communication with patients irrespective of their backgrounds	<ul style="list-style-type: none"> <li>• Engagement Actions Plan</li> <li>• Real Time Feedback</li> <li>• Providers CQC patient surveys</li> </ul>		1,2,4

## Appendix 1 - Equality and Diversity Scheme 2 (EDS2) Action Plan 2016/17

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 and what the CCG currently uses What data provider provide 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 KPI's 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 planning	Integrated equality objectives and EDS2 Goals and Outcomes within organisations' mainstream business planning processes and considerations documented in CCG plan/strategies/reports	March 2017	Equalities Working Group  AD Quality & Governance	Annual

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 of 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 contract monitoring. As a result during 2016/17 KPI's 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 CCGs 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.



## Forward view of EDS2 2017/18

### Goal 1: Better Health Outcomes

	Outcome	Grade	Suggested Future Evidence
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	JSNA Cancer network EIA LGT on Cancer Care Operating Plan (to include reference to 9 protected characteristics) Equality Analysis report on orthopaedic care OHSEL – Quality Committee and engagement plan QIPP QIA/EIA's business cases NHS patient survey Corporate Strategies QIPP business cases Quality Accounts Friends and Family Tests
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Developing	Maternity Network QIPP on CHC assessments Oxleas engagement LGT Engagement of protected groups CQRG equality reports Oxleas carers Strategy Lead on Mental Health and Learning Disabilities. Quality Accounts JSNA Friends and Family Test
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing	Engagement Strategy Engagement plan Quality Accounts Friends and Family Tests Serious Incident reports
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing	CQRG's QAMS Joint safeguarding Group Risk Registers Serious Incidents Complaints PAMS Safeguarding post CQC reviews NHS England Safeguarding Audits
1.5	Screening,	Developing	Health Protection Committee RBG

	vaccination and other health promotion services reach and benefit all local communities		evidence D Pinnsion JSNA Health & Social Care Information Centre Health Promotion and Health Protection publications
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## Goal 2: Improved patient access and experience

	Outcome	Grade	Suggest Future 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	Developing	TAP IFR QIPP QIA/EIAs Oxleas Carer Strategy Engagement on Access NHS Patient Survey GP patient survey A&E waiting times Quality Reports Healthwatch Reports
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing	CQC Safeguarding Review Joint Safeguarding Group Andrew/Anita to provide evidence. NHS Patient Surveys GP Patient surveys Quality reports Healthwatch
2.3	People report positive experiences of the NHS	Developing	Carers Strategy from Oxleas / LGT Provider Annual Reports
2.4	People's complaints about services are handled respectfully and efficiently	Developing	Provider Complaint reports through CQRGs (Timeframes) Case Study

### Goal 3: A representative and supported workforce

	Outcome	Grade	Suggested Future Evidence
3.1	A representative and supported workforce	Achieving	CCG WRES & Action Plan LGT WRES & Action Plan Oxleas WRES * Action Plan NHS Staff Survey Local workforce Data and Surveys Review of recruitment and selection processes
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	Developing	Agenda for Change evidence Equal pay Audits
3.3	Training and development opportunities are taken up and positively evaluated by all staff	Developing	NHS Staff Surveys, local NHS workforce data and surveys. Data on take up and evaluation of local training and development opportunities CQC inspection reports
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	NHS Staff survey local NHS workforce data and surveys and the monitoring of grievance and disciplinary procedures. CQC inspection reports
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	Flexible Working Policy NHS staff survey NHS workforce data and surveys CQC inspection reports
3.6	Staff report positive experiences of their membership of the workforce	Developing	NHS Staff Survey NHS Workforce data and survey CQC inspections reports

**Goal 4: Inclusive Leadership**

## Goal 4: Inclusive Leadership

	Outcome	Grade	Suggested Future Evidence
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing	CQC inspection (Well Led) Participation in Board Leadership Programmes for equality and active promotion of equality based initiatives for services and the workforce including local mentoring schemes Equalities Champions
4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing	Substantive papers discussed at the Governing Body Meetings or other major committees. QIA/EIA QIPP business cases. All CCG policy are subjected to an EIA checklist CQC Inspection report (Well Led)
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	NHS Constitution (rights & pledge) CQC Inspection reports (well led) NHS Staff Survey NHS Workforce data and surveys Equalities Champions



## **Appendix 2 – Workforce Race Equality Scheme (WRES) Action Plan**

### **Background:**

The Five Year Forward View sets out a 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 in its workforce. The Workforce Race Equality Standard (WRES) is a mandatory standard 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 the 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 providers 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 is required to be submitted via Unify by **1<sup>st</sup> August 2016**, on approval of its Governing Body.

## 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	To be incorporated in to wider training programme for Equalities in line with Equalities Annual Report.
2	Leadership on WRES  Integrated Governance Directorate Lead the Annual Process	Director of Integrated Governance  (Compliance Manager)	July 2016	Leadership by Integrated 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	Director of Integrated Governance  (HR)	Dec 2016	To include Governing Body members, CPLs, Syndicate Leads.

	should cover both workforce data and staff survey data.			
<b>Number</b>	<b>Action</b>	<b>Action owner</b>	<b>To be completed by</b>	<b>Comments</b>
<b>5.</b>	<p><b>Carry out data analyses on staff employed:</b></p> <p>Regular reports on workforce to Greenwich Executive Group</p>	<p><b>Director of Integrated Governance</b></p> <p><b>(Analytics &amp; HR)</b></p>	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.
<b>6.</b>	CCGs in SEL may wish to consider a joint action plan based upon an amalgamated report in the future	<p><b>Director of Integrated Governance</b></p> <p><b>(Governance/Quality Leads)</b></p>	Dec 2016	Governance Leads to explore this option with SEL governance leads.



### Appendix 3 - Equality & Equity Impact Assessment & EDS2 Checklist

This is a checklist to ensure relevant equality and equity aspects of proposals have been addressed either in the main body of the document or in a separate equality & equity impact assessment (EEIA)/ equality analysis. It is not a substitute for an EEIA which is required unless it can be shown that a proposal has no capacity to influence equality. The checklist is to enable the policy lead and the relevant committee to see whether an EEIA is required and to give assurance that the proposals will be legal, fair and equitable.

The word proposal is a generic term for any policy, procedure or strategy that requires assessment.

	Challenge questions	Yes/No	What positive or negative impact do you assess there may be?
1.	Does the proposal affect one group more or less favorably than another on the basis of:	No	
	• Race	No	
	• Pregnancy and Maternity	No	
	• Sex	No	
	• Gender and Gender Re-Assignment	No	
	• Marriage or Civil Partnership	No	
	• Religion or belief	No	
	• Sexual orientation (including lesbian, gay bisexual and transgender people)	No	
	• Age	No	
	• Disability (including learning disabilities, physical disability, sensory impairment and mental health problems)	No	
2.	Will the proposal have an impact on lifestyle? (e.g. diet and nutrition, exercise, physical activity, substance use, risk taking behavior, education and learning)	No	
3.	Will the proposal have an impact on social environment? (e.g. social status, employment (whether paid or not), social/family support, stress, income)	No	
4.	Will the proposal have an impact on physical environment? (e.g. living conditions, working conditions, pollution or climate change, accidental injury, public safety, transmission of infectious disease)	No	
5.	Will the proposal affect access to or experience of services? (e.g. Health Care, Transport, Social Services, Housing Services, Education)	No	

By using evidence and insight to assess and grade our equality performance, NHS Greenwich can generate much of the information we will require to demonstrate compliance with the PSED. The checklist is to enable the policy lead and the relevant committee to see if a particular policy or project will provide the relevant evidence to assist NHS Greenwich CCG meet the set out EDS goals to achieve better outcomes for patients and staff. Please assess your policy, project or service against the following:

The goals and outcomes of EDS2			
		Description of outcome	Yes/ No
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	No
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	No
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	No
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	No
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	No
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	No
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	No
	2.3	People report positive experiences of the NHS	No
	2.4	People's complaints about services are handled respectfully and efficiently	No
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	No
	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	No
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	No
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	No
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	No
	3.6	Staff report positive experiences of their membership of the workforce	No
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	No
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	No
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	No
Policy Author		<b>Signature:</b>	<b>Date:</b>
Equalities Lead		<b>Signature:</b>	<b>Date:</b>