

DRAFT

**People at the heart of what we do:
EQUALITY, DIVERSITY AND INCLUSION ANNUAL
REPORT**



Accessibility Statement

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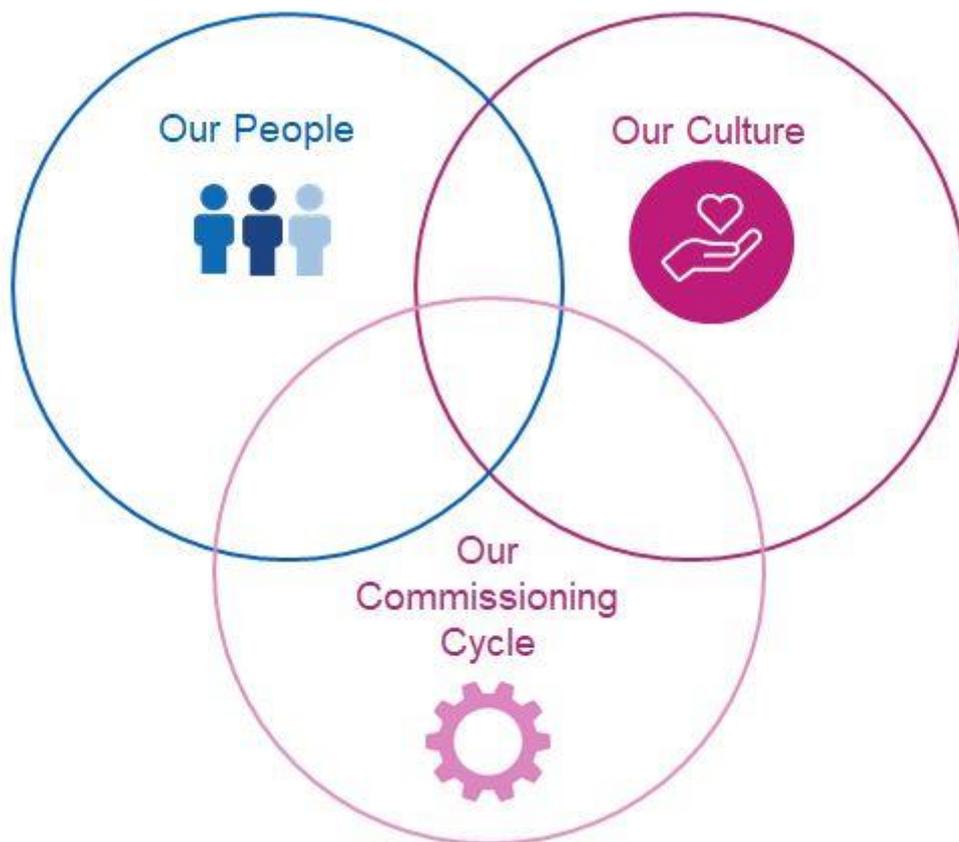
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Executive Summary

This is the first equality, diversity and inclusion annual report of Bristol, North Somerset and South Gloucestershire CCG as a single organisation. As commissioners, we plan and buy health and care services on behalf of our population and employ over 400 staff. Our ambition is to secure healthy, fulfilled lives for everyone in BNSSG.

This document sets out how we have met the legal duties set out in the Equality Act 2010 and the Health & Social Care Act 2012. It also outlines the work already undertaken to meet our commitment to improving healthcare for all and reducing health inequalities. We have set out areas for improvement identified through the undertaking of mandated initiatives including the Equality and Delivery System 2 (EDS2). As such, this report references some of the activity captured as part of our broader equality, diversity and inclusion strategy, which was approved by the Governing Body in April 2019.

Our work to date has identified three overlapping areas for focus in our equality, diversity and inclusion work:



Learning and results from the following mandated activities have informed this report:

- The setting of equality objectives as required by the Public Sector Equality Duty (PSED)
- The Equality and Delivery System 2 (EDS2)
- Workforce Race Equality Standard (WRES)

Although not currently mandated, as the CCG is not yet two years old, we have also undertaken the Workforce Disability Equality Standard (WDES). This report also references our 2018 annual staff survey results and relevant workforce data.

In the last 12 months, we have delivered a number of key initiatives which we believe set the foundations for the future of our equality, diversity and inclusion work as an organisation:

- **Our Commissioning Cycle** – Equality and inclusion should inform everything we do. We continue to focus on ways to improve the quality and consistency of Equality Impact Assessments (EIAs), which underpin all commissioning activity and service change programmes that BNSSG embarks on. A Joint Impact Assessment Panel was set up in November 2019 to ensure that EIAs for all projects are rigorous and of good quality. We are using business intelligence and Population Health Management data to focus on those sections of the population who are likely to be disproportionately impacted by any changes. .
- **Our Workforce** – we have worked closely with our staff to develop a set of employee values which reflect our respect for diversity and inclusive practice. In addition to this, we have held training, including recent sessions on ‘No Bystanders’, and ‘Unconscious Bias’, and will continue to look at learning and development opportunities that can further support our staff to respond effectively to the diverse needs of our citizens. The ‘Attracting & Developing Diverse Talent’; working group at BNSSG is looking at ways to enhance inclusive recruitment practice. As of 2019, BNSSG CCG is a Disability Confident employer, a Time to Change Employer, and a Stonewall Diversity Champion.
- **Our Culture** – we have developed a comprehensive strategy, and several key mechanisms to help establish an inclusive mind-set. This includes the establishment of the Equality, Diversity and Inclusion Forum (EDIF) and the development of staff LGBT, BAME and Allies networks. Additionally, BNSSG is part of one of six pilot sites for the ‘Building Leadership for Inclusion’ programme which aims to embed inclusive leadership behaviours at organisation and system level.

We have also identified a number of opportunities for improvement in these areas:

- **Our Commissioning Cycle** – to continue to improve on the standard and consistency of our equality impact assessment processes throughout the organisation and to continue to leverage the opportunity to utilise Population Health Management data streams and drive insight-led decision making in engagement planning
- **Our Workforce** – as a priority, we need to understand in more detail why levels of self-reporting of protected characteristics are not higher, and why the conversion from shortlisting to interview and appointment is not higher for potential BAME and disabled candidates
- **Our Culture** – ensuring that there is a consistent understanding throughout the organisation of the critical role that our equality, diversity and inclusion activities have in delivering access to healthcare for all and reducing health inequalities

This report has been produced by:

The Inclusion Coordinator, Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group
November 2019

Introduction

This is the annual equality and inclusion report for the Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group (BNSSG CCG). The report provides an overview of how the CCG has met its legal duties in relation to equality, and objectives and demonstrates how we have fulfilled the responsibilities set out in the Equality Act 2010. The Act consists of general and specific duties.

The general duties require the BNSSG CCG to pay due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation, etc;
- Advance equality of opportunity;
- Foster good relations between different groups of people.

The Act covers nine protected characteristics - Age, Disability, Gender re-assignment, Marriage and Civil partnership, Pregnancy and Maternity, Race including nationality and ethnic origin, Religion or Belief, Sex (male/female), Sexual Orientation.

Other vulnerable groups the CCG considers when making commissioning decisions include those with caring responsibilities, people living in poverty and isolation and those living in geographically isolated areas.

The specific duties require public sector organisations to publish relevant and proportionate information that demonstrates how we have met the Equality Duty on or before 31 January each year and to set specific, measurable equality objectives by 6 April every four years; and to assess how the people we serve are affected by our policies and practises on and consider how these actions further our equality aims.

BNSSG Population Profile

Bristol, North Somerset and South Gloucestershire has an estimated resident population of 915,500 people with 441,300 of this total living in Bristol which is the largest city in the South West, and currently the 8th largest city in England. Since 2001, the population of Bristol is estimated to have increased by 13.2%. This growth is double the average estimated increase for England.

The population of North Somerset at the 2011 Census was record as 202, 600 people. This represents an increase of 13, 766 (7.3%) from the 2001 Census. The current resident population of South Gloucestershire is around 271,600 people according to a 2014 mid-year estimate from the Office of National Statistics.

The CCG serves a diverse population across Bristol, North Somerset and South Gloucestershire (see table 2 above), with some population highlights as follows:

Age:

Bristol's Joint Strategic Needs Assessment shows that Bristol has a relatively young age profile compared to the national average with higher proportions of people aged 16-24 years and lower proportions of people aged 45 and over. By contrast North Somerset and South Gloucestershire's population is slightly older when compared to the rest of England which currently stands at 17.6%.

Ethnicity:

BAME (Black and Minority Ethnic) communities in Bristol make up 17% of the total population, with 28% of all school pupils coming from BAME backgrounds. For North Somerset and South Gloucestershire, BAME communities make up 2.7% and 5% of the population respectively.

Religion & Belief:

Christians represent the largest religious group in Bristol (46.8%), North Somerset (61%) and South Gloucestershire (59.6%). The second largest group stated that they have no religion making up 37.4% of the population of Bristol, 30% of North Somerset and a third of the South Gloucestershire population.



Disability:

The proportion of people with life limiting long term illness or disability make up 17.6% of the population of Bristol, 19.2% of the population of North Somerset, and 18% of the population of South Gloucestershire.

Tackling Health Inequalities

The CCG is committed to reducing health inequalities, Bristol, North Somerset and South Gloucestershire face a number of challenges including health and education inequalities, congestion, air pollution, housing shortages and deprivation. We use public health intelligence, our new Population Health Management tool and insights from our Citizen's panel and other engagement work to help to set the picture of health and wellbeing for BNSSG and identify key challenges and priorities for the population we serve.

We commission a range of services in different locations to help address health inequalities and work in partnership with health and social care organisations, the voluntary sector and community groups.

Our Equality Objectives

We set four equality objectives in 2018. They are underpinned and supported by the EDS2 goals. Our equality objectives are:

Objective 1: To improve the use of equality analysis data in our commissioning cycle.

Objective 2: To build strong relationships with protected characteristic groups and communities to better understand their needs and improve our equality data.

Objective 3: To promote workforce equality and improve representation through effective employment practices.

Objective 4: To develop inclusive leadership throughout the CCG.

This is the BNSSG CCG's first annual equality and inclusion report as a single organisation. In addition to meeting the requirements of the PSED, the report demonstrates our commitment to promoting equality and reducing health inequalities; and outlines the progress we have made towards meeting our [Equality, Diversity & Inclusion Strategy and action plan \(2018-2021\)](#); and will showcase our diversity and inclusion achievements in 2018/19 and outline our aspirations for the year ahead. An updated action plan for the 2018-2021 Equality Strategy is included in the appendix.

During 2018/19 the CCG undertook Workforce Race Equality System (WRES), Workforce Disability Equality System (WDES) and Equality Delivery System (EDS2) as part of the evidence of complying with the Public Sector Equality Duty (PSED), the findings of these exercises are shared in this report; along with other data from HR and the Staff Survey. The CCG has an engaged Equality, Diversity & Inclusion Forum which is a strategic group that monitors the progress the organisation is making against the action plan.

Governance

BNSSG CCG's Governing Body approved the organisation's equality, diversity and inclusion strategy in April 2019. In the same month, it established an executive-led forum (the Equality, Diversity and Inclusion



Forum, or EDIF) to oversee progress of the strategy and delivery of the action plan. The EDIF is formed of colleagues from different directorates within the CCG, all with a passion for advancing inclusion in the workplace and for the population we serve. The EDIF reports its progress to the Patient and Public Involvement Forum (PPIF), which retains a direct link to the Governing Body. Additionally, the lay-member Chair of the PPIF is represented on the EDIF. Equality, diversity and inclusion action plans are also scrutinised by Quality Committee to ensure a strong link between initiatives in this area and subsequent patient experience.

In addition to these bodies, we have also recently created a Joint Impact Assessment Panel (JIAP). The JIAP allows us to bring together expertise across the organisation in terms of Quality, PPI, Equality and Communications, to constructively appraise project plans and assure the organisation that standards are maintained in our processes in these areas.

Inclusion Coordinator

The Inclusion Coordinator at BNSSG helps to shape the equality, diversity and inclusion agenda, and leads on the implementation of our strategy. Our Inclusion Coordinator can be contacted by email bnssg.inclusion@nhs.net or telephone 0117 900 2655.

Patient & Public Involvement (PPI)

Our patients, their families and carers and members of the public are involved in the development, procurement and change in the services we commission. We host a number of engagement events every year and launched the Healthier Together Panel in November 2018, the panel are a representative sample of Bristol, North Somerset and South Gloucestershire population and they provide insights that help to shape and influence our plans for future health and care. In addition, we have a Patient & Public Involvement Forum (PPIF), the strategic committee is responsible for ensuring that the CCG fulfils its duties around patient and public involvement and equality and diversity. Read more about PPI and find our PPI Strategy and Annual Report on the 'Get Involved' section of the [CCG website](#). We welcome involvement from a diverse range of people and invite readers to visit the '[How to get involved](#)' page to discover a range of activities.

Legal duties and compliance

There are several legal duties and mandated initiatives that govern equality, diversity and inclusion work at the CCG.

The Equality Act 2010

The Equality Act was introduced on 1 October 2010; it brought together, harmonised and extended existing equality law and replaced anti-discrimination laws with one single Act.

The Equality Act identifies nine protected characteristics:

- **Age**
- **Disability**
- **Gender reassignment**
- **Pregnancy and maternity**
- **Race**
- **Religion or belief**
- **Sex**
- **Sexual orientation**
- **Marriage and civil partnership** (in some circumstances).



The Act outlines the Public Sector Equality Duty, which requires public authorities like the NHS to have due regard to a number of equality considerations. NHS organisations must demonstrate due regard to the need to:

- Eliminate discrimination, victimisation and harassment;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it and to;
- Foster good relationships between persons who share a protected characteristic and those who do not (particularly to the need to tackle prejudice and promote understanding).

The Modern Slavery Act 2015

Modern day slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. The Modern Slavery Act consolidated and simplified existing offences into one single act. The Act requires that organisations over a certain size disclose each year what action they have taken to ensure there is no modern slavery in their business or supply chain. The CCG is committed to ensuring that there is no modern slavery or human trafficking in any part of the business activity and as far as possible hold our suppliers and providers to account to do likewise. Modern slavery is firmly embedded in safeguarding training that is provided for the CCG and our provider organisations. This ensures that staff are aware of how to identify victims of modern slavery and the referral mechanism. Where victims have care and support needs, safeguarding referrals are instigated. In other cases, victims are informed of options and support available and this intelligence is shared with the Police. BNSSG CCG's safeguarding team work closely with provider safeguarding leads and run provider forums where topics of interest including modern slavery are discussed. More information about our commitment and approach can be found on the [CCG website](#).

NHS Mandated Duties

The NHS Constitution

The NHS constitution states 'The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population'.

Other vulnerable groups that are taken into consideration when making our commissioning decisions include:

- People living in poverty
- People who are geographically isolated
- Those with caring responsibilities

The CCG Improvement & Assessment Framework

NHS England (NHSE/I) has a statutory duty under the Health & Social Care Act 2012 to conduct an annual assessment of every CCG. The CCG IAF was introduced in March 2016. A number of indicators in the



2018/19 framework relate to our equality objectives – e.g. health inequalities, workforce engagement, local relationships and patient and community engagement.

NHS Standard Contract

The NHS Standard contract prohibits discrimination on the grounds of the nine protected characteristics identified in the Equality Act 2010 except where permitted by law. This is a mutual obligation for both the commissioner and the provider.

The NHS Standard Contract also places a positive obligation on commissioners and providers to promote awareness of the NHS Constitution including the rights and pledges set out in the constitution. Our Providers must also ensure that their staff and sub-contractors abide by the constitution and they must make appropriate assistance and reasonable adjustments for service users, carers and legal guardians who do not speak English or who have communication difficulties (including learning impairments) and to report on compliance and service improvements in review meetings and annual audit with the CCG. The Provider must implement Equality Delivery System (EDS2), Workforce Race Equality Standards (WRES) reporting and Workforce Disability Equality Standard (WDES) reporting.

The contract also places a requirement on providers to share a plan with the CCG that sets out how they will comply with the Public Sector Equality Duty; and in performing its duties under the contract use all reasonable endeavours to support Commissioners in carryout our duties under the Health & Social Care Act 2012.

Equality Impact Assessments

Under the Equality Act 2010, the NHS and other statutory bodies, including CCGs must show ‘due regard’ to eliminating discrimination. BNSSG CCG demonstrates its compliance to show due regard by undertaking equality impact assessments (EIA) when making decisions about commissioning, procurement and policy. This ‘due regard’ is in consideration of the nine protected groups (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). The key purpose of an EIA is to:

- Promote all aspects of equality
- Identify whether certain groups are excluded from any service or application of policy
- Identify any direct or indirect discrimination and take action
- Identify if there are any adverse or negative impact on a particular group/s
- Help the CCG to improve its services

The assessments help us think carefully about the likely impact of our decisions on the local population and to take action to make improvements where appropriate. The process helps us to make fair, robust and transparent decisions based upon a sound understanding of the needs of the local population. An EIA is initiated by completing a screening form. It draws on existing research, demographic information, monitoring information and consultation activity. Once an initial EIA has been completed, action plans can be drawn up to further engage those communities that might experience a disproportionate negative impact as a result of any service change or new developments.

EIAs are not standalone activities, but form part of an integral and continuous service and performance review. At BNSSG, we have taken proactive steps to embed equality impact assessments into our policy development and commissioning cycle. We have also established an [EIA library](#) on our website to document the EIA activity that the CCG undertakes. The Joint Impact Assessment panel will become an integral part of the EIA process and raising the standard and quality of the process.

We use a range of consultation tools including focus groups, panels, surveys and reviews with specialist organisations which allow us to reach our diverse populations and to minimise the gaps that are likely to arise when using a single approach.



Equality Delivery System2 (EDS2)

The EDS2 is a framework for NHS organisations to understand their equality performance and main challenges, and to plan a way forward towards improvement. The system works by comparing a series of specified outcomes for people with protected characteristics against outcomes for all people.

Implementing the system involves an evidence-based assessment of performance against 18 nationally-specified outcomes in relation to 4 objectives:-

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

Each of the 18 outcomes relates to the 9 characteristics protected by the Equality Act 2010. Evidence against each outcome is used to allocate one of four grades (red, amber, green, purple):

Grading	Undeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

Figure 1: EDS2 Grading

We undertook the first EDS2 process for BNSSG in July 2019. We recruited two panels to undertake the grading; one a panel of internal staff, and the second an 'experts by experience' panel made up of local people.. We advertised for external panel members through stakeholder cascade, our website and social media. All panellists were provided with training from the Diversity Trust to ensure that they had a good basic understanding of our mandatory duties as an organisation and could therefore evaluate the evidence presented to them.

All panel members undertook training around equality legislation, legal duties and the EDS2 grading process. The panels were asked to review 24 documents submitted as evidence by directorates across the CCG, spread across the above four objectives.

Overall we received good feedback from panel participants on the overall process and the support provided to them. Clearly, we have also captured a number of key learnings about the process which we will implement in the next 12 months.

In summary, an overall grading of 'Developing' (Amber) was achieved for all the outcomes. This is the first EDS2 exercise that the CCG has undertaken as a single organisation. In some instances the internal panel has graded the CCG less favourably than the external panel due to the availability of evidence to support the grading process. The external panel took this into consideration, and overall the score is a reflection of the organisation being able to demonstrate – at the point at which the exercise was undertaken – more aspiration than delivery in certain areas. This was recognised by the external panel as reflective of the journey the CCG is on as a relatively new organisation; and positive comments were made about being



able to review further evidence of impact on an ongoing basis. There were both positive outcomes and further opportunities to make improvements within each domain:

1. Better Health Outcomes

- There was evidence that robust engagement has taken place which demonstrates the CCG is commissioning based on health needs.
- Although some evidence was submitted for this outcome, it was insufficient to demonstrate that the standard was consistent across all commissioning strategies.
- One sample that was provided was generic and referred to 'whole population', and did not demonstrate outcomes across each protected group, more tangible evidence around how seldom heard communities are reached.

2. Improved patient access and experience

- Evidence informing the mental health strategy indicated that access to services was an issue for particular protected characteristic groups, including people from BAME backgrounds. There was evidence to show that the mental health strategy development was taking these inequalities into account.
- The internal panel graded this section as Achieving (Green) in all but one outcome. This was supported by evidence of a diverse Patient Public Involvement Forum.
- There were fewer patient complaints this year and the trend has been downwards each quarter. There was evidence that responses to complaints were acknowledged within a 3 day timescale. No complaints were escalated to the Ombudsman.

3. A representative and supported workforce

- The panel concluded that the primary use of the NHS jobs website meant that a number of people would not have sight of vacancies. The CCG should consider working with partners and voluntary organisations to reach a wider audience.
- To ensure consistency and fairness in the recruitment process, recruiting managers should follow a standardised process of evaluating applicants, training should be provided to enable this and to address any biases; this would support the work of the Attracting & Developing a Diverse Workforce group. Training is now in place.
- The Governing Body has approved the equality objectives and evidence that the strategy has been submitted for approval formed part of the assessment. Equality Impact Assessment training can be further developed to ensure staff have a greater understanding of the Public Sector Equality Duty and the needs of protected groups. Consistent training and support provided to staff to ensure a more consistent level of inclusive leadership - a provision of clearer evaluation tools or measures for inclusive leadership. The internal panel graded the Board better than they did middle managers, there is a clear need for focussed development for staff at this level.
- The resultant action plans in strategy and policy documents should as a standard have key deliverables and milestones.

4. Inclusive Leadership

- The CCG scored well under papers being presented to the board by internal staff Achieving (Green).
- Overall the leadership demonstrated their commitment to equality.
- The establishment of the Equality, Diversity & Inclusion Forum (group with strategic oversight) was seen as a positive.
- The group reviewed a Primary Care Commissioning Committee paper and more evidence of the risks and how they would be managed
- Evidence of availability of training provided some assurance.
- Middle managers and line managers scored less favourably than senior management, further evidence is required to assist in their evaluation.

Feedback from the participants will be used to improve the 2019/20 process. This includes improving the way information is presented to the panels to help them to match the evidence to each outcome being assessed. We will also improve the way we gather evidence across the organisation. .

Workforce Race Equality Standard (WRES)

The NHS WRES is a nationally-mandated system used to report the relative experiences of Black, Asian Minority Ethnic (BAME) staff. . In addition to publishing their WRES data (proportion of BAME staff etc), NHS organisations must produce action plans to close the gaps in workplace experience between BAME and white staff, and improve BAME representation at board level. WRES results are published annually in a format that enables comparison of performance between CCGs.

Summary of findings from BNSSG:

- The CCG employs 407 staff, and 336 have disclosed their ethnic origin. A significant number of staff have not declared their ethnicity and the CCG will undertake more work to understand why self-reporting levels are so low and to understand how best to improve this.
- 302 staff are white (89.9%) and 34 BAME (10.1%), meaning that our workforce is not yet fully reflective of the communities we serve, in terms of ethnicity.
- The relative likelihood of white candidates being appointed from shortlisting compared to BAME candidates is at 2.14 - that means that white staff are appointed at around double the rate of BAME staff. As noted through our EDS2 process, we feel it is critical to undertake a systematic and regular review of our interviewing and shortlisting process to ensure that it is consistent and fair and gives our organisation the best chance of attracting a diverse and talented workforce.
- BAME staff are significantly more likely to experience harassment, bullying and abuse from patients, their relatives and members of the public. Although the total number of staff experiencing harassment represents a small number of staff, the CCG is committed to eliminating the risks and safeguarding its staff, especially those who are more vulnerable to this type of behaviour.

The organisation is committed to supporting its EU National workforce in applying to attain settled status in line with EU Exit arrangements, and has published the EU Settlement Scheme to all staff and delivered regular internal communications. Staff have been encouraged to update their Electronic Staff Record with their nationality and the organisation will monitor this data.

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is a set of ten specific metrics or measures that enable NHS organisations to compare the experiences of disabled and non-disabled staff in the workplace. This is the first year that the NHS Trusts and Foundation Trusts have been mandated to report on WDES, CCGs are not required to report for the first two years but in the spirit of transparency BNSSG CCG is publishing its data as part of our commitment to become best practice leaders in this arena.

Summary of findings:- (SEE COMMENTS ON WRES ABOVE)

- 12 (4.2%) of staff have self-reported as being disabled.
- 120 staff have not stated if they have a disability or not therefore the data has to be viewed with caution
- The relative likelihood of disabled candidates being appointed from shortlisting compared to non-disabled candidates is at 1.49, 61 disabled staff were shortlisted compared to 712 non-disabled staff. As noted above, it is critical to undertake a systematic and regular review of our interviewing and shortlisting process to ensure that it is consistent and fair and gives our organisation the best chance of attracting a diverse and talented workforce and more can be done to widen the scope of advertising to ensure more candidates apply for positions.
- A small number of staff stated they have experienced harassment, bullying and abuse from patients, their relatives and members of the public, this is a national concern for the NHS where

34.1% disabled staff and 27% of non-disabled staff (and 28.3% of all staff) have experienced harassment, bullying and abuse ([National NHS Staff Survey](#)). The CCG has zero tolerance of this behaviour and is committed to eliminating the associated risks and safeguarding its staff irrespective of their protected characteristic. In addition 1 in 5 disabled staff and their colleagues were less likely to report abusive behaviour, the CCG will encourage all staff to report incidences.

- A very small number of staff have expressed that they have felt pressure from their line manager to come to work despite not feeling well enough to perform their work. The CCG is providing line manager training to ensure managers are aware of the organisations legal responsibilities.

The CCG has taken action to facilitate the voice of disabled staff by renewing its status as a Disability Confident Level 1 employer in August 2019, ; becoming a Time to Change employer in August 2019, and taking the 'Thriving at Work' pledge in September 2019. The CCG is further exploring the 'self-assessment' tool in order to progress to Disability Confident Level 2.

The organisation will need to take a closer look at disparities between shortlisting to appointment for both BAME and disabled applicants. The disparity could be caused by a number of factors and further evidence is required to support any assumptions. The CCG will be better placed to assess this when it has been through a number of recruitment cycles to analyse trends. In the interim the organisation is training recruiting managers to ensure best practice in the recruitment process; a workforce report is to be submitted to Governing Body on a six monthly basis; and our revised recruitment guidelines set out the requirement for recruiting managers to provide internal feedback to the Deputy CEO on reason for not appointing candidates identified from BAME backgrounds.

Accessible Information Standard

The Accessible Information Standard (AIS) applies to all NHS organisations, it ensures that all our public information is accessible. BNSSG CCG are committed to following the principles of the AIS which requires a specific and consistent approach to identifying, recording, flagging and meeting individual's information and communication support needs, where those needs relate to a disability or sensory loss. Information about accessible communication can be found [here](#). Our reports and publications can be made available in a number of different formats on request.

The NHS Standard Contract service condition 12.3 mandates Providers to comply with the AIS.

Sexual Orientation Monitoring (SOM)

Section 250 of the [Health and Social Care Act 2012](#) establishes that organisations must have regard to sexual orientation monitoring. This is an information standard that provides a mechanism for recording the sexual orientation of patients and services users aged 16 and over across health and care services where it is relevant to record this data.

Sexual Orientation Monitoring represents a significant milestone in the promotion of Lesbian Gay Bisexual equality in England. By recording this data the CCG can understand the needs of LGB communities and develop targeted preventative work and interventions to address inequalities experienced by patients, service users and staff.

Sexual Orientation	Headcount	%	FTE
Bisexual	6	1.47	5.80
Gay and Lesbian	8	1.97	8.00
Heterosexual or Straight	274	67.32	229.85
Not Disclosed	77	18.92	52.27
Unspecified	42	10.32	33.02
Grand Total	407	100.00	328.93

Table 1

3.4% of our staff have self-disclosed that they are bisexual, gay or lesbian. 19% have not disclosed their sexual orientation and 10% are unspecified. This is not reflective of the local population of 6% according to the 2011 Census. There is very little reliable data on the LGB population size, the government estimate this to be 5-7% of the population of England and Wales and does not include trans people.

In addition to the SOM Standard, good practice for monitoring sexual orientation will be used as part of the CCG literature review when gathering evidence to improve disclosure rates.

Gender Pay Gap Reporting

The CCG will be due to report on Gender Pay Gap for the first time in 2020 for the year of April 2019 to March 2020.

Seldom Heard Communities

Our commissioning decisions are informed by patient, public and partner organisation insight, experience and involvement. We have taken a number of key steps to ensure that our Communications and Engagement activity plays a crucial role in allowing the CCG to work more effectively with a diverse range of communities across the region.

We engage with a number of organisations including voluntary organisations and community groups to ensure all sections of the communities we serve have an opportunity to have their say, our committed Communications and Insights and Engagement team work closely with several individuals and organisations who support and represent seldom heard groups, this includes:

Age-related support groups

- Older People's Forum, Senior Community Links, Children's Centres, care homes, Young People's Advisory Group

Support groups for those with disabilities, impairments and long term conditions

- Vision North Somerset, Sight Loss Council, Alzheimer's Society, Speaking Up

Health inequalities support groups

- Citizens' Advice Bureau, Barnardo's, Somewhere to Go, Gypsy Roma Travellers Groups

Community groups related to race, religion, ethnicity and faith

- Stand Against Racism & Inequality (SARI), Churches Together, Chinese Carers Support (South Gloucestershire), Somali Resource Centre, Khaas Parents and Carers

Gender specific support

- North Somerset Male Health Stakeholder Group, Dhek Bhal Women's Group

LGBT+ community groups and support

- LGBT+ Forum (North Somerset), Stonewall

Mental health support services and groups

- Community Access Support Service (CASS) a mental health support service, Off the Record (OTR) mental health social movement, Independent Mental Health Network (IMHN), Future in Mind – Mental Health Support in Younger People



The CCG formed an Insights, Engagement and Inclusion team in November 2018, to ensure that our engagement activity is informed by a comprehensive understanding of the profile of the population we serve, and that our engagement generates actionable insight to inform our activation process. As a lead organisation we also share best practice across the system.

We believe that evidence-based practice improves the decisions we make and delivers high quality, cost effective and patient-centred care and therefore use a number of resources including the Office for National Statistics Census, Joint Strategic Needs Assessment (JNSA) data, Public Health data, City and County Council ward data profiles, research, focus groups, and our patient panel 'Healthier Together' to name a few.

Programme Management

The Programme Management Office (PMO) maintains close working relationships with different teams across the CCG and beyond including Business Intelligence (BI), Finance, Public and Patients Involvement (PPI), Communications, Equality, Quality and the Evidence and Evaluation teams to ensure that ideas and plans are rigorously assessed. The PMO team are responsible for managing the Joint Impact Assessment Panel (JIAP) process; ensuring that all live projects been appropriately assessed for the potential impact on quality, safety, and public health, including completion of the relevant impact assessments.

BNSSG Staff Profile

The current workforce profile when compared with the Bristol population is as follows:

As of 31 March 2019 the CCG employed 407 staff compared with 382 staff employed by the three previous CCG's (Bristol: 230 staff, North Somerset: 79 staff, and South Gloucestershire: 73 staff).

A breakdown of workforce profile (Table 2 below) is available across the following characteristics of age, disability, race, religion and belief, sex and sexual orientation:

Group description		Analysis of workforce as at 31 March 2019	BNSSG population (figures for 2011)
Characteristic	Total Workforce or Population	100% (407 employees)	100%
Age	Aged 16-64	99.8% (406)	65.3%
Disability	People that have declared a disability on Electronic Staff Record	2.9% (12)	12%
	Not declared	29.5% (120)	
Race	White British	74.2% (302)	85.5%
	Black or Minority Ethnic Origin (excluding 'White Irish' and 'Other White' groups)	8.35% (34)	10%
	White Irish or Other White Ethnic Origin	3.9% (16)	4%
	Not disclosed	17.4% (71)	0.5%
Religion or Belief	Christian	31.7% (129)	53.8%
	Other religion or belief	11.1 % (38)	4.7%
	No religion or belief	19.7% (80)	33.7%
	Unknown	37.1% (151)	7.8%
Sex	All population, all ages	69.5% female (283) 30.5% male (124)	50.5% female 49.5% male
Sexual Orientation	Lesbian, Gay or Bisexual	3.4% (14)	6% ¹
	Heterosexual	67.3% (274)	94%
	Not disclosed	29.2% (119)	

Table 2

¹ 2005 Treasury estimate for the UK population, reported on Stonewall's website (2013), although local grassroots organisations estimate this number to be higher.



The CCG's equality data has identified that staff are not currently representative of the communities we serve. Most noted is the underrepresentation of disabled, Black Asian Minority & Ethnic (BAME) and Lesbian, Gay and Bisexual people in our organisation. As stated previously there are relatively high levels of non-disclosure particularly with regard to sexual orientation and this affects overall figures.

Working Life Experience

BNSSG CCG has undertaken work to better understand the experience of staff working at the organisation, and is considering programmes of work to make potential improvements.

Staff Survey

The NHS National Staff Survey of 2018 revealed areas of strength and areas for improvement. Among those areas where the response was significantly worse than other CCGs were:

- Looking forward to coming to work: Only 46% said they often/always looked forward to coming to work compared to an average of 56%.
- 33% of respondents said that senior managers act on staff feedback compared to an average of 44% across other CCGs.
- While 93% said they had not experienced harassment, bullying or abuse from colleagues (better than the average 86%) only 21% reported their last experience of the same, which is significantly worse than the average of 44%.
- Only 51% of staff said they had not felt unwell due to stress in the preceding 12 months, compared to 62% on average among other CCGs.

Among those areas where the response was better than the average score among CCGs were:

- Not having experienced harassment, bullying or abuse from colleagues (93%) compared to the average of 86%
- BNSSG performed slightly better (89%) than average (86%) on not experiencing harassment, bullying or abuse from managers.

Overall however, BNSSG did not perform as well as the average score across CCGs taking part in the NHS National Staff survey. It is likely that the merger and restructure has had an impact on staff experience and this could be reflected in the responses to the survey in 2018 as well as the staff retention rates. It is now 18 months into the restructure and the CCG has been taking action to address some of the concerns raised by staff in the survey. The 2019 survey is currently underway and the CCG is expectant that the actions taken since the previous survey will result in improvements in results this year.

As identified above, there is also underrepresentation of BAME and LGB (and transgender) staff at the organisation, though to what degree this is due to under-reporting of these characteristics as part of staff monitoring is as yet unclear. However, in response to staff feedback from a survey conducted in May 2019 networks for BAME, LGBT and disabled staff would be a welcomed resource, the Proud Network (an LGBGT staff network), a BAME Network and an Allies network have been launched. These networks have welcomed members from across the organisation and they have been working, often together, to increase engagement through a series of events, celebrating national days and delivering a series of lunch time seminars, many of which have been remarkably well attended.

The CCG has also signed up to the Stonewall Diversity Champions Programme and will be submitting under the coming year's Stonewall Workplace Equality Index, which it is hoped will improve the experience of LGBT staff at the organisation; this highlights the CCG's commitment to LGBT equality, and supports the recruitment of a more representative workforce.



In response to the number of staff reporting feeling stressed as a result of work, BNSSG CCG has signed up to the Time to Change pledge, and to date 31 staff have undergone Mental Health First Aid training (25 in the financial year 2019/20) and 14 TTC Champions have taken part in the Time to Change training.

An action plan to support the improvement of equality and inclusion is included at the end of this report. HR data indicated that 4% of leavers identified as LGBT, which is higher than the current percentage of staff self-reporting to be LGBT at 3%, it is unclear if the restructure adversely affected any groups with protected characteristics. However, it is hoped that with the Proud Network in place, greater visibility for LGBT staff and a zero tolerance approach to all harassment, bullying and abuse for LGBT, BAME and disabled staff that this position can be improved.

Equality & Inclusion Mandatory Training

Provision of statutory and mandatory training is currently through the Consult OD (organisational development) Portal Training, an e-Learning platform, at the time of data collection 79.4% of staff had been completed training. Staff are asked to ensure their mandatory training is up-to-date before their annual appraisal.

Equality & Inclusion in Commissioning

Our Providers are mandated to comply with equality legislation and mandatory requirements under the Public Sector Equality Duty, this includes publishing an Annual Equality & Inclusion report. The CCG currently receives patient-related reports, the Provider Annual Equality policy, WRES action plans and milestones, WDES action plans and milestones and EDS2 objective refresh and grading assessment through performance management arrangements.

We have developed principles that underpin how we make decisions about planning and buying health services for the local population and to ensure these decisions are consistent across all levels of commissioning, these principles can be found in our Ethical Framework for Decision Making. A copy of this document can be [downloaded](#) from our website.

Summary of Strengths and Areas for Improvement

The CCG has undertaken a number of initiatives to improve equality and inclusion, some of the things we have done well include:

Our Commissioning Cycle

Our project management team act as hub for equality, quality and patient and public involvement impact assessments and have successfully embedded equality considerations into the project management process. The team ensure that project leads follow a standardised process for developing, reviewing and approving the assessments and provides an invaluable resource for the work of the Inclusion Coordinator.

The CCG is developing a Population Health Management Tool that will increase the level of data we have available to us and better inform our commissioning decisions and we will continue to develop and utilise the vital service provided by the Healthier Together panel.

Safeguarding our staff, patients and service users remains of paramount importance, following the publication of the Bristol Safeguarding Adult Board (BSAB) and Safer Bristol Thematic Mate Crime Review, Mate Crime/Disablism has been included in our Safeguarding Adults Policy in respect of the 'discriminatory abuse' category. A mate crime section has been included on the CCG website under the [health advice and support](#) section and signposting is available for mate crime, modern slavery, FGM and safeguarding people and communities from the threat of terrorism. The Safeguarding team regularly delivers workforce training.

We have worked with system partners to improve Accessible Information; this led to the creation of a **passport** that patients can use to support continuity of care.

Our Workforce

Our staff, have proven to be our greatest asset in this arena, they have volunteered their time to support the EDS2 process, led on engagement activities and since its launch in July 2019 we have a very active LGBT (Proud) Network who are supporting the CCG to meet its Stonewall Action Plan objectives; the network also support our LGBT staff and develop awareness and cultural competence amongst the workforce; the BAME network and Allies Network were launched in October 2019; the Time to Change Network was launched August 2019 following training and the Disability Network will follow. The networks act as a valuable resource by providing insight, learning and engagement, contributing towards the equality objectives and supporting their colleagues to feel more included. The networks take a joined up approach to working, this includes partnering with external networks across the BNSSG area.

To support the organisation to attract and develop a diverse workforce, the CCG, with support from the Attracting & Developing a Diverse Workforce (ADDW) group, have improved the recruitment toolkit with the introduction of guidelines for recruiting managers which require early consideration of reasonable adjustments for disabled candidates that are appointed. This builds on the existing arrangements for shortlisting and interviewing disabled candidates. The revised guidelines were agreed in October 2019 and included the requirement for recruiting managers to provide internal feedback to the Deputy CEO on reason for not appointing candidates identified from BAME backgrounds. Building on the work across the organisation to embed the CCG's values, the group have shaped the development of how job advertisements reflect these values. Improvements were made in September 2019. The group has also initiated the development of a Work Experience programme which will target the under-represented BAME



community as evidenced by our workforce data. Schools have been identified and are being approached with a view to collaborate beginning in 2020.

Developing our Culture

We have a very visible internal communications team who actively support the staff networks and the equality and inclusion agenda.

The organisation has delivered unconscious bias training and No Bystander training to members of staff; and unconscious bias training will be delivered to the Governing Body in December 2019. Line managers training has been delivered widely across BNSSG CCG on HR policies and effective line management skills, with specific elements focussed on promoting equality and inclusion in the workplace and fair treatment of all staff in line with policies and employment law.

In addition to being a Disability Confident Employer, since the year end (March 2019), the CCG has increased its focus on staff wellbeing and has become a Time to Change Employer and a Stonewall Diversity Champion. The resultant action plans are delivering staff-led change. The CCG has improved reporting of staff equality metrics by increasing levels of staff self-declaring via ESR Self Service and active targeting of areas of non-reporting by staff, improving self-declaration rates is an ongoing piece of work.

The Governing Body members and senior leadership have demonstrated their commitment to equality and inclusion by asking for an ambitious plan of action and they themselves are keen to develop as inclusive leaders and improve the staff working life experience for all its staff, particularly for staff who have not fared well (evidenced in the Staff Survey, WRES and WDES reporting).

Leadership representatives regularly attend the Bristol Race Equality Leaders Group and HR sub-group meetings. Information around lived work experiences of BAME staff was shared across public sector employers with discussions on best practice to improve such experiences. There has been heavy focus across the city on improving recruitment of BAME staff and representation within organisations with discussions on various recruitment methods and initiatives.

The CCG is an integral part of Building Leadership for Inclusion which is a programme of work that will inform the future ten-year strategy, its strategic aims is to raise the level of ambition on inclusion; quicken the pace of change towards inclusion and to ensure that leadership is equipped to achieve and leave a legacy of inclusion. The CCG is part of one of the six Pilot Sites in this programme.

The organisation has development and launched CCG Values, this was developed by staff for staff. This includes value around Embracing Diversity which has been embedded into the Appraisal process and Formal 1:1 process for managers with staff.

Work in Progress & Looking Ahead

2019/2020 will see the organisation deliver relevant training to the Governing Body and staff; the formation of the Joint Impact Assessment Panel (JIAP) that will act as an advisory board for project leads on their equality, quality and patient and public involvement assessments; training around equality and completing equality impact assessments will be strengthened; representative/s from the staff network leaders will undergo extensive development training; work on the Population Health Management tool will progress; the internal communications team will play a greater role in raising staff awareness; and the strategic Equality,



Diversity and Inclusion (EDIF) group and Inclusion Coordinator will work closely to ensure that the resultant recommendations in this report are carried forward or considered.

The EDS2, WRES, WDES and HR data has helped the CCG to identify a number areas where improvements will be made to advance equality of opportunity, foster good relations between different groups of people, both staff and patients; and to improve the robustness of monitoring processes like EDS2 which help us to ensure that commissioning, policies and practices do not unlawfully discriminate. These recommendations are outlined in the Action Plan overleaf.

Summary in Table format:

	Commissioning Cycle	Workforce	Culture
Equality & Inclusion Strengths	Equality Impact Assessments are undertaken as part of the commissioning decision-making process and this is embedded in the programme management process.	Attract & Develop a Diverse Workforce Group established and they have developed a recruitment toolkit and guidelines for recruiting managers, improved job adverts and are currently developing a Work Experience Programme.	Clear commitment to equality and inclusion as described in the Equality Strategy and Action Plan 2018-2021.
	Equality Impact Assessment training is available for staff.	Unconscious Bias training, No Bystander training, Equality training and Impact Assessment training has been delivered.	Staff were an integral part of shaping the organisation's values that were unveiled in March 2019.
	Joint Impact Assessment Panel (one-stop resource) launched November 2019 to support colleagues and review Equality, Quality and Patient and Public Involvement Assessments.	Internal initiatives have helped to increase levels of staff self-declaration over the year re. ethnicity, disability and gender status.	Launched LGBT, BAME and Allies Networks – networks have delivered engagement activities, raised awareness of issues internally and are supporting the organisation to fulfil its equality objectives.
	Population Health Management Tool is being developed to enable the organisation analyse complex data from multiple sources.	CCG is part of one of six Pilot sites for Building Leadership for Inclusion, a programme of work that includes research, leadership development and equality work to quicken the pace of inclusion.	CCG is a Disability Confident Employer, a Time to Change Employer (to support staff mental health and wellbeing) and a Stonewall Diversity Champion.
		Supported staff mental health and wellbeing through Time to Change and Mental Health First Aider initiatives.	The CCG maintains membership of key strategic groups in the city including Bristol Race Manifesto and have signed the city's Equality Charter.
			Our Communications and Engagement teams are an integral part of our success.

	Commissioning Cycle	Workforce	Culture
Areas for Improvement	The organisation must further embed equality impact assessment process throughout the commissioning cycle – assessing and evaluating impact. JIAP will be a key resource.	The organisation must take steps to increase staff numbers of under-represented groups – LGBT, BAME, disabled, male.	Undertake studies or data analysis to better understand inequalities and the current practices and behaviours behind them.
	Continue roll out of EIA training to new and inexperienced staff.	Increase the likelihood of staff being appointed after shortlisting for disabled and BAME staff when compared to non-disabled and non-BAME staff.	Improve cultural competence in order to improve the working life experience of staff with protected characteristics.
	Continue to develop innovative data-driven approaches to Population Health Management.	Continue to develop recruitment and line manager through training to ensure a standard approach is followed for recruiting and line-management.	Promote need for self-disclosure to staff and address any negative perceptions around disclosure.
	Develop the processes for undertaking Equality Delivery System (EDS2).	Address negative experiences and perceptions highlighted in the Staff Survey.	

The Equality and Inclusion Action Plan will be used to inform the next revision of the Equality Strategy.



**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

Equality Annual Report Action Plan

Theme	Focus	Action/s	Responsible Team/Officer	Due Date	Update
Workforce & Leadership	Recruitment & Retention	Attracting Diverse Talent: <ul style="list-style-type: none"> To work with local community groups to diversify the promotion of NHS jobs. To launch a work experience programme for young adults and university students (currently in development). Promote mentoring of BAME undergraduates amongst staff. To consider viability of an independent panel member to help to eliminate potential bias or unfair practices. To consider initiating a post-interview survey project over a defined period. Investigate the disparity between BAME and disabled candidates being appointed after shortlisting in comparison to white and non-disabled appointees. 	ADDW T&D HR		
		Retention: <ul style="list-style-type: none"> Consider setting clear guidance around routes to progress Consider developing and promoting the use of mentors and sponsors in the organisation; including reverse mentoring 	T&D		
		Wellbeing: <ul style="list-style-type: none"> Work with disabled staff to ensure their support needs are being fully met and line managers have a clear understanding of these needs. 	HR Training		
	Leadership Development	Ensuring that equality, diversity and inclusion	SMT		



		responsibilities are understood at all levels of the organisation: <ul style="list-style-type: none"> • Hold policy makers and project managers accountable for equality action plans. • Improve the equality and cultural competence of middle managers through training/coaching. • Develop training around disability awareness and disability-related law. 			
	Working Life	Organisation Culture: <ul style="list-style-type: none"> • Undertake a programme of work to change organisation culture around harassment, bullying and abuse and reporting incidences of this. • Develop equality related training for staff and a sustainable programme of engagement to foster appropriate behaviour. 	EDIF Training		
		Staff Survey: <ul style="list-style-type: none"> • CCG to consider providing a report on the actions taken to address issues highlighted in the staff survey. 	HR EDIF		
Processes	Disclosure Rate	Disclosure rates for sexual orientation, disability and ethnicity are low. The CCG will: <ul style="list-style-type: none"> • Undertake a piece of work to determine the reason for this • The Internal Communications team will have an ongoing programme of work to encourage disclosure 	EDIF		
	EDS2	Improve the EDS2 process: <ul style="list-style-type: none"> • Develop a pro-forma (clearly linking documents submitted to the outcomes the panel are grading the organisation against) to improve the grading process. • Develop performance metric to assess the progress towards equality objectives and how far the achievements are from the project intentions to aid grading. • Utilise the voice of staff networks in the EDS2 process, both as providers of evidence and involvement in the panel. • Provision of evidence/evaluation to support inclusive leadership 	EDIF Inclusion Coordinator		
Engagement	Increasing	Communications & Insight and Engagement:	Communications/		

	Engagement	<ul style="list-style-type: none"> Internal Communications team to increase engagement activity around inclusion. External Communications to consider creating an Employee Value Proposition (EVP) to support attracting diverse talent agenda. 	Insights & Engagement		
		Supporting staff networks: <ul style="list-style-type: none"> EDIF to enable and support development of staff networks. 	EDIF		
		External relationships: <ul style="list-style-type: none"> CCG to continue to work outside of the organisation walls to improve equality practice and lead strategically in the city. 	EDIF		



Appendix

Equality Strategy Action Plan 2018-2021

Completed  In progress  Not Started 

Objective	Related to EDS2 Outcomes	Action Required	RO	Deadline	Update
<p>Objective 1: Improve the use of equality analysis data in our commissioning cycle.</p> <p>Success measure: Equality data routinely used in commissioning work and equality impact assessment library populated accordingly.</p>	1.1 & 1.2			Mar 2020	
1.1: Improve quality of equality impact assessments and embed into core steering group activities and programme boards.		<p>EIA training and competence testing</p> <p>EIA samples assessed/ audited by PPIF in addition to Quality Committee</p> <p>EIA audit formally reviewed on a quarterly basis by Governing Body.</p>	Transformation Director/ Director of Commissioning	Mar 2019	<p>In progress:</p> <p>EIA's currently constitute a core element of all projects. Some initial training provided.</p> <p>Nov 19 - EIA training programme undergoing further development</p>
1.2 Ensure that equality data is relevant and available to project leads, steering groups leads and programme directors.		Develop a BNSSG population breakdown.	Transformation Director/ Director of Commissioning	Ongoing	<p>In Progress:</p> <p>BNSSG population data compiled and distributed to colleagues currently working on EIA's.</p> <p>Inclusion Coordinator to raise awareness of equality and available data</p> <p>Nov 19 – Working with the</p>

					Population Health Management team to understand opportunities to leverage this data as part of Equality Impact Assessments
<p>Objective 2: Build strong relationships with protected groups and communities to better understand their needs and improve our equality data.</p> <p>Success measure: Improved engagement with protected groups through PPI and visibility of the CCG at key community events.</p>	2.1, 2.2, 2.3, & 2.4			March 2021	
2.1 Develop Representative Patient and public involvement forums across the new organisation in line with GB Terms of Reference		<p>BNSSG wide strategic group to assure EIAs/ Engagement Plans and Equality and Diversity</p> <p>Locality based PPIGs are in place</p> <p>Public Reference Groups aligned to specific projects: e.g. Healthy Weston; Community services procurement</p> <p>Develop the use of the Healthier Together Citizens panel</p> <p>Develop a Patient Leadership Programme</p>	Transformation Director / CFO	<p>Dec 2018</p> <p>Dec 2018</p> <p>Dec 2018</p> <p>On going</p> <p>April 2019</p>	<p>Completed: All groups in place; representation is developing to align with local population and protected groups.</p> <ul style="list-style-type: none"> Equality, Diversity & Inclusion Forum (EDIF) Patient and Public Involvement Forum (PPIF) Healthy Weston (Primary and Traveller reference groups) Healthier Together Panel
2.2 Undertake EDS2 Assessment for BNSSG CCG evidence data.		<p>Collate Evidence data</p> <p>A representative sample of the work</p>	Inclusion Coordinator	Mar 2019	In Progress: Internal and External panels were recruited, trained and convened. Scores were aggregated at

		across the CCG is made available for the Assessment. Convene a representative 'expert' panel; trained and engaged to assist in the grading of our EDS2 goals.			facilitated meetings. Nov 19 – A draft EDS2 report is being written and will be reviewed by the Panels Jan 2020.
2.2. Continue engaging with the Deaf Community through the Deaf Health Partnership Group		Continue to be active members of the Deaf Health Partnership Group.	Locality Engagement and Partnership Leads	Ongoing	Nov 19 – New Inclusion Coordinator in post Oct 19, in process of establishing relationships with external stakeholders.
2.3 Develop a sustainable approach to engaging communities in commissioning projects.		Engagement teams and PPIF to develop a sustained approach to involve communities through ongoing dialogue.	Head of Insights and Engagement	February 2020	In progress: Draft PPI policy is currently being reviewed in public (with feedback captured via online/face-to-face surveys). To be ratified by PPIF in January 2020 and by Governing Body in February 2020.
2.4 Develop a calendar of community based events.		Social media campaigns prepared for events such as Chinese New Year, February LGB&T History month, October Black History month and Ramadan.	Comms team	Jan 2019	Completed: A calendar has been developed.
2.5 Sign the Bristol Equality Charter.		The CCG becomes a signatory of the Charter.	Transformation Director	Nov 2018	Completed: CCG member of BEC
2.6 Continue to be involved in the Bristol Manifesto for Race Equality Group.		The CCG continues to have representation at the group.	Locality Engagement and Partnership Leads	On going	CCG to renew membership for 2019/20.
2.7 Continue to be involved in the South Gloucestershire Equality Forum		The CCG continues to have representation at the group.	Locality Engagement and Partnership Leads	On going	New Inclusion Coordinator in post Oct 19, in process of establishing relationships with external stakeholders.
Objective 3: Promote workforce equality and	EDS 3.1, 3.2, 3.3, 3.4, 3.5			March 2020	

<p>improve representation through effective employment practices.</p> <p>Success measure: Better representation of protected groups in the workplace as a result of inclusive recruitment & retention practices and better staff engagement and good employment practices. We attract the right people for the right posts at the right time.</p>	& 3.6				
3.1 Raise the profile of the CCG as a positive place to work in Bristol, targeting community organisations and groups with direct links to BAME, Disabled & LGB&T communities.		Develop the existing job section and recruitment information available to potential candidates on our website highlighting the benefits of working for the CCG.	HR	Mar 2018	Completed: Nov 19 – jobs advertised on nhs.jobs portal are accessible to all and now promote the values of the CCG which include our commitment to embrace diversity
		Work with partner agencies, Job Centre Plus, local educational institutions to take part in local recruitment events/ job fairs, and open days specifically those that link to equality and diversity	HR/ Comms	Mar 2020	In progress: Nov 19 – L&D manager linked to Equity programme to promote opportunities in the CCG to BAME under-graduates. Connections are being established with Healthier Together Schools and College's engagement Team to promote working in the CCG as well as across the wider system.
		Utilise social media to publicise any current vacancies.	HR/ Comms	Mar 2020	Completed: Nov 19 – the recruitment process offers the opportunity for job adverts to be broadcast more widely than just nhs.jobs. The CCG Communications contacts can be specified for sharing adverts via alternative methods.
3.2 Develop opportunities for		Develop a work experience policy.	HR/ Comms Transformation Director/	Mar 2020	In Progress: Nov 19 – L&D developing

work experience and shadowing for potential external candidates to gain insight into the work of the CCG.		Outline approach to future work experience initiatives, including 'pathways to work' placements for people with disabilities Continued working with CASS in South West	CEO		relationships with local schools/ colleges/ university to identify opportunities (see 3.1).
3.3 Monitor recruitment activity and outcomes, and produce management information to illustrate such activity in partnership with the Human Resources team.		Baseline current recruitment activities.	HR/ Comms		Completed: Nov 19 – Workforce Report produced on a 6 monthly basis and flow to Governing Body established.
		Mandate offering feedback to candidates that have declared a disability and are eligible to apply under the "Disability Confident" scheme.	HR/ Recruitment managers	Mar 2019	Completed: Recruiters provide feedback to disabled candidates. Extended to all staff.
		Deliver recruitment and selection training for managers and staff involved in the recruitment process, ensuring that our commitments under as a disability symbol user organisation is highlighted	HR/ Inclusion Coordinator	Mar 2019	Completed: Nov 19 - HR Policy training is delivered routinely by HR and covers CCG recruitment policy. Recruitment team distribute guidance to recruitment managers on shortlisting and interviewing disabled candidates. Recruitment Toolkit updated on ConsultHR portal available to all staff.
3.4 Utilise existing processes such as secondment opportunities to improve overall job satisfaction for our staff and identify progression opportunities to improve representation at leadership levels.		Develop strong staff support networks to act as forums for staff members from underrepresented groups and to support the organisation in its engagement with these staff.	HR/ Inclusion Coordinator	Mar 2019	In Progress: <ul style="list-style-type: none"> • Staff support network policy developed. • Nov 19 – Mental Health First Aid training delivered. CCG now has 31 MHFAs to support staff. • LGBT, BAME and Allies networks launched, disability network to follow.
		Utilise exit interviews	HR	Mar 2019	In progress:

		to determine what causes staff to leave and gain a better understanding of why people leave the CCG			Nov 19 – Staff Partnership Forum sighted on information about exit interviews.
		Maintaining staff involvement and engagement as per our organisational development strategy.	CFO	Ongoing	In progress: Nov 19 – Staff Partnership Forum established and being reviewed to include correct representation.
3.5 Sign up to the “Disability Confident” scheme.		The CCG achieves the Disability Confident status.	Inclusion Coordinator	June 2018	Completed.
3.6 Undertake the Work Force Race Equality Standard assessment and submission		The CCG undertakes its first WRES assessment.	Inclusion Coordinator	Mar 2019	Completed: Nov 19 – national data has been submitted, report to be published.
3.7 Sign up to the “Time to change” Charter.		The CCG signs up to the charter and develops an associated action plan.	Transformation Director	Mar 2019	Completed: CCG signed up as TTC employer August 19.
3.8 Deliver contextualised Equality and Diversity training across the CCG.		100% of CCG staff require contextualised Equality & Diversity training customised for their role.	Inclusion Coordinator	Mar 2020	In progress: All staff are required to undertake mandatory E&D training. Some teams across the CCG have received customised training and EIA training.
3.9 Develop an organisation wide process to ensure that the CCG ensures the Accessible Information Standard is met.		Inclusion of AIS principles embedded in CCG web site Ensure that all CCG run events have considered the specific communications needs people have Development of policy and training for all staff	Assoc. Director Comms	Ongoing April 2019	In progress: <ul style="list-style-type: none"> Members of the public are offered alternative formats of publications. Guidance given to staff.
3.10 Develop processes to encourage staff to declare Equality Monitoring Information.		Improved Equality Monitoring Data available.	HR/ OD Team	Dec 2019	In progress: At present Equality Monitoring Data is captured as part of the recruitment via NHS jobs, however

					not all recruitment is done this way.
3.11 Continue to support and contribute to the Bristol 'Stepping Up' programme (mentoring)		Staff development	Transformation Director	Ongoing	In progress: <ul style="list-style-type: none"> • CCG support in place. • Nov 19 – two staff members are on the current cohort.
Objective 4: Develop inclusive leadership at governing body level. Success measure: Governing Body proactive about the integration of equality into core business	4.1, 4.2 & 4.3			Ongoing	
4.1 Develop governance processes for Equality & Diversity reporting.		Processes for reporting Equality and Diversity progress against objectives are established.	Transformation Director	January 2019	Completed: The Equality & Diversity Forum (EDIF) launched in Mar 19, chaired by an Executive Director. The Forum meets quarterly to review progress on implementation of the Equality and Diversity action plan.
4.2 Liaise with Health Education England on national leadership programmes relating to diversity and inclusion, ensuring alignment.		Stakeholder engagement	Transformation Director	Mar 2020	
4.3 Continue to support Leadership development opportunities across the organisation.		Improved uptake of leadership programmes from underrepresented groups.	Exec / OD Team	Dec 2019	Current opportunities advertised using internal communications channels. Nov 19 - CCG is part of <u>Building Leadership for Inclusion</u> , a ambitious programme of work that will inform our future ten-year strategy, led by the NHS Leadership Academy. Nov 19 – Learning and Development Panel established in September to facilitate equitable distribution of resources across the organisation

