Communication, Engagement, Equality, Diversity and Human Rights Strategy 2013 - 2018
August 2013
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Our commitment

We want to make a difference to all the people in Wakefield district, about reducing health inequalities, improving their health outcomes, and their access to and experience of using local healthcare services. We recognise the need for prevention work as well as the need to improve services for all whilst taking account of the needs of particular groups.

We want to build trust in us to do the best for all our local people. Making sure that we are fair and equitable and excel at communications and engagement is fundamental to achieving this vision.

This strategy will help us to make sure that we provide excellent services that meet local need.

Our Key Messages

We will commission services that are equitable and provide the right care, in the right place, at the right time

We are a listening and involving organisation, which values the views of our diverse communities

We are working together with our partners to make sure local healthcare is the best it can be

Our staff are vital to our success. We value their creativity and innovation and are working towards them reflecting our local communities.
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1. The start of our story

We believe we have already made good progress in establishing our identity and in building relationships with a range of people and groups who share our interest in the health and wellbeing of local people.

This our refreshed five year strategy which was originally approved in June 2012 by the Clinical Commissioning Executive (shadow governing body), recognises that progress and spells out how we will communicate and engage with all our stakeholders\(^1\) going forward. It sets out our objectives, our guiding principles and the key areas of communications, engagement and equality that we need to focus on if we are to become a successful organisation and be locally valued by those we serve.

Over the last year we have continued to strive to deliver the highest standards of engagement work, using a wide range of methods and approaches, tailoring these to the needs of those we were involving, and supporting people to be able to participate effectively. Activity was also designed to ensure all the nine protected characteristic groups were effectively represented, in line with equality and diversity legislation, and that it reflected the demographics of local communities. In March this year, we carried out a review of the action plan that supported our previous strategy and can say that we met what we have set to do. From there, we continued to improve our engagement and communication work, for example by better bringing the information we get to learn what patients are telling us about the local services and using new ways of engaging during the Meeting the Challenge consultation.

We are a member organisation made of clinicians from our 40 member. Our clinical members are working with patients on a daily basis and provide us with essential insight into what patients really want, alongside strong clinical knowledge to commission with services that will provide the best outcomes and experiences. Having strong relationships with our members, through the Practice Support Unit, opens up opportunities to listen to patients and clinicians where they are most likely to have the strong interest. Our practices utilise Patient Participation Groups (PPGs) to routinely hear about patients’ experiences and perspectives of services and about the health priorities of the local community. We will tap into this valuable resource.

The strategy is based on an analysis of our stakeholders and workshop feedback about engagement, recognising the strong links our clinicians already have with partners. It identifies actions that took us through authorisation and establishment, providing the foundation for developing a strong reputation and mutually productive relationships. An action plan has been developed alongside the strategy which outlines the tasks to be undertaken to ensure we are inclusive, fair and equitable and that we achieve appropriate, innovative, creative communications and engagement in both the short and long-term. This will build on the work we did last year.

It also outlines the functional, legislative and local context which backs up our wish to actively engage and involve a wide range of stakeholders, especially our patients and the public in our everyday business. The refreshed strategy now incorporates the Equality, Diversity and Human

\(^1\) stakeholders include those who may have an interest in our work, such as patients, community organisations, local partners and other statutory and non-statutory bodies.
Rights Strategy (referred to as equality strategy in this document) and it works in conjunction with other strategies, including our Strategic Plan, and our thinking on patient experience. We will review and refresh our strategy on an annual basis to ensure we reflect any changes to our objectives or priorities.

1. A definition of ‘stakeholders’ can be found on page 22.

2. What this strategy aims to achieve

The purpose and scope of the strategy is to:

- Ensure that the views of member practices, patients, carers, stakeholders, partners and the wider community, including equality groups are fully represented in decisions about how services are proposed, designed and delivered as well as how they can be improved.
- Ensure that the views of patients, carers and the public participate in the NHS England’s ‘Call to Action’ ensuring that local peoples’ views and comments are fed back into the national process.
- Outline our plans for working hand in hand with our stakeholders and diverse communities
- Lay the foundations which will allow us to become a successful organisation and ensure we are inclusive, fair and equitable, and deliver our vision and values.
- Support the implementation of our assurance plan.
- Ensure we respond to feedback received during the Meeting the Challenge Consultation around communication and engagement.
- Ensure that communication, engagement and equality is a key part of implementing the outcomes of the Meeting the Challenge consultation
- Ensure that the findings of the Integrated Impact assessment for the Mid Yorkshire Clinical Services Strategy are included in the implementation plans and other transformation workstreams.

Communications, engagement and equality are the responsibility of the CCG. We recognise our statutory duty to involve and engage patients and local communities, including equality groups in decisions about health care and health services as part of the commissioning cycle. This is something that we would wish to do anyway as it is at the heart of our beliefs. To ensure that we do this well, we will utilise the specialist services of NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit who will support us in implementing our communications, engagement and equality strategy and carrying out related activities.

The use of the term equality groups is used as shorthand for the protected characteristic groups covered in the Equality Act 2010 as follows:

- Race
- Sex
- Age
- Disability
- Gender reassignment
• Religion or belief
• Sexual orientation
• Pregnancy and maternity
• Marriage and civil partnership.

3. What we mean by communications, engagement and equality and diversity

3.1 Communications
Good communication is a two way process. Although it includes the simple sharing of information, more often it will be a conversation built on good relations. It is based on an understanding of our stakeholders: all those individuals and groups whose beliefs, views and interests overlap with ours. It includes internal and external audiences and will offer opportunities to hear, discuss and shape the work we are doing to improve healthcare for the people of Wakefield district.

3.2 Patient and public engagement
Patient and public engagement can be defined as the active participation of patients, including children and young people, carers, community representatives and the wider public in the development of health services and as partners in their own health care. Central to this is the development of relationships with voluntary, community and faith sector organisations. The Wakefield commissioning cycle shows how local people can have a say in how services are planned, commissioned, delivered and reviewed.
It is important to know who to involve through our engagement activity and we want to make sure that we provide opportunities for both individual and collective engagement.

In broad terms, our strategy will take account of three ‘sets’ of people:

- Those who have direct experience of services (patients, carers)
- Those who represent communities (community being defined by the common factor that brought people together e.g. shared geography, shared characteristics or issues).
- Members of the wider public.

### 3.3 Equality and Diversity

Equality and diversity is about our commitment to be inclusive, fair and equitable to all our patients, carers, communities and staff. It is about listening to and responding to minority voices not just those who ‘shout loudest’. Equality and diversity for the CCG is about how and what we procure and commission, how we engage with our patients, carers and communities, how we listen to, treat and engage with our staff and how we hold our providers to account to ensure services are personal, fair and diverse.
The context for this strategy

4.1 Legislation

4.1.i Health and Social Care Act 2012
The White Paper, ‘Equity and excellence: Liberating the NHS’, and the subsequent Health and Social Care Act 2012, set out the Government’s long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the NHS will:

• put patients at the heart of everything it does
• focus on improving those things that really matter to patients; and
• empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

• in their planning of commissioning arrangements
• in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and
• in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

4.1.ii The NHS Constitution
The NHS Constitution came into force in January 2010, following the Health Act 2009 and was consulted on again in 2012. The constitution places a statutory duty on NHS bodies and explains a number of rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

• in the planning of healthcare services;
• the development and consideration of proposals for changes in the way those
services are provided; and

- in the decisions to be made affecting the operation of those services.

4.1.iii The Equality Act 2010
The Equality Act 2010 brings together all equality legislation within one Act.

The general equality duty (Section 149), which forms part of the 2010 Equality Act, requires public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it; and
- foster good relations between people who share a relevant protected characteristic and those who do not share it.

Public authorities such as the CCG covered by the specific duties must publish information, at least annually, to demonstrate their compliance with the general equality duty. CCGs need to publish this information by 31 January 2014.

There is an additional specific duty to set and publish equality objectives, at least every four years. CCGs need to have agreed and published their equality objectives by October 2013 and be able to demonstrate why they will contribute to their Public Sector Equality Duty (PSED).

4.1.iv The Human Rights Act 1998
The Human Rights Act 1998 (also known as the HRA) came into force in the United Kingdom in October 2000. It is composed of a series of sections that have the effect of codifying the protections in the European Convention on Human Rights into UK law.

All public bodies such as the NHS have to comply with the Convention rights. The Act sets out the fundamental rights and freedoms that individuals in the UK have access to. They include:

- Right to life
- Freedom from torture and inhuman or degrading treatment
- Right to liberty and security
- Freedom from slavery and forced labour
- Right to a fair trial
- No punishment without law
- Respect for your private and family life, home and correspondence
- Freedom of thought, belief and religion
- Freedom of expression
- Freedom of assembly and association
- Right to marry and start a family
- Protection from discrimination in respect of these rights and freedoms
- Right to peaceful enjoyment of your property
- Right to education
- Right to participate in free elections
4.2 Our responsibilities

As part of the structure of the reformed NHS, we are responsible for:

- building and protecting the reputation of the local NHS;
- building relationships with the media, stakeholders, member practices, public, patient, carers and partners;
- ensuring patients and the public feel valued and are involved at all stages of the commissioning cycle;
- providing innovative and creative ways in which patients, carers, stakeholders, staff and the public can share their views;
- being open about how we hold ourselves to account for using the view and feedback we receive;
- crisis communications planning and preparedness;
- marketing and campaign management;
- brand and identity;
- producing an annual report, including detail of engagement activity, and to hold an annual general meeting (AGM);
- responding to parliamentary questions and other statutory requests for information
- ensuring consultation and engagement is reported back to those involved and to organisations monitoring performance;
- ensuring the provision of information for patients is appropriate and timely; and
- meeting the public sector equality duty outlined in the Equality Act 2010 including evidence that they have given consideration to the impact of decisions on equality groups.

4.3 Transforming health services

We are determined to secure the best possible health outcomes for local people, not just for the patients we see today, but for their children and grandchildren too. To do this, we need to transform the way care is provided, whether that is in primary care, in hospitals, in the community or in social care. Transformation requires different organisations with similar objectives to work together in partnership to deliver the necessary changes to processes, organisation, technology and information across care pathways.

The CCG is committed to engaging with patients and the public on national as well as local transformation which will influence the development of NHS services. One example of this is the NHS England’s Call to Action which is seeking views to raise performance across the board and ensure we deliver a safe, high quality, value for money service.

Adopting this approach will support an integrated vision for the delivery of health and social care services. We will work closely with our transformation partners to deliver whole health economy benefits that are clinically and financially sustainable and will improve health outcomes.
The focus for transformation in the Mid Yorkshire Health and Social Care Economy is guided by the need to ensure that:

- patients are practically managed at or close to their homes;
- only those patients who need to be in hospital are admitted; and
- once admitted into hospital patients only stay for as long as is clinically necessary and that the care they need to support them to go home is there.

The Mid Yorkshire Health and Social Transformation Partnership Board was established with key partners working together to deliver local service transformation focusing upon six issues:

- the need to adopt the new models of care and best practice which can deliver better outcomes for patients and deliver safe and excellent quality services;
- the need to improve the health of people in Wakefield and North Kirklees and ensure healthcare services are meeting public expectations;
- a growing proportion of older people which requires a different response from health services;
- more care delivered in community settings and patients benefitting from care closer to home;
- workforce challenges preventing delivery of the best quality care; and
- ensure the best use of taxpayers’ money is made.

Our clinical leaders are already working with partners across the local health and social care economy, but we are equally committed to involving patients, carers and the public in this considerable enterprise. During the past year this has been evidenced in our work on the Meeting the Challenge formal consultation which has received The Consultation Institute’s Compliance Assessment Certificate.

The transformational program and priorities for the Mid Yorkshire Health and Social Care Partnership Board closely mirror our seven transformational areas as outlined in our Strategic Plan. By focusing on the priority areas we will realise our vision of forging effective, patient-centered joint solutions, as well as making a significant contribution to the overall transformation of the health and social care economy in the Mid Yorkshire area.

Significant communication, engagement and equality analysis work has been taking place since June 2011 to support the programme of transformational change, specifically in relation to Mid Yorkshire’s Clinical Services Strategy and other transformation workstreams, such as Care Closer to Home, and this will continue to be a major piece of work for us in the year ahead.

4.4 The Francis Report

On 6 February 2013 the Mid Staffordshire NHS Foundation Trust Public Inquiry was published examining the role of the culture and systems in the NHS and how they failed to identify the appalling events at Stafford Hospital between January 2005 and March 2009. The key theme of the report is putting patients first, with an NHS that should be centred on common values in
In order to drive up quality of care. Commissioners have a fundamental responsibility for driving quality and ensuring patient safety, and the report advocates that CCGs should be recognisable public bodies acting on behalf of the public they serve.

The publication of the Francis report has been an important milestone and we will work to ensure that the recommendations made are reflected in our work around communications, engagement and equality.

4.5 Improved decision making

Engagement with our stakeholders, especially patients and the public is not only a legislative requirement: we want stakeholders and communities, including equality groups to have genuine involvement in our decisions, so that those decisions help us to secure excellent services that meet local need. Meaningful and appropriate engagement, communication and equality analysis will be integral to our daily business. This means that engagement and equality analysis has to be an active part of the whole commissioning cycle, and that we are able to evidence how the views and opinions of local people have informed and influenced our decision making and that we have given consideration to any impact on equality groups.

Building on the authorisation process, we have developed a delivery framework (figure 2) for communications and engagement, which is below. It demonstrates the objectives and goals as well as the assurance that the CCG is listening and acting on the feedback of the local population.

Figure 2
We are committed to reducing health inequalities and improving health outcomes for all our communities. To ensure that this is incorporated within our decision making processes we will ensure that equality impact assessments are carried out on decisions that impact on patients, carers, communities and staff.

5. Our guiding principles for communication, engagement and equality

We will:

- be open, honest, consistent, clear and accountable;
- ensure communications and engagement activities are accessible to all audiences;
- give clear, accurate and consistent messages, linked to our vision and values;
- ensure planned, timely, targeted and proportionate communication and engagement;
- educate our staff and members that communication, engagement and equality is everyone’s responsibility, sharing and developing their skills in this area;
- encourage and support inclusive communication and engagement based on good relationships;
- provide cost effective, high quality information – maximising our resources;
- work in true partnership with other agencies, stakeholders, patients, carers and patient representatives to reduce health inequalities and improve health outcomes;
- work with our strategic partners and our local communities to tackle unfair or unlawful discrimination;
- procure and commission services that treat people as individuals in accordance with their personal health needs;
- work with providers and contractors to ensure services are personal, fair and diverse and hold them to account where evidence does not demonstrate this;
- lead by example and learn by what we do – both by what we do well and what we can improve;
- we will use our resources to secure the best possible outcomes for all without detriment to particular groups;
- provide a variety of innovative, creative opportunities to communicate with people and for people to engage with us;
- use best practice methods and
- encourage our member practices to adopt these principles

6. Supporting our business objectives

Each of the strategic objectives set out in our Strategic Plan will need to consider communications, engagement and equality. For 2013/14 these are:

- prevention of ill-health and illness;
- care closer to home and out of hospital;
- responsive urgent care; and
• safe early years and healthy transition to adulthood.

We’re developing strong links with public health professionals, to ensure we work on the basis of in-depth, reliable knowledge about local communities (such as the Joint Strategic Needs Assessment), as per our Memorandum Of Understanding with Public Health.

7. Our communication, engagement and equality objectives

To support the delivery of this strategy and the objectives and aspirations set out in Strategic Plan, we have identified the following communications and engagement objectives.

We want to earn a reputation for our commitment to making a difference for local people – for improving their health outcomes and for helping them to have a good experience when they use local healthcare services. We want them to trust us to do the best for them.

Our actions and decisions will determine whether we succeed in our aspirations. However, we need to communicate effectively and engage meaningfully if we are to secure our reputation.

7.1 Timely, relevant and targeted communications (Inform)

Effective communication will be achieved through identifying our key audiences and adapting our communications to their needs and preferences.

Specifically we want to:
• ensure that key information, messages and plans are communicated to relevant target audiences in a timely and consistent manner.

To achieve this we will continue to:
• ensure that the local population is kept aware of service developments and knows how it can influence healthcare in Wakefield;
• help local people to understand the changing nature of healthcare, and explain the drivers which influence our decision making;
• write and communicate in language appropriate to our audiences and equality groups in line with the principles of health literacy, achieving the Plain English Campaign Crystal Mark where possible;
• ensure that our key stakeholders are aware of our engagement plans and activities, seeking feedback on such plans in a timely manner; and
• raise awareness amongst staff and member practices of our vision and values, ensuring that they have opportunity to actively participate in decision making within the CCG.

7.2 Ensure patients have a great experience of care (Consult)

What patients and carers tell us about their personal experience of healthcare is our strongest incentive to constantly seek ways of improving quality. We need to demonstrate how we actively seek out this information, how we analyse it and how it is reflected in our commissioning decisions. We started this work last year and hope to improve this in the future and have developed a Patient Experience Framework to support this.
We are fortunate in being able to build on valuable insights gained through our predecessor and partner organisations. In particular, the Joint Strategic Needs Assessment (JSNA) and the Director of Public Health’s Annual Report give rich insights into the health and behaviors of people living across the Wakefield district, including specific local health inequalities, preferred methods of communication and routes in to these groups.

Specifically we want to:

- understand and learn from the experience of a variety of patients; and
- work with partners and providers to use this learning to improve the experience of patients

To achieve this we will:

- make sure we have effective mechanisms in place to collect and collate patient feedback;
- strengthen patient experience information from primary care providers to support primary care development and improvement;
- gather and analyse feedback to assess themes and issues through our Quality Intelligence Group;
- standardise contractual requirements and strengthen regular monitoring across providers to improve the quality of the patient experience;
- network with other NHS, Local Authority and CCG colleagues;
- publicise these improvements to patients, the public and staff; and
- identify learning and share good practice.

To get the best from the information we have as an organisation - be it PALS queries, complaints, engagement events, MP letters or social media – we will need to pull together the information to gain the main themes on what people are saying about the local health services. We are keen to develop the processes underpinning this, with the support of the Commissioning Support Unit, so that we get in-depth triangulated information of the main themes arising in respect of local services. This will enable us to improve the quality of services for all the people of Wakefield.

The model below (figure 3) has been developed to illustrate how information and what information will be used to provide this valuable insight for the CCG:
7.3 Develop creative and effective engagement opportunities across Wakefield district (Involve)

At the heart of Wakefield CCG’s vision is the commitment to work with patients and partners to engage them in planning and designing services and improving experience and outcomes.

We will therefore build on existing mature relationships and a strong track-record of collaboration.

Specifically we will continue to:

- develop new mechanisms that encourage people to engage with us and us with them;
- review our engagement infrastructure to ensure that it embeds this work and therefore provides assurance and public accountability;
- reach and engage local people in our work and decisions;
- work with partners to generate meaningful patient experience and engagement information that is fed into commissioning decisions and quality reports;
- demonstrate how feedback from patients and the public has influenced change and improvement and how this has been reported back to patients and the public;
- develop and evidence creative engagement, especially with the nine protected characteristic groups as set out in the Equality Act;
- champion communications and engagement within member practices and their communities; and
- work as a whole health economy to remove barriers to improving our patients’ experience of care and their health outcomes, specifically in the Mid Yorkshire Clinical Services Strategy.
To achieve this we will:

- maintain the Public Involvement and Patient Experience Committee (PIPEC), involving them in our commissioning plans to enable them to challenge and hold us to account;
- build on the Your Health Your Say Network and relationship with HealthWatch to facilitate engagement;
- review our Relationship Matrix which maps the voluntary, community and faith sector organisations covering the diversity of the local population to ensure seldom heard groups and key stakeholder groups are represented;
- develop engagement activities easily accessed by seldom heard groups;
- continue to support Patient Reference Groups (PRGs) and the Patient Participation Group (PPG) Network to provide mechanisms that support two way communication and engagement from CCG Board to practice level;
- lead communications and engagement activity for the transformation programme which is being carried out across Wakefield and North Kirklees, ensuring that all stakeholders, especially patients and carers have opportunity for meaningful engagement;
- review plans and mechanisms to support patient and public engagement within the full commissioning cycle and ensure their contribution can be seen;
- ensure that reports of service design, business case reviews and other initiatives include details of what engagement was undertaken, what changes were made as a result, what was not possible to do and how this was communicated to the public; and
- ensure patient experience information is sought, valued and utilised in our quality initiatives and provider monitoring mechanisms.

7.4 Build our reputation and relationships (Collaborative)
We have already established strong relationships with local stakeholders, where our combined influence can contribute most to securing good health outcomes. With our internal stakeholders, especially our member practices, we have developed a Memorandum of Understanding that encourages active participation in decision making. With key partners and external stakeholders we have done this through CCG events, Governing Body meetings, one to one meetings, board to board meetings, and participation in developing new partnership structures.

True partnership working has been essential for the Meeting the Challenge consultation conducted during 2013, especially between the Mid Yorkshire Hospital NHS Trust, North Kirklees CCG and ourselves. It will be essential to the success of this transformation work for these partnerships to remain strong and good communication and engagement will help to ensure this is the case.

Over the coming year, we will continue to strengthen these relationships, and look at how we engage effectively with other groups of stakeholders. We especially want to build stronger bonds with our communities, and this will be a key focus for us.

Specifically we want to:

- develop our identity, continue to raise our profile and enhance our reputation as a credible, trusted and listening organization; and
- have a proactive approach to communicating and engaging with all stakeholders.
To achieve this we will:

- continue to develop productive relationships with NHS England, other local NHS bodies, HealthWatch Wakefield and the Health and Social Care Overview and Scrutiny Committee;
- continue to work as part of the Wakefield Health and Wellbeing Board to deliver the Joint Strategic Needs Assessment (JSNA);
- work closely with Wakefield Council and other local CCGs to avoid duplication and coordinate engagement and service development activity as with the Meeting the Challenge consultation;
- continue to seek out new ways of involving, communicating with and engaging hard to reach groups, for example, by working with providers such as Spectrum Community Interest Company to communicate with their specialist client group;
- work with partners to help communities to engage with us in their local areas, giving information and listening to their views;
- review our mapping of relationships with the voluntary and community sector, our practices’ patient reference groups, private and independent providers;
- share positive news stories, taking a proactive approach to media relations;
- make sure our media protocol is followed, which provides guidelines for all CCG members and staff especially in handling reactive and negative issues. This enables us to reassure patients and the public, maintaining our overall credibility and reputation among all key stakeholders;
- continue to work closely with our local providers to ensure that we provide consistent and well-informed messages about the health economy to local media and key stakeholders;
- provide regular briefings to stakeholders to inform them of key issues relating to our work;
- further enhance our CCG identity and brand which is relevant to our vision and values, and which is applied consistently; and
- embrace new and emerging ways of communicating, especially via social media.

7.5 Develop an inclusive, and empowering culture for our members (Empower)

We want all CCG staff and member practices to feel ownership of our vision and values, and by their contribution and influence, to help ensure that we commission the best possible services for local people. We also want to make sure that we are all equipped to deal appropriately with the questions that will inevitably arise from stakeholders and communities.

Specifically we want:

- CCG member practices, managers and staff to feel motivated and empowered to contribute to the work and direction of the CCG; and
- to develop a creative culture where communication and engagement is seen as a joint responsibility.

To achieve this we will continue to:

- facilitate, together with the Practice Support Unit, effective internal communications (consistent, timely and relevant information) within the CCG, particularly with the advent of our six clinical networks, so that they are consistently informed and engaged;
• gather and analyse feedback and soft intelligence from member practices to assess themes and issues through our Quality Intelligence Group;
• ensure that our Board, staff and member practices are informed and equipped to participate in service commissioning, and that they are able to deal with the scrutiny which accompanies decision making, including from the media; and
• support the development of an informative, up-to-date and interactive website and intranet solution to support practice and wider engagement.

7.6 Equality objectives
We need to develop equality objectives at least every four years that support us to meet our public sector equality duty and that support our commitment to reducing health inequalities and improving health outcomes for all our communities.

We are part of the Wakefield Together Equalities Partnership, which includes the Local Authority, third sector and NHS provider trusts and have signed up to supporting the delivery of the shared equality objectives and have identified a couple of CCG specific actions to support this for 2013/14. We will also work towards agreeing a smaller number of additional CCG specific equality objectives or actions based on the Equality Delivery System (EDS) assessment and CCG priorities for 2014/15.

The overall objective of the Wakefield Together Equalities Partnership is ‘To ensure services delivered by, or on behalf of, Wakefield Together are – as far as possible – accessible to all citizens and do not discriminate’. This is underpinned by the following equality objectives:

• identify, prioritise and deliver actions to address the most pressing needs and narrow the gap in outcomes between certain disadvantaged groups and the wider community by March 2015;

• improve our local business intelligence including: increasing understanding of the diverse nature of local communities; and understanding the impact of service delivery to ensure decision-making is based on robust knowledge of citizens and service users by March 2014. For 2013/14 we will ensure that all out transformation programmes and service redesign undertake robust equality analysis to ensure that we engage with and give consideration to equality groups in our decisions making processes;

• develop both general and targeted community engagement and communication to: raise awareness of equality issues; challenge myths that lead to discrimination; and ensure local communities are increasingly empowered to influence the way services are delivered by March 2014. For 2013/14 we will use workforce data and findings from our equality delivery system assessment to support organisational development and support and develop our staff and Governing body members;

• continue to strengthen equality into the schedule of requirements for commissioned services, where relevant and proportionate to do so, and implement contract management arrangements that ensure all service providers demonstrate fair treatment of employees and service by March 2014;
• review and develop, as necessary, the ongoing provision of advice and support to all services – to ensure they meet their responsibilities under the Public Sector Equality Duty (PSED) by March 2014; and

• continue to improve customer access channels to the Council and its services and put in place systems to ensure no one group finds it more or less difficult to access services by March 2015.

The Department of Health developed the national EDS as a performance framework to support the NHS to meet its Public Sector Equality Duty and to drive up equality performance. We agreed to sign up to the EDS in our draft Human Rights and Equality and Diversity Strategy 2012/13, to help us meet our PSED, support equality improvements and help us meet our equality objectives.

The EDS has four goals and 18 outcomes (see appendix four or details of the 18 outcomes). The four goals are:

• Better health outcomes for all
• Improved patient access and experience
• Empowered engaged and well supported staff
• Inclusive leadership at all levels

We will use the 18 outcomes to assess our progress against the four goals; this will include engaging with local equality groups and staff to grade out performance in September/October 2013. The EDS assessment process will help provide evidence that we are meeting our PSED, which we will publish in January 2014 and will also support us to identify future equality objectives.
8. Our key messages – what we want people to know

Threaded throughout our communications, engagement and equality activity will be the key messages which encapsulate our vision and our way of working:

- we are committed to commissioning high-quality services that will improve our patients’ experience of care and their health outcomes;

- we involve and listen to our patients, practices, partners and staff to reduce health inequalities and secure the best possible healthcare for all our local communities; and

- we continue to work together with our partners to transform health and social care services across the Wakefield district.

And specifically for internal audience – member practices and staff

- our staff are integral to the successful delivery of our commissioning plans; and

- we foster a creative and empowering environment that stimulates innovation and allows our practices and staff to unleash their potential

Key messages will be developed for specific marketing, communications and engagement projects, based on research and insights, and tailored to the target audience. One example of this is the feedback received during the Meeting the Challenge consultation which will now form the basis for a Communication, Engagement and Equality Strategy for the Transformation Programmes underpinning this work.

9. Our key stakeholders

To achieve our objectives, we need to continue to develop effective relationships with all stakeholders giving consideration to equality groups. Throughout this document the term ‘stakeholder’ has been used to describe any person or organisation whose interests are affected by, or can affect, our work to secure the best health outcomes for the people of our area.

To do this, we have identified all stakeholders, and prioritised them.

We used a simple planning model to achieve this.

Figure 4: Stakeholder planning model
Appendix one shows the full range of stakeholders we identified. These can be grouped into the following key broad categories:

- Internal – including member practices and CCG staff
- Patients, carers and communities (those with a common interest)
- Public
- Partners, such as the local authority
- Governance and regulators
- Political
- Providers
- Third sector
- Media
- Suppliers
- Professional bodies
- Education
- Other agencies

Having identified our stakeholders we used our local knowledge to group them according to their relative interest, and the influence they can exert. The resulting matrix is shown in Appendix two.

We don’t intend this to be a once only activity, as stakeholder interests vary according to circumstances and programme, and we will continue to keep this analysis under review. For example a new stakeholder map has been developed for the Transformation Programme work.

A workplan that sets out how we will achieve our communications, engagement and equality objectives for the following year has been developed. The Commissioning Support Unit on behalf of Wakefield CCG and North Kirklees CCG will also develop communications and engagement implementation plans, informed by the Integrated Impact Assessment for the various transformation programmes e.g. Care Closer to Home, that underpin the Meeting the Challenge work.
10. Governance

The CCG is built on the foundation of effective local relationships and good communications with member practices, and key stakeholders, including other Health and Wellbeing Board members and patients’ and carers’ groups, including equality groups.

It is important that we continue to develop these relationships and improve how we collect and use patient, public and staff feedback. The channels identified through this strategy are the basis of good governance. Patients and members of the public through our Public Involvement and Patient Experience Committee provide the CCG Governing Body with assurance that the CCG has robust engagement and consultation mechanisms.

We are also using the Equality Delivery System to involve patients and the public in holding us to account as well as assessing our progress in driving up equality performance.

The CCG has developed a number of governance structures that strengthens the accountability to patients and members of the public. This includes the following:

- Member practices sign up to our constitution
- Lay representative of the Board with patient and public involvement remit
- Clinical Cabinet
- Integrated Governance Committee
- Public Involvement and Patient Experience Committee (PIPEC)
- Meeting the Challenge Patient and Public Advisory Group
- Patient Participation Group (PPG) Network
- PRGs involving over 700 patients in Wakefield and growing
- Board level communications champion
- Board level engagement champion
- Board level equality champion

The above will help us to be transparent, open and accountable to member practices, staff, patients and the public in our everyday business. These will be reviewed and may be added to as needs arise.

11. Resources

In the current year we will implement this strategy through named individuals within NHS West and South Yorkshire and Bassetlaw CSU’s Communications, Engagement and Equality and Diversity service team. They will provide local insight, expertise and will manage this activity, drawing on the resources of their shared team for day to day media, marketing, communications, engagement and equality activity.

12. Evaluation

Ongoing evaluation of our engagement, communications and equality activities will help us to:
• learn how well communication, engagement and equality systems work and how they can be improved;
• monitor if the systems are functioning to an acceptable standard; and
• hold ourselves up to scrutiny by internal and external stakeholders.

Evaluation will take place through a combination of quantitative and qualitative methods including:

• ongoing media evaluation;
• patient surveys;
• website usage statistics;
• internal communications audits;
• patient, staff and stakeholder feedback, including compliments, comments and complaints;
• collecting and assessing equality and diversity information as part of engagement activity;
• equality impact assessments; and
• progress against EDS goals.

As previously mentioned one example of evaluation of our communications and engagement activity is the Certificate of Assurance received from The Consultation Institute as part of the Meeting the Challenge consultation.
Our Patient and Public Annual Report will capture the consultations carried out or proposed to be carried out, and on the influence that the results of the consultations have had on our commissioning decisions.
## Appendix one: List of all stakeholders

<table>
<thead>
<tr>
<th>Type</th>
<th>Who</th>
</tr>
</thead>
</table>
| **Internal**          | CCG members/staff  
Constituent practices  
Clinical cabinet  
Lay members and directors  
Practice staff including nurses, support and admin  
CSU staff |
| **Patients/Carers/Communities** | HealthWatch  
Patients  
Carers  
Patient Groups (including patient reference groups) |
| **Public**            | Local residents |
| **Partners**          | Wakefield District Council  
Mid Yorkshire Health and Social Care Partnership Programme Board  
Health and Wellbeing Board  
Neighbouring CCGs  
Public Health England  
Joint Director of Public Health, Wakefield  
NHS England Area Team |
| **Governance/regulators** | Overview and Scrutiny Committee for Health (and Joint OSC)  
NHS England  
NHS Trust Development Authority  
Care Quality Commission  
Monitor |
| **Political**         | Local Councillors  
MPs |
| **Providers**         | The Mid Yorkshire Hospitals NHS Trust  
South West Yorkshire Partnership Foundation Trust  
Yorkshire Ambulance Service NHS Trust  
Other neighbouring trusts  
Private/independent sector/community interest providers incl. NHS Direct, Care UK, Local Care Direct, Spectrum CIC.  
Primary care contractors i.e. dentists, pharmacists, opticians |
| **Third sector**      | Area Forum  
Community Forum  
Disability partnership, mental health partnership and others  
Wakefield District Housing  
Religious groups  
Voluntary and Community Groups/organisations  
NOVA |
| **Media**             | Wakefield Express  
Pontefract & Castleford Express |
| Suppliers / other                          | West and South Yorkshire and Bassetlaw Commissioning Support Service  
|                                           | Local businesses (Chamber of Commerce)  
|                                           | Unions  |
| Professional bodies                      | RCGP  
|                                           | Other Royal College/professional organisations  
|                                           | LMC, LPC, LDC, LOC, RCN  |
| Education                                | Appraisers  
|                                           | Schools  
|                                           | Training organisations  
|                                           | University of Huddersfield  
|                                           | University of Leeds  
|                                           | VTS (Vocational Training Service)  
|                                           | Yorkshire Deanery  
|                                           | Research Network  
|                                           | Workforce  |
| Other agencies                           | Police  
|                                           | Fire service |
Appendix Two: Stakeholder analysis

We have prioritised our stakeholders into four key groups based on their influence and interest:

<table>
<thead>
<tr>
<th>Keep engaged</th>
<th>Key partners/players</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients and public</strong></td>
<td><strong>Internal</strong>: inc. member practices, CCG staff</td>
</tr>
<tr>
<td><strong>Media</strong>: local, regional and national</td>
<td><strong>Governance/regulatory</strong>: inc OSC, NHS England, NHS Trust Development Authority</td>
</tr>
<tr>
<td><strong>Governance/regulatory</strong>: CQC</td>
<td><strong>Partners</strong>: inc Health &amp; Wellbeing Board, local authority</td>
</tr>
<tr>
<td><strong>Political</strong>: inc MPs and councilors</td>
<td><strong>Neighboring CCGs</strong>: esp. North Kirklees</td>
</tr>
<tr>
<td></td>
<td><strong>Providers</strong>: inc MYHT, SWYPFT, Spectrum, YAS</td>
</tr>
<tr>
<td></td>
<td><strong>Professional bodies</strong>: LMC</td>
</tr>
<tr>
<td></td>
<td><strong>Patients and public</strong>: representative organisations e.g. Healthwatch</td>
</tr>
<tr>
<td></td>
<td><strong>Suppliers</strong>: particularly WSYBCSU</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Keep informed</th>
<th>Involve</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional bodies</strong>: RCGP, LPC, LOC, LDC, RCN</td>
<td><strong>Other providers</strong>: e.g. pharmacists, opticians</td>
</tr>
<tr>
<td><strong>Third sector</strong>: inc, religious groups, community groups</td>
<td><strong>Third sector</strong>: inc Disability partnership, Area Forum, and voluntary and community sector.</td>
</tr>
<tr>
<td><strong>Education</strong>: inc appraisers, schools and universities and training institutions</td>
<td><strong>Other agencies</strong>: Wakefield District Housing, police, fire</td>
</tr>
<tr>
<td><strong>Public</strong>: (as tax payers and potential patients)</td>
<td></td>
</tr>
<tr>
<td><strong>Suppliers</strong></td>
<td></td>
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</tbody>
</table>
Appendix three: Comments received through engagement

Discussions with the members of the public in respect of how the CCG should be engaging took place in March 2013 at a public event. The comments received were as follows. It should be noted that not all comments refer to the strategy, but we have tried to reflect these as best as possible:

<table>
<thead>
<tr>
<th>Comment</th>
<th>Reflection within the strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use jargon free language.</td>
<td>Several respondent in the engagement period noted that the purpose of the document inevitably dictates the language used. But, we have tried to use better language. We have also used suggestions that were sent to us.</td>
</tr>
<tr>
<td>Documents and meetings need to be clear and concise.</td>
<td>We aim for the meetings and events we organise to be as accessible as possible.</td>
</tr>
<tr>
<td>Information needs to be put into context.</td>
<td>The strategy provides context for its purpose and role.</td>
</tr>
<tr>
<td>Range of engagement activities.</td>
<td>We show the CCG’s commitment to engaging with the public and our patient and public engagement annual report will show the work we have done.</td>
</tr>
<tr>
<td>More attention given to different profiles and demographics of population.</td>
<td>Equality and diversity has now been included in the strategy.</td>
</tr>
<tr>
<td>Pilot localism and follow best practice. Bring information in an area on a small scale and then have detailed dialogues.</td>
<td>This would be picked up through using the most appropriate engagement methods for individual pieces of work.</td>
</tr>
<tr>
<td>Set criteria in a more consistent and cohesive approach.</td>
<td>All engagement and consultation work needs to have criteria to make sure that we do it right and not engage without a purpose.</td>
</tr>
<tr>
<td>Utilise the Patient Reference Group Network for Wakefield District.</td>
<td>This will continue.</td>
</tr>
<tr>
<td>More publicity (press, local radio)</td>
<td>This is also reflected in the strategy.</td>
</tr>
<tr>
<td>Posters in the community, e.g. supermarkets</td>
<td>Like engagement, we appreciate that we need to use different ways of sharing information.</td>
</tr>
<tr>
<td>Leaflets to all homes.</td>
<td>Our prospectus has been circulated to all homes.</td>
</tr>
<tr>
<td>CCG events, possible in the evening or Saturday.</td>
<td>We are continuing with events and wider engagement work.</td>
</tr>
<tr>
<td>Use mechanisms to target the maximum number of people.</td>
<td>The strategy notes the need to use different mechanisms for different circumstances.</td>
</tr>
<tr>
<td>Communicate with people early.</td>
<td>This is reflected in the principles.</td>
</tr>
<tr>
<td>Show the value of being engaged, patients are better informed.</td>
<td>This is reflected in the engagement annual report and ongoing communications.</td>
</tr>
<tr>
<td>Show the public that you have listened.</td>
<td>Again, this is shown in the engagement reports and on our website, where we share</td>
</tr>
<tr>
<td>Build trust.</td>
<td>information such as reports from events.</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Accountability – how do you prove this happens?</td>
<td>One of our commitments stated in the strategy.</td>
</tr>
<tr>
<td></td>
<td>This is reflected in the Governance section of the strategy.</td>
</tr>
</tbody>
</table>

To make sure that people are happy with the strategy, we have engaged on it via our engagement database. Below are the comments we have received. Each one was considered and reflected in the document as best as possible. Some, which we felt needed more action away from the strategy document itself, were followed up.

The comments received included:

I realise this is a difficult document to write for a diverse audience, but for that reason, it needs to short and to the point. I do find it rather long and repetitive. It is not clear to me if there is a "target audience" but the style and use of the English language suggest it would be the literate middle class. It may be that a short simple summary of the summary is needed? Having said this I am glad that the authorship does not fall on me!

The following comments are offered in a constructive spirit:

1) Perhaps it is inadvisable to claim to be “passionate” about a subject: it smacks of protesting too much. Other people may observe that you are passionate, but telling people that you are “passionate” can sound unconvincingly strained.
2) “Journey”; “landscape”; “navigating”: is this a consultation document, or is it Ernest Shackleton preparing to go to the Antarctic? Please tell us simply what you want us to do, what you hope to achieve and how you think we can help you.
3) Most of the people who will take the time to respond to your consultation have grown up in an era of plain English. If you would like to solicit their responses, it might be more productive to address them in plain English. My family and I rely on the health service 24/7. It is something our lives depend on. We want to help.

Thank you for sending the Communication and Engagement Strategy Summary. I think you have covered the relevant points and for me it is important that patients and members of the public are given clear information with sufficient time to consider and respond to it.

I think the recent consultation for the Mid Yorkshire Clinical Strategy and the Have your Say events are two examples of how well the CCG is able to communicate and engage with patients and public.

I have read with interest the attached document. I think I can read between the lines of what can only be described as theatrical language that says such a lot of wordiness and pseudo
intellectualism, and contains a much smaller number of consumable simple English intentions and mission statement. Now! I am well aware that language usage changes with fashion. Why not say simply 'we want to make a difference to the people of Wakefield and improve the way they are treated by the health care providers across the district' To do this we intend to: -------. Trusting and valuing your efforts are probably something you will have to **earn** over time. Landscapes, maps and strategies are language props. and people just want to know what's in this that will make a difference for me.

In the first paragraph I would love to see something in here about **prevention** of ill health/improved health & wellbeing/building community capacity around health. I would want the CCG to see themselves committed to putting resources into this area as well as commissioning traditional healthcare services.

It shows that a great deal of time and thought has gone into the production of these objectives.

As far as I can understand it, the CCG’s must form close links with the “new look” CQC organisation, Health and Well Being Committee’s, local; Health-watch groups, and Patient Participation Groups in GP surgeries.

It must be remembered that Health Promotion and Education dared not to placed on a “back burner” as this concept is being set to one side in the never ending search for savings in both the Hospital service and the CCG’s. The consultants in both Medicine and Dentistry must retain a high profile in the further planning and delivery of services as well as being an integral part of Social Care.

Of course money is a major consideration but the reality is that things on the street are getting worse, demonstrating greater levels of depravation in areas only a few miles apart on our own “patch.

I hope you don’t mind these ramblings, but you did ask.

Many thanks for your e-mail on Public Engagement. A brilliant piece of work and cannot think of anything further needed.

The summary is very broad without any specifics about how communication would take place with the wider audience. So it is difficult to really comment on something which has no substance at present but just contains ideals. I would be very interested to see what happens next as the communications/ public involvement re proposed changes at Mid Yorks fell far short of the mark. I hope that this will be the start of great improvement and will really mean true listening to what the public wants as opposed to what the clinicians and management want.

I think it all sounds excellent and agree you have already achieved much. I have 1 question, when you refer to communicating with other agencies providing health care due you including private domiciliary care companies as well as LA.
A document with tracked changes was also received. The suggestions were around the use of words, such as analyse stakeholders, passionate being 'an overkill' and clarification on one aspect of the principles when describing skills.

A detailed email was received from a local Councillor about pharmacy provision in Middlestown and Netherton. These were sent to the CCG for information and NHS England for a response.
Appendix four - Equality Delivery System - Goals and Outcomes

<table>
<thead>
<tr>
<th>Goal</th>
<th>Narrative</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Better health outcomes for all</td>
<td>The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results</td>
<td>1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities</td>
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<tr>
<td></td>
<td></td>
<td>1.2 Individual patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways</td>
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<td>1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly</td>
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<td></td>
<td></td>
<td>1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all</td>
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<tr>
<td></td>
<td></td>
<td>1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups</td>
</tr>
<tr>
<td>2. Improved patient access and experience</td>
<td>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</td>
<td>2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds</td>
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<tr>
<td></td>
<td></td>
<td>2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment</td>
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<tr>
<td></td>
<td></td>
<td>2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.4 Patients’ and carers complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently</td>
</tr>
<tr>
<td>Goal</td>
<td>Narrative</td>
<td>Outcome</td>
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</tr>
<tr>
<td>3. Empowered, engaged and well-supported staff</td>
<td>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</td>
<td>3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all</td>
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<tr>
<td></td>
<td></td>
<td>3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population</td>
</tr>
<tr>
<td>4. Inclusive leadership at all levels</td>
<td>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</td>
<td>4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes</td>
</tr>
</tbody>
</table>