

## Equality and Diversity Report 2016/17

### Introduction

This report sets out the way in which BWCCGs fulfil the responsibilities arising from the Equality Act 2010 and meet their obligation to publish relevant, proportionate information showing compliance with the Public Sector Equality Duty each year.

### Public Sector Equality Duty

The Public Sector Equality Duty came into force in April 2011. It requires the CCGs, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

The duty covers the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation, marriage or civil partnership status.

### Equality Delivery System

The CCGs have adopted the NHS Equality Delivery System (EDS2) as their performance toolkit to support them in demonstrating compliance with the Public Sector General Equality Duty.

Within the EDS2 there are eighteen outcomes, grouped under the following four areas:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

Throughout the year, the CCGs aim to embed equality and inclusion into the work they undertake. This includes engaging and involving local people in decision making, undertaking effective equality analysis prior to decisions being made, buying the best healthcare to meet local people's needs and monitoring the performance of healthcare providers including their compliance with equalities legislation. This work is captured within

the EDS toolkit and assessed as to the extent it supports the required outcomes. The most recent self-assessment is attached at Appendix 1, and further information about the CCG's approach to equalities responsibilities with regards to its work and workforce is in the paragraphs below.

## **The CCGs' work**

### Commissioning

The CCGs are committed to meeting their obligation to ensure non-discrimination in access to all their commissioned services, and to ensure that commissioning practices are fair, accessible and open, and are appropriate for the local communities served. Information on the demographic profile of the CCGs is drawn from a variety of reports - including the Joint Strategic Needs Assessment, the Public Health Directors' Reports for Berkshire, and the Office for National Statistics Census Report – and considered when commissioning decisions are made.

Quality and Equality Analyses are required elements of the development process for QIPP schemes and the pathway for commissioning decisions.

### Engagement

The CCGs aspire to be systematic in how they engage people in the development of their commissioning intentions and they do this through a series of engagement events, including public meetings and stakeholder events. This year, a particular focus has been our Seldom Heard programme, designed to establish relationships with groups who may experience barriers to accessing services or are under-represented in healthcare decision making.

The results of our engagement work are now also reported to Quality Committee, to ensure the learning is heard at the right place within the organisation to be acted upon.

### Provider assurance

The CCGs require providers to meet equality and diversity legislative requirements as part of the procurement process for new or revised commissioning contracts. The CCGs has a regular programme of meetings 'Clinical Quality Review meeting (CQRM) with providers looking at Quality Indicators including mixed sex accommodation breaches and Incidents where patient safety was compromised, including incidents of abuse, harassment, bullying and violence, across the protected characteristics.

We also monitor provider performance under the Workforce Race Equality Standard. Performance figures are created at provider-level, looking at the difference between White and BME staff experiences at work as expressed via the NHS Staff Survey. CCG action to encourage progress includes:

- Monitoring and supporting provider organisations, through inclusion in contract of requirement to implement WRES and provide an annual report.
- Demonstrating leadership within the CCG by:

- o ensuring robust systems for collecting, challenging and analysing workforce data
- o reviewing workforce data at relevant committees
- o establishing a staff survey to address underreporting of ethnicity, allow comparison of staff experiences between white and BME staff, and identify areas of concern

**The CCGs’ workforce**

The CCGs aim to be a progressive and inclusive employer and look to ensure that recruitment, selection and training policies and practices are fair and equitable, and that their workforce is protected from any discrimination linked to protected characteristics.

Information is collected on a quarterly basis on the CCGs workforce including against the protected characteristics. As the CCGs employ less than 150 staff we are not required to make this information public.

Workforce data is reviewed by the Remuneration Committee, who may direct or recommendation action on the basis of concerns. Following the Committee’s identification of data gaps, the CCGs have this year instituted a staff survey with a particular focus on addressing underreporting of certain protected characteristics (religion, ethnicity and sexual orientation) and workplace experience in relation to those characteristics. This has provided indications of areas for attention, and a baseline against which to measure the impact of action taken by the CCGs.

The CCG has in place, and has implemented, a number of workforce related policies that support and protect staff from discrimination, harassment, bullying and victimisation. All policies are regularly reviewed to ensure that they remain in line with legal requirements and consistent with best practice.

This year, the CCGs held a review of flexible working arrangements to identify any inconsistencies in the application of the flexible working policy, and analyse whether any such inconsistencies might be connected with protected characteristics in the applicants. The aim of the CCGs is to support people to manage the demands of work with the requirements of their diverse personal circumstances.

**The CCGs’ equality objectives**

As required by the Public Sector Equality Duty, the CCGs developed equality objectives, building on the four goals of the EDS, and using the views, observations and comments of patients, carers and members of the public via our processes of engagement and outreach.

Goals	Objective
1. Better health outcomes for all	1. Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within Provider contracts.

Goals	Objective
	2. Increasing awareness of the Equality agenda for CCGs and their Membership practices.
2. Improved patient access and experience	3. Improve equality data collection across all protected characteristic groups and use this to inform service developments.
3. Empowered, engaged and included staff	4. Improve training and development opportunities for staff at all levels for equality, diversity and human rights.
4. Inclusive leadership at all levels	5. Ensure Board members and senior and middle managers have an understanding of equality, diversity and human rights so that equality is advanced within the organisation.

The objectives remain valid until 2017, and therefore a focus for 2017 will be to refresh these and develop a plan for measuring progress against their delivery, working in partnership with the communities we serve.

## Appendix 1 Self-assessment against EDS2

Goal	Outcome	Evidence	Initial Grading
Better Health Outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the needs of local communities	The commitment to equality and diversity is made in each individual CCG commissioning Strategy and services are contracted using the standards NHS contract template which includes Equality and Diversity in schedule (SC13). Project plans and Procurement of new services include a requirement to complete an equality impact assessment when appropriate. Patient Engagement Lay members attend Programme Boards to assure the Governing Body the patient voice is considered as part of the commissioning process. Flagship schemes are discussed at major engagement events, such as Call to Action and Patient Voice meetings, and the Reading Patient Engagement Strategy Group to ensure patients' views where possible are incorporated into the decision making process.	Developing
Better Health Outcomes	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	General health needs are assessed in the Local Authority Public Health Joint Strategic Needs Assessment (JSNA) produced for each CCG. The JSNA identifies the local health needs of several key groups specifically: sex, age, pregnancy & maternity, disability & learning disability and ethnicity. The CCGs have used this data and other data sets such as the NHS Atlas and Commissioning for Value packs to inform their individual commissioning priorities. The data produced from the Friends and Family test provides the CCG with feedback from individual patients on their direct experience of health care. Providers are required to share their patient experience reports on a quarterly basis, outlining patient feedback from all sources and actions taken to embed learning. The CCG works closely with partners such as HealthWatch who advise regarding particular needs for specific members of the population. For example, we are working with Reading Local Authority, Royal Berkshire Hospital and NHS England to improve interpretation and translation services for the ex-Ghurkha community. For example, South Reading and N&W Reading CCGs have recently produced 'appointment cards' for members of the Gurkha population to make accessing health services easier. The childhood 0-5 health booklet is	Developing

		<p>available online as audio in the different ethnic languages of Reading. We have undertaken a community engagement event to promote the signs and symptoms of tuberculosis to our patient population. In addition, we are working with West Berkshire Council to increase the number of people who are at a healthy weight including a focus on child hood obesity which is one of our priorities in our Health and Well Being Strategy.</p>	
<p>Better Health Outcomes</p>	<p>1.3 Transitions from one service to another, for people on care pathways are made smoothly with everyone well informed.</p>	<p>The CCGs have been working with our Unitary Authorities through the BCF integration work, aiming to improve liaison between health and social care. Examples of this work include 'time to decide beds' in Reading which help smooth the transition from hospital care back to home or to the most suitable place for rehabilitation and onward care and 'step down beds' being used for mental health services to assist with discharge from hospital to community transition. Wokingham also has a "step up, step down beds" scheme. The CCGs have developed a CQUIN with BHFT for 2015/16 for transition. This will aim to improve transition from children to adult services across physical and mental health specialties. There is also now a Specialist Children Nurse post, hosted by RBH for Thames Valley to assist child to adult service transition. The CCGs are currently reviewing national transition specifications for CAMHS</p>	<p>Developing</p>

Better Health Outcomes	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Quality support is purchased from the Central South Commissioning Support Unit (CSCSU). The CSU quality team, working closely with the CCG Nurse Director (Executive lead Quality) monitor the Trusts performance against quality metrics as defined in our quality strategy, the quality schedules and CQUINs for all providers of services we commission. The 4 Governing bodies delegate quality assurance to the Berkshire West Quality Committee, which provides assurance to the Governing Bodies through a chairs report. In addition, a monthly quality dashboard is presented and a monthly performance report. Serious incidents are reported on the Strategic Executive Information System (SEIS) which records gender, age and ethnicity. Reports are also received by the quality committee from Healthwatch providing information from individual patients on the care they have received. The Berkshire West CCGs plan to develop a system to enable GP concerns about quality of patient hospital & community care to be investigated? This is being led by North and West Reading CCG as a local priority. Local GPs are involved in reviewing clinical concerns raised with our local acute hospital via an email address to identify themes and areas requiring further investigation. The CCG Nurse Director is developing a primary care quality dashboard that will be presented to the Joint Primary Care Commissioning Committee.	Achieving
Better Health Outcomes	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	The CCGs are not directly responsible for screening, vaccination and health promotion services. General information on uptake levels is available, but CCGs do not have data on take up by characteristics. Trusts are monitored for their flu vaccination staff uptake and RBFT are monitored on the BCG immunisation data. South Reading CCG is working with its local children's centres to promote the value of immunisations to our local patient population. Where it has been necessary in order to support better health outcomes, the CCG worked with other agencies to promote screening programmes, for example Wokingham CCG is promoting the invitation of eligible patients for the NHS Health Check. and North and West Reading has been working to increase bowel cancer screening rates through GP practice and media activities.	N/A

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 reasonable grounds	The core requirement for equal access is indicated in the NHS Contract (SC 13). The CCGs monitor access in several areas as part of the NHS constitution	Developing
Improved patient access and experience	2.2 People are informed and supported to be involved as they wish to be in decisions about their care	The CCG uses information from NHS Patient surveys, Patient Advice and Liaison Service (PALS) trends reports, GP survey and the friends and family test to monitor the level of satisfaction and involvement of patients in their own care. The GP Practices have patient participation groups and representation from patient voice groups for each of the CCGs. The CCGs use these patient voice groups as well as feedback from healthwatch at our quality committee to monitor patient satisfaction of the care they have received. The Reading CCGs have worked with NHS England and Reading College to place health and social care students into GP practices for work experience. Their focus has been on the local delivery and usage of the Friends and Family Test, improving waiting room signage for patients and improving links with their local Patient Participation Groups CCGs also support practices to proactively improve the care of patients aged 75 and over who are at risk of an unplanned admission via risk stratification and care planning and to ensure that when appropriate carers are involved. The CCGs hold regular events which allows members of the public to speak directly to GPs as commissioners around topics identified as important either by themselves or in the the JSNA as areas where the CCGs need to change existing or commission new services. The Reading CCGs have formed a strategic forum in collaboration with other stakeholders, reporting directly to their governing bodies to actively plan effective engagement activities across the local health economy. CCGs are also introducing ways in which to guide people through the health and social care system. Wokingham has developing a Volunteer Community Navigator scheme to help people to access the information they need and find appropriate local voluntary and	Achieving

		community services that can support them.	
Improved patient access and experience	2.3 People report positive experiences of the NHS	Patient views are monitored by the CCGs through the results of the friend and family test, NHS patient surveys, Patient Advice and Liaison Service (PALS) trends reports, NHS choices, patient voice groups, feedback from GPs through a clinical concerns mailbox and local consultations. The feedback is reviewed through the Berkshire West Quality Committee and then reported by exception to Governing bodies. The Nurse Director for the CCGs carries out quality assurance visits to clinical services across providers throughout the year, which provides an opportunity to receive direct patient feedback. Reports from these visits are sent to providers and reviewed by the BW Quality Committee	Developing
Improved patient access and experience	2.4 Peoples complaints about services are handled respectfully and efficiently	The CCGs have an approved Complaints Policy in place and a complaints service commissioned from the CSU. All people making complaints are sent an equality and diversity return form to assist data collection. Healthwatch and the independent advocacy service, SEAP, also provide feedback to the CCGs where they have supported members of the public.	Developing

A representative and supportive workforce	3.1 Fair NHS recruitment and selection process lead to a more representative workforce	The CCG follow the Fair NHS recruitment process and have a recruitment and selection policy in place. Applications via NHS jobs include equalities monitoring for 7 of the 9 protected characteristics. Candidate/appointee profile data analysis takes place annually. Equalities information for successful candidates is then pulled into Electronic Staff Record (ESR) system, where provided. Applicants have the option not to disclose their protected characteristics. A data cleanse exercise was completed for the CCG's by the CSCSU in 2013/2014 to establish equal opportunity and monitoring information that may not have been provided or transferred by the Primary Care Trust. Again this can only be collated where provided. Employees also now have access to Self Service to update their personal details, including 2 of the protected characteristics directly on ESR.	Achieving
A representative and supportive workforce	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	Job evaluation and banding is consistent with the Agenda for Change process and staff are employed on Agenda for Change terms and conditions, which has predetermined salaries aligned with the band of a role.	Achieving
A representative and supportive workforce	3.3 Training & Development opportunities are taken up and positively evaluated by staff	Staff are required to complete mandatory training, with a requirement that there is full compliance annually and the CCGs have an approved policy in place and a process for reviewing data and ensuring full compliance. An equality and diversity module is included in the statutory and mandatory training requirements. Equality and Diversity training is delivered to all 4 Governing Bodies on a 3 yearly cycle. All staff receive an annual appraisal and a personal development plan is produced through this process. The CCGs are committed to supporting our staff in accessing any training outlined in their PDP.	Achieving
A representative and supportive workforce	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	The CCGs are committed to ensure staff, when at work are free from abuse, harassment, bullying and violence from any source. The CCG has a Zero Tolerance Statement, a Bullying and Harassment Policy and a Grievance Policy. Policies are available for all staff to access on the ConSultHR portal and staff are able to seek advice from HR.	Achieving

A representative and supportive workforce	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	All staff are able to request flexible working in accordance with the CCGs Flexible Working Policy which is in line with legislation and best practice. All requests are carefully considered in line with the policy and the organisational needs. The Flexible Working Policy is available on the ConSultHR portal and staff are able to see advice from HR.	Achieving
A representative and supportive workforce	3.6 Staff report positive experiences of their membership of the workforce	The CCGs plan to commission staff survey to be undertaken by the CSU. Findings will be reported through the Quality Committee	Underdeveloped
Inclusive Leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Papers to the Governing Bodies and the Berkshire West Clinical Commissioning Committee have been presented on a number of subjects covering age, gender, maternity and disability. The CCGs have agreed to sign up to the EDS and subsequently EDS2 and approved objectives, delegating the responsibility for monitoring progress against these objectives to the BW Quality Committee. EDS performance from providers of commissioned services are also monitored through the Quality Committee and a Berkshire Wide Equality and Diversity workshop was held in September 2013, to present objectives and priorities and jointly engage stakeholders. In 2015 the CCGs commissioned the CSU to undertake an audit of our current work and to make recommendations to Governing Bodies. The CSU has now been commissioned to produce an implementation plan for the recommendations to be taken forward.	Developing
Inclusive Leadership	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	The CCGs have a Policy on Policies which requires that papers to be assessed for whether they require an equality impact assessment (EIA). The Governing Body Assurance Framework links risks to strategic aims. The Governing bodies have monthly quality and performance reporting which highlights areas of concern regarding access, safety and meeting the constitution. A Project Initiation Document template has been created which includes a Quality and Equality Impact Assessment section - completion of this is required for all new projects.	Developing
Inclusive Leadership	4.3 Middle managers and other line managers support their staff to work in competent ways within an environment free	All staff across the CCG are required to undertake the mandatory Equality and Diversity training irrespective of grade and role. The CCGs were not involved in the staff survey this year. Staff are expected to comply with the CCG EDS Strategy.	Developing

	from discrimination		
--	---------------------	--	--