



*Lancashire North
Clinical Commissioning Group*

Equality and Inclusion Annual Report 2015/16

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Foreword

At Lancashire North CCG, we believe that people in our community are the experts of their own conditions, their personal characteristics, or the needs of the people they care for and believe that through empowering our patients and the public to become our partners will ensure a world class service for all.

We are keen to involve local people in the continuing development and monitoring of our strategy to ensure that we commission (buy) the right health care services, reduce inequalities and provide well trained staff to deliver services whilst meeting our responsibilities to ensure that our providers meet the equality duties set out in the Equality Act 2010 and promote people's rights.



Dr Alex Gaw, Clinical Chair, Lancashire North Clinical Commissioning Group

Introduction

Our equality and inclusion annual report looks at how we are meeting our legal obligations under the [Equality Act 2010](#) and the [Public Sector Equality Duties](#) (PSED) and how we assure having “due regard” for the Equality Acts [Protected Characteristics](#) (but also health inequalities experienced by other vulnerable groups e.g. people who live in poverty or people who are geographically isolated) when commissioning, planning, and monitoring services. Having “due regard” simply involves giving consideration to eliminating discrimination, advancing opportunity and improving relationships in a way that is proportionate to the issue at hand.

This report sets out:

- Lancashire North Clinical Commissioning Groups’ (CCGs) commitment to equality and inclusion
- The legal duties for equality and inclusion
- Progress against the CCG’s Equality Objectives
- NHS’s Equality Delivery System
- Communications and engagement activities of the CCG
- Key actions for 2016

The CCG identified the following objectives equality and inclusion when it published its first [Equality and Inclusion Strategy 2013 - 2016](#).

Objective 1: To show a year on year improvement against the 18 outcomes of the Equality Delivery System 2.

Objective 2: To ensure that people with protected characteristics are engaged in decision making, including those communities which are seldom heard or marginalised.

Objective 3: To reduce unacceptable differences in the health inequalities of people who live with Lancashire North.

Objective 4: To improve access to health and wellbeing information for all communities.

Objective 5 We will improve access to health care services for the most vulnerable groups and we will support carers and family members

Performance against these objectives are covered further into this report

Lancashire North Clinical Commissioning Group

The CCG became a statutory body in April 2013 when it took on the responsibility of commissioning high quality health services, and improving the health of the population of Lancashire North. The equalities information presented in this report represents the CCG's progress during its third year of operation.

This year we have listened to wide range of audiences, and assessed how we commission services to best meet the needs of our diverse population in particular those individuals and groups who are more vulnerable or with a protected characteristic or have high health needs.

A part of this focus in moving the CCGs equality and Inclusion agenda forward will require working collaboratively with providers; stakeholders, the Voluntary Community Sector (VCS) patients and the public to further develop our understanding of the health inequalities within our communities and to use this information to support decision making and service planning.

Population and Demographic Profile

Lancashire North CCG covers an area of approximately 780 square km of coast and countryside and we are responsible for commissioning health services for a local population of around 160,000 people. The majority of the population lives in Lancaster, Morecambe, Heysham, Carnforth and Garstang but a significant proportion lives in rural locations. We have registered patients who live as far south as Broughton near Preston, and as far north as Burton in Kendal.

The population is generally characterised by a larger proportion of young adults than the England average as it includes the student population at the Universities in Lancaster. The CCG also has a slightly greater proportion of people aged 65 years and over (18.6%) compared to the national average (16.5%) and a smaller proportion of children aged less than 15 years (14.5% compared to 17.6% nationally). The population of Lancashire North CCG is considerably less ethnically diverse than the population of England. Black

and minority ethnic groups account for only 8% of the population compared to 16% nationally. Of these 3% are White non-British and 2% are Asian.

Within NHS Lancashire North CCG, the proportion of the population living in the most disadvantaged areas (18%) is slightly less than the national average. However, parts of Morecambe, Heysham and central Lancaster are classified as being amongst the fifth most disadvantaged areas in England and over 29,000 residents within NHS Lancashire North CCG live in these areas. There are a number of challenges facing the NHS nationally, many of which we are experiencing locally in the Lancashire North area.

Health Inequalities

The population of Lancashire North is diverse with small pockets of deprivation, rural isolation and a mix of city and coastal towns therefore targeted work is required to support those who require it whilst not disadvantaging the majority. The CCG has incorporated the analysis of health burden; prevalence and outcome against spend into the development of our strategic priorities. This collective evidence leads to a number of challenges for the CCG to consider.

For further demographic and health inequality information please click the links below:

[2015 Public Health Profile for Lancashire North CCG](#)

[Joint Strategic Needs Assessment for NHS Lancashire North CCG](#)

Legal Responsibilities

The Public Sector Equality Duty (Section 149, Equality Act 2010) comprises a general equality duty which is supported by specific duties.

The general equality duty states that public authorities like Lancashire North CCG must, when exercising their functions, have a 'due regard' (consideration) to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

To comply with the general duty, a public authority needs to have 'due regard' to these aims in relation to the following nine equality protected characteristics:

Age

Disability

Gender Reassignment

Marriage and Civil Relationship

Pregnancy and maternity

Race

Religion or Beliefs

Sex

Sexual Orientation

Statutory Human Rights Requirements

The Human Rights Act 1998 sets out a range of rights which have implications for the way the CCG buys services and manages their workforce. In practice this means that we 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 the CCG (in a UK court, tribunal, hearing or complaints procedure)
- Wherever possible existing laws that the CCG 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.

New Equality and Inclusion Mandatory Requirements for 2015/16

- [Equality Delivery System 2 \(EDS2\)](#)
- [Workforce Race Equality Standard \(WRES\)](#)
- [Accessible Information Standard \(AIS\)](#)

Equality and Delivery System 2 – (EDS2)

The main purpose of the EDS2 is to help local NHS organisations, in discussion with local partners and people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

A short animated video has been produced by NHS England to explain how EDS2 works and can be accessed by clicking this link ([A short animated video](#)). From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is clearly cited within the CCG Assurance Framework, and will continue to be a key requirement for the CCG. Another key requirement is that we monitor our NHS/larger providers to ensure they are meeting their obligations but also to allow for collaborative working, discuss opportunities and the sharing of good practice.

Workforce Race Equality Standard - WRES

The WRES became mandatory in April 2015 and requires NHS organisations to demonstrate progress against 9 indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

Whilst the provisions of the NHS Standard Contract requires the CCG to seek assurance from, and receive an annual report from NHS and our larger other providers, we are not required to apply the Workforce Race Equality Standard ourselves. We will however demonstrate having due regard to its overall aims and objectives.

Requiring CCGs to implement the WRES in its entirety is felt to be problematic, given that a substantial number of CCGs have extremely small workforces (often below 100 staff).

For example, Lancashire Norths' largest ethnic group outside of "White British" is White non-British at 3% with the largest BME community, Asian at 2% of the population. Lancashire CCG employs 31 staff. So any meaningful analysis or trends would be difficult to evaluate. The CCG is committed to paying "due regard" to the WRES and monitoring its NHS/larger providers against the nine indicators.

Accessible Information Standard - AIS

Although CCGs' are exempt from implementing the Standard, we are committed to demonstrate due regard when carrying out functions and in supporting provider organisations to implement and comply with the requirements of this Standard.

The 'Standard' directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs by NHS and adult social care service providers.

The aim should be to establish a framework with a clear process which ensures patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss, receive:

- ‘Accessible information’ (‘information which is able to be read or received and understood by the individual or group for which it is intended’); and
- ‘Communication support’ (‘support which is needed to enable effective, accurate dialogue between a professional and a service user to take place’);

Such that they are not put “at a substantial disadvantage...in comparison with persons who are not disabled” when accessing NHS or adult social services.

Our Workforce Profile

The CCG aims to fully understand the diversity of the workforce so that the CCG can ensure non-discriminatory practice, work with staff and staff representatives to identify and eliminate barriers and discrimination in line with the Public Sector Equality Duty, the Equality Act 2010 and Employment Statutory Code of Practice. This means having an inclusion approach with regards to recruitment, training and promotion.

The CCG has a small workforce and therefore is not required under the Specific Equality Duty to publish its workforce data. The CCG must demonstrate having “due regard” (consideration) to the WRES and in meeting its requirements of the CCG Assurance Framework, which means monitoring and supporting NHS and other large provider organisations with progression of the Standard.

Staff Training

Lancashire North CCG have access to OLM / ESR e-learning for their equality and diversity mandatory training, this training is undertaken by all Lancashire North CCG staff every two years.

The Equality and Inclusion Team provided half day interactive learning sessions and the purpose of this learning was to look at the requirements of the Equality Act 2010, Public Sector Equality Duty 2011, the NHS Equality Delivery System and the NHS Workforce Race Equality Standard and to explore the relationship of these requirements with service redesign, commissioning, contracts and contract monitoring and re-invigorate dialogue between commissioners and providers.

The training is available to CCG, Commissioning Support Unit Staff and Providers who are involved with service redesign, risk management, contract monitoring quality and assurance issues and policy development and CCG staff.

As part of the CCGs' ongoing development we would like to explore training and learning opportunities to further support the CCGs' commitment to embedded equality and inclusion into the organisations day to day activities.

Equality Impact and Risk Assessments

The CCG has adopted the Equality Impact and Risk Assessment Tool which provides a framework for undertaking equality impact and risk assessments. This tool combines three toolkits into one consisting of equality impact, human rights screening and privacy impact.

This enables the CCG to meet the three aims of the general equality duty by ensuring that all matters relating to equality, human rights and privacy are given advanced consideration prior to any decisions that the CCG's Governing Body or Senior Managers make around policy or service development. The CCG will ensure that the Equality Impact and Risk Assessment tool remains integral to our decision making processes and will be a key focus for the CCGs upcoming 2017- 2020 Equality and Inclusion Strategy.

Public Engagement and Consultation

The CCG is committed to developing effective and accessible forms of communication and sustainable relationships – with staff, patients, carers, the public and partners in health, social care and the voluntary and community sector in order for us effectively commission (buy) and oversee local services that meet the needs of local people.

This is overseen by the Engagement, Equality and Inclusion Strategy Group co-chaired by CCG Chairman and Governing Body Lay Member lead for patient and public engagement. Over the last year we have ensured that we have engaged and listened to patients and our communities to reflect those needs in our commissioning activities through a variety of different forums.

The member practices of the CCG also have Patient Participation Groups. These offer patients interested in health and healthcare the opportunity to get involved with their local GP practice and support its work. Most groups also include members of practice staff.

They meet at regular intervals to decide the ways and means of adding value to the services and facilities offered to patients.

Key Activity 2015/16

Through Better Care Together - We have established a self-care work stream to identify and implement good practice in relation to empowering patients to take control and manage their own conditions through self-management, shared decision making and expert patient programmes.

To supplement this we will look to enhance health education opportunities to support the ability of local communities to self-care for minor ailments and, working with the community, local authority, third sector organisation and clinical leaders tackle the determinants of health.

“My NHS” - Our public membership organisation has gone from strength to strength with over 800 members. **The listening Group** was developed out of this membership with a focus on providing an inclusive view of the work of the CCG. It will also help to ensure that, in all aspects of the CCG’s business a public voice for all communities in our local population are heard and that opportunities to created and protect patient and public empowerment. The group will be instrumental in the CCGs’ EDS2 Grading process

Maternity Matters Lancashire North is the Maternity Services Liaison Group for the local area. Its role is to ensure that women’s and families views are taken into account by Maternity Services. In August 2015 the group produced a report [Maternity Matter Lancashire North](#) of its achievements since it was established.

As a CCG we also support the operation of a local **Young People’s Health Action Group**.

We continue to learn, analyse and respond to feedback from our stakeholders. Last year’s engagement and consultation activity has helped the CCG to understand its strengths but also outlined opportunities for further and future equality and inclusion development.

Our Equality Objectives – Progress in 2015/16

Equality Objective 1	To show a year on year improvement against the 18 outcomes of the Equality Delivery System
Progress	For 2015 the CCG focused on Goal 2: Improved patient access and experience. See the EDS2 Report 2015
Equality Objective 2	To ensure that people with protected characteristics are engaged in decision making, including those communities which are seldom heard or marginalised
Progress	<ul style="list-style-type: none"> • Better care together work, • Engagement, involvement update from Comms and Engagement team, • Self-care. • Case Study Established the CCG Listening Group (See objective 4)
Equality Objective 3	To reduce unacceptable differences in the health inequalities of people who live with Lancashire North
Progress	<p>Better care together, maternity work, self-care</p> <p>Maternity Matters Lancashire North is the Maternity Services Liaison Group for the local area. Its role is to ensure that women’s and families views are taken into account by Maternity Services.</p> <p>In August 2015 the group produced a report of its achievements since it was established. The work continues with regular meetings feeding back women’s views to representatives of the Maternity Service at Morecambe Bay Hospitals and contributions to developments within the Maternity services such as development of new leaflets.</p> <p>The group has been involved in strategic planning, including a workshop on Better Care Together Maternity plans held in July 2014 and representation at an event called “Maternity – New life new thinking” held in June 2014 to generate new thinking on how to better deliver maternity services across Cumbria and Lancashire North.</p>

	<p>In 2014 the Maternity Matters group decided to concentrate on 'outreach' to service users we hadn't heard from before, rather than hold more service user meetings this year, as attendance in Morecambe and Poulton had been nil and we hadn't had certain groups e.g. young mums or Polish parents attend.</p> <p>A questionnaire was produced to assist those volunteers and midwives planning to visit specific groups but as yet other commitments of volunteers (such as having a new baby themselves!) have delayed progress with this outreach work. The group has also used press coverage, posters and has developed business cards to publicise its role to a greater number of women.</p> <p>A service user meeting was held in Lancaster in March 2015. 4 women's stories were heard and subsequently fed back to the Maternity Matters Group. Whilst this is a small number and may seem insignificant it should be remembered that those women who come to us to talk about their stories and share their experience in a group have sometimes taken a while to build up the courage and find the opportunity to come. The Service User representatives at the Maternity Matters meetings also have other contact with a wider range of women and are able to put the stories into context and ensure they are fed back to the Trust so that they can be a valuable learning resource from which to make improvements.</p> <p>The Maternity Matters group has been instrumental in initiating a project on communication between professionals and women and their families. This project is in the planning stages and it is hoped it will be developed further during 2015/16.</p>
<p>Objective 4</p>	<p>To improve access to health and wellbeing information for all communities</p>
	<p>Listening Group (LG) Lancashire North CCG has identified as a priority and has a duty to take account of representation made by persons who represent the interests of</p>

the communities it serves.

The focus will be on providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation. It will also help to ensure that, in all aspects of the CCG's business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG.

The purpose of the LG is to support the CCG to meet its statutory requirements in line with Section sections 13Q and 14Z2 of the Health and Social Care Act 2012, which place a duty on CCGs to promote the involvement of patients and the public

The LG will therefore support the CCG in the-

- On-going planning of services.
- Developing proposals for change.
- Making decisions that may affect the operations of services.

The governance process will be supported by formal recorded minutes of the LG meetings and submitted to the Communications and Engagement Strategy Group. The Chair of the LG will feed into the Communications and Engagement Strategy Group any equality and inclusion issues that require disclosure to the full Governing Body, or executive action.

The LG will endeavour to seek the views of the wider population for consultation/patient and service user voice purposes where necessary as far as possible.

The primary aims of the LG are:-

- To be representative of the communities served by the CCG so far as is possible in a way that is inclusive and respectful.
- To inform, influence and challenge commissioning decisions.

	<ul style="list-style-type: none"> • To promote innovation and improvement in the CCG. • To disseminate information while maintaining confidentiality. • To bring any issues to the attention of the group at scheduled meetings. <p>Objectives of the LG</p> <ul style="list-style-type: none"> • To provide a forum for consultation on any changes to services. • To work with the CCG to develop proposals that effect change. • To clearly articulate the agreed consensus on service users' views to the CCG • To endeavour to ensure that any proposals developed by the CCG take account of the views of service users. <p>Offer summaries of service users' views to the CCG</p> <ul style="list-style-type: none"> • Prepare reports in a form which can be disseminated to service users to inform them about the agreed summaries of their views and how the CCG has responded to their views. <p>The particular information collected by the LG may include views on health services in relation to</p> <ul style="list-style-type: none"> • Equality and Inclusion • Quality • Accessibility • Relevance and scope • Moral/ethical issues • Humanistic and holistic elements of services
Objective 5	We will improve access to health care services for the most vulnerable groups and we will support carers and family members
Progress	Through better care together (see Objective3)

Equality Delivery System 2

Lancashire North Clinical Commissioning Group adopted the Equality Delivery System (EDS) as its performance toolkit to support the CCG in demonstrating its compliance with the three aims of the Public Sector Duty.

This system is designed to support NHS commissioners and providers of services to deliver better health outcomes for patients and communities and create improved working environments for staff. The full report can be accessed here [EDS2 2015 Report](#)

Gradings and feedback

The stakeholders graded/voted the CCG on the evidence presented at the public grading event by deciding which of the four grades (**undeveloped**, **developing**, **achieving** and **excelling**) they believe the CCG is attaining in “How well people from protected groups fare compared with people overall?”.

For 2015 the CCG focused on Goal 2 Improved patient access and experience and the EDS outcomes listed below:

Goal 2: Improved patient access and experience	2015
2.1: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing
2.2: People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
2.3: People report positive experiences of the NHS	Developing
2.4: People’s complaints about services are handled respectfully and efficiently	Developing

Feedback from the grading event

- Graders who attended the grading assessment event were relatively small in number and did not fully represent all nine protected characteristics.

- Graders would like to see more evidence in the form of patient stories and Equality Impact Assessments.
- The information should be disaggregated by protected characteristic so that graders can respond compare how a protected characteristic fares against the population as a whole this will assist the CCG in moving through the EDS” grading process.

See Appendix 1 and 2. For more information please read the [EDS2 Report \(Link\)](#)

Provider Relationships and Contract Monitoring

In meeting our responsibilities the CCG as a NHS commissioning body is required to seek assurances from providers that they are meeting their mandatory requirements.

This will give the CCG the opportunity to work collaboratively with providers to establish shared understandings, to be innovative while performing efficiently and effectively within an environment of economic restraint.

We will improve our provider monitoring for the purpose of:

- Assuring all provider performance and accountability around equality and diversity.
- Being open and transparent in all of our discussions with our providers, in particular where they are not achieving, and be open about non-achievement early enough to adopt a collaborative approach to a solution.
- Having a visible programme of work for improving the equality, safety and productivity of its business
- Engaging in partnerships with other providers to secure equitable and inclusive service solutions and employment practices which meet the needs of Lancashire North whilst ensuring sustainability.
- To help the CCG to assess whether services are giving excellent outcomes (including qualitative information about our commissioned and delivered services).

The table below provides a snap shot of the current position of each of Lancashire North CCGs main providers following a review of their websites.

Lancashire North CCG is the Commissions Service from the following Providers	Equality Objectives	Published Equality Information in 2015/16	Undertaken EDS Grading in 2015/16	Published Work Force Race Equality Report 2015
University of Morecambe Bay Hospital NHS Trust				
Lancashire Care Foundation Trust				
Calderstones Partnership NHS Foundation Trust				
Blackpool Teaching Hospitals NHS Foundation Trust				
North West Ambulance Service (NWAS)			NWAS are in the process of reviewing their current status on EDS2	

The links below will take you to our NHS provider equality webpages:

University Hospitals of Morecambe Bay NHS Foundation Trust webpage link:

<https://www.uhmb.nhs.uk/about-us/inclusion-and-diversity/>

Blackpool Teaching Hospitals NHS Foundation Trust webpage link:

<http://www.bfwh.nhs.uk/about-our-trust/equality-and-diversity/>

Calderstones Partnership NHS Foundation Trust

To access equality and diversity publications click the link

<http://www.calderstones.nhs.uk/aboutus/publications.html> drop down the page and equality and diversity is listed third on the left hand side.

Lancashire Care NHS Foundation Trust webpage link:

<https://www.lancashirecare.nhs.uk/ED>

Equality and Inclusion Development for 2016/17

In 2016 a key focus will be on the review of our Equality and Inclusion Strategy, PSED Equality Objective and EDS2 Outcomes. The CCG will continue to embed equality and inclusion into commissioning and demonstrate “due regard” to the nine protected characteristics and other vulnerable groups. This will be achieved through a more structured approach supported at senior level where:

- A comprehensive approach to equality impact assessments
- Data collection and monitoring mechanisms ensure they capture data by protected characteristics and vulnerable groups and this data informs service development design or decommissioning.
- NHS and key provider monitoring in respect of how equality and inclusion is collated and reported to the CCG and how the CCG can support its providers
- Improve on staff reporting and identification of positive experiences of their membership of the workforce
- Collaborative and partnership working that incorporates and understands the significance of a Voluntary Community Sector presence.

Conclusion

The evidence set out in this report demonstrates that the CCG continues to make good progress towards paying due regard to the way healthcare services are commissioned and delivered. Lancashire North CCG is committed to making continuous improvements as a commissioner of services and an exemplar employer. The CCG will continue to monitor progress and report regularly and openly on the development of this work.

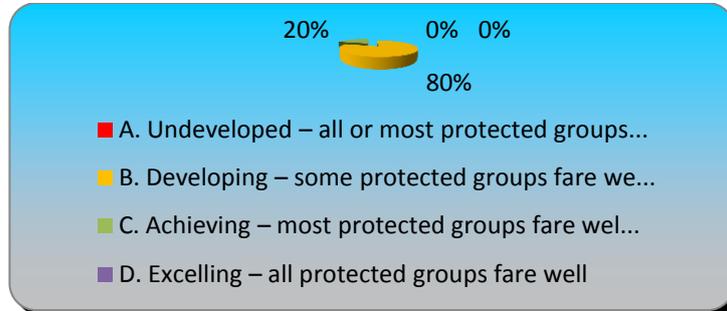
Author: The Equality and Inclusion Team, NHS Midlands and Lancashire
Commissioning Support Unit.

Date: March 2016

Appendix 1: EDS2 Public Grading Assessment in 2015

Goal 2: Improved patient access and experience

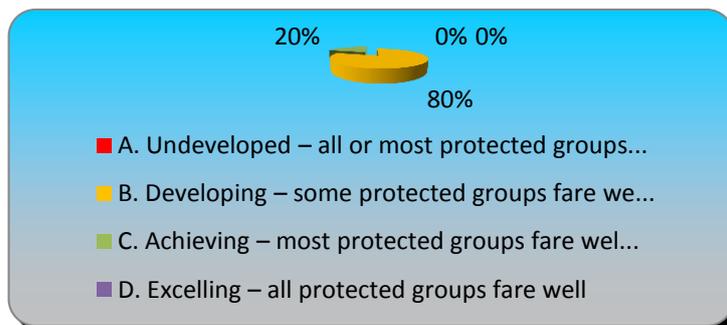
Outcome 2.1: People, carers and communities can readily access health or primary care services and should not be denied access on unreasonable grounds



Outcome 2.2: People are informed and supported to be as involved as they wish to be in decisions about their care



Outcome 2.3: People report positive experiences of the NHS



Outcome 2.4: People’s complaints about services are handled respectfully and efficiently



Appendix 2: An overview of Lancashire North CCG EDS Grading results from 2012 to 2015

Objective	Narrative	Outcome	2012	2013	2014	2015
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	Developing +	Achieving	Not graded in 2015
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing	Developing	Achieving +	Not graded in 2015
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving	Achieving -	Achieving +	Not graded in 2015
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing	Developing +	Achieving	Not graded in 2015
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities		New for 2014	Not graded in 2014	Not graded in 2015
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient 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	Developing	Developing +	Developing +	Developing
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing	Developing	Achieving	Developing
		2.3 People report positive experiences of the NHS	Developing	Developing	Achieving +	Developing
		2.4 People's complaints about services are handled respectfully and efficiently	Developing	Developing	Achieving +	Developing
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing	Achieving	Not graded in 2014	Not graded in 2015
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Developing	Excelling	Not graded in 2014	Not graded in 2015
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	Developing	Developing	Achieving +	Not graded in 2015
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving	Achieving	Not graded in 2014	Not graded in 2015
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing	Excelling	Not graded in 2014	Not graded in 2015

		3.6 Staff report positive experiences of their membership of the workforce		New for 2014	Achieving +	Not graded in 2015	
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving	Achieving	Not graded in 2014		Not graded in 2015
		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		New for 2014	Staff A +	Public A+	Not graded in 2015
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Developing	Excelling		Not graded in 2015