NHS
Merton
Clinical Commissioning Group

Equality and Diversity

Vision Statement

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Introduction

NHS Merton CCG is committed to ensuring equality, diversity and inclusion are central to its vision, strategic direction and organisational development plans for a 'Whole Merton', where services are designed to meet the needs of the population and individuals and families.

In delivering our vision to secure the best possible services for people in Merton and be an employer of choice, we will strive to embed equality and diversity in all key aspects of our commissioning and procurement cycles and employment practices.

To ensure equality and diversity are central to our commissioning and employment practices we will be guided by legislation, including:

- Equality Act 2010
- Human Rights Act 1998
- Health and Social Care Act 2012
- The NHS Constitution

National standards

We implement the following benchmarking standards developed by NHS England to deliver on our statutory equality duties:

- **Refreshed Equality Delivery System (or EDS2)**: this a performance improvement tool designed to help NHS healthcare commissioners and providers to improve outcomes for people with characteristics protected under the Equality Act. Implementing the EDS2 is mandatory for CCGs and providers. The tool helps to assess performance by reviewing a range of evidence across 18 outcomes grouped under 4 Goals (see Appendix 1).

  Assessment is done in partnership with providers, patients, public, voluntary sector groups, staff and Governing Body members. The purpose of the EDS is to initiate systematic improvements in employment, leadership, service delivery and commissioning practices to benefit all in a planned and transparent manner.

- **Workplace Race Equality Standard (WRES)**: This is a benchmarking tool introduced in 2015 to assess the progress of race equality within NHS organisations annually, following an initial evidence baseline gathered in 2015. It is designed to eliminate the discrimination of Black and Minority Ethnic (BME) staff by analysing quantitative and qualitative data against nine indicators (see Appendix 2).

The WRES is based on research highlighting the scale and persistence of such disadvantage and the evidence of the close links between discrimination against staff and patient care. The Standard helps to highlight differences in the experience and treatment of White staff, when compared to BME staff, with a view to closing those metrics through an action plan. CCGs have to demonstrate that they are giving “due regard” to the WRES indicators and ensuring that their providers are implementing it through annual reports.

Since 2015/16, the WRES has been included in the NHS Standard Conditions on Contract. All providers were expected to publish their WRES metrics by July 2015 and report progress against the initial baseline to their co-ordinating commissioners by May 2016. The Care Quality Commission (CQC) will consider WRES in their assessments of how “well-led” providers are from April 2016. CCGs are also expected to produce an internal assurance report which benchmarks WRES results annually against the initial baseline. The metrics have been reviewed following a pilot phase. The revised metrics can be found in Appendix 2).

- **Accessible Information Standard:** This standard aims to establish a framework and set a clear direction to ensure patients and service users (and where appropriate, carers and parents) with information or communication needs relating to a disability, impairment or sensory loss, receive accessible information and communication support to allow effective dialogue with a professional.

  Under the standard, health and social care providers have to adopt a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication needs of patients, service users and carers.

  The Standard applies to service providers across the NHS and social care and aims to improve the quality and safety of care received by individuals with information and communication needs. This is to ensure they are able to be involved in autonomous decision-making about their health and wellbeing.

  CCGs are expected to show due regard to this standard, by ensuring contracts, frameworks and performance-management arrangements with provider bodies enable and promote its requirements. The standard becomes effective for all health and adult social care providers (including GP Practices) from 31st July 2016.

Our plans

To make this equality and diversity vision effective, we will:

- adhere to the three aims of our general duty under the Equality Act, which are: eliminate unlawful discrimination, harassment and victimization, promote equality of opportunity and promote good relations between people who share a protected characteristic and those who do not.

- meet our specific duties under the Equality Act, by ensuring our equality objectives are met, equality analyses are undertaken to mitigate likely risks to any group protected under the Equality Act and we report our progress annually.

- implement tools to improve equality outcomes, such as the EDS2, the Workplace Race Equality Standard and the Accessible Information Standard, in partnership with key providers.

- ensure a full range of employment policies, practices and procedures are in place to ensure we attract, retain and motivate staff.

- support staff and leadership teams to work jointly to improve patient care.

- ensure patients and public are involved in the design and delivery of services.

- base decisions on evidence and consultation.

- Maintain productive and strong partnerships with stakeholders in the public, private and voluntary sectors to improve health outcomes for all.

Success factors

The following will be some of the critical success factors that will help implement this vision:

(1) Accessibility:

We will aim to ensure that commissioned services are accessible to all, in terms of built environment, information and communication needs and quality of healthcare so that people's rights and dignity are respected.

(2) Commissioning and procurement arrangements:

- We will aim to ensure goods, services and facilities are purchased in keeping with our duties under the Equality Act.

- Due diligence is observed in awarding contracts to those providers and suppliers who can demonstrate the best standards around equality and diversity in terms of service delivery and employment practices.

- Equality and diversity informs all decision-making related to healthcare commissioning.

(3) Employment

- By ensuring we recruit and retain and motivate staff based on merit and we do not discriminate on the grounds of age, disability, gender, gender reassignment, faith, ethnicity, sexual orientation, marriage or civil partnership or pregnancy and maternity.
- Be ensuring staff feel valued and supported to work to their full potential.
- By providing staff with equal opportunity to progress their careers and ensuring they have access to a range of training and development opportunities.
- By supporting staff to work collaboratively with a range of stakeholders in designing services that meet the needs of different population groups.
- By ensuring staff treat patients, carers, members of the public and colleagues with dignity and respect.
- By supporting flexible working through policies that help to balance the needs of the organization with the circumstances of employees.

(4) Leadership

- By ensuring the CCG demonstrates its commitment to equality and diversity at the highest level, which reflects in its decision-making and governance processes.

For more information, please contact:
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Appendix 1: EDS2 Goals and Outcomes

The Goals and outcomes of EDS(2)		
Goal	**Number**	**Description of outcome**
Better Health 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.
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.
	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.
A Representative and Supported Workforce	**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.
Inclusive Leadership	**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 to be 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: Workplace Race Equality Standard (WRES) Metrics

	Workforce Race Equality Standards (April 2016)
	Workforce metrics For each of these four workforce indicators, the Standard compares the metrics for white and BME staff.
1.	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce *Note: Organisations should undertake this calculation separately for non-clinical and clinical staff*
2.	Relative likelihood of BME staff being appointed from shortlisting across all posts
3.	Relative likelihood of 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 staff accessing non-mandatory training and CPD.
	National NHS Staff Survey findings For each of these four staff survey indicators, compare the outcomes of the responses for White and BME staff.
5.	**KF 25.** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

6.	**KF 26.** Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	**KF 21**. Percentage believing that trust/CCG provides equal opportunities for career progression or promotion
8.	**Q 17.** 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 For this indicator, compare the difference for White and BME staff
9.	Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator.