

Meeting of Governing Body

Date: 5 January 2021
Time: 1:30pm
Location: Microsoft Teams Virtual Meeting

Agenda Number :	9.1
Title:	Equality, Diversity & Inclusion Annual Report 2019-20
Purpose: Decision/Discussion	
Key Points for Discussion:	
<p>This equality, diversity and inclusion annual 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. The purpose of the report is to demonstrate how the CCG has met its legal and mandatory duties, particularly those of the Equality Act 2010 (Public Sector Equality Duty):</p> <ul style="list-style-type: none"> • To eliminate unlawful discrimination • Advance equality • Foster good relations <p>We are required to publish equality information annually, but beyond this we also want to be transparent about demonstrating organisational progress against the CCG equality strategy action plan. This is accomplished by providing a summary of a range reporting activity (including Workforce Standards, Gender Pay Gap reporting, EDS2 and workforce data) and by highlighting some of the inclusive work that has taken place across the organisation over the past eighteen months.</p>	
Recommendations:	To approve the Equality Annual Report and note the recommendations highlighted in the report and this cover paper.
Previously Considered By and feedback :	<p>The Quality Committee considered the report on 17.12.20 – and provided feedback, which has been reflected as follows:</p> <ul style="list-style-type: none"> • We have further clarified our equality and diversity goals, and will be reviewing how to effectively communicate these to key stakeholders. • The report highlights the achievements in year, but we have also used this cover paper to highlight to our Governing Body the organisational risks if the EDI agenda is not progressed more quickly in the future. • As an ongoing task, we will be reflecting on how to support staff to understand the implications of moving from a diversity based approach to an inclusive approach to diversity management and to link this inclusive practice across all parts of our system, including Primary Care.
Management of Declared Interest:	N/A

Risk and Assurance:	<p>Risks: Legal, financial, reputational risks resulting from non-compliance or slow progress highlighted in this cover paper.</p> <p>Assurance: The Inclusion Council will convene in the New Year to start the process of developing a more robust and ambitious Equality Action Plan and to review the current strategy. IC will be chaired by the Chief Executive which will facilitate senior leadership buy-in and promote a more agile approach to this work.</p>
Financial / Resource Implications:	The activities highlighted unless otherwise stated are currently delivered either through existing programme budgets or existing directorate budget.
Legal, Policy and Regulatory Requirements:	No specific legal issues related to this update.
How does this reduce Health Inequalities:	The activities highlighted are designed explicitly to support the CCG aims to reduce health inequalities, by ensuring that we provide equality of opportunity to all of our patients, their families and carers. The activities are also designed to ensure that we eliminate all forms of discrimination in the services we commission for our population.
How does this impact on Equality & diversity	The activities highlighted are designed to support and contribute to the delivery of high quality equality impact assessments, across all key characteristics; and to highlight the activity across the organisation, which has been delivered to improve equity and workforce and patient experience.
Patient and Public Involvement:	<p>Key documents that have informed this report were reviewed by members of the public and CCG staff networks:</p> <ul style="list-style-type: none"> • Equality Delivery System (EDS2) - representatives of patients and the public have participated in the EDS2 process in 2018 (internal staff panel and external panel), and as part of our Equality Diversity and Inclusion Forum. • Workforce Race Equality Standard (WRES) 2019/20 – evaluated with the BAME Staff Network • Workforce Disability Equality Standard (WDES) 2019/20 – evaluated with the Disabled Staff Network
Communications and Engagement:	We have taken steps to ensure that this report will be available, where required, in multiple formats and languages to make it fully accessible to the population we serve. We will also work with external communications colleagues across the system to utilise social media and other channels to disseminate the report; as well as promote forthcoming opportunities for engagement.
Author(s):	Sharon Woma, Inclusion Coordinator
Sponsoring Director:	Deborah El Sayed, Director of Transformation

Agenda item:

Report title: Equality Annual Report 2019-2020

1. Background

This is BNSSG CCG's second equality annual report, which is produced to demonstrate compliance across a number of equality areas. Section 149 of the Equality Act 2010 sets out certain duties for public sector organisations like the NHS. The broad aim of the duty is to integrate equality considerations into the day-to-day business of public sector organisations. In exercising our functions, the CCG must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The above three aims known as the general duties. Having due regard to the duty means that we have to take steps to remove or reduce disadvantages experienced by people who have a protected characteristic. In practical terms, this includes taking steps to meet the needs of a protected group where they differ from the needs of other people. It also includes encouraging people to participate in public life and in activities where their participation is disproportionately low. We accomplish this by undertaking equality impact assessments, and engaging with and consulting our local population to support our decision-making, in co-production to develop shared solutions and through the contract management process.

In addition, there are two specific duties:

- Publishing equality information – for the CCG this means publishing this annual report and equality impact assessments and other equality-related information (e.g. Workforce Equality Standards).
- Publishing equality objectives – the CCG objectives can be found in the Executive Summary section of this report and in our [equality strategy](#).

Complying with the Public Sector Equality Duty (PSED) helps the CCG to make better decisions, form stronger relationships with our stakeholders and the public and commission and deliver services that are more likely to meet the needs of the diverse population we serve. Compliance is therefore not only a legal requirement, it is a way of us being more effective in shaping the health of the people we serve.

Of note, although the organisation has been prolific in this area, there are still opportunities for improvement. The table below provides a summary of the key objectives and recommendations, with further detail available within the report itself:

Strategic Objectives	Descriptor	Recommendation
Objective 1:	To improve the use of equality analysis data in our commissioning cycle	Build awareness and develop inclusion and diversity competence across the organisation through the delivery of effective equality-related training and support.
Objective 2:	To build strong relationships with protected characteristic	Improve outreach and the diversity of the external networks engaged with by the organisation,

	groups and communities to better understand their needs and improve our equality data	through continued use of initiatives such as the recent Covid-19 listening events. .
Objective 3:	To promote workforce equality and improve representation through effective employment practices	<p>The Inclusion Council will develop more ambitious targets around representation and drive the broader inclusion agenda.</p> <p>Achieve horizontal alignment across various functions to embed inclusion throughout the organisation (closely linking strategic objectives of HR, Learning and Development, equality etc.).</p> <p>Address disparities highlighted in the WRES and WDES reports.</p> <p>Improve insight into our data, by drilling down to identify gaps that make it difficult to articulate or address staff experience.</p>
Objective 4:	To develop inclusive leadership throughout the CCG	<p>Building inclusive leadership capability across the organisation and at all levels.</p> <p>Develop strong staff networks to enable them to meet their potential as agencies for change.</p>

2. Financial resource implications

The activities highlighted unless otherwise stated are currently delivered either through existing programme budgets or existing directorate budget.

3. Legal implications

The equality annual report has been produced in response to our legal duty to publish equality information, to set at least one equality objective and to meet the general equality duties set out in the Public Sector Equality Duty (PSED) and noted in section 1 of this cover paper. There is a duty for the CCG to ensure that staff are aware of the collective legal duty for which the CCG is vicariously responsible.

4. Risk implications

The report has demonstrated that the organisation has made progress by delivering a range of initiatives to improve staff experience and patient/public experience and engagement. However, insufficient progress has been made to address the issues previously identified in Workforce Race and Disability Equality Metrics. Although staff have attended more equality-related training, take-up is not widespread and

differences in quality persists. The factors outlined above could give rise to increased organisational risks including:

- Value loss – failure of staff/organisation to meet its legal duty could result in financial costs, legal costs and opportunity costs
- Discriminatory failure – direct or indirect discrimination could result in poor staff relations and patient relations and resultant loss of public confidence, potential legal action and compensations
- Impact on value for money and service provision – a lack of inclusive behaviour (including equality analysis) could result in ineffective prioritisation of resources and poorly designed and inequitable service provision
- Lack of culture change – inappropriate actions of staff can lead to institutional failure in compliance or duty of care (e.g. reduced quality and increased health inequalities) and increased staff turnover
- Failure of awareness, perception and understanding of staff and managers could lead to any of the above

5. How does this reduce health inequalities

The activities highlighted in the report are designed to explicitly to support the CCG aims to reduce health inequalities by ensuring that we provide equality of opportunity to all of our patients, their families and carers and to ensure that we eliminate all forms of discrimination in the services we commission for our population. As a practical example of this, it is critical that CCG conducts effective equality impact assessments and uses population health management tools to help to allocate resources equitably and to support decision-making.

6. How does this impact on Equality and Diversity?

The report charts the progress the organisation has made towards meeting the objectives set out in the equality strategy, as well as highlight a range of initiatives across the organisation, which are aimed at improving the working life experience of staff and patient experience and outcome.

7. Consultation and Communication including Public Involvement

In the recent NHS England assessment of the Patient and Community Engagement Indicator, the CCG has achieved a “Green star” rating for the second year running, which is the highest possible rating.. In order to retain positive momentum in the way we work with people and communities, it is vital that we continue to make progress against our equality strategy.

[DRAFT]

EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2019 - 2020



Accessibility Statement

If you require this document in an alternative language or format please contact the CCG Inclusion Coordinator by telephone or email:

Telephone: 0117 900 2655 or 0800 073 0907 (freephone)

Email: Bnssg.inclusion@nhs.net

If you have any comments, suggestions or feedback about this document, please contact the Inclusion Coordinator, using the above telephone number or email address.

DRAFT

Contents

Executive Summary	5
Legal Statement.....	7
Introduction	8
About Us	8
CCG Values	8
Meeting our equality duties	10
Statutory Duties	10
Public Sector Equality Duty (PSED).....	10
Sexual Orientation Monitoring (SOM)	10
Gender Pay Gap.....	11
Duty to Engage.....	12
Seldom-Heard communities	13
Accessible Information Standards	13
Health Inequalities.....	13
Mandatory Duties	14
Equality Delivery System 2 (EDS2).....	14
Workforce Race Equality Standards (WRES).....	15
Workforce Disability Equality Standards (WDES).....	16
Governance.....	18
Safeguarding.....	18
Our Communities and our people.....	19
Inclusive Practice across the CCG 2019-2020	23
Inclusive Leadership	23
Working life experience of our staff	24
Inclusive practice in commissioning	26
COVID-19	29
NHS changes.....	29
Patient voice and influence.....	30
Equality Impact Assessments	30
Partnerships and collaboration.....	30
Workforce health and wellbeing.....	31
Conclusion	33
The future of equality, diversity & inclusion in practice.....	33
Progress to date	34

Areas for improvement 34

How to get involved 37

Appendix..... 38

Equality Strategy Action Plan 2018-2021 39

DRAFT

Executive Summary

This equality, diversity and inclusion annual 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. The strategy sets out four objectives, which were underpinned by the Equality Delivery System (EDS2), and these objectives have driven our work over the year. They are - to improve the use of equality analysis data in our commissioning cycle; to build strong relationships with protected characteristic groups and communities to better understand their needs and improve our equality data; to promote workforce equality and improve representation through effective employment practices; and to develop inclusive leadership throughout the CCG.

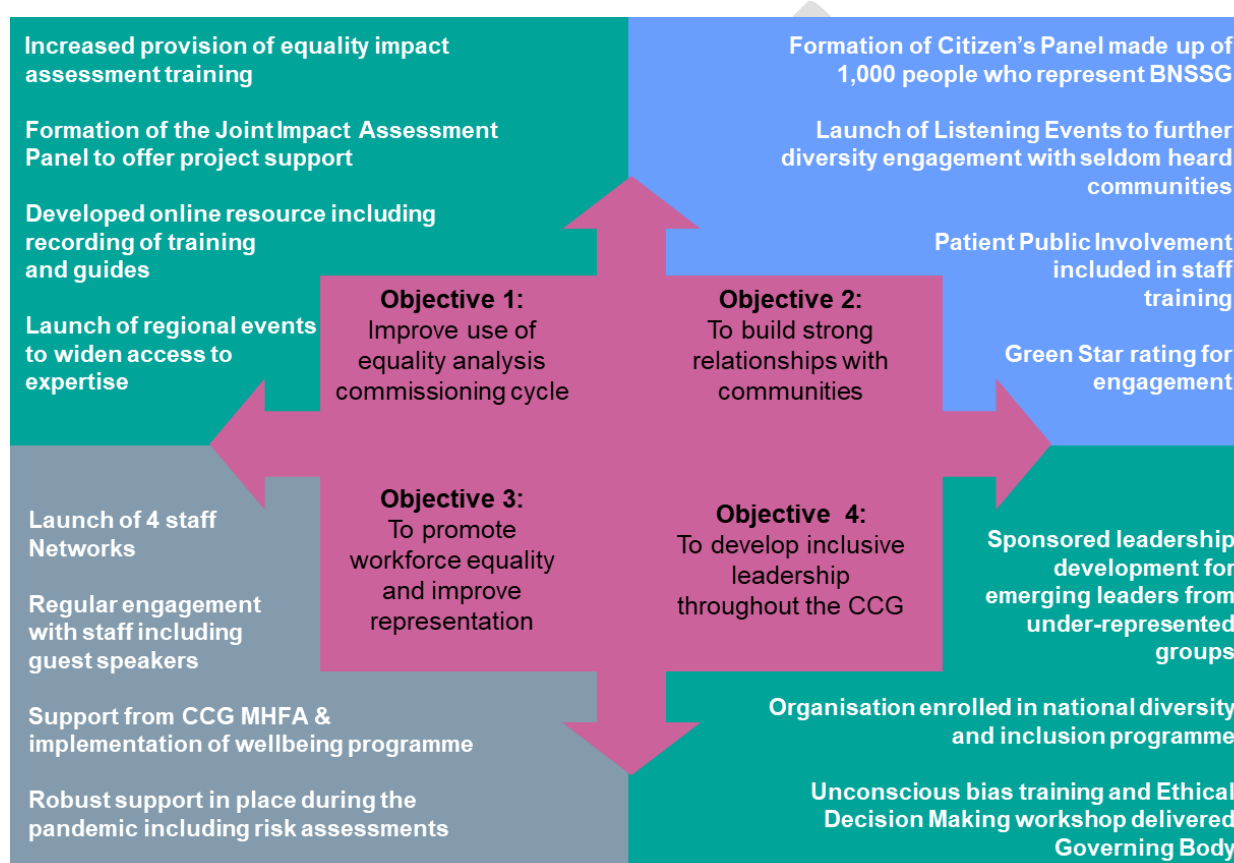


Image: depicts the 4 equality objectives and some of the progress made to date

The above image highlights some of our inclusive work to date which has taken us another step towards meeting the objectives outlined above, as well as responding to last year's findings from the Workforce Race Equality Standard (WRES); the Workforce Disability Equality Standard (WDES); the NHS Staff Survey and the Equality Delivery System 2 (EDS2).

Our achievements have included:

- Objective 1** To improve the use of equality analysis data in our commissioning cycle:
- Increased availability of equality impact assessment training and one-to-one support
 - Development of online resource including recorded training video
- Objective 2** To build strong relationships with protected characteristic groups and communities to better understand their needs and improve our equality data:

- Obtained locality-based insight through use of Citizen's Panel surveys and diversified engagement through virtual listening events during the pandemic
- Inclusion of Patient and Public Involvement principles in recent equality training

This work has enabled us to achieve a Green Star rating for engagement for the second year running.

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

- Launch of 4 staff networks
- Provided regular staff engagement to raise awareness and increase cultural competence; including hosting distinguished guest speakers

Objective 4 To develop inclusive leadership throughout the CCG:

- Equality-based professional development for senior leaders and Governing Body members, including unconscious bias training and enrolment to the NHS Employers Diversity & Inclusion Partners Programme
- Continued to sponsor emerging leaders from under-represented groups to attend the NHS and Bristol City Council Stepping Up programmes

The following pages of the report will demonstrate how we have met our legal and mandatory duties, particularly under the Equality Act 2010 (Public Sector Equality Duty) and sets out our governance structure. The report also provides workforce data to enable the reader to benchmark against previous year/s and shares further information about our inclusive practice over the past eighteen months; and finally sets out a vision of the future and some recommendations to progress the equality, diversity and inclusion agenda in the concluding remarks.

This report has been produced by:

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

November 2020

Legal Statement

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 provided an update on the mandated activities including Equality Delivery System 2 (EDS2), Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) in the body of this report. Due to the pandemic the Government has suspended some statutory reporting requirements for 2020, therefore the CCG has not submitted a Gender Pay Gap (GPG) report this year, but will share the GPG information.

This report also 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.

DRAFT

Introduction

About Us

The Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group (BNSSG CCG) commissions health and care from a range of providers who partner with the CCG to deliver patient-centred care that supports the needs of the very diverse populations we serve. We manage a commissioning cycle across a range of activities including contracting and procurement, performance monitoring, service evaluation and quality. We strive to embed inclusion throughout the commissioning cycle and utilise a range of contractual levers to seek assurance from our providers that they supply accessible, equitable and high-quality care to patients and service users. The principles of respect, dignity and compassion for our population and staff, a commitment to quality of care and inclusive behaviour, which are set out in the [NHS Constitution](#) underpins the work that we all do.

CCG Values

The CCG is guided by a set of values that were developed by our staff. These values help us to make the right decisions for our staff and for the communities we serve – they include:

We act with integrity

By communicating with each other, respecting each other's time and being honest and open we build a culture of trust and respect.

We support each other

By looking out for each other and investing in our training and development, we create a caring workplace where staff are empowered to fulfil their potential.

We embrace diversity

By fostering an inclusive workplace with diverse perspectives, and recognising the value of each individual, we make better decisions.

We work better together

By building strong relationships with our colleagues and partners, and sharing our skills, knowledge and experience we become a stronger team.

We strive for excellence

By challenging ourselves and each other, taking ownership and pride in our work, and investing in our skills, we endeavour to be the best we can be.

We do the right thing

By making evidence-based decisions and listening to our population, we will shape better health for everyone in our communities.

People are very much at the heart of what we do, and this includes our 500 (circa) staff. We believe our workforce and leadership team are integral to our success; because of this, we facilitate a number of initiatives to help our staff to have healthy fulfilled working lives. This includes being a Disability Confident Employer, a Stonewall Diversity Champion 2019-20 and a Time to Change Employer, recruiting and training volunteer Mental Health First Aiders, and giving staff a say in the important decisions that affect their working lives. The CCG has a Staff Partnership Forum (a group that act as the strategic voice for staff) and four staff

networks (affinity groups) that bring colleagues together based on shared interests – you will read more about their work in the body of the report. The CCG is an Equal Opportunity employer and we value diversity. We employ people in a number of disciplines including Administration, Finance, Business Intelligence, Project Management, Research, Communications, Contracting and Procurement, Quality and Customer Service to name a few, if you would like to know more about current opportunities please visit [NHS Jobs](#) or the [CCG website](#).

DRAFT

Meeting our equality duties

The following section sets out our legal duties and provides supporting data and information to demonstrate our compliance.

Statutory Duties

Public Sector Equality Duty (PSED)

Section 149 of the Equality Act 2010 sets out our certain duties for public sector organisations like the NHS. The board aim of the duty is to integrate equality considerations into the day-to-day business of public sector organisations. In exercising our functions, the CCG must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The above three aims known as the general duties. Having due regard to the duty means that we have to take steps to remove or reduce disadvantages experienced by people who have a protected characteristic; take steps to meet the needs of a protected group where they differ from the needs of other people; and encourage people to participate in public life and in activities where their participation is disproportionately low. We accomplish this by undertaking equality impact assessments, and engaging with and consulting our local population to support our decision-making, in co-production and through the contract management process.

In addition, there are two specific duties:

- Publishing equality information – for the CCG this means publishing this annual report and equality impact assessments and other equality-related information (e.g. Workforce Equality Standards).
- Publishing equality objectives – the CCG objectives can be found in the Executive Summary section of this report and the [Equality Strategy](#).

Complying with the PSED helps the CCG to make better decisions, form stronger relationships with our stakeholders and the public and commission and deliver services that are more likely to meet the needs of the very diverse population we serve. Compliance is therefore not only a legal requirement; it is a way of us being more effective in shaping the health of the people we serve.

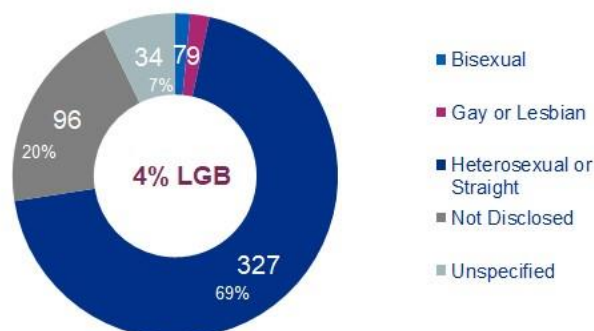
Sexual Orientation Monitoring (SOM)

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. Organisations

also monitor sexual orientation of their workforce to ensure that staff are representative of the local population.

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. The CCG currently collects SOM data on its staff and the providers we commission monitor patients and service users.

Sexual Orientation



Four percent of the CCG staff have stated they are Lesbian, Gay or Bisexual, 69% of staff are heterosexual and 7% have not disclosed their sexuality. We welcome staff to be 'out' in the workplace and our LGBTQ+ staff network (the Proud Network), support the work of the CCG to promote inclusion and raise awareness of LGBTQ+ issues and rights inside and outside of the organisation. You will hear more about our staff networks later in the report.

Gender Pay Gap

The Equality Act 2010 Act (Gender Pay Gap Information Regulations) 2017 direct organisations to publish the information detailed in the tables in the next section. Gender pay gap reporting helps organisations to have a better understanding of the gender pay balance in their organisation. It looks at the average difference between the salaries of men and women. The CCG has reached the threshold to report (over 250 staff), however, the government has suspended the need to submit data for the year ending 31 March 2020 due to the Coronavirus pandemic. Nevertheless, the CCG is able to produce this information, which is shown below.

GPG data table:

Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	30.7753	22.8122
Female	23.1541	19.2134
Difference	7.6212	3.5988
Pay Gap %	24.7640	15.7757

Number of employees | Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	91.00	21.00	81.25	18.75
2	95.00	20.00	82.61	17.39
3	78.00	36.00	68.42	31.58
4	67.00	47.00	58.77	41.23

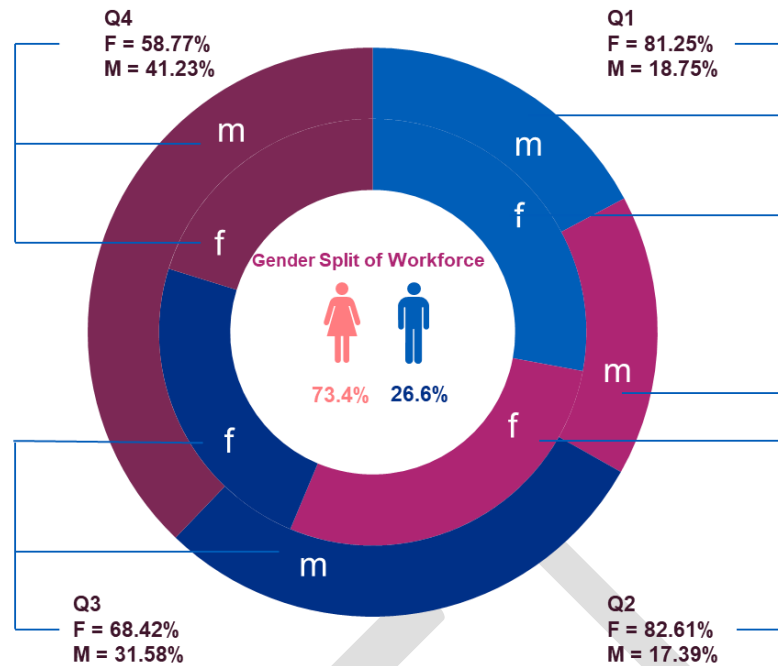


Image: Gender pay gap table including gender split of male and female in CCG workforce (workforce data for the year ending 31.03.20)

- The data in the above tables are a snapshot as at 31 March 2020.
- The gender split within the CCG at the time of reporting was 73.4% female and 26.6% male.
- The difference in the mean (average) hourly rate is 24.8%.
- The difference in the median hourly rate is 15.8%.
- Number of employees by quartile indicates the proportion of males and females when divided into four groups and ordered from lowest (Q1) to highest pay (Q4). There are significantly more women employed by the CCG and therefore more women occupy roles that attract a lower salary (administration and secretarial work) which skews the numbers (Q1= 81% female, 19% male, Q2= 83% female, 17% male), in addition, men tend to be in roles that receive a higher salary (upper two quartiles Q3= 32% male, Q4= 41% male). The CCG is an equal opportunities employer and much has been done over the past year to attract diverse applicants and improve recruitment practices.

The NHS uses the Agenda for Change pay framework, it seeks to harmonise pay for NHS staff across the country, it attempts to deliver on the principles of 'equal pay for work of equal value' thus staff irrespective of sex or gender are paid equitably. Pay grades are determined by the level of responsibility for each role, and a formal process is used to evaluate all jobs. The gender pay gap is partly due to the higher proportion of women in quartile one and quartile two (lower pay bands); and there may be other factors which can only be considered with further HR data. The newly formed Inclusion Council will review this and prioritise actions for the coming year.

Duty to Engage

Section 14z2 of the Health & Social Care Act 2012 as amended, places a duty of public involvement and consultation on clinical commissioning groups; we must make arrangements to involve individuals to whom services are being provided or may be provided

in the planning of the commissioning arrangements and in the development of proposals that affect them.

Seldom-Heard communities

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 and to commission patient-centred services. Our Communications, Insights and Engagement, Patient and Public Engagement and Equality colleagues partner together to bring the voice of our communities into the CCG. The CCG [Citizen's Panel](#) is one of the ways we engage with our population to bring insight into the organisation; the panel is made up of 1000 people who are representative of the population. Insights and Engagement has become more crucial since the pandemic, and you can read more about what we have been doing since the government announced the 'lockdown' later in this report.

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 teams work closely with several individuals and organisations who support and represent seldom heard groups. To explore how your organisation can work with the CCG to shape the work we do contact the Insights & Engagement team by [email](#).

We believe that evidence-based practice improves the decisions we make and delivers high quality, cost effective and patient-centred care. In addition to consultation and engagement we use a number of resources to inform our decisions 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, Population Health Management tools and our Citizen's panel to name a few.

Accessible Information Standards

The Accessible Information Standard (AIS) applies to all NHS organisations; it ensures that all our public information and communication with our workforce 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 on the [Accessible Communications](#) page of our website. Our reports and publications can be made available in a number of different formats on request. Our Disabled Staff Network is committed to support the organisation to raise awareness around accessibility issues, and have spearheaded work in this area in November 2020, particularly around virtual meetings as we continue to work remotely for the near future. The network has also produced guidelines for administrators that will lead to more inclusive meetings and improvements in accessible information.

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

Health Inequalities

The Health and Social Care Act 2012 established a legal duty for health bodies to have due regard to reducing health inequalities. In addition, the Equality Act 2010 sets out that public bodies subject to the duty should integrate the advancement of equality into its day-to-day business. As a commissioner we committed to taking positive steps to decrease the inequality experience by those who live in the most deprived areas and those who live in the least deprived areas.

In the day-to-day work of the CCG, equality impact assessments are used to assess the impact of policies and decisions to ensure that health inequalities are reduced or not worsened. The CCG, with Healthier Together partners have developed two major strategies for BNSSG: the BNSSG Primary Care Strategy and the BNSSG Mental Health and Wellbeing Strategy. Both of these strategies include specific goals on reducing health inequalities...through all their work streams.” For primary care, much of this work will be driven through the ‘models of care’ and the ‘quality and resilience’ work streams. The mental health and wellbeing strategy will explicitly state its approaches to reducing health inequalities.

COVID-19 did not prove to be the ‘great leveller’ as once described, the pandemic only served to highlight the health disparity resulting from wider social determinants. There is increasing evidence that the impact of Covid is different for different parts of our population including some disabled people and people living with learning difficulties, some older people and some people from BAME communities. This has resulted in increased mortality rates for some ethnic groups; a greater level of exposure to frontline workers across several sectors; reduced access to health care services; a rise in the number of people experiencing poor mental health; the financial impact of job loss or furloughing and impact on education attainment. We have used local and national research and CCG engagement to inform our response to this issue including working with colleagues across the Healthier Together partnership to equality impact assess Covid-19 related decisions and to put mitigations in place where there is a likelihood of negative differential impact or an opportunity to advance equality. We have hosted listening events over the summer with some of these most affected communities; we have increased mental health care funding; and we have worked closely with the voluntary sector to reach into communities including the co-production of key health care information in other languages.

Mandatory Duties

Equality Delivery System 2 (EDS2)

The EDS2 system is a framework used by 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. The CCG was measured against four objectives in 2018/19:

1. Better health outcomes
2. Improved patient access and experience

3. A representative and supported workforce
4. Inclusive leadership

Developing 2018



An internal and external panel graded the CCG based on 4 potential outcomes –

Red= Under Developed (People from all protected groups fare poorly compared with people overall OR evidence is not available)

Amber= Developing (People from only some protected groups fare as well as people overall)

Green= Achieving (People from most protected groups fare as well as people overall)

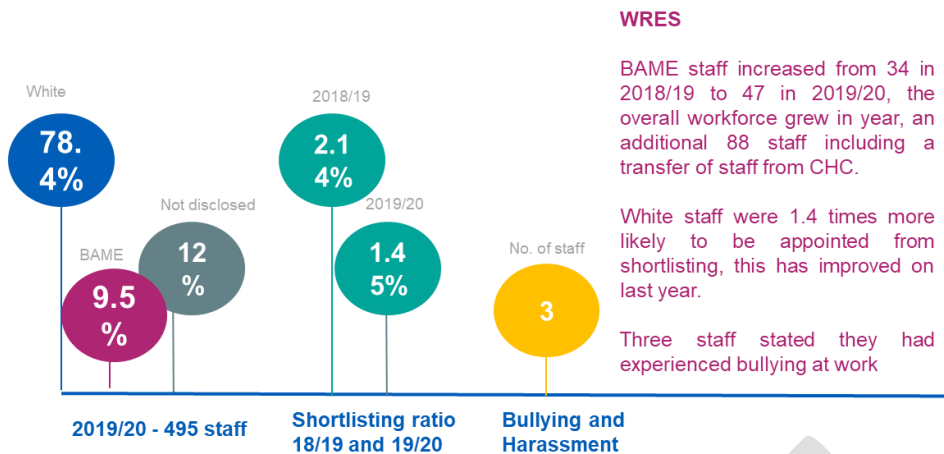
Purple= Excelling (People from all protected groups fare as well as people overall)

An internal and external panel were appointed, trained and provided with information to enable them to grade the CCG. An overall grading of ‘Developing’ (Amber) was achieved for all the objectives. The panels felt the score was 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. We reported on the EDS2 outcomes in last year’s [equality annual report](#).

Due to the pandemic which has resulted in increasing pressures for the CCG, we are unable to commit the resources necessary to undertake this work. However it still remains a key area of work that helps us to evaluate and shape the equality, diversity and inclusion programme. EDS2 will resume in 2021/22. This will include recruiting former and new panels, equality-related and EDS2 training for the panels, and adopting a partnership approach with other organisations to share resources and develop good practice. There is no requirement to undertake EDS2 every year.

Workforce Race Equality Standards (WRES)

The CCG has submitted workforce data related to race equality for a second year. The WRES is a benchmarking tool that helps NHS organisations to ensure that employees from Black, Asian and Minority Ethnic backgrounds have equal access to career opportunities; ensure they receive fair treatment in the workplace and to drive progress towards eliminating discrimination.



BAME staff increased from 34 in 2018/19 to 47 in 2019/20, the overall workforce grew in year, an additional 88 staff including a transfer of staff from CHC. White staff are 1.4 times more likely to be appointed from shortlisting, this has improved on last year, when White staff were twice as likely to be appointed from shortlisting. Three staff stated they had experienced bullying at work, the CCG has a zero tolerance policy on this behaviour and will continue to work with staff and line managers to create a more inclusive culture.

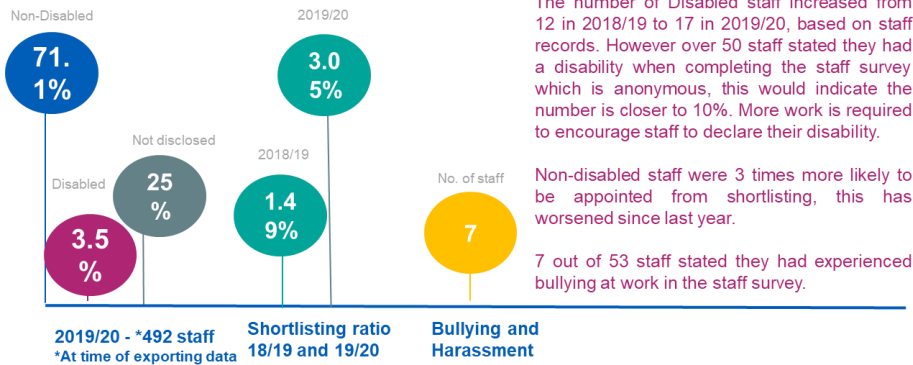
The Equality, Diversity & Inclusion score for the CCG is 9.3 for all staff (scored between 0 and 10), the average score in the NHS was 9.4, with the best score being 9.8 and worst 8.4, this takes into account staff perceptions around opportunities to progress and experience of bullying and harassment. When comparing the BAME staff experience against that of white staff, the CCG data reflects the national picture and in some instances perform better against national average for example likelihood of entering formal disciplinary process was zero but perception of having equal opportunities to progress was worse.

More about the WRES findings can be read in the full report on the CCG [website](#).

Workforce Disability Equality Standards (WDES)

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. Although CCGs are not required to report on WDES at present, in the spirit of transparency BNSSG CCG has published WDES data as part of our commitment to become best practice leaders in this arena.

WDES



The number of Disabled staff increased from 12 in 2018/19 to 17 in 2019/20, based on staff records. However over 50 staff stated they had a disability when completing the staff survey which is anonymous, this would indicate the number is closer to 10%. More work is required to encourage staff to declare their disability.

Non-disabled staff were 3 times more likely to be appointed from shortlisting, this has worsened since last year.

7 out of 53 staff stated they had experienced bullying at work in the staff survey.

The number of Disabled staff increased from 12 in 2018/19 to 17 in 2019/20, based on staff records. However, over 50 staff stated they had a disability when completing the staff survey which is anonymous, this would indicate the number is closer to 10%. There are several potential reasons for this including staff may not feel their impairment impacts their work and therefore it is not necessary to flag this on their employment record, or some staff might feel their disability could hinder their career progression. More work is required to encourage staff to declare their disability including disability awareness training. Disabled staff are supported by a staff network, Mental Health First Aiders, Time to Change champions and demonstrable leadership commitment which underpinned by policy and line manager training.

Non-disabled staff are three times more likely to be appointed from shortlisting, this has worsened since last year when they were 1.4 times more likely to be appointed than a disabled person. The CCG has undertaken work to improve our recruitment process, this included reviewing the recruitment policy; promoting inclusion in job advertisements; delivering training to recruiting and line managers and increasing our commitment to advance disability equality. We have renewed our status as a Disability Confident Employer in October 2020 and will work with our colleagues and Disabled Staff Network to advance from a Level 2 employer to Level 3 over the next year.

Seven out of 53 staff stated they had experienced bullying at work in the staff survey. The CCG has a zero tolerance policy and we will continue to work with colleagues to improve the working life experience for all of our staff.

Most disabled staff (66.7%) reported that they felt that the CCG provides equal opportunities for career progression their perception or experience was worse when compared to non-disabled staff (84.0%). Vacancies are promoted internally to all staff and on the internal intranet, more will be done to change perception and to ensure that the appraisal and recruitment process is equitable. A panel has been established to approve training and create a fairer process for accessing subsidies. Eighty percent of disabled staff felt reasonable adjustments have been made to enable them to carry out their work; this is an improvement on last year's figure (76%) and we will continue to support line managers to meet statutory requirements and encourage staff to speak up if they need support. We are committed to improving the working lives of our disabled staff and have renewed our pledge as a Disability Confident Employer in October 2020 and will work with the Disabled Staff Network, our communications team and staff to attain Level 3 status in 2021.

You can read more about the results from this year's WDES on our [website](#).

A copy of the CCG Equality Strategy Action Plan is included in the appendix of this report.

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. EDIF is currently being restructured and will become the Inclusion Council, bringing together the strategic direction of EDIF, the work of the Attracting and Developing a Diverse Workforce (ADDW) Working Group and contributions from staff representation (networks and staff). Scrutiny is also provided by the Quality Committee to ensure a strong link between initiatives in this area and subsequent patient experience.

A panel (Joint Impact Assessment Panel) was formed the Project Management Office in 2018/19 to support colleagues to fulfil the organisation's duties to deliver safe, equitable patient-centred care. The JIAP allows us to bring together expertise across the organisation in terms of Quality, Patient and Public Involvement (PPI), Equality and Communications, to constructively appraise project plans and assure the organisation that standards are maintained in our processes in these areas.

The CCG employs an equality officer to support with the day-to-day delivery of the equality duties and to provide support and training for staff. In addition staff also undertake mandatory equality training through a digital training platform every three years.

Staff have a number of routes to raise concerns about equality, diversity and inclusion in the CCG, this includes direct access to the Chief Executive, representation from Freedom to Speak Up Guardians, the staff survey, line management, the staff networks and other colleagues including representatives on the Staff Partnership Forum. We actively promote an open culture and we will continue to encourage staff to work with us to improve inclusion, quality and safety across all our business functions and at provider level.

Safeguarding

The CCG has statutory duties and responsibilities to safeguard both within the organisation and across the BNSSG health economy via its commissioning arrangements. The CCG is accountable for delivering the statutory functions for safeguarding children under section 11 of the Children Act 2004 and the statutory functions for safeguarding adults under Chapter 14 of the Care Act 2014. We believe this is everybody's business and our safeguarding team support staff to embed safeguarding across the work of the organisation. You can read more about this in our [safeguarding policy](#) and the [Safeguarding information page](#) on the CCG website.

Our Communities and our people

The CCG covers diverse landscapes that span across the major city of Bristol and parts of two counties Somerset and Gloucestershire, encompassing urban and rural areas; the communities that we serve that live and work in these areas are just as diverse. Managing this diversity poses unique challenges for each locality and we pride ourselves on developing equitable solutions in collaboration with our providers, voluntary sector partners, staff and communities using limited resources. Having a diverse, motivated and empowered workforce that represents the BNSSG population is part of our response to understanding patient needs and improving patient care.

The following data depicts the diversity in BNSSG communities and the CCG workforce. It covers the protected characteristics of age, disability, race, religion and belief, sex and sexual orientation. The CCG employed **495 staff** as at the 31 March 2020.

The CCG uses census data to understand the demographic make-up of the local population, a lot has changed since the 2011 Census, which is now out of date and the population across all demographics have increased. We draw on data from a number of sources including national statistic and local authorities to help us predict growth.

Age

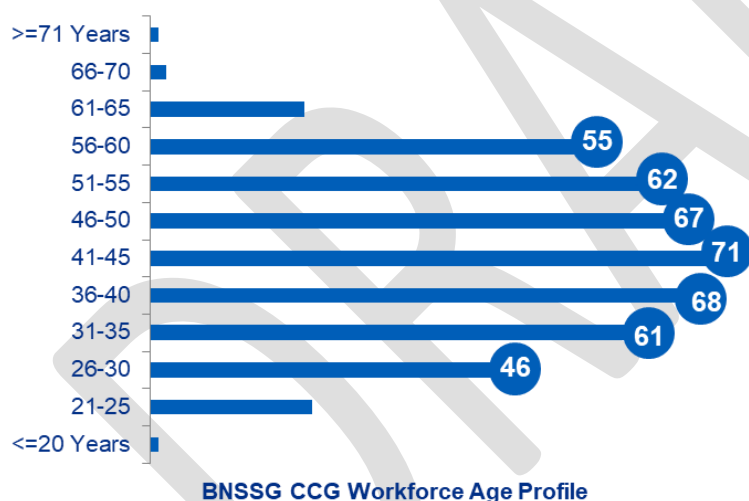
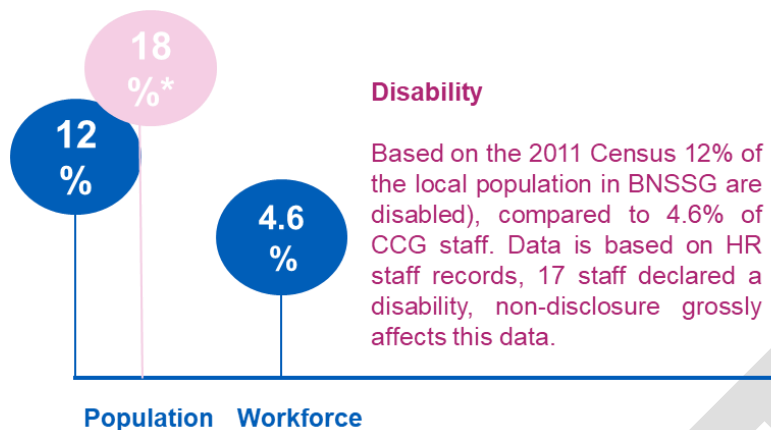


Image: Graph depicting age profile of CCG staff (for the year ending 31.03.20)

BNSSG has a relatively young age profile, the working age population (aged between 16-64) totals 99.8% of the total population; CCG staff have a similar age profile, with most staff falling between the age brackets of 36 to 50. Sixty-eight members of staff are aged between 36 and 40, seventy-one are aged between 41 and 45, sixty-seven staff between 46 and 50.

Disability

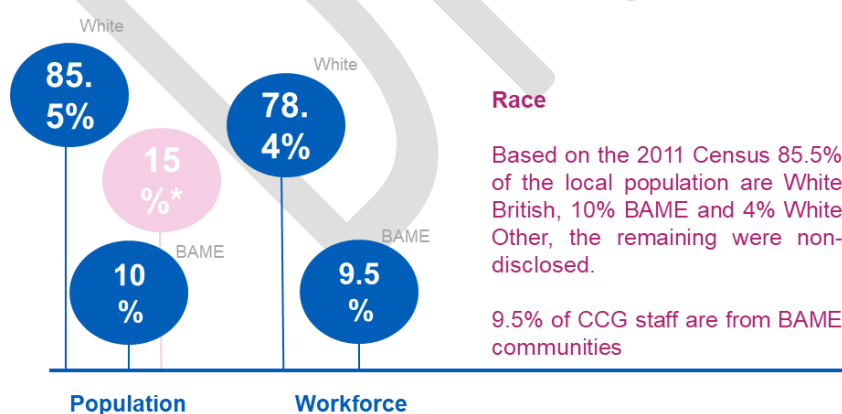


*Population adjusted for growth in population size since the last census

Image: Percentage of disabled people in the BNSSG area and CCG workforce (census data 2011, workforce data for the year ending 31.03.20)

Approximately 18% of the UK have a disability compared to 4.6% CCG staff (17 staff). According the 2011 census 12% of the BNSSG population are disabled. The CCG draws information from staff records to be able to build a picture of the workforce profile and the accuracy of this data is reliant on staff self-disclosure. The number of disabled staff is likely to be closer to 10.8% according to our anonymised staff survey where up to 53 members of staff responded to various questions relating to their working life experience stated they had a disability. The CCG encourages its staff to self-disclose to enable us to address their needs and to gauge how representative we are of the population. You can read more about our disabled staff profile in the section on Workforce Disability Equality Standards.

Race



*BAME population adjusted for growth in population size since the last census

Image: Percentage of White and Black, Asian and minority ethnic people in the BNSSG area and CCG workforce (census data 2011, workforce data for the year ending 31.03.20)

Bristol, North Somerset and South Gloucestershire is home to diverse communities, particularly in the city of Bristol. Approximately 80% of the BNSSG population are White British and 15% are likely to be from Black, Asian and Minority Ethnic (BAME) communities (10% in the 2011 census); in comparison, 78% CCG staff are white and 9.5% are from

BAME communities. 12% of staff did not disclose their ethnicity; this must be taken into consideration when reviewing the data. You can read more about our BAME staff profile in the section on Workforce Race Equality Standards.

Religion & Belief

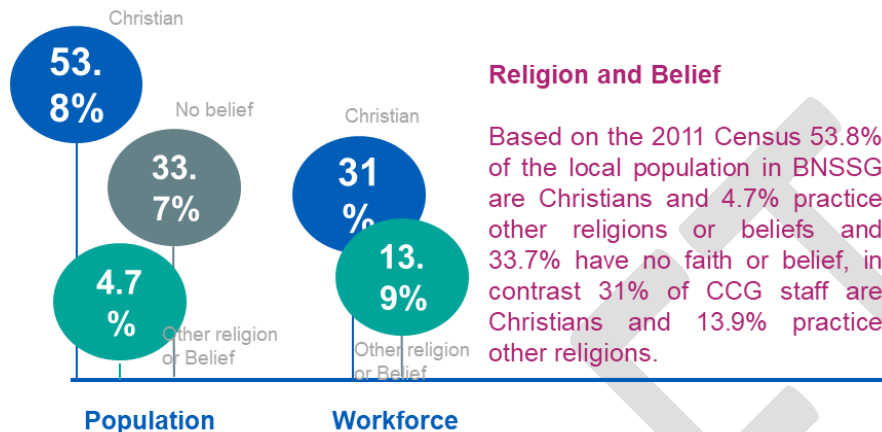


Image: Percentage of people in the BNSSG area and CCG workforce who practice a religion or belief (census data 2011, workforce data for the year ending 31.03.20)

Approximately 53.8% of the BNSSG population are Christians and 4.7% practice other faiths and beliefs, 33.7% have no belief. The profile of CCG staff is 31% are Christians, 18.39% are atheists, 2.96% practice Buddhism, Hinduism, Islam and Sikhism and 10.99% practice 'Other' beliefs; and 36% did not disclose if they have a faith or belief or were 'unspecified'.

Sex

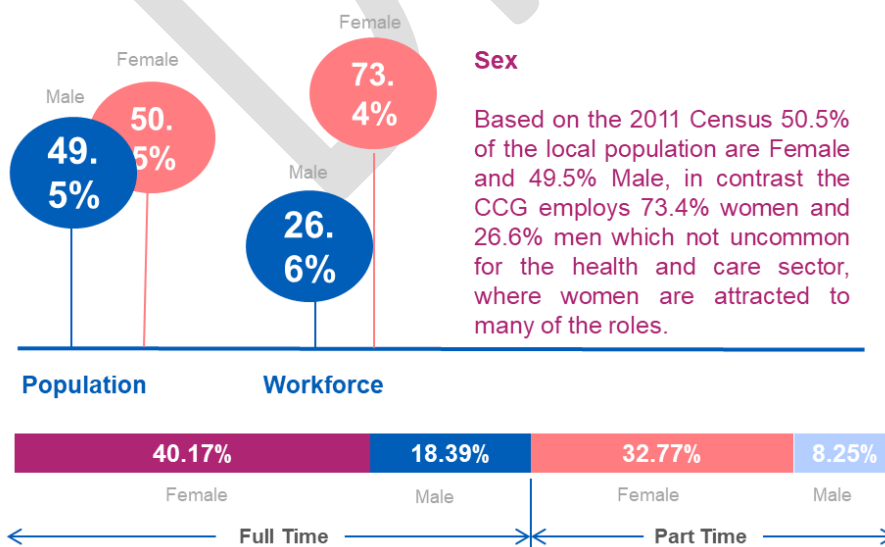


Image: Percentage of males and females in the BNSSG area and CCG workforce (census data 2011, workforce data for the year ending 31.03.20)

According to the 2011 census 49.5% of the BNSSG population are women and 50.5% are men. Approximately 73% of CCG staff are female (40.17% full-time and 32.77% part-time, 0.42% unspecified) and 26% male (18.39% full-time and 8.25% part-time). The NHS typically employs more women than men. The NHS is however an equal opportunity employer and welcomes applications from men, women and other genders (transgendered, non-binary etc.).

Sexual Orientation

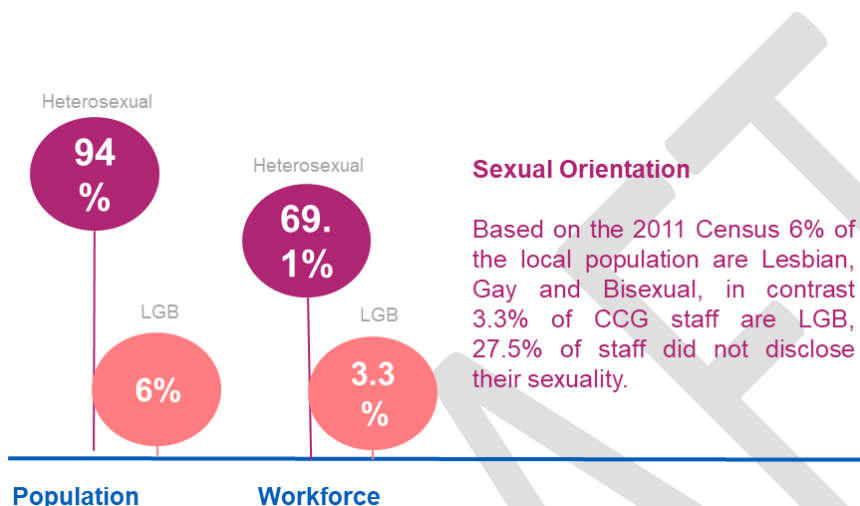


Image: Sexual orientation by percentage in the BNSSG area and CCG workforce (census data 2011, workforce data for the year ending 31.03.20)

According to the 2011 census 94% of the BNSSG population are heterosexual and 6% lesbian, gay and bisexual (LGB). 69.1% of CCG staff are heterosexual, 3.3% LGB and 27.5% did not disclose their sexuality or are 'unspecified'.

The following pages will highlight our equality duties as a CCG and some of the inclusive practices that we have undertaken to meet our objectives.

Inclusive Practice across the CCG 2019-2020

Since our last report we have worked across the organisation to improve equality, diversity and inclusion. We have hosted regular equality-related training and staff events to help raise awareness and foster improved working relationships between staff and between the CCG and our providers and partners. We work closely with other health and care organisations and the local authorities to understand the diverse communities we serve and work collaboratively to deliver great services. We are proud of the work that our colleagues do in front and behind the scenes and are delighted to share just some of the inclusive practices we have undertaken over the past eighteen months.

Inclusive Leadership

[‘Developing People, Improving Care’](#) defines inclusive leadership as ‘progressing equality, valuing diversity and challenging power imbalances’. Inclusive leadership is instrumental to delivering the ambitious CCG equality, diversity and inclusion (EDI) objectives.

Our leadership team and Governing Body members continue to engage in training and personal development. They have attended unconscious bias training, regular seminars and support and participate in workshops and events hosted by Learning & Development, staff networks and other colleagues. Our senior leaders are keen to roll out reciprocal mentoring across the organisation and to continue to foster a learning culture.

Our senior leadership team connect regularly with the workforce at ‘town hall’ meetings and promote the equality, diversity and inclusion agenda and the programme of work behind this; they encourage inclusive behaviour and openness and promote the organisation values. There is a positive and inclusive ‘tone from the top’ and leaders regularly share personal stories and this has created an environment where staff increasingly feel more able to openly talk about issues that they face including their personal healthcare journey and living with mental health issues.

The leadership team are keen to see greater progress made towards achieving the EDI objectives set out in the strategy and will set ambitious targets around diverse recruitment, improving the working lives of our staff and embedding inclusion into the commissioning cycle. We know that creating an inclusive environment where staff are enabled to do their best work is known to positively impact on patient experience and outcomes. With this in mind, our Chief Executive will chair the Inclusion Council (EDI strategic group). This will ensure that buy-in from the top is easily achieved and we can become more agile at initiating and delivering EDI initiatives.

The formation of the Inclusion Council is part of our new approach to managing diversity in the CCG. Our leaders increasingly work more closely across strategies and business functions of HR, Learning and Development, Internal Communications and Inclusion to horizontally align our work so that equality, diversity and inclusion can become integral to every area of the organisation.

We are proud to have secured a place on the NHS Employers’ Diversity & Inclusion Partners Programme 2020/21. The partners programme is closely aligned with the EDS2 framework, the NHS People Plan and the NHS Long Term Plan. Participating health and social care

organisations are able to make progress and develop their equality performance and build an inclusive culture in the workplace.

Working life experience of our staff

We value our staff; they are the organisation's most important asset. This year we have reinforced our commitment to create a working environment where staff are able to bring their whole selves to work; have a say about the things that matter to them; fully engage with their teams; contribute to other areas of work across directorates; and to participate in the social life of the organisation. We want all our staff to enjoy their work, have access to opportunities and ultimately to have healthy fulfilled lives. During the course of 2019/20 and over the past few months we have worked with our leaders, managers and workforce to improve on the achievements of 2018/19.

The CCG annual staff survey helps us to measure staff experience in the organisation. We listen carefully to what our staff tell us in order to make the changes that matter to them. We saw marginal improvements in several areas in 2019 and scored better under 'equality, diversity and inclusion', 'health and wellbeing', 'the quality of appraisals', 'a safe environment free from bullying' and team working. Incremental progress will not help us to achieve our equality objectives and we plan to do better in several areas. This includes empowering staff networks to have greater influence in the organisation; promoting an open honest culture where staff can speak up including reviewing the Freedom to Speak Up policy; improving training for staff appraisals and the recruitment process; establishing a formal recognition scheme; and taking action to ensure staff have equal opportunities to develop and advance. We will also take action to shape the organisation culture to create an environment where all our staff feel included. The wellbeing programme will continue to be important as well as a need to maintain an environment that cultivates positive staff morale.

Our committed staff work extremely hard to deliver inclusive, transformative, cost-efficient and effective healthcare services. It can be a tough balancing act to meet the demands of work pressures and have healthy work-life boundaries. Because we want our staff to live healthy fulfilled lives we actively promote a healthy work life balance. In addition to the national health and wellbeing offer, the CCG delivers its own wellbeing programme for our staff. This includes support from Mental Health First Aiders and Time to Change Champions, access to in-house podcasts and written resources on managing stress and workloads and wellbeing-related workshops. You can read more about our wellbeing offer during lock down later in this report.

Having regular communications and engagement with staff has enabled us to share consistent inclusive messages and deliver programmes that influence and shape staff behaviour and impact organisation culture; raise awareness; disseminate information and to develop cultural competence and sensitivity. Our Internal Communications team are integral to the work of equality, diversity and inclusion. We believe this joined up approach of working across HR, Organisation Development, Learning and Development, Communications and Inclusion will help us to achieve our equality objectives.

Creating and building an inclusive environment is not possible unless we work in partnership with our staff. The CCG currently has four staff networks (affinity groups) for LGBTQ+, BAME, Disabled staff and Parents and Carers. The networks are self-directed and play an active and visible role in the organisation. The networks are not only support groups; they

act as a voice for colleagues across the organisation and undertake their own programme of internal and external engagement. Over the course of the year, the networks have run workshops including 'How to be an ally', 'Navigating sex and gender' and 'Community health strategies' and hosted key note speakers. They hosted a fantastic virtual programme for Pride 2020 and Black History Month October 2020 including webinars to raise awareness about issues like sickle cell and social activities. Network events are always well attended by staff. The networks have regular access to the Executive Team and are able to feed their concerns, make requests and report on their work directly to the senior leadership of the organisation.

The CCG piloted unconscious bias training for some of its staff at the start of 2020, this was part of a series of workshops and lunch and learns aimed at empowering our staff to become more inclusive by equipping them with knowledge and skills to change their own patterns of behaviour.

In 2019, one of the key outputs from the CCG's Attracting and Developing a Diverse Workforce (ADDW) Working Group, was a decision to design, develop, and deliver a Work Experience Placement Programme (WEPP) aimed primarily at BAME school leavers, to take place during the summer of 2020. The aim of the programme is to give a group of talented individuals vital work experience to aid their education-to-work transition and exposure them to working life and career opportunities in the NHS. One of the key benefits identified from delivering such a programme was the opportunity to use such placements to help us to challenge long-held perceptions of young BAME people; to help to counter unconscious bias; and to appreciate the positive attitudes that young BAME people have today - important when considering the significant proportion of our communities that are predominantly BAME. Sadly, the current Pandemic meant that the programme was not delivered. The CCG is now putting in place tentative plans for a WEPP in summer 2021. Subject to approval, it is intended to approach the former Colston's Girl's School now known as Montpelier High School, with the intention of partnering with them again.

Developing our staff is key to the success of the organisation and in helping us to attract and retain a diverse workforce. We recognise that if we are to truly unlock the potential of all of our staff we must do more to level the playing field for people from communities who have been historically marginalised. In response to a lack of representation at senior leadership level we are keen to do more to identify staff with leadership potential and support their career journey. We have continued to sponsor staff to attend the yearlong leadership programme Stepping Up run by the Bristol City Council and supported by many organisations including the CCG. Stepping Up is an award winning programme that brings together leadership training, mentoring, coaching, stretch assignments and peer support. It opens the doors for emerging leaders in marginalised groups to have access to development and career opportunities. Four of our staff have attended the programme over the past two years and we have one member of staff enrolled in the 2020/21 programme, three of the participants are BAME women. In addition, one member of staff is attending the NHS Stepping Up programme, which is a shorter programme consisting of three days spread over a five-month period, this is aimed specifically at NHS BAME colleagues.

Inclusive practice in commissioning

Equality, diversity and inclusion is increasingly being woven into the business of commissioning throughout the organisation. This is reflected in initiatives like patient and public engagement with diverse communities, work with our Citizen's Panel (pulse survey of 1000 people), undertaking research projects, delivering communication in accessible formats, the deployment of population health management tools and staff completion of equality impact assessments to support business decisions. Our EIA arrangements have been made more accessible to colleagues through a revision to the intranet, which raises the prominence of the process and access to training has increased.

We asked our colleagues across the organisation to tell us a little about the work they do to help the CCG deliver inclusive services and improve access for all our communities, here are a few things that our staff shared:

DRAFT



- Medical directorate have enabled patients to access services digitally, and managed the impact of barriers to digital inclusion for both staff and patients.
- CCG has commissioned support for practices to adopt and embed active signposting, which provides patients with a first point of contact, which directs them to the most appropriate source of help, ensuring the patient is booked with the right person first time. Resulting in improved appointment availability, shorter waiting times, and improved understanding of what services are available.
- Referral Service has produced Patient Information leaflets for GP practices in different languages (Arabic, Bengali, Polish, Punjabi, Romanian, Somali and Urdu).



- Transformation Directorate - Stroke team have undertaken initial public and stakeholder engagement in order to understand what is most important to those recovering from stroke. Stakeholders including clinicians, patient, carer and public representatives and those from the third sector have been involved in a wide range of engagement activities so far. Engagement approaches have enabled those who struggle with communication because of their stroke to take part.



- NHS Continuing Healthcare (CHC) are improving Accessible Information across their directorate; AIS forms are completed for every contact and assessment.
- The Safeguarding team has worked with local community safety partnerships to deliver key messages of safety planning for domestic abuse during lockdown within the community. This also included the provision of a handbook and grab guide and awareness training for CCG staff.
- They continue to review safeguarding arrangements with our partners and take the lead in supporting our most vulnerable in society and creating an inclusive commissioning culture across the whole BNSSG system.



- The National Institute for Health Research (NIHR) have awarded funding to BNSSG CCG for two research projects investigating ways to reduce inequality for ethnic minority groups. The projects were developed in collaboration with our University Partners and the findings will be applicable to our population, and across the wider UK.



- 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.
- We use 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.
- Our Patient and Public Involvement Forum bring together key stakeholders from the voluntary and charitable sector who acts as a critical friend and advisor to the CCG.



- Our project management office (PMO) team act as hub for equality, quality and patient and public involvement impact assessments. 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 Joint Impact Assessment Panel hosted by PMO share practical insight and advice to project leads and coordinate training and support.

COVID-19

The Coronavirus pandemic has had a significant and life changing effect across the country and indeed the world. The pandemic has highlighted the socio-economic and health disparities experienced by some of our communities and reminded us that there is still much to be done in terms of social and racial justice. Some communities are disproportionately impacted by Coronavirus, which has led to higher levels of death, increased levels of serious illness from Covid, loss of employment and income, rising levels of food poverty and risk of homelessness; all of this has given rise to increasing levels of poor mental health. On the backdrop of this in response to the killing of George Floyd, we have seen an increase in support for the Black Lives Matter movement and protests across the country by those for and against the principles behind it. As an organisation that employs a diverse workforce, our leaders have had to rise to this challenge and find new approaches to offer support, safeguarding the wellbeing of our staff and shield the most vulnerable of our colleagues. You will read more about how we have supported our staff below.

NHS changes

Following a call from the Government for the nation to go into lockdown in March 2020 and the emerging threat of the spread of the virus, public sector organisations have had to take drastic action to protect the public. For the NHS this has meant implementing changes across the health and care system including reprioritising hospital admissions, cancelling and suspending routine appointments and treatment, reducing hospital contact for patients with long-term conditions, making changes to A&E access and reducing contact to GP clinics and community services. In most cases rapid changes were instigated without the usual level of patient engagement and consultation.

However, despite of increased pressures on the CCG to commission, prioritise and coordinate health and care services across BNSSG and to manage the local Covid response across the area, this has not absolved us of our responsibility to deliver inclusive and patient-centred healthcare. In addition, we must also ensure that the decisions we make do not worsen health inequalities but rather fulfil our commitment to close the gap between the health outcomes of those in the most deprived areas and those in the most affluent areas of Bristol, North Somerset and South Gloucestershire.

We have made a number of positive changes during lock down including accelerating the implementation of digital health. Clinics and surgeries have protected our patients by reducing the number of face-to-face appointments and taking steps to reduce the risk of spread in the health and care setting. Patients now have access to telephone appointments, online appointments and face-to-face appointments when required.

Patient voice and influence



One in five people are concerned about access to healthcare services, with this concern doubling from April to August and being primarily driven by people living in Inner City & Bristol and South Bristol.

One quarter of panellists in BNSSG were not in favour of a 'remote by default' approach to primary and outpatients care, with people from Inner City & East Bristol, Weston, Worle and villages and people with long-term health conditions more likely to be not in favour of this approach.

In response to the Coronavirus pandemic, we surveyed our Citizens' Panel twice, once in April / May and once in July / August. The panel consists of 1000 people who are representative of the BNSSG population. Work is ongoing to develop and release our third survey in November / December 2020.

We also hosted a series of Listening Events alongside our partners from the VCSE sector over the summer with communities that have been disproportionately affected by Coronavirus. Attendees were able to tell us about their experiences of navigating health and care services since the start of the pandemic. Reports from the Older People event Disabled People event and BAME Communities event are available on the [CCG website](#). Insights from the Citizen's Panel and Listening Events will help to shape commissioning.

Equality Impact Assessments

Our colleagues across the system were asked to produce Equality Impact Assessments (EIAs) in response to the decisions that were made from the start of the pandemic and going forward. The resultant EIAs have been analysed to identify common themes of differential impact, risks and mitigating actions across the EIAs and to identify any areas that require further action. The Patient & Public Involvement Forum are working with the CCG to draw up a set of recommendations based on the findings of this process. The resulting report will be used to improve access to services.

Partnerships and collaboration

Coronavirus challenged the NHS to work in different ways and as a result organisations from across BNSSG including the public sector, private sector and voluntary sector worked closely together in multi-organisational teams to put systems in place to manage the crisis. 'Cells' were formed using this approach; and they had different remits including the redeployment and mobilisation of system workforce, the communication of key messages to the BNSSG population; the coordination of volunteer efforts; the development of a digital offer; and management and distribution of medicines to name a few. The 'Cells' based way of working meant we were able to draw expertise together from across BNSSG and this diversity of knowledge, reach into communities and 'Cell' function has led to the health and care system being able to deliver the best response possible.



This approach has led to many successful projects including Language Mapping which helped the partner organisations to identify the communities who were excluded from receiving key healthcare messages; the production of healthcare videos in multiple languages; and delivering virtual Listening Events to enable decision makers to understand the impact of changes made during the pandemic. Organisations shared intelligence in the form of research reports, survey results, healthcare data and population health management data. This led to a better understanding of local needs and brought the voice and influence of patient and public into the heart of planning and decision-making.

Workforce health and wellbeing

A Wellbeing Working Group was set up in March 2020. The group is led by Internal Communications and involves staff from across the organisation (e.g. Staff Partnership Forum, HR, Learning and Development, Social Committee). The Wellbeing Working Group created and developed a comprehensive and targeted wellbeing programme to CCG staff in the wake of national lockdown; the move to remote working; the temporary restructure into the Incident Control Centre; and significant personal challenges for many staff. The wellbeing programme was developed quickly in response to staff need and was designed to offer holistic and easily accessible support to staff working remotely, covering mental health, physical health, social connected-ness and much more. To ensure staff were at the heart of the programme, a weekly wellbeing temperature check survey was set up, and the Wellbeing Group adapted their approach each week to design activities and resources to meet the concerns that were arising through the survey.

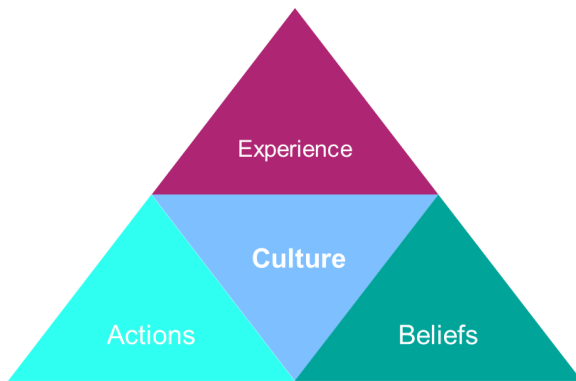
Some notable wellbeing activities include: dedicated pages on the intranet and newsletter for accessing wellbeing support; wellbeing webinars including a money management session with Bristol Credit Union; drop-ins with Mental Health First Aiders; organisational fitness challenges; an internal network for parents to offer peer support; a new wellbeing podcast featuring local expert guests; bereavement resources; and weekly social activities.

At the time of writing this report, the UK had entered its second wave of lock down which will bring further challenges to the health and care system, particularly from the additional demands of winter pressures on the health and care system. We are actively encouraging our patients to use [NHS111](#) and NHS111 First to help to direct them to the most appropriate service for their care and we have initiated a [flu vaccine](#) campaign, this is particularly important for our vulnerable patients and communities who are more susceptible to having an adverse outcome from the flu. Healthier Together (a collection of your local health and care organisations) have produced information in other languages, this can be accessed on the BNSSG Healthier Together website [via this link](#), and there is a short video too.

DRAFT

Conclusion

The future of equality, diversity & inclusion in practice



The Results Pyramid
Book: *Change the culture, change the game*

In order to drive the equality, diversity and inclusion (EDI) agenda several ingredients are necessary. It starts with inclusive leadership and practice that spans every level of the organisation. EDI must become everyone's business in the CCG and we must work collectively towards the organisation's objectives. The link between organisation objectives and EDI objectives must be made in the minds of our staff; and there should be a shared understanding and language around the key EDI issues and what is required to create an inclusive NHS.

Our working environment is made up of the sum of the behaviours of everyone in the organisation ([Katz et al](#)). Without cultural change, improvements to policies and processes will be less effective. Workforce perception is influenced by every-day experiences. These experiences drive our beliefs, behaviours and actions, in turn creating a culture that fosters inclusion or not. Inclusion starts with self-inclusion, the act of individuals choosing to be engaged and involved; in addition both leaders and staff must also play their part in creating an environment where everyone can feel part of the life of the organisation and contribute towards our success. In turn, when staff have an inclusive and safe working environment where they can do their best work, this leads to better patient outcomes.

The CCG is part of a health and care system and we partner with a number of organisations to manage resources and deliver services; as we develop our approach to equality, diversity and inclusion, 'system thinking' will inform more of our work and collaboration on this agenda. EDI leads from the [Healthier Together partnerships](#) have already started to work together in a network on shared objectives. Our Governing Body has also adopted a project for 2020-22 'Change for Good' that will see multiple stakeholders have an intersectional approach to providing patient-centred care. Change for Good acknowledges that some patients have complex needs and have to interact with multiple providers who must carefully coordinate their efforts across diverse issues ranging from healthcare to housing needs and other wider social determinants of health.

As we 'level-up' as a system, a more nuanced approach to supporting the BNSSG population and workforce is required, and a commitment to equality education for the system will provide a strong foundation to build on. The NHS has produced a [People Plan](#) that sets some ambitious targets around representation, workforce wellbeing, inclusion and belonging and new ways of working and delivering care and this has influenced our local People Plan and approach to EDI going forward.

Progress to date

The CCG has made significant progress in creating a better working environment for our staff. We have increased our wellbeing offer including bereavement counselling and opportunities for regular check-ins with Mental Health First Aiders; and we have supported our staff to work remotely and we have undertaken risk assessments to safeguard our staff during the pandemic. Our leaders are engaged with staff and actively promote equality, diversity and inclusion and pursued personal development themselves.

Guided by our strategy, we have worked hard to embed inclusion across the organisation; our staff are more aware of the need to remove barriers to access and to better serve under-represented groups in our population. We have launched staff networks, initiated recruitment manager training, and become a Time to Change Employer and Disability Confident Employer. Participating in the NHS Employers Diversity & Inclusion Partners Programme is a symbol of the CCG leadership's commitment to raising standards over the coming year. There are still opportunities for improvement and the programme of work to upskill our staff will continue. We have increased the amount of equality-related training and have developed resources to support our staff who have to carry out equality analysis to support their decisions, policies and processes.

For the second year in a row, the CCG was awarded a Green Star rating for 2019/20, which is the highest possible rating in NHS England's Improved Assessment Framework evaluation for our Patient and Community engagement work; only 5% of CCGs achieved this rating – this is the equivalent of an 'outstanding' rating. Utilising insights and engagement and taking a collaborative approach to working with our patients, public and voluntary sector partners has helped us to commission better health and care.

To find out more about our progress against the Equality Strategy Action Plan see the appendix.

Areas for improvement

The Listening Events brought us closer to the public and we were able to engage with some people for the first time, this provided important information about how the changes we have implemented since the lock down has affected our patients and public. We will build on this work by undertaking an Equality Mapping exercise in partnership with local stakeholders.

We will continue to engage with the public using a range of approaches including the Citizen's Panel surveys, Listening Events, focus groups and other activities. Over the summer we have been hosting virtual events but will resume face-to-face meetings when it is safe to do so. Co-production has become an essential part of the way public sector organisations deliver services and we are keen to empower community-based organisations to work with their neighbourhoods to find local solutions to health and care challenges; this will centre on mental health and wellbeing but could herald a way of working in other areas.

Our newly formed Inclusion Council will be chaired by our Chief Executive; and this will enable us to continue to build on the inclusive practice of the organisation. We are poised to set some ambitious targets over the coming months, and make 'equality, diversity and inclusion' everyone's business in the CCG by spreading accountability across the

organisation. We can only make transformational change with the help of our staff; we will therefore continue to empower, develop and equip them to be inclusion practitioners in their own right.

In summary, here are some key initiatives that will help the CCG to take another step to becoming leaders in this field and close the gap on outstanding actions in the Equality Strategy Action Plan:

Objective 1:

To improve the use of equality analysis data in our commissioning cycle

Build awareness and develop competence across the organisation – Continue to deliver equality-related training including enhanced EIA workshops, Unconscious Bias training and No Bystander training. And link this training to organisational development work.

Promote awareness of equality, diversity and inclusion throughout the organisation and actively engage with staff. Develop a common understanding and language around EDI and awareness of the data, the EDI agenda and celebrate achievements.

Conduct EDS2 in 2021 to assess improvement across objectives.

Objective 2:

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

Improve outreach and diversity external networks into seldom-heard communities through initiatives like Listening Events and increasing diversity of stakeholders (including grass roots organisations) in the engagement and co-production process.

Objective 3:

To promote workforce equality and improve representation through effective employment practices

The Inclusion Council will develop more ambitious targets around representation and drive the broader inclusion agenda – Three-year action plan with targets to be developed.

Achieve horizontal alignment across various functions to embed inclusion throughout the organisation – HR, OD, L&D, Internal Communication, Wellbeing, Inclusion leads to work together on the EDI agenda.

This will include alignment of various Action Plans across the organisation related to workforce i.e. the CCG response to the People Plan, WRES and WDES and other similar plans.

Address disparities highlighted in the WRES and WDES reports – Identify cost effective ways to increase the number of BAME and disabled job applicants and review the interviewing process (address disparity between likelihood of White staff and BAME staff being shortlisted and non-Disabled and Disabled staff). Address bullying issues; staff perception relating to promotions and opportunities and

disability awareness including reasonable adjustments. This can be supported by developing and supporting EDI champions across the organisation to create expertise within directorates; improving the voice and influence of staff networks; and continue to support programmes like Stepping Up and the work experience programme.

Improve insight into data – Drill down to understand more about the data and identify gaps that make it difficult to articulate or address staff experience (e.g. staff perception). This could potentially include a cultural audit or similar programme.

As outlined in the strategy, work with partner agencies like job centre plus and the CCG external communications team to promote the CCG as an ‘employer of choice’ and to promote vacancies. Staff and staff networks can also play a role as ambassadors who can signpost their personal network to vacancies. There was also a proposal to establish a ‘waiting list’ system to stay in touch with candidates who were interviewed, but not appointed in the first instance.

Objective 4:

To develop inclusive leadership throughout the CCG

Building inclusive leadership capability – Support leaders and managers at all levels of the organisation to understand the EDI narrative and embed inclusive practice in their teams; this includes equipping them to be able to hold culturally sensitive and empathetic conversations with staff as part of the appraisal process and one-to-ones.

Develop strong staff networks – Identify development opportunities for staff network chairs and key committee members to enable them to meet their potential as agencies for change.

How to get involved

Thank you for taking the time to read this report. If you would like to find out more about the work of our Insights, Engagement and Inclusion team email [Insights & Engagement](#) or the [Inclusion Coordinator](#). There are several ways that you can get involved with the CCG and help us to shape health and care in Bristol, North Somerset and South Gloucestershire. Why not visit the CCG [‘How to get involved’](#) page and [‘surveys and consultations’](#) page.

DRAFT

Appendix

Equality Strategy Action Plan

DRAFT

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	<p>In progress:</p> <p>Population health management tool under development</p> <p>Equality mapping exercise planned for late 2020/early 2021.</p>
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</p>	Transformation Director/ Director of Commissioning	Mar 2019	<p>In progress:</p> <p>Sample of equality impact assessments routinely reviewed for quality</p> <p>Regular equality impact assessment training and 1:1 support available to staff</p> <p>Resources including signposting to data sources, EIA tools and guidance available on staff intranet</p>

		reviewed on a quarterly basis by Governing Body.			<p>Equality impact assessment toolkit being developed</p> <p>9 Protected Characteristics workshop delivered, in collaboration with equality leads and VCSE experts from across the South West</p>
1.2 Ensure that equality data is relevant and available to project leads, steering group 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>Equality mapping exercise planned for late 2020/early 2021.</p> <p>And see above (1.1).</p>
<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	<p>In progress:</p> <p>Citizen's Panel survey issued quarterly.</p> <p>Equality-based listening events launched summer 2020.</p> <p>Increased number of representative organisations (protected characteristics) advising and collaborating with the CCG.</p> <p>CCG Awarded for work in patient and public engagement in 2018 and 2019.</p> <p>Successful bid for research funding to enable research into inequality.</p>
2.1 Develop Representative		BNSSG wide strategic	Transformation Director /	Dec 2018	Completed:

<p>Patient and public involvement forums across the new organisation in line with GB Terms of Reference</p>		<p>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>	<p>CFO</p>	<p>Dec 2018</p> <p>Dec 2018</p> <p>On going</p> <p>April 2019</p>	<p>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
<p>2.2 Undertake EDS2 Assessment for BNSSG CCG evidence data.</p>		<p>Collate Evidence data</p> <p>A representative sample of the work across the CCG is made available for the Assessment.</p>	<p>Inclusion Coordinator</p>	<p>Mar 2019</p>	<p>In Progress:</p> <p>Internal and External panels were recruited, trained and convened. Scores were aggregated at facilitated meetings.</p> <p>Nov 19 – A draft EDS2 report is being written and reviewed by the Panels. Further meetings with evaluate the</p>

		Convene a representative 'expert' panel; trained and engaged to assist in the grading of our EDS2 goals.			process were deferred early 2020 because of the pandemic. Second EDS2 exercise will commence in 2021/22.
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	Completed Inclusion coordinator is member of this group and several others. PPIF group is well established with membership from a wide cross section of organisations.
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: The working with people and communities charter was co-produced and approved by the PPIF, and was formally ratified by the Governing Body in June 2020. The next stage will be to translate the key principles into a set of practical toolkits with system engagement partners in 2021/2022, when they have capacity to engage with this work
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	Completed	Inclusion Coordinator is a member of network.
<p>Objective 3: Promote workforce equality and 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>	EDS 3.1, 3.2, 3.3, 3.4, 3.5 & 3.6			March 2020	<p>In progress:</p> <p>Three-year action plan to be developed late 2020 linked to CCG response to People Plan and response to WRES and WDES 2019 and staff survey findings.</p> <p>Line manager and recruiting manager training delivered.</p> <p>Exit interviews have been established.</p> <p>NHS Jobs template has been refreshed to include Disability Confident logo and use of inclusive language.</p> <p>Policies are in place to support workforce, including flexible working.</p>
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	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

		for the CCG.			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 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 Continue working with CASS in South West	HR/ Comms Transformation Director/ CEO	Mar 2020	In Progress: Nov 19 – L&D developing relationships with local schools/ colleges/ university to identify opportunities (see 3.1). Work experience programme suspended for 2020. To be reviewed when the organisation is no longer working remotely.
3.3 Monitor recruitment activity and outcomes, and		Baseline current	HR/ Comms		Completed:

produce management information to illustrate such activity in partnership with the Human Resources team.		recruitment activities.			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: 3 year action plan to be developed late 2020 linked to CCG response to People Plan and response to WRES and WDES 2019 and staff survey findings.
		Utilise exit interviews to	HR	Mar 2019	In progress:

		determine what causes staff to leave and gain a better understanding of why people leave the CCG			Staff Partnership Forum sighted on information about exit interviews since Nov 2019.
		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. Four staff networks launched between June 2019 and March 2020.
3.5 Sign up to the “Disability Confident” scheme.		The CCG achieves the Disability Confident status.	Inclusion Coordinator	June 2018	Completed. Renewed for 3 years in October 2020
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.

<p>3.9 Develop an organisation wide process to ensure that the CCG ensures the Accessible Information Standard is met.</p>		<p>Inclusion of AIS principles embedded in CCG web site</p> <p>Ensure that all CCG run events have considered the specific communications needs people have</p> <p>Development of policy and training for all staff</p>	<p>Assoc. Director Comms</p>	<p>Ongoing April 2019</p>	<p>In progress:</p> <p>Members of the public are offered alternative formats of publications.</p> <p>Guidance given to staff.</p> <p>Disabled staff network act as advisors on digital access EIA in Nov 20 and continue to raise awareness of issues.</p>
<p>3.10 Develop processes to encourage staff to declare Equality Monitoring Information.</p>		<p>Improved Equality Monitoring Data available.</p>	<p>HR/ OD Team</p>	<p>Dec 2019</p>	<p>In progress:</p> <p>At present Equality Monitoring Data is captured as part of the recruitment via NHS jobs, however not all recruitment is done this way.</p> <p>Internal communications team play active role in promoting self-declaration.</p>
<p>3.11 Continue to support and contribute to the Bristol 'Stepping Up' programme (mentoring)</p>		<p>Staff development</p>	<p>Transformation Director</p>	<p>Ongoing</p>	<p>In progress:</p> <p>Nov 20 – one member of staff on current intake for 2020/21. Three staff successfully completed programme in previous years.</p>
<p>Objective 4: Develop inclusive leadership at governing body level.</p>	<p>4.1, 4.2 & 4.3</p>			<p>Ongoing</p>	<p>Oct 2019 - Unconscious bias training delivered to Governing Body.</p> <p>Aug 2020 – Leadership enrolled on NHS</p>

<p>Success measure: Governing Body proactive about the integration of equality into core business</p>					Employers Diversity & Inclusion Partners Programme.
<p>4.1 Develop governance processes for Equality & Diversity reporting.</p>		Processes for reporting Equality and Diversity progress against objectives are established.	Transformation Director	January 2019	<p>Completed:</p> <p>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.</p> <p>Forum reforming as an Inclusion Council chaired by Chief Executive</p>
<p>4.2 Liaise with Health Education England on national leadership programmes relating to diversity and inclusion, ensuring alignment.</p>		Stakeholder engagement	Transformation Director	Mar 2020	<p>Completed</p> <p>Aug 2020 – Leadership enrolled on NHS Employers Diversity & Inclusion Partners Programme.</p>
<p>4.3 Continue to support Leadership development opportunities across the organisation.</p>		Improved uptake of leadership programmes from underrepresented groups.	Exec / OD Team	Dec 2019	<p>Current opportunities advertised using internal communications channels.</p> <p>Nov 19 - CCG is part of Building Leadership for Inclusion, an ambitious programme of work that will inform our future ten-year strategy, led by the NHS Leadership Academy.</p> <p>Nov 19 – Learning and Development Panel established in September to facilitate equitable distribution of</p>

					<p>resources across the organisation.</p> <p>Nov 19 – Governing Body received Unconscious Bias training.</p> <p>Jul-20 CCG enrolled on NHS Employers Diversity & Inclusion Partners Programme.</p>
--	--	--	--	--	--

DRAFT