

Equality & Inclusion Annual Report

2016/17



NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group

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Foreword

This report sets out how the Clinical Commissioning Groups (CCGs) have performed in meeting its legal duties set out in the Equality Act 2010.

We are committed to ensuring that Equality, Inclusion and Human Rights is a central core to business planning, staff and workforce experience, service delivery and community and patient outcomes. Improving access to services is one mechanism to combat health inequalities, another is involving people in decisions surrounding their own healthcare and treatments and also improving people's experiences of the services we provide. Getting this right is at the heart of providing a patient-led service and ensuring that we treat people with respect, dignity and fairness.

Since our inception as CCGs, we have progressed with our plans for equality and reducing health inequalities in Redditch and Bromsgrove CCG , Wyre Forrest CCG and South Worcestershire CCG. We have been building our annual portfolio of evidence through a variety of functions to achieve compliance with our duties as a public sector body under the Equality Act 2010. We must continue to value difference and promote equality, and ensure that all individuals, whether staff or patients, have a high quality caring experience of NHS services. We are keen to commission the right health care services, by having well-trained staff who can ensure that our Providers meet the equality duties set out in the Equality Act 2010.

We have also developed our engagement processes, ensuring that our patients remain at the heart of everything we do. We have embraced the NHS sponsored Equality Delivery System 2 and work is in progress, as evidenced in this report, to continually to look at improving our function for the diverse staff that we have and the diverse population that we serve.

Simon Tricket

Interim Chief Officer

NHS Redditch & Bromsgrove CCG

NHS Wyre Forest CCG

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Accountable Officer

South Worcestershire CCG

1.0 Introduction

This is a joint Equality, Inclusion and Human Rights report covering Wyre Forest, Redditch and Bromsgrove and South Worcestershire CCGs. This report sets out how the CCGs have been demonstrating 'due regard' to the Public Sector Equality Duty and will provide evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information annually.



'Fairness'
'Respect'
'Dignity'
'Inclusion'
'Diversity'
'Empowerment'
'Equality'

1.1 What is 'due regard'?

Case law sets out broad principles about what public authorities need to do to have due regard to the aims set out in the general equality duties. These are sometimes referred to as the 'Brown principles' and set out how courts interpret the duties. They are not additional legal requirements but form part of the Public Sector Equality Duty as contained in section 149 of the Equality Act 2010.

In summary, the Brown principles say that Decision-makers must be made aware of their duty to have 'due regard' and to the aims of the duty in relation to the nine protected characteristics.

- Due regard is fulfilled before and at the time a particular policy that will or might affect people with protected characteristics is under consideration, as well as at the time a decision is taken.
- Due regard involves a conscious approach and state of mind. A body subject to the duty cannot satisfy the duty by justifying a decision after it has been taken. Attempts to justify a decision as being consistent with the exercise of the duty, when it was not considered before the decision, are not enough to discharge the duty. General regard to the issue of equality is not enough to comply with the duty.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.

- The duty has to be integrated within the discharge of the public functions of the body subject to the duty. It is not a question of 'ticking boxes'.
- The duty cannot be delegated and will always remain on the body subject to it.
- It is good practice for those exercising public functions to keep an accurate record showing that they had actually considered the general equality duty and pondered relevant questions. If records are not kept it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by the equality duties.

1.2 A Local Context

In Worcestershire there are three Clinical Commissioning Groups (CCGs) namely – Wyre Forest CCG, Redditch and Bromsgrove CCG and South Worcestershire CCG,.

- Wyre Forest serves 112,000 patients throughout 12 Practices with a budget of £127 million.
- South Worcestershire serves 292,000 patients throughout 32 Practices with a budget of £326 million
- Redditch and Bromsgrove serves 170,000 patients throughout 22 Practices with a budget of £201 million

1.2.1 Wyre Forest CCG

The CCG consists of 12 GP Practices located within North-West Worcestershire. As at 31 March 2016 the Practices have a total registered population of just over 114,574 patients. The population profile drives commissioning requirements, and commissioning decisions are based on a sound understanding of local needs.

The GP Practices are broadly within the geographic boundary of Wyre Forest District Council, which covers the three main towns of Kidderminster, Bewdley and Stourport-on-Severn and several surrounding villages including Arley, Rock, Chaddesley Corbett, Cookley and Wolverley.

Hagley Surgery is the only practice located outside the Wyre Forest District Council geographical area but has a long association with the GPs in this area and is part of the NHS Wyre Forest CCG. In addition, a significant number of the people living in Hartlebury, although outside the main geographical area, are registered with Wyre Forest based practices.

- There is a relatively large older population; compared to the other CCGs across the country. The locality has one of the highest proportions of people aged 65 and over and the lowest proportions of 0-19 and 20-64 year olds
- The proportion of children in year 6 who are overweight or obese is 36.6% compared with 33.3% nationally, this is significantly above the national average
- Recorded prevalence of asthma, chronic heart disease, hypertension and stroke are all higher than the national average.

1.2.2 Redditch and Bromsgrove CCG

The CCG covers a geographical area predominantly within the geographic boundaries of Redditch Borough Council and Bromsgrove District Council, located within North East Worcestershire and within the Worcestershire County Council boundary. This includes the towns of Redditch, Bromsgrove, Hollywood, Barnt Green and Wythall. The 22 member practices have a total registered population of just over 174,921, which is approximately 30% of the overall population of Worcestershire. In line with the statutory duties the CCG has contributed to the development of the JSNA with partners from Worcestershire County Council. The Joint Strategic Needs Assessment (JSNA) sets out a number of key messages about the nature of the population the CCG serves and which informs organisational commissioning plans, specifically:

- Relatively youthful population: compared to the other CCGs, the CCG have has lowest proportion of people aged 65+ and the highest proportion of 0-19 year olds

- There is considerable variation in deprivation in the area and four Super Output Areas (all in Redditch) are in the most deprived 10% nationally
- Mortality rates in the CCG tend to be close to or slightly higher than the county average.

1.2.3 South Worcestershire CCG

The CCG serves patients registered with general practices located across South Worcestershire. As at 31 March 2016 302,015 patients were registered with South Worcestershire GPs.

In line with the statutory duties the CCG has contributed to the development of the JSNA with partners from Worcestershire County Council. The JSNA sets out a number of key messages about the nature of the population served and which informs organisational commissioning plans, specifically:

- Compared to the other areas in the county, there is a slightly greater proportion of people aged 65 or more living across South Worcestershire, which is a relatively healthy area compared to the average for England and Wales
- Deprivation levels in general are not high although there are some notable pockets of deprivation
- In comparison to the rest of England, life expectancy for males at 75 in South Worcestershire is comparable to the national average
- For females at 75 the picture is markedly different with life expectancy varying across the South Worcestershire area
- Death rates from the major killers - heart disease, stroke and cancer - are below national rates and have been declining.

For full access to the Joint Strategic Needs Assessment for 2016 please click on the following link:

http://www.worcestershire.gov.uk/downloads/download/571/joint_strategic_needs_assessment_summaries

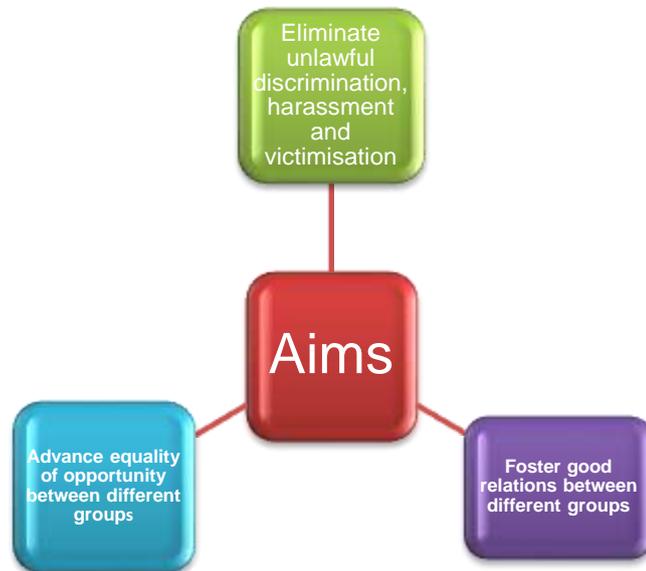
1.3 Workforce Profile

Wyre Forest CCG, Redditch and Bromsgrove CCG and South Worcestershire CCG are dynamic organisations with 132.23 staff, as of 31st August 2016, of which 41.23 are part-time. The organisations have robust policies and procedures in place which ensure that all of the staff are treated fairly and with dignity and respect. The organisations are committed to promoting equality of opportunity for all current and potential employees. The CCGs are aware of the legal equality duties as a public sector employer and service commissioner and have equality and diversity training in place for all staff. Training sessions have taken place in 2016 and further training will be scheduled throughout 2017 so that all staff will have had face to face training in addition to online training for Equality, Inclusion and Human Rights. Two of the respective Boards of the CCGs have undertaken training in 2016 and are aware of their roles and responsibilities under the respective statutory Acts. All three Boards will have completed Equality training by the end of 2017.

Wyre Forest CCG, Bromsgrove and Redditch CCG and South Worcestershire CCG oppose all forms of unlawful and unfair discrimination and will ensure that barriers to accessing services and employment are identified and removed, and that no person is treated less favourably on the grounds of their race, ethnic origin, sex, disability, religion or belief, age, sexual orientation, transgender status, marital or civil partnership status, HIV status, pregnancy or maternity, domestic circumstances, caring responsibilities or any other relevant factor.

2.0 Compliance with the Public Sector Equality Duty

The CCGs 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:

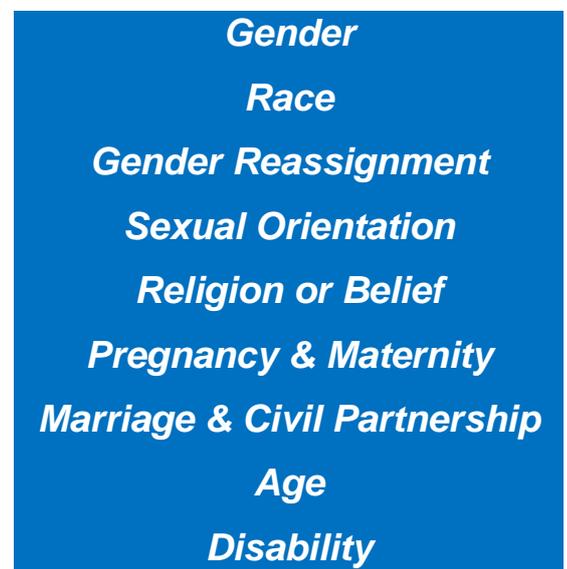


Through the adoption of the NHS Equality Delivery System 2 (EDS2) the CCGs will be able to demonstrate to the people on how they are meeting the three aims of the equality duty. Information on the EDS2 is highlighted further on in this report

2.1 Protected Characteristics

The general equality duty covers the following protected characteristics: age (including children and young people), disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. People who are considering, undergoing or have undergone gender reassignment.

Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. This means that the first aim of the general equality duty applies to this characteristic but the other two aims do not. This applies only in relation to work, not to any other part of the Equality Act 2010.



2.2 Equality Inclusion and Risk Assessment (EIRA) Process

The EIRA toolkit is a systematic way of finding out whether a policy, project or service has a discriminatory impact on staff, patients and the public. The EIRA toolkit has been developed for the use of CCGs which will help the organisations to identify potential and actual inequalities thus enabling the service proposed to be more inclusive of groups who are seldom heard and will equip staff to respond appropriately to any inequalities identified.

The CCGs have communicated to staff on the importance of undertaking EIRAs at the time of developing and reviewing policies and redesign of services. To equip staff with the necessary skills in undertaking the EIRAs, one to one training has been established for staff that are responsible for policy development and service redesign.

The following process has been developed for use by commissioners in the application of the Public Sector Equality Duty (PSED) in decision making:

Stage 1 – Screening

This consists of a detailed checklist which acts to indicate the likely impact that any proposal could have on protected groups also known as people with “Protected Characteristics”. The screening would be completed by staff who have knowledge of the subject matter and who are familiar with the process. If the proposed service, function or policy is likely to have a significant impact on one or more of the nine protected characteristics, the Stage 1 process can be circumvented for the more evidence based Stage 2 assessment.

Stage 2 - Full assessment

This requires the collation and analysis of a range of equality data/information sufficient to reduce any adverse impact and/or to objectively justify the actions and decisions proposed. Ideally EIRA's should commence at the initial stages of a service, function, or policy review, development, decommissioning etc. and be developed throughout.

Commissioners should seek advice from the Equality and Inclusion Team to determine whether a stage 1 and/or stage 2 assessment is most appropriate.

The organisation's commissioners have carried out a range of equality analysis and human rights screening when carrying out their duties to ensure the CCG is paying 'due regard' to the three aims of the PSED and the Human rights Act.

2.3 Engagement

Highlights Report

Under Section 14Z2 of the Health and Social Care Act 2012 the CCGs have a duty to involve the public in commissioning plans and decisions. In line with this duty, the CCGs are committed to being a 'listening and responding' organisation. Over the course of the last financial year, patient and public engagement has been a fundamental and important part of all the CCGs activities.

2.3.1 Wyre Forest CCG

Members of the public continue to be recruited onto the 'Shape your health services, have your say' patient and public membership scheme, with the CCG now having 68 public members. The membership scheme has provided invaluable input into a wide variety of engagement exercises. A few examples are listed below:

- Generating feedback on local priorities through an intention setting workshop to inform our
- commissioning intentions
- Providing knowledge and experience on the redesign of Primary Care Mental Health Services
- Providing a public voice on the Primary Care Strategy
- Co-producing ideas on how to improve services for patients with long term conditions.

Level 3 members are also being provided with opportunities to become further involved. Some of the members have been working with the CCG's Quality Team in their assurance visits to providers, as well as supporting commissioning and evaluation projects.

Member engagement

GP member practice engagement and support continues via monthly meetings such as; General Practitioner Association (GPA), Practice Managers and Finance and Innovation. A monthly member practice email bulletin, together with GP/Consultant parings, education sessions, CCG 360° stakeholder survey and the CCG's annual priority setting process, also provide excellent opportunities for active and meaningful involvement between member practices and the CCG.

Patient groups

The Wyre Forest Advisory Group, made up from elected Patient and Public Group (PPG) representatives, District and County Councillors, Healthwatch, Voluntary and Community Sector (VCS) representatives and various co-opted members were actively involved in 2015/16. All of the Advisory Group members have a long association with health and care services and can be relied upon to inform and scrutinise the decisions we make. From 2017 onwards, the CCG will look to use innovative methods to increase the membership so that it is representative of the local population. The Wyre Forest Patients Group is made up of PPG members and patients from Wyre Forest GP practices. The group meets quarterly to share best practice and increase patient and public involvement in the commissioning process.

2.3.2 Redditch and Bromsgrove CCG

The CCG's aim is to improve the way it consults with patients and the public throughout projects ensuring they are involved in planning, but also as projects progress. It is important to keep patient views and priorities central to every project.

The CCG has undertaken specific engagement activities with representatives from BAME (Black, Asian and Minority Ethnic) communities to gather their views on health services and the issues faced, particularly in developing the CCG's Primary Care Strategy.

There have been on-going activities to encourage those not registered with a GP practice to register to encourage the appropriate use of health services locally. A 'How to register with a GP in Redditch and Bromsgrove' leaflet has been produced in both English and Polish languages to support this.

An accessible complaints leaflet for GP Practices for people with Learning Disabilities has been produced by Speak Easy Now and shared with GP practices across Redditch and Bromsgrove to support people with a learning disability to provide valuable feedback to local primary care services.

Communications and Engagement Strategy (2015-18)

A new Communications and Engagement Strategy for 2015 - 2018 was signed off by the Governing Body in May 2015 and set out the CCGs vision for communications and engagement. This strategy was developed with the Patient and Public Forum.

Now Have Your Say membership scheme

Members of the public continue to be recruited onto the 'Now Have Your Say' patient and public membership scheme, with the CCG now having over 240 public members. The membership scheme is used to share messages and encourage patient and public feedback. The same information is also shared with networks with the Voluntary and Community Sector (VCS) to encourage feedback from VCS organisations themselves and from their clients.

Patient and Public Forum

The Patient and Public Forum (PPF), made up of Level 3 members from the 'Now Have Your Say' scheme continue to meet monthly and provide valuable advice, support and scrutiny in all aspects of patient and public engagement. Members are also being provided with opportunities to become further involved, with Level 3 members currently supporting the CCG's Quality Team in their assurance visits to providers, as well as supporting the CCG in commissioning processes such as procurement exercises, including the community ophthalmology and community dermatology services.

Other activities

When undertaking service redesign initiatives, the CCG has sought to involve patients in the shaping of local services and ensure that, where appropriate, a formal consultation process is undertaken.

The patient and public membership scheme has been given the opportunity to provide feedback on many engagement and consultation exercises, such as the Primary Care Mental Health Service Redesign and the countywide survey to gain the views of residents to shape the future of healthcare in Worcestershire. A quarterly CCG stakeholder newsletter is developed and sent to all members of the 'Now Have Your Say' membership scheme and other interested stakeholders.

The CCG uses Twitter and Facebook to continue to encourage participation. The CCG public website has also been redesigned to ensure that it is easy to use and accessible. Two new Patient Networks have been developed (one for Redditch and surrounding areas, and one for Bromsgrove and surrounding areas) to improve links with GP Patient Participation Groups and other individuals who have an interest in health services locally, specifically primary care engagement with the CCGs member practices continues via monthly Redditch and Bromsgrove Advisory Forum (RBAF) meetings, a fortnightly member practice bulletin, together with peer support arrangements, education sessions, Lead GP arrangements and the CCG's annual priority setting process. A new GP practice intranet for the 22 member practices has

also been developed to provide practices with a dedicated place to access resources and support.

Communication and Engagement Strategy can be found on the CCG website at:

www.redditchandbromsgroveccg.nhs.uk/get-involved.

2.3.3 South Worcestershire CCG

The Communication and Engagement Strategy sets out the strategic direction for communication and engagement activities, aiming to ensure that the CCG involve patients, public, staff, clinicians and stakeholders in decision making process. The CCG recognises the fundamental importance and benefit of ensuring that decisions are shaped through effective communication and engagement with the local population by using the *Engagement Cycle* as part of commissioning and engagement planning. The *Engagement Cycle* is a strategic tool developed by NHS England that helps to identify who needs to do what, in order to engage communities, patients and the public at each stage of commissioning.

The organisational strategy, culture and systems sit at the centre of the *Engagement Cycle*. Part of this is the Engagement Framework which includes the Patient Stakeholder Advisory Group chaired by the CCGs PPI Lay Representative, the South Worcestershire Patient Participation Group (PPG) Network which is comprised of a local GP practice patient groups, and the Better Together volunteer membership scheme which has 250 patient volunteers engaged in a variety of activities, from completing surveys, to attending focus groups and taking part in quality visits. Sustaining this Engagement Framework enables the CCG to ensure involvement at all stages of the *Engagement Cycle*.

Patient experience is a vital part of this process as well as being a fundamental part of delivering and ensuring quality. Patient stories are gathered and presented at CCG committees and Governing Body meetings. A Patient Experience Dashboard also enables the monitoring of the Friends and Family Test which have supported primary care to implement, as well as other qualitative and quantitative patient experience measures.

Key achievements

Highlights of the year include:

- Launching a budget prioritisation exercise to seek the views of our patients on how best we should prioritise spending on healthcare in the future
- Seeking the views of more than 200 patients on the Mental Health Primary Care service, helping to shape a new service which is focused on prevention and early support
- Co-producing the CCGs Primary Care Commissioning strategy through a variety of workshops, meetings and surveys, including acting upon intelligence gathered by Healthwatch Worcestershire
- Facilitating our Better Together volunteers' involvement in the development of the NHS 111 service
- Developing and launching an engagement exercise on the New Models of Care Strategy with patient and carer groups.

Seeking representative views

Not all members of the community wish to engage with the CCG using traditional methods therefore the CCG have been focusing on seldom heard groups and developing relationships with them in 2015/16. This year the CCG has involved:

- **Young People** - through regular Youth Takeover Day activities and links with a local secondary school
- **Learning Disabled (LD)** – the CCG has built relationships with local charity SpeakEasy NOW and have pledged to make various changes at their People's Parliament to support learning disabled people's health, including making more materials available in Easy Read
- **Lesbian, Gay and Bisexual (LGB) groups** - building on the Health Champion support from national charity Stonewall, the CCG have held a focus group and written recommendations for the CCG Providers

- **Gypsy Romany Traveller (GRT) communities** – the CCG attended a summer fair and have taken part in the local GRT Partnership, including attending targeted training sessions
- **Homeless population in Worcester City** – the CCG has continued to embed the Homeless Health Hub and supported the development of the Single Homeless Hospital Discharge Pathway.
- **Trusted contacts – VCS**, - The CCG has a grant agreement with local infrastructure charity Community First to encourage the voluntary and community sector (VCS) to join a membership scheme and to communicate with them via a website and email bulletins. The CCG meets with them regularly to hear feedback from these groups who work with patients who the organisation would not usually receive feedback from e.g. BME and disability groups. The CCG has also launched a new VCS Grant Application Process to ensure the small pot of funding is distributed fairly to VCS organisations ensuring they support patients from seldom heard groups and those with protected characteristics. See community hwb website and VCS grants website: http://www.comfirst.org.uk/community_hwb

The Communications and Engagement Strategy can be found on the CCG website at: www.southworcscg.nhs.uk/about-us/useful-documents/.

2.4 Patient Experience

2.4.1 Friends and Family Test

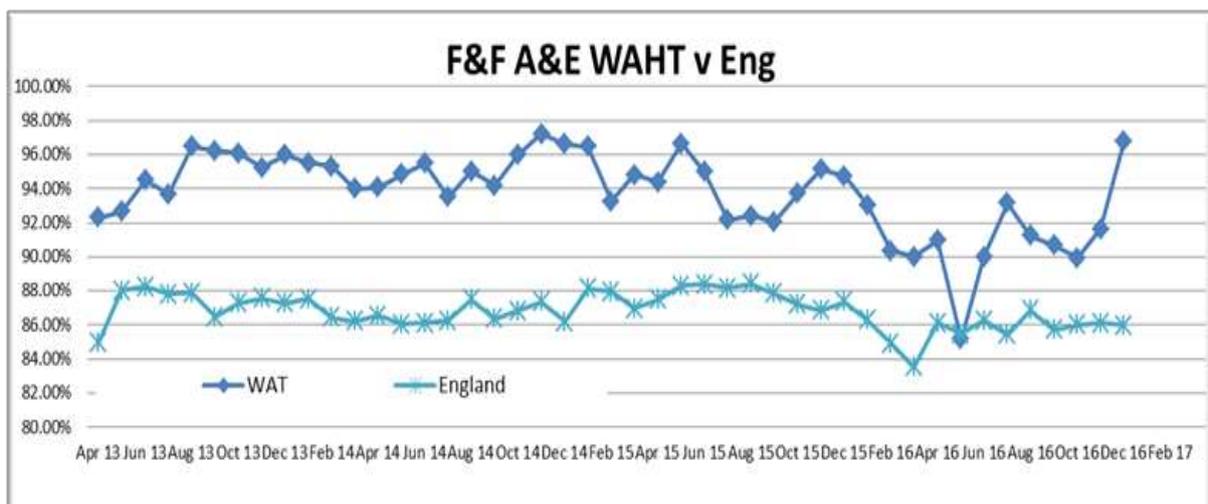
Patient experience data is triangulated from a range of sources. FFT scores are plotted over periods of time to determine trends. Analysis of areas that receive unlikely/ extremely unlikely scores/ feedback for trends are noted and inform quality assurance visits to provider services.

Other patient experience information is requested and analysed as part of the quality schedule of the contract. This includes analysis of patient survey information (ie national cancer survey) and assurance of provider action to address concerns raised. Quarterly patient experience reports are requested of each NHS trust and include themes and learning identified, along with the impact of action take into address these themes.

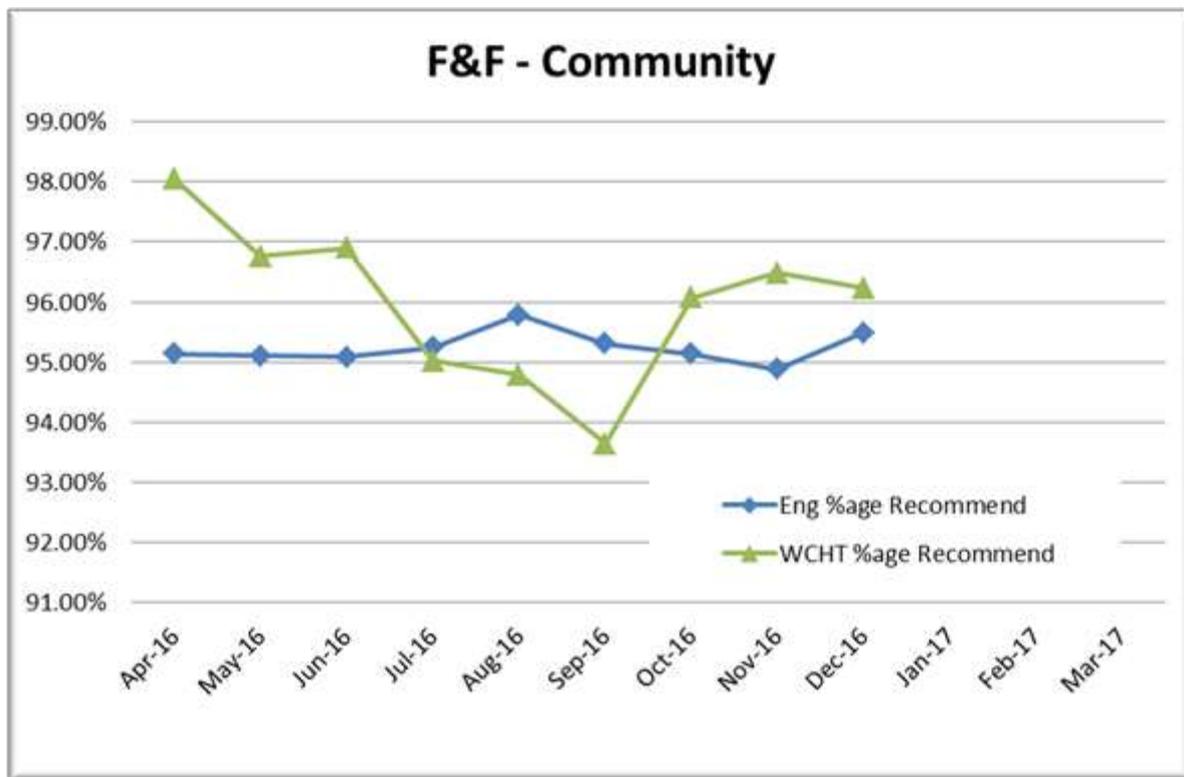
The Friends and Family Test, previously used for inpatients, A&E and maternity, has been rolled out nationally across a number of additional areas such as GP services, inpatients and community services. The Friends and Family Test was rolled out to GP practices in January 2015.

The latest Friends and Family Figures can be found below:

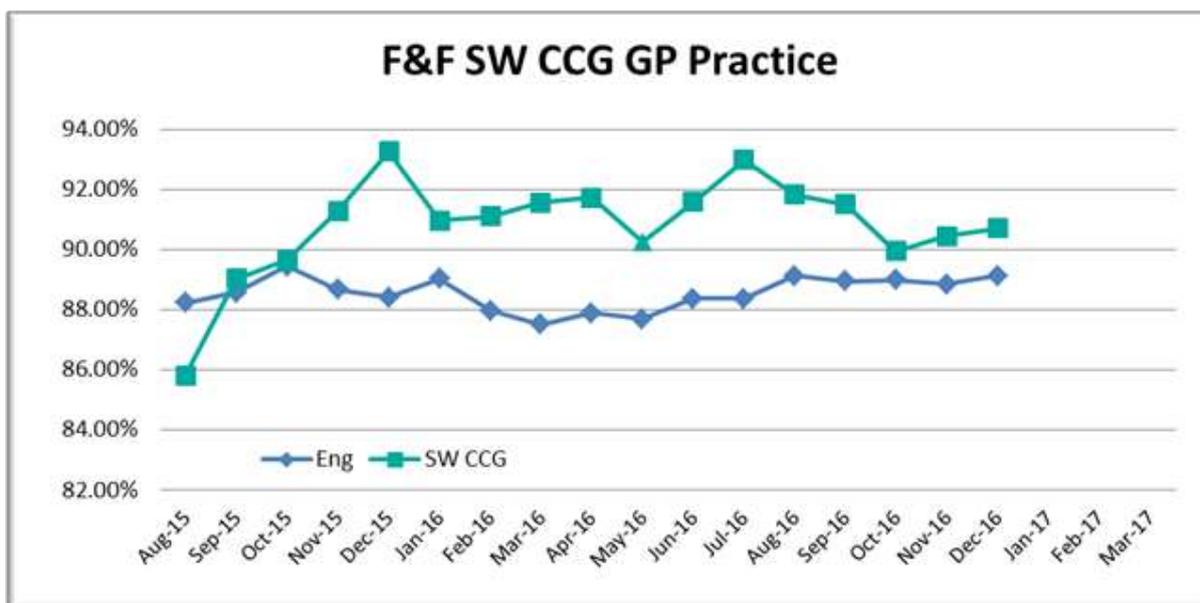
Friends and Family Test Worcestershire Acute Trust A&E



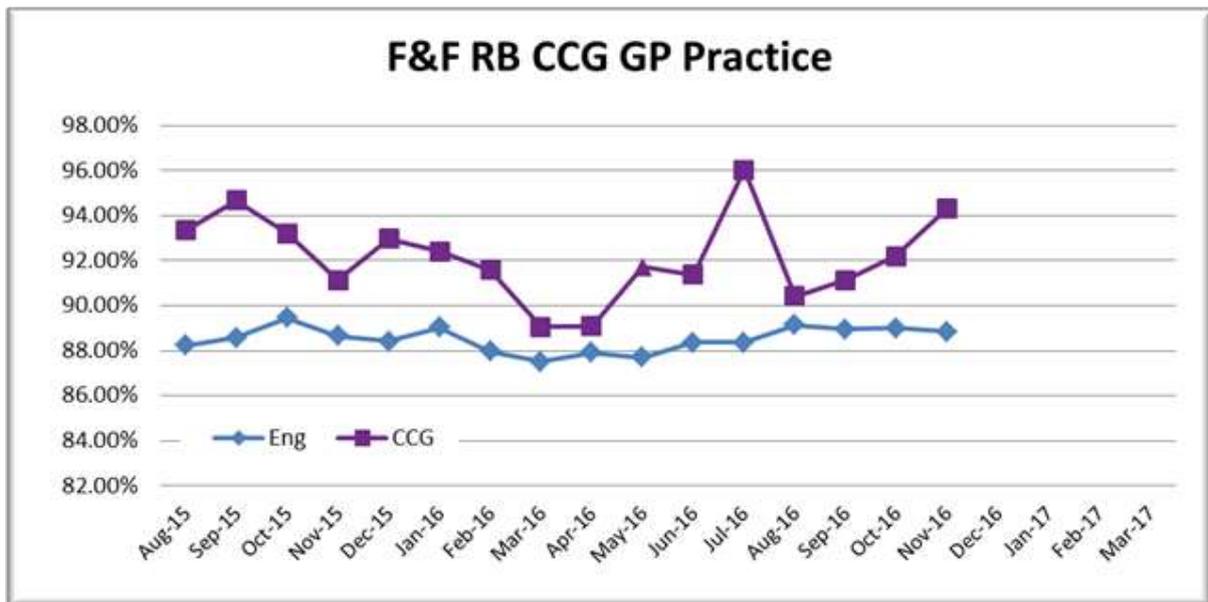
Friends & Family Test - Worcestershire Health and Care Trust – Community



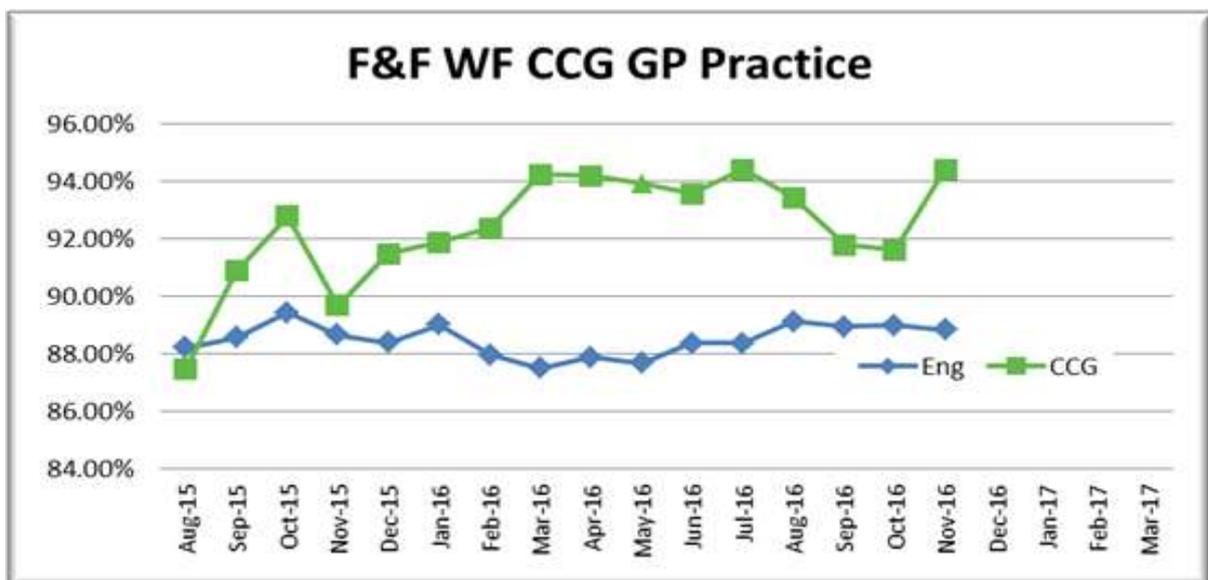
Friends & Family Test - South Worcestershire CCG GP Practices



Friends and Family Test Redditch and Bromsgrove CCG Practices



Friends and Family Test Wyre Forest CCG Practices



2.4.2 Complaints

Complaints data is used to inform quality committees in the CCGs, including response timeliness which is triangulated with quality checks to ensure that responses are meaningful for those who take the time to share their concerns with providers.

Complaints reviews enable the CCG to gain assurance regarding the quality of complaints management and to ensure that effective and accessible systems are in place for the identifying, receiving, handling and responding to complaints. In addition the CCG'S Quality team aims to seek assurance that all complaints are investigated thoroughly and that necessary actions are taken where failures have been identified and relevant learning made and implemented as a result of these investigations.

A review of complaints management within the Radiology & Women's & Children's directorates of Worcester Acute Hospital Trust was carried out on 9th March & 15th April 2016. Twenty sets of complaints records were reviewed across both areas & discussions held with divisional/directorate/service managers & governance Leads.

Overall the findings of the review were positive with evidence gathered that both areas have an increased focus & commitment to understanding where gaps & weaknesses lie within complaints governance processes, with actions planned/already completed in regards to strengthening process and the quality of investigations and final response

A review of complaints management at Worcestershire Health and Care Trust took place on Thursday 24th November 2016. Overall SWCCG's visiting team were provided with very good levels of assurance surrounding the systems and processes in place to manage complaints received by Worcestershire Health and Care Trust. The visiting team were assured that appropriate systems were in place to monitor complaints response times and were pleased to note that these were regularly monitored by the Patient Relations Manager.

2.4.3 Patient Stories

‘Patient story’ is a term used to describe narrative that reflects a patient’s experience of healthcare. Patient stories often also reflect the impact of that experience on a patient’s carers or wider family, enabling an understanding of the experience on the person as a whole rather than focusing on a specific clinical condition. Patient stories can act as a powerful and rich source of information that demonstrates what really matters to those experiencing health care in a local economy, in a person’s own words. They can provide an insight and understanding of the reality of using services commissioned by the CCG and the impact of commissioning decisions or provider performance in a way that is accessible for those who might otherwise be remote from direct patient contact.

Patient Stories are often used to start the public session of the Governing Body. There may be a set of actions agreed by the Committee with feedback to future Quality & Safety meetings Patient Stories are used by the CCGs as follows:

- To understand what it is like to be a patient
- To highlight gaps in service
- To highlight good practice
- To inform commissioning intentions
- To inform quality & safety
- To inform announced/unannounced assurance visits to providers
- To support larger patient experience project, e.g. Carers and Safeguarding project
- Before the story is heard at the Governing Body. Following discussion, the Governing Body may agree further actions. Ideally, we work jointly with providers to source the stories and complete the actions.

- Patient stories over the previous 12 months have been presented in a variety of ways, including patients telling their story in person or on video, and the patient's words put into writing.

For Redditch and Bromsgrove CCG patient stories have enabled learning that has contributed to action to improve local services for local people. Safeguarding stories have highlighted the importance of clinicians sharing information and continuing to take a healthy sceptical view of face value information provided to explain child ill health. Two stories for dementia and Parkinson's Disease were linked by Governing Body members to highlight trends in the experience of living with neurological long term conditions and the benefits of commissioning integrated pathways that made it easy for patients to access personalised care that wasn't 'disease' specific. A story about the impact of infection outbreaks highlighted important learning regarding the prescription of anti-biotics and the need for public education. Stories have also enabled the CCG to support responsive action following discussion about local population health and the provision of locality services.

For Wyre Forest CCG patient stories have enabled learning that has contributed to action to improve local services for local people. Safeguarding stories have highlighted the importance of clinicians sharing information and continuing to take a healthy sceptical view of face value information provided to explain child ill health. A story about the experience of a person with a learning disability enabled helpful discussion to inform processes for the follow up of patients who are potentially vulnerable and who do not attend their health check appointment. Two stories regarding the impact of cancer on individuals and their families highlighted the need for a better understanding of support services available in the Wyre Forest community and the need to discuss the availability of counselling services with Worcestershire County Council commissioners. Stories have also enabled the CCG to support responsive action following discussion about local population health and the provision of locality services.

An examples of a Patient story heard at the Governing Body in the previous 12 months is summarised below:

A 19 years old patient with and has profound and multiple learning disabilities (PMLD) and complex health care needs. Patient cannot speak; therefore it can be

difficult for healthcare professionals to identify when he is in pain. Patient was admitted to a medical assessment ward at Worcestershire Royal hospital due to persistent severe abdominal pain. This most recent admission was the first time patient has been treated on an Adult ward. Josh's parents found this transition very difficult and expressed that staff appeared to be much busier and were not trained as well as staff working on the children's ward in relation to communicating and caring for patients with Learning Difficulties.

2.4.4 Patient Experience Projects

Enhancing Meaningful Activity within Worcestershire Nursing Homes

The Nursing home activities project was launched as a pilot in August 2015 and originally encompassed 28 Nursing homes within South Worcestershire, but has recently been extended to all Worcestershire Nursing homes. The project is led by South Worcestershire CCG with support from Redditch and Bromsgrove CCG, Wyre Forest CCG, Worcestershire Country Council, Worcestershire Health and Care Trust and Worcestershire Acute Hospital Trust, Worcester University Sports Partnership.

Intelligence gathered through Quality Assurance and Patient Experience feedback highlighted the vast variance in both the quality of activities across nursing homes and residents feedback on how meaningful and enjoyable they found activities provided by their nursing homes.

The Projects main aims and objectives are as follows:

- Qualitative research interviews have been conducted with Activities Coordinators working in Worcestershire Nursing homes, Acute Trusts and Community Hospitals in order to gain a better understanding of the activities that they value most as professionals and how they could be better supported in their role.

- South Worcestershire CCG Volunteers and engagement staff have spoken with residents in Worcestershire nursing homes to gain a better understanding of activities they would like to participate in.
- The development of an online platform to support an Activities resource and reference guide/ for Worcestershire Nursing homes.
- The development of a network (virtual and in person) for Activities Coordinators across Worcestershire to meet up and share best practice and provide support to one another.
- The utilisation of communities of practice to enhance quality and to improve the standard of meaningful activity in Worcestershire Nursing homes
- Development of a Quality Standard for meaningful Activity within Nursing home in Worcestershire.

2.4.5 Patient Experience transformation Projects

Small things can make a big difference – Booth Project

A new project pilot is soon to be launched to support patients, carers and relatives using NHS services at the Accident and Emergency (A&E) and Minor Injury Departments (MIU) departments of Worcestershire Acute Hospital Trust and Worcestershire Health and care Trust.

The project goal is to enhance the role of the “meet and greet” volunteer to offer further scope for experienced volunteers to provide friendly, personable advice and support for patients, whilst supporting staff in two of the busiest hospital departments.

Main Aspects of the Project

1. Encouraging Patients to complete Friends and family test feedback. Patient feedback is invaluable in helping NHS organisations and departments understand what they are doing well, and areas where they can improve.
2. Improving Patient Experience by chatting to patients waiting in A&E / MIU if appropriate / offering refreshments and supporting staff with communication.
3. Signposting – providing information about access to other NHS services that patients may not be aware of. Example: MIU (Health chats training)

Whilst undertaking Quality Assurance visits, the Engagement team at South Worcestershire CCG Identified inconsistency in regards to the Quality of Activities provided by nursing homes across South Worcestershire. Resident feedback was variable and Activity Coordinators expressed varying levels of experience, training and confidence within their job roles.

In order to develop further, qualitative research was undertaken to:

- Determine how Activity coordinators could be best supported to facilitate meaningful activity
- Explore what Activities / ideas residents felt were meaningful and what ideas they could provide for activity coordinators working with their peer group
- To develop and work towards a quality standard for meaningful Activity within Nursing home in Worcestershire
- Feedback from those interviews prompted the development of:
 - An Activity Coordinators network that provides at each session, relevant training and the opportunity to share best practice, discuss and learn topics, the chance to talk through challenges faced in a group Action learning sets style.

- Due to the differing financial budgets and funding – the Activities coordinators network are developing a pool of activity resources for Activity Coordinators who are part of the network can share and check out. Currently a 3k bid has been achieved, supported by sports partnership for bowls and bowls training so that a bowls club can be developed with away matches for more able residents.
- Development of a Knowledge Economy. Activity Coordinators share and trade intellectual capital / resources and support.
- The opportunity for Activity Coordinators to develop their own community of practice
- With support from residents, relatives and lay representatives an online ideas and “how to” resource including a focus on resident led activity, spontaneous activity , sensory activity for dementia residents and how to get the best out of one to one sessions.
- Development of a best practice guide to standardise quality of meaningful activity

Higher level volunteers from South Worcestershire CCG’s Patient and public Involvement scheme Better Together, who have undertaken training and DBS checks, aided in the gathering of feedback from residents. Patient representatives and Better Together Members have been openly included as part of the projects change board and are currently playing a partnership role in the continued development of the project alongside staff from Worcestershire’s health economy and nursing home activity coordinators.

To date the response from nursing homes in terms of engagement has been extremely positive, with particular enthusiasm towards both the participation and development of the online resource guide and the development of the Activities Coordinator network. Activity Coordinators have in addition began to build their own communities of practice and have developed their own digital community to share ideas and support one another.

In March 2016, due to the success of the project pilot, the activity coordinator network was expanded to include all Nursing homes in Worcestershire and care

homes who have relatives with higher care needs. There are plans in 2017 to extend the network to include care homes and other healthcare staff who may benefit from the network.

The quality of activities in nursing homes is currently being monitored and will continue to be monitored over the upcoming year to measure improvement. This has been facilitated via the gathering of resident and patient experience feedback on Quality Assurance visits. The Engagement team are pleased to report that early feedback is highlighting that meaningful activity within the pilot nursing homes has significantly improved with very good levels of assurance being achieved. Feedback from Activity Coordinators in regards the effectiveness of the project

2.4.6 Seldom heard Engagement

Lesbian, Gay, Bisexual Engagement – South Worcestershire CCG had successfully applied to be part of Stonewell’s (National LGBT charity) Health Champions programme in 2014/15. This programme involved working with Stonewall to better understand the needs and experiences of LGBT patients, and how to best engage with them in the future. The programme was completed in 2015 and we applied to be part of the Stonewall Healthcare Equality Index 2015, where South Worcestershire CCG was ranked 16th in the UK in the Stonewall 2015 Healthcare Equality Index. This was a significant achievement in our first year of participation, one which we hope to improve upon when we submit our application again in 2017.

Another focus session with the LGB community took place in June 2016 where improvements made so far were presented and further discussions took place and an agreement was made to hold twice yearly focus group as a platform to discuss what further steps can be made to improve health care services and patient experience for LGB people accessing health care services in Worcestershire. All learning and recommendations are shared and actions monitored at the Worcestershire Engagement Officers network.

3.0 Equality Objectives

The CCGs identified a number of Equality Objectives and aligned them to the EDS Framework in 2013. The Equality objectives were based upon organisational priorities and gaps identified following the demise of Primary Care Trusts in 2013 and the setup of CCGs. During 2016, the CCGs have made progress against some of the equality objectives with activity planned to continue this progress towards achieving them as an on-going process.

In addition, the equality objectives reporting template has been updated to include references to the relevant areas of the EDS2 framework to demonstrate a clear understanding of the links and therefore ensuring minimal duplication.

In 2017, the current equality objectives will be reviewed and new ones set as informed by information analysis of workforce data, Accessible information Standard (AIS), Workforce Race Equality Standard, Equality Delivery System 2 and local health needs assessment.

Please click below icons for Equality Objective updates for each CCG:



Updated
WFCCG_-_Equality_C



Updated
RBCCG_-_Equality_O



Updated
SWorcCCG_equality_

4.0 Equality Delivery System 2 (EDS2)

Wyre Forest CCG, Bromsgrove and Redditch CCG and South Worcestershire CCG adopted the Equality Delivery System (EDS2) as its performance toolkit to support the CCG in demonstrating its compliance with the three aims of the Public Sector General Equality Duty.

The EDS grading process provides the CCGs Governing Bodies with an assurance mechanism for compliance with the Equality Act 2010 and enables local people to co-design the CCGs equality objectives to ensure improvements in the experiences of patients, carers, employees and local people.

The main purpose of the EDS is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using EDS, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

Utilisation of the EDS framework provides a way for the CCGs to show how it is doing against the following four goals:

See Appendix 1 for full outcomes

The four EDS goals are:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

The grades for EDS are as follows:

Undeveloped – Red
Developing – Amber
Achieving – Green
Excelling – Purple

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

Essentially, there is just one factor for NHS organisations to focus on with the grading process. For most outcomes the key question is: *how well do people from protected groups fare compared to people overall?* There are four grades – undeveloped, developing, achieving and excelling.

In response to the question how well do people from protected groups fare compared with people overall, the answer is:

- **Undeveloped** if there is no evidence on way or another for any protected group of how people fare or...
- **Undeveloped** if evidence shows that the majority of people in only two or less protected groups fare well
- **Developing** if evidence shows that the majority of people in three to five protected groups fare well
- **Achieving** if evidence show that the majority of people in six to eight protected groups fare well
- **Excelling** if evidence shows that the majority of people in all nine protected groups fare well

This year the CCGs have focused on Goal 4. Plans will be put in place to address the other Goals in 2017 as part of the overall action plan. Goal 4 has been completed and the outcome is detailed in this report. In subsequent years the aim will be to increase the number of projects and themes whilst looking to improve on previous year's assessment.

5 EDS Goals and Outcomes

The CCGs believes that equality and diversity, including addressing health inequalities, should be embedded into all commissioning activity. The organisation aims to provide equality of opportunity to all its staff, patients, their families and carers, and to proactively eliminate direct or indirect discrimination of any kind.

The CCGs endeavour to commission the right health care services, by having well-trained staff who can ensure that the Providers meet the equality duties set out in the Equality Act 2010. To meet these equality aims the CCGs hosted an Equality Delivery System 2 grading event on the 21st September 2016. The CCGs, along with its partner organisations, decided to focus on Goal Four -Inclusive Leadership. Organisations that were invited included representation from Health Watch, NHS Worcester Health and Care Trust, representatives from AGE UK and two lay members for Patient and Public Involvement for Wyre Forest and South Worcestershire to complete the grading process. Partners were provided with evidence for Goal Four 4.1, 4.2 and 4.3. The table below provides details of Goal four in the Equality Delivery System:

Goal 4: Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment

5.1 Findings and evidence presented

Partners were presented with the evidence on the day and were asked to grade each section contained within goal four. Using the EDS2 guidelines, a summary of the evidence to demonstrate the three CCG'S commitment and compliance with equality is set out below:

Goal 4	Evidence
1.Inclusive Leadership- Boards and Senior Leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Homeless project- Clinical Lead Volunteering Scheme- Director of Corporate Services FOAHSW- Engagement with hard to reach groups and incorporating feedback Deaf awareness training GP practices-

	Commissioned by Chief Officer Young people take over day Stone Wall Health Champions project Partnership with Speak Easy
2. Papers that come before the Board and other major committees identify equality related impacts including risks and say how these are managed	Board meeting minutes PowerPoint slides GB development Past examples of EI&RA
3 Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Staff Council LGBT focus group E and I training for all CCG staff Mandatory training records – Equality and Inclusion Staff Survey results- South Worcestershire CCG- not originally included as evidence at grading event Equality and Inclusion Briefings –Staff Newsletter

5.1 Evaluation/Grading from External Stakeholders

External stakeholders were given two presentations to explain the CCGs Equality and Diversity Journey so far and the work being undertaken to progress equality and diversity across the three CCGs.

Below is a summary of the outcomes of the grading exercise:

EDS GOAL FOUR	EDS2 GRADE BY EXTERNAL STAKEHOLDERS
4.1 Inclusive Leadership- Boards and Senior Leaders routinely demonstrate	Developing

their commitment to promoting equality within and beyond their organisations	
4.2 Papers that come before the Board and other major committees identify equality related impacts including risks and say how these are managed	Developing
4.3 Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	The panel felt this outcome needed further work so was not graded on this occasion. It is expected that once further work is undertaken, the panel will revisit outcome 4.3 in 2017

6.0 Performance Monitoring of Providers and Procurement

The Contract is a mechanism through which the CCGs can gain assurance that Equality, Diversity and Human Rights requirements are complied with when planning services for patients and the public. In order to achieve this, the CCGs have plans to agree, locally, a set of equality monitoring requirements with the Provider organisations in 2017/18 contract.

Wyre Forest CCG, Bromsgrove and Redditch CCG and South Worcestershire CCG are required by law to make sure that when services are commissioned from Providers, there are assurance mechanisms in place to assess compliance with equality legislation. The CCGs have already strengthened the procurement process by the inclusion of key equality questions at the Pre-Qualification (PQQ) stage. Further, the CCGs will plan to ensure that all contracts and Service Level Agreements contain information requirements around duties and responsibilities under the Equality Act 2010.

6.1 Redesign of Services

The Clinical Executive Committee is the governance mechanism where service redesigns and key decisions are taken around commissioning and decommissioning of services. The CCGs have put in place mechanisms where all policies and services consider the impact on age, disability, gender, race, religion or belief, sexual orientation, gender re-assignment and human rights principles before approval is given.

7.0 Meeting statutory Human Rights requirements

The Human Rights Act 1998 sets out a range of rights which have implications for the way the CCGs buys services and manages their workforce. In practice this means that the CCGs must:

- Act compatibly with the rights contained in the Human Rights Act in everything we do
- Recognise that anyone who is a 'victim' under the Human Rights Act can bring a claim against CCGs (in a UK court, tribunal, hearing or complaints procedure)
- Wherever possible, existing laws, that the CCGs as a public body deals with, must be interpreted and applied in a way that fits with the rights in the Human Rights Act 1998.

The CCGs, through the Equality and Diversity training and Equality Impact Risk Assessment completion, have ensured that Human Rights screening on all core commissioning activity is undertaken. All Human Rights Screening outcomes are embedded into the Equality Analysis for commissioner consideration.

8.0 Workforce Race Equality Standard (WRES)

On 31st July 2014 NHS England published plans to tackle race inequality across NHS workforces by setting a 'Race Equality Standard' for NHS organisations.

This followed an announcement by the NHS Equality and Diversity Council Chaired by Simon Stevens – Chief Executive of NHS England – that action will be required to ensure employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and fair treatment in the NHS workplace.

The Equality and Diversity Council pledged its commitment, subject to consultation with the NHS, to implement *two measures* to improve equality across the NHS, which would start in **April 2015**. *The first measure* – a Workforce Race Equality Standard (WRES) - will, for the first time, require organisations employing almost all of the 1.4 million NHS workforce to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation (Black minority ethnic). (NB the *second measure* is making the EDS mandatory through the NHS Standard Contract).

There are **nine metrics**. Three of the metrics are specifically on workforce data and five of the metrics are based on data from the national staff survey indicators. It is intended that the staff survey indicators will highlight any differences between the experience and treatment of white staff, and BAME staff in the NHS with a view to close the gap between these metrics. The final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve.

The metrics (as published) are set out in **Appendix 2**. All providers (other than primary care), as holders of the NHS Standard Contract 16/17, except 'small providers' will be expected to implement the WRES from April 2015. An annual report will be required to be submitted to the "Co-ordinating Commissioner" outlining progress on the Standard.

In 2016, the CCGs completed the WRES and work will be undertaken to identify the gaps and put in place an action plan to improve on information and results for 2017 .

The CCGs will continue to collate, review and publish WRES data, where appropriate, against the 9 indicators in **Appendix 2**, in accordance with the deadlines set by NHS England for 2017. The CCG will require the main providers to comply with their own requirements in respect of WRES, the NHS England Standard and will seek timely assurance of publication and compliance of the same.

The Governing Bodies of the CCGs will ensure, through overview and reporting processes, that the organisations are giving due regard to using the WRES indicators to help improve workplace experiences, and representation at all levels within the workforce, for Black Asian and Minority Ethnic (BAME) staff. The CCGs will also seek assurance, through the provision of evidence, that Providers are implementing the NHS Workforce Race Equality Standard.

9.0 Accessible Information Standard (AIS)

9.1 Background information:

The [Equality Act](#) became law in October 2010. It replaced, and aimed to improve and strengthen, previous equalities legislation, including the Disability Discrimination Act 1995. The Equality Act covers the groups that were protected by previous equality legislation, known as Protected Characteristics, one of which is [disability](#)

However, despite the existence of legislation and guidance, in reality many service users continue to receive information from health and social care organisations in formats which they are unable to understand and do not receive the support they need to communicate. This includes, but is not limited to, people who are blind or have some visual loss, people who are d/Deaf or have some hearing loss, people who are deafblind, and people with a learning disability. This lack of access to accessible information and communication support has significant implications for patient choice, patient safety and patient experience, as well as directly impacting upon individuals' ability to manage their own health and wellbeing.

9.2 Overview of the Standard

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

It is of particular relevance to individuals who are blind, d/Deaf, deafblind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia, autism or a mental health condition which affects their ability to communicate.

The Standard applies to service providers across the NHS and adult social care system, and it specifically aims to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing.

Successful implementation of the Accessible Information Standard is based on the completion of five distinct stages or steps leading to the achievement of five clear outcomes:

1. Identification of needs: a consistent approach to the identification of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss.

2. Recording of needs:

a. Consistent and routine recording of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss, as part of patient / service user records and clinical management / patient administration systems;

b. Use of defined clinical terminology, set out in four subsets, to record such needs, where Read v2, CTV3 or [SNOMED CT®](#) codes are used in electronic systems;

- c. Use of specified English definitions indicating needs, where systems are not compatible with any of the three clinical terminologies or where paper based systems / records are used.
- d. Recording of needs in such a way that they are 'highly visible'.

3. Flagging of needs: establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

4. Sharing of needs: inclusion of recorded data about individuals' information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

5. Meeting of needs: taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

The CCGs are committed to the implementation of the AIS and therefore have included information on the Standard on their website which directs patients and the public on how to access information in an accessible format.

The CCGs have also developed an action plan for the full implementation of the Standard which can be found by clicking on the following link:

<http://www.southworcccg.nhs.uk/about-us/corporate-information/accessible-information-standard/>

10.0.Conclusion

The evidence set out in this report demonstrates that the Clinical Commissioning Groups continue to make good progress towards paying due regard to the way healthcare services are commissioned and delivered. All three Worcestershire CCGs have a strong commitment to equality and diversity and a lot of good work has taken place in the last year to advance equality and inclusion across the three CCGs. All three CCGs are aware that there are areas for improvement and are committed to progressing the equality and diversity agenda over the next few years in order to create a more inclusive working environment and commission services which are accessible to all.

11.0 Priorities for 2017 and beyond

Currently, there is a consultation being undertaken by NHS England which will introduce a new standard in 2017 which will be termed as the Workforce Disability Equality Standard (WDES). This will apply to the CCGs as well as Providers and mirrors the current standard around race equality. The CCGs will be in a position to implement the WDES as guidance starts to filter through by NHS England on timescales for 2017. Further, the following list describes the areas which the CCG will prioritise and will form part of the work plan for 2017/18:

- 1) Development of the Equality Strategy 2017-2020
- 2) Development of Equality Objectives 2017-2020
- 3) Continued work on Workforce Race Standard and Implementation of Disability Standard
- 4) One to one training for appropriate commissioning staff on the Equality Impact and Risk Assessment process.
- 5) Staff training on Equality and Diversity
- 6) Better and on-going engagement with BAME communities should be a focus in 2017 for the three CCGs. This will help the CCGs to better understand the health needs and priorities for these communities.

- 7) Work on EDS2 Goals 3 and Goal 1
- 8) Quality review of Provider annual report on equality
- 9) Continued work within the procurement process on equality evaluation

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Date: March 2017

Appendix 1: Equality Delivery System Outcomes	
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
1.2	Individual people's health needs are assessed and met in appropriate and effective ways
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
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
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
2.3	People report positive experiences of the NHS
2.4	People's complaints about services are handled respectfully and efficiently
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
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
3.3	Training and development opportunities are taken up and positively evaluated by all staff
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
3.6	Staff report positive experiences of their membership of the workforce
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Appendix 2 – Workforce Race Equality Standard

Workforce Race Equality Indicators	
Workforce metrics	
For each of these three workforce indicators, the Standard compares the metrics for white and BME staff	
1	Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce
2	Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff being recruited from shortlisting across all posts
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation [Note. This indicator will be based on data from a two year rolling average of the current year and the previous year].
4	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff.
National NHS Staff Survey findings.	
For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.	
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8	Q 23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
Boards.	
Does the Board meet the requirement on Board membership in 9.	
9	Boards are expected to be broadly representative of the population they serve.